



Barrier Submission Form

Statewide System of Care Steering Committee

Regional Executive Council Information



Council name:	SOC Executive Counsel Lane County
Date submitted:	3/20/19
Region:	Lane County
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Barrier Information



Large unmet demand for **state-wide** quality developmental diagnostic assessments – access to valuable services can depend on these assessments. These diagnostic assessments are complex and are time consuming and requires sub-specialist with broad based deep training in development and behavior. The CDRC- Eugene serves a very large referral area (Klamath Falls to Brookings to Newport, through Salem, to Bend) Currently the CDRC-Eugene is staffed with 2.5+ FTE Developmental Pediatricians individual but will be dropping to 2.1 FTE as of this summer.

CDRC-Eugene has a wait-list of 1 year for interdisciplinary diagnostic assessments. These comprehensive assessments are needed for further diagnostic clarification and for monitoring of evolution of presentation in response to treatments and to drive appropriate interventions to help allocate limited resources appropriately. This also includes follow-up expert counseling and care which can't be given until these assessments are done. The excessive wait-time causes undo stress to families and are a serious barrier to children accessing much-needed services.

Failing to address needs does not make the problem go away. Many children in our referral area with mental health conditions have nowhere else to go. e.g. south

Barrier description:



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of Lane County; many children with mental health conditions, such as Trauma and stressor related disorder, do not get quickly better, even with appropriate Mental Health interventions, thus prompting developmental diagnostic assessments and reassessment, clogging up wait-lists.

Addressing of children's needs is a good investment. Conversely, failure to address children's needs is dangerously short-sighted, unethical, and very expensive in the long run.

Solution: To address community needs a DBP (Developmental Behavioral Pediatrician) fellowship was started. 2 DBP's have been trained, 1 has been hired, and we anticipate hiring our second graduate (to replace a departing faculty member, so, unfortunately, this doesn't represent growth, not even maintenance of DBP FTE). Several local pediatricians have expressed interest in being trained. If we could obtain funding for fellows (fellows help with the initial assessments) and protected teaching/administrative time for the faculty the need of the community could be better served

- A Quality Improvement initiative:
 - When medical records and questionnaires arrive with referral, materials would be reviewed by DBP fellows, supervised by DBP faculty, for small fee
 - Based on such chart review, incoming referrals would be triaged:
 - ✦ Referral diverted first to other agency/ies and taken off our wait-list (for now)
 - ✦ Referral to other agency/ies recommended while child continues to wait for CDRC apt
 - ✦ Referral prioritized for CDRC –in
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which case, chart review would inform team composition, as usual.

- In this way:
 - ✦ Kids who need CDRC would get in faster and kids who might be served better elsewhere would get started there sooner rather than first waiting a year
 - ✦ Fellows and faculty would participate in required QI
 - ✦ Fellowship would earn funding, to help sustain the fellowship program
 - ✦ Faculty would earn funding, to help encourage the hiring of more DBP faculty
 - ✦ Access to DBP services would improve.

It was estimated that it would take >\$170K per year to run the fellowship program with the fund broken out into the following areas:

- Annual fellow salary + OPE: approximately \$100K/yr
- Program director, 20% protected time to administer program and teach: \$50K
- Project Coordinator, 20% time for administration: \$20K
- Additional expenses: CME costs, equipment, etc.

We anticipate having the program back up and running by July 2020

Actions Taken to Address Barrier

Summary of Practice Level Work Group action steps:



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Summary of Advisory Committee action steps:

Summary of Executive Council action steps:
SOC Executive Council plan to send the barrier to the state SOC in hopes of gaining approval to request for funds

Request of Statewide SOC Steering Committee

What policy changes or funding investments would ameliorate the identified barrier?
