

	PRIMARY CARE	"OUTSIDE"
A = Number of Visits	VISIT v Screening -----	--→Direct Referral
B = # children screened B + = # children with "positive" screen B - = # children with negative screen	<pre> graph TD VISIT --> Screening Screening --> OK["OK"] Screening --> NotOK["Not OK"] OK --> NoFollowup["No Follow-up"] NotOK --> Followup["Follow-up"] Followup --> Surveillance Followup --> AnticipatoryGuidance["Anticipatory Guidance"] Followup --> AssessmentInLaryCare["Assessment in lary care"] </pre>	--→Referral----
	Surveillance	
	Anticipatory Guidance	
	Assessment in lary care	Assessment
C = # children receiving Intervention in lary care	Intervention in lary care	No Services
D = # children referred out		Services or Treatment
E = # children referred who receive services for social-emotional problems		Specialty Treatment

Outcome	Definition	Brief Ratio
1	Number of Children screened/ # visits	$\frac{B}{A}$
2	$\frac{\text{Number of Children with "positive" screen}}{\text{Number of Children screened}}$	$\frac{B+}{B-}$
3	$\frac{\text{Number of Children with "positive" screen}}{\text{Number of Children receiving intervention in Primary care}}$	$\frac{C}{B+}$
4	$\frac{\text{Number of Children with "positive" screen Referred out}}{\text{Number of Children with "positive" screen}}$	$\frac{D}{B+}$
5	$\frac{\text{Number of Children referred out who get services}}{\text{Number of Children referred out}}$	$\frac{E}{D}$
6	$\frac{\text{Number of Children receiving services}}{\text{Number of Children with identified need}}$	$\frac{C \& E}{D}$

David Bergman 3/24/05 11:42 AM

Comment [1]: These looks reversed to me: Shouldn't it read intervention/positive screen?

David Bergman 3/24/05 11:46 AM

Comment [2]: D is defined on the previous page as "# children referred out." Obviously, this is not the same as number of children with identified need. According to your notes, E is a subset of D, but C is NOT a subset of E. Therefore it is not clear what C+E/D will actually show. In our call (3/24/05) you suggested that an epidemiological estimate might work better. That would certainly work, though locating one specific enough to the population might prove difficult, and I would prefer something more specific to your pilot sites if possible. It is possible that B+ may be a proxy for identified need, though it is certainly very rough and won't capture information on those children receiving "attention" (surveillance, anticipatory guidance, or assessment) at the 1ary level that does not constitute services. In any event, please keep me informed of what you decide. I was otherwise very impressed with this model and found it very clear. Thank you.