First Connections:
Early Identification and Linkages to Intervention for Autism and other Developmental Disabilities in Young Children

Marian Williams, PhD
Training and Technical Assistance Lead with Marie Poul森, PhD, Irina Zamora, PsyD, Barbara Wheeler, PhD, and Eliza Harley, PhD
First Connections

- 5.5-year project, January 2014 - June 2019
- Funded by First 5 LA
- Partnership:
  - USC University Center for Excellence in Developmental Disabilities (Training and Technical Assistance Lead)
  - Three Federally Qualified Health Centers (FQHCs):
    - AltaMed Health Services
    - Eisner Pediatric and Family Medical Center
    - Northeast Valley Health Corporation
  - Two family service agencies:
    - Foothill Family Service
    - Westside Children’s Center
  - Family Resource Center:
    - South Central Los Angeles Regional Center Family Resource Center
Project Objectives

1. Raise competencies of community-based providers to conduct developmental screenings, identify developmental delays, and link children and families to culturally and linguistically appropriate early intervention services and supports as early as possible.

2. Improve young children and families’ access to developmental screenings and early intervention services.

3. Increase parents’ knowledge about healthy development and developmental delays.

4. Strengthen support for parents with children who have special needs.
Screening Approaches

FQHCs:
• Screen children during well-child visits per AAP guidelines
• Link to community resources if in clinical range or gray area
• Follow-up monitoring over time at subsequent visits

Family service agencies:
• Screen all children aged birth - 5 at intake and 6-month intervals
• Link to community resources and/or within-agency resources

Family Resource Center:
• Screen children under age 3 when families walk in to Regional Center; facilitate linkage with Early Start and other resources
• Conduct outreach screenings in community settings: libraries, community medical centers, health fairs, etc.
**Screening Tools**

**AltaMed**: ASQ-3 and M-CHAT-R on tablet, integrated in EMR (developed own platform)

**Eisner**: ASQ-3 and M-CHAT-R on paper, completed in waiting room

**Northeast Valley HC**: ASQ-3 and ASQ:SE-2 on paper, mailed to home before appt

**Foothill Family Svces**: ASQ-3 and ASQ:SE-2 on tablet (Brooke’s Publishing platform)

**Westside Children’s Ctr & SCLARC**: ASQ-3 and ASQ:SE-2 on paper
TA Approach

• Train staff at six community agencies to conduct developmental screening with children ages birth to 5 years using ASQ-3, ASQ: SE-2, and M-CHAT-R

• Develop work flows, algorithms, and toolkits to ensure universal screening and linkage for underserved and ethnic minority children living in poverty

• Support agencies to provide parent education, using CDC Learn the Signs Act Early, ZERO TO THREE publications, and other materials

• Develop relationships between medical and family service providers and family-run resource agencies and ethnic minority parent organizations

• Develop strategies to link young children with early intervention and reduce access barriers
Outcomes

• Note: First 5 LA did not include an evaluation component to First Connections. The following are some highlights of information from agency annual reports and the work of the Training/TA provider

• Total children screened: ~ 60,000 (as of June 2018)

• Total staff trained by CHLA team:
  – At First Connections agencies: 1,389
  – At additional community agencies: 1,138

• Developed training materials and toolkits so that agencies can conduct own trainings and spread to new sites

• Obtaining translated/culturally adapted tools in Korean, Chinese, Japanese, Punjabi
Promising Practices: AltaMed

• Developed electronic template of ASQ-3, integrated in electronic medical record

• Increased screening rates from 44% to 85%

• Hosted training on developmental screening and early autism detection for 72 pediatricians in collaboration with AAP Chapter 2
Promising Practices: Eisner

• Co-located speech-language pathologist provides parent-child developmental sessions to children with communication delays on ASQ-3

• Preliminary data shows increase in linkage for children in co-located SLP program:
  – to early intervention (ages 0 - 3) from 18% to 61%
  – to school special education (ages 3 - 5) from 40% to 76%
Promising Practices:
Northeast Valley Health Corporation

• Spreading developmental screening project to 8 sites

• Used quality improvement approach to track data and improve procedures to ensure universal screening & tracking of linkage

• Added positions for care coordinators to work individually with parents and reduce barriers to linkage
Promising Practices:
Westside Children’s Center & Foothill Family Service

• Successfully spread developmental screening throughout wide range of settings:
  – Foster care and family reunification
  – Mental health
  – Preschool/Head Start/Early Head Start
  – Family child care

• Published overview of model in partnership with ZERO TO THREE

Promising Practices: South Central LA Regional Center Family Resource Center

• Developed and implemented replicable model for effective Child Find for Part C

• Walk-ins to Regional Center screened by trained family support professionals and linked with community resources and Early Start

• Outreach at over 100 community events to screen children
ASQ:SE Research Study

• Goal:
  – study children receiving both ASQ-3 and ASQ:SE to see if the ASQ:SE adds “value” that is worth the additional time

• Included data from Northeast Valley Health Corp and Westside Children’s Center screening projects

• Collected information about scores on the two measures and referrals made

ASQ:SE Study Questions

1. Is the ASQ:SE helpful in identifying young children with social-emotional or mental health needs?

2. Does the ASQ:SE add information that is not gleaned from the ASQ-3?

3. Does the value of the ASQ:SE differ depending on the child’s age?

4. Is use of the ASQ:SE leading to appropriate referrals?
Study Sample

• N = 607 children

• Ages 2 months to 60 months

• 52% completed in Spanish; 48% in English
Results

1. Is the ASQ:SE helpful in identifying young children with social-emotional or mental health needs?
2. Does the ASQ:SE add information that is not gleaned from the ASQ-3?

Yes

- 14% of children (n = 87) scored over the cutoff (indicating concern) on the ASQ:SE
- Of those children with problems on the ASQ:SE:
  - Only 51% responded “yes” to “Do you have concerns about your child’s behavior” on the ASQ-3.
  - Only 49% had one or more ASQ-3 domains in the clinical range.
Results, cont’d

• Is there one ASQ-3 domain that best predicts concerns on the ASQ:SE?

  No

• Children with problems on the ASQ:SE who also had problems on the ASQ-3:

  Communication: 28%
  Gross Motor: 12%
  Fine Motor: 24%
  Problem-Solving: 26%
  Personal-Social: 13%

Note: “Personal-Social” is not measuring Social-Emotional
Results, cont’d

3. Does the value of the ASQ:SE differ depending on the child’s age?

Not Clear

• Rates of social-emotional concerns by age:
  2 - 12 months:  5%
  13 - 24 months:  10%
  25 - 36 months:  23%
  37 - 48 months:  19%
  49 - 60 months:  15%
Results, cont’d

• For children with ASQ:SE in clinical range, how many also had any ASQ-3 domain in clinical range:
  - 2 - 12 months: 67%
  - 13 - 24 months: 43%
  - 25 - 36 months: 47%
  - 37 - 48 months: 58%
  - 49 - 60 months: 36%

• At all ages, many children would be missed if only ASQ-3 was used
4. Is use of the ASQ:SE leading to appropriate referrals?

Not consistently

• Out of 87 children with ASQ:SE in clinical range:
  – 67% referred for mental health services

• Some are being referred to Regional Center for Early Start—but unclear if social-emotional needs will be assessed or addressed

• Some may be referred to Early Head Start
Results, cont’d

• Is there a difference by age in linkage to mental health services?
  Yes

• Of those with ASQ:SE in clinical range, how many referred to mental health services?
  2 - 12 months: 17%
  13 - 24 months: 53%
  25 - 36 months: 56%
  37 - 48 months: 91%
  49 - 60 months: 100%
Summary

- Most social-emotional problems will be missed if only the ASQ-3 is used

- No domain or question on the ASQ-3 predicts which children with problems on the ASQ-3 will also have problems on the ASQ:SE

- Providers are more likely to refer preschool-aged children for mental health services, but may neglect making a referral for infants
Thanks to the Team

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