Pathways from Developmental Screening to Services: 
Spotlight of Effort led by Northwest Early Learning Hub - in collaboration with the Oregon Pediatric Improvement Partnership - in Columbia, Clatsop and Tillamook Counties

Clatsop Stakeholder Meeting 11/7/17
Agenda

1. Refresher on Key Elements of the Project in Clatsop, Columbia and Tillamook Counties
2. Overview of Stakeholder Interviews, Get Your Input
3. Overview of Baseline Quantitative Data Being Collected
4. Get Your Insight and Perspective Given Impact on Pilots
5. Preview of the Future and Improvement Pilots, Get Your Reactions
6. Next Steps
Opportunity to Focus on **Follow-Up** to Developmental Screening that is the Best Match for the Child & Family

- Increased Focus on developmental screening across the state
  - Within primary care
  - Within home visiting
  - Within child care
- Goals of screening
  - Identify children **at-risk** for developmental, social/or behavioral delays
  - For those children identified, provide **1) developmental promotion, 2) refer to services** that can further evaluate and address delays
  - Many of these services live outside of traditional health care

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**Children Identified “At-Risk” on Developmental Screening Tools**

This report is focused on **children identified “at-risk” that should receive follow-up services.** These are children that are identified “at-risk” for developmental, behavioral or social delays on standardized developmental screening tools. In the communities of focus for this work, a majority of providers are using the Ages and Stages Questionnaire (ASQ)³. Therefore the children of focus are those identified “at-risk” for delays based on the ASQ domain level findings.

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From Developmental Screening To Services: Opportunity to Connect the Fantastic Individual Silos

Health Care

Early Learning

Early Intervention

Coordinated Care
Organizations & Primary Care
Funding to Northwest Early Learning Hub (NWELH)

- Funded by Columbia Pacific Coordinated Care Organization (CPCCO)
- Two-year project – August 2017-July 2019
- Aim: To improve the receipt of services for young children who are identified at-risk for developmental and behavioral delays.
- The project support:
  - **Phase 1:** Across-sector stakeholder engagement and baseline data collection about current processes and where children are lost to follow-up;
  - **Phase 2:** Develop, pilot implementation, and evaluate improved follow-up processes, including referral to and coordination of processes meant to ensure early receipt of services that help at-risk young children to be ready for kindergarten.
    - Pilots of improvement in the three “silos” – Primary Care, EI, Early Learning.
- NWELH has included OPIP has a key partner in this project
  - Support the stakeholder engagement
  - Support the evaluation data collection and summary
  - Support the improvement pilots within primary care clinics meant to enhance follow-up and care coordination for children identified at-risk.
  - Builds off previous efforts OPIP has led in other communities and described on their website: [http://www.oregon-pip.org/focus/FollowUpDS.html](http://www.oregon-pip.org/focus/FollowUpDS.html)
Improvement Pilots

• **Priority areas for follow-up** and early learning resources where improvements will be identified for pilots improved processes

• The sites that will **pilot the improved processes** are:
  1. **Three primary care practices** serving a large number of publicly insured children residing in these counties;
  2. **Early Intervention** – Northwest Regional Early Service District;
     and ;
  3. Priority **Early Learning Providers** within the NWELH that are identified as priority pathways in the community

• Key component of the December meeting

• Sites will receive improvement and transformation tools, monthly implementation support, and refinements to the improvement tools will be made based on lessons learned and barriers identified.
  – OPIP  →  Primary Care
  – NWELH  →  EI and Early Learning

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Community-Based Improvement Opportunity: Pilot Sites Implementing Efforts to Improve Follow-up to Developmental Screening: Preview of What is Coming

**Primary Care Practices**
- Part 1: Develop a follow-up medical decision tree that is based on ASQ and child and family factors and goes beyond developmental evaluation and EI
- Part 2: Developmental Promotion Provided at Time of Screening
- Part 3: Develop Parent supports in navigating referral process
- Part 4: Summary of CCO Services Covered Related to Follow-Up

**Early Intervention**
- 1) Enhanced communication and coordination for children referred, not able to be evaluated
- 2) Communication about evaluation results
  - For Ineligible Children: Referral to Early Learning supports
  - For Eligible Children: Communication about EI services being provided

**Early Learning**
Within identified early learning, pilots of referrals & connections

Need to clarify this in December 2017
Phase 1: Stakeholder Engagement & Baseline Data Collection

- Engage stakeholders across six sectors within health care, Early Intervention (EI), and early learning focused on developmental screening and/or who provide follow-up services for children identified at-risk for delays on developmental screening tools.
- Baseline qualitative and quantitative data will be collected in order to:
  1. Understand the current pathways from developmental screening to services in each of the three counties (Clatsop, Columbia, and Tillamook), and the community-level assets and resources that exist to support follow-up services; and
  2. Understand where and how children are falling out of these pathways and not receiving services to address the identified risks, including where there is a lack of capacity to serve children identified.
- Convene stakeholders in county-level meetings to share the baseline qualitative and quantitative information (Clatsop: 1/2/17)
  - To understand current pathways
  - Confirm priority areas to pilot improvements
- Convening of tri-county stakeholders
Phase 1: Stakeholder Interviews

• Interviewing people from organizations that either:
  – Conduct developmental screening and are responsible for follow-up AND/OR
  – Provide Follow-up for Children 0-3 Identified on Developmental Screening

• Purpose of Interview
  1. Current follow-up process
     • When refer
     • How refer – what form, how tracked
     • Feedback loops – child able to be contacted, eligible, services received
  2. Current services to inform the **Asset Map, which may include places where assets are needed but not yet present**
  3. Opportunities
  4. Barriers
  5. Capacity within the region

Do not reproduce without proper OPiP citation
<table>
<thead>
<tr>
<th>Stakeholder Engagement in Clatsop County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informs Community Asset Mapping</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPCCO</th>
<th>Primary Care</th>
<th>EI &amp; Education</th>
<th>NW Early Learning Hub</th>
<th>Home Visiting &amp; Head Start/</th>
<th>Child Care and Parenting Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mimi Haley (Executive Director)</td>
<td>• Columbia Memorial Hospital</td>
<td>• Nancy Ford (Director of Birth to Age 5 Services, NWRESD)</td>
<td>• Dorothy Spence (Hub Director)</td>
<td>• Community Action Team (Head Start &amp; Healthy Families Home Visiting)</td>
<td></td>
</tr>
<tr>
<td>• Safina Koreishi (Medical Director)</td>
<td>• Providence Seaside</td>
<td>• Tina Meier-Nowell (Special Education Coordinator, NWRESD)</td>
<td>• Rob Saxton (Governance Council Chair)</td>
<td>– Joyce Ervin</td>
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<tr>
<td>• Elicia Miller (Clinical Integration Manager)</td>
<td>• Coastal Family Health Center</td>
<td>• Vicki Schroeder (EI Data, NWRESD)</td>
<td>• Elena Barreto (Community Navigator)</td>
<td>– Sunday Kamppi</td>
<td></td>
</tr>
<tr>
<td>• Maranda Varsik (Practice QI)</td>
<td></td>
<td>• EI/ECSE Program County Coordinators – Elizabeth Friedman</td>
<td>• Eva Manderson (Early Learning Program Specialist/Preschool Promise Manager)</td>
<td>• Public Health/CaCoon/BabiesFirst/WIC</td>
<td></td>
</tr>
<tr>
<td>• Joell Archibald (Innovator Agent)</td>
<td></td>
<td>• El Referral Intake Coordinators – Laura Germond</td>
<td></td>
<td>– Mandy Mattison</td>
<td></td>
</tr>
<tr>
<td>• Nicole Jepeal (Metrics/QI Analytics Supervisor)</td>
<td></td>
<td>• El Lead Evaluators – Bree Schmoll – Laura Seeley</td>
<td></td>
<td>– Trina Robinson</td>
<td></td>
</tr>
<tr>
<td>• Jeanne McCarty &amp; Leslie Ford (GOBHI)</td>
<td><strong>Interdisciplinary teams that include health care:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staff that oversee services for children</td>
<td>• Community Connections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mental Health**

- Clatsop Behavioral Health
  - Amy Baker
  - Shyra Merila

**Do not reproduce without proper OPIP citation**
Community Asset Mapping and Pathway Identification in Marion and Polk Counties

KEY STEPS

Part 1: Children Identified At-Risk via Developmental Screening

Part 2: Referral of Child Identified At-Risk

Part 3: Referred Agency Ability to Contact Referred At-Risk Child/Family

Part 4: Children Evaluated and Deemed Eligible/Ineligible for Referred Service

Pathway for Developmental Screening & Referral and Triage Pathways for Children Identified At-Risk in Marion and Polk County

Some Primary Care Practices (Pediatric & Family Medicine):
Recommended: All Children in Practices

ASQ Screening Database (MPELH, WVCH)

Community-Based Providers:
E.g., Early Head Start, Head Start, Home Visiting Programs, Public Health

Child Care Programs ASQ Online (Outside Scope of Project)

WESD - Early Intervention (EI)

EI Evaluation

EI Ineligible Report

EI Eligible

Eligible for Services

Ineligible for Services

Receiving Services

Medical Services (DB Peds) Therapy Services (OT, PT, Speech)

PIE Screening Form Based Evaluation

Common Referral Form

Direct Referrals to Programs in Family Link

Family Link (Early Learning & Family Support Network)

Receiving Service

Waitinglist for services

Unable to serve child's family, or services were refused

Mental Health Services

Private Ins.

Public Ins.

Secondary Medical & Therapy Services to help ensure robustness of services

Covered by Public Insurance (WVCH)

Covered by Private Insurance

Self-Pay for Services

Options Counseling North, Valley Mental Health, Salem Psychiatry (list may not be complete, currently obtaining information about services)

Options Counseling North, Atrium Health, Children's Behavioral Health, STDAB, BHC, Valley Mental Health, Inter-Cultural Ctr for Psychology, Polk Mental Health - Child, Legacy Tri-Vail Health

Use SIM Referral

Providers within BCN Network

PNW Regional MC (Pierce, Kitsap, Clallam, Whatcom)

Additional Community-Based Services within Marion and Polk Addressing Children/Families Identified at Risk

PNW Regional MC (Pierce, Kitsap, Clallam, Whatcom)

Options Counseling North-Child, Marion County Children's Behavioral Health

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Asset Map Developed In Order to Create a Medical Decision Tree To Identify Best Match for the Child/Family and is Anchored to Services in the Community

Example from Marion, Polk and Yamhill:

1. Medical and Therapy Services (developmental evaluation and therapy services)
2. Early Intervention (EI)
3. CaCoon/Babies First!
4. Centralized Home Visiting Referral (Includes Early Head Start and Head Start)
5. Parenting Classes
6. Mental Health
Determining the “Best Match” Follow Up for the Child and Family

Example from Marion, Polk and Yamhill

ASQ Screen: Identified At-Risk

Numerous Factors Determine the Best Match for Follow-Up

1. Traditional Factors for Referral
   • ASQ Scores by Domain
   • Provider Concern
   • Parental Concern

2. Other Factors Considered as Part of Pilot
   • Provider Concern
   • Medical Risk Factors
   • Adverse Childhood Events (ACEs)
   • Social Risk Factors
   • Family Income
   • County of Residence

Medical Services

Early Intervention

Mental Health

CaCoon/Babies First
Centralized Home Visiting
Parenting Classes
## Phase 1 – Part 2

**Baseline Quantitative Data**
Understand Current Needs,
Referrals, and Inform Conversations About Capacity and Priority Areas of Focus

<table>
<thead>
<tr>
<th>DATA ELEMENTS:</th>
<th>DATA SOURCES:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CCO Data Based on Claims</td>
</tr>
<tr>
<td>Developmental Screening</td>
<td>X</td>
</tr>
<tr>
<td>Of those screened in Primary Care:</td>
<td></td>
</tr>
<tr>
<td># at-risk, Types of Risk</td>
<td></td>
</tr>
<tr>
<td>Referrals</td>
<td>X</td>
</tr>
<tr>
<td>Provision of other follow-up (i.e. rescreen, developmental promotion)</td>
<td></td>
</tr>
<tr>
<td>Outcome of referral (i.e. Were they able to contact and evaluate?)</td>
<td></td>
</tr>
<tr>
<td>Outcome of evaluation/assessment (i.e. Did child get a service?)</td>
<td></td>
</tr>
<tr>
<td>Follow-up steps of ineligible</td>
<td>?</td>
</tr>
</tbody>
</table>

_Do not reproduce without proper OPIP citation_
Examination and Use of Data About Developmental Screening and Follow-Up for Children age 0-3 to Understand Current Processes and Needs

• **CCO-level data about developmental screening**
  – Total number of children screened as defined by 96110 claims
  – Screening rates by practices to which children age 0-3 are assigned
  – Examining data for disparities by race ethnicity

• **Pilot Practice-level data**
  – Of developmental screens conducted, how many identify a child at-risk for delays
  – Of developmental screens where child identified at-risk for delays, follow-up steps

• **Early Intervention data**
  – Referrals
  – Evaluation Results
  – Examining data for disparities by race ethnicity
Other Community-Level Data That Will be Explored Over the Course of the Project -- Early Childhood Health Dashboard

- HUB Dashboard data
  - Number of Children in Foster Care, Child Welfare Involvement
  - TANF
  - SNAP
  - Developmental Disabilities
  - Public insurance rates
- Health Care Data
  - Immunizations
  - Well-Visit Rates
- PRAMS 2013, 14, 15
- PRAMS2 2013 - (we refer to it as “2011 PRAMS2, because those children are 2 years old and were born in 2011):
- Kindergarten readiness data collected by the Oregon Department of Education
- Data You All Collect in this Region that Paints a Larger Picture
  - Home visiting data – number served, referrals and ability to access and receive services
  - Others?

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Community-Based Improvement Opportunity: Pilot Sites Implementing Efforts to Improve Follow-up to Developmental Screening: Preview of What is Coming

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**Early Learning**
Within identified early learning, pilots of referrals & connections

Need to clarify this in December 2017
Developmental Promotion

ASQ Learning Activities for the Specific Domains

Vroom!

Brain Building Basics
5 things to remember for building your child's brain

1. Look
Make eye contact so you and your child are looking at each other.

2. Chat
Talk about the things you see, hear and do together and explain what’s happening around you.

3. Follow
Take your child’s lead by responding to their sounds and actions, even before they are old enough to talk. When they start talking, ask follow up questions like “What do you think?” or “Why did you like that?”

4. Stretch
Make each moment longer by building upon what your child does and says.

5. Take Turns
Wish sounds, words, faces and actions, go back and forth to create a conversation or a game.

Of note: Since our last Stakeholder Meeting, both practices have purchased the ASQ Learning Activities and have incorporated them as a follow-up step for children identified at-risk.
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 Willamette 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 Willamette 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 Willamette 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?

- Barrier is transportation – discuss TripLink and how to set up a ride as needed

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, their names are Sandra or Gemma, to schedule an appointment.

We are here to support you, so if you have any questions, feel free to contact (insert name) at (phone number).
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 (EI)**
  - EI helps babies and toddlers with their development. In your area, Willamette Education Service District (WESD) 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:
    - WESD 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) 385-4714.
    - The results from their assessment will be used to determine whether or not EI can provide services for your child.
  - Contact Information:
    - WESD Intake Coordinator
    - 503-385-4714 | www.wesd.org

- **Family Link**
  - Family Link connects families with early childhood family support programs in Marion and Polk Counties. There is no charge (it is free) to families for Family Link services.
  - What to expect if your child was referred to Family Link:
    - The Family Link Referral Coordinator will call you to learn more about your child and family. They will work with you to find available services that best meet your needs and link you to them based on eligibility.
  - Contact:
    - Lizet Guevara
    - Referral Coordinator
    - 503-292-2431 ext.122
    - familylink@familybuildingblocks.org

- **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. CaCoon nurses 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:
    - Judy Cleaves, Program Supervisor
    - 503-361-2693
    - www.otssh.edu/outreach/chocyshh/
    - programprojects@cacoon.cm

- **Parenting Support**
  - Classes located in Marion County
    - Vernonia: 503-567-5386
    - Early Learning Hub
  - Classes located in Polk County
    - 503-822-9964
    - milkvalleyparenting.org

- **Medical/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
    - Occupational Therapist: Specializes in performance activities necessary for daily life
    - Physical Therapist: Specializes in range of movement and physical coordination
    - Developmental-Behavioral Pediatrician: Specializes in child development areas including learning delays, leading problems, behavior concerns, delayed development in speech, motor, or cognitive skills
    - Child Behavioral Health Services: Specializes in mental health assessments, individual/family/group counseling, skills training and crisis intervention
    - Autism Specialist: Specializes in providing a diagnosis and treatment plan for children with symptoms of Autism

**Education Sheet for Parents**

Added a “Parenting Support” section since last meeting that sites are piloting
# Services Covered by CCO: Example for Marion & Polk

## Version 1.0

**WVCH Coverage of Medical and Therapy Services for Children with Developmental, Behavioral or Social Delays**

<table>
<thead>
<tr>
<th>Type of Medical or Therapy Service Addressing Developmental Delays</th>
<th>Covered (Y/N)</th>
<th>Benefit Coverage, Any Requirements for Service to be Approved</th>
<th>Providers in WVCH Contract That are Able to Provide Services</th>
<th>Serve Children aged 1 month - 3 years old?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occupational Therapy Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Occupational Therapy Services</td>
<td>Yes</td>
<td>Authorization required for therapy visits beyond the initial evaluation/re-evaluation for all dx. Each request for continued therapy is reviewed for line placement and medical appropriateness.</td>
<td>Creating Pathways, Mighty Oaks Therapy Center (Albany), PT Northwest, Salem Hospital Rehab</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Physical Therapy Services</strong></td>
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<td>Physical Therapy Services</td>
<td>Yes</td>
<td>Authorization required for therapy visits beyond the initial evaluation/re-evaluation for all dx. Each request for continued therapy is reviewed for line placement and medical appropriateness.</td>
<td>Capitol PT, Keizer PT, Pinnacle PT, ProMotion PT, PT Northwest, Salem Hospital Rehab, Therapeutic Associates, Creating pathways</td>
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<tr>
<td><strong>Speech Therapy Services</strong></td>
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<tr>
<td>Speech Therapy</td>
<td>Yes</td>
<td>Authorization required for therapy visits beyond the initial evaluation/re-evaluation for all dx. Each request for continued therapy is reviewed for line placement and medical appropriateness.</td>
<td>Chatterboks, Creating Pathways, Mighty Oaks Therapy Center (Albany), PT Northwest, Salem Hospital Rehab, Sensible Speech</td>
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<tr>
<td><strong>Pediatric Psychological Testing Services</strong></td>
<td>Yes</td>
<td>Authorization required</td>
<td>Valley Mental Health, Willamette Family Medical Center, Intercultural Psychology Services</td>
<td>Yes - 18 months and up</td>
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<tr>
<td><strong>Behavioral Health Services</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Social Skills Groups</td>
<td>Yes</td>
<td>Enrolled in services</td>
<td>Marion County Child Behavioral Health*, Polk County Mental Health*, Inter-Cultural Center for Psychology</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Billinear provider

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Community-Based Improvement Opportunity: Pilot Sites Implementing Efforts to Improve Follow-up to Developmental Screening: Preview of What is Coming

Primary Care Practices
• At a population-level, this is where the most “car seats” for children age 0-3 are parked
  Part 1: Develop a follow-up medical decision tree that is based on ASQ and child and family factors and goes beyond developmental evaluation and EI
  Part 2: Develop Parent supports in navigating referral process
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Early Learning
Within identified early learning, pilots of referrals & connections
Need to clarify this in December 2017
Early Intervention Universal Referral Form

Feedback to Referring Provider
- Not able to contact
- For those that were contacted and evaluated, general eligibility
Leveraging the Early Intervention Universal Referral Form to Communicate Whether Children Referred But NOT Evaluated

Completed Example:

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:

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: http://www.ohsu.edu/xd/ourreach/bcr/ocyskn/programs-projects/developmental-screening-and-referrals.cfm

Received Form Rev. 10/22/2013

OCT 11 2016

BY: A M

8/12 VM 8/20 VM 9/1 Letter
One-Page Summary of Services

Early Intervention Referral Feedback

Child's Name: ____________________________ Birthday: __________

Your child was found eligible for Early Intervention services on: 11/02/16

She was found eligible under the category: Developmental delay in communication area.

As required under Oregon law, she will be re-evaluated by 03/12/18 to determine if she is eligible for Early Childhood Special Education Services.

Additional referrals: 2/18/17: Eligible in Hearing Impairment

A new Individualized Family Service Plan (IFSP) was developed for no later than 03/18/17. These services will be reviewed again on 11/18/18. Please contact Marie Selike with any questions.

IFSP Services
Goal Areas: □ Cognitive □ Social / Emotional □ Motor □ Adaptive □ Communication

Frequency

Services Provided by: 
□ Early Intervention Specialist
□ Occupational Therapist
□ Physical Therapist
□ Speech Language Pathologist
□ Other

Current Provider

Marie Selike, Speech Language Therapist, 2611 Pringle Rd, Salem, OR (503) 540-4415

This form is submitted annually and any time there is a change in services. Please contact Marie Selike 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.

Marie Selike, Speech Language Therapist, 2611 Pringle Rd, SE Salem, OR (503) 540-4415
What do you think?

• Do you have questions about the project?
• Are these the right assets?
  – Who else should be included?
• What do you do for the 0-3 population?
  – How do you see your organization supporting the 0-3 population?
• What resources do you wish existed in the county for ages 0-3?
• What interests/excites you most about this project?
• What challenges or barriers would you note?
Stakeholder Engagement in Clatsop County
Informs Community Asset Mapping

CPCCO
- Mimi Haley (Executive Director)
- Safina Koreishi (Medical Director)
- Elicia Miller (Clinical Integration Manager)
- Maranda Varsik (Practice QI)
- Joell Archibald (Innovator Agent)
- Nicole Jepeal (Metrics/QI Analytics Supervisor)
- Jeanne McCarty & Leslie Ford (GOBHI)
- Staff that oversee services for children

Primary Care
- Columbia Memorial Hospital
- Providence Seaside
- Coastal Family Health Center

Interdisciplinary teams that include health care:
- Community Connections

EI & Education
- Nancy Ford (Director of Birth to Age 5 Services, NWRESD)
- Tina Meier-Nowell (Special Education Coordinator, NWRESD)
- Vicki Schroeder (EI Data, NWRESD)
- EI/ECSE Program County Coordinators
  - Elizabeth Friedman
- EI Referral Intake Coordinators
  - Laura Germond
- EI Lead Evaluators
  - Bree Schmoll
  - Laura Seeley

Mental Health
- Clatsop Behavioral Health
  - Amy Baker
  - Shyra Merila

NW Early Learning Hub
- Dorothy Spence (Hub Director)
- Rob Saxton (Governance Council Chair)
- Elena Barreto (Community Navigator)
- Eva Manderson (Early Learning Program Specialist/Preschool Promise Manager)

Home Visiting & Head Start/
Community Action Team
- Community Action Team
  (Head Start & Healthy Families Home Visiting)
  - Joyce Ervin
  - Sunday Kamppi
- Public Health/ CaCoon/ BabiesFirst/ WIC
  - Mandy Mattison
  - Trina Robinson

Child Care and Parenting Supports
- CCR&R
  - Tara Mestrich
- Childcare Centers conducting screening
  (Preschool Promise & SPARK 3 Star & above)
  - Kellie Clay (Astoria School District)
- NW Parenting
  - Jill Quackenbush
  - Darcy Cronin
- DHS
  - Nate Long
  - Amy Youngflesh
- Clatsop Kinder Ready
  - Robbie Porter
- Preschool Feasibility Study
  - Dan Gaffney

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Next Steps

• Baseline Quantitative Data
  – Collect
  – Sense-making of the data relative to the project
  – Summarize what we have for the next meeting in Clatsop County (January 2nd)

• Complete Stakeholder Interviews
  – Finish remaining interviews
  – Summarize themes for January Stakeholder Meeting relative to:
    • Strengths
    • Opportunities for pilots
    • Special populations of consideration
    • Barriers to consider now

• Onboard work with the pilot primary care site (CMH pediatrics)

• January 2\textsuperscript{nd} Stakeholder Meeting- does this time work for folks??
Quarterly Clatsop County Stakeholder Meetings: Getting Your Insight and Input on Timing

• January 2018
  – Review and summarize learnings and data collected to date
  – Confirm Priorities for Pilot Focus
• Spring 2018
  – Review draft pilot tools and strategies, get you input and insight for modifications and improvements
• Fall 2018
  – Update from the pilot, key learnings and implications for future spread, system-level issues and discussions
  – Obtain input and guidance on barriers and how to address
• Late Spring 2019
  – Update from pilot
  – Review of draft tools for Spread, Obtain Input and Guidance to Ensure Useful and Meaningful for the Community
  – Identify key learnings and implications for future spread, system-level issues and discussions
Questions? Want to Provide Input?
You Are Key to the Success of This Work

• Door is always open!

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