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

Highlight of Referral and Care Coordination Resources Being Developed and Piloted in Yamhill County

September 30, 2016

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.

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Objectives

- To provide a brief overview of the project leading to the improvement/development of processes and tools for the Yamhill County
- To review the draft Developmental Screening **Referral and Triage Map** and **Priority Pathways** selected to **pilot improved referral and care coordination methods** to ensure that children receive services
- To provide an overview of **referral tools and care methods** identified in each of the priority pathways
  - *Those that currently exist*
  - *Those that are still in development/pilot*

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Project Funding

- The Oregon Health Authority is 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

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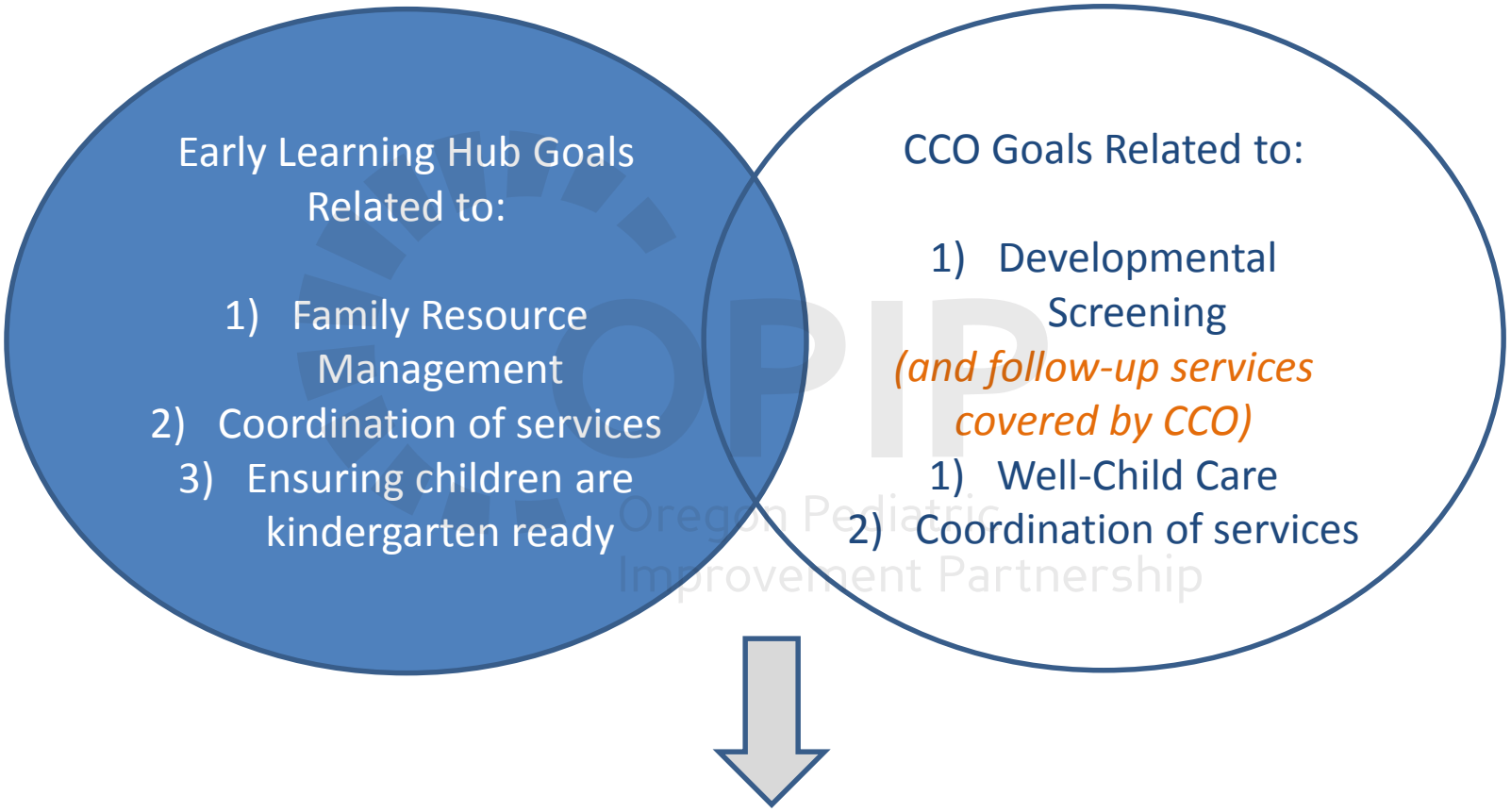
The Need for the Project: Addressing Shared Goals



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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.

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Focus for Today- Dissemination

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.

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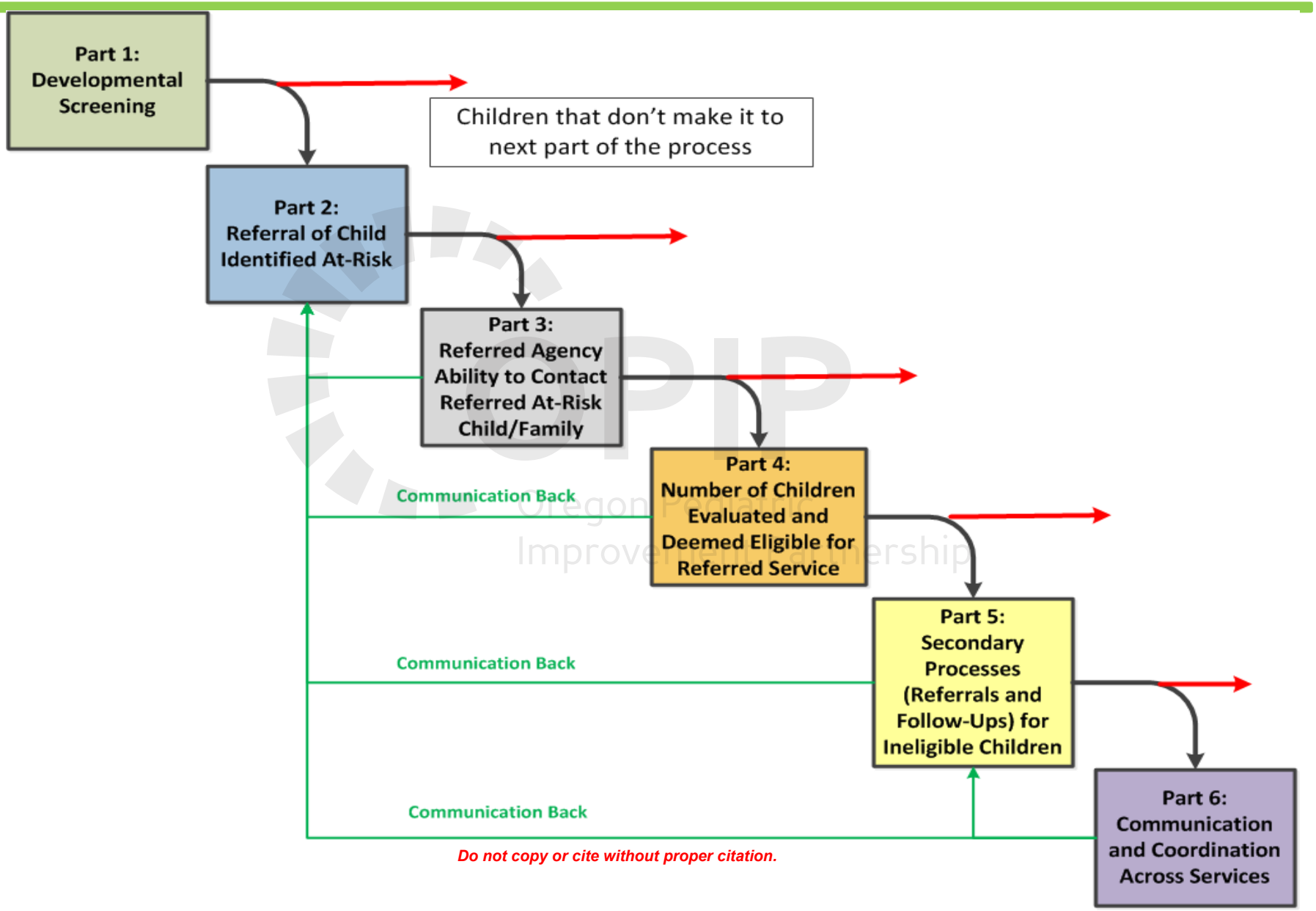
Referral and Triage Map: Strawman Structure and Flow



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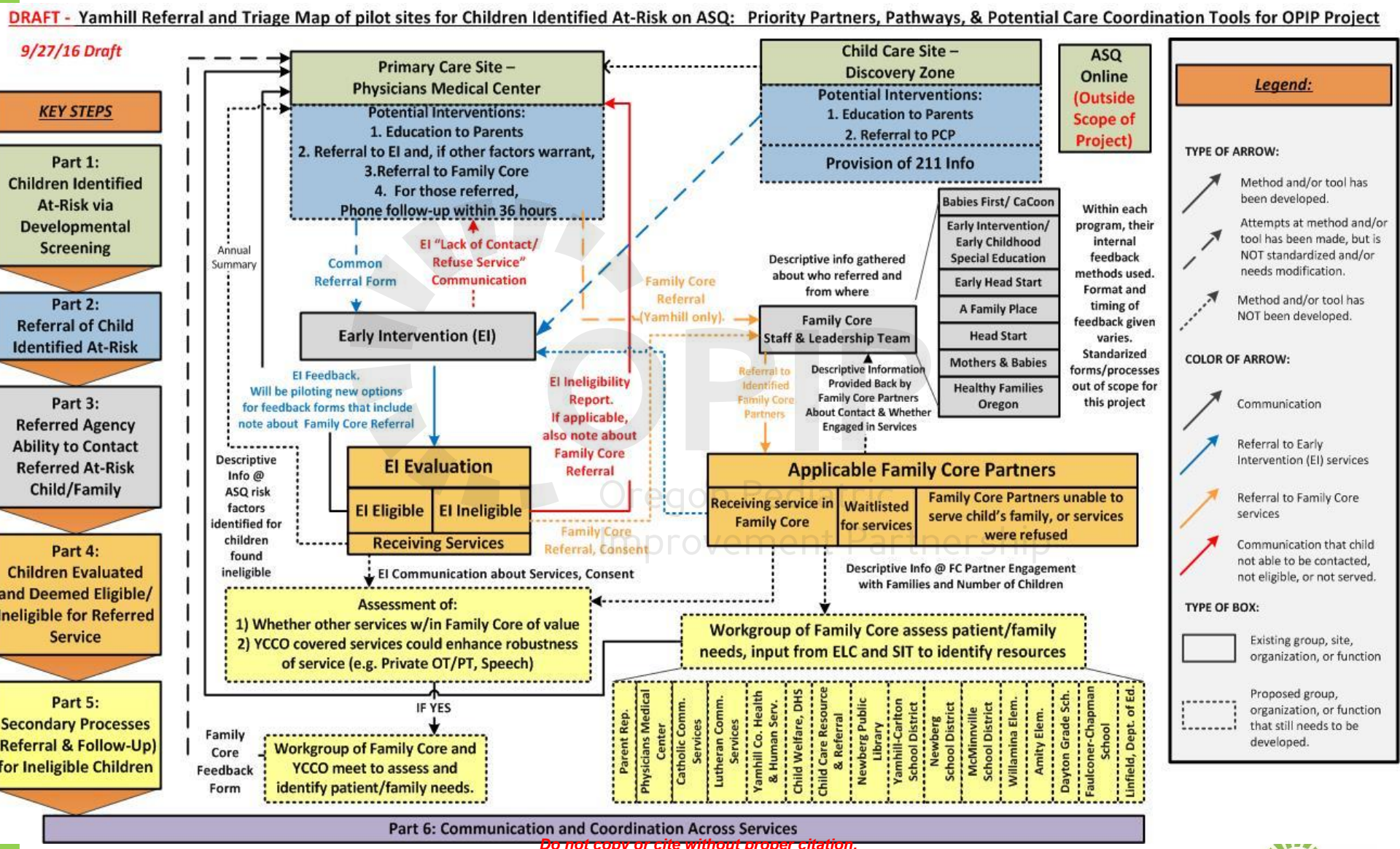
Pilot Project Focus: Pathways from Screening to Referral & Receipt Of Services Map



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Five Priority Pathways from Screening to Services Confirmed by Yamhill Stakeholders to Focus on in This Project

Consensus on the pathways was obtained by Yamhill Stakeholders and informed by data collected through stakeholder interviews and analysis of data from YCCO, primary care, early intervention and Family Core (primarily home visiting services)

Within Sites Doing Screening:

1) Primary Care and Child Care Pilot Sites: Improve referral processes within these pilot site 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

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Five Priority Pathways

These have been informed by data collected in your community, and with input from key stakeholders engaged

Within Primary Care and Child Care Pilot Sites:

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
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Referral of Children Identified At-Risk on Developmental Screening Tools

- **Primary Care Pilot Site: Referral and Care Coordination Tools**
  - **Training to enhance knowledge and awareness** about WHO should be referred and WHO should be referred to Family Core specifically anchored to ASQ scoring and risk factors in Family Core referrals
  - **Workflow mapping of referral process** from referral to "closing the loop" and hearing back from referral
  - **Methods and tools to improve the referral itself**
    - Improve overall referral processes
    - Referral forms in the EMR and tracking in the EMR: EI Universal Referral Form AND Family CORE Referral Form
    - Roles of various staff in completing the referral AND tracking the referral
  - **Methods and tools to engage and improve family education and engagement**
    - Educational materials PCP can give to Families whose child is identified at risk and are referred EI and Family CORE
    - 36-Hour Phone Follow Up to Families who are referred to answer questions and address barriers to going to EI and/or Family Core resources
    - FAQ Document for staff within office to use that provides answers to commonly asked questions about the referral or what to expect

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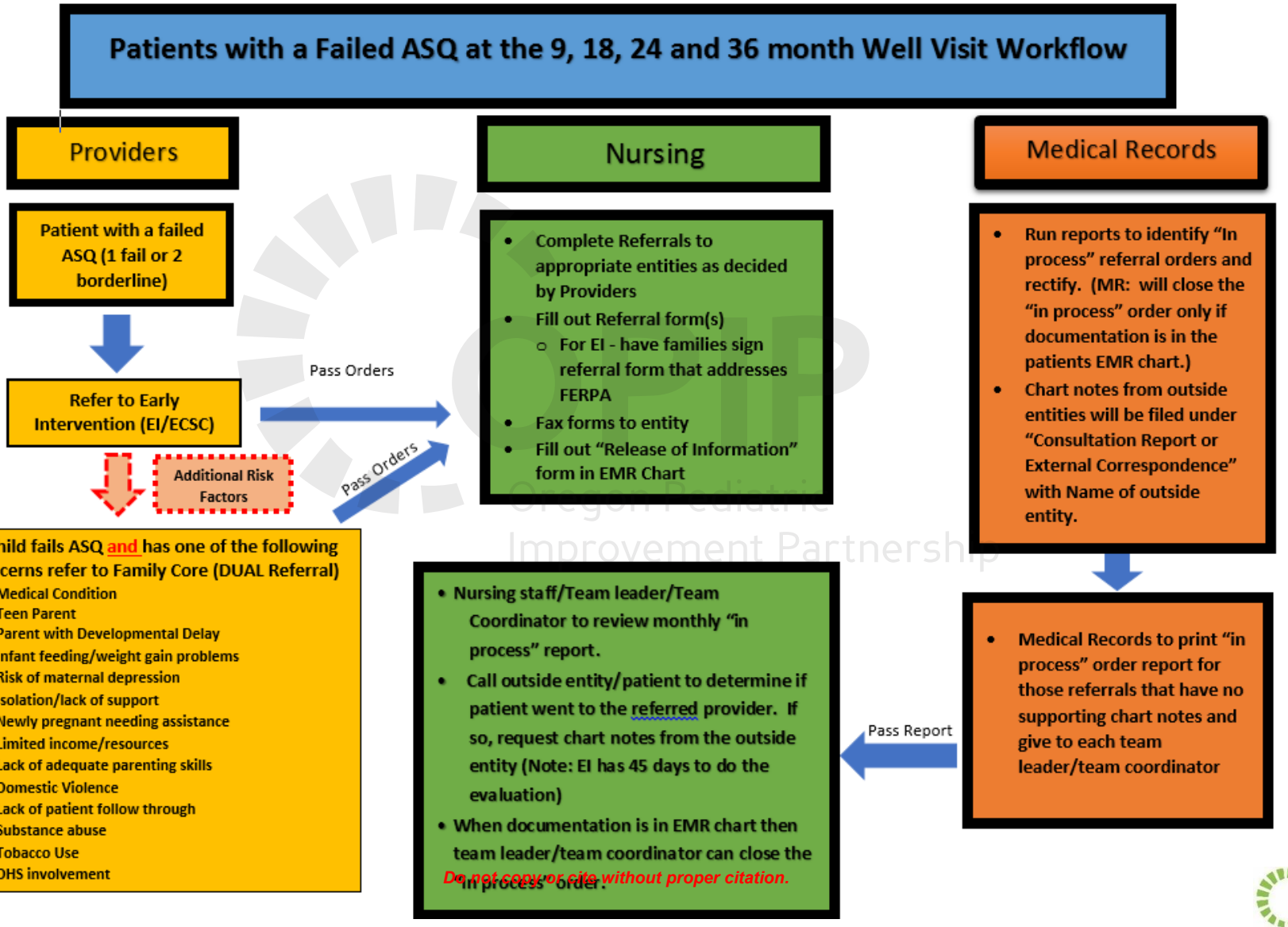
Example of Work Flow & Process Implementation Improvement in Pilot PCP Site

Physicians Medical Center- Updated Workflow



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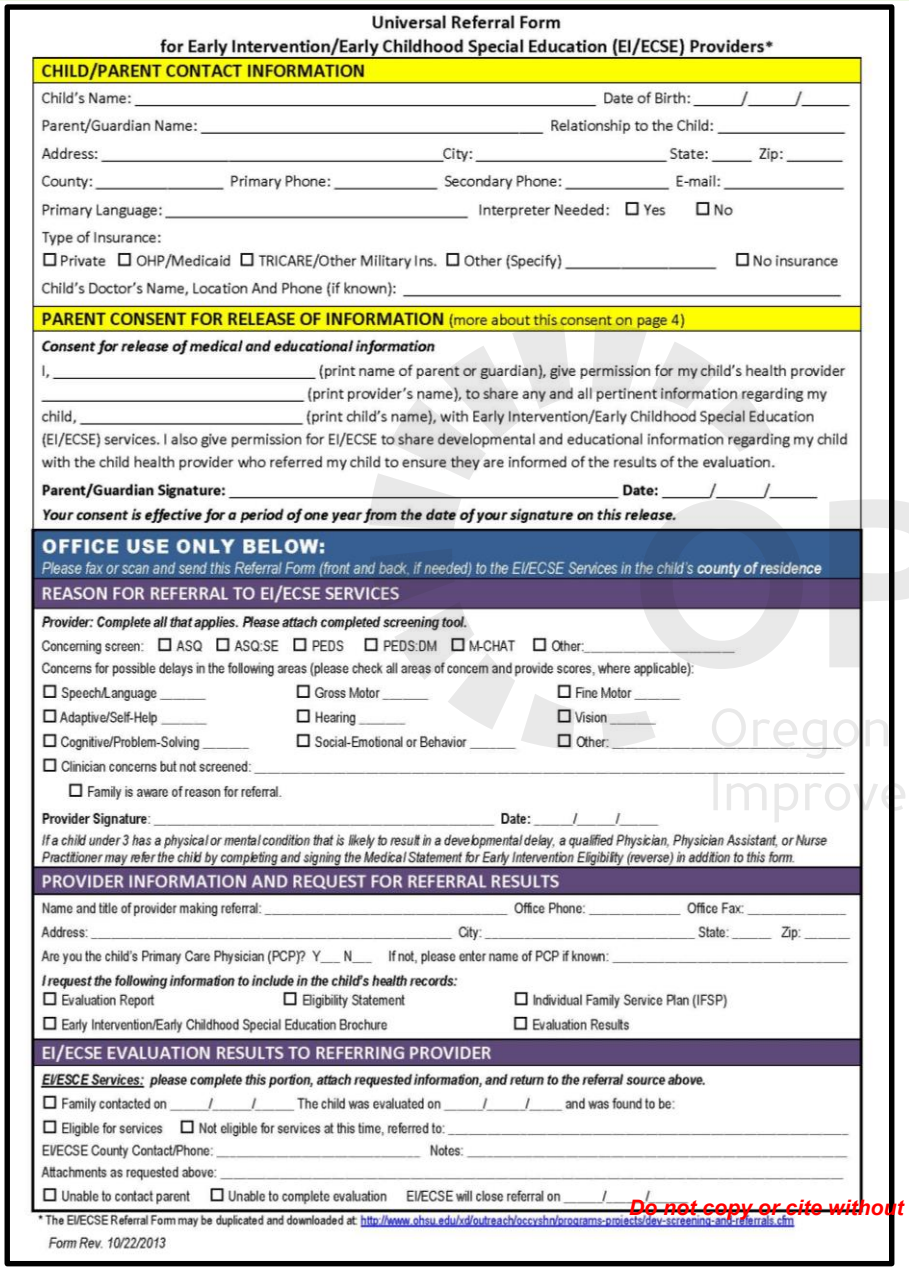
Improving Use of Standardized Referral Forms that Include Feedback Loops



Universal Referral Form
for Early Intervention/Early Childhood Special Education (EI/ECSE) Providers*

CHILD/PARENT CONTACT INFORMATION

Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian Name: _____ Relationship to the Child: _____

Address: _____ City: _____ State: ____ Zip: _____

County: _____ Primary Phone: _____ Secondary Phone: _____ E-mail: _____

Primary Language: _____ Interpreter Needed: ☐ Yes ☐ No

Type of Insurance:
☐ Private ☐ OHP/Medicaid ☐ TRICARE/Other Military Ins. ☐ Other (Specify) _____ ☐ No insurance

Child's Doctor's Name, Location And Phone (if known): _____

PARENT CONSENT FOR RELEASE OF INFORMATION (more about this consent on page 4)

Consent for release of medical and educational information

I, _____ (print name of parent or guardian), give permission for my child's health provider _____ (print provider's name), to share any and all pertinent information regarding my child, _____ (print child's name), with Early Intervention/Early Childhood Special Education (EI/ECSE) services. I also give permission for EI/ECSE to share developmental and educational information regarding my child with the child health provider who referred my child to ensure they are informed of the results of the evaluation.

Parent/Guardian Signature: _____ **Date:** ____/____/____

Your consent is effective for a period of one year from the date of your signature on this release.

OFFICE USE ONLY BELOW:

Please fax or scan and send this Referral Form (front and back, if needed) to the EI/ECSE Services in the child's ***county of residence***

REASON FOR REFERRAL TO EI/ECSE SERVICES

Provider: Complete all that applies. Please attach completed screening tool.

Concerning screen: ☐ ASQ ☐ ASQ:SE ☐ PEDS ☐ PEDS:DM ☐ M-CHAT ☐ Other: _____

Concerns for possible delays in the following areas (please check all areas of concern and provide scores, where applicable):

☐ Speech/Language _____ ☐ Gross Motor _____ ☐ Fine Motor _____
☐ Adaptive/Self-Help _____ ☐ Hearing _____ ☐ Vision _____
☐ Cognitive/Problem-Solving _____ ☐ Social-Emotional or Behavior _____ ☐ Other: _____
☐ Clinician concerns but not screened: _____
☐ Family is aware of reason for referral.

Provider Signature: _____ **Date:** ____/____/____

If a child under 3 has a physical or mental condition that is likely to result in a developmental delay, a qualified Physician, Physician Assistant, or Nurse Practitioner may refer the child by completing and signing the Medical Statement for Early Intervention Eligibility (reverse) in addition to this form.

PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS

Name and title of provider making referral: _____ Office Phone: _____ Office Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you the child's Primary Care Physician (PCP)? Y___ N___ If not, please enter name of PCP if known: _____

I request the following information to include in the child's health records:

☐ Evaluation Report ☐ Eligibility Statement ☐ Individual Family Service Plan (IFSP)
☐ Early Intervention/Early Childhood Special Education Brochure ☐ Evaluation Results

EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

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

☐ Family contacted on ____/____/____ The child was evaluated on ____/____/____ and was found to be:

☐ Eligible for services ☐ Not eligible for services at this time, referred to: _____

EI/ECSE County Contact/Phone: _____ Notes: _____

Attachments as requested above: _____

☐ Unable to contact parent ☐ Unable to complete evaluation EI/ECSE will close referral on ____/____/____

* The EI/ECSE Referral Form may be duplicated and downloaded at: http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/dev-screening-and-referrals.cfm

Form Rev. 10/22/2013

Early Intervention Universal Referral Form

- Has all necessary information for EI to take the referral and start the evaluation process
- Also addresses issues around consent- allowing EI to communicate back to providers
- Includes relevant provider contact information so EI knows WHO to talk back to
- Indicates WHAT the provider would like to hear back about

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Training Provided on Specific Parts of the EI Referral Form and WHY they are Important

Example FERPA

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

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Training Provided on Specific Parts of the EI Referral Form and WHY they are Important

Example WHY to include ASQ and Specific ASQ Scores

OFFICE USE ONLY BELOW:

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EI/ECSE EVALUATION RESULTS TO P...

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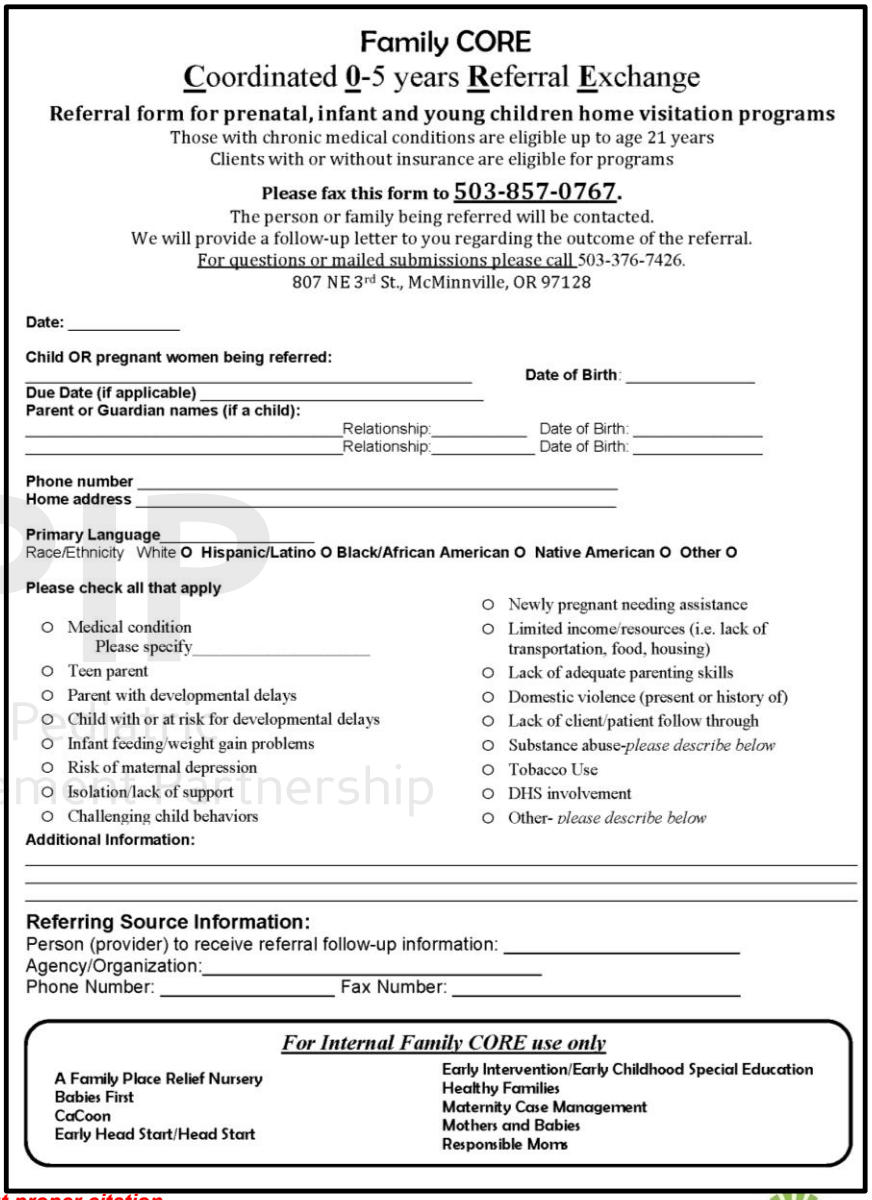
Improving Use of Standardized Referral Form to Family CORE

Family CORE Referral Form

- Most providers are still not using this form
- Solicits necessary information for Family CORE to take the referral and start the process
- Includes relevant provider contact information so Family CORE and the partner agencies know WHO to communicate back with



Family CORE

Coordinated 0-5 years Referral Exchange

Referral form for prenatal, infant and young children home visitation programs

Those with chronic medical conditions are eligible up to age 21 years
Clients with or without insurance are eligible for programs

Please fax this form to 503-857-0767.

The person or family being referred will be contacted.
We will provide a follow-up letter to you regarding the outcome of the referral.
For questions or mailed submissions please call 503-376-7426.
807 NE 3rd St., McMinnville, OR 97128

Date: _____

Child OR pregnant women being referred:
_____ **Date of Birth**: _____
Due Date (if applicable) _____
Parent or Guardian names (if a child):
_____ Relationship:_____ Date of Birth: _____
_____ Relationship:_____ Date of Birth: _____

Phone number _____
Home address _____

Primary Language_____
Race/Ethnicity White O **Hispanic/Latino O Black/African American O Native American O Other O**

Please check all that apply

- O Medical condition Please specify_____
- O Teen parent
- O Parent with developmental delays
- O Child with or at risk for developmental delays
- O Infant feeding/weight gain problems
- O Risk of maternal depression
- O Isolation/lack of support
- O Challenging child behaviors
- O Newly pregnant needing assistance
- O Limited income/resources (i.e. lack of transportation, food, housing)
- O Lack of adequate parenting skills
- O Domestic violence (present or history of)
- O Lack of client/patient follow through
- O Substance abuse-*please describe below*
- O Tobacco Use
- O DHS involvement
- O Other- *please describe below*

Additional Information:
_____
_____
_____

Referring Source Information:
Person (provider) to receive referral follow-up information: _____
Agency/Organization:_____
Phone Number: _____ Fax Number: _____

For Internal Family CORE use only

A Family Place Relief Nursery
Babies First
CaCoon
Early Head Start/Head Start
Early Intervention/Early Childhood Special Education
Healthy Families
Maternity Case Management
Mothers and Babies
Responsible Moms

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Training Provided on Specific Parts of the Family CORE Referral Form and WHY they are Important

Example Risk Categories That Inform WHO Should Be Referred

Date: _____

Child OR pregnant women being referred:

_____ **Date of Birth**: _____

Due Date (if applicable) _____

Parent or Guardian names (if a child):

_____ Relationship:_____ Date of Birth: _____

_____ Relationship:_____ Date of Birth: _____

Phone number _____

Home address _____

Primary Language_____

Race/Ethnicity White **O Hispanic/Latino O Black/African American O Native American O Other O**

Please check all that apply

- O Medical condition
  Please specify_____
- O Teen parent
- O Parent with developmental delays
- O Child with or at risk for developmental delays
- O Infant feeding/weight gain problems
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- O Substance abuse-*please describe below*
- O Tobacco Use
- O DHS involvement
- O Other- *please describe below*

Additional Information:

_____

_____

_____

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Person (provider) to receive referral follow-up information: _____

Agency/Organization:_____

Phone Number: _____ Fax Number: _____

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Improving Referral Processes:
Provision of Educational Materials to Parents of Referred Children ABOUT the Referral

- **Difficult Experience for Families**
  - It is hard to hear something may be wrong or concerning
  - There is a lot of information delivered in a short amount of time- which makes it difficult to absorb and process
  - It would help to have better understanding of:
    - What screening is and why it occurred
    - What happens next, what to expect
    - How to get more information
    - Who to contact with questions
- **Tools in development, soon to be piloted and disseminated:**
  - **1 page handout**
    - What is screening and why is it important?
    - Information about EI, Family CORE, and other common referrals
    - What to expect next
    - Where to find more information
    - What is consent, and why it is important
    - Who to contact with questions

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Improving Referral Processes:
PCP Follow-Up Phone Call to Referred Families to Answer Questions & Address Barriers

Tools in development, soon to be piloted and disseminated:

- **36 Hour Phone Follow Up Script**
  - Evidence suggests this is the period of time families access their support networks to decide what to do
  - Opportunity to encourage going to the referral, and answer follow up questions
  - Opportunity to acknowledge and address barriers to going
  - Who to contact for support or questions
- **Frequently Asked Questions**
  - **For Providers to use that includes answers to all the most common questions from parents about EI referral**

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 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 question.
  - If not: Great. You should be getting a call from the Early Intervention Coordinator, their names are Sandra or Gemma, to schedule an appointment.
  - 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)
  - 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.

If Applicable: Do you have any questions about your referral to Family Core? Family Core is a group of different agencies that support families and young children. The group will meet to determine which agency is the best fit for you and your child. Then, the specific agency identified will contact you.

- Answer questions.
- If not: Great.

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) at (phone number).

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Improving Referral Processes:
Childcare Providers Who Screen Children and Identify them At Risk

The primary tools and methods for improving referrals are focused on systems that account for the bulk of screening activities in the community:

- **Child Care Providers**
  - **Methods and tools to improve the referral itself**
    - Referral Form to EI
    - Family CORE Referral Form
  - **Methods and tools to engage and improve family education and engagement**
    - Educational materials for Families about community based programs
    - Educational materials for Families about contacting their Primary Care Provider
    - Provision of info on 211

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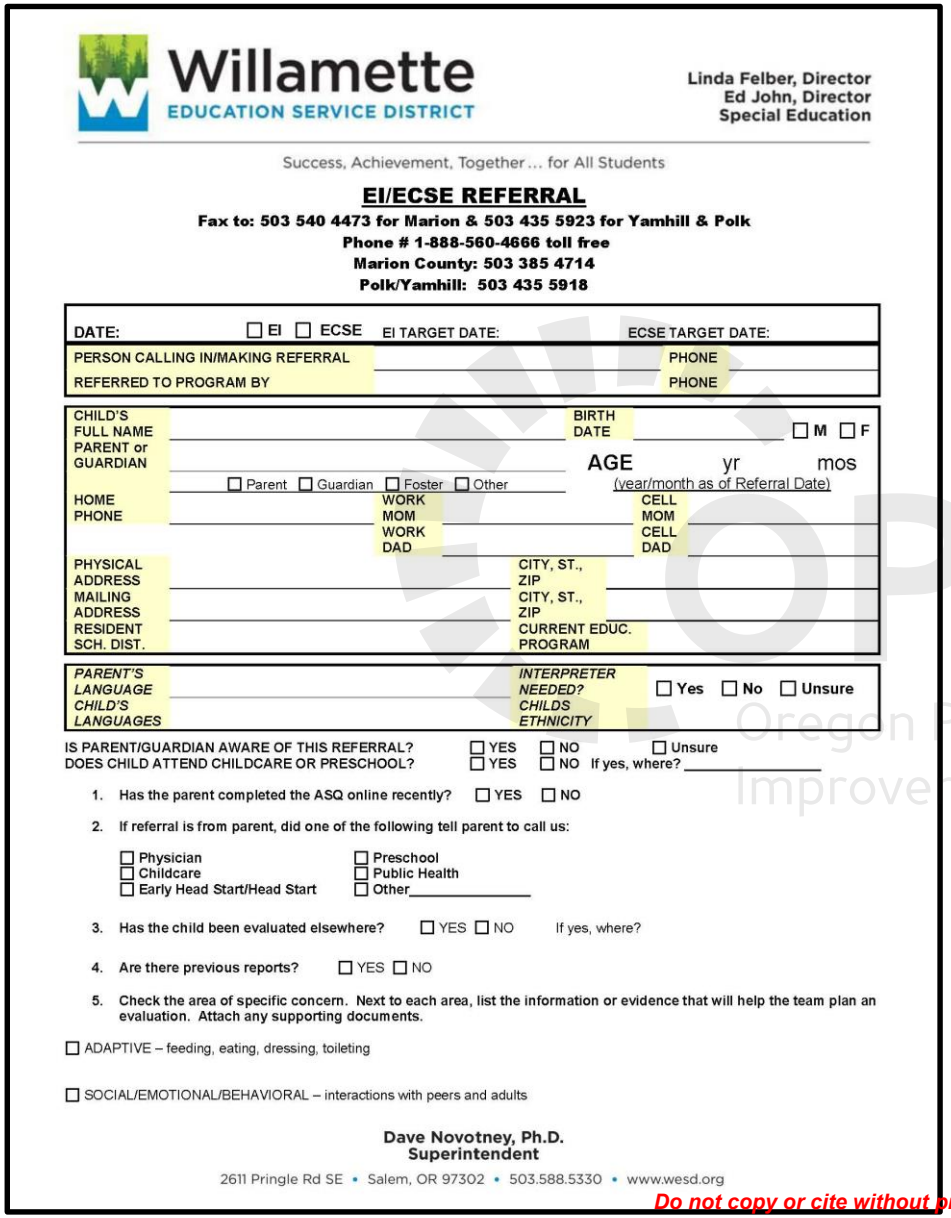
Use of Standard Referral Form to EI by Childcare



Willamette
EDUCATION SERVICE DISTRICT

Linda Felber, Director
Ed John, Director
Special Education

Success, Achievement, Together … for All Students

EI/ECSE REFERRAL

Fax to: 503 540 4473 for Marion & 503 435 5923 for Yamhill & Polk
Phone # 1-888-560-4666 toll free
Marion County: 503 385 4714
Polk/Yamhill: 503 435 5918

DATE: ☐ EI ☐ ECSE EI TARGET DATE: ECSE TARGET DATE:

PERSON CALLING IN/MAKING REFERRAL PHONE
REFERRED TO PROGRAM BY PHONE

CHILD'S FULL NAME BIRTH DATE ☐ M ☐ F
PARENT or GUARDIAN AGE yr mos
☐ Parent ☐ Guardian ☐ Foster ☐ Other (year/month as of Referral Date)
HOME PHONE WORK MOM CELL MOM
WORK DAD CELL DAD

PHYSICAL ADDRESS CITY, ST., ZIP
MAILING ADDRESS CITY, ST., ZIP
RESIDENT SCH. DIST. CURRENT EDUC. PROGRAM

PARENT'S LANGUAGE *INTERPRETER NEEDED?* ☐ Yes ☐ No ☐ Unsure
CHILD'S LANGUAGES *CHILDS ETHNICITY*

IS PARENT/GUARDIAN AWARE OF THIS REFERRAL? ☐ YES ☐ NO ☐ Unsure
DOES CHILD ATTEND CHILDCARE OR PRESCHOOL? ☐ YES ☐ NO If yes, where? _____

1. Has the parent completed the ASQ online recently? ☐ YES ☐ NO
2. If referral is from parent, did one of the following tell parent to call us:
   ☐ Physician ☐ Preschool
   ☐ Childcare ☐ Public Health
   ☐ Early Head Start/Head Start ☐ Other_____
3. Has the child been evaluated elsewhere? ☐ YES ☐ NO If yes, where?
4. Are there previous reports? ☐ YES ☐ NO
5. Check the area of specific concern. Next to each area, list the information or evidence that will help the team plan an evaluation. Attach any supporting documents.

☐ ADAPTIVE – feeding, eating, dressing, toileting

☐ SOCIAL/EMOTIONAL/BEHAVIORAL – interactions with peers and adults

Dave Novotney, Ph.D.
Superintendent

2611 Pringle Rd SE • Salem, OR 97302 • 503.588.5330 • www.wesd.org

WESD EI Referral Form

- Form can be used by Childcare Providers
- Has all necessary information for WESD EI to take the referral and start the evaluation process

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Oregon Pediatric Improvement Partnership

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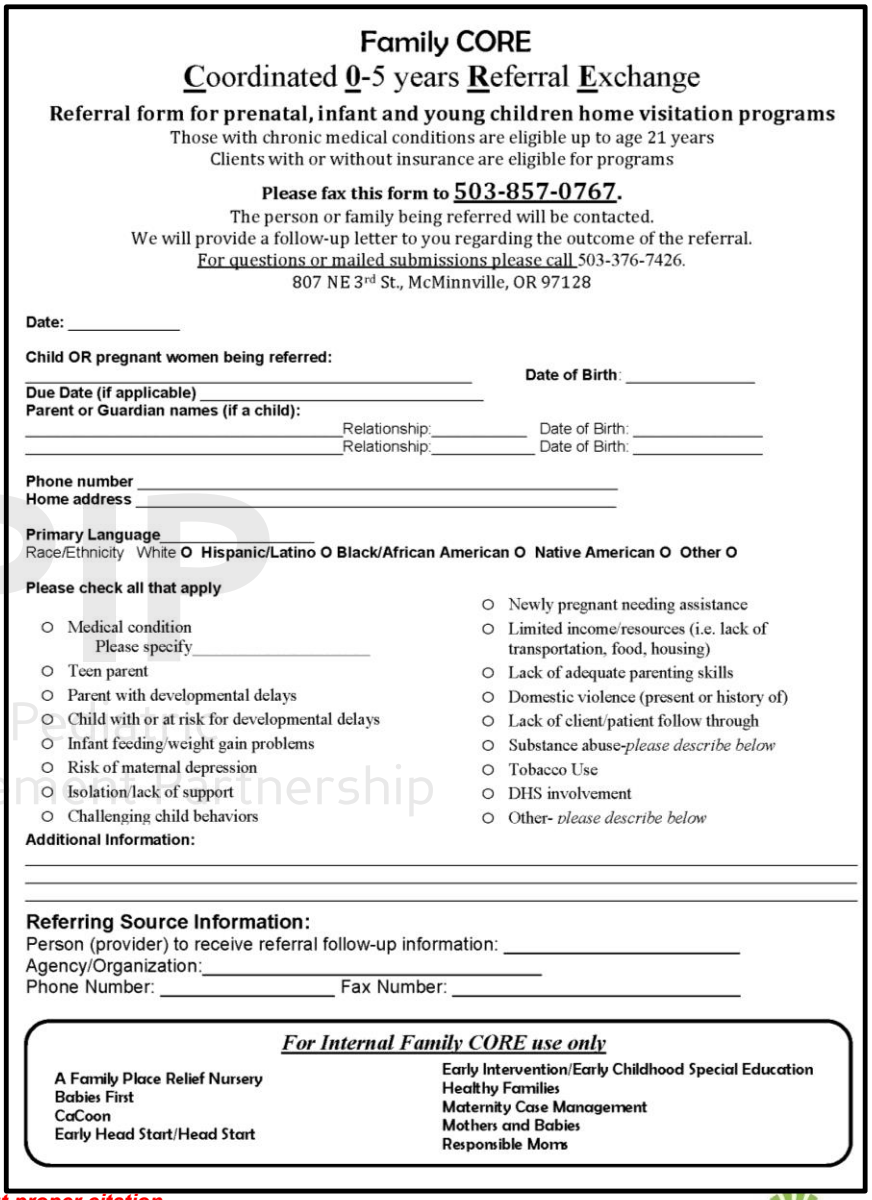
Childcare Provider Referral to Family Core

Family CORE Referral Form

- Most Childcare Providers are unaware of family CORE
- Solicits necessary information for Family CORE to take the referral and start the process
- Includes relevant provider contact information so Family CORE and the partner agencies know WHO to communicate back with



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_____ **Date of Birth**: _____
Due Date (if applicable) _____
Parent or Guardian names (if a child):
_____ Relationship:_____ Date of Birth: _____
_____ Relationship:_____ Date of Birth: _____

Phone number _____
Home address _____

Primary Language_____
Race/Ethnicity White O **Hispanic/Latino O Black/African American O Native American O Other O**

Please check all that apply

- O Medical condition
  Please specify_____
- O Teen parent
- O Parent with developmental delays
- O Child with or at risk for developmental delays
- O Infant feeding/weight gain problems
- O Risk of maternal depression
- O Isolation/lack of support
- O Challenging child behaviors
- O Newly pregnant needing assistance
- O Limited income/resources (i.e. lack of transportation, food, housing)
- O Lack of adequate parenting skills
- O Domestic violence (present or history of)
- O Lack of client/patient follow through
- O Substance abuse-*please describe below*
- O Tobacco Use
- O DHS involvement
- O Other- *please describe below*

Additional Information:
_____
_____
_____

Referring Source Information:
Person (provider) to receive referral follow-up information: _____
Agency/Organization:_____
Phone Number: _____ Fax Number: _____

For Internal Family CORE use only

A Family Place Relief Nursery
Babies First
CaCoon
Early Head Start/Head Start
Early Intervention/Early Childhood Special Education
Healthy Families
Maternity Case Management
Mothers and Babies
Responsible Moms

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Improving Referral Processes: Child Care Use of Educational Materials to Families to Explain What Screening Results Mean and Next Steps

- **Tools in development, soon to be piloted and disseminated:**
  - **1 page handout**
    - What is screening and why is it important?
    - Information about EI, and Family CORE
    - What to expect next
    - Where to find more information
    - What is consent, and why it is important
    - Who to contact with questions
  - **Information for Childcare Providers to help encourage families with a risk identified to access their primary care provider**
    - Will include key talking points to encourage reaching out to the child's primary care provider
    - Key questions to ask families
  - **Frequently Asked Questions**
    - **For Childcare Providers to use that includes answers to all the most common questions from parents about EI referral**

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Five Priority Pathways

These have been informed by data collected in your community, and with input from key stakeholders engaged

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.

Early Intervention Communication:
Part 1- If Not Able to Contact and Evaluate Child

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 _____/_____/_____

Early Intervention Universal Referral Form

- Includes a section to send BACK to referring provider
- Includes option for "Unable to contact parent"
- Notes section will indicate the issue (e.g. phone out of service)
- Will be piloting the addition of "Parent declined evaluation"
- Also indicates when the referral with be CLOSED
- Referring provider can then either provide new information or follow up with the family

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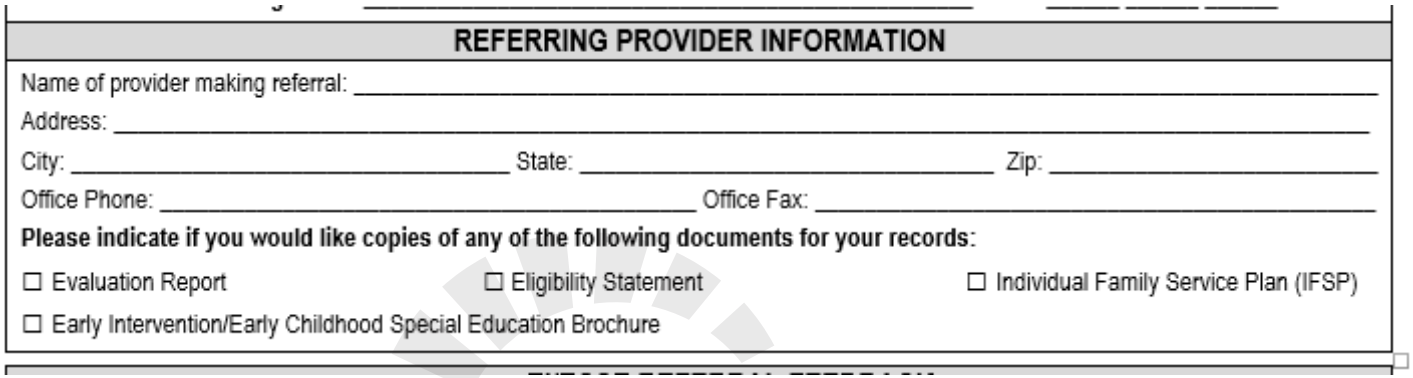
Early Intervention Communication: Part 2: Outcome of Evaluation



REFERRING PROVIDER INFORMATION

Name of provider making referral: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Please indicate if you would like copies of any of the following documents for your records:

☐ Evaluation Report ☐ Eligibility Statement ☐ Individual Family Service Plan (IFSP)

☐ Early Intervention/Early Childhood Special Education Brochure

Early Intervention Universal Referral Form

- Includes a section to send BACK to referring provider
- Includes check boxes indicating whether the child is eligible or ineligible
- Also indicates what secondary referral may have been made by EI staff

Tool in development, soon to be piloted:

– **6 Month Follow Up to Providers, Indicating Services Child is Receiving**

- At the time of eligibility determination, information is not yet known regarding what services the child will receive
- The timing of this correspondence will map to relevant EI processes and requirements
- Will be provider informed, and will provide an efficient update regarding what specific services the child is receiving

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Early Intervention Communication: Part 3: Services Being Provided

- Current forms explain what they are eligible for but not WHAT services are being provided
  - Stakeholder interviews indicated information about the SERVICES being would be invaluable in identifying secondary referrals to ensure that ALL the risk identified in screening are: a) addressed and b) addressed to the level and degree that would help the child thrive (not specific to educational attainment)
- **Tool in development, soon to be piloted:**
  - **6 Month Follow Up to Providers, Indicating Services Child is Receiving**
    - At the time of eligibility determination, information is not yet known regarding what services the child will receive
    - The timing of this correspondence will map to relevant EI processes and requirements
    - Will be provider informed, and will provide an efficient update regarding what specific services the child is receiving

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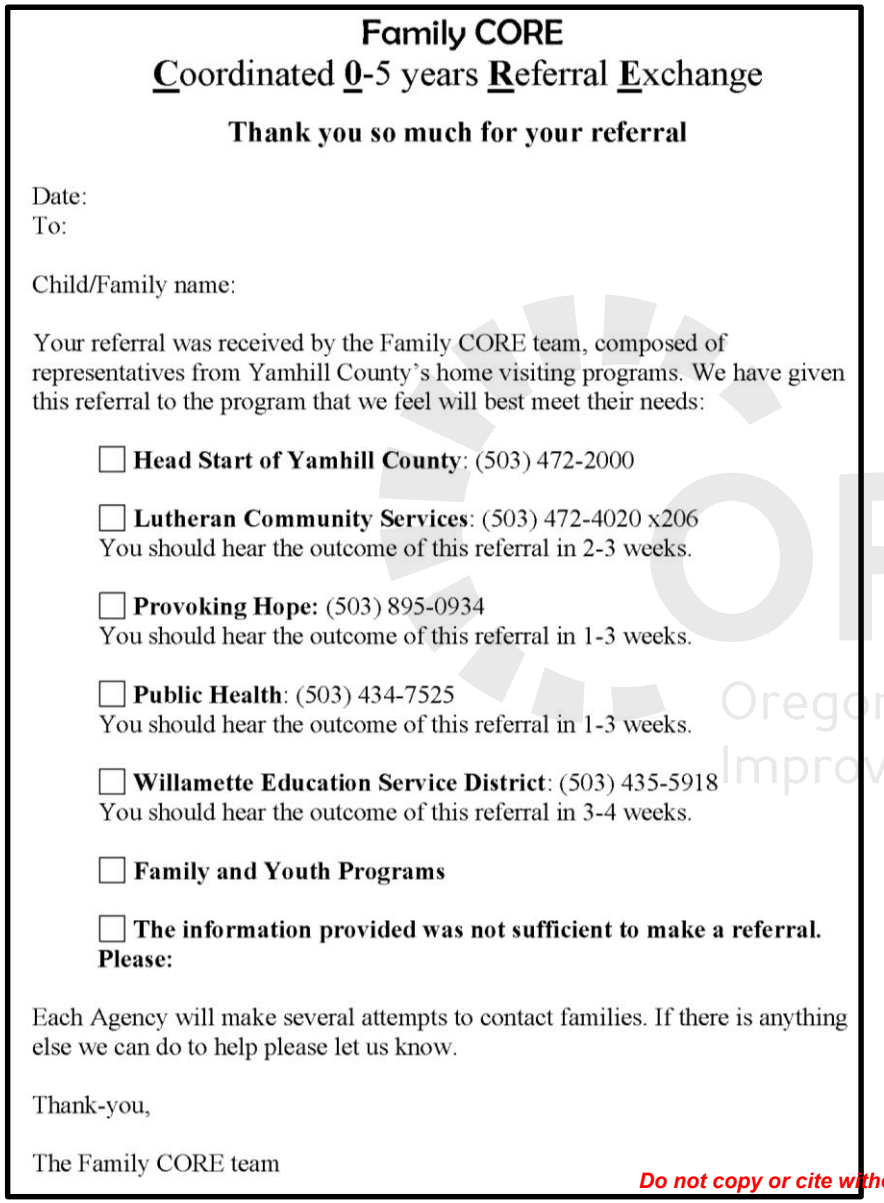
Family Core Communication Back



Family CORE
Coordinated 0-5 years Referral Exchange

Thank you so much for your referral

Date:
To:

Child/Family name:

Your referral was received by the Family CORE team, composed of representatives from Yamhill County's home visiting programs. We have given this referral to the program that we feel will best meet their needs:

☐ **Head Start of Yamhill County**: (503) 472-2000

☐ **Lutheran Community Services**: (503) 472-4020 x206
You should hear the outcome of this referral in 2-3 weeks.

☐ **Provoking Hope:** (503) 895-0934
You should hear the outcome of this referral in 1-3 weeks.

☐ **Public Health**: (503) 434-7525
You should hear the outcome of this referral in 1-3 weeks.

☐ **Willamette Education Service District**: (503) 435-5918
You should hear the outcome of this referral in 3-4 weeks.

☐ **Family and Youth Programs**

☐ **The information provided was not sufficient to make a referral. Please:**

Each Agency will make several attempts to contact families. If there is anything else we can do to help please let us know.

Thank-you,

The Family CORE team

Family CORE Response Letter

- Indicates referral was received
- Indicates WHICH entity ended up getting the referral
- Indicates if further information is needed
- Family Core is NOW also TRACKING referrals, status of referrals, and whether child was able to be served by the program

Note: Processes differ among participating agencies

- Each Family CORE entity is responsible for reaching out to families
- Processes for feedback about ability to contact AND service provision are program specific, and are out of scope for this project

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Five Priority Pathways

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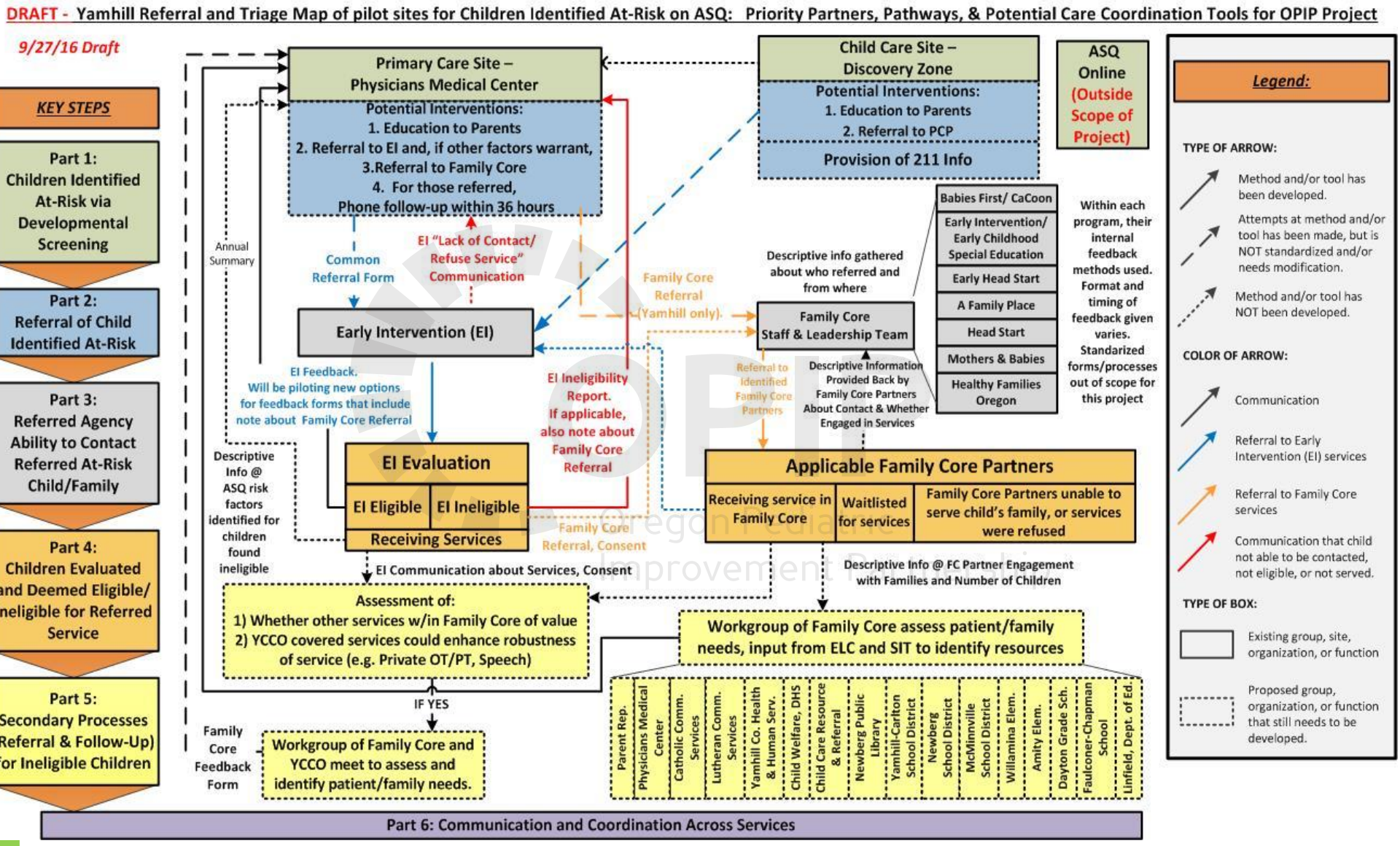
Pathway from Screening to Services: Current Referral & Triage Map



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Community Asset Mapping

- OPIP interviewed over **24 stakeholders** in the region to identify the specific resources that could address risk identified in the ASQ
- The community determined the most streamlined approach would be to have children referred to either **EI and, if they have other risk factors, to Family Core** first (which is a subcommittee of the Yamhill Early Learning Hub).
- Children found **ineligible for EI** are referred to Family Core
- Then for children needing additional services or for children referred but found ineligible for services, they would be presented to the **Yamhill Early Learning Council** and the various stakeholders engaged in that large forum would identify follow-up resource the child and family should be referred.

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Current Referral & Triage Map

- **Future revisions to the referral and triage map for Yamhill County:**
  - The addition of **Medical AND Therapy services** that should be considered for many children (e.g. referral to Developmental Behavioral Pediatrician, Private Speech Therapy etc.)
    - Working with YCCO develop a succinct summary of **medical and therapy** services addressing risks identified in this project that are covered for their members and eligible providers in their community that can serve this population.
    - One need to community and coverage asset mapping is obtaining clarity for the **privately insured**, given a number of resources within the HUB serve only children in poverty and the YCCO coverage options may not necessarily be similar to the options within private payors. That said, this work with private payors is outside the scope of this project given the explicit consultation to YCCO and Yamhill Early Learning Hub.

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Five Priority Pathways

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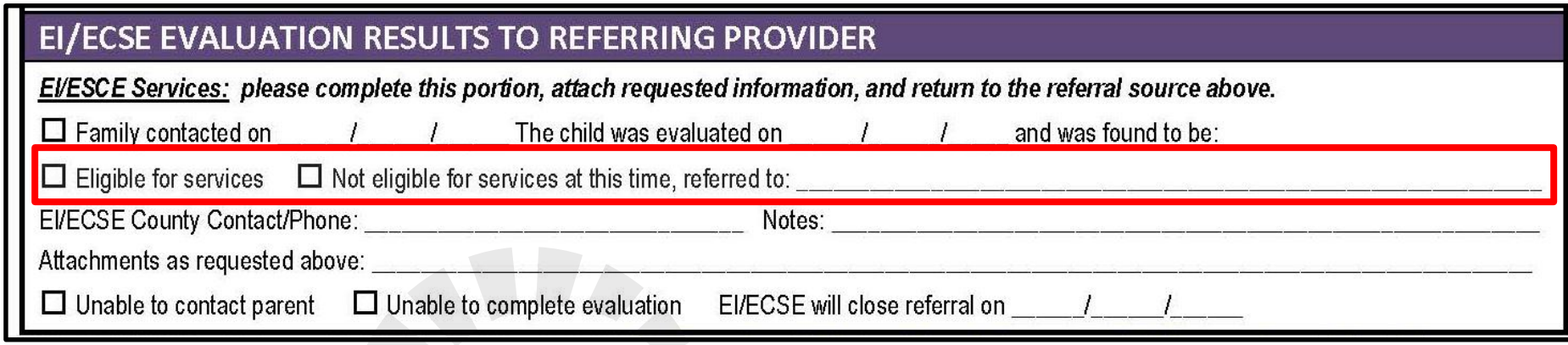
Follow Up Referrals for Ineligible Children



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☐ Unable to contact parent ☐ Unable to complete evaluation EI/ECSE will close referral on _____/_____/_____

Early Intervention Universal Referral Form

- Includes a section to send BACK to referring provider
- Includes check boxes indicating whether the child is eligible or ineligible
- **Also indicates what secondary referral may have been made by EI staff**

Process in development, currently being piloted:

– **EI Evaluators having tools and processes to make secondary referrals**

- Asset mapping to identify resources to refer to and key information about each (population served, eligibility criteria etc.)
- Understanding of referral best practices in the community (e.g. use of Family CORE referral form)
- Processes to assure feedback about secondary referrals provided to referring provider

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Next Steps

- Continued parent advisor review of the materials
- Development of tools noted that are “in process”
- Pilot processes and tools
- Based on learnings from these pilots, make refinements to both as we learn from pilot activities
- Document best practices that the community can use to disseminate learnings after project completion

- **Questions, Comments?**
  - Colleen Reuland
    - reulandc@ohsu.edu
    - 503-494-0456
  - David Ross
    - rossda@ohsu.edu
    - 503-494-7468

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