

# Roots to Rise:

## Developmental Screening CHDP Provider Toolkit



*Building a strong foundation for children to thrive*





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Dear CHDP Provider,

Nearly 85% of brain development occurs in the first three years of life making it critical to a child's physical, emotional and cognitive development. The Roots to Rise: Developmental Screening in the Exide Area resources toolkit is intended to be a user-friendly tool with information and resources to help you integrate screening and surveillance into your practice.

There are relational, biological, environmental factors as well as social determinants of health that can affect a child's developmental trajectory. One well known environmental risk factor for developmental delay is lead exposure. And, there is growing evidence that no level of lead exposure is safe for children. You are one of over 70 CHDP providers sites serving children in neighborhoods surrounding the now closed lead-acid battery recycling plant, Exide Technologies. Although Exide Technologies has been closed since 2016, we will need to continue to be vigilant, proactive and monitor for health impacts in this community.

Preventive well child visits are an opportunity for pediatric health assessors to help improve developmental outcomes and prognosis through early childhood screening, diagnosis and treatment. Through a system of both surveillance and periodic screening, parents/caregivers and providers can work together to identify a child at risk of developmental delay at the earliest possible time point. We hope you find this to be a useful tool in your everyday practice to maximize wellness for children in the Exide Technologies area and across LA County!

## Acknowledgements

LA County CHDP program's *Roots to Rise: Developmental Screening in the Exide Area* project was made possible by the generous support and in-kind contributions of our project partners.

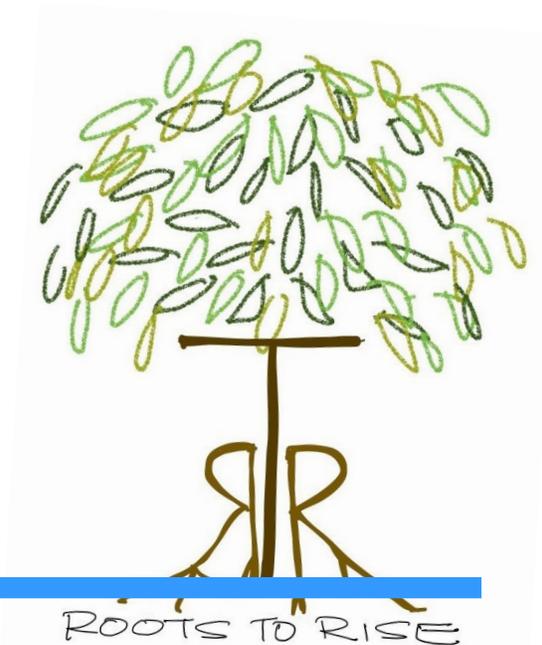
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- Help Me Grow Ventura County and First 5 Ventura County

And general support from:

- LA County Department of Public Health Exide Workgroup
- South Central LA Regional Center
- East LA Regional Center



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# EARLY IDENTIFICATION GUIDE

IMPLEMENTING DEVELOPMENTAL SCREENING AND SURVEILLANCE INTO PRIMARY CARE

Adapted from materials by Help Me Grow Ventura County and First 5 Ventura County



## DID YOU KNOW?



The **medical home** is the ideal setting for developmental screening

California ranks

30th

in the country for screening infants and toddlers

44th

for screening children living below the federal poverty level



Only **28.5%**

of children in California receive timely developmental screenings

1 in 4 children

under the age of 6 in California



are at moderate- or high- risk for developmental, behavioral, or social delays



1 in 59 children

are at risk for an autism spectrum disorder



Too often developmental delays go undetected. Developmental screening at AAP recommended well-child visits will catch delays earlier, making treatment more effective.



# The American Academy of Pediatrics Practice Recommends:



**DEVELOPMENTAL SURVEILLANCE** during every well-child visit.



**DEVELOPMENTAL SCREENINGS** at 9, 18, and 24/30 months.



**AUTISM-SPECIFIC SCREENING** at 18 and 24 months



**REFERRAL** for evaluation and early intervention services when a risk is identified

**Using a well-validated developmental screening tool during routine healthcare visits increases referral and identification rates for children with developmental delays and supports linkage to early intervention services.**

## Recommended Tools for Developmental Screening:



### ASQ-3

AGES AND STAGES  
3RD EDITION

[brookespublishing.com/asq](http://brookespublishing.com/asq)

### PED

PARENTS' EVALUATION  
OF DEVELOPMENTAL  
STATUS

[PEDstest.com](http://PEDstest.com)

### PROVEN PARENT-REPORT METHODOLOGY.

Research shows that parents are reliable reporters of their child's development.

Visit [www.screeningtime.org](http://www.screeningtime.org) for web-based trainings and resources.

### EASY TO USE AND SCORE

**MCHAT** is a screening tool to help detect autism spectrum disorder- screen at 18 & 24 months!

NUMBER OF QUESTIONS

30 (6 each area) 21

10

VARIETY OF SURVEY

age-based forms 2

Single form, all

AGE RANGE

months-5 years 10-

ages 0-8 years

PARENT COMPLETION

20 minutes

5 minutes

PROVIDER SCORE & INTERPRET TIME

1-5 minutes

2 minutes

LANGUAGES

English, Spanish, French; ASQ PTI also available in Somali and Hmong

English, Spanish, Vietnamese

Screening results that indicate a concern will require further assessment and referral for necessary services.



## Risk factors which may contribute to a delay



Prematurity of less than 32 weeks or low birth weight



Environmental factors such as neglect and abuse



Prenatal or other exposure to drugs, alcohol, or tobacco



Children with an orthopedic, vision, or hearing impairment



Poor nutrition or difficulties eating



Exposure to lead-based paint

# Why is Developmental Screening in **YOUR** Practice Important?

Screening early leads to more successful long-term outcomes



Children who receive early treatment for developmental delays are more likely to be ready for kindergarten, successful in school, and live independently

**YOU** are often the first line of defense



Approximately 25-30% of problems noted by parents during well-child visits are developmental and behavioral in nature

Families feel supported



Families report higher levels of satisfaction and support for physicians who offer developmental screening

# 1-2-3 of Early ID



## 1. SURVEILLANCE

Monitoring and discussion of any potential delay or concern with development



## 2. SCREENING

Use of a standardized tool to identify children at risk



## 3. EVALUATION & REFERRAL

In-depth identification process and linkage to appropriate supports or services

**BEFORE TURNING 3, CHILDREN SHOULD BE SCREENED A MINIMUM OF THREE TIMES.**



9 MONTHS



18 MONTHS



24/30 MONTHS

## Feedback from an Expert

Ventura pediatrician, Dr. Sun Lee, began using the ASQ-3 in 2011. He has extensive experience with this tool and has found:



Easy for parents



Parents typically only need minor clarifications about how to complete the ASQ-3

Quick to complete



Completion of the tool has never taken him longer than 2-3 minutes

Essential for identification



All evidence indicates that, without a screening tool, physicians often miss many signs of developmental delays



## Screening is **COVERED**

Developmental Screening can be billed using CPT billing code 96110 or ICD-10 Z13.4. This covers the time a physician scores, reviews results, and interprets findings.

Federal health reform law requires insurance plans to cover developmental and behavioral screenings at no cost to children. Medicaid (Medi-Cal) also covers screenings as part of children's preventive services.

# American Academy of Pediatrics-Bright Futures

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Bright Futures Visits | 7*





(continued)

19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (<https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html>), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<https://www.babysfirsttest.org/newborn-screening/states>) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant  $\geq 35$  Weeks' Gestation: An Update With Clarifications" (<http://pediatrics.aappublications.org/content/124/4/1193>).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (<http://pediatrics.aappublications.org/content/129/1/190.full>).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at [https://redbook.solutions.aap.org/SS/immunization\\_Schedules.aspx](https://redbook.solutions.aap.org/SS/immunization_Schedules.aspx). Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (<http://pediatrics.aappublications.org/content/138/1/e20161493>) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" ([http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" ([http://www.nhlbi.nih.gov/guidelines/cvd\\_ped/index.htm](http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm)).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Adolescents should be screened for HIV according to the USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening1>) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
31. See USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening2>). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<http://pediatrics.aappublications.org/content/126/3/583.full>).
32. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx>) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (<http://pediatrics.aappublications.org/content/134/6/1224>).
33. Perform a risk assessment (<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx>). See "Maintaining and Improving the Oral Health of Young Children" (<http://pediatrics.aappublications.org/content/134/6/1224>).
34. See USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening>). Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/content/134/3/626>).
35. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/content/134/3/626>).

## Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in October 2019 and published in March 2020.  
For updates and a list of previous changes made, visit [www.aap.org/periodicityschedule](http://www.aap.org/periodicityschedule).

### CHANGES MADE IN OCTOBER 2019

#### MATERNAL DEPRESSION

- Footnote 16 has been updated to read as follows: "Screening should occur per 'Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice' (<https://pediatrics.aappublications.org/content/143/1/e20183259>)."

### CHANGES MADE IN DECEMBER 2018

#### BLOOD PRESSURE

- Footnote 6 has been updated to read as follows: "Screening should occur per 'Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents' (<http://pediatrics.aappublications.org/content/140/3/e20171904>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years."

#### ANEMIA

- Footnote 24 has been updated to read as follows: "Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter)."

#### LEAD

- Footnote 25 has been updated to read as follows: "For children at risk of lead exposure, see 'Prevention of Childhood Lead Toxicity' (<http://pediatrics.aappublications.org/content/138/1/e20161493>) and 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention' ([https://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf))."

**HRSA**  
Health Resources & Services Administration

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## Making the Most of the Supporting Materials in the Toolkit

### Links to Commonly Used Screening Instruments and Tools

The American Academy of Pediatrics does not approve nor endorse any specific tool for screening purposes. This table is not exhaustive, and other screening tools may be available. For best results, it is recommended that users review available instruction manuals before administering, scoring, and analyzing results of the scoring tools. Availability of a tool in multiple languages does not correlate to validation of the tool in such languages.

Links provided for these commonly used tools go to the author or the owner (or both) of the specific tool to ensure accessibility to the most up-to-date version of the specific tool. Review and comply with any copyright and permissions requirements before use.

### Instruments for Recommended Universal Screening at Specific Bright Futures Visits

Recommended Visit	Recommended Screening	Tool by Author/Owner
<b>1 Month</b> <b>2 Month</b> <b>4 Month</b> <b>6 Month</b>	Maternal Depression	<a href="#">Edinburgh Postpartum Depression Scale (EPDS)<sup>a</sup></a> A modified version of the EPDS is included as part of the Family Questions section in the <a href="#">Survey of Well-being of Young Children (SWYC)</a> . <hr/> <a href="#">Patient Health Questionnaires (PHQs)</a> <a href="#">PHQ-9</a> <hr/> PHQ-2 <sup>b</sup> • <a href="#">Bright Futures sample form</a> • <a href="#">Instructions</a>
<b>Universal</b> <b>6 Month</b> <b>9 Month</b>  <b>If No Dental Home</b> <b>12 Month</b> <b>15 Month</b> <b>18 Month</b> <b>2 Year</b> <b>2½ Year</b> <b>3 Year</b> <b>4 Year</b> <b>5 Year</b> <b>6 Year</b>	Oral Health	<a href="#">AAP Oral Health Risk Assessment (OHRA)</a>
<b>9 Month</b> <b>18 Month</b> <b>2½ Year</b>	Child Development	<a href="#">AAP “Developmental Screening Tools” table</a> <a href="#">Ages &amp; Stages Questionnaires, Third Edition (ASQ-3)</a> <a href="#">Parents’ Evaluation of Developmental Status (PEDS)</a> <a href="#">Survey of Well-being of Young Children (SWYC) (milestones)</a>
<b>18 Month</b> <b>2 Year</b>	Autism Spectrum Disorder	<a href="#">Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT-R/F)</a> • <a href="#">Translations</a> <hr/> <a href="#">Survey of Well-being of Young Children (SWYC)</a> (Parent’s Observations of Social Interactions)



## Making the Most of the Supporting Materials in the Toolkit

### Instruments for Recommended Universal Screening at Specific Bright Futures Visits (continued)

Recommended Visit	Recommended Screening	Tool by Author/Owner
<b>11 Through 14 Year</b> <b>15 Through 17 Year</b> <b>18 Through 21 Year</b>	Depression (beginning at age 12)	PHQ-9 Modified for Adolescents (PHQ-A) <sup>b</sup> A version of the PHQ-A should be available when the new <a href="#">Guidelines for Adolescent Depression in Primary Care Toolkit</a> is posted. Another sample of the PHQ-A is available through the <a href="#">Community Care of North Carolina</a> .
		PHQ-2 <sup>b</sup> • <a href="#">Bright Futures sample form</a> • <a href="#">Instructions</a>
<b>11 Through 14 Year</b> <b>15 Through 17 Year</b> <b>18 Through 21 Year</b>	Tobacco, Alcohol, or Drug Use	<a href="#">Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide</a>
		<a href="#">Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)</a>
		<a href="#">Car, Relax, Alone, Forget, Friends, Trouble (CRAFTT)</a>
		<a href="#">Screening to Brief Intervention (S2BI)</a>

Abbreviation: AAP, American Academy of Pediatrics.

### Other Commonly Used Screening and Assessment Tools

Recommended Screening	Tool by Author/Owner
Parent and family assessment	<a href="#">Safe Environment for Every Kid (SEEK) Parent Questionnaire – R</a> • <a href="#">Translations</a>
Psychological and behavioral assessment	<a href="#">Pediatric Symptom Checklist (PSC)</a> • <a href="#">Translations</a>
	<a href="#">Strengths and Difficulties Questionnaires (SDQ)</a> • <a href="#">Translations</a>
Social determinants of health	<a href="#">Accountable Health Communities Health-Related Social Needs Screening Tool</a>
	<a href="#">Center for Youth Wellness ACE Questionnaire (CYW ACE-Q)</a>
	<a href="#">American Academy of Family Physicians The EveryONE Project</a>
	<a href="#">Health Leads Social Needs Screening Toolkit</a>
	<a href="#">Hunger Vital Sign</a>
	<a href="#">IHELLP (Income, Housing, Education, Legal Status, Literacy, and Personal Safety) Social History Questions</a>
	<a href="#">Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)</a>
	<a href="#">Survey of Well-being of Young Children (SWYC) (Family Questions)</a>
<a href="#">Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE) Survey</a>	
Crosscutting	<a href="#">Survey of Well-being of Young Children (SWYC)</a> • <a href="#">Translations</a>
	<a href="#">AAP Screening Tool Finder<sup>c</sup></a>

<sup>a</sup> Permission required for use. Contact the Royal College of Psychiatrists at [permissions@rcpsych.ac.uk](mailto:permissions@rcpsych.ac.uk) to request permission to use.

<sup>b</sup> This version is not available on the [Pfizer](#) Web site.

<sup>c</sup> This is a searchable database of screening tools for children 0–5 years of age.

## Exide Technologies

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# Medical Provider Fact Sheet: EXIDE

Residents and workers in the communities surrounding the former Exide Battery Recycling Plant in Vernon, CA have increased risks of health effects resulting from emissions that came from this plant. The facility, located at 2700 South Indiana Avenue, closed in March 2015. All persons living, working, or going to school within 3 miles of the plant, totaling approximately 100,000 adults and children, were likely exposed to these emissions. The affected area includes the communities of Vernon, Commerce, Maywood, East Los Angeles, Huntington Park and parts of Boyle Heights.

## Key pollutants and associated health conditions

Pollutants in Exide's emissions that are associated with health conditions are lead, arsenic, benzene, and 1,3-butadiene. Lead exposures may be ongoing as lead particles were deposited into the local environment, contaminating the soils, pavement, and interiors of commercial and residential properties. Arsenic, benzene, and 1,3-butadiene were emitted as air pollutants and exposure occurred while the facility was in operation, therefore they are not an on-going threat. Elevated levels of Arsenic have not been found in the soil. Benzene, and 1,3-butadiene are gases that are no longer being emitted since the closure of the facility.

- **Arsenic:** Long term exposure to this carcinogen is associated with lung cancer, bladder, liver, and skin/soft tissue cancers and an increased risk of diabetes, cardiovascular diseases, skin anomalies, and birth defects.
- **1,3-Butadiene:** A carcinogen known to increase the long-term risk of stomach, blood, and lymphatic system cancers, hematopoietic disorders and bone marrow suppression.
- **Benzene:** A carcinogen associated with a long-term risk of leukemia and lymphatic system cancers, hematopoietic disorders and bone marrow suppression.
- **Lead:** A toxic metal that can cause both short-term and long-term effects. Short-term symptoms include loss of appetite, headache, irritability, abdominal pain, and fatigue. Long-term effects are on the neurological, gastrointestinal, reproductive, and renal systems. The following populations are especially vulnerable, with effects as noted:
  - Children: Children younger than age six absorb four to five times as much ingested lead as adults from a given source, which can affect mental and physical development. Children with elevated lead levels can exhibit lower IQ scores, learning disabilities, and behavioral disorders.
  - Women of childbearing age: Elevated lead levels may be associated with reduced fertility.
  - Pregnant and lactating women: High blood lead levels can transfer lead to the baby through the placenta or through breast milk. In utero lead exposure is associated with impairment of postnatal neurodevelopment with an increased risk of developmental delay, lowering of IQ, and behavioral abnormalities. The Centers for Disease Control encourages mothers with blood lead levels < 40mcg/dL to breastfeed, however, mothers with higher blood levels are encouraged to pump and discard their breast milk until their blood levels drop below 40 mcg/dL.
  - Individuals with a chronic disease: Conditions such as coronary artery disease, anemia, neuropathies, cognitive, and behavioral disorders may be worse when blood levels are elevated.

## Risk information

In 2013, the South Coast Air Quality Management District issued a Comprehensive Health Risk Assessment for the Exide facility, illustrating up to 22 excess cancers per one million residents exposed, and 440 excess cancers per one million workers exposed. These numbers are in excess of expected 333,000 cancers per one million in the general population. This is the largest excess risk level associated with a single industrial facility in California.

## Testing

**Lead blood tests:** All persons living, working, or going to school within 3 miles of Exide should be screened for lead. Providers can order the test directly or refer patients to the Los Angeles County Department of Public Health for a free blood test (see Resources below). Note: blood tests measure current lead levels and can indicate the need for medical intervention. There is no effective diagnostic evaluation to determine the impact of a past lead exposure on a particular health condition.

- **Toxicology tests:** There are no recommended tests for other Exide pollutant exposures in patients. While specific laboratory tests do exist, they are only intended for surveillance, such as biomonitoring of benzene in petroleum industry workers. As these tests are not designed for clinical evaluation, their results are difficult to interpret and they cannot reliably be used to diagnose conditions or predict the likelihood of future health effects.
- **Cancer Screening:** It is recommended patients have baseline labs (Complete Blood Count, Basic Metabolic Panel and Urinalysis) along with a physical. These should be done in addition to routine age and gender-appropriate cancer screening.
- **Mental Health:** Environmental contamination can cause stress, which can contribute to, or worsen, existing health problems such as heart disease and high blood pressure.

Due to a number of factors—including the long-term and unclear nature of the exposures, the widespread area of the exposure, uncertainty around possible health consequences, the reality that children are among those most affected, and the strong sense of social injustice that many may feel—it is expected that patients will have many questions and concerns. It is important to engage patients about these concerns and acknowledge the uncertainty they may have regarding long term consequences. It will be important to have frank discussions regarding the absence of adequate screening tests for arsenic, 1-3 butadiene and benzene and to, therefore, encourage patients to adhere to routine cancer screening guidelines that are appropriate for their age and gender, as well as to maintain an open dialogue about possible health issues that may arise and to hear and address any concern about links to this exposure.

## Reducing Exposure to Lead

- **Lead soil tests:** Providers can refer patients to the California Department of Toxic Substances Control to find out if they are eligible for free soil testing and possible clean up (see Resources below).
- **Information on how to reduce exposure to lead:** Providers can advise patients using the FAQ (see Resources below).

### Resources

- **Los Angeles County Department of Public Health (Public Health) Exide Response Webpage:** [publichealth.lacounty.gov/eh/exide](http://publichealth.lacounty.gov/eh/exide)  
FAQs for patients in English and Spanish on lead, stress, cancer, soil and blood lead tests
- **Mental Health Agencies:** Information for individuals on stress and a list of mental health agencies in areas affected by Exide is available at [publichealth.lacounty.gov/eh/exide/](http://publichealth.lacounty.gov/eh/exide/)
- **Free lead blood test Public Health:** 1-844-888-2290 [www.bloodleadtesting.com](http://www.bloodleadtesting.com)
- **Free lead soil test and clean-up, California Department of Toxic Substances Control:** 1-844-225-3887  
Visit [www.ExideCleanup.org](http://www.ExideCleanup.org) and click on FAQs to learn how to sign up for soil testing
- **Childhood Lead Prevention Poisoning Program, Public Health:** 1-800-LA-4-LEAD (5323)  
[publichealth.lacounty.gov/lead](http://publichealth.lacounty.gov/lead)
- **Clinical Consultation, Public Health:** Dr. Cyrus Rangan, Medical Toxicologist, Director of the Bureau of Toxicology and Environmental Assessment. 213-738-3220

# A Guide to Mental Health Agencies in Areas Affected By Exide

Operations at the former Exide battery recycling plant in Vernon released harmful levels of lead and arsenic into surrounding communities. To protect the public's health, specially-trained workers are cleaning affected homes and yards in these areas. It's normal to feel stress, anxiety, and fear during this time. This sheet lists mental health agencies you can contact to help deal with these feelings.

<b>Adult Mental Health Clinics</b>	
<b>Alma Family Services</b> 4701 Cesar E. Chavez Blvd, Los Angeles, CA 90022 (323) 881-3799 Contact: Claudia Rice, LMFT, (626) 485-2073	<b>ENKI Health and Research Systems, Inc.</b> 6001 Clara St., Bell Gardens, CA 90201 (562) 806-5000 Contact: Arcelia Ponce, LCSW
<b>California Hispanic Commission on Alcohol and Drugs (CHCADA)</b> 9300 Washington Blvd., Pico Rivera, CA 90660 (562) 942-9625 Contact: Germeen Duplessis	<b>Pacific Clinics</b> 11721 Telegraph Rd., Santa Fe Springs, CA 90670 (562) 801-0318 Contact: Linda Skale, LCSW
<b>Enki Health and Research System Inc.</b> 1000 Goodrich Blvd., Commerce, CA 90022 (323) 832-9795 Contact: Lillian Morales, LCSW	<b>Rio Hondo Centro de Bienestar</b> 2677 Zoe Ave., Ste 301, Huntington Park, CA 90255 (323) 826-6300 Contact: Lupe Ramos, LCSW
<b>Children /Transitional Age Youth and Family Clinics</b>	
<b>Enki Health and Research System Inc.</b> 560 S. St. Louis, Los Angeles, CA 90033 (323) 261-4900 Contact: Dr. Emma Shaw	<b>Penny Lane Center</b> 5628 E. Slauson Ave., Commerce, CA 90040 (323) 480-9242 Contact: Michael Morellino
<b>Almansor Center</b> 5900 S. Eastern Ave., Ste.138, Commerce, CA 90040 (323) 622-0715 Contact: Ed Shrader	<b>The Village Family Services</b> 2677 Zoe Ave., Ste. 110, Huntington Park, CA 90255 (323) 277-4752 Contact: Elizabeth Rosas
<b>Bienvendios</b> 110 S. Garfield Ave., Montebello, CA 90640 (323) 869-9255 Contact: Linda Rivadeneyra, LMFT	<b>Roybal Family Mental Health Clinic</b> 4701 E. Cesar Chavez Ave., Los Angeles, CA 90022 (323) 267-3400 Contact: Steve Hendrickson, LCSW
<b>Hathaway - Sycamores Child and Family Services</b> 5701 S. Eastern Ave., Commerce, CA 90040 (323) 837-0838, ext. 5541 Contact: Nancy Gallegos, LMFT	<b>San Antonio Mental Health Clinic</b> 2629 Clarendon Ave., Huntington Park, CA 90255 (323) 584-3700 Contact: Sylvia Rowe, LCSW

**Any trouble accessing services? Contact Alicia Ibarra at (213) 738-6150**

**Emergency Mental Health Needs? Call ACCESS Center 24-7 Helpline (800) 854-7771**



## FREQUENTLY ASKED QUESTIONS (FAQ) ABOUT

# LEAD

### 1. What is lead?

Lead is a metal found in our environment. It can be found naturally in soil, rocks, air, and water. It's been used in many products like paint, ceramics, pottery, pipes, plumbing materials, batteries, bullets, and cosmetics. Lead has also been found in some foods, spices, and home remedies. Industries working with lead such as smelters or battery recyclers can release lead into the air.

### 2. How are you exposed to lead?

**You have contact with lead when you:**

- Eat lead-based paint chips or peels from homes built before 1978
- Work in a high risk job (like car mechanic or welder) where you touch, breath in, or bring home dust that has lead in it
- Touch dust or soil that has lead in it and then put your fingers in your mouth by mistake
- Drink water or eat candy, food, or spices that have lead in them
- Take herbal or natural supplements that have lead in them
- Use remedies that have lead in them like Greta, Azarcon, pay-loo-ah, Ghasard, Ba-baw-san, or Daw Tway
- Use makeup that has lead in it like Surma and Kohl
- Use dishware and pottery made outside of the U.S.
- Have a bullet inside of your body

### 3. How can lead affect your health?

Eating lead or breathing lead dust can cause lead poisoning. This can hurt the brain, kidneys, liver, and other organs. Children less than 6 years old and pregnant women are at higher risk. In children, lead poisoning affects their growth, learning, and behavior. In pregnant women, lead poisoning causes high blood pressure, the baby to be born too early (premature birth), or losing the baby (miscarriage).

Lead may cause permanent damage. Most children who have lead poisoning do not look or act sick. Signs of lead poisoning may include headaches, nausea, weakness, and trouble eating, sleeping, or paying attention.

### 4. How is lead poisoning tested and treated?

Most of the time, lead poisoning has no symptoms.

So, the only way to know is with a blood lead test. If your child is between 1 to 6 years old, ask your doctor whether to test for lead.

Treatment depends on the level of exposure and can range from simply not having contact with the source of lead to going to the hospital for lead removal. There are no known safe levels of lead.

### For More Information

**Los Angeles County,  
Department of Public Health**

[http://publichealth.lacounty.gov/eh/  
AreasofInterest/lead.htm](http://publichealth.lacounty.gov/eh/ AreasofInterest/lead.htm)

[http://publichealth.lacounty.gov/lead/  
index.htm](http://publichealth.lacounty.gov/lead/index.htm)

**California Department of  
Public Health (CDPH)**

[https://www.cdph.ca.gov/programs/  
CLPPB/Pages/default.aspx](https://www.cdph.ca.gov/programs/CLPPB/Pages/default.aspx)

**Centers for Disease Control and  
Prevention (CDC)**

<http://www.cdc.gov/nceh/lead/>

## 5. How can you prevent lead poisoning?

Tip	More Information
<b>Get tested for lead</b>	Ask your doctor about a lead test if your child is between 1 to 6 years old. If you believe you have been exposed to lead, ask your doctor about a lead test.
<b>Eat healthy foods</b>	<p>Avoid foods high in fat and give these healthy foods:</p> <ul style="list-style-type: none"> <li>• <b>Iron-rich foods:</b> Beans, cereals with iron, lean meat, fish, tofu</li> <li>• <b>Calcium-rich foods:</b> Milk, yogurt, cheese, dark-green vegetables, and canned salmon</li> <li>• <b>Vitamin C:</b> Oranges, tomatoes, limes, bell peppers, broccoli, berries</li> </ul>
<b>Keep your home's painted surfaces in good repair</b>	<p>Don't let paint start to chip or peel in homes built before 1978</p> <ul style="list-style-type: none"> <li>• Never dry sand/scrape painted surfaces so you don't make and spread lead dust</li> <li>• Use lead safe work practices for any repairs of painted surfaces</li> <li>• If the property owner won't fix peeling paint hazards, call <b>1-888-700-9995</b></li> </ul>
<b>Keep your home clean and dust-free</b>	<ul style="list-style-type: none"> <li>• Wet mop floors instead of dry sweeping to stop the spread of dust</li> <li>• Wipe window sills and other surfaces often with a wet cloth</li> <li>• Use a vacuum that has a HEPA filter or use an allergen filter bag</li> </ul>

## Steps to Lower Risk of Lead Exposure

Tips for communities near the Exide Technologies battery recycling plant in Vernon, CA

### Wash hands and toys often

- Lower hand-to-mouth transfer of lead dust or soil by washing your children's hands after playing outside, before eating, and at bedtime. Wash their toys often.

### Do not let children play on bare soil

- Playing on grass or sand can lower exposure to bare soils that may have lead.
- Watch your children play outside and avoid contact with bare soil.
- Do not let children eat bare soil.

### Take off shoes before coming into your home

- This helps to lower the chance of bringing lead into your home. Also note that pets may bring lead into the home from the soil outside.
- Wash lead tainted clothes separately.

### Request a free blood lead test, call the Blood Lead Screening Hotline: 1-844-888-2290

- Free blood lead testing is available to any person who lives, works, or goes to school in the communities near Exide. All results are confidential. If you have more lead-related questions, call: 1-800-LA-4-LEAD (1-800-524-5323).

## Resources

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*Provider Referral Resources | 17*

*Regional Center Eligibility | 18*

*East LA Regional Center | 22*

*South Central LA Regional Center | 26*



**Parent/Caregiver Resources** As part of anticipatory guidance counseling and patient education, a referral might be made for activities, a service or resource around parenting or child development. Below are some online and direct service resources that are available in Los Angeles County.

- **Local Library**- Check your local LA County Library calendar for Parent/Child Workshops that help parents with questions about parenting, preschool, dental health, nutrition, immunizations and more.
  - <https://lacountylibrary.org/#>
- **Parks and Recreation**- Check your local LA County Park and Recreation facility for reading programs, mommy and me programs, and parenting classes.
  - <http://parks.lacounty.gov/park-search-2/>
- **First5LA Parenting Resources**
  - <https://www.first5la.org/parenting/resources/>
- **LA County 211**- Dial 2-1-1 or (800) 339-6993 for assistance by phone
  - <https://www.211la.org/>
- **CDC's Developmental Milestones**
  - <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>
- **Environmental Health**
  - <http://publichealth.lacounty.gov/eh/exide/>



**Provider Referral Resources** Further evaluation of a potential developmental delay may require a referral to any one or more of the following specialists: developmental pediatrician, child psychologist, speech-language pathologist, occupational therapist, or other specialist.



- **Medical Group or Health Plan specialist:** Follow the referral policies and procedures for the health plan to which the child in need of further evaluation belongs.
- **Early Start:** Early intervention services for children 0 to 36 months of age with 33% delay in one or more developmental area, have established risk, or have a diagnosed developmental disability.
  - <https://www.dds.ca.gov/services/early-start/what-is-early-start/>
- **Regional Center:** Regional centers provide diagnosis and assessment of eligibility in addition to assistance with the coordination and monitoring of services needed because of a developmental disability. Regional Center services are for children with a diagnosed disability before a person's 18th birthday.
  - <https://www.dds.ca.gov/RC/>
- **Local School District:** For children age three and older, parents self-refer to their local school district's special education department. Parents can ask their local school where to direct their request. Providers can help a parent by providing a referral letter that can be presented to the school district.
  - <https://www.cde.ca.gov/schooldirectory/>

# REGIONAL CENTER ELIGIBILITY



## Early Start

### EARLY START ELIGIBILITY

Infants aged 0 to 36 months are eligible for early invention/early start services, if:

1. They have a documented developmental delay (at least 33%) in one of the following domains
  - Cognition
  - Communication
  - Social or emotional
  - Adaptive development
  - Physical, including fine/gross motor, vision, and hearing
2. Have established risk conditions of known origin with a high probability of resulting in delayed development.
3. Are at high risk of having a substantial developmental disability due to a combination (two or more) of biomedical risk factors. These include, but are not limited to, prematurity or low birth weight, low Apgar scores, neonatal seizures, prenatal substance exposure, and accident or illness, etc.

*17 California Code of Regulations §52022  
California Government Code §95014  
Welfare and Institutions Code §4642*

### EARLY START TIMELINES

The initial evaluation and assessment for eligibility, and the development of the Individualized Family Service Plan (IFSP) for those eligible, must be completed within 45 days of the date that the regional center receives the referral.

*17 California Code of Regulations §52086  
California Government Code §95020*

### EARLY START SERVICES

- Family training and counseling
- Speech and language therapy
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Medical services for diagnostic or evaluation purposes
- Early identification, screening, and assessment
- Vision services
- Assistive technology services and devices

*IDEA, Part C, §632(E)*

\*With the exception of durable medical equipment, regional centers are prohibited from purchasing services not required by federal law, including: child care; diapers; dentistry; interpreters; translators; genetic counseling; music therapy; and respite services not related to the developmental delay.

*\*DDS Budget Reductions Summary –July 2009*

# REGIONAL CENTER ELIGIBILITY



## Lanterman Act

### LANTERMAN ELIGIBILITY (AGES 3+)

Lanterman (on-going) eligibility applies to individuals age 3 and older, if:

1. They have a documented developmental disability, attributable to
  - Intellectual Disability
  - Cerebral Palsy
  - Epilepsy
  - Autism
  - Fifth Category – disabling conditions found to be *closely related to* an intellectual disability or to require treatment similar to that required for individuals with an intellectual disability
2. The developmental disability originated prior to age 18.
3. The prognosis is expected to continue indefinitely.
4. The developmental disability constitutes a substantial disability for that individual.\*
5. The developmental disability, as noted above, shall not be solely psychiatric, solely a learning disability, or solely physical in nature.

*Welfare and Institutions Code §4512(a)*  
*17 California Code of Regulations §54000*

#### \*SUBSTANTIAL DISABILITY

In order to be eligible for regional center services, the person must exhibit a significant functional limitation in three or more of the following areas of major life activity,

as appropriate to the person's age:

1. Learning
2. Receptive/Expressive Language
3. Self-Care
4. Self-Direction
5. Mobility
6. Capacity for Independent Living
7. Economic Self-Sufficiency

*17 California Code of Regulations §54001*  
*Welfare and Institutions Code §4512(l)*

### LANTERMAN TIMELINES

Initial intake shall be performed within 15 business days following the request for assistance. This initial intake shall include a decision to provide an assessment.<sup>1</sup> Thereafter, the regional center has 120 calendar days to determine eligibility. However, if the delay in the intake process would result in an unnecessary risk to the person's health and safety, then the regional center shall determine eligibility within 60 days.<sup>2</sup>

<sup>1</sup>*Welfare and Institutions Code §4642*

<sup>2</sup>*Welfare and Institutions Code §4643(a)*

### LANTERMAN SERVICES

- Adult day program
- Behavior intervention services
- Crisis intervention services
- Day care
- Durable /non-durable medical equipment
- Independent/supported living
- Licensed residential options
- Respite
- Supported employment
- Transportation services

*\*This is a non-comprehensive list\**

# REQUISITOS PARA RECIBIR SERVICIOS DEL CENTRO REGIONAL



## Early Start (Intervención temprana)

### REUNIR REQUISITOS PARA EARLY START

Bebés de 0 a 36 meses de edad reúnen los requisitos para recibir servicios de intervención temprana cuando:

1. Tienen un retraso documentado del desarrollo (de por lo menos un 33%) en uno de los dominios a continuación:
  - La cognición
  - La comunicación
  - Lo social o emocional
  - El desarrollo adaptativo
  - Lo físico, lo cual incluye la motricidad fina/gruesa, la visión y la audición
2. Han manifestado condiciones arriesgadas de origen conocido con la alta probabilidad que resulten en el retraso del desarrollo.
3. Se encuentran en alto riesgo de tener una discapacidad substancial del desarrollo debido a la combinación (de dos o más) factores de riesgo biomédicos los cuales incluyen, pero no se limitan a, el nacimiento prematuro o con bajo peso, puntuaciones bajas de Apgar, convulsiones neonatales, exposición prenatal a estupefacientes, y accidentes o enfermedades, etc.

*17 California Code of Regulations §52022  
California Government Code §95014  
Welfare and Institutions Code §4642*

### PLAZOS DE EARLY START

La evaluación inicial y revisión para reunir los requisitos, y la elaboración del Plan individualizado para servicios a la familia (Individualized Family Service Plan o IFSP, por sus siglas en inglés) para los que cumplen con los requisitos, se deben completar dentro de 45 días a partir de la fecha en la cual el Centro Regional reciba la remisión.

*17 California Code of Regulations §52086  
California Government Code §95020*

### SERVICIOS DE EARLY START

- Capacitación familiar y consejería
- Terapia del habla y lenguaje
- Terapia ocupacional
- Fisioterapia
- Servicios psicológicos
- Coordinación de servicios
- Servicios médicos para fines diagnósticos o evaluativos
- Identificación temprana, chequeo y evaluación
- Servicios de visión
- Servicios con aparatos/dispositivos de tecnología de apoyo

*IDEA, Part C, §632(E)*

\*Con la excepción de los equipos médicos durables, se les prohíbe a los Centros Regionales comprar servicios no requeridos bajo ley federal que incluyen: el cuidado infantil; pañales; odontología; intérpretes; traductores; asesoramiento genético; terapia con música; servicios de relevo no relacionado con la discapacidad del desarrollo.

*\*DDS Budget Reductions Summary – July 2009*

# REQUISITOS PARA RECIBIR SERVICIOS DEL CENTRO REGIONAL



## Acta de Lanterman

### REUNIR REQUISITOS PARA LANTERMAN (EIDADES DE 3+)

Cumplir (de forma continua) para Lanterman aplica a los individuos de 3 años de edad en adelante, si:

1. Tienen un retraso del desarrollo documentado atribuible a
  - Una discapacidad intelectual
  - La parálisis cerebral
  - La epilepsia
  - El autismo
  - La quinta categoría – son condiciones debilitantes consideradas *relacionadas a* una discapacidad intelectual *o que requieren tratamiento similar a de una persona con discapacidad intelectual*
2. La discapacidad del desarrollo se manifestó antes de cumplir los 18 años
3. Se anticipa que el pronóstico sea de duración indefinitiva
4. La discapacidad del desarrollo constituye una discapacidad substancial para el individuo.\*
5. La discapacidad del desarrollo, como notado anteriormente, **no será** únicamente de carácter siquiátrico, ni solo del aprendizaje, o ni solo físico.

*Welfare and Institutions Code §4312(a)*  
*17 California Code of regulations §54000*

#### \*LA DISCAPACIDAD SUBSTANCIAL

Para reunir los requisitos para recibir servicios del Centro Regional, la persona debe manifestar una limitación funcional significativa en tres o más de las actividades mayores para vivir a

diario a continuación, según lo apropiado para la edad de la persona:

1. El aprendizaje
2. El lenguaje receptivo y expresivo
3. El cuidado personal
4. La iniciación propia y socio/emocional
5. La movilidad
6. La capacidad de vivir de forma independiente
7. La autosuficiencia económica  
*17 California Code of Regulations §54001*  
*Welfare and Institutions Code §4512(1)*

#### PLAZOS DE LANTERMAN

La admisión inicial se debe realizar dentro de 15 días hábiles después de la petición de asistencia. La admisión inicial debe incluir una decisión de proveer una evaluación.<sup>1</sup> Después, el Centro Regional tiene 120 días calendarios para determinar si se ha reunido los requisitos. Sin embargo, si el retraso ocasionado por el proceso de admisión podría resultar en un riesgo innecesario a la salud y seguridad del individuo, entonces el Centro Regional determinará la condición de requisitos dentro de 60 días.<sup>2</sup>

<sup>1</sup> *Welfare and Institutions Code §4642*

<sup>2</sup> *Welfare and Institutions Code §4643(a)*

#### SERVICIOS DE LANTERMAN

- Programas para adultos durante el día
- Servicios de intervención de comportamiento
- Servicios de intervenir en una crisis
- Guardería
- Equipo médico durable/no-durable
- Vida independiente/apoyada
- Opciones residenciales acreditadas
- Relevó
- Empleo con ayuda
- Servicios de transporte

\* *No representa la lista completa \**

# East Los Angeles Regional Center



1000 South Fremont Ave.  
Alhambra, CA 91803

**Phone Number:**

626.299.4700

(Monday through Thursday 7:30-5:00,  
Friday 7:30-4:00, afterhours answering service)

**FAX Number:**

626.281.1163

By e-mail: [info@elarc.org](mailto:info@elarc.org)

<http://www.elarc.org/>

## Eastern Los Angeles Regional Center Service Area

<u>City</u>	<u>Zip Codes</u>
Alhambra	91801, 91802, 91803
Arcadia	91007*
Boyle Heights (LA)	90033*
City Terrace (LA)	90063
Commerce	90040
East LA (LA)	90023
East LA/Commerce	90022
East Pasadena	91107*
El Sereno (LA)	90032
Eagle Rock/Highland Park (LA)	90041*, 90042, 90050
La Habra Heights	90631*
La Mirada	90638, 90639
Lincoln Heights (LA)	90031
Montebello	90640
Monterey Park	91754, 91755
Mt. Washington (LA)	90065*
Pico Rivera	90660
Rosemead	91770
San Gabriel	91775, 91776, 91778
San Marino	91108
South Pasadena	91030
Santa Fe Springs	90670
Temple City	91780*
Whittier	90601*, 90602, 90603, 90604, 90605*, 90606*, 90607, 90608, 90609

**\*Indicates only a portion of this city/zip code is served**



# EARLY START ELIGIBILITY CRITERIA (under age 3)

Effective January 2015



**A delay of 33% in ONE or more developmental areas.**

## *Areas of development*

**Social**- emotions, interacting with others

**Adaptive**- daily activities such as dressing

**Physical**- large and small movements

**Communication**- pre-speech and language

**Cognitive**- thinking and problem solving

CCR TITLE 17, CH 2, SECTION 52022



**APPLY FOR EARLY START SERVICES**

**Parents** may apply online by visiting [www.elarc.org](http://www.elarc.org).

**Other:** Medical professionals and those from other agencies may fax a referral to the Early Start Program. Referrals should include available birth/medical records, developmental information, and family contact information.

**OR**



## **High Risk Factors**

**Children with TWO or more medical factors that place them at risk for a developmental disability. Including:**

- Prematurity of < 32 weeks gestation and/or low birth weight
- Assisted ventilation of >48 hours during the first 28 days of life
- Prenatal substance exposure

The parent of an infant or toddler is a person with a developmental disability and the infant or toddler requires early intervention services based on evaluation and assessment.

CCR TITLE 17, CH 2, SECTION 52022

**OR**



## **Established Risk Condition**

Children with a condition of known etiology with a high probability of resulting in developmental delay; such as Down Syndrome or cerebral palsy.

CCR TITLE 17, CH 2, SECTION 52022

### **ELARC Early Start Program**

Telephone: (626) 299-4777 or (626) 299-4691 Fax: (626) 299-4798 | ELARC PO Box 7916, Alhambra, CA 91802-7916

For more information, visit [www.elarc.org](http://www.elarc.org) or [www.dds.ca.gov/earlystart](http://www.dds.ca.gov/earlystart)



# ELARC Early Start Program Facts (under age 3) effective Jan 2015

The Early Start Program is California's response to federal legislation ensuring that Early Start services to infants and toddlers with disabilities and their families are provided in a coordinated, family-centered system of services that are available statewide.

**ELIGIBILITY CRITERIA** (CCR TITLE 17, CH 2, SECTION 52022)

Infants and toddlers from birth to 36 months may be eligible for Early Start services if, through documented evaluation and assessment, they meet one of the criteria listed below:

**DEVELOPMENTAL DELAY:** A DELAY OF 33% OR MORE IN ONE OR MORE DEVELOPMENTAL AREAS INCLUDING:

- \*Cognitive
- \*Social or emotional
- \*Physical and motor including vision & hearing
- \*Communication
- \*Adaptive

**ESTABLISHED RISK CONDITION:** A condition of known etiology, with a high probability of resulting in developmental delay= such as Down Syndrome or cerebral palsy.

**HIGH RISK FACTORS:** Children with 2 or more medical factors that place them at risk for a developmental disability including:

- Prematurity of less than 32 weeks gestation and/or low birth weight of less than 1500 grams.
- Assisted ventilation for 48 hours or longer during the first 28 days of life.
- Small for gestational age: below the third percentile on the National Center for Health Statistics growth charts.
- Asphyxia neonatorum associated with a five minute Apgar score of 0 to 5.
- Severe and persistent metabolic abnormality, including but not limited to hypoglycemia, acidemia, and hyperbilirubinemia in excess of the usual exchange transfusion level.
- Neonatal seizures or nonfebrile seizures during the first three years of life.
- Central nervous system lesion or abnormality.
- Central nervous system infection.
- Biomedical insult including, but not limited to, injury, accident or illness which may seriously or permanently affect developmental outcome.
- Multiple congenital anomalies or genetic disorders which may affect developmental outcome.
- Prenatal exposure to known teratogens.
- Prenatal substance exposure, positive infant neonatal toxicology screen or symptomatic neonatal toxicity or withdrawal.
- Clinically significant failure to thrive (weight persistently below the 3% for age on standard growth charts or less than 85% of the ideal weight for age and/or acute weight loss or failure to gain weight with the loss of 2 or more major % on the growth curve).
- Persistent hypotonia or hypertonia, beyond that otherwise associated with a known diagnostic condition.

High Risk for developmental disability also exists when a multidisciplinary team determines that the parent of an infant or toddler is a person with a developmental disability and the infant or toddler requires early start services based on evaluation and assessment.

**SERVICES AVAILABLE** Early Start services are intended to support a child's development. Early Start services, as identified on the Individualized Family Service Plan (IFSP), are recommended based on a child's individual needs and the family's concerns, priorities, and resources as well as Part C regulations. Services may include:

- \*Service Coordination
- \*Infant education program
- \*Medical services for diagnosis and evaluation
- \*Speech and language services
- \*Psychological services
- \*Assistive technology
- \*Occupational therapy services
- \*Audiology services
- \*Transitional support to local education agency
- \*Physical therapy services
- \*Counseling

**SERVICE DELIVERY** Early Start services can be provided by or coordinated by regional centers, school districts, or county offices of education. Services are to be provided in the child's natural environment to the maximum extent appropriate.

**PAYMENT FOR SERVICES** Regional centers are required to access all sources of funding including: medical insurance, Medi-Cal, California Children's Services, public school district programs, and community agencies. An Annual Family Program Fee may be assessed in some circumstances.

**APPLY** for Early Start Services.  
**Parents** may apply online by visiting [www.elarc.org](http://www.elarc.org).

**Other:** Medical professionals and those from other agencies may fax a referral to the Early Start Program. Referrals should include available birth/medical records, developmental information, and family contact information.

**ELARC Early Start Program**

Telephone: (626) 299-4777 or (626) 299-4691 Fax: (626) 299-4798 | ELARC PO Box 7916, Alhambra, Ca 91802-7916

For more information, visit [www.elarc.org](http://www.elarc.org) or [www.dds.ca.gov/earlystart](http://www.dds.ca.gov/earlystart)

# South Central Los Angeles Regional Center



2500 S. Western Avenue  
Los Angeles, CA 90018

**Phone Number:**  
(213) 744-7000

<https://sclarc.org/>

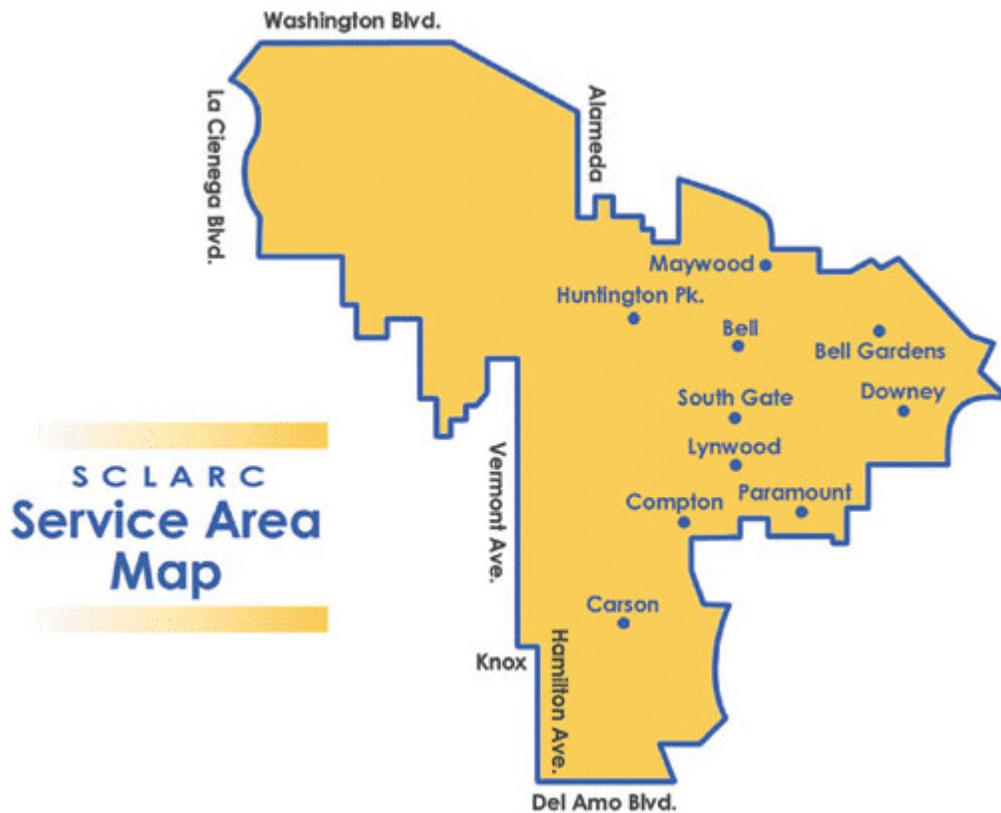
\*Referrals to Early Start Intake can be made by phone, fax, or email. Provide copies of pertinent medical records and a copy of developmental screening tool summary sheets (e.g., ASQ-3 and PEDS, or M-CHAT for autism spectrum disorder screening).

# about us

- About Us (<https://Sclarc.Org/Aboutus.Php>)
- CEO-Welcome (<https://Sclarc.Org/Ceo-Welcome.Php>)
- Management (<https://Sclarc.Org/Management.Php>)
- Board Members (<https://Sclarc.Org/Board-Of-Directors.Php>)
- Employment (<https://Sclarc.Org/Employment.Php>)
- Service Area Maps** (<https://Sclarc.Org/Service-Area-Maps.Php>)
- Glossary (<https://Sclarc.Org/Glossary.Php>)



## service area maps



*ZIP CODES Covered by SCLARC:*

90001, 90002, 90003, 90007, 90008, 90011, \*90016, 90018, 90037, 90043, \*90044, \*90047,\*90056, 90058, 90059, 90061, 90062, 90201, 90220, 90221, 90222, 90240, 90241, 90242, 90248, 90255, 90262, 90270, 90280, 90723, \*\*90810, 90746.

- \* Are shared with Westside Regional Center
- \* Are shared with Westside Regional Center

## Early Start (ages 0-3 years) Intake Process

Referrals to Early Start Intake can be made by phone, fax, or email:

Phone #: (213) 744-8807, (213) 744-8809, (213) 744-7068

Fax#: (213) 947-4115

Email: [earlystartintake@sclarc.org](mailto:earlystartintake@sclarc.org)

The Early Start Intake Unit receives intake referrals for infants and toddlers between the ages of birth to 36 months of age when there are concerns of developmental delays or disabilities. After a referral is received, the Intake Assistant assigns the intake case to an Intake Service Coordinator to schedule a home or office visit with the family to complete a developmental evaluation and psychosocial assessment. Additional assessments, such as speech, occupational therapy, or physical therapy evaluations may also be arranged.

These assessments provide the family and the Regional Center with developmental information that is used to determine eligibility and appropriate individualized services and supports. Each infant or toddler is unique, and the types of services and supports will vary depending on the needs of the child.

### Early Start Eligibility Criteria

Infants and toddlers from birth to age 36 months may be eligible for early intervention services through Early Start if, through documented evaluation and assessment, they meet one of the criteria listed below:

1. have a 33% or greater developmental delay in one or more areas of either cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing; or
2. have an established risk condition of known etiology, with a high probability of resulting in delayed development; or
3. be considered at high risk of having a substantial developmental disability due to a combination of biomedical risk factors of which are diagnosed by qualified personnel

### Solely Low Incidence Disabilities

A solely low incidence disability is defined as one or a combination of low incidence disabilities which are **vision** impairment, severe **orthopedic** impairment, and **hearing** impairment which is the primary disability and has a significant impact on learning and development.

Infants and toddlers with solely low incidence disabilities are not eligible for services from a Regional Center and should be referred to the local education agencies (LEA's) for early intervention services.

**South Central Los Angeles Regional Center  
2500 S. Western Ave., Los Angeles, CA 90018**

**Early Start Intake Unit Referral Form**

Child's Information:

Date: \_\_\_\_\_

First Name	Middle Name	Last Name

Date of Birth	Age	Ethnicity

Gender (male or female)	Language	Name of person/agency making referral and phone #

Information for adult responsible for child:

First Name	Last Name	Relationship (mother, father, legal guardian, foster parent)

Street Address

City	State	Zip Code

Primary Phone Number	Cell Number	Alternate Phone Number

DCFS social worker name (for DCFS cases)	Phone number	Fax number

Has the child previously received an assessment or services from South Central Los Angeles Regional Center or another Regional Center?    Yes \_\_\_    No \_\_\_

If yes, please name the Regional Center: \_\_\_\_\_ UCI# \_\_\_\_\_

In the box below, please describe your concerns regarding the child's development and any medical conditions:

Referral form and medical records may be faxed to (213) 947-4115 or emailed to [earlystartintake@sclarc.org](mailto:earlystartintake@sclarc.org) . To speak with someone about your referral, please contact Veronica Becerra at (213) 744-7068, Marizela De La Rosa at (213) 744-8807, or Sofia Wilson at (213) 744-8809.

**South Central Los Angeles Regional Center  
2500 S. Western Ave., Los Angeles, CA 90018**

**Intervención Temprana  
Solicitud Para Recibir Servicios**

Información del menor:

Fecha: \_\_\_\_\_

Primer Nombre	Segundo Nombre	Apellido

Fecha de Nacimiento	Edad	Etnicidad

Sexo (Femenino o Masculino)	Lenguaje	Nombre de la persona o agencia que hace la referencia y el número de teléfono

Información de adulto responsable por menor:

Primer Nombre	Apellido	Relación (madre, padre, tutor legal)

Domicilio

Ciudad	Estado	Código Postal

Numero Telefónico	Numero De Celular	Numero Telefónico alternativo

Nombre del Trabajador Social (Casos de DCFS)	Numero Telefónico Del Trabajador Social	Numero De Fax

El Niño a recibido una evaluación de parte Del Centro Regional Del Sur De Los Angeles o de otro Centro Regional anteriormente? Si\_\_\_ No\_\_\_

Si respondió si, por favor de proveer el nombre del Centro Regional: \_\_\_\_\_ UCI#: \_\_\_\_\_

En la caja abajo, por favor describa sus preocupaciones sobre su niño y condiciones médicas:

Formas de referencia o archivos médicos pueden ser enviado al numero de fax (213) 947-4115 o por el correo electrónico [earlystartintake@sclarc.org](mailto:earlystartintake@sclarc.org). Para hablar con un Representante de admisión de Intervención temprana, por favor comuníquese con Veronica Becerra (213) 744-7068, Marizela De La Rosa (213)744-8807 o Sofia Wilson al (213) 744-8809.

# CHDP Care Coordination/Follow-up Form

*Completion Instructions | 32*

*Form– East Region | 36*

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## Care Coordination/Follow-up Form: Completion Instructions

CHDP Providers:

**For patients with Fee-for-Service Medi-Cal or temporary Gateway Coverage who have been referred to another provider for the following:**

- Medical diagnosis
  - Medical treatment
  - Dental home
  - Dental treatment or
  - Scheduled for a return visit
- 
- Fax a copy of the Care Coordination form to the fax number listed at the on top of the form.
  - Give a copy of the Care Coordination form or a printout of your EHR patient summary (or an equivalent) to the responsible person indicated on the form.

**For patients in the foster care system:**

- Complete the 561A (for medical problems suspected) and/or the 561B (for dental problems suspected).
- Fax to the fax number listed on the form.

Explanation of Form Items:

### Patient Information (Demographics) Section

1. **Patient Name.** Enter the patient's last name, first name and middle initial, exactly as it appears on the Benefits Identification Card (BIC), including blank spaces. If the patient's name differs in any way from the name on the BIC or is incorrect, enter the name that the patient is Also Known As (AKA) in the *Comments* area.
2. **Language.** Enter the patient's primary language spoken at home. The language is critical to enable local CHDP program staff to assist families in removing barriers to diagnosis and/or treatment.
3. **Date of Service.** Enter the date the CHDP service was rendered. Use a leading zero (0) when entering dates with only one digit (for example, March 1, 2017 is entered as 03 01 17).
4. **Birthdate.** Enter the month, day and year of the patient's birth exactly as it appears on the Medi-Cal eligibility verification system. Use zeros (0) when entering dates of only one digit (for example, January 1, 2017 is entered as 01 01 17). If the birth date stated on the Medi-Cal eligibility verification system is incorrect, note the discrepancy in the *Comments* area.
5. **Age.** Enter the patient's age with one of the following indicators: "y" for years, "m" for months, "w" for weeks, or "d" for days (for example, 15y represents 15 years of age).
6. **Sex.** Enter an "F" if the patient is female. Enter an "M" if the patient is male. This must be entered exactly as it appears on the Medi-Cal eligibility verification system. If the sex stated on the Medi-Cal eligibility verification system is incorrect, note this in the *Comments* area.
7. **Gender.** Enter the gender the patient identifies with even if the gender is not female or male. If information is not available leave blank.

8. **Patient's County of Residence.** Enter either the name of the county where patient lives (not county where assessment is performed) or the two-digit city code if the individual lives in Berkeley, Long Beach or Pasadena.
9. **Telephone #** Enter residence or cellular telephone number, including area code where the responsible person can be reached during the day. This number is critical to enable local CHDP program staff to assist families in linking to care.
10. **Alternate Phone #** Enter business or message telephone number, including area code where the responsible person can be reached during the day. This number is critical to enable local CHDP program staff to assist families in linking to care.
11. **Responsible Person.** When the patient is younger than 18 years of age and not an emancipated minor, enter the name, street address (including apartment or space number), city, and ZIP code of the parent or legal guardian with whom the patient lives.
12. **Patient Eligibility.** Patient eligibility information on the form is completed as follows:
  - 12a. COUNTY. Enter patient's two-digit county code (obtained when eligibility verification is performed).
  - 12b. AID CODE. Enter patient's two-digit aid code (obtained when eligibility verification is performed).
  - 12c. IDENTIFICATION NUMBER. Enter patient's identification number from the plastic Benefits Identification Card (BIC) or *Immediate Need Eligibility Document – Gateway*
  - 12d. LA Code – Enter the appropriate two-digit Los Angeles County CHDP Regional Code for your service location.  
**North Region (04); East Region (05); Southwest Region (06)**
  - 12e. Enter a check mark (✓) on either Yes or No to indicate if the patient is enrolled with a Medi-Cal Managed Care Plan
13. **Next CHDP Exam Date.** Enter the month, day and year that the next complete health assessment is due.
14. **Ethnic Code.** Enter the appropriate ethnic code (select one only). If the patient's ethnicity is not included in the code list, or if ethnicity is unknown, enter code 7 (Other).

### Medical Assessment and Referral Section

15. **No Medical Problems Suspected.** Enter check mark (✓) in this box if the screenings, assessments and procedures are completed and no problem is suspected. Go to Section B - Dental Assessment and Referral.
16. **Significant Medical History or Special Conditions.** Enter diagnosis of medical history or special conditions that are known to the family per history and currently or previously under care that will assist in linking the patient with an appropriate dental home, as well as assist the CHDP PHN for care coordination and/or follow-up.

**If a problem is suspected for any exam, assessment or screening areas (Physical (#17), Nutritional (#18), Developmental (#19), Vision (#20), Hearing (#21) and Lead (#22)) enter the following:**

- The name and telephone number of the provider or agency you referred the patient.
- If a diagnosis and/or treatment are pending and a return visit is scheduled enter the *Problem Suspected* in the designated area and enter check mark (✓) on the *Returned Visit Scheduled* box – any additional

information may be placed in the *Comments* area.

17. **Physical Exam. *Problem Suspected*** – Enter up to 3 *problems suspected* in the designated area if diagnosis or treatment not known to the family per history and currently or previously not under care. Enter additional problem(s) suspected in the *Comments* area.
18. **Nutritional Assessment. *Problem Suspected*** – Enter the *problem suspected* in the designated area if a diagnosis or treatment not known to the family per history and currently or previously not under care. Enter additional problem(s) suspected in the *Comments* area.
19. **Developmental Screening. *Problem Suspected*** – Enter a check (✓) in appropriate box(es) if a diagnosis or treatment not known to the family per history and currently or previously not under care. Check (✓) *Other* box if the condition is not listed and enter the suspected diagnosis in the *Comments* area.
- 20/21. **Vision (#20) and Hearing Screening (#21) . *Problem Suspected*** – Enter a check mark (✓) on the *problem suspected* box if a diagnosis or treatment not known to the family per history and currently or previously not under care and enter the diagnosis or treatment in the *Comments* area. Enter additional information in the *Comments* area.
  - Enter a check marks (✓) on the *Not screened* and the *Returned Visit Scheduled* boxes if the patient was not screened.
  - Enter a check mark (✓) on the *Other* box and state the diagnosis or information in the space provided if the screening results do not fit with *Problem Suspected* or *Not screened* boxes. Enter any additional in the *Comments* area.
22. **Blood Lead.** If lead level is known, document the result.
23. **Comments.** Use this space for remarks that clarify the results of the health assessment and communicate issues to the local CHDP programs.

### **Dental Assessment and Referral Section**

24. **Class I.** Enter a check mark (✓) on the *Class I: No Visible Problems* box if the patient has no visible problems and by checking this box you are indicating the patient is being referred for the *mandated annual routine dental referral*.
25. **Class II.** Enter a check mark (✓) on the *Class II: Visible decay* box if the patient has visible decay, small carious lesions or gingivitis and by checking this box you are indicating the patient is being referred for a *non-urgent dental care referral. Patient is to be referred within 6 weeks*.
26. **Class III.** Enter a check mark (✓) on the *Class III: Urgent* box if the patient has pain, abscess, large carious lesions or extensive gingivitis and by checking this box you are indicating the patient is being referred for *immediate treatment due to an urgent dental condition. Patient is to be referred within 48 hours*.
27. **Class IV.** Enter a check mark (✓) on the *Class IV: Emergent acute injury* box if the patient has an acute injury, oral infection or other pain and by checking this box you are indicating the patient is being referred for *immediate dental treatment to be seen within 24 hours*.

**28. Fluoride Varnish Applied.**

- Enter a check mark (✓) on the *Yes* box if the patient had fluoride varnish applied during visit on date of service listed above.
- Enter a check mark (✓) on appropriate *No* boxes fluoride varnish was not applied due to either parent refusal or teeth have not erupted.
- Enter a check mark (✓) on the *Other reason* box and state reason for not applying fluoride varnish in the space provided.

**29. Dental home referral.** Enter a check mark (✓) on the *Dental home referral* box if the patient has no dental home.

Note: A referral for a routine dental visit still needs to be made if the patient has no dental problems (Class I) and is 1 year of age or older. Be sure to check (✓) *Class I* box.

**30. Referred To and Contact Number.** Enter the name and telephone number of the dental provider or agency where the patient was referred or enter the patient's dental home provider information.

- If the patient does not have a dental home, be sure to enter a check mark (✓) on the *Dental home referral* box and enter the name and telephone number of the dental provider or agency you referred the patient.

**Referring Provider Information**

**31. Service Location.** Enter the following information on the appropriate line (a provider stamp is acceptable):

- Line 1: Business Name
- Line 2: Street address
- Line 3: City, State and nine-digit ZIP code
- Line 4: Telephone number, including area code

**32. Provider Office NPI Number.** Enter the office's National Provider Identifier (NPI) number in the appropriate line.

**33. Rendering Provider Name.** Print legibly or type the provider's name that renders the services.

**34. Provider Signature.** Provider or a designated representative must sign.

**35. Date.** Enter the date of signature.

## Child Health and Disability Prevention Program Care Coordination / Follow-up Form

Submit to the County CHDP program within 5 business days of the examination – Fax (626) 571-4580 EAST (05)

For children in the foster care system, complete the 561A (medical problems suspected) and/or the 561B (dental problems suspected).

1. Patient Name (Last) _____ (First) _____ (Initial) _____			2. Language _____		3. Date of Service Month _____ Day _____ Year _____	
4. Birthdate Month _____ Day _____ Year _____		5. Age _____	6. Sex _____	7. Gender _____	8. Patient's County of Residence _____	9. Telephone # (Home or Cell) ( _____ ) _____
10. Alternate Phone # (Work or Other) ( _____ ) _____						14. Ethnic Code <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Hispanic/Latino <input type="checkbox"/> 3. Black/African American <input type="checkbox"/> 4. American Indian/Alaska Native <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Native Hawaiian/Other Pacific Islander <input type="checkbox"/> 7. Other
11. Responsible Person (Name) _____ (Street) _____ (Apt/Space #) _____ (City) _____ (Zip) _____						
12. Patient Eligibility	12a. County _____	12b. Aid Code _____	12c. Identification Number _____		12d. LA Code <b>05</b>	13. Next CHDP Exam Date Month _____ Day _____ Year _____
	12e. Is patient a Medi-Cal Managed Care Plan enrollee? <input type="checkbox"/> Yes <input type="checkbox"/> No					

### Medical Assessment and Referral Section

15. <input type="checkbox"/> No Medical Problems Suspected		16. Significant Medical History or Special Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify: _____	
17. Physical Exam	Problem Suspected	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
	Problem Suspected	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
	Problem Suspected	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
18. Nutritional Assessment	Problem Suspected	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
19. Developmental Screening	<input type="checkbox"/> Speech Delay <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Cognitive <input type="checkbox"/> Fine Motor Delay <input type="checkbox"/> Gross Motor Delay <input type="checkbox"/> Other	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
20. Vision Screening	<input type="checkbox"/> Problem Suspected <input type="checkbox"/> Not screened – rescheduling <input type="checkbox"/> Other: _____	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
21. Hearing Screening	<input type="checkbox"/> Problem Suspected <input type="checkbox"/> Not screened – rescheduling <input type="checkbox"/> Other: _____	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
22. Blood Lead	Level: _____	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	

### Dental Assessment and Referral Section

24. <input type="checkbox"/> <b>Class I:</b> No Visible Problems  Mandated annual routine dental referral (beginning no later than age 1 and recommended every 6 months)	25. <input type="checkbox"/> <b>Class II:</b> Visible decay, small carious lesion or gingivitis  Needs non-urgent dental care within 1 to 6 weeks	26. <input type="checkbox"/> <b>Class III: Urgent</b> – pain, abscess, large carious lesions or extensive gingivitis  Immediate treatment for urgent dental condition within 48 hours	27. <input type="checkbox"/> <b>Class IV: Emergent</b> – acute injury, oral infection or other pain  Needs immediate dental treatment within 24 hours
28. Fluoride Varnish Applied: <input type="checkbox"/> Yes <input type="checkbox"/> No, parent refused <input type="checkbox"/> No, teeth have not erupted <input type="checkbox"/> Other reason for not applying: _____			
29. <input type="checkbox"/> Dental home referral		30. Referred To and Contact Number: _____	

### Referring Provider Information

31. Service Location: Office Name, Address, Telephone and Fax Number	32. Provider Office NPI Number
	33. Rendering Provider Name (Print Name)
	34. Provider Signature
	35. Date

## Child Health and Disability Prevention Program Care Coordination / Follow-up Form

Submit to the County CHDP program within 5 business days of the examination – Fax (310) 223-0090 **SOUTHWEST (06)**

For children in the foster care system, complete the 561A (medical problems suspected) and/or the 561B (dental problems suspected).

1. Patient Name (Last) _____ (First) _____ (Initial) _____			2. Language _____		3. Date of Service Month _____ Day _____ Year _____	
4. Birthdate Month _____ Day _____ Year _____		5. Age _____	6. Sex _____	7. Gender _____	8. Patient's County of Residence _____	9. Telephone # (Home or Cell) ( _____ ) _____
11. Responsible Person (Name) _____ (Street) _____ (Apt/Space #) _____ (City) _____ (Zip) _____						14. Ethnic Code <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Hispanic/Latino <input type="checkbox"/> 3. Black/African American <input type="checkbox"/> 4. American Indian/Alaska Native <input type="checkbox"/> 5. Asian <input type="checkbox"/> 6. Native Hawaiian/Other Pacific Islander <input type="checkbox"/> 7. Other
12. Patient Eligibility		12a. County _____	12b. Aid Code _____	12c. Identification Number _____		
13. Next CHDP Exam Date Month _____ Day _____ Year _____						<input type="checkbox"/>
12e. Is patient a Medi-Cal Managed Care Plan enrollee? <input type="checkbox"/> Yes <input type="checkbox"/> No						

### Medical Assessment and Referral Section

15. <input type="checkbox"/> No Medical Problems Suspected		16. Significant Medical History or Special Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify: _____	
17. Physical Exam	Problem Suspected	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
	Problem Suspected	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
	Problem Suspected	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
18. Nutritional Assessment	Problem Suspected	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
19. Developmental Screening	<input type="checkbox"/> Speech Delay <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Cognitive <input type="checkbox"/> Fine Motor Delay <input type="checkbox"/> Gross Motor Delay <input type="checkbox"/> Other	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
20. Vision Screening	<input type="checkbox"/> Problem Suspected <input type="checkbox"/> Not screened – rescheduling <input type="checkbox"/> Other: _____	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
21. Hearing Screening	<input type="checkbox"/> Problem Suspected <input type="checkbox"/> Not screened – rescheduling <input type="checkbox"/> Other: _____	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
22. Blood Lead	Level: _____	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	

### Dental Assessment and Referral Section

24. <input type="checkbox"/> <b>Class I:</b> No Visible Problems  Mandated annual routine dental referral (beginning no later than age 1 and recommended every 6 months)	25. <input type="checkbox"/> <b>Class II:</b> Visible decay, small carious lesion or gingivitis  Needs non-urgent dental care within 1 to 6 weeks	26. <input type="checkbox"/> <b>Class III: Urgent</b> – pain, abscess, large carious lesions or extensive gingivitis  Immediate treatment for urgent dental condition within 48 hours	27. <input type="checkbox"/> <b>Class IV: Emergent</b> – acute injury, oral infection or other pain  Needs immediate dental treatment within 24 hours
28. Fluoride Varnish Applied: <input type="checkbox"/> Yes <input type="checkbox"/> No, parent refused <input type="checkbox"/> No, teeth have not erupted <input type="checkbox"/> Other reason for not applying: _____			
29. <input type="checkbox"/> Dental home referral		30. Referred To and Contact Number: _____	

### Referring Provider Information

31. Service Location: Office Name, Address, Telephone and Fax Number	32. Provider Office NPI Number
	33. Rendering Provider Name (Print Name)
	34. Provider Signature
	35. Date

## Implementing Developmental Screening Into Practice

*Frequently Asked Questions | 39*

*ASQ-3 Steps to Screening Success | 41*

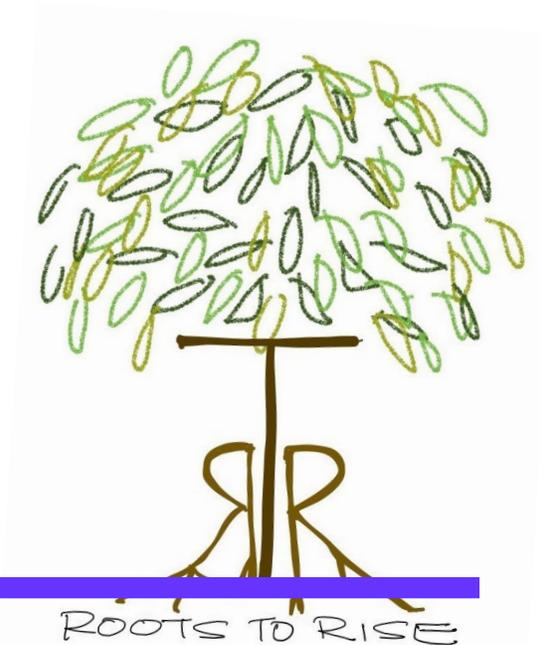
*Sample letters to parent/caregiver | 42*

*Implementing Early Identification in Primary Care—  
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## Frequently Asked Questions

**Is developmental screening a new recommendation?** *No, the AAP first recommended developmental and behavioral screening in 2001.*

- [2001 American Academy of Pediatrics \(AAP\)\\* recommends developmental and behavioral screening](#)- Recommendation for the integration of surveillance and screening as part of the medical home.
- [2006 AAP Statement](#)- Provides an algorithm for developmental surveillance and screening.
- [2009 CHDP Provider Information Notice 09-14](#) Health Assessment Guideline recommendations for developmental and socio- emotional/behavioral routine screening ages, screening tool accuracy, and an update on FFS Medi-Cal reimbursement.
- [2016 CHDP Provider Information Notice 16-03 & Health Assessment Guideline #20](#)- CHDP adopts the American Academy of Pediatrics (AAP), Bright Futures Guidelines for Preventive Pediatric Health Care.

**What does “health assessment” mean?** *Health assessments include Bright Futures periodicity categories: history, measurements, sensory screening, developmental/behavioral health, physical examinations, procedures, oral health, and anticipatory guidance.*

- See [2017 CHDP PIN: 17-03](#)

**What tool should I use?** *This toolkit provides a list of some of the screening tools that are currently available. Both the AAP and CHDP recommend the use of screening tools that are standardized and have been tested for specificity and sensitivity greater than or equal to 70%.*

Instruments for Recommended Universal Screening at Specific Bright Futures Visits:

- [https://toolkits.solutions.aap.org/ss/screening\\_tools.aspx](https://toolkits.solutions.aap.org/ss/screening_tools.aspx)

**How much do screening tools cost?** *The fee for screening tools varies. It is important to make sure that the tool you choose is a validated developmental screening tool that has a specificity and sensitivity greater than or equal to 70%.*

[ASQ-3](#) and [PEDS](#) are widely recognized validated general developmental screening tools. The [MCHAT](#) is a tool used to help screen for autism specific developmental concerns.

## Frequently Asked Questions

**How much time will it take to administer the screening tool?** *Most of the tools can be completed by a parent/caregiver within ten minutes. The tools can then be scored by a staff person and the results reviewed by the medical provider as part of the comprehensive health assessment.*

**What talking points can I use to talk to parents/caregivers about developmental screening?** *Some parents may not understand the rationale for developmental screening. It is helpful to remind them that this is part of the normal health or well child visit for children ages 9mo, 18mo, and 24/30mo. It is also important for parents/caregivers to know that screening tools will help identify children that are at risk for delay and need further evaluation by a specialist.*

**What should I do if a parent/caregiver tells me that they are concerned about their child's development?** *Listen to their concerns. If through surveillance and clinical assessment you determine that there is positive risk of developmental delay, you should conduct developmental screening (e.g., ASQ-3, PEDS or MCHAT) with the appropriate follow-up measures.*

**How reliable are parent completed developmental screening tools?** *Research shows that parents are reliable reporters of their child's development.*

**How do I get reimbursed?**

- [CHDP PIN 09-14](#)
- [Standardized Screening/Testing Coding Fact Sheet for Primary Care Pediatricians: Developmental/Behavioral/Emotional](#)
- [DHCS California Proposition 56- Developmental Screenings Policy \(10/2019\)](#)

**Where can I learn more about child development initiatives?**

The following are examples of local and national initiatives and/or organizations promoting early child development:

- [First 5 LA](#), [Help Me Grow](#), [Birth to 5: Watch Me Thrive!](#), [CDC](#)

**Where can I learn more about CHDP?**

You can learn more about the CHDP Program on the [Department of Health Care Services](#) (DHCS) web site. For information about the local CHDP program, please visit the [LA County](#) website.

# How Works

## 6 easy steps to screening success!

**STEP 1**

Choose the right questionnaire for the child's age.

Photocopy or print it...



...or use ASQ Online.

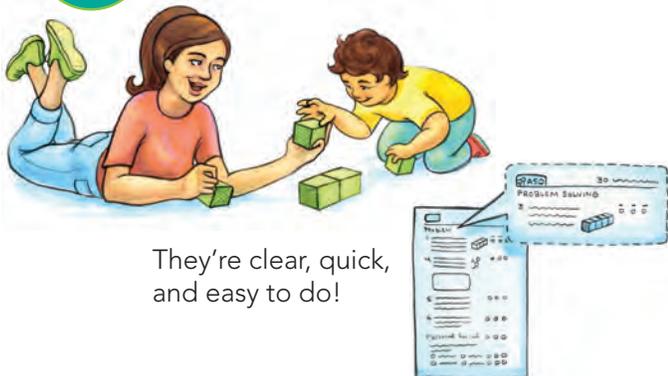
**STEP 2**

Give it to the parent to complete and return.



**STEP 3**

Parent fills out the questionnaire at home.

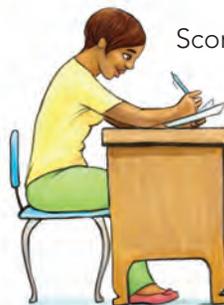


They're clear, quick, and easy to do!

**STEP 4**

Score the questionnaire when the parent returns it.

Score by hand in minutes...



...or in seconds with ASQ Online.

**STEP 5**

Share results with the parent.

Discuss referral options if there are developmental concerns.



**STEP 6**

Give parents fun ASQ-3™ Learning Activities.

Help them boost development at home between screenings!



Dear Parent/Caregiver:

Thank you for completing the recent questionnaire from the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), for your child. Your responses on the questionnaire show that your child's development appears to be progressing well.

Enclosed are activities designed for use with the ASQ that you may use to encourage your child's development.

You'll receive another questionnaire in \_\_\_\_\_ months. Please remember that it is very important to complete all items and return each questionnaire as soon as you finish it. Feel free to call us if you have any questions.

Sincerely,

Dear Parent/Caregiver:

Thank you for completing the recent questionnaire from the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), for your child. Your responses on the questionnaire show that your child's development should be monitored for a period of time. However, your child may benefit from playing some games and practicing skills in certain areas. We have included some suggestions for activities and games you can play with your child.

Enclosed are activities designed for use with the ASQ that you may use to encourage your child's development.

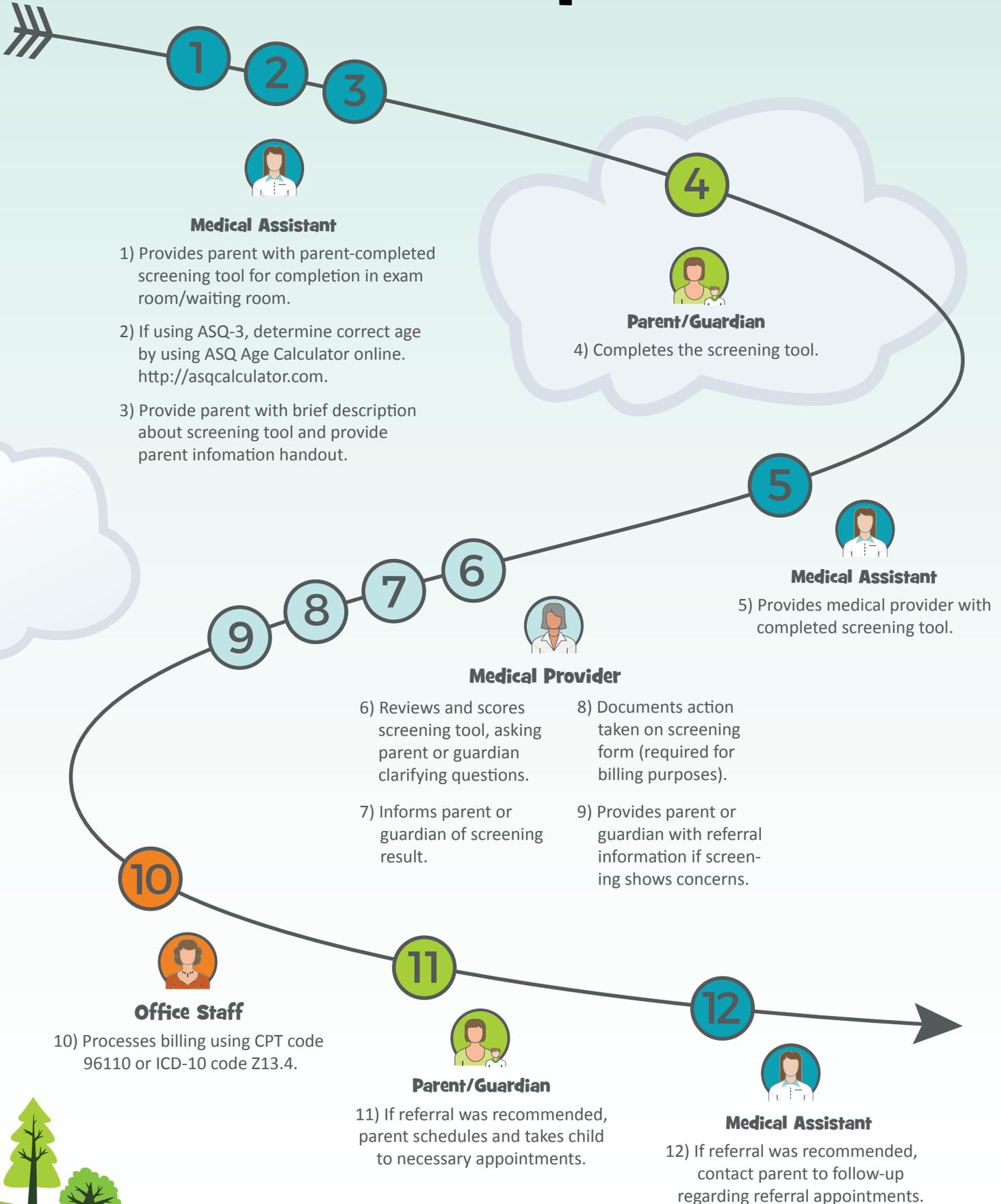
We also suggest that you complete another \_\_\_\_ month ASQ-3 questionnaire by \_\_\_\_\_. We will contact you with a reminder and send you an ASQ-3 questionnaire at that time.

Please get in touch if you have any questions.

Sincerely,

# IMPLEMENTING EARLY IDENTIFICATION INTO PRIMARY CARE

## A Sample Workflow



## Developmental Screening Conversation Tip Sheet

### Introduction

While we rely on our clinical judgment for many things, a short office visit isn't always sufficient to get a full picture of a child's growth and development. And parents don't always know enough about child development to recognize if their child's growth isn't typical and proactively bring up concerns. This is why it's so important to measure all aspects of a child's development using validated developmental screening tools, including ones specific to social-emotional development and autism spectrum disorder. Studies have shown up to a 70% increase in referrals to services for children after pediatricians administer a developmental screening, compared to those who aren't screened.<sup>1</sup>

But discussing concerns about a child's development can be difficult -- particularly after a positive screening result. Some families may panic at the idea of a problem, while others may get dismissive or defensive. To successfully manage these challenging conversations, you can rely on the following techniques.

### Open-Ended Questions

Open-ended questions are **questions without a simple yes-or-no answer**. They encourage families to share their experiences and concerns. When families answer questions with stories and anecdotes, instead of simple facts, it gives you a glimpse into their day-to-day lives. Open-ended questions show families that you care about them as individuals and are not simply checking off answers on a list.

### Examples of Open-Ended Questions

- What sorts of things does your son like to do while playing?
- What does your daughter do when you ask her to point to something?
- On your screening, you said your son sometimes has tantrums. Tell me about that.

### Reflections

Reflections are neutral **paraphrases of a parent's own words** that let them know you are listening, help you make sure you understand them, and encourage them to keep sharing. Reflections can be simple (reflecting back what a parent just said, using a sympathetic tone) or complex (making an educated guess as to what a parent is feeling based on what they said).

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1. Marks, Kevin, et al. "Lowering Developmental Screening Thresholds and Raising Quality Improvement for Preterm Children." Pediatrics. Jun 2009. <http://pediatrics.aappublications.org/content/123/6/1516>

## Examples of Simple Reflections

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**Mother:** I don't think he understands me. When I ask him to do something, he just stands there.

**Primary Care Clinician:** You don't think he understands you.

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**Father:** Shouldn't she be able to walk by now?

**Primary Care Clinician:** You're worried that your daughter isn't walking yet.

## Example of a Complex Reflection

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**Mother:** I keep trying to get him to say "Mama" but he just runs away. Is it normal for him to not be talking yet?

**Primary Care Clinician:** I'm hearing that you're worried because your son isn't speaking yet. You'd like to know if he is meeting all his developmental milestones.

## Showing Empathy

Families will be most likely to **trust and confide** in you when they know that their concerns will be met with empathy and understanding. Some ways to demonstrate your empathy include:

### Validating their Concerns

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Telling families that the concerns they have are **legitimate and valid** can be extremely comforting, even when no further help is offered. Knowing that their struggles *are* seen as difficult by others can help a mom or dad feel less depressed and isolated.

#### Example of Validating

**Mother:** I hate when his dad just gives in when he throws a tantrum.

**Primary Care Clinician:** It's frustrating when parents have different expectations for a child's behavior.

### Normalizing their Experience

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Letting families know that you have seen **other parents struggling with similar challenges** can help them feel less alone. However, in your attempt to show your support, be careful to avoid minimizing their struggles, as this can downplay the seriousness of a situation and potentially reduce the likelihood of follow-through on a referral.

### Example of Normalizing

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✔ **Normalizing:** A lot of children in my practice have language delays as toddlers and, with early intervention, they go on to do great in school.

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✘ **Minimizing:** A language delay at this age is no big deal. He has plenty of time to catch up.

### Affirming their Strengths

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Affirmations emphasize the family's **positive accomplishments, values, or intentions** in order to empower families to overcome any challenges they're facing.

#### Examples of Affirming

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- You love your son so much and want to help him get better at making friends.
- Your daughter's language has really improved. I can see how much you've been working with her!

### Respectful Sharing of Information

When you need to share information or advice with families, it can be tempting to simply tell them outright and assume that they will understand, remember, and follow your recommendations. But this does not happen as often as we would like. For many families, the information learned from their clinician is never put into action. There are a few ways to make sure that families **hear, understand, and retain** the information you share with them.

#### Ask-Tell-Ask

When sharing information with a family, it is helpful to first ask what they **already know** about the topic. That way, you can avoid wasting time repeating things and you have a chance to correct any misconceptions. You can then share any new information to build on their existing knowledge, and **follow up** by asking them what they think of the new information. This follow-up question helps solidify their understanding because it encourages them to either repeat or question the new information.

#### Example of Ask-Tell-Ask

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**Primary Care Clinician:** What do you know about autism? (**Ask**)

**Mother:** It's like, when kids never learn to talk and they don't really feel emotions or anything, right?

**Primary Care Clinician:** Well, a lot of people with autism have trouble speaking, that's true. But what we know now is that people with autism experience feelings so intensely that it makes it difficult for them to process what they're experiencing. **(Tell)** What do you think about that? **(Ask)**

**Mother:** Do you think that's what's going on with her?

## Teach-Back

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When sharing new information with families, one way to make sure they understand is to ask them to **"teach it back"** to you. By reframing the information in their own words, parents are more likely to remember and use it once they have left the office. This also helps you identify and correct misunderstandings.

### Example of Teach-Back

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**Primary Care Clinician:** When you use a bribe to stop a child from having a tantrum, a child can interpret that as a reward for having the tantrum. If you promise a reward ahead of time -- something like a pack of stickers if your son gets through the store without throwing a tantrum -- then you're rewarding the behavior you want to see.

**Father:** That makes sense.

**Primary Care Clinician:** So, let's practice what you'll say the next time you go food shopping.

**Father:** I can tell him, "You'll get stickers at the checkout, but only if you use your inside voice at the store."

While these strategies can be used across the many topics you may discuss with families, they are especially useful for discussing concerns about a child's development.

## Conclusion

To help children grow to their fullest potential, it's important that they and their whole family feel supported and understood. That is why a wide range of screenings – from postpartum depression screens to ongoing screenings throughout a child's development – are so important for keeping primary care clinicians aware of hidden issues that might not otherwise come up.

When discussing difficult topics raised by a screening, you can **build a rapport** with the family by using conversation techniques that show your empathy and understanding. Open-ended questions, reflections, affirmations, validations, normalizing, and respectful sharing of information are helpful ways to **engage a family to get a fuller picture of their circumstances and set priorities that address their unique needs.**

# FAQ: ASQ-3

Also see the ASQ-3 User Guide.

## What does ASQ-3 stand for?

ASQ-3 stands for “Ages and Stages Questionnaires, Third Edition” (Squires, Bricker et al., 2009)

## What is the ASQ-3?

- A standardized screening tool to identify young children at risk for developmental delays.
- A parent-report tool that can be administered during well-child visits.
- The ASQ-3 asks parents questions about developmental skills.

## When should it be used?

- Validated for use with children ages 1-66 months.
- The American Academy of Pediatrics recommends a general developmental screening at:
  - 9-, 18, & 24-/30-months.
- Can also be used:
  - When parents report a concern.
  - Across time points for surveillance.

## How does it work?

- Current version includes 21 age-specific questionnaires (ages 2 to 60 months).
- Questions in 5 developmental areas with 6 questions in each area:
  - Communication, Gross Motor, Fine Motor, Problem Solving, Personal-Social
  - Response options include: *yes, sometimes, not yet*
- Separate “Overall Section” provides additional information:
  - Areas include early language development, behavioral and articulation
  - Response options include: *yes, no* and fill in
- Can be completed by caregivers in 10-15 minutes.
- Written at the 4<sup>th</sup>-6<sup>th</sup> grade reading level.
- Available in multiple languages including Spanish.
- Minimal training is required to administer or score the tool.
- For experienced personnel, scoring should take about 1-3 minutes.

## Anything else I should know?

- The ASQ-3 is a copyrighted instrument and can be purchased from Brookes Publishing.
- Sensitivity: 86%; Specificity: 85%.
- ASQ-SE:2 is also available.

## What if I have more questions or want info about training?

Call or visit us online:

[LA County Child Health and Disability Prevention Program](#)

Phone: (800) 993-2437

<http://publichealth.lacounty.gov/cms/CHDP.htm>

**The AAP recommends developmental screening at:**

**9  
months**

**18  
months**

**& 24/30  
months**



A Help Me Grow Ventura County Project. Our goal is to ensure children's optimal development by strengthening the systems connecting families to early identification and intervention services. [www.HelpMeGrowVC.org](http://www.HelpMeGrowVC.org)

Made possible with funding and support from First 5 Ventura County.

# Scoring Tips: ASQ-3

(See also Brookes Publishing ASQ-3 User's Guide or Quick Start Guide)

## How to use it

- Determine the age of the child (in months and days) at the time of the screening.
  - Use the free online age calculator at [agesandstages.com](http://agesandstages.com) or scan the QR code.
  - Adjust for prematurity for children born 3 or more weeks early, until 24 months.



## Step 1: Review parent responses

- Check for missing questions. Try to get answers for missing questions.
- If it is not possible to obtain an answer to a missing question, then omit the question and adjust the score in that area of development.
- An ASQ-3 area should not be scored if more than 2 questions in that area are unanswered.
- Questions may be omitted if inappropriate (e.g. the skill or item is not acceptable to a culture or religion). See User's Guide.

## Step 2: Calculate area totals

- For each Developmental Area, add up the parent/caregiver responses.
  - Yes=10, Sometimes= 5, Not Yet= 0
- If questions were omitted, calculate a new area total.
  - Divide total area score by the number of questions answered in that area. Add this average score to the total area score to get a new total score.
  - You may also use the Score Adjustment Chart or online Adjusted Score Calculator.

## Step 3: Review Overall Section responses

If necessary, ask for clarification and make additional notes.

## Step 4: Record Scores and Responses on the Information Summary Page

- For the Developmental Areas enter the Total Score and fill in the circles corresponding to the score.
- Transfer Overall responses.

## Step 5: Interpret the ASQ scores and make recommendations for follow-up

If a child's total score falls in the:

<b>Dark Shaded Area</b>
<b>Grey Shaded Area</b>
<b>Unshaded Area</b>

Refer for further assessment and/or parent support services.

Provide follow-up activities and continue monitoring.  
A re-screen within 2 months may be appropriate.  
A referral may be appropriate if there are noted parent concerns.

Provide follow-up activities.  
Continue routine screening and surveillance.

Be sure to ask about any missing responses.



# FAQ: M-CHAT-R/F

See also *Instructions for Use and Scoring Algorithm* included with the M-CHAT-R/F.

## What is the M-CHAT-R/F?

- “Modified Checklist for Autism in Toddlers, Revised with Follow-Up” *Robins, Fein & Barton, 2009*
- A screening tool used to identify young children at risk for *autism*.
- A two-stage, parent-reporting tool that can be administered during well-child visits.
- An expanded version of the original 9-question Checklist for Autism in Toddlers. (*CHAT; Baron-Cohen et al., 1992*)
- Current version includes 23 *Yes/No* questions.
- Written at the 6<sup>th</sup> grade reading level.
- Available in multiple languages including Spanish, Chinese, Hindi, and more.
- Requires no special training to administer or score the tool, and scoring is easy and usually takes 2-5 minutes.

## When is it used?

- Validated for use with children ages 16-30 months (no need to adjust for prematurity).
- The AAP recommends an autism-specific screening at 18- and 24-months.
- It’s also used when parents report a concern, and across time points for surveillance.

## How is it used?

- Caregiver completes the M-CHAT-R by circling/marking the appropriate response. Every question should be answered.
- Score the M-CHAT-R.
- If a score indicates a risk for autism, administer the *Follow-Up Interview*.
  - Select Follow-Up items based on the items failed on the M-CHAT-R.
  - Follow the flowchart for each question until a Pass or Fail response is scored.
  - Score the Follow-Up Interview.
  - If a child screens positive, refer for diagnostic evaluation and early intervention.

## Anything else I need to know?

- The *M-CHAT* was developed to maximize sensitivity and may result in a high false positive rate. (*Note: many children who score false positive may still be at high risk for other developmental disorders.*)
- The *Follow-Up* questionnaire was developed to reduce false positives.
- If a healthcare provider or parent/caregiver has concerns about autism, a referral for evaluation should be made, regardless of the score on the M-CHAT-R or M-CHAT-R/F.
- *The M-CHAT-R/F is a copyrighted instrument; it can be downloaded for free at: <http://mchatscreen.com/>*

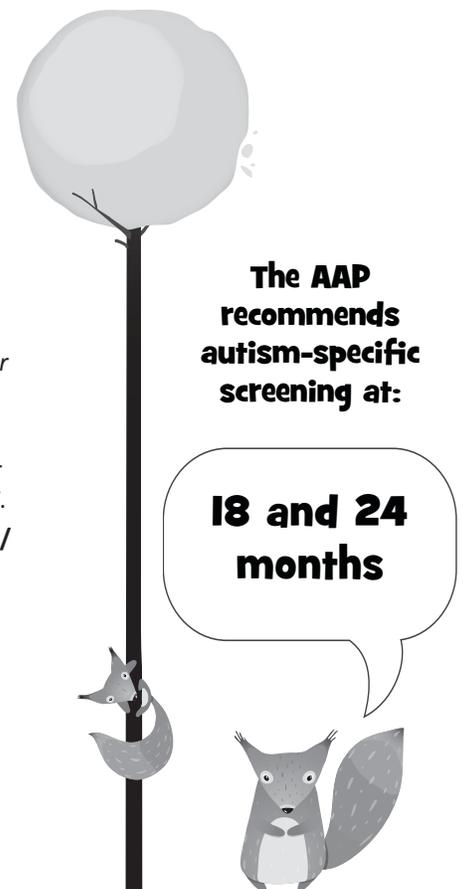
## Where can I get more information or training?

Call or visit us online:

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Phone: (800) 993-2437

<http://publichealth.lacounty.gov/cms/CHDP.htm>



The AAP recommends autism-specific screening at:

**18 and 24 months**



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Made possible with funding and support from First 5 Ventura County.

# M-CHAT-R/F Administration & Scoring Tips

(See also *Instructions for Use* and *Scoring Algorithm* included with tool)

## How to use it

- Ask caregivers to complete the M-CHAT-R by circling/markings the appropriate response, every question should be answered
- Score the M-CHAT-R
- If a score indicates a risk for autism, administer the Follow-Up Interview.
  - Select Follow-Up items based on the items *failed* on the M-CHAT-R
  - Follow the flowchart for each question until a *Pass* or *No Pass* response is scored
  - Score the Follow-Up Interview.
  - If a child screens positive, refer for diagnostic evaluation and early intervention

## Stage 1: M-CHAT-R (Parent-Completed Questionnaire)

- Make sure all questions have been answered.
- Add up responses indicating autism risk
  - For all items *except* 2, 5, and 12, “No” indicates autism risk
  - For items 2, 5, and 12, “Yes” indicates autism risk



<p><b>Score is 0-2</b> LOW RISK: No further action; rescreen after 2<sup>nd</sup> birthday if &lt; 24-month old</p>
<p><b>Score is 3-7</b> MEDIUM RISK: Administer Follow Up interview and rescore; Refer if <math>\geq 2</math> after Follow Up interview</p>
<p><b>Score is 8-20</b> HIGH RISK: Refer immediately; acceptable to bypass Follow-Up Interview</p>

## Stage 2: M-CHAT-R/F (Follow-Up Interview)

- If a child scores at MEDIUM RISK above, administer the Follow-Up Interview
- Each page of the interview corresponds to one of the 23 items on the M-CHAT-R, ask *only* those questions that the child *did not pass* on the M-CHAT-R
- For each unpassed item, ask the initial question, then follow the flowchart until you have a *Pass* or *No Pass* response.
  - When an “*other*” response is available, use clinical judgment to determine if it is a passing response.
- Record the responses on the M-CHAT-R Follow-Up™ Scoring Sheet
- Two unpassed responses on the Follow-Up Interview indicate a positive screen

	<p><b>Score is &lt;2</b> Rescreen as needed or appropriate</p>
	<p><b>Score is <math>\geq 2</math></b> Refer immediately</p>

# CHDP Personnel Roster

*County of Los Angeles– Department of Public Health CHDP Program Personnel Roster | 54*



**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH**  
**Child Health and Disability Prevention (CHDP) Program**  
**Personnel Roster**

<b>CHDP ADMINISTRATION HEADQUARTERS</b>		
<p><b>CHDP Administration</b>            9320 Telstar Ave., Suite 233            El Monte, CA 91731            (626) 569-6020            (800) 993-2437            FAX (626) 569-9350</p> <p>Internet Address:  <a href="http://publichealth.lacounty.gov/cms/CHDP.htm">http://publichealth.lacounty.gov/cms/CHDP.htm</a></p> <p><b>Yasangi Jayasinha MD</b>  <b>Director</b>            (626) 569-6019</p> <p>Ana Alatorre, Secretary (626) 569-6020</p> <p><b>Cheri Stabell, MPH</b>  <b>Assistant Director</b>            (626) 569-6028</p> <p>Tracy Carter, STC (626) 569-3780            Gloria Aguilar, STC (626) 569-6021</p>	<p><b>Nursing</b></p> <p><b>Diane Sanchez</b>  <b>CMS Nursing Director</b>            (626) 569-6006</p> <p><b>Daniela Dominguez, PHN</b>  <b>Program Specialist</b>            (626) 569-6029</p> <p><b>Provider Desk</b>            Rosamaria Fine, AAll            (626) 569-6047            Lourdes Hernandez, STC            (626) 569-6045</p> <p><b>EPSDT Unt</b>            Gai Le, ITC (626) 569-6039            Yolanda Hurtado, ITC (626) 569-6040</p>	<p><b>Health Education/Nutrition</b></p> <p>Health Ed Coordinator – Vacant</p> <p>Sorina Sambula, MPH,            Health Educator            (626) 569-6022</p> <p>Cinthiya Ather, MPH,            Health Educator            (626) 569-6036</p> <p>Parvaneh Lalezari, MS, RD            Nutritionist            (626) 569-6037</p> <p><b>Clerical Staff</b>            Maria Arreola, ITC (626) 569-6514            Elvira Ordenez, IC (626) 569-6046</p>
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<p><b>North Regional Office (04)</b>            9320 Telstar Ave., Suite 226            El Monte, CA 91731</p> <p>(855) 272-6820            Fax (855) 871-0380</p>	<p><b>Carol Van, PHNS (626)569-3770</b></p> <p>Joenilyn Navarro, PHN (747) 210-8664            Myra Valencia, PHN (747) 210-8663            Bethany Lorca, PHN (747) 210-8662</p>	<p>Veronica Calderon, STC            (626) 569-3775</p>
<p><b>Southwest Regional Office (06)</b>  <b>Martin Luther King, Jr.</b>  <b>Interns &amp; Residents Bldg.</b>            12012 Compton Ave., Rm4-212            Los Angeles, CA 90059</p> <p>(424) 338-1186            Fax (310) 223-0090</p>	<p><b>Luis Avitia, PHNS (424) 338-1187</b></p> <p>Eiko Williams, PHN (424) 338-1195            Rosheda Samuel, PHN (424) 338-1194            Tongia Pinner, PHN (424) 338-1192            Aineeh Montano, PHN (424) 338-1193</p>	<p>Dina Meza, STC            (424) 338-1199            Zonia Lopez, ITC            (424) 338-1198</p>
<p><b>Southwest Regional Satellite Off</b>  <b>Harbor UCLA Medical Center</b>            1000 W. Carson Street, Box 475            Torrance, CA 90509</p> <p>(424) 306-8480            Fax (310) 212-5267</p>	<p><b>Luis Avitia, PHNS (424) 306-8484</b></p> <p>Carolie Arendain, PHN (424) 306-8486            Maria Lewis, PHN (424) 306-8483            Tressa Bobb, PHN (424) 306-8485            Emy Murakami, PHN (424) 306-8482</p>	<p>Dina Meza, STC            (424) 338-1199</p>

# Toolkit Resources & References

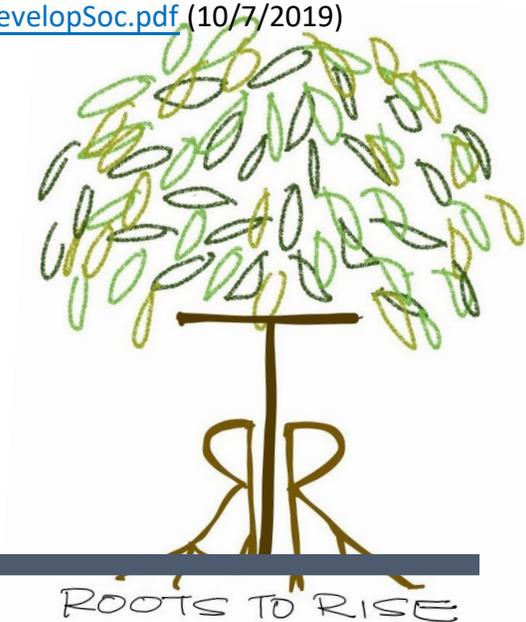
## LA County Department of Public Health

- Exide Contamination Information and Resources. *Medical Provider Fact Sheet: Exide* (2017). Los Angeles County Department of Public Health –
- Exide Contamination Information and Resources. *A Guide to Mental Health Agencies in Areas Affected By Exide* (2016). Los Angeles County Department of Public Health –
- Exide Contamination Information and Resources. *Frequently Asked Questions (FAQ) About Lead* (2018). Los Angeles County Department of Public Health

<http://www.publichealth.lacounty.gov/eh/exide/info.htm>

## Child Health and Disability Prevention (CHDP) Program

- CHDP Care Coordination Completion Instructions (5/17/2018)
- East CHDP Care Coordination/Follow-up Form (5/17/2018)
- North CHDP Care Coordination/Follow-up Form (5/17/2018)
- SW CHDP Care Coordination/Follow-up Form (5/17/2018)
- CHDP Program Letters and Provider Information Notices  
<https://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx> (10/7/2019)  
<https://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdppl0914.pdf> (10/7/2019)
- CHDP Health Assessment Guidelines  
<https://www.dhcs.ca.gov/services/chdp/Pages/HAG.aspx> (10/7/2019)  
<https://www.dhcs.ca.gov/services/chdp/Documents/HAG/10DevelopSoc.pdf> (10/7/2019)



# Toolkit Resources & References

## American Academy of Pediatrics (AAP)

- Bright Futures/ AAP Recommendations for Pediatric Health Care  
[https://www.aap.org/en-us/documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/documents/periodicity_schedule.pdf) (March 2019)
- Instruments for Recommended Universal Screening at Specific Bright Futures Visits  
[https://toolkits.solutions.aap.org/DocumentLibrary/BFTK2e\\_Links\\_Screening\\_Tools.pdf](https://toolkits.solutions.aap.org/DocumentLibrary/BFTK2e_Links_Screening_Tools.pdf) (n.d.)
- Developmental Screening Conversation Tip Sheet- Star Center  
[https://screeningtime.org/star-center/assets/documents/AAPF\\_Printable\\_Tip\\_Sheet\\_Convo\\_2\\_DM.pdf](https://screeningtime.org/star-center/assets/documents/AAPF_Printable_Tip_Sheet_Convo_2_DM.pdf)

## Help Me Grow Ventura County and First 5 Ventura County

- Early Identification Guide: Implementing Developmental Screening & Surveillance into Primary Care. 2018 Outreach Materials (7/2018). Developed by Help Me Grow Ventura County.
- FAQ Screening Tools (ASQ-3, MCHAT-R/F). 2018 Outreach Materials (7/2018). Developed by Help Me Grow Ventura County.

## Regional Center

- State Council on Developmental Disability- Orange County Office- [www.sccd.ca.gov](http://www.sccd.ca.gov)
- East LA Regional Center- <http://www.elarc.org/consumers-families/intake-ages-0-3-early-start>
- South Central LA Regional Center- <https://sclarc.org/early-start-services.php>



**Roots to Rise: Developmental Screening Workgroup**

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