Pathways for Referral & Follow-Up to Developmental Screening:

Highlight of OPIP’s Work in Marion, Polk, and Yamhill County

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Funding from
Willamette Education Service District (WESD)

- Willamette Education Service District (WESD) received funds to improve processes focused on children referred to EI & found ineligible (Ends June ‘17)
  - Effort focused across the counties WESD serves: Marion, Polk, and Yamhill

- WESD is using a portion of those funds to contract with the Oregon Pediatric Improvement Partnership (OPIP) to focus on the three counties they serve (Marion, Polk, and Yamhill)
  - Builds off work OPIP has been doing statewide and the system focused on developmental screening in large practices serving children who live Marion & Polk
    - Implementation of developmental and autism screening and follow-up within primary care
    - Consult on EMR forms related to developmental screening
  - Builds off work OPIP led in Yamhill County (funded by OHA) and supported through Dec ‘16
    - Supports implementation in Yamhill County, summary of evaluation data
  - Summarize findings across Marion, Polk, and Yamhill Counties

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Community-Based Improvement Opportunity:
Align Silo’d System-Level Goals to Develop and Implement Standards of Care Across Systems for Follow-Up to Developmental Screening

Coordinated Care Organizations
Goals Related to:
1) Developmental Screening
2) Well-Child Care
3) Coordination of Services

Early Intervention
Provide services to young children to achieve educational attainment goals

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

School Readiness

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Community-Based Improvement Opportunity: Align Silo’d System-Level Goals to Develop and Implement Standards of Care Across Systems for Follow-Up to Developmental Screening

**Coordinated Care Organizations**

**Early Learning Hubs**

**Early Intervention**

Front-Line Practices Conducting the Screening and Navigating Follow-up Steps:
See a Majority of Young Children in First Three Years of Life
Key Building Blocks of the Pathways for Developmental Screening, Referral and Follow-Up

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

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Community Asset Mapping and Pathway Identification in Marion and Polk County
Developmental Screening Rates in the First Three Years of Life for Publicly Insured Children in Willamette Valley Community Health (WVCH): As Tracked by 96110 Claims Submitted

Source: WVCH Developmental Screening Rates, Based on 96110 Claims Submitted for Children Continuously Enrolled for 12 Months
Variation in Developmental Screening Rates for Practices To Whom WVCH Children Are Attributed

Of the 50 practices WVCH contracts with, majority are screening to fidelity of Bright Futures Recommendations:
(86% of practices are below 50% of attributed children screened)

Source: Based on 96110 Claims Submitted for Children Continuously Enrolled for 12 Months and Who WVCH Attributed to the Practice
An Applied Example from One of Our Primary Care Pilot Sites

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

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

Of the children who received a developmental screen, **30% identified at-risk for delays for which developmental promotion should occur**

**NUMBER REFERRED TO EI:**  57% **NOT REFERRED**
N=173

Data Source: Data provided by Childhood Health Associates of Salem, Aug. & Jan 2017
Question:

If the point of developmental screening is to **identify children to receive follow-up services** to address the delays identified, **do increases in screening result in increases in children** **receiving EI services** to address the risks identified?
If follow-up to developmental screening is occurring, the slope of the lines should be similar?

Number of Children 0-3yrs Screened (According to 96110) in WVCH

- 2013: 664
- 2014: 7343
- 2015: 3104

2013 vs. 2015:
Total Improvement: 79% (N=2440 Children)

Number of Children Found Eligible To Receive EI Services in Marion & Polk Counties

- 2013: 235
- 2014: 263
- 2015: 261

2013 vs. 2015:
Total Improvement: 10% (N=26 Children)
Marion: 10% (N=21) Polk: 11% (N=5)

Do not copy or reproduce without proper OPIP citation.
<table>
<thead>
<tr>
<th>Region</th>
<th>Total N</th>
<th>Evaluated</th>
<th>Parent Delay</th>
<th>Not Able to Be Contacted</th>
<th>No Parental Concerns</th>
<th>Other Reason for No Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yamhill</td>
<td>168</td>
<td>108 (64%)</td>
<td>37 (22%)</td>
<td>18 (11%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marion</td>
<td>642</td>
<td>394 (61%)</td>
<td>110 (17%)</td>
<td>119 (19%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polk</td>
<td>105</td>
<td>60 (57%)</td>
<td>23 (22%)</td>
<td>17 (16%)</td>
<td></td>
<td>5 (5%)</td>
</tr>
</tbody>
</table>

*In 2014, it was identified that for 3 months there was systematic difference in the way data was entered for referrals in that one child may have been entered multiple times (one child could have appeared as more than one referral). This issue was addressed, however, referral numbers in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.
#1: Indication of Follow-Up to Developmental Screening

- Child find rates
- Numbers of Referrals
- Number of Referrals Able to be Contacted and Evaluated
- Of referrals able to be contacted and evaluated
- Outcome of children able to be evaluated (Eligible, Ineligible)

*Again, remember that a portion of children have multiple referrals*
Of Children Able to be Evaluated: 2015 Outcomes of EI Evaluation

<table>
<thead>
<tr>
<th>Location</th>
<th>Total Evaluations</th>
<th>Eligible</th>
<th>Ineligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion</td>
<td>Total N=394</td>
<td>216 (55%)</td>
<td>178 (45%)</td>
</tr>
<tr>
<td>Polk</td>
<td>Total N=60</td>
<td>45 (75%)</td>
<td>15 (25%)</td>
</tr>
<tr>
<td>Yamhill</td>
<td>Total N=108</td>
<td>86 (80%)</td>
<td>22 (20%)</td>
</tr>
</tbody>
</table>

*Eligible and Ineligible percentages reflect the number of evaluations.*

*Do not copy or reproduce without proper OPIP citation.*
Data from WESD on Early Intervention Referral and Evaluation Outcomes to Be Shared Today

#1: Indication of Follow-Up to Developmental Screening

- Child find rates
- Numbers of Referrals
- Number of Referrals Able to be Contacted AND Evaluated
- Of referrals able to be contacted and evaluated
- Outcome of referrals (Eligible, Ineligible)

#2: Data to Inform Processes for At-Risk, But EI Ineligible Children

- Evaluation Outcome Results by Referral and Child Characteristics

In the future we will share data about children who fail an ASQ that are found EI Ineligible. Requires chart review and is time intensive and we wanted discussions from today to inform process.

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Evaluation Outcomes for Medicaid vs. Non-Medicaid Children: Marion County

- **2014**
  - Medicaid Eligible Children: Total N=164, Eligible: 150 (91%), Ineligible: 14 (9%)
  - Non-Medicaid Children: Total N=226, Eligible: 79 (35%), Ineligible: 147 (65%)

- **2015**
  - Medicaid Eligible Children: Total N=139, Eligible: 133 (96%), Ineligible: 5 (4%)
  - Non-Medicaid Children: Total N=255, Eligible: 83 (33%), Ineligible: 172 (67%)

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### Partners in the Community-Based Improvement Efforts Being Piloted Through June 2016 to Enhance Follow-Up to Screening

**Primary Care Sites Already Conducting Developmental Screening**
- Pilot Sites: Childhood Health Associates of Salem (CHAoS), Physician Medical Center (Yamhill), and sharing information with Salem Pediatrics

**QI Tools/Methods Developed for PCP:**
- Referral and follow-up pathway diagram anchored to: 1) ASQ scores, B) Resources within Marion and Polk
- Training on referral and follow-up pathways
- Practice-level improvement support and facilitation, including processes to use information provided by community-based providers
- Development of materials to support families
  - Parent education material and
  - Phone follow-up for referred children within 36 hours to answer questions and address barriers

**Summary of WVCH coverage of follow-up services**
- Specific services, providers, whether they serve young children
- Services covered within WVCH (Under WVP & BCN)

**Examination of Practice-Level Data to Guide and Evaluate Efforts**
- Practice-level data related to screening, referral and follow-up

### Early Intervention (WESD)

**QI Tools/Methods Being Implemented:**
- Enhanced communication to referring provider when not able to contact the child OR the family declines services
- Enhanced processes around directing EI ineligible children to other community-based providers (e.g. centralized home visiting referral form
- Enhanced feedback forms about service being provided so that secondary referral resources can be identified.

**Examination of WESD Data to Guide and Evaluated Data**
- Referrals, Evaluation and characteristic of ineligible children
- Examining EI Eligibility by presenting ASQ scores

### Community-Based Providers

Identified pathways from PCP to six priority referrals.

Through the project, **NEW referrals** being implemented are to:
- **Family-Link:** Centralized home visiting referral
- **Parenting classes within the OPECs:** Mid-Valley Parenting & Marion and Polk Early Learning Hub

Enhanced developmental promotion within PCP sites leveraging sharing of tools highlighted within the HUB (e.g. VROOM)
Developmental Promotion

ASQ Learning Activities for the Specific Domains

Fine Motor
Activities to Help Your Toddler Grow and Learn

Your toddler’s eyes and hands are working together well. He enjoys taking apart and putting together small things. He loves using any kind of writing or drawing tool. Provide scrap paper, washable crayons, or markers. You can also try puzzles, blocks, and other safe small toys. Talk and enjoy the time together. When writing or drawing, set up clear rules. “We draw only on the paper, and only on the table. I will help you remember.”

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 do 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
With sounds, words, faces and actions, go back and forth to create a conversation or a game.

Vroom!

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

Find out more joinvroom.org

- Flipping Pancakes
- Macaroni String
- Homemade Orange Juice
- Draw What I Draw
- Bath-Time Fun
- My Favorite Things
- Sorting Objects

# Summary of WVCH Services

<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>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</td>
<td>Yes</td>
</tr>
<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>Mighty Oaks Therapy Center (Albany)</td>
<td>Yes</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>PT Northwest</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Salem Hospital Rehab</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Physical Therapy Services</strong></td>
<td></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</td>
<td>No</td>
</tr>
<tr>
<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>Keizer PT</td>
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<tr>
<td></td>
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<td>Pinnacle PT</td>
<td>No</td>
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<td></td>
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<td></td>
<td>ProMotion PT</td>
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<td></td>
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<td></td>
<td>PT Northwest</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Salem Hospital Rehab</td>
<td>Yes</td>
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<td></td>
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<td></td>
<td>Therapeutic Associates</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Creating pathways</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Speech Therapy Services</strong></td>
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<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</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>Creating Pathways</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mighty Oaks Therapy Center (Albany)</td>
<td>Yes</td>
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<tr>
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<td>Salem Hospital Rehab</td>
<td>Yes</td>
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<tr>
<td></td>
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<td></td>
<td>Sensible Speech</td>
<td>Yes</td>
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<tr>
<td><strong>Behavioral Psychology Services</strong></td>
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<td><strong>Behavioral Health Services</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Social Skills Groups</td>
<td>Yes</td>
<td>Enrolled in services</td>
<td>Marion County Child Behavioral Health*</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Polk County Mental Health*</td>
<td>Yes</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Inter-Cultural Center for Psychology</td>
<td>Yes</td>
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<td></td>
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<td></td>
<td>Open Options &amp; Solutions*</td>
<td>Yes</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Valley Mental Health*</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Centralized Referral to Home Visiting Programs within the Community

Family Link

Use this form to refer pregnant women or parenting families with children ages 0-5 to early learning and family support programs in Marion and Polk counties. Services are most often delivered through home visits and/or classroom-based programs and designed to improve child health and development, increase school readiness, improve maternal health, and increase positive parenting practices.

<table>
<thead>
<tr>
<th>Child:</th>
<th>Sex: □ M □ F</th>
<th>DOB:</th>
</tr>
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<tbody>
<tr>
<td>Child:</td>
<td>Sex: □ M □ F</td>
<td>DOB:</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Parent/Guardian:</th>
<th>DOB:</th>
<th>Relationship to child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex: □ M □ F</td>
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<tr>
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<td>Sex: □ M □ F</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone:</td>
<td>Text?: □ Y □ N</td>
<td>Home Phone:</td>
</tr>
<tr>
<td>Preferred Language:</td>
<td></td>
<td>Email:</td>
</tr>
</tbody>
</table>

Reason for Referral: Check ALL that Apply

- □ Lack of Prenatal Care
- □ Support with Breastfeeding
- □ Support with Infant Care
- □ Drug-Exposed Infant/Pregnancy
- □ Support with Attachment/Bonding
- □ Feels Depressed or Overwhelmed
- □ Isolation/Lack of Support
- □ Support with Parenting
- □ Has Disability
- □ Behavior concerns
- □ Born Premature
- □ Home Environment concerns
- □ Development concerns
- □ Social/Emotional concerns
- □ Teen/Young Parent
- □ First Time Parent
- □ Tobacco Use
- □ Alcohol/Drug Use
- □ Lack of Food/Clothing/Heating
- □ Incarceration/Probation
- □ Low Income
- □ Other

Additional Family Information:

- □ Migrant/Seasonal Work
- □ Unemployed
- □ Homeless
- □ Receives TANF/SSDI
- □ Receives SNAP

Is there anything else we should know?

Referred by: | Contact Person: | Agency: | Phone: |

Parent Consent to Refer: By signing this form, I authorize Yalima Valley Farm Workers Clinic to disclose the information listed above, for the purpose of connecting my family to an early learning and family support program, to the following organizations:

- □ Family Building Blocks
- □ Mid-Willamette Valley Community Action Agency
- □ Polk County Public Health Department
- □ Salem Keizer Head Start
- □ Oregon Child Development Coalition (OCDC)
- □ Marion County Public Health Department
- □ Willamette Education Service District (WESD)
- □ Other

Parent/Guardian Signature: __________________________ Date: __________

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Example Parenting Classes

• **Make Parenting a Pleasure** (*in Spanish: Haga de la Paternidad un Placer*)
  - This parenting curriculum has been in practice for more than 30 years. It is designed for parents who are highly stressed with children 0 to 8 years old.

• **Abriendo Puertas** (*in English: Opening Doors*)
  - Nation’s first evidence-based comprehensive training program developed by and for Latino parents with young children between the ages of 0 and 5 years old.

• **Nurturing Parenting**
  - Family-centered trauma-informed program designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices.

• **Collaborative Problem Solving: Parent workshop**
  - *CPS* is a strengths-based, neurobiologically-grounded approach that brings new ideas and new hope for helping kids with behavioral challenges.

• **Mothers and Babies**
  - This class is designed specifically to provide support and encouragement to mothers who are pregnant or have an infant 36 months or younger. In this course each mom will learn ways to think about and interact with their young baby to create an emotionally and physically healthy reality. Topics include baby development, managing stress and mood changes. Mothers receive individual support from their instructor/coach as well as build support with other new moms.
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**
  - Who is Early Intervention (EI)?
  - EI helps babies and toddlers with their development. In your area, Williams 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’s 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.
    - Your phone number is 503-385-4747.
  - The results from their assessment will be used to determine whether or not EI can provide services for your child.

- **Family Link**
  - Who is Family Link?
  - Family Link is a group of community organizations. This group meets each month to identify the best programs and services to meet the needs of the child and family. Family Link services have eligibility requirements.
  - What to expect if your child was referred to Family Link:
    - One of the community organizations will reach out to your family to schedule an appointment.

- **Medical and Therapy Services**
  - Your child’s health care provider referred you to the following:
    - Speech Language Pathologist: Specializes in speech, voice, and swallowing disorders.
    - Audiology: Specializes in hearing and balance issues.
    - Developmental-Behavioral Pediatrics: Specializes in the following child development areas: Learning delays, feeding problems, behavior concerns, and issues related to motor or cognitive skills.
    - Autism Specialist: Specializes in providing a diagnosis and treatment for children with symptoms of Autism.
    - Occupational Therapist: Specializes in performance activities necessary for daily life.
    - Physical Therapist: Specializes in range of movement and physical coordination.

**Why did you sign a consent form?**

As your child’s primary care provider, we want to be informed about the care your child receives so that we can provide the best care we possibly can. The consent you signed allows the programs to share information back to us.

Different programs have different consent requirements. You will likely be asked to sign one of these to give permission for different programs to communicate about your child.

**Any Questions?**

At Childhood Health Associates of Salem, we are here to support you and your child. If you have any questions about the process, please call our Referral Coordinator.

Phone Number: 503-385-3170

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Pilot: Phone Follow-Up Script for Referred Children

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).
Focus of Improvement Effort
Within WESD- Early Intervention

• Enhanced communication methods to tell primary referral agency “not able to contact/evaluate” BEFORE closing out the child’s case
• Follow-up Steps for EI Ineligible
  o Use of referral forms to Centralized Home Visiting (Family Core)
  o Communication back to PCP on ineligibility
• Development of one-page summary of services (for PCP) for EI Eligible children
• For children referred with a ASQ domain level scores, data on EI eligibility
Feedback to Referring Provider

- Not able to contact
- For those that were contacted and evaluated, general eligibility
Early Intervention Universal Referral Form

Completed Example:

EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

EIESCE 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:

EIESCE County Contact/Phone: __________________________ Notes: ________________

Attachments as requested above:

☐ Unable to contact parent  ☐ Unable to complete evaluation  EIESCE will close referral on _____/____/_____

*The EIESCE Referral Form may be duplicated and downloaded at: http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/dev-screening-and-referrals.cfm

Do not copy or reproduce without proper OPIP citation.
Focus of Improvement Effort
Within WESD- Early Intervention

• Enhanced communication methods to tell primary referral agency “not able to contact/evaluate” BEFORE closing out the child’s case

• Follow-up Steps for EI Ineligible
  o Use of referral forms to Centralized Home Visiting (Family Core)
  o Communication back to PCP on ineligibility

• Development of one-page summary of services (for PCP) for EI Eligible children

• For children referred with a ASQ domain level scores, data on EI eligibility
Referral from WESD To Centralized Home Visiting Services

• Referral of EI Ineligible to the Centralized Home Visiting referral that exists in these counties:
  – Marion and Polk: Family Link
  – Yamhill: Family CORE

• Contextual Issues to Consider
  1) EI doesn’t know about most of the risk factors on the form, so can’t complete them to inform best match program
  2) Examined characteristics of EI Ineligible
     – Most were not insured by Medicaid
       o May not be eligible for majority of services within Home Visiting

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Referral from WESD To Centralized Home Visiting Services
Focus of Improvement Effort
Within WESD- Early Intervention

• Enhanced communication methods to tell primary referral agency “not able to contact/evaluate” BEFORE closing out the child’s case

• Follow-up Steps for EI Ineligible
  o Use of referral forms to Centralized Home Visiting (Family Core)
  o Communication back to PCP on ineligibility

• Development of one-page summary of services (for PCP) for EI Eligible children

• For children referred with a ASQ domain level scores, data on EI eligibility
Summary of Services EI Eligible Children Receiving

• Finding from the baseline stakeholder interviews was that people would find it valuable to receive a one-page summary of the EI services to be provided

• Goal is to provide a summary that can be used by the primary care provider in order to identify additional and complementary services provided within the health care system and in other community-based programs that may robustly address other child needs.

• Developed a draft template of the one-page summary
  o OPIP then gathered input from primary care providers about if the summary would be valuable
  o Modifications made based on stakeholder input

• Working to develop the template in the EI data systems
Pilot EI Communication Form to Inform Possible Secondary Referral

Information for this letter is generated automatically from the EI Electronic System.
Focus of Improvement Effort
Within WESD- Early Intervention

• Enhanced communication methods to tell primary referral agency “not able to contact/evaluate” BEFORE closing out the child’s case

• Follow-up Steps for EI Ineligible
  o Use of referral forms to Centralized Home Visiting (Family Core)
  o Communication back to PCP on ineligibility

• Development of one-page summary of services (for PCP) for EI Eligible children

• For children referred with a ASQ domain level scores, data on EI eligibility
Examining Presenting ASQ Domain-Level Scores Provided by Referral and EI Eligibility

- Identified children who were referred to EI and domain-level developmental screening scores were provided
  - Only 28% of referrals over last two school years had a domain-level scores for ASQ
- Required manual chart review and data entry
- Provided OPIP with blinded data base
  - ASQ scores
  - EI eligibility and for which domains
  - Other descriptive factors to inform analysis. For example:
    - Age of child
    - Medicaid insured
    - Referral source
- Primary care pilot sites also providing data on children referred to EI and their information about the child’s domain-level score
- OPIP will be conducting analysis to identify any trends to inform better referrals from primary care to EI (Data may be too small)
Focus of Community-Based Improvement Effort within Community-Based & Health Systems

• Within Community-Based Provider Prioritizing Referral pathways to:
  o Home Visiting
    o Each community has centralized home visiting forms, although those are functioning quite differently

• Synergistic with HUB efforts about engagement and support to families on the waiting list
Looking Forward:
Based on the Learnings from this Project,
Opportunities to Spread with Additional Funding
Future Funding OPIP Is Starting to Explore

• In Marion, Polk and Yamhill:
  – Support spread of the models piloted by the primary care sites to other primary care sites in the region.
  – Support the primary care sites NOT doing developmental screening to implement screening
  – Evaluation of the impact of implementation

• Support development of developmental screening pathways in other communities in partnership with other CCOs, practices, and Early Learning Hubs
  – Community-specific work
  – Learning collaborative across communities
  – Engagement of EI at the State and Local Contractor level
  – Community based project that support school readiness across the population given that is ODE’s goal
Questions?

• Door is always open!

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