



Pathways from Developmental Screening to Services: Spotlight of Efforts, Learnings and Future Opportunities to Better Serve Children 0-3 Identified At-Risk for Delays

Presentation to the Early Learning Council
February 23rd, 2017

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Agenda

- **Background & context**
 - Overview of OPIP
 - Previous OPIP efforts in this area
 - Momentum related to developmental screening
- **Opportunity to focus on follow-up to developmental screening: Spotlight of an effort in three counties**
 - Data gathered and primary opportunities identified
 - Pilot tools and strategies developed and being implemented by health care and early learning
- **Looking forward, learnings and opportunities**

Oregon Pediatric Improvement Partnership (OPIP)

- OPIP supports a meaningful, **long-term collaboration of stakeholders** invested in child health care quality, with the common purpose of improving the health of the children and youth of Oregon.
- **OPIP staff and projects are focusing on building health and improving outcomes for children and youth by:**
 - 1) Collaborating in **quality measurement and improvement** activities;
 - 2) Supporting **evidence-guided quality activities**;
 - 3) Incorporating the **patient and family voice** into quality efforts; and
 - 4) Informing **policies that support optimal health** and development
- OPIP uses a **population based approach – starting with child/family**
 - Work with the multiple kinds of providers who serve children
- Primarily contract and grant funded
- Based out of Oregon Health & Science University (OHSU), within the Pediatrics Department

Previous Efforts Related to Developmental Screening

- **Primary care practice-level support to implement developmental screening**
 - Training & implementation support
- **Follow-up for children identified at-risk for delays via developmental screening, with a specific focus on Early Intervention**
 - Participated in Assuring Better Child Development (ABCD) efforts-focused on follow-up to Early Intervention
 - Universal Referral to Early Intervention addressing FERPA/HIPPA, feedback
 - Patient Centered Primary Care Homes/Medical Home Efforts
 - Tracking referrals to community-based providers, Coordination
 - Referral forms to CaCoon/Babies First!
- **System-level improvement**
 - Performance improvement project of eight 8 Medicaid Managed Care Organizations, included community cafés with parents
- **Metrics**
 - Developmental Screening in the First Three Years of Life – CCO Incentive Metric

Momentum Around Developmental Screening

- Coordinated Care Organization Incentive Metric
 - Developmental Screening
- Patient Centered Primary Care Homes (PCPCH) Standards
 - Includes Developmental Screening
- Early Learning Hub Metrics
 - Includes CCO Developmental Screening Incentive Metric

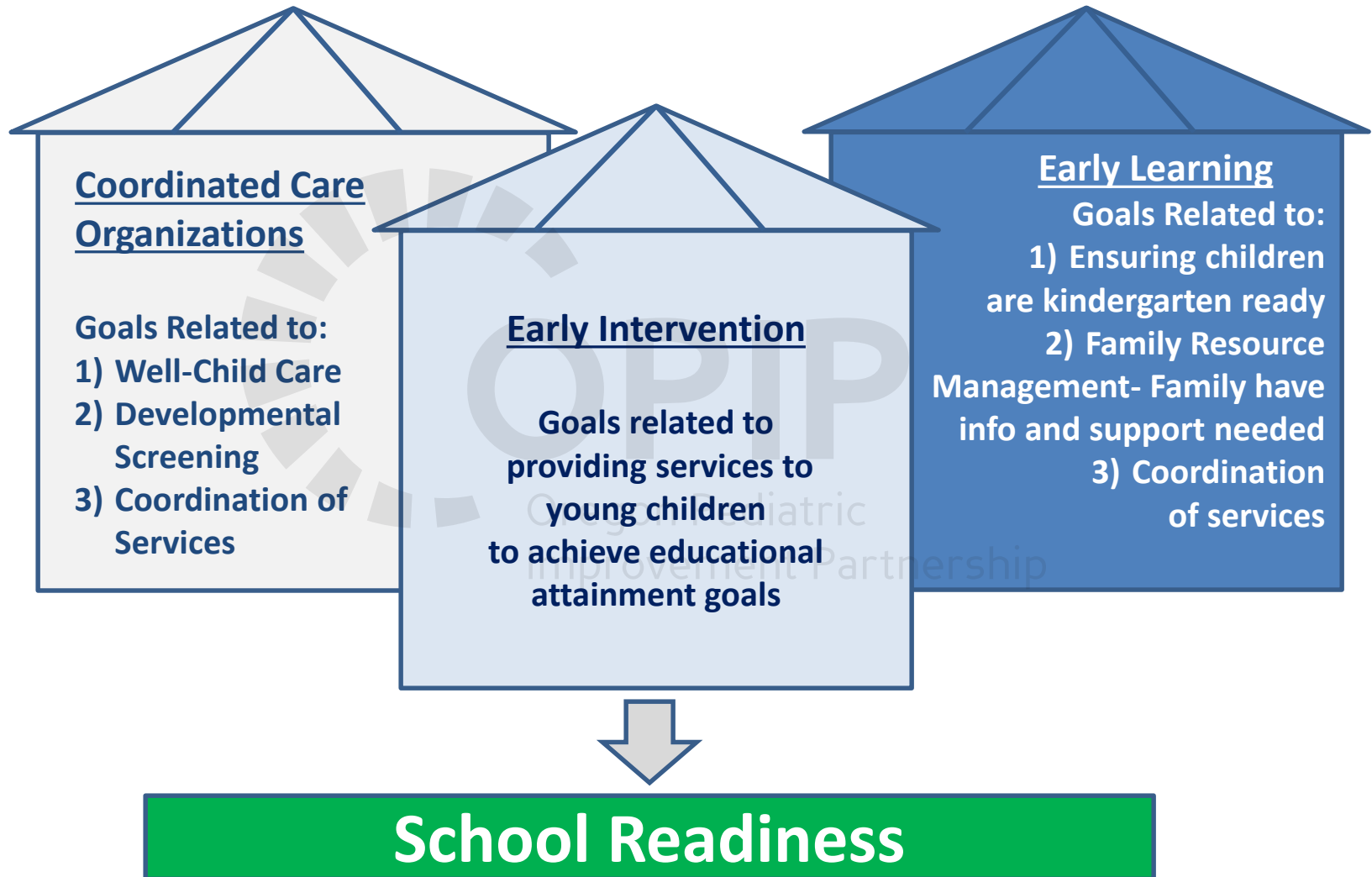
Opportunity to NOW Focus on Follow-Up to Developmental Screening that is the Best Match for the Child & Family

- Goals of screening
 - Identify children **at-risk** for developmental, social/or behavioral delays
 - For those children identified, **provide developmental promotion, refer to services** that can further evaluate and address delays
 - Many of these services live within **Early Learning**

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



Examples of OPIP Projects Focused In This Area

<http://oregon-pip.org/focus/FollowUpDS.html>

- 1. Oregon Health Authority** contracted with OPIP to provide consulting and technical assistance to **Yamhill Early Learning Hub** and **Yamhill CCO** on a community pilot focused on ensuring children identified at-risk for developmental, behavioral, and social delays receive follow-up services. (January-December '16)
 - *Supported by Funding Opportunity Number CMS-1G1-12-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services*
- 2. Willamette Education Service District** contracted with OPIP to lead efforts in Marion, Polk and Yamhill County (May '16-June '17)
 - In 2015 the Oregon Legislature directed Oregon Department of Education (ODE) to identify pathways from developmental screening to appropriate early learning services

Stakeholder Engagement: Current Systems and Processes Related to Follow-Up to Developmental Screening

1. Individual interviews and engagement
2. Periodic group-level stakeholder meetings to provide updates and obtain community-level input and guidance
 - **Early Learning Hubs (Yamhill Early Learning Hub & Marion and Polk Early Learning Hub) critical partners**
 - Leveraged shared table and relationships they have created within Early Learning System
 - This project allowed a honed-in focus on a specific population AND specific pathways
 - Engaged primary care in new and novel ways
 - Allowed the data and learnings gathered through this project to be shared with Early Learning Hub partners and to inform activities

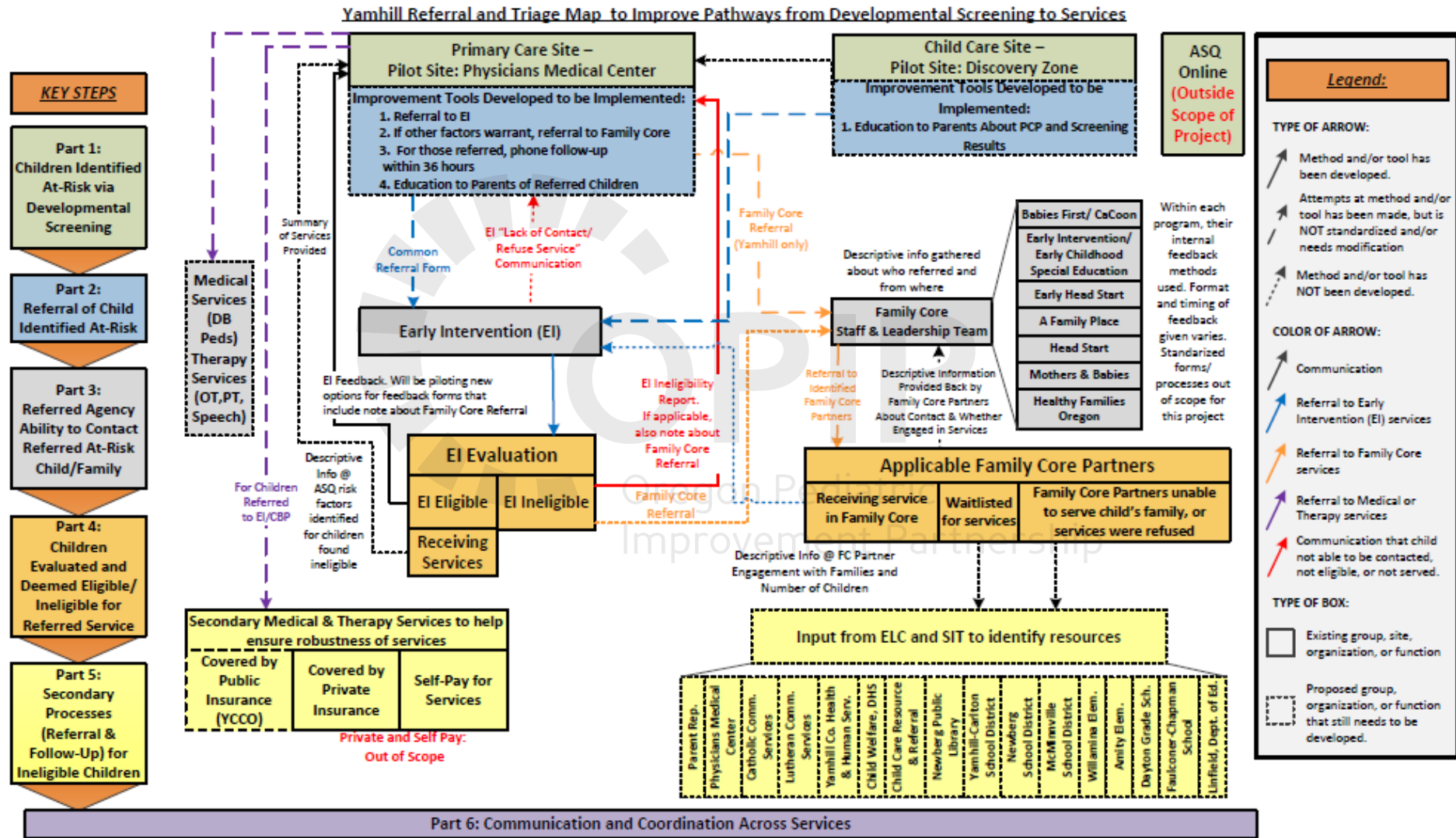
Ensuring a Parent Centered Focus: Engagement of Parent Advisors and Parent Advisory Groups

- **Individual Parent Advisors – 3 Parents**
- **Parent Advisory Groups**
 - Marion and Polk Early Learning Hub
 - Parent Advisory Group within the participating Primary Care Practices
- **Parents providing input on:**
 - Their experience and opportunities for improvement
 - Review of improvement tools and parent supports being implemented in the projects

Stakeholder Engagement in Marion, Polk, and Yamhill Counties

<p><u>CCOs</u> (WVCH, YCCO)</p> <ul style="list-style-type: none"> • Medical Director • Metrics Staff • Practice Support Staff • Mental Health Director • Staff that oversee services for children • Liaison to Early Learning Hubs • OHA Innovator Agent 	<p><u>Primary Care</u></p> <ul style="list-style-type: none"> • Practices that see large number of children and are doing developmental screening • Practice staff engaged included: <ul style="list-style-type: none"> ✓ Physician ✓ Care Coordinator ✓ Referral Coordinator ✓ Practice Manager 	<p><u>EI & Education</u></p> <ul style="list-style-type: none"> • EI/ECSE Program Coordinator • EI Referral Intake Coordinator • School District Representative 	<p><u>Early Learning Hub</u> (Yamhill Early Learning Hub, Marion and Polk Early Learning Hub)</p> <ul style="list-style-type: none"> • Director or Executive Director • Community Engagement Staff • Staff involved in efforts around developmental screening 	<p><u>Home Visiting and Head Start/Early Head Start</u></p> <ul style="list-style-type: none"> • Centralized home visiting referral programs • Public Health/CaCoon/BabiesFirst • Healthy Families • Other community services that provide home visiting • Early Head Start and Head Start 	<p><u>Child Care and Parenting Supports</u></p> <ul style="list-style-type: none"> • Childcare Resource and Referral Center • Childcare Centers conducting screening • Oregon Parenting Education Collaborative entities

Community Asset Mapping and Pathway: Example from Yamhill County



Community Asset Mapping and Pathway: Example from Marion and Polk County

KEY STEPS

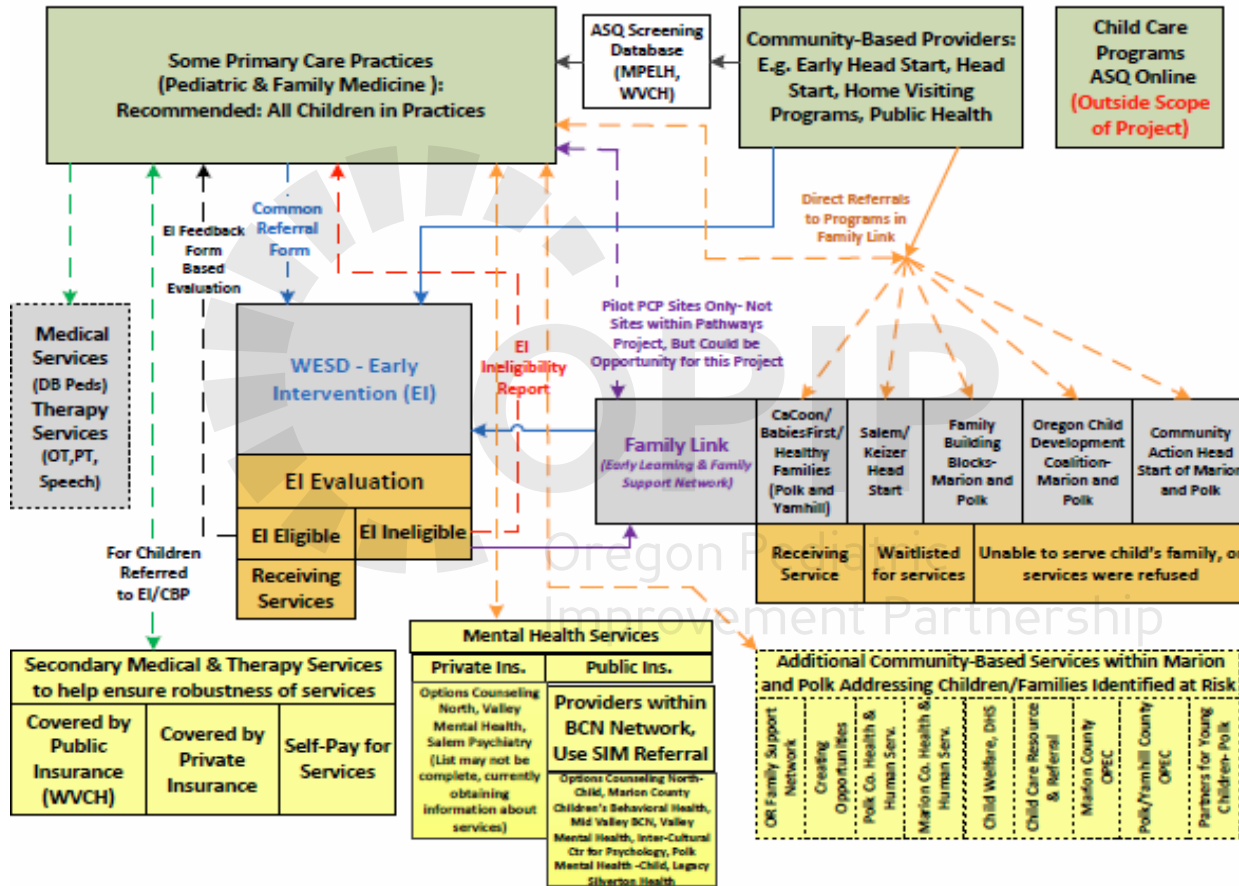
Part 1:
Children Identified At-Risk via Developmental Screening

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



Legend:

TYPE OF ARROW:

- Method and/or tool has been developed.
- Exists, but is NOT standardized or improvements in process could be made

COLOR OF ARROW:

- Communication
- Referral to Early Intervention (EI) services
- Early Learning and Family Support Referral Form
- Referral to Community-Based Agencies
- Referral to Medical or Therapy services
- Communication that child not able to be contacted, not eligible, or not served.

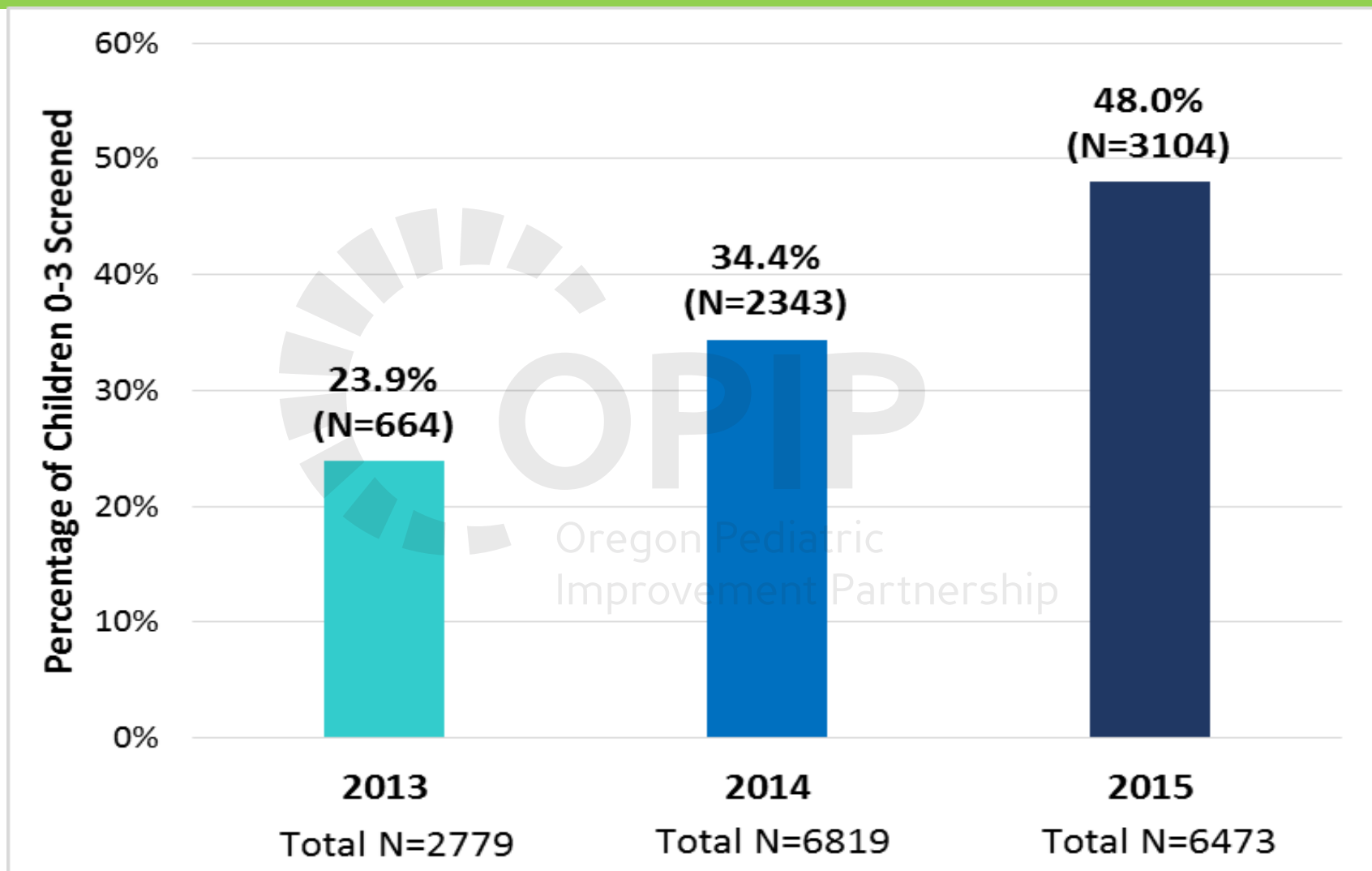
TYPE OF BOX:

- Existing group, site, organization, or function
- Groups of different services

Examination and Use of Data About Developmental Screening and Follow-Up for Children 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 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

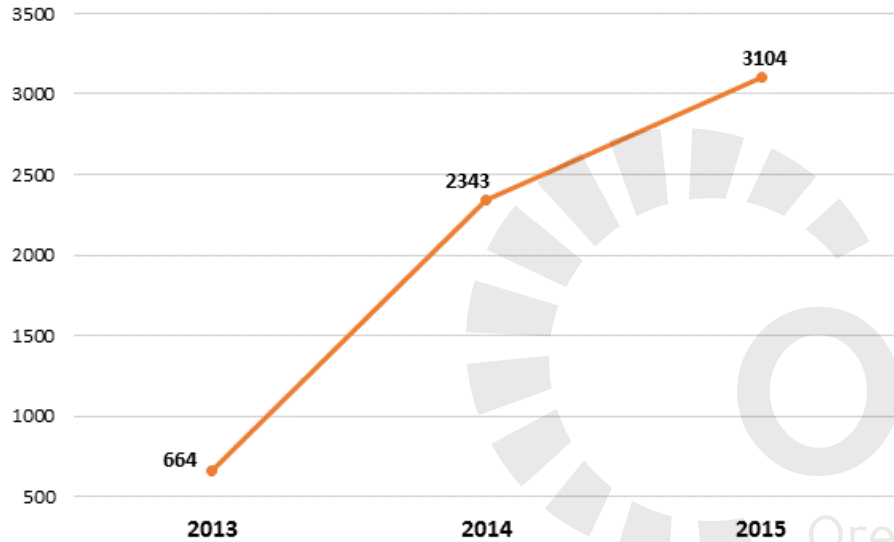
Developmental Screening Rates in the First Three Years of Life for Publicly Insured Children in Willamette Valley Community Health (WVCH): As Tracked by 96110 Claims Submitted



Source: WVCH Developmental Screening Rates, Based on 96110 Claims Submitted for Children Continuously Enrolled for 12 Months

If follow-up to developmental screening is occurring, shouldn't the slope of the lines should be similar?

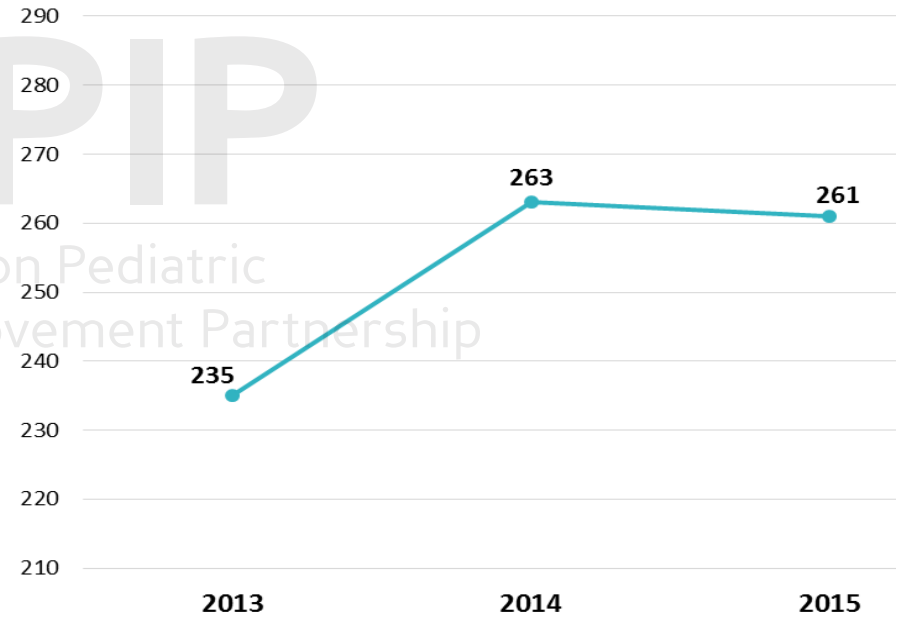
Number of Children 0-3yrs Screened (According to 96110) in WVCH



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)

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An Applied Example- Primary Care Pilot Site

Number DEVELOPMENTAL SCREENS Conducted in the Practice in One Year:
N=1431

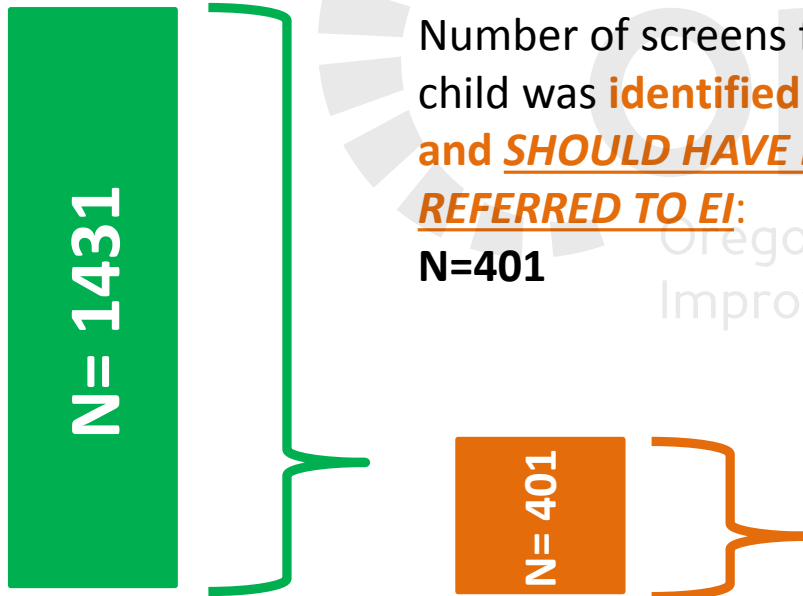
28% of screens identified child at-risk for delays

Number of screens for which child was **identified at-risk** and SHOULD HAVE BEEN TO REFERRED TO EI:
N=401

19% referred

NUMBER REFERRED TO EI:

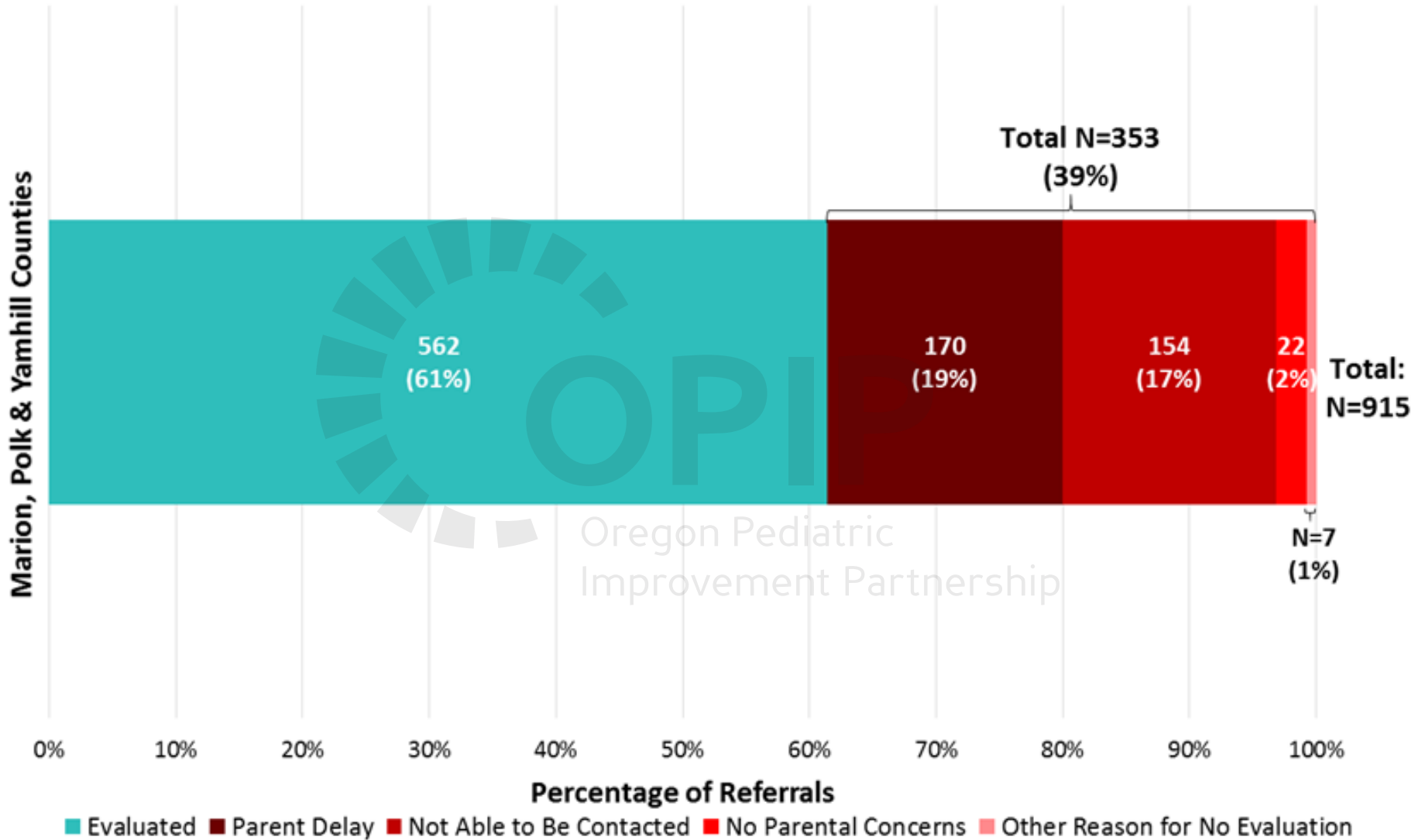
N= 76



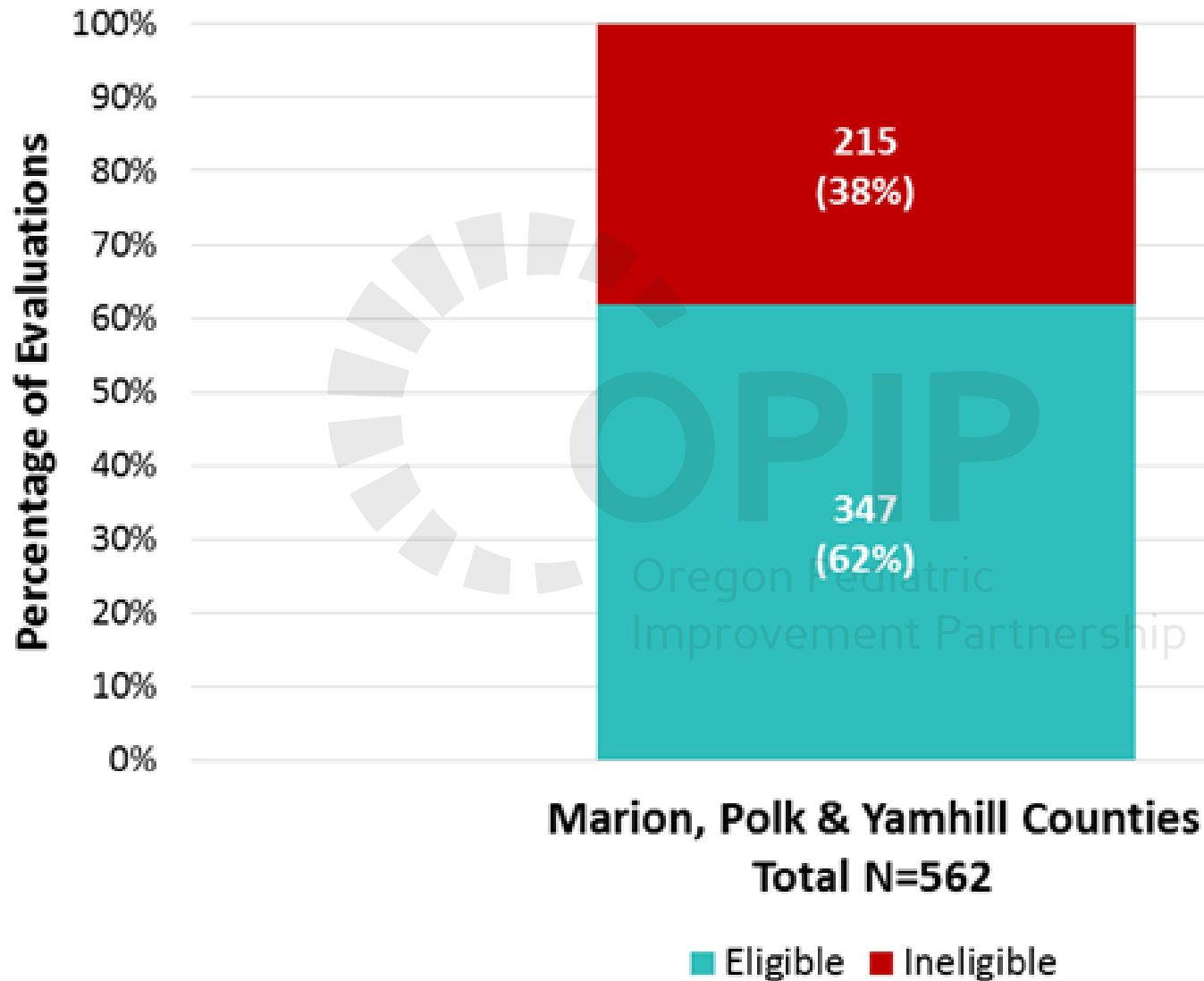
Qualitative Findings Related to Follow-Up to Developmental Screening for Young Children

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

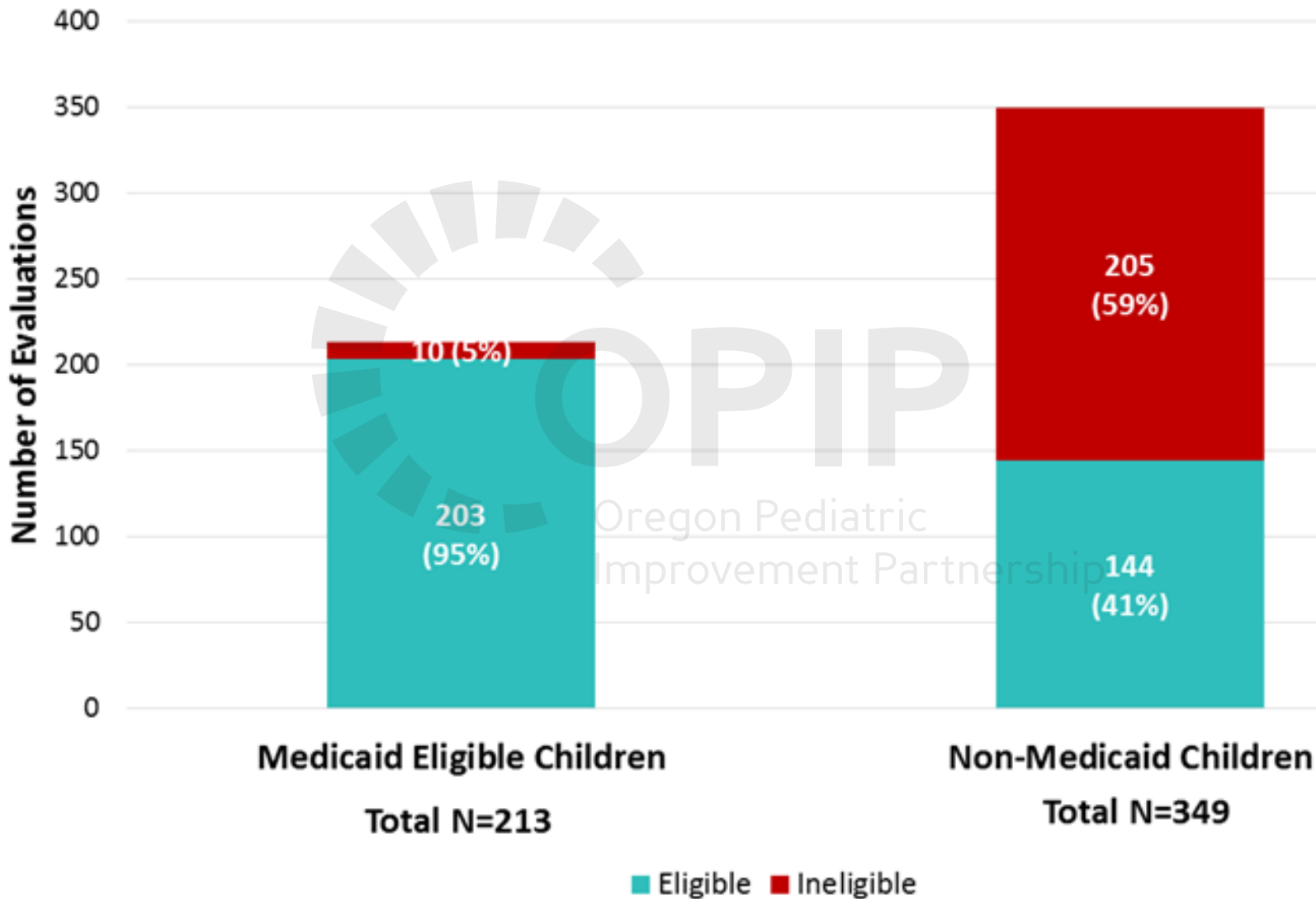
2015 WESD EI Referral Outcomes in Marion, Polk & Yamhill County



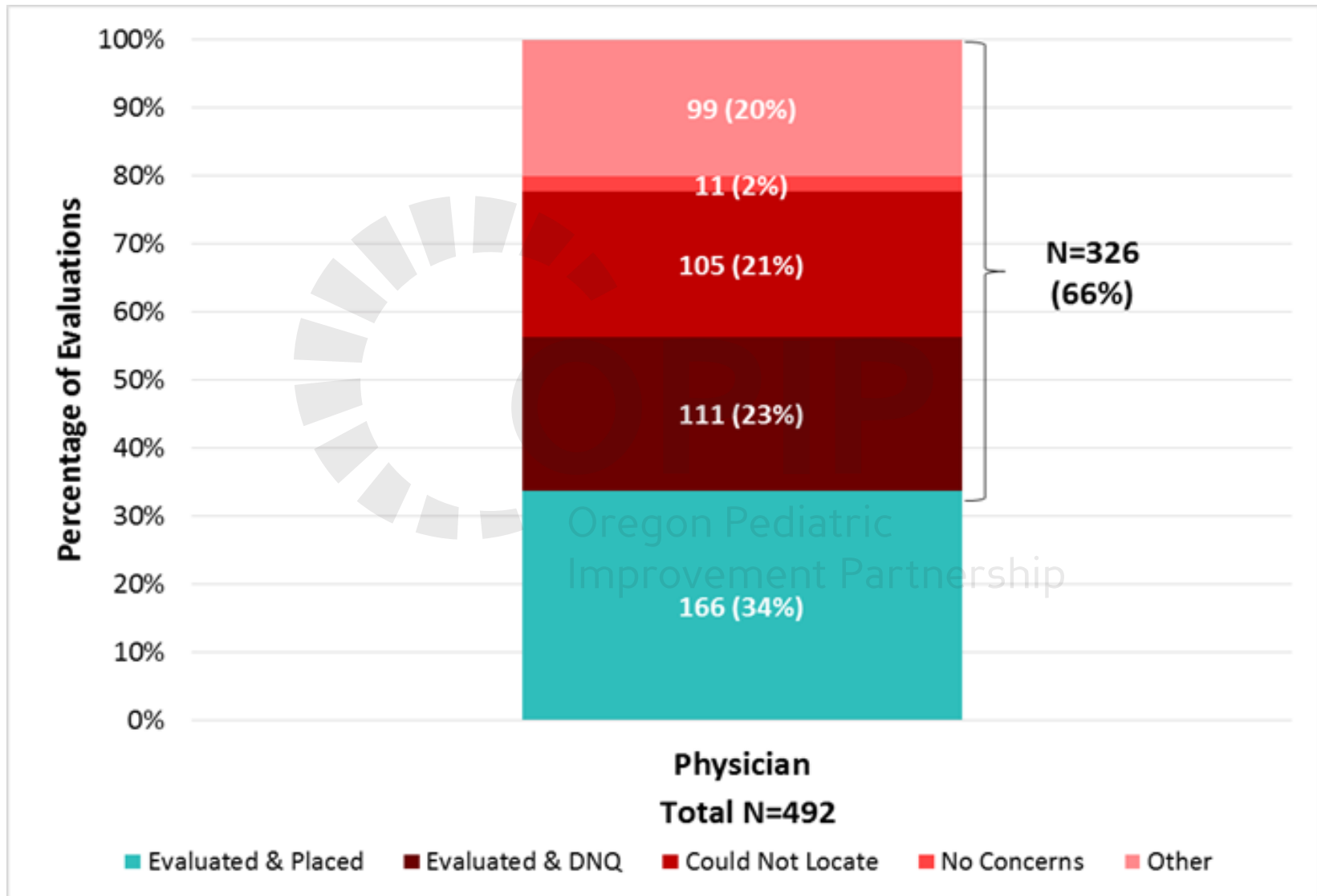
Of Children Able to be Evaluated: 2015 Outcomes of WESD EI Evaluation in Marion, Polk & Yamhill County



2015 Evaluation Outcomes for Medicaid vs. Non-Medicaid Children: Marion, Polk and Yamhill County



Outcomes of Evaluation For WESD Referrals from Physicians: Marion, Polk and Yamhill County- 2015



Three Priorities Areas Identified for WHERE to Focus Improvement Pilots

1. For **primary care practices** conducting developmental screening, enhance follow-up for children identified
 - At a population level, this is where the most “car seats” for children 0-3 are parked
 - Build off asset mapping to connect children identified in primary care with early learning services
2. For **Early Intervention**, enhance referral pathways, coordination and communication with the entity that referred the child; follow-up steps for EI ineligible
3. Within **early learning**, pilots of referrals & connections to home visiting programs, parenting classes, and other supports

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

Primary Care Practices Conducting Developmental Screening

- 1) Follow-up medical decision tree anchored to:
A) ASQ scores, B) Child and family factors, C) Resources within the community
- 2) Parent support related to developmental promotion
- 3) Parent education when referred to other services
- 4) Care Coordination

Early Intervention

- 1) Enhanced communication and coordination for children referred
- 2) Communication about evaluation results
 - For Ineligible Children: Referral to Early Learning supports
 - For Eligible Children: Communication about EI services being provided
- 3) Examination of WESD Data: Examining EI Eligibility by presenting ASQ scores

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Early Learning

- 1) Enhanced **developmental promotion by PCPs** tools highlighted within the HUB (e.g. VROOM)
- 2) **NEW** referrals from PCP/EI being to:
 - Centralized home visiting referral
 - Parenting classes within the OPECs

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

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

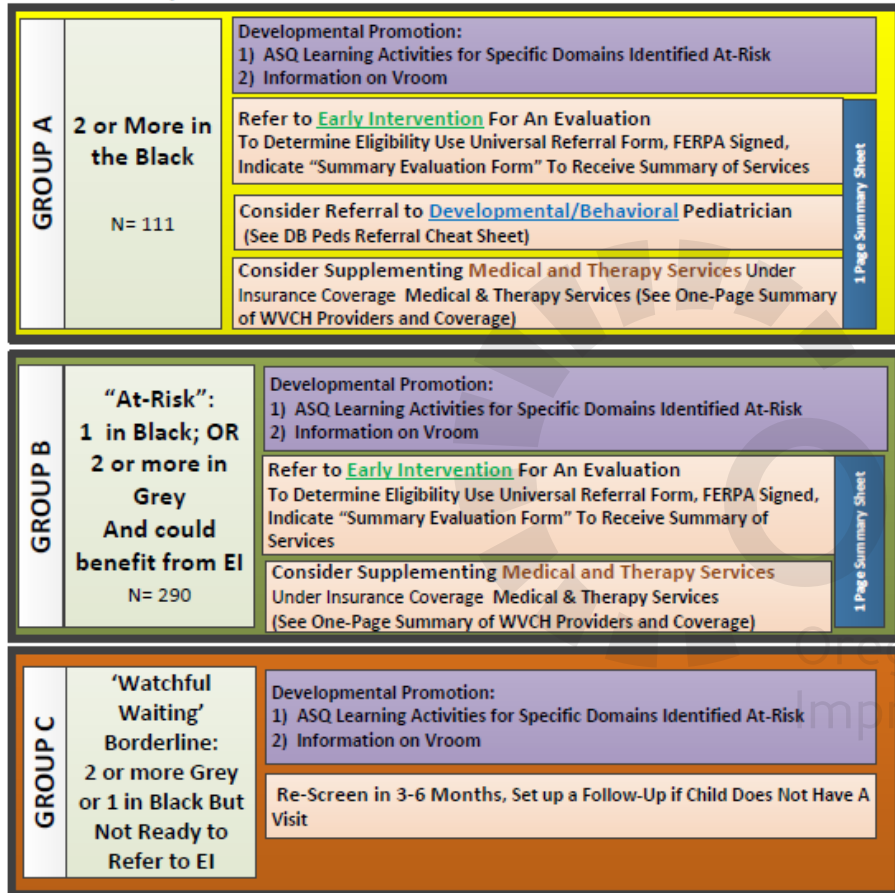
1. **Medical and Therapy Services** (developmental evaluation and therapy services)
2. **Early Intervention** (EI)
3. **CaCoon/Babies First**
4. **Centralized Home Visiting Referral** (Includes Early Head Start and Head Start)
5. **Parenting Classes**
6. **Mental Health**

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

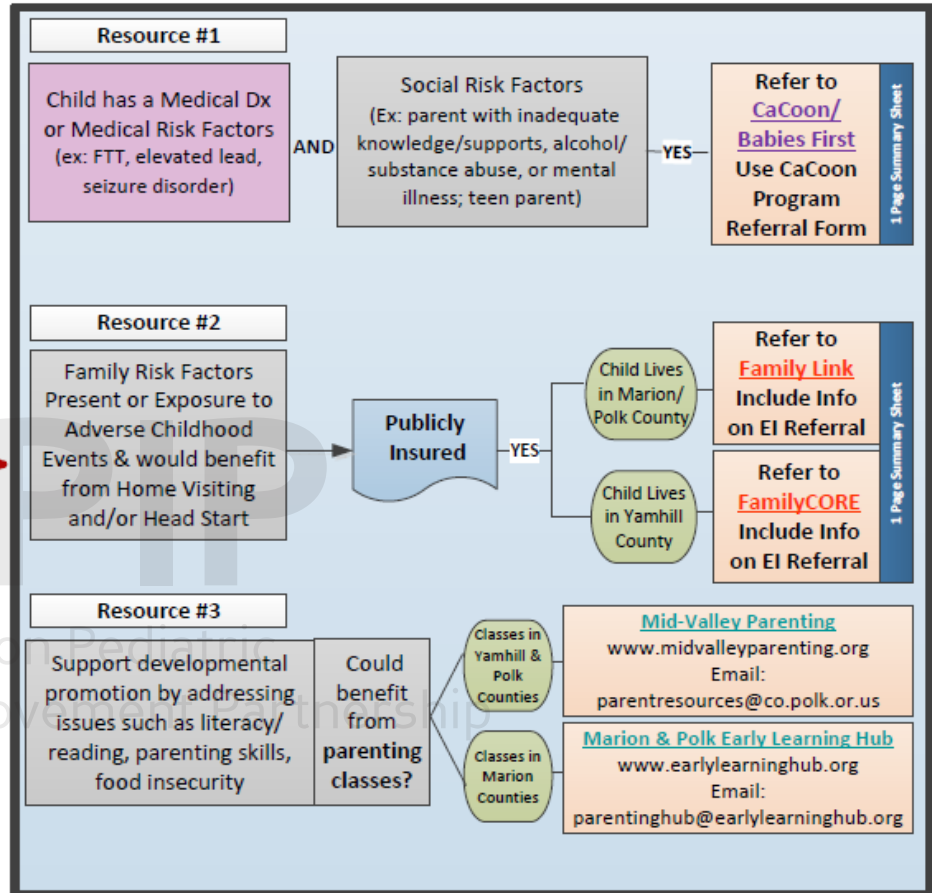
Figure 1.0: Decision Tree - Pilot to Follow-Up to Developmental Screening Conducted in First Three Years of Life & Referral Opportunities Addressing Risks



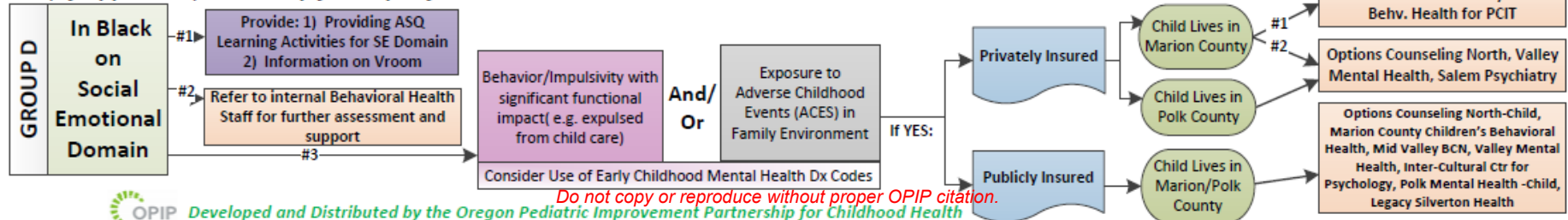
Follow-Up Based on Total Score Across Domains:



Three Community Resources To Consider for Groups A-D



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



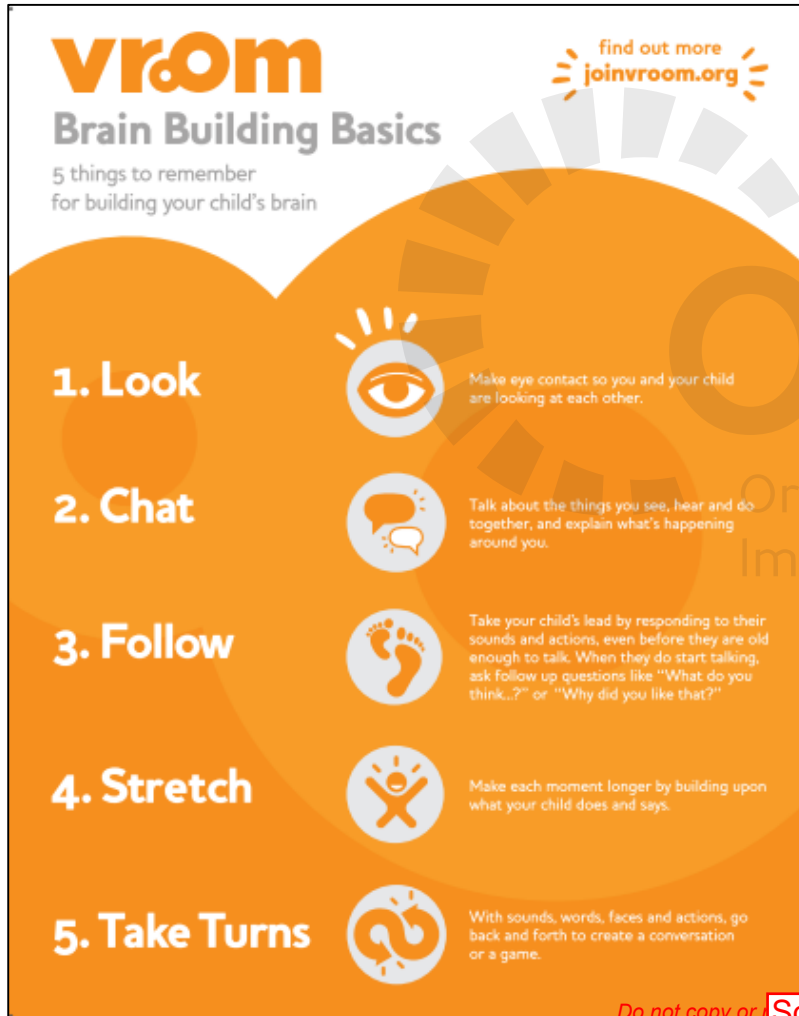
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Developmental Promotion: Options to Provide to All Children Identified at Risk

Developmental Promotion
Opportunities Provided to Parent

Vroom!

ASQ Learning Activities for the specific domains



vroom
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.

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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

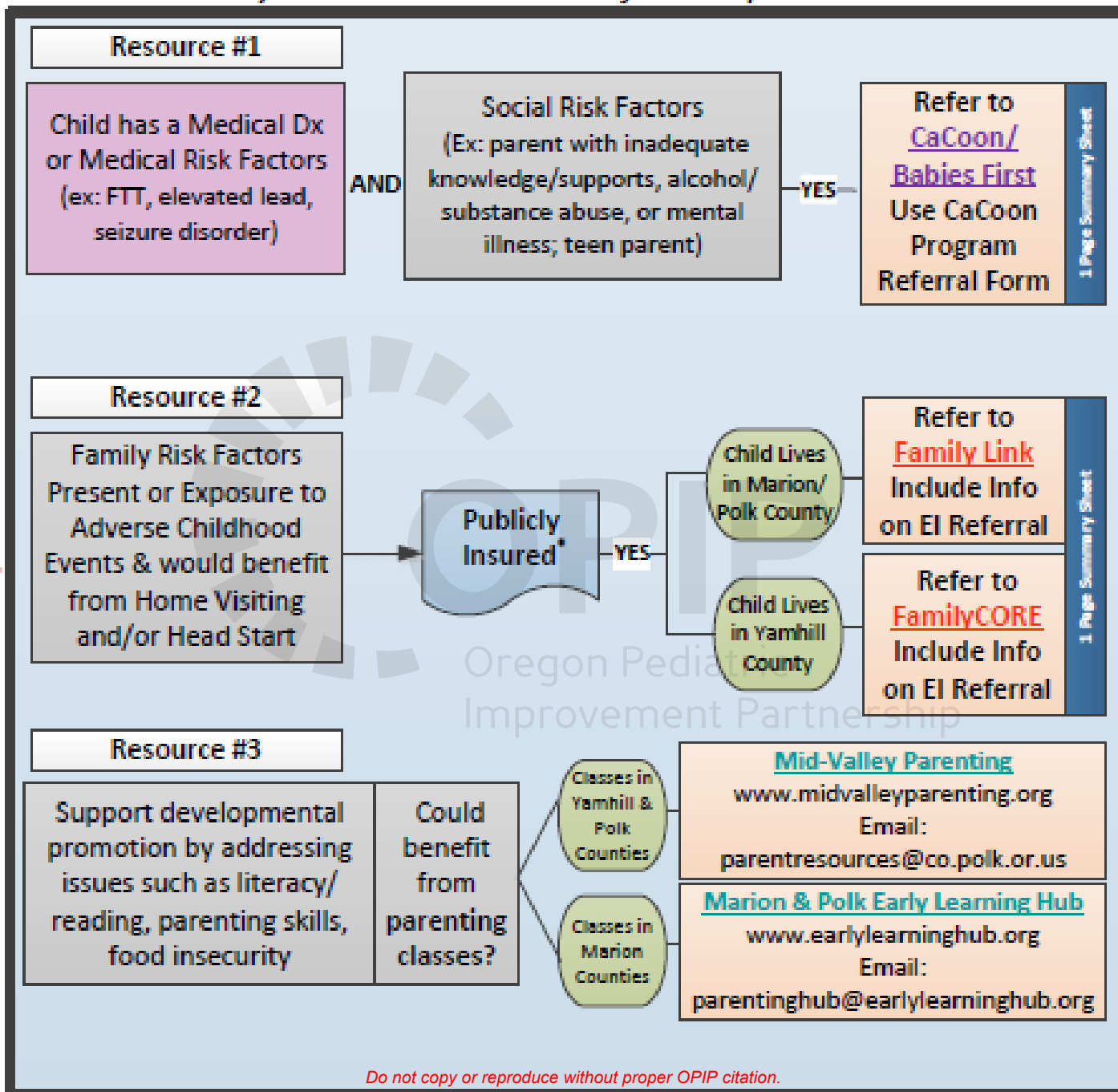
Your child can make a book about all of his favorite things. Clip or staple a few pieces of paper together for him. He can choose his favorite color. Let him show you what pictures to cut from magazines. He may even try cutting all by himself. Glue pictures on the pages. Your child can use markers or 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!

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

Three Community Resources To Consider for Groups A-D



Determining the “Best Match” of Community-Based Services for the Child and Family : Factors to Consider

Child Factors:
Based on PCP
Gestalt

- Child factors that map to specific kinds of delays that can be addressed by community-based programs

Family Factors:
Based on PCP Gestalt

- Family factors that map to specific kinds of delay that can be addressed by community-based programs

Family Income
(Medicaid Insured
Will be Used as Proxy)

County

- Income and county matter on which service is available for the child
 - Value in PCP talking about this with the parent/child to enhance engagement and buy in

Child and Family Factors Listed on the Back of the Decision Tree: Tied to Eligibility and Priority Criterion

Child Factors: Based on PCP Gestalt

- Lack of Prenatal Care
- Support with Breastfeeding
- Support with Infant Care
- Drug Exposed Infant/Pregnancy
- Support with Attachment/Bonding
- Has Disability
- Born Premature
- Home Environment Concerns
- Development Concerns
- Social/Emotional Concerns
- Behavior Concerns
- Feeding Concerns
- Health Concerns
- Weight Concerns

Family Factors: Based on PCP Gestalt

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

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:

Tonya Coker, EI Program Coordinator
503-385-4586 | www.ode.state.or.us

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: **Yvette 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 this, **Do not copy or reproduce without proper OPIP citation.**

For children referred, better parent support:

- 1) Sheet for parents to explain referrals
- 2) Phone follow-up within two days

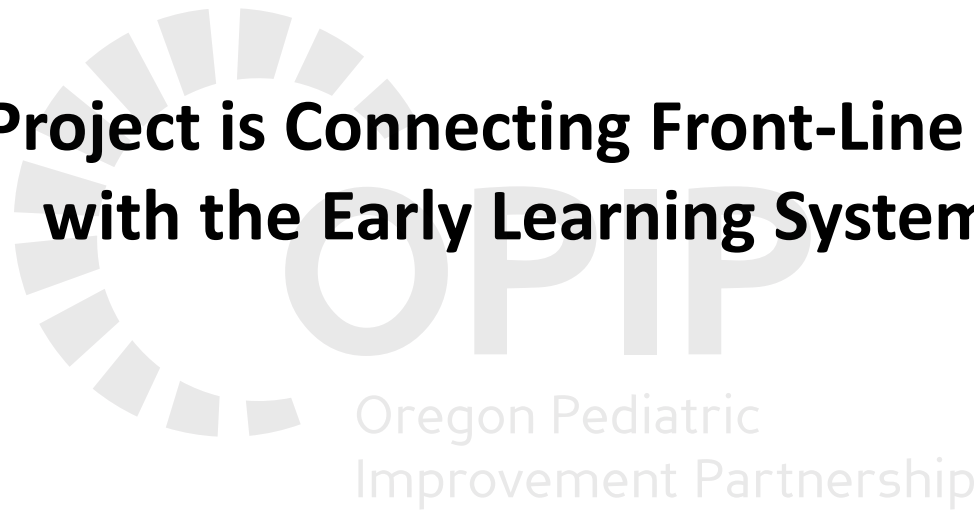
Focus of Improvement Efforts

WESD- Early Intervention

1. **Enhanced communication methods to tell primary referral agency “not able to contact/evaluate” BEFORE closing out the child’s case**
2. **Follow-up Steps for EI Ineligible**
 - Use of Centralized Home Visiting Referral (Family Core in Yamhill, Family Link in Marion and Polk)
 - Preliminary learnings:
 - ✓ EI doesn’t know about most of the risk factors on the forms, so they can’t complete them to inform best match program
 - ✓ Characteristics of EI ineligible in these regions are a factor- most were not insured by Medicaid, thus may not be eligible for majority of services within Home Visiting due to income reqs.
 - Communication back to PCP on ineligibility, trigger for PCP to consider secondary referrals and supports
 - Parenting education supports, WESD investing in CDC’s ACT Early materials
3. **Communication for EI Eligible: One-page summary of services**
4. **Examination of EI eligibility data for children referred with ASQ domain level scores**

Hearing from the Front Line:

How this Project is Connecting Front-Line Health Care with the Early Learning System



Child Health Associates of Salem (CHAoS)



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Focus of Our Improvement Efforts Within Childhood Health Associates of Salem

1. Examination of our practice-level data and the need for improvement, provision of our data to inform the community-level conversations
2. Implementing OPIP's Pilot Medical Decision Referral Algorithm
 - Incorporates ASQ, child and family risk factors
 - Goes beyond just developmental evaluation and EI, includes community based resources
 - Pilot with FamilyLink (Centralized home visiting referral)
3. Refined Process for EI Referrals
 - Follow-up phone script and process
 - Process for using communication back from EI
 - ✓ Child not able to be evaluated
 - ✓ Child not eligible
 - ✓ Child eligible, but on what
4. Parent Support – Using the Education Sheet
 - Value of it to facilitate shared decision making with families
 - Value of it from information management



Value of Engaging Primary Care in Early Learning System Efforts



1) Enhanced awareness of the Early Learning System & Early Learning Hub

- Obtained specific information about resources we had not known about, specific pathways for referral and follow-up
 - Parenting Education Collaborative
 - VROOM
 - ASQ Learning Activities
 - Centralized Home Visiting – Family Link Pilot
 - PCIT for Privately Insured Kids

2) Leverage of primary care given we see young children 11 times in the first three years of life for well-child care alone

- Unique opportunity to partner with parents and connect
- Unique opportunity to gather data to inform discussions about capacity
 - Based on the numbers through this project, already clear that there is not capacity within the systems for all the children we identify
- That said, we see public and privately insured
 - Disparity in services available for working poor
- Engagement of the CCO is different than engagement with the PCP given competing demands

Looking Forward: Learnings, Opportunities & Need for Future Focus



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Preliminary Learnings

- Value of operationalizing collaboration focused on improved processes to positively impact the child and family
 - Strength in these communities in collaboration at the systems-level
 - Project had **specific** focus (developmental screening) for a **specific** population (children 0-3 identified via developmental screening), which has allowed for a **specific focus** on **HOW** integration and collaboration
 - Takes time, required targeted resources and a specific skill set
 - Stakeholders noted value of a facilitator that is not within one system AND has significant experience with implementation in each of these systems
- Significant number of children 0-3 in the community are still **not be screened**, or if they are being screened and identified at-risk for delays, these children are not being referred to follow-up services within early learning
 - Important conceptual factor for the ELC & Early Learning Hubs to understand current referrals and perceived need vs what capacity is needed
 - Referral to services does not equal receipt of services
 - Methods and models that focus on HOW to refer & communication loops
 - Cross system communication requires care coordination resources

Opportunities to Build Off This Improvement Pilot

- 1. Build off tools, methods and processes developed in this project:**
 - Support spread of primary care models to other primary care sites
 - Support the primary care sites NOT doing developmental screening, prioritize sites who care ethnic groups least likely to be screened
 - Modify tools/strategies for others conducting screening (e.g. childcare providers)
- 2. Support development of screening to services pathways in other communities in partnership with other regions**
 - Requires a cross system focus and engagement of the key partners noted: Primary Care, CCOs, EI & Education, Early Learning Hubs, Early Learning System providers
 - Learning collaborative across communities
- 3. Engagement of EI at the State and Local Contractor level on tools and methods**
 - Incorporation of the feedback loops and summary form across EI contractors
 - Examination of ASQ presenting scores and EI Eligibility statewide

Further Opportunities

Components out scope of the project, but focus is needed

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

Considerations for the Early Learning Council

- **Importance of a focus on children 0-3**
 - Build off momentum around developmental screening
 - Leverage areas of synergy with **primary care**
 - A critical partnership for this work was between **EI, Early Learning Hub, and providers** and programs within the **early learning system**
- **What is measured, and how it is measured, is what is focused on**
 - Given gains on the process metrics of screening, the next step could be a focus on follow-up steps to screening, and cross system-collaboration and coordination
 - Shared table and relationships were critical strengths , potential considerations of indicators that focus on “deep” collaboration that operationalize systems and processes at a child-level
- **Population & system-level data need to be used to inform capacity**
 - Data can be collected now about children who have needs and supports to inform capacity development (CCO, EI, Home Visiting)
 - Models from this project could be expanded and used to inform early learning data systems

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- OHA
- WESD
- Parent Advisors
- Partners in Marion, Polk & Yamhill

- Yamhill CCO
- Yamhill Early Learning Hub
- Head Start of Yamhill County
- Yamhill County Public Health
- Physician’s Medical Center
- Newberg School District
- Discovery Zone Child Development Center
- Willamette Valley Community Health



- Marion & Polk Early Learning Hub (Hub, Inc)
- Childhood Health Associates of Salem
- Woodburn Pediatric Clinic
- Family Link
- Family CORE
- Marion County Health Department
- Polk County Health Department

Questions?

The door is always open!

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<http://oregon-pip.org/focus/FollowUpDS.html>