



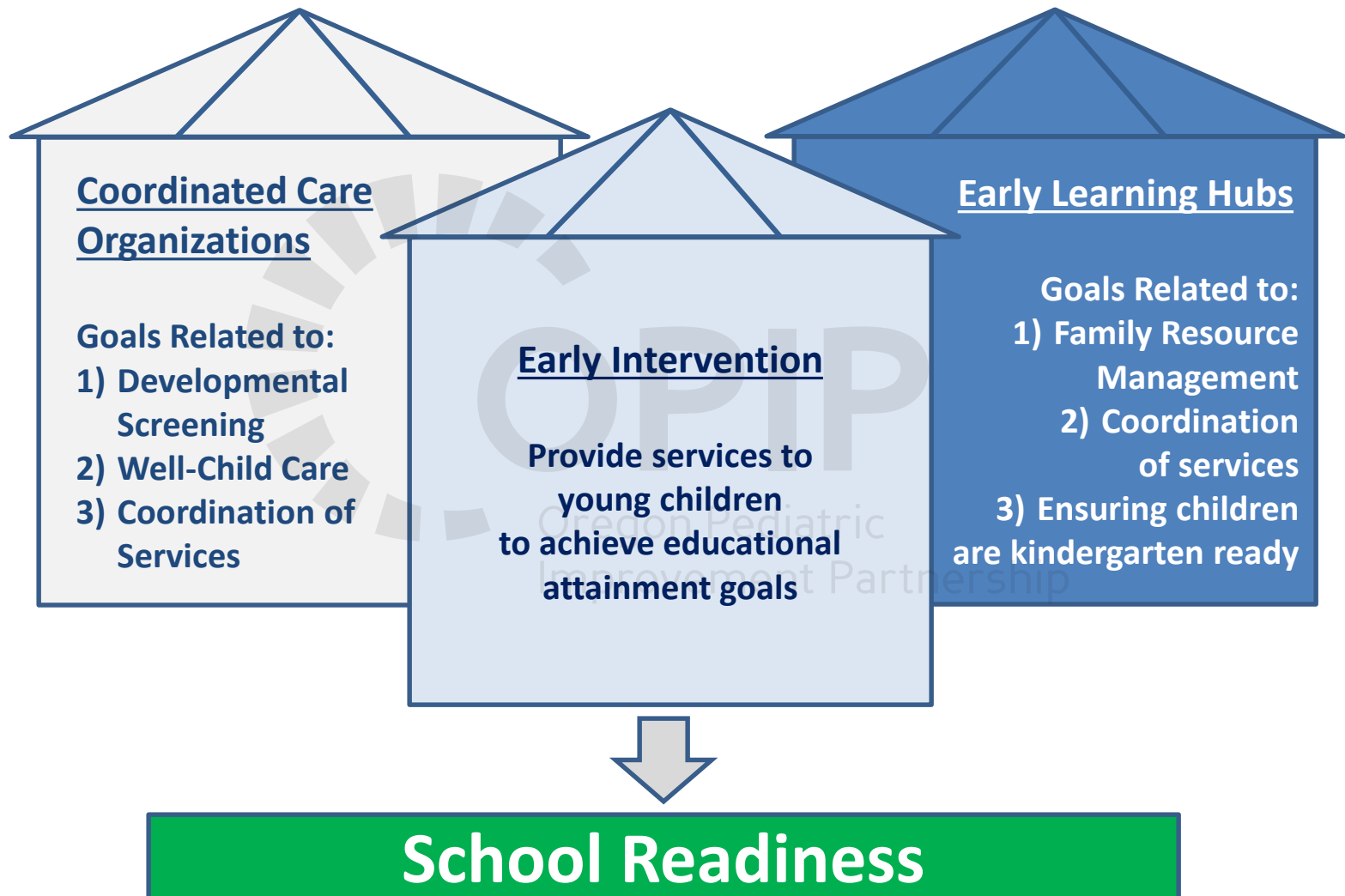
# **Pathways for Referral & Follow-Up to Developmental Screening:**

## **Highlight of OPIP's Work in Marion, Polk, and Yamhill County**

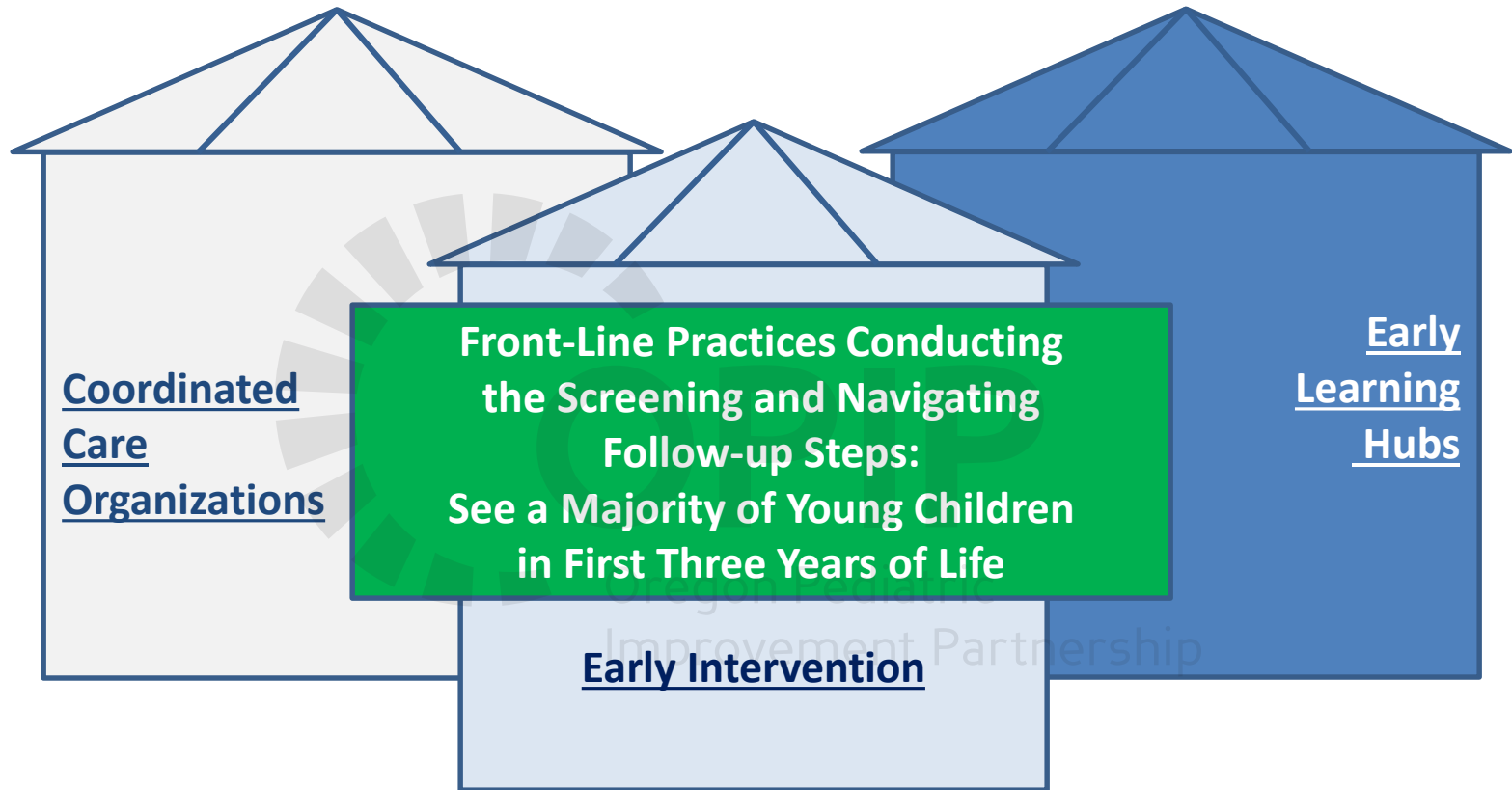
# Funding from Willamette Education Service District (WESD)

- Willamette Education Service District (WESD) received funds to improve processes focused on children referred to EI & found ineligible (*Ends June '17*)
  - Effort focused across the counties WESD serves: Marion, Polk, and Yamhill
- WESD is using a portion of those funds to contract with the Oregon Pediatric Improvement Partnership (OPIP) to focus on the three counties they serve (Marion, Polk, and Yamhill)
  - Builds off work OPIP has been doing statewide and the system focused on developmental screening in large practices serving children who live Marion & Polk
    - Implementation of developmental and autism screening and follow-up within primary care
    - Consult on EMR forms related to developmental screening
  - Builds off work OPIP led in Yamhill County (funded by OHA) and supported through Dec '16
    - Supports implementation in Yamhill County, summary of evaluation data
  - Summarize findings across Marion, Polk, and Yamhill Counties

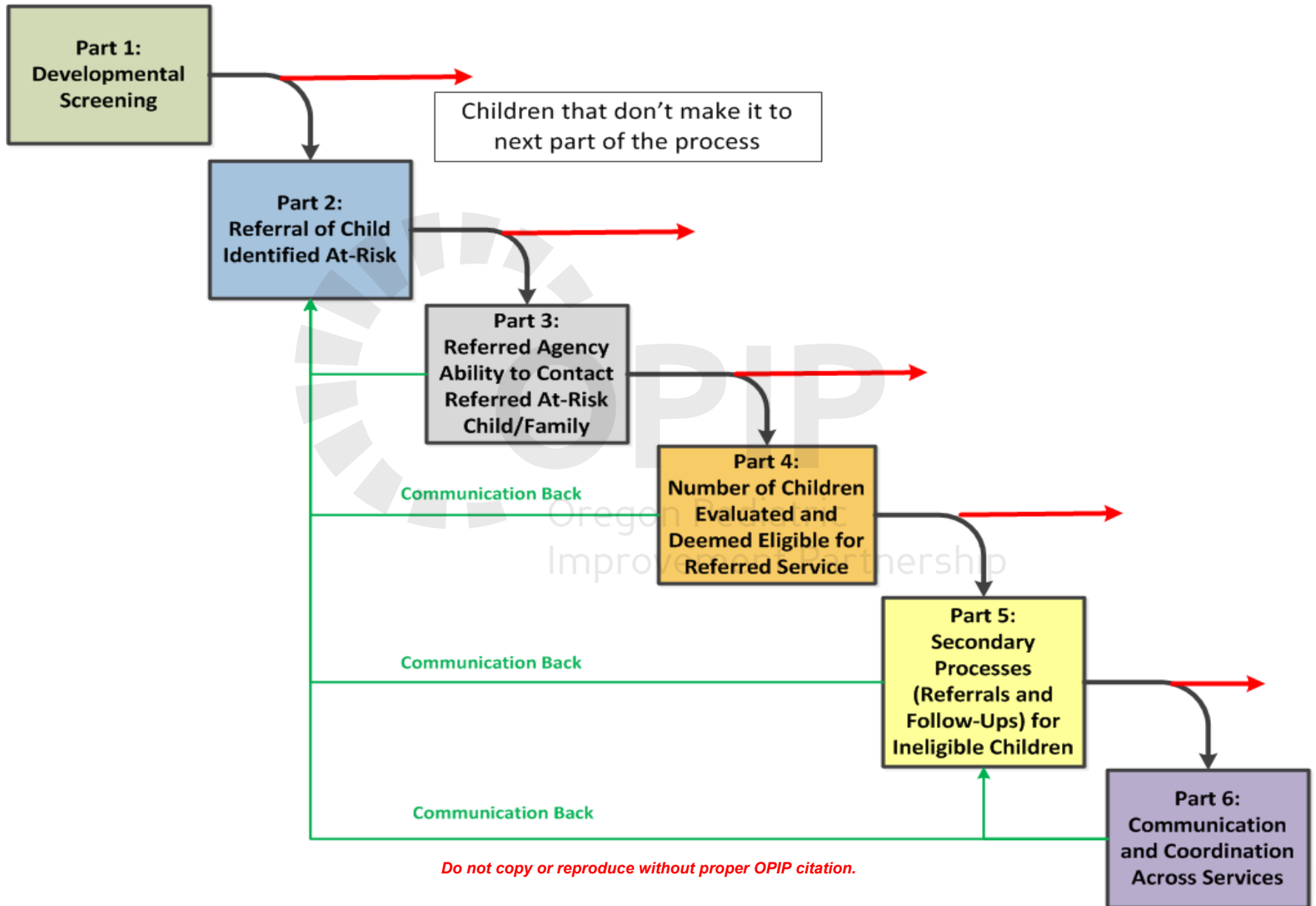
# Community-Based Improvement Opportunity: Align Silo'd System-Level Goals to Develop and Implement Standards of Care Across Systems for Follow-Up to Developmental Screening



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



# Key Building Blocks of the Pathways for Developmental Screening, Referral and Follow-Up



# Community Asset Mapping and Pathway Identification in Marion and Polk County

## KEY STEPS

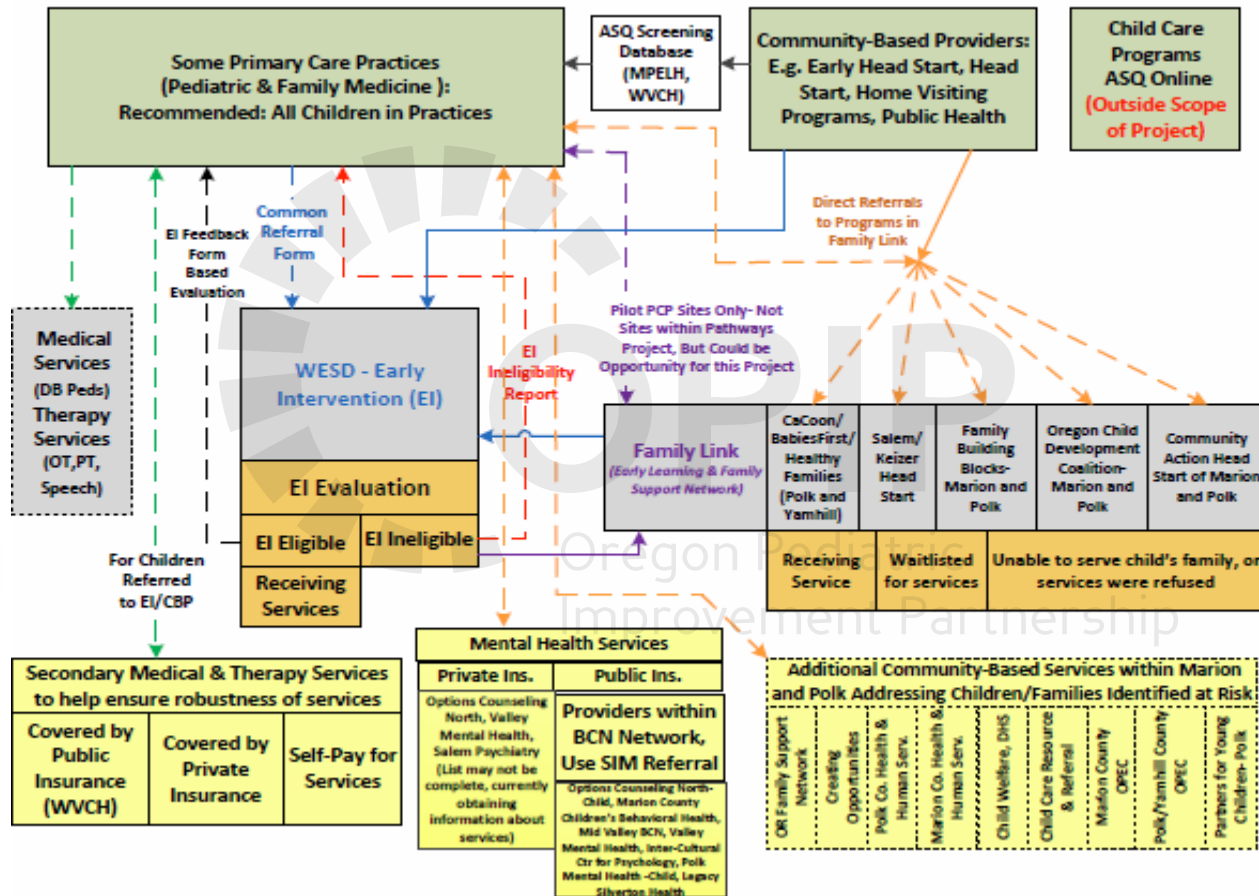
**Part 1:**  
Children Identified At-Risk via Developmental Screening

**Part 2:**  
Referral of Child Identified At-Risk

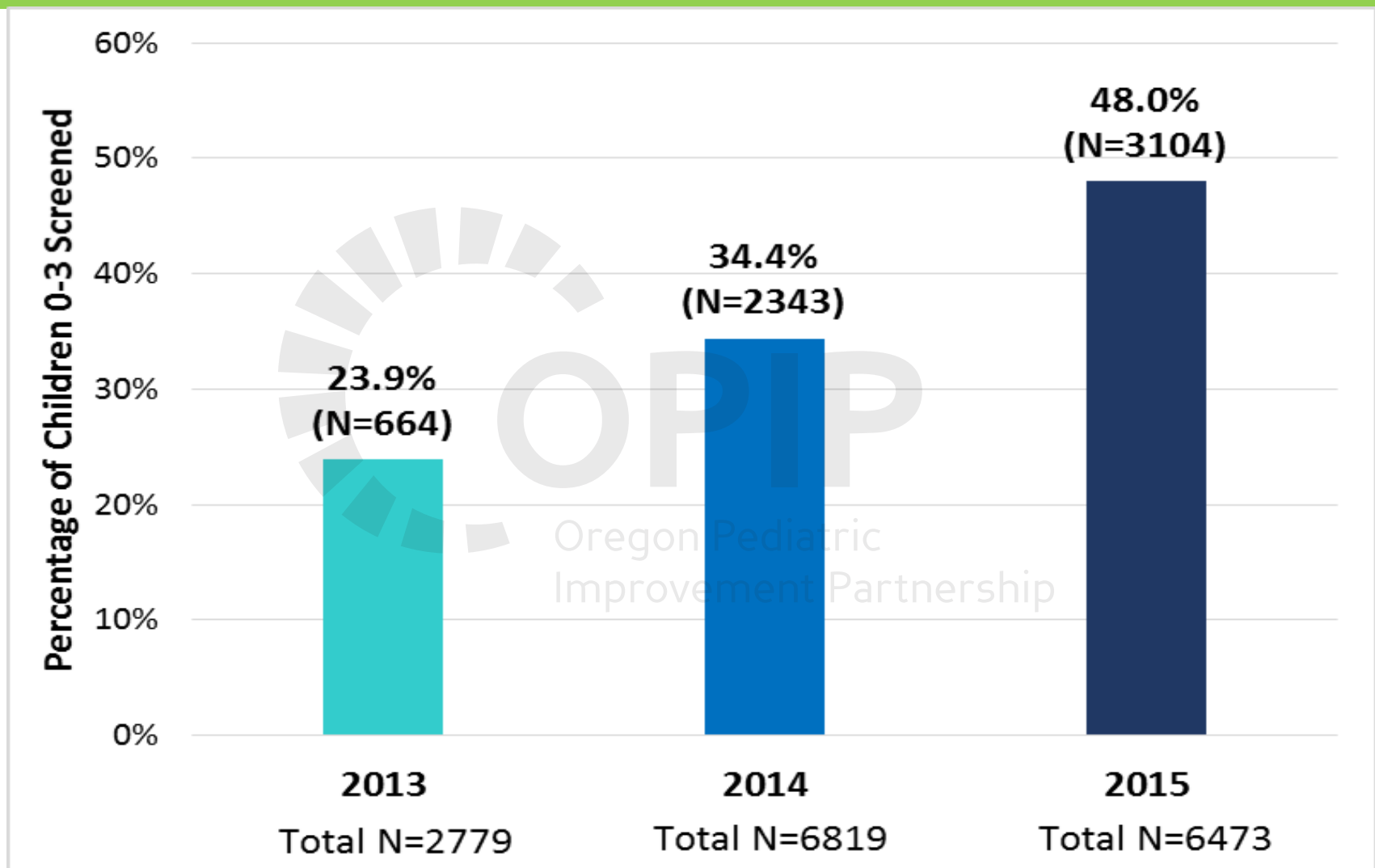
**Part 3:**  
Referred Agency Ability to Contact Referred At-Risk Child/Family

**Part 4:**  
Children Evaluated and Deemed Eligible/Ineligible for Referred Service

## Pathway for Developmental Screening & Referral and Triage Pathways for Children Identified At-Risk in Marion and Polk County

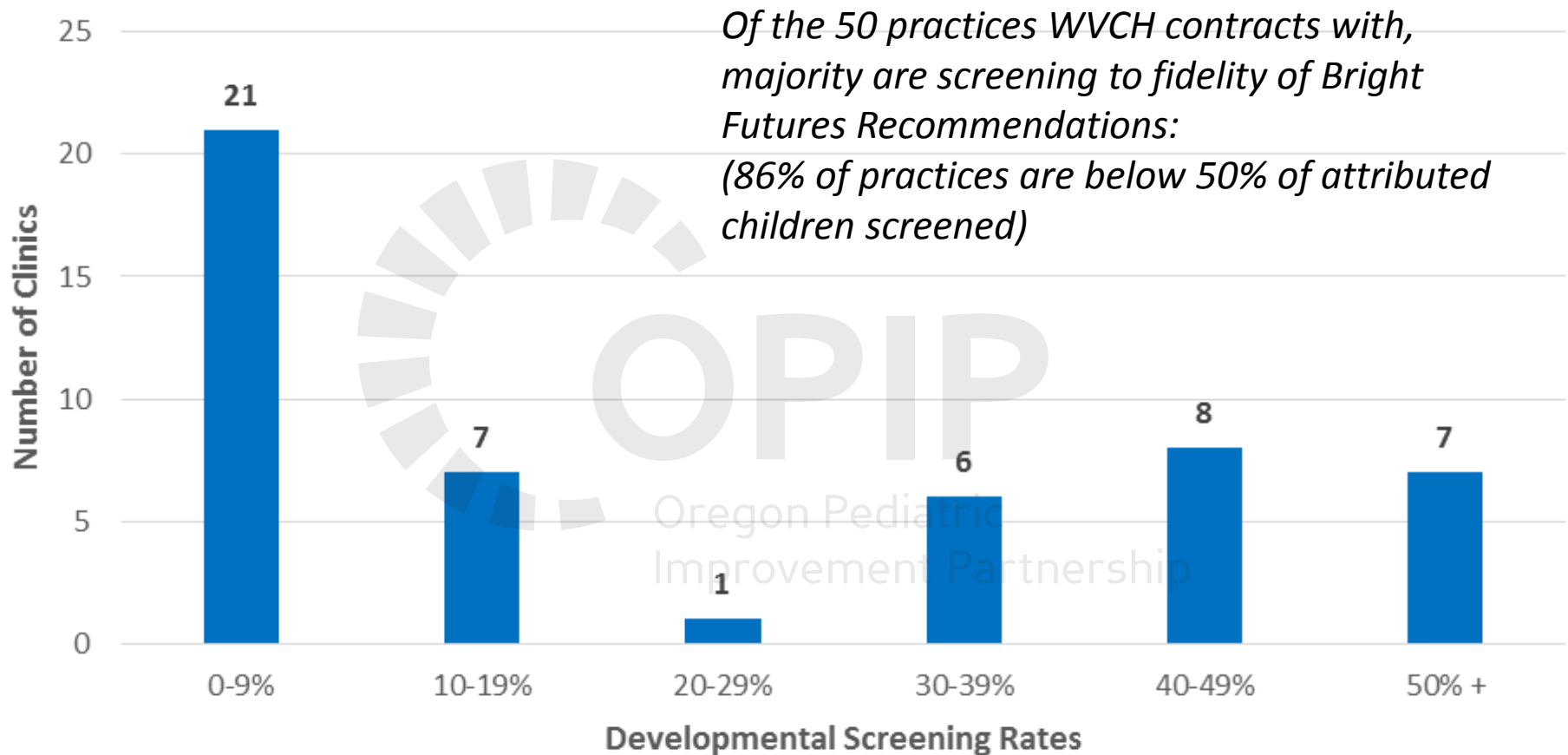


# Developmental Screening Rates in the First Three Years of Life for Publicly Insured Children in Willamette Valley Community Health (WVCH): As Tracked by 96110 Claims Submitted



Source: WVCH Developmental Screening Rates, Based on 96110 Claims Submitted for Children Continuously Enrolled for 12 Months  
Do not copy or reproduce without proper OPIP citation.

# Variation in Developmental Screening Rates for Practices To Whom WVCH Children Are Attributed



*Source: Based on 96110 Claims Submitted for Children Continuously Enrolled for 12 Months and Who WVCH Attributed to the Practice*



# An Applied Example from One of Our Primary Care Pilot Sites

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

**N=1431**

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

**N=401**

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

**N= 1431**

**N= 401**

NUMBER

REFERRED TO EI:

**57% NOT REFERRED**

**N= 173**

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

Do not copy or reproduce without proper OPIP citation.

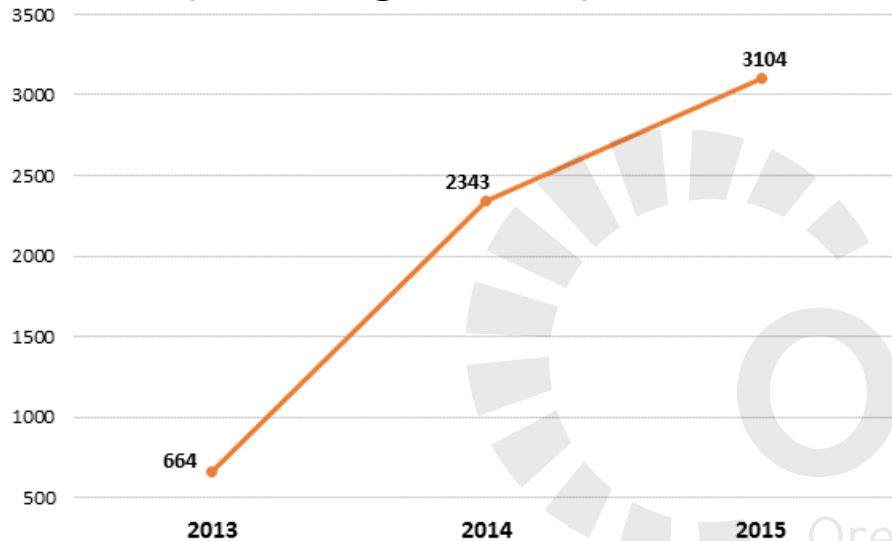
## Question:

If the point of developmental screening is to identify children to receive follow-up services to address the delays identified, do increases in screening result in increases in children receiving EI services to address the risks identified?

# If follow-up to developmental screening is occurring, the slope of the lines should be similar?



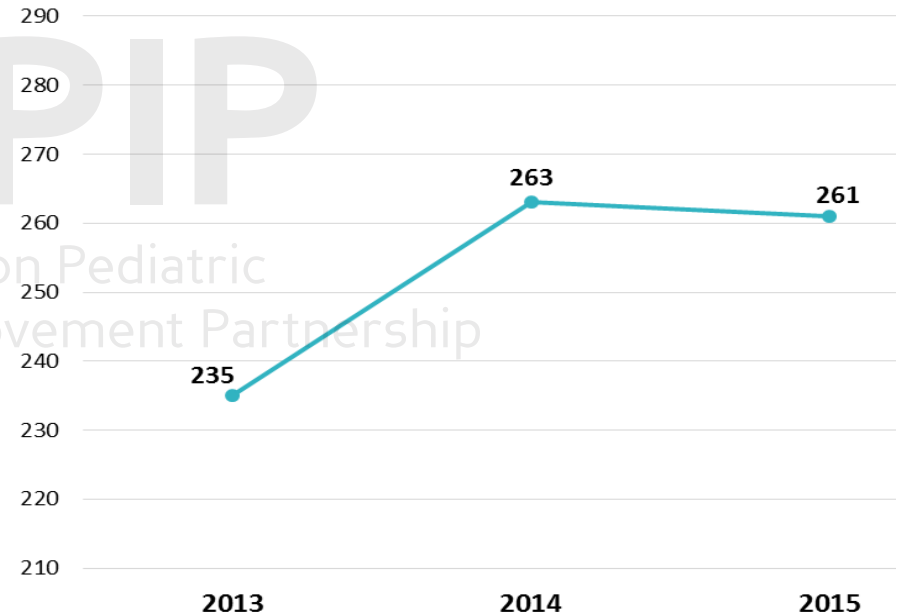
**Number of Children 0-3yrs Screened  
(According to 96110) in WVCH**



**2013 vs. 2015:**

**Total Improvement: 79% (N=2440 Children)**

**Number of Children Found Eligible To Receive  
EI Services in Marion & Polk Counties**



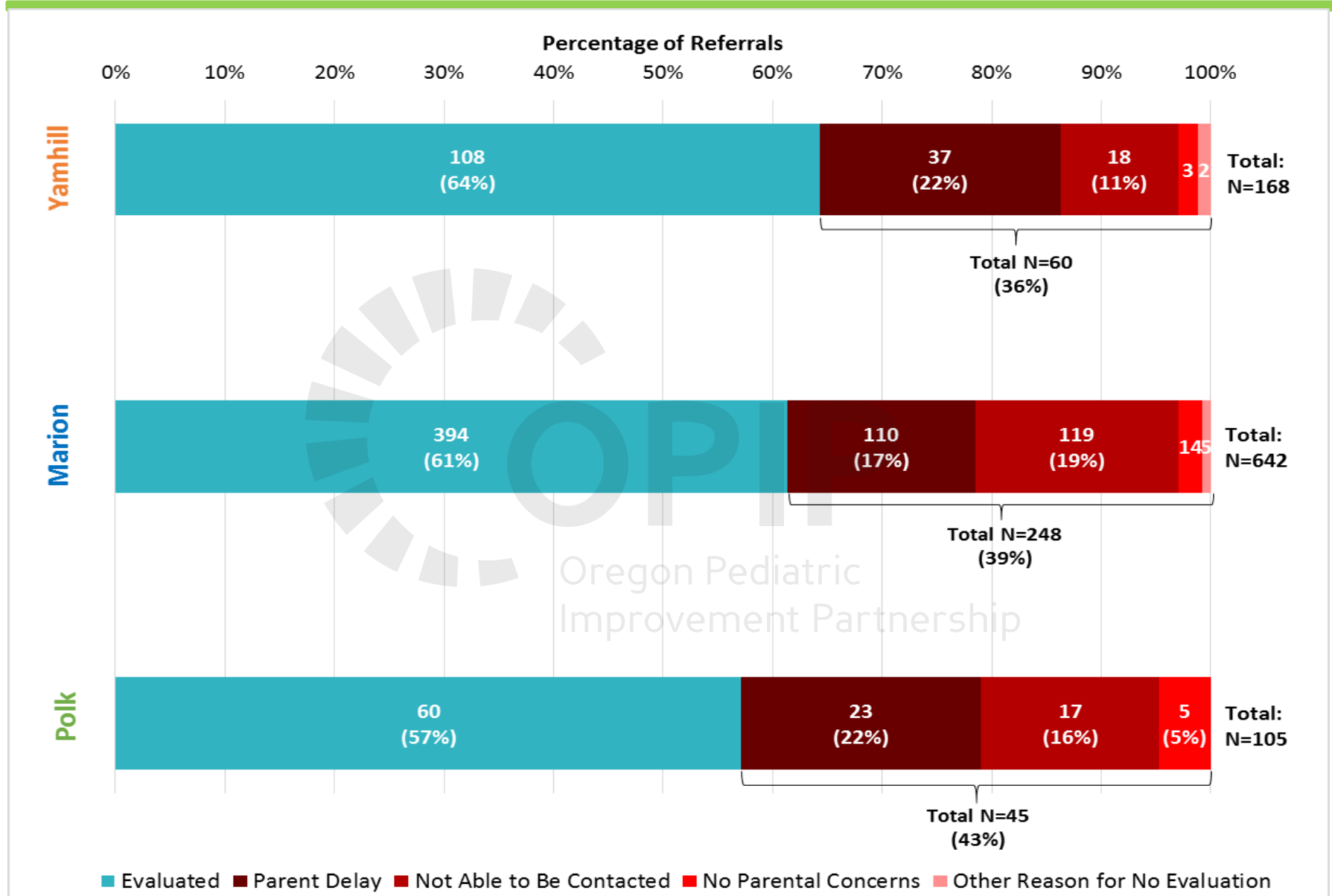
**2013 vs. 2015:**

**Total Improvement: 10% (N=26 Children)**

**Marion: 10% (N=21) Polk: 11% (N=5)**

*Do not copy or reproduce without proper OPIP citation.*

# 2015 EI Referral Outcomes



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

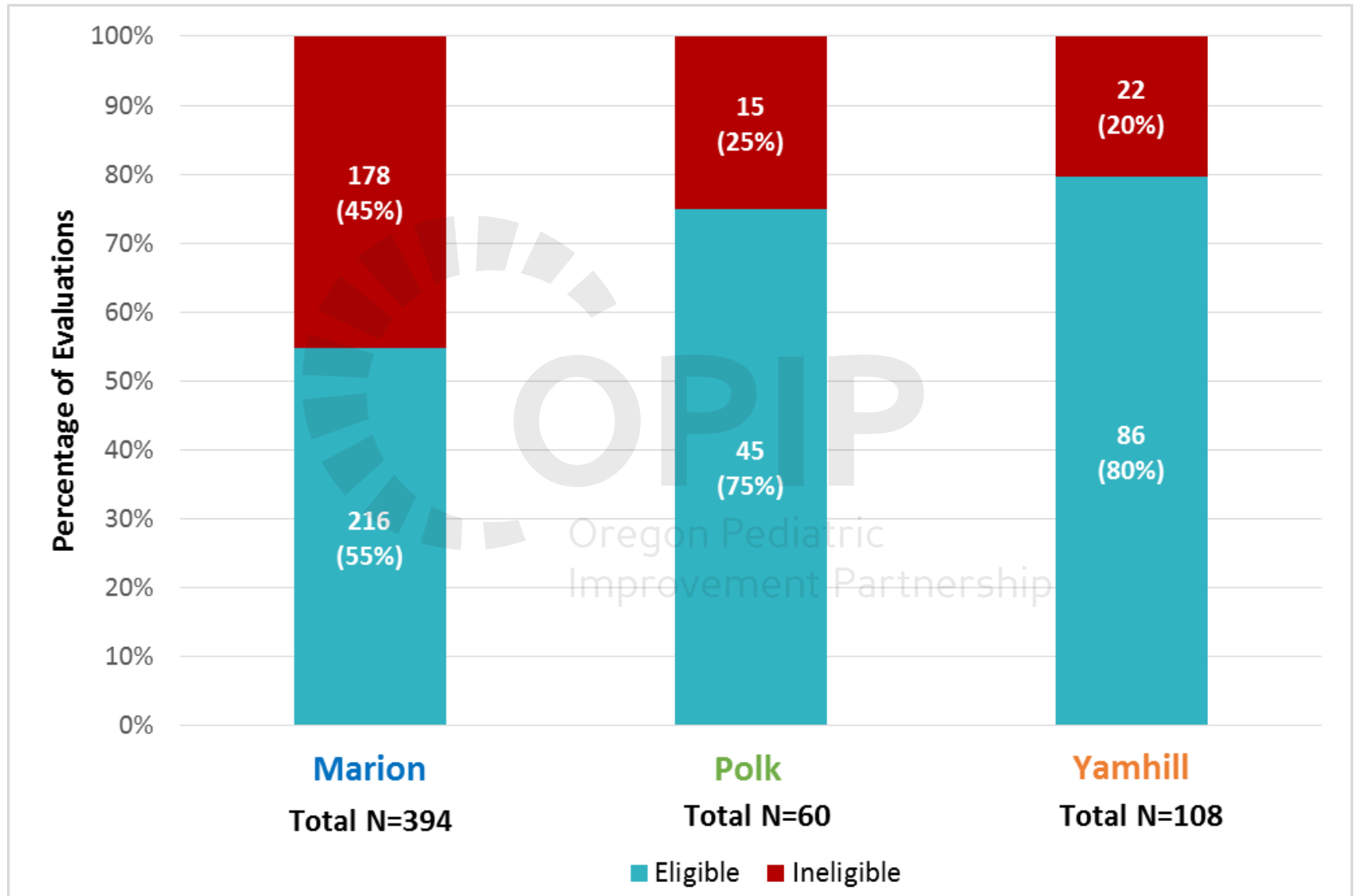
# Data from WESD on Early Intervention Referral and Evaluation Outcomes to Be Shared Today

## #1: Indication of Follow-Up to Developmental Screening

- Child find rates
- Numbers of Referrals
- Number of Referrals Able to be Contacted and Evaluated
- Of referrals able to be contacted and evaluated
- Outcome of children able to be evaluated (Eligible, Ineligible)

*\* Again, remember that a portion of children have multiple referrals*

# Of Children Able to be Evaluated: 2015 Outcomes of EI Evaluation



*Do not copy or reproduce without proper OPIP citation.*

# Data from WESD on Early Intervention Referral and Evaluation Outcomes to Be Shared Today

## #1: Indication of Follow-Up to Developmental Screening

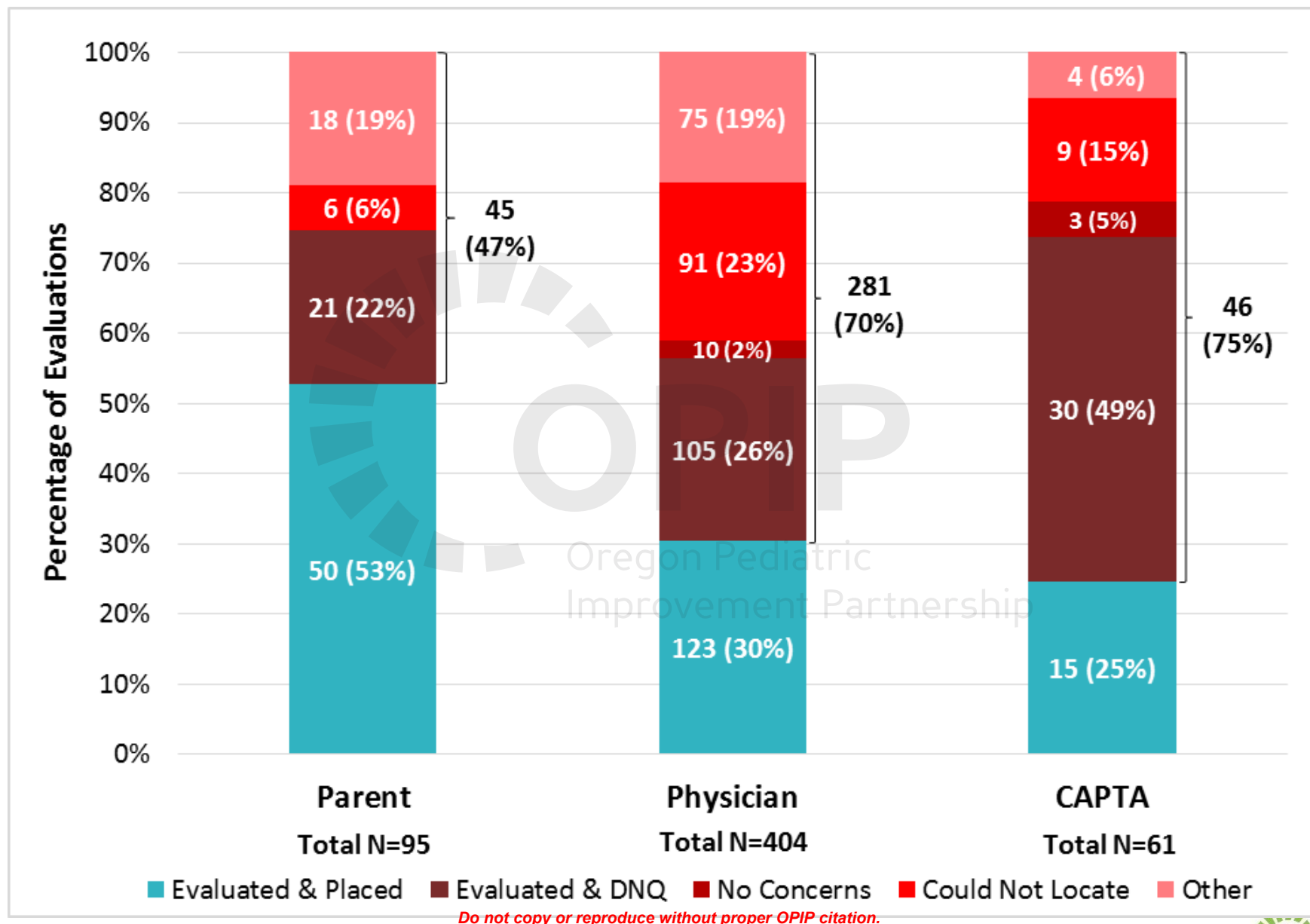
- Child find rates
- Numbers of Referrals
- Number of Referrals Able to be Contacted AND Evaluated
- Of referrals able to be contacted and evaluated
- Outcome of referrals (Eligible, Ineligible)

## #2: Data to Inform Processes for At-Risk, But EI Ineligible Children

- Evaluation Outcome Results by Referral and Child Characteristics

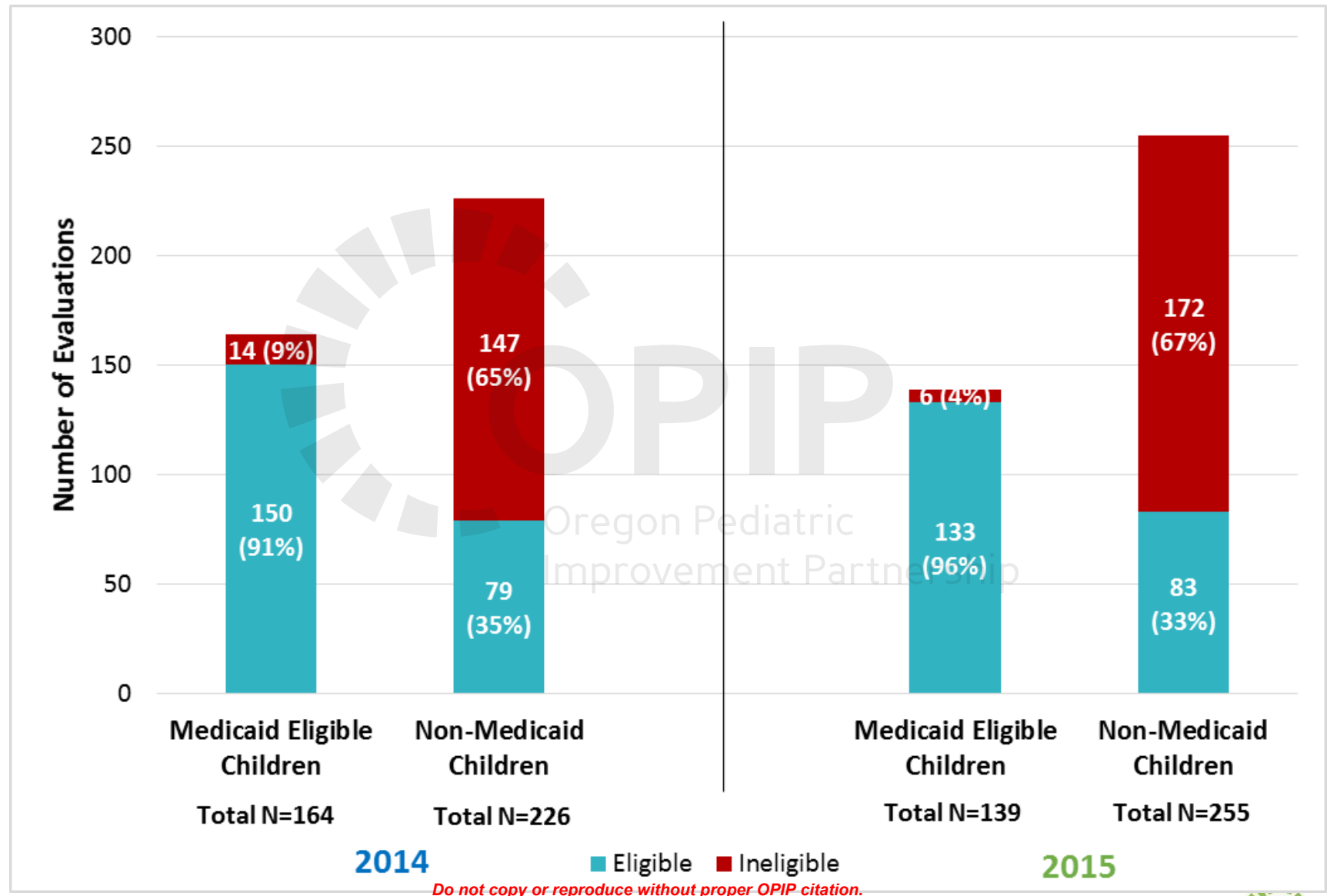
*In the future we will share data about children who fail an ASQ that are found EI Ineligible. Requires chart review and is time intensive and we wanted discussions from today to inform process.*

# 2015 Outcomes of Evaluation for Marion By: Top Referral Sources





# Evaluation Outcomes for Medicaid vs. Non-Medicaid Children: Marion County



# Partners in the Community-Based Improvement Efforts Being Piloted Through June 2016 to Enhance Follow-Up to Screening

## Primary Care Sites Already Conducting Developmental Screening

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

### QI Tools/Methods Developed for PCP:

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

### Summary of WVCH coverage of follow-up services

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

### Examination of Practice-Level Data to Guide and Evaluate Efforts

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

## Early Intervention (WESD)

### QI Tools/Methods Being Implemented:

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

### Examination of WESD Data to Guide and Evaluated Data

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

## Community-Based Providers

Identified pathways from PCP to six priority referrals.

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

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

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

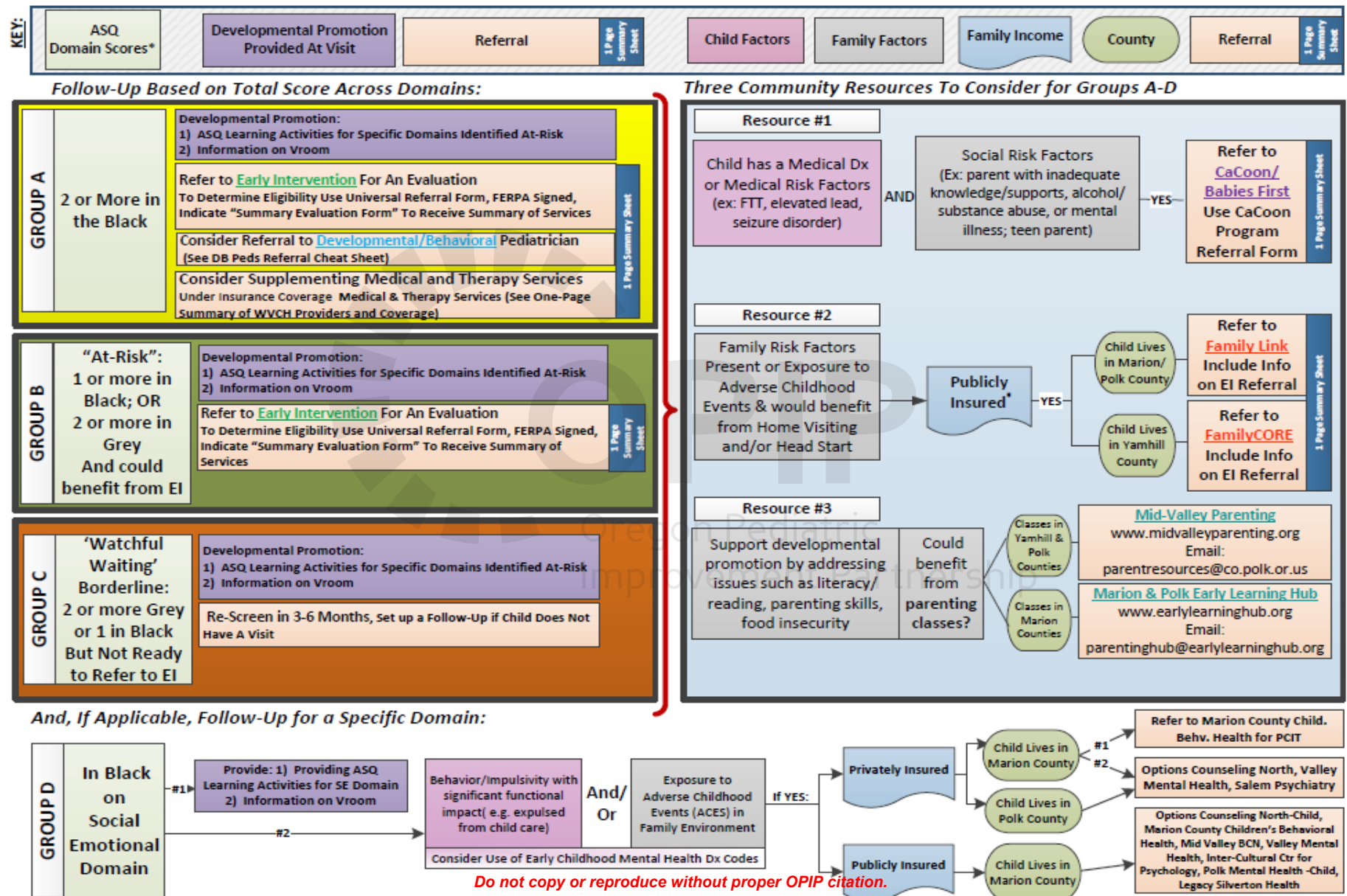
*Do not copy or reproduce without proper OPIP citation*

# Decision Tree for Primary Care

1/18 DRAFT

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

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



# Developmental Promotion

Developmental Promotion  
Opportunities Provided to Parent

## ASQ Learning Activities for the Specific Domains

### Fine Motor

Activities to Help Your Toddler Grow and Learn

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



#### Flipping Pancakes

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

#### Macaroni String

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

#### Homemade Orange Juice

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

#### Draw What I Draw

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

#### Bath-Time Fun

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

#### My Favorite Things

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

#### Sorting Objects

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

## Vroom!

### vrōm

find out more  
[joinvroom.org](http://joinvroom.org)

### Brain Building Basics

5 things to remember  
for building your child's brain

#### 1. Look



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

#### 2. Chat



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

#### 3. Follow



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

#### 4. Stretch



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

#### 5. Take Turns



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

Do not copy or reproduce without proper OPIP citation.

Source: <http://archive.brookespublishing.com/documents/asq-3-learning-activity.pdf>

# Summary of WVCH Services

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



### Family Link

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

Child:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Child:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Parent/Guardian:	DOB:	Relationship to child:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N	Due date:
Parent/Guardian:	DOB:	Relationship to child:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Address:	City:	Zip:
Cell Phone:	Texts? <input type="checkbox"/> Y <input type="checkbox"/> N	Home Phone:
		Best Time to Call:
Preferred Language:		Email:
Reason for Referral: Check ALL that Apply		
<u>Child or Children</u> <input type="checkbox"/> Lack of Prenatal Care <input type="checkbox"/> Support with Breastfeeding <input type="checkbox"/> Support with Infant Care <input type="checkbox"/> Drug-Exposed Infant/Pregnancy <input type="checkbox"/> Support with Attachment/Bonding <input type="checkbox"/> Has Disability <input type="checkbox"/> Born Premature <input type="checkbox"/> Home Environment concerns <input type="checkbox"/> Development concerns <input type="checkbox"/> Social/Emotional concerns <input type="checkbox"/> Behavior concerns <input type="checkbox"/> Feeding concerns <input type="checkbox"/> Health concerns <input type="checkbox"/> Weight concerns		
<u>Parent or Guardian</u> <input type="checkbox"/> Feels Depressed or Overwhelmed <input type="checkbox"/> Isolation/Lack of Support <input type="checkbox"/> Support with Parenting <input type="checkbox"/> Has Disability <input type="checkbox"/> Teen/Young Parent <input type="checkbox"/> First Time Parent <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Alcohol/Drug Use <input type="checkbox"/> Lack of Food/Clothing/Housing <input type="checkbox"/> Incarceration/ Probation <input type="checkbox"/> Low Income <input type="checkbox"/> Other:		
Additional Family Information:		
<input type="checkbox"/> Migrant/Seasonal Work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homeless <input type="checkbox"/> Receives TANF/SSI <input type="checkbox"/> Receives SNAP		
Is there anything else we should know?		
Referred by:	Contact Person:	Agency:
		Phone:
<b>Parent Consent to Refer:</b> By signing this form, I authorize <u>Yakima Valley Farm Workers Clinic</u> to disclose the information listed above, for the purpose of connecting my family to an early learning and family support program, to the following organizations:		
<input checked="" type="checkbox"/> Family Building Blocks <input type="checkbox"/> Mid-Willamette Valley Community Action Agency <input type="checkbox"/> Polk County Public Health Department <input type="checkbox"/> Salem-Keizer Head Start		
<input type="checkbox"/> Oregon Child Development Coalition (OCDC) <input type="checkbox"/> Marion County Public Health Department <input type="checkbox"/> Willamette Education Service District (WESD) <input type="checkbox"/> Other:		
Parent/Guardian Signature: _____		Date: _____

**Do not copy or reproduce without proper OPIP citation.**

## Centralized Referral to Home Visiting Programs within the Community

# Example Parenting Classes

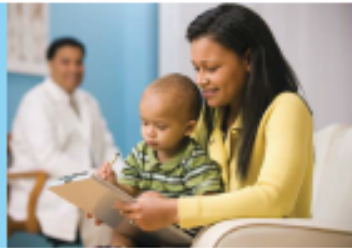
- **Make Parenting a Pleasure** (*in Spanish: Haga de la Paternidad un Placer*)
  - This parenting curriculum has been in practice for more than 30 years. It is designed for parents who are highly stressed with children 0 to 8 years old.
- **Abriendo Puertas** (*in English: Opening Doors*)
  - Nation's first evidence-based comprehensive training program developed by and for Latino parents with young children between the ages of 0 and 5 years old.
- **Nurturing Parenting**
  - Family-centered trauma-informed program designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices.
- **Collaborative Problem Solving: Parent workshop**
  - CPS is a strengths-based, neurobiologically-grounded approach that brings new ideas and new hope for helping kids with behavioral challenges.
- **Mothers and Babies**
  - This class is designed specifically to provide support and encouragement to mothers who are pregnant or have an infant 36 months or younger. In this course each mom will learn ways to think about and interact with their young baby to create an emotionally and physically healthy reality. Topics include baby development, managing stress and mood changes. Mothers receive individual support from their instructor/coach as well as build support with other new moms.

## Follow-Up to Screening: How We Can Support Your Child

Why did we have you complete a questionnaire about your child's development?

Our goal is to help young brains and bodies develop and grow to their fullest potential. These support services can help prepare your child for kindergarten and beyond.

National recommendations call for specific tools to be used to assess a child's development, such as the one you completed. This tool helps identify kids who may be at-risk for delays. It is important to identify these delays early, as there are services that can address them.



Based on the results, we are referring your child to the services checked below:

### ☐ Early Intervention

Who Is Early Intervention (EI)?

EI helps babies and toddlers with their development. In your area, Willamette Education Service District (WESD) runs the EI program.

EI focuses on helping young children learn skills. EI services enhance language, social and physical development through play-based interventions and parent coaching.

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

What to expect if your child was referred to EI:

- WESD will call you to set up an appointment for their team to assess your child.
- If you miss their call, you should call back to schedule a time for the evaluation. They have a limited time to set up the appointment.
- Their phone number is 503-385-4714.

The results from their assessment will be used to determine whether or not EI can provide services for your child.

Contact Information:  
WESD Intake Coordinator  
503-385-4714 | [www.wesd.org](http://www.wesd.org)

### ☐ Family Link

Who Is Family Link?

Family Link is a group of community organizations. This group meets each month to identify the best programs and services to meet the needs of the child and family. Family Link services have eligibility requirements.

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

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

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

Contact Information:

NAME - TITLE  
503-990-7431 ext.132 | Website: [000000000000](http://000000000000)

### ☐ CaCoon

Who Is CaCoon?

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

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

Contact Information:

Judy Clave - Program Supervisor  
Phone: 503-361-3603  
Website: <http://www.ohsu.edu/ohs/tribnch/ocynhr/programs-projects/cacoon.htm>

### ☐ Medical and Therapy Services

Your child's health care provider referred you to the following:

- ☐ Speech Language Pathologist: Specialists in speech, voice, and swallowing disorders.
- ☐ Audiologist: Specialists in hearing and balance concerns.
- ☐ Developmental-Behavioral Pediatrician: Specialists in the following child development areas: Learning delays, Feeding problems, Behavior concerns, Delayed development in speech, motor, or cognitive skills.
- ☐ Autism Specialist: Specialists in providing a diagnosis and treatment plan for children with symptoms of Autism.
- ☐ Occupational Therapist: Specialist in performance activities necessary for daily life.
- ☐ Physical Therapist: Specialist in range of movement and physical coordination.

## Pilot Education Sheet for Parents To Explain Referrals

Oregon Pediatric  
Improvement Partnership

### 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.

Version 1.0: 12/7



Designed and distributed by Oregon Pediatric Improvement Partnership

### Any Questions?

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

Phone Number: 503-364-3170

Do not copy or reproduce without proper OPIP citation.



# Pilot: Phone Follow-Up Script for Referred Children

## Phone Follow Up within 36 Hours

Hello- May I speak with (name of patient's primary caregiver). My name is (your name) and I'm Dr. XX's (whatever your position is). Your son / daughter, (Name of child) had an appointment with Dr. XX on (time, date, location) for a well visit.

At your appointment, Dr. XX recommended that your child go to (Insert EI program Name i.e Early Intervention at Willamette Education Service District). We realize it can be overwhelming to get a lot of information about next steps at your appointment, so I wanted to call and answer any questions that you have may have had come up since then.

So what questions do you have about why Dr. XX wanted (insert child's name) to go to Early Intervention at Willamette Education Service District, or about what will happen next?

### Answer questions (frequent questions or concerns highlighted in blue)

- 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.

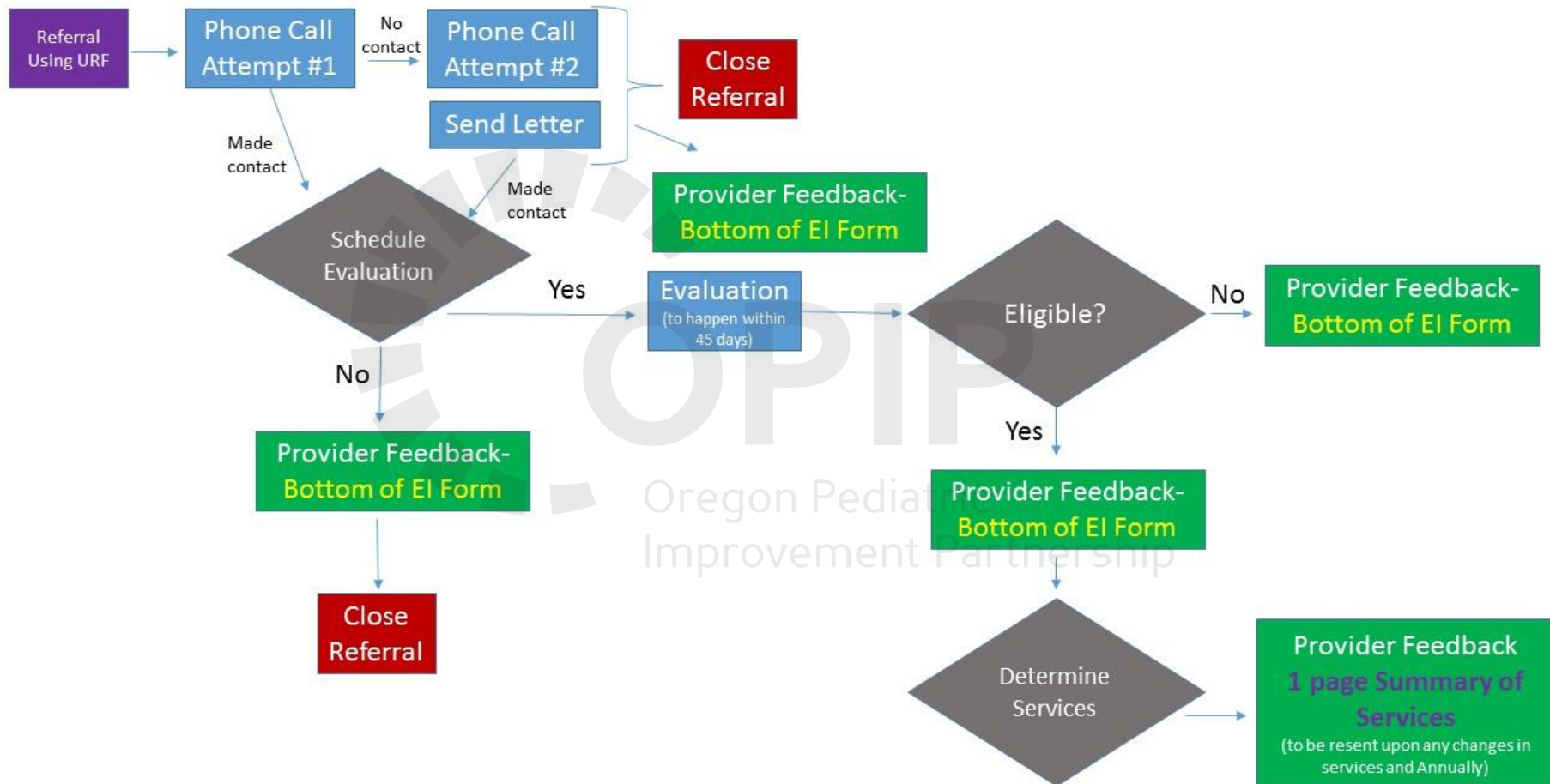
We are here to support you, so if you have any questions, feel free to contact (insert name) at (phone number). *Do not copy or reproduce without proper OPIP citation.*

# Focus of Improvement Effort

## Within WESD- Early Intervention

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

# Focus of Improvement Effort Within **WESD- Early Intervention**



# Early Intervention Universal Referral Form

## Feedback to Referring Provider

- Not able to contact
- For those that were contacted and evaluated, general eligibility

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

**CHILD/PARENT CONTACT INFORMATION**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Interpreter Needed: ☐ Yes ☐ No  
Type of Insurance: \_\_\_\_\_  
☐ Private ☐ OHP/Medicaid ☐ TRICARE/Other Military Ins. ☐ Other (Specify) \_\_\_\_\_ ☐ No insurance  
Child's Doctor's Name, Location And Phone (if known): \_\_\_\_\_

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

*Consent for release of medical and educational information*  
I, \_\_\_\_\_ (print name of parent or guardian), give permission for my child's health provider  
\_\_\_\_\_, \_\_\_\_\_ (print provider's name), to share any and all pertinent information regarding my  
child, \_\_\_\_\_ (print child's name), with Early Intervention/Early Childhood Special Education  
(EI/ECSE) services. I also give permission for EI/ECSE to share developmental and educational information regarding my child  
with the child health provider who referred my child to ensure they are informed of the results of the evaluation.  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Your consent is effective for a period of one year from the date of your signature on this release.*

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

**REASON FOR REFERRAL TO EI/ECSE SERVICES**

*Provider: Complete all that applies. Please attach completed screening tool.*  
Concerning screen: ☐ ASQ ☐ ASQ:SE ☐ PEDS ☐ PEDS:DM ☐ M-CHAT ☐ Other: \_\_\_\_\_  
Concerns for possible delays in the following areas (please check all areas of concern and provide scores, where applicable):  
☐ Speech/Language \_\_\_\_\_ ☐ Gross Motor \_\_\_\_\_ ☐ Fine Motor \_\_\_\_\_  
☐ Adaptive/Self-Help \_\_\_\_\_ ☐ Hearing \_\_\_\_\_ ☐ Vision \_\_\_\_\_  
☐ Cognitive/Problem-Solving \_\_\_\_\_ ☐ Social-Emotional or Behavior \_\_\_\_\_ ☐ Other: \_\_\_\_\_  
☐ Clinician concerns but not screened: \_\_\_\_\_  
☐ Family is aware of reason for referral.

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

**PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS**

Name and title of provider making referral: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Are you the child's Primary Care Physician (PCP)? Y\_\_\_ N\_\_\_ If not, please enter name of PCP if known: \_\_\_\_\_  
*I request the following information to include in the child's health records:*  
☐ Evaluation Report ☐ Eligibility Statement ☐ Individual Family Service Plan (IFSP)  
☐ Early Intervention/Early Childhood Special Education Brochure ☐ Evaluation Results

**EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER**

*EI/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: \_\_\_\_\_  
\_\_\_\_\_ EIECSE will close referral on \_\_\_\_/\_\_\_\_/\_\_\_\_

Do not copy or reproduce without proper OHP citation

\* The EIECSE Referral Form may be duplicated and downloaded at: <http://www.chsu.edu/xdou/teachlocyshn/programs-projects/dev-screening-and-referrals.cfm>

Form Rev. 10/22/2013

# Early Intervention Universal Referral Form

## EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

**EI/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.ohsu.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.ohsu.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

# Focus of Improvement Effort

## Within WESD- Early Intervention

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

# Referral from WESD To Centralized Home Visiting Services

- Referral of EI Ineligible to the Centralized Home Visiting referral that exists in these counties:
  - Marion and Polk: **Family Link**
  - Yamhill: **Family CORE**
- Contextual Issues to Consider
  - 1) EI doesn't know about most of the risk factors on the form, so can't complete them to inform best match program
  - 2) Examined characteristics of EI Ineligible
    - Most were not insured by Medicaid
      - May not be eligible for majority of services within Home Visiting



### Family Link

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

Child:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Child:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Parent/Guardian:	DOB:	Relationship to child:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N	Due date:
Parent/Guardian:	DOB:	Relationship to child:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Address:	City:	Zip:
Cell Phone: Texts? <input type="checkbox"/> Y <input type="checkbox"/> N	Home Phone:	Best Time to Call:
Preferred Language:		Email:
Reason for Referral: Check ALL that Apply		
<u>Child or Children</u> <input type="checkbox"/> Lack of Prenatal Care <input type="checkbox"/> Support with Breastfeeding <input type="checkbox"/> Support with Infant Care <input type="checkbox"/> Drug-Exposed Infant/Pregnancy <input type="checkbox"/> Support with Attachment/Bonding <input type="checkbox"/> Has Disability <input type="checkbox"/> Born Premature <input type="checkbox"/> Home Environment concerns <input type="checkbox"/> Development concerns <input type="checkbox"/> Social/Emotional concerns <input type="checkbox"/> Behavior concerns <input type="checkbox"/> Feeding concerns <input type="checkbox"/> Health concerns <input type="checkbox"/> Weight concerns		
<u>Parent or Guardian</u> <input type="checkbox"/> Feels Depressed or Overwhelmed <input type="checkbox"/> Isolation/Lack of Support <input type="checkbox"/> Support with Parenting <input type="checkbox"/> Has Disability <input type="checkbox"/> Teen/Young Parent <input type="checkbox"/> First Time Parent <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Alcohol/Drug Use <input type="checkbox"/> Lack of Food/Clothing/Housing <input type="checkbox"/> Incarceration/ Probation <input type="checkbox"/> Low Income <input type="checkbox"/> Other:		
Additional Family Information:		
<input type="checkbox"/> Migrant/Seasonal Work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homeless <input type="checkbox"/> Receives TANF/SSI <input type="checkbox"/> Receives SNAP		
Is there anything else we should know?		
Referred by:	Contact Person:	Agency: Phone:
<b>Parent Consent to Refer:</b> By signing this form, I authorize <u>Yakima Valley Farm Workers Clinic</u> to disclose the information listed above, for the purpose of connecting my family to an early learning and family support program, to the following organizations:		
<input checked="" type="checkbox"/> Family Building Blocks <input type="checkbox"/> Mid-Willamette Valley Community Action Agency <input type="checkbox"/> Polk County Public Health Department <input type="checkbox"/> Salem-Keizer Head Start		
<input type="checkbox"/> Oregon Child Development Coalition (OCDC) <input type="checkbox"/> Marion County Public Health Department <input type="checkbox"/> Willamette Education Service District (WESD) <input type="checkbox"/> Other _____		
Parent/Guardian Signature: _____		Date: _____

Do not copy or reproduce without proper OPIP citation.

Referral from WESD  
To Centralized Home  
Visiting Services



# Focus of Improvement Effort

## Within WESD- Early Intervention

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

# Summary of Services EI Eligible Children Receiving

- Finding from the baseline stakeholder interviews was that people would find it valuable to receive a one-page summary of the EI services to be provided
- Goal is to provide a summary that can be used by the primary care provider in order to identify additional and complementary services provided within the health care system and in other community-based programs that may robustly address other child needs.
- Developed a draft template of the one-page summary
  - OPIP then gathered input from primary care providers about if the summary would be valuable
  - Modifications made based on stakeholder input
- Working to develop the template in the EI data systems

*Do not copy or reproduce without proper OPIP citation.*

# Pilot EI Communication Form to Inform Possible Secondary Referral

*Information for this letter is generated automatically from the EI Electronic System*

A new Individual Family Service Plan (IFSP) was developed for your patient \$Fname on \$ifsp.  
These services will be reviewed again no later than \$nextifsp.

IFSP Services:

Early Intervention Goal Areas:	Cognitive	Social Emotional	Motor	Adaptive	Communication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided by:

	Frequency	Current Provider
<input type="checkbox"/> Early Intervention Specialist		
<input type="checkbox"/> Occupational Therapist		
<input type="checkbox"/> Physical Therapist		
<input type="checkbox"/> Speech Language Pathologist		
<input type="checkbox"/> Other		

Please contact \$service coordinator with any questions

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

*Do not copy or reproduce without proper OPIP citation.*

# Focus of Improvement Effort

## Within WESD- Early Intervention

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

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

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

Do not copy or reproduce without proper OPIP citation.

# Focus of Community-Based Improvement Effort within Community-Based & Health Systems

- Within Community-Based Provider Prioritizing Referral pathways to:
  - Home Visiting
    - Each community has centralized home visiting forms, although those are functioning quite differently
- Synergistic with HUB efforts about engagement and support to families on the waiting list



# Looking Forward:

## Based on the Learnings from this Project, Opportunities to Spread with Additional Funding



*Do not copy or reproduce without proper OPIP citation.*



# Future Funding OPIP Is Starting to Explore

- In Marion, Polk and Yamhill:
  - Support spread of the models piloted by the primary care sites to other primary care sites in the region.
  - Support the primary care sites NOT doing developmental screening to implement screening
  - Evaluation of the impact of implementation
- Support development of developmental screening pathways in other communities in partnership with other CCOs, practices, and Early Learning Hubs
  - Community-specific work
  - Learning collaborative across communities
  - Engagement of EI at the State and Local Contractor level
- Community based project that support school readiness across the population given that is ODE's goal

*Do not copy or reproduce without proper OPIP citation.*



# Questions?

- Door is always open!
- OPIP Project Lead
  - Colleen Reuland:  
[reulandc@ohsu.edu](mailto:reulandc@ohsu.edu)
  - 503-494-0456

