

Early Identification of Developmental Disabilities

California Best Practices & GPRA Measures Conference
CA Area Indian Health Service & CA Rural Indian Health Board

May 23, 2018

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Leadership Education in Neurodevelopmental and Related Disabilities (LEND)

CENTER FOR EXCELLENCE IN

Developmental Disabilities

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Objectives

- Describe screening tools for early identification of autism spectrum disorder (ASD) and referral resources.
- State at least three resources to assist IHS health professionals in education and identification of persons with intellectual and other developmental disabilities (ID/DD).
- Explain helpful connections between the Indian Health Services and the Center for Excellence in Developmental Disabilities at UC Davis MIND Inst. related to support and resources for persons with ID/DD.

Neurodevelopmental Disorders (NDDs)

- **Developmental disabilities**
 - Conditions due to an impairment in physical, learning, language, or behavior areas.
 - Begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime



Intellectual
Disability (ID)

Global
Developmental
Delay

Unspecified ID

ASD

Language Disorder

Speech Sound
Disorder

Social
Communication
(Pragmatic)
Disorder

Childhood-Onset
Fluency Disorder

Unspecified

Developmental
Coordination
Disorder

Stereotypic
Movement
Disorder

Tic Disorder
Other Specified
Unspecified

Attention -
Deficit/
Hyperactivity
Disorder

ADHD

Unspecified
ADHD

Specific
Learning
Disorder

SLD with
Impaired:

Reading

Written
Expression

Mathematics

Other
Neurodevelopmental
Disorders

Other
Specified

Unspecified

Signs & Symptoms of NDDs

- Developmental Delays
 - Global Developmental Delay
 - Language Delay
 - Motor Delay
- Intellectual Disability
- Autism

Signs & Symptoms of NDDs

- **Developmental Delays:**
 - Global Developmental Delays (< 5-years)
 - Language Delays vs. Language Disorder
 - Motor Delays vs. Motor Disorder
 - *CDC Learn the Signs Act Early

Signs & Symptoms of NDDs

- Intellectual Disability (Intellectual Developmental Disorder; ID)
 - Intellectual & Adaptive Deficits
 - Use of standardized intelligence test to identify deficit
 - Onset in developmental period
 - Mild, Moderate, Severe, Profound
 - Delayed motor, language, social milestones identifiable as early as 2-years (in severe ID)
- Unspecified Intellectual Disability (> 5-years, assessment is impossible sensory/physical impairments)

Signs & Symptoms of NDDs

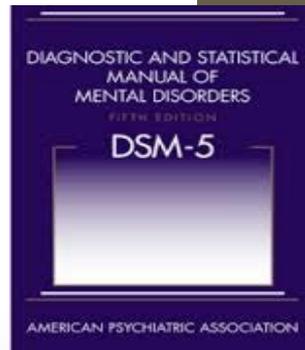
- Autism Spectrum Disorder (ASD)
 - Deficits in Social Communication & Social Interaction across multiple contexts
 - Restricted, repetitive patterns of behavior, interests, or activities
 - Present in early period (or when social demands exceed limited capacities or masked by learned strategies)
 - Clinically impairing in important areas of life

Autism

Core Characteristics

Deficits in Social
Communication &
Reciprocity

Restrictive interests and
repetitive behaviors
domain



Cultural Considerations

- ADHD prevalence higher in African American boys
- Possibilities?
 - Unpredictable & Stressful life situations
 - More symptoms but lower rate of diagnosis/treatment
 - Limited access to medical/psychological care

Cultural Considerations

- American Indian/Alaska Native (AI/AN) children
 - Southern Plain Tribes
 - Prevalence ADHD higher in boys than girls (similar to other ethnic groups)
 - Possible Cultural Explanations

Prevalence of NDDs

- National
- Amongst underrepresented groups

Rates: Developmental Delays

- Global, Language*, Motor
- 1997-2008 Prevalence Rates:
 - 1 in 6 children in US had a developmental delay*
 - Increased 17.1%
 - 1.8 million more children with DDs in 2006–2008 compared to a decade earlier
 - Prevalence of autism increased 289.5%
 - Prevalence of ADHD increased 33.0%
 - Prevalence of hearing loss decreased 30.9%
 - * More common amongst AI/AN children

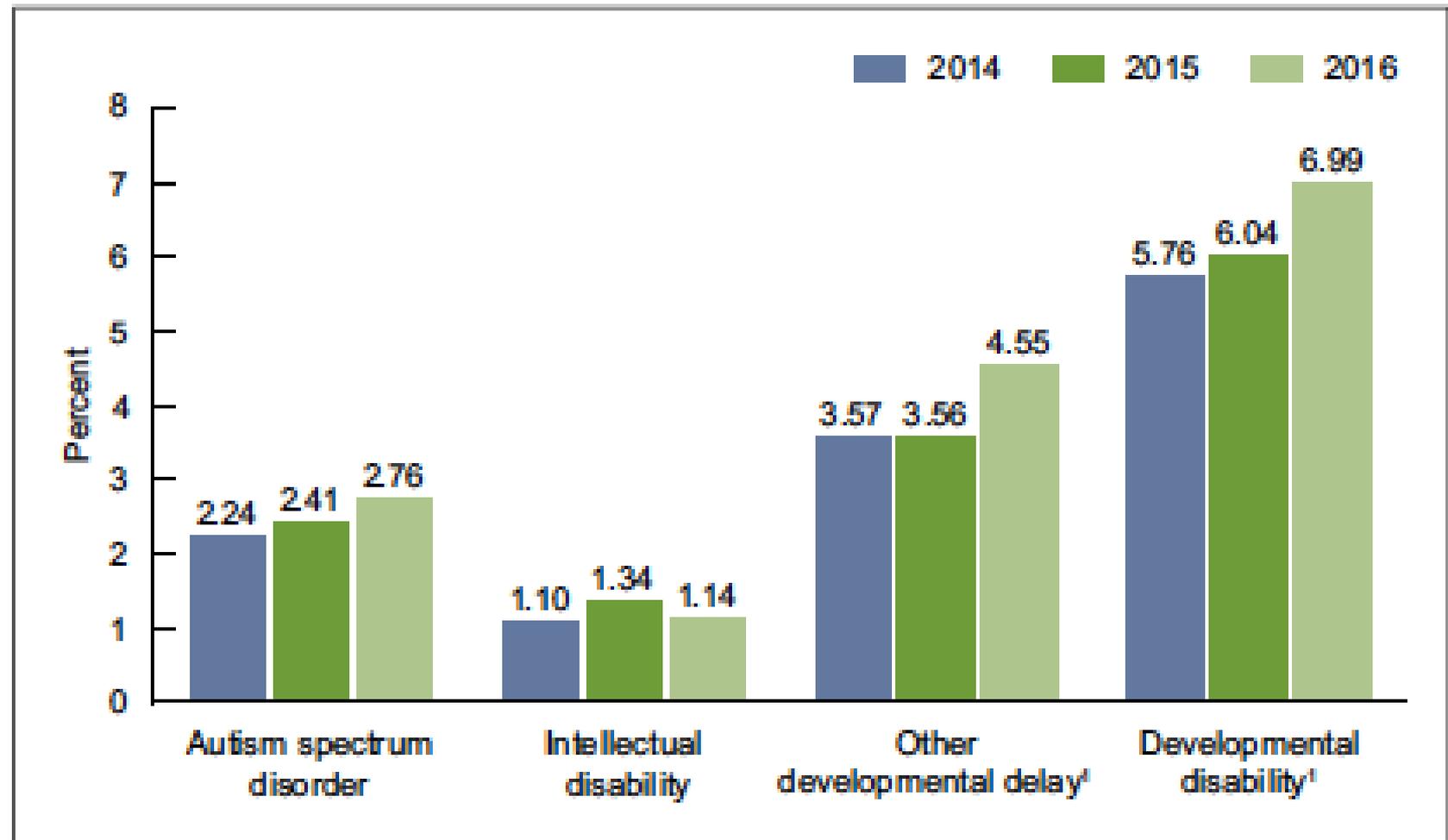
TABLE 1: MOST COMMON DEVELOPMENTAL AND MENTAL HEALTH PROBLEMS IN CHILDREN, BY AGE OF ONSET

Age of Onset	Condition	Prevalence
Preschool ¹	Speech Problems	5.8%
	Developmental Delay	3.2%
	Autism Spectrum Disorders	0.5%
School-age Children (6-17 years) ¹	Learning Disabilities	11.5%
	Attention Deficit-Hyperactivity Disorder (ADHD)	8.8%
	Behavior or Conduct Problems	6.3%
School-age Children (9-17 years) ²	Any Anxiety Disorder	16%
	Mood Disorders	7%

1 Blanchard LT et al. Emotional Development and Behavioral health of American Children and their Families: A Report from the 2003 National Survey of Children's Health. *Pediatrics*, 2006; 117(6):1202-1212.

2 U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

Figure 1. Prevalence of children aged 3–17 years ever diagnosed with selected developmental disabilities, by year: United States, 2014–2016



¹Linear increase from 2014 to 2016 is statistically significant ($p < 0.05$).

NOTES: Developmental disability includes autism spectrum disorder, intellectual disability, and any other developmental delay.

Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db291_table.pdf#1.

SOURCE: NCHS, National Health Interview Survey, 2014–2016.

Health Disparities: School age

Table 4.3

Risk Index by Disability Category: American Indian/Alaska Native Children (Ages 6–21) Compared to the General Population

<i>Disability Category</i>	<i>A/AN (%)</i>	<i>General Population (%)</i>
Developmental Delay	–	–
Deaf-blindness	0	0
Visual Impairment	.05	.04
Traumatic Brain Injury	.05	.04
Orthopedic Impairment	.10	.10
Hearing Impairment	.14	.11
Autism	.18	.25
Multiple Disabilities	.28	.2
Other Health Impairment	.91	.77
Intellectual Disability	1.04	.84
Emotional Disturbance	1.13	.73
Speech/Language Impairment	2.29	1.72
Specific Learning Disability	7.5	4.2

Source: Twenty-Eighth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, Volume I.

Table 3 Crude and estimated frequency and prevalence of selected chronic conditions and functional difficulties among AIAN CSHCN compared to white CSHCN: National Survey of Children with Special Health Care Needs, 2009–2010

	AIAN CSHCN			White CSHCN		
	Unweighted N	Weighted N	% (SE)	Unweighted N	Weighted N	% (SE)
Chronic conditions^a						
ADD/ADHD	198	28,544	31.0 (3.55)	8,294	2,076,603	31.6 (0.48)
Allergies	308	49,315	53.6 (4.21)	13,104	3,179,989	48.3 (0.52)
Asthma	255	41,391	44.9 (4.00)	8,194	1,952,832	29.7 (0.48)
Conduct disorder	95	17,005	18.4 (3.44)	2,888	757,222	11.5 (0.35)
Developmental delay	157	24,671	26.7 (4.00)	4,299	1,047,771	15.9 (0.39)
Migraine headaches	88	14,426	15.6 (2.80)	2,498	642,751	9.8 (0.31)
Communication	259	38,650	42.3 (4.31)	7,764	1,929,281	29.7 (0.49)
Anxiety/depression	327	50,762	56.7 (4.02)	11,562	2,800,013	43.6 (0.52)
Behavior	333	48,707	54.3 (4.10)	9,795	2,484,110	38.6 (0.52)

Rates: Autism Spectrum Disorder (ASD)

- Prevalence of ASD is increasing internationally
 - 1/59 in the US according to CDC



Article

A Multiyear National Profile of Racial Disparity in Autism Identification

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and Michael P. Krezmien, PhD¹

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ON DISABILITIES

The Journal of Special Education
47(1) 41-49

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DOI: 10.1177/0022466911416247

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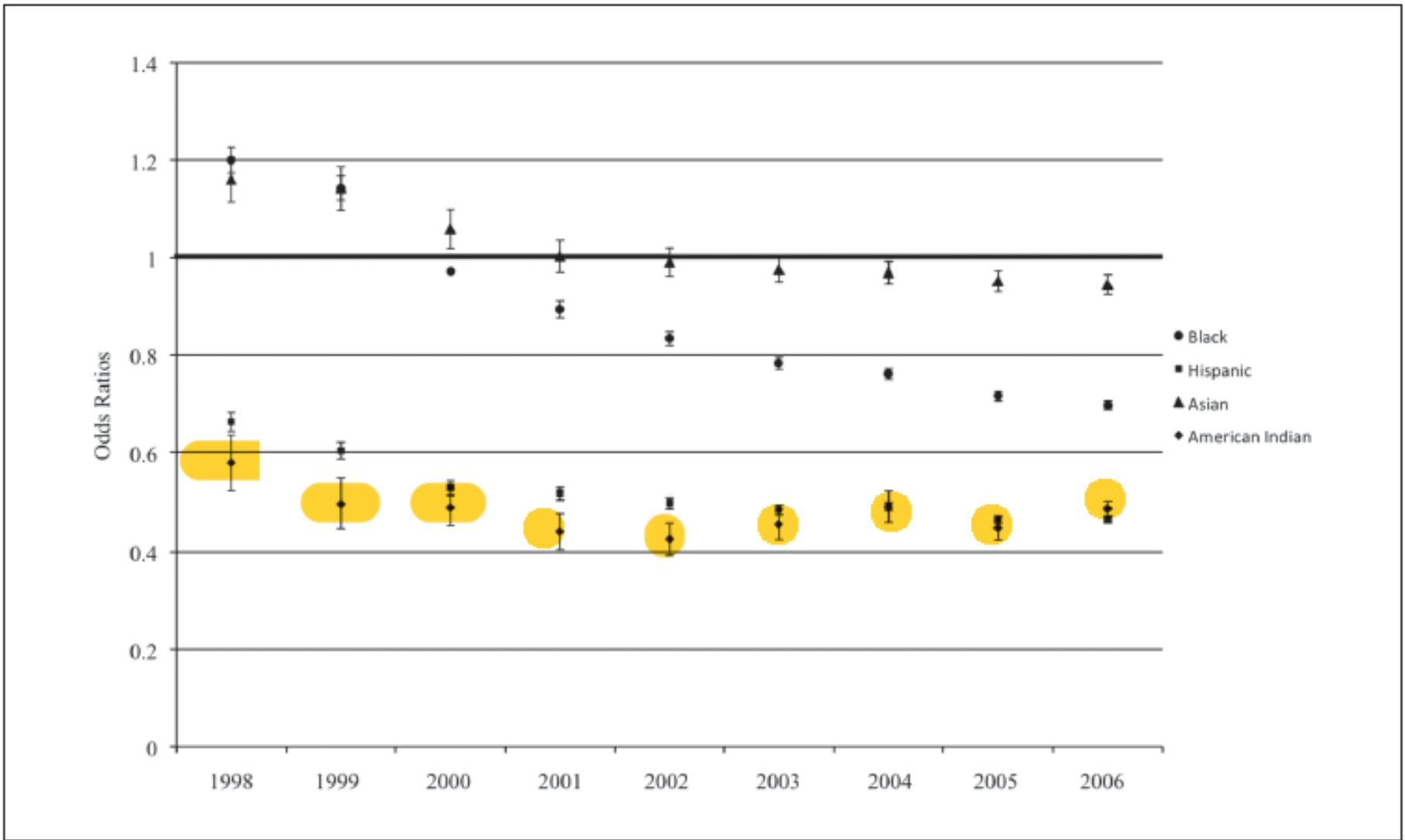
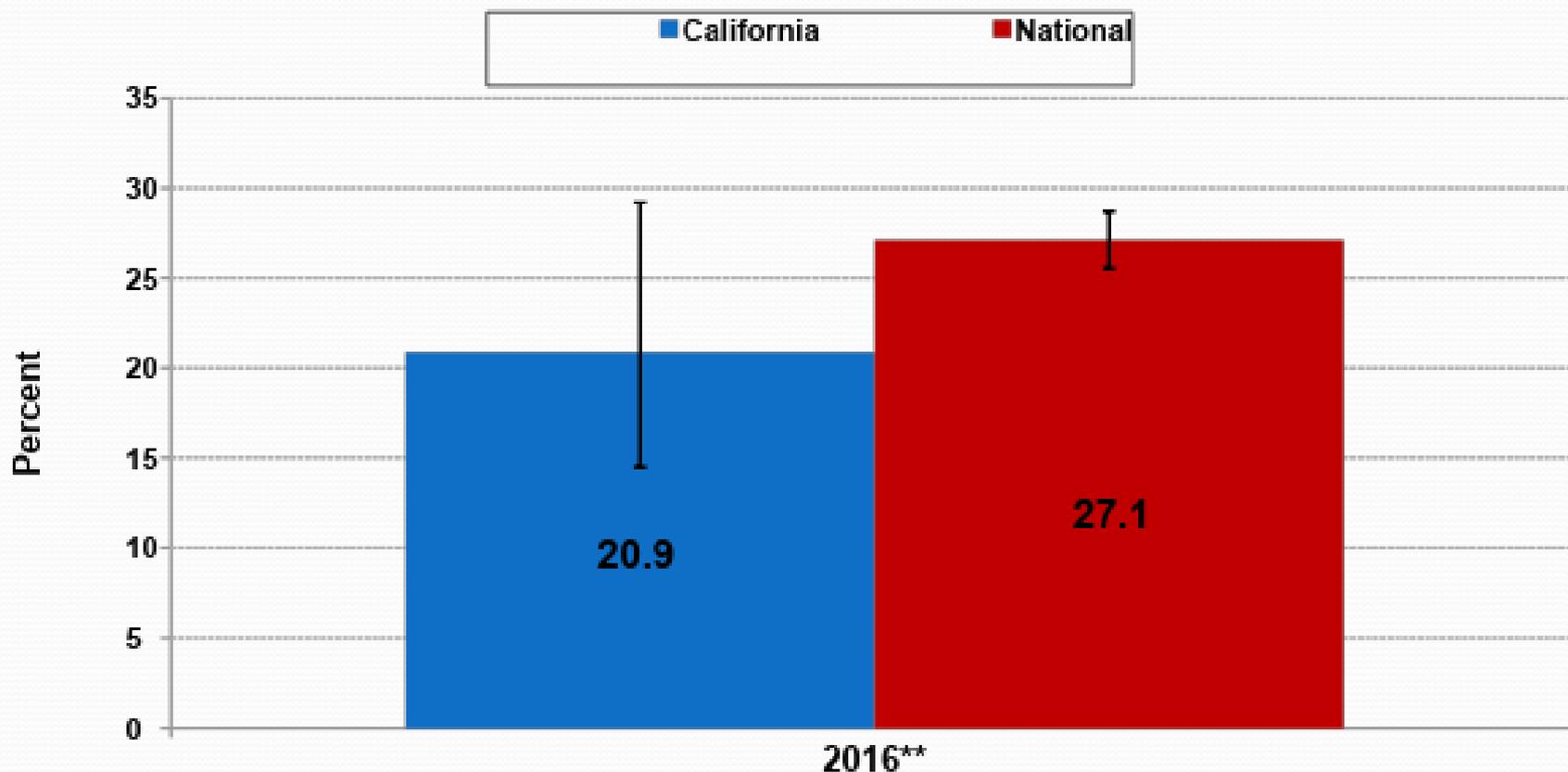


Figure I. Odds ratios with 95% confidence intervals for autism by race from 1998 to 2006.



Detection by Early Screening

Percent of children* ages 10 through 71 months receiving a developmental screening using a parent-completed tool, California vs. National



*with a health care visit in the last 12 months

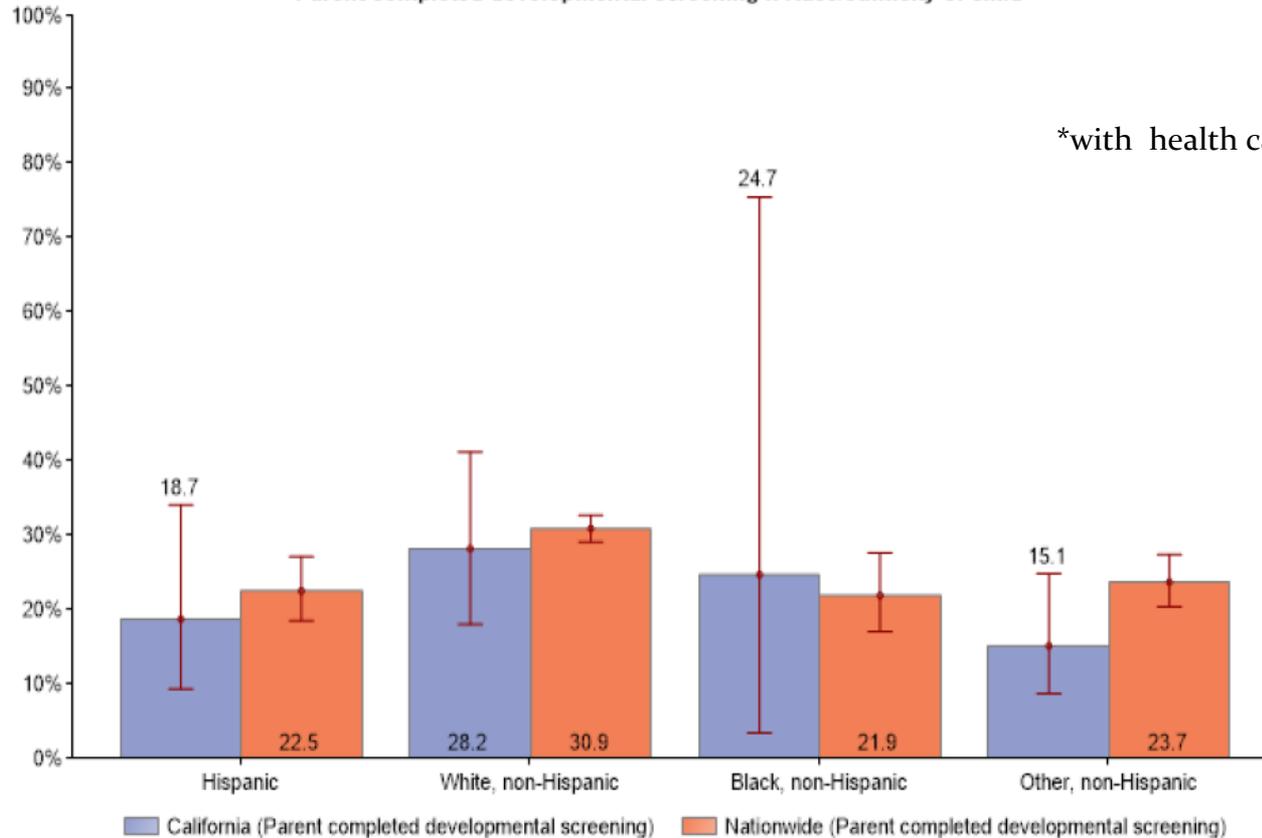
**Cannot compare 2016 to previous years due to change in methodology.

Data Source: National Survey of Children's Health (NSCH), 2016

Prepared by the Epidemiology, Surveillance and Federal Reporting Branch, Maternal, Child and Adolescent Division, Center for Family Health

Percent of children* ages 10 through 71 months receiving a developmental screening using a parent-completed tool, California vs. National, by race/ethnicity of child

Parent completed a standardized developmental screening tool
 Children age 10 months - 5 years who had a visit in the past 12 months
 California vs. Nationwide
 Parent completed developmental screening x Race/ethnicity of child



*with health care visit in past 12 months



With funding and direction from the Maternal and Child Health Bureau, the National Survey of Children's Health was conducted by the United States Census Bureau. CAHMI is responsible for the analyses, interpretations and conclusions included on this site.

Required citation: Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. 2016 National Survey of Children's Health (NSCH) data query. Retrieved [mm/dd/yy] from www.childhealthdata.org. CAHMI: www.cahmi.org.

Barriers to Early Identification

- **Lack of EBP for screening use**
 - **65% of 512 Pediatricians feel undertrained to diagnose and treat** (2013)
 - **Workflow & Coordination of Care**
 - Lack of time and staffing
 - Lack of connection with community referrals and providers
 - Uncertainty if patients see mental health provider, lack of follow up from other providers about progress

Call to Action

- Developmental Screening
- Care Coordination
- Continuing Education

Early Screening & Intervention: Importance

Screening Ages 0-5 years

Referral Rates



224%



- (Hix-Small et al, Pediatrics 2007)



Early Intervention: Importance



Help Children Reach their Full Potential!



Developmental Delay & NDDs: Early Risk Factors and Symptoms

Risk Factors for Delay: Health & Developmental Concerns



Developmental Delay: Symptoms

- By 2-mos: Avoids being held/soothed, lack of eye contact
- By 4-mos: Lack of cooing/smiling/bring hands to mouth
- By 6-mos: Doesn't Recognize familiar faces, doesn't begin response to name, lack of babbling and consonant sounds, lack of rolling over/ sitting without support, does not like play with others
- By 9-mos: lacks stranger anxiety, not babbling/enjoying social games, lack of sitting and crawling
- By 12-mos: Lack of single-words, gestures, social games

TABLE 1 Motor Milestones for Developmental Surveillance at Preventive Care Visits^a

Age	Gross Motor Milestones	Fine Motor Milestones
2 mo	Lifts head and chest in prone	
4 mo	Rolls over prone to supine; supports on elbows and wrists in prone	Hands unfisted; plays with fingers in midline; grasps object
6 mo	Rolls over supine to prone; sits without support	Reaches for cubes and transfers; rakes small object with 4 fingers
9 mo ^b	Pulls to stand; comes to sit from lying; crawls	Picks up small object with 3 fingers
1 y	Walks independently; stands	Puts 1 block in a cup; bangs 2 objects together; picks up small object with 2-finger pincer grasp
15 mo	Walks backward; runs	Scribbles in imitation; dumps small object from bottle, with demonstration
18 mo ^b	Walks up steps with hand held	Dumps small object from bottle spontaneously; tower of 2 cubes; scribbles spontaneously; puts 10 blocks in a cup
2 y	Rides on toy without pedals; jumps up	Builds tower and horizontal train with 3 blocks
2.5 y ^b	Begins to walk up steps alternating feet	Imitates horizontal and vertical lines; builds a train with a chimney with 4 blocks
3 y	Pedals; climbs on and off furniture	Copies a circle drawing; draws a person with head and one other body part; builds a bridge with 3 blocks
4 y	Climbs stairs without support; skips on 1 foot	Draw a person with 6 parts, simple cross; buttons medium-sized buttons

Adapted from Capute AJ, Shapiro BK, Palmer FB, Ross A, Wachtel RC. Normal gross motor development: the influences of race, sex and socioeconomic status. *Dev Med Child Neurol*. 1985;27(5):635–643; Accardo PJ, Capute AJ. *The Capute Scales: Cognitive Adaptive Test/Clinical Linguistic and Auditory Milestone Scale (CAT/CLAMS)*. Baltimore, MD: Paul H. Brookes; 2005; and Beery KE, Beery NA. *The Beery-Buktenica Developmental Test of Visual-Motor Integration (Beery VMI) Administration, Scoring and Teaching Manual*. Minneapolis, MN: NCS Pearson Inc; 2004.

^a These milestones generally represent mean age of performance of these skills

Developmental Areas to Screen



Motor



Language



Cognitive

Personal-Social



Collaborative Screening with Parents

- Valid & accurate reporters
- Use screening tool to communicate with parents

Center for Disease Control





IDENTIFICATION of NDDs: DEVELOPMENTAL SURVEILLANCE & SCREENING TOOLS

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Surveillance

Pediatrician will ask at every pediatric visit :

- Parent concerns: development, behavior, learning
- Developmental History
- Observe Child Behaviors
- Monitor risk and protective factors
- Accurate record/documentation
- Example: Parents' Evaluation of Developmental Status (PEDS)

Parents' Evaluation of Developmental Status (PEDS)

- Evidence based surveillance tool for children
 - birth-8 years
- 10 questions systematically administered
 - Interview or parent completed
 - 2-10 minutes to complete
 - English/Spanish versions in clinic
 - 5th grade reading level
- 1 Item per domain

PEDS RESPONSE FORM

Child's Name Billy Morris Parent's Name Linda Morris
Child's Birthday 4/17/94 Child's Age 3 Today's Date 4/27/97

Please list any concerns about your child's learning, development, and behavior.

He's kind of quiet and doesn't say very much. Seems to prefer watching to interacting.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

As I said, I don't think he ~~TALKS~~ AS well as he should for his age. Otherwise, he's just a great little boy, very loving, watches everything carefully. Figures things out quickly. Very bright!

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

Please list any other concerns.

None.

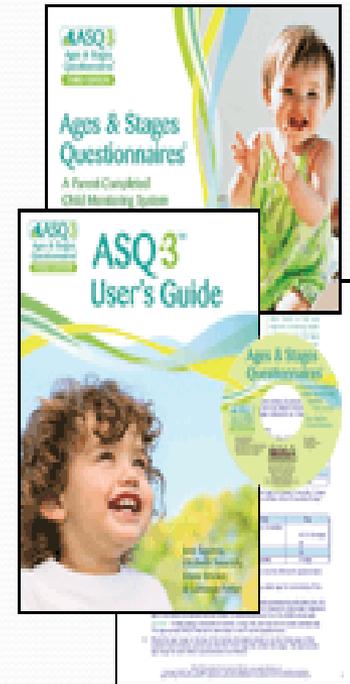
Standardized Screening Tools

Developmental:

- **Ages & Stages Questionnaire-3**
- **Parents' Evaluation of Developmental Status-Developmental Milestones (PEDS-DM)**
- **Capute Scales (CAT/CLAMS)**
- **Battelle Developmental Inventory Screening Tool**
- **Bayley Infant Developmental Screen (BINS)**
- **Brigance Screen-III**

Ages and Stages Questionnaire (ASQ-3)

- Children 1 to 66 mos.
- Parent administered and completed (4-6th grade reading level) in 10-15 minutes
- Scoring takes 1-5 minutes
- Available in English, Spanish
- Reproducible/online
- <http://www.easterseals.com/mtffc/asq/>



Ages & Stages Questionnaires: Social-Emotional (ASQ:SE)-2

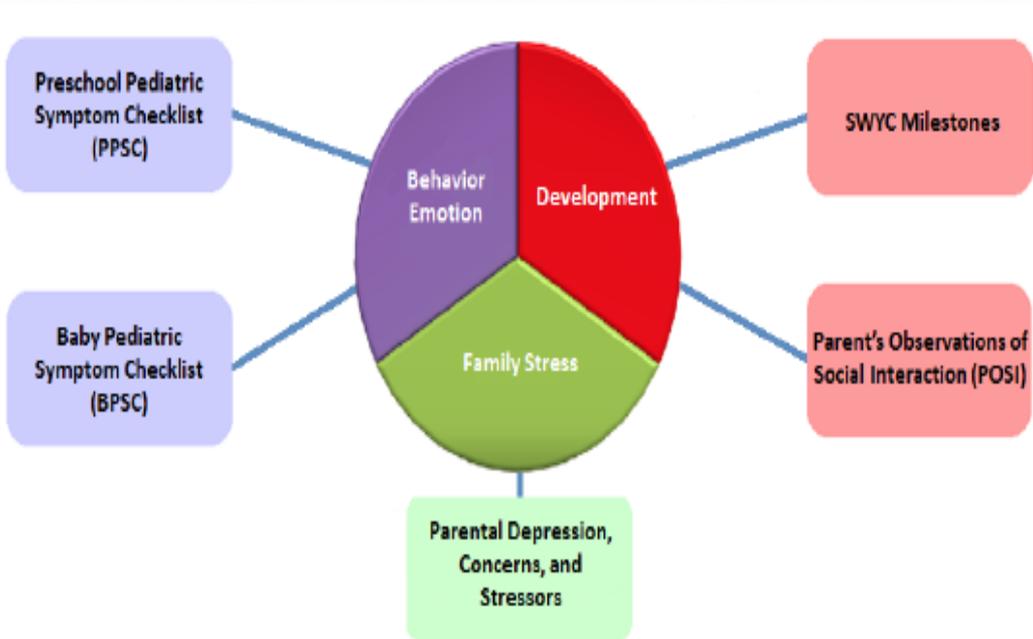
- 1 to 72-months
- Personal-Social (self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people)



PEDS-DM

- Age Range: 0 to 7-years, 11-mos.
- Parent requirement(s): 1st to 2nd grade reading level
- Administration & Scoring: 5-min. to administer, 1-min. score.
- Multiple Languages
- Paper and online versions

Promising Screening Tool: Survey of Wellbeing of Young Children (SWYC)



SWYC:TM
2 months
 1 months, 0 days to 3 months, 31 days
 V1.07, 4/1/17

Child's Name: _____
 Birth Date: _____
 Today's Date: _____

DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child does these things. If your child doesn't do something any more, choose the answer that describes how often he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Sc
Makes sounds that let you know he or she is happy or upset	<input type="radio"/>	
Seems happy to see you	<input type="radio"/>	
Follows a moving toy with his or her eyes	<input type="radio"/>	
Turns head to find the person who is talking	<input type="radio"/>	
Holds head steady when being pulled up to a sitting position	<input type="radio"/>	
Brings hands together	<input type="radio"/>	

*Validation in Progress-
 2016

Surveillance and Screening: Autism Spectrum Disorders

- Perform Surveillance
- Risk Factors:
 - Sibling with ASD
 - Parental Concern
 - Other Caregiver Concern
 - Pediatrician Concern

Socioemotional Screening: ASD



- ASQ language, self-help and social-emotional
- Pervasive Developmental Disorders Screening Test-II (PDDST-II) (12-48mos.)
- Modified Checklist for Autism in Toddlers –Revised with Follow-up (M-CHAT-R/F) (16-30 mos.)
- Social Communication Questionnaire (SCQ)

Case Example

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs)	Yes	No
5. Does your child make <u>unusual</u> finger movements near his or her eyes? (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE, pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me"?)	Yes	No
18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (FOR EXAMPLE, being swung or bounced on your knee)	Yes	No

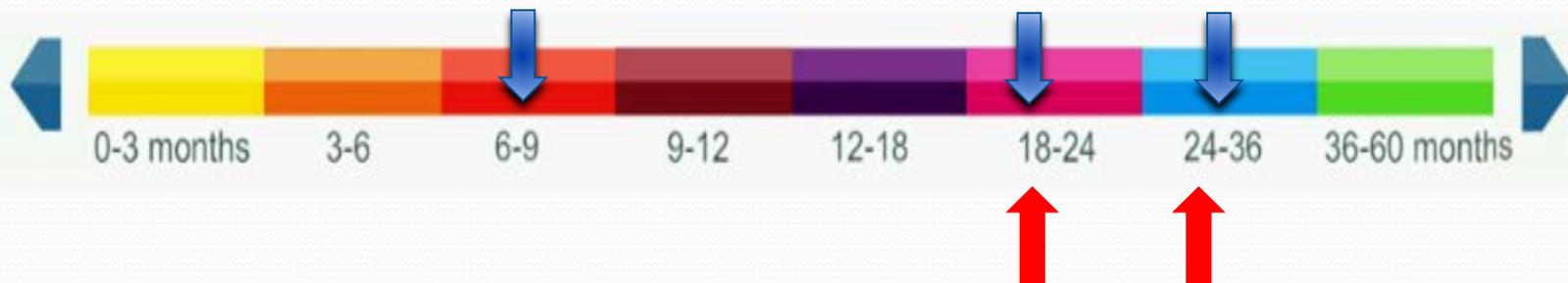
Screening Follow up

- Share results with parents
- Monitor borderline concerns, especially if there are other risk factors or if parent has indicated concern
- Refer to pediatrician if concerns in any area



Key Points & Ages

- Developmental delays are missed without routine screening: 9, 18, 30-mos. ↓
- ASD increasing in prevalence. Screen: 18, 24-mos. ↑
- Early identification of DD and ASD important for long term outcome
- Reliable screening instruments available



Implementation: Family Engagement

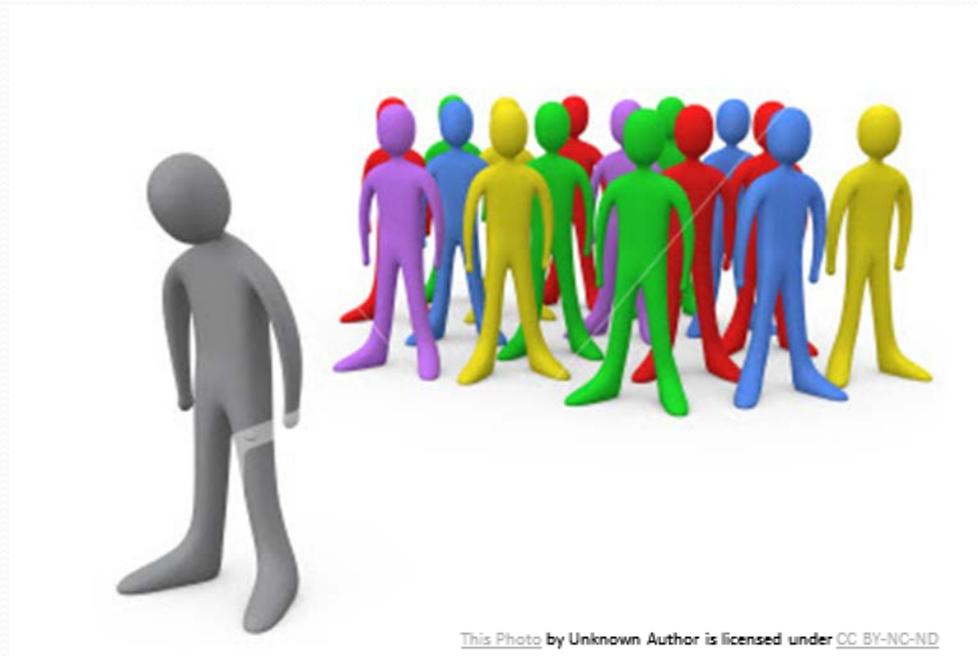
Culturally Sensitive & Family Centered Care

- Racial minorities and families with SES more likely to screen positive
- Barriers to follow up:
 - Economic challenges
 - Decreased awareness of childhood development

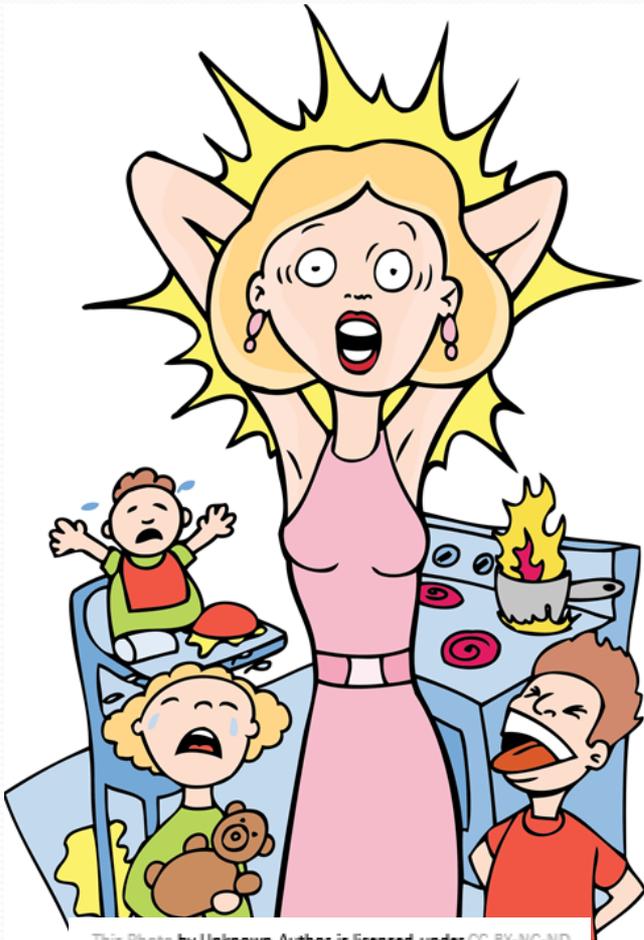
Khowaja, Hazzard, & Robins (2015)

Implementation: Tackling Challenges

- Fear of stigma
- Little awareness of childhood development
- Lack of exposure



Implementation: Tackling Challenges



- Hopelessness
- Lack of resources
- Unaware of where to begin
- Feeling stressed and overwhelmed

Implementation: Care Coordination

- A team approach that places the patient and family in the center
- Includes:
 - The child with ASD and family
 - A designated care coordinator
 - All health care providers involved in the care
 - Education / school members
 - Community members (coaches, clergy, recreational therapy)

Figure 1. A Framework for High-Performing Pediatric Care Coordination

Care Coordination Definition:

Pediatric care coordination is a patient- and family-centered, assessment-driven, team-based activity designed to meet the needs of children and youth while enhancing the caregiving capabilities of families. Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs to achieve optimal health and wellness outcomes.

Defining Characteristics of Care Coordination:

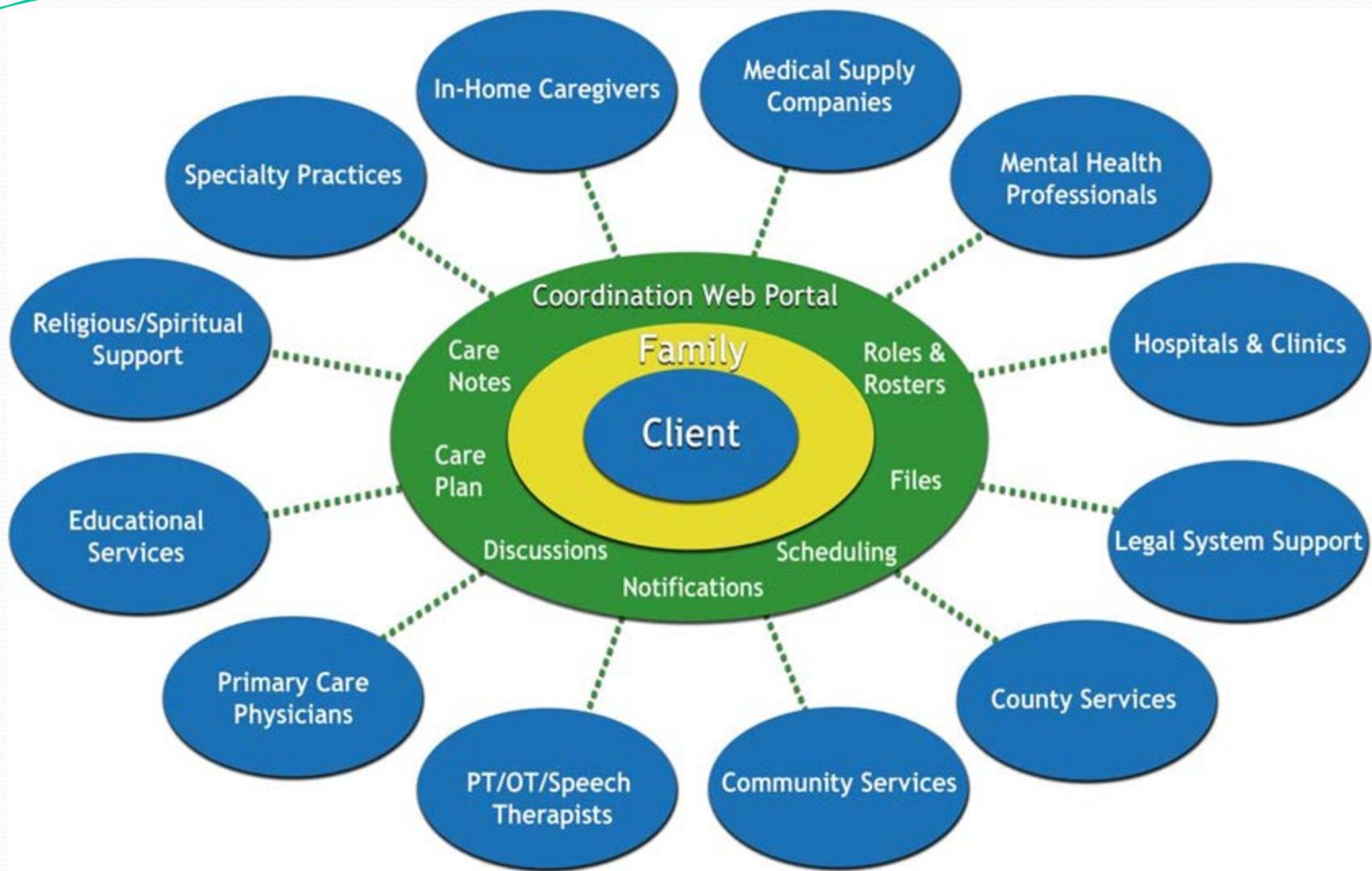
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| 1. Patient- and family-centered | 3. Promotes self-care skills and independence |
| 2. Proactive, planned, and comprehensive | 4. Emphasizes cross-organizational relationships |
-

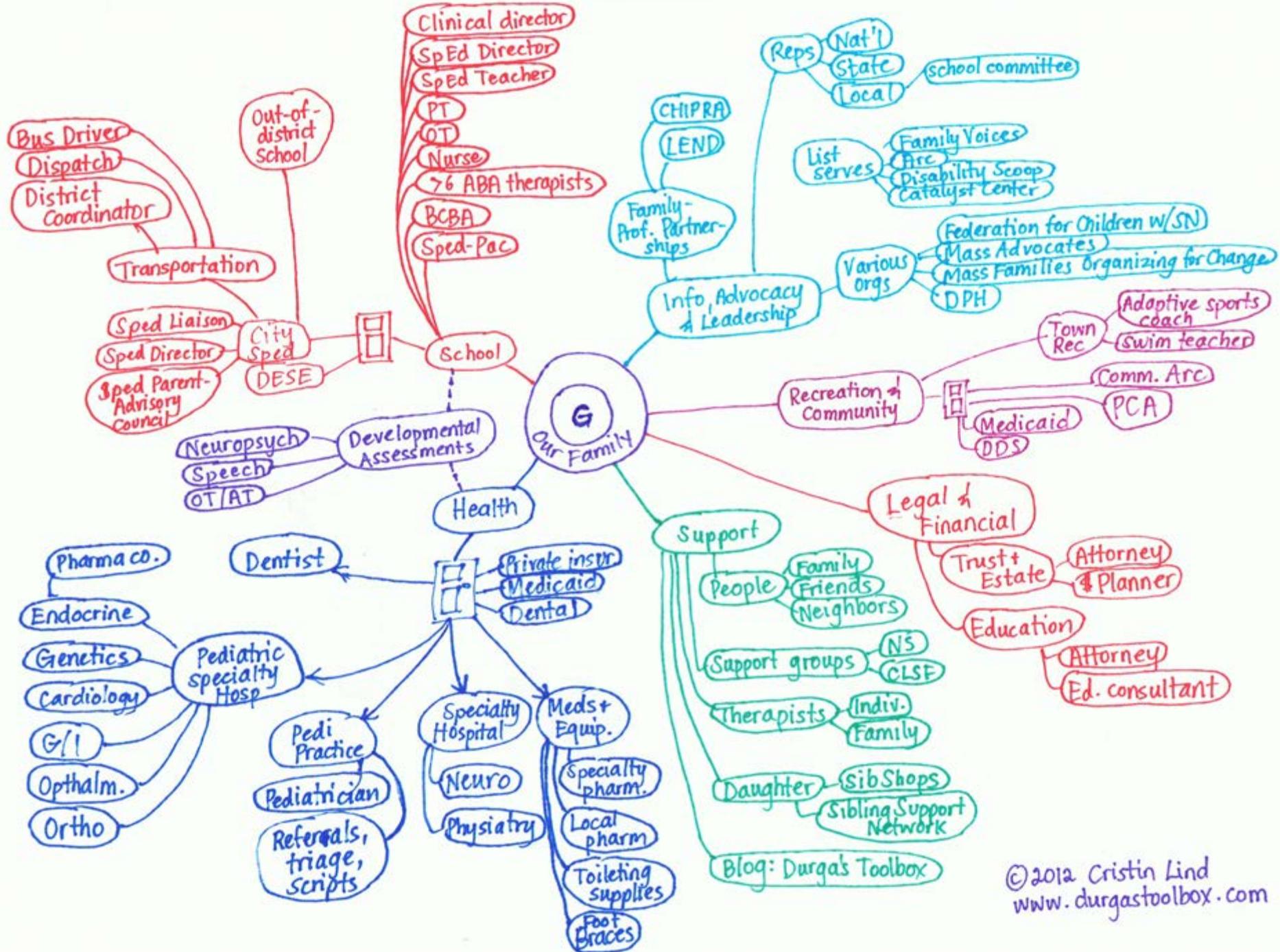
Care Coordination Competencies:

1. Develops partnerships
2. Communicates proficiently
3. Uses assessments for intervention
4. Is facile in care planning skills
5. Integrates all resource knowledge
6. Possesses goal/outcome orientation
7. Takes an adaptable and flexible approach
8. Desires continuous learning
9. Applies team-building skills
10. Is adept with information technology

Care Coordination Functions:

1. Provides separate visits and care coordination interactions
 2. Manages continuous communications
 3. Completes/analyzes assessments
 4. Develops care plans with families
 5. Manages/tracks tests, referrals, and outcomes
 6. Coaches patients/families
 7. Integrates critical care information
 8. Supports/facilitates care transitions
 9. Facilitates team meetings
 10. Uses health information technology
-







EARLY DEVELOPMENTAL RESOURCES:

SCREENING
INTERVENTION
EDUCATION
FAMILY

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Developmental Disabilities

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Screening Resources

- Autism: <http://mchatscreen.com>
- Development:
 - ASQ-3 <http://www.easterseals.com/mtffc/asq/>
 - PEDS-DM
 - Promising Tool: SWYC
- Referral CA Regional Center for assessment



Early Intervention Resources

Early Start Services



CALIFORNIA EARLY START

Regional Centers by County

.BABY
ca.gov/earlystart



For more information, please refer to the *Central Directory of Early Intervention Resources* located at www.dds.ca.gov/earlystart or call 800/837-4337.

Early Start Services

- Who is Eligible?
 - 0-36 mos.
 - Significant Developmental Delay
 - Cognitive
 - Social/Emotional
 - Communication
 - Adaptive
 - Physical
 - Hearing
 - Vision





Continuing Education Resources

Continuing Education: Providers & Parents

- **Birth to 5: Watch Me Thrive!**
- **CDC's Learn the Signs. Act Early**
- **Help Me Grow**
- **FHOP Webinars**
- **Statewide Screening Task Force/Collaborative**
 - **Developmental Screening Landscape Analysis**
 - **Healthcare Provider Developmental Screening Toolkit**
- **AAP's online screening resources**
- **Autism Navigator**

Learn the Signs. Act Early.

[Learn the Signs Home](#)

Milestones in Action



[milestone checklist](#)

Welcome to *Milestones in Action* - a FREE library of photos and videos of developmental milestones.



2 months



4 months



6 months



9 months



1 year



18 months



2 years



3 years



4 years

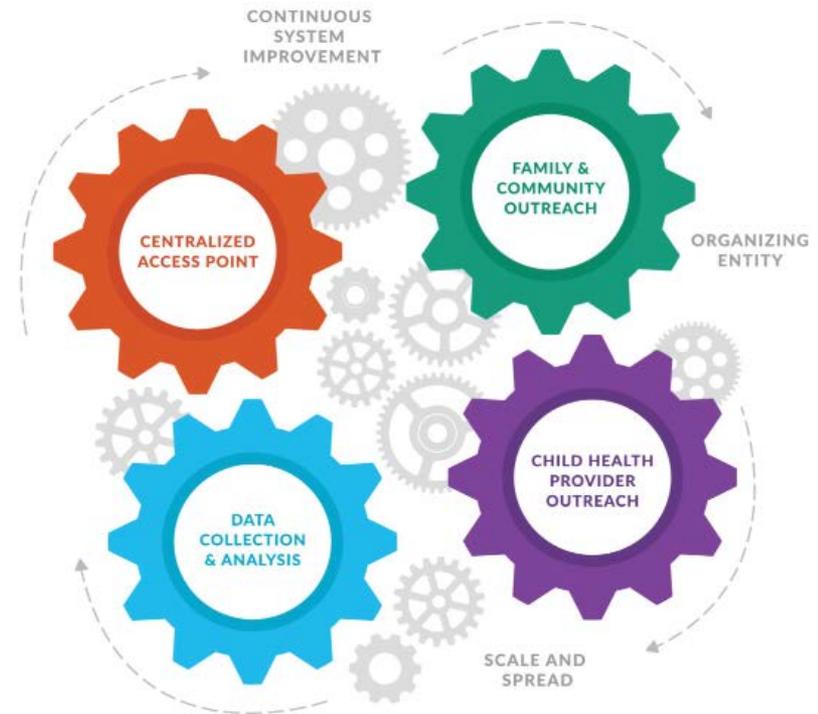


5 years

SYSTEM MODEL

Help Me Grow

- A system model to promote cross-sector collaboration in order to build efficient and effective early childhood systems.
 - Improve developmental screening and linkage to services in the community.
 - Led by First 5 Association in California



FHOP Webinars

<http://fhop.ucsf.edu/webinars>

Webinars

 Print  PDF

Currently Scheduled Webinars:

Past Webinars

(each link includes a webinar recording and materials)

2018

[Strategies for Engaging Parents of Children and Youth with Special Health Care Needs \(CYSHCN\)](#)

2017

[Early Start Neighborhood](#)

[Using the 'Learn the Signs. Act Early.' Campaign Materials to start a Collaboration between WIC and Help Me Grow](#)

[Continuous Quality Improvement Efforts for MCAH Populations](#)

[Approaches to Improving Local Systems of Care for CYSHCN and their Families](#)

[Maternal Mental Health Safety Bundle](#)

[Best Practices for Promoting Developmental Screening](#)

[Addressing the Social Determinants of Health](#)

2016

[Race/Ethnic Data Quality Databooks](#)

Links of Interest

[2014-2015 Title V CCS Needs Assessment](#)

[MCAH TA Webinars](#)

[CA County MCAH Data](#)

[MCAH Marketplace](#)

[Intervention Planning Resources and Tools](#)

[Program Evaluation and Performance Monitoring Resources](#)

[FHOP Site Map](#)

[FHOP NEWSLETTER SIGN-UP](#)

MCAH Topical Fact Sheets

[MCAH Action Title V](#)

[Perinatal Mood & Anxiety Disorders](#)

[Teen Pregnancy in California](#)

[Preconception Health](#)

<https://www.cascreenbto5.org>

CALIFORNIA HEALTHCARE PROVIDER
DEVELOPMENTAL SCREENINGS TOOLKIT

Developmental Screenings Behavioral and Mental Health Resources



Did you know?

The addition of a validated developmental screening tool to healthcare visits, including well-child



CALIFORNIA HEALTHCARE PROVIDER DEVELOPMENTAL SCREENINGS TOOLKIT

Developmental Screenings

Behavioral and Mental Health

Resources

Downloadable Materials

1. [Birth to 5: Watch Me Thrive Developmental Screening Passport](#)
2. [Sample Workflow](#) from Help Me Grow Ventura County
3. [Sample of a Behavioral Health Referral Mechanism](#) – from Alameda County

Citations

[Citations downloadable PDF](#)

Federal & National Initiatives

Birth to Five: Watch Me Thrive!: <https://www.acf.hhs.gov/ecd/child-health-development/watch-me-thrive>

CDC Learn the Signs. Act Early: <https://www.cdc.gov/ncbddd/actearly/>

AAP Bright Futures: <https://brightfutures.aap.org/Pages/default.aspx>

California State Programs



Slide used with permission from Karen Moran Finello, PhD, WestEd, March 15, 2018.



Sign Up for Our Newsletter

Email screening@aap.org to get helpful tips, the latest in research, and updates on screening recommendations.



Early childhood screening is an essential component of health supervision and provides a foundation for monitoring and supporting healthy physical, cognitive, and psychosocial development. The Screening in Practices Initiative offers information and resources, including screening recommendations, practice tools, and individualized assistance, to help pediatric health care providers implement effective screening, referral, and follow-up for developmental milestones, maternal depression, and social determinants of health. For resources related to vision, hearing, and other early childhood screenings, visit our [Related AAP Initiatives](#) page.

Check out our new podcast series, *The Screen Scene!*

Listen in to hear about the ins and outs of early childhood screening, discussion, referral, and follow-up for developmental/behavioral concerns, maternal depression, and social determinants of health. During this 3-part series, we'll talk about the importance of family-centered care and how having an effective screening process supports healthy child development. Our experts will also share implementation tips from their own clinical work so that you'll feel more confident in having conversations with families and creating a workflow that fits the needs of your practice.

- Episode 1: Early Childhood Screening and Surveillance: [Click here](#) to view the recording
- Episode 2: Family-Centered Care and Conversation Techniques: [Click here](#) to view the recording
- Episode 3: Referral, Followup, and Partnership Building: [Click here](#) to view the recording

[Click here](#) to participate in a short survey about our website and have a chance to win an AAP publication.

Sign up for our newsletter!

Register your email address to get updates on screening tools, receive helpful tips, and hear about how practices across the country are successfully implementing screening programs. Please email us at: screening@aap.org if you are interested in being part of our newsletter.

Screening Recommendations



Screening Tools



Related AAP Initiatives



Questions? We Can Help.



FAQs



For Practices



Screening Technical Assistance and Resource Center (STAR Center)

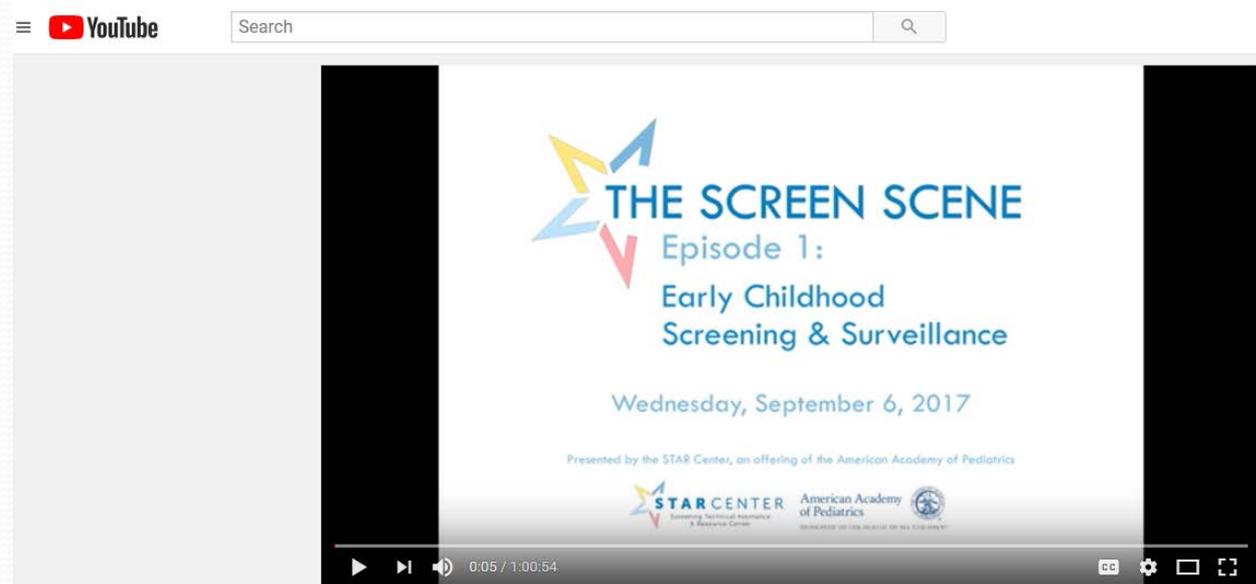
www.aap.org/screening

- Child Development
- Autism
- Social-emotional Development
- Maternal Depression
- Social Determinants of Health

<https://screeningtime.org/star-center/#/screening-tools>

AAP “Podcasts”

- Episode 1: Early Childhood Screening and Surveillance
- Episode 2: Family-Centered Care and Conversation Techniques
- Episode 3: Referral, Follow-up, and Partnership Building:



www.aap.org/screenin

Resources

- <http://www.brightfutures.org/mentalhealth/pdf/tools.html> (free mental health toolkit; AAP has one also for purchase)
- <http://www.autismnavigator.com/resources-and-tools/> (register to see video glossary-ASD vs typical behaviors)

Resources for Providers

- AAP Algorithm for Developmental Surveillance and Screening (2006) Pediatrics 118:405-420
- Identification and evaluation of children with ASD Johnson et al (2007) Pediatrics 120:1183-1215
- AAP: *Autism: Caring for Children with ASD: A Resource toolkit for clinicians*



Family Resources

CENTER FOR EXCELLENCE IN

Developmental Disabilities

UCDAVIS
M.I.N.D. INSTITUTE

Resources for Families

- Family Resource Centers
 - Free Resource for families
 - Parent support
 - Trainings & Consultation
 - Ages 0-26 years
 - Located in 26 counties of CA
 - Staffed by Parents



Providing
resources & support to families
of children and youth with
special needs.

Email: warmline@warmlinefrc.org

2424 Castro Way
(Physical Address)
Sacramento, CA
95818
916-455-9500

Toll Free:
844-455-9517

Español:
916-922-1490



Open:
Monday-Friday: 9am - 5pm

CENTERS FOR DISEASE CONTROL AND PREVENTION'S “Learn the Signs. Act Early.”

Patty Schetter, MA, BCBA
Coordinator of Autism Education
Initiatives

CEDD at the MIND Institute

[pschetter@autismandbehavior.co](mailto:pschetter@autismandbehavior.com)

[m](mailto:pschetter@autismandbehavior.com)

<http://www.captain.ca.gov>

**Download the “Milestone
Tracker Mobile App” (available
on iOS and Android):**

<https://www.cdc.gov/ncbddd/actearly/milestones-app.html>



Resources for Parents

- Autism Speaks www.autismspeaks.org
- MIND Institute Sankofa Group
- California Regional Centers
 - dds.ca.gov/rc/rclist.cfm
- Early Start Program in California (0-36 months)
 - dds.ca.gov/EarlyStart/ESQuestionAnswers.cfm
 - 800-515-BABY
- First 5 Sacramento (parenting/school readiness resources)
 - first5sacramento.net
- California Children Services
 - dhcs.ca.gov/services/ccs/Pages/ProgramOverview.aspx
- CAPTAIN (CA Autism Professional Training and Information Network)
 - <http://www.captain.ca.gov/>



Additional Resources: Community-University Partnerships



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Developmental Disabilities

UC DAVIS
M.I.N.D. INSTITUTE



UC DAVIS

MIND INSTITUTE

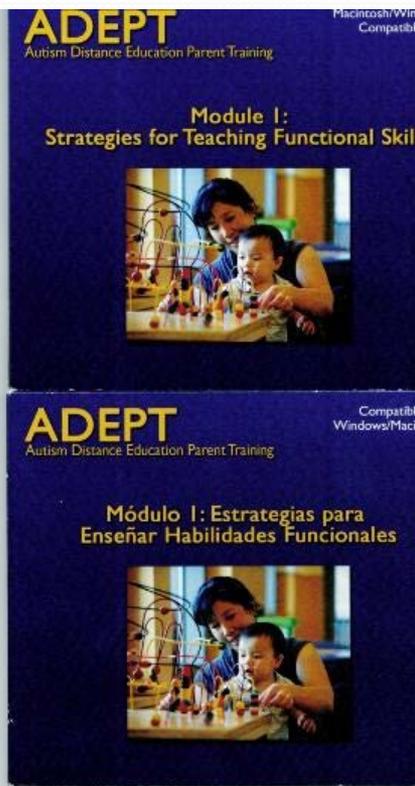
Center for Excellence in
Developmental
Disabilities

Robin Hansen, MD Director



Autism Initiatives

- ADEPT - Autism Distance Education Parent Training
- Parenting modules available online
 - Teaching functional skills
 - Positive behavior supports
 - http://www.ucdmc.ucdavis.edu/mindinstitute/centers/cedd/cedd_adept.html



Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program



- Graduate level, interdisciplinary training
- Clinicians, family members, self-advocates and policy makers
- Learn about Neurodevelopment and Leadership
- Emphasis on underserved populations in California

Training future leaders in the maternal and child health field

HRSA funded program

Director: Sally Rogers, PhD

Co-Director: Aubyn Stahmer



Thank you!