Kern Regional Center
Board of Directors Meeting Agenda
February 28, 2017

Executive Session		
1. Executive Session – 5:00 Board Members	Closed	Kurt Van Sciver
General Business		
2. Call to Order and Introductions	Action	Kurt Van Sciver
3. Approval/Additions to Agenda	Action	Kurt Van Sciver
4. Meeting Minute Approval for January 24, 2017	Action	Kurt Van Sciver
5. Public Input	Info.	Et al
Unfinished Business		
Reports		
6. Board President Report A. 2017 Board Meeting Schedule	Info./ Action	Kurt Van Sciver
7. Financial Report **Handout**	Info.	Jon Gusman
8. Interim Director Report	Info.	Robert Riddick
9. Vendor Advisory Committee A. Ratify VAC Roster	Info./ Action	Laurie Hughey
10. Staff Report A. Self Determination B. Brilliant Corners Contract for Review **Attachment 1** C. CPP **Handout** D. Performance Contract **Attachment 2**	Info.	Cherylle Mallinson Et al
E. Disparity Information	Info.	Laura Hughes
11. People First **Attachment 3**	Info.	Nickole Mensch
12. Client Representative **Handout**	Info.	Roy Rocha
New Business		
Good and Welfare		

Meeting Location and Time:

Kern Regional Center – Bakersfield Office / Malibu Conference Room

3200 N. Sillect Avenue, Bakersfield, CA 93308

6:00 pm – 7:30 pm

KERN REGIONAL CENTER
BOARD CONTRACT CHECKLIST

Contract Monitor Cherylle Mallinson

New X Renewal ____ Other ____ Board Review: Yes X No ____

Vendor Name: Brilliant Corners

Vendor Contact Information Name, Title and Address: Bill Pickle, Executive Director, 527 W 7th Street, Floor 11, Los Angeles, CA 90014 (213)842-5219

Contract Term Dates: TBD; Date of Vendorization: TBD.

Vendor#: TBA Service Code: TBA Title of Contract: **Acquisition and Renovation of five (5) Specialized Residential Facility in Kern County:**

1) 1617-1 and 1617-9 – Adult Residential Facilities for Persons with Healthcare Needs (ARFPSHN).
Two (2) separate facilities to meet the needs of five (5) adult consumers in each home, who are currently residing at the PDC, who will require 24-hour services, have special health care and intensive support needs. Consumer will require physical assistance in performing four or more activities of daily living such as eating, dressing, bathing, transferring, toileting, and continence. Individuals may also have health conditions that are predictable and stable, for which the individual requires nursing supports.

Acquisition: Up to $250,000 for each home.
Renovation: Up to $400,000 each home.
Geographic Location: Kern County.

2) 1617-5 - ENHANCED BEHAVIOR SUPPORT HOMES (EBSH).
A home to provide 24 hour non-medical care for individuals who require enhanced behavioral supports staffing, and supervision in a homelike setting. Enhanced staffing and staff training and enhanced monitoring by RC case managers, RC behavior professionals and DDS. Home to be equipped with both delayed egress devices and secured perimeter fences designed for individuals who, due to difficult to manage behaviors or lack of hazard awareness and impulse control, would pose a risk of harm to themselves or others. Provider to ensure that individuals are supervised when they wish to go outside the property limits. Home to have a delayed exit door, or doors with time delay type which will automatically open after programmed amount of time (not to exceed 30 seconds). The facility has a perimeter fence (typically non-scalable) which is locked. There must be sufficient space within the fenced perimeter to provide for a safe gathering place at a minimum of 50 feet from the building in case of fire.

Acquisition: Up to $300,000.
Renovation: Up to $350,000.
Geographic Location: Kern County

3) 1617-10 - Specialized Residential Facility (SRF).
A facility to meet the needs of those individuals between the ages of 18 to 59 who are dually diagnosed with an intellectual disability and mental health issues, such as

personality disorders coming out of PDC. Consumer may also have history of forensic involvement and/or issues. Individuals served may also display maladaptive behaviors such as verbal/physical aggression, inappropriate sexual behavior, property destruction, elopement. Facility must have access to a psychiatrist for regular and emergency medication consultation/reviews and possible prescription in addition to other personnel licensed to administer psychotropic and other medications. Facility must be licensed for delayed egress.

Acquisition: Up to $160,000.
Renovation: Up to $200,000.
Geographic Location: Kern County.

4) 1617-11 - Community Crisis Home (CCH).

Potentially this project could be (2) four- bed homes on different properties. To be determined. Home(s) to serve individuals in crisis with behavioral challenges such as aggression, property destruction, and self-injury. Stabilize individuals in crisis with challenging needs and assist in transitioning to a less restrictive environment. Provide medication management and stabilization. Emphasize person-centered planning, community access and normalization. Address the needs of individuals who may be non-ambulatory and who may have self-care needs, and/or have behavior plans and mental health treatment plans. The home is for individuals transitioning from a Developmental Center. Be licensed and vendored for four individuals, or potentially for (2) 4- bed homes on separate properties.

Acquisition: Up to $250,000.
Renovation: Up to $400,000.
Geographic Location: Kern County.

1) Service or Program Key Components: See Narrative of each Project for details in areas of Capacity; License Capacity (if applicable); Age Range; License Age Range (if applicable); Current # of consumers; Gender(s) of consumers served; and/or Hours served per day (indicate if residential).

2) Key Consumer Characteristics: See Narrative of each Project for details in areas of From DC; Deflection; Registered Sex Offender; Court Ordered; Mental Health Dx; Fire Setter; Conserved; Non Ambulatory; Self-Injurious; Attending Day/Work Program; Verbal Aggression; Physical Aggression; and/or Elopement.

3) Description of Current Services (provide summary here or attach <u>current</u> Scope of Services):

The Lanterman Act [California Supreme Court in ARC-CA vs. DDS] determined that a primary function of regional centers is to "prevent or minimize the institutionalizations of developmentally disabled persons". Kern Regional Center (KRC) will use Community Placement Plan (CPP) funds to acquire and develop permanent, accessible homes in the community, owned by non-profit housing corporations, for the use of individuals at risk of or currently residing in, state developmental centers. For CPP 1617, KRC sought proposals for the acquisition and renovation of five (5) residential development, which will be available with long-term leases for residential service providers selected and vendored by KRC. The successful bidder is Brilliant Corner's, a Non-Profit Housing Organization, that has proven to be a component organization that does not provide direct services to any individuals with developmental disabilities.

The funding for renovating the homes is available for modifications required to meet the support needs of the individual referred, and to meet the licensing standards that will apply to the residents referred. The NPO will also be responsible for the long term management and maintenance of the property. To ensure that homes developed using CPP funds are always available for use by individuals served by KRC, real estate deed restrictions or restrictive covenants are required of the Non-Profit Housing Organizations (NPO) for each property purchased with these funds. Each property will be developed in accordance with Fiscal Year 2016-2017 Community Placement Plan Housing Guidelines issued by the State of California, Department of Development Services.

Deed restrictions, per the Fiscal Year 2016-2017 housing guidelines issued by the State of California, Department of Developmental Services (DDS), must specify the properties will be held in perpetuity for persons referred by KRC. This Non-Profit Organizations may hold the properties as a non-profit corporation, limited partnership or limited liability corporation. Renovation of the property must be supervised by, and is the responsibility of the NPO. Renovation plans must be developed for the NPO by a licensed architect and implemented by a licensed, bonded contractor, and the plans approved by KRC prior to an application for construction permits. The property will be leased to a residential service provider who will provide care and supervision to the residents. The selected residential service provider as well as regional center staff will be available to the NPO/architect/building contractor for development team meetings and technical assistance regarding the needs for the individuals referred as well as the requirements of Community Care Licensing. Property must be convertible to meet the standards of licensing by the Department of Social Service of the State of California, Community Care Licensing Division. Property ownership and management will be separate and distinct from the provision of services and supports.

4) Corporate Financials as of 5/31/2016) per W&I Code 4629.7(a), and KRC's CFO analysis of Current Ration – Financial Strength are in good standing.

5) There are currently no open or unresolved Complaints, QA Referrals, Corrective Action Plans Licensing Citations/Investigations, other unresolved concerns at this time.

6) Submitted An Independent Audit or Review Report [WIC 4652.5 (a)(1)(A)(B)]? Yes (X)
Unqualified letter is available upon request (X) FY 2015-2016, FY 2014-2013, and FY 2013-2012.

Board Agenda Date: 02/28/2017 – Per Board Policy Section O-12. Contracts to be approved shall be placed on the agenda for the next regularly scheduled board meeting occurring 30 or more days after the contract has been submitted. The 30 day time lag is to allow staff analysis to be completed and the item placed on the agenda so the agenda can be circulated consistent with open meeting requirements.

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DEPARTMENT OF DEVELOPMENTAL SERVICES
1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TTY (916) 654-2054 (For the Hearing Impaired)
(916) 654-1958

February 16, 2017

Robert Riddick, Interim Executive Director
Kern Regional Center
3200 North Sillect Avenue
Bakersfield, CA 93308

Dear Mr. Riddick:

Thank you for submitting your 2017 Performance Contract, which was adopted by the Board of Directors on January 24, 2017. Staff reviewed the performance contract for compliance with applicable statutory provisions and the Department of Developmental Services' (Department) performance contract guidelines dated July 8, 2016. Your performance contract for 2017 is approved as submitted. Any revisions to the approved plan must be submitted to the Department in writing.

We appreciate the efforts of your staff and the community's participation in the development of your plan. If you have any questions regarding this letter, please contact Denise Thornquest, Regional Center Operations Section, at (916) 651-8818 or by email at denise.thornquest@dds.ca.gov.

Thank you for your continued cooperation.

Sincerely,

Original signed by

BRIAN WINFIELD
Deputy Director
Community Services Division

cc: Kurt Van Sciver, Interim Board President

"Building Partnerships, Supporting Choices"

REGIONAL CENTER 2017 PERFORMANCE CONTRACT
OUTCOMES AND ACTIVITIES REVIEW CHECKLIST

Regional Center:KRC	Analyst: Denise T.
RC Contact: Cherylle Mallinson	Date Reviewed: 2/3/17
Date Received: 2/1/17	

I. PUBLIC PROCESS	YES	NO	COMMENTS
a. The Statement of Assurances was submitted and signed	☒	☐	Board approved KRC's Performance Contract on 1/24/17. Statement of Assurances signed on 1/24/17.

II. PUBLIC POLICY: Performance Contract includes the following public policy measures and lists activities the regional center will initiate to achieve the desired outcome. Baseline information is not required per guidelines.

	Baseline Not required		Activities Included		COMMENTS
	YES	NO	YES	NO	
a. Number and percent of RC caseload in DC	☒	☐	☒	☐	8 activities identified.
b. Number and percent of minors residing with families	☒	☐	☒	☐	2 activities identified.
c. Number and percent of adults residing in home settings: includes ILS, SLS, Adult Family Home Agency homes and family home.	☒	☐	☒	☐	4 activities identified.
d. Number and percent of minors living in facilities serving > 6	☒	☐	☒	☐	1activity identified.
e. Number and percent of adults living in facilities serving > 6	☒	☐	☒	☐	1 activity identified.
Disparity Data Measure #1 f. Percent of total annual purchase of service expenditures by individual's ethinity and age: Birth to age two,inclusive; age three to 21, inclusive; age twenty two and older.	☐	☒	☒	☐	4 activities identified.
g. Disparity Data Measure # 2 Number and percent of adult individuals by ethinicity receiving ony case management services.	☐	☒	☒	☐	1 activity identified.

III. COMPLIANCE MEASURES Activities not required per guidelines	Activities Included		COMMENTS
	YES	NO	
a. Unqualified independent audit with no material finding(s)	☒	☐	1 acitvity identified.
b. Substantial compliance with DDS fiscal audit	☒	☐	1 activity identified.
c. Accuracy of POS (from SOAR)	☒	☐	1 activity identified.
d. Operates within OPS budget.	☒	☐	1 activity identified.
e. Certified to participate in Waiver	☒	☐	1 activity identified.
f. Compliance with Vendor Audit Requirements per contract, Article III, Section 10	☒	☐	1 activity identified.
g. CDER/ESR currency	☒	☐	1 activity identified.
h. Intake/assessment and IFSP timelines for consumers between ages 0-2	☒	☐	1 activity identified.
i. Intake/assessment timelines for consumers 3 and above	☒	☐	2 activities identified.
j. IPP Development (WIC requirements)	☒	☐	3 activities identified.
k. IFSP Development (Title 17 requirements)	☒	☐	3 activities identified.

IV. LOCAL PUBLIC POLICY Measures - Not required per guidelines	YES	NO	COMMENTS
a. Were locally developed public policy outcomes included? (specify number)	☒	☐	5 public policies identified as under development.
b. Locally developed public policy measures include baselines or a description of how baseline information will be obtained	☐	☒	
c. Locally developed public policy measures include a plan for measuring the progress in achieving outcomes	☐	☒	
d. Locally developed public policy measures on Employment.	☒	☐	3 public policies identified for employment as under development.

Public policy and compliance measures included in performance contract were compared to Measurement Methodology, included in the Performance Contract Guidelines, dated July 8, 2016:

Yes ☒ No ☐

Comments:

Donation Ideas

Beef jerky

Applesauce

Pudding

Fruit cups

Granola bars

Power bars

Cereal bars

Ravioli/spaghetti-o's

Single serving soups

Ramen noodles

Tomato juice

Packaged nuts

Trail mix

Fruit snacks

Dried fruits

Peanut butter

Any kind of pasta

Spaghetti sauce

Macaroni and cheese

Boxed drinks and juices

Any non-perishable food Donations would be greatly Appreciated.

People First of Kern County is starting a food drive for their Developmentally Disabled peers who are struggling financially.

Please drop off your Nonperishable food items at Positive Purpose 3101 N. Select Ave Suite 101

between the hours of 9am-3pm Monday through Friday.

For more information, please email

NickoleRenee Mensch (Chairperson)

Pfkc@bak.rr.com

OR

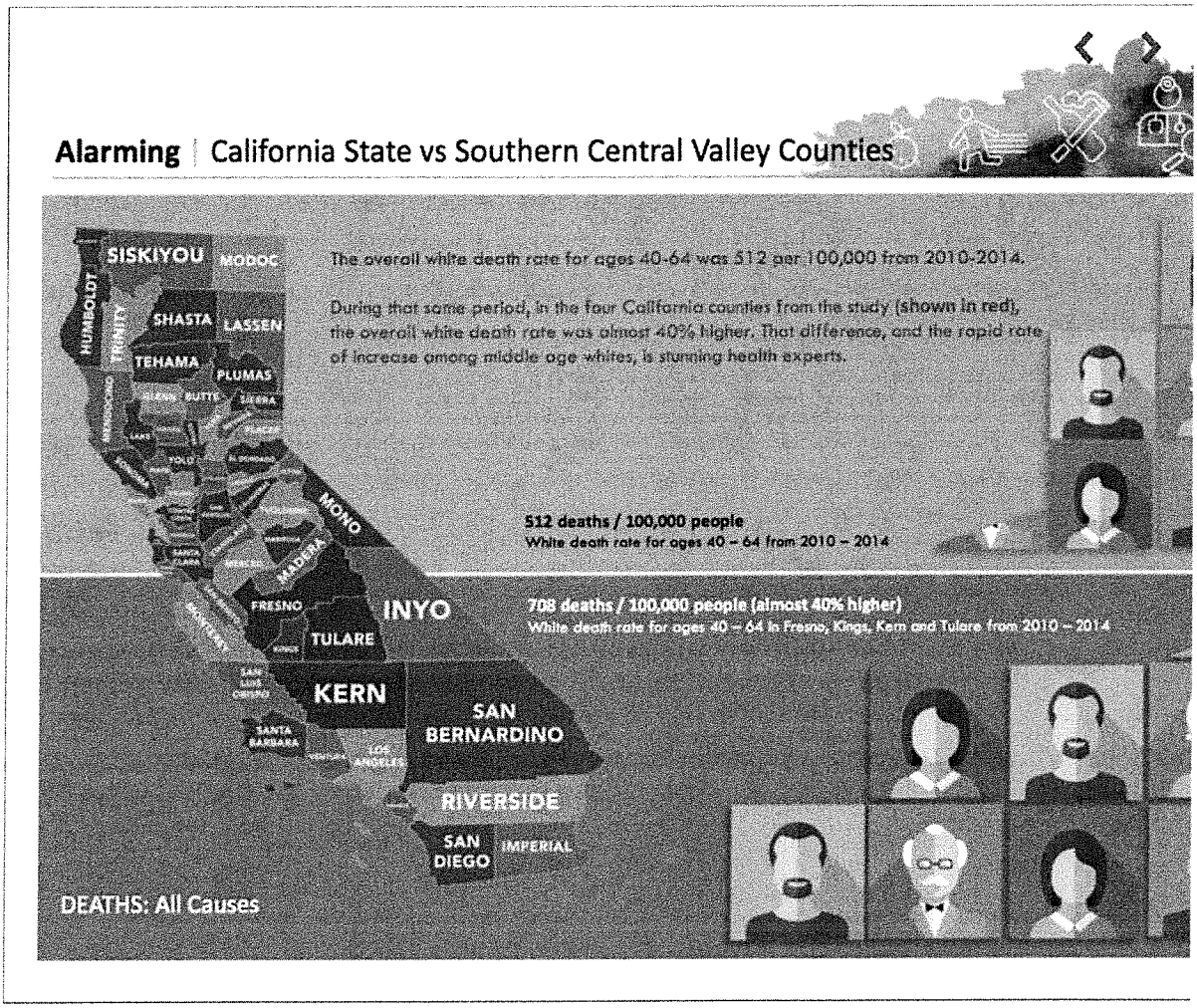
Tamerla Prince (support staff)

tamerla@positivepurpose.net

http://www.bakersfield.com/news/a-hidden-health-crisis-toxic-stress-driving-up-kern-death/article_2013b826-d367-5ddc-bac4-2bc8ec278198.html

'A hidden health crisis': Toxic stress driving up Kern death rates

BY HAROLD PIERCE hpierce@bakersfield.com Jan 20, 2017



An invisible disease has been killing middle-aged white people throughout the southern San Joaquin Valley at higher rates than ever before.

The disease can't be detected by a blood test or remedied with a prescription. It's been referred to as one of the country's greatest unaddressed public health crises and a rising "epidemic of white death."

The disease is toxic stress, a result of childhood trauma and other environmental stressors like poverty, food insecurity and basic living needs not being met.

And according to a report released Wednesday by The California Endowment and the Center on Society and Health at Virginia Commonwealth University, it's most pervasive in Kern County, setting those it impacts on a course of alcoholism, drug abuse, depression and suicide.

Among the key findings:

- The average death rate among 40- to 64-year-old white people in Kern, Kings, Fresno and Tulare counties was 708 per 100,000 people between 2010 and 2014, roughly 28 percent higher than the state average.
- Kern County led the state in deaths among white people age 40 to 64, with more than 750 per 100,000 people dying prematurely between 2010 and 2014. The rates in both Kern and Tulare spiked 11.2 percent between 1995 and 2014.
- In the southern San Joaquin Valley, fatal drug overdoses spiked by 151 percent and viral hepatitis by 180 percent between 1995 and 2014. Accidental drug poisoning, the leading stress-related killer, spiked by 61 percent. In Kern County, drug overdoses among white men age 25 to 34 increased by 248 percent.

The rising death rates throughout Kern, Kings, Fresno and Tulare counties — among the poorest statewide — are unprecedented, preventable and driven by despair, according to the report.

The study suggests the economics of the region are driving increased rates of suicide, drug overdoses, alcoholism and depression, backing up studies suggesting that geography, not genetics, determines life expectancy.

"Household incomes have been stagnant and poverty rates have been climbing in these counties over a period of many years," said Dr. Steven Woolf, one of the lead authors of the report. "Stress, anxiety and depression are taking their toll on this population. The economy is literally costing lives."

Most troubling is that toxic stress seems to be impacting young white men in Kern County at higher rates than before. Almost 210 per 100,000 young men ages 25 to 34 died between 2010 and 2014, a 29 percent spike over rates between 1995 and 1999.

Meanwhile, suicide rates — which the study indicates are suggestive of persistent economic stresses — have been skyrocketing in the southern Central Valley. Suicides involving strangulation, suffocation and hanging grew 121 percent between 1995 and 2014, and 133 percent in Kern and Tulare counties.

"These are people who feel they've lost their shot at the American Dream. They're losing hope. People who lose hope become depressed, turn to tobacco, drugs or alcohol for relief or commit suicide in desperation," Dr. Tony Iton, a senior vice president with The California Endowment, said during a state Senate Health Committee hearing Thursday. "These are deaths of despair."

The Endowment is a private statewide health foundation established to expand access to quality healthcare for people in underserved communities.

The report underscores data released by the California Department of Public Health in November showing that Kern County mothers have experienced more childhood trauma and hardship than mothers anywhere else in California, potentially setting their kids on a path of physical, mental and emotional health problems later in life.

Those hardships, often referred to as Adverse Childhood Experiences (ACEs), might include basic needs not being met, family hunger, relocation or foster care placement, parents with drug or substance abuse issues, incarceration, legal troubles, divorce or separation.

Anticipating changes to the Affordable Care Act under the Trump administration, Iton told state senators this week that any weakening of the "healthcare safety net" could have severe consequences for the Central Valley because toxic stress and ACEs run rampant in the region.

"These causes of death scream out for a deeper investment in mental healthcare, substance abuse treatment and behavioral healthcare, all of which are covered under the Affordable Care Act and Medi-Cal," Iton said.

Despite that, and despite the disease's apparent stranglehold on the region, Kern County has no organized public health strategy to address the surge that Iton describes as unprecedented.

"While most of our clients have gone through stressful or traumatic childhood experiences that affect them in their adulthood, we don't have a specific grant or program that addresses this," Michelle Corson, spokeswoman for the Kern County Department of Public Health Services, said in December.

"Some of our staff have been trained on the Adverse Childhood Experiences, and are very familiar with this concept. With the information, for instance, we empower our clients to seek immediate help when they are in a domestic violence relationship so that their children are not exposed to a toxic environment."

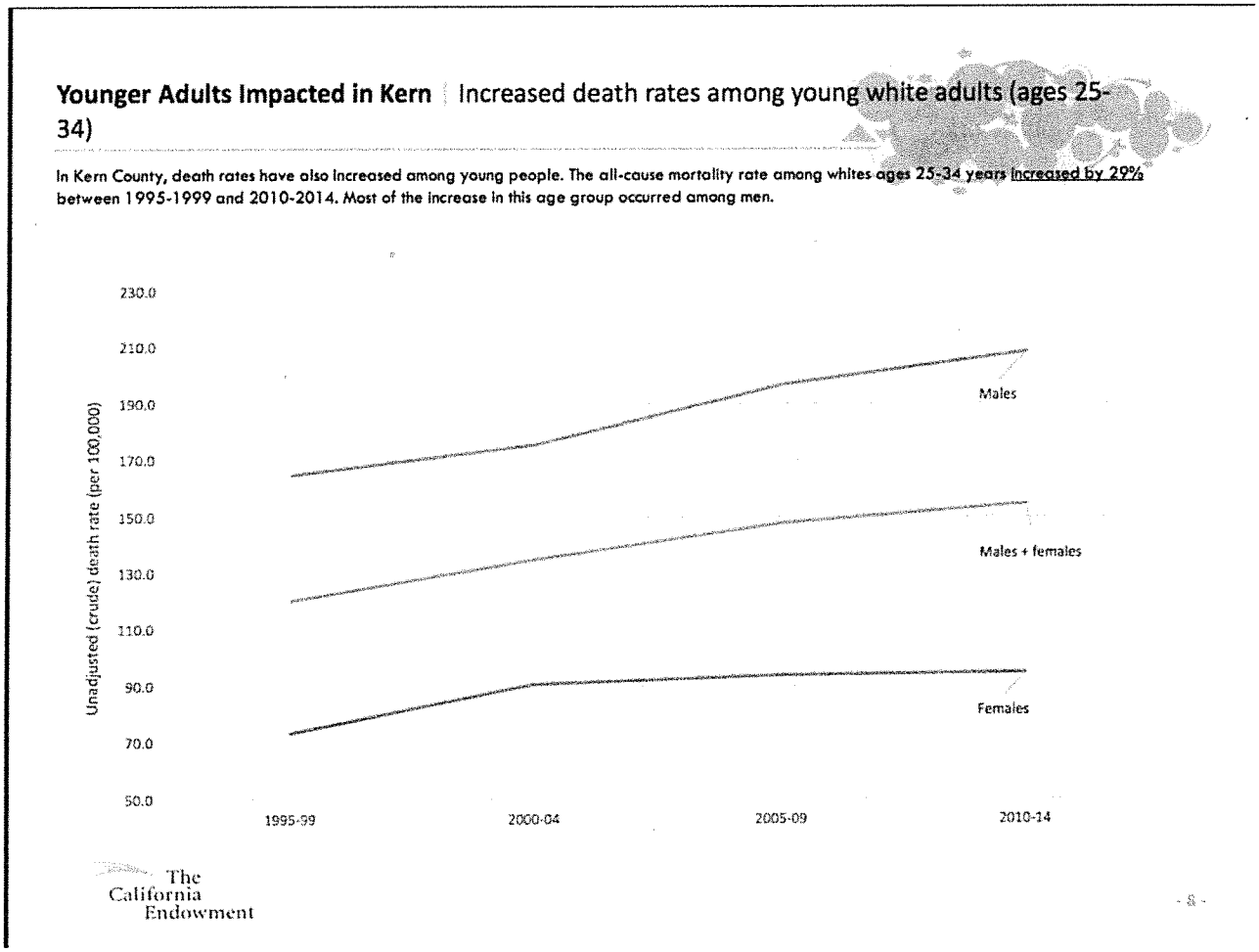
Responding to The California Endowment's report, Fresno County health officials said in a statement that any increase in premature, preventable death rates are "a cause for concern" and that "significant and concentrated poverty (and the disadvantages in the social and physical environment that this incurs) in Fresno County and the Southern San Joaquin Valley contribute to a multitude of chronic illnesses that lead to premature death."

Although healthcare is not the only solution to the emerging health crisis, it is "the cornerstone" in supporting those impacted, Iton said. Refocusing public policy could ease the crisis, Iton said.

Addressing the issue requires a multi-faceted approach, the report states.

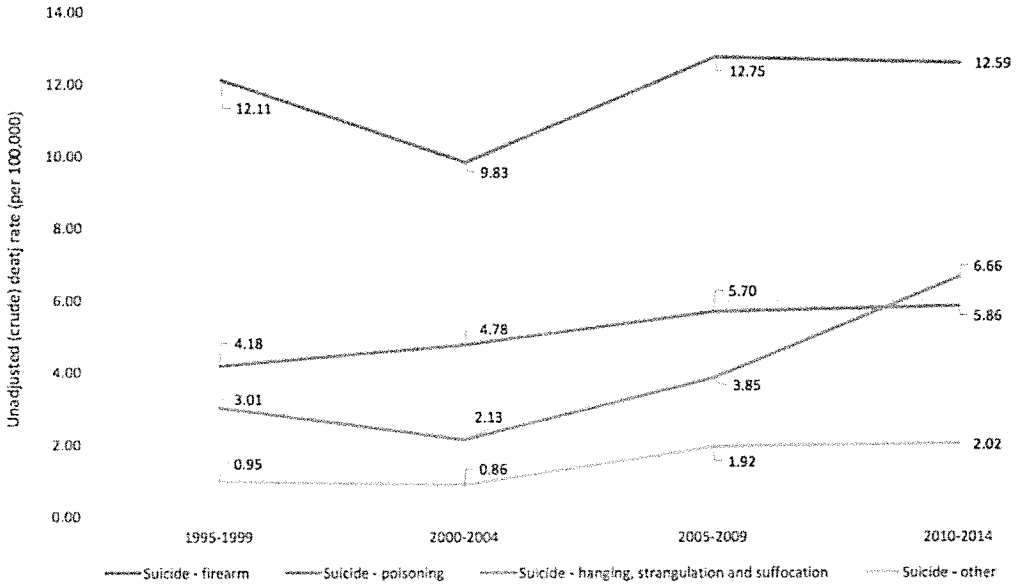
Medical providers must expand coverage and connect residents to medical homes and behavioral health services; legislators must create policies to improve the state and local economies while increasing wages and reducing economic inequality; and the entire "social safety net — from access to food to access to high-quality childcare — needs to be strengthened," the report states.

"These statistics are driven by policies that are made, and in many cases it's the absence of policy, and we're working hard together to try to solve these problems," Iton said during the senate hearing. "But this phenomena is nationwide and we need the federal government to recognize this when they're making policy."



Suicides by Method | Sharp increases in Southern Central Valley since 1995

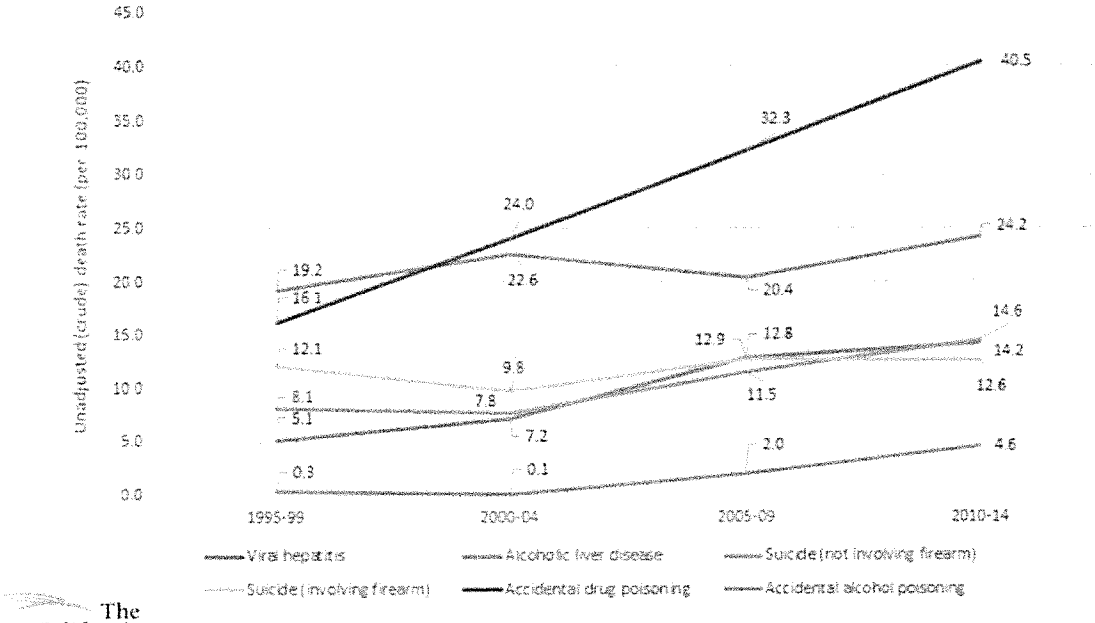
Persistent economic stresses can invoke stress, anxiety, depression, and despair. The suicide rate in the Southern Central Valley has increased sharply since 1995. The uptick has been most pronounced for suicides involving hanging, strangulation, or suffocation, which increased by 121.3% in the region and by 133.1% in Kern and Tulare counties.



The California Endowment

Stress-related Deaths | Southern Central Valley sees dramatic increase among middle-aged whites ages 40-64

Diseases, injuries, and deaths that occur when people become depressed, turn to tobacco, drugs, or alcohol for relief, or commit suicide in desperation represent stress-related conditions. It is these causes of death that appear to be driving increasing death rates for middle age whites, particularly in communities struggling with economic challenges. Fatal drug overdoses have increased by 151%, viral hepatitis by 180%. Alcohol poisoning has increased 15-fold. These increases far exceed state averages.

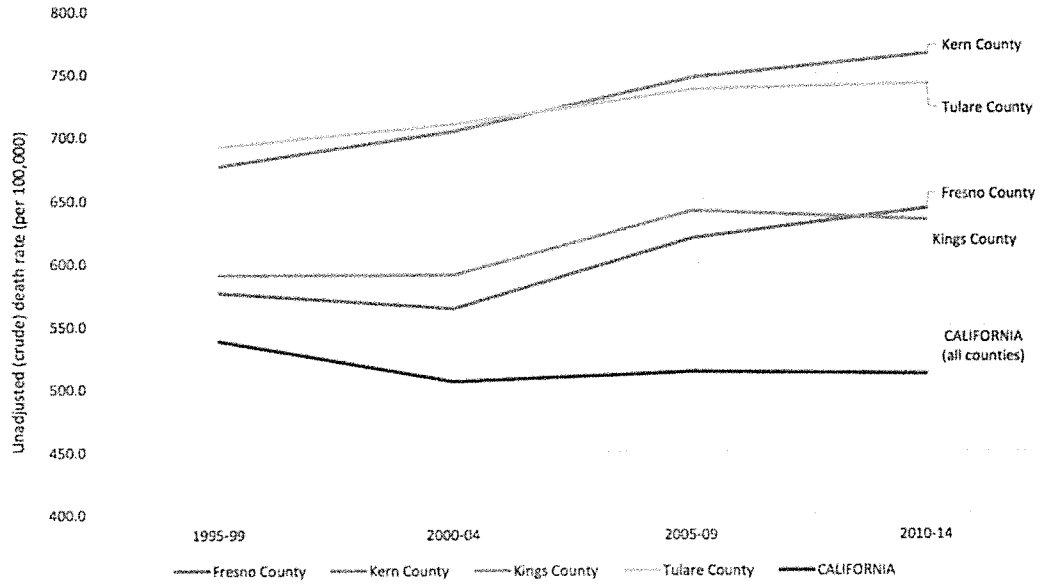


The California Endowment

- 6 -

Highest Death Rates | Most dramatic among middle-aged whites ages 40-64

Death rates among middle-aged whites in Kern and Tulare are the highest in the Southern Central Valley region and have risen 11.2% since 1995.

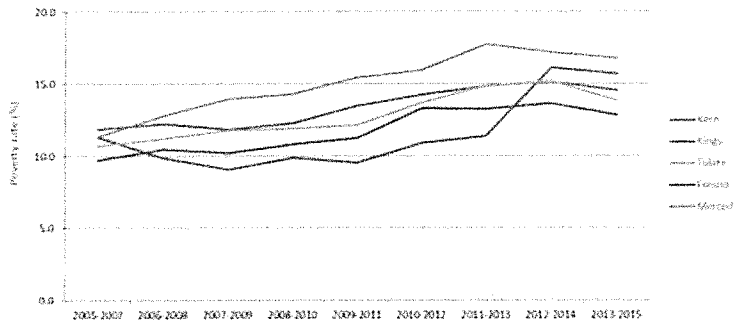


The California Endowment

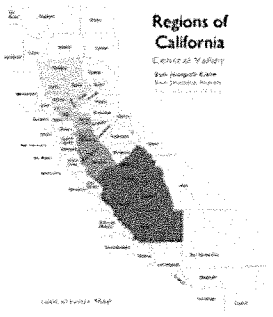
- 5 -

Poverty and Income | Impact in Southern Central Valley

Poverty Rate among middle-aged NH Whites (ages 40 – 64)



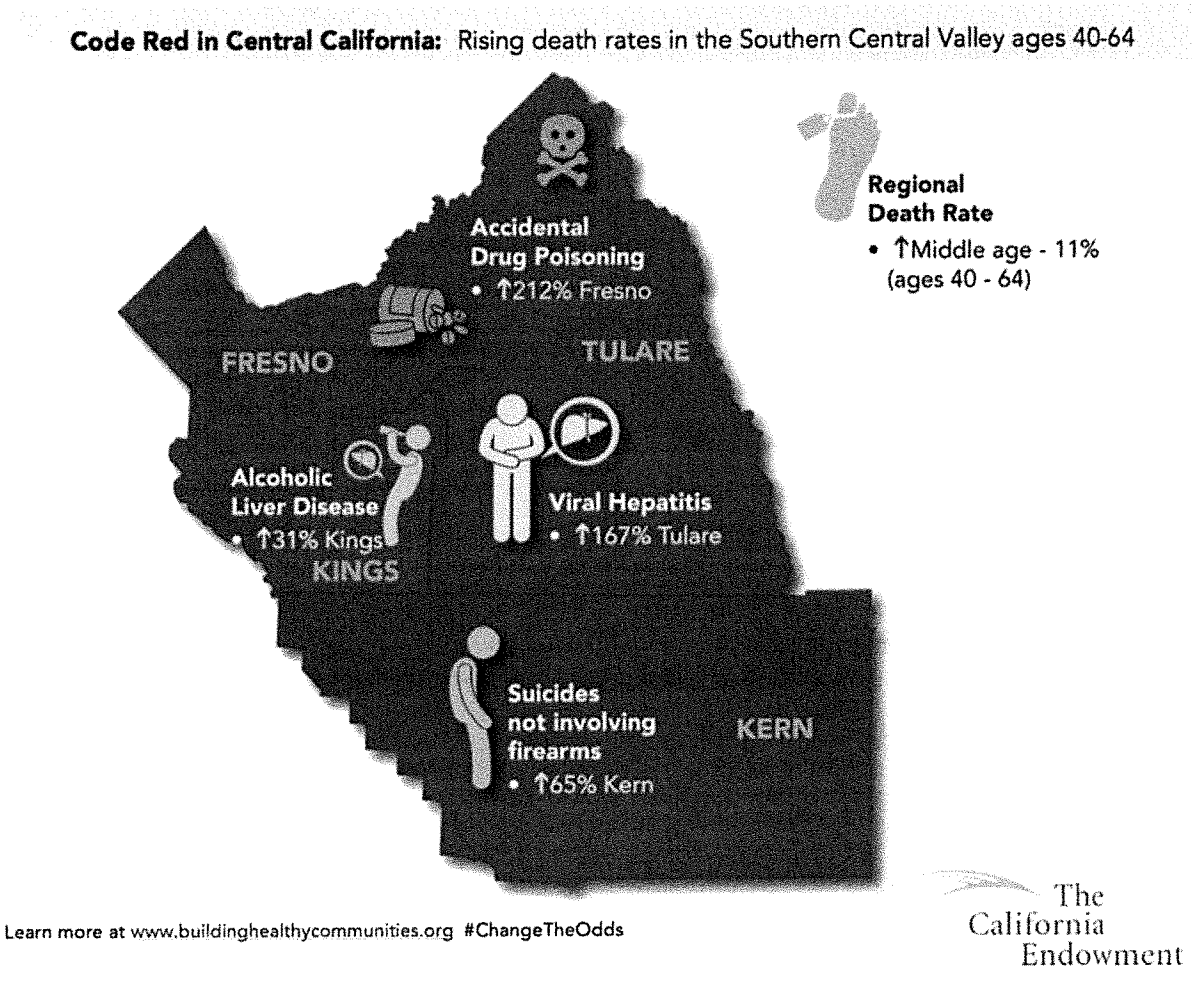
Median Household Income among middle-aged NH Whites (ages 40 – 64)



Among the most severely impacted regions of California is the San Joaquin Valley, a region facing difficult economic challenges.

We focus here on the four southernmost counties—**Kern County, Tulare County, Kings County, and Fresno County**—where median household income has been stagnant for the past decade and poverty rates have steadily risen

- 4 -


Code Red in Central California: Rising death rates in the Southern Central Valley ages 40-64
Regional Death Rate
• ↑Middle age - 11% (ages 40 - 64)
Accidental Drug Poisoning
• ↑212% Fresno
FRESNO
TULARE
Alcoholic Liver Disease
• ↑31% Kings
KINGS
Viral Hepatitis
• ↑167% Tulare
Suicides not involving firearms
• ↑65% Kern
KERN
Learn more at www.buildinghealthycommunities.org #ChangeTheOdds
The California Endowment

HEALTH FEB 15 2017, 7:28 PM ET

Brain Scans Detect Signs of Autism in High-Risk Babies Before Age 1

by LAUREN DUNN and JANE WEAVER

It may be possible to detect autism in babies before their first birthdays, a much earlier diagnosis than ever before, a small new study finds.

Using magnetic-resonance imaging scans, researchers at the University of North Carolina were able to predict — with an 80 percent accuracy rate — which babies who had an older sibling with autism would be later diagnosed with the disorder.

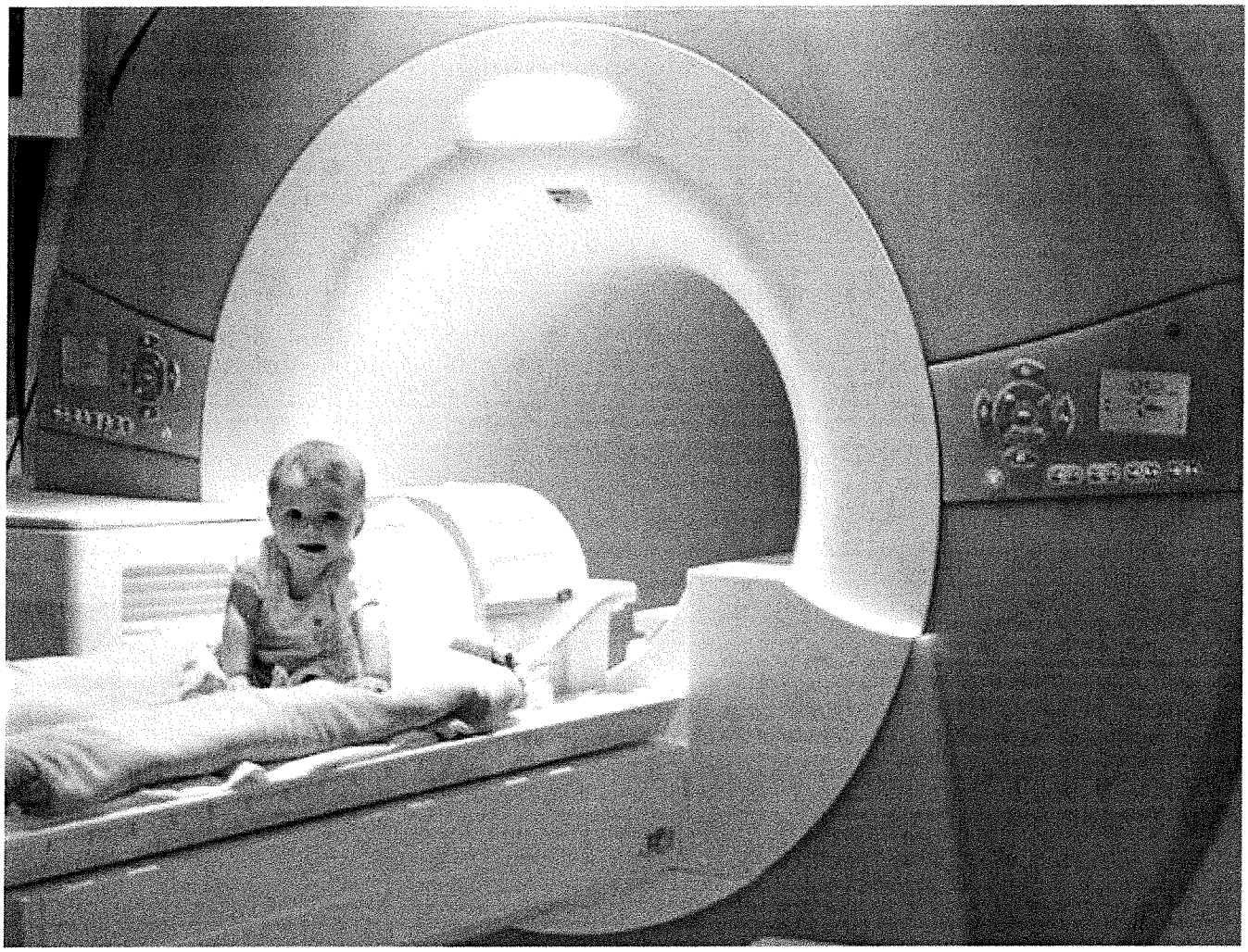
The brain imaging scans, taken at 6 months, at 12 months and again at 2 years, showed significant growth in brain volume during the first year in babies who would later meet the criteria for autism, such as not making eye contact, delaying speech or other displaying other developmental delays.

"It's the first marker of any sort, brain or behavior, in infants, to predict which individuals would be classified as autistic at 24 months of age," said Dr. Joseph Piven, senior author of the study and director of the Carolina Institute for Developmental Disabilities in Carrboro, North Carolina. The report was published Wednesday in the journal Nature.

Parents who have a child with autism have a 2 percent to 18 percent increased risk of having a second child who is also affected, according to the Centers for Disease Control and Prevention.

Related: Parent-Led Treatment Helps Kids With Autism

The new study is experimental, and more research is needed before MRI scans could be used as clinical tests for autism, Piven said. And because it was tested only on high-risk infants, it's also unclear whether the procedure would help predict autism in typical, healthy families. But it's a major step forward in how early autism can be detected, even before symptoms appear.



MRI scans of 6- to 12-month-old infants at high risk of autism were able to predict a diagnosis at 24 months or later. Washington University School of Medicine, St. Louis

The MRI scans were taken on 109 high-risk babies who had older siblings with autism and 42 infants with no family history of autism, while they slept at four centers across the country.

By lowering the age of diagnosis for a child with autism, the earlier that behavioral intervention or treatment can be provided — and the more profound the benefits in communication and social skills could be.

"If we can target interventions before autism appears and before the brain changes appear, during a time when the brain is highly malleable or plastic, we can have a bigger impact on the outcome," Piven said.

"It's the first marker of any sort, brain or behavior, in infants, to predict which individuals would be classified as autistic at 24 months of age."

Just a few years ago, the average age of diagnosis was about 4 years. There has been increasing success among families and primary practitioners to identify autism in younger children.

"But now we are entering the era of possibly detecting autism before the symptoms are even present," Piven said.

Related: Study Suggests Autism Is Being Overdiagnosed

The findings potentially may also reveal underlying causes of autism at the cellular level, said Dr. Kelly Botteron, a professor of psychiatry and radiology at the Washington University School of Medicine in St. Louis. "Because of the regions that are affected and the way which they're affected, they can help us learn more about what is causing autism," she said.

The new study underscores the importance of early diagnosis, regardless of the technique, said Mathew Pletcher, vice president and head of genomic discovery at Autism Speaks, an advocacy and research organization.

"Decreasing the age of diagnosis, even by a couple years, could have profound impacts for the entire lifetime of that particular person," Pletcher told NBC News.

Risk factors for autism are not entirely known, but research indicates that the causes include a combination of genetic mutations and environmental factors, including children who are born to older parents.

About 1 in 68 U.S. children has been diagnosed on the autism spectrum, according to the latest report from the CDC.