



## Overview Guide for Coordinated Care Organizations (CCOs)

# Identifying the Best Match Set of Services for Children Identified At-Risk Based on Developmental Screen Results and Child and Family Characteristics

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

**Webinar (January 30, 2019):**

<https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Dev-Screen-Tech-Assist.aspx>

**Purpose:** The purpose of this guide is to summarize the tools and strategies provided through prior tip sheets and webinars for identifying the best match set of services for young children. While the audience for this guide is coordinated care organizations (CCOs), the intention is to outline specific workflows, tools and considerations CCO improvement staff could focus on to support primary care practices to implement follow-up to developmental screening.

**Background:** The tools and processes described in this guide are based on what OPIP has learned while measuring and improving pathways from developmental screening to services in 10 Oregon counties. The information in this guide is based on experiences specific to the Ages and Stages Questionnaire developmental screening tool. Insights around best match referrals are specific to Oregon Early Intervention eligibility standards that have been in place during 2010–2018.

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**Attachment 1: Medical decision tree**

**Attachment 2: Early Intervention referral form**

## 1. The Need to Improve Follow-up: Screening has improved, follow-up has not

There have been considerable improvements in developmental screening in primary care in Oregon over the last few years. Through quality improvement efforts, it has been found that a significant number of children identified on developmental screening tools in primary care do not receive recommended follow-up.

Since the goal of screening is to identify children early and to ensure early and effective follow-up, this is an important next step.

A number of entities have identified the importance of a focus on follow-up:

- Oregon's Health Plan Quality Metrics Committee and Metrics and Scoring Committee have identified follow-up to developmental screening as a priority future metric for CCOs.
- A work group was formed in Oregon to develop a Health Aspects of Kindergarten Readiness measure for CCOs. The final proposed strategy included an electronic medical record-based follow-up to developmental screening metric.
- Effective follow-up is aligned with a number of policies and strategic pathways adopted by the Early Learning Council, and with the goals of Oregon's early learning hubs.

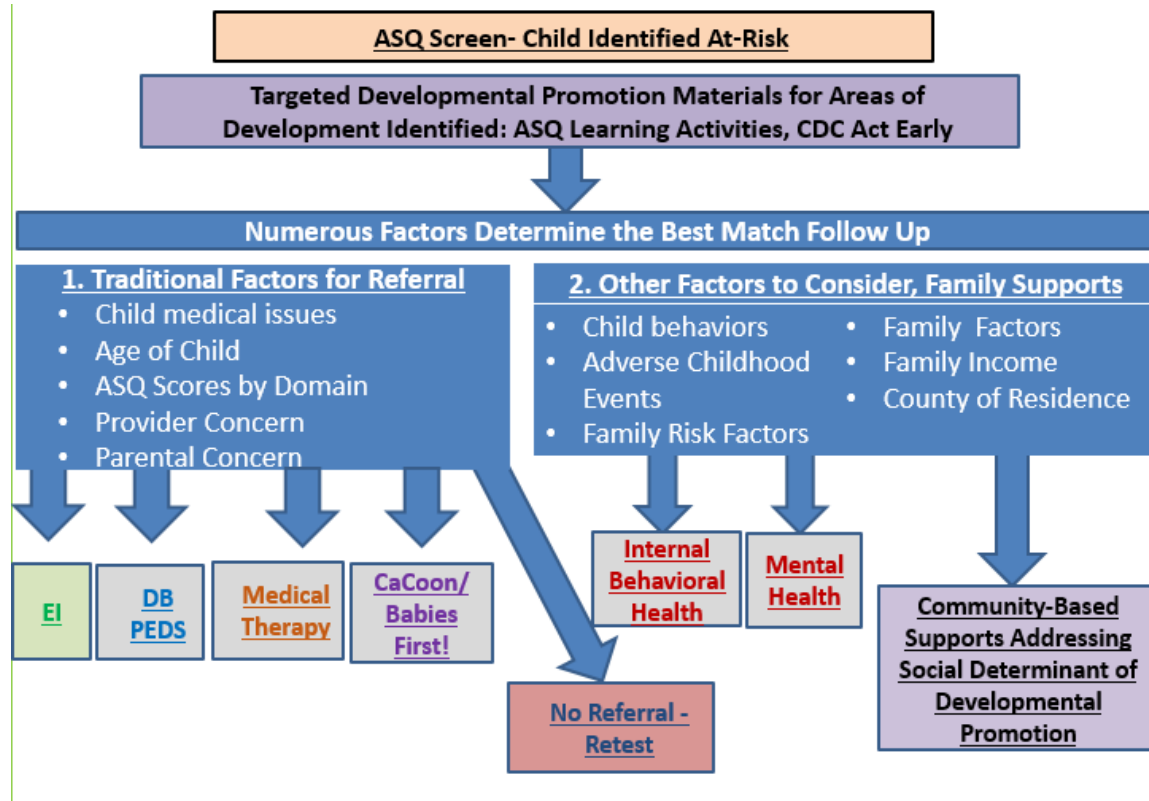
## 2. Determining best match services: factors to consider

### Not as simple as "at-risk"

The American Academy of Pediatrics' Bright Futures™ recommendations call for referrals of children identified at-risk on developmental screening to Early Intervention (EI) and/or a developmental pediatrician. However, OPIP's efforts have found that the best match follow-up includes important developmental promotion and education and then identification of best match referrals that consider developmental screening scores, child factors, family factors, and available resources in the community. This is particularly important in a state like Oregon that has relatively strict eligibility requirements for EI and where a significant number of children identified at-risk on the ASQ will not be eligible for EI.

**Figure 1** shows the key parameters to consider in developing a community-based follow-up medical decision tree that takes into account child and family factors and is anchored to available community resources.

**Figure 1. Factors to consider in identifying best match services**



**Factors determining best match follow-up**

Factors impacting the determination of best match follow-ups include those that are traditionally considered, such as medical issues, the age of the child, ASQ score (accounting for specific domains identified), and concern expressed by either the provider, the parent, or both. It should be noted that parental or provider concern should always be a factor that leads to referral.

Factors less commonly considered but important in determining a best match referral include insight about the child’s behaviors, adverse childhood experiences, family dynamics and risk factors, family income (as this would impact eligibility for some community programs), and county of residence (this would impact the availability of and eligibility for community-based programs). Lastly, the specific resources that are available in the community will determine which pathways are available in which regions.

In addition to outlining these various factors, **Figure 1** illustrates possible follow-up referrals that would be impacted by the specific factors noted.

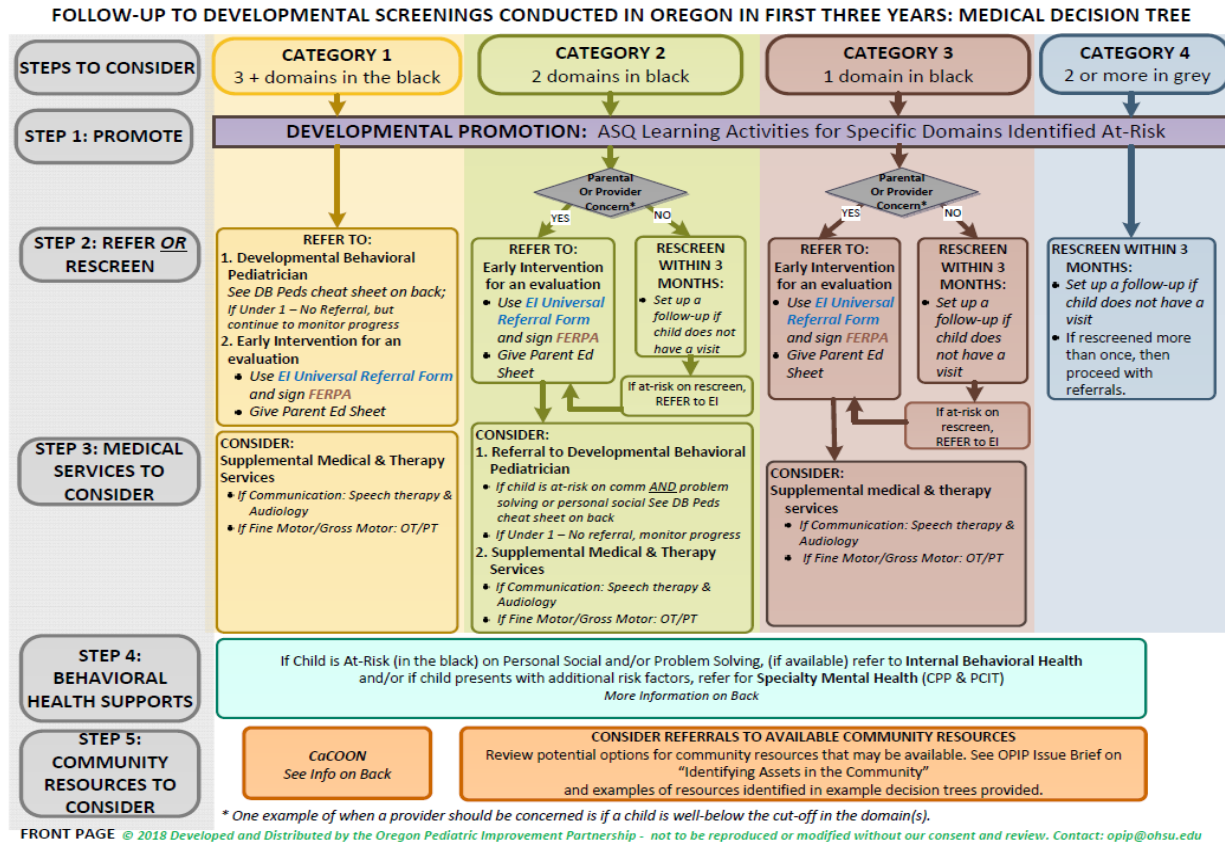
**3. The medical decision tree**

Through piloting this work in 10 Oregon counties, OPIP has created and modified a medical decision tree that can be customized and used in any community to help providers identify the best match follow-up (see **Attachment 1 on pages 10-11** for a general template). The goal of

this decision tree is to familiarize providers with best match follow-up steps for patients found to be at-risk for developmental delay. The decision tree incorporates feedback from front-line providers, specialists, developmental experts, and EI evaluators, but it is intended only to be a suggested approach. There will be children who need individual consideration and would not be represented in this decision tree.

A webinar-based training for primary care providers on the medical decision tree can be found here: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Dev-Screen-Tech-Assist.aspx>

**Figure 2. Follow-up to Developmental Screening in Oregon Medical Decision Tree**



This medical decision tree makes identified factors actionable by linking them to specific follow-ups and considerations. The flow of the document is top-down, and starts by using the ASQ results to determine which path to follow. The back page of the decision tree provides “cheat sheets” and supplemental information about specific sectors and components of the tree including referral pathways to CaCoon, developmental pediatricians, and behavioral health supports.

On the following pages is a high-level summary of the medical decision tree with notes about areas where the CCO can provide supports in addressing the pathways and potential barriers to the pathways in their community.

## Developmental promotion

As is illustrated, ALL children (and in particular those identified at-risk) would benefit from targeted developmental promotion. The medical decision tree specifically calls out two tools that have been the most popular and easy to use in the primary care setting:

1. **ASQ Learning Activities** (<https://products.brookespublishing.com/ASQ-3-Learning-Activities-P624.aspx>)

The ASQ Learning Activities give parents and caregivers specific examples to help promote the five development domains. The ASQ Learning Activities are age and domain specific, making the tool practical and easy for families to use.

2. **CDC Act Early materials** (<https://www.cdc.gov/ncbddd/actearly/index.html>)

The Act Early materials are another useful tool to help family members monitor their child's development. The link above also provides helpful tip sheets for parents on how to talk to health care providers and/or childcare providers if the parent thinks their child may have a delay. There is set of Act Early materials and an Act Early Ambassador specific to Oregon that can be found here: <http://actearlyoregon.org/>.

### *Potential supports from CCOs:*

- Purchase the ASQ Learning Activities for primary care practices they contract with that are doing developmental screening.
- Help distribute informational handouts about the CDC Act Early materials.
- Work with community-level partners to identify similar kinds of supports and educational materials in languages other than English.

## 4. Facilitating best match referrals and ensuring capacity of services

Based on the ASQ domain level scores and other factors, the medical decision tree outlines a number of potential referrals. CCOs can support practices in implementing this decision tree by ensuring the referral pathways exist, ensuring capacity, and addressing common barriers identified and described in this brief. Below is a summary of the referral sources listed in the medical decision tree and areas of support CCOs may offer.

### **Referral to developmental and behavioral pediatrician for an evaluation**

Children with significant delays are recommended to be referred for an evaluation.

### *Potential supports from CCOs:*

A barrier to referrals to developmental and behavioral pediatricians is that they are often located in Portland or Eugene, which can require extensive travel for many families, and often have long time periods between when a child is referred and when the child is able to be evaluated.

- CCOs can examine the availability of remote clinics or ECHO technologies to conduct a timely preliminary assessment of the child’s development.
- CCOs can examine their transportation policies, including non-emergent medical transportation, to assess whether they cover the whole family to attend the evaluation. CCOs can also examine other ways transportation policies may create barriers to the family accessing an evaluation that may take a full day.

### **Referral to Early Intervention (EI)**

A key referral in the medical decision tree is to EI. The EI Universal Referral Form can be found in **Attachment 2 on pages 12-15**.

#### **Potential supports from CCOs:**

- Provide outreach and education to primary care practices on the OPIP webinar that describes specific factors to consider in referring to EI in Oregon (available here: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Dev-Screen-Tech-Assist.aspx> )
- Provide outreach and education to primary care practices on the updated Universal Referral Form to EI.
- Partner with local EI contractors on improvement efforts (see the tip sheet on the Transformation Center website for more details: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/DevScreening-Partnering-with-Early-Intervention.pdf>).

### **Referral to occupational therapy/physical therapy/speech therapy and audiology**

For some children, referrals directly to medical and therapy services such as occupational therapy (OT), physical therapy (PT) and speech therapy (ST) or audiology are recommended. On October 1, 2018, Oregon’s Health Evidence Review Commission updated the Prioritized List, which now includes several additional diagnosis codes above the line that can be paired with OT/PT/ST evaluations AND services for coverage:

- **R62.0** Delayed milestone in childhood, specific for children ages 0-8
- **F88** Other disorders of psychological development
- **F80.9** Developmental disorder of speech and language

#### **Potential supports from CCOs:**

- Provide outreach and education about the new coverage of services for children with the diagnoses listed above.
- Assess the capacity of local resources to provide OT/PT/ST specifically for young children and ensure services are available.
- Specifically assess the availability of Spanish language speech therapy services for young children.
- Examine referral forms and two-way communication loops between primary care and OT/PT/ST providers.

- Examine the availability of remote clinics or ECHO technologies to conduct a timely preliminary assessment of the child’s development.
- Examine CCO transportation policies, including non-emergent medical transportation, to assess whether they cover the whole family to attend the evaluation. CCOs can also examine other ways transportation policies may create barriers to the family accessing an evaluation that may take a full day.

### **Referral to integrated behavioral health, co-located mental health, or specialty infant and early childhood mental health**

If the child is “in the black” on the personal social and/or the problem-solving domains of the Ages and Stages Questionnaire, referrals to behavioral health assessments and supports are recommended.

#### **Potential supports from CCOs:**

- Provide outreach and education about the behavioral health supports section of the medical decision tree.
- Assess the specific number of trained providers and their capacity to provide behavioral health services that are dyadic in nature, specifically for children under age five, and exist within:
  - Integrated behavioral health in primary care
  - Co-located behavioral health
  - Specialty infant mental health
- Examine policies and payment for **behavioral health providers** serving children under age five that create barriers to provision of care, and report on how those barriers were addressed/removed.
  - Potential policies for examination include:
    - Prior authorization requirements for all behavioral health services for children under five
    - Prior authorization requirements for behavioral health services in an integrated primary care clinic
    - Requirements for specific diagnostic codes to be provided for behavioral health services based on the location of the provision of the service<sup>1</sup>
  - Payment, including addressing:
    - Payments for assessments of social-emotional health, parental depression, and other family factors that impact a child’s social-emotional health
    - Services provided on the same day by a primary care provider and behavioral health clinician and impact on co-pays

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<sup>1</sup> These requirements create unique barriers for providing preventive behavioral health services for young children who are experiencing social-emotional delays and self-regulation issues.

## Referrals to community resources

The medical decision includes referrals to community specific resources. OPIP developed a tip sheet for CCOs for identifying assets and resources in their community that can be added to this section of the medical decision tree. This tip sheet can be found here:

<https://www.oregon.gov/oha/HPA/dsi-tc/Documents/TipSheet-2B-Dev-Screening-Asset-Map.pdf>

Examples of resources identified in past projects include:

- CaCoon
- Babies First!
- Early Head Start
- Childcare resources
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Library resources
- Relief Nurseries
- 211 or Help Me Grow
- ASQ Oregon/Oregon Screening Project (<https://osp.uoregon.edu>)

## Supporting parents and families to follow through with referrals

It is critical that referring providers and their teams proactively support families to engage in development and developmental concerns, and in following through on next steps. Please see the companion guide developed by OPIP, “Supporting Shared Decision-making with Families on Follow-up to Developmental Screening”: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/DevScreening-Shared-Decision-Making-with-Families.pdf>

Included in this guide is a template for a shared decision-making tool for engaging parents in follow-up steps, and a phone follow-up script that primary care offices can use to follow up with families who have been referred (this has been shown to improve the rate of families actually making it to referrals).

## 5. Implementation steps to consider

It has been OPIP’s experience that tools are an important and first step needed to support practices in improving their level of follow-up. However, tools and training alone are often not enough to ensure sustained and standardized implementation of effective follow-up. Below is a high-level summary of supports CCOs can provide to primary care practices in implementing these tools.

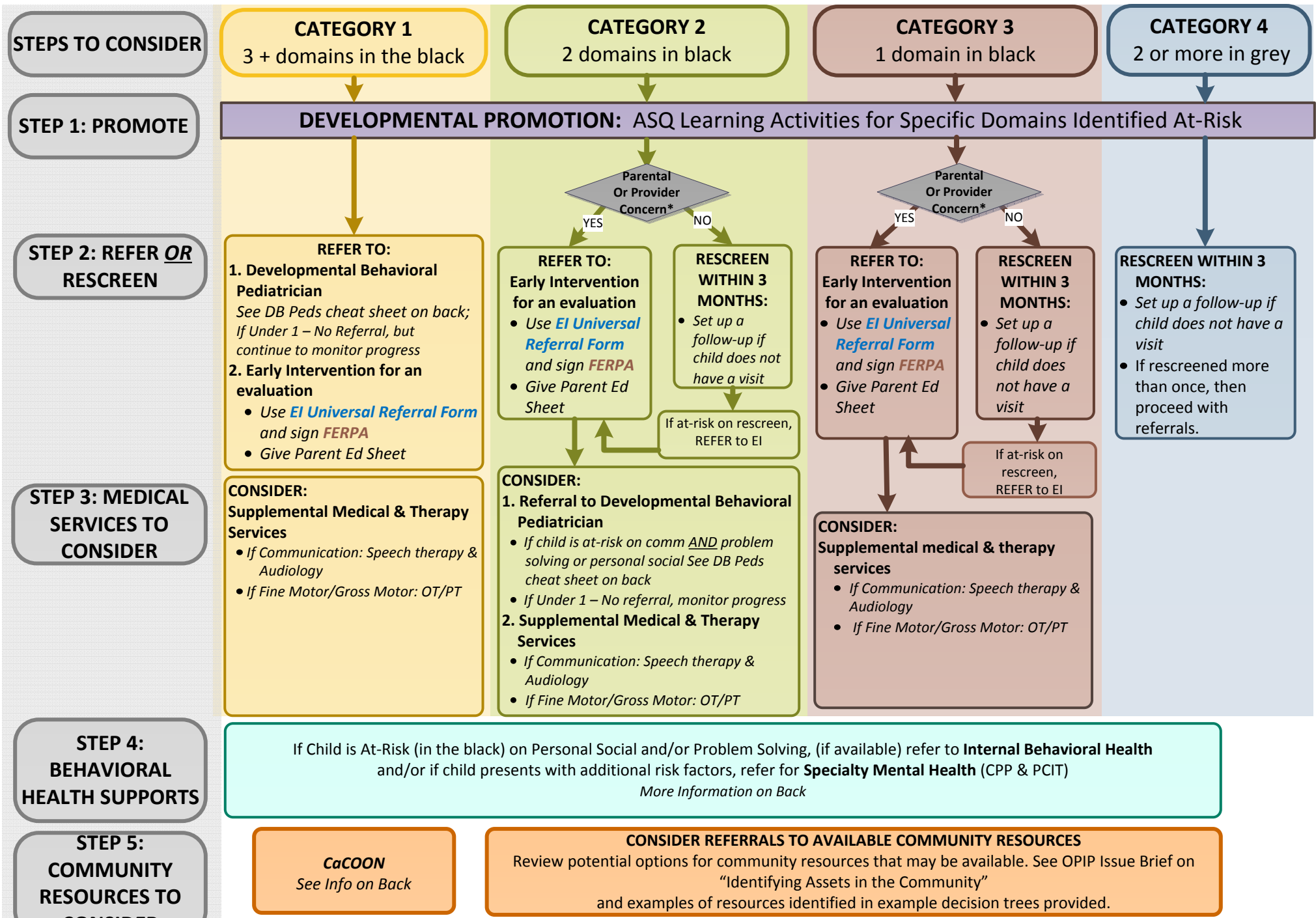
### *Potential supports from CCOs:*

- **Provide tools in helpful formats**  
CCOs can provide hard copies of the various tools including the medical decision tree and parent shared decision-making tool. CCOs can laminate the decision tree.
- **Train primary care providers and the full practice team on the medical decision tree**  
CCOs can support technical assistance to practices by subject matter experts.



- **Implementation support and evaluation tracking of the medical decision tree overall**  
An effective strategy on referral and follow-up has involved practice facilitators meeting with practices each month to coach them on implementation and problem solve barriers. An important component of this improvement effort has been tracking data on implementation and identifying gaps in order to focus improvement efforts. For practices that don't already have a workflow for tracking important referrals, CCOs can support the development and implementation of workflows for that purpose. Models vary by practice, but it should be clear who is responsible for tracking referrals, how they are doing it, and who best to contact for specific scenarios that will come up.
- **Implementation support: workflows for receiving and using EI communications**  
One specific area of focus for improvement efforts has been supporting practices on developing and implementing workflows for using the information EI sends back. This includes either communicating that the family never made it to the referral, or the results of the evaluation and eligibility process. Each scenario should trigger a set of follow-up steps, the details of which are practice-specific but incredibly important. To ensure children don't fall through the cracks, it is important for practices to establish steps with defined roles to be sure families that don't make it to EI receive secondary follow-up steps, and for those that do make it to EI, that the practice is using that information effectively. This would include children who are evaluated and found to be ineligible, as well as children who are found to be eligible and receive services. Secondary referrals and follow-up steps may still be necessary for children who are found to be ineligible, and even children who are eligible could benefit from supplemental supports or services.
- **Assistance in developing EHR templates and forms that map to the decision tree**  
This includes supporting practices to modify their developmental screening EHR templates to map to the medical decision tree, and recommended referral types and referral forms.

# FOLLOW-UP TO DEVELOPMENTAL SCREENINGS CONDUCTED IN OREGON IN FIRST THREE YEARS: MEDICAL DECISION TREE



\* One example of when a provider should be concerned is if a child is well-below the cut-off in the domain(s).

### CaCOON CHEAT SHEET:

Info about program: <https://www.ohsu.edu/xd/outreach/occyshn/programs-projects/cacoon.cfm>

#### Medical Diagnosis or Medical Risk Factors



#### Social and Family Factors to Consider

- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Support with Parenting/Lack of Parenting Skills
- Parent has Disability
- Teen/Young Parent
- First Time Parent
- Newly Pregnant needing assistance
- Tobacco Use
- Domestic Violence (present or history of)
- Alcohol/Drug Use
- Lack of Food/ Clothing/Housing
- Incarceration/Probation
- Low Income
- Migrant/Seasonal Worker
- Unemployed
- Homeless
- Receives TANF/SSI/SNAP
- DHS Involvement

### Developmental Pediatrician Referral Cheat Sheet:

Kid in **the BLACK** on the Communication domain  
+  
Personal-Social domain or Problem Solving Domain

OR

- If the child is 'In the BLACK' on 2 or more domains and has any of the following presenting concerns:**
- Kids who are not progressing in services as expected or recent increase in symptoms
  - Kids who have challenging behaviors with inadequate response to behavioral interventions or medication.
  - Kids with secondary medical issues that are not responding to usual treatments (including feeding and nutrition)
  - Kids who may be experiencing traumatic events

### Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.

#### ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

<https://www.samhsa.gov>

### BEHAVIORAL HEALTH SUPPORTS

If child is "in black" on Personal Social and/ or Problem Solving

- Internal Behavioral Health referral.**  
Example of follow-up steps by IBH staff.
- Additional screening of child's development (ASQ-SE, Pediatric Symptom Checklist)
  - Understand Parental Frustration
  - Understand child risk factors

If Child has:

Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns

And/ Or

Exposure to Adverse Childhood Events (ACEs) in Family Environment

**Consider External Referral to Mental Health for Child**  
**Parent Psychotherapy (CPP), Parent Child Interaction Therapy, and Other Services**

CONSIDER: USE OF EARLY CHILDHOOD MENTAL HEALTH DX CODES

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

## CHILD/PARENT CONTACT INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Text Acceptable:  Yes  No Best Time to Contact: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Interpreter Needed:  Yes  No

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

### Consent for release of medical and educational information

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## OFFICE USE ONLY BELOW:

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

## REASON FOR REFERRAL TO EI/ECSE SERVICES

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

Concerning screen:  ASQ  ASQ:SE  PEDS  M-CHAT  Other: \_\_\_\_\_

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

- Communication \_\_\_\_\_  Fine Motor \_\_\_\_\_  Personal Social \_\_\_\_\_  
 Gross Motor \_\_\_\_\_  Problem Solving \_\_\_\_\_  Other: \_\_\_\_\_  
 Clinician concerns (including vision and hearing) but not screened:  
\_\_\_\_\_  
\_\_\_\_\_

Family is aware of reason for referral.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*If child has an identified condition or diagnosis known to have a high probability of resulting in significant delays in development, please complete the attached Physician Statement for Early Intervention Eligibility (on reverse) in addition to this referral form. Only a physician licensed by a State Board of Medical Examiners may sign the Physician Statement.*

## PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS

Referring Provider Name: \_\_\_\_\_ Referral Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

*If the child is eligible, medical provider will receive a copy of the Service Summary.*

## 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: \_\_\_\_\_  
 Parent Declined Evaluation  Parent Does Not Have Concerns  
 Unable to contact parent  Attempts \_\_\_\_\_  EI/ECSE will close referral on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\* The EI/ECSE Referral Form may be duplicated and downloaded at this Oregon Department of Education [web page](#).

## MEDICAL CONDITION STATEMENT FOR EARLY INTERVENTION ELIGIBILITY (BIRTH TO AGE 3)

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

The State of Oregon, through the Oregon Department of Education (ODE), provides Early Intervention (EI) services to infants and young children ages birth to three with significant developmental delays. ODE recognizes that disabilities may not be evident in every young child, but without intervention, there is a strong likelihood a child with unrecognized disabilities may become developmentally delayed.

ODE is requesting your assistance in determining eligibility for Oregon EI services for the child named above. Under Oregon law, a physician, physician assistant, or nurse practitioner licensed in by the appropriate State Board can examine a child and make a determination as to whether he or she has a physical or mental condition that is likely to result in a developmental delay.

Please keep in mind that, while many children may benefit from Oregon's EI services, only those in whom significant developmental delays are evident or very likely to develop are eligible.

Thank you for your time and assistance with this matter.

**Medical Condition:**

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**Please indicate if this child has a:**

- Vision Impairment
- Hearing Impairment
- Orthopedic Impairment

**Comments:**

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<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>This child has a physical or mental condition that is likely to result in a developmental delay.</b>
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\_\_\_\_\_  
Physician/Physician Assistant/Nurse Practitioner

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**OREGON EI/ECSE CONTACTS**

<b>Baker County</b> Phone: 800.927.5847 Fax: 541.276.4252	<b>Douglas County</b> Phone: 541.440.4794 Fax: 541.440.4799	<b>Lake County</b> Phone: 541.947.3371 Fax: 541.947.3373	<b>Sherman County</b> Phone: 541.238.6988 Fax: 541.384.2752
<b>Benton County</b> Phone: 541.753.1202 x106 877.589.9751 Fax: 541.753.1139	<b>Gilliam County</b> Phone: 541.238.6988 Fax: 541.384.2752	<b>Lane County</b> Phone: 541.346.2578 Fax: 541.346.6189	<b>Tillamook County</b> Phone: 503.842.8423 Fax: 503.842.6272
<b>Clackamas County</b> Phone: 503.675.4097 Fax: 503.675.4205	<b>Grant County</b> Phone: 800.927.5847 Fax: 541.276.4252	<b>Lincoln County</b> Phone: 541.574.2240 x101 Fax: 541.265.6490	<b>Umatilla County</b> Phone: 800.927.5847 Fax: 541.276.4252
<b>Clatsop County</b> Phone: 503.338.3368 Fax: 503.325.1297	<b>Harney County</b> Phone: 541.573.6461 Fax: 541.573.1914	<b>Linn County</b> Phone: 541.753.1202 x106 877.589.9751 Fax: 541.753.1139	<b>Union County</b> Phone: 800.927.5847 Fax: 541.276.4252
<b>Columbia County</b> Phone: 503.366.4141 Fax: 503.397.0796	<b>Hood River County</b> Phone: 541.386.4919 Fax: 541.387.5041	<b>Malheur County</b> Phone: 541.372.2214 Fax: 541.473.3915	<b>Wallowa County</b> Phone: 541.927.5847 Fax: 541.276.4252
<b>Coos County</b> Phone: 541.269.4524 Fax: 541.269.4548	<b>Jackson County</b> Phone: 541.494.7800 Fax: 541.494.7829	<b>Marion County</b> Phone: 503.385.4714 888-560-4666 x4714 Fax: 503.540.2959	<b>Warm Springs</b> Phone: 541.553.3241 Fax: 541.553.3379
<b>Crook County</b> Phone: 541.693.5630 Fax: 541.693.5661	<b>Jefferson County</b> Phone: 541.693.5740 Fax: 541.475.5337	<b>Morrow County</b> Phone: 800.927.5847 Fax: 541.276.4252	<b>Wasco County</b> Phone: 541.296.1478 Fax: 541.296.3451
<b>Curry County</b> Phone: 541.269.4524 Fax: 541.269.4548	<b>Josephine County</b> Phone: 541.956.2059 Fax: 541.956.1704	<b>Multnomah County</b> Phone: 503.261.5535 Fax: 503.894.8229	<b>Washington County</b> English: 503.614.1446 Spanish: 503.614.1299 Fax: 503.614.1290
<b>Deschutes County</b> Phone: 541.312.1195 Fax: 541.693.5661	<b>Klamath County</b> Phone: 541.883.4748 Fax: 541.850.2770	<b>Polk County</b> Phone: 503.385.4714 888-560-4666 x4714 Fax: 503.540.2959	<b>Wheeler County</b> Phone: 541.238.6988 Fax: 541.384.2752
			<b>Yamhill County</b> Phone: 503.385.4714 888-560-4666 x4714 Fax: 503.540.2959

EI/ECSE contact information also available at this Oregon Department of Education [web page](#).

or please call 1-800-SafeNet

**SOUTHWEST WASHINGTON EI/ECSE CONTACTS**

(NOTE: EI/ECSE Program Requirements differ in each state; please contact these offices for Washington Requirements)

<b>Clark County</b> Phone: 360.896.9912 ext.170 Fax: 360.892.3209	<b>Cowlitz County</b> Phone: 360.425.9810 Fax: 360.425.1053	<b>Klickitat County</b> Phone: 360.921.2309 Fax: 509.493.2204	<b>Skamania County</b> Phone: 509.427.3865 Fax: 509.427.4430
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## Early Intervention/Early Childhood Special Education (EI/ECSE) Referral Form for Providers\* Birth to Age 5

### CONSENT FOR USE OR DISCLOSURE OF HEALTH INFORMATION BETWEEN HEALTHCARE PROVIDERS and EARLY INTERVENTION

#### **Information for Parents**

*This consent for release of information authorizes the disclosure and/or use of your child's health information from your child's health care provider to the Early Intervention/Early Childhood Special Education (EI/ECSE) program. This consent form also authorizes the disclosure of developmental and educational information from the Early Intervention/Early Childhood Special Education program to your child's health care provider.*

#### ***Why is this consent form important?***

Your child's health care provider sees your child at well-child screening visits and for medical treatment. Sometimes your child's health care provider may see the need for more information, like evaluation or follow up by other specialists, to identify your child's special health care needs. The Early Intervention/Early Childhood Special Education (EI/ECSE) program can be a resource to help identify your child's needs. The primary goal of this consent form is to allow communication between your child's health care provider and EI/ECSE programs so these providers can work together to help your child.


#### ***Why am I asked to sign a consent on this form?***

The consent allows your child's health care provider to share information about your child with EI/ECSE, and allows EI/ECSE to share information about your child with your health care provider. Your consent for the release of information allows your child's health care provider and EI/ECSE communicate with one another to ensure your child gets the care your child needs. However, as your child's parent or legal guardian you may refuse to give consent to this release of information.

#### ***How will this consent be used?***

This consent form will follow your child as he/she is screened and/or evaluated at EI/ECSE. The information generated by this release will become a part of your child's medical and educational records. Information will be shared with only individuals working at or with EI/ECSE or the office of your child's health care provider for the purpose of providing safe, appropriate and least restrictive educational settings and services and for coordinating appropriate health care.

#### ***How long is the consent good for?***

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

#### ***What are my rights?***

You have the following rights with respect to this consent:

- You may revoke this consent at anytime.
- You have the right to receive a copy of the Authorization.