Early Intervention Facilitation Summary
Deliverable 3.4 Facilitation Summary – Successes, Barriers, Implications for Early Intervention
May 2021

Background and Context:

The *Pathways from Developmental Screening to Services* project is a community-level improvement effort focused on improving the receipt of services for young children identified at-risk for developmental, behavioral and social delays. A critical follow-up pathway for some children identified is to Early Intervention (EI) located within High Desert Education Service District. To support this, the Oregon Pediatric Improvement Partnership (OPIP) is providing training, clarification of tools and supports to front-line EI staff on improving **closed loop communication and coordination between Early Intervention and the four referring pilot primary care sites.**

Content in This Summary: This summary report is anchored to the successes, barriers and implications for future efforts that we have identified through work conducted December 2020- May 2021.

1. Successes in Facilitation of HDESD on Improved Closed-Loop Communication

1.A. **Meeting with HDESD and Mosaic Staff to Improve Communication and Coordination on Referrals**

After the December 2020 Stakeholder Meeting, where data findings were shared that illuminated the lack of access and eligibility to Early Intervention for children served by Mosaic, the Mosaic East Bend team wanted to understand better ways to partner together with HDESD to support these children and families. As identified in the data, the outreach strategies used by HDESD (based on the funding and resources they have) have impacted their ability to evaluate and serve children referred by Mosaic. The goal of the conversation, as agreed upon by both entities, was to identify better and more timely communication between HDESD EI staff and the Mosaic Nurse Care Coordination team, who manage these referrals, to allow Mosaic the opportunity to try and re-engage families in the referral process before their referral expires. The following action areas were identified to achieve the goal:

- Mosaic and HDESD set up a secure email portal to engage in more real time conversations
- Quarterly huddles on the children referred to EI services and understanding eligibility – which would be conducted over email

Both of these outcomes were exciting opportunities and connections facilitated by this project, and that OPIP believes will lead to better outcomes for children served by Mosaic. That said, this level of communication is not a feasible model to spread across all practices served by HDESD.

2. Barriers in Facilitation of HDESD on Improved Closed-Loop Communication

2.A **Concerns about Jefferson County's Bifurcated Approach to Serving Children and the Impact on Families' Willingness to Complete Referral Process:** As has been shared in previous Facilitation Summaries and meetings with Ms. Tipton, the complicated bifurcated approach to referrals and evaluations that is used by HDESD and Jefferson County 509 has impacted their ability to successfully serve children and families in the region. According to family partners in the project, referrals to EI/ECSE can already be a challenging process for families to navigate, which is why OPIP has been working with primary care pilot sites on the implementation and use of the parent education sheet that helps to explain the process in more detail. In Jefferson County, families have noted additional barriers, including concern about the number of meetings that are required of them, which include: 1) Call to review referral information, 2) Evaluation of child, 3) Process for eligibility of services, and yet at the end of this three step process, children may still be deemed ineligible for services. Additional coaching and supports were needed for our pilot site in Jefferson County about the process that 509J and HDESD uses to identify and serve patients and families for EI/ECSE services. In alignment with other counties in the state and in aligning with family feedback, a different approach to evaluation and eligibility In Jefferson County may be beneficial to explore.

2.B **Lack of Engagement by Warm Springs Service Center:** OPIP was not able to meaningfully engage the Warm Springs Service Center on quality improvement opportunities aligned with our project. Warm Springs continued to experience a number of events outside their control, including wild fires and COVID-19 response, which required them to divert staff resources appropriately.

3. Final Data Summaries Assessing Pilot Impact

An important caveat to the data presented below is that the year of data "After Implementation Training" (April 2020 to March 2021) also directly overlaps with the COVID-19 response, for which there were time periods in which practices were not seeing young children and times during which EI was closed in order to align with state guidelines.

EI Data: Impact of Improvement Project on Pilot Site Referrals to EI

A primary goal of improvement work with the pilot primary care sites was to improve best match referrals to EI, meaning referring the right children to EI and ultimately increasing the percentage of referred children who are eligible for EI services. Therefore, the goal was not necessarily to refer more children to EI, but instead to refer more children for whom EI is the best match pathway based on developmental screening results. That said, baseline data revealed that two pilot primary care, Madras Medical Group and St. Charles Prineville, were **under-referring** children at risk for developmental delayto EI.

For children who would likely not be eligible for EI, the goal was instead to provide them with targeted developmental promotion and rescreening within three months.

Figure 1: Shows referral numbers to EI for each of the four primary care pilot sites before and after implementation training, compared with referrals from other physician groups not in pilot project.

Figure 1: Referrals from the Pilot Primary Care Sites Compared to Other Referrals
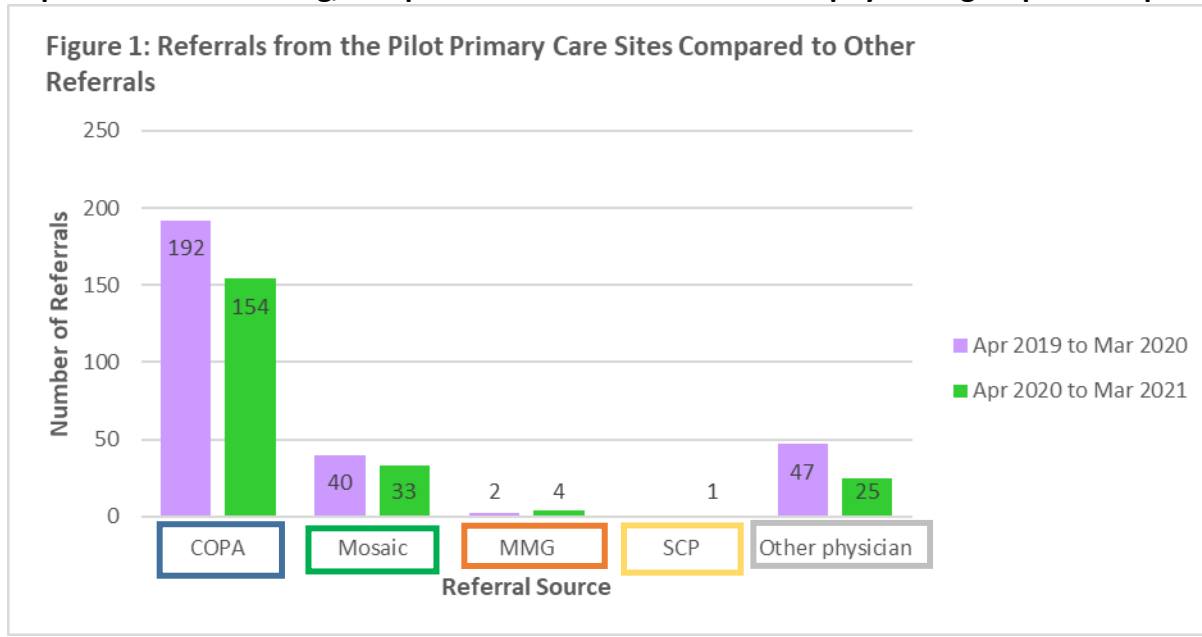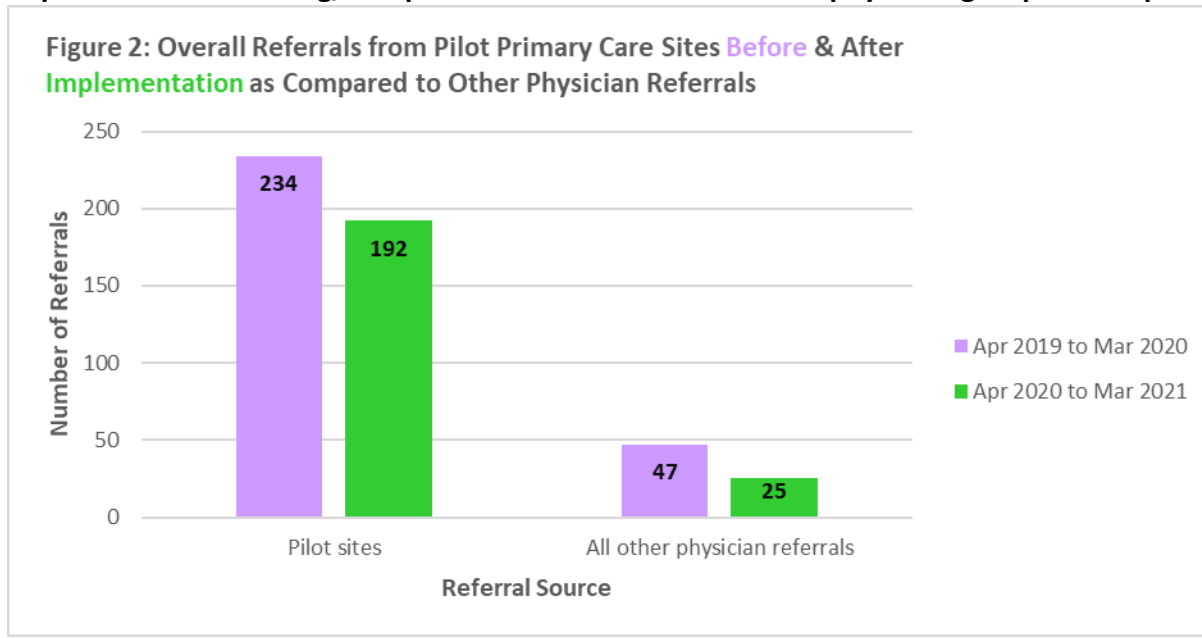
Figure 2: Shows referral numbers to EI across all the pilot primary care sites before and after implementation training, compared with referrals from other physician groups not in pilot project.


Figure 2: Overall Referrals from Pilot Primary Care Sites Before & After Implementation as Compared to Other Physician Referrals

Key Learnings:

In the two pilot sites where we were trying to increase referrals to EI, we were able to see improvements in referral numbers despite the pandemic and despite that St. Charles was trained in November 2020 due to a staggered roll out. For the two larger pilot sites, we did see a small reduction in referrals to EI, but this may be multi-factorial and was not as significant of a reduction compared to "Other Physician Clinics" in the region.

EI Data: Impact of Improvement Project on Referrals from the Pilot Primary Care Sites Able to be Evaluated

A second goal of the improvement project was to improve **the proportion of referrals able to be evaluated** from the pilot primary care sites. The interventions focused on enhancing parent engagement and education about EI referrals at the pilot primary care provider sites, intended to positively impact families in the follow-through with referrals. They also focused on what to expect after referrals are initiated and a timeline of the two-way communication from EI back to the primary care provider when a referred child is unable to be contacted. Primary care sites were then trained to follow-up with the family for these children in order to assist with engaging the family to call EI back and set up the evaluation.

Figure 3: Shows the proportion of referrals able to be evaluated by EI, before and after implementation training, comparing pilot primary care sites with other physician groups not in pilot project
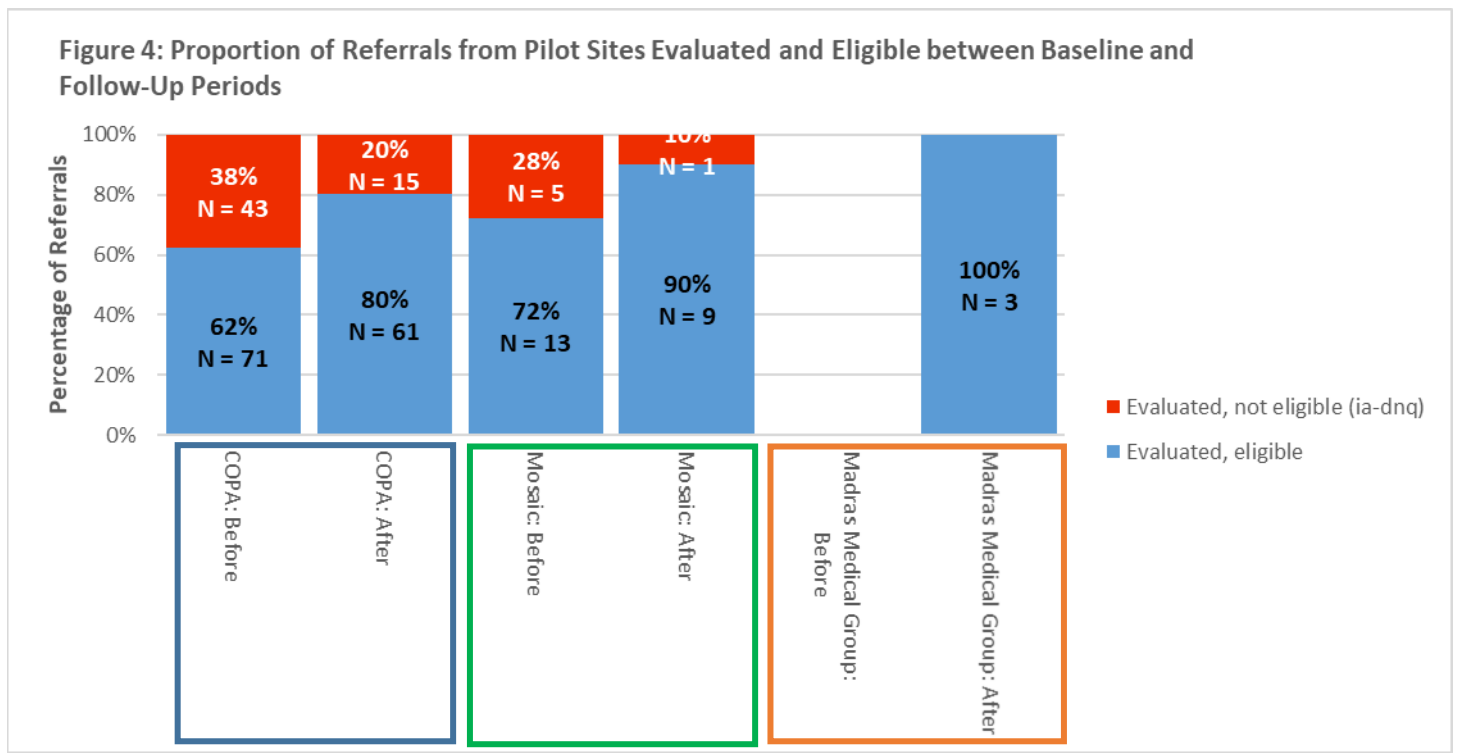

Figure 3: Proportion of Referrals from Pilot Sites Able to Be Evaluated
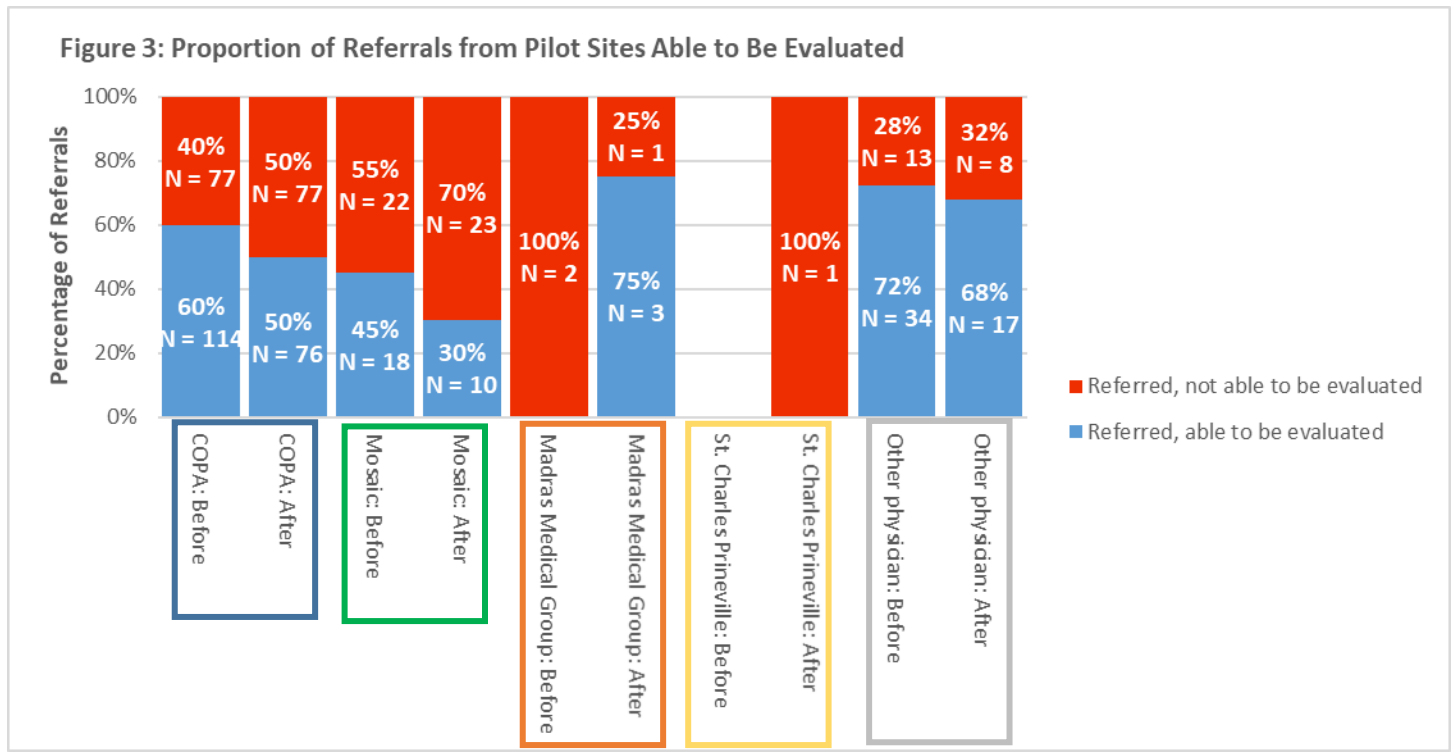
Key Learnings:

Within the two larger pilot sites, COPA and Mosaic, we did see a small reduction in children able to be evaluated for services, but saw an increase in those able to be evaluated from Madras Medical Group. The COVID-19 response clearly impacted HDESD's ability to serve children despite a tremendous amount of flexibility and work. OPIP is hopeful that processes have been established in the pilot sites that will be sustainable over time and these data indicators will improve with more time.

EI Data: Impact of Improvement Project on Referrals from the Pilot Primary Care Sites for Children Found Eligible

A third goal of the improvement project was to improve **the proportion of referrals able to be evaluated** from the pilot primary care sites that **were subsequently found eligible for EI services**. The interventions focused on training the primary care providers on the medical decision tree and best match referrals to EI, guiding providers to refer children with levels of delay that may make them more likely to be eligible for EI. Secondly, the intervention focused on training the pilot primary care sites on the Physician Statement of the Universal Referral Form, identifying and referring children who, via the Oregon Administrative Rules (OAR) for ODE, are automatically eligible for EI due to medical and developmental social risk factors.

Figure 4: Shows the proportion of referrals undergoing an evaluation that were eligible for EI services, before and after implementation training, by pilot primary care site.

Figure 4: Proportion of Referrals from Pilot Sites Evaluated and Eligible between Baseline and Follow-Up Periods

Key Learnings:

The **improvement project resulted in an increase in the proportion of referrals to EI that were eligible for services.** This improvement helps to show that OPIP's medical decision tree and focused trainings and interventions are well aligned with Oregon's EI eligibility requirements and help match more referrals with the needed services. Although barriers faced during COVID-19 response made it difficult to evaluate the full impact of the pilot site implementation, the improvement in EI eligibility of evaluated children after pilot sites underwent training on tools and strategies to engage families and provide best match referrals demonstrates the potential value of these interventions in impacting more children in the future.

4. Implications of these Learnings on Future Efforts with HDESD

With the project coming to an end and with Ms. Tipton's retirement, in partnership with the Early Learning Hub, OPIP has agreed to facilitate a final meeting with HDESD staff to ensure key learning and opportunities for future investment and examination are passed to the new staffing that will support this work. It was unfortunate that a majority of the pilot timeline overlapped with the COVID-19 response, affecting our ability to truly assess the impact on our pilot work. That said, based on the data we did capture, it showed that OPIP's medical decision tree and detailed training were helpful tools to increase eligibility for services, and so we are hopeful that as HDESD continues to prioirtize this work and the learnings from the pilots, that they will be able to continue to see improvements in the number of children evaluated and the number of children served post pandemic.