

Table 3. Collaborative Dialogue Session Themes and Representative Quotations, organized by Domains

Themes	Representative Quotations
<p>Vision</p> <ol style="list-style-type: none"> 1. Thriving Children 2. Connection/Collaboration between Systems and Disciplines (subtheme: Reducing Siloed Systems) 3. Service Access 	<ol style="list-style-type: none"> 1. “Ensure all children have the opportunity to thrive with appropriate support.” 2. “I see collaboration as a way to build a safety net so families aren’t falling through the cracks. We need communication and teams working together to strengthen the quality of care” 2. “Goal that families can easily connect and that we as professionals can easily connect with each other to meet those needs” 2. “There are so many 'silos' in our community (school, ped, therapists, counselors, specialists etc) especially with complex kids”3. “to help to connect families with the support they need. We will keep doing what we are doing, and be able to give all these resources that will help you get what you need in the community” 3. “to help to connect families with the support they need. We will keep doing what we are doing, and be able to give all these resources that will help you get what you need in the community”
<p>Strengths</p> <ol style="list-style-type: none"> 1. Workforce (subtheme: Provider Care/Commitment) 2. Service Access (subtheme: referral process for EI) 3. Connection/Collaboration (care models in the community) 	<ol style="list-style-type: none"> 1. “Desire to improve things, we all really care about this, everyone realizes that it needs improvement and would like it to be better” 2. “As a pediatrician, referral process for EI is much easier than getting in somewhere else. If provider puts in the referral order, it helps things get done quickly” 3. “Value of the Community Consultation Program (CCP) [through UR DBP] providing

	<p>support at classroom, teacher, and individual student levels”</p> <p>3. “community collaboration with psychologists and behavioral specialists that the district has identified and can use some additional support.”</p>
<p>Areas for Growth</p> <ol style="list-style-type: none"> 1. Workforce 2. Connection/Collaboration 3. Service Access 4. Systems Navigation 	<ol style="list-style-type: none"> 1. “The hard part about EI is that there aren’t enough of us, I cannot keep staff.” 2. “EI reports are received by pediatrician but reports on the school district level evaluations are not- need to work on getting this information to pediatrician.” 3. “The mechanism by which kids access DBP, limited literacy of caregivers, social drivers of health that make things difficult for access. A family that has been referred 4 times, they don’t speak English. It’s rough.” 4. “We need to help families to know to apply to Medicaid so they can get an Assistive communication device before school age.” 4. “We need to help parents apply for Medicaid when they get the autism diagnosis (open door).”
<p>Action Items</p> <ol style="list-style-type: none"> 1. Connection/Collaboration 2. Service Access 	<ol style="list-style-type: none"> 1.. “Eventually we found out they [her son] were denied because something was missing from the medical record, and that suggests that if we had a strong collaboration, then families wouldn’t face these issues” 2. “there are no therapists in my area at all, including no speech therapists for CPSE. This changes all the time. Evaluations are still very tricky because of the time, my patients go to Albany or Syracuse (has heard it’s a 2

<p data-bbox="300 296 607 327">3. Systems Navigation</p> <p data-bbox="300 464 574 495">4. Policy Implications</p>	<p data-bbox="824 197 1354 260">year wait). Telehealth evaluation patients which would be helpful.”</p> <p data-bbox="824 296 1354 428">3. “first step could be a social worker or a community health navigator or a care manager that would help them fill out the paperwork”</p> <p data-bbox="922 464 1406 659">4. “We are seeing more families that we thought would qualify for OPWDD but then didn’t. They are getting FFS rather than self-direction and then are having issues accessing the FFS funds.”</p>
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