

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:

Early Intervention (EI)

EI helps babies and toddlers with their development. In your area, Willamette Education Service District (WESD) runs the EI program.

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

What to expect if your child was referred to EI:

- WESD 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) 385-4714.
- The results from their assessment will be used to determine whether or not EI can provide services for your child.

Contact Information:

WESD Intake Coordinator
503-385-4714 | www.wesd.org

Parenting Support

Classes located in Marion County

Veronica Mendoza-Ochoa
(503) 967-1183
earlylearninghub.org

Classes located in Polk County

(503) 623-9664
midvalleyparenting.org

Family Link

Family Link connects families with early childhood family support programs in Marion and Polk Counties. There is no charge (it is free) to families for Family Link services.

What to expect if your child was referred to Family Link:

The Family Link Referral Coordinator will call you to learn more about your child and family. They will work with you to find available services that best meet your needs, and link you to them based on eligibility.

Contact: Ivette Guevara
Referral Coordinator
503-990-7431 ext.122
familylink@familybuildingblocks.org

CaCoon

CaCoon is a public health nursing program serving families. CaCoon public health nurses work with your family to support your child's health and development. A CaCoon 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: Judy Cleave, Program Supervisor
503-361-2693
www.ohsu.edu/xd/outreach/occyshn/programs-projects/cacoon.cfm

Medical/Therapy Services

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
- **Child Behavioral Health Services:** Specializes in mental health assessments, individual/family/group counseling, skills training and crisis intervention
- **Autism Specialist:** Specializes in providing a diagnosis and treatment plan for children with symptoms of Autism

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.

Any Questions?

At Childhood Health Associates of Salem, we are here to support you and your child. If you have any questions about the process please call our Referral Coordinators: (503) 364-3170

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

¿Porqué le pedimos que llenara un cuestionario sobre el desarrollo de su hijo?

Nuestra meta es ayudar a los cuerpos y cerebros jóvenes a que alcancen su pleno potencial. Estos servicios de ayuda y apoyo pueden ayudarle a preparar a su hijo para el kinder y en los años siguientes.

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



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

Early Intervention (E.I.)

E.I. ayuda a los bebés y niños pequeños con su desarrollo. En su área, Servicios de Educación del Distrito de Willamette (WESD) ejecuta el programa de E.I.

E.I. se enfoca en ayudar a niños pequeños a aprender habilidades. Los servicios de E.I. mejoran el desarrollo del lenguaje, social y físico por medio de intervenciones 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/hija fuera recomendado/recomendada para E.I.?

- WESD le llamaría para hacer una cita con su equipo 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 503-385-4714.

Los resultados de la evaluación se utilizarán para determinar si E.I. puede o no ofrecerle servicios para su hijo.

Información de contacto:

Coordinador de Admisión de WESD
503-385-4714 | www.wesd.org

Opciones de Apoyo a los Padres

Marion & Polk Early Learning Hub

Información de contacto:
Verónica Mendoza-Ochoa
503-967-1183 | www.earlylearninghub.org
Correo electrónico:
parentinghub@earlylearninghub.org

Mid-Valley Parenting

www.midvalleyparenting.org
Correo electrónico:
parentresources@co.polk.or.us

Family Link

Family Link es un grupo de organizaciones comunitarias. Este grupo se reúne todos los meses para identificar el mejor programa y servicio para satisfacer las necesidades del niño/a y la familia. Los servicios de Family Link tienen requisitos de elegibilidad. No hay cobros, los servicios de Family Link son gratuitos para las familias.

¿Qué es lo que puede esperar si su hijo fuera recomendado/recomendada a Family Link?

Una de las organizaciones comunitarias llamará a su familia para hacer una cita.

Información de contacto:

Ivette Guevara – Coordinadores de Referencia
503-990-7431 ext.122
Email: familylink@familybuildingblocks.org

CaCoon

CaCoon es un programa de enfermeras de salud pública ayudando a las familias. Las enfermeras de salud pública trabajan con su familia para ayudar con la salud y desarrollo de su hijo. Un/una enfermera de CaCoon le visitará en su casa o donde usted o su hijo prefieran reunirse. No hay cargos, los servicios de CaCoon son gratuitos para las familias.

Información de contacto:

Judy Cleave – Supervisora del Programa
503-361-2693
<http://www.ohsu.edu/xd/outreach/occyshn/programs-projects/cacoon.cfm>

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.
- Terapeuta Ocupacional (Occupational Therapist): Especialista en el rendimiento de actividades necesarias para la vida diaria.
- Terapeuta Físico (Physical Therapist): Especialista en rango de movimiento y coordinación física.
- Los pediatras de desarrollo conductual (Developmental-Behavioral Pediatrician): Especialistas en las siguientes áreas del desarrollo del niño: atrasos en el 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/niñas con síntomas de autismo.

¿Porqué firmó un formulario de consentimiento?

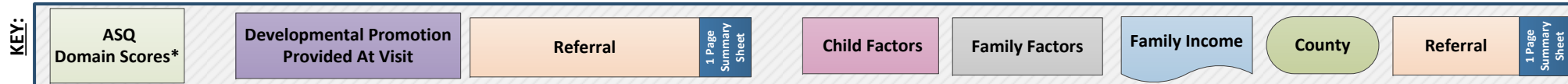
Cómo proveedor médico de atención primaria de su hijo, queremos estar informados sobre el cuidado que recibe su hijo para poder ofrecerle el mejor cuidado posible. El formulario de consentimiento que usted firmó permite que los programas nos compartan la información.

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.

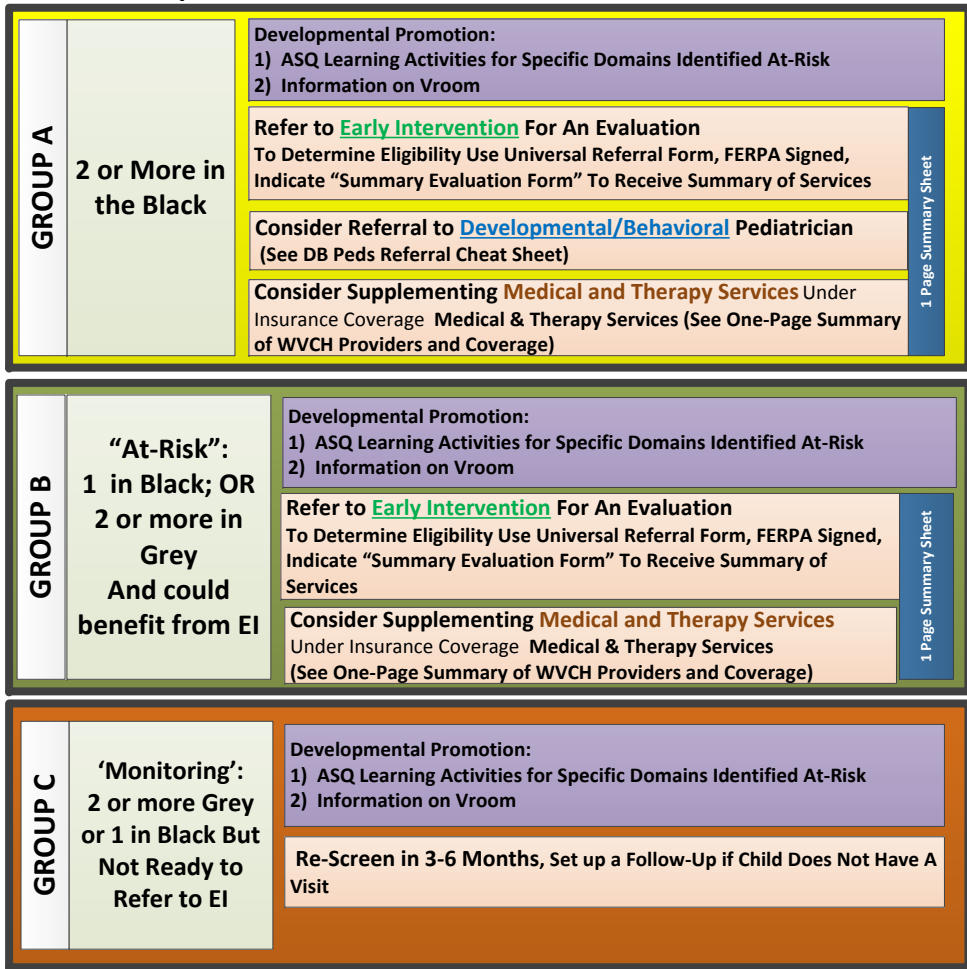
¿Tiene alguna pregunta?

En Childhood Health Associates de Salem, estamos aquí para ayudarle a usted y a su hijo. Si tiene preguntas sobre este proceso, por favor lláme a nuestros coordinadores de referencia. Número de teléfono: 503-364-3170

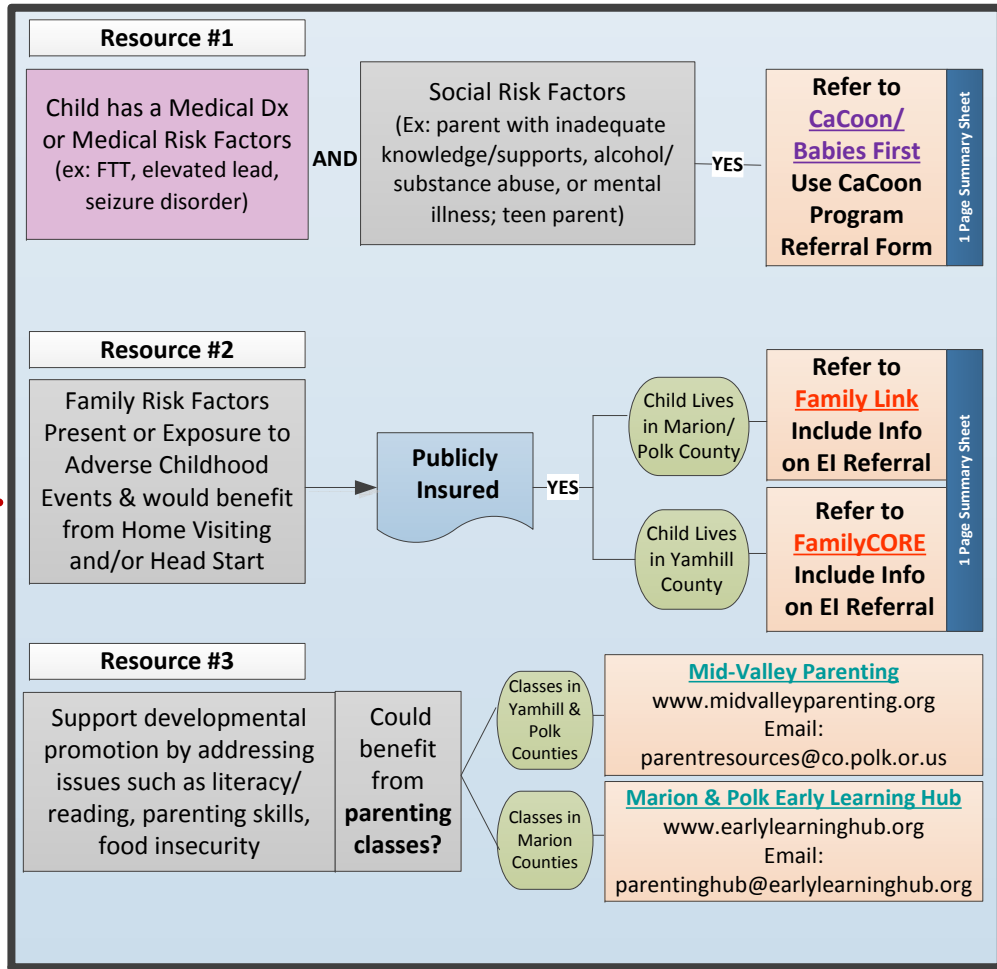
Figure 1.0: Pilot Medical Decision Tree for Follow-Up to Developmental Screening Conducted in First Three Years of Life & Referral Opportunities Addressing Risks in Marion and Polk County



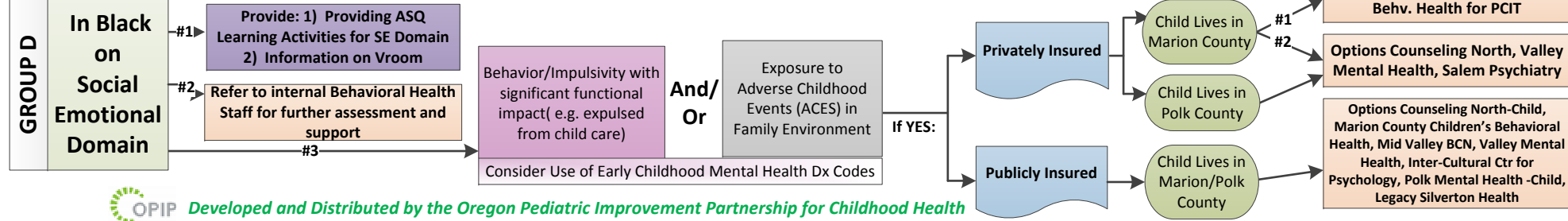
Follow-Up Based on Total Score Across Domains:



Three Community Resources To Consider for Groups A-D




And, If Applicable, Follow-Up for a Specific Domain:



Parent Education Sheet about Referrals:

This tool should be given to families after a referral is made to Early Intervention, Family Link, CaCoon or Medical and Therapy Services

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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.

Neurological 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:

Early Intervention (EI)

Who is Early Intervention (EI)?

It helps babies and toddlers with their development, or those who otherwise are at risk for developmental delays. It provides services such as speech, occupational, and physical therapy, and parent training.

What to expect if your child was referred to EI:

• You'll get a call to set up an appointment for your child's first visit.

• If you show them up, you should call back if you can't make it. There's a 30-day wait to start the appointment.

• There's no charge. It's free for families in all counties.

Contact Information: WESD Inclusion Coordinator 303.383.4714 www.wesd.org

Family Link

Who is Family Link?

Family Link is a group of community organizations. The goal is to help you connect with the best program and services to meet the needs of your child and family. Family Link members have different requirements.

What to expect if your child was referred to Family Link:

• You'll get a call to set up an appointment with each of the community organizations with which you have family link to complete an appointment.

Contact Information: WESD Family Link Coordinator 303.383.4714 www.wesd.org

Medical and Therapy Services

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

- Speech Language Pathologist (Specializes in speech, voice, and swallowing disorders)
- Autism/Autism Spectrum Disorder (Specializes in behavioral, developmental, and educational issues)
- Developmental Behavioral Pediatrics (Specializes in the behavioral, developmental, and educational issues)
- Occupational Therapy (Specializes in fine motor skills, sensory processing, and physical coordination)
- Physical Therapy (Specializes in gross motor skills, range of movement, and physical coordination)

Any Questions?

As a Child's Health Association of Suburbs, we are here to support you and your child. If you have any questions about the services please call our Referral Coordinator. Phone Number: 303.384.3170

When making a referral to EI use the Universal Referral Form (below), make sure families sign the FERPA and indicate "Summary Evaluation Form" for Feedback

Universal Referral Form for Early Intervention/Early Childhood Special Education (EI/ECE) 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)

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/ECE) services. I also give permission for EI/ECE 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/ECE Services in the child's county of residence.

REASON FOR REFERRAL TO EI/ECE SERVICES

Provider: Complete all that applies. Please attach completed screening tool.

Concerning screen: ASQ ASQ:SE PEDS PEDS-DM MCHAT Other: _____
 Concerns for possible delays in the following areas (please check all areas of concern and provide scores, where applicable):
 Speech/Language Gross Motor Hearing Vision Adaptive/Self-Help 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 reversal) in addition to this form.

PARENT 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/ECE EVALUATION RESULTS TO REFERRING PROVIDER

EI/ECE 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: _____
 (EIFSP, County Contract/Phone) _____
 Attachments as requested above: _____
 Unable to contact parent Unable to complete evaluation EI/ECE will close referral on _____/_____/_____

The EI/ECE Referral Form may be updated and downloaded at: <http://www.ehsc.org/documents/elferpa/programs/consent/elferpa-screening-and-referral-frm>
 Form Rev. 10/27/2013

Family Link Referral Form

Use this form to refer pregnant women or parenting families with children ages 0-5 to early learning and family support programs in Marion and Polk counties. Services are most often delivered through home visits and/or classroom-based programs and designed to improve child health and development, increase school readiness, improve maternal health, and increase positive parenting practices.

Family Link

Child: Sex: M F DOB: _____
 Child: Sex: M F DOB: _____

Parent/Guardian: DOB: _____ Relationship to child: _____
 Sex: M F Pregnant? Y N Due date: _____

Parent/Guardian: DOB: _____ Relationship to child: _____
 Sex: M F

Address: _____ City: _____ Zip: _____
 Cell Phone: _____ Texts? Y N Home Phone: _____ Best Time to Call: _____
 Preferred Language: _____ Email: _____

Reason for Referral: Check ALL that Apply

Child or Children

Lack of Prenatal Care Has Disability Behavior concerns
 Support with Breastfeeding Born Premature Feeding concerns
 Support with Infant Care Home Environment concerns Health concerns
 Drug-Exposed Infant/Pregnancy Development concerns Weight concerns
 Support with Attachment/Bonding Social/Emotional concerns

Parent or Guardian

Feels Depressed or Overwhelmed Teen/Young Parent Lack of Food/Clothing/Housing
 Isolation/Lack of Support First Time Parent Incarceration/ Probation
 Support with Parenting Tobacco Use Low Income
 Has Disability Alcohol/Drug Use Other: _____

Additional Family Information:
 Migrant/Seasonal Work Unemployed Homeless Receives TANF/SSI Receives SNAP

Is there anything else we should know? _____

Referred by: _____ Contact Person: _____ Agency: _____ Phone: _____

Parent Consent to Refer: By signing this form, I authorize **Yakima Valley Farm Workers Clinic** to disclose the information listed above, for the purpose of connecting my family to an early learning and family support program, to the following organizations:
 Family Building Blocks Oregon Child Development Coalition (OCDC)
 Mid-Willamette Valley Community Action Agency Marion County Public Health Department
 Polk County Public Health Department Willamette Education Service District (WESD)
 Salem-Keizer Head Start Other: _____

Parent/Guardian Signature: _____ Date: _____

Developmental Pediatrician Referral Consideration

Developmental Pediatrician Referral Cheat Sheet:

Refer to a Developmental Pediatrician if:

- Kid 'In the BLACK' 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 domains and has any of the following presenting concerns:

- Kids with overall DD (or intellectual disability) or ASD who do not have identified cause, (may be seen initially by genetics instead)
- 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 with rare/unusual genetic/chromosomal disorders (after initial visit with medical genetics)
- Kids with other chronic conditions that require inter-disciplinary team management (eg, child with CP, TBI etc)
- Kids who may be experiencing traumatic events

Risk Factor Considerations

Child Factors to Consider

- Lack of Prenatal Care
- Support with Breastfeeding
- Support with Infant Care
- Drug Exposed Infant/Pregnancy
- Support with Attachment/Bonding
- Has Disability
- Born Premature
- Home Environment Concerns
- Development Concerns
- Social/Emotional Concerns
- Behavior Concerns
- Feeding Concerns
- Health Concerns
- Weight Concerns

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>

Family Factors to Consider

Family Factors to Consider

- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Support with Parenting
- Has Disability
- Teen/Young Parent
- First Time Parent
- 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

Next steps are to:

- 1) Collect the final evaluation data to assess for impact
- 2) Summarize the findings and tools developed in a final report due June 30th
- 3) There is a meeting June 14th of the EI contractors focused on how elements piloted in this project can become standard of care for EI contractors statewide
- 4) We now looking for funding to spread this model to other communities, refine the tools to other community contexts, and learn about implementation.

Colleen Peck Reuland, MS

Director -Oregon Pediatric Improvement Partnership (OPIP)

Instructor - Department of Pediatrics, Oregon Health & Science University