



Oregon Transforming Pediatrics for Early Childhood
Early Childhood Developmental (ECD) Services in Primary Care:
Strategies to Enhance Interventions Provided by
Staffing with Expertise in ECD
May 25, 2023



Welcome to the First Oregon TPEC Learning Session



We are so excited to be here with you!!



Acknowledgement of Funding



- [Transforming Pediatrics for Early Childhood \(TPEC\)](#) is supported by Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).
- The contents of this learning sessions are those of the authors (OPIP staff) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the US Government.

Oregon Transforming Pediatrics For Early Childhood (TPEC) Learning Collaborative With Four Sites



Welcome to the Four Primary Care Sites of our TPEC Learning Collaborative!

1. Hillsboro Pediatrics
2. Metropolitan Pediatrics: Johnson Creek
3. Randall Children's Pediatric Care
4. Virginia Garcia Memorial Health Center (VGMHC): Cornelius Clinic



Team Supporting The Learning Session



Colleen Reuland, MS
*OPIP Director, Principal Investigator
of Oregon TPEC*



Hayes Bakken, MD
*Physician Improvement
Specialist*



Lydia Chiang, MD
Medical Director



Katie Unger, MPH
*Facilitation and
Improvement Manager*



Jessica Wilson, MSW
*Behavioral Health Improvement
Facilitator*



Vienna Cordova, BA
*OPIP Projects
Coordinator*



Stacey Bray
*Parent Partner, Learning Session Speaker as an Expert on Experiences
with Health Systems for Children with Need for ECD Expertise*

Experts Behind the Scenes: **Tab 3 of Binder**



- **Faculty to OPIP funded in our Grant**
 - Dr. Andrew Riley
 - Dr. Jamie Peterson
 - Other Experts and Supports We Plan to Contract with Based on Staffing and Resource Plan You Identify Over the Next Six Months
- **Early Childhood Developmental Health Systems Evidence to Impact National Center**



Remembering and Centering Our Oregon TPEC North Star



This Photo by Unknown Author is licensed under [CC BY](#)



Learning Session Agenda

Tab 1

- Welcome from the Oregon Pediatric Improvement Partnership
- Overview of the **Transforming Pediatrics for Early Childhood** Goals and Objectives to Expand the Early Childhood Development Continuum
- Introductions of TPEC Learning Collaborative Primary Care Sites
- Why **Issue-Focused Interventions** Provided by Staff with ECD Expertise are Needed
- **Parent Expert Speaker**
- Oregon TPEC Evaluation Data, Practice-Specific Snapshot of Baseline ECD Findings
- **Break**
- Tools and Strategies for Expanding Issue-Focused Interventions Provided by Staff with ECD Expertise
- Overview of Small Group Action Plan Session: Design Parameters and Objectives
- ***Small Group Practice-Specific Work Session, Facilitated by OPIP***
- Facilitated Small Group Session on Action Plan to Increase ECD Expertise
 - Clarify practice-specific answers to design parameters for action plans
 - Determine starting point aim for staffing and resource plan to increase ECD expertise
 - Outline next steps, tasks, and priorities for the next six months.
- Practice-Specific Report Out from Action Planning
- Close Out & Next Steps

Meeting Logistics & Importance of Self Care

- We are accountable to track data on your participation.
 - Please complete the pre- and post-survey
 - **Speaking of...please hand in your pre-survey now if you have not yet**
- Bathrooms
- Seating will be with your practice teams for ease of reviewing site-specific data and action planning. That said feel free to stand during presentation and ensure your comfort
- There are open areas if you need space
- Small group action planning period will happen at your table and be facilitated by an OPIP member, with our parent speaker available for questions and input
- Boxed lunch will be provided to you at the end, once you complete the post-survey for gathering your feedback on today's Learning Session



Learning Session Agenda

- Welcome from the Oregon Pediatric Improvement Partnership
- Overview of the **Transforming Pediatrics for Early Childhood** Goals and Objectives to Expand the Early Childhood Development Continuum
- Introductions of TPEC Learning Collaborative Primary Care Sites
- Why **Issue-Focused Interventions** Provided by Staff with ECD Expertise are Needed
- **Parent Expert Speaker**
- Oregon TPEC Evaluation Data, Practice-Specific Snapshot of Baseline ECD Findings
- **Break**
- Tools and Strategies for Expanding Issue-Focused Interventions Provided by Staff with ECD Expertise
- Overview of Small Group Action Plan Session: Design Parameters and Objectives
- ***Small Group Practice-Specific Work Session, Facilitated by OPIP***
- Facilitated Small Group Session on Action Plan to Increase ECD Expertise
 - Clarify practice-specific answers to design parameters for action plans
 - Determine starting point aim for staffing and resource plan to increase ECD expertise
 - Outline next steps, tasks, and priorities for the next six months.
- Practice-Specific Report Out from Action Planning
- Close Out & Next Steps

Transforming Pediatrics in Early Childhood (TPEC): Goals For Cooperative Agreement



To achieve long-term improvements in early developmental health, school readiness, family well-being, and health equity, the primary goals of TPEC are to:

1. Improve equitable access to a continuum of early childhood development (ECD) services in patient-centered medical home and similar settings serving pediatric patients birth-to-five, and
2. Improve the capacity of practices and workforce serving pediatric patients to deliver high-quality ECD services that address the holistic needs of children and families.

TPEC Core Program Objectives



1. Increase the **number of ECD experts** trained, equipped, and placed in pediatric settings serving Medicaid/CHIP-eligible or uninsured P–5 populations;

Focus of this Learning Session and action planning is your Staffing and Resource Plan to increase ECD expertise that can do issue-focused interventions

2. Increase the **number of pediatric practices** offering a **continuum of ECD services** that includes comprehensive early developmental health promotion/prevention, screening and surveillance, care coordination and linkage, and intervention;
3. Improve **ECD knowledge and competencies among pediatric primary care staff**;
4. **Identify and advance solutions to specific barriers to sustained and holistic ECD service delivery in primary care, such as policy and financing barriers, ECD workforce needs, care coordination, and service gaps.**

One design parameter to consider in your Staffing and Resource Plan is providing intervention services that are reimbursable. Goal is to learn about solutions and barriers

Continuum of ECD Services: Defined by HRSA in TPEC Award Language



Promotion
and
Prevention



Surveillance
and
Screening



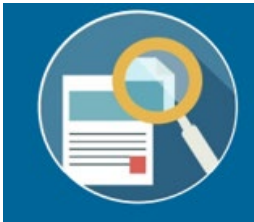
Care
Coordination
and Linkage



Intervention



Oregon's Approach to Operationalize the Continuum of ECD Services



Promotion & Prevention	Surveillance & Screening	Care Coordination & Linkage	Intervention
<ul style="list-style-type: none"> • Age-Appropriate Early Developmental Promotion and Prevention Education • Prenatal Visits for Pediatric Care • Connection to Universal ECD Community Resources 	<ul style="list-style-type: none"> • Surveillance aligned with Early Childhood Development • Standard Screening to Assess ECD Progress & Concern aligned with Bright Futures • Additional Screenings to Understand Holistic View of Child and Family Functioning • Eligibility for ECD and Family Well-Being Programs 	<ul style="list-style-type: none"> • Care Coordination • Managing Care Coordination Panel and Care Planning • Referral and Specialty Care Coordination and Tracking • Systems Navigation Support • Participation in Coordinated Intake and Referral Systems • Use of Centralized Resource Directories 	<ul style="list-style-type: none"> • Support to primary care team <ul style="list-style-type: none"> ○ Staff with ECD Expertise Participating During WCC ○ ECD expert consultation to team • Assessments using screening tool or clinical assessment to evaluate identified issue • Brief interventions and Parent Management Strategies for Issue Focused Areas • Therapeutic Interventions (Dyadic and/or Group)

Continuum of ECD Services

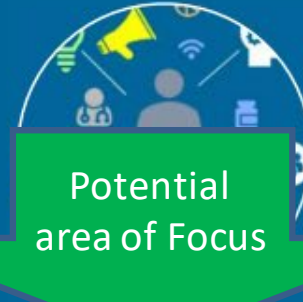
Minimum Requirement of ECD Expertise Staffing & Resource Plan



Promotion and Prevention



Surveillance and Screening



Potential area of Focus

Care Coordination and Linkage



Intervention



Translation to Oregon Context: Potential Levers



	TPEC Defined ECD Domain			
	Promotion & Prevention	Surveillance & Screening	Care Coordination & Linkage	Intervention in Primary Care
Examples of Oregon Specific Priorities Aligned with Components of TPEC ECD	<ul style="list-style-type: none"> Well-Child Visits Pre-Natal, Post Natal Visit (FM) Reach out and Read 	<ul style="list-style-type: none"> Social-Emotional Screening Maternal depression screening Developmental screening SDoH Screening 	<p>Referral to:</p> <ul style="list-style-type: none"> Behavioral health (SE Therapeutic Services) DB Peds EI/ECSE Help Me Grow Medical Therapies SDoH services <p>Care Coordination /Care Management</p>	<ul style="list-style-type: none"> Integrated Behavioral health (SE Therapeutic Services) THW with Birth to Five Expertise Co-located ECD Expert Services



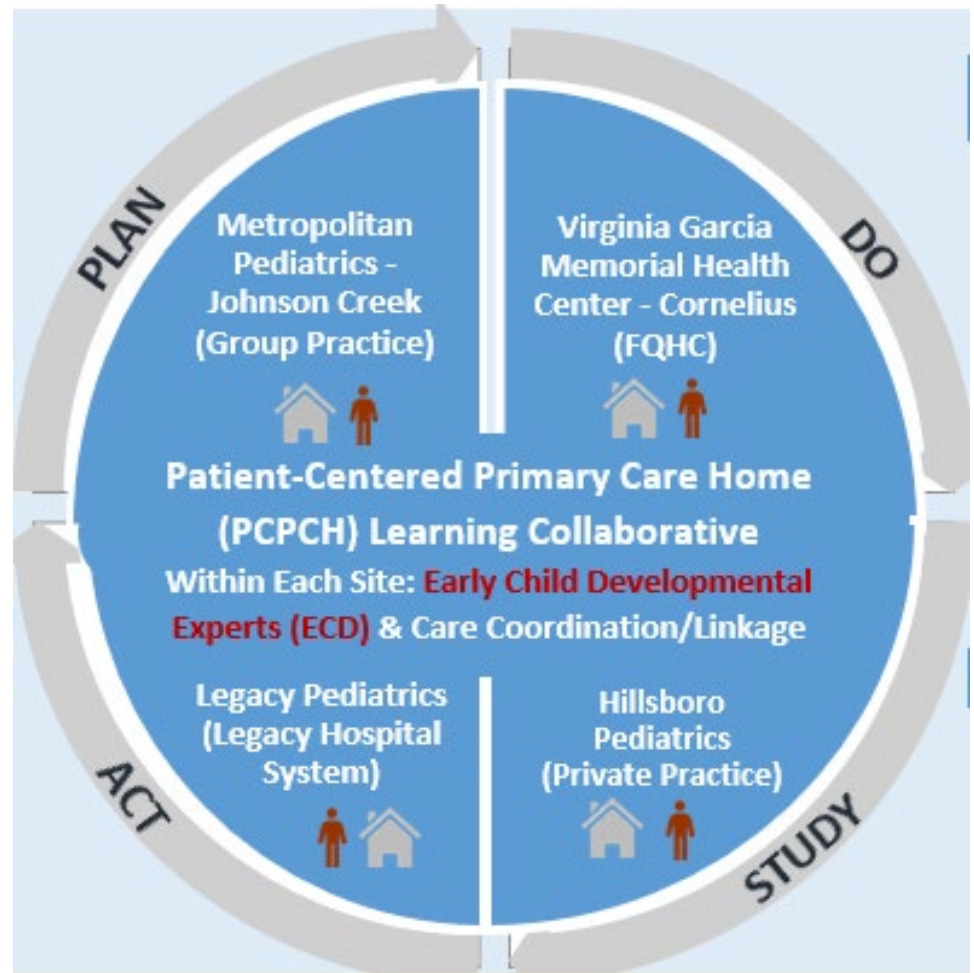
: Topic Areas Aligned with CCO Incentive Metrics

*Considerations for Addressing Sustainability and Equity:
Considering if TPEC Expert Funding should:*

- Support **implementing billable services** by the ECD expert(s)? (Impacts sustainability)
- Support enhancing ECD expertise that can be aligned with **incentive metrics**? (Impacts sustainability)?
- Target and support enhanced ECD expertise and/or clinical systems and processes for a specific population with **inequitable outcomes** ?



Oregon TPEC Learning Collaborative of 4 Primary Care Sites



2022			2023									
Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct
							LS #1					
Set Up Period Focus: Develop: Contract, Multi Disciplinary Team, Onboarding Data Collection, Parent Advisory Design & Set Up Standing Mtg and QI Time							Action Period Focus: Early Childhood Developmental (ECD) Services in Primary Care: Strategies to Enhance ECD expertise and staffing					

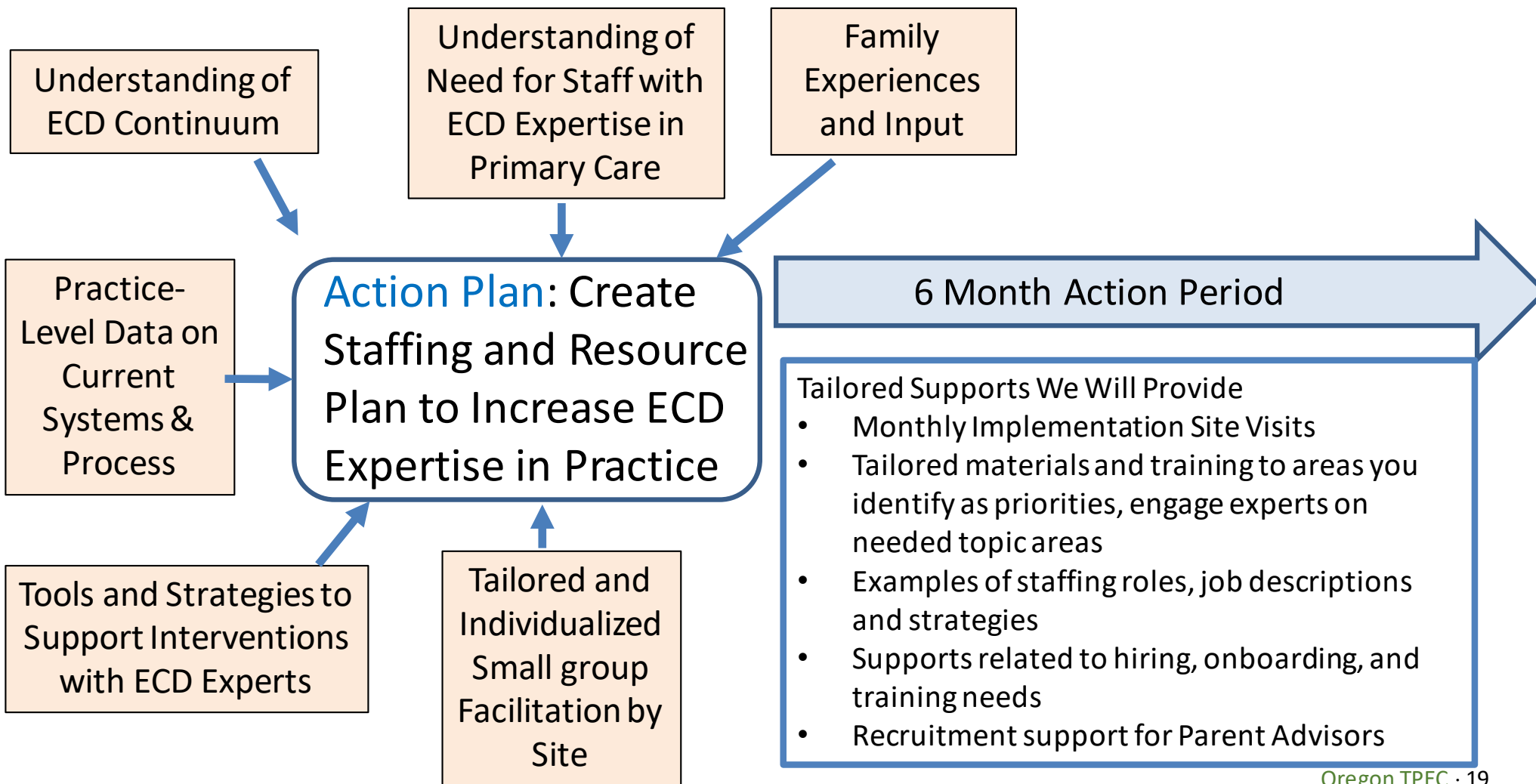
Content of Today's Learning Session to Support the Start of Your Action Plan & Supports Provided Over Next Six Months



TODAY'S **LEARNING SESSION CONTENT** TO INFORM **ACTION PLAN**

May	June	July	Aug	Sept	Oct
LS #1					

Action Period Focus:
Early Childhood Developmental (ECD) Services in Primary Care: Strategies to Enhance ECD expertise and staffing





Learning Session Agenda

- Welcome from the Oregon Pediatric Improvement Partnership
- Overview of the **Transforming Pediatrics for Early Childhood** Goals and Objectives to Expand the Early Childhood Development Continuum
- Introductions of TPEC Learning Collaborative Primary Care Sites
- Why **Issue-Focused Interventions** Provided by Staff with ECD Expertise are Needed
- **Parent Expert Speaker**
- Oregon TPEC Evaluation Data, Practice-Specific Snapshot of Baseline ECD Findings

Break

- Tools and Strategies for Expanding Issue-Focused Interventions Provided by Staff with ECD Expertise
- Overview of Small Group Action Plan Session: Design Parameters and Objectives

Small Group Practice-Specific Work Session, Facilitated by OPIP

- Facilitated Small Group Session on Action Plan to Increase ECD Expertise
 - Clarify practice-specific answers to design parameters for action plans
 - Determine starting point aim for staffing and resource plan to increase ECD expertise
 - Outline next steps, tasks, and priorities for the next six months.
- Practice-Specific Report Out from Action Planning
- Close Out & Next Steps

ICEBREAKER!!

Participating in Four
Year Learning
Collaborative
Together

Important to get to
know each other



NAME THAT TUNE

As a site team – **work together to NAME THAT KIDS TUNE!**

First one to raise your hand will be called on to answer

If correct – get a point

If wrong – another team can attempt to answer

First to 3 wins a prize to be given at next site visit!!

Team Introduction

Hillsboro Pediatrics



Terrie Molin
Clinic Administrator



Liz Avalos, LMFT
Behavioral Health Clinician



Kelcey Chilcott, PNP
Provider Champion



Emily Pratt, MD
Provider Champion

Hillsboro Pediatrics



What is one strength within your practice or team that you hope to leverage in this work:

- Integrated Behavioral Health that is dedicated birth – 10; group classes & New Kinder Coach (CHW)
- Sound quality improvement principles – clinic is adaptable to change
- Good process to identify children and families who may need additional supports and process for internal connection to resources

Something you hope you improve and enhance through participating in this project:

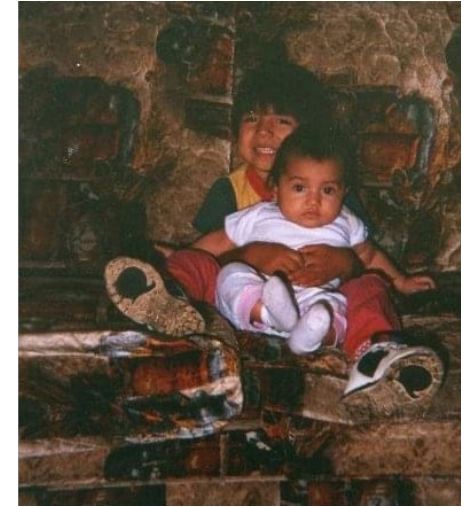
- Connection and access to external resources once a need is identified
- Importance of Well Visits for 3-6 and how to target families that are not coming in or engaging in services
- Connecting the dots - Help families understand why we are screening and how it can help inform care

Team Introduction

Virginia Garcia Memorial Health Center



Lyn Jacobs, MD
Site Medical Director



Juan Ugarte
Clinic Manager



Claudia Rodriguez
Back Office Champion



Melissa Belli, MD
Provider Champion

Virginia Garcia Memorial Health Center



What is one strength within your practice or team that you hope to leverage in this work:

- ***Relationship with our patient population – staff resemble our patient population***
- ***Connection to community – clinic was developed because of the needs identified***
- ***Infrastructure to support Wellness Outside of the Exam Room – community can come to cook, gather, garden***

Something you hope you improve and enhance through participating in this project:

- ***Expansion of current work to Early Childhood***
- ***Getting expertise within our clinic to support young children***

Team Introduction

Metropolitan Pediatrics – Johnson Creek



Katie Hyde, MD
Physician Champion



Resa Bradeen, MD
Chief Medical Officer



Tori Carlson
Practice Manager



Teresa Spence
Back Office Manager



Brenna Sahatijan
Behavioral Health Clinician

Metropolitan Pediatrics – Johnson Creek



What is one strength within your practice or team that you hope to leverage in this work:

- *Collaborative, multi-disciplinary team with extensive knowledge.*
- *Great working team with a collaborative approach when taking care of patients.*
- *We are a team dedicated to providing excellent patient care through compassion-driven initiatives.*

Something you hope you improve and enhance through participating in this project:

- *Knowledge and skills with the 0-5 population.*
- *Gain additional parenting/developmental resources for behavior, etc.*
- *Expand knowledge, services, and resources to greater support our patients and families.*

Team Introduction

Randall Children's Pediatric Care



Brad Olson, MD
Provider Champion



Christian Huber, RN, BSN, MBA
Manager – Pediatric Services



Briana Amabisca
Project Coordinator



Jake Wicks, LCSW
Behavioral Health Clinician



Cat Rogers, LCSW
Pediatric Social Worker



Amy Estes
Assistant Nurse Manager

Randall Children's Pediatric Care

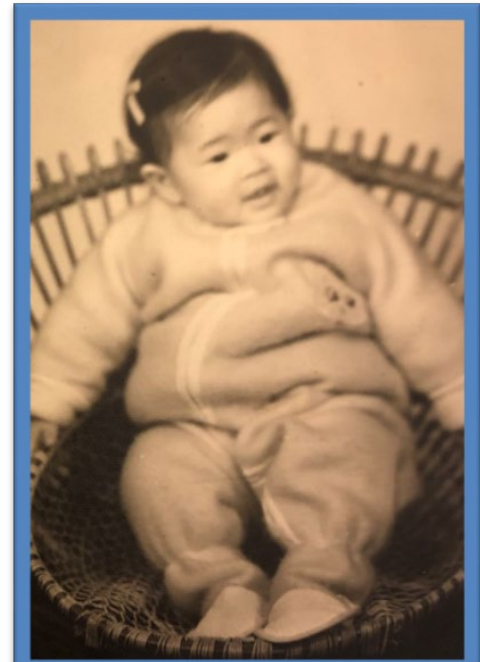
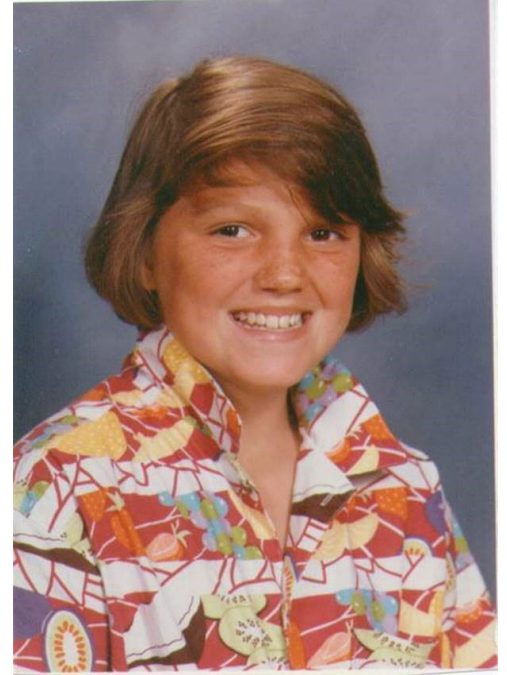


What is one strength within your practice or team that you hope to leverage in this work:

- *Team's ability to innovate & implement new concepts*
- *Priority to put patient and family in the center of improvement*
- *Depth of staffing to support ECD continuum – care management, integrated behavioral health and CHW*

Something you hope you improve and enhance through participating in this project:

- *Enhance focus on birth to 5 - build internal supports for this age group*
- *Educate full team on opportunities to support this population*
- *Thinking upstream – prevention and starting supports early*





Learning Session Agenda

- Welcome from the Oregon Pediatric Improvement Partnership
- Overview of the **Transforming Pediatrics for Early Childhood** Goals and Objectives to Expand the Early Childhood Development Continuum
- Introductions of TPEC Learning Collaborative Primary Care Sites
- Why **Issue-Focused Interventions** Provided by Staff with ECD Expertise are Needed
- **Parent Expert Speaker**
- Oregon TPEC Evaluation Data, Practice-Specific Snapshot of Baseline ECD Findings
- *Break*
- Tools and Strategies for Expanding Issue-Focused Interventions Provided by Staff with ECD Expertise
- Overview of Small Group Action Plan Session: Design Parameters and Objectives
- *Small Group Practice-Specific Work Session, Facilitated by OPIP*
- Facilitated Small Group Session on Action Plan to Increase ECD Expertise
 - Clarify practice-specific answers to design parameters for action plans
 - Determine starting point aim for staffing and resource plan to increase ECD expertise
 - Outline next steps, tasks, and priorities for the next six months.
- Practice-Specific Report Out from Action Planning
- Close Out & Next Steps

Why focus on Social, Emotional, Developmental and Behavioral Services?

We know that children with 2+ ACEs have increased rates of ADHD, behavioral and social concerns.
Data for **Health Share of Oregon**:

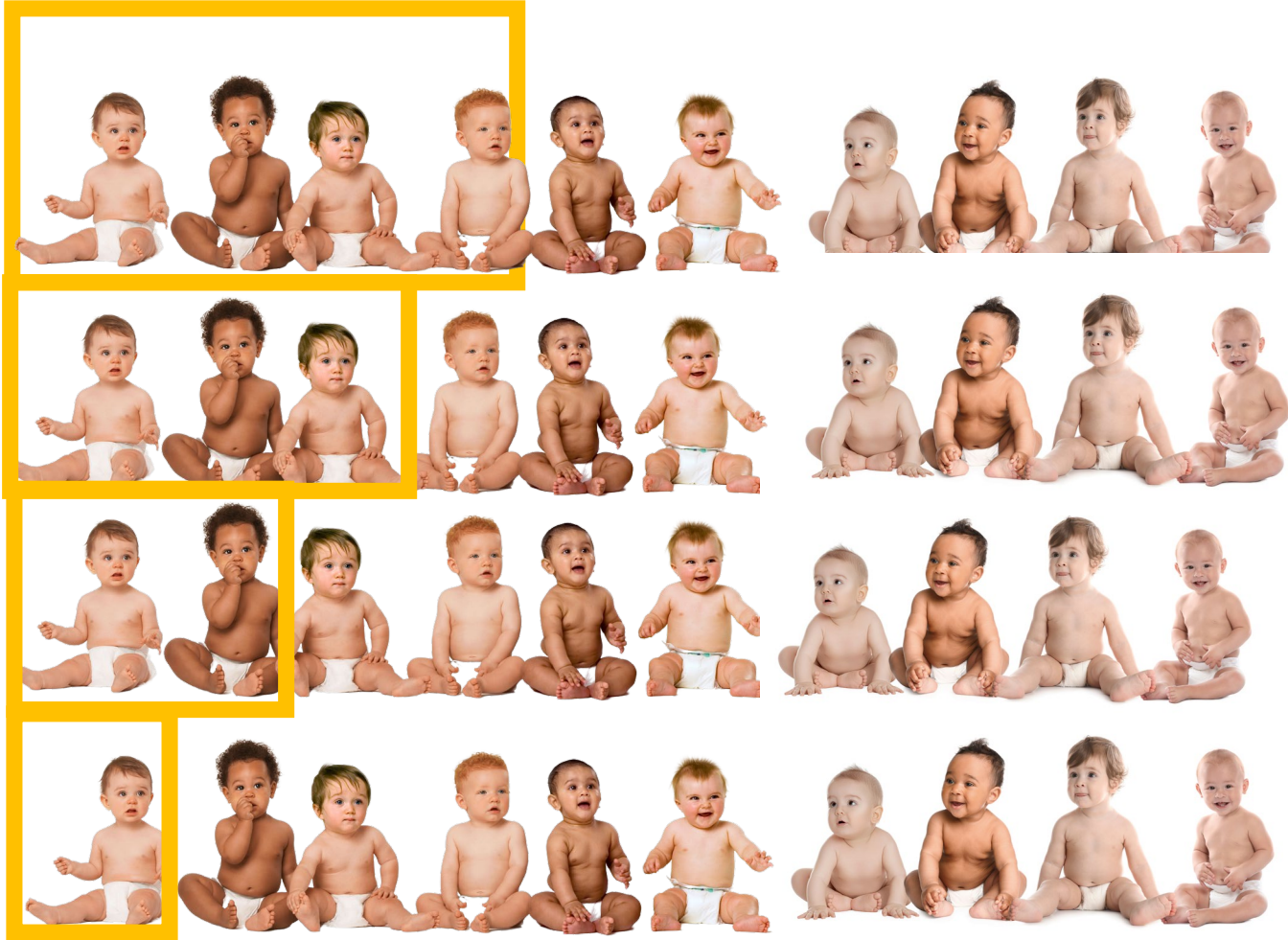
Of these 10 babies, by the age of 5:

4 will have experience having a parent with a mental health diagnosis who received treatment (36.8%)

3 will have 3 or more social complexity factors (27.3%)

2 will have a parent with a history of substance use disorder treatment services (16.4%) or of being incarcerated during the child's first five years of life (16.1%)

Almost 1 in 10 will have been in foster care (5.1%)



Primary Pain Point **TPEC** Is Addressing by Requiring Implementation of **Staffing with ECD Expertise** to Conduct Issue-Focused Interventions



Possible early childhood developmental, behavioral and/or social-emotional issue identified in primary care via:

- Parental concern
- Clinical judgment
- **Screening tools** given children not identified based on clinical judgement alone

Standardized processes and work flows

Additional Support Needed to Address **Issues Identified** within Primary Care:

- **Increase number of ECD experts in primary care for **issue-focused interventions****

- HRSA (via the TPEC grant language) defines **ECD experts** according to **core competencies**, rather than a specific educational background or credentials.
- **ECD expert should have training and expertise in:**
 - Early childhood development (including social-emotional development)
 - Positive parent-child relationships
 - Prenatal–5 family support needs and practices
 - Trauma-informed care
 - Health and early childhood system navigation.

Therefore, **ECD Experts** Can Be:



Providers with the following training or credentials may be well-positioned to demonstrate the core ECD expert competencies:

- Psychologists
- Social workers
- Infant mental health professionals
- Public health nurses
- Nurse practitioners
- Infant and early childhood home visitors
- Physicians and allied health professionals
- Community health workers
- Doulas
- Promotores
- Care coordinators
- Parent/peer educators
- Early intervention and early learning professionals

Positions may be long-term placements for advanced trainees in the above disciplines (e.g., full-time psychology, social work, or counseling interns), with appropriate supervision and support.

Continuum of ECD Services

Minimum
Requirement of
ECD Expertise
Staffing &
Resource Plan



Promotion
and
Prevention



Surveillance
and
Screening



Care
Coordination
and Linkage



Intervention



Oregon TPEC Approach to Operationalize Issue Focused Intervention in the Context of PCPCH Sites & Oregon Levers



Intervention

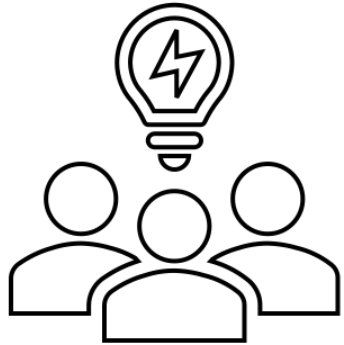
Issue Focused Interventions by Staff with ECD Expertise

- **Support** to primary care team
 - Staff with ECD expertise participating during well-child visits
 - Staff with ECD expertise consultation to team
- **Assessments:** Could include use of screening tool or clinical assessment to evaluate issue identified via clinical judgment, parental concern, or screening
- **Brief interventions and Parent Management Strategies** for Issue Focused Areas
- **Therapeutic Interventions** (Dyadic and/or Group)

Spectrum of Roles Staff with **ECD Expertise** Could Play in Providing Issue-Focused Interventions



Support to Primary Care Team



Assessment



Brief Intervention & Parent Management Strategies



Therapeutic Intervention (Dyadic and/or Group)



Potential Spectrum of Services Staff with **ECD Expertise** May Offer

Additional Supports to Families in Receiving Intervention Services **Outside Primary Care**



Possible early childhood developmental, behavioral and/or social-emotional issue identified in primary care via:

- Parental concern
- Clinical judgment
- **Screening tools** given children not identified based on clinical judgement alone.

Pathway Supports
to EXTERNAL
Organizations and
While Waiting for
Services

When **external referral** may be best follow-up step for identified issue:

Primary care staff with ECD expertise could assist with **referral and system navigation; Supports while waiting for services**

THE BRAY FAMILY

*back row: Michael & Stacey,
front row: Kirsten, Ares, Lucas*



While Listening, Consider:

- Opportunities within your clinic to take action on priorities being expressed
- What additional questions you may have for Stacey when she visits your breakout group



Learning Session Agenda

- Welcome from the Oregon Pediatric Improvement Partnership
- Overview of the **Transforming Pediatrics for Early Childhood** Goals and Objectives to Expand the Early Childhood Development Continuum
- Introductions of TPEC Learning Collaborative Primary Care Sites
- Why **Issue-Focused Interventions** Provided by Staff with ECD Expertise are Needed
- **Parent Expert Speaker**
- Oregon TPEC Evaluation Data, Practice-Specific Snapshot of Baseline ECD Findings
- **Break**
- Tools and Strategies for Expanding Issue-Focused Interventions Provided by Staff with ECD Expertise
- Overview of Small Group Action Plan Session: Design Parameters and Objectives
- ***Small Group Practice-Specific Work Session, Facilitated by OPIP***
- Facilitated Small Group Session on Action Plan to Increase ECD Expertise
 - Clarify practice-specific answers to design parameters for action plans
 - Determine starting point aim for staffing and resource plan to increase ECD expertise
 - Outline next steps, tasks, and priorities for the next six months.
- Practice-Specific Report Out from Action Planning
- Close Out & Next Steps

Baseline & future data collection efforts are critical to:

- **Guide** improvement efforts
- **Evaluate** whether improvements are happening
- **Illuminate** populations with potential disparities in care, health inequities
- **Advocate** for policy, payment, and system capacity improvements
- Meet federal reporting requirements
 - Specific to TPEC grant objectives
 - For all HRSA funded projects
- Semi-annually collection of **robust data** derived from **various sources**
- Learning sessions will always include a distillation of **applicable data** specific to the **Early Childhood Development (ECD) services** aligned with focus for the day in order to illuminate current state and opportunities for improvement

Oregon TPEC: Baseline Data Collected And Being Collected



Various Sources of Data:

Data Source: Practices (You!)

Practice Report on Office Systems & Processes (Just Finished)

- PCPCH
- Enhanced PCPCH tool: Specific to Early Childhood Development (PCPCH-ECD)

Practice-Level Data from EHR or Tracking Form (Collecting in late summer 2023)

- Visits with IBH, Care Coordination Staff
- SDoH Screening: EHR
- Number referred to specific external ECD services where we want to track capacity. Examples: *Specialty Behavioral Health, Developmental Behavioral Evaluation*
- Interventions done by staff with ECD Expertise Not Captured in Claims or Above

Data Source: Health Share of Oregon (HSO) Claims

Currently working with HSO to capture feasible baseline data aligned with ECD domains and CCO Incentive metrics:

- Well-Child Visits: Children Under 30 months, Children 3-6 years old
- Developmental screening
- Social-Emotional Assessment/Service Rate (Includes Screening)
- SDoH Screening (Starting in Year 3 to align with CCO Incentive metric, HRSA Suggesting CPT code 96160)
- If applicable: Pre-Post Natal Metric (NQF 1517)

Other Data Sources


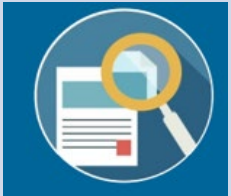


Examples OPIP is Managing to Meet Reporting Requirements


- Participant Surveys (such as Learning Session pre- and post-survey)
- OPIP staff tracking of attendance
- Reports by Help Me Grow of ability to close referral loop (Practices need to request)
- Qualitative Data from Families

Oregon TPEC: HSO Claims-Based Metrics Aligned with Levers Associated with Value-Based Payments (Objective 4 of Grant)



TPEC Defined ECD Domain

	 Promotion & Prevention	 Surveillance & Screening	 Care Coordination & Linkage	 Intervention in Primary Care
Examples of Oregon Specific Priorities Aligned with Components of TPEC ECD	<ul style="list-style-type: none"> • <u>Well-Child Visits</u> • <u>Pre-Natal, Post Natal Visit (FM)</u> • Reach out and Read 	<ul style="list-style-type: none"> • <u>Social-Emotional Screening</u> • <u>Developmental screening</u> • <u>SDoH Screening</u> 	Referral to: <ul style="list-style-type: none"> • <u>Behavioral health (SE Therapeutic Services)</u> • DB Peds • EI/ECSE • Help Me Grow • Medical Therapies • SDoH services Care Coordination/Care Management	<ul style="list-style-type: none"> • <u>Integrated Behavioral health (SE Therapeutic Services)</u> • THW with Birth to Five Expertise • Co-located ECD Expert Services

 = Topic Areas Aligned with CCO Incentive Metrics



Today we will show you:


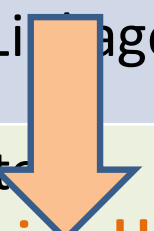
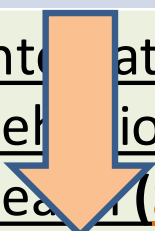
1. **Health Share of Oregon** data on current level of **therapeutic services** captured in claims that represent issue-focused interventions for social-emotional issues
2. Relevant **parent qualitative data** about why issue-focused interventions matter in your community
3. Specific sections of the **PCPCH-ECD** to inform your Action Plan Focused on Increasing Issue-Focused Interventions by Staff with ECD Expertise

At Future Site Visits and Meetings we will provide:

1. Full summary of the **PCPCH-ECD** findings for your practice & blinded comparison to other sites
2. Practice-level **Health Share of Oregon** data
3. Across-Site Summary of Practice-Level Data After Collected (Fall 2023)

Oregon TPEC: Related Health Share of Oregon Claims Data on Issue-Focused Interventions Specific to Social-Emotional Health



	TPEC Defined ECD Domain			
	Promotion & Prevention	Surveillance & Screening	Care Coordination & Linkage	Intervention in Primary Care
Examples of Oregon Specific Priorities Aligned with Components of TPEC ECD	<ul style="list-style-type: none"> • <u>Well-Child Visits</u> • <u>Pre-Natal, Post Natal Visit (FM)</u> • Reach out and Read 	 <ul style="list-style-type: none"> • <u>Social-Emotional Screening</u> • <u>Developmental screening</u> • <u>SDoH Screening</u> 	 <p>Referral to</p> <ul style="list-style-type: none"> • <u>Behavioral health (SE Therapeutic Services)</u> • DB Peds • EI/ECSE • Help Me Grow • Medical Therapies • SDoH services <p>Care Coordination/Care Management</p>	 <ul style="list-style-type: none"> • <u>Integrated Behavioral health (SE Therapeutic Services)</u> • THW with Birth to Five Expertise • Co-located ECD Expert Services

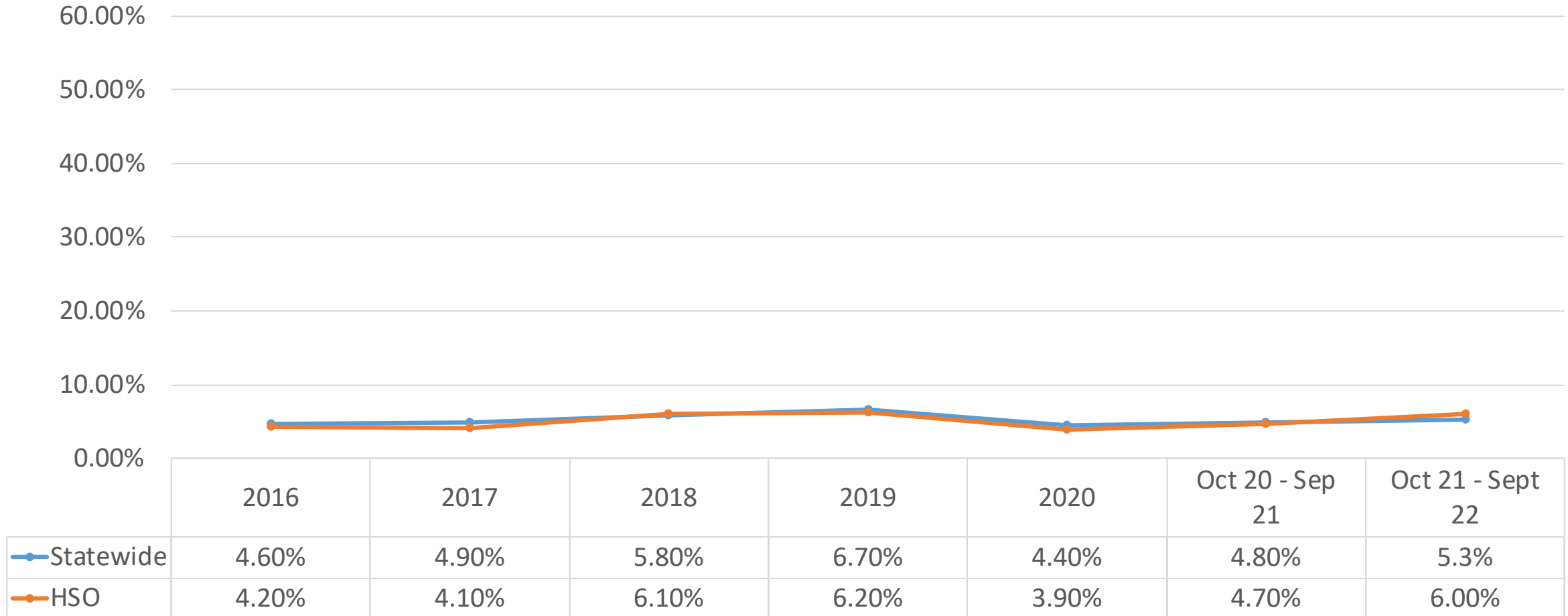


= Topic Areas Aligned with CCO Incentive Metrics

Social-Emotional Reach Data for Children 1-5:

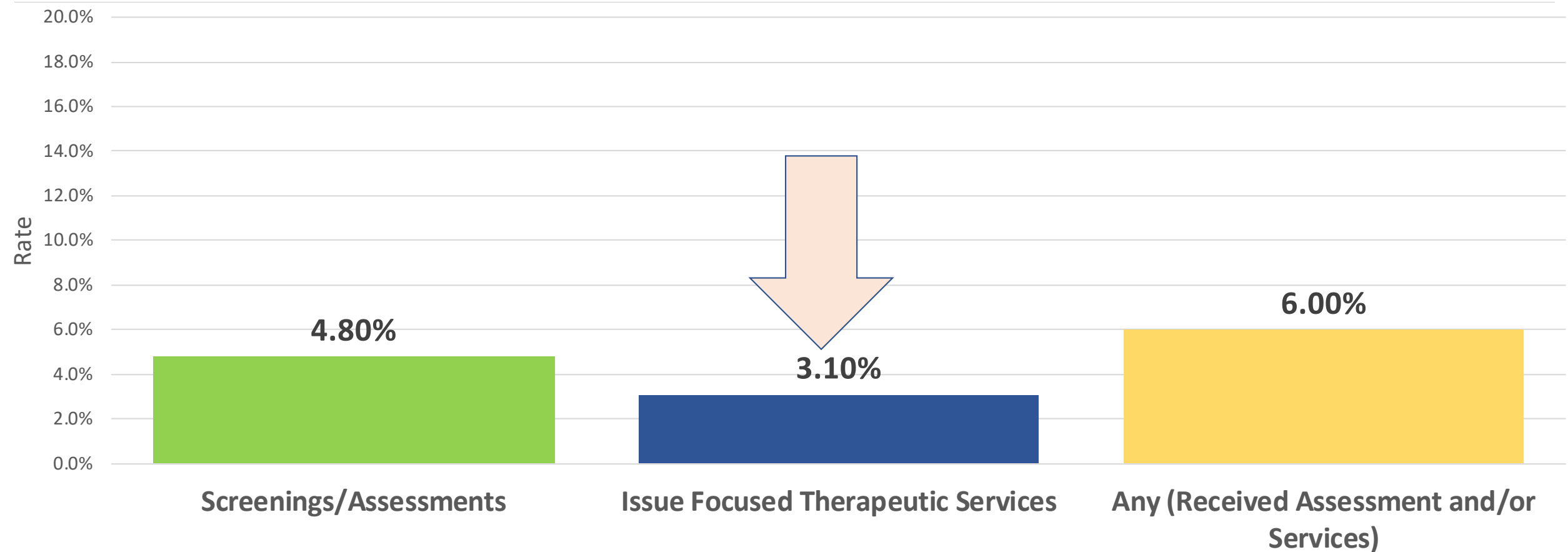
Proportion of Medicaid/CHIP Insured Children Ages 1-5 Who Received Any Type of Social-Emotional Service: Screenings/Assessments and/or Issue-Focused Therapeutic Services

Statewide & Within Health Share of Oregon (HSO)



Health Share of Oregon Social-Emotional Reach Data for Children Ages 1-5 (October '21-September '22):

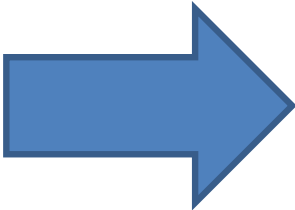
Proportion who received **Assessments/Screening** vs Issue-Focused Therapeutic **Services** → **Either or Both**



Social Emotional Reach Data for Children One to Five Experiencing Social Complexity Factors that Are Adverse Childhood Experiences

Child-Level Social Complexity Factors	% of Children with Social Factor with Any Type of Social-Emotional Services
Foster care – Child received foster care services since 2012	20.1% (of the 2,073 children)
Parent death – Death of parent/primary caregiver in OR	11.8% (of the 263 children)
Parental incarceration – Parent incarcerated or supervised by the Dept. of Corrections in Oregon	7.6% (of the 6,183 children)
Mental Health: Parent – Received mental health services through DHS/OHA	7.9% (of the 14,171 children)
Substance Use Disorder: Parent – Substance abuse treatment through DHS/OHA	8.3% (of the 6,272 children)
Child abuse/neglect: ICD-9, ICD-10 dx codes related used by provider	24.7% (of the 1,681 children)

Today we will show you:

- 
- A large, solid blue arrow pointing horizontally to the right, positioned to the left of the list items.
1. **Health Share of Oregon** data on current level of **therapeutic services** captured in claims that represent issue-focused interventions for social-emotional issues
 2. Relevant **parent qualitative data** about why issue-focused interventions matter in your community
 3. Specific sections of the **PCPCH-ECD** to inform your Action Plan Focused on Increasing Issue-Focused Interventions by Staff with ECD Expertise

At Future Site Visits and Meetings we will provide:

1. Full summary of the **PCPCH-ECD** findings for your practice & blinded comparison to other sites
2. Practice-level **Health Share of Oregon** data
3. Across-Site Summary of Practice-Level Data After Collected (Fall 2023)

Oregon TPEC: What Have We Learned from Parents and of Outcomes Related to Issue-Focused Interventions?

Family Priorities Around Connection To Behavioral Health

FAMILY VOICE - *“One thing we have benefitted from in the clinical environment...the care coordinator, or nurse who specializes in making referrals to the community.”*

“I got a really gentle referral to [service], gentle enough that I ignored it for another 6 months.”

THE NEED

- Families of Color report being ignored or discounted when requesting services.
- NSCH Indicator: 15.4% were usually frustrated in efforts to get services; 17.2% said it was somewhat impossible to get needed referrals.

PUNCHLINE

Parents want someone onsite to support a closed-loop referral to reduce barriers to care.

Family Priorities Around Therapeutic Interventions

FAMILY VOICE - *“I know I put things off. If I don’t think it’s super serious, I will just be like ‘Well, it’s out of the way and I’ll put it off even though I don’t really want to. If we had [services] here...I might as well get it checked out and if there is a problem you would find out a lot faster.”*

THE NEED

- **Two out three (64%) of children 3-5 who needed treatment for a mental/behavioral health condition did not receive it.**
- Nearly two out of three (60.7%) said it was **somewhat difficult to impossible** to get their child 3-5 who needed services **treatment or counseling.**

PUNCHLINES

- Parents are looking for providers who can support their child’s Social-Emotional and behavioral health needs
- Parents want interventions provided within the primary care setting to reduce barriers such as transportation and other family stressors.

Oregon TPEC Learning Collaborative: Snapshot of ECD Findings: Tab 5 of Your Binder



USING DATA TO GUIDE YOUR ACTION PLAN (JUNE-OCTOBER 2023) FOCUSED ON STAFFING AND RESOURCE PLAN TO ENHANCE EARLY CHILDHOOD DEVELOPMENT EXPERTS IN PRIMARY CARE: *SNAPSHOT SUMMARY SPRING 2023 EARLY CHILDHOOD DEVELOPMENT (ECD) SYSTEMS AND PROCESSES FOR WHICH ECD EXPERTS MAY PLAY INTERVENTION ROLE*

Table 1: Issues Aligned with TPEC Recommended Screening for Which Issue-Focused Interventions within PRIMARY CARE May be the Best First Follow-Up Step for Children Identified At-Risk. Issue-Focused Screening shown by: <ul style="list-style-type: none"> • <i>Whether Screening is Recommended by Bright Futures</i> • <i>Labelled if Screening Currently Proposed as a part of OHA CCO Incentive Metric</i> 	Whether Primary Care Practice Indicated Standardized Office Systems & Supports and Implementation Red = Not currently in place (TPEC Opportunity) or Cell is Blank (TPEC Opportunity), Yellow = Some Process(es) in Place, But to Not to Full Fidelity (TPEC Opportunity), Green: Screening and/or Issue Focused Follow-Up in Place (Lower Priority for Focus in TPEC)				
	Screening	Staff with ECD Expertise Participate in Well-Visits	Issue Focused Consultation & Interventions Offered by Staff with ECD Expertise within Primary Care		
			Assessments (Could include use of screening tool or clinical assessment to evaluate issue identified via clinical judgment, parental concern, or screening)	Brief Intervention & Parent Management Strategies	Therapeutic Intervention (Dyadic and/or Group)
Bright Futures Recommended Screening – EPSDT Requirements					
Behavioral/Social/Emotional Screening (at Every Well Visit) *	✍️		✍️	✍️	
Site					
Maternal Depression Screening (By 1 Month, 2 Month, 4 Month, 6 Month) *					
Site					
Additional Screenings to Understand Holistic View of Child and Family Functioning that Impact ECD					
Parental mental health (not Maternal Depression), Parental Substance Use Disorder, Parental Violence & Trauma					
Site					

* Issue-focused consultation and interventions established on these topics would then enable broader interventions focused on family strength and early relational health.

Oregon TPEC Learning Collaborative: Snapshot of ECD Findings: Tab 5 of Your Binder



USING DATA TO GUIDE YOUR ACTION PLAN (JUNE-OCTOBER 2023) FOCUSED ON STAFFING AND RESOURCE PLAN TO ENHANCE EARLY CHILDHOOD DEVELOPMENT EXPERTS

IN PRIMARY CARE: **SNAPSHOT SUMMARY SPRING 2023 EARLY CHILDHOOD DEVELOPMENT (ECD) SYSTEMS AND PROCESSES FOR WHICH ECD EXPERTS MAY PLAY INTERVENTION ROLE**

Table 2: Issues Aligned with TPEC Recommended Screening for which EXTERNAL REFERRALS May be the Best First Follow-Up Step and ECD Expert Staffing Could Play a Role in Referral and System Navigation or Interventions Given Gaps in Services <ul style="list-style-type: none"> OHA CCO Incentive Metric 	Screening Aligned with BF Periodicity	Standardized Referral Process for External Referral to Indicated Services	Referral Tracking and Management: Ensure Referral is Closed, Outcome of Referral Documented to Inform Secondary Steps	Issue Focused Consultation & Interventions Offered by Staff with ECD Expertise within Primary Care	
Developmental Screening (9, 18, 30 Month)				Assessment for children with challenging behaviors, potential social-emotional delays or global developmental delay not addressed by Oregon EI**	Brief Intervention & Parent Management Strategies
Site					
Autism Screening (18 & 24 Month)				PCP-Based Autism Evaluation	ECD with Autism Knowledge to Provide Supports
Site					
		Standardized Process to Provide Information and Connection to Resources	Primary Care Staff Provide System- Navigation Support		
Social Determinants of Health Addressing the Required Domains in OHA Incentive Metric: Annually*					
Site					

Red = Not currently in place (TPEC Opportunity) or Cell is Blank (TPEC Opportunity), Yellow = Some Process(es) in Place, But to Not to Full Fidelity (TPEC Opportunity), Green: Screening &/Or Issue Focused Follow-Up in Place

* SDOH Screening Key Related to Which Topics: F=Food H=Housing T=Transportation U=Utilities

** Due to EI Restrictive Eligibility and Network Adequacy Barriers of External Staffing that Conduct Autism Evaluations: This strategy would enhance internal primary care staffing to conduct follow-up for children identified on screens.

- Welcome from the Oregon Pediatric Improvement Partnership
- Overview of the **Transforming Pediatrics for Early Childhood** Goals and Objectives to Expand the Early Childhood Development Continuum
- Introductions of TPEC Learning Collaborative Primary Care Sites
- Why **Issue-Focused Interventions** Provided by Staff with ECD Expertise are Needed
- **Parent Expert Speaker**
- Oregon TPEC Evaluation Data, Practice-Specific Snapshot of Baseline ECD Findings

Break

- Tools and Strategies for Expanding Issue-Focused Interventions Provided by Staff with ECD Expertise
- Overview of Small Group Action Plan Session: Design Parameters and Objectives


Small Group Practice-Specific Work Session, Facilitated by OPIP

- Facilitated Small Group Session on Action Plan to Increase ECD Expertise
 - Clarify practice-specific answers to design parameters for action plans
 - Determine starting point aim for staffing and resource plan to increase ECD expertise
 - Outline next steps, tasks, and priorities for the next six months.
- Practice-Specific Report Out from Action Planning
- Close Out & Next Steps



Learning Session Agenda



- Purpose of today is to start your action plan that is meant to develop a **staffing and resource plan** to **enhance the provision of issue-focused interventions** by staff with **ECD expertise** in your practice.
- In our small group action planning, we will:
 - Facilitate your team’s answers to design parameters anchored to:
 - ✓ Baseline data & gaps in issue-focused interventions
 - ✓ Equity-forward and parent-informed strategies 
 - Start to map out steps to clarify a staffing and resource plan, anchored to your team’s clarified design parameters

Strategies We Will Share Today & Supports We Will Provide Throughout Action Period



Tools & Strategies for Expanding Supports Provided Today



- Share strategies and models that can be implemented in primary care sites
- Share specific components of evidence-based models that could be adapted within your context and your setting
- Share examples tailored to practice baseline data and the context and settings we learned about in onboarding

Strategies We Will Share Today & Supports We Will Provide Throughout Action Period



OPIP Supports During the Action Period

- Tailored supports and curriculum for areas you identify
- If there are similarities across the sites, small group learning calls and trainings to address similar staff enhancements
- Support to recruit **parent advisors** to guide your work

Examples of Curriculum Support We can Provide:

- Specific examples of job descriptions, roles
- Consultation and review of materials
- Trainings on specific issue-focused interventions
- Training on billing strategies for those interventions
- Facilitate and support collaborative conversations and coordinated referral pathways with external or community partners
- Training on system and referral navigation
- Facilitate parent and family input



Practice-Specific and Oregon-Specific Context



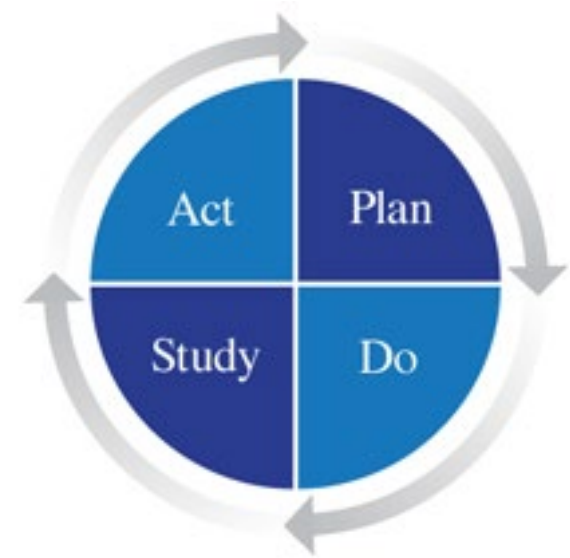
- We know you will need to pick components of the **strategies that will work within your practice setting**, current strengths, and opportunities
- We know that you will likely need to consider a **phased-in approach**
 - *Example: Build off staffing you have now and start with addressing screenings you are currently doing (1st column in the baseline data)*
- We encourage you to consider strategies that address the **Oregon context** and **Oregon levers for sustainability** (a component of the design parameters used in Action Planning)



A key objective of the multi-year project is to **enhance staffing** with ECD expertise

- Evidence-based examples leveraging a team-based care model
- Value of potentially considering using funding to:
- Enhance training and clinic processes to boost billable services of your existing staff who can provide billable issue-focused services.
 - Hire staffing that can offload other ECD responsibilities (e.g. CHW)

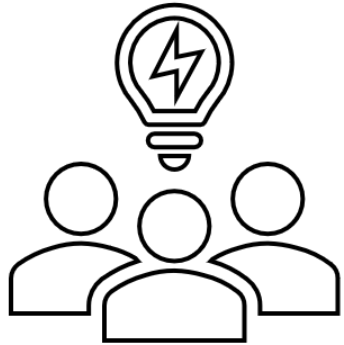
Examples of Tools And Strategies to Enhance Staff with ECD Expertise to Support Issue-Focused Interventions



Part 1 (Table 1): Spectrum of Roles Staff With ECD Expertise Could Play In Issue-Focused Interventions



Support to Primary Care Team



Assessment



Brief Intervention & Parent Management Strategies



Therapeutic Intervention (Dyadic and/or Group)

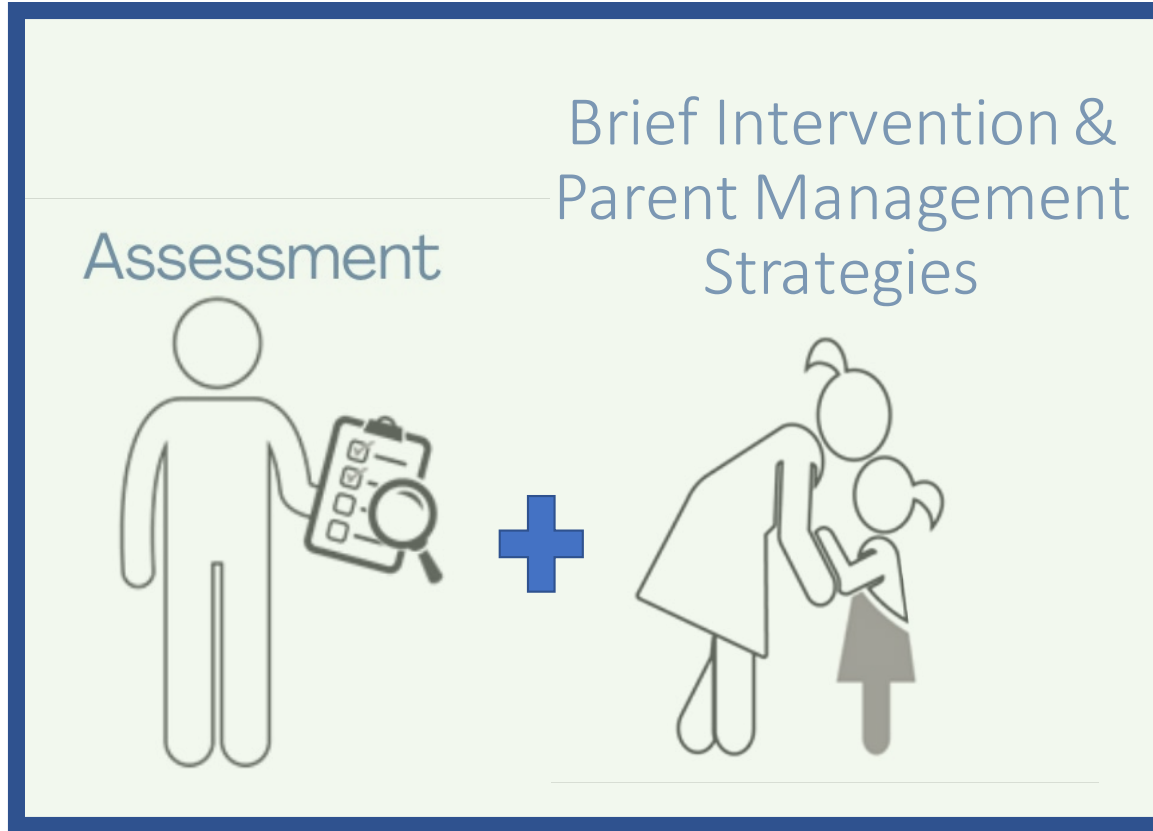


Potential Spectrum of Services Staff with ECD Expertise May Offer

Given Baseline Data Anchored to Oregon and Your Context: *Potential Priority Sweet Spot* Starting Place



Support to Primary
Care Team



Therapeutic Intervention
(Dyadic and/or Group)



Potential Spectrum of Services Staff with ECD Expertise May Offer

Provide follow-up assessment for issue identified using standardized screening tool currently in place for the practice, clinical concern, and/or parental concern

- ECD expert uses formal screening/assessment tool, diagnostic interview and/or clinical evaluation to further assess issue and determine treatment plan

Assessment



OPIP Can Provide:

- Compendium of tools to use
- Training on a framework for picking which tools to use
- Training on implementation and factors to consider
- Billing strategies
- Parent advising support on parent-centered strategies

Sustainability Parameters this Strategy Aligns with:



Part 2 Brief Intervention: Strategies



- Coaching on attachment, positive parenting, bond building, early relational health
- Coaching on developmental promotion activities
- Creation of a behavior management plan
- Psychoeducation
- Motivational interviewing
- Resource identification and connection
- Parent management strategies informed by evidence-based modalities and adapted to primary care (3-6 sessions)

Parameters this Strategy Aligns with:



It would be so valuable to get coaching, tips, strategies, & education on how to support my child, especially while waiting for services. Identifying & connecting with community resources would also be beneficial.



OPIP (& *Expert Faculty*) can Provide:

- Training on strategies using different models
- Training on tools
- Billing strategies
- Learning Community of Staff Playing This Role Across Sites
- Parent advising support

Example of a Phased-In Approach That Starts With Where You Are and Helps Build Over the Multi-Year Project to Where You GO



Assessment



Phase 1:

Provide follow-up assessment and brief interventions for issue identified using standardized screening tool currently in place for the practice, clinical concern, and/or parental concern

Phase 2:

Once this expertise and workflow is in place and capacity established, consider expansion of Bright Futures recommended screenings to increase the reach of follow-up supports

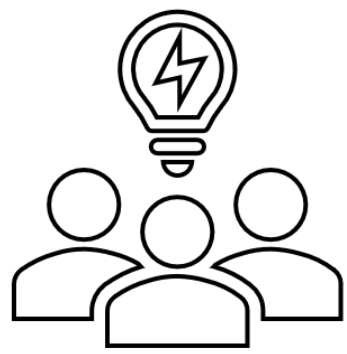
Brief Intervention & Parent Management Strategies



Spectrum of Roles Staff With ECD Expertise Could Play In Issue-Focused Interventions



Support to Primary Care Team



Assessment



Brief Intervention & Parent Management Strategies



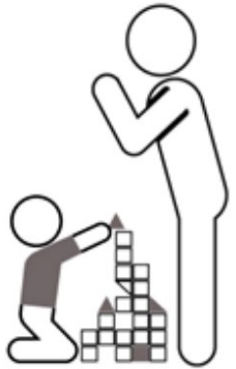
Therapeutic Intervention (Dyadic and/or Group)



Potential Spectrum of Services Staff with ECD Expertise May Offer

Therapeutic Interventions: Strategies

Therapeutic Intervention
(Dyadic and/or Group)



Depending on where your site is, potential strategies to consider in first year could be:

ECD expert provides therapeutic interventions

- Group therapy sessions for children with specific issues (allowing for billing with diagnosis, including use of at-risk codes)
- Start to explore new co-location or enhancing existing co-location specifically for Birth to Five



OPIP (& Expert Faculty) can Provide:

- Training
- Facilitation support with other entities
- Billing strategies
- Creative strategies for PCP-based diagnosis adding on at-risk codes
- Parent advising support



Family Voice

Group therapy classes could help teach general strategies for challenges we're dealing with AND give parents a place to connect and share approaches that have worked with each other.

Examples from the Field



Examples from the Field:

Assessments and Brief Interventions by Integrated Behavioral Health



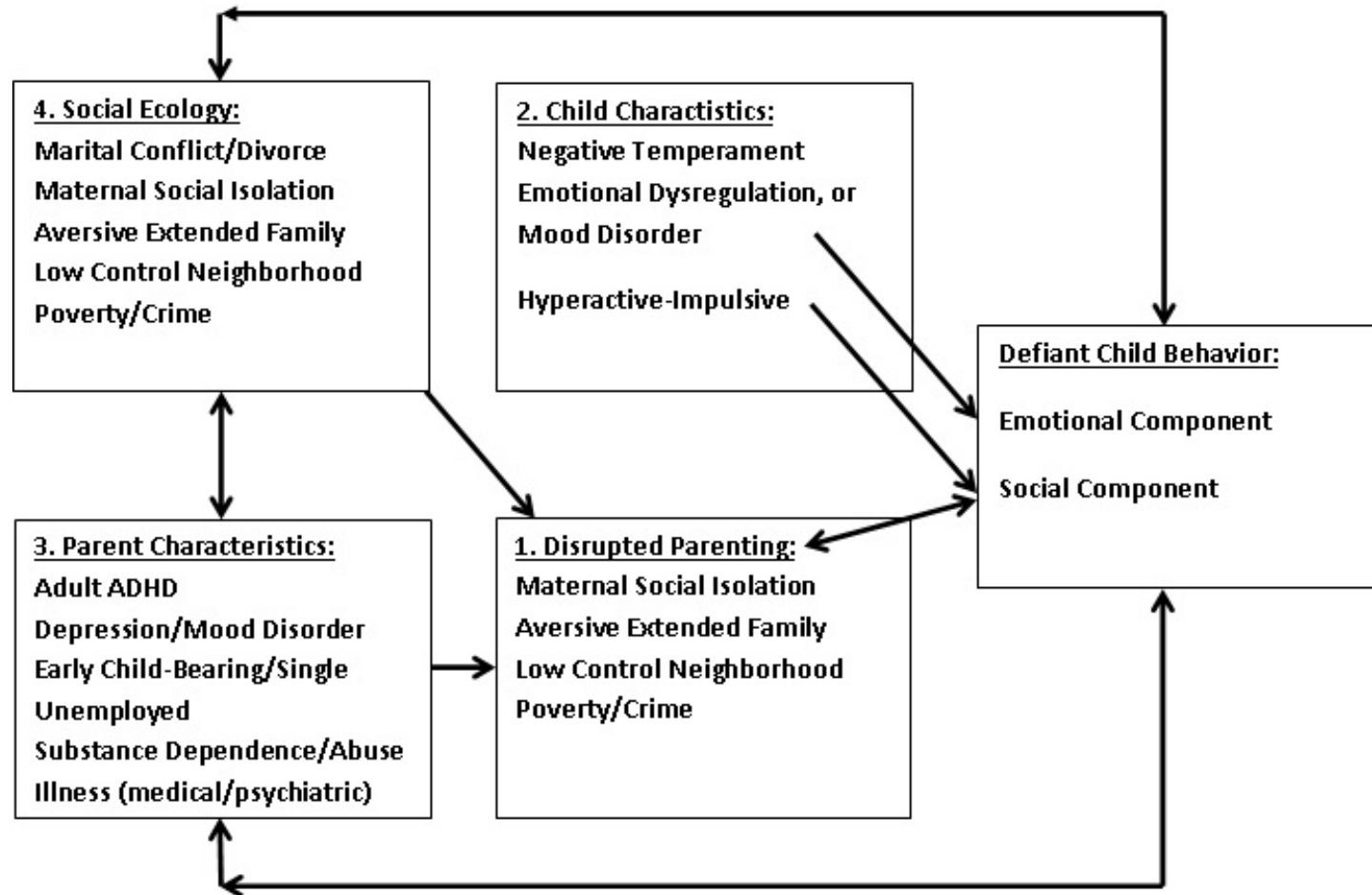
- Existing or new IBH staff dedicate time to providing assessment & brief interventions for Birth to Five
 - Funds used to hire other staffing that can offload other ECD responsibilities (e.g. CHW) from the IBH staff in order to free up their time and allow them to be trained up
- Staff receive training from OPIP faculty to empower:
 - Clinical work flows and decision trees based on existing screening to standardize follow-up
 - Theoretical frameworks to inform clinical assessments
 - Compendium of billable tools that can be used to inform assessments
 - Theoretical framework of parent management strategies, informed by evidence-based modalities
 - Structure to provide 3-6 individual brief intervention sessions and psychotherapy codes to bill
- Primary care provider training from OPIP faculty on when and how to refer children to IBH staff, anchored to flags already being identified through current screening tools and during clinical exam

Tab 6 of Your Binder: Related reading materials in packet:

Integrated Behavioral Health Prevention in Pediatric Primary Care, Integrated Behavioral Health for Preschool Children in Pediatric Primary Care

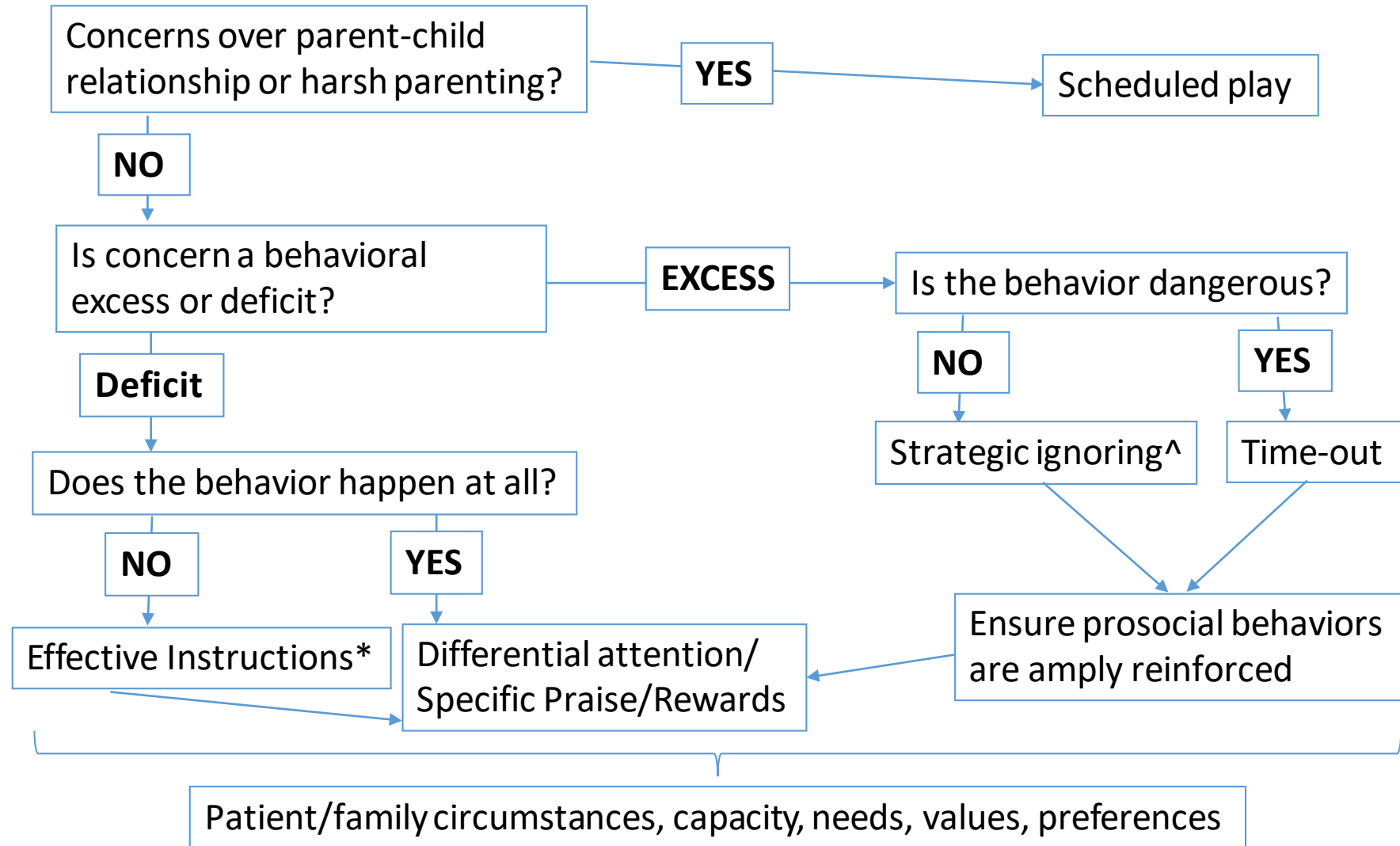
Ecology of Social-Emotional Delays

- 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.

Example of Input from an Expert: Decision Framework



Examples from the Field: Primary Care Triple P (Positive Parenting Program)



- Funds used to support materials and training available through Triple P for Primary Care
 - Targeted brief intervention to promote positive parenting and self regulation, address behavior concern
- Funds used to support staff time to attend trainings
- Trained IBH provides 3-4 sessions (15-30 minutes each) of one-on-one support over a period of 4-6 weeks (in person, over the phone, or as a combination of both)

Sample Parent Sessions

Session 1: Assessment of the presenting problem

Session 2: Developing a parenting plan

Session 3: Review of implementation

Session 4: Follow up on progress, maintaining positive changes, referral if needed.

**Related reading materials in packet:
Background materials on Triple P – Primary Care**

Examples from the Field: For Children Identified with ECD Issues and Exposure to ACEs, Racism, other Adversity: Targeted Brief Interventions to Address and Treat Toxic Stress



Training of ECD staff to address toxic stress and do the following interventions:

- Provide parent education on toxic stress and offering strategies to buffer and regulate stress response, such as:
 - Supportive relationships
 - Restful Sleep
 - Nutrition that is anti-inflammatory
 - Regular, moderate physical activity
 - Mindfulness and stress reduction
 - Experiencing nature
 - Validation of strengths and protective factors
 - Importance of Parental Mental Health
- Coach on stress-mitigation strategies for behavior issues identified in child. Anchored to an ACE- and Trauma-Informed approach
- Support referrals to needed patient resources or interventions

**Tab 6 -Related reading materials in packet:
ACES Aware – Network of Care Road Map**

Examples from the Field: Group Therapy Classes



- Funds used to support staff training to implement Incredible Years Group Classes
- Cohorts of children needing supports for similar issues offered group classes with ECD staff
- Primary care providers trained on applicable diagnostic codes (including “at-risk” codes) that could apply for these presenting issues
- Billable group classes conducted, providing cohorts of supports
- Classes held at primary care site or other location trusted by parents



**Reading materials in
packet:
Incredible Years Group
Parenting Class**

Part 2 (Table 2): ECD Expert Staffing Could Play a Role in Referral and System Navigation or Interventions Given Gaps in Services



USING DATA TO GUIDE YOUR ACTION PLAN (JUNE-OCTOBER 2023) FOCUSED ON STAFFING AND RESOURCE PLAN TO ENHANCE EARLY CHILDHOOD DEVELOPMENT EXPERTS

IN PRIMARY CARE: **SNAPSHOT SUMMARY SPRING 2023 EARLY CHILDHOOD DEVELOPMENT (ECD) SYSTEMS AND PROCESSES FOR WHICH ECD EXPERTS MAY PLAY INTERVENTION ROLE**

Table 2: Issues Aligned with TPEC Recommended Screening for which EXTERNAL REFERRALS May be the Best First Follow-Up Step and ECD Expert Staffing Could Play a Role in Referral and System Navigation or Interventions Given Gaps in Services • <i>OHA CCO Incentive Metric</i>	Screening Aligned with BF Periodicity	Standardized Referral Process for External Referral to Indicated Services	Referral Tracking and Management: Ensure Referral is Closed, Outcome of Referral Documented to Inform Secondary Steps	Issue Focused Consultation & Interventions Offered by Staff with ECD Expertise within Primary Care	
Developmental Screening (9, 18, 30 Month)				Assessment of children with three domains in black – (Combination of domains that indicate early autism risk)	Brief Intervention & Parent Management Strategies
Site					
Autism Screening (18 & 24 Month)				PCP-Based Autism Evaluation	ECD with Autism Knowledge to Provide Supports
Site					
		Standardized Process to Provide Information and Connection to Resources	Primary Care Staff Provide System-Navigation Support		
Social Determinants of Health Addressing the Required Domains in OHA Incentive Metric: Annually*					
Site					

ECD Expert Staffing Could Play a Role in Referral and System Navigation or Issue-Focused Interventions Given Gaps in Services



For Children Identified on:

- Developmental screening scores that shows need for follow-up related to challenging behaviors, potential social-emotional delays, early autism risk, or global developmental delay not addressed by EI
- Autism Screening

Primary Care Based Issue Focused Intervention Supports



PCP Based Assessment



PCP Based: Brief Intervention & Parent Management Strategies



- I. Right Match **External Referrals** (Including for Evaluation)
- II. Referral & System Navigation

Strategies for ECD Expert Interventions Given Gaps in Services

Primary Care Based Supports



Assessments:

- **Developmental Screening Follow-Up:** Clinical assessment for children with delays affecting behavior, potential social emotional delays, global developmental delay and/or early signs of autism risk (3 domains in black, combination of personal-social, problem solving, and communication)
- **Autism Screening Follow-Up:** Utilize a primary-care based Autism Evaluation Tool (e.g. STAT) to evaluate

Brief Interventions:

- Parent management strategies informed by evidence-based modalities, behavior supports

Sustainability Parameters this Strategy Aligns with:



Family Voice

I know the wait list is long, I am not asking you to change the wait. I need supports while I wait. Simple things I can do.



OPIP (And Expert Faculty, HSO Resources) Can Provide:

- Training on tools and strategies
- Support for implementation
- Connection to regional resources focused on PCP-based autism evaluation (Autism Alert)
- Billing strategies



Related reading materials in packet:
[Autism Diagnosis in Community Pediatric Settings article](#)

- Leverage or train ECD staff to **provide supports while waiting for external referrals** (i.e. parent management strategies for behavior, visual charts, social skills building)
- Implement **OPIP's follow-up to developmental screening** decision tree informed by Oregon's EI criteria and that can leverage internal assessments and interventions. (Implemented in practices across the state)
- Identify eligible staff to be trained on primary care-based **Autism Evaluation**
 - Use funds to support staff time to attend training
 - Use funds to support practice site implementation, space, props, and staff time to conduct evaluations
 - Leverage region-wide new resource to support Autism evaluations and connections (e.g. Autism Alert)

Enough Talking.....Now... ACTION!





Learning Session Agenda



- Welcome from the Oregon Pediatric Improvement Partnership
- Overview of the **Transforming Pediatrics for Early Childhood** Goals and Objectives to Expand the Early Childhood Development Continuum
- Introductions of TPEC Learning Collaborative Primary Care Sites
- Why **Issue-Focused Interventions** Provided by Staff with ECD Expertise are Needed
- **Parent Expert Speaker**
- Oregon TPEC Evaluation Data, Practice-Specific Snapshot of Baseline ECD Findings
- *Break*
- Tools and Strategies for Expanding Issue-Focused Interventions Provided by Staff with ECD Expertise
- Overview of Small Group Action Plan Session: Design Parameters and Objectives
- ***Small Group Practice-Specific Work Session, Facilitated by OPIP***
- Facilitated Small Group Session on Action Plan to Increase ECD Expertise
 - Clarify practice-specific answers to design parameters for action plans
 - Determine starting point aim for staffing and resource plan to increase ECD expertise
 - Outline next steps, tasks, and priorities for the next six months.
- Practice-Specific Report Out from Action Planning
- Close Out & Next Steps

Small Group Action Planning For Each Site



Now to Roll Up Our Sleeves!




Here is how this will work:

- **Tab 6 Action Plan Guide We Will Use**
- An **OPIP team member** is prepared & ready to facilitate and guide you through this small group action planning session:
 - Colleen → Hillsboro Hayes → Legacy
 - Lydia → Metro Katie → VGMHC
 - Our parent expert speaker will roam across the four practice-specific work sessions.
- You will work in practice-specific small groups
- At the end, **you will report out** on areas you plan to focus and why
- **Identify a person from your team who will share at the report out**
- OPIP will develop notes from the session and share them with your team after the Learning Session



Design Parameters For Action Period



1. Do you want to support enhancing ECD expertise that would address yellow or blank cells in **Table 1** (Issue-focused interventions in primary care) AND **Table 2** (best match external referral processes)? Just Table 1? Just Table 2?
2. Do you want to support enhancing ECD expertise that prioritizes **addressing “columns”** of the Data Snapshot and that could apply to the various issues identified in Table 1 and/or 2?
3. Do you want to support enhancing ECD expertise that **prioritizes specific “rows”** corresponding to specific issues?
4. Is it a priority to use the TPEC ECD Expert funding to support **implementing billable services** by the ECD expert(s)? (Impacts sustainability) 
5. Is it a priority to use the TPEC ECD Expert funding to support enhancing ECD expertise that can be aligned with **incentive metrics**? (Impacts sustainability) 
6. Is it a priority to target and support enhanced ECD expertise and/or clinical systems and processes for a **specific population with inequitable outcomes**? 
7. Is it a priority to support enhancing ECD expertise, capacity and ability of **current staff** to allow them to serve more children birth-to-five (*including adjusting or shifting some current duties and processes*) and/or to **hire additional staff**?

Small Group Action Planning **Will Be Successful** If Your Team:



- Reviewed and reflected on **current state of systems and processes to support ‘issue-focused intervention’** and implications for your area(s) of improvement
- Clarified **parameters and priorities** for enhancing staffing with ECD expertise that can conduct issue-focused interventions
- Identified an **Aim Statement** for your staffing and resource plans
- Listed out **starting point steps needed to operationalize a staffing and resource plan** that will be supported with the grant funds provided, starting in Year 2 (Fall 2023) (Contract #2): Who, What, When
- If Applicable: **Identified other leaders or decision makers** that need to be informed and/or provide approval or direction
- Identified **information, tools, resources** or other supports **you need from OPIP**





Report Out by Each Practice

Each Practice Please Share:

- 1) What is the **aim statement** for your Staffing and Resource Plan?
- 2) Did you have any **practice-specific design parameter** you added?



Learning Session Agenda

- Welcome from the Oregon Pediatric Improvement Partnership
- Overview of the **Transforming Pediatrics for Early Childhood** Goals and Objectives to Expand the Early Childhood Development Continuum
- Introductions of TPEC Learning Collaborative Primary Care Sites
- Why **Issue-Focused Interventions** Provided by Staff with ECD Expertise are Needed
- **Parent Expert Speaker**
- Oregon TPEC Evaluation Data, Practice-Specific Snapshot of Baseline ECD Findings
- **Break**
- Tools and Strategies for Expanding Issue-Focused Interventions Provided by Staff with ECD Expertise
- Overview of Small Group Action Plan Session: Design Parameters and Objectives
- ***Small Group Practice-Specific Work Session, Facilitated by OPIP***
- Facilitated Small Group Session on Action Plan to Increase ECD Expertise
 - Clarify practice-specific answers to design parameters for action plans
 - Determine starting point aim for staffing and resource plan to increase ECD expertise
 - Outline next steps, tasks, and priorities for the next six months.
- Practice-Specific Report Out from Action Planning
- Close Out & Next Steps

Looking Forward Over the Next Six Months













You did the first step!

Action Plan: Create a Staffing and Resource Plan to Increase ECD Expertise in Practice

6 Month Action Period

Tailored Supports We Will Provide

- Monthly Implementation Site Visits
- Tailored materials and training to areas you identify as priorities
- Examples of staffing roles, job descriptions and strategies
- Supports related to hiring, onboarding, and training needs
- Recruitment support for Parent Advisors

May	June	July	Aug	Sept	Oct
					
LS #1					
					
Action Period Focus: Early Childhood Developmental (ECD) Services in Primary Care: Strategies to Enhance ECD expertise and staffing					



Next Steps












For Today:

- Please complete the post-survey.
 - Gather your feedback on today's Learning Session
 - Follow-up on any clarification and additional supports requested
 - Submit required data on impact of today's training
- Eat! Boxed lunches are available on your way out

In Partnership with OPIP Team:

- OPIP will create materials and tools tailored to your practice and your action plan
- Monthly facilitation support to implement your action plan
- OPIP will facilitate and foster continued sharing and learning across four TPEC Learning Collaborative practice sites
- Engage experts on the areas you identified, Learning curriculum supports
- Support parent advisors to your work

Learning Session 2: Save the Date!

	Nov	Dec	Jan	Feb	March	April
LS #2	 		 		 	
Action Period Focus: Addressing the <i>Social Emotional Needs of Young Children</i> - Assessments, Brief Interventions, and Pathways to Additional Supports						

- Learning Session 2: Addressing the Social Emotional and Relational Health Needs of Young Children – Assessments, Brief Interventions, and Pathways to Additional Supports.
 - Date: November 9, 7:30am-12pm
 - Location: TBD



