ON-TIME COLLABORATIVE AUTISM DIAGNOSIS

A Manual for Diagnosticians & Birth to Three Providers

On-Time Autism Intervention (OTAI)

The On-Time Autism Intervention (OTAI) Project is a collaboration between the University of Washington Autism Center and the UW Haring Center for Inclusive Education focused on improving access to timely diagnosis and intervention for young children on the autism spectrum.

Version 1.0, September 2025

Introduction

This manual describes the On-Time diagnostic framework,[1] which promotes collaboration between families, birth-to-three (B-3) teams, and diagnostic professionals (e.g., psychologists, COE providers, etc.) to better facilitate early detection and intervention for young children on the autism spectrum.

When seeking a diagnosis, families must navigate waitlists and services across multiple systems of care. Integrating diagnostic providers with the B-3 system can reduce the burden on caregivers and provide a built-in network of support for families through the diagnostic process.

Early childhood is an important time for brain development.[2] Participating in intervention during this period can have a significant impact on a child's developmental trajectory.[3] It is our hope that by increasing collaboration between B-3 and diagnostic providers, families can access autism-specific services *on time*–as soon as developmental needs associated with autism emerge.

Key Concepts

Autism

Autism–defined by the DSM-5 as Autism Spectrum Disorder (ASD)–is a neurodevelopmental condition that affects how children communicate, interact socially, and behave. Signs of autism often appear by the time a child is 18-24 months old,[4] but the average age of diagnosis in the U.S. is closer to 4-5 years old [5, 6], with even larger disparities for many low-income children and children of color.[7, 8, 9]

When we talk about autism, language matters, because it reflects and shapes societal perceptions of autism and autistic individuals. In the past, person-first language (e.g., "a child with autism"), has been widely used to avoid stigmatization by not using language that reduced an individual's identity to a diagnosis.[10] However, many autistic adults report a preference for identity-first language (e.g., autistic individual), finding that positive characteristics are more frequently placed before nouns (e.g., "beautiful person"), whereas person-first language is used more frequently to describe deficit-based characteristics (e.g., "person with a disability").[11, 12] Nevertheless, variation in language preference exists within and across communities, and it is important to respect the preferences of each individual and caregiver. This manual primarily uses identity-first language (i.e., autistic person) rather than person-first language (i.e., person with autism) to reflect the general preference of people in the autistic community who view autism as central to their identity.

Neurodiversity

Neurodiversity refers to the unique way each person's brain develops, and holds that all types of brains or neurotypes are valued. This perspective emphasizes strengths and promotes inclusion across educational and community settings. Understanding and embracing neurodiversity is key to supporting autistic children and their caregivers. These concepts should underpin how autism is discussed and how intervention is implemented. See Appendix A for neurodiversity-related resources.

Key Concepts (Continued)

Birth to Three (B-3)

The B-3 system provides early intervention services to infants and toddlers with developmental delays or disabilities, including those showing signs of autism. It is a federal program that was established under Part C of the Individuals with Disabilities Education Act (IDEA). In Washington state, the B-3 intervention services are called Early Support for Infants and Toddlers (ESIT). We use the universal term B-3 to talk about this system in this manual. The primary goal of B-3 is to support the development of young children by offering individualized services tailored to their unique needs, helping them reach their full potential. B-3 services can be delivered in a variety of settings including the home, child care, preschool, etc. See Appendix B for more information on B-3.

Diagnostic Providers

In Washington state, psychologists, psychiatrists, neurologists, and some additional professionals with specialized training (i.e., Autism Center of Excellence, or COE) can make a diagnosis of ASD.

Autism Center of Excellence (COE): In Washington state, a Center of Excellence (COE) is an individual provider who has received the autism COE training authorized by the Washington State Health Care Authority (HCA), accepts Medicaid insurance, and can diagnose autism. COE providers can be developmental pediatricians, neurologists, psychiatrists, psychologists, or other medical providers designated by the HCA as a COE (e.g., MDs, DOs, ARNPs, PMHNPs, NDs, and PA-Cs). Medicaid insurances in Washington state will accept ASD diagnoses and prescriptions for Applied Behavioral Analysis (ABA) from COE providers.

WHAT IS THE ON-TIME DIAGNOSTIC FRAMEWORK?

The On-Time diagnostic framework creates opportunities for provider collaboration and family support throughout the diagnostic process. Each component is described in detail in this manual.

Components of On-Time Diagnostic Framework

- Universal screening *Page 6*
- Supporting positive parental orientation toward diagnosis *Page 7*
- Referral to collaborative diagnostic evaluation *Page 13*
- Accelerated diagnostic evaluation *Page 15*
- Seamless transition to navigation and intervention *Page 19*

Why use the OTAI diagnostic framework?

The On-Time diagnostic framework helps reduce the time between the emergence of early signs of autism and when a child starts receiving related services. Here's why it's important:

- **Early Support Keeps Children On Track:** When children have unmet developmental needs, they fall further behind same-age peers and miss out on learning opportunities and community participation. For children on the autism spectrum, the sooner they begin appropriate services, the better their developmental outcomes. Early intervention can help children build skills in communication, socialization, and behavior.[13] Addressing developmental delays early can also prevent more significant issues from arising later in childhood, reducing the need for more intensive interventions down the road.[14, 15, 16]

- **Caregiver and Family Functioning is Improved:** Early identification connects families with the resources and support they need to understand and address their child's unique needs, reducing stress and promoting positive family dynamics.[16] Child-focused intervention can improve the ability of families to support positive child outcomes and improve parental well-being.[17]

- **Families are Supported by a Trusted Provider:** Strong relationships matter, and B-3 providers are uniquely positioned to support families because of the trusting relationships they build. This provides opportunities for sensitive conversations about autism and support for caregivers through the diagnostic process. The On-Time framework promotes strong partnerships between B-3 programs, medical providers, and diagnosticians to ensure families do not fall through the cracks.

- **Timely Care Closes Service Gaps:** Children of color and children from low-income families often do not receive services until after age 3, missing a critical window for early intervention.[18] Ensuring timely identification for B-3 services helps close this gap and promotes equitable access to care.

UNIVERSAL SCREENING

B-3 providers play a pivotal role in early identification of autism. They are uniquely positioned to reach families during critical developmental windows, ensuring no child showing early signs of autism is overlooked. B-3 teams are encouraged to conduct universal screening during eligibility assessments by incorporating the M-CHAT-R/F or other screening tools. Screeners can also be administered over the course of B-3 services.

Review Existing Records

Check for prior developmental screening results to identify red flags.

Intentional Screening During Intake

Administer M-CHAT or similar tools during eligibility intake.

Continuous Monitoring

Continue to monitor for signs of autism, repeating the M-CHAT every 6 months until 36 months of age.

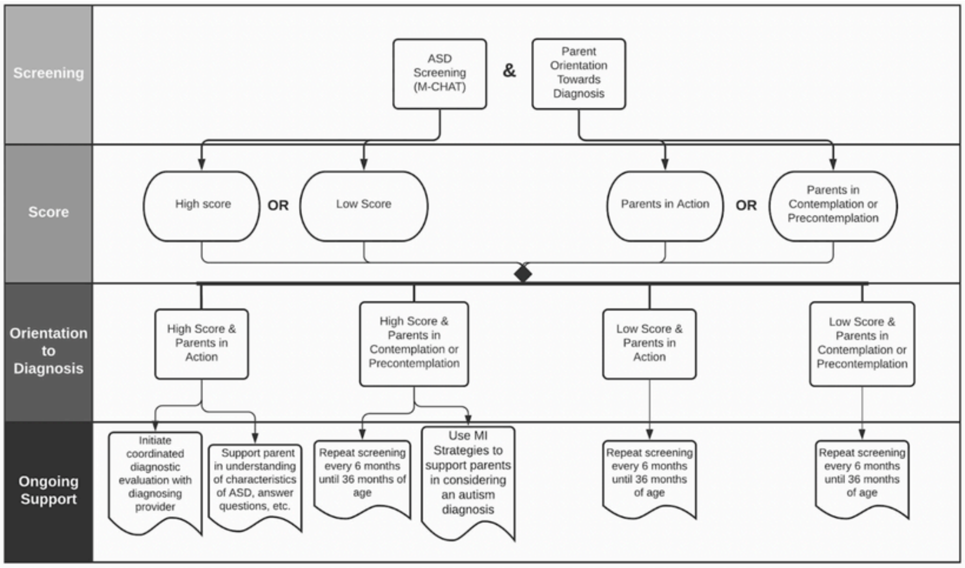
Engage Families

Provide opportunities for families to identify any concerns.

SUPPORTING POSITIVE PARENTAL ORIENTATION TOWARD DIAGNOSIS

Discussing Screening Results with the Family

This is not a one size fits all conversation. A caregiver’s level of readiness, emotional state, and understanding of autism vary widely; some families come to B-3 or their pediatrician asking about autism, and others have never considered it. This is where clinical sensitivity and rapport with families becomes especially important. While providers can offer helpful information about child development and signs of autism, families are the experts on their children and play a central role in identifying and addressing developmental concerns. Any parental hesitation about pursuing an autism diagnosis should be explored with care and compassion. The OTAI Autism Screening & Evaluation Decision Support Tool can help providers and families reflect on their readiness.



Parent orientation toward diagnosis flowchart [1]

Cultural Considerations

Understanding the family's cultural context is key to interpreting a child's behavior, assessing the family's readiness to consider an autism diagnostic evaluation, and supporting next steps. There may be cultural differences in the use of some social communication strategies (e.g., culturally appropriate eye contact, gestures), play activities, the role of caregivers in play, and expectations of child development.[19, 20]

Providers can support families by exploring their understanding of their child's behavior with genuine curiosity and openness, and connecting them to culturally-appropriate information about autism in a sensitive manner (see Appendix A for Resources).

When considering how to best support families, important points of reflection may include:

- **What are the family's priorities?** What feels most pressing to the family? Is it their child's communication, feeding, behavior, etc.? What kind of services will best meet those needs? Are these services accessible?

- **What is the family's understanding of their child's development?** Has the family noticed differences in their child's behavior, and are these differences of concern? Does the family have their own explanation for differences (e.g., prenatal factors, screen time, child's lack of opportunity, beliefs related to religion/spirituality, something their child will outgrow, etc.)? How might the family's expectations be shaped by cultural norms or past experiences within their family system or community?[20]

Cultural Considerations (continued)

- **What is the family's understanding of autism?** Has this family heard of autism before? Is their understanding of autism influenced by media representation or one specific autistic person (who may present differently from their own child)? What is the common understanding of autism within their cultural community? Is this something that is openly discussed? There may be lingering stigma based on cultural/societal context or family beliefs, which can also impact help-seeking behavior and readiness.[20]

- **Where is the family accessing information?** Is information available in their native language? What sources of information feel most credible to them (e.g., family members, community, social media, religious leaders, health professionals, etc.)? Are they being exposed to any misinformation (e.g., the discredited theory that vaccines cause autism)?

- **What is this family's experience with the medical system?** How have people from their cultural community historically been treated by the medical system? Has the family had any personal experiences that could lead to mistrust? How does the Western medical system align or mis-align with their cultural understandings of care, services, and intervention? Are there any other socio-political factors that may impact their comfort and trust in public systems?

Parent Orientation to Diagnosis

Understanding where parents/caregivers are in the process of accepting a potential autism diagnosis is crucial for providing effective and compassionate support. Caregivers typically fall into one of three categories, based on the Stages of Change Theory: pre-contemplation, contemplation, or action.[21]

Pre-Contemplation	Caregivers are not currently considering the possibility of autism and are unlikely to seek evaluation in the near future.
Contemplation	Caregivers are uncertain, ambivalent, or need more time and information before deciding.
Action	Caregivers are ready to move forward and schedule a diagnostic appointment.

By recognizing where caregivers fall on this continuum, providers can offer support that aligns with their needs and readiness (see the OTAI Autism Screening & Evaluation Decision Support Tool for more information). Using a Motivational Interviewing (MI)[22] informed approach during these conversations can help providers honor parental autonomy, address barriers, and foster a collaborative partnership that empowers families to make informed decisions.

Supporting Families Based on Readiness

For Parents/Caregivers in the Contemplation or Pre-Contemplation Stages

When parents are ambivalent or not yet ready to consider a diagnosis, B-3 providers should:

- **Engage in Dialogue:** Use core MI strategies such as open-ended questions, reflective listening, and summarizing to elicit and explore the family's perspectives and concerns.
    - *Example:* "What are your thoughts about getting more information on your child's development?"

- **Explore Ambivalence:** Help families weigh the pros and cons of seeking a diagnosis, gently guiding them toward resolving ambivalence.
    - *Example:* "On one hand, it sounds like you're concerned about labeling; on the other hand, you've noticed some things that make you wonder if getting more information and resources could help."

- **Respect Autonomy:** Highlight the autonomy and choice that the family has at each step of the process.
    - *Example:* A family may decide to seek an evaluation to get more information, but choose to wait to share the results with others.

- **Offer Time and Support:** Respect the parent's pace. Change takes time. Provide continued emotional support, ongoing information, and regular opportunities to revisit the topic.

Supporting Families Based on Readiness (continued)

For Parents/Caregivers in the Action Stage

When parents are ready to take the next step, B-3 providers should:

- **Affirm their Readiness:** Use MI techniques such as reflective listening and affirmation to reinforce their motivation.
- **Provide Resources:** Offer clear, accessible information about local diagnostic providers and assist with scheduling the evaluation if needed.
- **Continue Support:** Maintain ongoing conversations and provide individualized information relevant to their child's development and needs.
- **Prepare for the Evaluation:** Help families compile documentation and other information that they may want to share during the evaluation.

REFERRAL TO COLLABORATIVE DIAGNOSTIC EVALUATION

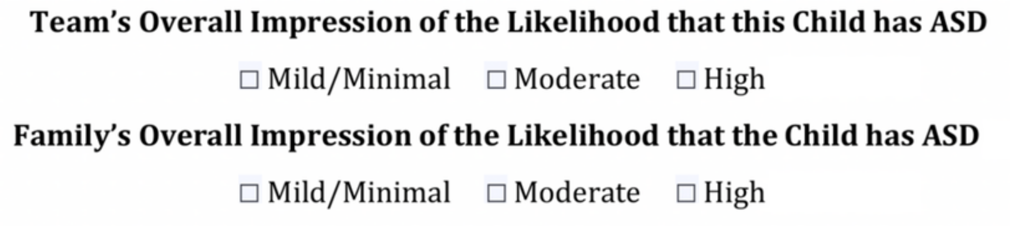
Regular communication and collaboration between B-3 providers, medical providers, and diagnostic clinicians ensures that referrals for evaluation are made promptly and efficiently. When a family is ready to explore a diagnosis, the B-3 providers can connect them with diagnostic providers, supply providers with supplemental documentation, and accompany the family to the visits when possible.

Evaluating Fit for an Accelerated Diagnostic Evaluation

When B-3 teams are supporting families with referrals, they first should consider if this child and family is a good fit for an accelerated evaluation with a community provider or if this family needs to go to a diagnostic specialist (e.g., Seattle Children's Hospital Autism Center, UW Autism Center, etc.) depending on the clarity of a child's presentation. Some specialists may conduct similarly brief evaluations but have more experience with nuanced presentations. They also may offer more testing appointments and in depth evaluation of other co-occurring conditions or rule-outs.

Reviewing the Referral

When community diagnostic providers are considering the referral, they are encouraged to review the B-3 team's impression and the family's impression about the likelihood of autism. Utilizing the 3-point scale in the B-3 Team Input Questionnaire can help providers reflect on appropriate next steps:



Team's Overall Impression of the Likelihood that this Child has ASD

☐ Mild/Minimal ☐ Moderate ☐ High

Family's Overall Impression of the Likelihood that the Child has ASD

☐ Mild/Minimal ☐ Moderate ☐ High

- **Mild/minimal ratings:** Community diagnostic providers can reach out to B-3 to find out who is driving the referral for an autism evaluation. If it is the family, what are the reasons? If it is the B-3 team, is this family really ready?

- **Moderate ratings:** As a community diagnostic provider, thoroughly review the referral information. Reflect on your level of confidence to provide an accurate assessment as well as your ability to spend additional time with the child/family if needed given a potentially complex presentation. Refer out to a diagnostic specialist if needed.

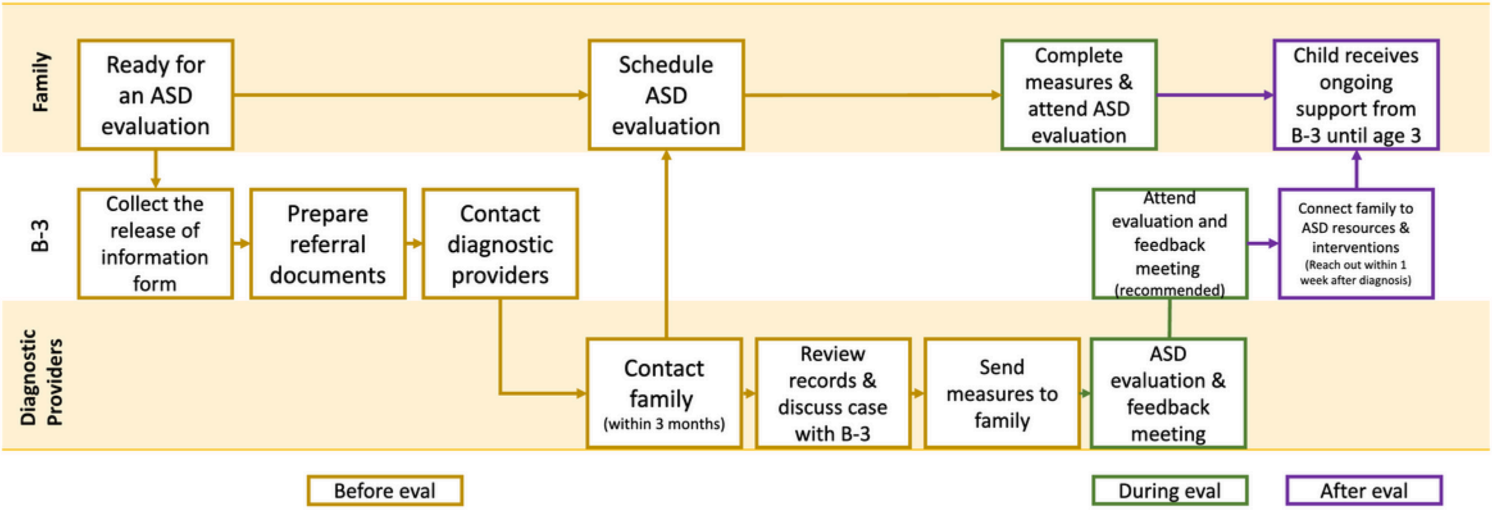
- **High ratings:** This family is likely a good fit for an accelerated assessment model using the On-Time framework. Encourage the family to see a community diagnostic provider.

ACCELERATED DIAGNOSTIC EVALUATION

The On-Time framework recommends an accelerated evaluation model that reduces the time and resources required for diagnosis, allowing more children to be seen in a timely manner. The key to this expedited process is integrating valuable information gathered from the B-3 team with the evaluation. B-3 teams are already monitoring the child’s development and can provide insight about the child’s skills and areas of need. The evaluation appointment time and structure can vary depending on the child/family. For children with a clear presentation of autism characteristics with families who are confident that their child is autistic and are ready to receive a diagnosis, this visit may be brief. If parents/caregivers or providers are more ambivalent or a child has more subtle signs, a more in-depth visit may be required. Diagnostic providers can gauge this by reviewing the information provided by B-3 providers prior to scheduling with the family.

We’ve provided detailed information about our typical evaluation workflow to provide a model for an expedited evaluation. This can be adjusted to fit your agency and the needs of your diagnostic provider/B-3 partner.

Accelerated Diagnostic Evaluation Process



Detailed Steps for Accelerated Diagnostic Evaluation

Pre-evaluation

Who: Diagnostic provider

- **Review B-3 records (e.g., developmental evaluation, team input)**
  - Obtain developmental and medical history, present levels of development, and signs of autism
  - Obtain input about specific cultural considerations, family experiences, and/or other supports the family may benefit from based on the B-3 provider's experience and relationship with the family

- **Contact B-3 team to let them know the evaluation has been scheduled and gather additional information as needed**

- **Send measures to the family**
  - If any additional standardized measures or questionnaires are included in the evaluation, these can be sent to the family for completion prior to their diagnostic evaluation appointment.

Detailed Steps for Accelerated Diagnostic Evaluation (continued)

Diagnostic Evaluation Visit

Who: Diagnostic provider, child, caregiver, and B-3 team whenever possible

- **B-3 involvement**
  - To facilitate a coordinated transition between diagnosis and post-diagnosis support and navigation, whenever possible, the B-3 provider should attend at least the feedback portion of the evaluation meeting.

- **Evaluation**
  - Parent interview
  - Child-parent play observation
  - Formal autism assessment (e.g., ADOS-2, TELE-ASD-PEDS, ASD-PEDS, STAT)

- **Feedback and diagnostic disclosure**
  - Share diagnostic impressions. If diagnosing autism, discuss observed child behavior across core autism diagnostic categories and provide information about neurodiversity
  - Discuss child's individual strengths and intervention needs
  - Highlight critical next steps:
    - Treatment recommendations
    - Family support information (e.g., informational resources, parent groups, community agencies, etc.)

Post-Diagnosis Evaluation Report

Who: Diagnostic provider solo or in coordination with B-3 team

- **Feedback and diagnostic disclosure**
  - The community diagnostic provider and/or B-3 team can collaboratively create a diagnostic report that will be shared with the family and B-3 intervention team that includes:
    - Behavioral observations
    - Diagnostic information and scores
    - Treatment recommendations
    - Informational, social support, and intervention resources

Checklists (suggested)

Preparing for an ASD Diagnostic Evaluation: Caregiver Checklist

- ☐ Complete Required Forms: Submit the consent form, intake form, and any measures
- ☐ Bring snacks and drinks
- ☐ Dress your child in comfortable clothes and shoes for easy movement
- ☐ Pack diapers, wipes, and an extra change of clothes (if applicable).
- ☐ Bring a list of questions or concerns you would like to discuss.
- ☐ Explain to your child in simple terms that they will be visiting a new place to play with adults
- ☐ Check parking information
- ☐ ____________________

Preparing for an ASD Diagnostic Evaluation: Diagnostic Provider Checklist

- ☐ Review Referral Materials
- ☐ Check Consent Status
- ☐ Check Insurance and Access: Verify family's insurance coverage, authorization requirements, and interpreter needs.
- ☐ Coordinate with B-3 Providers: If applicable, invite B-3 team to join or share input
- ☐ Check Measurement Completion
- ☐ Check Setting Readiness: Ensure evaluation space is toddler-friendly and safe for free movement
- ☐ Check Assessment Materials: Ensure all required items are ready (e.g., snacks, battery-operated toys).
- ☐ ____________________

Referring to Evaluation: B-3 Document Checklist

- ☐ Release of information form (signed)
- ☐ IFSP documents
- ☐ Assessment records
- ☐ Family history records, if any
- ☐ B-3 input form
- ☐ ________________

For **Center of Excellence (COE) diagnostic providers** in Washington State, the COE Quick Start guide provides excellent resources for how to conduct evaluations in a primary care setting. COE providers are strongly encouraged to consult this valuable resource when developing their evaluation process workflow, deciding which measures to use, and developing evaluation report templates.

SEAMLESS TRANSITION TO NAVIGATION & INTERVENTION

The journey doesn't end with a diagnosis. Ensuring a smooth handoff after diagnosis is vital for maintaining continuity of care. Because families are already connected with a B-3 provider, the B-3 team/agency is a natural place for support with next steps.

B-3 Involvement at Diagnostic Evaluation Feedback

B-3 providers are valuable partners for feedback to families about the diagnostic findings. If the family's B-3 provider can be present for the evaluation feedback, they can provide emotional support to the family, take notes about recommendations, and be well positioned to follow-up with the family for further processing and navigation support. If a B-3 provider is not available to join, diagnostic providers are encouraged to share results and recommendations with the B-3 team as soon as possible with the family's permission.

Ongoing Support

The OTAI website has information about common service recommendations and resources. In particular, the Early Autism Intervention & Provider Fit Workbook is a helpful guide for B-3 providers to use with families when making decisions about next steps.

Autism Navigation Programs

Developing an Autism Navigation program at your B-3 agency is another opportunity to build in extra support for families after a diagnosis. B-3 providers can be trained to be an Autism Navigator, which may be their primary role or part of their role as a service provider. Autism Navigators are designated team members who stay informed about community resources and communicate these to other members of the teams. After the evaluation, Autism Navigators can meet with families to:

- Review the evaluation process and feedback from the diagnostic provider.
- Explain information about autism and review the child's specific autism characteristics.
- Assist families in finding resources, pursuing interventions, and managing the emotional aspects of the diagnosis.

If your B-3 agency is interested in developing an Autism Navigation program, OTAI can provide training to develop an Autism Navigation program and provide additional ongoing support. Discuss funding opportunities with your agency and contact ontime@uw.edu for more information.

Appendix A: Resources

** Please note that all resources, organizations, books, and websites listed within this handout outside of OTAI materials are provided as suggestions, rather than endorsements. As with any resource, there will likely be parts that are relevant and parts that aren't, or parts that may not be relevant now but may be later. Not all resources have been developed with understanding and appreciation of neurodiversity, though may contain helpful information. Individuals are encouraged to use independent judgment.*

Resources from the On Time Autism Intervention (OTAI) Project:

- Autism Screening & Intervention - A decision-support tool for families and their B-3 intervention providers
- B-3 Team Input Questionnaire - A form used to gather information from B-3 providers about a child's presentation and family readiness prior to an evaluation
- Cultural Values and Beliefs Reflection Tool - A tool to support families in considering their family values and priorities for intervention post diagnosis
- Early Autism Intervention & Provider Fit Workbook - An advocacy workbook for parents and caregivers of young children on the autism spectrum
- On Time Autism Intervention Podcast - Episodes detailing information about autism, the diagnostic process, and services for young autistic children
- On Time Autism Intervention Website - Provides information and resources for families at every step of the diagnostic process
- Questions for your Applied Behavioral Analysis (ABA) Provider - Questions for family's reflection/interviewing potential ABA providers

The COE Quick Start guide includes a wide range of additional resources for information, social support, and financial support for families. COE providers are encouraged to explore this resource. We have also provided resources relevant to families with young autistic children:

Navigation Resources:

- AS360 includes resources and a database of services in Washington State
- Washington State Mental Health Referral Line Call 833-303-5437 or fill out the online form to request support in finding services (including ABA)

Informational Resources:

- Autism Navigator provides recorded webinars and courses about autism
- Autistic Self-Advocacy Network and Autistic Women and Nonbinary Network (AWN) provide resources for autistic individuals and their families.
- An Early Start for Your Child with Autism: Using Everyday Activities to Help Kids Connect, Communicate, and Learn, a book by Rogers, Dawson, and Vismara
- Informing Families provides resources that are available to families at different stages of a child/person's development and is translated into multiple languages
- PAVE provides supporting, training, information, and resources to empower and give voice to individuals, youth, and families impacted by disabilities in WA.

Appendix A: Resources (continued)

Informational Resources (continued):

- Seattle Children's Hospital Autism Center has many videos and other resources about autism and related topics
- Communication-related:
  - Augmentative and Alternative Communication (AAC) information
  - Bilingualism and autism
  - Hanen More Than Words Program
- Supporting Black, Indigenous, and People of Color (BIPOC) families:
  - Autism in Black
  - Black Feathers podcast discusses disability-related topics in Tribal communities
  - The Kisha Project
  - Lewis County Autism Coalition Entiendo El Autismo
- Neurodiversity-related:
  - A Guide to Neurodiversity in the Early Years
  - A Parent Guide to Neurodiversity - Children's Hospital Colorado
  - Mayo Clinic Library Neurodiversity Resources
  - Neurodivergent Narwhals. Resources and Information on autism from a neurodiverse and disability rights and social justice perspective.
  - Reframing autism. Resources and research through the lens of lived experiences.

Informational Resources - Multilingual:

- Autism Around the Globe - database of translated resources maintained by the NLM Family Foundation
- Autism Brochure - information for newly diagnosed families in Chinese
- Autism Speaks - various resources available in Arabic, Bangla, Chinese, French, Korean, Portuguese, Romanian, Spanish, Ukrainian, and Vietnamese
- Chinese Autism Resource and Empowerment Services (CARES) - resources and workshops available in Chinese
- Ethiopian Eritrean Special Needs Community (EESNC) - information available in English and Amharic
- Korean American Special Education Center - information available in Korean about the signs of autism and sensory differences
- PANAACEA - information and webinars available in Spanish (based in Argentina)
- Positive Partnerships - handouts available in Arabic, Assyrian, Bahasa, Burmese, Chinese, Dari, Farsi, English, Greek, Hazaragi, Hindi, Japanese, Khmer, Korean, Nepali, Punjabi, Somali, Spanish, Tamil, Thai, Turkish, Urdu, and Vietnamese (based in Australia)
- Seattle Children's Hospital Autism Center - resources available in English and Spanish
- Somali Literacy Project - numerous handouts available in Somali
- VFAAB - information available in English and Vietnamese
- "What is Autism?" handout - available in Khmer

Appendix A: Resources (continued)

Local Parent & Family Community Support:

- The Arc of Washington - Parent to Parent peer mentorship/support programs (see website for county-specific contact)
- Chinese Autism Resources and Empowerment Services (CARES)
- Chinese Information and Service Center (CISC)
- Dads Move
- Families of Color Seattle
- International Buddy
- Manos Unidas International
- Open Doors for Multicultural Families
- Parents Helping Parents
- PAVE - Partnerships for Action, Voices for Empowerment
- Sibshops - Sibling Support Project
- Somali Health Board
- South Sound Parent to Parent - Helping Parent Program
- Vietnamese Family Autism Advisory Board (VFAAB)
- Washington Multicultural Services Link
- WA State Father's Network

Insurance/Financial Assistance:

- Ben's Fund provides financial support to families in need of help covering costs associated with medical bills, therapies, etc.
- Miss Shayla's List: A brief menu of key financial, transportation and recreation resources
- Washington Autism Alliance and Advocacy (WAAA) is a non-profit group that provides resources and helps families advocate for insurance coverage for therapies and other services.

Appendix B: Birth-to-three Information

Further information regarding Birth-to-three (B-3), also known as Early Support for Infants and Toddlers (ESIT) in Washington state:

Who can refer to B-3?
Anyone who has a concern about a child's development can make a referral, including parents/caregivers.

How do I refer to B-3?
To refer a child in Washington state, choose one of the following options:

- Contact WithinReach or Help Me Grow: (206) 204-3536 or 1-800-322-2588, or childdevelopment@withinreachwa.org
- EFAX a completed ESIT WithinReach Referral Form (PDF / Word): (206) 299-9146

What is included in the B-3 Eligibility Assessment?
After a screening call, families are scheduled to come to the site for a developmental evaluation. That evaluation will help identify the child's strengths and areas of growth and determine if the child is eligible for B-3.

Children will be evaluated in the following areas by a team of professionals using standardized measures. Some portion is parent report and some portion is direct assessment/observation of the skill.

- Motor skills (e.g., crawling, walking, gross and fine motor movements)
- Cognitive skills (e.g., following directions, problem solving, play)
- Communication skills (e.g., babbling, vocalizing, understanding instructions)
- Adaptive skills (e.g., self care such as feeding, getting dressed)
- Social-emotional skills (e.g., making needs known, attachment relationships)

In Washington State, a child is eligible for B-3 services if they demonstrate a **25% delay** (based on age equivalency) or show a **1.5 standard deviation** below their age (based on Standard Score) in one or more developmental area. Children can also qualify for B-3 if they have a **physical or mental condition** that is known to cause a delay in development (see examples here). Even if these criteria are not fully met, a child can still qualify for B-3 services based on the **informed clinical opinion** of the evaluation team. For more information, visit: WA State DCYF Early Intervention Eligibility. At the end of the evaluation, the measures are scored and families are given feedback about the child’s skills and eligibility for services.

Appendix B: Birth-to-three Information (continued)

How long is the process?
Once a referral is made (including a self-referral), the B-3 agency has 45 calendar days to complete the eligibility evaluation and develop an initial Individualized Family Service Plan (IFSP), which outlines the services a child/family will receive and the goals they will address. *Wondering what is included in an IFSP? Check out this example template.*

What kind of services does B-3 provide?
Some B-3 agencies have multiple providers on a child's team, and some B-3 agencies use a Primary Service Provider model.[23] The Primary Service Provider model is a team approach in which one member is selected as the primary coach to the family and receives consultation/support from other interdisciplinary team members to inform the family's care. Many B-3 providers work with parents/caregivers in the home to provide coaching and strategies that parents can implement in their child's daily lives, but they can also support children in other naturalistic environments (e.g., daycare, etc.).

Based on the child and family's needs, services may include:
- Family resource coordination
- Individual education/specialized instruction
- Speech therapy
- Occupational therapy
- Physical therapy
- Feeding therapy and nutrition services
- Infant mental health/counseling
- Parent coaching
- Audiology, assistive technology, or vision services

Appendix C: References

[1] Penney, A. M., Greenson, J., Schwartz, I.S., & Estes, A. M. (2022). “On-time autism intervention”: A diagnostic practice framework to accelerate access. *Frontiers in Psychology, 13,* Article 784580. https://doi.org/10.3389/fpsyt.2022.784580

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