Integrated Behavioral Health in Primary Care: Advanced Skills and Applications to Address Social-Emotional Health Issues in Young Children

In-Person Learning Session

Tuesday, October 15th, 2024

Led by the Oregon Pediatric Improvement Partnership (OPIP)

*This Learning Collaborative and in-person training is financially supported by **Health Share of Oregon.***

TABLE OF CONTENTS

Binder Materials by Tab

1	• Agenda • Speaker List • CME Disclosure Sheet
2	• Child-Level Social Emotional Health CCO Incentive Metric Summary • Overview of Health Share of Oregon's Investment in the 2024 Learning Collaborative
3	• 2024 Integrated Behavioral Health Learning Collaborative Overview • IBH Listserv Overview • Dr Riley Materials: Common Function-based Interventions for Treatment of Problem Behavior
4	• Clinical Vignettes • The Interpersonal Center of the Work That We Do
5	• Hillsboro Pediatric Clinic Behavioral Health Referral Sheet • OHSU Gen Peds Venn Diagram of BH Services • Hillsboro Pediatric Clinic Find Your Calm Sheet • Behavioral Health in Hillsboro Pediatric Clinic Family Handout • Examples from Virginia Garcia Memorial Health Center – Cornelius • Nationwide Children's Warm Handoff Spotlight
6	• Parent Education Sheet On Referrals • Frequently Asked Questions: Services for Young Children to Address Challenging Behaviors Emotions
7	Health Share of Oregon: Organizations with Providers that Serve Birth to Five: Asset Maps • Overview of Evidence-Based Specialty Behavioral Health Services for Children Birth to Five • Health Share Specialty Behavioral Health Asset Maps
8	• Improvement Opportunities Checklist

1) Welcome and Overview

Integrated Behavioral Health in Primary Care: Advanced Skills And Applications to Address Social-Emotional Health Issues in Young Children In-Person Learning Session

October 15th: 8AM-12PM, with Registration and Breakfast Starting at 7:30 am.
Location: Portland State University, Native American Student and Community Center, 710 SW Jackson St, Portland, OR 97201 (*Parking Coupons will be Provided to Registrants*)

Meeting Agenda:

Doors open at 7:30am for breakfast.

Introduction

- Welcome and Review of the Agenda & Goals for the Meeting
- **Where We Are Now and Why There Is a Need to Increase Provision of Services**, Role of Integrated Behavioral Health in the 2025 **Child-Level Social-Emotional Health** CCO Incentive Metric (Starting January 2025)

Advanced Clinical Skills Training:

- **Common Social-Emotional Health Issues** Addressed in 2024 Webinars: Overview of Key Topics and Core Concepts
- **Advanced Skills for Specific Populations**
  - Managing Common Concerns for Children with **Autism and other Developmental Disabilities**
    - ***i.*** *Framework for function-based assessment and treatment*
    - ***ii.*** *Example cases*
  - Addressing **Parental Mental Health** in the Context of Behavioral Services for Young Children
    - i. *Example case studies and approaches*

Supporting Implementation in Your Practice and Referral Pathways:

- **Engaging Your Primary Care Providers to Refer Young Children**
  - Tips, tools, and examples of decision frameworks to support referrals
  - Spotlight from BHCs in primary care sites on strategies used to enhance referrals
- **Engaging Families in Internal and External Services**
  - Insight from Parent Input Sessions: Tips and input on how to engage families in accessing services
  - Supporting referrals to external behavioral health services in Portland Metro region and system navigation supports
- **Supporting Meaningful Improvement Aligned with the 2025 Incentive Metric**
  - Overview of key implementation and improvement strategies, identifying key next steps

Gratitude and Closing

*Participants complete evaluation survey (**CEU/CMEs Offered**) and receive a boxed lunch. Participants can choose to stay and eat lunch with other behavioral health clinician colleagues*

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Learning Session Faculty

Colleen Reuland

Director of OPIP

Ms. Reuland is the Director of the Oregon Pediatric Improvement Partnership, and an Instructor in the Pediatrics Department at OHSU. She has over 24 years of experience leading quality improvement and quality measurement efforts focused on improving the quality of care provided to children. She founded and has been the Director of OPIP for the past 14 years. She has significant experience working with front-line primary care practices on improving early childhood development services. She also has significant experience developing training curriculum for integrated behavioral health and strategies to enhance external behavioral health resources. Ms. Reuland is also the measure steward for the CHIPRA measure focused on developmental screening, the System-Level Social-Emotional Health Metric and the child-level metric on social-emotional issue-focused interventions. She is married and the proud mother of three children and two dogs.

Dr. Lydia Chiang

OPIP Medical Director

Dr. Chiang is the Medical Director of the Oregon Pediatric Improvement Partnership, and a Pediatrician at OHSU Doernbecher Pediatrics. Dr. Chiang attended Harvard Medical School and received her pediatric training at Johns Hopkins Hospital. She spent nine years practicing general pediatrics in New Jersey prior to joining OHSU in 2011. She loves taking care of children and families and getting to apply her clinical lens to help support quality improvement work across Oregon. In her spare time, Dr. Chiang enjoys being with her husband and two young adult daughters and traveling whenever possible.

Dr. Andrew Riley

OHSU Provider and OPIP Faculty

Dr. Riley is a pediatric psychologist and clinician-scientist whose work focuses on integrated behavioral health services in pediatric primary care settings with an emphasis on early childhood behavioral health. He is active in direct patient care, clinical supervision, teaching, research, and community-based quality improvement. He is the Director of Integrated Behavioral Health for Doernbecher Pediatrics and Adolescent Health primary care clinics at Oregon Health & Science University. As part of the Behavioral Pediatrics Treatment Program, Dr. Riley helps families with common behavioral issues of childhood like noncompliance, toileting difficulties, sleep problems, and unwanted habits. He is also the Director of the Pediatric Integrated Primary Care Research Consortium, a national collaborative of integrated primary care clinicians and researchers.

Kathryn Hallinan Aguilar

Guest Speaker

Kathryn Hallinan Aguilar is a licensed marriage and family therapist and employee of UCSF working in the 6M Children's Health Center as a HealthySteps Specialist Supervisor as well as Co-Director of Training and Workforce Development with the UCSF Center for Advancing Dyadic Care in Pediatrics. Kathryn is a Bay Area native, a bilingual Spanish speaker (with Spanish being her second language), and is a mother of a 14-month-old. She has held her own private practice in San Francisco and currently teaches a Relationships course at University of San Francisco as a part of the Masters on Counseling Psychology program. Prior to her work with UCSF, Kathryn worked in San Mateo and San Francisco counties providing early childhood mental health consultation, therapeutic shadowing, and counseling for children and the various caregivers in their lives. She helped to create a trauma-informed residential drug treatment program for women and their children in San Francisco and completed some of her early clinical training through the Infant Parent Program at Zuckerberg San Francisco General. Kathryn's work continues to focus on a framework of building relationships and understanding with the families and providers she serves to better support them in their work caring for their children.

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October 15, 2024

FACULTY DISCLOSURE INFORMATION

In accordance with the requirements of the ACCME's Standards for Integrity and independence in Accredited Continuing Education, each instructor and member of the planning committee has been asked to disclose any relevant financial relationships with ineligible companies (defined as: any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients). All of the relevant financial relationships listed for these individuals have been mitigated.

PROGRAM PLANNING COMMITTEE

Vienna Cordova, BA	Nothing to Disclose

INSTRUCTORS/MODERATORS

Lydia Chiang, MD	Nothing to Disclose
Colleen Reuland, M.S.	Nothing to Disclose
Andrew Riley, Ph.D.	Nothing to Disclose
Kathryn Hallinan, LMFT	Nothing to Disclose

2) Role of Integrated Behavioral Health in the Child-Level Social-Emotional Health Metric

2025 Child-Level Metric on Issue-Focused Interventions Addressing Young Children's Social-Emotional Health: Overview for Integrated Behavioral Health Clinicians in Primary Care Settings

Background: Social-emotional health is the developing capacity of a child to form close and secure relationships with their primary caregivers and other adults and peers; to experience, manage, and express a full range of emotions; and to explore the environment and learn, all in the context of family, community, and culture. **The System-Level Social-Emotional Health Metric** was in the Coordinated Care Organizations (CCO) Incentive Metric set from 2022 through this year (2024). This system-level metric is focused on driving improvements in CCO-covered social-emotional services for children from birth to age five and their families, with the ultimate goal of achieving equitable access to services that support social-emotional health and are the best match for their needs.

Now: Child-Level Social-Emotional Health Metric Included in the 2025 CCO Incentive Metric Set. In alignment with the glidepath endorsed by the Health Plan Quality Metrics and Metrics and Scoring Committees, the System-Level Social-Emotional Health Metric is being replaced in 2025 by the Child-Level Social-Emotional Health Metric that will measure and incentivize improvements specifically focused on a breadth of services (from brief education to therapeutic services) for children with social-emotional health issues. These issue-focused intervention services can be provided in an array of settings that the CCO contracts with, in order to fulfill their role of providing recommended behavioral health care. Integrated behavioral health within primary care is one of those settings in which these services can be provided.

Metric Properties (Specifications can be found here):

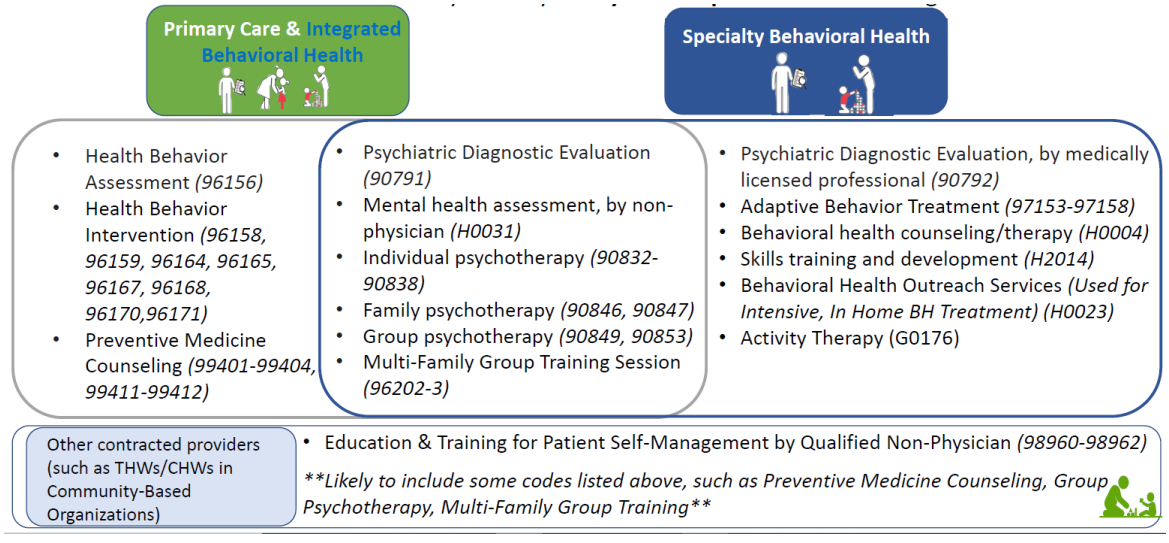
Numerator: Children who received **issue focused intervention/treatment services** that were billed to the Coordinated Care Organization

_____ **X 100 = % of Children**

Denominator:

Children ages 1-5 who are covered by Oregon Health Plan and enrolled in the Coordinated Care Organizations for 12 months, allowing for a 45-day break

Specific Claims Included in the Metric: (Please note, the CCO specifications for the metric do NOT require any specific diagnostic pairing or provider type.)



HEALTH SHARE OF OREGON SOCIAL EMOTIONAL HEALTH 2024 METRIC INVESTMENTS

ALIGNED WITH THE SYSTEM-LEVEL SOCIAL EMOTIONAL HEALTH METRIC, HEALTH SHARE MADE NEARLY **1 MILLION DOLLARS WORTH OF INVESTMENTS** TO MEET THE GOALS OF OUR 2024 ACTION PLAN TO SUPPORT IMPROVED ACCESS TO BRIEF INTERVENTION AND THERAPY SERVICES FOR CHILDREN BIRTH TO FIVE

2024 CLINICAL ACTION PLAN

In 2024, Health Share will sustain their multi-year investment plan for Integrated Behavioral Health and Specialty Behavioral Health working with children birth -5 year olds that focuses on workforce development, training, and referral pathways to address clinical gaps in the social emotional health service array.

The **Integrated Behavioral Health training series**, facilitated by the Oregon Pediatric Improvement Partnership, is a critical investment aligned with our clinical action plan.

The goal of this series is to support our networks confidence in conducting assessments and providing brief interventions for children aged birth to five in the context of primary care.

2024 COMMUNITY ACTION PLAN

In 2024, Health Share will support culturally specific community-based organizations to explore implementing and delivering billable Social Emotional Health services for children birth to 5-year-olds.

We know this work is better done together. If you would like additional information on our action plan investments or if you have any questions or ideas please reach out to Katie Unger at Health Share of Oregon - ungerk@healthshareoregon.org

3) Overview of '24 Learning Collaborative, Dr. Riley's Materials Managing Concerns for Children with Autism & Other Developmental Disabilities

Integrated Behavioral Health Learning Collaborative to Support Issue-Focused Interventions for Young Children: 2024 Learning Calls and Office Hours

Health Share of Oregon is providing funding to the **Oregon Pediatric Improvement Partnership (OPIP)** to lead a Learning Collaborative for Integrated Behavioral Health (IBH) staff in primary care sites. This Learning Collaborative aims to provide training and case consultation supports that IBH staff's ability to conduct assessments and provide brief interventions for children aged birth to five. The Learning Collaborative has three components:

1) Monthly 1-hour webinars delivering focused tools and strategies and **ending with time for consultation**. Registration is mandatory. Please do not forward the meeting link, each individual needs to register themselves. **CME credits will be available**. **Registration is required for each webinar to track attendance, please do not share your personalized registration link.**

2) OPTIONAL Monthly 30-minute virtual office hours with Dr. Andrew Riley, where participants can seek guidance on applying training to their patient cases. Participants are more than welcome to join and watch the case consultations provided.

3) An **In-person Learning Session** on October 15th from 8-12. **CME credits will be available**.

Month	Topic-Focused Webinars & Meeting Recording Links (Third Tuesday of the Month)
April	**4/16/24: 12-1pm |** Disruptive Behavior 1 - Positive Parenting Strategies **| Recording Link & Password:** https://us06web.zoom.us/rec/share/ybd9nPQpZ5GsCdE228S2p7YrqO9Z3B2dh8O6B23yA5Hti4rsMze1MhabZ9afQXmI.q_fjHoTDHqntXBCX Passcode: zK3zjpN^
May	**5/21/24: 12-1pm|** Disruptive Behavior 2 - Effective Discipline**| Recording Link & Password:** https://us06web.zoom.us/rec/share/_kr8grGG2Jj_T8_gdV6mWH74usCW4s2xKA1fv3V_5Iw9qf0WUSOep1XKLeiMjZq7.CIwOikiep_vvFgoL Passcode: 9*jB=!dk
June	**6/18/24: 12-1pm |** Early Childhood Anxiety **| Recording Link & Password:** https://us06web.zoom.us/rec/share/IIggPLgMb1yw5WNpgO2TSiNN4wmthMtFb9zIIk5Zgej7Oq_1iauOaApUR2Qgbwhu.MWd5EzsHpfd3WLAN Passcode: vr2P0%HQ
July	**7/16/24: 12-1pm |** Enhancing Communication & Coordination with Medical Teams with Dr. Cody Hostutler **| Recording Link & Password:** https://us06web.zoom.us/rec/share/yukovZyKG1e2d7Erx4XBrb8KTeQAspEEqua71IulhUSdK1mfSkBMk_9ZLIeW-zT5.uEKs2BPGgaEjikcT Passcode: 99h$v?!x
August	**8/20/24: 12-1pm |**Early Childhood Sleep with Dr. Ariel Williamson **| Recording Link & Password:** https://us06web.zoom.us/rec/share/Jg9GNNHmN_jHz-ur690SxO5bwZ34glWnIo2ZOfzHtPD8Odqbc2MerHuPg7r3T8w.cKD5RY3LEJOLXzdf Passcode: 1=ph%rE5
September	**9/17/24: 12-1pm |** Culturally-Informed Motivational Interviewing with Dr. Rachel Herbst **| Recording Link & Password:** https://us06web.zoom.us/rec/share/ONsIQTwtfuurxvvKkCwdCbU0xisaEEFiwUoEU9-foL0Tf81J4QUAT8VJzVpHzFhl.QzUDqD3t9tm8RDLi Passcode: KWw8J&3+
October	**10/15/24: In-Person Learning Session 8:00am-12:00, Optional Lunch from 12-1**

Month	Topic-Focused Webinars & Person-Specific Registration Links (Third Tuesday of the Month)	*OPTIONAL* Office Hours & Zoom Links (First Tuesday of the Month)
November	**11/19/24: 12-1pm |** Toilet Training and Elimination Problems**| Registration Link:** https://us06web.zoom.us/meeting/register/tZEuduiqpjosGNCw1rOcTgbUvM5bm4mv7Th4	**11/5/24: 12-12:30pm | Zoom Link:** https://us06web.zoom.us/j/89365465702
December	**12/17/24: 12-1pm |** Incorporating Trauma-Informed Principles into IBH with Dr. Kim Burkhart **| Registration Link:** https://us06web.zoom.us/meeting/register/tZcuceGoqjwpH9Iiz8bWB91uBhtxGIIA1l0A	**12/3/24: 12-12:30pm | Zoom Link:** https://us06web.zoom.us/j/89365465702

Faculty for the Learning Collaborative: Andrew Riley, PhD; Lydia Chiang, MD, OPIP Medical Director; Colleen Reuland, OPIP Director; and expert faculty across the country with expertise on common behaviors in young children and described on page 2.

*This Learning Collaborative is financially supported by **Health Share of Oregon.***

List of Expert Speakers:

1. Andrew Riley, PhD.
   Associate Professor of Pediatrics
   Division of Psychology
   Institute on Development and Disability

2. Cody Hostutler, PhD.
   Clinical Director for Behavioral Health Integration at Nationwide Children's Hospital

3. Ariel Williamson PhD, DBSM (she/her)
   Assistant Professor of Child Behavioral Health
   The Ballmer Institute for Children's Behavioral Health and Department of Psychology, University of Oregon

4. Rachel B. Herbst, PhD.
   Director of Integrated Behavioral Health
   Associate Professor, Division of Behavioral Medicine and Clinical Psychology, Cincinnati Children's Hospital Medical Center
   Co-Director, Pediatric Resident Behavioral and Mental Health Rotation

5. Kimberly Burkhart, Ph.D.
   Clinical Psychologist
   HealthySteps Specialist
   Rainbow Babies and Children's Hospital
   Associate Professor of Pediatrics
   Case Western Reserve University School of Medicine

Questions?

- If you have any questions, please feel free to contact the Oregon Pediatric Improvement Partnership (OPIP) at opip@ohsu.edu.

For more information about the Integrated Behavioral Health Learning Collaborative, please visit our website:

Integrated Behavioral Health Listserv

Background:

- Behavioral health clinicians participating in the Learning Collaborative noted the value of being able to ask each other or the OPIP faculty questions and share information/resources.
- To meet this request and avoid large group emails, OPIP created a listserv for behavioral health clinicians integrated in primary care practices.

What is the ListServ and How Do You Access it

- The listserv name is IBHListserv.edu
- You need to sign up to join the IBHListserv.edu.
- The IBHListserv.edu is a place where folks can share resources, information, open jobs in their clinics, and more!

If you would like to join the listserv, please complete the survey linked below.

- Sign Up Survey Link: https://ohsu.ca1.qualtrics.com/jfe/form/SV_e4l05a0V7U6buaW

The sign-up survey link should only take 2-3 minutes to complete and includes an attestation that you will not share Protected Health Information (PHI) or otherwise confidential information on the listserv.

Common Function-Based Interventions for Treatment of Problem Behavior

Antecedent	Behavior	Consequent
	Attention	
• *NCR* – provide attention continuously or on a schedule. • *Increase proximity* - position child close to preferred adults or peers.	• *FCT* - Teach an appropriate way to request attention. • *DRO* – Provide attention if the target behavior does not occur during a specified interval. • *DRA* – Provide attention for a more appropriate behavior, such as staying on task or playing quietly.	• *Ext* – Withold attention in response to the target behavior
	Escape/Avoidance	
• *Curriculum revision* – alter the task to make it less aversive. • *Task choice* – provide a choice of work tasks to decrease aversiveness. • *NCR* – provide breaks on a schedule. • *Demand-fading*. Remove all demands, then slowly reintroduce them to increase tolerance.	• *FCT* - Teach an appropriate way to request a break. • *DRO* – Provide a break if the target behavior does not occur during a specified interval. • *DRA* – Provide a break for a more appropriate behavior, such as completing tasks.	• *Ext* – Do not allow escape/avoidance in response to the target behavior
	Tangible	
• *Free access* – provide ongoing access to the identified tangibles. • *NCR* – provide the tangibles on a schedule.	• *FCT* - Teach an appropriate way to request tangibles. • *DRO* – Provide a break if the target behavior does not occur during a specified interval. • *DRA* – Provide a break for a more appropriate behavior, such as completing tasks.	• *Ext* – Do not provide tangibles in response to the target behavior.
	Automatic/Sensory	
• *NCR* – provide alternative sensory input on a schedule (i.e., sensory diet) • *Environmental enrichment* – Increase the interesting stimuli in the environment to compete with problematic stimulation. • *Reduce discomfort* – Rule out medical problems and reduce exposure to aversive stimuli (e.g., headphones).	• *FCT* - Teach an appropriate way to request alternative sensory stimulation. • *DRO* – Provide access to alternative sensory stimulation if the target does not occur during a specified interval.	• *Ext* – Disrupt the sensory input from the target behavior (e.g., create a physical barrier).
Note: These is a non-exhaustive list meant to provide examples of common interventions. All interventions have pros and cons that must be considered separately for each individual. Antecedent interventions are least likely to have adverse effects. NCR = Non-contingent reinforcement; FCT = Functional Communication Training; DRO = Differential Reinforcement of Other Behavior; DRA = Differential Reinforcement of Alternative Behavior; Ext = Extinction		

Created by Andrew R. Riley, PhD

4) Kathryn Hallinan's Materials: Vignettes Addressing Parent Mental Health

This worksheet is meant to provide time to practice active reflection as you conceptualize a clinical case. Below you will find tables with a specific clinical vignette, an original reason for referral and brief observations.

In small groups, take time to review each vignette and discuss …

- What questions might you have for this caregiver to better understand the clinical needs?
- Are there any perceived challenges or concerns you see in attempting to work with this Caregiver?
- What might some potential interventions be based on what we have discussed today?

Be prepared to share with the larger group for our closing discussion.

Clinical Vignette – Caregiver with Depression	
Referral Reason	*3-year-old with developmental screener showing concern for communication delay*
Observations	• *Child seeks Caregiver often during visit for help with things by reaching, grabbing, pointing, touching. Caregiver responds with flat affect and limited engagement; they are on their phone for majority of visit* • *Child spends time on tablet watching educational shows during the day, is watched at home by Caregiver or Grandparent*
Questions	
Perceived Challenges + Concerns	
Possible Interventions	

Clinical Vignette – Caregiver with Anxiety	
Referral Reason	*1-year-old with difficulty sleeping through the night, breastfeeding/weaning challenge*
Observations	• *Caregiver does not agree with any "cry it out" methods for sleep training, believes that crying will negatively impact child's overall wellness* • *Child is co-sleeping and breastfeeding happens when they wake in the night to stop the crying and get them back to sleep* • *Caregiver screener shows increase in mood swings and feeling of overwhelm* • *Caregiver shares they are up all night worried about child's safety co-sleeping*
Questions	
Perceived Challenges + Concerns	
Possible Interventions	

Clinical Vignette – Caregiver with History of ACEs	
Referral Reason	*4-year-old with intense emotional outbursts, Caregiver wondering about Autism*
Observations	• *Caregiver shows video with child screaming, crying, throwing objects and hitting and shares these happen every day multiple times a day for up to an hour* • *Caregiver expressed fear of child and concern she might resort to physical punishment soon (which she wants to avoid passing along this generational parenting technique she was on the receiving end of)* • *Child is calm and open to engaging in play with you at first but once something goes wrong in the play, they get dysregulated and begin an outburst* • *Caregiver mentions tension with Father (recent release from jail due to IPV incident) and her own feelings of being triggered by desire to hit child*
Questions	
Perceived Challenges + Concerns	
Possible Interventions	

The Interpersonal Center of the Work That We Do

Jeree H. Pawl

Several overarching ideas or beliefs form the central understanding of what we, as practitioners of various kinds, need to be aware of, thinking about, and trying to achieve when we work with infants, toddlers, and their families. Some underlying concerns are operant in our interactions with families and those involved with them, whatever the specificity of our expertise and practice may be. These concerns may be a very central focus in the sense that they represent a basic aspect of our expertise, as is true of mental health professionals. Or these ideas may serve as more-or-less-central supports for professionals whose core expertise is in, for example, speech and language, occupational therapy, or early childhood education. These ideas and beliefs all transact with each other to create the crucial interpersonal center of the work that we all do.

1. Trust in parents

We need to hold some genuine trust in a parent if anything is to be accomplished in our work together. We must be able to hear or see or feel that a parent—however he or she is functioning, or however distressed, upset or angry he or she may be—has some investment in the well-being of his or her child. I see this need not as the parent's challenge, but often as ours. Pulling together the threads of hope and the evidence of possibility is our task. Often it is not easy. But without real trust, we convey despair—or worse. This undermining message—which parents will apprehend—interferes with whatever positive possibilities we might create.

2. Mutual clarity

To the extent that it is possible, we try to create a sense of mutual clarity with families regarding our understanding about the purpose of our being together. We certainly need to be clear in our own minds of what the general possibilities are but, of necessity, the purpose—with this *particular* family—includes their possible purposes as well. The mutual articulation of this is neither simple nor likely to be spelled out in all of its complexities (perhaps ever), but some agreement and understanding needs to inform how we proceed. For example, is it explicit that the underlying, almost unconscious hope of a parent may be the creation of a totally compliant, caretaking child? Or one with a very high threshold of irritability? Probably not. But we will have agreed to *something* that has to do with a wish for things to feel different and better, or a wish to understand something—that is, to accomplish something.

We need to reach an understanding of what we will actually be doing. The point is that some reason for what one is doing—or even some agreement that a parent sees no reason, but will grumpily comply with a mandate—is voiced and understood between us. We need to agree to *something*.

3. Hearing and representing all voices

In whatever kind of work we undertake with babies and families, we are always dedicated to attempting to hear and represent all of the relevant voices, whether they are literally heard or not. We strive to hear them but also to represent them, each to each as best we can. Watching a child try to roll over, and describing and observing with a parent the differing effort, affects and intents that each of us can see is a simple example of this. (In essence, we are hypothesizing with the parent what the child's experience might be.) Even in the most difficult instances of this kind of observation—even when, for example, a parent has, in our view, rejected a child and pushed her away—curiosity and understanding have essentially the same shape. They are just increasingly challenging to achieve as they become ever more complicated.

4. Hypotheses, not truth

We learn over time that everything we think we know is a hypothesis; that we have ideas, but that we don't have truth. We learn that those with whom we work have all of the information we need, and that this is what we will work with. When we know this,

our attitude conveys it; and the child and the parent sense themselves as sources, not objects (in the common sense of the word object). In this context, they become aware of a mutual effort—one in which a sense of partnership can be maintained much of the time. They do not feel weighed, measured, or judged. They do feel listened to, seen and appreciated.

5. Maintaining an appropriate role

Obviously we all strive to maintain our appropriate role in our work with children, families, and colleagues. This is most often referred to in part as adhering to "boundaries." Boundaries is a reasonable word as long as we understand that word to convey a sense of a living membrane and not a rigid barrier. Flexibility—that is, the shifting of those essential boundaries as they may need to shift—is necessary. Yet even flexible boundaries must still serve to maintain and contain the appropriate nature of the relationship, so that unhelpful confusions, difficulties and breaches are avoided.

Much of this has to do with maintaining a clear sense of comfort within our roles, our responsibilities, and our often painful limits. As we are not doing something *to* people, but working *with* them, what can and will be accomplished is always *between* us, though it reflects what is *within* each. This sense of true mutual responsibility seems to me a crucial attitude and one that protects and serves everyone. From our point of view, it protects the child and family from our judgments and blame, and also protects us from erroneous *self*-blame. It appropriately lessens our expectations while it allows us to appreciate and share the very good things that we see, and hear, and accomplish. We take the responsibility for the qualities of the relationship and for maintaining the relationship as we can; but we do not imagine that we are wholly responsible for it, only wholeheartedly engaged in it.

6. Knowledge, beliefs, biases and meanings

Clearly, we must not lose our sense of ourselves as professionals in our work contexts. We know that there are many things that we know within our professions that those with whom we work are unlikely to know. Some of us know subtle things, like the way tongues and jaws or neurotransmitters work. Others of us recognize depression, internal conflict or neurological impairments when we see them. Although these kinds of knowledge comprise crucial aspects of what our contributions will include, how they come into play in the unique context of each family will vary, depending on what they bring to how we will learn to work together. Still it is also true that we have the responsibility to require whatever may be needed in order that we be able to use our professional expertise. This includes not only requirements of the family but of the many institutions that surround them, as well as our own work setting. We will make that clear and we will insist on it, if necessary.

Particular belief systems regarding roles, child rearing, death, aspects of social intercourse, and so on, arise from and are part of all cultures. We need to be as knowledgeable as we can about the general typical characteristics of various cultures. They will be reflected in many aspects of the worldviews expressed by those with whom we work. We will learn to be aware of and appreciate the complex importance of sameness and familiarity and difference and unfamiliarity. Still, we will know that an acute awareness and appreciation of the existence of difference cannot inhibit us in our wish or attempt to understand, or in our comfort in engagement. All of those we engage are specific interpreters of their own unique cultures and family histories. Our ability to be appropriately respectful of difference—and there is always difference—as we learn to be unafraid of knowing our own biases and learning the biases of others allows us to create a healthy atmosphere for those differences. In general, this kind of clarity regarding our own stance, beliefs and perspectives frees us to do the very best work that we can in this regard. It leaves us able to be curious and to understand.

Of course, each of us is, in our own eyes, the perfect measuring stick for what constitutes right, wrong, good behavior, bad behavior, proper child-rearing practices, proper nutrition, proper hygiene, et cetera. As we learn to recognize our own beliefs more clearly *as* beliefs we can—without necessarily relinquishing these beliefs—learn to relinquish our righteousness, and comfortably encompass the righteousness of others. Most important, all of those vital things in which we—any of us – believe have particular meaning to us. Things feel good or bad to us for some reason. The internal sense of meaningfulness and "good reason" for a belief of ours is the same for the person who holds precisely the opposite position. Always, our beliefs seem to each of us completely justified and held for excellent reasons. So although we must continue to hold and adhere to our own standards regarding grievous harm, otherwise we will strive to understand behavior and beliefs in terms of the meaning they express—particularly their sometimes positive meanings, which are so very easy to overlook if there is not a match with *our* meaning.

7. Inclusive interaction

The notion of inclusive interaction refers both to a central activity and to a technical challenge. It is the capacity to continue to embrace and hold all of those with whom we are involved together at a particular time. For me this goal has been a continuing challenge in my own direct work and also in the work of those whom I have supervised. I'm talking about inclusiveness as it exists in the moment, as one is actually engaging with a parent and child, as well as the process in one's head, within one's attitudes, within one's stance, within one's feelings.

Most of us who work with families encounter frequent obstacles as we try to achieve inclusiveness. One obstacle is transparently obvious—it is hard to pay attention to two or three people at the same time. But beyond this difficulty, I think we often fail to maintain inclusiveness because of conflicts that are not fully articulated or understood but are very basic, primitive, and rooted in our early experience. Clearly, our experiences of learning to share the attention of those who are significant to us, of feeling overshadowed or properly center stage, are powerful shapers of how we experience anything larger than a dyad. This is a significant aspect of relatedness. Thinking about inclusiveness offers the opportunity to think about relatedness in this particular way. It moves us from our compelling dyadic constructions to a view that includes them but expands to more clearly reflect a reality that is far more complex, and often disquieting. It is a rich tapestry worthy and rewarding to explore.

5) Engaging Your PCPs to Refer Young Children

Behavioral health provider #1	Behavioral health provider #2	Behavioral health provider #3
Spanish speaking Acculturation concerns Ages 0-5 Anger Picky Eating Toileting	Post partum Above 5 years old Parents of kids below 5 yr old Grief/loss Relationships	Teens/Tweens/Young Adults Grief/loss Anxiety/Depression LGBTQ+ Eating Disorder

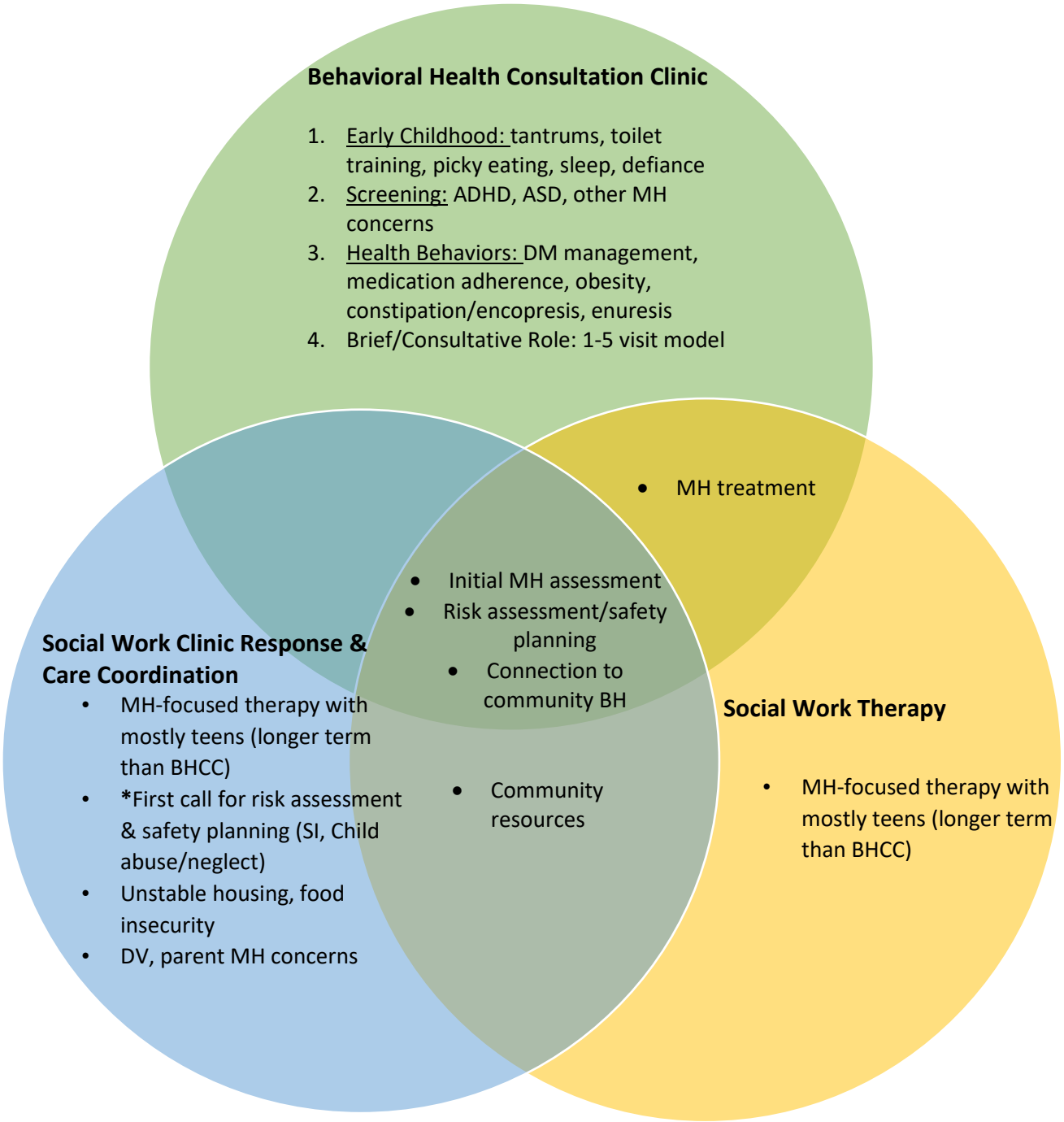
Referrals that wouldn't necessarily be appropriate:

- Patients that already have a lot of systems involvement from speech, OT, developmental peds, outside counseling, etc. Providers would need to have a very specific agenda/reason for this pt to be seen by BHP.
- Autism/Severe developmental delays
- Psychosis (please refer out)
- Patient that are already connected with an outside provider or mental health counselor
- Family therapy or high conflict divorce
- Recent sexual abuse or child abuse (need to be specialized treatment, please refer out)
- Really intense SI or self-harm, BHP can be used as a bridge, but providers need to utilize Hawthorne or WashCo. Crisis line AND make another outside mental health referral. Please see SI flowchart.
- Forest School District families with school related issues should not go to BHP #2.

Initial appointments:

- Referring a pt 13 an under, parent (not grandparent, not older sibling, etc) needs to be present at first initial appointment to discuss mandatory reporting, confidentiality, and informed consent. They don't have to stay the whole time. We need perspectives from all.
- 14 + can consent for own tx, but we still need to involve parent at some point, given the option.
- We need providers to reinforce this when discussing behavioral health as an option with pts.

Behavioral Health: Who Ya Gonna Call?

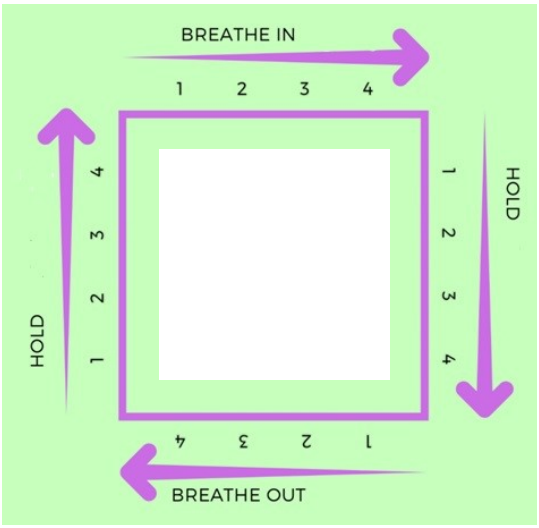


OHSU Gen Peds Venn Diagram of BH Services

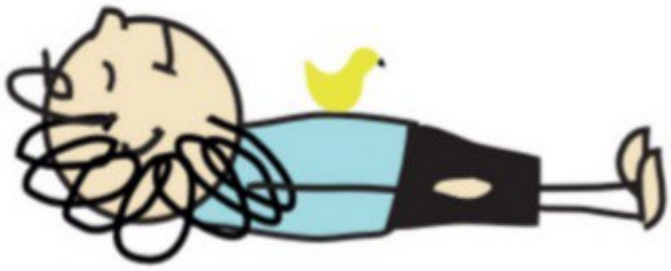
Find Your Calm

Rainbow Breathing

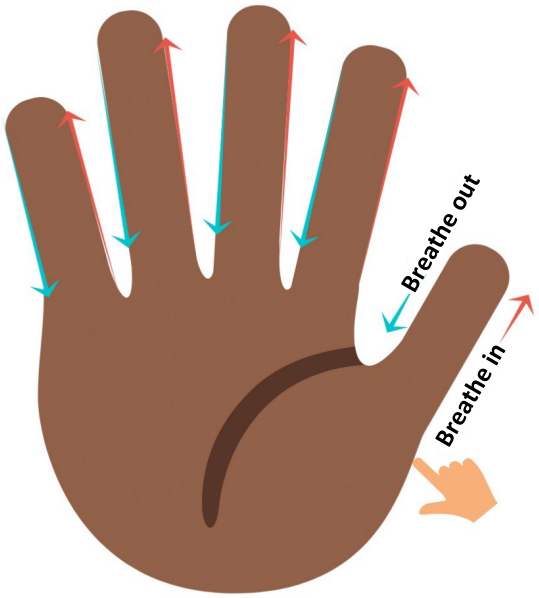
Square Breathing



Belly Breathing



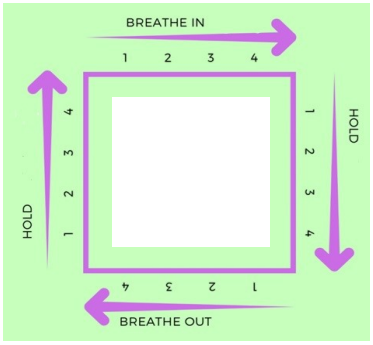
5 Finger Breathing



Find Your Calm

Square Breathing

1. Take a deep breath in through your nose for a count of 4
2. Hold your breath for 4
3. Breathe out through your mouth for 4
4. Hold your breath for 4



Rainbow Breathing

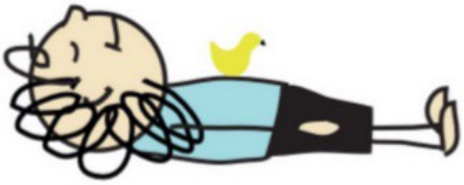
1. Put your finger at the bottom of the red stripe on the rainbow
2. Take a deep breath in through your nose as you trace the red stripe
3. Put your finger at the bottom of the orange stripe
4. Let your breath out through your mouth as trace the orange stripe
5. Repeat these steps with the next color in the rainbow

5 Finger Breathing

1. Stretch your hand out like a star
2. Get the pointer finger of your other hand ready to trace your fingers up and down
3. Breathe in through your nose as you slide up each finger
4. Breathe out through your mouth as you slide down the other side of your finger
5. Keep going until you have finished tracing your hand

Belly Breathing

1. Find a small toy
2. Lay on your back and put the toy on your belly
3. Take a slow, deep breath in through your nose and watch the toy go up
4. Breathe slowly out through your mouth and watch the toy go down
5. Repeat



Behavioral Health in the Hillsboro Pediatric Clinic

What is a Behavioral Health Provider?

Good health care involves paying attention not just to physical health, but also stress, relationships, emotional health, habits, and behaviors, and how those things interact with each other and medical conditions. A behavioral health provider can help you or your child get the information, skills, and emotional support needed to help your child feel better, be healthier, regain control of life, and live more fully despite stress, pain, or illness.

Who are Behavioral Health Care Providers?

Behavioral health providers at Hillsboro Pediatric Clinic are licensed professional counselors who specialize in helping people develop skills and make changes to improve their overall health and manage their health conditions. Hillsboro Pediatric Clinic has partnered with Lifeworks Northwest to make this service available to the patients at our clinic. The behavioral health provider is part of your medical team and will consult with your child's provider and the rest of the team to ensure thorough and coordinated care.

What does it mean to be referred to a Behavioral Health Provider?

A referral to the behavioral health provider means that your child's provider believes the behaviorist may be able to help your child feel better and improve their health and medical condition. All symptoms are real and will be taken seriously so that your child can get better. Behavioral health providers understand how thoughts, feelings, behaviors, habits, stress, and relationships with friends and family can affect physical and emotional well being.

How will the Behavioral Health Provider work with you?

This may be a difficult time in your family's life, or you may be having difficulty reaching your child's health related goals. The HPC behavioral health provider will typically see you for one to five brief sessions of about 20 to 30 minutes each. To begin, the behavioral health provider will want to talk to you about your child's needs, goals, and how they are functioning. We also want to look at your child's symptoms and how you are coping with them. Then together we will set a goal for your child, and decide how to reach that goal. We may recommend some things to do at home between meetings. We may discuss your child's medications and how they are working or not working for your child with your provider.

Ask your child's provider for a referral if you would like to be referred to meet with a behavioral health provider.

Salud del Comportamiento en Hillsboro Pediatric Clinic

¿Qué es un proveedor de salud del comportamiento?

Como proveedores de salud del comportamiento podemos ayudar al padre e hijo obtener la información, las habilidades y el apoyo emocional que necesitan para sentirse mejor, estar más saludable, recuperar el control de sus vidas, y vivir más plenamente a pesar de la tensión, dolor o enfermedad. Es que la buena salud consiste en prestar atención a las condiciones médicas, e identificar como el estrés, las relaciones, la salud emocional, hábitos y comportamientos interactúan unos con otros.

¿Quiénes son los proveedores de salud del comportamiento (el conductista)?

Proveedores de salud del comportamiento (los conductistas) en Hillsboro Pediatric Clinic son consejeros licenciados por el estado de Oregon, y se especializan en ayudar a las personas desarrollar sus habilidades, y hacer cambios para mejorar su salud general y la gestión de sus condiciones de salud. Hillsboro Pediatric Clinic se ha asociado con Lifeworks del Noroeste para hacer de este servicio a la disposición de los padres e hijos en nuestra clínica. Se considera el proveedor de salud del comportamiento como una parte de su equipo médico y consultará con su médico, y el resto de su equipo para asegurar una atención completa y coordinada.

¿Qué significa ser referido a un proveedor de salud de comportamiento?

El envío al proveedor de salud de comportamiento significa que su proveedor cree que el conductista es capaz de ayudarle a sentirse mejor y mejorar su salud en general y condición médica. Todos los síntomas son reales y los tomamos muy en serio para que pueda mejorar. Proveedores de salud de comportamiento entienden cómo los pensamientos, sentimientos, comportamientos, hábitos, el estrés, y las relaciones con amigos y familiares pueden afectar el bienestar físico y emocional.

¿Cómo trabaja el conductista con usted y sus hijos?

Es posible que se refiera al conductista en un momento difícil en su vida, o tiene dificultades para alcanzar los objetivos relacionados con la salud. Por lo general, tienen de uno a seis sesiones breves de unos 20 a 30 minutos cada sesión. Para empezar, el conductista quiere hablar con usted acerca de sus necesidades, objetivos, y cómo funcionan en la vida cotidiana. También, exploramos los síntomas de su hijo, y cómo va frente a ellos. Entonces, colaboramos con usted a establecer un objetivo para su hijo, y juntos decidimos la forma de alcanzar ese objetivo. Podemos recomendar algunas cosas que usted puede hacer en casa entre las reuniones en la clínica. Podemos hablar con su doctor acerca de los medicamentos que está tomando, y si le esta funcionando o no.

Pregúntele a su médico una referencia si usted no lo ha hecho referencia a reunirse con un proveedor de salud mental.

VGMHC CORNELIUS:

FOLLOW-UP TO DEVELOPMENTAL SCREENINGS CONDUCTED IN OREGON 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: ASQ Learning Activities for Specific Domains Identified At-Risk

STEP 2: REFER *OR* RESCREEN

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 for an evaluation**
   - *Use **EI Universal Referral Form** and sign **FERPA***
   - *Give Parent Ed Sheet*

Parental Or Provider Concern*

YES

REFER TO:
Early Intervention for an evaluation
- *Use **EI Universal Referral Form** and sign **FERPA***
- *Give Parent Ed Sheet*

NO

RESCREEN WITHIN 3 MONTHS:
- *Message VGC-ECD Navigator to Rescreen*

If at-risk on rescreen, REFER to EI

Parental Or Provider Concern*

YES

REFER TO:
Early Intervention for an evaluation
- *Use **EI Universal Referral Form** and sign **FERPA***
- *Give Parent Ed Sheet*

NO

RESCREEN WITHIN 3 MONTHS:
- *Message VGC-ECD Navigator to Rescreen*

If at-risk on rescreen, REFER to EI

RESCREEN WITHIN 3 MONTHS:
- *Message VGC-ECD Navigator to Rescreen.*
- If rescreened more than once, then proceed with referrals.

STEP 3: MEDICAL SERVICES TO CONSIDER

CONSIDER:
Supplemental Medical & Therapy Services
- *If Communication: Speech Therapy & Audiology*
  ICD-10 Codes: F80.9 and R62.0
- *If Fine Motor/Gross Motor: OT/PT*
  ICD-10 Codes: R62.0 and F88

CONSIDER:
1. **Referral to Developmental Behavioral Pediatrician**
   - *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 progress*
2. **Supplemental Medical & Therapy Services**
   - *If Communication: Speech Therapy & Audiology*
     ICD-10 Codes: F80.9 and R62.0
   - *If Fine Motor/Gross Motor: OT/PT*
     ICD-10 Codes: R62.0 and F88

CONSIDER:
Supplemental medical & therapy services
- *If Communication: Speech Therapy & Audiology*
  ICD-10 Codes: F80.9 and R62.0
- *If Fine Motor/Gross Motor: OT/PT*
  ICD-10 Codes: R62.0 and F88

STEP 4: BEHAVIORAL HEALTH SUPPORTS

If Child is At-Risk (in the black) on Personal Social and/or Problem Solving, (if available) refer to **Internal Behavioral Health** **and/or** if child presents with additional risk factors, refer for **External Specialty/Behavioral Health – Infant Early Chidhood Mental Health**
More Information on the Back

STEP 5: COMMUNITY RESOURCES TO CONSIDER

CONSIDER REFERRALS TO AVAILABLE COMMUNITY RESOURCES
Resources to Consider: Oregon Child Development Coalition (OCDC), Community Action, Preschool Promise, Help Me Grow, WIC, Family Resource Coordinator, Parent Together- Washington
More Information on the Back

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

Developmental Pediatrician Referral Cheat Sheet:

Kid in **the BLACK** on the Communication domain

+

Personal-Social domain or Problem Solving Domain

or

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

- 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

Early Childhood Navigator Will Support Families to Community Based Organizations, Such As:

OCDC Oregon Child Development Coalition

- Serves Gaston, Forest Grove and Cornelius
- Children 3-5 years old
- Oregon pre-kindergarten
- Free for qualified families.
- Safe nurturing preschool classes for 3.5 to 6 hours daily
- Bilingual English and Spanish
- Free child health and development screenings
- Assistance connecting to community resources
- Priority for children with special needs
- Tel: 503 359 0144
- www.ocdc.net
- Completer referral form and fax to them.

Community Action

- Early Childhood development support for Beaverton, Hillsboro
  - Assists families with enrollment in Headstart
  - Connects to Healthy Families & Early Connections
  - Connects to Help me Grow
- Utility assistance for families
- Parenting support
- Economic empowerment
- Stable housing

Family resource coordinator

- Direct support for families with children ages 0 – 6.
- Information on quality childcare, early learning, parenting and connection to community resources.
- Contact: 503-846-4431

Help me Grow

- Supports families with getting OHP
- Connects to In Home parenting support like Healthy Families and Nurse Family partnership (families must enroll prenatally or within the first three months)
- Parenting resource packet
- Connection to community programs like WIC

Women, Infants, and Children (WIC)

- Provides nutrition education, breastfeeding support, healthy food, health referrals, and other services free of charge to families who qualify and can be connected through Help Me Grow.

Preschool Promise

- The Preschool Promise Program is a publicly funded, preschool program for children ages three (3) and four (4) in families living at or below 200% of the Federal Poverty Level, children in foster care, and children from historically underserved populations.
- https://earlylearningwashingtoncounty.org/preschool-promise/
- Contact Info: 503-226-9306, 155 N. 1st Ave. Mail Stop # 6, Hillsboro, OR 97124

Parenting Together Washington County

- Parenting education classes, workshops, and family-friendly activities
- Incredible years (3-8), Abriendo Puertas (0-5), ABC's of parenting (5-8), strengthening families (Middle school)

https://parentingtogetherwc.org/
Phone 503-846-4556
Mailing Address
Parenting Together Washington County
Washington County Health and Human Services
Children, Youth, & Families
155 N 1st Ave MS6
Hillsboro, OR 97124

BEHAVIORAL HEALTH SUPPORTS

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

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

+

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

And/Or

Exposure to Adverse Childhood Experiences https://www.samhsa.gov

Option A:
Internal Behavioral Health referral. Example of follow-up steps by IBH staff.

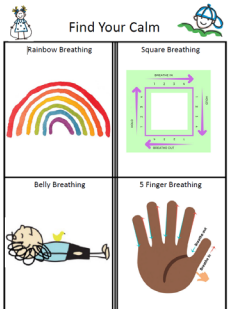
- **Assessment**
- **Potential additional screenings as part of Assessment**
- **Brief Interventions**
- **If applicable, engagement on external referral**

Option B:
Consider External Referral for Specialty Behavioral Health – Infant Early Childhood Mental Health (Send a message to the *VGC-ECD Navigator*)

BACK PAGE

Follow-Up to the **Preschool Pediatric Symptom Checklist (PPSC): Quick Tips**

Child Identified at Risk = Score is 9 or More



Steps to Take:

1. **Provide the Find Your Calm Education Sheet**

2. **Refer to Internal Behavioral Health**
   - **9085 Internal Referral to Behavioral Health** Must select "Child/Adolescent Behavioral Health Screen" under Reason field to facilitate reporting/data pulling
   - **Diagnosis: R46.89 Behavior concern**

3. Check the Behavioral Health Box and Other Applicable Item in the **Shared Decision Making and Parent Education Sheet**: "Follow Up to Screening: Howe We can Support Your Child" (In English and Spanish) and provide to Parent

4. **Consider Referral to Early Childhood Navigator**
   - **9997 VGC-ECD Navigator**
   - **If refer, provide one pager on the position to the parent.**

5. **Consider other handouts provided by Dr Riley.**
   - Giving Great Instructions
   - 3 Step Prompting
   - Figuring Out Frustration
   - Paying Attention
   - Tips on Time-Out

Warm-Handoff Spotlight: Healthy Weight!

Benefits of consulting your BHC for Healthy Weight

- You know the "**what**," let the BHC help with the "**how**"
- Saves you time having to problem-solve barriers in the room.

Weight Status Category	Percentile Range
Underweight	< 5th percentile
Healthy Weight	5th - 84th percentile
Overweight	85th - 94th percentile
Obese	95th percentile or greater

When to Get the BHC

- Low motivation for treatment
- Body image issues: negative body image, body dissatisfaction, low self-esteem
- Social-emotional consequences: poor quality of life, withdrawal
- Psychological comorbidities: depression, anxiety, behavior problems, binge eating
- School problems: bullying, academic concerns, school refusal
- Lack of progress despite motivation
- Anytime you think the patient/family would benefit!

Things Your BHC Can Do to Help

Assessment

- Comprehensive assessment to help with identifying barriers to health behavior recommendations and current impact of weight management problems on patient and family functioning

Problem-solving with family to increase adherence to PCP recommendations

Intervention

Example of Problems	Examples of Interventions
Psychological factors affecting medical condition	Assessment of psychosocial factors; Broad-band, narrow-band screening
Lack of motivation	Motivational interviewing
Low self-efficacy	Goal setting, self-monitoring, cognitive restructuring
Noncompliance with treatment recommendations	Behavior modification E.g., Premack Principle, Stimulus Control Motivational Interviewing
Behavior problems in response to recommendations	Behavior management E.g., Positive reinforcement, behavioral contracting

Warm-Handoff Spotlight: Healthy Weight!

6) Engaging Families: Tips & Tools to Support Referrals

Parenting Young Children Can Be Hard, but There are Resources That Can Help!

Why Getting Supports Early is Important and What Parents Can Expect

Parenting can be challenging. Nearly one in five children face emotional, behavioral, or self-regulation issues. Fortunately, therapists and other experts in behavior can help by providing insights into these behaviors and offering evidence-based strategies. Investing time and effort now can significantly impact your child's social and emotional well-being.

Where am I getting referred? Many behavioral health services for young children are part of agencies that also cater to adolescents and adults. When scheduling an appointment, keep in mind that the organization may provide services beyond what your child needs. We're here to help you find the right organization that meets your child's specific needs.
What can I expect these services to look like? Therapy and other services for young children birth through five often looks like play time for the child. A therapist will spend time with you and your child to learn your relationship and any challenges you experience. They will help you learn strategies to strengthen the parent-child relationship, build new skills, and manage difficult behaviors. By working together, you'll gain the tools and confidence to support your child's development and apply what you've learned in you and your child's daily life.

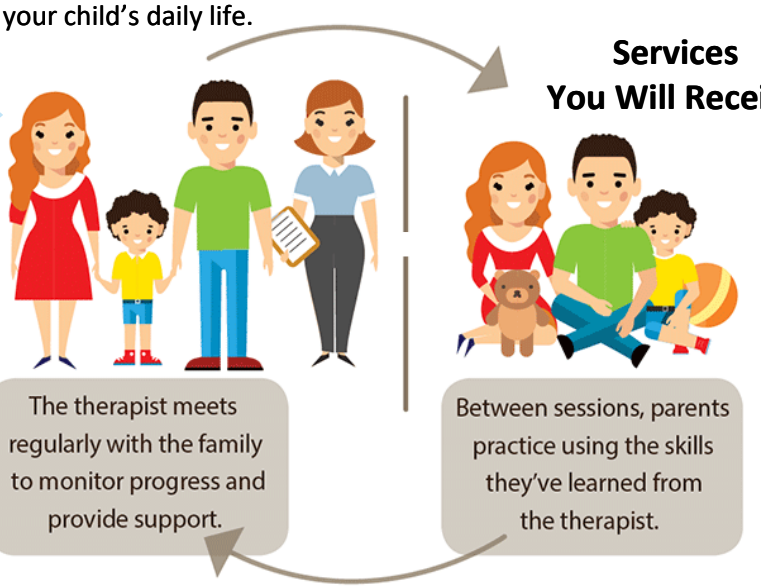
Parents/Caregiver Next steps:

You need to contact the organization you were referred to and schedule an assessment. What you can expect:

- You will be asked a few questions about your child and health care insurance.
- They may ask you to fill out a number of forms about your child's behavior. Let your primary care provider know if you need help with these forms.
- The first session is usually a **1.5-2 hour** in-person assessment with you and your child.

If you run into any barriers, we are here for you! Please contact:

Services You Will Receive



After the sessions end, 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

Positive Communication

Positive Reinforcement

Structure

Parents will learn and model skills to teach their children how to better manage their emotions or behaviors, leading to improved functioning at childcare/day care (and in the future school), home and in relationships. Learning and practicing these new skills 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

Updated 10/3/2024

Edited and distributed by the Oregon Pediatric Improvement Partnership

Frequently Asked Questions: Services for Young Children to Address Challenging Behaviors & Emotions

As a parent, you want your child to grow up healthy, happy, and thriving. Some children have unique needs and behaviors that require extra attention to support their development. We believe every child should have access to the best possible care for their physical and social-emotional development. Here are some common questions that families ask about receiving behavioral health services for their young child.

Question: What is "Behavioral Health" or "Social-Emotional Health" for Young Children?

Answer: Behavioral or social-emotional health refers to a child's ability to control how they share their feelings, how they behave, and how they play and interact with others. It is a vital part of their overall health and development.

Key aspects of social-emotional health include:

- Building strong, loving relationships with family, friends, and other important people in their life
- Understanding and expressing their feelings and behaving in a healthy way
- Learning and growing in different places such as home, school, and in their community

Question: Why would my child need additional services to address behaviors?

Answer: Every child needs help managing their feelings and behaviors, but some require additional support due to unique ways of processing their emotions and surroundings. It's common for young children to need these extra services—one in five struggles with emotional or behavioral health issues. Addressing behavioral health concerns with children when they're young is more effective (both treatment and cost-wise) than waiting to address the issue when the child is older or when the problem becomes overwhelming. If your family faces difficult emotions and behaviors regularly, a trained therapist or expert in these behaviors can offer strategies to help support your child and teach them new skills.

Question: What behaviors will these services help address?

Answer: Here are some common behaviors that children may exhibit that providers with experience and expertise can help you address, tailored to your child's brain and temperament:

- Temper tantrums
- Hard time calming down
- Hard time playing with other children
- Not following instructions
- Being aggressive or angry

- Hard time with new places or people
- Seeming very worried or scared
- Seeming very sad, unhappy, or upset
- Sleep problems
- Toileting issues

Question: What can I expect these services to look like?

Answer: Therapy and other services for young children birth through five often looks like play time for the child, allowing the therapist to observe their interactions with objects and people. A therapist will spend time with you and your child to learn your relationship and any challenges you experience. They will help you learn strategies to strengthen the parent-child relationship, build new skills, and manage difficult behaviors. By working together, you'll gain the tools and confidence to support your child's development and apply what you've learned in you and your child's daily life.

Created and distributed by the Oregon Pediatric Improvement Partnership (2024)

Question: Is behavioral health the same as mental health? Why is my young child being referred to a mental health agency?

Answer: While we often think of mental health as relating to an older child or adult's psychological and emotional well-being, it can also be used to refer to a younger child's social-emotional health. You may hear the terms "mental health" or "infant mental health" when referring to services to address your child's challenging behaviors. Many behavioral health services for young children are part of agencies that also provide services for adolescents and adults, and sometimes offer additional services like substance use disorder treatments. When scheduling an appointment, keep in mind that the organization may provide services to all age groups. We're here to help you find the right organization that meets your child's specific needs.

Question: Will my child receive a diagnosis or "label"?

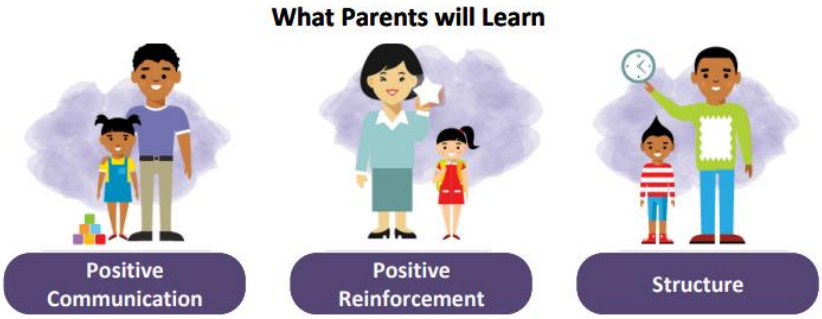
Answer: A diagnosis can often open doors to essential services for your child. While some children may receive a temporary diagnosis, others may carry theirs throughout their lives. It's important to remember that a diagnosis does not define who your child is or limit their potential. Additionally, any diagnosis or other information is confidential, just like medical information. Labels can help you talk to health professionals and get the services you need, but you decide who sees that information. For some children, a diagnosis can provide valuable context, helping to explain their unique ways of processing or responding to situations, rather than labeling them as having difficult or problematic behaviors.

Question: What if the therapist doesn't understand my family's values, background, culture, or language?

Answer: We're committed to working with you to create a plan that meets your family's needs, values, and wishes. If we refer you to a therapist outside of our organization, our team will work with you to find a provider who speaks your preferred language or has access to translation services, and who shares your cultural values and preferences as much as possible. Please give us feedback if you don't experience that and we can work to try and find other resources.

Question: I have had bad experiences in the past with mental or behavioral health services – can I trust it for my child?

Answer: We understand that past experiences can affect how you feel about the healthcare system, and we want to work together to make sure your child gets the best care possible. We will take time to listen to your concerns, answer your questions, and make sure you're comfortable before starting any services. Your voice matters and helps us improve the care we give.



Please don't hesitate to reach out to us. We're here to support you and your child every step of the way.

Please contact the following if you have questions: _____

7) Health Share of Oregon Asset Maps of Providers Who Serve Birth to Five

VERSION: SEPTEMBER 2024

Infant & Early Childhood Mental Health Services with Health Share of Oregon Contract for Publicly Insured Children Birth to Five in the Portland Metro Area: Summary Developed Based on Information Collected by Care Oregon as part of the System-Level Social Emotional Health Metric

Table of Contents

UPDATED 9/2024: Developed by the Oregon Pediatric Improvement Partnership.

This development of this summary is partially supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3,991,229.00. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Historical Overview and Purpose

From 2018 to 2021 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 was funded by the Central Oregon Health Council and the Early Learning Hub of Central Oregon.

- A component of this work was 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, with descriptions of the **specific modalities offered**, and information about the providers serving young children and their families in the region.

Since that time, OPIP has supported the provision of similar summaries in communities throughout Oregon, finding referring partners greatly benefited from these comprehensive summaries highlighting the therapeutic intentions and interventions to inform best match referrals.

As a component of the System-level Social Emotional Health Metric, CCOs across the state have made publicly available asset maps of their specialty behavioral health resources for young children, which include descriptions of the therapeutic modalities being offered by providers within their region.

To support the **Transforming Pediatrics for Early Childhood (TPEC)** and the **Health-Share of Oregon Funded trainings for Integrated Behavioral Health and Primary Care Providers**, OPIP has worked with Health Share of Oregon and CareOregon to develop a number of materials meant to support an understanding of services available to children enrolled in Health Share of Oregon and based on the asset mapping conducted by Care Oregon as part of Health Share of Oregon's 2024 activities for the System-Level Social Emotional metric.

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

- Social-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**.

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

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What Are Factors or Indicators Young Children that Would Benefit from Behavioral Health Services?

- **Children Displaying Challenging Behaviors**
  - 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, and/or mild to moderate Social-Emotional symptoms. Children with other risks present and identified in their history, parental concerns, or incompatible parenting styles.
  - Children at risk of maltreatment or neglect (families with substance abuse or mental health issues, inexperienced 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 by Health Share of Oregon contracted providers and as reported at the time of the 2023 Asset Mapping.
- 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.

[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*

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Overview of Modalities and Talking Points for Providers

Therapeutic Modalities Indicated for Children Displaying Challenging Behaviors

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

- **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.

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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. However, during the COVID-19 response many providers adapted this to model to 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. This adaptation has continued in a number of clinical environments post-pandemic.

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.

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Triple P Positive Parenting Program

- **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

- **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).
- **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

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Therapeutic Modalities Indicated for Children with a History of Trauma

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.

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.

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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.

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.

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Therapeutic Services Indicated for Children who are At-Risk for Behavior Problems

Family Check-up

- **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.

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.

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Organizations in Health Share of Oregon Contract That Reported Providing Behavioral Health Services for Children Birth to Five

Selected Parent-Child Programs for Children Birth to Five with a Scientific Rating of 1-3

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

Therapy/ Program Name	Delivery Method[1]	Age of Child	Scientific Rating	Organization(s) in the Health Share of Oregon Contract	Number of Provider(s)
SERVICES TARGETED TO CHILDREN WITH CHALLENGING BEHAVIORS					
Parent Child Interaction Therapy (PCIT*)	Dyadic	2-7	1	14	49
**PCIT is also effective program for children with known trauma history (see categories below).*					
Generation-PMTO	Dyadic, Family	2-18	1	1	1
Triple P Positive Parenting Program	Level 3 - Dyadic	0-12	2	1	9
	Level 4 - Group		1		
SERVICES VALID ONLY FOR CHILDREN OLDER THAN 3					
Collaborative Problem Solving	Family	3-21	1	11	22
Play Therapy	Family, Individual	3-12	NA	19	50
Helping the Non-Compliant Child	Dyadic	3-8	3	3	5
SERVICES TARGETED TO CHILDREN WITH BEHAVIORS AS A RESULTS OF TRAUMA HISTORY					
Attachment Regulation and Competency (ARC)	Dyadic, Family, or Individual	Birth -21	NR	1	1
Child Parent Psychotherapy (CPP)	Dyadic	0-5	2	9	11
SERVICES VALID ONLY FOR CHILDREN OLDER THAN 3					
Trauma Focused Cognitive Behavior Therapy	Dyadic	3-18	1	13	64
Eye Movement Desensitization & Reprocessing (EMDR)	Individual	4-17	1**	5	7
SERVICES TARGETED TO CHILDREN WITH AT-RISK FOR BEHAVIOR PROBLEMS					
Family Check-Up	Dyadic	2-17	1	3	3
Incredible Years*	Dyadic or Group	4-8	1	4	14
**Incredible Years is also or children with challenging behaviors*					

**Additional organizations who provide evidence-based services to young children may not be represented above, if couldn't be reached for asset mapping.*

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

Version: October 2024

Developed by the Oregon Pediatric Improvement Partnership (OPIP) based in information provided by CareOregon as part of the 2024 System-Level Social-Emotional Health Metric. Evidence ratings an age groups served based on information derived from https://www.cebc4cw.org.

Health Share of Oregon/CareOregon
SOCIAL EMOTIONAL HEALTH SPECIALITY BEHAVIORAL HEALTH ASSET MAP SUMMARY
2024

CareOregon manages the behavioral health (mental health and substance use disorder) benefits on behalf of Health Share of Oregon CCO. Within this document, you will find a summary of contracted specialty behavioral health providers who are able to serve children birth to five years old. It is important to note, this information was gathered as a "point in time" in July 2024 and may not reflect current or future staffing availability or access. We do hope this information is helpful in identifying behavioral health providers in our network who are trained in early childhood mental health and social emotional health care.

Please note the ***color coding***, as it is used throughout the document to identify best match services

If additional assistance is needed to navigate to a contracted behavioral health service, please see the flyer on the next page (page 2)

Social Emotional Health of Young Children

Behavioral Health Resources

Starting in 2022, Health Share of Oregon began working toward identifying more young children with social emotional health needs and increasingly connecting them to services and supports to help ensure kindergarten readiness.

Aligned with the System Level Social-Emotional Health Metric, we reviewed and assessed the behavioral health resources available in our network for children.

In partnership with CareOregon, we have publicly shared the specialty behavioral health resources that are available for young children birth to five.

We have cataloged this information by:

- Presenting concern
- Geographic location by county
- Culturally & linguistically avaliable services and providers

We want to share a helpful resource that is available to you!

CareOregon's member customer service team can help navigate to available behavioral health resources.

To contact the customer service team please call 503-416-4100

CareOregon

health share
Health Share of Oregon

Health Share of Oregon & CareOregon Behavioral Health Therapy Service Modalities for Children Birth to Five

Therapy/ Program Name	B-5 Delivery Method[1]	Age of Child	Scientific Rating	Regions Available	Organization*	Number of Providers
Some Providers trained in multiple service modalities targeting different presenting needs will be reflected more than once throughout.						
SERVICES TARGETED TO CHILDREN WITH CHALLENGING BEHAVIORS						
Parent Child Interaction Therapy (Also, for children with behaviors resulting from trauma)	Dyadic	2-7	1	W	Barcelona Counseling	2
				M	C. Love Therapeutic Care	1
				M	Cascadia Health	1
				C	Clackamas Health Centers	2
				C, M	Creative Counseling Services	1
				M	Happy Valley Counseling	1
				C, M, W	Life Stance Health	12
				C, M, W	Lifeworks NW	3
				C, M	Morrison Child and Family Service	4
				C	Neurotherapeutic Pediatric Therapies	1
				W	NW Counseling Associates	1
				C, M, W	Options Counseling and Family Service	6
				C, M, W	Pacific Psychology and Comprehensive Health	5
				C, M, W	Wolf Pack	9
Generation-PMTO	Dyadic, Family	2-18	1	C	Options Counseling and Family Service	1
Triple P Positive Parenting Program	Level 3: Dyadic Level 4: Group	0-12	2 1	C, M, W	Wolf Pack	9
SERVICES VALID ONLY FOR CHILDREN OLDER THAN 3						
Collaborative Problem Solving	Family	3-21	3	W	Barcelona Counseling	2
				M	C. Love Therapeutic Care	1
				W	Centria Healthcare	1
				C, M	Creative Counseling Services	1
				C, M, W	Life Stance Health	2
				C, M, W	Lifeworks NW	4
				C, W	Neurotherapeutic Pediatric Therapies	2
				W	NW Counseling Associates	2
				C, M, W	Options Counseling and Family Service	5
				M	Portland Mental Health and Wellness	1
				M	Willamette Health and Wellness	1
Play Therapy	Family, Individual (5 and up)	3-12	N/A	C	Alliance Counseling Center	3
				W	Barcelona Counseling	2
				M	C. Love Therapeutic Care	1
				W	Centria Healthcare	2
				C, M	Creative Counseling Services	1
				C	Clackamas Health Centers	4
				M	Climb Behavioral Solution	4
				C	Eastside Child and Family Therapy	4
				C, M, W	Life Stance Health	4
				W	Lifeworks NW	1
				C, W	Morrison Child and Family Service	2
				C, W	Neurotherapeutic Pediatric Therapies	2
				M	Northwest ADHD Treatment Center	1
				W	NW Counseling Associates	1
				M, W	Options Counseling and Family Service	4
				M, W	Pacific Psychology and Comprehensive Health	5
				M	Portland Mental Health and Wellness	1
				C, M, W	Sunrise ABA of Oregon	7
				C, M, W	Willamette Health and Wellness	1

C = Clackamas County, M = Multnomah County, W = Washington County

Health Share of Oregon & CareOregon Behavioral Health Therapy Service Modalities for Children Birth to Five

Therapy/ Program Name	B-5 Delivery Method[1]	Age of Child	Scientific Rating	Regions Available	Organization*	Number of Providers
Helping the Non-Compliant Child	Dyadic	3-8	3	W	Barcelona Counseling	3
				M	C. Love Therapeutic Care	1
				W	Centria Healthcare	1
SERVICES TARGETED TO CHILDREN BEHAVIORS AS A RESULT OF TRAUMA HISTORY						
Attachment Regulation and Competency (ARC)	Dyadic, Family	0-21	NR	C	Clackamas Health Centers	1
Child Parent Psychotherapy	Dyadic	0-5	2	C	Alliance Counseling Center	1
				M	Cascadia Health	1
				C	Clackamas Health Centers	1
				C ,M	Creative Counseling Services	1
				W	Lifeworks NW	1
				C	Morrison Child and Family Service	1
				C, W	Neurotherapeutic Pediatric Therapies	1
				M, W	Options Counseling and Family Service	3
				C, M, W	Willamette Health and Wellness	1
SERVICES VALID ONLY FOR CHILDREN OLDER THAN 3						
Trauma Focused Cognitive Behavioral Therapy	Dyadic	3-18	1	W	Barcelona Counseling	3
				M	C. Love Therapeutic Care	1
				M	Cascadia Health	1
				C	Clackamas Health Centers	2
				C, M	Creative Counseling Services	1
				M	Happy Valley Counseling	2
				C, M	Kinship House	10
				C, M, W	Life Stance Health	27
				M, W	Lifeworks NW	2
				C, M	Morrison Child and Family Service	3
				W	NW Counseling Associates	2
				M	Willamette Health and Wellness	1
				C, M, W	Wolf Pack	9
Eye Movement Desensitization & Reprocessing	Individual	4-17	1[2]	W	Barcelona Counseling	3
				C, M	Creative Counseling Services	1
				M	Happy Valley Counseling	1
				M	Life Stance Health	1
				W	Morrison Child and Family Service	1
SERVICES TARGETED TO CHILDREN WITH AT-RISK FOR BEHAVIOR PROBLEMS						
Family Check-Up	Dyadic	2-17	1	M	C. Love Therapeutic Care	1
				W	Centria Healthcare	1
				W	Lifeworks NW	1
Incredible Years (Also, for Children with Challenging Behaviors)	Dyadic or Group	4-8	1	C	Clackamas Health Centers	3
				C, M	Creative Counseling Services	1
				W	Options Counseling and Family Service	1
				C, M, W	Wolf Pack	9
PROVIDERS SERVICING CHILDREN USING OTHER MODALITIES						
Other	Dyadic	0-5	N/A	W	Barcelona Counseling	2
				C, M, W	Centria Healthcare	11
				M	C. Love Therapeutic Care	1
				C, M	Creative Counseling Services	1
				M	Happy Valley Counseling	2
				C, M, W	Lifespan Psychiatric Consulting	4
				C, M, W	Life Stance Health	49
				C, M, W	Lifeworks NW	3
				C, M, W	Mindsights	13
				M, W	Morrison Child and Family Service	33
				C, M	Neurotherapeutic Pediatric Therapies	1

C = Clackamas County, M = Multnomah County, W = Washington County

Health Share of Oregon & CareOregon Behavioral Health Therapy Service Modalities for Children Birth to Five

Therapy/ Program Name	B-5 Delivery Method[1]	Age of Child	Scientific Rating	Regions Available	Organization*	Number of Providers
				W	Options Counseling and Family Service	1
				C, M, W	Positive Behavior Supports	39
				W	Westside Behavior Therapy	4

**Additional organizations who provide evidence-based services to young children may not be represented above, if they couldn't be reached for asset mapping.*

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

Version: Updated September 2024

Format developed by the Oregon Pediatric Improvement Partnership (OPIP) based on information derived from https://www.cebc4cw.org.

C = Clackamas County, M = Multnomah County, W = Washington County

Health Share of Oregon/CareOregon
SOCIAL EMOTIONAL HEALTH BEHAVIORAL HEALTH ASSET MAP SUMMARY by CITY
2024

CareOregon manages the behavioral health (mental health and substance use disorder) benefits on behalf of **Health Share of Oregon CCO**. Within this document, you will find a summary of contracted behavioral health providers who are able to serve children birth to five years old. It is important to note, this information was gathered as a "point in time" in June 2024 and may not reflect current or future staffing availability or access. We do hope this information is helpful in identifying behavioral health providers in our network who are trained in early childhood mental health and social emotional health care.

CareOregon Contracted Behavioral Health Providers that Serve Birth to Five in MULTNOMAH COUNTY By Location (City) of Office Where Services are Delivered				
Office Location	**Organization**	**Number of Providers**	**Modality**	**Number of Providers by Modality**
Portland	Lifeworks NW	8	Collaborative Problem Solving	2
			Parent Child Interaction Therapy	2
			Trauma Focused CBT	1
	Cascadia Health	2	Parent Child Interaction Therapy	2
			Trauma Focused CBT	1
	Climb Behavioral Solutions	4	Play Therapy	4
	C. Love Therapeutic Care LLC	1	Helping the Non-Compliant Child, Collaborative Problem Solving, Family Check-Up, Parent Child Interaction Therapy, Play Therapy, Trauma Focused CBT	
	Morrison Child and Family Services	14	Parent Child Interaction Therapy	1
	Pacific Psychology & Comprehensive Health	2	Parent Child Interaction Therapy	2
			Play Therapy	2
	Happy Valley Counseling	4	Collaborative Problem Solving	1
			Eye Movement Desensitization and Reprocessing	1
			Parent Child Interaction Therapy	1
			Trauma Focused CBT	2

CareOregon Contracted Behavioral Health Providers that Serve Birth to Five in MULTNOMAH COUNTY By Location (City) of Office Where Services are Delivered				
Office Location	**Organization**	**Number of Providers**	**Modality**	**Number of Providers by Modality**
Portland cont'd	Kinship House	9	Other	
	MindSights	13	Other	
	Northwest ADHD Treatment Center	2	Play Therapy	1
			Collaborative Problem Solving	1
	Portland Mental Health & Wellness	1	Collaborative Problem Solving, Play Therapy	
	Positive Behavior Supports Corporation	47	Other	
	Options Counseling & Family Services	3	PCIT	3
			Collaborative Problem Solving	3
			Child Parent Psychotherapy	3
	Sunrise ABA of Oregon, LLC	7	Play Therapy	7
	Willamette Health & Wellness	1	Child Parent Psychotherapy, Collaborative Problem Solving, Play Therapy, Trauma Focused CBT	
	LifeStance Health Inc.	13	Play Therapy	1
			Trauma Focused CBT	6
			Eye Movement Desensitization and Reprocessing	2
			Parent Child Interaction Therapy	1
Gresham	Centria Health Care	2	Other	
	Morrison Child and Family Services	14	Trauma Focused CBT	3
			Play Therapy	1
			Parent Child Interaction Therapy	2
	Creative Counseling Services	1	Child Parent Psychotherapy, Collaborative Problem Solving, Eye Movement Desensitization and Reprocessing, Incredible Years, Parent Child Interaction Therapy, Play Therapy, Trauma Focused CBT, other	
	Eastside Child and Family Therapy	5	Play Therapy	5

CareOregon Contracted Behavioral Health Providers that Serve Birth to Five in MULTNOMAH COUNTY By Location (City) of Office Where Services are Delivered				
Office Location	**Organization**	**Number of Providers**	**Modality**	**Number of Providers by Modality**
Gresham cont'd	Lifespan Psychiatric Consulting	4	Other	
	LifeStance Health Inc.	3	Trauma Focused CBT	2
			Parent Child Interaction Therapy	2

CareOregon Contracted Behavioral Health Providers that Serve Birth to Five in WASHINGTON COUNTY By Location (City) of Office Where Services are Delivered				
Office Location	**Organization**	**Number of Providers**	**Modality**	**Number of Providers by Modality**
Beaverton	LifeWorks NW	4	Child Parent Psychotherapy	1
			Collaborative Problem Solving	1
			Parent Child Interaction Therapy	1
			Play Therapy	1
			Trauma Focused CBT	1
	Barcelona Counseling	3	Helping the Non-Compliant Child	3
			Collaborative Problem Solving	3
			Eye Movement Desensitization and Reprocessing	3
			Parent Child Interaction Therapy	3
			Play Therapy	3
			Trauma Focused CBT	3
	Centria Healthcare	11	Play Therapy	3
			Collaborative Problem Solving	2
			Helping the Non-Compliant Child	1
			Family Check-Up	1
	Morrison Child and Family Services	11	Eye Movement Desensitization and Reprocessing	1
	Westside Behavior Therapy	4	Other	
	Wolf Pack Consulting and Therapeutic Services, LLC	9	Incredible Years	9
			Parent Child Interaction Therapy	9
			Trauma Focused CBT,	9
			Triple P Positive Parenting	9
	Kinship House	2	Other	
	MindSights	3	Other	
	NW Counseling Associates, LLC	2	Parent Child Interaction Therapy	1
			Collaborative Problem Solving	2
			Play Therapy	1
	NW Counseling Associates, LLC cont'd		Trauma Focused CBT	2

CareOregon Contracted Behavioral Health Providers that Serve Birth to Five in WASHINGTON COUNTY By Location (City) of Office Where Services are Delivered				
Office Location	**Organization**	**Number of Providers**	**Modality**	**Number of Providers by Modality**
Beaverton cont'd	Options Counseling & Family Services	3	Incredible Years	1
			Parent Child Interaction Therapy	3
			Play Therapy	3
			Child Parent Psychotherapy	1
			Collaborative Problem Solving	1
	LifeStance Health Inc.	6	Parent Child Interaction Therapy	3
			Trauma Focused CBT	5
Hillsboro	Pacific Psychology & Comprehensive Health	3	Parent Child Interaction Therapy	3
			Play Therapy	3
	LifeStance Health Inc.	4	Trauma Focused CBT	3
			Parent Child Interaction Therapy	1
Tigard	LifeStance Health Inc.	2	Play Therapy	1
			Trauma Focused CBT	1
			Parent Child Interaction Therapy	1
Tualatin	LifeStance Health Inc.	5	Parent Child Interaction Therapy	3
			Collaborative Problem Solving	1
			Trauma Focused CBT	3

CareOregon Contracted Behavioral Health Providers that Serve Birth to Five in CLACKAMAS COUNTY By Location (City) of Office Where Services are Delivered				
Office Location	**Organization**	**Number of Providers**	**Modality**	**Number of Providers by Modality**
Canby	Alliance Counseling Center	3	Play Therapy	2
			Child Parent Psychotherapy	1
Clackamas	Neurotherapeutic Pediatric Therapies, Inc.	1	Other	
	Options Counseling & Family Services	1	Collaborative Problem Solving	1
	LifeStance Health Inc.	2	Trauma Focused CBT	1
Milwaukie	Clackamas Health Centers	5	Incredible Years	3
			Child Parent Psychotherapy	1
			Parent Child Interaction Therapy	2
			Play Therapy	4
			Trauma Focused CBT	2
			Attachment Regulation and Competency	1
	Positive Behavior Supports Corporation (also serve in Portland)	1	Other	
	Morrison Child and Family Services	2	Other	
West Linn	MindSights (also serve in Portland)	3	Other	
Gladstone	LifeStance Health Inc.	9	Trauma Focused CBT	4
			Play Therapy	1
			Parent Child Interaction Therapy	1
			Collaborative Problem Solving	1
Lake Oswego	LifeStance Health Inc.	3	Play Therapy	1
			Trauma Focused CBT	2

CareOregon Contracted Behavioral Health Providers that Serve Birth to Five in OTHER				
Office Location	**Organization**	**Number of Providers**	**Modality**	**Number of Providers by Modality**
Salem	Centria Healthcare	2	Other	

CareOregon Contracted Behavioral Health Providers that Serve Birth to Five Providing Culturally & Linguistically Best Matched Services – By Service Delivery Language Availability			
Language	**Organization**	**County**	**Therapeutic Modalities Available**
American Sign Language	Positive Behavior Supports	M	Applied Behavior Analysis
French	Positive Behavior Supports	M	Applied Behavior Analysis
Spanish	Barcelona Counseling	W	Helping the Noncompliant Child, PCIT, Play Therapy (3+), CPS (3+), TFCBT (3+), EMDR (4+)
	Clackamas Health Centers	C	PCIT, Play Therapy (3+), Incredible Years, ARC, TFCBT (3+)
	Creative Counseling Services	M	CPS (3+), Play Therapy (3+), PCIT, Incredible Years, CPP, EMDR (4+)
	Happy Valley Counseling	C, M	PCIT, CPS (3+), TFCBT (3+), EMDR (4+)
	Kinship House	M	Attachment & Trauma Focused Treatment
	LifeStance Health	C, W	Trauma Focused CBT (3+), Other Modalities Offered
	Mindsights	M	Other Modalities Offered
	Morrison Child and Family Services	M	TFCBT (3+), Other Modalities Offered
	Options Counseling and Family Services	W	PCIT, TFCBT (3+)
	Positive Behavior Supports	M	EMDR (4+), Applied Behavior Analysis
Tagalog	WolfPack Consulting and Therapeutic Services	W	PCIT, CPS (3+), Triple P, TFCBT(3+), Incredible Years
Hindi	LifeStance Health	M, C	Other Modalities Offered
Russian	Lifestance Health	C, M, W	PCIT

Color Code: DISRUPTIVE BEHAVIOR PROBLEMS, TRAUMA HISTORY, AT-RISK PARENTS/ FAMILIES, ADDITIONAL SERVICES
Modality Code: PCIT: Parent Child Interaction Therapy, CPS: Collaborative Problem Solving, Triple P: Positive Parenting Program, TFCBT: Trauma Focused Cognitive Behavioral Therapy), CPP: Child Parent Psychotherapy, ARC: Attachment Regulation and Competency
Location Site: M: Multnomah, C: Clackamas, W: Washington

CareOregon Contracted Behavioral Health Providers that Serve Birth to Five Providing Culturally & Linguistically Best Matched Services – By Provider Race/Ethnicity			
Race/Ethnicity	**Organization**	**County Location**	**Therapeutic Modalities Available**
Providers Identified as Asian	**Mindsights**	M	**Other Modalities Offered**
	Lifeworks NW	W	**CPS (3+), Family Check-Up, TFCBT (3+), Other Modalities Offered**
	Catholic Community Services	M	**Other Modalities Offered**
	Happy Valley Counseling	C, M	**PCIT, CPS (3+), TFCBT (3+), EMDR (4+)**
	Centria HealthCare	W	**Play Therapy**
	LifeStance Health	C, W	**TFCBT (3+)**
	Pacific Psychology & Comprehensive Health	M	**PCIT, Play Therapy**
	WolfPack Consulting and Therapeutic Services	W	**PCIT, CPS (3+), Triple P, TFCBT (3+), Incredible Years**
	Neurotherapeutic Pediatric Therapies	C, W	**CPS (3+), Play Therapy (3+), Triple P, ARC, TFCBT(3+), CPP**
	Morrison Child & Family Services	C, M	**Other Modalities Offered**
Providers Identified as Black and/or African American	**C. Love Therapeutic Care**	M	**Helping the Noncompliant Child, PCIT, Play Therapy, CPS (3+), Family Check-Up, Other Modalities Offered**
	Morrison Child & Family Services	C, M, W	**PCIT, Other Modalities Offered**
	Positive Behavior Supports	W	**Applied Behavior Analysis**
	Centria HealthCare	W	**Other Modalities Offered, Play Therapy (3+)**
	Kinship House	M	**Attachment & Trauma Focused Treatment**
	Lifeworks NW	C, M	**Other Modalities Offered**
Providers Identified as	**Centria Healthcare**	W	**CPS (3+), Play Therapy (3+),**
	Clackamas Health Centers	C	**Play Therapy (3+), Incredible Years**
	Kinship House	M	**Attachment & Trauma Focused Treatment**

Hispanic and Latino/a/x	**Michael Vallejo, LLC**	T	**PCIT**
	Mindsights	M	**Other Modalities Offered**
	Pacific Psychology & Comprehensive Health	M	**PCIT, Play Therapy**
	Barcelona Counseling	W	**Helping the Noncompliant Child, PCIT, Play Therapy (3+), CPS (3+), TFCBT (3+), EMDR (4+)**
	Centria Autism	W	**Applied Behavior Analysis**
	LifeStance Health	M, C	**Other Modalities Offered**
	NW Counseling Associates	W	**CPS (3+), Play Therapy (3+), TFCBT (3+)**
	Positive Behavior Supports	M	**Applied Behavior Analysis**
	Morrison Child & Family Services	C, M	**TFCBT (3+), Other Modalities Offered**
Providers Identified as First Nations	**Wolf Pack Consulting and Therapeutic Services**	C, M, W	**PCIT, CPS (3+), Triple P, TFCBT (3+), Incredible Years**
Providers Identified as Native Hawaiian & Pacific Islander	**LifeStance Health**	C	**Other Modalities Offered**
	Morrison Child & Family Services	W	**Other Modalities Offered**
	Options Counseling and Family Services	W	**PCIT, Play Therapy, Incredible Years**

Color Code: DISRUPTIVE BEHAVIOR PROBLEMS, TRAUMA HISTORY, AT-RISK PARENTS/ FAMILIES, ADDITIONAL SERVICES
Modality Code: PCIT: Parent Child Interaction Therapy, CPS: Collaborative Problem Solving, Triple P: Positive Parenting Program, TFCBT: Trauma Focused Cognitive Behavioral Therapy), CPP: Child Parent Psychotherapy, ARC: Attachment Regulation and Competency
Location Site: M: Multnomah, C: Clackamas, W: Washington

Additional CareOregon contracted providers who did not self-identify as speaking a language other than English, or an identified race/ethnicity above, who also serve children and families birth to five years old:
Alliance Counseling, Alycia O'Connell, LCSWA CADC III, Bridge City Counseling, Cascadia Health, Connections PDX, Climb Behavioral Solutions, Creative Counseling Services, Early Autism Services, Eastside Child and Family Therapy, Footprints Behavioral Interventions, Lifespan Psychiatric Consulting, Miya Abbott, LCSW, LLC, Northwest ADHD Treatment Center, Portland Mental Health & Wellness, Trillium Family Services (5+), WE RISE, LLC, Willamette Health & Wellness, and Youth Villages (5+)

8) Improvement Opportunities: Checklist

Opportunities Supporting Meaningful Improvement Aligned with the 2025 Incentive Metric

Consider which improvement opportunities you may consider based on the information provided today.

OPIP
Oregon Pediatric Improvement Partnership

Behavioral Health Clinicians In Your Practice: Advancing Your Skills

- ❑ Develop a training for other behavioral health clinicians on the advanced skills topics discussed today.
- ❑ Develop templates that you can use for your patients that are built off today's training and materials.

Engaging Primary Care Providers to Refer Young Children To Integrated Behavioral Health

- ❑ Develop a presentation and overview for the primary care clinics about the services you can provide to children birth to five
- ❑ Develop an overview document of what you do and what children should, in general, be referred to you versus other supports (social worker, care coordination, etc).
- ❑ Request a standing time at provider meetings to share tips and highlight recent cases.
- ❑ Develop a script for providers to use to engage families in a referral to behavioral health.
- ❑ Work with the clinical team to develop standardized decision trees, anchored to the screenings conducted, of which children should be referred to behavioral health. Examples of screening tools to develop standardized decision trees:
    - Maternal depression screening
    - Developmental screening
    - Autism Spectrum Disorder Screening
    - Social-Emotional/Behavioral health screening
- ❑ Develop a pre-scrubbing process to identify patients coming in that would likely benefit from a behavioral health consult based on screen results and other presenting factors.
- ❑ Develop a process for routine huddles about future patients that may need supports, share back on services provided.
- ❑ Your idea_____

Education Materials for Common Social-Emotional Health Issues in Young Children

- ❑ Develop a packet of parent education sheets about common social-emotional health issues. Identify priority handouts form the ones provided today.
- ❑ Train primary care providers on the education materials and how they use them in a visit and to engage on a behavioral health referral.
- ❑ Your idea_____

To Support Connections to Specialty Behavioral Health

- ❑ Develop a parent education sheet about external behavioral health services and why they are important to consider.
- ❑ Develop a curated list from the larger Health Share of Oregon Asset Map of best match resources for your patients.
- ❑ Develop a standardized process and set of roles and responsibilities to support families in accessing services.
- ❑ Develop a tracking process of families identified with a need, how many connect to services, summary of clinical information, and loop back to primary care provider.
- ❑ Your idea_____