**Deliverable 7.7 –**
**Toolkit of Primary Care and Behavioral-Strategies to Address Children with Social Emotional Delays**

**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 through the existing screening tools used by the primary care practices including the Ages Stages Questionnaire and other tools (Maternal Depression, MCHAT).*** This work also included addressing the gaps in Social-Emotional services that was noted by the community.

This toolkit is developed to be a ***clickable compendium*** to provide an overview of materials developed in the course of the project to support addressing children with Social-Emotional delays. The materials included in this toolkit are timestamped, and are as up to date as possible at time of submission in May 2021.

| ***Overview of Key Trainings and Meeting Facilitated by OPIP Focused on Addressing Social-Emotional Health*** | | | | | |
|---|---|---|---|---|---|
| **June – September 2019** | | **October 2019** | **January 2020** | **September - October 2020** | |
| **1. First Training of Primary Care Providers**<br><br>•**Sample of Best-match follow-up for Developmental delays identified on the ASQ**<br>•**Sample of OPIP's medical decision tree** | **2.Interviewed Specialty Behavioral Health Providers that See Children birth-5**<br><br>•**Spring 2021 Updated Compendium of Behavioral Health Services in Central Oregon** | **3.Meeting with Specialty Behavioral Health Providers**<br><br>•**Materials from Meeting with Specialty Behavioral Health Provides** | **4.Training of Internal Behavioral Health Providers in Primary Care Sites**<br><br>•**Materials from Meeting with Internal Behavioral Health Providers in Primary Care** | **5.“Meet & Greet” between Internal Behavioral Health & Specialty Behavioral Health**<br><br>• **Materials from Meet and Greet** | **6. Second Training of Primary Care Providers**<br><br>•**Sample Materials from Booster on Social Emotional Health for Children Birth to 5** |

# Training of Primary Care Pediatric Providers on Best Match Follow-Up to Developmental Screening

OPIP's first training was focused on best match follow-up for children birth to three identified at-risk for developmental delays on the Ages and Stages questionnaire. While focused on all aspects of follow-up to developmental screening, one aspect of this training included guidance for providers to refer families of children identified at-risk for social emotional delays to the internal behavioral health providers, with a warm hand-off if possible. Primary care providers were given guidance on how to identify children who may need enhanced supports for behavioral health using results of routine ASQ screening, which includes those who were:

- Two standard deviations below the mean on the Personal Social AND Problem-Solving domains, OR
- Two standard deviations below the mean on the Personal Social OR Problem-Solving domains that also have:
    - Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns, OR
    - Exposure to Adverse Childhood Experiences (ACEs) in the family environment.

The primary care providers were given guidance to send these children to their internal behavioral health providers for additional screening and parent concerns, brief interventions and therapies, and engaging families in a specialty behavioral health referral if deemed necessary by the internal behavioral health provider. After this initial training in 2019, OPIP continued to refine and enhance the asset map of specialty behavioral health providers in Central Oregon, and to understand the additional guidance and clarity that primary care sites needed for their behavioral health services.

**Tools Developed Through This Project Provided on the Following Pages:**


| Tool | Page |
|---|---|
| Sample First Training Presentation for Primary Care Providers | 3 |
| Medical Decision Tree Examples | 65 |

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

*COPA Provider Meeting*
*June 5th 9AM-10AM*

# Agenda

**1. Quick Data Refresher:**

- Goal of the tools provided – improve follow-up rates

**2. Tools to Help You with Follow-Up to Developmental Screening Tailored to Referrals Available in Central Oregon**

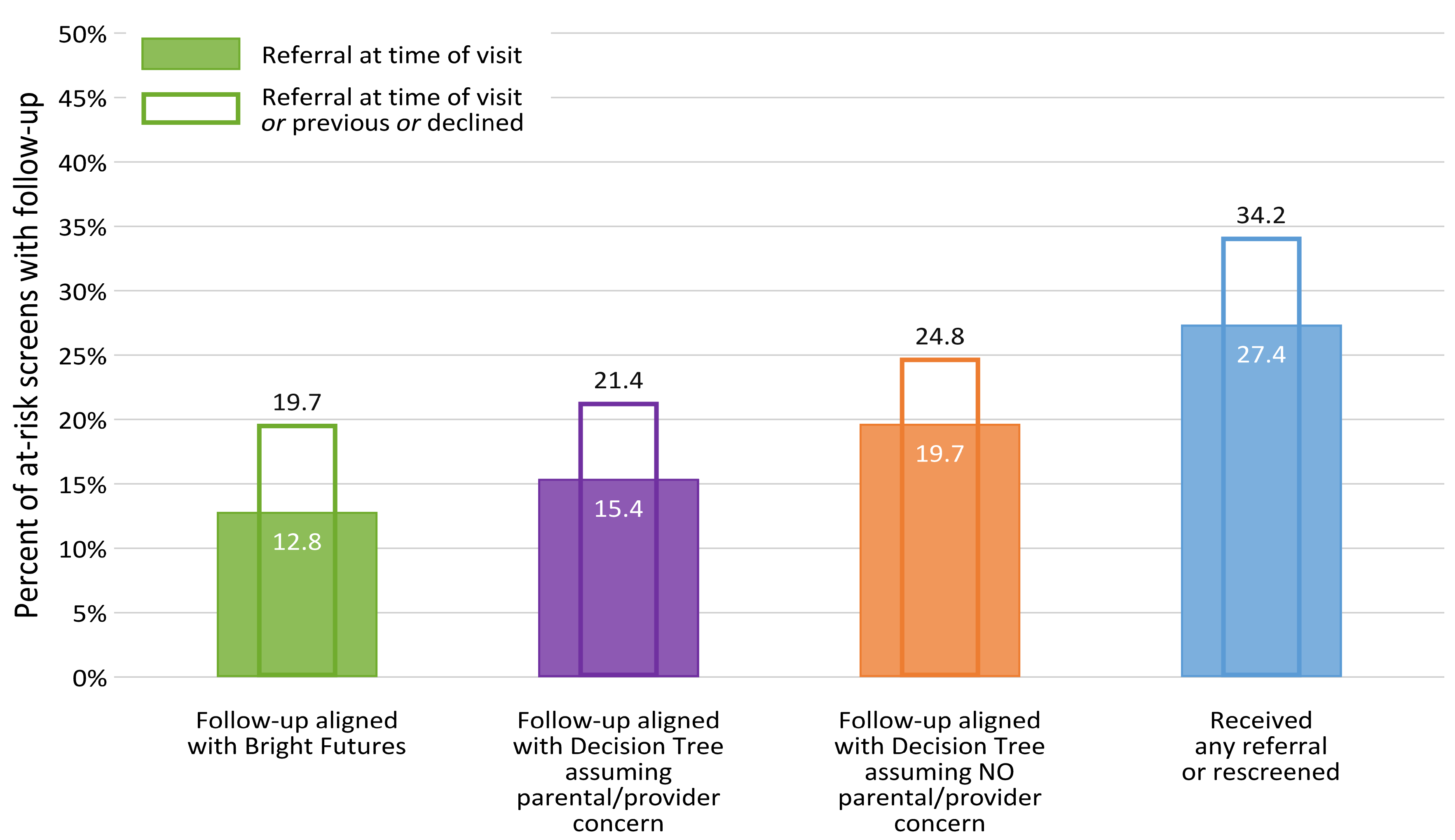
**A. Follow-Up to Developmental Screening Decision Tree**

- Based on Age, ASQ domain scores, Parent/Provider Concern & Child/Family Risk Factors → Best match resources in your community

**B. Supporting Families Referred:** Enhanced strategies to close the referral loop

1. Shared Decision Making and Parent Education Sheet – Version 1
2. Phone Follow-up Script for Families Referred
3. Communication back from Early Intervention when family can't be contacted and/or to provide information on evaluation findings

# COPA: Rates of Follow-Up for Children Identified At-Risk




*Data Source: Provided by COPA Data Team, November 2018. Data for screens (According to EMR) between 7/1/17 - 6/30/18 for children under three years.*

# Training Today

- Share the tools that we have **developed to help** you in identifying the best match set of services for children currently in Central Oregon
  - Today: Overarching overview of the follow-up to medical decision tree and deep dive on first set of services
  - Future trainings will focus on:
    - ✓ Connections to additional family supports and presentations by community-based providers
    - ✓ Behavioral health referrals and coordination for children/families
- Share the tools that we have **developed shared decision making** & **care coordination support**
  - Shared decision making sheet anchored to first phase set of resources
  - Follow-up phone call script for families who may need supports
- **Prepare you for communication back from Early Intervention** if you use the referral form to fidelity

# Focus of Today's Training is on Best Match Follow-Up in the Red Box Below

## PATHWAYS FOR DEVELOPMENTAL SCREENING OF CHILDREN 0-3 & REFERRAL FOR CHILDREN IDENTIFIED AT-RISK IN DESCHUTES, JEFFERSON & CROOK COUNTIE

**KEY STEPS**

**Part 1: Children 0-3 Identified At-Risk via Developmental Screening**

**Primary Practices Conducting Screening at Rec. Periodicity (Based on PacicSource Claims) :**
1. COPA - Pilot Site (D J,C,W)
2. Mosaic- Pilot Site (D,J,C,W)

There appear to be **5 additional clinics that are screening to fidelity** based on PacificSource Claims

**Primary Practices Who Appear Not to be Screening to Recommendation (Based on PacificSource Claims) :**

There appear to be **5 Clinics that are NOT screening to fidelity** based on PacificSource Claims

**Community-Based Providers:**
1. Home Visiting Programs serving young children *(Healthy Families, Nurse Family Partnership, BabiesFirst!, CaCoon)*
2. Early Head Start
3. Select Childcare Providers

**Other:**
Healthy Beginnings

**Part 2a: Developmental Supports to Address Delays Identified By Entity Who Screened**

*Within Pilot Primary Care Sites (MOSAIC, COPA)*

**Developmental Promotion**
- ASQ Learning Activities
- UofO Online ASQ
- CDC Act Early Materials
- Vroom

**Internal Behavioral Health**
Within Mosaic Medical (Pilot Site)
- 2 LCSW/LMFT who provide care to 0-3

**Co-Located Behavioral Health (St. Charles)**
Within COPA (Pilot Site)
- 3 LCSW (One at each site)
- 2 PsyD/PhD providers (1 day in clinic/person)

**Part 2b: Referral to Agency to Address Delays Identified**

**Developmental Behavioral Pediatrician***
1. COPA Clinic
2. PEDAL Clinic
3. OHSU-CDRC
4. Providence

**OT/PT/Speech**
1. St. Charles Rehabilitation
2. Redmond Speech & Language
3. Treehouse Therapies
4. Bend Speech Express
5. Bend Speech/Language
6. Sonos Neurotherapies
7. Skidmore Speech/Lang.

**EI/ECSE (all)**
High Desert ESD

**Family Support Services**
(CaCoon and Babies First!)

**CPP for Children Receiving Medical Therapy****
Treehouse Therapies

**Child/Parent Psychotherapy**
1. Cherie Skillings
2. Starfish Counseling
3. Wyldwoodz
4. Brightways Counseling Group
5. Treehouse Therapies***

**PCIT**
1. Deschutes County
2. Cherie Skillings
3. Brightways Counseling Group****

**Part 3: Additional Family Supports that Address Child Development and Promotion**

**Family Resource Center Parenting Hub** (all counties)

**Family Support Network**

**MountainStar Relief Nursery**
Bend (D), Madras (J), LaPine (D)

**Library Story Hours & Parent Groups**

**Childcare Resources/Inclusion Project**

*Specific to Autism and Related Disorders:*

**Center for Autism & Related Disorders (CARD) (D)**

**Central Oregon Child Center (for Autism specifically)**

**Healthy Beginnings**
(new parent support models, potential to do ASQ-SE and other follow-up screens)

*Specific to Children Who Meet Eligibility Criterion:*

**Early Head Start**

**Head Start**

*Program For Which Children Need to be Enrolled Prenatally or in the First 90 Days of Life, Could be a Support Families Already Enrolled*

**Healthy Families Oregon**

**Nurse Family Partnership (D)**

**Perinatal Care Continuum (All Counties)**

VERSION 6/4/19

**LEGEND**

**COLOR CODING BY SERVICE TYPE WITHIN Part 2A and 2B**

**Medical & Therapy Services:**
- Developmental & Behavioral Pediatrician: Referral is for an Evaluation
- Private OT/PT & Speech Therapy

**Early Intervention: Referral is for an Evaluation**

**Family Support Services: CaCoon/Babies First!**

**Infant/Early Childhood Mental Health, including:**
- Internal behavioral health within primary care
- Mental Health – Referral is for an assessment:
  - -- Child Psychotherapy
  - -- Parent and Child Interaction Therapy

** Starts in July 2019
*** Enhanced services planned (Timing TBD)
****New PCIT room completed – Started in June

[dashed box] Referral to evaluation, not necessarily services

*Located outside the community

D = Deschutes, J=Jefferson
C=Crook County, W=Conf. Tribes of Warm Springs

## Follow-Up to Screening Decision Tree: Determining the "Best Match" Follow-up Services

- It is not as a simple as "at-risk" or not based on the ASQ

(*1 in the **Black**, 2 in the Grey*)

  - Your front-line experience suggests, and the data confirms, that not all children identified "at-risk" should be referred to EI and medical evaluation in Oregon
  - Parents may push back on specific referrals
- It is not as simple as knowing about the resources, without telling you when it might be best to refer a child to them
- We developed a decision tree to guide follow-up to available resources based on:
  1) Age of the child
  2) ASQ domain scores – number of domains and specific domain results
  3) Parent or provider concern
  4) Child/family risk factors
  5) Resources in your community

# Determining the “Best Match” Follow Up for the Child and Family

**ASQ Screen- Child Identified At-Risk**

**Targeted Developmental Promotion**

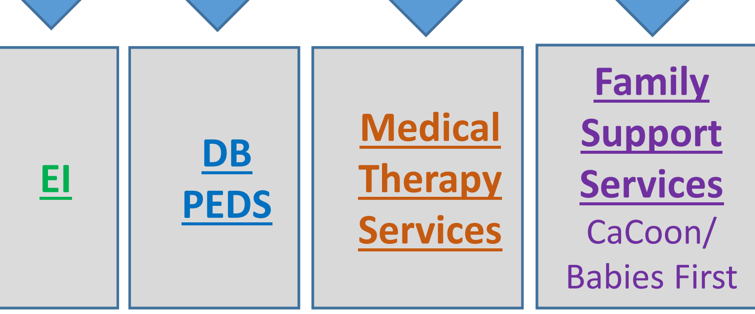
**Numerous Factors Determine the Best Match Follow Up**

**1. Traditional Factors for Referral**

- Child medical issues
- Age of Child
- ASQ Scores by Domain
- Provider Concern
- Parental Concern

**2. Other Factors to Consider, Family Supports**

- Child behaviors
- Adverse Childhood Events
- Family Risk Factors
- Family Factors
- Family Income
- County of Residence




**No Referral - Rest**

**Internal Behavioral Health**

**Specialty Mental Health**

**Community-Based Supports Addressing Social Determinant of Developmental Promotion**

# Follow-Up to Developmental Screening: Priority Resources that Address Specific Delays

Based on asset map, priority follow-up referrals include in our training today:

1. Developmental Behavioral Pediatrics (DBP)
2. Early Intervention (EI)
3. Medical and Therapy Services
4. Internal Behavioral Health Supports
5. Family Support Service (CaCoon/Babies First)

** Deeper dive in future trainings, review of community-based resources.*

# Follow-Up to Screening Decision Tree (FRONT)

FRONT PAGE

**COPA: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE**

VERSION 5/30/19

| STEPS TO CONSIDER | CATEGORY 1<br>3 + domains in the black | CATEGORY 2<br>2 domains in black | CATEGORY 3<br>1 domain in black | CATEGORY 4<br>2 or more in grey |
|---|---|---|---|---|
| STEP 1: PROMOTE | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION |
| STEP 2: REFER *OR* RESCREEN | REFER TO:<br>1. Developmental Behavioral Pediatrician *See DB Peds cheat sheet on back; If Under 1 – No Referral, but continue to monitor progress*<br>2. Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet* | Parental Or Provider Concern*<br>YES: REFER TO: Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet*<br>NO: RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>→ If at-risk on rescreen, REFER to EI | Parental Or Provider Concern*<br>YES: REFER TO: Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet*<br>NO: RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>→ If at-risk on rescreen, REFER to EI | RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>• If rescreened more than once, then proceed with referrals. |
| STEP 3: MEDICAL SERVICES TO CONSIDER | CONSIDER:<br>Supplemental Medical & Therapy Services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | CONSIDER:<br>1. Developmental Behavioral Ped.<br>• *If child is at-risk on comm AND problem solving or personal social See DB Peds cheat sheet on back*<br>• *If Under 1 – No referral, monitor*<br>2. Supplemental Medical & Therapy Services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | CONSIDER: Supplemental medical & therapy services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | |
| STEP 4: BEHAVIORAL HEALTH SUPPORTS | 1) At-Risk (in the black) on Personal Social *AND* Problem Solving<br>2) In the black in Personal Social *OR* Problem Solving *AND* concerns such as oppositional behaviors, aggression, overactive or shy, significant sleep, feeding issues, concerns adjusting to new situations or irritability | | → Refer to Internal Behavioral Heatlh<br>*See cheat sheet on the back* | |
| STEP 5: COMMUNITY RESOURCES TO CONSIDER | ***Family Support Services - CaCoon/BabiesFirst!*** (CAN SERVE CHILDREN BIRTH – 21)<br>If child has **medical risk factors *AND* social risk factors**<br>*(See cheat sheet on back)* | | ***Consider Other Resources Provided in the Asset Map***<br>*(Focus of Future OPIP Trainings)* | |

** 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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# Follow-Up to Screening Decision Tree (BACK)

BACK PAGE

*DEVELOPMENTAL PEDIATRICIAN: CHEAT SHEET*

**Child the BLACK on the Communication +Personal-Social OR Problem Solving** → REFER TO DEVELOPMENTAL BEHAVIORAL PEDIATRICIAN AND/PEDAL FOR AN EVALUATION

**OR**

**If the child is 'In the BLACK' on 2 or more domains and has any of the following :**

- Not progressing in services as expected or recent increase in symptoms
- Challenging behaviors with inadequate response to behavioral interventions or medication.
- Secondary medical issues that are not responding to usual treatments (including feeding)
- Experiencing traumatic events

→ **REFER TO DEVELOPMENTAL BEHAVIORAL PEDIATRICIAN AND/PEDAL FOR AN EVALUATION**

*BEHAVIORAL HEALTH SUPPORTS: CHEAT SHEET*

If child is "in black" **Personal Social & Problem Solving**

**OR**

If child is "in black" on **Personal Social OR Problem Solving** + **Concerns such as oppositional, aggressive, overactive or shy/ anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns** **OR** **Exposure to Adverse Childhood Events (ACES) in Family Environment**

→ REFER To Internal Behavioral Health

- **Additional screening of child's development, parental factors**
- **Brief parent/child therapies**
- **Engage family in mental health referral**

→ **Consider Referral for: Child Parent Psychotherapy (CPP) or Parent Child Interaction Therapy (PCIT**

*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

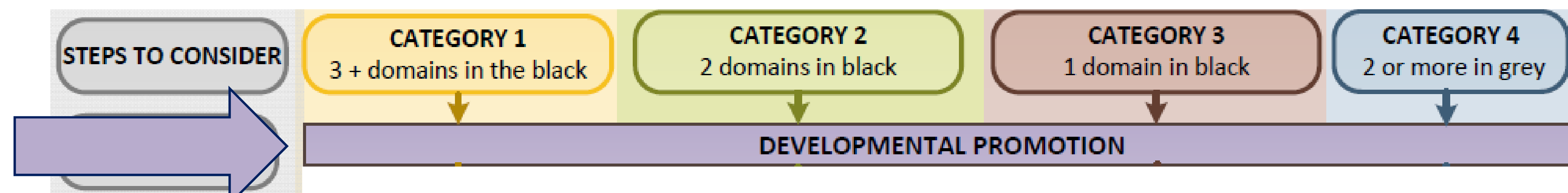
**Medical Risk Factors** +

**Social and Family Factors**

- DHS Involvement
- Low Income – OHP Eligible, Receives TANF/SSI/SNAP
- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Parent has Disability
- Domestic Violence (present or history of)
- Incarceration/Probation
- Alcohol/Illegal Drug Use
- Incarceration/Probation
- Tobacco/Marijuana Use
- Support with Parenting/Lack of Parenting Skills
- Homeless

\+ **Engage Family on Value of Family Support Services** → **Refer for Family Support Services (CaCoon and BabiesFirst!)**

# Medical Decision Tree: Developmental Promotion




1) ASQ Learning Activities for the Specific Domains
2) CDC Act Early
3) Option of ASQ Online

   *(Also for the Rescreen, Include ASQ and ASQ Online)*

# Medical Decision Tree: Developmental Promotion

## Specific follow-up: ASQ Learning Activities for the Specific Domains

These suggestions[1]:

- Encourage progress in the 5 developmental areas of the ASQ
- Give parents age-appropriate and safe activities to complete at home with their children
- Promote close parent-child interaction

1. https://agesandstages.com/products-pricing/learning-activities/

# Fine Motor

Activities to Help Your Toddler Grow and Learn

Your toddler's eyes and hands are working together well. He enjoys taking apart and putting together small things. He loves using any kind of writing or drawing tool. Provide scrap paper, washable crayons, or markers. You can also try puzzles, blocks, and other safe small toys. Talk and enjoy the time together. When writing or drawing, set up clear rules: "We draw *only on the paper*, and *only on the table*. I will help you remember."

**Flipping Pancakes** — Trim the corners from a simple sponge to form a "pancake." Give your child a small frying pan and a spatula. Show him how to flip the pancake.

**Macaroni String** — String a necklace out of dried pasta with big holes. Tube-shaped pasta, such as rigatoni, works really well. Your child can paint the pasta before or after stringing it. Make sure she has a string with a stiff tip, such as a shoelace. You can also tape the ends of a piece of yarn so that it is easy to string.

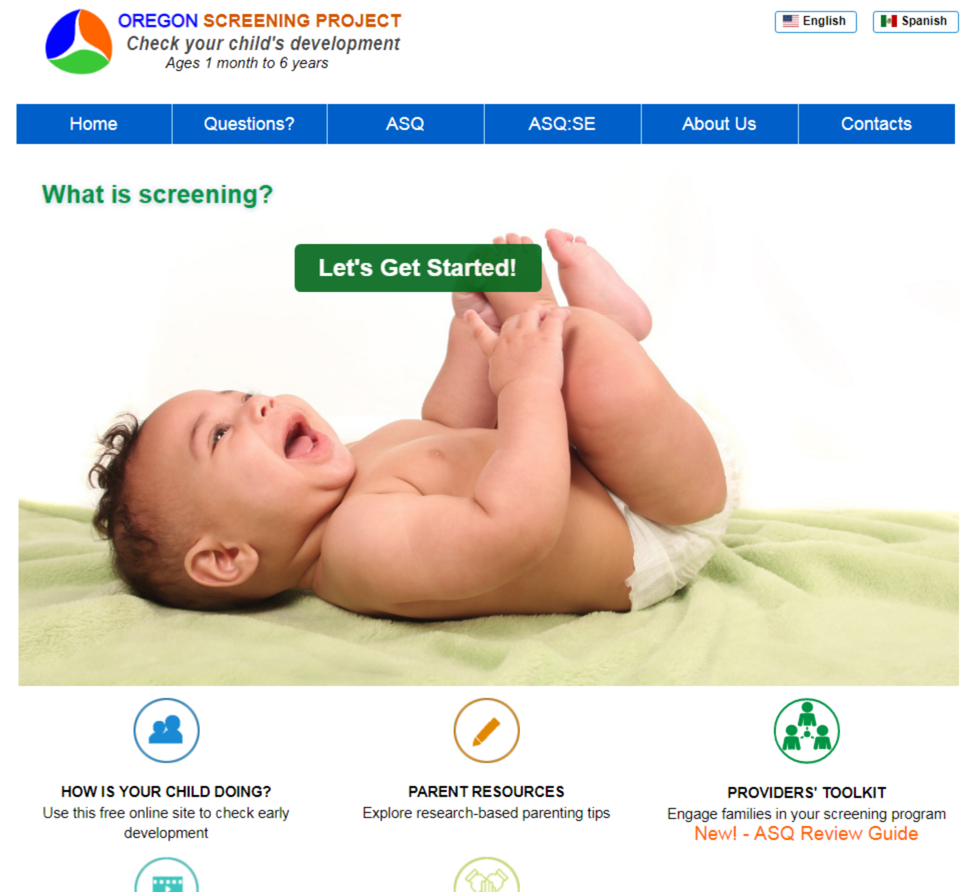
**Homemade Orange Juice** — Make orange juice or lemonade with your toddler. Have him help squeeze the fruit using a handheld juicer. Show him how to twist the fruit back and forth to get the juice out. To make lemonade, you will need to add some sugar and water. Let him help you stir it all up. Cheers!

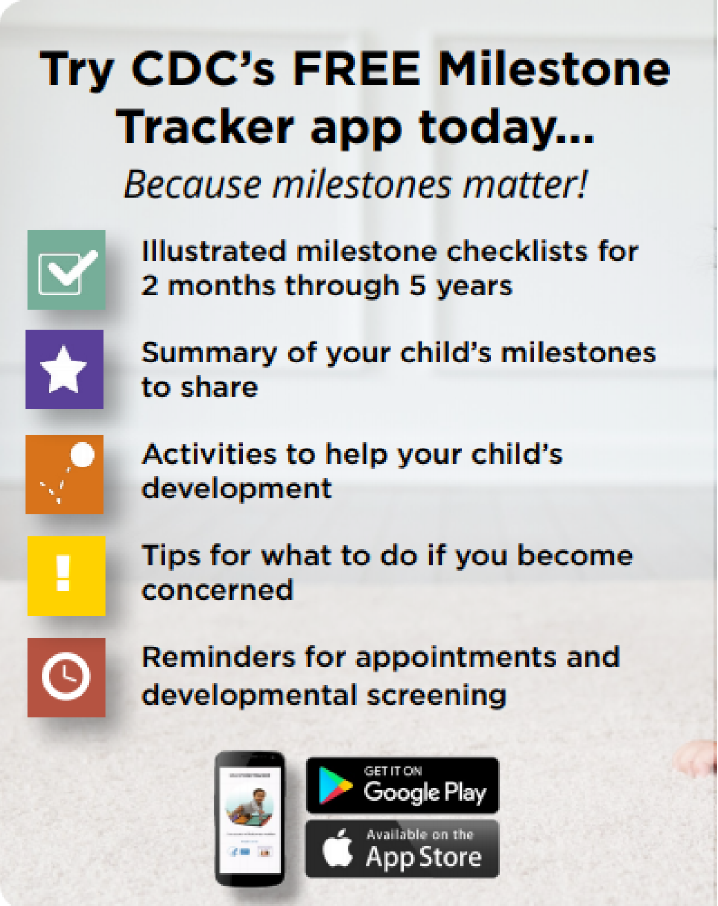
**Draw What I Draw** — Have your child copy a line that you draw, up and down and side to side. You take a turn. Then your child takes a turn. Try zigzag patterns and spirals. Use a crayon and paper, a stick in the sand, markers on newspaper, or your fingers on a steamy bathroom mirror.

**Bath-Time Fun** — At bath time, let your toddler play with things to squeeze, such as a sponge, a washcloth, or a squeeze toy. Squeezing really helps strengthen the muscles in her hands and fingers. Plus it makes bath time more fun!

**My Favorite Things** — Your child can make a book about all of his favorite things. Clip or staple a few pieces of paper together for him. He can choose his favorite color. Let him show you what pictures to cut from magazines. He may even try cutting all by himself. Glue pictures on the pages. Your child can use markers or crayons to decorate pages. Stickers can be fun, too. You can write down what he says about each page. Let him "write" his own name. It may only be a mark, but that's a start!

**Sorting Objects** — Find an egg carton or muffin pan. Put some common objects such as nuts, shells, or cotton balls into a plastic bowl. Let your toddler use a little spoon or tongs to pick up the objects and put them in different sections of the egg carton. Give her a little hug when she has success!




https://osp.uoregon.edu/home/whatIsTheASQ

# Follow-Up to Screening Decision Tree

FRONT PAGE

**COPA: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE**

VERSION 5/30/19

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|---|---|---|---|---|
| STEP 1: PROMOTE | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION |
| | | Parental Or Provider Concern* (YES / NO) | Parental Or Provider Concern* (YES / NO) | |
| STEP 2: REFER *OR* RESCREEN | REFER TO:<br>1. Developmental Behavioral Pediatrician<br>*See DB Peds cheat sheet on back; If Under 1 – No Referral, but continue to monitor progress*<br>2. Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet* | YES: REFER TO: Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet*<br><br>NO: RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>→ If at-risk on rescreen, REFER to EI | YES: REFER TO: Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet*<br><br>NO: RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>→ If at-risk on rescreen, REFER to EI | RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>• If rescreened more than once, then proceed with referrals. |
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**STEP 4: BEHAVIORAL HEALTH SUPPORTS**

1) At-Risk (in the black) on Personal Social *AND* Problem Solving
2) In the black in Personal Social *OR* Problem Solving *AND* concerns such as oppositional behaviors, aggression, overactive or shy, significant sleep, feeding issues, concerns adjusting to new situations or irritability

→ Refer to Internal Behavioral Heatlh
*See cheat sheet on the back*

**STEP 5: COMMUNITY RESOURCES TO CONSIDER**

*Family Support Services - CaCoon/BabiesFirst!* (CAN SERVE CHILDREN BIRTH – 21)
If child has **medical risk factors** *AND* **social risk factors**
*(See cheat sheet on back)*

*Consider Other Resources Provided in the Asset Map (Focus of Future OPIP Trainings)*

** 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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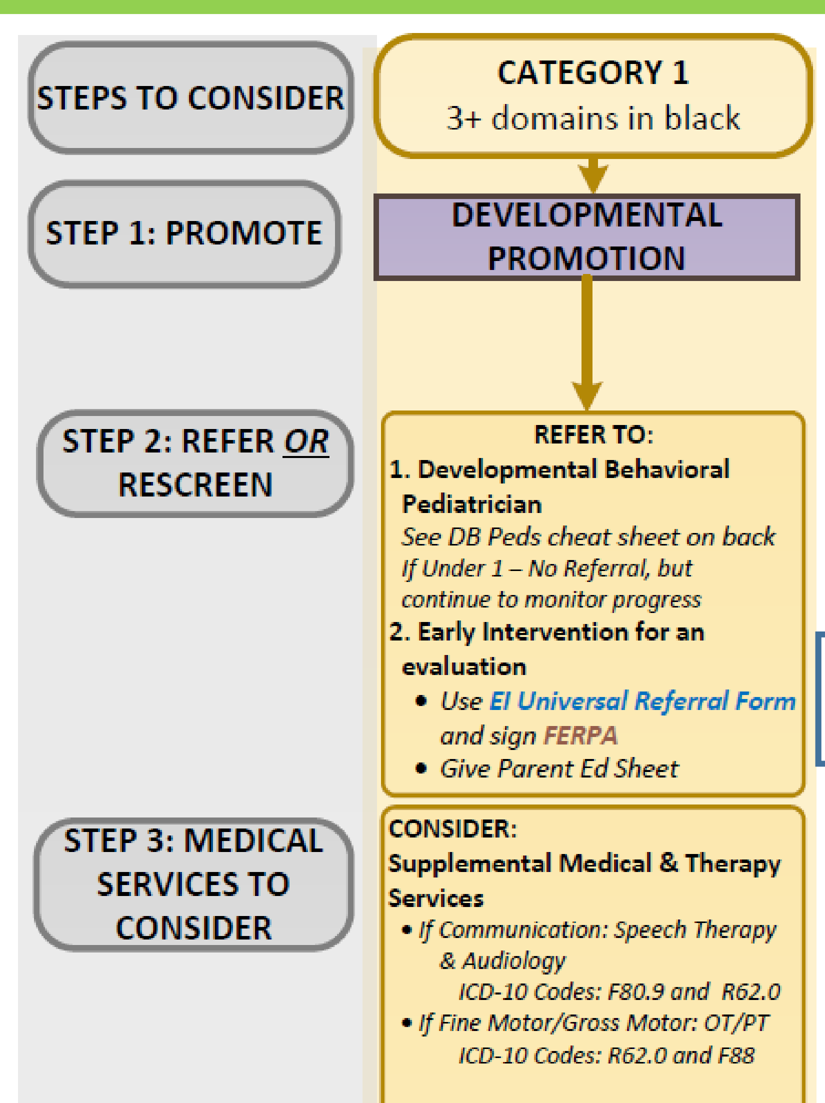
# Follow Up Aligned with Medical Decision Tree: Screens 3+ Domains in the Black




*Assuming an even distribution over the course of each month, we estimated that in a year COPA would have:*

***~ 1-2% of Screens with 3+ in the Black***

***Follow up provided should include:***

1. Give the **ASQ Learning Activities** for the domains identified in the black
2. Refer to **Developmental Behavioral Pediatrician** for children over the age of 1
3. Refer to **Early Intervention**

***Consider:***

**Supplemental Medical and Therapy Services**
**(Speech, OT, PT)**

# Referral to Developmental Behavioral Pediatrician

What is a Referral to *Developmental Behavioral Pediatricians* for:

Developmental-behavioral pediatricians evaluate, counsel, and provide treatment for children and their families with a wide range of developmental and behavioral concerns, including learning delays, behavioral issues, delayed development in speech, language, motor skills, or thinking ability, and feeding/sleeping problems.

*Who to refer:*

- The ASQ domains which put the child "at-risk" **matter** in terms of whether you should refer to Developmental Behavioral Pediatrician
- After consultation with experts in the field, the children most likely **to be delayed** in getting a medical evaluation and/or will not receive robust enough services from EI to address their needs:
    1. **Intellectual disability**
    2. **Autism**
- Flags for these under-identified children are
    - Delays in communication domain (always one of the factors)

      **And**

    - Delays in problem solving or personal social domains

## Part 2: Which KIDS To Referral to Developmental Behavioral Pediatrician

Outlined on the back of the Medical Decision Tree:

- Child "**In the BLACK**" in the **Communication** domain **AND** either the **Personal-Social domain** or **Problem Solving Domain**
- **Or if the child is in the Black on 2 or more other domains and has any of the following presenting concerns (On Back of Decision Tree)**
  - ✓Kids who are not progressing in services as expected or recent increase in symptoms
  - ✓Kids who have challenging behaviors with inadequate response to behavioral interventions or medication.
  - ✓Kids with secondary medical issues that are not responding to usual treatments (including feeding and nutrition)
  - ✓Kids who may be experiencing traumatic events

# Follow-Up to Screening Decision Tree (BACK)

***DEVELOPMENTAL PEDIATRICIAN: CHEAT SHEET***

Child the BLACK on the Communication +Personal-Social OR Problem Solving → REFER TO DEVELOPMENTAL BEHAVIORAL PEDIATRICIAN AND/PEDAL FOR AN EVALUATION

OR

If the child is 'In the BLACK' on 2 or more domains and has any of the following :
- Not progressing in services as expected or recent increase in symptoms
- Challenging behaviors with inadequate response to behavioral interventions or medication.
- Secondary medical issues that are not responding to usual treatments (including feeding)
- Experiencing traumatic events

→ REFER TO DEVELOPMENTAL BEHAVIORAL PEDIATRICIAN AND/PEDAL FOR AN EVALUATION

***BEHAVIORAL HEALTH SUPPORTS: CHEAT SHEET***

If child is "in black" Personal Social & Problem Solving

OR

If child is "in black" on Personal Social OR Problem Solving

\+

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

OR

Exposure to Adverse Childhood Experience (ACES) in Family Environment
https://acestoohigh.com/got-your-ace-score/

REFER To Internal Behavioral Health
- Additional screening of child's development, parental factors
- Brief parent/child therapies
- Engage family in mental health referral

↓

Consider Referral for:
Child Parent Psychotherapy (CPP) or Parent Child Interaction Therapy (PCIT

***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

Medical Risk Factors

\+

Social and Family Factors
- DHS Involvement
- Low Income – OHP Eligible, Receives TANF/SSI/SNAP
- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Parent has Disability
- Domestic Violence (present or history of)
- Incarceration/Probation
- Alcohol/Illegal Drug Use
- Incarceration/Probation
- Tobacco/Marijuana Use
- Support with Parenting/Lack of Parenting Skills
- Homeless

\+

Engage Family on Value of Family Support Services → Refer for Family Support Services (CaCoon and BabiesFirst!)

# Components of Phase 2 Proposal

Additional work will be done in the next two years to potentially refine this pathway and utilize local resources (Sondra and Becky) for initial Autism and IDD assessments

*2 Year Community and Population-Based Improvement effort*

- **#1: Provide on-site training and support** to the **two already** confirmed primary care sites (**Mosaic and COPA**) around improving follow-up to developmental screening.
- **#2: Recruit and engage primary care sites serving children for which disparities and inequities were observed.**
- **#3: Collaboratively work with Early Intervention (EI)** to improve education to referring providers on best match referrals to EI and on closed loop communications for children referred.
- **#4: Develop Pathways and Processes for Children Specifically Identified with Social-Emotional Delays**
- **#5: Develop Pathways and Processes for Children who Need Medical and Therapy Services**
- **#6: Provide Proactive Developmental Promotion and Behavioral Health Meant to Build Resiliency for Children in Socially Complex Families.**
- **#7: Summarize key learnings to inform spread and innovation** and **relevant policies** across the region and to inform community-level priorities.

OPIP

# Follow-Up to Developmental Screening: Priority Resources that Address Specific Delays

**Important Context:**

- o The purpose of the decision tree is to provide guidance on follow-up to ASQ developmental screening, the services on the decision tree provide follow-up

- That said, there is a broader group of children who should be referred to services for reasons outside of the ASQ scores
  - o ***Therefore, the decision tree isn't a complete guide of which kids to refer to those services.*** It is a guide to which kids based on the ASQ, should get referred to the service
  - Example: Children who were low birth weight infants weighing less than 1,200 grams should be referred to EI, regardless of ASQ scores

# Physician Statement for Early Intervention

**Some children eligible for Early Intervention based on a Oregon Administrative Rules (OAR).**

**Provided diagnosis are associated with a higher risk of developmental delay and referrals should be generated early. These kids should be referred to EI regardless of ASQ Scores**

Examples of diagnosed physical or mental conditions associated with significant delays in development include but are not limited to:

- Chromosomal syndromes and conditions associated with delay in development
- Congenital syndromes and conditions associated with delays in development
- Sensory impairments
- Metabolic disorders associated with delays in development
- Infections, conditions, or event, occurring prenatally through 36 months, resulting in significant medical problems known to be associated with significant delays in development, such as: recurring seizures or other forms of ongoing neurological injury, an APGAR score of 5 or less at five minutes, evidence of significant exposure to known teratogens
- Low birth weight infants weighing less than 1,200 grams
- Postnatal acquired problems resulting in significant delays in development, including, but not limited to, attachment and regulatory disorders based on the Diagnostic Classification: 0 – 3

# Physician Statement for Early Intervention

**MEDICAL CONDITION STATEMENT FOR EARLY INTERVENTION ELIGIBILITY**
**(BIRTH TO AGE 3)**

Date: __________ Child's Name: ________________________________________ Birthdate: _________

The State of Oregon, through the Oregon Department of Education (ODE), provides Early Intervention (EI) services to infants and young children ages birth to three with significant developmental delays. ODE recognizes that disabilities may not be evident in every young child, but without intervention, there is a strong likelihood a child with unrecognized disabilities may become developmentally delayed.

ODE is requesting your assistance in determining eligibility for Oregon EI services for the child named above. Under Oregon law, a physician, physician assistant, or nurse practitioner licensed in by the appropriate State Board can examine a child and make a determination as to whether he or she has a physical or mental condition that is likely to result in a developmental delay.

Please keep in mind that, while many children may benefit from Oregon's EI services, only those in whom significant developmental delays are evident or very likely to develop are eligible.

Thank you for your time and assistance with this matter.

**Medical Condition:**

______________________________________________

______________________________________________

______________________________________________

______________________________________________

**Please indicate if this child has a:**

- ☐ Vision Impairment
- ☐ Hearing Impairment
- ☐ Orthopedic Impairment

**Comments:**

______________________________________________

______________________________________________

______________________________________________

| Yes ☐ | No ☐ | This child has a physical or mental condition that is likely to result in a developmental delay. |
|---|---|---|

______________________________ Physician/Physician Assistant/Nurse Practitioner

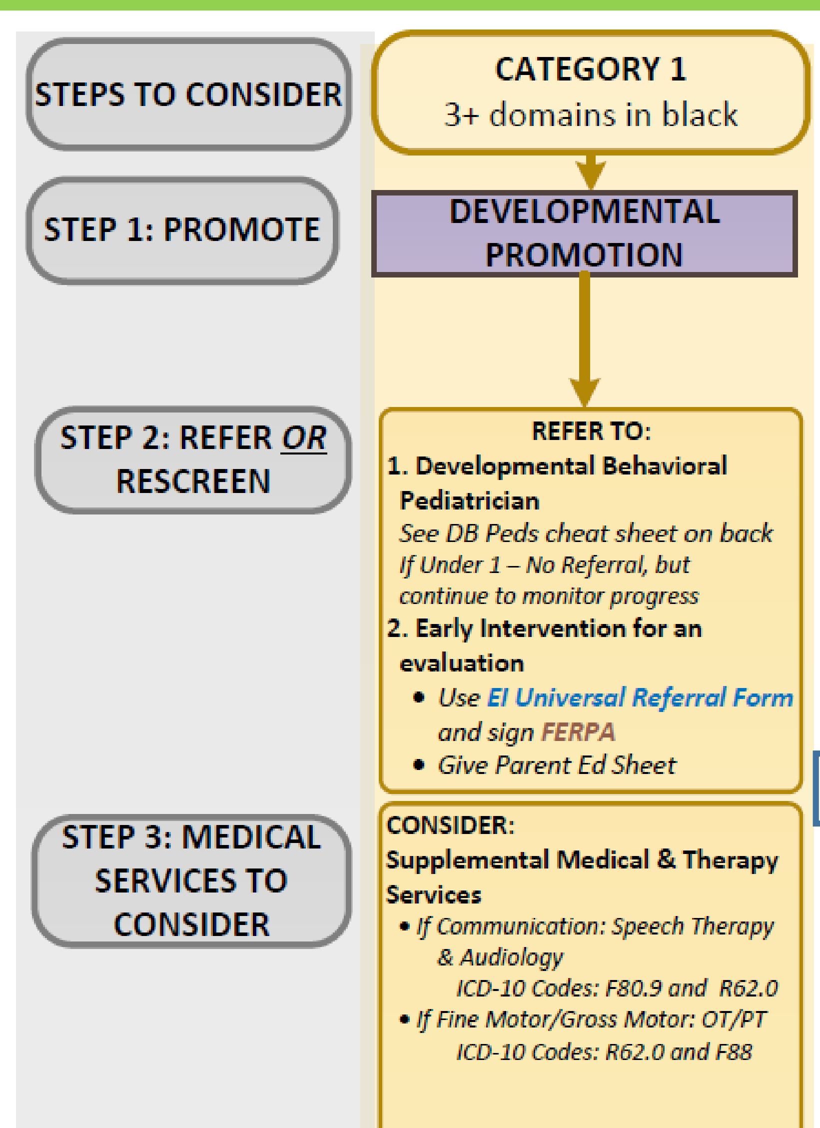
______________ Date

Print Name: ________________________ Phone: ______

This form is part of the Early Intervention Referral (page 3)

If your patient has a diagnosis that fits the Administrative Rule, note the condition and mark the Yes box here and sign.

# Follow Up Aligned with Medical Decision Tree: Screens 3+ Domains in the Black




*Assuming an even distribution over the course of each month, <u>we estimated that in a year</u> COPA would have:*

***~ 1-2% 3+ in the Black***

***<u>Follow up provided should include</u>*:**

1. Give the **ASQ Learning Activities** for the domains identified in the black
2. Refer to **Developmental Behavioral Pediatrician** for children over the age of 1
3. Refer to **Early Intervention**

***Consider:***

**Supplemental Medical and Therapy Services**

**(Speech, OT, PT)**

# Referral to Early Intervention (EI)

The Early Intervention/Early Childhood Special Education program offers special services and supports to families with children identified as having developmental disabilities or experiencing developmental delays. EI supports families in developing the skills to help their children learn and grow.

Oregon has one of the strictest eligibility criteria in the US, so we will be piloting BETTER referrals to Early Intervention

A BETTER referral will be facilitated by:

- More informed and complete use of the **Universal Referral Form (Which has changed and has ways to enhance feedback loops)**
- Referring children who will be more likely to be eligible for services

# Review of Modifications Made to Early Intervention Universal Referral Form (URF)

Early Intervention/Early Childhood Special Education (EI/ECSE) Referral Form for Providers* Birth to Age 5

**CHILD/PARENT CONTACT INFORMATION**

Child's Name: ______ Date of Birth: ____/____/____

Parent/Guardian Name: ______ Relationship to the Child: ______

Address: ______ City: ______ State: ____ Zip: ____

County: ______ Primary Phone: ______ Secondary Phone: ______ E-mail: ______

Text Acceptable: ☐Yes ☐ No Best Time to Contact: ______

Primary Language: ______ Interpreter Needed: ☐Yes ☐ No

**PARENT CONSENT FOR RELEASE OF INFORMATION** (more about this consent on page 4)

***Consent for release of medical and educational information***

I, ______ (print name of parent or guardian), give permission for my child's health provider ______ (print provider's name), to share any and all pertinent information regarding my child, ______ (print child's name), with Early Intervention/Early Childhood Special Education (EI/ECSE) services. I also give permission for EI/ECSE to share developmental and educational information regarding my child with the child health provider who referred my child to ensure they are informed of the results of the evaluation.

**Parent/Guardian Signature:** ______ **Date:** ____/____/____

***Your consent is effective for a period of one year from the date of your signature on this release.***

**OFFICE USE ONLY BELOW:**

*Please fax or scan and send this Referral Form (front and back, if needed) to the EI/ECSE Services in the child's county of residence*

**REASON FOR REFERRAL TO EI/ECSE SERVICES**

*Provider: Complete all that applies. Please attach completed screening tool.*

Concerning screen: ☐ ASQ ☐ASQ:SE ☐ PEDS ☐M-CHAT ☐Other: ______

Concerns for possible delays in the following areas (please check all areas of concern and provide scores, where applicable):

☐Communication ____ ☐ Fine Motor ____ ☐Personal Social ____

☐ Gross Motor ____ ☐Problem Solving____ ☐Other: ______

☐ Clinician concerns (including vision and hearing) but not screened:

______

☐ Family is aware of reason for referral.

**Provider Signature:** ______ **Date:** ____/____/____

*If child has an identified condition or diagnosis known to have a high probability of resulting in significant delays in development, please complete the attached Physician Statement for Early Intervention Eligibility (on reverse) in addition to this referral form. Only a physician licensed by a State Board of Medical Examiners may sign the Physician Statement.*

**PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS**

Referring Provider Name: ______ Referral Contact Person: ______

Office Phone: ______ Office Fax: ______ Address: ______

______ City: ______ State: ____ Zip: ____

Primary Care Provider: ______

***If the child is eligible, medical provider will receive a copy of the Service Summary.***

**EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER**

*EI/ESCE Services: please complete this portion, attach requested information, and return to the referral source above.*

☐Family contacted on ____/____/____ The child was evaluated on ____/____/____ and was found to be:

☐Eligible for services ☐Not eligible for services at this time, referred to: ______

☐ Parent Declined Evaluation ☐ Parent Does Not Have Concerns

☐Unable to contact parent ☐ Attempts______ ☐ EI/ECSE will close referral on ____/____/____.

* The EI/ECSE Referral Form may be duplicated and downloaded at this Oregon Department of Education web page.

Updates were made to the Universal Referral Form based on collective feedback from a previous pilot facilitated in partnership between OPIP and Willamette Education Service District (WESD).

The goals of the updates were to:

1. Help facilitate improved communication between EI/ECSE and the referred family
2. Streamline Communication between referring providers and EI/ECSE
3. Support enhanced timely communication so that PCPs can assist with outreach and engagement of families
4. Inform follow-up steps for EI ineligible and EI eligible

Completing it to fidelity will enhance communication and coordination.

# CHILD/PARENT CONTACT INFORMATION

**CHILD/PARENT CONTACT INFORMATION**

Child's Name: ____________________ Date of Birth: ____/____/____

Parent/Guardian Name: ____________________ Relationship to the Child: __________

Address: ____________________ City: __________ State: ____ Zip: ____

County: __________ Primary Phone: __________ Secondary Phone: __________ E-mail: __________

Text Acceptable: ☐Yes ☐ No Best Time to Contact: __________

Primary Language: ____________________ Interpreter Needed: ☐Yes ☐ No

Under the **CONTACT INFORMATION** section, the new Universal Referral Form (URF) includes:

1. Option for families to note if they can/would accept text messages
2. Ability for family to note the best time to contact

# REASON FOR REFFERAL

**OFFICE USE ONLY BELOW:**

*Please fax or scan and send this Referral Form (front and back, if needed) to the EI/ECSE Services in the child's county of residence*

**REASON FOR REFERRAL TO EI/ECSE SERVICES**

*Provider: Complete all that applies. Please attach completed screening tool.*

Concerning screen: ☐ ASQ ☐ASQ:SE ☐ PEDS ☐M-CHAT ☐Other:____________________

Concerns for possible delays in the following areas (please check all areas of concern and provide scores, where applicable):

☐Communication ______ ☐ Fine Motor ______ ☐Personal Social ______

☐ Gross Motor ______ ☐Problem Solving______ ☐Other: __________________

☐ Clinician concerns (including vision and hearing) but not screened:

______________________________________________________________

______________________________________________________________

☐ Family is aware of reason for referral.

Provider Signature: ______________________________ Date: _____/_____/_____

*If child has an identified condition or diagnosis known to have a high probability of resulting in significant delays in development, please complete the attached Physician Statement for Early Intervention Eligibility (on reverse) in addition to this referral form. Only a physician licensed by a State Board of Medical Examiners may sign the Physician Statement.*

Under the **REASON FOR REFERRAL** section, the new Universal Referral Form (URF) includes:

- Section for the referring entity to document concerning screening scores and indicate the tool used. The “Concerns for possible delays” boxes now map directly to the ASQ domains.
    - Also send completed ASQ with referral to help ensure the best match evaluation team at EI

# PROVIDER INFORMATION

**PROVIDER INFORMATION AND REQUEST FOR REFERRAL RESULTS**

Referring Provider Name: ______________________ Referral Contact Person: ______________________

Office Phone: __________ Office Fax: ____________ Address: ______________________________

____________________________________ City: ______________________ State: _____ Zip: _____

Primary Care Provider: ______________________________________________________

*If the child is eligible, medical provider will receive a copy of the Service Summary.*

Under the **PROVIDER INFORMATION** section:

- Referring Providers no longer have multiple options to request the types of feedback they would like to receive. Instead, a copy of the ***Service Summary*** will be sent to providers for ALL ELIGIBLE children

# Service Summary Overview

**Service Summary**

Child's Name: ______________________ Birthdate: ________

CHILD was found eligible for Early Intervention services on: 08/03/18.

She was found eligible under the category:
Developmental Delay

As required under Oregon law, she will be evaluated again before 10/03/19 to determine if she is eligible for Early Childhood Special Education Services.

A new Individual Family Service Plan (IFSP) was developed for CHILD on 08/03/18.

**IFSP Goal Areas**
☐ Cognitive ☐ Social / Emotional ☒ Motor ☒ Adaptive ☐ Communication

**Services Provided**

| Service | How Often | Provider |
|---|---|---|
| Service Coordination | 12 hours/year | |
| Physical Therapy | 1 hour/year | |
| Occupational Therapy | 1 hour/month | |

This form is submitted annually and any time there is a change in services. Please contact Tina Weeks with any questions.

This document represents services determined by the IFSP to provide educational benefit. *Any services identified or recommended by medical providers are separate and not represented on this form.*

*Electronically signed by Michelle Rodriguez* on 08/03/18.
XXXX, EI/ECSE Specialist, NWRESD (503)

Send the Service Summary to referring providers for children who are found **ELIGIBLE** and whenever changes are made to the services provided (annually)

Part of the focus of the next year will be around the *IMPLEMENTATION* of how to 'catch' and 'use' this information

# EI/ECSE Unable to Contact

03/22/18

George & Gigi
PO Box 123
Aloha, OR 97007

Re: Ginny Sample, birthdate 11/03/13

Dear George & Gigi

We received a referral for Ginny in regards to (unavailable) development. We made attempts on [DATES] to contact you to schedule a developmental evaluation appointment. We also mailed a letter on [DATE]. We've been unable to contact you by phone or mail. We are now making Ginny's file inactive.

If you have any questions, please do not hesitate to contact us at 503-614-1446 for assistance. The Early Intervention/Early Childhood Special Education program stands ready to provide a developmental screening and/or evaluation at a parent's request.

We welcome you to monitor your child's progress as they grow older. You can use the Ages & Stages website to check your child's development, and you can return every three months or so to complete a new questionnaire. The website is asqoregon.com. Please feel free to contact us at any time if you have any questions, concerns, or would like to schedule an evaluation or in-person screening.

Thank you, and have a wonderful day!

Sincerely,

HDESD may send this letter as a flag to your practice that the ESD Coordinator was unable to contact the referred family.

This letter will be faxed to your practice. Follow up action can be determined at this time.

# EI/ECSE EVALUATION RESULTS

**EI/ECSE EVALUATION RESULTS TO REFERRING PROVIDER**

***EI/ESCE Services:*** ***please complete this portion, attach requested information, and return to the referral source above.***

☐Family contacted on ______/______/______ The child was evaluated on ______/______/_____ and was found to be:

☐Eligible for services ☐Not eligible for services at this time, referred to: ______________________________________

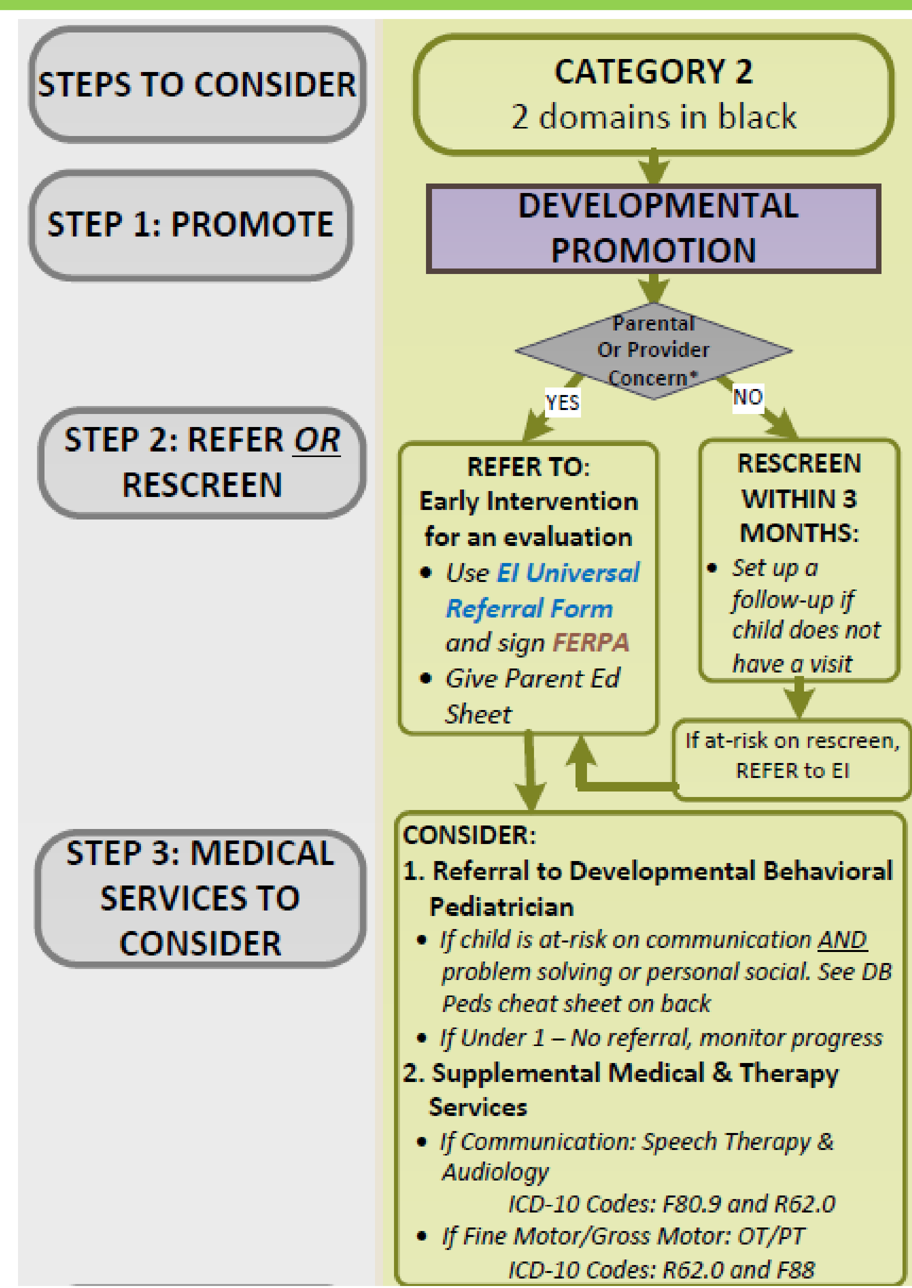
☐ Parent Declined Evaluation ☐ Parent Does Not Have Concerns

☐Unable to contact parent ☐ Attempts____________________ ☐ EI/ECSE will close referral on ______/______/______.

Under the **EVALUATION RESULTS** section, the new Universal Referral Form (URF):

- Is very similar to the old Universal Referral Form, but it is now the intention of ODE (Oregon Department of Education) for all ESDs to ***improve the use of this section*** *<u>if FERPA release is signed.</u>*

# Follow Up Aligned with Medical Decision Tree: Screens 2 domains in the Black




*Assuming an even distribution over the course of each month, we estimated that in a year COPA would have:*

***~3-4% Screens with 2 domains -Black***

For a screen with **2 domains in the black**, ***follow up*** is:

1. Give the **ASQ Learning Activities** for the domains identified in the black

**If there is Parental or Provider Consider**

- Refer to **Early Intervention**

**If there is NOT Parental or Provider Consider**

- **Rescreen** within 3 months

***Consider:***

1. Referral to **Developmental Behavioral Pediatrician** for kids over the age of 1
2. Use of **Supplemental Medical and Therapy Services**

# Follow-Up to Screening Decision Tree

FRONT PAGE

**COPA: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE**

VERSION 5/30/19

| STEPS TO CONSIDER | CATEGORY 1<br>3 + domains in the black | CATEGORY 2<br>2 domains in black | CATEGORY 3<br>1 domain in black | CATEGORY 4<br>2 or more in grey |
|---|---|---|---|---|
| STEP 1: PROMOTE | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION |
| STEP 2: REFER *OR* RESCREEN | REFER TO:<br>1. Developmental Behavioral Pediatrician *See DB Peds cheat sheet on back; If Under 1 – No Referral, but continue to monitor progress*<br>2. Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet* | Parental Or Provider Concern*<br>YES: REFER TO: Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet*<br>NO: RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>If at-risk on rescreen, REFER to EI | Parental Or Provider Concern*<br>YES: REFER TO: Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet*<br>NO: RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>If at-risk on rescreen, REFER to EI | RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>• If rescreened more than once, then proceed with referrals. |
| STEP 3: MEDICAL SERVICES TO CONSIDER | CONSIDER:<br>Supplemental Medical & Therapy Services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | CONSIDER:<br>1. Developmental Behavioral Ped.<br>• *If child is at-risk on comm AND problem solving or personal social See DB Peds cheat sheet on back*<br>• *If Under 1 – No referral, monitor*<br>2. Supplemental Medical & Therapy Services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | CONSIDER: Supplemental medical & therapy services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | |

**STEP 4: BEHAVIORAL HEALTH SUPPORTS**

1) At-Risk (in the black) on Personal Social *AND* Problem Solving
2) In the black in Personal Social *OR* Problem Solving *AND* concerns such as oppositional behaviors, aggression, overactive or shy, significant sleep, feeding issues, concerns adjusting to new situations or irritability

→ Refer to Internal Behavioral Heatlh
*See cheat sheet on the back*

**STEP 5: COMMUNITY RESOURCES TO CONSIDER**

*Family Support Services - CaCoon/BabiesFirst!* (CAN SERVE CHILDREN BIRTH – 21)
If child has medical risk factors *AND* social risk factors
*(See cheat sheet on back)*

*Consider Other Resources Provided in the Asset Map (Focus of Future OPIP Trainings)*

** 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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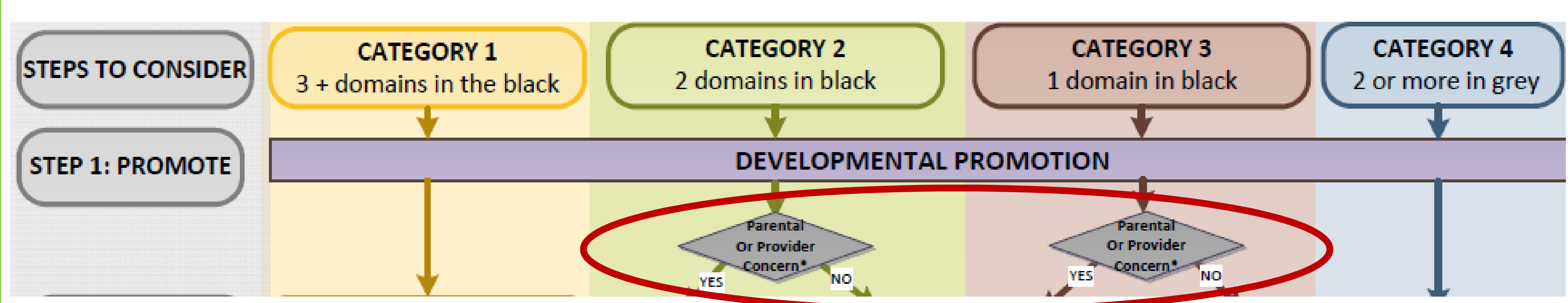
# Operationalizing Parental or Provider Concern




For screens with **1 or 2 domains in the black** a key component of the medical decision tree is **PARENTAL OR PROVIDER CONCERN**

## Reasons this was added:

- Parents are an ***important partner*** in understanding developmental concerns
  - "Parental concerns about speech, motor, and behavioral development yielded a high sensitivity to the final diagnosis of the same developmental domain (77-89%)[1]"

- Providers need to be able to use their ***clinical judgement*** to help validate the completion of the tool for which:
  - ✓Parents may not have had the time or materials to try items with child
  - ✓Score not adjusted for prematurity
  - ✓Score not adjusted for omitted items

1. Chen, C. The relationship between parental concern and professional assessment in developmental delays in infants and children https://www.ncbi.nlm.nih.gov/pubmed/15357111

OPIP

# Developmental and Autism Screening:

*Assuring No Child Enters Kindergarten With an Undetected Developmental Delay*

For Primary Care Providers Caring for Children in Oregon's Diverse Communities

# ASQ™ 2 months to 5 1/2 Years

- **21 age-specific questionnaires** from 1 to 66 months (adjust for prematurity)
- Each questionnaire **valid for 1 month** before and after indicated age
- 30-35 items per questionnaire **describing skills**
- Taps **5 domains** of development
- Must **correct for prematurity** up to 24 months

  Either of the following methods can be used to determine the appropriate interval for a child:
  - CDOB: Add weeks of prematurity to date of birth to obtain a corrected date of birth.
  - Adjusted age: Subtract weeks of prematurity from present age to determine corrected age

START

ASQ-3™ Ages & Stages Questionnaires®

17 months 0 days through 18 months 30 days

18 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:

Child's information

- Use appropriate instrument
- Adjust for prematurity up to age 2 years
- Use appropriate language

# ASQ™ Scoring

Each answer is converted to a point value:

- "Yes" answers are 10 points
- "Sometimes" are 5 points
- "Not yet" answers are zero points.

**COMMUNICATION**

| | | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|---|
| 1. | Does your baby sometimes make throaty or gurgling sounds? | ○ | ○ | ○ | ___ |
| 2. | Does your baby make cooing sounds such as "ooo," "gah," and "aah"? | ○ | ○ | ○ | ___ |
| 3. | When you speak to your baby, does she make sounds back to you? | ○ | ○ | ○ | ___ |
| 4. | Does your baby smile when you talk to him? | ○ | ○ | ○ | ___ |
| 5. | Does your baby chuckle softly? | ○ | ○ | ○ | ___ |
| 6. | After you have been out of sight, does your baby smile or get excited when she sees you? | ○ | ○ | ○ | ___ |

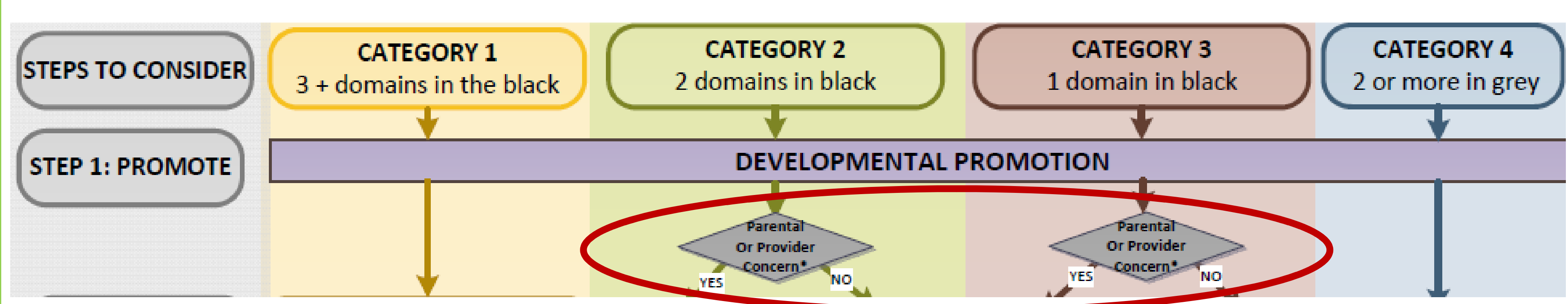
COMMUNICATION TOTAL

# Partially Completed ASQ

- Re-assess parent literacy
- Provide an opportunity to try the activity
- Can use the score adjustment table to account for missing scores.

| Area score | Adjusted – 1 item missing | Adjusted – 2 items missing |
|---|---|---|
| 50 | 60 | -- |
| 45 | 54 | -- |
| 40 | 48 | 60 |
| 30 | 36 | 45 |
| 25 | 30 | 37.5 |
| 20 | 24 | 30 |
| 15 | 18 | 22.5 |
| 10 | 12 | 15 |
| 5 | 6 | 7.5 |
| 0 | 0 | 0 |

# Operationalizing Parental or Provider Concern




**Ways to operationalize PARENTAL/PROVIDER CONCERN in practice include:**

1. **Review the ASQ Overall Section** – located after domain specific questions
2. Use **open ended questions** to probe/validate parents on concerns. Ideas for questions to ask include:
    - What questions or concerns do you have about your child's development?
    - Tell me about your child's development
    - Does your child get frustrated trying to communicate or do things?
3. A provider may become concerned from their observation or examination of child or if a child is **well-below the cut-off** in the domain(s).

# Follow-Up to Screening Decision Tree

*FRONT PAGE*

**COPA: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE**

*VERSION 5/30/19*

| STEPS TO CONSIDER | CATEGORY 1<br>3 + domains in the black | CATEGORY 2<br>2 domains in black | CATEGORY 3<br>1 domain in black | CATEGORY 4<br>2 or more in grey |
|---|---|---|---|---|
| STEP 1: PROMOTE | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION |
| STEP 2: REFER *OR* RESCREEN | REFER TO:<br>1. Developmental Behavioral Pediatrician<br>*See DB Peds cheat sheet on back; If Under 1 – No Referral, but continue to monitor progress*<br>2. Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet* | Parental Or Provider Concern*<br>YES → REFER TO: Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet*<br>NO → RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>→ If at-risk on rescreen, REFER to EI | Parental Or Provider Concern*<br>YES → REFER TO: Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet*<br>NO → RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>→ If at-risk on rescreen, REFER to EI | RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>• If rescreened more than once, then proceed with referrals. |
| STEP 3: MEDICAL SERVICES TO CONSIDER | CONSIDER:<br>Supplemental Medical & Therapy Services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | CONSIDER:<br>1. Developmental Behavioral Ped.<br>• *If child is at-risk on comm AND problem solving or personal social See DB Peds cheat sheet on back*<br>• *If Under 1 – No referral, monitor*<br>2. Supplemental Medical & Therapy Services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | CONSIDER: Supplemental medical & therapy services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | |

**STEP 4: BEHAVIORAL HEALTH SUPPORTS**

1) At-Risk (in the black) on Personal Social *AND* Problem Solving
2) In the black in Personal Social *OR* Problem Solving *AND* concerns such as oppositional behaviors, aggression, overactive or shy, significant sleep, feeding issues, concerns adjusting to new situations or irritability

→ Refer to Internal Behavioral Heatlh
*See cheat sheet on the back*

**STEP 5: COMMUNITY RESOURCES TO CONSIDER**

*Family Support Services - CaCoon/BabiesFirst!* (CAN SERVE CHILDREN BIRTH – 21)
If child has **medical risk factors** *AND* **social risk factors**
*(See cheat sheet on back)*

*Consider Other Resources Provided in the Asset Map (Focus of Future OPIP Trainings)*

** 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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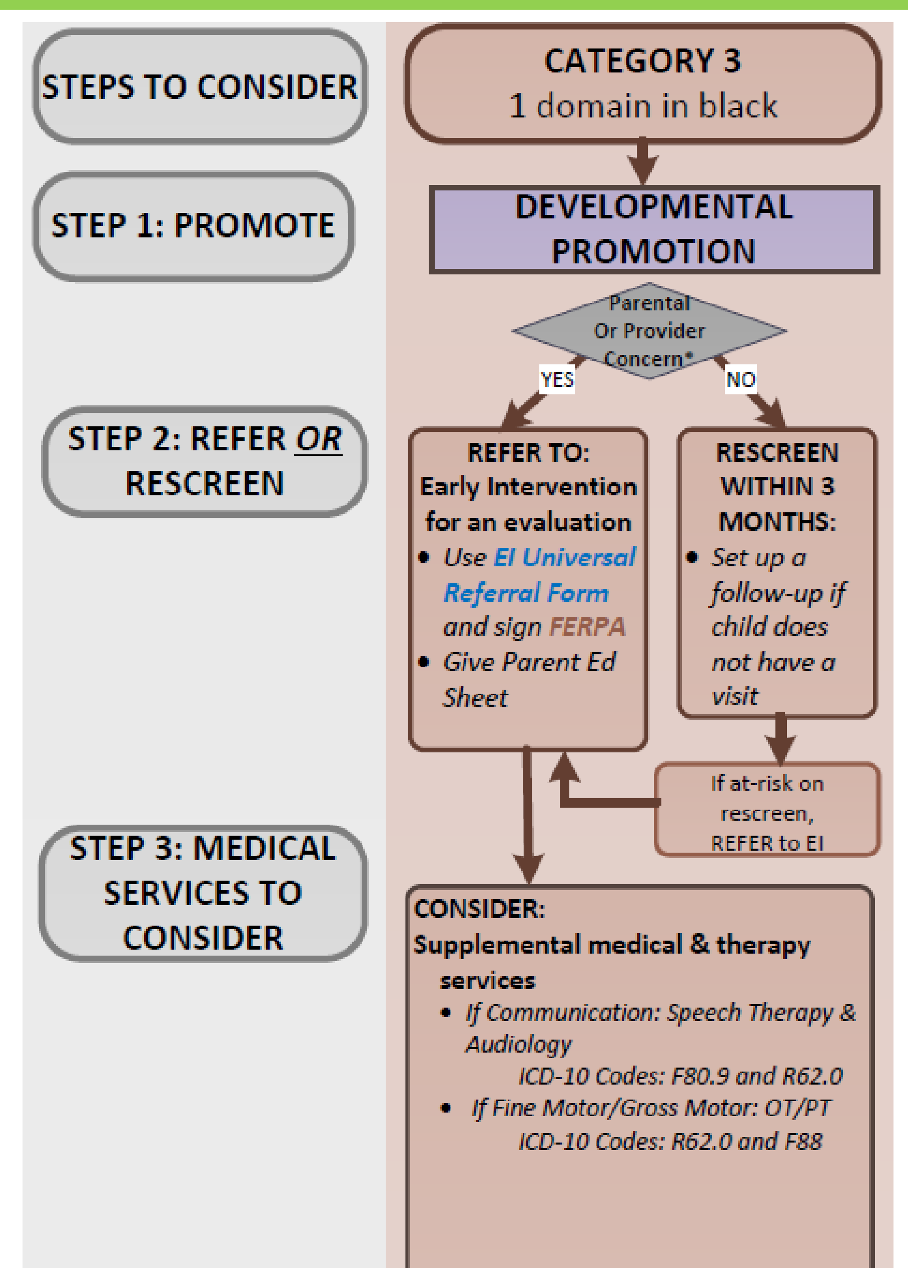
# Follow Up Aligned with Medical Decision Tree: Screens 1 domain in the Black




*Assuming an even distribution over the course of each month, <u>we estimated that in a year</u> COPA would have:*

***~ 8-9% Screens with 1 Domain in the Black***

For a screen with **1 domains in the black**, ***<u>follow up</u>*** is:

1. Give the **ASQ Learning Activities** for the domains identified in the black

**If there is Parental or Provider Consider**

- Refer to **Early Intervention**

**If there is NOT Parental or Provider Consider**

- **Rescreen** within 3 months

***Consider:***

Use of **Supplemental Medical and Therapy Services**

# Follow-Up to Screening Decision Tree

FRONT PAGE

**COPA: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE**

VERSION 5/30/19

**STEPS TO CONSIDER**

- **CATEGORY 1**: 3 + domains in the black
- **CATEGORY 2**: 2 domains in black
- **CATEGORY 3**: 1 domain in black
- **CATEGORY 4**: 2 or more in grey

**STEP 1: PROMOTE** — DEVELOPMENTAL PROMOTION

**STEP 2: REFER OR RESCREEN**

**Category 1**

REFER TO:
1. Developmental Behavioral Pediatrician
   *See DB Peds cheat sheet on back; If Under 1 – No Referral, but continue to monitor progress*
2. Early Intervention
   - *EI Universal Referral Form, sign FERPA*
   - *Give Parent Ed Sheet*

**Category 2**

Parental Or Provider Concern*

YES → REFER TO: Early Intervention
- *EI Universal Referral Form, sign FERPA*
- *Give Parent Ed Sheet*

NO → RESCREEN WITHIN 3 MONTHS:
- *Set up a follow-up if child does not have a visit*

→ If at-risk on rescreen, REFER to EI

**Category 3**

Parental Or Provider Concern*

YES → REFER TO: Early Intervention
- *EI Universal Referral Form, sign FERPA*
- *Give Parent Ed Sheet*

NO → RESCREEN WITHIN 3 MONTHS:
- *Set up a follow-up if child does not have a visit*

→ If at-risk on rescreen, REFER to EI

**Category 4**

RESCREEN WITHIN 3 MONTHS:
- *Set up a follow-up if child does not have a visit*
- If rescreened more than once, then proceed with referrals.

**STEP 3: MEDICAL SERVICES TO CONSIDER**

**Category 1**

CONSIDER: Supplemental Medical & Therapy Services
- *If Communication: Speech therapy & Audiology*
- *If Fine Motor/Gross Motor: OT/PT*

**Category 2**

CONSIDER:
1. Developmental Behavioral Ped.
   - *If child is at-risk on comm AND problem solving or personal social See DB Peds cheat sheet on back*
   - *If Under 1 – No referral, monitor*
2. Supplemental Medical & Therapy Services
   - *If Communication: Speech therapy & Audiology*
   - *If Fine Motor/Gross Motor: OT/PT*

**Category 3**

CONSIDER: Supplemental medical & therapy services
- *If Communication: Speech therapy & Audiology*
- *If Fine Motor/Gross Motor: OT/PT*

**STEP 4: BEHAVIORAL HEALTH SUPPORTS**

1) At-Risk (in the black) on Personal Social AND Problem Solving
2) In the black in Personal Social OR Problem Solving AND concerns such as oppositional behaviors, aggression, overactive or shy, significant sleep, feeding issues, concerns adjusting to new situations or irritability

→ Refer to Internal Behavioral Heatlh
*See cheat sheet on the back*

**STEP 5: COMMUNITY RESOURCES TO CONSIDER**

*Family Support Services - CaCoon/BabiesFirst!* (CAN SERVE CHILDREN BIRTH – 21)
If child has **medical risk factors AND social risk factors**
*(See cheat sheet on back)*

*Consider Other Resources Provided in the Asset Map (Focus of Future OPIP Trainings)*

** 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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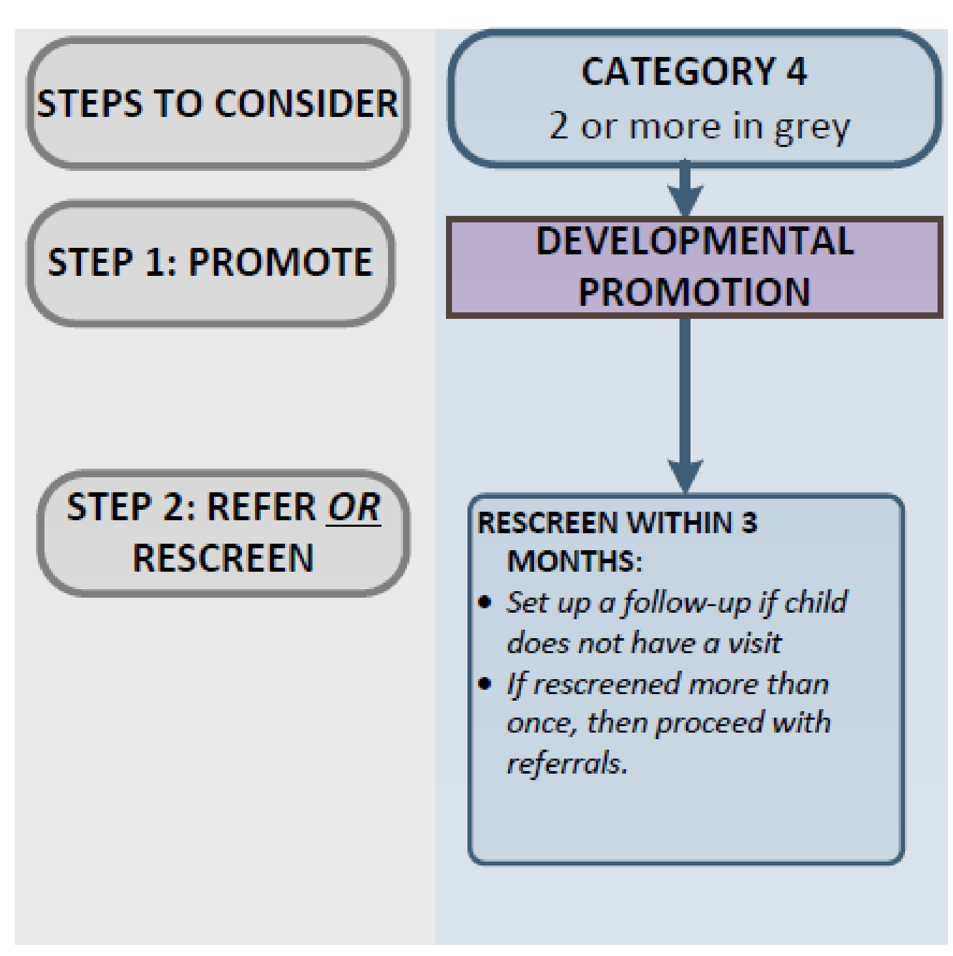
# Follow Up Aligned with Medical Decision Tree: Screens 2 or more domains in the Grey




*Assuming an even distribution over the course of each month, we estimated that in a year COPA would have:*

***~ 6-7% 2+ in the Grey***

For screen with **2 or more domains in the grey**, ***follow up*** is:

1. Give the **ASQ Learning Activities** for the domains identified in the grey
2. **Rescreen** within 3 months

# Follow-Up to Screening Decision Tree – Behavioral Health

FRONT PAGE

**COPA: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE**

VERSION 5/30/19

| STEPS TO CONSIDER | CATEGORY 1<br>3 + domains in the black | CATEGORY 2<br>2 domains in black | CATEGORY 3<br>1 domain in black | CATEGORY 4<br>2 or more in grey |
|---|---|---|---|---|
| STEP 1: PROMOTE | DEVELOPMENTAL PROMOTION | | | |
| STEP 2: REFER OR RESCREEN | REFER TO:<br>1. Developmental Behavioral Pediatrician<br>*See DB Peds cheat sheet on back; If Under 1 – No Referral, but continue to monitor progress*<br>2. Early Intervention<br>• *EI Universal Referral Form*, sign *FERPA*<br>• *Give Parent Ed Sheet* | Parental Or Provider Concern*<br>YES: REFER TO: Early Intervention<br>• *EI Universal Referral Form*, sign *FERPA*<br>• *Give Parent Ed Sheet*<br>NO: RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>If at-risk on rescreen, REFER to EI | Parental Or Provider Concern*<br>YES: REFER TO: Early Intervention<br>• *EI Universal Referral Form*, sign *FERPA*<br>• *Give Parent Ed Sheet*<br>NO: RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>If at-risk on rescreen, REFER to EI | RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>• If rescreened more than once, then proceed with referrals. |
| STEP 3: MEDICAL SERVICES TO CONSIDER | CONSIDER:<br>Supplemental Medical & Therapy Services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | CONSIDER:<br>1. Developmental Behavioral Ped.<br>• *If child is at-risk on comm AND problem solving or personal social See DB Peds cheat sheet on back*<br>• *If Under 1 – No referral, monitor*<br>2. Supplemental Medical & Therapy Services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | CONSIDER: Supplemental medical & therapy services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | |
| STEP 4: BEHAVIORAL ...TS | 1) At-Risk (in the black) on Personal Social AND Problem Solving<br>2) In the black in Personal Social OR Problem Solving AND concerns such as oppositional behaviors, aggression, overactive or shy, significant sleep, feeding issues, concerns adjusting to new situations or irritability | | → Refer to Internal Behavioral Heatlh<br>*See cheat sheet on the back* | |
| STEP 5: COMMUNITY RESOURCES TO CONSIDER | ***Family Support Services - CaCoon/BabiesFirst!*** (CAN SERVE CHILDREN BIRTH – 21)<br>If child has **medical risk factors** *AND* **social risk factors**<br>*(See cheat sheet on back)* | | *Consider Other Resources Provided in the Asset Map (Focus of Future OPIP Trainings)* | |

** 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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OPIP

**STEP 4: BEHAVIORAL HEALTH SUPPORTS**

1) At-Risk (in the black) on Personal Social ***AND*** Problem Solving
2) In the black in Personal Social ***OR*** Problem Solving ***AND*** concerns such as oppositional behaviors, aggression, overactive or shy, significant sleep, feeding issues, concerns adjusting to new situations or irritability

→

Refer to **Internal Behavioral Heatlh**

*See cheat sheet on the back*

# Follow-Up to Screening Decision Tree (BACK)

BACK PAGE

*DEVELOPMENTAL PEDIATRICIAN: CHEAT SHEET*

**Child the BLACK on the Communication +Personal-Social OR Problem Solving** → REFER TO DEVELOPMENTAL BEHAVIORAL PEDIATRICIAN AND/PEDAL FOR AN EVALUATION

**OR**

**If the child is 'In the BLACK' on 2 or more domains and has any of the following :**

- Not progressing in services as expected or recent increase in symptoms
- Challenging behaviors with inadequate response to behavioral interventions or medication.
- Secondary medical issues that are not responding to usual treatments (including feeding)
- Experiencing traumatic events

→ **REFER TO DEVELOPMENTAL BEHAVIORAL PEDIATRICIAN AND/PEDAL FOR AN EVALUATION**

*BEHAVIORAL HEALTH SUPPORTS: CHEAT SHEET*

If child is "in black" **Personal Social & Problem Solving**

**OR**

If child is "in black" on **Personal Social OR Problem Solving** + **Concerns such as oppositional, aggressive, overactive or shy/ anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns** **OR** **Exposure to Adverse Childhood Events (ACES) in Family Environment**

→ **REFER To Internal Behavioral Health**

- **Additional screening of child's development, parental factors**
- **Brief parent/child therapies**
- **Engage family in mental health referral**

↓

**Consider Referral for: Child Parent Psychotherapy (CPP) or Parent Child Interaction Therapy (PCIT**

*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

**Medical Risk Factors** +

**Social and Family Factors**

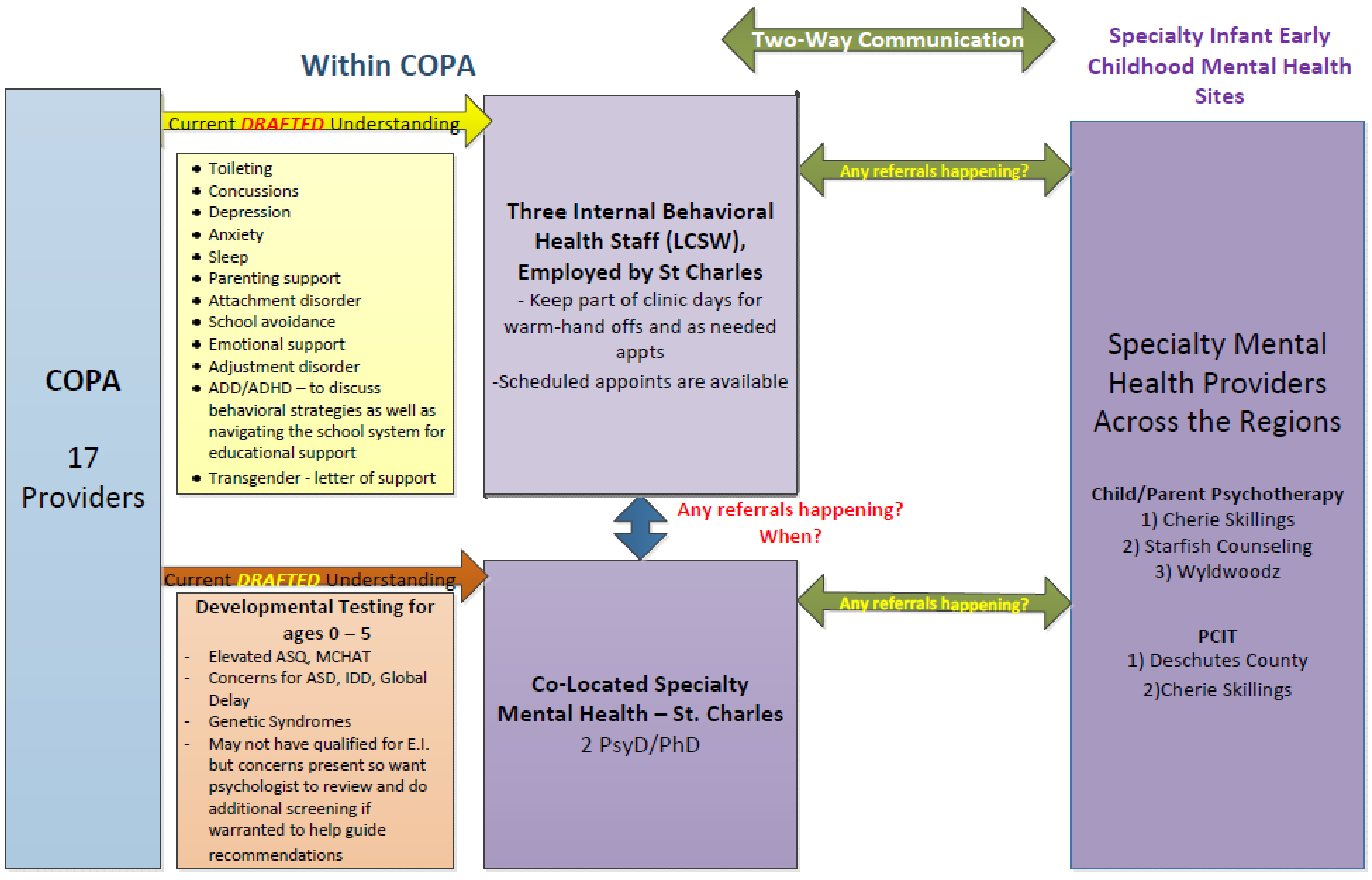
- DHS Involvement
- Low Income – OHP Eligible, Receives TANF/SSI/SNAP
- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Parent has Disability
- Domestic Violence (present or history of)
- Incarceration/Probation
- Alcohol/Illegal Drug Use
- Incarceration/Probation
- Tobacco/Marijuana Use
- Support with Parenting/Lack of Parenting Skills
- Homeless

\+ **Engage Family on Value of Family Support Services** → **Refer for Family Support Services (CaCoon and BabiesFirst!)**

# Components of Phase 2 Proposal

*2 Year Community and Population-Based Improvement effort*

- **#1: Provide on-site training and support** to the **two already** confirmed primary care sites (**Mosaic and COPA**) around improving follow-up to developmental screening.
- **#2: Recruit and engage primary care sites serving children for which disparities and inequities were observed.**
- **#3: Collaboratively work with Early Intervention (EI)** to improve education to referring providers on best match referrals to EI and on closed loop communications for children referred.
- **#4: Develop Pathways and Processes for Children Specifically Identified with Social-Emotional Delays**
- **#5: Develop Pathways and Processes for Children who Need Medical and Therapy Services**
- **#6: Provide Proactive Developmental Promotion and Behavioral Health Meant to Build Resiliency for Children in Socially Complex Families.**
- **#7: Summarize key learnings to inform spread and innovation** and **relevant policies** across the region and to inform community-level priorities.


DRAFT – Review Current Pathways to Support Social Emotional Delays for COPA Providers
Two-Way Communication
Within COPA
Specialty Infant Early Childhood Mental Health Sites
COPA
17 Providers
Current DRAFTED Understanding
Toileting
Concussions
Depression
Anxiety
Sleep
Parenting support
Attachment disorder
School avoidance
Emotional support
Adjustment disorder
ADD/ADHD – to discuss behavioral strategies as well as navigating the school system for educational support
Transgender - letter of support
Three Internal Behavioral Health Staff (LCSW), Employed by St Charles
- Keep part of clinic days for warm-hand offs and as needed appts
-Scheduled appoints are available
Any referrals happening?
Any referrals happening? When?
Current DRAFTED Understanding
Developmental Testing for ages 0 – 5
- Elevated ASQ, MCHAT
- Concerns for ASD, IDD, Global Delay
- Genetic Syndromes
- May not have qualified for E.I. but concerns present so want psychologist to review and do additional screening if warranted to help guide recommendations
Co-Located Specialty Mental Health – St. Charles
2 PsyD/PhD
Any referrals happening?
Specialty Mental Health Providers Across the Regions
Child/Parent Psychotherapy
1) Cherie Skillings
2) Starfish Counseling
3) Wyldwoodz
PCIT
1) Deschutes County
2)Cherie Skillings

DRAFT – PROPOSED

# Training, Curriculum and Implementation Support Needed to Ensure a True Pathway Addressing Social Emotional Health for Young Children

## Primary Care

**KEY TOOLS & QUALITY IMPROVEMENT**

**1) Tools and Strategies for PCPs in addressing** parents' concerns and questions regarding **common early childhood behavioral concerns in context of well-child visit**

**2) Medical Decision Tree for Primary Care Providers on WHO to refer** internal behavioral health and to external mental health

**3) Talking points for PCPs** to use when discussing mental health supports (**HOW**)

**4) Assessments and engagement materials for INTERNAL behavioral health staff**

**5) Feasible Parent-child therapies for integrated behavioral health.** Training in evidence-based early childhood therapies, most prominently dyadic parent management training (PMT) programs.

6) Reference sheet with **guidelines for diagnostic and billing codes PCPs and their internal behavioral health professionals** can use to support the services they provide

**7) Shared decision making tool education sheet** for primary care to use with families who are referred to better inform and discuss mental/behavioral health options and processes

## Two-way Communication

**KEY TOOLS & QUALITY IMPROVEMENT***

1) Standardized, child-specific referral forms to refer children from primary care to external mental health agencies and community-based agencies who partner on a pilot*

2) Improved communication/ coordination tools to support closed loop communication*

** Requires mental health and community-level engagement and support of this work*

## Mental Health

**KEY TOOLS & QUALITY IMPROVEMENT**

1) Assist mental health and community-level partners participating in pilot to develop a **standardized assessment protocol** for young children & their families

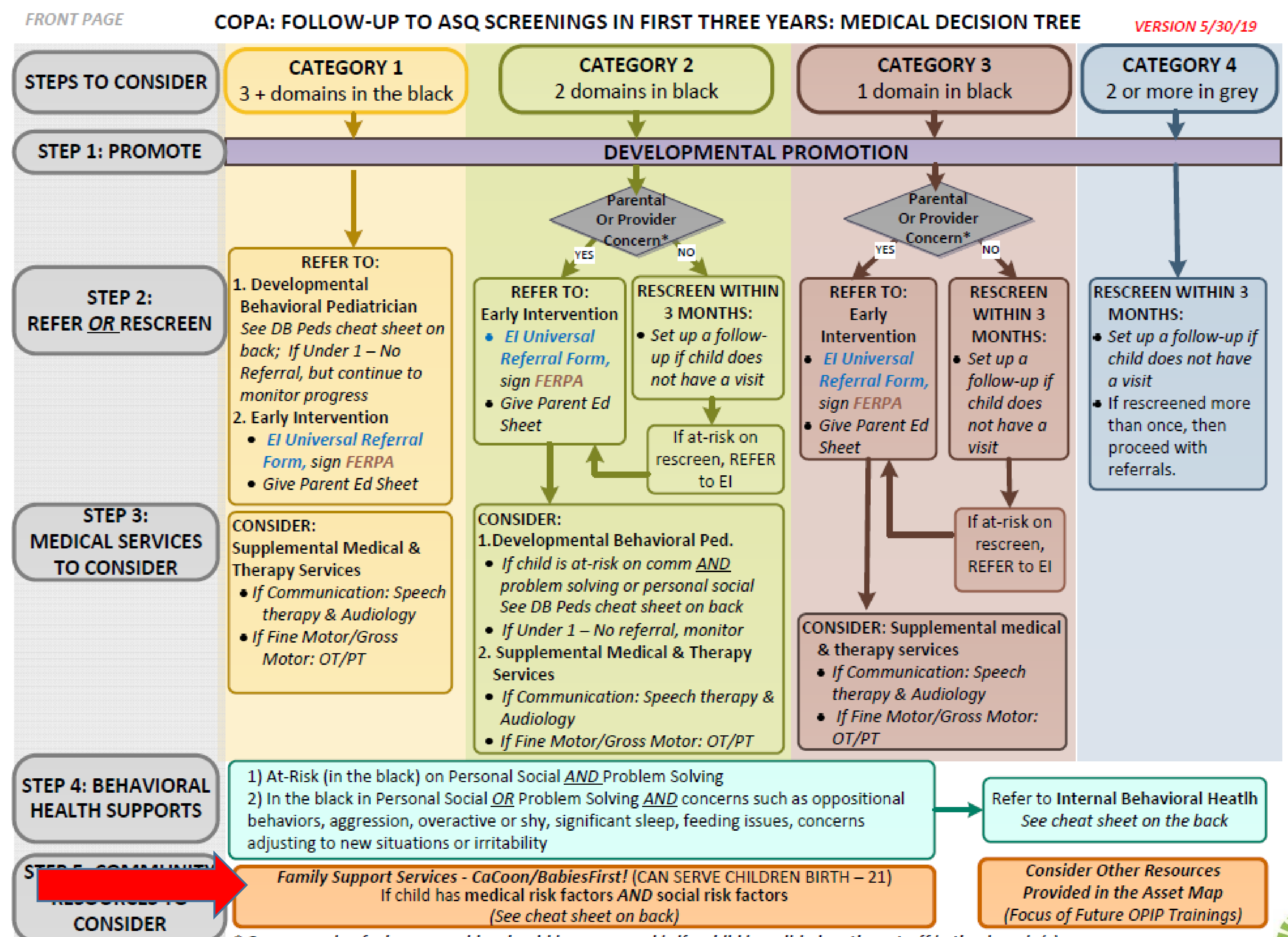
2) Assist mental health and community-level partners to **identify intake, assessment, and assignment workflows** that are family centered and consider specific support and concerns that parents of young children may have in accessing mental health services

3) Reference sheet with **guidelines for appropriate billing and coding**

# Tools **to be developed** to Support Pathway

1. **How to Engage Family in Services**
   - What to Say to Families - How do I talk about their services?
   - Parent/Family Education Sheet
2. **Additional Assessments** that could be done, Billing
3. **Brief interventions, prevention services you can provide,** Billing
4. **Who** to Refer to External Mental Health
5. **How to Refer**
   - Referral Form
   - What families can expect in referral process
6. **Closed Loop Communications**

# Follow-Up to Screening Decision Tree



# Follow-Up to Screening Decision Tree (BACK)

BACK PAGE

*DEVELOPMENTAL PEDIATRICIAN: CHEAT SHEET*

Child the BLACK on the Communication +Personal-Social OR Problem Solving

OR

If the child is 'In the BLACK' on 2 or more domains and has any of the following :

- Not progressing in services as expected or recent increase in symptoms
- Challenging behaviors with inadequate response to behavioral interventions or medication.
- Secondary medical issues that are not responding to usual treatments (including feeding)
- Experiencing traumatic events

→ REFER TO DEVELOPMENTAL BEHAVIORAL PEDIATRICIAN AND/PEDAL FOR AN EVALUATION

*BEHAVIORAL HEALTH SUPPORTS: CHEAT SHEET*

If child is "in black" Personal Social & Problem Solving

OR

If child is "in black" on Personal Social OR Problem Solving + Concerns such as oppositional, aggressive, overactive or shy/ anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns OR Exposure to Adverse Childhood Events (ACES) in Family Environment

→ REFER To Internal Behavioral Health

- Additional screening of child's development, parental factors
- Brief parent/child therapies
- Engage family in mental health referral

→ Consider Referral for: Child Parent Psychotherapy (CPP) or Parent Child Interaction Therapy (PCIT

*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

Medical Risk Factors

+

Social and Family Factors

- DHS Involvement
- Low Income – OHP Eligible, Receives TANF/SSI/SNAP
- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Parent has Disability
- Domestic Violence (present or history of)
- Incarceration/Probation
- Alcohol/Illegal Drug Use
- Incarceration/Probation
- Tobacco/Marijuana Use
- Support with Parenting/Lack of Parenting Skills
- Homeless

+

Engage Family on Value of Family Support Services

→ Refer for Family Support Services (CaCoon and BabiesFirst!)

# Family Support Services - CaCoon/Babies First

What are Family Support Services (CaCoon and Babies First!)

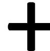
- CaCoon and Babies First! use public health nurses to work with families to support children's health and development
- A nurse will meet with families at a location that is best for them
- There is no charge (it is free) to families for these services

*Services may include:*

- Weigh baby or child and screen for normal development
- Provide information and connection to community based resources
- Make sure child's health team works well together.

# Who to Refer to Family Support Services - CaCoon/Babies First based on ASQ results

**Medical Risk Factors**



**Social and Family Factors to Consider**

- DHS Involvement
- Low Income – OHP Eligible
- Receives TANF/SSI/SNAP
- Feels Depressed or Overwhelmed
- Parent has Disability
- Domestic Violence (present or history of)
- Alcohol/Illegal Drug Use
- Lack of Food/ Clothing/Housing
- Incarceration/Probation
- Migrant/Seasonal Worker
- Tobacco/Marijuana Use
- Support with Parenting/Lack of Parenting Skills
- Homeless
- Isolation/Lack of Support

## Important Disclaimer:

Due to staffing capacity, please ensure that families are open and willing to follow through with the referral

# How to Refer to Family Support Services

CENTRAL OREGON TRI-COUNTY PUBLIC HEALTH SERVICES
REFERRAL FOR MATERNAL AND CHILD HEALTH HOME VISITING SERVICES

| TODAY'S DATE | REFERRED BY (*your name, organization & phone number*) | YOUR FAX NUMBER |
|---|---|---|
| | | |

| PREGNANCY | CHILD |
|---|---|
| CLIENT'S NAME (*as it appears on OHP card*) | CLIENT'S NAME (*as it appears on OHP card*) |
| DOB / DUE DATE ____ / UNDER 28 WKS? ☐ Y ☐ N | DOB / ☐ MALE ☐ FEMALE |
| # PREGNANCIES (INCLUDING THIS ONE) ____ / # CHILDREN ____ | PARENT / GUARDIAN'S NAME |
| Is client Medicaid / OHP / CAWEM eligible? ☐ Y ☐ N | Is child Medicaid / OHP eligible? ☐ Y ☐ N |
| Is client a first-time mother? ☐ Y ☐ N | Is mother/father a first-time parent? ☐ Y ☐ N |
| CLIENT'S DOCTOR | CHILD'S DOCTOR |

| ADDRESS | CITY | OREGON | ZIP |
|---|---|---|---|
| PHONE(S) # | VOICE MSG. OK? ☐ Y ☐ N / TEXT MSG. OK? ☐ Y ☐ N | CLIENT/GUARDIAN CONSENTS TO RECEIVE CONTACT FROM HOME VISITING PROGRAMS? ☐ YES ☐ NO | |

**REASON FOR REFERRAL** (*Please include any instructions e.g. Interpreter needed, client's situation, best days/times to call, only speak to....*)

*****Optional Client release** (*Deschutes County only*): I give permission to Deschutes County to share the information above with Healthy Families Oregon (HFO) if I do not qualify for Deschutes Home Visiting Services services***

Client or Guardian Signature ____________________ Date ________

CROOK COUNTY
375 NW Beaver St. Ste. 100,
Prineville, OR 97754 (541) 447-5165
**FAX** (541) 447-3093

DESCHUTES COUNTY
2577 NE Courtney Drive
Bend, OR 97701 (541) 322-7499
**FAX** (541) 322-7463

JEFFERSON COUNTY
715 SW 4th St. Suite C,
Madras, OR 97741 (541) 475-4456
**FAX** (541) 475-0132

**COUNTY USE - REFERRAL FOLLOW-UP** County point of contact: ________

**This client was referred to the following home visiting programs:**

☐ Babies First ☐ CaCoon ☐ Early Head Start ☐ Healthy Families Oregon

☐ Maternity Case Management ☐ Nurse Family Partnership ☐ Other Home Visiting ________

**The following is the outcome of your referral:**

- ☐ **Accepted** home visiting services, their ○nurse ○case manager is: ________
- ☐ **Declined** enrollment in home visiting services.
- ☐ **Unable** to visit due to caseload capacity limits at this time.
- ☐ Family could not be reached after multiple contact attempts by staff.
- ☐ **Referred / linked to:** ________

Notes

Tri-County Maternal and Child Health Home Visiting Referral Rev. 09/16/14

Referral Form to CaCoon/Babies First!

Can be found here: https://co.crook.or.us/Portals/0/Referral-Tri-County-ALL-PROGRAMS.pdf

Using this form helps to ensure communication and coordination back about the outcome of the referral

## You Have Identified What They Need….. Now How Do You Get the Child To The Service(s):

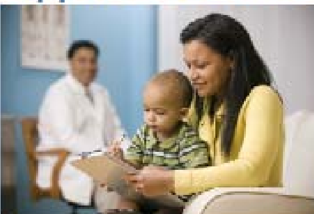
1) Support shared decision making with the family on the referrals you think are best match
2) Support families to go to referrals

# Follow-Up to Screening: How We Can Support Your Child

**Why did we have you complete a questionnaire about your child's development?**

Our goal is to help young brains and bodies develop and grow to their fullest potential. These support services can help prepare your child for kindergarten and beyond.

National recommendations call for specific tools to be used to assess a child's development, such as the one you completed. This tool helps identify kids who may be at-risk for delays. It is important to identify these delays early, as there are services that can address them.



Based on the results, we are referring your child to the services checked below:

## ☐ Early Intervention (EI)

EI helps babies and toddlers with their development. In your area, High Desert Education Service District (HDESD) runs the EI program.

EI focuses on helping young children learn skills. EI services enhance language, social and physical development through play based interventions and parent coaching.

There is no charge (it is free) to families for EI services.

**What to expect if your child was referred to EI:**

- HDESD will call you to set up an appointment for their team to assess your child.
- If you miss their call, you should call back to schedule a time for the evaluation. They have a limited time to set up the appointment.
- Your county's Service Center will schedule your EI evaluation:
  - Deschutes and Crook Service Centers schedule evaluations Monday-Friday.
  - Jefferson schedules evaluations on Tuesday, Wednesday and Thursdays at 9, 11 or 1

The results from their assessment will be used to determine whether or not EI can provide services for your child.

Contact Information:
HDESD Intake Coordinator
Deschutes/Crook: 541-312-1947
Jefferson: 541-693-5740
www.hdesd.org

## ☐ Family Support Services

Family Support Services, through programs like CaCoon and Babies First!, use public health nurses to work with your family to support your child's health and development. A nurse will meet with you in your home, or wherever works best for you and your child.

There is no charge (it is free) to families for these services.

**What to expect if your child is referred to Family Support Services:**

A nurse will come to you, at a time and place that works and provide services such as:

- Weigh baby or child and screen for normal development
- Provide information and connection to community based resources
- Make sure your child's health team works well together. The team is made up of your family and the professionals involved.

Contact Information:
Deschutes: 541-322-7448
Jefferson: 541-475-4456
Crook: 541-447-5165

https://www.ohsu.edu/xd/outreach/occyshn/programs-projects/cacoon.cfm

## Medical & Therapy Services

- ☐ Speech Language Pathologist: Specializes in speech, voice, and swallowing disorders
- ☐ Audiologist: Specializes in hearing and balance concerns
- ☐ Occupational Therapist: Specialize in performance activities necessary for daily life
- ☐ Physical Therapist: Specializes in range of movement and physical coordination
- ☐ Developmental-Behavioral Pediatrician: Specializes in the following child development areas: Learning delays, feeding problems, behavior concern, delayed development in speech, motor, or cognitive skills
- ☐ Pediatric Psychologist: Specializes in neuropsychological assessment, which are an in-depth assessment of skills and abilities in areas as attention, problem solving, language, behaviors and self-regulation.
- ☐ Autism Specialist: Specializes in providing a diagnosis and treatment plan for children with symptoms of Autism

Within COPA:
Behavioral Health Specialist who can help your family with:
- Health and family coaching
- Child development support
- Social and emotional support

**Why did you sign a consent form?**

As your child's primary care provider, we want to be informed about the care your child receives so that we can provide the best care possible. The consent you signed allows the programs to share information back to us. Different programs have different consent requirements, which is why you may need to sign multiple forms.

**Any Questions?**

At COPA, we are here to support you and your child. If you have questions about this process or if you haven't heard from the agency you were referred in two weeks please call us! 541-389-6313

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**MAPS To Current Decision Tree: Shared Decision Making Tool To Explain Referrals**

## Phone Follow-Up: Developed because 23% of referred children not able to be evaluated

- 1 in 4 children referred to EI don't get evaluated
- Some studies show that families make a decision on a referral in the first 48 hours
- Phone follow-up (not necessarily contact) within two days of referral significantly increased follow through
- Phone calls can also identify barriers to obtaining the evaluation

Within Previous Pilot Practices – Potential Process:

- Care coordinator called all families referred
- MA's called families who EI communicated they couldn't contact

# Pilot: Phone Follow-Up Script for Referred Children

**Phone Follow Up within 36 Hours**

Hello- May I speak with (name of patient's primary caregiver). My name is (your name) and I'm Dr. XX's (whatever your position is). Your son / daughter, (Name of child) had an appointment with Dr. XX on (time, date, location) for a well visit.

At your appointment, Dr. XX recommended that your child go to (Insert EI program Name i.e. Early Intervention at Northwest Regional Education Service District). We realize it can be overwhelming to get a lot of information about next steps at your appointment, so I wanted to call and answer any questions that you have may have had come up since then.

So what questions do you have about why Dr. XX wanted (insert child's name) to go to Early Intervention at Northwest Regional Education Service District, or about what will happen next?

**Answer questions (frequent questions or concerns highlighted in blue)**

- When completing the referral, you were asked to sign the ***consent form***. This gives Early Intervention permission to share information about the evaluation back to us. This helps us to provide the best care for (insert child name)
- ***Why go to EI/ What does EI do***: At the appointment Willamette Education Service District will be doing a more detailed evaluation of (insert child's name) development.
  Then, based on their assessment they will help us understand what we can do to support (insert child's name) and whether your child may benefit from services.

Can you think of any barriers that might come up for you and your family in getting (insert child)'s name to these services?

Are there any other questions that you have or anything else I can do to help you in getting to these appointments?

If ***no further questions***: Great. You should be getting a call from the Early Intervention Coordinator, her name is Laura to schedule an appointment. If you would like to call to schedule at a time that works for you, the best number is 503.338.3368.

We are here to support you, so if you have any questions, feel free to contact (insert name) at (phone number).

KABOOM!

OPIP

## The Next Trainings….. Yes, There is More ☺

- Refined Pathway to Specialty Infant Mental Health
- Secondary support of family and social determinants of development - Early Learning and Family Supports
- Refined Pathway to Medical and Therapy Services
- Part 3: Overview of Additional Supports for Family or Agencies Who Should Coordinate With for Children Receiving Services

# PATHWAYS FOR DEVELOPMENTAL SCREENING OF CHILDREN 0-3 & REFERRAL FOR CHILDREN IDENTIFIED AT-RISK IN DESCHUTES, JEFFERSON & CROOK COUNTIES

**KEY STEPS**

## Part 1: Children 0-3 Identified At-Risk via Developmental Screening

**Primary Practices Conducting Screening at Rec. Periodicity (Based on PacicSource Claims) :**
1. COPA - Pilot Site (D J,C,W)
2. Mosaic- Pilot Site (D,J,C,W)

There appear to be **5 additional clinics that are screening to fidelity** based on PacificSource Claims

**Primary Practices Who Appear Not to be Screening to Recommendation (Based on PacificSource Claims) :**

There appear to be **5 Clinics that are NOT screening to fidelity** based on PacificSource Claims

**Community-Based Providers:**
1. Home Visiting Programs serving young children *(Healthy Families, Nurse Family Partnership, BabiesFirst!, CaCoon)*
2. Early Head Start
3. Select Childcare Providers

**Other:**

Healthy Beginnings

## Part 2a: Developmental Supports to Address Delays Identified By Entity Who Screened

*Within Pilot Primary Care Sites (MOSAIC, COPA)*

**Developmental Promotion**
- ASQ Learning Activities
- UofO Online ASQ
- CDC Act Early Materials
- Vroom

**Internal Behavioral Health**
Within Mosaic Medical (Pilot Site)
- 2 LCSW/LMFT who provide care to 0-3

**Co-Located Behavioral Health (St. Charles)**
Within COPA (Pilot Site)
- 3 LCSW (One at each site)
- 2 PsyD/PhD providers (1 day in clinic/person)

## Part 2b: Referral to Agency to Address Delays Identified

**Developmental Behavioral Pediatrician***
1. COPA Clinic
2. PEDAL Clinic
3. OHSU-CDRC
4. Providence

**OT/PT/Speech**
1. St. Charles Rehabilitation
2. Redmond Speech & Language
3. Treehouse Therapies
4. Bend Speech Express
5. Bend Speech/Language
6. Sonos Neurotherapies
7. Skidmore Speech/Lang.

**EI/ECSE (all)**
High Desert ESD

**Family Support Services**
(CaCoon and Babies First!)

**CPP for Children Receiving Medical Therapy****
Treehouse Therapies

**Child/Parent Psychotherapy**
1. Cherie Skillings
2. Starfish Counseling
3. Wyldwoodz
4. Brightways Counseling Group
5. Treehouse Therapies***

**PCIT**
1. Deschutes County
2. Cherie Skillings
3. Brightways Counseling Group****

## Part 3: Additional Family Supports that Address Child Development and Promotion

**Family Resource Center Parenting Hub** (all counties)

**Family Support Network**

**MountainStar Relief Nursery**
Bend (D), Madras (J), LaPine (D)

**Library Story Hours & Parent Groups**

**Childcare Resources/Inclusion Project**

*Specific to Autism and Related Disorders:*

**Center for Autism & Related Disorders (CARD) (D)**

**Central Oregon Child Center (for Autism specifically)**

**Healthy Beginnings**
(new parent support models, potential to do ASQ-SE and other follow-up screens)

*Specific to Children Who Meet Eligibility Criterion:*

**Early Head Start**

**Head Start**

*Program For Which Children Need to be Enrolled Prenatally or in the First 90 Days of Life, Could be a Support Families Already Enrolled*

**Healthy Families Oregon**

**Nurse Family Partnership (D)**

**Perinatal Care Continuum (All Counties)**

VERSION 6/4/19

**LEGEND**

**COLOR CODING BY SERVICE TYPE WITHIN Part 2A and 2B**

**Medical & Therapy Services:**
- **Developmental & Behavioral Pediatrician: Referral is for an Evaluation**
- **Private OT/PT & Speech Therapy**

**Early Intervention: Referral is for an Evaluation**

**Family Support Services: CaCoon/Babies First!**

**Infant/Early Childhood Mental Health, including:**
- **Internal behavioral health within primary care**
- **Mental Health – Referral is for an assessment:**
  - -- Child Psychotherapy
  - -- Parent and Child Interaction Therapy

** Starts in July 2019
*** Enhanced services planned (Timing TBD)
****New PCIT room completed – Started in June

[ ] Referral to evaluation, not necessarily services

*Located outside the community

D = Deschutes, J=Jefferson
C=Crook County, W=Conf. Tribes of Warm Springs

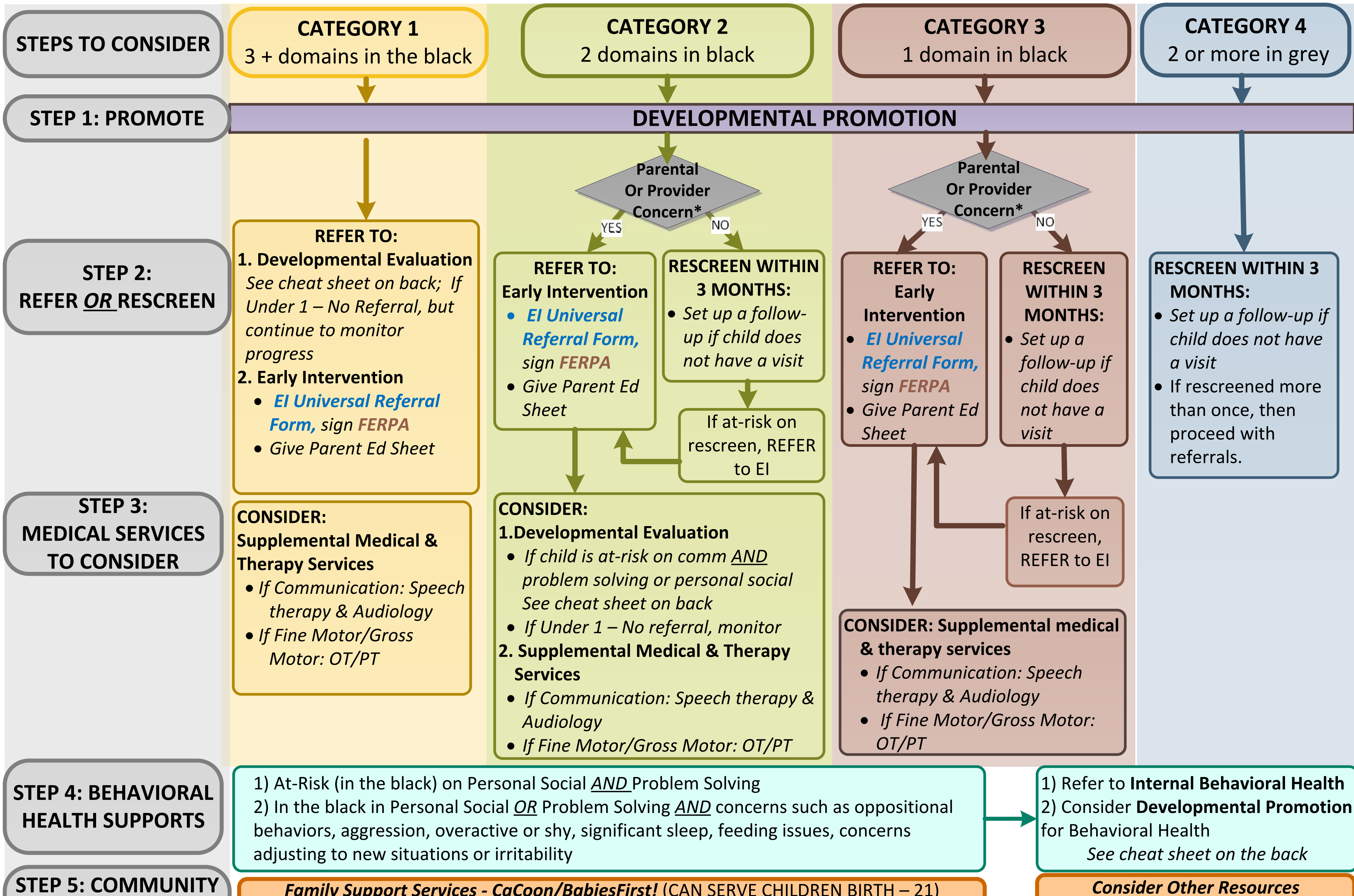
# FINAL RECAP

1. Goal is to start implementing medical decision tree
   - Use referral pathways for kids identified at risk for developmental delay by ASQ
2. Start implementing parent supports
   - Parent education sheet
   - Phone follow-up within 48 hours
   - Follow-up with families EI not able to contact

FRONT PAGE

# COPA: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE

VERSION 9/14/20




*** 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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## *DEVELOPMENTAL EVALUATION: CHEAT SHEET*

**Child the BLACK** on the **Communication** +**Personal-Social** OR **Problem Solving** → REFER TO DEVELOPMENTAL EVALUATION

**OR**

**If the child is 'In the BLACK' on 2 or more domains and has any of the following :**
- Not progressing in services as expected or recent increase in symptoms
- Challenging behaviors with inadequate response to behavioral interventions or medication.
- Secondary medical issues that are not responding to usual treatments (including feeding)

→ **REFER TO DEVELOPMENTAL EVALUATION**

## *BEHAVIORAL HEALTH SUPPORTS: CHEAT SHEET*

If child is "in black" **Personal Social & Problem Solving**

**OR**

If child is "in black" on **Personal Social OR Problem Solving** + **Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns**

**OR**

**Exposure to Adverse Childhood Experiences (ACES) in Family Environment**
https://acestoohigh.com/got-your-ace-score/

**1) REFER To Internal Behavioral Health**
- **Additional assessments of child's development, parental factors**
- **Brief parent/child therapies**

**2) Consider Developmental Promotion specific to Behavioral Health**

***If additional supports are needed:***
- **Engage family in behavioral health referral**

↓

**Referral to Specialty Behavioral Health Services**
**(see compendium on Behavioral Health Assets)**

## *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

**Medical Risk Factors** +

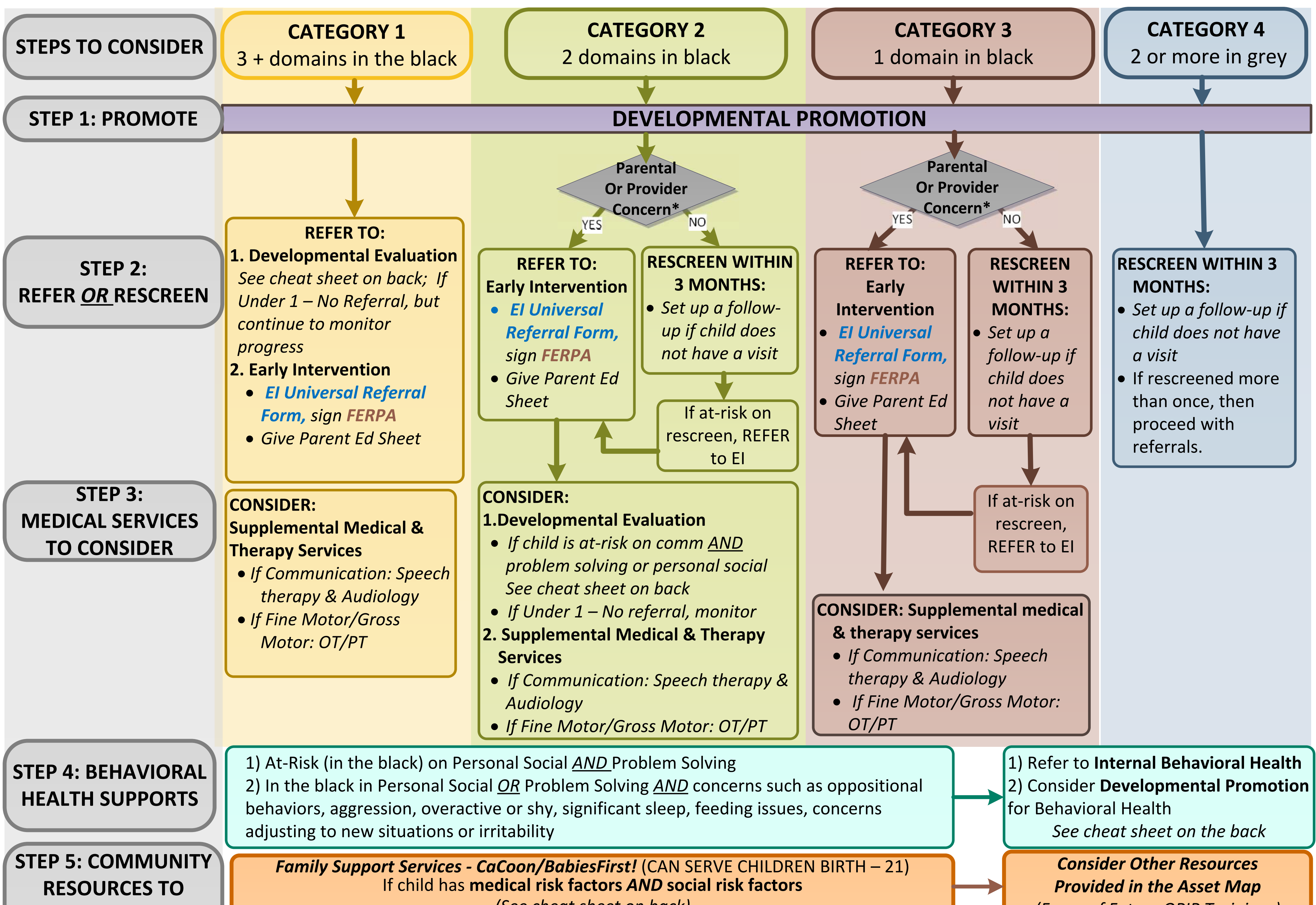
**Social and Family Factors**
- DHS Involvement
- Low Income – OHP Eligible, Receives TANF/SSI/SNAP
- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Parent has Disability
- Domestic Violence (present or history of)
- Incarceration/Probation
- Alcohol/Illegal Drug Use
- Incarceration/Probation
- Tobacco/Marijuana Use
- Support with Parenting/Lack of Parenting Skills
- Homeless

\+ **Engage Family on Value of Family Support Services** → **Refer for Family Support Services (CaCoon and BabiesFirst!)**

FRONT PAGE

# MOSAIC: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE

VERSION 9/14/20




** 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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## DEVELOPMENTAL EVALUATION: CHEAT SHEET

**Child the BLACK** on the **Communication** +**Personal-Social** OR **Problem Solving** → **REFER TO DEVELOPMENTAL EVALUATION**

**OR**

**If the child is 'In the BLACK' on 2 or more domains and has any of the following :**
- Not progressing in services as expected or recent increase in symptoms
- Challenging behaviors with inadequate response to behavioral interventions or medication.
- Secondary medical issues that are not responding to usual treatments (including feeding)

→ **REFER TO DEVELOPMENTAL EVALUATION**

## BEHAVIORAL HEALTH SUPPORTS: CHEAT SHEET

If child is "in black" **Personal Social & Problem Solving**

**OR**

If child is "in black" on **Personal Social OR Problem Solving**

+

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

**OR**

**Exposure to Adverse Childhood Experiences (ACES) in Family Environment**
https://acestoohigh.com/got-your-ace-score/

**1) REFER To Internal Behavioral Health**
- **Additional assessments of child's development, parental factors**
- **Brief parent/child therapies**

**2) Consider Developmental Promotion specific to Behavioral Health**

***If additional supports are needed:***
- **Engage family in behavioral health referral**

↓

**Referral to Specialty Behavioral Health Services**
**(see compendium on Behavioral Health Assets)**

## 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

**Medical Risk Factors**

+

**Social and Family Factors**
- DHS Involvement
- Low Income – OHP Eligible, Receives TANF/SSI/SNAP
- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Parent has Disability
- Domestic Violence (present or history of)
- Incarceration/Probation
- Alcohol/Illegal Drug Use
- Incarceration/Probation
- Tobacco/Marijuana Use
- Support with Parenting/Lack of Parenting Skills
- Homeless

+

**Engage Family on Value of Family Support Services** → **Refer for Family Support Services (CaCoon and BabiesFirst!)**

FRONT PAGE

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

## STEPS TO CONSIDER

- **CATEGORY 1** – 3 + domains in the black
- **CATEGORY 2** – 2 domains in black
- **CATEGORY 3** – 1 domain in black
- **CATEGORY 4** – 2 or more in grey

## STEP 1: PROMOTE

**DEVELOPMENTAL PROMOTION** (all categories)

## STEP 2: REFER OR RESCREEN

### Category 1

**REFER TO:**

**1. Developmental Evaluation**

*See cheat sheet on back; If Under 1 – No Referral, but continue to monitor progress*

**2. Early Intervention**

- ***EI Universal Referral Form,*** *sign* ***FERPA***
- *Give Parent Ed Sheet*

### Category 2

Parental Or Provider Concern*?

**YES – REFER TO: Early Intervention**

- ***EI Universal Referral Form,*** *sign* ***FERPA***
- *Give Parent Ed Sheet*

**NO – RESCREEN WITHIN 3 MONTHS:**

- *Set up a follow-up if child does not have a visit*

If at-risk on rescreen, REFER to EI

### Category 3

Parental Or Provider Concern*?

**YES – REFER TO: Early Intervention**

- ***EI Universal Referral Form,*** *sign* ***FERPA***
- *Give Parent Ed Sheet*

**NO – RESCREEN WITHIN 3 MONTHS:**

- *Set up a follow-up if child does not have a visit*

If at-risk on rescreen, REFER to EI

### Category 4

**RESCREEN WITHIN 3 MONTHS:**

- *Set up a follow-up if child does not have a visit*
- If rescreened more than once, then proceed with referrals.

## STEP 3: MEDICAL SERVICES TO CONSIDER

### Category 1

**CONSIDER: Supplemental Medical & Therapy Services**

- *If Communication: Speech therapy & Audiology*
- *If Fine Motor/Gross Motor: OT/PT*

### Category 2

**CONSIDER:**

**1.Developmental Evaluation**

- *If child is at-risk on comm AND problem solving or personal social See cheat sheet on back*
- *If Under 1 – No referral, monitor*

**2. Supplemental Medical & Therapy Services**

- *If Communication: Speech therapy & Audiology*
- *If Fine Motor/Gross Motor: OT/PT*

### Category 3

**CONSIDER: Supplemental medical & therapy services**

- *If Communication: Speech therapy & Audiology*
- *If Fine Motor/Gross Motor: OT/PT*

## STEP 4: ADDITIONAL REFERRALS TO CONSIDER THAT WOULD BENEFIT FROM NAVIGATION SUPPORT

1) At-Risk (in the black) on Personal Social *AND* Problem Solving
2) In the black in Personal Social *OR* Problem Solving *AND* concerns such as oppositional behaviors, aggression, overactive or shy, significant sleep, feeding issues, concerns adjusting to new situations, irritability or family factors.

→ 1. Refer to **Internal BH Provider for Navigation and Referral Support**
2. Consider **Developmental Promotion** Specific to SE Health

If child has **medical risk factors AND social risk factors** *(See back)*

→ ***Family Support Services - CaCoon/ BabiesFirst! +*** ***Provide Navigation Support***

*** 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*

## DEVELOPMENTAL EVALUATION: CHEAT SHEET

**Child the BLACK** on the **Communication** +**Personal-Social** OR **Problem Solving** → REFER TO DEVELOPMENTAL EVALUATION

**OR**

**If the child is 'In the BLACK' on 2 or more domains and has any of the following :**
- Not progressing in services as expected or recent increase in symptoms
- Challenging behaviors with inadequate response to behavioral interventions or medication.
- Secondary medical issues that are not responding to usual treatments (including feeding)

→ **REFER TO DEVELOPMENTAL EVALUATION**

## BEHAVIORAL HEALTH SUPPORTS: CHEAT SHEET

If child is "in black" **Personal Social & Problem Solving**

**OR**

If child is "in black" on **Personal Social OR Problem Solving** + **Concerns such as oppositional, aggressive, overactive or shy/ anxious behaviors, significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns**

**OR**

**Exposure to Adverse Childhood Experiences (ACES) in Family Environment, Maternal Depression or Parental Frustration**
https://acestoohigh.com/got-your-ace-score/

**1) REFER To Internal Behavioral Health**
- **Navigation and referral support to external specialty behavioral health services where additional assessments can be done**

**2) Consider Developmental Promotion specific to Behavioral Health**

↓

**Referral to Specialty Behavioral Health Services**
**(see compendium on Behavioral Health Assets)**

## 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

**Medical Risk Factors** +

**Social and Family Factors**
- DHS Involvement
- Low Income – OHP Eligible, Receives TANF/SSI/SNAP
- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Parent has Disability
- Domestic Violence (present or history of)
- Incarceration/Probation
- Alcohol/Illegal Drug Use
- Incarceration/Probation
- Tobacco/Marijuana Use
- Support with Parenting/Lack of Parenting Skills
- Homeless

+ **Engage Family on Value of Family Support Services** → **Refer for Family Support Services (CaCoon and BabiesFirst!)**

FRONT PAGE

VERSION 11/11/20

# ST CHARLES PRINEVILLE: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE

| STEPS TO CONSIDER | CATEGORY 1<br>3 + domains in the black | CATEGORY 2<br>2 domains in black | CATEGORY 3<br>1 domain in black | CATEGORY 4<br>2 or more in grey |
|---|---|---|---|---|
| STEP 1: PROMOTE | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION |
| | | Parental Or Provider Concern* (YES / NO) | Parental Or Provider Concern* (YES / NO) | |
| STEP 2: REFER *OR* RESCREEN | **REFER TO:**<br>**1. Developmental Evaluation**<br>*See cheat sheet on back; If Under 1 – No Referral, but continue to monitor progress*<br>**2. Early Intervention**<br>• ***EI Universal Referral Form,*** *sign* ***FERPA***<br>• *Give Parent Ed Sheet* | YES: **REFER TO: Early Intervention**<br>• ***EI Universal Referral Form,*** *sign* ***FERPA***<br>• *Give Parent Ed Sheet*<br><br>NO: **RESCREEN WITHIN 3 MONTHS:**<br>• *Set up a follow-up if child does not have a visit*<br>→ If at-risk on rescreen, REFER to EI | YES: **REFER TO: Early Intervention**<br>• ***EI Universal Referral Form,*** *sign* ***FERPA***<br>• *Give Parent Ed Sheet*<br><br>NO: **RESCREEN WITHIN 3 MONTHS:**<br>• *Set up a follow-up if child does not have a visit*<br>→ If at-risk on rescreen, REFER to EI | **RESCREEN WITHIN 3 MONTHS:**<br>• *Set up a follow-up if child does not have a visit*<br>• If rescreened more than once, then proceed with referrals. |
| STEP 3: MEDICAL SERVICES TO CONSIDER | **CONSIDER:**<br>**Supplemental Medical & Therapy Services**<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | **CONSIDER:**<br>**1.Developmental Evaluation**<br>• *If child is at-risk on comm* <u>*AND*</u> *problem solving or personal social See cheat sheet on back*<br>• *If Under 1 – No referral, monitor*<br>**2. Supplemental Medical & Therapy Services**<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | **CONSIDER: Supplemental medical & therapy services**<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | |

**STEP 4: BEHAVIORAL HEALTH SUPPORTS**

1) At-Risk (in the black) on Personal Social <u>AND</u> Problem Solving
2) In the black in Personal Social <u>OR</u> Problem Solving <u>AND</u> concerns such as oppositional behaviors, aggression, overactive or shy, significant sleep, feeding issues, concerns adjusting to new situations or irritability

→ As part of ***OPIP's facilitation support***, we will be partnering with St. Charles Prineville to better understand how to support children with these indicators

**STEP 5: COMMUNITY RESOURCES TO CONSIDER**

***Family Support Services - CaCoon/BabiesFirst!*** (CAN SERVE CHILDREN BIRTH – 21)
If child has **medical risk factors AND social risk factors**
*(See cheat sheet on back)*

***Consider Other Resources Provided in the Asset Map***
*(Focus of Future OPIP Trainings)*

**** 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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## DEVELOPMENTAL EVALUATION: CHEAT SHEET

**Child the BLACK** on the **Communication** +**Personal-Social** OR **Problem Solving**

**OR**

**If the child is 'In the BLACK' on 2 or more domains and has any of the following :**

- Not progressing in services as expected or recent increase in symptoms
- Challenging behaviors with inadequate response to behavioral interventions or medication.
- Secondary medical issues that are not responding to usual treatments (including feeding)

→ **REFER TO DEVELOPMENTAL EVALUATION**

## FAMILY SUPPORT SERVICES – CACOON/BABIES FIRST! (CAN SERVE BIRTH – 21)

**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

**Medical Risk Factors**

+

**Social and Family Factors**

- DHS Involvement
- Low Income – OHP Eligible, Receives TANF/SSI/SNAP
- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Parent has Disability
- Domestic Violence (present or history of)
- Incarceration/Probation
- Alcohol/Illegal Drug Use
- Incarceration/Probation
- Tobacco/Marijuana Use
- Support with Parenting/Lack of Parenting Skills
- Homeless

+

**Engage Family on Value of Family Support Services**

→ **Refer for Family Support Services (CaCoon and BabiesFirst!)**

# Interviews with Specialty Behavioral Health Providers

Key stakeholder interviews revealed that targeted supports to primary care were needed to successfully identify children who would benefit from Social-Emotional services and better pathways to support connection to services. OPIP also heard feedback from primary care providers that they were unaware of Specialty Behavioral Health providers that served young children, they didn't know what kinds of services were provided, and they were concerned about gaps in availability by region and capacity of current services.

To address this need for information and to understand better capacity, OPIP set out to develop a summary compendium of services anchored to the information needs identified by primary care: a) Modalities and types of services, location of services, and whether culturally and linguistically appropriate services could be provided.

In order to develop this summary, OPIP interviewed specialty behavioral health providers and facilitated conversations with providers on the services they provide and ways in which these community organizations could build capacity. Representatives from each specialty behavioral health organization were asked about: The front page of the decision tree provides overall guidance and directions about the best match follow-up recommended.

- Services they provide for children birth-five
- Modalities providers are trained and/or certified in
- Their current case load
- Their current capacity to take on new referrals
- Availability of services with an equity lens:
  - Regions where they serve children
  - Race/Ethnicity or Tribal Designation of the providers
  - Languages spoken by providers
  - Whether they offer home-visiting services or community based services
- The payers accepted by each organization

### Tools Developed Through This Project Provided on the Following Pages:



| Asset Map from Interviews with Specialty Behavioral Health Providers | 129 |
|---|---|

# Facilitated Meeting with Specialty Behavioral Health

OPIP convened a meeting of Behavioral Health providers in the region in October 2019. The key objectives for this meeting were to create a shared understanding of behavioral health services available in Central Oregon for young children birth to five, and to better understand opportunities and barriers to improving receipt of services for children with social-emotional delays. The main barriers highlighted in the meeting's discussions included:

- **Workforce Capacity** – There are a limited number of behavioral health providers in the Central Oregon region that focus on children birth to five, and of those with expertise, many do not have enough available appointments to serve families in need; furthermore, this availability and capacity varies by county and region.
- **Billing** – Stakeholders flagged billing for behavioral health services, especially for young children, as a challenge, including not knowing what was covered by Medicaid and how to bill for services that are covered.
- **Provider Perceptions** – Stakeholders have found that there is a lack of focus on children ages 0-5 within the behavioral health community due to misconceptions about the population and misunderstanding about what behavioral health services look like for children ages 0-5.
- **Equity of Service Availability** – Of the behavioral health providers within Central Oregon that are trained to work with children ages 0-5 there are even fewer providers who identify as a race other than white, and few that speak another language other than English. Additionally, there are disparities in availability by county.
- **Family Engagement** - Stakeholders indicated that families who are in need of services or are referred to behavioral health services for their young children are often not engaging in care due to a number of barriers.

Following this meeting, OPIP sent the meeting summary, links to resources that provide trainings, and conducted individual interviews with behavioral health organizations interested in expanding their capacity. Following the meeting, a number of behavioral health organizations began to address gaps in their services by creating new services in Jefferson and Crook County, hiring new staff to fill gaps, or reassigning existing staff who spoke Spanish that were serving grade school children to be able to serve young children. In October 2019, the asset map of providers that see children birth to five included only 5 organizations with 14 providers, primarily all in Deschutes County, and no providers spoke a language other than English. As of our last set of interviews in September 2020, there are 16 organizations with 63 providers throughout Central Oregon included on the asset map. Services have been expanded to all three counties, including new offices and providers being hired to serve Crook and Jefferson counties. There are now three providers that speak Spanish.

### Tools Developed Through This Project Provided on the Following Pages:


| Sample Meeting Presentation with Specialty Behavioral Health | 77 |
| --- | --- |

# Behavioral Health Services for Children 0-5 in Central Oregon

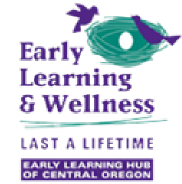
*A meeting held under the rubric of the Community-Based*

**Pathways from Developmental Screening to Services:**
**Ensuring Young Children Identified At-Risk Receive Best Match Follow-Up**
**Meant to Prepare for Them Kindergarten** *Quality Improvement Effort*

***Meetings of Specialty Mental Health Providers***

***10/22/19 12-3 PM***

***Text in Red is Updated Based on Meeting Input***




# Objectives for This Meeting:

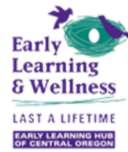
- To provide an **overview** of the *Pathways from Developmental Screening to Services: Ensuring Young Children Identified At-Risk Receive Best Match Follow-Up Meant to Prepare for Them Kindergarten* project and specific components focused on ***addressing children with social emotional delays***
- To obtain a shared understanding of the **behavioral health services currently available** for young children (0-5), their **capacity** and the **implications for potential pilot activities**
- To understand **barriers to organizations addressing gaps** in available **behavioral health services** for young children (0-5)
- To facilitate a community-level conversation about potential options and opportunities to address gaps in **behavioral health services** for young children (0-5)

# Agenda

- Overview of the **Pathways from Developmental Screening to Services: Ensuring Young Children Identified At-Risk Receive Best Match Follow-Up Meant to Prepare for Them Kindergarten** project
  - High-level overview of the project and Phase I findings
  - Overview of the specific components of our Phase II work focused on **addressing children with social-emotional delays**
- Review of current understanding of **behavioral health services currently available** for young children (0-5), their **capacity and the implications for potential pilot activities**.
  - Overview of **behavioral health approaches meant to best support young children**
  - Anchored to this framework, review OPIP's **summary of currently available services**, obtain review and potential modifications, and confirm shared understanding of current services and current capacity
  - Overview of **data regarding need** for behavioral health services
  - Overview of the **implications of the current services** for the pilot activities of the project
- **Explore potential options and opportunities** to address gaps in available **dyadic behavioral health services** for young children (0-5) and **obtain community input.**
  - Identify and understand **barriers to organizations addressing gaps** in available **dyadic behavioral health services** for young children (0-5)
  - Review of potential options
- Summary of **next steps and ongoing stakeholder engagement**

# Acknowledgement of the Complexity of This Meeting

- This meeting has important broad and deep goals.
- We understand that this is the first time this kind of meeting has been held focused on this topic area, this population, and with these goals.
  - This is a complex topic, within a
    - Complex project engaging various stakeholders and systems, for which there are
      - Solutions that may be complex in trying to implement in the course of this project
  - We are thankful that OPIP can provide targeted support for this work
    - That said, we understand you have many complex topics you are trying to focus on barriers to capacity and their solutions.
    - Value in a targeted effort focused on upstream approaches
- **Therefore we ask that we have grace with each other**
- We are coming to this meeting with the assumption that we all share a **north star goal:** that families are young children are equipped with the resources they need in order for their children to thrive.
- Even with complexity of this meeting, we are committed to and want to intentionally keep an eye on equity and think through how access and capacity of services vary by:
  - County
  - Race –Ethnicity
  - Tribal Designation
  - Languages spoken



# *Introductions*

- *Name*
- *Organization*
- *Favorite toy/game when you were three*

# Pathways from Developmental Screening to Services: Ensuring Young Children Identified At-Risk Receive Best Match Follow-Up Meant to Prepare for Them Kindergarten

- Aim: To improve the **receipt of services for young children** who are **identified at-risk** for developmental, behavioral and social-emotional delays.
- Funding – **Central Oregon Health Council** *(Funded by multiple committees within the Central Oregon Health Council (COHC))* to the Early Learning Hub of Central Oregon & from the **Early Learning Hub MIECHV Funding**
  - OPIP is a Subcontractor of the Early Learning Hub of Central Oregon
- Time Period: June 2018- May 31st 2021
  - **Phase 1** (*June 1 2018 - May 31st 2019*): **Across-sector stakeholder engagement** and **baseline data collection** about current processes and where children are lost to follow-up
  - **Phase 2** (*June 1 2019 - May 31st 2021*): **Implement Pilots to Meant to Improve Follow-up for Children Identified at Risk and to Support Addressing Gaps in Pathways and Capacity**

# Pathways from Developmental Screening to Services: Ensuring Young Children Identified At-Risk Receive Best Match Follow-Up Meant to Prepare for Them Kindergarten

- **Phase 1** (*June 1 2018 - May 31st 2019*): **Across-sector stakeholder engagement** and **baseline data collection** about current processes and where children are lost to follow-up
  - Cross-sector engagement, baseline data, and asset mapping (Ended May 31st)
  - Starting point improvement tools developed
  - Development of Phase 2 proposal and community-level priorities identified
- **Phase 2** (*June 1 2019 - May 31st 2021*): **: Implement Pilots to Meant to Improve Follow-up for Children Identified at Risk and to Support Addressing Gaps in Pathways and Capacity**
  - Improvement support to current pilot sites (COPA, Mosaic), Recruit two additional sites
  - Improve follow-up in **Primary Care Pilot Sites (N=4)**
    - Improve closed loop communication and coordination in **Early Intervention** with pilot primary care pilot sites (All three counties and Confederated Tribe of Warm Springs)
    - Address **Gaps in Pathways for the Pilot Primary Care Sites** that focus on at-risk children identified that need:

Focus for Today

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

# Phase 1 Activities

**Quantitative Data about the Need for an Improvement Project and Priority Areas**

- Data revealed **significant opportunities for improvement** in follow-up to developmental screening, closed loop communication, identifying better and best match services, and supporting families to access those services.
- The data also revealed **disparities and inequities** in services and follow-up **by region** (county) and **by race-ethnicity**.
- Examples:
  - Children who reside in Jefferson and Crook counties were significantly **less likely** to receive a developmental screen.
  - Children whose race, in Medicaid data, was identified as Black or American Indian/Alaska Native were significantly **less likely** to receive a developmental screen.
  - Within COPA and Mosaic, **only 15-21% of young children** identified at-risk on developmental screening **received best match follow-up services.**
  - Of the **15-19%** of children who got follow up and were referred to EI, **only 37% were able to be evaluated and found eligible**.
- **One in three (34.8%) publicly insured children aged 0-5** had **three or more** social complexity factors that impact their health and development and ability to be ready for kindergarten
  - The most common social complexity factors:
    - 50.7% of their **parent**(s) accessed **mental health** services,
    - 33.6% of their **parent**(s) accessed **substance abuse services**,
    - 30.1% accessed **TANF**, and
    - 20.1% had one or both parents who were **incarcerated** for a state-level crime.

# Overall Follow-Up to Developmental Screening Rates in Current Pilot Sites

Rates of Follow-Up for Children Identified At-Risk Assuming Parental Concern

| Site | Referral at time of visit | Referral at time of visit or previous or declined |
|---|---|---|
| Mosaic | 18.2 | 19.1 |
| COPA | 15.4 | 21.4 |

Y-axis: Percent of at-risk screens with follow-up (0–100); X-axis: Site

*Mosaic Data Source: Provided by Mosaic Data Team, November 2018. Data for screens (According to EMR Flowsheet) between 7/1/17 - 6/30/18 for children under three years. N=20 for bar 1 and N=21 for bar 2.*
*COPA Data Source: Provided by COPA Data Team, November 2018. Data for screens (According to EMR) between 7/1/17 - 6/30/18 for children under three years. N=72 for bar 1 and N=100 for bar 2.*

# Specific to Our Meeting Today: Follow-Up to Developmental Screening for Children with Social-Emotional Delays

*Mosaic Data Source: Provided by Mosaic Data Team, November 2018. Data for screens (According to EMR Flowsheet) between 7/1/17 - 6/30/18 for children under three years. N=0 for both bar 1 and bar 2.*
*COPA Data Source: Provided by COPA Data Team, November 2018. Data for screens (According to EMR) between 7/1/17 - 6/30/18 for children under three years. N=4 for both bar 1 and bar 2.*

# Specific Community-Level Feedback for Phase 2 Activities Focused on Pathways for Children with Social-Emotional Delays

- **Pilot Primary Care Sites**
  - Need for **training medical decision tree specific to social-emotional delays** and what are best match supports.
  - Need for **training on what behavioral health services are for young children,** concern about whether there are people to refer to
  - Need for **better and standardized processes** (work flows & tracking) around best match promotion and referrals (who, what, where, how) aligned with community-level assets
  - Need for **specific strategies integrated behavioral health** can use with young children with social-emotional delays
  - Need for **educational materials for parents** of children identified that encourage and facilitate shared decision making
  - Need for **tools and strategies to engage families** in accessing the referrals
- **Identify behavioral health providers that serve 0-5**
  - Update asset map provided in Phase I, apply an Equity Lens
  - Significant conversation and concern about the current lack of providers or lack of capacity within existing providers, facilitate community-level conversation on gap in availability of services
- **If there is capacity and opportunity, pilot improvement referrals from pilot primary care sites to external behavioral health providers.**
  - **Ensure that these pilots include tools and workflows for improved communication and coordination across service providers**
    - Desire for better **two-way communication** with resources to which families are referred.
    - Need for **better and standardized processes** (agreements, tools, workflows)
    - Need for **timely communication** between service providers, including whether the family made it to the referral, services provided (assessment results, service type and frequency)

# It is Not If You Build It, They Will Come: Implementation Supports OPIP has Provided in Past Projects When Behavioral Health Pilots Sites with Matching Capacity Identified

OPIP

## Primary Care

**KEY TOOLS & QUALITY IMPROVEMENT**

**1) Tools and Strategies for PCPs in addressing** parents' concerns and questions regarding **common early childhood behavioral concerns in context of well-child visit**

**2) Medical Decision Tree for Primary Care Providers on WHO to refer** either to internal behavioral health OR to external mental health

**3) Talking points for PCPs** to use when discussing mental health supports (**HOW**)

**4) Assessments and engagement materials for INTERNAL behavioral health staff**

**5) Feasible Parent-child therapies for integrated behavioral health.** Training in evidence-based early childhood therapies, most prominently dyadic parent management training (PMT) programs.

6) Reference sheet with **guidelines for diagnostic and billing codes PCPs and their internal behavioral health professionals** can use to support the services they provide

**7) Shared decision making tool education sheet** for primary care to use with families who are referred to better inform and discuss mental/behavioral health options and processes

## Two-way Communication

**KEY TOOLS & QUALITY IMPROVEMENT***

1) Standardized, child-specific referral forms to refer children from primary care to external mental health agencies and community-based agencies who partner on a pilot*

2) Improved communication/ coordination tools to support closed loop communication*

** Requires mental health and community-level engagement and support of this work*

## Mental Health

**KEY TOOLS & QUALITY IMPROVEMENT**

1) Assist mental health and community-level partners participating in pilot to develop a **standardized assessment protocol** for young children & their families

2) Assist mental health and community-level partners to **identify intake, assessment, and assignment workflows** that are family centered and consider specific support and concerns that parents of young children may have in accessing mental health services

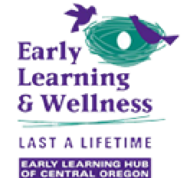
3) Reference sheet with **guidelines for appropriate billing and coding**

# Phase 2 Activities Focused on Pathways for Children with Social-Emotional Delays within Primary Care Pilot Sites

- COPA, MOSAIC trained on the **follow-up to developmental screening medical decision tree** which includes a specific focus on children with social emotional delays
- January 2020 **Training of Internal Behavioral Staff in COPA & MOSAIC** in Early 2020 focused on:
  - Child development as it relates to social-emotional health and self-regulation and overview of clinical constructs meant to assess delays.
  - **Additional Assessments** related to social-emotional health, parental attachment, other factors that impact a child's social emotional health
  - **Brief Interventions**
- Future Trainings on
  - Behaviors that are flags for social-emotional health, Screens beyond developmental screening that relate to social-emotional delays (maternal depression, M-CHAT)
  - Behavioral health services in the community and overview of the modalities and best match services
  - How to refer families
  - How to engage families in referrals
- Implementation Support
  - Within the practice
  - If pilots to behavioral health providers are identified.
  - Could include:
    - Referral forms
    - Communication feedback loops
- **Clinical expertise and review provided by** Andrew Riley Ph.D. Pediatric Clinical Psychologist who specializes in integrated behavioral health care

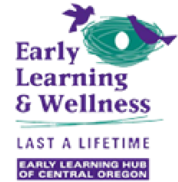
# Specific Community-Level Feedback for Phase 2 Activities Focused on Pathways for Children with Social-Emotional Delays

- **Pilot Primary Care Sites**
  - Need for **training medical decision tree specific to social-emotional delays** and what are best match supports.
  - Need for **training on what behavioral health services are for young children,** concern about whether there are people to refer to
  - Need for **better and standardized processes** (work flows & tracking) around best match promotion and referrals (who, what, where, how) aligned with community-level assets
  - Need for **specific strategies integrated behavioral health** can use with young children with social-emotional delays
  - Need for **educational materials for parents** of children identified that encourage and facilitate shared decision making
  - Need for **tools and strategies to engage families** in accessing the referrals
- **Identify behavioral health providers that serve 0-5**
  - Update asset map provided in Phase I, apply an Equity Lens
  - Significant conversation and concern about the current lack of providers or lack of capacity within existing providers, facilitate community-level conversation on perception of gap in availability of services
- **If there is capacity and opportunity, pilot improvement referrals from pilot primary care sites to external behavioral health providers.**
  - **Ensure that these pilots include tools and workflows for improved communication and coordination across service providers**
    - Desire for better **two-way communication** with resources to which families are referred.
    - Need for **better and standardized processes** (agreements, tools, workflows)
    - Need for **timely communication** between service providers, including whether the family made it to the referral, services provided (assessment results, service type and frequency)




# Disclaimers of Work Done and Areas of Futures Focus

- **Anchored to <u>the interviews</u> we conducted and with a primary lens of the children that <u>the pilot primary care practices served</u>**
  - Working with PS-CO on identifying if there any billing providers not interviewed.
  - ELHCO creating thoughtful and purposeful approach to outreach to Confederated Tribes of Warm Springs
  - Understand changing landscape in Crook County
  - Today is a chance to review our summaries and make sure we got it right ☺
- **Focus is specifically on services for <u>young children</u>**
  - Project is specific to **follow-up to developmental screening** for children 0-3 and delays identified on these global tools: Personal social & problem solving delays identified on ASQ
  - Work focused on **social emotional delays** <u>can expand to be children 0 and up to 5</u> (before kindergarten)
    - Other flags and indicators seen within primary care pilot sites (*Behaviors observed and reported, Maternal Depression, MCHAT, Exposure to Aces)*
  - **Socially complex children** (Anchored to health complexity data) – May not be specific to pilot primary care sites




# Behavioral Health Services for 0-5: What Exists Now

- **Phase 1: High-Level Asset Map**
  - Organizations
- **Phase 2 Work Conducted to Date**
  - Understanding services with an equity lens:
    - ✓ Region
    - ✓ Race –Ethnicity
    - ✓ Tribal Designation
    - ✓ Languages spoken
  - Modalities and Children They Are the Best Match For
  - Capacity of services

# Phase 1: Asset Map

PATHWAYS FOR DEVELOPMENTAL SCREENING OF CHILDREN 0-3 & REFERRAL FOR CHILDREN IDENTIFIED AT-RISK IN DESCHUTES, JEFFERSON & CROOK COUNTIES

## KEY STEPS

### Part 1: Children 0-3 Identified At-Risk via Developmental Screening

**Primary Practices Conducting Screening at Rec. Periodicity (Based on PacicSource Claims):**

1. COPA - Pilot Site (D J,C,W)
2. Mosaic- Pilot Site (D,J,C,W)

There appear to be 5 additional clinics that are screening to fidelity based on PacificSource Claims

**Primary Practices Who Appear Not to be Screening to Recommendation (Based on PacificSource Claims):**

There appear to be 5 Clinics that are NOT screening to fidelity based on PacificSource Claims

**Community-Based Providers:**

1. Home Visiting Programs serving young children *(Healthy Families, Nurse Family Partnership, BabiesFirst!, CaCoon)*
2. Early Head Start
3. Select Childcare Providers

**Other:**

Healthy Beginnings

### Part 2a: Developmental Supports to Address Delays Identified By Entity Who Screened

*Within Pilot Primary Care Sites (MOSAIC, COPA)*

**Developmental Promotion**

- ASQ Learning Activities
- UofO Online ASQ
- CDC Act Early Materials
- Vroom

**Internal Behavioral Health Within Mosaic Medical (Pilot Site)**

- 2 LCSW/LMFT who provide care to 0-3

**Co-Located Behavioral Health (St. Charles) Within COPA (Pilot Site)**

- 3 LCSW (One at each site)
- 2 PsyD/PhD providers (1 day in clinic/person)

### Part 2b: Referral to Agency to Address Delays Identified

**Developmental Behavioral Pediatrician***

1. COPA Clinic
2. PEDAL Clinic
3. OHSU-CDRC
4. Providence

**OT/PT/Speech**

1. St. Charles Rehab
2. Redmond Speech & Language
3. Treehouse Therapies
4. Bend Speech Express
5. Bend Speech/Language
6. Sonos Neurotherapies
7. Skidmore Speech/Lang.

**EI/ECSE (all)**

High Desert ESD

**Family Support Services**

(CaCoon and Babies First!)

**Behavioral Health**

*Evidence-Based Therapies:*

*1) Parent Child Interaction Therapy (PCIT) Deschutes County, Cherie Skillings, Brightways Counseling Group*

*2) Child Parent Psychotherapy Cherie Skillings, Starfish Counseling*

*3) Behavioral Health for Children Receiving Other Treehouse Services: Currently: Theraplay, Plan to hire 5 additional BH staff***

*Non-Evidence Based Counseling:*

*4) General Counseling - Brightways Counseling Group, BestCare*

### Part 3: Additional Family Supports that Address Child Development and Promotion

- Family Resource Center Parenting Hub (all counties)
- Family Support Network
- MountainStar Relief Nursery Bend (D), Madras (J), LaPine (D)
- Library Story Hours & Parent Groups
- Childcare Resources/Inclusion Project

*Specific to Autism and Related Disorders:*

- Center for Autism & Related Disorders (CARD) (D)
- Central Oregon Child Center (for Autism specifically)

**Healthy Beginnings** (new parent support models, potential to do ASQ-SE and other follow-up screens)

*Specific to Children Who Meet Eligibility Criterion:*

- Early Head Start
- Head Start

*Program For Which Children Need to be Enrolled Prenatally or in the First 90 Days of Life, Could be a Support Families Already Enrolled*

- Healthy Families Oregon
- Nurse Family Partnership (D)
- Perinatal Care Continuum (All Counties)

VERSION 10/9/19

## LEGEND

COLOR CODING BY SERVICE TYPE WITHIN Part 2A and 2B

Medical & Therapy Services:

- Developmental & Behavioral Pediatrician: Referral is for an Evaluation
- Private OT/PT & Speech Therapy

Early Intervention: Referral is for an Evaluation

Family Support Services: CaCoon/Babies First!

Infant/Early Childhood Mental Health, including:

- Internal behavioral health within primary care
- Mental Health – Referral is for an assessment:
  - -- Child Psychotherapy
  - -- Parent and Child Interaction Therapy

** Enhanced services planned (Timing TBD)

***New PCIT room completed

[ ] Referral to evaluation, not necessarily services

*Located outside the community

D = Deschutes, J=Jefferson C=Crook County, W=Conf. Tribes of Warm Springs

# Specific to Scope of Today

## ***Behavioral Health***

*Evidence-Based Therapies:*

*1) **Parent Child Interaction Therapy (PCIT)** Deschutes County, Cherie Skillings, Brightways Counseling Group*

*2) **Child Parent Psychotherapy** Cherie Skillings, Starfish Counseling*

*3) **Behavioral Health for Children Receiving Other Treehouse Services**: Currently: Theraplay, Plan to hire 5 additional BH staff***

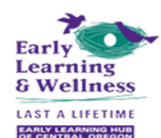
*Non-Evidence Based Counseling:*

*4) General Counseling - Brightways Counseling Group, BestCare*

- Will be conducting interviews with The Child Center, Forever Family, IHS Warm Springs, Life Source Therapy, Lutheran. Additional updated interviews with Treehouse Therapies, Rimrock, Lutheran Services (Crook) and Brightways staff to incorporate updated information.

# Applying an Equity Lens

| Draft Version 2.0<br>October 23, 2019 | **Current Assessment of Specialty Mental Health Providers Who See Children 0-5 in Central Oregon** | | | | | |
|---|---|---|---|---|---|---|
| | **Deschutes County N=7** | **Treehouse Therapies N=1** | **Brightways Counseling N=2** | **Cherie Skillings N=1** | **Jefferson County BestCare N=3** | Rimrock (N=1)<br>The Child Center<br>Forever Family Therapy<br>IHS Warm Springs<br>Life Source Therapy<br>Lutheran Community Services<br>Identified at 10/22 Meeting, will be conducting follow-up interview |
| **Equity Lens Applied:** | | | | | | |
| **Location of Therapy** | | | | | | |
| *Deschutes* | **X** (3 in Redmond,3 in Bend, 1 in LaPine) | **X** (Bend) | **X** (Redmond) | **X** (Bend) | | |
| *Crook* | | | | | | |
| *Jefferson* | | | | | X (Madras) | |
| **Therapy Provider Race, Ethnicity or Tribal Affiliation** | 7 Identified as White (1 White/Hisp) | Identified as White | Identified as White | Identified as White | Identified as White | |
| **Therapy Provider Language Spoken** | English | English | English | English | English | |
| **Payor** | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | |




# Capacity of Current Providers Who See Young Children in Central Oregon

| Draft Version 2.0 October 23, 2019 | **Current Assessment of Specialty Mental Health Providers Who See Children 0-5 in Central Oregon** | | | | | |
|---|---|---|---|---|---|---|
| | **Deschutes County N=7** | **Treehouse Therapies N=1** | **Brightways Counseling N=2** | **Cherie Skillings N=1** | **Jefferson County BestCare N=3** | Rimrock (N=1)<br>The Child Center<br>Forever Family Therapy<br>IHS Warm Springs<br>Life Source Therapy<br>Lutheran Community Services<br><br>Identified at 10/22 Meeting, will be conducting follow-up interview |
| **Location** | **Deschutes** | **Deschutes** | **Deschutes** | **Deschutes** | **Jefferson** | |
| **Number of Providers** | **7** | **1** | **2** | **1** | **3** | |
| **Current Case Load (per week)** | **114** | **28** | **32** | **24** | ***** | |
| **Capacity to take on New referrals (# of families)** | **24** | **5** | **4** | **12** | **20** | |

***OPIP needs to follow up to get this specific information**

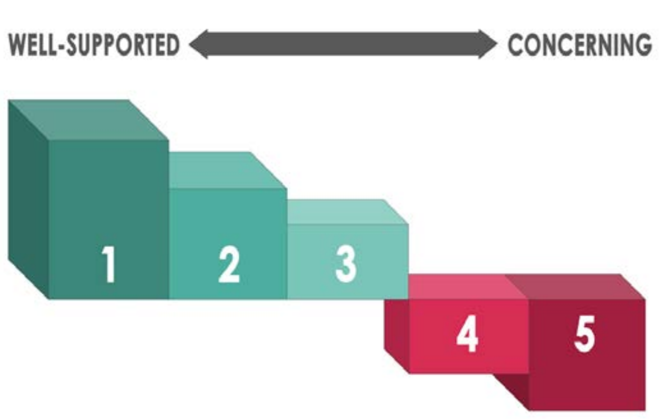
# OPIP Examination of Behavioral Health Services for 0-5: Factors Considered

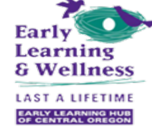
- If the goal is to get kids in to the right "best match" services, what are the bes services for specific factors the pilot sites and project will focus on

- Dyadic or group
- Can be factor in consider options for spread or location of services
- Can be factor in consider parent engagement

- **The group does not want this to be an exclusion criteria and is open to considerating modalities that do not have a strong evidence base but have anecdotal evidence for being useful in the community. Therefore, OPIP will inquire about modalities of interest from community-level stakeholders.**

- https://www.cebc4cw.org/program





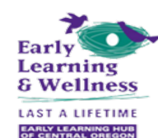

# Evidence Ratings

For Rating 1-3 Evidence Must Demonstrate:

- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- The overall weight of the published, peer-reviewed research evidence supports the benefit of the program for the outcomes specified in the criteria for that particular topic area.
- There is no case data suggesting a risk of harm that: a) was probably caused by the program and b) was severe or frequent.
- The program has a book, manual, and/or other available writings that specify components of the service and describe how to administer it.

Differences in rigor of evidence:

1. Well-Supported by Research Evidence
    - Multiple Site Replication and Follow-up (multiple rigorous RCTs with publication in peer-reviewed journal)
2. Supported by Research Evidence
    - Randomized Controlled Trial and Follow-up (one rigorous RCT with publication)
3. Promising Research Evidence
    - At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list study) and reported in published, peer-reviewed literature




# Framework Used for Assessing Modalities Focused on Population Focus for this Project

Version 2: October 24, 2019

## 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 DISRUPTIVE BEHAVIOR PROBLEMS** | | | |
| **Parent Child Interaction Therapy (PCIT)*** <br> ** PCIT is also an effective program for children with known trauma history* | Dyadic | 1-7 | 1 |
| **Triple P (Positive Parenting Program)** | Group | 0-12 | 2 |
| **Generation-PMTO** | Dyadic & Group | 2-18 | 1 |
| **Theraplay** | Dyadic | 0-18 | 3 |
| **Helping the Non-compliant Child** | Dyadic | 3-8 | 3 |
| **SERVICES TARGETED TO CHILDREN WITH KNOWN TRAUMA HISTORY** | | | |
| **Trauma Focused CBT** | Dyadic | 3-18 | 1 |
| **Child Parent Psychotherapy (CPP)** | Dyadic | 0-5 | 2 |
| **SERVICES TARGETED TO CHILDREN WITH AT-RISK PARENTS/ FAMILIES** | | | |
| **Family Check-Up** | Dyadic | 2-17 | 1 |
| **Incredible Years*** <br> ** Incredible Years is also good for children with disruptive behavior problems* | Group | 4-8 | 1 |
| **Attachment and Biobehavioral Catch-up (ABC)** | Dyadic | 0-2 | 1 |

*October – 2019 Developed by the Oregon Pediatric Improvement Partnership based on information derived from https://www.cebc4cw.org and consultation from Andrew Riley and Laurie Theodorou*

# Modalities Available in Central Oregon

**Anchored to OPIP's Framework of Services:**

*Version 2: October 24, 2019*

## Behavioral Health Services for Children Under Five with Social Emotional Delays In Central Oregon

Version 1 (October 2019) is a summary below is based on interviews OPIP has conducted with providers in the region June 2018-September 2019. Further information is still needed on services available in Warm Spring and clarifications are needed in Polk County due to recent changes.

**Overall, there are 15 providers, some are able to provide different modalities.**

| Therapy | Organization (s) | Number of Providers |
|---|---|---|
| **SERVICES TARGETED TO CHILDREN WITH DISRUPTIVE BEHAVIOR PROBLEMS** | | |
| **Parent Child Interaction Therapy (PCIT)**<br>** PCIT is also an effective program for children with known trauma history* | **Brightways, Cherie Skillings*, Deschutes County*** | 8 |
| **Triple P (Positive Parenting Program)** | | 0 |
| **Generation-PMTO** | | 0 |
| **Theraplay** | **Treehouse Therapies** | 1 |
| **Helping the Non-compliant Child** | | 0 |
| **SERVICES TARGETED TO CHILDREN WITH KNOWN TRAUMA HISTORY** | | |
| **Trauma Focused CBT** | Jefferson County Best Care, Treehouse Therapies, Rimrock, Deschutes County, Brightways, Forever Family Therapy | 18** |
| **Child Parent Psychotherapy (CPP)** | Cherie Skillings* | 1 |
| **SERVICES TARGETED TO CHILDREN WITH AT-RISK PARENTS/ FAMILIES** | | |
| **Family Check-Up** | | 0 |
| **Incredible Years**<br>** Incredible Years is also good for children with disruptive behavior problems* | Deschutes County* | 1 |
| **Attachment and Biobehavioral Catch-up (ABC)** | | 0 |
| **OTHER SERVICES PROVIDED WITHIN THE COMMUNITY:** | | |
| **Child and Family Marriage and Therapist Counseling** | Brightways, Jefferson County Best Care | 4 |
| **Other Modalities without scientific rating (Dance Therapy, Equine Therapy, Baby Doll Circles)** | Rimrock, Warm Springs | **Need to do follow up interviews** |

** The providers in Deschutes County and Cherie Skillings also provide other child and family marriage counseling services. Members of the Jefferson County Best Care team have received training on play therapy from George Fox.*

*** Individuals were trained but not certified*

**What is the NEEDED?**

**How Many Kids Are We Talking About Would Benefit from Services if We Could Get Them Referred and Parents Engaged**

# Mental Health Condition Prevalence

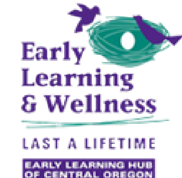
- **12-16% of children 0-6 have a mental health condition that would benefit from mental health services**

# Population Estimates for Children 0-3

| | Crook County | | Deschutes County | | Jefferson County | | Warm Springs | |
|---|---|---|---|---|---|---|---|---|
| | Estimate | Margin of Error | Estimate | Margin of Error | Estimate | Margin of Error | Estimate | Margin of Error |
| Children Under 3 years | 605 | +/-105 | 5,145 | +/-425 | 829 | +/-123 | 200 | +/-49 |

| | Crook County | | Deschutes County | | Jefferson County | | Warm Springs | |
|---|---|---|---|---|---|---|---|---|
| | Estimate | Margin of Error | Estimate | Margin of Error | Estimate | Margin of Error | Estimate | Margin of Error |
| Children Under 3 years | 355 | +/-266 | 5,574 | +/- 1000 | 704 | +/-404 | NA | NA |

Data Source: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_SPL_K200102&prodType=table




# Children 0-3 with Social Emotional Delays Identified on Developmental Screening

## Baseline Primary Care Pilot Site Data (Scope of Project)

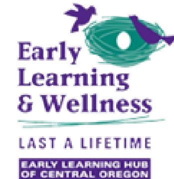
| Ages and Stages Questionnaire Domains | COPA (All three sites) | Mosaic Medical-East Bend Site | Total between Central Oregon Pilot Sites |
|---|---|---|---|
| | *N's provided based on 1 year of baseline data* | | |
| Problem Solving | 4.7%<br>N = 120 | 3.5%<br>N = 17 | 4.5%<br>N = 137 |
| Personal-Social | 3.1%<br>N = 80 | 5.6%<br>N = 27 | 3.5%<br>N = 107 |
| Prob Solv + Personal Social | 1.2%<br>N = 32 | 1.2%<br>N = 6 | 1.2%<br>N = 38 |

# Playing out the Numbers:
# Is there Capacity for the Current Pilot Sites Overall for JUST the Developmental Screening Follow-UP:
# Applying NO Lens EQUITY Lens

**38 children 0-3 were identified to have social emotional delays identified on developmental screening within our two primary care pilot sites**

**Of those providers, there are a TOTAL of 40 slots available which would be filled with JUST the children identified in two pilot sites with problem solving and personal social delays**

***(not including the additional two pilot site and not including additional children identified outside of screening)***




# Social Emotional Delays Identified on Developmental Screening

## Proxy of Estimates in Central Oregon

Guestimate Based on JUST those with Personal and Social Delays:

| | Crook County | | Deschutes County | | Jefferson County | | Warm Springs | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | Estimate | Margin of Error | Estimate | Margin of Error | Estimate | Margin of Error | Estimate | Margin of Error | Estimate |
| Children Under 3 years | 605 | +/-105 | 5,145 | +/-425 | 829 | +/-123 | 200 | +/-49 | 6779 |

# Playing out the Numbers

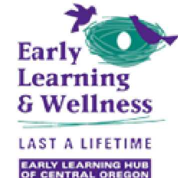
**102 children 0-3 could be expected to have social emotional delays identified on developmental screening**

**Of those providers, there are a TOTAL of 40 slots available**
**This leaves nearly 2/3's of children that would be identified with social emotional needs on developmental screening unable to be referred if providers followed the medical decision tree that OPIP is creating**

# Social Emotional Health for 0-5:

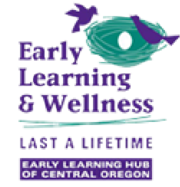
## Health Complexity Findings

- Best match follow-up for children with high social complexity and developmental delays is likely different, child may benefit from dyadic therapies with the parent
- Factors aligned with Adverse Childhood Events (ACES) have been shown to be correlated with lower ASQ scores, particularly in the social-emotional and problem solving domains




# Pacific Source of Central Oregon Health Complexity Findings: Social Complexity for Children 0-5
# Fall 2018

| Children 0-5 (N=5,565) | Child Factor | Parent Factor |
|---|---|---|
| Poverty –TANF (For Child and For Either/Both Parent) | **26.1%** (1,452) | **31.6%** (1,757) |
| Foster care – Child received foster care services | **5.3%** (294) | |
| Parent death – Death of parent/primary caregiver in OR | | **0.8%** (42) |
| Parental incarceration – Parent incarcerated or supervised by the Dept. of Corrections in Oregon | | **18.8%** (1,044) |
| Mental Health: Child – Received mental health services through DHS/OHA | **10.3%** (573) | |
| Mental Health: Parent – Received mental health services through DHS/OHA | | **42.3%** (2,352) |
| Substance Abuse: Child – Substance abuse treatment through DHS/OHA | **NA** | |
| Substance Abuse: Parent – Substance abuse treatment through DHS/OHA | | **22.5%** (1,254) |
| Child abuse/neglect: ICD-9, ICD-10 dx codes related used by provider | **6.1%** (339) | |
| Potential Language Barrier: Language other than English listed in the primary language field | | **10.3%** (572) |
| Parent Disability: Parent is eligible for Medicaid due to recognized disability | | **3.4%** (189) |




# Social Emotional Health for 0-5:

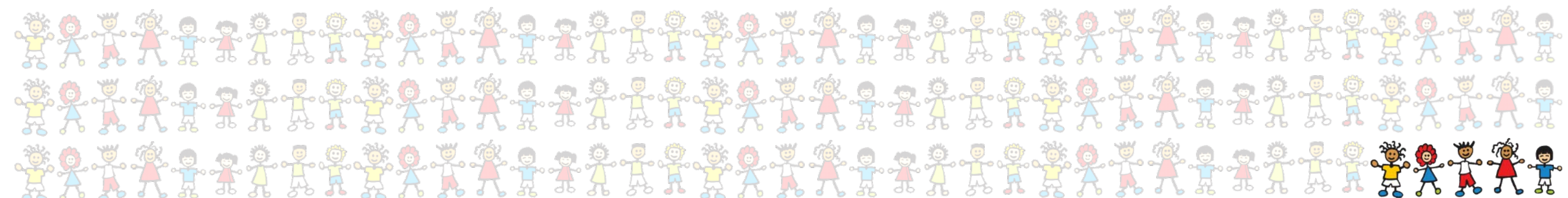
## Health Complexity Findings

## Fall 2018

| NUMBER OF INDICATORS (SOCIAL RISK FACTORS) | CHILDREN AGES 0-5 N=5,565 |
|---|---|
| 0 | **33.5%** (1,864) |
| 1 | **23.4%** (1,302) |
| 2 | **13.4%** (746) |
| 3 or More | **29.7%** (1,653) |

# Capacity

**1653 children 0-5 who have 3 or more social complexity factors**



**Of those providers, there are <u>still only 40</u> slots available**
**This leaves 98% of children identified with social emotional needs on <u>health complexity data</u> unable to be served**

# Applying an Equity Lens

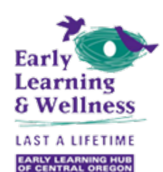
| Draft Version 2.0 October 23, 2019 | **Current Assessment of Specialty Mental Health Providers Who See Children 0-5 in Central Oregon** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Deschutes County N=7** | **Treehouse Therapies N=1** | **Brightways Counseling N=2** | **Cherie Skillings N=1** | **Jefferson County BestCare N=3** | Rimrock N=1 | The Child Center | Forever Family Therapy | IHS Warm Springs | Life Source Therapy | Lutheran Community Services |
| **Equity Lens Applied:** | | | | | | Identified at 10/22 Meeting, will be conducting follow-up interview | | | | | |
| **Location of Therapy** | | | | | | | | | | | |
| *Deschutes* | **X** (3 in Redmond,3 in Bend, 1 in LaPine) | **X** (Bend) | **X** (Redmond) | **X** (Bend) | | | | | | | |
| *Crook* | | | | | | | | | | | |
| *Jefferson* | | | | | X (Madras) | | | | | | |
| **Therapy Provider Race, Ethnicity or Tribal Affiliation** | 7 Identified as White (1 White/Hispanic) | Identified as White | Identified as White | Identified as White | Identified as White | | | | | | |
| **Therapy Provider Language Spoken** | English | English | English | English | English | | | | | | |
| **Payor** | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | | | | | | |

# Applying the Equity Lens: Region Specific Data

## 0-5 Population

| Region | 0-5 Population |
| --- | --- |
| Deschutes | 10091 |
| Jefferson | 1544 |
| Crook | 1087 |
| Warm Springs | 275 |

Data from 2019 Regional Health Assessment :
https://www.deschutes.org/sites/default/files/fileattachments/health_services/page/1862/2019regionalhealthassessment_printfriendly.pdf




# Applying the Equity Lens: Region Specific Health Complexity Data March 2019 Reports

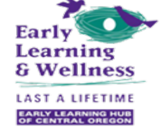
## Percent of Children Covered by Pacific Source-Central 0-5 With 3+ Social Complexity Factors**

Percent of Children 0-5

| County | Percent |
| --- | --- |
| Deschutes | 29% |
| Jefferson | 48% |
| Crook | 37% |

**Based on OHA Transformation Center Health Complexity Data, which only takes into account publicly insured children, and does not quantify Warm Springs as a separate region.

# Addressing the Gaps:
# Staring Point Conversation about Opportunities and Options and Gathering Community-Level Input and Insight




# Interviews with Local Providers

- Interest in understanding the need
- Interest in understanding efforts to increase referrals and engagement of parents in referrals
- Interest in learning more about the services that WOULD be a BEST MATCH for the populations of focus for the Pathways Project
- Noted a number of **barriers** (see future slide)

# Barriers We Have Heard in Interviews to Building Capacity for Young Children

- Lack of available workforce to hire with appropriate training
  - Lack of work force to ensure equitable access by region, race/ethnicity, language
  - Difficulties with interpreters, especially over the phone and the ability to understand therapy nuances
- Requires unfunded time to train and certify staff before they can provide services and bill services
  - Various levels of requirements and costs
  - Some modalities require physical structures to be modified
  - Licensure requires time under supervision, barriers to availability of supervisors in the region
- Contracts and reimbursement don't cover the costs of services
- Barriers to getting in the provider network within the CCO and private insurance
- Salaries commiserate with the increased level of training
- Lack of demand- Currently not flooded by referrals for services for children 0-5
- Lack of engagement & follow through by families of young children referred
  - Spend resources to get families to come
  - Block clinician time to provide services, high no show rates
- Perception and experience that services cannot be billed
  - Requirement of diagnostic codes
    - Lack of clarity of best match diagnoses to use for therapies at-risk children
    - Clinical reservations of putting specific at-risk diagnoses on the codes
- Perception of 0-5 being too risky to serve and concerns about being called as witness
- Perception that Medicaid population is too risky to serve
- Perception that for providers that identify as non-white that they will be tokenized in the workplace

# Solutions to Barriers We Have Heard in Interviews

- Public health messaging & community-level messaging to de-stigmatize early childhood mental health and importance of building attachment and self-regulation skills
- A State and community-level approach that supports capacity building
  - Right now community-level providers feels like the weight is on individuals in individual organizations
- Grant funding to support training and certification requirements, specific funding to address gaps in equity
- Priority placed on reviewing applications for behavioral health providers serving young children as part of contracting
- Reimbursement rates that map to the services and supports needed to access services
- Education and training to primary care and other referring providers on WHO should be referred and how to communicate about that referral
  - Parent and family engagement on those referral
  - Navigators for MH referrals for families to understand the process
- Creative recruitment strategies for providers
  - “Grow your own” providers
  - Recruit members of the cultural community – not just those that speak the language
- Creative ways to leverage local region-specific training programs, create a specific focus on specific populations
  - Go into colleges and identify the needs of the community and pair students with where they may be able to secure a job post-graduation
- Creative ways to leverage space to achieve PCIT
- Creative thinking about the location where services are provided and family-centered access points (group-level courses, co-location models, others)
  - Mobile clinics
  - Online therapies/ learning tools for patients
- Training and improvement strategies for primary care and other referring providers, integrated behavioral health
- Utilizing interpreters during therapy sessions
  - In person provides the most cohesive session, but video or phone interpreters may be utilized
  - However the training of the interpreter may need to be specific for MH services

## 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 | OPIP Notes Regarding the Specific Therapy to Inform Oregon-Based Conversations | Rating |
|---|---|---|---|---|
| **SERVICES TARGETED TO CHILDREN WITH DISRUPTIVE BEHAVIOR PROBLEMS** | | | | |
| **Parent Child Interaction Therapy (PCIT)*** | Dyadic | 2-7 | - Methodological training of parenting skills via structured observation and feedback.<br>- Eight in ten (85%) of Oregon families who participate in 4 or more sessions demonstrate improvement in child behavior, communication and positive parenting skills. | 1 |
| ** PCIT is also effective program for children with known trauma history (see categories below).* | | | | |
| **Triple P Positive Parenting Program** | Level 3 - Dyadic<br>Level 4 - Group | 0-12 | - Community-Level intervention<br>- Can be delivered tailored to the individual or to a community.<br>- Teaches parents how to monitor their own and their child's behavior to promote self-efficacy, self-regulation, and problem solving. | 2 |
| **Generation-PMTO** | Dyadic or Group | 2-18 | - Delivered through individual family treatment in agencies or home-based and via telephone/video conference delivery<br>- Tailored for specific child/youth clinical problems<br>- Next year 2-3 additional sites will be added and within Oregon trainers will start training as part of a statewide 5 year rollout | 1 |
| **Theraplay** | Dyadic | 0-18 | - Observation sessions using a series of simple tasks designed to elicit a range of behaviors.<br>- The interactions are videotaped and later analyzed by the therapist(s). | 3 |
| **Helping the Non-compliant Child** | Dyadic | 3-8 | - Provides parents with skills for reducing disruptive behavior by increasing positive attention for appropriate child behavior and ignoring minor inappropriate behaviors.<br>-- Training focuses on providing appropriate consequences for noncompliance. | 3 |
| **SERVICES TARGETED TO CHILDREN WITH KNOWN TRAUMA HISTORY** | | | | |
| **Trauma Focused CBT** | Dyadic | 3-18 | - Incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.<br>- Uses relaxation techniques, coping mechanisms, and parenting skills to help both parent and child learn skills for coping with trauma reminders. | 1 |
| **Child Parent Psychotherapy (CPP)** | Dyadic | 0-5 | - Explicitly trauma focused.<br>- Examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. | 2 |
| **SERVICES TARGETED TO CHILDREN WITH AT-RISK PARENTS/ FAMILIES** | | | | |
| **Family Check-Up** | Dyadic | 2-17 | - Tailored to needs of family<br>- Can be integrated into many community settings<br>- Developed in Oregon, trainers at UofO<br>- Parent training that focuses on positive behavior support, healthy limit setting, and relationship building. | 1 |
| **Incredible Years*** | Dyadic or Group | 4-8 | - Available in a variety of formats and has good evidence for abbreviated delivery.<br>- Three-part curriculum designed to promote emotional and social competence and to reduce behavior problems in young children, especially for classroom behavior. | 1 |
| ** Incredible Years is also good for children with disruptive behavior problems (see categories above).* | | | | |
| **Attachment and Biobehavioral Catch-up (ABC)** | Dyadic | 0-2 | - Helps caregivers provide a responsive, predictable, warm environment that enhances young children's behavioral and regulatory capabilities.<br>- Use of "In the Moment" comments to improve parental responses to child's behavior throughout the home visiting sessions. | 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.

*October – 2019 Developed by the Oregon Pediatric Improvement Partnership based on information derived from https://www.cebc4cw.org and consultation from Andrew Riley and Laurie Theodorou*

# Ideas/Options OPIP
# Brainstormed Based on Interviews

Parameters To Use As you Think About Expanding Capacity:

- **Existing providers** who noted a commitment to expanding services
- **Gap in services** that **target specific risk factors** relative to data on risk factors
- Gaps in **types of delivery method**s through which services are provided
- **Strategies that could address areas where we observe inequities**
- Training opportunities available, “**Lift” it would take to build provider capacity**
  - ✓ **Training requirements and locations**
  - ✓ **Education requirement**

# Your Reflections : Where Do You See Gaps? Opportunities?

Version 2: October 24, 2019

## 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*

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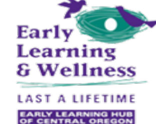


# Ideas/Options OPIP
# Brainstormed Based on Interviews

***Current Providers Considering Expansions:***

1. Treehouse Therapies: Planned Expansion
   - Intentional recruitment for evidence based therapies identified
   - Trauma focused CBT
   - Family Check- Up
2. Rimrock
   - Consider training for a therapist in dyadic based modalities for teen parents receiving services for themselves
3. All existing providers apply for grant to be trained on Generation PMTO

**Consider grant funding to support building services to address equity gaps:**

4. Consider Triple P- Community Based Intervention in Jefferson
5. Laurie T. Suggested people consider family support specialists that are peer-supported (which is billable)

# Summary of Next Steps

- Send meeting slides to participants and information about PSU program mentioned during meeting
- Follow-up interviews with organizations and people identified
  - Continue to revise materials based on updated information
- Follow-up with system-level leaders here today on conversations and options identified, Within these conversations thinking about how telehealth may be utilized in certain communities
- Continued work with the pilot primary care sites
  - Training of their integrated behavioral health pathways
  - Training on current assets and modalities available
  - Identifying pieces of referral to behavioral health providers needed (who, what, where, how)
- December 2nd meeting of community-level stakeholders (all are invited) of larger Pathways from Screening to Services Project
- Future, 2nd Meeting of Stakeholders Spring 2020

## 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
- Hub Lead
  - Brenda Comini: brenda.comini@hdesd.org
  - 541-693-5784 (office)

Date Last Updated: 05/2021

# Behavioral Health Services for Children Birth to Five in Central Oregon: Summary as of May 2021

## Overview and Purpose

The Early Learning Hub of Central Oregon and the Oregon Pediatric Improvement Partnership (OPIP) led 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 in Fall of 2020 and that was updated by those providers that responded in May 2021. Given this is an evolving landscape, ongoing updates will be needed and therefore the time stamps provided at the top of the documents are provided to describe when the information summarized was received.

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## What is Infant Mental Health and What Can We Highlight for Families as the Value of Mental Health Services?

- 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 Are Factors or Indicators of Young Children that Would Benefit from Behavioral Health Services:

- **Disruptive Behavior Problems**
  - Oppositional Defiant Disorder (ODD)
  - Conduct Disorder
  - Attention-Deficit/Hyperactivity Disorder (ADHD)
  - Young children without a diagnosis who are exhibiting similar behaviors
- **Children with a History of Trauma**
  - 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
- **Children who are At-Risk for Behavior Problems**
  - 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).

## What Are Therapy Programs or Modalities that Address Infant and Child Mental Health?[2,3]

The summary of behavioral health services provided in Oregon is categorized by different therapy programs available and the method through which the services are provided. Different modalities work better for children with different factors (*disruptive behavior problems vs a known trauma history, etc*), and therefore understanding the specific factors and the types of modalities offered can help inform the best match referral for the young child and their family.

- A modality refers to the treatment approach or program that a therapist uses during the sessions with the child and/or family.
- For each modality, there are typically additional trainings and certifications that therapists receive.
- Due to the vast number of approaches, we will not cover all of them in this guide. However we will provide information and resources for common modalities and programs that are specific to children birth to five and note ones that are available in Central Oregon.
- The tables and summaries in this document are organized by the types of problems listed above in order to help sort through what may be the best match modalities to address identified problems.

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[1] https://childinst.org/5-things-infant-early-childhood-mental-health/

[2] For more information on mental health assessment, diagnosis, dyadic behavioral treatments, please see the technical assistance webinars from OHA: https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Behavioral-Health-TA.aspx

[3] The information on each of the modalities was taken and adapted from *https://www.cebc4cw.org*

Date Last Updated: 05/2021

## 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 DISRUPTIVE BEHAVIOR PROBLEMS** | | | |
| Parent Child Interaction Therapy (PCIT)* <br> ** PCIT is also an effective program for children with known trauma history* | 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 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)* | | | |
| 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 TRAUMA HISTORY** | | | |
| 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 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED CHILDREN UNDER 3)* | | | |
| Trauma Focused CBT | Dyadic | 3-18 | 1 |
| **SERVICES TARGETED TO CHILDREN WITH AT-RISK PARENTS/ FAMILIES** | | | |
| Family Check-Up | Dyadic | 2-17 | 1 |
| Attachment and Biobehavioral Catch-up (ABC) | Dyadic | 0-2 | 1 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED CHILDREN UNDER 3)* | | | |
| Incredible Years* <br> ** Incredible Years is also good for children with disruptive behavior problems* | 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.*

*Version 17: May 5th, 2021*

# Anchored to OPIP's Framework of Services: Behavioral Health Services for Children Under Five with Social Emotional Delays In Central Oregon

The summary below is based on interviews OPIP has conducted with providers in the region June 2018-January 2020.

**Overall, there are 37 providers, some are able to provide different modalities.**

| Therapy | Organization (s) | # of Providers |
|---|---|---|
| **SERVICES TARGETED TO CHILDREN WITH DISRUPTIVE BEHAVIOR PROBLEMS** | | |
| **Parent Child Interaction Therapy (PCIT)**<br>** PCIT is also an effective program for children with known trauma history* | Brightways, Cherie Skillings, Now and Zen Deschutes County, Starfish Counseling, Saul Behavioral LLC | 13 |
| **Generation-PMTO** | | 0 |
| **Triple P (Positive Parenting Program)** | | 0 |
| **Theraplay** | Rimrock Trails, Treehouse Therapies | 3 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)* | | |
| **Collaborative Problem Solving** | Brightways, Forever Family Therapy, Rimrock Trails, Treehouse Therapies, Youth Villages | 12 |
| **Play Therapy** | Deschutes County, Starfish Counseling, Jefferson & Crook County BestCare, Brightways | 22 |
| **Helping the Non-compliant Child** | | 0 |
| **SERVICES TARGETED TO CHILDREN WITH KNOWN TRAUMA HISTORY** | | |
| **Child Parent Psychotherapy (CPP)** | Cherie Skillings, Treehouse | 2 |
| **Eye Movement Desensitization and Reprocessing (EMDR)** | Brightways, Deschutes County, Starfish Counseling, Prineville Counseling Center | 20 |
| **Attachment Regulation and Competency (ARC)** | Deschutes County | 1 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)* | | |
| **Trauma Focused CBT** | Jefferson BestCare, Treehouse Therapies, Rimrock Trails, Deschutes County, Brightways, Forever Family Therapy, Prineville Counseling Center, Youth Villages | 34** |
| **SERVICES TARGETED TO CHILDREN WITH AT-RISK PARENTS/ FAMILIES** | | |
| **Family Check-Up** | | 0 |
| **Attachment and Biobehavioral Catch-up (ABC)** | | 0 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)* | | |
| **Incredible Years**<br>** Incredible Years is also good for children with disruptive behavior problems* | Deschutes County | 1 |
| **OTHER SERVICES PROVIDED WITHIN THE COMMUNITY:** | | |
| **Marriage and Family Therapist or Child Counselling** | Brightways, Jefferson Best Care, Cherie Skillings, Deschutes County, Amy Bordelon, The Child Center | 30 |
| **Other Modalities without evidence base (Dance Therapy, Art Therapy, Equine Therapy, etc.)** | Warm Springs*, Treehouse Therapies, Therapy, Now and Zen | 3 |
| **Youth Villages Intercept Program** | Youth Villages | 5 |

Organizations current as of May 2021 are Deschutes County, Treehouse Therapies, Rimrock, Jefferson and Crook County Best Care, Brightways, Prineville Counseling and Saul Behavioral and all other organizations are current as of Fall 2020

*Counts are based on information by local behavioral health providers at the time they responded to the inquires | ** Individuals were trained but not certified

***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, www.cebc4cw.org provides a comprehensive overview.***

Version 17
May 5, 2021

## 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[2] | Cherie Skillings (09/2020) | Starfish Counseling[1] | The Child Center[1] | Treehouse Therapies[2] | Forever Family Therapy[1] | Rimrock Trails[2] | Crook County BestCare [2] | Prineville Counseling Center[2] | Jefferson County BestCare[2] | Brightways Counseling[2] | Amy Bordelon, LMFT[1] | Now and Zen[1] | Blossom Therapeutic Collective: Saul Behavioral[2] | Youth Villages[1] |
| Office Location | Redmond (7) Bend (6) LaPine (2) | Bend | 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 | 10 | 4 | 4 | 4 | 2 | 2 | 6 | 6 | 1 | 1 | 2 | 6 |
| Case Load (per week) | 114 | 24 | 25 | 134 | 80 | 40 | 75 | * | 40 | * | 160 | 12 families + 9 groups | 30 | 30 | 24 |
| Capacity for New referrals | 25 families | 12 families | At Capacity | At Capacity | 20 families | 16 families | 25 families | 6 families | 0 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, Asian | 3 White, 1 African American | White | White | White | White | White | White | White | 1 White | 1 Japanese-American, 5 White |
| Provider Language Spoken | 14 English, 1 Spanish/ English | English | English | 9 English, 1 Spanish/ English | English, 1 Spanish | 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 | 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 | * |

Information has not yet been confirmed given inability to set up a meeting with the organization: IHS Warm Springs; Do Not see Children ages Birth-5: Lutheran Community Services, Bend; Cascade Child and Family Center

[1]Current as of 09/2020

[2]Current as of 05/2021

| | |
|---|---|
| * | An email was sent to the organization and we did not receive verification of the information as of May 2021, and therefore are unable to confirm whether services are provided via telehealth |
| (hatched) | Only takes referrals for children/families that are at risk for out of home placement. Won't count towards capacity. |

**Contact Sheet: Behavioral Health Providers for Families and Children age birth-5 in Central Oregon**

***DESCHUTES COUNTY***

### Bend

Amy Bordelon
303-880-0287
amybordelonfreeman@gmail.com

Blossom Therapeutic Collective
Saul Behavioral LLC
541-595-8207
https://www.blossomtherapeutics.com/

Cherie Skillings
541-236-9146
www.facebook.com/cskillingscounseling

Deschutes County Mental Health
541-322-7500
www.deschutes.org

Forever Family Therapy
541-846-8173
www.foreverfamilytherapy.org

Now and Zen Parenting
541-406-0011
www.nowandzenparenting.com

Rimrock Trails
541-388-8459
www.rimrocktrails.org

Starfish Counseling
Tracey Colacicco, LPC
541-306-8771
https://starfishcounselingservices.com

Treehouse Therapies
Jeannie Campbell, Lisa Bradley
541-389-1848
www.treehousetherapies.com

The Child Center
541-728-0062
www.thechildcenter.org

### La Pine

Deschutes County Mental Health
541-322-7500
www.deschutes.org

The Child Center
541-728-0062
www.thechildcenter.org

### Redmond

Brightways Counseling Group
Katie London
541-904-5216
www.brightwayscounseling.com

Deschutes County Mental Health
541-322-7500
www.deschutes.org

Rimrock Trails
541-388-8459
www.rimrocktrails.org

The Child Center
541-728-0062
www.thechildcenter.org

Treehouse Therapies
Jeannie Campbell, Lisa Bradley
541-389-1848
www.treehousetherapies.com

Youth Villages‡
541-516-6330
www.youthvillages.org

***JEFFERSON COUNTY***

Madras

Jefferson County BestCare
541-475-6575
www.bestcaretreatment.org/madras-mental-health.html

Brightways Counseling Group
Deanne Comfort, Ursula Hartman
541-904-5216
www.brightwayscounseling.com

***CROOK COUNTY***

Prineville

Rimrock Trails
541-388-8459
[www.rimrocktrails.org](http://www.rimrocktrails.org)

Crook County Bestcare – Prineville Community Mental Health
541-323-5330
https://www.bestcaretreatment.org/prineville.html

Forever Family Therapy
541-846-8173
www.foreverfamilytherapy.org

Prineville Counseling
Donna Hamlin, LPC and Robin, LPC intern
541-416-3697
https://www.psychologytoday.com/us/therapists/prineville-counseling-center-donna-hamlin-lpc-prineville-or/295873

***WARM SPRINGS***

Warm Springs Indian Health Service*
*Services at this organization have not yet been verified by OPIP. Contact information will be updated after completion of interviews.

### ***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.

### ***Play Therapy***

- **Overview:** Play Therapy utilizes play and therapeutic relationship to provide a safe, consistent environment in which a child can experience full **acceptance, empathy, and understanding from the counselor** and process experiences and feelings through play and symbols.
- **Goals:**
    - Develop a more positive self-concept
    - Assume greater self-responsibility
    - Become more self-directing, self-accepting, and self-reliant
    - Engage in self-determined decision making
    - Experience a feeling of control
    - Become sensitive to the process of coping
    - Develop an internal source of evaluation
    - Become more trusting of self
- **Typical Duration:** 45-minute sessions, once a week, for 16-20 weeks.
- **Location of Services:** Clinic setting or some have adapted for virtual visit via telehealth.

## *Theraplay*

- **Overview:** Theraplay is a structured play therapy for children and their parents. Its goal is to enhance **attachment, self-esteem, trust in others, and joyful engagement.** The sessions are designed to be fun, physical, personal, and interactive and replicate the natural, healthy interaction between parents and young children. Children have been referred for a wide variety of problems including **withdrawn or depressed behavior, overactive-aggressive behavior, temper tantrums, phobias, and difficulty socializing and making friends**. Children also are referred for various behavior and interpersonal problems resulting from **learning disabilities, developmental delays, and pervasive developmental disorders**.
- **Goals:**
    - Increase child's sense of felt safety/security
    - Increase child's capacity to regulate affect
    - Increase child's sense of positive body image
    - Ensure that caregiver is able to set clear expectations and limits
    - Ensure that caregiver's leadership is balanced with warmth and support
    - Increase caregiver's capacity to view the child empathically
    - Increase caregiver's capacity for reflective function
    - Increase parent and child's experience of shared joy
    - Increase parent's ability to help child with stressful events
- **Typical Duration:** 45-60 minute sessions, once a week, for 26 weeks.
- **Location of Services:** Clinic setting or some have adapted for virtual visit via telehealth.

## *Collaborative Problem Solving (CPS)*

- **Overview:** Collaborative Problem Solving (CPS) is an approach to understanding and helping children with behavioral challenges. CPS uses a structured problem solving process to help **adults pursue their expectations while reducing challenging behavior** and **building helping relationships** and **thinking skills.** Specifically, the CPS approach focuses on teaching the skills that challenging kids lack related to problem solving, flexibility, and frustration tolerance. CPS provides a common philosophy, language and process with clear guideposts that can be used across settings.
- **Goals:**
    - Reduction in externalizing and internalizing behaviors
    - Reduction in use of restrictive interventions (restraint, seclusion)
    - Reduction in caregiver/teacher stress
    - Increase in neurocognitive skills in youth and caregivers
    - Increase in family involvement
    - Increase in parent-child relationships
- **Typical Duration:** Delivered as family therapy with the child being the main patient of focus, and as parenting sessions. The family therapy sessions are for 1-hour once a week for 8-12 weeks. Parent training sessions are for 90 minutes once a week for 4-8 weeks.
- **Location of Services:** Home, community or clinic setting or some have adapted for virtual visit via telehealth.

***Generation-Parent Management Therapy Oregon***[4]

- **Overview:** GenerationPMTO was formerly known as Parent Management Training - the Oregon Model (PMTO®). GenerationPMTO (Individual Delivery Format) is a **parent training intervention** that can be used in family contexts including two biological parents, single-parent, re-partnered, grandparent-led, reunification, adoptive parents, and other primary caregivers. GenerationPMTO interventions have been tailored for **specific child/youth clinical problems**, such as externalizing and internalizing problems, antisocial behavior, conduct problems, deviant peer association, and child neglect and abuse.
- **Goals:**
  - Increasing positive parenting practices
  - Reducing coercive family processes
  - Reducing and preventing internalizing and externalizing behaviors in youth
  - Reducing and preventing out-of-home placements in youth
  - Reducing and preventing deviant peer association in youth
  - Increasing social competency and peer relations in youth
  - Promoting reunification of families with youngsters in care
- **Typical Duration:** 1-hour family sessions once weekly for 10-25 sessions; or 6-8 sessions for mild problems
- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

***Positive Parenting Program (Triple P)***[5]

- **Overview:** Triple P helps parents learn strategies that **promote social competence and self-regulation** in children. Parents become better equipped to handle the stress of everyday child rearing and children become better able to **respond positively to their individual developmental challenges**. As an early intervention, System Triple P can assist families in greater distress by working with parents of children who are experiencing **moderate to severe behavior** problems.
- **Goals:**
  - Prevent development, or worsening, of severe behavioral, emotional and developmental problems
  - Increase parents' competence in promoting healthy development and managing common behavior problems and developmental issues
  - Reduce parents' use of coercive and punitive methods of disciplining children
  - Increase parents' use of positive parenting strategies in managing their children's behavior
  - Increase parental confidence in raising their children
  - Improve parenting partners' communication about parenting issues
- **Typical Duration:** Comprehensive program with online modules self-paced, in-person sessions, and group sessions with variation in duration
- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

***Helping the Noncompliant Child***[6]

- **Overview:** HNC is a skills-training program aimed at teaching parents how to obtain compliance in their children ages 3 to 8 years old. The goal is to improve parent-child interactions in order to reduce the escalation of problems into more serious disorders (e.g., conduct disorder, juvenile delinquency.

[4] Generation PMTO is not currently available in Central Oregon
[5] Positive Parenting Program is not currently available in Central Oregon
[6] Helping the Noncompliant Child is not currently available in Central Oregon

- **Goals:**
  - Establish a positive interaction with the child by reducing/eliminating parental coercive behaviors and providing positive attention to the child for appropriate behaviors (and ignoring minor child inappropriate behaviors that are primarily attention-seeking)
  - Provide appropriate limit setting and consequences for both child compliance and noncompliance to parental directives, which should ultimately lead to reduced:
    - Oppositional defiant disorder and conduct disorder diagnoses
    - Engagement in delinquent behavior
    - Risk of substance use problems
    - Child maltreatment
- **Typical Duration:** 1-1.5-hour family sessions once weekly for 8-10 sessions
- **Location of Services:** Clinic, and can be adapted for telehealth.

***Trauma Focused Cognitive Behavioral Therapy (TF-CBT)***

- **Overview:** Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is a **child and parent psychotherapy** model for children who are experiencing significant **emotional and behavioral difficulties** related to **traumatic life events**. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.
- **Goals:**
  - Improving child PTSD, depressive and anxiety symptoms
  - Improving child externalizing behavior problems (including sexual behavior problems if related to trauma)
  - Improving parenting skills and parental support of the child, and reducing parental distress
  - Enhancing parent-child communication, attachment, and ability to maintain safety
  - Improving child's adaptive functioning
  - Reducing shame and embarrassment related to the traumatic experiences
- **Typical Duration** 30- to 45-minute sessions, once a week with the child and parent separately until the end of treatment nears, then weekly sessions for 30-45 minutes together. Typically for 12-18 weeks.
- **Location of Services:** Typically delivered in the home, community or clinic, and can be adapted for telehealth.

***Child Parent Psychotherapy (CPP)***

- **Overview:** Child Parent Psychotherapy (CPP) is a treatment for **children exposed to trauma birth-5**. Typically, the child is seen with his or her primary caregiver to support and strengthen the **caregiver-child relationship** as a way of **restoring and protecting the child's mental health.**
- **Goals:**
  - Promote safe behavior and foster appropriate limit setting
  - Help establish appropriate parent-child roles
  - Develop/foster strategies for regulating affect
  - Foster parent's ability to respond in helpful, soothing ways when child is upset
  - Reinforce behaviors that help parent and child master the trauma and gain a new perspective
- **Typical Duration:** 1-1.5 hours per week, for 52 weeks
- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

### ***Attachment Regulation and Competency (ARC)***

- **Overview:** Attachment Regulation and Competency (ARC) is designed to **support youth and families who have experienced complex trauma**. This program helps to **build safe environments and help support young children** to regulate their emotions.
- **Goals:**
  - Integrate routine, rhythms, and familial functioning to increase safety and support skill development
  - Support adult caregivers in understanding and managing their own responses to youth in their care
  - Build caregiver capacity to effectively understand and respond to the needs driving youth behaviors
  - Support effective responses to youth behavior that are trauma-informed
  - Build child understanding of emotional and physiological experience, ability to effectively manage and tolerate emotional and physiological experience, and effectively share internal experience with others
  - Support developmentally appropriate understanding of self, including unique characteristics and influences, coherence across time and situations, sources of efficacy and esteem, and future template
  - Support youth in reflecting upon, processing, and developing a narrative of traumatic experience, and integrating this into a coherent and comprehensive understanding of self
- **Typical Duration:** Length of treatment is unable to be predicted and is dependent upon the severity of the trauma, and the setting in which it is delivered.
- **Location of Services**: Home, community or clinic, and can be adapted for telehealth.

### ***Eye Movement Desensitization and Reprocessing (EMDR)***

- **Overview:** Eye Movement Desensitization and Reprocessing (EMDR) therapy is a treatment that was originally designed to **alleviate the symptoms of trauma**. During the EMDR trauma processing phases the child will focus on an **external stimulus**, while thinking about negative events in order to help **create new ways of thinking about those events**. A therapist typically uses eye movements, but a variety of other stimuli including **hand-tapping and audio bilateral** stimulation are often used.
- **Goals:**
  - Target the past events that trigger disturbance
  - Target the current situations that trigger disturbance
  - Determine the skills and education needed for future functioning
  - Reduce subjective distress
  - Strengthen positive beliefs
  - Eliminate negative physical responses
  - Promote learning and integration so that the trauma memory is changed to a source of resilience
- **Typical Duration:** 50- or 90-minute sessions once a week. Length of treatment is unable to be predicted and is dependent upon the severity of the trauma, but improvements are often seen after 3-12 sessions.
- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

### *Incredible Years (IY)*

- **Overview:** The Incredible Years is a series of programs for parents, teachers, and children. This series is designed to promote **emotional and social competence**; and to **prevent, reduce, and treat behavior and emotional** problems in young children. The parent, teacher, and child programs can be used separately or in combination.
- **Goals:**
    - Improved parent-child interactions, building positive relationships and attachment, improved parental functioning, less harsh and more nurturing parenting, and increased parental social support and problem solving
    - Improved teacher-student relationships, proactive classroom management skills, and strengthened teacher-parent partnerships
    - Prevention, reduction, and treatment of early onset conduct behaviors and emotional problems
    - Promotion of child social competence, emotional regulation, positive attributions, academic readiness, and problem solving
- **Typical Duration:** Two-hours once a week. 14 weeks for prevention, or 18-20 weeks for treatment.
- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

### *Attachment and Bio-Behavioral Catch-up (ABC)*[7]

- **Overview:** ABC helps caregivers provide **nurturing care** even if it does not come naturally. ABC helps caregivers provide a **responsive, predictable, warm environment** that enhances young children's behavioral and regulatory capabilities. The intervention helps caregivers **follow their children's lead** with delight. The third intervention component helps caregivers decrease behaviors that could be overwhelming or frightening to a young child.
- **Goals:**
    - Increase caregiver nurturance, sensitivity, and delight
    - Decrease caregiver frightening behaviors
    - Increase child attachment security and decrease disorganized attachment
    - Increase child behavioral and biological regulation
- **Typical Duration:** One-hour once a week, for 10 sessions.
- **Location of Services:** Typically delivered in the home and can be adapted for telehealth.

### *Family Check-up*[8]

- **Overview:** The Family Check-up model is a family-centered intervention that promotes positive family management and addresses child and adolescent adjustment problems. The intervention does this through reductions in coercive and negative parenting and increases in positive parenting.
- **Goals:**
    - Improve children's social and emotional adjustment by providing assessment- driven support for parents to encourage and support positive parenting, and to reduce coercive conflict
    - Reduce young children's emotional distress and behavior problems at school
    - Increase young children's self-regulation and school readiness
    - Improve parent monitoring in adolescence
    - Reduce parent-adolescent conflict
    - Reduce antisocial behavior and delinquent activity
- **Typical Duration:** 1-hour once a week, for 4-16 weeks.
- **Location of Services:** Home, community or clinic, and can be adapted for telehealth.

[7] Attachment and Biobehavioral Catch-up is not currently available in Central Oregon
[8] Family Check-up is not currently available in Central Oregon

## Training of Primary Care Internal Behavioral Health Providers

Internal behavioral health providers have an integral role in the pathway from screening to services for social emotional health. These providers are able to perform additional assessments and brief interventions for families to determine what treatment they may need to fully address concerns in a child's social emotional development.

In order to ensure that the internal behavioral health providers would be ready to assist families of young children identified at-risk for social emotional delay referred by their primary care providers, OPIP convened a training for them in January 2020 that was co-led by Dr. Andrew Riley, a Clinical Psychologist at OHSU. This training highlighted the importance of social emotional health in attachment and long-term social and educational success, and illuminated secondary assessments and intervention strategies specific to young children ages birth to 5 that could be done by the internal behavioral health providers. The training included:

- Clinical decision-making framework for determining risk of young children
- Available assessment strategies
- Low-intensity intervention resources
- Adaptations to evidence-based therapies
- Billing strategies for these services

Additionally, this training provided an overview of which children would benefit from treatment by an external mental health agency that specializes in therapies for young children and their families and ways to engage families in those referrals. This training was fully tailored to the five internal behavioral health providers that attended from COPA and Mosaic. The providers were surveyed prior to the training to understand their background, training, and licensure, as well as their goals and objectives for the training. Dr. Riley provided an iterative and interactive training designed for the group. Providers also shared ideas and experiences with each other and discussed ways to share their expertise with each other in the future.

### Tools Developed Through This Project Provided on the Following Pages:


| Sample Training Presentation for Primary Care Internal Behavioral Health Providers | 139 |
|---|---|

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

*Internal Behavioral Health Training*
*January 22nd 10AM-2PM*

OPIP
Oregon Pediatric Improvement Partnership

# Agenda

1. Overview of **Pathways from Screening to Services** Project At-Large, Topic Specific Focus of the Training Today
2. Overview **OPIP's Medical Decision Tree and Children 0-3** who have been **trained to be referred to the pilot primary care site** behavioral health staff
3. Overview of **social-emotional development and why the indicators** are flags of potential delays.
4. Overview of follow-up steps you may consider:

   ***Services You Provide***:

   a. **Secondary assessments and clinical decision making framework:**
      1) Conceptual framework for determining risk
      2) Available assessment strategies
      3) Profiles of risk

   b. **Intervention strategies for impacting early childhood social-emotional delays:**
      1) Low-intensity intervention resources
      2) Research-based primary care therapies
      3) Adapting evidence-based therapies

   c. **Billing Strategies**

   ***Referrals to External Mental Health Agencies***

   a. Overview of **children that should be referred**
   b. Currently available **external mental health providers**
   c. **Strategies to engage families** in referrals

5. Overview of **future proposed training topics**, understand high value topics for the staff

# Oregon Pediatric Improvement Partnership

OPIP

The Oregon Pediatric Improvement Partnership (OPIP) supports a meaningful, **long-term collaboration of stakeholders** invested in child health care quality, with the common purpose of improving the health of the children and youth of Oregon.

OPIP is primarily contract and grant funded. We are based out of Oregon Health & Science University, Pediatrics Department.

Learn more: **oregon-pip.org**

## Building Health and Improving Outcomes for Children and Youth

Statewide organization.

OPIP uses a **population based approach—starting with child/family**. Our staff and projects focus on:

1. Collaborating in **quality measurement and improvement** activities;
2. Supporting **evidence-guided quality activities**;
3. Incorporating the **patient and family voice** into quality efforts; and
4. Informing **policies that support optimal health** and development

# Momentum Around Addressing Children with Social-Emotional Delays

*Within **Health Care**:*

- **Health Aspects of Kindergarten Readiness**: Metrics & Scoring, Health Plan Quality Metrics Endorsed Full Proposal of Four Metric Strategy: Includes metrics focused on Social Emotional Health and Follow-Up to Developmental Screening

- **Within CCO 2.0**, alignment with a number of the policy areas identified related to children and specific to children 0-5, addressing social determinants of health and children with health complexity.

*Within **Early Learning (Services for Children 0-5)**:* Follow-up and receipt of services earlier is aligned with Early Learning Hub Goals & strategies within "Raise Up Oregon"

- Example: Strategy 5.2 Continue to prioritize screening through the health system and build pathways from screening to a range of community-based services and supports for children and families.

Within ***Governor's Budget***

- Heavy focus on early childhood and pathways to success, focus on children with social complexity

Early Learning & Wellness LAST A LIFETIME EARLY LEARNING HUB OF CENTRAL OREGON

OPIP

# OPIP Efforts that Include a Focus on Behavioral Health for Children 0-5

1. OPIP's **Pathways from Developmental Screening to Services projects** focused on young children with developmental-behavioral and social delays receiving best match services
   - Efforts in 10 counties,
     - Included pilots specifically focused on children identified on the ASQ with social-emotional delays (problem solving and personal social domains)
     - Pilots include work with the behavioral health staff (where applicable) located in the primary care clinics (where applicable) and pathways to external specialty behavioral health
     - In Central Oregon, includes addressing behavioral health services for children 0-3 and capacity
2. GOBHI Funded Project Specific **Follow-up Pathways for Young Children with Social-Emotional Delays**
     - Included primary care and behavioral health providers located in the primary care sites (where applicable), early intervention, and specialty behavioral health providers.
3. OPIP role on **Health Aspects of Kindergarten Readiness**
     - **System-Level Metric** Focused on Social-Emotional Health
     - **Follow-Up to Developmental Screening (EHR Based Metric)**
       - Includes follow-up pathways specific to children identified on developmental screening with social-emotional delays

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

- **Goal:** Improve receipt of best match services for children 0-3 identified with developmental and behavioral delays,
- **Three year project**
  - Phase 1: June 2018-May 2019, Phase 2: June 2019 – May 2021
- **Blended and braided funding**
  - Funded by multiple committees within the Central Oregon Health Council (COHC)
    - ✓ Each Committee reviewed and approved of proposal
  - Early Learning Hub providing in-kind staffing support, and financial support from various early learning partners
- **Population and community-based approach, multiple partners**
  - Primary care practices (4 total, including Mosaic and COPA)
  - Early Intervention
  - Behavioral health
  - CCO
  - Other early learning providers
- **Aligned with multiple CC0 2.0 Policies, Raise UP Oregon, Proposed Follow-Up to Developmental Screening Incentive Metric**

# Phase II Project-Level Activities

- Improve follow-up in **Primary Care Pilot (PCP) Sites (N=4)**
  - Two committed site (COPA, MOSAIC) who have been expecting implementation support
  - Recruit two additional sites
- 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)
- 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)*
- 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**

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# Disclaimer

- Training anchored specifically to the children 0-3 with social-emotional delays identified on the Ages and Stages Questionnaire and who we are recommending should be passed to internal behavioral health in Mosaic and COPA.
- Future trainings will include a focus:
  - Deeper review of behavioral health providers in the community that provide dyadic mental health therapies for children 0-5 that you can refer
    - ✓ Brief overview provided
    - ✓ Larger training and meet and greet with the providers will be scheduled.
  - Follow-up based on additional indicators of social-emotional health, based on screening the clinic is already doing
    - Maternal depression (Small highlight today as part of family assessment)
    - MCHAT

# Opportunity to Focus on Follow-Up to Developmental Screening for Young Children that is the Best Match for the Child & Family

- Goal of developmental screening
  - Identify children **at-risk** for developmental, social, and/or behavioral delays
  - For those children identified, **1) provide developmental promotion, 2) refer to services** that can **further evaluate delays** and/or **provide services** that
    - Many of these services live outside of traditional health care
    - Barriers to access of follow-up services:
      - ❖ Lack of knowledge of services
      - ❖ Lack of capacity of services
      - ❖ Lack of availability of services that would be best match
      - ❖ Parent engagement

***Children Identified "At-Risk" on Developmental Screening Tools***

*These are children who are identified "at-risk" for developmental, behavioral or social delays on standardized developmental screening tools. In the communities of focus for this work, a majority of providers are using the Ages and Stages Questionnaire (ASQ). Therefore the children of focus are those identified "at-risk" for delays based on the ASQ domain level findings.*

## Follow-Up to Screening Decision Tree: Determining the "Best Match" Follow-up Services

- It is not as simple as "at-risk" or not based on the ASQ (*1 domain 'Below Cut-Off', 2 domains 'Close to Cut-Off'*)
  - Your front-line experience suggests, and the data confirms, that not all children identified "at-risk" should be referred to EI and medical evaluation in Oregon
  - Parents may push back on specific referrals
- It is not as simple as knowing about the resources, without telling you when it might be best to refer a child to them
- We developed a decision tree to guide follow-up to available resources based on:
  1) Age of the child
  2) ASQ domain scores – number of domains, specific domain at-risk
  3) Parent or provider concern
  4) Child/family risk factors
  5) Resources in the community

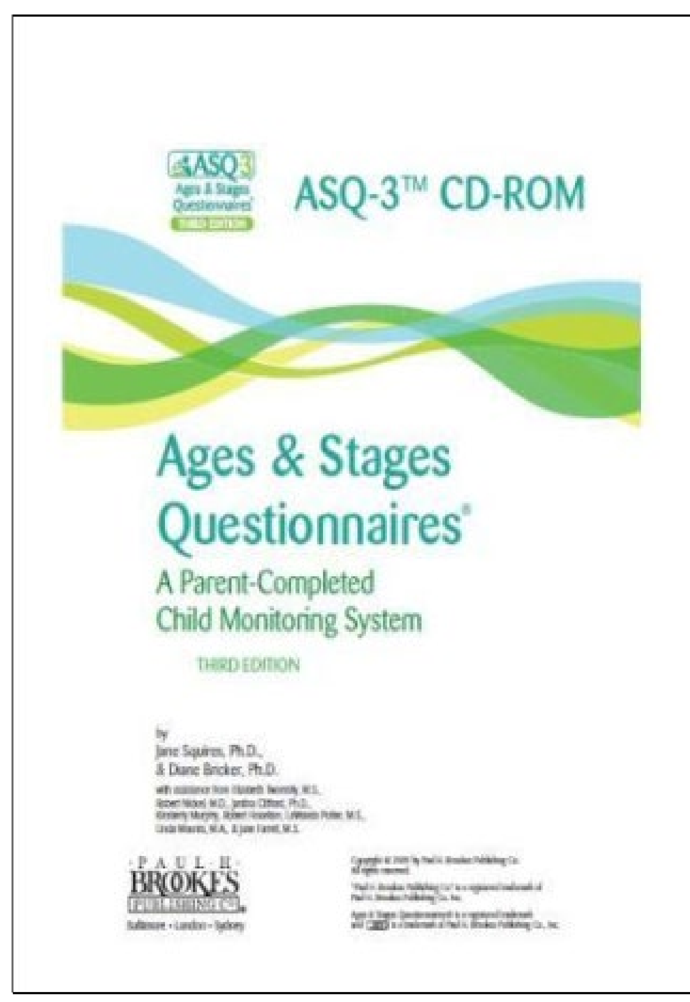
# Developmental and Autism Screening:

*Assuring No Child Enters Kindergarten With an Undetected Developmental Delay*

For Primary Care Providers Caring for Children in Oregon's Diverse Communities

OPS
Oregon Pediatric Society

# Ages & Stages Questionnaire




Sensitivity: **76-90%**

Specificity: **76-91%**

Languages: **English & Spanish**

Reading Level: **4th to 6th grade level**

Time required to score: **3 minutes**

Website for info and to order:
**www.agesandstages.com**

# **ASQ™** 2 months to 5 1/2 Years

- **21 age-specific questionnaires** from 1 to 66 months (adjust for prematurity)
- Each questionnaire **valid for 1 month** before and after indicated age
- 30-35 items per questionnaire **describing skills**
- Taps **5 domains** of development
- Must **correct for prematurity** up to 24 months

# ASQ™ Domains of Development

1. **Communication –** addresses babbling, vocalization, listening and understanding
2. **Fine Motor –** assesses hand and finger movements
3. **Gross Motor –** assesses arm, body and leg movement
4. **Problem Solving –** addresses learning and playing with toys
5. **Personal-Social –** focuses on solitary social play and play with other children

ASQ-3 User Guide. Squires, Twombley and Potter. 2009. Paul H Brookes Publishing

# ASQ™ Scoring

- Be sure each item has been answered.
- Corrections can be made if two or less items are left blank.
- The scoring grid below shows the cutoff score for each domain, indicated by the dark bar.
- Any score touching or in the dark bar indicates further evaluation is needed.
- Gray area corresponds to 1-2 SD below mean, black area corresponds to 2.0 SD below mean

| Area | Cutoff | Total Score | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Communication | 13.97 | | ● | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Gross Motor | 17.82 | | ● | ● | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Fine Motor | 31.32 | | ● | ● | ● | ● | ● | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ |
| Problem Solving | 28.72 | | ● | ● | ● | ● | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Personal-Social | 18.91 | | ● | ● | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

# ASQ™ Scoring

Each answer is converted to a point value:

- "Yes" answers are 10 points
- "Sometimes" are 5 points
- "Not yet" answers are zero points.

**COMMUNICATION**

| | | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|---|
| 1. | Does your baby sometimes make throaty or gurgling sounds? | ○ | ○ | ○ | ___ |
| 2. | Does your baby make cooing sounds such as "ooo," "gah," and "aah"? | ○ | ○ | ○ | ___ |
| 3. | When you speak to your baby, does she make sounds back to you? | ○ | ○ | ○ | ___ |
| 4. | Does your baby smile when you talk to him? | ○ | ○ | ○ | ___ |
| 5. | Does your baby chuckle softly? | ○ | ○ | ○ | ___ |
| 6. | After you have been out of sight, does your baby smile or get excited when she sees you? | ○ | ○ | ○ | ___ |

COMMUNICATION TOTAL ___

# Partially Completed ASQ

- Re-assess parent literacy
- Provide an opportunity to try the activity
- Can use the score adjustment table to account for missing scores.

| Area score | Adjusted – 1 item missing | Adjusted – 2 items missing |
|---|---|---|
| 50 | 60 | -- |
| 45 | 54 | -- |
| 40 | 48 | 60 |
| 30 | 36 | 45 |
| 25 | 30 | 37.5 |
| 20 | 24 | 30 |
| 15 | 18 | 22.5 |
| 10 | 12 | 15 |
| 5 | 6 | 7.5 |
| 0 | 0 | 0 |

# Follow-Up to Developmental Screening: Priority Resources that Address Specific Delays

Based on asset map, priority follow-up referrals include:

1. Developmental Behavioral Pediatrics (DBP)
2. Early Intervention (EI)
3. Medical and Therapy Services
4. Internal Behavioral Health Supports
5. Family Support Services (CaCoon/Babies First)

FRONT PAGE

# MOSAIC: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE

VERSION 9/4/19

| STEPS TO CONSIDER | CATEGORY 1<br>3+ domains 'Below Cut-Off' | CATEGORY 2<br>2 domains 'Below Cut-Off' | CATEGORY 3<br>1 domain 'Below Cut-Off' | CATEGORY 4<br>2 or more domains 'Close to Cut Off" |
|---|---|---|---|---|
| STEP 1: PROMOTE | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION | DEVELOPMENTAL PROMOTION |
| | | Parental Or Provider Concern* (YES / NO) | Parental Or Provider Concern* (YES / NO) | |
| STEP 2: REFER *OR* RESCREEN | REFER TO:<br>1. Developmental Behavioral Pediatrician *See DB Peds cheat sheet on back; If Under 1 – No Referral, but continue to monitor progress*<br>2. Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet* | YES: REFER TO: Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet*<br><br>NO: RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>→ If at-risk on rescreen, REFER to EI | YES: REFER TO: Early Intervention<br>• *EI Universal Referral Form, sign FERPA*<br>• *Give Parent Ed Sheet*<br><br>NO: RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>→ If at-risk on rescreen, REFER to EI | RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>• If rescreened more than once, then proceed with referrals. |
| STEP 3: MEDICAL SERVICES TO CONSIDER | CONSIDER: Supplemental Medical & Therapy Services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | CONSIDER:<br>1.Developmental Behavioral Ped.<br>• *If child is at-risk on comm AND problem solving or personal social See DB Peds cheat sheet on back*<br>• *If Under 1 – No referral, monitor*<br>2. Supplemental Medical & Therapy Services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | CONSIDER: Supplemental medical & therapy services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | |

**STEP 4: BEHAVIORAL HEALTH SUPPORTS**

1) 'Below Cut-Off' on Personal Social *AND* Problem Solving
2) 'Below Cut-Off' in Personal Social *OR* Problem Solving *AND* concerns such as oppositional behaviors, aggression, overactive or shy, significant sleep, feeding issues, concerns adjusting to new situations or irritability

→ Refer to Internal Behavioral Heatlh
*See cheat sheet on the back*

**STEP 5: COMMUNITY RESOURCES TO CONSIDER**

*Family Support Services - CaCoon/BabiesFirst!* (CAN SERVE CHILDREN BIRTH – 21)
If child has medical risk factors *AND* social risk factors
*(See cheat sheet on back)*

→ *RNCC Involvement*

** 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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## DEVELOPMENTAL EVALUATION: CHEAT SHEET

**Child the BLACK** on the **Communication** + **Personal-Social** OR **Problem Solving**

OR

**If the child is 'In the BLACK' on 2 or more domains and has any of the following :**

- Not progressing in services as expected or recent increase in symptoms
- Challenging behaviors with inadequate response to behavioral interventions or medication.
- Secondary medical issues that are not responding to usual treatments (including feeding)
- Experiencing traumatic events

→ **REFER TO DEVELOPMENTAL EVALUATION**

## BEHAVIORAL HEALTH SUPPORTS: CHEAT SHEET

If child is "in black" **Personal Social & Problem Solving**

OR

If child is "in black" on **Personal Social OR Problem Solving**

\+

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

OR

**Exposure to Adverse Childhood Experience (ACES) in Family Environment**
https://acestoohigh.com/got-your-ace-score/

→ **REFER To Internal Behavioral Health**

- **Additional assessments of child's development, parental factors**
- **Brief parent/child therapies**

***If additional supports are needed:***

- **Engage family in behavioral health referral**

↓

**Referral to Specialty Behavioral Health Services**
(see compendium on Behavioral Health Assets)

## 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

**Medical Risk Factors**

\+

**Social and Family Factors**

- DHS Involvement
- Low Income – OHP Eligible, Receives TANF/SSI/SNAP
- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Parent has Disability
- Domestic Violence (present or history of)
- Incarceration/Probation
- Alcohol/Illegal Drug Use
- Incarceration/Probation
- Tobacco/Marijuana Use
- Support with Parenting/Lack of Parenting Skills
- Homeless

\+

**Engage Family on Value of Family Support Services**

→ **Refer for Family Support Services (CaCoon and BabiesFirst!)**

*BEHAVIORAL HEALTH SUPPORTS: CHEAT SHEET*

If child is "in black" **Personal Social & Problem Solving**

**OR**

If child is "in black" on **Personal Social OR Problem Solving**

**+**

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

**OR**

**Exposure to Adverse Childhood Experience (ACES) in Family Environment**
https://acestoohigh.com/got-your-ace-score/

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# Overview of My Clinical Background and Research Experience
## Andrew Riley, PhD

1. PhD in Clinical Psychology

2. 8 years experience working in primary care include specialized intern and post-doc training

3. 6 years experience training psychology interns, psychology fellows, and pediatric residents to address social-emotional concerns

4. Research focused on integrated primary care, early childhood parenting practices, and dissemination of evidence-based parenting

5. Leadership/membership in national organizations focused on integrated primary care
   - Society of Pediatric Psychology IPC section (chair)
   - National Academy of Sciences Collaborative on Healthy Parenting in Primary Care (member)
   - Pediatric Integrated Primary Care Research consortium (founding director)

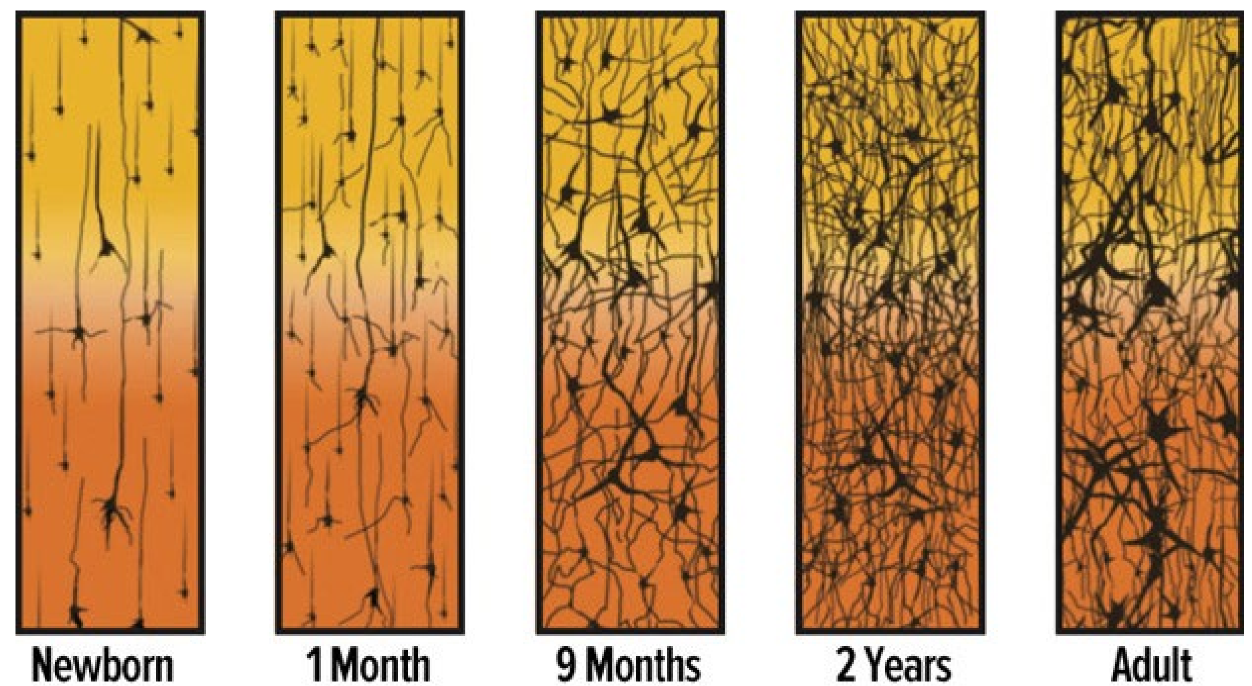
# Social-Emotional Health in Young Children: What is it?

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.

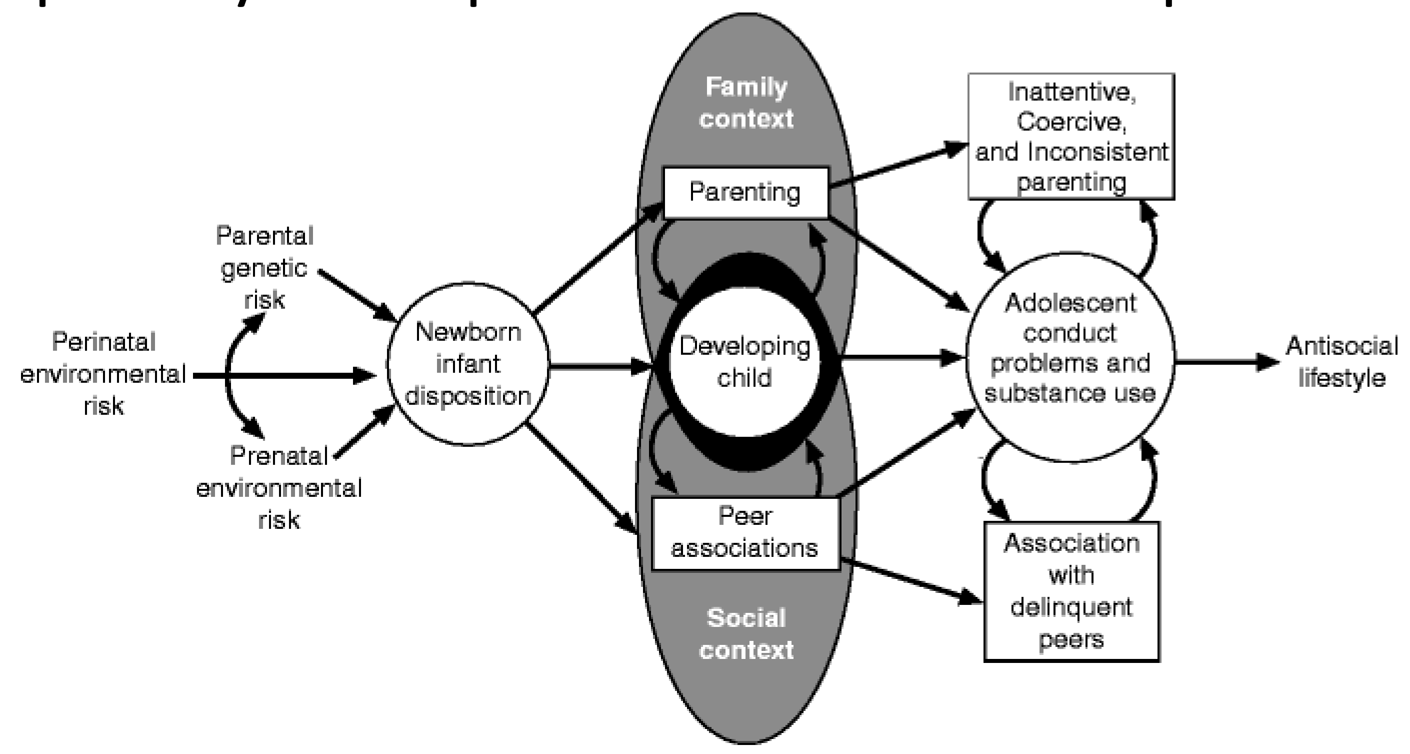
# Importance of Early Childhood Social-Emotional Delays

- Early childhood sets the stage for child self-image and interactions with the world
- Critical period of brain development
  - 80% of synaptic connections are made by age 3



# Trajectory of Early Childhood Social-Emotional Delays

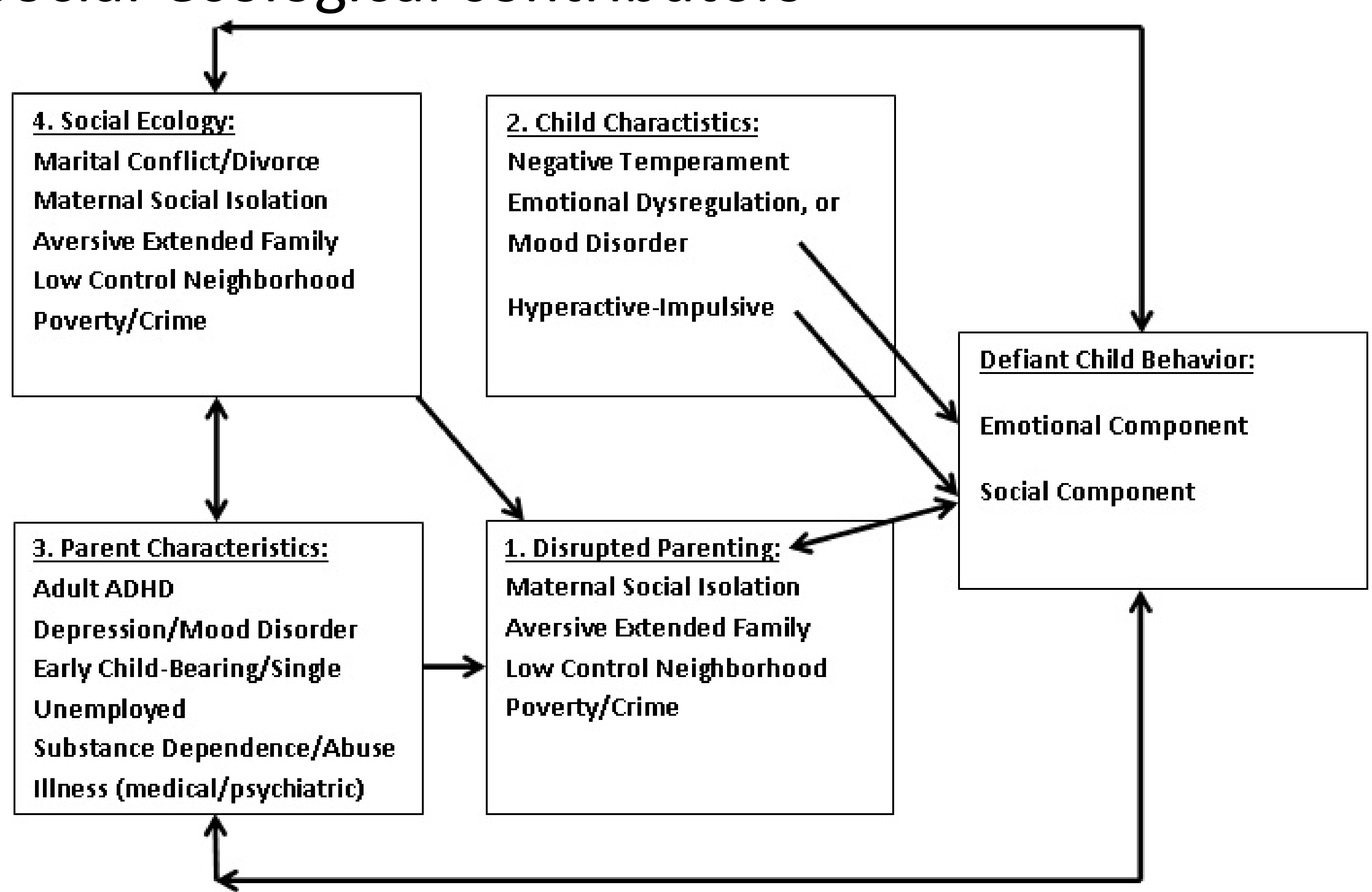
- Social-emotional deficits lead to poor trajectories, especially when paired with ineffective parenting




Dynamic developmental systems model of conduct problems (Capaldi and Eddy 2005)

# Ecology of Social-Emotional Delays

- Important to recognize multiple determinants and social-ecological contributors




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.

# Implications of 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

# Implication of Behavior Concerns/ACES

- Parental behavior concerns
  - Challenging behavior may indicate (1) predisposition, (2) poor attachment, (3) potentiation of suboptimal parent-child interactions (added stress, skills deficits, need for better than “normal” parenting)
  - May reflect parental perceptions/distress more than typicality of behavior (e.g. aggression is normative)
- ACEs
  - The exact mechanisms not well understood, but ACEs may be latent variable for social determinants of health, parent social-emotional skills sets, and brain biology.

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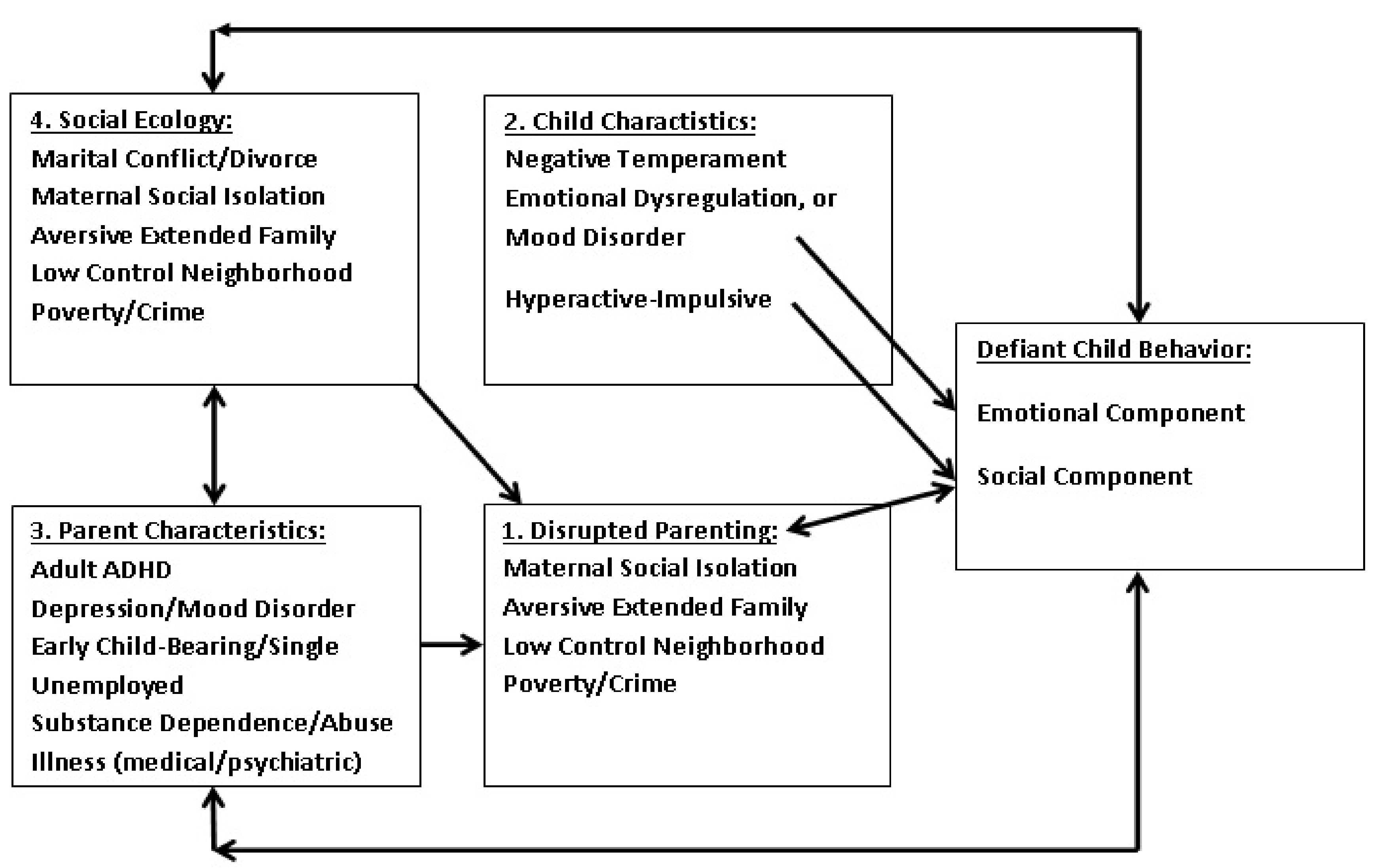
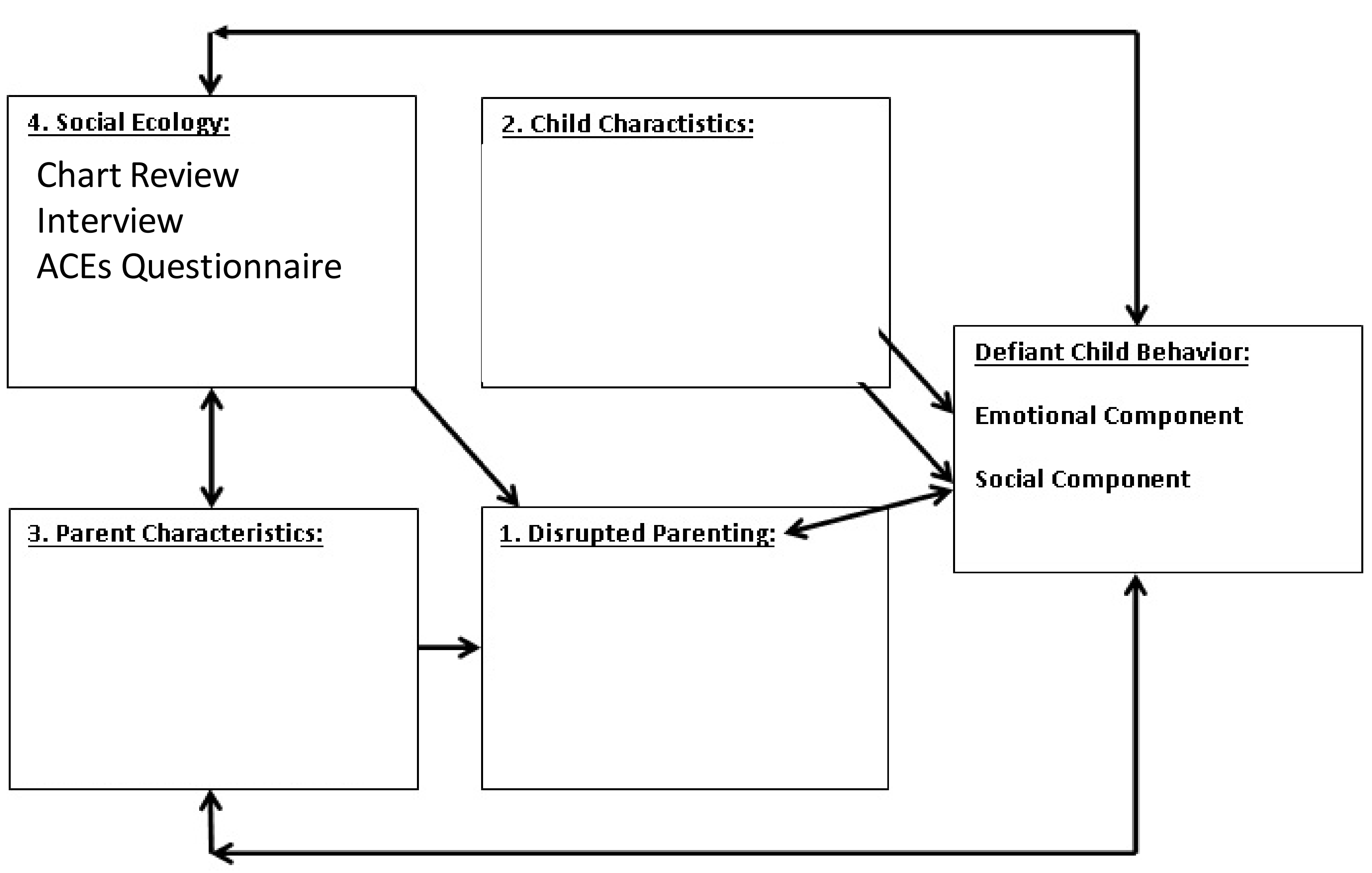
# Secondary Assessment for Integrated Behavioral Health

- General goal is to stratify risk and determine level of service more so than make diagnostic determinations
  - Reassurance and monitoring
  - Resource identification
  - Internal intervention
  - External referral
- Challenge of primary care is generally efficiency as opposed to comprehensiveness
- “Best” practice is contextual

# Conceptual Framework for Determining Risk



# Available Assessment Strategies



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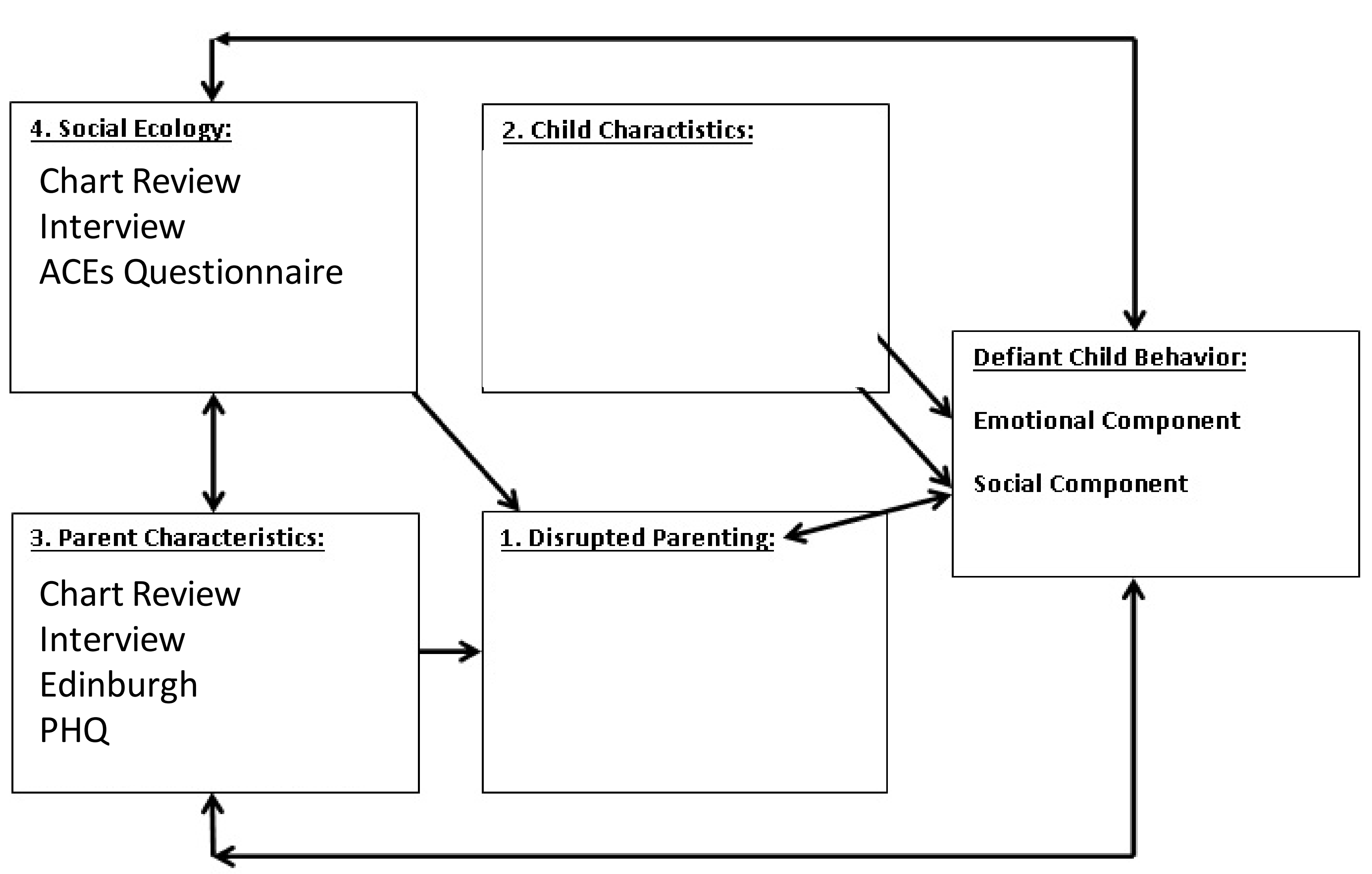

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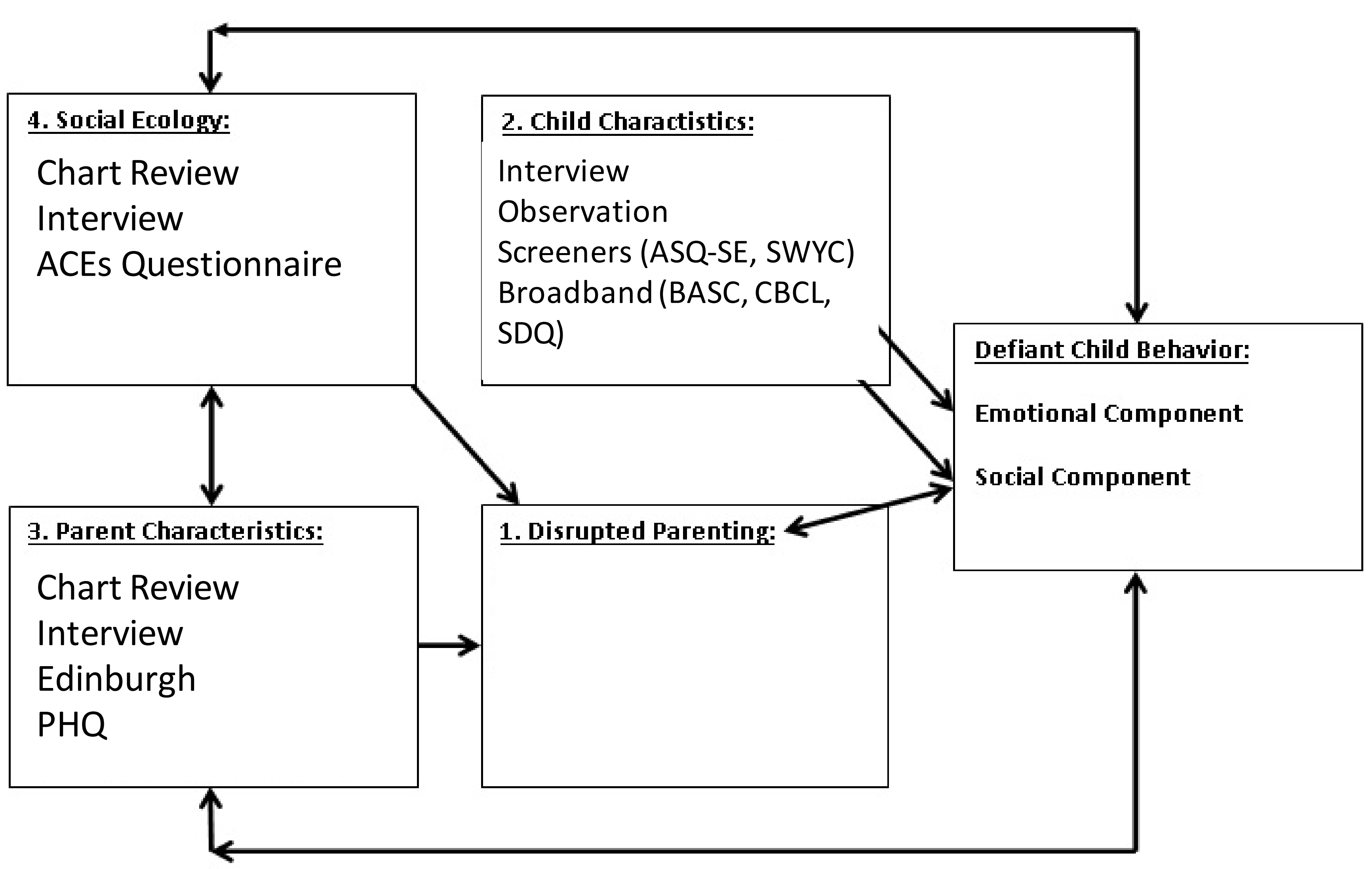

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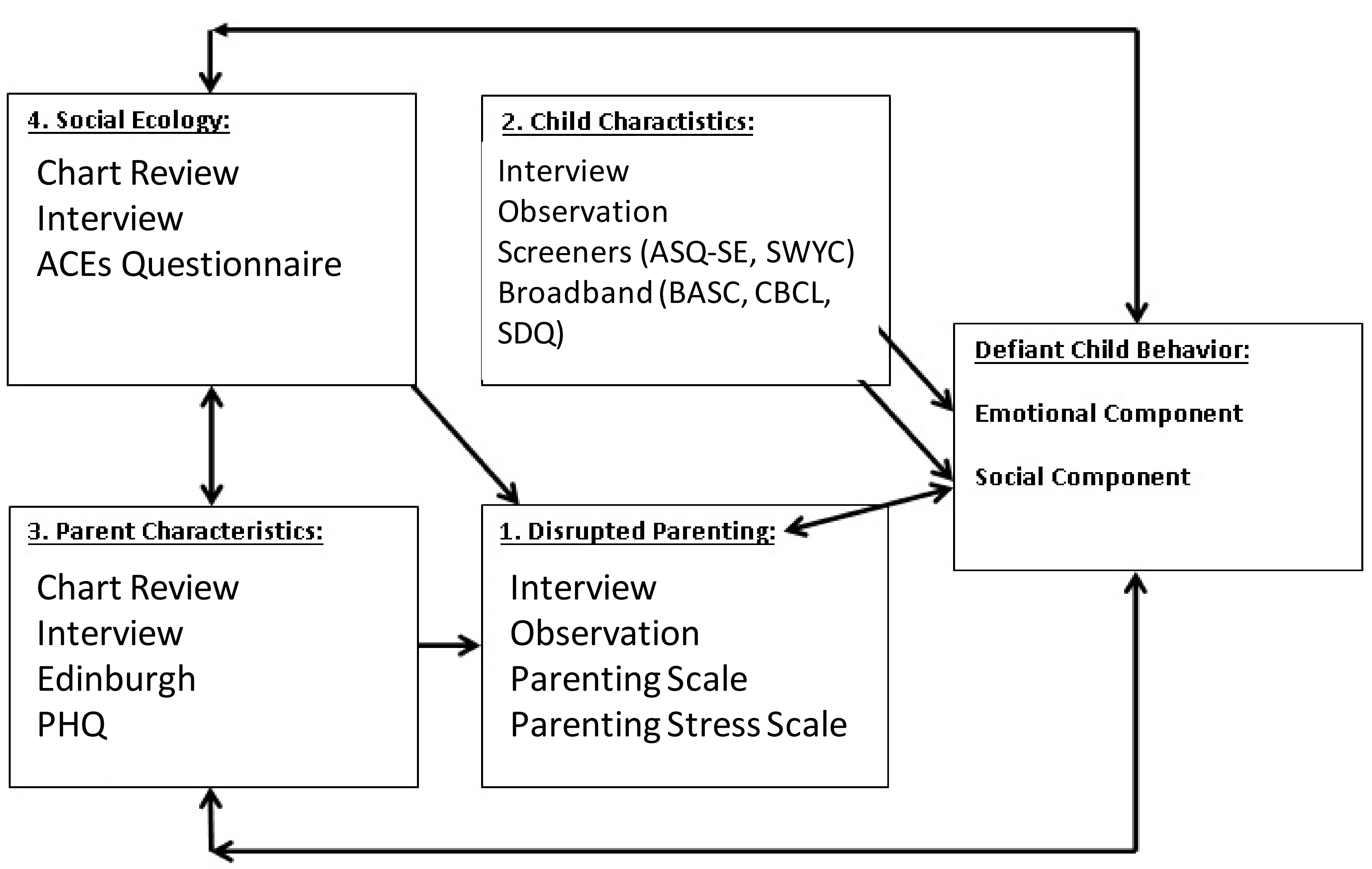

# My 2 Cents

- Pick a standard instrument to assess child characteristics
  - Screeners are faster to administer/score, but less specific
  - Broadband instruments (BASC, CBCL, SDQ) probably offer best balance, but could be more resource intensive
  - Computerized administration/scoring helps
- Make sure to assess social ecology and parent factors in your history
  - Living situation, occupation, parent MH, trauma history, acute stressors
- Use interview/observation to make determinations about parenting

# Profiles of Risk and Potential Responses: Minimal Risk

- Some risk for general delays, but safe/secure environment, well-resourced, low-risk history, positive parenting in place, no parent concerns, low SE symptoms, etc.
- Response options
  - Affirmation and reassurance
  - Monitoring
  - Encourage follow-up with EI to address any other delays
  - Specific resources/strategies for promoting optimal development including the ASQ-SE Learning Activities

# ASQ –SE Learning Activities

**Social-emotional Learning Activities:**

- Developmentally appropriate activities—10+ per age range to promote adult–child interaction and key social-emotional skills
- Give them to parents to help children make progress in their social-emotional development

For more information: [https://agesandstages.com/products-pricing/learning-activities/](https://agesandstages.com/products-pricing/learning-activities/)

FOR MORE, go to http://www.brookespublishing.com/ASQSE-2-Learning-Activities-More

ACTIVITIES

## Helping Your Baby Grow

Activities for 0 to 3 months

From birth, babies are interested in exploring your face, voice, and body. Your baby tells you a lot through body movements and sounds. Watch and listen to them during playtime and other daily activities. Who is this little person? Respond to sounds your baby makes, and let them know you are trying to understand. Through back-and-forth interactions with your baby, you become connected, or attached, to each other. Encourage family members to show love for the new baby (and each other). Your positive back and forth interactions with your baby are key to their social-emotional development.

**Talk Time**

Your baby can see your face, smell you, feel your skin, and hear your voice. They can even sense how you are feeling. Talk, sing, look at, and smile at your baby. Say their name. Watch and wait to see what your baby does. Do they look at your face and eyes? Is your baby listening to you? When you move, do they try to follow your voice with head movements? Your baby doesn't like to be far from you.

**Silly Faces**

At 2 weeks, your baby can see clearly 8 to 10 inches away. Hold them close to your face and watch what they do. If your baby opens their mouth, open your mouth. Stick out your tongue. Watch and wait a bit. Does your baby try to copy you? They may not be able to copy you at first, but keep trying!

**Tummy Playtime**

Place your baby on their tummy on a clean blanket on the floor. Lie down next to them, talk, and watch what your baby does. When they start to pick up their head, let them know you noticed. "You picked up your head!" Celebrating new skills with your baby as they grow builds confidence. Now they can look at the world in a whole new way. *Never leave your baby alone on their tummy.*

**Storytime**

Your baby is never too young to listen to a story or look at pictures in a book. They will feel warm, safe, and calm in your arms. Reading books is an activity you and your baby can do every day as a routine, to help you get close and connect. Your baby listens to the tone of your voice and hears the words you are saying. At this age, they focus best on simple black-and-white pictures or big, brightly colored pictures.

# Profiles of Risk and Potential Responses: Moderate Risk

- Some risk for general delays, significant psychosocial stressors, some risk in history, some ineffective parenting, some parent concerns, mild to moderate SE symptoms, etc.
- Response options
  - Affirmation of care-seeking and existing strengths
  - Provision of social-emotional activities
  - Encourage follow-up with EI to address any other delays
  - Brief course of intervention with the goal of ameliorating most pressing concerns and preventing exacerbation of problems

# Profiles of Risk and Potential Responses: Major Risk

- Some risk for general delays, significant psychosocial stressors, high-risk history, harsh/inconsistent parenting, SE symptoms exceed clinical cutoffs, etc.
- Response options
  - Affirmation of care-seeking and existing strengths
  - Encourage follow-up with EI to address any other delays
  - Referral to specialty mental health
  - Brief course of intervention to stabilize and bridge to specialty services

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   ***Services You Provide***:

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      2) Available assessment strategies
      3) Profiles of risk

   b. **Intervention strategies for impacting early childhood social-emotional delays:**
      1) Low-intensity intervention resources
      2) Overview of research-based integrated primary care therapies
      3) Adapting evidence-based therapies for your practice

   c. Billing Strategies

   ***Referrals to External Mental Health Agencies***

   a. Overview of children that should be referred
   b. Currently available external mental health providers
   c. Strategies to engage families in referrals

5. Overview of future proposed training topics, understand high value topics for the staff

# Low-Intensity Resources/Strategies

- Low-intensity community programs
- ASQ and ASQ-SE materials
  - Some free handouts (https://agesandstages.com/free-resources/)
  - Learning activities books ($50 – can be copied)
- Oregon Screening Project
  - https://osp.uoregon.edu/home/parentResources
- Zero to Three
  - https://www.zerotothree.org/
- Vroom
  - https://www.vroom.org/
- CDC Parenting Videos
  - https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/index.html
- If feasible, consider “special time”

# Research-based integrated primary care therapies

- Most early childhood IPC research has focused on mild to moderate risk
- Some studies use technology or target PCPs/well-visits to enhance care
- Most studies use co-located adaption of parent management training (PMT), e.g., PCIT, Triple P, Incredible Years, Brief Parent Training (Brown et al., 2018)

# How are IPC therapies different?

- Traditional programs developed for mental health settings are:
  - Lengthy (12-16 sessions of 60 min or more)
  - Intensive (e.g., coaching to mastery criteria)
  - Exhaustive (all components delivered)
  - Individualized (1 or more sessions devoted to assessment, dependent on progress, etc.)
- IPC programs are *relatively*
  - Brief (2-12 sessions, 30-120 min)
  - Selective ("most important" components)
  - Didactic/educational
  - Group-based
  - Generalized

# Shortcomings of IPC Research

- Researchers have resources you likely don’t
- Studies often fail to enroll the most vulnerable families
- Those who enroll often don’t complete intervention
- Even for families who attend, 10+ sessions is likely impractical
- Groups may not be feasible and aren’t preferred by many parents

# The Kitchen Sink Dilemma

- PMT research has focused on symptom clusters that are treated with multi-component therapy packages
- This doesn't work for most parents or most primary care settings
- Given only a few sessions (often 1), how do you know what to focus on?

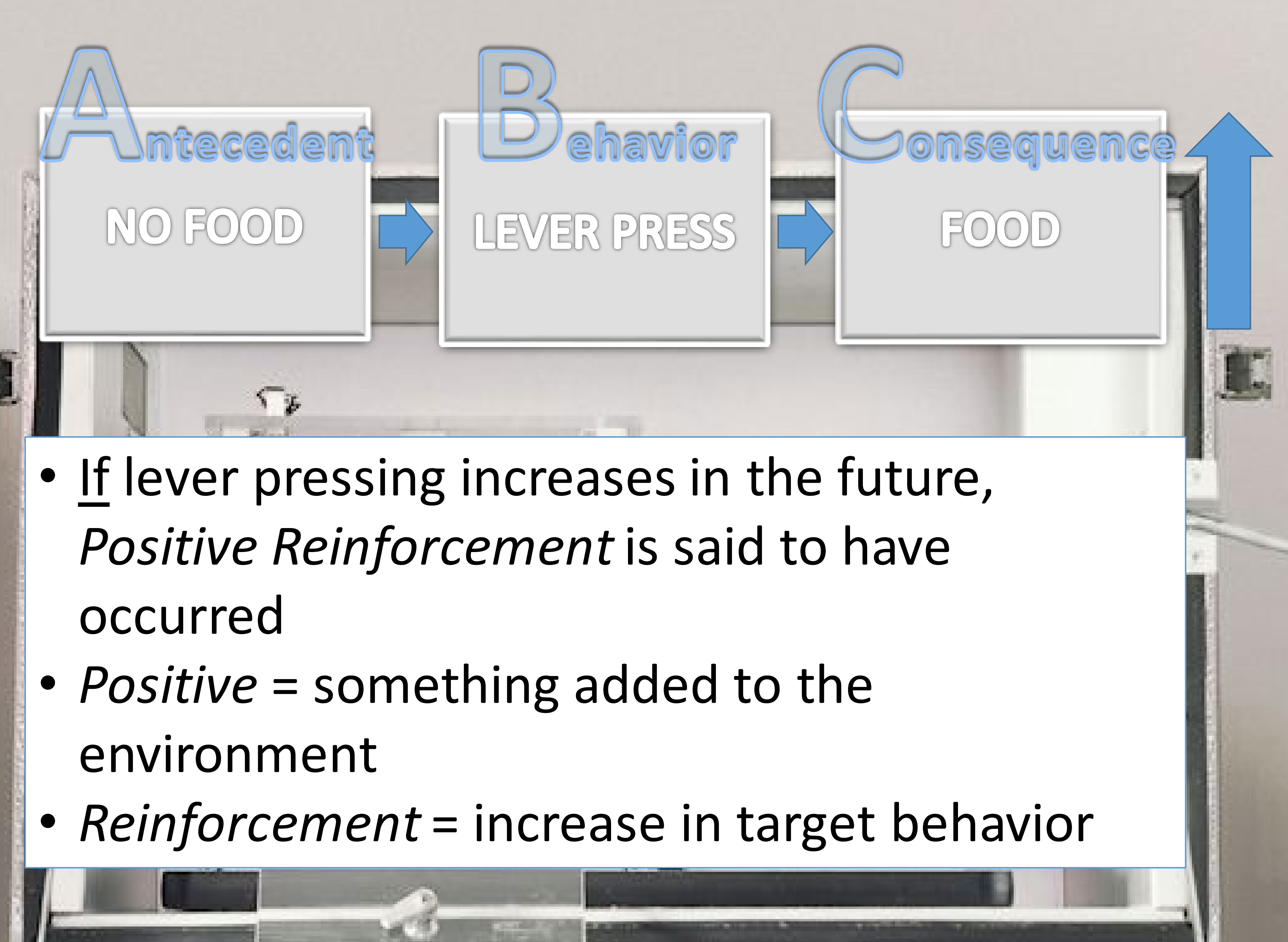
- Non-compliance
- Emotional lability
- Aggression
- Hyperactivity
- Impulsiveness
- Argumentativeness
- Defiance
- Whining
- Destruction of objects
- Tantrums
- Inappropriate talk

- Differential attention
- Strategic ignoring
- Scheduled parent-child play
- Limit-setting
- Rewards
- Problem-solving
- Time-out
- Instruction delivery
- Contingent praise
- Parent stress management

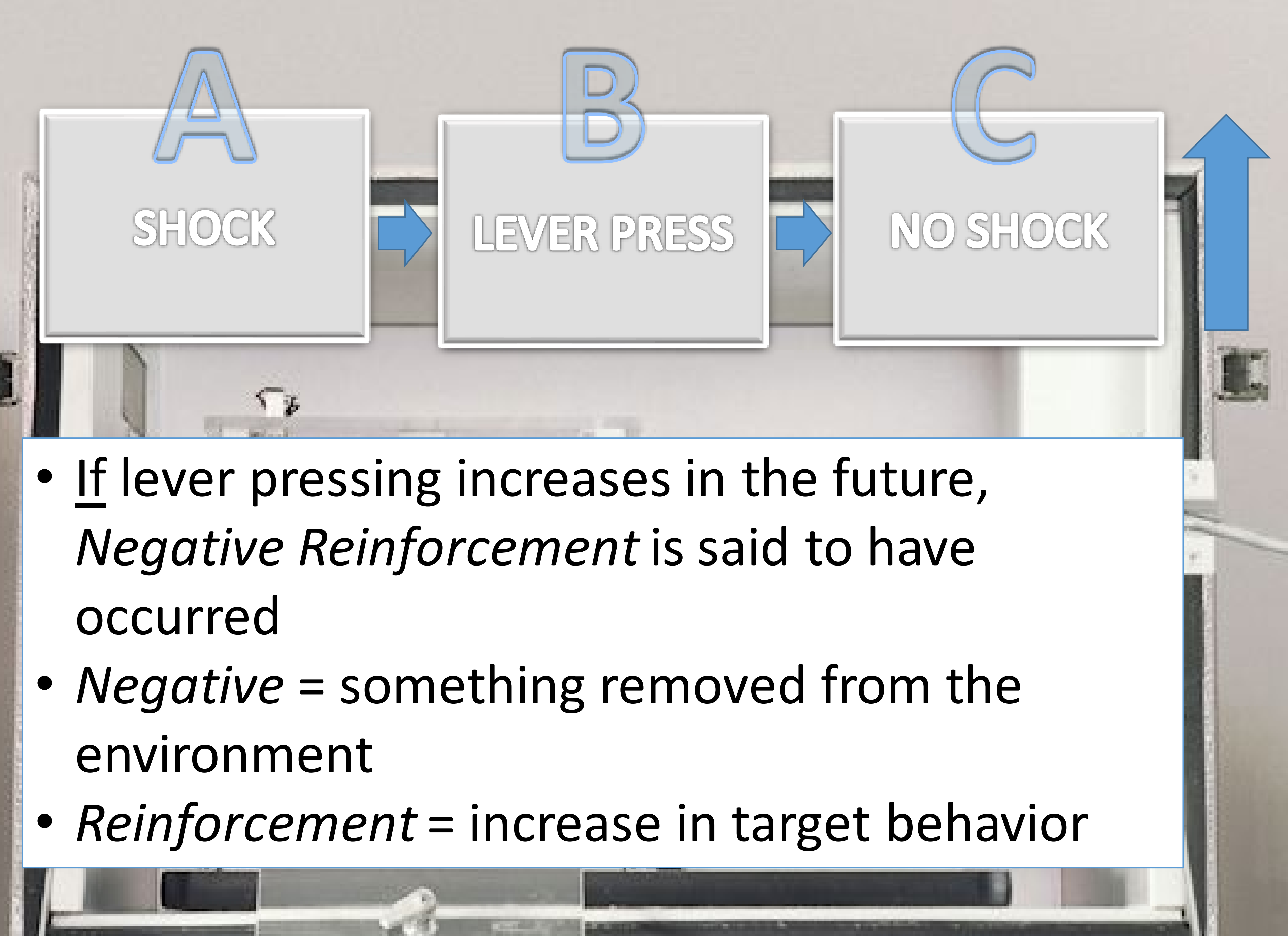
# Translating Research-based therapies to your practice

# Theoretical Framework for Selecting PMT Intervention Elements

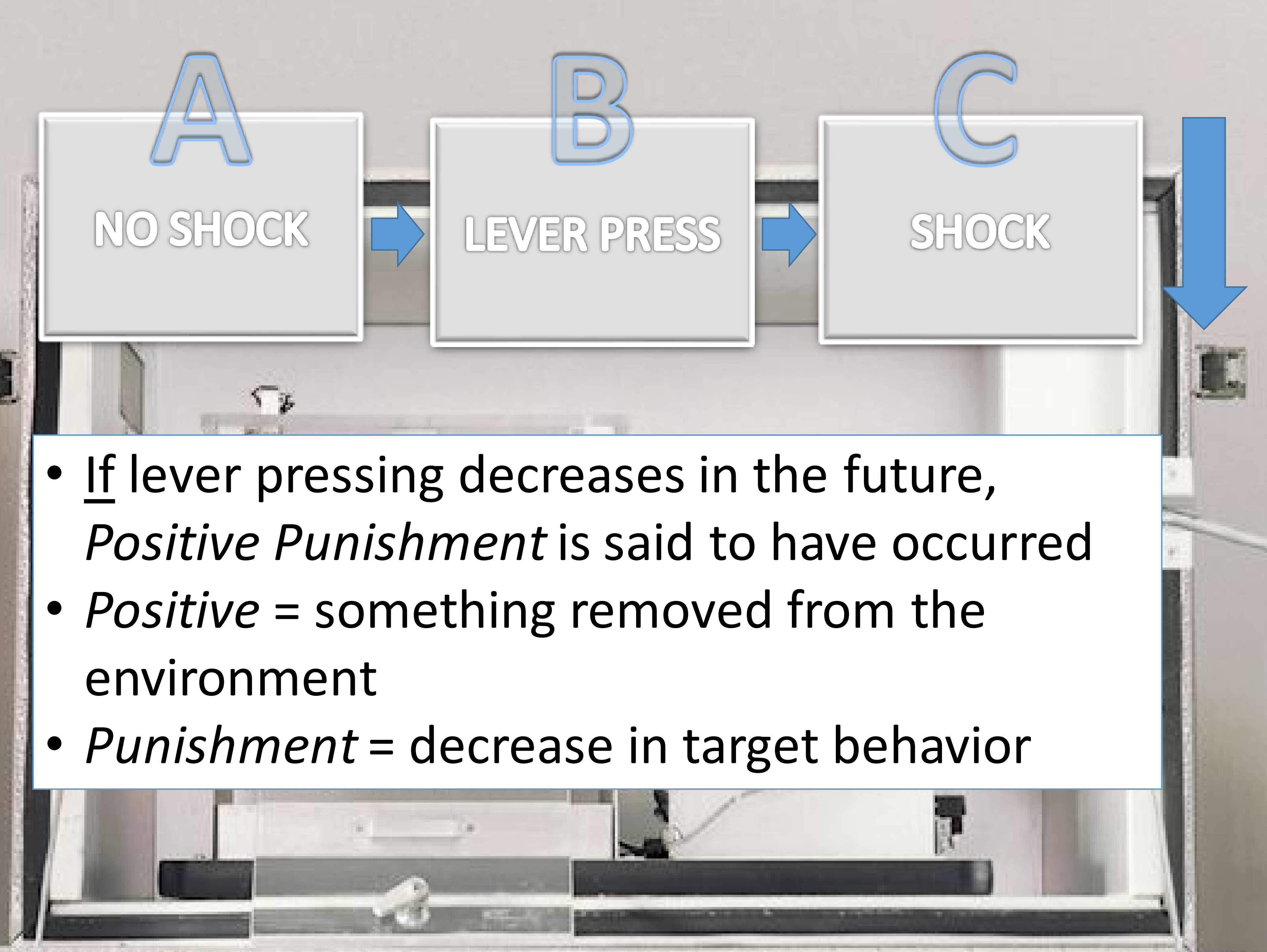
- Evidence-based PMT interventions are grounded in a merging of Attachment Theory and Social Learning Theory with a heavy emphasis on operant conditioning (learning via consequences)
- Goals
  - Secure attachment
  - Clear and appropriate expectations
  - Strategic consequences for both desired and undesired behavior
  - Generally, Authoritative parenting
- Customizing intervention elements requires *sophisticated* use of the *fundamentals* of behavior

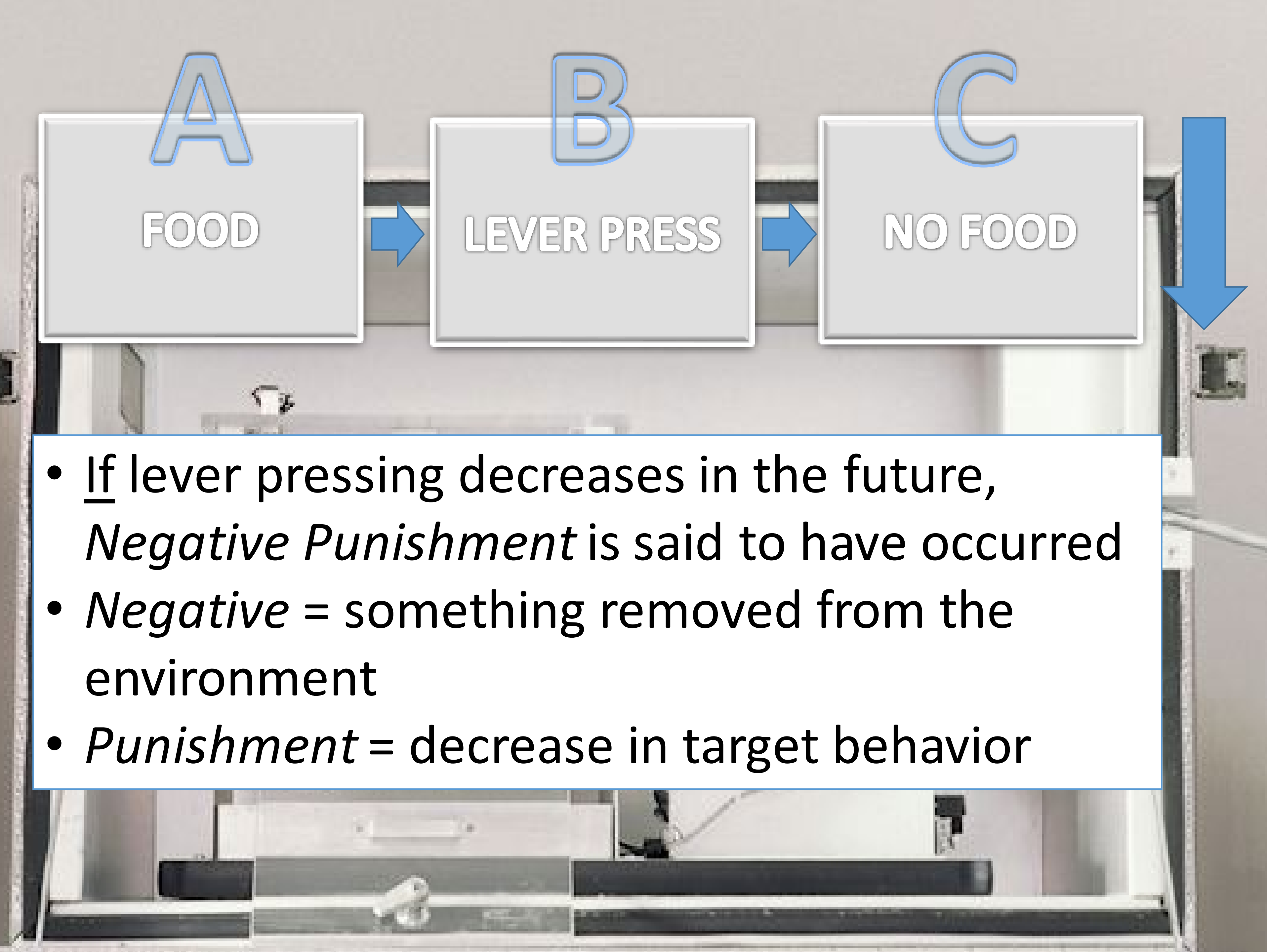



- If lever pressing increases in the future, *Positive Reinforcement* is said to have occurred
- *Positive* = something added to the environment
- *Reinforcement* = increase in target behavior

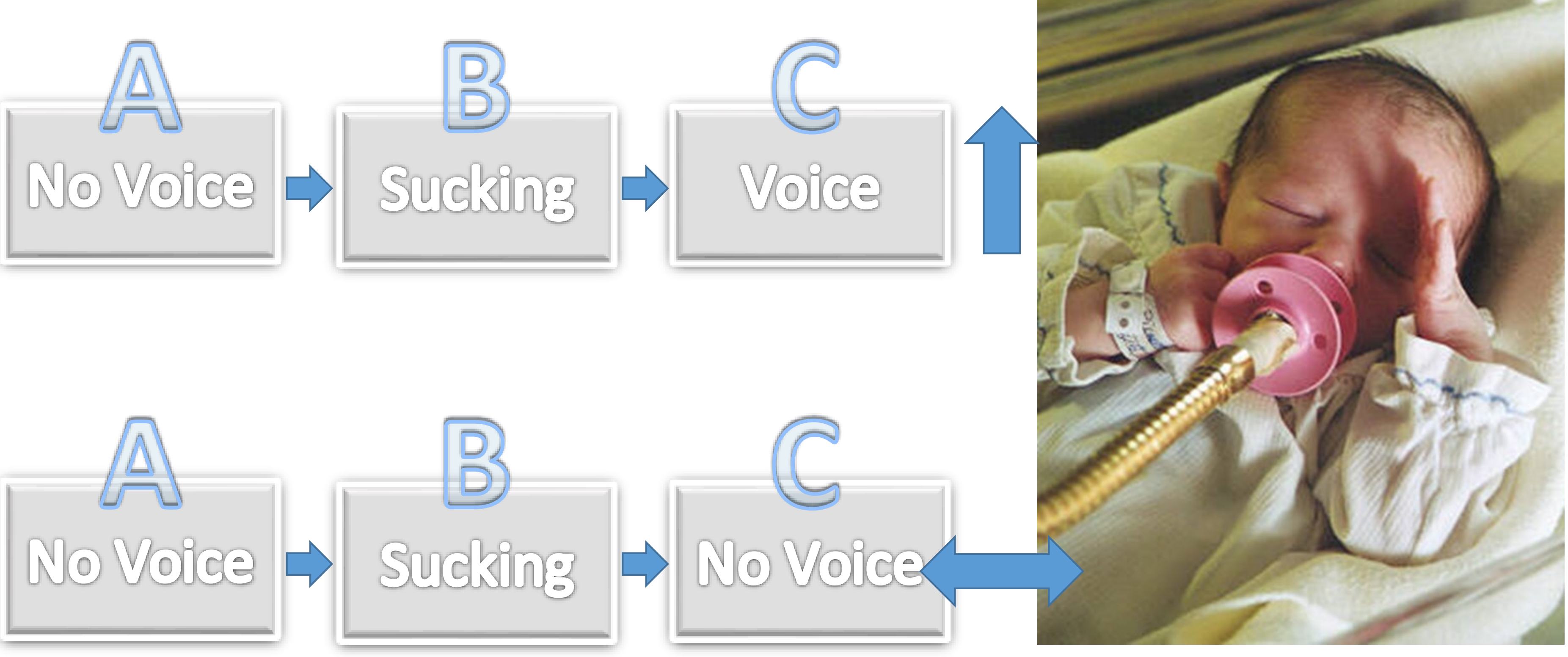



- If lever pressing increases in the future, *Negative Reinforcement* is said to have occurred
- *Negative* = something removed from the environment
- *Reinforcement* = increase in target behavior

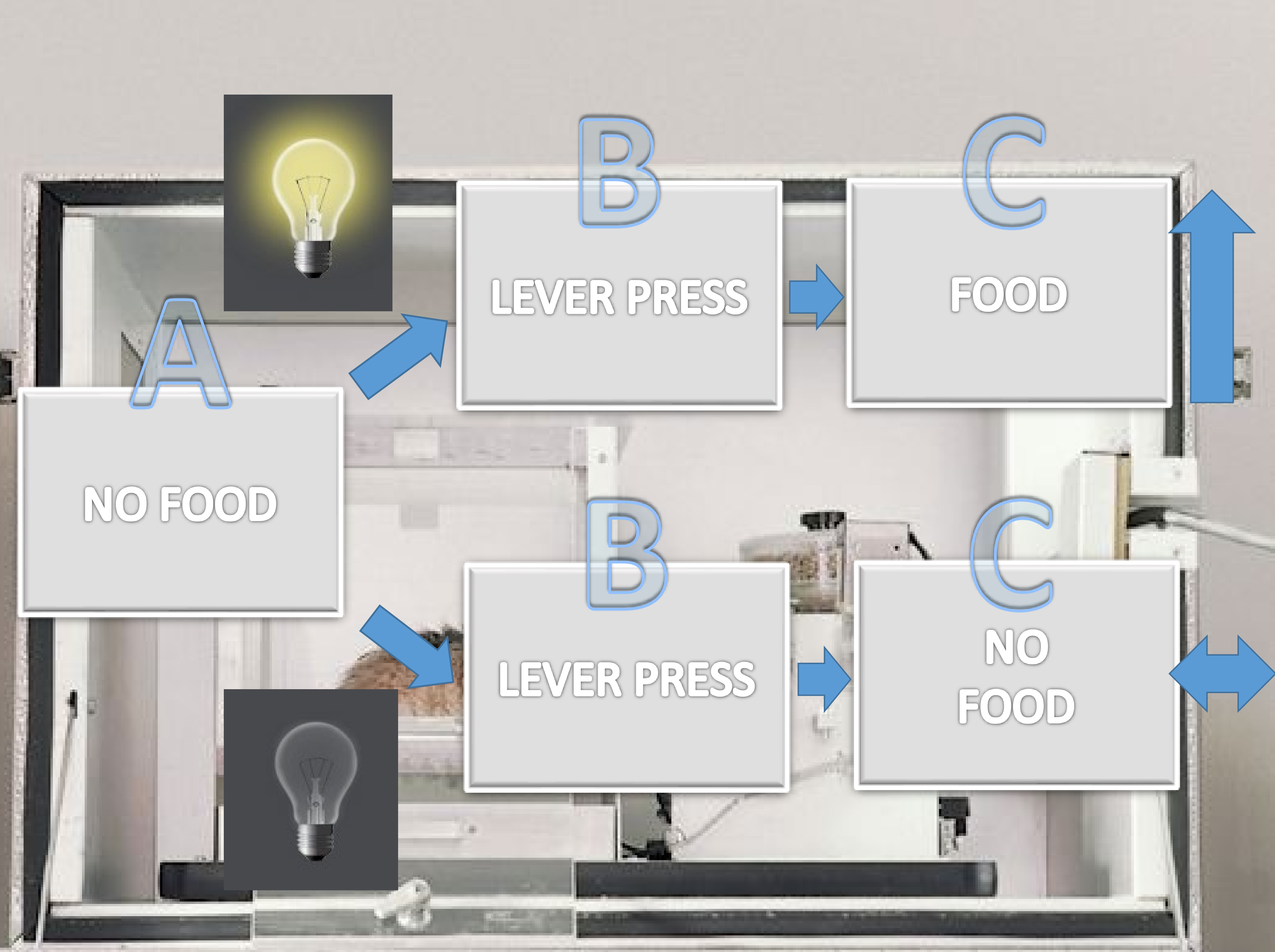

A
NO SHOCK
B
LEVER PRESS
C
SHOCK
• If lever pressing decreases in the future, Positive Punishment is said to have occurred
• Positive = something removed from the environment
• Punishment = decrease in target behavior


A
FOOD
B
LEVER PRESS
C
NO FOOD
• If lever pressing decreases in the future, Negative Punishment is said to have occurred
• Negative = something removed from the environment
• Punishment = decrease in target behavior

# Operant Conditioning



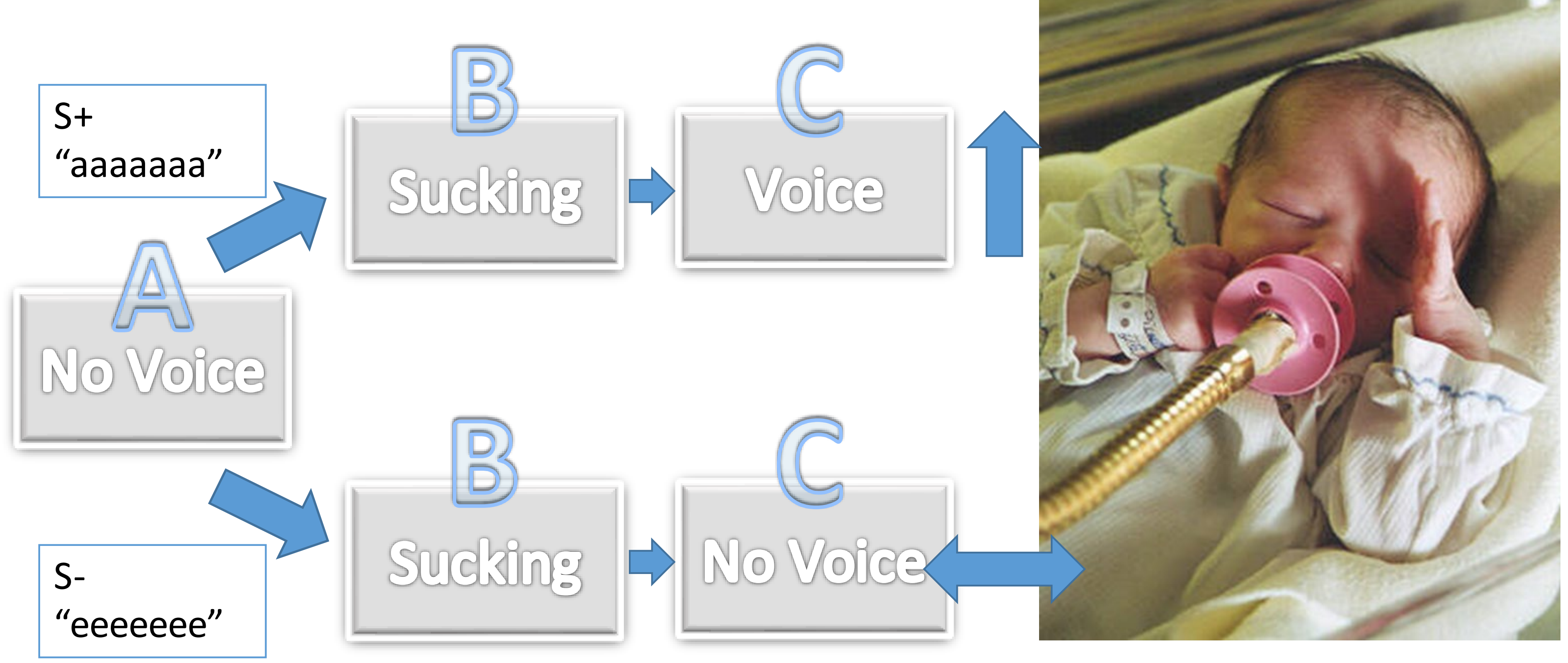

- Sucking by 2 day olds is positively reinforced by the mother's voice. (DeCasper & Fifer, 1980; Fifer & Moon, 1990)



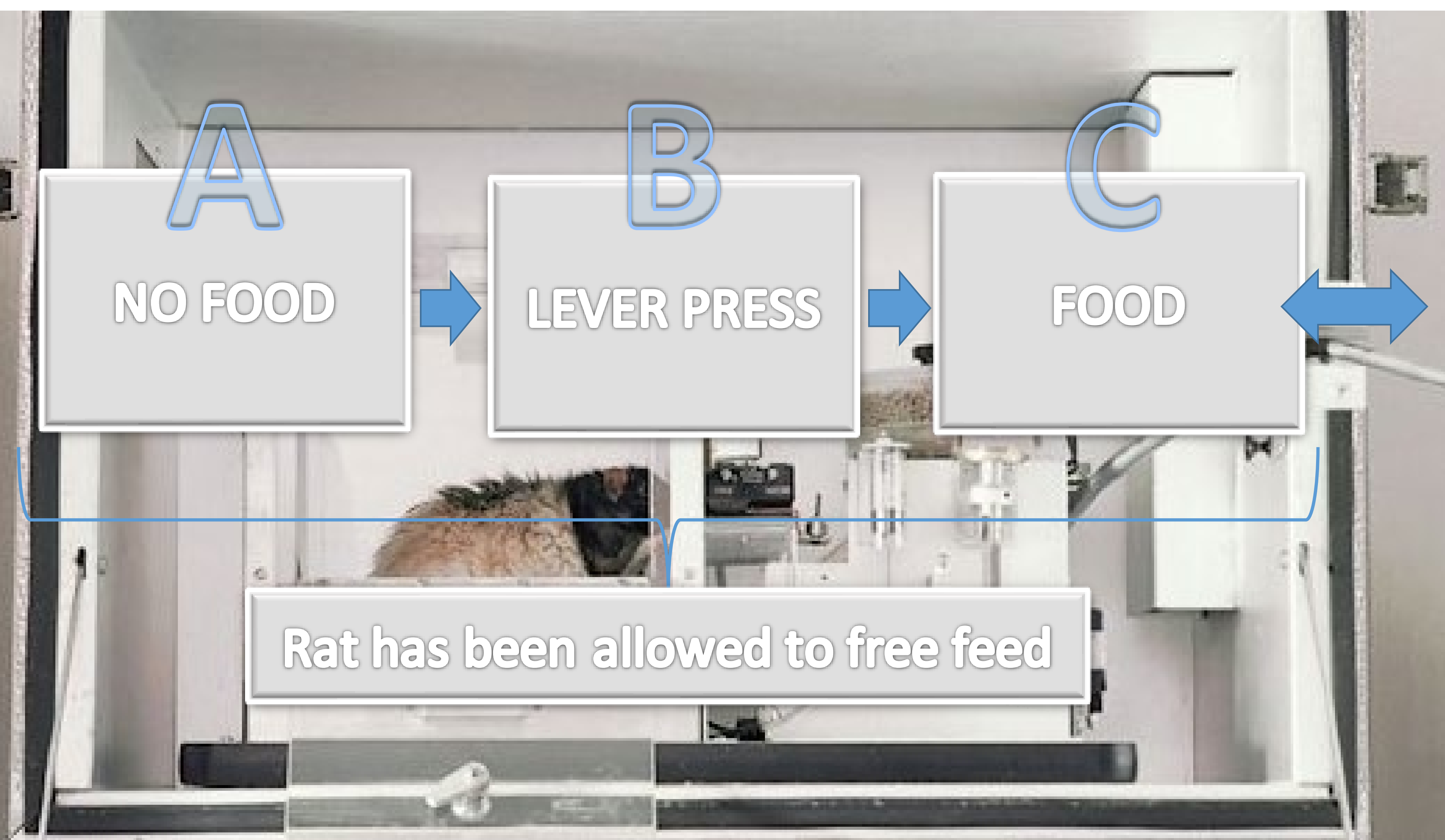
A
NO FOOD
B
LEVER PRESS
C
FOOD
B
LEVER PRESS
C
NO
FOOD

# Operant Conditioning – Signals

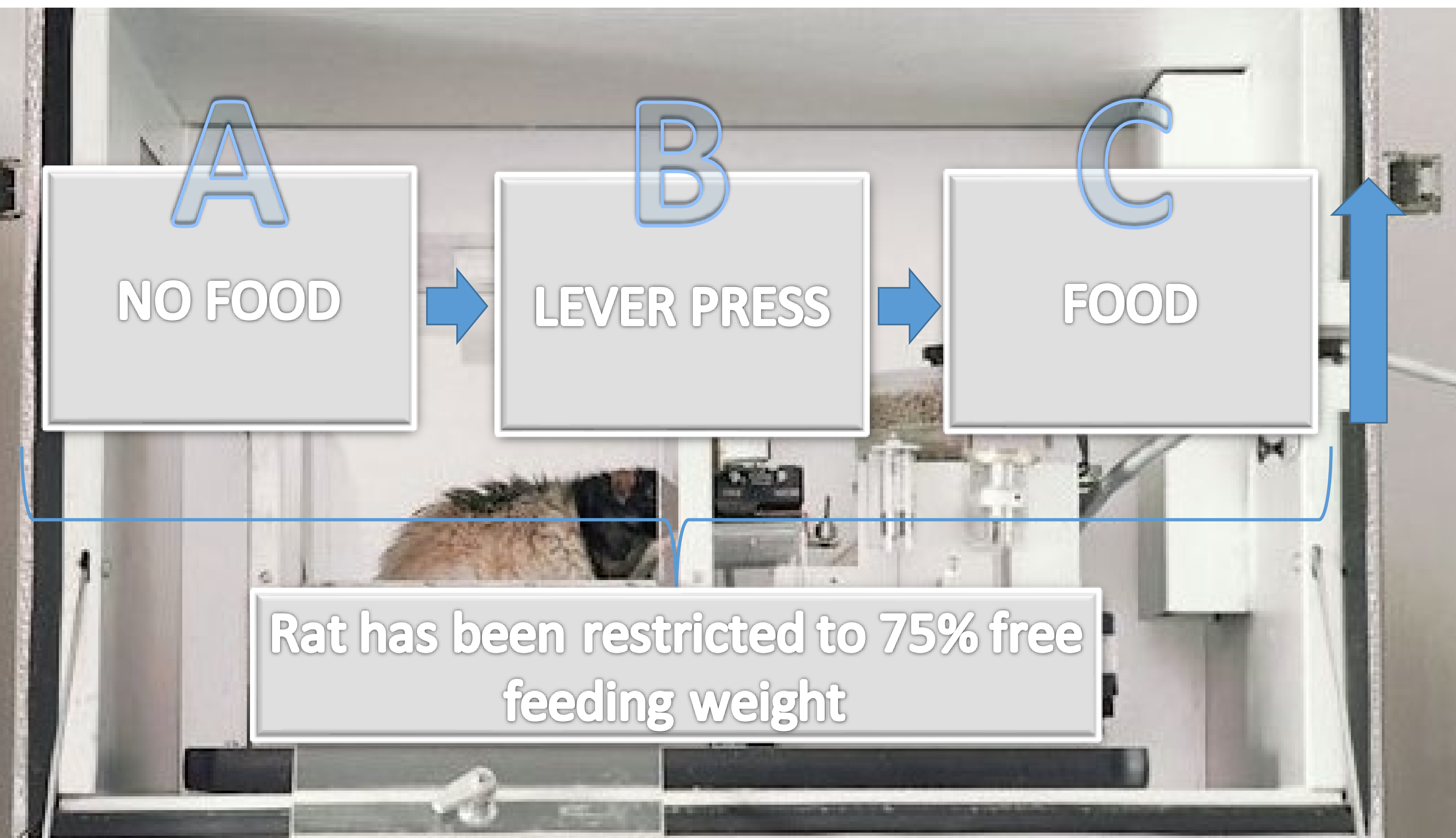
- Behaviors will occur more often under the conditions in which they've been reinforced (*stimulus discrimination)*



# Operant Conditioning - Motivation



# Operant Conditioning - Motivation



# Operant Conditioning - Summary

- Consequences – whether or not behaviors increase or decrease depends on their consequences (reinforcers or punishers)
- Signals – contextual clues let us know if a behavior is likely to be reinforced/punished in a certain situation
- Motivations/setting events – affect the *value* of consequences

- Differential attention
- Strategic ignoring
- Scheduled parent-child play
- Rewards
- Limit-setting
- Problem-solving
- Time-out
- Instruction delivery
- Contingent praise
- Parent stress management

# PMT elements correspond to the fundamentals of behavior

- Signals
  - Limit-setting
  - Instruction delivery
- Consequences to increase behavior
  - Differential attention
  - Contingent praise
  - Rewards
- Consequences to decrease behavior
  - Strategic ignoring
  - Time-out
- Setting events
  - Scheduled parent-child play
  - Parent stress management
  - Problem-solving (parent)

Signal+
Effective Instructions

A

No Praise

B

Following instructions

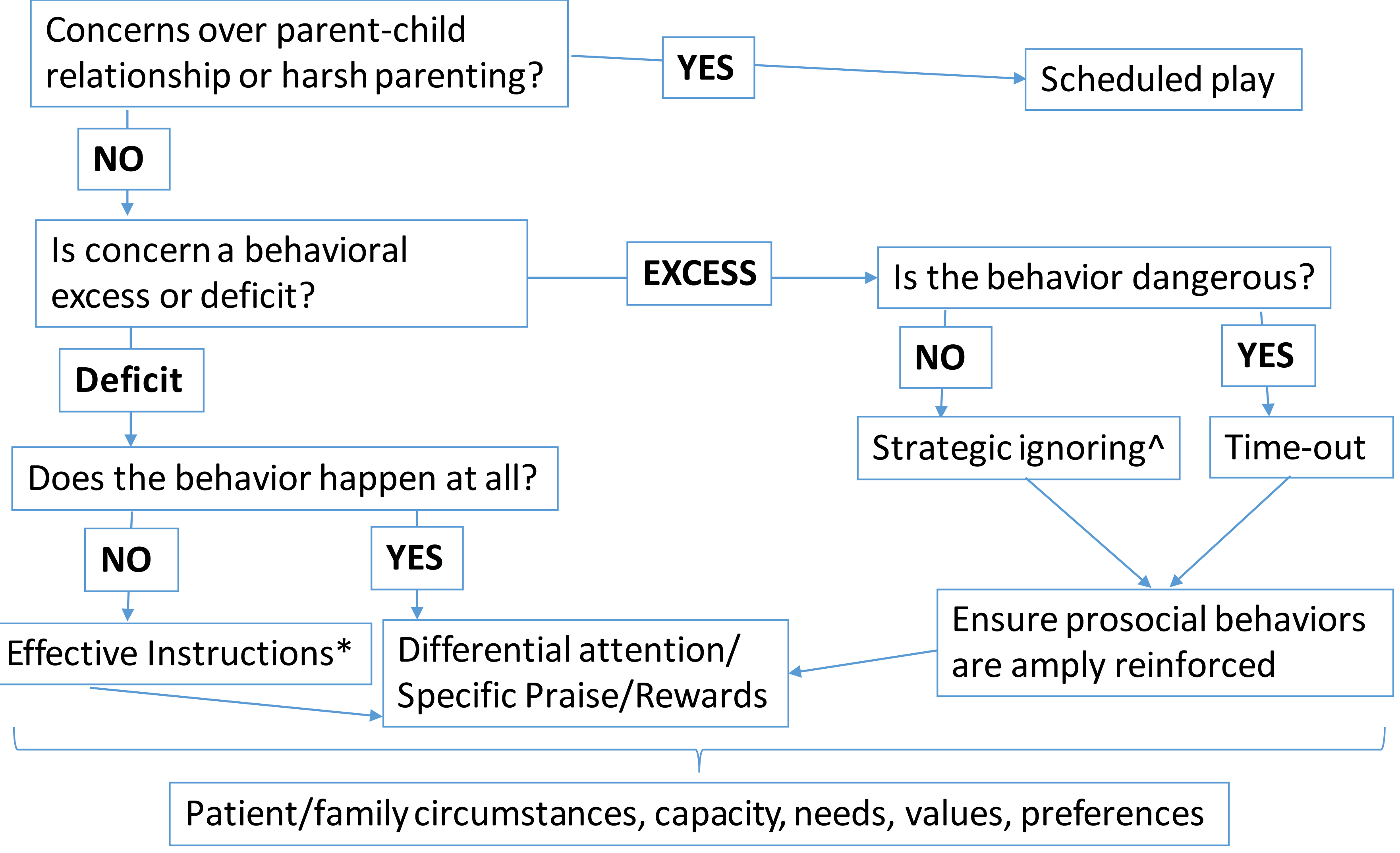
C

Praise

Secure Attachment

- **Differential attention**
- Strategic ignoring
- **Scheduled parent-child play**
- Limit-setting
- Rewards
- Problem-solving
- Time-out
- **Instruction delivery**
- **Contingent praise**
- Parent stress management

# Decision Framework




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

# Considerations

- Ideally, you can cover some of each element, but it's not probable in most cases
- Providing guidance that addresses parents' concern first may be best (even if it's not your primary concern)
- Focus on feasibility of implementation
- When in doubt, err on the side of relationship building and positive reinforcement strategies
- Remember that your expertise is part of evidence-based decision making

# Motivating Parents

- Use of more general therapeutic techniques can enhance engagement in PMT
- MI: When the water is choppy, row your OARS
  - **O**pen ended questions
  - **A**ffirmations
  - **R**eflective listening
  - **S**ummarizing
- Explore what's important (goals) and why (values)
- Primary care affords continuity, so offering a good experience is vital

# For Higher Risk Families

- Use a similar logic, recognizing that robust results are less likely
- Goal is to stabilize, prevent worsening, set table for specialty care
- Be careful with extinction/punishment – may be iatrogenic
  - On the flipside, reducing harshness of discipline may be beneficial – clinical judgement
- Stress management/problem solving may be more useful than child behavior change techniques

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# OPIP IBH Training on Billing and Coding

- Discussions with behavioral health providers across the state raised billing and coding as barrier in supporting and providing services to children, especially age 0-5
- Prioritized List of Health Services put out by OHA's Health Evidence Review Commission (HERC) guides funding decisions for Medicaid coverage
- Coverage of warm handoffs, assessments, counseling services may vary depending on individual CCO funding but important to understand proper coding and pairing

# OPIP IBH Training on Billing and Coding

Deliverable 1.3 – Guidelines for Diagnostic Billing Codes

Billing and coding guide for Internal Behavioral Health Professionals in Primary Care, Focused on children 0-5 years of age (updated 3-2019)

Assessments

96127* Brief emotional/behavioral assessment with scoring and documentation

Tools: ASQ SE, PSC, SWYC, BASC, CBCL, DECA, ECBI, SDQ, SCARED

96161* Edinburgh Postnatal Depression Scale (billed under baby)

96130/96131* Psychological testing evaluation by psychologist

96132* Neuropsychological testing evaluation services by qualified health are professional

96136/96137* Psychological or neuropsychological testing administration and scoring by qualified health care professional

*All above billing codes are within the Diagnostic Workup File, which are covered by OHP's FFS program when billed with a broad group of diagnoses – see below

*Updated 3/6/19: Summary developed by the Oregon Pediatric Improvement Partnership as part of the Pathways from Screening to Services for Children with Social Emotional Delays Project*

- October 2018: Created Guide for Integrated Behavioral Health providers on appropriate diagnostic and CPT code pairing for children 0-5 years
    - Updated in 3/2019 and 1/2020

# OPIP IBH Training on Billing and Coding

- Guide was created to inform Integrated Behavioral Health staff on acceptable pairings of diagnosis codes (ICD 10) to services (CPT codes) they might provide for patients 0-5 years of age
- Most codes on HERC Prioritized list that BH providers become familiar with are applicable to adults or older youths/adolescents, not younger children
- Goal of guide was to provide some diagnosis codes that may be more appropriate for younger children

# Fall 2018 Gains

- Fall 2018
  - HERC added two ICD-10 codes (R62.0 – delayed milestone and F88 – other disorders of psychological development) to the Prioritized List which could be paired with the Health and Behavior codes
  - Significant benefit for behavioral health providers working with young kids, since young kids often don’t have a more specific diagnosis (yet) that can be paired with the behavioral health intervention that they need
  - Demonstrated growing awareness by policy makers about importance of behavioral health intervention and coverage for children

# Changes to Billing Codes in Jan 2020

Services

**96150-96154** Health and Behavioral Assessment codes

Paired ICD-10 codes: Historically has required medical diagnoses (i.e. asthma, obesity, tic disorder, migraine headache) which may not apply to children 0-5 needing behavioral health services

Since 10/18 with changes to HERC prioritized list, these codes are above the line:

| | |
|---|---|
| **R62.0 (<8yo)** | **Delayed Milestone** |
| **F88** | **Other disorders of psychological development** |
| **F98.9** | **Unspecified behavioral or emotional disorders with onset in childhood** |
| Z62.891 | Sibling relationship problem |
| Z62.810 | Physical and sexual abuse |
| Z62.811 | Psychological abuse |
| Z62.812 | Neglect in child |
| Z62.82 | Parent-child conflict |
| Z63.8 | Family discord, disruption |
| Z69.010 | Parental child abuse |
| Z69.020 | Non-parental child abuse/neglect |

**99401-99404*** Preventive codes (Counseling for Risk Factor Reduction and Behavior Change intervention)

Following ICD-10 codes are above the line, and Diagnostic Workup File codes also applicable to 99401-99404:

| | |
|---|---|
| R62.0 (<8yo) | Delayed Milestone |
| F88 | Other disorders of psychological development |
| G47.00 | Insomnia |
| G47.9 | Sleep Disturbance |
| K59.00 | Constipation |

*Updated 3/6/19: Summary developed by the Oregon Pediatric Improvement Partnership as part of the Pathways from Screening to Services for Children with Social Emotional Delays Project*

- As of January 1st the Health and Behavioral Assessment codes were changed
  - CPT codes 96150-55 were retired
  - CPT codes 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 were added

# Crosswalk of Changes

**Health and Behavior Assessment Codes Crosswalk**

| Previous Code | Previous Code Description | New Code | New Code Description |
|---|---|---|---|
| 96150 | Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment | 96156 | Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making) |
| 96151 | Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment | | |
| 96152 | Health and behavior intervention, each 15 minutes, face-to-face; individual | 96158 | Health behavior intervention, individual, face-to-face; initial 30 minutes |
| | | 96159 | Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service) |
| 96153 | Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients) | 96164 | Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes |
| | | 96165 | Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) |
| 96154 | Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present) | 96167 | Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes |
| | | 96168 | Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) |
| 96155 | Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present) | 96170 | Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes |
| | | 96171 | Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) |

# Implications of Changes

January 2020

- Health and Behavior Assessment codes changed
- Time frame for some covered visits changed from 15 min to 30 min
  - Appointment may need to be longer to be covered
- Same ICD-10 code pairings will still exist, allowing for coverage of R62.0 and F88, as the new CPT codes directly replaced old codes on the prioritized list
- New guide now available

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# Specific Community-Level Feedback for Phase 2 Activities Focused on Pathways for Children with Social-Emotional Delays

1. **Within Pilot Primary Care Sites, Improve identification and internal follow-up**
2. **Identify behavioral health providers that serve 0-5**
   - Update asset map provided in Phase I, apply an Equity Lens
   - Address community concern about the current lack of providers or lack of capacity within existing providers, facilitate community-level conversation on gap in availability of services
3. **If there is capacity and opportunity, pilot improvement referrals from pilot primary care sites to external behavioral health providers.**
   - **Ensure that these pilots include tools and workflows for improved <u>communication and coordination</u> across service providers**
     - Desire for better **two-way communication** with resources to which families are referred.
     - Need for **better and standardized processes** (agreements, tools, workflows)
     - Need for **timely communication** between service providers, including whether the family made it to the referral, services provided (assessment results, service type and frequency)

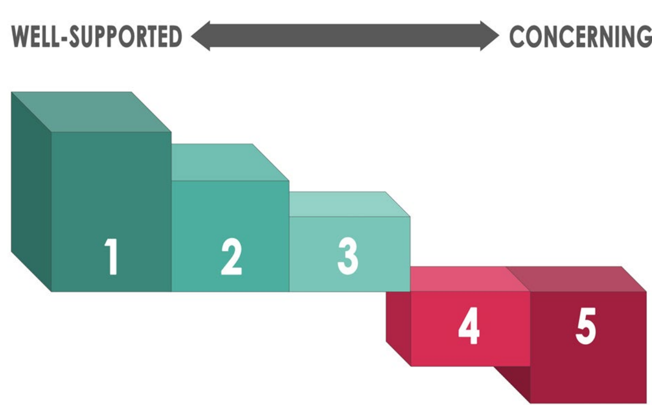
# Behavioral Health Services for 0-5: What Exists Now

- 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 0-3
  - 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
  - ✓ Tribal Designation
  - ✓ Languages spoken

# OPIP Examination of Behavioral Health Services for 0-5:Factors Considered

- 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

- Dyadic or group
- Can be factor in consider options for spread or location of services
- Can be factor in consider parent engagement



# Framework Used for Assessing Modalities Focused on Population Focus for this Project

Version 9: December 9th, 2019

**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 DISRUPTIVE BEHAVIOR PROBLEMS** | | | |
| **Parent Child Interaction Therapy (PCIT)*** <br>* *PCIT is also an effective program for children with known trauma history* | Dyadic | 1-7 | 1 |
| **Generation-PMTO** | Dyadic, Family & Group | 2-18 | 1 |
| **Triple P (Positive Parenting Program)** | Group | 0-12 | 2 |
| **Theraplay** | Dyadic | 0-18 | 3 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)* | | | |
| **Collaborative Problem Solving** | Family, Individual | 3-21 | 2 |
| **Play Therapy** | Family, Individual | 3-12 | 3 |
| **Helping the Non-compliant Child** | Dyadic | 3-8 | 3 |
| **SERVICES TARGETED TO CHILDREN WITH KNOWN TRAUMA HISTORY** | | | |
| **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 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED CHILDREN UNDER 3)* | | | |
| **Trauma Focused CBT** | Dyadic | 3-18 | 1 |
| **SERVICES TARGETED TO CHILDREN WITH AT-RISK PARENTS/ FAMILIES** | | | |
| **Family Check-Up** | Dyadic | 2-17 | 1 |
| **Attachment and Biobehavioral Catch-up (ABC)** | Dyadic | 0-2 | 1 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED CHILDREN UNDER 3)* | | | |
| **Incredible Years*** <br>* *Incredible Years is also good for children with disruptive behavior problems* | 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.***

*Version 10: December 18, 2019*

## Anchored to OPIP's Framework of Services:
## Behavioral Health Services for Children Under Five with Social Emotional Delays
## In Central Oregon

The summary below is based on interviews OPIP has conducted with providers in the region June 2018-November 2019. Further information is still needed on services available in Warm Spring and in Polk County due to recent changes.
**Overall, there are 35 providers, some are able to provide different modalities.**

| Therapy | Organization (s) | Number of Providers |
|---|---|---|
| **SERVICES TARGETED TO CHILDREN WITH DISRUPTIVE BEHAVIOR PROBLEMS** | | |
| Parent Child Interaction Therapy (PCIT) ** PCIT is also an effective program for children with known trauma history* | Brightways, Cherie Skillings, Deschutes County, Starfish Counseling | 10 |
| Generation-PMTO | | 0 |
| Triple P (Positive Parenting Program) | | 0 |
| Theraplay | Treehouse Therapies | 1 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)* | | |
| Collaborative Problem Solving | Forever Family Therapy | 4 |
| Play Therapy | Deschutes County, Jefferson County Best Care, Starfish Counseling, Life Source | 15 |
| Helping the Non-compliant Child | | 0 |
| **SERVICES TARGETED TO CHILDREN WITH KNOWN TRAUMA HISTORY** | | |
| Child Parent Psychotherapy (CPP) | Cherie Skillings | 1 |
| Eye Movement Desensitization and Reprocessing (EMDR) | Deschutes County, Starfish Counseling | 14 |
| Attachment Regulation and Competency (ARC) | Deschutes County | 1 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)* | | |
| Trauma Focused CBT | Jefferson County BestCare, Treehouse Therapies, Rimrock Trails, Deschutes County, Brightways, Forever Family Therapy, Life Source Therapy | 19** |
| **SERVICES TARGETED TO CHILDREN WITH AT-RISK PARENTS/ FAMILIES** | | |
| Family Check-Up | | 0 |
| Attachment and Biobehavioral Catch-up (ABC) | | 0 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)* | | |
| Incredible Years ** Incredible Years is also good for children with disruptive behavior problems* | Deschutes County | 1 |
| **OTHER SERVICES PROVIDED WITHIN THE COMMUNITY:** | | |
| Child and Family Marriage and Therapist Counseling | Jefferson County Best Care, Cherie Skillings, Deschutes County | 16 |
| Other Modalities without evidence base (Dance Therapy, Art Therapy, Equine Therapy, Baby Doll Circles) | Warm Springs*, Treehouse Therapies, Life Source Therapy | 2 |
| Youth Villages Intercept Program | Youth Villages | 6 |

**Counts need to be verified in follow, up interviews*
*** Individuals were trained but not certified*

*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.*

# Capacity of Current Providers Who See Young Children in Central Oregon

| Draft Version 6.0 December 18, 2019 | Current Assessment of Specialty Mental Health Providers Who See Children 0-5 in Central Oregon | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Deschutes County | Treehouse Therapies | Brightways Counseling | Cherie Skillings | Jefferson County BestCare | Rimrock Trails | Forever Family Therapy | Life Source Therapy | Starfish Counseling | Youth Villages** | Crook County BestCare |
| Location | 6 in Redmond, 6 in Bend, 3 in LaPine | Bend | Redmond | Bend | Madras | Bend & Prineville | Bend | Redmond | Bend | Deschutes, Crook, Jefferson | Prineville |
| Number of Providers | 15 | 1 | 2 | 1 | 3 | 2 | 4 | 1 | 1 | 6 | 3 |
| Current Case Load (per week) | 114* | 28 | 62 | 24 | * | 50 | 40 | 30 | 25 | 24** | * |
| Capacity to take on New referrals (# of families) | 25 | 5 | 8 | 12 | 20 | 25 | 16 | Limited, but could be flexible | 0 | 2** | 6 |
| Need follow up Interviews with: Now and Zen, IHS Warm Springs, The Child Center | | | | | | | | | | | |
| Do Not see Children 0-5: Lutheran Community Services, Bend | | | | | | | | | | | |

*Counts need to be verified

**Youth Villages only takes referrals for children/families that are at risk for out of home placement, and therefore are not a traditional referral pathway for behavioral health services, and will not be included in counts towards capacity in Central Oregon

# Applying an Equity Lens

| Draft Version 6.0 December 18, 2019 | Applying an Equity Lens: Current Assessment of Specialty Mental Health Providers Who See Children 0-5 in Central Oregon | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Deschutes County** | **Treehouse Therapies** | **Brightways Counseling** | **Cherie Skillings** | **Jefferson County BestCare** | **Rimrock Trails** | **Forever Family Therapy** | **Life Source Therapy** | **Starfish Counseling** | **Youth Villages**** | **Crook County BestCare** |
| **Location of Therapy** | | | | | | | | | | | |
| *Deschutes* | X | X | X | X | | X | X | X | X | X | |
| *Crook* | | | | | | X | | | | X | X |
| *Jefferson* | | | | | X | | | | | X | |
| **Therapy Provider Race, Ethnicity or Tribal Affiliation** | 14 Identified as White (1 White/Hisp, 1 Hispanic) | Identified as White | Identified as White | Identified as White | Identified as White | Identified as White | 3 Identified as White, 1 as African American | Identified as White | Identified as White | 1 Japanese-American, 5 Caucasian | Identified as White |
| **Therapy Provider Language Spoken** | 14 English only, 1 Spanish/ English | English | English | English | English | English | English | English | English | English | 2 English, 1 Spanish/ English |
| **Payor** | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | OHP Only | OHP/ Private | OHP/ Private | OHP/ Private | OHP/Private | OHP |
| **Need follow up Interviews with: Now and Zen, IHS Warm Springs, The Child Center** | | | | | | | | | | | |
| **Do Not see Children 0-5: Lutheran Community Services, Bend** | | | | | | | | | | | |

*Counts need to be verified

**Youth Villages only takes referrals for children/families that are at risk for out of home placement, and therefore are not a traditional referral pathway for behavioral health services, and will not be included in counts towards capacity in Central Oregon

# Engaging Parents in These Referrals

- Important to explain what the referral is and why you are referring them
- Address the stigma of the services
- Address the stigma of the organization
- Support them in the tools
- If we can get community providers to address, warm referrals with a referral form that shares information *(This would be part of the pilot)*

# Some Tools OPIP Has Developed

1. Parent education that we could modify for you
2. Talking points

# Parent Education Sheet to Support Shared Decision Making

- Developed based on literature and website review
- Phone calls with a number of key leaders in the state and across the county
- Templates derived from CDC

## Goal of Education Sheet:

- Provide families a one page resource sheet to refer back to after appointment

**Explain:**

- Steps your Provider has Taken
- What Parents can Expect
- What Families will Learn

**Parenting young children can be hard, but there are resources that can help!**

### Steps your Healthcare Providers will take:

**1. Assess** – National recommendations call for specific tools to be used to assess a child's development – such as the one you completed.

**2. Talk** with parents about different ways to support young children's development and services that can support parents through challenging stages.
Goals of services include:
- Improved behavior, self-control and self esteem for children
- Better relationships and reduced stress for families
- Help young children and families thrive

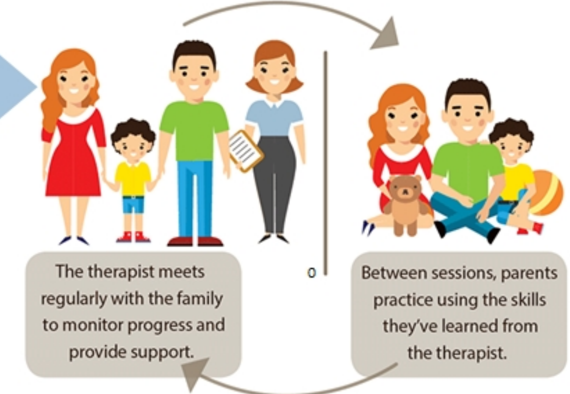
**3. Once Referred –** A scheduler will call you:
- You will be asked a few questions about your child and health care insurance
- You will book a 1.5-2 hour in-person assessment with you and your child
- If you *do not hear* from the scheduler please let your doctor know

**4. Follow up** with the family during and after referral process to confirm progress

### 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.

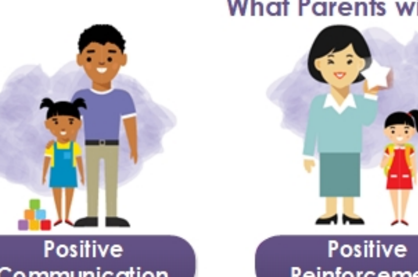
Parents typically attend 8 or more sessions with a therapist. Sessions may involve groups or individual families. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.




**After therapy ends, families continue to experience improved behavior and reduced stress.**

For more information about challenging behaviors and supports, go to: https://www.nimh.nih.gov/health/publications/children-and-mental-health/index.shtml

### What Parents will Learn



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

Version 1.0 12/19

OPIP Edited and distributed by the Oregon Pediatric Improvement Partnership

# Talking Points about Mental Health Services

## What is infant and child mental health?

- **Parenting young children can be hard**, but there are **resources that can help** you 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 is Family Attachment Therapy[1]?

- What parents learn:
    - Positive Communication
    - Positive Reinforcement
    - Structure
    - Discipline
- This therapy 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 has **lasting benefits** for the child.
- Typically attend **8-16 sessions** with a provider and learn strategies to help their child. Sessions may **involve groups or individual families**.
    - 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
- After therapy ends, families continue to **experience improved behavior and reduced stress**.

# Agenda

1. Overview of **Pathways from Screening to Services** Project At-Large, Topic Specific Focus of the Training Today
2. Overview **OPIP's Medical Decision Tree and Children 0-3** who have been **trained to be referred to the pilot primary care site** behavioral health staff
3. Overview of follow-up steps you may consider:

   ***Services You Provide***:

   a. **Secondary assessments and clinical decision making framework for integrated behavioral health clinicians:** Markers of risk and available assessment instruments, Conceptual framework for determining risk.
   b. Overview of **social-emotional development and why the indicators** are flags of potential delays
   c. **Evidence-based strategies for impacting early childhood social-emotional delays completed by** Integrated behavioral health providers
   d. **Parent-child therapies for integrated behavioral health clinicians (If applicable and they have training):** Research-evaluated primary care therapies: A) Externalizing, B) Internalizing, C) Other
   e. Conceptual model for **adapting evidence-based therapies**
   f. Billing Strategies

   ***Referrals to External Mental Health Agencies***

   a. Overview of **children that should be referred**
   b. Currently available **external mental health providers**
   c. **Strategies to engage families** in referrals

5. Overview of **future proposed training topics**, understand high value topics for the staff

# Future Work

- Deeper review of behavioral health providers in the community that provide dyadic mental health therapies for children 0-5 that you can refer
  - ✓ Brief overview provided
  - ✓ Larger training and meet and greet with the providers will be scheduled.
- Clinic-wide training on this pathway for all the primary care providers and flags that they can use
- Follow-up based on additional indicators of social-emotional health, based on screening the clinic is already doing (maternal depression, MCHAT)
- Topics you tell us in the evaluation survey that would be helpful and are in the scope of this work

# Internal Behavioral Health and Specialty Behavioral Health Meet and Greets

On the following pages is a sample presentation that OPIP facilitated with the primary care pilot site's Internal Behavioral Health Staff and the specialty behavioral health providers in the region. The **goal of the presentation** was to provide an overview of:

(1) Behavioral health services available for children birth-five in Central Oregon and factors to consider when referring to these services, and

(2) To provide time for each specialty behavioral health group to give a quick overview of their services, including their location, clinicians who serve young children and their family, availability of services via telehealth, payers accepted, and referral and intake processes.

Of the 16 organizations, 10 were represented at this virtual meeting and able to present information on their referral and intake processes.

### Tools Developed Through This Project Provided on the Following Pages:

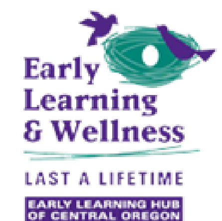


| Sample Meeting Presentation on Behavioral Health Service for Young Children | 231 |
|---|---|

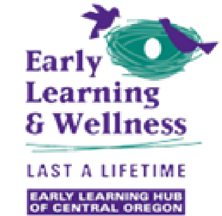
# Pathways from Developmental Screening to Services: Ensuring Young Children Identified At-Risk Receive Best Match Follow-Up

## Virtual “Meet & Greet” between Primary Care Pilot Sites & Specialty Behavioral Health Providers Serving Young Children in Central Oregon

*September 9, 2020 8am-10am*




OPIP
Oregon Pediatric
Improvement Partnership




# Acknowledgment of Funding

- This meeting is one component of a larger project titled "**Pathways from Developmental Screening to Services: Ensuring Young Children Identified At-risk Receive Best Match Follow-up**"
- The goal of the collective efforts and various component is to **improve receipt of best match services for children birth-3 identified with developmental, behavioral and social-emotional delays**.
- **Blended and braided funding**
  - Funded by multiple committees within the **Central Oregon Health Council (COHC)**
    - ✓ Each Committee reviewed and approved of proposal
  - **Early Learning Hub of Central Oregon** providing in-kind staffing support, and financial support from various early learning partners
- **Thankful f**or the financial support, local level collaboration and commitment to innovation and transformation

# Pathways from Developmental Screening to Services: Ensuring Young Children Identified At-risk Receive Best Match Follow-up

**Four Main Tracks of Work:**

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

- Four primary are 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)

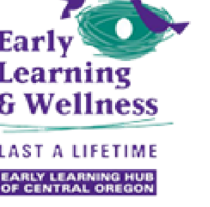
**4) Identify and confirm community-level priorities on upstream approaches that could build health and resilience (aimed to prevent delays): Proactive Developmental Promotion & Preventive Behavioral Health for Socially Complex Children**

# Acknowledgement of COVID-19 Response Impact on Young Children & Timeliness of This Meeting & Summary Resources

- We are humbled by and understand that we are in an unprecedented time that will likely have unprecedented consequences.
  - **Concerns about the impacts of COVID-19 response particularly on young children and 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 (primary care provider, early intervention, Oregon Department of Human Services) 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

# Objectives for Today's Meeting

- To provide an **overview of summary materials created** that highlight:
  - **Behavioral health services** available for children birth-five in Central Oregon (Summary as of August 2020)
  - **Modalities of behavioral health services available** and
  - **Overview of factors** to consider when referring young children.
- To provide time for each behavioral health service provider to **give a quick overview of their services** including their location, clinicians who serve young children and their family, availability of services via telehealth, payers accepted and referral and intake processes.
- To **record and document information provided in this meeting** in order to share with various stakeholders. (**Thus why we are recording this meeting)**
  - If you have questions or concerns with us recording, please chat Madelynn Tice



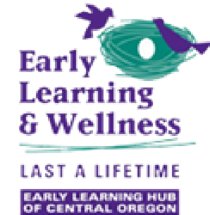

# Primary Audience for Today & In Attendance

Primary Audience:

- Pilot Primary Care Practices from our Pathways from Screening to Services project
  - Sites are focused on efforts to improve follow-up for young children (birth to five) identified with behavioral, social and developmental delays.
  - One important follow-up pathway for young children is dyadic behavioral health services.
  - *Attendees:*
    1) Central Oregon Pediatric Association
    2) Mosaic Medical Group
    3) Madras Medical Group
    4) St. Charles Health

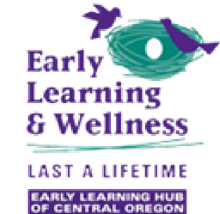
**Other Attendees:**

- Oregon Pediatric Improvement Partnership Staff
- Early Learning Hub of Central Oregon (Brenda Comini)
- Central Oregon Health Council (Donna Mills)




# Agenda

1. Overview of OPIP's previous effort that led to this the need for this meeting
2. Overview of the **Updated Summary of Behavioral Health Services for Young Children in Central Oregon** created by OPIP and specific modalities offered.
3. Virtual "Meet and Greet". Short presentations (5-10 minutes) by each Behavioral Health Provider.
4. Next Steps




# Previous Efforts that Led to the Need for This Meeting

1. **October 2019 Meeting of Specialty Behavioral Health Providers**
   - Outcome: Summary of the Behavioral Health Services Across Central Oregon, Identification of Gaps in Access by Region and Culture/Language Spoken
2. **January 2020 Training of the Pilot Primary Care Pilot Site Integrated Behavioral Health (IBH) (COPA and Mosaic)**
   - Outcome: Integrated behavioral health knowledge about how to assess children and determine WHICH kids to refer to specialty behavioral health, Value of the summary but need for more information about who does what and how to refer.
3. **September 2020 Training of the Pilot Primary Care Pilot Site Providers**
   - They noted the need for more information on WHICH kids to refer for WHAT and WHERE.

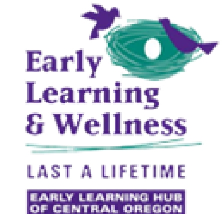
# Agenda

1. Overview of OPIP’s previous effort that led to this the need for this meeting
2. Overview of the **Updated Summary of Behavioral Health Services for Young Children in Central Oregon** created by OPIP and specific modalities offered.
3. Virtual “Meet and Greet”. Short presentations (5-10 minutes) by each Behavioral Health Provider.
4. Next Steps

# Overview of Behavioral Health Services for Young Children in Central Oregon

- Anchored to factors that would lead one to refer a child for services:
- Delays identified on the Ages & Stages Questionnaire and social-emotional factors that would be addressed by dyadic behavioral health services for young children
- Identified **WHO** can see children birth-five
- Identified the **specific modalities** provided by the service providers given they impact who and what are best match services
- Setting for services

✓County
✓Race –Ethnicity




# Summaries Provided As Part of Meeting Materials

Prior to this meeting a **compendium of resources** was sent out:
*Behavioral Health Services for Children Birth to Five in Central Oregon*; included:
*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

*Summary Information of Services in Central Oregon*

- #1: Behavioral Health Services For Children Under Five with Social Emotional Delays
- #2: Central Oregon Behavioral Health Services for Children Under 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

Overview of Modalities and Talking Points for Providers

**Draft Version 15** September 10, 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), Prineville (1) | Bend | Redmond & Sisters | Bend | Redmond |
| **# of Providers** | 15 | 1 | 1 | 1 | 10 | 3 | 4 | 4 | 3 | 2 | 3 | 6 | 1 | 1 | 2 | 6 |
| **Case Load (per week)** | 114 | 24 | 30 | 25 | 134 | 51 | 40 | 75 | * | 40 | * | 160 | 12 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 | 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 | English | English | English | English | English |
| **Payer** | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | OHP | OHP | 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

| Key | |
|---|---|
| * | Information needs to be verified |
| (hatched) | Only takes referrals for children/families that are at risk for out of home placement. Won't count towards capacity. |

*Version 15: Septmber 10, 2020*

# Anchored to OPIP's Framework of Services: Behavioral Health Services for Children Under Five with Social Emotional Delays In Central Oregon

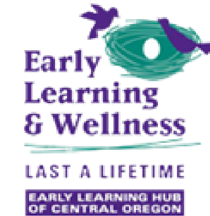
The summary below is based on interviews OPIP has conducted with providers in the region June 2018-January 2020.

**Overall, there are 37 providers, some are able to provide different modalities.**

| Therapy | Organization (s) | # of Providers |
|---|---|---|
| **SERVICES TARGETED TO CHILDREN WITH DISRUPTIVE BEHAVIOR PROBLEMS** | | |
| Parent Child Interaction Therapy (PCIT)<br>** PCIT is also an effective program for children with known trauma history* | Brightways, Cherie Skillings, Now and Zen Deschutes County, Starfish Counseling, Saul Behavioral LLC | 12 |
| Generation-PMTO | | 0 |
| Triple P (Positive Parenting Program) | | 0 |
| Theraplay | Rimrock Trails, Treehouse Therapies | 2 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)* | | |
| Collaborative Problem Solving | Brightways, Forever Family Therapy, Rimrock Trails, Treehouse Therapies, Youth Villages | 15 |
| Play Therapy | Deschutes County, Starfish Counseling, Life Source, Jefferson & Crook County BestCare, Brightways | 20 |
| Helping the Non-compliant Child | | 0 |
| **SERVICES TARGETED TO CHILDREN WITH KNOWN TRAUMA HISTORY** | | |
| Child Parent Psychotherapy (CPP) | Cherie Skillings | 1 |
| Eye Movement Desensitization and Reprocessing (EMDR) | Brightways, Deschutes County, Starfish Counseling, Prineville Counseling Center | 20 |
| Attachment Regulation and Competency (ARC) | Deschutes County | 1 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)* | | |
| Trauma Focused CBT | Jefferson BestCare, Treehouse Therapies, Rimrock Trails, Deschutes County, Brightways, Forever Family Therapy, LifeSource, Prineville Counseling Center, Youth Villages | 30** |
| **SERVICES TARGETED TO CHILDREN WITH AT-RISK PARENTS/ FAMILIES** | | |
| Family Check-Up | | 0 |
| Attachment and Biobehavioral Catch-up (ABC) | | 0 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)* | | |
| Incredible Years<br>** Incredible Years is also good for children with disruptive behavior problems* | Deschutes County | 1 |
| **OTHER SERVICES PROVIDED WITHIN THE COMMUNITY:** | | |
| Marriage and Family Therapist or Child Counselling | Brightways, Jefferson Best Care, Cherie Skillings, Deschutes County, Amy Bordelon, The Child Center | 30 |
| Other Modalities without evidence base (Dance Therapy, Art Therapy, Equine Therapy, etc.) | Warm Springs*, Treehouse Therapies, LifeSource Therapy, Now and Zen | 3 |
| Youth Villages Intercept Program | Youth Villages | 5 |

**Counts need to be verified in follow, up interviews | ** Individuals were trained but not certified*

***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, www.cebc4cw.org provides a comprehensive overview.***




# Overview of Behavioral Health Services for Young Children in Central Oregon

## 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

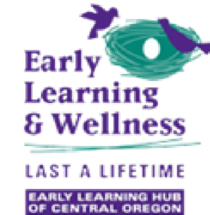
Collaborative Problem Solving (CPS)

Play Therapy

Generation Parent Management Training Oregon (Generation PMTO)*

Positive Parenting Program

Helping the Non-Compliant Child




# Overview of Behavioral Health Services for Young Children in Central Oregon

**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**

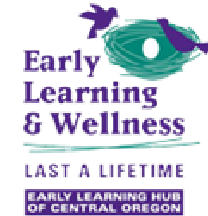
Child Parent Psychotherapy (CPP)

Eye Movement Desensitization and Reprocessing (EMDR)

Attachment Regulation and Competency (ARC)

Trauma Focused CBT (TF-CBT)

Parent Child Interaction Therapy (PCIT)




# Overview of Behavioral Health Services for Young Children in Central Oregon

## 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.

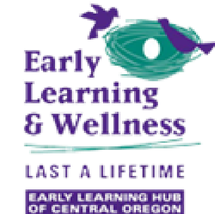
Children at risk of maltreatment or neglect (families with substance abuse or mental health issues, young parents, low-income families, parents of special needs children).

## Services Targeted for At-Risk Children/Families

Incredible Years

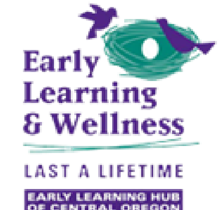
Attachment and Biobehavioral Catch-up

Family Check-up



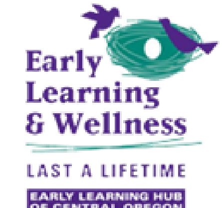

# Agenda

1. Overview of OPIP's previous effort that led to this the need for this meeting
2. Overview of the **Updated Summary of Behavioral Health Services for Young Children in Central Oregon** created by OPIP and specific modalities offered.
3. Virtual "Meet and Greet". Short presentations (5-10 minutes) by each Behavioral Health Provider.
4. Next Steps




# Virtual “Meet and Greet”- How it Will Work

- Each behavioral health provider will provide a short presentation that will a) Describe their services and b) Describe their referral, evaluation and communication processes.
- In order to ensure that each provider has time to share, **if you have a question, please enter that question and who it is for in the chat box**
- At the end we will have a question and answer session to:
  - Provide a time for organization-specific questions.
  - Provide time for any global or overarching questions about service for young children or factors to consider in referring.
- Included in the appendix are slides from organizations that were unable to attend
  - *Amy Bordelon, Blossom Therapeutic Collective: Saul Behavioral, Life Source Therapy, The Child Center, Now and Zen*




# Virtual "Meet and Greet"- How it Will Work

- Today you will hear from:
  1. Starfish Counseling – Tracey Colacicco
  2. Deschutes County Mental Health – Amy Richardson
  3. Best Care – Angela Cumming
  4. Brightways Counseling – Kevin Shaw
  5. Forever Family – Teleah Ringhand
  6. Rimrock Trails – Katie Keck
  7. Tree House Therapies – Christen Eby
  8. Prineville Counseling – Donna Hamlin
  9. Cherie Skillings

# Starfish Counseling

- **Locations - Accepting New Clients Birth - Five**
  - Bend – **yes** accepting clients, with a wait list
- **Modalities for Birth to 5:**
  - Parent Child Interaction Therapy (PCIT)
  - Play Therapy
  - Eye Movement Desensitization and Reprocessing (EMDR)
  - Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT) (used with parents)
- **Clinicians Who Serve Birth to 5 with their Families**

  **(Provide Dyadic Therapies)**
  - Bend (1) – Tracey Colacicco
- **Payers Accepted:**
  - OHP
  - BlueCross and BlueShield, EBMS, First Choice Health, PacificSource, Reliant and Out of Network
- **Telehealth Services available for Birth to 5:**
  - *Available now since March 2020*
  - *Plan to continue telehealth services for as long as insurance continues to allow for telehealth.*

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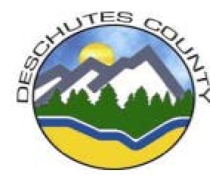
# Starfish Counseling

- **Referral Process for Primary Care (Birth to 5yo):**
  - *Families can reach out to me directly. A primary care or other system of care can send an email via Psychology Today to give me a "heads up".*
  - *I do not have direct scheduling available for primary care, I am commonly on a waitlist and prefer to speak with families directly.*

- **Intake Process (Birth to 5yo):**
  - *The intake is completed by the clinician, Tracey Colacicco*
  - *I do have a standardized intake form that is conducted online. There are open spaces to share thoughts, feelings and concerns. I personally follow up with families having difficulty with the paperwork.*
  - *I provide services first come, first serve due to commonly being on a waitlist*




# Deschutes County Behavioral Health

- **Locations - Accepting New Clients Birth – Five**
  - Bend – **yes** accepting clients
  - Redmond – **yes** accepting clients
  - La Pine– **yes** accepting clients
  - Intensive Youth Services (Wraparound) - **yes** accepting clients
- **Modalities for Birth to 5:**
  - Parent Child Interaction Therapy (PCIT)
  - Play Therapy
  - Eye Movement Desensitization and Reprocessing (EMDR)
  - Attachment Regulation and Competency (ARC)
  - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
  - Incredible Years
  - *Coming soon*: Generation Parent Management Training Oregon!!
- **Payers Accepted:**
  - OHP – all clinicians
  - Private – *Pacific Source Commercial, First Choice Health, Regence, Moda, Providence, MHN, TriCare, United Behavioral Health, TriWest, Medicare* – licensed clinicians
  - Self-pay sliding scale – all clinicians
- **Clinicians Who Serve Birth to 5 with their Families (Provide Dyadic Therapies)**
  - Bend (6) – Amy Richardson, Briana Schulte, Michelle Googins, Deb Stone, Erynn Magidow, Laura Douglas
  - Redmond (7) – Tod Ricker, *Emma Saddler* (Bilingual), Melissa Heil, James O'Farrell, Dez Dixon, Corinne Porter, Leda Swick
  - LaPine (2) –Seeley Gutierrez, Brooke Collins
  - Intensive Youth Services/County-wide (2) - Emily Yoder and *Alex Perez* (Bilingual)
  - Interns will also be starting this September at all sites
- **Telehealth Services available for Birth to 5:**
  - We are currently offering services via telehealth with Zoom, Webex, Facetime, Doxy.
  - We have small grants to help those with limited access to telehealth services.

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Updated July 2020

# Deschutes County Behavioral Health

- **Referral Process for Primary Care (Birth to 5yo):**
  - Standard practice is for families to call the ACCESS line for any Behavioral Health service 541-322-7500.
  - Any provider is welcome to assist a family in making the initial phone call.
  - We have a multi-agency workgroup creating a “Request for Services” direct from primary care within our electronic health record piloting with COPA, Mosaic, and LaPine Health Clinic – anticipated start date is Fall 2020.

- **Intake Process (Birth to 5yo):**
  - Specialized assessment for ages birth-five
  - All assessors trained in birth-5 Child and Adolescent Needs and Strengths Assessment (CANS) and Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) Crosswalk
  - Standardized child registration form available in English and Spanish. Other languages can be requested.
  - As the Community Mental Health Provider (CMHP), we are available to serve all families in the area. Program-specific criteria will be part of our “Request for Services” form.

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# 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
  - 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.

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# 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
  - Prineville - **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) – Katherine Amman, Anita Weller, Katie London
  - Madras (2) – Angie Terhorst, Deanne Comfort, Ursula Hartman (Bilingual)
  - Prineville (1) Ursula Hartman (Bilingual)

- **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

# Forever Family Therapy

- **Locations - Accepting New Clients Birth-5:**
  - Bend – yes accepting clients
  - Prineville
- **Modalities for Birth to 5:**
  - Collaborative Problem Solving (CPS)
  - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
  - Nurturing Parenting
- **Payers Accepted:**
  - OHP
  - PacificSource
- **Clinicians Who Serve Birth to 5 with their Families (Provide Dyadic Therapies)**
  - Bend (4) – Teleah Ringhand, Rebecca Bowman, Noelle Harris, Michael Harris
  - Prineville (3) – Rebecca Bowman, Noelle Harries, Michael Harris
- **Telehealth Services available for Birth to 5:**
  - Available now and will continue indefinitely

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Updated July 2020

# Forever Family Therapy

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

1. Provider to provider:
   - An external agency can send a referral by scanning it to our secure email (info@foreverfamilytherapy.org) **or**
   - Sending the referral via mail to our flagship office 220 NW Oregon Ave. #202 Bend, OR 97703 **or**
   - By calling our general message line at 541-846-8173 and requesting a phone call back for consultation.

2. Potential Client to FFT therapist.
   - Clients can inquire about services through email (info@foreverfamilytherapy.org) or the general message line 541-846-8173

## Intake Process (Birth to 5 yo):

1. Receive referral or inquiry from provider or potential client
2. Conduct initial consultation via phone
3. Schedule bio-psycho-social assessment
4. Meet with client in the home, office or community to conduct assessment with intended therapist

- We do have standardized intake forms that are available electronically and in paper format.
- We can offer these intake forms in other languages upon request available only in paper format.
- The client's intended therapist can walk through the intake forms to support clients with questions or concerns
- We do not have an eligibility process to determine prioritized clients.

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# Rimrock Trails

- **Locations - Accepting New Clients Birth - Five**
  - Bend – **yes** accepting clients
  - Redmond – **yes** accepting clients
  - Prineville– **yes** accepting clients

- **Modalities for Birth to 5:**
  - Theraplay
  - Collaborative Problem Solving (CPS)
  - Dialectical Behavior Therapy (DBT)

- **Payers Accepted:**
  - OHP, Pacific Source Private, Providence (Jan 2021)

- **Clinicians Who Serve Birth to 5 with their Families (Provide Dyadic Therapies)**
  - Bend (1)- Jackie Taylor
  - Redmond (2) – Jackie Taylor, Michelle Mauny (Jan 2021)
  - Prineville (1) – Hope Porterfield

- **Telehealth Services available for Birth to 5:**
  - 1 psychiatric nurse practitioner (Bi-lingual) supplying tele-psychiatry is available now
  - Tele-psychiatry available in all 3 locations
  - Plan to grow caseload throughout year and add additional providers when necessary.

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# Rimrock Trails

- **Referral Process for Primary Care (Birth to 5yo):**
  - We utilize a Behavioral Health Navigator to coordinate referrals between Primary care and Rimrock Trails.
    - You can simply call, email, or fax a referral to our Behavioral Health Navigator.
    - We do not require a specific form but can provide one if that is the PCP preferred method.
    - 541-388-8459 Office
    - 541-233-8163 Direct to Behavioral Health Navigator
    - maggie@rimrocktrails.org
    - 541-388-8116 Fax
  - We do have direct scheduling available for all PCP's interested in that model.
    - We are able to provide training through zoom

- **Intake Process (Birth to 5yo):**
  - **What does your intake process look like for families with young children?**
    - The initial information and assessment appointment is arranged by the Behavioral Health Navigator.
    - The clinical interview is completed by one of our providers that is trained to work with the birth-5 population.
  - We do have standard intake forms that families fill out during the intake process.
    - Our front office staff explains the forms and the interviewing clinician goes over them with the family before the interview begins.
    - We have forms available in both English and Spanish. We these available in languages other than English?
  - The identified client needs to meet criteria for a billable DSM-5 diagnosis in order to utilize insurance benefits.
    - We always strive to keep rapid access within 7 days of initial referral

# Treehouse Therapies

- **Locations - Accepting New Clients Birth - Five**
  - Bend – yes accepting clients
  - Redmond – yes accepting clients
  - Warm Springs- (planned 2021 in collaboration with Central Oregon Disability Support Network)
- **Modalities for Birth to 5:**
  - Theraplay
  - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
  - Other Modalities without Evidence Base (Dance Therapy, Art Therapy, Equine Therapy, etc.)
  - Supportive Parenting for Anxious Childhood Emotions (SPACE)
  - Collaborative Problem Solving (CPS)
  - Integrated Care with Physical Therapy, Occupational Therapy, and Speech Therapy when appropriate
- **Clinicians Who Serve Birth to 5 with their Families (Provide Dyadic Therapies)**
  - Redmond and Bend (3) – Jeannie Campbell, Lisa Bradley, Chelsea Ramsey
- **Payers Accepted:**
  - OHP
  - Private (in network with most payers)
- **Telehealth Services available for Birth to 5:**
  - Available now, began in March 2020
  - Telehealth will be an ongoing option

# Treehouse Therapies

- **Referral Process for Primary Care (Birth to 5yo):**
  - Providers can fax a referral to our office at 541-550-7956. Please include all demographic information with referral.
  - Families can self refer by calling our office at 541-389-1848. PCP referral is not required for behavioral health.
- **Intake Process (Birth to 5yo):**
  - Our intake packet is available via our website in English and Spanish. Families fill these out online via our secure portal (preferred) or at their first appointment.

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# Prineville Counseling Center

- **Locations - Accepting New Clients ages 3 - 5**
  - Prineville – **yes**
- **Modalities for Birth to 5:**
  - Eye Movement Desensitization and Reprocessing (EMDR)
  - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- **Payers Accepted:**
  - OHP
  - Aetna, BlueCross and BlueShield, Cigna, ComPsych, Optima, PacificSource, Regence, United Healthcare and Out of Network
- **Clinicians Who Serve Birth to 5 with their Families (Provide Dyadic Therapies)**
  - Prineville (2) – Donna Hamline and Robin Loxley
- **Telehealth Services available for Birth to 5:**
  - Telehealth is available and seeing clients in person as needed

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# Prineville Counseling Center

- **Referral Process for Primary Care (Birth to 5 yo):**
  - We have a referral form, however it is not required and does not change the waiting process.

- **Intake Process (Birth to 5yo):**
  - We do have standardized Intake Forms (not specific to children) and each counselor can assist family with forms, as needed.
  - There are forms available in Spanish, neither counselor speaks Spanish however.

# Cherie Skillings

- **Locations - Accepting New Clients Birth - 5**
  - Bend – I'm currently not accepting new clients, I am at capacity
- **Modalities for Birth to 5:**
  - Parent Child Interaction Therapy (PCIT)
  - Child Parent Psychotherapy (CPP)
  - Family and Child Counseling
- **Payers Accepted:**
  - OHP
  - BlueCross and BlueShield, Cigna, First Choice Health, MHN, MHNet Behavioral Health, Magellan, Moda, Optum, PacificSource, Providence, Regence, TRICARE, TriWest and Out of Network
- **Telehealth Services available for Birth to 5:**
  - Available since March 2020
  - Plan to continue telehealth services on-going for those that prefer that modality.

# Cherie Skillings

- **Referral Process for Primary Care (Birth to 5yo):**
  - No formal process. Professional and/or family can initiate contact through a call or email to inquire about availability.
  - Families or Individuals can make appointments directly based on openings. If their insurance requires a pre-authorization we can work through that.

- **Intake Process (Birth to 5yo)**
  - During the initial appointment the parent/s will be interviewed to gather information about concerns. This is done in the office or online I like to do an oral interview along with having parents fill out assessment/screening tools. This includes a standardized intake form, Professional Disclosure Statement which outlines protocols, client rights, and HIPAA requirements.
  - *Professionals or families that refer with high concerns about a child will be given priority in waitlist availability. I only keep 1-2 individuals on a waitlist and can typically get them in within a few weeks.

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# The Child Center

- **Locations - Accepting New Clients Birth - Five**
  - Bend - **yes** accepting clients
  - Redmond – **yes/no** (middle school age + only in-person, Birth-5 with families via telehealth)
  - La Pine - **yes** accepting clients
  - Sisters – **yes/no** (elementary age + only, Birth-5 with families via telehealth)
- **Modalities for Birth to 5:**
  - Marriage and Family Therapy or Child Counseling
- **Clinicians Who Serve Birth to 5 with their Families (Provide Dyadic Therapies)**
  - Bend– Shannon Hodgen, Debbie Taylor, Stephanie Bryan (Bilingual in Spanish), Zoe Kernagis Steiner
  - Redmond –Michelle Wallace, Jennifer Radford
  - La Pine– Dean Samaha, Ashley Vandeberghe, Trish Ivie
  - Sisters- James Janoski
- **Payers Accepted:**
  - OHP
  - Private Pay
  - Out-of-Network Insurance Submission
- **Telehealth Services available for Birth to 5:**
  - Telehealth services available through Zoom
  - Family-based therapies recommended for Birth-5
  - Psychiatric-mental Health Nurse Practitioner (PMHNP) services available through Zoom
  - Assessments and Safety Planning

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# The Child Center

Updated Aug 2020

- **Referral Process for Primary Care (Birth to 5yo):**
  - Fax referrals to 541-306-6733
  - Or call 541-728-0062
  - All provider referral form types accepted

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

After a referral or contact has been made for services:

1) An intake will be completed over the phone to gather general information provided by Master's level clinicians

2) If services will be completed via telehealth, opening paperwork will be sent via email to obtain electronic signature

3) A mental health assessment will be scheduled (in person or through Zoom depending on current OHA guidelines)

4) If our level of services are determined to be appropriate, a therapist will be assigned

5) Cases in immediate crisis or presenting with suicidality will be assessed within 24/hours

*We have forms available in Spanish and English and translation services are made available for referrals in an alternate native

****Please note, we do not typically see children under age 3 for outpatient counseling services as primary clients, only systems approaches are used for Birth-3 and recommended for Birth-5.**

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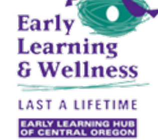
# Time for Questions!

Review of Questions in the CHAT Box

# Want more time for follow-up?

OPIP will send materials and contact information for you to directly ask questions to providers.




# Next Steps

- Update the summary materials based on any clarification obtained today
- Share the materials and recordings with attendees
- Share the materials with other interested partners (e.g. Early Intervention) and post on the OPIP and ELHCO Website
- September 16th Training of the Primary Care Providers in COPA and MOSAIC on Social Emotional Health
- Fall Trainings with Madras Medical Group on Social Emotional Health and St. Charles Prineville on Medical Decision Tree
- Winter meeting of the Pathways from Screening to Services partners and sharing about this meeting and materials.

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

- Virtual Door is always open!
- OPIP Contract Lead
  - Colleen Reuland: reulandc@ohsu.edu
  - 503-494-0456
- Hub Lead
  - Brenda Comini: brenda.comini@hdesd.org
  - 541-693-5784 (office)

# Appendix Slides

- The following providers were unable to attend this meeting. Please see their information included.
  - Amy Bordelon
  - Blossom Therapeutic Collective: Saul Behavioral
  - Life Source Therapy
  - The Child Center
  - Now and Zen
- **Trainings** for certain modalities are available across the state. Slide 49 describes these opportunities.

# Amy Bordelon, LMFT

- **Locations seeing Clients Birth - Five**
  - Bend
  - Home Visits
- **Modalities for Birth to 5:**
  - Marriage and Family Therapist or Child Counseling, Social skills groups, Parenting training
- **Payers Accepted:**
  - OHP
  - Private: First Choice, Moda, Pacific Source, Blue Cross/Blue Shield

These slides were unable to be updated prior to this meeting, and reflect the information that OPIP was able to gather in previous interviews in January 2020.

# Blossom Therapeutic Collective: Saul Behavioral

- **Locations seeing Clients Birth - Five**
  - Bend
  - Home Visits Across Counties
- **Modalities for Birth to 5:**
  - PCIT - Parent Child Interaction Therapy
- **Payers Accepted:**
  - OHP
  - Private
- **Clinicians Who Serve Birth to 5 with their Families (Provide Dyadic Therapies)**
  - Bend (2) – Pam Saul
  - Home Visits (2) – Pam Saul
- **Telehealth Services available for Birth to 5:**
  - Available in Oregon, California, Florida, and North Carolina

These slides were unable to be updated prior to this meeting, and reflect the information that OPIP was able to gather in previous interviews in May 2020

# Life Source Therapy

- **Locations – Seeing Clients Birth - Five**
  - Redmond
- **Modalities for Birth to 5:**
  - Play Therapy
  - Trauma Focused CBT
  - Art therapy, Equine therapy, Solution-focused Therapy
- **Payers Accepted:**
  - OHP
  - Aetna, Anthem, BlueCross and BlueShield, Cascade Health, Cigna, ComPsych, First Choice Health, Health Net, MHN, Magellan, Moda, MultiPlan, Optum, Providence, TRICARE, Teledoc, UniteHealthcare and Out of Network
- **Clinicians Who Serve Birth to 5 with their Families**

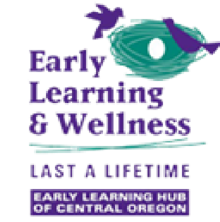
  **(Provide Dyadic Therapies)**
  - Redmond (1) – Gina Lawrence

These slides were unable to be updated prior to this meeting, and reflect the information that OPIP was able to gather in previous interviews in November 2019.

# Now and Zen

- **Locations – Seeing Clients Birth - Five**
  - Redmond
  - Sisters
  - Home Visiting Across all Counties
- **Modalities for Birth to 5:**
  - PCIT - Parent Child Interaction Therapy
  - Love and Logic
  - Family systems
- **Clinicians Who Serve Birth to 5 with their Families (Provide Dyadic Therapies)**
  - Redmond and Sisters – Jayme Kazmerick
- **Payers Accepted:**
  - OHP
  - Aetna, BlueCross and BlueShield, Cigna, First Choice Health, Optum, PacificSource, Regence, TRICARE, UniteHealthcare and Out of Network

These slides were unable to be updated prior to this meeting, and reflect the information that OPIP was able to gather in previous interviews February 2020.




# Opportunities for BH Provider Training

- Training in **Parent Child Interaction Therapy (PCIT)** is available to non-OHA contracted programs without charge when there are unfilled slots by contracted entities.
  - Contact Alejandra Moreno MorenoAJ@jacksoncounty.org and Erin Sewell Erin.Sewell@lifeworksnw.org the Oregon PCIT Internationally certified Regional PCIT Trainers. Entities with other funds, can obtain PCIT training through www.pcit.org
- **Child Parent Psychotherapy (CPP)** starts one 18 month training cohort per year.
  - Contact Linda Watson lwatson@gobhi.org at Greater Oregon Behavioral Health(GOBHI) who coordinates these trainings with the Oregon trainers.
- **Infant Toddler Graduate Certificate Program**
  - Portland State University https://www.pdx.edu/sped/itmh

*These training opportunities were provided by Laurie Theodorou, OHA Early Childhood Mental Health Specialist on August 6, 2020 and reflect opportunities promoted by OHA. Other training opportunities may be available for this region. https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Early-Childhood.aspx*

# Training of Primary Care Providers on Best-Match Follow-Up for Social-Emotional Delays

The primary care providers reconvened in October 2020 for an enhanced booster training on best match supports for children identified with social emotional delays on developmental screening. This training provided a refresher and deeper context on the pathways to support social emotional health including:

- What contributes to social emotional health in young children and how does it affect their development
- 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 in Central Oregon & Talking points about services

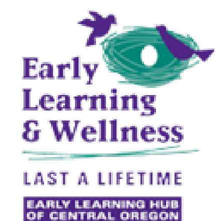
Through this training, primary care pediatric providers were provided enhanced guidance and tools to support children identified at-risk for social emotional days on developmental screening in the context of well-care. Primary care providers are likely the first providers to identify these delays and form a trusting relationship with parents. Early identification of delays and warm hand-offs for further assessments can allow for impactful interventions on relatively small problems in a child's development, before more disruptive behaviors develop. The parent-child attachment and environment of that child can be an indicator of that child's development, and brief interventions can mitigate the potential negative effects of disrupted parenting, social isolation, parent substance use disorders, parent mental health, or emotional dysregulation of a child. OPIP's training provided tools and a decision tree to guide children to the best match services.

### Tools Developed Through This Project Provided on the Following Pages:


| | |
|---|---|
| Sample Second Training Presentation for Primary Care Providers focused on Pathways for Children Identified with Social-Emotional Delays | 281 |

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

*Booster Training for COPA Providers on*
*Pathway for Children Identified with Social Emotional Delays*




*September 16th, 2020 9am-10am*

# Agenda

1. **Refresher on Pathways from Developmental Screening to Services Project**

2. **Updates to Medical Decision Tree Based on Your Feedback**

3. **Deep Dive on Pathway to Support Social Emotional Health**
   - Which Kids to Refer
   - Developmental Promotion to Consider
   - Refer to Internal Behavioral Health & Overview of content covered in January 2020 training of IBH providers
     - ✓ Brief assessments
     - ✓ Brief interventions
     - ✓ Identifying children to refer to Specialty Behavioral Health
   - Specialty Behavioral Health for Children Birth-5 – High Level Overview
     - ✓ Compendium of Services & Talking points about services

# Oregon Pediatric Improvement Partnership

The Oregon Pediatric Improvement Partnership (OPIP) supports a meaningful, **long-term collaboration of stakeholders** invested in child health care quality, with the common purpose of improving the health of the children and youth of Oregon.

OPIP is primarily contract and grant funded. We are based out of Oregon Health & Science University, Pediatrics Department.

Learn more: **oregon-pip.org**

# Pathways from Developmental Screening to Services Project: Ensuring Young Children Identified At-risk Receive Best Match Follow-up

**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:**

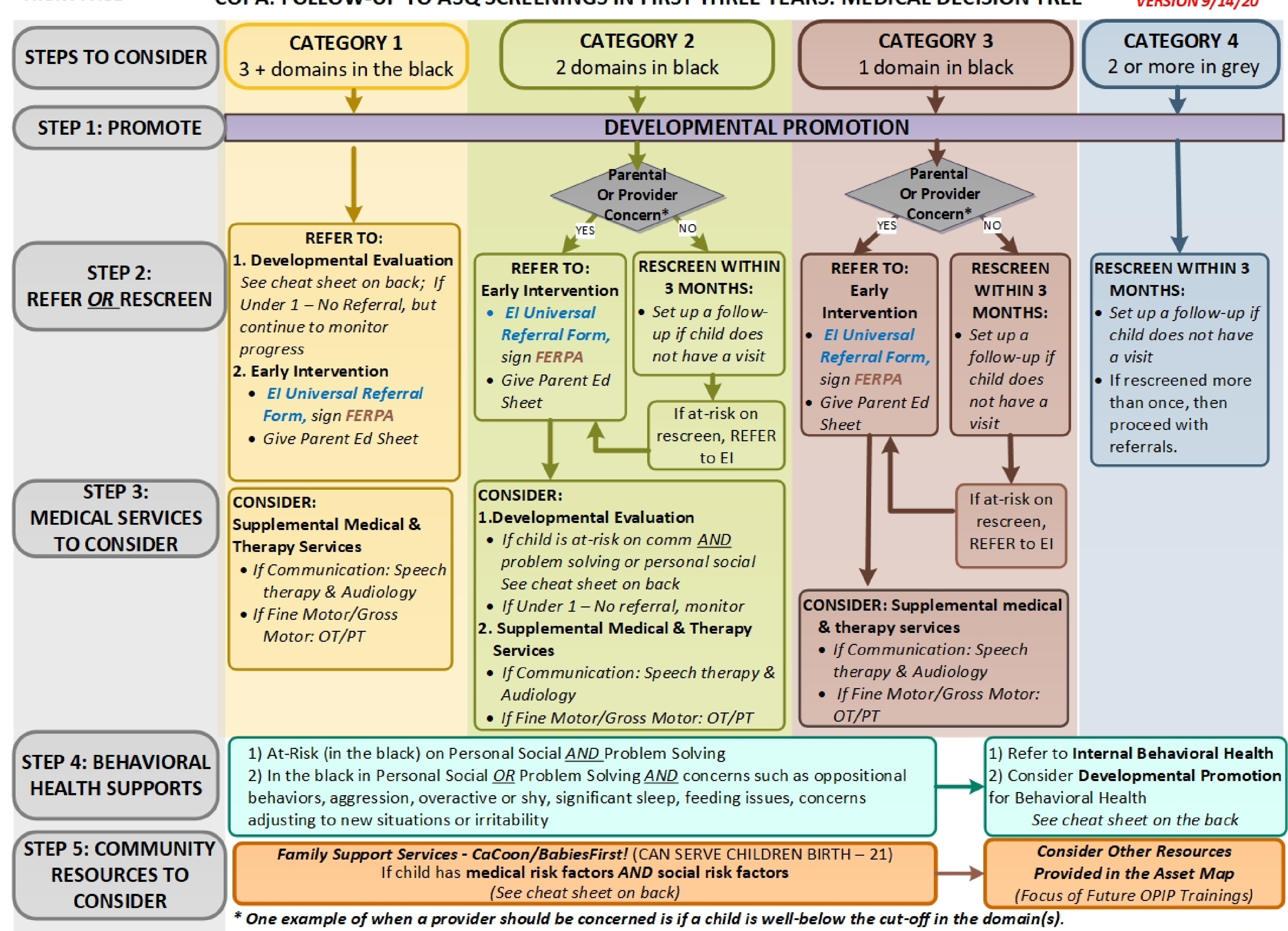
- Improve closed loop communication and coordination in Early Intervention (All three counties and Confederated Tribe of Warm Springs)

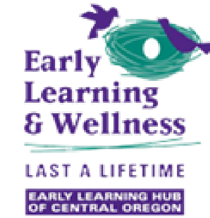
**3) Address Gaps in Pathways for PCP site that focus on at-risk children needing:**

- **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**

# Updates to OPIP's Medical Decision Tree






# Updates To OPIP's Medical Decision Tree Made Since June 2019 Training

**Updates Made since June 2019 Training for COPA Primary Care Providers:**

1. Clarification on pathway to **Internal Behavioral Health & Specialty Behavioral Health**
   - **Focus of today's training**
2. Updated Wording From **Developmental Behavioral Pediatrician TO Developmental Evaluation**
   - Feedback provided to OPIP that additional clarity was needed on the pathway to Developmental Behavioral Pediatrician
   - Met with PEDAL team to clarify process
   - Met with COPA referral coordinator and QI team on learnings

.

# Momentum Around Addressing Children with Social-Emotional Delays

*Within **Health Care**:*

- **Health Aspects of Kindergarten Readiness**:
  - Priority area identified was addressing children with social-emotional delays & issues with self-regulation
  - Metrics & Scoring, Health Plan Quality Metrics Endorsed Full Proposal of Four Metric Strategy: Includes metrics focused on **Social Emotional Health**

- **Within CCO 2.0**, alignment with a number of the policy areas identified related to children and specific to children 0-5, addressing social determinants of health and children with health complexity.

*Within **Early Learning (Services for Children birth-5)**:* Follow-up and receipt of services earlier is aligned with Early Learning Hub Goals & strategies within "Raise Up Oregon"

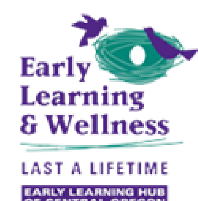
- Example: Strategy 5.2 Continue to prioritize screening through the health system and build pathways from screening to a range of community-based services and supports for children and families.
- Student success act

Within ***Governor's Budget***

- Heavy focus on early childhood and pathways to success, focus on children with social complexity

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

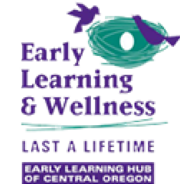
- We are humbled by & understand that we are in an unprecedented time that will likely have unprecedented consequences.
  - **Concerns about response particularly on young children & their developing brains.**
    - **Lack of access** to **support services** in which early identification occurs.
    - 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




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

OPIP

| July – Sept 2019 | October 2019 | January 2020 | September 2020 | | Future Work |
|---|---|---|---|---|---|
| **Summarized Specialty Behavioral Health Providers that See Children birth-5**<br>• Interview behavioral health providers in Central Oregon who serve children birth-5<br>• Developed an asset map, apply equity lens | **Meeting with Specialty Behavioral Health Providers**<br>• Understand services available<br>• Identify gaps.<br>• Facilitate conversations to address gaps | **Training of <u>Internal Behavioral Health Providers</u> in Primary Care Sites**<br>• Assessments & brief interventions Overview of external specialty behavioral health supports | **September 9th: "Meet & Greet" between Internal Behavioral Health & Specialty Behavioral Health**<br>• Organizations shared brief overview of their services for Internal Behavioral health | **TODAY: Training of Primary Care Providers** | • As requested, Meet and Greets with Specialty Behavioral Health Providers<br>• Work on referral pathways |




# 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, MCHAT and Maternal Depression) to identify potential delays in social emotional health

2. Opportunities to **engage families in developmental promotion and referral(s) to Internal Behavioral Health**

3. **Training provided to Internal Behavioral Health providers** on "next steps" they can take and what your patients may experience with IBH

4. **Understand what Specialty Behavioral Health services exist** in Central Oregon and the types of modalities provided that could best serve families with children birth to five

# Booster on Social Emotional Health for Birth to Five

1. **What is Social Emotional Health for Children Birth to Five?**
2. **Who** to Send to Internal Behavioral Health Services
3. **How to Engage Family in Services**
   - Talking point for providers
   - Developmental promotion materials to consider
4. **Integrated Behavioral Health**
   - Brief assessments
   - Brief interventions
   - Identifying children to refer to Specialty Behavioral Health
5. **What Specialty Behavioral Health Services Exist in Central Oregon**
   - Compendium Created

# 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.

# 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.

# Booster on Social Emotional Health for Birth to Five

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5. **What Behavioral Health Services Exist in Central Oregon**
   - Compendium Created

# 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**

# 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

# Implication of Behavior Concerns/ Adverse Childhood Experiences (ACEs)

- Parental behavior concerns
  - Challenging behavior may indicate (1) predisposition, (2) poor attachment, (3) potentiation of suboptimal parent-child interactions (added stress, skills deficits, need for better than "normal" parenting)
  - May reflect parental perceptions/distress more than typicality of behavior (e.g. aggression is normative)
- Adverse Childhood Experiences (ACE)s
  - The exact mechanisms not well understood, but ACEs may be latent variable for social determinants of health, parent social-emotional skills sets, and brain biology.

# Follow-Up to Screening Decision Tree (FRONT)

FRONT PAGE

**COPA: FOLLOW-UP TO ASQ SCREENINGS IN FIRST THREE YEARS: MEDICAL DECISION TREE**

VERSION 9/14/20

| STEPS TO CONSIDER | CATEGORY 1<br>3 + domains in the black | CATEGORY 2<br>2 domains in black | CATEGORY 3<br>1 domain in black | CATEGORY 4<br>2 or more in grey |
|---|---|---|---|---|
| STEP 1: PROMOTE | DEVELOPMENTAL PROMOTION | | | |
| STEP 2: REFER *OR* RESCREEN | REFER TO:<br>1. Developmental Evaluation *See cheat sheet on back; If Under 1 – No Referral, but continue to monitor progress*<br>2. Early Intervention<br>• *EI Universal Referral Form,* sign *FERPA*<br>• *Give Parent Ed Sheet* | Parental Or Provider Concern*<br>YES → REFER TO: Early Intervention<br>• *EI Universal Referral Form,* sign *FERPA*<br>• *Give Parent Ed Sheet*<br>NO → RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>→ If at-risk on rescreen, REFER to EI | Parental Or Provider Concern*<br>YES → REFER TO: Early Intervention<br>• *EI Universal Referral Form,* sign *FERPA*<br>• *Give Parent Ed Sheet*<br>NO → RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>→ If at-risk on rescreen, REFER to EI | RESCREEN WITHIN 3 MONTHS:<br>• *Set up a follow-up if child does not have a visit*<br>• If rescreened more than once, then proceed with referrals. |
| STEP 3: MEDICAL SERVICES TO CONSIDER | CONSIDER:<br>Supplemental Medical & Therapy Services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | CONSIDER:<br>1. Developmental Evaluation<br>• *If child is at-risk on comm AND problem solving or personal social See cheat sheet on back*<br>• *If Under 1 – No referral, monitor*<br>2. Supplemental Medical & Therapy Services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | CONSIDER: Supplemental medical & therapy services<br>• *If Communication: Speech therapy & Audiology*<br>• *If Fine Motor/Gross Motor: OT/PT* | |
| STEP 4: BEHAVIORAL HEALTH SUPPORTS | 1) At-Risk (in the black) on Personal Social *AND* Problem Solving<br>2) In the black in Personal Social *OR* Problem Solving *AND* concerns such as oppositional behaviors, aggression, overactive or shy, significant sleep, feeding issues, concerns adjusting to new situations or irritability | | → 1) Refer to **Internal Behavioral Health**<br>2) Consider **Developmental Promotion** for Behavioral Health<br>*See cheat sheet on the back* | |
| STEP 5: COMMUNITY RESOURCES TO CONSIDER | ***Family Support Services - CaCoon/BabiesFirst!*** (CAN SERVE CHILDREN BIRTH – 21)<br>If child has **medical risk factors AND social risk factors**<br>*(See cheat sheet on back)* | | → ***Consider Other Resources Provided in the Asset Map***<br>*(Focus of Future OPIP Trainings)* | |

***** *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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# Follow-Up to Screening Decision Tree (BACK)

BACK PAGE

***DEVELOPMENTAL EVALUATION: CHEAT SHEET***

**Child the BLACK** on the **Communication** +**Personal-Social** OR **Problem Solving**

**OR**

**If the child is 'In the BLACK' on 2 or more domains and has any of the following :**
- Not progressing in services as expected or recent increase in symptoms
- Challenging behaviors with inadequate response to behavioral interventions or medication.
- Secondary medical issues that are not responding to usual treatments (including feeding)

→ **REFER TO DEVELOPMENTAL EVALUATION**

***BEHAVIORAL HEALTH SUPPORTS: CHEAT SHEET***

If child is "in black" **Personal Social & Problem Solving**

**OR**

If child is "in black" on **Personal Social OR Problem Solving**

+

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

**OR**

**Exposure to Adverse Childhood Experiences (ACES) in Family Environment**
https://acestoohigh.com/got-your-ace-score/

**1) REFER To Internal Behavioral Health**
- **Additional assessments of child's development, parental factors**
- **Brief parent/child therapies**

**2) Consider Developmental Promotion specific to Behavioral Health**

***If additional supports are needed:***
- **Engage family in behavioral health referral**

↓

**Referral to Specialty Behavioral Health Services**
**(see compendium on Behavioral Health Assets)**

***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

**Medical Risk Factors**

+

**Social and Family Factors**
- DHS Involvement
- Low Income – OHP Eligible, Receives TANF/SSI/SNAP
- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Parent has Disability
- Domestic Violence (present or history of)
- Incarceration/Probation
- Alcohol/Illegal Drug Use
- Incarceration/Probation
- Tobacco/Marijuana Use
- Support with Parenting/Lack of Parenting Skills
- Homeless

+

**Engage Family on Value of Family Support Services** → **Refer for Family Support Services (CaCoon and BabiesFirst!)**

***BEHAVIORAL HEALTH SUPPORTS: CHEAT SHEET***

If child is "in black"
**Personal Social & Problem Solving**

**OR**

If child is "in black" on
**Personal Social OR Problem Solving**

**+**

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

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***If additional supports are needed:***

- **Engage family in behavioral health referral**

**Referral to Specialty Behavioral Health Services**
**(see compendium on Behavioral Health Assets)**

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    - Brief assessments
    - Brief interventions
    - Identifying children to refer to Specialty Behavioral Health
5. **What Behavioral Health Services Exist in Central Oregon**
    - What are the kinds of services available
    - Who provides those services

# Talking Points for Providers

- **Parenting young children can be hard**, but there are **resources that can help** families get through these tough times and improve challenging behaviors, and our **integrated behavioral health staff are trained** in helping with the very issues we talked about today.
- 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**.
- Our internal behavioral health staff can **help assess what is going on** and then give you some simple 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.

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

# Consider Developmental Promotion

**1. Ages and Stages Questionnaire – Social Emotional Learning Activities**

- Developmentally appropriate activities—10+ per age range to promote adult–child interaction and key social-emotional skills
- Give them to parents to help children make progress in their social-emotional development
- For more information, SE Learning activities are available for purchase for $49.95 here: https://agesandstages.com/products-pricing/learning-activities/

FOR MORE, go to http://www.brookespublishing.com/ASQSE-2-Learning-Activities-More

ACTIVITIES

## Helping Your Baby Grow

Activities for 0 to 3 months

0–3 months

From birth, babies are interested in exploring your face, voice, and body. Your baby tells you a lot through body movements and sounds. Watch and listen to them during playtime and other daily activities. Who is this little person? Respond to sounds your baby makes, and let them know you are trying to understand. Through back-and-forth interactions with your baby, you become connected, or attached, to each other. Encourage family members to show love for the new baby (and each other). Your positive back and forth interactions with your baby are key to their social-emotional development.

**Talk Time** Your baby can see your face, smell you, feel your skin, and hear your voice. They can even sense how you are feeling. Talk, sing, look at, and smile at your baby. Say their name. Watch and wait to see what your baby does. Do they look at your face and eyes? Is your baby listening to you? When you move, do they try to follow your voice with head movements? Your baby doesn't like to be far from you.

**Silly Faces** At 2 weeks, your baby can see clearly 8 to 10 inches away. Hold them close to your face and watch what they do. If your baby opens their mouth, open your mouth. Stick out your tongue. Watch and wait a bit. Does your baby try to copy you? They may not be able to copy you at first, but keep trying!

**Tummy Playtime** Place your baby on their tummy on a clean blanket on the floor. Lie down next to them, talk, and watch what your baby does. When they start to pick up their head, let them know you noticed. "You picked up your head!" Celebrating new skills with your baby as they grow builds confidence. Now they can look at the world in a whole new way. *Never leave your baby alone on their tummy.*

**Storytime** Your baby is never too young to listen to a story or look at pictures in a book. They will feel warm, safe, and calm in your arms. Reading books is an activity you and your baby can do every day as a routine, to help you get close and connect. Your baby listens to the tone of your voice and hears the words you are saying. At this age, they focus best on simple black-and-white pictures or big, brightly colored pictures.

**2. 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

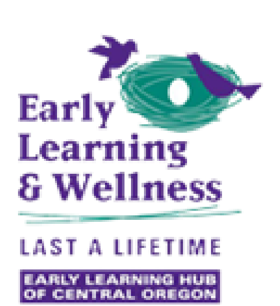
Available for free, and age specific here: https://www.mdaap.org/tree/

# Booster on Social Emotional Health for Birth to Five

1. **What is Social Emotional Health for Children Birth to Five?**
2. **Who** to Send to Internal Behavioral Health Services
3. **How to Engage Family in Services**
   - Talking point for providers
   - Developmental promotion materials to consider
4. **Integrated Behavioral Health: Content of the Training**
   - Brief assessments
   - Brief interventions
   - Identifying children to refer to Specialty Behavioral Health
5. **What Behavioral Health Services Exist in Central Oregon**
   - Compendium Created

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

*Internal Behavioral Health Training*
*January 22nd 10AM-2PM*




OPIP
Oregon Pediatric
Improvement Partnership

# Tools Provided to Integrated Behavioral Health

a. **Secondary assessments and clinical decision making framework:**
   1) Conceptual framework for determining risk
   2) Available assessment strategies
   3) Profiles of risk

b. **Intervention strategies for impacting early childhood social-emotional delays:**
   1) Low-intensity intervention resources
   2) Research-based primary care therapies
   3) Adapting evidence-based therapies

c. **Billing Strategies**

# **Secondary Assessments** for Integrated Behavioral Health for Young Children with Social Emotional Health Issues

- General goal is to stratify risk and determine level of service more so than make diagnostic determinations
    1. Reassurance and monitoring
    2. Resource identification
    3. Internal intervention
    4. External referral

# Ecology of Social-Emotional Delays

## Domains of social-ecological contributors leading to behavior concerns:

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

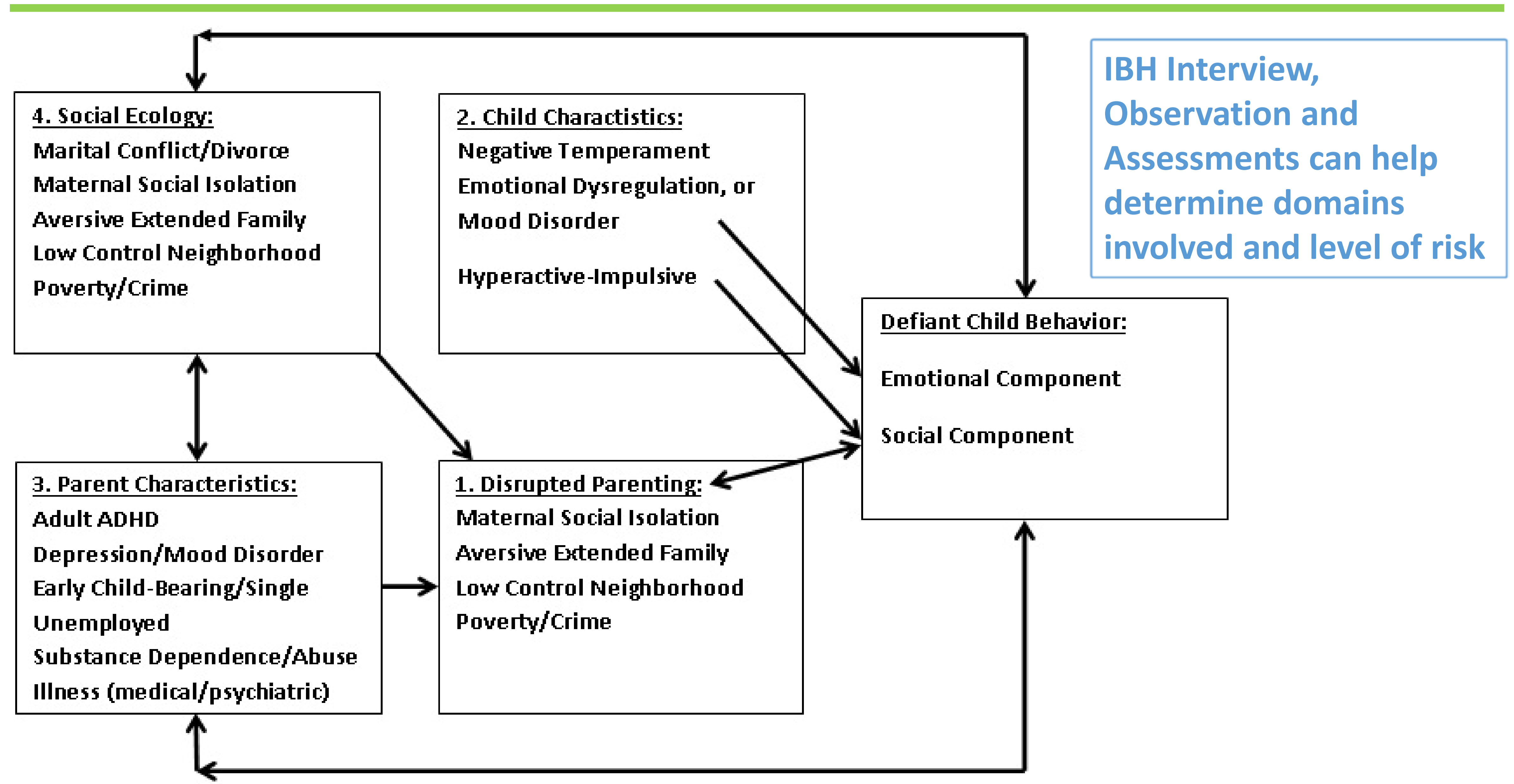
**Child Characteristics**
- Negative Temperament
- Emotional Dysregulation or Mood Disorder
- Hyperactive-Impulsive

**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



# Training Provided on Risk-Based Strategies

## Minimal Risk

- Some risk for general delays, but safe/secure environment, well-resourced, low-risk history, positive parenting in place, no parent concerns, low SE symptoms, etc.
- Response options
  - Affirmation and reassurance
  - Monitoring
  - Encourage follow-up with EI to address any other delays
  - Specific resources/strategies for promoting optimal development including the ASQ-SE Learning Activities

## Moderate Risk

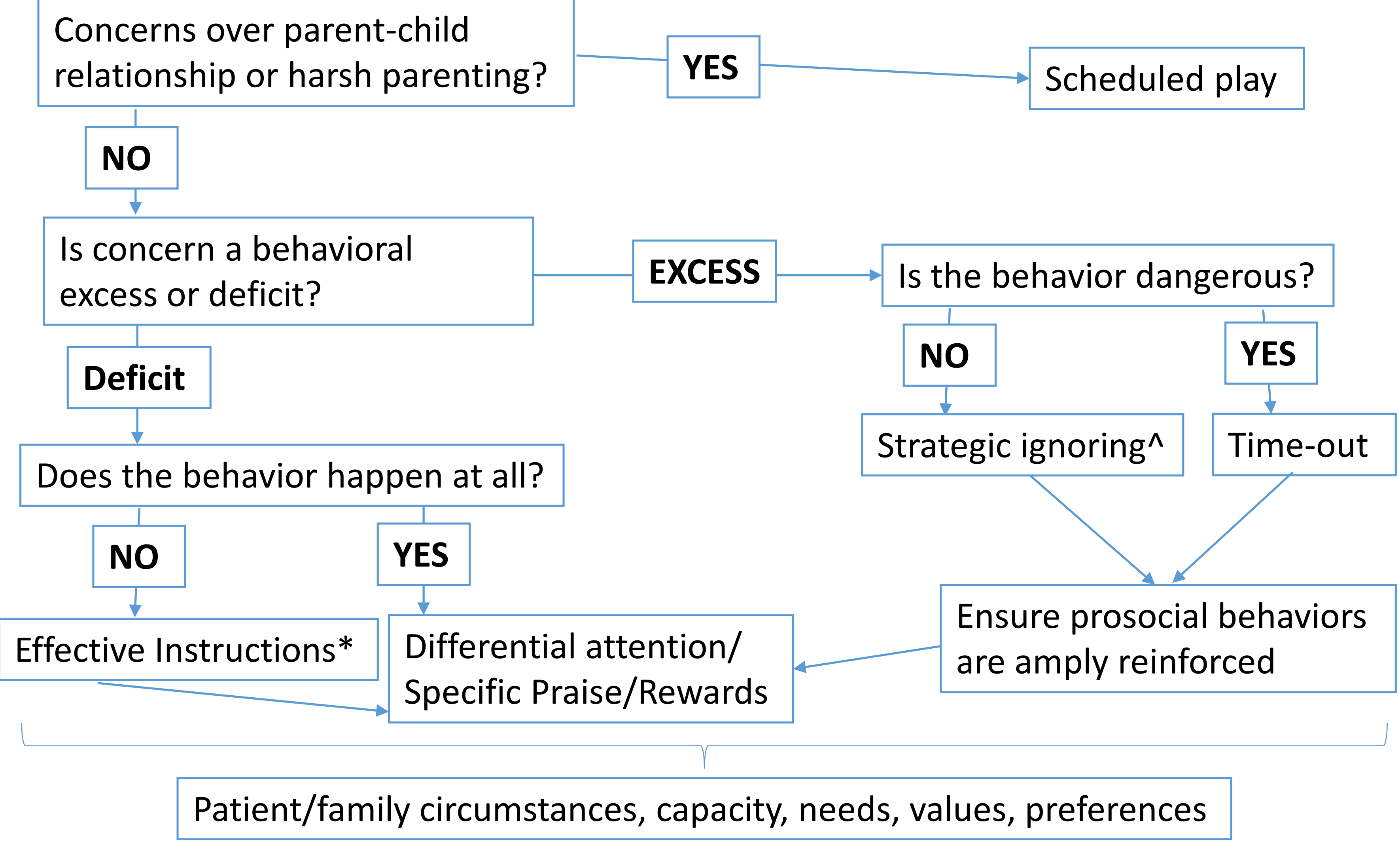
- Some risk for general delays, significant psychosocial stressors, some risk in history, some ineffective parenting, some parent concerns, mild to moderate SE symptoms, etc.
- Response options
  - Affirmation of care-seeking and existing strengths
  - Provision of social-emotional activities
  - Encourage follow-up with Behavioral Health to address any other delays
  - Brief course of intervention with the goal of ameliorating most pressing concerns and preventing exacerbation of problems

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.

# Dr Riley's: "My 2 Cents"

- Use interview/observation to make determinations about parenting
- Make sure to assess social ecology and parent factors in your history
  - Living situation, occupation, parent MH, trauma history, acute stressors
- Pick a standard instrument to assess child characteristics
  - Screeners are faster to administer/score, but less specific
  - Broadband instruments (BASC, CBCL, SDQ) probably offer best balance, but could be more resource intensive
- Goals of interventions – to encourage:
  - Secure attachment
  - Clear and appropriate expectations
  - Strategic consequences for both desired and undesired behavior

# Decision Framework to Inform Interventions



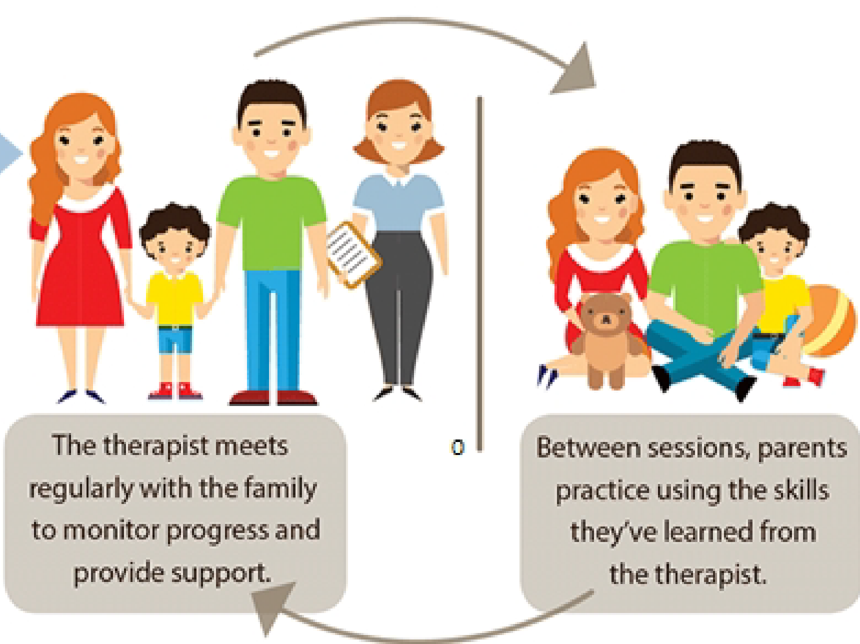

*May be approximation of terminal goal behavior; ^Consider tolerability of extinction burst

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.

## 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.




**After therapy ends, families continue to experience improved behavior and reduced stress.**

## What Parents will Learn

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

# Booster on Social Emotional Health for Birth to Five

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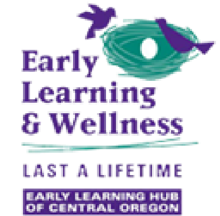



# Compendium of Behavioral Health Services for Birth to Five in Central Oregon

## *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

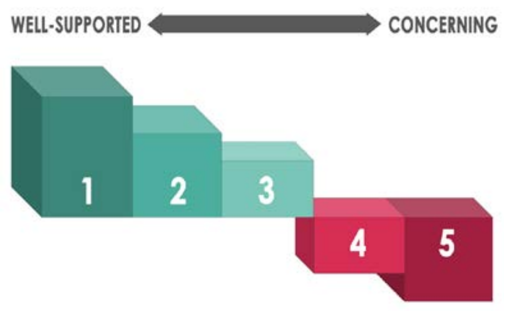
Part 3: Overview of Modalities and Talking Points for Providers

# 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:**



Version 9: December 9th, 2019

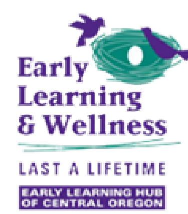
# Behavioral Health Services for Children Under Five with Social Emotional Delays

*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 DISRUPTIVE BEHAVIOR PROBLEMS** | | | |
| **Parent Child Interaction Therapy (PCIT)*** <br> ** PCIT is also an effective program for children with known trauma history* | Dyadic | 1-7 | 1 |
| **Generation-PMTO** | Dyadic, Family & Group | 2-18 | 1 |
| **Triple P (Positive Parenting Program)** | Group | 0-12 | 2 |
| **Theraplay** | Dyadic | 0-18 | 3 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)* | | | |
| **Collaborative Problem Solving** | Family, Individual | 3-21 | 2 |
| **Play Therapy** | Family, Individual | 3-12 | 3 |
| **Helping the Non-compliant Child** | Dyadic | 3-8 | 3 |
| **SERVICES TARGETED TO CHILDREN WITH KNOWN TRAUMA HISTORY** | | | |
| **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 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED CHILDREN UNDER 3)* | | | |
| **Trauma Focused CBT** | Dyadic | 3-18 | 1 |
| **SERVICES TARGETED TO CHILDREN WITH AT-RISK PARENTS/ FAMILIES** | | | |
| **Family Check-Up** | Dyadic | 2-17 | 1 |
| **Attachment and Biobehavioral Catch-up (ABC)** | Dyadic | 0-2 | 1 |
| *SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED CHILDREN UNDER 3)* | | | |
| **Incredible Years*** <br> ** Incredible Years is also good for children with disruptive behavior problems* | 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.*




# 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

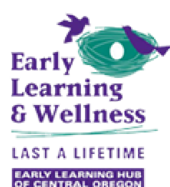
Collaborative Problem Solving (CPS)

Play Therapy

Generation Parent Management Training Oregon*

Positive Parenting Program

Helping the Non-Compliant Child




# 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**

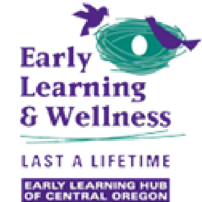
Child Parent Psychotherapy (CPP)

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

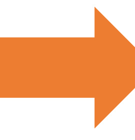
**At-Risk Children**

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

Draft
Version 15
September 10, 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, La Pine, Redmond | Bend, Redmond | Bend, Prineville | Bend , Redmond & Prineville | Prineville | Prineville | Madras | Redmond (3), Madras (2), Prineville (1) | Bend | Redmond & Sisters | Bend | Redmond |
| # of Providers | 15 | 1 | 1 | 1 | 10 | 3 | 4 | 4 | 3 | 2 | 3 | 6 | 1 | 1 | 2 | 6 |
| Case Load (per week) | 114 | 24 | 30 | 25 | 134 | 51 | 40 | 75 | * | 40 | * | 160 | 12 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 | 1 White | 1 Japanese-American, 5 White |
| Provider Language Spoken | 14 English, 1 Spanish/ English | English | English | English | 8 English, 2 Spanish/ English | English | English | 3 English, 1 Spanish | English | English | English | English | English | English | English | English |
| Payer | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | OHP/ Private | OHP | OHP | OHP/ Private | OHP/ Private | OHP/Private | Private/ Sliding scale | OHP/ Private | Patient submits claims | OHP/ Private |
| Tele-services | Yes | Yes | * | * | * | Yes | Yes | 1 nurse practioner | Yes, during COVID-19 | * | 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

| Key | Meaning |
|---|---|
| * | Information needs to be verified |
| (striped shading) | Only takes referrals for children/families that are at risk for out of home placement. Won't count towards capacity. |

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

Date Last Updated: 8/13/2020

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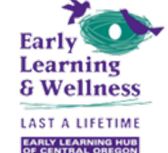
Compendium of Behavioral Health Services for Birth to Five in Central Oregon

## *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.

# Time for Questions!




# Next Steps

- From Today:
  - OPIP will 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
- Booster on Pathway to PEDAL (**Would recorded be acceptable?)**
- Processing for Maintenance of Certification Part 4 Credit (Quality Improvement)
  - You will receive a link from Logan to a 4 question Survey Monkey
  - After completed OPIP will complete your credit processing

# 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:
  - opip@ohsu.edu

OPIP