

Developmental Screening, California Early Start and Regional Center Overview

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**L.A. Care Children's Health Conference in Collaboration with
First 5 LA and Los Angeles County Department of Public Health**

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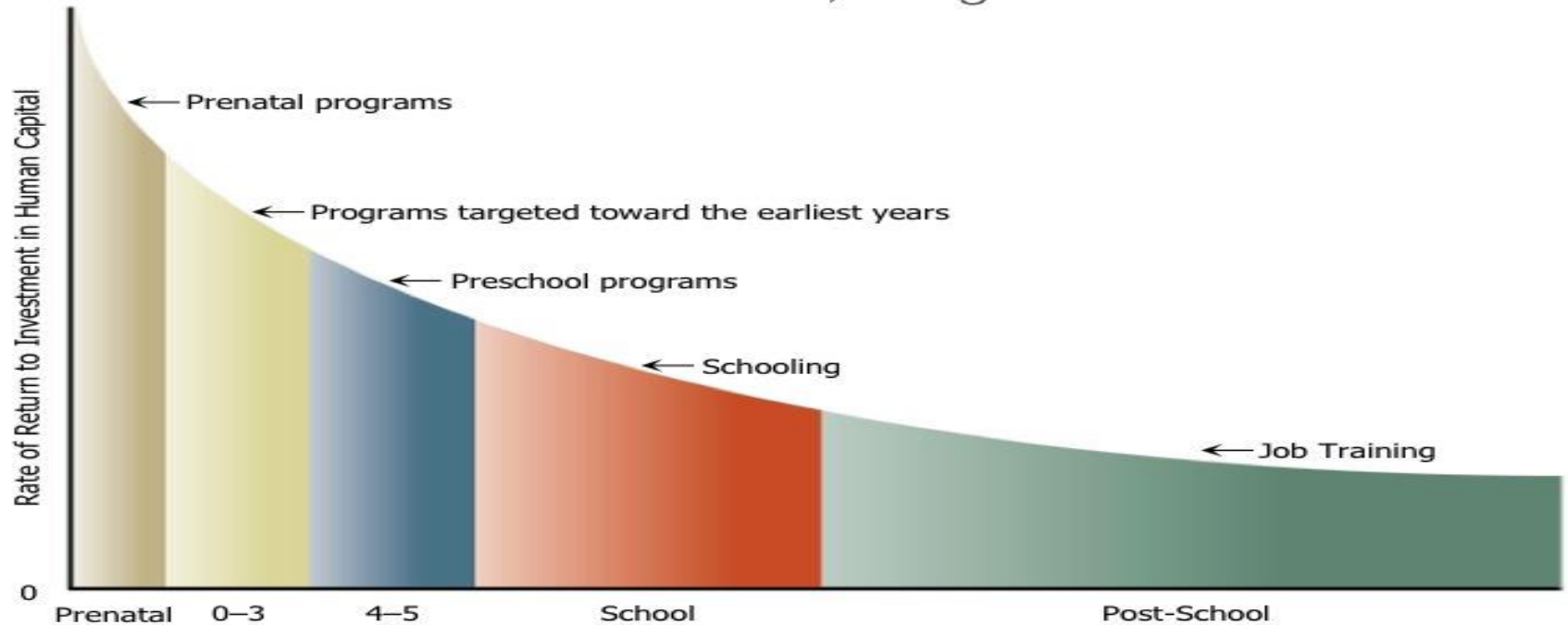
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Learning Objectives

1. Review AAP Guidelines for developmental surveillance and screening.
2. Summarize referral process to the California Early Start program through Regional Center.
3. Specify recent changes to eligibility for the California Early Start Program.
4. List eligibility criteria for Regional Center services after age 3.

EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT

The earlier the investment, the greater the return



Source: James Heckman, Nobel Laureate in Economics

Heckman J. Invest in Early Childhood development: Reduce deficits, strengthen the economy.

<https://heckmanequation.org/resource/invest-in-early-childhood-development-reduce-deficits-strengthen-the-economy/>

Slide credit: Margaret Swaine MD, FAAP

Too few children under 5 years old are screened for developmental-behavioral delays in California

first 5 la
Doing Well in Childhood



1 in 4 young children are at risk for delays

American Academy of Pediatrics Recommends:



Developmental surveillance at every well-child visit



Screening with a validated screening tool at 9, 18, and 24-30 months



Screening with a validated autism-specific screening tool at 18 and 24 months

Varied levels of provider knowledge about delays and screening

Competing priorities and limited support to embed screening practices

Barriers to Early Identification

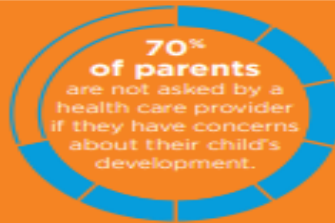
Lack of financial incentives to conduct screening

Families have diverse perceptions and understanding about early identification

Fewer than 1 in 3 children receive timely developmental-behavioral screenings.



70% of parents are not asked by a health care provider if they have concerns about their child's development.



Only 1/3 of providers use a validated screening tool and very few report adhering to AAP guidelines

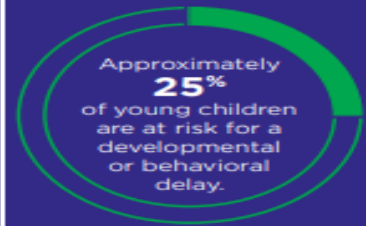
Too many children under 5 years old with or at risk for developmental-behavioral delays are not connected to early intervention services in California



California has one of the greatest unmet needs for speech-language professionals in the country. **There will be an 18% increase in job openings by 2026.**



Toddlers ineligible for early intervention* can still benefit from other supports. **One-quarter of 2 year olds ineligible for early intervention* are not school ready.**



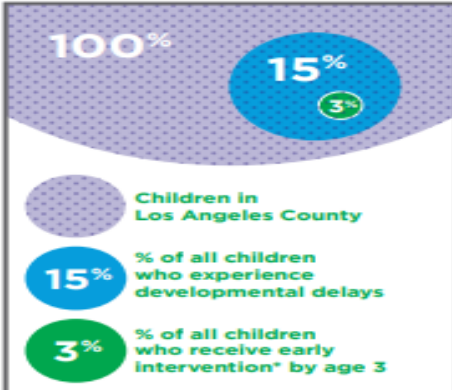
Providers may fail to make a timely referral

Fragmented services, complex eligibility and unclear referral processes

Limited available early intervention services

Families have diverse perceptions and understanding about early intervention services

Barriers to Successful Linkage



When linked to early intervention services before kindergarten, children are more likely to succeed in school and life.



Disparity

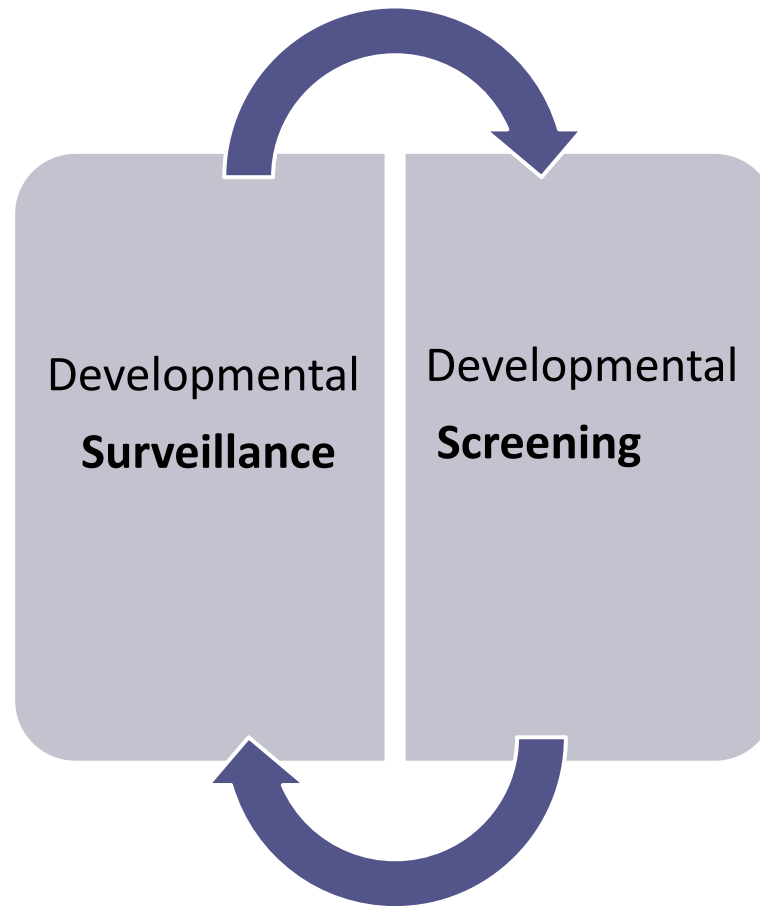
- Delays in screening result in late identification of developmental concerns
- Latino, African American and Asian children are screened at lower rates than white peers
- Latino and African American children are less likely to be diagnosed with ASD or diagnosed at later age.
- Validated screening tools not available in all language or have had validity testing for diverse groups (racial/ ethnic/ language).

Source: <https://www.first5la.org/article/resource-early-identification-and-intervention-issue-briefs/>

Barriers

- Provider Awareness
 - Clinical observation vs validated screening tool
 - Understanding of appropriate referral sources
- Parent/ Family Awareness
 - Parental concerns are often very accurate.
 - Diverse perceptions and understanding of development and early intervention

AAP Guidelines

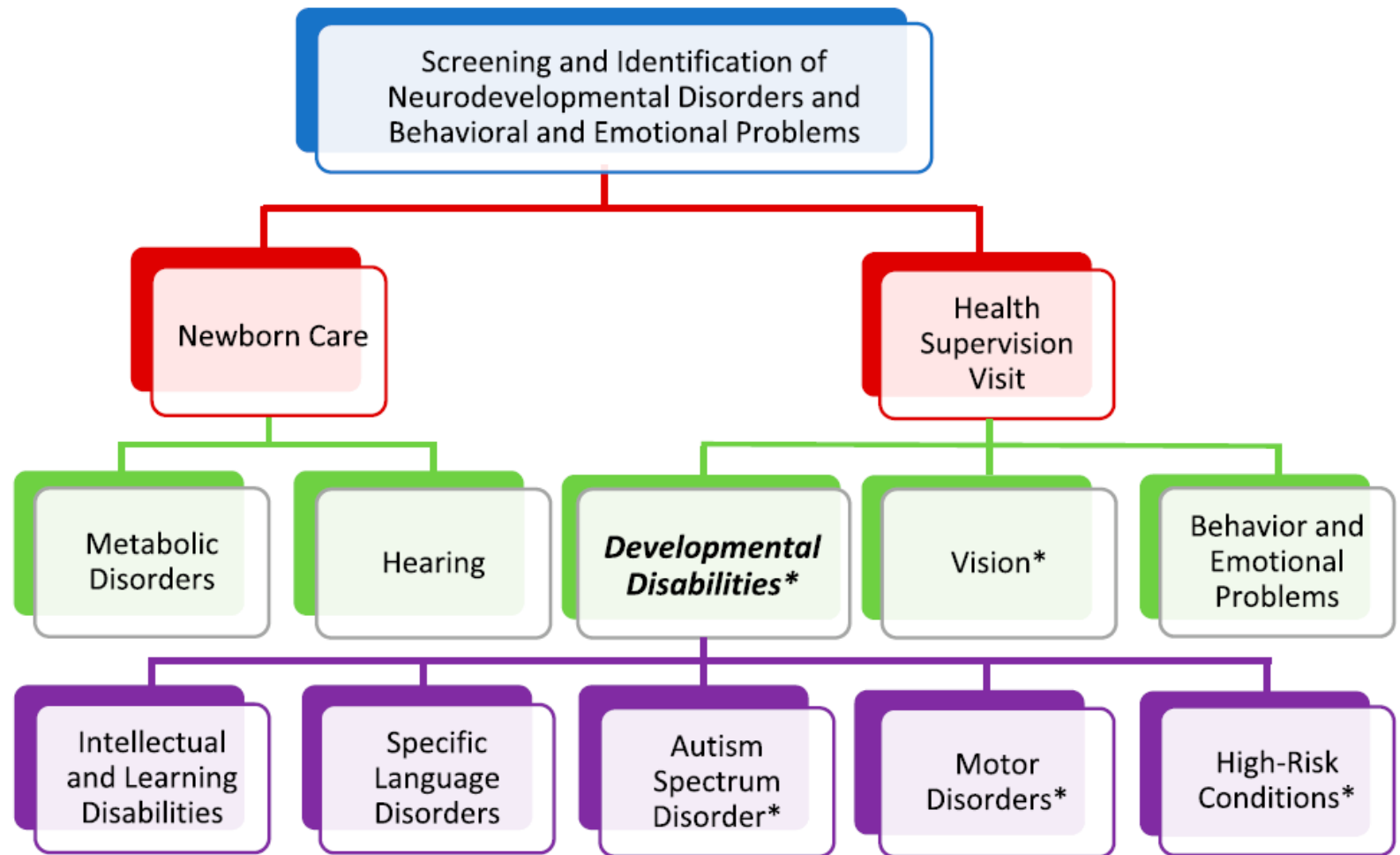


Why Screen?

45% of children eligible for Early Intervention would be missed using clinical observation alone.

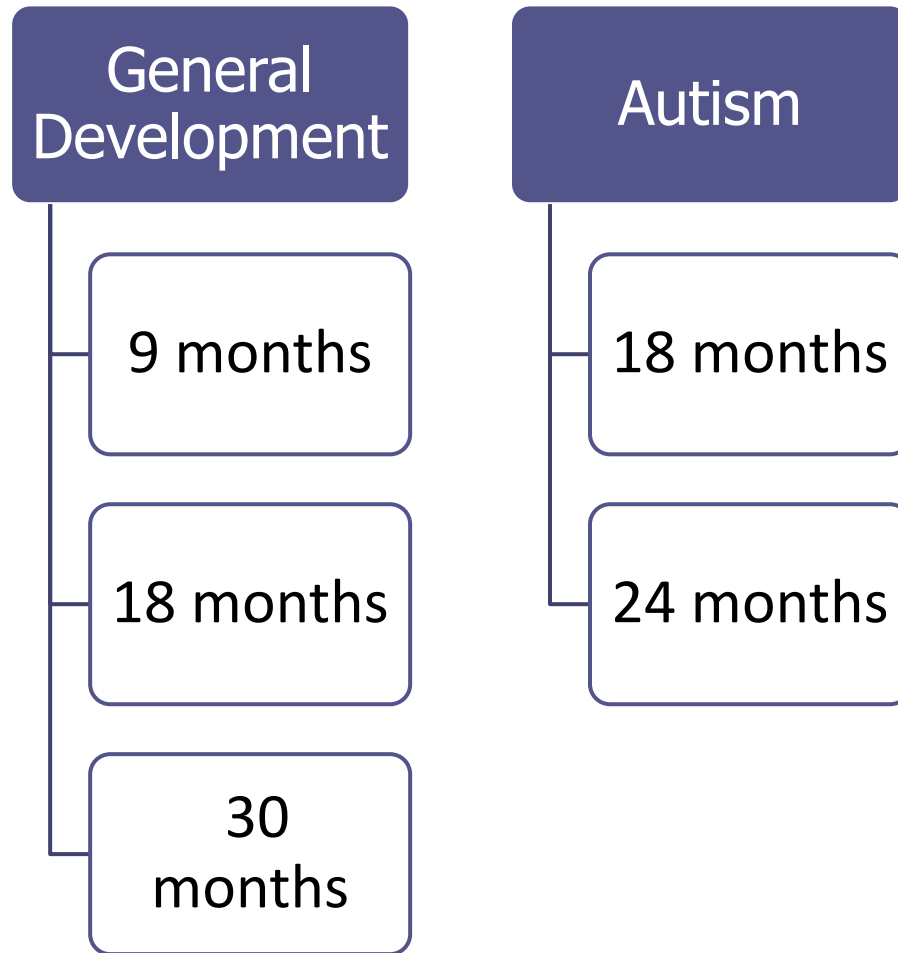
Repeated screening important due to the dynamic nature of child development.

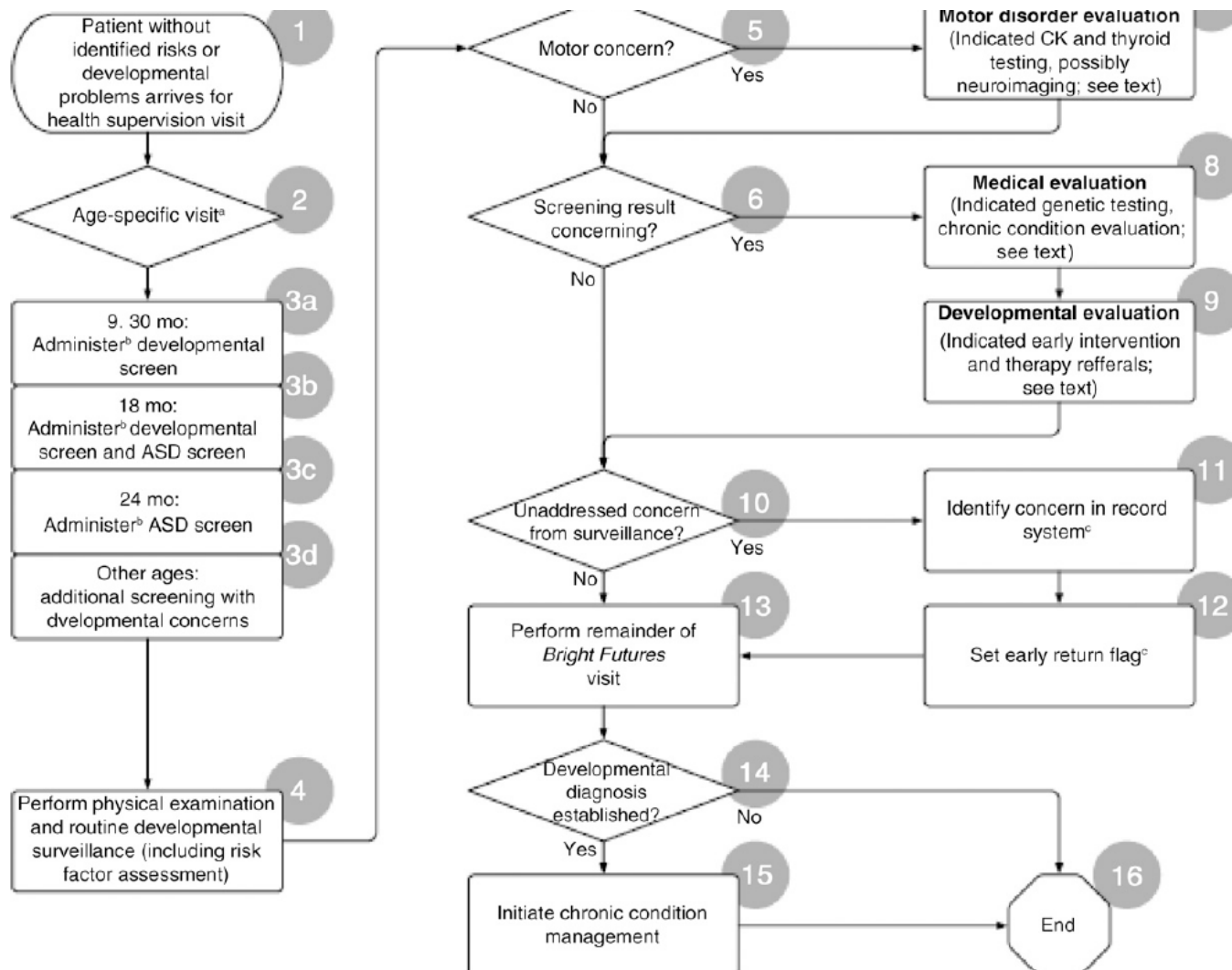
Mackrides PS, Ryherd SJ. Screening for developmental delay. Am Fam Physician. 2011 Sep 1;84(5):544-9. PMID: 21888305.



Lipkin PH, Macias MM, AAP COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening. *Pediatrics*. 2020;145(1):e20193449

When to Screen?





Lipkin PH, Macias MM, AAP COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening. *Pediatrics*. 2020;145(1):e20193449

Frequently Used Validated Screening Tools

Screenings are typically completed by the primary caregiver and scored and interpreted by a trained provider.

Ages and Stages Questionnaire (ASQ): Assess a child's communication, gross motor, fine motor, problem solving and personal-social abilities.

- **ASQ-3:** Assess developmental progress
- **ASQ:SE:** Assess socialemotional progress

Parent's Evaluation of Developmental Status (PEDS): Assess a child's language, motor, self-help, early academic skills, behavior and socialemotional/mental health.

Modified Checklist for Autism in Toddlers - Revised (CHAT/M-CHAT-R): Screens for early signs of autism spectrum disorder (ASD) or developmental delays.

Developmental Screening

- **Ages and Stages Questionnaire (ASQ -3)**
 - Parent Completed – only need to report current skills
 - 4-6th grade reading level
 - 10-15 min. to complete
 - Cut off score in each domain
 - Communication, fine motor, gross motor, problem solving & personal social
 - 1-66 months – 21 age dependent questionnaires
 - Well Validated
 - Sensitivity: 70-90%; Specificity: 76-91%
 - Spanish Available

ASQ-3



16 Month ASQ-3 Information Summary

15 months 0 days through
16 months 30 days

Child's name: Andrew Date ASQ completed: October 14, 2011
 Child's ID #: _____ Date of birth: April 30, 2010
 Administering program/provider: Little Steps Was age adjusted for prematurity when selecting questionnaire? Yes No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	16.81	30	●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	37.91	50	●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	31.98	35	●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	30.51	40	●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	26.43	54	●	●	●	●	●	●	●	●	●	●	●	●	●

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- Hears well?
Comments: ignores me Yes NO
- Talks like other toddlers his age?
Comments: not many words Yes NO
- Understand most of what your child says?
Comments: Yes NO
- Walks, runs, and climbs like other toddlers?
Comments: Yes NO
- Family history of hearing impairment?
Comments: grandma has hearing aid YES No
- Concerns about vision?
Comments: YES No
- Any medical problems?
Comments: ear infections, allergies YES No
- Concerns about behavior?
Comments: YES No
- Other concerns?
Comments: YES No

Developmental Screening

- **Parents' Evaluations of Developmental Status (PEDS)**
 - Parent interview form-10 questions + 2 open-ended questions.
 - Single response form for all ages
 - 0-8yrs
 - 4-5th grade reading level
 - 2 minutes
 - Validated
 - Sensitivity: 74-80%; Specificity 70-80%
 - Risk categories guide need for referral
 - Many languages

PEDS

PEDS RESPONSE FORM

Child's Name Roger J. Parent's Name Malinda J
Child's Birthday 8/8/03 Child's Age 2 Today's Date 8/10/05

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

I'm worried about how my child talks and relates to us. He says things that don't have anything to do with what's going on. He's oblivious to anything but what he is doing. He's not doing as well as other kids in many ways.

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

Circle one: No Yes A little COMMENTS:

He repeats odd things like "Wheel of Fortune"

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

Circle one: No Yes A little COMMENTS:

I can't tell if he doesn't understand, doesn't hear well or just ignores us

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:

He's good with manipulatives but does a lot of the same things over and over: spinning wheels on cars, flicking light switches, flipping pages

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

Circle one: No Yes A little COMMENTS:

He's very coordinated and very fast!

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

still lots of tantrums but headbanging is almost gone. Behavior therapy has been helpful and his tantrums are less severe and shorter

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

Circle one: No Yes A little COMMENTS:

He doesn't seem interested in watching other kids, let alone playing with them

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

Circle one: No Yes A little COMMENTS:

He's very independent

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

Circle one: No Yes A little COMMENTS:

He's too young for any of that!

Please list any other concerns.

We spend lots of time playing with Roger and talking to him. This seems to be helping him be more engaged. I still wonder about his hearing.

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Autism Surveillance

The typical milestone list may not include the more qualitative impairments/delays found in a child with ASD.

By 12 Months:

- Respond to name
- Look where you point (joint attention)
- Point to items that are out of reach or make sounds while pointing

12-24 Months:

- Follow simple commands with, and later without, gestures.
- Point to interesting objects or events to get you to look at them too
- Enjoy pretend play or a variety of play

Autism Surveillance

Red flags:

- Lack of engagement with others such as using eye gaze, gestures and facial expression, response to name
- Decreased joint attention behaviors: pointing & showing
- Act as if they are in their own world, prefer to play alone, seem to “tune others out”
- Stereotypic movements – hand flapping, rocking, spinning, toe walking
- Loss of language or social skills at any age

Autism Screening

- MCHAT –R/F
 - Parent completed
 - 20 item – yes/no
 - 16-30 months
 - 4-6th grade reading level
 - 5 min to completed; 5 to score
 - Measures social reciprocity, language, some motor
 - ASD, language impairment and developmental delay
 - Available for download: <https://mchatscreen.com/>

Behavioral Screening

- 11-20 % of children have a behavioral or emotional disorder
- Even when a child is well known in a pediatric practice, only 50% of those with clinically significant behavioral and emotional problems are detected.

C. Weitzman, L. Wegner. Promoting Optimal Development: Screening for Behavioral and Emotional Problems. Pediatrics 2015. 135 (2)

Behavioral Screening

- **ASQ- Social Emotional (ASQ:SE-2)**
 - Parent Completed
 - 1-72 months
 - Includes sections on: self regulation, compliance, communication, adaptive skills, autonomy, affect and interaction
 - 6th grade reading level
 - 10-15 min. to complete
 - Sensitivity: 81%; Specificity: 83%
 - Spanish Available

ASQ-SE

Please read each question carefully and

1. Check the box that best describes your child's behavior *and*
 2. Check the circle if this behavior is a concern

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
1. Does your child look at you when you talk to him?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
2. Does your child like to be hugged or cuddled?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
3. Does your child cling to you more than you expect?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
4. Does your child greet or say hello to familiar adults?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
5. Does your child seem happy?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
6. Does your child like to hear stories and sing songs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
7. Does your child seem too friendly with strangers?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
8. Does your child seem more active than other children her age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
9. Can your child settle himself down after periods of exciting activity?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
10. Does your child cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
11. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ (You may write in something else.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>

TOTAL POINTS ON PAGE ____

Results of Screening

Additional evaluation needed
did not pass the screen ***

Needs close monitoring/surveillance:
passed screen with risk factors ***

Ongoing well child care/surveillance
passed screen no risk factors ***

Summary

- ✓ Surveillance at every well-child check
 - ✓ Add in ASD specific milestones and observations to surveillance visits
- ✓ Screening
 - Parental or provider concerns at any interval
 - At intervals of 9, 18 and 30 months
 - Autism specific screening at 18 and 24 months
- ✓ Refer for Developmental Evaluation promptly
 - Concerns from provider or discovered with screening

Successful Referral Models

- Make surveillance and screening part of Well Child Care visits/ HER.
- Complete referral at time of visit when family is present.
- Engage families about developmental issues, provide education.
- Do not ignore parental concerns about child development.

Referral to Regional Center

Resource for:

- **Developmental Evaluation.**
- **Early Intervention Services** (under 3).
- **Diagnostic evaluation** for ASD, Intellectual Disability.
- **Lifelong services** for individuals with diagnosed with a **developmental disability** which is substantially disabling.

Regional Center System

- Lanterman Act
- Non-profit Corporations that contract with D.D.S.
- 21 Regional Centers in California
- 7 Regional Centers in Los Angeles County
- Regional Center system serves 423,623 individuals (January 2023)

Source: Department Developmental Services.

Regional Centers in California



Source: Department of Developmental Services

Regional Center Eligibility

EARLY START

INFANTS UP TO AGE 36 MONTHS WHO:

- Have been diagnosed with an **Established Risk** condition.
- Are under 36 months of age with a 25% or greater **delay** in one developmental domain.
- Are **High Risk** of having a substantial developmental disability due to a combination of bio-medical risk factors.

LANTERMAN

- Persons with a **Developmental Disability** that is substantially disabling.
- Children 3-4 years of age with a disability and two areas of impairment (**Provisional** Program).

Early Start Program

- Infants up to 36 months
- Federal Program available in all States
- In California administration is shared between Regional Centers and Local Educational Agencies (Schools)

Changes to Early Start Program

- Early Start Eligibility was expanded July 2022.
- **Change in Percent of Developmental Delay** : changed from a 33-percent delay to a **25-percent delay** in one or more areas of development.
- **Communication** development: was separated into two categories, **expressive** and **receptive**, increasing the number of developmental delay areas from five to six.
- **Fetal Alcohol Syndrome** is highlighted as a condition in which an infant or toddler may require early intervention services.

Early Start –Established Risk

An Established risk condition is a condition of known etiology which has a high probability of resulting in developmental delay.

Example: Down Syndrome

Early Start- Established Risk Low Incidence Conditions

Certain Established Risk conditions are termed “low incidence” and may qualify for CA Early Start services administered by the School District and not by Regional Center

- Vision
- Hearing
- Orthopedic

Early Start –Delay

Children under 36 months with greater than 25% delay in one or more domains.

(Effective 7/1/2022; 1/1/2015- 6/30/2022 (>33% delay); Criteria was more restrictive (>50%delay in 1 or 33% in 2) from 7/28/09-12/31/14; prior to 2009 >33% delay)

- Cognitive
- Motor (Fine motor or Gross motor)
- Communication (Receptive or Expressive language)
- Social-Emotional
- Adaptive

Early Start- High Risk

Biomedical Risk Factors

(Generally, 2 or more risk factors are required for eligibility)

1. Prematurity (<32 weeks) and/or birth weight <1500gm.
2. Assisted ventilation for 48hrs or longer in first 28 days of life.
3. Small for gestational age.
4. Neonatal asphyxia (5min Apgar 0 to 5).
5. Severe and persistent metabolic abnormality.

Early Start- High Risk

Biomedical Risk Factors

(Generally, 2 or more risk factors are required for eligibility)

6. Non-febrile seizures during first 3 years of life.
7. Central Nervous System lesion or abnormality.
8. Central Nervous System infection.
9. Biomedical insult (injury, accident, illness) which may permanently affect developmental outcome.
10. Multiple congenital anomalies or genetic disorders which may affect developmental outcome.

Early Start- High Risk

Biomedical Risk Factors

(Generally, 2 or more risk factors are required for eligibility)

11. Prenatal exposure to known teratogens.
12. Prenatal substance exposure (positive toxicology screen or symptomatic toxicity).
13. Clinically significant failure to thrive.
14. Persistent hypotonia or hypertonia.
15. Parent who is developmentally disabled and primary caretaker.

Early Start- Assessment

- 45-day timeline from date of referral to eligibility determination.
- Eligibility determined by parental history, review of medical records, and by direct developmental assessment by qualified provider.

Early Start- Assessment

Direct Assessment typically includes:

- **Developmental evaluation with standardized tool**
Assessment of all 6 areas of development (Cognitive, Motor, Language (expressive and receptive), Social/Emotional, Adaptive).
- **Additional Evaluations depending on clinical situation** (Speech and Language, Physical Therapy, Occupational Therapy).

Regional Center Eligibility – Over 3

DEVELOPMENTAL DISABILITY

Lanterman Act (Welfare & Institution Code), Section 4512

Title 17 California Code of Regulations – Division 2 Section 54000

SUBSTANTIAL DISABILITY

Lanterman Act, Section 4512(I)

Title 17 California Code of Regulations – Division 2 Section
54001

Regional Center Eligibility – Over 3

DEVELOPMENTAL DISABILITY

- Intellectual Disability
- Cerebral Palsy
- Epilepsy
- Autism Spectrum Disorder
- Disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with intellectual disability.

Provisional Regional Center Eligibility

- Children 3 to 4 years of age.
- Diagnosed with a disability not solely physical in nature.
- Significant functional limitation in two areas of major life activity.
- Does not need to have a developmental disability.

Children will be re-assessed prior to age 5

If a developmental disability is not diagnosed, RC services end at 5th birthday.

Effective July 2021

Regional Center Eligibility- Over 3

Developmental Disability:

- Originates before age 18
- Likely to continue indefinitely
- Constitutes a substantial disability for the individual

Does not include:

Solely Physical in Nature

Solely Psychiatric Disorders

Solely Learning Disabilities

Substantial Disability

Significant functional limitations in three or more of the following areas:

- Expressive and Receptive Language
- Learning
- Self-Care
- Mobility
- Self - Direction
- Capacity for Independent Living
- Economic Self - Sufficiency

Lanterman Eligibility Process

Intake

Initial review of request for service.

Assessment (120-day timeline):

Social History, request and review of records (medical, educational, psychological, mental health), psychological and medical assessments as indicated.

Eligibility Assessment

- Psychological evaluation
- Performed by Licensed Clinical Psychologist with training / experience in cognitive and ASD assessment
- Psychometric testing
- Adaptive testing
- Autism specific testing
- School observation (as indicated)
- Review of records (medical, school, prior testing)

Service Provision

- Once an applicant is found eligible for services an IPP or IFSP (Early Start) is developed.
- Services are developed based on need.
- Regional Center payer of last resort and can not provide services provided by other generic agencies.

Examples of Services

- **Early Start:**
 - Infant development, advocacy, Speech, PT, OT, Behavioral.
- **Lanterman:**
 - Advocacy, family support, residential, work training, day program, social / adaptive skills, behavioral.

Service Provision

- Lanterman Services are lifelong services.
- Eligibility not contingent on finances.
- Must reside in catchment area of Regional Center you are applying to.

How to apply

- Contact the Regional Center that services your area of California or LA County.

<http://www.dds.ca.gov/RC/RCLookup.cfm>

<http://www.dds.ca.gov/RC/RCZIPLookup.cfm>



Resources



www.dds.ca.gov

Find your regional center

<https://www.dds.ca.gov/rc/lookup-rcs-by-county/>



<https://admin.publichealth.lacounty.gov/mch/helpmegrow/index.html>

Resources

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<https://www.aap.org/en/practice-management/bright-futures/>

American Academy of Pediatrics, *Is your One-Year-Old Communicating with you?* Elk Grove Village, IL: American Academy of Pediatrics; 2004 (available at www.aap.org)

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Frequently Asked Questions (FAQs)

1. Does the pediatrician need to assess and diagnose developmental delay or disability before referral to Regional Center?

Answer: No. A diagnosis does not have to be made prior to referral. If there is a concern of possible delay or disability the child should be referred, and the regional center will perform assessment to determine if developmental delay and/or disability is present.

2. What is the most common type of referral to Early Start programs?

Answer: The most common referral is a child with speech and language delay. Frequently these children are referred after their 18 or 24 month Well Child visit. However, children can be referred for a concern of delays in any of the following developmental domains: motor, expressive language, receptive language, cognitive, social-emotional, adaptive.

FAQs

3. Why are some children eligible for regional center services to age 3 only and other children can continue to receive services after age 3?

Answer: Regional centers administer two separate programs, Early Start and Lanterman Act. Early Start is a program for high risk and delayed children 0-3. Early start services end at the third birthday. The Lanterman act program provides life-long services to children with a diagnosed developmental disability such as autism, intellectual disability, cerebral palsy or epilepsy.

4. Since the Early Start program ends at age 3, how can a child continue to receive services to address developmental concerns?

Answer: As a child in the Early Start program approaches their third birthday, a transition plan is developed with the local educational agency to continue certain services through the IEP (Individualized

FAQs

Educational Program) process. For example, if a child with speech delay is receiving speech services through Early Start until the third birthday, the school district could develop a plan to continue school-based speech services through IEP process when the child enrolls in school after age 3.

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Thank you!

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