



**Pathways from Developmental Screening to Services:
*Spotlight of Effort led by Northwest Early Learning Hub -in collaboration
with the Oregon Pediatric Improvement Partnership-
in Columbia, Clatsop and Tillamook Counties***

Columbia Stakeholder Meeting 10/9/17



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Agenda

1. Refresher on Key Elements of the Project in Clatsop, Columbia and Tillamook Counties
2. Overview of Stakeholder Interviews,
Get Your Input
3. Overview of Baseline Quantitative Data Being Collected
4. VERY Preliminary Emerging Themes, **Get Your Insight and Perspective Given Impact on Pilots**
5. Preview of the Future and Improvement Pilots,
Get Your Reactions
6. Next Steps



Opportunity to Focus on Follow-Up to Developmental Screening that is the Best Match for the Child & Family

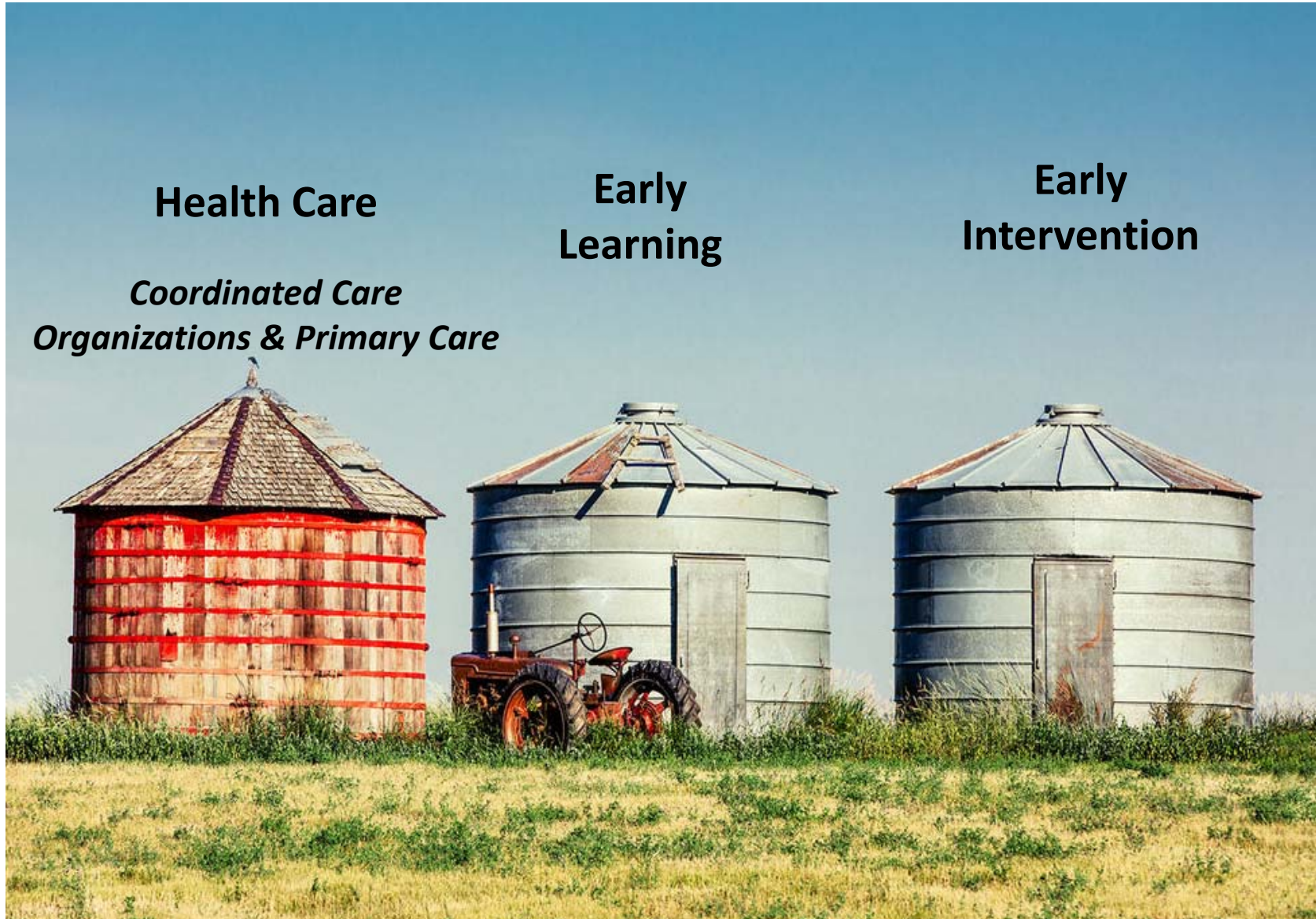
- Increased Focus on developmental screening across the state
 - Within primary care
 - Within home visiting
 - Within child care
- Goals of screening
 - Identify children **at-risk** for developmental, social/or behavioral delays
 - For those children identified, **provide 1) developmental promotion, 2) refer to services** that can further evaluate and address delays
 - Many of these services live outside of traditional health care

Children Identified “At-Risk” on Developmental Screening Tools

*This report is focused on **children identified “at-risk”** that should receive follow-up services. These are children that are identified “at-risk” for developmental, behavioral or social delays on standardized developmental screening tools. In the communities of focus for this work, a majority of providers are using the Ages and Stages Questionnaire (ASQ)³. Therefore the children of focus are those identified “at-risk” for delays based on the ASQ domain level findings.*



From Developmental Screening To Services: Opportunity to Connect the Fantastic Individual Silos



Funding to Northwest Early Learning Hub (NWEELH)

- Funded by Columbia Pacific Coordinated Care Organization (CPCCO)
- Two-year project – August 2017-July 2019
- Aim: To improve the **receipt of services** for young children who are identified at-risk for developmental and behavioral delays.
- The project support:
 - **Phase 1: Across-sector stakeholder engagement** and **baseline data collection** about current processes and where children are lost to follow-up;
 - **Phase 2: Develop, pilot implementation, and evaluate improved follow-up processes**, including referral to and coordination of processes meant to ensure early receipt of services that help at-risk young children to be ready for kindergarten.
 - Pilots of improvement in the three “silos” – Primary Care, EI, Early Learning.
- NWEELH has included OPIP as a key partner in this project
 - Support the stakeholder engagement
 - Support the evaluation data collection and summary
 - Support the improvement pilots within primary care clinics meant to enhance follow-up and care coordination for children identified at-risk.
 - Builds off previous efforts OPIP has led in other communities and described on their website: <http://www.oregon-pip.org/focus/FollowUpDS.html>



Improvement Pilots

- **Priority areas for follow-up** and early learning resources where improvements will be identified for pilots improved processes
- The sites that will **pilot the improved processes** are:
 1. **Three primary care practices** serving a large number of publicly insured children residing in these counties;
 2. **Early Intervention** – Northwest Regional Early Service District; and ;
 3. Priority **Early Learning Providers** within the NWELH that are identified as priority pathways in the community
 - Key component of the December meeting
- Sites will receive improvement and transformation tools, monthly implementation support, and refinements to the improvement tools will be made based on lessons learned and barriers identified.
 - OPIP → Primary Care

NWELH → EI and Early Learning



Community-Based Improvement Opportunity: Pilot Sites Implementing Efforts to Improve Follow-up to Developmental Screening: Preview of What is Coming

Primary Care Practices

Part 1: Develop a follow-up medical decision tree that is based on ASQ and child and family factors and goes beyond developmental evaluation and EI

Part 2: Developmental Promotion Provided at Time of Screening

Part 3: Develop Parent supports in navigating referral process

Part 4: Summary of CCO Services Covered Related to Follow-Up

Early Intervention

1) **Enhanced communication and coordination for children referred, not able to be evaluated**

2) **Communication about evaluation results**

- For Ineligible Children: Referral to Early Learning supports
- For Eligible Children: Communication about EI services being provided

Early Learning

Within identified early learning, pilots of referrals & connections

Need to clarify this in December 2017

Phase 1: Stakeholder Engagement & Baseline Data Collection

- Engage stakeholders across six sectors **within health care, Early Intervention (EI), and early learning** focused on developmental screening and/or who provide follow-up services for children identified at-risk for delays on developmental screening tools.
- Baseline qualitative and quantitative data will be collected in order to:
 1. **Understand the current pathways** from developmental screening to services in each of the three counties (Clatsop, Columbia, and Tillamook), and the community-level assets and resources that exist to support follow-up services; and
 2. **Understand where and how children are falling out** of these pathways and not receiving services to address the identified risks, including where there is a lack of capacity to serve children identified.
- Convene stakeholders in county-level meetings to share the baseline qualitative and quantitative (**Columbia: 12/11**)
 - To understand current pathways
 - Confirm priority areas to pilot improvements
- Convening of tri-county stakeholders



Phase 1: Stakeholder Interviews

- Interviewing people from organizations that either:
 - Conduct developmental screening and are responsible for follow-up AND/OR
 - Provide Follow-up for Children 0-3 Identified on Developmental Screening
- Purpose of Interview
 1. Current follow-up process
 - When refer
 - How refer – what form, how tracked
 - Feedback loops – child able to be contacted, eligible, services received
 2. Current services to inform the **Asset Map, which may include places where assets are needed but not yet present**
 3. Opportunities
 4. Barriers
 5. Capacity within the region

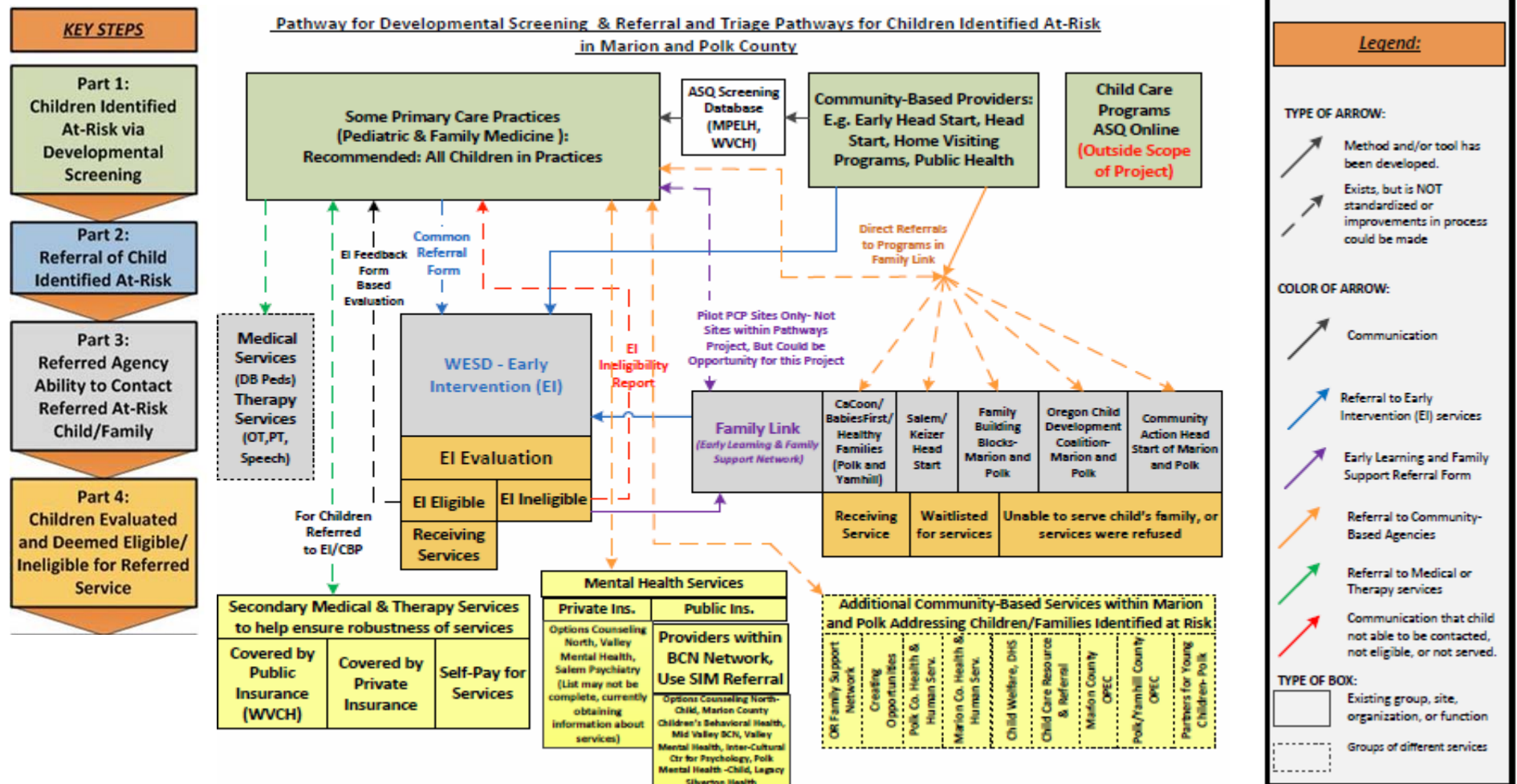


Stakeholder Engagement in Columbia County

Informing Community Asset Mapping

<p><u>CPCCO</u></p> <ul style="list-style-type: none"> • Mimi Haley (Executive Director) • Safina Koreishi (Medical Director) • Elicia Miller (Clinical Integration Manager) • Maranda Varsik (Practice QI) • Joell Archibald (Innovator Agent) • Nicole Jepeal (Metrics/QI Analytics Supervisor) • Jeanne McCarty & Leslie Ford (GOBHI) • Staff that oversee services for children 	<p><u>Primary Care</u></p> <ul style="list-style-type: none"> • OHSU Scappoose <ul style="list-style-type: none"> – Brigit Hatch – Joe Skariah – Nicole Hoyt – Aubrey Bridges – Rachel Sircar • Legacy St. Helens <ul style="list-style-type: none"> - Naiyar Azhar 	<p><u>EI & Education</u></p> <ul style="list-style-type: none"> • Nancy Ford (Director of Birth to Age 5 Services, NWRESO) • Tina Meier-Nowell (Special Education Coordinator, NWRESO) • Vicki Schroeder (EI Data, NWRESO) • EI/ECSE Program County Coordinators <ul style="list-style-type: none"> – Cindy Jaeger • EI Referral Intake Coordinators <ul style="list-style-type: none"> – Mary Akin • EI Lead Evaluators <ul style="list-style-type: none"> – Mary Dorry 	<p><u>NW Early Learning Hub</u></p> <ul style="list-style-type: none"> • Dorothy Spence (Hub Director) • Rob Saxton (Governance Council Chair) • Elena Barreto (Community Navigator) • Eva Manderson (Early Learning Program Specialist/Preschool Promise Manager) <p><u>Mental Health</u></p> <ul style="list-style-type: none"> • CCMH <ul style="list-style-type: none"> -Roland Migchielsen -Beth Owens -Jill VanWormer 	<p><u>Home Visiting & Head Start/Early Head Start</u></p> <ul style="list-style-type: none"> • Community Action Team (Head Start & Healthy Families Home Visiting) <ul style="list-style-type: none"> – Joyce Ervin – Sunday Kamppi • Public Health/ CaCoon/ BabiesFirst <ul style="list-style-type: none"> – Toni Harbison – Heather Bell – Sheri Ford 	<p><u>Child Care and Parenting Supports</u></p> <ul style="list-style-type: none"> • CCR&R <ul style="list-style-type: none"> – Elaine Parsons • Childcare Centers conducting screening (Preschool Promise & SPARK 3 Star & above) <ul style="list-style-type: none"> – Martine Barnett (Cubs Corner/ St. Helens HS) • NW Parenting <ul style="list-style-type: none"> – Julianne Cullen • DHS <ul style="list-style-type: none"> – Amy Youngflesh
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Community Asset Mapping and Pathway Identification in Marion and Polk Counties



Columbia County Community Asset Mapping- 10/9/17

Preliminary List Based on Interviews

Health Care

Follow-up within Sites
That Could be Enhanced:

- Developmental Promotion
- Retest Child
- If internal services

1) OHSU Scappoose(Pilot Site)

- Internal behavioral health
- 2) Legacy
- 3) Potentially Peace Health/ Longview Peds
- 4) Potentially SBHCs

Referrals

- PT- Therapeutic Associates
- OHSU, Providence – Developmental Behavioral Pediatrician

EI & Education

- Columbia EI/ECSE Program

Home Visiting & Head Start

- CAT Inc.- Healthy Families
- CaCoon/Babies First/Maternity Case Management (*If meeting eligibility requirements*)
- Potentially CARE Inc.- Head Start (*older kids and parenting workshops*)

Mental and Behavioral Health

- Columbia Community Mental Health (CPP and PCIT)
- Amani Center – when abuse is a factor
- Options- under specific circumstances

Child Care and Parenting Supports

- NW Parenting (2-3 classes per year)
- Potentially Sunnyside Daycare and Learning Center and other child care providers
- St. Helens High School Child Development and Teen Parent Program

Other Potential Resources

- Library System – Story Hours and Parent Groups for Moderately Delayed Kids

**Asset Map Developed In Order to Create a Medical Decision Tree
To Identify Best Match for the Child/Family
and is Anchored to Services in the Community**

Example from Marion, Polk and Yamhill:

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

Example from Marion,
Polk and Yamhill

ASQ Screen:
Identified At-Risk

Numerous Factors Determine the Best Match for Follow-Up

1. Traditional Factors for Referral

- ASQ Scores by Domain
- Provider Concern
- Parental Concern

Medical
Services

Early
Intervention

2. Other Factors Considered as Part of Pilot

- Provider Concern
- Medical Risk Factors
- Adverse Childhood Events (ACEs)
- Social Risk Factors
- Family Income
- County of Residence

Mental
Health

CaCoon/Babies First
Centralized Home Visiting
Parenting Classes

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PRELIMINARY Emerging Themes – Gut Check from Community

- **Primary Care Screening is Happening for Children Who Access Services**
 - Children who receive primary care in the county are getting screened
 - Some families do access primary in other counties, and even in WA
 - That said, variation in the follow-up by site and significant variation by provider
 - Practices in Columbia, often see a lot of children in other counties so can make work flow
 - PCP in the sites often don't live in the community, may limit knowledge of local resources
- **Value in a clear asset map and summary of CCO services**
- **Opportunity to Enhance Promotion and Follow-Up within PCP Site**
 - Developmental promotion activities and guidance
 - Parent guidance and parent support in navigating process
- **Opportunity to Enhance Referral and Feedback Loops for Existing Pathways**
 - Standardization of who is referred, how and assurance of communication feedback loops
 - Excited over enhanced communication and feedback loops in EI pilot
 - Excited about exploring enhanced referral criterion for EI, consideration of pathways for children:
 - Not eligible for EI
 - Eligible, but needing additional and enhanced supports



PRELIMINARY Emerging Themes – Gut Check from Community

- **Potential lack of knowledge about resources available or how to refer**
 - Infant early childhood mental health
 - PCIT availability
- **Potential lack of capacity & funding for existing services to serve this 0-3 population, especially those moderately delayed**
 - EI
 - Sometimes referral to OHSU DB PEDS to get OT/PT Services
 - Home Visiting
 - Mental Health - – recognize there is a new service, but interested in capacity. Number of PCIT slots.
- **Potential lack of resources to support families**
 - Number of parenting classes and supports
- **Hesitancy/push back on referrals based on complex factors**
 - Developmental and behavioral pediatrician in Portland
 - Mental Health
- **For some families, perception of lack of shared understanding and commitment to need for early developmental promotion activities**
 - Shared perception about child's developmental status
 - Shared belief on importance of early developmental experiences
 - Shared understanding of the value of services that intervene early
 - Ability to go to the services given a number of other stressors in the family
- **Need for parent to parent supports in understanding value, navigating system**



Phase 1 – Part 2

Baseline Quantitative Data Understand Current Needs, Referrals, and Inform Conversations About Capacity and Priority Areas of Focus

DATA ELEMENTS:	DATA SOURCES:			
	CCO Data Based on Claims	Primary Care Data Based on EMR (OHSU Scappoose)	NWESD (EI) Data on Referrals & Evaluation, Follow-Up for EI Eligible	Once Pilot Begin, Referrals to the Early Learning Providers Prioritized
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			?	

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



Other Community-Level Data That Will be Explored Over the Course of the Project -- Early Childhood Health Dashboard



- **HUB Dashboard data**
 - Number of Children in Foster Care, Child Welfare Involvement
 - TANF
 - SNAP
 - Developmental Disabilities
 - Public insurance rates
- **Health Care Data**
 - Immunizations
 - Well-Visit Rates
- **PRAMS 2013, 14, 15**
 - <http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/PRAMS/Documents/PRAMS2012-15.pdf>
- **PRAMS2 2013 - (we refer to it as “2011 PRAMS2, because those children are 2 years old and were born in 2011):**
 - <http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/PRAMS/Documents/PRAMS2Ph2.pdf>
- **Kindergarten readiness data collected by the Oregon Department of Education**
- **Data You All Collect in this Region that Paints a Larger Picture**
 - Home visiting data – number served, referrals and ability to access and receive services
 - Others?

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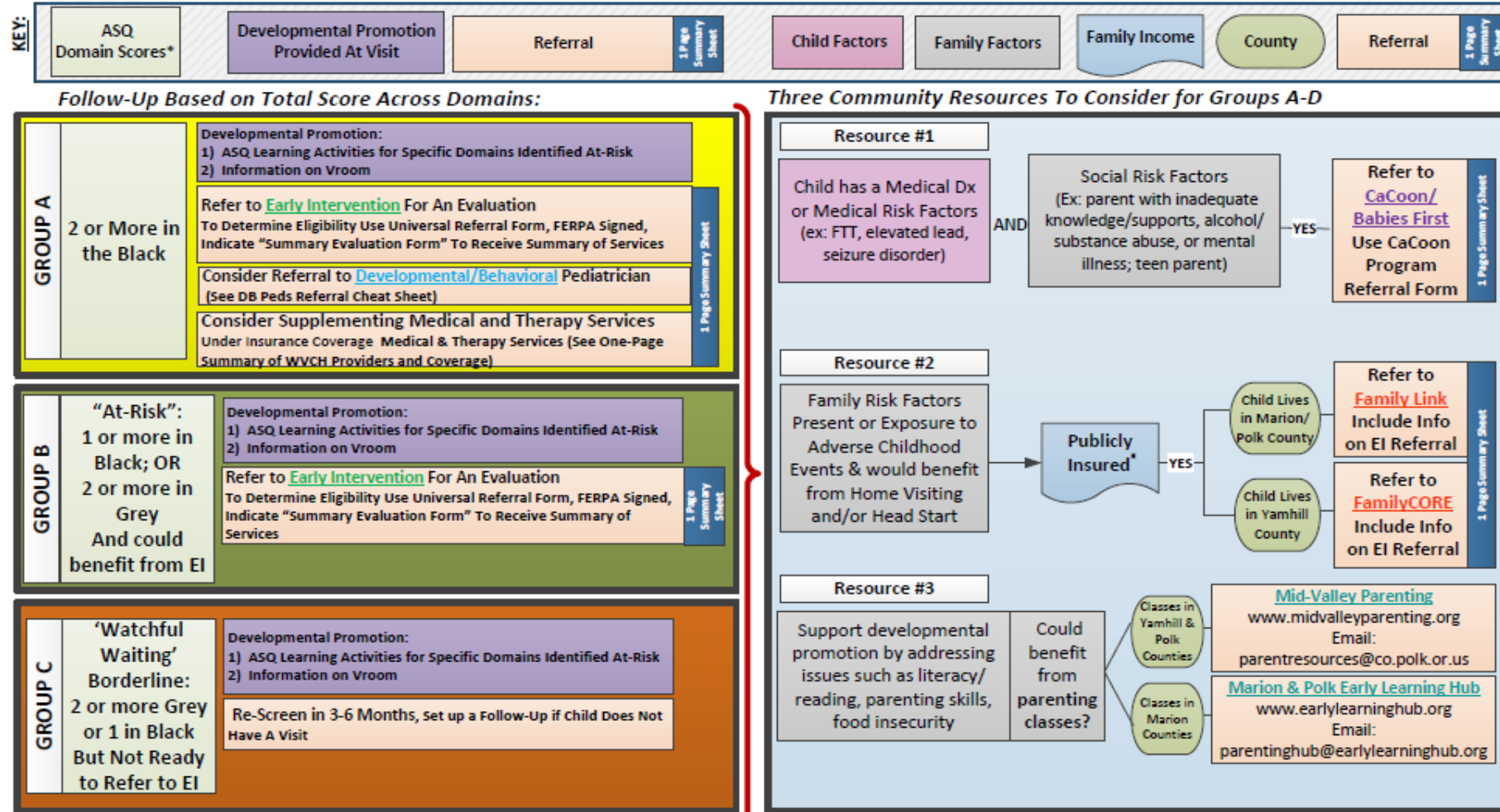
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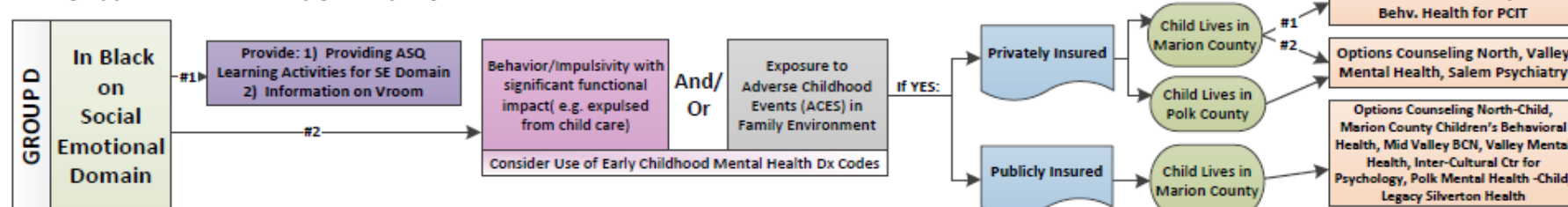
Need to clarify this in December 2017

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



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



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."



24-30 months

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!


vrōm

Brain Building Basics

5 things to remember
for building your child's brain


Find out more
joinvroom.org

1. Look




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

2. Chat




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

3. Follow




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

4. Stretch



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

5. Take Turns



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

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 call our Referral Coordinators: (503) 364-3170

Education Sheet for Parents

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

Services Covered by CCO: Example for Marion & Polk

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

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Community-Based Improvement Opportunity: Pilot Sites Implementing Efforts to Improve Follow-up to Developmental Screening: Preview of What is Coming

Primary Care Practices

- At a population-level, this is where the most “car seats” for children age 0-3 are parked

Part 1: Develop a follow-up medical decision tree that is based on ASQ and child and family factors and goes beyond developmental evaluation and EI

Part 2: Develop Parent supports in navigating referral process

Part 3: Summary of CCO Services Covered Related to Follow-Up

Early Intervention

- 1) Enhanced communication and coordination for children referred, not able to be evaluated
- 2) Communication about evaluation results
 - For Ineligible Children: Referral to Early Learning supports
 - For Eligible Children: Communication about EI services being provided

Early Learning

Within identified early learning, pilots of referrals & connections

Need to clarify this in December 2017

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/ECSE 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.chsu.edu/x/outreach/ocysnh/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/ECSE 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.chsu.edu/xd/outreach/occyshn/programs-projects/dev-screening-and-referrals.cfm>

Completed Example:

EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

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

☒ Family contacted on 8/12/____/____ 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.chsu.edu/xd/outreach/occyshn/programs-projects/dev-screening-and-referrals.cfm>


RECEIVED
Form Rev. 10/22/2013
OCT 11 2016
BY: AM


8/12 vm

8/20 vm
9/1 Letter

W 13

One-Page Summary of Services



**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 patient _____ 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

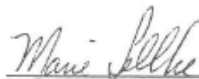
A new Individual Family Service Plan (IFSP) was developed for _____ on 11/16/16. These services will be reviewed again no later than 05/15/17.

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

Services Provided by:	Frequency	Current Provider
<input type="checkbox"/> Early Intervention Specialist	_____	_____
<input type="checkbox"/> Occupational Therapist	_____	_____
<input type="checkbox"/> Physical Therapist	_____	_____
<input checked="" type="checkbox"/> Speech Language Pathologist	1x/2 weeks; 45 minutes	Marie Sellke
<input checked="" type="checkbox"/> 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 Sellke 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 Sellke, Speech Language Therapist, 2611 Pringle Rd. SE Salem, OR (503) 540-4415

Next Steps

- Baseline Quantitative Data
 - Collect
 - Sense-making of the data relative to the project
 - Summarize for next meeting in Columbia County (**December 11th**)
- Complete Stakeholder Interviews
 - Finish remaining interviews
 - Summarize themes for 12/11 Columbia County Meeting relative to:
 - Strengths
 - Opportunities for pilots
 - Special populations of consideration
 - Barrier to consider now
- Onboard work with the pilot primary care site (OHSU Scappoose)
- December 11th Stakeholder Meeting



Quarterly Columbia County Stakeholder Meetings: Getting Your Insight and Input on Timing

- December 2017
 - Review Data
 - Confirm Priorities for Pilot Focus
- Spring 2018
 - Review draft pilot tools and strategies, get your input and insight for modifications and improvements
- Fall 2018
 - Update from the pilot, key learnings and implications for future spread, system-level issues and discussions
 - Obtain input and guidance on barriers and how to address
- Late Spring 2019
 - Update from pilot
 - Review of draft tools for Spread, Obtain Input and Guidance to Ensure Useful and Meaningful for the Community
 - Identify key learnings and implications for future spread. system-level issues and discussions



Questions? Want to Provide Input?

You Are Key to the Success of This Work

- Door is always open!
- NWEHL Lead
 - Dorothy Spence:
dspence@nwresd.k12.or.us
 - 503-614-1682 (office)
 - 410-227-8090 (cell)
- OPIP Contract Lead
 - Colleen Reuland:
reulandc@ohsu.edu
 - 503-494-0456

