City Health Information

Volume 35 (2016) The New York City Department of Health and Mental Hygiene No. 6; 47-58

Identifying and Referring Children With Developmental Delays or Disabilities to the Early Intervention Program

- **One in 8 children in the United States younger than the age of 3 has a developmental delay or disability.**
- **Administer a validated developmental screening tool (see page 50) at 9, 18, and 24 or 30 months, and any time you or a parent or caregiver is concerned about a child's development.**
- **Promptly refer identified children to the NYC Early Intervention Program (NYC EIP) for evaluation.**
- **Maintain communication with parents about their EI experiences and address concerns as needed.**

Approximately 13% of children in the United States under the age of 3 have a developmental delay (eg, delay in development of speech or gross motor skills) or disability (eg, autism, intellectual disability, or sensory impairment such as blindness or deafness) that makes them eligible for Early Intervention (EI) services.[1] Certain children, such as those with low birthweight or those who suffer from exposure to lead, are at greater risk for developmental delays and disabilities (**Box 1**).[1-8] Children who participate in Early Intervention Programs (EIPs) experience a range of positive outcomes,[6,9-12] and many of these children do as well as their same-age peers in kindergarten.[13] In addition, EI services improve the parent-child relationship and family life.[6]

INSIDE THIS ISSUE (Click to access)

BOX 1. SELECTED RISK FACTORS FOR EARLY CHILDHOOD DELAYS[1-8]

- Low birthweight
- Genetic and congenital conditions
- Poverty
- Abuse or neglect
- Maternal alcohol or drug use during pregnancy
- Early childhood exposure to environmental risks (eg, lead)
- Toxic stress—defined as strong, frequent, and/or prolonged adversity (eg, exposure to domestic violence, or parental use of alcohol or drugs), without adequate adult support
- Certain congenital infections (eg, toxoplasmosis, cytomegalovirus)

Under the federal Individuals with Disabilities Education Act (IDEA) Part C, the NYC Early Intervention Program (NYC EIP) provides services to children younger than age 3 who have, or are at risk for, disabilities and delays.[6,10,14-16] Services include speech, physical, and occupational therapy; special instruction; psychological and social work services; family support groups; and assistive technology.[6,17] Despite the benefits of EI, many children who are eligible for EI services do not receive them,[1] particularly children who are black, Latino, or living in poverty.[6,18] Possible reasons for the disparity include lower levels of screening, poorer access to services, language and cultural barriers, and stigma.[6,18]

You can help children younger than 3 with developmental delays or disabilities receive needed EI services:

- Perform routine developmental surveillance at each well-child visit to assess whether developmental milestones have been met.
- Screen children with a validated tool at recommended intervals and particularly when parents/caregivers, health care providers, or other involved adults have concerns about their development.[3,19]
- Refer children who screen positive for developmental delays or who are at risk for delays to the EIP for further evaluation.

BOX 2. SIGNS OF POSSIBLE DEVELOPMENTAL DELAYS

Developmental Area	Child Does NOT	By Age
Gross Motor	Pull up to sit	4½ months
	Roll over	5 months
	Sit without support	7-8 months
	Stand while holding on	9-10 months
	Walk	15 months
	Climb up and down stairs	2 years
	Jump with both feet	2½ years
Fine Motor	Have flexible grasp (not consistently closed)	3½ months
	Hold rattle	4-5 months
	Hold an object in each hand	7 months
	Have pincer grasp	10-11 months
	Put objects in or take out of a container	15 months
	Remove socks or glove by self	20 months
	Stack blocks	2 years
	Scribble	2 years
	Turn a single page in a book	2½ years
Communication/ Language	Babble	5-6 months
	Say "da" or "ba"	8-9 months
	Say "dada" or "baba"	10-11 months
	Use 3 words with meaning	18 months
	Use 2-word phrases or repetition of phrases	2 years
	Use 1 personal pronoun	2½ years
Cognitive	Show alertness to caregiver, with special interest	2-3 months
	Search for dropped object	6-7 months
	Show interest in peek-a-boo	8-9 months
	Search for hidden object	12 months
	Show interest in cause-and-effect games	15-18 months
	Categorize similarities (eg, animals vs vehicles)	2 years
Social-emotional	Smile socially	3 months
	Laugh in playful situations	6-8 months
	Show ability to be consoled	1 year
	Show consistent eye contact	2 years
	Show engagement with other children or other adults	2 years

Adapted from First L, Palfrey JS. The infant or young child with developmental delay. *N Engl J Med.* 1994;330(7):478-483.

BACK TO PAGE 1

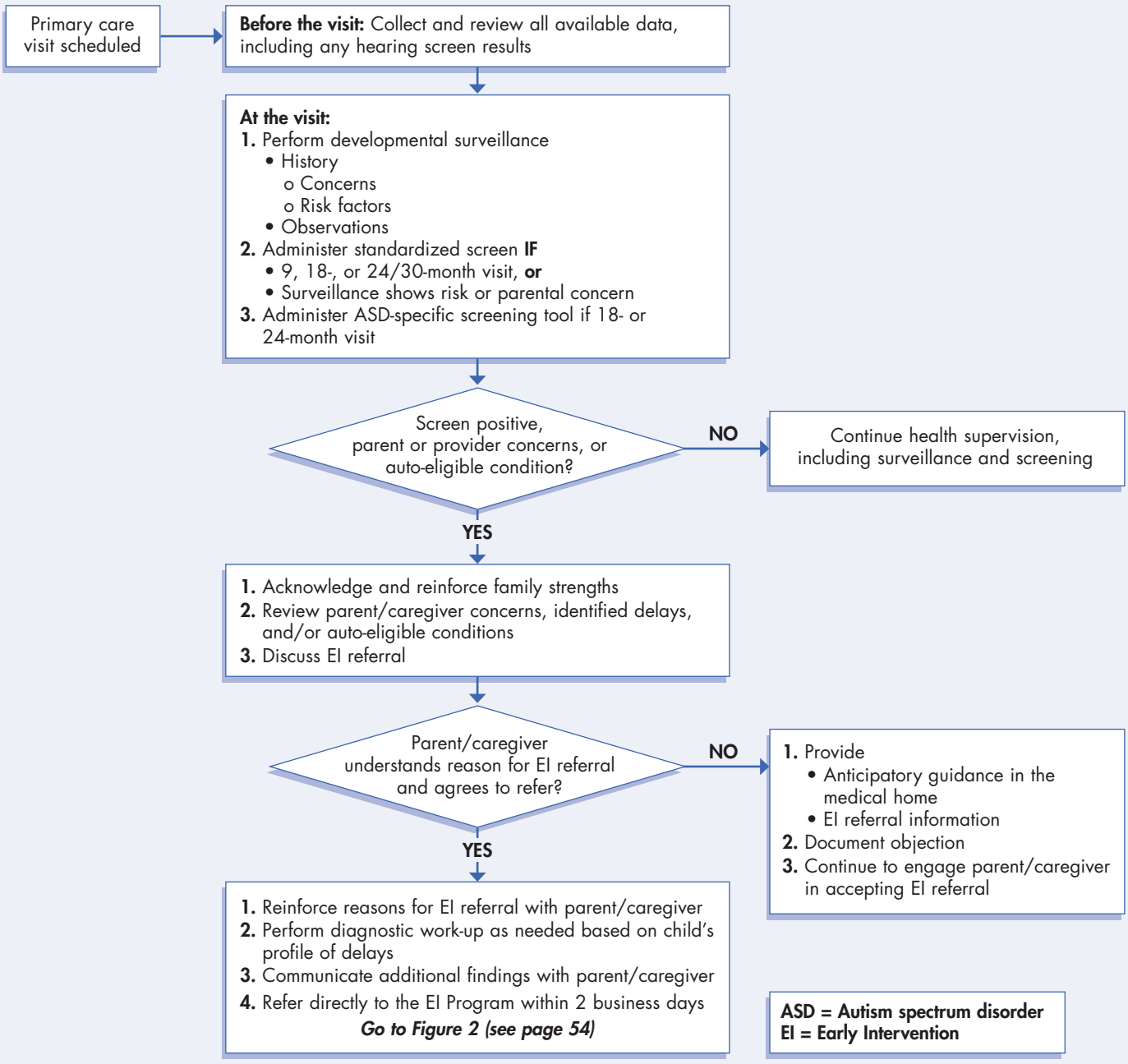
- Strongly encourage parents to follow through on referral and to participate in EI if their child is found eligible.
- Maintain communication with the parents/caregivers and the child's EI service providers, continue to monitor development, and address any comorbidities.

PERFORM SURVEILLANCE

At every well-child visit:

- Perform developmental surveillance.
  - Elicit and respond to parents'/caregivers' concerns about the child's development, learning, or behavior.[20-22]
  - Carefully observe for signs of possible developmental delay (**Box 2**).
  - Note any relevant risk factors (**Box 1**).
  - Share opinions and concerns with other involved professionals.[21] Emphasize the parents'/caregivers' effort, skills, and dedication. Point out the child's skills, such as smiling, eye contact, sharing toys or food, or showing affection.
- Offer parenting pamphlets and age-specific developmental milestone literature (**Resources for Providers**).
- Support healthy social-emotional development. See *City Health Information: Identifying Developmental Risks and Delays in Young Children* for more information about social-emotional screening.

FIGURE 1. YOUR ROLE *BEFORE* REFERRAL TO EARLY INTERVENTION



BACK TO PAGE 1

SCREEN WITH A VALIDATED TOOL

The American Academy of Pediatrics (AAP) considers routine screening to be integral to well-child care[14,20] (**Figure 1**). Screening identifies far more children with developmental delays than surveillance alone—even surveillance by a seasoned clinician.[23]

The AAP recommends that pediatric health care providers:

- Screen with a validated tool (**Table**[20,24]) at 9, 18, and 24 or 30 months (depending on reimbursement) and any time there is a concern about learning, development, or behavior.[19]
- Screen with an autism-specific screen such as the M-CHAT-R™ (**Boxes 3** and **4**) at 18 and 24 months. The M-CHAT-R is available in many languages. The US Preventive Services Task Force finds current evidence to be insufficient to assess the benefits and harms of routine autism-specific screening in children ages 18 to 30 months.[25] However, the AAP maintains its screening recommendation while further research is done, based on strong evidence regarding the benefit of formal screening using standardized tools.[26]

No matter why you are screening, explain the reasons to parents/caregivers (**Box 5**).

COMMUNICATE SCREENING RESULTS TO PARENTS

It is essential that you communicate screening results to parents (**Box 6**[20,21,27]), whether or not you are referring the child to the EIP. Give parents an opportunity to listen, reflect, and provide input, and remind them that you will continue surveillance and screening with respect to their child's learning, development, and behavior at all subsequent visits.

REFER IDENTIFIED CHILDREN TO EARLY INTERVENTION

If there is a positive screening result, your assessment suggests that an EI evaluation is appropriate, the parents/caregivers have concerns, or the child has a diagnosed condition that places the child at high risk of developmental delay, making him/her automatically eligible for the EIP (**Box 7**[28-35]):

- Refer the child to the NYC EIP.
- Ensure that the parents/caregivers understand the reason for the referral, the services available, and the benefit to the child's development (**Box 8**[16]). Be clear with families that EI services are confidential. A child's EI status is not shared

TABLE. VALIDATED DEVELOPMENTAL SCREENING TOOLS[a,20,24]

Type and name	Acronym	Cost[b]	Ages	Completion Time (min)	Languages[c]
General developmental					
Ages & Stages Questionnaires®, Third Edition (ASQ-3™)	ASQ-3	Yes	4-66 mo	10-15 (parent)	English, Spanish, French
Battelle Developmental Inventory™, Second Edition Normative Update	BDI-ST	Yes	Birth-95 mo	10-15 (<3 years)	English, Spanish
Bayley Infant Neurodevelopmental Screener™	BINS	Yes	3-24 mo	10 (professional)	English, Spanish
Brigance® Screens III		Yes	Birth-90 mo	10-15 (professional)	English, Spanish
Child Development Inventory	CDI	Yes	18 mo-6 y	30-50 (parent)	English, Spanish
Child Development Review-Parent Questionnaire	CDR-PQ	Yes	18 mo-5 y	10-20 (parent)	English, Spanish
Infant Development Inventory	IDI	Yes	0-18 mo	5-10 (parent)	English, Spanish
Parents' Evaluation of Developmental Status	PEDS	Yes	0-8 y	<30 (parent/professional)	48 languages
Survey of Well-being of Young Children (SWYC)™[d]	SWYC	No	2-60 mo	10-15 (parent)	English, Spanish, Burmese, Nepali, Portuguese

[a]See American Academy of Pediatrics, Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. 2006;118(1):405-420 for more detailed information about screening. The Ages & Stages Questionnaires – Third Edition, Battelle Developmental Inventory, Second Edition Normative Update, and Brigance Screens III are updated versions of the screens listed there.
[b]Cost of screen only; does not include training or tracking systems.
[c]Does not imply that the validity of the screen in translated languages is established, only that the screen is available in that language.
[d]Portions validated; full validation testing under way.

BACK TO PAGE 1

BOX 3. M-CHAT-R™ AUTISM SCREEN

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 play pretend or make-believe? (**FOR EXAMPLE**, pretend to drink from an empty cup, pretend to talk on a 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? (**FOR EXAMPLE**, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6.	Does your child point with one finger to ask for something or to get help? (**FOR EXAMPLE**, pointing to a snack or toy that is out of reach)	Yes	No
7.	Does your child point with one finger to show you something interesting? (**FOR EXAMPLE**, pointing to an airplane in the sky or a big truck in the road)	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 holding 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 or babble, 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? (**FOR EXAMPLE**, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	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? (**FOR EXAMPLE**, being swung or bounced on your knee)	Yes	No

BACK TO PAGE 1

BOX 4. M-CHAT-R™ SCORING ALGORITHM

For all items except 2, 5, and 12, the response "NO" indicates ASD risk; for items 2, 5, and 12, "YES" indicates ASD risk. The following algorithm maximizes psychometric properties of the M-CHAT-R:

Low risk	**Total score 0-2:**	If child is younger than 24 months, screen again after second birthday. No further action required unless surveillance indicates risk for ASD.
Medium risk	**Total score 3-7:**	Administer the Follow-up (second stage of M-CHAT-R/F)[a] to get additional information about at-risk responses. If M-CHAT-R/F score remains at 2 or higher, the child has screened positive. Action required: refer child for diagnostic evaluation and eligibility evaluation for Early Intervention. If score on Follow-up is 0-1, child has screened negative. No further action required unless surveillance indicates risk for ASD. Child should be rescreened at future well-child visits.
High risk	**Total score 8-20:**	It is acceptable to bypass the Follow-up and refer immediately for diagnostic evaluation and eligibility evaluation for Early Intervention.

ASD, autism spectrum disorder.
[a]To help address a high false-positive rate, the M-CHAT-R includes follow-up questions. To download the entire M-CHAT R/F, including follow-up questions, see mchatscreen.com. For translations of the M-CHAT-R/F, see mchatscreen.com/?page_id=271.

BOX 5. WHAT TO TELL PARENTS/ CAREGIVERS ABOUT DEVELOPMENTAL SCREENING

Whether the screen is routine or triggered by a concern, tell the parents/caregivers the reason you're screening. Possible statements include:

- It's easy and quick—every child in the practice gets screened at recommended ages.
- Screening is a chance to share your unique insights about your child.
- The screen does not diagnose any particular condition—it tells us whether your child should have further testing or services.
- We want to be sure we address concerns as early as possible; the screens can pick up on delays before they're apparent to parents and doctors.
- Since you shared your concerns with me [or based on something I observed], we're going to do a screening to help understand this better and see if further evaluation is needed.

with any other system or with anyone in the community without written consent of the parent/caregiver.

- If the child and family are involved in a domestic violence (DV) situation, EI services can be provided confidentially in a DV shelter to ensure the family's safety.
- Respond to any questions, concerns, or barriers to participation that parents may have. Clarify that the EIP is provided at no direct cost, regardless of insurance plan, and with no co-pay.[16]
- Encourage the parents/caregivers to consent to share EI information with you, including contact information for the child's initial service coordinator (who will be assigned by the EIP).

BOX 6. DISCUSSING SCREENING RESULTS[20,21,27]

If the screen shows no risk (indicating the need to continue usual surveillance and screening):

- Discuss the results and the child's strengths and challenges, if any.
- Describe the child's next developmental level and offer appropriate take-home materials.
- Remind the parents that monitoring the child's development is an ongoing process and give the timing of the next scheduled screen.

If the screen shows indeterminate or moderate risk (indicating the need for closer monitoring):

- Discuss the results, including the child's strengths and challenges, with attention to results that indicate there may be a concern.
- Provide anticipatory guidance, strategies to support healthy development, and areas to pay attention to, based on screening results.
- Schedule a return office visit within 1 month for close monitoring.

If the screen shows high risk (indicating the need for further assessment):

- Communicate the child's strengths first.
- Clearly say what your concerns are and what the screen indicates.
- Explain that an "at-risk" screen does not give a diagnosis but requires further evaluation and follow-up.
- Discuss referrals for appropriate services, including Early Intervention.
- Suggest activities that parents/caregivers can do with their child to promote development.
- Confirm the parents' understanding of next steps.

BACK TO PAGE 1

BOX 7. KEY FEATURES OF THE EARLY INTERVENTION PROGRAM[6,28-35]

- **Family-centered program:** Parents play an important role in the success of EI services. The family's information, concerns, priorities, resources, feedback, observations, values, culture, and history are considered during evaluations, meetings, and service delivery.
- **Natural environment:** Services are provided in settings that are natural or typical for a same-aged infant or toddler without a disability, such as the family's home, community settings, a child care center, the park, or the supermarket.
- **Embedded interventions:** Learning strategies are integrated into routine activities such as bathing, traveling, playing, shopping, dressing, and eating.
- **Collaborative coaching:** EI providers partner with parents/caregivers when trying out and modifying strategies, planning each session and deciding what will happen between sessions, and reflecting on how well the strategies are working. Collaborative coaching enhances parents'/caregivers' confidence and competence in helping their child learn and develop.

BOX 8. WHAT TO TELL PARENTS ABOUT REFERRAL TO THE EARLY INTERVENTION PROGRAM[16]

- Taking part in the Early Intervention Program (EIP) is the best thing you can do for your child.
- In EI, families find out more ways to help their child learn.
- Your initial EIP contact will talk to you about your family's concerns and explain how the program works.
- If you give your EIP team consent to share information with your child's doctor, we can all work together to help your child.
- If your child is eligible for the program, your family will be assigned an EIP therapist and/or teacher.
- The therapist and/or teacher will work around your schedule, come to your home, and see what your child does during routine activities—these are great times for your child to learn.
- You do not have to change what happens in your day. You do not have to add time to your day for intervention activities.
- Share your thoughts, feelings, and ideas with the EIP therapists and teachers. You know your child and family best.
- I will stay involved as a participant in the EIP process and am always willing to address any concerns.

- Refer the child to other pediatric specialist(s) as needed, such as an audiologist/ENT for language delay or hearing impairment, pediatric neurologist for a child with low muscle tone/delayed motor skills, GI for feeding issues, genetics counselor for possible syndrome identification, ophthalmologist for vision impairment, or developmental pediatrician.

To make a referral to the NYC EIP, call 311, OR complete an EI Referral Form and fax it to the borough office listed on the form.

*If the parents/caregivers choose **not** to accept the referral* (or cancel the EI appointment), respectfully explore their concerns and continue to provide surveillance, screening, and guidance. Follow up within 2 months to continue the dialogue.

STAY INVOLVED AFTER THE REFERRAL

Your role in the EIP process continues for as long as the family participates in the program (**Figure 2**). Supporting families and EIP providers is part of providing a medical home for your patients.[6]

At the family's first meeting with the EIP initial service coordinator

The initial service coordinator will offer the family a multidisciplinary evaluation for the child. If the parent/caregiver consents to the evaluation, the coordinator will ask for comprehensive medical information about the child. Provide a completed health assessment form (such as the CH205).

During the multidisciplinary evaluation

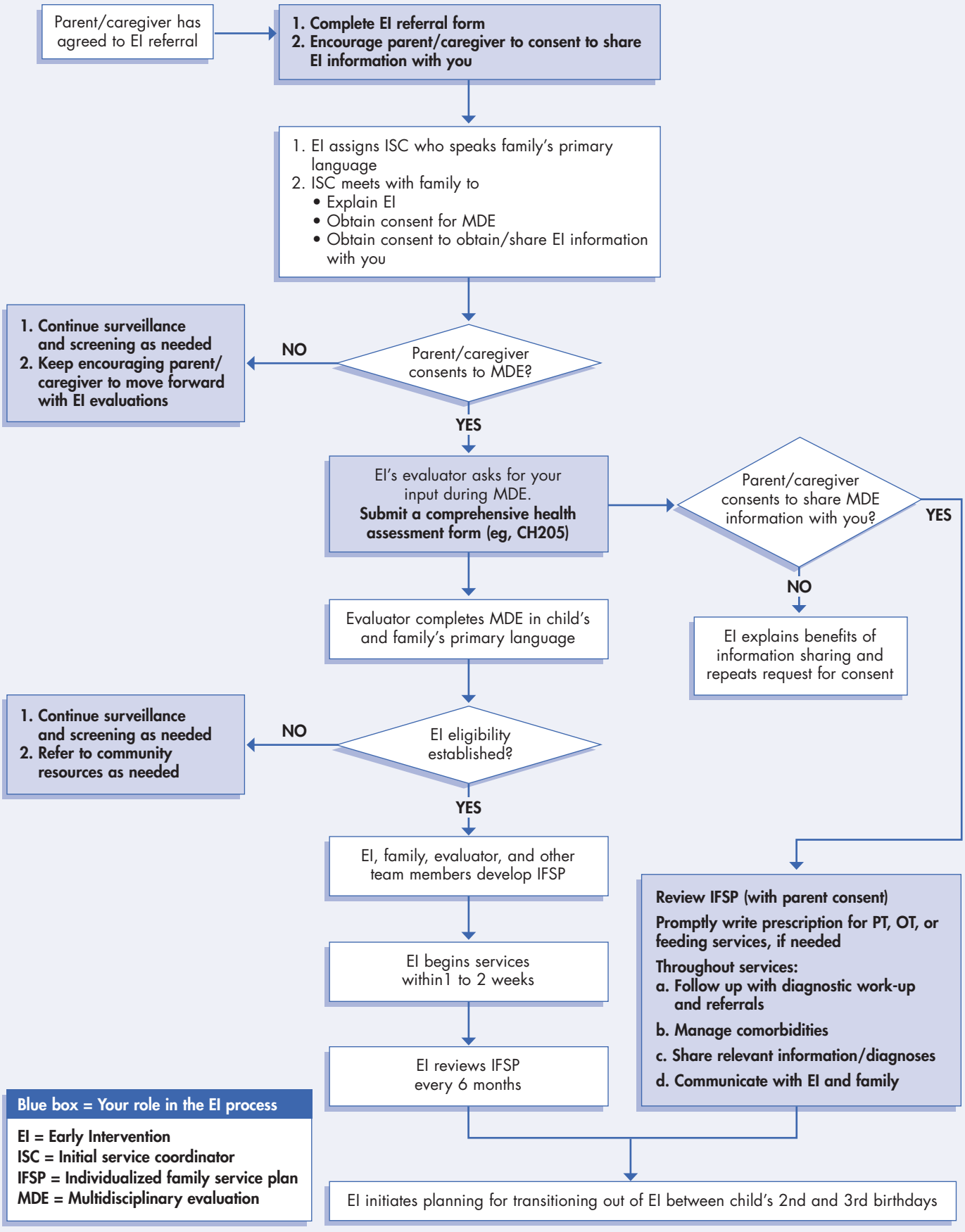
The multidisciplinary evaluation is conducted in the child's primary language. Evaluations are completed by at least 2 different professionals who are approved EIP providers: one looks at the child's overall development while the other looks at the area/s of primary concern. The multidisciplinary evaluation establishes a child's eligibility for the EIP, according to New York State guidelines.

After the multidisciplinary evaluation

If the child meets the eligibility criteria for the EIP, the EIP evaluators and the family meet with EIP staff to develop an Individualized Family Service Plan (IFSP), which details the support and services the child and family will receive from the EIP. If the parent/caregiver has consented to allow the EIP to share information with you, review the IFSP and write any necessary prescriptions for services such as physical or occupational therapy. These prescriptions verify that the child is medically stable to receive these services. If the parent/caregiver has not given consent, the EIP will repeat the request and explain how sharing information with you benefits the child.

BACK TO PAGE 1

FIGURE 2. YOUR ROLE *AFTER* REFERRAL TO EARLY INTERVENTION



BACK TO PAGE 1

Throughout the family's participation in the EIP

- Maintain communication with the family, asking about the child's progress.[6,10]
- Share relevant information/diagnoses with the child's service coordinator.[6,36] Consistent, timely sharing of information between the medical home and the EIP relieves families of the task of keeping everyone informed.[6,36]
- Follow up with diagnostic work-up and referrals.[6]
- Manage comorbidities.[6]
- Answer any family concerns.[6]

IF THE CHILD IS NOT ELIGIBLE FOR EI

- Continue health supervision, including surveillance and screening, referring the child to community resources as needed.
- Explore other options for obtaining services for the family, such as services that might be available through their public or private insurance.
- Tell parents who disagree with the determination that they have the right to appeal.

FOR CHILDREN AGED 3 AND OLDER

- Children transition out of EI at the age of 3; those who still have delays may receive services from the Committees on Preschool Special Education (CPSE). Older children (aged 3-5) with developmental delays should also be referred to the CPSE (**Box 9**).

BOX 9. FOR CHILDREN AGED 3 TO 5 WITH A DEVELOPMENTAL DELAY

- Refer the parent to the Committees on Preschool Special Education (CPSE) by way of the Early Childhood Direction Center (ECDC) in the child's borough of residence (**Resources for Families**). The ECDC will provide free information, support, and referral services to families of children who need CPSE evaluation and/or services.

OR

- Parents can locate their district CPSE office at the CPSE website, or search for "school search" at www1.nyc.gov.

SUMMARY

Early recognition of developmental delays or disabilities in children younger than age 3 is an essential component of pediatric care. Ensure that young children get the services they need by performing routine developmental surveillance and formal screening with a validated tool when concerns about developmental issues arise, and promptly referring identified children to the EIP. ◆

WHAT TO DO FOR CHILDREN YOUNGER THAN AGE 3

- At every well-child visit, perform routine surveillance
  - Elicit family concerns about their child's development, learning, or behavior.
  - Observe for indicators of developmental delay.
- At 9, 18, and 24 (or 30) months, and whenever there is concern, screen for developmental delays and disabilities with a validated tool, per American Academy of Pediatrics (AAP) recommendations.
- At 18 and 24 months, and whenever there is concern, administer an autism-specific screen, such as the M-CHAT-R™, per AAP recommendations.
- Refer children with delays or disabilities to the Early Intervention Program (EIP) for further evaluation.
- Maintain communication with parents/caregivers and EIP providers about their experiences and address any concerns.

ABOUT REIMBURSEMENT FOR DEVELOPMENTAL SCREENING IN THE MEDICAL HOME

- Check with private and Medicaid insurance plans for information on codes, procedures, and requirements.
- The Children's Health Insurance Program (CHIP) also covers developmental screenings.
- Under the Affordable Care Act, marketplace health plans must cover developmental screening as a preventive service for children up to age 3.

See American Academy of Pediatrics Developmental Screening/Testing Coding Fact Sheet for Primary Care Pediatricians for detailed recommendations.

BACK TO PAGE 1

RESOURCES FOR PROVIDERS

Early Intervention

- New York City Health Department Early Intervention Program (NYC EIP) provider information: www1.nyc.gov/site/doh/health/health-topics/early-intervention-information-for-providers.page
  Provider policies, procedure, and forms; directories of NYC EI service providers
- Clinician's Guide: The Early Intervention Program in New York City: www1.nyc.gov/assets/doh/downloads/pdf/earlyint/ei-algorithm-guide.pdf
- NYC EIP referral form: www1.nyc.gov/assets/doh/downloads/pdf/earlyint/ei-referral-form.pdf
- New York State Department of Health. Early Intervention Program: www.health.ny.gov/community/infants_children/early_intervention
- Early Intervention Memorandum 2005-02: Appendix B - Personnel Qualified to Diagnose EIP Eligible Conditions: www.health.ny.gov/community/infants_children/early_intervention/memoranda/2005-02/appendix_b.htm

Child Development

- American Academy of Pediatrics: www.healthychildren.org
- Zero to Three: www.zerotothree.org
- Birth to 5: Watch Me Thrive!: www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive
- Bright Futures: brightfutures.aap.org/Pages/default.aspx

Tools for Integrating Screening Into Your Practice

- Commonwealth Fund Improvement Checklist: www.commonwealthfund.org/usr_doc/Improvement_Checklist-Steps_to_Screening_and_Surve.pdf
- CDC Developmental Monitoring and Screening for Health Professionals: www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html
- Child Health and Development Interactive System (CHADIS): www.chadis.com

Hearing Screening

- Early Hearing Detection and Intervention (EHDI): www.asha.org/advocacy/federal/ehdi/

New York City Health Department Parent Education Materials

- Developmental screening poster for clinic waiting room (English and Spanish): www1.nyc.gov/assets/doh/downloads/pdf/hcp/dev-screening-poster.pdf
- Developmental milestone handouts (by age):
  - English, Spanish, Chinese, Russian, Korean, Haitian-Creole, Arabic, Urdu, Bengali, and French versions available online at www1.nyc.gov/site/doh/health/health-topics/child-development.page
  - English (all ages up to 5) and Spanish (at 2 months only) print, call 311
- Brochures for families: www1.nyc.gov/site/doh/health/health-topics/early-intervention-information-for-families.page
  - *Early Help Matters*
    English, Russian, French, Chinese, and Bengali available online.

City Health Information Archives: www1.nyc.gov/site/doh/providers/resources/city-health-information-chi.page and click on City Health Information Archives

- *Identifying Developmental Risks and Delays in Young Children*

RESOURCES FOR FAMILIES

Child Development Information

- NYC Health Child Development: www1.nyc.gov/site/doh/health/health-topics/child-development.page
  Information on developmental milestones, social-emotional development, and parenting
- Talk to Your Baby video: www1.nyc.gov/site/talktoyourbaby/index.page
- Birth to 5: Watch Me Thrive!: www.acf.hhs.gov/sites/default/files/ecd/birth_to_5_watch_me_thrive_screening_passport_desktop_printing.pdf
  Developmental Screening Passport for Parents (online only)
- American Academy of Pediatrics: www.healthychildren.org
- Zero to Three: www.zerotothree.org/
- Our Littlest New Yorkers: www.facebook.com/LittlestNYers?fref=ts
  Online discussion community of parents and families

Early Intervention

- NYC Early Intervention Program Information for Families: www1.nyc.gov/site/doh/health/health-topics/early-intervention-information-for-families.page
  Pamphlets and video explaining EI to parents
- New York City Early Intervention Program: The Earlier, the Better. Resource Guide for Families of Children With Disabilities or Developmental Delays: 2016: www1.nyc.gov/assets/doh/downloads/pdf/earlyint/family-resource-guide.pdf
- NYC Early Intervention Developmental Monitoring: www1.nyc.gov/site/doh/health/health-topics/early-intervention-developmental-monitoring.page

NYC Early Care and Education Information

- NYC Administration for Children's Services. Education Resources: nyc.gov/html/acs/education/
  Information on early childhood and preschool education
- NYC Child Care Connect (Health Department-licensed child care service directory): a816-healthpsi.nyc.gov/ChildCare/ChildCareList.do
- NYC Early Childhood Direction Centers: www.p12.nysed.gov/specialed/techassist/ecdc/locations.htm
- Center for Children's Initiatives (Childcare Referral Service): 888-469-5999

Support for Parents of Children With Special Needs

- Parent to Parent of New York State: parenttoparentnys.org
- INCLUDEnyc (formerly Resources for Children With Special Needs): www.includenyc.org

BACK TO PAGE 1

REFERENCES

1. Rosenberg SA, Zhang D, Robinson CC. Prevalence of developmental delays and participation in Early Intervention services for young children. *Pediatrics*. 2008;121(6):e1503-e1509.
2. Centers for Disease Control and Prevention. Developmental monitoring and screening. www.cdc.gov/ncbddd/childdevelopment/screening.html. Accessed November 29, 2016.
3. Centers for Disease Control and Prevention. Facts about developmental disabilities. www.cdc.gov/ncbddd/developmentaldisabilities/facts.html. Accessed November 29, 2016.
4. Centers for Disease Control and Prevention. Cytomegalovirus (CMV) and congenital CMV infection. www.cdc.gov/cmv/index.html. Accessed November 29, 2016.
5. Centers for Disease Control and Prevention. Parasites – toxoplasmosis (toxoplasma infection): epidemiology & risk factors. www.cdc.gov/parasites/toxoplasmosis/epi.html. Accessed November 29, 2016.
6. Adams RC, Tapia C; Council on Children with Disabilities. Early intervention, IDEA Part C services, and the medical home: collaboration for best practice and best outcomes. *Pediatrics*. 2013;132(4):e1073-e1086.
7. Brauner CB, Stephens CB. Estimating the prevalence of early childhood serious emotional/behavioral disorders: challenges and recommendations. *Public Health Rep*. 2006;121(3):303-310.
8. Harvard University Center on the Developing Child. Toxic stress. developingchild.harvard.edu/science/key-concepts/toxic-stress. Accessed November 29, 2016.
9. Duby JC; American Academy of Pediatrics Council on Children with Disabilities. Role of the medical home in family-centered early intervention services. *Pediatrics*. 2007;120(5):1153-1158.
10. American Academy of Pediatrics Committee on Children with Disabilities. Role of the pediatrician in family-centered early intervention services. *Pediatrics*. 2001;107(5):1155-1157.
11. Bailey DB, Hebbeler K, Spiker D, Scarborough A, Mallik S, Nelson L. Thirty-six-month outcomes for families of children who have disabilities and participated in early intervention. *Pediatrics*. 2005;116(6):1346-1352.
12. Reynolds AJ, Temple JA, Robertson DL, Mann EA. Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *JAMA*. 2001;285(18):2339-2346.
13. U.S. Department of Education, Office of Special Education Programs. Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services, and Outcomes. Final Report of the National Early Intervention Longitudinal Study (NEILS). January 2007. https://www.sri.com/sites/default/files/publications/neils_finalreport_200702.pdf. Accessed November 29, 2016.
14. American Academy of Pediatrics, Committee on Children with Disabilities. Developmental surveillance and screening of infants and young children. *Pediatrics*. 2001;108(1):192-196.
15. New York State Department of Health. V. Eligibility criteria. www.health.ny.gov/community/infants_children/early_intervention/memoranda/2005-02/eligibility_criteria.htm. Accessed November 29, 2016.
16. New York City Department of Health and Mental Hygiene. Early intervention. www1.nyc.gov/site/doh/health/health-topics/early-intervention.page. Accessed November 29, 2016.
17. New York State Department of Health. Early Intervention Program. www.health.ny.gov/community/infants_children/early_intervention/. Accessed November 29, 2016.
18. Feinberg E, Silverstein M, Donahue S, Bliss R. The impact of race on participation in Part C early intervention services. *J Dev Behav Pediatr*. 2011;32(4):284-291.
19. Bright Futures/American Academy of Pediatrics. Recommendations for preventive pediatric health care. Updated October 2015. www.aap.org/en-us/Documents/periodicity_schedule.pdf. Accessed November 29, 2016.
20. American Academy of Pediatrics, Medical Home Initiatives for Children with Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. 2006;118(1):405-420.
21. Administration for Children and Families. US Department of Health and Human Services. Birth to five: watch me thrive! A primary care provider's guide for developmental and behavioral screening. www.acf.hhs.gov/sites/default/files/ecd/pcp_screening_guide_march2014.pdf. Accessed November 29, 2016.
22. Glascoe FP, Marks KP. Detecting children with developmental-behavioral problems: The value of collaborating with parents. *Psychol Test Assess Model*. 2011;53(2):258-279.
23. Guevara JP, Gerdes M, Localio R, et al. Effectiveness of developmental screening in an urban setting. *Pediatrics*. 2013;131(1):30-37.
24. Floating Hospital for Children at Tufts Medical Center. The survey of well-being of young children. www.floatinghospital.org/The-Survey-of-Wellbeing-of-Young-Children/Overview.aspx. Accessed November 29, 2016.
25. US Preventive Services Task Force. Autism spectrum disorder in young children: screening. February 2016. www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/autism-spectrum-disorder-in-young-children-screening. Accessed December 22, 2016.
26. Dreyer B; for American Academy of Pediatrics. AAP statement on U.S. Preventive Services Task Force final recommendation statement on autism screening [press release]. www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Statement-on-US-Preventive-Services-Task-Force-Final-Recommendation-Statement-on-Autism-Screening.aspx. Accessed December 22, 2016.
27. Marks KP, LaRosa AC. Understanding developmental-behavioral screening measures. *Pediatr Rev*. 2012;33(10):448-457.
28. Mahoney G, Boyce G, Fewell RR, Spiker D, Wheeden CA. The relationship of parent-child interaction to the effectiveness of early intervention services for at-risk children and children with disabilities. *Top Early Child Special Education*. 1998;18(1):5-17.
29. Keilty B. *The Early Intervention Guidebook for Families and Professionals: Partnering for Success*. 2nd ed. New York, NY: Teachers College Press, Columbia University; 2016.
30. Rush DD, Shelden ML. *The Early Childhood Coaching Handbook*. Baltimore, MD: Paul H. Brookes Publishing Co; 2011.
31. Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C settings. March 2008. *Seven key principles: Looks like/doesn't look like*. www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf. Accessed November 30, 2016.
32. IDEA Part C Issue Brief: Natural Environments. www.asha.org/Advocacy/federal/idea/IDEA-Part-C-Issue-Brief-Natural-Environments/. Accessed November 30, 2016.
33. Dunst CJ, Bruder MB, Trivette CM, Hamby DW. Everyday activity settings, natural learning environments, and early intervention practices. *J Policy Pract Intellect Disabil*. 2006;3(1):3-10.
34. McWilliam RA. *Routines-based Early Intervention: Supporting Young Children and Their Families*. Baltimore, MD: Paul H. Brookes Publishing Co; 2010.
35. Division for Early Childhood. DEC recommended practices in early intervention/earlychildhood special education. 2014. www.dec-sped.org/recommendedpractices. Accessed November 30, 2016.
36. Stille CJ. Communication, co-management, and collaborative care for children and youth with special healthcare needs. *Pediatr Ann*. 2009;38(9):498-504.

BACK TO PAGE 1

City Health Information

Volume 35 (2016) The New York City Department of Health and Mental Hygiene No. 6; 47-58

NYC Health
nyc.gov/health

42-09 28th Street, Long Island City, NY 11101 (347) 396-2914

E-mail *City Health Information* at: nycdohrp@health.nyc.gov
New York City Department of Health and Mental Hygiene. Identifying and referring children with developmental delays or disabilities to the Early Intervention Program. *City Health Information.* 2016;35(6):47-58.

ASK CHI
Have questions or comments about Early Intervention?
E-mail
AskCHI@health.nyc.gov

BACK TO PAGE 1