Referring to Early Intervention and Coordinating with Early Intervention in Oregon: Key Concepts for Primary Care

Follow-up from 10/24 Webinar on Follow-Up to Developmental Screening

December 11th, 2018
7:30-8:30 AM
Agenda

1. Clarification of the audience for this webinar
2. Overview of October 24\textsuperscript{th} webinar for Oregon-based primary care clinicians to inform best match referrals (which included referrals to Early Intervention)
3. Deeper dive on learnings related to referral to Early Intervention (EI) in Oregon
   - Collaborative projects with Oregon Department of Education and front line EI contracts
   - Informed by this work, specific guidance related to EI
   - Improvement to EI forms and communication informed by these projects
     - Updated Universal Referral Form
     - Updated communication back from EI
4. Learnings from implementation in Oregon: Key workflows to consider in referring to EI and using communication received from EI
Important Framing about Context for This Webinar

**Audience**
Oregon-based primary care-based clinicians who are conducting developmental screening as part of their Bright Futures-aligned well-visits and who are considering a referral to Early Intervention in Oregon.

**Projects that informed these tools:**
- Tools provided are based on work in various regions in Oregon
  - Specific to Oregon and the eligibility of Oregon Early Intervention eligibility criteria between 2010-2018
  - A number of the projects were in partnership with the Oregon Department of Education and with local contractors who provide EI services.
- Tools are specific to primary care clinicians who use the Ages and Stages Questionnaire (ASQ-3)
- Findings are based on the learnings of implementing these tools within primary care clinics and within local Early Intervention Service Centers in Oregon.
To View the October 24\textsuperscript{th} Full Webinar and Set of Materials:

Visit \textcolor{blue}{www.TransformationCenter.org}

\url{https://attendee.gotowebinar.com/register/8084440010377322242}

Participants who view the webinar can claim CME credit until January 31\textsuperscript{st}!

- Accreditation: The School of Medicine, Oregon Health & Science University, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
- Credit: Oregon Health & Science University School of Medicine designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Specific Reason for this Webinar

• Do a deeper dive and go into the specifics of referrals to Oregon-based EI services
  • EI in Oregon is based in the Oregon Department of Education
• Provide more details on the specific tools that can be used in referring to EI in Oregon
• Describe important workflows and processes to consider when you refer to EI and how to use the information that can be provided back from Oregon-based EI programs
• Provide time for questions and discussion with audience members
Ms. Reuland’s Efforts Prior to Founding OPIP
• ABCD Screening Academy – Partnership with Early Intervention, development of Universal Referral Form

Previous OPIP Efforts Across the State of Oregon
Medicaid performance improvement project (PIP) focused on developmental screening and follow-up:
• Oregon Department of Education – EI/ECSE a critical partner
• Effort of 8 Medicaid managed care organizations.
• Worked collaboratively with EI contractors providing services to children in 18 counties in Oregon.

Subcontract from Willamette Education Service District, with funding from the Oregon Department of Education, to focus on pathways from screening to services in Marion, Polk and Yamhill County
• Effort informed updated to Universal Referral Form and piloted communication forms adopted in 2018.
• Deep examination of EI and clinic level data to inform medical decision tree.
• EI staff review and input on decision tree.

Pathways from Screening to Services Project funded by Columbia Pacific Coordinated Care Organization. Partnership with Northwest Early Learning Hub. Includes partnership with Northwest Regional Educational Services District.
• Implementing new forms. Feedback and input from EI on medical decision tree.

Pathways from Screening to Services Project funded by Early Learning Hub of Central Oregon. Includes a partnership with High Desert Education Service District. Includes a focus on Crook, Deschutes, Jefferson and Warm Springs
• Deep examination of EI and clinic level data to inform medical decision tree.
• Implementing new forms. Feedback and input from EI
Oregon EI Eligibility

- States vary in their EI requirements.
- Oregon’s EI: [https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/default.aspx](https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/default.aspx)
- As of this webinar (December 2018) all children referred are evaluated.
- Current Oregon EI eligibility is not determined based on ASQ scores provided by a referring provider – all children referred to EI must be evaluated for service eligibility.
- Between 2010-2018 and at the time of this webinar, Oregon’s eligibility is relatively strict as compared to other states.
  - [https://ectacenter.org/~pdfs/topics/earlyid/partc_elig_table.pdf](https://ectacenter.org/~pdfs/topics/earlyid/partc_elig_table.pdf)
  - Example: Pediatric article showed Oregon is one of the lowest states for estimated rates of eligibility. [http://pediatrics.aappublications.org/content/pediatrics/131/1/38.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/131/1/38.full.pdf)
### OREGON EI Eligibility by ASQ Scores for 3 Years of EI Evaluations: By Various Levels of Risk

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage of Referrals</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall At-Risk</td>
<td></td>
<td>N=369</td>
</tr>
<tr>
<td></td>
<td>45.5% (N=168)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>55.5% (N=201)</td>
<td></td>
</tr>
<tr>
<td>3-5 Domains in Black</td>
<td></td>
<td>N=94</td>
</tr>
<tr>
<td></td>
<td>63% (N=59)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>37% (N=35)</td>
<td></td>
</tr>
<tr>
<td>2 Domains in Black</td>
<td></td>
<td>N=78</td>
</tr>
<tr>
<td></td>
<td>47% (N=37)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>53% (N=41)</td>
<td></td>
</tr>
<tr>
<td>1 Domain in Black</td>
<td></td>
<td>N=154</td>
</tr>
<tr>
<td></td>
<td>41% (N=63)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>59% (N=91)</td>
<td></td>
</tr>
<tr>
<td>2+ Domains in Grey</td>
<td></td>
<td>N=43</td>
</tr>
<tr>
<td></td>
<td>21% (N=9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>79% (N=34)</td>
<td></td>
</tr>
</tbody>
</table>

- **Black** = 2 or more standard deviations from normal on ASQ
- **Grey** = 1 - 2.0 standard deviations from normal on ASQ
Current Efforts Being Led by the Oregon Department of Education

Maintain and update Universal Referral Form

Work group consisting of University of Oregon, the Oregon Pediatric Improvement Partnership, Willamette Education Service District, and the Oregon Department of Education have created an ASQ Guide

Oregon Department of Education and University of Oregon are hosting webinar:

**December 13th at 1:30-2:30PM**

https://attendee.gotowebinar.com/register/7806984851434295042
Follow-Up to Screening Decision Tree

General Medical Decision Tree (not anchored to local supports)

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

<table>
<thead>
<tr>
<th>STEPS TO CONSIDER</th>
<th>CATEGORY 1</th>
<th>CATEGORY 2</th>
<th>CATEGORY 3</th>
<th>CATEGORY 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 + domains in the black</td>
<td>2 domains in black</td>
<td>1 domain in black</td>
<td>2 or more in grey</td>
</tr>
</tbody>
</table>

**STEP 1: PROMOTE**

**DEVELOPMENTAL PROMOTION:** ASQ Learning Activities for Specific Domains Identified At-Risk

**STEP 2: REFER OR RESCREEN**

**REFER TO:**
1. Developmental Behavioral Pediatrician
   - See DB Peds cheat sheet on back
   - If Under 1 – No Referral, but continue to monitor progress
2. Early Intervention for an evaluation
   - Use EI Universal Referral Form and sign FERPA
   - Give Parent Ed Sheet

**RESCREEN WITHIN 3 MONTHS:**
- Set up a follow-up if child does not have a visit
- If at-risk on rescreen, REFER to EI

**RESCREEN WITHIN 3 MONTHS:**
- Set up a follow-up if child does not have a visit
- If at-risk on rescreen, REFER to EI

**STEP 3: MEDICAL SERVICES TO CONSIDER**

**CONSIDER:**
Supplemental Medical & Therapy Services
- If Communication: Speech therapy & Audiology
- If Fine Motor/Gross Motor: OT/PT

**CONSIDER:**
1. Referral to Developmental Behavioral Pediatrician
   - If child is at-risk on comm AND problem solving or personal social
   - Use DB Peds cheat sheet on back
   - If Under 1 – No referral, monitor progress
2. Supplemental Medical & Therapy Services
   - If Communication: Speech therapy & Audiology
   - If Fine Motor/Gross Motor: OT/PT

**STEP 4: BEHAVIORAL HEALTH SUPPORTS**

If Child is At-Risk (in the black) on Personal Social and/or Problem Solving, (if available) refer to Internal Behavioral Health and/or if child presents with additional risk factors, refer for Specialty Mental Health (CPP & PCIT)

More Information on Back

**STEP 5: COMMUNITY RESOURCES TO CONSIDER**

**CaCOON**
See Info on Back

**CONSIDER REFERRALS TO AVAILABLE COMMUNITY RESOURCES**
Review potential options for community resources that may be available. See OPiP Issue Brief on "Identifying Assets in the Community" and examples of resources identified in example decision trees provided.

*One example of when a provider should be concerned is if a child is well-below the cut-off in the domain(s).
Important Context About the Medical Decision Tree for Oregon-Based Primary Care Clinicians

- Specifically created for the Oregon-based primary care clinicians who are screening in primary care as part of Bright Futures aligned well-child care.
- Provide direction for ASQ tools that are accurately and validly administered according to ASQ implementation guidelines and is based on correct domain level scores being calculated.
  - Common mistakes made that can impact results:
    - Parents don’t have time or materials to try items with child
    - Score not adjusted for prematurity
    - Score not adjusted for omitted items
  - Important to review ASQ thoroughly and to identify administration errors (Use the ASQ Guide - focus of the December 13th webinar by ODE and University of Oregon team)
  - Importance of the ASQ Overall Section, especially when parents document concerns in this section
  - Decision tree uses “in the black” or “in the grey” – mapping to the ASQ Summary Form
    - Based on our experience with primary care clinicians that this is how they refer to the score.
    - **Black** = Below Cut Off
    - **Grey** = Monitor
Parental Concern:
- Parents who express or note concerns on open ended questions should be referred
- Parents can also always self-refer their child to EI

Provider Concern:
- Example of when a provider should be concerned – A child is WELL below the cut off
Important Context:

- The purpose of the decision tree is to provide guidance on follow-up to ASQ developmental screening conducted by primary care clinicians; the services on the decision tree provide follow-up.

- Provider and parent concern are paramount – if there are concerns, you should refer.

That said, there is a broader group of children who should be referred to EI for reasons outside of the ASQ scores.

- Therefore, the decision tree isn’t a complete guide of which children to refer to those services. It is a guide to which children, based on the ASQ, should get referred to the service.

Example: Children who were low birth weight infants weighing less than 1,200 grams should be referred to EI, regardless of ASQ scores.
Physician Statement for Early Intervention in Oregon

Some children are eligible for Early Intervention based on Oregon Administrative Rules (OAR) provided diagnoses are associated with a higher risk of developmental delay and referrals should be generated early. These children should be referred to EI regardless of ASQ Scores.

Examples of diagnosed physical or mental conditions associated with significant delays in development include but are not limited to:

- Chromosomal syndromes and conditions associated with delay in development
- Congenital syndromes and conditions associated with delays in development
- Sensory impairments
- Metabolic disorders associated with delays in development
- Infections, conditions, or event, occurring prenatally through 36 months, resulting in significant medical problems known to be associated with significant delays in development, such as: recurring seizures or other forms of ongoing neurological injury, an APGAR score of 5 or less at five minutes, evidence of significant exposure to known teratogens
- Low birth weight infants weighing less than 1,200 grams
- Postnatal acquired problems resulting in significant delays in development, including, but not limited to, attachment and regulatory disorders based on the Diagnostic Classification: 0 – 3
This form is part of the Early Intervention Referral (page 3)

If your patient has a diagnosis that fits the Administrative Rule, note the condition and mark the Yes box here and sign.
Supporting families to access referrals and using communication received back from Oregon EI

1. Shared decision making with the family on the referrals you think are best match

2. Using the Universal Referral Form to refer to Oregon EI

3. 36 hour phone follow-up to support families to go to referrals

4. Use communication you receive back from Oregon EI
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 recommend referring your child to the services checked below:

Shared Decision Making Tool Mapped to Decision Tree
Key Things we Heard About EI Referrals in Oregon:

- Explain it is free
- Explain it is based within Department of Education
- Explain the referral is for an evaluation
- Explain that EI can come to the parent for evaluation if needed
- Explain that EI will call the parent
- Explain the parent can ALWAYS call EI directly and request an evaluation
Updates were made to the Oregon EI Universal Referral Form based on collective feedback from previous pilots facilitated in partnership between OPIP.

The goals of the updates were to:

1. Help facilitate improved communication between EI/ECSE and the referred family
2. Streamline communication between referring providers and EI/ECSE
3. Support enhanced timely communication so that PCPs can assist with outreach and engagement of families
4. Inform follow-up steps for EI ineligible and EI eligible children

Completing the form to fidelity will enhance communication and coordination.
Finding the Oregon EI Universal Referral Form

The updated Universal Referral Form can be found here:

https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/default.aspx

PLEASE NOTE – Not all local contractors have updated their websites with the new form, so please make sure to access the form here.
Under the **CONTACT INFORMATION** section, the new *Oregon El* Universal Referral Form (URF) includes:

- Text Accepted
- Best Time to Contact
- Email
- Primary Language
Under the **REASON FOR REFERRAL** section, the new Universal Referral Form (URF) includes:

- Section for the referring entity to document concerning screening scores and indicate the tool used. The “Concerns for possible delays” boxes now map directly to the ASQ domains.
Section 4: Provider Information and Request for Referral Results

- Importance of this is where communication and coordination will go back
- Workflow considerations for what fax number to put – centralized node for receiving this information
- No longer options for what types of communications back – if child is eligible they will receive the Service Summary
Example Workflow for Completing Updated Oregon EI Universal Referral Form

**Important Workflow Considerations:**

1. Getting the Universal Referral Form to the exam room as early as possible to allow provider to discuss referral with patient AND collect FERPA signature
2. Collecting accurate contact information
   1. Information documented in EHR may not be up to date or appropriate (land line vs cell phone) – important to review with family and discuss why this information is important to the referral
Phone Follow-Up to Families Whose Children Were Referred: Findings from Oregon-Based QI Efforts

- In OPIP’s analysis of Oregon EI data in regions conducting QI efforts, over 2 in 5 children referred to EI don’t get evaluated.

- Some studies show that families make a decision on a referral in the first 48 hours.

- Phone follow-up (not necessarily contact) within two days of referral significantly increased follow through.

- Phone calls can also identify barriers to obtaining the evaluation.

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 e.g. 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).
Case Study: Implementation of Phone Follow-Up Script for Referred Children in an Oregon Primary Care Practice

Case Study:
Practice Care Coordinator called ALL patients and families referred to Early Intervention
• Referral Coordinator passed Care Coordinator task with patient information to call
  Pro’s:
  • Streamlined process
  • Helped improve communication about importance of referral
  • Saw a reduction in EI not able to contact

Drawbacks:
• This practice had a lot of EI referrals – significant time commitment of Care Coordinator

Alternative Solutions:
• Practice could call families that they are worried about/have additional risk factors that put them at higher risk of not following through on referral
• MAs or Panel Coordinators call their patients – burden doesn’t fall on one person
Case Study: Implementation of Phone Follow-Up Script for Referred Children in Oregon Primary Care Practices

Case Study:
In a Federally Qualified Health Center, the Referral Coordinator is calling all families that have been referred to Early Intervention services as soon as their referral has been processed.

<table>
<thead>
<tr>
<th>HOW MANY KIDS ARE WE TALKING ABOUT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot Site 1 (Family Medicine)</td>
</tr>
<tr>
<td>Panel Size of <strong>Children 0-3</strong></td>
</tr>
<tr>
<td>Referrals to Early Intervention in a <strong>QUARTER</strong></td>
</tr>
</tbody>
</table>

*Important Note - Numbers will vary based on practice size*
If Oregon EI Universal Referral Form is used and the appropriate consents are completed in the form, it allows for communication back to the referring provider regarding:

1) Children referred, but not able to be evaluated
   - Fax back the bottom of the **UNIVERSAL REFERRAL FORM** and/or receipt of the letter sent to the parent that they would no longer be contacting the parent

2) Children evaluated, but not eligible
   - Fax back the bottom of the **UNIVERSAL REFERRAL FORM** saying the evaluation showed the child was not eligible

3) Children evaluated and eligible
   - Fax back **SUMMARY OF SERVICE FORM**
Feedback to Referring Provider
- Not able to contact
- For those that were contacted and evaluated, but found ineligible
Leveraging the Oregon Early Intervention Universal Referral Form to Communicate Whether Children Referred But NOT EVALUATED

**Completed Example:**

```
EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

EI/ESCE 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 ___________.

EI/ESCE County Contact/Phone: ____________________________ Notes: Contact attempts: 8/12/16, 9/20/16, 9/7/16.

Attachment as requested above:

☐ Unable to contact parent  ☐ Unable to complete evaluation  EI/ECSE will close referral on 9/1/16 due to NO CONTACT.

Received: OCT 11 2016
Form Rev. 10/22/2013

By: AM

8/12 vm 8/20 vm 9/1 letter W 13
```
Providers who still want the full Evaluation Report OR full IFSP can still obtain these documents if requested.
Workflows that Need to be Identified

Children Referred, But For Whom EI did not evaluate

• Workflows to reach back out to parents to explain the importance of the referral and evaluation and to understand whether there are barriers to setting up the evaluation that the clinic can help to address.
• Workflows to ensure that this information is flagged in the child’s chart so that the next time the child comes in for a visit a reassessment of the child’s development can be conducted.

Children Referred and Evaluated and Not Eligible

• Workflows to share the evaluation results with the referring primary care clinician in order to determine if secondary referrals for specific services should be considered.
• Workflows to ensure that this information is flagged in the child’s chart so that the next time the child comes in for a visit a reassessment of the child’s development can be conducted.

Children Referred and Evaluated and Eligible for Services

Ensure that all areas identified at risk are getting addressed

1. The top of the Summary of Service provides information about what specific domains the child was identified as delayed and will be receiving services. It may be valuable to review the primary ASQ screen results and consider whether specific domains are not addressed in the EI Summary of Services and if additional developmental supports or referrals may be valuable.

2. To ensure that children are getting robust enough services to boost their development: Primary care clinicians can use this information to determine if additional private-based therapies may be valuable to consider. If additional developmental supports should be needed, it is important to highlight these decisions to parents.
Case Study: Implementation of Workflow for Communication Back from Oregon Early Intervention

**Case Study:**
A pilot practice established a workflow for when communications came back from Early Intervention as follows:

**When unable to contact the family**
Referral form is passed to the Care Coordinator who then outreaches to the family

**When the child is evaluated and found ineligible**
Referral Coordinator ‘tasks’ information to provider who then decides next steps

**When the child is evaluated and found eligible**
Referral Coordinator ‘tasks’ Service Summary information to provider who then decides if supplemental services are needed at that time, or if it should be reviewed at next visit.
Case Study: Implementation of Workflow for Communication Back from Early Intervention

Case Study:
In a large family medicine practice, a pod is piloting tracking communication back from Early Intervention using a white board.

STARTING SMALL – Resources are tight in this practice and they are trying to show the benefit of tracking these referrals. Baseline data showed 35-47% of their referrals were not accounted for.

TRACKING:
1. Date of referral – this helps allow for 45 day time period to evaluate child
2. Referring provider
3. Communications back – check boxes for:
   • Bottom of Universal Referral Form – Unable to Contact
   • Bottom of Universal Referral Form – Evaluated Not Eligible
   • Service Summary
Tracking these communications will show the workflows that need to be spread clinic-wide to best serve this population
Implementation Steps to Consider

1. Training of primary care providers on medical decision tree
2. Training of MA and support staff who score ASQs
   - Based on score and aligned with the tree, pull appropriate ASQ Learning Activities, referral forms, Shared Decision Making Tree
   - Ensuring FERPA Signed
3. Workflow around tracking referrals
4. Workflow around who receives EI communication and HOW it is used
   - Referred, Unable to evaluate
   - Evaluated, Not Eligible
   - Eligible, Review Service Summary
5. Workflow on the secondary follow-up services
Implementation Learnings: Case Example

In an ideal world, building clinical decision support into the EMR to help guide appropriate follow-up steps and document the actions taken would allow for the best outcomes; unfortunately we know that change is slow, so here are two case examples of implementation:

Case Example: OCHIN Practice

Within OCHIN there is a field in the ASQ template, called **CONCERNS FOLLOW-UP ACTION TAKEN**

- In our work to date, very few practices are using these drop downs
- Options do not align perfectly with decision tree, but since being trained to use this field there have been better follow up rates because providers know they have to make and document a decision
Implementation Learnings: Case Example

In practices where EMR supports are not possible, a strategy taken most often is to laminate and post the decision tree in exam rooms.

- This allows providers quick access to the tool to allow for better referrals
- Also allows quick reference to back of decision tree for important nuances in follow-up steps
More Information

www.oregon-pip.org
Section focused on Follow-up to Developmental Screening: http://oregon-pip.org/focus/FollowUpDS.html
Questions: opip@ohsu.edu

OHA Transformation Center
Visit https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Dev-Screen-Tech-Assist.aspx for more follow-up resources

Email us at Transformation.Center@dhsoha.state.or.us with any questions.

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