

# Galvanizing Action for Young Children **Birth to Five** with Health Complexity in Douglas County: Addressing Their Social-Emotional & Behavioral Health Needs

*Summary of Community Meeting held on October 26<sup>th</sup>, 2022*

Overview and Context: An in-person, interactive meeting was hosted by the **Oregon Pediatric Improvement Partnership (OPIP)**, **Ford Family Foundation (FFF)**, and **Umpqua Health Alliance (UHA)** that brought together 44 Douglas County leaders from a wide array of sectors invested in the Social-Emotional and behavioral health of young children.

The meeting **Agenda** can be found in **Appendix A**. Attendees are outlined in **Appendix B**.

The 10/26/22 meeting created a shared space for community leaders to receive insight and provide needed input to **UHA** and **FFF**, in alignment with both the Galvanizing Action's Efforts for Children with Health Complexity and the CCO Incentive metric focused on System-level Social-Emotional Health. The meeting had three main sections:

- 1) Presenting data on the current level of Coordinated Care Organization-covered child-level social emotional services are receiving
- 2) Presenting the community level asset map of specialty behavioral health providers and the implications relative to the current services available and need for a focus on increasing capacity and number of specialty providers.
- 3) Community-level input and engagement on: A) **populations** that intentional and priority efforts should be focused due to **historical and contemporary injustices** (through qualitative and quantitative data and service findings); B) Input on action needed and specific strategies proposed relative to specific parts of the CCO covered social-emotional systems. These strategies were informed by the Parent Advisory Group\* and learnings from community partners and primary care provider interviews conducted by OPIP throughout 2021 and 2022.

*\* The Parent Advisory Group includes 5 parents of children with health complexity who access behavioral health services in Douglas County, and are enrolled with UHA*

**Appendix C** provides the slides used to facilitate the meeting.

## Summary of Key Findings Shared and Community Input Received:

The meeting began with welcomes from the **Ford Family Foundation**, **Umpqua Health Alliance** and the **Oregon Pediatric Improvement Partnership**. Each organization shared the work that proceeded and informed the meeting, their respective hopes for the meeting, and gratitude for community members investing three hours to contribute to the interactive conversation.

**OPIP** then provided an overview of the Galvanizing Action for Health Complex Children in Douglas County effort overall and then provided a description of the specific activities focused on children birth to five and meeting their social-emotional health needs that would be a focus of the meeting.



Next, quantitative and asset mapping data was shared by **OPIP** and **Umpqua Health Alliance** to set the stage for why action was needed to improve CCO covered social-emotional services, to ground participants in the current state of services available, and to provide quantitative and qualitative information gathered relative to potential population. This insight empowered participants to prioritize improvement efforts in order to intentionally address populations with historical and inequitable outcomes that had been identified by the community.

### **The Current State of Social-Emotional Services Young Children Are Receiving**

**OPIP** and **Umpqua Health Alliance** collaboratively shared data on the reach of CCO-covered Social-Emotional services for Children 1-5 enrolled in UHA. Following review of the data, there was collective confirmation from meeting attendees that **action is needed to improve the reach services in the community**.

Of the UHA enrolled children birth to five (3,552 children):

- 3.96% received a Social-Emotional Service of any type in 2021.
  - 2.87% received a CCO-covered Therapeutic Service – including brief interventions
  - 2.72% received a CCO-covered Screening & Assessment

OPIP and UHA shared an overview of an extensive analyses conducted to examine the findings by a number of populations. The Social-Emotional reach metric data was then shown by potential priority populations who have experienced historical and contemporary inequitable outcomes to inform meeting participants, summarized in Table 1 below:

**Table 1: Overview of Potential Priority Populations to Target Efforts Addressing Historical and Contemporary Inequitable Outcomes: Prevalence Among UHA Member and Social-Emotional Reach Rate for the Population.**

<b>Potential Priority Population</b> * Rates based on UHA enrollment and **UHA's <a href="#">child-level child health complexity data</a> .	<b>Prevalence Among UHA Members Birth to Five*</b> N= 3,552	<b>Populations' Social-Emotional Service Reach</b>
Children with parents with at least one of three experiences that is an ACE (parental incarceration, parental substance use disorder services, parental mental health services)	N=1830** (51%)	4.5% Service Rate
Children who live outside Roseburg	N = 1932 (54%)	3.0% Service Rate
Children who are Hispanic or Latino/a (n=2041 have unknown race/ethnicity data)	N=82 (Hispanic/Latino) N=21 (Spanish)	0% Service Rate

Following review of the data, there was collective confirmation from meeting attendees that **action is needed to improve the reach services in the community**.

### **What Social-Emotional Services Exist: Contracted Specialty Behavioral Health Providers**

**OPIP** shared the Asset Map (**Appendix D**) that was developed based on 2022 interviews conducted with Specialty Behavioral Health Providers in Douglas County, illuminating the

breadth of the current existing resources meeting young child need in the community.

- Douglas County has nine providers who do serve birth to five, with **six of the nine existing young child-serving entities contracted with UHA (with 15 providers in total)**. This is partially because Douglas County has partners who have are deeply invested in young child development and who have undergone trainings to serve this population.
- That said, these providers have limited capacity are yielding the Social-Emotional Therapy Services Rate of 2.87%. Therefore, there remains a need to expand the number and capacity of CCO-Covered Therapy Services - the current providers who are meeting critical need in the community are yielding the Social-Emotional Therapy Services Rate of 2.87%.
- Furthermore, the current delivery models for the majority of young child behavioral health services in the region are individual/dyadic models conducted in English. There is need for creative and varied approaches where services are delivered, and the addition of modalities that would enhance the ability to treat overall and priority populations, including: services that target the impact of trauma and adverse childhood experiences; therapeutic modalities that are provided in a group context; services that may enhance access by being in home or community setting
- **UHA** reflected on the need to consider the continuum of care in the community as a whole. They shared their observations for creative and varied approaches to the way services are delivered, and the addition of modalities that would enhance the ability to treat overall and priority populations.

#### **Community Input Related to Priority Populations**

- **OPIP** presented options to the community in order to receive input on which **Populations with Historical and Inequitable Outcomes** to prioritize for *initial* action in 2023.
- Priority Populations were confirmed for inclusion by the Parent Advisory Group.
- 42 Attendees cast anonymous votes, which resulted in clear consensus for a priority population identified in Table 2 below.

**Table 2. Options Presented for Community Feedback on Populations to Prioritize for Initial Action in 2022, Results of Community Vote on Options They Would Choose**

<b>Five Options Presented for Community Feedback on Populations to Prioritize for Initial Action in 2022</b>	<b>Percentage Who Voted for Population to be Priority</b>
<b>Option 1:</b> Focus on increasing services for <b>children with parents with at least one of three experiences that is an ACE.</b>	<b>14 votes (33%)</b>
<b>Option 2:</b> Focus on increasing services for <b>children who live outside Roseburg</b>	<b>0 votes</b>
<b>Option 3:</b> Focus on increasing services for <b>children who are Hispanic or Latino/a</b>	<b>0 votes</b>
<b>Option 4:</b> Focus on increasing services for <b>children with parents with at least one of three experiences that is an ACE who also reside outside of Roseburg.</b>	<b>0 votes</b>
<b>Option 5:</b> <b>Option 4</b> , with an additional explicit track of listening sessions and community engagement of parents of children who are <b>Hispanic or Latino/a</b> .	<b>28 votes (67%)</b>

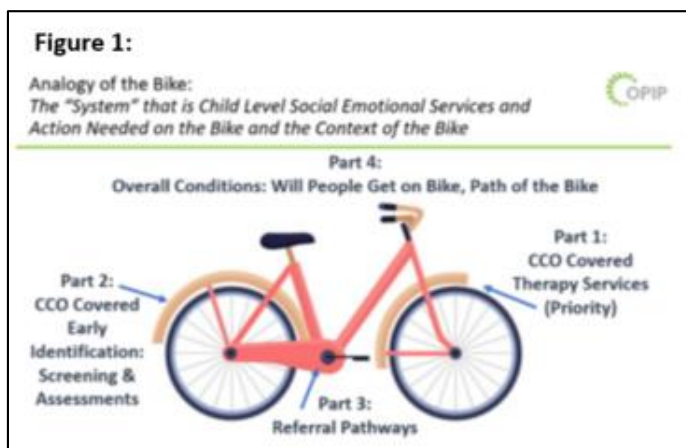
Acknowledging the multifaceted reasons that Hispanic or Latino/a children and families in the region may be underserved, attendees confirmed the desire to have a track of listening sessions



to inform future service expansion for this population that could be targeted in 2024's action plan. Critical insight from such sessions would inform: what therapeutic supports would be desired and utilized, what therapeutic models should be provided and in what settings, community-held stigma and concerns about young child mental health, and how families could best be informed about service availability and intention.

### **Community Input related to Action Planning Strategies**

- **OPIP** intentionally designed small groups to bring together leaders across sectors to learn from one another's experiences and hear desires informed by their pain points, in order to **support provision of input on Priority Strategies for Action Planning in 2023.**
- Strategies presented are on Slides 70-74 of Appendix C. These strategies were informed by input obtain from community engagement and OPIP knowledge about improvement strategies. The strategies were reviewed by the parent advisory group agreement in prioritization will be indicated by (\*).
- Strategies were presented anchored to "Parts of the Bike" – which symbolized the CCO covered social-emotional services for young children, each part representing a critical area for needed improvements to bolster larger success of any investment in CCO-Covered Social-Emotional Service expansion (**Figure 1**).
- Attendees submitted feedback forms aligned with each part where they indicated priorities; findings are summarized are below in Table 3.



**Table 3. Overview of Action Plan Strategies Presented and Community Input on Which Ones Should be Prioritized for Action in 2023.**

<b>Action Plan Strategies Presented</b> N=36 total community partners voted on one or more strategies. OPIP and FFF staff did not participate in voting. Strategies listed with (*) symbol were prioritized by parent advisors.		<b>Percentage That Prioritized This Strategy</b>
<b>Part 1: Enhancing CCO-Covered Therapy Services, Including Brief Interventions (Front Bike Wheel)</b>	New Specialty Providers: Incentivize/increase number of therapy providers serving children birth to five in the region. (*)	<b>60%</b> (n=21)
	Integrated Behavioral Health in Primary Care: Expand ability of IBH to provide therapy services to young children - incentives and trainings.	<b>49%</b> (n=17)
	Home-Based Therapies: Invest and support in CCO-covered S-E Services provided in home or settings in the community. (*)	<b>36%</b> (n=13)
	Current Specialty Providers: Incentivize and Enhance Capacity of Existing Birth to Five Providers to Serve More Children.	<b>22%</b> (n=8)
	Group Therapies: Invest and Support in CCO Covered SE Services Provided in Group Setting(s).	<b>14%</b> (n=5)

**Table 3 Continued: Overview of Action Plan Strategies Presented and Community Input on Which Ones Should be Prioritized for Action in 2023.**

<b>Action Plan Strategies Presented</b> N=36 total community partners voted on one or more strategies. OPIP and FFF staff did not participate in voting. Strategies listed with (*) symbol were prioritized by parent advisors.		<b>Percentage That Prioritized This Strategy*</b>
<b>Part 2: Enhancing CCO-Covered Screenings &amp; Assessments (Back Bike Wheel)</b>	Trainings/incentives to primary care providers on flags from current screenings/assessments (maternal depression; developmental screening; provider/parental concern) that could warrant a follow-up assessment. (*)	<b>72%</b> (n=26)
	Integrated Behavioral Health in Primary Care: Trainings/incentives on assessments/screenings. (*)	<b>40%</b> (n=14)
	Trainings/Incentives to primary care providers to Implement NEW Social-Emotional Screening for Population of Birth to Five.	<b>8%</b> (n=3)
<b>Part 3: Improving Pathways to Therapy Services (Pedals &amp; Gears)</b>	Strategies to Address Delays (shorten time) from Evaluation to Services.	<b>67%</b> (n=24)
	Pilot of enhanced pathway between community-based or early learning providers to therapy services. (*)	<b>36%</b> (n=13)
	Referral Pathways: Pilot of “warm referrals”, feedback loops. Address barriers to accessing services through open time slots for evaluation. (*)	<b>36%</b> (n=13)
	Peer to Peer Support: Paid parent partners in the region who have accessed behavioral health services to provide navigation supports. (*)	<b>33%</b> (n=12)
	Publicly Available Information about Providers: Materials about behavioral health providers available in region for children birth-to-five.	<b>33%</b> (n=12)
	Pilot Primary Care Providers to Their Own IBH: Trainings on Flags from Current Screenings/ Assessments that could warrant brief intervention or therapy services by IBH.	<b>30.5%</b> (n=11)
	Pilot Primary Care to Behavioral Health: Pilots between primary care provider serving large numbers of children and therapy services.	<b>30.5%</b> (n=11)
<b>Part 4: Improving the Context and Environment of Social Emotional Health (Bike Environment)</b>	Parent education, information: What is Social-Emotional health, tips on how to support and enhance their child’s Social-Emotional development.	<b>71%</b> (n=25)
	Social-Emotional health seminars, parenting learning sessions (include dinner and childcare).	<b>49%</b> (n=17)
	Public health message campaign on Social-Emotional health.	<b>46%</b> (n=16)
	Paid parent partners: Pay parents who have accessed birth to five behavioral health services to share their stories and obtain their input on how to improve access. (*)	<b>40%</b> (n=14)

### Next Steps from Meeting

- **OPIP** looks forward supporting community leaders in further action aligned with priorities confirmed. OPIP is committed to sharing tailored findings aligned with their investment in young child social emotional health to: Ford Family Foundation, UHA, Trillium Community Health Plan South (who provides CCO-covered Services in Coastal Douglas), and the Parent Advisory Group.
- **UHA** highlighted their appreciation for the input provided by community leaders and partners. UHA has committed to having their leadership team review of the community feedback and priorities to ultimately integrate what's learned into an action plan for 2023-2024. **UHA will communicate these decisions back to the community by**

#### **December 1<sup>st</sup>**

- UHA's action plan priorities will be disseminated through 1) Email communication to all attendees of the 10/26 meeting, 2) At UHA's Delivery Systems Advisory Committee (DSAC) and in their Provider Newsletter, 3) At the System of Care Meeting, and 4) at the Behavioral Health Advisory Committee
- UHA will be meeting with All Care to discuss potential opportunity for synergy and coordination of efforts in Southern Douglas County.
- The **Ford Family Foundation** shared gratitude for community leader participation and continued passion for young child development and thriving within Douglas County. Ford Family Foundation will reflect on the findings from this community summary to inform their investments in 2023 and beyond, including the extension of the Galvanizing Action project through 2023.



## Appendix A: Galvanizing Action for Young Children 10/26/22 – Agenda

### Galvanizing Action for **Young Children** with Health Complexity in Douglas County: Addressing Their **Social-Emotional Health &** **Behavioral Health Needs**

October 26<sup>th</sup>, 2022 9am-12 PM

Roseburg Public Library:  
1409 NE Diamond Lake Blvd, Roseburg, OR 97470



#### 10/26/22 Meeting Agenda:

- I. Welcome from Ford Family Foundation, Oregon Pediatric Improvement Partnership and **Umpqua Health Alliance**
- II. Refresher on the [Douglas County Call to Action for Health Complex Children](#) and OPIP's Efforts in the Region
- III. Review of alignment of efforts focused on addressing the social-emotional needs of health complex children with the System-level Social Emotional Metric focused on the birth to five population.

#### *Facilitated and Interactive Discussion Meant to Gather Community-level Input & Engagement*

- IV. What is the **Current State** of Social-Emotional Services Young Children Are Receiving?
  - ✓ **Umpqua Health Alliance** sharing of data on number of children who have received some level of a social-emotional services: Overall and for populations with historical and contemporary inequitable access
- V. What **Social-Emotional Services Exist**?
  - ✓ Sharing of Specialty Behavioral Health Service Asset Map and Capacity
  - ✓ **Umpqua Health Alliance** sharing on their reflections of UHA Contracted Providers and opportunities
- VI. How Should We **Improve Access to & Receipt** of **CCO Supported Social-Emotional Services** in Douglas County?
  - ✓ **Community-level input** on populations that should be a priority for starting point action
  - ✓ **Small group work sessions** to obtain input and consensus on Action Needed to Improve Social-Emotional Services
- V. Next Steps
  - ✓ **Umpqua Health Alliance**: Sharing of What They Heard and Their Next Steps
  - ✓ OPIP Next Steps
  - ✓ Ford Family Foundation Next Steps

**Input and community reflection** obtained at the meeting will inform **UHA's** efforts to support community-level improvement aligned with the System-Level Metric and the findings from the meeting will be shared with the two other CCOs that serve members in Douglas County (All Care, Trillium South)



## Appendix B: Galvanizing Action for Young Children 10/26/22 – Attendees by Represented Sector

NAME	TITLE	ORGANIZATION	SECTOR (Color coding specific to sector listed)
Alison Hinson, LPC	CEO/Clinician	Juniper Tree Counseling	Behavioral Health - Specialty
Dr. Cora Hart	Behavioral Health Program Director	ADAPT Integrated Health Care	Behavioral Health - Integrated in Primary Care
James Bakaitis	Clinician	Cow Creek Health & Wellness	Behavioral Health - Specialty - Tribal
Josh Mabray, LPC	Behavioral Health Operations Manager	Cow Creek Health & Wellness	Behavioral Health - Specialty - Tribal
Lauren Krause, LMFT	Regional Director	Positive Behavior Supports	Behavioral Health - Specialty
Dr. Lorie DeCarvalho, LCP	VP for Behavioral Health Services	AVIVA Health	Behavioral Health - Specialty/Integrated in Primary Care
Sherri Gould	Program Manager	Options Counseling & Family Services	Behavioral Health - Specialty
Toni Zimmer	Youth & Family Services Director	ADAPT Integrated Health Care	Behavioral Health - Specialty
Aden Bliss	CFO/COO	Ford Family Foundation	Community Foundation
Lee Ann Grogan	Program Officer	Ford Family Foundation	Community Foundation
Rachel Gustafson	Coalition Manager	Creating Community Resilience	Community Foundation
Robin Hill Dunbar	Program Officer	Ford Family Foundation	Community Foundation
Elise Hansen, RN	Public Health Nurse Coordinator	United Community Action Network	Public Health - Home Visiting
Jill Fummerton	Executive Director	FEATT	Community-Based Providers/Organizations
Vanessa Pingleton	Regional Early Learning Program Facilitator	Douglas ESD, Early Learning	Regional ESD - Home Visiting
Amy-Rose Wooten	Behavior Services Coordinator	Douglas ESD, Behavior Services	Regional ESD - BH Services
Gillian Wesenberg	Program Director	Douglas ESD, South Central Early Learning Hub	Early Learning HUB
Sondra Williams	Director Regional EI/ECSE Services	Douglas ESD, EI/ECSE	Regional ESD - Early Intervention/Early Childhood Special Education
Tracy Livingston	Permanency Supervisor	Oregon Department of Human Services	Department of Human Services
Amber Reedy	Clinical Manager	Evergreen Family Medicine	Primary Care Providers & Staff
Dr. Beth Gallant	Physician/Owner	North River Pediatrics	Primary Care Providers & Staff
Breanna Roop	PCPCH Coordinator	Valley Ridge Family Medicine	Primary Care Providers & Staff



This interactive meeting is led by the [Oregon Pediatric Improvement Partnership \(OPIP\)](#) as part of their [Ford Family Foundation funded project](#) that is directed by Steering Committee of local community partners. OPIP is collaborating with [Umpqua Health Alliance \(UHA\)](#) leadership to align the meeting content with UHA's efforts on the System-Level Social-Emotional Health Metric that is a Coordinated Care Organization (CCO) Incentive Metric



**Appendix B, Continued: Galvanizing Action for Young Children 10/26/22 – Attendees by Represented Sector**

NAME	TITLE	ORGANIZATION	SECTOR (Color coding specific to sector listed)
Cece Lynn	CHW; Baby Beginnings Coordinator	Evergreen Family Medicine	Primary Care Providers & Staff
Christin Rutledge	Community Health and AHECSW Director	AVIVA Health	Primary Care Providers & Staff
Kim Tyree	Chief Operations Officer	Evergreen Family Medicine	Primary Care Providers & Staff
Natalie Jones, FNP	Deputy Chief Medical Officer	AVIVA Health	Primary Care Providers & Staff
Shelly Wells	Pediatric Nurse Practitioner	AVIVA Health	Primary Care Providers & Staff
Skyler Meyer, FNP	Assistant Medical Director & Family Nurse Practitioner	ADAPT Integrated Health Care	Primary Care Providers & Staff
Stacey Powers	CHW; Eligibility Specialist	Evergreen Family Medicine	Primary Care Providers & Staff
Dr. Theresa Lundy	Chief Medical Officer	ADAPT Integrated Health Care	Primary Care Providers & Staff
Vanessa Becker	Public Information Officer of Public Health Modernization	Douglas Public Health Network	Public Health
Sarah Zia	Public Health Modernization Epidemiologist	Douglas Public Health Network	Public Health
Dr. Brent Eichman	Chief Executive Officer	Umpqua Health Alliance	Umpqua Health Alliance
Jeremy Giardina	Value Based Payments Analyst	Umpqua Health Alliance	Umpqua Health Alliance
Juliana Landry	VP of Health Systems Performance	Umpqua Health Alliance	Umpqua Health Alliance
Kat Cooper	Community Outreach & Communications Manager	Umpqua Health Alliance	Umpqua Health Alliance
Nancy Rickenbach	Chief Operating Officer	Umpqua Health Alliance	Umpqua Health Alliance
Dr. Philip Greger	Chief Medical Officer	Umpqua Health Alliance	Umpqua Health Alliance
Taylor Dombek	Integrated Clinical Services Director	Umpqua Health Alliance	Umpqua Health Alliance
Vanessa Moser	Behavioral Health Operations & Policy Coordinator	Umpqua Health Alliance	Umpqua Health Alliance
Michael Von Arx	Chief Administrative Officer	Umpqua Health Alliance	Umpqua Health Alliance
Bevin Ankrom	Innovation Agent	Oregon Health Authority	Other
Colleen Reuland	OPIP Director	OPIP	Other
Katie Unger	Facilitation and Improvement Manager	OPIP	Other
Jessica Wilson	Behavioral Health Improvement Facilitator	OPIP	Other



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## WELCOME!

Galvanizing Action for Young Children **Birth to Five** with  
Health Complexity in Douglas County:  
Addressing Their Social-Emotional & Behavioral Health Needs

## Agenda



- Welcome from **Ford Family Foundation**, **OPIP**, and **Umpqua Health Alliance**
- Refresher on the **Douglas County Call to Action for Health Complex Children** & OPIP's Galvanizing
- Review of alignment of efforts focused on addressing the Social-Emotional needs of health complex children with the System-level Social Emotional Metric focused on the birth to five population  
*Facilitated and Interactive Discussion Meant to Gather Community-level Input & Engagement*
- **What is the Current State of Social-Emotional Services Young Children Are Receiving?**
  - **OPIP**: Level Setting and Overview
  - **Umpqua Health Alliance**: Sharing of data
- **What Social-Emotional Services Exist?**
  - **OPIP**: Sharing of Specialty Behavioral Health Services Asset Map and Capacity
  - **Umpqua Health Alliance**: Reflections to Asset Map
- **How Should We Improve Access to & Receipt of CCO Support Social-Emotional Services in Douglas County? Community Input:**
  - **Community Level Input**: Prioritizing Populations with Historical and Inequitable Outcomes
  - **Small Group Work Sessions**: Action Needed to Improve Social-Emotional Services
- **Next Steps**

## Welcomes

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The North Umpqua River from North Bank Road. (Oregon State Archives Photo)



A clear purpose will unite you as you move forward, values will guide your behavior, and goals will focus your energy.

*Kenneth H. Blanchard*



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Robin Hill-Dunbar  
Senior Program Officer



**Welcome from the Oregon Pediatric Improvement Partnership  
(OPIP)**

COLLEEN REULAND, OPIP DIRECTOR

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## Galvanizing Efforts for Children with Health Complexity

Welcome by Brent Eichman, MBA, CHFP  
Chief Executive Officer  
Umpqua Health Alliance

Umpqua Health

3031 NE Stephens Street, Roseburg, OR 97470

541.464.4300

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# Umpqua Health Alliance CCO



- One of 16 Coordinated Care Organizations in Oregon
- Provide medical, dental, and behavioral health services to 37,000 members on the Oregon Health Plan through partnering with local health care providers
  - 12,000 Children

Umpqua Health

3031 NE Stephens Street, Roseburg, OR 97470

541.464.4300

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# Umpqua Health Alliance CCO



- Children's health has always been a priority population for CCO Quality Metrics . Some examples:
  - Assessments for children in DHS custody
  - Developmental screening in first 36 months
- Health Aspects of Kindergarten Readiness Metrics Currently in CCO Incentive Metric Set:
  - Well-Child visits for 3–6-year-olds
  - Childhood Immunizations
  - Dental sealants on permanent molars for children
  - System-Level Social-Emotional Health

Umpqua Health

3031 NE Stephens Street, Roseburg, OR 97470

541.464.4300

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## Umpqua Health Alliance CCO



- Umpqua Health Alliance's Role today
  - Here as a community partner in this work
  - Here to share data
    - Reach Metric Data and Asset Map
  - Here to listen to stakeholders and community partners
    - Recognize that all stakeholders play an important role in identifying improvement areas

Umpqua Health

3031 NE Stephens Street, Roseburg, OR 97470

541.464.4300

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## Umpqua Health Alliance CCO



### Goal / Outcome:

- Umpqua Health Alliance has a responsibility to develop an action plan that reflects input from all involved in this collective impact process
- Ensure a focus of Action Plan efforts on children with historical and contemporary injustices

Umpqua Health

3031 NE Stephens Street, Roseburg, OR 97470

541.464.4300

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## Meeting Logistics & Importance of Self Care

- Bathrooms
- Reason for assigned seating, that said feel free to stand during presentation and ensure your comfort
- Acknowledgement that the data may be triggering
- Open areas if you need space
- Boxed lunch will provided to you at the end

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## Agenda



- Welcome from **Ford Family Foundation**, **OPIP**, and **Umpqua Health Alliance**
- Refresher on the ***Douglas County Call to Action for Health Complex Children*** & OPIP's Galvanizing
- Review of alignment of efforts focused on addressing the Social-Emotional needs of health complex children with the System-level Social Emotional Metric focused on the birth to five population
- **What is the Current State of Social-Emotional Services Young Children Are Receiving?**
  - **OPIP**: Level Setting and Overview
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- **What Social-Emotional Services Exist?**
  - **OPIP**: Sharing of Specialty Behavioral Health Services Asset Map and Capacity
  - **Umpqua Health Alliance**: Reflections to Asset Map
- ***Facilitated and Interactive Discussion Meant to Gather Community-level Input & Engagement***
- **How Should We Improve Access to & Receipt of CCO Support Social-Emotional Services in Douglas County? Community Input:**
  - **Community Level Input**: Prioritizing Populations with Historical and Inequitable Outcomes
  - **Small Group Work Sessions**: Action Needed to Improve Social-Emotional Services
- **Next Steps**

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## Overview of Galvanizing Action for Health Complex Children in Douglas County



**Goal:** Support local communities to engage partners, galvanize action and support improvement efforts for Health Complex Children in Douglas County

**Funder:** The Ford Family Foundation

### Project Focus Areas:

- Development of a **Call to Action Based** on Community Level Input For Use of Health Complexity (Will send afterwards)
- Video Vignette of Priority Areas and Themes (can send link)
- Facilitate Improvement Efforts focused on:

**Track 1:** Increased awareness and **use of health complexity data**

**Track 2:** Increase **access to and capacity of behavioral health services** for health complex children

- ❖ Within efforts, strong focus on birth to five based on community input.

**Steering Committee of Local Partners to Guide and Inform Work**

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## Douglas County Call to Action



Reviewing the data and seeking solutions included nearly 70 people from health, education, and community organizations — and parents — that resulted in a call to action with seven themes:

1. Increase Community-level Awareness About the Health Complexity Data & Leverage Data to Identify Needs.
2. Community Mapping of Available Resources and Services, Assessment of Capacity and Identifying Priority Gaps.
3. Address Barriers to Access of Existing Services.
4. Train Providers to Better Care for Health Complex Children and Their Families.
5. Address Capacity of and Child and Family Centered Pathways to Behavioral Health.
6. Address Preventive Health & Social Service Needs of Socially Complex Children.
7. Improve Housing for Health Complex Children

The infographic features a photo of five diverse children smiling. Below the photo, it states: "In the late fall of 2019, the Oregon Pediatric Improvement Partnership (OPIP), in partnership with The Ford Family Foundation, convened key stakeholders in Douglas County to develop a call to action for creating solutions for children with medical and social needs. That meeting was the beginning of a year-long process, guided by a steering committee of local leaders, that set the foundation for cross-sector collaboration focused on the social and medical needs of children birth to age 21."

The community-wide effort established the foundation for transformative partnerships connected to a common goal: support local communities to engage partners, galvanize action, and support improvement efforts focused on children with medical and social needs.

This work builds on previous OPIP efforts to engage health systems and communities in Oregon using data to inform population-based improvement efforts for children with complex health needs.

**Why focus on child health complexity?**

- Lifelong health and well-being start in early childhood.
- Child health and development are particularly impacted by the social determinants of health and equity.
- Thoughtful and innovative approaches are needed to address children's health complexity and health disparities.
- Provides a targeted approach to addressing Oregon's priorities focused on families.

The infographic also includes a puzzle diagram with three pieces labeled MEDICAL, HEALTH, and SOCIAL, representing the components of child health complexity.

**Medical Complexity**  
Includes utilization of services, diagnoses, and number of body systems impacted.

**Health Complexity**  
Combining the medical and social complexity factors create a health complexity score.

**Social Complexity**  
Includes individual, family, or community characteristics that impact health outcomes.

## Steering Committee of Local Colleagues

- Alison Hinson, Juniper Tree
- Amy Wooton: Douglas Education Service District
- Amy Thuren, Health Care Coalition of Southern Oregon
- Jessica Becker, Previously Brian Mahoney, Douglas Public Health Network –
- Christin Rutledge, AVIVA
- Gillian Wesenberg, South Central Early Learning Hub
- Jessica Hunter, Dept of Human Services Child Welfare
- Jill Fummerton, FEEAT Family Network
- Representatives from Umpqua Health Alliance
- Kim Tyree, Evergreen Family Medicine
- Lisa Platt, Mercy Foundation
- Sondra Williams, Early Intervention/Early Childhood Special Education
- Tracy Livingston, Dept of Human Services Child Welfare
- Ruth Galster, Douglas County Communities Network of Care (Retired from Committee Fall 2021)
- Rachel Gustafson, Creating Community Resilience
- Robin Hill-Dunbar & Lee Ann Grogan, The Ford Family Foundation

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## Acknowledgement of Parent Advisor Group and Behavioral Health Advisory Group



### Parent Advisor Group

- Five parents, 10 children who are representative of Douglas County families **who have had a need for behavioral health services and/or interacted with behavioral health services in the community.**
- Throughout 2022, provided 100 hours of advising, have directly informed priorities and strategies elevated today

### Behavioral Health Advisory Group

- A representative group of 13 local partners, subject matter experts, and leaders within the field of behavioral health who have advised through:
  - Evaluation of behavioral health service need and capacity in Douglas County
  - Provision of strategic input to guide improvement efforts within the behavioral health services for children 0-18 years old.

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## Addressing Capacity of, and Child & Family Centered Pathways to, Behavioral Health



Activities OPIP is leading to support this work in the community:

### Facilitate Community Conversations on Behavioral Health Service Gaps & Building Capacity

#### Birth – 5

Community Priority Population Identified by Steering Committee

- Today's meeting will spotlight work done and that we are doing.

#### School Aged Children and Youth

- **Analysis of needs**
- **Engagement of youth and parent advisor**
  - Enhancing **publicly available information** that UHA provides on behavioral health providers to inform referring providers/ parent/youth access
  - **Intensive Care Coordination (ICC)** for Children with Health Complexity (In 2023 will focus on pilot health complex population)
  - **Professional Development** for Behavioral Health Providers (Summarizing key learning and opportunities by January 2023)

Strong Synergy and Opportunity to Leverage Douglas County Developed Work Funded by FFF with UHA Activities Required in SE Metric



#### Galvanizing Action for Children with Health Complexity in Douglas County

- Full Population (not just publicly insured)
  - Birth to Five (prioritized By community)
- Includes:
- Review of data,
  - Asset mapping
  - Community engagement,
  - Improvement proof pilots

OPIP Led Meeting- Narrowed to Birth to Five

10/26 MEETING

#### System Level **Social-Emotional Metric CCO Incentive Metric**

- Publicly Insured Children, Birth to Five
- Review of Data
- Asset Mapping
- Community Engagement
- Action Plan

**\*\* Metric requires listening to persons with historical and contemporary injustices.**

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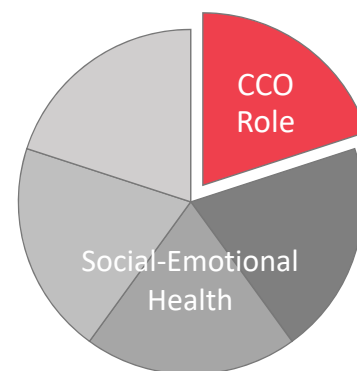
## Defining the CCO Incentive Metric Scope and Key Terms



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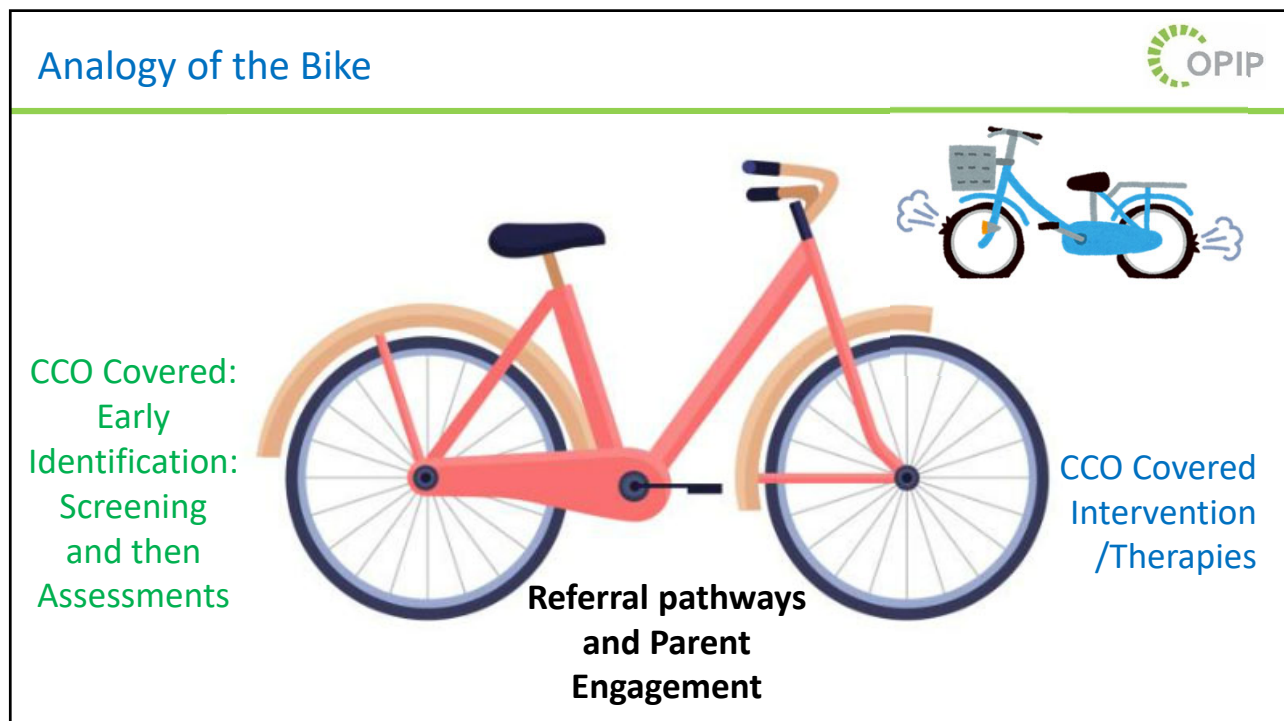
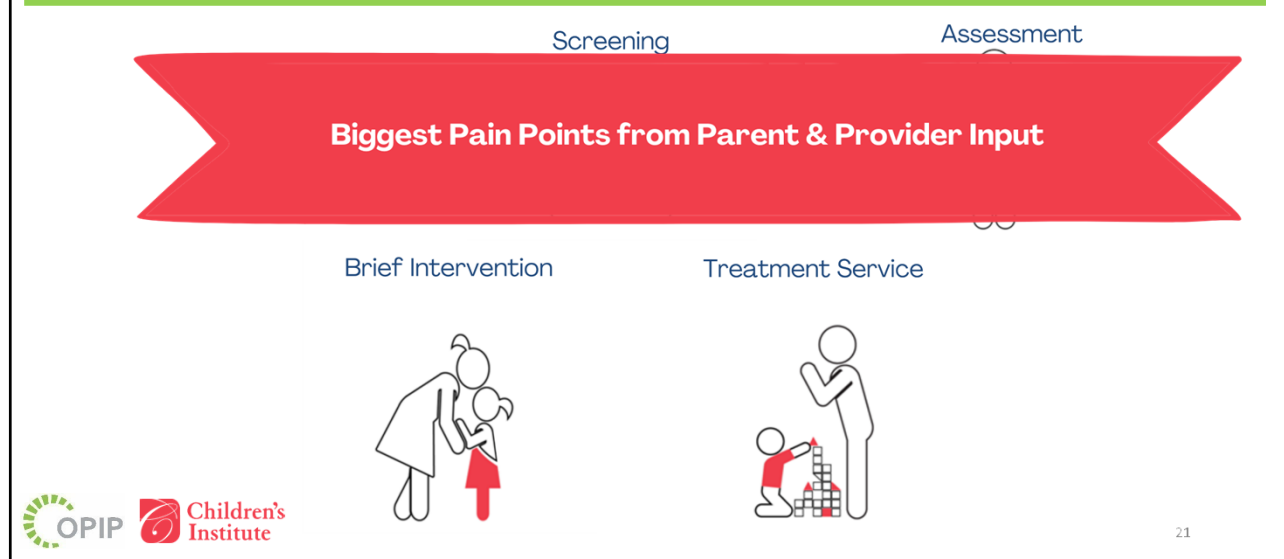
### Scope of CCO System-Level Social-Emotional Metric: Red Piece of the Pie

- Focused on the scope of services that are **within the CCO contract** and **opportunities to impact**.
- Aligned with barriers and gaps in social-emotional health services within the health system and CCO contracts.
- Recognizes the flexibilities and opportunities that the CCO global budget may offer.



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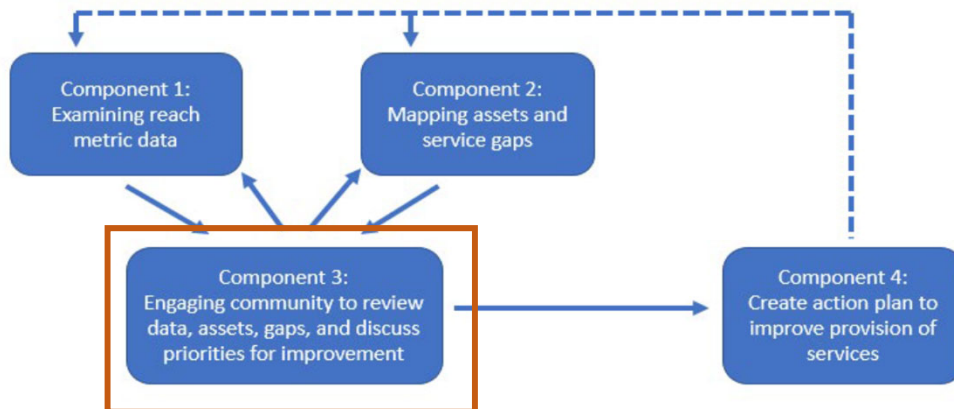
## CCO-Covered Services that Support Social-Emotional Health





## System Level Social-Emotional Metric

**Metric Type:** The metric is an attestation metric in which the CCO will attest to conducted specific activities and engaging specific community partners relative for four component areas.



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Component 3: CROSS-SECTOR PARTNERS REPRESENTED IN ATTENDEES and Required for CCOs to Show Data, Assets, and Obtain your Input on their Action Plans



**In the Social-Emotional Health Metric, UHA must hear from required and preferred partners who have reviewed the data and service reach in the region.**

- Primary Care Providers
- Behavioral Health Programs/Providers
- Early Learning Hub(s)
- Tribal government(s)
- Regional Education Service District(s)
- Early Intervention and Early Childhood Special Education
- Culturally-specific organizations serving children birth to age 5 and their families
- Department of Human Services
- Early Care and Education programs, including preschool and child care programs
- Local Public Health programs serving children birth to age 5 and their families
- Home Visiting
- Regional Health Equity Coalitions
- Faith-based Organizations
- Other community-based organizations serving families with young children (e.g., Family Relief Nursery)

## Agenda

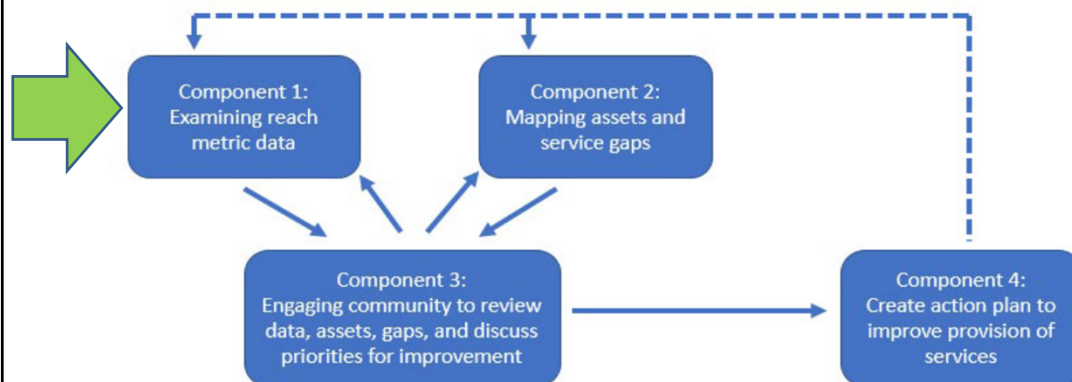


- Welcome from **Ford Family Foundation**, **OPIP**, and **Umpqua Health Alliance**
  - Refresher on the **Douglas County Call to Action for Health Complex Children** & OPIP's Galvanizing
  - Review of **alignment of efforts focused on addressing the Social-Emotional needs of health complex children with the System-level Social Emotional Metric focused on the birth to five population**
  - **What is the Current State of Social-Emotional Services Young Children Are Receiving?**
    - **OPIP**: Level Setting and Overview
    - **Umpqua Health Alliance**: Sharing of data
  - **What Social-Emotional Services Exist?**
    - **OPIP**: Sharing of Specialty Behavioral Health Services Asset Map and Capacity
    - **Umpqua Health Alliance**: Reflections to Asset Map
- Facilitated and Interactive Discussion Meant to Gather Community-level Input & Engagement*
- **How Should We Improve Access to & Receipt of CCO Support Social-Emotional Services in Douglas County? Community Input:**
    - **Community Level Input**: Prioritizing Populations with Historical and Inequitable Outcomes
    - **Small Group Work Sessions**: Action Needed to Improve Social-Emotional Services
  - **Next Steps**

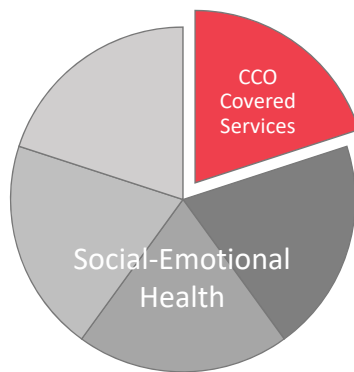
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## System Level Social-Emotional Metric

**Metric Type:** The metric is an attestation metric in which the CCO will attest to conducted specific activities and engaging specific community partners relative for four component areas.



## CCO-Covered Services that Support Social-Emotional Health included in Child-Level Reach Metric Data



Screening



Assessment



Brief Intervention



Treatment Service



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## Summary: CCO Covered Services Included in Reach Data

Screening



Bright Futures recommended screenings to assess for social-emotional health that primary care providers may use

(Example: Pediatric Symptom Checklist)

Assessment



Assessments that integrated behavioral health may do for children referred to them based on ASQ or MCHAT results or clinical judgment (Example: ASQ-SE or brief evaluation tools)

Brief Intervention



Brief interventions that could be provided by eligible billing providers such as integrated behavioral health or home visiting nurse  
(Example: Preventive counseling, Health and Behavior interventions)

Treatment Service



Services provided by specialty behavioral health that can include, but are not limited to, dyadic therapies, group therapies, and other services  
(Note: This is NOT specific to one type of modality or one set of services)



## For Today: Purpose of the Data We Share Where Are We Now?



### Do we need to improve? Is action needed?

- 1) Overall Rate – How many children have received any CCO covered service

#### Data Specific Areas of Input We Are Seeking Today:

- 2) What does the data tell us about potential **priority populations**?

- Children with parents with at least one of three experiences that is an ACES (parental incarceration, parental substance use disorder services, parental mental health services)
- Children who live outside Roseburg
- Children who are Hispanic or Latino/a



- 3) Specific to Areas Where **Our Action** Can Focus: Parts of the “Bike” and CCO Covered Service

- How many children received **Therapy Services (Includes Brief Interventions)?**  
(Part 1 – Front Tire of Bike)
- How many children received **Assessments/Screening?**  
(Part 2- Back Tire of Bike)



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## 1) Overall Social-Emotional Services Rate What Is It? Is Action Needed?

Numerator:

Screening



or

Assessment



or

Brief Intervention



or

Treatment Service



Denominator:

Children aged 1-5 within the CCO

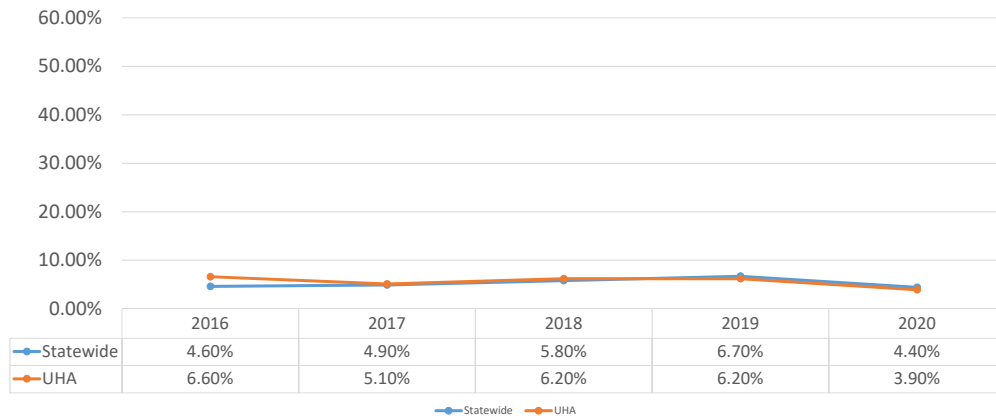


## UHA vs. State Social Emotional Services (SE)



### Reach Metric Data Over Time

#### UHA & Statewide Reach Data Findings



Data Source: January 2022 SE Reach Metric Report Provided to UHA

## UHA Social Emotional Services (SE) Reach Metric Data



### Children aged 1-5 enrolled in UHA

Who Received Any type of CCO Covered Social-Emotional Services:  
**3.96% (146 kids)**



Data Source: January 2022 SE Reach Metric Report Provided to UHA

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## Social-Emotional (SE) Reach Metric Data



### Do we need to improve? Is action needed?

- 1) Overall Rate – How many children have received any CCO covered service

#### Data Specific Areas of Input We Are Seeking Today:

- 2) What does the data tell us about potential **priority populations**?

- Children with parents with at least one of three experiences that is an ACE (parental incarceration, parental substance use disorder services, parental mental health services)
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(Part 1 – Front Tire of Bike)
- How many children received **Assessments/Screening?**  
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## Analyzed Social Emotional Services Reach Data by the Following:



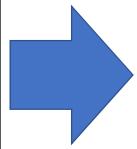
- Social complexity: Individual variables (provided in report at aggregate level)
- UHA Analyzed Data for the Following Groups, Informed by OPIP Identification of Priorities:
  - ✓ Children with parents with at least one of three experiences that is an ACE (parental incarceration, parental substance use disorder services, parental mental health services)
    - Correlates with children at higher risk for out of home placement = Community priority
  - ✓ Children who live rural parts of the county, who live outside Roseburg
  - ✓ Available data on Race, Children who are Hispanic or Latino/a
  - ✓ Available data on Ethnicity
  - ✓ Available data on Language Spoken
  - ✓ Attributed Primary Care Home
  - ✓ Behavioral health providers that billed services, contracted providers who did not bill



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## Social-Emotional Reach Data for Potential Priority Populations with Historical & Contemporary Injustices



1. Children with parents with at least one of three experiences that is an ACE (parental incarceration, parental substance use disorder services, parental mental health services)
2. Children who live outside Roseburg
3. Children who are Hispanic or Latino/a



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## Social-Emotional Service Rate for Children with Parental Social Complexity Aligned with One of Three ACES

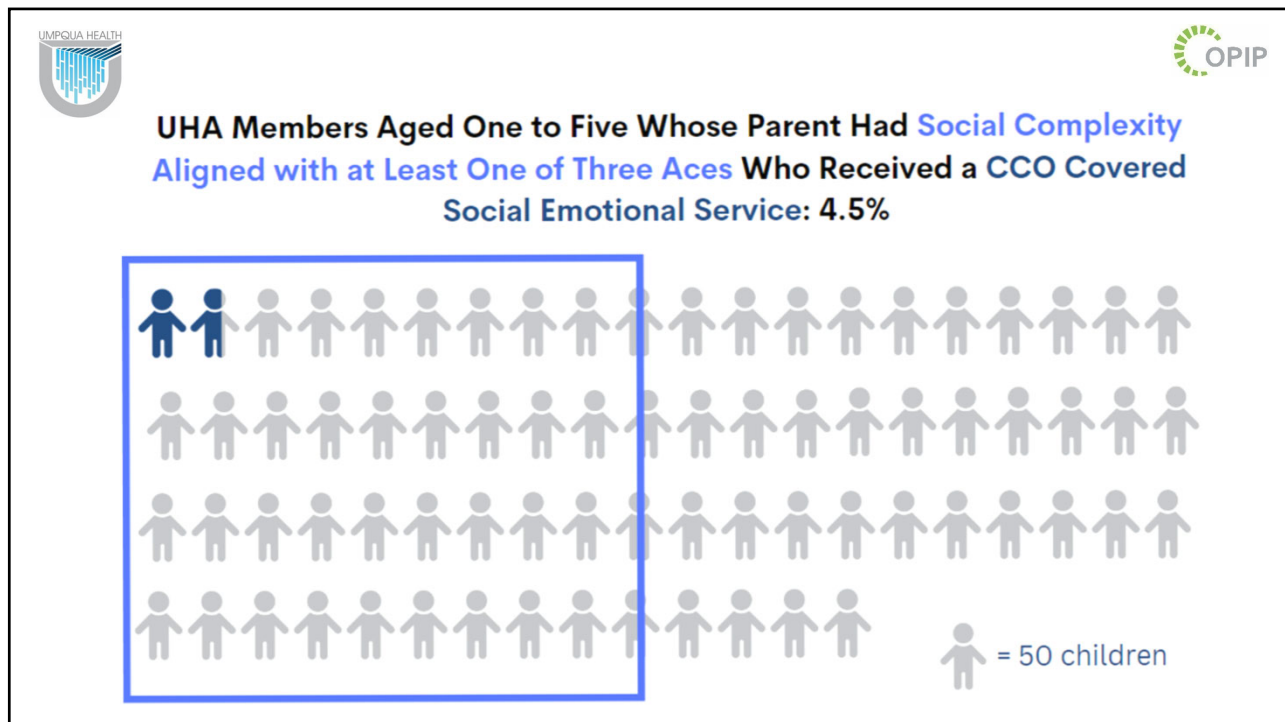


SOCIAL INDICATORS FOR WHICH BEHAVIORAL HEALTH MAY BE VALUABLE: BIRTH TO FIVE Attributed to UHA Covered by Medicaid/CHIP N=4,591		CHILD FACTOR	FAMILY FACTOR
1	Parental Incarceration – Parent incarcerated or supervised by the Dept. of Corrections in Oregon		20.4% (753)
2	Mental Health: Parent – Received mental health services through DHS/OHA		55.1% (2030)
3	Substance Use Disorder: Parent – Substance use disorder treatment through DHS/OHA		26.7% (985)

**N=1830 (51.15) UHA Members 1-5 linked in data had at least one of these ACES according to system level data.**

**Of these children:**

**4.5% Received a CCO Covered Social-Emotional Service**



## Social-Emotional Reach Data for Potential Priority Populations with Historical & Contemporary Injustices



1. Children with parents with at least one of three experiences that is an ACE (parental incarceration, parental substance use disorder services, parental mental health services)
- ➔ 2. Children who live outside Roseburg
3. Children who are Hispanic or Latino/a



## UHA Social Emotional (SE) Service Rate: By Geographic Location



	% with Any Social Emotional Services	Denominator (Population)
Roseburg	3.5%	N=1620
Non-Roseburg	3.0%	N=1932

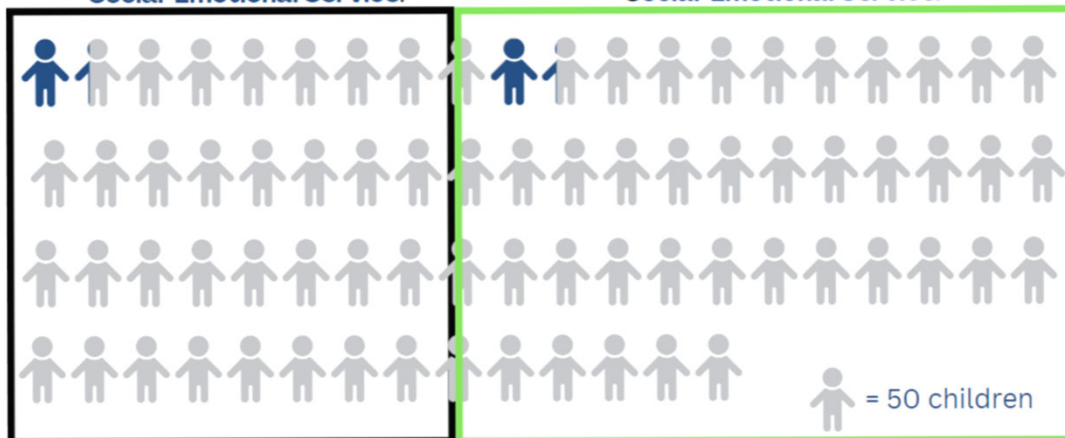
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Data Source: January 2022 SE Reach Metric Report Provided to UHA



**1,620 UHA Members Birth to Five  
live within a Roseburg Zip Code  
3.5% received a  
Social-Emotional Service.**

**1932 UHA Members Birth to Five  
live outside of Roseburg  
3.0% received a  
Social-Emotional Service.**



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## Social-Emotional Reach Data for Potential Priority Populations with Historical & Contemporary Injustices



1. Children with parents with at least one of three experiences that is an ACE (parental incarceration, parental substance use disorder services, parental mental health services)
2. Children who live outside Roseburg
3. Children who are Hispanic or Latino/a



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## UHA Social Emotional (SE) Service Rate: By Geographic Location



	% with Social Emotional Services	Denominator (Population)
African American/Black	4.2%	N=24
American Indian/Alaska Native	2.3%	N=43
Asian American	0	0
Hispanic/Latino	0.0%	N=82
White	3.6%	N=1349
Other Race	%	N=
Unknown	3.2%	N=2041
Asian American	--	0
Native Hawaiian/Pacific Islander	-	0

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Data Source: January 2022 SE Reach Metric Report Provided to UHA

## UHA Social Emotional (SE) Service Rate: By Language



	% with Social Emotional Services	Denominator (Population)
English	2.8%	N=3411
Spanish	0.0%	N=21
Undetermined	15.3%	N=118
Arabic	--	0
Other Chinese	-	0

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Data Source: January 2022 SE Reach Metric Report Provided to UHA

## Social-Emotional (SE) Reach Metric Data



### Do we need to improve? Is action needed?

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### Data Specific Areas of Input We Are Seeking Today:

- 2) What does the data tell us about potential **priority populations**?

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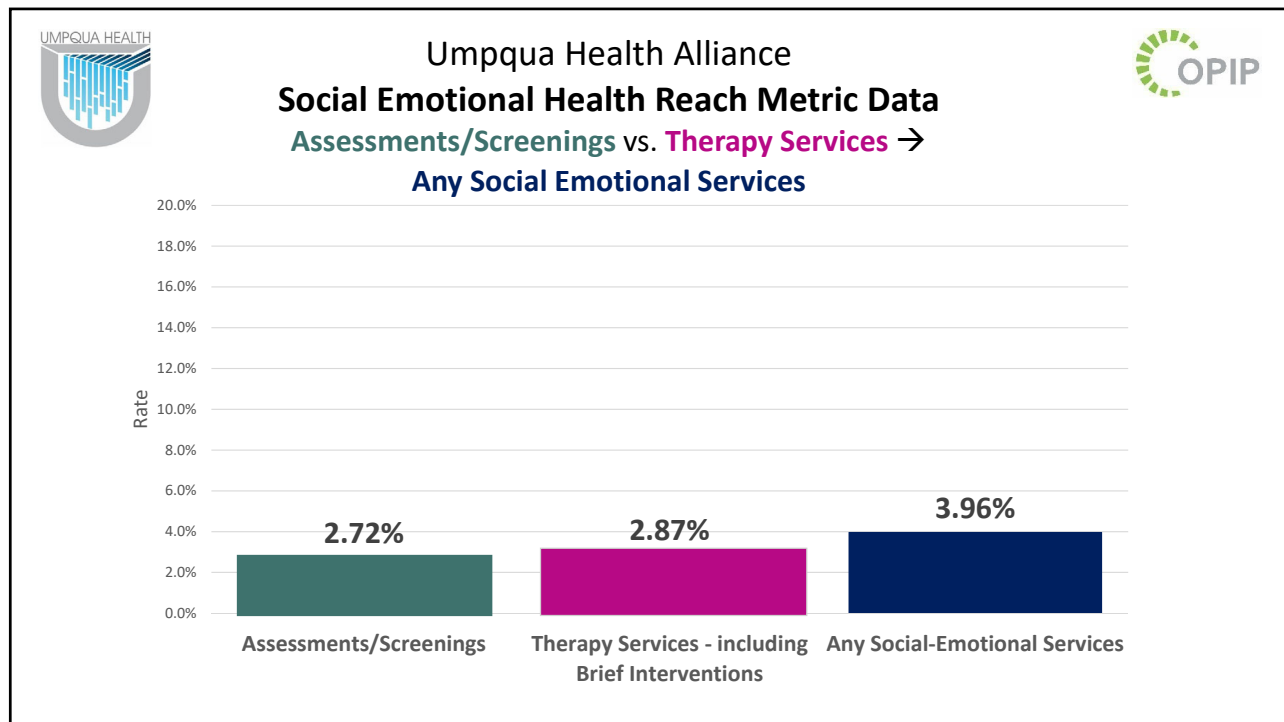


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1 – Front Tire of Bike)
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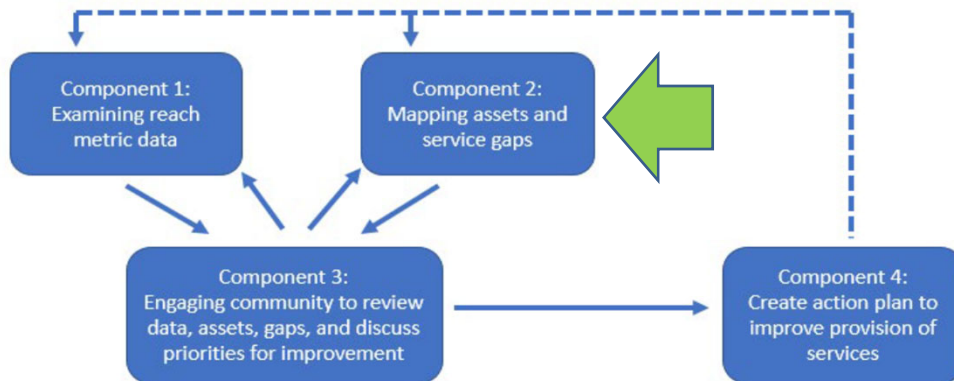
*Facilitated and Interactive Discussion Meant to Gather Community-level Input & Engagement*

- How Should We Improve Access to & Receipt of CCO Support Social-Emotional Services in Douglas County? Community Input:
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  - **Small Group Work Sessions**: Action Needed to Improve Social-Emotional Services
- Next Steps



## System Level Social-Emotional Metric

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## Review of CCO Covered and Community-Level Social-Emotional Services for Young Children (Birth to Five) in Douglas County



- Support and partnership with UHA, Review with Trillium South and Provision of Summary **Early 2022**
  - Community Assessment of Specialty Behavioral Health Providers of **SE Therapy Services**
    - Partnership with **UHA Provider Network Department**, include claims review of who billed and served children birth to five
  - One-one-one interviews with Specialty Behavioral Health:
    - Location of Clinic Sites
    - Access Supports - transportation, delivery methods, clinic hours
    - CCO-contracting
    - Service Eligibility Pathways
    - Providers who have applicable skills in serving children birth to five, ages seen
    - Best Match considerations – provider race/ethnicity, gender, language of service delivery
    - Modalities and Specialties utilized in young child service delivery

### Summer/Fall 2022

- Interviews with primary care site that reported integrated behavioral health on therapy services
- Shared and review with Trillium South
- Reviewed asset map findings with **Behavioral Health Advisory Group**.
- Reviewed asset map findings with **Parent Advisory Group**
- Confirmed current asset map with providers prior to sharing with Community
- Met with **UHA** on how information in the Asset Map could enhance and improve information provided to referring providers, parents; Implications of the Asset Map

## Detailed Asset Map of Contracted Specialty Providers (Provided In Your Folder, Left Side) HAKR SE Metric: Component 2 MY 1 Requirement



Version 10.0 9/23/2022	Family Development Center	Juniper Tree Counseling	ADAPT (CMH)	Kids & Company	AVIVA Health	Positive Behavior Supports	Options Counseling	Lane County Public Health
Location of Clinic Site(s)	Roseburg, Myrtle Creek (1 day), Winston (1 day)	Roseburg	Roseburg, 2 locations	Roseburg	Roseburg (2 days), Myrtle Creek (2 days)	Greater Roseburg & Coastal Douglas	Roseburg, County-wide service delivery	N/A, Coastal DC service delivery
Transportation	NEMT or FDC Bus	NEMT	NEMT, Skills Training Transport, Bus Passes	NEMT	AVIVA transport, NEMT	N/A	N/A	N/A
Delivery Method	Telehealth/ In-person	Telehealth/ In-person	Telehealth/ In-person	In-person	In-person	Community-based, In-home	Community-based, In-home, Telehealth	Telehealth
Clinic Hours	Traditional	Traditional, after 5 pm, Weekends	Traditional (open access / crisis)	Traditional	Traditional, early am & after 5 pm	Traditional (with some flexibility)	Traditional	Traditional (with some flexibility)
CCOs Served	UHA	UHA, Trillium (in process)	UHA, Trillium	Open Card, Trillium & All Care (in process)	UHA, Trillium & All Care	UHA, Trillium, Open Card	Services are non-contracted	Trillium (prevention contract)
Targeted Service Eligibility	n/a	n/a	n/a	n/a	AVIVA primary care referrals	ASD Diagnosis	85% reserved for ODHHS involved	TCHP members in Douglas
# of Providers who see children in Douglas County	2	7	8	3	4	2	2	(2)
# of Providers Who Currently Serve Birth-Five & Have Applicable Skill Sets	2	4	4*	3	1*	2	2	(2)
Ages Seen by Providers who Currently Serve Birth to Five	birth-18 (+)	birth-18 (+)	birth-5	3-18 (+)	5-99	birth-99	2 - 7	2-17
Capacity for New Referrals Over Two Months	2-4 slots 4/360 (1.1%)	14-18 slots 16/656 (2.4%)	6.5 slots 6.5/1265 (.51%)	11 slots 11/800 (1.3%)	10 slots 10/206 (4.8%)	1 slot 1/48 (2%)	3-4 slots 3.5/48 (7.2%)	20 slots 20/480 (4%)
Race/Ethnicity	2 White Identified	1 White & American Indian Identified, 2 Other	No Data	3 White Identified	1 White Identified	2 White Identified	2 White Identified	1 No Data, 1 Latina Identified
Gender	2 Female Identified	4 Female Identified	1 Male, 3 Female Identified	3 Female Identified	1 Female Identified	2 Female Identified	1 Male Identified, 1 Female Identified	1 No Data, 1 Female Identified
Service Delivery Language	English	English	English	English	English	English (Spanish telehealth)	English (Spanish telehealth)	English & Spanish
Evidence-based Modalities & Specialties for Birth-Five	PCIT, CPS, Play Therapy, EMDR, TF-CBT*	PCIT*, CPS, Marriage & Family Therapy, PPR, Dance/Art Therapy	CPP	Play Therapy, CBT, TF-CBT, Art Therapy, CPS, EMDR, AFT	CATP, Play Therapy, Interactive Art Therapy	ABA therapy only	PCIT, GenPMTO	Family Check-up, Triple P
Evidence-based group models?	Not Currently	Not Currently	No	Yes	No	No	No	In Triple P only

Note: Valley View Counseling and Roseburg Therapy report to have at least one provider who see children birth to five, but were not able to complete interviews to inform this summary. Douglas Cares previously employed providers specializing in young child mental health and are actively looking for clinicians with this expertise at this time.

(\*) If provider specialized in birth-five is unavailable, other child generalist providers will serve a child birth-five, rather than waitlist for services.  
(# providers) – Behavioral Health Provider has a number of clinicians available in a telehealth model to support best match services.

(\*) Emerging Modality – Provider finalizing certification process  
(\*) Specializes in children, but has mental health services for parents as well.

Behavioral Health Therapy Service Modalities for Children Birth to Five									
Selected Parent-Child Programs for Children Under 5 with a Scientific Rating of 1-3 Focused on: (1) Positive parenting, (2) Effective limit setting and safe discipline, and (3) Child-parent relationship building									
Therapy/ Program Name	Delivery Method	Age of Child	Scientific Rating	Regions Available	Douglas County Organization*	Number of Providers			
SERVICES TARGETED TO CHILDREN WITH DISRUPTIVE BEHAVIOR PROBLEMS									
Parent Child Interaction Therapy	Dyadic	2-7	1	County-wide (1) Roseburg (3.5) South County (5)	Options Counseling* (1) Juniper Tree Counseling (2) Family Development Center (2)	5			
Generation-PMTO	Dyadic, Family	2-18	1	County-wide (1)	Options Counseling* (1) serve ages 2-7 only	1			
Triple P Positive Parenting Program	Level 3- Dyadic Level 4- Group	0-12	2	Coastal DC (1) telehealth	Lane County Public Health* (1)	1			
SERVICES VALID ONLY FOR CHILDREN OLDER THAN 3									
Collaborative Problem Solving	Family, Individual	3-21	3	Roseburg (7.5) South County (5)	Juniper Tree Counseling (4) Family Development Center (2) Kids & Company (2)	8			
Play Therapy	Family, Individual	3-12	N/A	Roseburg (4) South County (1)	Family Development Center (2) AVIVA* (1) Kids & Company (3) Douglas Cares* (1)	7			
SERVICES TARGETED TO CHILDREN WITH KNOWN TRAUMA HISTORY									
Child Parent Psychotherapy	Dyadic	0-5	2	Roseburg (1)	ADAPT (1)	1			
SERVICES VALID ONLY FOR CHILDREN OLDER THAN 3									
Trauma Focused Cognitive Behavioral Therapy	Individual, Dyadic	3-18	1	Roseburg (3) South County (1)	Family Development Center (1) Kids & Company (1) Douglas Cares* (2)	4			
Eye Movement Desensitization & Reprocessing	Individual	4-17	2 <sup>1</sup>	Roseburg (1)	Family Development Center (1)	1			
SERVICES TARGETED TO CHILDREN WITH AT-RISK PARENTS/ FAMILIES									
Promoting First Relationships	Dyadic	0-3	3	Roseburg (4)	Juniper Tree Counseling (4)	4			
Family Check-Up	Dyadic	2-17	1	Coastal DC (1) telehealth	Lane County Public Health* (1)	1			
ADDITIONAL DOUGLAS COUNTY SERVICES FOR CHILDREN BIRTH TO FIVE									
Applied Behavior Analysis	Individual	2-17	NR	County-wide (2)	Positive Behavior Supports* (2)	2			
Art Therapy	Individual	2-17	NR	Roseburg (5.5) South County (5)	Kids & Company (3) Juniper Tree Counseling (1) AVIVA* (1) Douglas Cares* (1)	6			

\*Additional organizations who provide evidence-based services to young children may not be represented above, if couldn't be reached for asset mapping. Such resources may include providers within Roseburg Therapy and Valley View Counseling.  
1 Behavioral Health Organizations with unique pathways to services or eligibility considerations that inform who may be served.  
1 Dyadic therapies are those done with the parent and the child together. Group therapies can be delivered caregivers without children present, or delivered to a group of families with both children and caregivers present. 2 None of the evidence used to rate EMDR was conducted on children under 4.  
-V.5 October 2022-

Developed by the Oregon Pediatric Improvement Partnership (OPIP) based on information derived from <https://www.cebotecw.org>.  
This work was conducted as part OPIP's funding from The Ford Family Foundation.

## Douglas County Specialty Behavioral Health Therapeutic Modalities (Provided In Your Folder)

- Services Targeted to Presenting Behavior Needs
- Services Targeted to Children with Known Trauma History
  - Distinctive from Trauma-Informed Practice
- Services Targeted to Resilience Building among Families with Risk Factors for Disruptions
- Additional Douglas County Resources

## OPIP'S REFLECTIONS TO THE ASSET MAP OF SPECIALTY BEHAVIORAL HEALTH SERVICES FOR YOUNG CHILDREN



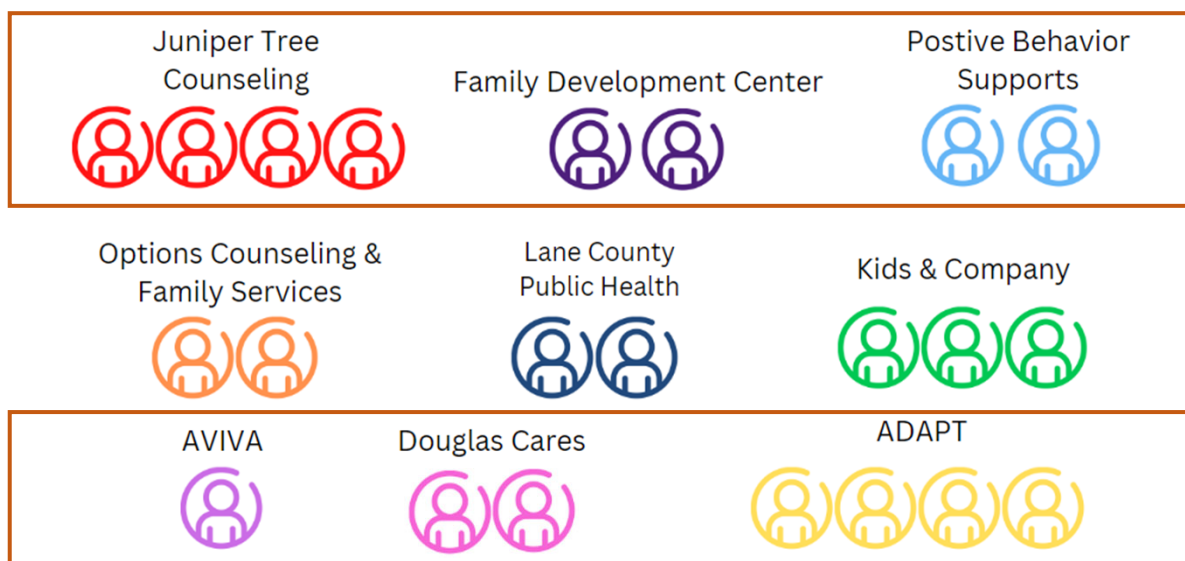
### Douglas County has:

- Assets that Are There Amazing!
  - Nine providers that are able to serve children birth to five. (Of those, six currently contracted by UHA)
  - Dedicated group of providers committed to the social-emotional health and wellbeing of young children
  - Partners invested in funding young child behavioral health
- Need for More **CCO Therapy Services** - the current providers who are meeting critical need in the community, at current capacity levels, are yielding the **System-level Social-Emotional Services Therapy Rate of 2.87%**
  - Many of current providers have limited capacity
- Need for **Modalities That Target to Different Types of SE Delays/Factors Warranting Services** (For example: Services that target the impact of Trauma and Adverse Childhood Events)
- Need for Modalities that are Provided in **Group Context**
- Need for service that may enhance access by being in **home or community setting**
- Need for **CCO Therapy Services** for Potential Priority Populations: Three proposed based on Ford Family work and data:



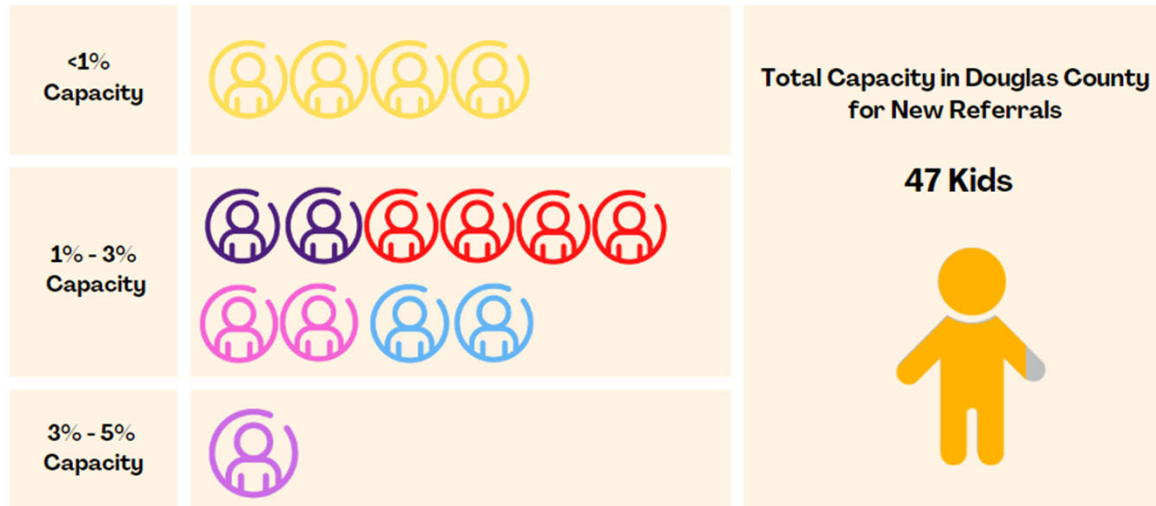
- Children whose have experienced at least one of three adverse childhood experiences known in child health complexity data
- Children outside Roseburg
- Children who are Hispanic or Latino/a

## There are Nine Organizations with 22 Providers who Serve Children Birth to Five in Douglas County



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## Capacity of Existing UHA Contracted Providers, who see Children Birth to Five, for New Referrals is Limited



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## UHA Social-Emotional **Therapy Services** Rate if Action Plan Focused **ONLY** on Increasing Access to Existing Providers: The Rate Would Increase by around 1%



Data Source: January 2022 SE Reach Metric Report Provided to UHA

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## OPIP'S REFLECTIONS TO THE ASSET MAP OF SPECIALTY BEHAVIORAL HEALTH SERVICES FOR YOUNG CHILDREN



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  - Dedicated group of providers committed to the social-emotional health and wellbeing of young children
  - Partners invested in funding young child behavioral health
2. Need for More **CCO Therapy Services** - the current providers who are meeting critical need in the community, at current capacity levels, are yielding the **System-level Social-Emotional Services Therapy Rate of 2.87%**
  - Many of current providers have limited capacity
3. Need for **Modalities That Target to Different Types of SE Delays/Factors Warranting Services** (For example: Services that target the impact of Trauma and Adverse Childhood Events)
4. Need for Modalities that are Provided in **Group Context**
5. Need for service that may enhance access by being in **home or community setting**
6. Need for **CCO Therapy Services** for Potential Priority Populations: Three proposed based on Ford Family work and data:



- Children whose have experienced at least one of three adverse childhood experiences known in child health complexity data
- Children outside Roseburg
- Children who are Hispanic or Latino/a

## OPIP'S Reflections to the Modalities and Service Delivery Model Findings within the Asset Map of Specialty Behavioral Health




1. **No therapeutic group models** currently serving families of young children that includes the provision of therapy services
  - ADAPT skills training, not for young children
  - Kids & Co – closed group (therapist invitation)
2. Models can than be provided in home or places families comfortable going to in small towns:
  - May address barrier related to transportation, travel
  - Some children do better in environments they are more comfortable
3. Services in non-clinical community spaces
  - Can address stigma concerns
  - Ease of access

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There is a Need to **Enhance Modalities that Target Trauma**  
to Address the Need of the Over Half of UHA Enrolled Children with  
**Known ACES Based on Child Health Complexity Data**



Douglas County Services Targeted to Children With Known Trauma History	Capacity of Existing Providers for Service Delivery	Capacity of Existing Providers to Serve New Clients
Child Parent Psychotherapy	ADAPT 1 Provider	Approximately 2% Capacity (~20 Children) 
Trauma-Focused Cognitive Behavioral Therapy	Family Development Center 1 Provider Kids & Company 1 Provider Douglas CARES 2 Providers	
Eye Movement Desensitization & Reprocessing (EMDR)	Family Development Center 1 Provider	

**Need to Enhance Services that Can Be Provided Outside of Roseburg:**  
**Only Five Organizations, Four Are Nuanced Referrals for Specific Populations**



Douglas County Services Outside of Roseburg	Capacity of Existing Providers for Service Delivery	Capacity of Existing Providers to Serve New Clients
Myrtle Creek	Family Development Center (1 Provider, once a week) AVIVA Health (1 Provider, twice a week)	Approximately 1% Capacity (~13 Children) 
Canyonville	Douglas CARES (1 Provider, once a week)	
Winston	Family Development Center (1 provider, once a week)	
Drain	Douglas CARES (as needed)	
Countywide Home Visiting	Positive Behavior Supports (2 FT Providers) Options Counseling (2 FT Providers)	

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## Need to Enhance Service for Children that are **Hispanic or Latino/a**



- Only one provider who is Hispanic or Latino/a and speaks Spanish
  - Lane County Public Health for Trillium South members in Coastal Douglas
- Spanish speaking telehealth offered by:
  - Options: Children ODHS involved (Including children receiving TANF)
  - Positive Behavior Supports: Applied Behavior Analysis for children with autism spectrum disorder

### Through Discussions with Behavioral Health and Parents:

- There is a struggle to locate and hire a Spanish-speaking workforce in the region.
- Represented behavioral health providers report limited outreach from Spanish-speaking families requesting services, but don't believe its due to lack of need.
- Parents of children of color prefer therapists who share racial, cultural and linguistic backgrounds, but have minimal expectation they could locate it in the region.
- Parents of children of color have reported experiences of racial discrimination and judgment experienced themselves, and by their community members.
- Parent Education and Child-focused Behavioral Health seminars conducted in the region by Spanish-speaking professionals have been popular and well-attended.



## Need to Listen to, and Learn from, **Hispanic or Latino/a Families** in Douglas County on What Services They Would Want, and How



### Given limited data and limited experiences:

- There is a need to hear more from **Hispanic and Latino/a families** in the community about strategies to expand therapy services they would access.
- Critical insight would inform:
  - WHAT therapy services
  - HOW the therapy services should be provided
    - Example: Reaction to group models led by Spanish-speaking therapist ?
  - WHERE the therapy services should be provided
    - Example: Would better access happen in a community setting?
  - HOW to support families in understanding and accessing services
    - Example: Strategies to address stigma and pathways to services in order for access to exist
    - Example: Models of Peer to Peer Supports





## UHA's REFLECTIONS TO THE ASSET MAP OF SPECIALTY BEHAVIORAL HEALTH SERVICES FOR YOUNG CHILDREN



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## Agenda



- Welcome from **Ford Family Foundation**, **OPIP**, and **Umpqua Health Alliance**
- Refresher on the **Douglas County Call to Action for Health Complex Children** & OPIP's Galvanizing
- Review of **alignment of efforts focused on addressing the Social-Emotional needs of health complex children with the System-level Social Emotional Metric focused on the birth to five population**
- **What is the Current State of Social-Emotional Services Young Children Are Receiving?**
  - **OPIP**: Level Setting and Overview
  - **Umpqua Health Alliance**: Sharing of data
- **What Social-Emotional Services Exist?**
  - **OPIP**: Sharing of Specialty Behavioral Health Services Asset Map and Capacity
  - **Umpqua Health Alliance**: Reflections to Asset Map

### **Facilitated and Interactive Discussion Meant to Gather Community-level Input & Engagement**

- **How Should We Improve Access to & Receipt of CCO Support Social-Emotional Services in Douglas County? Community Input:**
  - **Community Level Input**: Prioritizing Populations with Historical and Inequitable Outcomes
  - **Small Group Work Sessions**: Action Needed to Improve Social-Emotional Services
- **Next Steps**

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## Community-level Input Needed:

### Populations to Prioritize for Starting Point Actions Focused on Addressing Those with Historical and Contemporary Injustices



#### Why we need community input on where to start:

- QI Principles note the importance of starting with a manageable scope, learning from those efforts, and expanding
- Actions ideas we will discuss will require significant work and investments.
- **UHA** is required to pick at least one (so needs to hear from you)

#### Why This Will Be Hard:

- All children deserve recommended social-emotional services
- Of the populations we are examining:
  - Each is important, and each experiencing historical and contemporary inequities
  - Priority populations were reviewed and confirmed by the parent advisory group.

Prioritization today supports identifying potential action planning strategies to initiate in 2023.

**GO TO [WWW.MENTI.COM](https://www.menti.com) NOW!**

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## Community-level Input on Populations to Focus Efforts Targeted Efforts



<b>Option 1:</b> <b>Children with at least 1 of 3 Adverse Childhood Experiences</b> <i>(Parental incarceration, Parental Substance Use Disorder, Parental Mental Health)</i>	<b>Option 2:</b> <b>Children who live outside Roseburg</b>	<b>Option 3: Children who are Hispanic or Latino/a</b>	<b>Populations that Are a Combination</b>
<ul style="list-style-type: none"> <li>• More than half of children.</li> <li>• Aligned with community priority of children with health complexity</li> <li>• UHA has a child-level indicator.</li> <li>• Correlated with child welfare services.</li> <li>• Current SE Service Rate: <b>4.5%</b>.</li> <li>• Asset map showed gaps in services focused on trauma.</li> <li>• Barriers to accessing, following through, and maintain services for families with these factors.</li> </ul>	<ul style="list-style-type: none"> <li>• More than half of children birth to five.</li> <li>• Current SE Service Rate: <b>3.0%</b>.</li> <li>• Asset Map demonstrated limited reach of services outside of service centers and few home-based models.</li> </ul>	<p>There are data limitations to identifying exact population size</p> <ul style="list-style-type: none"> <li>• Of those identified in the data, Current SE Service Rate: <b>0%</b></li> <li>• Asset Map identified gaps in services by therapist of ethnicity, who speak Spanish.</li> <li>• Note: Per OPIP's proposal, this work would focused in 2023 on listening sessions and community engagement of parents of children who are Hispanic or Latino/a</li> </ul>	<p><b>Option 4: Option 1 and Option 2:</b> Children with parents with at least one of three experiences that is an ACE + who live outside of Roseburg</p> <ul style="list-style-type: none"> <li>• This is 990 children.</li> </ul> <p><b>Option 5: Option 1 and Option 2</b> in 2023 Action Plan focused on service expansion for this population; and <b>Option 3</b> - listening sessions and community engagement of parents of children who are Hispanic or Latino/a</p>

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## Community-level Input on Populations to Focus Efforts Targeted Efforts In 2023



**Option 1:** Children with at least 1 of 3 Adverse Childhood Experiences (ACE) (Parental incarceration, Parental substance use disorder, Parental mental health)

**Option 2:** Children who live outside Roseburg

**Option 3:** Children who are Hispanic or Latino/a

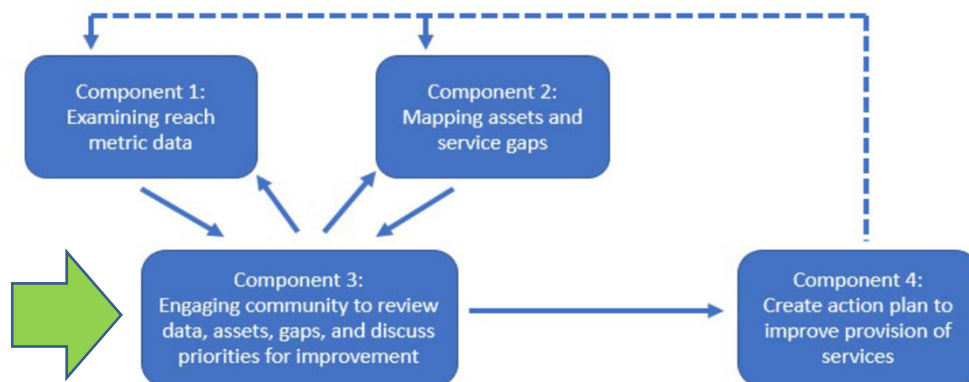
**Option 4:** **Option 1** and **Option 2:** Children with parents with at least one of three experiences that is an ACE + who live outside of Roseburg

**Option 5:** **Option 1** and **Option 2** in 2023 of Action focused on increase services, with an explicit track of listening sessions and community engagement of parents of children who are Hispanic or Latino/a (**Option 3**)

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## System Level Social-Emotional Metric

**Metric Type:** The metric is an attestation metric in which the CCO will attest to conducted specific activities and engaging specific community partners relative for four component areas.



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## Small Group Discussion Ground Rules

- Each voice at the table is important and has a perspective that is invaluable to hear
  - Stepping back vs stepping up
- This a community effort to identify community solutions
- Multiple opportunities to provide feedback given we know people have different feedback styles
  - Feedback form and your written input turn in today
- Representatives at each table from:
  - The Ford Family Foundation
  - Umpqua Health Alliance

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## Breakout Groups to Gather Input about ACTION to Increase CCO Covered SE Services for Young Children



Need Your Insights Anchored to “Parts of the Bike” and the Larger Context:

Part 1: Enhancing CCO Covered Therapy Services (Including Brief Interventions) (20 Minutes)

- Front Tire

Part 2: Enhancing CCO Covered Screening, Assessment ( 15 Minutes)

- Back Tire

Part 3: Improving Pathways to Therapy Services (from all Providers) (15 Minutes)

- Pedals, Gears

Part 4: Improving the Context and Environment (10 Minutes-Group Level Input following Presentation)

- Environment the Bike is In, whether parent will get on the Bike





## How Will the Breakout Groups Work?



**Facilitated conversations, led by OPIP staff, around each “Part” of the Bike**



**Facilitation guide provided in your packet**

- ✓ Opportunity for you to take notes, write down feedback for OPIP and provide at end of meeting
- ✓ Follow-up survey will also be sent that will allow time to reflect and provide additional input

**Within each section, hearing specific strategies proposed:**

- ✓ OPIP will share on strategies identified based on community feedback and opportunities from past projects
- ✓ Need input on those options, or NEW IDEAS you may have



**After initial conversations, need to consider whether and how the strategies can meet the needs of the potential priority populations**



## Part 1: Enhancing CCO Covered Therapy Services (Front Tire): Overall and For Priority Populations



**Strategies to Increase CCO Covered Therapy Services (Dyadic/Group; Brief Interventions): Current Rate is 2.87%**

**Strategies that Increase Capacity of Current BH Providers or Number of New Providers:**

- 1) **Current Specialty Providers:** Incentivize and Enhance Capacity of Existing Birth to Five Providers to Serve More Children
- 2) **New Specialty Providers:** Incentivize/Increase Number of Therapy Providers serving Children Birth to Five in the Region
- 3) **Integrated Behavioral Health** in Primary Care: Expand Ability of IBH to Provide Therapy Services to Young Children - Incentives and Trainings

**Strategies that Increase Types of Modalities and Types of Services:**

- 4) **Group Therapies:** Invest and Support in CCO Covered SE Services Provided in Group Setting(s)
- 5) **Home-Based Therapies:** Invest and Support in CCO Covered SE Provided in Home(s); or settings in the community

**Strategies Specific to Priority Populations**

**Children with at least 1 of 3 Adverse Childhood Experiences (Parental incarceration, Parental SUD, Parental MH)**



- Invest in Therapy Services that Address **Trauma & Access** in young children that is a dyadic approach (with parent)
- Pilots of **Adult SUD and/or MH Treatment Services that Include a Child-Component of Dyadic Services**
- Pilots of **Dyadic Child/Parent Therapy Services for Recently Incarcerated Parents of Young Children**

**Children who Live Outside of Roseburg**

- Prioritize pilots and investments focused on access **outside Roseburg** such as group classes, bringing therapy services to them, increasing and training integrated behavioral health located in primary care sites outside Roseburg.

**Children who are Hispanic or Latino/a:**

- Services for Children Who Are **Hispanic or Latino/a**, and/or whose families speak Spanish



## Part 2: Enhancing CCO Covered Screening & Assessment Services (Back Tire): Overall & For Priority Populations



### Current State of CCO Covered Screening & Assessment Services (Current Rate is 2.72%)

#### Strategies that Increase Early Identification & Intervention within Primary Care Settings

- 1) Integrated Behavioral Health in Primary Care: Trainings/Incentives on Assessments/Screenings
- 2) Primary Care Providers
  - 2A. Trainings/Incentives on Flags from Current Screenings/Assessments (maternal depression; developmental screening; provider/parental concern) that could warrant a Follow-Up Assessment
  - 2B. Trainings/Incentives to Implement NEW Social-Emotional Screening for Population of Birth to Five

#### Strategies Specific to Priority Populations

##### Children with at least 1 of 3 Adverse Childhood Experiences (Parental incarceration, Parental SUD, Parental MH)



- Provide training/tool compendium to primary care providers on best match S-E health assessments and screenings for children of parents with high social complexity, ACES

##### Children who Live Outside of Roseburg

- Prioritize trainings and engagement of Primary Care Providers **outside Roseburg**

##### Children who are Hispanic or Latino/a:

- Provide trainings on screenings and health assessments that are best match and linguistically- and culturally-appropriate for children who are **Hispanic or Latino/a**



## Part 3: Improving Pathways to Therapy Services (Pedals & Gears): Overall and For Priority Populations



### Strategies that Address Barriers and Opportunities Noted by Parents, Providers, and Community Leaders

- 1) Publicly Available Information about Providers: Materials about behavioral health providers available in region for children birth-to-five that are easy to access and use, including provider capacity and descriptive characteristics that inform referrals/access.
- 2) Referral Pathways: Pilot of "warm referrals", feedback loops. Address barriers to accessing services through open time slots for evaluation.
- 3) Address Delays from Evaluation to Service: Strategies that can shorten time between evaluation and services.

#### Pilots of Enhanced Pathways Between Providers Such as Pilots Between:

- 4) Early Learning and CBO to Behavioral Health: Pilots between priority community based and early learning providers to Therapy Services.
- 5) Primary Care Providers and Their Integrated Behavioral Health: Trainings on Flags from Current Screenings/Assessments (maternal depression; developmental screening; provider/parental concern) that could warrant **brief intervention or therapy services by IBH**.
- 6) Primary Care to Behavioral Health: Pilots between primary care provider serving large numbers of children and Therapy Services.
- 7) Peer to Peer Support: Paid parent partners in the region who have accessed behavioral health services to provide navigation supports.

#### Strategies Specific to Priority Populations

##### Children with at least 1 of 3 Adverse Childhood Experiences (Parental incarceration, Parental SUD, Parental MH)



- Therapy Service Connections from Adult Programs that **Address an ACE** (e.g. Adult substance use disorder, Adult mental health, adult incarceration) to Child Therapy Service
- Pilot of referral pathways from Child-Serving Programs of **Children Experiencing ACEs** to Therapy Services
- Pilot of referral pathways from adult therapy providers to child therapy providers

##### Children who Live Outside of Roseburg: Pilot of referral pathways to BH specific to providers **outside of Roseburg**

##### Children who are Hispanic or Latino/a:

- Pilot of referral pathways to BH that address culturally-specific barriers for **Hispanic or Latino/a Population** (addressing stigma)
- Parent navigators who are **Hispanic or Latino/a** to support accessing therapy services.



## Part 4: Improving Context and Environment of Social-Emotional Health in Young Children (Environment of Bike): Overall and For Priority Populations



### *Strategies that Address Barriers and Opportunities Noted by Parents, Providers, and Community Leaders*

- 1) **Parent education, information:** What is Social-Emotional health, tips on how to support and enhance their child's Social-Emotional development
- 2) **Paid parent partners:** Pay parents who have accessed birth to five behavioral health services to share their stories and obtain their input on how to improve access
- 3) **Seminars:** Social-Emotional health seminars, parenting learning sessions (include dinner and childcare)
- 4) **Public health message campaign** on Social-Emotional health

### *Strategies Specific to Priority Populations*

#### **Children with at least 1 of 3 Adverse Childhood Experiences(Parental incarceration, Parental SUD, Parental MH)**



- Social-Emotional health seminars, group classes with dinner served and free childcare for parents receiving SUD, MH, and other social complexity services.
- Social-Emotional health seminars, group classes with dinner served and free childcare for parents who have been incarcerated

#### **Children who Live Outside of Roseburg**

- Social-Emotional public health campaign outside of Roseburg

#### **Children who are Hispanic or Latino/a:**

- Social-Emotional health campaign and awareness building by Hispanic or Latino/a parents in region
- Paid parent partners who are Hispanic or Latino/a

## Next Steps





## UHA Reflections & Next Steps

NANCY RICKENBACH & TAYLOR DOMBECK



### Reflections:

- Here to listen to you all today! Our team is meeting over new few weeks to share on our reflections from the discussions today.
- Data Management Strategies with claims to confirm populations served
- Targeting investment in existing providers within therapeutic modalities proven to produce better outcomes and engagement - especially for specific populations
  - Incentivizing care for both members & providers:
- Forging new organizational partnerships and strengthening existing ones
- Contracting models supporting family-centered access to care: holistically viewing families lived experiences in their “journey to care”
- Tools & Resources could improve some challenges with system navigation (i.e.: referral process, intake procedure, visibility to access)
- Addressing Social Complexities

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## UHA Reflections & Next Steps

NANCY RICKENBACH & TAYLOR DOMBECK



### Next Steps:

- UHA leadership will internally review the community feedback and priorities to ultimately integrate what we’ve learned into an action plan for 2023-2024. **Our goal to communicate these decisions back to the community by December 1<sup>st</sup>**
- UHA ‘s action plan priorities will be disseminated through:
  - Email communication to all attendees of this meeting
  - DSAC and Provide Newsletter
  - System of Care Meeting
  - Provider Engagement Department’s Behavioral Health Advisory Committee,
    - If you’re not currently attending this meeting or if you’d like an invitation to attend please contact Taylor Dombek and/or Carlos Gomez

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## OPIP's Next Steps



- Develop a community level summary to distribute to attendees.
- Share findings with FFF in our Final Report for Current Funding that Ends 10/31/21
- Meet with UHA to share our reflections and implications for their efforts:
  - ✓ As part of their role in the community –level Galvanizing Action for Health Complex Children
  - ✓ As part of the HAKR SE Metric

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## OPIP Proposed work for 2023 to Ford Family Foundation



- Component 1: Community Stakeholder and System-level Leader Engagement
- Component 2: Behavioral Health Access and Capacity for Children and Youth with Health Complexity in Douglas County

## OPIP Proposed work for 2023 to Ford Family Foundation



### Component 2: Community Stakeholder and System-level Leader Engagement

- OPIP Implementation and Technical Assistance to Umpqua Health Alliance and the **information they publicly share on behavioral health provider to inform referrals, awareness of capacity and support parent/youth access of behavioral health.**
- Technical assistance to Umpqua Health Alliance on a pilot of **Intensive Case Coordination specifically for children with health complexity.**
- Development of a strategic summary of the **Professional Development** needs of behavioral health providers in the region that address pain points and topic areas for training priorities that would enhance services for children with health complexity in the region.



## Ford Family Foundation Welcome

ROBIN HILL-DUNBAR,  
SENIOR PROGRAM OFFICER

## THANK YOU for your Time & Contribution



Today: Survey to Provide Feedback on Today's Meeting

- Please turn it in at the Registration Table, and box lunch!



Next Week: OPIP will provide a follow-up survey on 11/2 to provide another opportunity to give final input or reflections

Asset Map: Summary of Douglas County Specialty Behavioral Health Therapy Services for Children Birth to Five, October 2022

This summary aligns with the System-Level Social Emotional (SE) Metric Asset Map required in Measurement Year 1 ('22). Specialty behavioral health providers are those contracted by the CCO(s) to specifically provide mental and behavioral health service. This asset map summarizes specialty behavioral health providers contracted with CCOs in Douglas County providing behavioral health services for the birth to five population and that serve publicly insured (Medicaid/CHIP) children. Note: Valley View Counseling and Roseburg Therapy report to have at least one provider who see children birth to five, but were not able to complete interviews to inform this summary.

Version 13.0 As of 10.21.22	Family Development Center	Juniper Tree Counseling	ADAPT (CMH)	Kids & Company	Additional Services with Targeted Populations or Eligibility Pathways Impacting Access for All Children	AVIVA Health	Positive Behavior Supports	Douglas CARES	Options Counseling	Lane County Public Health
Location of Clinic Site(s)	Roseburg, Myrtle Creek (1 day), Winston (1 day)	Roseburg	Roseburg, 2 locations	Roseburg		Roseburg (2 days), Myrtle Creek (2 days)	Greater Roseburg & Coastal Douglas	Roseburg, Canyonville (1 day), Drain (as needed)	Roseburg, County-wide service delivery	N/A, Coastal DC service delivery
Transportation (NEMT-Non-emergency Medical Transportation)	NEMT or FDC Bus	NEMT	NEMT, Skills Training Transport, Bus Passes	NEMT		AVIVA transport, NEMT	N/A	NEMT or company vehicle	N/A	N/A
Delivery Method	Telehealth & In-person	Telehealth & In-person (after 5, weekends available)	Telehealth & In-person (open access/crisis)	In-person		In-person (early & late apt, available)	Community-based & In-home	Telehealth & In-person	Community-based, In-home & Telehealth	Telehealth
CCOs Served (UHA – Umpqua Health Alliance)	UHA	UHA, Trillium (in process)	UHA, Trillium	Open Card, Trillium & All Care (in process)		UHA, Trillium & All Care	UHA, Trillium, Open Card	UHA, Trillium, All Care	Services are non-contracted	Trillium (prevention contract)
Targeted Service Eligibility	N/A	N/A	N/A	N/A		AVIVA primary care referrals	Autism Spectrum Diagnosis	Child Abuse Experience	85% reserved for ODHS involved	Trillium members in Douglas
# of Providers who see children in Douglas County	2	7	8	3		4	2	4	2	(2)
# of Providers Who Currently Serve Birth-Five & Have Applicable Skill Sets	2	4	4^	3		1^	2	2	2	(2)
Ages Seen by Providers who Currently Serve Birth to Five	birth-18 (+)	birth-18 (+)	birth-5	3-18 (+)		5-99	birth-99	2-14	2 - 7	2-17
Average Capacity for New Referrals Over Two Months	4/360 (1.1%)	16/656 (2.4%)	6.5/1265 (<1%)	11/800 (1.3%)		10/206 (4.8%)	1/48 (2%)	10/392 (2.5%)	3.5/48 (7.2%)	20/480 (4%)
Race/Ethnicity	2 White Identified	1 White & American Indian, 2 Other, 1 White Identified	No Data	3 White Identified		1 White Identified	2 White Identified	1 Vietnamese, 1 White Identified	2 White Identified	1 No Data, 1 Latina Identified
Gender	2 Female Identified	4 Female Identified	1 Male, 3 Female Identified	3 Female Identified		1 Female Identified	2 Female Identified	1 Male, 1 Female Identified	1 Male, 1 Female Identified	1 No Data, 1 Female Identified
Service Delivery Language	English	English	English	English		English	English (Spanish telehealth)	English, Vietnamese & French	English (Spanish telehealth)	English & Spanish
Evidence-based Modalities & Specialties for Birth-Five	Parent Child Interaction Therapy, Collaborative Problem Solving, Trauma-focused Cognitive Behavioral Therapy*, Play Therapy, EMDR	Parent Child Interaction Therapy*, Collaborative Problem Solving, Marriage & Family Therapy, Promoting First Relationships, Dance/Art Therapy	Child Parent Psychotherapy	Play Therapy, Cognitive Behavioral Therapy (& Trauma-focused CBT), Art Therapy, Collaborative Problem Solving, EMDR		Play Therapy, Interactive Art Therapy	Applied Behavior Analysis	Trauma-focused Cognitive Behavioral Therapy*, Play Therapy Art Therapy	Parent Child Interaction Therapy, GenerationPMTO	Family Check-up, Positive Parenting Program (Triple P)
Evidence-based group models?	Not Currently	Not Currently	No	Yes		No	No	Not Currently	No	In Triple P only
(^) If provider specialized in birth-five is unavailable, other child generalist providers will serve a child birth-five, rather than waitlist for services. (# providers) – Behavioral Health Provider has a number of clinicians available in a telehealth model to support best match services.						(*) Emerging Modality – Provider finalizing certification process (+) Specializes in children, but has mental health services for parents as well.				

*Selected Parent-Child Programs for Children Under 5 with a Scientific Rating of 1-3 Focused on (1) Positive parenting, (2) Effective limit setting and safe discipline, and (3) Child-parent relationship building*

Some Providers trained in multiple service modalities targeting different presenting needs will be reflected more than once throughout.

## SERVICES TARGETED TO CHILDREN WITH DISRUPTIVE BEHAVIOR PROBLEMS

Parent Child Interaction Therapy	Dyadic	2-7	1	County-wide (1) Roseburg (3.5) South County (.5)	Options Counseling^ (1) Juniper Tree Counseling (2) Family Development Center (2)	5
Generation-PMTO	Dyadic, Family	2-18	1	County-wide (1)	Options Counseling^ (1) <i>serve ages 2-7 only</i>	1
Triple P Positive Parenting Program	Level 3 - Dyadic	0-12	2	Coastal DC (1) <i>telehealth</i>	Lane County Public Health^ (1)	1
	Level 4 - Group		1		<i>No group currently</i>	

*SERVICES VALID ONLY FOR CHILDREN OLDER THAN 3*

<b>Collaborative Problem Solving</b>	Family, Individual	3-21	3	<b>Roseburg (7.5) South County (.5)</b>	<b>Juniper Tree Counseling (4) Family Development Center (2) Kids &amp; Company (2)</b>	<b>8</b>
<b>Play Therapy</b>	Family, Individual	3-12	N/A	<b>Roseburg (6) South County (1)</b>	<b>Family Development Center (2) AVIVA^ (1) Kids &amp; Company (3) Douglas Cares^ (1)</b>	<b>7</b>

## SERVICES TARGETED TO CHILDREN WITH KNOWN TRAUMA HISTORY

Child Parent Psychotherapy	Dyadic	0-5	2	Roseburg (1)	ADAPT (1)	1
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*SERVICES VALID ONLY FOR CHILDREN OLDER THAN 3*

<b>Trauma Focused Cognitive Behavioral Therapy</b>	Individual, Dyadic	3-18	1	<b>Roseburg (3) South County (1)</b>	<b>Family Development Center (1) Kids &amp; Company (1) Douglas Cares^ (2)</b>	<b>4</b>
<b>Eye Movement Desensitization &amp; Reprocessing</b>	Individual	4-17	1 <sup>2</sup>	<b>Roseburg (1)</b>	<b>Family Development Center (1)</b>	<b>1</b>

## SERVICES TARGETED TO CHILDREN WITH AT-RISK PARENTS/ FAMILIES

<b>Promoting First Relationships</b>	Dyadic	0-3	3	<b>Roseburg (4)</b>	<b>Juniper Tree Counseling (4)</b>	<b>4</b>
<b>Family Check-Up</b>	Dyadic	2-17	1	<b><i>Coastal DC (1) telehealth</i></b>	<b>Lane County Public Health^ (1)</b>	<b>1</b>

## ADDITIONAL DOUGLAS COUNTY SERVICES FOR CHILDREN BIRTH TO FIVE

<b>Applied Behavior Analysis</b>	Individual	2-17	NR	<b>County-wide (2)</b>	<b>Positive Behavior Supports^ (2)</b>	<b>2</b>
<b>Art Therapy</b>	Individual	2-17	NR	<b>Roseburg (5.5) South County (.5)</b>	<b>Kids &amp; Company (3) Juniper Tree Counseling (1) AVIVA^ (1) Douglas Cares^ (1)</b>	<b>6</b>

*\*Additional organizations who provide evidence-based services to young children may not be represented above, if couldn't be reached for asset mapping. Such resources may include providers within Roseburg Therapy and Valley View Counseling.*

<sup>a</sup>Behavioral Health Organizations with unique pathways to services or eligibility considerations that inform who may be served.

1 Dyadic therapies are those done with the parent and the child together. Group therapies can be delivered caregivers without children present, or delivered to a group of families with both children and caregivers present. 2 None of the evidence used to rate EMDR was conducted on children under 4.

**-V.5 October 2022-**

Developed by the Oregon Pediatric Improvement Partnership (OPIP) based on information derived from <https://www.ceb4cw.org>.  
This work was conducted as part OPIP's funding from The Ford Family Foundation.