



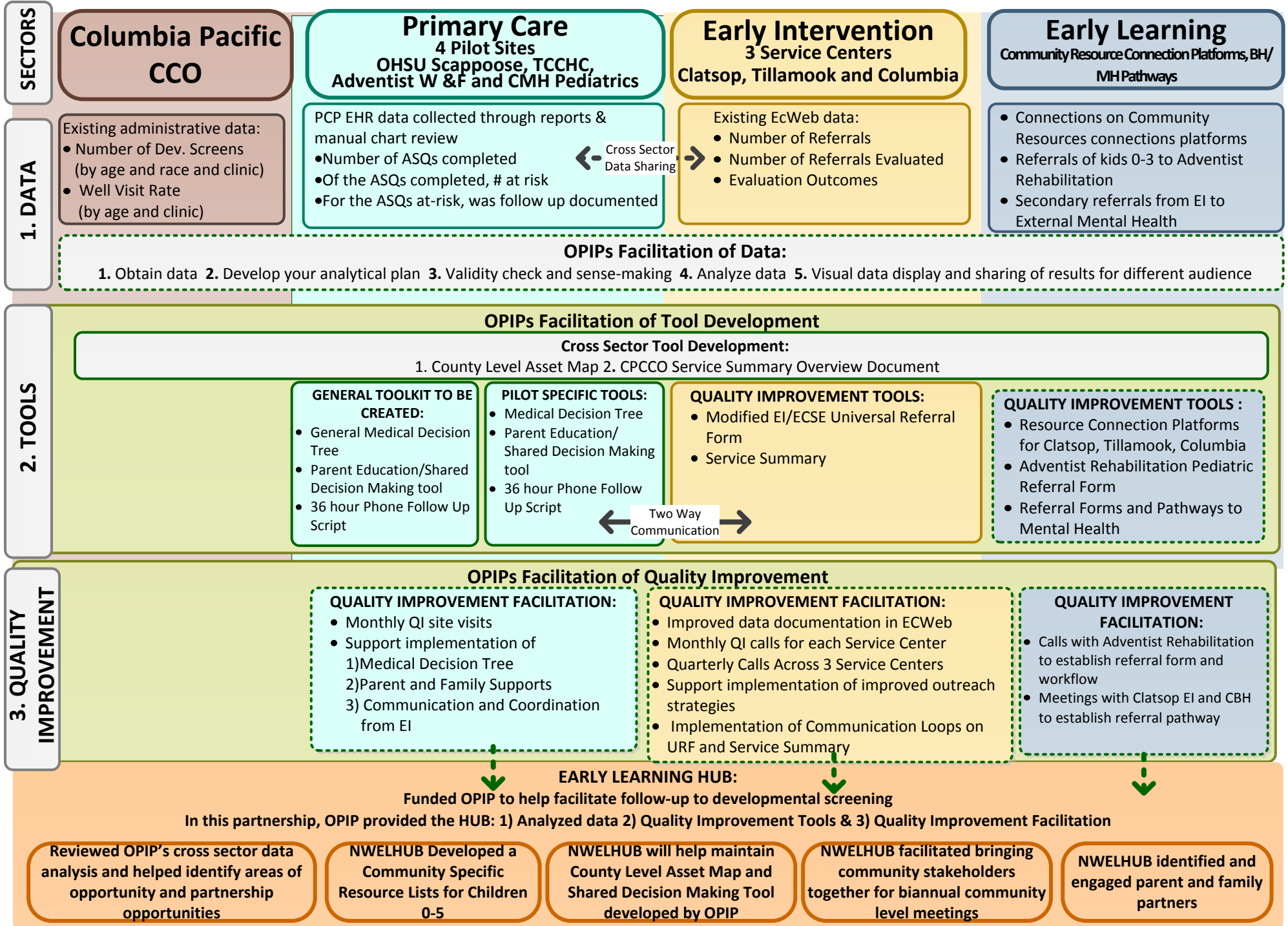
Appendix A: Summary of OPIP-Led Efforts during the CPCCO Project

At the February 2019 meeting of the tri-county NWELH leadership, OPIP presented a summary visual, **Figure 1**, that was meant to distill and summarize the key activities that were conducted over the last two years and the key areas of technical assistance that were made possible through this grant. The purpose of this document is given the breadth and depth of deliverables that have been provided over the course of the two years, we felt it would be valuable to create a centralized compendium document aligned with Figure 1 that provides examples of tools or presentations that were conducted specific to each set of activities.

Appendix A provides a full compendium of tools aligned with Figure 1.

- Figure 1.0 can be found on Page 2
- Within Figure 1, viewers can click on a box in the Figure related to specific technical assistance and supports.
 - Once clicked, the document will hyperlink to the section of the compendium that provides example presentations or tools to provide clarity on the kinds of activities supported in this area.

KEY COMPONENTS OF PATHWAYS TO SERVICES PROJECT FUNDED BY CPCCO



Using Data to Inform Our Discussions and Proposed Priority Areas to Focus Our Community-Based QI Project:

NWRESD : TRI-COUNTY MEETING DRAFT SY 2017-2018



Value of Data from NWRESD on Early Intervention to Inform This Pilot

#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 fail the 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 secondary referrals of EI ineligible children
 - Value of descriptive information about these ineligible in order to inform secondary and follow-up services

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

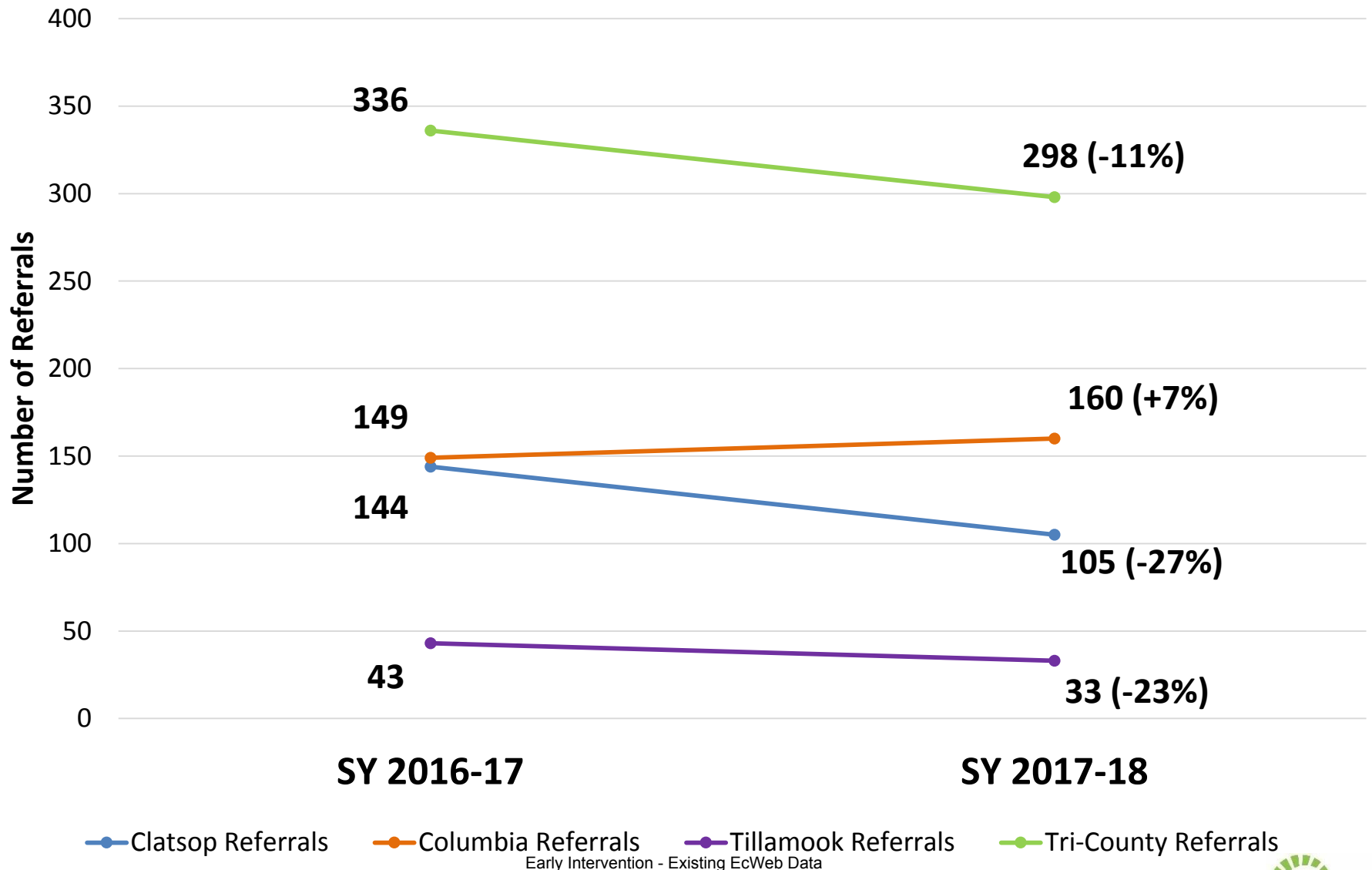
Data Examining with EI

- Numbers of Referrals
 - ❖ Goal of the project is to increase best match referrals. Therefore, we may not overall increase referrals, we want to increase GOOD referrals
- Number of Referrals Able to be Contacted AND Evaluated
 - ❖ Goal of the project is to increase referrals from the pilot primary care sites that are able to be contact and evaluated
- Outcome of referrals (Eligible, Ineligible)
 - ❖ Goal of the project is to increase best-match referrals from the pilot primary care sites → so more of their referrals – in general – are eligible

Data will be provided in **School Year (SY)** increments

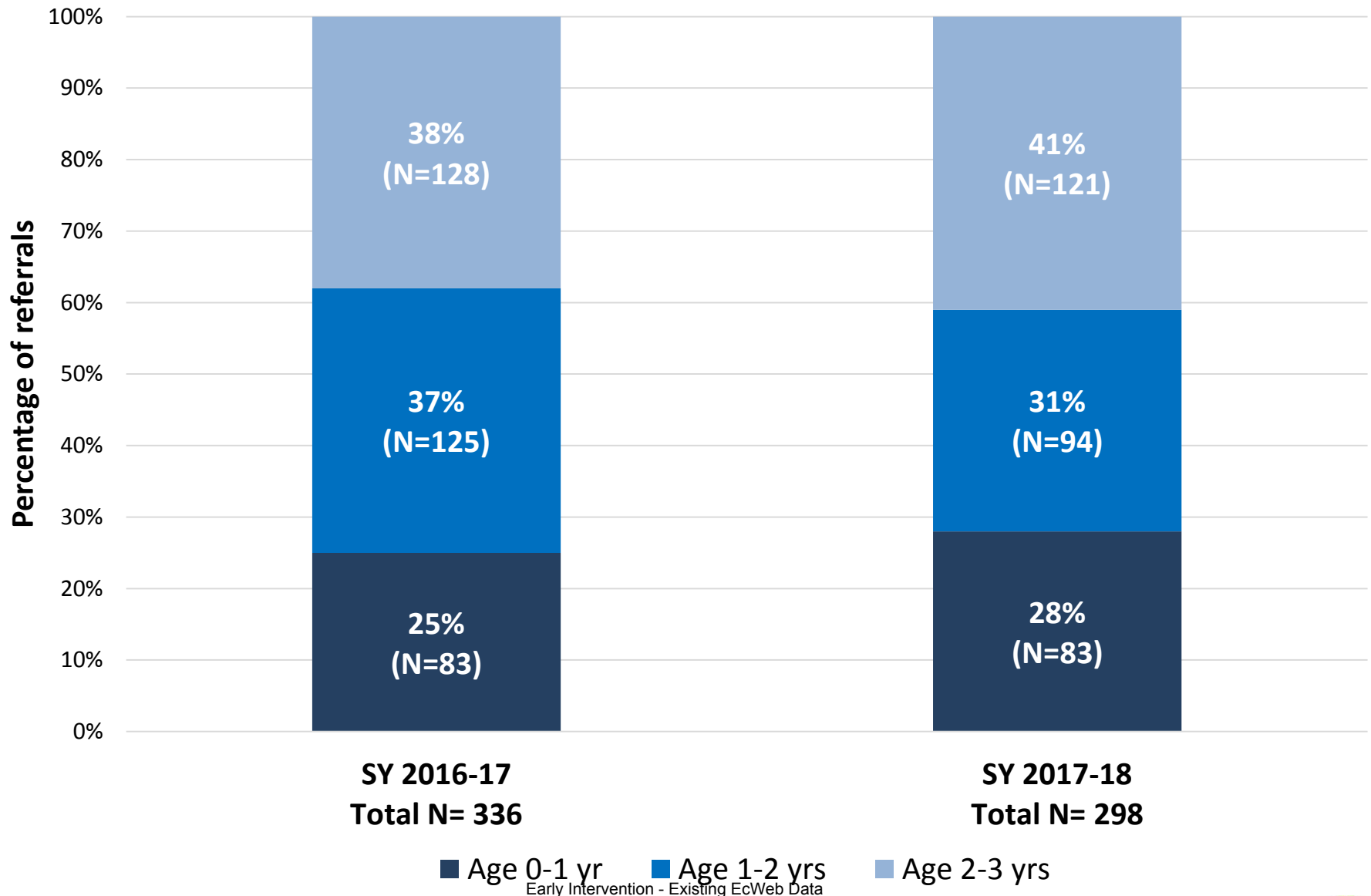
- School Year is defined as July 1 – June 30th
 - So a sig. amount of this data is before pilot site implementation
- At next meeting we will show Summer-Spring that aligns with a full time period that IS aligned with pilot site implementation.

Number of Early Intervention Referrals in NWRESD Tri-County Region (Clatsop, Columbia, and Tillamook)

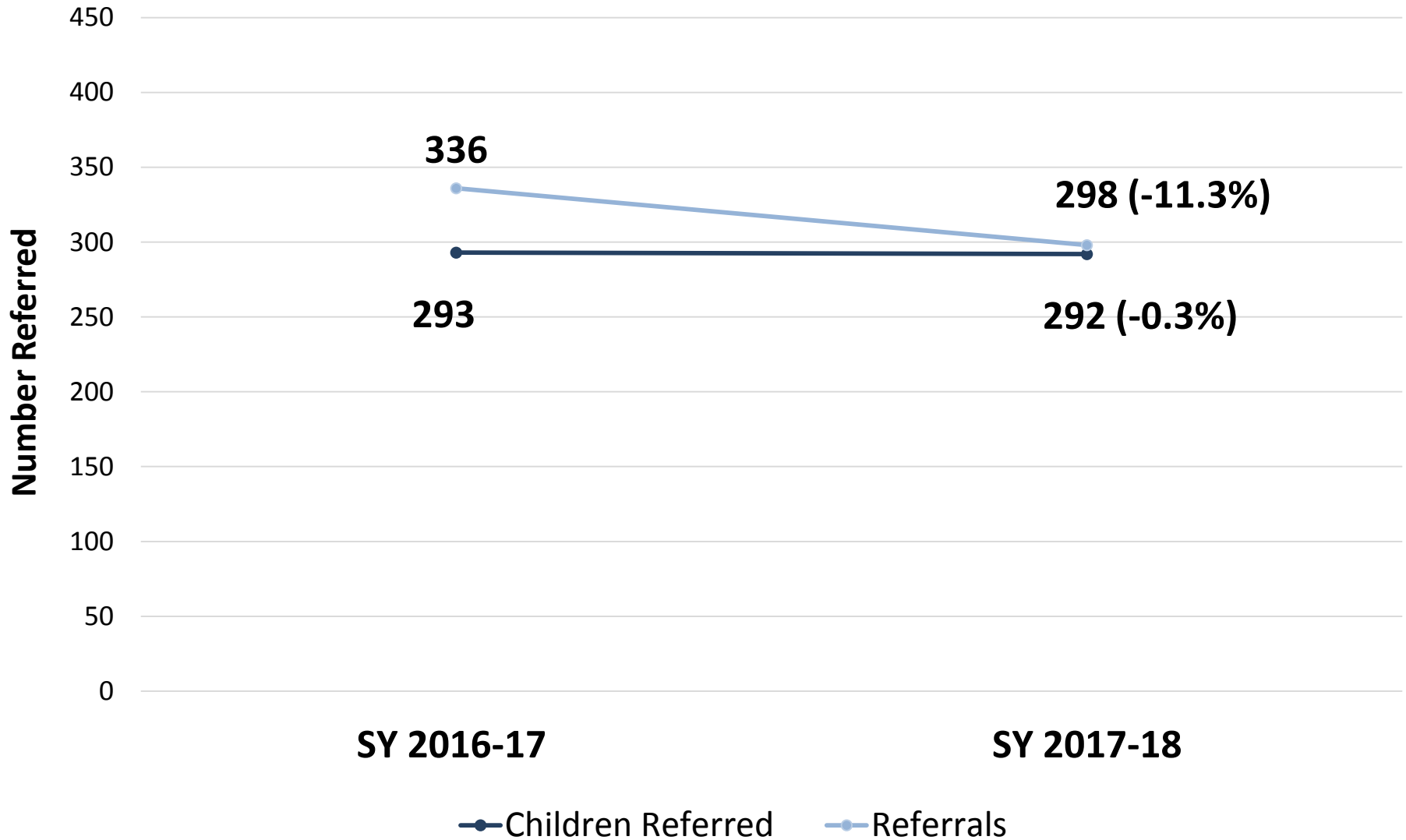


Data Source: Provided by NWRESD from Data Available in ECWeb, October 2018

Number of EI Referrals in Tri-County by Age



Number of Early Intervention Referrals vs. Number of CHILDREN Referred in Tri-County

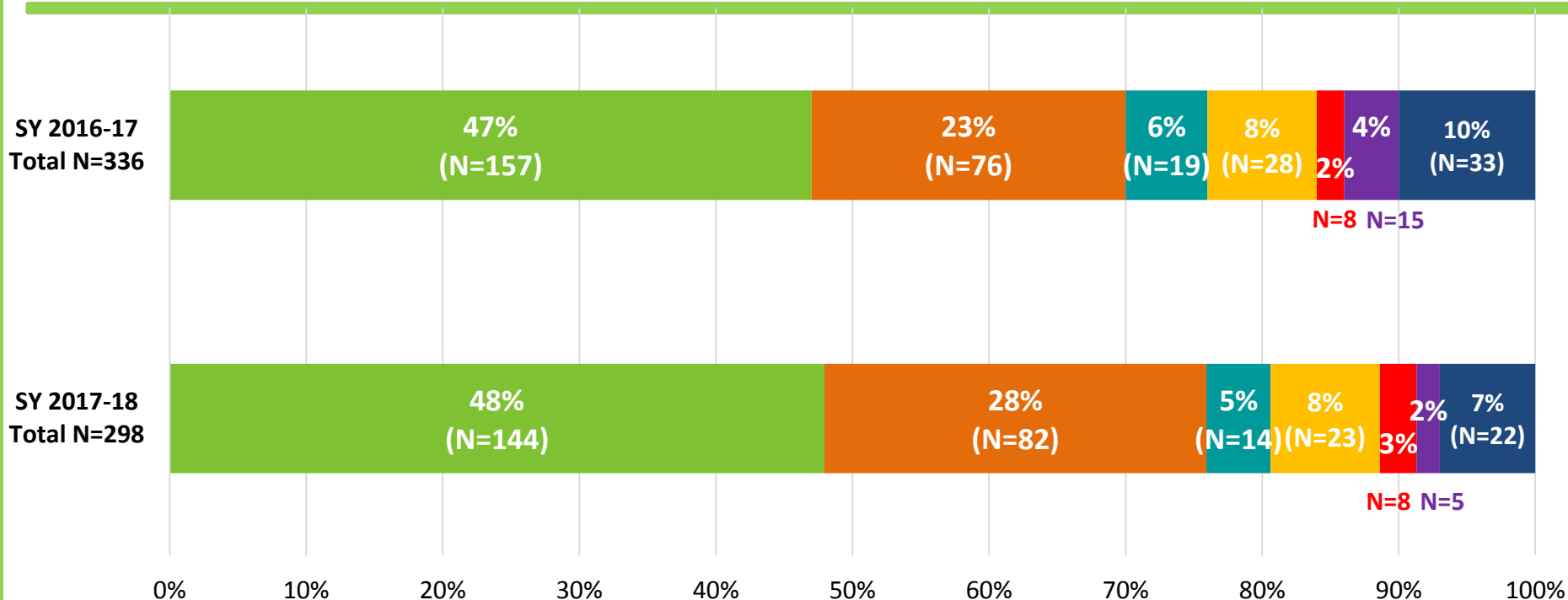


Early Intervention - Existing EcWeb Data

Data Source: Provided by NWRES D from Data Available in ECWeb, October 2018

Tri-County EI Referrals by Referral Source

As Documented in EC Web in SY 2016-17 and 17-18

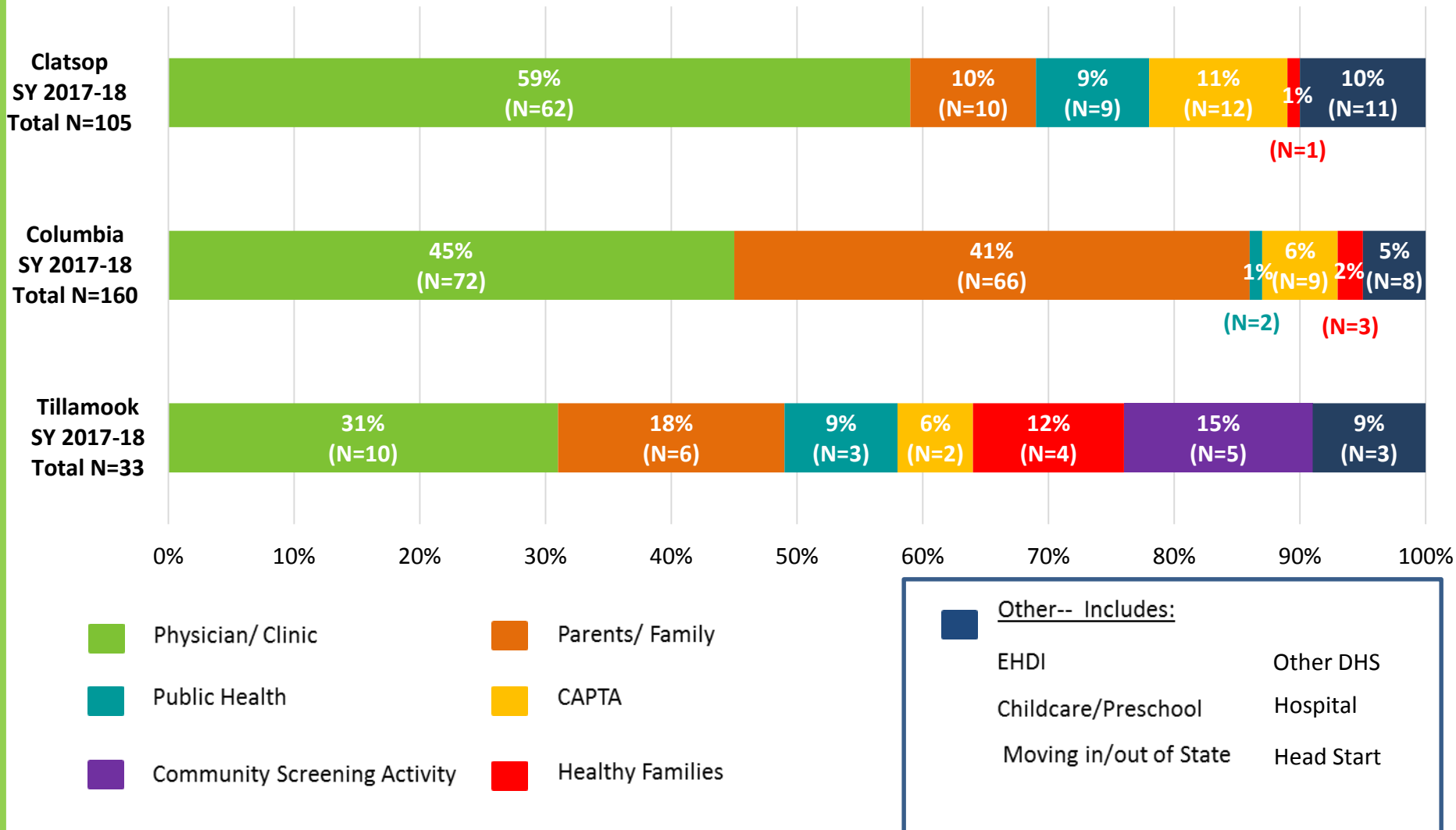


- Physician/ Clinic
- Parents/ Family
- Public Health
- CAPTA
- Community Screening Activity
- Healthy Families

- Other-- Includes:
- EHDI
 - Childcare/Preschool
 - Hospital
 - Moving in/out of State
 - Head Start
 - Other DHS

Early Intervention - Existing EcWeb Data

Clatsop, Columbia, Tillamook Counties: EI Referrals by Referral Source As Documented in EC Web in 17-18



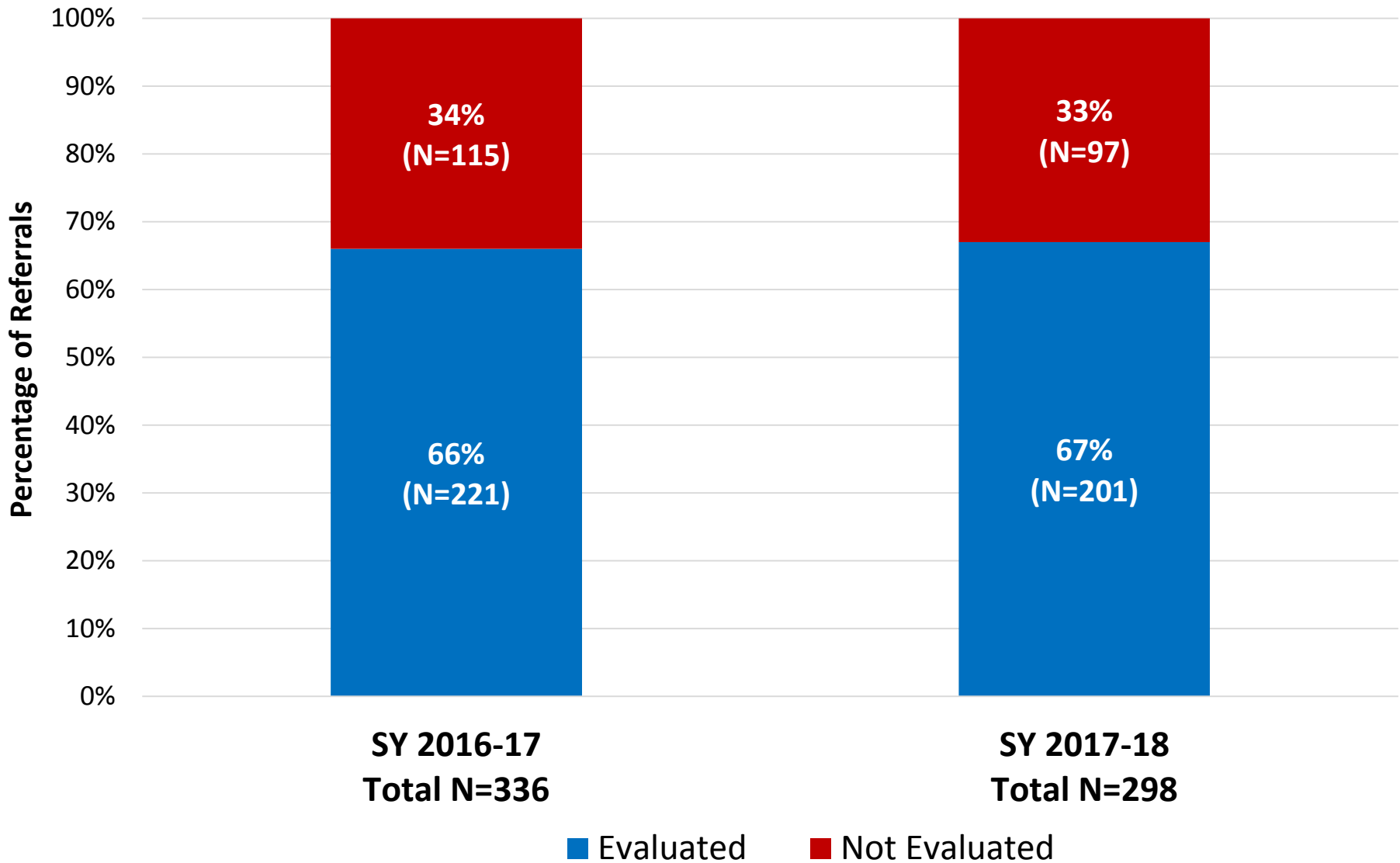
Early Intervention - Existing EcWeb Data

Since the Project Started

#1: Indication of Follow-Up to Developmental Screening

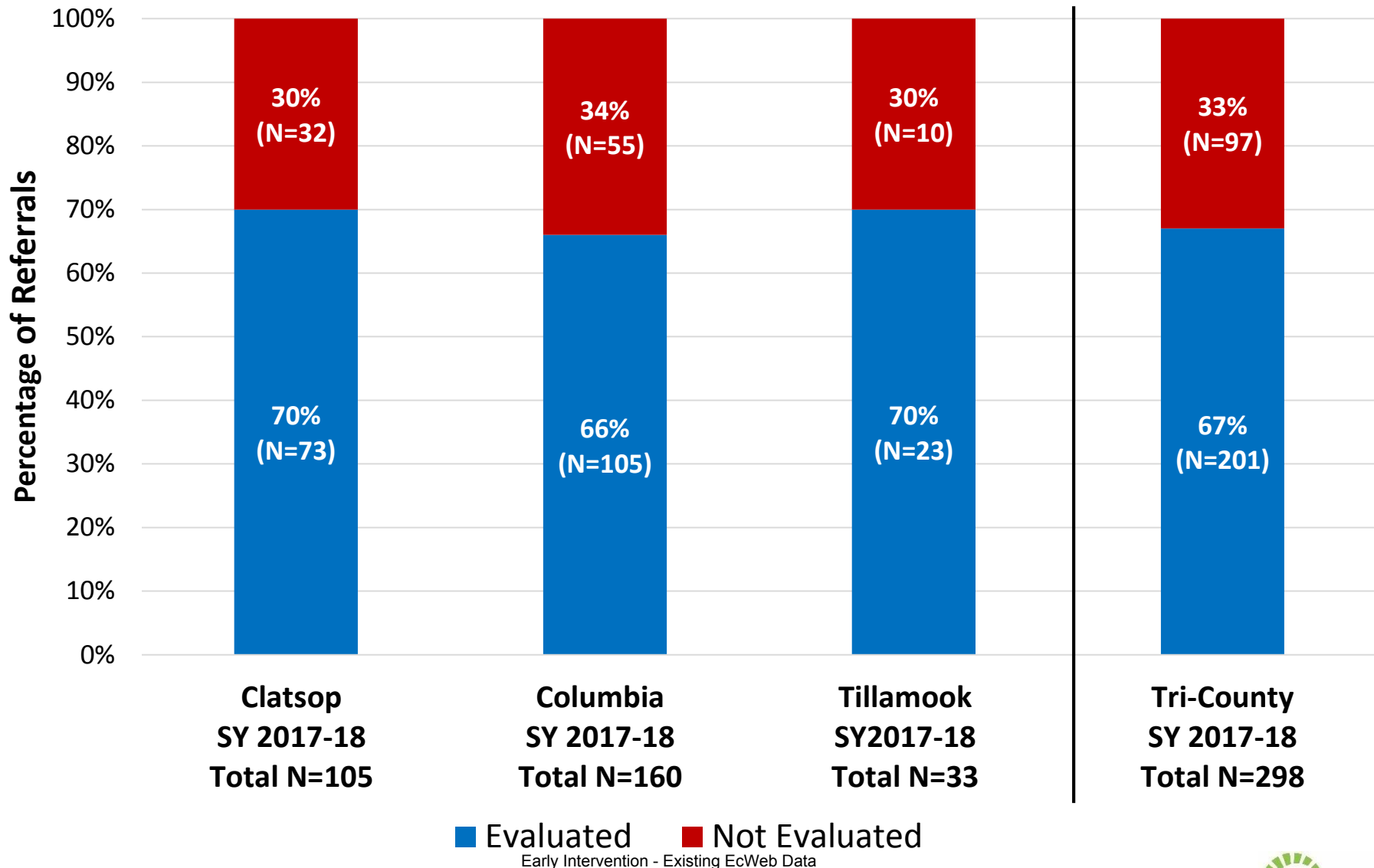
- Child find rates
- Numbers of Referrals
- Number of Referrals Able to be Contacted AND Evaluated
- Outcome of referrals (Eligible, Ineligible)

Tri-County Referrals Able to be Contacted and Evaluated: Across SY 2016-17 and SY 2017-18

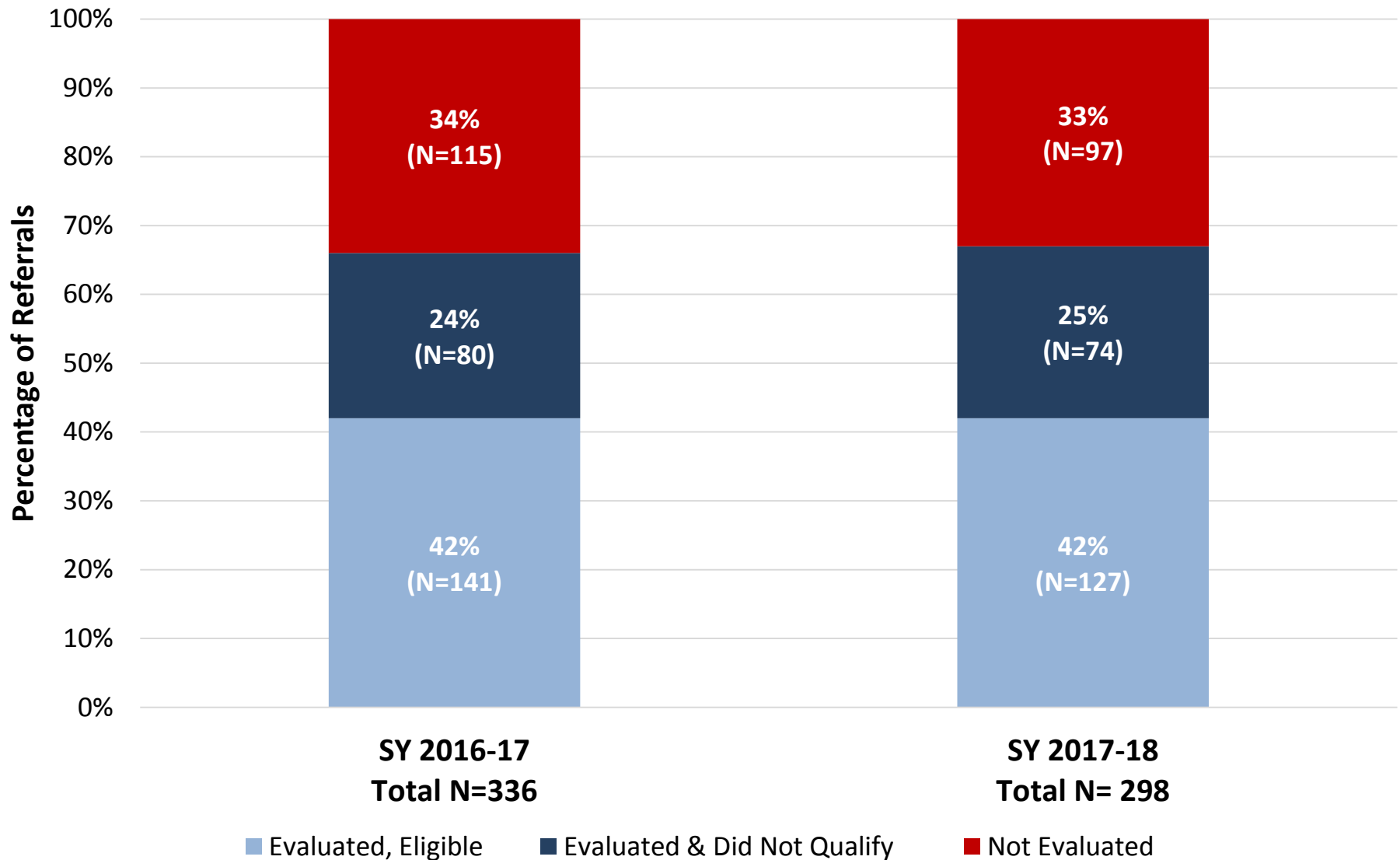


Early Intervention - Existing EcWeb Data

Clatsop, Columbia, Tillamook Counties, and Tri-County: Referrals Able to be Contacted and Evaluated in SY 2017-18



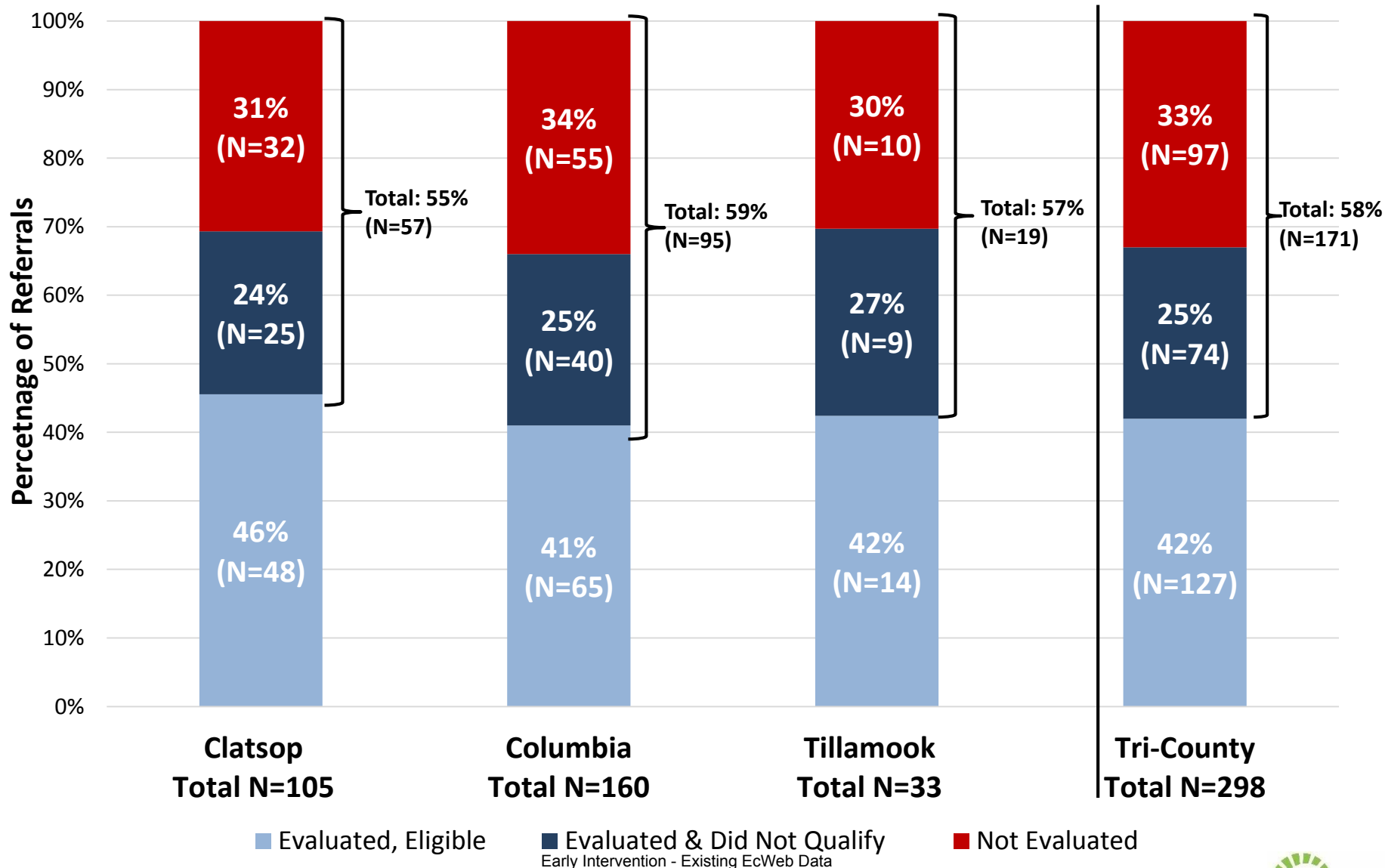
Tri-County Referral Outcomes: Across SY 2016-17 and 2017-18



Early Intervention - Existing EcWeb Data

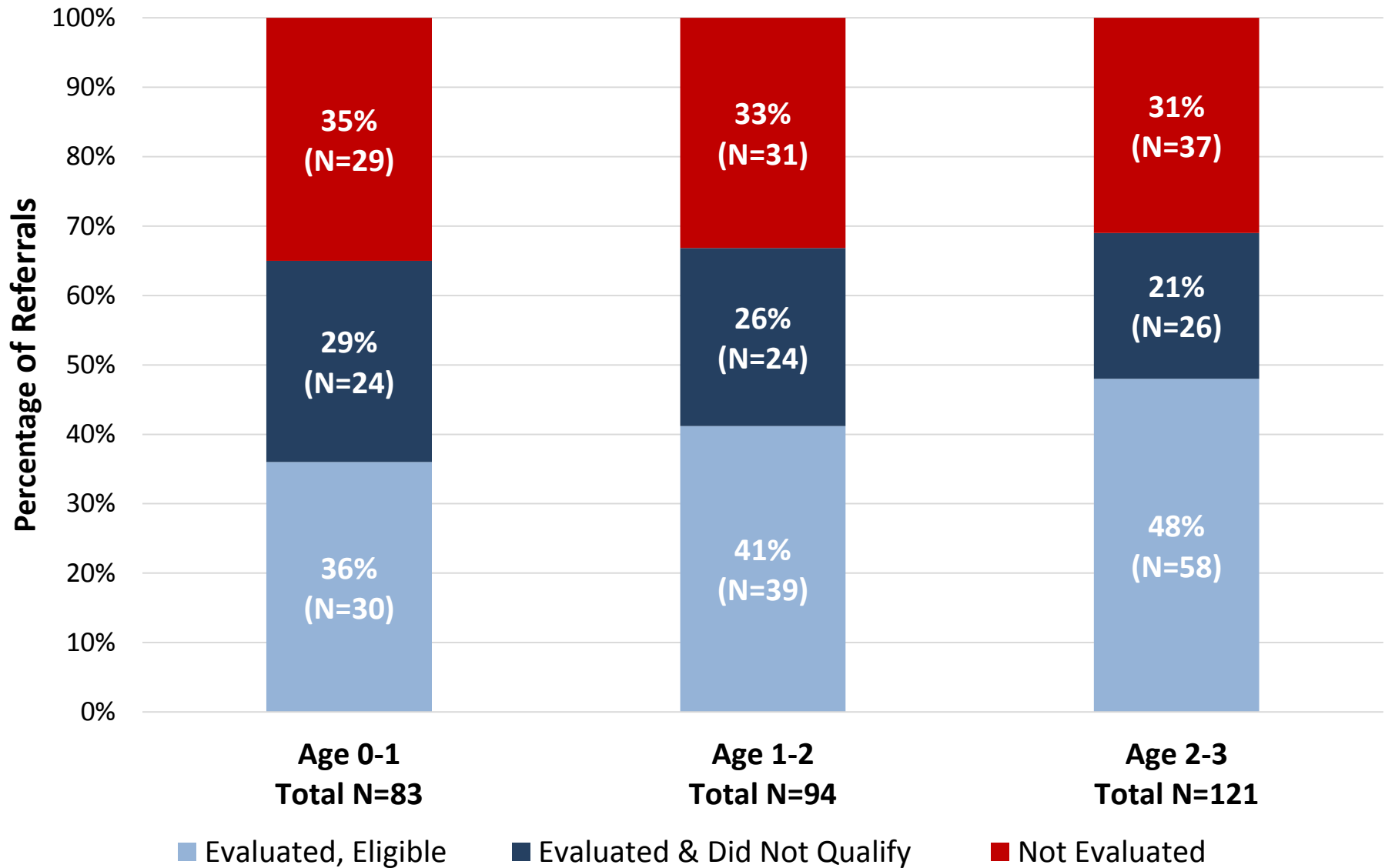
Data Source: Provided by NWRESD from Data Available in ECWeb, October 2018

Referral Outcomes Across the Clatsop, Columbia, Tillamook Counties, and Tri-County: SY 2017-18



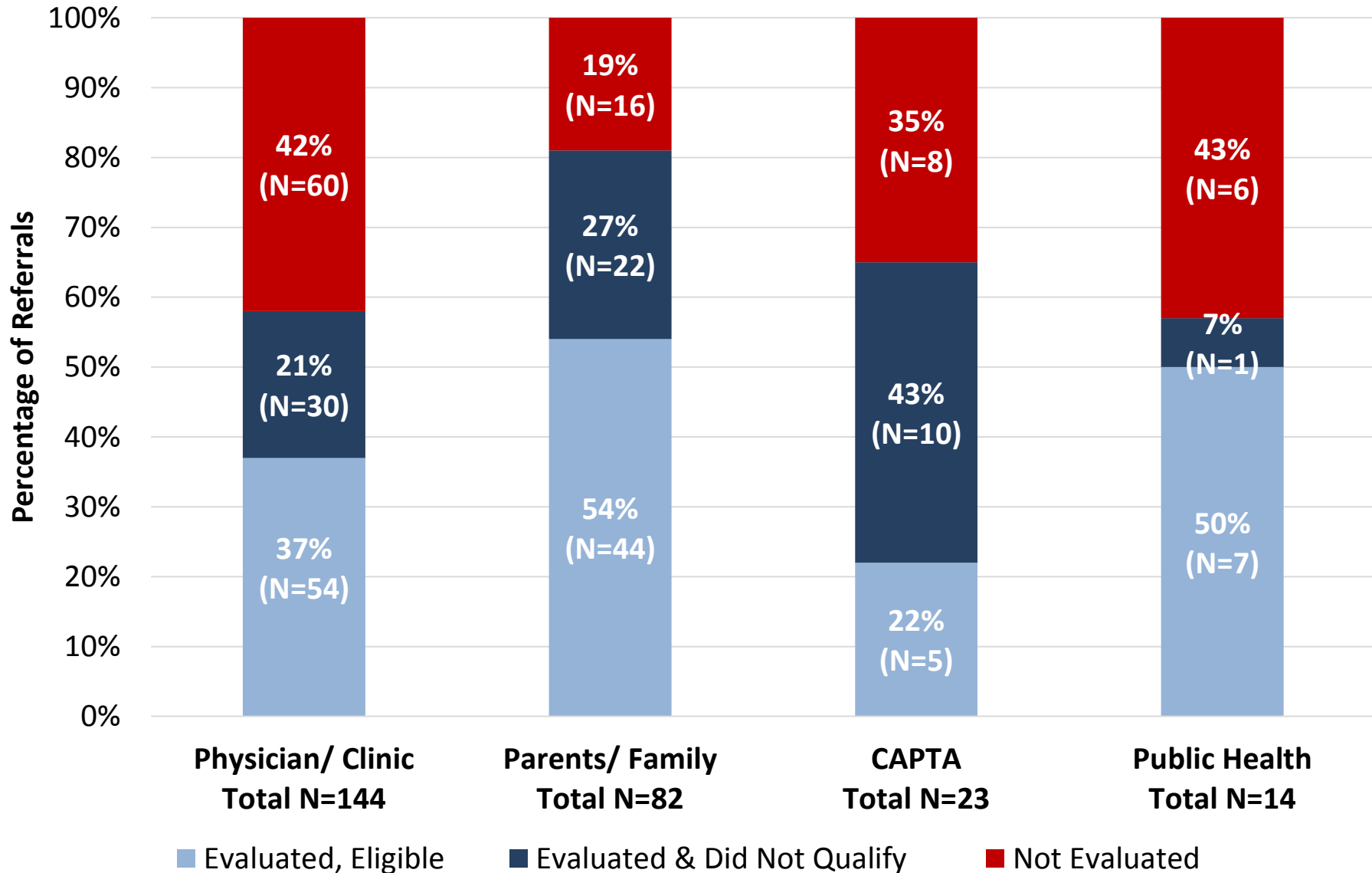
Data Source: Provided by NWRES D from Data Available in ECWeb, October 2018

Referral Outcomes By Age in SY 2017-18 in Tri-County



Early Intervention - Existing EcWeb Data

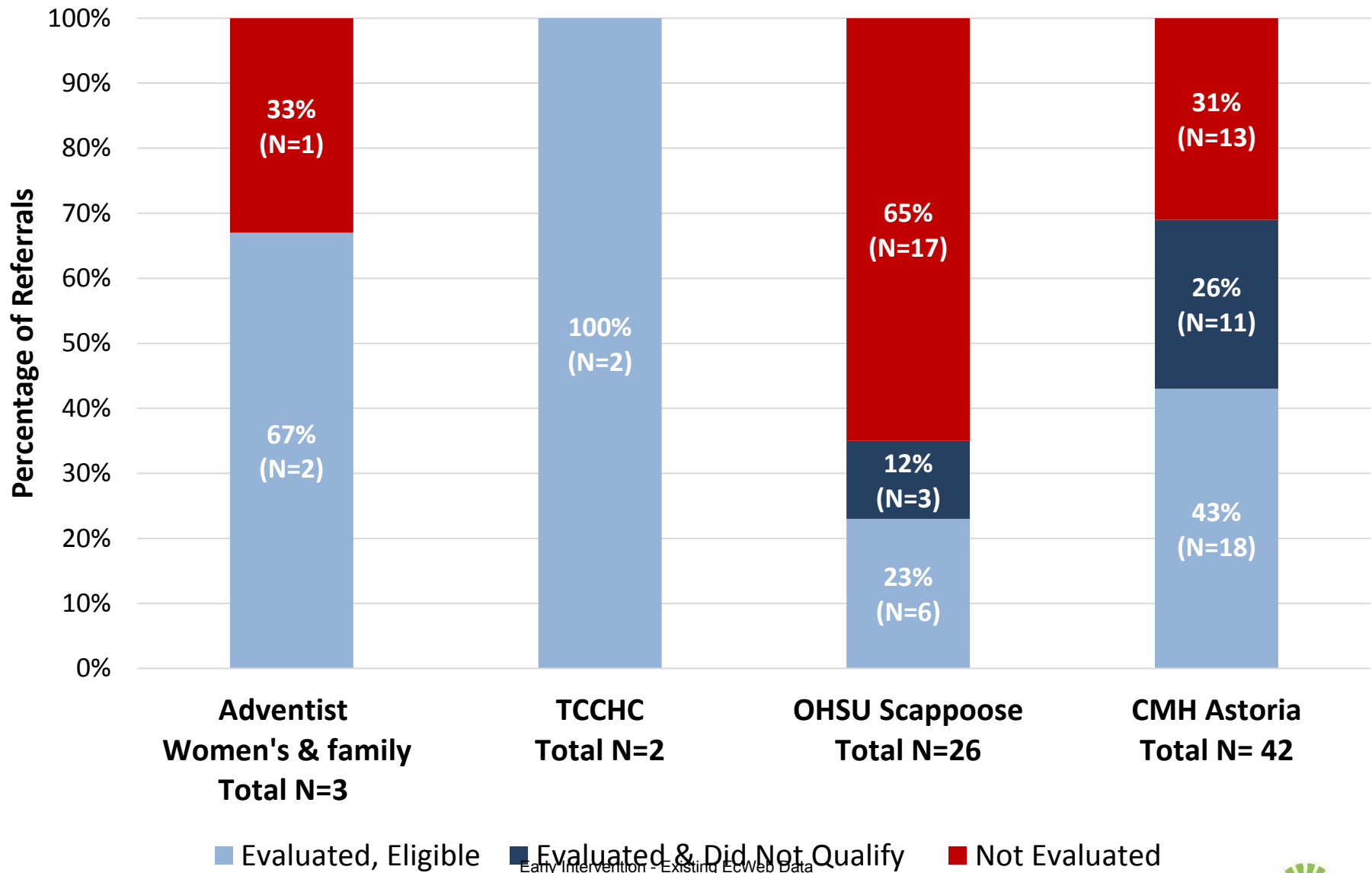
Outcomes of Evaluation in Tri-County By Top Referral Sources SY 17-18



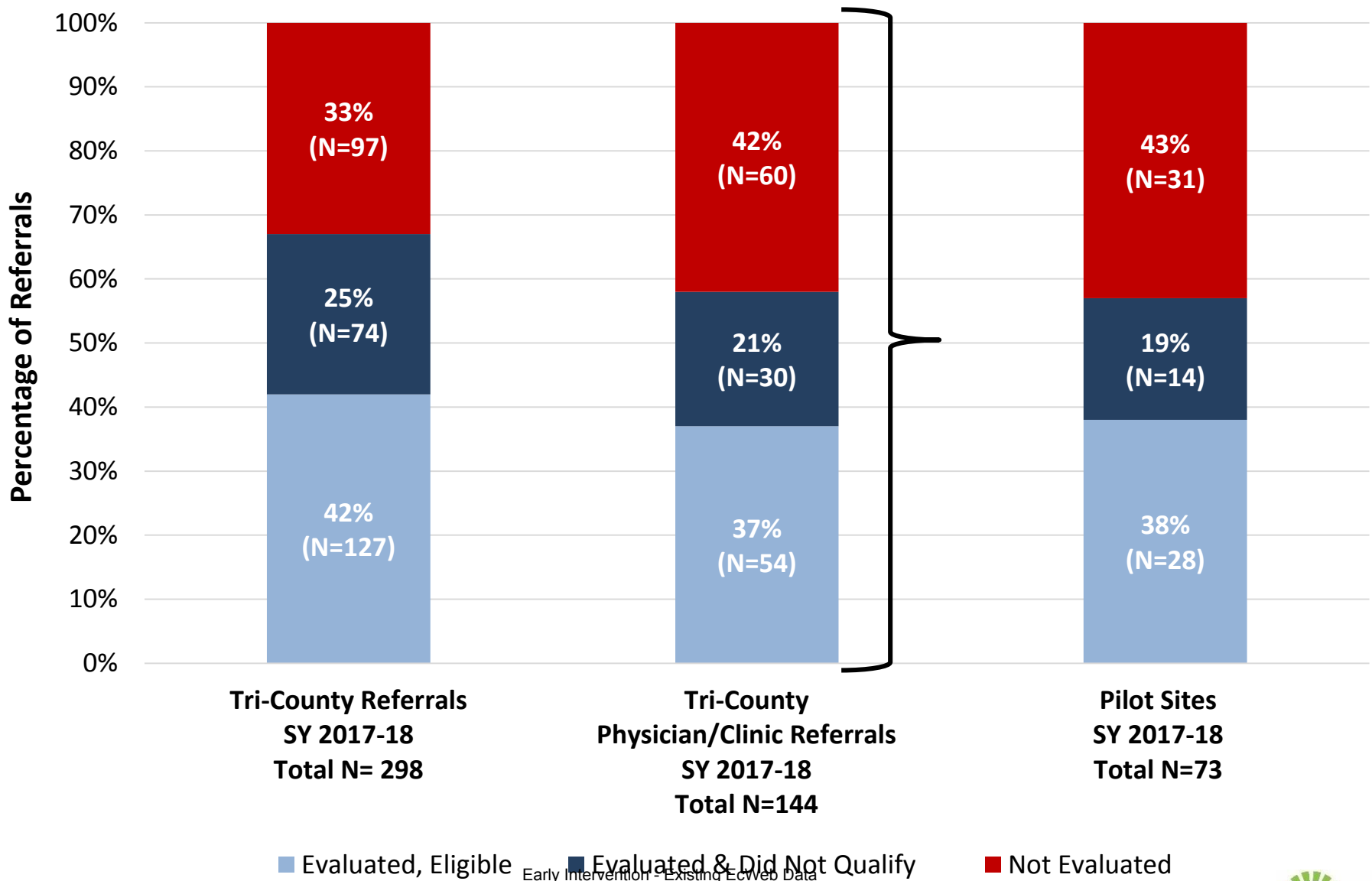
Early Intervention - Existing EcWeb Data

Data Source: Provided by NWRESD from Data Available in ECWeb, October 2018

Referral Outcomes by Pilot Site in SY 2017-18



Referral Outcomes by Pilot Site in SY 2017-18





Early Intervention Tools

The tools presented in this document are resources that providers can use to enhance their communication and coordination with Early Intervention (EI)/Early Childhood Special Education (ECSE).

In 2017, updates were made to the Universal Referral Form based on collective feedback from a pilot project facilitated in partnership between OPIP and Willamette Education Service District (WESD).

The goals of the updates were to:

1. Help facilitate improved communication between EI/ECSE and the referred family
2. Streamline communication between referring providers and EI/ECSE
3. Support enhanced timely communication so that PCPs can assist with outreach and engagement of families
4. Inform follow-up steps for EI ineligible and EI eligible

Completing the referral form to fidelity will enhance communication and coordination between Early Intervention and the referring entity.

Version of Universal Referral Form can be found on the Oregon Department of Education website here: <https://www.oregon.gov/ode/studentsandfamily/SpecialEducation/earlyintervention/Pages/default.aspx>

List of Examples Provided:

- Updated Universal Referral Form
- Example of Service Summary

**Please note: The tools and resources presented in this appendix are models that were developed for the context of this pilot project within this specific community. These models may be adapted for other communities, however they should not and are not intended to be a replacement of Medical Advice. For questions or clarification about these tools, please contact OPIP staff at: OPIP@ohsu.edu*

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

- Family contacted on ____/____/____ The child was evaluated on ____/____/____ and was found to be:
 Eligible for services Not eligible for services at this time, referred to: _____
 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](#).

MEDICAL CONDITION STATEMENT FOR EARLY INTERVENTION ELIGIBILITY (BIRTH TO AGE 3)

Date: _____ Child's Name: _____ Birthdate: _____

The State of Oregon, through the Oregon Department of Education (ODE), provides Early Intervention (EI) services to infants and young children ages birth to three with significant developmental delays. ODE recognizes that disabilities may not be evident in every young child, but without intervention, there is a strong likelihood a child with unrecognized disabilities may become developmentally delayed.

ODE is requesting your assistance in determining eligibility for Oregon EI services for the child named above. Under Oregon law, a physician, physician assistant, or nurse practitioner licensed in by the appropriate State Board can examine a child and make a determination as to whether he or she has a physical or mental condition that is likely to result in a developmental delay.

Please keep in mind that, while many children may benefit from Oregon's EI services, only those in whom significant developmental delays are evident or very likely to develop are eligible.

Thank you for your time and assistance with this matter.

Medical Condition:

Please indicate if this child has a:

- Vision Impairment
- Hearing Impairment
- Orthopedic Impairment

Comments:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	This child has a physical or mental condition that is likely to result in a developmental delay.
--	---------------------------------------	---

Physician/Physician Assistant/Nurse Practitioner

Date

Print Name: _____ Phone: _____

OREGON EI/ECSE CONTACTS

Baker County Phone: 800.927.5847 Fax: 541.276.4252	Douglas County Phone: 541.440.4794 Fax: 541.440.4799	Lake County Phone: 541.947.3371 Fax: 541.947.3373	Sherman County Phone: 541.238.6988 Fax: 541.384.2752
Benton County Phone: 541.753.1202 x106 877.589.9751 Fax: 541.753.1139	Gilliam County Phone: 541.238.6988 Fax: 541.384.2752	Lane County Phone: 541.346.2578 Fax: 541.346.6189	Tillamook County Phone: 503.842.8423 Fax: 503.842.6272
Clackamas County Phone: 503.675.4097 Fax: 503.675.4205	Grant County Phone: 800.927.5847 Fax: 541.276.4252	Lincoln County Phone: 541.574.2240 x101 Fax: 541.265.6490	Umatilla County Phone: 800.927.5847 Fax: 541.276.4252
Clatsop County Phone: 503.338.3368 Fax: 503.325.1297	Harney County Phone: 541.573.6461 Fax: 541.573.1914	Linn County Phone: 541.753.1202 x106 877.589.9751 Fax: 541.753.1139	Union County Phone: 800.927.5847 Fax: 541.276.4252
Columbia County Phone: 503.366.4141 Fax: 503.397.0796	Hood River County Phone: 541.386.4919 Fax: 541.387.5041	Malheur County Phone: 541.372.2214 Fax: 541.473.3915	Wallowa County Phone: 541.927.5847 Fax: 541.276.4252
Coos County Phone: 541.269.4524 Fax: 541.269.4548	Jackson County Phone: 541.494.7800 Fax: 541.494.7829	Marion County Phone: 503.385.4714 888-560-4666 x4714 Fax: 503.540.2959	Warm Springs Phone: 541.553.3241 Fax: 541.553.3379
Crook County Phone: 541.693.5630 Fax: 541.693.5661	Jefferson County Phone: 541.693.5740 Fax: 541.475.5337	Morrow County Phone: 800.927.5847 Fax: 541.276.4252	Wasco County Phone: 541.296.1478 Fax: 541.296.3451
Curry County Phone: 541.269.4524 Fax: 541.269.4548	Josephine County Phone: 541.956.2059 Fax: 541.956.1704	Multnomah County Phone: 503.261.5535 Fax: 503.894.8229	Washington County English: 503.614.1446 Spanish: 503.614.1299 Fax: 503.614.1290
Deschutes County Phone: 541.312.1195 Fax: 541.693.5661	Klamath County Phone: 541.883.4748 Fax: 541.850.2770	Polk County Phone: 503.385.4714 888-560-4666 x4714 Fax: 503.540.2959	Wheeler County Phone: 541.238.6988 Fax: 541.384.2752
			Yamhill County Phone: 503.385.4714 888-560-4666 x4714 Fax: 503.540.2959

EI/ECSE contact information also available at this Oregon Department of Education [web page](#).

or please call 1-800-SafeNet

SOUTHWEST WASHINGTON EI/ECSE CONTACTS

(NOTE: EI/ECSE Program Requirements differ in each state; please contact these offices for Washington Requirements)

Clark County Phone: 360.896.9912 ext.170 Fax: 360.892.3209	Cowlitz County Phone: 360.425.9810 Fax: 360.425.1053	Klickitat County Phone: 360.921.2309 Fax: 509.493.2204	Skamania County Phone: 509.427.3865 Fax: 509.427.4430
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Early Intervention/Early Childhood Special Education (EI/ECSE) Referral Form for Providers* Birth to Age 5

CONSENT FOR USE OR DISCLOSURE OF HEALTH INFORMATION BETWEEN HEALTHCARE PROVIDERS and EARLY INTERVENTION

Information for Parents

This consent for release of information authorizes the disclosure and/or use of your child's health information from your child's health care provider to the Early Intervention/Early Childhood Special Education (EI/ECSE) program. This consent form also authorizes the disclosure of developmental and educational information from the Early Intervention/Early Childhood Special Education program to your child's health care provider.

Why is this consent form important?

Your child's health care provider sees your child at well-child screening visits and for medical treatment. Sometimes your child's health care provider may see the need for more information, like evaluation or follow up by other specialists, to identify your child's special health care needs. The Early Intervention/Early Childhood Special Education (EI/ECSE) program can be a resource to help identify your child's needs. The primary goal of this consent form is to allow communication between your child's health care provider and EI/ECSE programs so these providers can work together to help your child.

Why am I asked to sign a consent on this form?

The consent allows your child's health care provider to share information about your child with EI/ECSE, and allows EI/ECSE to share information about your child with your health care provider. Your consent for the release of information allows your child's health care provider and EI/ECSE communicate with one another to ensure your child gets the care your child needs. However, as your child's parent or legal guardian you may refuse to give consent to this release of information.

How will this consent be used?

This consent form will follow your child as he/she is screened and/or evaluated at EI/ECSE. The information generated by this release will become a part of your child's medical and educational records. Information will be shared with only individuals working at or with EI/ECSE or the office of your child's health care provider for the purpose of providing safe, appropriate and least restrictive educational settings and services and for coordinating appropriate health care.

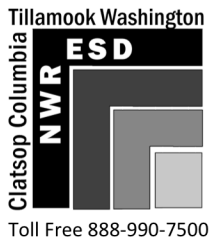
How long is the consent good for?

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

What are my rights?

You have the following rights with respect to this consent:

- You may revoke this consent at anytime.
- You have the right to receive a copy of the Authorization.



NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT Early Intervention/Early Childhood Special Education

Clatsop Service Center

3194 Marine Drive
Astoria, OR 97103
Phone: 503-325-2862
Fax: 503-325-1297

Columbia Service Center

800 Port Avenue
St. Helens, OR 97051
Phone: 503-366-4100
Fax: 503-397-0796

Tillamook Service Center

2515 Third Street
Tillamook, OR 97141
Phone: 503-842-8423
Fax: 503-842-6272

Washington Service Center

5825 NE Ray Circle
Hillsboro, OR 97124
Phone: 503-614-1428
Fax: 503-614-1290

Date: 08/03/18

Service Summary

Child's Name: _____ Birthdate: _____

CHILD was found eligible for Early Intervention services on: 08/03/18.

She was found eligible under the category:
Developmental Delay

As required under Oregon law, she will be evaluated again before 10/03/19 to determine if she is eligible for Early Childhood Special Education Services.

A new Individual Family Service Plan (IFSP) was developed for CHILD on 08/03/18.

IFSP Goal Areas

Cognitive Social / Emotional Motor Adaptive Communication

Services Provided

Service	How Often	Provider
Service Coordination	12 hours/years	
Physical Therapy	1 hour/year	
Occupational Therapy	1 hour/month	

This form is submitted annually and any time there is a change in services. Please contact Tina Weeks 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.*

Electronically signed by Michelle Rodriguez on 08/03/18.NAME

,NAME EI/ECSE Specialist, NWRES D (503)XXX-XXXX

Using Data to Inform Our Discussions and Proposed Priority Areas to Focus Our Community-Based QI Project:



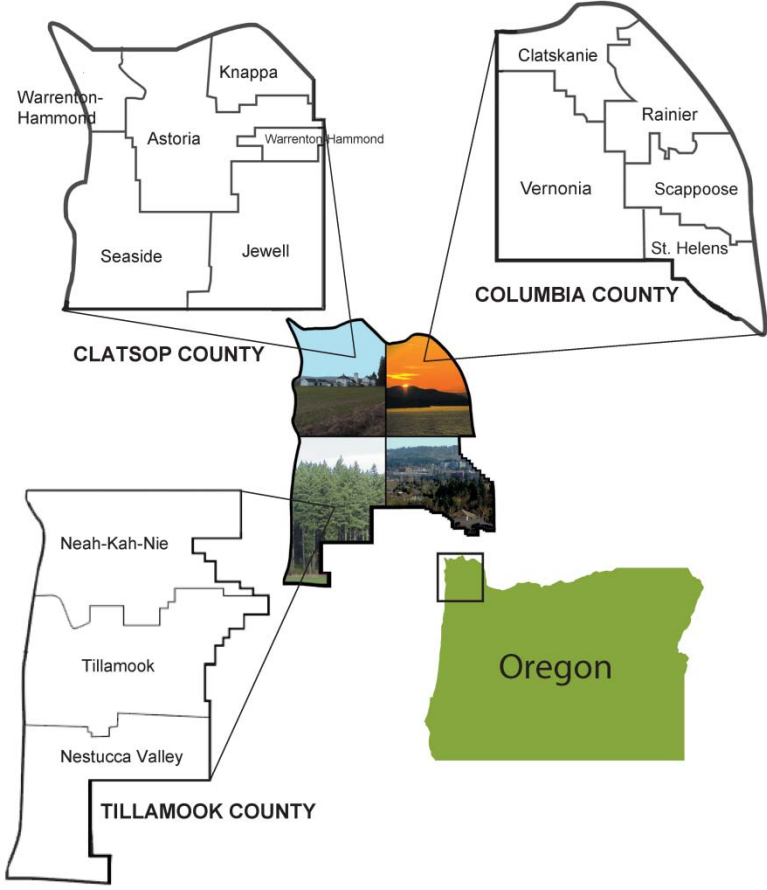
CPCCO Administrative Data

Examining Quantitative Data to Understand The Pathway of Screening to Services for Young

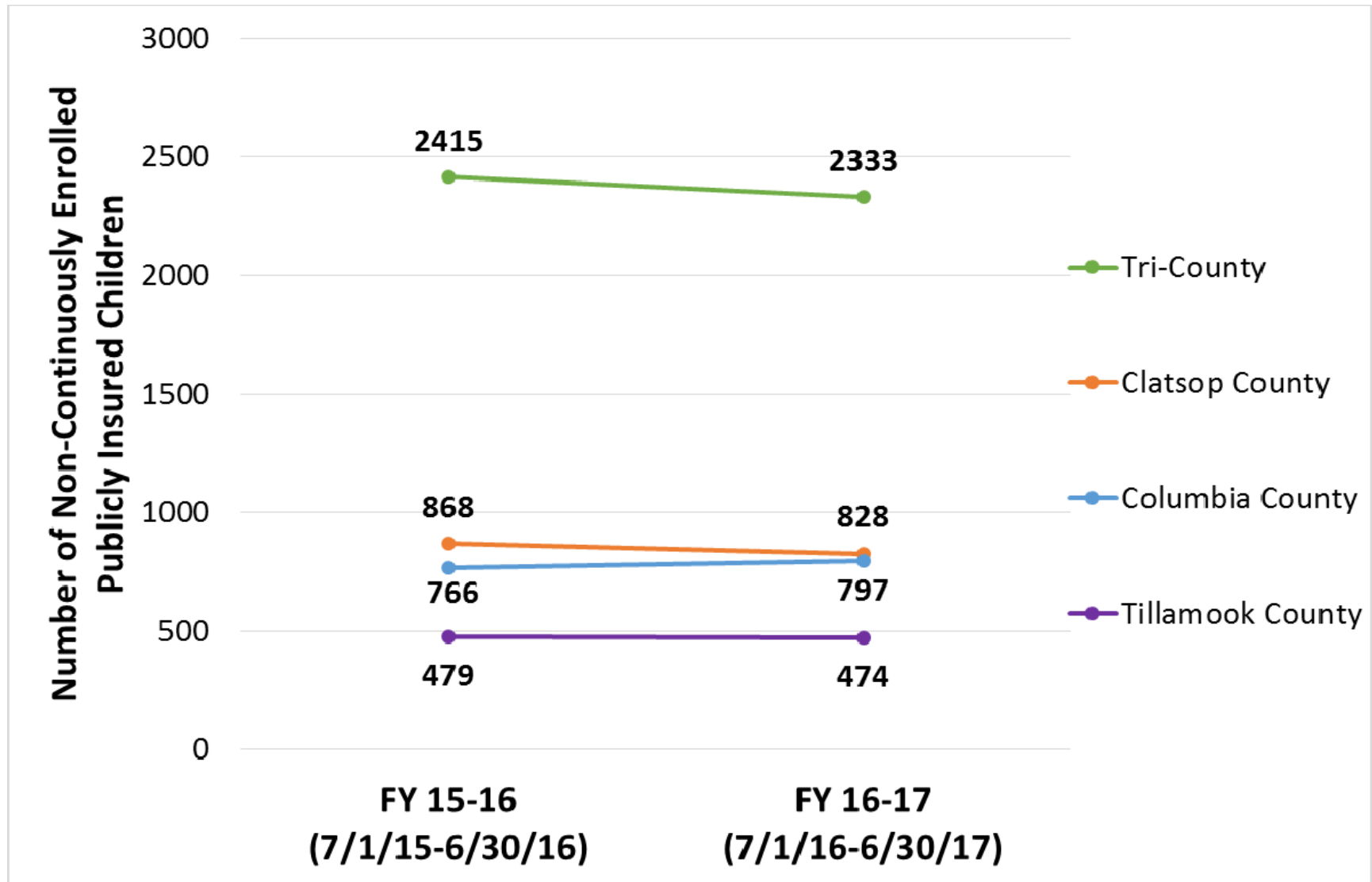
- **Population of Focus for the Project: Children 0-3 identified on developmental screening tools as at-risk for developmental, behavioral or social delays**
Data
- **Data Available That will be Examined**
 1. **Census Data – How many children 0-3**
 2. **Columbia Pacific Coordinated Care Organization (CPCCO) for Publicly Insured (Funder)**
 - Children covered, Continuously enrolled
 - Children who have a visit
 - Children who receive a developmental screening, according to claims submitted
 3. **Primary Care Practice Data: Examples from Pilot Site Data Collected to Date**
 - Children practice identifies as their patient
 - Children who received a developmental screening
 - Children identified at-risk on developmental screen
 - Children identified at-risk who received follow-up
 4. **Early Intervention: According to Bright Futures Data, A Referral for All Children Identified At-Risk (A Pilot Site)**
 - Referrals
 - Referred children able to be evaluated
 - Of those evaluated, eligibility
 5. **Early learning providers (Tracking data will be collected for pilot sites to evaluate pilot)**

Children 0-3 in Tri-Counties

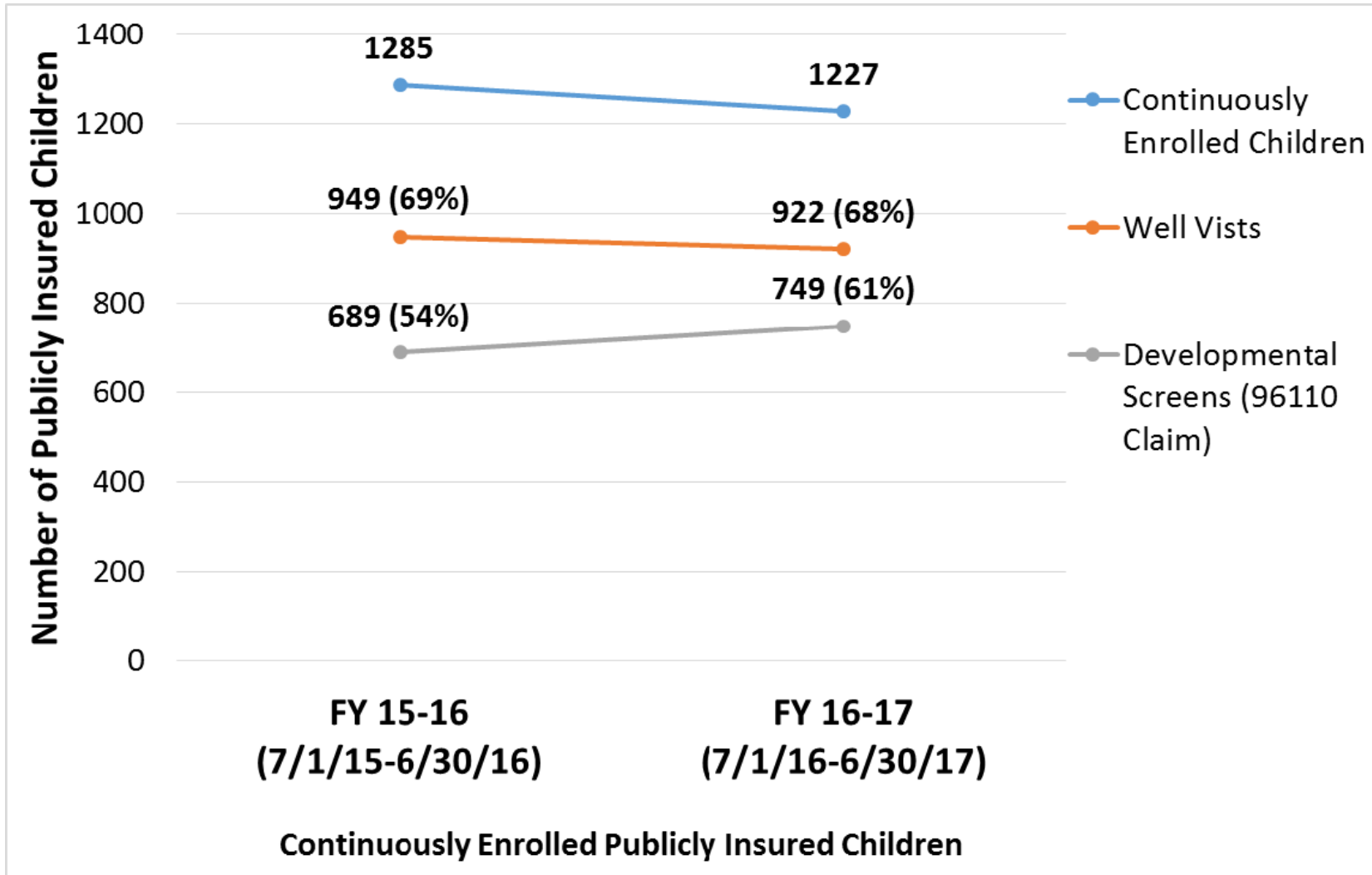
	Total Children 0-3	Children Covered by CPCCO	Of those: Children Continuously Enrolled for 12 mths
Clatsop	1,250	828 (66%)	452
Columbia	1,635	797 (49%)	419
Tillamook	655	474 (72%)	280
Total: Tri-County	3,540	2,333 (60%)	1,227



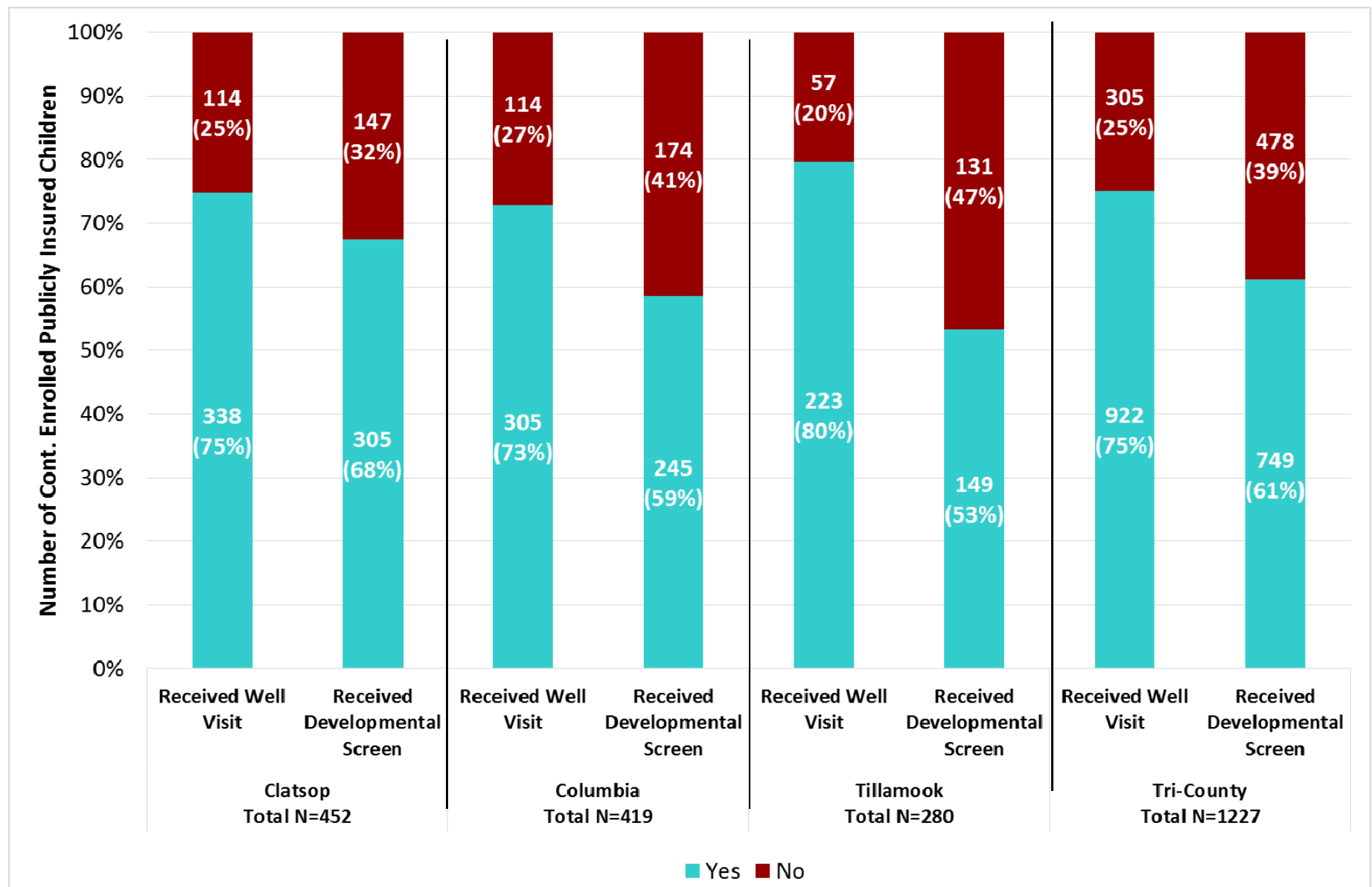
Number of Children 0-3 Publicly Insured in CPCCO (No Continuous Enrollment Requirement)



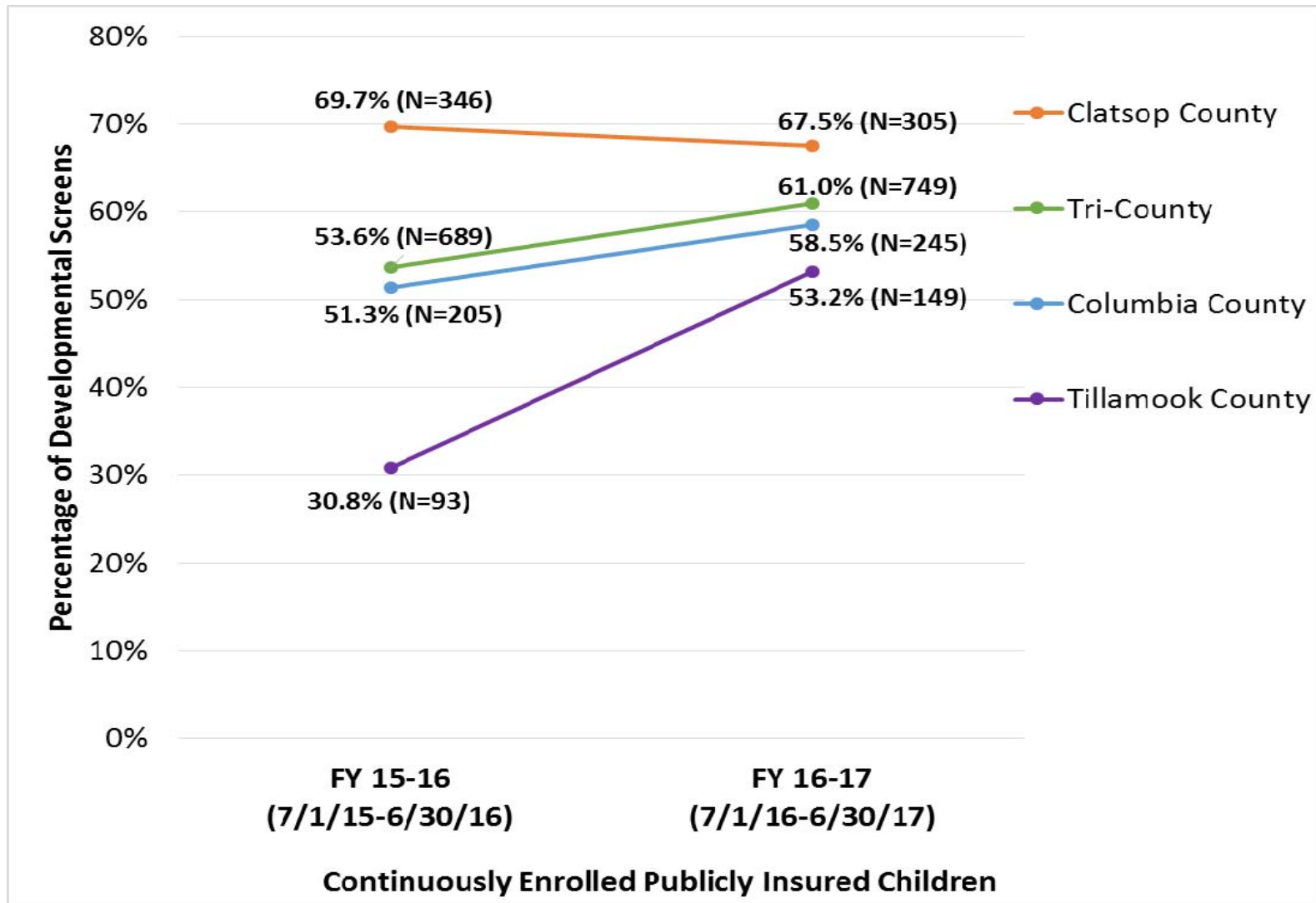
Publicly Insured Children Under Three Years Old: Number Continuously Enrolled – Of those: Proportion Who Received a Well Visit, Developmental Screen (96110 Claim)



Proportion of Continuously Enrolled, Publicly Insured Children Who had a Well-Visit and Developmental Screen in the Last Year



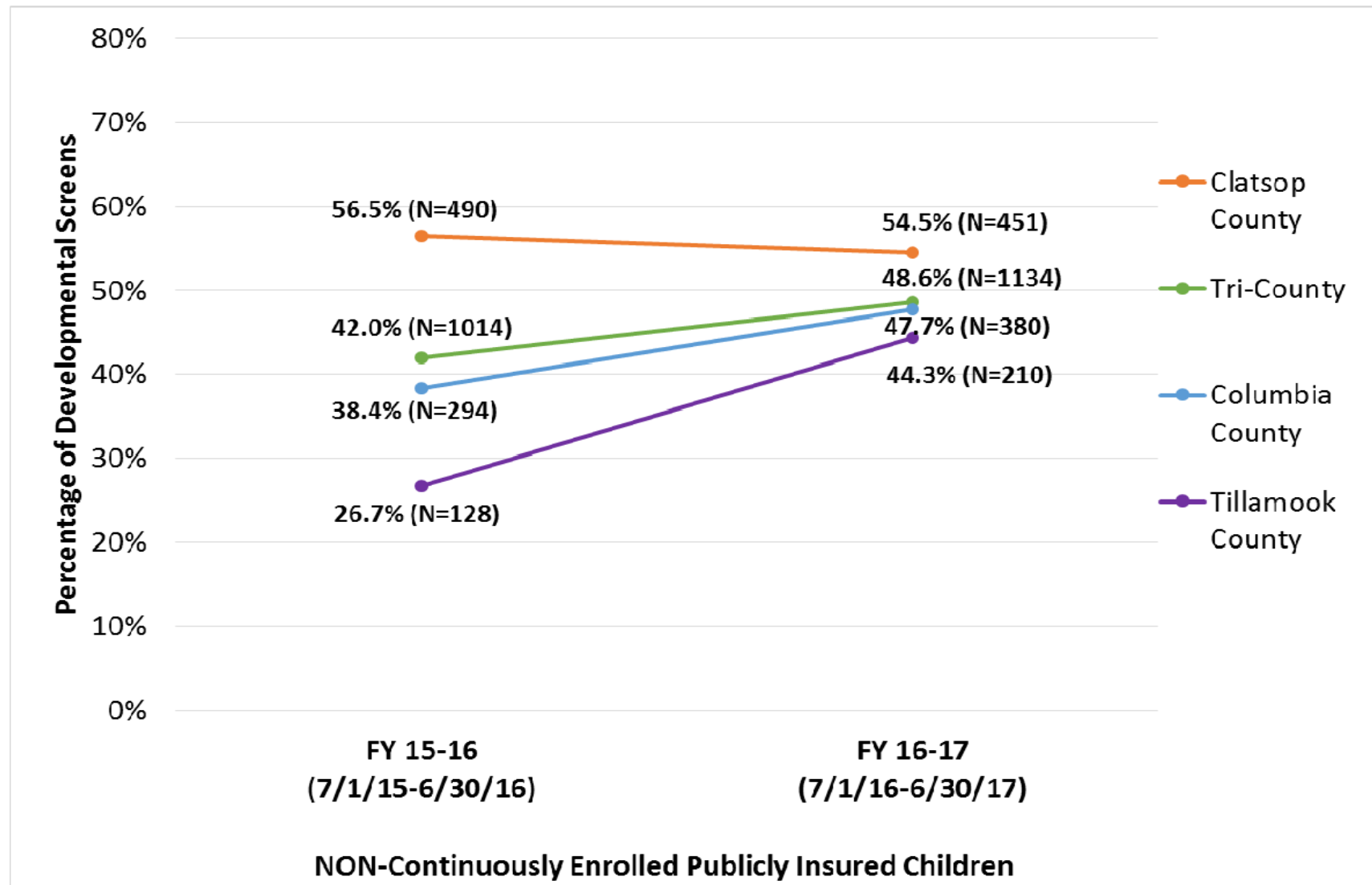
Developmental Screening Rate for the Tri-County CPCCO Regions (Clatsop, Columbia, Tillamook)



Data Source: Provided by CPCCO, October 2017

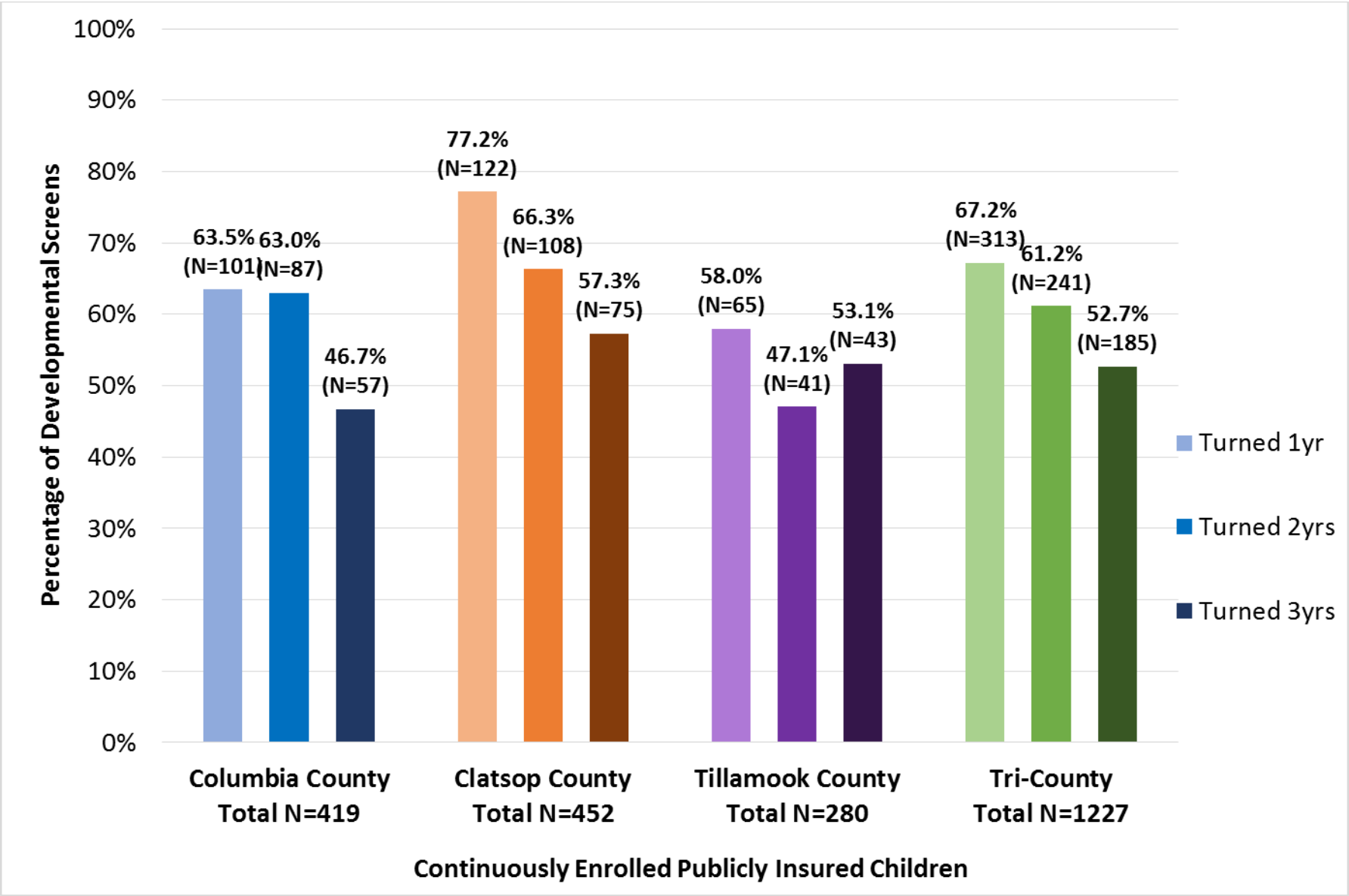


Developmental Screening Rate for the Tri-County CPCCO Region for **NON-Continuously** Enrolled Children

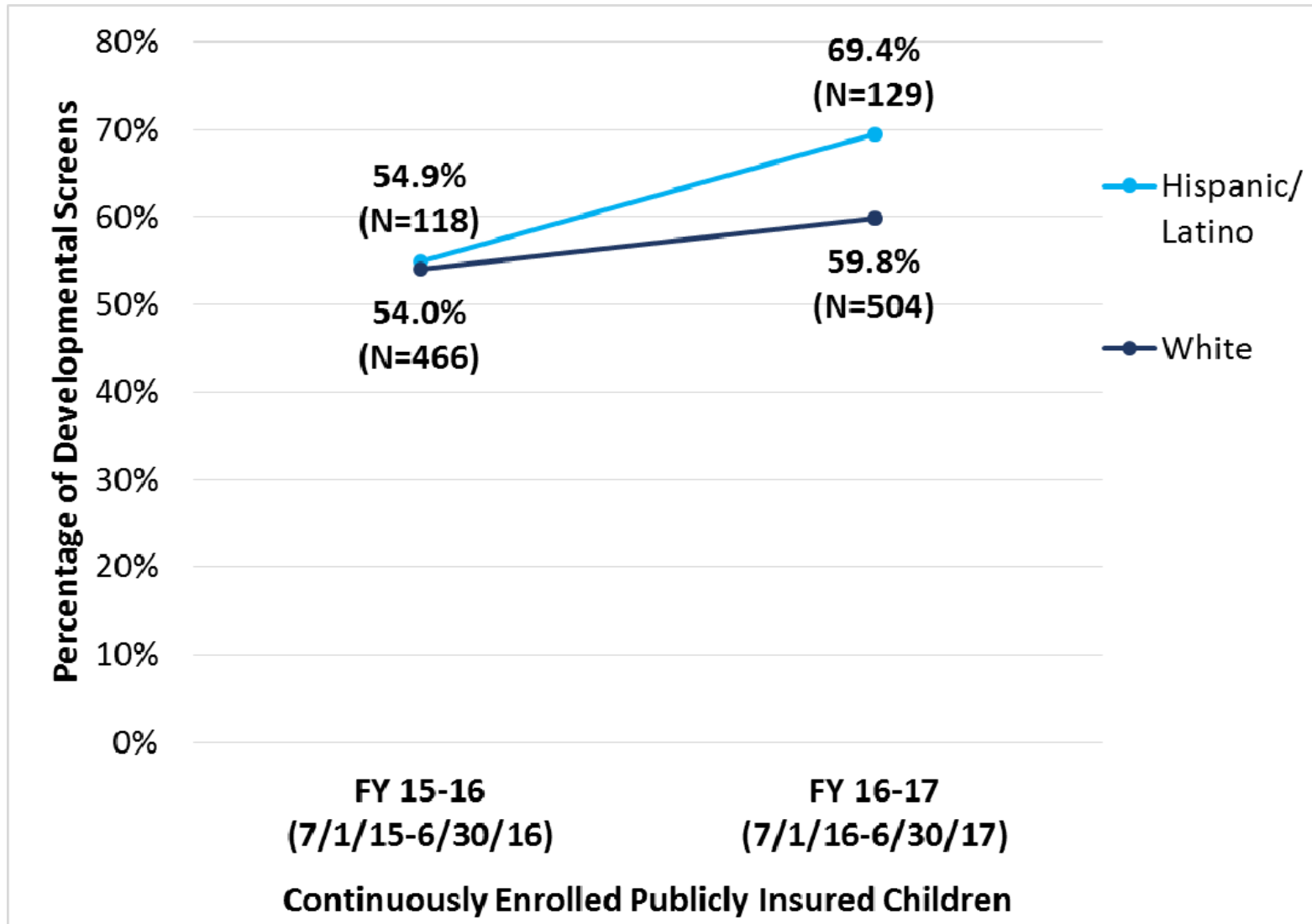


Data Source: Provided by CPCCO, October 2017. Developmental Screens according to 96110 Claims.

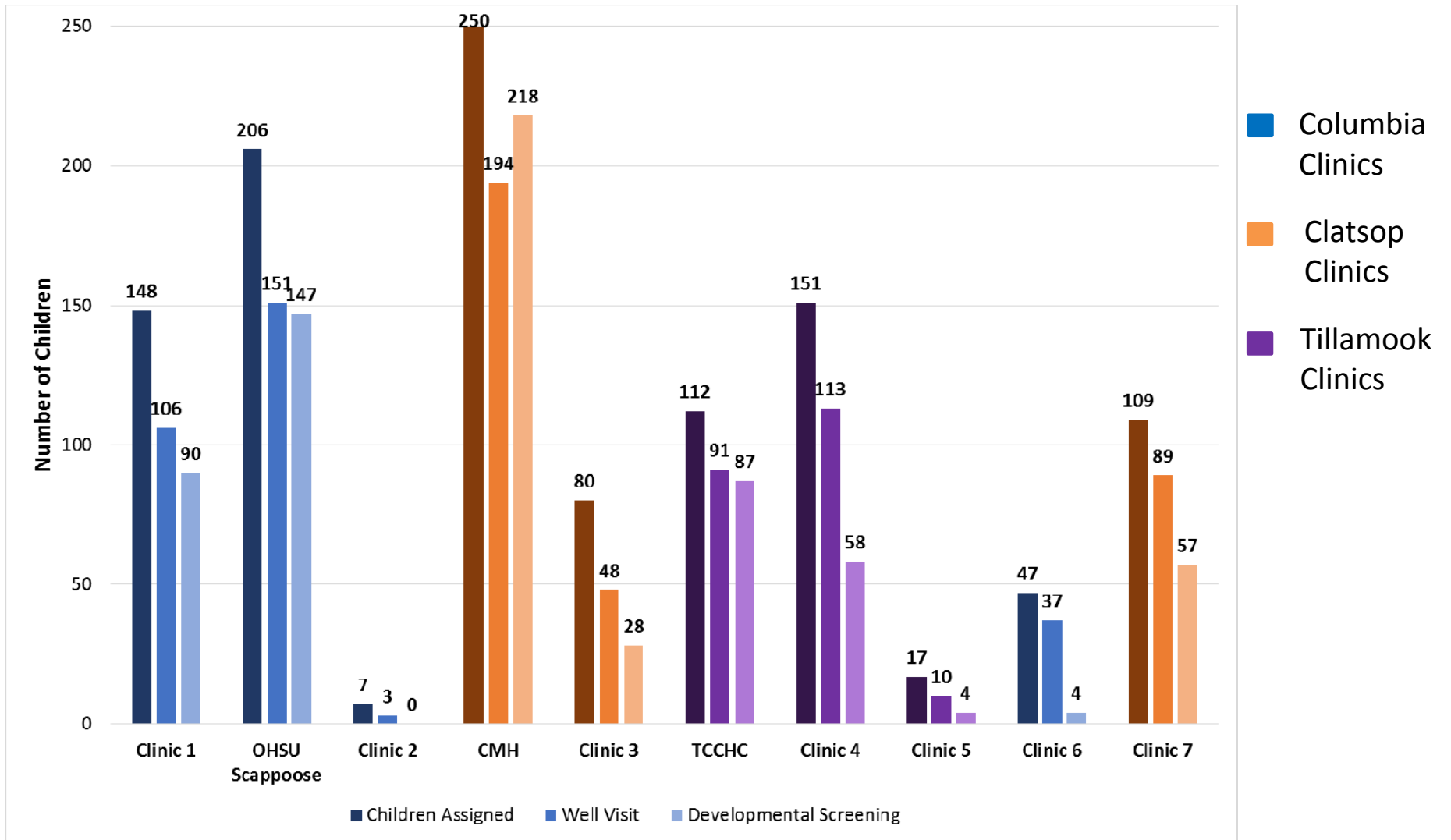
Developmental Screening Rates by Age of Child



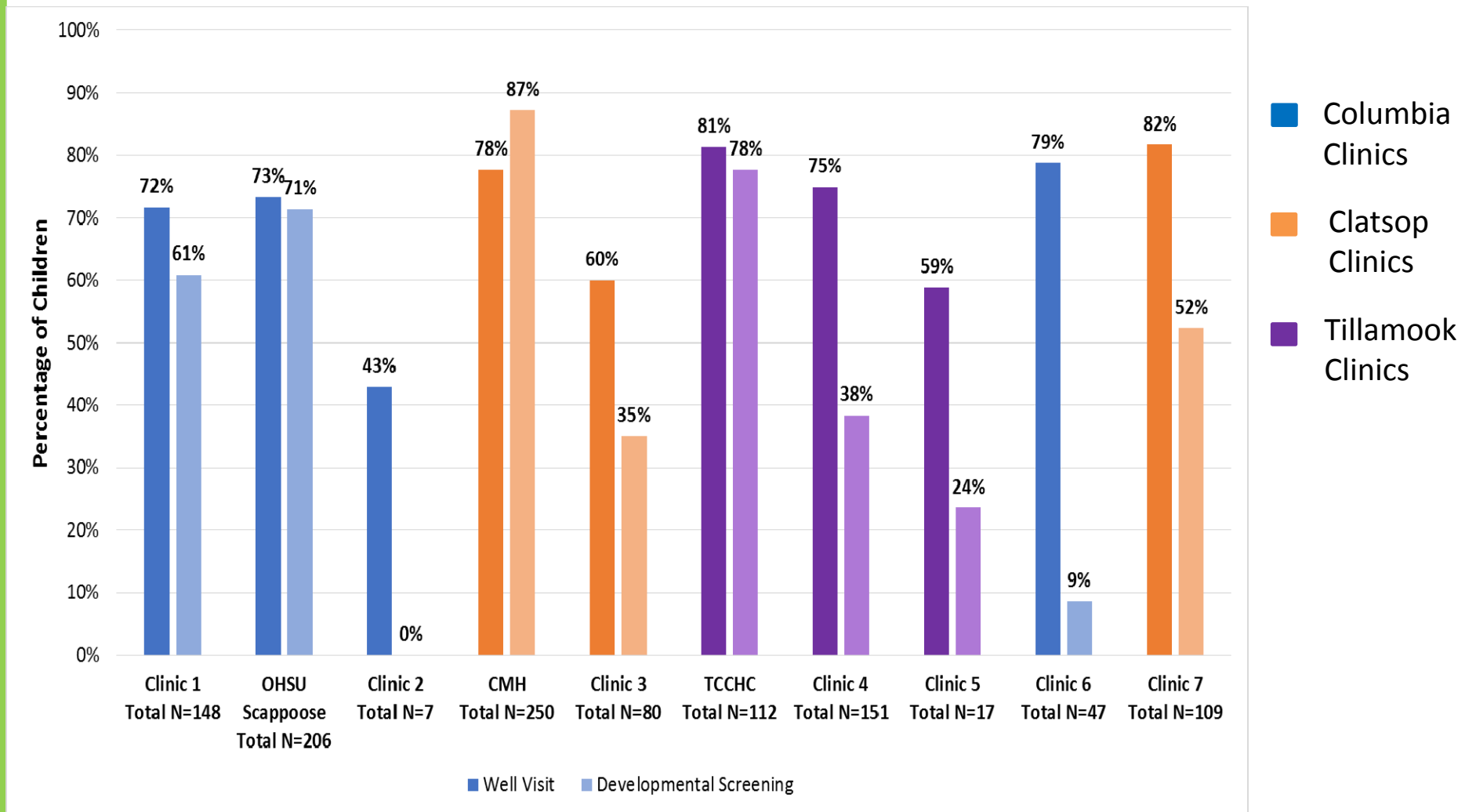
Developmental Screening Rates by Race/Ethnicity – CONTINUOUSLY ENROLLED CHILDREN



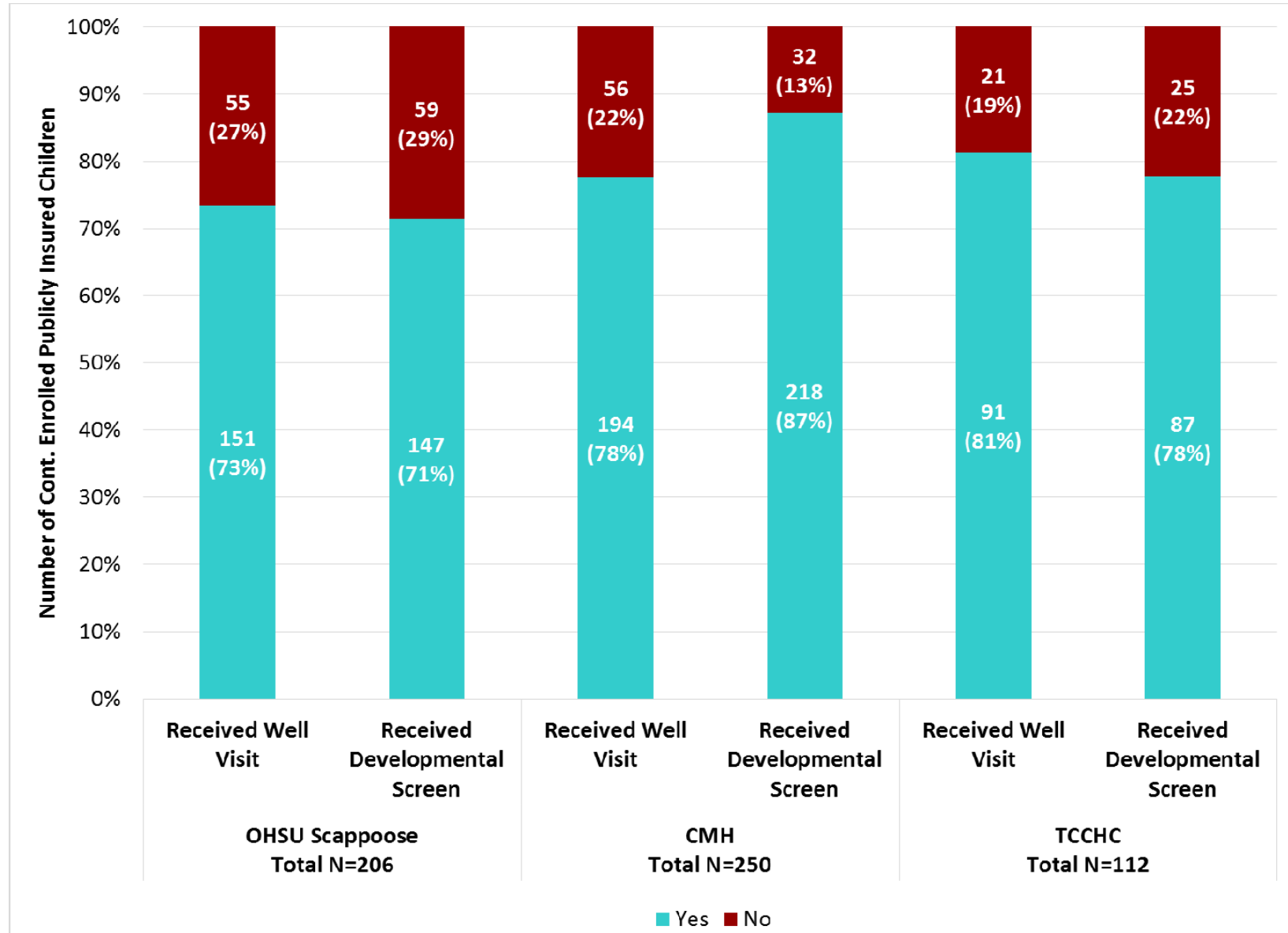
Well Visit & Developmental Screening Rates in CPCCO Clinics in Columbia, Clatsop & Tillamook Counties



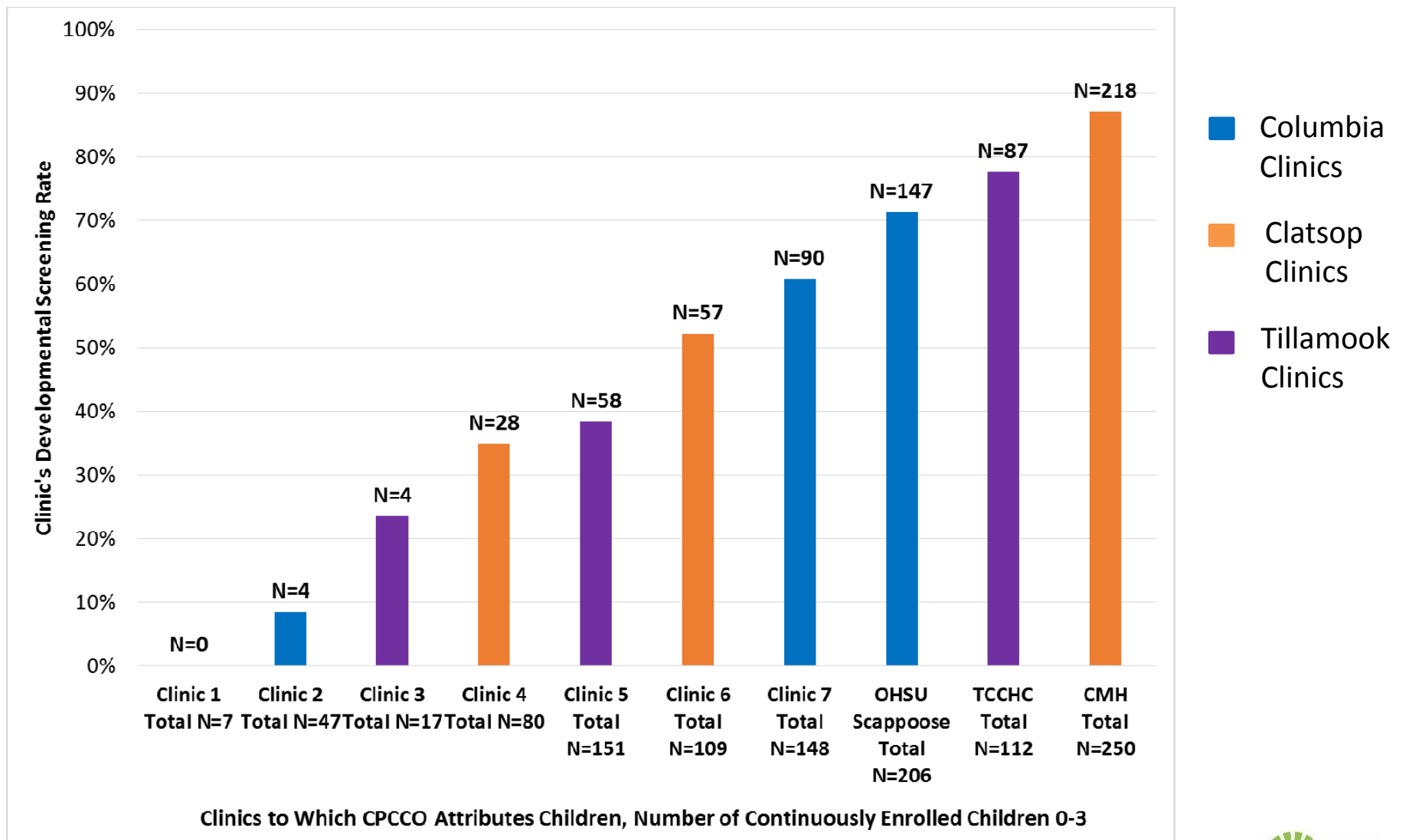
Well Visit & Developmental Screening Rates in CPCCO Clinics in Columbia, Clatsop & Tillamook Counties



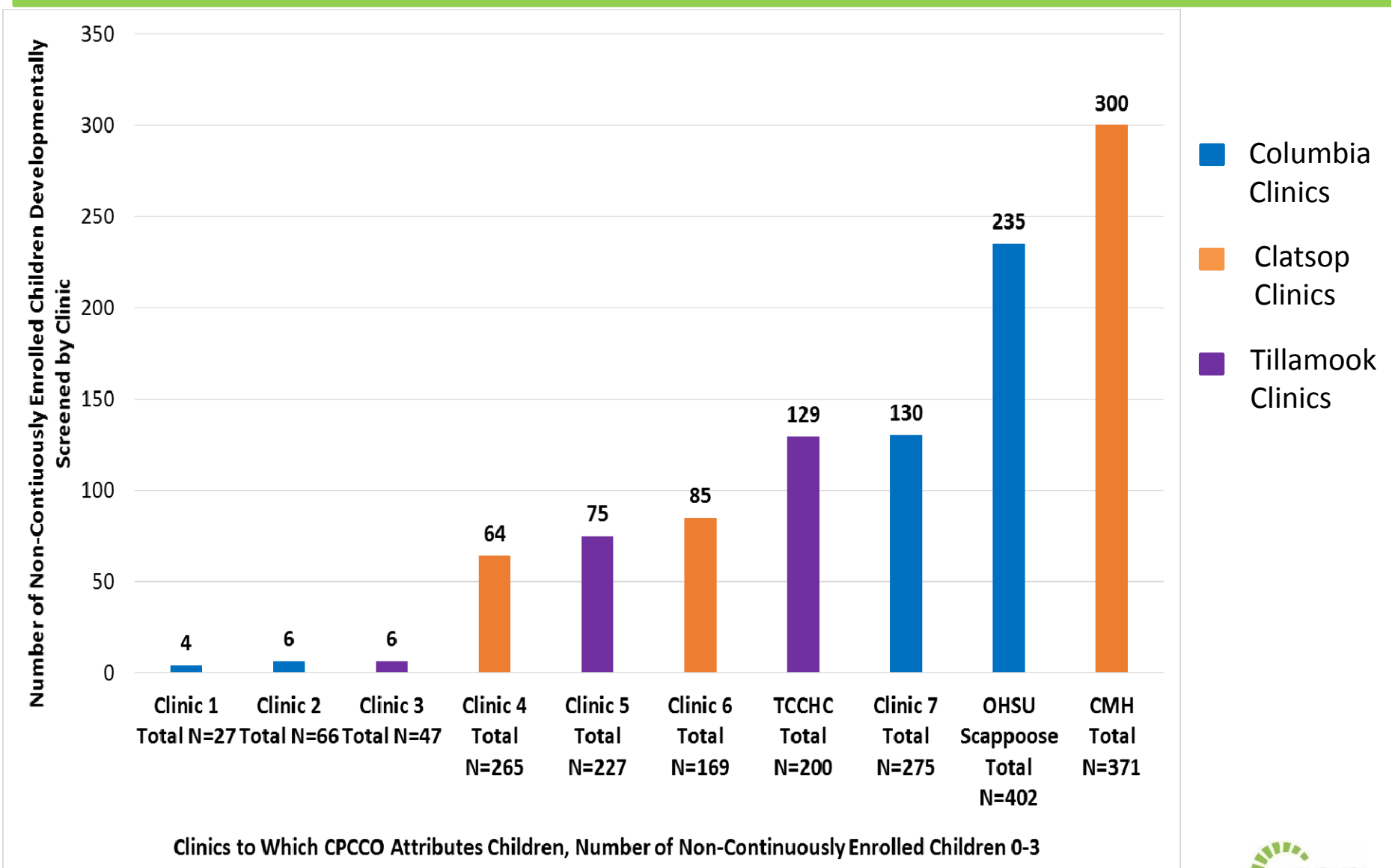
Well Visit & Developmental Screening Rates in Pilot Sites



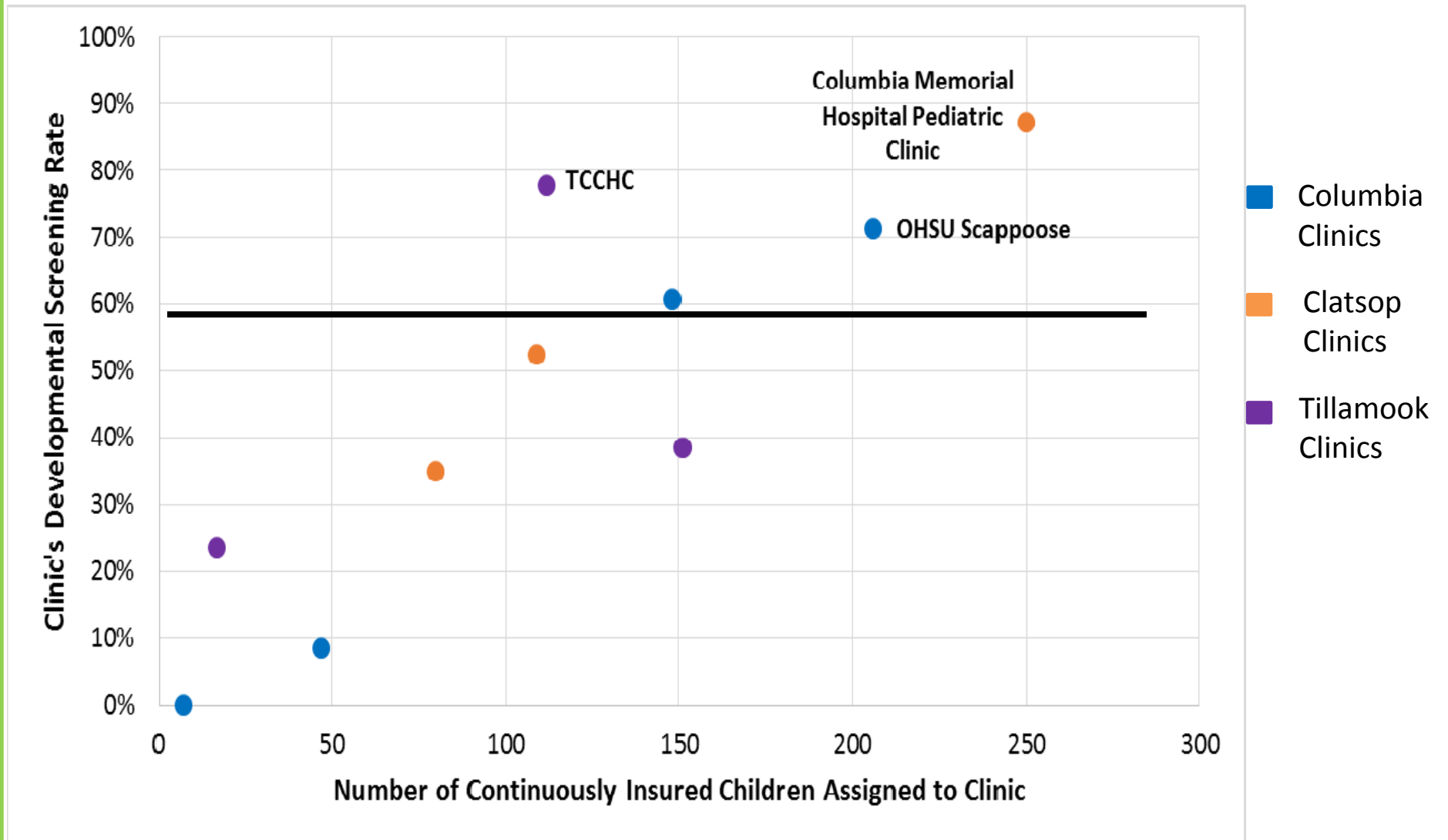
Developmental Screening Rates in CPCCO Clinics in Columbia, Clatsop & Tillamook Counties



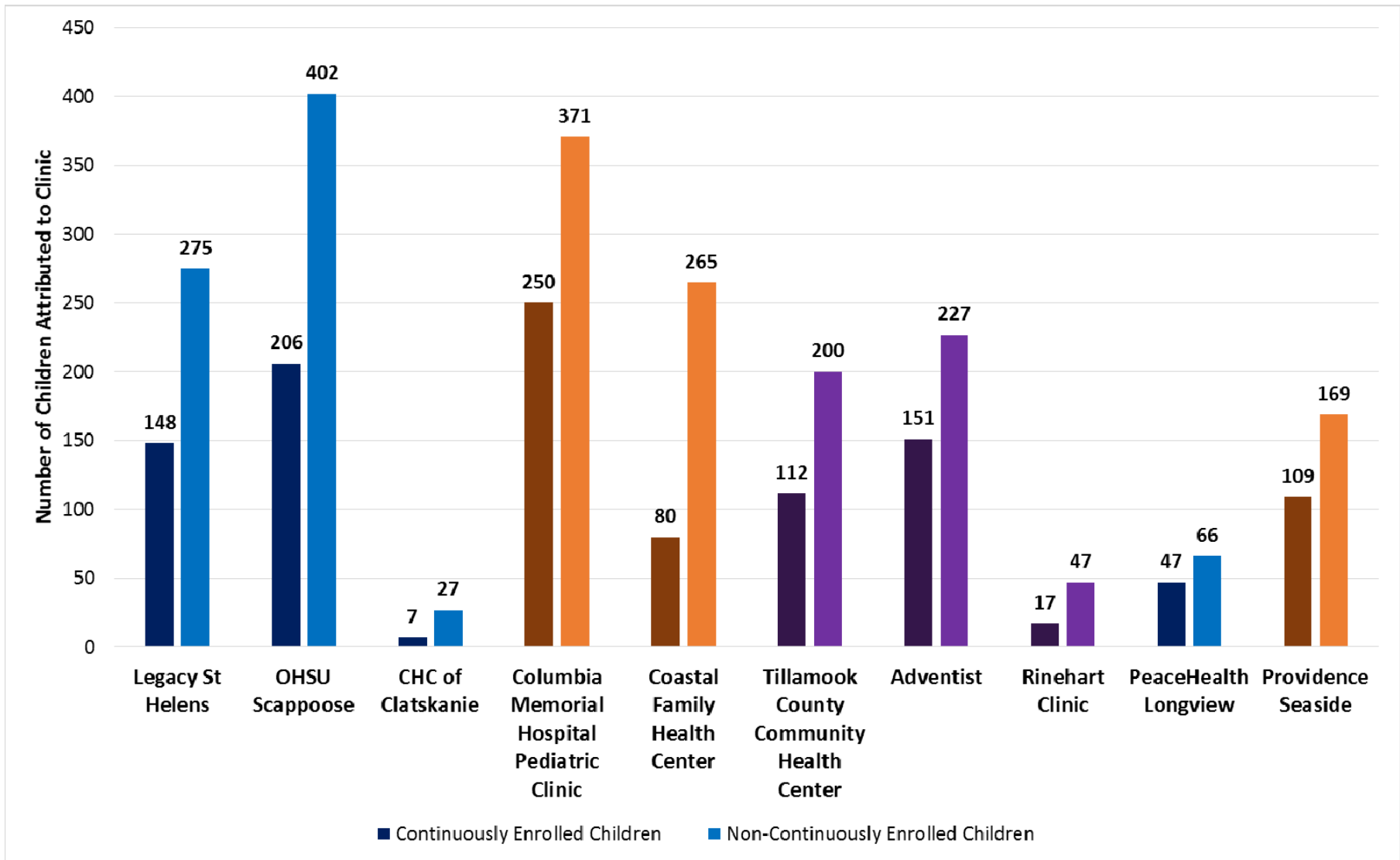
Annual Number of Developmental Screening Rates in CPCCO Clinics in Columbia, Clatsop & Tillamook Counties



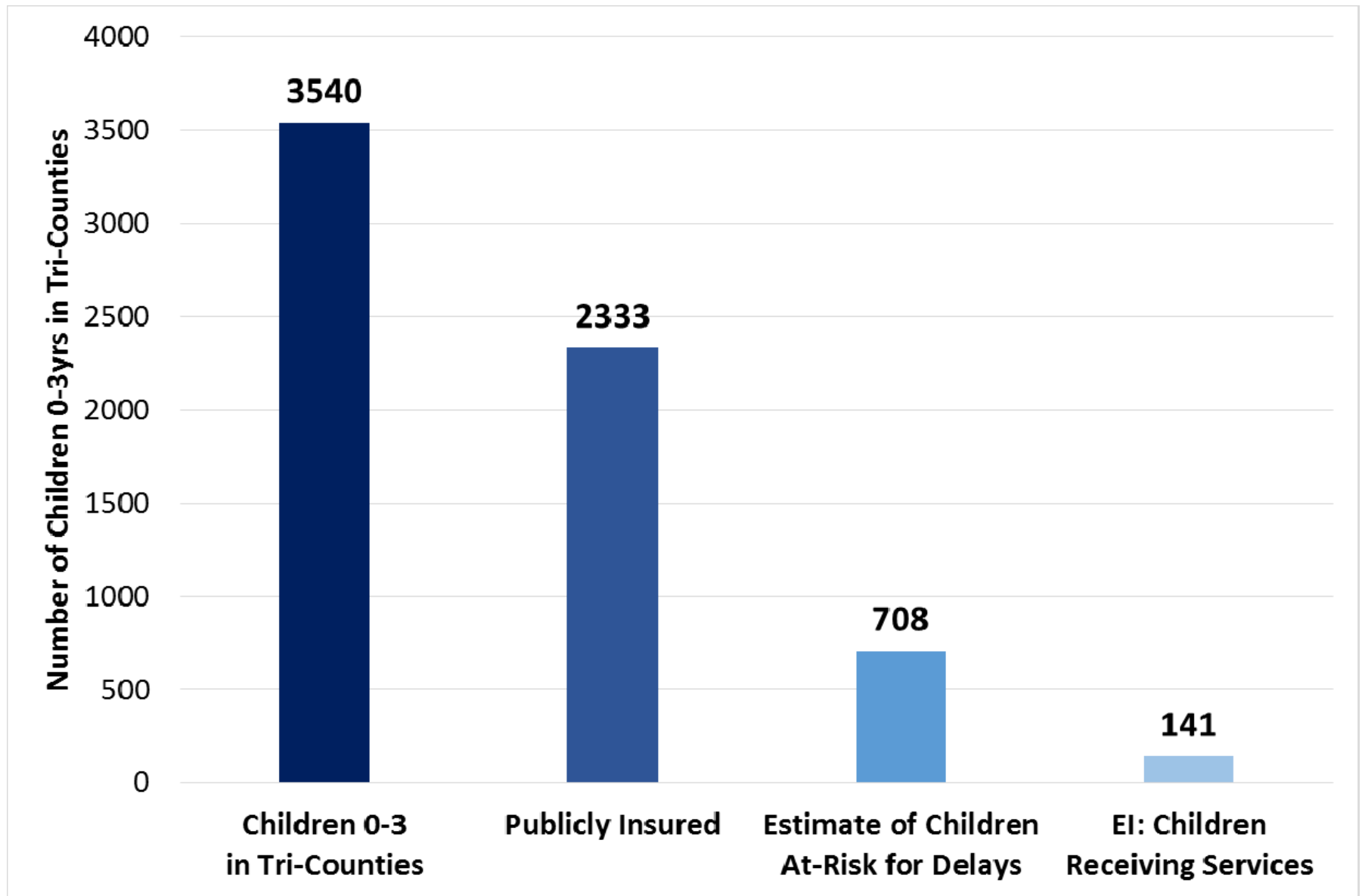
Number of Continuously Insured Children Assigned to Clinic vs. Clinic's Developmental Screening Rate



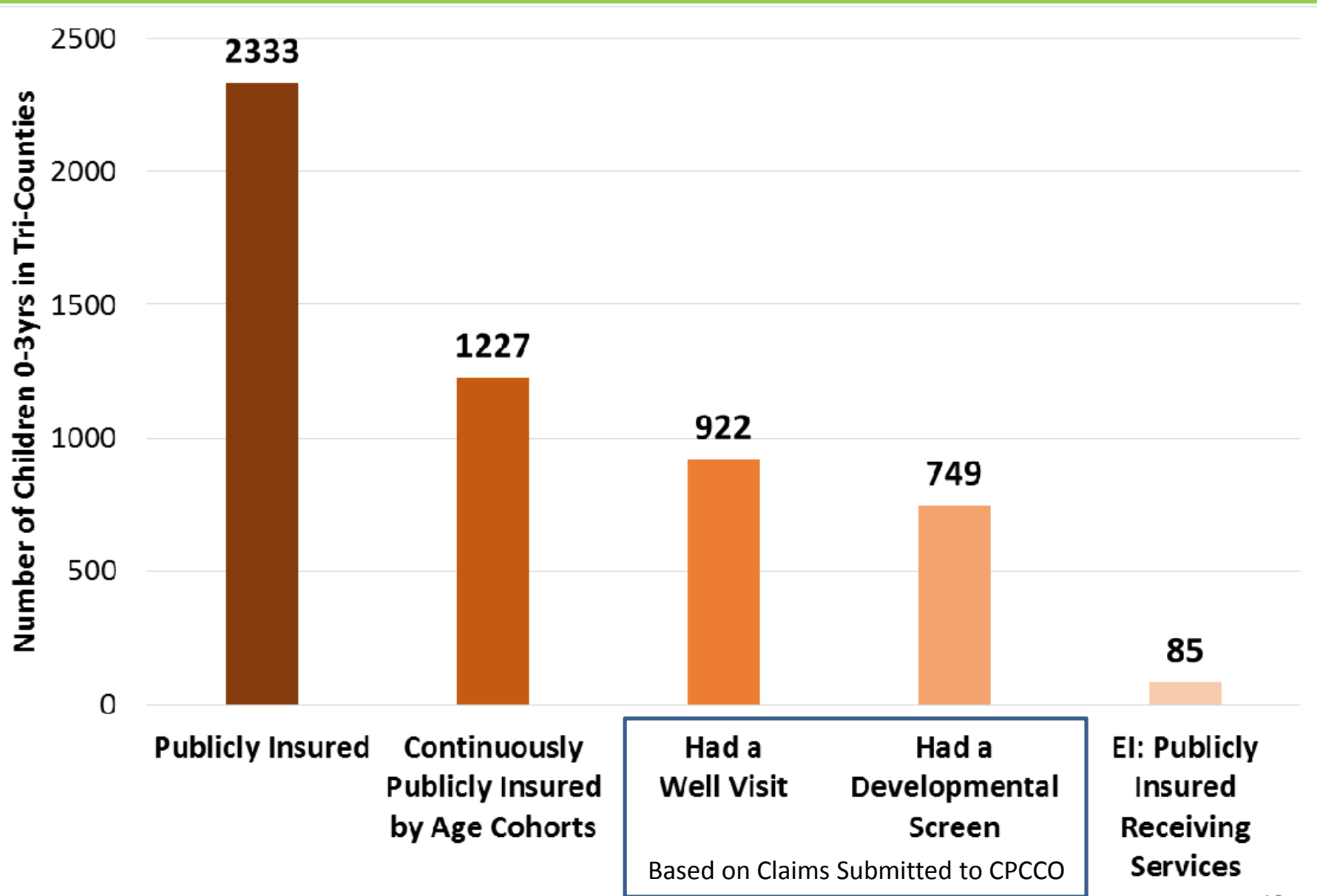
Number of Continuously Enrolled vs. Non-Continuously Enrolled Children Attributed to Each Clinic



The Story of Young Children in the Tri-Counties



The Story of PUBLICLY INSURED Young Children in the Tri-Counties





Oregon Pediatric Improvement Partnership
Follow-up Pathways for Young Children Identified in
At-Risk for Social-Emotional Delays:

Training with **Clatsop EI** Providers on Referrals
to **Clatsop Behavioral Health**

Goals of Training Today



A) Overview of the tools we developed together:

- 1. Who** to Refer to Clatsop Behavioral Health (CBH) from Early Intervention
- 2. How to Engage Family in Services**
 - What to Say to Families - How do I talk about their services?
 - Parent/Family Education Sheet
- 3. How to Refer** to CBH
 - Referral Forms
 - What families can expect in referral process
- 4. Closed Loop Communications**

B) Internal process on use of communication forms

C) Process for data tracking

D) Process for feedback loops to inform QI on this process

Part 1: WHO do you Refer to Clatsop Behavioral Health

□ Specific Screens the Pilot Sites are Already Using

1. Ages and Stages Questionnaire (ASQ)

- Personal Social AND Problem Solving

OR

- Personal Social OR Problem Solving and the following:

- Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns

2. Maternal depression

3. Ages and Stages Questionnaire – Social Emotional (ASQ-SE): If in the Black **OR** in Grey and Has Concerning Behaviors

□ General gestalt and awareness about any of the following:

1. Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns

2. Exposure to Adverse Childhood Events (ACES) in Family Environment

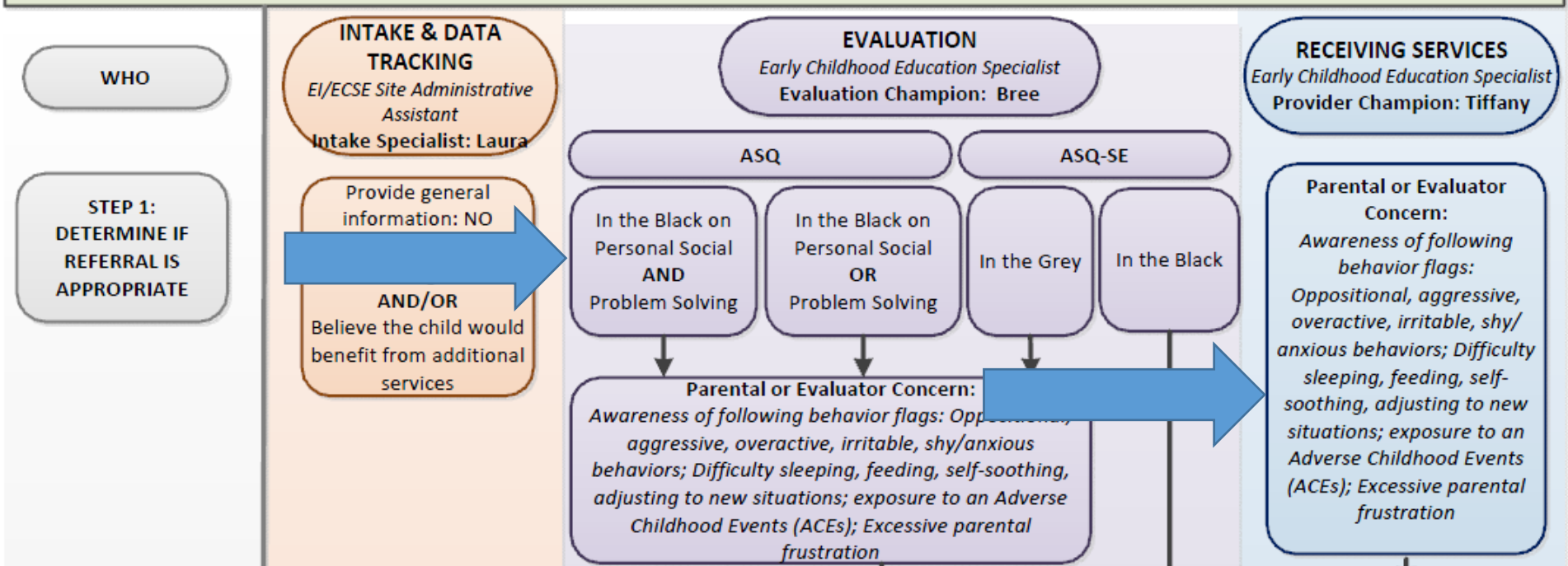
3. Parental frustration



Happy Baby Pilot: NWRESD EI to Clatsop Behavioral Healthcare (CBH)

4/22/2019

REFERRALS FROM EARLY INTERVENTION TO CBH CAN BE MADE DURING ANY STAGE IN THE REFERRAL/TREATMENT PROCESS



Tools to Support Pathways



1. **Who** to Refer to Clatsop Behavioral Health (CBH) from Early Intervention

2. **How to Engage Family in Services**

- What to Say to Families - How do I talk about their services?
- Parent/Family Education Sheet

3. **How to Refer** to CBH

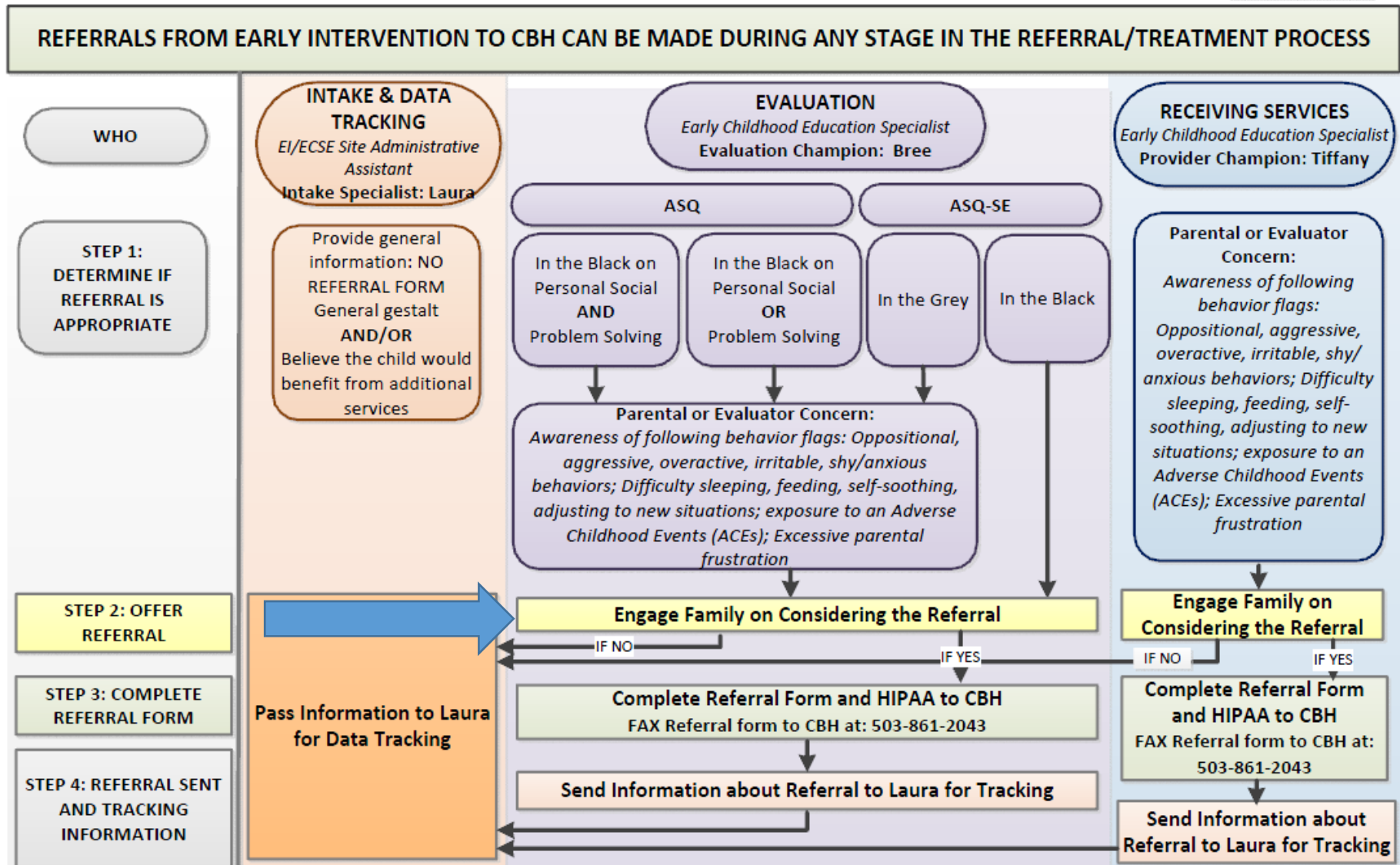
- Referral Forms
- What families can expect in referral process

4. **Closed Loop Communications**

How to Engage Families

Happy Baby Pilot: NWRESD EI to Clatsop Behavioral Healthcare (CBH)

4/22/2019



What to Say to Families

Barriers to referrals to mental health services from the front line providers perspective:

- “I don’t know how to talk about mental health services”
- “I don’t know what the services are offer”
- “I don’t know what to say”

OPIP has worked to develop tailored talking points based on the current services available at CBH

- Reviewed by:
 - Clatsop providers
 - Parents who have experienced services
- OPIP expects to refine and edit as they are used



TALKING POINTS:

What is infant and child mental health?

- **Parenting young children can be hard**, but there are **resources that can help** you get through these tough times and improve challenging behaviors
- It is normal for children to go through **periods of development that are more challenging**, and sometimes children and their families benefit from **learning about strategies** that can help a child learn to better **control their emotions**.

What is Family Attachment Therapy?

What parents learn:

- Positive Communication
- Positive Reinforcement
- Structure
- Discipline
- This therapy teaches children to **better control their own behavior**, leading to improved functioning at school, home and in relationships.
- Learning and practicing behavior therapy **requires time and effort**, but has **lasting benefits** for the child.
- Typically attend **8-16 sessions** with a provider and learn strategies to help their child. Sessions may **involve groups or individual families**.
- Therapist meets regularly with the family to monitor progress and provide support
- Between sessions, parents practice using the skills they've learned from the provider/therapist

After therapy ends, families continue to **experience improved behavior and reduced stress**.



What is the Nurturing Parenting Educational Series?

- An **8-week class series** that is one of the therapy services CBH.
- This group series/class gives you a chance to **develop successful parenting strategies** alongside other parents
- You can **form relationships with other parents** in similar situations and learn from each other.
- The class structure looks like:
 - **Your child will attend skills class hosted by a specialist**, where they will focus on developing self-awareness, positive self-esteem, and communication
 - And you will attend a session at the same time to learn about the skills your child is learning and parenting tips
- **Siblings are welcome and food is provided**

<https://www.cdc.gov/ncbddd/adhd/behavior-therapy.html>

Parent Education Sheet

- Developed based on literature and website review
- Phone calls with a number of key leaders in the state and across the county
- Templates derived from CDC
- Review by three parent advisors and Clatsop EI staff

Goal of Education Sheet:

- Provide families a one page resource sheet to refer back to after appointment

Explain:

- **Steps your Provider has Taken**
- **What Parents can Expect**
- **What Families will Learn**

Parenting Young Children Can Be Hard, but There are Resources That Can Help!

Steps Early Intervention will Take:

1. Assess – Staff within Early Intervention have experience with and knowledge about a child's development and behaviors.

2. Talk with parents about today's referral and different ways to support young children's development. There are services that can support parents through challenging stages.

Goals of services include:

- Improved behavior, self-control and self esteem for children
- Better relationships and reduced stress for families
- Helping young children and families thrive

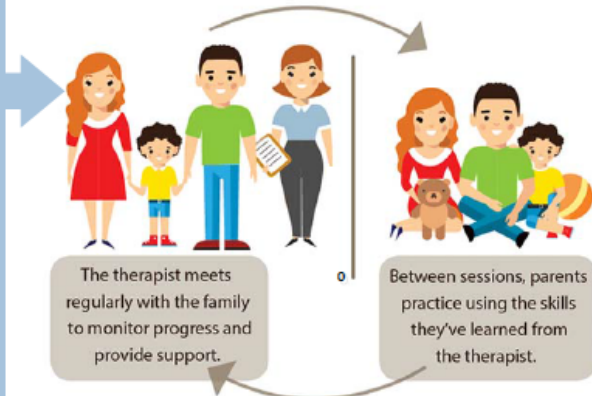
3. Once Referred – A scheduler from Clatsop Behavioral Health will call you:

- You will be asked a few questions about your child and health care insurance
- You will book a 1.5-2 hour in-person assessment with you and your child
- If you do not hear from CBH please call them at 503-325-5722 ext 361

What Parents Can Expect

With the support of behavioral health providers, parents can learn skills to help improve their child's behavior, leading to improved functioning at home, school and in relationships.

Parents typically attend 8 or more sessions with a therapist. Sessions may involve groups or individual families. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.



After therapy ends, families continue to experience improved behavior and reduced stress.

For more information about challenging behaviors and supports, go to:
<https://www.nimh.nih.gov/health/publications/children-and-mental-health/index.shtml>

What Parents will Learn



Behavior therapy, when learned and modeled by parents, help to teach children to better control their own behaviors, leading to improved functioning at school, home and in relationship. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.

Materials and graphics adapted from CDC Vital Signs parent education sheet: <https://www.cdc.gov/ncbddd/adhd/behavior-therapy.html>

DRAFT UNDER REVIEW: 3/14/19



Edited and distributed by the Oregon Pediatric Improvement Partnership

Components of the Education Sheet Steps your Provider has Taken

Steps Early Intervention will Take:

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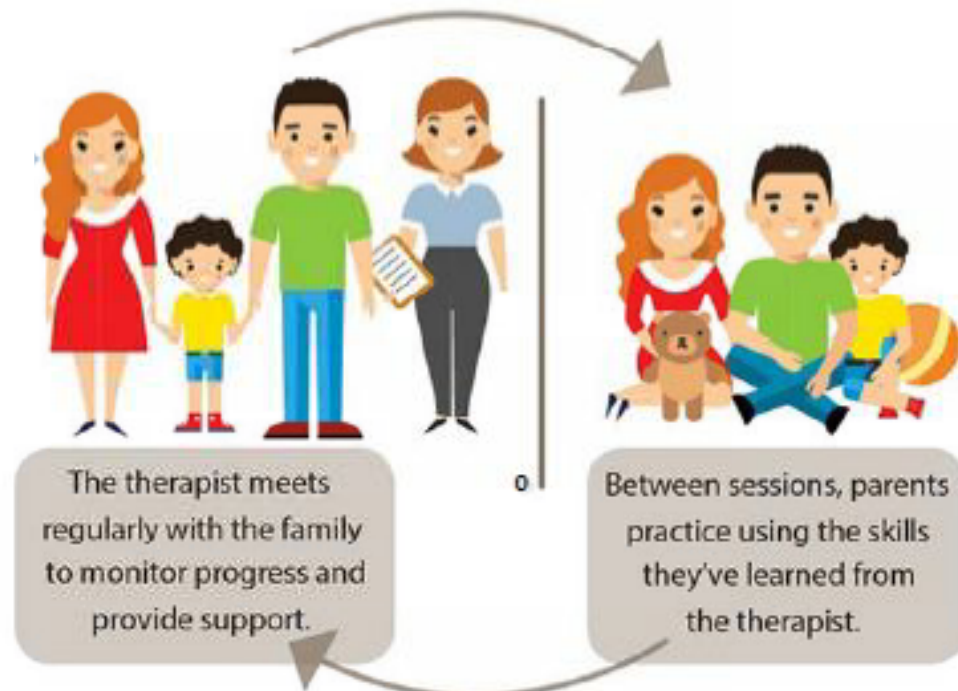
Components of the Education Sheet

What Parents can Expect

What Parents Can Expect

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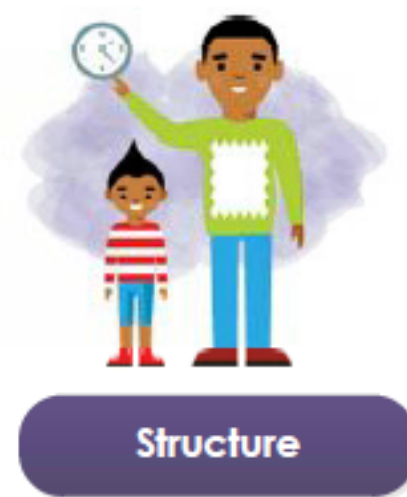
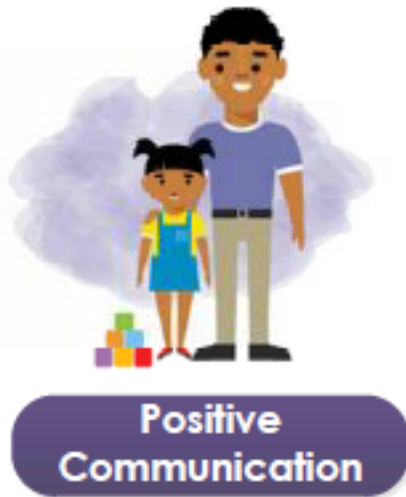


After therapy ends, families continue to experience improved behavior and reduced stress.

Components of the Education Sheet

What Families will Learn

What Parents will Learn



Tools to Support Pathways



1. **Who** to Refer to Clatsop Behavioral Health (CBH) from Early Intervention
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3. **How to Refer** to CBH
 - Referral Forms,
 - HIPAA
 - What families can expect in referral process
4. **Closed Loop Communications**

Referral form to CBH

REFERRAL TO CLATSOP BEHAVIORAL HEALTH FOR CHILDREN 0-5

TO: Clatsop Behavioral Health FAX: 503-861-2043 Phone: 503-325-5722 (ext. 361)
 FROM: Clatsop ESD Services
 PROVIDER: _____ Phone: _____ FAX: _____ Email: _____
 RE: Child Name: _____ Date of Birth: _____ Gender: _____
 Parent/Legal Guardian Name(s): _____ Insurance Type: OHP MODA _____
 Address: _____
 Home Phone: _____ Cell Phone: _____
 Preferred Times to Contact: _____ OK to Leave Message: Yes No

A release of information for this patient is: Attached

Specific referral questions/requests:

Current Symptoms and Related Problems: (check all that apply)	Parent Concerned	Observed Concerning Behaviors	
		Childcare/Preschool	EI/ECSE
Aggressive behavior			
Anxiety, irritability, or sadness			
Family relational problems (i.e. divorce, severe sibling rivalry) Specify:			
Eating-related problems (appetite, weight, digestive issues)			
Fatigue/lack of energy			
Hyperactivity			
Headaches			
Inattention/concentration problems			
Oppositional behavior			
Regressive behavior			
Screaming or crying excessively			
Self-Injurious behavior			
Separation anxiety			
Sleep issues			
Trauma and/or traumatic stress Symptoms			
Toilet issues (regressive)			
Temper tantrums (excessive)			
Withdrawn affect			

Version 1.1 2/28/2019

Adapted by The Oregon Pediatric Improvement Partnership from Child Health and Development Institute of Connecticut

Other concerns/ Additional child or family information that would be helpful for us to know:

Patient is having difficulty with:

Parent/Caregiver Siblings Childcare/Preschool Peers
 Other problems or stressors: _____

Current diagnoses or conditions:

Relevant personal and/or family history:

Household type:

Two parents Single parent Blended family Multiple Families Share Housing Relatives

Foster Care Other: _____

Developmental History:

No concerns Dev. delays Birth trauma Prenatal substance exposure Other: _____

Childcare/Preschool History:

No concerns Receiving EI/ECSE Services Childcare/preschool attendance concerns

Suspensions/expulsions Other: _____

Systems involvement:

None Outpatient mental health Private PT/OT Private Speech/Language DHS – Child Welfare

DHS – Other Services In-home services (specify): _____

Other: _____

Trauma history:

None Physical abuse Sexual abuse Domestic violence Bullying Emotional abuse

Neglect Substance use by guardians (confirmed) Other: _____

Please contact me with any questions or concerns.

Provider Signature _____

Date _____

Version 1.1 2/28/2019

Adapted by The Oregon Pediatric Improvement Partnership from Child Health and Development Institute of Connecticut

HIPAA CONSENT

Authorization to Use and/or Disclose Educational and Protected Health Information

1. I authorize the following provider(s) to use and/or disclose educational and/or protected health information regarding my child.

Child's name	Date of birth
Other names used by child	NWRESB (last exp - EI/ECSE)
Name and address of health care provider authorized to:	Name and address of school/EI/ECSE program authorized to:
<input checked="" type="checkbox"/> Send/disclose protected health information <input checked="" type="checkbox"/> Receive/use educational information Clatsop Behavioral Healthcare 65 N. Highway 101 Suite 204 Warrenton, OR 97146	<input checked="" type="checkbox"/> Send/disclose educational information <input checked="" type="checkbox"/> Receive/use protected health information NWRESB (last exp EI/ECSE) 3194 Marine Drive Astoria, OR 97103

2. I understand that this information will be used for the following purposes (check all that apply):

- Determining eligibility for Special Education, EI/ECSE, or other services
- Determining student/child's current levels of performance
- Developing an individualized health plan
- Developing an appropriate Individualized Education Program or Individualized Family Service Plan
- Other (specify): coordination of services

3. By marking the boxes below, I authorize the use/disclosure of the following specific medical and/or educational records:

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical Condition Statement | <input type="checkbox"/> Prenatal information | <input type="checkbox"/> Communicable disease(s) |
| <input type="checkbox"/> Health Assessment Statement | <input checked="" type="checkbox"/> Educational Information | <input type="checkbox"/> Progress notes |
| <input type="checkbox"/> History and physical exam | <input checked="" type="checkbox"/> IFSP/IEP document | <input type="checkbox"/> Psychological evaluations |
| <input type="checkbox"/> Entire medical record | <input type="checkbox"/> Clinic records | <input type="checkbox"/> Social work reports |
| <input checked="" type="checkbox"/> Other: <u>mental health assessment, treatment plan</u> | | |

4. By initialing the spaces below, I authorize the use/disclosure of the following information. Specific records requested must be listed below, e.g., assessment, treatment plan, discharge plan.

Drug/alcohol diagnosis, treatment or referral information requested: _____

HIV/AIDS related records requested: _____

→ Mental health related information requested: mental health assessment, treatment plan

Genetic testing information requested: _____

5. I understand that:

- a. This authorization is voluntary and I may refuse to sign it without affecting my child's health care.
- b. I have the right to request a copy of this form after I sign it as well as inspect or copy any information to be used and/or disclosed under this authorization (if allowed by state and federal law. See 45 CFR § 164.524).
- c. I may revoke this authorization at any time by notifying the school or program shown above in writing. However, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared information.
- d. Federal privacy rules for protected health information apply only to health plans, health care clearinghouses or health care providers. If I authorize disclosure of medical information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.
- e. Federal privacy rules for education information apply only to schools and EI/ECSE programs. If I authorize disclosure of educational information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.

6. I consent to the use/disclosure of the above information. I understand that the use of this information for any reasons other than the expressed reasons stated above is prohibited. This consent is subject to revocation at any time, except to the extent that action has been taken based on information that has already been disclosed.

Signature of Parent, Legal Guardian, Student/Child _____ Relationship _____ Date _____

This authorization expires on _____ or one year from date of signature above, whichever is earlier.

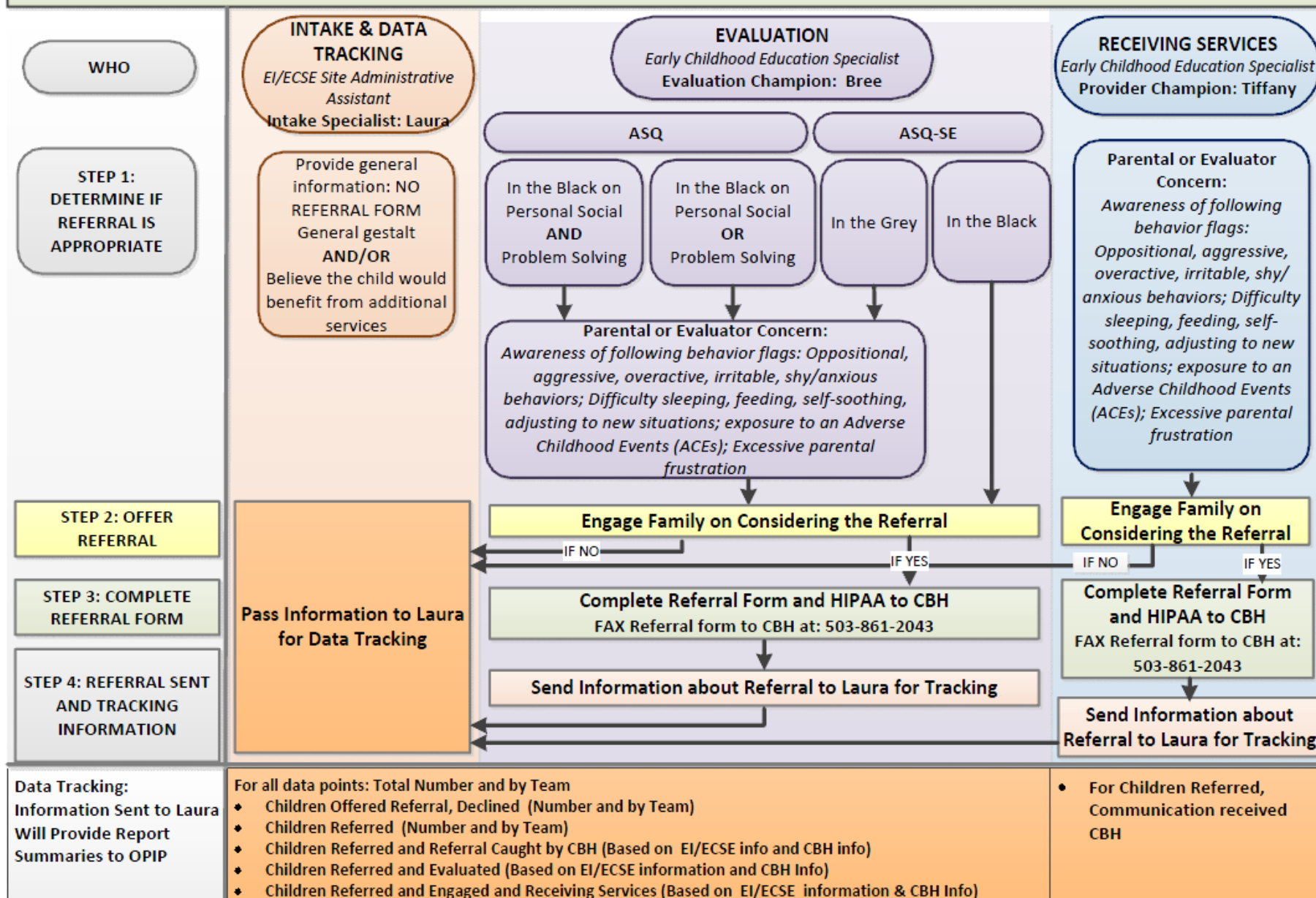
Month/Day/Year



Happy Baby Pilot: NWRESO EI to Clatsop Behavioral Healthcare (CBH)

4/22/2019

REFERRALS FROM EARLY INTERVENTION TO CBH CAN BE MADE DURING ANY STAGE IN THE REFERRAL/TREATMENT PROCESS



What Families Can Expect Once Referred

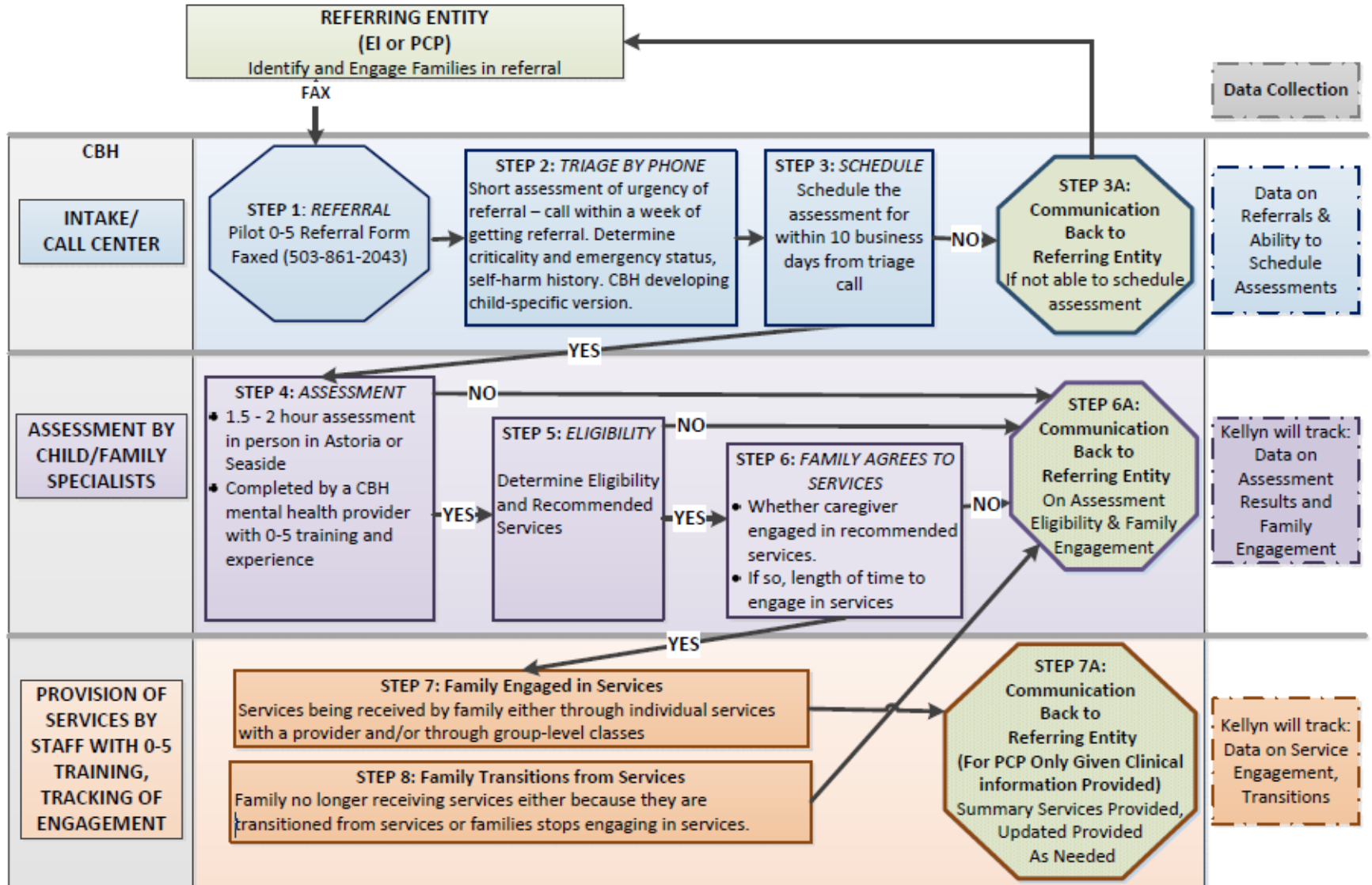
Similar to the process at Early Intervention:

- 1) Parents will be **called by Intake Staff**
- 2) **Scheduled** for an Evaluation with young child experience
 - Evaluation is generally 1.5-2 hours
 - Evaluation is of the FAMILY – so parents/caretakers must be engaged
- 3) **Services are recommended**



**Clatsop Behavioral Healthcare (CBH) Workflow From Referral to Engagement of Services:
Summary for the Happy Baby Pilot for Referrals of 0-5**

3/7/18 DRAFT for Team Review



3/7/18 Draft for Team Review

OPIP as part of GOBHI funded Pathways to Services for 0-5 Project

LEGEND: = Existing Process = Data collected to evaluate pilot = New Process as Part of QJ Pilot



Tools to Support Pathways



1. **Who** to Refer to Clatsop Behavioral Health (CBH) from Early Intervention
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4. **Closed Loop Communications**

Communication about Referral from CBH

Similar to the closed loop communications developed for Early Intervention (the bottom of the Universal Referral Form and the Service Summary), OPIP helped to develop communications back to referring entities when:

- 1) Unable to make contact with the family OR Family declined services
- 2) Whether or not the child & family is receiving services and why

Mental Health Referral Status (Form #1)

Sent back to you as a follow-up communication from CBH, notifying you if they are:

- **Unable to make contact with the family**
- **Family declined services**

MENTAL HEALTH REFERRAL STATUS (Form #1)

TO: Clatsop ESD Services Phone: 503-338-3368 FAX: 503-325-1297

FROM: Clatsop Behavioral Healthcare

PROVIDER: _____ Phone: _____ FAX: _____ Email: _____

RE: Patient Name: _____ Date of Birth: _____ Gender: _____

A release of information for this patient is: attached previously sent

REFERRAL STATUS UPDATE

The patient identified above was referred by you, and we have not been able to schedule an assessment – Intake Coordinator tried to call 3 times

Patient's family declined to schedule an assessment.

NOTES:

Please contact me with any questions or concerns at the following:

PHONE number: _____ best times to reach me: _____

EMAIL address: _____

Intake Specialist Signature

Date

Mental Health Referral Update: Receipt of Services Update (Form #2) to be used as follow-up communication from Specialty Mental Health to EI, notifying whether or not the child & family is receiving services and why.

MENTAL HEALTH REFERRAL UPDATE: RECEIPT OF SERVICES UPDATE (Form #2)

TO: Clatsop ESD Services Phone: 503-338-3368 FAX: 503-325-1297
FROM: Clatsop Behavioral Healthcare
PROVIDER: _____ Phone: _____ FAX: _____ Email: _____
RE: Patient Name: _____ Date of Birth: _____ Gender: _____
A release of information for this patient is: attached previously sent

REFERRAL STATUS UPDATE

- Patient did not come to assessment
 - Patient was assessed not eligible
 - Child & family receiving services
 - Patient/family chose to not receive services
- NOTES:**

Please contact me with any questions or concerns at the following:

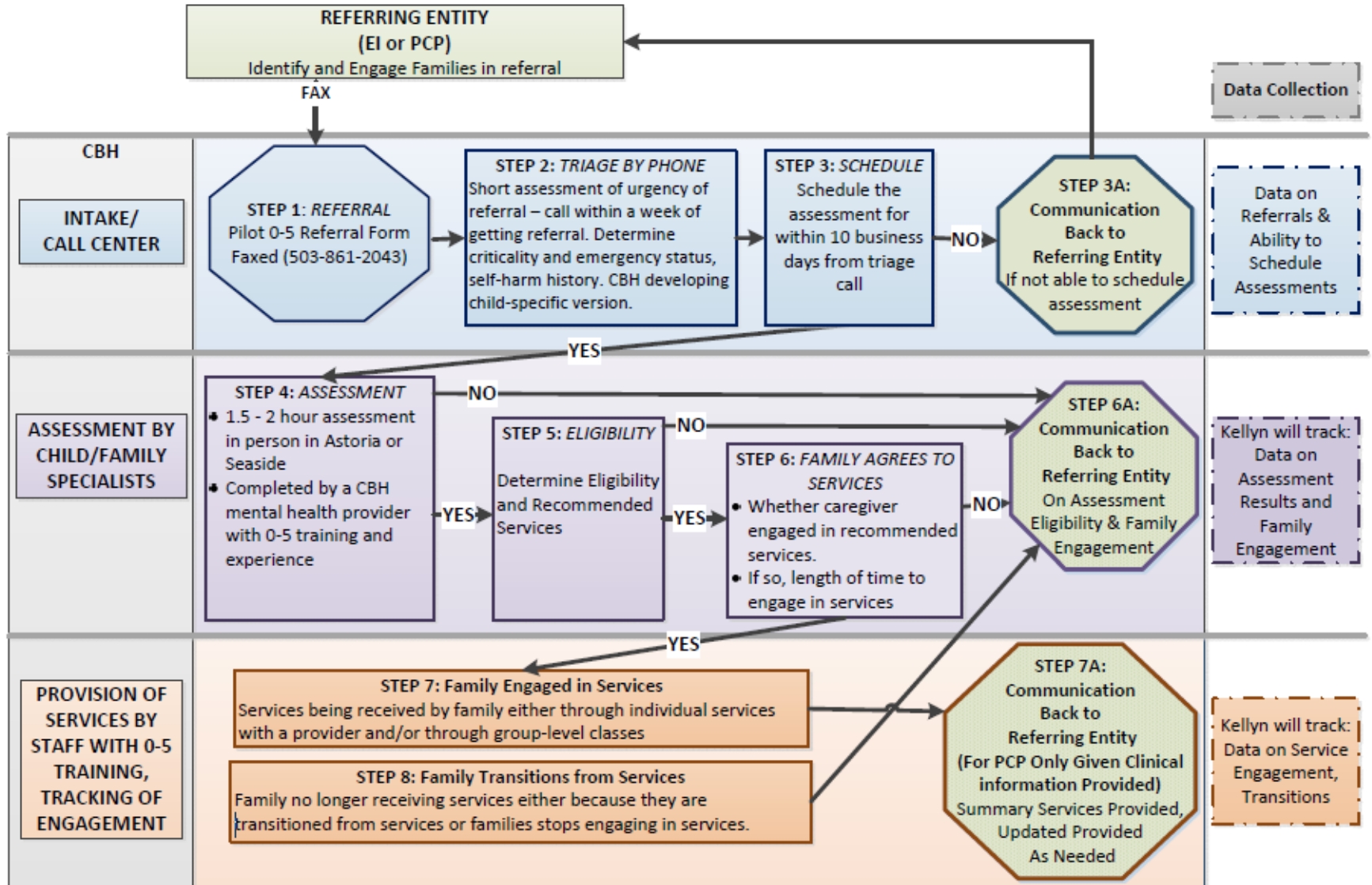
- PHONE number: _____ best times to reach me: _____
- EMAIL address: _____

Family Engagement and Navigation Coordinator

Date

**Clatsop Behavioral Healthcare (CBH) Workflow From Referral to Engagement of Services:
Summary for the Happy Baby Pilot for Referrals of 0-5**

3/7/18 DRAFT for Team Review



3/7/18 Draft for Team Review

OPIP as part of GOBHI funded Pathways to Services for 0-5 Project

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B) Internal process on use of communication forms

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D) Process for feedback loops to inform QI on this process

Goals of Training Today



A) Provide the final versions of the tools we developed together:


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B) Confirm your internal process on use of communication forms

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D) Confirm process for feedback loops to inform QI on this process

Using Communication about Referral from CBH

Data Tracking: Information Sent to Laura Will Provide Report Summaries to OPIP	For all data points: Total Number and by Team <ul style="list-style-type: none">• Children Offered Referral, Declined (Number and by Team)• Children Referred (Number and by Team)• Children Referred and Referral Caught by CBH (Based on EI/ECSE info and CBH info)• Children Referred and Evaluated (Based on EI/ECSE information and CBH Info)• Children Referred and Engaged and Receiving Services (Based on EI/ECSE information & CBH Info) 	<ul style="list-style-type: none">• For Children Referred, Communication received CBH
---	---	---

Communications feedback forms will go to Laura

Laura will track follow-up communications and those offered a referral, and those referred

Goals of Training Today



- A) Provide the final versions of the tools we developed together:**
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Goals of Training Today



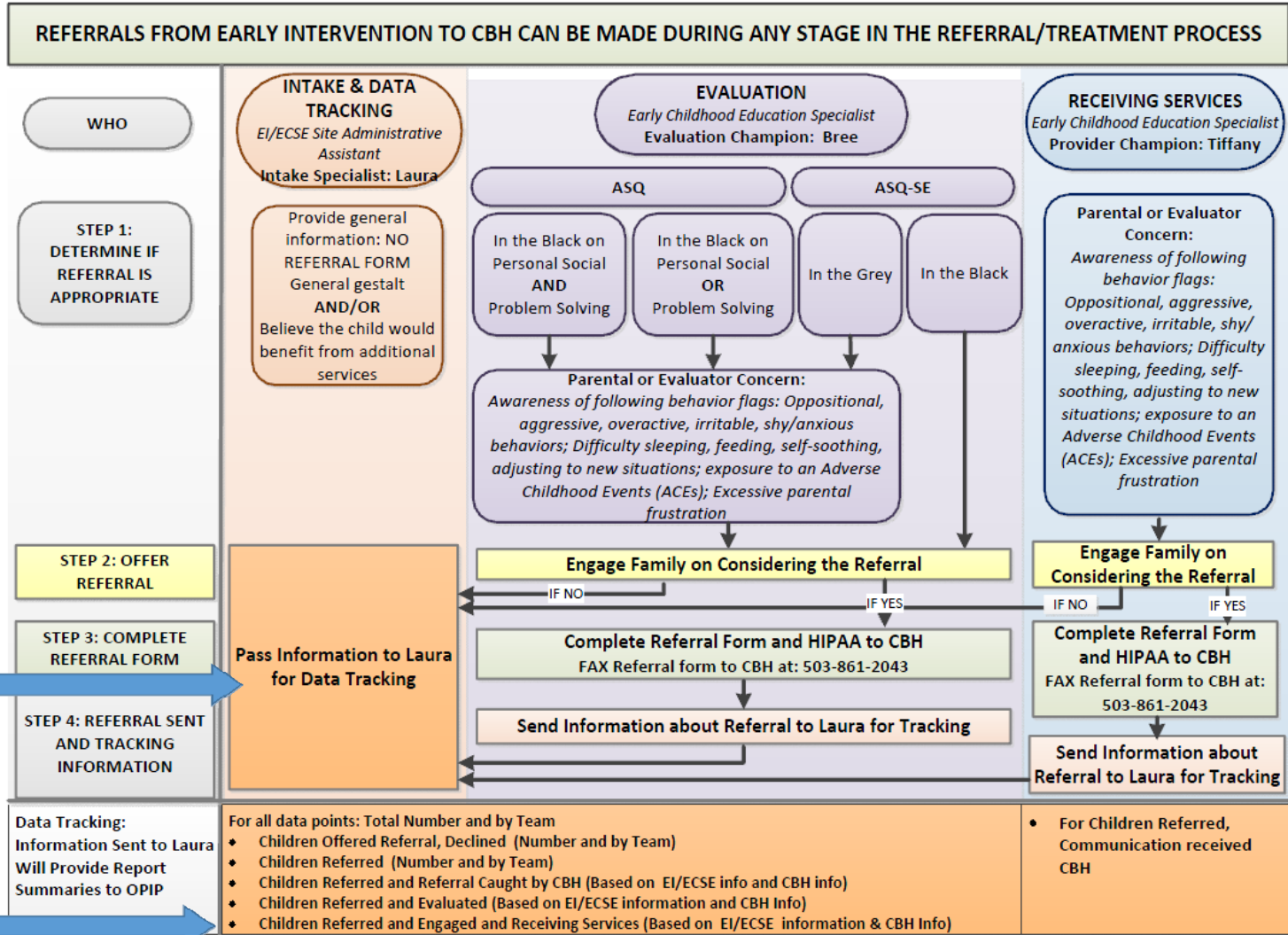
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Process for Data Collection



Happy Baby Pilot: NWRESD EI to Clatsop Behavioral Healthcare (CBH)

4/22/2019



- A) Number of offers of referrals, that were then declined
- B) Number of Referrals
 - By which track
- C) Of referrals made, number you got communication back
- D) Of Referrals made, communication received, outcome

Process for Data Collection



Methods for Data Tracking

1. ecWeb:

- Katie and Laura will explore with Vicky options of using the ancillary field

2. Structured tracking sheet : proposal on next slide

Structured Tracking Sheet



Documentation of all SUGGESTED referrals

	April		May		June	
	Referrals by Team		Referrals by Team		Referrals by Team	
	Evaluation Team	Receiving Services	Evaluation Team	Receiving Services	Evaluation Team	Receiving Services
Children Offered Referral, Declined	1	0				
Children Referred	2					
Children Referred, Got Communication						

For Shaded Columns, Child-Level Data Collected (PROPOSAL below – if ecWeb is not feasible)

Child Name	Date of Referral	Referral Completed by which Team	MENTAL HEALTH REFERRAL STATUS (Form #1)	MENTAL HEALTH REFERRAL UPDATE: RECEIPT OF SERVICES UPDATE (Form #2)
		Standardized Options:	Standardized Options:	Standardized Options:
		Evaluation Team	Received, Could Not Locate	Received, Did Not Come to Assessment
		Service Team	Received, Family Decline	Received, Assessed and Not Eligible
			No Communication Received	Received, Child/Family Receiving Services
				Received, Family Declined Services
				No Communication Received

Goals of Training Today



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This is a Pilot – We want to learn!



- Please share learnings from your efforts
- Open to suggestions for improvements and tweaks
- Will provide the updated parent education sheet when available
- Interested in hearing barriers or reasons for family lack of engagement
- Interested in hearing about key factors that led parents to follow-through and agree with the referral

Next Steps in Pilot Engagement: Go forth and do great work!

- **Formal training with CBH in mid-May**
- **Start Referring**
 - For children who you think can benefit from additional mental health supports
 - Use referral for and education sheet
- **Start Tracking**
 - Track referrals made
 - Updates you want made to tools
- **Share your learnings!**

Referral Form for Adventist Rehabilitation Services

Date of Referral:

Fax referrals: (503) 815-7483

980 Third Street, Suite 200 Tillamook, OR 97141

Provider Information:

Referring Provider:	
Phone:	Fax (communication back will come to this number):
Clinic Name/ Address:	

Patient Information:

Patient:	Date of Birth:
Parent/Guardian:	Phone:
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Insurance:	

Reason for Referral :

At-Risk for developmental delay (if appropriate)

ASQ Age: _____

Domain scores: Communication: _____ Gross Motor: _____ Fine Motor: _____ Prob Solv: _____ Personal Social _____

Services:

<p><u>Physical Therapy:</u></p> <p><input type="checkbox"/> Evaluation/Treatment</p> <p>ICD -10 Codes:</p> <p><input type="checkbox"/> R62.0 – Delayed Milestones children 0-8 years old</p> <p><input type="checkbox"/> F88 – Other disorders of psychological development</p> <p><input type="checkbox"/> Other:</p>	<p><u>Audiology:</u></p> <p><input type="checkbox"/> Assessment</p> <p>ICD -10 Codes:</p> <p><input type="checkbox"/> F80.9 – Developmental disorder of speech and language</p> <p><input type="checkbox"/> R62.0 – Delayed Milestones children 0-8 years old</p> <p><input type="checkbox"/> Other:</p>
<p><u>Occupational Therapy:</u></p> <p><input type="checkbox"/> Evaluation/Treatment</p> <p>ICD -10 Codes:</p> <p><input type="checkbox"/> R62.0 – Delayed Milestones children 0-8 years old</p> <p><input type="checkbox"/> F88 – Other disorders of psychological development</p> <p><input type="checkbox"/> Other:</p>	<p><u>Speech-Language Pathology:</u></p> <p><input type="checkbox"/> Evaluation/Treatment</p> <p><input type="checkbox"/> Feeding/Swallowing</p> <p><input type="checkbox"/> Augmentative Communication</p> <p>ICD -10 Codes:</p> <p><input type="checkbox"/> F80.9 – Developmental disorder of speech and language</p> <p><input type="checkbox"/> R62.0 – Delayed Milestones children 0-8 years old</p> <p><input type="checkbox"/> Other:</p>

Referring Provider Signature: _____ **Date:** _____

Feedback to Referring Provider:

- Referral received:
- Unable to reach patient's family
 - Patient's family declined evaluation / services
 - Patient did not come to scheduled evaluation
 - Patient/family no showed for 2 or more appointments
 - Insurance Issue Identified
 - Other:



OPIP Development of Tools to Support Enhanced Follow-Up to Developmental Screening

The tools presented in this document are adapted for specific communities to understand current systems and processes, and to use that information to identify best pathways of care for children who are identified at-risk for developmental, behavioral, and social-emotional delays.

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Section 1: County Asset Maps

Components of the Asset Map:

The Asset Map illustrates pathways and secondary pathways from screening to services in a way that makes the information easy to follow and digest at a community level.

The Asset Map has three key parts:

- **Part 1:** Entities conducting developmental screening and identifying children at-risk for developmental, behavioral and social delays
- **Part 2:** Follow-up pathways for children identified at-risk for developmental, behavioral and/or social delays on the developmental screening tool
 - **Part 2a:** Developmental supports provided by entity that screened that addresses identified delays
 - **Part 2b:** Agencies to which the screening entity can refer at-risk children
- **Part 3:** Additional family supports that address child development and promotion

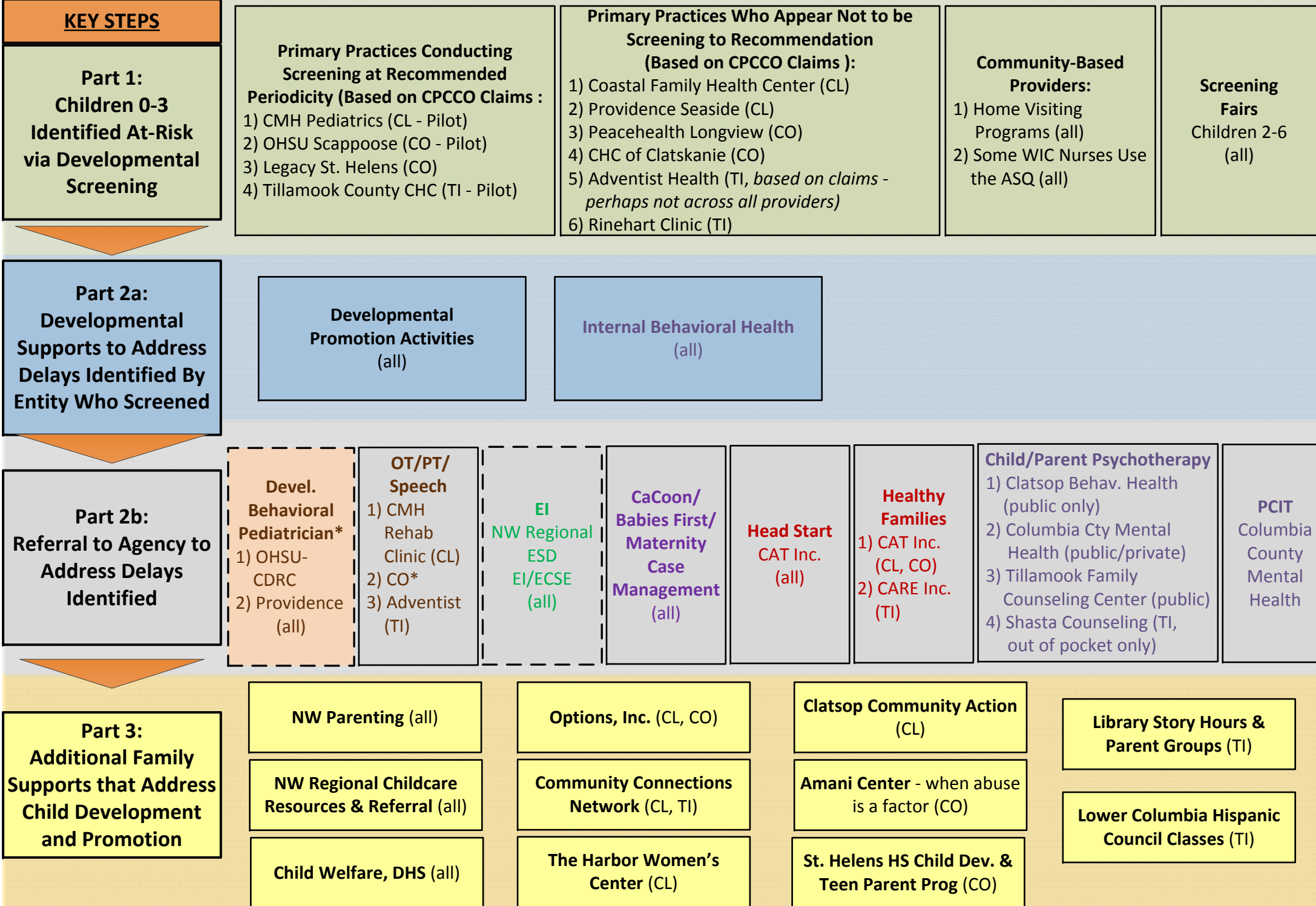
Examples included:

Clatsop

Columbia

Tillamook

PATHWAYS FOR DEVELOPMENTAL SCREENING OF CHILDREN 0-3 & REFERRAL FOR CHILDREN IDENTIFIED AT-RISK IN CLATSOP, COLUMBIA & TILLAMOOK COUNTIES



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 and identification of services:**
 - Child Psychotherapy
 - Parent and Child Interaction Therapy

Referral to evaluation, not necessarily services
 Located outside the community

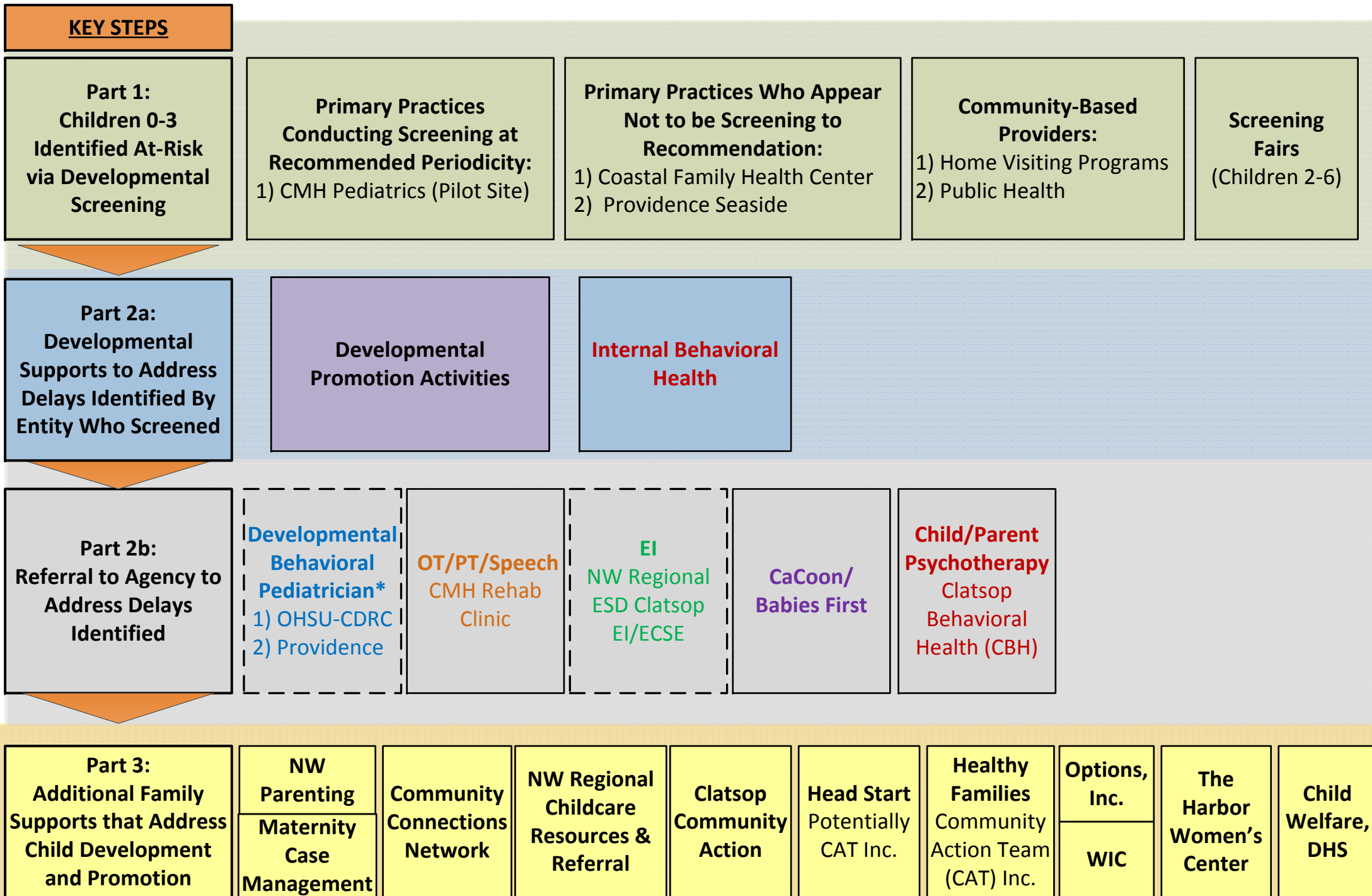
CL = Clatsop, CO = Columbia, TI = Tillamook

NOTE: Childcare sites not included in map as ages served puts them out of scope of the project. Numerous childcare sites are screening in this community.

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

	Devel. Behavioral Pediatrician	OT/PT/Speech	EI	CaCoon/ Babies First/ Maternity Case Management	Head Start	Healthy Families	Child/Parent Psychotherapy	Parent & Child Interaction Therapy
Clatsop	X	Yes	Yes	Yes	Yes	Yes	Yes, public only	X
Columbia	X	X	Yes	Yes	Yes	Yes	Yes	Yes
Tillamook	X	Yes	Yes	Yes	Yes	Yes	Yes, public and out of pocket only	X
Outside Community	OHSU CDRC Providence							

PATHWAY FOR DEVELOPMENTAL SCREENING OF CHILDREN 0-3 & REFERRAL FOR CHILDREN IDENTIFIED AT-RISK IN CLATSOP COUNTY



LEGEND

COLOR CODING BY SERVICE TYPE

- Developmental & Behavioral Pediatrician: Referral is for an Evaluation**
- Medical & Therapy Services:**
 - Private OT/PT & Speech Therapy
- Early Intervention: Referral is for an Evaluation**
- CaCoon/Babies First**
- Infant/Early Childhood Mental Health, including:**
 - Internal behavioral health within primary care
 - Mental Health – Referral is for an assessment and identification of services:
 - Child Psychotherapy
 - Parent and Child Interaction Therapy

Referral to evaluation, not necessarily services

*Located outside the community

NOTE: Childcare sites not included in map as ages served puts them out of scope of the project. Numerous childcare sites are screening in this community.

PATHWAY FOR DEVELOPMENTAL SCREENING & REFERRAL FOR CHILDREN 0-3 IDENTIFIED AT-RISK IN COLUMBIA COUNTY

KEY STEPS

<p>Part 1: Children 0-3 Identified At-Risk via Developmental Screening</p>	<p>Primary Practices Conducting Screening at Recommended Periodicity: 1) OHSU Scappoose (Pilot Site) 2) Legacy St. Helens</p>	<p>Primary Practices Who Appear Not to be Screening to Recommendation: 1) Peacehealth Longview 2) CHC of Clatskanie</p>	<p>Community-Based Providers: 1) Home Visiting Programs 2) Public Health</p>	<p>Screening Fairs (Children 2-6)</p>
---	--	--	---	--

<p>Part 2a: Developmental Supports to Address Delays Identified By Entity Who Screened</p>	<p>Developmental Promotion Activities</p>	<p>Potential Internal Behavioral Health</p>
---	--	--

<p>Part 2b: Referral to Agency to Address Delays Identified</p>	<p>In Columbia County</p>	<p>EI NW Regional ESD Columbia EI/ECSE</p>	<p>Babies First</p>	<p>Child/Parent Psychotherapy/ PCIT Columbia County Mental Health (CCMH)</p>
	<p>Outside Columbia County</p>	<p>Developmental Behavioral Pediatrician 1) OHSU-CDRC 2) Providence</p>	<p>OT/PT/ Speech Therapy</p>	

<p>Part 3: Additional Family Supports that Address Child Development and Promotion</p>	<p>On Community Action Team (CAT) Contact Us Platform http://nworheadstart.org/ index.html</p>	<p>NW Parenting</p>	<p>NW Regional Childcare Resources & Referral at 211</p>	<p>Maternity Case Management</p>	<p>Healthy Families</p>	<p>St. Helens High School Child Development and Teen Parent Program</p>	<p>WIC</p>	<p>Head Start</p>
	<p>Other Local Agencies that Provide Supports for Specific Families that Referrals and/or Communication About Child's Development May be Helpful</p>	<p>Child Welfare, DHS</p>	<p>Options, Inc. (Behavioral Health and family preservation services)</p>	<p>Amani Center (when abuse is a factor)</p>				

NOTE: Childcare sites not included in map as ages served puts them out of scope of the project. Numerous childcare sites are screening in this community.

PATHWAY FOR DEVELOPMENTAL SCREENING & REFERRAL FOR CHILDREN 0-3 IDENTIFIED AT-RISK IN TILLAMOOK COUNTY

KEY STEPS

<p>Part 1: Children 0-3 Identified At-Risk on a Developmental Screening</p>	<p>Primary Practices Conducting Screening at Recommended Periodicity: 1) TCCHC</p>	<p>Primary Practices/System Who Appear Not to be Screening at All Rec. Visit or Across All Sites According to Claims Data: 1) Adventist Health (<i>based on claims</i>) 2) Rinehart Clinic</p>	<p>Community-Based Providers: 1) Home Visiting Programs</p>	<p>Screening Fairs (Children 2-6)</p>
--	---	---	--	--

<p>Part 2a: Developmental Supports to Address Delays Identified By Entity Who Screened</p>	<p>Developmental Promotion Activities</p>
---	--

<p>Part 2b: Referral to Agency to Address Delays Identified</p>	<p>In Tillamook County</p>	<p>OT/PT/ Speech Therapy at Adventist</p>	<p>EI NW Regional ESD Tillamook EI/ECSE</p>	<p>CaCoon/ Babies First</p>	<p>Child/Parent Psychotherapy (CPP) Tillamook Family Counseling Center (TFCC)</p>	<p>CPP Shasta Counseling (no insurance)</p>
	<p>Outside County</p>	<p>Developmental Behavioral Pediatrician 1) OHSU-CDRC 2) Providence</p>				

<p>Part 3: Additional Family Supports that Address Child Development and Promotion</p>	<p>NW Parenting</p>	<p>NW Regional Childcare Resources & Referral</p>	<p>Self Sufficiency, DHS</p>	<p>Child Welfare, DHS</p>	<p>WIC</p>	<p>Community Connections Network</p>	<p>Head Start CAT Inc.</p>	<p>Healthy Families CARE Inc.</p>	<p>Maternity Case Mgmt</p>	<p>Lower Columbia Hispanic Council Classes</p>	<p>Library Story Hours and Parent Groups</p>
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Section 2: Follow-Up to Developmental Screening Medical Decision Tree

The **Follow-Up to Developmental Screening Medical Decision Tree** is a tool that was developed with community stakeholder and developmental pediatrician input to help inform the pathways of follow-up to developmental screening and referral for children identified at-risk using the ASQ questionnaire. This conceptual model was developed in order to determine the best match of community-based services to refer the child/family based on risk factors and family demographics, using the framework of total ASQ score across domains and the ASQ Social-Emotional specific domain.

This tool is a conceptual model that may be adapted and used within other communities; however, it should not and is not intended to be used as a replacement of professional medical advice. Key factors to consider include:

1. Age of Child
2. ASQ Domain Scores
3. Parent or Provider Concern
4. Child and Family risk factors
5. Resources Available in the Community

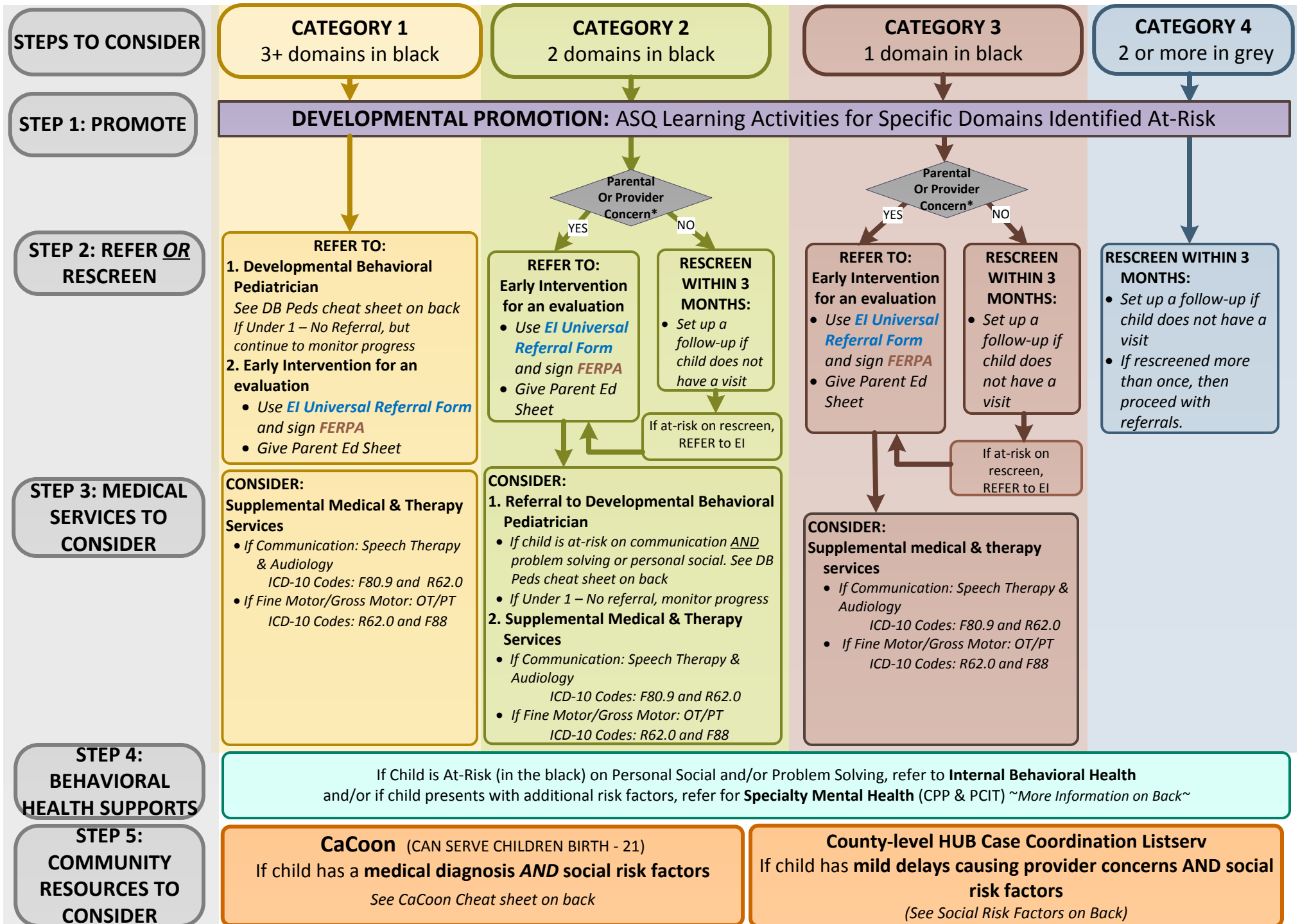
Examples included:

Clatsop – CMH – Pediatrics

Columbia – OHSU Scappoose

Tillamook – Tillamook County Community Health and Adventist Women’s and Families

FOLLOW-UP TO DEVELOPMENTAL SCREENINGS CONDUCTED IN CLATSOP COUNTY IN FIRST 3 YEARS: MEDICAL DECISION TREE



CaCOON CHEAT SHEET:

Info about program: <https://www.ohsu.edu/xd/outreach/occyshn/programs-projects/cacoon.cfm>

Medical Diagnosis or Medical Risk Factors



Social and Family Factors to Consider

- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Support with Parenting/Lack of Parenting Skills
- Parent has Disability
- Teen/Young Parent
- First Time Parent
- Newly Pregnant needing assistance
- 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
- DHS Involvement

Developmental Pediatrician Referral Cheat Sheet:

Child in **the BLACK** on the Communication domain
+
Personal-Social domain or Problem Solving domain

OR

- If the child is 'In the BLACK' on 2 or more domains and has any of the following presenting concerns:**
- Kids who are not progressing in services as expected or recent increase in symptoms
 - Kids who have challenging behaviors with inadequate response to behavioral interventions or medication.
 - Kids with secondary medical issues that are not responding to usual treatments (including feeding and nutrition)
 - Kids who may be experiencing traumatic events

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.

ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

<https://www.samhsa.gov>

BEHAVIORAL HEALTH SUPPORTS

If child is "in black" on Personal Social and/or Problem Solving

- Internal Behavioral Health referral**
Example of follow-up steps by IBH staff.
- **Additional screening of child's development (ASQ-SE, Pediatric Symptom Checklist)**
 - **Understand parental frustration**
 - **Understand child risk factors**

Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns

And/ Or

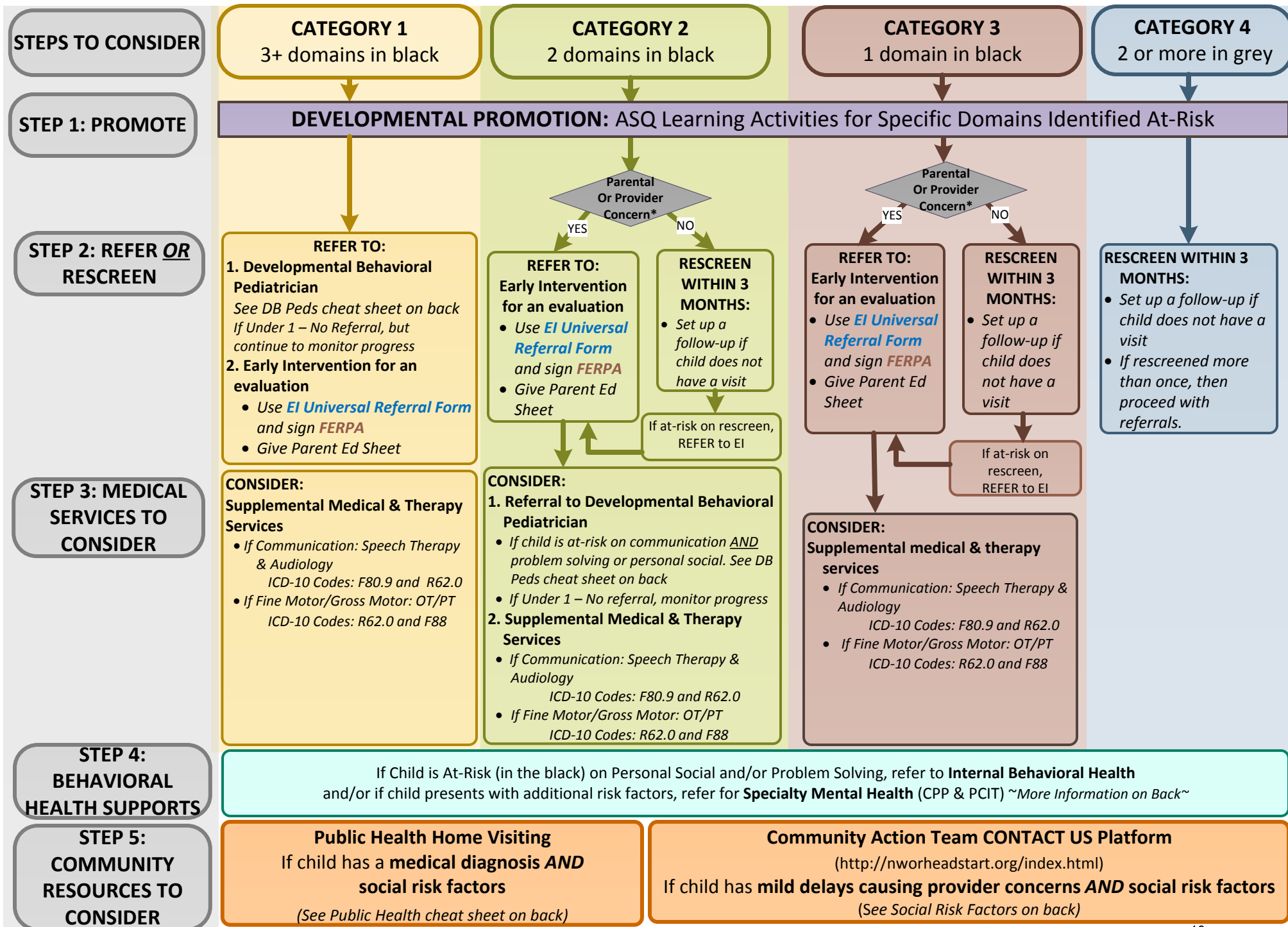
Exposure to Adverse Childhood Events (ACEs) in Family Environment

Consider External Referral to Mental Health for Child Parent Psychotherapy (CPP), Parent Child Interaction Therapy (PCIT), and Other Services

If Child has:

CONSIDER: USE OF EARLY CHILDHOOD MENTAL HEALTH DX CODES

FOLLOW-UP TO DEVELOPMENTAL SCREENINGS CONDUCTED IN COLUMBIA COUNTY IN FIRST 3 YEARS: MEDICAL DECISION TREE



**Public Health Home Visiting
CHEAT SHEET:**

Medical Diagnosis or Medical Risk Factors



Social and Family Factors to Consider

- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Support with Parenting/Lack of Parenting Skills
- Parent has Disability
- Teen/Young Parent
- First Time Parent
- Newly Pregnant needing assistance
- 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
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- DHS Involvement

**Developmental Pediatrician Referral
Cheat Sheet:**

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+
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OR

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- Parental separation or divorce
- Incarcerated household member

<https://www.samhsa.gov>

BEHAVIORAL HEALTH SUPPORTS

If child is "in black" on Personal Social and/or Problem Solving

- Internal Behavioral Health referral**
Example of follow-up steps by IBH staff.
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Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns

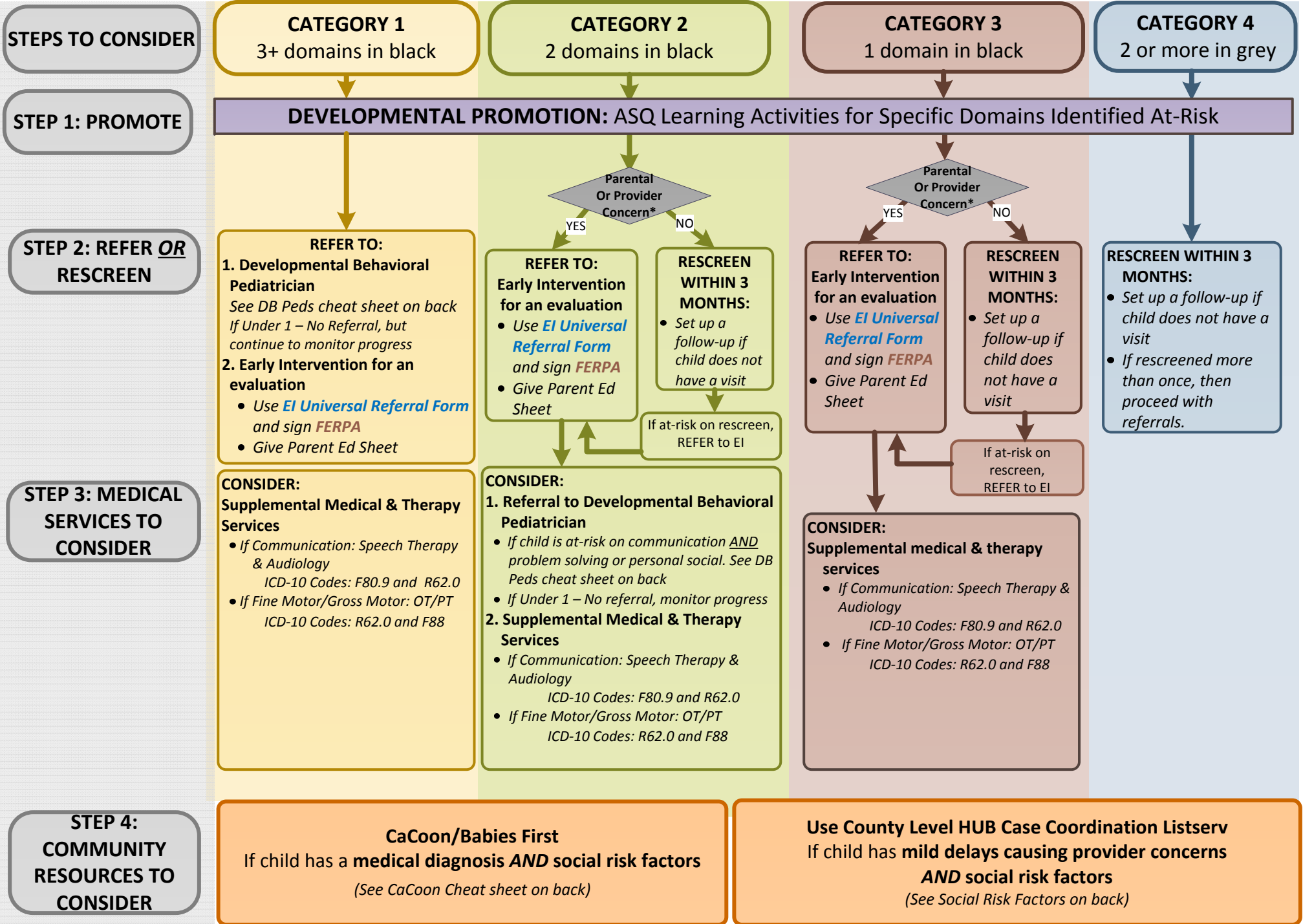
And/Or

Exposure to Adverse Childhood Events (ACEs) in Family Environment

Consider External Referral to Mental Health for Child Parent Psychotherapy (CPP), Parent Child Interaction Therapy (PCIT), and Other Services

CONSIDER: USE OF EARLY CHILDHOOD MENTAL HEALTH DX CODES

FOLLOW-UP TO DEVELOPMENTAL SCREENINGS CONDUCTED IN TILLAMOOK COUNTY IN FIRST 3 YEARS: MEDICAL DECISION TREE



CaCOON CHEAT SHEET:

Info about program: <https://www.ohsu.edu/xd/outreach/occyshn/programs-projects/cacoon.cfm>

Medical Diagnosis or Medical Risk Factors



Social and Family Factors to Consider

- Feels Depressed or Overwhelmed
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- Incarceration/Probation
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- Unemployed
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- DHS Involvement

Developmental Pediatrician Referral Cheat Sheet:

Child in **the BLACK** on the Communication domain



Personal-Social domain or Problem Solving domain

OR

If the child is 'In the BLACK' on 2 or more domains and has any of the following presenting concerns:

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- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

<https://www.samhsa.gov>



Section 3: Follow-Up to Screening: How We Can Support Your Child – A Parent Education/Shared Decision Making Tool

The **one-page Parent Education/Shared Decision Making Sheet** is a tool that may be used by Primary Care Providers to help explain referrals to parents and to support shared decision making. These sheets include options for referral, an explanation about the services provided, notes about eligibility, and important contact information. Based on the screening results, providers check the box(es) of the appropriate program or service that the child/family is being referred to. Buckets of information may include Early Intervention, Home Visiting Programs, Medical and Therapy Services, and Parenting Supports. This tool can be a helpful resource with information for parents/families to understand next steps, as well as act as a decision support tool for Providers when facilitating conversations during the visit.

Examples included:

Clatsop – CMH – Pediatrics

Columbia – OHSU Scappoose

Tillamook – Tillamook County Community Health

Tillamook – Adventist Women’s and Families

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 (NWRES D) 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:

- NWRES D 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:

NWRES D 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:

Mandy Mattison
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:

Shirley Butler
Family Transitional Planner
Phone: 503-338-7598

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
- Other:

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!

Phone Number: 503-325-7337

Follow Up in Clinic in: _____ 15

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 Columbia Service Center 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:

- NWESD 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.
- Columbia Service Center can schedule EI evaluations on Mondays and Wednesdays at 9 or 1.
- Their phone number is 503-366-4141.

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
503-366-4141 | www.nwresd.org

Public Health Home Visiting

What are Home Visiting Nurse Programs?

Public health nursing programs provide support to families. Public health nurses will work with your family to support your child's health and development. A 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 Home Visiting services.

What to expect if your child was referred to Home Visiting:

- A nurse will come to your home, at a time that works for you
- Weigh baby or child and screen for normal development
- Screen for healthy eyes, ears, and teeth
- Answer questions and provide resources

Contact Information: Heather Bell

Phone: 503-397-4651
www.tphfcc.org/home-visiting-programs

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 OHSU Scappoose, we are here to support you and your child. If you have questions about this process or if you haven't heard from the agency you were referred in two weeks please call us!

Phone Number: 503-418-4222 16

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 (NWRES D) runs the Tillamook Service Center- 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:

- NWRES D 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.
- Tillamook Service Center can schedule EI evaluations on Wednesdays and Thursdays at 9, 11 or 1:30.
- Their phone number is 503-842-8423

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

Contact Information:

NWRES D Intake Coordinator
503-842-8423 | www.nwresd.org

CaCoon/BabiesFirst

Who is CaCoon and Babies First?

CaCoon and Babies First are public health nursing programs serving families. A public health nurse will work with your family to support your child's health and development. A 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 or Babies First services.

Contact Information:

Cerisa Albrechtsen, 503-842-3941

Colleen Schwindt, 503-842-3931

<http://tillamookchc.org/public-health>

Tillamook Library Storytime

The library offers storytimes for kids of all ages. Reading out loud to your child is a great way to promote language development.

Tuesday: 10:00 am Terrific Twos (24 to 36 months) Come play with bubbles, balls, bells, and parachutes!

Friday: 10:00 am Mother Goose on the Loose (birth - 24 months) Come enjoy rhymes, puppets, songs, musical instruments and more, followed by a play period.

Saturday: 10:00 am Mother Goose on the Loose (birth - 24 months)

Medical and Therapy Services

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

Located at Adventist Rehabilitation

- 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
- Behavioral Health : Along with medical care, the Health Center can offer Behavioral Health services to help promote healthy development

Located in Portland:

- 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

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 the Health Center we are here to support you and your child. If you have questions about this process or if you haven't heard from the agency you were referred in two weeks please call us!

Phone Number: 503-842-3900

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Seguimiento al Chequeo Médico: ¿Cómo podemos ayudar a su hijo?

¿Por qué le pedimos que llene un cuestionario sobre el desarrollo de su hijo?

Nuestra meta es ayudar a desarrollar al cuerpo y el cerebro de los niños para que puedan alcanzar todo su potencial. Estos servicios de ayuda y apoyo pueden ayudarlo a preparar a su hijo para el kinder y los años siguientes.

Las recomendaciones nacionales de la Academia Americana de Padiatría indican que ciertas técnicas sean usadas para asesorar el desarrollo de los niños, así como el cuestionario que usted ha completado. Ésta técnica ayuda a identificar a niños que pudieran estar en riesgo de retraso. Es importante poder identificar temprano estos retrasos, ya que hay servicios disponibles que pueden ayudarlo.



Basado en estos resultados, estamos recomendándole a su hijo/a los siguientes servicios que están indicados abajo.

Early Intervention (E.I.) (Intervención Temprana)

E.I. ayuda a los bebés y niños pequeños en su desarrollo. En su área, Servicios de Educación del Distrito del Noroeste (NWRESD) ejecuta el programa de E.I.

E.I. se enfoca en ayudar a niños pequeños a aprender habilidades. Los servicios de E.I. mejoran el desarrollo del lenguaje, social y físico por medio de intervenciones basadas en juegos y entrenamiento de los padres.

No hay cobros, los servicios de E.I. son gratuitos para las familias.

¿Qué es lo que pudiera esperar si su hijo/a fuese recomendado/a para E.I.?

- NWRESD le llamaría para hacer una cita con su equipo para evaluar a su hijo.
- Si tiene una llamada perdida, debería de devolver la llamada para hacer una cita para la evaluación.
- El Centro de Servicios de Educación de Tillamook puede hacer citas para evaluaciones de Intervención Temprana los miércoles a las 9am o las 12pm
- Su número de teléfono es 503-842-8432.

Los resultado de la evaluación se utilizarán para determinar si el E.I. puede ofrecerle servicios a su hijo.

Información de contacto:

Coordinador de Admisión de NWRESD
503-842-8432 | www.nwresd.org

CaCoon y Bebés Primero

CaCoon y Bebés Primero son programas de enfermeros de salud pública que ayudan a las familias. Los enfermeros de salud pública trabajan con su familia para ayudar con la salud y desarrollo de su hijo. Un enfermero de CaCoon/Bebés Primero le visitará a su casa o donde usted o su hijo prefieran reunirse. No hay cargos, los servicios de CaCoon/ Bebés Primero son gratuitos para las familias.

Información de contacto:

Cerisa Albrechtsen, 503-842-3941
Colleen Schwindt, 503-842-3931
<http://tillamookchc.org/public-health>

La biblioteca

La biblioteca ofrece cuentos para niños de todas las edades. Leer en voz alta a su hijo es una excelente manera de promover el desarrollo del lenguaje.

Martes: 10:00 a.m. Terrific Twos (Fantástica edad de los 2 años) (de 24 a 36 meses) ¡Ven a jugar con burbujas, pelotas, campanas y paracaídas!

Viernes: 10:00 a.m. Mother Goose on the Loose (Rimas de Mamá Oca) (de nacimiento- 24 meses) Venga a disfrutar de rimas, títeres, canciones, instrumentos musicales y más, seguido de un período de juego.

Sábado: 10:00 a.m. Mother Goose on the Loose (Rimas de Mamá Oca) (de nacimiento - 24 meses)

Servicios Médicos y Terapéuticos

El proveedor de salud de su hijo le recomienda los siguientes servicios:

- Patólogo del lenguaje y el habla (Speech Language Pathologist): Especialistas en trastornos del habla, del lenguaje y de la deglución.
- Audiólogo (Audiologist): Especialistas en problemas auditivos y del equilibrio.
- Terapeuta Ocupacional (Occupational Therapist): Especialista en el rendimiento de actividades necesarias para la vida diaria.
- Terapeuta Físico (Physical Therapist): Especialista en rango de movimiento y coordinación física.
- Los pediatras de desarrollo conductual (Developmental-Behavioral Pediatrician): Especialistas en las siguientes áreas del desarrollo del niño: retrasos de aprendizaje, problemas de alimentación, problemas de conducta, retraso en el desarrollo del habla, destrezas motoras o cognitivas.
- Especialista en autismo (Autism Specialist): Especialista en proveer una diagnosis y plan de tratamiento para niños/as con síntomas de autismo.
- Comportamiento Saludable: Junto con la atención médica, el Centro de Salud de Tillamook puede ofrecer servicios de Salud del Comportamiento para ayudar a promover el desarrollo saludable

¿Por qué firmó un formulario de consentimiento?

Cómo proveedor médico de atención primaria de su hijo, queremos estar informados sobre el cuidado que recibe su hijo/a para poder ofrecerle el mejor cuidado posible. El formulario de consentimiento que usted firmó permite que los programas nos compartan la información.

Diferentes programas tienen diferentes requisitos de consentimiento. Para que los diferentes proveedores puedan comunicarse sobre el cuidado de su hijo, probablemente le pedirán que firme más de un permiso.

¿Tiene alguna pregunta?

En el centro de salud, estamos aquí para ayudar a usted y a su hijo. Si tiene preguntas sobre éste proceso, ¡por favor llámenos! Número de teléfono: 503-842-3900

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 (NWRES D) runs the Tillamook Service Center- 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:

- NWRES D 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.
- Tillamook Service Center can schedule EI evaluations on Wednesdays at 9 or 12.
- Their phone number is 503-842-8432.

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

Contact Information:

NWRES D Intake Coordinator
503-842-8432 | www.nwresd.org

CaCoon/BabiesFirst

Who is CaCoon and Babies First?

CaCoon and Babies First are public health nursing programs serving families. A public health nurse will work with your family to support your child's health and development. A 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 or Babies First services.

Contact Information:

Cerisa Albrechtsen, 503-842-3941

Colleen Schwindt, 503-842-3931

<http://tillamookchc.org/public-health>

Tillamook Library Storytime

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Saturday: 10:00 am Mother Goose on the Loose (birth - 24 months)

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 Adventist Women's and Family, we are here to support you and your child. If you have questions about this process please call us!

Phone Number: 503-842-5546



Section 4: 36 Hour Phone Follow-Up Script

1 in 4 children referred to Early Intervention don't get evaluated. Studies show that families make a decision on a referral in the first 48 hours and phone follow-up (not necessarily contact) within two days of referral significantly increased follow through. These phone calls can be used to help identify barriers to following through with an evaluation. Below is a sample script that could be used to facilitate the phone call.

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 Northwest Regional 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 Northwest Regional 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 Northwest Regional 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?

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, her name is Misty to schedule an appointment. If you would like to call to schedule at a time that works for you, the best number is 503.815.4449

We are here to support you, so if you have any questions, feel free to contact (insert name) at (phone number).

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 Northwest Regional 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 Northwest Regional 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 Northwest Regional 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?

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, her name is Mary to schedule an appointment. If you would like to call to schedule at a time that works for you, the best number is 503.366.4141

We are here to support you, so if you have any questions, feel free to contact (insert name) at (phone number).

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 Northwest Regional 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 Northwest Regional 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 Northwest Regional 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?

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, her name is Laura to schedule an appointment. If you would like to call to schedule at a time that works for you, the best number is 503.338.3368.

We are here to support you, so if you have any questions, feel free to contact (insert name) at (phone number).

****DID NOT INCLUDE TRIPLINK INFORMATION - NEED TO GET CPCCO BUY IN**



Section 5: Summary of Providers and Services Available to Service Children Identified At-Risk for Developmental Delay

Attached is a sample table that could be used to help facilitate and understand coverage and capacity of providers contracted with the CCO that could serve as a pathway to follow up to developmental screening. Important components to consider in coverage and capacity include:

- Ability to Serve Children 0-5
- Availability of service in other languages based on county level needs
- Benefit Coverage and requirements for services to be approved (if any)

CPCCO 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 ¹	Providers in CPCCO Contract That are Able to Provide Services	Serve Children aged 1 month - 3 years old?
Medical Services				
Developmental/ Behavioral Pediatrician	Y	PCP provider should refer child to CDRC. Authorization process for specialists should be followed. CDRC provides specialty services such as speech therapy, PT, OT, and hearing therapy and other specialist services.	OHSU – CDRC Providence Children’s Development Institute	Y Y
Autism Evaluation OHSU Autism Clinic	Y	Authorization process for specialists and or mental health should be followed. (this may fall under the mental health benefit, depends on codes.)	OHSU – CDRC	Y
Occupational Therapy Services				
Occupational Therapy Services	Y	Services authorized on a calendar year For OHP 1) No Authorization required for evaluations for ATL diagnosis which pairs with CPT code 2) Authorization required for therapy visits. *CareOregon will allow an evaluation and five visits (combined) for members with BTL diagnosis annually with authorization.	Tillamook Regional Medical Center- Adventist Rehabilitation Services Columbia Memorial Hospital Rehabilitation Services OHSU – CDRC Providence Children’s Development Institute	Y Y

Type of Medical or Therapy Service Addressing Developmental Delays	Covered (Y/N)	Benefit Coverage, Any Requirements for Service to be Approved ²	Providers in CPCCO Contract That are Able to Provide Services	Serve Children aged 1 month - 3 years old?
Physical Therapy Services				
Physical Therapy Services	Y	Services authorized on a calendar year For OHP 1) No Authorization required for evaluations for ATL diagnosis which pairs with CPT code 2) Authorization required for therapy visits. *CareOregon will allow an evaluation and five visits (combined) for members with BTL diagnosis annually with authorization.	Tillamook Regional Medical Center- Adventist Columbia Memorial Hospital Rehabilitation Services OHSU – CDRC Providence Children’s Development Institute	Y Y
Speech Therapy Services				
Speech Therapy	Y	Services authorized on a calendar year For OHP 1) No Authorization required for evaluations for ATL diagnosis which pairs with CPT code 2) Authorization required for therapy visits. *CareOregon will allow an evaluation and five visits (combined) for members with BTL diagnosis annually with authorization.	Tillamook Regional Medical Center- Adventist Columbia Memorial Hospital Rehabilitation Services OHSU – CDRC Providence Children’s Development Institute	Y Y

Type of Medical or Therapy Service Addressing Developmental Delays	Covered (Y/N)	Benefit Coverage, Any Requirements for Service to be Approved ³	Providers in CPCCO Contract That are Able to Provide Services	Serve Children aged 1 month - 3 years old?
Behavioral Health Services				
Behavioral Health Services provided by staff within Primary Care Office for Children without Medical Diagnosis. Some Specifics: Health and Behv. 96150-96154 Prev. Counseling 99401-99404, 99411-99412	Y	CPT should be paired with physical health condition	Tillamook County Community Health Center Columbia Memorial Hospital – Pediatrics OHSU – Scappoose All credentialed providers All credentialed providers	Y Y Y
Developmental testing (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report 96111				
Behavioral Health Screen: Use for ASQ SE 96127			All credentialed providers	
Psychiatric Diag Eval 90791		Authorization required for all services through GOBHI.	Columbia County Mental Health (& entities they may sub contract) Clatsop Behavioral Health (& entities they may sub contract) Tillamook Family Counseling (& entities they may sub contract)	
Psychotherapy 90832/90834/90837, 90846-47, 90839-40, 90849/90853		Authorization required for all services through GOBHI.	Columbia County Mental Health (& entities they may sub contract) Clatsop Behavioral Health (& entities they may sub contract) Tillamook Family Counseling (& entities they may sub contract)	

Type of Medical or Therapy Service Addressing Developmental Delays	Covered (Y/N)	Benefit Coverage, Any Requirements for Service to be Approved ⁴	Providers in CPCCO Contract That are Able to Provide Services	Serve Children aged 1 month - 3 years old?
Pediatric Psychological Testing Services		Authorization required for all services through GOBHI depending on the procedure code, or it may be the physical health PA requirements.	Columbia County Mental Health (& entities they may sub contract)	
			Clatsop Behavioral Health (& entities they may sub contract)	
			Tillamook Family Counseling (& entities they may sub contract)	
Social Skills Groups		Authorization required for all services through GOBHI depending on the procedure code, or it may be the physical health PA requirements.	Columbia County Mental Health (& entities they may sub contract)	
			Clatsop Behavioral Health (& entities they may sub contract)	
			Tillamook Family Counseling (& entities they may sub contract)	
Applied Behavior Analysis		Authorization required for all services through GOBHI.	Columbia County Mental Health (& entities they may sub contract)	
			Clatsop Behavioral Health (& entities they may sub contract)	
			Tillamook Family Counseling (& entities they may sub contract)	
Parent and Child Interaction Therapy (Kids older than two)		Authorization required for all services through GOBHI.	Columbia County Mental Health	
Child and Parent Psychotherapy (Kids 0-3)		Authorization required for all services through GOBHI.	Clatsop Behavioral Health	
			Columbia County Mental Health	
			Tillamook Family Counseling Center	
			Shasta Counseling	
Infant Massage	Y/N	**Massage is not generally considered a covered benefit ** PT and OT can provide if part of treatment plan. Authorization required.	Tillamook Regional Medical Center- Adventist	
			Columbia Memorial Hospital Rehabilitation Services	
Other Potential Services – Assume Not in CPCCO Contract				
Social Work Services				