RACE
CLINIC
RAPID AUTISM CLINICAL EVALUATION

RAPID AUTISM CLINICAL EVALUATIONS (RACE) CLINIC

PILOT DATA REPORT 2023

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BRIEF ANALYTIC REPORT

Data examining the efficacy of a culturally responsive rapid autism clinic to meet the needs of Virginia's growing developmental disability diagnostic waitlist.

RACE Clinic

Our Clinic Purpose

Black, Indigenous, and Latine children are more likely to receive diagnoses later in life relative to White peers. Additionally, minoritized children are more likely to be misdiagnosed with conduct and emotional disturbances.

Virginia's Need for Improvement

A well-established field of research demonstrates a significant relation between early identification/intervention for developmental concerns (to include Autism Spectrum Disorder) and an improved prognosis (Elder, Kreider, Brasher, & Ansell, 2017). Furthermore, interventions targeted early in development are likely to be preventative and cost effective in the long-term (Center on the Developing Child, 2007). However, to date, disparities in screening, assessment, and intervention services for minoritized and under-resourced children remain. National statistics estimate that Black, Indigenous, and Latine children are more likely to receive diagnoses later in life relative to White peers. Additionally, minoritized children are more likely to be misdiagnosed with conduct and emotional disturbances. Thus, minoritized families' access to critical, quality early diagnosis and intervention supports remains an area of significant need. **The state of Virginia ranks 39th in the country in efforts to serve people with disabilities, and 42nd in providing community-level care.**

Early intervention services in Virginia are largely underutilized. Virginia's Infant and Toddler Connection is reported to service approximately 16,000 families across the state. National statistics estimate that nearly 13% of children ages birth to 3 have delays that make them eligible for services (Rosenberg, Zhang & Robinson, 2008). However, at 9 months of age only about 9% of children with delays receive care, and at 24 months of age only 12% who are eligible receive services (Feinberg, Silverstein, Donahue & Bliss, 2011). Many children and families in need do not become identified until later in development. Often, developmental delays become apparent when children become socialized with same-aged peers in school settings; however, by this time, the children have aged out of Early Intervention services. Thus, highlighting a need for targeted developmental assessments in high-risk populations prior to age 3, in order to maximize access to care.

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Instrument Utilized

Rapid Interactive Test for Autism- Toddler (RITA-T)

Rapid Interactive Screening Test for Autism in Toddlers (RITA-T) is a Level 2 screening test for infants and toddlers between the ages of 18 and 36 months to differentiate between ASD and other delays (Choueiri & Wagner, 2015). The current project utilized the tool with children up to age 4.

Description

The RITA-T includes semi-structured play-based examination of common behaviors associated with ASD across five domains. The domains include Joint Attention, Social Awareness, Awareness of Human Agency, Self-Recognition, and Fundamental Cognitive Skill. Administration and scoring time ranges from 5-10 minutes based on engagement and functioning of the child. The RITA-T has demonstrated an ability to differentiate between children with ASD and toddlers with Developmental Delays that are not associated with ASD. Standardization and validity studies identify the RITA-T as a valuable assessment in diagnosing ASD (Kong, 2021).

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Mapping the clinic trajectory

Clinic Timeline

The RACE clinic pilot was funded by the Department of Behavioral Health and Developmental Services Behavioral Health Equity grant. Funding was received Summer 2023

July 2023

Clinic protocol was developed and team was trained on administration of the RITA-T.

August 2023

Partnership with the Pediatric Center of Richmond was established and 13 children were tested in their facilities. 1 child was seen in a private practice space

September 2023

Partnerships with Richmond Behavioral Health Authority and Spot on Therapy Group was established. 19 children were tested across three sites.

October 2023

Partnership with Lynchburg Health Department and Ginter Park Presbyterian Church in Richmond City was established. 17 children were tested across all five sites.

01. Diagnostic Access

A central mission to the clinic includes providing community-centered, accurate, diagnostic access in nontraditional mental health settings.

02. Culturally Responsive Care

A majority of existing diagnostic processes do not account for the intersectional cultural needs of diverse families who meet criteria for developmental disability diagnoses. This clinic provides support from families and developed sensitive/relevant resources.

Our Services

Clinic Protocol

Our clinic model is dedicated to reducing barriers to access and follow up care. On average families reported waiting 6.5 months for an assessment, with 40% reporting waiting over 1 year.

Our clinic partners with existing organizations across the region to provide services for under-resources communities.

Traditionally, minoritized communities receive diagnostic services later in development, report inadequate services, and are often misdiagnosed. The current clinic model utilizes culturally responsive and systems altering mechanisms to provide family-centered care that is community-aligned. The model also provides the service in a time efficient manner to avoid disruptions to parent demands.

Assessment Process

The entire clinical assessment takes a family 60 minutes to complete and the family leaves the meeting with a report, recommendations, and resources in hand.

Intake

Families completed an online survey and in person brief intake upon arrival

10-15 mins

Testing

The child completes the RITA-T testing process with a trained staff member

10-15 mins

Report

The observation team gathers to determine diagnosis and create report

10-15 mins

Feedback

The family returns to the team for feedback on results and next steps

10-15 mins

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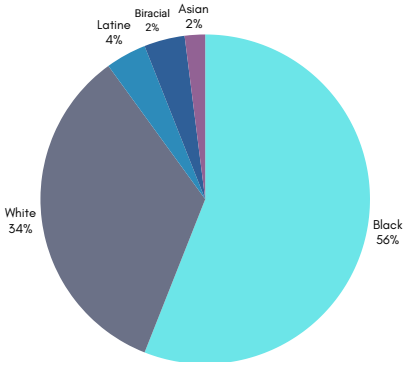
Demographic Statistics

Presenting Concerns and Referral Reasons

The most common reasons for referral included developmental delays, speech delays, sensory concerns, and questions related to autism spectrum disorder.

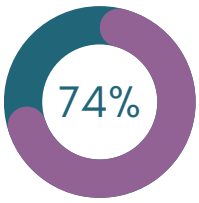


Race of Child

66% of children identified as racially minoritized

Secondary Opinion

Several families sought services through the clinic as a secondary opinion following and evaluation with other providers in the area. Families reported a desire for additional supports/resources following their initial appointments and a need for more information about next steps/services. Several families also reported to not receive a diagnosis with their initial screenings/assessments.



Sex of Child

74% were male

76% of children Met Criteria for Autism

and received a medical diagnosis to support early treatment and intervention. Other diagnoses provided included: Anxiety, ADHD, Unspecified Trauma, Adjustment Disorder, Speech Delay (by history), Rule out Sensory Processing Disorder, or none if the child did not present with mental health needs.

2 years

Age of Child

Ages ranged from 18 months to 4 years with a majority of children assessed at 2 years

50 Families served in 3 months

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Satisfaction and Outcome Data

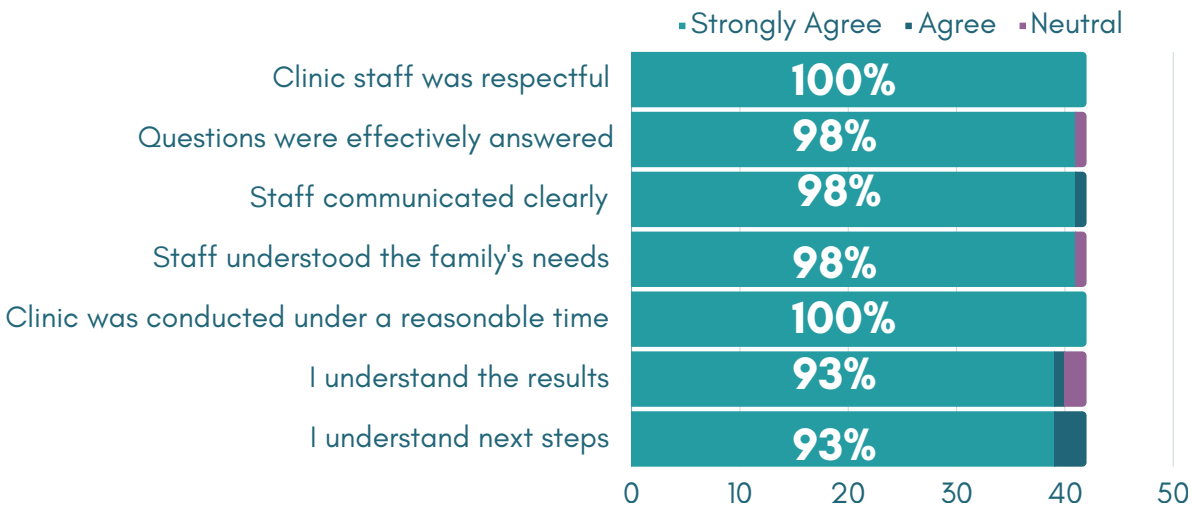
Post Clinic Data

Data was voluntarily collected from 42 families following the clinic to assess satisfaction with the general process and provide an opportunity for feedback.

Overall Satisfaction

95%

Of clinic participants reported feeling “Very Satisfied” with the clnic experience. 5% reported feeling “Satisfied.”



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The Importance of Culturally Responsive Care

Honoring Family Needs

Culturally-Responsive Care in the RACE clinic ensured a family-centered and culturally humble approach that included discussion of culturally-relevant topics during feedback to include the intersection of racial trauma and ASD diagnoses for Black communities, stigma of mental health and developmental disabilities for communities of color, and the utilization of community-centered care.

Several families self-initiated contact following clinics to provide feedback on the quality of care and relevance to community needs.

"This was a wonderful experience...was amazing and such a needed resource in our community."

"I really appreciate this assessment and hope that other families can benefit as well"

"Seeing a professional who makes you feel seen and heard as a parent makes everything worth it. "

"I am so grateful for this clinic and giving me the answers I needed and resources"

"This is an invaluable resource! "

"Amazing staff"

Resources

Following feedback on results, families were provided with local, state, and national ASD resources, websites, and books.

Fact Sheets

As a product of the clinic, 3 fact sheets that address racial trauma, stigma, and community-centered healing were created to be used with future families for additional support.

Newly created resources can be provided to interested parties following training with the RACE clinic team on the clinic model and skill-building of culturally responsive care.

Contact Dr. Ferguson to schedule a training for your staff.

Email Address
raceclinicva@gmail.com

More Information About Us

The RACE clinic is a mobile, community-based clinic focused on providing diagnostic services for Virginia's early childhood populations with a special commitment to providing care for historically marginalized and under-resourced communities. Thus far, the clinics have been funded through state partnerships that affords opportunity to provide the service free of charge for families. A central mission unique to the RACE clinic is ensuring families receive culturally responsive and inclusive care. Practitioners are trained in cultural humility and therefore provide diagnostic services from a holistic and sensitive lens through family-focused partnerships.

Thank you to our partners!

The Department of Behavioral Health and Developmental Services- Office of Behavioral Wellness
The Pediatric Center of Richmond
Richmond Behavioral Health Authority Infant and Toddler Connection
Spot On Therapy Group
Lynchburg Department of Health Infant and Toddler Connection
Ginter Park Presbyterian Church

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