



Training Primary Care Pilot Sites on Addressing Social-Emotional Delays Deliverable 2.7 May 2021

Background and Context: The *Pathways from Developmental Screening to Services* project is a community-level improvement effort focused on improving the receipt of services for young children identified at-risk for developmental, behavioral and social delays. A component of this work is focused on improving **follow-up to developmental screening in primary care practices (PCPs) for children identified with social emotional delays**. To support this, the Oregon Pediatric Improvement Partnership (OPIP) provided training, development of tools and resources to improve their follow-up, and provided at-the-elbow implementation support to the staff in the primary care practices who are leading the improvement efforts.

Content in This Summary: This report provides a summary of the training delivered to Madras Medical Group in February 2021. Due to the pandemic and staffing turnover, St. Charles Prineville did not want to participate in this training opportunity.

This training provided a refresher and deeper context on the pathways to support social emotional health including:

- Who to send to Internal Behavioral Health Services
- Developmental Promotion to Consider and How to Engage Families in Referrals to Behavioral Health Services
- Referrals to Internal Behavioral Health & Overview of their role including:
 - Brief assessments
 - Brief interventions
 - Identifying children to refer to Specialty Behavioral Health
- High Level Overview of Specialty Behavioral Health for Children Birth-5
 - Compendium of Services & Talking points about services

Through this training, primary care pediatric providers were provided enhanced guidance and tools to support children identified at-risk for social emotional days on developmental screening in the context of well-care.



Pathways from Developmental Screening to Services: Ensuring Young Children Identified At-Risk Receive Best Match Follow-Up

Booster Training for Madras Medical Group Providers on Pathway for Children Identified with Social Emotional Delays

February 24, 2021 7-8am

Acknowledgement of COVID-19 Response Impact on Young Children & Timeliness of This Training

- We are humbled by & understand that we are in an unprecedented time that will likely have unprecedented consequences.
 - **Concerns about response particularly on young children & their developing brains.**
 - **Lack of access to support services** in which early identification occurs.
 - **Lack of access to early learning settings** to promote early childhood health.
 - **Social isolation**
 - **Parental stressors** and impact on young children
- We consistently hear from partners about the impact of COVID-19 response on **young children's social emotional health.**
 - Heightened awareness about the **need for supports for children and families** whose children's social-emotional health has been negatively impacted.
- **Value of the summary tools** from this meeting for broad stakeholders
- Value of this **information for primary care** as they engage with families

Agenda

1. Refresher on Pathways from Developmental Screening to Services Project

2. Deep Dive on Pathway to Support Social Emotional Health

- What is social emotional health for young children birth to five?
- Which kids may benefit from social-emotional health supports?
- How to engage families in social-emotional health supports
 - ✓ Developmental promotion to consider
 - ✓ Connect with Internal Behavioral Health for navigation support
 - ✓ Identify appropriate referral to community Specialty Behavioral Health Provider
- Specialty Behavioral Health for Children birth-5 – High Level Overview
 - ✓ What modalities and services are best for young kids with social emotional needs?
 - Talking points about services
 - ✓ What specialty behavioral health services exist in Jefferson County?
 - Compendium of Services & Asset Map of Availability

Funded by Central Oregon Health Council & Early Learning Hub of Central Oregon

Four Main Tracks of Work:

1) Improve follow-up to developmental screening in **Primary Care Pilot (PCP) Sites (N=4)**

- Four primary care sites: Central Oregon Pediatric Association, Mosaic Medical Group, **Madras Medical Group**, St. Charles Prineville

2) Improve follow-up pathways from PCP pilot sites to increase receipt of services:

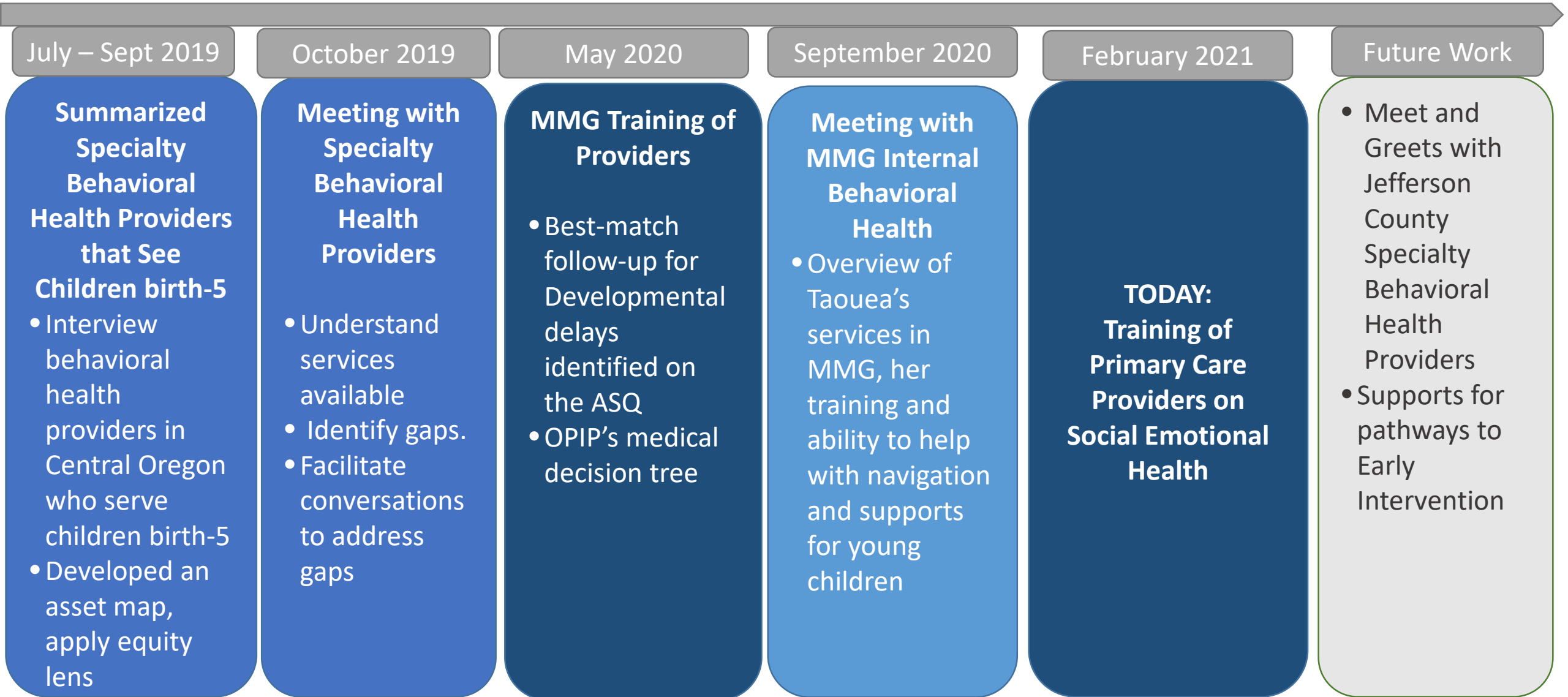
- Improve closed loop communication and coordination in Early Intervention (All three counties and Confederated Tribe of Warm Springs)

3) Address **Gaps in Pathways for PCP site** that focus on at-risk children needing:

- **Services that address social-emotional delays**
- Medical and therapy services (Occupational Therapy, Physical Therapy, Speech)

4) Identify and confirm community-level priorities on upstream approaches that could build health and resilience (aimed to prevent delays): **Proactive Developmental Promotion** & Preventive **Behavioral Health** for Socially Complex Children

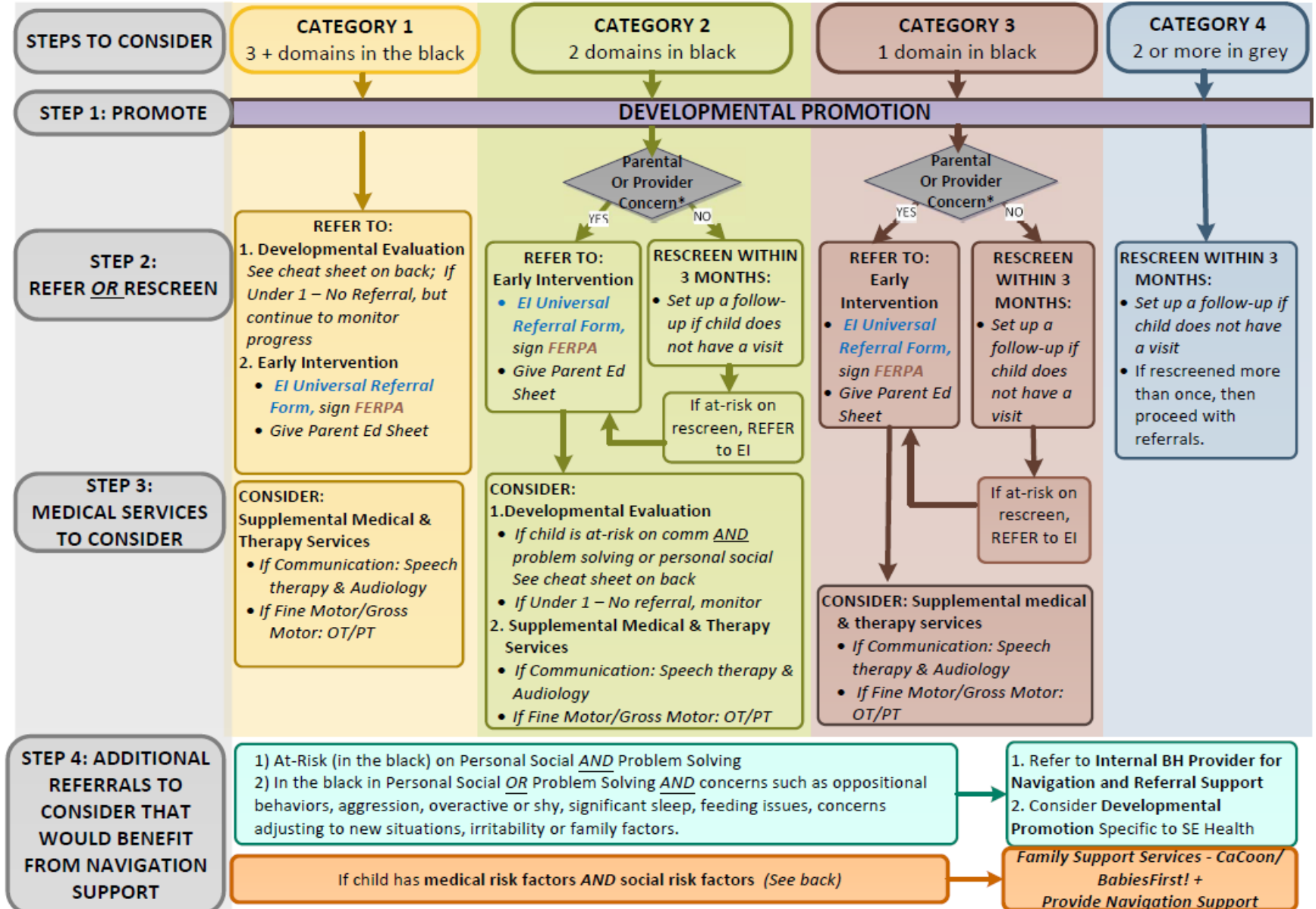
Update on Work to Improve Pathway to Address Social Emotional Delays in Central Oregon



Updates to OPIP's Medical Decision Tree

FRONT PAGE

MADRAS MEDICAL GROUP: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE



* One example of when a provider should be concerned is if a child is well-below the cut-off in the domain(s).

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VERSION 4.0, 2/18/21

Objectives of Today's Meeting

By the end of today's training we hope you have a better understanding of:

1. What **social emotional development** for young children birth to five looks like and **how to use screening tools you are already using** in well-care (ASQ, Maternal Depression) and other factors to identify potential delays in social emotional health
2. Ways to engage families in **developmental promotion** specific to social-emotional development
3. How Taouea can help to **engage families in referral(s) to Behavioral Health**
4. **Understand which Specialty Behavioral Health services and modalities** best support families with children birth to 5 with social emotional delay and what services exist in Jefferson County

1. What is Social Emotional Health for Children Birth to Five

2. Who would benefit from Social-Emotional Health Supports

3. How to Engage Family in Social-Emotional Health Supports

- Developmental promotion materials to consider
- Talking point for providers
- Connecting with Internal Behavioral Health for navigation support

4. Which Therapy Modalities address Social Emotional Health in Young Children and What is Available in Jefferson County

- Compendium of Best Match Modalities, Summary of Services, and Provider Talking points

Social-Emotional Health in Young Children: What is it?



Defined as the capacity of the child from birth to 5 years old to:

- ✓ Form **close and secure relationships** with their primary caregivers and other adults and peers;
- ✓ **Experience, manage, and express** a full range of emotions; and,
- ✓ **Explore the environment and learn**, all in the context of family, community, and culture.

Social-Emotional Health in Young Children: What is it?



There is a range of **challenging behaviors** in children birth to 5 years old, many of which are normal developmental phases.

At their extreme, some behaviors may point to **social emotional delays** and **difficulty regulating emotions, forming relationships, and learning.**

- ✓ Aggressiveness
- ✓ Oppositional behavior
- ✓ Hyperactivity
- ✓ Shy or anxious behaviors
- ✓ Significant sleep, feeding, self-soothing issues
- ✓ Difficulty adjusting to new situations
- ✓ Significant irritability

Social-Emotional Health in Young Children: Why is it important?



Growing body of literature that social emotional health in young children (**close and secure relationships, managing and expressing emotions, exploring environment and learning**) has direct impact on:

- ✓ Kindergarten readiness
- ✓ Academic progress and success
- ✓ Future mental health
- ✓ Healthy relationships
- ✓ Chronic health conditions

Ecology of Social-Emotional Delays



Important to recognize **multiple determinants** and **social-ecological** contributors leading to behavior concerns:

Social Ecology:

- Marital Conflict/Divorce
- Maternal Social Isolation
- Aversive Extended Family
- Low Control Neighborhood
- Poverty/Crime

Child Characteristics

- Negative Temperament
- Emotional Dysregulation or Mood Disorder
- Hyperactive-Impulsive

Parent Characteristics

- Adult ADHD
- Depression/ Mood Disorder
- Early Child-Bearing/ Single Unemployed
- Substance Dependence/Abuse
- Illness (medical/psychiatric)

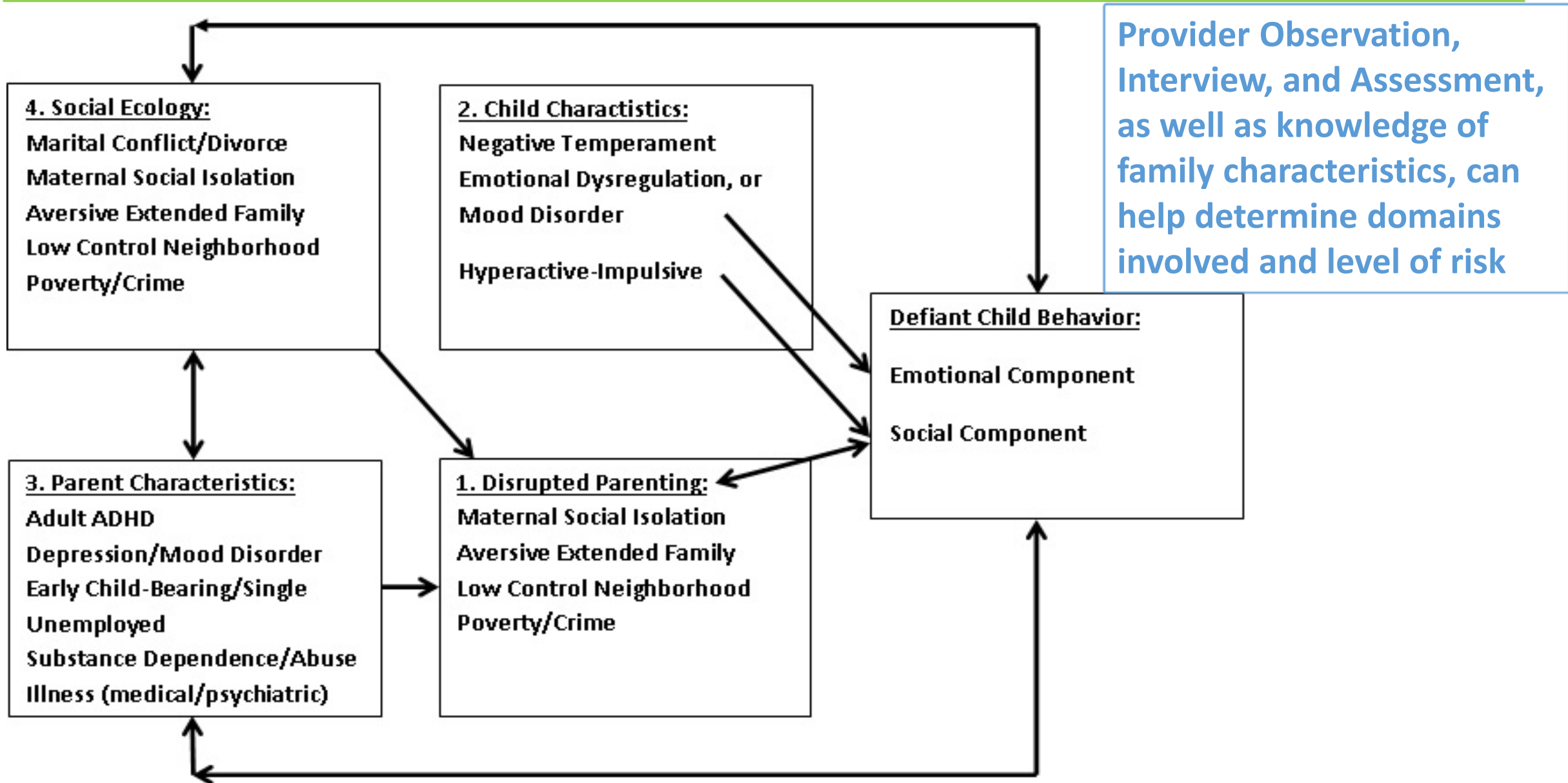
Disrupted Parenting

- Maternal Social Isolation
- Aversive Extended Family
- Low Control Neighborhood
- Poverty/Crime

The four factor model of child oppositional defiant behavior. From R. A. Barkley (2013). *Defiant Children: A Clinician's Manual for Assessment and Parent Training* (3rd ed.). New York: Guilford Press. Copyright 2013 by the Guilford Press.

Riley, A; (2020) . Pathways from Developmental Screening to Services: Ensuring Young Children Identified At-Risk Receive Best Match Follow-Up; Internal Behavioral Health Training. [PowerPoint presentation] Bend, OR.

Conceptual Framework for Determining Risk



1. What is Social Emotional Health for Children Birth to Five

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Indicators of Potential Need for Social-Emotional Supports Based on ASQ Screening



- Problem solving
 - Acting on the environment/goal-directed action
- Personal-social
 - Self-conceptualization/recognition of others
- ASQ domains probably capture *general* risk for cognitive delay more so than specific deficits
 - Suggests either some child predisposition
 - AND/OR suboptimal environmental condition
 - Any developmental delay may add risk for social-emotional problems

WHO do you Refer to Behavioral Health Services



□ Indicators Based on Screens You are Already Using for Birth to Five

1. Ages and Stages Questionnaire (ASQ)

- **Personal Social AND Problem Solving** Domains

OR

- **Personal Social OR Problem Solving** and the following:

- Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns

2. **Maternal depression**

□ Other Indicators: General gestalt and awareness about any of the following:

1. **Concerns** such as oppositional, aggressive, overactive or shy/anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns

2. Exposure to **Adverse Childhood Experiences (ACEs)** in Family Environment

3. **Parental frustration**

- Parental behavior concerns
- Adverse Childhood Experiences (ACEs)
- Parental frustration and/or parental depression
- Because social emotional delay in young kids is often not as well understood or as easy to identify, and because there may be a lack of knowledge of supports that can help, there is a tendency to “watchful wait” before intervening for young kids. If these above factors are present, consider referral to specialty behavioral health to assess attachment early. Delays can be detected as early as 6 mos.

Jefferson County: Findings on Prevalence of Each **Social Complexity** Variable

INDICATOR	CHILD FACTOR	FAMILY FACTOR
Poverty –TANF (For Child and For Either/Both Parent), Below 37% of Poverty Level	48.3% (2,387)	47.3% (2,335)
Foster care – Child received foster care services since 2012	15.8% (778)	
Parent death – Death of parent/primary caregiver in OR		2.6% (129)
Parental incarceration – Parent incarcerated or supervised by the Dept. of Corrections in Oregon		25.4% (1,253)
Mental Health: Child – Received mental health services through DHS/OHA	31.7% (1,567)	
Mental Health: Parent – Received mental health services through DHS/OHA		50.7% (2,504)
Substance Abuse: Child – Substance abuse treatment through DHS/OHA	4.2% (205)	
Substance Abuse: Parent – Substance abuse treatment through DHS/OHA		36.4% (1,799)
Child abuse/neglect: ICD-9, ICD-10 dx codes related used by provider	8.6% (423)	
Potential Language Barrier: Language other than English listed in the primary language		12.3% (608)
Parent Disability: Parent is eligible for Medicaid due to recognized disability		4.0% (198)

August 2020 County Health Complexity Report (Oregon Health Authority). Data Source: ICS Data Warehouse & Medicaid data sourced from Medicaid Management Information System (MMIS)

Jefferson County: Findings on Prevalence of Each **Social Complexity** Variable (Birth to 5)

INDICATOR	CHILD FACTOR	FAMILY FACTOR
Poverty –TANF (For Child and For Either/Both Parent), Below 37% of Poverty Level	36.1% (520)	45.1% (651)
Foster care – Child received foster care services since 2012	8.7% (126)	
Parent death – Death of parent/primary caregiver in OR		N/A
Parental incarceration – Parent incarcerated or supervised by the Dept. of Corrections in Oregon		20.2% (292)
Mental Health: Child – Received mental health services through DHS/OHA	10.9% (157)	
Mental Health: Parent – Received mental health services through DHS/OHA		51.1% (737)
Substance Abuse: Child – Substance abuse treatment through DHS/OHA	N/A	
Substance Abuse: Parent – Substance abuse treatment through DHS/OHA		29.1% (420)
Child abuse/neglect: ICD-9, ICD-10 dx codes related used by provider	6.5% (94)	
Potential Language Barrier: Language other than English listed in the primary language		6.9% (99)
Parent Disability: Parent is eligible for Medicaid due to recognized disability		2.6% (37)

August 2020 County Health Complexity Report (Oregon Health Authority). Data Source: ICS Data Warehouse & Medicaid data sourced from Medicaid Management Information System (MMIS)

1. **What is Social Emotional Health for Children Birth to Five**

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- Talking point for providers
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- Compendium of Best Match Modalities, Summary of Services, and Provider Talking points

Engaging Parents/Families in Pathway to Support Social Emotional Health



- Important to explain what the referral is and why you are referring them
- Address the stigma of the services
- Address potential stigma of the Behavioral Health organization
- Support them in navigating referral

Consider Developmental Promotion

Maryland Grow your Kids: Talk Read Engage Encourage (TREE)

These materials:

- Are specific to children **under 2**
- Address ACEs and parent attachment
- Specifically call out social emotional health for young children
- Are available in English and Spanish

Available for free, and age specific here: <https://www.mdaap.org/tree/>

Zero to Three website: Tips on Playing with Babies and Toddlers

<https://www.zerotothree.org/resources/1081-tips-on-playing-with-babies-and-toddlers>



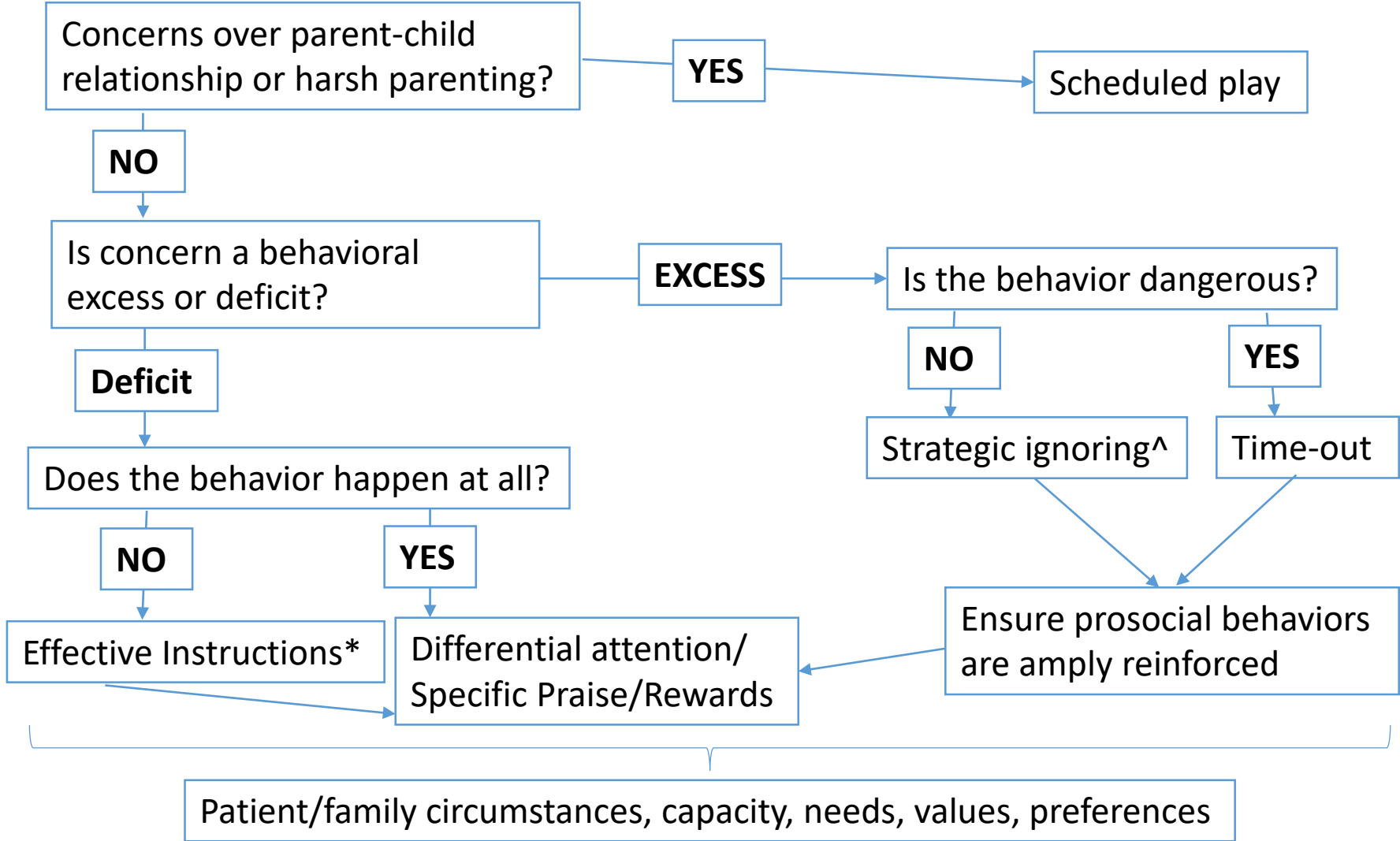
Tips on Playing with Babies and Toddlers

En español | Apr 18, 2016

Try these tips the next time you play with your child and watch how even the simplest interactions encourage them to learn and explore the world around them.



Decision Framework to Inform Interventions



*May be approximation of terminal goal behavior; ^Consider tolerability of extinction burst

Talking Points for Providers to Engage in Additional Services

- **Parenting young children can be hard**, but there are **resources that can help** families get through these tough times and improve challenging behaviors.
- It is normal for children to go through **periods of development that are more challenging**, and sometimes children and their families benefit from **learning about strategies** that can help a child better **regulate and manage their emotions** or that can help families **address challenging behaviors**.
- Behavioral health providers can **help assess what is going on** and then give you some tips and tools to use, as well as other supports if needed.
- Let's do something now, when it is early and just a minor issue, and we can provide some specific tips and supports to help make parenting more enjoyable for you.
- We have a provider here who can help with navigation to behavioral health services in Jefferson County.

<https://childinst.org/5-things-infant-early-childhood-mental-health/>

Talking Points for Providers

Talking Points about Behavioral Health Services

What Infant and Child Mental Health?

- Social and emotional health in the youngest children develops within **safe, stable, and attached relationships** with caregivers. Children who have positive and engaging interactions in their earliest years are more likely to enjoy good physical and mental health over their lifetimes. They are also better able to **experience, regulate, and manage their emotions**—key skills for later school readiness.¹
- **Parenting young children can be hard**, but there are **resources that can help** families get through these tough times and improve challenging behaviors.
- It is normal for children to go through **periods of development that are more challenging**, and sometimes children and their families benefit from **learning about strategies** that can help a child learn to better **control their emotions**.

What Services are available to Help Address Infant and Child Mental Health?

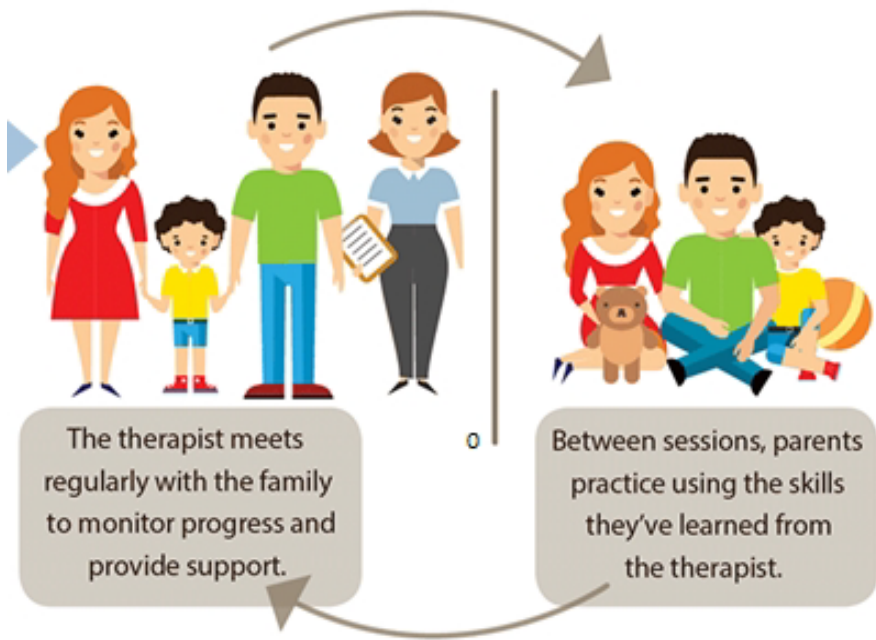
- Throughout Central Oregon there are several services provided to help families with young children.
- Our internal behavioral health staff will help guide you to a therapist by **assessing your family's needs** and by talking with you about what your young child is experiencing
- There is **no one-size-fits-all therapy**. Each therapist practices different types of therapies and has a different approach to how they will work with your family.
- With the support of behavioral health providers parents learn:
 - Positive Communication
 - Positive Reinforcement
 - Structure
 - Discipline
- Therapy teaches children to **better control their own behavior**, leading to improved functioning at school, home and in relationships.
- Typically, families attend **8-16 sessions** with a provider and learn strategies to help their child. Sessions may **involve groups or individual families**.
 - A therapist meets regularly with the family to monitor progress and provide support
 - Between sessions, parents practice using the skills they've learned from the provider/therapist
- Learning and practicing behavior therapy **requires time and effort**, but has **lasting benefits** for the child.
- After therapy ends, families continue to **experience improved behavior and reduced stress**.

Parent Education to Support Shared Decision Making and Engage Family in External Referral

What Parents Can Expect

With the support of behavioral health providers, parents can learn skills to help improve their child's behavior, leading to improved functioning at home, school and in relationships.

Parents typically attend 8 or more sessions with a therapist. Sessions may involve groups or individual families. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.



What Parents will Learn



Positive Communication



Positive Reinforcement



Structure

Behavior therapy, given by parents, teaches children to better control their own behavior, leading to improved functioning at school, home and in relationships. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.

Materials and graphics adapted from CDC Vital Signs parent education sheet: <https://www.cdc.gov/ncbddd/adhd/behavior-therapy.html>

Taouea will support ***warm hand offs for navigation and referral supports*** for children and families that would benefit from additional services.

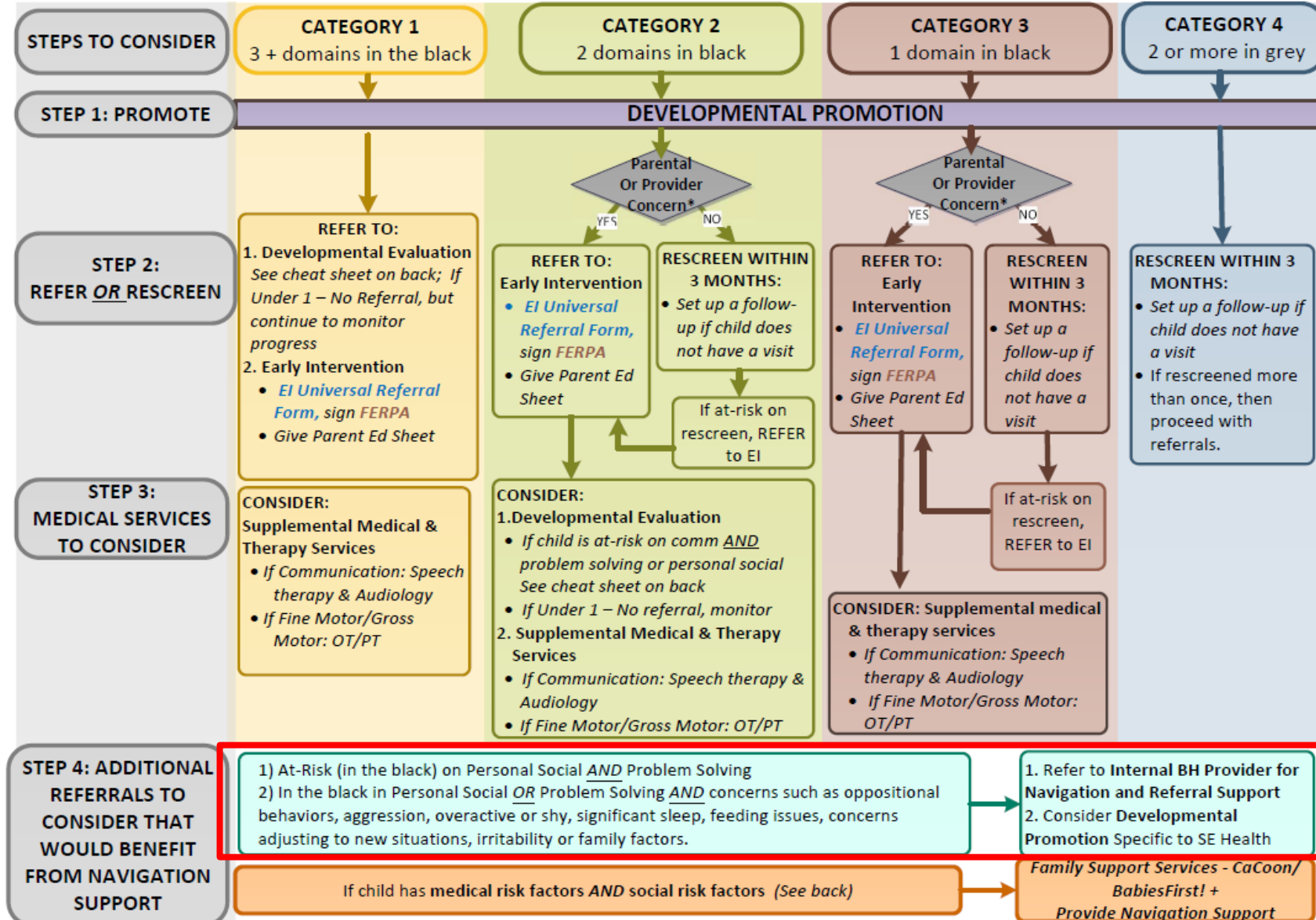
In this additional connection, Taouea will also consider the use of ***developmental promotional*** materials to support the child and family



Follow-Up to Screening Decision Tree (FRONT)



MADRAS MEDICAL GROUP: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE

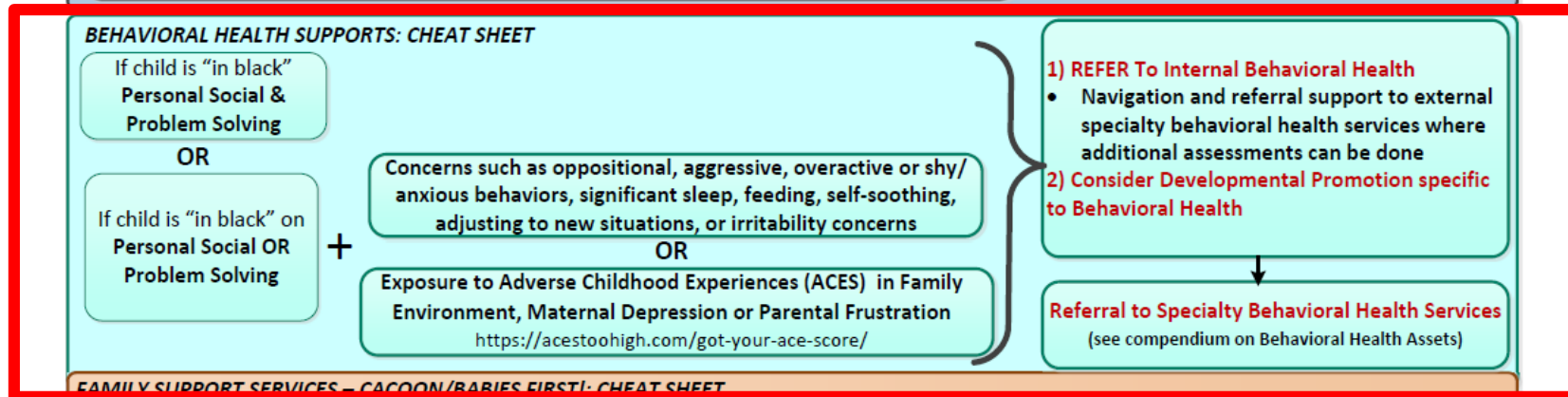
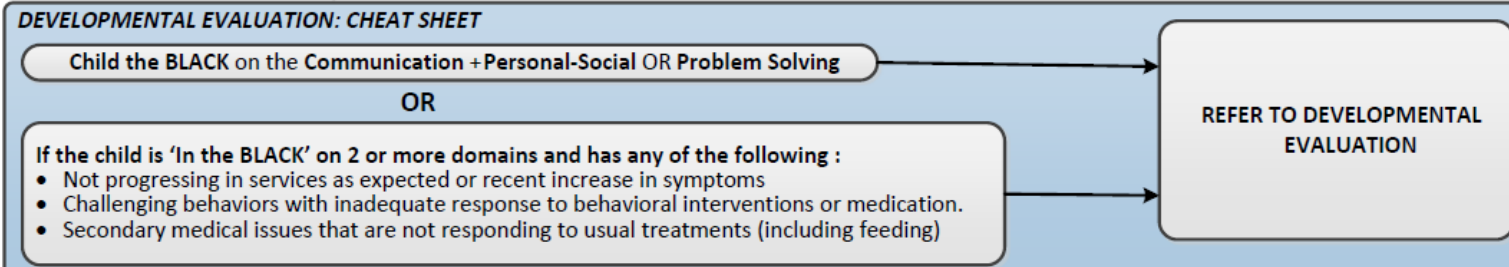


* One example of when a provider should be concerned is if a child is well-below the cut-off in the domain(s).

Follow-Up to Screening Decision Tree (BACK)



BACK PAGE – Madras Medical Group

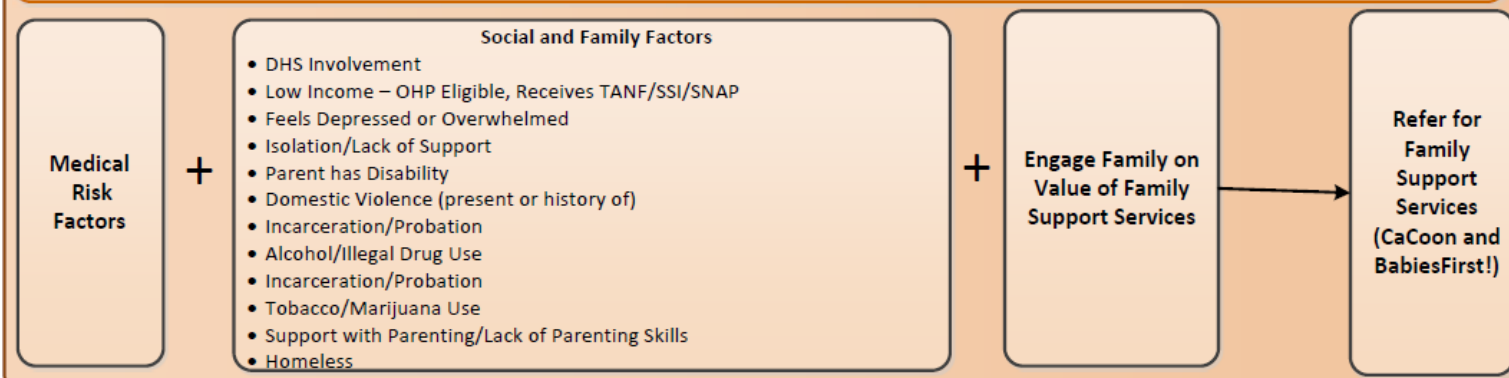


FAMILY SUPPORT SERVICES – CaCOON/BABIES FIRST! CHEAT SHEET

Deschutes: <https://www.deschutes.org/health/page/nurse-family-support-services>

Crook: <https://co.crook.or.us/Departments/HealthDepartment/PublicHealthServices/ParentChildHealth/HomeVisitingprograms/tabid/2205/Default.aspx>

Jefferson: <https://www.jeffco.net/publichealth/page/family-support-services>



10/12/20



1. **What is Social Emotional Health for Children Birth to Five**

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4. **Which Therapy Modalities address Social Emotional Health in Young Children and What is Available in Jefferson County**

- Compendium of Best Match Modalities, Summary of Services, and Provider Talking points

Compendium of Behavioral Health Services for Birth to Five in Central Oregon

Behavioral Health Services for Children Birth to Five in Central Oregon Compendium

Includes:

Part 1: Background Information:

- What is Infant Mental Health?
- What Are Factors or Indicators of Young Children that Would Benefit from Behavioral Health Services?
- What Are Therapy Programs or Modalities that Address Infant and Child Mental Health

Part 2: Summary Information of Services in Central Oregon

- #1: Behavioral Health Services For Children Birth-Five with Social Emotional Delays
- #2: Central Oregon Behavioral Health Services for Children Birth-Five
- #3: Current Assessment of Specialty Behavioral Health Providers Who See Children Birth-Five in Central Oregon
- #4: **Contact Sheet:** Behavioral Health Providers for Families and Children Birth-Five in Central Oregon

Part 3: Overview of Modalities and Talking Points for Providers

Compendium Summarizes Services By:



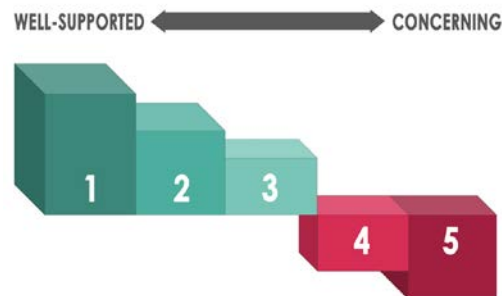
1) Type of social-emotional delays or factors the service targets

- If the goal is to get kids in to the right “best match” services, what are the best services for specific factors the pilot sites and project will focus on

2) Delivery method

- Dyadic or group
- Can be factor in considering parent engagement

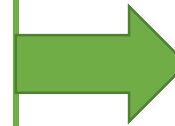
3) Scientific Rating - Evidence Base for Various Modalities:



Compendium Provides Information About Best Match Services for Specific Child-Level Indicators

Disruptive Behavior Problems

Oppositional Defiant Disorder (ODD)
Conduct Disorder
Attention-Deficit/Hyperactivity Disorder (ADHD)
Young children without a diagnosis who are exhibiting similar behaviors



Services Targeted for Children with Disruptive Behavior Problems

Parent Child Interaction Therapy (PCIT)
Theraplay
Collaborative Problem Solving (CPS)
Play Therapy
Generation Parent Management Training Oregon*
Positive Parenting Program
Helping the Non-Compliant Child

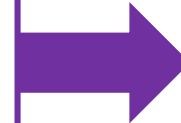
**Not currently being provided in Central Oregon, but is promoted by OHA, and there are training grants available*

Compendium Provides Information About Best Match Services for Specific Child-Level Indicators

Trauma History

Abuse, neglect, and/or exposure to domestic violence

Exposure to death or imprisonment of a parent, community violence, war, a natural or man-made disaster, or other forms of trauma



Services Targeted for Children with Trauma History

- Child Parent Psychotherapy (CPP)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Attachment Regulation and Competency (ARC)
- Trauma Focused CBT (TF-CBT)
- Parent Child Interaction Therapy (PCIT)

Compendium Provides Information About Best Match Services for Specific Child-Level Indicators

At-Risk Children

Children with:

- developmental delay,
- significant psychosocial stressors,
- mild to moderate social emotional symptoms.

Children with other risk present and identified in their history, parent concerns, or incompatible parenting styles.

Children at ***risk of maltreatment or neglect*** (families with substance abuse or mental health issues, young parents, low-income families, parents of special needs children).



Services Targeted for At-Risk Children/Families

Incredible Years

Attachment and Biobehavioral Catch-up

Family Check-up

Behavioral Health Services for Children Under Five with Social Emotional Delays

*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 ¹	Age of Child	Scientific Rating
SERVICES TARGETED TO CHILDREN WITH <u>DISRUPTIVE BEHAVIOR PROBLEMS</u>			
Parent Child Interaction Therapy (PCIT)* <i>* PCIT is also an effective program for children with known trauma history</i>	Dyadic	2-7	1
Generation-PMTO	Dyadic, Family & Group	2-18	1
Triple P (Positive Parenting Program)	Group	0-16	2
Theraplay	Dyadic	0-18	3
<i>SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)</i>			
Collaborative Problem Solving	Family, Individual	3-21	3
Play Therapy	Family, Individual	3-10	3
Helping the Non-compliant Child	Dyadic	3-8	3
SERVICES TARGETED TO CHILDREN WITH KNOWN <u>TRAUMA HISTORY</u>			
Child Parent Psychotherapy (CPP)	Dyadic	0-5	2
Eye Movement Desensitization and Reprocessing (EMDR)	Individual	2-17	1**
Attachment Regulation and Competency (ARC)	Dyadic, Family, Individual	0-21	Not rated
<i>SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED CHILDREN UNDER 3)</i>			
Trauma Focused CBT	Dyadic	3-18	1
SERVICES TARGETED TO CHILDREN WITH <u>AT-RISK PARENTS/ FAMILIES</u>			
Family Check-Up	Dyadic	2-17	1
Attachment and Biobehavioral Catch-up (ABC)	Dyadic	0-2	1
<i>SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED CHILDREN UNDER 3)</i>			
Incredible Years* <i>* Incredible Years is also good for children with disruptive behavior problems</i>	Group	4-8	1

¹ Dyadic therapies are those done with the parent and the child together. Group therapies can be group-level classes delivered to a group of parents without children present, or delivered to a group of families with both children and caregivers present.

**None of the evidence used to rate EMDR was conducted on children under 4 years of age

Developed by the Oregon Pediatric Improvement Partnership based on literature and evidence review summaries and consultation from Andrew Riley and Laurie Theodorou. For more information about these modalities, <https://www.cebc4cw.org/> provides a comprehensive overview.

[Behavioral Health Services for Children Birth to Five in Central Oregon](#)

Overview and Purpose

[The Early Learning Hub of Central Oregon](#) and the [Oregon Pediatric Improvement Partnership \(OPIP\)](#) are leading an effort called the “*The Pathways from Developmental Screening to Services: Ensuring Young Children Identified At-Risk Receive Best Match Follow-Up Meant to Prepare for Them Kindergarten*”. The project is funded by the Central Oregon Health Council and the Early Learning Hub of Central Oregon.

A component of this work is focused on **best match follow-up services** for children identified with developmental, behavioral and/or social emotional delays. Stakeholder interviews indicated a need for **summary of the available specialty mental health services available** for children birth-to-five, descriptions of the **specific modalities offered**, and information about the providers serving young children and their families in the region. Over the last year, **OPIP has interviewed and conducted an in-person meeting** to understand the current available resources. This summary is the synthesis of those interviews and the information provided as of August 2020. Given this is an evolving landscape, OPIP will update this document in Spring 2021 before the conclusion of the project.

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Compendium of Behavioral Health Services for Birth to Five in Central Oregon

Compendium of Behavioral Health Services for Birth to Five in Central Oregon

Parent Child Interaction Therapy (PCIT)

- **Overview:** Parent Child Interaction Therapy (PCIT) is a therapy delivered to both a child and parent that focuses on **decreasing child behavior problems** (e.g., defiance, aggression), **increasing child social skills and cooperation**, and **improving the parent-child attachment** relationship. It teaches parents traditional play-therapy skills to reinforce positive child behavior and traditional behavior management skills to decrease negative child behavior. Parents are taught and practice these skills with their child in a playroom while coached by a therapist. The coaching provides parents with immediate feedback on their use of the new parenting skills, which enables them to apply the skills correctly and master them rapidly.
- **Goals:**
 - Build close relationships between parents and their children
 - Help children feel safe and calm by fostering warmth and security
 - Increase children's organizational and play skills
 - Decrease children's frustration and anger
 - Educate parent about ways to teach child without frustration for parent and child
 - Enhance children's self-esteem
 - Improve children's social skills such as sharing and cooperation
 - Teach parents how to communicate with young children with limited attention spans
 - Teach parent specific discipline techniques that help children to listen to instructions
 - Decrease problematic child behaviors by teaching parents to be consistent
 - Help parents develop confidence in managing their children's behaviors
- **Typical Duration:** 1-hour session, 1-2 times per week, varying from 10-20 sessions.
- **Location of Services:** Clinic setting with two-way mirror office space designed for this modality
- **Adaptations to Therapy during COVID-19 Response:** During COVID-19 response and for those without the specific office spaces, providers have adapted this to work with telehealth where parents are listening to the provider via headphones and the providers are able to watch the child and parent interacting and coach parents throughout the session.

Behavioral Health Services for Birth - 5: What Exists Now



- Identified services across the region.
 - Anchored to delays identified on the ASQ and dyadic behavioral health services for young children
 - Identified WHO can see children Birth -5
 - Identified the specific modalities provided by the service providers given they impact who and what are best match services
- Understand capacity of services
- Apply an understanding of the current services with an equity lens:
 - ✓ Region
 - ✓ Race –Ethnicity
 - ✓ Languages spoken

Draft Version 16 February 22, 2020	Current Assessment of Specialty Mental Health Providers Who See Children Birth-5 in Central Oregon																
	County in Which the Services are Available																
	Deschutes						Deschutes & Crook		Crook		Jefferson	All Counties	Home Visits Across All Counties				
Company	Deschutes County	Cherie Skillings	Life Source Therapy	Starfish Counseling	The Child Center	Treehouse Therapies	Forever Family Therapy	Rimrock Trails	Crook County BestCare	Prineville Counseling Center	Jefferson County BestCare	Brightways Counseling	Amy Bordelon, LMFT	Now and Zen	Blossom Therapeutic Collective: Saul Behavioral	Youth Villages	
Office Location	Redmond (7) Bend (6) LaPine (2)	Bend	Redmond	Bend	Bend(4), La Pine (3), Redmond(2), Sisters (1)	Bend, Redmond	Bend, Prineville	Bend , Redmond & Prineville	Prineville	Prineville	Madras	Redmond (3), Madras (2), Bend (1)	Bend	Redmond & Sisters	Bend	Redmond	
# of Providers	15	1	1	1	10	3	4	4	2	2	6	6	1	1	2	6	
Case Load (per week)	114	24	30	25	134	51	40	75	*	40	*	160	2 families + 9 groups	30	30	24	
Capacity for New referrals	25 families	12 families	Limited	At Capacity	At Capacity	17 families	16 families	40 families	6 families	4 families	20 families	45 families	Limited	3-5 families	1-2 families	2 families	
Provider Race, Ethnicity	14 White, 1 White/ Hispanic,	White	White	White	White	White	3 White, 1 African American	White	White	White	White	White	White	White	White	1 White	1 Japanese- American, 5 White
Provider Language Spoken	14 English, 1 Spanish/ English	English	English	English	9 English, 1 Spanish/ English	English	English	3 English, 1 Spanish	English	English	English (Has staff that can support Spanish translations)	English	English	English	English	English	
Payer	OHP/ Private	OHP/ Private	OHP/ Private	OHP/ Private	OHP/ Private	OHP/ Private	OHP/ Private	OHP	OHP/ Private	OHP/ Private	OHP/ Private	OHP/Private	Private/ Sliding scale	OHP/ Private	Patient submits claims	OHP/ Private	
Tele-services	Yes	Yes	*	Yes	Yes	Yes	Yes	1 nurse practioner	Yes, during COVID-19	Yes	Yes, during COVID-19	Yes	*	*	Yes, and in CA, FL, NC	*	
Need follow up Interviews with: IHS Warm Springs; Do Not see Children ages Birth-5: Lutheran Community Services, Bend; Cascade Child and Family Center																	
*	Information needs to be verified																
	Only takes referrals for children/families that are at risk for out of home placement. Won't count towards capacity.																



BestCare

- **Locations - Accepting New Clients Birth - Five**
 - Madras – **yes** accepting clients
 - Prineville – **yes** accepting clients
- **Modalities for Birth to 5:**
 - Play Therapy
 - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
 - Marriage and Family Therapist or Child Counseling
 - Prineville location has created a PCIT room in our new building, and we plan to have one of our clinicians trained in providing this therapy
- **Payers Accepted:**
 - OHP
 - Private : Blue Cross, Moda, PacificSource Commercial, Some UMR depends on plan, First Choice, Ameriben, Health Comp, EBMS
- **Clinicians Who Serve Birth to 5 with their Families**

(Provide Dyadic Therapies)

 - Madras (3) Jennifer Sowers LPC, Sarah Huber MSW, Tina Dumonceaux MA, Jessica Subers, Kelli Bennett, Jill Burch
 - Prineville (3) Hayden Gaines, Allyssa Robinson, Elizabeth Bartelli
- **Telehealth Services available for Birth to 5:**
 - Available now since COVID precautions were put into place
 - We plan to continue telehealth services as long as COVID continues to remain a concern.
 - We do continue to provide in-person services for our most at risk clients, high risk children, individuals in crisis.

*This summary slide was created by the **Oregon Pediatric Improvement Partnership** as part of the Pathways from Screening to Services for Young Children Project.*

More information about this project can be found here: <https://oregon-pip.org/our-projects/pathways-from-screening-to-services/pathways-from-screening-to-services-central-or/>

BestCare

- **Referral Process for Primary Care (Birth to 5yo):**

- We have a referral form that has been given to community partners. This goes to our referral coordinator who reaches out to the client or the referral source to discuss intake and scheduling.
- We do not have direct scheduling available for primary care.
- If a referral comes from primary care, and primary care is able to **call us with the client present**, then we can work to get scheduling for intake/assessment immediately.

- **Intake Process (Birth to 5yo):**

- What does your intake process look like for families with young children? **Intakes can happen over the phone or in person. One of our office assistants gathers all necessary information and documents, and the individual is provided with an assessment appointment time.**
 - Is the intake process completed by people with birth - 5 expertise? **NO**
- Do you have a standardized intake form that families fill out? **YES**
 - If yes, do you an individual to walk families through the forms? **NO**
 - Are these available in languages other than English? **NO**
- Are there eligibility criteria that help you prioritize families to services? **NO**



Brightways Counseling

- **Locations - Accepting New Clients Birth - Five**
 - Madras – **yes** accepting clients (new referral 3/week and caseload is 25/clinician)
 - Bend - **yes** accepting clients
 - Redmond – **yes** accepting clients
- **Modalities for Birth to 5:**
 - Parent Child Interaction Therapy (PCIT)
 - Collaborative Problem Solving (CPS)
 - Eye Movement Desensitization and Reprocessing (EMDR)
 - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
 - Marriage and Family Therapist or Child Counseling
- **Payers Accepted:**
 - OHP
 - Pacific Source Commercial
- **Clinicians Who Serve Birth to 5 with their Families (Provide Dyadic Therapies)**
 - Redmond (3) – Katie London, Angie Terhorst, Mallory Witherspoon
 - **Madras (3) – Jennifer Radford, Deanne Comfort, Ursula Hartman (Bilingual)**
 - Bend (3) – Katherine Amman, Anita Weller, DeAnna Hellwich
- **Telehealth Services available for Birth to 5:**
 - Available now and will be indefinitely

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Brightways Counseling

- **Referral Process from Primary Care (Birth to 5yo):**

Two main methods for making referrals:

1. Direct scheduling into Brightway's EHR from PCP's office
<https://vimeo.com/419989769>
2. PCP calling 541-904-5216 press 0. Always answered within 3 rings as our goal is 1st call resolution.

- **Intake Process (Birth to 5 yo):**

- Intake documentation and assessment offered in English or Spanish.
- Facilitated by clinicians with experience working with families and children ages 0 - 5
- Ongoing coordination and clinical documentation shared with PCP monthly

Time for Questions!



- Share the **materials from today's training** and recording
- Send **compendium of specialty behavioral health** services
- As requested, facilitate **meet and greets with Specialty Behavioral Health Providers**
- Continued **data collection on implementation of medical decision tree** including the examination for children identified with social emotional delays

Questions? Want to Provide Input? You Are Key to the Meaningfulness of This Work To This Community

- Door is always open!
- OPIP Contract Lead
 - Colleen Reuland: reulandc@ohsu.edu
 - 503-494-0456
- To set up meet and greets, or for more behavioral health resources please contact:
 - Dustin Stilwell: stilweld@ohsu.edu

