



## Promoting Healthy Child Development through Universal Screening, Early Intervention and Treatment of Children's Mental Health and Developmental Needs

*Issue Brief, no. 4*

### **An Evaluation of Southern California Regional First 5 (Proposition 10) Commissions:**

*Children & Families Commission of Orange County  
First 5 Imperial County  
First 5 Los Angeles  
First 5 Riverside  
First 5 San Bernardino  
First 5 San Diego  
First 5 Santa Barbara County  
First 5 Ventura County*

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## Background

Early childhood is a time of immense physical, cognitive, and social-emotional growth, when children are rapidly acquiring new skills and are reaching important developmental milestones. Even among typically developing children, there is often wide variation in the timing of when these early milestones are achieved. For as many as 12 to 17 percent of all children, the normal course of development is affected by some form of delay or disability that is significant enough to impact how they learn and grow.<sup>1</sup> The optimal time to detect and address these concerns is early in life when children’s brains are still forming and are most receptive to intervention.<sup>2</sup> Early detection and follow-up access to effective intervention and treatment services can vastly improve developmental outcomes for children with special needs and prevent further progression of delays. Early intervention can also reduce the need for more intensive or longer-term treatment, resulting in cost-savings to individual families and to the public health and educational systems that serve them.<sup>3</sup>

While the benefits of routine screening and early intervention are widely known, the service environments that address children’s early developmental needs are often fragmented, under-resourced, and lacking in capacity to routinely monitor children’s development, detect issues or concerns early on, or successfully link families with appropriate, evidence-based care. As a consequence, the majority of underlying delays or disabilities in children remain undiagnosed until children reach school-age, when eligibility for services is more restricted and the optimal window for intervention has begun to close.

A strategic priority embraced by county First 5 Commissions has been to build networks of services and support that promote children’s healthy development, and that more effectively meet the needs of children with special behavioral or developmental needs. First 5 defines children with special needs as those having an “identified disability, health, or mental health condition requiring early intervention, special education services, or other specialized services and supports” or those “without identified conditions, but requiring specialized services, supports, or monitoring.”<sup>4</sup>

The focus of this issue brief is to highlight the role of the eight Southern California First 5 Commissions in

financing and supporting new and proven strategies to expand routine screening, early identification, and intervention services. The brief compiles and synthesizes findings from a collection of independent evaluation studies of county Commission activities to demonstrate the impact of these investments on the lives of the children they reach.

## Building Services and Systems for Children with Special Needs

Southern California First 5 Commissions are improving outcomes for children by funding both direct services and interventions within local communities, and by supporting activities that build provider capacity. They are also active in redesigning early childhood systems of care by contributing leadership and expertise to a number of local and state collaborative initiatives that are reshaping public policy and streamlining the coordination of public resources. The following section highlights selected strategies that have been successfully implemented by Commissions across the Southern California region.

### Universal Developmental Screening: Assessing Children’s Development within School and Community Service Settings

One of the most far-reaching goals of First 5 Commissions has been the drive to achieve universal screening of children at recommended age appropriate intervals before they reach school-age. The American Academy of Pediatrics (AAP) recommends that all children be formally screened for developmental and behavioral issues at 9-months, 18-months, and 24 or 30 months of age as part of routine, well-child healthcare visits<sup>5</sup>. National survey findings indicate that currently only 14 percent of children in California between 10 months and 5 years actually receive standardized screenings for developmental or behavioral problems, compared to 20 percent nationally.<sup>6</sup> California health survey estimates confirm this finding. Specifically, more than half of all parents of young children (53%) in Southern California counties report that they have never been asked by their health care provider about concerns regarding their child’s development.<sup>7</sup> Among lower income children who are uninsured or are without a medical home or usual source of health care, access to routine screening is even more rare.

## First 5 California Special Needs Demonstration Project

The California Special Needs Demonstration Project (SNP), a partnership between First 5 California and selected county Commissions, invested \$20 million in California state and local tobacco tax revenues to test innovative approaches and build knowledge of best practices for improving school readiness among children with special needs. The project has been implemented across ten demonstration sites statewide, including the four Southern California counties of Los Angeles, Orange, Riverside, and San Diego. The project directs resources to children 0 to 5 years of age residing in high need, lower income school districts. Emphasis areas include:

- Universal access to early screening and referrals for children at risk for developmental and behavioral issues;
- Development and coordination of new and existing community-based resources to improve access to and utilization of services and supports;
- Inclusion of young children with disabilities and other special needs in typical child care and community settings with support to help children succeed; and,
- Evaluation to determine effective practices and to improve program capacity.

Over four years of implementation, the Southern California SNPs have been instrumental in expanding access to early screening, assessment, and referral services, screening nearly 15,000 children in underserved communities to support their development and readiness to learn.<sup>12</sup>

First 5 funded partners are addressing this gap by helping families connect with developmental screening and referral services by locating them in school and community settings that are natural points of access for families. These strategies include:

- Sponsoring promotional outreach and public education campaigns to inform parents and early childhood professionals about the importance of early developmental check-ups;
- Providing no-cost, developmental screenings and assessments to children in accessible locations such as preschools, clinics, community service agencies, and family resource centers;
- Conducting developmental screening and observation as part of home visitation and in-home support programs for families with newborns or young children with medical or social risk factors;

- Providing training to early childhood professionals and private and clinic-based pediatric and family physician practices on how to implement standardized screening and assessment tools, such as the *Parents' Evaluation of Developmental Status (PEDS)* and the *Ages and Stages Questionnaire (ASQ)*.
- Establishing targeted early screening and assessment programs for high need, underserved populations, such as children in foster care;
- Directing resources to lower income, high need communities where children are at increased risk for health and educational disparities; and,
- Using bilingual and bicultural staff to connect with harder-to-reach families.

As the result of these efforts, in Fiscal Year 2008-09, First 5 funded partners across Southern California delivered comprehensive health and developmental screenings and assessments to nearly 55,000 young children to assess their growth and developmental progress.<sup>8</sup>

### Promoting Universal Developmental Screening: Building Capacity and Infrastructure to Support Screening in Health Care Settings

Expanded access to school- and community-based screening programs is being complimented by a range of community-wide planning and capacity-building strategies to promote universal screening of young children within the context of pediatric well-child visits. This use of formal screening in health care settings has been somewhat limited among health practitioners. This can be explained, in part, by surveys showing that as many as 65 percent of pediatricians feel inadequately trained to assess children's developmental status.<sup>9</sup> And while the use of standardized screening and assessment tools has been shown to significantly increase the accuracy of early detection to as high as 70 to 80 percent, most pediatricians continue to rely on clinical judgment alone to identify developmental issues.<sup>10</sup> As a result, it is estimated that less than 50 percent of young children with suspected delays are identified before they reach school-age.<sup>11</sup>

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First 5 Commissions across Southern California are leading efforts to build capacity within the medical community to better integrate routine developmental screenings into standard physician practice. These strategies include:

- Developing educational resources for parents on how to talk with their children’s doctor about developmental issues;
- Providing training on commonly used screening tools for assessing developmental delays;
- Conducting countywide developmental screening pilot studies with healthcare providers to determine best practices for promoting routine screening in medical settings;
- Hosting training conferences for medical professionals featuring nationally-recognized child development experts;
- Providing in-office trainings to medical staff to educate them about developmental milestones in children; and,
- Providing trainings to office management staff on Medi-Cal billing practices to gain reimbursement for services.

### **Improving Access to and Utilization of Services through Coordination of Existing Resources**

Expanding access to routine screening is an important first step in promoting children’s healthy development. But even when developmental concerns are identified early on, many families will face challenges knowing where to access resources in their communities, or how to navigate complex service systems characterized by multiple providers and diverse funding streams with varying rules governing eligibility. First 5 funded partners have responded to these challenges with efforts to reduce fragmentation and to streamline service coordination and referral processes. These strategies include:

- Implementing a countywide, toll-free, public information phone line to connect families with resources and services in their communities;

- Establishing Regional Service Networks (RSNs) comprised of collaborating service agencies;
- Creating standardized protocols to guide perinatal and early childhood screening, assessment, referral and treatment processes countywide;
- Providing intensive family support to caregivers of children with special needs to help them access available resources;
- Using cross-agency case management to facilitate linkages among service agencies and improve follow-up on referrals;
- Providing technical support to local school-based collaborative service networks to develop multi-disciplinary team models; and,
- Providing parent education to support and empower families and to increase awareness of community resources.

### **First 5 Supports Early Screening and Identification of Children with Autism**

According to current estimates, 1 in 110 children will be diagnosed with an Autism Spectrum Disorder (ASD), which can present life-long challenges to children’s social interactions, behavior, and their ability to communicate with and perceive the world.<sup>13</sup> Although the causes and treatments of autism are not known, it has been widely demonstrated that early therapeutic intervention can substantially improve functioning and development for many children affected by the disorder.

As part of a strategic priority to invest in services and systems of care for children with special needs, First 5 Commissions across Southern California have supported innovative strategies to increase early identification of ASD through outreach, screening and assessment, and early intervention services. Funded projects included First 5 Santa Barbara’s Project First STEP, Orange County’s For OC Kids Autism Program and OC Kids Infant Screening Project, and Imperial County’s P-Pod Project. These projects have been instrumental in raising awareness in local communities about the disorder, expanding access to screening and referral services for children with identified risks, developing local assessment and diagnosis capacity, and funding intervention services to fill gaps in systems of care for children ineligible for state-funded services.

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## Filling Gaps in Services for Children Not Eligible for Other Publicly-Funded Systems

Families may face additional barriers to obtaining services for their children when there are gaps in availability for specialized interventions or when families fail to qualify for assistance. While many infant and toddler-aged children with special needs are eligible for California's Early Start early intervention system, older children and those with more mild-to-moderate delays are frequently excluded due to restrictions on eligibility.

First 5 Commissions across the region have supported a number of different programs and strategies to bring services to children who might not otherwise be eligible. These strategies include:

- Providing intensive case management and health education to caregivers to inform them about resource alternatives, and to educate them about family-centered interventions that can be used to promote positive development;
- Providing comprehensive screening, assessment, and intervention services for children with speech/language delays and providing evidence-based training to parents and early childhood professionals on speech/language intervention techniques;
- Funding school-based and community-based case management, early intervention, and learning support programs for children to address developmental needs;
- Using evidence-based models, such as the Assessment Evaluation Programming System (AEPS), to support developmental observation of children;<sup>14</sup>
- Providing specialized training for early child care providers to work more effectively with children with special needs in their classrooms;
- Partnering with school district special education services to expand available preschool spaces in inclusion classrooms for children with developmental needs.
- Funding inclusion preschools targeting children with mild disabilities or those at-risk for developmental

concerns who are not eligible for enrollment in special education services.

In FY 2009-10, First 5 County Commission-funded programs across Southern California delivered targeted intervention services to nearly 21,000 children with special needs who would have been otherwise ineligible for state-funded assistance.<sup>15</sup>

## Establishing Services and Systems to Promote Early Childhood Mental Health

One of the most under-detected areas of concern affecting children's development involves their social-emotional functioning and mental wellness. It can be defined as children's capacity "to experience, regulate, and express emotions, form close and secure personal relationships, and explore the environment and learn..."<sup>16</sup>. While most children fall within a normal range of social-emotional functioning, as many as 9 to 14 percent of children 0 to 5 years of age will experience significant social and emotional challenges.<sup>17</sup> These challenges are typically detected in less than one percent of the young children experiencing them, and will frequently remain untreated.

First 5 Commissions across Southern California have been working to improve early childhood mental health outcomes by investing in services and system enhancements that aim to expand children's mental health resources. Specific strategies include:

- Providing screening for maternal post-partum depression as part of newborn home visitation services and sponsoring therapy groups for new mothers who are experiencing depressive symptoms;
- Conducting classroom-based behavioral interventions in early care and education (ECE) settings using evidence-based curricula, such as the *Incredible Years* and *Second Step*;
- Using evidence-based models and therapeutic treatment practices, including *Positive Parenting Program (Triple P)*, *Parent-Child Interaction Therapy*, *Individual and Family Psychotherapy (IFP)* modalities, to strengthen parent-child interactions and behavioral functioning;

- Providing health and behavioral consultation to early childhood professionals to help them work effectively with children with special needs in the classroom;
- Providing mental health consultations to children and their families in accessible settings, including preschool, community, and home settings;
- Employing bilingual and bicultural staff to reach underserved groups who are more likely to face cultural and linguistic barriers and to experience mental health disparities.

As a result of these efforts, 4,049 children and 4,463 parents/caregivers in FY 2009-10 received targeted behavioral interventions, substance abuse services, and mental health consultations to help build children's social and emotional competencies, and to foster home and early care environments that are supportive to children's early development.<sup>18</sup>

### First 5 California Early Childhood Mental Health Project

Five Southern California First 5 Commissions in Los Angeles, Orange, Riverside, Santa Barbara, and Ventura counties have been actively contributing leadership and expertise as members of a statewide collaborative initiative known as the Early Childhood Mental Health Project. The project is sponsored by the First 5 California Association and The California Endowment and involves collaborative partnerships among 23 county First 5 Commissions, and representatives from mental health, special needs, early care and education, and other community-based agencies. The goal of the project is to better support the social-emotional health of children 0 to 5 years of age in California through the creation of a seamless, integrated early childhood mental health system of care.<sup>20</sup>

The Early Childhood Mental Health Project has established the following four key priorities to guide state and local program and policy development:

- **Screening and assessment priority**, expand the reach of early childhood mental health screening to all young children.
- **Reimbursement priority**, promote leveraging of funds to cover costs of mental health screening, assessment and treatment,
- **Social marketing priority**, reduce stigma of mental health conditions and promote positive behaviors for children's social-emotional health; and,
- **Training priority**, build infrastructure to support

multidisciplinary training for early childhood professionals.

### First 5 Accomplishments

In FY 2009-2010 alone, Southern California First 5 Commissions directed more than \$26 million in funds to support developmental screening efforts and provide services to children with identified special needs.<sup>19</sup> These efforts have involved strong working collaborations among county and community partners, including Regional Centers, school district special education departments, early care and education (ECE) professionals, county health and social services agencies, medical providers, local hospitals and universities, and other community-based service organizations. These collaborative relationships have helped to maximize dollars and improve coordination of service delivery to children and families across Southern California communities.

In all, First 5 funded projects targeting children with special needs delivered direct services to 79,745 infants, toddlers, and preschool-age children in FY 2009-10, with many more reached through joint projects involving county and community partner organizations.<sup>21</sup>

Evaluation studies conducted across the eight county region offer evidence of the overall impact of these investments on local communities and of the tangible benefits to children and their families. Specific accomplishments include:

### Increasing the number of children who received early screening, assessment, referral, and intervention services

- 54,927 children in FY 2009-10 were successfully screened for developmental or behavioral health concerns and 20,769 children with special needs benefitted from targeted intervention services. These represents a nearly 80% increase in the number of children served, as compared to FY2008-09.<sup>22</sup>

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### Reaching underserved populations that are least likely to benefit from early identification

- More than one-third (34%) of all children who received early screening for mental health and other special developmental needs were under three years of age, when the timing of interventions is most optimal.<sup>23</sup>
- Fifty-six percent of children were Hispanic or Latino, the population most likely to be impacted by health disparities.<sup>24</sup>

### Increasing access to and utilization of publicly-funded developmental services

- **Orange County** observed a 97 percent increase over ten years in the utilization of Regional Center services and an 81 percent increase in the number of children diagnosed with developmental disabilities.<sup>25</sup>

### Increasing knowledge and sense of empowerment among families of children with special needs

- **San Diego County** reported that 95 percent of parents who received Parent Support and Empowerment Services reported an increase in their skills in promoting their child's development.<sup>26</sup>

### Reducing symptoms of maternal depression or parenting stress among parents/caregivers

- **Riverside County** observed a six percent reduction in parenting stress among families of children who participated in early mental health treatment services.<sup>27</sup>
- **Santa Barbara County** documented reductions in the percentage of women who fell within a high risk symptom range for maternal depression, from 60 percent at baseline to 20 percent at follow-up.<sup>28</sup>

### Improving social skills and reducing problem behaviors in children

- **Ventura County** reported that 88 percent of children in a high to moderate range for social skills deficits and 63 percent of children in a high to

moderate range for serious behavioral challenges reduced their clinical risk level following classroom behavioral interventions.<sup>29</sup>

- **Santa Barbara** found measureable improvements in parents' perceptions of their child's self control following participation in therapeutic services and noted fewer concerns regarding their children's behavior.<sup>30</sup>
- **San Diego** found that 82 percent of children showed developmental gains following participation in development, behavioral, or speech/language interventions.<sup>31</sup>
- **Imperial County** reported that 80 percent of children involved in selected developmental screening and observation services had demonstrated progress on developmental goals.<sup>32</sup>

### Reducing the cost burden on public sector education and developmental service systems

- **Riverside County** found that half of all children served by a universally-accessible comprehensive speech language intervention program no longer needed special education assessments or services after being in the program, resulting in an annual cost-savings of \$1,507 per child.<sup>33</sup>

### In Summary

The First 5 Southern California Commissions continue to play a key leadership role in transforming early childhood systems of care and in pushing forward new and innovative initiatives to better address the developmental needs of young children. The Commissions have also helped create an essential safety net of resources and support for underserved populations who are least likely to be reached through traditional service approaches, and who deserve equal access to the benefits of early screening and intervention. Studies conducted throughout the region collectively demonstrate the importance of these screening and intervention strategies in reducing cost burdens on schools and governmental systems, helping children overcome early challenges, and promoting future success and positive functioning in the lives of Southern California children and their families.

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## Notes

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