Improving Follow-Up to Developmental Screening: Best Practices for Primary Care Providers

OHA Transformation Center and Oregon Pediatric Improvement Partnership Webinar

October 24, 2018

OPIP
Oregon Pediatric Improvement Partnership

Oregon Health Authority

Disclosure Information

The following individuals have no relevant financial relationships with any commercial interests to disclose:

Planners

- Lydia Chiang, MD
- Colleen Reuland, MS
- David Ross, MPH
- Katie Unger, MPH

Speaker

- Colleen Reuland, MS
- Lydia Chiang, MD

CME

Accreditation: The School of Medicine, Oregon Health & Science University (OHSU), is accredited by the Accreditation Council for Continuing Medical Education (ACCME) 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.

MOC

American Board of Pediatrics MOC Approval Statement:

- *Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn **1 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program**. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit.*

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- *Through the American Board of Medical Specialties ("ABMS") ongoing commitment to increase access to practice relevant Maintenance of Certification ("MOC") Activities through the ABMS Continuing Certification Directory, **Follow Up to Developmental Screening- Tips and Strategies for Primary Care** has met the requirements as an **MOC Part II CME Activity** (apply toward general CME requirement) for the following ABMS Member Boards:*

  American Board of Family Medicine

Getting Credit

Links to forms to complete in order to get credit for today's session will be emailed to you after the webinar.

For October 24th-November 30th: Please be sure to complete the correct form, based on whether you attended the webinar LIVE, or viewed the RECORDED version.

These links will also be sent out via email to the email address provided during registration. You only need to complete the form once.

Objectives for Webinar

- Understand the **need to improve on follow-up** to developmental screening in primary care.
- Understand **specific factors to consider in determining best match** follow-up steps to take, depending on the risk scores on the developmental screening, child and family factors, and resources available.
- Understand **specific developmental promotion** that can be provided for children identified at-risk for delays on developmental screening tools.
- Understand **specific best match referrals** that should be made based on those factors.
- Understand and access specific tools and strategies to ensure **shared decision making with parents** about the referrals that best meet their child and family needs.
- Understand specific **care coordination and parent supports tools that can be used to assist parent's access** to referred services.

Important Framing about Context for This Webinar

- Tools provided are based on work in various regions in Oregon.
  - Specific to the context in Oregon and eligibility of specific programs in Oregon 2010-2018.
- Tools are specific to practices that use the Ages and Stages Questionnaire.
- Findings are based on learnings implementing these tools.

Momentum Around Follow-Up to Developmental Screening in Oregon

*Within **Health Care**:*

- Data shows that while screening has increased, there has not been a similar increase in children receiving timely services that address delays
- Metrics & Scoring
  - As developmental screening rates meet benchmarks, there is interest in a metric focused on follow-up to developmental screening
- Health Plan Quality Metrics
  - Interest in follow-up to developmental screening metric
- Health Aspects of Kindergarten Readiness
  - Follow-up to developmental screening identified

Opportunity to Focus on Follow-Up to Developmental Screening for Young Children that is the Best Match for the Child & Family

- Goal of screening
  - Identify children **at-risk** for developmental, social, and/or behavioral delays
  - For those children identified, **1) provide developmental promotion, 2) refer to services** that can further address delays
    - Many of these services live outside of traditional health care
    - Barriers to access of follow-up services:
      - ❖ Lack of knowledge of services
      - ❖ Lack of capacity of services
      - ❖ Lack of availability of services that would be best match
      - ❖ Parent engagement

Children Identified "At-Risk" on Developmental Screening Tools

These are children who are identified "at-risk" for developmental, behavioral or social delays on standardized developmental screening tools. In the communities of focus for this work, a majority of providers are using the Ages and Stages Questionnaire (ASQ). Therefore the children of focus are those identified "at-risk" for delays based on the ASQ domain level findings.

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Opportunity to Focus on Follow-Up to Developmental Screening for Young Children that is the Best Match for the Child & Family

- Previous OPIP Efforts in Other Regions
  - **2011:** Across **8 Medicaid Managed Care Organizations**, only 40% of children received some level of follow-up
  - **2015-2018:** Across seven practices **30%-68% of children** received follow-up, with a majority of the practices 30-40%
  - Of at-risk children referred to EI
    - **2 in 5 children** (40%) referred by PCP to EI not able to be evaluated
    - Of those evaluated, 62% were found to be eligible for services, meaning **38% were ineligible for services**
      - Rates lower for referrals from Primary Care Providers (PCP)

An Applied Example from a Past OPIP Project and Pilot Site in Salem

Number of ALL Children in Clinic (Publicly and Privately Insured) ***WHO RECEIVED A DEVELOPMENTAL SCREEN IN ONE YEAR:***

N=1431

N= 1431

Number of children who were **identified at-risk and *SHOULD HAVE BEEN TO REFERRED TO EI***:

N=401

N= 401

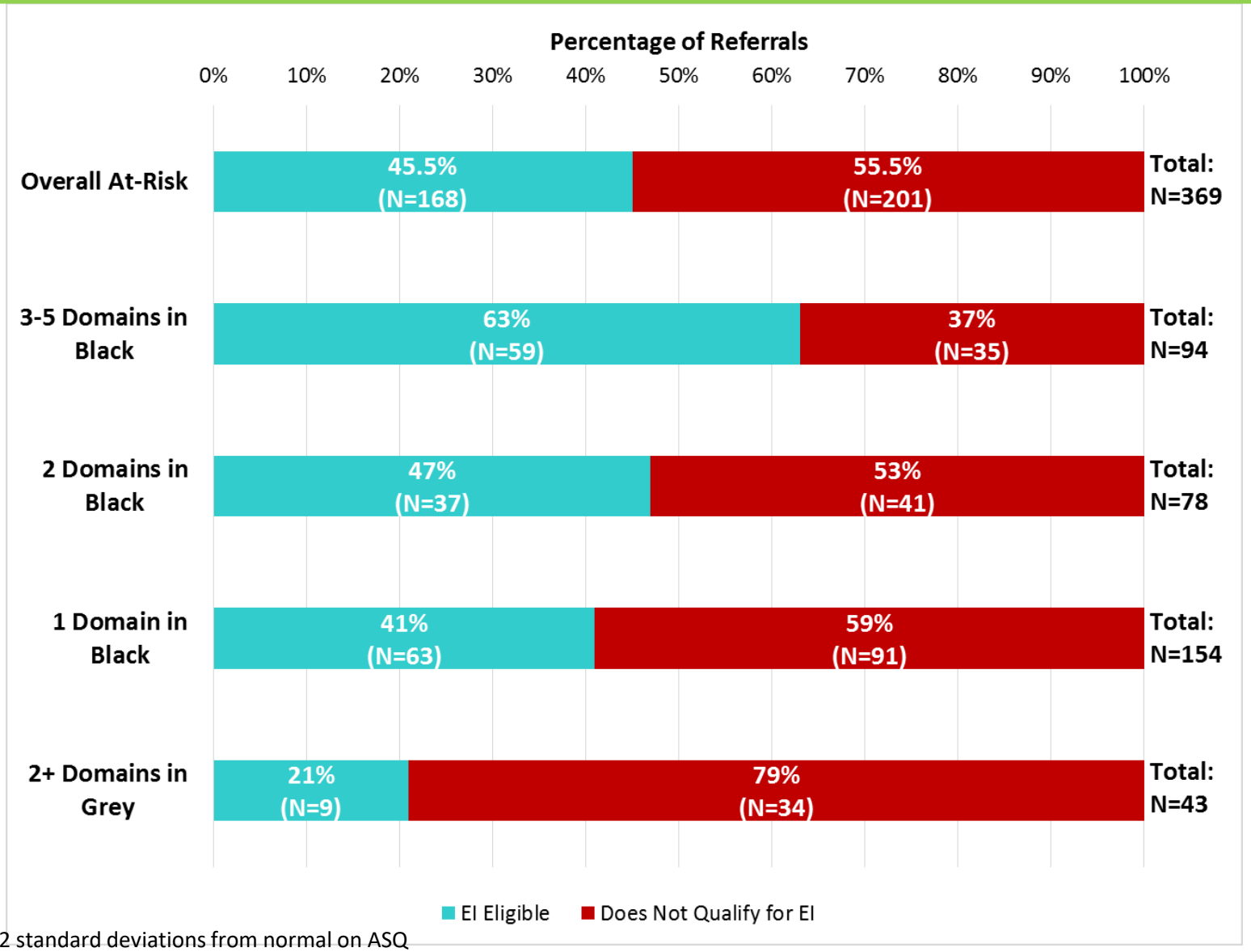
Of the children who received a developmental screen, **28% identified at-risk for delays** for which developmental promotion should occur

NUMBER REFERRED TO EI based on their developmental screen :

N= 76

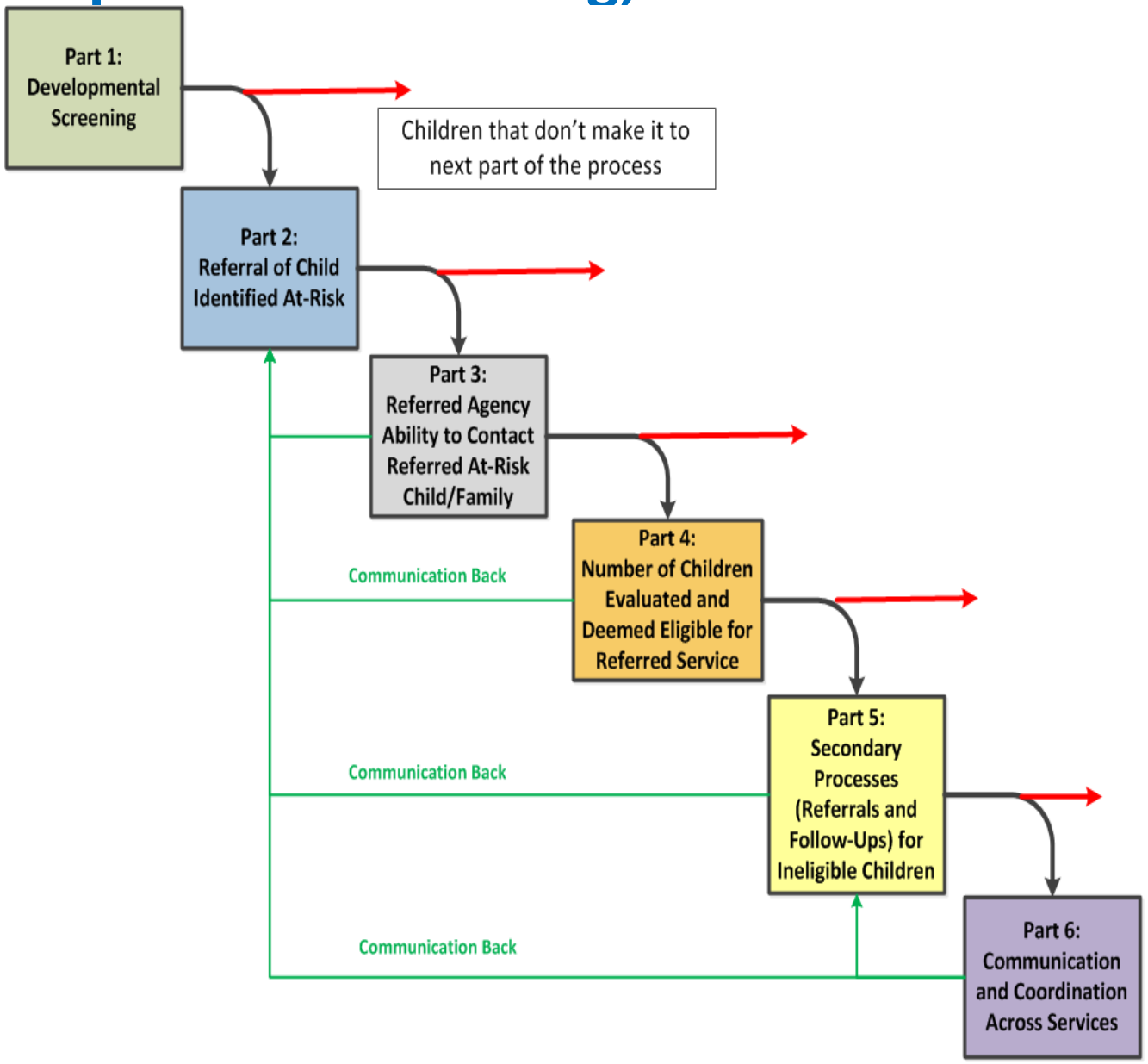
81% NOT REFERRED

EI Eligibility by ASQ Scores for 3 Years of EI Evaluations: By Various Levels of Risk



Black = 2 standard deviations from normal on ASQ
Grey = 1.5 standard deviations from normal on ASQ

Key Building Blocks of the Pathways for Developmental Screening, Referral and Follow-Up



From Developmental Screening to Services: Opportunity to Connect the Fantastic Individual Silos

OPIP's Previous Efforts that Informed This Work

- OPIP has led this work in nine other communities focused on identifying and implementing better follow-up pathways to developmental screening that:
  - Identify the best match set of follow-up steps AND are
  - Anchored to the resources that exist within the practice AND that exist in the community.
- Developed and worked with nine practices to implement tools to improve follow-up that:

1) Enhance developmental promotion for all at-risk children

2) Enhance follow-up to developmental screening supported by:

- Developed a follow-up medical decision tree, including secondary follow-up, anchored to: i) ASQ scores, ii) Child and family factors, iii) Resources within the community
- Developed parent education sheet to support shared decision making, care coordination support strategies
- Clarified workflow processes to USE information provided back by EI
- Developed summary of follow-up services and providers who see children 0-3
- Identified Methods to leverage internal behavioral health

3) Improved care coordination processes

Follow-Up to Screening Decision Tree: Determining the "Best Match" Follow-up Services You Could *Provide*, and *Refer* the Child/Family To

- It is not as a simple as "at-risk" or not based on the ASQ (1 in the Black, 2 in the Grey)
  - Your front-line experience suggests, and the data confirms, that not all children identified "at-risk" should be referred to EI and medical evaluation in Oregon
  - Parents may push back on specific referrals
- It is not as simple as knowing about the resources, without telling you when it might be best to refer a child to them

Determining the "Best Match" Follow Up for the Child and Family: Decision Tree Development: What Exists in the Community and Who Should Go to Them?

ASQ Screen- Child Identified At-Risk

Targeted Developmental Promotion Materials for Areas of Development Identified: ASQ Learning Activities, CDC Act Early

Numerous Factors Determine the Best Match Follow Up

1. Traditional Factors for Referral

- Child medical issues
- Age of Child
- ASQ Scores by Domain
- Provider Concern
- Parental Concern

2. Other Factors to Consider, Family Supports

- Child behaviors
- Adverse Childhood Events
- Family Risk Factors
- Family Factors
- Family Income
- County of Residence

EI

DB PEDS

Medical Therapy

CaCoon/ Babies First

Internal Behavioral Health

Mental Health

No Referral - Retest

Community-Based Supports Addressing Social Determinant of Developmental Promotion

3 Tools Sharing Today To Help Guide Follow-Up to Developmental Screening

1. **Follow-Up to Developmental Screening - Medical decision tree** for primary care providers to guide best match follow-up
2. **Shared Decision Making Tool** to Use with Families Referred
3. **Phone Follow-Up Script** to Support Families Referred

* Included compendium overview tools that include general templates and examples from various practices we have worked with.

Follow-Up to Screening Medical Decision Tree

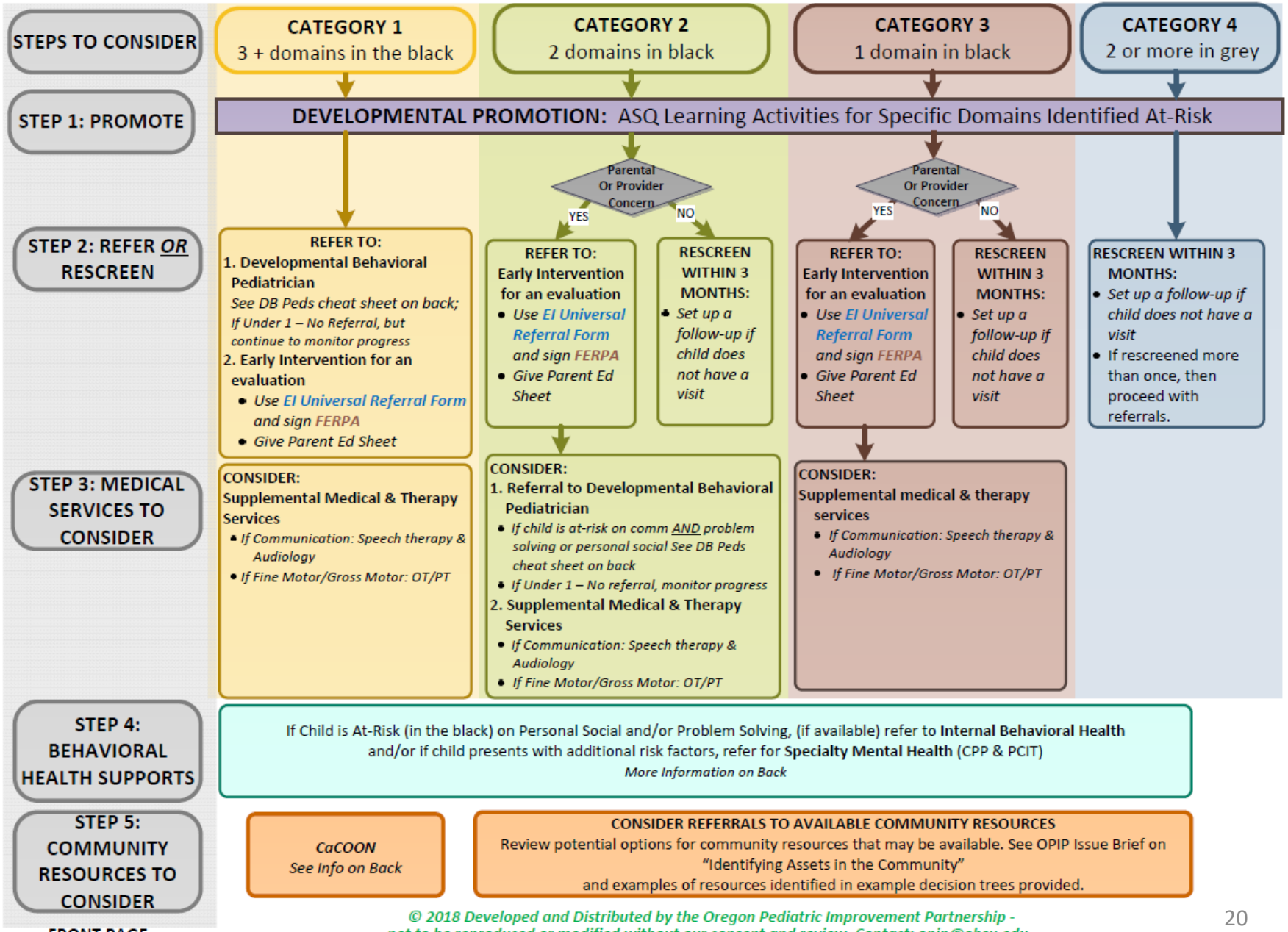
Factors that will drive the *best match follow-up service*

- **Easy as 1, 2, 3**
  1) ASQ domain scores – number of domains and specific domain results
  2) Parent and/or provider concern
  3) Child/family factors
- **Decision Tree developed can be refined to services identified in your community**
- **Specific to the screening conducted for children age 0 up to 3**

  (Does not include guidance for screening that may be done for 3, 4, 5 year olds)

#1) Follow-Up to Screening Medical Decision Tree: FRONT PAGE

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



FRONT PAGE

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#2) Follow-Up to Screening Medical Decision Tree: BACK PAGE

OPIP

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: USE OF EARLY CHILDHOOD MENTAL HEALTH DX CODES

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

BACK PAGE

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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:

☐ Early Intervention (EI)

helps babies and toddlers with their velopment. In our area, Northwest gional Education Service District WRESD) runs the regional program. ashington County Service Center iministers the evalutions and services.

focuses on helping young children learn ills. EI services enhance language, social d physical development through play- sed interventions and parent coaching. ere is no charge (it is free) to families for services.

What to expect if your child was referred to EI:

WRESD will call you to set up an ppointment for their team to assess our child.

you miss their call, you should call ack to schedule a time for the evaluation. hey have a limited time to set up the ppointment. Their phone number is 3-614-1446.

he results from their assessment will be sed to determine whether or not EI can rovide services for your child.

ntact Information:
WRESD Intake Coordinator
3-614-1446 | www.nwresd.k12.or.us/

☐ Early Head Start/ Head Start

rograms providing free learning and evelopmental services to eligible children ages irth to 5 from low-income families. Early Head tart and Head Start welcome children with isabilities.

ww.ohsa.net or www.ocdc.net/apply

ttps://caowash.org/programs/early-childhood-evelopment

☐ CaCoon

CaCoon is a public health nursing program serving families. A public health nurse will work with your family to support your child's health and development. A nurse will meet with you in your home, or wherever works best for you and your child.

There is no charge (it is free) to families for CaCoon services.

Contact Information:
503-846-4872
https://www.co.washington.or.us/hhs/publichealth/mchft/index.cfm

☐ Early Connections

Single point of entry for Washington County early childhood and community services. For free!

Early Connections can help you:
- Get Insurace through the Oregon Health Plan
- Access Prenatal Care
- In-Home Parenting Support
- Parenting Resources : Childcare, preschool, and parenting classes

Contact Information:
9340 SW Barnes Road, Suite 100
Portland, OR 97225
(503) 726-0879
https://caowash.org/programs/early-childhood-

☐ Help Me Grow

Help Me Grow is an integrated network that connects families with young children to resources in the community to enhance their child's development. For free!

Contact Information:
Help Me Grow Oregon
Swindells Resource Center
at Providence Child Center
833-868-4769 | helpmegrow@providence.org

Services within Virginia Garcia

☐ Behavioral Health Specialist who can help your family with:
- Health and family coaching
- Child development support
- Social and emotional support

Contact: Irma Rosales (English & Spanish): 503-726-0879,
Amy Mild (English): 503 352-8569

☐ Community Health Outreach Worker: Specialist who can help your family navigating community resources Contact Jessica Zamudio: 503-352-8569

☐ Parenting with Initiative: Facilitating communication with children 503-359-8513, Vgarcia2@vgmhc.org

Services Outside Virginia Garcia

Your child's health care provider referred you to the following:

☐ Speech Language Pathologist: Specializes in speech, voice, and swallowing disorders

☐ Audiologist: Specializes in hearing and balance concerns

☐ Occupational Therapist: Specialize in performance activities necessary for daily life

☐ Physical Therapist: Specializes in range of movement and physical coordination

☐ Developmental-Behavioral Pediatrician: Specializes in child development areas including learning delays, feeding problems, behavior concerns, delayed development in speech, motor, or cognitive skills

Any Questions?

At Virginia Garcia Memorial Health Center, we are here to support you and your child. If you have any questions bout the process or have not heard from your referral in two weeks a please call our Referral Coordinators: (503) 364-3170.

y do you sign a consent form?

ur child's primary care provider, we want to be informed about the care your child receives so that n provide the best care possible. The consent you sign allows the programs to share information to us. You will likely be asked to sign more of these to give permission for different providers to nunicate about your child's care.

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#3) Shared Decision Making Tool Mapped to Decision Tree

Phone Follow-Up: Developed it because 45% of referred children not able to be evaluated

- Over 2 out of 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 the referral significantly increased follow through

Within Previous Pilot Practices – Potential Process:

- Care coordinator called all families referred
- MA's called families who EI communicated they couldn't contact

Phone Follow-Up: Goals

- To reinforce referral by provider
- To review expectations and process (i.e. will be receiving phone call from EI, will be getting evaluation)
- Address any questions
- Identify barriers to obtaining the evaluation – transportation, language, childcare (some communities have set up transportation assistance for families)

#3) Phone Follow-Up Script for Referred Children

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 i.e 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?

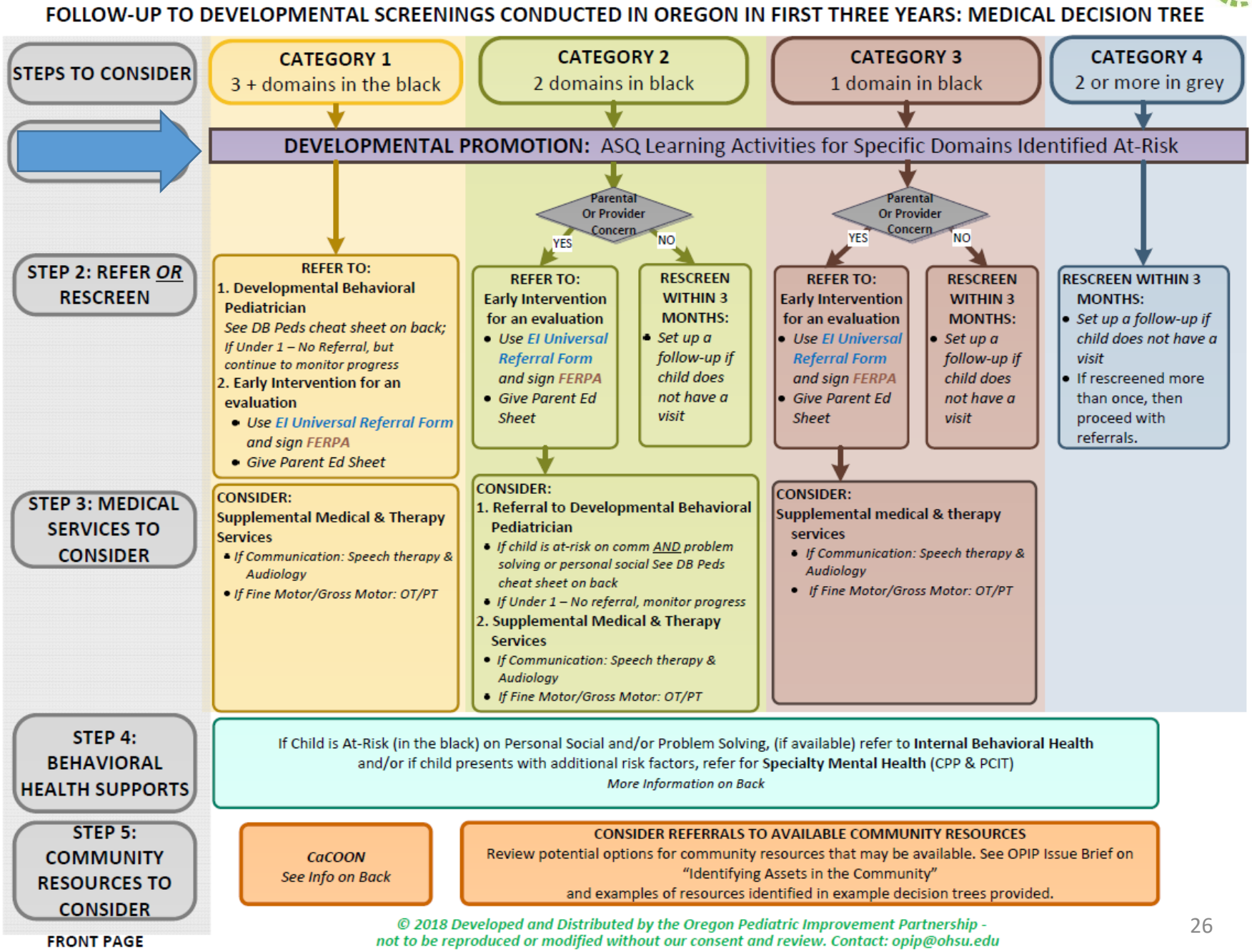
- Barrier is ***transportation*** – discuss TripLink and how to set up a ride as needed

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).

Follow-Up to Screening Decision Tree



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Specific Developmental Promotion Recommended as Follow-Up for Children Identified At-Risk (Including Children in the Grey)

Specific follow-up: ASQ Learning Activities for the Specific Domains

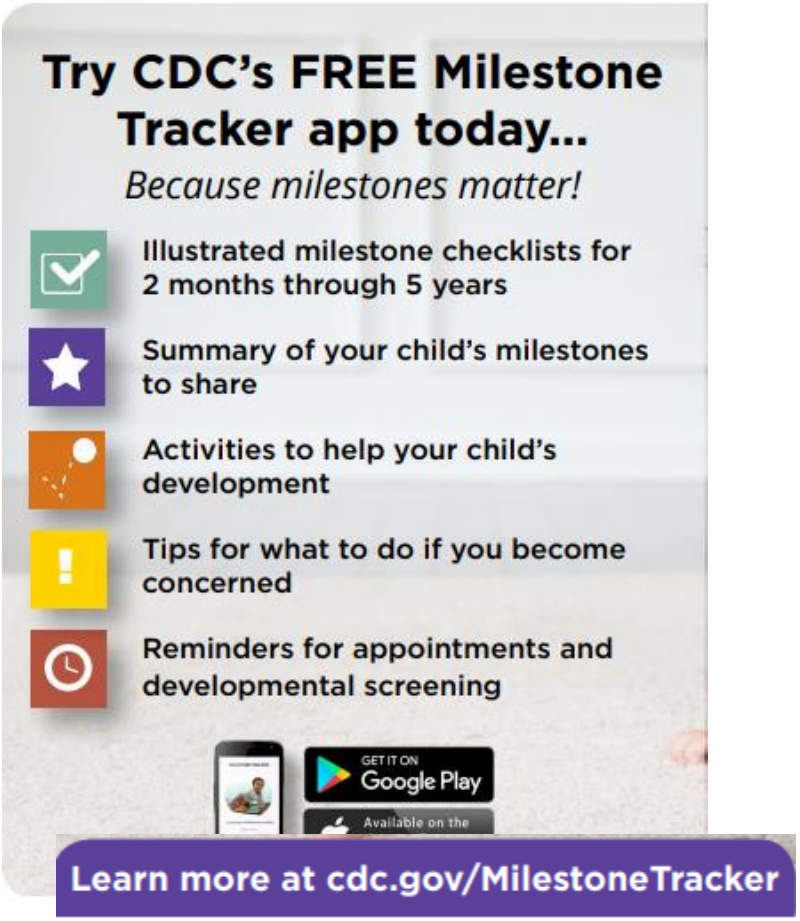
Fine Motor

Activities to Help Your Toddler Grow and Learn

Your toddler's eyes and hands are working together well. He enjoys taking apart and putting together small things. He loves using any kind of writing or drawing tool. Provide scrap paper, washable crayons, or markers. You can also try puzzles, blocks, and other safe small toys. Talk and enjoy the time together. When writing or drawing, set up clear rules: "We draw *only on the paper, and only on the table*. I will help you remember."

Flipping Pancakes	Trim the corners from a simple sponge to form a "pancake." Give your child a small frying pan and a spatula. Show him how to flip the pancake.
Macaroni String	String a necklace out of dried pasta with big holes. Tube-shaped pasta, such as rigatoni, works really well. Your child can paint the pasta before or after stringing it. Make sure she has a string with a stiff tip, such as a shoelace. You can also tape the ends of a piece of yarn so that it is easy to string.
Homemade Orange Juice	Make orange juice or lemonade with your toddler. Have him help squeeze the fruit using a handheld juicer. Show him how to twist the fruit back and forth to get the juice out. To make lemonade, you will need to add some sugar and water. Let him help you stir it all up. Cheers!
Draw What I Draw	Have your child copy a line that you draw, up and down and side to side. You take a turn. Then your child takes a turn. Try zigzag patterns and spirals. Use a crayon and paper, a stick in the sand, markers on newspaper, or your fingers on a steamy bathroom mirror.
Bath-Time Fun	At bath time, let your toddler play with things to squeeze, such as a sponge, a washcloth, or a squeeze toy. Squeezing really helps strengthen the muscles in her hands and fingers. Plus it makes bath time more fun!
My Favorite Things	Your child can make a book about all of his favorite things. Clip or staple a few pieces of paper together for him. He can choose his favorite color. Let him show you what pictures to cut from magazines. He may even try cutting all by himself. Glue pictures on the pages. Your child can use markers or crayons to decorate pages. Stickers can be fun, too. You can write down what he says about each page. Let him "write" his own name. It may only be a mark, but that's a start!
Sorting Objects	Find an egg carton or muffin pan. Put some common objects such as nuts, shells, or cotton balls into a plastic bowl. Let your toddler use a little spoon or tongs to pick up the objects and put them in different sections of the egg carton. Give her a little hug when she has success!

CDC Milestone Tracker App: Help Parents Track, Coaching on When to Raise Concerns



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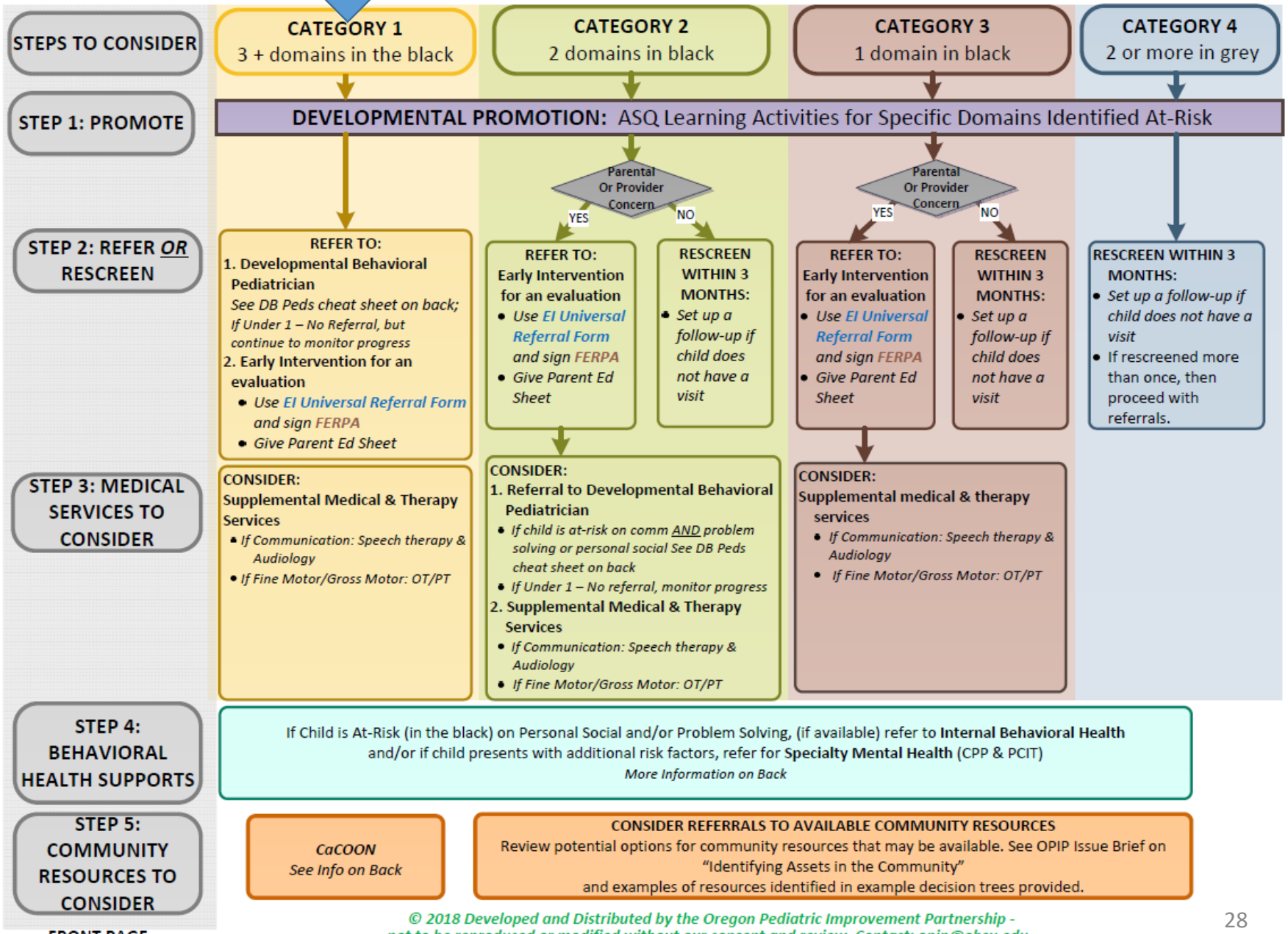
FOLLOW-UP TO DEVELOPM… SCREENINGS CONDUCTED IN OREGON IN FIRST THREE YEARS: MEDICAL DECISION TREE



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CATEGORY 1
3 + domains in the black

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*

STEP 3: MEDICAL SERVICES TO CONSIDER

CONSIDER:

Supplemental Medical & Therapy Services

- *If Communication: Speech therapy & Audiology*
- *If Fine Motor/Gross Motor: OT/PT*

Early Intervention

Upcoming OHA webinar will specifically focus on referrals to Early Intervention, including the workflow and processes for optimal referral and communication back.

December 11, 7:30-8:30am

To register:
https://register.gotowebinar.com/register/1282189280809876739

- Today is a high-level summary within the context of the decision tree.

Referral to Early Intervention

Important Context:

- The purpose of the decision tree is to provide guidance on follow-up to ASQ developmental screening, the services on the decision tree provide follow-up

- 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 kids to refer to those services.*** It is a guide to which kids 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

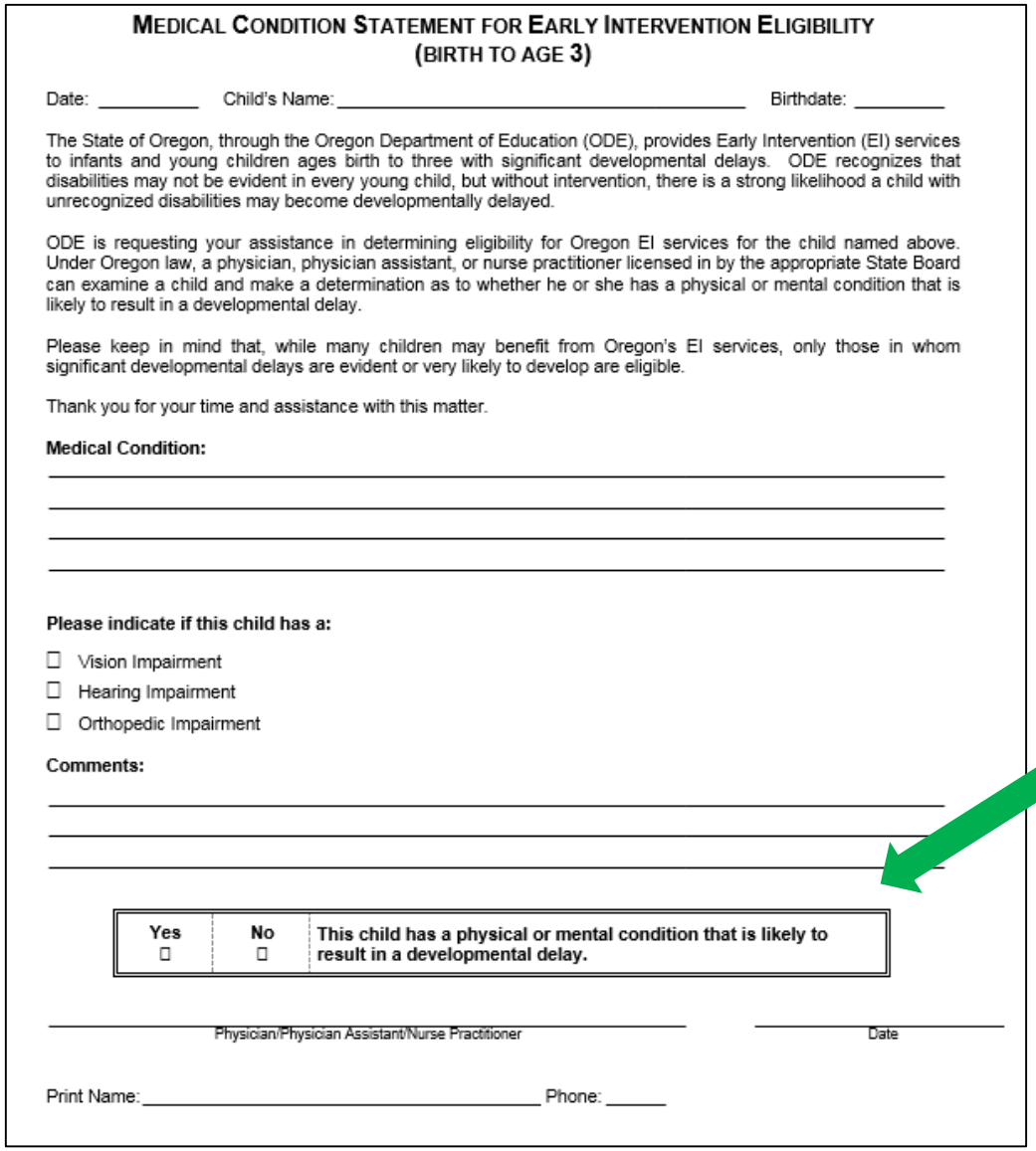
Some children eligible for Early Intervention based on Oregon Administrative Rules (OAR).

Provided diagnoses are associated with a higher risk of developmental delay and referrals should be generated early. These kids 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

Physician Statement for Early Intervention



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:

_____
_____
_____
_____

Please indicate if this child has a:

☐ Vision Impairment
☐ Hearing Impairment
☐ Orthopedic Impairment

Comments:

_____
_____
_____

Yes	No	
☐	☐	**This child has a physical or mental condition that is likely to result in a developmental delay.**

_____ _____
Physician/Physician Assistant/Nurse Practitioner Date

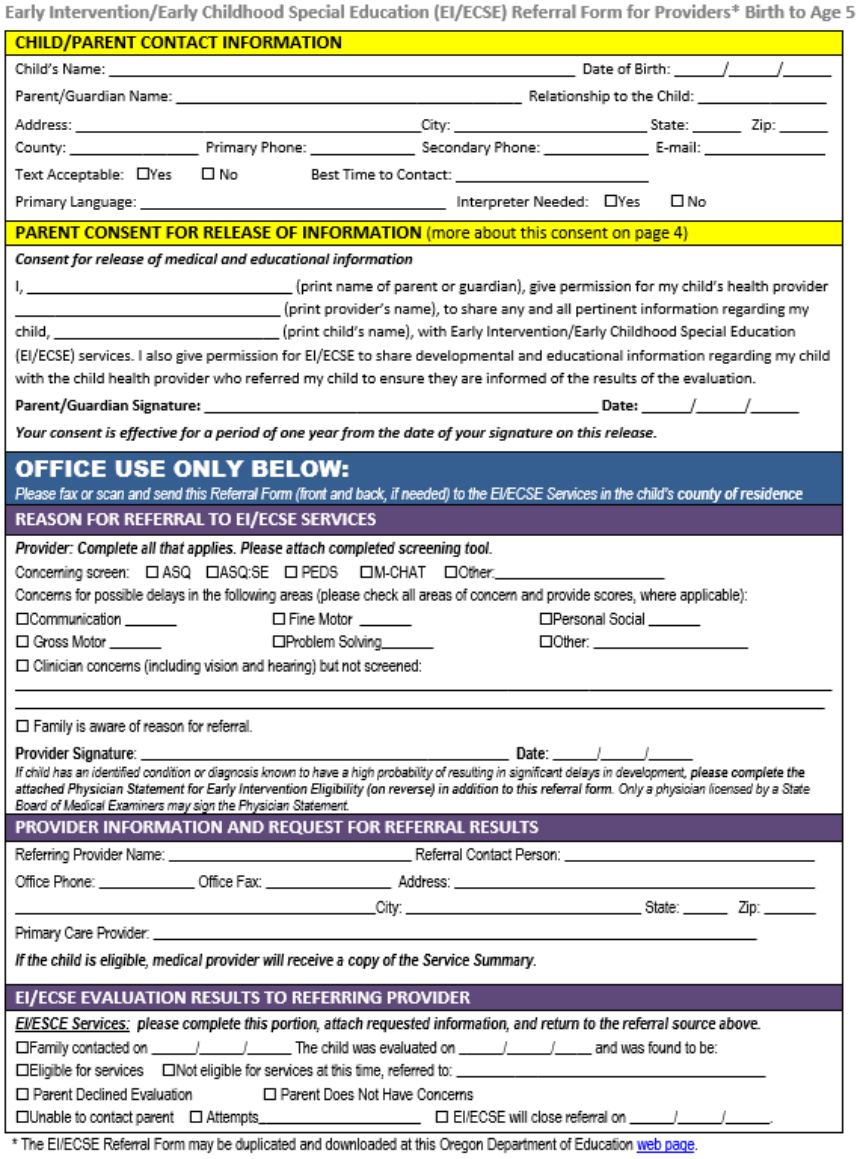
Print Name: _____ Phone: _____

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.

OPIP

Early Intervention **Universal Referral Form (URF)**



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/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 ____/____/____.

* The EI/ECSE Referral Form may be duplicated and downloaded at this Oregon Department of Education web page.

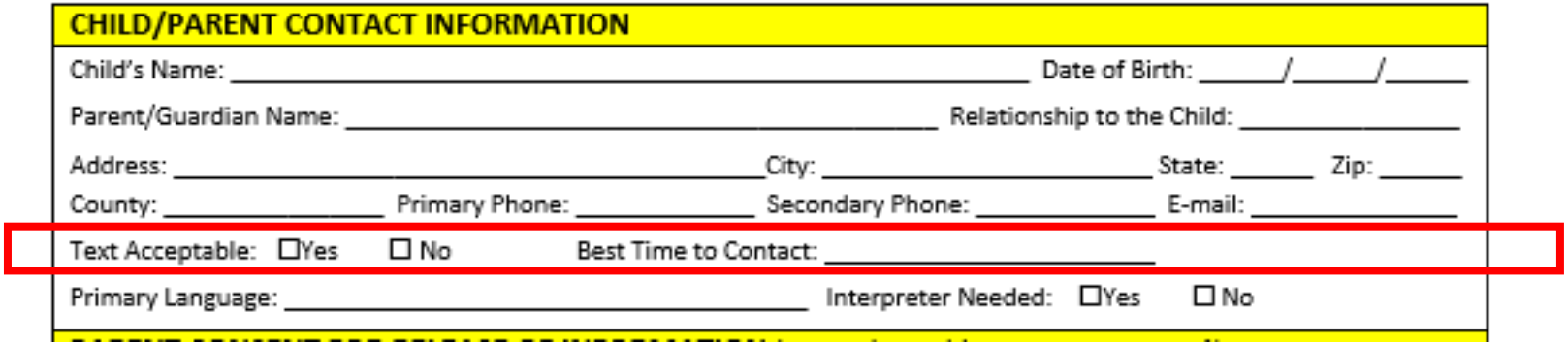
Updates were made to the Universal Referral Form based on collective feedback from previous pilots.

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 <u>timely</u> 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 it to fidelity will enhance communication and coordination.

CHILD/PARENT CONTACT INFORMATION



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: _____

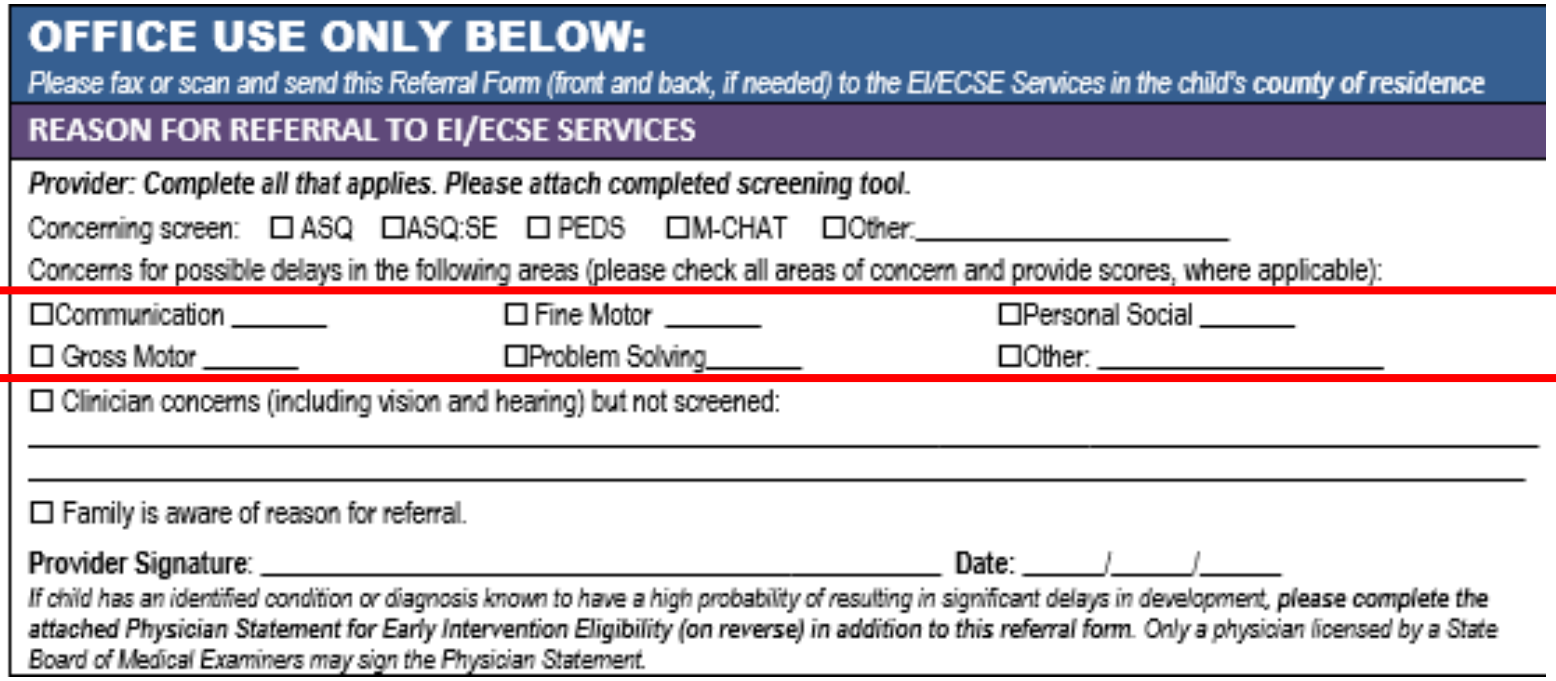
Text Acceptable: ☐Yes ☐ No Best Time to Contact: _____

Primary Language: _____ Interpreter Needed: ☐Yes ☐ No

Under the **CONTACT INFORMATION** section, the new Universal Referral Form (URF) includes:

1. Option for families to note if they can/would accept text messages
2. Ability for family to note the best time to contact

REASON FOR REFFERAL



OFFICE USE ONLY BELOW:

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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.*

Under the **REASON FOR REFERRAL** section, the new Universal Referral Form (URF) includes:

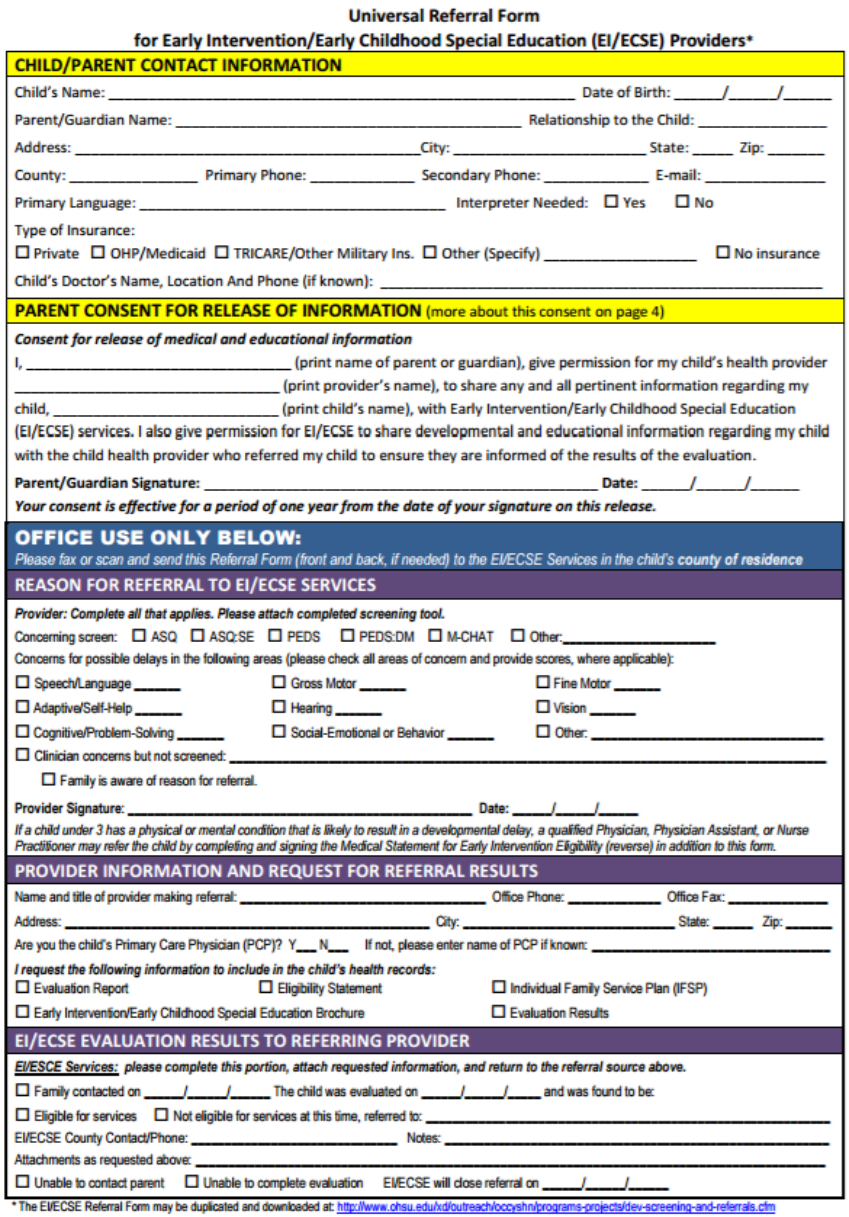
- Section for the referring entity to document concerning screening scores and indicate the tool used. The "Concerns for possible delays" boxes now map directly to the ASQ domains.

OPIP

Early Intervention Universal Referral Form

Feedback to Referring Provider

- Not able to contact
- For those that were contacted and evaluated, general eligibility



Universal Referral Form
for Early Intervention/Early Childhood Special Education (EI/ECSE) Providers*

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: _____

Primary Language: _____ Interpreter Needed: ☐ Yes ☐ No

Type of Insurance:

☐ Private ☐ OHP/Medicaid ☐ TRICARE/Other Military Ins. ☐ Other (Specify) _____ ☐ No insurance

Child's Doctor's Name, Location And Phone (if known): _____

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 ☐ PEDS:DM ☐ M-CHAT ☐ Other:_____

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

☐ Speech/Language _____ ☐ Gross Motor _____ ☐ Fine Motor _____

☐ Adaptive/Self-Help _____ ☐ Hearing _____ ☐ Vision _____

☐ Cognitive/Problem-Solving _____ ☐ Social-Emotional or Behavior _____ ☐ Other: _____

☐ Clinician concerns but not screened: _____

☐ Family is aware of reason for referral.

Provider Signature: _____ **Date:** ____/____/____

If a child under 3 has a physical or mental condition that is likely to result in a developmental delay, a qualified Physician, Physician Assistant, or Nurse Practitioner may refer the child by completing and signing the Medical Statement for Early Intervention Eligibility (reverse) in addition to this form.

PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS

Name and title of provider making referral: _____ Office Phone: _____ Office Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you the child's Primary Care Physician (PCP)? Y___ N___ If not, please enter name of PCP if known: _____

I request the following information to include in the child's health records:

☐ Evaluation Report ☐ Eligibility Statement ☐ Individual Family Service Plan (IFSP)

☐ Early Intervention/Early Childhood Special Education Brochure ☐ Evaluation Results

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: _____

EI/ECSE County Contact/Phone: _____ Notes: _____

Attachments as requested above: _____

☐ Unable to contact parent ☐ Unable to complete evaluation EI/ECSE will close referral on ____/____/____

* The EI/ECSE Referral Form may be duplicated and downloaded at: http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/dev-screening-and-referrals.cfm

Form Rev. 10/22/2013

Leveraging the Early Intervention Universal Referral Form to Communicate Whether Children Referred But NOT Evaluated

EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER

EI/ESCE Services: please complete this portion, attach requested information, and return to the referral source above.

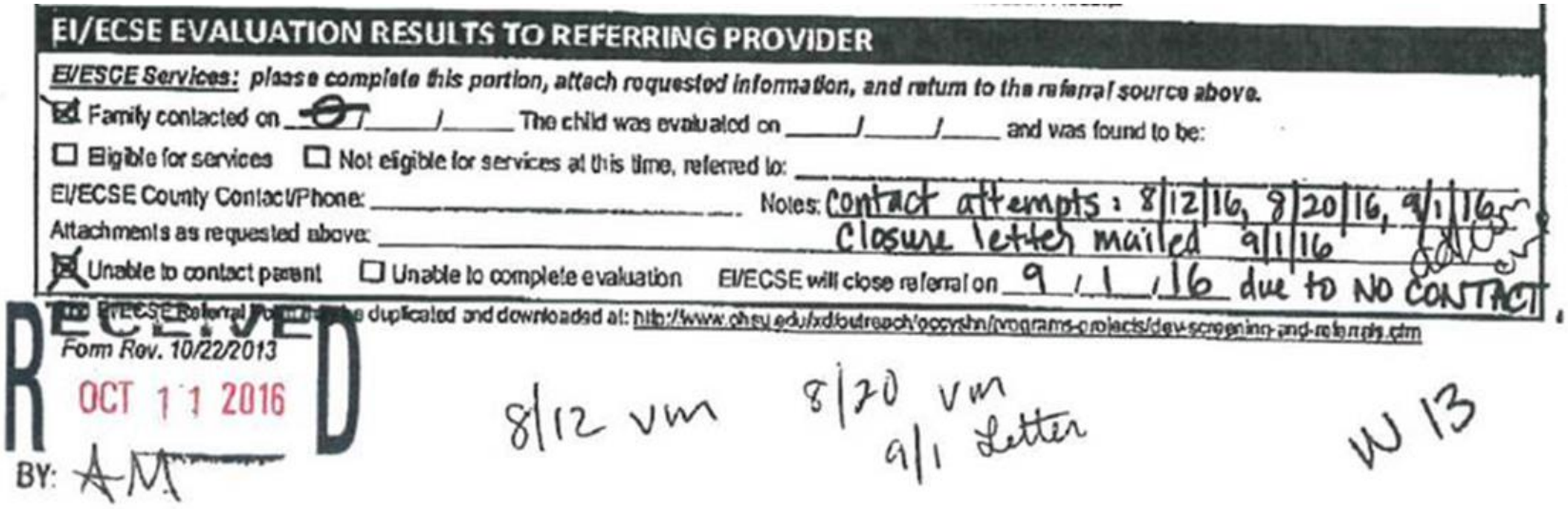
☐Family contacted on _____/_____/_____ The child was evaluated on _____/_____/_____ and was found to be:

☐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 _____/_____/_____.

Completed Example:



One-Page Summary of Services Example

SCANNED

Willamette
EDUCATION SERVICE DISTRICT

Marion Center • 2611 Pringle Rd, Salem, OR 97302 • Phone 503.385.4675 • Fax 503.540.4473
Yamhill Center • 2045 SW Hwy 18, McMinnville, OR 97128 • Phone 503.435.5900 • Fax 503.435.5920

Early Intervention Referral Feedback

Child's Name _____ _____ Birthdate: _____

Your patien was found eligible for Early Intervention services on: 11/02/16

She was found eligible under the category: Developmental delay in communication area.

As required under Oregon law, she will be re-evaluated by 03/13/18 to determine if she is eligible for Early Childhood Special Education Services.

Additional referrals: 2/15/17: Eligible In Hearing Impairment

A new Individual Family Service Plan (IFSP) was developed for on 11/16/16. These services will be reviewed again no later than 05/15/17.

IFSP Services
Goal Areas: ☐ Cognitive ☐ Social / Emotional ☐ Motor ☒ Adaptive ☒ Communication

Services Provided by:	Frequency	Current Provider
☐ Early Intervention Specialist		
☐ Occupational Therapist		
☐ Physical Therapist		
☒ Speech Language Pathologist	1x/2 weeks; 45 minutes	Marie Selike
☒ Other	1x/month; 45 minutes	Ann Stevenson- hearing services

This form is submitted annually and any time there is a change in services. Please contact Marie Selike with any questions.

This document represents services determined by the IFSP to provide educational benefit. *Any services identified or recommended by medical providers are separate and not represented on this form.*

Marie Selike

Marie Selike, Speech Language Therapist, 2611 Pringle Rd. SE Salem, OR (503) 540-4415

- Providers who still want the full Evaluation Report OR Full IFSP can still obtain these documents if requested.

CATEGORY 1
3 + domains in the black

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

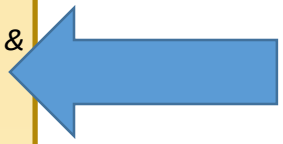
- *Use **EI Universal Referral Form** and sign **FERPA***
- *Give Parent Ed Sheet*

STEP 3: MEDICAL SERVICES TO CONSIDER

CONSIDER:

Supplemental Medical & Therapy Services

- *If Communication: Speech therapy & Audiology*
- *If Fine Motor/Gross Motor: OT/PT*



Referral to Medical and Therapy Services

Consider direct referral to Occupational Therapy, Physical Therapy and Speech Therapy as available in your community

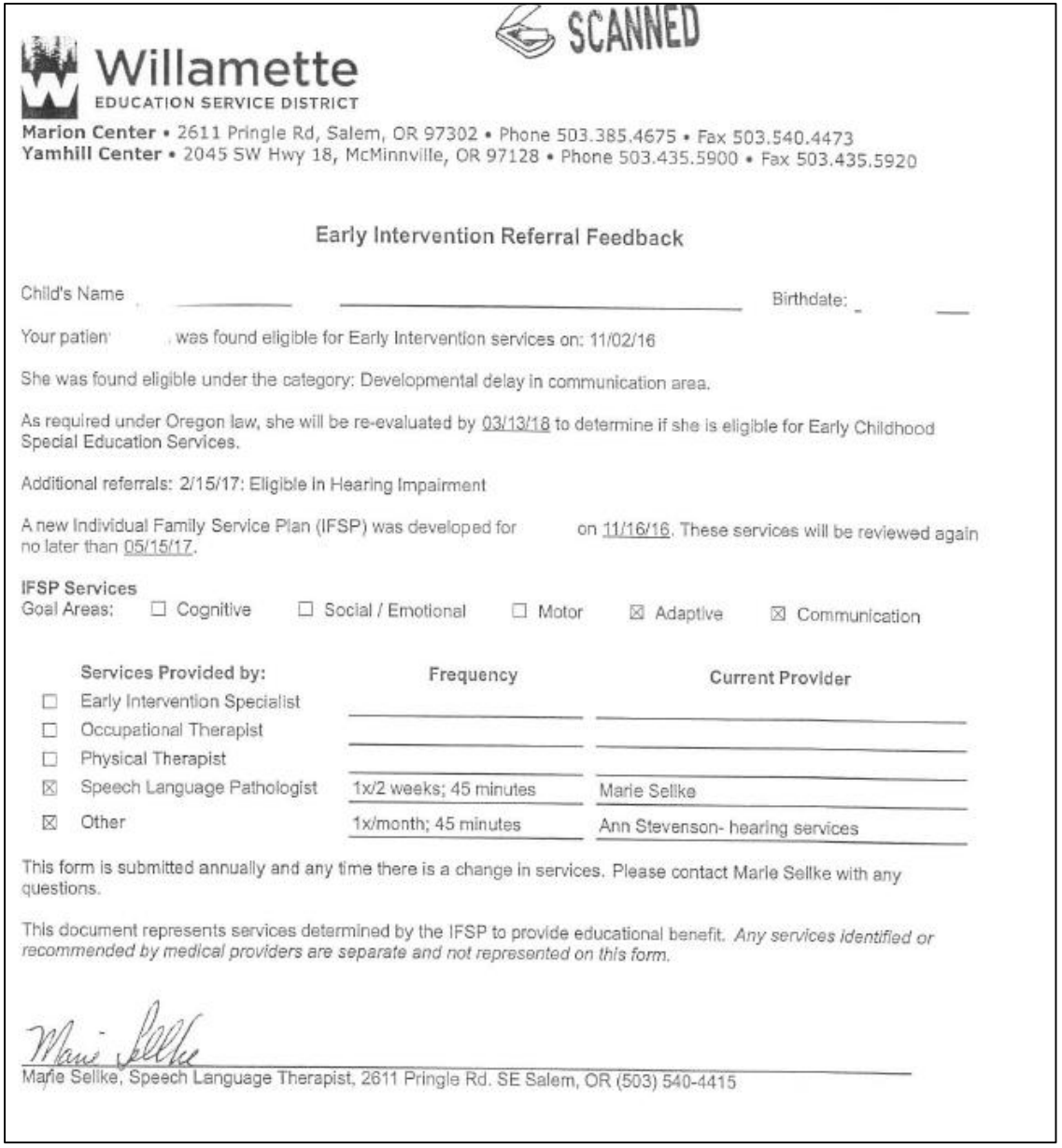
- If communication delay, refer to speech therapy and audiology
- If gross motor delay, refer to physical therapy
- If fine motor delay, refer to occupational therapy

Consider secondary referral to OT/PT/Speech therapy if child is eligible for EI but could benefit from supplemental services depending on frequency of EI services being provided.

Certain barriers to therapy services may exist in different communities and need to be addressed, including: capacity, proximity, expertise working with children 0-3, and language.

Referrals with general diagnosis codes like Developmental delay (R62) may not be covered.

One-Page Summary of Services Example



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Services Provided by:	Frequency	Current Provider
☐ Early Intervention Specialist		
☐ Occupational Therapist		
☐ Physical Therapist		
☒ Speech Language Pathologist	1x/2 weeks; 45 minutes	Marie Sellke
☒ Other	1x/month; 45 minutes	Ann Stevenson- hearing services

This form is submitted annually and any time there is a change in services. Please contact Marie Sellke with any questions.

This document represents services determined by the IFSP to provide educational benefit. *Any services identified or recommended by medical providers are separate and not represented on this form.*

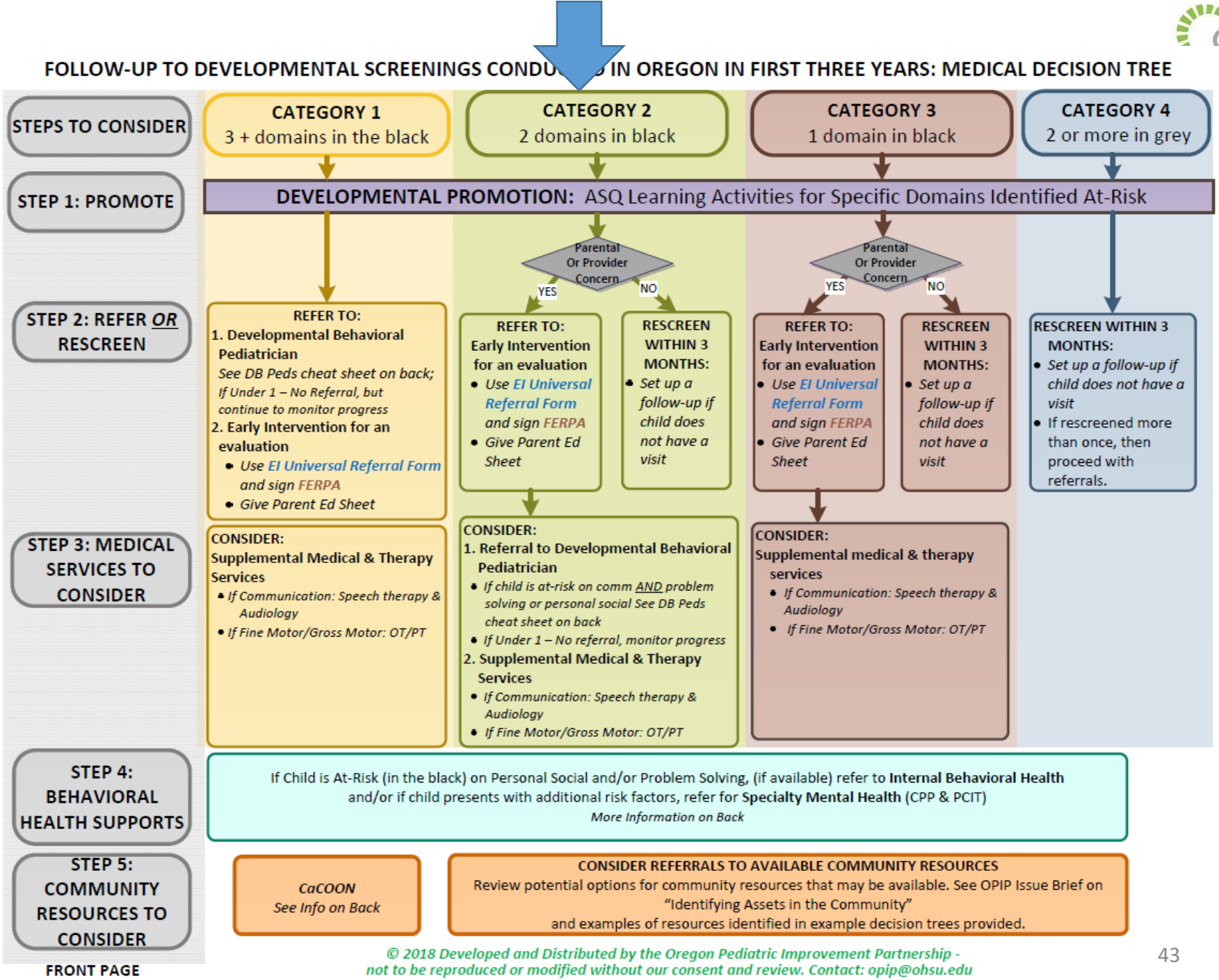
Marie Sellke

Marie Sellke, Speech Language Therapist, 2611 Pringle Rd. SE Salem, OR (503) 540-4415

- Summary of Services form provides details of EI services scheduled for patient. Can be used to determine **secondary referrals to OT/PT/speech therapy** if patient could benefit from supplemental services.

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

STEPS TO CONSIDER	CATEGORY 1 3 + domains in the black	CATEGORY 2 2 domains in black	CATEGORY 3 1 domain in black	CATEGORY 4 2 or more in grey
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*	Parental Or Provider Concern YES: REFER TO: Early Intervention for an evaluation • *Use EI Universal Referral Form and sign FERPA* • *Give Parent Ed Sheet* NO: RESCREEN WITHIN 3 MONTHS: • *Set up a follow-up if child does not have a visit*	Parental Or Provider Concern YES: REFER TO: Early Intervention for an evaluation • *Use EI Universal Referral Form and sign FERPA* • *Give Parent Ed Sheet* NO: RESCREEN WITHIN 3 MONTHS: • *Set up a follow-up if child does not have a visit*	RESCREEN WITHIN 3 MONTHS: • *Set up a follow-up if child does not have a visit* • If rescreened more than once, then proceed with referrals.
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 See 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*	CONSIDER: 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.		



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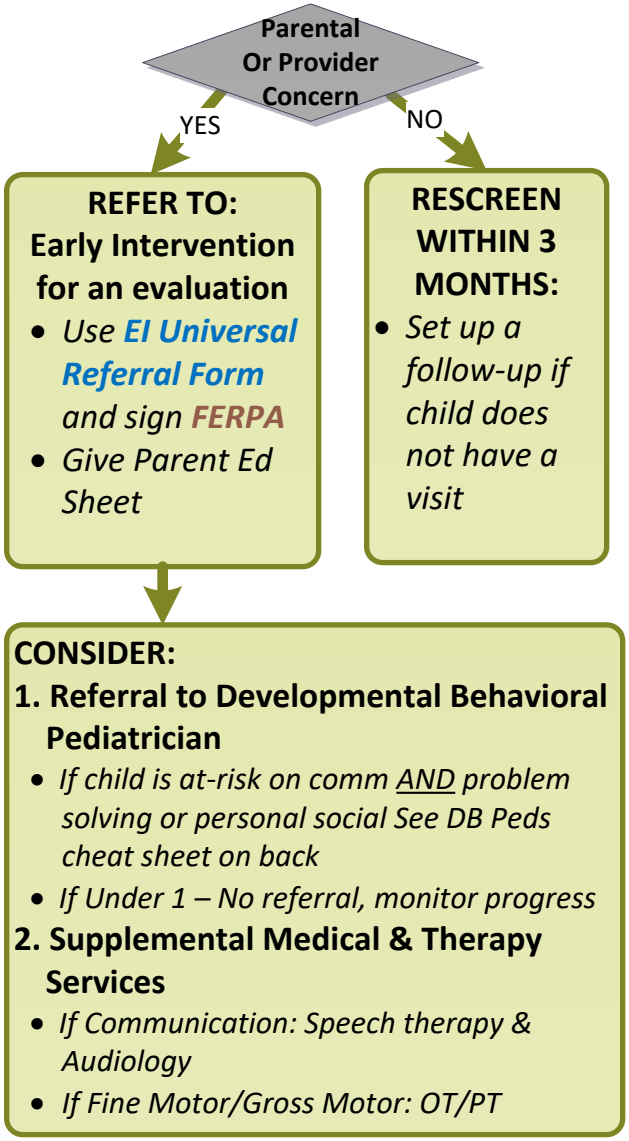
CATEGORY 2
2 domains in black



Referral to Developmental Behavioral Pediatrician

What is a Referral to a *Developmental Behavioral Pediatrician* for?

Developmental-behavioral pediatricians evaluate, counsel, and provide treatment for children and their families with a wide range of developmental and behavioral concerns, including learning delays, behavioral issues, delayed development in speech, language, motor skills, or thinking ability, and feeding/sleeping problems.

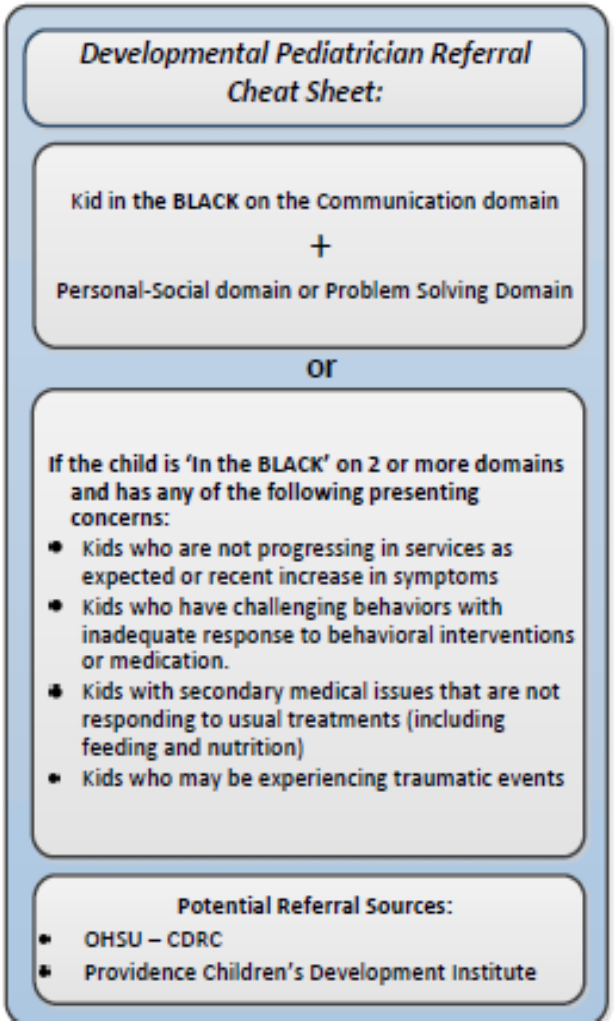
Who to refer:

- The ASQ domains which put the child "at-risk" **matter** in terms of whether you should refer to Developmental Behavioral Pediatrician
- After consultation with experts in the field, the children most likely **to be delayed** in getting a medical evaluation and/or will not receive robust enough services from EI to address their needs include those with:
  1. **Intellectual disabilities**
  2. **Autism**
- Flags for these under-identified children are
  - Delays in communication domain (always one of the factors)

    And
  - Delays in problem solving or personal social domains

Which Kids To Referral to Developmental Behavioral Pediatrician

- Child "**In the black**" in the **Communication** domain **AND** either the **Personal-Social Domain** or **Problem Solving Domain**
- **Or if the child is "in the black" on 2 or more other domains and has any of the following presenting concerns (on back of decision tree)**
  - ✓Kids who are not progressing in services a 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



Rescreening Child with at-risk ASQ

Front-line experience suggests that some children identified at – risk on developmental screening may not have a developmental delay, but may have a lack of exposure

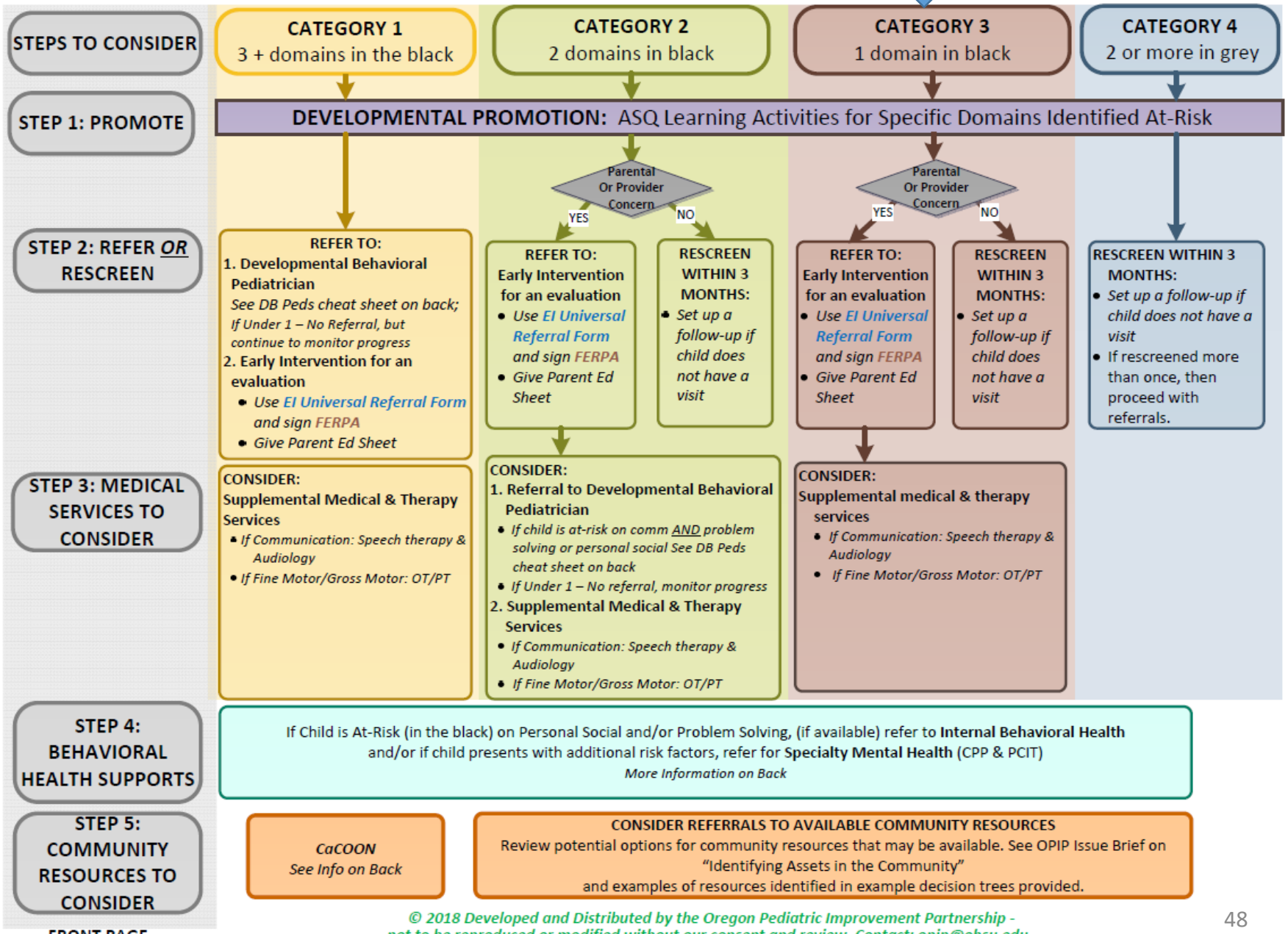
Rescreening a child is a valid follow-up for children when you think exposure is the issue and there is no parental or provider concern

In partnership with **developmental promotion**

ASQ Activities for the domain(s) at-risk + Rescreen within 3 Months = Addressing whether the delay was due to lack of exposure

If patient is still at-risk at time of rescreen, would recommend appropriate referral(s)

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



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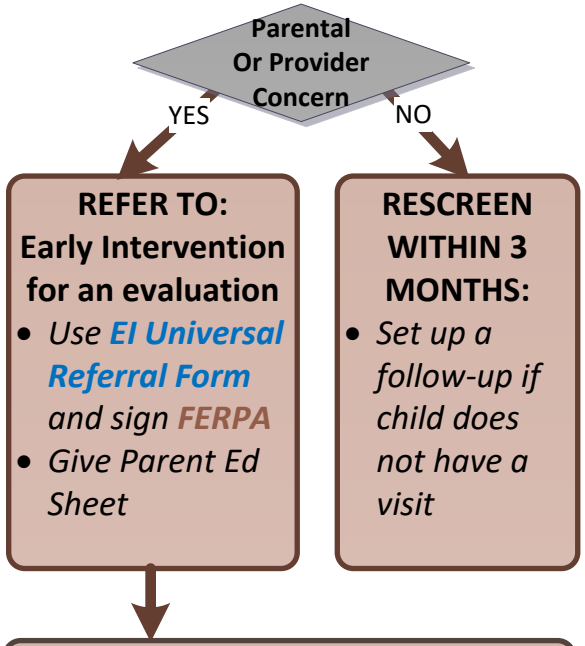
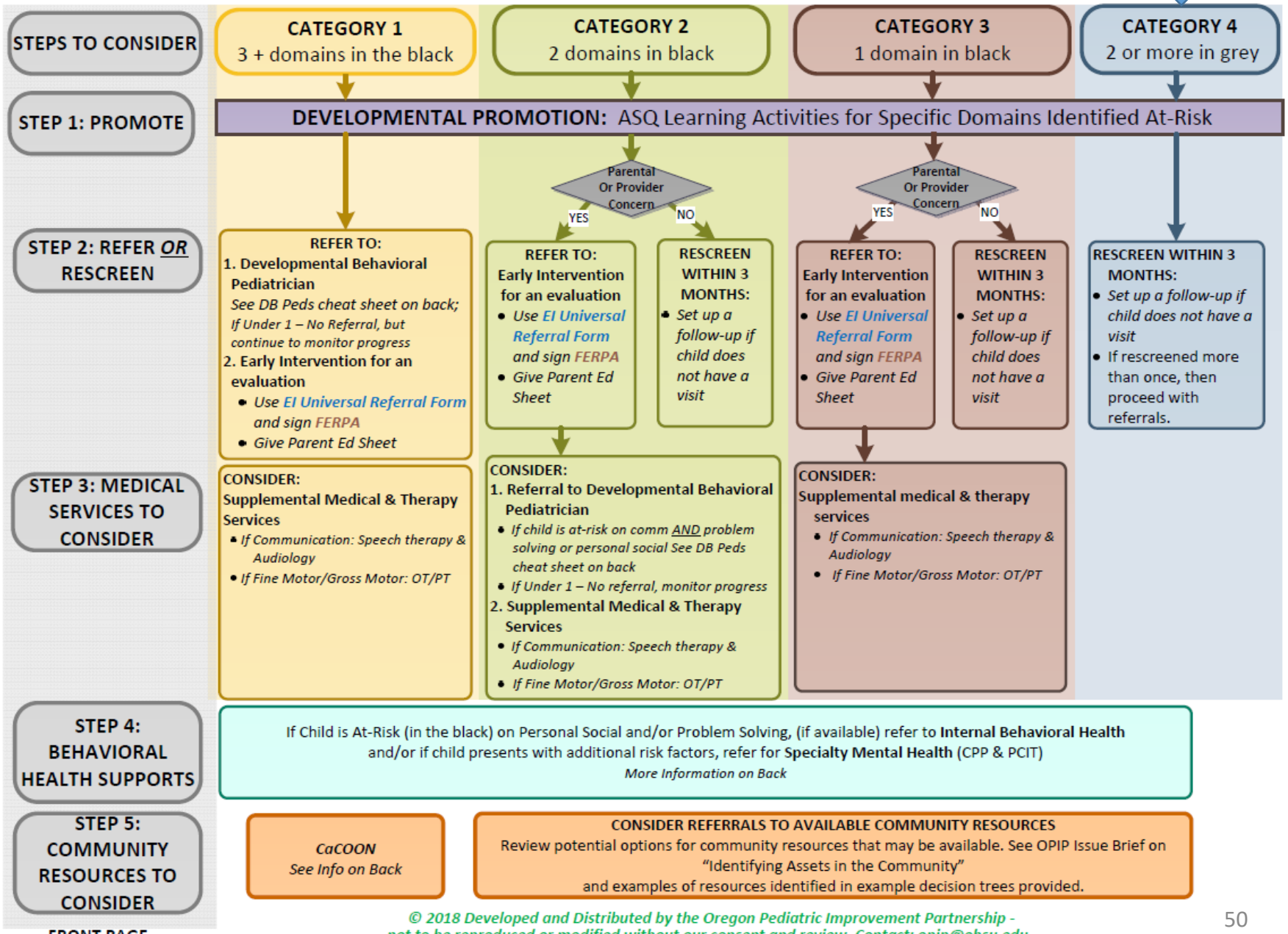
CATEGORY 3
1 domain in black



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



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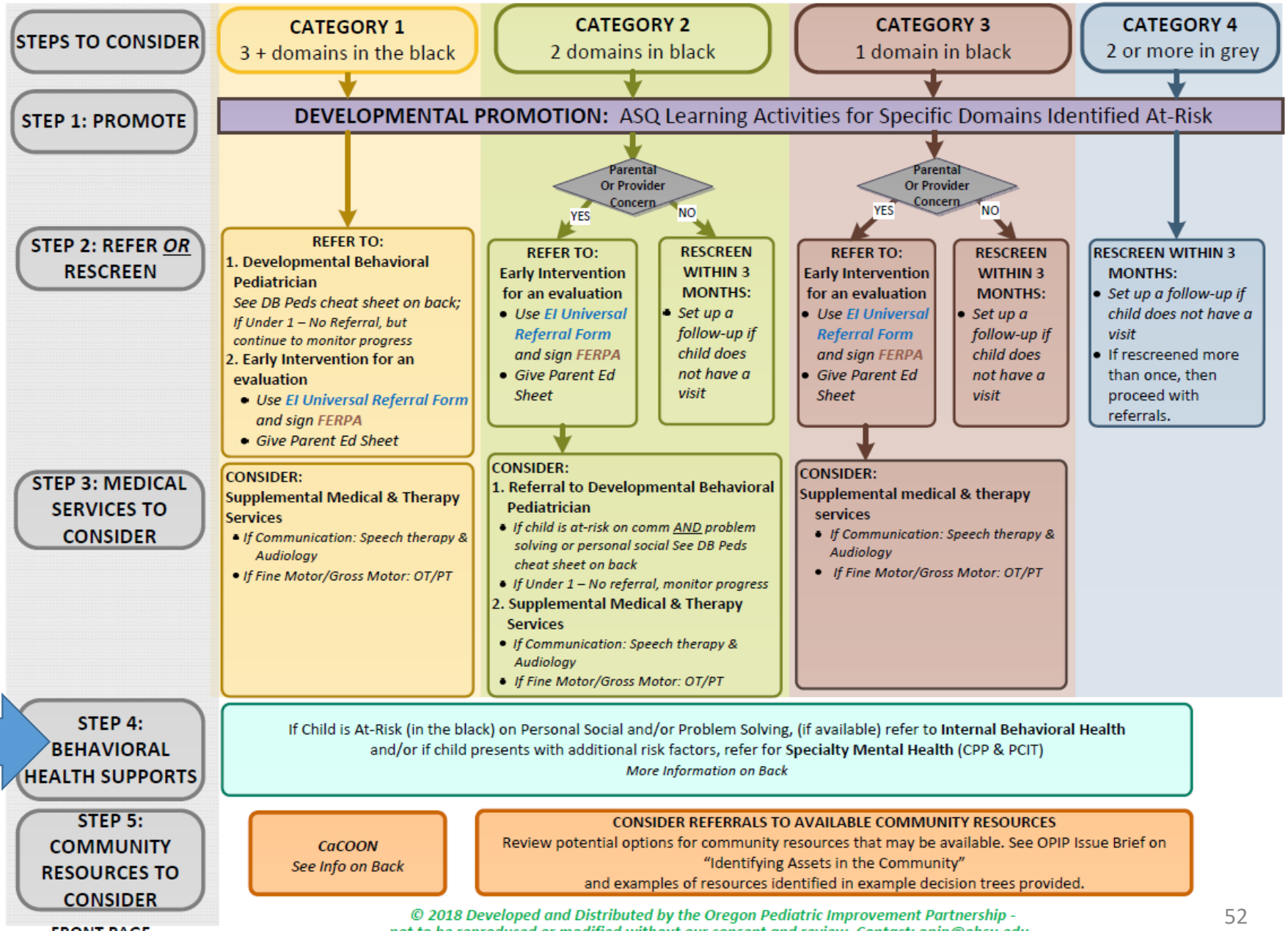
CATEGORY 4
2 or more in grey

RESCREEN WITHIN 3 MONTHS:

- *Set up a follow-up if child does not have a visit*
- If rescreened more than once, then proceed with referrals.

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



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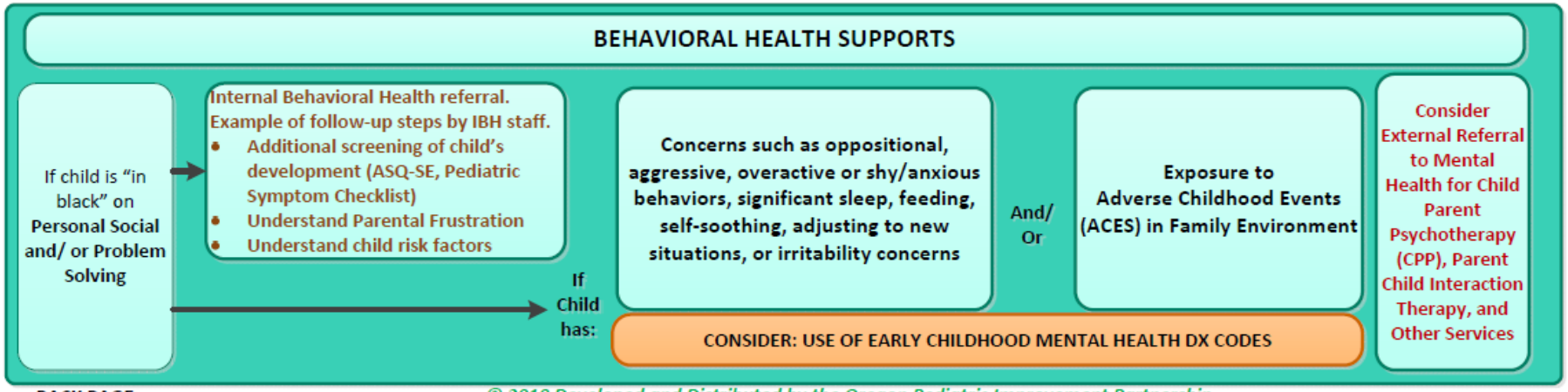
Follow-Up to Screening Decision Tree: Back Side of the Decision Tree



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OHA 0-5 Diagnostic Codes

Oregon Early Childhood Diagnostic Crosswalk

Guidance Document

Bridging the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5), the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5), and the International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD 10) to aid behavioral health providers with developmentally appropriate and Oregon Health Plan reimbursable diagnoses.

Laurie Theodorou, LCSW
laurie.l.theodorou@state.or.us

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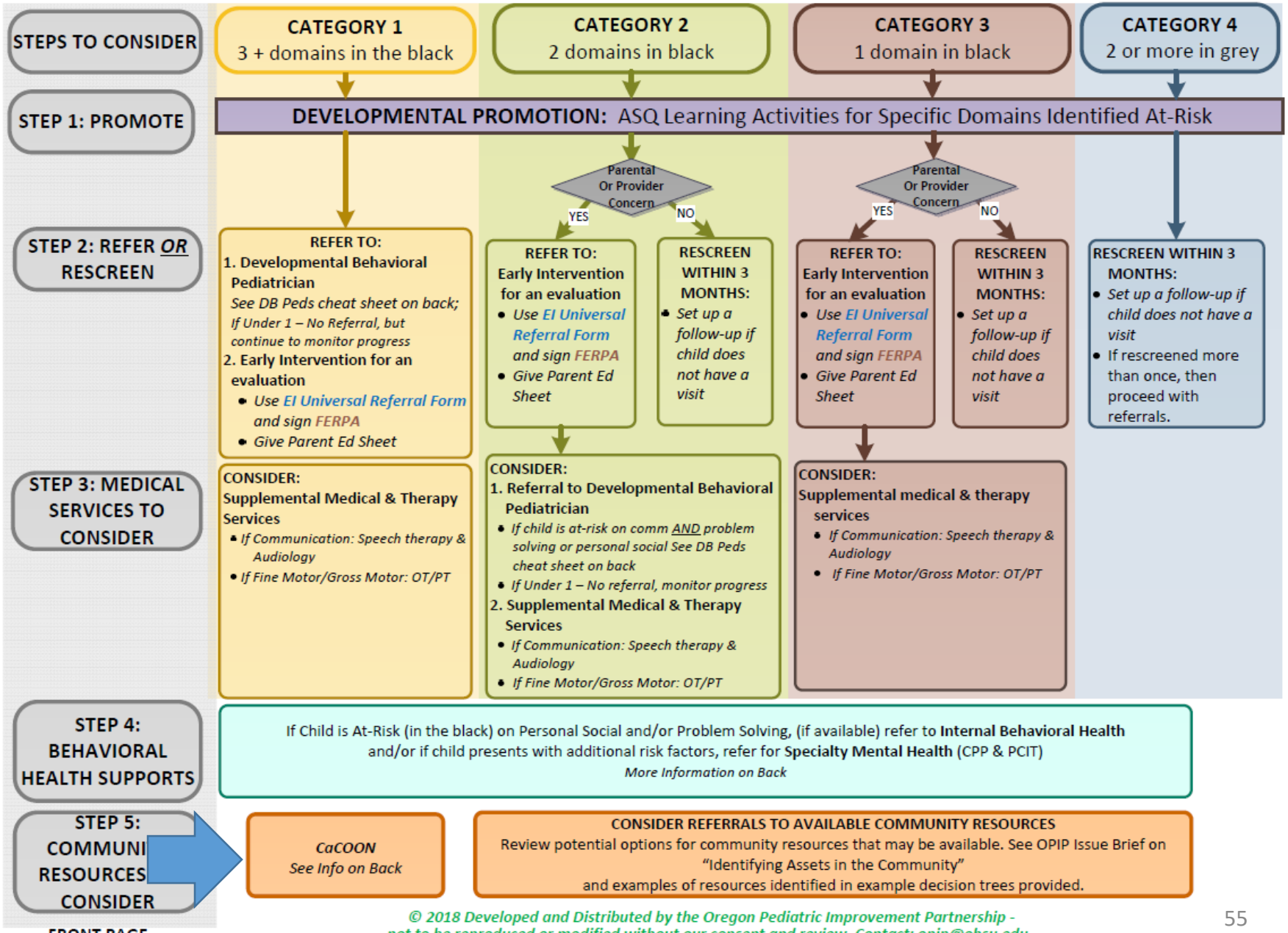
FOLLOW-UP TO DEVELOPMENTAL SCREENINGS CONDUCTED IN OREGON IN FIRST THREE YEARS: MEDICAL DECISION TREE



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Follow-Up to Screening Decision Tree: Back Side of the Decision Tree

	Website	Program Overview	Ages Served	Eligibility for Services
CaCoon	https://www.ohsu.edu/xd/outreach/occyshn/programs-projects/cacoon.cfm	Triage home visiting services that prioritize the most vulnerable children and families. In referring to this agency it is best to include as much information that aligns with their eligibility criteria as possible.	Ages 0 to 21; some regions prioritize specific ages	Families with a child with a disability or chronic health condition. The "B Codes" of the Oregon Child Health Information Data System outline diagnostic eligibility: https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/ORCHIDS/Documents/RiskCodes_BabiesFirst_CaCoon.pdf

CaCOON CHEAT SHEET:

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

Medical Diagnosis or Medical Risk Factors

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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

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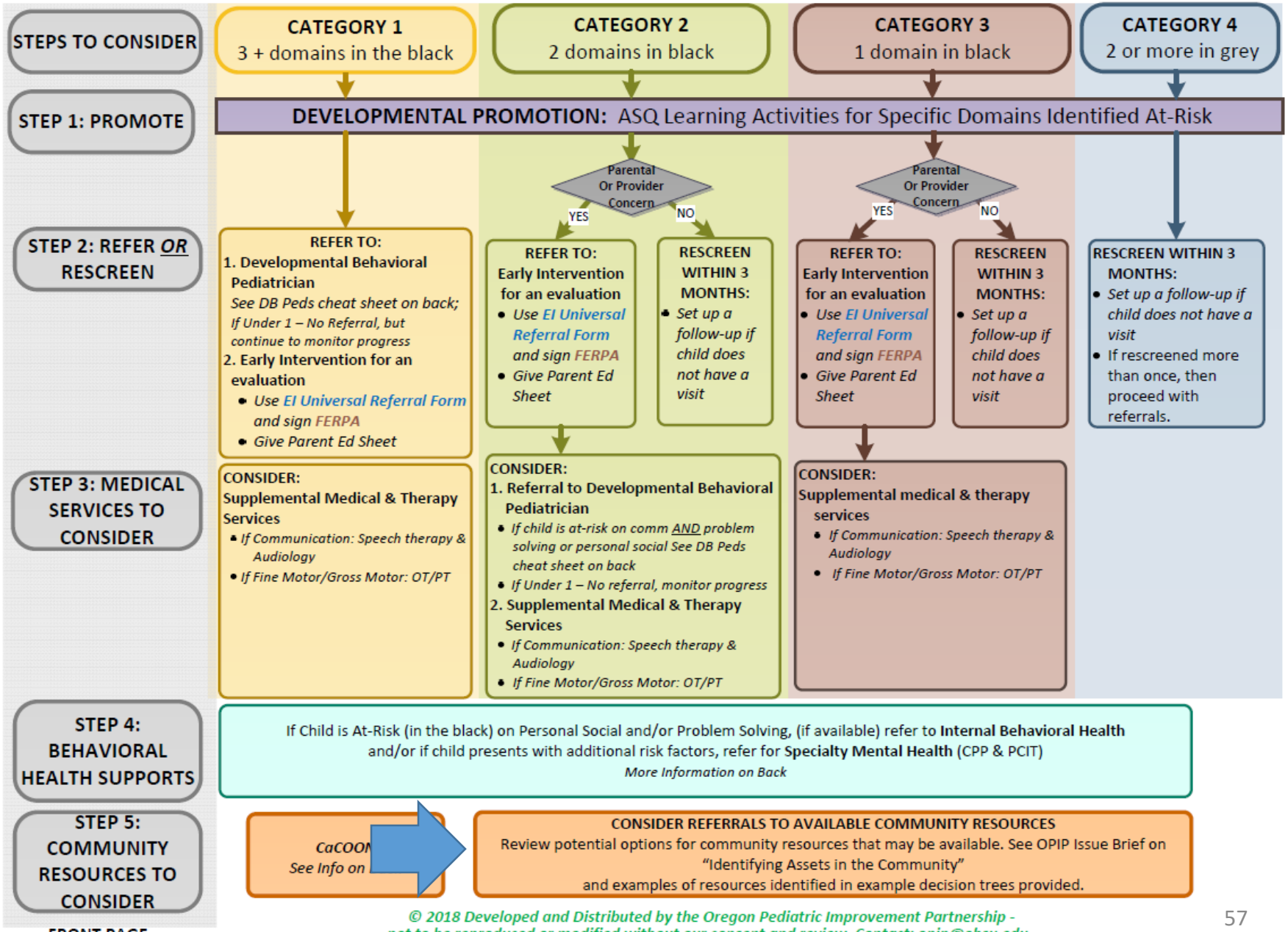

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Community Resources to Consider

- Additional family supports that address child development and promotion may exist in your community
- OPIP has created Tip Sheet for Identifying Assets in Each Community (included in materials)
- Based on resources in each community, tailor decision tree to available resources.

Examples identified in past projects:

- Babies First! home visiting
- Early Head Start
- Childcare resources
- WIC
- Library resources
- Relief Nurseries
- 211 or Help Me Grow
- ASQ Online

Pulling it All Together: 3 Tools Shared Today To Help Guide Follow-Up to Developmental Screening

Follow-Up to Developmental Screening - Medical Decision Tree for primary care providers to guide best match follow-up

(1. General Medical Decision Tree)

Shared Decision Making Tool to Use with Families Referred

(2. Shared Decision Making Parent Education Sheet)

Phone Follow-Up Script to Support Families Referred

(3. Scripting_36 Hour Phone Follow Up)

Early Childhood Mental Health Diagnosis Codes

(4. Oregon Early Childhood Diagnostic Crosswalk)

Compendium of examples provided for you from other sites we have worked with:

- Decision Tree and Education Sheet Overview
- Early Intervention Tools Overview
- Identifying Community Level Resources

Implementation Steps to Consider

- Training of primary care providers on medical decision tree
  - Laminate two-sided and place in exam rooms
- 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
- Workflow around tracking referrals
- Workflow around who receives EI communication and HOW it is used
  - Unable to evaluate
  - Evaluated, Not Eligible
  - Eligible, Review of Services
- Workflow on the secondary follow-up services

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

Transformation Center

Visit www.TransformationCenter.org for more follow-up resources

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

Sign up for the Transformation Center's Technical Assistance distribution list here:
https://www.surveymonkey.com/r/OHATransformationCenterTA

CME and MOC- Evaluation

Please go to the appropriate link to complete the evaluation and receive credit.

-- You will also receive an email from OHA's platform that will include a link to the surveys. You only need to complete the survey once.
-- These surveys, and the opportunity to get CME and/or MOC credit will only be available until November 30th, 2018.

- **If you participated in the LIVE webinar, use this link:**

https://form.jotform.com/ohsucme/DevScreenEval

- **If you viewed the RECORDED webinar, use this link:**

https://form.jotform.com/ohsucme/DevScreenEnduring