



DEVELOPMENTAL SCREENING GAP ASSESSMENT

2024



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Executive Summary

Kern County Children and Families Commission (First 5 Kern) supports programs, partnerships, and policies to improve outcomes for children ages 0-5 and their families. First 5 Kern partnered with Applied Survey Research (ASR) to gather and analyze data on the completion of developmental screenings across Kern County. This report highlights critical aspects of developmental screenings across Kern County through comprehensive data analysis, key informant interviews, and parent surveys.

Developmental Screening Data



- **Increasing Rates:** There had been a steady increase in the completion of developmental screenings among children on the Kern Health Systems (KHS) health plan from 2019-23. The increase in the rate of developmental screenings occurred while the number of children on the KHS health plan and the number of children who attended at least one well-being visit per year remained relatively stable from 2019-23.
- **Age Trends:** Developmental screenings were more frequently completed for children ages 0-36 months compared to those ages 37-60 months.
- **Racial/Ethnic Trends:** While Hispanic/Latino children were the most frequent recipients of care, the completion rates of developmental screenings were gradually increasing across all racial/ethnic groups.

Key Informant Interviews



- **Screening Administration:** Sites used a variety of screening tools, with some utilizing online portals to facilitate the process.
- **Scoring and Data Management:** Efficient scoring and prompt uploading of results to EMR systems were critical. There was a desire to transition to digital collection to expedite this process.
- **Referral Policies and Procedures:** All sites relied on external providers for referrals, though concerns about limited referral options and long waitlists were prevalent.
- **Barriers:** Staffing challenges, lack of linguistically diverse materials, and time constraints were significant barriers. Sites with higher screening rates emphasized the importance of consistent processes and staff training.

Parent Survey



- **Completion Rates:** 66% of parents/caregivers reported completing a developmental screening for their child in the past year, with assistance often coming from sources other than pediatricians.
- **Lack of Knowledge:** A significant portion of parents who did not complete screenings cited a lack of awareness about the availability and necessity of screenings.
- **Satisfaction and Experience:** While there was general agreement on the importance of screenings, satisfaction with the process was mixed, and there was a demand for more knowledgeable providers and better communication.

Future Directions



- **Enhanced Education and Outreach:** Parent education campaigns can help raise awareness of the importance of developmental screenings for parents in Kern County. Trainings for providers and staff can ensure they are well-equipped in policies and procedures to complete developmental screenings.
 - **Improved Screening Process:** Investing in digital platforms that allow parents to complete developmental screenings online prior to appointments can help reduce wait times and streamline the process. Additionally, developing and distributing screening materials in multiple languages will better cater to the diverse population of Kern County.
 - **Strengthening the Referral Networks:** By building stronger partnerships with local service providers, it is possible to expand referral options and reduce wait times. Enhancing collaboration with school districts will ensure that children over the age of three receive necessary developmental services promptly.
 - **Continuous Monitoring and Evaluation:** Continuous monitoring and evaluation are essential to maintain and improve developmental screening rates and outcomes. Longitudinal studies should be conducted to identify trends and areas for further improvement. Regular feedback from both parents and providers should be gathered to adapt and refine strategies for developmental screenings.
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Introduction



PROJECT BACKGROUND

Established in 1998, First 5 Kern utilizes revenue generated by the California tobacco tax to fund countywide programs for children ages 0-5 in the focus areas of:

- Health and Wellness
- Parent Education and Support Services
- Early Child Care and Education
- Integration of Services

Under the direction of the 2024-25 First 5 Kern Strategic Plan, the primary goal of the Health and Wellness focus area is to ensure **all children will have an early start toward good health** with six underlying objectives displayed in Figure 1.

Figure 1. First 5 Kern Health and Wellness Objectives

Number	Objective
1.1	Children will be enrolled in existing health insurance programs.
1.2	Pregnant women will be linked to early and continuous care.
1.3	Children will be provided health, dental, mental health, developmental and vision screenings and/or preventative services.
1.4	Children with identified special needs will be referred to appropriate services.
1.5	Children will develop early healthy habits through nutrition and/or fitness education.
1.6	Children and their parents/guardians will be provided with safety education and/or injury prevention services.

Source: First 5 Kern 2024-25 Strategic Plan.

To better understand trends related to Objectives 1.3 and 1.4, First 5 Kern partnered with Applied Survey Research (ASR) to gather and analyze data on the completion of developmental screenings across Kern County. Project implementation included three components:

1. **Developmental Screening Data:** ASR and First 5 Kern gathered developmental screening data from county partners to identify longitudinal trends and pinpoint locations where developmental screenings were consistently or inconsistently completed.
2. **Key Informant Interviews:** Selected sites from the developmental screening data participated in interviews to share information about their policies, procedures, and barriers related to the completion of developmental screenings for children ages 0-5.
3. **Parent Survey:** ASR and First 5 Kern distributed a countywide survey to gather input from parents of children ages 0-5, sharing their experiences related to the completion of developmental screenings for their children.

This report aims to provide a comprehensive analysis of developmental screening rates across Kern County, offering insights into the effectiveness and areas for improvement in current practices.

Developmental Screening Data

First 5 Kern and ASR gathered developmental screening data from medical providers within the Kern Health Systems (KHS) network. With the assistance of KHS, two primary sources of data were used in the analysis:

1. **KHS Plan Data:** longitudinal data from 2019-23, detailing:
 - The number of children actively on the KHS health plan per year
 - The number of children on the KHS health plan who attended at least one well-being visit per year
 - The number of children on the KHS health plan who received at least one developmental screening per year
 - The percentage of children on the KHS health plan with at least one well-being visit per year who received a developmental screening

2. **Site Level Data:** Longitudinal data from 2019-23 at the individual medical provider level, detailing:
 - The number of children per year who attended at least one well-being visit
 - The number of children per year who received at least one developmental screening
 - The percentage of children with at least one well-being visit per year who received a developmental screening

KHS plan data included aggregate data for the years 2019-23, while the site-level data included disaggregated data by both age group and race/ethnicity.

KHS PLAN DATA

The number of children who accessed care via the KHS medical plan and the number of children who attended one well-being visit remained relatively stable between 2019 and 2023, as displayed in Figure 2. Both metrics decreased in 2020 and 2021 before rebounding in 2022 and 2023, likely reflecting the impacts of the COVID-19 pandemic.

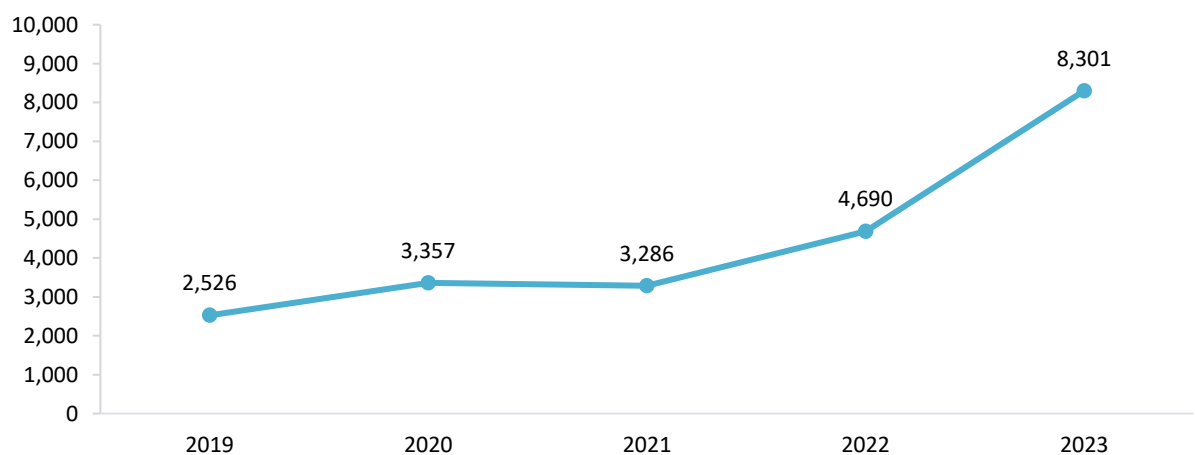
Figure 2. Aggregate Data of the Number of Children on the KHS Medical Plan who Attended at Least One Well-being Visit per Year

Year	Total Number of Children on the KHS Plan	Total Number of Children with at Least One Well-being Visit per Year
2019	54,687	47,776
2020	50,996	42,479
2021	49,781	41,759
2022	52,508	44,764
2023	52,823	44,980

Source: KHS Data Request, March 2024.

While the numbers of children on the KHS plan and of children who attended at least one well-being visit per year remained stable, the number of children who received at least one developmental screening gradually increased year by year over the same period, as shown in Figure 3.

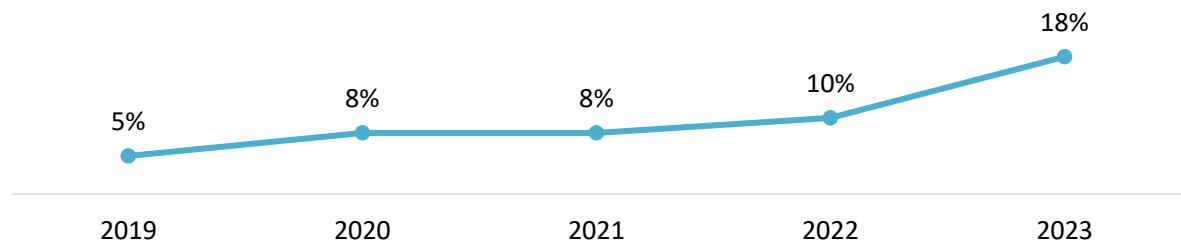
Figure 3. Number of Children on the KHS Medical Plan who Received at Least One Developmental Screening



Source: KHS Data Request, March 2024.

The steady increase in the completion of developmental screenings across KHS sites, despite the stable number of children attending well-being visits, significantly impacted the percentage of children screened per year, as indicated in Figure 4.

Figure 4. Percentage of Children with at Least One Well-being Visit in the Year who Completed a Developmental Screening



Source: KHS Data Request, March 2024.

SITE LEVEL DATA

Kern Health Systems provided First 5 Kern and ASR with longitudinal site-level data from 2019-23 for 104 medical providers across Kern County. On average, 44,352 children attended at least one well-being visit per year across all sites. The average number of children per year who completed at least one developmental screening was 4,332, resulting in an average screening rate of 9.99%.

Developmental screenings completed more frequently for children ages 0-36 months

Kern Health Systems disaggregated developmental screening data by patient age into four age cohorts:

- 0-12 months
- 13-24 months
- 25-36 months
- 37-60 months

Collectively, more patients ages 0-36 months attended at least one well-being visit per year compared to patients ages 37-60 months. However, the average number of children who completed a screening varied across the four age groups, as displayed in Figure 5.

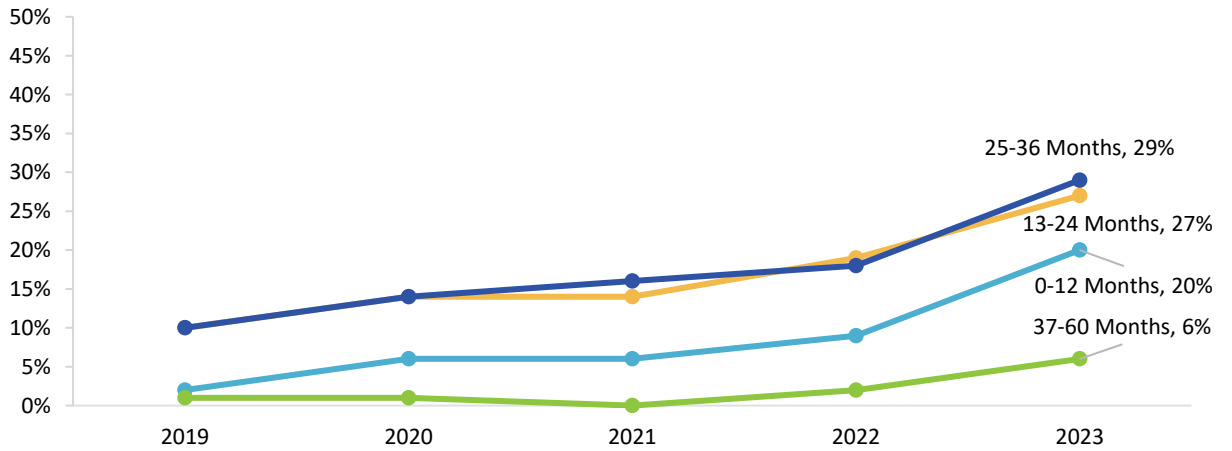
Figure 5. Average Number of Children who Attended at Least One Well-being Visit and Completed One Developmental Screening per Year, Disaggregated by Age Group

Age	Average Number of Children per Year with at Least One Well-being Visit	Average Number of Children per Year who Completed at Least One Developmental Screening
0-12 Months	9,401	781
13-24 Months	9,942	1,686
25-36 Months	9,243	1,606
37-60 Months	15,765	360

Source: KHS Data Request, March 2024.

Although the rate of developmental screenings varied for children in the 0-12, 13-24, and 25-36 month age groups, yearly screening rates gradually increased from 2019-23 for all three groups. The rate of developmental screenings for children ages 37-60 months remained relatively stable from 2019-23, as shown in Figure 6.

Figure 6. Percentage of Children with at Least One Well-being Visit who Completed a Developmental Screening, Disaggregated by Age Group



Source: KHS Data Request, March 2024.

Hispanic/Latino children most frequent race/ethnicity accessing care through KHS

Kern Health Systems also disaggregated developmental screening data by race/ethnicity for the years 2019-23. The vast majority of children who attended at least one well-being visit per year were from the Hispanic/Latino population of Kern County, as outlined in Figure 7.

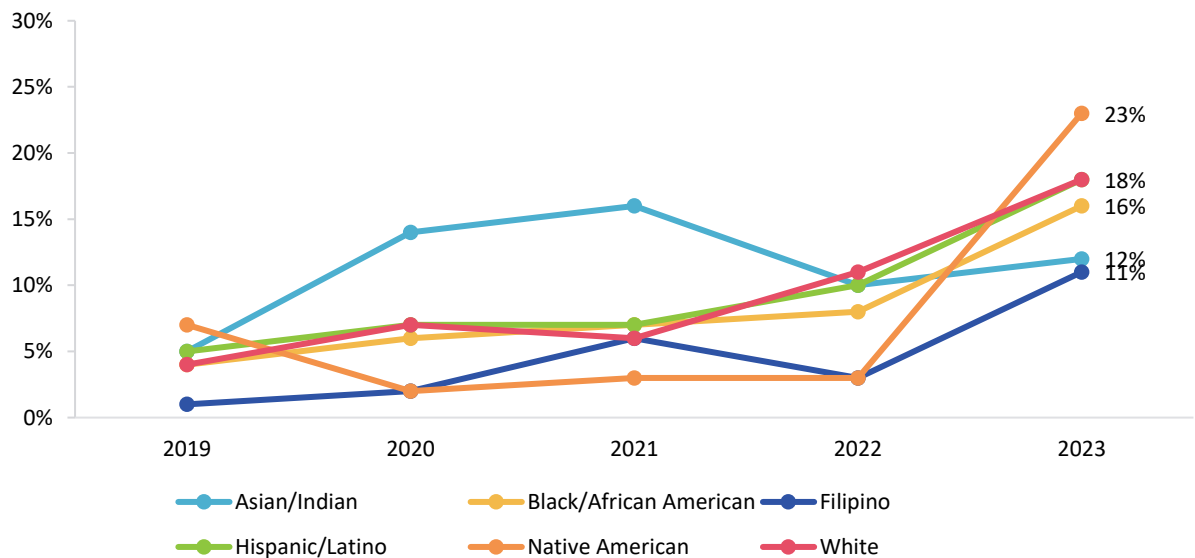
Figure 7. Average Number of Children who Attended at Least One Well-being Visit and Completed One Developmental Screening per Year, Disaggregated by Race/Ethnicity

Race/Ethnicity	Average Number of Children per Year with at Least One Well-being Visit	Average Number of Children per Year who Completed at Least One Developmental Screening
Asian Indian	360	41
Black/African American	1,785	139
Filipino	187	8
Hispanic/Latino	24,205	2,253
Native American	39	3
White	4,067	353

Source: KHS Data Request, March 2024.

The rate of completion of developmental screenings gradually increased from 2019-23 for children of all races/ethnicities, detailed in Figure 8.

Figure 8. Percentage of Children with at Least One Well-being Visit who Completed a Developmental Screening, Disaggregated by Race/Ethnicity



Source: KHS Data Request, March 2024.

Key Informant Interviews

The second project component included key informant interviews with representatives from KHS providers to gather information on the types of policies, procedures, and barriers related to the completion of developmental screenings.

ELIGIBILITY AND SELECTION CRITERIA

Eligibility to participate in a key informant interview required sites to have an average rate of well-being visits exceeding 750 per year. This criterion ensured input from sites with the greatest likelihood of completing developmental screenings. Site-level data was also utilized to target sites with both high and low developmental screening rates, allowing for the identification of potential differences in policies, procedures, and barriers between these sites.

INTERVIEW PARTICIPANTS

Representatives from seven sites participated in key informant interviews between May 15 and May 29, 2024. Of these, four sites had low developmental screening rates, with average screening rates between 2019-23 falling substantially below the 2021 Medi-Cal state developmental screening rate of 29%¹. The other three interviews included representatives from high developmental screening sites, whose rates approximated or exceeded the 2021 Medi-Cal state rate.

Interview participants included five clinic managers, one pediatrician, and one nurse. Demographic information for each interviewed site is presented in Figure 9.

¹ Volume 1 of 5, *Medi-Cal Managed Care External Quality Review Technical Report: July 1, 2021–June 30, 2022 Main Report*, Quality Population Health Management, California Department of Health Care Services, April 2023.

Figure 9. Key Informant Interview Demographic Information

Site Number	Site Representative Role	Site Screening Status	2019-23 Average Developmental Screening Completion Rate
1	Clinic manager	High	58%
2	Clinic manager	High	34%
3	Clinic manager	High	21%
4	Clinic manager	Low	12%
5	Clinic manager	Low	7%
6	Pediatrician	Low	1%
7	Nurse	Low	1%

Source: KHS Data Request, March 2024.

INSIGHTS FROM KEY INFORMANT INTERVIEWS

Site representatives provided insights on various aspects of developmental screenings, including administration, scoring and data management, referral policies and procedures, and barriers to completing developmental screenings. The question protocol for key informant interviews is provided in Appendix 1.

Screening Administration

Developmental Screening Tools

- Three site representatives reported their sites utilized both the Ages and Stages Questionnaire (ASQ) and the Modified Checklist for Autism in Toddlers (M-CHAT).
- One site reported using only the M-CHAT for children ages 0-5.
- One site reported using only the ASQ.
- One site indicated the use of the Survey of Well-being of Young Children (SWYC) and a site-developed screening tool programed into their electronic medical records (EMR) system.
- One site indicated the developmental screening used for children varies based on the medical provider’s preference but could not specify which screenings were available on-site.

Figure 10 displays the developmental screenings reported by site representatives.

Figure 10. Developmental Screening Tools Reported by Key Informants

Developmental Screening	Number of Sites
ASQ	4
M-CHAT	4
SWYC	1
Site-developed	1

Source: Key Informant Interviews, May 2024.

Periodicity Schedule

All seven site representatives reported following a periodicity schedule for completing screenings based on the child’s age at the time of a well-being visit. Additional insights included:

- One site relied on their EMR system to inform the medical team of the required screening based on the child’s age.
- Another site employed one administrator to oversee all developmental screenings, including identifying the appropriate screening for the patient at the time of their visit.



“Once we were able to secure access to the ASQ, we provided education to the staff. We did small huddles with staff to educate and re-educate for them to understand how important this is.”

- Key informant

Screening Process

All seven site representatives reported they completed their developmental screenings on the date of the well-being visit by having the parent/guardian complete the screening forms while waiting to see the medical provider.

Staff Training and Guidelines

- Four of the seven site representatives highlighted the importance of staff training to ensure all staff are knowledgeable about policies and procedures related to developmental screenings.
- The other three representatives emphasized that clear and consistent instructions and expectations provided their staff with the necessary information to complete developmental screenings.

Scoring and Data Management

Manual Scoring

All seven site representatives reported that their locations manually score developmental screenings. The specifics of this process vary:

- Two sites indicated that screenings are scored by medical providers.
- Five sites reported that medical assistants completed the scoring.

Online Portal for Screenings

One site, which maintained the highest screening rate, shared that they operated an online portal allowing parents/guardians to complete developmental screenings online when checking in for the appointment before arrival. If parents/guardians did not complete the requested developmental screenings through the portal, they were collected in the waiting room upon arrival.

“The positive about [completing developmental screenings through the online portal] is that parents are able to talk about it, talk over the forms, so the responses are more accurate.”

- Key informant

Integration with EMR System

All seven site representatives emphasized the importance of efficiently scoring developmental screenings so that they could be scanned and uploaded to the patient’s file in the EMR system. This step is crucial for informing the medical provider’s discussion with the patient and family.

Desire for Digital Transition

Two sites specifically stated a desire to transition to a digital collection of developmental screenings to expedite the process of scoring and providing the results to the medical provider.

“It’s a challenge for [0-5 referrals] because there’s not enough resources in the county and the whole Central Valley. ABA therapy is about a six month wait and evaluation wait times are also very long.”

- Key informant

Referral Policies and Procedures

Sharing Screening Results

All seven site representatives emphasized that the medical provider shares developmental screening results with the family and determines the necessary action steps to best meet the child’s needs.

Referral Process

If a child scored below the threshold on a developmental screening (e.g., ASQ or M-CHAT), all seven site representatives indicated that the provider then submits a referral to an external provider within the community to address the child’s need (e.g., speech-language pathologist to address concerns for receptive and expressive language development).

Challenges in Referral Options

Although the sites interviewed rely on external providers for their referrals, two site representatives expressed concerns about the lack of referral options and long waitlist times across Kern County. To compensate for this challenge, one site representative reported their location encourages parents to seek services through their local school district if the child is three or older.

Barriers to Completing Developmental Screenings

Staffing Challenges

Site representatives from locations with low screening rates cited low or inconsistent staffing as a primary barrier to completing developmental screenings.

One representative specifically mentioned that their location cannot consistently staff enough medical assistants to manage the caseload of patients requiring a developmental screening on a given day.

“We don’t have all of the languages. If we have a patient that comes in needing a language like Farsi, they may not be able to answer the questions.”

- Key informant

Linguistic Barriers

Two site representatives noted that their locations serve diverse populations but lack screening materials in the families’ preferred languages, preventing accurate completion of developmental screenings by parents/guardians.

Time Constraints and Distractions

Limited time for parents/guardians to complete screening forms were also highlighted as a barrier. One site representative observed that parents/guardians often face distractions in the waiting room, such as caring for multiple children, which hinder the completion of screening forms. The same site representative mentioned their location needs to be more consistent in assisting families to complete the screening forms as they enter the patient room when faced with this situation.

High Screening Rate Sites

Sites with high screening rates did not specify barriers but emphasized their success in being consistent with their process. Specifically, these site representatives highlighted staff training, clear expectations and guidelines for staff, and follow-up with parents/guardians as effective methods to ensure developmental screenings are reliably completed.

Parent Survey

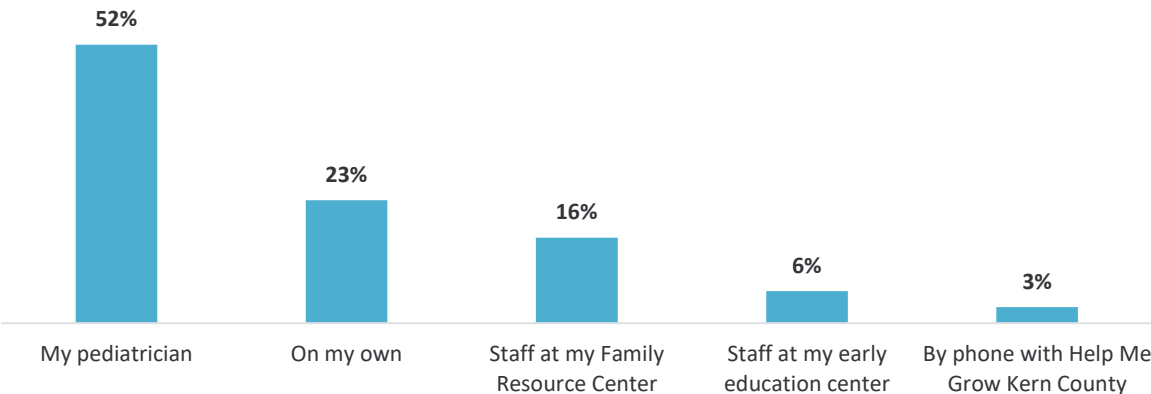
The third and final project component included a parent survey of Kern County parents/caregivers of children ages 0-5 to collect information on their experiences completing a developmental screening for their child. Forty-four parents/caregivers completed the survey between May 21 and June 5, 2024, providing insights into how they completed a developmental screening for their child and their satisfaction with the process.

DEVELOPMENTAL SCREENING COMPLETION

Sixty-six percent of parents/caregivers (n = 29) reported they completed a developmental screening for their child within the past year. Among these 29 respondents, 52% (n = 16) reported they completed it with the assistance of their pediatrician. The distribution of who assisted respondents in completing their developmental screening is displayed in Figure 11.

66%
of parents/caregivers reported they completed a developmental screening within the past year

Figure 11. Distribution of Resources that Assisted Parents/Caregivers Complete Developmental Screening



Source: Parent Survey, May-June 2024.

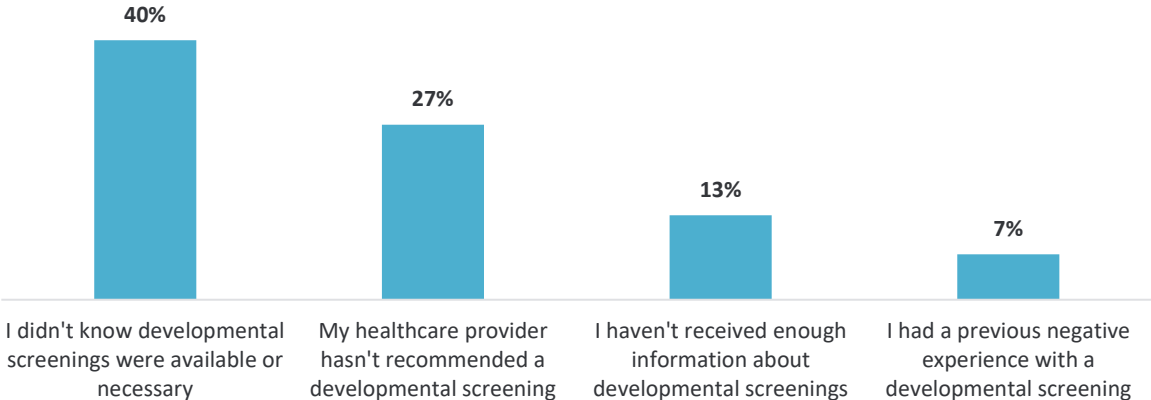
Of the 16 respondents who reported they received assistance from their pediatrician, 73% (n = 11) indicated they completed a developmental screening at every well-child appointment, 20% (n = 3) were unsure how often they completed a screening, and 7% (n = 1) completed one developmental screening with their pediatrician in the past year.

Lack of Knowledge Influences the Completion of Developmental Screenings

The 15 respondents who did not complete a developmental screening within the past year provided the following reasons. Forty percent (n = 6) selected "I didn't know developmental screenings were available or necessary," and 27% (n = 4) selected "My healthcare provider hasn't recommended a developmental screening." These results suggest that parent education on the importance and availability of

developmental screenings may be critical to increasing the rate at which children between the ages of 0-5 receive developmental screenings. The complete distribution of responses for the reasons parents/caregivers did not complete a developmental screening within the past year is displayed in Figure 12.

Figure 12. Distribution of Reasons for not Completing a Developmental Screening within the Past Year



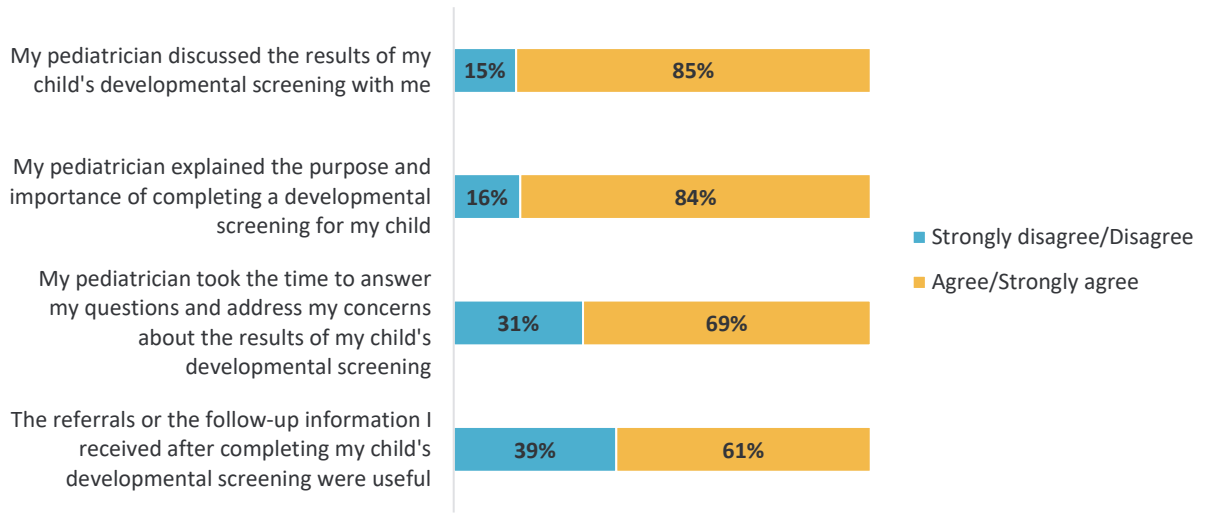
Source: Parent Survey, May-June 2024.

EXPERIENCE AND SATISFACTION WITH THE COMPLETION OF DEVELOPMENTAL SCREENINGS

Of the 16 respondents whose pediatrician assisted them in completing a developmental screening, 58% (n = 7) reported their pediatrician shared the results with them, 33% (n = 4) reported they did not receive results, and one respondent was unsure if they received results.

Respondents who completed a developmental screening with their pediatrician generally agreed with statements about how their pediatrician conducted the screening. Eighty-five percent (n = 11) agreed or strongly agreed that their pediatrician discussed results, and 84% (n = 10) agreed or strongly agreed that their pediatrician explained the purpose and importance of completing a developmental screening. Figure 13 displays respondent agreement with statements about the experience of completing a developmental screening with the assistance of a pediatrician.

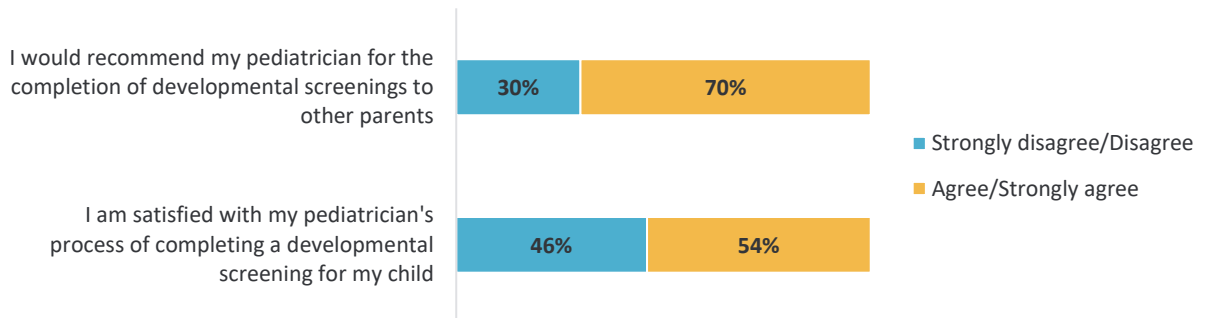
Figure 13. Respondent Agreement with the Experience of Completing a Developmental Screening with a Pediatrician



Source: Parent Survey, May-June 2024.

Although respondents generally agreed with statements about how their pediatrician completed the developmental screening for their child, they were not highly satisfied with the process. As displayed in Figure 14, 70% (n = 9) agreed or strongly agreed they would recommend their pediatrician for the completion of developmental screenings to other parents, and only 54% (n = 7) agreed or strongly agreed they were satisfied with their pediatrician's process.

Figure 14. Respondent Satisfaction with Their Pediatrician's Completion of Developmental Screenings

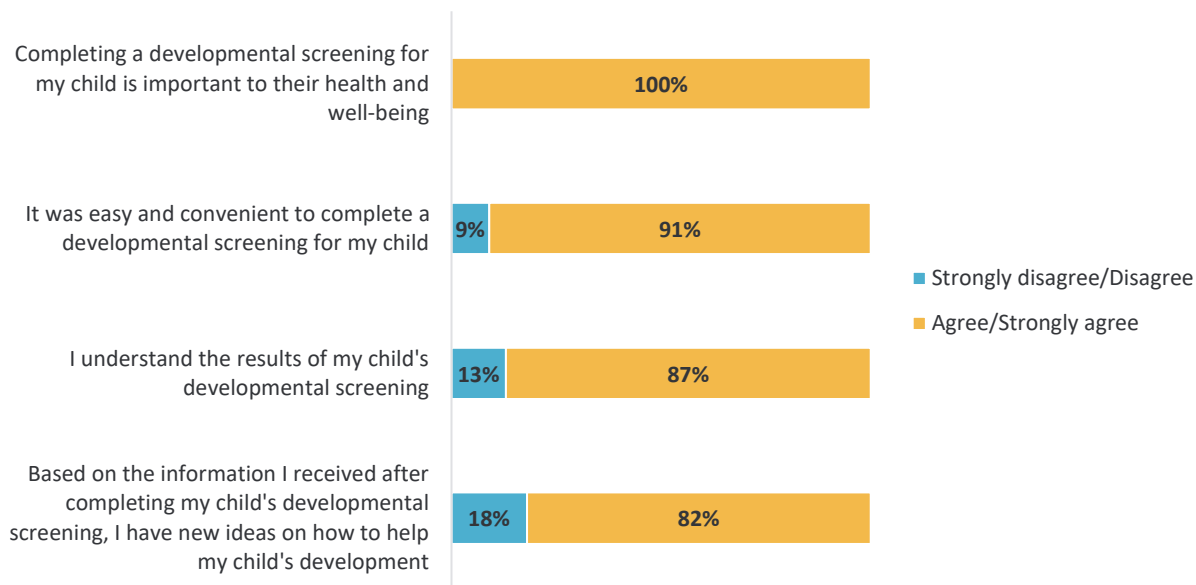


Source: Parent Survey, May-June 2024.

Among the 29 respondents who completed a developmental screening in the past year, whether with their pediatrician, on their own, or staff members from various resources across Kern County, the majority expressed high rates of agreement with statements about completing developmental screenings. One hundred percent of these respondents agreed or strongly agreed that completing a

developmental screening for their child was important to their health and well-being, and 91% (n = 21) agreed or strongly agreed the process of completing a developmental screening was easy and convenient. As displayed in Figure 15, 87% (n = 20) agreed or strongly agreed that they understand the results of their child’s developmental screening, and 82% (n = 19) agreed or strongly agreed they learned new ideas on how to help their child’s development based on the information they received after completing their child’s screening.

Figure 15. Respondent Agreement with Statements about the Completion of Developmental Screenings



Source: Parent Survey, May-June 2024.

Parents/caregivers Want Access to Informed Providers to Complete Developmental Screenings

In open-ended questions, respondents described their experiences completing developmental screenings and offered suggestions for improvement. While 62% of respondents (n = 8) who provided statements described their experience completing developmental screenings as efficient and easy, five respondents (38%) expressed specific concerns about their pediatrician’s knowledge of child development, the screening process, and the lack of time spent discussing results.

“Doctors need to be more hands-on in a child’s screening vs just rushing through clients. They also need to take more responsibility for informing parents about the signs of what they look for.”

- Respondent from parent survey

Respondents expressed similar comments about areas for improvement with two out of six responses focused on the need for more time to discuss results, two responses about the need for more access to experts in childhood development, and two responses on the need to streamline the process, specifically the need for online screening completion before appointments, in addition to quicker time to providers after receiving a referral.

“Streamline the process. Test, refer, evaluate, treat. It shouldn’t take months/years to get speech therapy.”

- Respondent from parent survey

Future Directions

This report has highlighted critical aspects of developmental screenings across Kern County through comprehensive data analysis, key informant interviews, and a parent survey. The findings present both progress and areas for improvement in ensuring that children ages 0-5 receive timely and effective developmental screenings.

SUMMARY OF KEY FINDINGS

The data analysis revealed that the completion of developmental screenings among children on the Kern Health System health plan has been steadily increasing from 2019-23. However, there were notable age trends, with screenings being more frequently completed for children ages 0-36 months compared to those ages 37-60 months. Additionally, while Hispanic/Latino children were the most frequent recipients of care, the completion rates of developmental screenings were gradually increasing across all racial and ethnic groups.

Key informant interviews provided further insights into the processes and challenges associated with developmental screenings. It was found that sites utilized a variety of screening tools, with some employing online portals to facilitate the process. Efficient scoring and prompt uploading of results to EMR systems were deemed critical, and there is a desire to transition to digital collection methods to expedite this process. All sites relied on external providers for referrals, though concerns about limited referral options and long waitlists were prevalent. Significant barriers identified included staffing challenges, a lack of linguistically diverse materials, and time constraints. High-performing sites emphasized the importance of consistent processes and comprehensive staff training.

The parent survey offered valuable perspectives from the community. Sixty-six percent of parents/caregivers reported completing a developmental screening for their child in the past year, often with assistance from sources other than pediatricians. A significant portion of parents who did not complete screenings cited a lack of awareness about the availability and necessity of such screenings. While there was general agreement on the importance of developmental screenings, satisfaction with the process was mixed, with many parents expressing a need for more knowledgeable providers and better communication.

SUGGESTIONS FOR FUTURE DIRECTIONS

Based on these findings, several future directions are proposed to enhance the developmental screening process in Kern County. First, there is a clear need to increase awareness among parents and caregivers about the importance and availability of developmental screenings. Educational campaigns should be launched to emphasize these points, while ongoing training for medical providers should be implemented to ensure they are well-informed about screening tools and procedures.

Improving the screening process itself is also crucial. Investing in digital platforms that allow parents to complete developmental screenings online prior to appointments can help reduce wait times and streamline the process. Additionally, developing and distributing screening materials in multiple languages will better cater to the diverse population of Kern County.

Strengthening referral networks is a key area for improvement. By building stronger partnerships with local service providers, it is possible to expand referral options and reduce wait times. Enhancing collaboration with school districts will ensure that children over the age of three receive necessary developmental services promptly.

Finally, continuous monitoring and evaluation are essential to maintain and improve developmental screening rates and outcomes. Longitudinal studies should be conducted to identify trends and areas for further improvement. Regular feedback from both parents and providers should be gathered to adapt and refine strategies for developmental screenings.

By addressing these key areas, Kern County can improve the rate and quality of developmental screenings, ensuring that all children have the opportunity for a healthy start. Continued collaboration between First 5 Kern, KHS, medical providers, and parents will be essential in achieving these goals.

Appendix 1 — Key Informant Interview Protocol

1. Can you tell me what developmental screening instrument your site uses?
2. Does your site have policies and procedures related to the completion of developmental screenings?
3. What is your process for ensuring staff are trained in policies and procedures related to administering and scoring developmental screenings?
4. Can you briefly walk me through your, or your site's, process for giving parents a developmental screening when they bring their child to an appointment?
5. How do you know a child is due for a developmental screening?
6. How do you score developmental screenings?
7. What is your site's process for data entry after completing a developmental screening?
8. How do you discuss developmental screening results with parents/caregivers?
9. How do you support children whose developmental screening indicates risk for potential need?
10. What do you think has contributed to your site's reliability in completing developmental screenings for patients between the ages of 0-5?
11. How could your site overcome barriers to completing developmental screenings more consistently?
12. If a developmental screening is not completed, can you describe the process of identifying potential areas of need for the child?
13. Is your developmental screening policy consistent across all sites or does it vary from location to location? (Question for sites with multiple locations)

Appendix 2 — Parent Survey Items

INTRODUCTION

Kern County Children and Families Commission (First 5 Kern) supports programs, partnerships, and policies to improve outcomes for children ages 0-5 and their families. First 5 Kern has partnered with Applied Survey Research (ASR) to conduct a survey of parents across Kern County to gather information about completing developmental screenings for children ages 0-5.

Applied Survey Research will maintain the confidentiality of participants to ensure that participants feel comfortable providing direct feedback about their experience with developmental screenings. Participant names will not be attached to any report, only summarized responses will be shared with First 5 Kern.

BACKGROUND INFORMATION

1. Do you live in Kern County? *(If “No” is selected, skip to end of survey)*

- Yes
- No

2. Are you a parent of a child(ren) 0-5 years of age? *(If “No” is selected, skip to end of survey)*

- Yes
- No

3. How many children do you have between the ages of 0-5?

4. What city do you live in? *(Insert drop-down list of Kern County cities/towns)*

- | | | |
|-------------------------------------------|-------------------------------------|----------------------------------------|
| <input type="radio"/> Aerial Acres | <input type="radio"/> Frazier Park | <input type="radio"/> Mckittrick |
| <input type="radio"/> Arvin | <input type="radio"/> Glennville | <input type="radio"/> Mojave |
| <input type="radio"/> Bakersfield | <input type="radio"/> Golden Hills | <input type="radio"/> Monolith |
| <input type="radio"/> Bear Valley Springs | <input type="radio"/> Gorman | <input type="radio"/> Mountain Mesa |
| <input type="radio"/> Bodfish | <input type="radio"/> Havilah | <input type="radio"/> Onyx |
| <input type="radio"/> Boron | <input type="radio"/> Inyokern | <input type="radio"/> Pearsonville |
| <input type="radio"/> Buttonwillow | <input type="radio"/> Johannesburg | <input type="radio"/> Pond |
| <input type="radio"/> Caliente | <input type="radio"/> Keene | <input type="radio"/> Pumpkin Center |
| <input type="radio"/> California City | <input type="radio"/> Kernville | <input type="radio"/> Randsburg |
| <input type="radio"/> Cantil | <input type="radio"/> Lake Isabella | <input type="radio"/> Ridgecrest |
| <input type="radio"/> Delano | <input type="radio"/> Lamont | <input type="radio"/> Rosamond |
| <input type="radio"/> Di Giorgio | <input type="radio"/> Lebec | <input type="radio"/> Shafter |
| <input type="radio"/> Edison | <input type="radio"/> Lost Hills | <input type="radio"/> Stallion Springs |
| <input type="radio"/> Edwards | <input type="radio"/> Maricopa | <input type="radio"/> Taft |
| <input type="radio"/> Fellows | <input type="radio"/> McFarland | <input type="radio"/> Tehachapi |

- Tupman
- Wasco

- Weldon
- Willow Springs

- Wofford Heights
- Woody

5. What is your zip code? *(Insert drop-down list of Kern County zip codes)*

- | | |
|-----------------------------|----------------------------------------|
| <input type="radio"/> 93203 | <input type="radio"/> 93314 |
| <input type="radio"/> 93205 | <input type="radio"/> 93380 |
| <input type="radio"/> 93206 | <input type="radio"/> 93381 |
| <input type="radio"/> 93215 | <input type="radio"/> 93382 |
| <input type="radio"/> 93216 | <input type="radio"/> 93383 |
| <input type="radio"/> 93220 | <input type="radio"/> 93384 |
| <input type="radio"/> 93222 | <input type="radio"/> 93385 |
| <input type="radio"/> 93224 | <input type="radio"/> 93386 |
| <input type="radio"/> 93225 | <input type="radio"/> 93387 |
| <input type="radio"/> 93226 | <input type="radio"/> 93388 |
| <input type="radio"/> 93238 | <input type="radio"/> 93389 |
| <input type="radio"/> 93240 | <input type="radio"/> 93390 |
| <input type="radio"/> 93241 | <input type="radio"/> 93501 |
| <input type="radio"/> 93243 | <input type="radio"/> 93502 |
| <input type="radio"/> 93249 | <input type="radio"/> 93504 |
| <input type="radio"/> 93250 | <input type="radio"/> 93505 |
| <input type="radio"/> 93251 | <input type="radio"/> 93516 |
| <input type="radio"/> 93252 | <input type="radio"/> 93518 |
| <input type="radio"/> 93255 | <input type="radio"/> 93519 |
| <input type="radio"/> 93263 | <input type="radio"/> 93523 |
| <input type="radio"/> 93268 | <input type="radio"/> 93527 |
| <input type="radio"/> 93276 | <input type="radio"/> 93528 |
| <input type="radio"/> 93280 | <input type="radio"/> 93531 |
| <input type="radio"/> 93283 | <input type="radio"/> 93554 |
| <input type="radio"/> 93285 | <input type="radio"/> 93555 |
| <input type="radio"/> 93287 | <input type="radio"/> 93556 |
| <input type="radio"/> 93301 | <input type="radio"/> 93560 |
| <input type="radio"/> 93302 | <input type="radio"/> 93561 |
| <input type="radio"/> 93303 | <input type="radio"/> 93581 |
| <input type="radio"/> 93304 | <input type="radio"/> 93596 |
| <input type="radio"/> 93305 | <input type="radio"/> Other (write in) |
| <input type="radio"/> 93306 | |
| <input type="radio"/> 93307 | |
| <input type="radio"/> 93308 | |
| <input type="radio"/> 93309 | |
| <input type="radio"/> 93311 | |
| <input type="radio"/> 93312 | |
| <input type="radio"/> 93313 | |

6. What is the insurance provider for your child(ren)?

- Kern Family Health Care
- Anthem Blue Cross
- Kaiser Permanente
- Covered California
- Employer Sponsored Plan
- Other (Please specify):

DEVELOPMENTAL SCREENING COMPLETION

7. A developmental screening is a set of questions to see if a child is on track for their age. Have you completed a developmental screening for your child(ren) in the past year?

- Yes
- No

8. You may have completed the developmental screening online or in person. Who helped you complete it? (Select all that apply) (*Display is "Yes" is selected for Question 5*)

- My pediatrician
- Staff at my early education center
- Staff at my Family Resource Center (FRC)
- By phone with Help Me Grow
- I completed the developmental screening on my own

9. How frequently have you, or your pediatrician, completed a developmental screening for your child? (*Display if "My pediatrician" is selected for Question 6*)

- Once
- Every well-child appointment
- Unsure

DEVELOPMENTAL SCREENING RESULTS – COMPLETED WITH PEDIATRICIAN

10. Did you receive the results of your child's developmental screening? (*Display if "Yes" is selected for Question 6 and if "My pediatrician" is selected for Question 7*)

- Yes
- No
- Unsure

11. Please indicate how much you agree or disagree with each of the following statements. (*Display if “My pediatrician” is selected for Question 7*)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure
12. My pediatrician explained the purpose and importance of completing a developmental screening for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My pediatrician discussed the results of my child’s developmental screening with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My pediatrician took the time to answer my questions and address my concerns about the results of my child’s developmental screening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The referrals or the follow-up information I received after completing my child’s developmental screening were useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SATISFACTION WITH COMPLETING A DEVELOPMENTAL SCREENING – COMPLETED WITH PEDIATRICIAN

Please indicate how much you agree or disagree with each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure
16. I am satisfied with my pediatrician’s process of completing a developmental screening for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I would recommend my pediatrician for the completion of developmental screenings to other parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DEVELOPMENTAL SCREENING RESULTS – ALL RESPONDENTS WHO COMPLETED A SCREENING

18. Please indicate how much you agree or disagree with each of the following statements. (*Display if “Yes” is selected for Question 6*)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure
19. Completing a developmental screening for my child is important to their health and well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. It was easy and convenient to complete a developmental screening for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I understand the results of my child’s developmental screening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Based on the information I received after completing my child’s developmental screening, I have new ideas on how to help my child’s development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADDITIONAL COMMENTS

23. Please describe your experience with the developmental screening process.

24. Is there anything you think could be improved about the developmental screening process?

25. Is there anything else you would like to share about your experience with the completion of a developmental screening for your child?

INTEREST IN LEARNING MORE ABOUT DEVELOPMENTAL SCREENINGS

Section of questions intended for individuals who responded they have not completed a developmental screening before

26. Please indicate how much you agree or disagree with each of the following statements. (*Display if “No” is selected for Question 6*)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure
27. I am interested in learning more about developmental screenings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I am interested in completing a developmental screening for my child(ren).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like to be contacted by First 5 Kern to learn more about completing a developmental screening for your child, please enter your contact information below: (*Display if “No” is selected for Question 6*)

Form Field Question Layout

Form	Text box response
Name	
Phone Number	<i>Will require valid U.S. phone number</i>
Email Address	<i>Will require valid email address</i>

Thank you for completing this survey. Your response has been recorded.