

**County of Santa Clara**  
**Santa Clara Valley Health & Hospital System**  
**Santa Clara Valley Medical Center**



**DATE:** December 6, 2021

**TO:** Honorable Members of the Board of Supervisors  
 Jeffrey V. Smith, M.D., J.D., County Executive

**FROM:** Curtis Ohashi, Chief Operating Officer, Santa Clara Valley Medical Center

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**SUBJECT:** Report on Early Childhood Universal Screening

In January 2013, Santa Clara County Board Supervisor Ken Yeager identified the need for more universal and more frequent developmental screenings for young children during their well-child pediatric visits. In Santa Clara County, there are more than 18,000 children under the age of six that are thought to have developmental delays that go unidentified until they enter kindergarten. Supervisor Yeager asked that SCVMC and VHC pediatric clinics to perform routine developmental screenings for all children. BHSD's MHSA INN-01 Early Childhood Universal Screening Initiative and FIRST 5's funded Developmental Screening Project (Gardner) were preexisting projects implemented in 2010. Both projects were combined to support the county-wide effort under the Universal Developmental Screening Initiative.

The aim of the Universal Developmental Screening Initiative is to ensure developmental screening, with a standardized tool, for children birth through age five is routinely conducted during well-baby/well-child checks in pediatric clinics and practices throughout Santa Clara County. This early and frequent screening would enable the earliest possible detection of social, emotional and developmental concerns and subsequent initiation of interventions that prevent developmental delays and minimize social and emotional challenges. The Ages and Stages Questionnaire 3 (ASQ-3) and Ages and Stages Questionnaire: Social Emotional (ASQ-SE) were chosen as the standardized screening tools.

With the collaboration and combined efforts of SCVHHS, FIRST 5, and BHSD, three strategic groups were formed. The Universal Developmental Screening Strategic Leaders Group, Systems Workgroup and the Referral Capacity Workgroup.

One critical development from the systems workgroup was the important recognition of Universal Prenatal Screening. As a result, the Universal Prenatal Screening Project was formed. This workgroup was supported by Dr. Paul Russell and chaired by Dr. Sara Copeland from the Department of Public Health. This group worked on the development of the Universal Prenatal Screening Pilot plan and reviewed the standardized screening tools and data collection methods.

During this time, distribution of the Universal Developmental Screening Continuum of Care was provided to VHC pediatric clinics to support ongoing monitoring of capacity needs/concerns within the different identified service systems. Professional development support was provided to VHC Gilroy, VHC Bascom and VHC East Valley along with embedded BHSD staff to assist in the implementation of universal developmental screening utilizing the ASQ-3 and ASQ-SE.

Children screened at both VHC and FIRST 5/Gardner whose ASQ or ASQ:SE scores indicated a need for further assessment were referred and linked to services through the Early Start Program and/or the KidConnections Network of Care, with coordination of care being inclusive of the pediatrician.

The Universal Developmental Screening Initiative was a trailblazing effort to enhance the long established processes of pediatric well baby/well child visits and identify children ages birth through five with developmental concerns. Early detection and prevention and early intervention services may then equip identified children ages birth through five to enter mainstream schools. With the efforts in Universal Prenatal Screening, optimum health and wellness was addressed even earlier.

Evaluation of implementing a universal developmental screening tool during well baby/well child visits provided Pediatricians much more detailed information with which to make appropriate referrals for the children in their care. The pediatricians reported that the ASQ was especially helpful in borderline cases, providing more depth and detail and informing the decision to refer for services or not. Those children scoring in the monitoring zone are typically not referred for services immediately but reassessed at next well baby/well child visit.

BHSD's MHSA INN-01 ended June 30, 2016, which resulted in the loss of the funded developmental screeners located at the VHC clinics. To continue and build on the framework of the project, FIRST 5 and BHSD worked with Ambulatory Care to prepare for the transition and ensure continuity of this service. Ambulatory Care began the process of recruiting medical assistants at each VHC clinic who would provide the personal interface, customer care, and assist parents to complete the ASQ screening tool. BHSD and FIRST 5 supported training to management and medical assistants on processes, administration and scoring of the ASQ screening tool and provided technical assistance during the transition period.

The MHSA INN-01 project and subsequent transition of the work to Ambulatory Care was an important initial phase which laid a foundation on which to build and grow early

intervention services in our county's system of pediatric care. The expansion of PCBH services in Ambulatory Care will allow for the development and implementation of evidence-based, interdisciplinary screening and support services as part of routine care in a familiar setting-the pediatrician's office.

Since 2006 the County of Santa Clara has partnered with FIRST 5 of Santa Clara County to develop, implement and evaluate systems of screening and support to meet the developmental and behavioral health needs of young children through the KidConnections Network.

FIRST 5 Santa Clara County is currently working in partnership with UCSF's HealthySteps Program to obtain technical assistance to inform strategies that could be applied to County Health and Hospital system clinics or community clinics in Santa Clara County. UCSF launched the HealthySteps Program in 2019 to provide an integrated program of screenings and mental health supports to children and their parents/caregivers in pediatric health clinics, as well as how to maximize MediCal billing for program sustainability.

According to HealthySteps, the Medicaid return on investment can be as high as 163% with a one-practitioner ("specialist") model per 1-2,000 children. Potential billing options to explore include maternal depression screening; social, emotional and developmental screening; family protective and risk factor screening; and child development and behavior consults.

In November 2020 the Board of Supervisors approved a referral to Administration to report to the Board with options for consideration relating to expanding the Universal Developmental Screening Initiative in the Santa Clara County Health and Hospital System in partnership with FIRST 5 Santa Clara County and community health system partners.

The Board of Supervisors has now directed the SCVMC to provide an off-agenda report regarding the development of an early childhood universal screening protocol and delivery system for the County Health System.

The innovative programs implemented here in the County as spearheaded by the Board of Supervisors, and reinforced by successful cross-department collaboration, including the Whole Person Care pilot, the Pediatric Developmental Specialty Center (PDSC), Ages & Stages Questionnaires (ASQ) screening program for pediatrics and primary care behavioral health (PCBH) provide us with a strong foundation to develop this plan. The implementation plan includes the intent to expand learnings and best practices developed in these programs to implement the universal screening program. Some of the lessons learned from the broader initiatives will be applied with the aim of improving access to early intervention services and support for pediatric and family populations who receive care in our pediatric and family health clinics. This initiative will align with the California Advancing and Innovating Medi-Cal (CalAIM) proposal that includes the pediatric population of focus moving into calendar year 2022.

Several workgroups and teams have been working independently on components across a variety of County departments. As there is crossover and multiple needs to support the pediatric population the teams have come together to develop this update and comprehensive plan to address the early childhood universal screening tool. This will be accomplished in concert with the CalAIM and PCBH initiatives to provide services to meet families' needs. This includes real-time support to identified children or families at time of assessment, as well as during and between well-child visits. For families in need of additional support, care coordination and systems navigation will be provided.

Comprehensive data review is ongoing and will help guide the focus of this initiative to support the children across our system of care, as will the research and available data used to guide UCSF, First5 and HealthySteps. Table 1 is a review of the current pediatric referrals to specialty behavioral health services. Table 2 reflects the presenting issues for the age group of focus (0-5) from HealthySteps. In concert, these will guide the work toward estimating volumes across our system and guide thoughtful implementation. It is important as well to bring in key component of equity and health disparities as this initiative will be front and center to the early interventions needed to improve health equity for future generations.

**Table 1: Santa Clara County Pediatric referrals to specialty behavioral health**  
**Data pulled from MyAvatar on November 11, 2021**

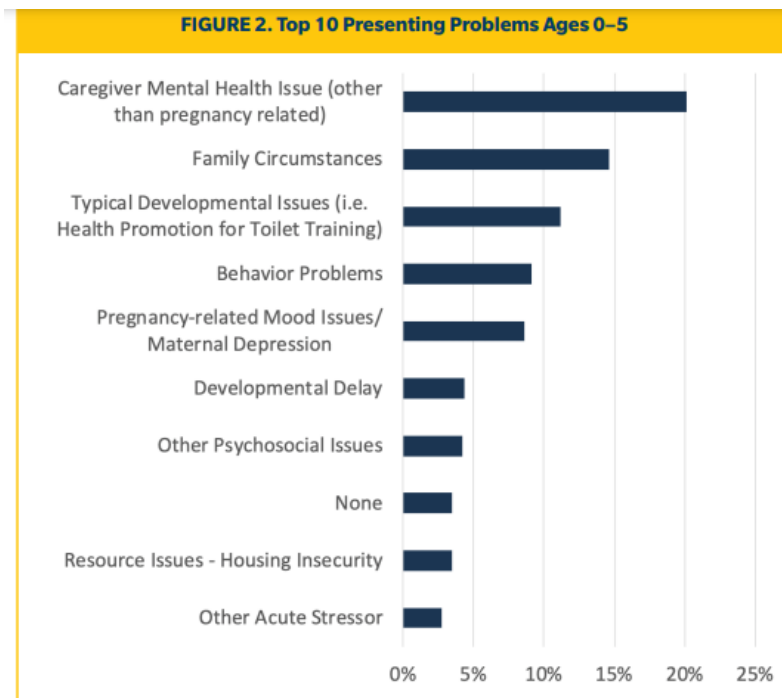
**FY 20-21**

<b>Age Range</b>	<b>0 to 5</b>	<b>6 to 12</b>	<b>13 to 18</b>	<b>Grand Total</b>
Healthcare Provider other than PCP	262	15	18	295
Primary Care Physician	88	504	567	1159
<b>Grand Total</b>	<b>350</b>	<b>519</b>	<b>585</b>	<b>1454</b>

**FY 21-22 (to 11/10/21)**

<b>Age Range</b>	<b>0 to 5</b>	<b>6 to 12</b>	<b>13 to 18</b>	<b>Grand Total</b>
Healthcare Provider other than PCP	326	21	6	353
Primary Care Physician	70	193	293	556
<b>Grand Total</b>	<b>396</b>	<b>214</b>	<b>299</b>	<b>909</b>

**Table 2: Presenting problems ages 0-5 - The Children's Health Center at Zuckerberg San Francisco General Hospital and Trauma Center\***



\* Kate Margolis, Alex Briscoe, and Jennifer Tracey, *Babies Don't Go to the Doctor by Themselves: Innovating a Dyadic Behavioral Health Payment Model to Serve the Youngest Primary Care Patients and their Families*, [https://cachildrentrust.org/wp-content/uploads/2020/05/Dyadic\\_final\\_May2020.pdf](https://cachildrentrust.org/wp-content/uploads/2020/05/Dyadic_final_May2020.pdf)

### Workplan: **Proposed Development Timeline**

<b>Universal Screening for Childhood Trauma</b>	<b>Q2 FY21-22</b>	<b>Q3 FY21-22</b>	<b>Q4 FY21-22</b>	<b>Q1 FY22-23</b>	<b>Q2 FY22-23</b>	<b>Q3 FY22-23</b>
Comprehensive data analysis						
Build HealthLink with screening tool						
Develop staffing model, i.e. ratio and location of service						
Identify clear role of staff and ensure cross coverage of multiple program needs						
Develop billing protocols						
Establish practitioner credentials						
Enhance referral coordination system						
Conduct recruitment						
Program implementation staggered by site						

### Components identified for combined proposal:

1. Early childhood universal screening with Adverse Childhood Experiences/Pediatric Adverse Childhood Experiences and related Life Events Screener (ACES/Pearls)

which includes collaborative work with UCSF and FIRST 5 pilot project recommendations and support

2. Imbedded behavioral health services in primary care for pediatric, family and maternal child clinics (currently in adult medicine clinics only and request is in mid-year budget review process)
3. ASQ screening and referral process currently in place in pediatric settings
4. WPC care coordination model shifts to enhanced care management (ECM) in January 2022 with new population of focus that includes pediatric Medi-Cal members

Key to successful implementation will be the continued collaboration and integration across the systems of care, including internal and external stakeholders. This key initiative to the health and wellbeing of our communities will highlight the commitment to children and families of Santa Clara County.