



Supporting children awaiting
complex neurodevelopmental and
behavioural (CDBC) and autism
(BCAAN) assessments

The BC Pediatric Society Journal Club
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Presented by

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We have no conflicts of interest to declare.

Objectives

After today's presentation, participants will be able to

1. Describe the referral process and eligibility criteria for the Complex Developmental Behavioural Conditions (CDBC) clinic and the BC Autism Assessment Network (BCAAN)
2. Know who to contact for questions regarding referrals to CDBC and BCAAN
3. Identify and make appropriate referrals to supports and services while children await assessments with CDBC and BCAAN

Introduction to the CDDBC and BCAAN programs

The Complex Developmental Behavioural Conditions (CDDBC) program's diagnostic assessment services are intended for children and youth who have significant difficulties in multiple areas of function including those with known or suspected history of exposures to substances with neurodevelopmental effects. CDDBC takes referrals from pediatricians and does not accept referrals from family physicians.

The BC Autism Assessment Network (BCAAN) provides diagnostic assessments for those with suspected autism spectrum disorder and accepts referrals from all physicians.

BCAAN Eligibility/Assessments

- Any child up to 19 years of age who is suspected to have ASD, with or without comorbid conditions
- Assessments for intellectual developmental disorder (intellectual disability) by a **psychologist** and further language and communication by a **speech and language therapist** may be added
- BCAAN uses different assessment models depending on the child's age, communication abilities, and symptoms. Therefore **accurate, up to date, and complete referral information is really important**. Our case managers also help obtain more recent information from the family after referral and closer to their assessment date.

CDIBC Eligibility Criteria

- Diagnostic Assessments (no follow up) for Children Ages 18 months to 19 years across BC
 - who may have an intellectual development disorder.
 - who may have prenatal substance exposure, such as alcohol, that has significantly impacted their development.
 - with a genetic disorder where there are additional developmental concerns.
 - with a complex presentation beyond the scope of other community health teams.
 - whose complex presentation indicates a need for specialty assessment.

CDBC Eligibility Criteria

- Who Do We NOT see?
 - Primary concerns are behavioural and or mental health in the **absence** of Global Development Delay or Intellectual Disability.
 - Psycho-educational assessments for specific learning disabilities.
 - No functional concerns are evident in the presence of confirmed prenatal substance or alcohol exposure.
 - Assessment requests to update a previous diagnosis (ie. previously diagnosed with Intellectual Disability), where no new diagnoses are expected or no new significant information, change in profile or change of referral question has emerged.
 - The individual has a known genetic syndrome and has functional abilities that are typical for that diagnosis (ie. Trisomy 21).

CDBC Eligibility Criteria

- Complements assessments in school and community
 - We do not assess for learning disabilities, ADHD, primarily behavioural concerns etc.
- Accurate, up to date, and complete referral information is really important to help us triage who meets our eligibility criteria.
- Our case managers also help to obtain more recent information from the family after referral and closer to their assessment date.

Sunny Hill Referral Forms

- All Sunny Hill Referral Forms
- <http://www.bcchildrens.ca/health-professionals/refer-a-patient/sunny-hill-referral>
- BCAAN and CDBC referral form:
[http://www.bcchildrens.ca/SHHC-Your-Visit-Site/Documents/CDBC BCAAN Referral SH May2020%20Fillable.pdf](http://www.bcchildrens.ca/SHHC-Your-Visit-Site/Documents/CDBC_BCAAN_Referral_SH_May2020%20Fillable.pdf)

What happens once a referral has been received

- Reviewed by triage team and additional information may be requested from the referring clinician. Referring clinician sent letter accepting or declining referral. **Triage office phone number** is on the referral form.
- Assessment plan created and referral may be referred to other clinics as needed. If the assessment is transferred to a different program than the one the child was originally referred to, the original date of referral will be respected.
- Assigned to case manager for intake. This case manager will be in touch with the family to collect additional information and obtain consents to collect information as needed.
- After this, the **case manager** is the touchpoint for the family if they have any questions about their assessment.

What to send along with your referral

The more complete information we receive at triage, the more quickly we can triage and make sure the child receives the assessment they need. The following documents are particularly helpful:

- the pediatrician consult note including in person observation notes
- any assessment reports
 - SLP
 - PT
 - OT
 - Psychology
 - Audiology report
 - Genetic and metabolic investigations reports
 - Brain imaging and EEG reports

What to do while
waiting for a
CDBC/BCAAN assessment?

Medical Workup

As needed

- Physical and Neurological Exam
- Audiological Assessment
- Vision Assessment
- Dental Assessment
- Chromosomal microarray/genetic testing for suspected genetic syndromes and/or there is a high suspicion of intellectual disability or significant global impairments
- Metabolic testing if indicated (see next slide)
- Iron studies, TSH
- Other referrals: nutrition, feeding program, neurology, psychiatry, genetics and metabolics
- Treating comorbid conditions as appropriate (i.e. ADHD, sleep, anxiety)

• Metabolic testing

Newly recommended:

<p>Plasma amino acids Draw specimen prior to feeding for infants <1 year; 3-4 hours after a meal for older children</p>
<p>Plasma homocysteine Fasting as above</p>
<p>Urine organic acids</p>

No longer recommended for routine screening in GDD/ID:

Acylcarnitines
Copper
Ceruloplasmin
Lactate
Ammonia
Purine/Pyrimidine

Patient Selection Criteria when ordering a TIDE first-tier panel

Recommended for children with GDD/ID with additional neurological and/or metabolic features. Red flags include²:

Severe hypotonia, hypertonia (spasticity), dystonia, ataxia
Intractable seizures
Regression in developmental milestones
Neuroimaging abnormalities
Recurrent episodes of vomiting, ataxia, lethargy
Head circumference >2SD above or below mean
Unexplained failure to thrive
Consanguinity, family history of an IEM or unexplained infant death
History of being severely symptomatic and needing longer to recover from inter-current viral illness
Immigrant from country with limited or no newborn screening (add blood spot acylcarnitine profile)

No longer recommended for children with GDD/ID without clear neurological signs or other red flags.

Also, not recommended for:

Non-syndromic autism³

Services at any age

- Child and Youth Mental Health / Aboriginal CYMH self-referral
- Confident Parents Thriving Kids (3-12 years old) – anxiety and behaviour, “We Are Indigenous”, parent coaching program (<https://welcome.cmhacptk.ca/ref>)
- Disability Tax Credit and RDSP
- Keyworker program
- Jordan’s Principle: www.canada.ca/jordans-principle support with access to education, healthcare, therapy and equipment for First Nation’s children

Preschool Services

- Speech and Language Services
- Physiotherapy and Occupational Therapy
- Infant Development Program (0-3 years old)
- Supported Child Development / Aboriginal Supported Child Development (<https://www.ascdp.bc.ca/>)
- Preschool Attendance
- StrongStart programs

School aged services

- Communication with the school regarding needs and pending assessments, advocate for appropriate ministry of education designation if needed
- School based psychoeducational assessment (BCAAN and CDBC do not do assessments for specific learning disorders; this should be done through school)
- School based physiotherapy team
- School based occupational therapy (for fine motor, sensory needs, daily living skills)
- Supported Child Developmental for pre and after school care
- [Foundrybc.ca](https://foundrybc.ca): for 12-24 year olds; counselling, peer support, youth groups and caregiver groups
- <https://crisiscentre.bc.ca/> for youth 12-19 years old

Charity Funding

- CKNW Kid's Fund:
<https://www.cknwkidsfund.com/apply-for-a-grant>
- Variety Club (considers requests from families with household incomes up to \$85,000):
<https://www.variety.bc.ca/grants/individual-grants/individual/>

Other

- Family Support and Resource Centre
<http://bcchildrens.ca/our-services/support-services/resource-centre>: families in BC and the Yukon can borrow reference materials for free
- Kelty Mental Health Resource Centre
<https://keltymentalhealth.ca/>
- The Family Support Institute of BC (FSI) connects families to trained volunteers, who have family members with disabilities, and provides workshops and support groups <https://familysupportbc.com/>



Q&A