Executive Summary

Organization Overview

OHSU (via the Institute on Development and Disability and Division of Child Psychiatry) and our community partner, Kerr Youth and Family Services (Kerr), are committed to utilizing the breadth and depth of our clinical skills, knowledge and community relationships to support the assessment and planning needs of youth with complex challenges. By understanding underlying strengths and challenges facing children, youth and their caregivers from a trauma-informed and developmental perspective, recommended medical and non-medical strategies are more likely to succeed. Further, our partnership ensures comprehensive evaluations with the right combination of professionals occur in the least restrictive settings across a broad continuum of services levels. This project will succeed in the context of multidirectional engagement and close partnership with child serving agencies, families and youth in the context of system of care principles. Engagement at referral, intake, evaluation, recommendations and follow up are necessary for meaningful impact of our proposed services.

OHSU is in an ideal position to lead this collaborative effort. With permanent clinical locations in both Portland and Eugene, the OHSU Institute on Development and Disability (IDD), through its clinical arm of the Child Development and Rehabilitation Center (CDRC), is the state's leading organization providing tertiary care evaluations for youth with suspected or known developmental conditions. Among other disciplines, IDD clinical team members across Portland and Eugene consist of 8 developmental pediatricians (with specialty in both neurodevelopmental and developmental-behavioral pediatrics), 21 child psychologists, (including 5 neuropsychologists), three social workers, 10 speech language pathologists, and 9 occupational therapists with specific expertise in multi- and interdisciplinary evaluation. OHSU Division of Child Psychiatry has 9 board-certified child psychiatrists and 7 Neuropsychologists with expertise in comprehensive diagnostic evaluation and management of youth with a variety of complex psychiatric needs, including in the context of developmental differences. In additional to professional expertise, OHSU's IDD and Division of Child Psychiatry have a long history of working with CCO's, Commercial Payers, Child Serving Agencies (OHA, DHS, DD, OYA and Schools) and providers across the continuum of care. Every day, we see the system challenges that adversely impact children youth, young adults and their families in Oregon and already work with multisystem involved young people in our emergency room, inpatient pediatric units and clinics.

OHSU has necessary infrastructure to successfully execute the goals of this project. Robust intake, scheduling, and billing and coding personnel and systems are in place to effectively and efficiently respond to referrals. Further, OHSU has technologic infrastructure and experience in place for telemedicine services, allowing for delivery of care across the state. OHSU Telemedicine provides patients throughout the region immediate access to specialty care in their community hospital local clinics and homes via secure two-way video communications systems.

Extensive support is in place for efforts to enhance community provider capacity via education as well. Importantly, OHSU utilizes the Oregon ECHO Network, a Project ECHO® (Extension for Community Healthcare Outcomes) initiative, to engage in educational and consultation efforts with others across Oregon.

In addition, since 2014, OHSU's Oregon Psychiatric Access Line about Kids (OPAL K) has served Oregon's child health providers offering real time phone psychiatric consultation. With recently funded expansion to serve all age Oregonians, we are prepared to incorporate subspecialty consultation via Developmental Pediatricians. We expect to offer transitional telephonic support to teams who are

serving youth we evaluate utilizing other experts as well, including behavioral psychologists with expertise in management of youth with autism and/or intellectual disabilities.

OHSU will partner with Albertina Kerr Youth and Family Services in execution of this effort. Kerr is an ideal partner given their existing continuum of services, expertise in supporting youth with IDD and their families, and willingness to expand subacute beds if sustainable funding for infrastructure and program development is available. OHSU would bring expert consultation to youth at Kerr during time limited admissions for diagnostic, planning and stabilization purposes.

Project Implementation Timeline

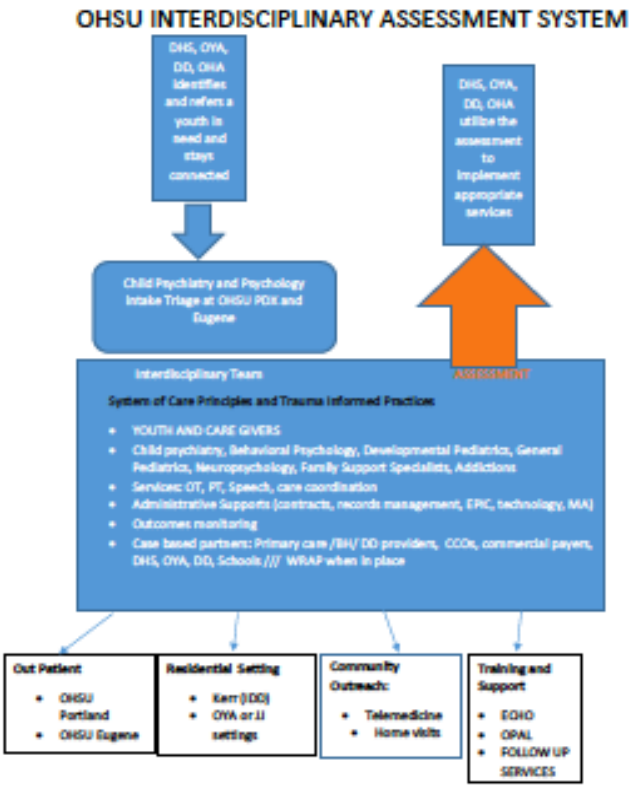
Implementation of high quality, comprehensive interdisciplinary assessment, collaboration with families and community organizations, and implementation of high-quality training necessitates a staged project timeline. Herein we detail a timeline that creates success during Year 1 of the contract, as well as prepares for future success presuming continued contractual relationship with OHA.

1. Months 0-3: During the initial months of the contract, emphasis will be on finalizing existing team members and leadership at OHSU who will spearhead this effort.
    a. Clinical: Solidify team, establish referral mechanisms, finalize relationships
    b. Education and out reach: solidify initial curriculum offerings, method of delivering training, and begin advertising
    c. Staffing: Begin recruitment of additional clinicians outlined in detailed proposal.
2. Months 4-12: By no later than Month 4, the IAT will begin accepting and responding to referrals from community agencies.
    a. Clinical:
        i. Accept and respond to referrals
        ii. Track process and outcome measures
        iii. Refine processes as appropriate/needed
        iv. Begin Developmental Pediatric consultation up to 2 days/week via OPAL K
    b. Education
        i. Deliver initial curriculum
        ii. Finalize additional curriculum items and advertise
        iii. Refine trainings for future delivery
3. Months 6-9:
    a. Determine and initiate steps to gain NADD certification
    b. Initiate contract negotiations for continued implementation of IAT
    c. On board additional personnel for sustainability and project expansion

Project Structure

The project goal is to provide a high intensity, limited resource intended to serve youth with the most complex needs. We expect that multisystem-engaged youth will have a multiagency (including CCO for Medicaid insured youth) process of referral, involvement during evaluation and recommendation development. This evaluation service cannot succeed as a process that is separate from community; it must occur with community at all stages and have the youth and caregivers fully aware of and participating in the referral evaluation and implementation phases. Herein we summarize the project structure; see also Figure 1 for visual representation.

Figure 1



Triage: To facilitate effective response to referrals, OHSU will develop a short referral request form to be used to clarify concerns and expectations for the evaluation. Current and prior pertinent records (e.g., psychological assessments, psychiatry evaluations) will be requested as part of the referral process. Led by a senior child psychiatrist, child psychologist, developmental pedestrian, and intake coordinator, the intake team will utilize referral information to route youth into one of two pathways for evaluation. Regardless of entry point, we will gear the evaluation to the needs of the child rather than utilize the entire range of experts and procedures for each child.

OHSU Based Evaluation / Service Pathways**:** Assessments will occur primarily in clinical settings. This will include evaluations on OHSU campus both in Portland and Eugene, including ambulatory, emergency room, and hospital floor settings. Community- and home-based assessments based on clinical determination of necessity. *In addition, the IAT will partner with Albertina Kerr to support evaluations of youth placed at their assessment and stabilization unit. See Attached.*

We will triage youth referred into two evaluation pathways with overlapping and unique elements:

OVERLAPPING FEATURES:

Engagement:

- Intake coordinator engages community team and gathers available referral information and past evaluation materials.
- Family support specialist / navigator engages caregiver and youth explaining process and providing guidance during the evaluation

Outcome:

- Clear and comprehensive understanding of developmental, medical, and psychiatric needs from a biopsychosocial and system of care perspective:
  - Least restrictive setting/placement needed for success with an emphasis on what community living would require
  - Recommended family supports/interventions

  - Behavioral Intervention Plan +/- Communication/language and occupational needs recommendations (IDD\ Autism population)
  - Psychological therapies
  - Medication recommendations
  - Environmental recommendations
  - Strengths based recommendations
  - Social determinants of health.
- Communication:
  - Join WRAP meeting if possible
  - Discussion of findings and recommendations with youth (developmentally appropriate format) and family to set the stage for success (assent & consent).
  - Summative Written Report
- Follow-up:
  - Community treatment teams will have access to follow up guidance for a period of 6 weeks following completion of the assessment regardless of level of care.

A. *Primary Intellectual and Developmental Disabilities with severe behavioral challenge*: For individuals with known intellectual/developmental disability (I/DD)

Team: primary evaluation may include services from a developmental pediatrician, child psychiatrist, social work, family resource specialist, and psychologists with targeted use of Speech and Language (SLP) and Occupational Therapist (OT). Emphasis of the evaluation will be on complementing what is known based on previous evaluations and thus will vary depending on existing evaluations.

- Developmental Pediatrics (2 hours)
- Psychiatrist (2 hours)
- Psychology/Neuropsychology (based on needs)
  - Screening IQ and educational testing 4 hours
  - Screening Neuropsychological testing 8 hours
  - Full Neuropsychological testing 16 hours
- SW and Family Resource Specialist (2 hours)
- SLP, OT as needed (2 hours each if needed)
- Integrated Formulation (Dev Pediatrician, Psychologist or Psychiatrist) (2 hours)

B. *Primary Psychiatric*: Youth presenting in chronic intermittent mental health crises impacting the ability to safely live and succeed in the community.

Team: Child Psychiatry, Psychology/Neuropsychology and Social Work

- MSW obtains community team concerns via telephone (parent \ primary care giver, providers, primary agency, case manager, CCO) as appropriate
- Psychiatrist, MSW, and Family support specialist review Records
- Psychiatric and MSW Interview with care givers and youth: 4-6 hours (When psychological testing is indicated, psychologist will participate as well)
- Psychology/neuropsychology evaluation as indicated:
  - Screening IQ and educational testing 4 hours
  - Screening Neuropsychological testing 8 hours
  - Full Neuropsychological testing 16 hours