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 -
2611 Pringle Rd SE, Salem OR
May 18th, 2017 @ 9AM-11:30AM

Agenda

1) **Refresher on Project Activities and Goals**
   - Stakeholder engagement & asset mapping
   - Use of data across systems
   - Pilot of improvement strategies with three partners
2) **Overview of Improvement Strategies Developed**
   a) Primary Care
   b) Early Intervention (WESD)
   c) Early Learning (Family Link and Parenting Classes)
3) **Group-Level Facilitated Discussion: Interest and opportunity to sustain work, spread tools and strategies across the community**
4) **Wrap Up and Final Steps**

This Meeting Will Be a Success If:

By the end of the meeting, attendees:

1) Understand the **project activities**
2) Understand the **improvement strategies piloted** in Primary Care, Early Intervention, and with two Early Learning providers
3) Learn about initial **results of the pilots, including successes and barriers**
4) Group identifies **interest and opportunity to sustain work**, spread tools and strategies across the community

Funding to Willamette Education Service District (WESD)

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

- 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**
    - **Engage Stakeholders**
    - **Collect data** to inform efforts
    - Engage **parent advisors**
    - Partner with **primary care providers, WESD, and community-based providers to pilot methods** to enhance follow-up
    - **Summarize findings** from improvements across Marion, Polk, Yamhill
      - ✓ Findings shared with Oregon Department of Education, Early Learning Council, and Legislature

Stakeholders Engaged in Marion and Polk Counties

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

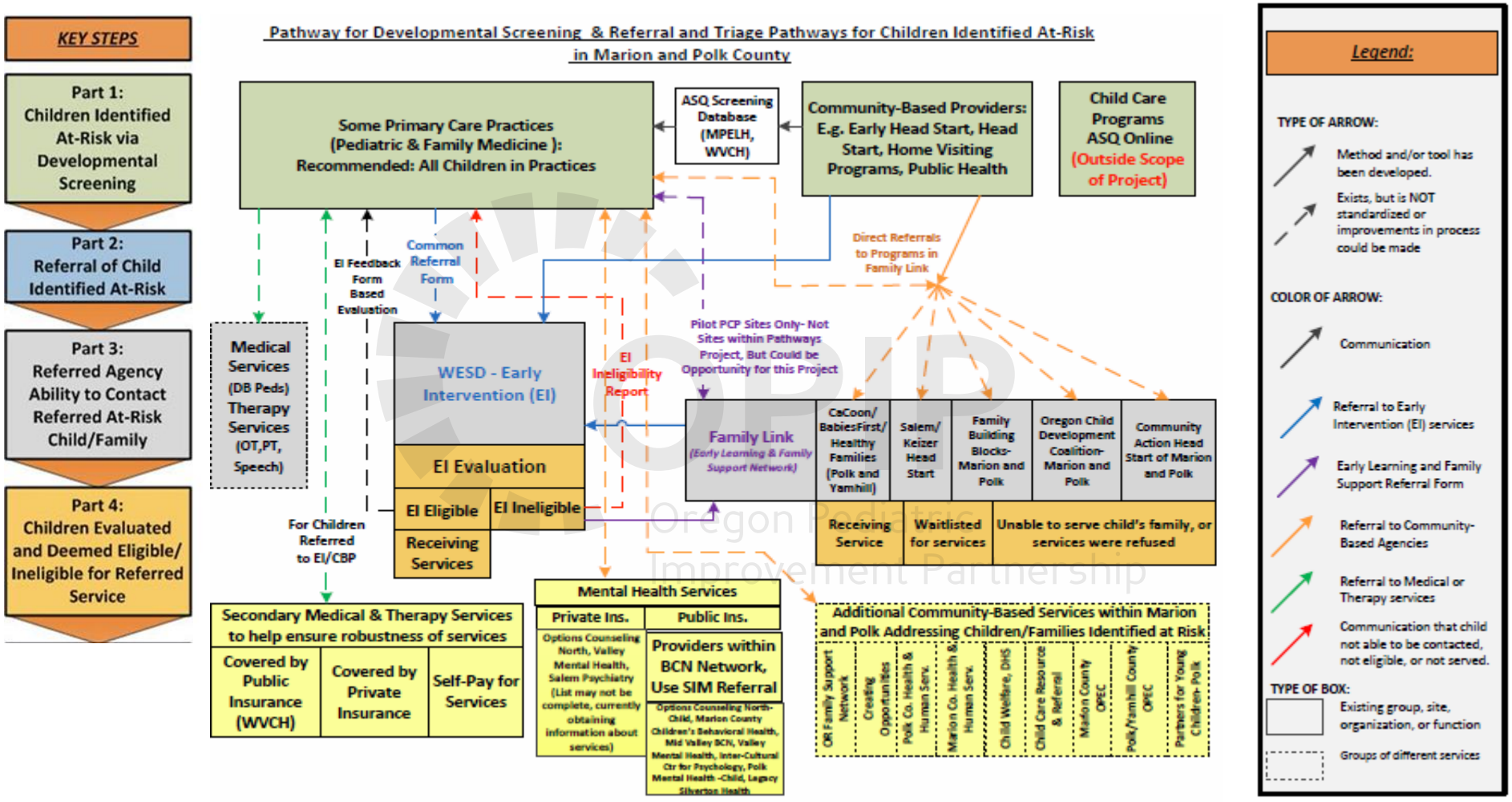
d. WESD/EI

- **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

Community Asset Mapping and Pathway Identification in Marion and Polk Counties



Data Collected to Inform Baseline & Evaluation Assessments

DATA ELEMENTS:	DATA SOURCES:			
	CCO Data Based on Claims (WVCH, YCCO)	**Primary Care Data Based on EMR** (CHAoS, WPC, PMC)	**WESD Data on Referrals & Evaluation, Follow-Up for EI Eligible**	**Centralized Home Visiting Data** (Family Link, Family CORE)
Developmental Screening	X	X		
Of those screened in Primary Care:				
# at-risk , Types of Risk		X		
Referrals		X	X	X
Provision of other follow-up (i.e. rescreen, developmental promotion)		X		
Outcome of referral (i.e. Were they able to contact and evaluate?)			X	X
Outcome of evaluation/ assessment (i.e. Did child get a service?)			X	X
Follow-up steps of ineligible			X	

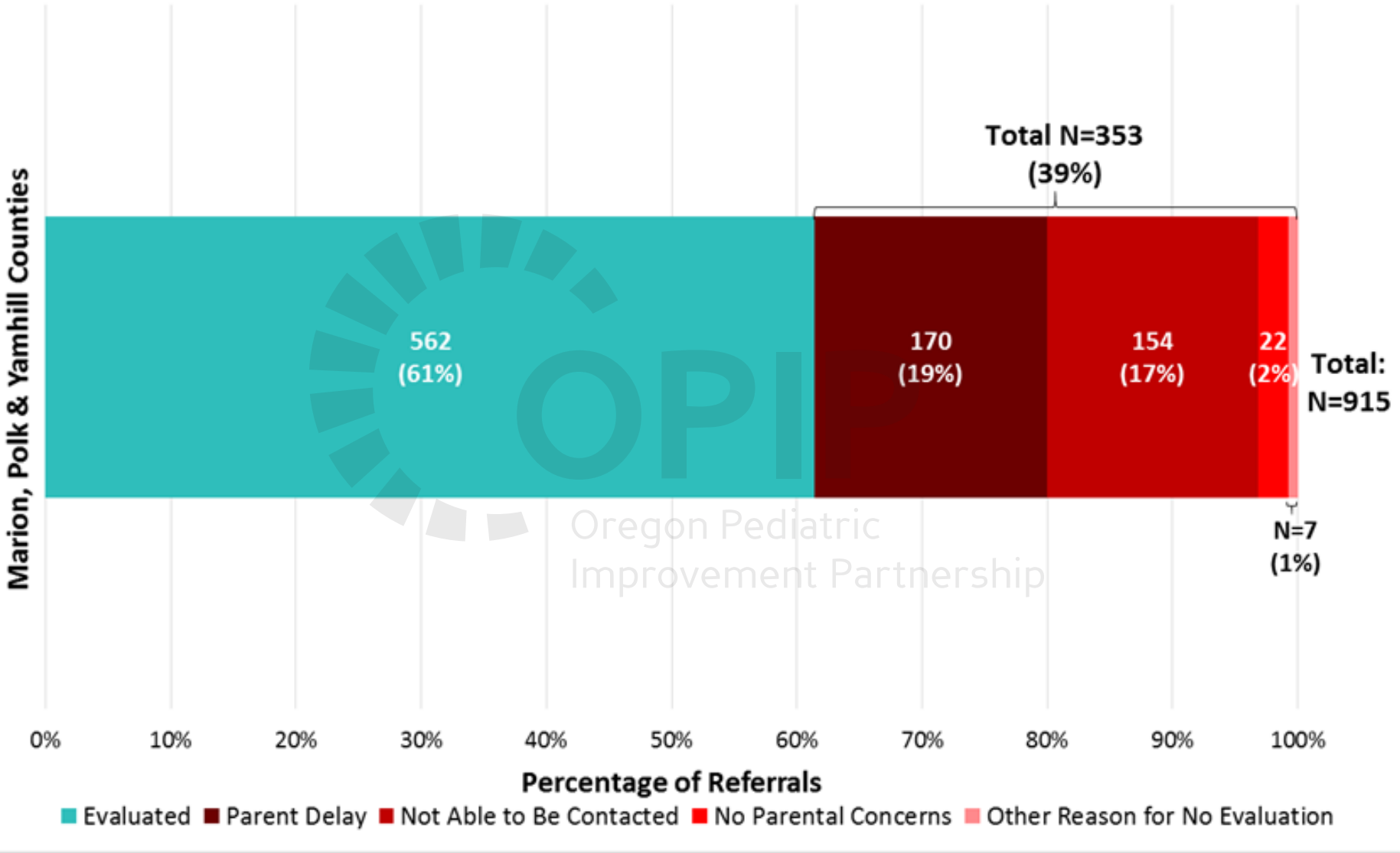
Examination and Use of Data About Developmental Screening and Follow-Up for Children age 0-3 to Understand Current Processes and Needs

- **CCO-level data about developmental screening**
  - Total number of children screened as defined by 96110 claims
  - Screening rates by practices to which children age 0-3 are assigned
  - Examining data for disparities by race ethnicity
- **Pilot Practice-level data**
  - Of developmental screens conducted, how many identify a child at-risk for delays
  - Of developmental screens where child identified at-risk for delays, follow-up steps
- **Early Intervention data**
  - Referrals
  - Evaluation Results
  - Examining data for disparities by race ethnicity

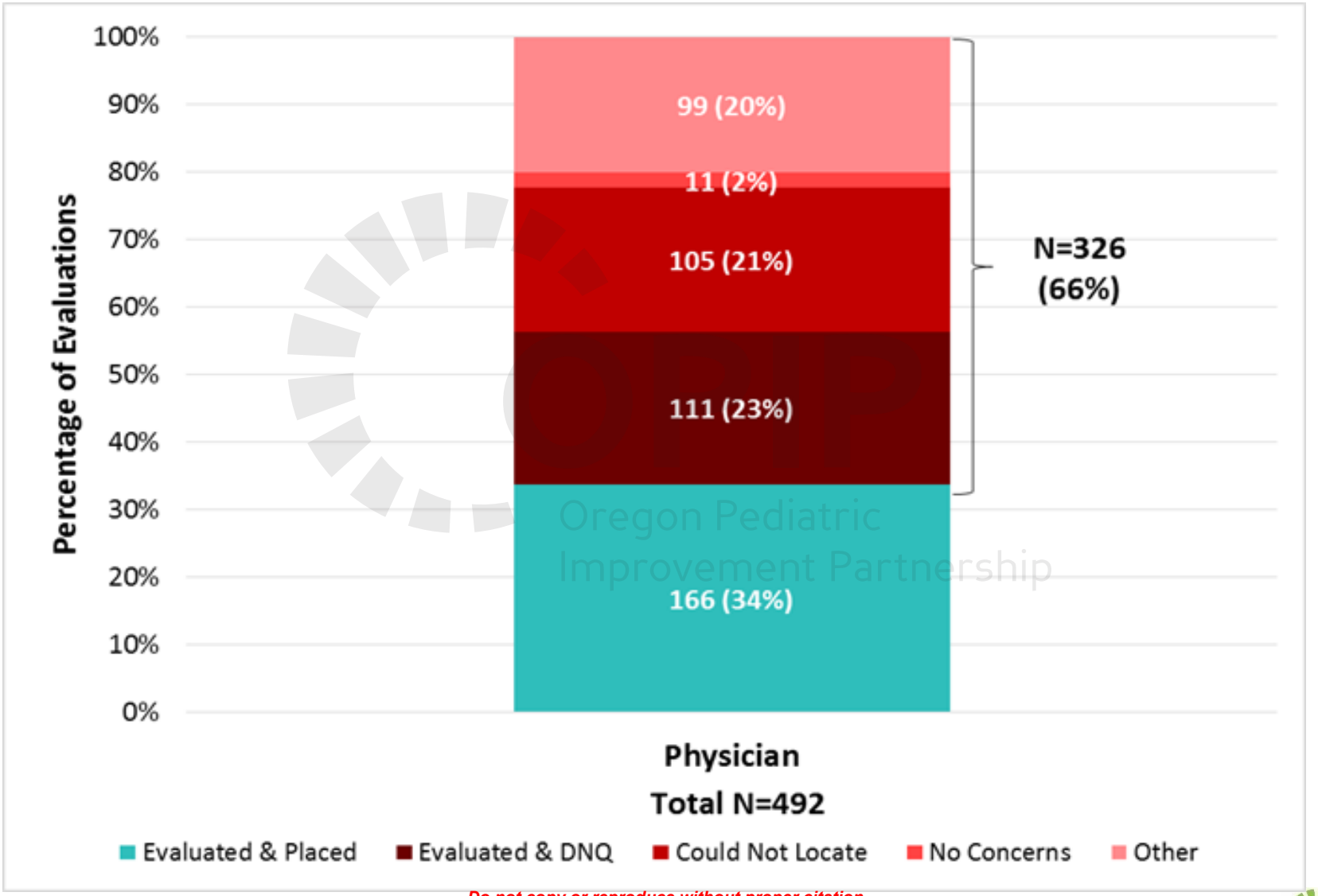
Qualitative Findings Related to Follow-Up to Developmental Screening for Young Children

- **Follow-up to screening in Primary Care**
  - Confusion and lack of awareness within primary care about difference between recommendations for when to refer to EI vs EI Eligibility
    - Perception that many children referred will not be eligible impacts if and when they refer
  - Need for referral criteria that take into account child and family factors, particularly for those children for whom the delay may be because of lack of exposure to the developmental tasks asked about in the ASQ
  - Lack of awareness of resources within Early Learning and/or WHEN to refer to them
  - Parent push back on referrals, cultural variations
- **Need for parent supports**
  - Developmental promotion that could in occur in the home
  - Education about referrals when provided
  - Parent support in navigation

2015 WESD EI Referral Outcomes in Marion, Polk, & Yamhill Counties



Outcomes of Evaluation For WESD Referrals from Physicians: Marion, Polk, and Yamhill Counties (2015)

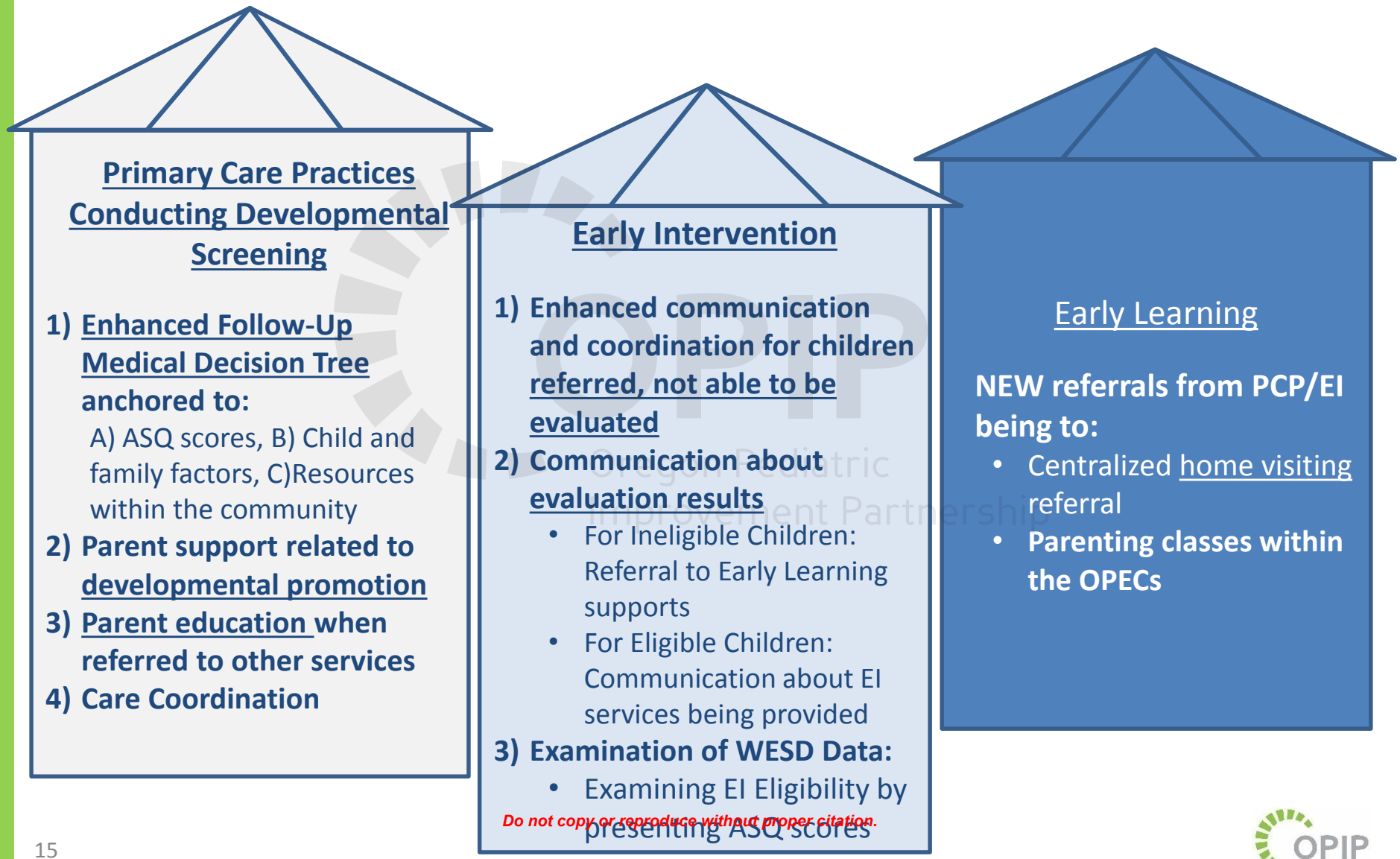


OPIP

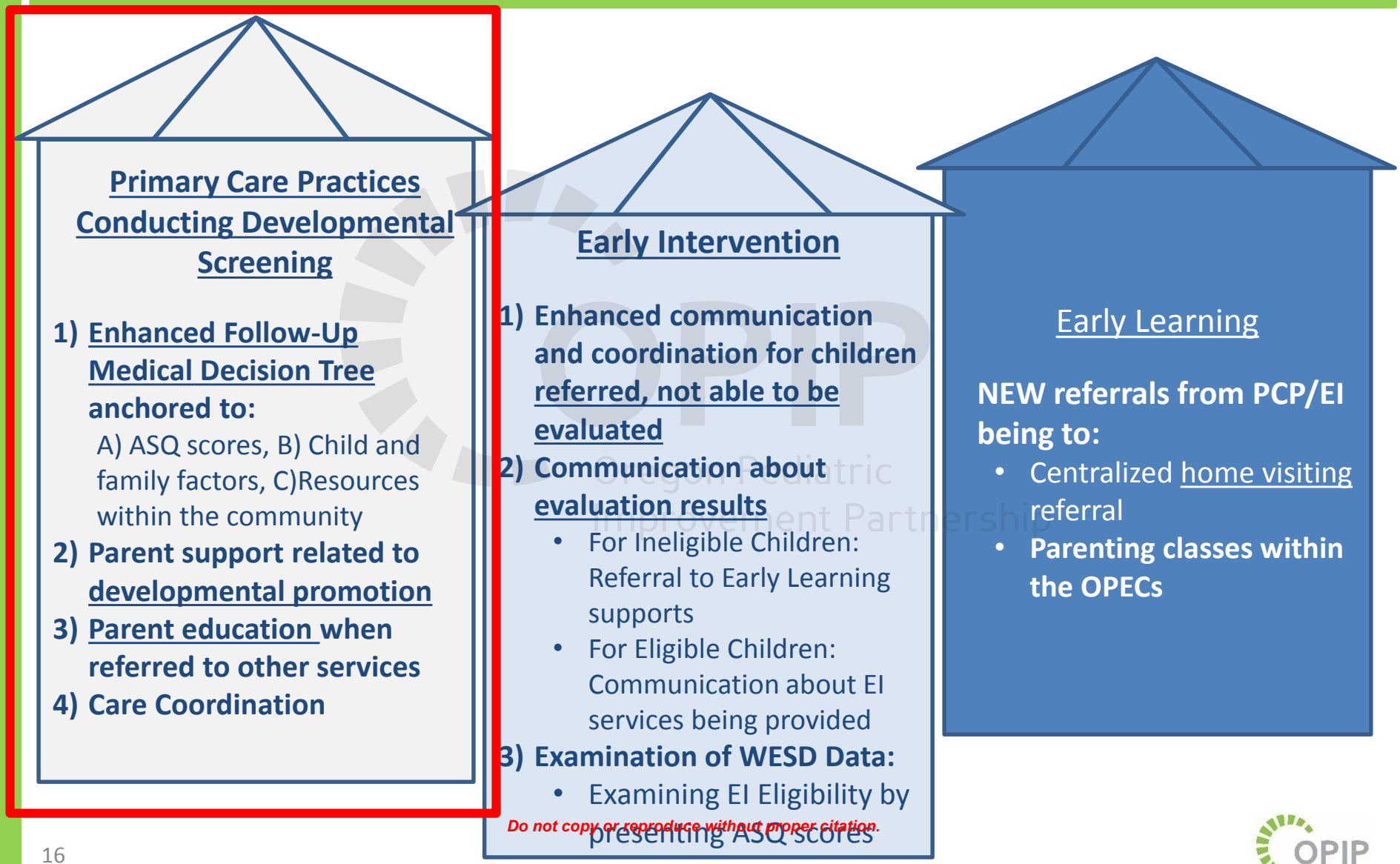
Three Priorities Areas Identified for WHERE to Focus Improvement Pilots

1) **For primary care practices conducting developmental screening, <u>enhance follow-up</u> for children identified**
   - At a population-level, this is where the most "car seats" for children age 0-3 are parked
   - Develop tools for medical providers to inform their follow-up, parent supports that operationalize the community asset mapping into easy to use decision supports
2) **For Early Intervention**:
   - Enhance coordination and communication with the entity that referred the child;
   - Follow-up steps for EI ineligible
3) **Within** identified **early learning**, **pilots of referrals & connections**
   - Home visiting (Pilot of PCP to Family Link Referral)
   - Parenting classes (PCP Info about OPEC-supported Parenting Classes)

Community-Based Improvement Opportunity: Pilot Sites Implementing Efforts to Improve Follow-up to Developmental Screening



Community-Based Improvement Opportunity: Pilot Sites Implementing Efforts to Improve Follow-up to Developmental Screening



Pilots of Improved Follow-Up and Connection to Early Learning by Primary Care Practices

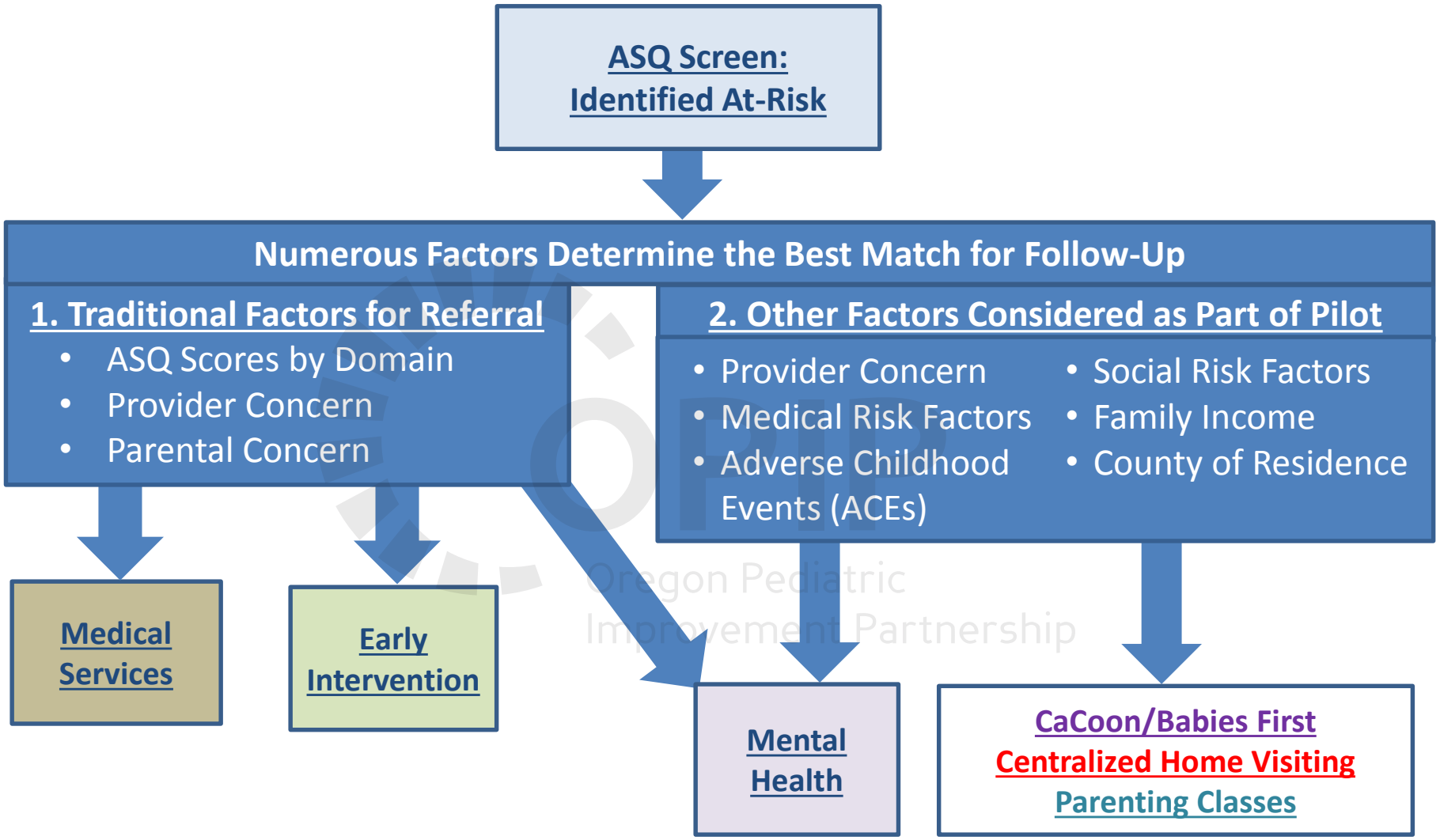
- **Piloted methods with <u>three primary care practices</u> who see the most publicly insured children and are already doing developmental screening**
  - Pilot Practices caring for children in Marion and Polk: **1)** Childhood Health Associates of Salem (CHAoS); 2) Woodburn Pediatrics
- **Components of OPIP Support and Collaboration with Primary Care Practices**
  1. **Development of new tools** operationalizing community asset map & supporting families
     a) Follow-up to developmental screening decision support
     b) Parent education sheet/ Shared Decision Making tool
     c) Phone Follow-up Script
     d) WVCH Summary of Services Addressing Delays
     e) Use of Enhanced Communication from EI
  2. **Implementation Support**
     a) Workflow Analysis
     b) Training of Providers, Subsequent Trainings by Community-Based Providers
     c) Monthly site visits by OPIP practice facilitator to support implementation, problem solve
     d) EMR modifications to support implementation
     e) Refinement and improvement of processes, addressing "hiccups" with community-based providers
  3. **Practice-Level Data** to Inform Community-Level Conversations & Evaluate Pilots
  4. Analysis of Practice-Level Data Re: **ASQ and WESD** Eligibility

Follow-Up to Developmental Screening: Priority Resources Identified in Community Asset Map

Based on data and community engagement, **six priority referrals** are included in the medical decision tree:

1) Medical and Therapy Services (developmental evaluation and therapy services)
2) Early Intervention (EI)
3) CaCoon/Babies First
4) Centralized Home Visiting Referral (Includes Early Head Start and Head Start)
5) Parenting Classes
6) Mental Health

Determining the "Best Match" Follow Up for the Child and Family



1/18 DRAFT

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)

(1 Page Summary Sheet)

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

(1 Page Summary Sheet)

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)
- Privately Insured → 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

Developmental Promotion Opportunities Provided to Parent

ASQ Learning Activities for the Specific Domains

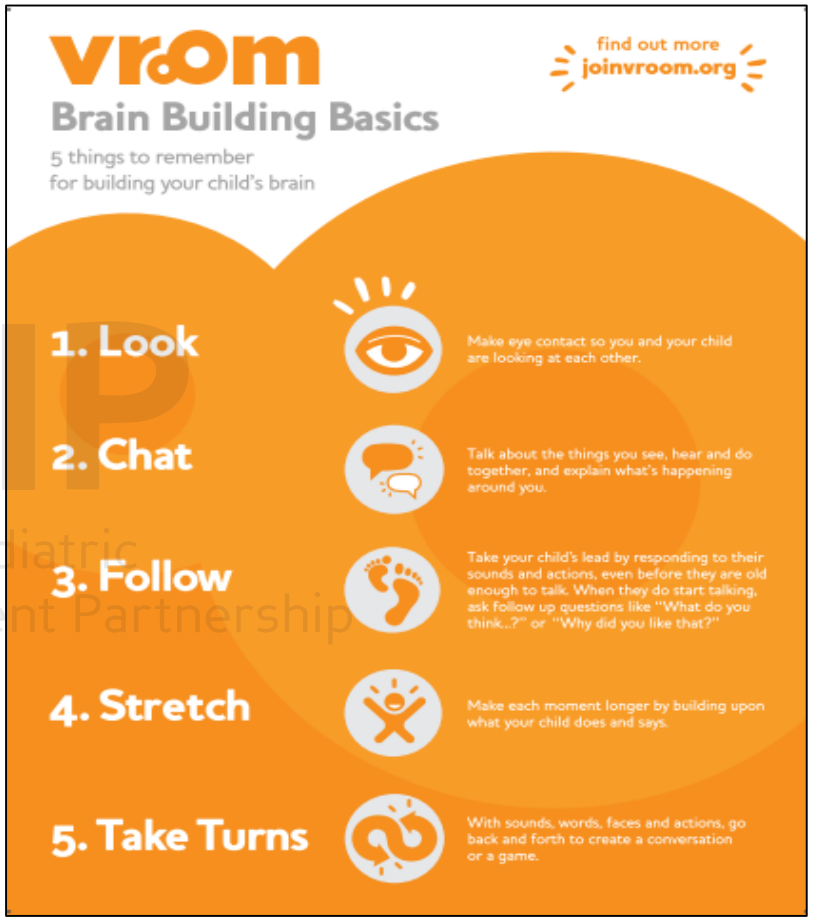
Fine Motor

Activities to Help Your Toddler Grow and Learn

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!



Of note: Since our last Stakeholder Meeting, both practices have purchased the ASQ Learning Activities and have incorporated them as a follow-up step for children identified at-risk.

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).

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 (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

☐ Parenting Support

Classes located in Marion County
Veronica Mendoza-Ochoa
(503) 967-1183
earlylearninghub.org

Classes located in Polk County
(503) 623-9664
midvalleyparenting.org

☐ Family Link

Family Link connects families with early childhood family support programs in Marion and Polk Counties. There is no charge (it is free) to families for Family Link services.

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

The Family Link Referral Coordinator will call you to learn more about your child and family. They will work with you to find available services that best meet your needs, and link you to them based on eligibility.

Contact: Ivette Guevara
Referral Coordinator
503-990-7431 ext.122
familylink@familybuildingblocks.org

☐ 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: Judy Cleave, Program Supervisor
503-361-2693
www.ohsu.edu/xd/outreach/occyshn/programs-projects/cacoon.cfm

Medical/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
- ☐ **Occupational Therapist:** Specialize in performance activities necessary for daily life
- ☐ **Physical Therapist:** Specializes in range of movement and physical coordination
- ☐ **Developmental-Behavioral Pediatrician:** Specializes in child development areas including learning delays, feeding problems, behavior concerns, delayed development in speech, motor, or cognitive skills
- ☐ **Child Behavioral Health Services:** Specializes in mental health assessments, individual/family/group counseling, skills training and crisis intervention
- ☐ **Autism Specialist:** Specializes in providing a diagnosis and treatment plan for children with symptoms of Autism

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 talk to your Referral Coordinator. (503) 364-3170

Designed and distributed by Oregon Pediatric Improvement Partnership. Version 2.0 1/31

Education Sheet for Parents

Added a "Parenting Support" section since last meeting that sites are piloting

Services Covered by WVCH

Version 1.0 2/14/2017

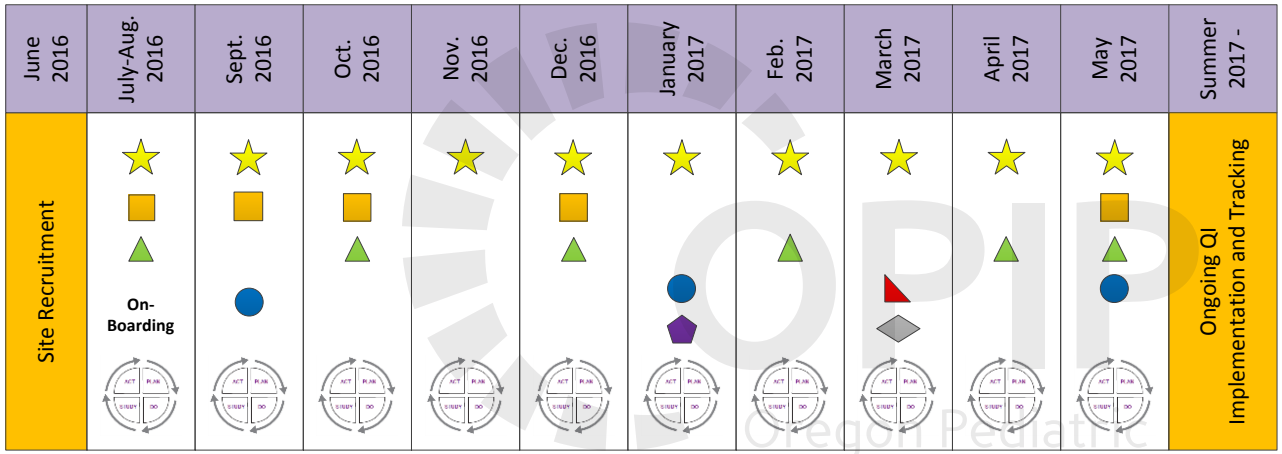
WVCH Coverage of Medical and Therapy Services for Children with Developmental, Behavioral or Social Delays

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
Pediatric Psychological Testing Services	Yes	Authorization required	Valley Mental Health	Yes - 18 months and up
			Willamette Family Medical Center	Yes - 18 months and up
			Intercultural Psychology Services	Yes - 18 months and up
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

*Bilingual provider

Support to Pilot Primary Care Sites to Support Implementation

Example of meeting and support to CHAoS:



Key:

- Practice Facilitation Site Visits
- Practice-Level Data Collection
- Meetings Re: EMR
- Stakeholder Meetings
- Provider Trainings on New Tools (Medical Decision Tree, Parent Education Sheet, 36-Hour Script) developed by OPIP
- All-Provider Training: Community-Based Providers (Family Link & Marion/Polk OPEC)
- Kick-off meeting for Family Link Pilot
- Continuous Quality Improvement & PDSA cycles within the practice

Data that Will be Evaluated to Gauge Impact of PCP Pilot

- Practice and Primary care sites will be submitting data early June
  - Given trainings and implementation occurred in January, want to ensure as robust information as possible

1) **Qualitative data** from site visits about implementation and impact
2) Data Based on **Primary Care Level Data** in the Electronic Medical Record
3) Data Based on EI Data – For Referrals From Pilot Practices
4) Data Based on Family Link Data – For Referral from CHAoS

Data that Will be Evaluated to Gauge Impact of PCP Pilot

Data Based on Primary Care Level Data in the Electronic Medical Record

- For children identified at-risk on the ASQ:
  - Whether Follow-Up Steps Occurred
    - Developmental Promotion
    - Referral
    - Retest
- For those referred, which referrals and was there an increase in referrals from the sites since baseline:
    - DB Peds
    - Early Intervention
    - Mental
    - CaCoon
    - Home Visiting (new referral), We already know an increase ☺

      *Can't track OPEC
- For those referred, provision of parent education sheet
- All data examined by overall risk and by specific risk groups (number of ASQ domains identified, specific ASQ domains)

Data that Will be Evaluated to Gauge Impact of PCP Pilot

Data Based on EI Data – For Pilot Practices

- Whether there was an increase in referrals compared to baseline
- Whether there was an increase in ability to evaluate referred children compared to baseline
- Whether there was increase number of children served

Data Based on Family Link Data – For Pilot Practices

- Number of new referrals compared to baseline (which was zero)
- Number of children enrolled in a service

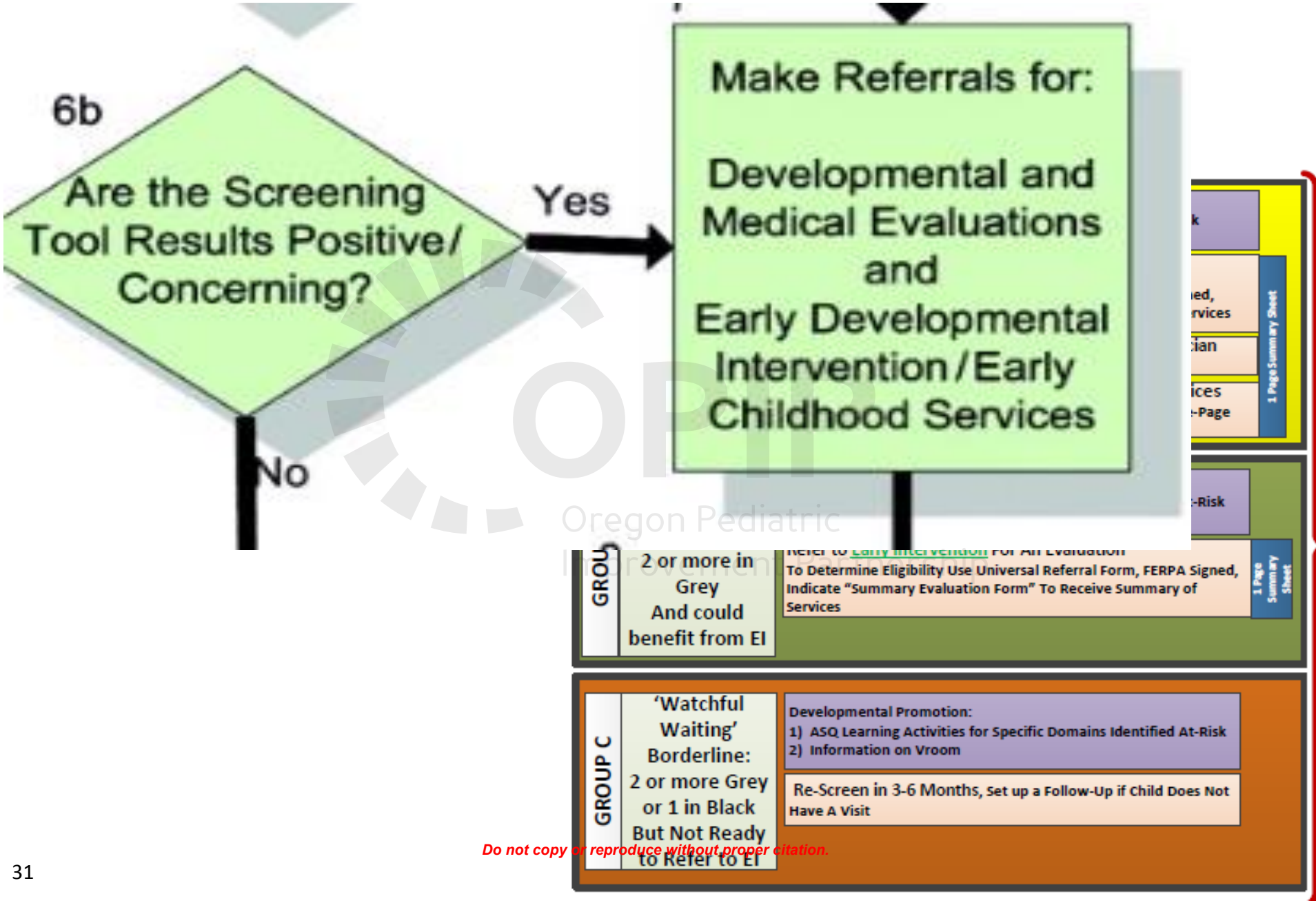
Findings from Primary Care Pilot Sites: Successes

1) **Tools are feasible and valuable to enhancing follow-up**
   - Providers report and preliminary data indicate better and more robust follow-up
     - e.g. N=17 new kids referred to Family Link since pilot started in February
   - High value in the medical decision tree, although refinements and barriers identified in eligibility and capacity of programs (will be noted in barriers)
     - Essential for sustainability that it is built into the EMR
     - Resources not in the EMR or that can't be tracked, less likely to be used
   - High value in the ASQ Learning Activities
   - High value in the parent education sheets from provider perspective
   - Overall improved communication with WESD
2) **Providers report processes are more supportive of families and support shared decision making**
   - Parent education sheet and value of written information
   - Phone follow-up reminder

Findings from Primary Care Pilot Sites: Barriers

- **Increases in referrals doesn't necessarily mean increase in services received**
  - More kids referred to EI= more kids not eligible
  - Given capacity, services seem targeted for those with most delays, even though moderately delayed may have highest impact before kindergarten
- **Short Time and length of the pilot**: Total project 13 months, Training in January '16
  - Even with two high functioning practices, it takes time to train and implement new workflows so that they become part of the standard of care
  - Building decision support into the EMR is essential, but takes time
- **Cultural stigma and barriers to care exist – especially for home visiting, mental health and parenting classes**
  - This is important to address, as access alone does not mean families will go
  - Value of training on how to talk about "home visiting"
- **Referrals to mental health likely did not increase for a number of reasons**
- **Referrals to Parenting Classes still felt "clumsy", interested in normalizing it**
- **Concern about referral criteria outlined in Bright Futures related to EI and how it does not map to OR EI Eligibility requirements**
  - Perception and experience that many of these children are not actually eligible for EI, even though they felt they were taught that ASQ results and EI eligibility were related

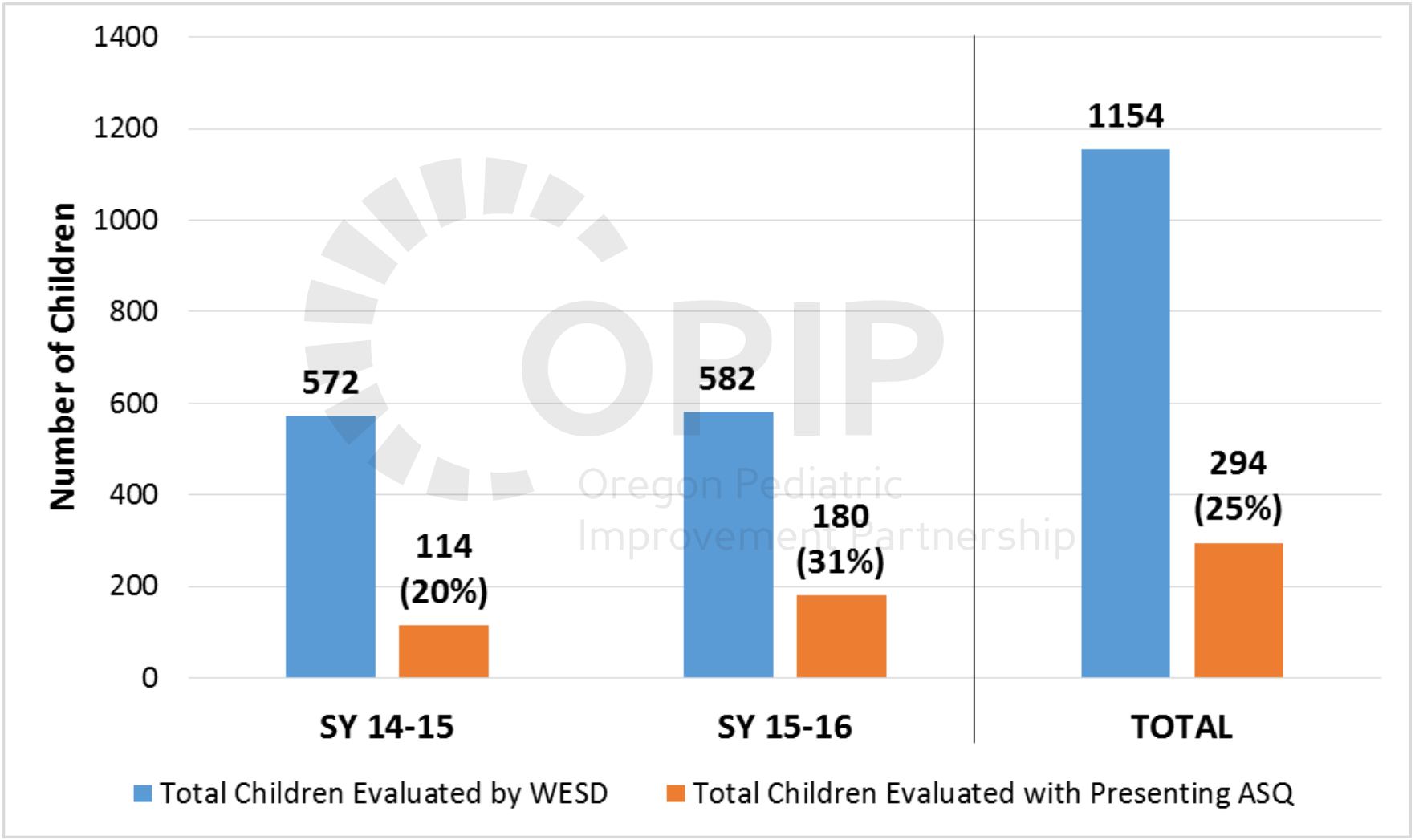
Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee and Medical Home Initiatives for Children with Special Health Needs Project Advisory Committee. *Pediatrics. 2006: 118;405*



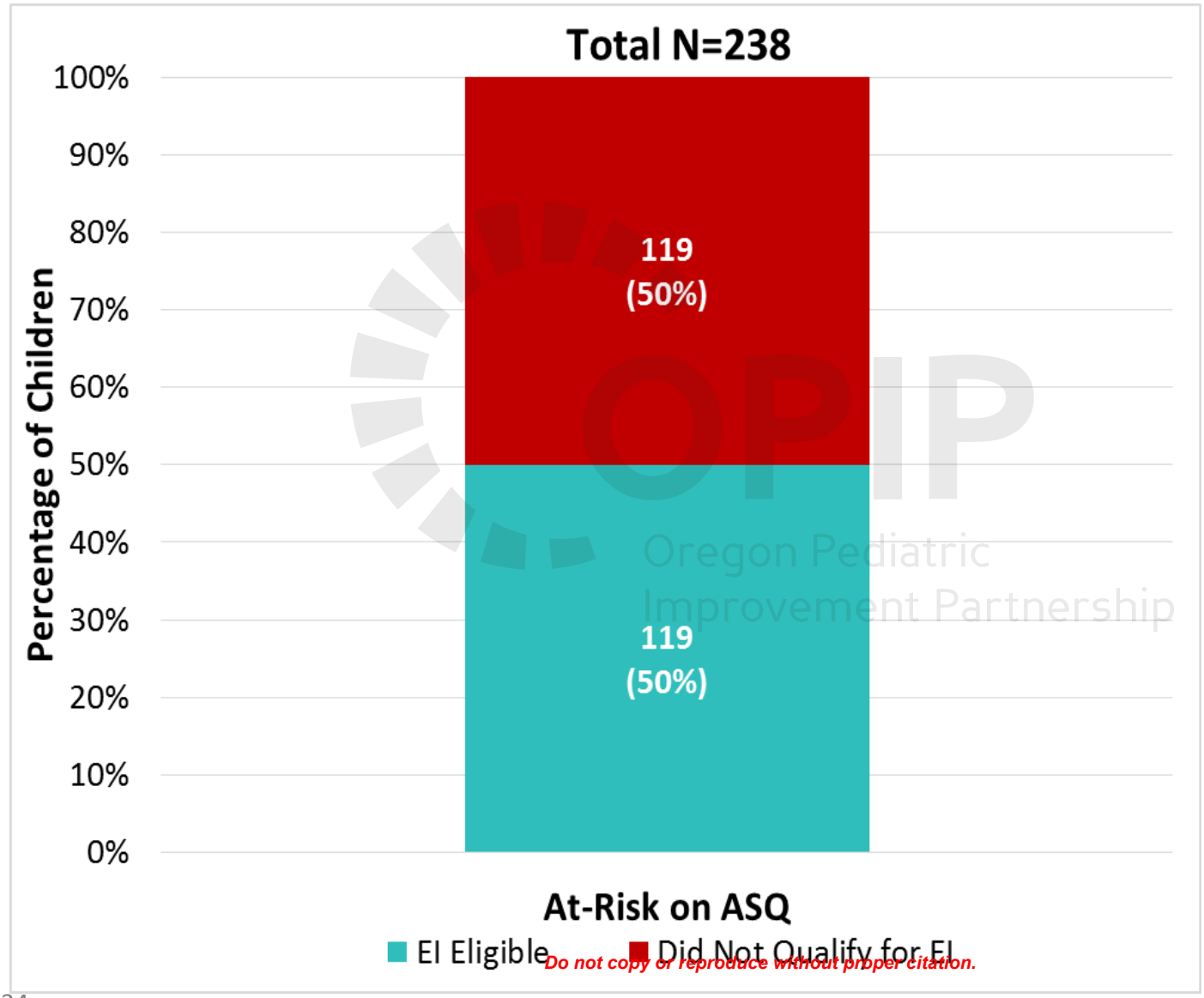
Examining Presenting ASQ Domain-Level Scores Provided by Referral and EI Eligibility

- **Identified children who were referred to EI and domain-level ASQ scores were provided**
  - Only 25% of referrals over last two school years had a domain-level scores for ASQ
- **This required WESD to complete manual chart review and data entry**
- **WESD provided OPIP with blinded data base that included**
  - ASQ scores
  - EI eligibility and for which domains
  - Other descriptive factors to inform analysis. For example: Age of child, Medicaid insurance, Referral source, Medical eligibility, Medical eligibility
- **Primary care pilot sites also provided data on children referred to EI and their information about the child's domain-level score**
- **OPIP conducted analyses to identify any trends to inform better referrals from primary care to EI**

Number of Referrals with Attached ASQ Scores



Children Identified as At-Risk on ASQ by Referring Provider & EI Eligibility

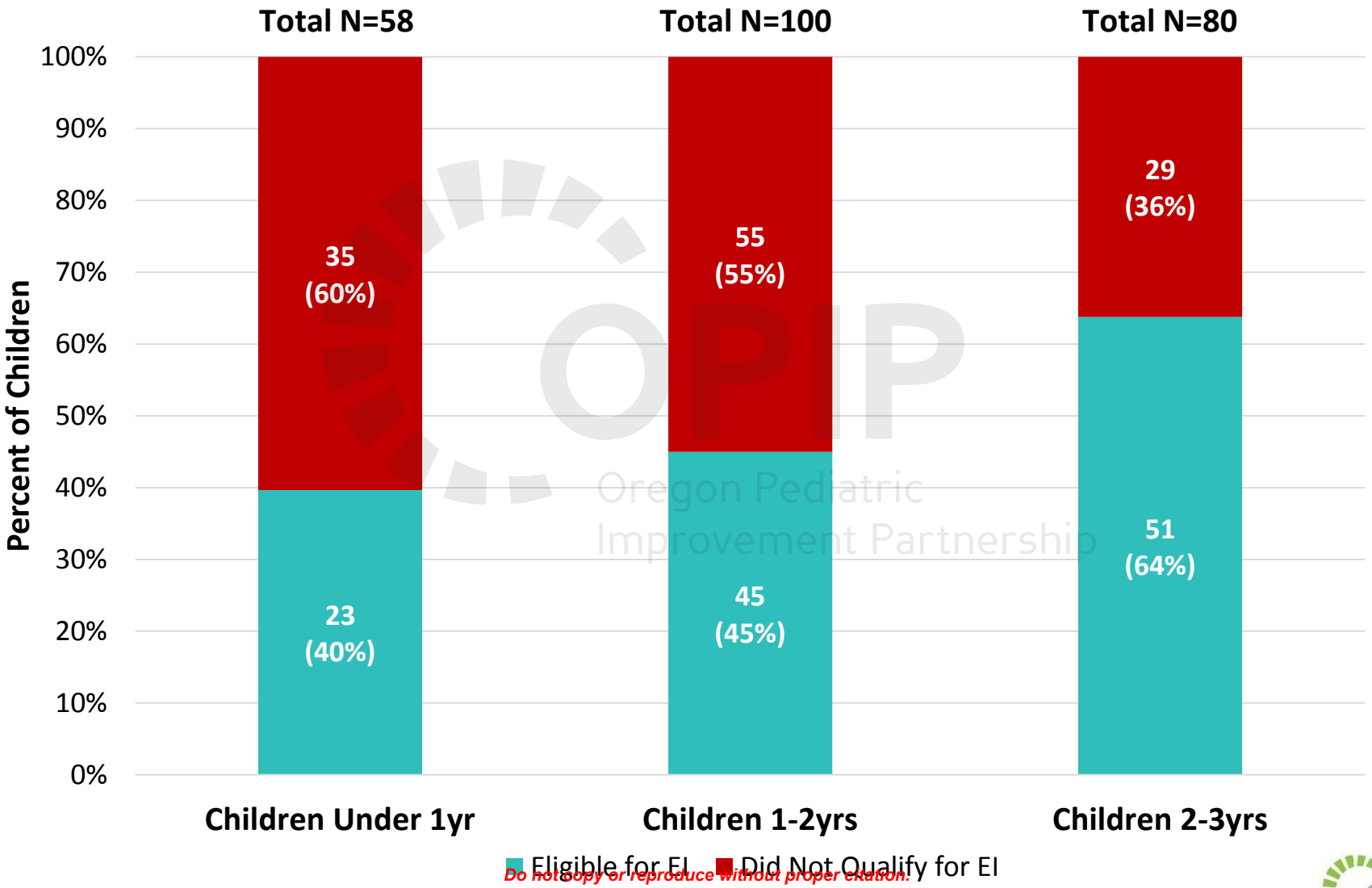


At-Risk on ASQ, Across Five Domains:

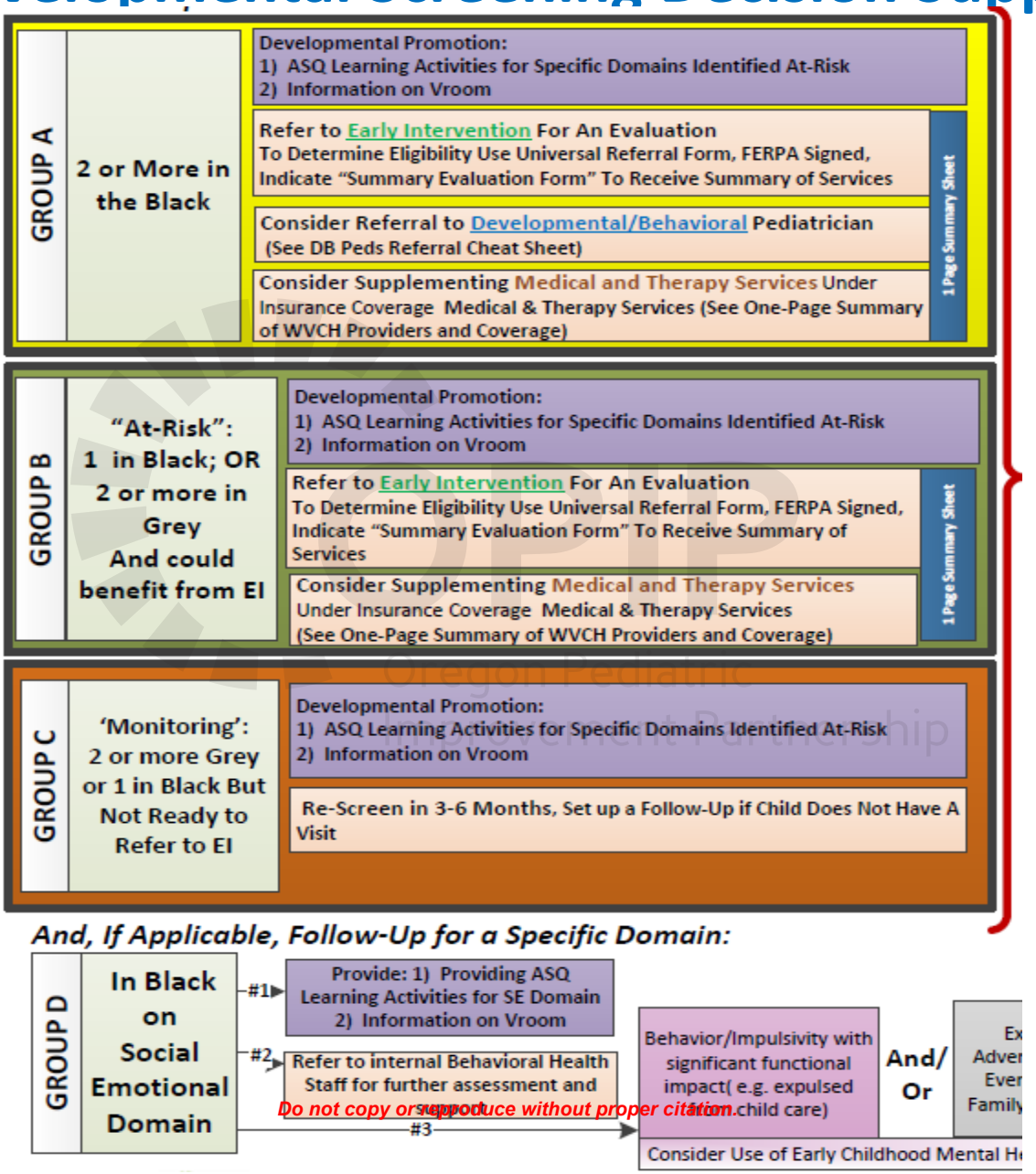
- **2 STDs from Normal on One Domain (Black)**
  or
- **1.5 STD from Normal on Two Domains (Grey)**

OPIP

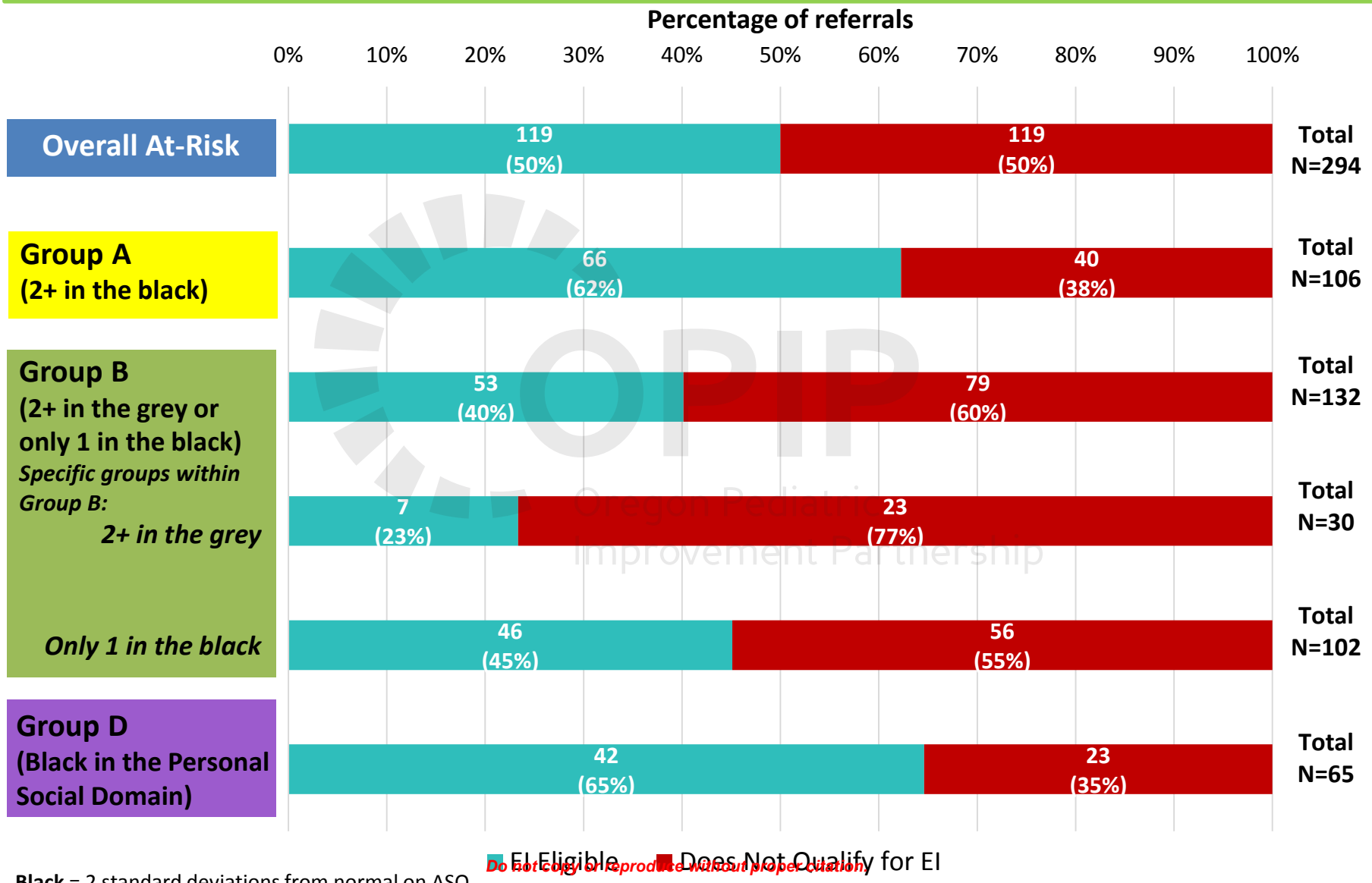
Children Identified as At-Risk on ASQ by Referring Provider and EI Eligibility: By Age



Groups of "At-Risk" within Primary Care Follow-Up to Developmental Screening Decision Support



EI Eligibility by ASQ Scores: By Medical Decision Tree Groups



Black = 2 standard deviations from normal on ASQ
Grey = 1.5 standard deviations from normal on ASQ

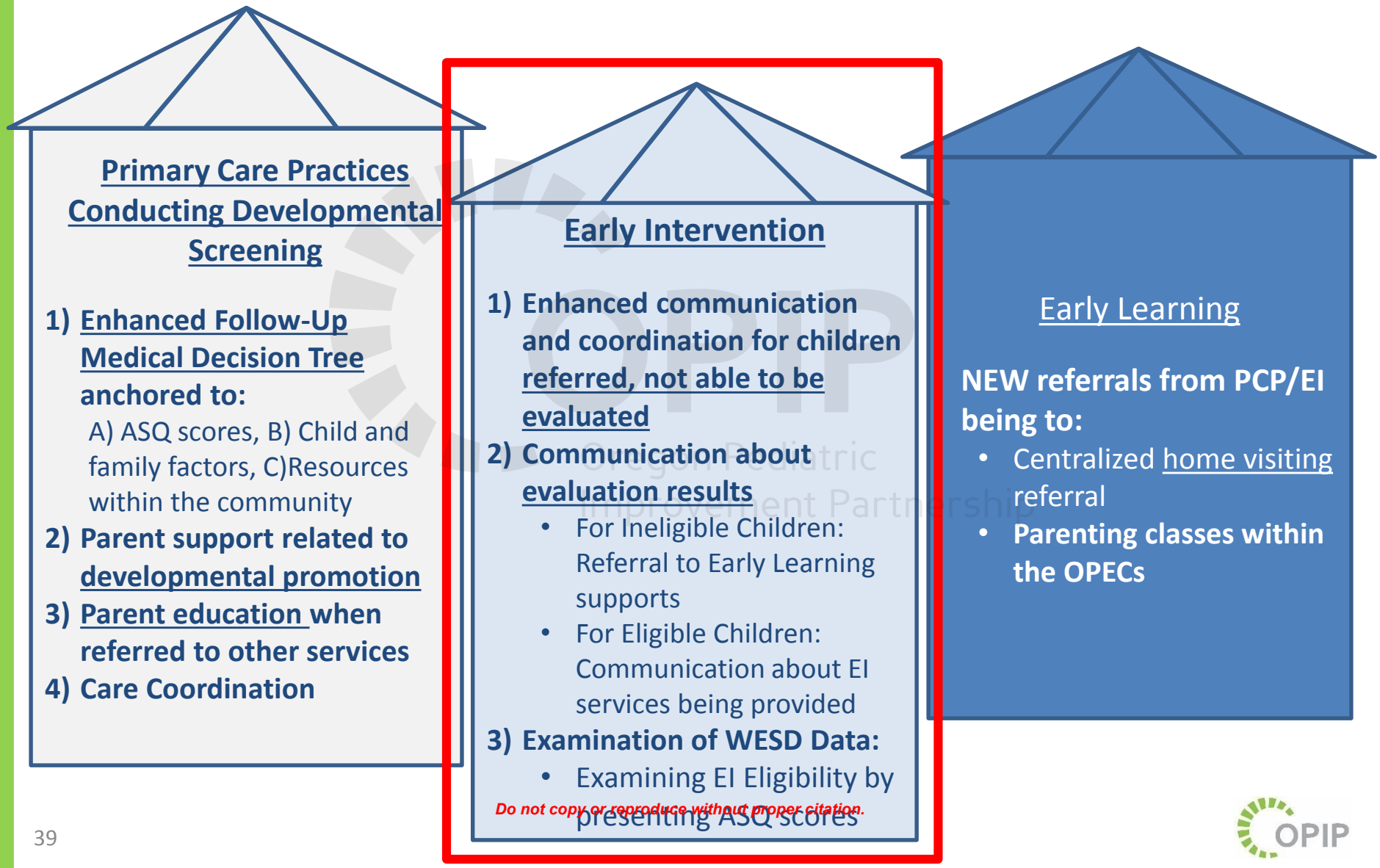
Implications to Inform Future Efforts

- **Developmental screening is going to increase in primary care sites**
  - CCO benchmark increased
  - Component of PCPCH requirements

- **Current recommendations are for all children identified "at-risk" to be referred to EI**
- **That said, given Oregon's eligibility requirement for EI, we know that many of the children identified "at-risk" on ASQ, will not be eligible within EI**
  - If all children referred, more children will be evaluated and not eligible
  - Eligibility rates impact referral
    - ✓ Providers stop referring
    - ✓ Parents may not go back to referral if not found eligible at one point in time

- **OPIP's Recommendation Looking Forward:**
  - Develop better referral criterion anchored to ASQ and EI in Oregon
    - ✓ Convene EI contactors, Early Learning, Primary Care, Developmental Pediatricians
  - Obtain more robust data to allow for better examination
  - Once this is done, refine the decision support tool for practices and evaluate impact

Community-Based Improvement Opportunity: Pilot Sites Implementing Efforts to Improve Follow-up to Developmental Screening



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

1. Provided data to inform discussions about priority areas of focus and improvement
   - Shared at the previous two meetings and informed the priority pathways, provided data presented earlier)

Implement new processes focused on:

2. Improve communication and coordination:
   A) For children not evaluated
   B) For children evaluated and found eligible
3. Follow-Up Steps for found EI ineligible
   A) Provision of Act Early materials
   B) Referral of Ineligible Children Centralized Home Visiting

Willamette EDUCATION SERVICE DISTRICT

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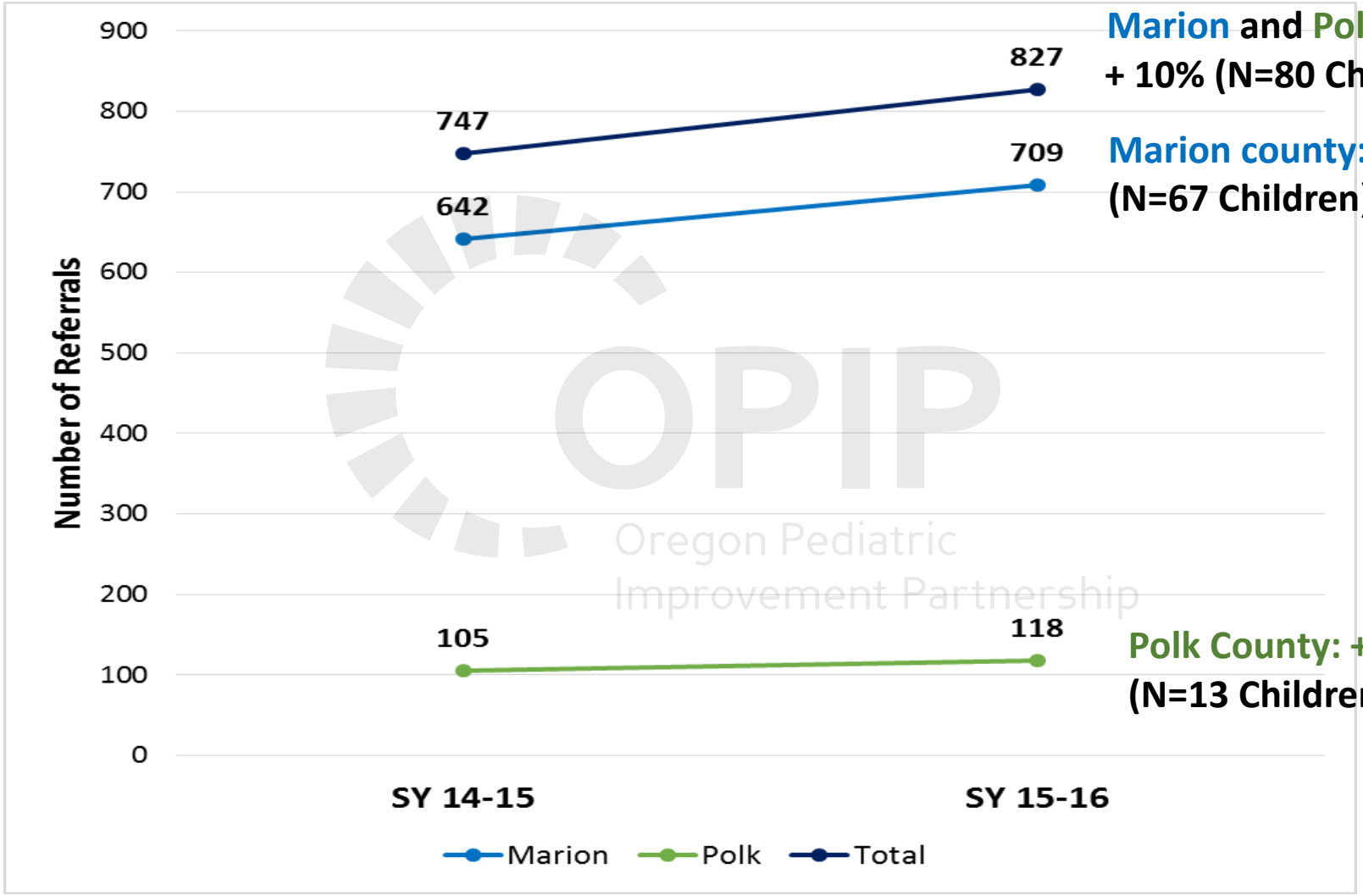
Over Course of Project: Increase in Referrals to Early Intervention



Marion and Polk County:
+ 10% (N=80 Children)

Marion county: + 9%
(N=67 Children)

Polk County: + 11%
(N=13 Children)

***SY 16-17 data will be collected at the end of the school year to determine impact over full project timeframe.**

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

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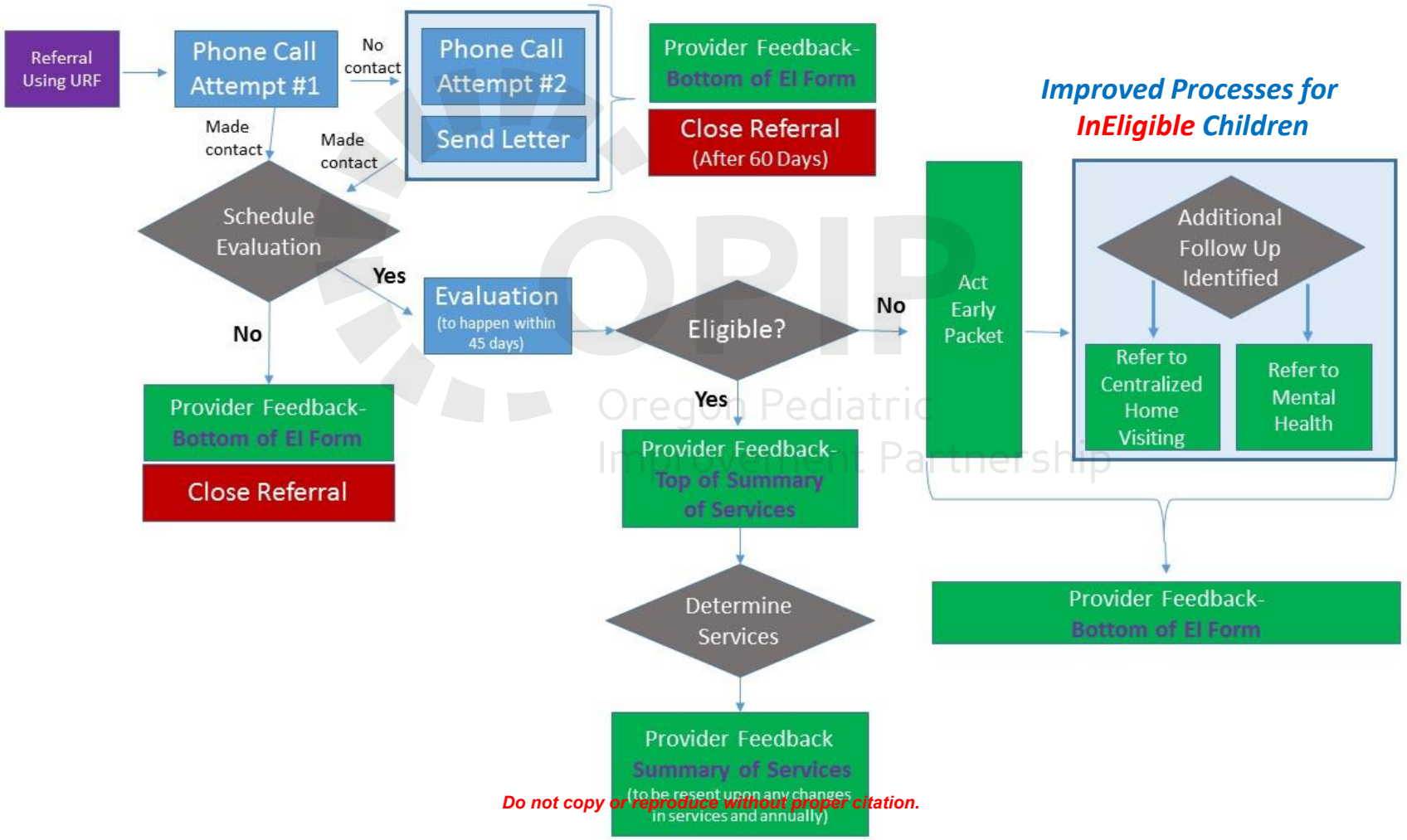
Pilots of New Processes to Improve Communication and Coordination by WESD - Early Intervention

***GREEN**- new process implemented*

Improved Processes Related to Communication and Coordination



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 complete evaluation ☐ Unable to locate for 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

Leveraging the Early Intervention Universal Referral Form to Communicate Whether Children Referred But NOT Evaluated

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 ____/____/____ 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

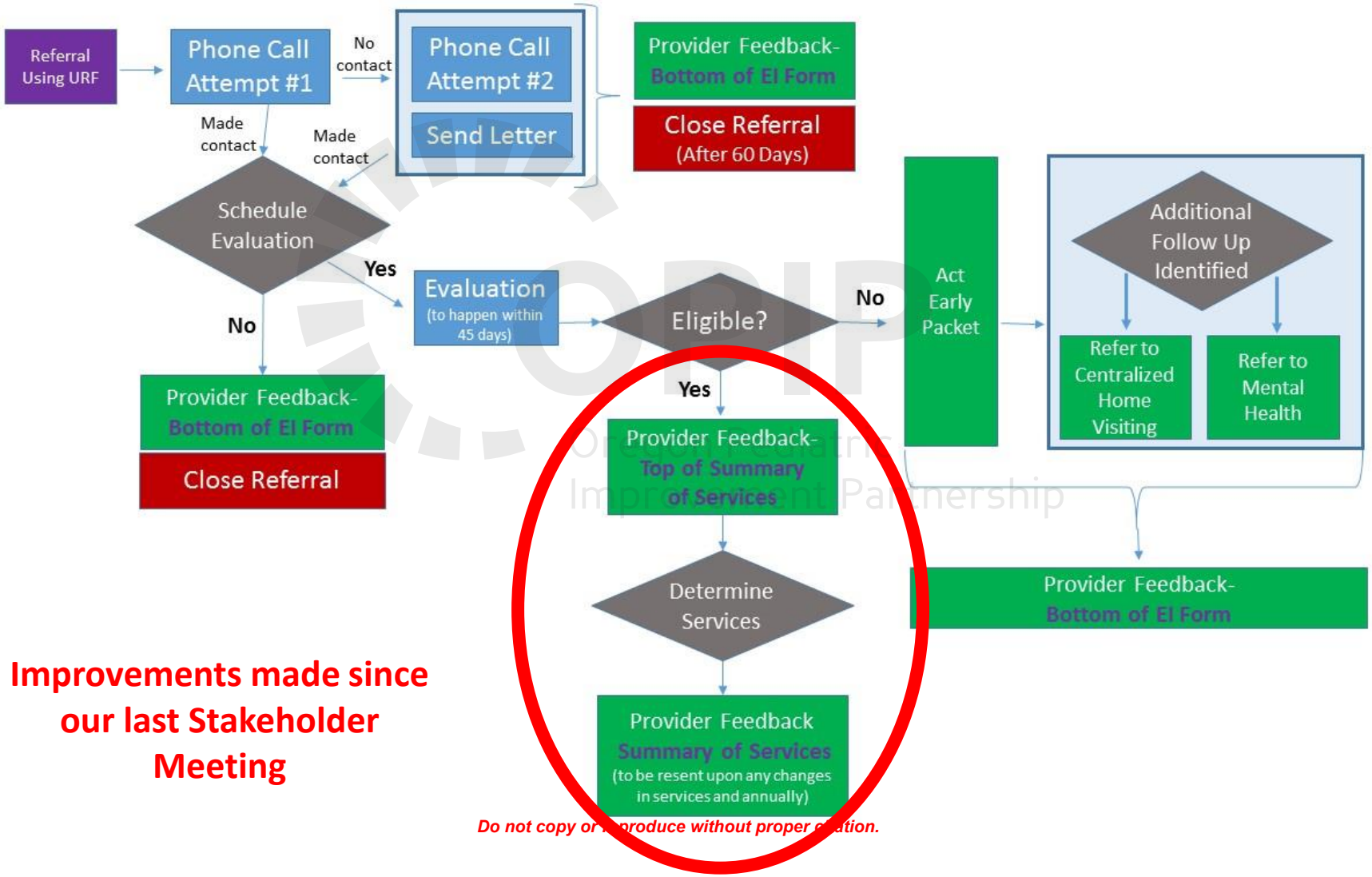
Form Rev. 10/22/2013

RECEIVED
OCT 11 2016
BY: AM

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

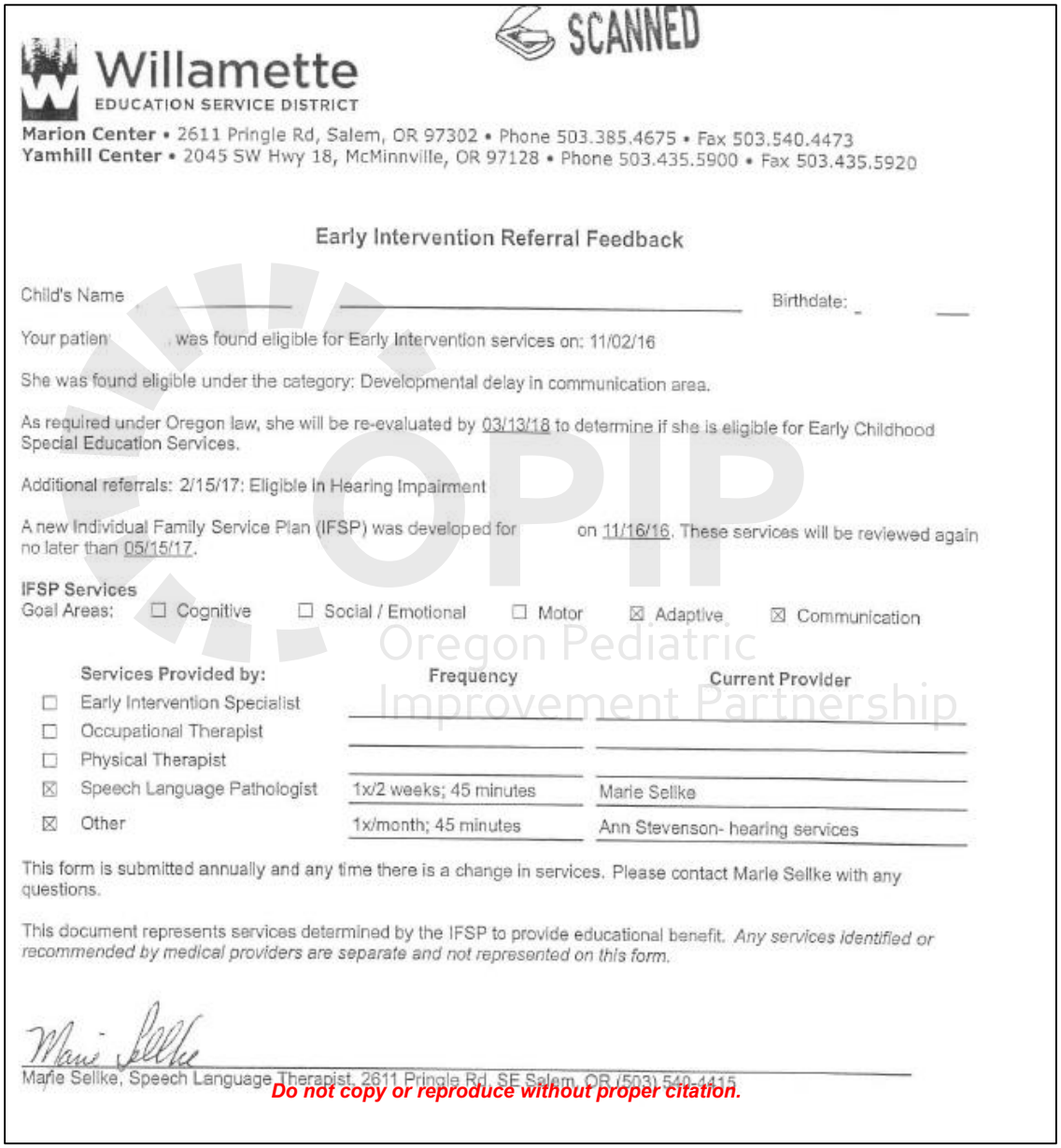
Pilots of New Processes to Improve Communication and Coordination by WESD - Early Intervention

***GREEN**- new process implemented*



Improvements made since our last Stakeholder Meeting

One-Page Summary of Services



SCANNED

Willamette
EDUCATION SERVICE DISTRICT

Marion Center • 2611 Pringle Rd, Salem, OR 97302 • Phone 503.385.4675 • Fax 503.540.4473
Yamhill Center • 2045 SW Hwy 18, McMinnville, OR 97128 • Phone 503.435.5900 • Fax 503.435.5920

Early Intervention Referral Feedback

Child's Name _____ Birthdate: _____

Your patien was found eligible for Early Intervention services on: 11/02/16

She was found eligible under the category: Developmental delay in communication area.

As required under Oregon law, she will be re-evaluated by 03/13/18 to determine if she is eligible for Early Childhood Special Education Services.

Additional referrals: 2/15/17: Eligible in Hearing Impairment

A new Individual Family Service Plan (IFSP) was developed for on 11/16/16. These services will be reviewed again no later than 05/15/17.

IFSP Services
Goal Areas: ☐ Cognitive ☐ Social / Emotional ☐ Motor ☒ Adaptive ☒ Communication

	Services Provided by:	Frequency	Current Provider
☐	Early Intervention Specialist		
☐	Occupational Therapist		
☐	Physical Therapist		
☒	Speech Language Pathologist	1x/2 weeks; 45 minutes	Marie Selike
☒	Other	1x/month; 45 minutes	Ann Stevenson- hearing services

This form is submitted annually and any time there is a change in services. Please contact Marie Selike with any questions.

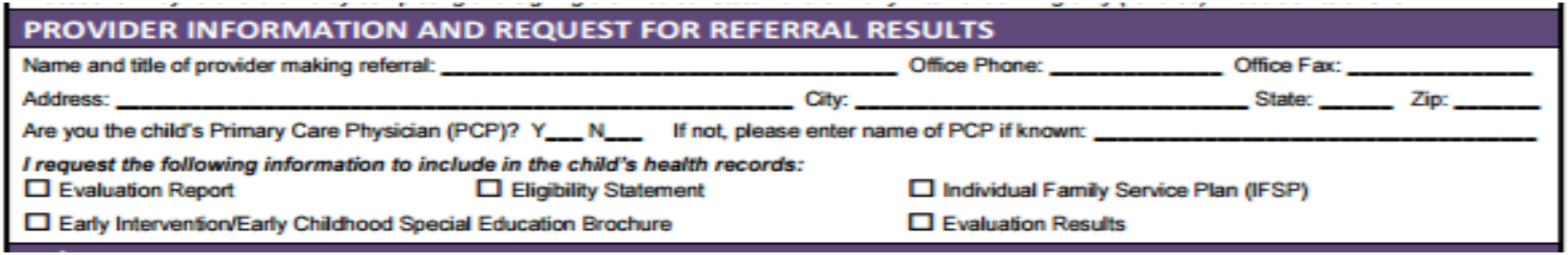
This document represents services determined by the IFSP to provide educational benefit. *Any services identified or recommended by medical providers are separate and not represented on this form.*

Marie Selike

Marie Selike, Speech Language Therapist, 2611 Pringle Rd. SE Salem, OR (503) 540-4415

Process for Implementation of the One-Page Summary of Services

- Once a child is deemed eligible, the evaluation team and the family establish goals and services
- The Service Coordinator will then complete and send the 1-Page Summary of Services back to practices who have a completed Universal Referral Form
- We hope this form will take the place, in most cases, of the full IFSP and the Evaluation Report to make our communication more streamlined
  - Since this form is in the pilot phase – this communication option is not listed on the Universal Referral Form



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Willamette
EDUCATION SERVICE DISTRICT
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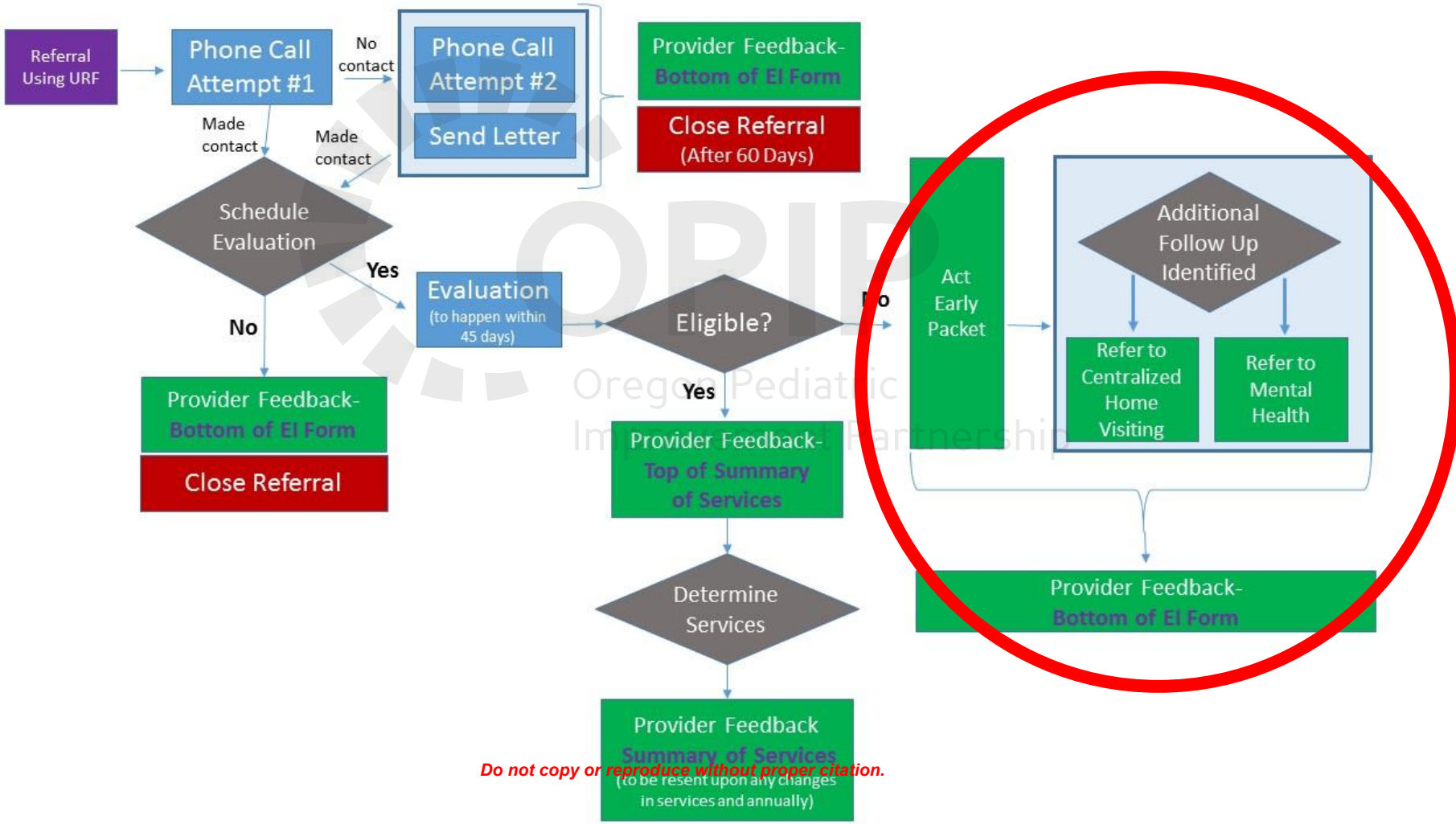
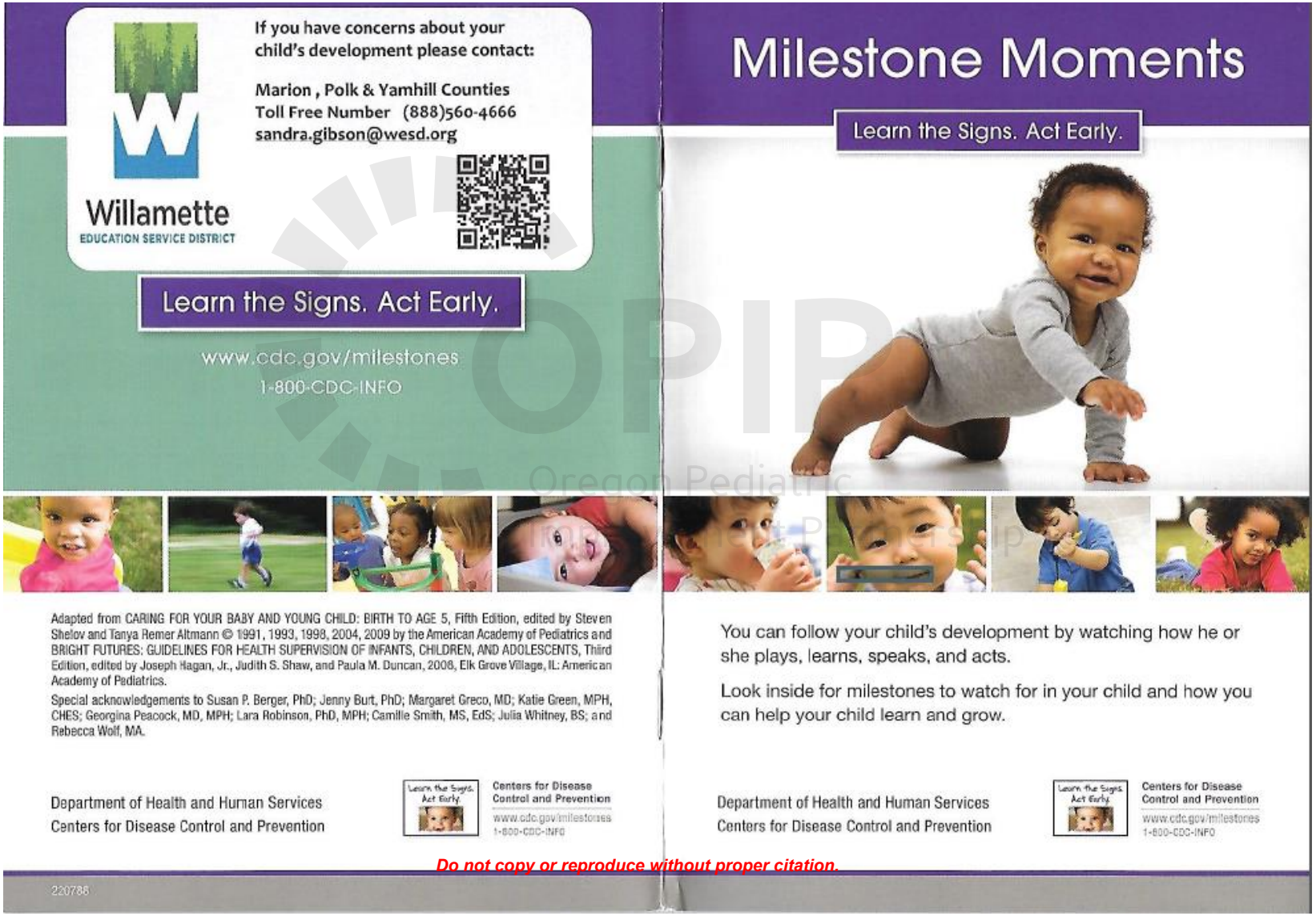
Focus of Improvement Efforts Within WESD- Early Intervention

***GREEN**- new process implemented*



CDC Act Early Materials



If you have concerns about your child's development please contact:

Marion , Polk & Yamhill Counties
Toll Free Number (888)560-4666
sandra.gibson@wesd.org

Willamette
EDUCATION SERVICE DISTRICT

Learn the Signs. Act Early.

www.cdc.gov/milestones
1-800-CDC-INFO

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

Special acknowledgements to Susan P. Berger, PhD; Jenny Burt, PhD; Margaret Greco, MD; Katie Green, MPH, CHES; Georgina Peacock, MD, MPH; Lara Robinson, PhD, MPH; Camille Smith, MS, EdS; Julia Whitney, BS; and Rebecca Wolf, MA.

Department of Health and Human Services
Centers for Disease Control and Prevention

Learn the Signs. Act Early.
Centers for Disease Control and Prevention
www.cdc.gov/milestones
1-800-CDC-INFO

220786

Milestone Moments

Learn the Signs. Act Early.

You can follow your child's development by watching how he or she plays, learns, speaks, and acts.

Look inside for milestones to watch for in your child and how you can help your child learn and grow.

Department of Health and Human Services
Centers for Disease Control and Prevention

Learn the Signs. Act Early.
Centers for Disease Control and Prevention
www.cdc.gov/milestones
1-800-CDC-INFO

WESD Referrals for Ineligible Children to Centralized Home Visiting Intake & Mental Health: (To Date) Over Project Period N=61 Children Referred to Services

WESD Referrals of EI Ineligible to Centralized Home Visiting Assessments & Mental Health									
County the Child Resides	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	TOTAL
MARION COUNTY									
OVERALL # EI Children Referred to Secondary Resource									
# Family Link Referrals	2	8	3	4	14	10	2	2	45
# Mental Health Referrals	0	0	0	0	0	0	0	2	2
POLK COUNTY									
OVERALL # EI Children Referred to Secondary Resource									
# Family Link Referrals	1	0	2	0	2	0	0	0	5
# Mental Health Referrals	0	0	0	0	0	0	0	0	0
YAMHILL COUNTY									
OVERALL # EI Children Referred to Secondary Resource									
# Family CORE Referrals	2	2	1	1	0	2	0	1	9
# Mental Health Referrals	0	0	0	0	0	0	0	0	0
								OVERALL TOTAL ACROSS COUNTIES:	**61**

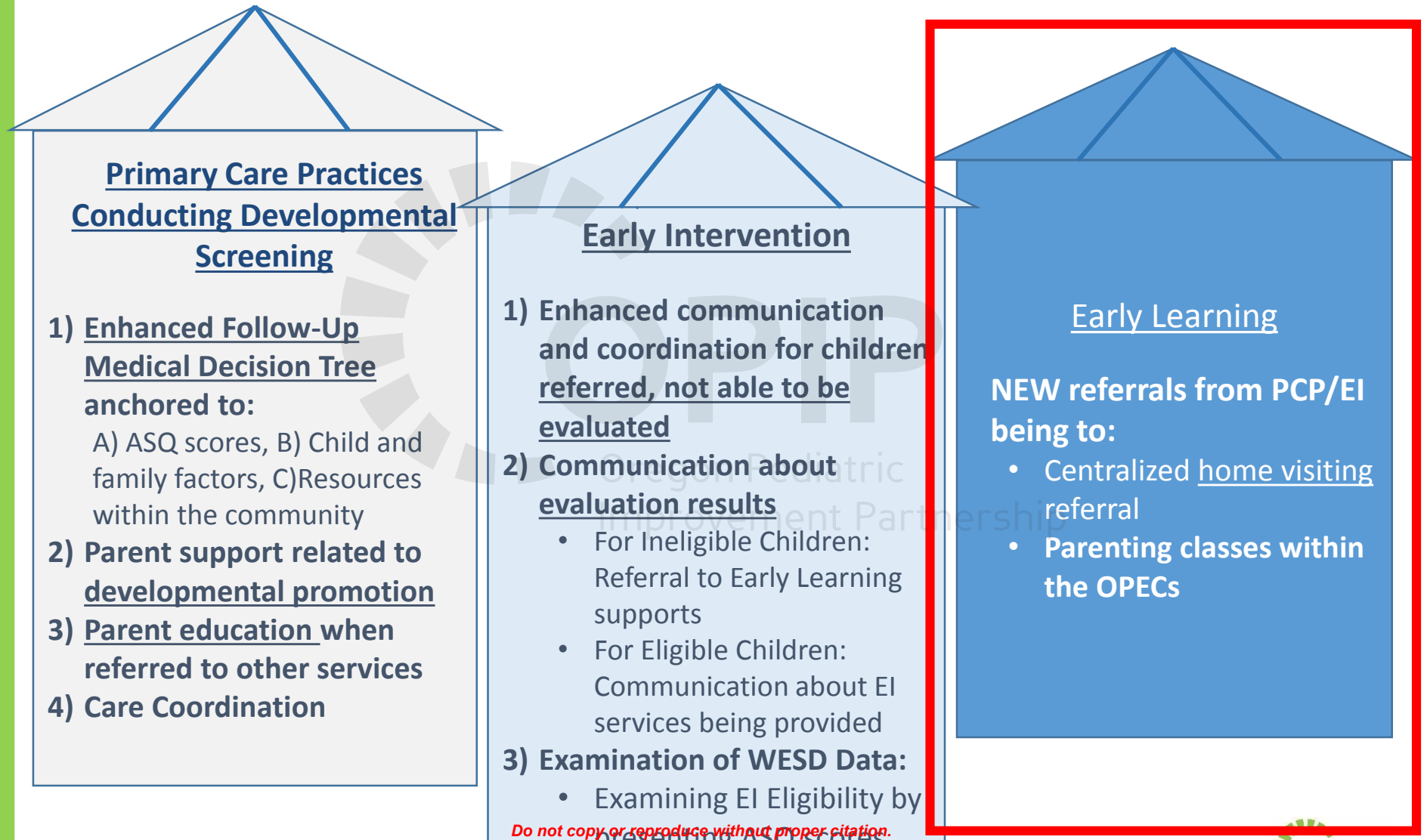
From Our Perspective: Successes in WESD Efforts

- **Sharing of our data has been helpful to inform community conversations, identify the priority pathways**
- **Refined internal data collection processes, enhanced standardization of our processes**
- ***New processes implemented***
  - **Improved communication and coordination with primary care providers**
    - Bottom of the Universal Referral Form
    - One Page Summary of Services
  - **Improved follow-up for kids not eligible for EI**
    - Dissemination of Act Early Packets for developmental promotion
    - Referral to Family Link or Family CORE
    - Referral to Mental Health
  - **Due to success and enhanced coordination, we plan to continue this process**

From Our Perspective: Barriers to Our Efforts

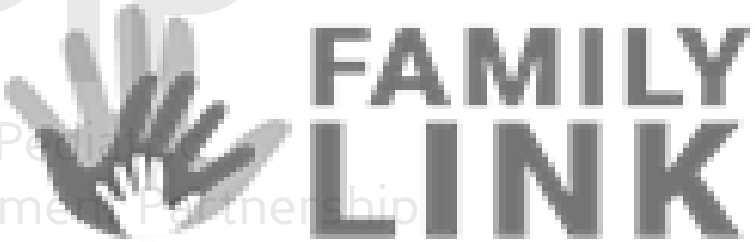
- **Staffing bandwidth to ensure these communications are sent in a timely manner**
- **Ensuring all practices are using the Universal Referral Form – and completing the FERPA release**
  - Without proper use and inclusion of signatures, communication between entities is difficult and time consuming
  - While we have worked on this with pilot sites, there have still been a few hiccups- meaning there may be more barriers with sites that do not receive the level of support that the pilot sites did
- **Difference between children identified by the ASQ vs. EI Eligibility and impact on referral, Impacts referrals to WESD**
- **Ability of programs to serve EI Ineligible children**
  - EI referrals have less context about family risk factors given we don't have an established relationship with the child/family; May impact the number of priority risk factors that are listed on referral form
  - Large number of EI Ineligible are privately insured and/or may not have risk factors that prioritize them
  - Need for services to address moderately delayed given impact

Community-Based Improvement Opportunity: Pilot Sites Implementing Efforts to Improve Follow-up to Developmental Screening

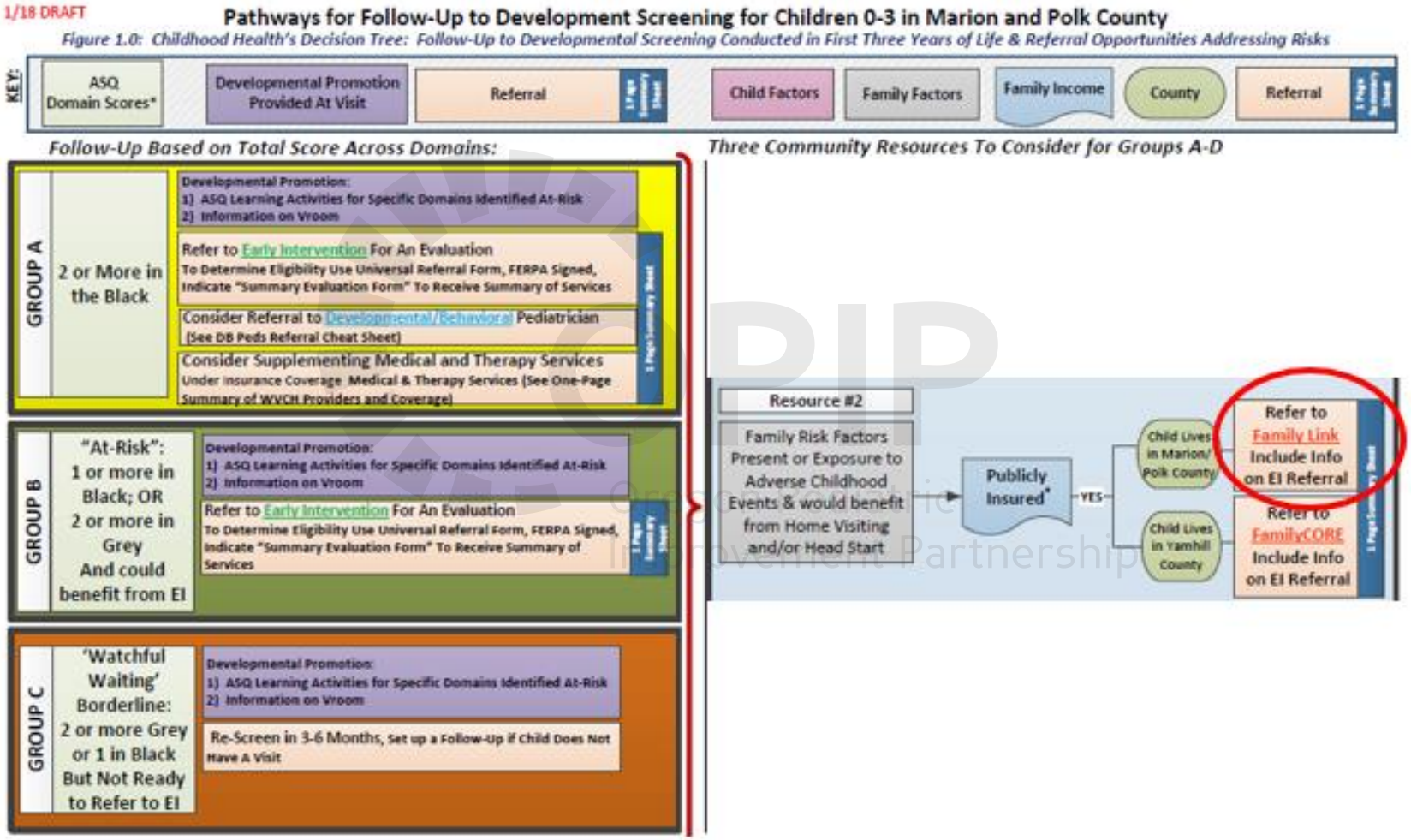


Referrals from CHAoS to Family Link

- Piloted referrals to centralized home visiting intake (Family Link) in one site first
- Wanted to understand workflow and capacity before spreading to other sites



Pilot of Referrals from CHAoS to Family Link



Pilot of Referrals from CHAoS to Family Link

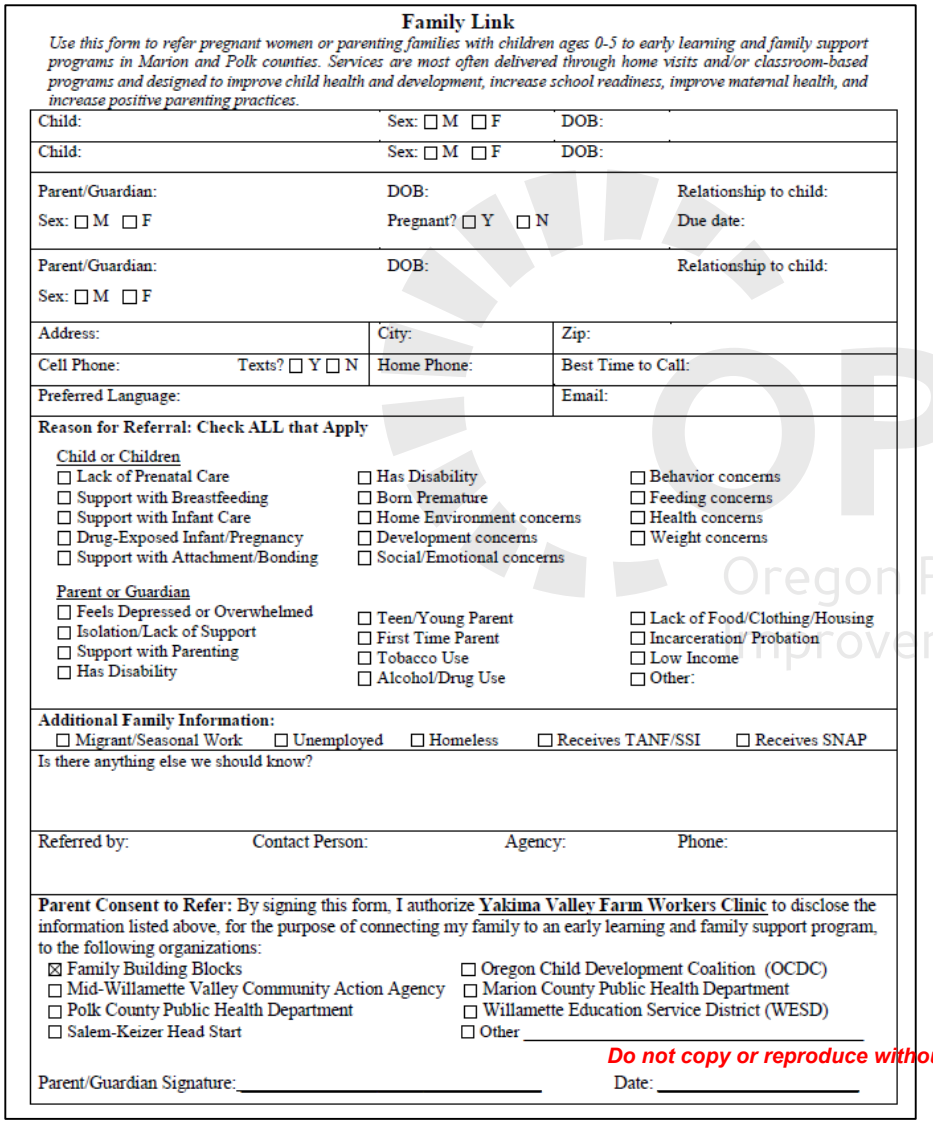
At the end of February, CHAoS and Family Link began their pilot

- **Agreed upon criteria for referrals were as follows:**
  - Children identified **at-risk on the ASQ** who also have **Family Risk Factors, including those listed below:**

- ✓ Feels Depressed or Overwhelmed
- ✓ Isolation/Lack of Support
- ✓ Support with Parenting
- ✓ Has Disability
- ✓ Teen/Young Parent
- ✓ First Time Parent
- ✓ Tobacco Use
- ✓ Domestic Violence (present or history of)
- ✓ Alcohol/Drug Use
- ✓ Lack of Food/ Clothing/Housing
- ✓ Incarceration/Probation
- ✓ Low Income
- ✓ Migrant/Seasonal Worker
- ✓ Unemployed
- ✓ Homeless
- ✓ Receives TANF/SSI/SNAP

Pilot of Referrals from CHAoS to Family Link

CHAoS is referring families to Family Link using the referral form seen here:



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 **Yakima Valley Farm Workers Clinic** 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: _____

Each month the Referral Coordinator at Family Link, Ivette Guevara, is sending the Referral Coordinator at CHAoS a summary report about the status of each referral they have sent.

The report includes the following information:

For Referrals Received:

- Provider who referred child/family
- Name of Patient
- Date of Birth
- Date of Initial Contact
- Agency Linked to
- Date Linked
- Status of Referral

For Referrals Successfully Enrolled:

- Name of Patient
- Date of Birth
- Agency Linked to
- Type of Program
- Date of Enrollment

Focus of Pilot to Family Link

Between February and April, CHAoS had referred 17 families to Family Link:

	Feb	March	April	TOTAL
Pending	2	1	1	4 (23%)
Waitlist	1	2	0	3 (18%)
Not able to be reached	0	5	4	9 (53%)
Declined	1	0	0	1 (6%)
Total	4	8	5	17

FAMILY LINK

Outcome of WESD Referrals of EI Ineligible to Family Link (Marion and Polk Counties)

	Feb 16	March 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	April 17	TOTAL
Enrolled						3	1	2	1	2	1		**10 (17%)**
Pending						3	1			2	1		**7 (12%)**
Waitlist						1	2	2		2			**7 (12%)**
Not able to be reached									1	4		1	**6 (10%)**
Declined							3		1	4	2		**10 (17%)**
Closed- Did not receive services	1	1	1	1	3	1	6	2	1*	3*			**20 (34%)**
Total	1	1	1	1	3	8	13	6	4	17	4	1	**59**

**Already connected to Family Link prior to referral*

Successes and Barriers to Pilot

Successes:

New processes implemented

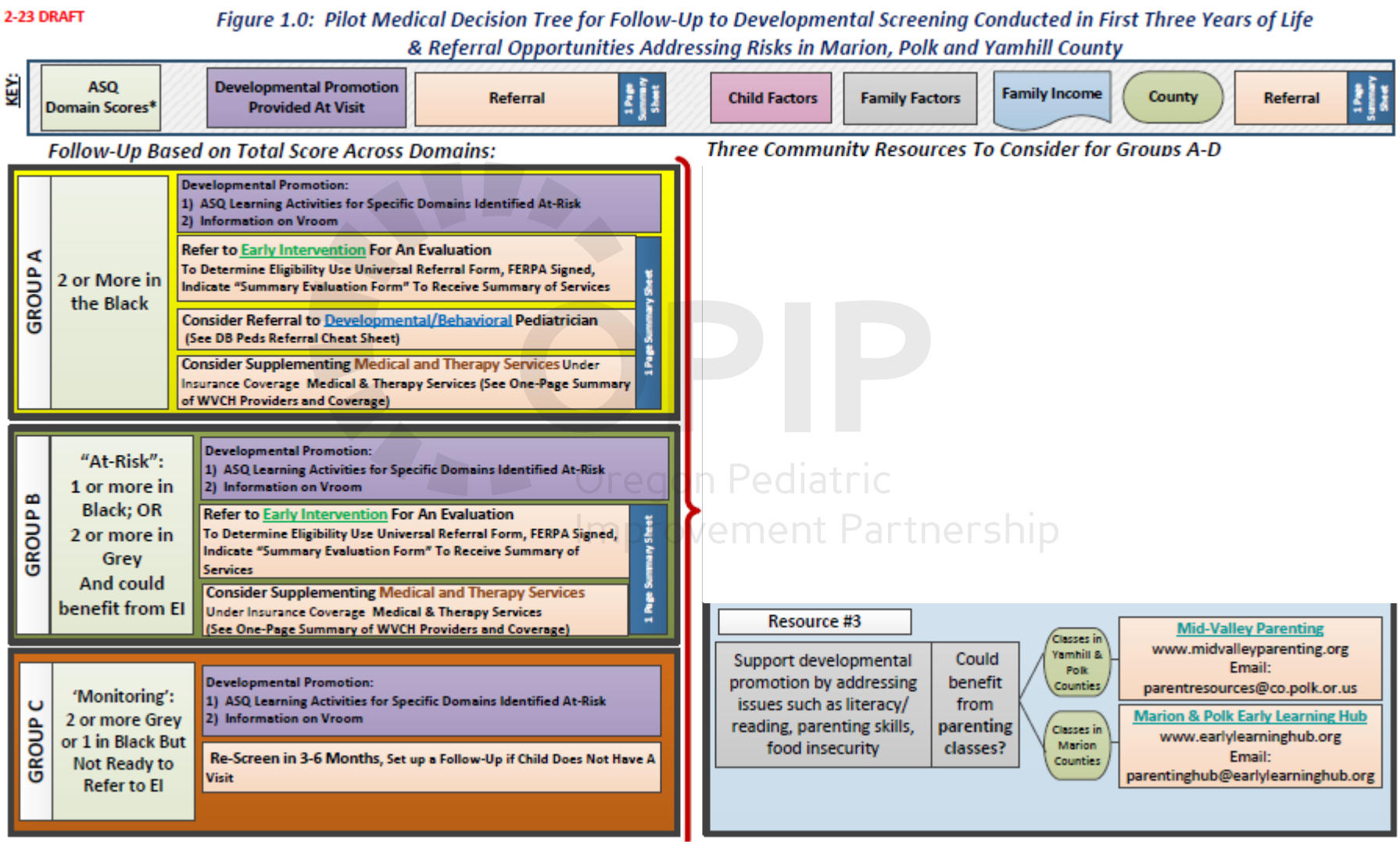
- **Improved communication and understanding between both entities and community-based organizations that serve young children and their families**
- **Improved follow-up for kids who need services**
  - Referral to Family Link provides at least potential options that may not have even been pursued before the pilot

Barriers:

- **Not able to contact**
  - A very large number of families are not able to be contacted. This is true across the board, including in primary care and EI
- **Many children who do get connected are still pending or put on waitlists**
  - This is just the reality when it comes to capacity across organizations to catch these children

Pilot to Parenting Classes

Connection to Parenting Classes



Successes and Barriers to Referrals to Parenting Classes

Successes:

- Providers were excited to learn about parenting classes, as this was not a resource they utilized previously
- General sentiment is that this would be helpful for many families they care for

Barriers:

- Can be an awkward conversation
  - Value of general efforts to normalize efforts
- Negative stigma of 'parenting classes'
  - Impacting family engagement and follow through
- Since it is not a traditional referral, practices can't track referrals and "follow-up" on the "referral"

Looking Forward

Looking Forward: Remembering the Start and Punchline

- Need to ensure all young children receive developmental screening
  - Primary care is where the most car seats for young children are parked
  - CCO Benchmark: 60.1%
  - That said, claims data show most practices within WVCH catch not screening to fidelity yet
- Gains in developmental screening **do not** equal improvements in receipt of early service provision to address the delay identified to be ready for school
  - Most children screened by primary care are **not referred to follow-up** services
  - Referral to services does not equal receipt of services
    - Observing a number of children referred are not able to be contacted by program
    - Observing a number of children referred not able to receive the service
  - This project developed Follow-Up Decision Supports to Enhance Follow-Up
  - Addressing Follow-Up Means Engaging:
    - Health Care
    - Early Learning
    - Early Intervention
- As part of efforts, important to consider funding, capacity, and eligibility for programs that serve children identified
  - Early Intervention
  - Home Visiting
  - Mental Health

Opportunities to Build Off this Improvement Pilot in Marion and Polk Counties

1. **Continue and Build off Enhanced Engagement Across Primary Care, EI, and Early Learning**
   - Primary care engagement in Hub activities
   - Use and examination of EI data to inform population assessment
   - Use of practice level to inform to inform population assessment
2. **Build off tools, methods, and processes developed in this project within these communities**
   - Support spread of tools for primary care to other sites
   - Support the primary care sites NOT doing developmental screening, prioritize sites who care for ethnic groups least likely to be screened
   - Modify tools/strategies for others conducting screening (e.g. childcare providers)
3. **Refine and Improve Tools Based on Learnings (new work)**
   - Improve EI referral criterion based on increased data, community engagement
   - Focus on mental health referrals, evaluation, and services for young children
   - Incorporate tools and workflow into Next Gen EMR supported by WVCH

Needs Identified in this Project Not Addressed (New work)

1) **Follow-up for children identified at-risk, and likely to not be kindergarten ready, but who unable to be served by existing programs**
   - Privately insured, but can't afford private therapies
   - Children with family risk factors impacting development and readiness (social-emotional regulation), but for whom current funding or priorities force services to deem them ineligible
2) **Assess and address cultural variations needed to ensure follow-up**
3) **Project to normalize parenting classes and parenting supports**
4) **Models for parent to parent support, parent navigators for this population**

Tools Developed That Can Be Spread

Primary Care Sites

QI Tools/Methods:

- Follow-up to Developmental Screening Support Tool
- Training slides on referral and follow-up pathways
- Materials to support families
  - Parent education material and
  - 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

Methods to Examine 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:

- EI communication processes 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.

Methods to Examine Practice-Level Data to Guide and Evaluate Efforts:

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

Community-Based Providers

Family-Link:

- Centralized home visiting referral

Connection to Parenting classes within the OPECs:

- Mid-Valley Parenting & Marion and Polk Early Learning Hub

Looking Forward: Group Discussion What to Sustain? What to Spread?

1. What are priority areas this community should address?
2. Who should take the lead?
3. What are opportunities?
4. How can you keep the momentum going?

Wrap Up and Final Steps

- **Wrap Up and Final Steps:**
  - Final Report End of June
  - OPIP Website:

    Materials and Tools will soon be Loaded

    http://oregon-pip.org/projects/PathwaysWESD.html

THANK YOU FOR YOUR COLLABORATION & INSPIRATION

- **WESD (Funder and Partner)**
- **Parent Advisors**
- **Partners in Marion, Polk & Yamhill**

- Yamhill CCO
- Yamhill Early Learning Hub
- Head Start of Yamhill County
- Yamhill County Public Health
- Physician's Medical Center
- Newberg School District
- Discovery Zone Child Development Center
- Willamette Valley Community Health
- Marion & Polk Early Learning Hub (Hub, Inc)
- Childhood Health Associates of Salem
- Woodburn Pediatric Clinic
- Family Link
- FamilyC0RE
- Marion County Health Department
- Polk County Health Department

Contacts

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