

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



Consulting and Technical Assistance to Support Yamhill Coordinated Care Organization & the Yamhill Early Learning Hub

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Objectives for Today's Meeting

- To review the core grant activities funded
- To understand priority areas and needs for each stakeholder and, within the design parameters of the funding, and what you would define as success of the project
- To review priority activities for the next few months and get input and guidance on the direction
- To understand existing efforts/processes that need to be built off and who leads those efforts so that OPIP can conduct follow-up interviews
- To confirm next steps and communication agreements

Context: A Refresher from Our July Discussion's



Project Funding

- Oregon Health Authority supporting 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 delay 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 CCOs and Early Learning Hub

The Need for the Project

- Focus on community- and population-based approaches to conducting developmental screening.
 - Screening is occurring AND increasing in community-based providers and PCPs and
 - These efforts often uncoordinated and sometimes duplicative.
- Majority of children identified at-risk for delays using developmental screening tools don't receive follow-up services
 - Data from the Assuring Better Child Development-III project (Led by OPIP)
 - Less than half of children identified at risk for (40%) referred for services.
 - Of the children referred for Early Intervention services, a majority had no documentation of receipt of the services and coordination of the services
 - Within Early Intervention many local EI contractors report that they are unable to connect with at least half of the children referred to them
 - Interviews with primary care providers: Don't refer children to EI services if they know they won't be eligible, unaware of other services
 - Given EI eligibility, a group of referred children will not be eligible for services, so what then?

The Need for the Project



Four Primary Activities Supported by the 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. To 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.

Key Parameters for Pilot Project Given Funding

- **“At Risk” Population:** Pilot is anchored to children identified at risk using the **Ages and Stages Questionnaire**
 - That said, some providers may be collecting social determinant information at the time of screening children **OR** be able to report on valuable social determinants (maternal depression screening, ACES, SEEK Parent Questionnaire)
 - Questions:
 - Is everyone using ASQ?
 - Who is gathering standardized info on social determinants? Include if we can?

Key Parameters for Pilot Project Given Funding

- “Triage and referral system map meant to identify the **best set of services for children** identified at-risk
 - Services within community and within health system
 - Services that address family risk factors that may be cause of delays (again within community and within health system)
 - Includes HOW to refer and talk to families about services in a way that increases likelihood of access
 - Includes steps and processes when children found not eligible for referred services
 - Includes steps and processes for when children/families don't access referred services

Key Components of Each of the Four Activities

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. To 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.

Activity #1: Engage and facilitate key stakeholders

- Discussion anchored to shared goal of ensuring children identified at-risk receive follow-up services that are:
 - 1) The **best match for the child** and
 - 2) **Coordinated** across systems
- Specific Tasks within Activity #1:
 - Conduct key stakeholder interviews among early learning system, early intervention, community-based providers, primary care providers, health system representatives, 211 and parents of young children
 - Convene stakeholders to provide input and to receive periodic summaries (**proposal is this is group, with additions over time**)
 - Recruit parent advisors
 - Conduct periodic meetings with parent advisors

Activity #2: Develop a triage and referral system map that can be used to identify the best set of services for children

- Specific Tasks within Activity #2:
 - Develop general design parameters for triage and referral map anchored to risks identified in ASQ-3
 - Develop general triage and referral system map anchored to potential risks and related resources in a community
 - Tailor and customize the general map based on resources in Yamhill County
 - Solicit review and input from stakeholders and parents on that map

Activity #3: To develop methods and processes for how care can be coordinated across primary care & community-based providers

- Goal is to pilot specific methods to ensure coordination.
- Given funding, one priority pathway within the triage and referral map will be given focus for care coordination that include a pilot community-based provider and primary care provider
- Specific Tasks within Activity #3:
 - Work with key community stakeholders to identify priority pathways where **shared communication** is a priority
 - Identify specific stakeholders for pilot, elements of information to be shared and models of communication
 - Provide support to the pilot stakeholders (community partner and PCP) on their use of the models and key learnings
 - Develop presentation and resource materials outlining care coordination processes

Activity #4: Summarize key learnings to inform spread & innovation in other communities

- Specific Tasks within Activity #4:
 - Conduct strategic interviews and gather qualitative information related to successes and barriers
 - Develop interim and final reports for OHA and key stakeholders (May, September, December)
 - Meetings with OHA and Early Learning Division every other month, Starting in March
 - Present at Joint Subcommittee of Early Learning Council and Oregon Health Policy Board
 - Final Report
 - Post resources on OPIP webpage

Project Activities High-Level Timeline in 2016

	Jan-March	April-June	July-Sept	Oct-Dec
<u>Activity 1- Engage Stakeholders</u>				
Stakeholder identification and interviews	X			
Convene stakeholders, Strategic Summary	Today ☺	April	August	Dec.
Recruit parents advisors, Input, Strategic Summary	X	April	August	Dec.
<u>Activity 2- Triage and Referral Map</u>				
Design parameter and general map	X	X		
Asset mapping of services in Yamhill		X	X	
Tailored version of map to Yamhill			X	
Implementation and Periodic Review of Map			X	X
<u>Activity 3- Care Coordination Methods</u>				
Identification of priority pathways		X		
Identify content and models of care coordination		X	X	
Support pilot sites in implementation			X	X
Create a summary of learnings				X

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Component Originally Proposed – But Not Funded

Evaluation Data

An example of what we thought would be valuable:

- Number/proportion screening

- Screening results

- How many fail or are borderline? On what domains? On how many domains?

- What is the correlation of ASQ scores and social determinants

- » **Of those identified at risk, how many are referred? How many referrals?**

- Does this differ by type of domain or by race-ethnicity?

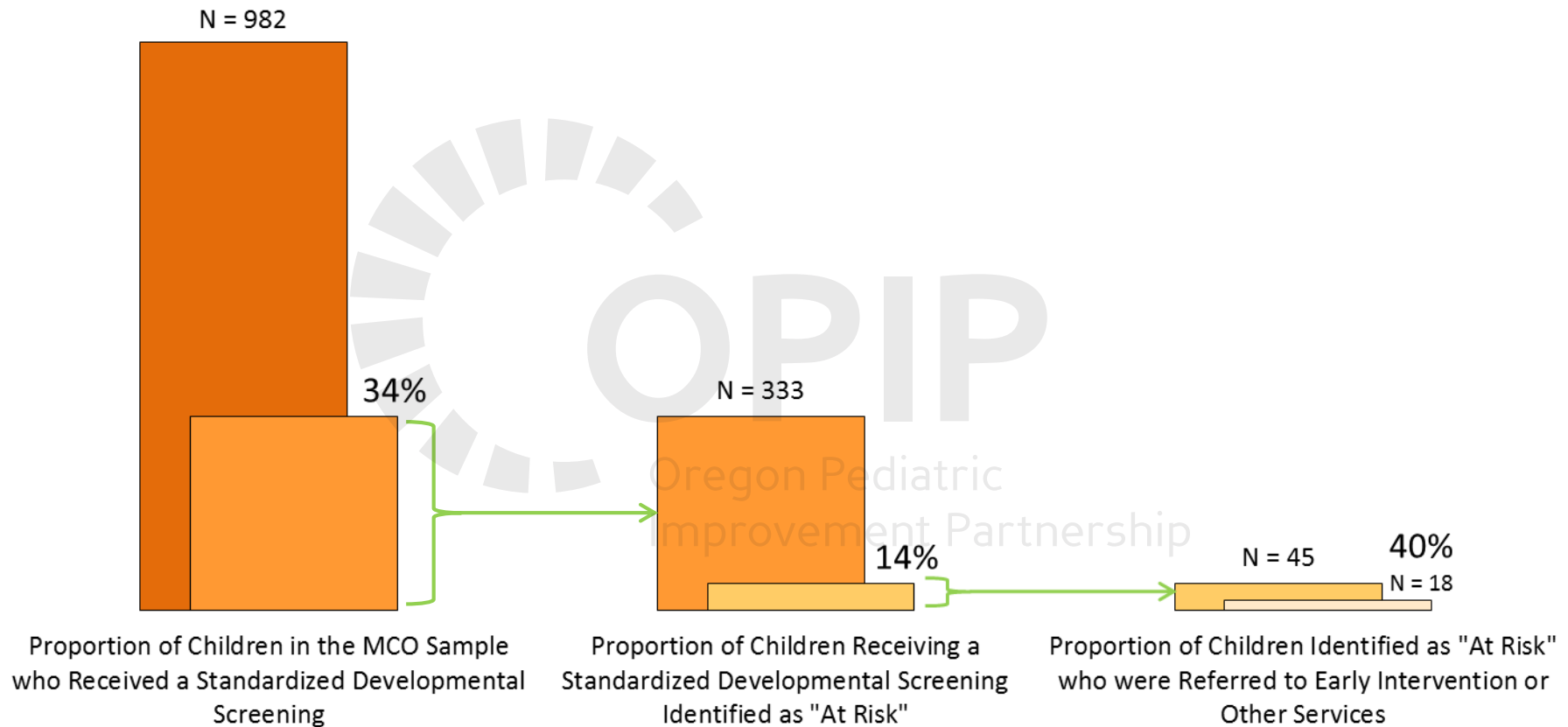
- **Of those referred, how many get to the referrals?**

- Does this differ by type of domain or by race-ethnicity?

- Of those referred, who get to the service, how many were eligible?

- **Does this differ by type of domain or by race-ethnicity?**

Example of Evaluation Data in a Past Project



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Hearing From You:

**How This Project Can
Meet Your Community's Needs & Build Off the
Great Work To Date**

Oregon Pediatric
Improvement Partnership

Hearing From You

Introduction of each person:

- 1) Role within county,
- 2) In one year, within the design parameters of the project, what would you define as a success for this project for this community
- 3) What existing efforts need to be leveraged
- 4) What role can you play in supporting the project's success

Project Design Parameters – Input Needed

–Conduct key stakeholder interviews among early learning system, early intervention, community-based providers, primary care providers, health system representatives, 211 and parents of young children

- Who needs to be interviewed?
- What efforts do we need to get information about?
- Who in the community is doing the most ASQs? Who is doing the most ASQs and is not referring for services
- What PCPs or health system should be interviewed?
- 211 in Yamhill

–Recruit parent advisors

- Build of ELC Parent Advisory Council?
- Hispanic/Latino Parents?
- Parents who are experiencing the systems?

Priority Activities: Input and Guidance

- Conduct key stakeholder interviews among early learning system, early intervention, community-based providers, primary care providers, health system representatives, 211 and parents of young children
 - Who needs to be interviewed?
 - What efforts do we need to get information about?
 - Who in the community is doing the most ASQs? Who is doing the most ASQs and is not referring for services
 - What PCPs or health system should be interviewed?
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 - Parents who are experiencing the systems?

Priority Activities: Input and Guidance

Triage and referral map anchored to risks identified in ASQ-3

- Who “owns” the Family CORE and how it is used across providers?
 - What is working well? What could be improved?
 - Would it be helpful/valuable to hear about community and primary care providers use of the Family CORE Referral form?
- Yamhill Early Learning Hub ASQ Process Map – how is that going?
 - What is working well? What could be improved?
- Are there any triage maps already anchored to specific ASQ scores (total score, domain score)
- Have there been any referral and work flow assessment done within the medical side?

Next Steps and Communication Agreements

- Interviews with each of the members of this group and those identified, parent recruitment
- April meeting to share strategic findings of information gathered and shared goals
- Communication preference of this group for updates:
 - Summaries of key next steps after each meeting?
 - Information provided at our group-level meetings.
 - Value of information beforehand?
 - Powerpoint?
 - Written briefs?
 - Reports to OHA – who needs to review before we provide them? Reasonable time period for review

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