



# Webinar 1: Overview & Strategies for Primary Care Providers to Address **Social-Emotional Health Issues** in Young Children

*This four-part webinar series is financially supported by Health Share of Oregon.*



- **Welcome:** Oregon Pediatric Improvement Partnership (OPIP) Introductions, Agenda Review
- **Setting the Context:** Primary care providers role in addressing social-emotional health issues in young children and the reason Health Share of Oregon funded this four-part webinar series
  - What will be covered in the four-part webinar series, and how they build off each other
- **Today's Focus!**
  - Overview of Social-Emotional Health in Young Children & Strategies to Identify Children with Follow-Up Needs**
    - *Actionable Tips & Tools*
    - *Strategies primary care sites have used*

## Today's Agenda

# Who is the Oregon Pediatric Improvement Partnership (OPIP)



[oregon-pip.org](http://oregon-pip.org)

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

- OPIP projects are supported by **grants and contracts**.
- We are based out of Oregon Health & Science University, Pediatrics Department.

OPIP uses a **population-based approach**—starting with the **child/family to improve child health care quality**, with the larger purpose of improving the health of the children and youth.

## Faculty for this Four-Part Webinar Series



Colleen Reuland  
Director of OPIP



Dr. Lydia Chiang  
OPIP Medical Director



Dr. Andrew Riley  
OHSU IBH Clinician &  
OPIP Consultant

# Who is the Oregon Pediatric Improvement Partnership (OPIP)



Specific to this Training, we have experience working with primary care and integrated behavioral health on:

- Trainings, tools and implementation support to enhance **social-emotional services** for young children
- **Training of primary care providers** of who to refer to integrated behavioral health and external behavioral health
- Trainings and tools on how to **engage families** of young children in behavioral health services
- Developing **decision trees and summaries of external specialty behavioral health services** to inform best match referrals
- Currently leading the **Oregon Transforming Pediatrics for Early Childhood** cooperative agreement in the Portland Metropolitan area, which includes deep focus on increasing issue-focused interventions in primary care
  - Providing implementation support to these sites.
  - A number of the strategies and tools developed in TPEC are being spread here
  - <https://oregon-pip.org/our-projects/transforming-pediatrics-for-early-childhood/>



# Thank You Health Share of Oregon



- OPIP has received a contract from Health Share of Oregon to implement these trainings and to support a Learning Collaborative of Integrated Behavioral Health.
- This is one part of Health Share of Oregon's **Action Plan** efforts related to the **System-Level Social Emotional Health for Young Children**.
- In the materials that we will send after the webinar, we will include an overview of Health Share of Oregon's full and broad efforts related to the **System-Level Social Emotional Health for Young Children** and to prepare for the 2025 child-level CCO incentive metric that is specifically focused on issue-focused interventions for young children.





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*Our  
North Star:  
Parents Want  
and Need Health  
Care to Play a  
Central Role*



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

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

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



Image 1. American Academy of Pediatrics and Bright Futures™ Periodicity Schedule

AGE <sup>1</sup>	INFANCY								EARLY CHILDHOOD						5y	
	Prenatal <sup>2</sup>	Newborn <sup>3</sup>	3-5 d <sup>4</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3y		4y
<b>DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH</b>																
Maternal Depression Screening <sup>11</sup>				●	●	●	●									
Developmental Screening <sup>12</sup>								●			●		●			
Autism Spectrum Disorder Screening <sup>13</sup>											●	●				
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●
Behavioral/Social/Emotional Screening <sup>14</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
  - Anchored to **American Academy of Pediatrics & Bright Futures™ Periodicity Schedule**
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified
- **Treatment:** Control, correct or reduce health problems found



# Clinical Recommendations Related to Addressing Social Emotional Health in Young Children

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**Population-Based Screenings** that can help identify children with potential need for additional supports to address social-emotional development include:

- Maternal depression screening
- Developmental screening
- Autism Spectrum disorder screening
- Behavioral/Social/Emotional Screening
  - Since 2022, AAP/Bright Futures has recommended screening for behavioral and social-emotional problems in a family-centered way, routinely at every well visit in the first five years of life

# Clinical Recommendations Related to Providing Issue-Focused Interventions for Social Emotional Health



## Issue-Focused Interventions:

- Issue-focused interventions are the recommended “Treatment” after identifying young children with social emotional delays (EPSDT)
- These issue-focused interventions aligned with clinically-recommended, evidence-based services can be provided by:
  - ✓ Specialty behavioral health clinicians
  - ✓ Within primary care, by integrated behavioral health clinicians or other staff with expertise in these behaviors
  - ✓ By community-based providers using evidence-based approaches

# Multi-Metric Strategy Focused on Health Aspects of Kindergarten Readiness Endorsed by Health Plan Quality Metrics & Metrics & Scoring



Well-Child Visits for Children 3-6



Stratification & reporting of metrics to examine disparities and for CYSHCN

Preventive Oral Health Visits for Children 1-5



*Note: HAKR Measurement Workgroup Had Recommended Preventive Dental. The metric was broadened at the time of Metrics and Scoring review.*

*New Metrics that Had to Be Developed*

Social-Emotional Health (Behavioral Health)



**System-Level**  
Social-Emotional (SE)  
Health Metric



**Child-Level SE**  
Metric Focused on  
**Issue-Focused Interventions/ Treatments**

2020

2021

2022

2023

2024

2025

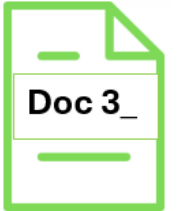
*Year Metric Included in the CCO Incentive Metric Set/Proposed for Inclusions*



# Upcoming Child-Level Social-Emotional Health Metric (2025)

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- Beginning in 2025, Coordinated Care Organizations will be measured on & incentivized to improve the proportion of children aged 1-5 years old who receive **issue-focused interventions** in the system of providers CCOs contract with.
- Again, **issue-focused interventions** are the recommended “Treatment” after identifying young children with social emotional delays (EPSDT)
- The purpose of this metric is to TRANSFORM the **behavioral health system** included in the global budget that CCOs receive to better meet the needs of young children.
- The system that young children and their families need is to have people with expertise in young children’s behavior able to provide **issue-focused interventions** within:
  - ✓ Specialty behavioral health
  - ✓ Within **primary care**, by **integrated behavioral health clinicians** or other staff with expertise in behavior
  - ✓ Community-based providers using evidence-based approaches



# Color Coding We will use in the Slides Moving Forward

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- **Green font**

- Activities and services provided by primary care that are part of promotion, prevention, education and guidance
- **NOT** included in the 2025 child-level metric
- But these services are critical to getting children TO issue-focused interventions
- For example: Social-emotional screening is not included in the 2025 child-level metric

- **Blue Font**

- **Issue-focused interventions that** are the recommended “Treatment” after identifying young children with social emotional delays (EPSDT)
- These **issue-focused interventions** can be provided:
  - ✓ Within **primary care**, by **integrated behavioral health clinicians** or other staff with expertise in behavior

Places primary care refers:

- ✓ **Specialty behavioral health**
- ✓ Community-based providers using evidence-based **issue-focused intervention approaches**



Driving Focus: The child-level incentive metric **targets services** that are most aligned with **clinically recommended behavioral health services** *(and therefore improvements and common codes used by the workforce are needed)*

The metric targets improvements that cover the breadth of brief intervention and treatment services and are most commonly used by the **system of providers** focused on addressing behaviors, across sectors.



### Primary Care & Integrated Behavioral Health



### Specialty Behavioral Health

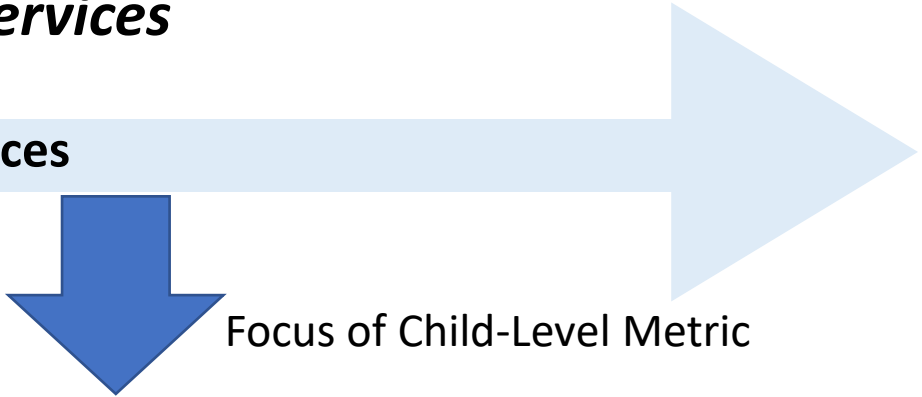


Other Contracted CCO Providers that May Provide a Range of Issue-Focused Interventions (Asset Mapping: Year 3)

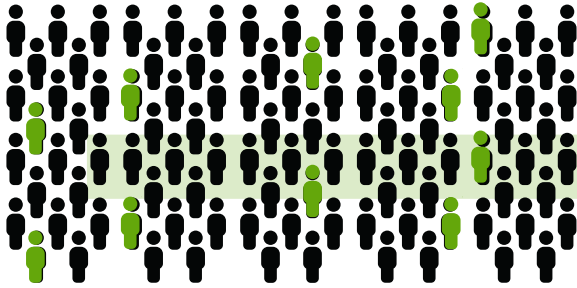


# Focus of the Child-Level Metric on CCO Covered Social Emotional Services: Issue-Focused Intervention/Treatment Services

Continuum of Social-Emotional Services

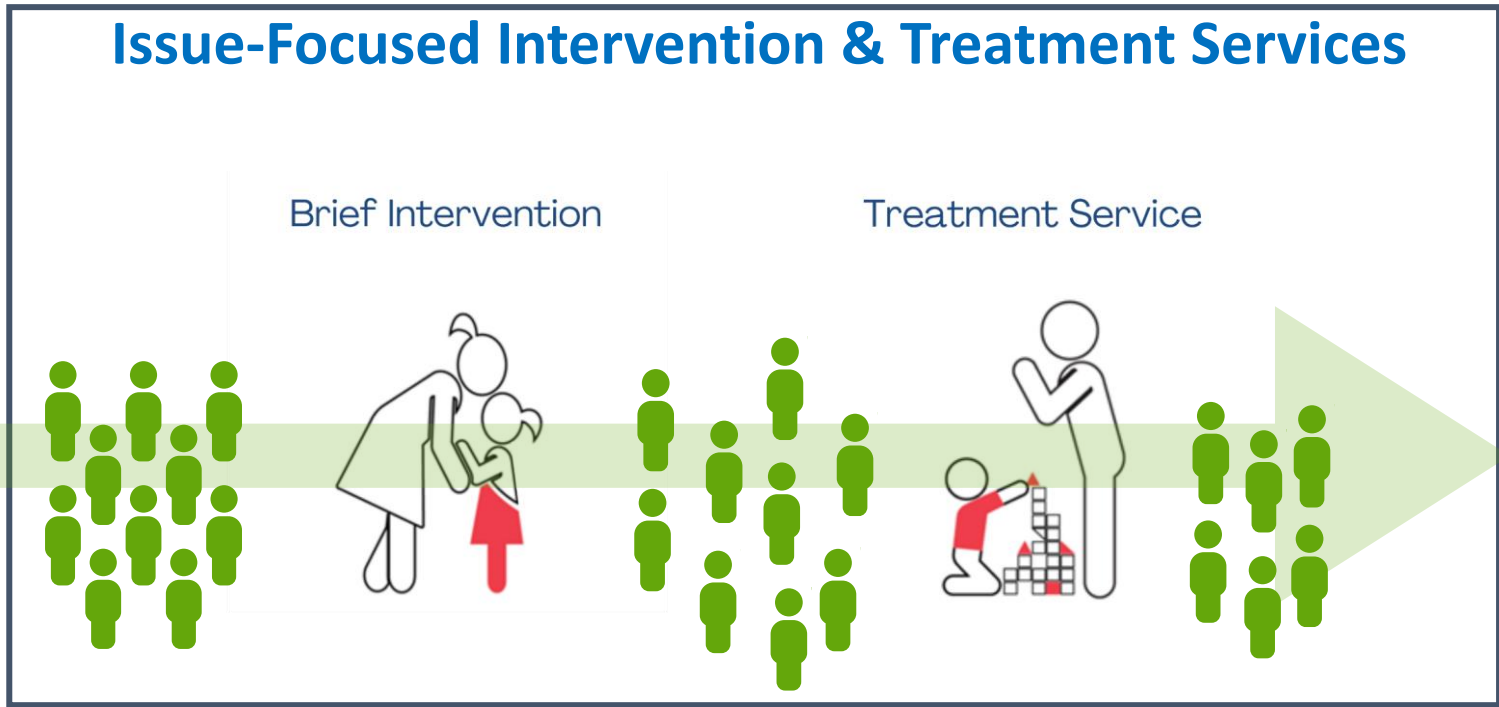


Bright Futures  
Recommends **Social-Emotional** Screening as part of robust well-child care



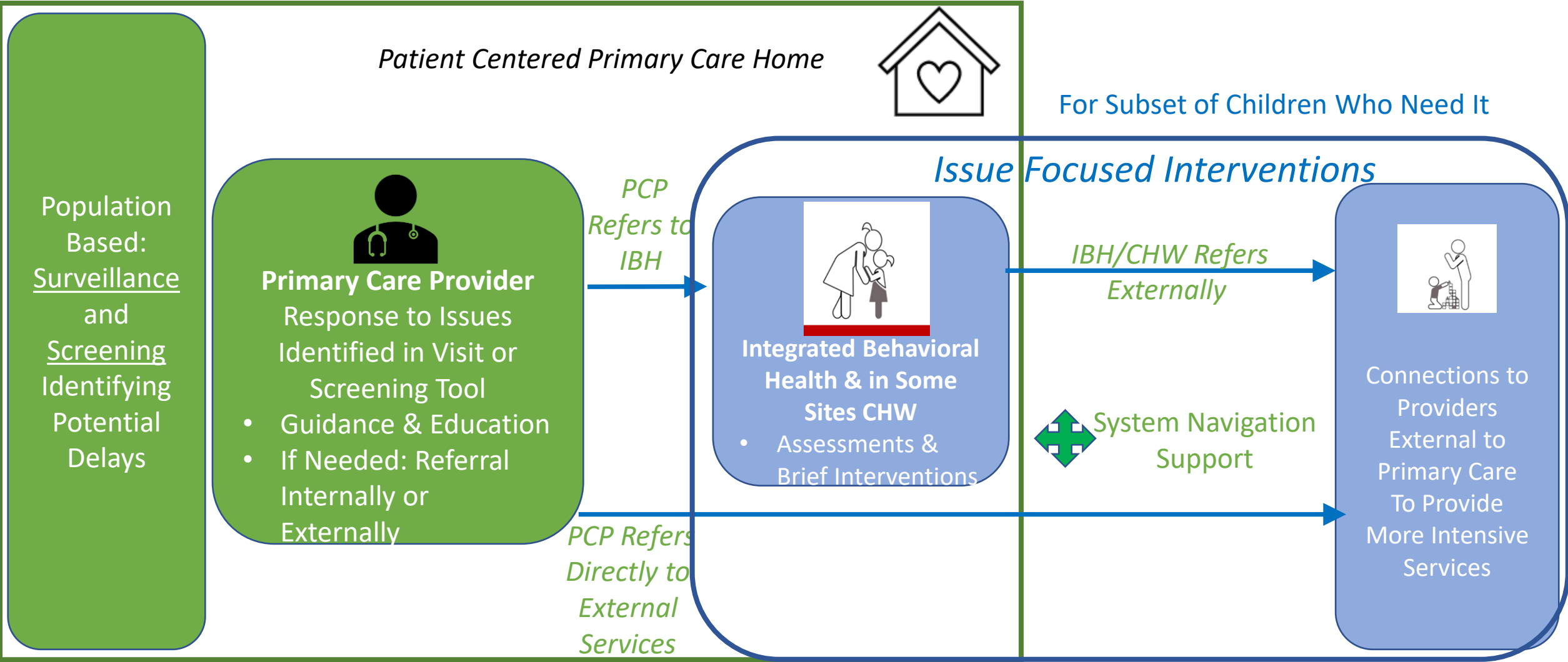
All Children are Part of Population-Wide Promotion & Screening

**Children with Identified Issues**  
(Delays, Behavior Concerns, Risk for Problem Behaviors)





# Primary Care Role in Social-Emotional Health of Young Children: Specific Areas of the **Child-Level Social Emotional Health** Metric Primary Care Can Impact





Population  
Based:  
Surveillance  
and  
Screening  
Identifying  
Potential  
Delays

## *Patient Centered Primary Care Home*



### **The First Webinar Focuses on:**

- *How do you identify children with social-emotional health issues through your population-based surveillance and screening strategies?*
- *Actionable Tips & Tools: Review of strategies primary care providers may use to implement Bright /EPSDT-recommended approaches for identifying children with social-emotional health needs.*
- *Examples of implementation in primary care.*

Patient Centered Primary Care Home



Population Based:  
Surveillance  
and  
Screening  
Identifying  
Potential  
Delays



## Primary Care Provider

Response to Issues  
Identified in Visit or  
Screening Tool

- Guidance & Education
- If Needed: Referral Internally or Externally

2<sup>nd</sup> Webinar, led by Dr. Andrew Riley, focuses on:

- **Primary Care Provider Strategies to Address Common Social-Emotional Health Issues in Young Children**
- *Actionable Tips & Tools: Giving Anticipatory Guidance, Education, and Supports to Parents*
- *Talking Points for How to Address Common Social-Emotional Health Issues in Young Children: Disruptive Behavior, Early Childhood Anxiety, Sleep Issues, Big Feelings*

# 3<sup>rd</sup> Webinar: Engaging Families in Referrals

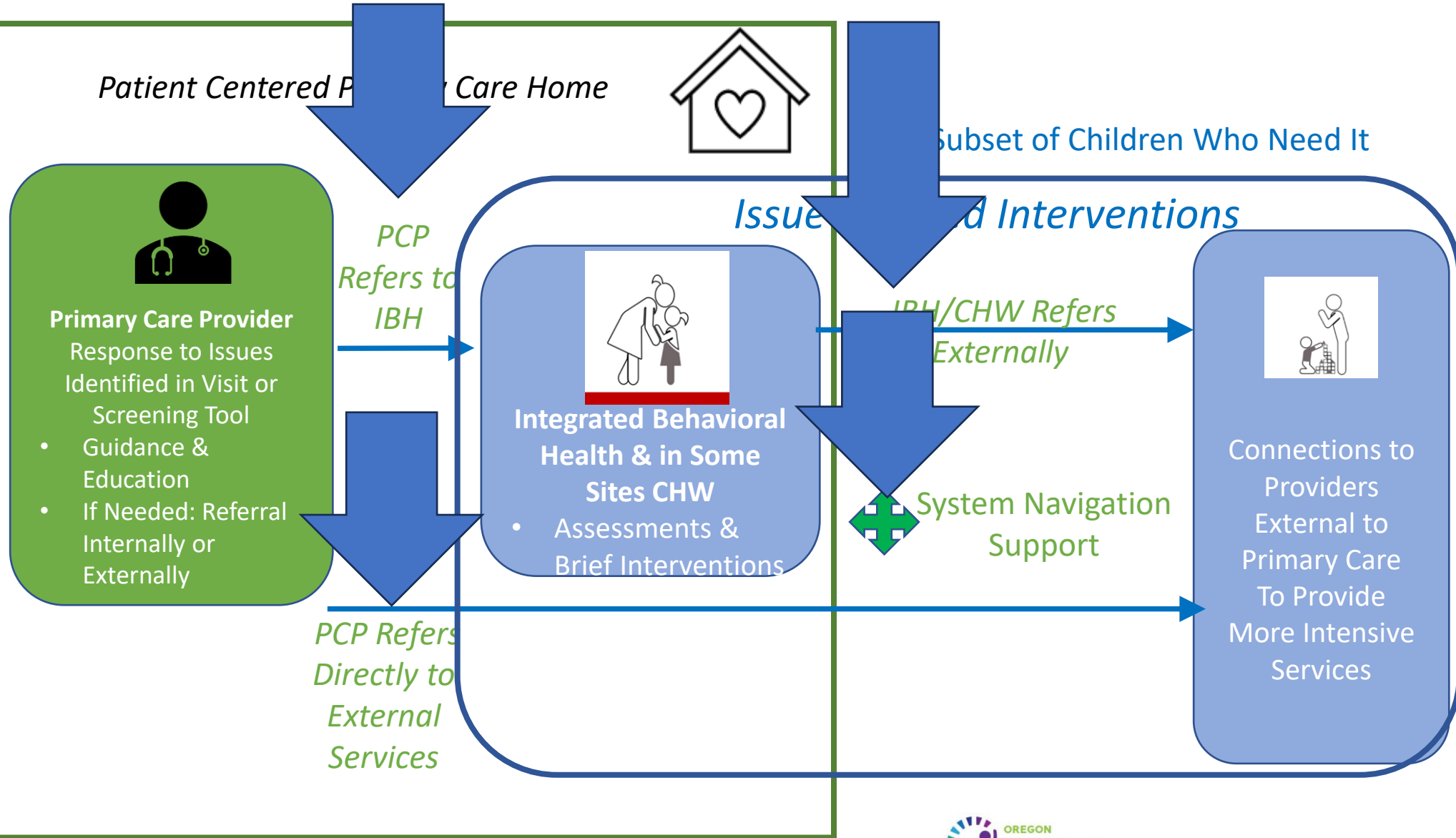
## 3<sup>rd</sup> Webinar

### Part 1:

- Answering questions and Examples of implementation of PCP supports

### Part 2:

- For children that need an assessment or services:
- How to engage families
  - How to know where to refer





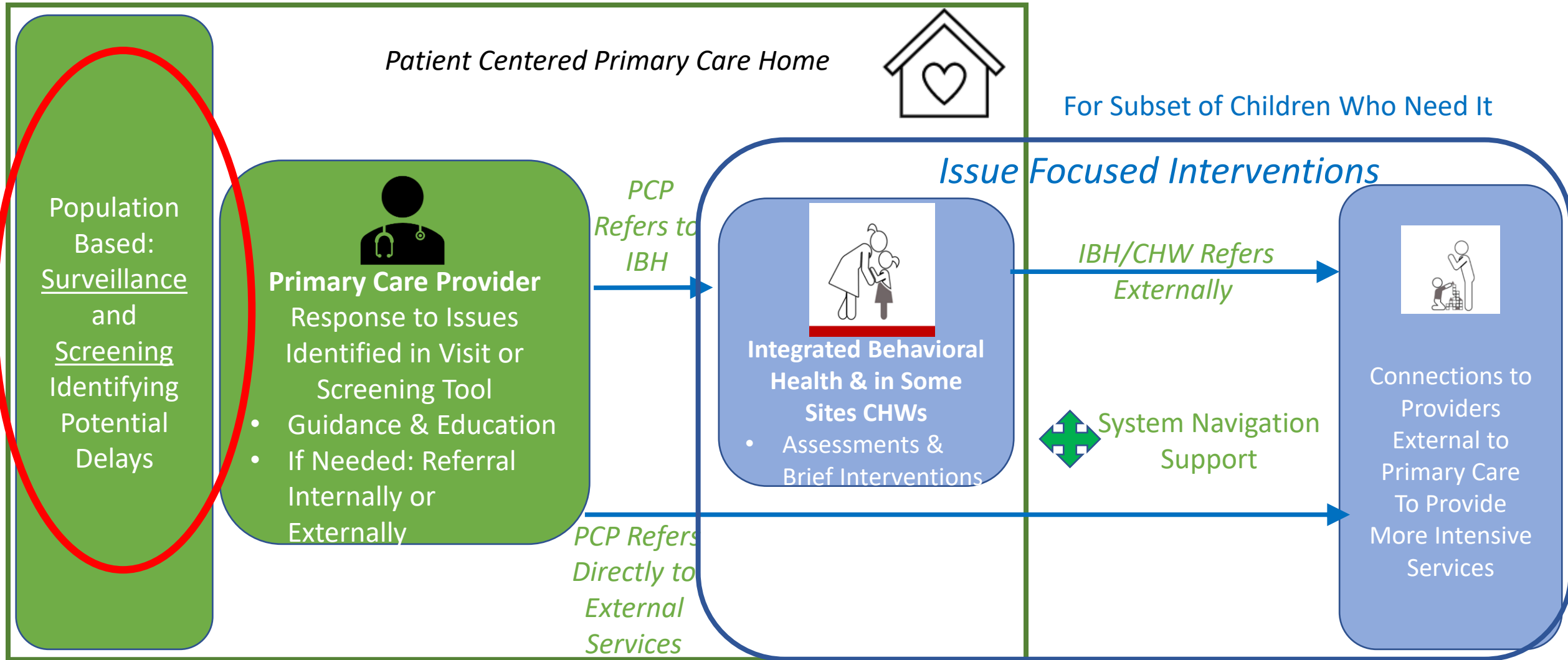
- Grateful to have three primary care providers that will share how they are implementing strategies shared in the webinars
  - Dr. Brad Olson (Randall Children’s Clinic)
  - Dr. Beth Mossman (Hillsboro Pediatrics Clinic)
  - Dr. Lyn Jacobs (Virginia Garcia Memorial Health Center: Cornelius)
- These providers are from clinics participating in OPIP’s **Oregon-Transforming Pediatrics for Early Childhood** cooperative agreement.

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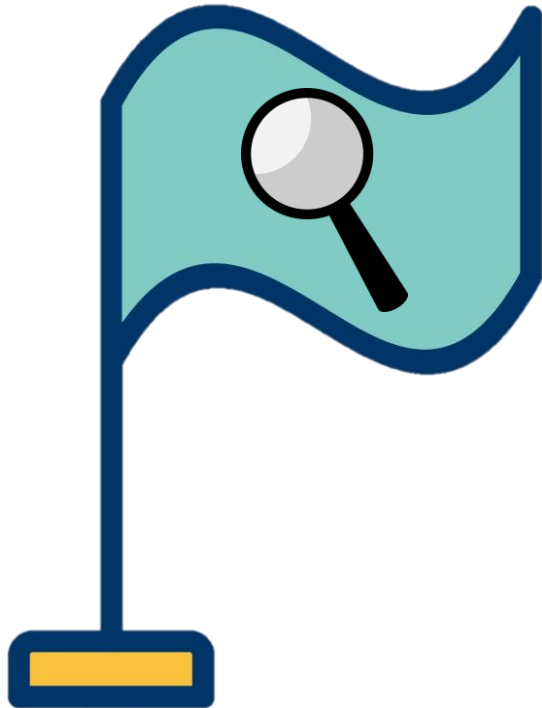
## Today's Agenda



# Primary Care Role in Social-Emotional Health of Young Children



# Identifying Young Children with Potential Social-Emotional Delay



Flags for potential social-emotional or behavioral delay in young children could come from:

1. Clinical or parental observation
2. Family context
3. Screening tools

# Why Are We Talking About These Flags?

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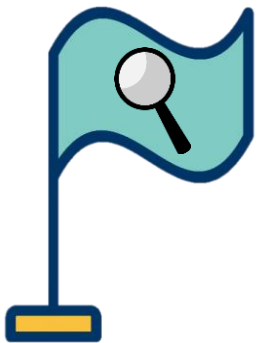
- To leverage existing clinical information and processes to identify young children needing additional supports
- To help distinguish age-appropriate behaviors from potential indicators of social-emotional delay
- To help guide conversations with families about behavior management and next steps
- To help develop workflows from identification to supports

# Flags That Might Indicate Need for Additional Social-Emotional Health Supports: **Clinical or Parental Observation**



- What are common issues that primary care providers are seeing and addressing that are flags of potential social-emotional delays?
- Are there concerns the parent is raising that indicate a need for additional social-emotional health supports?

**Using Clinical or Parental Observation, the following are flags of children who would benefit from additional social-emotional assessments:**



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



# What are We, as Primary Care Providers, Seeing in the Room? - Case Examples



- **Oppositional, aggressive, overactive or shy/anxious behaviors**
- **Significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns**
- **Parental frustration**

- ❖ 2-year-old girl who is otherwise healthy and developing appropriately, biting her parents and sibling at home daily, creating significant conflict.
- ❖ 3-year-old who is biting, and also hitting, kicking, exhibiting aggressive and disruptive behaviors, being asked to leave 3<sup>rd</sup> preschool.

- ❖ 2.5-year-old described by parents as “shy,” struggling with separation, transitions, and new situations. Parents unable to leave with babysitter.
- ❖ 4-year-old whose parents are frustrated and worried because child won’t talk to teachers or classmates in preschool, won’t participate in any activities, won’t respond when others ask her questions, even family members or familiar friends.



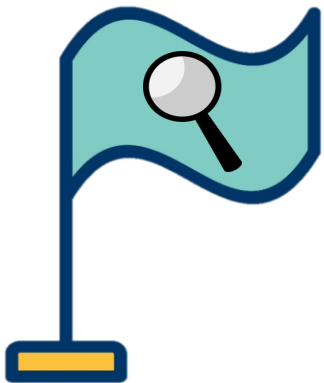
# Flags That Might Indicate Need for Social Emotional Health Support:

## Family Context



- Is there anything in the child's environment, family situation, or experiences that may be impacting social-emotional development?

### **Important factors that may be identified in the course of well child visits that are indicators of potential need for social-emotional support:**



- Exposure to Adverse Childhood Experiences (ACEs) in Family Environment
- Significant psychosocial stressors or social complexity
- Knowledge of family factors impacting attachment or psychosocial development

### **Examples of Bright Futures/EPSDT Screening Tools Used in Primary Care that Could Identify a Potential Need for Social-Emotional Support**

- Maternal Depression Screening: Edinburgh Postnatal Depression Scale (EPDS)
- Developmental Screening: Ages and Stages Questionnaire (ASQ) - Specific domains within the tool
- Autism Screening: Modified Checklist for Autism in Toddlers (MCHAT)
- Behavioral/Social/Emotional Screening: Example tool - Baby or Preschool Pediatric Symptom Checklist (BPSC/PPSC)

# Flags That Might Indicate Need for Social Emotional Health Supports:

## Maternal Depression Screening



**Maternal Depression Screening: Recommended to screen caregiver by 1 month, 2 month, 4 month and 6 month well visits by Bright Futures**

Maternal depression can:

- Affect early bonding and secure attachment
- Impact child's development
- Lead to challenges with child's emotional regulation



➤ Secondary social-emotional assessment and targeted social-emotional support might be best follow-up for patients with the following indicators:

- Screening is positive for maternal depression
- Especially if associated with delayed development, issues with regulation, poor feeding or sleep

# Flags That Might Indicate Need for Social Emotional Health Supports:

## Developmental Screening



**Ages and Stages Questionnaire (ASQ): Recommended at 9 mo., 18 mo. and 30 mo. (or 24 mo. if practice doesn't do 30 mo.) well visits by Bright Futures**

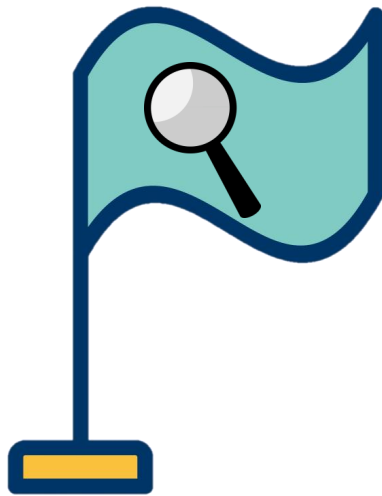
Screens for 5 domains of childhood development:

- Communication, Gross Motor, Fine Motor, **Personal Social and Problem Solving**
- Secondary social-emotional assessment and targeted social-emotional support might be best follow-up for patients with the following indicators:
  - **Personal Social AND Problem-Solving** Domains below cut-off
  - **Personal Social OR Problem Solving** below cut-off AND any of the following:
    - Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors
    - Significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns
    - Exposure to Adverse Childhood Experiences (ACEs), social complexity, family factors impacting development

# Flags That Might Indicate Need for Social Emotional Health Supports: Autism Screening



## **Modified Checklist for Autism in Toddlers (MCHAT): Recommended at 18 and 24 month well visits by Bright Futures**



- Concern for autism on screening indicates need for a developmental pediatrics evaluation, but social-emotional support in primary care may help when there are associated behavioral challenges or concerns impacting the family.



## **Social-Emotional Health Screening** with Tools such as the Baby or Preschool Pediatric Symptom Checklist: Recommended to screen at every well visit by Bright Futures

- Targeted social-emotional health screening may identify children who could benefit from further evaluation, anticipatory guidance and education, and additional follow-up for social-emotional support.

# Material That Will Be Sent: Summary of Flags for Potential Social-Emotional Delay and Resource List of Social-Emotional Screening Tools

Primary care plays an important role in identifying young children with potential social-emotional or behavioral delays. Once identified, these children might benefit from social-emotional health supports in primary care, either from Primary Care Providers (with parent education, engagement in integrated behavioral health referral, and/or external referral) or from Integrated Behavioral Health Clinicians (with secondary assessments, brief interventions, and/or external referral).

### Flags for potential social-emotional delays in young children could come from:

1. Clinical or parental observation
2. Family context
3. Screening tools



Clinical or parental observation
<ul style="list-style-type: none"> <li>➤ Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors</li> <li>➤ Significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns</li> <li>➤ Parental frustration</li> </ul>
Family Context
<ul style="list-style-type: none"> <li>➤ Exposure to Adverse Childhood Experience (ACEs) in Family Environment</li> <li>➤ Significant psychosocial stressors or social complexity</li> <li>➤ Knowledge of family factors impacting attachment or psychosocial development</li> </ul>
Screening Tools
<p><b>Examples of Screening Tools Used in Primary Care that Could Identify Potential Need for Additional Social-Emotional Support:</b></p> <ul style="list-style-type: none"> <li>➤ Maternal Depression Screening: Edinburgh Postnatal Depression Scale (EPDS). Indicators of potential need for SE support include: <ul style="list-style-type: none"> <li>○ Positive screen for maternal depression</li> <li>○ Especially if associated with delayed development, issues with regulation, poor feeding or sleep in child</li> </ul> </li> <li>➤ Developmental Screening: Ages and Stages Questionnaire (ASQ). Indicators of potential SE delay include: <ul style="list-style-type: none"> <li>○ Personal Social AND Problem-Solving Domains below cut-off, OR</li> <li>○ Personal Social OR Problem Solving below cut-off AND any of the following: <ul style="list-style-type: none"> <li>▪ Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors</li> <li>▪ Significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns</li> <li>▪ Exposure to ACEs, social complexity, family factors impacting development</li> </ul> </li> </ul> </li> <li>➤ Autism Screening: Modified Checklist for Autism in Toddlers (MCHAT) <ul style="list-style-type: none"> <li>○ Concern for autism on screening indicates need for a developmental pediatrics evaluation, but social-emotional support in primary care may help when there are associated behavioral challenges or concerns impacting the family.</li> </ul> </li> </ul>
<p><b>Example of Specific Social-Emotional Health Screening Aligned with Bright Futures Recommendations for Behavioral/Social/Emotional Screening:</b></p> <ul style="list-style-type: none"> <li>➤ Baby or Preschool Pediatric Symptom Checklist (BPSC/PPSC)</li> </ul>



**Social-Emotional Screening Tools for Population-Based Screening or Follow-up Assessment**  
For practices interested in implementing whole population or targeted social-emotional screening, here are some details about the most commonly used tools.

- Administration and scoring of these screens with interpretation of results by a licensed clinician (potentially as part of a well visit) can be billed as 96127 (Brief Emotional/ Behavioral Assessment).
- Use of one of these screening tools by an integrated behavioral health clinician as part of a broader biopsychosocial assessment can be billed as 90791 (Psychiatric Diagnostic Evaluation).

Screening/Assessment Tool	Advantages	Considerations
Baby and Preschool Pediatric Symptom Checklist  Baby (BPSC): 1-17.99 months <a href="#">Tool and Scoring</a>  Preschool (PPSC) 18- 65 mo. <a href="#">Tool and Scoring</a>	<ul style="list-style-type: none"> <li>• Public domain</li> <li>• Takes 5-10 mins</li> <li>• Meets Social Emotional screening requirement for Bright Futures</li> <li>• Subsection scores can queue up specific brief interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Both tools are a component of the Survey of Well Being in Young Children tool (SWYC), and some translations exist for the <a href="#">SWYC</a>. But might not be able to find stand-alone versions</li> </ul>
Pediatric Symptom Checklist (PSC)  4 years and older  <a href="#">Tool and Scoring</a>	<ul style="list-style-type: none"> <li>• Public domain</li> <li>• Multiple translations</li> <li>• Takes 10 mins</li> <li>• 35 items</li> <li>• Items grouped in categories: Attention, Anxiety/Depression, Conduct</li> </ul>	<ul style="list-style-type: none"> <li>• Scoring is a bit more involved because questions for each subset are mixed in together</li> </ul>
Survey of Well Being in Young Children (SWYC)  2- 60 months  <a href="#">Forms for download</a>	<ul style="list-style-type: none"> <li>• Public domain</li> <li>• Many translations available</li> <li>• Takes 10 mins</li> <li>• Combines screening for social drivers of health, development and social-emotional concerns in one tool</li> <li>• Screening tool corresponds with Bright Futures well visit periodicity</li> </ul>	<ul style="list-style-type: none"> <li>• Longer than PSC alone</li> <li>• Developmental screening section does not have subset domain scores, so may be hard to determine best match follow-up steps and likelihood of Early Intervention eligibility</li> </ul>
Early Childhood Screening Assessment (ECSA)  18-60 months  <a href="#">Form and Scoring Guide</a>	<ul style="list-style-type: none"> <li>• Public domain</li> <li>• Available in English, Spanish and Romanian</li> <li>• Takes 5-10 minutes</li> <li>• 40 items (brief version with 24 items also available – <a href="#">form</a> and <a href="#">scoring guide</a>)</li> <li>• Has questions related to parental depression as well</li> </ul>	<ul style="list-style-type: none"> <li>• Not available for younger children under 18 months</li> </ul>
ASQ- SE  1-72 months  <a href="#">Website information</a>	<ul style="list-style-type: none"> <li>• Takes 10-15 mins</li> <li>• Assesses seven domains of social-emotional development</li> </ul>	<ul style="list-style-type: none"> <li>• Proprietary tool: \$295 for ASQ-SE:2 starter kit</li> <li>• Scoring requires training</li> </ul>

Additional broader list of screening tools for birth-to-5 population (assessing child development, social emotional health, perinatal depression, social drivers of health etc) available here:  
<https://www.aap.org/en/patient-care/screening-technical-assistance-and-resource-center/screening-tool-finder/?page=1>



# Strategies Sites Have Used: Learnings from the Field



- Routine care team meetings or huddles to address clinical concerns and clues
- Routine dyadic supports in response to maternal depression screening
- Chart scrubbing by integrated behavioral health to identify positive screens, potential need for supports prior to well visits
- Piloting social-emotional screening tool with a few providers, at select well visits
- Creating decision trees and standardized pathways for referrals based on clinical flags or screening tools

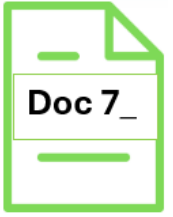


# What **Improvement Steps** Can You Consider?

## Actionable Tips & Tools for Identifying Potential Social-Emotional Delay



- Develop a chart scrubbing process to identify patients coming in that would likely benefit from a behavioral health consult based on screening results and other presenting factors.
- Develop standardized follow-up processes based on the clinical judgement “flags” outlined.
- Develop standardized decision trees, anchored to the screenings conducted, of which children should be referred to internal or external 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
- Implement a new screening tool that can help identify children with social-emotional issues



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