

STEP BY STEP—

Developmental Screenings for California Kids

Any Well Child Visit 0-8 Years

Developmental surveillance by provider or parent raises concern.

9, 18, 24 or 30 Month Well Child Visits

Administer screening tool per AAP recommendation.

Complete screening tool with parent input.

- Parents/primary caregiver may complete tool
- Medical assistants may facilitate completion and score for providers

Documented Concerns

(follow-up needed)

- ▶ Scores below cutoff in 2 or more domains or significantly below in 1 or more domains (ASQ-3)
- ▶ Two or more predictive concerns (PEDS)

Borderline Concerns

(monitoring may be indicated)

- ▶ Parent or provider has concern but scores are fine (ASQ-3)
- ▶ Scores in the monitoring zone (ASQ-3)*
- ▶ Non-predictive concern (PEDS)
- ▶ One predictive concern (PES)

No Developmental Concerns

(may include "health only" concern or difficult to interpret screening)

- ▶ Scores are well above cutoff
- ▶ Scores/concerns don't match provider observations/expectations

resources for children with no specific concerns

RESOURCES	UNDER 3 YEARS OLD	3 YEARS & OLDER	USEFUL RESOURCES AND TIPS FOR SUCCESS WITH REFERRALS FOR SERVICES
<p>Within Pediatric Office/Clinic</p> <p>Anticipatory Guidance</p> <p>Plan for next screening (next regularly scheduled screening date or earlier)</p>	<p>Provide educational materials in family’s first language if possible. PEDS and ASQ-3 have many developmental hand-outs in their kits.</p>		<p>Local county First 5 programs (www.f5ac.org) are great referrals for family/child with or without concerns. Public Health Nursing also may be useful where health concerns require follow-up.</p>
<p>Child Care Referrals</p> <p>Listings of child care and preschool programs as well as subsidy information.</p> <p>www.rrnetworks.org</p>	<p>Early Head Start (EHS) provides health care, nutrition services, culturally-competent education and social services to low-income pregnant women and families with infant/toddler up to age 3. Eligibility criteria and priorities may vary slightly.</p>	<p>Head Start (HS) is similar to Early Head Start. Children 3-6 years must also be from families who meet federal poverty guidelines and 10% of enrollment must be offered to children with disabilities.</p>	<p>Local child care resource and referral agencies exist in every county and provide access to EHS and HS. Early Head Start National Resource Center (www.ehsnrc.org) is a valuable resource for materials relating to children Birth to Three, including the excellent publication of the same name and conference information.</p>
<p>Family Resource Centers, Family Empowerment Centers and Other Family Support Organizations</p> <p>For language access issues, borderline concerns and screenings of concern.</p>	<p>Agencies such as Family Resource Centers, Family Empowerment Centers, and other family support organizations may assist families to access:</p> <ul style="list-style-type: none"> • Early Intervention and Prevention Program services (for children aged 0-3) • Special education services (for children aged 3-22) • Parent-to-parent support • Transition assistance • Information and referral • General system navigation. <p>Every county in the state is served by an Early Start Family Resource Center for families and professionals working with infants and toddlers aged 0-3 who have or are at risk for developmental delay; many of these centers also offer services to families of children over age 3. Family Empowerment Centers serve families and professionals working with children aged 3-22 who require special education services.</p>		<ul style="list-style-type: none"> • Family Resource Centers Network of CA (www.frcnca.org) can assist in locating local family resources centers. • California Association of Family Empowerment Centers (www.cafec.org) can assist in locating local Family Empowerment Centers. • Family Voices of CA (www.familyvoicesofca.org) and Family Resource Centers Network of CA (www.frcnca.org) serve families of children with special needs and/or chronic health conditions. The site lists local resource centers and has extensive listings of generic resources for families that are culturally appropriate and available in multiple languages.
<p>Other Generic Resources</p>	<p>211, available in the state’s most populous counties, may be a good source for generic resources in the child’s community. There are easily accessible toll-free numbers for WIC, the local child care resource and referral agency, and other important resources.</p>		<p>Information about local 211 programs is available at: http://www.state.ca.us/211directory.html</p>

resources and referral tips for children with borderline concerns

Also consider resources under “no developmental concerns”

RESOURCES	UNDER 3 YEARS OLD	3 YEARS & OLDER	USEFUL RESOURCES AND TIPS FOR SUCCESS WITH REFERRALS FOR SERVICES
<p>Within Pediatric Office/Clinic</p> <p>Anticipatory Guidance</p> <p>Plan for next screening (re-administer screen same day or at next regularly scheduled screening date or earlier)</p>	<p>Discuss results with family. Use ASQ-3, PEDS, PEDS:DM to re-screen in 2-3 months.</p> <p>Consider referral to local community resources to enhance child’s development.</p>		<p>Clinical judgment and parent concerns remain vital considerations in the urgency of referral and delicacy of new diagnostic information. PEDS and ASQ-3 kits have great developmental handouts for parents.</p>
<p>Social-Emotional Behavior Screening</p>	<p>If sufficiently concerned at initial screening visit, can move to second level (enhanced)</p>	<p>If sufficiently concerned at initial screening visit, can move to second level (enhanced) screening using ASQ:</p>	<p>MCHAT is an easy tool to score and Regional Centers will want to see a copy of this completed</p>
<p>Vision/Hearing Testing</p>	<p>Where any domain is lagging behind and there is no record of vision or hearing testing, refer for further vision and/or hearing evaluation</p>		<p>Especially if a child is being referred for hearing evaluation, check if there is any record of a Newborn Hearing Screening being done for baseline info. Child may require testing in a pediatric tertiary care center.</p>
<p>Mental/Behavioral Health Assessment</p>	<p>For children with full-scope Medi-Cal, EPSDT behavioral health services, including assessment, are available through the County Mental Health Service. Other health insurance carriers have behavioral health programs. Refer to County Mental Health for uninsured children.</p>		<p>Agencies and providers utilizing EPSDT funding to cover their patients’ treatment are generally able to take direct referrals from primary care providers. Information regarding EPSDT mental health providers should be available through the county mental health department.</p>

resources and referral tips for children with documented concerns

Also consider resources under “no concerns” and “borderline concerns”

RESOURCES	UNDER 3 YEARS OLD	3 YEARS & OLDER	USEFUL RESOURCES AND TIPS FOR SUCCESS WITH REFERRALS FOR SERVICES
Regional Center	<p>(1) Delay(s) suspected in one or more areas. Regional Center will establish whether child is eligible for Early Start Program as having established risk or developmental delay.</p> <p>(2) Children with at-risk conditions or less significant delay may be eligible for new DDS Prevention Program. Regional Center will establish child’s eligibility.</p>	<p>Regional Center will determine eligibility based on diagnosis of Mental Retardation, Autism, Epilepsy, Cerebral Palsy or condition similar to mental retardation (e.g. traumatic brain injury).</p>	<p>Send completed screening tool with your local referral form for either Early Intervention Services or “over 3” services. Include all pertinent medical records and document date that this packet was sent. Schedule one month follow-up visit with family. Get names and contact information, record dates and be vigilant about following up.</p>
Local School District (or County Office of Education)	<p>Solely Low Incidence (SLI): Hearing, vision, and/or orthopedic impairment(s).</p>	<p>In addition to Regional Center-eligible children over 3 (see above), eligibility includes learning disabilities, severe emotional disturbance, multiple disabilities, speech/ language, hearing or vision impairments, and/or orthopedic impairments that interfere with learning. Some health concerns qualify for accommodations under Section 504.</p>	<p>Get the name and direct phone line for the assigned person in your local school district who handles Special Education and/or Section 504 referrals. Schedule one month follow-up visit with family. Record dates and be vigilant about following up.</p>
CCS Medical Therapy Program	<p>Must have a diagnosis of or be at risk for Cerebral Palsy or have another eligible chronic disabling condition such as Spina Bifida, Juvenile Rheumatoid Arthritis, Muscular Dystrophy, Nerve Injuries (e.g. Brachial Plexus), and Congenital Deformity or Amputation.</p>	<p>Must have one of the diagnoses identified for under 3 year olds (cannot just be at risk) and typically child must demonstrate continuing functional gains from OT/PT.</p>	<p>Medical Therapy Program has no income requirements and is free. Referring providers should ensure that medical records substantiate need for therapy, including prescription for therapy. Schedule one month follow-up visit with family.</p>
Other Assessment Services	<p>Audiology and speech/language referrals are common for children with expressive or receptive language concerns. Consider medical evaluation, e.g. genetics, developmental-behavioral pediatrics.</p>		<p>Send audiology reports to Regional Center and Local School District when making referrals for speech/ language services. Schedule one month follow-up visit with family. Get names and contact information, record dates and be vigilant.</p>