



The unified initiative of the Universal Developmental Screening Partnership*

Helping parents give children the chance to grow, learn and achieve full potential

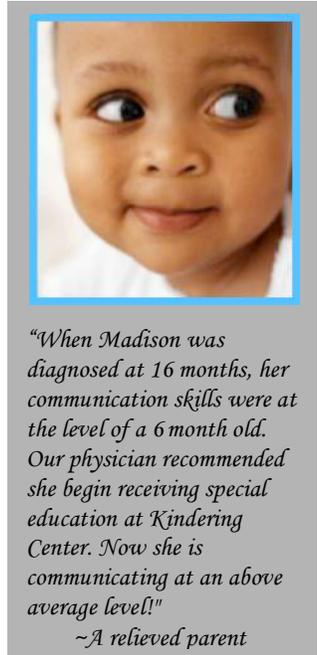
What Happens Early Matters

Research is converging on a single, fundamental conclusion: early childhood matters, enormously.¹ Early experiences and interactions with adults mold the developing brain, for better or worse. Children's health and development is key to creating a healthy productive 21st century population and workforce.

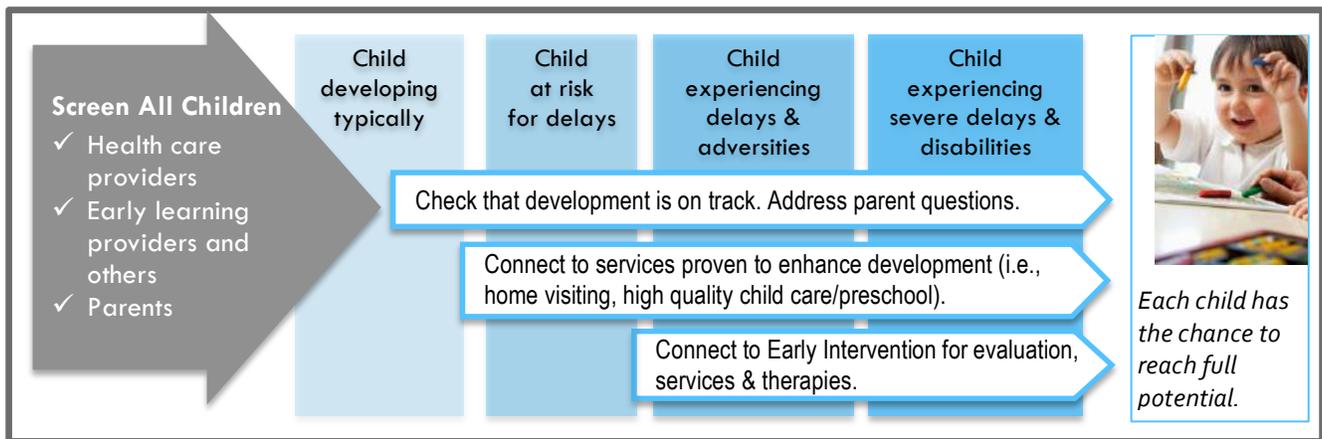
Screening Helps to Identify Issues Early

Children's capacities develop at different times. Periodic screening to identify developmental concerns and capacities (like communication and motor skills), and efforts to ensure families have access to responsive services, help parents set children on a positive early growth and learning path.

- ✓ Developmental screening measures how a young child learns, communicates, moves, behaves and relates to others at key times in a child's development.
- ✓ The American Academy of Pediatrics' Bright Futures Preventive Health Protocol² recommends regular screening, using a standardized tool, for all children at 9, 18 and 24-30 months and anytime parents have concerns. Autism screening is recommended at 18 and 24 months.
- ✓ Yet only 35% of children get even one screening from 12 months to five years of age.³



Addressing Developmental Issues Early Can Change a Child's Life Trajectory

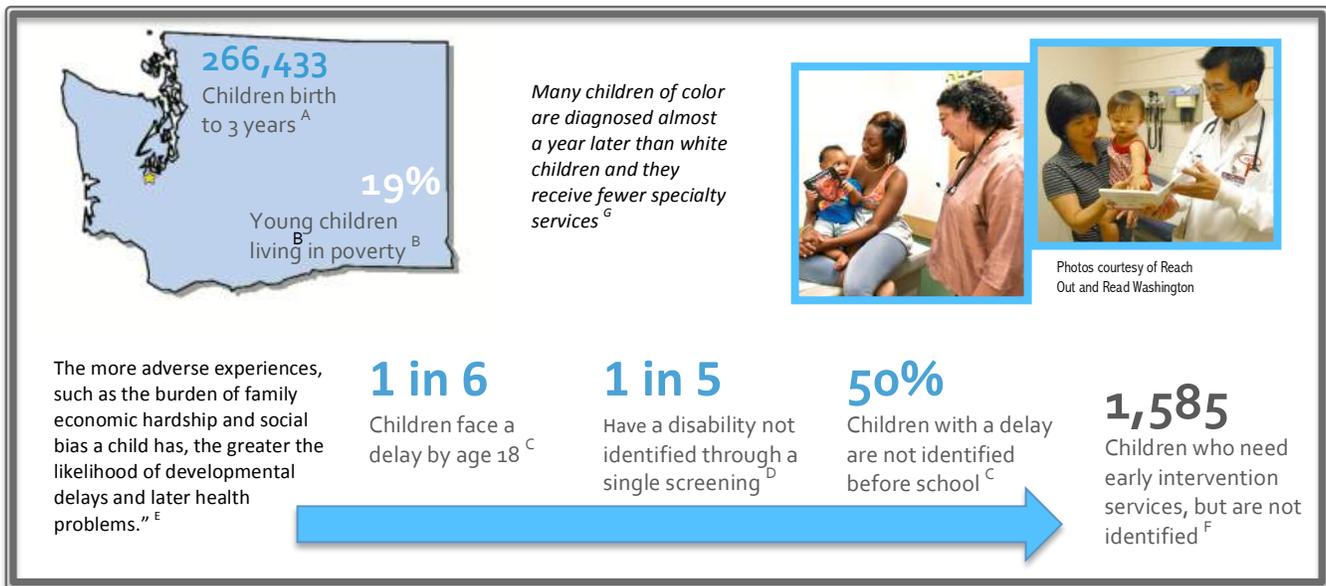


Early Screening and Responsive Services Benefit Children and Save Money

- ✓ Poverty, Adverse Childhood Experiences (ACE's), and social bias increase the risk for developmental delays.⁴ Research shows that children of color are diagnosed later and so begin receiving early intervention services later.
- ✓ There are effective treatments. For example, one research study found that only 5% of language-delayed infants who received treatment show signs of delay compared to 85% of the children who received no treatment.⁵
- ✓ 30%⁶ of children served in our state's Early Intervention program do not go on to qualify for special education services at age three. At the average special education cost of \$9,143⁷ per child this results in an estimated savings of \$30,619,907⁸ per year for these 3,349⁹ children.

*The group of organizations and individuals convened by the Department of Health as the Universal Developmental Screening (UDS) Partnership has joined with Help Me Grow Washington to create a stronger unified initiative. WithinReach, a key partner and the national Help Me Grow initiative affiliate, serves as the statewide access point.

We Are Missing a Big Opportunity



We Are Taking Action

Helping Children Learn, Grow and Achieve - The Partnership works to reach families in a variety of ways. We support pediatric primary care providers as the best place to complete and interpret a developmental screen and provide family-centered, comprehensive and coordinated care. However, only 35% of Washington children currently receive even one screening.

Reaching All Children - To ensure that we reach all children and identify developmental challenges early, community partners like early care and education providers, child care providers, schools and home visitors provide valuable help. They screen children who are being missed and connect them with a medical home for follow-up, further evaluation, and referral to responsive services. These screens also help parents and providers adjust their interactions and activities to promote optimal health and development of children at risk, even if no further medical follow-up is necessary.

Advancing Common Priorities - Initiatives such as Essentials for Childhood and Frontiers of Innovation are highlighting the importance of providing early support to set children on positive health and learning trajectories. As an important strategy, early learning, health and education leaders are advancing developmental screening and responsive services in the:

- ✓ *Washington State Early Learning Plan;*
- ✓ *Washington State Birth to 3 Plan*
- ✓ *Department of Early Learning Strategic Plan;*
- ✓ *Department of Health Strategic Plan;* and,
- ✓ *American Academy of Pediatrics' Bright Futures Protocol.*

Get Involved

- Join an action team where your skills and passion can be tapped.
- Sign up to receive the *Universal Developmental Screening E-Update* by emailing the contact below.
- Educate, advocate, and spread the word!

For more information or citations used to develop this document, contact Rebecca Timmen at the Department of Health 360.236.3509 or Rebecca.Timmen@doh.wa.gov.

Universal Developmental Screening Two-Pager Citations and Notes

- ¹ *Early Brain & Biological Development: A Science in Society Symposium*. Summary Report. Volume 3.(2012). Calgary, AB, Canada: Norlien Foundation
- ² *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening*. Children With Special Needs Project Advisory Committee Pediatrics, Bright Futures Steering Committee and Medical Home Initiatives for Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee and Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Pediatrics 2006;118;405 DOI: 10.1542/peds.2006-1231
- ³ 2009/10 National Survey of Children's Health (NSCH). From NSCH Website: <http://www.nschdata.org/browse/survey/results?q=2124&r2=49>
- ⁴ *Impact of Early Adversity on Children's Development*. NGA Center for Best Practices, National Conference of State Legislatures, Center on the Developing Child, Harvard University
- ⁵ Ward, S. *An Investigation into the Effectiveness of an Early Intervention Method on Delayed Language Development in Young Children*. International Journal of Language & Communication Disorders, 34(3). (1999).
- ⁶ October 8, 2014 e-mail from Karen Walker, ESIT Administrator, DEL. 30 percent (3,349) of children exiting ESIT from 7/1/13-6/30/14 did not go on to qualify for Special Education
- ⁷ Average per child cost of Special Education (3-21 years) for 2012-13. September 29, 2014 e-mail from Mary Ellen Parrish, Special Education Coordinator, OSPI.
- ⁸ Savings are estimated based on best available information. As the eligibility criteria differ between Part C Early Intervention (Infants and Toddlers) and Special Education (3-21 years of age); it is possible that not all children receiving early intervention would qualify for Special Education.
- ⁹ 3,349 is equal to 30% of the 11,165 total unduplicated count of children served in Washington's Early Intervention Program in FFY 2012. Total count taken from Indicator 6, Part C State Annual Performance Report (APR) for FFY 2012: July 1, 2012 through June 30, 2013.

Page 2 Infographic Footnotes

- A. Census Estimates, Kids Count Data Center: (<http://datacenter.kidscount.org/data/tables/100-child-population-by-single-age?loc=49&loct=2#detailed/2/49/false/36,868,867,133,38/42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61/418>)
- B. Kids Count Data Center: <http://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=1&loct=2#detailed/2/52/false/36,868,867,133,38/17,18,36/12263,12264>
- C. Nelson, Florence, "Achieving The Promise of a Bright Future." Zero to Three. February 2009 (Brief/Fast Facts)
- D. Nelson, Florence, "Achieving The Promise of a Bright Future." Zero to Three. February 2009 (Brief/Fast Facts)
- E. Key Concepts: Toxic Stress, Center of the Developing Child Website: http://developingchild.harvard.edu/index.php/key_concepts/toxic_stress_response/ (10/22/14)
- F. Difference between the 2.2% (5,814) of infants and toddlers from birth to 3 years identified and served in Washington's Part C Early Intervention Program in 2012-13, compared to the national average of 2.8%, using the national "day in time to compare Since the incidence of delays and disabilities across the country is deemed to be similar, this suggests an estimated 1,585 children needing ESIT have not benefited from effective early intervention.
- G. Sandra Magana, Kristina Lopez, Arellys Aguinaga, and Holly Morton. 2013. "Access to Diagnosis and Treatment Services Among Latino Children With Autism Spectrum Disorders" Intellectual and Developmental Disabilities." Vol. 51, No. 3, 141–153 (Abstract). (DOI: 10.1352/1934-9556-51.3.141) Accessed 11/10/14 <http://www.ncbi.nlm.nih.gov/pubmed/23834211>