Ensuring Young Children in Yamhill County Identified At-Risk for Developmental, Behavioral & Social Delays Receive Follow-Up Services

Stakeholder Group to the OPIP Project Providing Consultation to YCCO and Yamhill Early Learning Hub

December 13th, 2016
1:00-3:00 PM
YCCO Board Room

Please Note: The project was supported by Funding Opportunity Number CMS-1G1-12-001 from the U.S Department of Healt and Human Services, Centers for Medicare & Medicaid Services. That said, the content described on this page and disseminate through the project is solely the responsibility of OPIP does not necessarily represent the official views of HHS or any of its agencies.

Objectives for Today's Meeting

- To review the Developmental Screening Referral and Triage Map and priority pathways confirmed by this group
- To provide an update on improvement tools developed to enhance the number of children identified at-risk who receive follow-up services
- To provide an update on key project activities to implement these tools
- To identify next steps to support implementation and obtain input

Project: A Refresher

- The Oregon Health Authority is supporting the Oregon Pediatric Improvement Partnership (OPIP) to provide consulting and technical assistance to a community pilot focused on ensuring children identified at-risk for developmental, behavioral, and social delays receive follow-up services.
  - One year-project: January-December 2016
  - Report to Child Health and Well-Being Group, within OHA and Title V (Public Health), & Transformation Center
  - Every other month meetings with OHA stakeholders, including Early Learning Division

- Meant to address areas of synergy in the goals of the CCO and Early Learning Hub

Funding

- *Supported by Funding Opportunity Number CMS-1G1-12-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services.*

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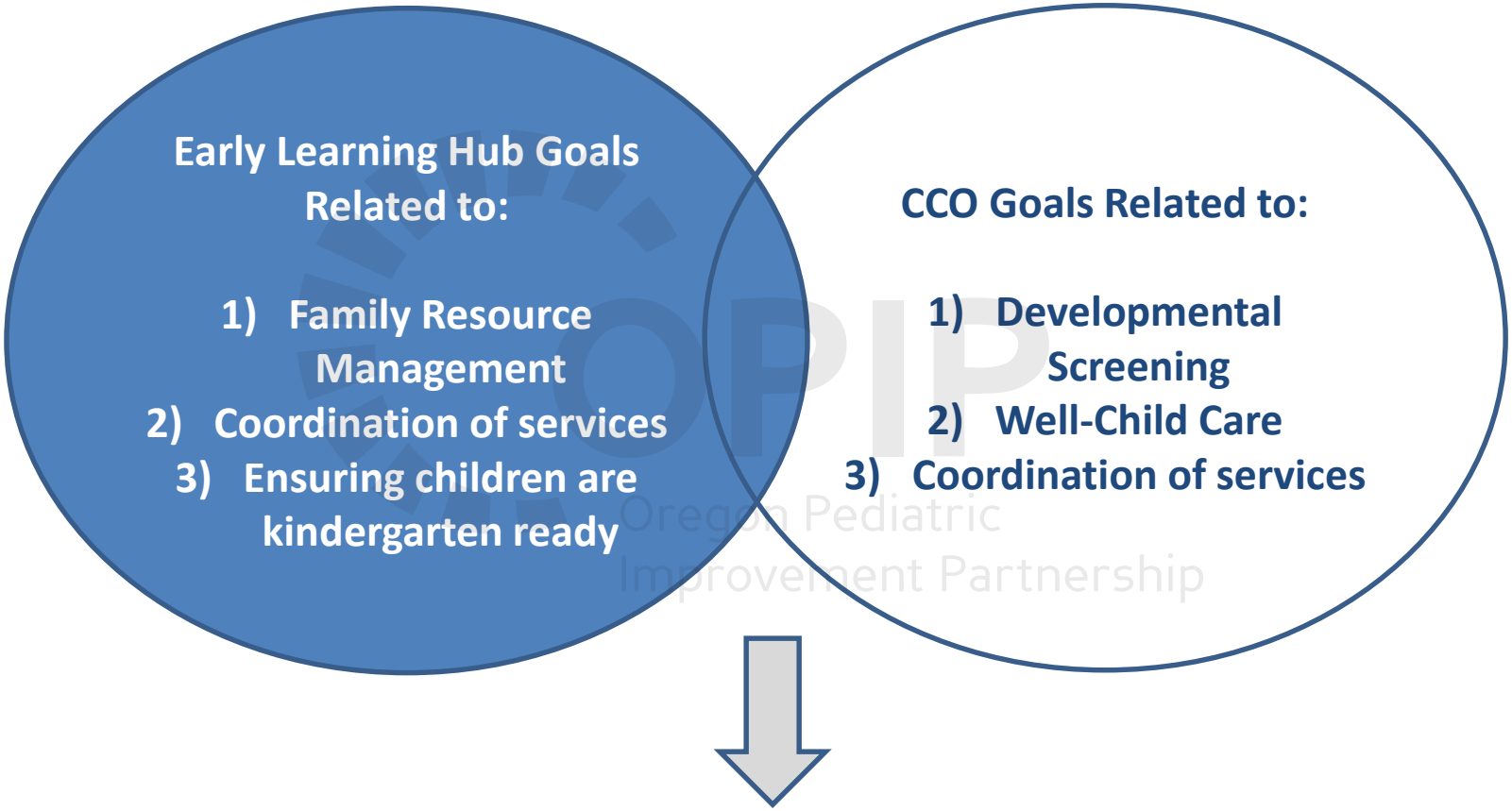
The Need for the OHA Funded Project: Addressing Shared Goals



Additional Funding From WESD, Implementation in Yamhill, Efforts in Marion & Polk, and Summary Across All Three Counties

- Willamette Education Service District (WESD) received funds to improve processes focused on children referred to EI found ineligible (Funding ends June '17)
  - Effort focused across the counties WESD serves: Marion, Polk, & Yamhill
  - Provides support for WESD to meaningfully participate in this work, including evaluation data tracking
- WESD is contracting with OPIP to ensure work across all three counties, including support for implementation & summary of findings (May '16 - June '17):
  - Support implementation in Yamhill **through June 2017**, summary of **evaluation tracking data**
  - Support efforts in Marion and Polk *(which is helpful for Yamhill work given primary care practices serve children in those counties)*
  - Summarize findings across Marion, Polk, and Yamhill Counties

Four Primary Activities for this Yamhill Project

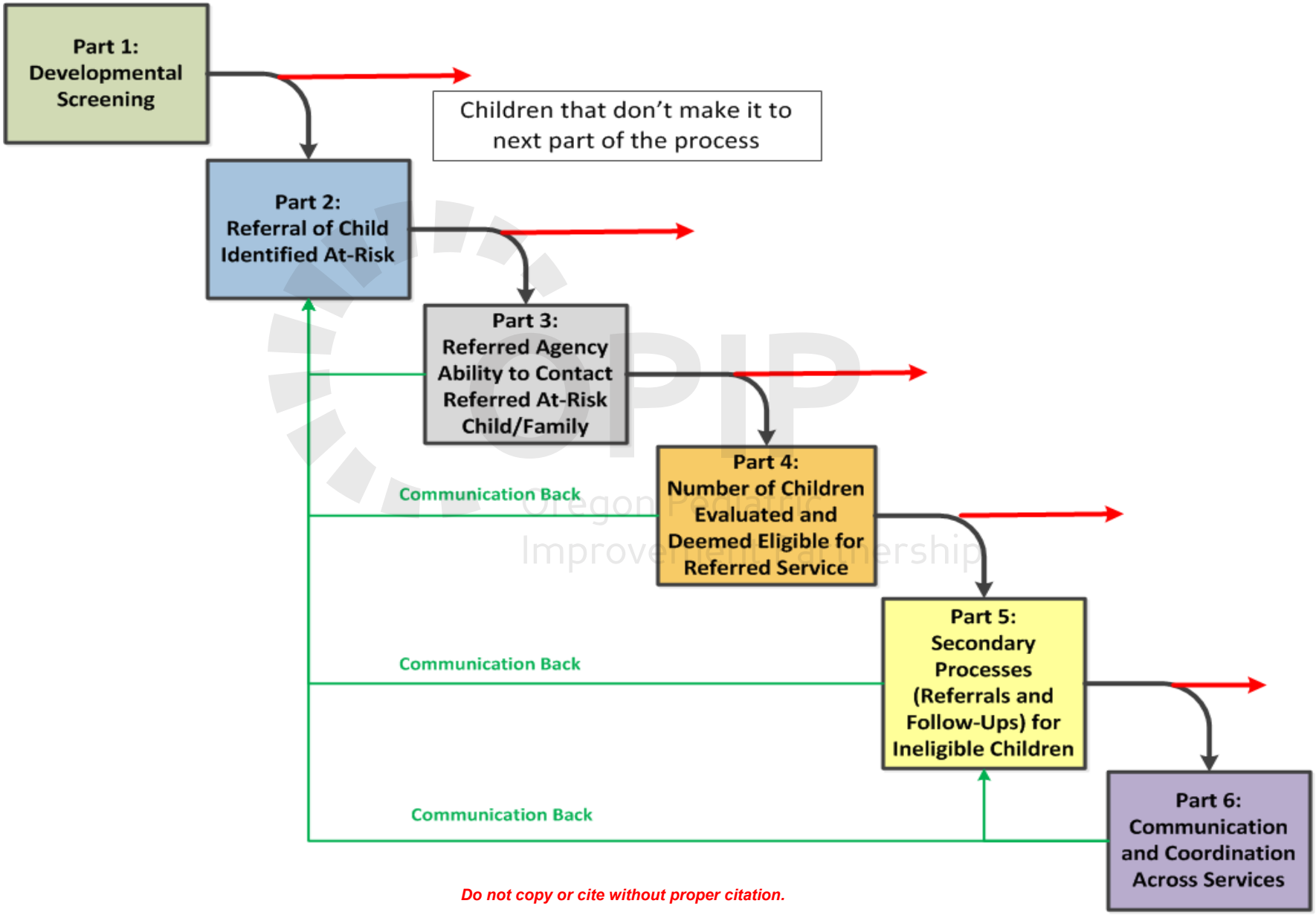
1. **Engage and facilitate key stakeholders** on the **shared goal** of ensuring children identified **at-risk receive follow-up** services that are the best match for the child and that are **coordinated** across systems

2. Develop a **triage and referral system map** that can be used to identify the best set of services for children identified at-risk, using the Ages and Stages Questionnaire, and that ensure that services are accessed

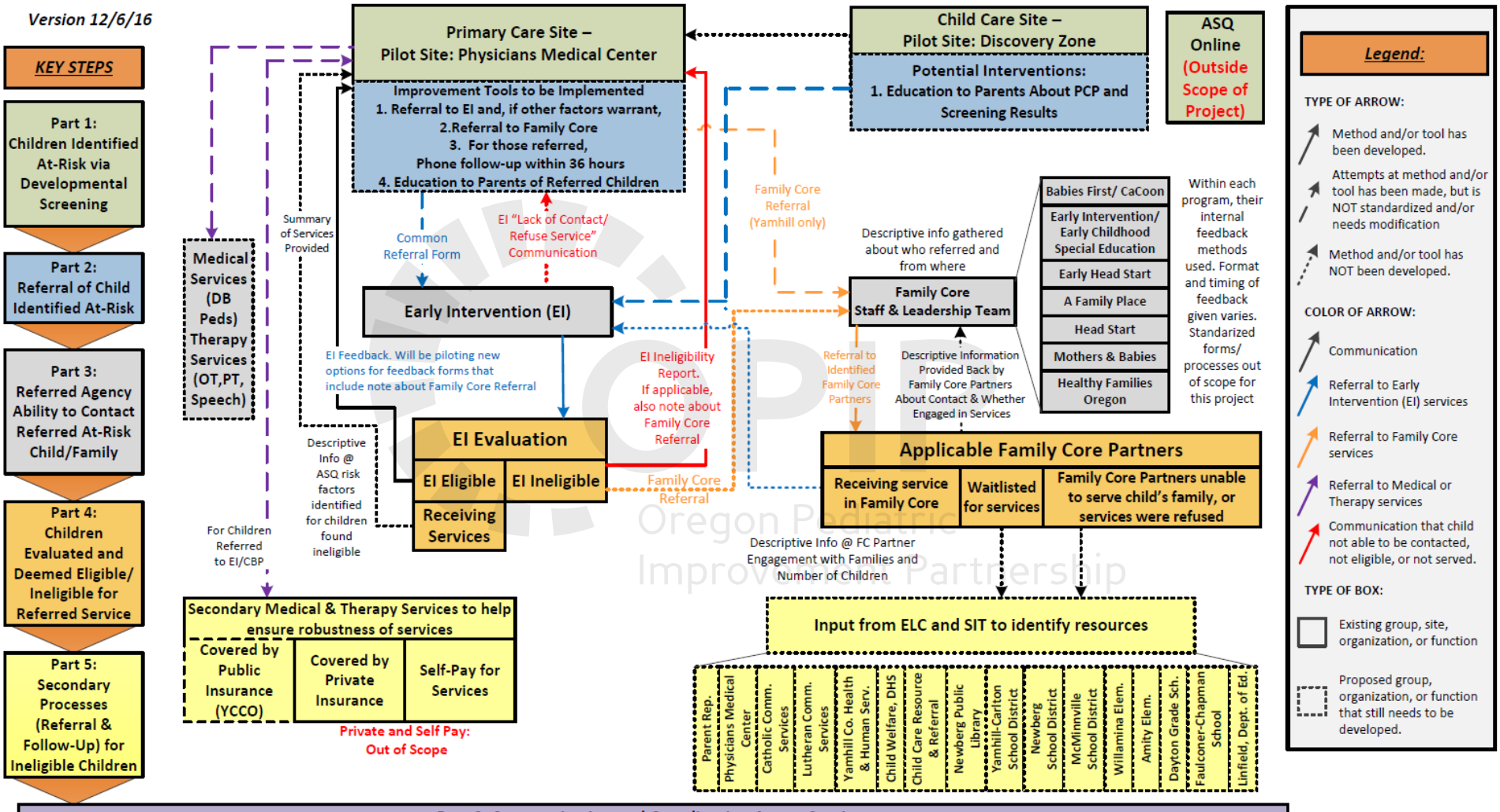
3. Develop **methods and processes** for how **care can be coordinated**, at a child-level, across **primary care and community-based providers**

4. **Summarize key learnings** to inform spread and innovation in other communities

Referral and Triage Map: Strawman



Referral and Triage Map in Yamhill County:
Current Pathways for Follow-Up to Screening Based on Stakeholder Interviews



Key Data Findings that Led to the Priority Pathways Chosen

- **Within Primary Care**
  - About 21% of children identified "at-risk"
    - In PMC that meant N=202 children in one year
  - Referral rates to EI and Family Core indicate that most children not referred for services
    - Total referrals to EI for same period was 168
- **2015: Of children identified as "at-risk" and referred to WESD EI in Yamhill County:**
  - 108 (64%) were able to be evaluated.
    - 36% of referrals not being evaluated
    - Top Reasons: Parental delay (22%), an inability to contact the family (11%), and the family declining the evaluation (2%).
- **2015: Of the children able to be evaluated (N=108):**
  - 80% (N=86) were found to be eligible for services, meaning 20% were ineligible for services.
    - 96% of Medicaid eligible children evaluated were found to be eligible for EI services.
    - Conversely, 66% of Non-Medicaid eligible children were found to be eligible for EI services.

Priority Components of the Referral & Triage Map Confirmed by Yamhill Stakeholders 4/14/2016

Within Sites Doing Screening:

1) Improve referral processes for sites that are doing developmental screening
   - Making sure children who are identified get referred using standardized systems and process including EI Universal Referral Form and Family Core Referral Form
   - Referral processes are patient-centered
   - Consent from parent for stakeholders to communicate

For At-Risk Children Referred:

2) Communication about whether referred agency able to contact child for referral, collaborative efforts to enhance contact rates
3) For children evaluated/contacted, communication about outcome of evaluation
4) Development of a community-specific triage process for children found ineligible for primary referred service to identify a secondary follow-up process
5) Referral and follow-up steps for children found ineligible, communication about this to referring provider

INTRODUCTIONS

Introductions (given we have some new folks):

- Organization
- Role
- Your perception of successes of this project so far
- What you are excited to hear about today
- Hopes for the remaining six months of activity

Current Referral & Triage Map

KEY STEPS

Part 1:
Children Identified At-Risk via Developmental Screening

Part 2:
Referral of Child Identified At-Risk

Primary Care Site –
Pilot Site: Physicians Medical Center

Improvement Tools Developed to be Implemented:

1. Referral to EI
2. If other factors warrant, referral to Family Core
3. For those referred, phone follow-up within 36 hours
4. Education to Parents of Referred Children

Child Care Site –
Pilot Site: Discovery Zone

Improvement Tools Developed to be Implemented:

1. Education to Parents About PCP and Screening Results

Pilot Primary Care Site

- Pilot Site: Physicians Medical Center
  - Funded to work with one site

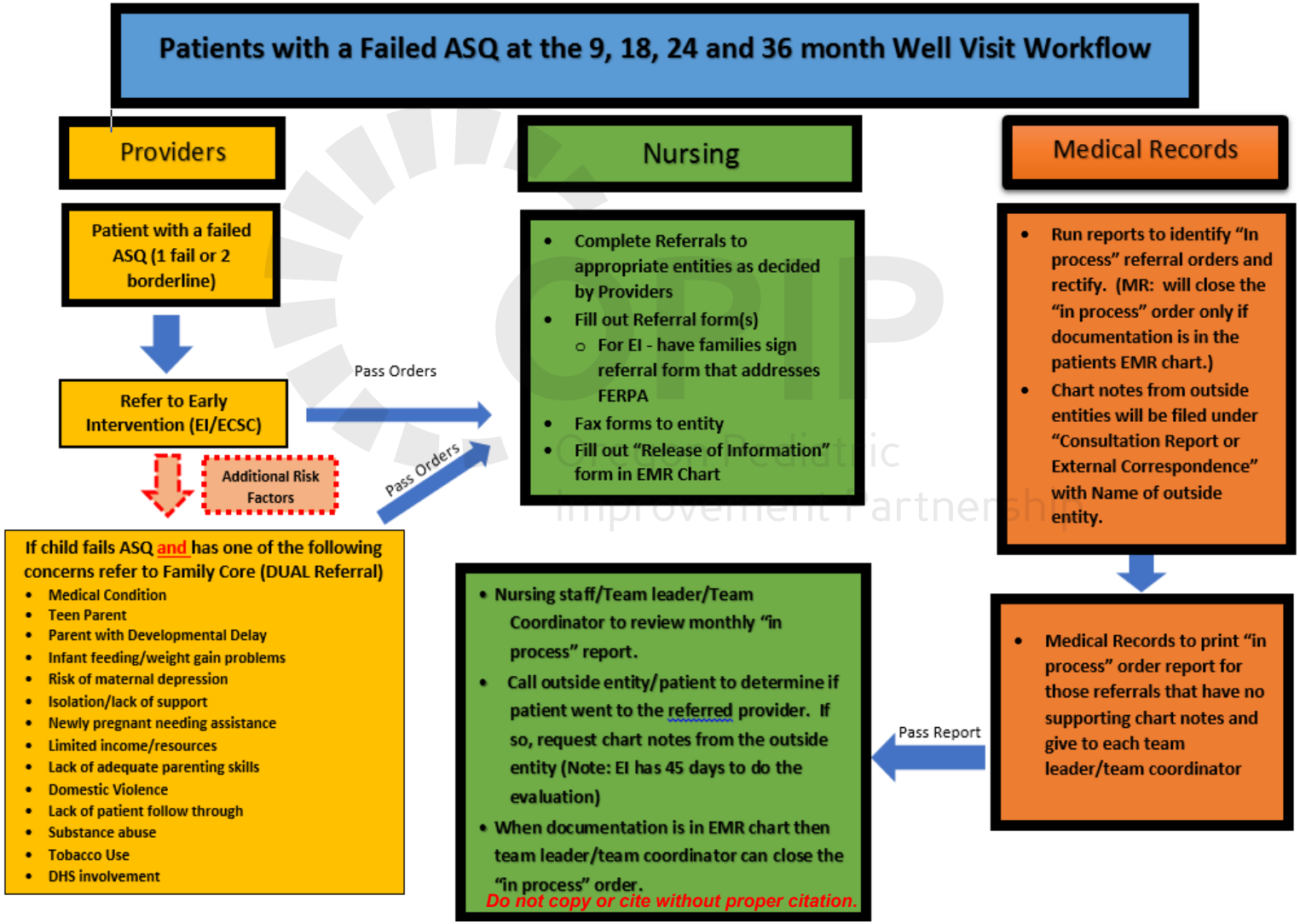
- Piloting of strategies and tools
  - Began with “Team Leo” and Dr. Miller
  - With Dr. Miller’s transition, identified new team and focus
    - New champions identified and here today:
      - » Dr. Jenn Green
      - » Bailie Maxwell – Team Orion (Pediatrics) Coordinator

Improvement Tools Developed to Enhance WHO and HOW Children Are Referred by PCP

- Information, Training and Decision Supports to Enhance WHO is Referred
  - Part 1: Referral Tree and Algorithm of EI vs Family Core
  - EMR Forms to Support/Guide Decision Making, Ability to Track Referrals
  - Part 2: Based on refined asset mapping and ASQ scoring, medical decision tree
- For those referred, enhanced family-centered referral to ensure more children get to referred service
  - One Page Education Sheet About Referral
  - Phone Follow-Up With 36 Hours

Part 1: Referral and Algorithm Tree for Referral to EI and Family CORE

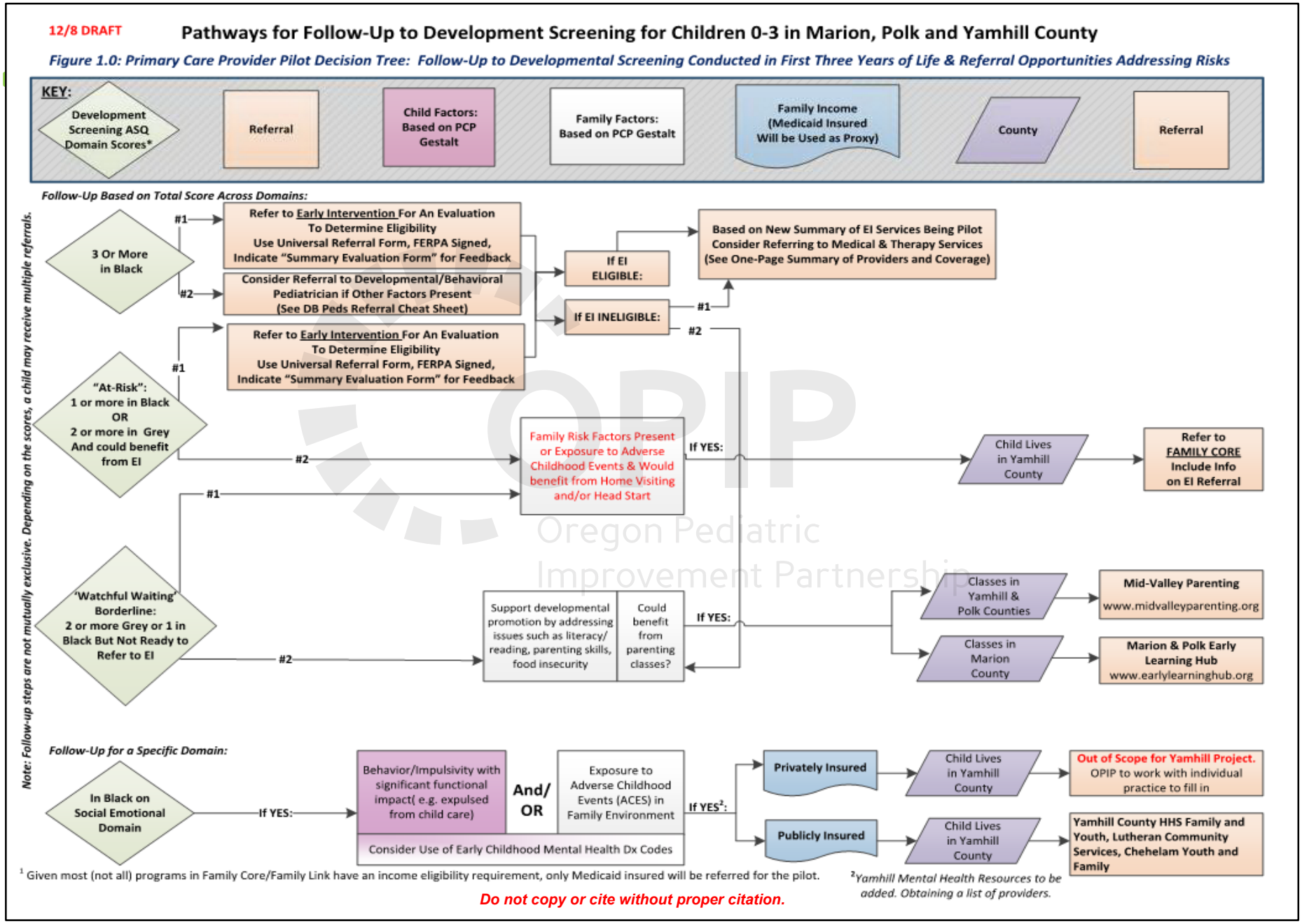
Physicians Medical Center- Updated Workflow



EMR Decision Supports

- Identified with PMC enhancements to their EMR decision supports including:
  - When to refer to Early Intervention and Family CORE
    - Universal Referral Form in EMR – Ability to Track
    - Family Core Referral Form – Ability to Track
  - Reports based on ASQ Domain Level Scores
    - Number of children identified at risk
    - Specific risks

Medical Decision Tree Based on ASQ, Child and Family Risk Factors



Improvement Tools Developed to Enhance WHO and HOW Children Are Referred by PCP

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  - One Page Education Sheet About Referral
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Input from Parent Advisors on the Educational Materials

Parent Advisor Input

- OPIP Parent Advisors :
  - **Ana Camacho** – Yamhill Parent Partner
  - **Danielle Uder** – Yamhill Parent Partner
  - **Alicia DeLashmutt** – OPIP Parent Partner
- Additional Input:
  - Woodburn Pediatrics Parent Advisory Committee
    - Seven Parents with varied experiences and backgrounds
  - Marion & Polk Early Learning Hub Parent Advisory Group
    - Four Parents with varied experiences and backgrounds

Round 1: Parent Advisor Input -- Key Learnings OPIP Heard in Doing "Dot Connection" from their Stories to the Project

*General Input on **Educational Materials** that Could be Developed:*

- Need printed and verbal information
- Information should include:
  - Why screening was done
  - What the screening results mean
  - What they can expect moving forward
  - Who they can call if they have questions
  - Who will be calling them and why
    - For EI, explanation that you are being referred for further evaluation → not for services
  - How they can learn more about the entities they are being referred to
  - How the information will be shared across the different providers
- Materials needs to take into account different social contexts
  - Power of people from and within their community to answer questions
  - Value of parent partners

Key Round 2 Parent Advisor Feedback- What They Liked

*Input on **Educational One Pager** that OPIP Developed*

- Enthusiastic approval of the concept
  - A few of the parents had experienced screening and referral to EI with their own children, and expressed how useful this would have been as a conversation tool and educational material
  - Parents that didn't have experience with screening and referral also overwhelmingly supported the concept
- Content contains the right information
  - While there were small tweaks to language for readability, parents liked the content areas included
  - They also generally approved of the level of the information present- balancing important detail with digestibility
- Flow is intuitive
  - Parents liked the order and flow of the document
- Pleasing aesthetic
  - Universal approval of the overall look, font, colors, photo

Key Round 2 Parent Advisor Feedback- Potential Improvements

*Input on **Educational One Pager** that OPIP Developed*

- Strike a balance between brevity and enough information to know WHO and WHAT
- Add Check-boxes so families can know which entities they were referred as they list multiple entities
- Reduce stigma and promote overall wellness, focus on the goal for their child's health
  - Add language about how services can help young brains and BODIES develop to grow
- Remove list of organizations within Family CORE as it is overwhelming
  - It was confusing to see organizations listed twice (i.e. Early Intervention)
- Importance of highlighting no charge for referral and services
- Provide contact information for each organization and for the practice if there are question

Pilot

Education Sheet for Parents To Explain Referrals

Follow-Up to Screening: How We Can Support Your Child

Why did we have you complete a questionnaire about your child's development?

Our goal is to help young brains and bodies develop and grow to their fullest potential. These support services can help prepare your child for kindergarten and beyond.

National recommendations call for specific tools to be used to assess a child's development, such as the one you completed. This tool helps identify kids who may be at-risk for delays. It is important to identify these delays early, as there are services that can address them.

Based on the results, we are referring your child to the services checked below:

☐ Early Intervention

Who is Early Intervention?

EI helps babies and toddlers with their development. In your area, Willamette Education Service District (WESD) runs the EI program.

EI focuses on helping young children learn skills. EI services enhance language, social and physical development through play-based interventions and parent coaching.

There is no charge (it is free) to families for EI services.

What can you expect if your child was referred to EI:

- WESD will call you to set up an appointment for their team to assess your child.
- If you miss their call, you should call back to schedule a time for the evaluation. They have a limited time to set up the appointment. Their phone number is 503-385-4714.
- The results from their assessment will be used to determine whether or not EI can provide services for your child.

Contact Information:

Cynthia Barthuly - EI Program Coordinator
503-435-5941 | www.ode.state.or.us

☐ FamilyCore

Who is FamilyCore?

Family Core is a group of community organizations. This group meets each month to identify the best program and services to meet the needs of the child and family. Family Core services have eligibility requirements.

There is no charge (it is free) to families for Family Core services.

What can you expect if your child was referred to FamilyCore:

One of the community organizations will reach out to your family to schedule an appointment.

Contact Information:

Jennifer Jackson – TITLE
503-376-7426 | Website: XXXXXXXXXX

Medical and Therapy Services

Your child's health care provider referred you to the following:

- ☐ Speech Language Pathologist: Specializes in speech, voice, and swallowing disorders
- ☐ Audiologist: Specializes in hearing and balance concerns
- ☐ Developmental-Behavioral Pediatrician: Specializes in the following child development areas: Learning delays, feeding problems, Behavior concern, delayed development in speech, motor, or cognitive skills
- ☐ Autism Specialist: Specializes in providing a diagnosis and treatment plan for children with symptoms of Autism
- ☐ Occupational Therapist: Specialize in performance activities necessary for daily life
- ☐ Physical Therapist: Specializes in range of movement and physical coordination

Why did you sign a consent form?

As your child's primary care provider, we want to be informed about the care your child receives so that we can provide the best care possible. The consent you signed allows the programs to share information back to us.

Different programs have different consent requirements. You will likely be asked to sign more of these to give permission for different providers to communicate about your child's care.

Any Questions?

At, Physicians Medical Center we are here to support you and your child and help you get the best care possible. If you have questions about this process please call us!

Phone Number: 503-472-6161

Version 1.0: 12/1

OPIP Designed and distributed by Oregon Pediatric Improvement Partnership.

Pilot: Phone Follow-Up Script for Referred Children

Phone Follow Up within 36 Hours

Hello- May I speak with (name of patient's primary caregiver). My name is (your name) and I'm Dr. XX's (whatever your position is). Your son / daughter, (Name of child) had an appointment with Dr. XX on (time, date, location) for a well visit.

At your appointment, Dr. XX recommended that your child go to (Insert EI program Name i.e Early Intervention at Willamette Education Service District). We realize it can be overwhelming to get a lot of information about next steps at your appointment, so I wanted to call and answer any questions that you have may have had come up since then.

So what questions do you have about why Dr. XX wanted (insert child's name) to go to Early Intervention at Willamette Education Service District, or about what will happen next?

Answer questions (frequent questions or concerns highlighted in blue)

- When completing the referral, you were asked to sign the ***consent form***. This gives Early Intervention permission to share information about the evaluation back to us. This helps us to provide the best care for (insert child name)
- ***Why go to EI/ What does EI do***: At the appointment Willamette Education Service District will be doing a more detailed evaluation of (insert child's name) development.
  Then, based on their assessment they will help us understand what we can do to support (insert child's name) and whether your child may benefit from services.

Can you think of any barriers that might come up for you and your family in getting (insert child)'s name to these services?

- Barrier is ***transportation*** – discuss TripLink and how to set up a ride as needed

Are there any other questions that you have or anything else I can do to help you in getting to these appointments?

If ***no further questions***: Great. You should be getting a call from the Early Intervention Coordinator, their names are Sandra or Gemma, to schedule an appointment.

We are here to support you, so if you have any questions, feel free to contact (insert name) at (phone number).

Current Referral & Triage Map

KEY STEPS

Part 1: Children Identified At-Risk via Developmental Screening

Part 2: Referral of Child Identified At-Risk

Primary Care Site –
Pilot Site: Physicians Medical Center

Improvement Tools Developed to be Implemented:

1. Referral to EI
2. If other factors warrant, referral to Family Core
3. For those referred, phone follow-up within 36 hours
4. Education to Parents of Referred Children

Child Care Site –
Pilot Site: Discovery Zone

Improvement Tools Developed to be Implemented:

1. Education to Parents About PCP and Screening Results

Pilot Child Care Site

- Pilot Site: Discovery Zone
  - Conducting Developmental Screening in their childcare
    - Complete the screens in Fall
  - Referring children directly to EI
  - Interested in better education to parents whose children are identified at-risk to support them in reaching out to their primary care provider

Pilot

Education Sheet for Parents Whose Childcare Screened the Child

Follow-Up to Screening of Development: How We Can Support Your Child

Why did you complete a survey about your child's development?

Our goal is to help young brains develop and grow to their fullest potential. National recommendations call for specific tools to be used to assess a child's development. The screening tool your child care team completed is one of those recommended tools. This screening tool helps identify kids who may be at risk for developmental delays.

It is important to identify these delays early because available services can help young bodies and brains develop and grow to their full potential. These support services can help prepare your child for kindergarten and beyond.

Completing the developmental screening questionnaire is a great first step!
Based on the results, we recommend that your child go to the following:

Early Intervention (EI)

In partnership with you, we recommend that Early Intervention evaluate your child to see if they can help support your child's development.

Who is Early Intervention?

Early intervention (EI) is a program that provides services that helps babies and toddlers with their development. EI focuses on helping babies and toddlers learn skills that typically develop during the first three years of life. EI services enhance language, social and physical development through play-based interventions and parent coaching.

In Oregon, the EI program is based in the Oregon Department of Education. In your area, Willamette Education Service District (WESD) runs the Early Intervention program.

There is no cost to the parent for EI services.

How does EI set up an evaluation?

Within the next three weeks you can expect a call from Willamette Education Service District to set up an appointment with their team. WESD will call you twice to setup the appointment. If they don't reach you, after the second phone call, they will send you a letter saying they're unable to contact you. If you miss their call, you should try and call back to schedule a time for the evaluation as they have a limited time to set up the appointment. Their phone number is 503-435-5918.

The results from the assessment will be used to determine whether or not EI can provide services for your child.

Questions? Contact:
Cynthia Barthuly, EI Yamhill County Coordinator
503-435-5941

Your Child's Primary Care Doctor or Other Health Provider

Your child's doctor or other health provider is a key partner to you in supporting your child.

Discovery Zone is providing the results from the developmental screening tool to you. This is important information about your child that should be shared with your child's doctor or other health provider.

When you call your child's doctor's office you may say something like:

"My child attends childcare at Discovery Zone Child Development Center and they completed a developmental screening tool called the Ages and Stages Questionnaire.

They suggested that I reach out to you to discuss the screening results and follow-up steps my child's doctor or other health provider would recommend."

Your child's doctor or other health provider may want to schedule an appointment to review the results.

Any Questions?

At Discovery Zone, we are here to support you and your child. If you have questions about this process please call us!
Phone Number: 503-435-1414

OPIP Designed and distributed by Oregon Pediatric Improvement Partnership.

Priority Components of the Referral & Triage Map Confirmed by Yamhill Stakeholders 4/14/2016

Within Sites Doing Screening:

1) Improve referral processes for sites that are doing developmental screening
   - Making sure children identified, get referred using standardized systems and process including EI Universal Referral Form and Family Core Referral Form
   - Referral processes are patient-centered
   - Consent from parent for stakeholders to communicate

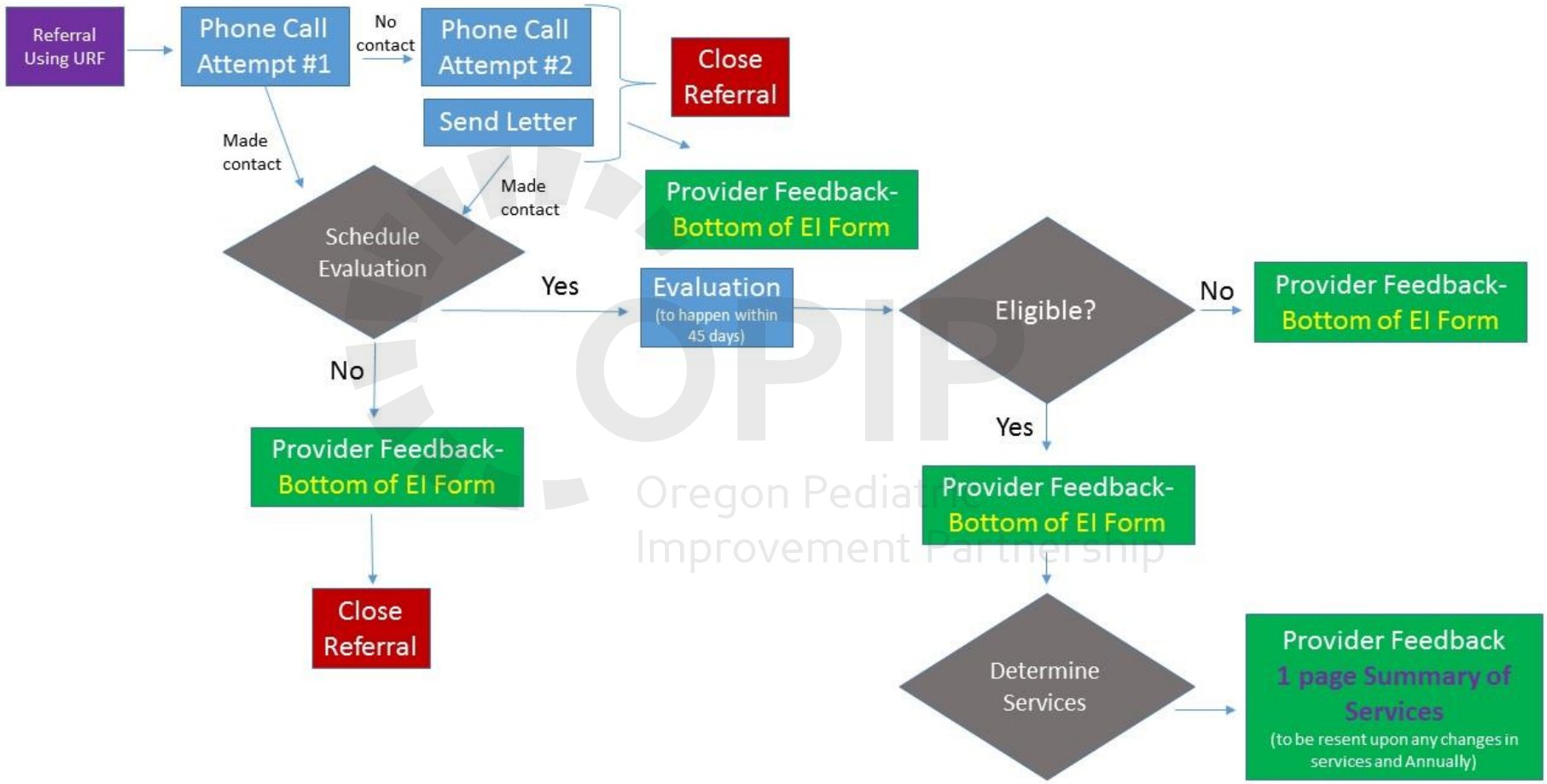
For At-Risk Children Referred:

2) Communication about whether referred agency able to contact child for referral, collaborative efforts to enhance contact rates
3) For children evaluated/contacted, communication about outcome of evaluation
4) Development of a community-specific triage process for children found ineligible for primary referred service to identify a secondary follow-up process
5) Referral and follow-up steps for children found ineligible, communication about this to referring provider

Focus of Improvement Effort Within WESD- Early Intervention

- Examination of characteristics by ASQ Failed and EI Ineligible to inform better referrals to EI
- Enhanced communication methods to tell primary referral agency "not able to communicate" BEFORE closing out the child's case
- Pilot of one-page communication forms (for PCP)
  a) Evaluation results (EI Goal Areas) and services type and frequency to be provided
  b) Updated and resent any time service type or frequency changes, or annually (whichever is sooner)
- Follow-up Steps of EI Ineligible
  - Use of referral forms to Centralized Home Visiting (Family Core)
  - Communication back to PCP on ineligibility

Focus of Improvement Effort Within WESD- Early Intervention



Early Intervention Universal Referral Form

Feedback to Referring Provider

- Not able to contact
- For those that were contacted and evaluated, general eligibility

Universal Referral Form
for Early Intervention/Early Childhood Special Education (EI/ECSE) Providers*

CHILD/PARENT CONTACT INFORMATION

Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian Name: _____ Relationship to the Child: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Primary Phone: _____ Secondary Phone: _____ E-mail: _____

Primary Language: _____ Interpreter Needed: ☐ Yes ☐ No

Type of Insurance:

☐ Private ☐ OHP/Medicaid ☐ TRICARE/Other Military Ins. ☐ Other (Specify) _____ ☐ No insurance

Child's Doctor's Name, Location And Phone (if known): _____

PARENT CONSENT FOR RELEASE OF INFORMATION (more about this consent on page 4)

Consent for release of medical and educational information

I, _____ (print name of parent or guardian), give permission for my child's health provider _____ (print provider's name), to share any and all pertinent information regarding my child, _____ (print child's name), with Early Intervention/Early Childhood Special Education (EI/ECSE) services. I also give permission for EI/ECSE to share developmental and educational information regarding my child with the child health provider who referred my child to ensure they are informed of the results of the evaluation.

Parent/Guardian Signature: _____ **Date:** ____/____/____

Your consent is effective for a period of one year from the date of your signature on this release.

OFFICE USE ONLY BELOW:

*Please fax or scan and send this Referral Form (front and back, if needed) to the EI/ECSE Services in the child's **county of residence***

REASON FOR REFERRAL TO EI/ECSE SERVICES

Provider: Complete all that applies. Please attach completed screening tool.

Concerning screen: ☐ ASQ ☐ ASQ:SE ☐ PEDS ☐ PEDS:DM ☐ M-CHAT ☐ Other:_____

Concerns for possible delays in the following areas (please check all areas of concern and provide scores, where applicable):

☐ Speech/Language _____ ☐ Gross Motor _____ ☐ Fine Motor _____

☐ Adaptive/Self-Help _____ ☐ Hearing _____ ☐ Vision _____

☐ Cognitive/Problem-Solving _____ ☐ Social-Emotional or Behavior _____ ☐ Other: _____

☐ Clinician concerns but not screened: _____

☐ Family is aware of reason for referral.

Provider Signature: _____ **Date:** ____/____/____

If a child under 3 has a physical or mental condition that is likely to result in a developmental delay, a qualified Physician, Physician Assistant, or Nurse Practitioner may refer the child by completing and signing the Medical Statement for Early Intervention Eligibility (reverse) in addition to this form.

PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS

Name and title of provider making referral: _____ Office Phone: _____ Office Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you the child's Primary Care Physician (PCP)? Y___ N___ If not, please enter name of PCP if known: _____

I request the following information to include in the child's health records:

☐ Evaluation Report ☐ Eligibility Statement ☐ Individual Family Service Plan (IFSP)

☐ Early Intervention/Early Childhood Special Education Brochure ☐ Evaluation Results

EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

***EI/ESCE Services:** please complete this portion, attach requested information, and return to the referral source above.*

☐ Family contacted on ____/____/____ The child was evaluated on ____/____/____ and was found to be:

☐ Eligible for services ☐ Not eligible for services at this time, referred to: _____

EI/ECSE County Contact/Phone: _____ Notes: _____

Attachments as requested above: _____

☐ Unable to contact parent ☐ Unable to complete evaluation EI/ECSE will close referral on ____/____/____

* The EI/ECSE Referral Form may be duplicated and downloaded at: http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/dev-screening-and-referrals.cfm

Form Date: 10/22/2012

Early Intervention Universal Referral Form

EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

EI/ESCE Services: please complete this portion, attach requested information, and return to the referral source above.

☐ Family contacted on _____/_____/_____ The child was evaluated on _____/_____/_____ and was found to be:

☐ Eligible for services ☐ Not eligible for services at this time, referred to: _____

EI/ECSE County Contact/Phone: _____ Notes: _____

Attachments as requested above: _____

☐ Unable to contact parent ☐ Unable to complete evaluation EI/ECSE will close referral on _____/_____/_____

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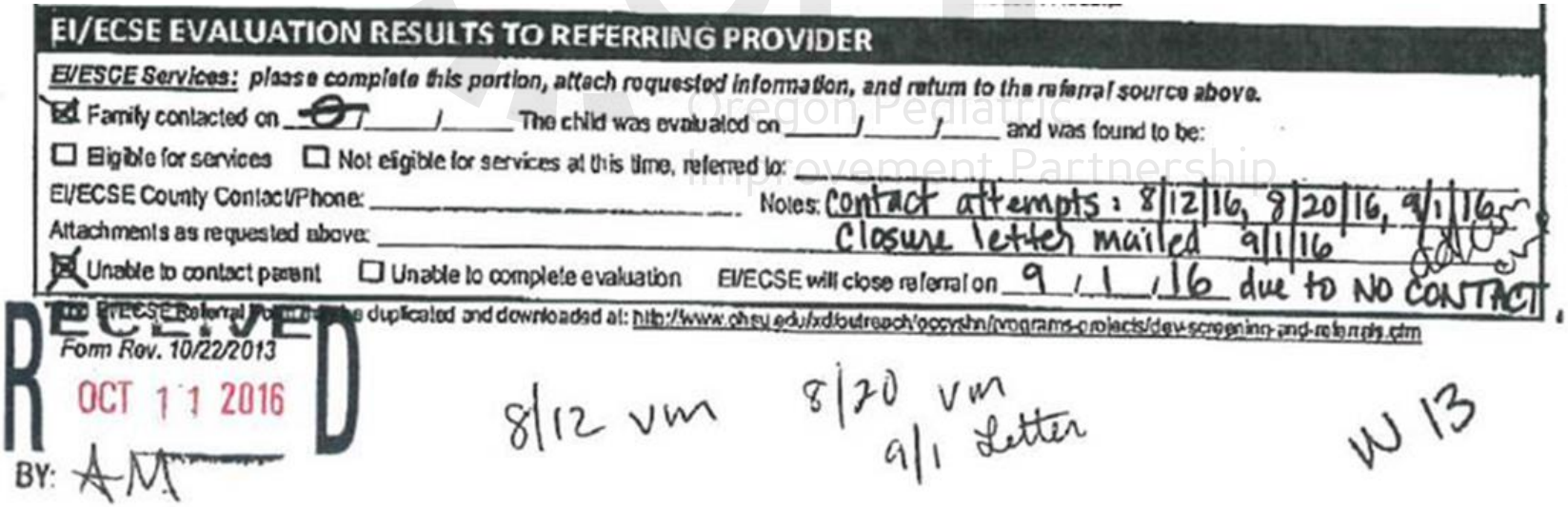
Completed Example:



EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

EI/ESCE Services: please complete this portion, attach requested information, and return to the referral source above.

☒ Family contacted on ___/___/___ The child was evaluated on ___/___/___ and was found to be:

☐ Eligible for services ☐ Not eligible for services at this time, referred to: ___

EI/ECSE County Contact/Phone: ___ Notes: Contact attempts: 8/12/16, 8/20/16, 9/1/16 Closure letter mailed 9/1/16

Attachments as requested above: ___

☒ Unable to contact parent ☐ Unable to complete evaluation EI/ECSE will close referral on 9/1/16 due to NO CONTACT

* The EI/ECSE Referral Form may be duplicated and downloaded at: http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/dev-screening-and-referrals.cfm

Form Rev. 10/22/2013

RECEIVED OCT 11 2016

BY: AM

8/12 vm 8/20 vm 9/1 Letter W13

Pilot EI Communication Form to Inform Secondary Referral

Information for this letter is generated automatically from the EI Electronic System

A new Individual Family Service Plan (IFSP) was developed for your patient $Fname on $ifsp. These services will be reviewed again no later than $nextifsp.

IFSP Services:

Early Intervention Goal Areas:	Cognitive	Social Emotional	Motor	Adaptive	Communication
	☐	☐	☐	☐	☐

	Services Provided by:	Frequency	Current Provider
☐	Early Intervention Specialist		
☐	Occupational Therapist		
☐	Physical Therapist		
☐	Speech Language Pathologist		
☐	Other		

Please contact $service coordinator with any questions

This document represents services determined by the IFSP to provide educational benefit.

Any services identified or recommended by medical providers are separate and not represented by this process.

Referral from WESD To Centralized Home Visiting Services

- Use of referral forms to Centralized Home Visiting
  - Yamhill: **Family CORE**
  - Marion and Polk: **Family Link**
- Barrier Already Identified:
  1) EI doesn't know about most of the risk factors on the form
  2) Most ineligible children are not covered by Medicaid, therefore not eligible for many home visiting services

Family CORE

Coordinated 0-5 years Referral Exchange

Referral form for prenatal, infant and young children home visitation programs

Those with chronic medical conditions are eligible up to age 21 years
Clients with or without insurance are eligible for programs

Please fax this form to 503-857-0767.

The person or family being referred will be contacted.
We will provide a follow-up letter to you regarding the outcome of the referral.
For questions or mailed submissions please call 503-376-7426.
807 NE 3rd St., McMinnville, OR 97128

Date: _____

Child OR pregnant women being referred:

_____ **Date of Birth**: _____

Due Date (if applicable) _____

Parent or Guardian names (if a child):

_____ Relationship:_____ Date of Birth: _____
_____ Relationship:_____ Date of Birth: _____

Phone number _____
Home address _____

Primary Language_____
Race/Ethnicity White **O Hispanic/Latino O Black/African American O Native American O Other O**

Please check all that apply

- O Medical condition
  Please specify_____
- O Teen parent
- O Parent with developmental delays
- O Child with or at risk for developmental delays
- O Infant feeding/weight gain problems
- O Risk of maternal depression
- O Isolation/lack of support
- O Challenging child behaviors
- O Newly pregnant needing assistance
- O Limited income/resources (i.e. lack of transportation, food, housing)
- O Lack of adequate parenting skills
- O Domestic violence (present or history of)
- O Lack of client/patient follow through
- O Substance abuse-*please describe below*
- O Tobacco Use
- O DHS involvement
- O Other- *please describe below*

Additional Information:

_____
_____
_____

Referring Source Information:

Person (provider) to receive referral follow-up information: _____
Agency/Organization:_____
Phone Number: _____ Fax Number: _____

For Internal Family CORE use only

A Family Place Relief Nursery
Babies First
CaCoon
Early Head Start/Head Start
Early Intervention/Early Childhood Special Education
Healthy Families
Maternity Case Management
Mothers and Babies
Responsible Moms

Referral from WESD To Centralized Home Visiting Services

Focus of Efforts within Family CORE Aligned with this Project

- **Referrals**
  - Referral form- pilot site training and workflow
  - Family CORE developed educational material
- **Intake**
  - Documentation
  - Deliberation and dispersal process
- **Communication to referring provider**
  - Letter back to referring entity
    - Describes general expectations and contact info. for specific entity the family is referred to (to date, all referrals are placed)
- **Tracking and evaluation**
  - What is tracked, by who, and how is it used?

Family CORE
Coordinated 0-5 years Referral Exchange

Thank you so much for your referral

Date:
To:

Child/Family name:

Your referral was received by the Family CORE team, composed of representatives from Yamhill County's home visiting programs. We have given this referral to the program that we feel will best meet their needs:

☐ **Head Start of Yamhill County**: (503) 472-2000

☐ **Lutheran Community Services**: (503) 472-4020 x206
You should hear the outcome of this referral in 2-3 weeks.

☐ **Provoking Hope:** (503) 895-0934
You should hear the outcome of this referral in 1-3 weeks.

☐ **Public Health**: (503) 434-7525
You should hear the outcome of this referral in 1-3 weeks.

☐ **Willamette Education Service District**: (503) 435-5918
You should hear the outcome of this referral in 3-4 weeks.

☐ **Family and Youth Programs**

☐ **The information provided was not sufficient to make a referral. Please:**

Each Agency will make several attempts to contact families. If there is anything else we can do to help please let us know.

Thank-you,

The Family CORE team

Letter Back to Referring Entity

Medical & Therapy Services Covered by YCCO

- Identified services that address risk identified via developmental screening
  - Specific type of service
  - Coverage
  - Providers in the region

- 2nd round focus will be on mental health services within the community

Next Steps

- Implementation support (Supported through WESD Contract)
- Evaluation data collection within WESD, Family Core (Supported through WESD Contract)
- Final report to Oregon Health Authority for the YCCO Component

Via Other Efforts- Dissemination Tracks

- OHA: Metrics and focus on follow-up
- ELH: Potential presentation in January
- ELC: Presentation in February

Final Report to Oregon Health Authority

- For the original OHA funded component specific to Yamhill County
- Due December 30th
- Key Components:
  - Summary of progress toward deliverables and key activities over the duration of the project
  - Key successes and barriers
  - Summary of key lessons learned over the course of the project:
    - Regarding general approach (key stakeholders to engage, hiring parent partners, etc.)
    - Pilot site-level learnings
    - Community based provider-level learnings
    - Parent partner learnings
  - Tools, methods, and resources for spread and dissemination
    - Referral and triage map
    - Communication tools and educational materials
    - Processes, workflows, Medical Decision Tree, etc.
  - Conclusions and proposed next steps

Your Input:
What Would You Say Are The Top Learnings?

Thank you!!

See you in 2017!!