Ensuring Young Children in Yamhill County Identified At-Risk for Developmental, Behavioral & Social Delays Receive Follow-Up Services

Highlight of Referral and Care Coordination Resources Being Developed and Piloted in Yamhill County

September 30, 2016

*Please Note: The project was supported by Funding Opportunity Number CMS-1G1-12-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services. That said, the content described on this page and disseminated through the project is solely the responsibility of OPIP does not necessarily represent the official views of HHS or any of its agencies.

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Objectives

• To provide a brief overview of the project leading to the improvement/development of processes and tools for the Yamhill County

• To review the draft Developmental Screening **Referral and Triage Map** and **Priority Pathways** selected to **pilot improved referral and care coordination methods** to ensure that children receive services

• To provide an overview of **referral tools and care methods** identified in each of the priority pathways
  – *Those that currently exist*
  – *Those that are still in development/pilot*

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Project Funding

• The Oregon Health Authority is supporting the Oregon Pediatric Improvement Partnership (OPIP) to provide consulting and technical assistance to a community pilot focused on ensuring children identified at-risk for developmental, behavioral, and social delays receive follow-up services.
  – One year-project – January-December 2016
  – Report to Child Health and Well-Being Group, Within OHA and Title V (Public Health), & Transformation Center
  – Every other month meetings with OHA stakeholders, including Early Learning Division

• Meant to address areas of synergy in the goals of the CCO and Early Learning Hub

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The Need for the Project: Addressing Shared Goals

Early Learning Hub Goals Related to:
1) Family Resource Management
2) Coordination of services
3) Ensuring children are kindergarten ready

CCO Goals Related to:
1) Developmental Screening (and follow-up services covered by CCO)
2) Well-Child Care
3) Coordination of services

Kindergarten Readiness

Do not copy or cite without proper citation.
1. Engage and facilitate key stakeholders on the shared goal of ensuring children identified at-risk receive follow-up services that are the best match for the child and that are coordinated across systems.

2. Develop a triage and referral system map that can be used to identify the best set of services for children identified at-risk, using the Ages and Stages Questionnaire, and that ensure that services are accessed.

3. Develop methods and processes for how care can be coordinated, at a child-level, across primary care and community-based providers.

4. Summarize key learnings to inform spread and innovation in other communities.
1. Engage and facilitate key stakeholders on the shared goal of ensuring children identified at-risk receive follow-up services that are the best match for the child and that are coordinated across systems.

2. Develop a triage and referral system map that can be used to identify the best set of services for children identified at-risk, using the Ages and Stages Questionnaire, and that ensure that services are accessed.

3. Develop methods and processes for how care can be coordinated, at a child-level, across primary care and community-based providers.

4. Summarize key learnings to inform spread and innovation in other communities.

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Referral and Triage Map:
Strawman Structure and Flow

Part 1: Developmental Screening

Part 2: Referral of Child Identified At-Risk

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

Part 4: Number of Children Evaluated and Deemed Eligible for Referred Service

Part 5: Secondary Processes (Referrals and Follow-Ups) for Ineligible Children

Part 6: Communication and Coordination Across Services

Children that don’t make it to next part of the process

Communication Back

Communication Back

Communication Back

Do not copy or cite without proper citation.
Pilot Project Focus: Pathways from Screening to Referral & Receipt Of Services Map

Key Steps:

1. Children Identified At-Risk via Developmental Screening
2. Referral of Child Identified At-Risk
3. Referred Agency Ability to Contact Referred At-Risk Child/Family
4. Children Evaluated and Deemed Eligible/Ineligible for Referred Service
5. Secondary Processes Referral & Follow-Up) for Ineligible Children

Primary Care Site - Physicians Medical Center

- Potential Interventions:
  1. Education to Parents
  2. Referral to EI and, if other factors warrant, Referral to Family Core
  3. For those referred, Phone follow-up within 36 hours

Child Care Site - Discovery Zone

- Potential Interventions:
  1. Education to Parents
  2. Referral to PCP
  3. Provision of 211 Info

- Descriptive Info gathered about who referred and from where
- Descriptive Info provided back by Family Core Partners about contact & whether engaged in services

Applicable Family Core Partners

- Receiving service in Family Core
- Waitlisted for services
- Family Care Core partners unable to serve child's/family, or services refused

Assessment of:

1. Whether other services w/in Family Core of value
2. YCCO covered services could enhance robustness of service (e.g. Private OT/PT, Speech)

Workgroup of Family Core assess patient/family needs, input from ELC and SFH to identify resources

Workgroup of Family Core and YCCO meet to assess and identify patient/family needs.

Legend:

- Type of Arrow:
  - Method and/or tool has been developed.
  - Attempts at method and/or tool has been made, but is NOT standardized and/or needs modification.
  - Method and/or tool has NOT been developed.

- Color of Arrow:
  - Communication
  - Referral to EI services
  - Referral to Family Core services
  - Communication that child not able to be contacted, not eligible, or not served.

- Type of Box:
  - Existing group, organization, or function
  - Proposed group, organization, or function that still needs to be developed.

Part 6: Communication and Coordination Across Services

Do not copy or cite without proper citation.
Five Priority Pathways from Screening to Services Confirmed by Yamhill Stakeholders to Focus on in This Project

Consensus on the pathways was obtained by Yamhill Stakeholders and informed by data collected through stakeholder interviews and analysis of data from YCCO, primary care, early intervention and Family Core (primarily home visiting services)

Within Sites Doing Screening:

1) Primary Care and Child Care Pilot Sites: Improve referral processes within these pilot site that are doing developmental screening
   – Making sure children identified, get referred using standardized systems and process including El Universal Referral Form and Family Core Referral Form
   – Referral processes are patient-centered
   – Consent from parent for stakeholders to communicate

For At-Risk Children Referred:

2) Communication about whether referred agency able to contact child for referral, collaborative efforts to enhance contact rates
3) For children evaluated/contacted, communication about outcome of evaluation
4) Development of a community-specific triage process for children found ineligible for primary referred service to identify a secondary follow-up process
5) Referral and follow-up steps for children found ineligible, communication about this to referring provider

Do not copy or cite without proper citation.
Five Priority Pathways

These have been informed by data collected in your community, and with input from key stakeholders engaged

Within Primary Care and Child Care Pilot Sites:

1) Improve referral processes for sites that are doing developmental screening
   – Making sure children identified, get referred using standardized systems and process including EI Universal Referral Form and Family Core Referral Form
   – Referral processes are patient-centered
   – Consent from parent for stakeholders to communicate

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2) Communication about whether referred agency able to contact child for referral, collaborative efforts to enhance contact rates
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4) Development of a community-specific triage process for children found ineligible for primary referred service to identify a secondary follow-up process
5) Referral and follow-up steps for children found ineligible, communication about this to referring provider
Referral of Children Identified At-Risk on Developmental Screening Tools

• Primary Care Pilot Site: Referral and Care Coordination Tools
  – Training to enhance knowledge and awareness about WHO should be referred and WHO should be referred to Family Core specifically anchored to ASQ scoring and risk factors in Family Core referrals
  – Workflow mapping of referral process from referral to “closing the loop” and hearing back from referral
  – Methods and tools to improve the referral itself
    • Improve overall referral processes
    • Referral forms in the EMR and tracking in the EMR: EI Universal Referral Form AND Family CORE Referral Form
    • Roles of various staff in completing the referral AND tracking the referral
  – Methods and tools to engage and improve family education and engagement
    • Educational materials PCP can give to Families whose child is identified at risk and are referred EI and Family CORE
    • 36-Hour Phone Follow Up to Families who are referred to answer questions and address barriers to going to EI and/or Family Core resources
    • FAQ Document for staff within office to use that provides answers to commonly asked questions about the referral or what to expect
Example of Work Flow & Process Implementation Improvement in Pilot PCP Site

Physicians Medical Center - Updated Workflow

Patients with a Failed ASQ at the 9, 18, 24 and 36 month Well Visit Workflow

**Providers**

- Patient with a failed ASQ (1 fail or 2 borderline)

  Refer to Early Intervention (EI/ECSC)

  **Additional Risk Factors**

  If child fails ASQ and has one of the following concerns refer to Family Core (DUAL Referral)
  - Medical Condition
  - Teen Parent
  - Parent with Developmental Delay
  - Infant feeding/weight gain problems
  - Risk of maternal depression
  - Isolation/lack of support
  - Newly pregnant needing assistance
  - Limited income/resources
  - Lack of adequate parenting skills
  - Domestic Violence
  - Lack of patient follow through
  - Substance abuse
  - Tobacco Use
  - DHS involvement

**Nursing**

- Complete Referrals to appropriate entities as decided by Providers
- Fill out Referral form(s)
  - For EI - have families sign referral form that addresses FERPA
- Fax forms to entity
- Fill out “Release of Information” form in EMR Chart

**Medical Records**

- Run reports to identify “in process” referral orders and rectify. (MR: will close the “in process” order only if documentation is in the patients EMR chart.)
- Chart notes from outside entities will be filed under “Consultation Report or External Correspondence” with Name of outside entity.

**Nursing staff/Team leader/Team Coordinator** to review monthly “in process” report.

- Call outside entity/patient to determine if patient went to the referred provider. If so, request chart notes from the outside entity (Note: EI has 45 days to do the evaluation)
- When documentation is in EMR chart then team leader/team coordinator can close the “in process” order.

Do not copy or cite without proper citation.
Improving Use of Standardized Referral Forms that Include Feedback Loops

Early Intervention Universal Referral Form

- Has all necessary information for EI to take the referral and start the evaluation process
- Also addresses issues around consent- allowing EI to communicate back to providers
- Includes relevant provider contact information so EI knows WHO to talk back to
- Indicates WHAT the provider would like to hear back about
Training Provided on Specific Parts of the EI Referral Form and WHY they are Important

Example FERPA

Universal Referral Form
for Early Intervention/Early Childhood Special Education (EI/ECSE) Providers*

<table>
<thead>
<tr>
<th>CHILD/PARENT CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name: ___________________ Date of Birth: <em><strong><strong>/</strong></strong></em>/______</td>
</tr>
<tr>
<td>Parent/Guardian Name: _______________ Relationship to the Child: __________________</td>
</tr>
<tr>
<td>Address: __________________ City: ______________ State: ___ Zip: ______</td>
</tr>
<tr>
<td>County: __________ Primary Phone: __________ Secondary Phone: __________ E-mail: __________</td>
</tr>
<tr>
<td>Primary Language: __________________ Interpreter Needed: □ Yes □ No</td>
</tr>
<tr>
<td>Type of Insurance: □ Private □ OHP/Medicaid □ TRICARE/Other Military Ins. □ Other (Specify) __________________ □ No insurance</td>
</tr>
<tr>
<td>Child’s Doctor’s Name, Location And Phone (if known): __________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENT CONSENT FOR RELEASE OF INFORMATION (more about this consent on page 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent for release of medical and educational information</td>
</tr>
<tr>
<td>I, __________________________ (print name of parent or guardian), give permission for my child’s health provider</td>
</tr>
<tr>
<td>__________________________ (print provider’s name), to share any and all pertinent information regarding my</td>
</tr>
<tr>
<td>child, __________________________ (print child’s name), with Early Intervention/Early Childhood Special Education</td>
</tr>
<tr>
<td>(EI/ECSE) services. I also give permission for EI/ECSE to share developmental and educational information regarding my child</td>
</tr>
<tr>
<td>with the child health provider who referred my child to ensure they are informed of the results of the evaluation.</td>
</tr>
<tr>
<td>Parent/Guardian Signature: __________________________ Date: <em><strong><strong>/</strong></strong></em>/______</td>
</tr>
</tbody>
</table>

Your consent is effective for a period of one year from the date of your signature on this release.
Training Provided on Specific Parts of the EI Referral Form and WHY they are Important

Example WHY to include ASQ and Specific ASQ Scores
Family CORE Referral Form

- Most providers are still not using this form.
- Solicits necessary information for Family CORE to take the referral and start the process.
- Includes relevant provider contact information so Family CORE and the partner agencies know WHO to communicate back with.
Training Provided on Specific Parts of the Family CORE Referral Form and WHY they are Important

Example Risk Categories That Inform WHO Should Be Referred

<table>
<thead>
<tr>
<th>Date: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child OR pregnant women being referred: ____________________________</td>
</tr>
<tr>
<td>Date of Birth: __________</td>
</tr>
<tr>
<td>Due Date (if applicable) ____________________________</td>
</tr>
<tr>
<td>Parent or Guardian names (if a child): ____________________________</td>
</tr>
<tr>
<td>Date of Birth: __________</td>
</tr>
<tr>
<td>Relationship: __________</td>
</tr>
<tr>
<td>Date of Birth: __________</td>
</tr>
<tr>
<td>Relationship: __________</td>
</tr>
<tr>
<td>Phone number ____________________________</td>
</tr>
<tr>
<td>Home address ____________________________</td>
</tr>
</tbody>
</table>

**Primary Language**
- Race/Ethnicity: White □ Hispanic/Latino □ Black/African American □ Native American □ Other □

**Please check all that apply**
- Medical condition
  - Please specify ____________________________
- Teen parent
- Parent with developmental delays
- Child with or at risk for developmental delays
- Infant feeding/weight gain problems
- Risk of maternal depression
- Isolation/lack of support
- Challenging child behaviors

**Additional Information:**

**Referring Source Information:**
- Person (provider) to receive referral follow-up information: ____________________________
- Agency/Organization: ____________________________
- Phone Number: ____________________________
- Fax Number: ____________________________

Do not copy or cite without proper citation.
Improving Referral Processes:
Provision of Educational Materials to Parents of Referred Children ABOUT the Referral

• Difficult Experience for Families
  – It is hard to hear something may be wrong or concerning
  – There is a lot of information delivered in a short amount of time- which makes it difficult to absorb and process
  – It would help to have better understanding of:
    • What screening is and why it occurred
    • What happens next, what to expect
    • How to get more information
    • Who to contact with questions

• Tools in development, soon to be piloted and disseminated:
  – 1 page handout
    • What is screening and why is it important?
    • Information about EI, Family CORE, and other common referrals
    • What to expect next
    • Where to find more information
    • What is consent, and why it is important
    • Who to contact with questions

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Improving Referral Processes:
PCP Follow-Up Phone Call to Referred Families
to Answer Questions & Address Barriers

Tools in development, soon to be piloted and disseminated:

- 36 Hour Phone Follow Up Script

  • Evidence suggests this is the period of time families access their support networks to decide what to do
  • Opportunity to encourage going to the referral, and answer follow up questions
  • Opportunity to acknowledge and address barriers to going
  • Who to contact for support or questions

- Frequently Asked Questions

  • For Providers to use that includes answers to all the most common questions from parents about EI referral

Number 19

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) [and if applicable to Family Core]. 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 question.
  o If not: Great. You should be getting a call from the Early Intervention Coordinator, their names are Sandra or Gemma, to schedule an appointment.
  o 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)
  o At the appointment Willamette Education Service District will be doing a more detailed evaluation of (insert child’s name) development.
  o 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.

If Applicable: Do you have any questions about your referral to Family Core? Family Core is a group of different agencies that support families and young children. The group will meet to determine which agency is the best fit for you and your child. Then, the specific agency identified will contact you.

• Answer questions.
  • If not: Great.

Can you think of any barriers that might come up for you and your family in getting (insert child’s name to these services)?

Are there any other questions that you have or anything else I can do to help you in getting to these appointments?

We are here to support you, so if you have any questions, feel free to contact (insert name) at (phone number).
Improving Referral Processes: Childcare Providers Who Screen Children and Identify them At Risk

The primary tools and methods for improving referrals are focused on systems that account for the bulk of screening activities in the community:

- **Child Care Providers**
  - Methods and tools to improve the referral itself
    - Referral Form to EI
    - Family CORE Referral Form
  - Methods and tools to engage and improve family education and engagement
    - Educational materials for Families about community based programs
    - Educational materials for Families about contacting their Primary Care Provider
    - Provision of info on 211
### Use of Standard Referral Form to EI by Childcare

#### WESD EI Referral Form
- Form can be used by Childcare Providers
- Has all necessary information for WESD EI to take the referral and start the evaluation process

#### WESD EI Referral Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td><strong>Persons Calling</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td></td>
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<tr>
<td><strong>Phone</strong></td>
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<tr>
<td><strong>Date</strong></td>
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<tr>
<td><strong>Referral</strong></td>
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<td><strong>Program</strong></td>
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<td><strong>Parent/Guardian</strong></td>
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<td><strong>Relationship</strong></td>
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<td><strong>Age</strong></td>
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<td><strong>Language</strong></td>
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<td><strong>Parents Awareness</strong></td>
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<tr>
<td><strong>Child Attends</strong></td>
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<tr>
<td>** shoots**</td>
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<tr>
<td><strong>Referral Date</strong></td>
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<td><strong>Interpreter</strong></td>
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<td><strong>Ethnicity</strong></td>
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<td><strong>DSQ</strong></td>
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<td><strong>Medical History</strong></td>
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<td><strong>Development</strong></td>
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<td><strong>Special Education</strong></td>
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<td><strong>Behavioral</strong></td>
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<td><strong>Family History</strong></td>
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<tr>
<td><strong>Support System</strong></td>
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**Notes:**
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**Dave Novotney, Ph.D.,
Superintendent**

2611 Pringle Rd SE • Salem, OR 97302 • 503.588.5330 • www.wesd.org
Family CORE Referral Form

- Most Childcare Providers are unaware of family CORE
- Solicits necessary information for Family CORE to take the referral and start the process
- Includes relevant provider contact information so Family CORE and the partner agencies know WHO to communicate back with
Improving Referral Processes:
Child Care Use of Educational Materials to Families to Explain What Screening Results Mean and Next Steps

• Tools in development, soon to be piloted and disseminated:
  – 1 page handout
    • What is screening and why is it important?
    • Information about EI, and Family CORE
    • What to expect next
    • Where to find more information
    • What is consent, and why it is important
    • Who to contact with questions
  – Information for Childcare Providers to help encourage families with a risk identified to access their primary care provider
    • Will include key talking points to encourage reaching out to the child’s primary care provider
    • Key questions to ask families
  – Frequently Asked Questions
    • For Childcare Providers to use that includes answers to all the most common questions from parents about EI referral

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Five Priority Pathways

*These have been informed by data collected in your community, and with input from key stakeholders engaged*

**Within Sites Doing Screening:**

1) **Improve referral processes** for sites that are doing developmental screening
   - Making sure children identified, get referred using standardized systems and process including EI Universal Referral Form and Family Core Referral Form
   - Referral processes are patient-centered
   - Consent from parent for stakeholders to communicate

**For At-Risk Children Referred:**

2) Communication about whether referred agency **able to contact** child for referral, collaborative efforts to enhance contact rates

3) For children evaluated/contacted, **communication about outcome of evaluation**

4) Development of a **community-specific triage process for children found ineligible** for primary referred service to identify a secondary follow-up process

5) **Referral and follow-up steps for children found ineligible**, communication about this to referring provider

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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 ____/____/____

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**Early Intervention Universal Referral Form**

- Includes a section to send BACK to referring provider
- Includes option for “Unable to contact parent”
- Notes section will indicate the issue (e.g. phone out of service)
- Will be piloting the addition of “Parent declined evaluation”
- Also indicates when the referral with be CLOSED
- Referring provider can then either provide new information or follow up with the family

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Five Priority Pathways

_These have been informed by data collected in your community, and with input from key stakeholders engaged_

**Within Sites Doing Screening:**

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5) **Referral and follow-up steps for children found ineligible**, communication about this to referring provider

_Do not copy or cite without proper citation._
Early Intervention Universal Referral Form

- Includes a section to send BACK to referring provider
- Includes check boxes indicating whether the child is eligible or ineligible
- Also indicates what secondary referral may have been made by EI staff

**Tool in development, soon to be piloted:**

- **6 Month Follow Up to Providers, Indicating Services Child is Receiving**
  - At the time of eligibility determination, information is not yet known regarding what services the child will receive
  - The timing of this correspondence will map to relevant EI processes and requirements
  - Will be provider informed, and will provide an efficient update regarding what specific services the child is receiving
Early Intervention Communication: Part 3: Services Being Provided

• Current forms explain what they are eligible for but not WHAT services are being provided
  – Stakeholder interviews indicated information about the SERVICES being would be invaluable in identifying secondary referrals to ensure that ALL the risk identified in screening are: a) addressed and b) addressed to the level and degree that would help the child thrive (not specific to educational attainment)

• Tool in development, soon to be piloted:
  – 6 Month Follow Up to Providers, Indicating Services Child is Receiving
    • At the time of eligibility determination, information is not yet known regarding what services the child will receive
    • The timing of this correspondence will map to relevant EI processes and requirements
    • Will be provider informed, and will provide an efficient update regarding what specific services the child is receiving
Family CORE Response Letter

- Indicates referral was received
- Indicates WHICH entity ended up getting the referral
- Indicates if further information is needed
- Family Core is NOW also TRACKING referrals, status of referrals, and whether child was able to be served by the program

Note: Processes differ among participating agencies

- Each Family CORE entity is responsible for reaching out to families
- Processes for feedback about ability to contact AND service provision are program specific, and are out of scope for this project

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**Family CORE**

**Coordinated 0-5 years Referral Exchange**

Thank you so much for your referral

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<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To:</td>
</tr>
<tr>
<td>Child/Family name:</td>
</tr>
</tbody>
</table>

Your referral was received by the Family CORE team, composed of representatives from Yamhill County’s home visiting programs. We have given this referral to the program that we feel will best meet their needs:

- **Head Start of Yamhill County:** (503) 472-2000
  - You should hear the outcome of this referral in 2-3 weeks.

- **Lutheran Community Services:** (503) 472-4020 x206
  - You should hear the outcome of this referral in 2-3 weeks.

- **Provoking Hope:** (503) 895-0934
  - You should hear the outcome of this referral in 1-3 weeks.

- **Public Health:** (503) 434-7525
  - You should hear the outcome of this referral in 1-3 weeks.

- **Willamette Education Service District:** (503) 435-5918
  - You should hear the outcome of this referral in 3-4 weeks.

- **Family and Youth Programs**
  - The information provided was not sufficient to make a referral. Please:

Each Agency will make several attempts to contact families. If there is anything else we can do to help please let us know.

Thank-you,

The Family CORE team

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Five Priority Pathways

These have been informed by data collected in your community, and with input from key stakeholders engaged

Within Sites Doing Screening:

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   – Referral processes are patient-centered
   – Consent from parent for stakeholders to communicate

For At-Risk Children Referred:

2) Communication about whether referred agency able to contact child for referral, collaborative efforts to enhance contact rates
3) For children evaluated/contacted, communication about outcome of evaluation

4) Development of a community-specific triage process for children found ineligible for primary referred service to identify a secondary follow-up process

5) Referral and follow-up steps for children found ineligible, communication about this to referring provider

Do not copy or cite without proper citation.
• OPIP interviewed over **24 stakeholders** in the region to identify the specific resources that could address risk identified in the ASQ.

• The community determined the most streamlined approach would be to have children referred to either **EI and, if they have other risk factors, to Family Core** first (which is a subcommittee of the Yamhill Early Learning Hub).

• Children found **ineligible for EI** are referred to Family Core.

• Then for children needing additional services or for children referred but found ineligible for services, they would be presented to the **Yamhill Early Learning Council** and the various stakeholders engaged in that large forum would identify follow-up resource the child and family should be referred.
Current Referral & Triage Map

• Future revisions to the referral and triage map for Yamhill County:
  • The addition of **Medical AND Therapy services** that should be considered for many children (e.g. referral to Developmental Behavioral Pediatrician, Private Speech Therapy etc.)
  • Working with YCCO develop a succinct summary of **medical and therapy** services addressing risks identified in this project that are covered for their members and eligible providers in their community that can serve this population.
  • One need to community and coverage asset mapping is obtaining clarity for the **privately insured**, given a number of resources within the HUB serve only children in poverty and the YCCO coverage options may not necessarily be similar to the options within private payors. That said, this work with private payors is outside the scope of this project given the explicit consultation to YCCO and Yamhill Early Learning Hub.
Five Priority Pathways

These have been informed by data collected in your community, and with input from key stakeholders engaged

Within Sites Doing Screening:

1) Improve **referral processes** for sites that are doing developmental screening
   - Making sure children identified, get referred using standardized systems and process including EI Universal Referral Form and Family Core Referral Form
   - Referral processes are patient-centered
   - Consent from parent for stakeholders to communicate

For At-Risk Children Referred:

2) Communication about whether referred agency **able to contact** child for referral, collaborative efforts to enhance contact rates

3) For children evaluated/contacted, **communication about outcome of evaluation**

4) Development of a **community-specific triage process for children found ineligible** for primary referred service to identify a secondary follow-up process

5) **Referral and follow-up steps for children found ineligible**, communication about this to referring provider.
### Early Intervention Universal Referral Form

- Includes a section to send BACK to referring provider
- Includes check boxes indicating whether the child is eligible or ineligible
- **Also indicates what secondary referral may have been made by EI staff**

### Process in development, currently being piloted:

- **EI Evaluators having tools and processes to make secondary referrals**
  - Asset mapping to identify resources to refer to and key information about each (population served, eligibility criteria etc.)
  - Understanding of referral best practices in the community (e.g. use of Family CORE referral form)
  - Processes to assure feedback about secondary referrals provided to referring provider
Next Steps

• Continued parent advisor review of the materials
• Development of tools noted that are “in process”
• Pilot processes and tools
• Based on learnings from these pilots, make refinements to both as we learn from pilot activities
• Document best practices that the community can use to disseminate learnings after project completion

• Questions, Comments?
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