



Three X Three:

Creating a Comprehensive Early Developmental Screening System for Fresno County

Introduction

In 2016, at its inception, Fresno’s C2C (Cradle to Career) Partnership set an overarching goal that all Fresno County’s third graders would be successfully reading at grade level. We are far below achieving this goal. In their recent report: *Our Kids, Our Valley, Our Future: 2022 Community Data Report*, C2C says that in 2021 only 37% of Fresno’s 3rd grade students met or exceeded the SBAC reading standard, with Black, Hispanic/Latino, and low-income children performing even below that.⁽¹⁾ Although there has likely been a negative impact on 3rd grade reading skills from the pandemic fallout, we have struggled unsuccessfully for years with unacceptably low third grade reading scores.

This chronic problem reflects, at least in part, our failure to systematically screen all children during early childhood to identify developmental and behavioral concerns and link them to appropriate services in a timely manner.

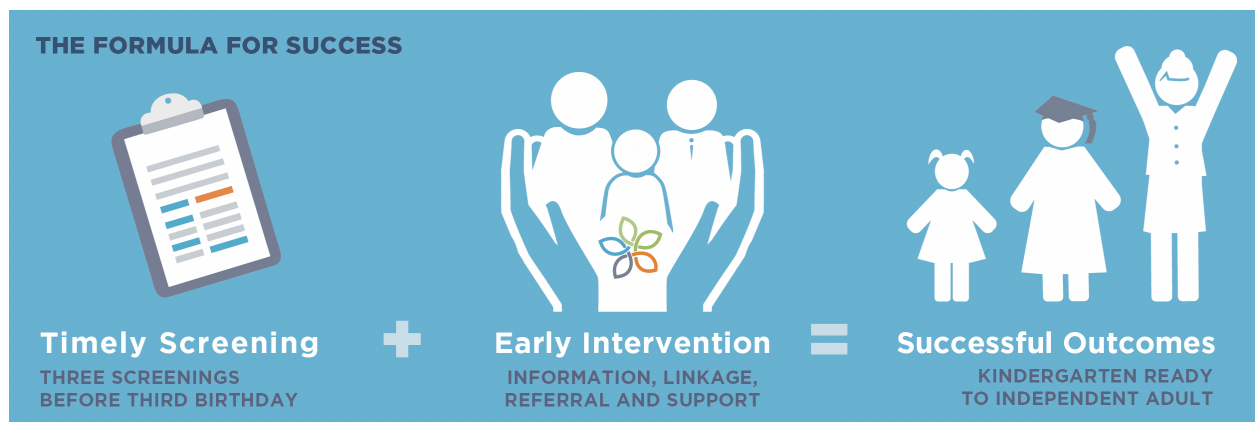
The Early Years Set the Trajectory for a Lifetime

The earliest years are the optimum time to positively shape the trajectory of a child’s life by strengthening their physical, emotional, behavioral, and cognitive development. A growing body of research shows that strategic investments in a range of high-quality early childhood services have a high payoff over time. This is certainly true of early developmental screenings.

Studies have shown that systematic screening and interventions prior to kindergarten have huge academic, social, and economic benefits, including savings to society of \$30,000 to \$100,000 per child.^[2]

Although substantial, the money saved is not the only measure of value—especially to the 1-in-25 households with a developmentally challenged preschooler.^[3] A national study of over 3,000 infants and toddlers who received early intervention showed that one-third of them did not need additional intervention when they entered school.^[4]

The C2C Partnership’s dream of all third graders reading at grade level will not become a reality unless we commit ourselves to proactively acting on the growing understanding that the ability of young children to reach their optimal developmental potential begins long before a child first walks through the door to kindergarten. Fresno’s dismal third grade reading scores are a red flag, an outcome rather than the underlying problem, a clear warning that unseen negative factors are at play early in far too many children’s lives. And the measurable impacts from this cultural blindness that are showing up by kindergarten might be reduced or averted altogether if we identify and intervene early in unfolding developmental issues.

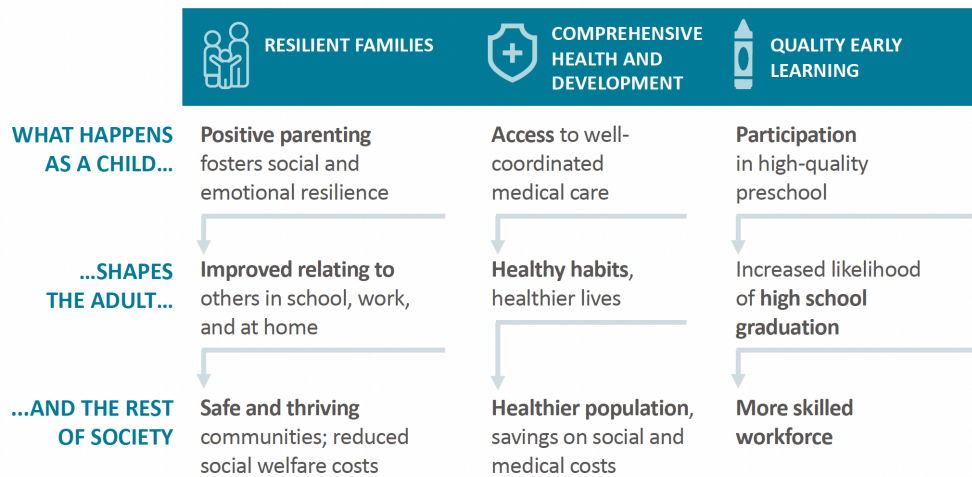


The Data is Clear

The C2C data shows that by kindergarten many of our children are already struggling, falling below 50% of the developmental milestones on nearly half of the 18 DRDP domains (Desired Results Development Profile). Two of these domains jump out as particularly worrisome: Self-Control of Feelings and Behaviors (48%) and Social and Emotional Understanding (51%).^[5] The cortical brain-based capacities for self-regulation in the face of strong emotions (Self-Control of Feelings and Behaviors) and empathy (Social and Emotional Understanding) are essential for school and lifelong success. And their foundations are laid in place—**or not**—from the very beginning. The research shows that emotional, social, and physical health in the earliest months and years are the foundation upon which cognitive and language skills develop.^[6] And when it comes to succeeding in school, children with social and emotional difficulties tend to have trouble following directions and participating in learning activities. They may be more likely to suffer rejection by classmates, have low self-esteem, do poorly academically in school, and be suspended.^[7]

What Happens in the First 5 Years Affects Us All

Attention to supporting the early years can change the trajectory of a whole lifetime



If we want to alter the emerging negative trajectories of so many children, we need to begin during infancy to integrate a formal system of developmental screenings into our pediatric and early education systems.

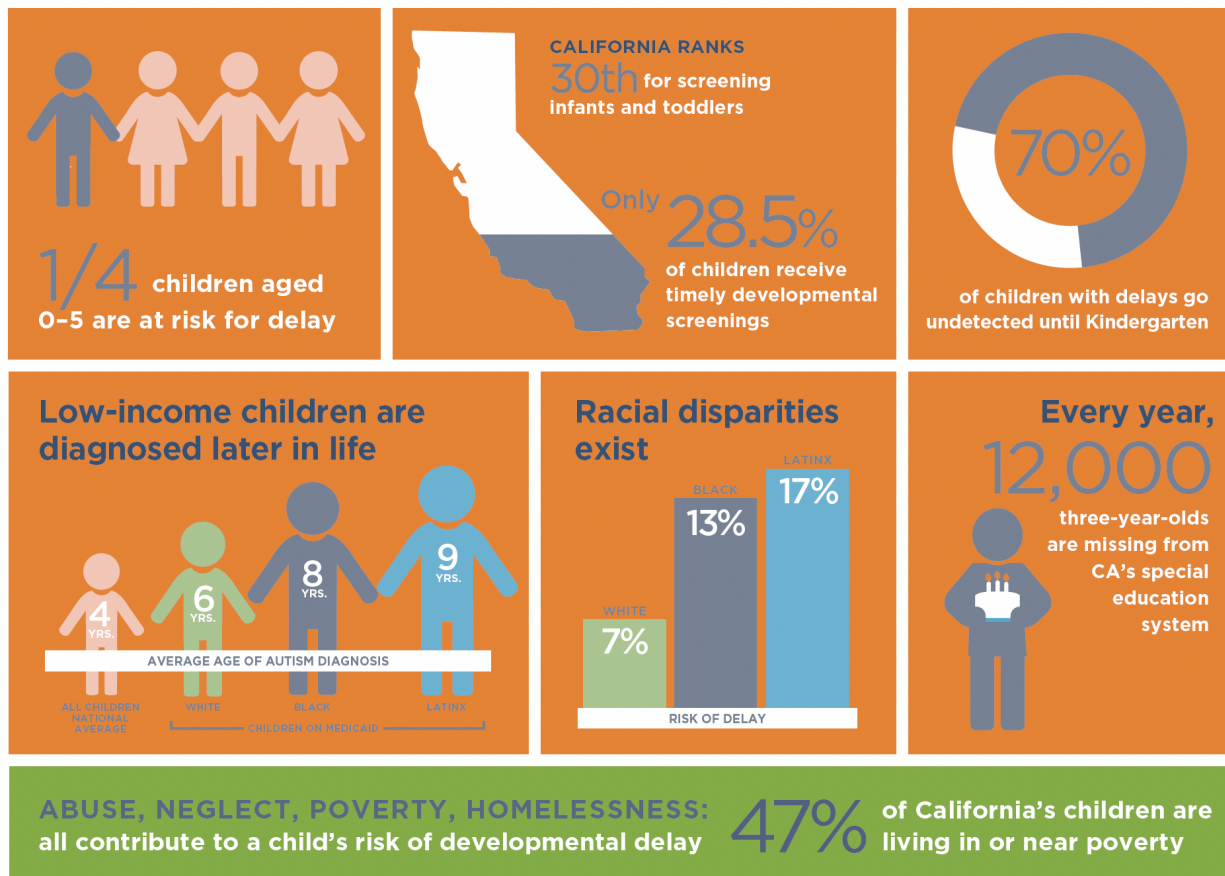
California is Far Behind in this Critical Area

Despite the growing understanding of the importance of early developmental screenings, California has one of the lowest screening and early intervention rates in the country.

While 18% of the state’s children have a developmental delay or disability, only 3% of children receive diagnosis and intervention by age three.^[12]

Research has shown that 20% to 30% of children with a disability may be missed by a single developmental screening, while those screened and monitored at all of their well-child visits with a primary care provider are much more likely to be identified.^[13]

Based on these findings, the American Academy of Pediatrics (AAP) recommends three routine early developmental and behavioral screenings during well-child visits using an evidence-based tool at ages 9-months, 18-months, and 24-months and an autism-specific screening at 18-months and 24-months.^[14]



Parents Know Their Children

The evidence is clear that the earliest months and years of life are a time of both enormous potential and enormous risk. It is especially important during these early screenings to listen to the concerns of parents. Studies show that parental concerns about language, fine-motor, cognitive, and emotional-behavioral development are highly predictive of true problems. Waiting until a child misses a well-documented developmental milestone, such as gaze aversion, walking or talking, gives rise to cumulative and cascading consequences that echo throughout their lives. Identifying and addressing issues early allows for the diagnosis and intervention of other pending developmental problems in a more timely and effective manner.^[8]

For example, research studies have shown that autism spectrum disorders and other developmental disabilities can now be detected reliably and interventions begun in children as young as 18 months of age or even earlier.^[9] Unfortunately, systematic screening and diagnostic practices and appropriate medical and educational interventions currently lag far behind, with the average child's age at diagnosis being 3 to 6 years.^[10] A National Health study reported by the Center for Disease Control (CDC), found that about 1 in 6 (17%) of children ages 3 to 17 years of age were diagnosed with a disability as reported by parents.^[11]

Recognizing the Challenges

In the face of this enormous need, we simply don't know the reality of early screenings in Fresno County. Currently there is no system for comprehensively doing 3X3 screenings, reporting, and tracking. We do know that the need is urgent. There were 13,969 babies born in 2021^[17] and 43,697 children ages 0 – 2. ^[18] So ideally, beginning at age 9-months all the babies born from now going forward and all children under age 3 would be screened on schedule and their families be linked to appropriate services in a timely manner. One troublesome factor, surfaced post pandemic in Fresno C2C's Home Visitation Network 2022 data, which shows a spike in preterm births putting even more babies at high risk who will need interventions as early as possible.

Pediatricians, other medical providers, and early learning professionals are essential yet face multiple barriers to implementing a 3X3 screening system.

Multiple factors currently prohibit children from being screened or connected to services in a timely way: providers have resource and time constraints, families are hesitant about screening and referral, and coordination among providers is limited.

Some of the most important obstacles for providers are:

- Providers have varying degrees of knowledge about developmental and behavioral delays and screening.
- Competing priorities and limited support for providers make it difficult to successfully implement developmental screening in practice.
- Lack of adequate reimbursement for providers affects the practice of surveillance and screening.
- Parents and caregivers have diverse perceptions and understanding about developmental and behavioral health milestones and early identification.
- Lack of provider training and/or teaching providers that the performance of developmental assessment has been linked to more age-appropriate anticipatory guidance, a higher rate of satisfaction with the care, and higher ratings for the interpersonal quality of the provider.^[19]



Fresno Has a Solid Foundation in Place to Build a Comprehensive 3x3 Developmental Screenings System

We are fortunate to have several building blocks already in place to build a comprehensive system in Fresno for early screenings:

- Help Me Grow
- Fresno Unified School District Early Learning Department
- C2C Home Visitation Network
- C2C Early Childhood Dashboard



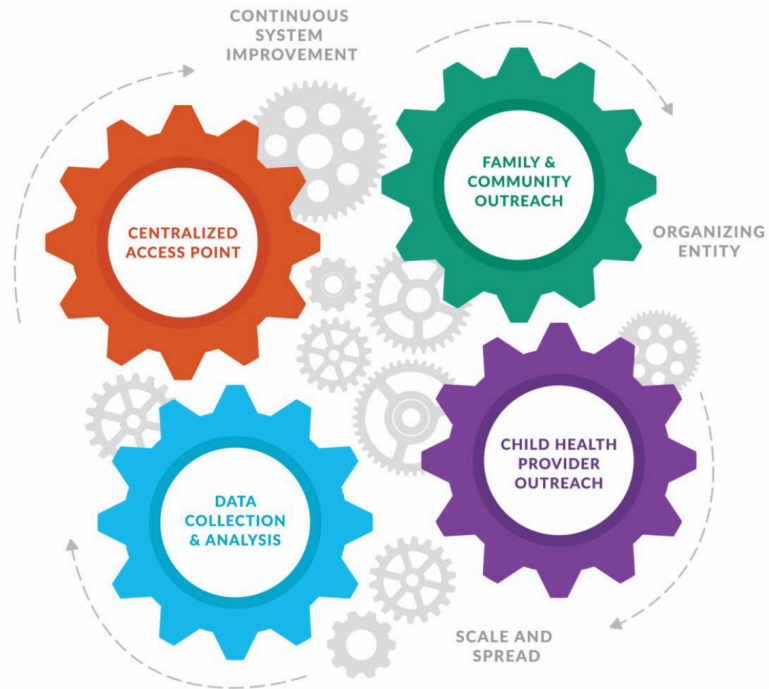
Help Me Grow

Fresno has been implementing Help Me Grow (HMG) since 2011. HMG is a national model that was developed to promote the creation of a coordinated system to identify and treat developmental and behavioral issues of young children. HMG does not provide direct services. Rather, it is an umbrella designed to coordinate, leverage, and maximize the benefits of existing resources and link families to community-based services and empower them to support their child’s healthy development. The goal of the HMG model is to unite a community around its children with four

primary interlocking components. HMG is guided by a diverse leadership team consisting of representatives from the various agencies and entities with early childhood expertise. The team has been working to provide oversight, strategic direction and to promote interagency collaboration. HMG also runs a free/confidential call-in line for parents with trained Care Coordinators available to answer questions about a child's development from birth to five.

Help Me Grow

*"...a **system model** that promotes cross-sector **collaboration** to build efficient and effective **early childhood systems** that mitigate the impact of adversity and support protective factors among families, so that **all children** can grow, develop, and **thrive** to their full potential."*



1. **Centralized Access Point:** Helping families and professionals navigate resources and referrals through a centralized hub system.
2. **Family and Community Outreach:** Increase parent and the broader community's understanding of the importance of achieving child developmental milestones and education about available community resources where intervention is needed.
3. **Child Health and Early Education Providers Outreach:** Assist in expanding the capacities of health care and early education providers to ensure all children with developmental delays are identified and linked to appropriate resources.
4. **Data Collection:** Collect and evaluate data to continuously improve systems that support young children and their families.

Fresno Unified School District Early Learning Department

Fresno Unified School District's (FSUD) Early Learning Department has developed a system to address developmental screening that forces increasing the number of screens, reduces the median age of screens, and increases support and follow-up on identified issues. Every child—infant to preschool—enrolled in any FSUD type of Early Learning Program has an ASQ (Ages and Stages Questionnaire) administered, annually at a minimum, and recurring based on the screening outcomes (currently about 2,600 children per year). The screenings are collected electronically through the ASQ Online Platform. To properly implement the follow up process, FUSD is focusing on building the understanding of teachers, school site service support providers, and other FUSD department personnel. The follow up system involves the family, classroom staff, and school site service support staff to ensure they meet and address a child's identified needs.

C2C Home Visitation Network

More than 30 programs in Fresno County through 26 organizations reach about 4,300 families a year to assist them with prenatal/postnatal health, parenting and child interaction, child developmental needs, and social, economic, and emotional needs. Evidence-based programs such as Nurse Family Partnership and Parents as Teachers, as well as hybrid programs using evidence and research-based components include conducting developmental screens. ASQs are usually conducted by the parent with their home visitor's support. If a referral is needed, the home visitor assists the parent for a more in-depth pediatric visit or referral to the Central Valley Regional Center.

C2C Early Childhood Dashboard

Tracking data across sectors and strategically using the information to measure outcomes and guide planning is essential for long-term success. It is extremely complex—both logistically and legally—to do this. Fresno C2C and HMG have partnered with Future State to address these challenges and pilot our own data-integration platform for sharing developmental screen data. The goal is to create a single database where all the screening data from the region can be housed and used to support our early-childhood system improvements and to utilize this technical infrastructure to support the needs of our children and families. This Dashboard is now ready for pilot testing and evaluation.

Overcoming Challenges to Implementing a 3X3 Screening System

There is no simple formula for creating a system that seamlessly integrates universal 3X3 screenings into all early childhood settings. Some of the biggest challenges for families arise during a structural shift in systems that kicks in when a child reaches school age. At this point the responsibility for service provision shifts from EI (Early Intervention), including HMG, to the schools, and the nature of the services shifts accordingly. Early Intervention and HMG focus on the parents and families, working with them to empower them with parent coaching, helping them understand what their child needs and assisting them in navigating the bewildering array of services to access those that are the most appropriate. HMG also works to help parents understand their legal rights under IDEA (Individuals with Education Disabilities Act) and how to become an advocate for meeting their child's special needs. At school age, the responsibility for meeting further needs, including special education and other identified services, legally shifts from Early Intervention/HMG to the schools. And the nature of the services provided necessarily shifts from the focus on supports for the family to a focus on the individual child and their educational needs. Early identification of developmental issues and support services plays an important role in this transition. The earlier HMG works with families, the longer the parents are supported in developing their confidence and skills to become an effective advocate for their child and to be able to work productively within the school setting on their child's behalf going forward.

Funding Options

Funding for the 3X3 developmental screenings is currently available for Medi-Cal network providers who are pre-approved to bill for each screening done using an approved standardized tool that meets the Department of Health Care Services standards (DHCS). Funding for early screenings is also available for qualified providers during well-child visits through private insurance plans.

Possible sources exist within county systems and county contracted CBO's, e.g., Public Health, Social Services, Behavioral Health and School Districts county-wide by including funding in their budgets for early 3X3 screenings and follow-up. Dealing effectively with early developmental issues should be integrated into our education system as a fundamental component of school readiness that will significantly lessen the special education services burden on schools when children enter pre-k or kindergarten.

Recommendations

#1

As recommended by the AAP, use an agreed upon evidence-based tool to integrate three developmental screenings for all children (not just those with suspected problems) into primary pediatric care at ages 9-months, 18-months and 24-months and an autism specific screening at 18-months and 24-months. The screening tool should be uniformly used across multiple settings so that there is consistency in what is being measured, evaluated, and tracked.

#2

Screenings should identify not just physical issues, but prioritize attention to social, emotional, and behavioral development which are fundamental for cognitive learning and school success. Monitoring the health status of the brain's developing cortical capacities for self-regulation and empathy should be a primary goal of the 3X3 system.

#3

Build on and expand the collaborative Help Me Grow (HMG) leadership team already in place and provide sufficient resources to support a robust expanded local and regional effort to bring the relevant Central Valley players together, especially medical and early learning providers and family leaders, to create and implement an action plan with:

1. A clear statement of the problem
2. A vision of what we see the future to be;
3. An agreed-upon, validated assessment tool to be used across systems; measurable goals;
4. Implementation strategies; and a timeline for how to achieve them.

Participants should include:

- Pediatricians
- Local Hospitals
- Local Health Plans
- Federally Qualified Health Centers
- Fresno County Health Departments (including contracted CBO's, Public Health, Mental Health, Behavioral Health)
- Fresno County Social Services
- Schools and Parents
- Home Visitation Network
- Fresno Child Care & Development Local Planning Council
- P-5 Blueprint Implementation Team

#4

Add a 3X3 Early Developmental Screening Initiative to the current work of DRIVE's Implementation Team in the P-5 Portfolio (preconception to age 5).

#5

Launch the pilot of C2C/HMG's Early Childhood Dashboard and develop multi-sector data-sharing platforms with information accessible to both providers and families and linked to HMG for timely referrals and connections to appropriate services.

#6

Include funding for 3X3 screenings and follow up in school budgets as a primary strategy for building school readiness with a goal of shrinking the burden of special education needs and achieving third grade reading success.

#7

Expand both the categories of approved providers and the number of people trained to do screenings and reporting beyond the health care sector and reimburse them for screenings, e.g., child care providers and home visiting professionals.

#8

Educate professionals, parents and the community about developmental milestones and the value of systematic screening and linking children to services as quickly as possible when appropriate.

Early Developmental Screenings Have Huge Academic, Social and Economic Benefits

In summary, as stated earlier, the earliest years present an enormous opportunity to help shape the trajectory of a child’s life by strengthening their physical, emotional, and cognitive development. We know from voluminous research that strategic investments in a range of high-quality early childhood services have a high payoff over time. **Systematic screening and interventions prior to kindergarten have huge academic, social, and economic benefits, including savings to society of \$30,000 to \$100,000 per child. And the money saved is not the only measure of value—especially to the 1-in-25 households with a disabled preschool-aged child. A national study of over 3,000 infants and toddlers who received early intervention showed that that one-third of the children benefitting from early screening who received early services them did not need additional intervention when they entered school.**^[20] Late identification of children with developmental delays and disabilities leads to the need for expensive special education programs, services that might have been reduced or eliminated before a child turns three. And, most tragically of all, the high price of our continued failure to screen, diagnose and intervene early is paid for by the most vulnerable children in our community and their struggling families.

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Authors of:

- **Ghosts From the Nursery:** *Tracing the Roots of Violence*, 1997
- **United States of Trauma:** *How a Pandemic Unmasked America*, 2020

Fresno C2C Policy Series

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3X3 Interview List:

Tim Curley and Dr. Carmela Sosa, Valley Children’s Hospital

Lowell Ens, Exceptional Parents Unlimited

Brooke Frost, C2C Home Visitation Network

Courtney Shapiro, CalViva Health

Dr. Matilda Soria and Wendy Hernandez, Fresno County Superintendent of Schools

Maria Cebellos Tapia and Leah Diaz, Fresno Unified School District

Robin Karr-Morse

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