Deliverable 5.3
Summary of Innovation, Learnings and Barriers Implemented within Early Intervention & Implications for the Future

The purpose of this document is to provide a distilled summary of the key learnings for the improvement efforts with Early Intervention. **Appendix A** provides compendium of the specific improvement strategies and improvement tools implemented by Early Intervention.

Structure to Facilitate Early Intervention Quality Improvement Efforts and to Facilitate Across County-Learnings

OPIP and Northwest Early Learning Hub (NWELH) worked with the leadership staff responsible for overseeing Early Intervention (EI)/Early Childhood Special Education (ECSE) services within Clatsop, Columbia and Tillamook Service Centers within NWRESD. Through the quality improvement efforts led with front-line staff, OPIP and NWELH staff have worked with persons responsible for:

1. "Intake" – Staff who process referrals received.
2. "Evaluation team" – Staff who evaluate referred children and who conduct assessments to determine if the child is eligible for EI services.
3. Service Center Administration – Whose role is to manage the Service Center and ensure that the Service Center is aligning with all Oregon Department of Education updates and recommendations and meeting the needs of the community.

The quality improvement efforts conducted in collaboration with the EI partners were facilitated through **monthly quality improvement calls** led by OPIP and NWELH **with each county's Service Center** staff described above. The goals and objectives of these calls were to:

- ***Review the quality of referrals*** coming from the primary care pilot sites. The scope of this discussion was aligned to the training that primary care providers within the pilot sites had received, which included the robust use of the Universal Referral Form and referrals that aligned with OPIP's Medical Decision Tree.
- Discuss the strategies used to ***improve data entry*** and collection.
- Discuss the implementation strategies used to ***ensure communication and coordination*** with referring entities.
- Understand all ***barriers to implementing*** quality improvement strategies aligned with the pilot project.

Additionally, OPIP and NWELH facilitated **quarterly group-level calls, which included all three counties, and NWELH and OPIP staff.** On these calls, participants shared cross-county learnings and reviewed the data. These calls functioned as a platform to allow Service Centers to share successes that could be standardized across the three sites. Additionally, if Service Centers were facing similar barriers or taking different approaches to the quality priorities of our project, these differences were highlighted and discussed.

Summary of Innovation and Learnings from Quality Improvement Efforts with EI

The innovative improvement work conducted in partnership with EI was focused in four areas:

1) **Use of Existing EI to Guide and Inform Improvement Efforts & Evaluate Impact**
2) **Referral Processes to EI that Ensured Highest Chance of Connection Success**
3) **Closed Loop Communication and Care Coordination with Referring Providers**
4) **Referral from EI for Children Evaluated by EI and Found Ineligible**

#1) Use of Existing EI to Guide and Inform Improvement Efforts & Evaluate Impact

1a) Use of Existing EI Data Available in ecWeb to Guide and Inform Community-Level Conversation and Priority Setting

EI collects valuable information about children referred, children evaluated and the outcomes of their evaluation, and whether the child receives services.

OPIP worked with centralized staff within NWRESD (Vicky Schroder) to obtain data from ecWeb about referrals and the outcome of the referrals. Due to OPIP's extensive knowledge of ecWeb, we were able to take the dataset provided by NWRESD and create distilled summaries of the data findings that were presented at the community-level. This involved significant analysis and "sense making" of the data relative to the goals of the project that fit within the other data presented by claims data from CPCCO, primary care practice data, and early learning data. OPIP has provided examples of these data presentations for reference. Stakeholders reported that receiving this data was of high value.

Secondly, the ecWeb data was used a data source to evaluate and track the impact of the project on the referrals from the primary care sites to assess whether there was an impact on referrals being able to be evaluated. ecWeb data was also used to assess whether children with the type of delays that would be more likely to make them eligible for EI were referred by the pilot sites.

1b) Improving Data Documentation and Reporting

As noted above, at baseline, OPIP analyzed two years of ecWeb data from the three counties participating in this project. When OPIP started the work to analyze the Service Center sites data, it was clear that each Service Center was collecting and entering data about referrals and follow up differently into ecWeb.

In an effort to help standardize data within ecWeb to ensure that this existing database could be validly used to track and evaluate the impact of the project, OPIP partnered with NWRESD and the intake staff at each of the Service Centers to improve data documentation aligned with the goal of the project, which were to monitor the:

- Number of referrals – the goal was to increase the number of best-match referrals from pilot sites
- Number of referrals able to be contacted AND evaluated from pilot sites

- Outcome of the referrals – If we increased best-match referrals in our primary care pilot sites, we should see more referrals eligible for services

In the course of our project, two important data documentation/labeling initiatives occurred:

- ✓ **Consistent labeling of 'Referral Source More' in ecWeb**
  This is an open text field is where EI indicates the specific referral source, by name. In the baseline data, not all referrals in Columbia or Tillamook Counties were specifically labelled or the labelling was inconsistent. Therefore, we were unable to examine referrals and referral outcomes for specific pilot sites. This open text field in turn required significant manual cleaning and coding of the data for meaningful and relevant data reporting. In the course of the project NWELH was able to work with NWRESD to *add drop down options* for the top primary care referral sources for each Service Center. As a result, Tillamook County significantly increased their labelling of the referral source. Clatsop County was already clearly labelling referrals. There are still opportunities to improve the quality of and consistency of labelling referrals in Columbia.

- ✓ **Detailed documentation of 'referrals' that come from primary care, but may be generated by the family:** A critical component of the improvement pilots within primary care was to educate families about the EI referral and what to expect in the referral process. This included providing families with the phone number for EI and encouraging them to contact EI to set up an appointment. In the quality improvement calls with the three Service Centers, it was clear that each service center labeled these parent-initiated 'referrals' differently. OPIP and NWELH tried to facilitate a tri-county call to build consensus on a uniformed approach to document when families call to schedule an evaluation, and mention that their primary care provider recommended this service. Our recommendation was: Referral Source ODE: 'Parent/Family'; Referral Source More: PCP Clinic/Physician. This is the approach used by Clatsop Service Center, but unfortunately the other Service Centers did not agree to this label and so we did not see standardization in data across sites in the course of our project. Furthermore, there are larger discrepancies between the primary care provider sites report of referrals to EI and EI's referrals labelled to the primary care sites in these two counties. OPIP feels that there are a number of referrals made by primary care that are paired with the parent education sheet that resulted in the parent calling EI and that were then labelled a parent self-referral.

1c) Comparing EI Data of Referrals with Primary Care Data of Referrals

In previous studies, OPIP found up to a 33% difference in the number of referrals to EI reported by primary care practices in their medical chart reviews when compared to the referrals attributed to the practice in the EI data. Therefore, in this quality improvement project we implemented a process to check, at a child-level, whether children for whom the practice indicated a referral to EI were in the ecWeb referral system. This data collection and sharing process required significant facilitation by OPIP and NWELH to ensure patient information was transferred securely and done in a timely manner. The process was set up in a way that would allow the data transfer to continue between EI and the primary

care sites if there was continued interest. The process that was the most successful in our pilot, used by two of the Service Centers, was to have the Service Center 'invite' a staff member from the primary care pilot site to join the ESD's secure portal network to share documents. A barrier to this approach was when staff turned over in primary care or the ESD the connection was lost and would require OPIP/NWELH to help ensure a new person was added to the portal and the work was done.

In the baseline data collection, a discrepancy of 40-50% was observed in Columbia and Clatsop counties between primary care practice report of referrals and the referrals in ecWeb. This discrepancy was not observed in Tillamook, where referrals from primary care were low.

Root cause analysis and facilitation was then conducted to assess for reasons for the difference. Over the course of the project and through examination of the differences, we have seen a significant reduction in the discrepancy in the numbers, although not all the issues have yet been resolved. This may be an area that warrants ongoing examination and/or periodic assessments.

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2) Referral Processes to EI that Ensured Highest Chance of Connection Success

A key area of focus for this project was identifying and supporting strategies focused on children referred to EI and ensuring they receive an evaluation. At baseline, 42% of referrals were not able to be evaluated, despite EI reaching out and trying to set up an evaluation. A key part of the improvement pilot was working with primary care practices on improving their referrals and engaging families in the referral process that would better ensure their engagement with EI.

That said, the baseline data revealed significant differences in the proportion of referred children who were able to be evaluated, with Clatsop having a very low rate of children NOT able to be evaluated as compared to Tillamook and Columbia counties.

In an effort to learn from their processes, OPIP and NWELH facilitated a tri-county call with the Service Centers to have Laura, Clatsop's Intake Coordinator, share the strategies that she uses to better connect with families when scheduling an evaluation. The strategies that she used included calls, email and notifying the referring entity about non-evaluated children prior to the 45 day closure period.

Laura was able to share her tools, including specific questions she asks and an email script, with the other two counties who implemented similar protocols for their outreach throughout the project.

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3) Closed Loop Communication and Care Coordination with Referring Providers

The primary focus of this project was to improve processes for children identified in primary care and referred by primary care. As Patient Centered Primary Care Homes (PCPCH), these primary care sites are held accountable to track referrals and ensure closed loop communication. Furthermore, given the number of children who are unable to be evaluated or who are ineligible, two-way communication is

integral to inform the primary care providers' next steps and ways they can support the family in ensuring the child's delays are addressed.

Within the improvement pilot with EI, the focus was on consistent and timely use of the communication templates already in place within EI or ecWeb. These efforts focused on the following:

a) Enhanced communication back to referring primary care providers for children referred and not evaluated.
   - These efforts have involved working with intake staff to standardize and implement timely processes and use the Universal Referral Form to communicate back to primary care providers when staff have not been able to schedule an evaluation for a referred child.
   - OPIP also worked with the primary care practices to standardize workflows for how the primary care practice used this communication provided by EI and develop outreach strategies the practices can use to support the family in working with EI to schedule an evaluation.

b) Communication back to the referring primary care providers on the results of the evaluation.
   - This work has involved working with the evaluation team on standardized communication of the evaluation results using the Universal Referral Form (when not eligible) and Service Summary (when eligible).
     - It should be noted that OPIP was familiar with the Service Summary due to our work with the Willamette Education Service District and ODE on developing this updated summary. This form was formally added to ecWeb and noted on the standard communication form when the Universal Referral Form was updated in 2018. That said, the front-line staff had not been trained on updates to the tools. Therefore, as part of the improvement pilot, OPIP provided training to the EI providers on these tools.
   - OPIP worked with primary care practices on standardized workflows for how they use evaluation results provided by EI to inform secondary follow-up steps

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4) Referral from EI for Children Evaluated by EI and Found Ineligible And/or Who Need Additional Services

Another innovative area of focus has been the quality improvement efforts to identify education and referral pathways for children:

- ✓ Who are evaluated by EI and found ineligible for EI services or
- ✓ Who need additional social emotional supports identified in the course of EI service provision

Strategies used included:

- ***Providing targeted developmental promotion activities for the areas of delay identified in screening:*** Two resources were shared with Service Centers as options to be made available for parents of children not eligible for EI:

- **ASQ Learning Activities** for the domains of development where the child may have delays. The ASQ Learning Activities provide specific activities the parent can do with the child to focus on the developmental areas for which the child has delays https://products.brookespublishing.com/ASQ-3-Learning-Activities-P624.aspx
- **Dolly Parton Imagination Library –** Imagination Library is a book-gifting program for **children birth to age 5.** Each month an age appropriate book is mailed directly to the enrolled child's home at no cost to the parent.

- ***Referring Children to Specialty Mental Health*:** In Clatsop County, referral pathways to specialty mental health were identified. Significant barriers were identified in terms of tools, processes and strategies to ensure a pathway to specialty mental health at Clatsop Behavioral Health. OPIP subsequently received funding from Greater Oregon Behavioral Health Incorporated (GOHBI) to develop these tools, methods and strategies. While focused on primary care pathways, the CPCCO project helped to support these pathways and trainings to be applied and used by EI. Through this and the GOHBI project, Clatsop EI has successfully implemented pilot referrals from EI to CBH.

Implications for the Future

Overall, the improvement efforts with the local EI site was successful and OPIP and NWELH are hopeful that many of the meaningful components of the work will be sustained after funding to support our facilitation is complete.

That said, there remain specific opportunities or areas that should be considered:

1) **The Shared Learning Collaborative across the Tri-County EI Staff was Beneficial.** The shared learning collaborative platform that was facilitated through this project was helpful to meet the needs of our project, but would continue to be beneficial to NWRESD as ODE adopts important changes to Oregon Administrative Rules (OARs) which each Service Center will be required to implement. Another opportunity would be to invite Washington County to participate in these calls to allow NWRESD to function more cohesively across the four regions.

2) **Effective Use of and Sharing EI Data at Community-Level.** As noted earlier, the EI data was a critical component of the baseline data used to guide and inform the improvement effort areas of focus and to track and evaluate impact. While ecWeb is an existing database, the analysis and creation of data presentations that made sense to various stakeholders and that illuminated the key finding was an activity led by OPIP that will not continue unless a new entity or process is identified.

3) **Examination of Discrepancy Between Practice-Reported Referrals and Children within the ecWeb Referral Data base.** As noted, while we have seen reduction in referrals not accounted

for, the problem is still not resolved and would be an important data component that should be continued to be monitored over time. This may include obtaining shared consensus on how to track and ensure that referrals which began in the primary care practice (based on instructions from the provider) and resulted in a parent calling the EI service center, are not labelled "parent self-referral" and/or noted that the practice is a secondary referral.

4) **Referral to Specialty Mental Health in Tillamook and Columbia:** At baseline all three Service Centers highlighted the need and importance of additional services outside of EI to help support children's social emotional needs. Unfortunately, Clatsop County was the only region that had the bandwidth and services available for children 0-5 to test a small pilot of referrals. Additional time and resources are still needed to study the impact of this small test of change to ensure that children's social emotional needs are being addressed as early as possible. Furthermore, there are currently no robust specialty mental health services in Tillamook, although this region recently received a grant to train and ensure staff in the region can provide Parent-Child Interaction Therapy (PCIT). Once available, it may be valuable to explore similar pilots in Columbia and Tillamook County.

5) **Training Additional Primary Care Providers in the Region on Best-match Referrals to EI**
Through this grant, OPIP was able to train four primary care practices on best match referrals to EI. There are additional primary care sites who need training on which kids to refer to EI, the best way to refer, and strategies for using the two-way closed loop communication.

This is particularly important and timely as the EI Oregon Administrative Rules (OAR's) were updated in July 2018 to allow EI to screen out children prior to evaluation. The updated OAR's can be found here. This is a significant and important change and one that will need to be communicated to primary care practices. This may be a great opportunity to provide the tools and strategies developed through this grant to additional community-level partners.

Resources that could be leveraged include the following:

- Webinar on Referring to Early Intervention in Oregon
- Tip sheet for Primary Care Providers on Referring to EI in Oregon
- Updated Early Intervention and Early Childhood Special Education Referral Form
- Compendium of Shared Decision Making Tools for Primary Care
- General Medical Decision Tree
- Appendix A;