

BACKGROUND

Autism in Delaware

- Autism Spectrum Disorder (ASD) has been increasing in prevalence, with current estimates at **1 in 59 children** (Baio et al., 2018).
- Early identification and intervention has been shown to improve outcomes across domains for children diagnosed with ASD (Warren et al., 2011).
- There are few places for diagnostic services for ASD in Delaware and families are often required to travel long distances and overcome barriers in order to access these services.
- Rural areas with reduced access to ASD services see fewer children diagnosed before starting school (Daniels & Mandell, 2014). On average, children with ASD in **rural Delaware begin receiving services at 5.2 years**, indicating that they are missing critical windows for receiving intensive, autism-specific interventions (Ekbladh & Rhoton, 2013)
- Extended wait times after initial concerns have also impacted the early diagnosis of young children and contribute to negative family experiences (Zablotsky et al., 2014)
- Under the Autism Birth Mandate, both CDW and local schools have a responsibility to evaluate children with autism concerns, even from birth to age three, resulting in **multiple evaluations**.

Delaware's State Implementation Grant

- In 2016, Delaware received a HRSA state implementation grant to improve services for children with/at-risk for ASD under the age of 37 months, with specific focus on Sussex County (Health Resources & Services Administration, Maternal & Child Health Bureau)
- Led by University of Delaware's Center for Disabilities Studies, a collaborative stakeholder group identified community needs and available resources.
- Funds were allocated for a Nemours post-doctoral psychology fellow to provide services at Child Development Watch (CDW) South, serving families of children birth to three with developmental concerns residing in Kent and Sussex counties.

GOALS

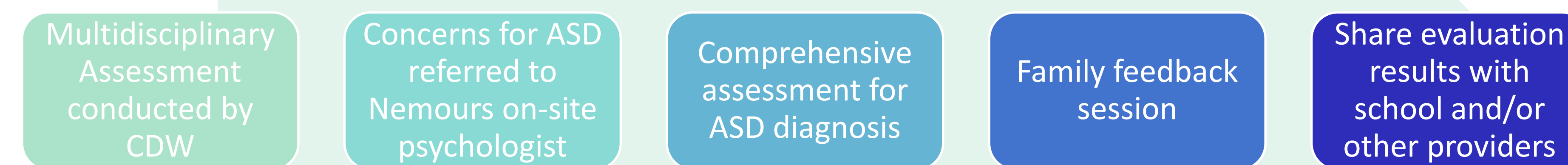
- Create a coordinated, comprehensive, family-centered and culturally competent system of care for all young children in Delaware with ASD and other developmental disabilities.**
- Increase the number of Delaware children at-risk for ASD who receive appropriate screening, evaluation, diagnosis, and referral and enroll in services before the age of 37 mos.**

METHODS

Measures Used

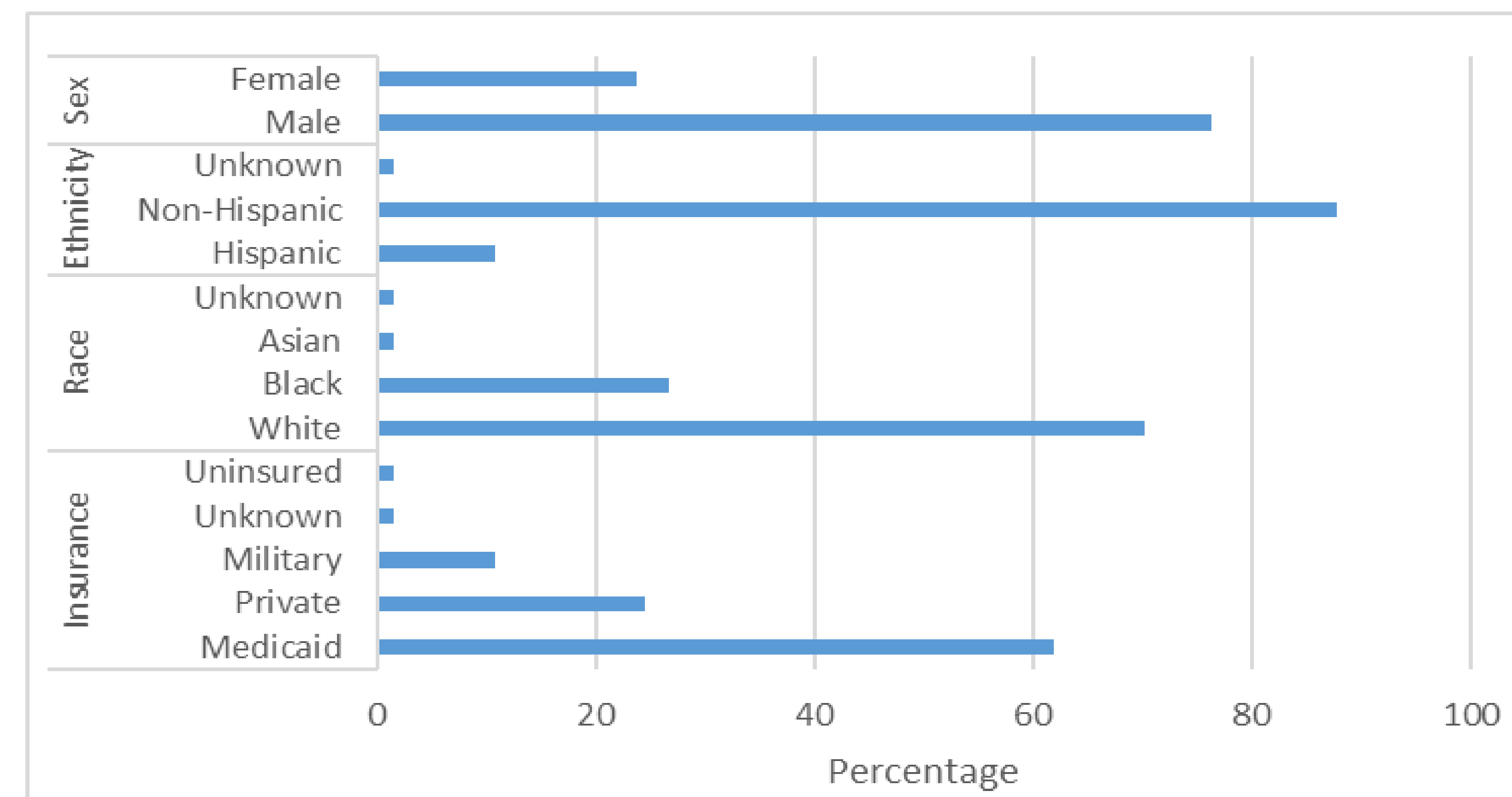
Autism Diagnostic Observation Schedule, 2nd Edition
Autism Spectrum Rating Scales, Parent Form
Childhood Autism Rating Scale, Second Edition, Standard Form
Modified Checklist for Autism in Toddlers, Revised

Process for Evaluations at CDW

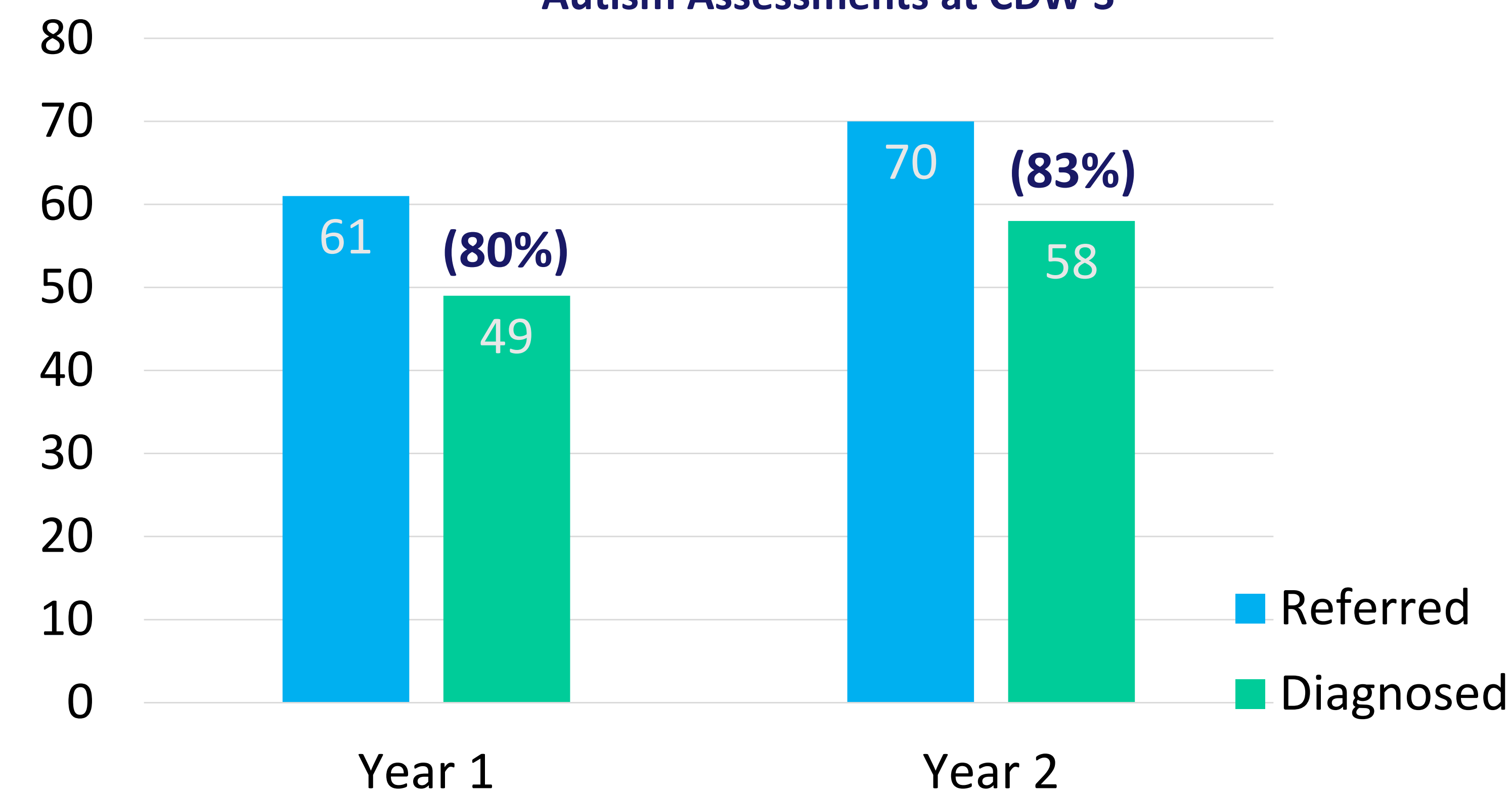


RESULTS

Demographics of CDW S



Autism Assessments at CDW S



CONCLUSIONS & NEXT STEPS

"The way we're doing it now seems to I think help expedite things and move things along much quicker to have a better end result."

- CDW S staff member

- Over 2 years, a total of 131 comprehensive assessments for ASD in Kent and Sussex counties, of which **107** resulted in a medical diagnosis of ASD.
- The average age of diagnosis among those 107 was **28 months**.
- Many families also pursued evaluations for special education and related service eligibility with their local school. Having a comprehensive report helped to streamline the process in certain cases.
- During focus groups, CDW S staff reported a decrease in barriers to accessing diagnostic services and wait times for these families.
- Given the importance of targeted early intervention for children with ASD, increasing access to diagnosis at an earlier age is also likely improves outcomes for these children.

Sustainability

- Collaboration with the Division of Public Health has resulted in a contract between Nemours and **CDW statewide to continue to offer comprehensive diagnostic autism assessments**.
- Ongoing **professional development and technical assistance** are being provided to CDW staff and leadership statewide.
- Families of children diagnosed with ASD are connected to community resources and clinical services in their area and via **telehealth**.

Future Considerations

- It may also be helpful to expand services to additional clinic locations due to the range of locations families come from.
- Further, it will be important to add Spanish-speaking providers in order to ensure appropriate diagnostic services for all.

REFERENCES

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