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

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

August 17th, 2016
5:00pm-7:00pm
YCCO Board Room

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

Do not copy or cite without proper citation.

OPIP Oregon Pediatric Improvement Partnership

Objectives for Today's Meeting

- To provide an **update** on key **project activities**
- To meet and hear from project **parent advisors**
- To review and discuss new **WESD-Early Intervention** data and project implications
- To review the draft Developmental Screening **Referral and Triage Map** and Priority Pathways
  - Within the priority pathways, review and discuss planned activities, by pilot site, before next stakeholder meeting

Oregon Pediatric Improvement Partnership

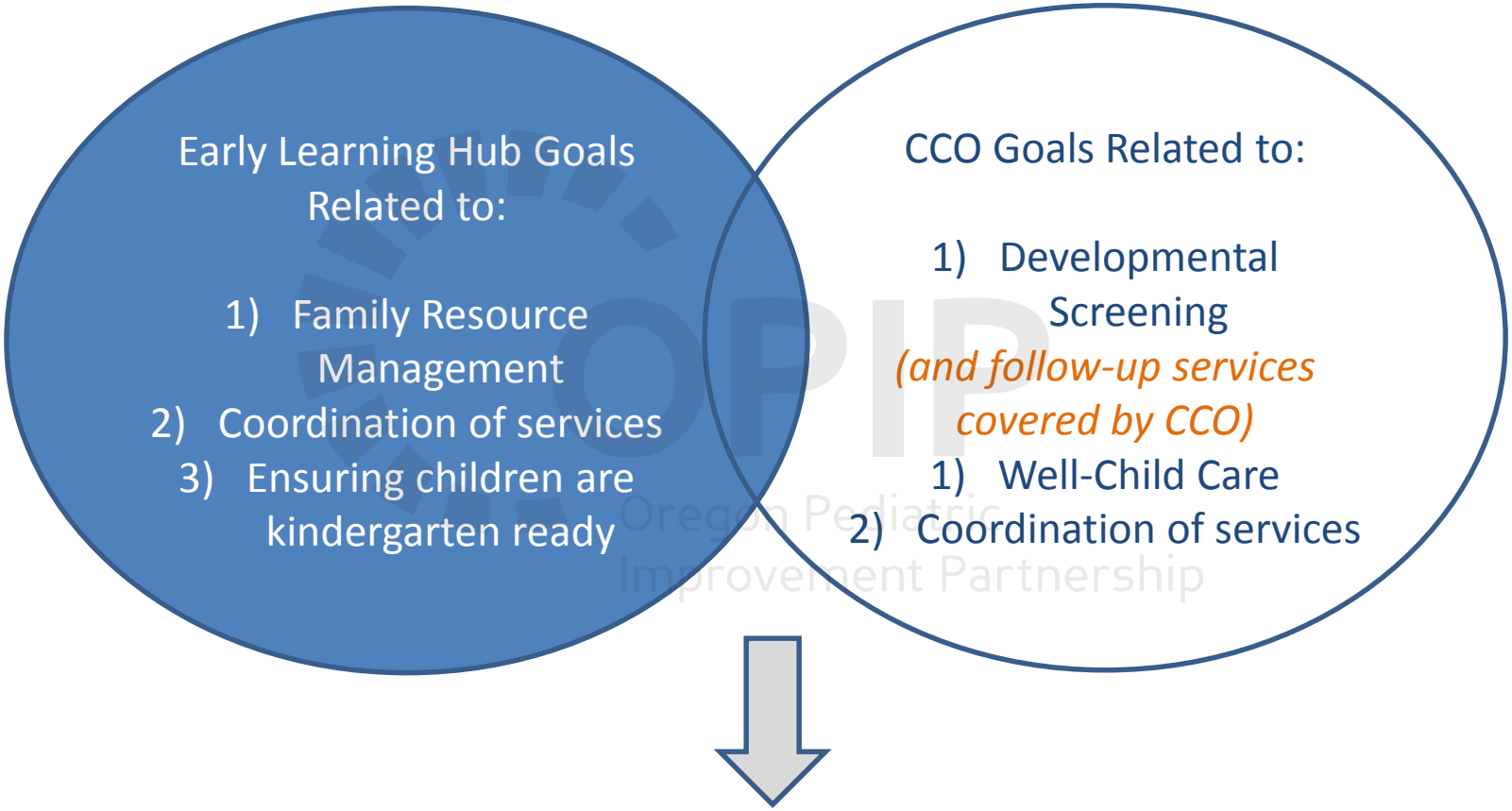
Do not copy or cite without proper citation.

Project Funding: A Refresher

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

Do not copy or cite without proper citation.

The Need for the Project: Addressing Shared Goals



OPIP
Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

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

- Willamette Education Service District (WESD) received funds to improve processes focused on children referred to EI found ineligible

  (Funding ends June '17)

  - Effort focused across the counties WESD serves: Marion, Polk & Yamhill
  - Provides support for WESD to meaningfully participate in this work, including evaluation data tracking

- WESD is contracting with OPIP to ensure work across all three counties, including support for implementation, & summary of findings (May'16-June '17):

  - Support <u>implementation</u> in Yamhill **through June 2017**, summary of **evaluation tracking data**
  - Support efforts in Marion and Polk *(which is helpful for Yamhill work given primary care practices serve children in those counties)*
  - Summarize findings across Marion, Polk and Yamhill Counties

Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

Four Primary Activities for this Yamhill Project

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

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

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

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

OPIP
Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

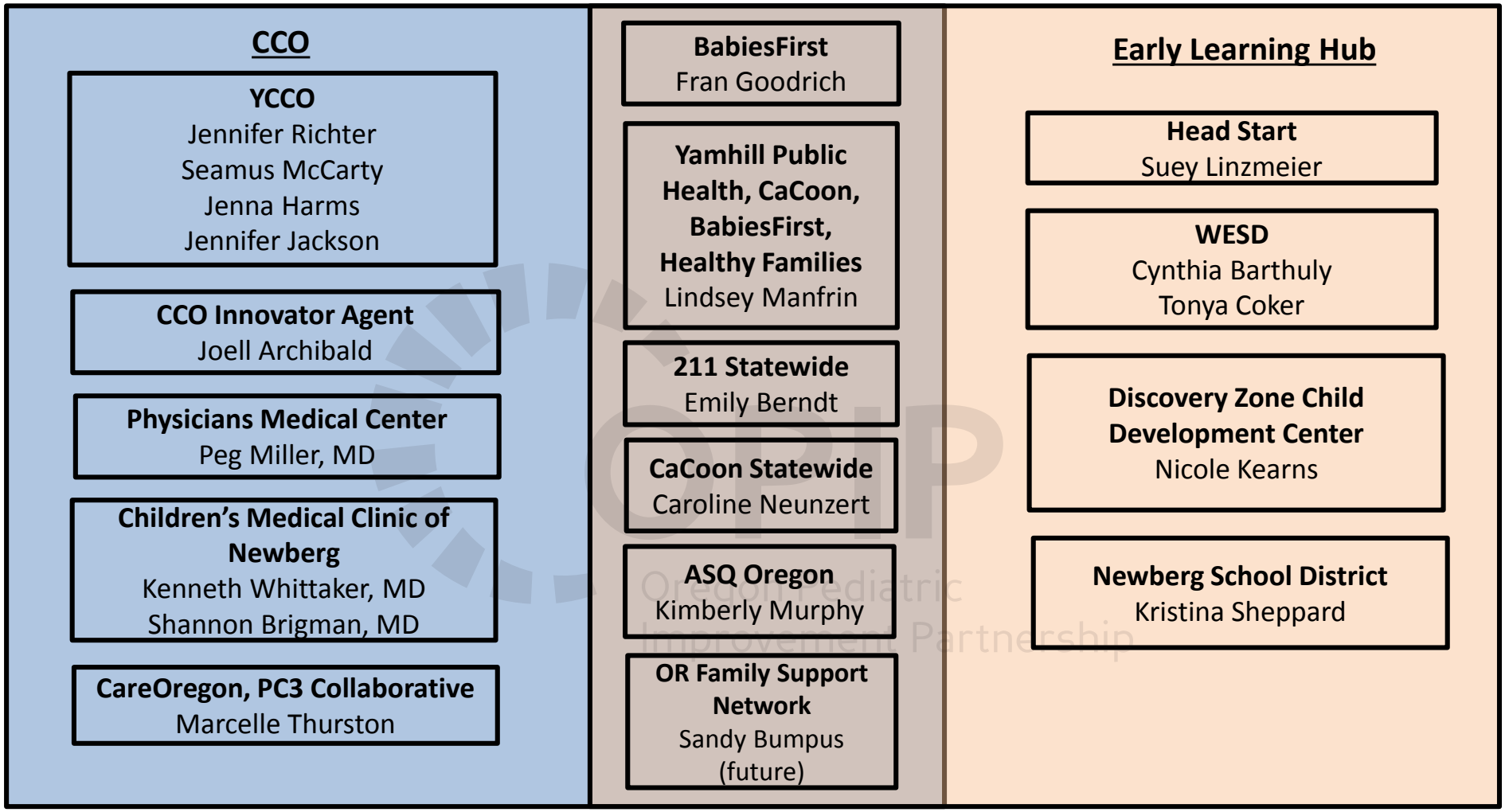
Quick Update on Key Activities Conducted April-Early August

- Stakeholder engagement
  - Completed remaining interviews (see next slide). A total of 24 interviews.
  - Parent partner engagement and input
- Triage and Referral Map
  - Engagement of pilot sites, Identification of proposed enhanced referral and triage methods to be piloted
  - Asset mapping of what exists now and what could be enhanced
- Methods and processes for coordinated care across primary care and community providers in priority pathways
  - Asset mapping of what exists now and what could be enhanced
  - Identification of proposed enhanced care coordination methods to be examined and focus of development
- Summarizing key learnings to inform spread in other communities
  - Project meeting with funding partners: OHA- Title V, OHA- Home Visiting, OHA- Child Health and Well-Being, ODE – Early Learning Division and Early Intervention (EI), ECSE and SPR&I

OPIP Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

Stakeholder Interviews - Yamhill



Parent Advisor
Danielle Uder

Parent Advisor
Ana Camacho

Do not copy or cite without proper citation.

Ensuring a Parent-Centered Focus In this Project: Overview of and Activities with Parent Advisors

Do not copy or cite without proper citation.

Parent Advisors

- Intentionally recruited parents that can provide perspective on at least one of the following:
  - Hispanic/Latino
  - Referred to services and did not access
  - Received services
  - Received services, yet there were gaps

- OPIP Parent Advisors:
  - **Parent #1:** Ana Camacho
  - **Parent #2:** Danielle Uder
  - **Additional Input:** Will utilize existing advisory groups within the sites if available

OPIP
Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

Parent Advisor Input

- Round 1 - April
  - Conducted first round of interviews to hear and learn from their experience
  - Provided context and background about the project
  - Obtained input on key issues within the referral and triage process already identified

- Round 2 - August
  - Input on the overall referral, triage and care coordination process
  - Input on **provider follow-up phone call script**
  - Input on the **parent education materials** being developed

OPIP
Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

#1: Referral and follow-up process can be overwhelming – A lot of info at one time and process is confusing

Items that would be of value for this project:

- **Follow-up phone calls** and tailored support to family needs
- **Printed educational materials** that set appropriate expectations for the process they are about to experience, including the types of providers they will hear from, timelines, etc. (**See next slide on input on materials**)
- Value of having a "**family partner**" who is within their community, whose child has been through the system, that could serve as a "buddy" or resource for navigating the system
- **Extra time with providers to explain everything** would be greatly appreciated and valuable, as this is hard news to process in quick visits. Both felt that this inability to digest and understand the information is likely a large reason by families don't follow-through with referrals

Do not copy or cite without proper citation.

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

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

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

OPIP Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

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

#2: **Multiple providers and multiple entities can be overwhelming and scary**

- Understand the value and importance of each team
- That said, it can make a parent feel overwhelmed and scared about the "seriousness"

#3: **Home visitors are extremely helpful in translating the different services and providing support.**

- Understand that some parents don't allow someone to come to the home
- Value of co-location at their PCP or partnership with Head Start

#4: **Better communication between multiple entities working with the same family is necessary and appreciated.**

- Burden is on the parent to update the multiple providers their child sees, can be overwhelming

Do not copy or cite without proper citation.

OPIP

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

#5: Specific to developmental screening, **parents do experience duplication of developmental screening service**s and lack of communication about those services. For example, a parent noted doing three different ASQ screens in a month: 1) Head Start, 2) Home Visiting, and 3) At their PCP office

** That said, parents understood in general people use it for different reasons.

OPIP Comment: This is also a relatively small number of children

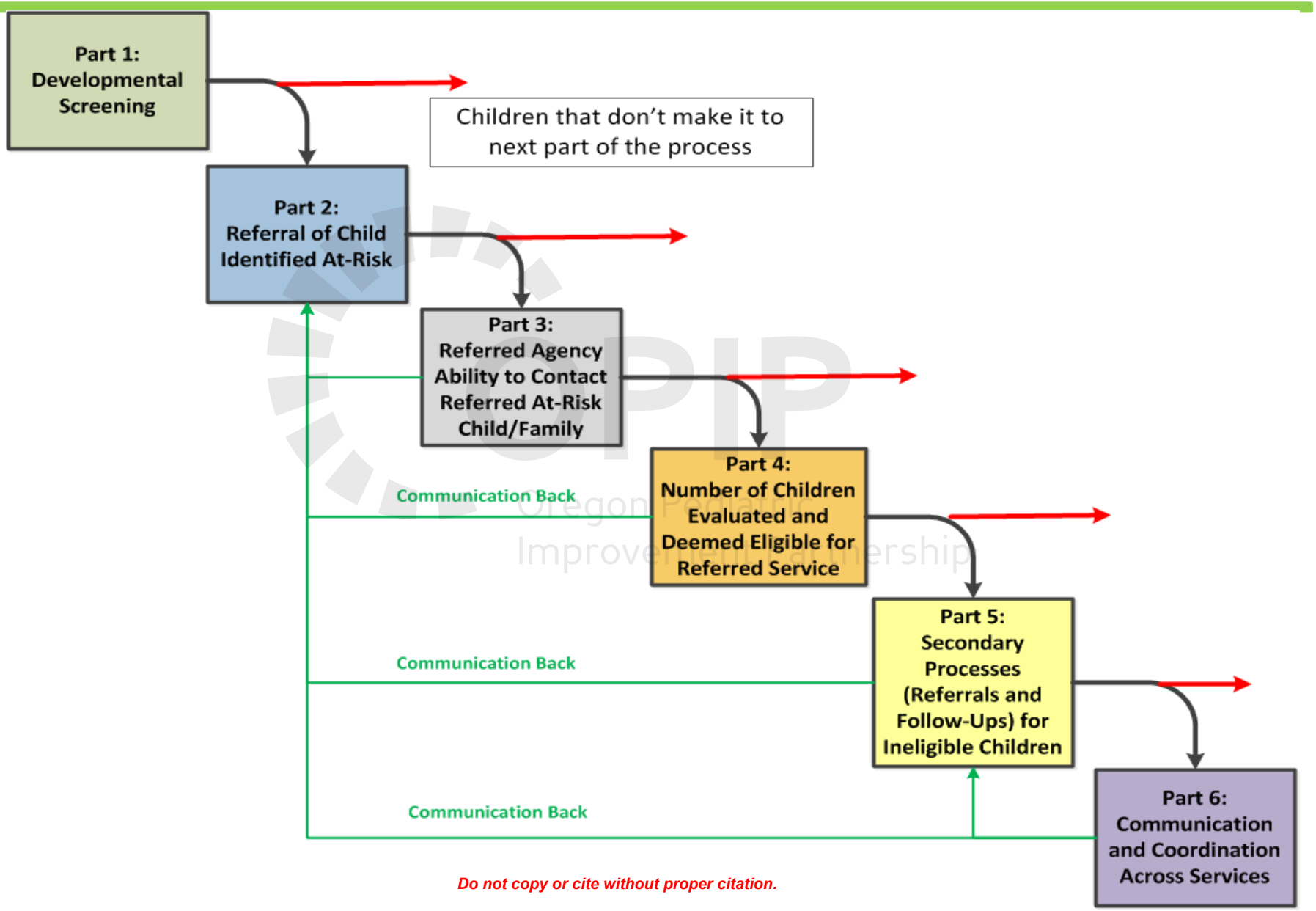
#6: Barriers were noted to **accessing health care services** that were not covered by OHP that would have been valuable:

- Examples provided included speech therapy
- Developmental and behavioral health care
- One parent noted the significant barriers experienced in trying to get tubes for their child, despite visible and trackable declines in hearing and speech as a result of ear infections

OPIP
Oregon Pediatric
Improvement Partnership

Do not copy or cite without proper citation.

Referral and Triage Map: Strawman Presented at April Meeting



OPIP Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

Using Data to Inform Our Discussions and Focus within the **Referral & Triage Map**

Oregon Pediatric Improvement Partnership

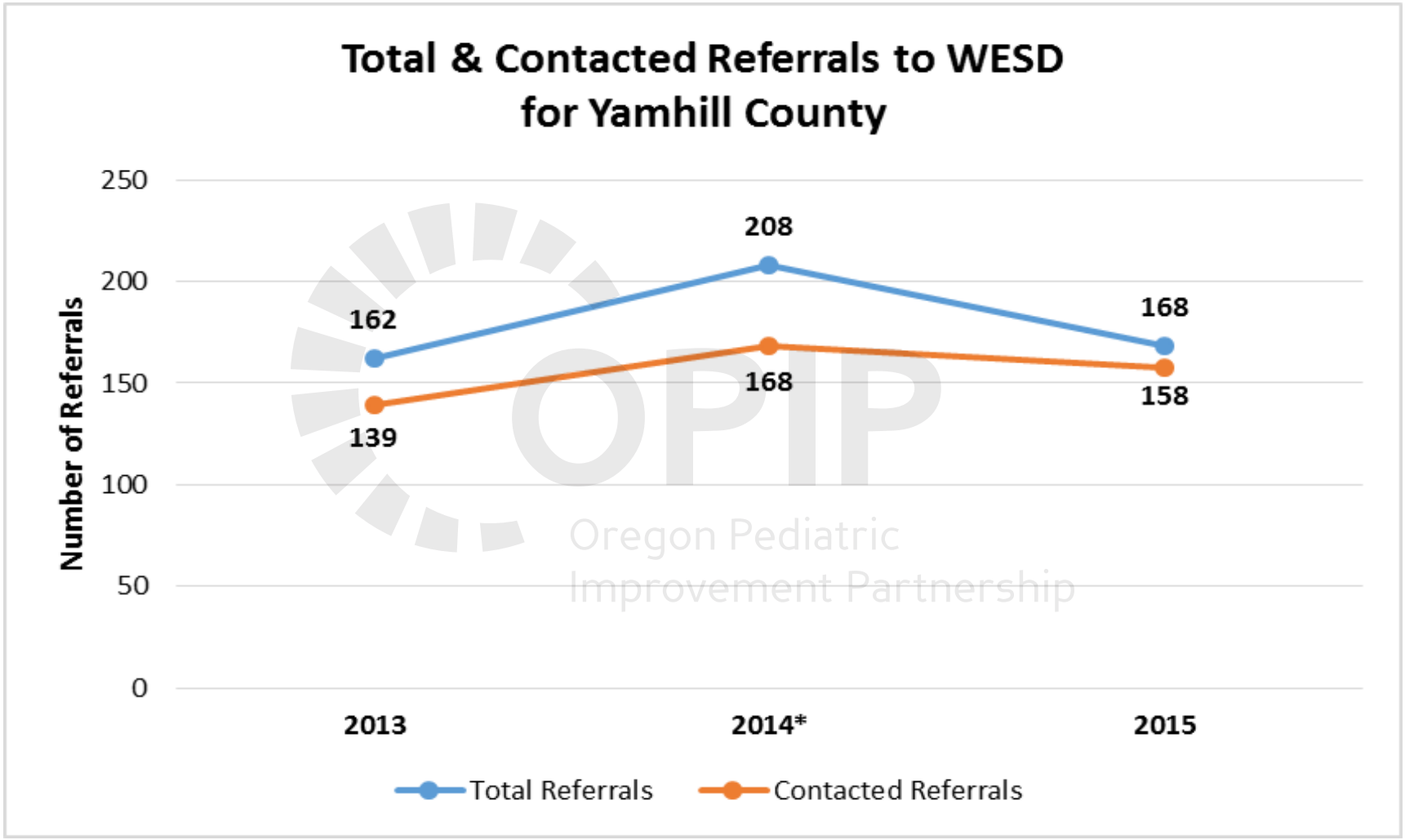
Do not copy or cite without proper citation.

Updated Data from WESD to Inform Referral and Triage Map and Pilot Activities and Related Evaluation

- Given our focus on ensuring that referred children are able to be contacted and get to EI for evaluation (Part 2 of Referral and Triage Map) updated data to include all referrals and to separate out referrals that could not be contacted.
- Given variations in referral and follow-up steps by child age and impact on secondary processes, assessed data by age
- Given our focus on secondary follow-up steps is largely in services that are most likely available for children in poverty, examined data by Medicaid vs. Non-Medicaid
- Important learning about 2014 referrals rates and inadvertent bump due to method of data entry, increase in referral rates likely to do data entry and not actual increases in referrals
  - Added a note in all tables related to 2014 when it is compared to other years for this reason

Do not copy or cite without proper citation.

Number of Referrals to WESD for Yamhill County

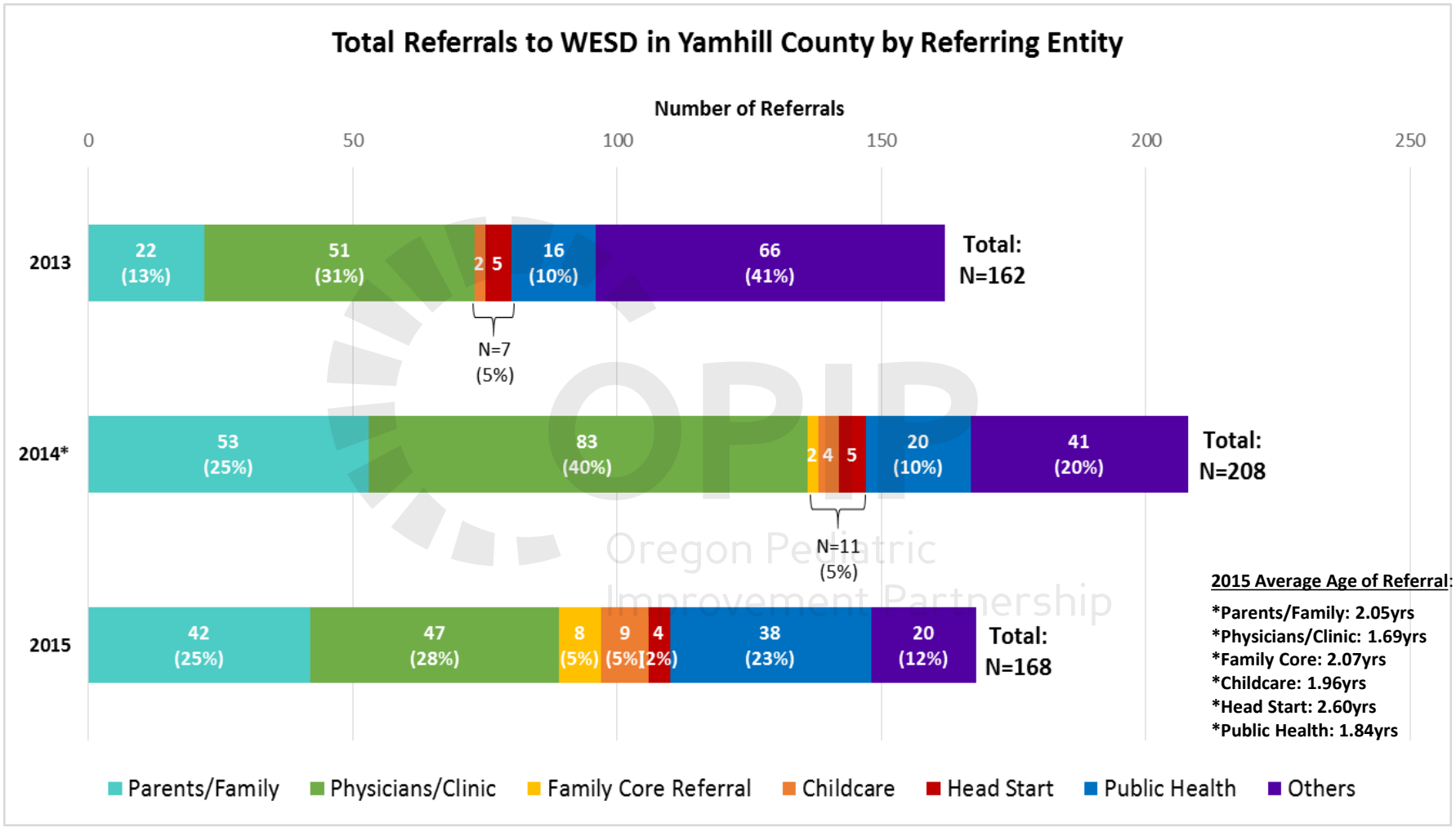


*In 2014, it was identified that for 3 months there was systematic difference in the way data was entered for referrals in that one child may have been entered in multiple times (one child could have appeared as more than one referral). This issue was addressed. However, referral rates in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

Do not copy or cite without proper citation.

OPIP

Referrals for Yamhill County by Referring Entity



*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 rates in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

Do not copy or cite without proper citation.

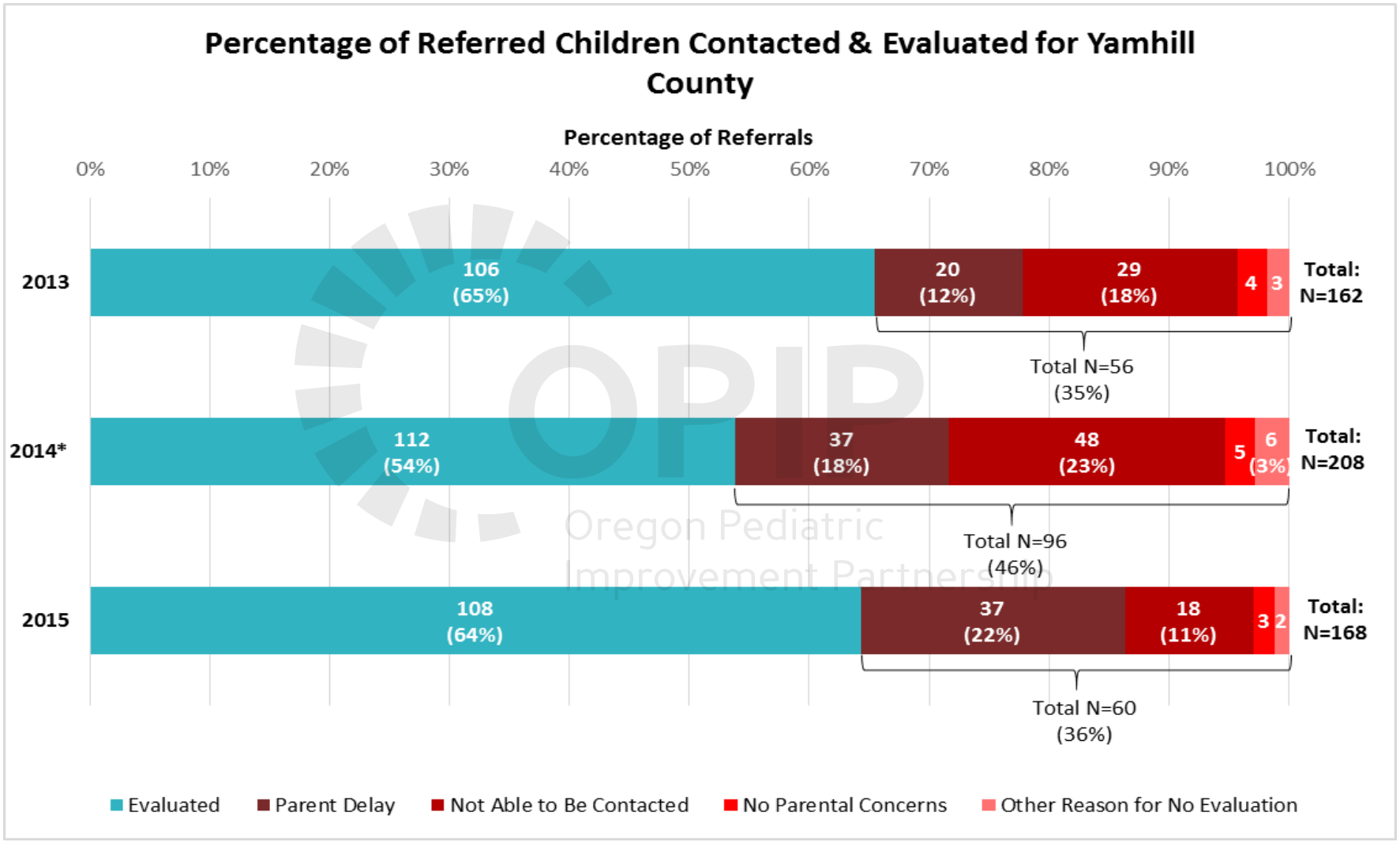
Referrals for Yamhill County by Referring Entity – Entities in the "Other" Category

- Other Referral Sources:
  - Community Screening Activity (34%)
  - CAPTA (25%)
  - Hospital (19%)
  - DHS (5%)
  - Other EI/ECSE Program (5%)
  - Local School District (4%)
  - Move in from another state (4%)
  - Healthy Families (2%)
  - Private Therapy (1%)
  - Other (1%)

OPIP
Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

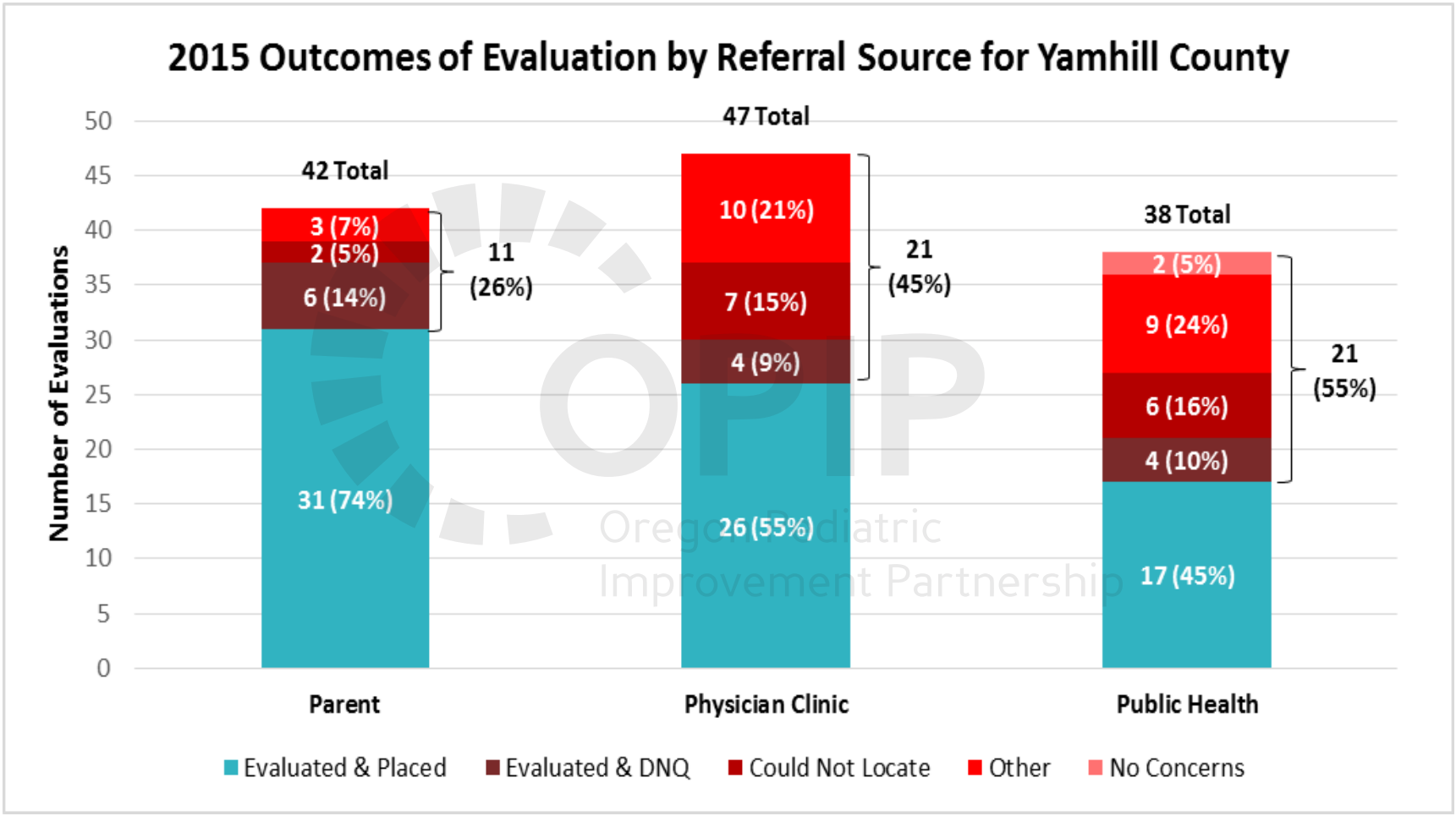
Referral Outcomes in Yamhill County by Year



*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 rates in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

Do not copy or cite without proper citation.

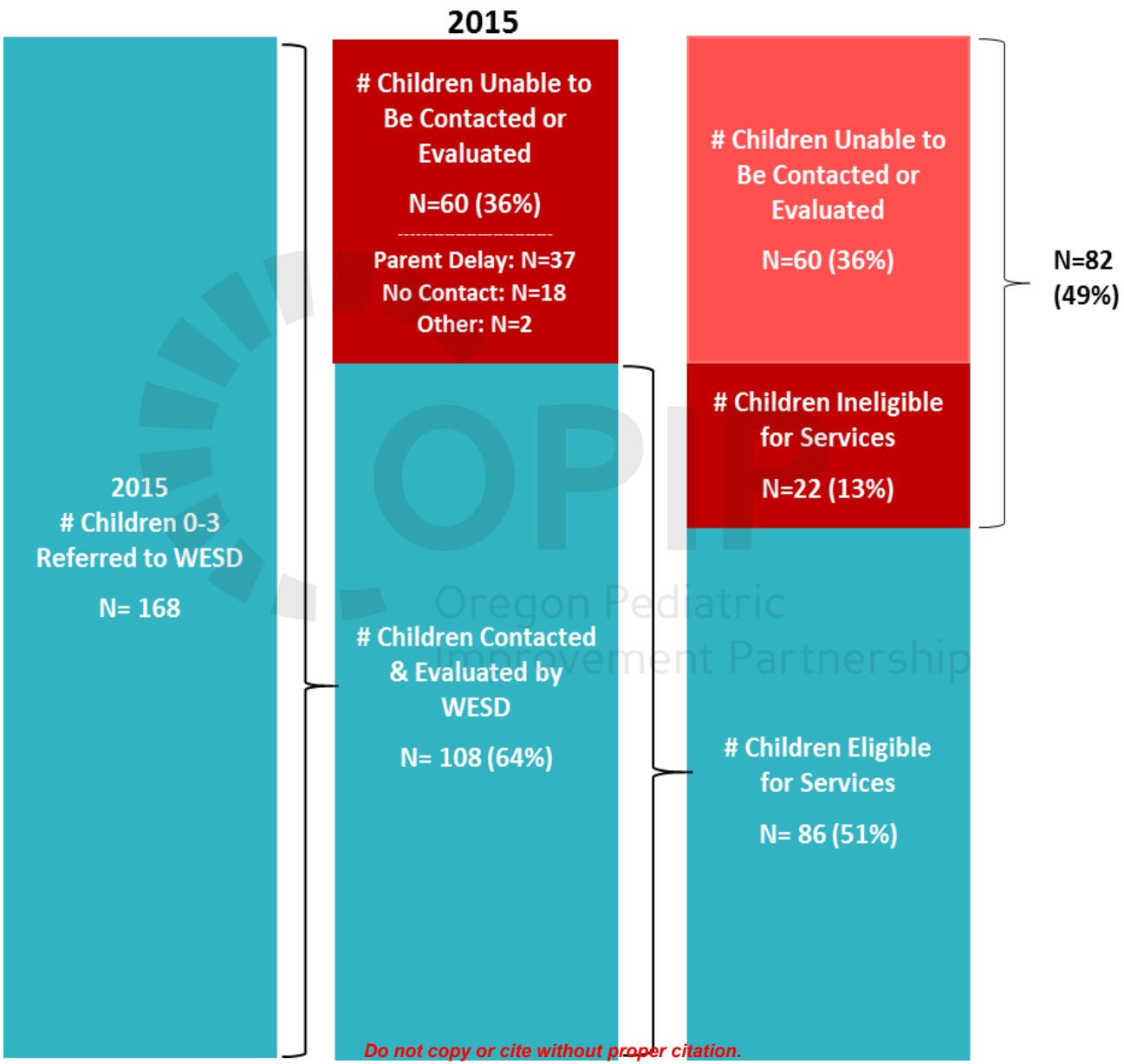
2015 Outcomes of Evaluation by Referral Source



Oregon Pediatric Improvement Partnership

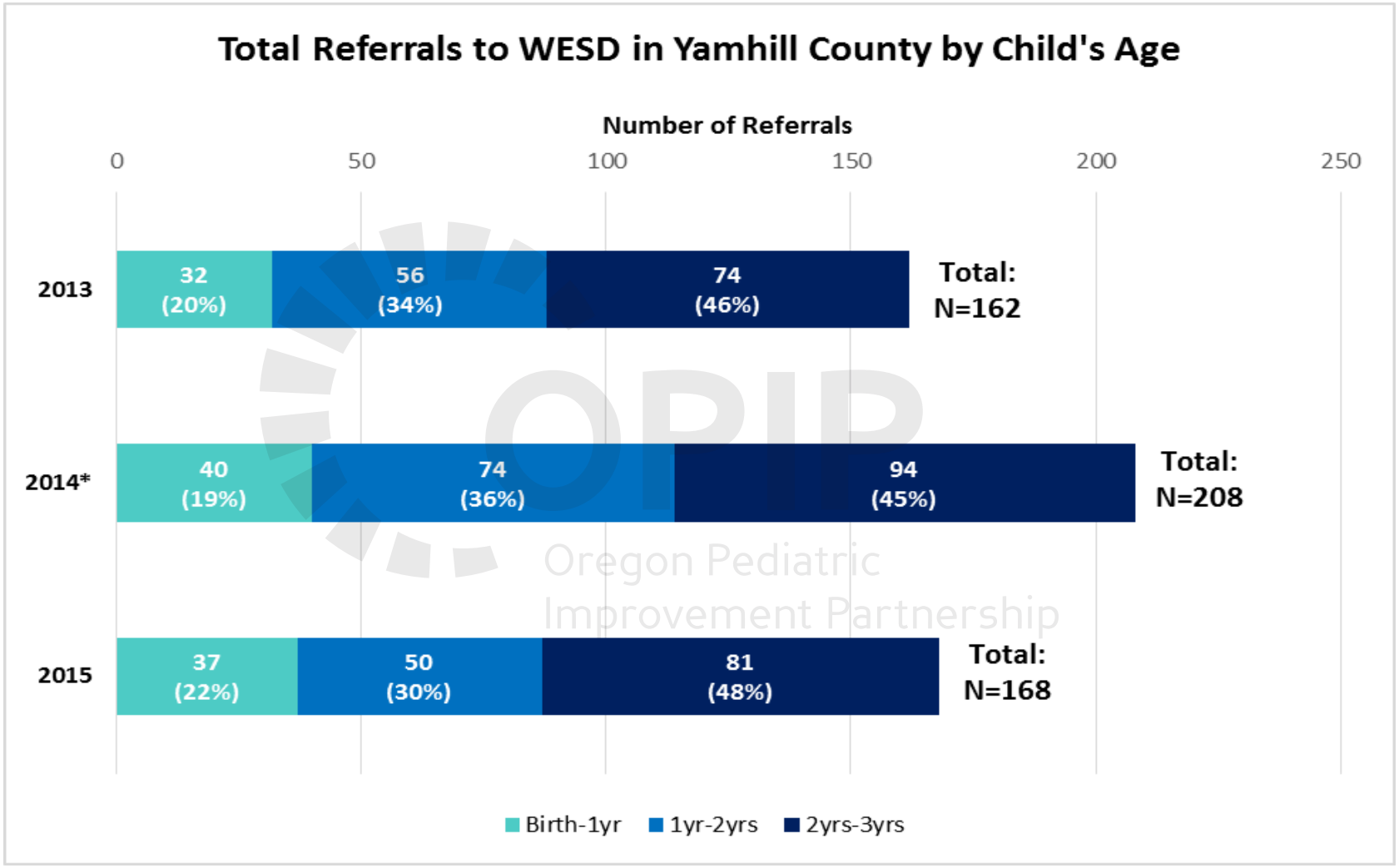
Do not copy or cite without proper citation.

2015 Outcomes of Evaluation



Do not copy or cite without proper citation.

Referrals in Yamhill County by Child's Age

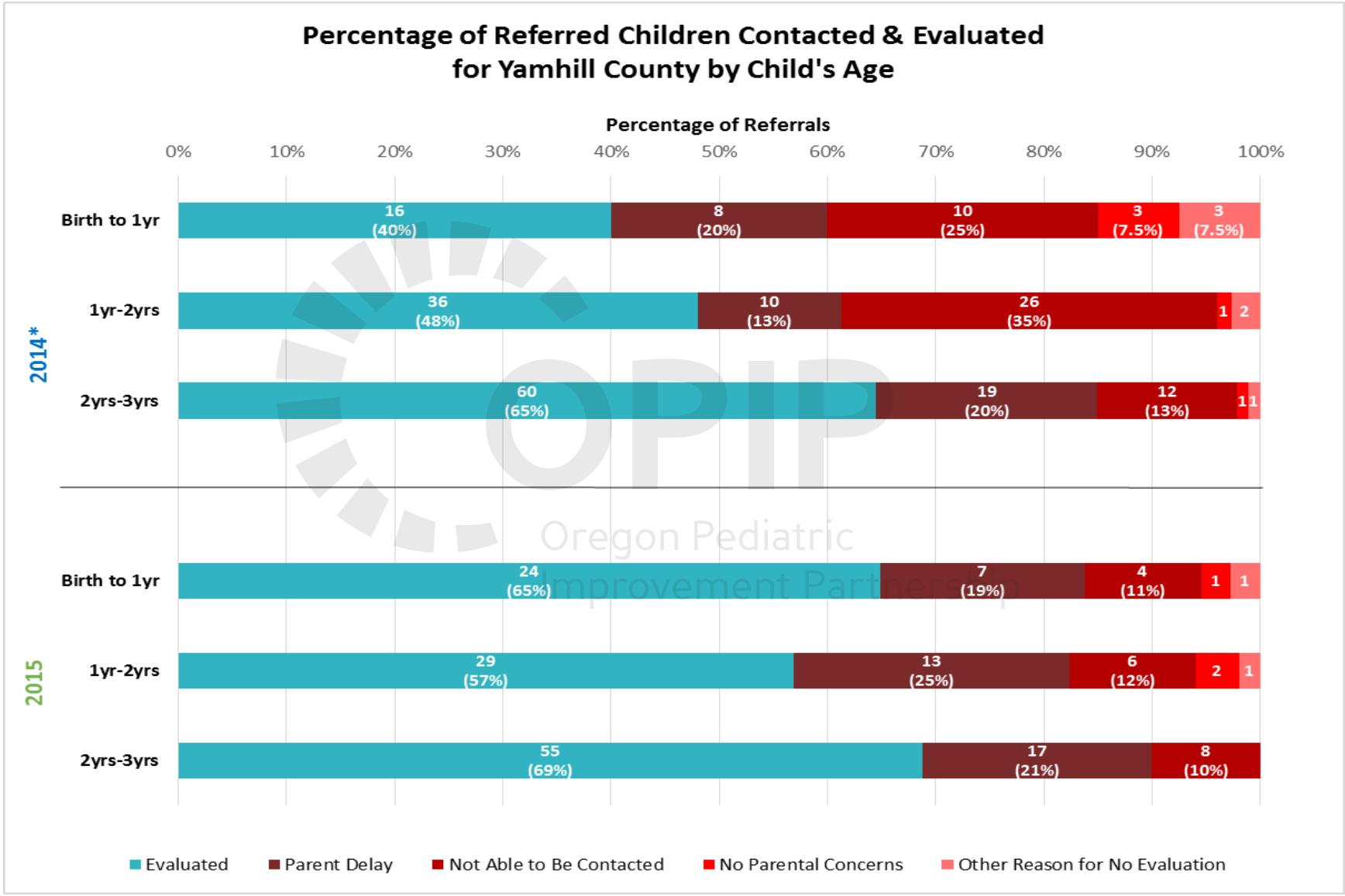


Oregon Pediatric Improvement Partnership

*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 rates in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

Do not copy or cite without proper citation.

Referrals Outcomes in Yamhill County by Child's Age

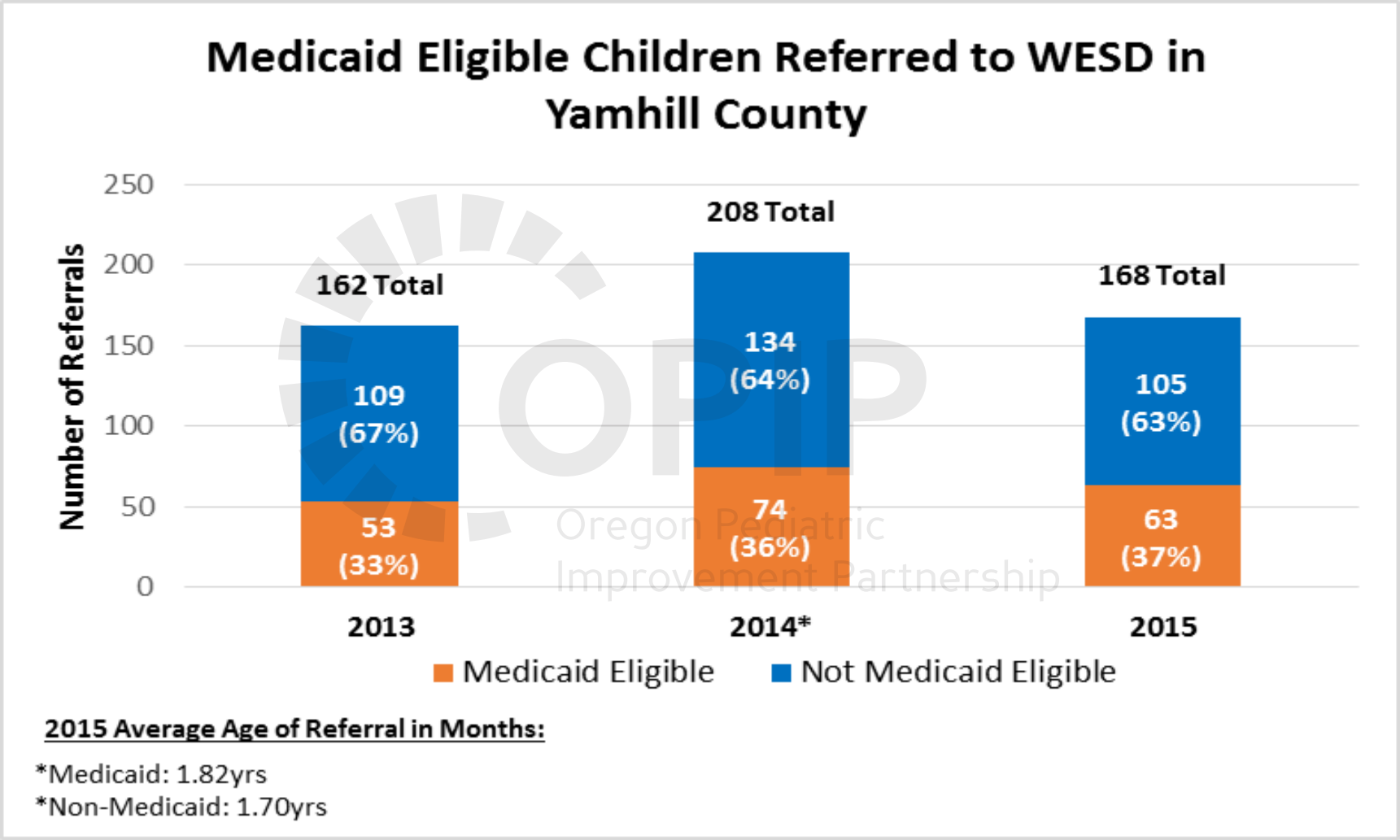


OPIP
Oregon Pediatric Improvement Partnership

*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 rates in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

Do not copy or cite without proper citation!

Number of Medicaid Eligible Children Referred to WESD in Yamhill County



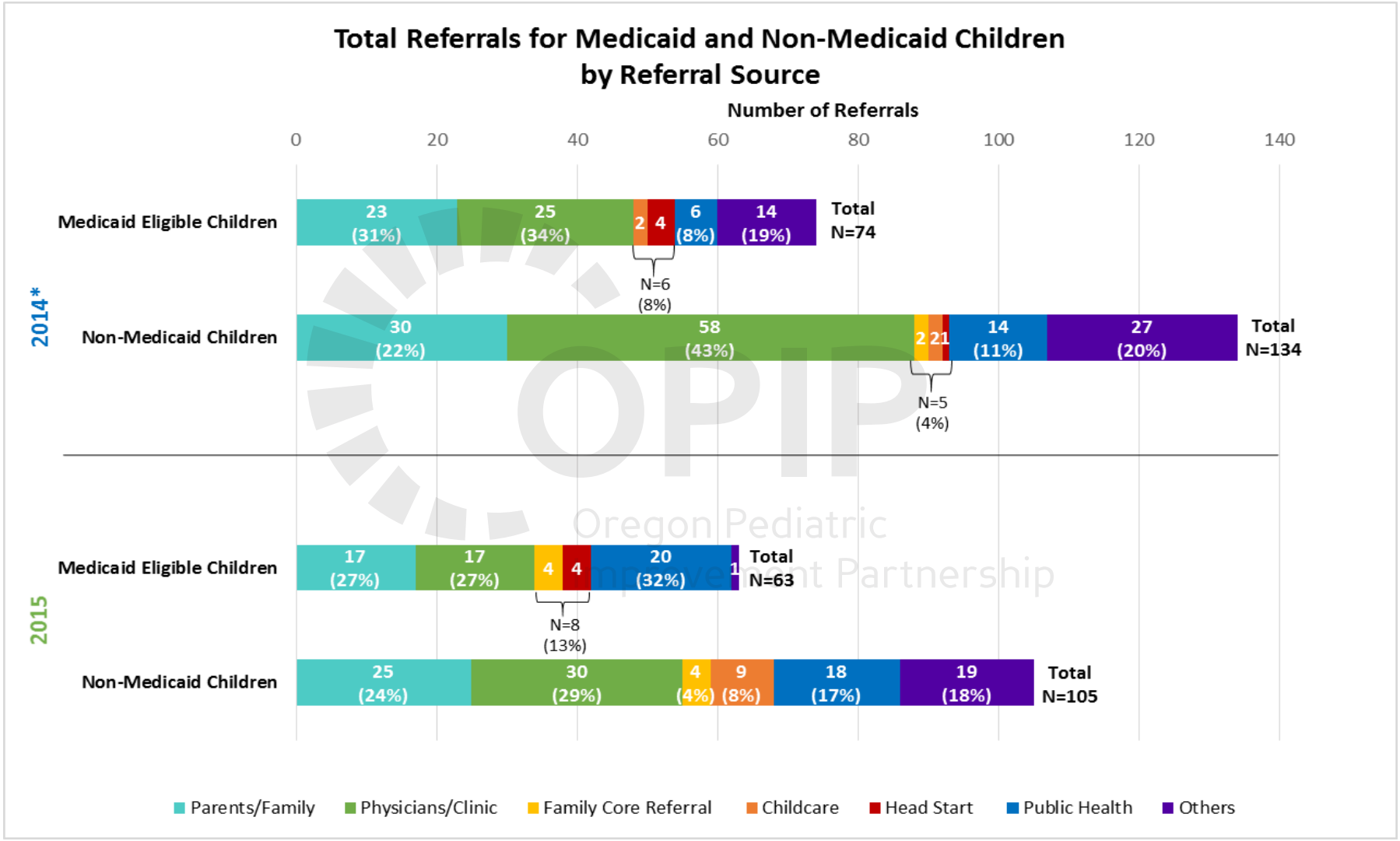
2015 Average Age of Referral in Months:

*Medicaid: 1.82yrs
*Non-Medicaid: 1.70yrs

*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 rates in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

Do not copy or cite without proper citation.

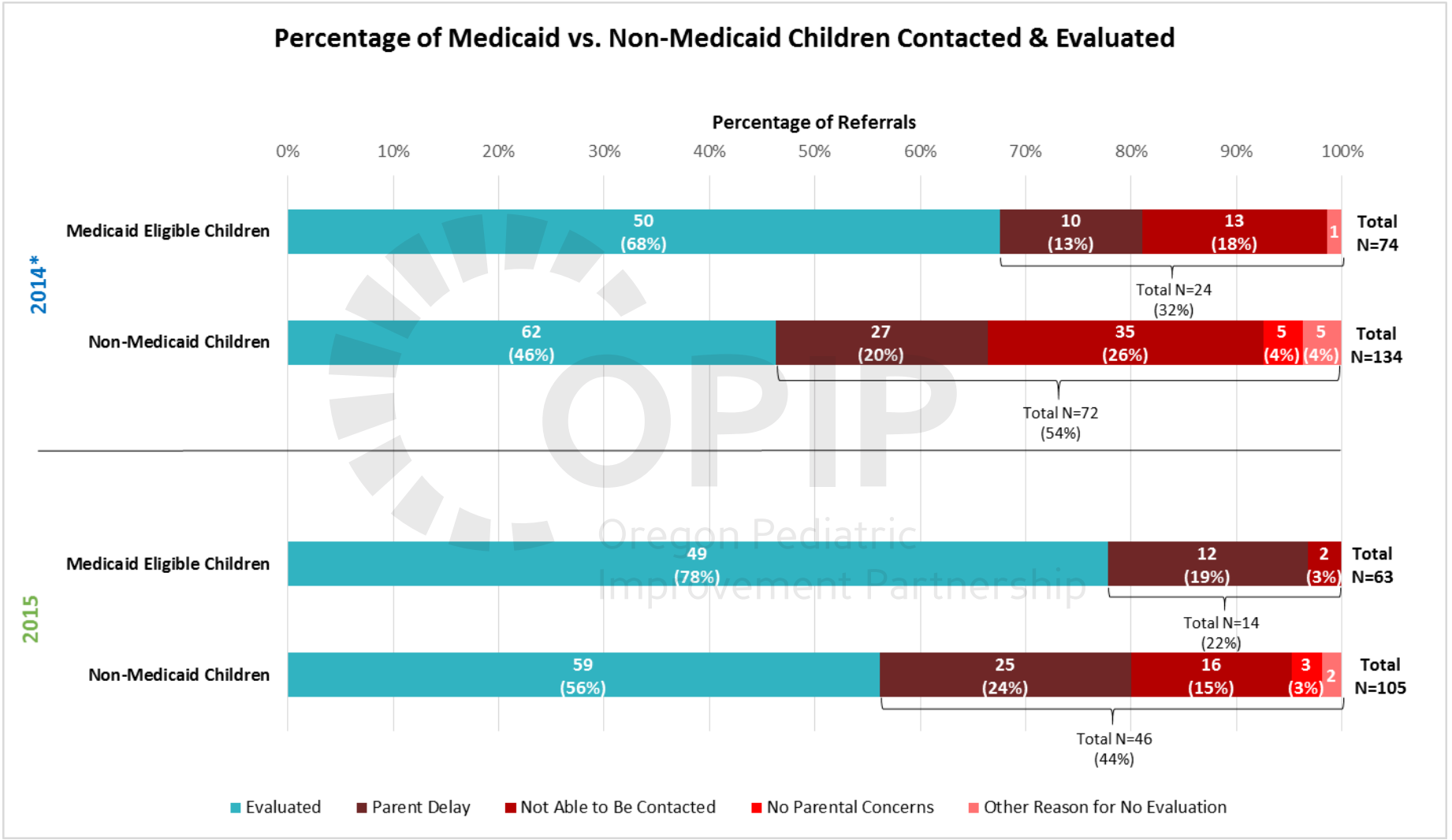
Referrals for Medicaid and Non-Medicaid Children by Referral Source



*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 rates in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

Do not copy or cite without proper citation.

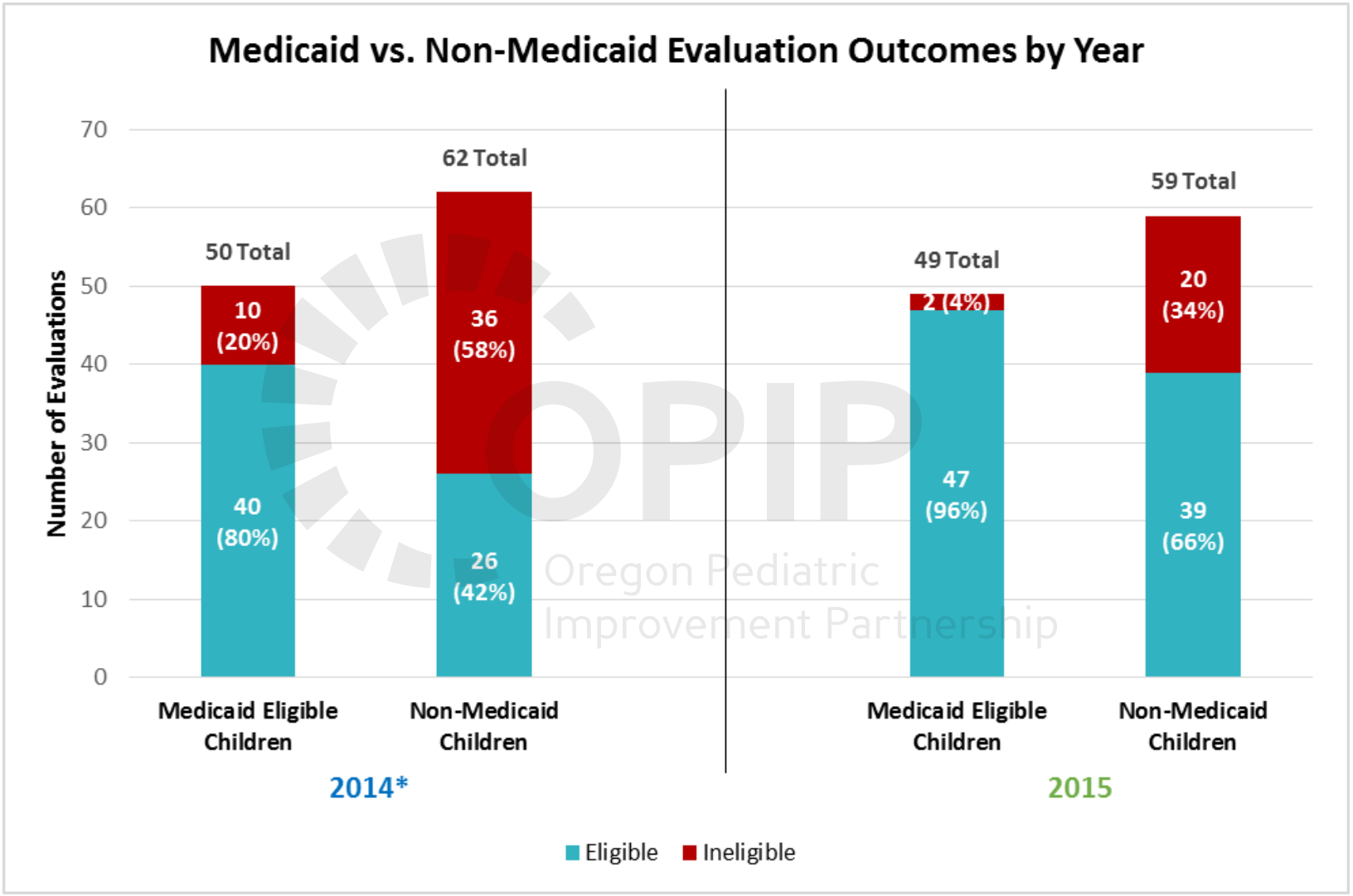
Percentage of Medicaid vs. Non-Medicaid Children Contacted & Evaluated



*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 rates in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

Do not copy or cite without proper citation.

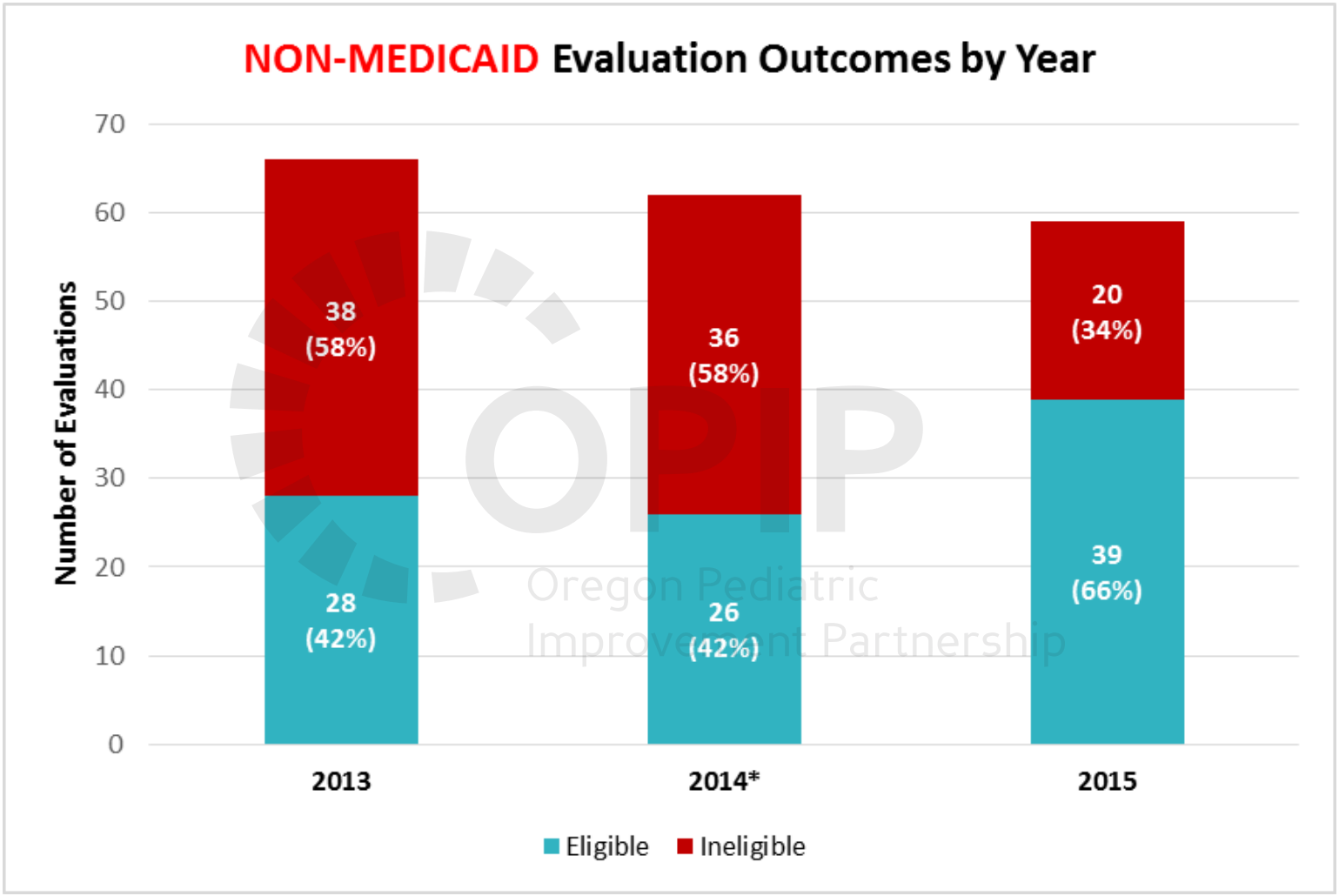
Evaluation Outcomes for Medicaid vs. Non-Medicaid Children in Yamhill County



*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 rates in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

Do not copy or cite without proper citation.

Evaluation Outcomes for Non-Medicaid Children in Yamhill County



*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 rates in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

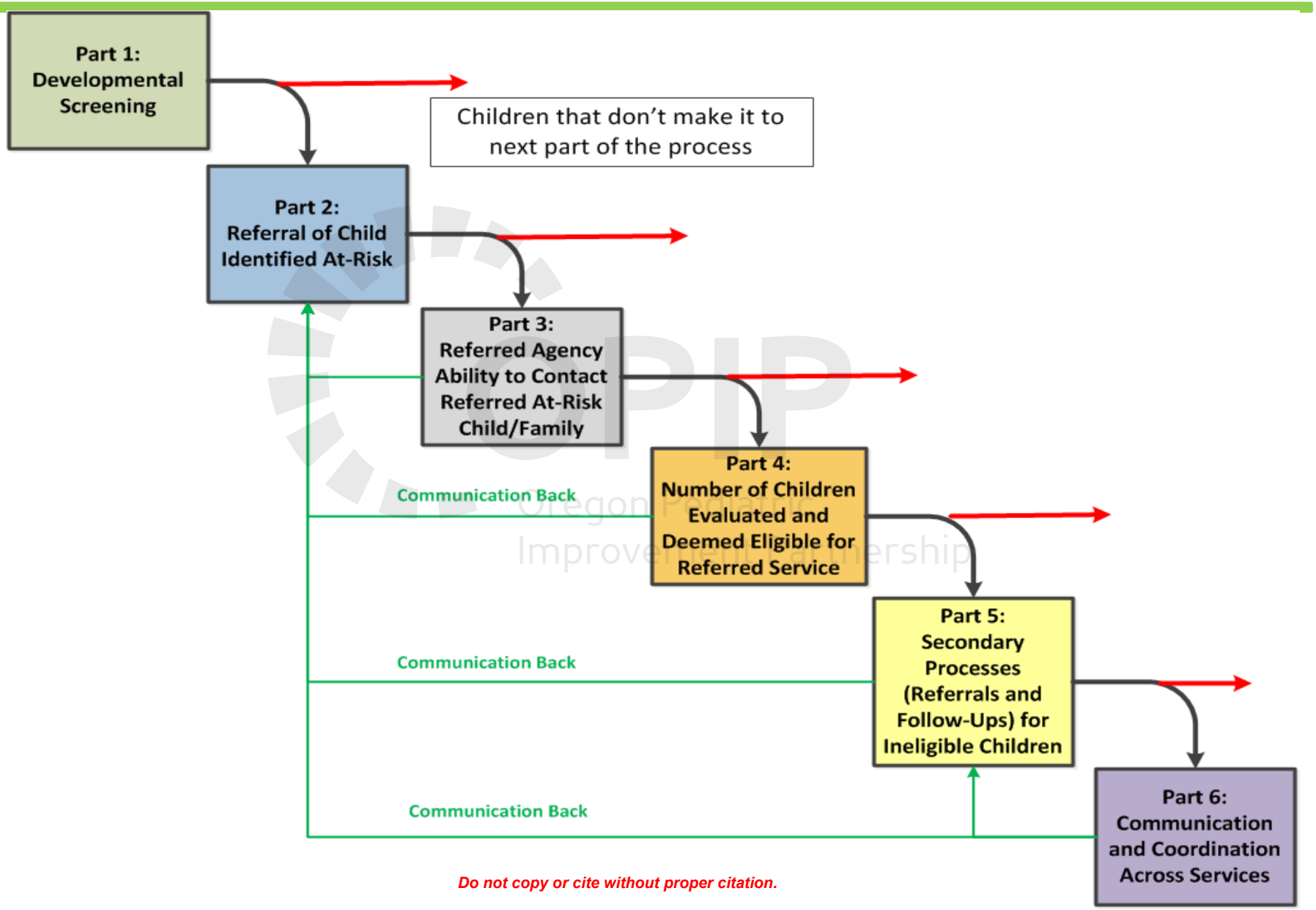
Do not copy or cite without proper citation.

Developmental Screening Referral and Triage Map: From the Strawman and Priority Pathways to Current Draft of the Tool

OPIP
Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

Referral and Triage Map: Strawman



Do not copy or cite without proper citation.

Priority Components of the Referral & Triage Map Confirmed by Yamhill Stakeholders 4/14/16

Within Sites Doing Screening:

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

For At-Risk Children Referred:

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

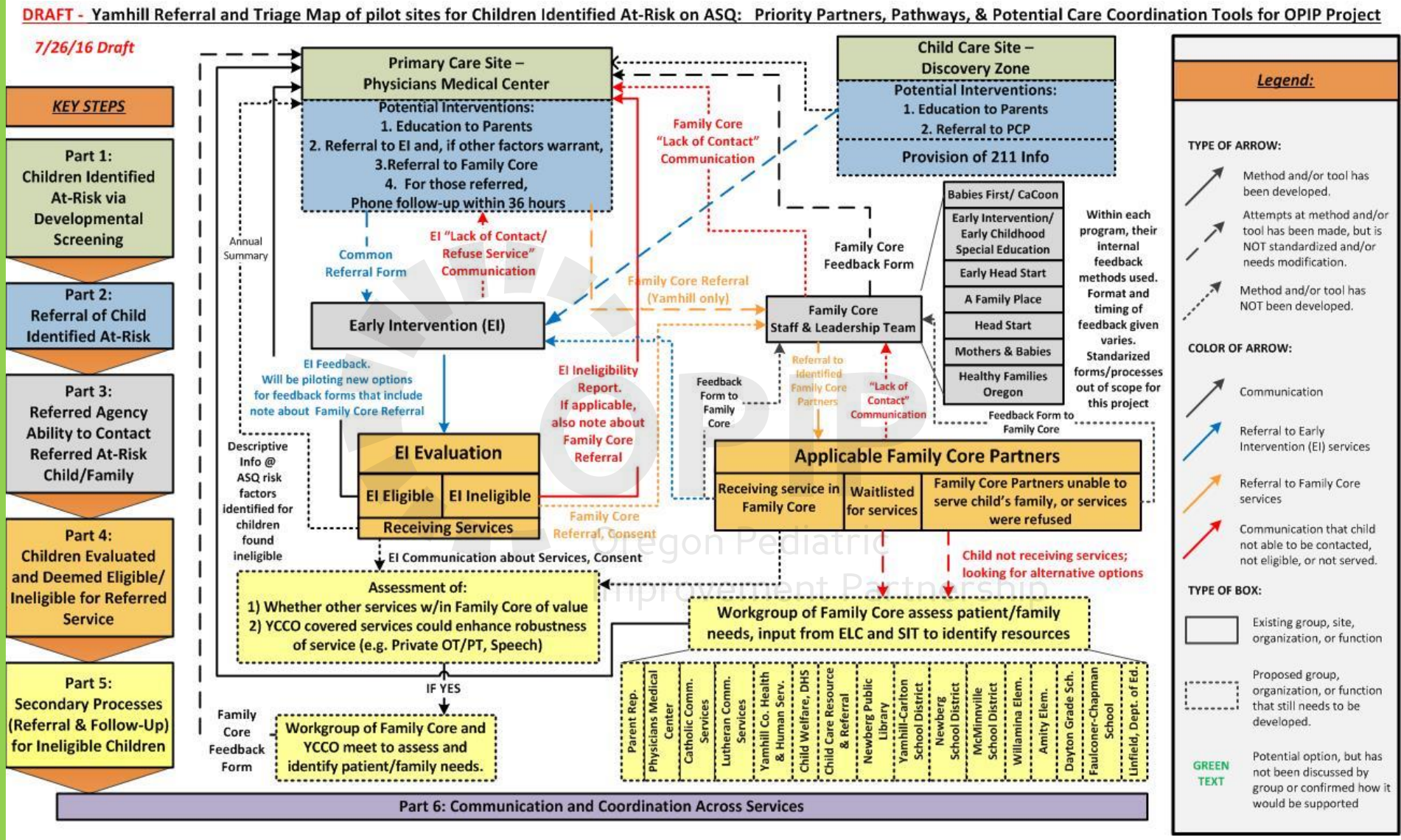
Do not copy or cite without proper citation.

Based on Learnings, Pilot Sites, and Scope of the Project: Current Developmental Screening Referral and Triage Map

OPIP
Oregon Pediatric
Improvement Partnership

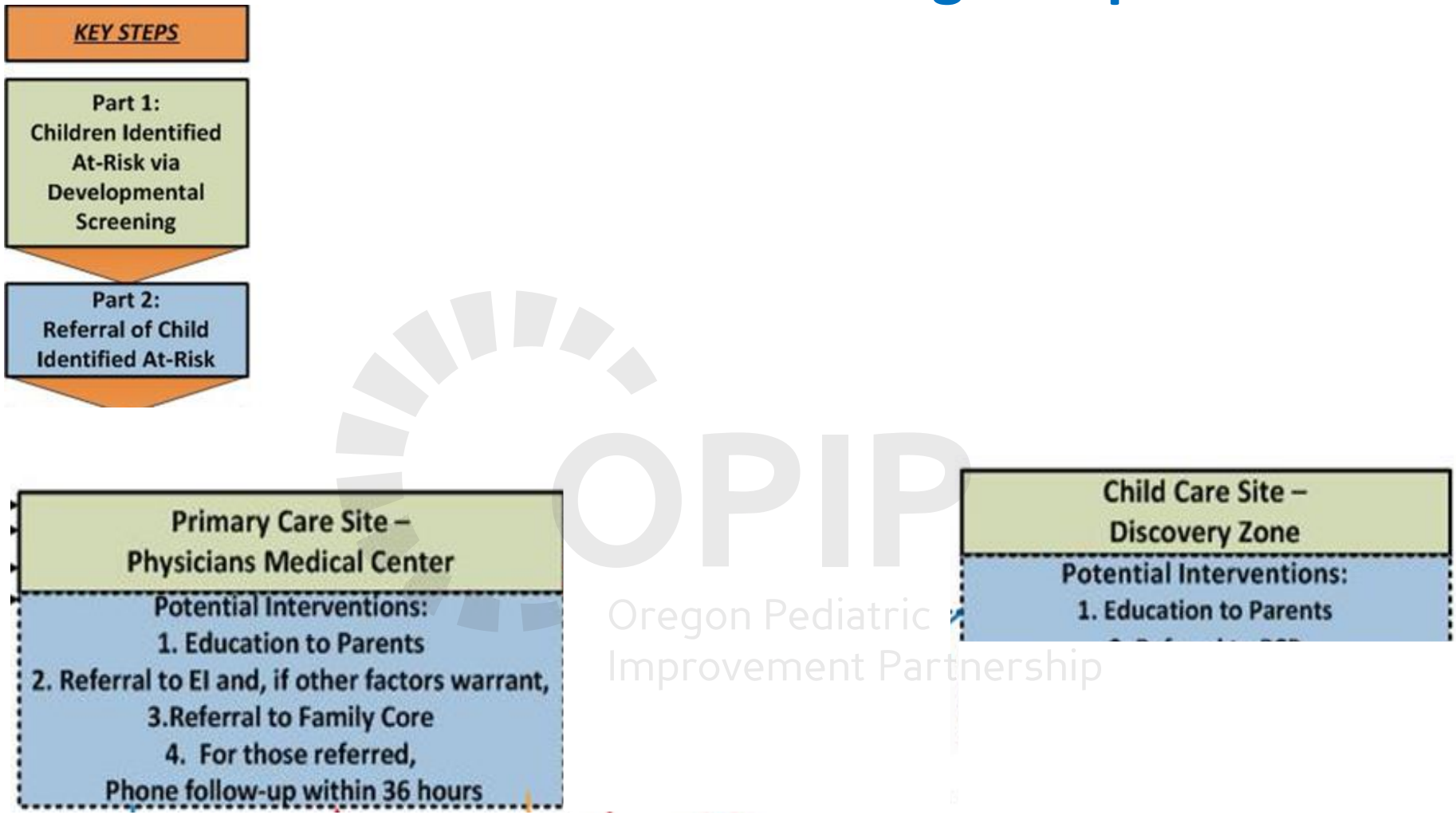
Do not copy or cite without proper citation.

Current Referral & Triage Map



Do not copy or cite without proper citation.

Current Referral & Triage Map

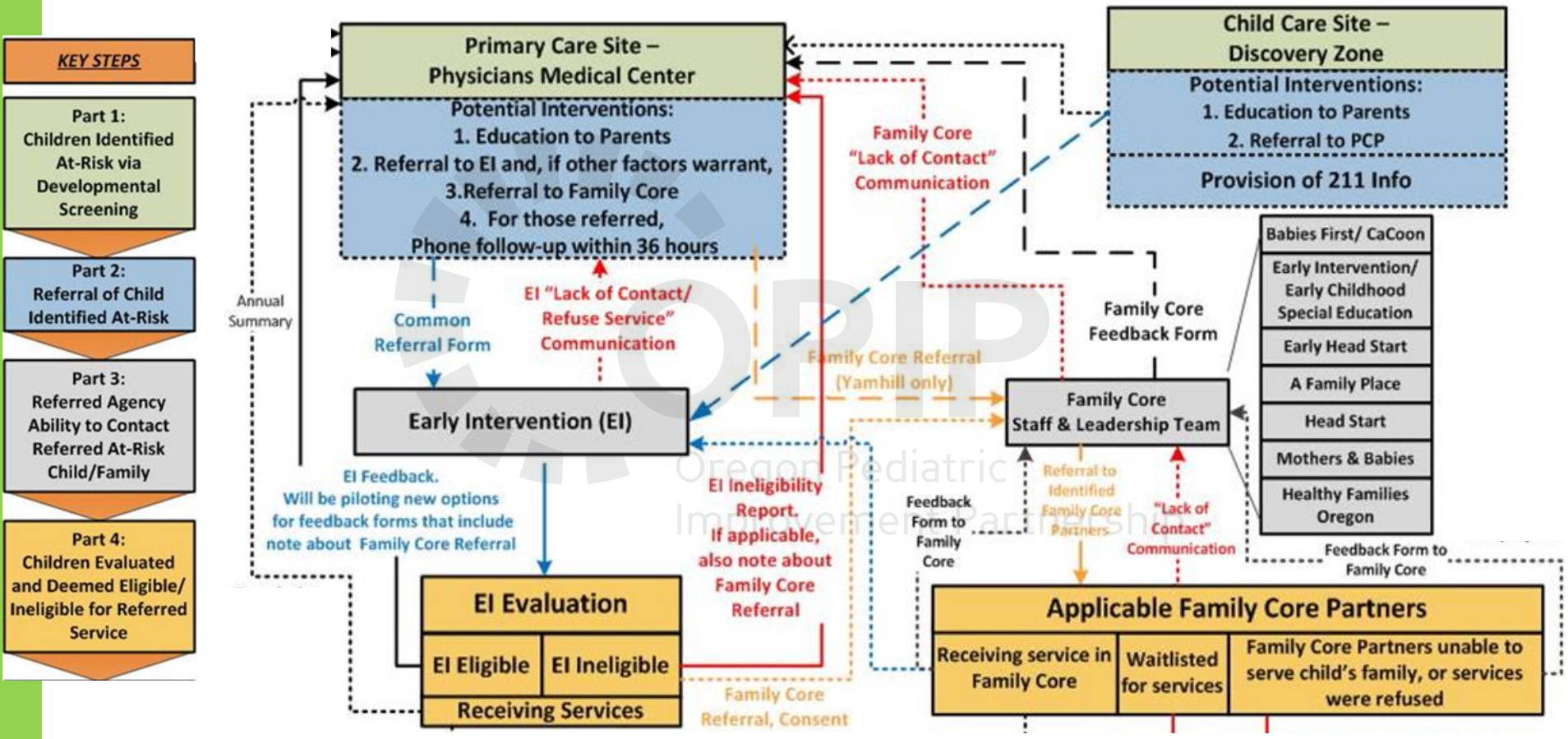


OPIP
Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

OPIP

Current Referral & Triage Map

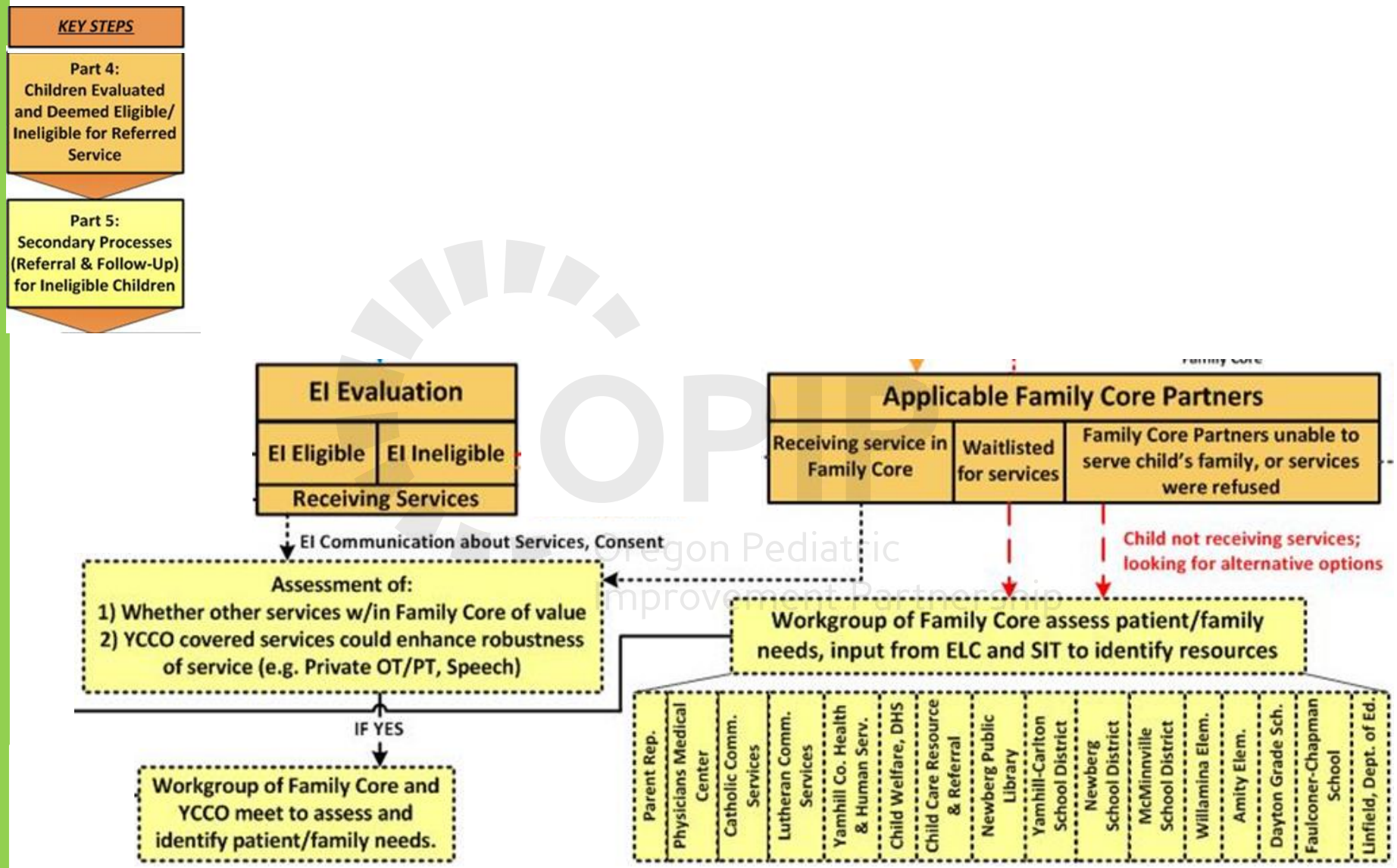


Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

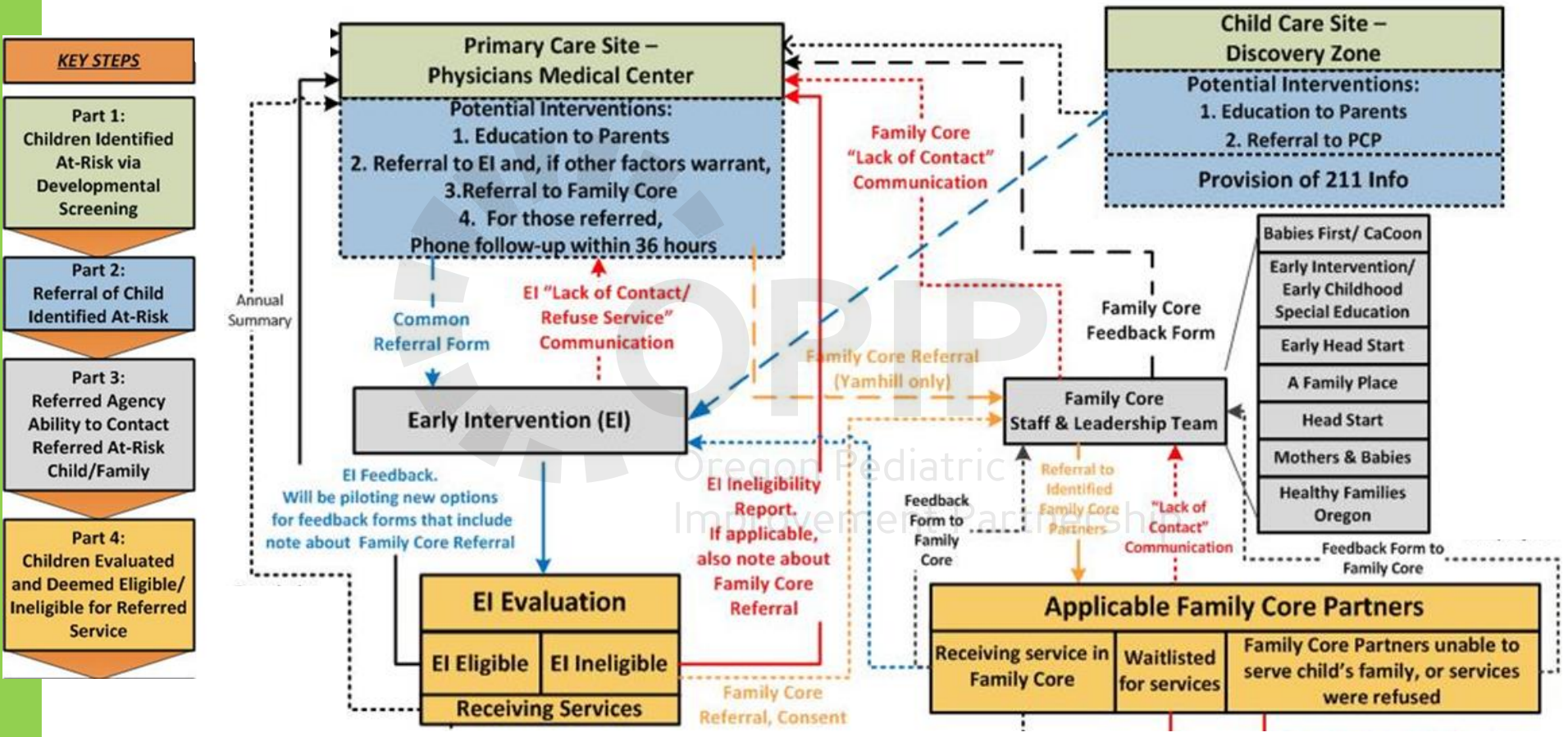
OPIP

Current Referral & Triage Map



Do not copy or cite without proper citation.

Current Referral & Triage Map



Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

OPIP

Key Activities within Referral and Triage Map for August-October

1. Education material for parents development
2. Process implementation within Primary Care Providers- PMC, Brigman and Whittaker
3. Process implementation within WESD- Early Intervention
4. Process refinement and clarification Family Core entities, and in particular EI
5. Child Care Site- Discovery Zone

Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

Educational Materials for Parents

- Currently in development- parent review in process
  - Parent centered educational material- **what just happened and what happens next?**
    - Why did we have you complete a screening tool?
    - What happens next? Screening is just the first step
    - What is Early Intervention?
      - Who are they?
      - What should I expect next?
      - Who and how to contact for more information or questions
    - What is Family Core?
      - Who are they?
      - What should I expect next?
      - Who and how to contact for more information or questions
    - Why did I sign a consent form?
    - Next steps and questions

OPIP Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

Process Implementation in Primary Care Practices

1. Training on WHY referral needed
2. Referral to EI
3. For those with other risk factors, referral to Family Core
4. Follow-up with 36 hours and phone script (Parent advisor review)
5. Educational materials
6. Work flow about HOW they would use information received back
7. Examination of practice-level data related to screening, referral, and communication from referred entities

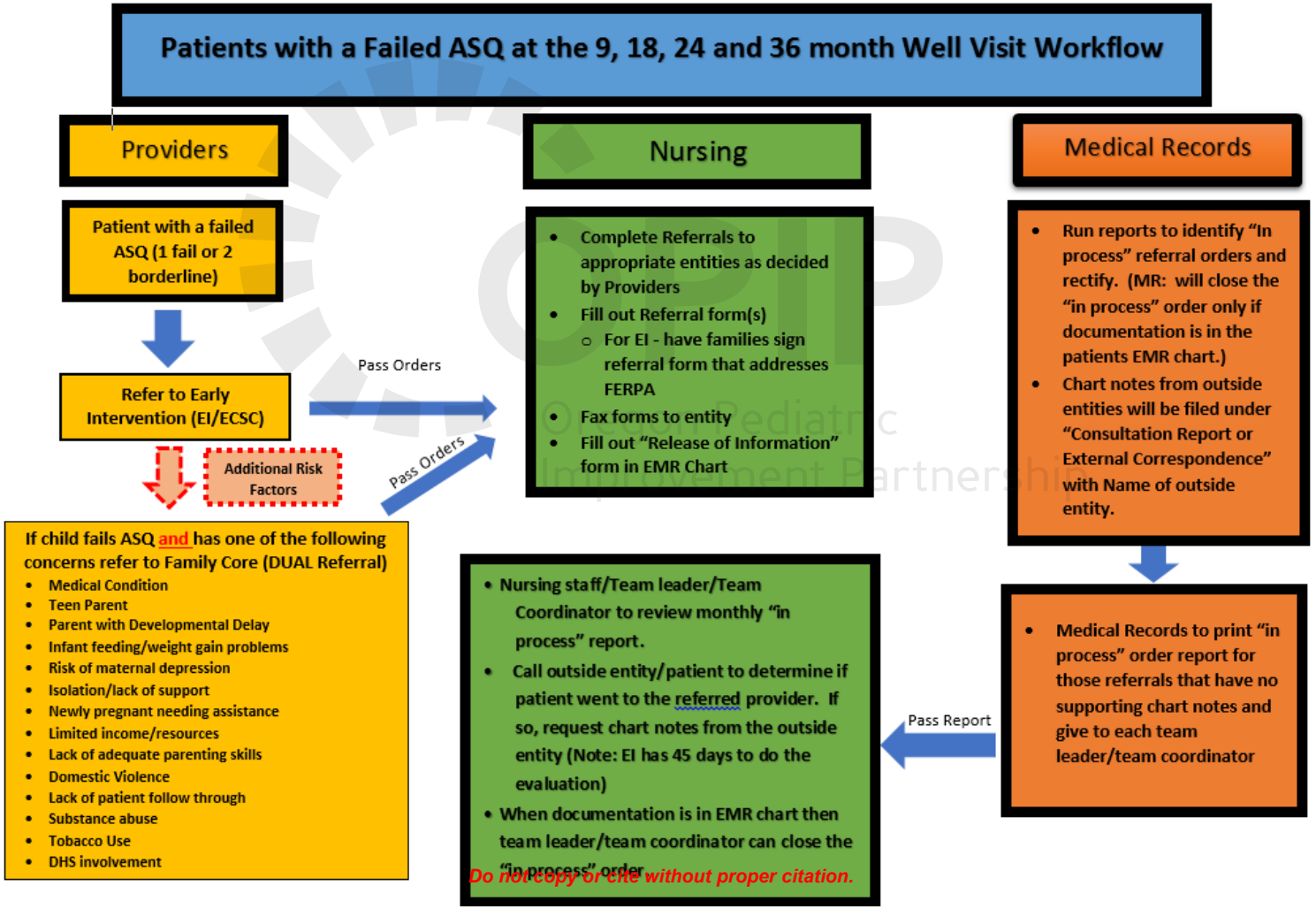
OPIP
Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

OPIP

Process Implementation in Primary Care Practices

Physicians Medical Center- Updated Workflow



Do not copy or cite without proper citation.

Process Implementation in Primary Care Practices

36 hour Follow Up Call Script

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) [and if applicable to Family Core. We realize it can be overwhelming to get a lot of information about next steps at the meeting, so I wanted to call and answer any questions that you have may have.

Do you have any questions about why Dr. XX wanted (insert child's name)?

Do you have any questions about Willamette Education Service District and Early Intervention and what will happen next with them?

- Answer question.
  - If not: Great. You should be getting a call from the Early Intervention Coordinator, their names are X or Y, to schedule an appointment.
  - At that appointment Willamette Education Service District will be doing a more thorough evaluation of (insert) child's development.
  - Then, based on their assessment they will help us understand what we can do to support (insert child) and whether your child may benefit from their services.
  - In the referral form that you signed, that gave them permission to share with us the findings from that evaluation so we can use that information to best care for (insert child)

If Applicable: Do you have any questions about Family Core and what will happen next with them?

- Answer question
- If not: Great. Remember Family Core is a group of different agencies that support families and young children. They will meet to determine which agency is the best fit for your child. Then, the agency identified will contact you.

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

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

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

OPIP Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

OPIP

Early Intervention Processes

1. Examination of characteristics by ASQ Failed and EI Ineligible
2. Drafting and work flow about "not able to communicate"
3. Drafting of revised feedback forms based on Universal Referral Forms entered
   - Interview of PCPs about what WOULD be helpful
4. Addressing opportunities to refer to Family Core for EI Ineligible
   - Training of EI Evaluators about Family Core entities
   - Referral form that has consent to meet EI needs

OPIP
Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

OPIP

Family Core

1. Examination of current processes related to:
   - Referral and time referral
   - Communication back to referring provider
2. Drafting and work flow about "not able to communicate"
3. Communication processes and feedback forms
   - Interview of PCPs about what WOULD be helpful
4. Beginning map of process/work flow for kids that could go to ELC

Oregon Pediatric Improvement Partnership

Do not copy or cite without proper citation.

Work group of Family Core and YCCO

1. First need to understand services within YCCO that address risk identified
    1. Covered services
    2. Contracted provider
2. Would be children who are and are not receiving services – as benefit across the board

? Best lead for this work?

? Best person to attend, as appropriate, Family Core meetings where medical service need is discussed?

Do not copy or cite without proper citation.

Next Steps

- Conduct activities just discussed
- Tailored customized referral and triage map: (Del 2.3, due 9/30)
- Develop presentation and resource materials outlining elements of information and models of coordination relevant to the identified priority pathway (Del 3.4)
- Interim Progress report to OHA (9/30)
- Summary of existing systems and processes - WESD contract (September-October)
- Stakeholder Meeting – November or December

Do not copy or cite without proper citation.