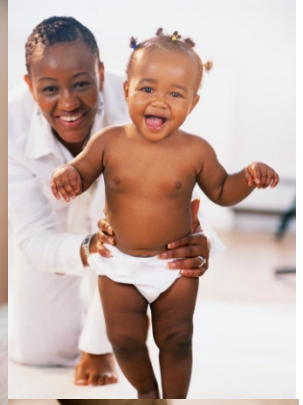





Pathways from Developmental Screening to Services: Ensuring Young Children Identified At-risk Receive Best Match Follow-Up

Community Quality Improvement Effort led by
The Early Learning Hub of Central Oregon in partnership with the
Oregon Pediatric Improvement Partnership

Stakeholder Meeting 8/20/18

Early Learning & Wellness
LAST A LIFETIME
EARLY LEARNING HUB OF CENTRAL OREGON

OPIP
Oregon Pediatric Improvement Partnership

Agenda

1. **Lunch**
2. **Welcome**
3. **50,000 Foot View – Background & Context**
4. **Overview & Discussion of Phase 1: Cross-sector engagement, baseline data, and asset mapping**
   - Cross-Stakeholder Engagement, Asset & Referral Mapping
     - **Facilitated discussion**
   - Cross-Sector Baseline Quantitative Data Collection
     - **Facilitated discussion**
5. **BREAK- 15 min**
6. **Overview & Discussion of Phase 2: Identify Priority Areas for Improvement, Develop Tools to Support Improvements**
   - Preview of future work informed by Phase 1
     - **Facilitated discussion**
7. **Next Steps**

Momentum Around Developmental Screening in Oregon

*Within **Health Care**:*

- Coordinated Care Organization Incentive Metric – Developmental Screening
- Oregon Patient Centered Primary Care Homes (PCPCH) Standards - Includes Developmental Screening as "Must Pass" Standard

*Within **Early Learning**:*

- Early Learning Hub Metrics
  - 1st wave Included CCO Developmental Screening Incentive Metric
- Developmental screening a key part of many home visiting programs
- High quality child care – part of highest level designation - SPARK

Momentum Around Follow-Up to Developmental Screening in Oregon

*Within **Health Care**:*

- Data shows that while screening has increased, children receiving services earlier addressing delays in not increasing at the same rate
- Metrics & Scoring
  - As developmental screening rates meet benchmark rates, interest in a metric focused on follow-up to developmental screening
- Health Plan Quality Metrics
  - Interest in follow-up to developmental screening metric being developed and proposed
- Health Aspects of Kindergarten Readiness
  - Follow-up to developmental screening identified as a priority area

*Within **Early Learning**:* Follow-up and receipt of services earlier is aligned with Early Learning Hub Goals:

- Children ready for kindergarten
- Families are attached and stable
- Services are coordinated & aligned

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

- Goal of screening
  - Identify children **at-risk** for developmental, social, and/or behavioral delays
  - For those children identified, **provide 1) developmental promotion, 2) refer to services** that can further address delays
    - Many of these services live outside of traditional health care
    - Barriers to access of follow-up services:
      - ❖ Lack of knowledge of services
      - ❖ Lack of capacity of services
      - ❖ Lack of availability of services that would be best match
      - ❖ Parent engagement
- Previous OPIP Efforts in Other Regions
  - **2011:** Across **8 Medicaid Managed Care Organizations**, only 40% of children received some level of follow-up
  - **2015-2018:** Across seven practices **30%-68% of children** received follow-up, with a majority of the practices 30-40%
  - Of at-risk children referred to EI
    - **2 in 5 children** (40%) referred by PCP to EI not able to be evaluated
    - Of those evaluated, 62% were found to be eligible for services, meaning **38% were ineligible for services**
      - Rates lower for referrals from Primary Care Providers (PCP)

Children Identified "At-Risk" on Developmental Screening Tools

These are children who 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.


Health Care
Including Coordinated Care Organizations & Primary Care & Behavioral Health
Early Learning
Early Intervention
Do not copy or reproduce without OPIP citation.

7

Project Overview

- Aim: To improve the **receipt of services for young children** who are **identified at-risk** for developmental and behavioral delays.
- Funding – Central Oregon Health Council, Early Learning Hub
- Early Learning Hub of Central Oregon contracted with the Oregon Pediatric Improvement Partnership (OPIP) to support the 1st Year of Work
  - OPIP has led efforts in other communities described on the website:
    http://www.oregon-pip.org/focus/FollowUpDS.html
  - OPIP efforts in other communities has been at least 2 years
  - We will be exploring funding for the 2nd Year of work that will support implementation of the tools developed, refinement based on learnings, and ways to address capacity of services.
- In partnership with the Early Learning Hub, the first year of work focuses on:

PHASE #1

  - Cross-sector stakeholder engagement (Qualitative Data)
    - Interviews, Group-Level Meetings Like Today
  - Asset and Referral Mapping Based on Information Gathered in the Interviews: Current Pathways, Opportunities
  - Cross-sector Baseline Data Collection (Quantitative Data)
  - Identify Priority Areas for Improvement Pilots (Group-Level Meeting to Confirm Consensus)
  - Develop Tools and Proposed Strategies for Improvement Pilots
  - Year 2 would then support implementation, evaluation, refinement and potentially addressing capacity or services needed not current available)

Key Partners Engaged on Specific Elements of the Improvement Pilots

- **Early Learning Hub** leading effort overall & specific components
- **Primary Care Pilot Sites**
  - Central Oregon Pediatric Associates (COPA): All Four Locations
  - Mosaic Medical: Pilots will start first in East Bend site given that is where the largest number of children 0-3 are seen
  - Providing baseline data, baseline workflow assessment, and will receive the improvement tools developed
- **Early Intervention**
  - Across all three counties and services for Warm Springs
  - Providing baseline data
  - Improvement efforts related to referral and communication and coordination for children referred and:
    - Not able to be evaluated
    - Evaluated – Not Eligible
    - Evaluated - Eligible
- **PacificSource of Central Oregon**
  - Providing baseline data

Phase 1: Stakeholder Engagement & Data Collection to Understand Where You Are Now to Inform Improvement Priorities

Goal of Phase 1:

- **Understand the current pathways** from developmental screening to services in each of the three counties and Warm Springs
- **Understand community-level assets and resources** that exist, **referral pathways**
- **Understand where and how children are falling out** of these pathways and not receiving services to address the identified risks
- Understand **stakeholder input** on **priority areas to pilot improvements**

Components of Phase 1:

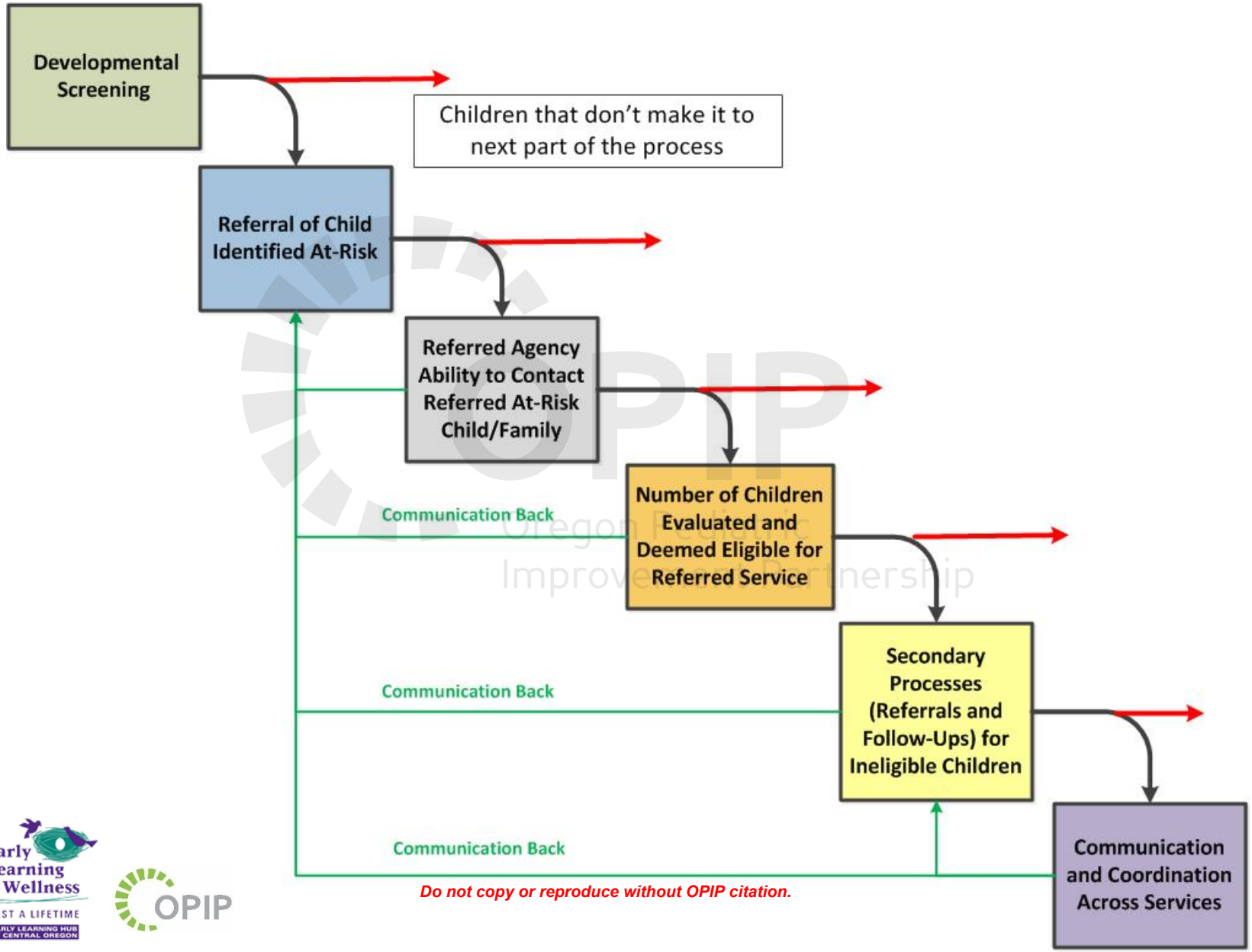
- **Stakeholder Engagement: Qualitative Data and Asset Mapping**
  - Individual stakeholder interviews (Qualitative data)
  - Group-level meetings to gather input and guidance (like today's meeting)
- **Collection of Quantitative Data**
  - Census Data
  - Coordinated Care Organization
  - Primary Care Practice Pilot Site Data
  - Early Intervention Data

Phase 1: Cross-Sector Stakeholder Interviews

- **Interviewing people from organizations that either:**
  - Conduct developmental screening and are responsible for follow-up AND/OR
  - Provide Follow-up for Children 0-3 Identified on Developmental Screening

- Or System-Level Leaders

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



Phase 1: Stakeholder Interviews

- This work, and thus these interviews, are meant to be across-sector
- For this project, and for ease of conversation about sectors we have grouped them into **8 specific sectors**:
  1. Coordinated Care Organization –Publicly Insured Children (PacificSource)
  2. Primary Care
  3. Early Learning Hub
  4. Early Intervention (EI), ECSE and Education
  5. Home Visiting, Early Head Start, Head Start
  6. Childcare and Parenting Supports
  7. Mental Health
  8. Other Stakeholder Invested in Early Learning
- Current estimate is that around 40 people will be engaged
- Plan to engage to **parent advisors** in pilot sites on their experiences

CCO (PacificSouce)	Primary Care	Early Learning Hub of Central Oregon	EI & Education	Home Visiting & Head Start/ Early Head Start	Child Care and Parenting Supports	Mental Health	Other Stakeholders
Medical Director Mental Health Director Staff that work on incentive metrics Practice support staff Liaison to Early Learning Hub OHA Innovator Agent	Central Oregon Pediatric Associates (Pilot Site) Mosaic Medical (Pilot Site) Madras Medical Group Warm Springs Health and Wellness Center Summit Medical Group ***Specialty Services that provide care for children 0-3:*** St. Charles Medical Group	Director Community engagement staff Parent Advisory groups and Parent Advisors	HDESD Superintendent HDESD Early Childhood Director EI Referral Intake staff EI Evaluation and services staff (Including Jefferson) School District Representatives	Healthy Beginnings Public Health/ CaCoon/ BabiesFirst (all counties) Healthy Families Early Head Start (all counties) Head Start (all counties) Mountainside Relief Nursery	Childcare Resource and Inclusion Childcare Centers that are screening Oregon Parenting Education Collaborative Family Support Network	County Mental Health Providers (all counties) Private Mental Health Providers (all counties)	DHS Central Oregon Health Council Oregon Accountable Health Communities Study Reliance eHealth Collaborative 211 Perinatal Care Continuum ASQ Oregon Confederated Tribes of Warm Springs TRACEs

Plan for Summarizing the Findings from the Stakeholder Interviews & Group Meetings

1. Develop summary of current places **screening and current referrals** (who, how, feedback loops)
2. Develop a map of **assets identified in the community** that can address delays identified on developmental screening
   - Ensure resources identified within each county and Warm Springs
3. **Summarize feedback** obtained about the:
   - Opportunities
   - Barriers, including capacity within the region
   - Stakeholder hopes for the project – what he/she hopes is accomplished in the project and should be a priority area of focus

PATHWAYS FOR DEVELOPMENTAL SCREENING OF CHILDREN 0-3 & REFERRAL FOR CHILDREN IDENTIFIED AT-RISK IN DESCHUTES, JEFFERSON & CROOK COUNTIES

KEY STEPS	Primary Practices Conducting Screening at Rec. Periodicity (Based on PacicSource Claims) :	Primary Practices Who Appear Not to be Screening to Recommendation (Based on Pacificsource Claims):	Community-Based Providers:	Other:
Part 1: Children 0-3 Identified At-Risk via Developmental Screening	1) COPA - Pilot Site (D J,C,W) 2) Mosaic- Pilot Site (D,J,C,W) 3) 4) 5) 6) 7)	1) 2) 3) 4) 5) 6) 7)	1) Home Visiting Programs (all) 2) 3) 4)	

Part 2a: Developmental Supports to Address Delays Identified By Entity Who Screened	**Developmental Promotion Activities**	**Internal Behavioral Health** Within Primary Care Sites							
Part 2b: Referral to Agency to Address Delays Identified	**Devel. Behavioral Pediatrician*** 1) OHSU-CDRC 2) Providence (all)	**OT/PT/ Speech**	**EI/ECSE (all)**	**CaCoon/ Babies First/ Maternity Case Management (all)**	**Early Head Start**	**Healthy Families**	**Child/Parent Psychotherapy**	**PCIT**	Other Identified
Part 3: Additional Family Supports that Address Child Development and Promotion	**FRC Parenting Hub** (all)	**Relief Nurseries**							
	Childcare Resources/ Inclusion Project	**Head Start**							
	Family Support Networ	**Library Story Hours & Parent Groups**							

LEGEND

COLOR CODING BY SERVICE TYPE

Medical & Therapy Services:
- Developmental & Behavioral Pediatrician Referral is for an Evaluation
- Private OT/PT & Speech Therapy

Early Intervention: Referral is for an Evaluation

CaCoon/Babies First

Home Visiting (Includes Head Start, Healthy Families/Babies First

Infant/Early Childhood Mental Health, including:
- Internal behavioral health within primary care
- Mental Health – Referral is for an assessment:
  - -- Child Psychotherapy
  - -- Parent and Child Interaction Therapy

[ ] Referral to evaluation, not necessarily services

*Located outside the community

D = Deschutes, J=Jefferson C=Crook County, W=Conf. Tribes of Warm Springs

Draft Version for Feedback and Input at the Stakeholder Interviews. VERSION 8/8/18

Part 2b – Expanded View:
Referral to Agency to Address Delays Identified

	Devel. Behavioral Pediatrician	OT/PT/Speech	EI	CaCoon/ Babies First/ Maternity Case Management	Early Head Start	Healthy Families	Child/Parent Psychotherapy	Parent & Child Interaction Therapy
Deschutes	X	X	X	X	X	X		X
Jefferson			X	X	X	X		
Crook			X	X	X	X		
Conf. Tribes of Warm Springs			X		X			
Outside Community	OHSU CDRC Providence							

Hearing from you:

- **Are there other stakeholders we should engage?**
  - **Review handout of specific people we are engaging.**
  - **Do you have others that should be engaged?**
- **Any feedback or input regarding the approaches we described?**
- **Are there any other considerations we missed?**

Project Overview

- Aim: To improve the **receipt of services for young children** who are **identified at-risk** for developmental and behavioral delays.
- In partnership with the Central Oregon Early Learning Hub, with the first year of work focuses on:
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  - Year 2 (if funded) would then support implementation, evaluation, refinement and potentially addressing capacity or services needed not current available)

Using Cross-Sector Quantitative Data to Inform Our Discussions and to Guide Proposed Priority Areas to Focus Improvement Efforts

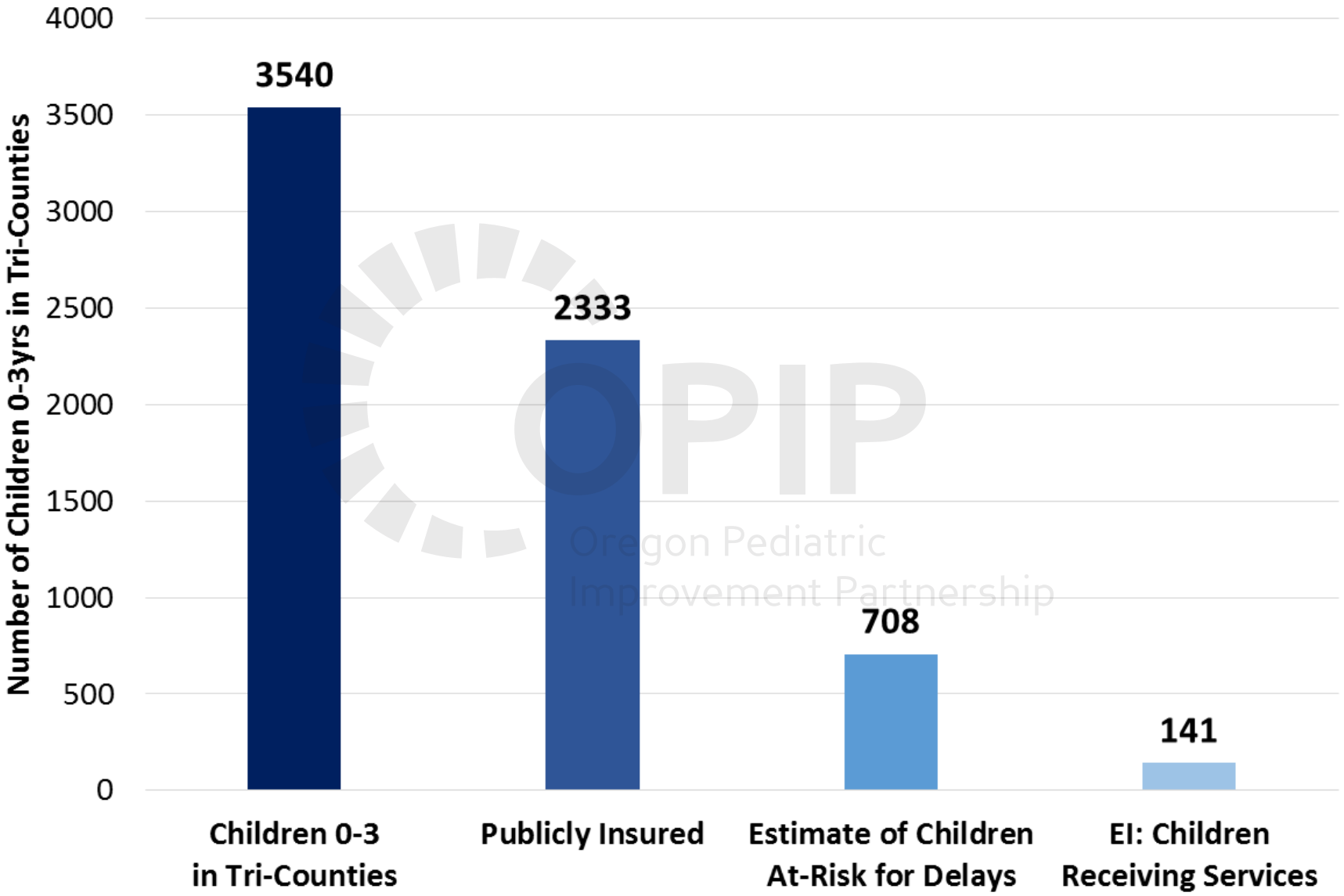
Quantitative Data That Will be Examined to Understand The Pathway of Screening to Services for Young

- Children covered, Continuously enrolled
- Children who have a visit
- Children who receive a developmental screening, according to claims submitted

- Children practice identifies as their patient
- Children who received a developmental screening
- Children identified at-risk on developmental screen, level of risk identified in sites to inform set of services that be needed
- Children identified at-risk who received follow-up

- Referrals
- Referred children able to be evaluated
- Of those evaluated, eligibility

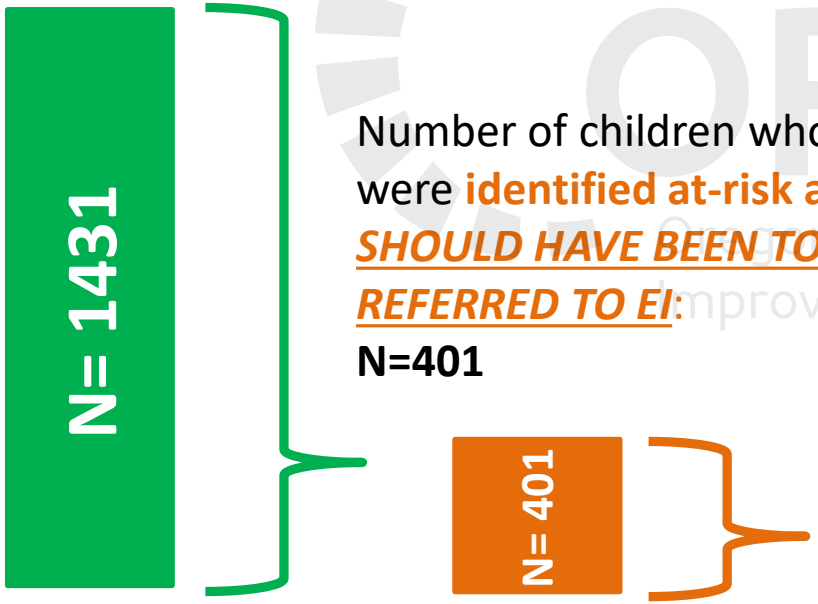
Example of Data from Another Region: Tillamook, Clatsop and Columbia Counties



Multiple Purposes of the Baseline Data Collection in the Primary Care Pilot Sites (MOSAIC & COPA)

- Baseline Data:
  - Inform **Community-Level Conversations** Meant to Understand Current Population, Referral Patterns, and Opportunities for Improvement → Share at Community-level Stakeholder Meetings
    - ✓ General information about number of children see
    - ✓ Screening (Claim- 96110, Documentation in EMR)
    - ✓ Proportion of screened children identified at-risk, level of risk identified and which specific domains (Documentation in EMR)
    - ✓ Follow-up steps (Documentation in the EMR)
  - Used to **Compare and Evaluate the Impact** of the Improvement Pilot Over Time
- Inform Quality Improvement Efforts
  - Identify potential **improvements in EMR templates**/Smart Phrase aligned with future improved processes and referral pathways for young children
  - Understand current data limitations related to tracking the **quality improvement work** and how it impacts **evaluation measurement**
- Provide **information practices and PacificSource and other stakeholders related to measurement opportunities and challenges**
  - Follow-up to developmental screening and kindergarten readiness are "on deck" metrics within Metrics and Scoring and Health Plan Quality Metrics

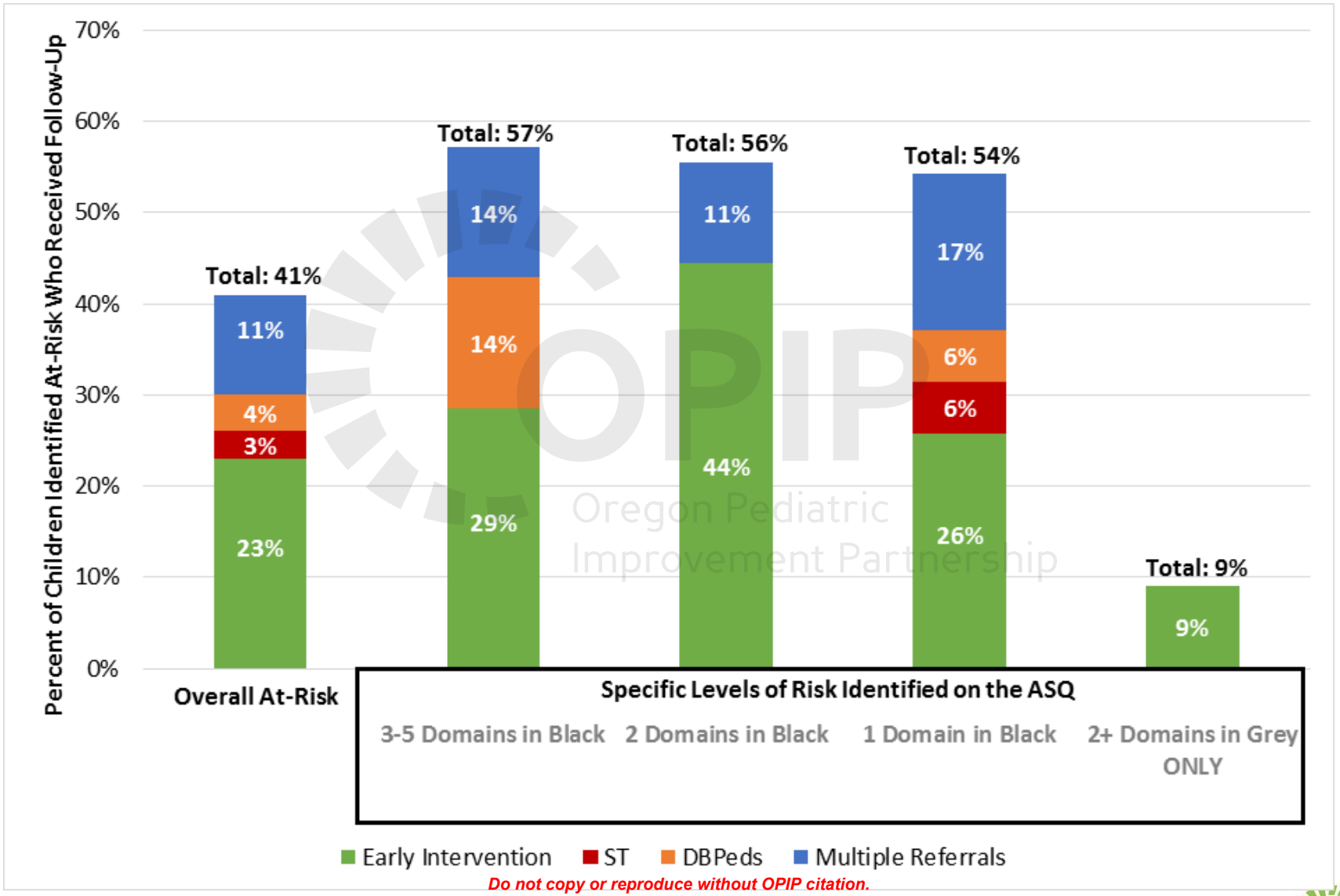
An Applied Example from a Past OPIP Project and Pilot Site in Salem



Of the children who received a developmental screen, **28% identified at-risk for delays** for which developmental promotion should occur

81% NOT REFERRED

Example of Practice-Level Data From Another Region: Follow-Up for At-Risk Children Documented in Chart



Value of Data from Early Intervention to Guide and Inform Community-Level Conversation

#1: Indication of Follow-Up to Developmental Screening

- Bright Futures (BF) recommends that all young children identified **at-risk for developmental, behavioral and social delays** on a developmental screening tool (*aka the focus of this project)* **should be referred to Early Intervention** at a minimum
  - EI referrals & children served by EI is an indication of **referral and follow-up**
    - If **increases** in developmental screening **and follow-up are occurring**, then an indication of this would be:
      - ✓ **Increase in referrals** and/or
      - ✓ Increase in **referred children found eligible** (indication of better of referrals)
  - Acknowledgement of **issues with the BF Recommendation**, given realities of administration in primary care practice AND Oregon's EI **eligibility criterion**
    - Value of descriptive data about **kids that are identified on ASQ that are then found ineligible for EI**

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

- A proportion of **at-risk children** referred to EI, will be found ineligible
  - The goal for this project is to ensure that at-risk children receive follow-up
  - Therefore, a focus of this project is <u>secondary referrals of EI ineligible children</u>
    - Value of descriptive information about these ineligible in order to inform secondary and follow-up services

Baseline Data from Early Intervention Referral and Evaluation Outcomes

#1: Indication of Follow-Up to Developmental Screening

- Numbers of Referrals
- Number 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

Hearing from you:

- **Any feedback or input regarding the approaches we described?**
- **Are there any other considerations we missed?**

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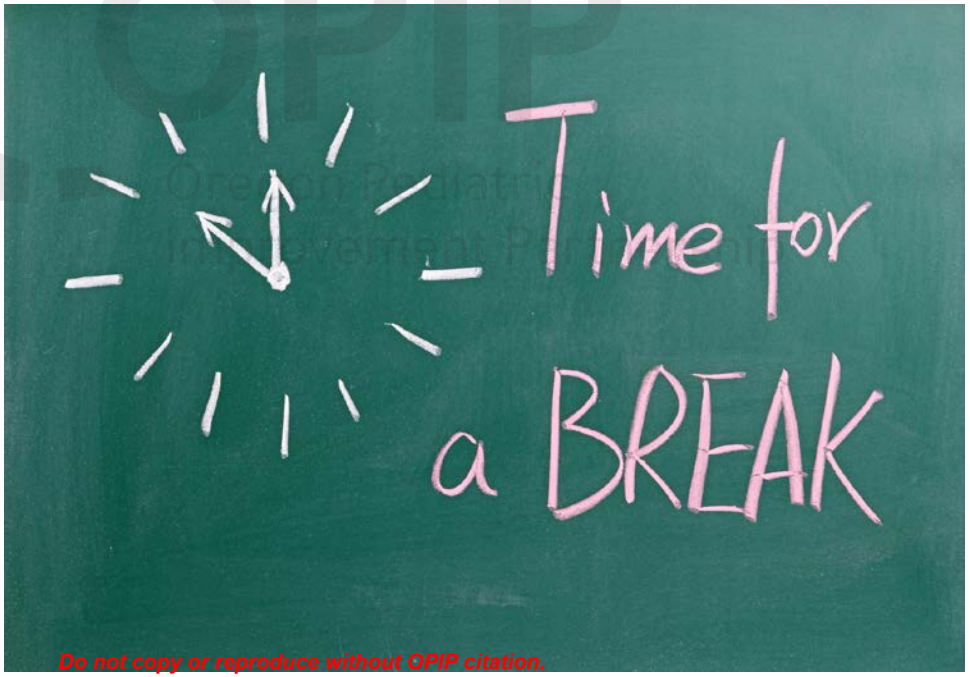
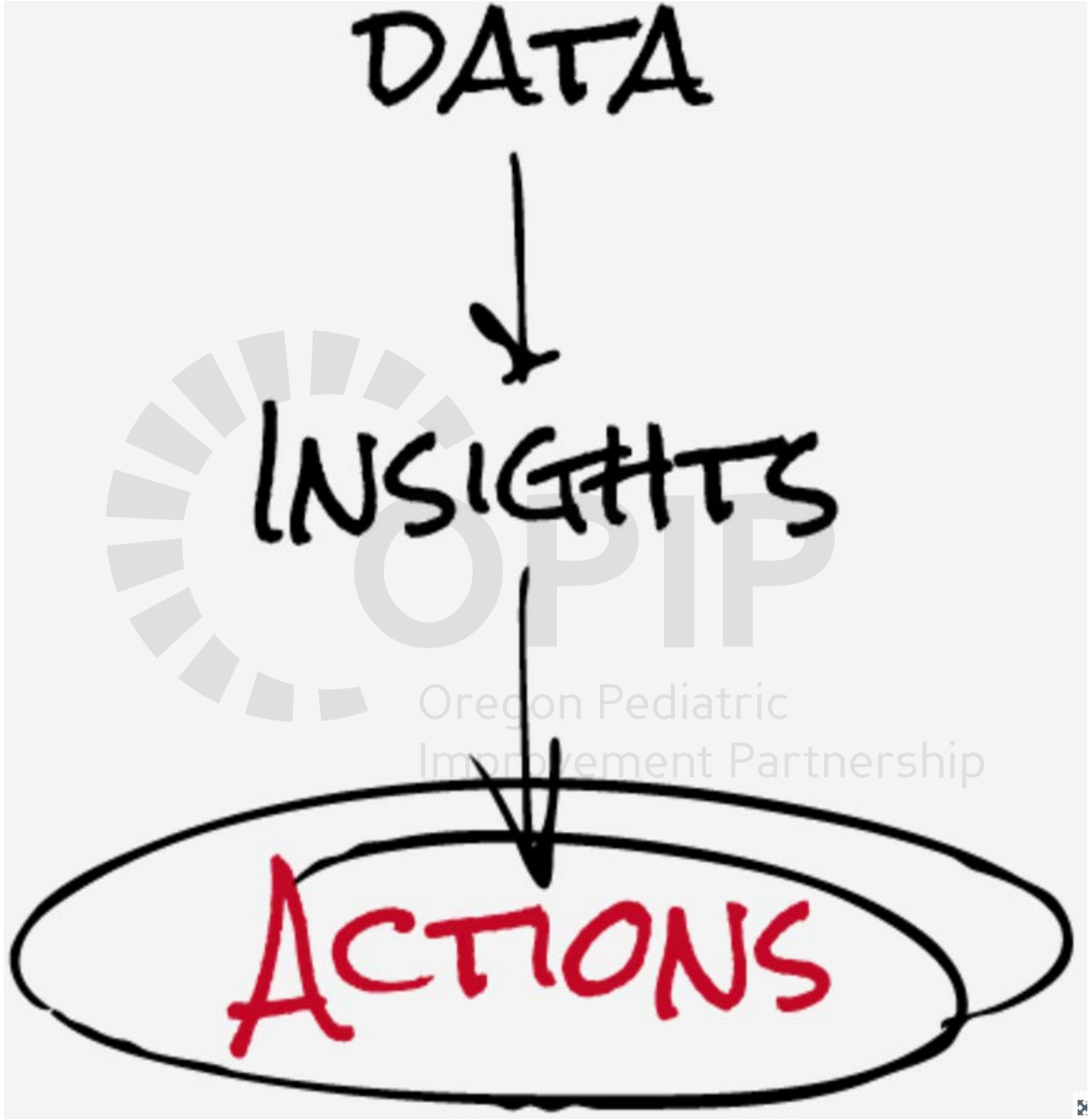
BREAK

Please be ready to continue in 15 minutes.





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  - Cross-sector Baseline Data Collection (Quantitative Data)

PHASE #2

  - Identify Priority Areas for Improvement Pilots (Group-Level Meeting to Confirm Consensus)
  - Develop Tools and Proposed Strategies for Improvement Pilots
  - Year 2 (if funded) would then support implementation, evaluation, refinement and potentially addressing capacity or services needed not current available)

Pilots to Improve Follow-up Processes Meant to Ensure Receipt of Services to Help Young Children

Goal of Phase 2:

- **Identify shared consensus across stakeholders** of where to focus pilots of improvement efforts within
  - Primary care pilot sites
  - Early Intervention
  - Priority early learning provider identified
- Develop **improvement tools and processes** that support pilots of improvement for each of the pilot sites

In Year 2 (If Funded)

- **Implement and pilot tools and models** to improve priority pathways from screening to services identified in phase 1
- **Measure and understand the impact** of pilots and community-wide efforts utilizing the data described earlier

Community-Level Stakeholder Meetings to Confirm Priority Areas for Improvement Pilot

- After we present the findings from the qualitative and quantitative data, we will review the community-level findings to:
  - Confirm community-level priorities about areas of focus
  - Review the asset maps and prioritize which "boxes" to focus on and which "pathways" (e.g. closed loop referral and coordination pathways) will be a priority area to focus on

Priority Areas for WHERE to Focus Improvement Tools/Processes Identified

1) **Improve Follow-Up in Primary Care Practice Pilot Sites conducting developmental screening**
   - At a population-level, this is where the most "car seats" for children age 0-3 are parked
2) **Improve Follow-Up in Early Intervention:**
   - Enhance coordination and communication with the entity that referred the child **and PCP use of that information**
   - Follow-up steps for EI ineligible and secondary referral pathways from EI
3) **Improve Follow-Up to Priority Early Learning Sites, pilots of referrals & connections**
   - **Examples from other communities:** Home visiting (Pilot of PCP to Centralized Home Visiting Referral); Parenting classes; Behavioral Health

Pilot Primary Care Site

1) Enhance developmental promotion for all at-risk children
2) Enhance follow-up to developmental screening supported by:
   a) Develop a follow-up medical decision tree, including secondary follow-up, anchored to: i) ASQ scores, ii) Child and family factors, iii) Resources within the community
   b) Develop parent education sheet to support shared decision making, care coordination support strategies
   c) Clarify workflow processes to USE information provided back by EI
   d) Develop summary of follow-up services and providers who see children 0-3 within PacificSource
   e) Identify Methods to leverage internal behavioral health
3) Care coordination processes

Early Intervention (NWESD-Clatsop)

1) Enhance communication and coordination for children referred & not evaluated
2) Communication about evaluation results
   - For Ineligible Children: Communication Back to PCP to Inform Secondary Steps; If Applicable, Referral to Early Learning supports, Pilots of referral to Early Learning.
   - For Eligible Children: Communication about EI services being provided to inform secondary steps

Priority Early Learning Provide Identified

- Pilot new ways, in collaboration with PCP practice and EI, to connect families to priority early learning providers identified in Phase 1

Tools to Support Improved Processes:

Some Examples from Past Work that will be Customized to This Region and Practice-Setting

PATHWAYS FOR DEVELOPMENTAL SCREENING OF CHILDREN 0-3 & REFERRAL FOR CHILDREN IDENTIFIED AT-RISK IN DESCHUTES, JEFFERSON & CROOK COUNTIES

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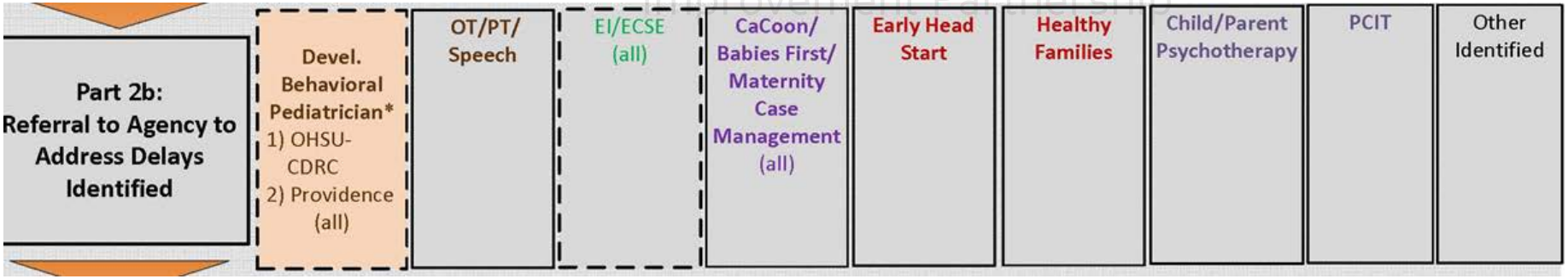
Draft Version for Feedback and Input at the Stakeholder Interviews. VERSION 8/8/18

Best-Match Follow-Up to Developmental Screening: Priority Referrals that Address Specific Delays Customized to This Region

Based on asset map, priority follow-up referrals may include:

1. Early Intervention (EI)
2. Developmental Behavioral Pediatrics (DBP)
3. Medical and Therapy Services
4. CaCoon/Babies First
5. Infant and Early Childhood Mental Health

And others



ASQ Screen- Child Identified At-Risk

Targeted Developmental Promotion Materials for Areas of Development Identified: ASQ Learning Activities, CDC Act Early

Numerous Factors Determine the Best Match Follow Up

1. Traditional Factors for Referral

- Child medical issues
- Age of Child
- ASQ Scores by Domain
- Provider Concern
- Parental Concern

2. Other Factors to Consider, Family Supports

- Child behaviors
- Adverse Childhood Events
- Family Risk Factors
- Family Factors
- Family Income
- County of Residence

EI

DB PEDS

Medical Therapy

CaCoon/ Babies First

Internal Behavioral Health

Mental Health

Community-Based Supports Addressing Social Determinant of Developmental Promotion

No Referral - Retest

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Factors that will drive the *best match follow-up service*

- **All children identified at-risk receive developmental promotion**
- **To determine referrals: Easy as 1, 2, 3, 4**
  1) Age of the child
  2) ASQ domain scores – number of domains and specific domain results
  3) Parent or provider concern
  4) Child/family factors
     - Including where the child lives given there may be county-level variation

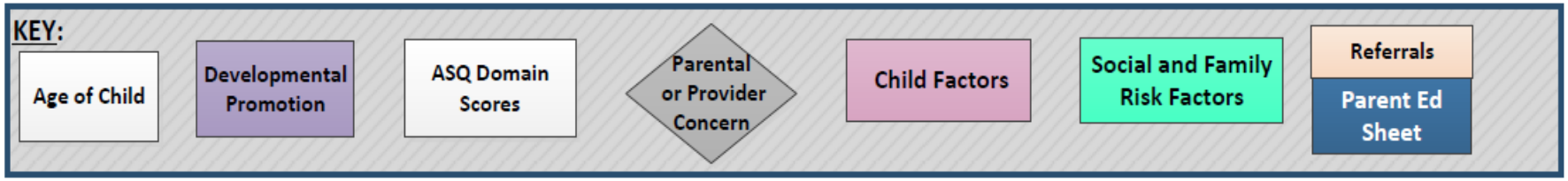
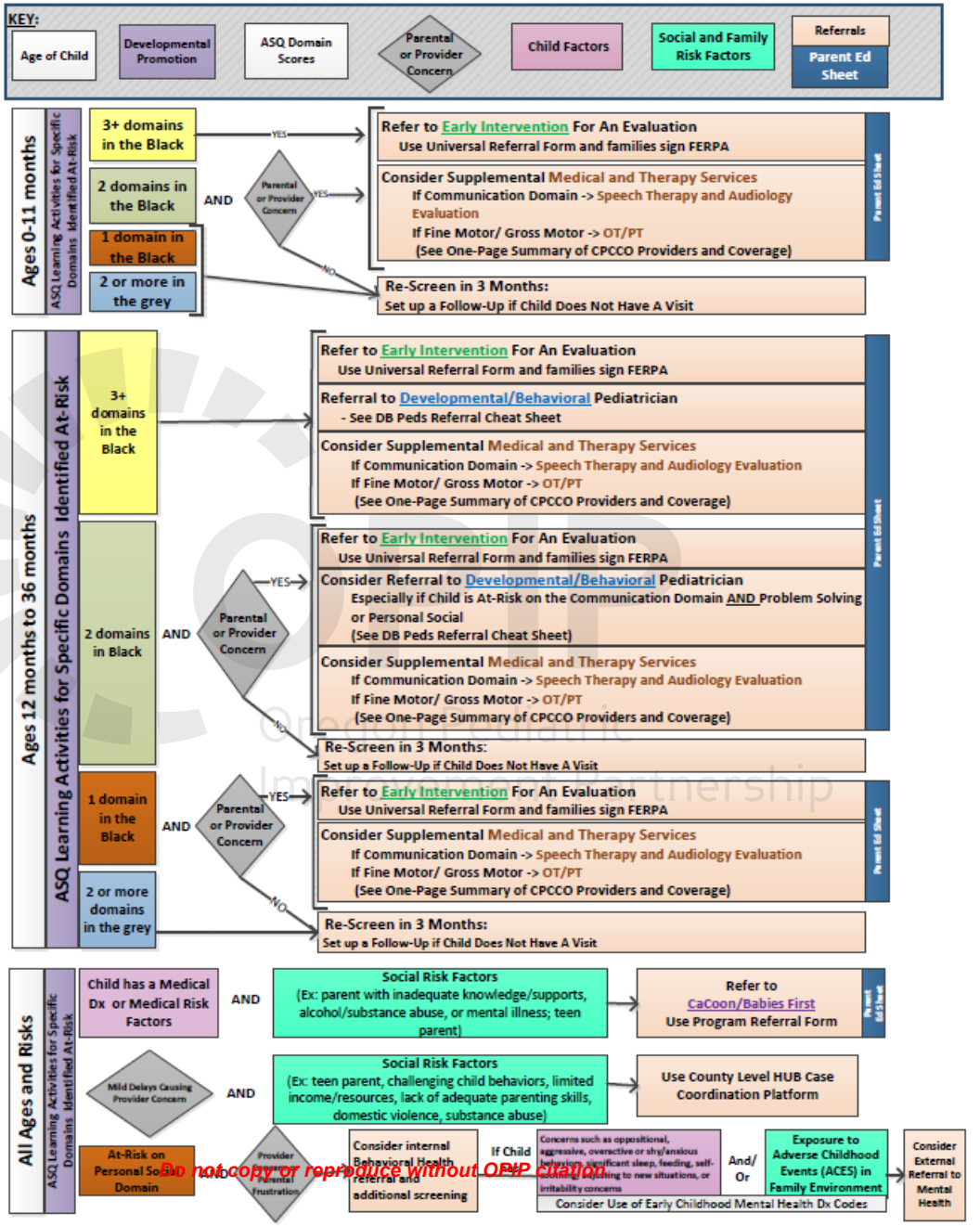


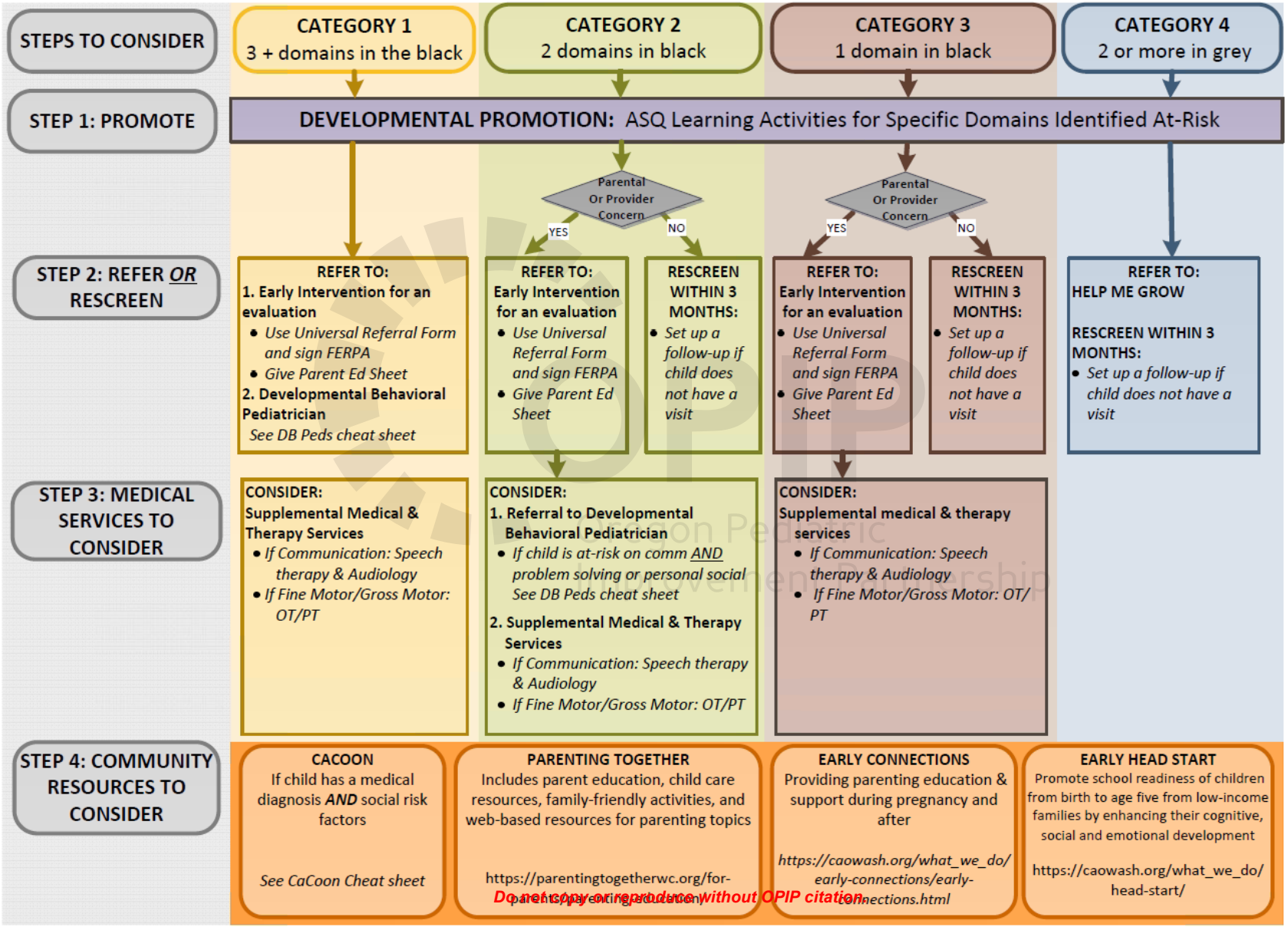
Figure 2.0: Medical Decision Tree for Follow-Up to Developmental Screening Conducted in the first Three Years of Life and Referral Opportunities Addressing Risk in Columbia, Tillamook and Clatsop Counties



Follow-Up to Screening Decision Tree

(Example of Decision Tree OPIP Developed for Virginia Garcia Memorial Clinic)

MEDICAL DECISION TREE FOR FOLLOW-UP TO DEVELOPMENTAL SCREENINGS (1 DAY-36 MONTHS)



Specific Developmental Promotion Recommended as Follow-Up for Children Identified At-Risk (Including Children in the Grey)

Specific follow-up: ASQ Learning Activities for the Specific Domains

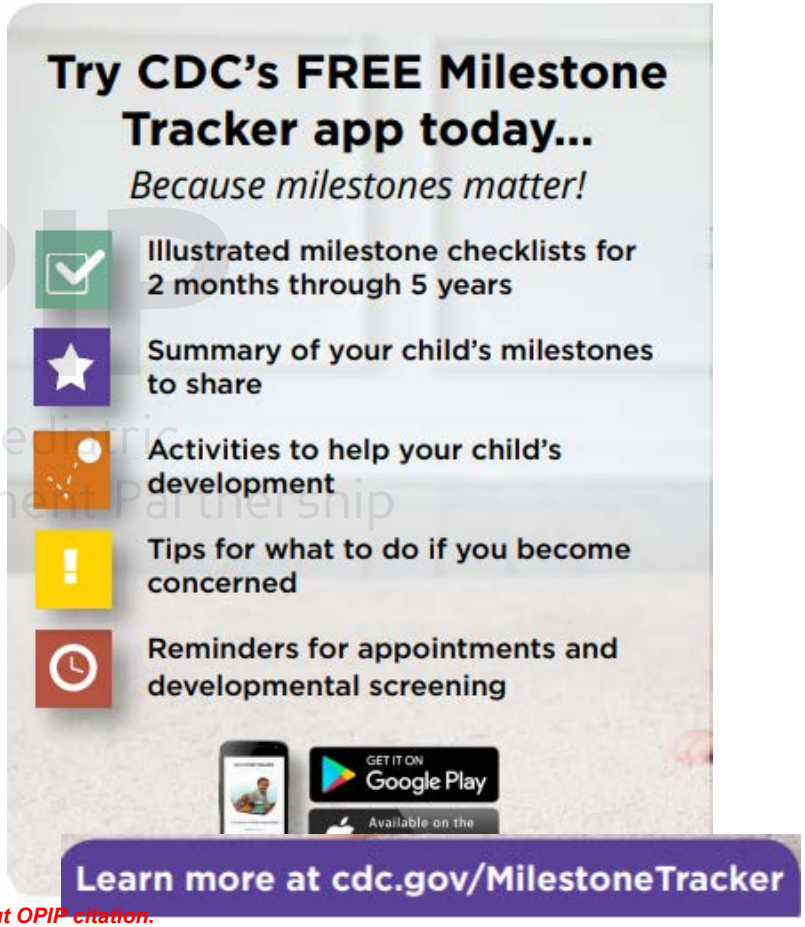
Fine Motor

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!

CDC Milestone Tracker App: Help Parents Track, Coaching on When to Raise Concerns



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, Northwest Regional Education Service District (NWRESD) 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:

- NWRESD 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 503-338-3368.

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

Contact Information:
NWRESD Intake Coordinator
503-338-3368 | www.nwresd.org

☐ 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:
NAME - POSITION
Phone: 503-325-8500
http://www.co.clatsop.or.us/publichealth/page/maternal-child-health-programs

Supports within CMH

At our practice we are lucky enough to have a Family Transitional Planner who could help your family with things like:

- Additional developmental promotion resources
- Social and emotional supports
- Navigating community resources

Contact Information:
Misty Bottoroff
Family Tranistional Planner
Phone: XXX-XXX-XXXX

Medical and 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
- ☐ Developmental-Behavioral Pediatrician: Specializes in the following child development areas: Learning delays, Feeding problems, Behavior concern, Delayed development in speech, motor, or cognitive skills
- ☐ Autism Specialist: Specializes in providing a diagnosis and treatment plan for children with symptoms of Autism
- ☐ Occupational Therapist: Specialize in performance activities necessary for daily life
- ☐ Physical Therapist: Specializes in range of movement and physical coordination

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 Columbia Memorial Hospital - Pediatrics, we are here to support you and your child. If you have questions about this process please call us!

Version 2.0: 1/25

OPIP Designed and distributed by Oregon Pediatric Improvement Partnership.

Shared Decision Making Tool Mapped to Decision Tree

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).

Early Intervention Universal Referral Form (URF)

Early Intervention/Early Childhood Special Education (EI/ECSE) Referral Form for Providers* Birth to Age 5

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: _____

Text Acceptable: ☐Yes ☐ No Best Time to Contact: _____

Primary Language: _____ Interpreter Needed: ☐Yes ☐ No

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 ☐M-CHAT ☐Other:_____

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

☐Communication _____ ☐ Fine Motor _____ ☐Personal Social _____

☐ Gross Motor _____ ☐Problem Solving_____ ☐Other: _____

☐ Clinician concerns (including vision and hearing) but not screened:

_____

_____

☐ Family is aware of reason for referral.

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

If child has an identified condition or diagnosis known to have a high probability of resulting in significant delays in development, please complete the attached Physician Statement for Early Intervention Eligibility (on reverse) in addition to this referral form. Only a physician licensed by a State Board of Medical Examiners may sign the Physician Statement.

PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS

Referring Provider Name: _____ Referral Contact Person: _____

Office Phone: _____ Office Fax: _____ Address: _____

_____ City: _____ State: _____ Zip: _____

Primary Care Provider: _____

If the child is eligible, medical provider will receive a copy of the Service Summary.

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:

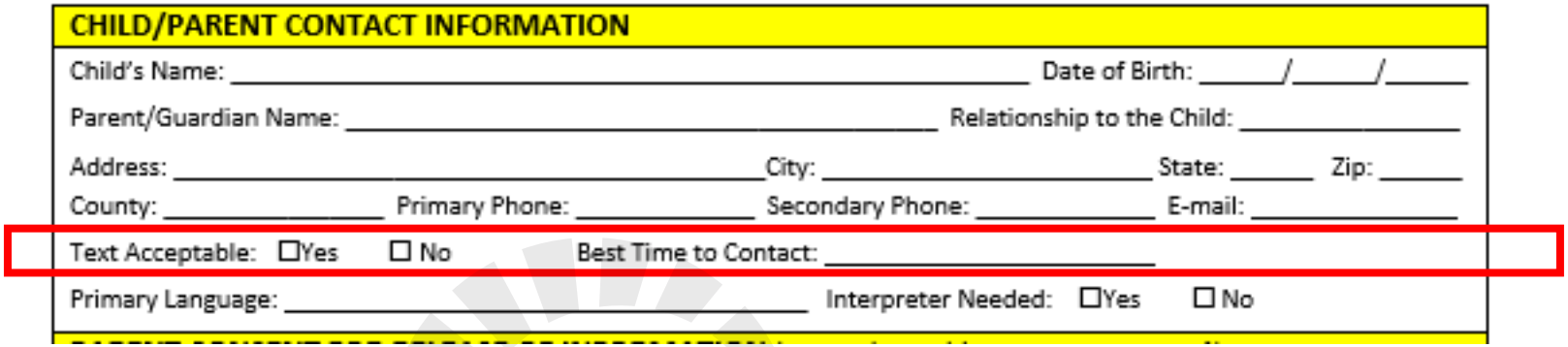
☐Eligible for services ☐Not eligible for services at this time, referred to: _____

☐ Parent Declined Evaluation ☐ Parent Does Not Have Concerns

☐Unable to contact parent ☐ Attempts_____ ☐ EI/ECSE will close referral on _____/_____/_____.

* The EI/ECSE Referral Form may be duplicated and downloaded at this Oregon Department of Education web page.

CHILD/PARENT CONTACT INFORMATION



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: _____

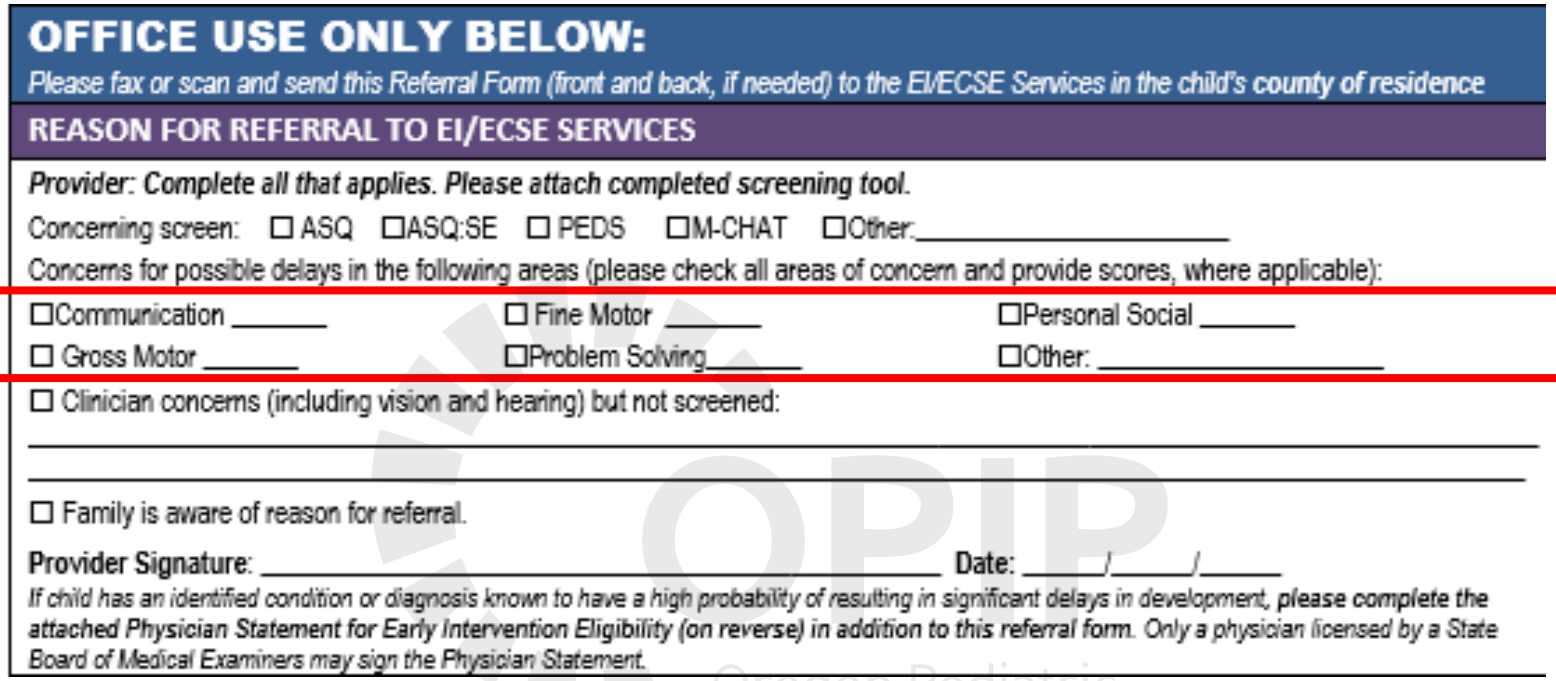
Text Acceptable: ☐Yes ☐ No Best Time to Contact: _____

Primary Language: _____ Interpreter Needed: ☐Yes ☐ No

Under the **CONTACT INFORMATION** section, the new Universal Referral Form (URF) includes:

1. Option for families to note if they can/would accept text messages
2. Ability for family to note the best time to contact

REASON FOR REFFERAL



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 ☐M-CHAT ☐Other:_____

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

☐Communication _____ ☐ Fine Motor _____ ☐Personal Social _____

☐ Gross Motor _____ ☐Problem Solving_____ ☐Other: _____

☐ Clinician concerns (including vision and hearing) but not screened:

_____

_____

☐ Family is aware of reason for referral.

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

*If child has an identified condition or diagnosis known to have a high probability of resulting in significant delays in development, **please complete the attached Physician Statement for Early Intervention Eligibility (on reverse) in addition to this referral form**. Only a physician licensed by a State Board of Medical Examiners may sign the Physician Statement.*

Under the **REASON FOR REFERRAL** section, the new Universal Referral Form (URF) includes:

- Section for the referring entity to document concerning screening scores and indicate the tool used. The "Concerns for possible delays" boxes now map directly to the ASQ domains.

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/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: _____

☐ Child was scheduled for EI/ECSE 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

Leveraging the Early Intervention Universal Referral Form to Communicate Whether Children Referred But NOT Evaluated

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

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: 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 W13

One-Page Summary of Services Example

SCANNED

Willamette
EDUCATION SERVICE DISTRICT

Marion Center • 2611 Pringle Rd, Salem, OR 97302 • Phone 503.385.4675 • Fax 503.540.4473
Yamhill Center • 2045 SW Hwy 18, McMinnville, OR 97128 • Phone 503.435.5900 • Fax 503.435.5920

Early Intervention Referral Feedback

Child's Name _____ Birthdate: _____

Your patien was found eligible for Early Intervention services on: 11/02/16

She was found eligible under the category: Developmental delay in communication area.

As required under Oregon law, she will be re-evaluated by 03/13/18 to determine if she is eligible for Early Childhood Special Education Services.

Additional referrals: 2/15/17: Eligible in Hearing Impairment

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

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

Services Provided by:	Frequency	Current Provider
☐ Early Intervention Specialist		
☐ Occupational Therapist		
☐ Physical Therapist		
☒ Speech Language Pathologist	1x/2 weeks; 45 minutes	Marie Sellke
☒ Other	1x/month; 45 minutes	Ann Stevenson- hearing services

This form is submitted annually and any time there is a change in services. Please contact Marie Sellke with any questions.

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

Marie Sellke

Marie Sellke, Speech Language Therapist, 2611 Pringle Rd. SE Salem, OR (503) 540-4415

Services Covered by CCO: Example for Marion & Polk

Version 1.0 2/14/2017

WVCH Coverage of Medical and Therapy Services for Children with Developmental, Behavioral or Social Delays

Type of Medical or Therapy Service Addressing Developmental Delays	Covered (Y/N)	Benefit Coverage, Any Requirements for Service to be Approved	Providers in WVCH Contract That are Able to Provide Services	Serve Children aged 1 month - 3 years old?
Occupational Therapy Services				
Occupational Therapy Services	Yes	Authorization required for therapy visits beyond the initial evaluation/ re-evaluation for all dx. Each request for continued therapy is reviewed for line placement and medical appropriateness.	Creating Pathways	Yes
			Mighty Oaks Therapy Center (Albany)	Yes
			PT Northwest	No
			Salem Hospital Rehab	Yes
Physical Therapy Services				
Physical Therapy Services	Yes	Authorization required for therapy visits beyond the initial evaluation/ re-evaluation for all dx. Each request for continued therapy is reviewed for line placement and medical appropriateness.	Capitol PT	No
			Keizer PT	No
			Pinnacle PT	No
			ProMotion PT	No
			PT Northwest	No
			Salem Hospital Rehab	Yes
			Therapeutic Associates	No
			Creating pathways	Yes
Speech Therapy Services				
Speech Therapy	Yes	Authorization required for therapy visits beyond the initial evaluation/re-evaluation for all dx. Each request for continued therapy is reviewed for line placement and medical appropriateness.	Chatterboks	Yes
			Creating Pathways	Yes
			Mighty Oaks Therapy Center (Albany)	Yes
			PT Northwest	No
			Salem Hospital Rehab	Yes
			Sensible Speech	Yes
Pediatric Psychological Testing Services	Yes	Authorization required	Valley Mental Health	Yes - 18 months and up
			Willamette Family Medical Center	Yes - 18 months and up
			Intercultural Psychology Services	Yes - 18 months and up
Behavioral Health Services				
Social Skills Groups	Yes	Enrolled in services	Marion County Child Behavioral Health*	Yes
			Polk County Mental Health*	Yes
			Inter-Cultural Center for Psychology	Yes

*Bilingual provider

Hearing from you:

- **What excites you about the tools and areas of focus noted?**
- **Where do you think there is the biggest need?**
- **What barriers exist that we should be aware of and account for?**
- **What other feedback do you have?**

Looking Forward – Next Steps

- **Baseline Quantitative Data**
  - Collect
  - "Sense-making" of the data relative to the project, project goals and distill into a summary for October meeting
- **Complete Stakeholder Interviews**
  - Finish remaining interviews
  - Summarize themes for next stakeholder meeting:
    - Strengths
    - Opportunities for pilots
    - Special populations of consideration
    - Barriers to consider now
  - Summary of screening and referral pathways now, Map of Assets in the community
- **Onboarding work with the pilot primary care sites**
- **Next Stakeholder Meeting: Monday October 29th**

Questions? Want to Provide Input?
You Are Key to the Meaningfulness of This Work To This Community

- Door is always open!
- Hub Lead
  - Brenda Comini:
    brenda.comini@hdesd.org
  - 541-693-5784 (office)
- OPIP Contract Lead
  - Colleen Reuland:
    reulandc@ohsu.edu
  - 503-494-0456