



Overview & Strategies for Primary Care Providers to Address **Social-Emotional Health Issues** in Young Children:
Webinar #3 : Engaging Families in Receiving Behavioral Health Services, Finding External Behavioral Health Services for Young Children



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



- **Welcome to the 3rd of the Four-Part Webinar Series**

- Faculty for Today
- No financial interest to disclose

- **Short Question/Answer Time in Follow-up to Webinar 2:**

Primary Care Provider Strategies to Address Common Social-Emotional Health Issues in Young Children

- *Follow-Up Questions for Dr. Riley on Strategies*

- **Behavioral Health Support Pathways for Young Children Needing Issue-Focused Interventions**

- *How to engage families*
- *External behavioral health services you can refer to: Health Share of Oregon Asset Map*

Today's Agenda

Who is the Oregon Pediatric Improvement Partnership (OPIP)



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 Today



Colleen Reuland
Director of OPIP



Dr. Lydia Chiang
OPIP Medical Director



Dr. Andrew Riley
OHSU IBH Clinician &
OPIP Consultant

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Primary Care Provider Strategies to Address Common Social-Emotional Health Issues in Young Children

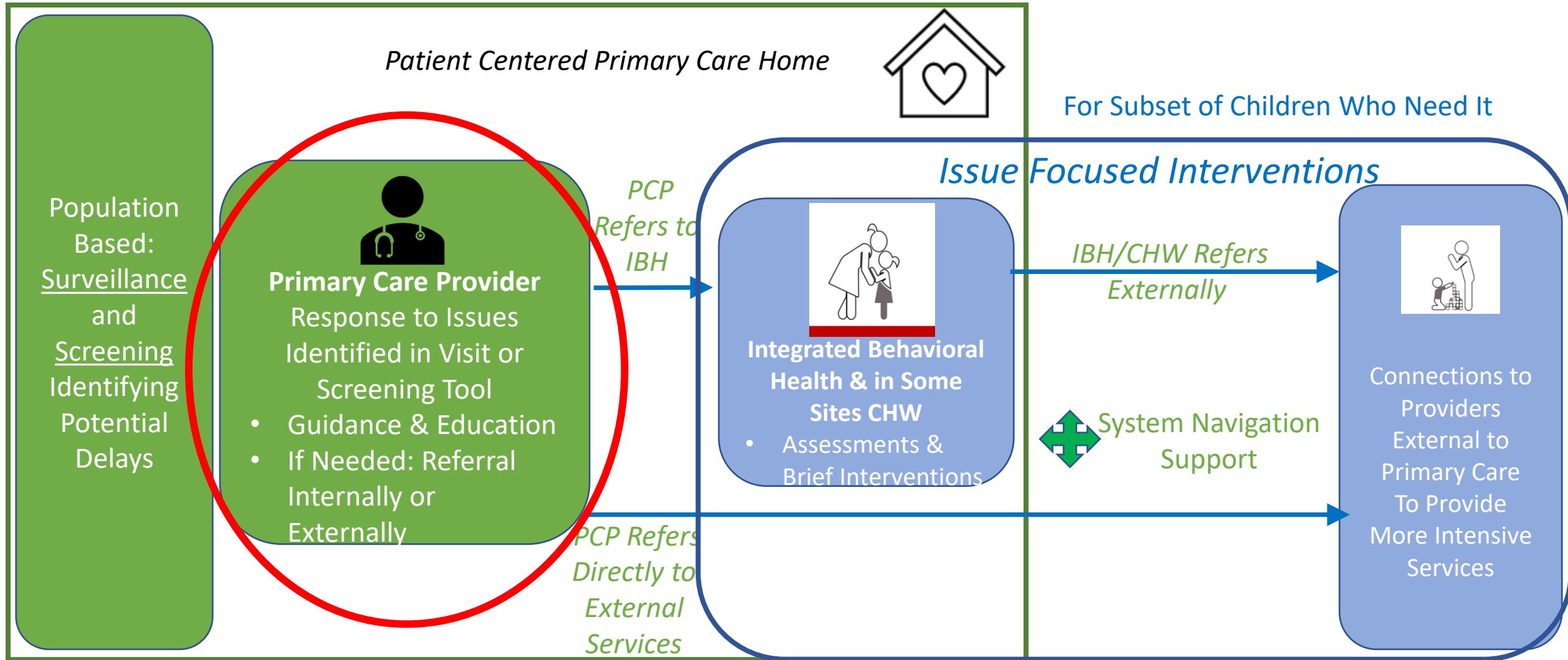
- *Follow-Up Questions for Dr. Riley on Strategies*

- **Behavioral Health Support Pathways for Young Children Needing Issue-Focused Interventions**

- *How to engage families*
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Today's
Agenda

Primary Care Role in Social-Emotional Health of Young Children



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

Webinar 2 included specific strategies from Dr. Andrew Riley, focused on:

- ✓ *Effective instructions*
- ✓ *Strategic Attention/Ignoring*
- ✓ *Rewards/Dot-to-Dot System*
- ✓ *Time-Out*
- ✓ *Bedtime Resistance*

Questions?

General Questions for Dr Riley?

Specific follow-up questions related to strategies shared on:

1. *Effective instructions*
2. *Strategic Attention/Ignoring*
3. *Rewards/Dot-to-Dot System*
4. *Time-Out*
5. *Bedtime Resistance*



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Primary Care Provider Strategies to Address Common Social-Emotional Health Issues in Young Children

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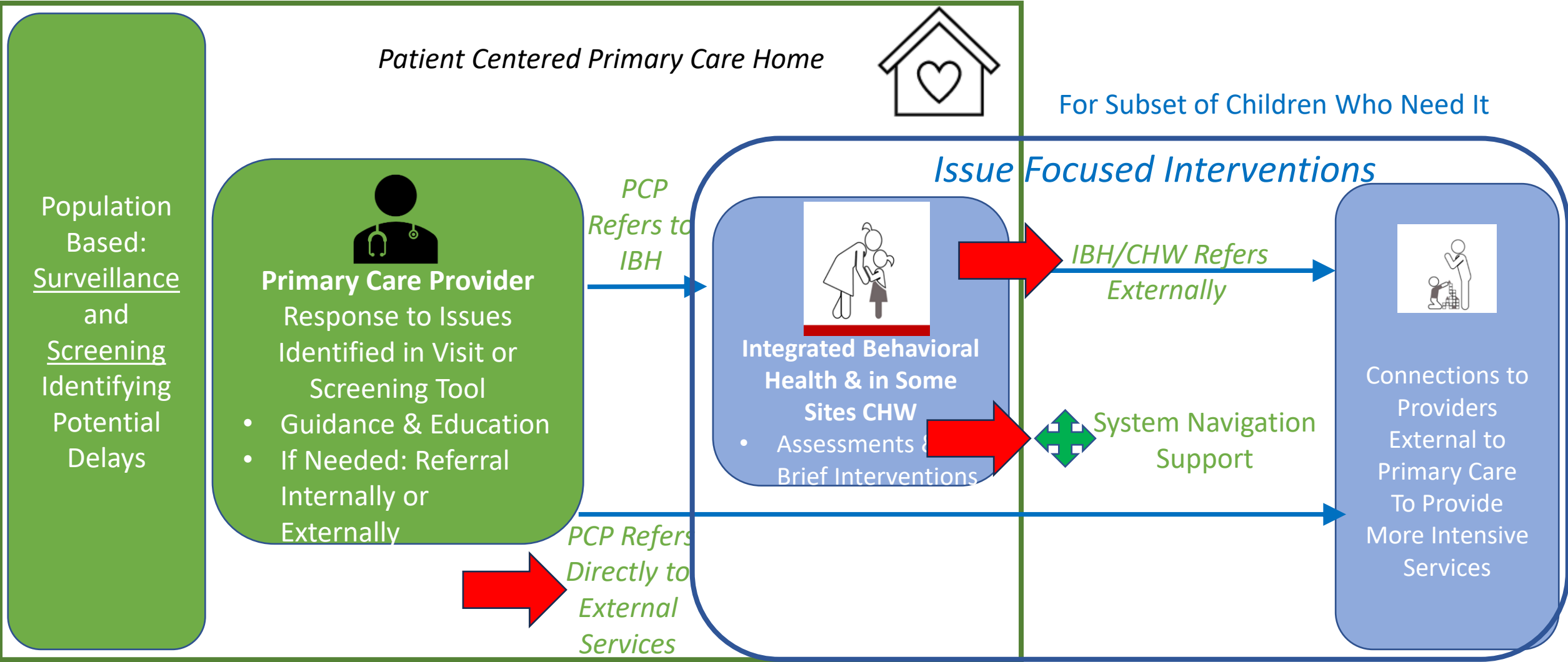


- **Behavioral Health Support Pathways for Young Children Needing Issue-Focused Interventions**

- *How to engage families*
- *External behavioral health services you can refer to: Health Share of Oregon Asset Map*

Today's
Agenda

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



Visual developed for **Oregon Transforming Pediatrics for Early Childhood (OR TPEC)**



In OPIP's Past Efforts, What Have We Heard and Why Did We Create These Materials



Part 1 of Our Resources: Engaging Parents in Shared Decision Making on Referrals

- “I have no idea how to talk to parents about external behavioral health services”
- “Parents don’t want to go, how do I engage them”

Today we are sharing talking points, parent education materials, answers to frequently asked question.

Part 2: Identifying Best Match Referrals

- Of those signed up for these events, 62% of primary care providers noted you don’t have a list external mental health agencies that see children birth to five (We have one today!)
- “There are no services for young children”
- “It is really hard to know who actually serves young children”

Today we sharing a summary of contracted providers within Health Share of Oregon that reported serving birth to five.



Part 1: Engaging Families in the Referral

1. Informed by parents, key talking points
2. Parent Education Sheet on External Referrals
3. Frequently Asked Questions (FAQ) Parents May Have and Answers

Materials Developed Build Off OPIPs Implementation Work with Practices & OPIP parent advisors who have lived experience of accessing behavioral health services for their children.

Insights from Parent Input Sessions

We asked them:

1. What words and talking points were best to use with families when trying to engage them in specialty behavioral health referrals.
2. Feedback on a parent education sheet to give to parents who have received a **specialty behavioral health referral**.
3. Feedback on a Frequently Asked Questions (FAQ) document for parents about what behavioral/social emotional health is for young kids, what accessing therapy looks like, etc.



Things you can do to make the parent feel heard:

- Listen and validate the parents' concerns.
- Talk through the information sheet about the referral and/or FAQ before giving it to them.
- Acknowledge with parents that this is a daunting experience and give them a contact person to help them navigate the referral process if you are able (a patient navigator or care coordinator from your clinic).

Talking points that resonate with parents:

- Addressing challenging behaviors early can prevent larger issues down the road.
- Reassure parents that these behaviors are more common than they might realize.
- Therapists can provide valuable expertise on managing behavior challenges and equip both parents and children with effective tools to navigate them.
- It's important for parents to remain committed and consistent in applying what they learn in therapy at home to achieve meaningful results.

Insights from Parent Input Sessions: Parent Education Sheet on 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.

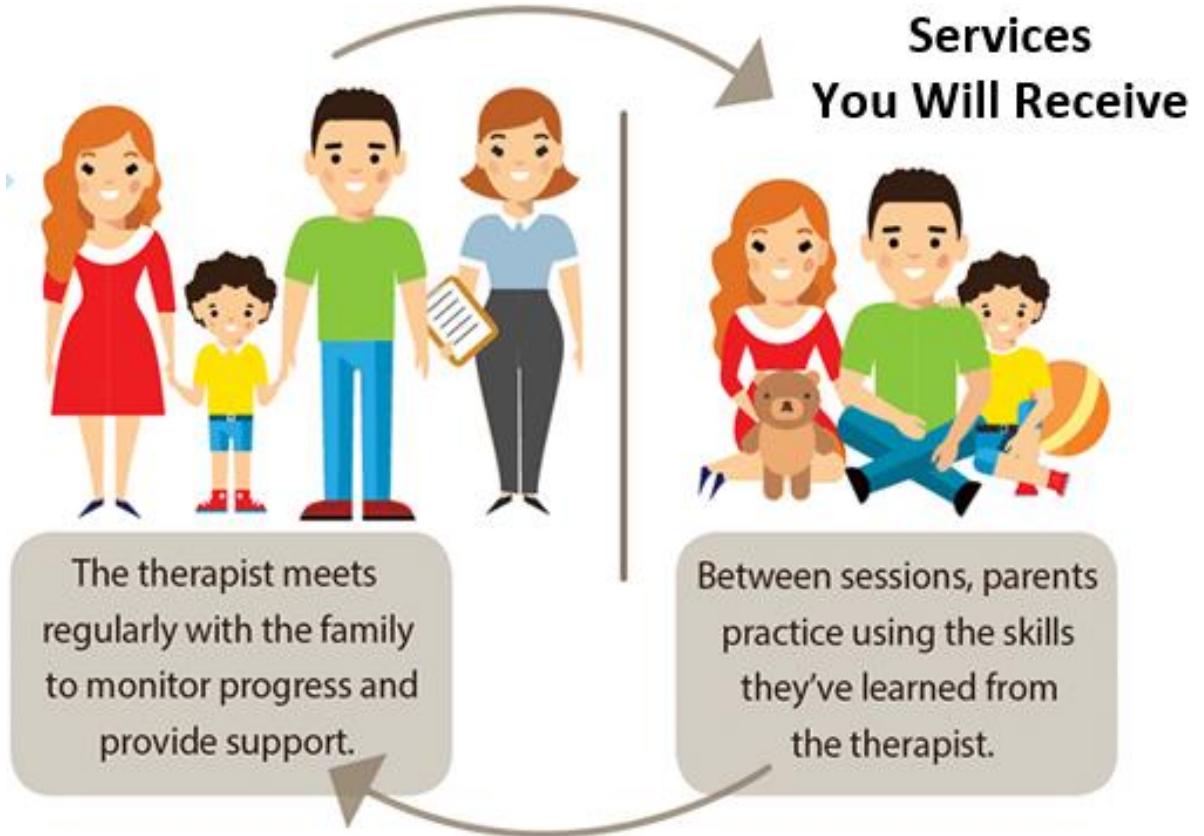
If you run into any barriers, we are here for you! Please contact:

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



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.

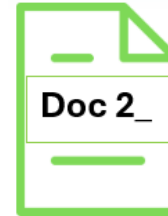


After the sessions end, families continue to experience improved behavior and reduced stress.

Insights from Parent Input Sessions: Frequently Asked Questions

What questions did we address?

1. What is “Behavioral Health” or “Social-Emotional Health” for Young Children?
2. Why would my child need additional services to address behaviors?
3. What are behaviors that these services will help address?
4. What can I expect these services to look like?
5. Is behavioral health the same as mental health? Why is my young child being referred to a mental health agency?
6. Will my child receive a diagnosis or “label”?
7. What if the providers don't understand my family's values, background, culture, or language?
8. I have had bad experiences in the past with mental or behavioral health services – can I trust it for my child?



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?

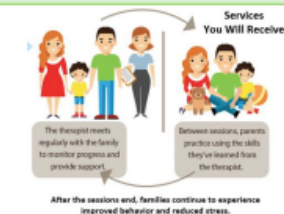
Answer: Here are some common behaviors that children may exhibit that providers with experience and expertise can help you address, tailored to your child's brain and temperament:

- 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.



Five Resources That will be Provided in the Email:

1. Overview of **Evidence-Based Specialty Behavioral Health Services** for Children Birth to Five
 - Currently only describes services that are reported to be available for Health Share of Oregon-enrolled children.



Summary Information about Contracted Providers within Health Share of Oregon Network:

2. Overview Visual of **Therapeutic Modalities for Children Birth to Five** available in the Portland Metro Region, by presenting needs
3. Detailed Summary by Presenting Needs: **specific organizations** that provide specific modalities, with information about location of services.
4. Detailed Summary by **Location (County)**: list of providers in Washington, Multnomah and Clackamas county (**New in 2024 – based on Feedback and Input Heard**)
5. Detailed Summary to **Support Access to Culturally and Linguistically Best Matched Services**: Organizations by provider-reported race/ethnicities; Provider-reported spoken language)



Disclaimer:

- We are giving you tools and resources today.
- Implementing this work flow and providing system navigation is complex.
 - We have done and are doing extensive work with primary care practices on this “referral” and the system navigation that is required, which could be a whole three hours.
 - In our practice-level spotlights in Webinar #4, they will be sharing some of this work.

Identifying Best Match Services Is Nuanced to:

- *Your clinical judgement*
- **Parent preferences and priorities**
- *What service they are most likely to get to*

The Resources Are Designed to Provide Detailed Information That Can Support You and Your Patient Population

- *Your clinical judgement*
 - *E.g. Presenting need, how specific you think therapy needs to be for a specific presenting need*
- **Parent preferences and priorities**
 - **Location**
 - *Type of organization*
 - *Transportation*
 - *Cultural and Linguistic factors*

** You will likely refine the list for you and your patients*



Five Resources Provided in Email:

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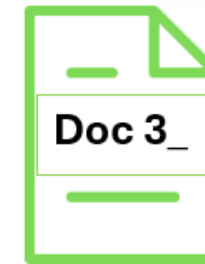
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VERSION: SEPTEMBER 2024

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

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Overview of Evidence-Based Specialty Behavioral Health Services for Children Birth to Five.pdf

Overview of Evidence-Based Behavioral Health Services (Infant & Early Childhood Mental Health) for Children Birth to Five



- Describes modalities currently available in the Portland Metro Region (i.e. does not include all evidence-based services, just those that are in the Asset Maps)
- Created to address feedback we heard that Primary Care doesn't necessarily know what the modalities are and how to describe them to families
- Updated based on 2024 Information (Some of your IBH received the 2023 Version)

Overview of Evidence-Based Specialty Behavioral Health Services for Children Birth to Five.pdf

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.

Updated 2024 Asset Map of Services : Summary of Services in Portland Metro Region for Children Insured through Health Share of Oregon



Updated 2024 Asset Map of Services

Summary Information about Contracted Providers within Health Share of Oregon Network:

2. Overview Visual of **Therapeutic Modalities for Children Birth to Five** available in the Portland Metro Region, by [presenting needs](#).

- Challenging Behaviors
- Trauma Experiences
- At-Risk for Behavior Problems



3. Detailed Summary by [Presenting Needs](#): **specific organizations** that provide that provide specific modalities, with information about location of services.

- Challenging Behaviors
- Trauma Experiences
- At-Risk for Behavior Problems



4. Detailed Summary by **Location (County)**: List of Providers in Each of the three Counties: Washington, Multnomah and Clackamas ([This is new based on primary care feedback](#))

5. Detailed Summary to **Support Access to Culturally and Linguistically best matched Services**: Organizations by Provider reported race/ethnicities; Provider reported spoken language)

2. Overview Visual of **Therapeutic Modalities for Children Birth to Five** available in the Portland Metro Region

Overview Visual of Therapeutic Modalities for Children Birth to Five available in the Portland Metro Region.pdf

Key Structural Points:

- Color Coded by **Presenting Need** (Primary factor providers and parents have told us they consider when identifying a best match external resource)
- Columns that may help inform further best match services
 - Delivery Method
 - Age of Child Modality Has Been Tested
 - Evidence Rating
 - Number of Organizations
 - Number of Providers



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

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 <u>CHALLENGING BEHAVIORS</u>					
Parent Child Interaction Therapy (PCIT*)	Dyadic	2-7	1	14	49
<i>*PCIT is also effective program for children with known trauma history (see categories below).</i>					
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 <u>TRAUMA HISTORY</u>					
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 <u>AT-RISK FOR BEHAVIOR PROBLEMS</u>					
Family Check-Up	Dyadic	2-17	1	3	3
Incredible Years*	Dyadic or Group	4-8	1	4	14

Specific Information on Modalities Offered by Organization and Location



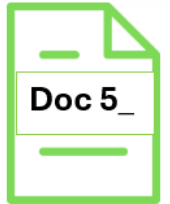
Health Share Specialty Behavioral Health Asset Maps Pages 3-4

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

Therapy/Program Name	Delivery Method ¹	Age of Child	Scientific Rating	Organization(s) in the Health Share of Oregon Contract	Number of Providers ²
SERVICES TARGETED TO CHILDREN WITH CHALLENGING BEHAVIORS					
Parent Child Interaction Therapy (PCIT) ³	Dyadic	2-7	1	14	49
<i>PCIT is an evidence-based program for children with known trauma history (see categories below).</i>					
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				
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 RESULT 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 ⁴	Dyadic or Group	4-8	1	4	14



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	C, M, W	Wolf Pack	9
			1			
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
W	Barcelona Counseling	2				
M	C. Love Therapeutic Care	1				
W	Centria Healthcare	2				
C, M	Creative Counseling Services	1				



- Delivery Method Bullets
- County

Specific Information on Modalities Offered by Organization and Location

Health Share Specialty Behavioral Health Asset Maps

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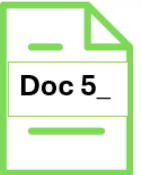
Organizations in Health Share of Oregon Contract That Reported Providing Behavioral Health Services for Children Birth to Five

Selected Parent-Child Programs for Children Birth to Five with a Scientific Rating of 1-2

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
<i>*PCIT is also effective program for children with known trauma history (see categories below).</i>					
Generation-PMTO	Dyadic, Family	2-18	1	1	1
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SERVICES VALID ONLY FOR CHILDREN OLDER THAN 3					
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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



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				



- Delivery Method Bullets
- Age of Child
- County ** (Remember OPIP's Disclaimer, Important to Confirm)

Specific Information on Modalities Offered by Organization and Location



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

Select or Parent-Child Programs for Children Birth to Five with a Scientific Rating of 1-2

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

Therapy/ Program Name	Method/ Delivery	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
*PCI 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 RESULT 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



Health Share Specialty Behavioral Health Asset Maps Pages 4-5

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

Detailed Summary by **Location (County & City):** List of Providers in Each of the three Counties: Washington, Multnomah and Clackamas (NEW!!!)

A key and primary factor for the parent/family may be geographic location and ability to get there.

- Created summaries by county and then by city.
- Data based on office location and based on the organization report to asset mapping.
- We may find services reported only at specific clinic sites, but are not able to decipher that at this time



Health Share Specialty Behavioral Health Asset Maps.pdf Pages 6-12

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

Detailed Summary to Support Access to Culturally and Linguistically Best-Match Services



Health Share Specialty Behavioral Health Asset Maps.pdf Pages 13-15



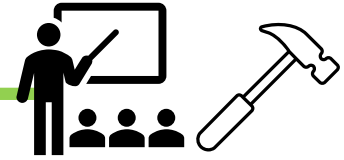
- Created by CareOregon and provided at July 2024 Community Meetings
- Highlights organizations with providers who speak languages other than English, with modalities & counties provided
- Highlights organizations with providers who identify as people of color, modalities & county provided

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+), Theraplay (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

What Can You Do to Start Using these Materials?

Learnings from *OPIP Implementation Efforts*



Behavioral Health Support Pathways for Young Children Needing Issue-Focused Intervention

Part 1: If Applicable, Pathways to **Integrated Behavioral Health**

- Ask your integrated behavioral health team to develop an overview document of what services they provide, and in general, which young children should be referred to integrated behavioral health or others with expertise (psychologist, social worker, traditional health worker, etc).
- Develop a process for routine huddles about patients who may need future supports and patients who are currently getting services, sharing back on services provided.
- Your idea _____



Part 2: Pathways to External **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 accessing services.
- Develop a tracking process of families identified with a need, whether they connected to services, and summary of clinical information, including a loop back for the referring primary care provider.
- Your idea _____

Site that had integrated behavioral health who see young children:

- Posters in the exam rooms, website and social media about who the integrated behavioral health are and key talking points.
- Detailed decision tree of which screening scores should result in referrals to integrated behavioral health
- Weekly chart scrubs of children who would likely benefit from integrated behavioral health referrals

Referral and/or Care Coordination and System Navigation Team

- Assign a person who works with and supports the family in accessing services, sometimes will call with the family to set up the evaluation
- Developed a curated list based on the location of their clinic and where most patients are from, developed a curated list of Spanish-speaking providers in the county that clinic is located.
- Identified modalities that target factors their integrated behavioral health are not as strong on or that have a better cultural fit for the family



This webinar series is financially supported by Health Share of Oregon.

