

LAUNCH Young Child Wellness Council

March 13, 2013

MEETING NOTES

YCWC Attendees: Jean Rystrom (Kaiser), Elizabeth Carroll (Mult Health), Pam Greenough Corrie (Mt. Hood Head Start), Kris Beck (MESD), Jeanne Lemieux (CCRR), Mary Geelan (CCFC), Meg McElroy (PCL), Tawna Sanchez (NAYA), Cheyenne Montgomery (parent)

Working Group (staff & contractors): Beth Green, Bill Baney, & Callie Lambarth (PSU), Joan Marquis (Parent Group Facilitator), Peg King (OPS), Roberto Rivera (211info), Elana Emlen (Young Child Wellness Coordinator)

Member announcements

- Callie distributed the Evaluation Chronicle – we are half way through the LAUNCH grant!
- Tawna announced that NAYA has a position open for Parent Mentor – someone who has DHS experience
- Mary announced the Kindergarten Count ECLC workshop on April 2 about registering for kindergarten.

Screening, data, and referral

Elana gave a **recap of the February meeting** and explained that the purpose of today's meeting is to continue discussion about item 3.3 from our Strategic Plan, *Objective 3.3: Increase coordination and communication between all providers who conduct screenings in order to streamline use of resources and improve the effectiveness of screening and referral for each individual child/family*. Even though a lot is happening at the State level, it will take awhile and we should consider what makes sense to do locally - to be informative to the State and to our own efforts. It is a complex issue and our hope for this meeting is to get more history and perspective, define for ourselves what matters, and plan some next steps.

Joan Marquis shared feedback on this topic from the **LAUNCH Parent Group**. (Summary report attached at end of minutes)

Molly Day (currently at The Children's Institute, and formerly with Morrison Healthy Start) **described a previous collaboration** between the Broadway Clinic and the Morrison Child & Family Services Healthy Start (HS) team. HS got permission each year from the families to share information with the child's primary care. The home visitors did every ASQ screening and would copy and send them to the doctor. It was a lot of work! It included the screen, a standard cover letter, and information about referral. They rarely heard back from the doctors. Then they shifted to *not* sending normal ASQs. It seems like the doctors were confused about what to do with it, and there was never a communication loop. And it had to be monitored!

Discussion:

- It can be done in a pediatrician's setting and there is no feedback on the ASQ at all.
- In medical world there is concern about potential litigation. Medical providers might think they need to do the ASQ themselves.
- The "Common Referral Form" has HIPAA and FRPA releases. A simpler release might not get everything.
- The immunization alert is a model that might work.

- Parents' knowledge and understanding the screening is important. There is the screening *and* the parent education that goes with it.
- Question to Molly about what was the expectation going into the pilot? Molly said that the Broadway Clinic doctors said they were limited in their time with the families and were relieved that HS would do the screenings. Elizabeth added that home visitors wanted doctors to understand their role.
- Peg said that the State wants OPS to survey its membership about developmental screening. We can suggest some questions.

Small group discussions

The YCWC broke into small groups to take a step back to discuss *why* we are trying to coordinate screening and result sharing. We know that regular screening matters, and that it identifies problems early, but how does sharing the information make a difference? ***What do we want to be different – in the home, in the early childhood setting, and in pediatric care - as a result of coordinated screening and sharing ASQ?***

Group One:

- Parents/Home setting: Parents need to be able to understand the purpose, why the ASQ is used, gain child development knowledge, access to services. And family empowerment. ESL families need to know how the information is shared. Are there culturally relevant materials to share with parents?
- Care coordination would reduce time and stress on all that are involved. Better communication loops with each other help to go deeper with the parent on the ASQ tool or follow up.
- We need to understand how and why doctors use the tool. Focus group of doctor to gather more information on their perceptions.
- In the early childhood settings, we would see reduction in time spent on ASQ if it is duplicating screening elsewhere. Also, there is education of the early childhood workforce in ASQ. Improved *Child Find* and greater capacity to serve children. Early care and education can support the children who are in the “re-screen” category.

Group Two:

- Home setting: Not having duplicate screenings. Not asking families to transport information back and forth, screening being done regularly and quality of how it's done – validation for the parent and what they know, child welfare implication if it is done then it shows that the parent is somehow involved and promoting development, if done in multiple settings then the family is getting the message.
- Early childhood setting: EC providers involved with the family could know who else is involved. If done at child care then it may be a more accurate report of the child during wakeful/best time of day, so results may be better/more useful to share. It validates the child care profession. If shared back from the pediatrician, can see how it looked (in the home visiting program) and compare to what you know from working with the family. If shared to child care or home visiting, and haven't done it or don't do it as patient practice, then can use it to work on things that don't rise to the EI level.
- Pediatric setting: Knowing that the family is connected to other services/providers. There might be other issues that the doctor wants to work on with the EC provider. If ASQ is done with pediatrician, there may be a different result, so it's good to have another version from another setting. It may help paint a more full picture. If CCO's get shared information in their data to track and record, then better monitor how well we're doing with reaching families with screening and referral – disaggregate data by subgroup to see trends and know better whether/how screening experience is similar/different and understand better/why. If Healthy

Start screens and identifies an issue, and the family is reluctant to deal with it, they could ask to send the result to the doctor in hopes the doctor will help get the family to connect with EI/ECSE

Group Three:

- Having a “back up” so someone besides the home visitor knows about identified issues. Two purposes, to teach/provide information and to connect with services if ASQ atypical. Provides a sense of safety net (providers) when alarm bell goes off in parent’s mind about child development. Shared data system – parents’ choice to do ASQ online then they can share the information with whomever they want, and the provider community could use this system for all families – it would take marketing to get the word out. Families need to understand why to do the ASQ, what it means, what parents can do and who to ask. Medical providers could prevent duplication, but maybe not, and they may or may not “accept” ASQs done by others. There is a need for more community education (YouTube?) Reducing duplication may not be the key. Can there be better communication about referrals, such as:
 - Typical ASQ – standardized handout (here’s what you do next and website)
 - Atypical ASQ – need coordinated, system of supports. *This* is where sharing results is important.

START uses the ASQ as a tool for discussion. For care and education side, part of what they are doing with the ASQ is working with the parent.

Additional full group discussion:

Pam said that in Head Start, they are doing ongoing assessments all the time. There are cues to screen again. Peg added that there is a need to develop common messaging. Jean added that the amount of time it takes to do the ASQ is pretty small. In workflow, it might cost more to get the ASQ from someplace else. Duplication *will* happen, so the focus needs to be on *why* to do the ASQ. And it’s not exact duplication when the settings are different.

Elizabeth said that in home visiting, the Family Support Workers would rather do a Parents As Teachers activity than do the ASQ. If this was a routine part of pediatric visits, they could let go of doing the screening.

Next steps:

- Maybe find out from the doctors who participated with Healthy Start years ago their perspective from that experience.
- Contribute questions to the State’s survey to OPS doctors, and find out results.
- Talk more about message, so that parents learn the same thing at different settings
- The materials that go with the ASQ are not inspiring. Maybe we could get someone – Dr. Willis? – to do a YouTube video. Other materials...

Overheard at the 2-26-13 LAUNCH Parent Group.....

She had done ASQ at the doctor's office, but that information was not shared. OT might have also done ASQ at the same time. She hasn't seen the results. Screening without family involvement – some things are subjective, so screen might not be accurate.

Used to work at Early Head Start and they did ASQs and informed parents. At the doctor's office at Providence, they said they'd do it, but she had to really advocate for screening. Referred for speech therapist and dietitian.

Preschool gave ASQ to fill out at home. Doctor's office at Kaiser asked them to do it again. Told Kaiser they'd done it at preschool. School never gave results to parents

Uncomfortable with the schools asking doctor for information, more comfortable having the doctor ask the school for information. There is more protocol in place, like HIPAA. Not sure if there is the same level of trust at preschool.

Wonder if doctor would take copy from a school – wish there was structure, or a form for the doctors office to give the school.

With “yes, sometimes, not yet” it's hard to know what to check. “Feel I'd be judged as a parent.” Asking parent to do it makes me feel pressure to make my child look more developed.

Better to have the doctor do it.

Or parent WITH caregiver.

One parent works in social services. Could see agencies using ASQ that would work with parents who don't do regular well child visits.

On-line. It would be fascinating to do it on-line, get the score, and message saying “take this to your doctor and talk about ____”

WIC would be a good place to do ASQs.

*What do you think of having it say “yes/no screening done” on the vaccine database?
Would you want results there?*

As long as it's password protected. I would want to give permissions.

OK with it saying *this form was completed at this place by this person*. Don't want results out there without permission.

On-line not ideal, not as only method.

