



IDENTIFYING DEVELOPMENTAL RISKS AND DELAYS IN YOUNG CHILDREN

- One in four children aged 4 months to 5 years is at risk for a developmental delay or disability.
- Talk with parents* about what to expect at each stage of their child's development, how to support healthy development, and when to be concerned.
- Pay special attention to children's social and emotional development, which is integral to overall health and development but often overlooked.
- Screen with a validated developmental and behavioral screening tool at 9, 18, and 24 or 30 months, and any time there is concern through age 5, in addition to providing routine surveillance.

*Parents is used in this issue to denote parents and other primary guardians or caregivers.

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One in four children aged 4 months to 5 years is at risk for a developmental delay (eg, delay in development of speech or gross motor skills) or disability (eg, autism, intellectual disability, or attention-deficit/hyperactivity disorder),¹⁻³ and children in low-income families are at higher risk.⁴ Yet less than half of young children with developmental delays are identified before entering school^{2,5}; by then, significant delays may have already occurred and opportunities for treatment might have been missed.⁶ Social emotional development, while not as commonly focused on in pediatric primary care, is just as important as cognitive, language, and motor development,^{7,8} and should also be addressed in pediatric primary care.



Because the brain architecture that forms the foundation for lifetime learning and health develops in early childhood,⁹ screening and intervention from birth to age 5 allows for more effective results than would be possible later in childhood.⁹⁻¹¹ Support optimal early childhood development by integrating developmental and social emotional screening into your practice (see pages 27-29) and maintaining open communication with families of young children, offering guidance and encouragement.

Early identification of developmental disorders is an integral function of primary care.

OFFER GUIDANCE AND CELEBRATE MILESTONES

Parents want to talk with you about their child's development.^{12,13} Engage parents in a positive and encouraging manner; explain what to expect next and when they should be concerned. Encourage parents to engage in behavior that promotes healthy child development:

- Talking, reading, and singing to the child help her focus, listen, learn new words, and develop new skills.
- Encouraging the child to explore and play with age-appropriate toys and household objects helps her learn about the world and how things work.
- Responding to the child's needs when she seeks comfort or is exploring the world can help build a secure attachment with the parent, giving the child the sense of safety and well-being needed to grow and develop.

Develop scripts for staff to use with families to ensure that communication with parents is consistent across your practice. Offer parenting pamphlets and age-specific developmental milestone handouts about upcoming ages and stages at each visit (Resources).¹⁴ Parents may find it helpful to use the Developmental Screening Passport from the US Department of Health and Human Services (Resources) to track their child's development.

SUPPORT HEALTHY SOCIAL EMOTIONAL DEVELOPMENT

Healthy social emotional development in early childhood allows the child to express and manage emotions, explore the environment, and gain knowledge—skills that allow children to be successful in school, social relationships, and later in life as adults.¹⁵ Social emotional development is shaped by environmental factors and the child's relationship with parents and caregivers. Parents' mental health is an important determinant of the quality of the parent-child attachment and the child's overall development (Box 1).¹⁶

Screen mothers or other primary caregivers for depression with the PHQ-2 (Box 2)¹⁷ when the child is 1, 2, 4, and 6 months

BOX 1. THE IMPORTANCE OF PARENTS' MENTAL HEALTH

Supporting a parent's own mental health in a child's early years can foster

- a child's secure attachment to parent,
- healthy development across all domains,
- increased chance for completing school,
- better long-term mental health.

BOX 2. ASSESS MATERNAL DEPRESSION THE PATIENT HEALTH QUESTIONNAIRE-2 (PHQ-2)

Over the past two weeks, have you been bothered by

- little interest or pleasure in doing things?
- feeling down, depressed, or hopeless?

A "yes" to either question requires further evaluation with the Patient Health Questionnaire-9 (PHQ-9) (Resources).

old.¹⁸ Follow a positive screen with further assessment of the mother and child and make referrals as needed (see Figure^{18,19} and page 30). If you have consent, you can also contact the parent's primary care provider, obstetrician-gynecologist, or mental health provider for monitoring, follow-up, and coordination.

BE ALERT TO ADVERSE EXPERIENCES AND TOXIC STRESS

Early adverse childhood experiences (ACEs) affect the developing brain, stress response, and immune system.^{20,21} Examples of ACEs include

- emotional, physical, or sexual abuse,
- domestic violence,
- parental substance abuse or mental illness,
- parental divorce or separation, including incarceration,
- poverty, food insecurity, or unstable housing.

Nearly half (44%) of New York State children aged 17 and younger have experienced 1 or more ACEs and nearly 1 in 5 has experienced 2 or more.²² The risk for health consequences increases with the number of ACEs experienced. ACEs and other traumatic experiences (such as a major hurricane) activate the stress response system. A stress response that is sustained over a long period in the absence of supportive caregiving creates toxic stress, which affects the developing brain and other organ systems.^{23,24} Toxic stress increases the risk for disability, depression, suicide attempts, substance abuse, and lung, liver, and heart disease later in life.^{20,21,24}

Be alert to signs of trauma and ask parents about events in the child's life (Box 3).^{25,26}

BOX 3. DETECTING TRAUMA IN A YOUNG CHILD^{25,26}

Be alert to signs of possible trauma²⁵

- difficulty sleeping, eating, toileting
- developmental and learning issues such as
 - frequent severe tantrums
 - delay in achieving milestones
 - difficulty with transitions

During well-child visits, ask open-ended questions about the child's life, such as²⁶:

- Has your home life changed in any significant way (eg, moving, new people in the home, people leaving the home)?
- Are there any behavior problems with the child at home, at child care or school, or in the neighborhood?
- Has anything bad, sad, or scary happened to your child recently (or "to you" if it is an older child)?

If you suspect trauma based on symptoms or family report, refer to social work, child protection, mental health, and/or domestic violence services, as needed.

If the child has been exposed to trauma²⁵

- assess for child and family safety,
- refer to social work, child protection, and/or domestic violence services, as needed,
- provide guidance about trauma response, behavior management, routines, and daily living to support a sense of safety (**Resources for Providers—AAP Trauma Toolbox**),
- refer to child mental health services and/or parent mental health services, as needed,
- provide close follow-up and ongoing monitoring and use a trauma-informed approach to care.

SCREEN WITH A VALIDATED TOOL

Both surveillance *and* screening are necessary to identify developmental and/or social emotional concerns in young children.

Developmental surveillance, also called developmental monitoring, is an important part of routine pediatric care; it takes place at every well-child visit when the provider looks for developmental delays or problems and talks with parents about their concerns.^{6,10} Surveillance alone identifies only 30% of children with developmental disabilities.⁵

Screening with a validated tool identifies far more children with developmental and social emotional needs than surveillance alone—even surveillance by a seasoned clinician^{27,28}—and is considered by the American Academy of Pediatrics (AAP) to be integral to well-child care. Three kinds of validated tools are recommended through age 5^{11,29,30}:

- Multidomain developmental screens: cover multiple developmental domains, ie, cognitive, motor, linguistic, social emotional
- Autism-specific screens

- Social emotional screens: indicated if there is a concern such as exposure to trauma, domestic violence, parental distress, maternal depression, parental substance abuse, attachment concerns, regression, family-identified psychosocial concerns, or abnormal developmental screen or autism screen.

See the **Figure** for recommended screening intervals based on AAP publications and the **Table** for commonly used screens.

Screening with a validated tool pays enormous dividends over the child's life span.

EXPLAIN SCREENING TO THE PARENTS

No matter why you are screening, explain the reason to the parent (**Box 4**).

COMMUNICATE SCREENING RESULTS

It is essential that you communicate screening results with parents, whether the child has no risk, indeterminate risk, or high risk for a developmental delay or social emotional concern (**Box 5**).^{10,31} For all screening results, stress that you are the parents' partner in the child's developmental journey and will continue surveillance and screening. Give parents an opportunity to listen, reflect, and provide input and encourage them to contact you with concerns at any time.

BOX 4. WHAT TO TELL PARENTS ABOUT DEVELOPMENTAL SCREENING

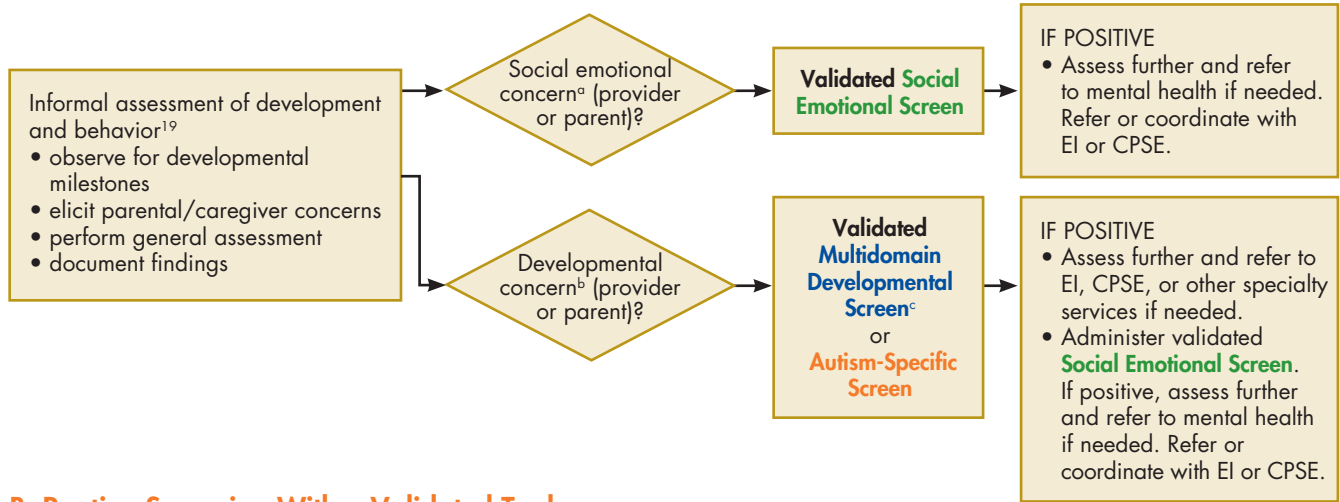
Whether the screen is routine or triggered by a concern from a health care provider, parent, or teacher, tell the parent the reason you're screening. Possible statements include:

- "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 are going to do a screening to help understand these concerns [understand this better] and see if further evaluation is needed."
- "We ask parents to complete a few questions about how you're feeling as part of routine care, because we know your well-being is important to your child's health and we want you to have the support you need."

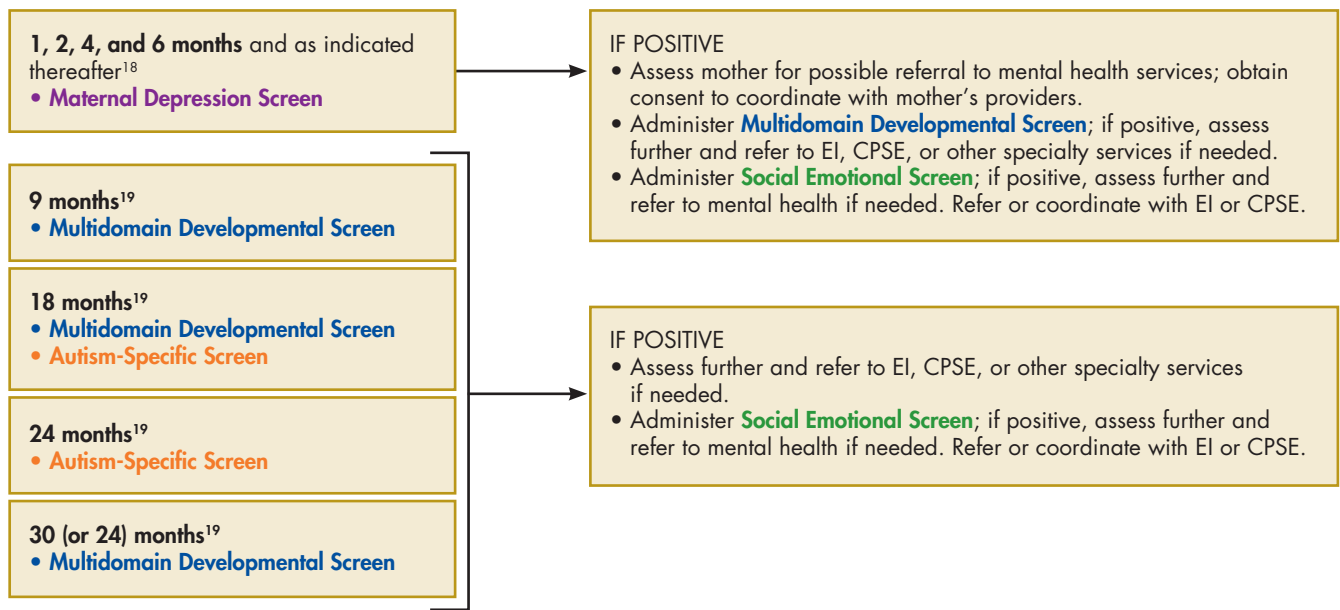
(Continued on page 30)

FIGURE. DEVELOPMENTAL AND BEHAVIORAL SURVEILLANCE AND SCREENING ALGORITHM

A. Ongoing Surveillance at Every Well-Child Visit From Birth Through 5 Years



B. Routine Screening With a Validated Tool



^a **Social emotional concerns** can be in behavioral and emotional self-regulation, attachment and relationships, sleeping, eating, elimination, or exploring the environment, or risks due to trauma or adverse experiences such as exposure to domestic violence, parental substance use, or maternal depression.

^b **Developmental concerns** can be in one or more developmental domains, including language, cognition, gross and fine motor skills, or social emotional.

^c **Multidomain developmental screens** cover multiple domains, including language, cognition, motor, and social emotional.

EI=Early Intervention; CPSE=Committees on Preschool Special Education.

REFERRAL RESOURCES

Early Intervention and Educational Referrals:

- Ages 0 to 3. Early Intervention: In NYC, dial 311; outside NYC, dial 212-639-9675
- Ages 3 and older. Committees on Preschool Special Education (CPSE): Parents can visit CPSE to find their district CPSE office (schools.nyc.gov/Academics/SpecialEducation/ContactsResources/cpse.htm)

Mental Health Referrals:

- Adult and child. LIFENET: 800-LIFENET (800-543-3638)
- Pediatrician consultation for managing mild/moderate concerns in primary care: 855-CAP-PC72 (855-227-7272)

Follow up on all referrals and coordinate care with referral sources.

TABLE. RECOMMENDED VALIDATED DEVELOPMENTAL SCREENING TOOLS

Type and Name of Screen ^a	Acronym	Cost ^b	Time to Complete	Available Languages ^c
<i>Multidomain</i>				
Ages and Stages Questionnaire – 3rd edition	ASQ-3	Yes	10-15 min (parent)	English and Spanish
Parents' Evaluation of Developmental Status	PEDS	Yes	<30 min (parent)	14 languages
Survey of Well-being of Young Children ^d (includes social emotional development, autism, and parental depression)	SWYC	No	10-15 min (parent)	English, Spanish, Burmese, Nepali
<i>Social emotional and behavioral development only</i>				
Ages and Stages Questionnaire – Social Emotional	ASQ-SE	Yes	10 min (parent)	English and Spanish
Early Childhood Screening Assessment ^e (includes parental depression and stress)	ECSA	No	5-10 min (parent)	English, Spanish, Romanian
<i>Autism only</i>				
Modified Checklist for Autism in Toddlers	M-CHAT	No	10-15 min (parent)	20 languages

^a See **Resources** for guidance on integrating screening into your practice.

^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.

^e For 18 months to 60 months only.

BOX 5. WHAT TO TELL PARENTS ABOUT SCREENING RESULTS^{10,31}

If the screen shows no risk (negative screen score indicating continue usual surveillance and screening)¹⁰:

- Discuss the results and the child's strengths and challenges, if any.
- Describe their child's next developmental level and provide 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 (just below the cutoff for a positive screen, indicating the need for closer monitoring):

- Discuss the results, including the child's strengths and challenges, with stress on results that indicate there may be a concern.
- Assess areas where screening results indicate 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 one month for close monitoring.³¹

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

- Communicate 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.
- Evaluate the child and connect the family to referrals, depending on specific needs identified.
- Discuss referrals for appropriate services.
- Suggest activities that families can do with their child to aid in development.
- Confirm the parent's understanding of the next steps.
- Establish a plan for follow-up and continued communication with referral source and parents.

(Continued from page 27)

MAKE APPROPRIATE REFERRALS

Based on screening results and your additional assessment, refer to age-appropriate services, including Early Intervention (EI), Committees on Preschool Special Education (CPSE), early childhood mental health, adult mental health for the parent, or other specialty medical services.

- Ensure that the parent understands the reason for the referral, the services available, and the benefit to the child's development, and respond to any questions, concerns, or barriers to attendance parents may have.
- Offer families contact information for the Early Childhood Direction Center (ECDC) in their borough (**Resources**). The ECDC will provide free information, support, and referral services to families of children who need EI or CPSE evaluation and/or services.
- Assign a staff member to help make the appointment and to follow up to be sure that it was kept.
- Ensure coordinated care by developing relationships with referral resources and establishing mechanisms to track referrals, exchange information with referral sources, and communicate with the family.

If the parent chooses not to accept the referral or cancels the appointment, respectfully explore his or her concerns and continue to provide surveillance, screening, and guidance. Follow up in one month or at the next well-child visit to continue the dialogue.

Early Intervention and Educational Referrals

Refer children with an established or probable developmental delay or disability to age-appropriate services:

- Ages 0 to 3. EI—In NYC, dial 311; outside NYC, dial 212-639-9675.
- Ages 3 and older. CPSE—Parents can visit CPSE to find their district CPSE office (**Resources**): schools.nyc.gov/Academics/SpecialEducation/ContactsResources/cpse.htm (by parent district—check district first: schools.nyc.gov/SchoolSearch/Maps.aspx).

Mental Health Referrals for the Child and the Parent

Refer the parent to adult mental health services if she/he has a positive screen for depression or other mental health concern, and ask for permission to contact the parent's provider. Refer the child to mental health services for further evaluation of social emotional development or mental health concerns, including trauma. Referrals for mental health assessments and services for young children and adults can be accessed through 1-800-LIFENET (**Resources**). Pediatricians can receive free consultation and training on managing mild to moderate mental health concerns in primary care. **See Resources for Providers—Child and Adolescent Psychiatry in Primary Care (CAP-PC).**

Medical Specialty Referrals for the Child

The child may need additional specialty referrals, such as early childhood mental health specialists, child and adolescent psychiatrists and psychologists, pediatric neurologists, genetics testing, developmental pediatricians, physical therapists, occupational therapists, or speech language pathologists, depending on the results of your assessment.

SUMMARY

Routine developmental surveillance is integral to well-child care, but it does not identify all developmental or social emotional delays in young children. Incorporate developmental screening at recommended intervals with a validated tool into your practice to identify delays and refer to appropriate services as early as possible. Empower parents to monitor and support their child's development and to communicate their concerns to you. Pay attention to the child's social emotional development and be mindful that early adverse experiences can have an impact on a child's future physical and mental health. ♦

ABOUT REIMBURSEMENT³²

Developmental screening^a

- The Early Periodic Screening, Diagnosis, and Treatment component of Medicaid requires developmental screenings as part of Medicaid-covered well-child care.
- The Children's Health Insurance Program (CHIP) also covers screenings.
- Under the Affordable Care Act, marketplace health plans must cover developmental screening as a preventive service for children up to age 3.

Maternal depression screening^a

- Effective August 1, 2015, for Medicaid Fee-For-Service (FFS) and October 1, 2015, for Medicaid Managed Care Plans, the NYS Medicaid program reimburses for maternal depression screening with a validated tool up to 3 times in the first year of the child's life, by either the mother's or infant's provider.³²
 - If offered by the infant's provider, screening can be incorporated into the well-child visit (CPT code 99420).^{b,32}

See American Academy of Pediatrics Developmental Screening/Testing Coding Fact Sheet for Primary Care Pediatrics at www.cdc.gov/NCBDDD/autism/documents/AAP-Coding-Fact-Sheet-for-Primary-Care.pdf for detailed recommendations.

^a Check with your private and Medicaid insurance plans for information on codes, procedures, and requirements.

^b The Administration and Interpretation of Health Risk Assessment Instrument-Health Hazard Appraisal.

WHAT TO DO FOR CHILDREN THROUGH AGE 5

- **At every well-child visit**
 - talk with parents about their child’s development and celebrate milestones,
 - perform routine surveillance of development, including assessment of social emotional development and risk factors.
- **At 1, 2, 4, and 6 months** (and whenever there is concern), screen for maternal depression.
- **At 9, 18, and 30 (or 24) months** (and whenever there is concern), administer a multidomain developmental screen.
- **At 18 and 24 months (and whenever there is concern)**, administer an autism-specific screen.
- **Through age 5**, conduct a social emotional screen whenever there is a concern or positive screen in another domain (see page 29).

JOIN REACH OUT AND READ!

Reach Out and Read is an organization that supports medical providers who want to incorporate early literacy into routine care by providing children’s books and advice to parents at well-child visits.

Visit Reach Out and Read at www.reachoutandread.org to learn how you can start a Reach Out and Read program in your practice.



CALL 311 TO ORDER FREE HEALTH DEPARTMENT MATERIALS FOR YOUR PRACTICE IN MULTIPLE LANGUAGES

- Developmental screening poster for clinic waiting rooms (English and Spanish)
- Age-specific developmental milestone handouts covering ages 2 months to 5 years^a
- *Enjoy Your Baby* pamphlet^b
- *Promoting Your Child’s Social and Emotional Development* pamphlets^b:
 - Guide for Parents of One- to Five-Year-Olds
 - Guide for Parents of Five- to Ten-Year-Olds

^a English and Spanish available online and in print. Chinese, Russian, Haitian-Creole, Korean, Urdu, Bengali, Arabic, and French versions available online only (**Resources**).

^b Copies available in print and online in all 10 languages (**Resources**).

RESOURCES FOR PROVIDERS

Guidance on Developmental Screening

- Bright Futures/American Academy of Pediatrics (AAP). Recommendations for Preventive Pediatric Health Care: www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf
- U.S. Administration for Children and Families. Birth to 5: 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

Tools for Integrating Screening Into Your Practice

- Commonwealth Improvement Checklist: www.commonwealthfund.org/usr_doc/Improvement_Checklist-Steps_to_Screening_and_Surve.pdf
- CDC Developmental Screening: www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html

Screening Tools

- The Survey of Wellbeing of Young Children (SWYC): www.theswyc.org/
- Ages and Stages Questionnaire, and Ages and Stages Questionnaire: Social-Emotional (ASQ and ASQ:SE): agesandstages.com/
- Early Childhood Screening Assessment: www.infant institute.org/measures-manuals/
- Parents' Evaluation of Developmental Status: www.PEDStest.com
- Patient Health Questionnaires (PHQ-2/PHQ-9): www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf
- Modified Checklist for Autism in Toddlers: M-CHAT.org

Systems and Licensed Tools for Electronic Screening

- Child Health & Development Interactive System (CHADIS): www.chadis.com/
Web-based screening, diagnostic, and management system
- Patient Tools Family of Apps: www.patienttools.com/
App-based screening tools, including PHQ and SWYC

Guidance on Identifying Trauma and Trauma-Informed Care

- AAP Trauma Toolbox for Primary Care: www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx
- National Center for Trauma Informed Care Center: www.samhsa.gov/nctic
- National Child Traumatic Stress Network: www.nctsn.org/

Referrals/Consultation Resources

- NYC Health Department. Early Intervention: nyc.gov/html/doh/html/mental/earlyint.shtml
 - Directories of NYC service providers, including coordination, evaluation, and services
 - Trainings on early intervention, including web-based trainings and links to other training opportunities

- NYC Policy and Procedure Manual (including protocol for referral) and current NYC forms
- NYC Department of Education. Committees on Preschool Special Education: schools.nyc.gov/Academics/SpecialEducation/ContactsResources/cpse.htm
List of regional preschool special education offices
- Child and Adolescent Psychiatry in Primary Care (CAP-PC): 855-CAP-PC72; www.cappcnyc.org/home/
Free consultation and training on children's mental health for pediatricians.

Mental Health Referrals

- LIFENET: 800-LIFENET or www.lifenet.nyc/get-help-now
24-hours-a-day, 7-days-a-week information and referral resource for mental health and substance abuse services in New York City

Parent Education Materials for Your Office

- NYC Health Department: nyc.gov/health; call 311 for printed copies
 - *Enjoy Your Baby* (English, Spanish, Chinese, Russian, Korean, Haitian-Creole, Arabic, Urdu, Bengali, and French versions available online and in print)
 - *Help Your Child Get a Great Start* (English, Spanish, Chinese, Russian, Korean, Haitian-Creole, Arabic, Urdu, Bengali, Punjabi, and French versions available online and in print)
 - *Promoting Your Child's Social and Emotional Development: A Guide for Parents of One- to Five-Year-Olds* (English, Spanish, Chinese, Russian, Korean, Haitian-Creole, Arabic, Urdu, Bengali, and French versions available online and in print)
 - *Promoting Your Child's Social and Emotional Development: A Guide for Parents of Five- to Ten-Year-Olds* (English, Spanish, Chinese, Russian, Korean, Haitian-Creole, Arabic, Urdu, Bengali, and French versions available online and in print)
 - Developmental Screening poster for clinic waiting room (English and Spanish)
 - Developmental Milestone handouts: Handouts by age (2, 4, 6, 9, 12, and 18 months; 2, 3, 4, and 5 years) (English and Spanish print: call 311; English, Spanish, Chinese, Russian, Korean, Haitian-Creole, Arabic, Urdu, Bengali, and French versions available online)
- U.S. Department of Health and Human Services. 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)
- Our Littlest New Yorkers: www.facebook.com/LittlestNYers?fref=ts
- AAP Bring Out the Best in Your Child: www.aap.org/en-us/Documents/tb_bring_out_best.pdf (online only)
Tips for shaping a child's behavior

City Health Information Archives

nyc.gov/html/doh/html/data/chi1.shtml

RESOURCES FOR PARENTS

Child Development Resources

- NYC Health Department: nyc.gov/health or call 311 for print copies
 - *Enjoy Your Baby* pamphlet (English, Spanish, Chinese, Russian, Korean, Haitian-Creole, Arabic, Urdu, Bengali, and French versions available online and in print)
 - *Help Your Child Get a Great Start* pamphlet (English, Spanish, Chinese, Russian, Korean, Haitian-Creole, Arabic, Urdu, Bengali, Punjabi, and French versions available online and in print)
 - *Promoting Your Child's Social and Emotional Development: A Guide for Parents of One- to Five-Year-Olds* pamphlet (English, Spanish, Chinese, Russian, Korean, Haitian-Creole, Arabic, Urdu, Bengali, and French versions available online and in print)
 - *Promoting Your Child's Social and Emotional Development: A Guide for Parents of Five- to Ten-Year-Olds* pamphlet (English, Spanish, Chinese, Russian, Korean, Haitian-Creole, Arabic, Urdu, Bengali, and French versions available online and in print)
 - Developmental Screening poster for clinic waiting room (English and Spanish, call 311)
 - Developmental Milestone handouts: nyc.gov/html/doh/html/living/child-development.shtml Handouts by age (2, 4, 6, 9, 12, and 18 months; 2, 3, 4, and 5 years) (English and Spanish print: call 311; English, Spanish, Chinese, Russian, Korean, Haitian-Creole, Arabic, Urdu, Bengali, and French versions available online)
- Talk to Your Baby: www1.nyc.gov/site/talktoyourbaby/index.page
- U.S. Department of Health and Human Services. 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*
- AAP Bring Out the Best in Your Child: www.aap.org/en-us/Documents/ttb_bring_out_best.pdf *Tips for shaping a child's behavior*
- CDC Essentials for Parenting Toddlers and Preschoolers: www.cdc.gov/parents/essentials/index.html *Information and videos about positive parenting*

Early Intervention Program Information (Ages 0 to 3)

- NYC Health Department. Early Intervention Program: nyc.gov/html/doh/html/mental/earlyint.shtml
- Information for Families: nyc.gov/html/doh/html/mental/ei-familyinfo.shtml

- Resource Guide for Families of Children with Disabilities or Developmental Delays 2014: nyc.gov/html/doh/downloads/pdf/earlyint/family-resource-guide.pdf
- *Help Your Child Get a Great Start* pamphlet (English, Spanish, Chinese, Russian, Korean, Haitian-Creole, Arabic, Urdu, Bengali, Punjabi, and French versions available online and in print): nyc.gov/html/doh/html/mental/earlyint.shtml
- NYS Department of Health. Early Intervention Program. A Parent's Guide: www.health.ny.gov/publications/0532/

Committees on Preschool Special Education (Ages 3 to 5)

- NYC Department of Education. Committees on Preschool Special Education: schools.nyc.gov/Academics/SpecialEducation/ContactsResources/cpse.htm *List of regional preschool special education offices*

Early Childhood Direction Centers (information, support, and referral services to families of children with special needs)

- Manhattan: (212) 746-6175
- Brooklyn: (718) 437-3794
- Queens: (718) 374-0002, x465
- Bronx: (347) 271-8159
- Staten Island: (718) 226-6670

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](http://nyc.gov/html/acs/education/Information%20on%20early%20childhood%20and%20preschool%20education)
- NYC Department of Education. Pre-Kindergarten: schools.nyc.gov/ChoicesEnrollment/PreK/default.htm *Information about selecting and enrolling a child in pre-K*
- NYC Child Care Connect (Health Department-licensed child care service directory): a816-healthpsi.nyc.gov/ChildCare/ChildCareList.do
- Center for Children's Initiatives (Childcare Referral Service): www.centerforchildrensinitiatives.org/index.php?option=com_content&view=article&id=56&Itemid=86

Support for Parents of Children With Special Needs

- Parent to Parent of New York State: www.parenttoparentnys.org/
- INCLUDEnyc (formerly Resources for Children With Special Needs): www.includenyc.org
- Family Resource Centers. Family support services for parents/caregivers with a child who is at risk of or has mental health challenges. Call 800-LIFENET for a Family Resource Center near you.

REFERENCES

- Boulet SL, Boyle CA, Schieve LA. Health care use and health and functional impact of developmental disabilities among US children, 1997-2005. *Arch Pediatr Adolesc Med.* 2009;163(1):19-26.
- US Department of Education, Office of Special Education Programs [Internet], Data Analysis System (DANS), Part C Child Count, 1997-2006. www.ideadata.org/PartCChildCount.asp. Accessed December 7, 2007.
- National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. www.childhealthdata.org/browse/survey/results?q=2476&r=1. Accessed April 26, 2015.
- Boyle CA, Boulet S, Schieve LA, et al. Trends in the prevalence of developmental disabilities in US children, 1997-2008. *Pediatrics.* 2011;127(6):1034-1042.
- Palfrey JS, Singer JD, Walker DK, Butler JA. Early identification of children's special needs: a study in five metropolitan communities. *J Pediatr.* 1987;111(5):651-659.
- Centers for Disease Control and Prevention (CDC). Child Development. Developmental Monitoring and Screening. www.cdc.gov/ncbddd/childdevelopment/screening.html. Accessed January 12, 2015.
- Healy A, DeGarmo K. Healthy mental development in the young child: the case for practice change. *EPSDT Care for Kids Newsletter.* 2007;14(1). www.nashp.org/sites/default/files/abcd/abcd.winter2007.pdf. Accessed January 12, 2015.
- Peth-Pierce R. *A Good Beginning: Sending America's Children to School With the Social and Emotional Competence They Need to Succeed.* Washington, DC: Child Mental Health Foundations and Agencies Network (FAN); 2000.
- Harvard Center on the Developing Child. Five Numbers to Remember About Early Childhood Development. developingchild.harvard.edu/index.php/resources/multimedia/interactive_features/five-numbers. Accessed September 15, 2015.
- Administration for Children and Families. US Department of Health and Human Services. Birth to Five: Watch Me Thrive! www.acf.hhs.gov/programs/ecd/watch-me-thrive. Accessed January 12, 2015.
- Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee and 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.
- Halfon N, Regalado M, Sareen H, et al. Assessing development in the pediatric office. *Pediatrics.* 2004;113(Suppl 5):1926-1933.
- Coker TR, Chung PJ, Cowgill BO, Chen L, Rodriguez MA. Low-income parents' views on the redesign of well-child care. *Pediatrics.* 2009;124(1):194-204.
- Hostetter, M. Case Study: Implementing Developmental Screening at Oxford Pediatrics. *Quality Matters.* May/June 2008. www.commonwealthfund.org/publications/newsletters/quality-matters/2008/may-june/case-study-implementing-developmental-screening-at-oxford-pediatrics. Accessed January 12, 2015.
- Zeanah CH Jr, Zeanah PD. The scope of infant mental health. In: Zeanah CH Jr, ed. *Handbook of Infant Mental Health.* 3rd ed. New York, NY: Guilford Press; 2009:5-23.
- Greenspan S, Wieder S, eds. *Infant and Early Childhood Mental Health: A Comprehensive Developmental Approach to Assessment and Intervention.* Arlington, VA: American Psychiatric Association Publishing; 2006.
- Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care.* 2003;41(11):1284-1292.
- Earls MF. The Committee on Psychosocial Aspects of Child and Family Health. Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. *Pediatrics.* 2010;126(5):1032-1039.
- Bright Futures/American Academy of Pediatrics. Recommendations for Preventive Pediatric Health Care. 2014. www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf. Accessed January 12, 2015.
- Centers for Disease Control and Prevention (CDC). Adverse childhood experiences reported by adults—five states, 2009. *MMWR Morb Mortal Wkly Rep.* 2010;59(49):1609-1613. www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm. Accessed January 12, 2015.
- Johnson SB, Riley AW, Granger DA, Riis J. The science of early life toxic stress for pediatric practice and advocacy. *Pediatrics.* 2013;131(2):319-327.
- Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. www.childhealthdata.org. Accessed July 7, 2015.
- Shonkoff JP, Garner AS, Siegel BS, et al. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics.* 2012;129(1):e232-e246.
- American Academy of Pediatrics. Adverse childhood experiences and the lifelong consequences of trauma. www.aap.org/en-us/Documents/ttb_aces_consequences.pdf. Accessed August 28, 2015.
- American Academy of Pediatrics. Healthy Foster Care America: Trauma Guide. www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx. Accessed September 15, 2015.
- Groves BA, Preer G. Models of Trauma-Informed Integrated Care Part II: Identifying and Responding to Early Childhood Trauma in the Pediatric Setting [Webinar]. Boston Medical Center; February 2015.
- Guevara JP, Gerdes M, Localio R, et al. Effectiveness of developmental screening in an urban setting. *Pediatrics.* 2013;131(1):30-37.
- Sheldrick RC, Merchant S, Perrin EC. Identification of developmental-behavioral problems in primary care: a systematic review. *Pediatrics.* 2011;128(2):356-363.
- Johnson CP, Myers SM, American Academy of Pediatrics Council on Children With Disabilities. Identification and evaluation of children with autism spectrum disorders. *Pediatrics.* 2007;120(5):1183-1215.
- American Academy of Pediatrics Task Force on Mental Health. The case for routine mental health screening. *Pediatrics.* 2010;125(Suppl 3):S133-139.
- Marks K, LaRosa A. Understanding developmental-behavioral screening measures. *Pediatr Rev.* 2012;33(10):448-457.
- New York State Department of Health. NYS Medicaid coverage of postpartum maternal depression screening. Medicaid Update. 2015;231(8):17-19. www.health.ny.gov/health_care/medicaid/program/update/2015/jul15_mu.pdf. Accessed August 24, 2015.



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