



# Lessons Learned from **Primary Care Sites** on Specific Implementation Strategies to Enhance Services for Young Children Identified with **Social-Emotional Health** Issues

## Webinar 4

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

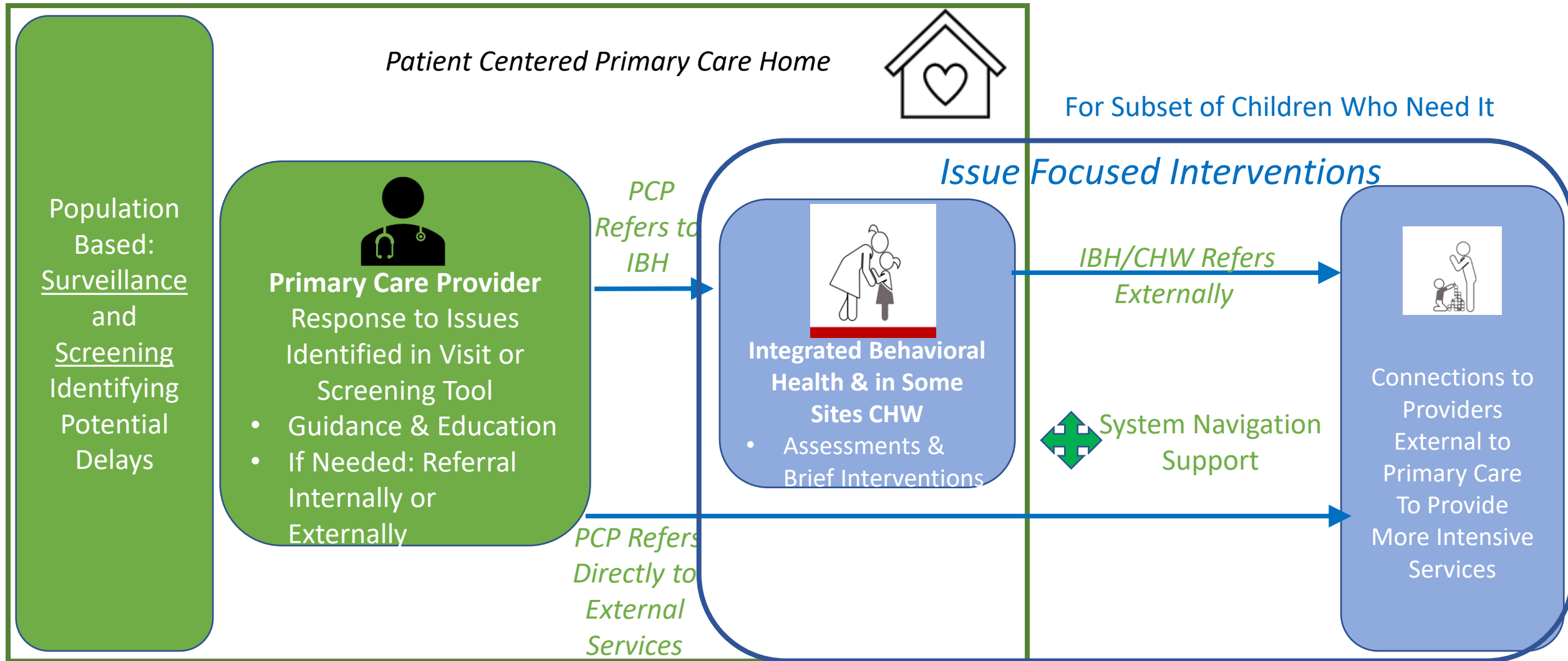




- **Welcome:** Agenda Review for this Fourth and Final Webinar! CME Financial Disclosures
- **Hearing from Primary Care Providers:** Lessons Learned on Specific Implementation Strategies to Enhance Services for Young Children Identified with Social-Emotional Health Issues
  - Dr. Brad Olson (Randall Children's Clinic)
  - Dr. Beth Mossman (Hillsboro Pediatrics Clinic)
  - Dr. Lyn Jacobs (Virginia Garcia Memorial Health Center: Cornelius)
  - Question & Answer

## Today's Agenda

# Primary Care Role in Social-Emotional Health of Young Children: Key Areas Covered in the First Three Webinars



# Today You Will Hear from Peers About Their Experiences with Implementation

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- Speakers will share how their practice is addressing one or more of the areas on the primary care provider role in addressing social-emotional health in young children.
- They will share with you key learnings they have gathered that can inform YOUR efforts as you look forward.
- These providers are from clinics participating in OPIP's **Oregon-Transforming Pediatrics for Early Childhood** cooperative agreement.
  - This is an effort that allows OPIP to provide trainings, on-site implementation support, and develop clinic-specific training materials and strategies.



# Speakers Today!

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- Grateful to have three primary care providers here today to share how they are implementing strategies we have shared during this webinar series
  - Dr. Brad Olson (Randall Children’s Clinic)
  - Dr. Beth Mossman (Hillsboro Pediatrics Clinic)
  - Dr. Lyn Jacobs (Virginia Garcia Memorial Health Center: Cornelius)



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## Today's Agenda

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# About the site:



## Randall Children's Clinic

- Type of practice: Pediatric practice associated with Children's Hospital
- Practice size: ~2100 children birth-to-five; ~1500 publicly insured/uninsured children birth-to-five
- Electronic health record system: Legacy EPIC
- Behavioral health consultants: 2 licensed clinical social workers (LCSW), 1 pediatric psychologist (hired after focus on young children began with Transforming Pediatrics for Early Childhood/TPEC)

# Initial Steps for Focus on Social Emotional Health of Young Children

- Two primary care provider champions trained on social emotional (SE) health, clues to identify potential SE delay in young children, and educational tips for parents
- Clinic team reviewed current screening tools and schedule:

Snapshot of Screenings Conducted for all Patients at Well Child Visits from Birth-to-Five	Well Visits in Infancy					Well Visits in Early Childhood							Well Visits in Middle Childhood
	10-14 days	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr
Postpartum Depression Screen	X	X	X	X									
Ages & Stages Questionnaires (ASQ)					X			X	X	X			
Modified Checklist for Autism in Toddlers (M-CHAT)-R/F								X	X				
Social Determinants of Health (SDOH)	X					X			X		X	X	X



# Surveillance and Screening: Our Key Considerations

- Leverage existing clinic workflows to address current screening tool results
  - Routine Social Work/CHW visit at all **2-week well visits**
  - Introduce BH supports within clinic and make connection
  - For positive maternal depression screens:
    - Offer resources for Mom
    - Offer dyadic supports to focus on attachment, bonding
- Assess capacity of integrated behavioral health by starting with small pilot
  - Chose which visits to pilot social emotional (SE) screening based on:
    - Well visits without a lot of other screeners
    - Visits that allowed for piloting of 2 different SE screening tools (**15 month and 3 yrs**)
- To prepare for referrals, integrated behavioral health (IBH) staff desired and received additional training to enhance their skill set for children birth-to-five

# Surveillance and Screening: Initial Steps

- Two primary care providers piloted SE screening:
  - Baby Pediatric Symptom Checklist (BPSC) at **15 month** well visits
  - Preschool Pediatric Symptom Checklist (PPSC) at **3 year** well visits
- Electronic health record refinements made to:
  - Document screening results
  - Track patients with positive screens, interventions provided, referrals made
- Initial feedback and learnings of SE screening pilot:
  - Helped start conversation with all families about SE health
  - Identified some children who could benefit from behavioral health (BH) support earlier
  - Allowed for warm handoffs with IBH and socialized IBH involvement

# Primary Care Provider Response to Issues Identified: Our Approach

- First, ALL primary care providers received training from Dr. Andrew Riley on:
  - Clues for identifying potential SE delay in young children
  - Educational tips and strategies for parents
- Enhanced knowledge about SE health in young children empowered providers to talk with families, provide guidance and education, and engage families on additional behavioral health supports if needed
- Referral pathways identified
- SE screening pilot expanded to all providers, then to additional well visits

# Current Social emotional screening and interventions at RCC

- Currently screening all children during well-child encounters between **15 months and 5 years** with either the BPSC (<18 months of age) or PPSC (18 months – 5 years).
- Patients with positive screens offered in office behavioral therapy support with 1 of our 3 integrated behavioral health staff (1 clinical psychologist & 2 LCSWs).
- Decision support tool specific to positive SE screens created to standardize follow-up and referrals
- Our LCSWs received Triple P training (Positive Parenting Program), as well as additional training through Transforming Pediatrics for Early Childhood (TPEC) and Health Share of Oregon's IBH Learning Collaborative.
- When needed, external referrals to external specialty behavioral health services are coordinated through our integrated BH providers
- We also survey families on, if they want support, what format would they like to receive it in (in person, telephone, video, etc...)

# Current screening schedule

Snapshot of Screenings Conducted for all Patients at Well Child Visits from Birth-to-Five	Well Visits in Infancy					Well Visits in Early Childhood							Well Visits in Middle Childhood
	10-14 days	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr
Postpartum Depression Screen	X	X	X	X									
Ages & Stages Questionnaires (ASQ)					X			X	X	X			
Modified Checklist for Autism in Toddlers (M-CHAT)-R/F								X	X				
Baby Pediatric Symptom Checklist (BPSC)							X						
Preschool Pediatric Symptom Checklist (PPSC)								X	X	X	X	X	X
Social Determinants of Health (SDOH)	X					X			X		X	X	X

# Social emotional screening tools



## BPSC:

1 month, 0 days to 17 months, 31 days  
V1.07, 4-1-17

Child's Name:

Birth Date:

Today's Date:

### BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people? . . . . . 0	1	2	
Does your child have a hard time in new places? . . . . . 0	1	2	
Does your child have a hard time with change? . . . . . 0	1	2	
Does your child mind being held by other people? . . . . . 0	1	2	
<hr/>			
Does your child cry a lot? . . . . . 0	1	2	
Does your child have a hard time calming down? . . . . . 0	1	2	
Is your child fussy or irritable? . . . . . 0	1	2	
Is it hard to comfort your child? . . . . . 0	1	2	
<hr/>			
Is it hard to keep your child on a schedule or routine? . . . . . 0	1	2	
Is it hard to put your child to sleep? . . . . . 0	1	2	
Is it hard to get enough sleep because of your child? . . . . . 0	1	2	
Does your child have trouble staying asleep? . . . . . 0	1	2	

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## PPSC:

18 months, 0 days to 65 months, 31 days  
V1.07, 4/1/17

Child's Name:

Birth Date:

Today's Date:

### PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
<b>Does your child...</b>			
Seem nervous or afraid? . . . . . 0	1	2	
Seem sad or unhappy? . . . . . 0	1	2	
Get upset if things are not done in a certain way? . . . 0	1	2	
Have a hard time with change? . . . . . 0	1	2	
Have trouble playing with other children? . . . . . 0	1	2	
Break things on purpose? . . . . . 0	1	2	
Fight with other children? . . . . . 0	1	2	
Have trouble paying attention? . . . . . 0	1	2	
Have a hard time calming down? . . . . . 0	1	2	
Have trouble staying with one activity? . . . . . 0	1	2	
<b>Is your child...</b>			
Aggressive? . . . . . 0	1	2	
Fidgety or unable to sit still? . . . . . 0	1	2	
Angry? . . . . . 0	1	2	
<b>Is it hard to...</b>			
Take your child out in public? . . . . . 0	1	2	
Comfort your child? . . . . . 0	1	2	
Know what your child needs? . . . . . 0	1	2	
Keep your child on a schedule or routine? . . . . . 0	1	2	
Get your child to obey you? . . . . . 0	1	2	

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## BPSC

Does your child have a hard time being with new people?  not at all  somewhat  very much

Does your child have a hard time in new places?  not at all  somewhat  very much

Does your child have a hard time with change?  not at all  somewhat  very much

Does your child mind being held by other people?  not at all  somewhat  very much

Total Inflexibility Score:

Inflexibility status: Appears OK

All

All

All

Does your child cry a lot?  not at all  somewhat  very much

Does your child have a hard time calming down?  not at all  somewhat  very much

Is your child fussy or irritable?  not at all  somewhat  very much

Is it hard to comfort your child?  not at all  somewhat  very much

Total Irritability Score:

Irritability status: Appears OK

All

All

All

Is it hard to keep your child on a schedule or routine?  not at all  somewhat  very much

Is it hard to put your child to sleep?  not at all  somewhat  very much

Is it hard to get enough sleep because of your child?  not at all  somewhat  very much

Does your child have trouble staying asleep?  not at all  somewhat  very much

Total Difficulty with Routines Score:

Difficulty with Routines status: Appears OK

## PPSC

Does your child seem nervous or afraid?  not at all  somewhat  very much

Does your child seem sad or unhappy?  not at all  somewhat  very much

Does your child get upset if things are not done in a certain way?  not at all  somewhat  very much

Does your child have a hard time with change?  not at all  somewhat  very much

Does your child have trouble playing with other children?  not at all  somewhat  very much

Does your child break things on purpose?  not at all  somewhat  very much

Does your child fight with other children?  not at all  somewhat  very much

Does your child have trouble paying attention?  not at all  somewhat  very much

Does your child have a hard time calming down?  not at all  somewhat  very much

Does your child have trouble staying with one activity?  not at all  somewhat  very much

Is your child aggressive?  not at all  somewhat  very much

Is your child fidgety or unable to sit still?  not at all  somewhat  very much

Is your child angry?  not at all  somewhat  very much

Is it hard to take your child out in public?  not at all  somewhat  very much

Is it hard to comfort your child?  not at all  somewhat  very much

Is it hard to know what your child needs?  not at all  somewhat  very much

Is it hard to keep your child on a schedule or routine?  not at all  somewhat  very much

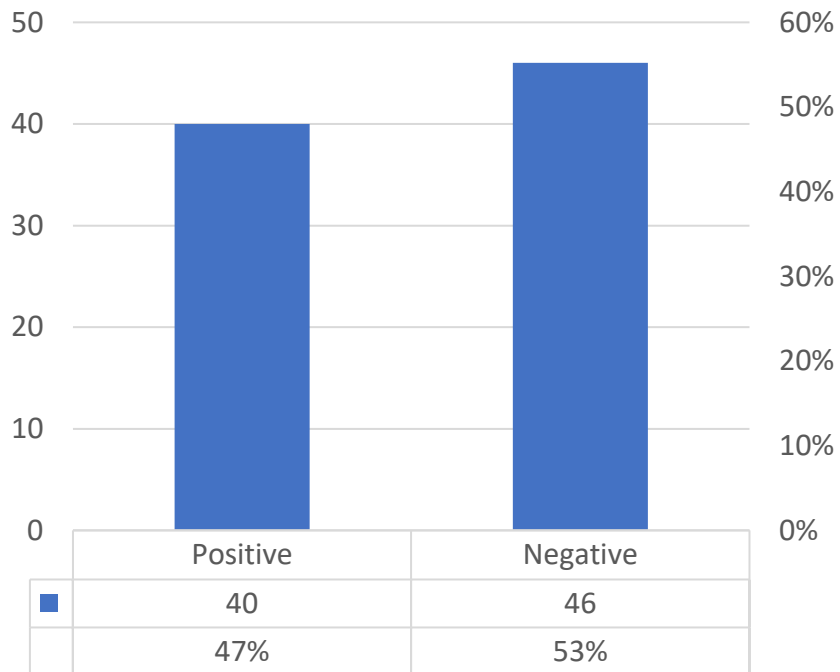
Is it hard to get your child to obey you?  not at all  somewhat  very much

Total PPSC Score:

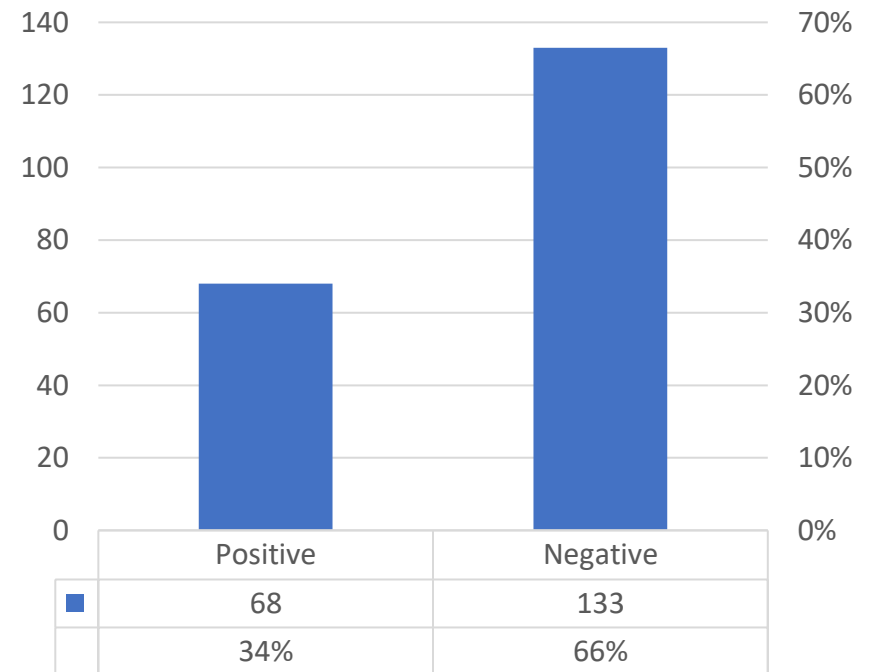
Status: Needs Review

# BPSC & PPSC screening results

BPSC Screen (n=86)



PPSC Screen (n=201)

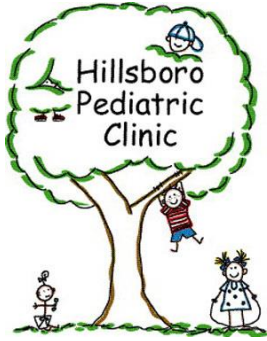


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# About the site:

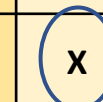
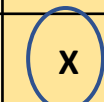
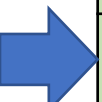


## Hillsboro Pediatric Clinic

- Type of practice: Independent physician-owned pediatric practice
- Practice size: ~3900 children birth-to-five; ~2100 publicly insured/uninsured children birth-to-five
- Electronic health record system: Aprima
- Behavioral health consultants: 2 licensed clinical social workers (LCSW), with 1 focused on children birth-to-five

# Hillsboro Pediatric Clinic: Snapshot of Screenings Conducted at Well Child Visits from Birth-to-Five

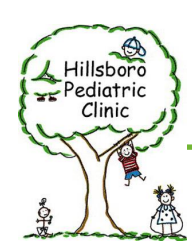
Population-Based Screening: Tools Administered to Full Population of Patients at Specific Well Child Visits	Well Visits in Infancy						Well Visits in Early Childhood							Well Visits in Middle Childhood
	10-14 days	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr
Postpartum Depression Screen	X	X			X									
Ages & Stages Questionnaires (ASQ)						X			X	X		X		
Quantitated Checklist for Autism in Toddlers (Q-CHAT)									X					
Modified Checklist for Autism in Toddlers (M-CHAT)-R/F										X				
Preschool Peds Symptom Checklist									X			X		
Patient (Child) Adverse Childhood Experiences (ACEs)						X				X		X	X	X
Parent Adverse Childhood Experiences (ACEs)				X										
Social Influences of Health (SIOH)					X	X	X	X	X	X	X	X	X	X
Child & Adolescent Health Measurement Initiative (CAHMI) Screener: Identifies Children and Youth With Special Health Care Needs							X			X		X	X	X





- Three primary care provider champions trained on actionable tools to address common behavioral issues in young children at TPEC Learning Session
- Champions shared tools with other providers at clinic provider meeting
- Initiated “**Behaviorist Bonus**” spotlight in monthly provider meetings – designated time every month for Integrated Behavioral Health (IBH) staff to:
  - Present on tools and coaching strategies providers could share with parents on common behavior topics
  - Share tips on which kids to refer to IBH and ways to engage families in referral
- Created standard materials for PCPs to provide behavioral guidance and education to families





- Handouts created specific to birth-to-five population with helpful approaches to common behavioral issues (i.e. intense feelings, outbursts etc), such as:
  - Rainbow breathing handout
  - Toilet training
- TVs installed in lobby sharing behaviorist tips
- Enhanced after visit summaries for infants to include “The Greatest Eight”
- Developed a shared decision-making parent education sheet for early childhood referrals, along with resource list



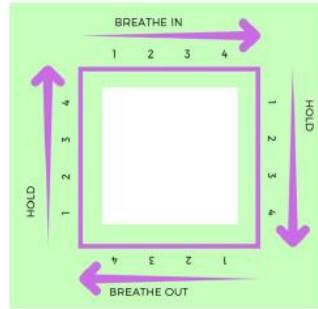
## Find Your Calm



Rainbow Breathing



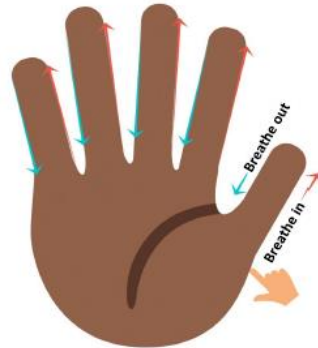
Square Breathing



Belly Breathing



5 Finger Breathing



- Handouts to provide families and posted on exam room walls
- Available in Spanish





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



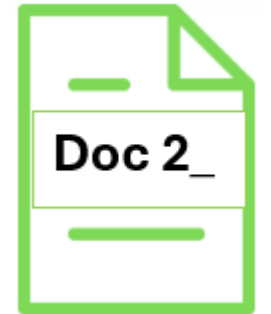
## Why did we have you complete a questionnaire about your child's development?

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

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

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

- Shared Decision-Making Sheet with early childhood referral information developed by OPIP and then we refined.
- Available in Spanish



### Early Intervention (EI) / Early Childhood Special Education (ECSE)

EI/ECSE helps babies and toddlers with their development. In our area, Northwest Regional Education Service District (NWRES) runs the regional program. Washington County Service Center administers the evaluations and services.

EI/ECSE focuses on helping young children learn skills. EI/ECSE services enhance language, social and physical development through play-based interventions and parent coaching. EI/ECSE services are FREE for every family.

#### What to expect if your child was referred to EI/ECSE:

- NWRES will call you to set up an appointment for their team to assess your child. They will also send an email if they have your email address.
- If you miss their call, you should call back to schedule a time for the evaluation. They have a limited time to set up the appointment. Their phone number is:
- (503)614-1446 (Washington County)
- (503)261-5535 (Multnomah County)
- (503)358-4714 (Yamhill County)
- The results from their assessment will be used to determine whether or not EI can provide services for your child.

NWRES Intake Coordinator  
503-614-1446



### Help Me Grow

Help Me Grow is an integrated network that connects families with young children to resources in the community to enhance their child's development. For free!

<https://www.helpmegroworegon.org/>  
833-868-4769

### Community Resources

#### OCDC

Oregon Child Development Coalition (OCDC) connects families to child care and education with programs for migrant seasonal workers and families living at or below poverty line.

- Migrant, Seasonal, and Early Head Start
- Oregon Prenatal to Kindergarten
- Preschool Promise & Preschool For All
- Maternal, Infant, & Early Childhood Home Visiting

[www.ocdc.net/apply](http://www.ocdc.net/apply)

Phone: (503) 213-1191 Hillsboro  
Phone: (503) 359-0649 Cornelius

#### Community Action

We provide critical services to low-income families in the areas of:

- Early childhood care and education
- Help with finding daycare and Preschool
- Housing assistance
- Homeless services
- Rent and utility payment assistance

<https://caowash.org/welcome.html>  
Phone (503) 648-6646

#### Parenting Together

- Early Learning and Child Care
- Family-Friendly Activities resources and events
- Parenting Support and Education English & Spanish

<https://parentingtogetherwc.org/>  
Phone 503-846-4556

#### Adelante Mujeres

- Programs to support Hispanic women and families
- Early childhood education and day care
- Education, leadership and small business support.

<https://www.adelantemujeres.org/>  
Phone (503) 992-0078

### Services within Hillsboro Pediatric Clinic

#### Behavioral Health Provider who can help with:

- Health and family coaching
- Social and emotional support

Contact: Liz Avalos

#### Circle of Security Classes: An attachment based parenting class to understand and meet your child's relational and emotional needs.

Contact: Liz Avalos

#### Kinder Coach Sessions: Help your child develop skills and attend early learning experiences to prepare them for kindergarten.

Contact: Sandra Silva

#### Patient Navigator: A specialist who can help you navigate community resources.

#### Advanced Practice Dental Hygienist: helps to keep your child's teeth and gums healthy.

### Services Outside Hillsboro Pediatric Clinic

Your child's healthcare provider may have referred you to the following:

#### Developmental-Behavioral Pediatrician: Specializes in child development areas including learning delays, feeding problems, behavior concerns, delayed development in speech, motor, or cognitive skills, and autism.

#### Speech-Language Pathologist: Specializes in speech, voice, and swallowing disorders.

#### Audiologist: Specializes in hearing and balance concerns.

#### Occupational/Physical Therapist: Specializes in performing activities necessary for daily life, movement and coordination.

#### Behavioral and Mental Health for counseling, skills training, and more

## Why did you sign a consent form?

As your child's primary care provider, we want to be informed about the care your child receives so that we can provide the best care possible. The consent you sign allows the programs to share information back to us. You will likely be asked to sign more of these to give permission for different providers to communicate about your child's care.







## Resources Identified by Hillsboro Pediatric Clinic

Our providers have identified the following resources that may be helpful for parents.

### Websites

- **PBS Parents:** Interactive games and ideas for activities away from the computer for children ages 2 through 8 years [pbs.org/parents](https://pbs.org/parents)
- **Sesame Street Workshop:** Hundreds of multi-media tools to help enrich and expand your child's knowledge during the early years of birth through 6 years, a critical window for brain development. In English and Spanish. [sesameworkshop.org](https://sesameworkshop.org)
- **Talking Is Teaching:** Ideas to make small moments big by creating opportunities for meaningful interactions anytime, and anywhere. In English and Spanish. [talkingisteaching.org](https://talkingisteaching.org)
- **Help Is In Your Hands:** a free resource for parents to learn skills for toddlers and preschoolers that encourages and strengthens interpersonal skills. Includes videos of parents with their children as examples to learn from. In English and Spanish. [helpisinyourhands.org/course](https://helpisinyourhands.org/course)
- **Healthy Children:** American Academy of Pediatrics' website for parents and young people. SO MANY topics to explore. Topics are broken down into life-stages from prenatal to young adult, by medical condition, by safety topic...and more! Available in English and Spanish. [healthychildren.org](https://healthychildren.org)
- **Zero to Three:** Explore the most current knowledge on child development and best practices about a range of critical issues including information about brain development, early learning, school readiness, child care, health, and nutrition. [zerotothree.org](https://zerotothree.org)
- **Center on the Social and Emotional Foundations for Early Learning:** promotes the social emotional development and school readiness of young children birth to age 5. [csefel.vanderbilt.edu](https://csefel.vanderbilt.edu)
- **Oregon Screening Project:** all the Ages and Stage Questionnaires (ASQ) developmental screeners to monitor child development and links to other resources. [osp.uoregon.edu](https://osp.uoregon.edu)
- **Pathways:** a not-for-profit organization with free child development information to empower parents. [pathways.org](https://pathways.org)
- **Positive Parenting:** [www.cdc.gov/ncbddd/childdevelopment/positiveparenting/](https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/)
- **Reading Rockets:** free resource to help teach young readers how to read and encourage the love of reading. [readingrockets.org](https://readingrockets.org)
- **Children and Screens:** Helping children lead healthy lives in a digital world. [childrenandscreens.org](https://childrenandscreens.org)

- Back of Shared Decision-Making Tool includes additional resources we have identified
- Available in Spanish



### For Your Smart Phones

- **Vroom:** an app for smart phones. This is a nice app with age-specific suggestions for developmentally appropriate activities and play. [joinvroom.org/tools-and-activities](https://joinvroom.org/tools-and-activities)
- **The Greatest 8:** Communic8, Contempl8, Regul8, Elv8, Collabor8, Accomod8, Negoti8, Celebr8. Subscribe for weekly text messages to learn more how to build resilience for your child. Their focus is for children from birth until 8 years old. In English and Spanish. [thegreatest8.org](https://thegreatest8.org)

### Books

- "Gymboree - The Parent's Guide to Play" by Wendy Masi, PhD and Roni Leiderman, PhD
- "Playful Parenting: An Exciting New Approach to Raising Children That Will Help You Nurture Close Connections, Solve Behavior Problems, and Encourage Confidence" by Lawrence J. Cohen
- "Someone to Be With" by Deidre Quinlan
- "Raising a Secure Child: How Circle of Security Parenting Can Help You Nurture Your Child's Attachment, Emotional Resilience, and Freedom to Explore" by Kent Hoffman, Glen Cooper, and Bert Powell

### Podcasts

- Goodinside with Dr. Becky
- Raising Good Humans
- Your Parenting Mojo





# Next Steps: Strategies for Internal Behavioral Health Referrals



- Our integrated behavioral health staff had strong interest in providing care for children birth-to-five and received curriculum of additional trainings on brief interventions for young children to boost their skills
- Besides presenting for the “Behaviorist Bonus” spotlight in monthly provider meetings, they also:
  - Developed information sheet for PCPs on what services and supports each IBH staff could provide to families
  - Created handout for families explaining the role of a behavioral health provider



# Information Sheet for Internal Behavioral Health Referrals

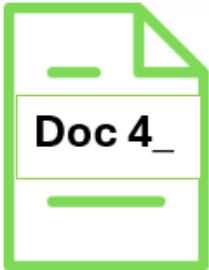


Behavioral health provider #1	Behavioral health provider #2	Behavioral health provider #3
Spanish speaking Acculturation concerns Ages 0-5 Anger Picky Eating Toileting	Post partum Above 5 years old Parents of kids below 5 yr old Grief/loss Relationships	Teens/Tweens/Young Adults Grief/loss Anxiety/Depression LGBTQ+ Eating Disorder
<p><b>Referrals that wouldn't necessarily be appropriate:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Autism/Severe developmental delays</li> <li>• Psychosis (please refer out)</li> <li>• Patient that are already connected with an outside provider or mental health counselor</li> <li>• Family therapy or high conflict divorce</li> <li>• Recent sexual abuse or child abuse (need to be specialized treatment, please refer out)</li> <li>• 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.</li> <li>• Forest School District families with school related issues should not go to BHC #2.</li> </ul>		
<p><b>Initial appointments:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 14 + can consent for own tx, but we still need to involve parent at some point, given the option.</li> <li>• We need providers to reinforce this when discussing behavioral health as an option with pts.</li> </ul>		





# Information Sheet for Families on Behaviorist Role



## **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.**



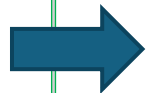
# Our Key Learnings Implementing PCP Materials



- Important to engage different members of primary care team when implementing new parent education tools
  - Integrated behavioral health clinicians
  - Primary care providers
  - Medical assistants
  - Clinic manager
- Various avenues for distributing information expands reach
  - Handouts
  - Posting on exam room walls
  - TV videos
  - After visit summaries
- Creating **standardized materials and processes** for PCPs to share with families for education, shared decision making, and engagement in services has been beneficial

- **Welcome:** Agenda Review for this Fourth and Final Webinar! CME Financial Disclosures
- **Hearing from Primary Care Providers:** Lessons Learned on Specific Implementation Strategies to Enhance Services for Young Children Identified with Social-Emotional Health Issues
  - Dr. Brad Olson (Randall Children's Clinic)
  - Dr. Beth Mossman (Hillsboro Pediatrics Clinic)
  - Dr. Lyn Jacobs (Virginia Garcia Memorial Health Center: Cornelius)
  - Question & Answer

## Today's Agenda



# About the site:

## Virginia Garcia Memorial Health Center - Cornelius



- Type of practice: Federally qualified health center (FQHC) - Family Medicine practice
- Practice size: We serve the full population -> birth through the full life cycle. Specific to young children → ~400 children birth-to-five; ~360 publicly insured/uninsured children birth-to-five
- Electronic health record system: OCHIN EPIC
- Behavioral health consultants: 1 co-located psychologist



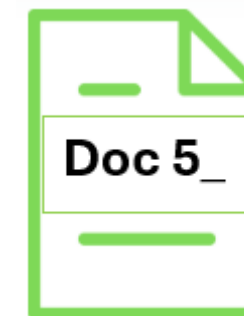
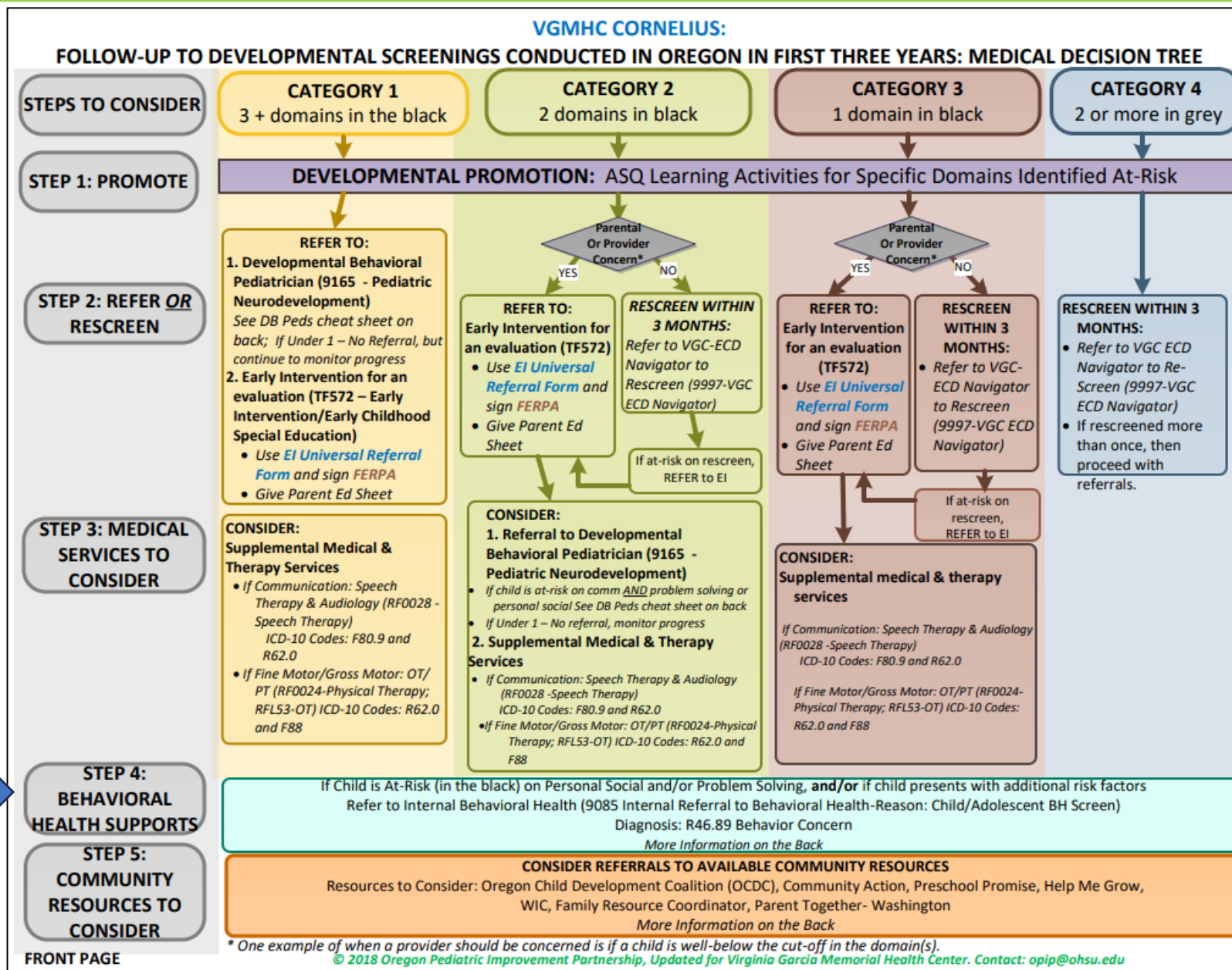
- Start first with the screenings tools already being used:
  - We started with **Ages and Stages Questionnaire (ASQ)** - many children were not receiving follow-up
  - Developed standardized follow-up decision tree
  - Held **MULTIPLE** trainings with **each team** who plays role in screening and follow-up
    - ✓ Provider trainings
    - ✓ MA training
    - ✓ Care Coordinator trainings
    - ✓ Front desk
  - Learned about workflow and integrated behavioral health capacity – this was critical before rolling out new screens that will identify **MORE** children
- Identify what help families need:
  - Completing the tool: understanding what the screening tools are asking, how to respond to questions
  - Getting the tool completed beforehand

- Once we felt like we ironed out the steps related to existing screenings:
  - We added 4-year well-child GROUP visits, which includes speech therapy and other supports
  - We added Preschool Pediatric Symptom Checklist (PPSC) tool at the 18 month well visit

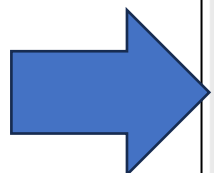
- Set the primary care clinicians up for success, particularly in a family medicine practice that sees the full age span
  - We standardized a follow-up decision tree (next slide)
  - We standardized shared decision-making and parent education strategies to guide and inform efforts
  - We standardized parent education materials that the MAs can pull to make it easy for me – the primary care provider – to do the right thing
- Dr Riley also came and trained us on common responses to the most common early childhood social-emotional issues.



# ASQ: Medical Decision Tree on WHO to Refer



- Aligns with specific scores
- Includes referral code
- Includes diagnostic codes



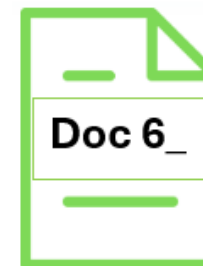
\* One example of when a provider should be concerned is if a child is well-below the cut-off in the domain(s).  
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## Follow-Up to Screening: How We Can Support Your Child

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

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

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



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

**Early Intervention (EI)/ Early Childhood Special Education (ECSE)**

EI/ECSE helps babies and toddlers with their development. In our area, Northwest Regional Education Service District (NWRESO) runs the regional program. Washington County Service Center administers the evaluations and services.

EI/ECSE focuses on helping young children learn skills. EI/ECSE services enhance language, social and physical development through play-based interventions and parent coaching. **There is no charge (it is free) to families for EI/ECSE services.**

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

- NWRESO will call you to set up an appointment for their team to assess your child.
- If you miss their call, you should call back to schedule a time for the evaluation. They have a limited time to set up the appointment. Their phone number is [503-614-1446](tel:503-614-1446).
- The results from their assessment will be used to determine whether or not EI can provide services for your child.

**Contact information:**  
NWRESO Intake Coordinator  
[503-614-1446](tel:503-614-1446)

**Help Me Grow**

Help Me Grow is an integrated network that connects families with young children to resources in the community to enhance their child's development. **For free!**

**Contact information:**  
<https://www.helpmegroworegon.org/>  
[833-868-4769](tel:833-868-4769)

**Community Resources**

**OCDC**

Oregon Child Development Coalition (OCDC) connects families to child care and education with programs for migrant seasonal workers and families living at or below poverty line.

- Migrant, Seasonal, and Early Head Start
- Oregon Prenatal to Kindergarten
- Preschool Promise & Preschool For All
- Maternal, Infant, & Early Childhood Home Visiting

**Contact information:**  
[www.ocdc.org/ocdc/](http://www.ocdc.org/ocdc/)  
Phone: [503-213-1191](tel:503-213-1191) Hillsboro  
Phone: [503-359-0692](tel:503-359-0692) Cornelius

**Community Action**

We provide critical services to low-income families in the areas of:

- Early childhood care and education
- Help with finding daycare and Preschool
- Housing assistance
- Homeless services
- Rent and utility payment assistance

**Contact information:**  
<https://www.washco.org/evckame.html>  
Phone [503-648-6646](tel:503-648-6646)

**Parenting together**

- Early Learning and Child Care
- Family-Friendly Activities resources and events
- Parenting Support and Education English & Spanish

**Contact information:**  
<https://parentingtogether.org/>  
Phone [503-846-4556](tel:503-846-4556)

**Adelante Mujeres**

- Programs to support Hispanic women and families
- Early childhood education and day care
- Education, leadership and small business support.

**Contact information:**  
<https://www.adelantemujeres.org/>  
Phone [503-992-0078](tel:503-992-0078)

**Services within Virginia Garcia**

**Behavioral Health Specialist that can help with:**

- Health and family coaching
- Social and emotional support

**Contact:** \_\_\_\_\_

**Early Childhood Navigator**

Specialist that will help you navigate early childhood referrals, forms and appointments.

**Contact:** \_\_\_\_\_

**Clinic Navigator**

Specialist who can help you navigate community resources.

**Contact:** \_\_\_\_\_

**Services Outside Virginia Garcia**

Your child's health care provider referred you to the following:

**Developmental Behavioral Pediatrician:** Specializes in child development areas including learning delays, feeding problems, behavior concerns, delayed development in speech, motor, or cognitive skills, and autism.

**Speech Language Pathologist:** Specializes in speech, voice, and swallowing disorders.

**Audiologist:** Specializes in hearing and balance concerns.

**Occupational/Physical Therapist:** Specializes in performance activities necessary for daily life, movement and coordination.

**External Behavioral Health:** Specializes in behavioral & mental health services

**Any Questions?**

At Virginia Garcia Memorial Health Center, we are here to support you and your child. If you have any questions about the process or have not heard from your referral in two weeks, please call your child's medical team.

**We are here to support you.**

### Why did you sign a consent form?

As your child's primary care provider, we want to be informed about the care your child receives so that we can provide the best care possible. The consent you sign allows the programs to share information back to us. You will likely be asked to sign more of these to give permission for different providers to communicate about your child's care.

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: How 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



- Aligns with positive screening score on PPSC tool
- Includes referral code
- Includes diagnostic code

- Through Transforming Pediatrics for Early Childhood (TPEC) work, our clinic team recognized the crucial need to **help support and connect families** to best match early childhood services, including behavioral health services
- Our families need help:
  - Understanding where and why they are being referred for services
  - Understanding the services
  - Accessing the services
  - Engaging in the services
- Given trust parents have with their PCP, we developed workflow around warm handoffs from PCPs to our integrated behavioral health clinician
- We trained the care coordinators on specific referrals for birth-to-five
- BUT we knew the families need more supports in navigating the system
  - Created and hired an **Early Childhood Navigator** position



- Examples of what our early childhood navigator does to support families.....anything that families need:
  - Understanding what the tools are asking
  - Helping complete screening tools
  - Engaging in shared decision making about what their child may need in follow-up
  - Coaching on what referral means
  - Understanding the services
  - Accessing the services
  - Engaging in the services



## DANIEL MIRANDA CRUZ

*Early Childhood Navigator*



Hello! My name is Dan Miranda. I've been helping families at Virginia Garcia Memorial Health Center for 7 years. My job is to help families with young children, ages 0-5, find the services they need.

My favorite part of my job is getting to know families and helping them achieve their goals. I want parents to feel confident and supported.

In the future, I hope to be a parent myself. Working with families helps me learn how to be a great parent.

### HOW I CAN HELP:

- Schedule medical appointments at your clinic or another place your doctor recommends.
- Help parents fill out paperwork and medical forms when referred to specialist
- Find counseling options if needed.
- Help connect you and your child to services to help with their development.
- Arrange transportation to medical appointments.
- Connect you with resources like food, children's clothes, and sometimes help with utilities.

### GET IN TOUCH :

- Ask your doctor or a medical assistant.
- Make an appointment at the front desk.
- Call me directly at (971) 708 9652.

**I look forward to working with you and supporting your family**

- Reviewed the referral list provided today from Health Share of Oregon Asset Maps, curated a list of **Specialty Behavioral Health** and **curated it specifically** to include providers that:
  - Speak Spanish
  - Are located in Washington County
  - Have in-person availability
- Met with organizations to confirm availability, understand “referral” and behavioral health evaluation process so that Dan can explain it to families
- Support families who need help scheduling appointments, completing paperwork, and overcoming barriers to accessing external BH services
- Track referrals and round back to families on whether they have engaged in services
- Provide support and coaching to families as they wait for external services



## Today's Agenda

- **Welcome:** Agenda Review for this Fourth and Final Webinar! CME Financial Disclosures
- **Hearing from Primary Care Providers:** Lessons Learned on Specific Implementation Strategies to Enhance Services for Young Children Identified with Social-Emotional Health Issues
  - Dr. Brad Olson (Randall Children's Clinic)
  - Dr. Beth Mossman (Hillsboro Pediatrics Clinic)
  - Dr. Lyn Jacobs (Virginia Garcia Memorial Health Center: Cornelius)
  - Question & Answer


# Put Improvement in Motion

- Set an appointment with yourself to check in on areas you think you could improve
- Let [opip@ohsu.edu](mailto:opip@ohsu.edu) know how it goes!



**What Can You Start Doing Your Clinic?**

*Improvement opportunities you may consider based on the information provided today.*



**Strategies to Identify Children with Follow-Up Needs**

- 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 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:
  - o Maternal depression screening
  - o Developmental screening
  - o Autism Spectrum Disorder Screening
  - o Social-Emotional/Behavioral health screening
- Implement a new screening tool that identifies children with social-emotional issues

Your idea \_\_\_\_\_

**Primary Care Provider Strategies to Address Common Social-Emotional Health Issues in Young Children: Giving Anticipatory Guidance, Education, and Supports to Parent**

- Develop a process for routine huddles about future patients that may need supports, share back on services provided.
- Develop a packet of parent education sheets about common social-emotional health issues. Identify priority handouts from the ones provided today.
- Enhance your EMR templates with information provided to today

Your idea \_\_\_\_\_

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

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

- Develop an overview document of what you do and what young children should, in general, should be referred to integrated behavioral health (social worker, care coordination, etc).
- Develop a process for routine huddles about future patients that may need supports, share 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 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 \_\_\_\_\_



# Happy Holidays

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Thank you all for your partnership and  
dedication to children!

Let's do amazing things for young children in 2025!