Early Identification of Developmental Disabilities

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

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Tara Sharpp, RN, PhD

Leadership Education in Neurodevelopmental and Related Disabilities (LEND)
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
<table>
<thead>
<tr>
<th>Intellectual Disabilities</th>
<th>Autism Spectrum Disorder</th>
<th>Communication Disorders</th>
<th>Motor Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Disability (ID)</td>
<td>ASD</td>
<td>Language Disorder</td>
<td>Developmental Coordination Disorder</td>
</tr>
<tr>
<td>Global Developmental Delay</td>
<td></td>
<td>Speech Sound Disorder</td>
<td>Stereotypic Movement Disorder</td>
</tr>
<tr>
<td>Unspecified ID</td>
<td></td>
<td>Social Communication (Pragmatic) Disorder</td>
<td>Tic Disorder Other Specified Unspecified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Childhood-Onset Fluency Disorder</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unspecified</td>
<td></td>
</tr>
</tbody>
</table>
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

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

<table>
<thead>
<tr>
<th>Age of Onset</th>
<th>Condition</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool¹</td>
<td>Speech Problems</td>
<td>5.8%</td>
</tr>
<tr>
<td></td>
<td>Developmental Delay</td>
<td>3.2%</td>
</tr>
<tr>
<td></td>
<td>Autism Spectrum Disorders</td>
<td>0.5%</td>
</tr>
<tr>
<td>School-age Children (6-17 years)¹</td>
<td>Learning Disabilities</td>
<td>11.5%</td>
</tr>
<tr>
<td></td>
<td>Attention Deficit-Hyperactivity Disorder (ADHD)</td>
<td>8.8%</td>
</tr>
<tr>
<td></td>
<td>Behavior or Conduct Problems</td>
<td>6.3%</td>
</tr>
<tr>
<td>School-age Children (9-17 years)²</td>
<td>Any Anxiety Disorder</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Mood Disorders</td>
<td>7%</td>
</tr>
</tbody>
</table>

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

Linear 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.
# 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

<table>
<thead>
<tr>
<th>Disability Category</th>
<th>AI/AN (%)</th>
<th>General Population (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Delay</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Deaf-blindness</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>0.05</td>
<td>0.04</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>0.05</td>
<td>0.04</td>
</tr>
<tr>
<td>Orthopedic Impairment</td>
<td>0.10</td>
<td>0.10</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>0.14</td>
<td>0.11</td>
</tr>
<tr>
<td>Autism</td>
<td>0.18</td>
<td>0.25</td>
</tr>
<tr>
<td>Multiple Disabilities</td>
<td>0.28</td>
<td>0.2</td>
</tr>
<tr>
<td>Other Health Impairment</td>
<td>0.91</td>
<td>0.77</td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td>1.04</td>
<td>0.84</td>
</tr>
<tr>
<td>Emotional Disturbance</td>
<td>1.13</td>
<td>0.73</td>
</tr>
<tr>
<td>Speech/Language Impairment</td>
<td>2.29</td>
<td>1.72</td>
</tr>
<tr>
<td>Specific Learning Disability</td>
<td>7.5</td>
<td>4.2</td>
</tr>
</tbody>
</table>

*Source: Twenty-Eighth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, Volume I.*
<table>
<thead>
<tr>
<th>Chronic conditions</th>
<th>AIAN CSHCN</th>
<th>White CSHCN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unweighted N</td>
<td>Weighted N</td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td>198</td>
<td>28,544</td>
</tr>
<tr>
<td>Allergies</td>
<td>308</td>
<td>49,315</td>
</tr>
<tr>
<td>Asthma</td>
<td>255</td>
<td>41,391</td>
</tr>
<tr>
<td>Conduct disorder</td>
<td>95</td>
<td>17,005</td>
</tr>
<tr>
<td>Developmental delay</td>
<td>157</td>
<td>24,671</td>
</tr>
<tr>
<td>Migraine headaches</td>
<td>88</td>
<td>14,426</td>
</tr>
<tr>
<td>Communication</td>
<td>259</td>
<td>38,650</td>
</tr>
<tr>
<td>Anxiety/depression</td>
<td>327</td>
<td>50,762</td>
</tr>
<tr>
<td>Behavior</td>
<td>333</td>
<td>48,707</td>
</tr>
</tbody>
</table>
Rates: Autism Spectrum Disorder (ASD)

- Prevalence of ASD is increasing internationally
  - 1/59 in the US according to CDC
A Multiyear National Profile of Racial Disparity in Autism Identification

Jason C. Travers, PhD, BCBA-D\textsuperscript{1}, Matt Tincani, PhD, BCBA-D\textsuperscript{2}, and Michael P. Krezmien, PhD\textsuperscript{1}
Figure 1. 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

*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.

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 $\uparrow$ 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>
<thead>
<tr>
<th>Age</th>
<th>Gross Motor Milestones</th>
<th>Fine Motor Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 mo</td>
<td>Lifts head and chest in prone</td>
<td>Hands unfisted; plays with fingers in midline; grasps object</td>
</tr>
<tr>
<td>4 mo</td>
<td>Rolls over prone to supine; supports on elbows and wrists in prone</td>
<td>Reaches for cubes and transfers; rakes small object with 4 fingers</td>
</tr>
<tr>
<td>6 mo</td>
<td>Rolls over supine to prone; sits without support</td>
<td>Pulls to stand; comes to sit from lying; crawls</td>
</tr>
<tr>
<td>9 mo</td>
<td>Pulls to stand; comes to sit from lying; crawls</td>
<td>Puts 1 block in a cup; bangs 2 objects together; picks up small object with 2-finger pincer grasp</td>
</tr>
<tr>
<td>1 y</td>
<td>Walks independently; stands</td>
<td>15 mo</td>
</tr>
<tr>
<td>18 mo</td>
<td>Walks up steps with hand held</td>
<td>18 mo</td>
</tr>
<tr>
<td>2 y</td>
<td>Rides on toy without pedals; jumps up</td>
<td>2 y</td>
</tr>
<tr>
<td>2.5 y</td>
<td>Begins to walk up steps alternating feet</td>
<td>2.5 y</td>
</tr>
<tr>
<td>3 y</td>
<td>Pedals; climbs on and off furniture</td>
<td>3 y</td>
</tr>
<tr>
<td>4 y</td>
<td>Climbs stairs without support; skips on 1 foot</td>
<td>4 y</td>
</tr>
</tbody>
</table>


*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
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: 4/27/94  
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/mtfffc/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)

*Validation in Progress - 2016*
Surveillance and Screening: Autism Spectrum Disorders

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

Johnson et al, Pediatrics 2007
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 pay pretend or make-believe? (For example, pretend to drink from an empty cup, pretend to talk on the 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 unusual finger movements near his or her eyes?
   - Yes
   - No

6. Does your child point with one finger to ask for something or to get help?
   - Yes
   - No

7. Does your child point with one finger to show you something interesting?
   - 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 handing 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 to you, 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?
    - 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?
    - Yes
    - No

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2006 Diana Robins, Deborah Pate, & Marianne Barton
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:**

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

<table>
<thead>
<tr>
<th>Care Coordination Competencies</th>
<th>Care Coordination Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develops partnerships</td>
<td>1. Provides separate visits and care coordination interactions</td>
</tr>
<tr>
<td>2. Communicates proficiently</td>
<td>2. Manages continuous communications</td>
</tr>
<tr>
<td>3. Uses assessments for intervention</td>
<td>3. Completes/analyzes assessments</td>
</tr>
<tr>
<td>4. Is facile in care planning skills</td>
<td>4. Develops care plans with families</td>
</tr>
<tr>
<td>5. Integrates all resource knowledge</td>
<td>5. Manages/tracks tests, referrals, and outcomes</td>
</tr>
<tr>
<td>6. Possesses goal/outcome orientation</td>
<td>6. Coaches patients/families</td>
</tr>
<tr>
<td>7. Takes an adaptable and flexible approach</td>
<td>7. Integrates critical care information</td>
</tr>
<tr>
<td>8. Desires continuous learning</td>
<td>8. Supports/facilitates care transitions</td>
</tr>
<tr>
<td>10. Is adept with information technology</td>
<td>10. Uses health information technology</td>
</tr>
</tbody>
</table>

EARLY DEVELOPMENTAL RESOURCES:

SCREENING
INTERVENTION
EDUCATION
FAMILY
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

• 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
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

https://helpmegrownational.org/
FHOP Webinars

http://fhop.ucsf.edu/webinars

Family Health Outcomes Project

Webinars

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
2014-2018 Title V CCS Needs Assessment
MCAH TA Webinars
GA 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
Pregnancy Health
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


CDC Learn the Signs. Act Early: [https://www.cdc.gov/ncbddd/actearly/](https://www.cdc.gov/ncbddd/actearly/)

AAP Bright Futures: [https://brightfutures.aap.org/Pages/default.aspx](https://brightfutures.aap.org/Pages/default.aspx)

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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:

[YouTube Video]

www.aap.org/screening
Resources

- [http://www.brightfutures.org/mentalhealth/pdf/tools.html](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/](http://www.autismnavigator.com/resources-and-tools/) (register to see video glossary-ASD vs typical behaviors)
Resources for Providers


- AAP: Autism: Caring for Children with ASD: A Resource toolkit for clinicians
Family Resources
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
CENTERS FOR DISEASE CONTROL AND PREVENTION’S
“Learn the Signs. Act Early.”

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

- ADEPT - Autism Distance Education Parent Training
- Parenting modules available online
  - Teaching functional skills
  - Positive behavior supports
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!