

2020



Clinical Services Annual Report

A summary of the clients served and services provided between January and December 2019 at the UCEDD clinical service programs

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Introduction

The Center on Human Development and Disability (CHDD) is one of the nation’s largest and most comprehensive interdisciplinary service, research, and training centers focusing on children and adults at risk for or who have established developmental disabilities. Each year, hundreds of University of Washington faculty and staff members as well as numerous doctoral and post-doctoral students make important contributions to the lives of people with developmental disabilities and their families. This is accomplished through a comprehensive array of research, clinical services, training, community outreach, and dissemination activities.

This report presents information about clinical services at the University Center for Excellence in Developmental Disabilities (UCEDD). The UCEDD is a major program of the Center on Human Development and Disability and has been in existence since 1963. It is part of a nationwide network of 67 UCEDDs located in every state and territory of the United States.

The UCEDD clinics and service programs were established to meet the needs of individuals with developmental disabilities, their caregivers, and families with the following vision:

1. Provide comprehensive diagnostic, assessment, and treatment services to individuals with or at risk of developing a developmental disability;
2. Develop innovative and model practices by conducting state-of-the art research and evaluation;
3. Build capacity in the community by serving as a vehicle for training professionals to provide interdisciplinary services.

Each of the clinics is embedded in the eight UCEDD programs in the organizational diagram below.



This annual report gives an overview of the population we serve and the work at UCEDD clinics and service programs within each calendar year. This report addresses audiences who are familiar with the developmental disabilities field at the CHDD and who are interested in gaining a better understanding of UCEDD clinical service programs.

Executive Summary

This annual report presents information about clinical services at the University Center for Excellence in Developmental Disabilities (UCEDD). The University of Washington UCEDD is a part of the Center on Human Development and Disability and has been in existence since 1963. UCEDD has twelve clinics and three service programs to meet the needs of individuals with developmental disabilities, their caregivers, and families through comprehensive, state-of-the-art diagnostic and treatment services.

Along with an overall summary and analysis of aggregated data of all UCEDD clinics and services at the CHDD, we also provide an individual one-page profile for each clinic and service to illustrate their unique areas of clinical work and services in the following order:

- **Subspecialty Clinics:**
 - Autism Clinic (at the University of Washington Autism Center, UWAC)
 - Biochemical Genetics Clinic
 - Cardiac Neurodevelopmental Clinic
 - Child Development Clinic
 - Down Syndrome Specialty Clinic
 - Fetal Alcohol Spectrum Diagnostic & Prevention Network Clinic
 - Hypothyroidism Clinic
 - Infant Development Follow-up Clinic
 - Late and Moderate Preterm Babies (LAMBs) Follow-up Clinic
 - Neurogenetics Clinic
 - Pediatric Audiology Clinic
 - Phenylketonuria (PKU) Clinic
- **Special Programs:**
 - APEX summer camp program
 - Experimental Education Unit (EEU)
- **Employment Training Program:**
 - University of Washington Employment Program (UWEP)

Starting this reporting year, the CHDD changed its data collection method for the UCEDD clinical services annual report by utilizing the UW Medical Center EPIC electronic health record system in addition to the CHDD clinical databases and other existing programs' annual reports. Using the EPIC data for eleven of the twelve UCEDD clinics helps decrease the burden of data entry for front line staff and clinicians. In addition, we also provided separate reports for our Late and Moderate Preterm Babies Follow-Up Clinic (LAMBs) and our APEX Summer Camp that were previously parts of the IDFC and the UWAC reports respectively. LAMBs' and APEX's unique areas of services and consistent increase in client volumes over the years warranted their individual program profiles.

Between January and December 2019, UCEDD clinics and service programs served an estimated 2,846 unique clients, an increase of 8% from the previous year. Most (97%) of our clients were from Washington State and 76% were identified with at least one categorical diagnosis. The three most common categorical diagnoses were Autism Spectrum Disorder, Hearing Impairment, and Chronic Illness.

Clinical Services **2020** Annual Report

Clinical Services

Background

CHDD operates clinical service programs that serve individuals, primarily children, with or at risk for developmental, learning, and behavioral problems. These programs provide comprehensive and integrated services mainly through the use of interdisciplinary teams of professionals representing a variety of disciplines. A wide range of diagnostic, assessment and intervention clinical services are provided.

The majority of CHDD clinical service programs were established in the 1960s and 1970s along with the construction of CHDD's four buildings and development of foundational training, community outreach, and research programs. The Fetal Alcohol Spectrum Disorder Clinic was established in 1993, the Autism Clinic in 2000, the Neurogenetics Clinic in 2006. Over the course of 2016-2019, the Cardiac Neurodevelopmental Clinic, Down Syndrome Specialty Clinic, and Late and Moderate Preterm Babies Follow-up Clinic were established and are now included in this report.

Data Sources

Data sources for this report include:

- UW Medical Center EPIC electronic health records
- CHDD Clinical Databases
- EEU demographic data
- UW Employment Program Annual Report

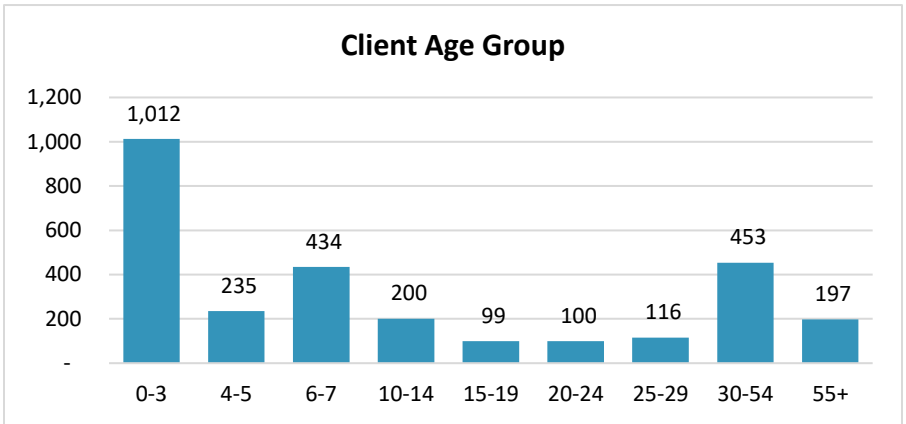
Interdisciplinary Approach:

- Audiology
- Applied Behavior Analysis
- Developmental Pediatrics
- Employment Services
- Genetics Counseling
- Medical Genetics
- Neurology
- Nursing
- Nutrition
- Occupational Therapy
- Physical Therapy
- Psychology
- Social Work
- Special Education
- Speech and Language Pathology

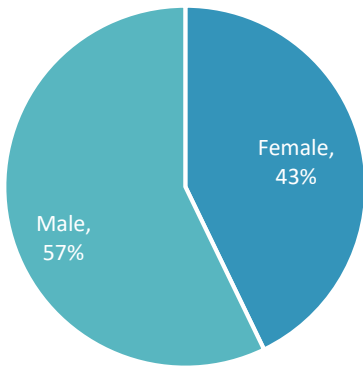
Overview of CHDD client demographic data 2019

Age

While CHDD clinics and services aim to serve all age groups, 70% (1,980) of our clients were 19 or younger; half of whom were from the 0-3 age group. The youngest client served was less than 1 month old and our oldest was 92 years old during 2019.



Client Gender

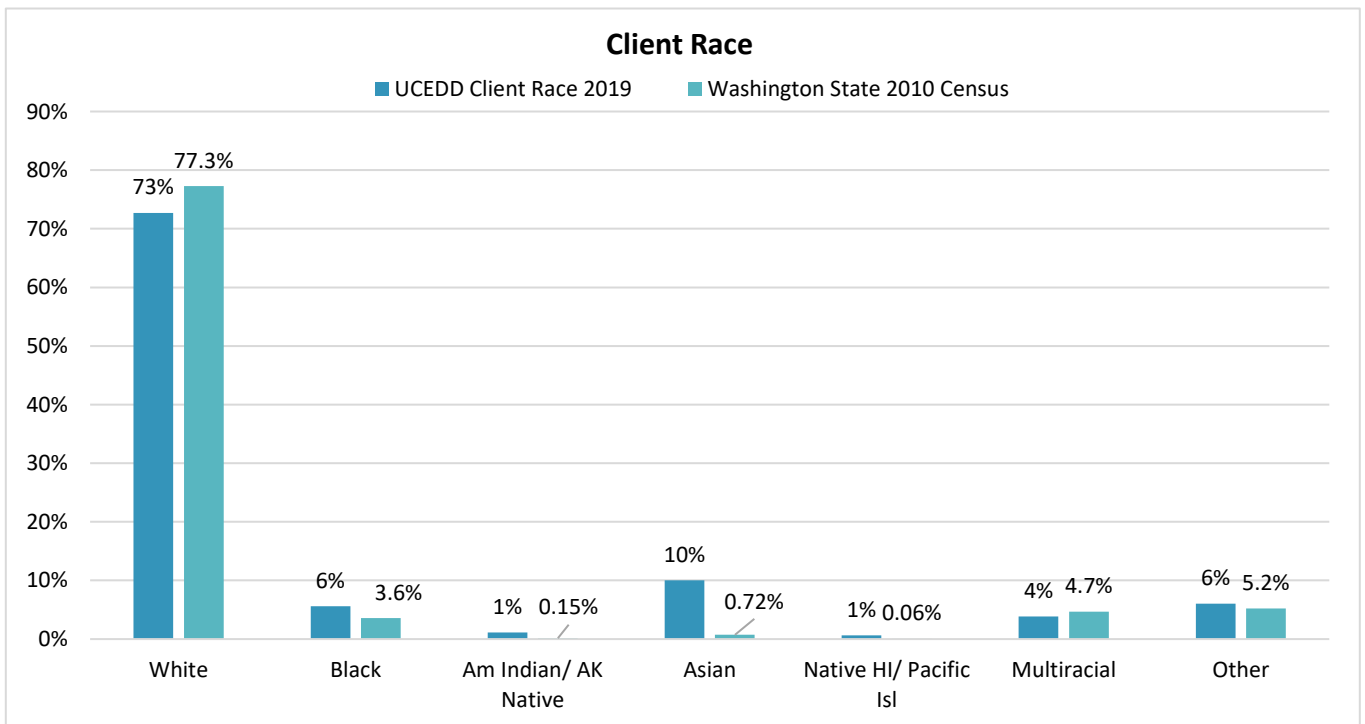


Gender

In 2019, of 2,846 clients, 57% identified as male, 43% female. This gender ratio has been consistent over the years with more male-identified clients in the population we serve.

Race

Our client population racial make-up in 2019 was similar to that of the Washington State racial demographic from the US 2010 Census. Of those who reported (78%, 2,219) their racial data, the majority of the clients (73%, 1,629) identified as white or Caucasian. The next largest group was Asian (10%, 222).



Home Locations

Top 5 US States	Number of Clients
WA	2,746
ID	20
OR	16
AK	15
MT	4

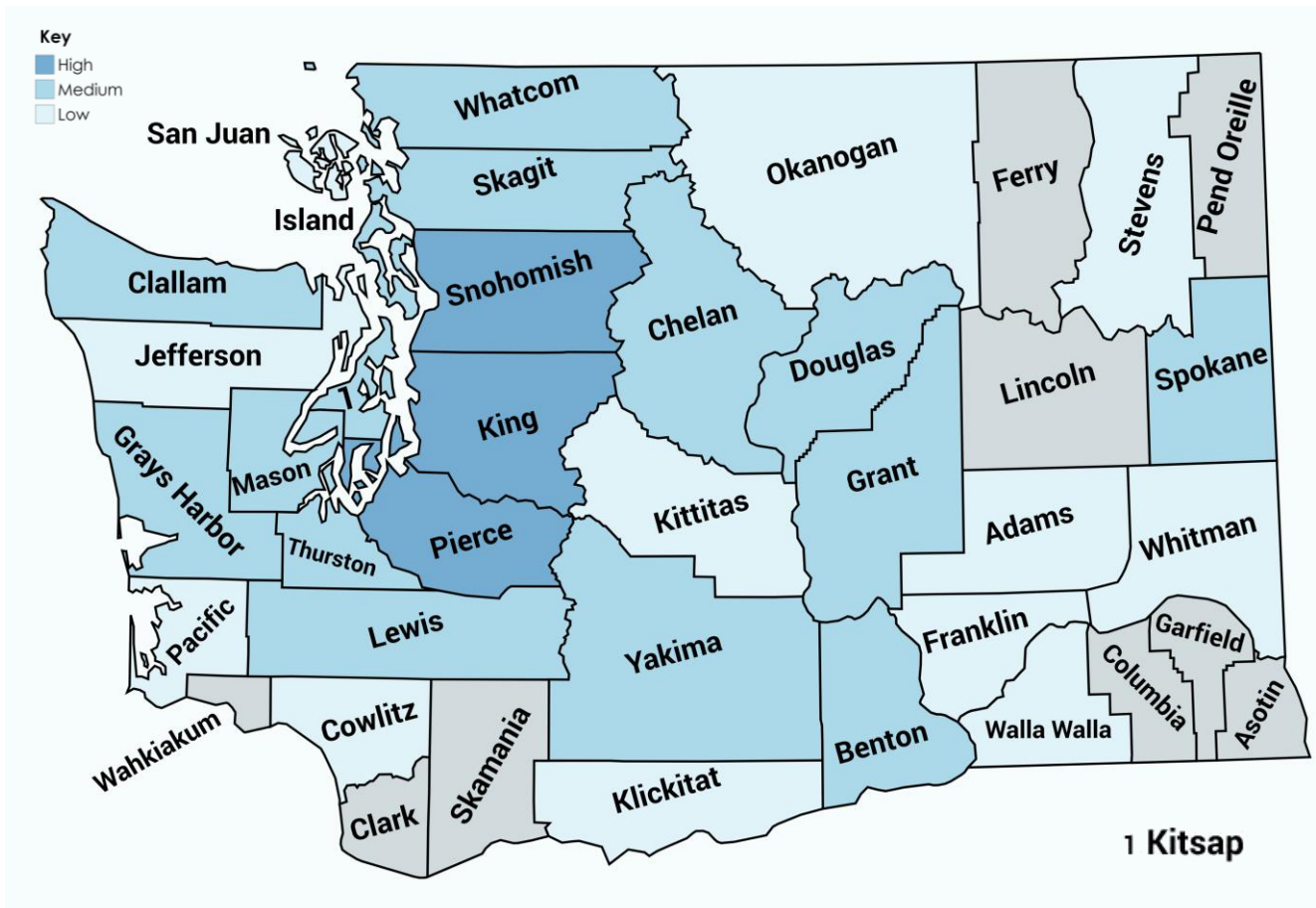
In 2019, all clients were from the United States; 97% of our clients lived in Washington State. The next top states were Idaho, Oregon, Alaska, and Montana, accounting for about 2% (55) of our clients. Using the Rural Health Research Center zip code data (2006 version), most of our clients (99%) came from urban areas.

Within Washington State, clients came from 32 out of 39 counties. The majority of whom (82%) came from the three most populous counties, according to census.gov, King, Snohomish, and Pierce. The map below displays which counties clients came from within the state of Washington. Different colors correspond with the number of clients that came from each Washington State county during 2019.

- High = More than 100 clients
- Medium = Between 10 and 99 clients

Low = Few than 10 clients

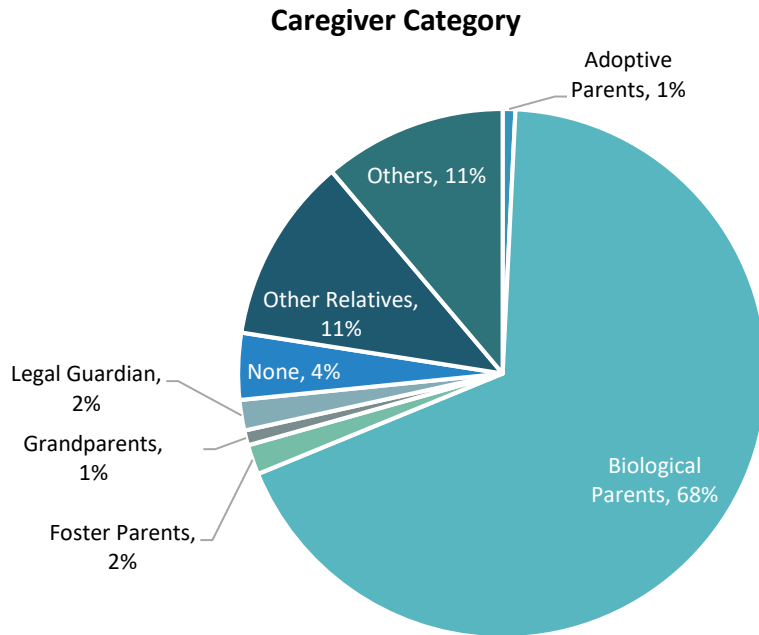
Top 10 WA Counties	Number of Clients
KING	1,838
SNOHOMISH	301
PIERCE	100
WHATCOM	83
KITSAP	61
SKAGIT	46
THURSTON	42
YAKIMA	35
ISLAND	27
CHELAN	25



Caregivers

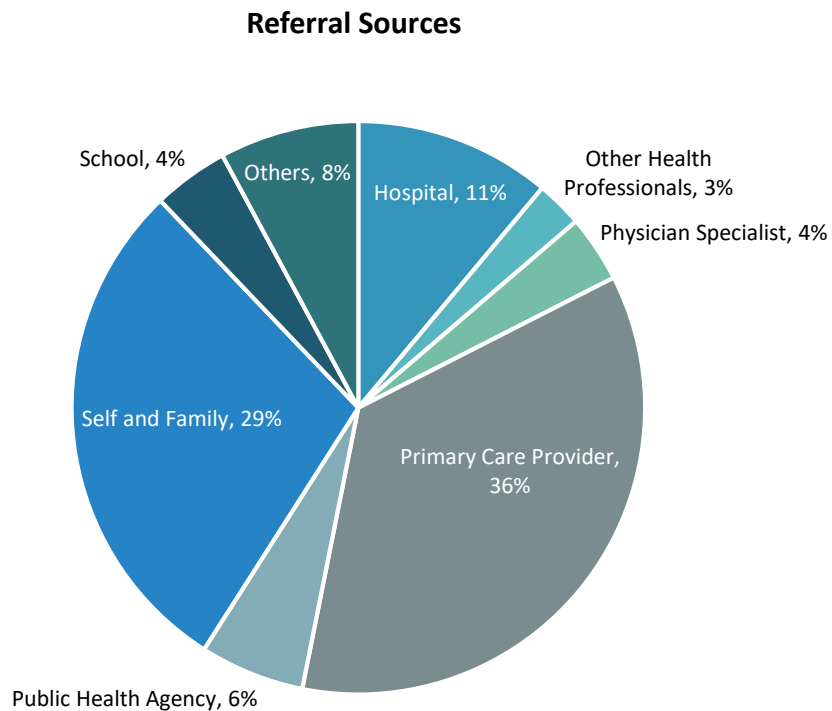
About 68% of CHDD clients are cared for by a biological parent (n = 1,936). 'None' means that the individual does not have a caregiver or declined to report this data point.

Caregiver Category	Counts
Adoptive Parents	22
Biological Parents	1,936
Foster Parents	52
Grandparents	26
Legal Guardian	53
None	116
Other Relatives	323
Others	318



Referrals

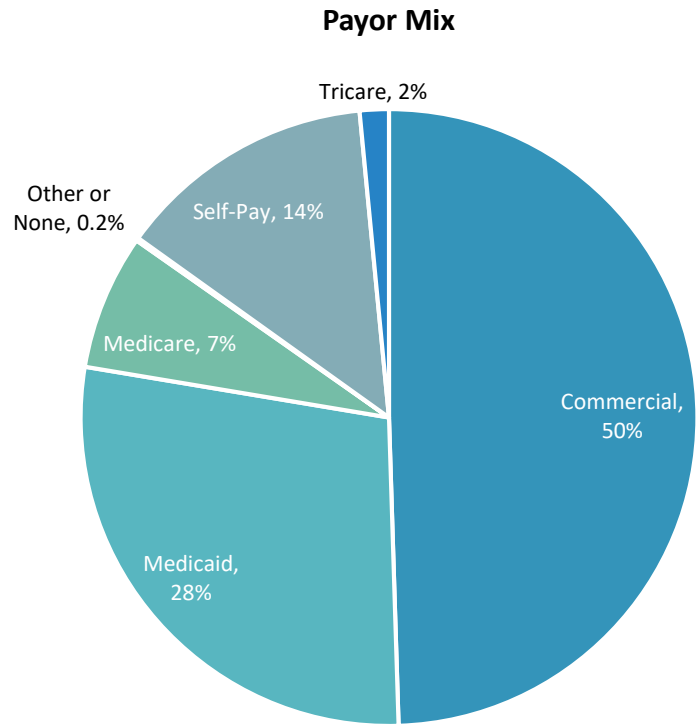
Of the reported referrals (77%, 2,200), most clients were referred by a primary care provider (n=784) or from Self and Family (n=634). The next most common referrals came from Hospitals (n=244), Others (n=173), Public Health Agencies (n=130), and School (n=116).



Payor Mix

While many health centers include payor mix analysis along with revenue as indicators of financial health, the payor mix analysis in this case is an attempt to illustrate the financial demographic of our clients. This payor mix data only includes subspecialty clinics and/or services with a clinical treatment component since insurance data does not apply to non-clinical service programs such as the EEU classes and the UW Employment Program. In addition, some CHDD clinics such as the Biochemical Genetics or the PKU clinics also have contracts with state and/or other agencies to provide their specialty services; these contract services are not included in this payor mix data.

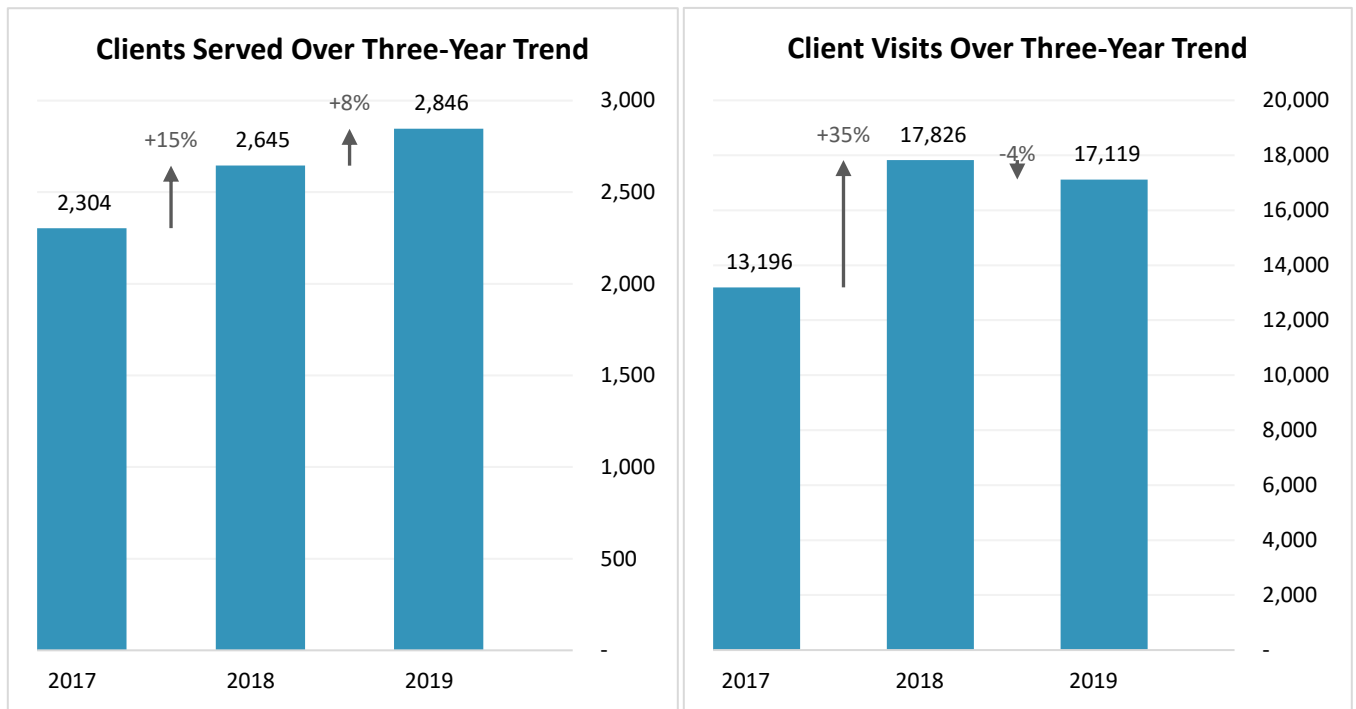
Of all CHDD subspecialty clients with insurance data in 2019 (n=2,620), 50% had commercial insurance. The next most common insurance category was Medicaid (28%). Self-Pay was 14% and Medicare 7%.



Three-year trends

UCEDD clinical and service programs served 2,846 unique clients between January 1 and December 31 2019. A visit is counted every time a client comes to a clinic to receive services. A clinician-client interaction is defined as every time a client is served by a clinician. By these definitions, the total number of visits for the year was 17,119 and the total clinician-client interactions were 20,127. Multiple clinician-client interactions occur at most visits to the CHDD subspecialty clinics due to the interdisciplinary nature of these clinics.

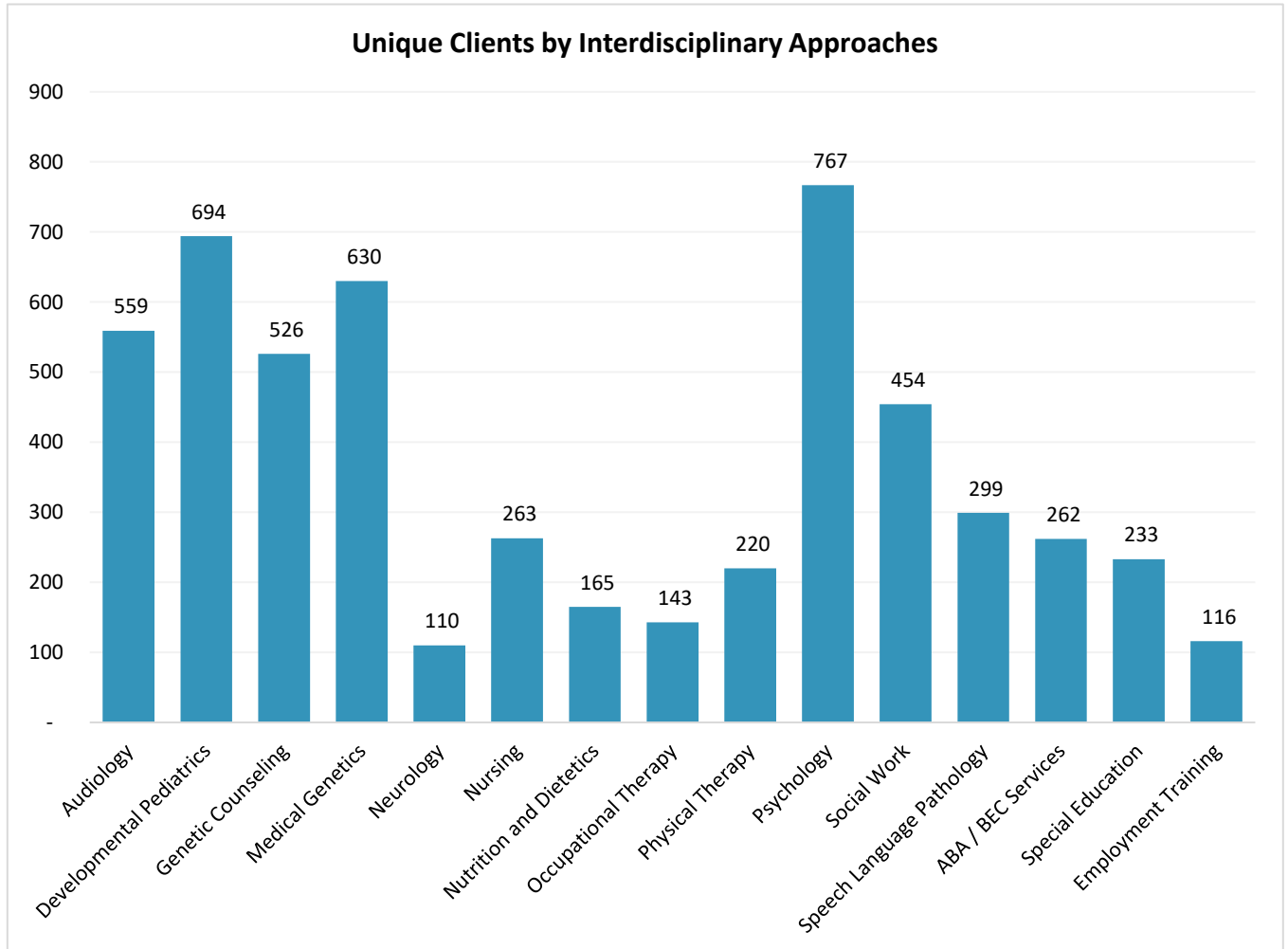
The figures below show data trends over the most recent three years for UCEDD clinics. The number of unique clients served increased from 2017 to 2019. In 2018, our UW Autism Center clinics rapidly expanded their Applied Behavior Analysis / Behavior and Education Consultant (ABA/BEC) services due to the unmet needs in ABA/BEC treatment in the region. However, in 2019, despite a slight increase in number of clients served at the CHDD clinics, number of client visits decreased. The decrease was due to multiple factors including new data collection methods.



Quantity of Services Provided by Programs 2019

The number of Client Visit, Clinician-Client Interaction, and Unique Client are data indicators used to evaluate the quantity of services provided by programs. In addition, we also use these three indicators to illustrate the context and interdisciplinary nature of the UCEDD clinics and programs. Of note, there are currently fifteen UCEDD affiliated subspecialty clinics and programs that have participations of fifteen interdisciplinary services (as seen in the Figure below).

In 2019, by the number of unique clients, Psychology is the most commonly participated discipline, which serves 767 clients. Developmental Pediatrics (694) and Medical Genetics (630) are the next commonly participating disciplines by the number of unique clients.



Client Visits by Clinical Service Programs

The table below details the breakdown of unique clients and visits by UCEDD subspecialty clinics and service programs. Among the clinical programs, Neurogenetics (19%, n=535), Autism clinic (18%, n=513), and Infant Development Follow-up Clinic (14%, n=393) had the most number of unique clients.

UCEDD Clinics & Services	Unique Clients	Client Visits	Average of Visits per Client
Subspecialty Clinics			
AUTISM ¹	513	10,865	21.18
BIOCHEMICAL GENETICS	143	160	1.12
CARDIAC NEURODEVELOPMENTAL	77	83	1.08
CHILD DEVELOPMENT	145	398	2.74
DOWN SYNDROME SPECIALTY	19	26	1.37
FAS DPN	84	84	1.00
HYPOTHYROIDISM	28	28	1.00
IDFC	393	523	1.33
LAMBs	163	180	1.10
NEUROGENETICS	535	558	1.04
PEDIATRIC AUDIOLOGY	290	399	1.38
PKU	107	184	1.72
Special Programs			
APEX SUMMER CAMP ²	152	3,631	23.89
EEU CLASSES ³	81	-	-
Employment Training			
UW EMPLOYMENT PROGRAM ³	116	-	-
TOTAL	2,846	17,119	5.97

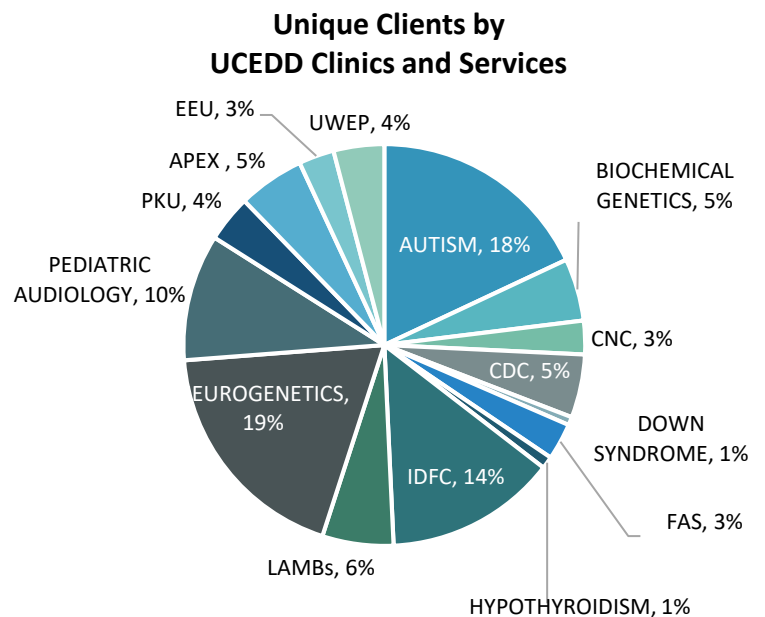
1. Reflects intervention-oriented clinical activities (e.g., BCBA providers)

2. Apex summer camp has both clinical and educational components in its services

3. EEU and UWEP provide ongoing interactions; thus, visit numbers are not appropriate for these two services

On average, each unique client had more than one visit to the UCEDD clinics and services. Due to the intensive ABA/BEC treatment offered at our Autism Clinics and the APEX program, where a client may have multiple visits for their individualized ABA/BEC therapy, these two programs had the highest number of visit-to-client ratios (21.18 and 23.89, respectively).

Among other UCEDD clinics that provide diagnostic evaluations and treatment recommendations, rather than intensive behavioral treatment that require multiple visits over a long time, the Child Development Clinic had the highest average visit per client ratio; averaging about 2 to 3 visits per client.



Clinician-Client Interactions by Clinical Service Program

While visits per client ratio indicates how many visits a client came to a clinic, this ratio does not illustrate how many providers and which disciplines in a care team serve the client. Most CHDD subspecialty clinics at the UCEDD are interdisciplinary, particularly diagnostic and follow-up oriented clinics. The table below shows individual clinic clinician-client interaction per client ratio- this ratio represents how many times a clinicians would see a client at a particular subspecialty clinic.

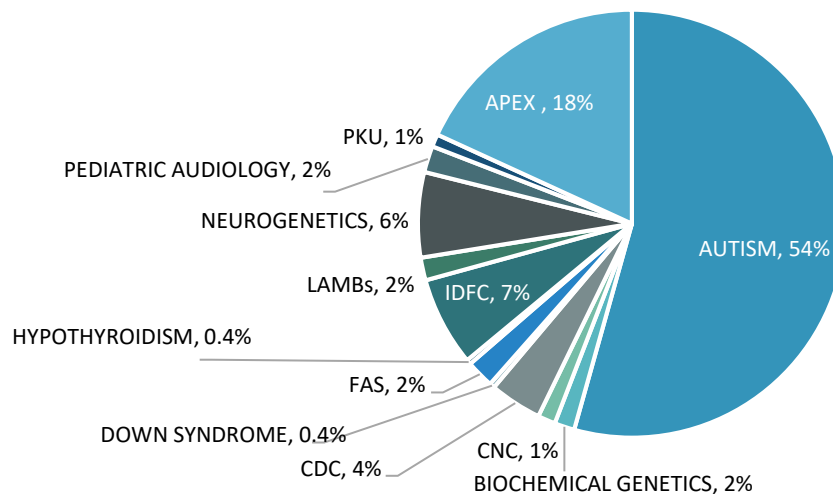
UCEDD Clinics & Services	Unique Clients	Clinician-Client Interactions	Average Clinician-Client Interaction per Client
Subspecialty Clinics			
AUTISM ¹	513	10,865	21.18
BIOCHEMICAL GENETICS	143	440	3.08
CARDIAC NEURODEVELOPMENT (CNC)	77	266	3.45
CHILD DEVELOPMENT (CDC)	145	789	5.44
DOWN SYNDROME SPECIALTY	19	77	4.05
FAS DPN	84	420	5.00
HYPOTHYROIDISM	28	71	2.54
IDFC	393	1,349	3.43
LAMBs	163	343	2.10
NEUROGENETICS	535	1,287	2.41
PEDIATRIC AUDIOLOGY	290	399	1.38
PKU	107	190	1.78
Special Programs			
APEX SUMMER CAMP ²	152	3,631	23.89
EEU CLASSES ³	81	-	-
Employment Training			
UW EMPLOYMENT PROGRAM ³	116	-	-
TOTAL	2,846	20,127	7.07

1. Reflects intervention-oriented clinical activities (e.g., BCBA providers)

2. Apex summer camp has both clinical and educational components in its services

3. EEU and UWEP provide ongoing interactions; thus, visit numbers are not appropriate for these two services

Clinician-Client Interactions by UCEDD Clinics and Services

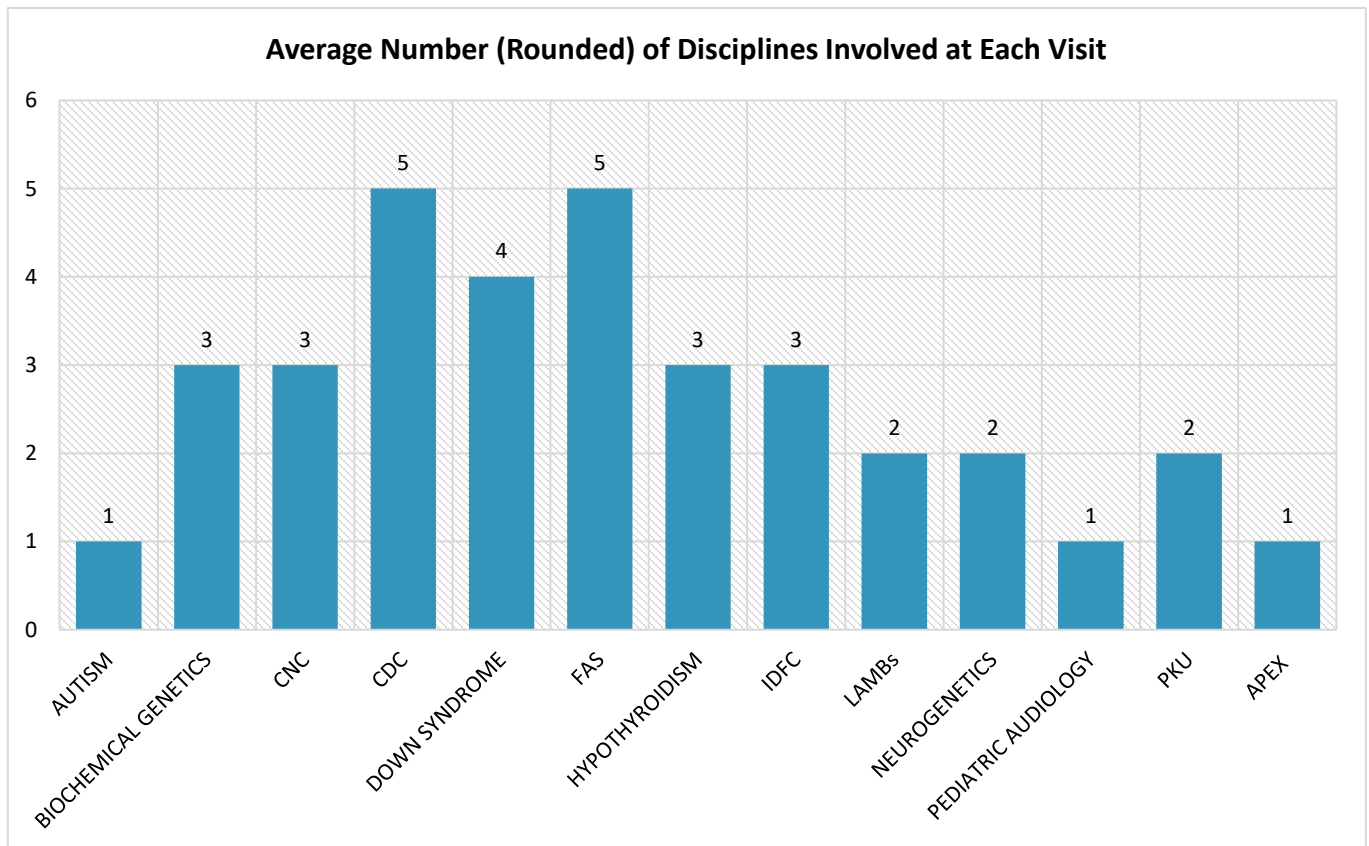


Interdisciplinary Involvement

When comparing the Visit-per-Client ratio to Clinician-Client-Interaction-per-Client ratio for each program, the difference between these two ratios provide insight into the interdisciplinary nature of each program. For example, for the Fetal Alcohol Syndrome clinic, a client usually had one visit (average Visit-per-Client is 1.0); however, the FAS average Clinician-Client-Interaction per Client ratio is 5.0. This means when a client visits the FAS clinic, the client may have up to five clinician-interactions from five different disciplines at one visit. The larger the difference between the Visit-per-Client ratio and the Clinician-Client-Interaction-per-Client ratio, the more disciplines are involved in the care of a client.

There is no difference between these two ratios for Autism clinic and APEX program when comparing the Visit-per-Client ratio to the Clinician-Client-Interaction-per-Client ratio. This means that a typical client had about 21 visits to Autism Clinic and at each visit, the client on average saw one unique discipline during 2019. Similar for the APEX program, a client might have 24 visits on average and, at each visit, the client only saw one unique discipline and not a care team of multiple disciplinary providers. Autism Clinic and the APEX programs had the high clinician-client interaction per client ratios (21 and 24, respectively). This was due to the intensive ABA/BEC treatment requiring multiple visits with an ABA and/or a BEC specialist, rather than due to the number of disciplines involved at one visit.

Among other UCEDD clinics, the Child Development Clinic had the highest clinician-client interactions per client average, five. This means that for each visit a client may see up to five or six different disciplines involved in their care team. The CDC clinic, FAS, Down Syndrome, and Cardiac Neurodevelopment clinics were among the most interdisciplinary clinics among the UCEDD clinics and services in 2019. The following Figure illustrate average number of disciplines involved at each visit at each clinic and/or service program.



Client Diagnosis

Understanding Diagnosis Data

Clinical services at the CHDD are provided through subspecialty clinics that are based on referrals from primary care, health care providers, or self-referrals. For this reason, we assume that all of our clients come to CHDD are at risk for a particular disorder or have a diagnosed disorder such that they require a more in-depth evaluation to design treatment more effectively.

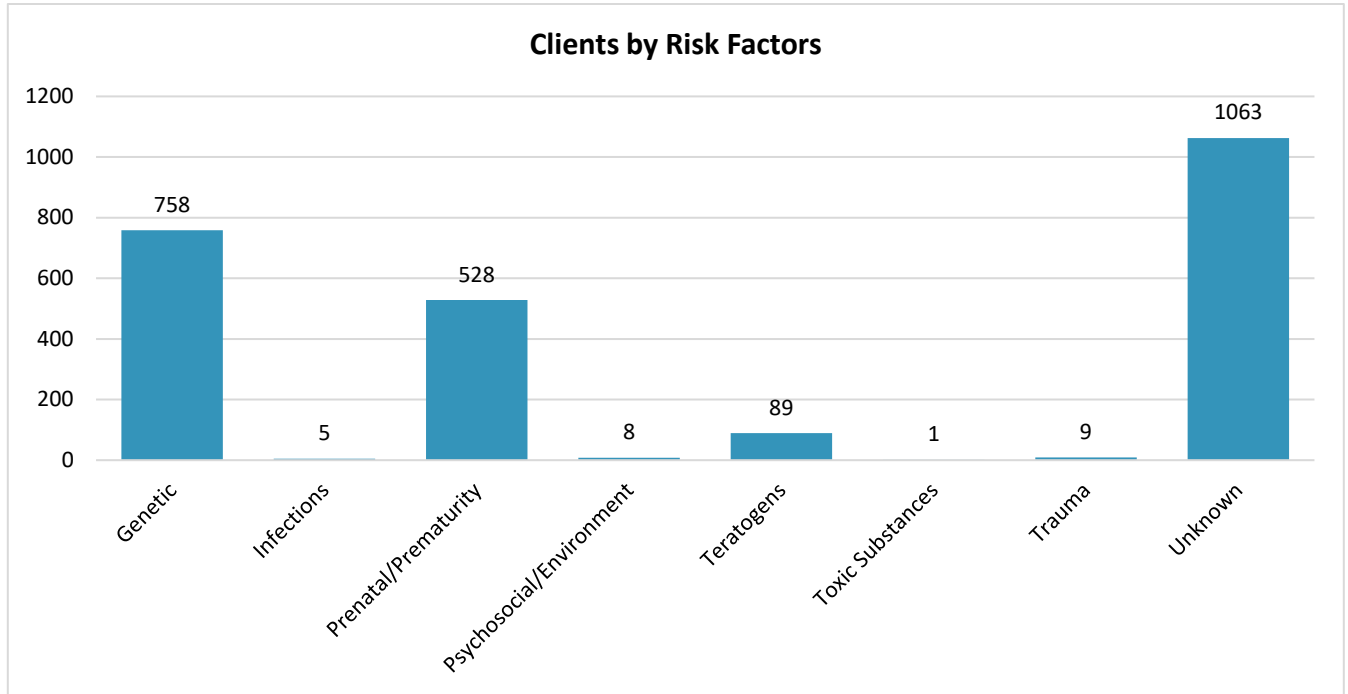
The basis of diagnosis data used in this report is the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) given to a client during a visit at the CHDD clinics and service programs. The ICD-10 version used for this report was the 2020 version obtained from the Centers for Medicare and Medicaid Services (CMS) website cms.gov. One or more ICD-10 codes may be used based on the decisions of an interdisciplinary team of clinicians. These ICD-10 codes may be diagnostic codes or billing codes for an evaluation; thus, it is important to stress that these codes do not always represent a confirmed diagnosis, but rather a client came for an evaluation of a disorder or a condition. Using the ICD-10 code data for this reporting year, we group clients by broader categories to illustrate the diversity of individuals served within the CHDD while maintaining a consistent reference with ICD-10. Two categories are used for this purpose: Risk Factors and Categorical Diagnosis.

Risk Factors

To the extent possible, we identify ICD-10 codes that are indicative of the associated risks or potential causes of disorders of individuals served at the CHDD. However, in case of known causes for a certain disorders, we may use the term etiology (e.g., Down syndrome). A client may have one or multiple risk factors. The risk factors are defined as followed:

1. Genetic (relevant G, Q00-Q99 codes): Due to variants in genes or chromosomes which may or may not be inherited.
2. Infections (P35-P39, A, B codes): Bacterial or viral infections such as Guillian-Barre syndrome, cytomegalovirus, etc., occurring in intrauterine or postnatal environments.
3. Prenatal/Prematurity (P05-P08, P19-P29, P50-P96 codes): Premature birth or injury at birth or around this period including trauma, asphyxia, hemorrhage, etc.
4. Psychosocial/Environment (Z55, Z65 codes): Psychological or social factors (e.g., abuse, neglect) which have a bearing on a person's health and/or development (especially cognitive or social).
5. Teratogens (P04, O35, O99.330): Maternal exposure to drugs, chemicals, or other agents that result in damage to the unborn child either intrauterine or during lactation.
6. Toxic Substances (T36-T65): Exposure to drugs, chemicals, or other agents in the environment.
7. Trauma/Injury (P10-P15, S, T14 codes): Other adverse injuries to the child postnatally such as head injury.

During 2019, of the identified risk factors, the two most commonly were Genetic (n=758) and Prenatal/ Prematurity (n=528).



Categorical Diagnoses

Following identified relevant ICD-10 diagnosis codes reported during 2019, we grouped specific codes into broader Categorical Diagnoses in the table below. Diagnoses that were not associated with a visit during the reporting were not included in this analysis. In addition, a client could have more than one diagnosis. Terminology has been altered to be more consistent with other commonly used systems, for example, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

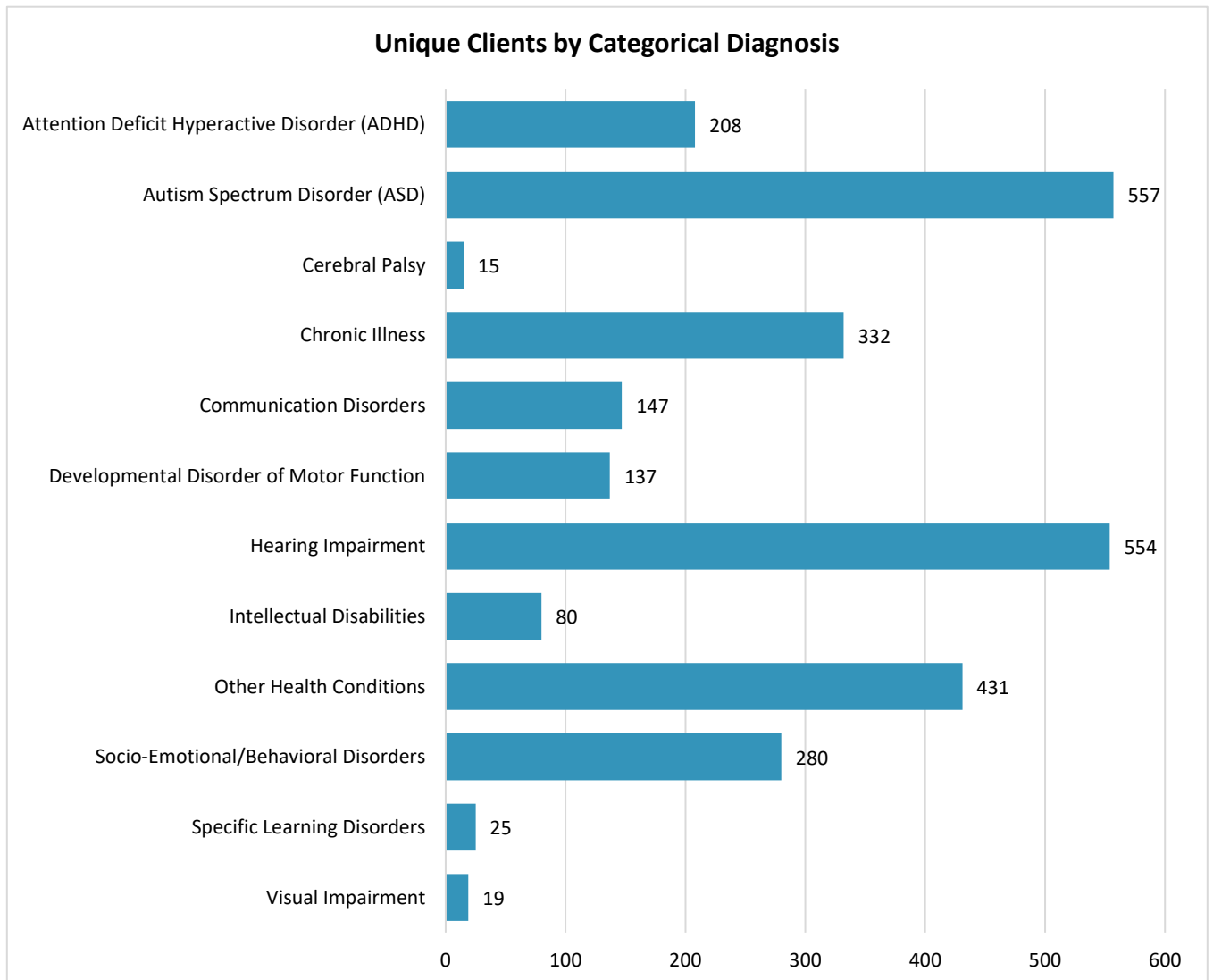
Categorical Diagnosis (ICD Codes)	ICD-10 Codes
Attention Deficit Hyperactive Disorder (ADHD)	F90
Autism Spectrum Disorder (ASD)	F84
Cerebral Palsy	G80-G83
Chronic Illness	G and I codes (exclude G80-G83)
Communication Disorders	F80
Developmental Disorder of Motor Function	F82
Hearing Impairment	H60-H95
Intellectual Disabilities	F70-F79, Q90
Other Health Conditions	E00-E89, Q00-Q99 (exclude Q90)
Socio-Emotional/Behavioral Disorders	F01-F99 (exclude F80-82, F84, F90)
Specific Learning Disorders	F81
Visual Impairment	H00-H59

Chronic Illness and Other Health Conditions cover broad range of diagnoses. Chronic Illness category includes conditions such as Huntington’s disease, Hereditary ataxia, or Parkinson’s diseases. Other Health Conditions cover category of endocrine, nutritional, and metabolic diseases and congenital malformations and chromosomal abnormalities. Some specific conditions in Other Health Conditions include Fabry (-Anderson) disease, Congenital hypothyroidism, Classical Phenylketonuria, or Congenital malformation of heart. These specific conditions are noted as applicable in each individual clinic profile.

During this reporting year, 75% of our clients (n=2,129) were identified with at least one of the Categorical Diagnoses while 25% (n=717) of clients had ICD-10 codes that could not be determined. Of those with at least one Categorical Diagnosis, the breakdown are as followed:

- 1,762 had one Categorical Diagnosis,
- 221 had two Categorical Diagnoses, and
- 146 had three or more Categorical Diagnoses.

ASD (557), Hearing Impairment (554), and Other Health Conditions (431) were the top reported Categorical Diagnoses during 2019.



Subspecialty Clinics

Autism Clinic

The UW Autism Center's Clinical Services provide state-of-the-art, comprehensive, coordinated services to families and individuals at risk or with autism spectrum disorder (ASD) from birth through early adulthood. Services are provided at both the UW Seattle and UW Tacoma campuses. Some of the clinical services offered at the UWAC include Diagnostic Evaluation, Medical Consultation, Speech Assessment and Treatment services, Applied Behavior Analysis Interventions services, and Psychological therapy.

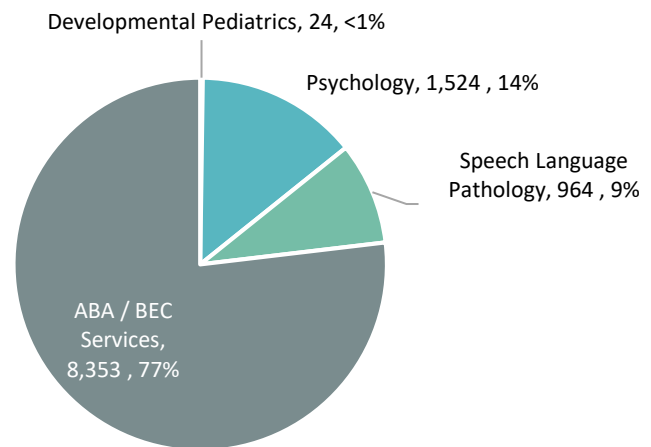
Autism Clinic	2019
Number of Unique Clients	513
Number of Visits	10,865
Visit per Client Ratio	21.18

Of the 513 clients that came to the Autism clinic in 2019, 87% of the clients were younger than 19 years. Compared to other CHDD clinics and services, the Autism clinic had the highest visit per client ratio in 2019, as a major focus was intervention.

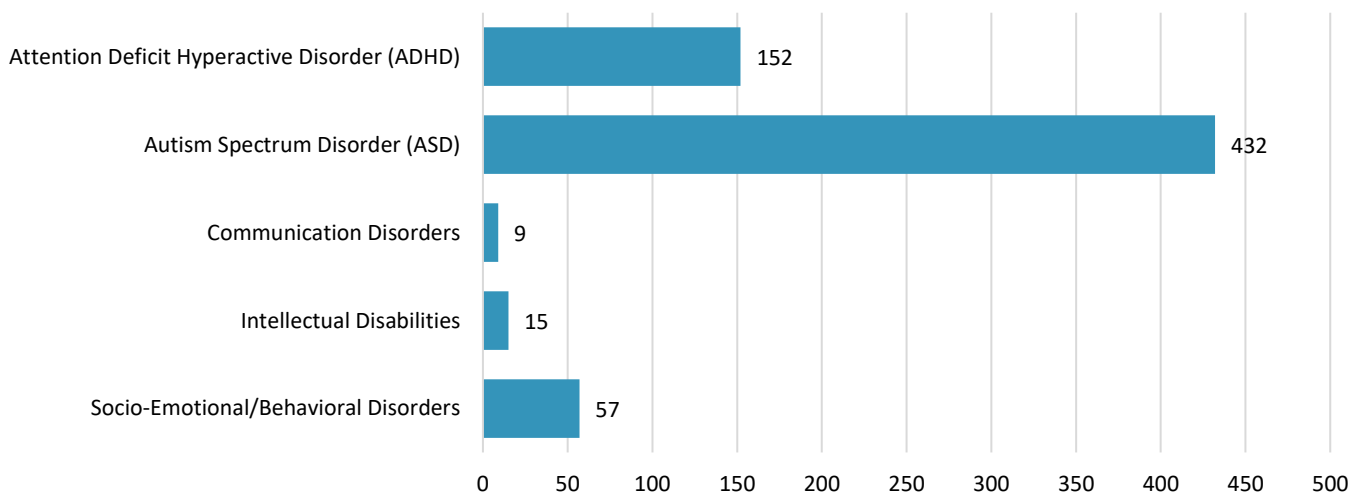
By number of unique clients, the Psychology discipline served the most clients during 2019 at the Autism clinic. Due to the intensity and the length of time for ABA therapy, a client had multiple visits per week over a one to two-year period. As a result, ABA (262 clients) made up 77% (8,353) of all visits to the clinic.

The majority of clients had a categorical diagnosis of ASD (432 clients). The next most common categorical diagnosis was ADHD (152 clients).

Clinician-Client Interactions by Discipline



Autism Clinic: Clients by Categorical Diagnosis



Biochemical Genetics Clinic

The Biochemical Genetics Clinic provides evaluation, consultation, and management services to clients of all ages with a variety of metabolic disorders. Metabolic disorder is a term that encompasses a variety of disorders that result from an inherited inability to produce a particular enzyme necessary for normal metabolism of proteins, fats, or carbohydrates. Because inherited metabolic disorders are rare, many providers are unfamiliar with the complex treatment regimens and other health needs associated with a particular disorder. Consistent and ongoing nutritional therapy to compensate for the missing enzyme is necessary for a person born with one of these disorders. Without therapy, toxic chemicals build up in the blood and tissues, and can lead to permanent intellectual disability and other disabilities. Clinics are conducted by an interdisciplinary team that includes a pediatric geneticist, metabolic nutritionist, and genetic counselor. Staff provide counseling about the heritability of particular disorders and guidance on family planning. While more disciplines may be involved with a client visit, only Developmental Pediatrics and Medical Genetics data are captured in Epic at this time. Although the clinician-client interaction with a metabolic nutritionist is not currently captured in Epic, about 95% of clients have a visit with the metabolic nutritionist.

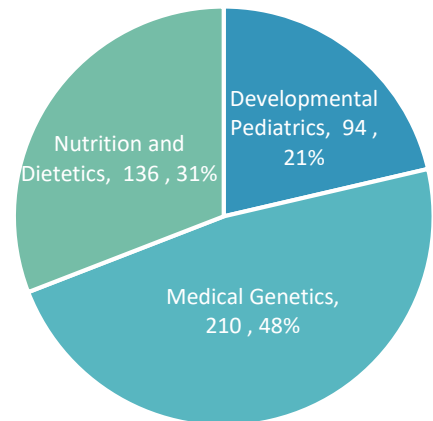
Biochemical Genetics Clinic	2019
Number of Unique Clients	143
Number of Visits	160
Visit per Client Ratio	1.12
Number of Clinician-Client Interactions	440
Clinician-Client Interaction per Client Ratio	3.08

Biochemical Genetic clients tend to be in older age group, with 45% client older than 30 years old. About 41% (n=59) of Biochemical Genetics clients were in the 0-19 age group, which is much less compared the CHDD client population.

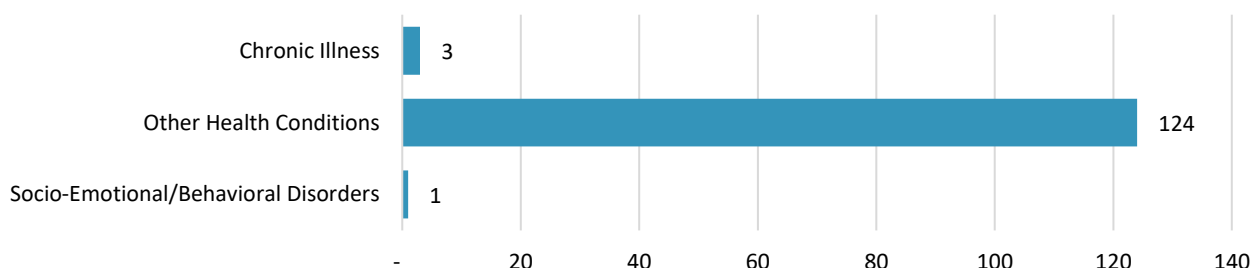
During 2019, a Biochemical Genetics client typically had one visit per client; however, at each visit, a client often had three interactions with three disciplines Medical Genetics and Developmental Pediatrics, and Nutritionist.

The most common Categorical Diagnoses at Biochemical Genetics Clinic were the Other Health Conditions (n=124) with most common ICD-10 codes for Fabry (-Anderson) disease, Medium chain acyl CoA dehydrogenase deficiency, and Gaucher disease. Most clients (n=124) had a Genetic risk factor based on the ICD-10 diagnosis code.

Clinician-Client Interactions by Discipline



Biochemical Genetics: Unique Clients by Categorical Diagnosis



Cardiac Neurodevelopmental Clinic

Children who are born with complex congenital heart disease (CHD) are at risk for problems with growth and development. The Cardiac Neurodevelopmental Clinic (CNC) evaluates and treats infants and children with complex congenital heart defects who had heart surgery before their first birthday. The clinic provides close follow-up during their first five years of life. A visit to the Cardiac Neurodevelopmental Clinic can provide reassurance that the child is developing as expected. If developmental issues are apparent, the clinic connects patients with appropriate services.

The CNC was founded in August 2015. Clinics run on the 1st, 2nd, 3rd, and 5th Tuesday mornings of each month. The specialists available in the clinic include developmental-behavioral pediatrician, psychologist, physical/occupational therapist, speech therapist, social worker, nutritionist, and audiologist. Clinic staff members work in interdisciplinary teams, combining expertise to evaluate each child and make recommendations for care.

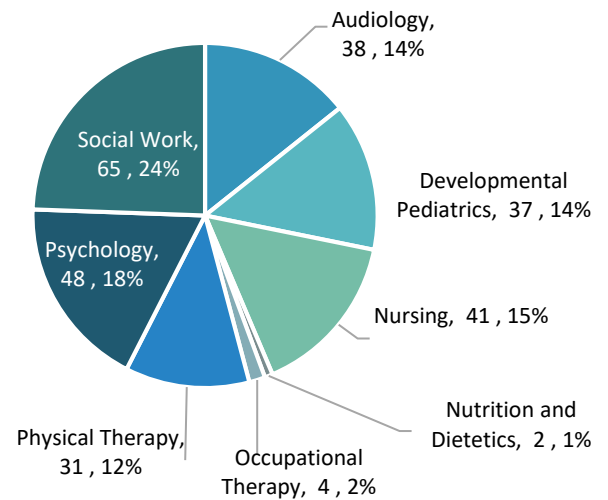
Cardiac Neurodevelopmental Clinic	2019
Number of Unique Clients	77
Number of Visits	83
Visit per Client Ratio	1.08
Number of Clinician-Client Interactions	266
Clinician-Client Interaction per Client Ratio	3.45

Cardiac Neurodevelopmental Clinic primarily serves a younger client population from 0 to 5; 89% of CNC clients were younger than three years of age.

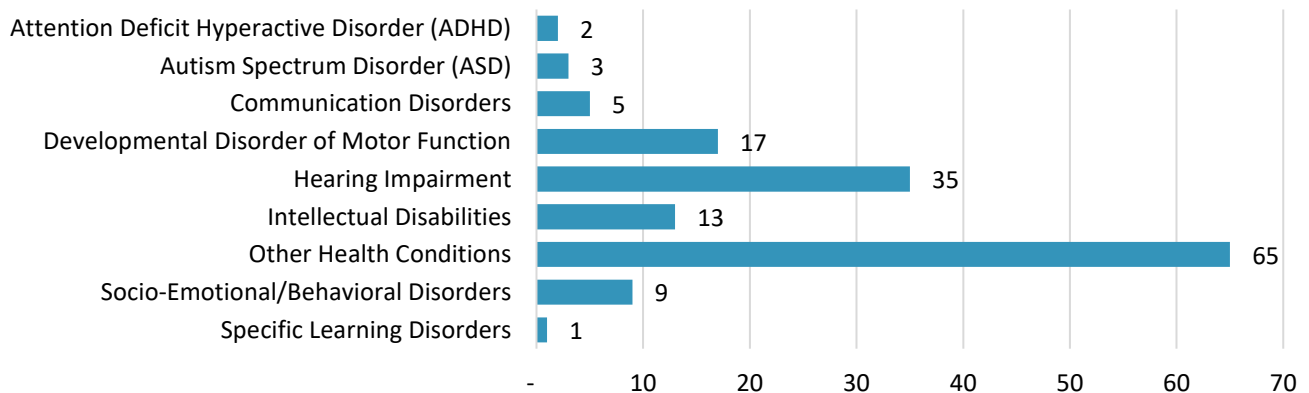
On average in 2019, a client had one visit to the CNC. However, at each visit, a client might see between 3 to 4 discipline providers. In 2019, the most common disciplines participating at CNC were Social Work (24%), Psychology (18%), Nursing (15%), and Developmental Pediatrics (14%).

In 2019, most commonly associated Categorical Diagnoses for CNC clients was Other Health Conditions (n=65) with the most common ICD-10 code for Congenital malformation of heart. Top associated risk factors were Genetics (n=71) and Prenatal/ Prematurity (n=12) during 2019.

Clinician-Client Interaction by Discipline



Cardiac Neurodevelopmental Clinic - Clients by Categorical Diagnosis



Child Development Clinic

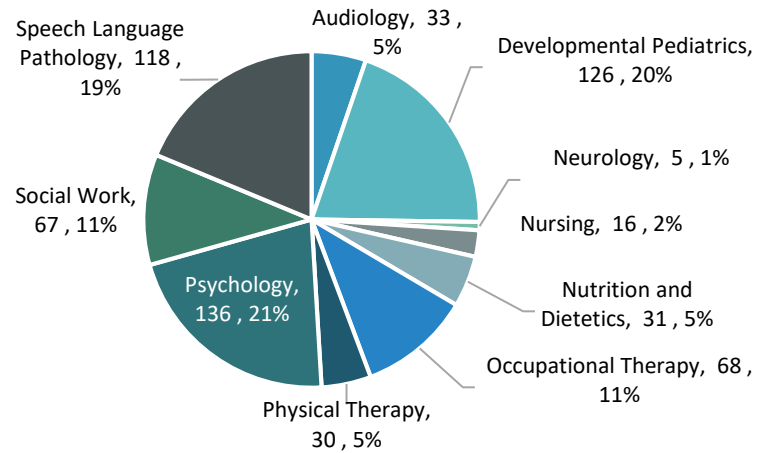
The Child Development Clinic (CDC) provides diagnosis, assessment, and management plans for children from early childhood to adolescence with or at risk for neurodevelopmental disabilities. Clinic staff members work in interdisciplinary teams, combining expertise to evaluate each child and make recommendations for care. Staff members include professionals from audiologist, developmental-behavioral pediatrician, nurse, nutritionist, occupational/physical therapist, psychologist, social worker, and speech and language pathologist. The clinic is the primary venue at the CHDD for interdisciplinary clinical training under the auspices of the Leadership Education in Neurodevelopmental Disabilities training grant awarded by the Maternal and Child Health Bureau. Trainees participate in hands-on and didactic training which includes assessments, parent conferences, lectures, and report writing.

Child Development Clinic	2019
Number of Unique Clients	145
Number of Visits	398
Visit per Client Ratio	2.74
Number of Clinician-Client Interactions	789
Clinician-Client Interaction per Client Ratio	5.44

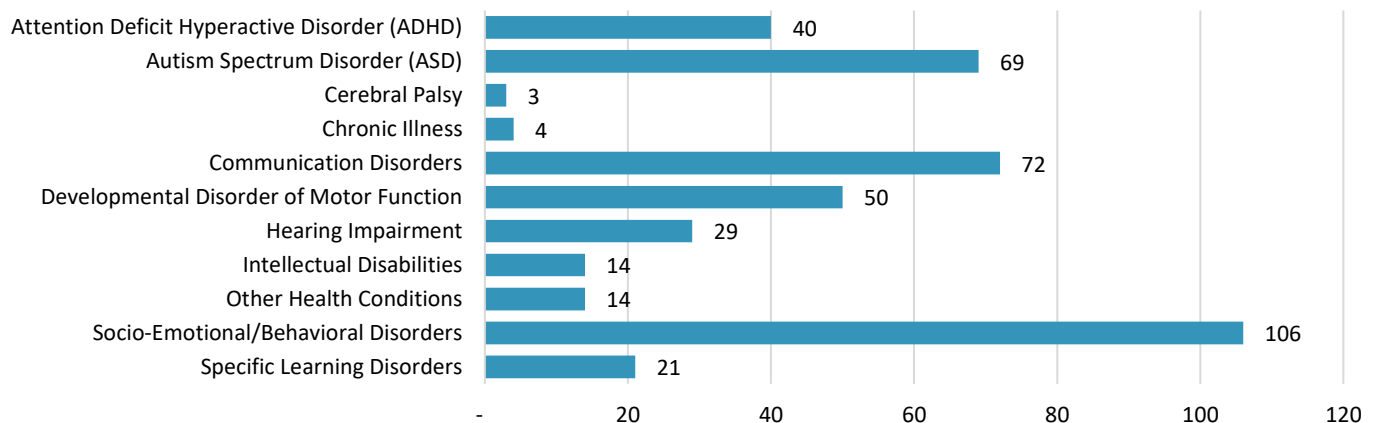
During 2019, 95% (n=138) of all the CDC clients were under the age of 19. Clients were followed up periodically at the CDC. For a client of the CDC, as many as six disciplines were involved in their care team, with the top three disciplines being Psychology (21%), Developmental Pediatrics (20%), and Speech Language Pathology (19%).

As CDC evaluates a wide range of clients with neurodevelopmental disabilities and clients typically had multiple concerns represented in the Categorical Diagnoses. Top Categorical Diagnoses at CDC are Socio-Emotional/Behavioral Disorders (n=106), Communication Disorders (n=72), and ASD (n=69). Most common associated risk factors among CDC clients were Unknown (n=127), Genetics (n=14), Prenatal/ Prematurity (n=12), and Teratogens (n=12).

Clinician-Client Interactions by Disciplines



Child Development Clinic: Clients by Categorical Diagnosis



Congenital Hypothyroidism Follow-Up Clinic

The Congenital Hypothyroidism Follow-Up Clinic provides developmental follow-up for children who have been identified through the Washington State Newborn Screening Program and diagnosed with congenital hypothyroidism. Children seen in the clinic receive periodic developmental assessments to evaluate developmental progress and the need for intervention services.

Congenital hypothyroidism is a condition of thyroid hormone deficiency present at birth. Approximately one in 4,000 newborn infants has a severe deficiency of thyroid function, while even more have mild or partial degrees of thyroid dysfunction. If untreated for several months after birth, severe congenital hypothyroidism can lead to growth failure and permanent intellectual disability. Treatment consists of a daily dose of thyroid hormone by mouth. Because the treatment is simple, effective, and inexpensive, newborn screening is used to detect and treat congenital hypothyroidism in the first weeks of life.

The Congenital Hypothyroidism Follow-up Clinic opened in 1980. Infants are seen by a developmental pediatrician and a pediatric occupational therapist shortly after their diagnosis at 6-12 months and by developmental pediatrician and psychologist at their follow-up visits at ages three, five, and 12 years.

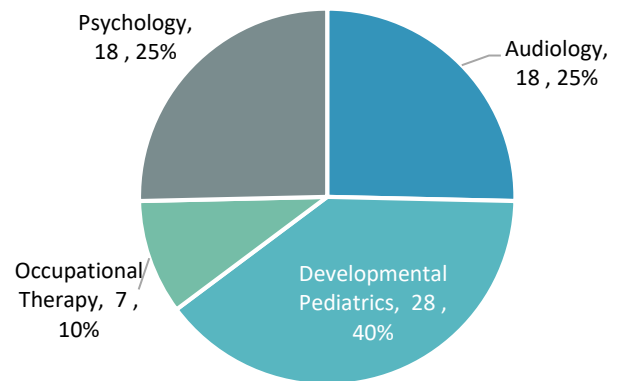
Congenital Hypothyroidism Follow-up Clinic	2019
Number of Unique Clients	28
Number of Visits	28
Visit per Client Ratio	1.00
Number of Clinician-Client Interactions	71
Clinician-Client Interaction per Client Ratio	2.54

During 2019, all Hypothyroidism clinic clients were younger than the age of 7. Most clients had one visit on average, but at each visit, on average saw between 2 to 3 providers at each visit.

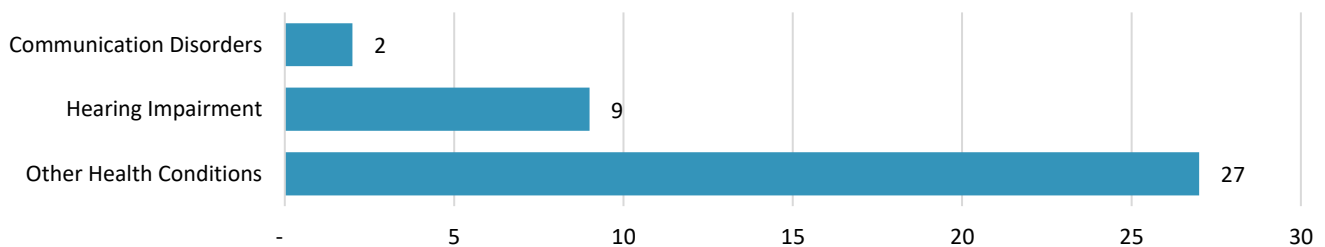
Most commonly participating disciplines were Developmental Pediatrics (40%), Psychology (25%), and Audiology (25%).

Of 28 clients who visited the Hypothyroidism Clinic 96% (n=27) had Other Health Conditions (n=27), with the most common ICD-10 code for Congenital hypothyroidism without goiter. In addition, 32% (n=9) had Hearing Impairment. All clients with a Categorical Diagnosis had associated Genetic risk factors.

Clinician-Client Interaction by Discipline



Congenital Hypothyroidism Clinic: Clients by Categorical Diagnosis



Down Syndrome Specialty Clinic

The Down Syndrome Specialty Clinic was founded in September 2016. The clinic focuses on providing formal developmental assessments, consultation for behavioral concerns, and assessment for common medical problems that can contribute to behavioral or developmental concerns. The clinic also collaborates with schools and early intervention programs to help provide the best environment for success. In addition, the co-existence of other diagnoses such as ADHD or Autism Spectrum Disorder are assessed as needed.

Clinics run on the 4th Tuesday morning of each month. Specialists available include developmental-behavioral pediatrician, psychologist, physical/occupational therapist, speech therapist, social worker, nutritionist, genetic counselor, and audiologist. Clinic staff members work in interdisciplinary teams, combining expertise to evaluate each child and make recommendations for care.

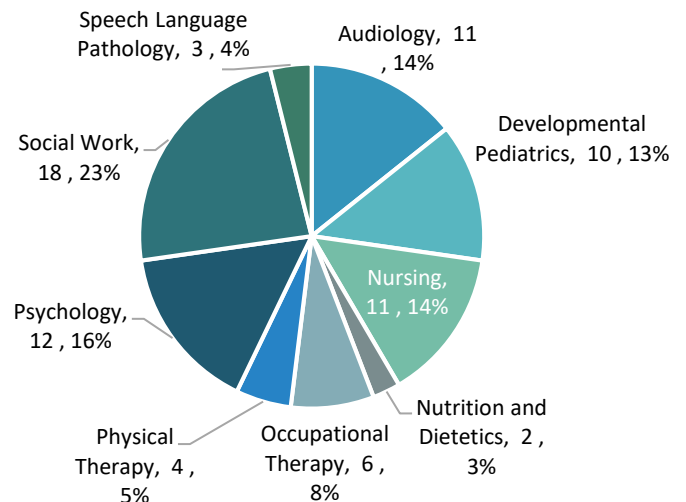
Down Syndrome Specialty Clinic	2019
Number of Unique Clients	19
Number of Visits	26
Visit per Client Ratio	1.37
Number of Clinician-Client Interactions	77
Clinician-Client Interaction per Client Ratio	4.05

On average, a client had one to two visits to the Down Syndrome Clinic. At each visit, a client had four to five clinician-client interactions depending on the complexity of the situation.

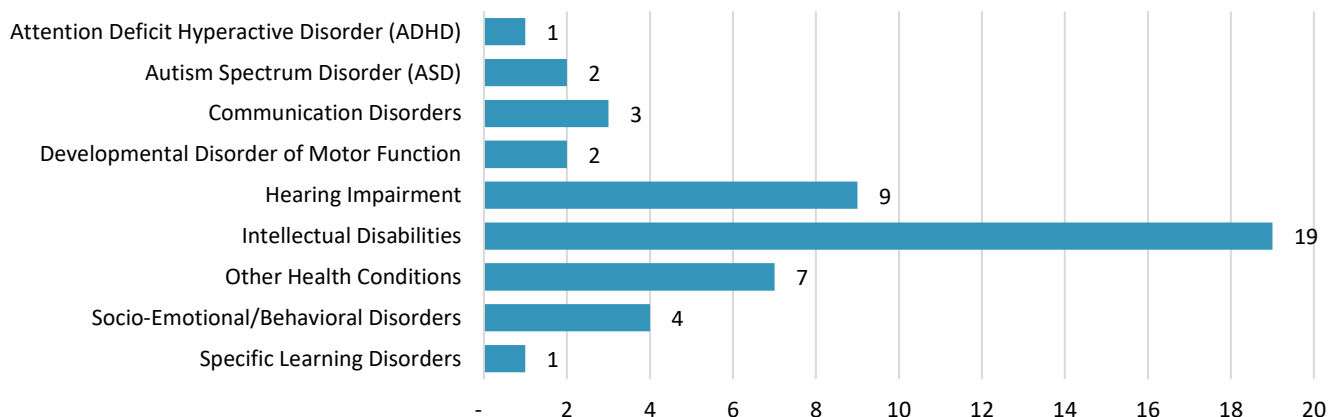
Most commonly participating disciplines were Social Work (23%), Psychology (16%), Audiology (14%), Developmental Pediatrics (14%), and Nursing (14%).

Down Syndrome clinic clients had multiple disorders listed in the Categorical Diagnoses figure below. The most common associated disorders were Intellectual Disabilities (n=19).

Clinician-Client Interactions by Disciplines



Down Syndrome Clinic: Clients by Categorical Diagnosis



Fetal Alcohol Spectrum Diagnostic & Prevention Network Clinic

The Washington State Fetal Alcohol Syndrome Diagnostic & Prevention Network (FAS DPN) is a network of Washington State community-based clinics and the core clinical/research/training FAS DPN clinic at CHDD. The core clinic at the CHDD was first established in 1993 through support from the Centers for Disease Control. The goals of the FAS DPN are primary and secondary prevention of FASD through screening, diagnosis, research, and training. The network seeks to 1) demonstrate the value of interdisciplinary diagnostic clinics that accurately identify FASD in persons of all ages, 2) provide comprehensive treatment planning (medical, mental health, educational/vocational, and social service) to reduce secondary disabilities, and 3) locate and intervene with the birth mothers of these individuals to prevent recurrent births of affected children.

Each clinic in the network uses the same interdisciplinary approach and systematic diagnostic method, the 4-Digit Diagnostic Code and FAS facial recognition software developed by FAS DPN faculty. The FAS DPN has diagnosed over 3000 patients to date. The FAS DPN has expanded both nationally and internationally through the training of interdisciplinary teams. CHDD faculty members have trained over 210 interdisciplinary teams worldwide.

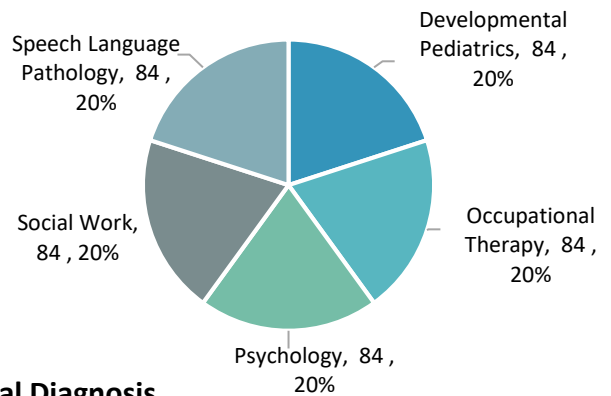
FAS DPN Clinic	2019
Number of Unique Clients	84
Number of Visits	84
Visit per Client Ratio	1.00
Number of Clinician-Client Interactions	420
Clinician-Client Interaction per Client Ratio	5.00

On average, a client had one visit to the FAS clinic. At each visit, a client often saw a team of interdisciplinary clinicians including a developmental pediatrician, a speech language pathologist, a social worker, a psychologist, and/or an occupational therapist.

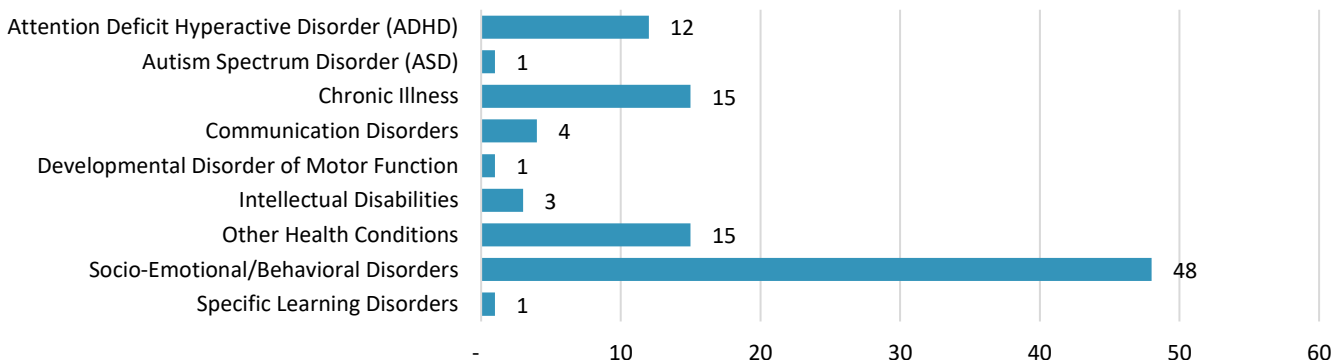
Of the 84 clients who visited the FAS clinic in 2019, 68 clients had Categorical Diagnoses. Top Categorical Diagnoses were Socio-Emotional/ Behavior Disorders (n=48), Other Health Conditions (n=15), Chronic Illness (n=15), and ADHD/ADD (n=12).

Of all FAS clients during 2019, the three most common Categorical Risk Factors were Unknown (n=53), Teratogens (n=52), and Genetic (n=26).

Clinician-Client Interactions by Discipline



FAS: Clients by Categorical Diagnosis



Infant Development Follow-Up Clinic

The Infant Development Follow-Up Clinic (IDFC) was established in 1977 to provide developmental follow-up of children from birth to age eight who are designated as high risk due to prematurity and/or low birth weight or prenatal exposure to drugs. The goal of the clinic is to provide early identification and referral for early intervention for the neurodevelopmental and neurobehavioral problems.

Each year about 350 clients visit the IDFC to receive diagnostic and treatment services. The majority are referred to CHDD by the University of Washington Medical Center. The clinic also conducts long-term follow-up clinical research concerning neonatal outcomes, complications, and treatment.

Infant Development Follow-Up Clinic	2019
Number of Unique Clients	393
Number of Visits	523
Visit per Client Ratio	1.33
Number of Clinician-Client Interactions	1,349
Clinician-Client Interaction per Client Ratio	3.43

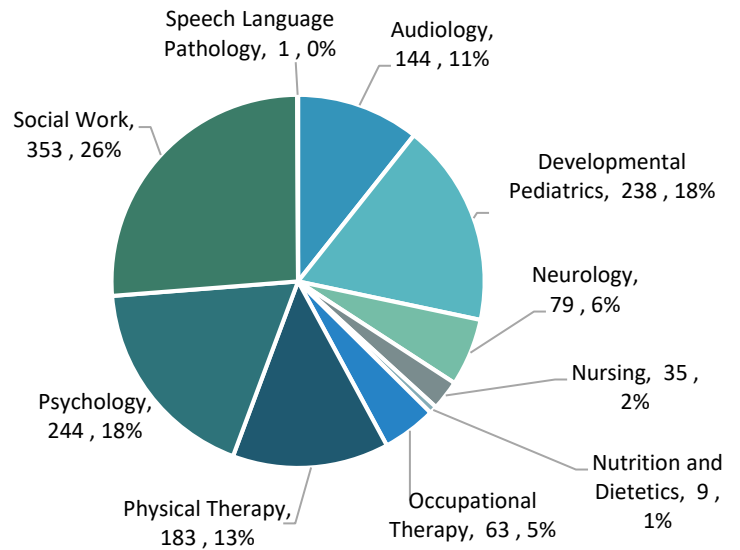
In 2019, all IDFC clients were under the age of 6 years, of which, 92% were in the 0-3 age group. A client usually had one to two visits to the IDFC clinic. At each visit, a client had a care team that was comprised of three to four clinical disciplines.

The top three participating disciplines were Social Work (26%), Developmental Pediatrics (18%), Psychology (18%), and Audiology (11%).

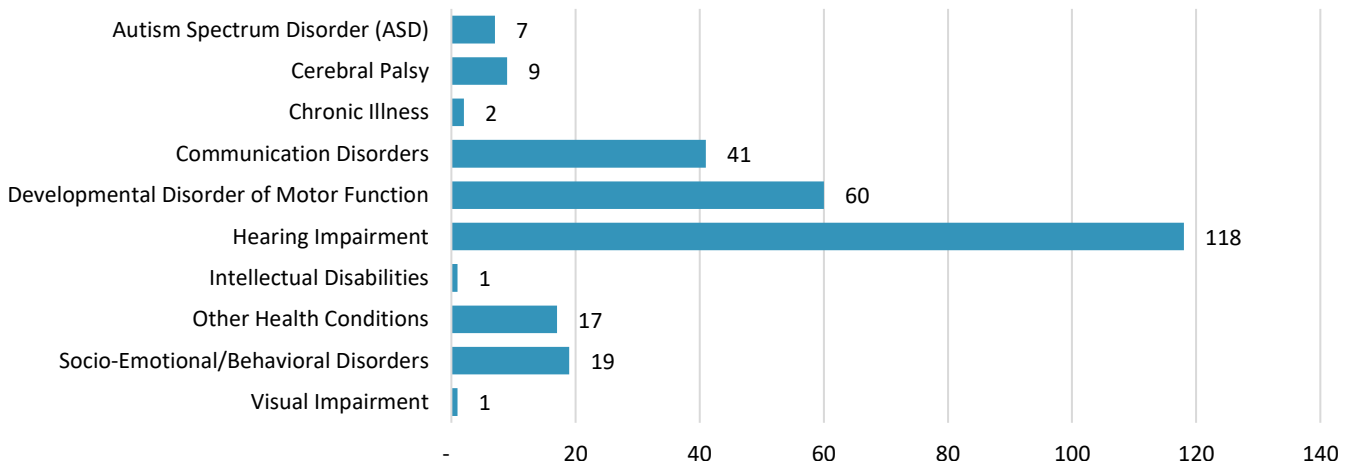
Of the 393 clients who visited IDFC in 2019, 218 had Categorical Diagnoses. The most common were Hearing Impairment (n=118), Developmental Disorder of Motor Function (n=60), Communication Disorders (n=41), and Socio-Emotional/ Behavioral Disorders (n=19).

The most common Categorical Risk Factor found in IDFC clients were Prenatal/ Prematurity (n=349). The next top Categorical Risk Factors were Genetic (n=24), Unknown (n=24), and Teratogens (n=20).

Clinician-Client Interactions by Discipline



IDFC: Clients by Categorical Diagnosis



Late and Moderate Preterm Babies (LAMBs) Follow-up Clinic

The Late and Moderate Preterm Babies (LAMBs) Follow-up Clinic at the CHDD works with children who were born between 32 weeks to 36 weeks and six days gestation: that is, four to eight weeks early. The clinic provides developmental assessment and ongoing monitoring. Knowing that these children are at higher risk for developmental differences, the goal is to identify any problems early and help the family to support the child to grow, learn, and thrive. A LAMBs clinic evaluation includes:

- A comprehensive medical history, neuromotor exam, and a Level 2 norm-referenced screening and assessment tool such as the Capute Scales Cognitive Adaptive Test Clinical Linguistic & Auditory Milestone Scales (CLAMS).
- A detailed report on findings with recommendations for services, medical evaluations, laboratory studies, or imaging if pertinent which is sent to the primary care provider.
- An audiology evaluation at one year-old, autism screening at one and two years-old of age, and an oral health screening at one year.

LAMBs clinic patients typically see a developmental pediatric nurse practitioner. The child also sees a pediatric registered dietician or pediatric audiologist depending on the child's age. Pediatric physical therapists, pediatric occupational therapists, developmental pediatricians, social workers, and psychologists are also available for on-site consultations.

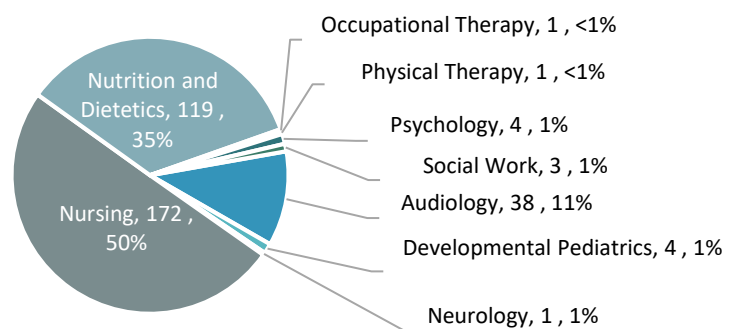
Late and Moderate Preterm Babies (LAMBs) Follow-up Clinic	2019
Number of Unique Clients	163
Number of Visits	180
Visit per Client Ratio	1.10
Number of Clinician-Client Interactions	343
Clinician-Client Interaction per Client Ratio	2.10

In 2019, LAMBs served 163 unique clients, all of whom were in the age group of 0-3 years. A client typically had one to two visits to the LAMBs clinic and saw two clinical disciplines at each visit.

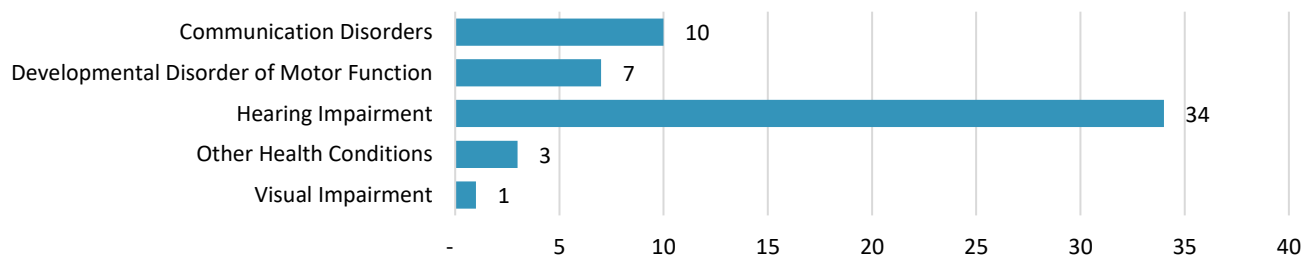
Nursing (50%) and Nutrition (35%) were the two disciplines that accounted for most clinician-client interactions.

Of all the clients, 48 clients had Categorical Diagnoses. Hearing Impairment (n=34), Communication Disorders (n=10), and Developmental Disorders of Motor Function (n=7). The majority (97%, 159) of LAMBs clients had a Prenatal/ Prematurity categorical risk factor. A small number (n=5) had Teratogens as a risk factor.

Clinician-Client Interactions by Discipline



LAMBs: Clients by Categorical Diagnosis



Neurogenetics Clinic

The UCEDD's Neurogenetics Clinic is co-sponsored by the Departments of Neurology and Medicine (Medical Genetics). The clinic's purpose is to evaluate, diagnose and provide genetic counseling and long-term management for patients and families with a wide variety of genetic diseases of the nervous system. This clinic is also a clinical training site for medical students, residents, and fellows. The Neurogenetics Clinic is a full-day clinic that meets three times each month. Each year the clinic serves those who have an array of neurogenetic disorders including Huntington's disease, Charcot-Marie-Tooth neuropathy, autism hereditary neuropathy, hereditary ataxias, muscular dystrophies, familial dementia, familial movement disorders, leukodystrophies, Neimann Pick type C, and others.

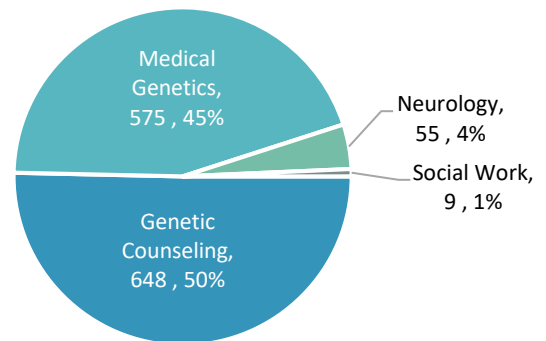
This clinic uses an interdisciplinary team approach that includes a neurologist, a neurogenetic nurse specialist, a genetic counselor and a medical social service worker. Patients receive an examination, diagnostic testing, genetic counseling, attention to their social service needs and longitudinal follow-up. This represents a unique clinical resource in the state of Washington and includes an annual outreach clinic in Spokane and Yakima.

Neurogenetics Clinic	2019
Number of Unique Clients	535
Number of Visits	558
Visit per Client Ratio	1.04
Number of Clinician-Client Interactions	1,287
Clinician-Client Interaction per Client Ratio	2.41

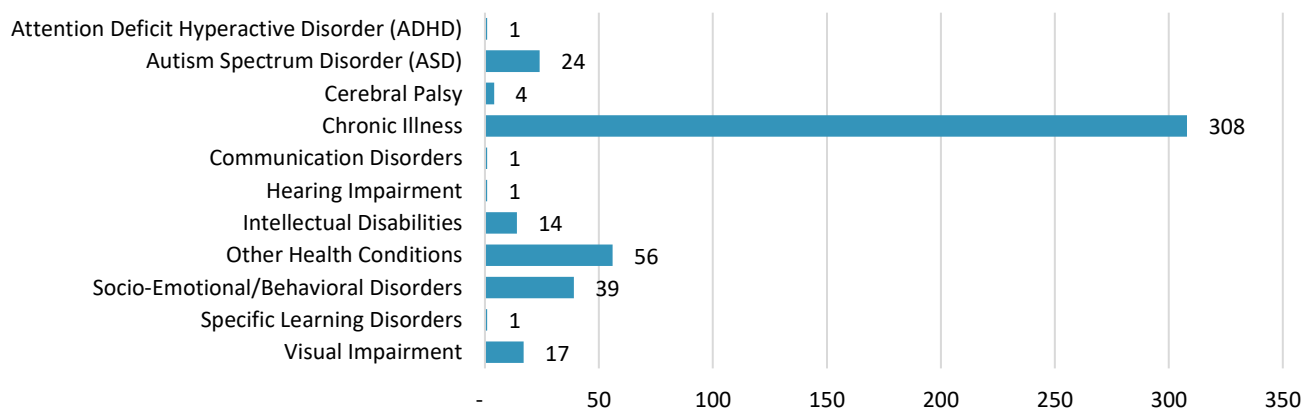
Most clients (97%, 520) who came to Neurogenetics Clinic were older than 19 years. A client typically had one to two visits to the clinic. At each visit, clients often saw two to three unique clinical disciplines in their care team.

The two most commonly participating disciplines in 2019 were Genetic Counseling (50%, 648) and Medical Genetics (45%, 575). A smaller number of clients also saw a Neurologists and/or a Social Worker. The most common Categorical Diagnosis was Chronic Illness (n=308) with most common ICD-10 for Huntington's disease. The next top common Categorical Diagnoses included Other Health Conditions (n=56) and Socio-Emotional/Behavioral Disorders (n=39). The most common Categorical Risk Factor was Genetic (n=349).

Clinician-Client Interactions by Discipline



Neurogenetics Clinic: Clients by Categorical Diagnosis



Pediatric Audiology Clinic

The Pediatric Audiology Clinic has three primary goals:

1. To identify hearing loss as early in life as possible;
2. To provide access to hearing technology; and
3. To coordinate follow-up services for intervention, monitoring and ongoing evaluation.

Activities of this clinic include newborn hearing screening at the University of Washington Medical Center (UWMC), diagnosis of hearing loss in the CHDD clinic, dispensing hearing technology (hearing aids, hearing assistance devices) to families of infants requiring them, and ongoing follow-up with clients served.

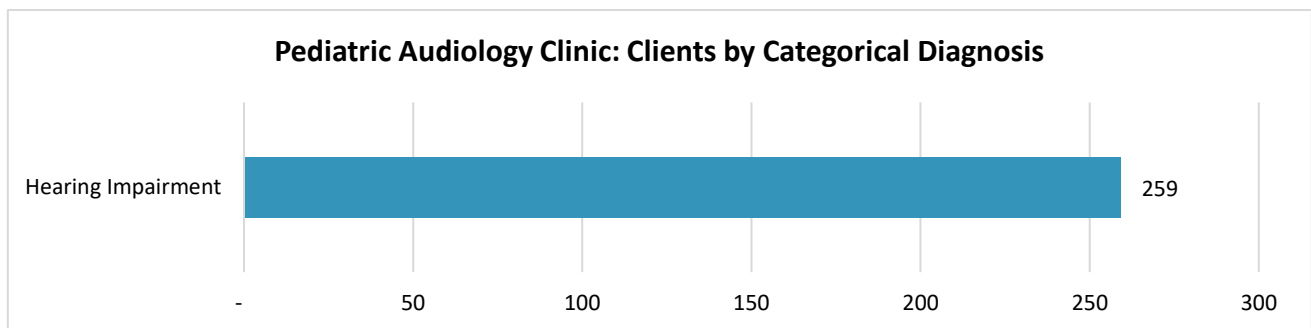
The Pediatric Audiology Clinic served nearly 300 clients in 2019 at CHDD. The average age of clients was 2.4 years. Universal newborn hearing screening was implemented at UWMC in 2004. This program is a collaborative effort between the Pediatric Audiology Clinic and the Department of Otolaryngology/Head and Neck Surgery. Data from this program are sent to the Washington State Early Hearing Detection, Diagnosis, and Intervention database for both neonatal screening outcomes and follow-up diagnostic testing.

Pediatric Audiology Clinic	2019
Number of Unique Clients	290
Number of Visits	399
Visit per Client Ratio	1.38

Different from most UCEDD clinics, pediatric audiology is not interdisciplinary; however, pediatric audiologists also see clients in other clinics in an interdisciplinary setting.

In 2019, clients typically had one to two visits to the clinic. The Visit per Client ratio is the same as Clinician-Client Interaction per Client ratio because clients only see one discipline (audiology) at the time of visit.

Of 290 clients, 259 (89%) had a Categorical Diagnosis of Hearing Impairment. The majority of clients (n=277) had Unknown Risk Factors; however, a small number of clients (n=11) also had other Categorical Risk Factors including Prenatal/ Prematurity, Teratogens, and Genetics. It is important to note that these risk factors are not mutually exclusive.



Phenylketonuria (PKU) Clinic

The Phenylketonuria (PKU) Clinic provides diagnosis, assessment, medical nutrition therapy, genetic counseling, and consultation for ongoing dietary management and health supervision, as well as evaluation of treatment outcomes to all children with PKU and their families.

Phenylketonuria is a genetic disorder in which the child is born without the ability to break down the amino acid phenylalanine (phe). This causes higher than normal levels of phe in the blood which results in damage to the brain and intellectual disability if left untreated.

Fortunately, if a child is identified by Newborn Screening, diagnosed in early infancy, and receives appropriate treatment, typical physical and cognitive development can be expected. The treatment of PKU requires lifelong management of phe levels regulated through the client's diet. Clinicians at the PKU clinic work with families and clients to ensure that the child is receiving adequate nutrients for normal development while limiting intake of foods high in phe.

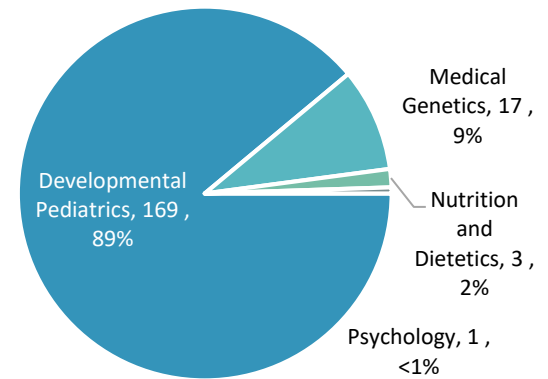
The PKU Clinic is comprised of a team of trained health care professionals that represent multiple disciplines. Long-term interdisciplinary planning and follow-up services are provided.

Phenylketonuria (PKU) Clinic	2019
Number of Unique Clients	107
Number of Visits	184
Visit per Client Ratio	1.72
Number of Clinician-Client Interactions	190
Clinician-Client Interaction per Client Ratio	1.78

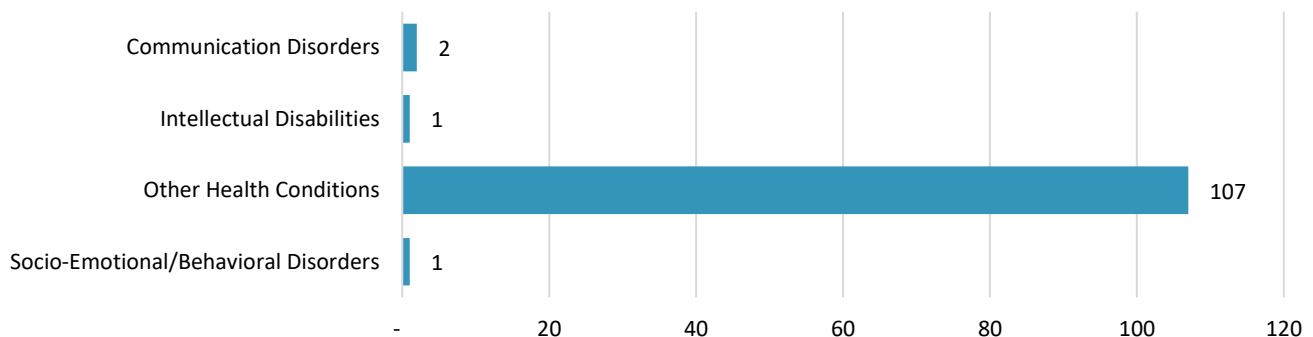
During 2019, the PKU clinic served 107 unique clients, 62% of whom were under age of 19. Most clients had two visits to the PKU clinic. At each visit, a client may have one to two clinicians from two different disciplines.

The most commonly participating discipline in 2019 was Developmental Pediatrics (89%, 169). Other disciplines included Medical Genetics (9%, 17), Nutrition and Dietetics (2%, 3), and Psychology (<1%, 1). All PKU clients had a Categorical Diagnosis of Other Health Conditions (n=107), all of which were ICD-10 code for Classical phenylketonuria. A small number of clients had additional Categorical Diagnoses including Communication, Disorders, Intellectual Disabilities, and Socio-Emotional/ Behavioral Disorders. In addition, all PKU clients also had Genetic risk factor.

Clinician-Client Interaction by Discipline



PKU Clinic: Clients by Categorical Diagnosis



Special Programs:

APEX Summer Camp

The Apex Summer Camp program at the UW Autism Center provides advanced peer experiences for children with autism spectrum disorder, ADHD, and related disorders. This summer day camp program is designed to build social and behavioral skills, positive relationships, and self-esteem in structured recreational and learning activities.

Naturalistic environments offer the best opportunities for learning and generalizing meaningful skills. Children participate in typical camp activities including sports, games, and arts and crafts. New skills are introduced through direct teaching, explicit rehearsal including modeling and role-playing, with practice and reinforcement throughout the day across activities. Each day focuses on a specific skill such as turn taking or eye contact, with broad emphasis on key themes such as communication, participation, and cooperation. Targets of treatment include improvements in the quality of peer interactions, increases in self-efficacy and confidence, and enhanced self-regulation of emotions and behavior.

The program includes the implementation of a reward system in which children earn points for appropriate behavior, such as helping peers, staying on task, following rules, and appropriate social interaction (e.g., maintaining personal space, initiating social approaches, appropriate questions). Point accumulation entitles children to rewards on a daily and weekly basis. Behaviors are tracked throughout the day, with each hour divided into four intervals. Data tracking proceeds continuously, with individual progress monitoring occurring on a daily and weekly basis. Daily report cards are sent home to parents to provide feedback to the child and parent regarding daily and weekly performance. Expert clinical supervision occurs weekly, with individualized intervention programs implemented and modified accordingly.

Children aged 6-12 with ASD, ADHD, as well as siblings and peers, participate. The 5-week program runs Monday through Friday 9:00 am to 3:00 pm offering 150 hours of treatment; roughly the equivalent of two years of clinic or school-based social skills training. Leading experts are engaged to provide clinical training, supervision, support, and consultation.

During this reporting year, the APEX program provided services to 152 campers, of whom 82% identified as male and 18% as female. In 2019, APEX provided about 22,800 hours of treatment during 3,631 client visits for these 152 campers.

Apex treatment hours provided

Total clients	152 campers
Average number of treatment hours per camper	150 hours
Total hours of treatment APEX provided 2019	22,800 hours

Experimental Education Unit Classes

The EEU serves as a training and research model site for inclusive education, and provides professional development for the Seattle Public School staff in evidence-based practices for meeting the needs of children with disabilities in inclusive settings.

Special Education Services¹

Total Clients	81
Average Days of Special Education Services Provided per Client	79 days
Total Sum of Special Education Services	8,347 days (35,195 hrs)

¹Data adjusted on 6/2020 for COVID-19 impact

The EEU provides inclusive interdisciplinary education classes and services to children ranging from birth to 7 years of age. EEU classes include:

Infant/Toddler program (ITP) includes Infant Playgroup and Toddler Playgroup programs. The Infant Playgroup offers a playgroup for newborn children to 12 months who have developmental delays. This is a weekly playgroup where parents and infants receive the support to address specific areas of need by each child as they arise throughout the year. The Toddler Playgroup offers twice-a-week inclusive playgroups for children ages 1-3 years old.

Preschool includes three programs: part day classroom, Seattle Preschool Program (SPP, full day), and Project DATA. In the part-day classrooms and SPP, the EEU teachers follow a general education curriculum called Creative Curriculum, that provides students with the opportunity to explore a variety of topics while receiving instruction in all academic areas including: literacy, mathematics, fine-motor, gross-motor, and social-emotional. The classroom staff adapt this curriculum to meet the needs of all students, and embed specific learning targets within small or large-group lessons so that all can learn and participate.

Developmentally Appropriate Treatment for Autism (DATA) is a project implemented in 2006 for preschool students on the autism spectrum to receive services integrating the best, most current educational practices from the fields of early childhood special education and applied behavior analysis in addition to their regular classes. Project DATA is the model for which SPS designed its extended day special education program. Of 81 students, 26% (21 students) participated in Project DATA. Each of these 21 students spent on average 61 days in the program (4,820 hours).

Kindergarten: the kindergarten teams meet the needs of all students by following and adapting the district's general education curriculum, and providing instruction in both large and small group settings. These decisions are made on a child-by-child basis and change based on learning outcome and needs throughout the school year.

Experimental Education Classes¹	<i>Total Clients</i>	<i>Avg. Days per Client</i>	<i>Total Days</i>	<i>Avg. Hrs per Day</i>	<i>Total Hours</i>
Infant-Toddler (birth-3 yrs)	23	41	938	2	1,642
Preschool (3-5 yrs) SPP Full Day ²	19	110	2,086	6	12,517
Preschool (3-5 yrs) ²	24	100	2,390	3	6,335
Kindergarten (5 yrs)	15	110	1,647	6	9,882
Total	81	79	8,347	3.1	35,195

¹Data adjusted on 6/2020 for COVID-19 impact

²Include Project DATA hours

Employment Training

UW Employment Program

The UW Employment Program (UWEP) works to create and support mutually beneficial relationships between people with disabilities and the businesses that hire them. In order to accomplish this mission, UWEP staff address three major goals: 1) to develop and implement new or expanded programs relating to employment of persons with disabilities; 2) to provide outreach and marketing of all program services to the community; and 3) to provide direct services to clients with a wide range of disabilities.

UWEP staff members serve and advocate for adolescents and adults with developmental disabilities and other types of physical and cognitive disabilities such as acquired brain injury. They also provide direct services to clients and work to ensure successful and equitable employment through working with employers, parents, agencies, and other support personnel. Direct services include job development, job placement, job training, and continued employment support.

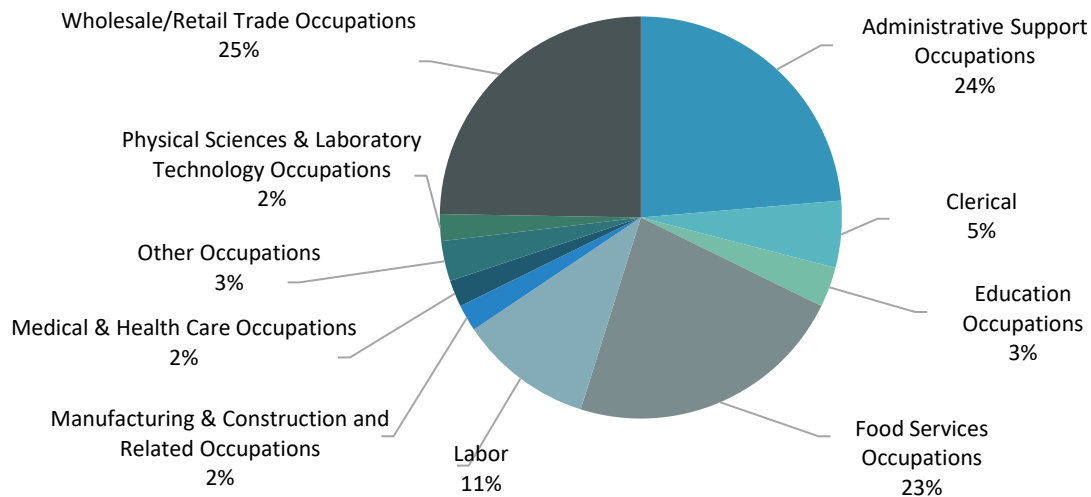
All services provided within the UW Employment Program fall under the discipline category Employment Services and are counted as Intervention/Treatment Services. During 2019, the UWEP served 116 clients (99 clients are active currently with 17 exiting the program during the reporting year). The average age of clients was 33.85 years (the youngest was 16 and the oldest 71).

Employment Services

Total Clients	116
Average Hours of Employment Services Provided per Client	59.6 hrs
Total Sum of Employment Services	6,853.5 hrs

On average, a UWEP client worked 15 hours per week during 2019. Considering wages and benefits, all clients employed in 2019 earned at or over the minimum wage of \$13.51/hour. Most (91%) of the employed clients reported at least one employer-provided benefit including vacation (n=29), health care (n=17), sick leave (80), and/or retirement (n=19). The figure below illustrates a variety of employment settings in which clients participated with most common being Wholesale/Retail Trade (25%). The next most common were Administrative Support (24%) and Food Services Occupations (23%).

2019 Types of Employment



Contact Information

- [Biochemical Genetics Clinic](#) 206-598-1800
- [Cardiac Neurodevelopmental Clinic](#) 206-598-3327
- [Child Development Clinic](#) 206-598-9346
- [Congenital Hypothyroidism Clinic](#) 206-598-1800
- [Down Syndrome Specialty Clinic](#) 206-598-3327
- [EEU Classes at the Haring Center](#) 206-543-4011
- [FAS Diagnostic and Prevention Network Clinic](#) 206-598-7666
- [Genetic Medicine Clinic](#) 206-598-4030
- [Infant Development Follow-up Clinic](#) 206-598-9348
- [Neurogenetics Clinic](#) 206-598-4030
- [Pediatric Audiology Clinic](#) 206-598-9347
- [PKU \(Phenylketonuria\) Clinic](#) 206-598-1800
- [Autism Center Clinical Services](#) 206-221-6806
- [UW Employment Program](#) 206-543-6387

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