Tips for Coordinated Care Organizations (CCOs)

Follow-up to Developmental Screening: Building an Asset Map

Developed by the Oregon Pediatric Improvement Partnership (OPIP) with support from the Oregon Health Authority Transformation Center

Webinar (October 10, 2018) available here:
https://www.oregon.gov/oha/HPA/DSI-TC/Pages/Dev-Screen-Tech-Assist.aspx

Purpose and tips included: This tip sheet provides guidance to coordinated care organizations (CCOs) and their early learning partners on how to distill and summarize the findings from stakeholder engagement into a map of community assets addressing delays identified through developmental screening. The tip sheet is based on learnings OPIP has gathered in developing asset maps in nine counties in Oregon.

Components of the Asset Map:

See Appendix A for an example template OPIP has used to visually display the Asset Map.

The Asset Map has **three key parts** that are described on **two pages**.

Part 1: Entities conducting developmental screening and identifying children at-risk for developmental, behavioral and social delays

Within the template are boxes that represent different entities that are conducting developmental screening:

Part 1: Children 0-3 Identified At-Risk via Developmental Screening

1. Primary care practices that are conducting screening
2. Primary care practices that are not currently screening or not screening at high rates
3. Community-based providers who are conducting screening. This often includes:
   a) Home-visiting programs,
   b) Early Head Start, and
   c) Childcare providers.
4. Other developmental screening efforts. This has included screening fairs led by the Early Learning Hub, and parents completing the screening tool directly via https://asqoregon.com/

Part 2: Follow-up pathways for children identified at-risk for developmental, behavioral and/or social delays on the developmental screening tool

Part 2 has two sections:

- Part 2a: Developmental supports and follow-up provided by the entity that screened
- Part 2b: Agencies to which the screening entity can refer at-risk children

Part 2a: Developmental supports provided by entity that screened that addresses identified delays

This section describes the follow-up services to developmental screening that the stakeholders noted they provided internally as a follow-up to screening. These assets and strategies are important to capture, as parents of all children identified at-risk for delays should receive anticipatory guidance and education about how they can address those delays. Additionally, there may be services or follow-up steps that can be provided in the context of the setting in which the child was screened that do not involve a referral to an external agency. The asset map includes boxes for the following:

Part 2a: Developmental Supports Provided by Entity that Screened that Addresses Identified Delays

1. **Developmental promotion:** These materials specifically address the domain(s) of delay identified via the developmental screening tool. This may include providing the Ages and Stages Learning Activities[i] specific to each domain of the child's development, the Center for Disease Control's Act Early Materials[ii], and other anticipatory guidance and parental education materials.
2. **Behavioral health services located within the primary care site:** Some sites conducting developmental screening will have internal behavioral health providers who may be utilized as a follow-up resource for specific children identified at-risk on the developmental screening tools. Before listing this as a resource, it is imperative to confirm that these providers have experience, knowledge, and awareness in seeing children ages 0–3 and can provide follow-up services that address specific delays identified in developmental screening tools.
3. **Monitor and rescreen:** For some children, a standard follow-up process includes setting up a follow-up appointment to rescreen the child to monitor the child's development. The follow-up visit is typically in 2–6 months, and if the delay is still present, this warrants a referral to an external entity.

Part 2b: Agencies to which the screening entity can refer at-risk children

This section describes entities that provide specific follow-up services *OR* evaluate children with delays to determine next steps or eligibility for services. These are the agencies identified in the stakeholder interviews as having a direct service that addresses the five domains of development that are assessed in developmental screening tools. The availability and presence of specific agencies can vary in different communities. It is valuable to:

a) color code the specific service by type of service;
b) use formatting that indicates whether the referral is to a service or if the referral is to an organization that will first evaluate the child to determine eligibility; and
c) track and note where the entity is located.

In past efforts working with CCOs and Early Learning Hubs, OPIP has indicated whether that entity is located within the specific counties served by the CCO and/or Early Learning Hub. Below is a list of the color-coded boxes OPIP has created in the past, knowing that resources may differ by community. Each of these resources was described in the tip sheet on engaging community partners: https://www.oregon.gov/oha/HPA/DSI-TC/Documents/TipSheet-2A-Engaging-Community-Partners.pdf

Part 2b: Agencies to which the Screening Entity can Refer At-Risk Children

1. Developmental Behavioral Pediatrician
2. Occupational Therapy, Physical Therapy, Speech Therapy
3. Early Intervention (*given the focus of this work is on children 0–3, Early Childhood Special Education/ECSE can be included but it is important to note that is for children 3–5*)
4. CaCoon/Babies First Home Visiting Programs
5. Early Head Start
6. Healthy Families
7. Child and Parent Psychotherapy
8. Parent Child Interaction Therapy

The second page of the Asset Map provides a more detailed accounting of availability of each of these direct follow-up resources within each county/community. It is valuable to describe given barriers that exist in families accessing services that are not locally provided. OPIP has consistently found variation in the availability of some services by the specific county in which the child resides.

How do you determine if an entity should be in Part 2 or Part 3?

- An important distinction between Part 2B (grey) and Part 3 (yellow) in the asset map template is that the entities in part 2B are agencies that serve as a **direct** pathway for the specific domains of delays identified on the screening tool, and they can serve children at the ages at which they are identified (often at 9 months, 18 months or between 2 and 3 years old).
- Entities in Part 3 are more general family supports that **may** offer services and/or resources helpful to families of children identified at-risk.
- In some communities, entities were also placed in Part 3 if they were a direct pathway of follow-up for delays, but they had very limited capacity and would not be able to be a direct pathway for the number of children identified.

Part 3: Additional family supports that address child development and promotion

This section is intended to be broad, in that it is meant to document any organization in the community that offers supports or services to families that **may** address delays identified or provide resources and/or supports to families of children at-risk for delays. In short, these organizations and services are not a direct pathway to address potential delays, but rather they have the potential to serve as a supplemental support or stop gap option for families of children experiencing delays. Often these supports and services include options that may be broad in scope and focus or are inconsistent in what service or support is offered. This section may also include entities that would conceptually be considered a direct pathway, but due to capacity restrictions are not able to consistently serve children 0–3 identified at-risk for delays. Examples of entities mapped in part 3 in previous communities include:

Part 3: Additional Family Supports that Address Child Development and Promotion

1. **Oregon Parenting Education Collaborative (OPEC) Parenting Hubs** and other organizations that provide parenting education focused on early childhood. For some children with moderate delays, the parent can benefit from classes that teach specific ways they can engage with their child and promote their child's development.
2. **Department of Human Services programs, including Self Sufficiency and Child Welfare**: These programs may be serving the child already and this context in relation to the child's development may be valuable. Conversely, the family may have some needs for supports and resources to address social determinants of health related to the child's home environment and nutritional health that may be impacting the child's development.
3. **Childcare Resource and Referral**: For some children it may be valuable to explore high quality childcare environments that may be supportive and helpful in supporting the child's development and addressing delays identified.
4. **Oregon Family Support Network (http://www.ofsn.org/)**
5. Interdisciplinary teams such as **Care Coordination Networks (CCN)** and **Service Integration Teams (SIT)**
6. **Relief Nurseries:** Some families and children with delays may benefit globally from Relief Nurseries. These programs provide supports to families for positive parenting experiences and building resiliency in young children.
7. **Head Start:** While children who are the focus of this work are often screened at 9, 18 and 24/30 months and therefore too young to be eligible for Head Start, it may be valuable to note the importance of this resource for children screened at the 30 month visit. Secondly, if the child screened has siblings who are in Head Start, there may be ways the Head Start staff can provide supports and coaching on developmental promotion as part of their comprehensive home visits.
8. **Libraries** with children's story hours and other activities for children under three can be helpful in promoting development and targeting activities that boost specific areas of development.
9. **Other Family Support Organizations:** These organizations provide supports to families raising children with special needs, connect these families with resources, and support families to network with other families with children with special needs.

10. **Organizations supporting women with young children who are experiencing or have experienced domestic abuse:** For some children, their parent may be experiencing other events that may be impacting the child's development, such as domestic abuse. Therefore, it may be important to provide supports to address these important events that can have an adverse impact on the child's development.
11. **211:** A platform meant to provide a central hub of information and connection to resources to help people identify, navigate and connect with the local resources they need.
12. **ASQ Online:** An online version of the Ages and Stages Questionnaires (ASQ) that allows parents to complete the ASQ, track their child's development, and receive customized feedback and tips based on the score. In specific communities, an identified provider receives the completed scores and reaches out to families of children identified at risk (if contact information and permission to contact was provided by the parent).
13. **Others**: Every community is different and various resources and supports exist. It is expected that each community will identify resources beyond the ones listed above.

The completed Asset Map:

OPIP has found that this template provides a useful way to document resources and assets in a community. Once completed, it illustrates pathways and secondary pathways from screening to services in a way that makes the information easy to follow and digest at a community level. While more complex than a simple list or accounting of resources in a given community, it requires the documentation of context critical to differentiating true pathways from general supports that may or may not meet a specific need. It has been our experience that this level of detail is critical to both identifying opportunities for improvement, and to identifying gaps in services and capacity within communities.

[i] https://products.brookespublishing.com/ASQ-3-Learning-Activities-P624.aspx
[ii] https://www.cdc.gov/ncbddd/actearly/index.html

PATHWAYS FOR DEVELOPMENTAL SCREENING OF CHILDREN 0-3

KEY STEPS

Part 1: Children 0-3 Identified At-Risk via Developmental Screening

Primary Practices Conducting Screening at Rec. Periodicity (Based on CCO Claims) :	Primary Practices Who Appear Not to be Screening to Recommendation (Based on CCO Claims):	Community-Based Providers:	Other:
1) 2) 3) 4) 5) 6) 7)	1) 2) 3) 4) 5) 6) 7)	1) 2) 3) 4)	

Part 2a: Developmental Supports Provided by Entity that Screened that Addresses Identified Delays

Developmental Promotion Activities	Internal Behavioral Health Within Primary Care Sites	Follow-Up Visit to Rescreen the Child	Other

Part 2b: Agencies to which the Screening Entity Can Refer At-Risk Children

Devel. Behavioral Pediatrician*	OT/PT/ Speech	EI/ECSE (all)	CaCoon/ Babies First!	Early Head Start	Child/Parent Psychotherapy	PCIT	Other Identified
1) OHSU-CDRC 2) Providence (all)							

Part 3: Additional Family Supports that Address Child Development and Promotion

LEGEND

COLOR CODING BY SERVICE TYPE

Medical & Therapy Services:

- **Developmental & Behavioral Pediatrician: Referral is for an Evaluation**
- **Private OT/PT & Speech Therapy**

Early Intervention: Referral is for an Evaluation

CaCoon/Babies First!

Early Head Start

Infant/Early Childhood Mental Health, including:

- **Internal behavioral health within primary care**
- **Mental Health – Referral is for an assessment:**
  - **-- Child/Parent Psychotherapy**
  - **-- Parent and Child Interaction Therapy**

Referral to evaluation, not necessarily services

*Located outside the community

Part 2B – Expanded View:
Referral to Agency to Address Delays Identified

	Devel. Behavioral Pediatrician	OT/PT/Speech	Early Intervention	CaCoon/ Babies First/ Maternity Case Management	Early Head Start	Healthy Families	Child/Parent Psychotherapy	Parent & Child Interaction Therapy
County A		X	X	X	X	X		X
County B			X	X	X	X		
County C			X	X	X	X		
County D			X		X			
Outside Community	OHSU CDRC Providence							