

TIPS FOR CLINICIANS WORKING IN PRIMARY CARE CLINICS

Follow-up to Developmental Screening Referring to Early Intervention: Overview of the New Referral and Feedback Forms

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

Webinar (December 11, 2018) available here:

https://www.oregon.gov/oha/HPA/DSI-TC/Pages/Dev-Screen-Tech-Assist.aspx

Purpose and tips included: This tip sheet is a companion to the December 11, 2018 webinar created specifically for primary care clinicians in Oregon who are conducting developmental screening as part of their Bright Futuresaligned well-child care and who identify children to refer to Early Intervention. This tip sheet summarizes key points highlighted in the webinar and provides a more detailed explanation of the key concepts.

Background and applied improvement work distilled in this tip sheet: In 2018, the Oregon Department of Education (ODE) updated their Universal Referral Form (URF) that primary care providers can use to refer to Early Intervention/Early Childhood Special Education (EI/ECSE). Additions to the updated form include new communication and feedback loops for providers if the <u>form</u> is completed to fidelity, including the parental provision of consent for this communication. In collaboration with EI contractors across the state, OPIP has worked with several pediatric, family medicine, and Federally Qualified Health Center sites in Oregon on referring to EI, using the updated URF, and using the feedback forms provided by EI.

This tip sheet shares learnings from this implementation work. This tip sheet is based on the experiences specific to the Ages and Stages Questionnaire developmental screening tool. This tip sheet is specific to Oregon EI eligibility standards that have been in place from 2010–2018.

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Developed by the Oregon Pediatric Improvement Partnership with support from the Oregon Heath Authority Transformation Center (November 2018)



1. Referring Children Identified At-Risk on the ASQ to Early Intervention

Direct pathways to Early Intervention:

- 1. Any children for whom a primary care provider has concerns about their development and feels they would benefit from an Early Intervention evaluation *should be referred*.
- 2. If a parent voices significant concern about their child, their child *should also be referred*.
- 3. Finally, there is group of children who meet medical condition or risk factor criteria established by the Oregon Department of Education and <u>should be referred</u> using the physician statement on the Universal Referral Form.
- 4. Of note, parents can self-refer to EI for full evaluation at any time.

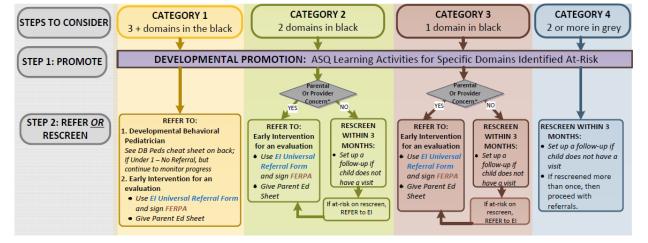
Who Should Be Referred to EI in Oregon Based on the Ages and Stages Questionnaire Results

The purpose of developmental screening is to ensure that children identified at-risk, which is defined as one or more domains in the black (below cutoff) and/or two or more domains in the grey on an Ages and Stages Questionnaire (ASQ), get services to address their delay as early as possible. All children identified at-risk using the ASQ should receive developmental promotion supports and guidance and targeted developmental surveillance supports.

That said, Oregon's EI eligibility criteria is strict, and many children identified at-risk on the ASQ will not be found eligible for services. A study conducted in partnership with an EI contractor for three counties in Oregon found that less than half of children identified at-risk on the ASQ who were referred to EI by primary care were found eligible.

Based on this data, applied pilots in nine counties, and consultation with Oregon EI staff, OPIP has developed a refined decision tree for primary care-based clinicians that helps determine which kids may be the best to refer to EI in Oregon.

Figure 1Factors to Consider in Determining Best Match Referrals to Oregon El services based on the ASQ.



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



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

2. Referring to Oregon-Based Early Intervention Using the Universal Referral Form (URF)

The Universal Referral Form (URF) to Early Intervention is a standardized form that clinicians can use to refer children to EI/ECSE across the state of Oregon. The purpose of the URF was to provide key information to EI and to obtain consent for two-way communication between EI and primary care-based clinicians.

See the form on pages 15-18 and here: <u>https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Documents/eiecsereferralformfillable.pdf</u>

In 2018, updates were made to the form by the Oregon Department of Education. Some of the edits were informed by improvement efforts led by OPIP in collaboration with Willamette Education Service District.

Key enhancements to the form were made to:

- 1. Help facilitate improved communication between EI/ECSE and the referred family
- 2. Provide mobile cell phone information and parent consent for text messages
- 3. Support enhanced timely communication so the referring provider can assist with family outreach and engagement
- 4. Inform follow-up steps for EI ineligible and EI eligible children

The URF has five sections. Listed below are the important changes in each section as well as what each change means for the communication and coordination with the referred family and/or referring provider. **Primary care providers are encouraged to fully complete the form, with the parental consents being an integral part of the form to allow for two-way communication.** If feasible, it can also be valuable to attach a copy of the parent-completed ASQ.

Section 1: Child/Parent Contact Information

The following additions were made to this section:

- Text Accepted
- Best Time to Contact
- Email
- Primary Language

These fields were added to help improve the outreach techniques that the Early Intervention intake coordinators could use to contact families and support them to get an evaluation for services.

Section 2: Parent Consent for Release of Information

No changes were made to this section in the update of the Universal Referral Form, but it is important to note that this section must be signed by the family to receive communications back from Early Intervention.

Early Intervention falls under the Oregon Department of Education, so the services they provide fall under the Family Education Rights and Privacy Act (FERPA). This is the education system equivalent



of HIPAA. Without this consent signed, Early Intervention cannot communicate with a referring provider. Some Early Intervention Service Centers will collect a FERPA signature when families come in for an evaluation, which would allow them to communicate back, but unfortunately this would not cover the 2 in 5 children who are never evaluated by EI.

Section 3: Reason for Referral to EI/ECSE Services

Oregon has prioritized the ASQ tool for identifying developmental delays, and the Reason for Referral section of the URF now maps directly to the five domains of the ASQ. Including the completed ASQ in the referral to Early Intervention allows EI to assign the best evaluation team based on the risk identified.

Section 4: Provider Information and Request for Referral Results

No changes were made to the provider information section, but it is crucial to understand the importance of the information collected in this section. Early Intervention uses this information to send communication back to the practice.

Changes were made to the "Request for Referral Result" section. Referring entities no longer have multiple options for what type of communications they will get back at the time of referral; if a child is eligible referring providers will get a one-page service summary.

Section 5: EI/ECSE Evaluation Results to Referring Provider

This section of the form is used by EI staff to track the status of the referral and whether they are able to contact and evaluate the child. If the URF is completed and parental consent is provided, ODE has now

Case Study #1

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 outreached 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" information to provider who then decides if supplemental services are needed at that time, or if it should be reviewed at next visit.

requested that all contactors communicate back to the referring provider when:

- The intake coordinator is unable to contact the family using the bottom of the URF
- When the child is evaluated and found ineligible using the bottom of the URF
- When the child is evaluated and found eligible the Service Summary will be provided (described on the next page)

The outcomes will be documented in this section of the URF and faxed back to the referring entity (see example below).

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Using this information will be critical for primary care providers to ensure that children identified at-risk are getting to their intended follow-up service; strategies for implementation are included in the *Referring to and Coordinating with Early Intervention (EI): Key concepts for primary care* webinar.

3. Using Communication Received from Early Intervention

The updates to the Universal Referral Form will trigger the following communication from EI to the referring provider:

- 1) <u>A fax back of the Universal Referral Form</u>. This communication will provide information about two groups of children:
 - a. 1) Children referred, but for whom EI was not able to conduct an evaluation and
 - b. 2) Children referred and evaluated, who were then found ineligible.
- 2) <u>One-page Service Summary</u> for children found eligible. This new one-page form was piloted with an El contractor and at two large primary care sites and based on the positive impact is now available statewide. The Service Summary provides a brief overview of the evaluation

findings and summarizes the services the child will be receiving, specific EI persons providing services, and contact information so the referring entity can request the full Individual Family Service Plan (IFSP) or ask additional questions. The Service Summary has the following sections:

- Eligibility date and ongoing evaluation plans
- IFSP Goal Areas Includes the developmental domains for which the child will be eligible for Early Intervention services. The goal areas are:
 - o Cognitive
 - o Social/Emotional
 - o Motor
 - o Adaptive
 - o Communication

ESD	NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT Early Intervention/Early Childhood Special Education					
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• Services Provided – Includes the services (for example, physical therapy/speech therapy), how often the child will be receiving services, and the provider for each of the services.

It is important for referring providers to develop specific workflows and processes for the following:

- 1) Who the communications from EI will go to within the clinic and how the information provided will be shared and communicated with the referring primary care clinician.
- 2) Specific follow-up steps and family supports that will be provided based on the information provided and additional steps that may be needed for the child.



The <u>Referring to and coordinating with Early Intervention (EI): Key concepts for primary care</u> webinar provides examples of workflows developed to ensure the meaningful use of communication provided. Below are some highlights.

Children Referred, but for Whom EI Did Not Evaluate

- Clinics have developed workflows for: reaching 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.
- Clinics have also ensured that this information is flagged in the child's chart. This
 ensures the next time the child comes in for a visit a reassessment of the child's
 development can be conducted, and if warranted, further discussions about the value
 of EI services can be provided.

Children Referred and Evaluated and Not Eligible

• Clinics have developed workflows to share the evaluation results with the referring primary care clinician in order to determine if a secondary referral for specific services or other follow-up should be considered.

Children Referred and Evaluated and Eligible for Services

The Service Summary provides a succinct and simple overview of services that can help inform the primary care clinician about potential secondary steps and referrals that may be valuable for the child. Important considerations when reviewing the Service Summary include:

1. Ensure all areas identified at risk are getting addressed

The top of the Service Summary provides information about the specific domains in which the child was identified as delayed and whether they are getting EI/ECSE services specific to those domains. It is important to review the primary ASQ screen results to ensure the specific domains the clinician identified are being addressed.

2. Ensure children are getting robust enough services to boost their development

The Service Summary will provide specific information about the services and periodicity of the services the child is eligible for. Primary care clinicians can use this information to determine if additional private-based therapies may be valuable to consider. If additional developmental supports and therapies are needed, these decisions should be highlighted for the parent.



4. Supporting Shared Decision-Making About the Referral to EI with the Parent(s) and Providing Information to Help Support the Parent(s) in Accessing Referred Services

Parent advisors to OPIP's quality improvement projects shared that it can be overwhelming to have a child identified at-risk on a developmental screening tool and referred to services. Parent advisors encouraged OPIP to develop a onepage form to support primary care clinicians and parents to make a shared decision on the referrals needed and provide succinct information about the services for which the child was being referred. This sheet specifies resources available in the community and was created with feedback from parent advisors and pilot implementation with clinics.

The sheet also explains developmental screening, why screening is conducted, and potential follow-up steps. It is particularly important to empower families in understanding the referral process for Early Intervention because the process for this referral is different than that of other medical referrals that the family may have experienced in the past.



The education sheet should be tailored to the local resources and supports that are available to the family. Examples include home visiting supports, library hours, and practice-based care coordination/resource connection. See pages 9-13 for a compendium of education sheets OPIP has created in partnership with pilot sites.

5. Supporting Families to Access Referred Services

Data from EI and primary clinicians' experiences have shown that a number of families referred for services do not access those services. The Illinois Chapter of the American Academy of Pediatrics conducted a quality improvement project specifically focused on enhancing parental access of referred services. Based on their efforts, they recommend that primary care clinics follow up with all families to support and encourage the follow-through of referrals within 36 hours, a time period in which they found that parents make a decision about whether to access the referral.¹

Based on this recommendation and because the findings resonated with the practice sites OPIP worked with, OPIP modified a script to help support practices in completing these calls (see page 14). Practices that have implemented this script have observed that more families actively call EI to set up evaluation services.

¹ https://www.illinois.gov/hfs/SiteCollectionDocuments/NovemberCoordinatingMedicalHomes.pdf Developed by the Oregon Pediatric Improvement Partnership with support from the Oregon Health Authority Transformation Conter (Newmber 2018)

Oregon Heath Authority Transformation Center (November 2018)



Purpose of the Phone Follow-Up:

- 1. To reinforce the referral made by the provider.
- To review expectations and the process with families. This referral will be different than other medical referrals a family may have experienced previously. They will be getting a phone call from EI for an evaluation rather than for services.
- 3. To address any questions the family may have identified after the appointment.
- 4. To help identify and address barriers to obtaining the evaluation. Common barriers include transportation, language and childcare. The pilots OPIP has helped to facilitate have taken innovative strategies to help address some of these barriers, such as having the CCO cover transportation to El evaluations and follow-up services.

Case Study #2

In a pilot completed in Marion and Polk counties, a practice had their referral coordinator complete these calls using the script for all families referred to EI. Similar to the barriers that EI experiences, the referral coordinator was not able to make contact with a significant proportion of the referred families. Even without making contact with the family and only leaving a voicemail, we saw a significant increase in follow-through of Early Intervention referrals completed within the pilot period.



Primary Care Tools and Resources

The materials in this document are tools and resources that Primary Care Providers can use to enhance their communication and education about services.

The **one-page Parent Education Sheet** is a tool that may be used by Primary Care Providers to help explain referrals to parents and to support shared decision making. These sheets include options for referral, an explanation about the services provided, notes about eligibility, and important contact information. Based on the screening results, providers check the box(es) of the appropriate program or service that the child/family is being referred to. Buckets of information may include Early Intervention, Home Visiting Programs, Medical and Therapy Services, and Parenting Supports. This tool can be a helpful resource with information for parents/families to understand next steps, as well as act as a decision support tool for Providers when facilitating conversations during the visit.

List of Tools:

- One-page Education Sheet- Clatsop County
- One-page Parent Education Sheet (Spanish)- Clatsop County
- One-page Education Sheet Tillamook County
- One- page Education Sheet Virginia Garcia Memorial Health Center

*Please note: The tools and resources presented in this appendix are models that were developed for the context of this pilot project within this specific community. These models may be adapted for other communities, however they should not and are not intended to be a replacement of Medical Advice. For questions or clarification about these tools, please contact OPIP staff at: <u>OPIP@ohsu.edu</u>

Follow-Up to Screening: How We Can Support Your Child

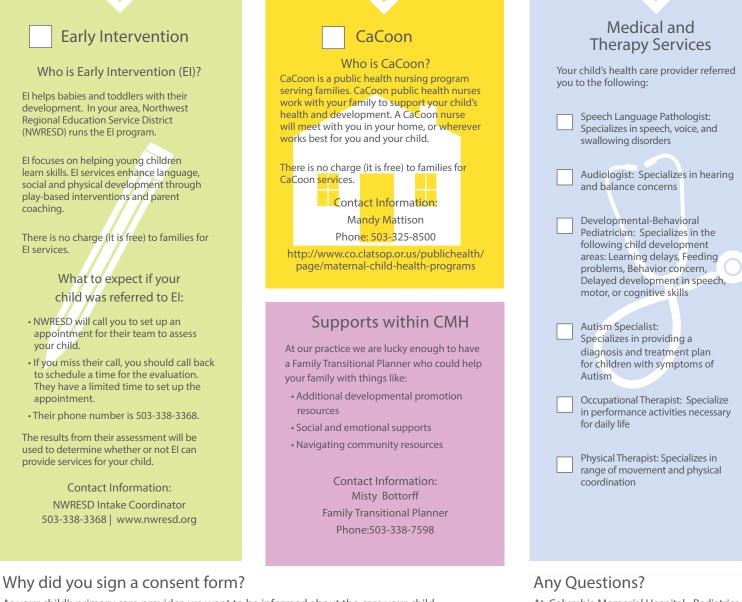
Why did we have you complete a questionnaire about your child's development?

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 are referring your child to the services checked below:



As your child's primary care provider, we want to be informed about the care your child receives so that we can provide the best care possible. The consent you signed allows the programs to share information back to us.

Different programs have different consent requirements. You will likely be asked to sign more of these to give permission for different providers to communicate about your child's care.

At Columbia Memorial Hospital - Pediatrics, we are here to support you and your child. If you have questions about this process please call us!

Phone Number: 503-325-7337

Seguimiento al Chequeo Médico: ¿Cómo podemos ayudar a su hijo?

¿Por qué le pedimos que llene un cuestionario sobre el desarrollo de su hijo?

Nuestra meta es ayudar a desarrollar al cuerpo y el cerebro de los niñospara que puedan alacanzar todo su potencial. Estos servicios de ayuda y apoyo pueden ayudarle a preparar a su hijo para el kinder y los años siguientes.

Las recomendaciones nacionales de la Academia Americana de Padiatría indican que ciertas técnicas sean usadas para asesorar el desarollo de los niños, así como el cuestionario que usted ha completado. Ésta técnica ayuda a identificar a niños que pudieran estar en riesgo de retraso. Es importante poder identificar temprano estos retrasos, ya que hay servicios disponibles que pueden ayudarle.



Basado en estos resultados, estamos recomendandole a su hijo/a los siguientes servicios que están indicados abajo.

Early Intervention (E.I.) (Intervención Temprana)

E.I. ayuda a los bebés y niños pequeños en su desarollo. En su área, Servicios de Educación del Distrito del Noroeste (NWRESD) ejecuta el programa de E.I.

E.l. se enfoca en ayudar a niños pequeños a aprender hablilidades. Los servicios de E.l. mejoran el desarollo del lenguaje, social y físico por medio de interveciones basadas en juegos y entrenamiento de los padres.

No hay cobros, los servicios de E.I. son gratuitos para las familias.

¿Qué es lo que pudiera esperar si su hijo/a fuese recomendado/a para E.l.?

- NWRESD le llamaría para hacer una cita con su equípo para evaluar a su hijo.
- Si tiene una llamada perdida, debería de devolver la llamada para hacer una cita para la evaluación.
- Su número de teléfono es 503-338-3368

Los resultado de la evaluación se utilizarán para determinar si el E.I. puede ofrecerle servicios a su hijo.

Información de contacto: Coordinador de Admisión de NWRESD 503-338-3368 | www.nwresd.org

CaCoon

CaCoon es un programa de enfermeros de salud pública que ayudan a las familias. Los enfermeros de salud pública trabajan con su familia para ayudar con la salud y desarollo de su hijo. Un enfermero de CaCoon le visitará a su casa o donde usted o su hijo prefieran reunirse. No hay cargos, los servicios de CaCoon son gratuitos para las familias.



http://www.co.clatsop.or.us/publichealth/page/

Soportes disponibles en CMH

- Tenemos la suerte de tener una planificadora de Transición Familiar que puede ayudar a su familia con:
- Recursos adicionales de promoción del desarrollo
- Apoyo social y emocional
- Navegando recursos de la comunidad

Información de contacto: Misty Bottorff Planificadora de Transición Familiar Teléfono: 503-338-7598

¿Por qué firmó un formulario de consentimiento?

Cómo proveedor médico de atención primaria de su hijo, queremos estar informados sobre el cuidado que recibe su hijo/a para poder ofrecerle el mejor cuidado posible. El formulario de consentimiento que usted firmó permite que los programas nos compartan la información.

Diferentes programas tienen diferentes requisitos de consentimiento. Para que los diferentes proveedores puedan comunicarse sobre el cuidado de su hijo, probablemente le pedirán que firme más de un permiso.

Servicios Médicos y Terapéuticos

El proveedor de salud de su hijo le recomienda los siguientes servicios:

- Patólogo del lenguaje y el habla (Speech Language Pathologist): Especialistas en trastornos del habla, del lenguaje y de la deglución.
- Audiólogo (Audiologist): Especialistas en problemas auditivos y del equilibrio.
- Terapista Ocupacional (Occupational Therapist): Especialista en el rendimiento de actividades necesarias para la vida diaria.
- Terapista Físico (Physical Therapist): Especialista en rango de movimiento y coordinación física.
- Los pediatras de desarrollo conductual (Developmental-Behavioral Pediatrician): Especialistas en las siguientes àreas del desarrollo del niño: retrasos de aprendizaje, problemas de alimentación, problemas de conducta, retraso en el desarrollo del habla, destrezas motoras o cognitivas.
- Servicios de Salud de Comportamiento: (Child Behavioral Health Services) Especializados en valoraciones de salud mental, consejería individual/ familiar/en grupo, entrenamiento de habilidades e intervención de crisis.
- Especialista en autismo (Autism Specialist): Especialista en proveer una diagnosis y plan de tratamiento para niños/as con síntomas de autismo.

¿Tiene alguna pregunta?

En CMH - Pediatrics, estamos aquí para ayudar a usted y a su hijo. Si tiene preguntas sobre éste proceso, ¡por favor llámenos! Número de teléfono: 503-325-7337

Follow-Up to Screening: How We Can Support Your Child

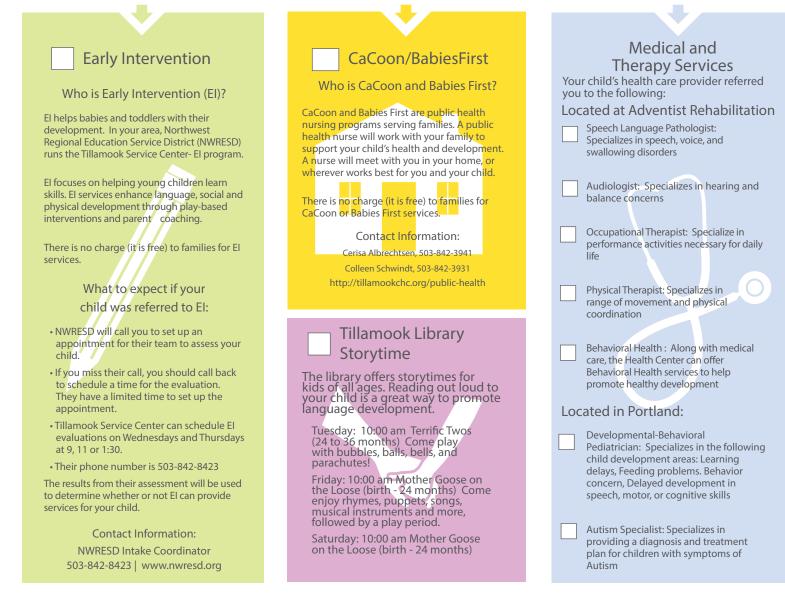
Why did we have you complete a questionnaire about your child's development?

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 are referring your child to the services checked below:



Why did you sign a consent form?

As your child's primary care provider, we want to be informed about the care your child receives so that we can provide the best care possible. The consent you signed allows the programs to share information back to us.

Different programs have different consent requirements. You will likely be asked to sign more of these to give permission for different providers to communicate about your child's care.

Version 1.0 4-10

Any Questions?

At the Health Center we are here to support you and your child. If you have questions about this process or if you haven't heard from the agency you were referred in two weeks please call us!

Phone Number: 503-842-3900

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)

El helps babies and toddlers with their development. In our area, Northwest **Regional Education Service District** (NWRESD) runs the regional program. Washington County Service Center administers the evalutions and services.

El focuses on helping young children learn skills. El services enhance language, social and physical development through playbased interventions and parent coaching. There is no charge (it is free) to families for El services.

What to expect if your child was referred to EI:

 NWRESD will call you to set up an appointment for their team to assess your child.

- If you miss their call, you should call back to schedule a time for the evaluation. They have a limited time to set up the appointment. Their phone number is 503-614-1446.
- The results from their assessment will be used to determine whether or not El can provide services for your child.

Contact Information: NWRESD Intake Coordinator 503-614-1446 | www.nwresd.k12.or.us/

Early Head Start/ Head Start

Programs providing free learning and developmental services to eligible children ages birth to 5 from low-income families. Early Head Start and Head Start welcome children with disabilities.

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

https://caowash.org/programs/early-childhooddevelopment

Why do you sign a consent form?

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



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 ch<mark>arge</mark> (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 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 about the process or have not heard from your referral in two weeks, please call your child's medical team. We are here to support you.



Designed and distributed by the Oregon Pediatric Improvement Partnership. Version 1.0 - 9/24/18

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 Northwest Regional 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 Northwest Regional 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 Northwest Regional 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?

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, her name is Misty to schedule an appointment. If you would like to call to schedule at a time that works for you, the best number is 503.XXX.XXXX.

We are here to support you, so if you have any questions, feel free to contact (insert name) at (phone number).

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: State: Zip:
County: Primary Phone: Secondary Phone: E-mail:
Text Acceptable:
Primary Language: Interpreter Needed:
PARENT CONSENT FOR RELEASE OF INFORMATION (more about this consent on page 4)
Consent for release of medical and educational information
I,
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 IM-CHAT Other:
□ Family is aware of reason for referral.
Provider Signature: Date://
Board of Medical Examiners may sign the Physician Statement.
PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS
Referring Provider Name:
Office Phone: Office Fax: Address: 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
<u>El/ESCE Services:</u> 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: Fligible for convicesNet eligible for convices at this time, referred to:
□Eligible for services □Not eligible for services at this time, referred to: □ Parent Declined Evaluation □ Parent Does Not Have Concerns
$\Box \text{Unable to contact parent} \Box \text{Attempts} = \Box \text{El/ECSE will close referral on} = _/\$
* The EVECSE Deferred Form may be durilisated and downloaded at this Oregan Department of Education web page

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

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

Date: _____ Child's Name: _____

Birthdate:

Date

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 is:

- O Blind or has low vision
- O Deaf or hard of hearing
- O Has an orthopedic disability

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
Print Name:______Phone:_____

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

OREGON EI/ECSE CONTACTS

El/ECSE contact information also available at this Oregon Department of Education web page.

or please call 1-800-SafeNet

SOUTHWEST WASHINGTON EI/ECSE CONTACTS

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

Clark County	Cowlitz County	Klickitat County	Skamania County
Phone: 360.896.9912 ext.170	Phone: 360.425.9810	Phone: 360.921.2309	Phone: 509.427.3865
Fax: 360.892.3209	Fax: 360.425.1053	Fax: 509.493.2204	Fax: 509.427.4430

Early Intervention/Early Childhood Special Education (EI/ECSE) Referral Form for Providers* Birth to Age 5 CONSENT FOR USE OR DISCLOSURE OF HEALTH INFORMATION BETWEEN HEALTHCARE PROVIDERS and EARLY INTERVENTION

Information for Parents

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

Why is this consent form important?

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

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

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

How will this consent be used?

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

How long is the consent good for?

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

What are my rights?

You have the following rights with respect to this consent:

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



NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT Early Intervention/Early Childhood Special Education

3194 Marine Drive Astoria, OR 97103 Phone: 503-325-2862 Fax: 503-325-1297

Clatsop Service Center Columbia Service Center 800 Port Avenue St. Helens, OR 97051 Phone: 503-366-4100 Fax: 503-397-0796

Tillamook Service Center 2515 Third Street Tillamook, OR 97141 Phone: 503-842-8423 Fax: 503-842-6272

Washington Service Center

5825 NE Ray Circle Hillsboro, OR 97124 Phone: 503-614-1428 Fax: 503-614-1290

Date: 08/03/18

Service Summary

eligible for Early					
A new Individual Family Service Plan (IFSP) was developed for CHILD on <u>08/03/18</u> .					
on					
er					
Veeks					
Hernandez					
/I Krueger					

This form is submitted annually and any time there is a change in services. Please contact Tina Weeks 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.

Electronically signed by Michelle Rodriguez on 08/03/18.

Michelle Rodriguez, EI/ECSE Specialist, NWRESD (503)842-8423