Deliverable 4.6
Summary of Implementation in the Priority Early Learning Pathways Identified Within Each Community: Successes and Barriers

The CPCCO grant supported pilots of improved pathways from primary care to an early learning provider. NWELH and OPIP chose to **engage the community** and **have the community choose** the early learning provider targeted in this project so that there would be community-level investment and engagement in the improvement work. We feel this is a critical and important step in ensuring that improvement efforts are anchored to what the community wants to focus on and based on the needs observed by the front-line. That said, **OPIP made proposals for the priority early pathways** based on the findings from the qualitative, stakeholder interviews and based on the quantitative data and gaps in the provision of best match follow-up identified in the claims, medical chart, and Early Intervention (EI) data. The proposals were also anchored to the community-asset map and the early learning services available. Pilot projects were not proposed to a needed early learning service that did not exist, as building capacity and services was outside the scope of the project. If future efforts are conducted that build off this work, we strongly recommend using this approach of garnering community consensus that is anchored to and informed by both qualitative and quantitative data.

Early Learning Pathways Identified in Each County for Pilots of Improved Pathways

1. Tillamook County prioritized referrals to **medical and therapy services** provided at Adventist Rehabilitation Center. In this work, OPIP facilitated the creation of a Referral and Communication Feedback Form. **Deliverable 5.4 – Part 1** provides a summary of the findings from this implementation pilot.
2. Clatsop County and Tillamook County piloted models around a **list serve** meant to provide connections to and opportunities to ask about potential **best match services available within in the local early learning community**. **Deliverable 5.4 – Part 2** provides a summary of the findings from this implementation pilot.
3. Columbia County also chose to pilot connections to a centralized platform of early learning providers, but leveraged an already existing online platform maintained by the Community Action Team. **Deliverable 5.4 – Part 2** provides a summary of the findings from this implementation pilot.
4. Lastly, Clatsop County chose to pilot improved pathways to **specialty mental health**. As noted in previous progress reports however, as part of the work to develop the pilot it became clear that significant work was needed to build the systems and processes by which a child would get to specialty mental health and significant training was needed that went beyond the scope of this CPCCO grant funding. OPIP subsequently received

funding from Greater Oregon Behavioral Health, Inc. (GOHBI) to develop the needed tools and processes and to conduct the needed trainings on these new tools.

It is important to note that there were a number **early learning services that the communities felt that young children identified at-risk needed and would be valuable to pilot pathways to their services, however due to the lack of availability OR lack of capacity** it was not feasible to address in this project. This includes:

- **Behavioral health** to address children with social emotional delays and includes services that could be provided by integrated behavioral health staff within primary care and specialty mental health. Across all three counties, stakeholders noted significant barriers to availability of and access to services that address children with self-regulation issues. We strongly recommend that this be a targeted focus in future efforts.
    - For example, during the project period, no specialty mental health providers who serve children 0-5 were available in Tillamook County. Additionally, Adventist Women and Children's primary care had no access to integrated behavioral health for young children.
- **Parenting classes** that provide coaching and tools to parents on building their child's development and addressing common behavioral health services. While there are some parenting classes in the community, the frequency and availability of the services was too limited to be a consistent and valid pathway for follow-up to developmental screening.

- **Home visiting for children 1-3** who are identified with developmental delays for which the family may benefit from home-based assessments and coaching. While there are home visiting programs in the community, there are none that have an eligibility criterion that would allow children identified at 1-3 years old with developmental delays only.

- **Parent-to-parent supports**. Primary care providers and early learning providers noted that there are some families and some cultures that may be hesitant to access the follow-up services recommended for children with delays, such as EI, medical and therapy services, and specialty mental health. They noted the value of parent mentors/family supports who have had young children with delays who have lived experience with navigating these services. At the time of project, these kinds of parent-to-parent resources focused on young children with some level of developmental delay were not available.

- **Supports for specific cultures** and for non-English speaking children: This project focused on strategies that were meant to improve follow-up and referral to early

learning providers overall. That said, there is a need to now consider how the tools and specific pathways we developed are accessible and designed appropriately for specific cultures. Secondly, as noted in Deliverable 5.4 Part 1 and Part 2, many of the services are only available in English and therefore this is a barrier to access for non-English speaking populations.

Early Learning Pathways Successes

The specific tools, successes and barriers for each of the Early Learning Pathways are described in Deliverable 5.4 Part 1 and Part 2. Per the grant reporting requirements, the high-level summary below is meant to provide an overarching summary of the successes from these pilots:

- **The OPIP asset mapping process and implementation of specific questions achieved the goal of identifying services** that can specifically provide follow-up for children identified on developmental screening vs. services that provide general supports to families or are specific to a group of children. Through this process, a community-level understanding was obtained about specific early learning resources available and gaps in services. This will be an important resource that will need to be updated over time as the information in the asset map will likely change.

- Primary care practices reported that the **Medical Decision Tree** assisted them in better understanding WHICH resources were the best to refer SPECIFIC kids and mapped to the ways that primary care providers think. The primary care providers found the overall asset map valuable in understanding services, but as we observed the use of the centralized early learning pathways, knowledge about available resources did not seem to impact a primary care provider's referral patterns with specific children that have specific needs.

- The most successful pathways to early learning from primary care have the following **basic elements:**
    1. ***Clarity on who to refer*** –As early learning works to enhance collaboration and coordination with primary care, it is important for them to not only describe their programs and services, but they also need to provide the "dot connection" to the primary care providers about WHICH children with what specific factors should be referred.
    2. ***How to refer –*** It is critical for a primary care medical home to understand how to refer to the programs and the information that is needed to facilitate the best referral possible. While referral forms can seem over cumbersome for early learning providers, the structure allows primary care to include the most relevant information for that program. Given that most of the primary care providers in the

region are Patient Centered Primary Care Homes, they not accountable to ensure they are referring in a way that they can track their referrals and the outcomes of the referrals.

3. ***Communication about the outcome of the referral*** – Again, as a Patient Centered Medical Home and key support to the child and family, primary care practices want to know the outcome of the referral. This not only helps them to ensure that they are supporting the child and family, but it allows them to identify secondary steps they may need to take. Secondly, OPIP has observed that two-way communication between primary care and early learning providers helps to enhance trust and understanding and supports their shared care coordination roles.

Early Learning Pathways Barriers

- As noted earlier and in Deliverable 5.4, we did not observe that primary care providers utilized the centralized early learning platforms. While they conceptually felt there is a high value in a central place they could pose a question about child and family needs and receive a response or coordination in the child receiving a best match set of services, in practice the primary care providers did not use this resource. This is similar to OPIP's experience in other communities. It is OPIP's observation that there may be a number of reasons for lack of use:
  - In the course of a visit, a primary care provider wants to provide answers and specific guidance to the child and parent. They may be hesitant or unclear about how to facilitate and manage a process that involves reaching out to a group for input and then rounding back to the parent.
  - While the providers conceptually were aware of the asset map and the resources identified, in the course of a busy clinic visit and due to the lack of specificity of which service may be valuable, they may not remember to think of this additional resource as they have not yet developed an internalized knowledge of the potential options.

- **Lack of parent engagement or agreement to access recommended services.** OPIP did receive feedback that some parents do not view the delays identified on the ASQ as problematic, or they may find accessing services cumbersome or burdensome with other time or personal commitments. Primary care providers found face value in parent education as a helpful tool to inform and guide parents. That said, they continued to note the value of more general public health messaging and community awareness about the important of addressing developmental delays earlier. A number of stakeholders noted the value of a broader "kindergarten readiness" campaign.