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# **ENSURING QUALITY & ACCESSIBLE CARE: EARLY IDENTIFICATION & INTERVENTION CSHCN**

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## DISCLOSURES: No financial relationships to disclose

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# BACKGROUND

- **The early years**
  - Accessing screening, early intervention
  - Engaging state based services & school systems
  - Lack of local referral resources
    - Few community based services (sports, social, etc)
- **Military transition = lapse in care**
  - Starting over with healthcare and education system
  - Insurance
- **Resilience**

# DISCOVERIES

- **Variability of screening/early intervention**
  - Myths/misperceptions
- **Insufficient resources**
  - Insurance participation & transportability
  - Sports, arts, social skills
  - Support services for families
- **Care transitions, continuity of care**
- **Fragmented & sometimes redundant services**
  - Understanding, communication & collaboration “state & school based services” ↔ “healthcare”
  - Artificially imposed silos of care (e.g. OT- handwriting, Speech- articulation, ABA- behavior, etc)

# REVELATIONS

- Reliance on developmentalists = limited access
- Parents as bystanders
  - Fear of diagnosis/label
  - Complex healthcare & education systems
- High expectations of school system and teachers
  - Often without appropriate system supports (funding, education/continuing education, assistance)
- One size does not fit all
  - Autism *SPECTRUM*, needs are very individual

## GOAL

- Develop children who grow to be productive, contributing, collaborative members of society

# VISION

- **Parents as partners**
  - Community mentor programs
  - Support services for families
  - Widely available parent training programs (with childcare available)
- **Parents & HCP as case managers and advocates (long-term)**
  - Harnessing & maximizing those who are with the child for short or finite periods of time

# INTER-PROFESSIONAL PRACTICE/ PARTNERSHIP/ EDUCATION/ COLLABORATION

- **Is this a primary care diagnosis?**
  - Multi-specialty certification?
- **Educate all primary care & mental health- screening, early intervention/ early referral (even if unsure of diagnosis)**
  - Best practices
  - Specialty collaboration
  - Availability of services, resources
  - Reimbursement- ACA MEC, CHIP/Medicaid
  - State & school-based services
- **Consistent HCP/educator training & support**
  - **Continuing education- (Free!)**

# COMMUNICATION, COMMUNITY & CONTINUITY

- **Communication & fluidity: healthcare & education**
  - Removing silos
    - E.g. OT- fine motor, executive functioning, coordination, motor planning, etc.
  - Conversations, Multi-disciplinary Teams
- **Diffusion across settings and in natural settings (community)**
  - E.g. Social skills & OT at the bowling alley vs in an office
- **Transitions of care**
  - Handoffs
  - For military families, transition shouldn't cause lapse in care



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