Pathways for Referral & Follow-Up to Developmental Screening in Marion and Polk Counties

Stakeholder Meeting to Inform the
Community-Based Quality Improvement (QI) Project
Marion and Polk Early Learning Hub Conference Room -
2965 Ryan Dr SE, Salem OR
January 19th, 2017 @ 11-1 PM

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OPIP
Oregon Pediatric
Improvement Partnership

Agenda

1. **Refresher on Project Activities and Goals**

2. **Stakeholder Engagement & Attendee Introduction**

3. **Update on Project Activities & Key Learnings To Date**

   - Overall summary of key activities and tools developed to inform pilot

   - Spotlight of pilot site activity

     #1) Primary Care Pilot Sites: Suzanne Dinsmore

     #2) Early Intervention/WESD: Tonya Coker

4. **Next Steps**

OPIP

This Meeting Will Be a Success If:

At the end of the meeting, attendees will:

1) Understand the **project activities**

2) Learn about the **stakeholders in Marion and Polk County** that have been engaged, and play a role in developmental screening AND addressing developmental promotion opportunities for young children

3) Receive an **update on pilots to improve** children **identified on developmental screening as needing supports** to receive services that are the **best match for the child and family**

4) To obtain input on these activities so that they can best address the needs and opportunities in Marion and Polk County
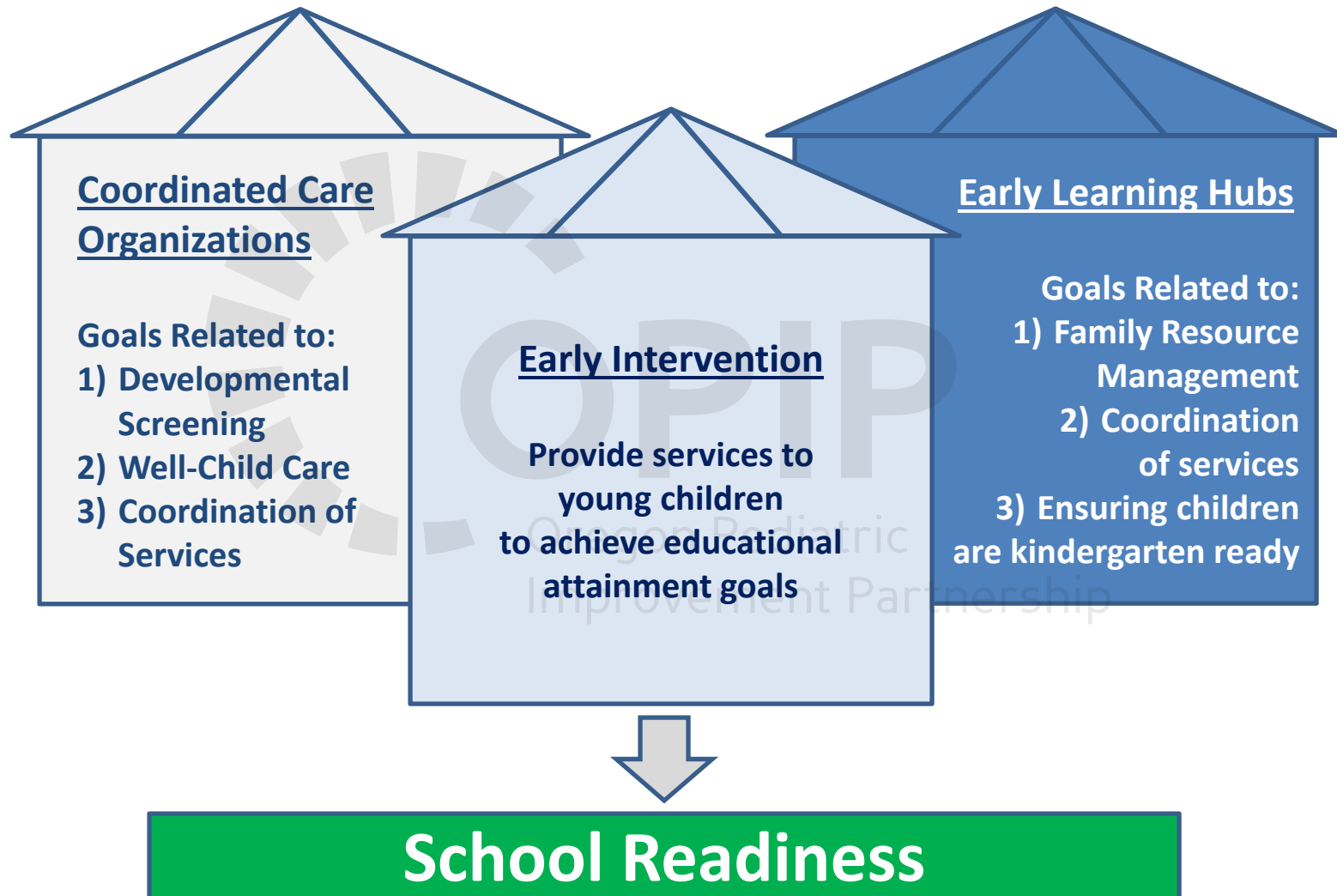
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30,000 Foot View of This Project

Funding to Willamette Education Service District (WESD)

- Willamette Education Service District (WESD) received funds to improve **follow-up to developmental screening for young children (0-3)**. Includes a specific focus on secondary processes for children referred to EI and then found **Ineligible** children. (*Ends June '17*)
  - Three-County Effort: **Marion, Polk, and Yamhill**

- WESD is using a portion of those funds to contract with OPIP to lead a **community-based improvement effort** in Marion, Polk and Yamhill:
  - Time Period for OPIP's Subcontract: **May 2016-June 2017**
    - o **Collect data** to inform efforts
    - o Engage **parent advisors**
    - o Partner with **primary care providers, WESD, and community-based providers to pilot methods** to enhance follow-up.
    - o **Summarize findings** from these improvement across Marion, Polk, and Yamhill Counties
      - ✓ Findings shared with Oregon Department of Education, Early Learning Council, and Legislature

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Community-Based Improvement Opportunity:
Align Silo'd System-Level Goals to Develop and Implement Standards of Care Across Systems for Follow-Up to Developmental Screening

Coordinated Care Organizations

Goals Related to:
1) Developmental Screening
2) Well-Child Care
3) Coordination of Services

Early Intervention

Provide services to young children to achieve educational attainment goals

Early Learning Hubs

Goals Related to:
1) Family Resource Management
2) Coordination of services
3) Ensuring children are kindergarten ready

School Readiness

OPIP

Population of Focus for this Project

- Important to be clear on WHICH children this project is focused on

- Children **0-3** for whom:

  1) A **developmental screening tool** was administered and

  2) For which the **child was identified as at-risk for developmental, behavioral, or social delays** and should receive follow-up developmental promotion services

     – All sites interviewed and part of the project using the Ages and Stages Questionnaire

     – Therefore the population of focus is children who were identified as at-risk for delays on the ASQ

     – Based on ASQ scoring, across the five domains of development, this is children who scored at least:

       • 2 STD from the Norm in **One Domain** (**in the Black** in 1 Domain) OR

       • 1.5 STD in **TWO Domains** (**2 in the Grey**)

- We heard you on the importance of language

  – Engaged parent advisors on all materials for pilot sites and direct to parent education

  – Incorporated strength based approaches in each element

  – Goal it promote development and help each child reach their maximum potential

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Parent Advisory Engagement

- **Review of overall project and priority areas**

- **Specific review of direct to parent materials**

  1. One-Page Education Sheet

  2. Phone Call Follow-up Being Conducted by Primary Care Sites

Parent Advisors

- Individual Parent Advisors

- Parent Advisory Groups

  o Marion and Polk Early Learning Hub

  o Woodburn Parent Advisory Group

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Stakeholder Interviews Conducted in Marion and Polk

a. Primary Care Providers

- **Childhood Health Associates of Salem**
- **Woodburn Pediatric Clinic**
- **Salem Pediatric Clinic**
- **Willamette Family Medical Center**
- **Lancaster Family Health Center (reached out)**

b. Health System Reps.

WVP & WVCH
Stuart Bradley
Dean Andretta
Anna Stern

Mid-Valley BCN
Margaret Terry

Salem Health Rehabilitation Center
Steve Paysinger

c. Early Learning Hub

Marion & Polk Early Learning Hub - Lisa Harnisch and Staff

Marion and Polk Early Learning Hub Board of Directors
27 Members

Marion and Polk Early Learning Hub Regional Implementation Team
Over 30 Members

External (ELD) Hub Facilitator
Tab Dansby

d. WESD/EI

WESD
Linda Felber

Marion EI
Tonya Coker

Yamhill/Polk EI
Cynthia Barthuly

WESD- EI Intake
Sandra Gibson

e. Community Based Providers Who Conduct Dev. Screening and/or Provider Follow-Up

CaCoon, BabiesFirst, Healthy Families
Judy Cleave (Marion)
Jean DeJarnatt (Marion)
Jacqui Beal (Polk)
Wendy Zieker (Polk)

Polk County Early Learning and Family Engagement, OPEC- Polk
Heather Smith

Creating Opportunities
Cheryl Cisneros

Community Action Head Start of Marion and Polk
Eva Pignotti and Staff

Oregon Child Development Coalition
Berni Kirkpatrick

NW Human Services
Marybeth Beal

OR Family Support Network
Sandy Bumpus

Marion County Children's Behavioral Health
Gwen Kraft

Valley Mental Health
Kim Buller

Childcare Resources and Referral Network
Shannon Vandehey and Jenna Sanders

ASQ Oregon
Kimberly Murphy,
Liz Twombly

211 Statewide
Emily Berndt

OPEC-Marion County
Margie Lowe

Family Building Blocks
Heather Peasley
Sara Matthews

Stakeholders in Marion and Polk County Here Today


- List of Attendees is in the meeting materials

- Introductions: 1-2 Minutes
  1) Name, Organization
  2) What is one thing about the project you hoping to learn more about? (By Organization)
  3) A barrier to follow-up to developmental screening that you hope this project addresses? (By Organization)

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4. **Next Steps**

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Community Asset Mapping and Pathway Identification in Marion and Polk County
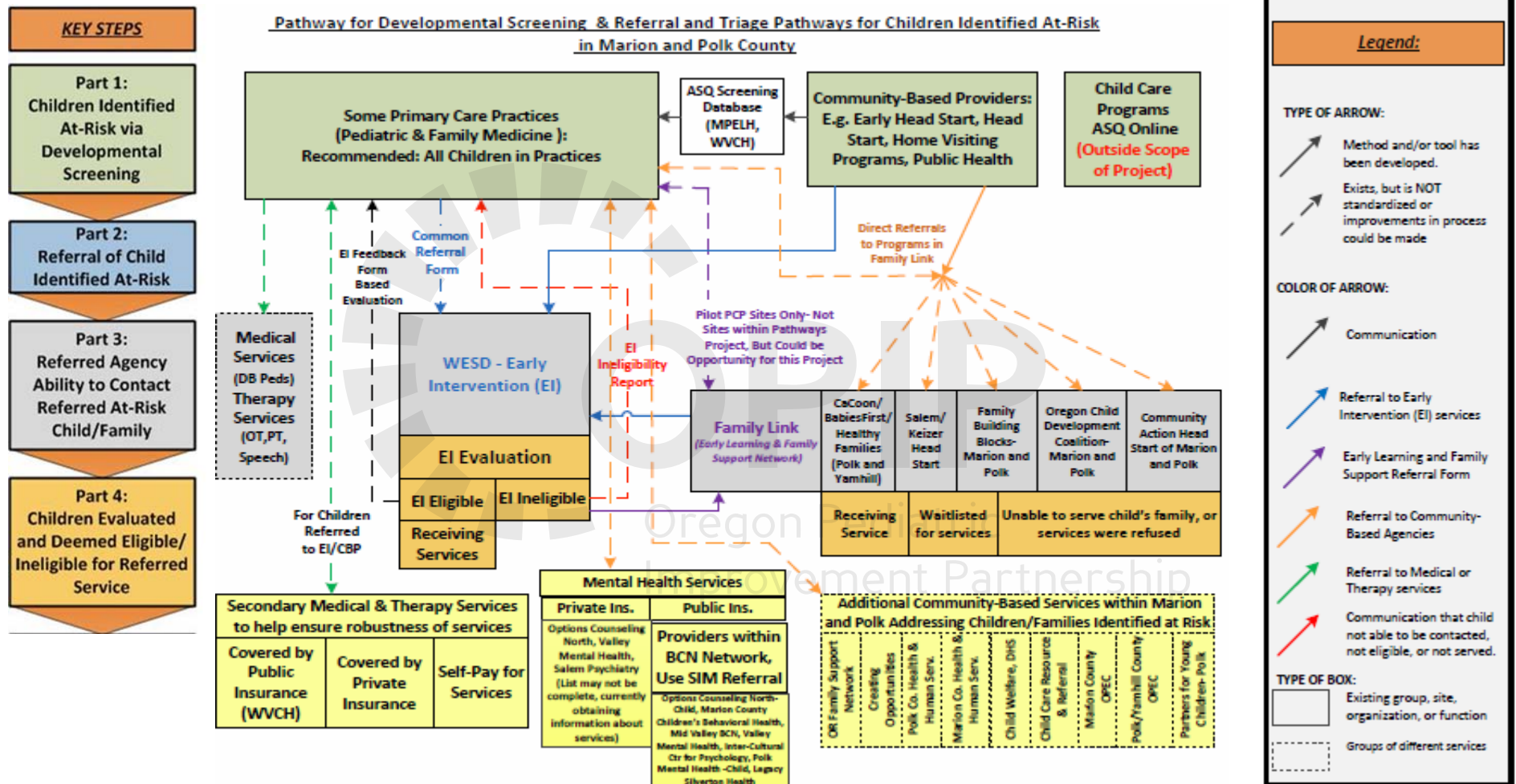
Partners in the Community-Based Improvement
Efforts Being Piloted Through June 2016 to Enhance Follow-Up to Screening

Primary Care Sites Already Conducting Developmental Screening	Early Intervention (WESD)	Community-Based Providers
Pilot Sites: Childhood Health Associates of Salem (CHAoS), Physician Medical Center (Yamhill), and sharing information with Salem Pediatrics	**QI Tools/Methods Being Implemented:**	Identified pathways from PCP to six priority referrals.

Primary Care Sites Already Conducting Developmental Screening

Pilot Sites: Childhood Health Associates of Salem (CHAoS), Physician Medical Center (Yamhill), and sharing information with Salem Pediatrics

QI Tools/Methods Developed for PCP:

- Referral and follow-up pathway diagram anchored to : 1) ASQ scores, B) Resources within Marion and Polk
- Training on referral and follow-up pathways
- Practice-level improvement support and facilitation, including processes to use information provided by community-based providers
- Development of materials to support families
  - o Parent education material and
  - o Phone follow-up for referred children within 36 hours to answer questions and address barriers

Summary of WVCH coverage of follow-up services

- Specific services, providers, whether they serve young children
- Services covered within WVCH (Under WVP & BCN

Examination of Practice-Level Data to Guide and Evaluate Efforts

- Practice-level data related to screening, referral and follow-up

Early Intervention (WESD)

QI Tools/Methods Being Implemented:

- Enhanced communication to referring provider when not able to contact the child OR the family declines services
- Enhanced processes around directing EI ineligible children to other community-based providers (e.g. centralized home visiting referral form
- Enhanced feedback forms about service being provided so that secondary referral resources can be identified.

Examination of WESD Data to Guide and Evaluated Data

- Referrals, Evaluation and characteristic of ineligible children
- Examining EI Eligibility by presenting ASQ scores

Community-Based Providers

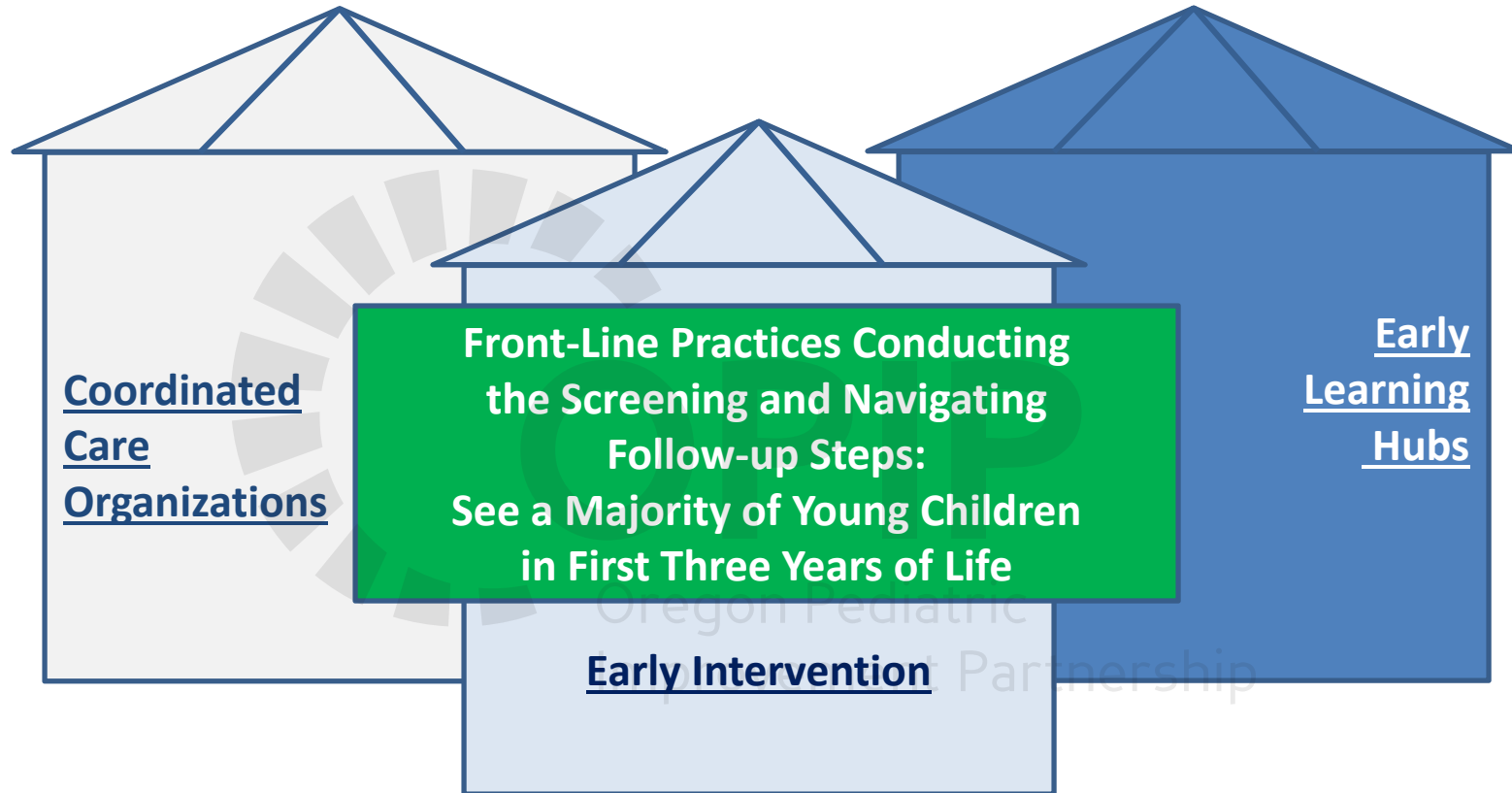Identified pathways from PCP to six priority referrals.

Through the project, **NEW referrals** being implemented are to:

- **Family-Link**: Centralized home visiting referral
- **Parenting classes within the OPECs**: Mid-Valley Parening & Marion and Polk Early Learning Hub

Enhanced **developmental promotion within PCP sites** leveraging sharing of tools highlighted within the HUB (e.g . VROOM)

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Community-Based Improvement Opportunity:
Align Silo'd System-Level Goals to Develop and Implement Standards of Care Across Systems for Follow-Up to Developmental Screening
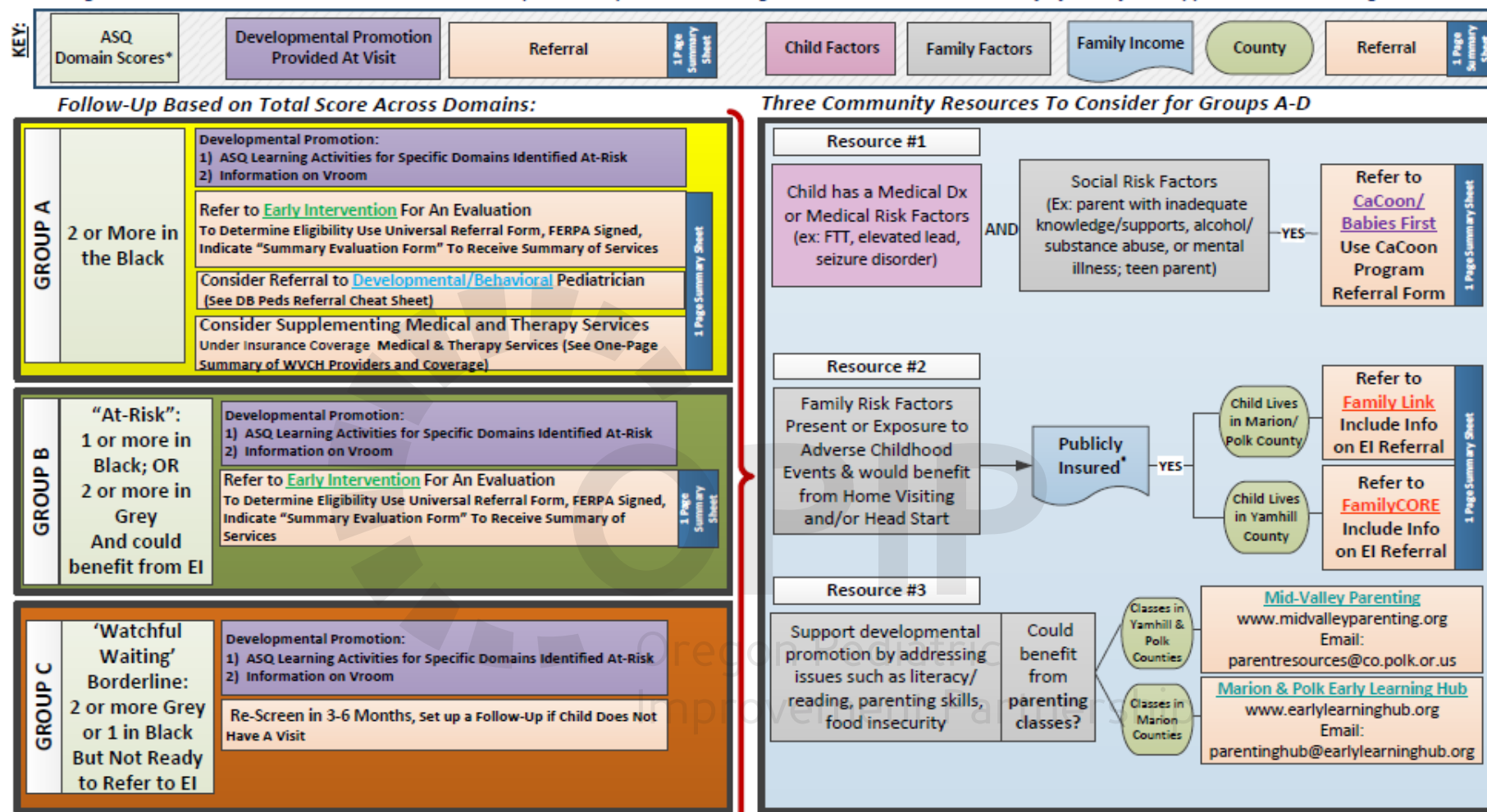
Coordinated Care Organizations

**Front-Line Practices Conducting the Screening and Navigating Follow-up Steps:
See a Majority of Young Children in First Three Years of Life**

Early Intervention

Early Learning Hubs

OPIP

Determining the "Best Match" for Follow-up Services
for the Child/Family: Priority Pathways
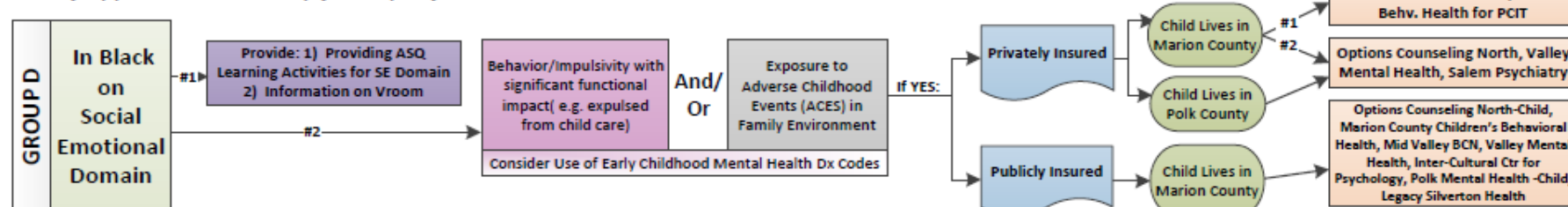## Developed by Community Asset Mapping

- Recognize it is not as a simple as:
    - "At-risk" or not based on the ASQ (2 in the Black, 1 in the Grey)
    - Stakeholder interviews, and the data confirmed, that not all children who are identified "at-risk" should be referred to EI and medical evaluation in OR.
        - That said, 7 out of 10 not referred – too low
- Identified primary follow-up resources to developmental screening in Marion/Polk:
    1. Medical (Developmental evaluation)
    2. Early Intervention
    3. CaCoon/Babies First
    4. **Family Link - Centralized Home Visiting Referral (Includes Early Head Start and Head Start)***
    5. **Parenting Classes**
    6. Mental Health
- Developed guide to referral of these resources based on:
    - ASQ Scores
    - Child/family risk factors
    - Child/Family demographics (income/ county)
- Given many children will be found ineligible for EI or receive only a specific set of resources, secondary referral and follow-up

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Pathways for Follow-Up to Development Screening for Children 0-3 in Marion and Polk County

Figure 1.0: Childhood Health's Decision Tree: Follow-Up to Developmental Screening Conducted in First Three Years of Life & Referral Opportunities Addressing Risks

KEY: ASQ Domain Scores* | Developmental Promotion Provided At Visit | Referral (1 Page Summary Sheet) | Child Factors | Family Factors | Family Income | County | Referral (1 Page Summary Sheet)

Follow-Up Based on Total Score Across Domains:

GROUP A — 2 or More in the Black

Developmental Promotion:
1) ASQ Learning Activities for Specific Domains Identified At-Risk
2) Information on Vroom

Refer to Early Intervention For An Evaluation
To Determine Eligibility Use Universal Referral Form, FERPA Signed, Indicate "Summary Evaluation Form" To Receive Summary of Services (1 Page Summary Sheet)

Consider Referral to Developmental/Behavioral Pediatrician (See DB Peds Referral Cheat Sheet)

Consider Supplementing Medical and Therapy Services Under Insurance Coverage Medical & Therapy Services (See One-Page Summary of WVCH Providers and Coverage)

GROUP B — "At-Risk": 1 or more in Black; OR 2 or more in Grey And could benefit from EI

Developmental Promotion:
1) ASQ Learning Activities for Specific Domains Identified At-Risk
2) Information on Vroom

Refer to Early Intervention For An Evaluation
To Determine Eligibility Use Universal Referral Form, FERPA Signed, Indicate "Summary Evaluation Form" To Receive Summary of Services (1 Page Summary Sheet)

GROUP C — 'Watchful Waiting' Borderline: 2 or more Grey or 1 in Black But Not Ready to Refer to EI

Developmental Promotion:
1) ASQ Learning Activities for Specific Domains Identified At-Risk
2) Information on Vroom

Re-Screen in 3-6 Months, Set up a Follow-Up if Child Does Not Have A Visit

Three Community Resources To Consider for Groups A-D

Resource #1

Child has a Medical Dx or Medical Risk Factors (ex: FTT, elevated lead, seizure disorder) **AND** Social Risk Factors (Ex: parent with inadequate knowledge/supports, alcohol/substance abuse, or mental illness; teen parent) **YES** → Refer to CaCoon/Babies First Use CaCoon Program Referral Form (1 Page Summary Sheet)

Resource #2

Family Risk Factors Present or Exposure to Adverse Childhood Events & would benefit from Home Visiting and/or Head Start → Publicly Insured* **YES** →
- Child Lives in Marion/Polk County → Refer to Family Link Include Info on EI Referral (1 Page Summary Sheet)
- Child Lives in Yamhill County → Refer to FamilyCORE Include Info on EI Referral

Resource #3

Support developmental promotion by addressing issues such as literacy/reading, parenting skills, food insecurity → Could benefit from parenting classes? →
- Classes in Yamhill & Polk Counties → Mid-Valley Parenting www.midvalleyparenting.org Email: parentresources@co.polk.or.us
- Classes in Marion Counties → Marion & Polk Early Learning Hub www.earlylearninghub.org Email: parentinghub@earlylearninghub.org

And, If Applicable, Follow-Up for a Specific Domain:

GROUP D — In Black on Social Emotional Domain

#1 → Provide: 1) Providing ASQ Learning Activities for SE Domain 2) Information on Vroom

#2 → Behavior/Impulsivity with significant functional impact (e.g. expulsed from child care) **And/Or** Exposure to Adverse Childhood Events (ACES) in Family Environment
Consider Use of Early Childhood Mental Health Dx Codes

If YES:
- Privately Insured →
  - Child Lives in Marion County → #1 Refer to Marion County Child. Behv. Health for PCIT; #2 Options Counseling North, Valley Mental Health, Salem Psychiatry
  - Child Lives in Polk County → Options Counseling North, Valley Mental Health, Salem Psychiatry
- Publicly Insured →
  - Child Lives in Marion County → Options Counseling North-Child, Marion County Children's Behavioral Health, Mid Valley BCN, Valley Mental Health, Inter-Cultural Ctr for Psychology, Polk Mental Health -Child, Legacy Silverton Health

Developmental Promotion

ASQ Learning Activities for the Specific Domains

Fine Motor

Activities to Help Your Toddler Grow and Learn

24-30 months

Your toddler's eyes and hands are working together well. He enjoys taking apart and putting together small things. He loves using any kind of writing or drawing tool. Provide scrap paper, washable crayons, or markers. You can also try puzzles, blocks, and other safe small toys. Talk and enjoy the time together. When writing or drawing, set up clear rules: "We draw *only on the paper, and only on the table.* I will help you remember."

Flipping Pancakes — Trim the corners from a simple sponge to form a "pancake." Give your child a small frying pan and a spatula. Show him how to flip the pancake.

Macaroni String — String a necklace out of dried pasta with big holes. Tube-shaped pasta, such as rigatoni, works really well. Your child can paint the pasta before or after stringing it. Make sure she has a string with a stiff tip, such as a shoelace. You can also tape the ends of a piece of yarn so that it is easy to string.

Homemade Orange Juice — Make orange juice or lemonade with your toddler. Have him help squeeze the fruit using a handheld juicer. Show him how to twist the fruit back and forth to get the juice out. To make lemonade, you will need to add some sugar and water. Let him help you stir it all up. Cheers!

Draw What I Draw — Have your child copy a line that you draw, up and down and side to side. You take a turn. Then your child takes a turn. Try zigzag patterns and spirals. Use a crayon and paper, a stick in the sand, markers on newspaper, or your fingers on a steamy bathroom mirror.

Bath-Time Fun — At bath time, let your toddler play with things to squeeze, such as a sponge, a washcloth, or a squeeze toy. Squeezing really helps strengthen the muscles in her hands and fingers. Plus it makes bath time more fun!

My Favorite Things — Your child can make a book about all of his favorite things. Clip or staple a few pieces of paper together for him. He can choose his favorite color. Let him show you what pictures to cut from magazines. He may even try cutting all by himself. Glue pictures on the pages. Your child can use markers or crayons to decorate pages. Stickers can be fun, too. You can write down what he says about each page. Let him "write" his own name. It may only be a mark, but that's a start!

Sorting Objects — Find an egg carton or muffin pan. Put some common objects such as nuts, shells, or cotton balls into a plastic bowl. Let your toddler use a little spoon or tongs to pick up the objects and put them in different sections of the egg carton. Give her a little hug when she has success!

Vroom!

vroom
find out more joinvroom.org

Brain Building Basics

5 things to remember for building your child's brain

1. Look — Make eye contact so you and your child are looking at each other.

2. Chat — Talk about the things you see, hear and do together, and explain what's happening around you.

3. Follow — Take your child's lead by responding to their sounds and actions, even before they are old enough to talk. When they do start talking, ask follow up questions like "What do you think...?" or "Why did you like that?"

4. Stretch — Make each moment longer by building upon what your child does and says.

5. Take Turns — With sounds, words, faces and actions, go back and forth to create a conversation or a game.

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Example Parenting Classes

- **Make Parenting a Pleasure** *(in Spanish: Haga de la Paternidad un Placer)*
  - This parenting curriculum has been in practice for more than 30 years. It is designed for parents who are highly stressed with children 0 to 8 years old.

- **Abriendo Puertas** *(in English: Opening Doors)*
  - Nation's first evidence-based comprehensive training program developed by and for Latino parents with young children between the ages of 0 and 5 years old.

- **Nurturing Parenting**
  - Family-centered trauma-informed program designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices.

- **Collaborative Problem Solving: Parent workshop**
  - *CPS* is a strengths-based, neurobiologically-grounded approach that brings new ideas and new hope for helping kids with behavioral challenges.

- **Mothers and Babies**
  - This class is designed specifically to provide support and encouragement to mothers who are pregnant or have an infant 36 months or younger. In this course each mom will learn ways to think about and interact with their young baby to create an emotionally and physically healthy reality. Topics include baby development, managing stress and mood changes. Mothers receive individual support from their instructor/coach as well as build support with other new moms.

Summary of WVCH Services

Type of Medical or Therapy Service Addressing Developmental Delays	Covered (Y/N)	Benefit Coverage, Any Requirements for Service to be Approved	Providers in WVCH Contract That are Able to Provide Services	Serve Children aged 1 month - 3 years old?
Occupational Therapy Services				
Occupational Therapy Services	Yes	Authorization required for therapy visits beyond the initial evaluation/ re-evaluation for all dx. Each request for continued therapy is reviewed for line placement and medical appropriateness.	Creating Pathways	Yes
			Mighty Oaks Therapy Center (Albany)	Yes
			PT Northwest	No
			Salem Hospital Rehab	Yes
Physical Therapy Services				
Physical Therapy Services	Yes	Authorization required for therapy visits beyond the initial evaluation/ re-evaluation for all dx. Each request for continued therapy is reviewed for line placement and medical appropriateness.	Capitol PT	No
			Keizer PT	No
			Pinnacle PT	No
			ProMotion PT	No
			PT Northwest	No
			Salem Hospital Rehab	Yes
			Therapeutic Associates	No
			Creating pathways	Yes
Speech Therapy Services				
Speech Therapy	Yes	Authorization required for therapy visits beyond the initial evaluation/re-evaluation for all dx. Each request for continued therapy is reviewed for line placement and medical appropriateness.	Chatterboks	Yes
			Creating Pathways	Yes
			Mighty Oaks Therapy Center (Albany)	Yes
			PT Northwest	No
			Salem Hospital Rehab	Yes
			Sensible Speech	Yes
Behavioral Psychology Services				
Behavioral Health Services				
Social Skills Groups	Yes	Enrolled in services	Marion County Child Behavioral Health*	Yes
			Polk County Mental Health*	Yes
			Inter-Cultural Center for Psychology	Yes
			Options Counselling*	Yes
			Valley Mental Health*	Yes

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4. **Next Steps**

OPIP

Focus of Improvement Effort Within
Childhood Health Associates of Salem

1. Examination of our data and the need for improvement
2. Refined Process for EI Referrals
   - Refresher training on EI Referral Form
   - Follow-up Phone Script and Process
   - Process for using communication back from EI
3. Refined Referral Algorithm Across Community-Based Providers
   - Medical decision tree based on ASQ, child and family risk factors
4. Parent Education Sheet
5. Planned Pilot with FamilyLink

CHAoS Charts We are Examining

- Screening rates
- Number of children identified on the ASQ
  - Specific ASQ Domain Level Scores
- Which kids are and are not referred
- How many of our referrals result in contact and then services
  - Overall
  - Deep dive with referral to EI
- Assessment of the impact of the strategies we are going to be implementing
  - Do they work in getting more kids in for services

An Applied Example from One of Our Primary Care Pilot Sites

Number of ALL Children in Clinic (Publicly and Privately Insured) *WHO RECEIVED A DEVELOPMENTAL SCREEN IN ONE YEAR:*
N=1431

N= 1431

Number of children who were **identified at-risk and** *SHOULD HAVE BEEN TO REFERRED TO EI*:
N=401

Of the children who received a developmental screen, **30% identified at-risk for delays** for which developmental promotion should occur

N= 401

NUMBER REFERRED TO EI: ***57% NOT REFERRED***

N= 173

Data Source: Data provided by Childhood Health Associates of Salem, Aug. & Jan 2017

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Refined Process for EI Referrals

1. Refresher training on EI Referral Form
   - Specific Components of the Form
   - FERPA component and importance
   - Options for feedback

2. Follow-up Phone Script and Process
   - Follow-Up to Families whose children were referred to remind them of the importance, answer questions, and identify any barriers

3. Process for using communication back from EI
   - Workflow around documentation from EI that child was unable to be contacted OR evaluated
   - Communication to referring PCP

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)

o 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)

o *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).

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Implementation of 36-Hour Phone Follow Up

Our Learnings to date:

- Currently our Referral Coordinator is calling all families that are referred to Early Intervention within 2 business days
  - We are calling once and leaving a message
    - o As experienced by community based providers, we are having some issues getting ahold of families
  - Even with our lack of contact, Early Intervention's Intake Coordinator has reported a higher number of families calling directly to schedule their appointments from our clinic
  - Exploring potential use of email via our patient portal

Provider Training on the Medical Decision Tree Developed by OPIP Factors to Consider in Identifying Best Follow-Up to Meet Child and Family Needs

- Clarify referral pathways to the following:
    1. Medical and Therapy Services
    2. Early Intervention
    3. Cacoon/Babies First
    4. Family Link
    5. Parenting Classes
    6. Mental Health
- Helpful in identifying specific community-based resources we can refer to
    o We were not aware of OPECs or FamilyLink
- Helpful to clear direction based on the ASQ score, child and family risk factors
    o That said, right now, don't have standardized screens for many of the family risk factors

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Medical Decision Tree

Pathways for Follow-Up to Development Screening for Children 0-3 in Marion and Polk County

Figure 1.0: Childhood Health's Decision Tree: Follow-Up to Developmental Screening Conducted in First Three Years of Life & Referral Opportunities Addressing Risks

KEY:

ASQ Domain Scores*	Developmental Promotion Provided At Visit	Referral	1 Page Summary Sheet	Child Factors	Family Factors	Family Income	County	Referral	1 Page Summary Sheet

Follow-Up Based on Total Score Across Domains:

GROUP A

2 or More in the Black

Developmental Promotion:
1) ASQ Learning Activities for Specific Domains Identified At-Risk
2) Information on Vroom

Refer to Early Intervention For An Evaluation
To Determine Eligibility Use Universal Referral Form, FERPA Signed, Indicate "Summary Evaluation Form" To Receive Summary of Services

Consider Referral to Developmental/Behavioral Pediatrician (See DB Peds Referral Cheat Sheet)

Consider Supplementing Medical and Therapy Services
Under Insurance Coverage Medical & Therapy Services (See One-Page Summary of WVCH Providers and Coverage)

GROUP B

"At-Risk":
1 or more in Black; OR
2 or more in Grey
And could benefit from EI

Developmental Promotion:
1) ASQ Learning Activities for Specific Domains Identified At-Risk
2) Information on Vroom

Refer to Early Intervention For An Evaluation
To Determine Eligibility Use Universal Referral Form, FERPA Signed, Indicate "Summary Evaluation Form" To Receive Summary of Services

GROUP C

'Watchful Waiting' Borderline:
2 or more Grey or 1 in Black But Not Ready to Refer to EI

Developmental Promotion:
1) ASQ Learning Activities for Specific Domains Identified At-Risk
2) Information on Vroom

Re-Screen in 3-6 Months, Set up a Follow-Up if Child Does Not Have A Visit

Three Community Resources To Consider for Groups A-D

Resource #1

Child has a Medical Dx or Medical Risk Factors (ex: FTT, elevated lead, seizure disorder) **AND** Social Risk Factors (Ex: parent with inadequate knowledge/supports, alcohol/substance abuse, or mental illness; teen parent) —YES→ Refer to **CaCoon/Babies First** Use CaCoon Program Referral Form

Resource #2

Family Risk Factors Present or Exposure to Adverse Childhood Events & would benefit from Home Visiting and/or Head Start → **Publicly Insured*** —YES→ Child Lives in Marion/Polk County → Refer to **Family Link** Include Info on EI Referral

Child Lives in Yamhill County → Refer to **FamilyCORE** Include Info on EI Referral

Resource #3

Support developmental promotion by addressing issues such as literacy/reading, parenting skills, food insecurity → Could benefit from parenting classes? →

Classes in Yamhill & Polk Counties → **Mid-Valley Parenting** www.midvalleyparenting.org Email: parentresources@co.polk.or.us

Classes in Marion Counties → **Marion & Polk Early Learning Hub** www.earlylearninghub.org Email: parentinghub@earlylearninghub.org

And, If Applicable, Follow-Up for a Specific Domain:

GROUP D

In Black on Social Emotional Domain

#1▶ **Provide:** 1) Providing ASQ Learning Activities for SE Domain 2) Information on Vroom

#2→ Behavior/Impulsivity with significant functional impact (e.g. expulsed from child care) **And/Or** Exposure to Adverse Childhood Events (ACES) in Family Environment

Consider Use of Early Childhood Mental Health Dx Codes

If YES:

Privately Insured → Child Lives in Marion County #1→ **Refer to Marion County Child. Behv. Health for PCIT**

#2→ **Options Counseling North, Valley Mental Health, Salem Psychiatry**

Child Lives in Polk County →

Publicly Insured → Child Lives in Marion County → **Options Counseling North-Child, Marion County Children's Behavioral Health, Mid Valley BCN, Valley Mental Health, Inter-Cultural Ctr for Psychology, Polk Mental Health -Child, Legacy Silverton Health**

One-Page Education Sheet for Families

- Currently don't have information sheets about the referrals that happen as a results of developmental screening
  - We have information about the programs (WESD)

- Excited to pilot the use of the information sheets and then will help to gather feedback from families and the CHAoS staff

- Again, we will be tracking our data to assess for impact

- Starting pilot with existing referrals
  - Once we kick off referral to Family Link then we will be adding them

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)?

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 to 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:
WESD Intake Coordinator
503-385-4714 | www.wesd.org

Family Link

Who is Family Link?

Family Link 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 Link services have eligibility requirements.

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

What to expect if your child was referred to Family Link:

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

Contact Information:
NAME – TITLE
503-990-7937 ext.132 | Website: XXXXXXXXXXXX

CaCoon

Who is CaCoon?

CaCoon is a public health nursing program serving families. CaCoon public health nurses work with your family to support your child's health and development. A CaCoon nurse will meet with you in your home, or wherever works best for you and your child.

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

Contact Information:
Judy Cleave -Program Supervisor
Phone: 503-361-2661
Website: http://www.ohsu.edu/xd/outreach/oxcystn/programs-projects/cacoon.cfm

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: Specializes 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 Childhood Health Associates of Salem, we are here to support you and your child. If you have any questions about the process, please call our Referral Coordinators.

Phone Number: 503-364-3170

Version 1.0: 12/1

Pilot of Referrals from CHAoS to Family Link

Pilot of Referrals from CHAoS to FamilyLink

- Exploring how CHAoS can pilot referral to FamilyLink

- Currently gathering important background and context and held a "meet and greet"

- Now were outlining the specifics of:
  - Which kids we would refer and current capacity
  - How we would refer
  - Communication feedback loops and tracking

Agenda

1. **Refresher on Project Activities and Goals**
2. **Stakeholder Engagement & Attendee Introduction**
3. **Update on Project Activities & Key Learnings To Date**
    - Overall summary of key activities
    - Spotlight of pilot site activity

        #1) Primary Care Pilot Sites: Suzanne Dinsmore

        #2) Early Intervention/WESD: Tonya Coker

4. **Next Steps**

OPIP

Focus of Improvement Effort
Within Willamette Education Service District (WESD)

1. Provided data presented at the last meeting to inform discussions about priority areas of focus

2. Referring children found EI ineligible to Centralized Home Visiting

3. Implement tools to improve communication and coordination

4. Supporting development of one-page summary f services for Eligible children

5. For children referred with a ASQ domain level scores, data on EI eligibility

Data provided from WESD on Early Intervention Referral and Evaluation Outcomes To Inform This Community-Based Improvement Project

- Child find rates

- Number of Referrals

- Number of Referrals Able to be Contacted and Evaluated

- Of <u>referrals</u> evaluated, outcome of children (Eligible, Ineligible)
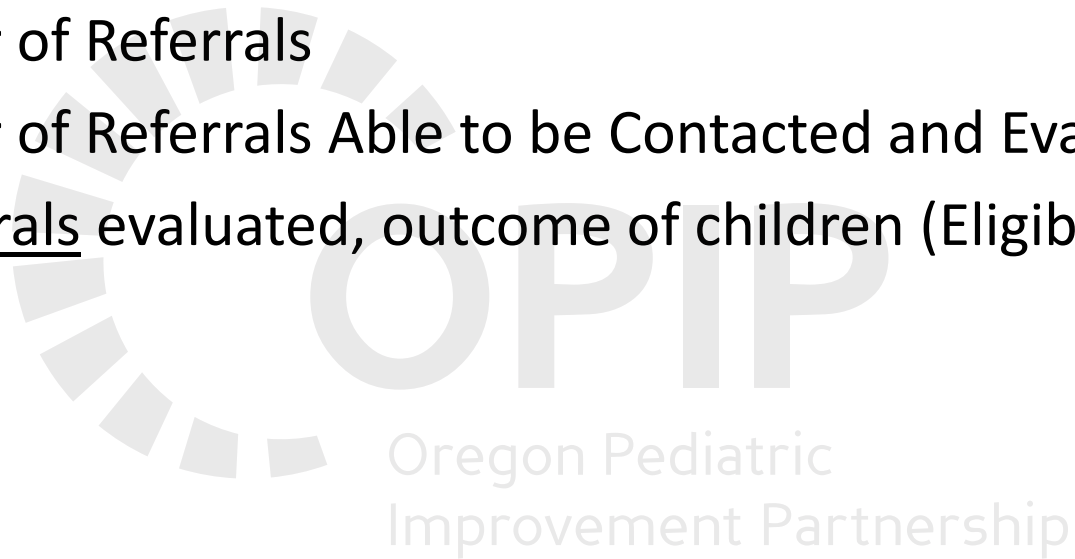
2015 Referral Outcomes in Marion & Polk Counties

Percentage of Referrals

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

**N=248 (39%)
Not Evaluated**

Marion
394 (61%) | 110 (17%) | 14 (2%) | 119 (19%) | 5
Total: N=642
(1%)

**N=45 (43%)
Not Evaluated**

Polk
60 (57%) | 23 (22%) | 5 (5%) | 17 (16%)
Total: N=105

- ■ Evaluated
- ■ Parent Delay
- ■ No Parental Concerns
- ■ Not Able to Be Contacted
- ■ Other Reason for No Evaluation
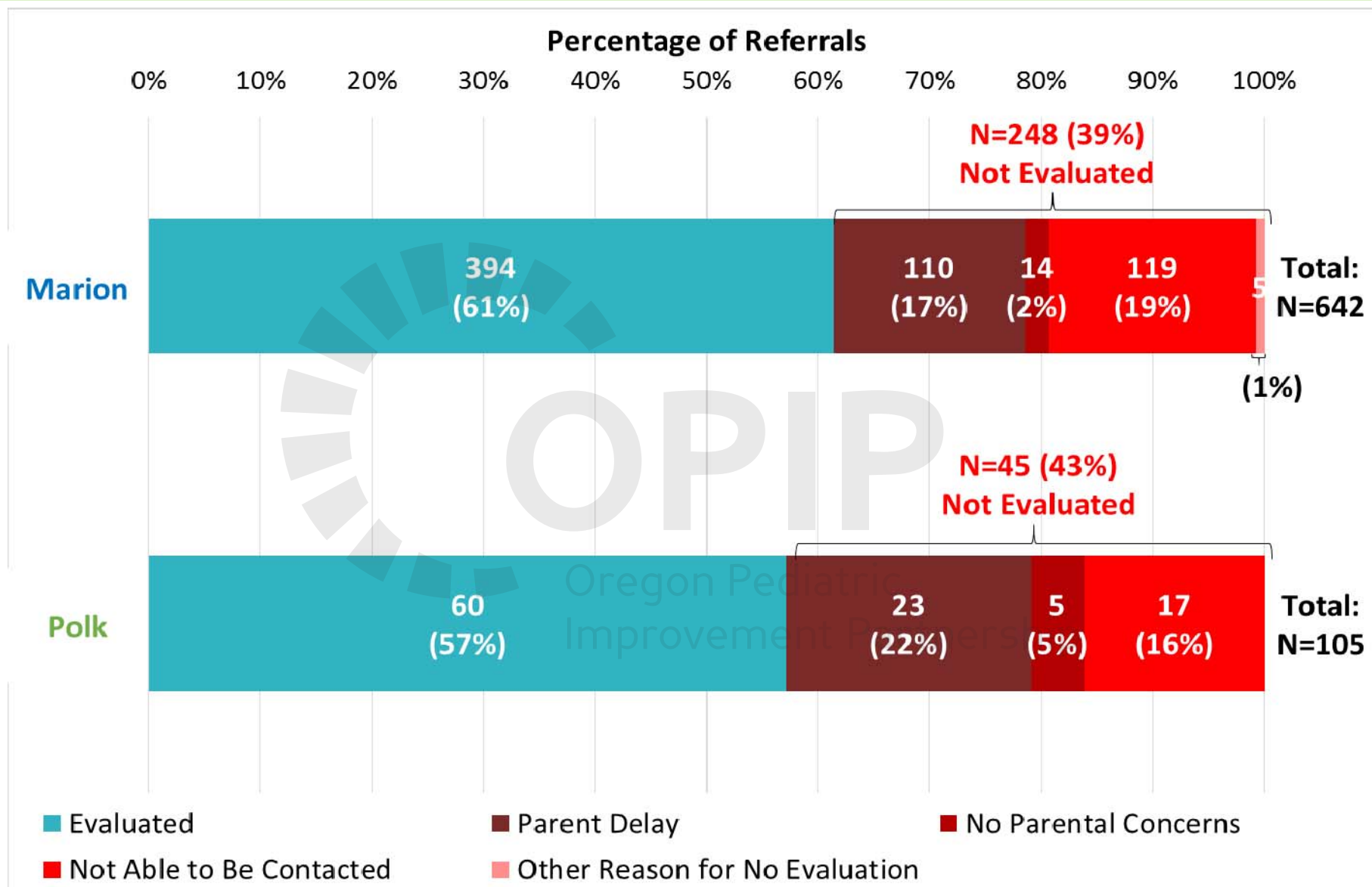
In 2014, it was identified that for 3 months there was systematic difference in the way data was entered for referrals in that one child may have been entered in multiple times (one child could have appeared as more than one referral). This issue was addressed, however, referral numbers in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

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Of Children Able to be Evaluated:
2015 Outcomes of Evaluation in Marion & Polk Counties
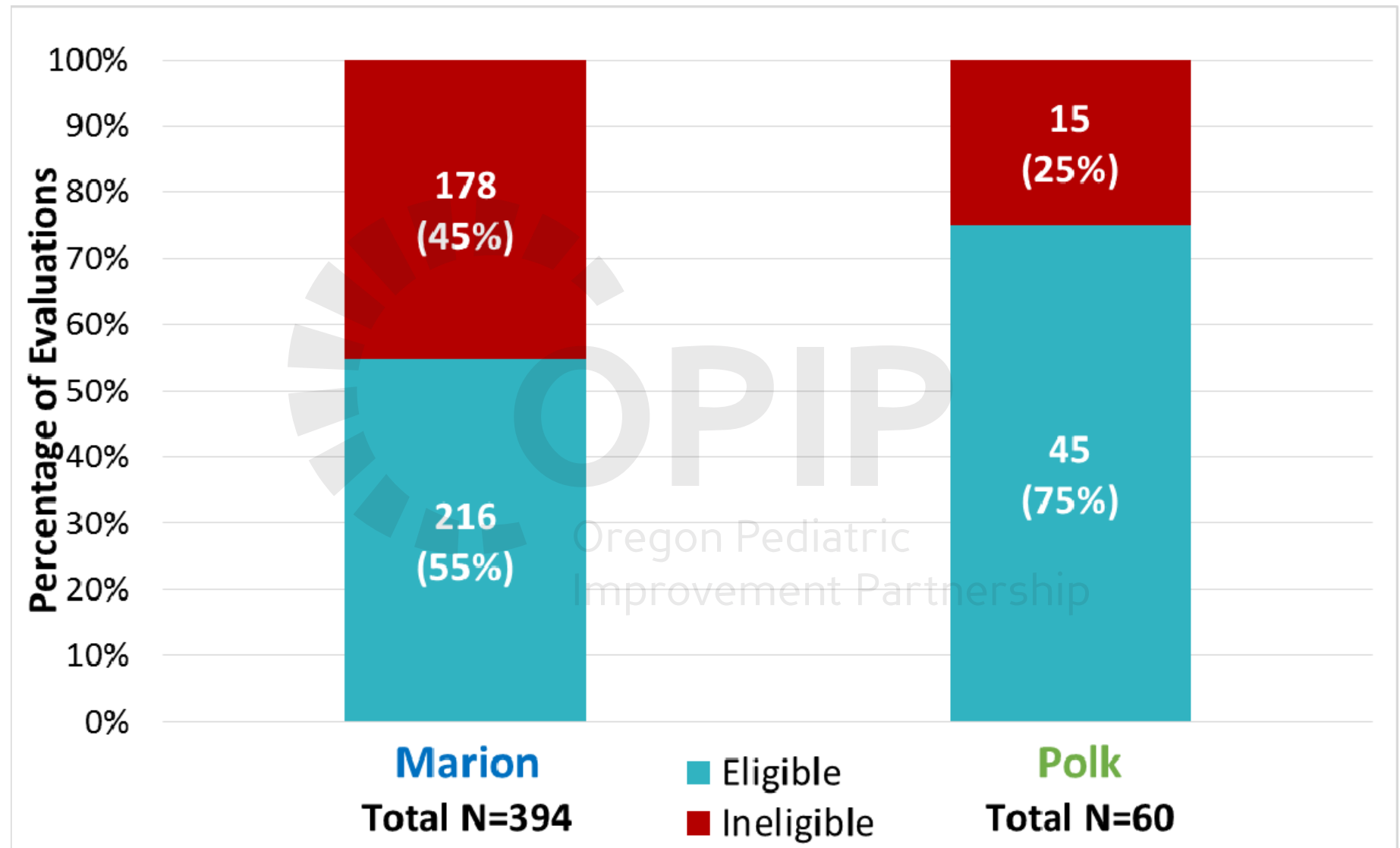
Number of Children Found Eligible in Marion & Polk Counties
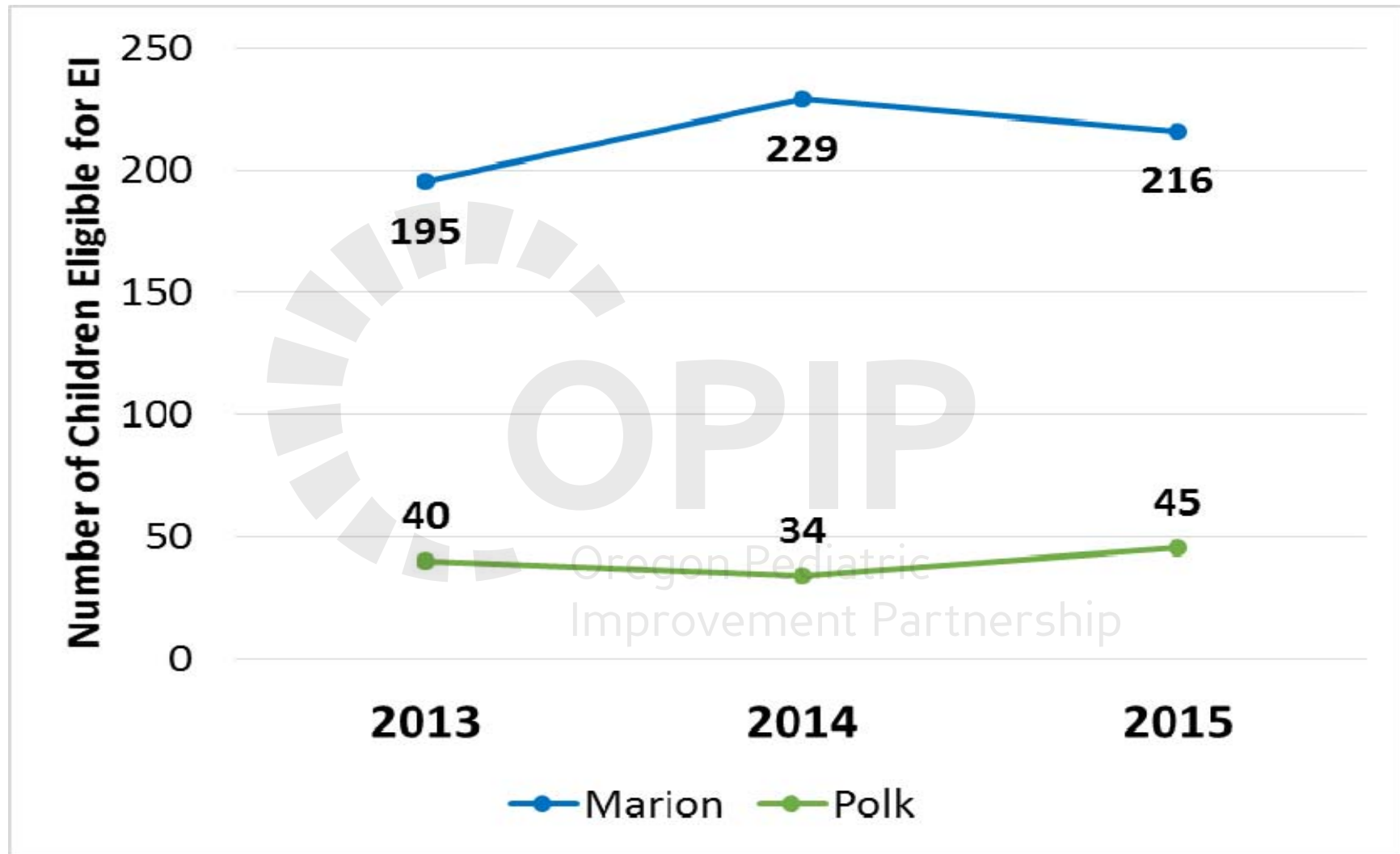
Percent Improvement from 2013 vs. 2015:
Marion: 10% (N=21)
Polk: 11% (N=5)

Focus of Improvement Effort
Within WESD- Early Intervention

- Enhanced communication methods to tell primary referral agency "not able to contact/evaluate" BEFORE closing out the child's case

- Follow-up Steps for EI Ineligible
  - Use of referral forms to Centralized Home Visiting (Family Core)
  - Communication back to PCP on ineligibility

- Development of one-page summary of services (for PCP) for EI Eligible children

- For children referred with a ASQ domain level scores, data on EI eligibility

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Focus of Improvement Effort
Within WESD- Early Intervention
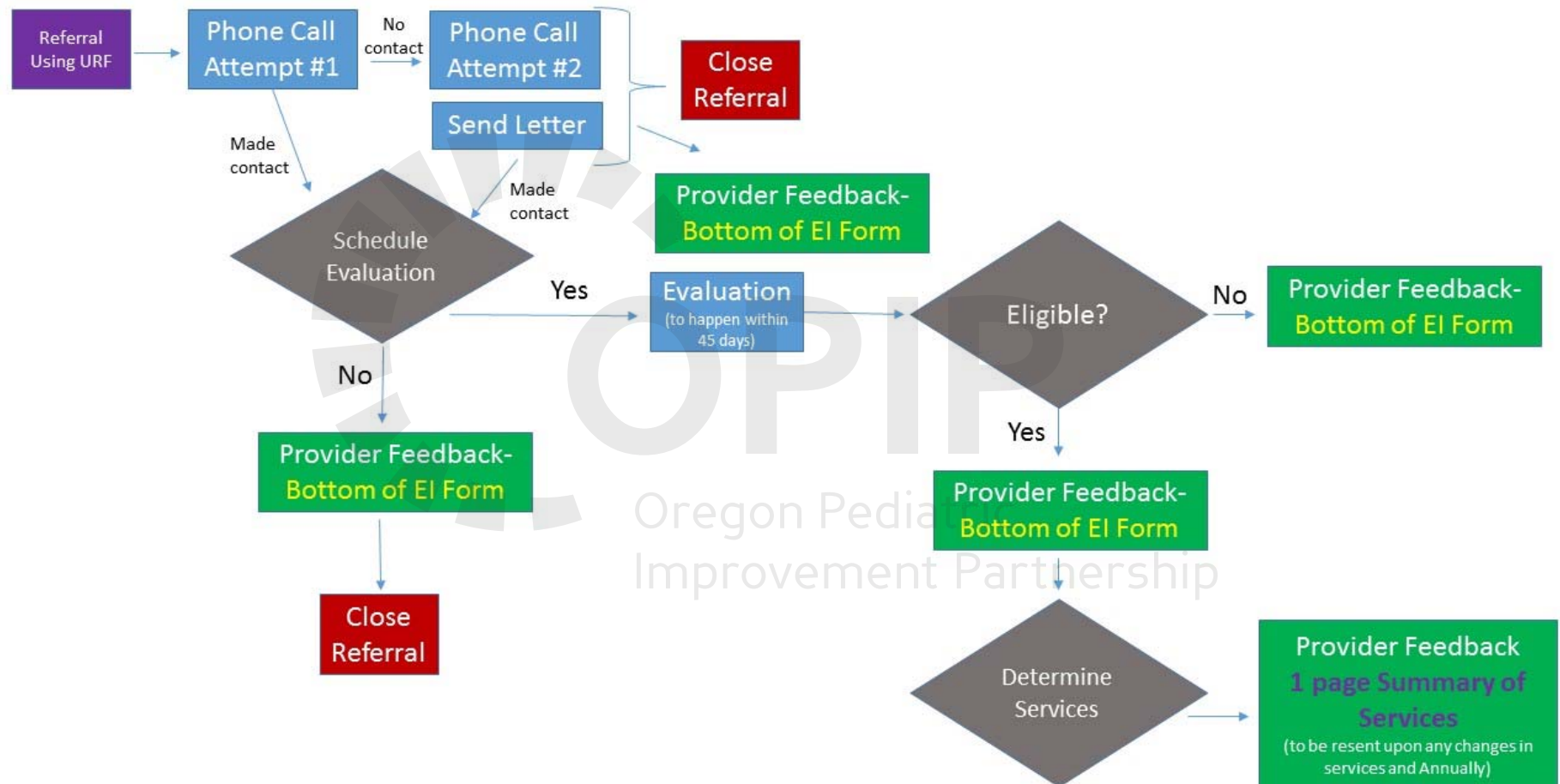
Early Intervention Universal Referral Form

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 Rev. 10/22/2013

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 _____/_____/_____

* 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

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 ___8/___/_____ 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

Attachments as requested above: _____   Closure letter mailed 9|1|16

☒ 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 1 1 2016

BY: A.M.

8/12 vm   8/20 vm   W 13
           9/1 Letter

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Focus of Improvement Effort
Within WESD- Early Intervention

- Enhanced communication methods to tell primary referral agency "not able to contact/evaluate" BEFORE closing out the child's case
- Follow-up Steps for EI Ineligible
  - Use of referral forms to Centralized Home Visiting (Family Core)
  - Communication back to PCP on ineligibility
- Development of one-page summary of services (for PCP) for EI Eligible children
- For children referred with a ASQ domain level scores, data on EI eligibility

Referral from WESD To Centralized Home Visiting Services

- Referral of EI Ineligible to the Centralized Home Visiting referral that exists in these counties:
  - Marion and Polk: **Family Link**
  - Yamhill: **Family CORE**

- Contextual Issues to Consider
  1) EI doesn't know about most of the risk factors on the form, so can't complete them to inform best match program
  2) Examined characteristics of EI Ineligible
     - Most were not insured by Medicaid
       o May not be eligible for majority of services within Home Visiting

Family Link

Use this form to refer pregnant women or parenting families with children ages 0-5 to early learning and family support programs in Marion and Polk counties. Services are most often delivered through home visits and/or classroom-based programs and designed to improve child health and development, increase school readiness, improve maternal health, and increase positive parenting practices.

Child:	Sex: ☐ M ☐ F	DOB:
Child:	Sex: ☐ M ☐ F	DOB:

Parent/Guardian:	DOB:	Relationship to child:
Sex: ☐ M ☐ F	Pregnant? ☐ Y ☐ N	Due date:

Parent/Guardian:	DOB:	Relationship to child:
Sex: ☐ M ☐ F		

Address:	City:	Zip:
Cell Phone: Texts? ☐ Y ☐ N	Home Phone:	Best Time to Call:
Preferred Language:		Email:

Reason for Referral: Check ALL that Apply

Child or Children
- ☐ Lack of Prenatal Care
- ☐ Support with Breastfeeding
- ☐ Support with Infant Care
- ☐ Drug-Exposed Infant/Pregnancy
- ☐ Support with Attachment/Bonding
- ☐ Has Disability
- ☐ Born Premature
- ☐ Home Environment concerns
- ☐ Development concerns
- ☐ Social/Emotional concerns
- ☐ Behavior concerns
- ☐ Feeding concerns
- ☐ Health concerns
- ☐ Weight concerns

Parent or Guardian
- ☐ Feels Depressed or Overwhelmed
- ☐ Isolation/Lack of Support
- ☐ Support with Parenting
- ☐ Has Disability
- ☐ Teen/Young Parent
- ☐ First Time Parent
- ☐ Tobacco Use
- ☐ Alcohol/Drug Use
- ☐ Lack of Food/Clothing/Housing
- ☐ Incarceration/ Probation
- ☐ Low Income
- ☐ Other:

Additional Family Information:
☐ Migrant/Seasonal Work   ☐ Unemployed   ☐ Homeless   ☐ Receives TANF/SSI   ☐ Receives SNAP

Is there anything else we should know?

Referred by:	Contact Person:	Agency:	Phone:

Parent Consent to Refer: By signing this form, I authorize <u>Yakima Valley Farm Workers Clinic</u> to disclose the information listed above, for the purpose of connecting my family to an early learning and family support program, to the following organizations:
- ☒ Family Building Blocks
- ☐ Mid-Willamette Valley Community Action Agency
- ☐ Polk County Public Health Department
- ☐ Salem-Keizer Head Start
- ☐ Oregon Child Development Coalition (OCDC)
- ☐ Marion County Public Health Department
- ☐ Willamette Education Service District (WESD)
- ☐ Other _____

Parent/Guardian Signature:_____ Date: _____

Referral from WESD To Centralized Home Visiting Services

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Focus of Improvement Effort
Within WESD- Early Intervention

- Enhanced communication methods to tell primary referral agency "not able to contact/evaluate" BEFORE closing out the child's case

- Follow-up Steps for EI Ineligible
  - Use of referral forms to Centralized Home Visiting (Family Core)
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- Development of one-page summary of services (for PCP) for EI Eligible children

- For children referred with a ASQ domain level scores, data on EI eligibility

Summary of Services EI Eligible Children Receiving

- Finding from the baseline stakeholder interviews was that people would find it valuable to receive a one-page summary of the EI services to be provided

- Goal is to provide a summary that can be used by the primary care provider in order to identify additional and complementary services provided within the health care system and in other community-based programs that may robustly address other child needs.

- Developed a draft template of the one-page summary
  - o OPIP then gathered input from primary care providers about if the summary would be valuable
  - o Modifications made based on stakeholder input

- Working to develop the template in the EI data systems

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Pilot EI Communication Form
to Inform Possible 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.

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Focus of Improvement Effort
Within WESD- Early Intervention

- Enhanced communication methods to tell primary referral agency "not able to contact/evaluate" BEFORE closing out the child's case

- Follow-up Steps for EI Ineligible
  - o Use of referral forms to Centralized Home Visiting (Family Core)
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- Development of one-page summary of services (for PCP) for EI Eligible children

- For children referred with a ASQ domain level scores, data on EI eligibility

Examining Presenting ASQ Domain-Level Scores Provided by Referral and EI Eligibility

- Identified children who were referred to EI and domain-level developmental screening scores were provided
  - Only 28% of referrals over last two school years had a domain-level scores for ASQ
- Required manual chart review and data entry
- Provided OPIP with blinded data base
  - ASQ scores
  - EI eligibility and for which domains
  - Other descriptive factors to inform analysis. For example:
    - ✓ Age of child
    - ✓ Medicaid insured
    - ✓ Referral source
- Primary care pilot sites also providing data on children referred to EI and their information about the child's domain-level score
- OPIP will be conducting analysis to identify any trends to inform better referrals from primary care to EI (Data may be too small)

Total Children Evaluated vs. Total Children Evaluated For Which Referral Included ASQ Domain-Level Scores
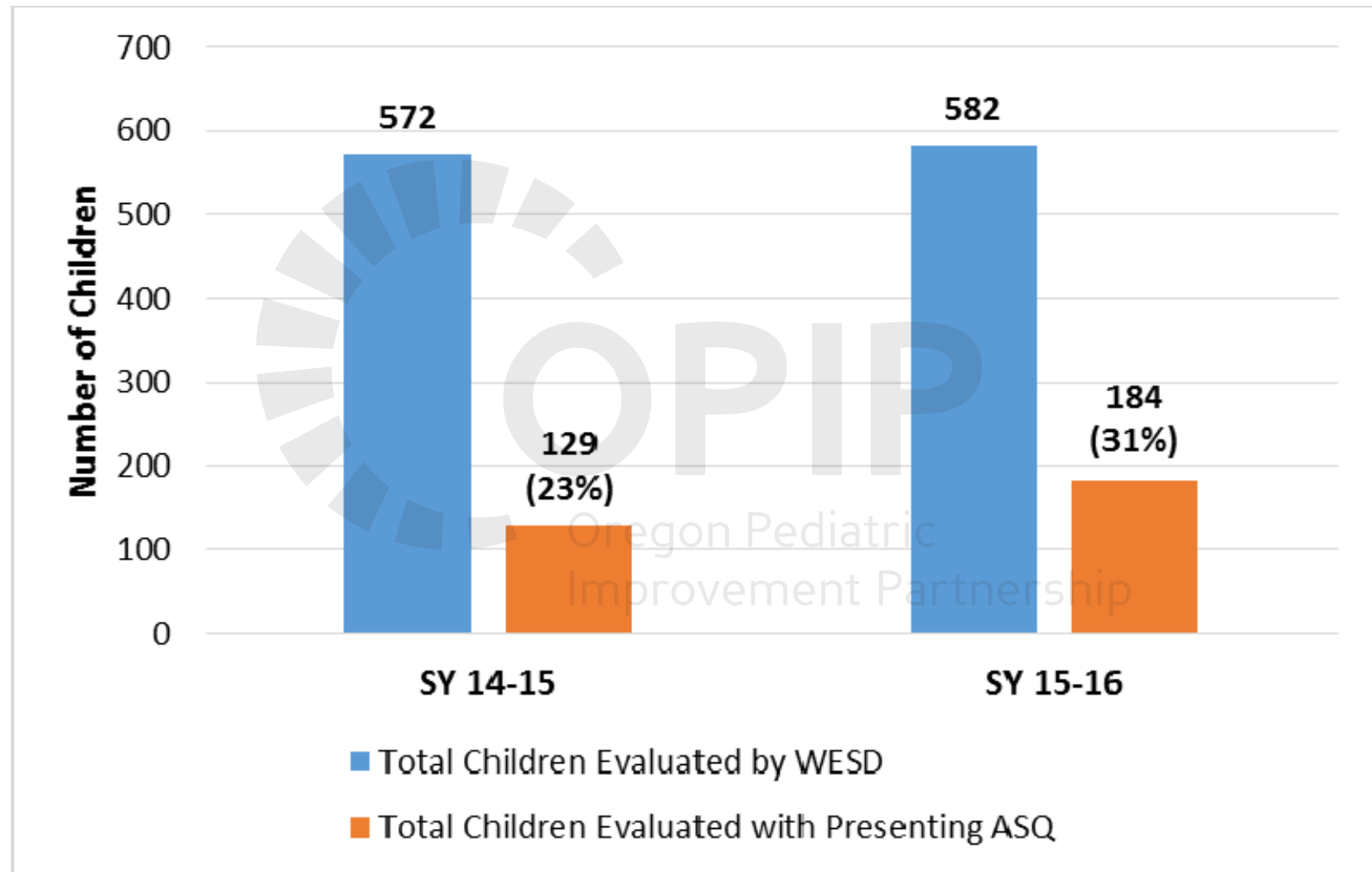
Agenda

1. **Refresher on Project Activities and Goals**

2. **Stakeholder Engagement & Attendee Introduction**

3. **Update on Project Activities & Key Learnings To Date**

    - Overall summary of key activities

    - Spotlight of pilot site activity

        #1) Primary Care Pilot Sites: Suzanne Dinsmore

        #2) Early Intervention/WESD: Tonya Coker

4. **Next Steps**

OPIP

Next Steps

- Implementation support of the pilot sites
  - Primary Care Sites
  - WESD
  - Pilots of Family Link and OPEC Connection

- Data collection to assess impact and refinements needed
  - WESD Data; Includes examination of EI Eligibility by presenting ASQ Score
  - PCP Data
  - Tracking data by Family Link, OPEC Classes

- Spring Stakeholder Meeting

OPIP

Questions? Want to Provide Input?
You Are Key to the Sustainable Success of This Work

- Door is always open!

- WESD Project Lead Contact
  - Tonya Coker: Tonya.Coker@wesd.org

- OPIP Project Lead
  - Colleen Reuland: reulandc@ohsu.edu
  - 503-494-0456

OPIP