Oregon Transforming Pediatrics for Early Childhood
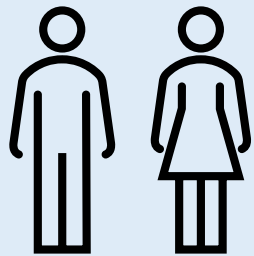**Addressing the Early Childhood Development (ECD) Continuum for Children with Suspected Autism**
November 7th, 2024 8am-12pm

WELCOME!

WE ENCOURAGE YOU TO TAKE CARE OF YOURSELF IN THIS SPACE
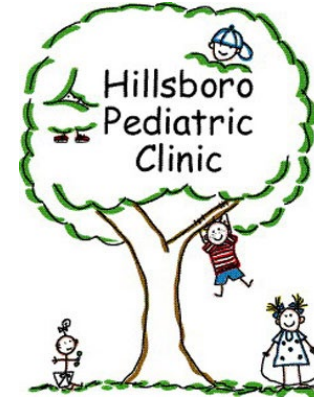
*Restrooms out the door, to the **right***

Water filling stations, coffee and breakfast are available

The room is yours, stretch and move about throughout as needed to stay connected

This is our Fourth!!! TPEC Learning Session!

Hillsboro Pediatric Clinic

Metropolitan Pediatrics

LEGACY HEALTH

Virginia Garcia Memorial HEALTH CENTER

Randall Children's Clinic

Photo: Shutterstock 1443

Welcome to the New Team Members Here Today

WELCOME
WE'RE GLAD YOU'RE HERE

Hillsboro Pediatric Clinic
- Lane Hickey

Randall Children's Clinic
- Courtney Spink
- Lena Kuo

Metropolitan Pediatrics
- Vicki Fellingham

November 7, 2024

Learning Session #4 Agenda

1

- Welcome and Review of the Agenda
- Where We Are Now: Learnings from Qualitative and Quantitative Data
  - o Action Planning Later Today Aimed at Improving Required Metrics
  - o TRIVIA Game!

Addressing the ECD Continuum for Children with Suspected Autism

- Strategies for Early Identification

Group Picture & BREAK

- From Identification to Referrals: Pathways
- Autism Alert for Primary Care: TPEC Site Pilot
- Small Group Action Plan Session: Priorities for the Next Six Months
- Close Out & Next Steps

Acknowledgement of Funding

- [Transforming Pediatrics for Early Childhood (TPEC)](#) is supported by Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).

- The contents of this learning sessions are those of the authors (OPIP staff) and do no necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the US Government.

OPIP Team Supporting The Learning Session

Colleen Reuland, MS
OPIP Director, Principal Investigator of Oregon TPEC

Lydia Chiang, MD
Medical Director

Reece Jose, BS
Sr. Research Assistant

Tessa Kehoe, MPH
OPIP Data & Trainings Coordinator

Vienna Cordova, BA
OPIP Projects Coordinator

Dave Ross, MPH
Contractor from Co-Imagine & TPEC Consultant

Guest with Expertise on Autism, Autism Alert

1

Katharine Zuckerman, MD, MPH, FAAP

Michelle Owens, MPH

Michelle Tae M. Ed
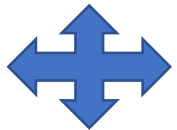
Icons Throughout the Presentation

= Binder Tab #

= Primary Care Providers

= Integrated Behavioral Health

= System Navigation, Referral Management

Learning Session #4 Agenda

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- From Identification to Referrals: Pathways
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National TPEC Objectives

1. Increase the **number of ECD experts** trained, equipped, and placed in pediatric settings serving Medicaid/CHIP-eligible or uninsured P–5 populations;
2. Increase the **number of pediatric practices** offering a **<u>continuum of ECD services</u>** that includes comprehensive early developmental health promotion/prevention, screening and surveillance, care coordination and linkage, and intervention;
   - Most metrics required by federal funder tied to this objective.
   - Given the data about the need, your baseline PCPCH-ECD, and alignment with payment levers related to Objective 4, primary focus of Oregon TPEC on **issue-focused interventions by staff** with ECD expertise and **referrals to external ECD experts.**
3. Improve **ECD knowledge & competencies among pediatric primary care staff;**
4. **Identify and advance solutions to specific barriers to sustained and holistic ECD service** delivery in primary care, such as **policy and financing barriers**, ECD **workforce** needs, **care coordination**, and **service gaps.**

OR TPEC Metrics Based on Practice-Level Data

TPEC Objective #1:

Increase the **number of ECD experts** trained, equipped, and placed in pediatric settings serving Medicaid/CHIP-eligible or uninsured P–5 populations;

- Main metric we are reporting is on **behavioral health clinicians** given they are providing the issue-focused interventions.

- We have also provided a broader count of staff who received training on specific birth-to-five referrals and play a specific role for birth-to-five along the ECD Continuum.

   Examples:
   - ✓ Care Coordinators
   - ✓ Referral Coordinators
   - ✓ Traditional Health Workers
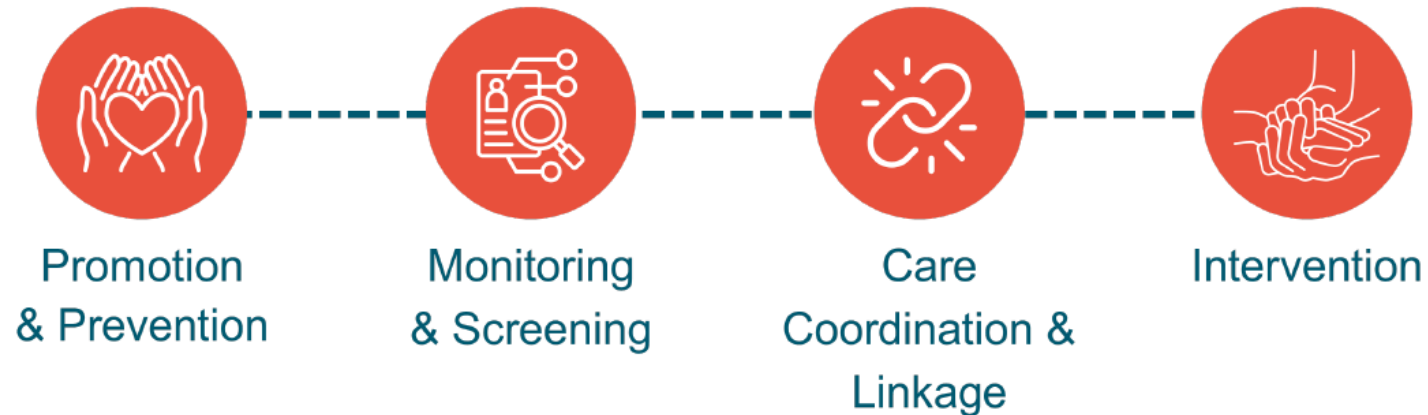   - ✓ Early Childhood Navigator

Interesting Fact:
- A majority of national TPEC grantees are implementing Healthy Steps.
- They are hiring Healthy Steps Specialists.

OR TPEC Metrics Based on Practice-Level Data

TPEC Objective #2:

Increase the **number of pediatric practices** offering a **continuum of ECD services** that includes comprehensive early developmental health promotion/prevention, screening and surveillance, care coordination and linkage, and intervention

National TPEC Defined "Continuum of ECD Services"

Promotion & Prevention — Monitoring & Screening — Care Coordination & Linkage — Intervention

OR TPEC Metrics Based on Practice-Level Data

TPEC Objective #2:

Increase the **number of pediatric practices** offering a **continuum of ECD services** that includes comprehensive early developmental health promotion/prevention, screening and surveillance, care coordination and linkage, and intervention

- PCPCH-ECD is how OR TPEC proposed measuring improved practice-level systems.

- HRSA required <u>child-level metrics</u> that assess whether the number and proportion of children who have received these services has improved. Their goal is that within these practices, child-level services are increased.

- The child-level metrics included in Tab 2 are what we report for this project.

- Annually, as part of the national reporting required across all HRSA grantees, we are asked to report four metrics aligned with **four TPEC Domains**:
  - Well-Child Visits for Children Aged 3-6 (Source: Health Share of Oregon) *Promotion & Prev.*
  - Social-Emotional Screening/Assessments (**1.3**) *Surveillance & Screening*
  - Referrals to Specialty Behavioral Health (**2.3**) *Care Coordination*
  - Children Receiving Issue-Focused Interventions (**3.1**) *Issue-Focused Interventions*

OR TPEC Metrics Based on Practice-Level Data

TPEC Objective #3:

Improve **ECD knowledge and competencies among pediatric primary care staff**

- We report elements of PCPCH-ECD relative to office systems and processes.
- This is why we collect evaluation data after every Learning Session and the IBH Webinars.
- This is why we are also tracking trainings you all do within your site and of your staff.

National TPEC Objectives

Objective #4: Identify and advance solutions to specific barriers to sustained and holistic ECD service delivery in primary care, such as **policy and financing barriers**, ECD **workforce** needs, **care coordination**, and **service gaps**.

- This is a routine section of the facilitator reports that Dave shares relative to policy barriers you have raised.
- Why this was a required section in your qualitative reports.
- Specific areas OPIP has been working on:
  - **Health Share of Oregon Health Plans** payment to primary care
    - FFS coverage
    - Sustainable Rates – IBH services, Well-Child Visit Rates
    - PMPMs
    - VBPs
  - **2025 Child-level CCO Incentive Metric** – Will create focus on policy and financing related to issue-focused interventions
  - **OHA**
    - EPSDT Coverage
    - Payment Parity
    - Primary Care Payment Reform
    - Addressing Lack of Network Adequacy in Behavioral Health; Developmental Peds
    - Addressing Gaps in EI/ESCE

Successes

Some examples:

- Engaged participation in all TPEC Learning Collaborative Activities
- Multiple PDSA improvement efforts implemented in all sites on various topics.
- All four sites have **integrated behavioral health** focused on birth-to-five, increased trainings and skill sets.
- **Expanded and increased screening**, including **social-emotional screening**
- Expanded **referral tracking and system navigation** processes for TPEC priority ECD Referrals
- For each site, at least one priority metric did improve

Shared Barriers

- All four sites have had staff transitions in integrated behavioral health.
- All four sites have had transitions of a TPEC team member
- Competing demands & pressures
- Increases in screening did NOT equal increases in correlated referrals that were expected
- All four sites had areas where they did not improve
    - ✓ But metrics that didn't improve were not the same across all four
    - ✓ Root barriers and root issues were different

Learningpit.org
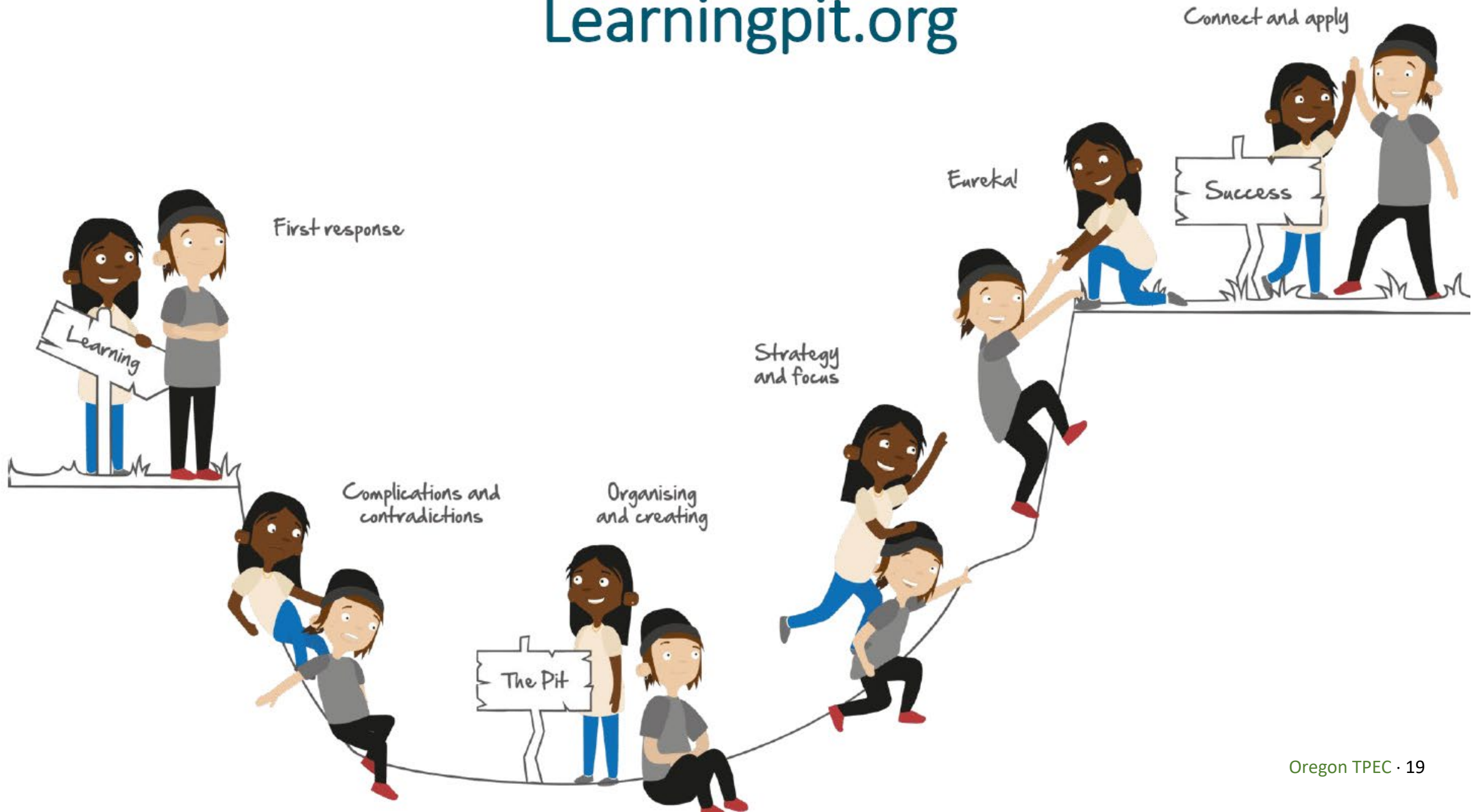
First response

Connect and apply

Learning

Eureka!

Success

Complications and contradictions

Organising and creating

Strategy and focus

The Pit

OREGON
TPEC
Transforming Pediatrics
and Early Childhood
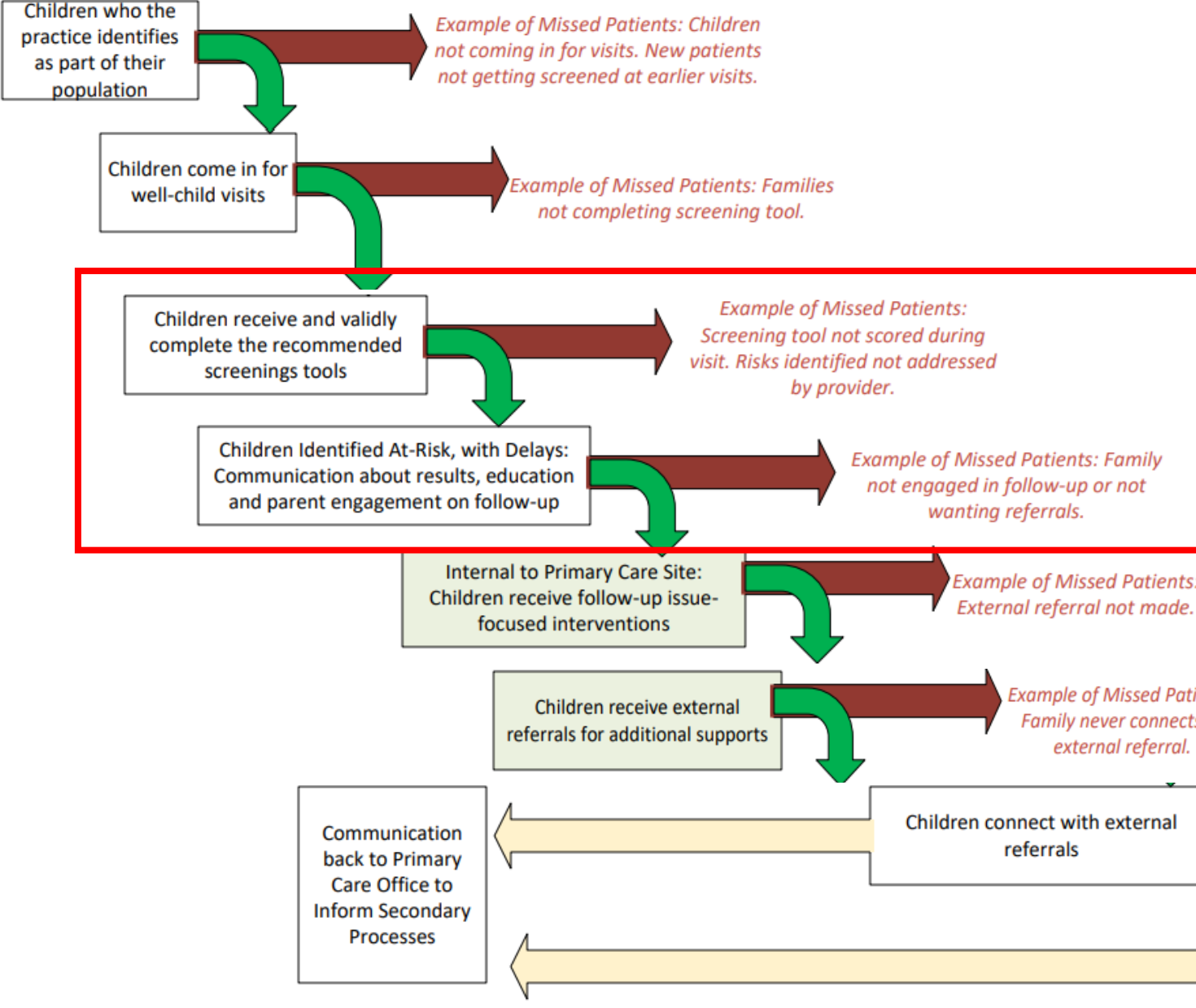
Based on OPIP's experience, areas to examine:

- Children identified on a screen but did not receive follow-up
- Variation by provider or by team in site
- QI Strategies Needed:
  - ✓ Go beyond one-time education training -> standardize systems
  - ✓ Decision supports
  - ✓ Routine data collection to assess implementation
  - ✓ Patient shared-decision making & engagement strategies in referrals

An Applied Example from a Tier 5 Practice Who Led Work Related to Developmental Screening

OPIP

Number of ALL Children in Clinic (Publicly and Privately Insured) *WHO RECEIVED A DEVELOPMENTAL SCREEN IN ONE YEAR:*
N=1431

N= 1431

Number of children who were **identified at-risk and** *SHOULD HAVE BEEN TO REFERRED TO EI*:
N=401

N= 401

NUMBER REFERRED TO EI based on their developmental screen :
N= 76
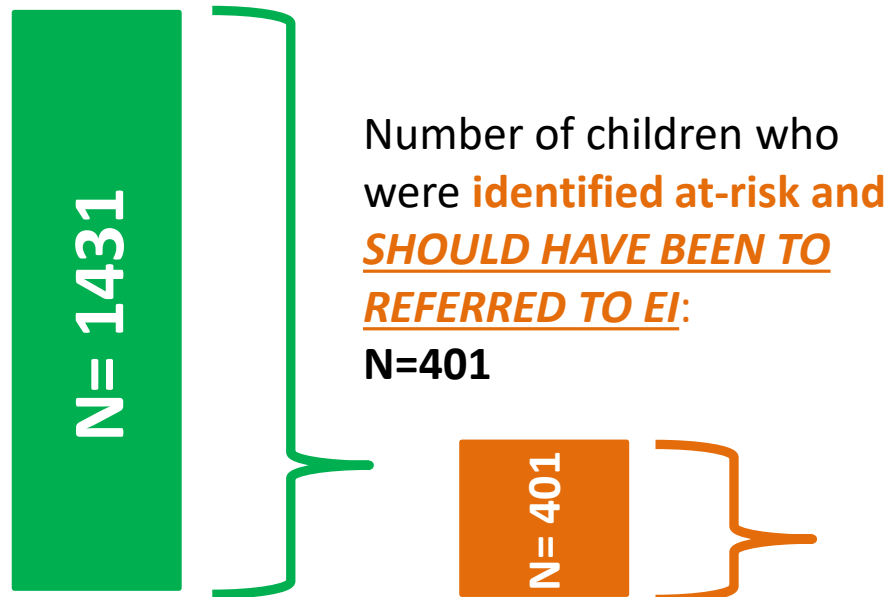
Of the children who received a developmental screen, **29% identified at-risk for delays** for which developmental promotion should occur

81% NOT REFERRED

Data Source: Data provided by Childhood Health Associates of Salem

Focus Needs to be <u>Ensuring that <u>Children</u> Receive the Outcomes Intended</u>

Focus of this Action Period is to Ensure Implementation <u>Across the Practice</u> to yield:

- ✓ **Increased follow-up**, across all providers in the office, to the screenings conducted and clinical clues
- ✓ Increased provision of **issue-focused interventions by ECD Experts**
- ✓ Increased referrals to external ECD Experts such as **specialty behavioral health**, developmental evaluation, EI/ECSE, and medical therapies
- ✓ Increased connection to those external services

Action Period Planning Includes Time to Map Strategies

- You are the superheroes in your practice.

- Focus of this year of the Learning Collaborative is thinking of **practice-wide systems** and processes and how they can be implemented **across all providers** and for **all patients.**

- Addressing where children "fall out."

Let's do a Trivia Game on Successes!

- Write down your answers on the sheet provided for the 15 questions.

- An OPIP team member will pick up the sheets at the end.

- Winner will get a prize!

Photo Credit: Getty Prize 12,124

Question #1: TPEC Domain of Promotion and Prevention

What site implemented group well-child visits that included a speech and language pathologist?

a) Randall Children's Clinic

b) Virginia Garcia Memorial Health Clinic – Cornelius

c) Hillsboro Pediatric Clinic

d) Metropolitan Pediatrics – Johnson Creek

Question #2: TPEC Domain of Promotion and Prevention

What site(s) have social-emotional health and behavioral health tips shown on TVs in the waiting rooms?

   a)   Randall Children's Clinic

   b)   Virginia Garcia Memorial Health Clinic – Cornelius

   c)   Hillsboro Pediatric Clinic

   d)   Metropolitan Pediatrics – Johnson Creek

Question #3: TPEC Domain of Surveillance and Screening

How many of the four TPEC sites submit claims for maternal depression screening conducted as part of routine well-child visits?

a) One out of four
b) Two out of four
c) Three out of four
d) Four out of four

Question #4: TPEC Domain of Surveillance and Screening

Which site implemented EHR modifications, decision supports and created a SE health data dashboard to guide their QI efforts?

a) Randall Children's Clinic

b) Virginia Garcia Memorial Health Clinic – Cornelius

c) Hillsboro Pediatric Clinic

d) Metropolitan Pediatrics – Johnson Creek

Question #5: TPEC Domain of Surveillance and Screening

In this last action period, how many sites improved on their social-emotional screening rates?

a) One out of four

b) Two out of four

c) Three out of four

d) Four out of four

Which of the following is true about one of the TPEC sites?

a) Every provider in the clinic got COVID the same week

b) A snake was found in an exam room that escaped from a child's backpack

c) An unfortunate issue with the plumbing shut down the clinic, and yet the resilient and dedicated team persevered and continues to focus on their patients

d) A viral Tik Tok video was spread by a patient that caught a physician doing the Macarena in the hallway

Question #7: TPEC Domain of Care Coordination

Which site curated a list of Spanish-speaking behavioral health providers & called each of them to understand the referral process?

    a)   Randall Children's Clinic

    b)   Virginia Garcia Memorial Health Clinic –Cornelius

    c)   Hillsboro Pediatric Clinic

    d)   Metropolitan Pediatrics – Johnson Creek

Question #8: Wild Card Question

Which site has had the same office administrator for two decades, who has participated in numerous OPIP Learning Collaboratives, and who has finally earned her retirement?

a) Randall Children's Clinic
b) Virginia Garcia Memorial Health Clinic –Cornelius
c) Hillsboro Pediatric Clinic
d) Metropolitan Pediatrics – Johnson Creek

Question #9: TPEC Domain of Care Coordination

Which site(s) have developed a parent education sheet that serve as a shared decision-making tool to support follow-up to screening?

a) Randall Children's Clinic
b) Virginia Garcia Memorial Health Clinic –Cornelius
c) Hillsboro Pediatric Clinic
d) Metropolitan Pediatrics – Johnson Creek

Question #10: Parent Surveys to Inform QI on TPEC Domain of Issue-Focused Interventions

Which site(s) have utilized parent feedback surveys to inform their QI work focused on behavioral health services?

a) Randall Children's Clinic

b) Virginia Garcia Memorial Health Clinic –Cornelius

c) Hillsboro Pediatric Clinic

d) Metropolitan Pediatrics – Johnson Creek

Question #11: TPEC Domain of Issue-Focused Interventions

How many of the four TPEC sites had increases in the rate of claims submitted specific to therapy services for children aged 1-5?

a) One out of four

b) Two out of four

c) Three out of four

d) Four out of four

Question #12: Wild Card Question

Which site had a training for their integrated behavioral health clinicians that included strategies involving the use of puppets?

   a)   Randall Children's Clinic
   b)   Virginia Garcia Memorial Health Clinic –Cornelius
   c)   Hillsboro Pediatric Clinic
   d)   Metropolitan Pediatrics – Johnson Creek

Question #13: TPEC Domain of Issue-Focused Interventions

How many of the four TPEC sites had increases in children seen by a THW, CHW and/or Early Childhood Navigator?

a) One out of four

b) Two out of four

c) Three out of four

d) Four out of four

Question #14: TPEC Domain of Issue-Focused Interventions

Which site implements group psychotherapy classes for children birth to five?

a) Randall Children's Clinic
b) Virginia Garcia Memorial Health Clinic –Cornelius
c) Hillsboro Pediatric Clinic
d) Metropolitan Pediatrics – Johnson Creek

Question #15: Wild Card Question

Which site held one of their monthly site visit at a farm?

   a)   Randall Children's Clinic
   b)   Virginia Garcia Memorial Health Clinic –Cornelius
   c)   Hillsboro Pediatric Clinic
   d)   Metropolitan Pediatrics – Johnson Creek

Winner?

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Early Childhood Continuum for Children with Suspected Autism

Patient Centered Primary Care Home

Population Based: Surveillance and Screening

Autism Screening at 18 Month & 24 Month Visits

Primary Care Provider M-CHAT-R/F Follow-Up Questions, Guidance and Education to Parent, Shared Decision Making on Referrals

PCP Refers to External Services

Challenging Behavior Supports
- *Feeding*
- *Sleep*
- *Aggression*
- *Self-Injury*

Integrated Behavioral Health: Brief Interventions

For Children with Suspected Autism

System Navigation Support

Referral for Evaluation; Referral for Services; If Applicable: Referral to Autism Alert
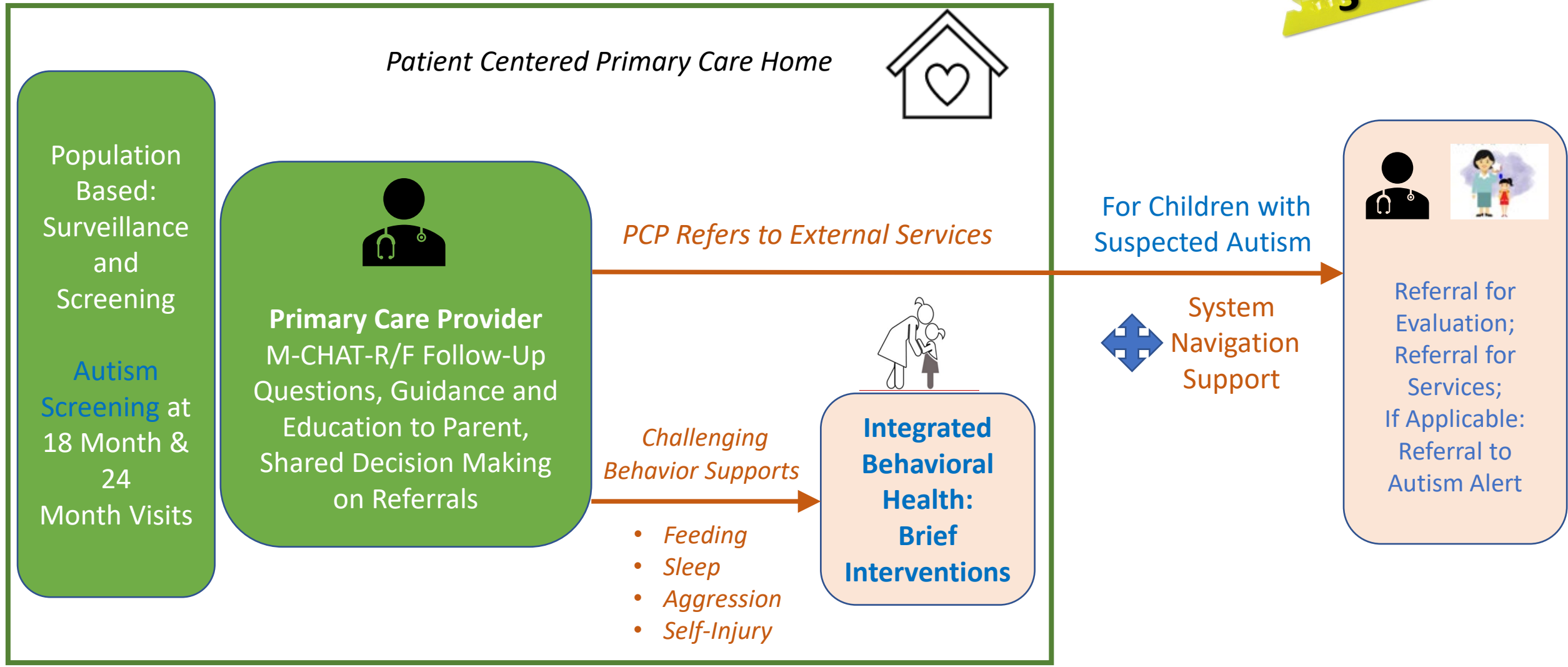
Strategies for Early Identification of Potential Autism

- Developmental surveillance, Clinical information
  - Parental concern
  - Provider observation, clinical assessment
  - Care provider concern
  - Family history

- Developmental screening (ASQ)

- Targeted autism screening (MCHAT-R/F, QCHAT)

Autism Spectrum Disorders

- **Autism Spectrum Disorder (ASD)** core deficits
  - Social-emotional communication and interaction
  - Restricted and repetitive patterns of behavior
- Associated features
  - Intellectual disability
  - Language impairment/idiosyncrasy
  - Motor deficits
  - Sensory hyper/hypo-sensitivity

Autism Spectrum Disorders

- **Autism Spectrum Disorder (ASD)** core deficit
  - Social-emotional communication and interaction

Flags for potential autism, other social communication disorder:

- ASQ screen with scores:
  - ➢ Below cut off on communication domain **AND**
  - ➢ Below cut off on personal-social or problem-solving domain

Autism Spectrum Disorders

- **Autism Spectrum Disorder (ASD)** associated features
  - Intellectual disability
  - Language impairment/idiosyncrasy
  - Motor deficits
  - Sensory hyper/hypo-sensitivity

Flags for potential autism, global developmental delay, other disability:

- ASQ screen with scores:
  - ➤ 3 or more domains below cut off OR

  - ➤ 2 or more domains below cut off and <u>any</u> of the following presenting concerns:
    - o Not progressing in services as expected or recent increase in symptoms
    - o Challenging behaviors with inadequate response to behavioral interventions or medication
    - o Secondary medical issues that are not responding to usual treatments (including feeding and nutrition)
    - o Experiencing traumatic events

Why is developmental screening important?

Did you know?

20% of all visits to the pediatric clinician's office are developmental or behavioral in nature.

80% of parental concerns are correct and accurate.

Children who fall behind in 1st grade have a 1/8 chance of ever catching up.

High school graduation rates can be accurately predicted by reading level in 3rd grade.

Why Does Standardized Screening and Follow-up in Primary Care Matter?

Primary Care is the one place **nearly all children are seen**

47%
Are in nursery and preschool

90%
See a **primary care provider**

Why Standardized Screening Matters
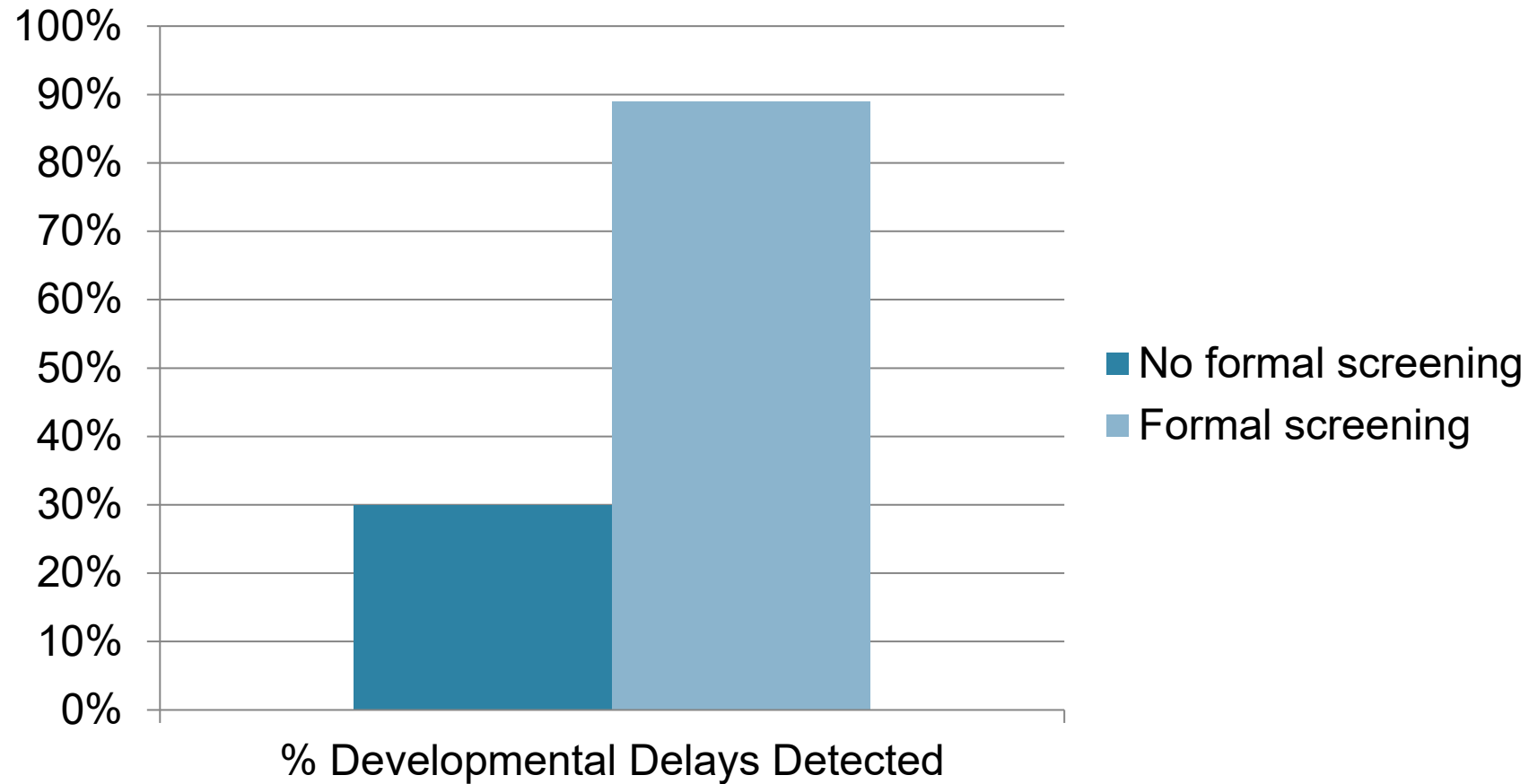
Jee, et al (2010), Hix-Small (2007)

Autism and Autism Screening

Autism Spectrum Disorders (ASDs)

Atypical social communication and interaction

Restricted and repetitive behaviors/ interests

Autism Spectrum Disorder
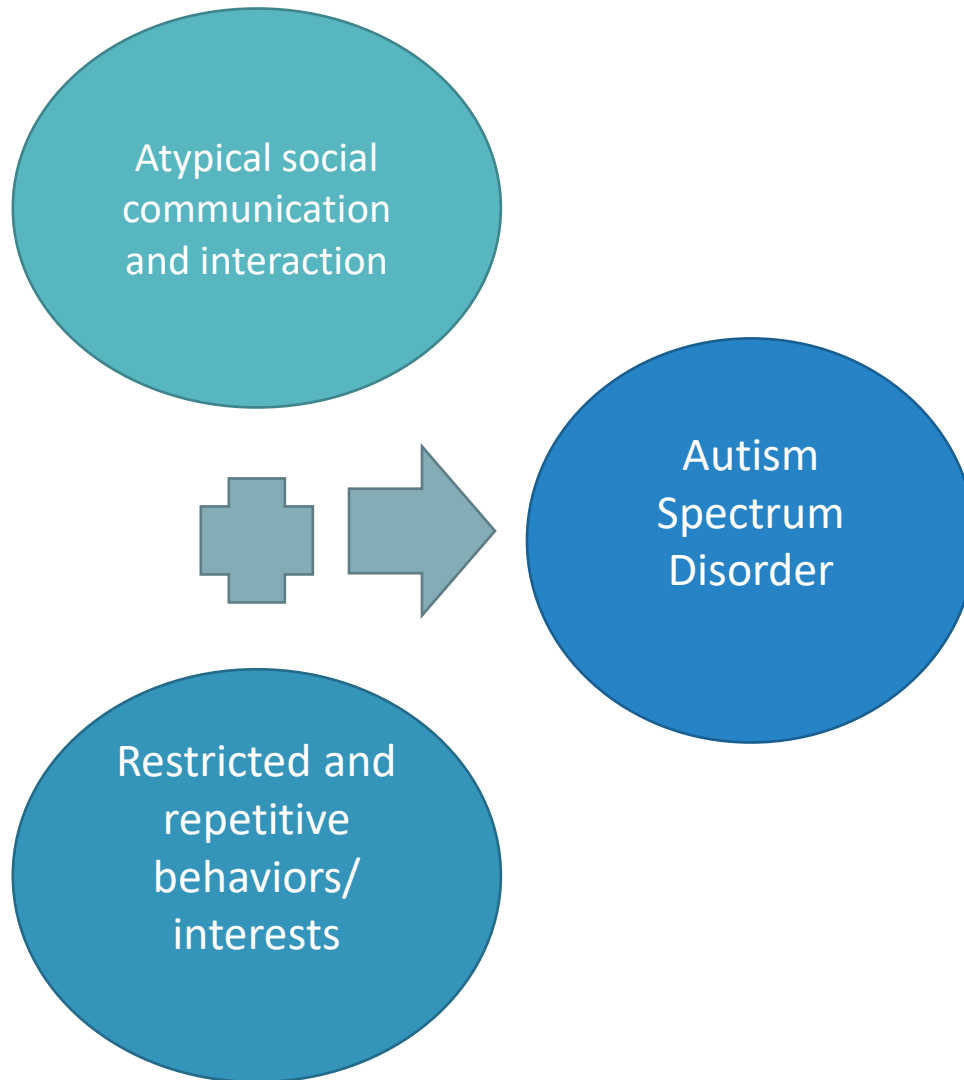
- Symptoms develop in early childhood
- First signs appear in the first year of life.
- Can be reliably diagnosed by age 2 for many children.
- Must cause significant impairment

DSM-5 Diagnostic Criteria

Atypical Social Communication and Interaction

Social reciprocation and emotional interaction

- Speech delay
- Loss of language milestones
- Not responding to name
- Not imitating

Nonverbal communication

- Not bringing objects to show
- No joint attention
- Poor eye contact

Social awareness and insight

- Having trouble with back-and-forth games
- Lack of interest in other children
- Not sharing imaginative play

Restricted or Repetitive Interests and Behaviors

Repetitive motor movements

Restricted interests

Routine & rituals

Hyper- or hypo-reactivity

Symptoms can range from very mild to very severe.

Lifelong condition for most people.

Estimated Autism Prevalence 2023

The Centers for Disease Control and Prevention autism prevalence estimates are for 8-year-old children in the Autism and Developmental Disabilities Monitoring Network in 2020.

Autism Prevalence by Race/Ethnicity
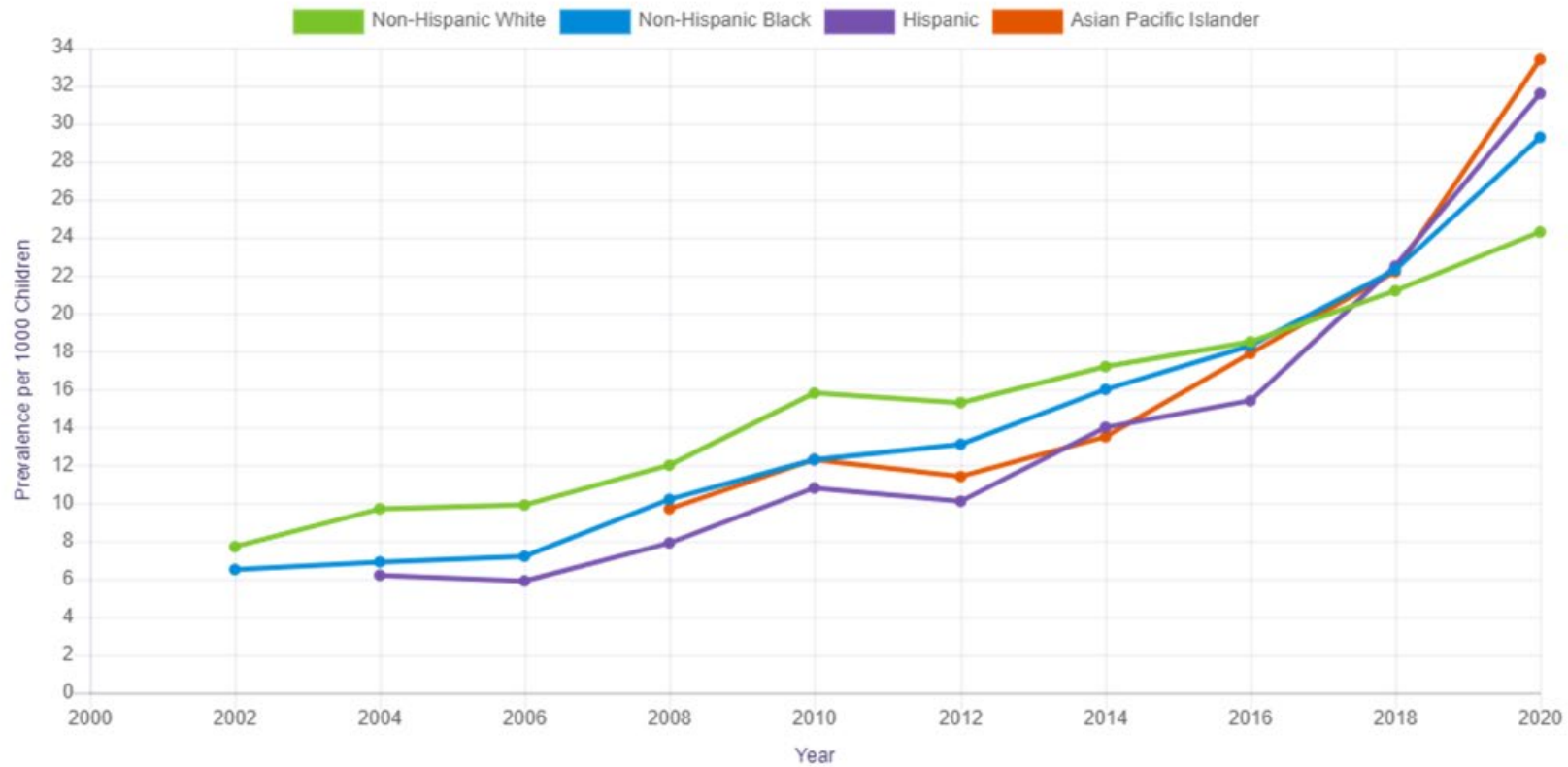
Ref: CDC ADDM Data Visualization Tool

Prevalence by Biological Sex

About 4:1 prevalence for boys vs. girls

Prevalence per 1,000 Children:

OVERALL	👤		27.6
BOYS	👤		43
GIRLS	👤		11.4
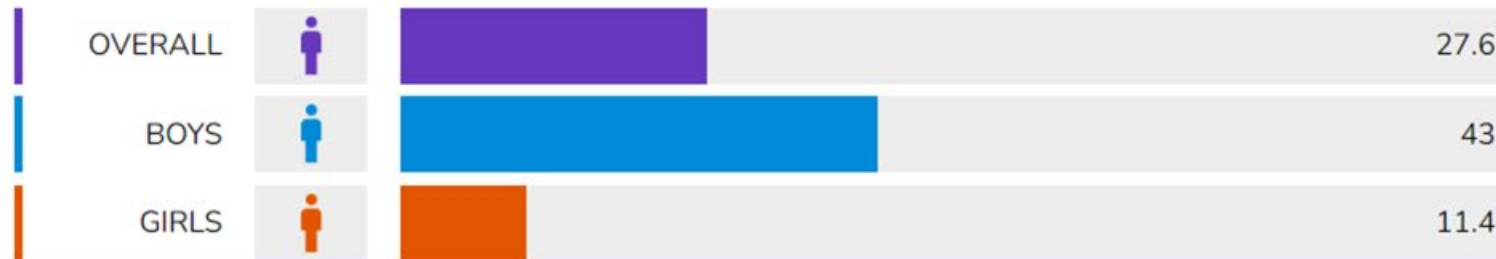
For every 1 GIRL, 3.8 BOYS were identified with ASD.

Note: *Data for transgender and gender non-binary children are not reported at this time.*
ADDM data do not represent the entire state, only a selection of sites within the state.
†*ADDM estimate = the total for all sites combined.*

Ref: CDC ADDM Data Visualization Tool

Why is Early Autism Identification Important?

- Improved functional outcomes (adaptive skills)
- Improved verbal IQ
- Decreased family stress
- Probable cost savings

Screening is key to Early Autism Identification

- More kids are referred for autism evaluation through autism screening than general developmental screening

- Screening is better at picking up kids with "milder" autism phenotype

General Developmental vs. Autism Screening

- Most general developmental screening tools (e.g., ASQ, SWYC) will screen positive if a child has autism.
- Many autism screens will screen positive if a child has global delay
- Tools should be used together in context
- Must use an autism screening tool to identify autism specific risk

Modified Checklist for Autism in Toddlers-Revised with Follow-Up (M-CHAT-R/F)™

3

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child <u>usually</u> behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** <u>or</u> **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (For Example, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (For Example, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (For Example, furniture, playground equipment, or stairs)	Yes	No
5. Does your child make <u>unusual</u> finger movements near his or her eyes? (For Example, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (For Example, pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (For Example, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (For Example, does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (For Example, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (For Example, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (For Example, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (For Example, wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (For Example, does your child look at you for praise, or say "look" or "watch me"?)	Yes	No
18. Does your child understand when you tell him or her to do something? (For Example, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (For Example, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (For Example, being swung or bounced on your knee)	Yes	No

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2-Stage parent report screening tool to assess for risk of autism spectrum disorder

Ages 16-30 months
Reading Level: 6th grade

Download for free:
http://www.mchatscreen.com

Multiple languages available

MCHAT- Revised with Follow-up: Two-Stage Screener
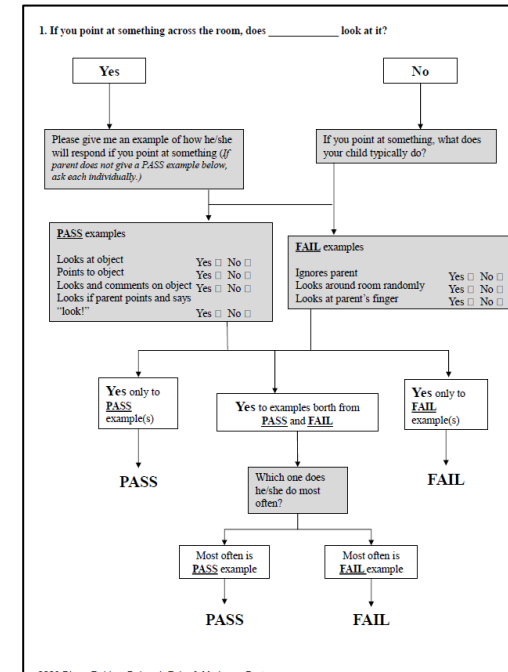
MCHAT ALONE
- Sen (0.86-0.96)
- Spec (0.95-0.96)
- **PPV 0.138**

MCHAT + Follow up
- Sen (0.79-0.92)
- Spec (0.99-0.99)
- **PPV 0.475**

M-CHAT-R/F™

SCORING:

'No' responses convert to fail (risk of ASD)

EXCEPT

Questions #2, 5, and 12 reverse-scored; 'yes' converts to fail.
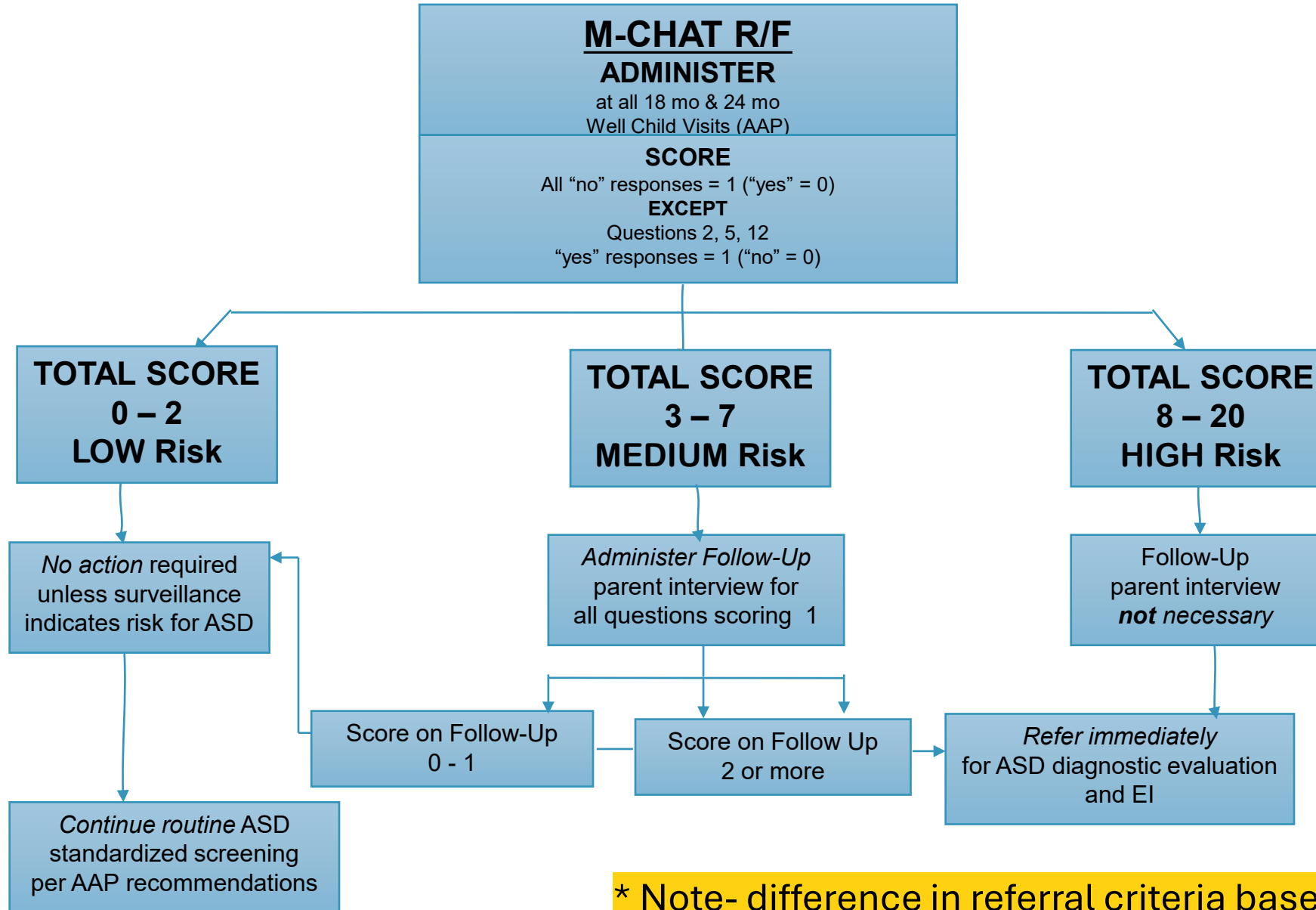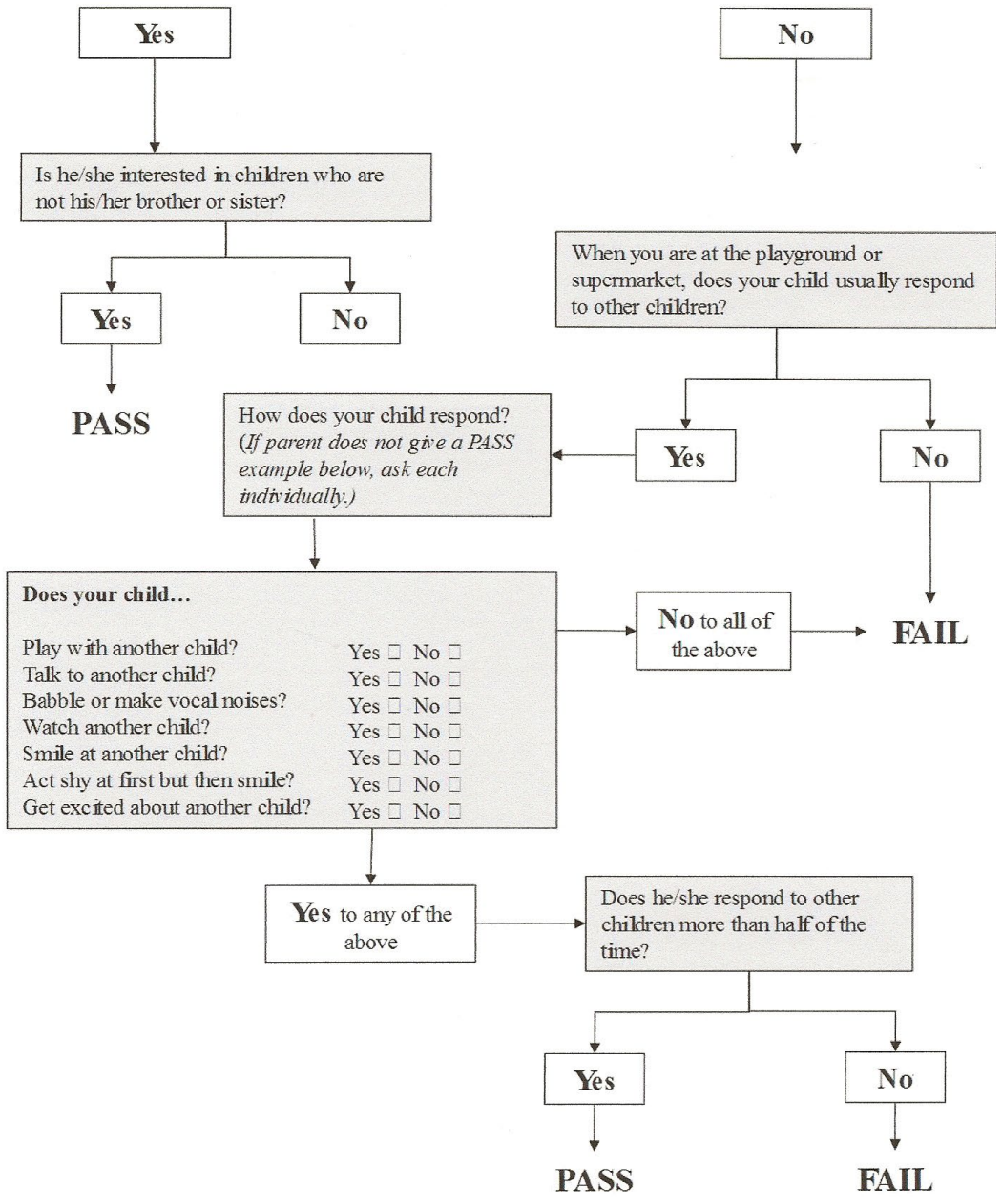
"Normal" pattern =

3 "No"s on #2,5,12

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer no. Please circle yes or no for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? **Yes** No
(FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)

2. Have you ever wondered if your child might be deaf? Yes **No**

3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink **Yes** No
from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)

4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground **Yes** No
equipment, or stairs)

5. Does your child make unusual finger movements near his or her eyes? Yes **No**
(FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)

6. Does your child point with one finger to ask for something or to get help? **Yes** No
(FOR EXAMPLE, pointing to a snack or toy that is out of reach)

7. Does your child point with one finger to show you something interesting? **Yes** No
(FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road)

8. Is your child interested in other children? (FOR EXAMPLE, does your child watch **Yes** No
other children, smile at them, or go to them?)

9. Does your child show you things by bringing them to you or holding them up for you to **Yes** No
see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed
animal, or a toy truck)

10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she **Yes** No
look up, talk or babble, or stop what he or she is doing when you call his or her name?)

11. When you smile at your child, does he or she smile back at you? **Yes** No

12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your Yes **No**
child scream or cry to noise such as a vacuum cleaner or loud music?)

13. Does your child walk? **Yes** No

14. Does your child look you in the eye when you are talking to him or her, playing with him **Yes** No
or her, or dressing him or her?

15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or **Yes** No
make a funny noise when you do)

16. If you turn your head to look at something, does your child look around to see what you **Yes** No
are looking at?

17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child **Yes** No
look at you for praise, or say "look" or "watch me"?)

18. Does your child understand when you tell him or her to do something? **Yes** No
(FOR EXAMPLE, if you don't point, can your child understand "put the book
on the chair" or "bring me the blanket"?)

19. If something new happens, does your child look at your face to see how you feel about it? **Yes** No
(FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will
he or she look at your face?)

20. Does your child like movement activities? **Yes** No
(FOR EXAMPLE, being swung or bounced on your knee)

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SCORING ALGORITHM: Modified Checklist for Autism in Toddlers Revised with Follow-Up

M-CHAT R/F
ADMINISTER
at all 18 mo & 24 mo
Well Child Visits (AAP)

SCORE
All "no" responses = 1 ("yes" = 0)
EXCEPT
Questions 2, 5, 12
"yes" responses = 1 ("no" = 0)

3

**TOTAL SCORE
0 – 2
LOW Risk**

**TOTAL SCORE
3 – 7
MEDIUM Risk**

**TOTAL SCORE
8 – 20
HIGH Risk**

No action required
unless surveillance
indicates risk for ASD

Administer Follow-Up
parent interview for
all questions scoring 1

Follow-Up
parent interview
not necessary

Score on Follow-Up
0 - 1

Score on Follow Up
2 or more

Refer immediately
for ASD diagnostic evaluation
and EI

Continue routine ASD
standardized screening
per AAP recommendations

<mark>* Note- difference in referral criteria based on follow up questions</mark>

8. Is _Sally_ interested in other children?

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Use The M-CHAT-R/F Follow-Up Interview™ For All Failed Items

- M-CHAT-R alone
- Positive Predictive Value (PPV) = 0.138

- M-CHAT-R/F
- PPV = 0.475

Common Mistakes with Autism Screening

1. Not doing the M-CHAT-R/F follow-up interview for medium-risk patients

2. Using the follow-up interview incorrectly (for instance, doing it for all the questions instead of just the ones with positive responses)

3. Not using M-CHAT-R/F in context of the overall developmental picture (it may be positive in many kids with global delay)

4. Not making appropriate referrals for patient with positive screen ("waiting and seeing", not ordering audiology eval)

5. Not communicating well about autism with families after a positive screen (for instance, you need to say the word AUTISM)

Considerations for Diverse Families – Approaching Screening

- Families may need more explanation about why you are asking questions

- Do not assume that families have heard of "developmental delay" or "autism"

- Remember that developmental and mental health issues can be sensitive topics
  - ➤ approach the topic like you would other sensitive clinical issues

- Fax EI/ECSE referral information directly

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

Considerations for Diverse Families – Interpreting Screening Results

- Do not disregard the screening result because of
  - ➤ Complex social situation
  - ➤ Your personal assessment of the child's language skills
  - ➤ Bilingualism in family
  - ➤ "Cultural issues" around social communication
  - ➤ You aren't sure if there is really a delay
  - ➤ Child seems to be "catching up"

Key Messages about EI/ECSE for Families

- EI/ECSE is free for families

- EI/ECSE is good for kids with minor delays

- EI/ECSE helps with Kindergarten Readiness

  o "Even little delays are important!"

  o "We want her to be ready to learn and make friends"

  o "Even if you think your child doesn't need EI/ECSE, try to check it out. If he doesn't qualify you will still have a good experience and learn a lot about his development"

Key Messages for families who screen positive for Autism

Be motivating but not scary!

Autism now is different than it was 20 years ago.

1 in 34 children means your child may not be the only one in their kindergarten class!

Early therapy can help your child reach their full potential

Learning Session #4 Agenda

- Welcome and Review of the Agenda
- Where We Are Now: Learnings from Qualitative and Quantitative Data
  - Action Planning Later Today Aimed at Improving Required Metrics
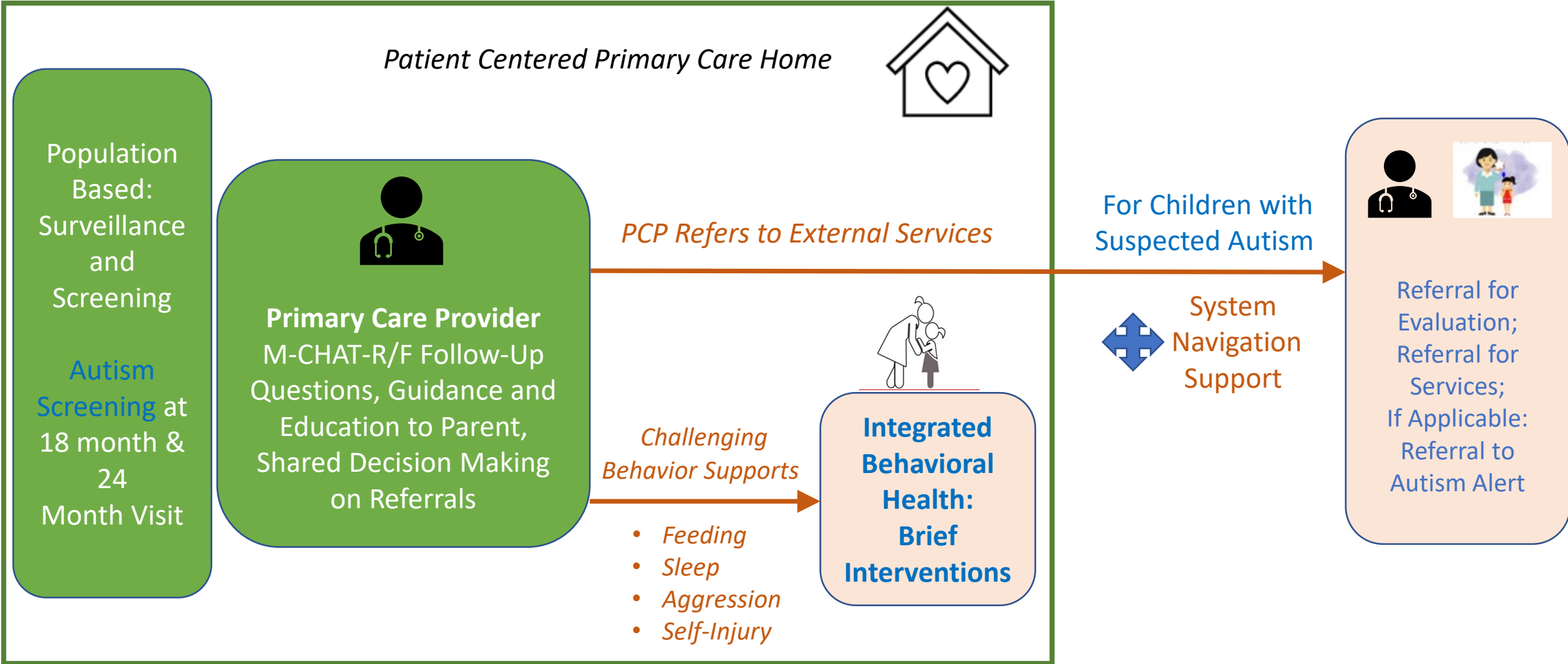 - TRIVIA Game!

Addressing the ECD Continuum for Children with Suspected Autism

- Strategies for Early Identification

Group Picture & BREAK

- From Identification to Referrals: Pathways
- Autism Alert for Primary Care: TPEC Site Pilot
- Small Group Action Plan Session: Priorities for the Next Six Months
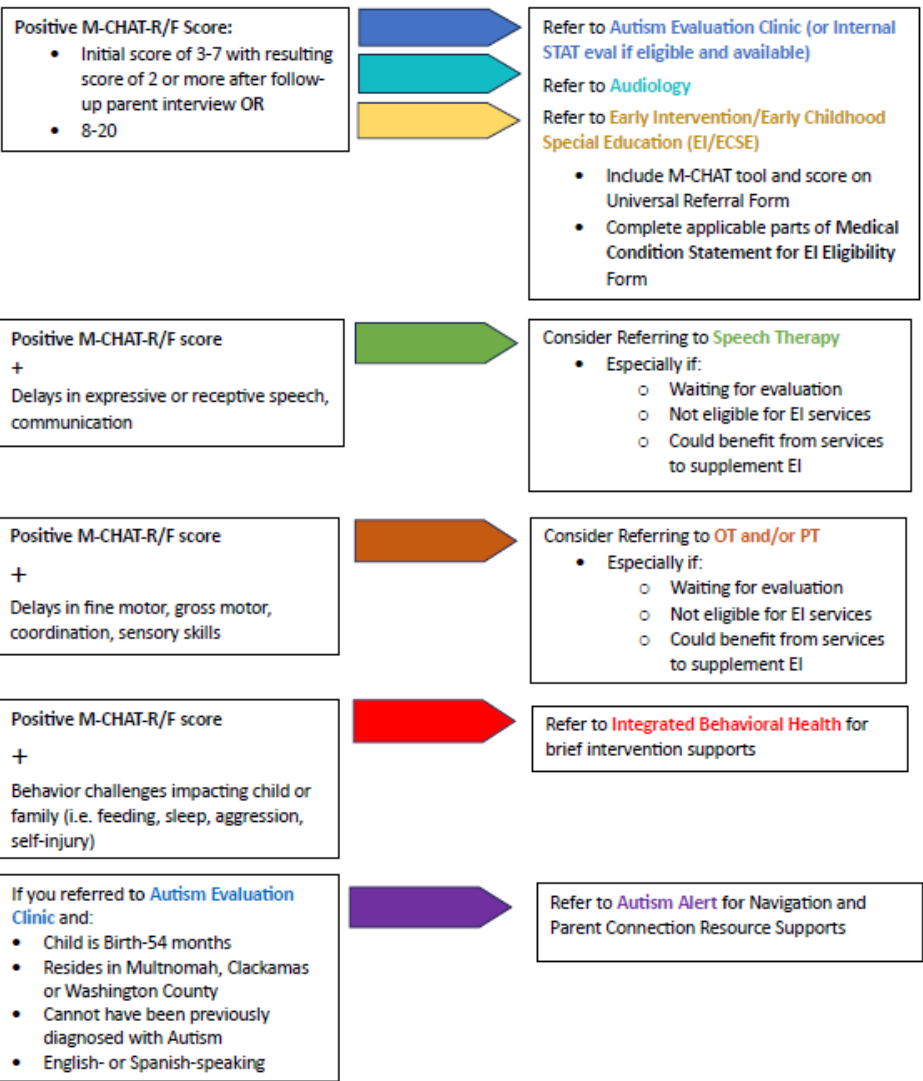- Close Out & Next Steps

Oregon Transforming Pediatrics for Early Childhood

Learning Session #4 Agenda

- Welcome and Review of the Agenda
- Where We Are Now: Learnings from Qualitative and Quantitative Data
  - ○ Action Planning Later Today Aimed at Improving Required Metrics
  - ○ TRIVIA Game!

Addressing the ECD Continuum for Children with Suspected Autism

- Strategies for Early Identification

Group Picture & BREAK

- From Identification to Referrals: Pathways
- Autism Alert for Primary Care: TPEC Site Pilot
- Small Group Action Plan Session: Priorities for the Next Six Months
- Close Out & Next Steps

Early Childhood Continuum for Children with Suspected Autism

Patient Centered Primary Care Home

Population Based: Surveillance and Screening

Autism Screening at 18 month & 24 Month Visit

Primary Care Provider
M-CHAT-R/F Follow-Up Questions, Guidance and Education to Parent, Shared Decision Making on Referrals

PCP Refers to External Services

Challenging Behavior Supports

- *Feeding*
- *Sleep*
- *Aggression*
- *Self-Injury*

Integrated Behavioral Health: Brief Interventions

For Children with Suspected Autism

System Navigation Support

Referral for Evaluation; Referral for Services; If Applicable: Referral to Autism Alert

From Identification to Referrals: Autism Screening Decision Tree

MCHAT-R/F Screening Follow-Up Decision Tree For OR TPEC SITES

Positive M-CHAT-R/F Score:
- Initial score of 3-7 with resulting score of 2 or more after follow-up parent interview OR
- 8-20

→ Refer to Autism Evaluation Clinic (or Internal STAT eval if eligible and available)

→ Refer to Audiology

→ Refer to Early Intervention/Early Childhood Special Education (EI/ECSE)
- Include M-CHAT tool and score on Universal Referral Form
- Complete applicable parts of Medical Condition Statement for EI Eligibility Form

Positive M-CHAT-R/F score
+
Delays in expressive or receptive speech, communication

→ Consider Referring to Speech Therapy
- Especially if:
  - Waiting for evaluation
  - Not eligible for EI services
  - Could benefit from services to supplement EI

Positive M-CHAT-R/F score
+
Delays in fine motor, gross motor, coordination, sensory skills

→ Consider Referring to OT and/or PT
- Especially if:
  - Waiting for evaluation
  - Not eligible for EI services
  - Could benefit from services to supplement EI

Positive M-CHAT-R/F score
+
Behavior challenges impacting child or family (i.e. feeding, sleep, aggression, self-injury)

→ Refer to Integrated Behavioral Health for brief intervention supports

If you referred to Autism Evaluation Clinic and:
- Child is Birth-54 months
- Resides in Multnomah, Clackamas or Washington County
- Cannot have been previously diagnosed with Autism
- English- or Spanish-speaking

→ Refer to Autism Alert for Navigation and Parent Connection Resource Supports

Positive Autism Screen: Recommended Referrals

Positive M-CHAT-R/F Score:
- 3 or more after follow-up parent interview completed **OR**
- 8-20
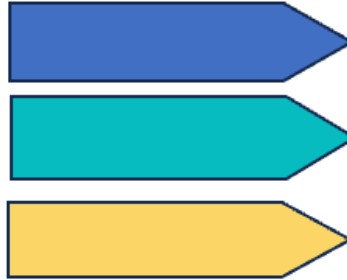
➤ Refer to **Autism Evaluation Clinic (or Internal STAT eval if eligible and available)**

➤ Refer to **Audiology**

➤ Refer to **Early Intervention/Early Childhood Special Education (EI/ECSE)**
- Include M-CHAT tool and score on Universal Referral Form
- Complete applicable parts of **Medical Condition Statement for EI Eligibility** Form

Considerations:
- Workflow for navigation supports and closing the loop on these referrals
- Workflow for making the referral and sending relevant information (i.e. Universal Referral Form for EI)

Early Intervention Universal Referral Form

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: ___/___/___ Gender: ☐M ☐F ☐X

Type of Insurance: ☐ Private ☐OHP/Medicaid ☐TRICARE/Other Military Ins. ☐Other (Specify)_____ ☐ No Ins.

Parent/Guardian 1: Name: _____ Relationship to the Child: _____

Address: _____City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Secondary Phone: _____ E-mail:_____

Text acceptable: ☐Yes (☐ Primary Phone ☐ Secondary Phone) ☐ No   Email acceptable: ☐Yes   ☐ No

Parent/Guardian 2: Name: _____ Relationship to the Child: _____

Address: _____City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Secondary Phone: _____ E-mail:_____

Primary Language: _____ Interpreter Needed: ☐Yes   ☐ No

Child's Doctor's Name, Location And Phone (if known): _____

PARENT CONSENT FOR RELEASE OF INFORMATION (more about this consent on page 4)

Consent for release of medical and educational information

I, _____ (print name of parent or guardian), give permission for my child's health provider _____ (print provider's name), to share any and all pertinent information regarding my child, _____ (print child's name), with Early Intervention/Early Childhood Special Education (EI/ECSE) services. I also give permission for EI/ECSE to share developmental and educational information regarding my child with the child health provider who referred my child to ensure they are informed of the results of the evaluation.

Parent/Guardian Signature: _____ **Date:** _____/_____/_____

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

OFFICE USE ONLY BELOW:
*Please fax or scan and send this Referral Form (front and back, if needed) to the EI/ECSE Services in the child's **county of residence***

REASON FOR REFERRAL TO EI/ECSE SERVICES

Provider: Complete all that applies. Please attach completed screening tool.

Concerning screen: ☐ ASQ ☐ASQ:SE ☐ PEDS ☐PEDS:DM ☐M-CHAT ☐SWYC ☐Other:_____

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

☐Speech/Language _____   ☐Gross Motor_____   ☐Fine Motor _____

☐ Adaptive/Self-Help _____   ☐Hearing _____   ☐Vision _____

☐ Cognitive/Problem-Solving _____   ☐Social-Emotional or Behavior_____   ☐Other: _____

☐ Clinician concerns but not screened: _____

  ☐ Family is aware of reason for referral.

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

*If 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

Name and title of provider making referral: _____ Office Phone: _____ Office Fax: _____

Address: _____City: _____ State: _____ Zip: _____

Are you the child's Primary Care Physician (PCP)? Y___ N___   If not, please enter name of PCP if known: _____

EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

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

☐Family contacted on _____/_____/_____ The child was evaluated on _____/_____/_____ and was found to be:

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

EI/ECSE County Contact/Phone: _____ Notes:_____

 Attachments as requested above: :_____

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

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

 Form Rev. 6/2024

Refer to **Early Intervention/Early Childhood Special Education (EI/ECSE)**

- Include M-CHAT tool and score on Universal Referral Form

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

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	No	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: _____

Please return to: _____
_____
_____

Form Rev. 6/2024

Refer to **Early Intervention/Early Childhood Special Education (EI/ECSE)**

- Complete applicable parts of **Medical Condition Statement for EI Eligibility** form

Diagnosed Physical and Mental Conditions in Early Intervention (B-3) for Oregon

Children ages birth to three with a diagnosed physical or mental condition with a high probability of resulting in a developmental delay are eligible for Early Intervention (EI) services under medical eligibility. Physical or mental conditions must be diagnosed by an appropriate health care provider and documented using the *Medical Statement for EI Eligibility (B-3)* form found under Medical Statements. Contacts for the appropriate EI referral agency in Oregon can be found on the EI/ECSE Brochure. Established physical or mental conditions associated with significant delays in development include, but are not limited to, the following:

a) **Chromosomal syndromes and conditions**
- Angelman syndrome
- Cri-du-Chat syndrome
- DiGeorge syndrome (Velo-cardio-facial syndrome)
- Fragile X syndrome
- Kleinfelter syndrome
- Prader-Willi syndrome
- Trisomy 21 (Down syndrome)
- Trisomy 13 (Patau syndrome)
- Trisomy 18 (Edwards syndrome)
- Turner syndrome
- Williams syndrome
- Other chromosomal anomalies such as microdeletions and duplications

b) **Congenital syndromes and conditions**

Central Nervous System
- Agenesis of the corpus callosum
- Holoprosencephaly
- Hydrocephalus w/o spina bifida
- Microcephalus
- Rett Syndrome
- Spina bifida w/o anencephaly

Heart and Circulatory System
- Aortic valve atresia and stenosis
- Coarctation of aorta
- Hypoplastic left heart
- Patent ductus arteriosus (PDA)
- Tetralogy of Fallot
- Other serious congenital heart defects

Eye, Ear, Face, and Neck
- Craniofacial syndromes such as:
  - Pierre Robin sequence
  - Treacher Collins syndrome
- Anopthalmos
- Anotia/microtia
- CHARGE syndrome
- Congenital cataract
- Craniosynostosis
- Micropthalmos

c) **Sensory impairments**

Vision Conditions
- Amblyopia
- Cortical visual impairment (CVI)
- Low vision (20/70)
- Nystagmus
- Retinopathy of prematurity (ROP) (stage 3 - stage 5)
- Visual field loss

Hearing Conditions
- Atresia/microtia
- Auditory neuropathy
- Mixed hearing loss
- Permanent conductive hearing loss
- Sensorineural hearing loss
- Waardenburg syndrome

d) **Metabolic disorders**

Mucopolysaccharidosis
- Hunter syndrome
- Hurler syndrome
- Maroteaux-Lamy syndrome
- Sanfilippo syndrome
- Scheie syndrome
- Sly syndrome

Enzyme Deficiency
- Biotinidase deficiency
- Medium-chain acyl-CoA dehydrogenase deficiency (MCAD)
- Oculocerebrorenal syndrome (Lowe syndrome)

e) **Infections, conditions, or events, occurring prenatally through 36 months, resulting in significant medical problems known to be associated with significant delays in development, such as:**
- Recurring seizures or other forms of ongoing neurological injury (e.g. Epilepsy, where seizures are frequent or difficult to control, or the underlying condition is frequently associated with cognitive impairment, e.g. infantile spasms)
- APGAR score of five or less at five minutes
- Elevated blood lead level (3.5 µg/dL or greater)
- Prenatal toxic exposures (e.g., Fetal Alcohol Syndrome; intrauterine drug exposure)
- HIV infection
- Intraventricular hemorrhage—Grades III or IV
- Cytomegalovirus (CMV) infection

f) **Premature and low birth weight infants**
- Prematurity: < 32 weeks
- Low birth weight: less than 1,500 grams (or dropping below 1,500 grams).

g) **Postnatal acquired problems resulting in significant delays in development, including, but not limited to, attachment & trauma disorders based on the Diagnostic Classification: 0-5**
- Adjustment Disorder
- Post-traumatic stress disorder (PTSD)
- Reactive attachment disorder
- Other Trauma, Stress, and Deprivation Disorder

4

Refer to **Early Intervention/Early Childhood Special Education (EI/ECSE)**

- Complete applicable parts of **Medical Condition Statement for EI Eligibility** form

Positive Autism Screen: Speech Therapy

Positive M-CHAT-R/F score

+

Delays in expressive or receptive speech, communication

➡️ Consider Referring to **Speech Therapy**
- Especially if:
  - Waiting for evaluation
  - Not eligible for EI services
  - Could benefit from services to supplement EI

Considerations:
- Individual patient circumstances that might warrant referral (i.e. long wait, significant speech delay, family preference)
- Workflow for navigation supports and closing the loop on referral
- Workflow for ensuring results of EI evaluation are received and EI eligibility and services are examined

Positive Autism Screen: Occupational or Physical Therapy

Positive M-CHAT-R/F score

+

Delays in fine motor, gross motor, coordination, sensory skills

→

Consider Referring to **OT and/or PT**
- Especially if:
  - Waiting for evaluation
  - Not eligible for EI services
  - Could benefit from services to supplement EI

Considerations:
- Individual patient circumstances that might warrant referral (i.e. long wait, significant motor delay or sensory issues, family preference)
- Workflow for navigation supports and closing the loop on referral
- Workflow for ensuring results of EI evaluation are received and EI eligibility and services are examined

Positive Autism Screen: Integrated Behavioral Health

Positive M-CHAT-R/F score

+

Behavior challenges impacting child or family (i.e. feeding, sleep, aggression, self-injury)

Refer to **Integrated Behavioral Health** for brief intervention supports

Considerations:
- Workflow for referring to integrated behavioral health
- Family preferences, daily impacts

Brief Intervention

Positive Autism Screen: Autism Alert

If you referred to Autism Evaluation Clinic and:
- Child is Birth-54 months
- Resides in Multnomah, Clackamas or Washington County
- Cannot have been previously diagnosed with Autism

Refer to **Autism Alert** for Navigation and Parent Connection Resource Supports

Learning Session #4 Agenda

- Welcome and Review of the Agenda
- Where We Are Now: Learnings from Qualitative and Quantitative Data
  - Action Planning Later Today Aimed at Improving Required Metrics
  - TRIVIA Game!

Addressing the ECD Continuum for Children with Suspected Autism

- Strategies for Early Identification

Group Picture &BREAK

- From Identification to Referrals: Pathways
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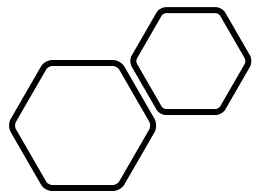
Autism Alert: Family Navigation Intervention & OR-TPEC Sites Access

Michelle Owens Reinitz, MPH

Michelle Tae M.Ed

What is Autism ALERT?

Autism ALERT supports both primary care providers and family members of children aged Birth to 54 months who qualify for autism spectrum disorder (ASD) evaluation and services.

For Primary Care Providers:

- Training on autism screening
- Access to Family Navigation referrals
- Increased connection rates with EI/ECSE, evals, and service uptake
- Reduced time to medical diagnosis

For autism clinics:

- Waitlist management and de-duplication
- Family assistance with paperwork and scheduling
- Ensure EI enrollment prior to medical diagnostic eval
- Post-diagnosis connection with services

For parents and families:

- Telehealth family navigation services:
- Case management
- Emotional support
- Psychoeducation regarding ASD
- Information on EI/ECSE and ASD diagnostic services

As a result of today's training, **OR TPEC primary care sites** now have access to refer beyond the subset of eligible children identified by STAT trained providers.

Who is Autism ALERT?

Dr. Katharine Zuckerman

Michelle Owens Reinitz

Michelle Tae M.Ed

OHSU

Help Me Grow
Oregon

Pilot Study

Enrollment

- **7 Clinics**
- **30 Intervention Families**
- Received family navigation services
- **20 Control Families**
- Continued usual care

Collected

- Early Intervention (ecWeb) data on children
- Electronic Health Record data on children
- Survey data from families
- Interview data with families

autismalert

If your doctor or nurse believes that your child might have autism, **Autism ALERT** can help you make a plan to get the care your family needs when you need it.

Researchers at **OHSU** and the **Swindells Resource Center** are studying a new way to support families: by providing a phone-based autism navigator. This person can help you and your child get the care needed so that your child's development can be on track, and you can more quickly find out if you child has autism. This study should take about 5 hours total over 6 months.

If you are interested in learning more about this research study, sign up below to be connected with an Autism ALERT Navigator. They will tell you more about the study!

Signing this authorization does not commit you to anything — it just allows your doctor or nurse to share your information with OHSU so that they can tell you about the study. Because this study is funded by the National Institute of Mental Health (NIMH), there is a chance your information may be seen by NIMH or the office of Human Research Protections if they audit the study. If your information is sent to others, we have an agreement with them not to share it with anyone else, but it may not be covered by the federal law, HIPAA, that protects your health records and research studies. The information from this form will be stored for an undetermined amount of time. About six months after this study is done, this authorization will expire and the authorized information will no longer used for research. To revoke or withdraw authorization, please contact the study team at autismalert@ohsu.edu or 971.333.8659.

I want to learn more about Autism ALERT, and I authorize my Primary Care Provider to submit this form and the results of my child's autism screener to Autism ALERT.

Signature of Parent_____ Date _____

Print Name: _____ Print Child's Name: _____

Child's Date of Birth:_____ Preferred Language:_____

Phone: _____ Email _____

Preferred day and time (mark all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Preferred Contact:
Morning	☐	☐	☐	☐	☐	☐	☐	
Midday	☐	☐	☐	☐	☐	☐	☐	__Phone __Email
Afternoon	☐	☐	☐	☐	☐	☐	☐	

Choosing not to share this information will not negatively affect your treatment or prevent you from receiving any benefits that you may have received outside of this research. If you have questions about this research study, please call the OHSU Research Integrity Office at (503) 494-7887

For Provider Use Only:
Name of referring provider (please print clearly):_____
Please fax this form to Autism ALERT at: 503.346.8477
Please attach the patient's MCHAT screening to this referral, if MCHAT was completed.

Study Principal Investigator: Dr. Katharine Zuckerman IRB# 20673
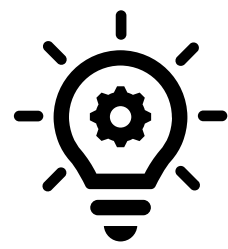
Pilot Study Results

Autism ALERT

70% of children enrolled in ALERT were referred to early intervention/ early childhood special education

Time to EI/ECSE eval was 103 days in intervention

40% of children in ALERT had autism placement in EI/ECSE

Control Arm

42% of children in the control arm were referred to early intervention/ early childhood special education

Time to EI/ECSE eval was 162 days in control arm

21% of children in the control arm had autism placement in EI/ECSE

Tri-County Expansion

We will begin the expansion by enrolling off of autism clinic waitlists!

- Funded by $760K grant from Health Share/CareOregon
- Offer Autism ALERT to <u>any child with autism symptoms in Portland Metro Area</u>
  - No control arm, everyone gets family navigation

Autism ALERT's Family Navigators!

Norma Watkins

Roxanne Brock

Lauren Gysel

Training for Family Navigators:
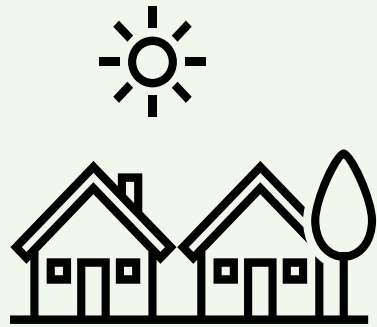
Our family navigators know resources in the community because **they live in the community.**

Family navigation services are conveniently delivered to families through **telemedicine**

- American Academy of Pediatrics Autism training
- 6 hours of training with Autism ALERT staff
- Clinic and diagnostic evaluation observation

M

What do Autism Alert Family Navigators Do?

System navigation examples:

- OHSU – ensuring parents get the clinic packet, making sure the packet is received and entered by the clinic, watching for scheduling changes and reminding families to answer schedulers' calls

- Providence – explaining the purpose of hearing and speech evals before autism evaluation, helping schedule hearing/speech/autism evaluations

Paperwork Assistance
Assisting and managing and completing necessary paperwork for autism clinic evaluations

System Navigation
Guidance in finding services and therapies before, during, and after evaluation
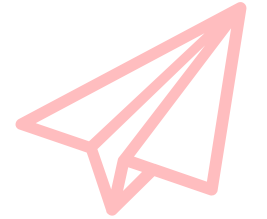
Resources
Recommendations and support in navigating Early Intervention services, I/DD services, childcare, ect…

Feeling Heard
Our Family Navigators offer a friendly ear to talk things through and bounce ideas off of during the evaluation process

Some Tips for OR TPEC Sites in Making Referrals for An Autism Evaluation

OHSU

The CDRC (Child Development Center) at Doernbecher will send parents the **CDRC Packet** by **either:**

1. MyChart (if activated)
2. Email (if they have it)
3. Physical snail mail (check the address)

The clinic will not schedule an autism evaluation until they receive the packet back

Providence

Families referred to Providence will be seen for an intake appointment in the clinic, where they may be asked to complete other assessments before an autism evaluation is scheduled.

For example:
- Auditory (sedated if necessary)
- Speech
- OT
- Feeding

Randalls
Legacy

Children are **strongly encouraged** enrolled in speech and OT prior to receiving an autism evaluation. Providers may want to submit those referrals alongside the referral to the autism clinic.

Referral Criteria

- Child aged Birth to 54 months
- Suspected to have Autism Spectrum Disorder by provider, for any reason
  - Positive screening not required
- Resides in Multnomah, Clackamas, or Washington County
- **Cannot have been previously medically diagnosed with autism**

M

Making an Autism Alert Referral:

- Autism Alert referrals are made using a **Study Interest form**
  - Available in English and Spanish
- An Autism Alert referral **is not valid if** the child is not **ALSO** referred to an **autism specialty clinic AND Early Intervention**

Making an Autism Alert Referral:

For Provider Use Only:

Name of referring provider (please print clearly): _____

Autism clinic this patient was referred to:

☐ OHSU   ☐ Providence   ☐ Randall/Legacy   ☐ Kaiser   ☐ Other: _____

Please send this form to Autism ALERT at 503.346.8477 or email it to autismalert@ohsu.edu and include any completed screeners.

FAX
503-346-8477

EMAIL
autismalert@ohsu.edu

Autism Alert Referral Process

A patient is identified who needs a referral to an autism specialty clinic → The patient is determined to meet the Autism Alert referral criteria → Family AND provider completes the study interest form → Form is faxed/emailed to the Autism Alert team at OHSU → Family is contacted by the study team and enrolled into the program
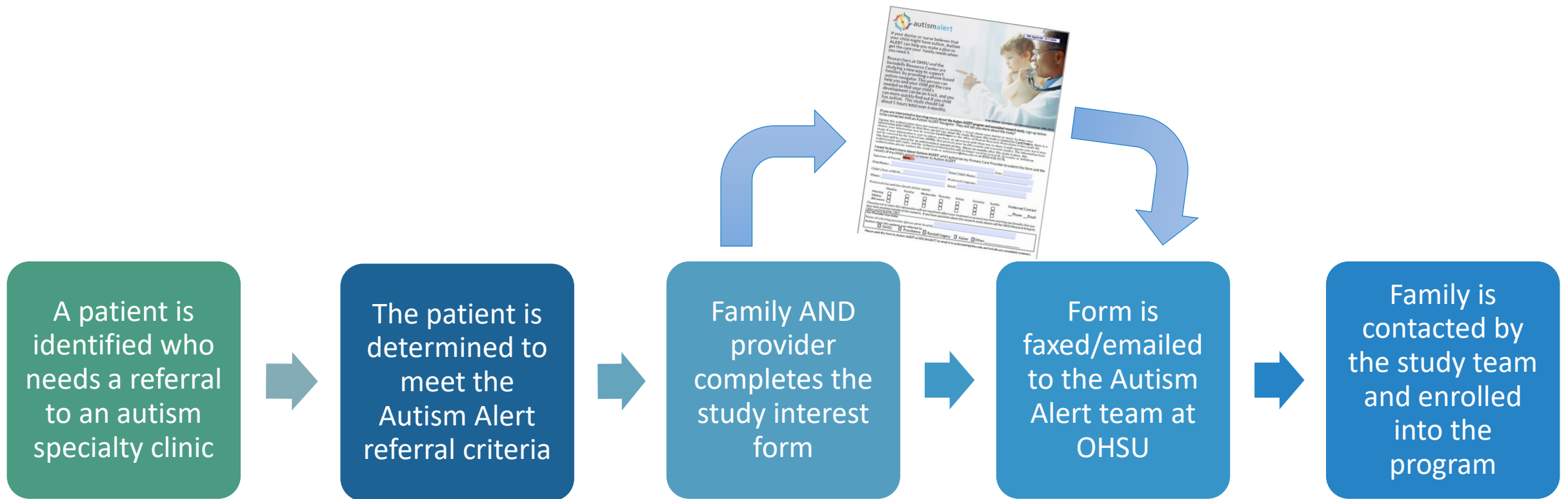
- Birth-54 months
- Resides in tri-county area
- No medical diagnosis
- English or Spanish speaking

OR TPEC SITES:
Moving Forward with this Autism Alert in Across Your Practice

❑ Any primary care provider in attendance today is able to move forward on using this Autism Alert.

❑ If you want to spread across the clinic, then Autism Alert requires that you first train your primary care clinicians on the elements of this presentation related to quality autism screening.

   o Autism Alert does offer training opportunities in-person or over zoom.

Any questions/inquiries:
autismalert@ohsu.edu

Learning Session #4 Agenda

- Welcome and Review of the Agenda
- Where We Are Now: Learnings from Qualitative and Quantitative Data
  - Action Planning Later Today Aimed at Improving Required Metrics
  - TRIVIA Game!

Addressing the ECD Continuum for Children with Suspected Autism

- Strategies for Early Identification

GROUP Picture and then BREAK

- From Identification to Referrals: Pathways
- Autism Alert for Primary Care: TPEC Site Pilot
- Small Group Action Plan Session: Priorities for the Next Six Months
- Close Out & Next Steps

Two Part Action Planning Guide

Part 1:
Enhancing the ECD continuum for children with suspected autism

Part 2:
Enhancing the number of children receiving issue-focused interventions AND receiving referrals to external ECD experts

Small Group Action Planning For Each Site

Now to Roll Up Our Sleeves!

Here is how this last section will work – you have until 11:55

- You will work in site-specific small groups
- We have materials to guide your time in your folder
  - Pull out the worksheets used earlier in the meeting.
- An **OPIP team member** is prepared & ready to facilitate:

  Colleen → VGMHC-Cornelius

  Tessa→ Hillsboro Pediatrics

  Lydia → Metropolitan Pediatrics- Johnson Creek

  Dave → Legacy Randall Children's Clinic
- Your **OPIP Facilitator** will take notes and send you a written summary to review
- If you want to stay and eat lunch here, we will be having folks from each site share

November 7th, 2024

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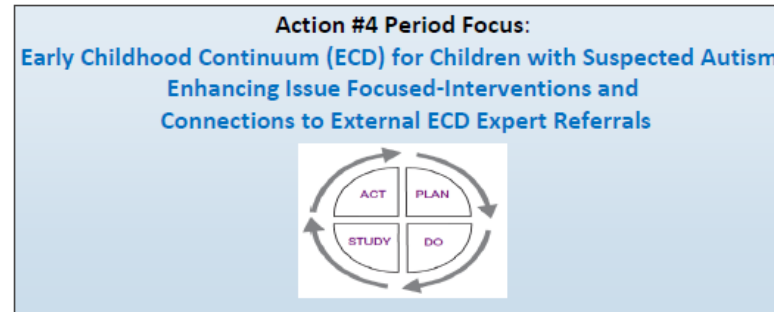
The Next Six Months!

Oregon TPEC Action Period #4: ECD Continuum for Children with Suspected Autism, Enhancing Issue-Focused Interventions and Connections to External ECD Expert Referrals

VGMHC Cornelius-Activities: November 2024 – May 2025

2024		2025				
November	**December**	**January**	**February**	**March**	**April**	**May**
Learning Session #4 November 7th 8-12 PM PST Site Visit: 11/12/24 1-2PM IBH Webinar 11/19/24 12-1 PM	Action Period: QI Implementation Site Visit: 12/10/24 1-2PM IBH Webinar 12/17/24 12-1PM	Action Period: QI Implementation Site Visit: 1/14/25 1-2PM $ Subaward Deliverables	Action Period: QI Implementation Site Visit: 2/11/25 1-2PM Across TPEC Sites Webinar 2/5/25 12:30-2PM (Required) Practice-level, Child-level Data (Claims, EHR Counts)	Action Period: QI Implementation Site Visit: 3/11/25 1-2PM Practice-level, Child-level Data (Claims, EHR, Counts)	Action Period: QI Implementation Site Visit: 4/8/25 1-2:30 PM *Site Visit Extended for PCPCH-ECD Collection PCPCH-ECD for Learning Session #5 & Help Me Grow Data	Learning Session #5 May 8th 8-12 PM PST Site Visit: 5/13/25 1-2PM

KEY:

- Action Period: QI Implementation
- On-Site Practice Facilitation with Practice-Level Teams: **Site Visits**
- Across Sites TPEC Webinar
  - Across TPEC Site Webinar: February 5th Webinar: 12:30-2:00pm PST
- OPTIONAL: Learning Curriculum Specific to Integrated Behavioral Health and Enhancing ECD Expertise Webinar Calls of TPEC Sites + Health Share of Oregon Learning Collaborative Participants
  - 11/19/24 Webinar 12-1pm PST
  - 12/17/24 Webinar 12-1pm PST
- Evaluation Data Collection
- $ Subaward Specific to Increasing Issue-Focused Interventions & Connections to External ECD Experts Deliverables: Updated Action Plan from Learning Session #4, Updated Staffing and Resource Plan

Action #4 Period Focus:
Early Childhood Continuum (ECD) for Children with Suspected Autism, Enhancing Issue Focused-Interventions and Connections to External ECD Expert Referrals

(PDSA cycle diagram: ACT, PLAN, STUDY, DO)

Virginia Garcia Memorial Health Center- Cornelius Clinic

Tailored Technical Assistance from OPIP

o **Tailored assistance in developing improvement tools**

- Review and provide input to drafts created by sites

- Formatting and visual supports

o **Parent education sheets**

- Assist in drafting, building off templates developed by OPIP

o **Provider Trainings**

o **Other requests from you** (as *feasible*)

Upcoming Key Activities

o Learning Curriculum for **Integrated Behavioral Health (Optional**) through 2024

- Case consultation -1st Tuesday of Month 12-12:30 (11/5 and 12/3)

- November 19th: 12-1 *Toilet Training and Elimination Problems*

- December 17th 12-1 *Incorporating Trauma-Informed Principles into IBH with Dr. Kim Burkhart*

o **January 2025**

- Deliverables and Invoice Due for your subaward supporting enhancing issue-focused interventions by ECD experts & connections to External ECD Experts.
  - ✓ 3A. Practice provides an **Action Plan for November 2024 Learning Session** #4 Action Period that includes specific sections focused on increasing staffing that meet these two parts.
  - ✓ 3B. Practice provides an **updated Staffing and Resource Plan** that Aims to Staffing with ECD Expertise that can provide services that address: 1) Part 1- Issue Focused Interventions; 2: Referrals and System Navigation Supports to External ECD Experts

o **February 5th** is the **All TPEC Sites Check in Call** (Halfway Through Action Period)

- In Evaluation Survey, let us know if there are any topics you would like covered.

o **March 2025**

- Invoice for your Subaward on Learning Collaborative participation is Due: OPIP will draft

Learning Session 5: Save the Date!

o Federal funder (HRSA) and National AAP will be at the meeting!

  ✓ We will be asking you and helping you to prepare a presentation on your successes, barriers and learnings!

o Date: **May 8th 8-12**

o Location: Location TBD: OHSU or Southeast Portland

o Current Proposed Topic: Addressing Social Determinants of Health in the Context of the Early Childhood Continuum

  o That said, will be tracking your action period progression and assessing needs.

  o We want feedback on what would be helpful.
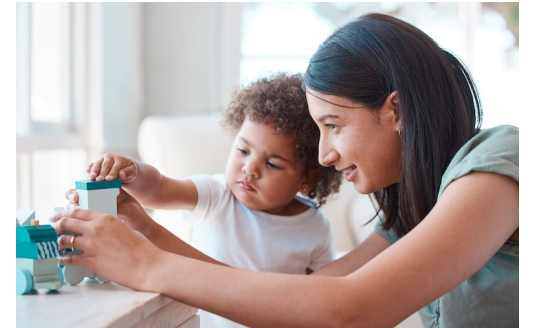
Before You Leave

- **Complete Evaluation Survey (required by Federal Funder)**
  - Located in the Right pocket in binder
- **When you hand in your survey, you will get your lunch**
- **You can take lunch to go OR stay if you would like to eat here.**