Preventative Health Program

Developmental Screenings
Next training: Trauma Informed Care & ACEs on April 8th @ 12:30pm
New resources available!
QI program coming in January 2023

Program supported by the Ohio Department of Health
DEVELOPMENTAL DISABILITY SCREENING AND REFERRAL

DID YOU KNOW?
The CDC estimates 1 in 6 children (3–17 years) have a developmental disability, but less than 1 in 6 are identified before they start school.

FOUR STEPS TO EARLY IDENTIFICATION
1. Family-engaged developmental monitoring
2. Developmental screening
3. Referrals for needed supports and services
4. Receipt of needed services

STRAATEGIES FOR MONITORING DEVELOPMENT
- Use the "Learn the Signs Act Early" materials and app yourself
- Have a discussion with your child’s health care provider about your child’s development
- Be aware of your child’s development
- Be aware of the importance of developmental milestones
- Be aware of the importance of early intervention

COMMON DEVELOPMENTAL DISABILITIES
- Attention Deficit/ Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder (ASD)
- Birth Defects
- Cerebral Palsy
- Congenital hearing loss
- Intellectual Disability
- Intellectual Disability
- Intellectual Disability
- Intellectual Disability

AAP SURVEILLANCE AND SCREENING RECOMMENDATIONS
- Surveys are an effective way to screen for disabilities
- Administer standardized screening tests at 18 and 24 months
- Screen the child for autism
- Screen for hearing loss
- Screen for developmental delay
- Screen for vision

YOUR CHILD’S DEVELOPMENT IS A JOURNEY

How do I find out if my child is eligible for services?
If you are unsure about your child’s abilities or if you are concerned about your child’s development, contact your child’s health care provider. They can help you understand if your child may need additional services. If you are unsure about your child’s development, contact your local child care agency. If you are unsure about your child’s development, contact your local child care agency.

Find additional preventive health resources at:
https://www.cdc.gov/developmental-disabilities/index.html

Ohio Chapter
American Academy of Pediatrics
Ohio Department of Health

Find additional preventive health resources at:
https://www.cdc.gov/developmental-disabilities/index.html

Ohio Chapter
American Academy of Pediatrics
Ohio Department of Health
“Learn the Signs. Act Early.”

Acting Early to Promote Child Development: The Four Steps of Early Identification

Steph Weber, PsyD, MPH
Clinical Psychologist & Act Early Ambassador to Ohio

Pam Williams-Arya, MD
Developmental and Behavioral Pediatrician
Cincinnati Children’s Hospital Medical Center

Ilka Riddle, PhD
University of Cincinnati Center for Excellence in Developmental Disabilities
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CDC’s Act Early Ambassador to Ohio

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Assistant Professor in Clinical Pediatrics

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Financial Disclosure

<0.05 FTE for Drs. Weber and Riddle on a CDC COVID-19 Response grant
Objectives

1. Identify the four steps to early identification of developmental concerns

2. Discuss strategies for incorporating developmental monitoring and screening into well child visit

3. Identify resources for successful referral to Early Intervention and Home Visiting
Why is Looking at Development so Important?

- The CDC estimates 1 in 6 children have a developmental disability but less than half are identified before they start school.

- Developmental disabilities put children at risk for greater behavior challenges, school difficulties, and more health problems.
Developmental Delays/Disorders

Group of conditions characterized by an impairment in physical, learning, language, or behavior areas resulting in functional limitations in major life activities.

- Physical
- Learning
- Language
- Behavior

Benjamin Zablotsky, PhD,a Lindsey I. Black, MPH,a Matthew J. Maenner, PhD,b Laura A. Schieve, PhD,b Melissa L. Danielson, MSPH,b Rebecca H. Bitsko, PhD,b Stephen J. Blumberg, PhD,a Michael D. Kogan, PhD,c Coleen A. Boyle, PhDd

OBJECTIVES: To study the national prevalence of 10 developmental disabilities in US children aged 3 to 17 years and explore changes over time by associated demographic and socioeconomic characteristics, using the National Health Interview Survey.

METHODS: Data come from the 2009 to 2017 National Health Interview Survey, a nationally representative survey of the civilian noninstitutionalized population. Parents reported physician or other health care professional diagnoses of attention-deficit/hyperactivity disorder; autism spectrum disorder; blindness; cerebral palsy; moderate to profound hearing
## Developmental Disorder Prevalence

- Increase in prevalence of ADHD, ASD, and ID
- Concomitant decrease in prevalence of “any other developmental delay”

### TABLE 5

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Any developmental disability</td>
<td>14,743</td>
<td>16.22</td>
<td>16.80</td>
<td>17.76</td>
<td>9.5</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>ADHD</td>
<td>7,918</td>
<td>8.47</td>
<td>9.10</td>
<td>12.6</td>
<td>12.6</td>
<td>.001</td>
</tr>
<tr>
<td>ASD</td>
<td>1,550</td>
<td>1.12</td>
<td>1.60</td>
<td>122.3</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Blind or unable to see at all</td>
<td>139</td>
<td>0.16</td>
<td>0.16</td>
<td>0.0</td>
<td>0.0</td>
<td>.87</td>
</tr>
<tr>
<td>CP</td>
<td>264</td>
<td>0.31</td>
<td>0.34</td>
<td>0.28</td>
<td>-9.7</td>
<td>.64</td>
</tr>
<tr>
<td>Moderate to profound hearing loss</td>
<td>537</td>
<td>0.64</td>
<td>0.68</td>
<td>0.58</td>
<td>-9.4</td>
<td>.48</td>
</tr>
<tr>
<td>LD</td>
<td>6,871</td>
<td>7.86</td>
<td>7.51</td>
<td>7.86</td>
<td>0.0</td>
<td>.99</td>
</tr>
<tr>
<td>ID</td>
<td>1,021</td>
<td>0.93</td>
<td>1.21</td>
<td>1.17</td>
<td>25.8</td>
<td>.04</td>
</tr>
<tr>
<td>Seizures, past 12 mo</td>
<td>668</td>
<td>0.83</td>
<td>0.70</td>
<td>0.78</td>
<td>-6.0</td>
<td>.61</td>
</tr>
<tr>
<td>Stuttered or stammered, past 12 mo</td>
<td>1,771</td>
<td>2.04</td>
<td>1.90</td>
<td>2.13</td>
<td>4.4</td>
<td>.61</td>
</tr>
<tr>
<td>Other developmental delay</td>
<td>3,798</td>
<td>4.65</td>
<td>4.43</td>
<td>4.06</td>
<td>-12.7</td>
<td>.01</td>
</tr>
</tbody>
</table>
Developmental Disabilities (DD) Prevalence Factors

• Better identification over time
  • Increasing parental awareness
  • Changing provider practices (including universal screening and ongoing monitoring)

• Changes in diagnostic criteria

• Survey measurement (wording of the questions)
How Developmental Disorders may present in your practice

• Developmental Delay - one domain of development
  • Motor, language, problem-solving, personal-social

• Developmental concerns from parents/caregivers or early childhood professionals
Discuss Concerns with Families As Early As Possible

• Interventions are more likely to be effective

• Early Intervention can change a child’s developmental path

• Most adaptability during the first 3 years of life

• Families can feel more confident and better prepared as their children age
Important to Identify and Act Early

Global Developmental Delay (GDD)

Autism Spectrum Disorder
Global Developmental Delay (GDD)

- Significant delay in 2 or more developmental domains
  - Motor, language, cognitive, personal-social, activities of daily living
- Deficits in learning and adaptation
- May predict Intellectual Disability (ID)
- Prevalence = 1-3%
Autism Spectrum Disorder (ASD)

• Neurodevelopmental disorder characterized by:
  Social-communication impairment
  Restrictive, repetitive behavior patterns

• Prevalence of 2.27%

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1National Center on Birth Defects and Developmental Disabilities, CDC, Atlanta, Georgia; 2University of Utah School of Medicine, Salt Lake City, Utah; 3University of Wisconsin, Madison, Wisconsin; 4University of Minnesota, Minneapolis, Minnesota; 5University of Arkansas for Medical Sciences, Little Rock, Arkansas; 6University of California, San Diego, California; 7Rutgers New Jersey Medical School, Newark, New Jersey; 8Vanderbilt University Medical Center, Nashville, Tennessee; 9Washington University, St. Louis, Missouri; 10Johns Hopkins University, Baltimore, Maryland; 11University of Arizona, Tucson, Arizona; 12Oak Ridge Institute for Research and Education, Oak Ridge, Tennessee

Abstract

Problem/Condition: Autism spectrum disorder (ASD).

## Disparities in Diagnosis

Children from minoritized backgrounds are at-risk for late diagnosis due to:

<table>
<thead>
<tr>
<th>Reduced health care access</th>
<th>Non-citizenship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distrust of health care</td>
<td>Low screening rates in wellness care</td>
</tr>
<tr>
<td>English not primary language</td>
<td>Lack of cultural knowledge of DD</td>
</tr>
<tr>
<td>Inequities in health care due to discrimination</td>
<td>Stigma of disability</td>
</tr>
</tbody>
</table>
4 Steps to Early Identification

1) Family-engaged developmental monitoring
2) Developmental screening
3) Referrals for needed supports and services
4) Receipt of needed services
Terminology

• **Surveillance / Monitoring**: the ongoing, long-term process of recognizing children who may be at risk for developmental problems

• **Screening**: the use of standardized tools at discrete ages to identify developmental delay

• **Evaluation**: a complex process to identify specific developmental disorders that affect a child
Family-engaged Developmental Monitoring
Surveillance/Monitoring

Key Points:

• Bidirectional communication with early childhood professionals (childcare providers, preschool teachers, Head Start, home visitation)

• Early return visits to pediatrician are recommended for children whose monitoring raises concerns not confirmed by screening

• Significant delay between parent’s initial concern about child’s development, initial assessment, and treatment, which can be delayed up to a year or more
Evidence-Informed Milestones for Developmental Surveillance Tools

Jennifer M. Zubler, MD; Lisa D. Wiggins, PhD; Michelle M. Macias, MD; Toni M. Whitaker, MD; Judith S. Shaw, EdD, MPH, RN; Jane K. Squires, PhD; Julie A. Pajek, PhD; Rebecca B. Wolf, MA; Karnesha S. Slaughter, MPH; Amber S. Broughton, MPH; Krysta L. Gerndt, MPH; Bethany J. Mlochoch; Paul H. Lipkin, MD

CONFLICT OF INTEREST DISCLOSURES: Dr Squires is a developer of the Ages & Stages Questionnaires and receives royalties from Brookes Publishing, the company that publishes this tool; the other authors have indicated they have no conflicts of interest relevant to this article to disclose.

* Contributed equally as co-senior authors.

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https://doi.org/10.1542/peds.2021-052138

Article history ❯
Typical Child Development
http://www.cdc.gov/ncbddd/actearly/

Desarrollo infantil típico
https://www.cdc.gov/ncbddd/Spanish/actearly/index.html
Developmental Milestones

"Learn the Signs. Act Early."

public health initiative
Materials for Monitoring

Help your child grow and thrive

Download CDC’s free Milestone Tracker app
One million downloads and counting!

Learn more at cdc.gov/MilestoneTracker

Baby’s Busy Day
A free board book for one-year-olds!

cdc.gov/AmazingBooks

Un día ocupado del bebé
¡Libro gratis para niños de un año!


Materiales para monitoreo

Apoye su desarrollo y crecimiento

Descargue la aplicación gratuita de los CDC
Sigamos el desarrollo.
¡Un millón de descargas, y seguimos contando!

Encuentre más información en www.cdc.gov/Sigamos
Strategies for Monitoring Development

• Use the “Learn the Signs. Act Early.” materials and app yourself

• Have checklists of development milestones and encourage families to track skills at home

• Build in materials around your clinic spaces
Developmental Screening

Developmental Monitoring

WHO
Parents or caregivers
WHY
To ensure your child’s development is on track
WHAT
Ask: 
- What’s your child’s name? 
- How old is your child? 
- Where do you live? 
- What is your child’s favorite activity?
WHERE
Home
HOW
- Look at your child’s behavior 
- Talk to your child 
- Observe your child’s growth

Developmental Screening

Developmental screening is a process that helps identify children who may have delays in their development. It can be done by a doctor, nurse, or other qualified professional. It is important to have a discussion with your child’s doctor about their development and screen for any potential delays.

Your child’s development is a journey. Monitoring and screening show you the way.

Learn More About Your Child’s Development

Learn the Signs. Act Early.

www.cdc.gov/healthydevelopment
1-800-CDC-INFO (1-800-232-4636)
AAP Surveillance and Screening Recommendations

• Surveillance at every health supervision visit

• Administer standardized screening tests at 9, 18, & 24/30-month visits

• ASD-specific screening at the 18 & 24-month visits

• Concerns elicited by surveillance at any visit should trigger screening or referral
Screening Tools

- AAP recommends tools address the following domains:
  - Fine and gross motor skills
  - Language and communication
  - Problem solving/adaptive behavior
  - Personal-social skills

- Tools should be culturally and linguistically sensitive
# Common Screening Tests

<table>
<thead>
<tr>
<th>TEST</th>
<th>AGE RANGE</th>
<th>NUMBER ITEMS</th>
<th>ADMINISTRATION TIME</th>
<th>PSYCHOMETRIC PROPERTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages and Stages</td>
<td>2-60 months</td>
<td>30</td>
<td>10-15 min</td>
<td>Sensitivity 86% Specificity 85%</td>
</tr>
<tr>
<td>Peds</td>
<td>0-8 years</td>
<td>10</td>
<td>2-5 min</td>
<td>Sensitivity 96% Specificity 83%</td>
</tr>
<tr>
<td>SWYC</td>
<td>1-65 months</td>
<td>6-8</td>
<td>5 min</td>
<td>Sensitivity 76% Specificity 78%</td>
</tr>
<tr>
<td>M-CHAT</td>
<td>16-30 months</td>
<td>10</td>
<td>5-10 min</td>
<td>Sensitivity 91% Specificity 95%</td>
</tr>
</tbody>
</table>
**DEVELOPMENTAL MONITORING**

Done by parents, teachers

Ongoing process - begins at birth

Sample tool - “Learn the Signs. Act Early.” Milestone Checklists

**DEVELOPMENTAL SCREENING**

Formal process

Recommended by the American Academy of pediatrics at 9, 18, and 24 or 30 months

Uses a validated screening tool

Done by medical professionals and may be done by teachers with special training

Look for developmental milestones

Important for tracking signs of development and identifying concerns

Sample tool - Ages and Stages questionnaire
Original Article

Better together: Developmental screening and monitoring best identify children who need early intervention

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b Center for Leadership in Disability, Georgia State University, School of Public Health, Epidemiology and Biostatistics, Atlanta, GA, USA
c Learn the Signs. Act Early., National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, Atlanta, GA, USA
d Emory Autism Center, Emory University School of Medicine, Atlanta, GA, USA

ARTICLE INFO

Received 7 May 2017
Received in revised form 14 December 2017
Accepted 21 January 2018

ABSTRACT

Background: Widely recommended developmental surveillance methods include developmental monitoring (DM) and development screening (DS). Much research has been done on DS, but very little research has compared the effectiveness of DM and DS together.

Objectives: To investigate the relationship between DM and DS in Part C early intervention (EI) service receipt.
Developmental Screening and Monitoring are Associated with Increased Preschool Special Education Receipt

Brian D. Barger, Catherine E. Rice, Andrew T. Roach

Accepted: 26 February 2021 / Published online: 22 March 2021
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Abstract
To appropriately route children with developmental disabilities to appropriate early interventions, those children must first be identified via developmental screening and/or developmental monitoring. Most early identification research emphasizes the relationship between developmental screening and Part C early intervention (EI) receipt for children birth to two. The relationship between developmental monitoring and service receipt is understudied, particularly for 3 to 5-year-old children are routed to Part B (619) early childhood special education services. Thus, this study used data from the National Surveys of Children’s Health (2007, 2012) to investigate the relationship between community-based health care providers (HCP)
Are Developmental Monitoring and Screening Better Together for Early Autism Identification Across Race and Ethnic Groups?

Brian Barger¹,² · Catherine Rice⁴ · Teal Benevides⁴ · Ashley Salmon¹ · Sonia Sanchez-Alvarez¹ · Daniel Crimmins¹

Accepted: 18 February 2021 / Published online: 5 March 2021
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Abstract
National Surveys of Children’s Health (NSCH, 2016–2018) data were analyzed to determine if conjoint monitoring and screening showed stronger associations with children under 5 identified with ASD compared to monitoring alone, screening alone or no monitoring or screening; and investigate relationships between monitoring and screening across racial/ethnic subgroups. 86 of 332 children with ASD received their diagnosis in a timeframe suggesting potential monitoring and screening for identification purposes. Analyses showed that conjoint monitoring and screening and monitoring alone, but
Provider Responses to Positive Developmental Screening: Disparities in Referral Practices?

Kate E. Wallis, MD, MPH,*†‡§ Lauren B. Davis Rivera, MD, MSEd,† Whitney Guthrie, PhD,‡ Amanda E. Bennett, MD, MPH,*‡ David S. Mandell, ScD,†‡∥ Judith S. Miller, PhD†‡

ABSTRACT: Objectives: Guidelines recommend universal screening for developmental concerns in young children in pediatric primary care, with referral to early intervention (EI) as early as possible for children with a positive screen. However, participation in EI differs by child race, ethnicity, language, and sex. This study evaluated disparities in rates of referral to EI and estimated the factors associated with referral before and immediately after a positive developmental screen. Methods: Children seen in a large primary care network that has implemented universal developmental screening were included if they screened positive on the Survey of Well-being of Young Children (SWYC) Milestones during a 16- to 30-month well-child visit (n = 7358). Demographics, screening results, and referrals were extracted from the electronic health record. Results: Among children who screened positive, 17.5% were already in EI, and 39.9% were referred to EI during the visit with positive screen; 42.5% were not referred. In adjusted regression, the following factors
Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening

Paul H. Lipkin, MD, FAAP, Michelle M. Macias, MD, FAAP. COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS
FIGURE 1
Early childhood screening for the identification of neurodevelopmental disorders and behavioral and emotional problems. (Content with an asterisk corresponds to current AAP guidance, using broad categories. This figure may not be inclusive of all specific developmental and behavioral disorders.)
Importance of Screening

Paul H. Lipkin, MD,1 Michelle M. Macias, MD,5 Briella Baer Chen, MHS,6 Daniel Coury, MD,5 Elizabeth A. Gottschlich, MA,4 Susan L. Hyman, MD,5 Blake Sisk, PhD,5 Audrey Wolfe, MPH,1 Susan E. Levy, MD, MPH4

BACKGROUND: Current guidelines from the American Academy of Pediatrics recommend screening children for developmental problems by using a standardized screening tool and referring at-risk patients to early intervention (EI) or subspecialists. Adoption of guidelines has been gradual, with research showing many children still not being screened and referred.

METHODS: We analyzed American Academy of Pediatrics Periodic Survey data from 2002 (response rate = 58%; N = 562), 2009 (response rate = 57%; N = 532), and 2016 (response rate = 47%, N = 469). Surveys included items on pediatricians’ knowledge, attitudes, and practices regarding screening and referring children for developmental problems. We used descriptive statistics and a multivariable logistic regression model to examine trends in screening and referral practices and attitudes.
Rates of Developmental Screening

• Use of standardized developmental screening tools improved dramatically from 21% in 2002 to 63% in 2016

• In 2016, 59% of pediatricians reported referring at-risk patients to early intervention (up from 41% in 2002)
Caregivers of children 9 months to 5 years of age were asked:

"During the past 12 months, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about specific concerns or observations you may have about this child’s development, communication, or social behaviors?“

<table>
<thead>
<tr>
<th></th>
<th>Parent completed developmental screening</th>
<th>Parent did not complete developmental screening</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationwide</td>
<td>36.9%</td>
<td>63.1%</td>
<td>100%</td>
</tr>
<tr>
<td>Ohio</td>
<td>36.7%</td>
<td>63.3%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Screening Program Strategies

• Creating an office-wide implementation system
• “Whole office” team-based approach
• Begin process at child’s home or registration
• Dividing responsibility among staff
• Actively monitoring and tweaking system
• Choosing screenings perceived to least disrupt clinic flow
• Utilizing non-physician staff to help with scoring
Clinician Tip Sheet


Free Online Courses

Milestones Matter: Don’t Underestimate Developmental Surveillance

Innovative Strategies for Improving Developmental Surveillance and Screening

Family-friendly Guide to Next Steps

Developmental Concern? Next Steps for Families and Caregivers

Your child has many strengths and can accomplish many things together. If you are concerned about your child’s development, the AAP is here to help. If you have concerns about your child’s development, we can help you understand and address them.

1. If your child is two years of age, or older, you may be eligible for free online courses on developmental surveillance and screening.

2. If your child is under two years of age, or if you have concerns about your child’s development, please contact your local AAP chapter for more information.

3. If you have concerns about your child’s development, please contact your local AAP chapter for more information.

Next Steps:

1. Keep your follow-up appointment with the AAP.
2. Contact your pediatrician to discuss your child’s development.
3. Set up a follow-up appointment with your pediatrician.
4. If you are waiting for another appointment, please contact your local AAP chapter for more information.

www.aap.org
Referrals for Needed Supports and Services
If you have concerns…

• Primary care follow up/early return visit

• Early Intervention referral

• Specific referrals based on domain of concern
Management and Treatment

COMUNITY PRACTICE SUPPORT TOOL / May 2020

Developmental Disorders
In Children <36 Months of Age

FAST FACTS

1 – 3%
prevalence of global developmental delay

1 in 54
children in the US with autism spectrum disorder

1 in 6
children 3 to 17 years old with a developmental disability

Developmental disorders are a group of conditions characterized by an impairment in physical, learning, language, or behavior that result in functional limitations in major life activities. Children with these disorders benefit from early intervention services to address developmental and behavioral challenges.

In children <36 months of age, it is important to identify Autism Spectrum Disorder (ASD) and/or Global Developmental Delay (GDD). Deficits in social-communication and repetitive behaviors, suspect ASD. Significant deficits in 2+ of the following: motor, language, cognitive, personal-social, and activities of daily living (ADL), suspect GDD. Persistent GDD as a child ages may predict an Intellectual Disability diagnosis.

ASSESSMENT
Perform a medical and developmental history and physical exam. At 9, 18, and 30-month well child visits, administer standardized developmental screening. At 18 and 24 months, perform autism-specific screening.

HPE RED FLAGS

• Any parent/caregiver or early childhood professional concerns
• Risk factors, including:
  • Family history of ASD, intellectual disability or other developmental/learning issues
  • Perinatal complications including prematurity and in utero substance exposure
  • Neurologic conditions — myelomeningocele, congenital brain anomalies, and epilepsy
  • Complex congenital heart disease
  • Other genetic or chronic medical conditions
• Adverse childhood events
• Autism-specific red flags — does not smile at others; lack of response to name; delayed speech and language skills; repeats words/phrases over and over (echolalia); does not point or look where you point; odd mannerisms or play; gets upset by minor changes; avoids eye contact; engages in repetitive movements or body posturing; has unusual reactions to sounds, textures, or other sensory stimuli

MANAGEMENT/TREATMENT OF DEVELOPMENTAL DISORDERS
When there are developmental concerns, recommend:

• Hearing and vision evaluation
The “Wait and See” approach is not recommended
Ohio Part C/Early Intervention (EI)

https://ohioearlyintervention.org/
Ohio Part C/Early Intervention (EI)

Qualifying conditions Appendix C

(4) Other:
(a) Acquired immune deficiency syndrome
(b) Attachment disorder
(c) Autism spectrum disorder
(d) Blood lead level of five micrograms per deciliter or greater
(e) Cranio-facial anomalies
(f) Cyanotic congenital heart disease
(g) Fetal alcohol syndrome
(h) Infant of untreated mother of phenylketonuria
(i) Infection, fetal/neonatal (herpes, syphilis, cytomegalovirus, toxoplasmosis, and rubella)
(j) Neonatal abstinence syndrome
(k) Sickle cell anemia
More on Part C/EI

- EI is made available to every eligible child and family in every state

- Focus on naturalistic settings
  - Home, grocery store, library, park, childcare center
  - Virtual sessions running now

- Support transition to school at age 3
  - Individualized Family Support Plan (IFSP)
  - Individualized Education Plan (IEP under Part B of IDEA)
EI Process

• Referral
• Eligibility
• Assessment
• Individualized Family Service Plan (IFSP)
• EI Services
• Transition to Part B
Common Questions about EI

• What is Early Intervention and how is it different than outpatient therapies?

• How has COVID-19 impacted in-person services?

• Can EI be offered in a family’s preferred language?

• What happens when I know I’ve referred a patient, but they are not yet getting EI?
Ohio Early Childhood Home Visiting

https://www.helpmegrow.org/HomeVisiting.aspx
More on Home Visiting

• Home Visiting is a 2-generation program that provides expectant parents and families resources and skills to help them raise children.

• Home Visiting can serve expectant families or caregivers of a child under the age of two years whose income is not in excess of 200% of the federal poverty level.
  • There are also some specific eligibility criteria based on certain evidence-based models.

• Home Visiting is available in all counties in Ohio.

• Home Visitors support parent-driven, family-oriented, and self-sufficiency building goals; collaborate with social service coordinators; provide education and information about early childhood growth and positive parenting.

• Home Visitors also conduct health, developmental, environmental and relationships screenings.
Receipt of Needed Services
Barriers

- Minority populations-specific barriers
- Socioeconomic factors
- Parental/caregiver factors
- COVID-19
Referral to Ohio EI/Help Me Grow

Call 1-800-755-4769 for the intake line or complete the referral form below

Referral Form to EI HMG WIC

Ohio Early Intervention trifold brochure

Help Me Grow website

HMGreferrals@helpmegrow.org
Referral to Ohio EI and Home Visiting

Referrals
For Early Intervention and Home Visiting

Anywhere in Ohio
Web referral form: www.helphmegrow.org
Email: HelpMeGrow@helpmegrow.org
Fax: Genera/HEA Forms (855) 418-3322
Fax: Hospital/Medical Providers (855) 318-3322

Or contact the Help Me Grow Regional Intake number listed below:

Central
(814) 659-3322
Auchen for Children

Eastern
(330) 686-8322
Mahoning County Educational Service Center

Northwestern
(330) 900-3322 or (440) 360-3322
Bright Beginnings

Northwestern
(419) 686-3322
Lacys County Family Council

Southeastern
(937) 871-3322
Weber County Health Department

Southern
(937) 871-3322
Fitz County Board of Developmental Disabilities

Southwestern
(319) 384-3322
Butler County Educational Service Center

Western
(517) 633-3322
Help Me Grow Brighter Futures

Calls to 1-800-755-4769 (ODA) will be transferred to the appropriate region.

Questions? Call (216) 659-3322
Interested in CDC’s “Learn the Signs. Act Early.” Materials for your Practice?

Contact us: [https://www.ucuceedd.org/act-early-ohio/](https://www.ucuceedd.org/act-early-ohio/)

Order free toolkits/materials: [Act Early Ohio Order Form (jotform.com)](https://jotform.com/)

Social Media: @actearlyohio

Email: actearlyohio@cchmc.org
References


References


12. Lipkin, P.H. and Macias, M.M., 2020. Promoting optimal development: identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*, 145(1). Link to supplement: https://aap2.silverchair-cdn.com/aap2/content_public/journal/pediatrics/145/1/10.1542_peds.2019-3449/7/peds_20193449supplementarydata.pdf?Expires=1648133012&Signature=tEotjzfVGq~udbASjaebxNBfWoIHAZlUDmcNnubhlMM3eWjyNTITkIrmypfHvKu~pVHXa2632jIN-yD6NKVIGWmo4wlqLPDzz5YAwd5kxVvSSYExNg~KEH-LmCruB7RrsC1rezQrDqcSzHpgeALTfvSObn5oakupbRKiyzpHOuQQhmTxhbKO65yvAY-opF0mwIACp3M3D1gBKRpMWxzwe0JX15R4-JV3ffNUsJyyziCdPtO4TNxLIX2wbMPRKBOTVq2YtG0Zs~nfMoDnObV4j0fNub1oh2ktgfCY0PIj6V9Q90Vdcc7vIvlRb09Xrz0IUCgLjgSBRlIhCN6jeyg &Key-Pair-Id=APKAI5G5CRDK6RD3PGA


https://ohioaap.org/education-cme-moc-ii/preventive-health-program/

- Next training: Trauma Informed Care & ACEs on April 8th @ 12:30pm
- New resources available!
- QI program coming in January 2023

Program supported by the Ohio Department of Health
Contact

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