Oregon Transforming Pediatrics for Early Childhood

Addressing the Social Emotional Needs of Young Children: Early Identification, Assessments, Brief Interventions, and Pathways to Additional Supports

November 2nd, 2023

OREGON TPEC
Transforming Pediatrics and Early Childhood

This is our SECOND TPEC Learning Session!

Image on: **iStock** | **License details**
Creator: Yarinca | Credit: Yarinca
Copyright: Yarinca

Learning Session Agenda

Tab 1

- Review this Agenda, **Celebrating Successes from Last Action Period**
- **Small Group Ice Breaker (Assigned tables by role, not by practice site)**
- Review of the **Continuum of Addressing the Social Emotional Needs** of Young Children & Focus for Today's Learning Sessions: *Assessments, Brief Interventions, and Pathways to Additional Supports* and **Practice-Level Data Snapshot on Social-Emotional Services**
- **What is Social-Emotional Health for Young Children?**
  - Definition and domains
  - Impact and ecology of social emotional delays
  - Long-term outcomes

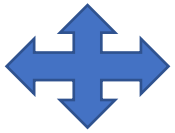
Breaking it Into Parts: Providing Tools and Strategies to Support Implementation

- ***Part 1***: Identifying Children at Risk for Social-Emotional Delays
- ***Part 2***: Assessment of Children Identified at Risk for Social-Emotional Delays
  - **Hearing from Hillsboro Pediatrics on Their Screening Journey**

BREAK

- ***Part 3***: Brief Interventions
  - **Hearing from Metropolitan Pediatrics on Their Learnings to Date from Triple P**
- ***Part 4:*** Pathways to Additional Supports
- **Small Group Action Plan Session: Planning Your Priorities for the Next Six Months (By Site)**
- **Close Out & Next Steps**

Icons You Will See in the Materials



= System Navigation, Referral Management

= Topic Areas Aligned with CCO Incentive Metrics

= Target and support enhanced by ECD expertise for specific pop w/ inequitable outcomes

= Primary Care Providers

= Integrated Behavioral Health

Meeting Logistics & Importance of Self Care

- We are accountable to track data on your participation. If you did not check in and complete required information, please make sure to do so.
- Bathrooms
- First Part of the Meeting:
  - Seating is by roles and with other sites.
- Last part of the meeting is seating by Site.
- Feel free to stand during presentation and ensure your comfort. There are open areas if you need space.
- Boxed lunch will be provided to you at the end, once you complete the post-survey to gather your feedback on today's Learning Session.
- We have reserved this space for 30 minutes after our Learning Session in order for you to enjoy your lunch and chat and share with other sites about your action plan priorities if you have the time and interest.

Acknowledgement of Funding

- Transforming Pediatrics for Early Childhood (TPEC) is supported by Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).

- The contents of this learning sessions are those of the authors (OPIP staff) and do no necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the US Government.

Team Supporting The Learning Session: Some New Faces!

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

Lydia Chiang, MD
Medical Director

Kelcie Grace Germano, MPH, BSN, RN
Facilitation and Improvement Manager

Cecilia Ramirez
Sr. Research Assistant

Mackenzie Olson, MBA
Improvement Facilitator

Andrew Riley, PhD
Clinical Psychologist, Fellowship in Behavioral Pediatrics, Pediatric psychology, OPIP Consultant

Vienna Cordova, BA
OPIP Projects Coordinator

Dave Ross, MPH
Contractor from Co-Imagine & TPEC Consultant

Action Period Learning Activities:

Learning Curriculum Webinars to Support ECD Expert Staffing and Resource Plan

1. **August 2023: External Specialty Behavioral Health**
   - Shared the external specialty behavioral health assets and ways to inform referrals.
2. **August 2023 Using Data**: How to use information in the **Health Share of Oregon dashboard** derived from the Child Health Complexity Data and **Social-Emotional Reach** Metric to inform their Staffing and Resource Plan to Enhance ECD Experts
3. **Integrated Behavioral Health Sub-Learning Collaborative**: Started a Learning Collaborative (that will include training, tools and implementation support) to enhance IBH skill set and ability to see birth-to-five
   - September Call Focused on Assessments
4. **In-Person Learning Session for Integrated Behavioral Health**: Funded by Health Share of Oregon (Optional)
   - TPEC funded materials shared there.
   - 2 out of 4 sites were able to attend optional 4.5 hour training (Metro attended, but not Johnson Creek)

Successes During the First Action Period!!

Some Highlights of What We Have Seen in You!

- QI teams formed and functioning
- Engaged participation in all TPEC Learning Collaborative Activities
- Across site sharing is happening – the point of a Learning Collaborative!
- Staffing and Resource Plan Vision Documents Completed! Leadership in all four site engaged and supportive of elements of this vision.
- All four sites identified specific strategies that increase ECD expertise to conduct issue-focused interventions in your sites.

Data

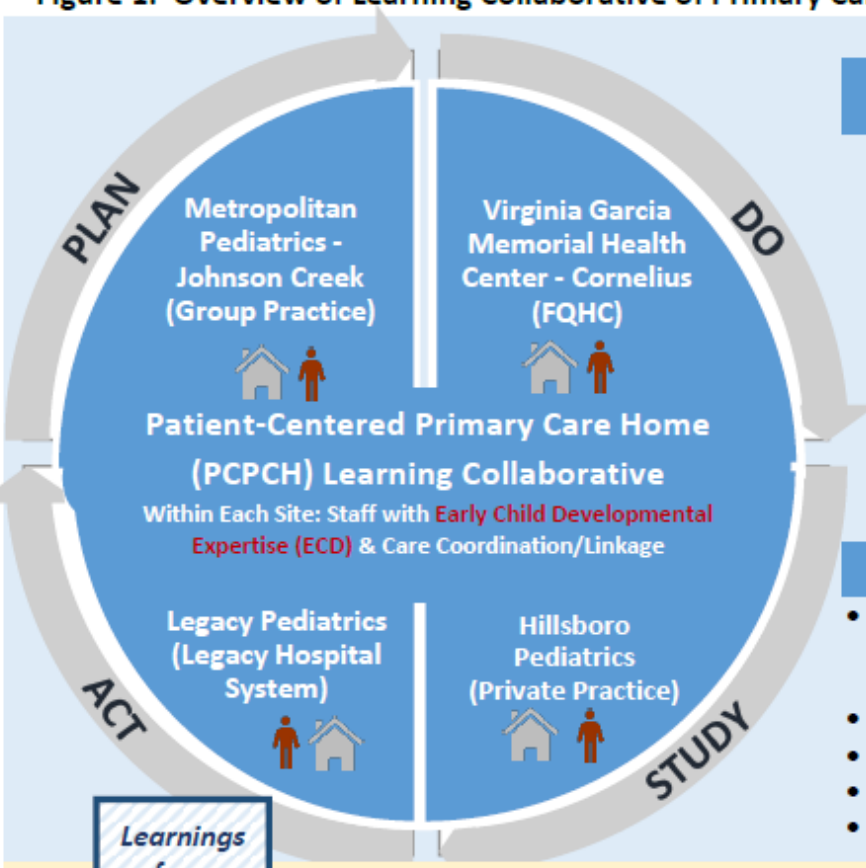
- Finalized baseline data collection! Child-Level Data on Practice-level Claims, Referrals, & Counts of Visits with ECD Staff or staff providing ECD continuum support – THANK YOU Teams!!
- Collected our first evaluation data: Second collection of PCPCH-ECD (Office Systems and Processes)

Communities/Practices

Project Jurisdiction: Portland Metropolitan Area and Children Attributed to Health Share of Oregon (HSO, A Coordinated Care Organization)

OREGON TPEC
Oregon Transforming Pediatrics and Early Childhood

Figure 1: Overview of Learning Collaborative of Primary Care Sites Guided by & Informing Inform Local and State Leaders



LEARNING COLLABORATIVE OF PRIMARY CARE SITES

ACROSS ALL PCPCH SITES – SEMIANNUAL IN-PERSON LEARNING SESSIONS

- Review of baseline and applicable data.
- Parent keynote presentations about priority needs and barriers
- Presentations on historically marginalized populations needs
- Provision of evidence-informed & actionable implementation tools
- Tips and strategies for trauma informed, strength-based implementation
- PCPCH site-specific work planning session to design Action Plan

ACROSS PCPCH SITES – COLLABORATIVE CALLS

- Webinar Support Calls to share progress & barriers (Semiannual)
- Across site learning community & supports of staff with ECD expertise
- Across site Care Coordination/Linkage learning community & supports

WITHIN EACH PCPCH SITE – AT THE ELBOW SUPPORT

- Monthly "at the elbow", facilitation support at each site to support implementation, address barriers, provide action- oriented solutions & review applicable data to inform quality improvement processes
- Staff with ECD expertise hiring, onboarding and training supports
- Training and supports specific to ECD continuum
- Training and supports specific to care coordination
- Parent advisory input and co-design

Learnings from Practice-Level Efforts will be shared with Portland & State-Level Leaders

Input from Portland & State Efforts to Inform Practice-Level Efforts, Aim for Synergy

PORTLAND AREA SYSTEM-LEVEL LEADERS & STAKEHOLDERS

Health Share of Oregon (HSO) Coordinated Care Organization

Attend existing meetings with HSO Staff Supporting Birth to Five Areas in HSO and Social-Emotional Incentive Metric

IDS/ICN Partners Within HSO: As Applicable, Individual Engagement

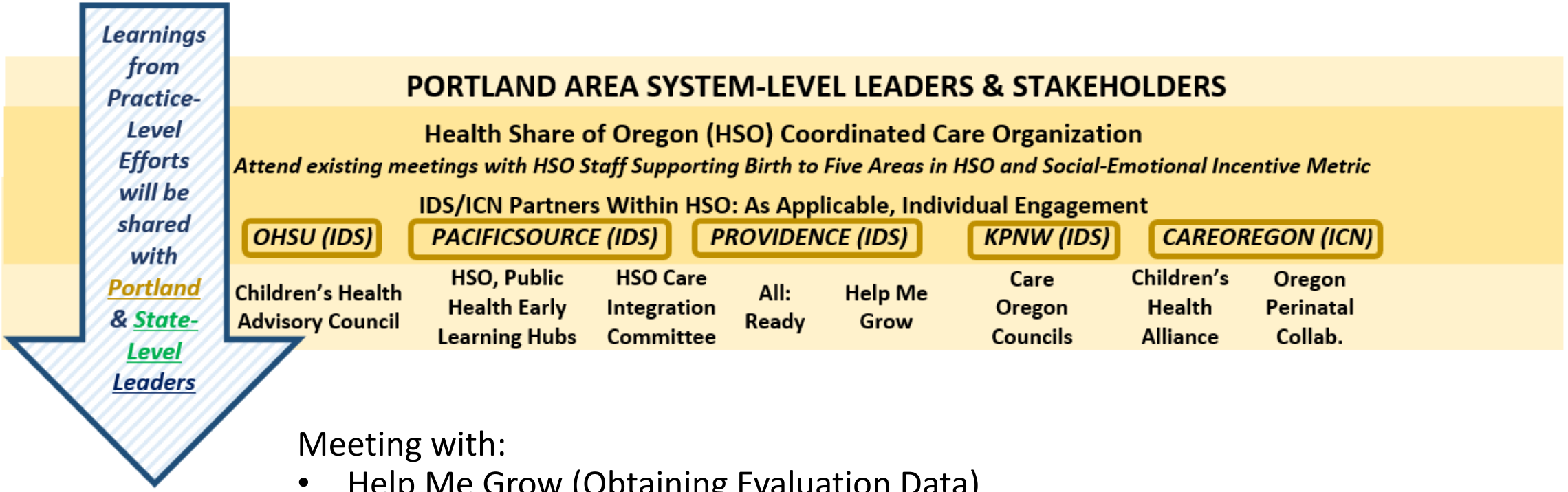
OHSU (IDS) | *PACIFICSOURCE (IDS)* | *PROVIDENCE (IDS)* | *KPNW (IDS)* | *CAREOREGON (ICN)*

Children's Health Advisory Council | HSO, Public Health Early Learning Hubs | HSO Care Integration Committee | All: Ready | Help Me Grow | Care Oregon Councils | Children's Health Alliance | Oregon Perinatal Collab.

OPIP Partner Meeting (Quarterly) Public and private stakeholders from across the state with shared commitment to improve the health of children in Oregon.

OHA & Early Learning Policymaker: Learn, Share, & Inform (Annually) Meeting with policymakers that oversee policies impacting payment, service delivery, capacity, and other policy levers identified. Sharing of efforts & learnings gathered to date, action-oriented solutions to address barriers.

Meetings with System-Level Partners



Meeting with:

- Help Me Grow (Obtaining Evaluation Data)
- All:Ready
- Three meeting with Children's Health Alliance given learnings about **payment barriers**

With **Health Share of Oregon and Health Plan Partners**:

- Health Plan Partners: Understanding current payment to practices and coverage
- Care Oregon: Gaps in External Behavioral Health Resources
- Health Share of Oregon: Opportunities for alignment, Opportunity to enhance incentives focused on young children; Coverage of CHW claims that relate to services or system navigation supports to behavioral health
- Health Share of Oregon: Learnings that can inform their Social-Emotional Health Action Plan focused on: 1) Specialty Behavioral Health, 2) Integrated Behavioral Health

Request #1: OPIP is working with National TA Providers for TPEC

Policy Memo Illuminating Need For Public **and Private Payor** Coverage Alignment (Work with National AAP, Georgetown Center for Healthier CHildren)

- Enhanced need for targeted focus given Bright Futures/ESPDT recommendations related to social emotional health and Affordable Care Act requirements across payors
- Given Social Emotional Screening is an "S" in EPSDT, and Given Evidence Shows ECD Experts in Primary Care can play a role in the
  - "D" (aka assessment) and
  - "T" (interventions), then payors should cover those services in primary care
- Goal is to support appropriate coverage (and sufficient payment) when billed in a primary care setting and for appropriate birth to five diagnoses.

Request #2: OPIP is working with National TA Providers for TPEC

- **Well-Child Visit Payment**
  - ✓ Robust payment that can support quality of what is intended across public and private payors
  - ✓ Consideration of more robust payments for practices that demonstrative robust quality of care provided (Maryland model, but tricky with Oregon PCPCH Standares0
- **FFS Payment for Issue Focused Interventions (Often Provided by Integrated Behavioral Health)**
  - ✓ Coverage for children that does not require a diagnoses pairing (Know this is needed at OHA level first)
  - ✓ Coverage Overall, When Paired with Codes that Align with DC 0-5 (Z and R diagnosis codes)
    - Barrier: Lack of alignment across Health Share of Oregon payors and Across Private Payors
  - ✓ Rates: Overall, by Type of Provider (LCSW make significant less. Some Payors pay a very low rate for Pyschotherapy)
  - ✓ Coverage and payment in primary care setting of CHWs that play issue focused intervention role
- **Per Member Per Month Payments (Overall, Behavioral)**
  - ✓ PMPM adjusted to birth to five and costs for birth to five
  - ✓ Barrier: PCPCH standards not sensitive or specific to Birth to Five
  - ✓ Barrier: Rates are not adjusted by AAP recommended medical or social complexity to factor in patients that would NEED resources
  - ✓ Barrier: Lack of alignment within Health Share of Oregon Payors and Across Private Payors
- **VBP: Metrics in PMPMs arrangements or quality metrics**
  - ✓ Barrier: No metrics right now aligned with SE services and behavioral health for birth to five

Learning Session Agenda

Tab 1

- Welcome and Review of the Agenda & Goals for the Meeting, **Celebrating Successes**
- **Small Group Ice Breaker (Assigned tables by role, not by practice site)**
- Review of the **Continuum of Addressing the Social Emotional Needs** of Young Children & Focus for Today's Learning Sessions: *Assessments, Brief Interventions, and Pathways to Additional Supports* and **Practice-Level Data Snapshot on Social-Emotional Services**
- **What is Social-Emotional Health for Young Children?**
  - Definition and domains
  - Impact and ecology of social emotional delays
  - Long-term outcomes

Breaking it Into Parts: Providing Tools and Strategies to Support Implementation

- ***Part 1***: Identifying Children at Risk for Social-Emotional Delays
- ***Part 2***: Assessment of Children Identified at Risk for Social-Emotional Delays
  - **Hearing from Hillsboro Pediatrics on Their Screening Journey**

BREAK

- ***Part 3***: Brief Interventions
  - **Hearing from Metropolitan Pediatrics on Their Learnings to Date from Triple P**
- ***Part 4:*** Pathways to Additional Supports
- **Small Group Action Plan Session: Planning Your Priorities for the Next Six Months (By Site)**
- **Close Out & Next Steps**

10 Minutes for an Icebreaker – What is your 'why'?

- First Volunteer: Please share what drew you to your current role and why you chose a career that includes a focus on kids?
  - Then, after that person shares, if someone has a mutual connection to what was shared, please offer this connection to the group and share your story next!

OPIP staff won't participate, but will help from a time management process. It is your time to get to know each other ☺

Learning Session Agenda

Tab 1

- Welcome and Review of the Agenda & Goals for the Meeting
- **Small Group Ice Breaker (Assigned tables by role, not by practice site)**
- Review of the **Continuum of Addressing the Social Emotional Needs** of Young Children & Focus for Today's Learning Sessions: *Early Identification, Assessments Brief Interventions, and Pathways to Additional Supports* and **Practice-Level Data Snapshot on Social-Emotional Services**
- **What is Social-Emotional Health for Young Children?**
  - Definition and domains
  - Impact and ecology of social emotional delays
  - Long-term outcomes

Breaking it Into Parts: Providing Tools and Strategies to Support Implementation

- ***Part 1***: Identifying Children at Risk for Social-Emotional Delays
- ***Part 2***: Assessment of Children Identified at Risk for Social-Emotional Delays
  - **Hearing from Hillsboro Pediatrics on Their Screening Journey**

BREAK

- ***Part 3***: Brief Interventions
  - **Hearing from Metropolitan Pediatrics on Their Learnings to Date from Triple P**
- ***Part 4:*** Pathways to Additional Supports
- **Small Group Action Plan Session: Planning Your Priorities for the Next Six Months (By Site)**
- **Close Out & Next Steps**

Continuum of Addressing the Social Emotional Needs of Young : *Early Identification, Assessments Brief Interventions, and Pathways to Additional Supports*

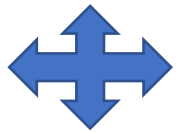
Population Based: Surveillance and Screening Identifying Potential **Social-Emotional** Delays

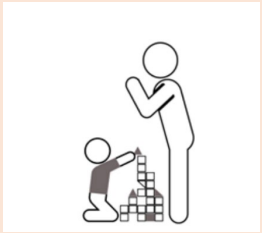
Assessments for Children Identified with **Social-Emotional** Delays or Risk Factors

Interventions

For Children who Need It

- Right Match **External Referrals** (Including for Evaluation)
- **System Navigation Support in Access Behavioral Health,**
- **DB PEDS**





Connections to Providers External to Primary Care To Provide More Intensive Services

Our North Star: What Have Families told Us

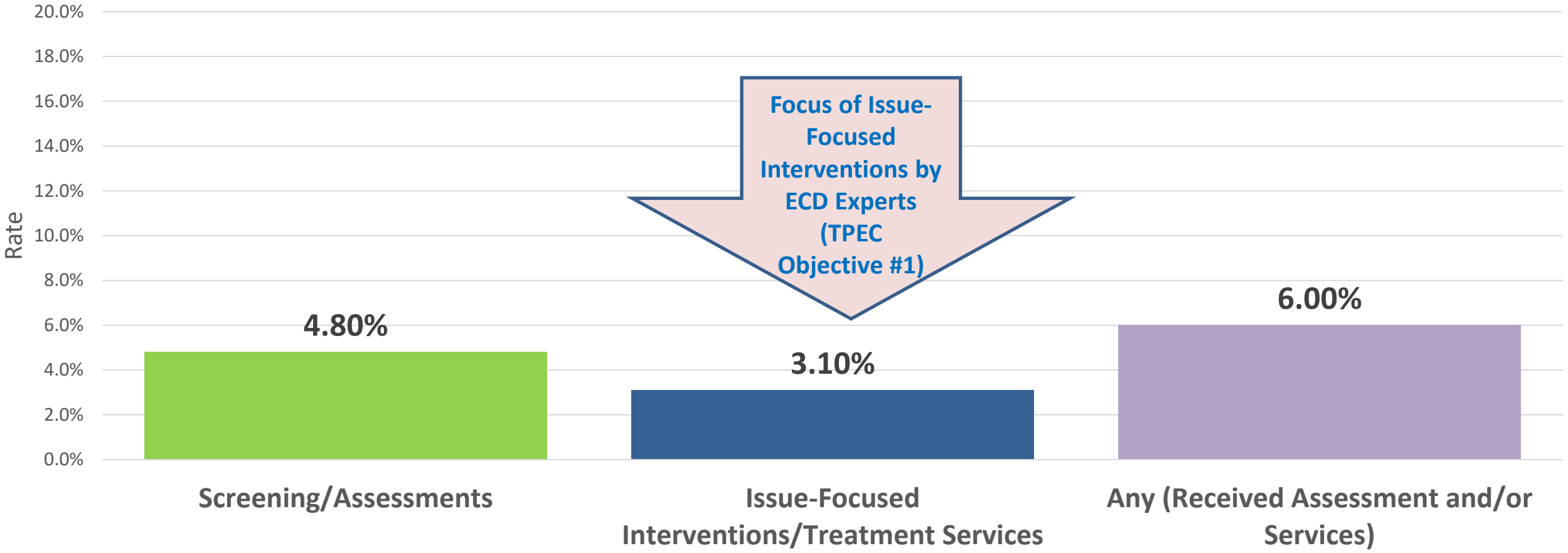
- In HAKR Metric Development, OPIP and the **Children's Institute** gathered input on barriers to access and opportunities for supporting children's Social-Emotional health **from 87 families across 8 Oregon Communities:** *"What would best support families and children to be ready for kindergarten?"*.

- Families talked about the broad ecosystem and lifted up these barriers around Social-Emotional health needs in particular:
  - Lack of culturally and linguistically responsive services **within the health care sector**.
  - Children are not identified and referred early enough **within the health care sector**.
  - Lack of locally-accessible **behavioral health services**, including promotion and prevention services, and especially in rural communities.
  - Confusing coverage policies for **specialty services (within the health care sector)**.
  - Lack of access to **behavioral health services** for parents/caregivers.
  - Lack of resources to address families' social determinants of health.

- In OPIP's quality improvement efforts in communities across the state, parent advisors have shared:
  - If my child has a need for issue-focused services, there are not any that I can access
  - I have insurance, but no one who can provide behavioral health services for my young child
  - I got an evaluation that told me that my child needed PCIT, I could not find anyone
  - I have a referral, but I have an 18 month wait.
  - I got a list of providers, none of them see young children or accepting new patients.

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

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



Data Source: March 2023 SE Reach Metric Report Provided by OHA and to CCO. Administrative Claims Data. (https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Social-Emotional-Metric-Data-and-Reports.aspx)

What should rates of Issue-Focused Intervention/Treatment Services?

Issue-Focused Intervention/Treatments Services

- **12-17%** of children birth to five could be expected to have a behavioral health need based in <u>diagnosis</u>

Clinical recommendation are that children with adverse childhood experiences should receive assessment and likely will benefit from issues focused services:

- One in four children - **25.15% (10,392)** in Health Share of Oregon birth to five had three or more social complexity indicators
  Some specific examples:
  - **Only one in four children** with a child and abuse and neglect diagnosis had a social-emotional screening, assessment or therapeutic services in last year.
  - **Only one out of ten children** who had one or both parent incarcerated have not had a social-emotional screening, assessment or therapeutic services in last year.

LEARNING SESSION #2: USING DATA TO GUIDE YOUR ACTION PLAN (NOVEMBER 23-APRIL 24) FOCUSED ENHANCING SOCIAL-EMOTIONAL SERVICES: *SNAPSHOT SUMMARY FALL 2023 (FRONT PAGE)*

Tab 2 of Your Binder

LEARNING SESSION #2: USING DATA TO GUIDE YOUR ACTION PLAN (NOVEMBER 23-APRIL 24) FOCUSED ENHANCING SOCIAL-EMOTIONAL SERVICES: *SNAPSHOT SUMMARY FALL 2023*

Table 1: Primary Care Based Social-Emotional (SE) Services Aligned with TPEC Recommended Screening for which Flags of Social-Emotional Health are Being Identified and Within Primary Care Follow-Up Services: • *Labelled if Service if part of a current OHA CCO Incentive Metric*	**Within Primary Care Practice: Standardized Follow-Up Steps Addressing Social-Emotional Delays or Risk Factors** Color Coding is Related to PCPCH-ECD Process, Percentage Relate to Applicable Child-Level Metric Rate (If Billed) Red = Not currently in place (TPEC Opportunity) or Cell is Blank (TPEC Opportunity), Yellow = Some Process(es) in Place, But to Not to Full Fidelity (TPEC Opportunity), Green: Screening and/or Issue Focused Follow-Up in Place (Lower Priority for Focus in TPEC)			
	Primary Care Provider			**Integrated Behavioral Health:** Issue-Focused Intervention Service (% is Therapy Service Rate **1-5 Years Olds**)
	Screening in Context of Well-Child Visit	**Standardized Follow-Up Work Flows for Flags of SE Health***	**PCP Brief Education & Engagement on Next Step***	
Developmental Screening (9, 18, 30 Month): Follow-Up on Domains that are Flags of Potential Social-Emotional Delay				
SITE NAME	%			**Site Name XX%**
Maternal Depression Screening (By 1, 2, 4 , and 6 Month) : Following Up Addressing Social Emotional Delay in Child				
SITE NAME	%			
Behavioral/Social/Emotional Screening (at Every Well Visit)				
Site Name	X%			

** These cells are blank as we don't have data on these processes, but they may be areas of focus for quality improvement efforts focused on follow-up to screening.*

LEARNING SESSION #2: USING DATA TO GUIDE YOUR ACTION PLAN (NOVEMBER 23-APRIL 24) FOCUSED ENHANCING SOCIAL-EMOTIONAL SERVICES: *SNAPSHOT SUMMARY FALL 2023 (BACK PAGE)*

Tab 2 of Your Binder

LEARNING SESSION #2: USING DATA TO GUIDE YOUR ACTION PLAN (NOVEMBER 23-APRIL 24) FOCUSED ENHANCING SOCIAL-EMOTIONAL SERVICES: *SNAPSHOT SUMMARY FALL 2023*

Table 2: **External Referral and/or System-Navigation for External ECD Services that Address Social-Emotional Health** • *Service if part of a current OHA CCO Incentive Metric OHA CCO Incentive Metric*	**Number of Referrals (% of Population)**	**Standardized Process for Referring or Education Parent About External Agency**	**Tracking Receipt of Service: Ensuring Connection to Service, Outcome of Referral/Information/ Documented to Inform Secondary Steps**	**System Navigator Support to the Parent in Accessing the Service***
Specialty Behavioral Health (Included in Therapy Service Rate)				
Site Name	**N=** (X%)	MHI RSF: Level		
Developmental/Behavioral Evaluation				
Site Name	**N=** (X%)	MHI RSF: Level		

** These cells are blank as we don't have data on these processes, but they may be areas of focus for quality improvement efforts. ** Represents small number of behavioral health providers that accept a referral.*

Learning Session Agenda

Tab 1

- Welcome and Review of the Agenda & Goals for the Meeting, **Celebrating Successes**
- **Small Group Ice Breaker (Assigned tables by role, not by practice site)**
- Review of the **Continuum of Addressing the Social Emotional Needs** of Young Children & Focus for Today's Learning Sessions: *Assessments, Brief Interventions, and Pathways to Additional Supports* and **Practice-Level Data Snapshot on Social-Emotional Services**
- **What is Social-Emotional Health for Young Children?**
  - Definition and domains
  - Impact and ecology of social emotional delays
  - Long-term outcomes

Breaking it Into Parts: Providing Tools and Strategies to Support Implementation

- ***Part 1***: Identifying Children at Risk for Social-Emotional Delays
- ***Part 2***: Assessment of Children Identified at Risk for Social-Emotional Delays
  - **Hearing from Hillsboro Pediatrics on Their Screening Journey**

BREAK

- ***Part 3***: Brief Interventions
  - **Hearing from Metropolitan Pediatrics on Their Learnings to Date from Triple P**
- ***Part 4:*** Pathways to Additional Supports

- **Small Group Action Plan Session: Planning Your Priorities for the Next Six Months (By Site)**
- **Close Out & Next Steps**

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

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.

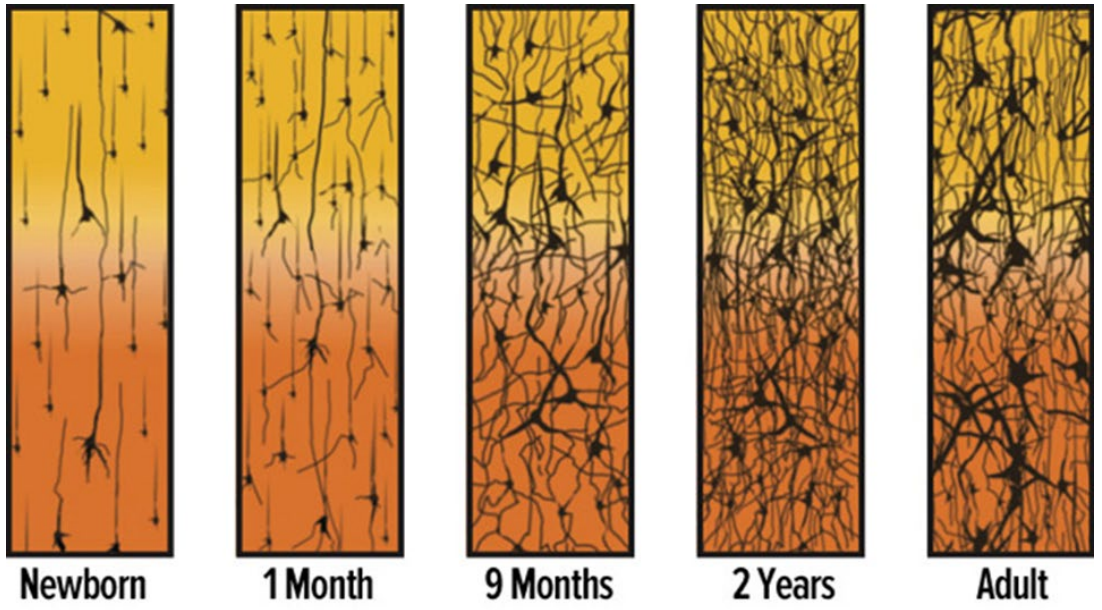
Why do we need to enhance a focus on Social-Emotional Health of Young Children?

- Population MH is worsening despite efficacious treatment and prevention strategies for most common problems
  - 20% meet criteria for mental disorder any given year; 40% by age 18
  - Adolescent suicide has risen 29% in last decade
- Nationwide shortage of MH professionals
  - As part of the asset mapping conducted, identified a need for more providers in the Portland Metropolitan area that can provide issue-focused service to young children
  - This will be the focus of the proposed 2025 child-level metric to replace the current System-Level Metric.
- <50% referred to MH services will access them
  - Most needy are the least likely to access services
  - Barriers: transportation, child care, leave from work, stigma
- Primary care offers early identification/intervention in a trusted environment

Bitsko et al., 2022, MMWR Supplements
Sheldrick et al., 2011, *Pediatrics*
Taylor et al., 2013, *Clinical Pediatrics*
Stein, 2016, *Academic Pediatrics*
America's Health Rankings® Health of Women and Children Report, 2022

An ounce of prevention…

- 80% of synaptic connections are made by age 3
- Early childhood adversity and chronic stress has lifelong impacts
- Early/preventative interventions produce a larger return on investment



Shonkoff et al., 2012, *Pediatrics*
Racine, 2016, *The Economics of Child Development*

Human Beings are Strange

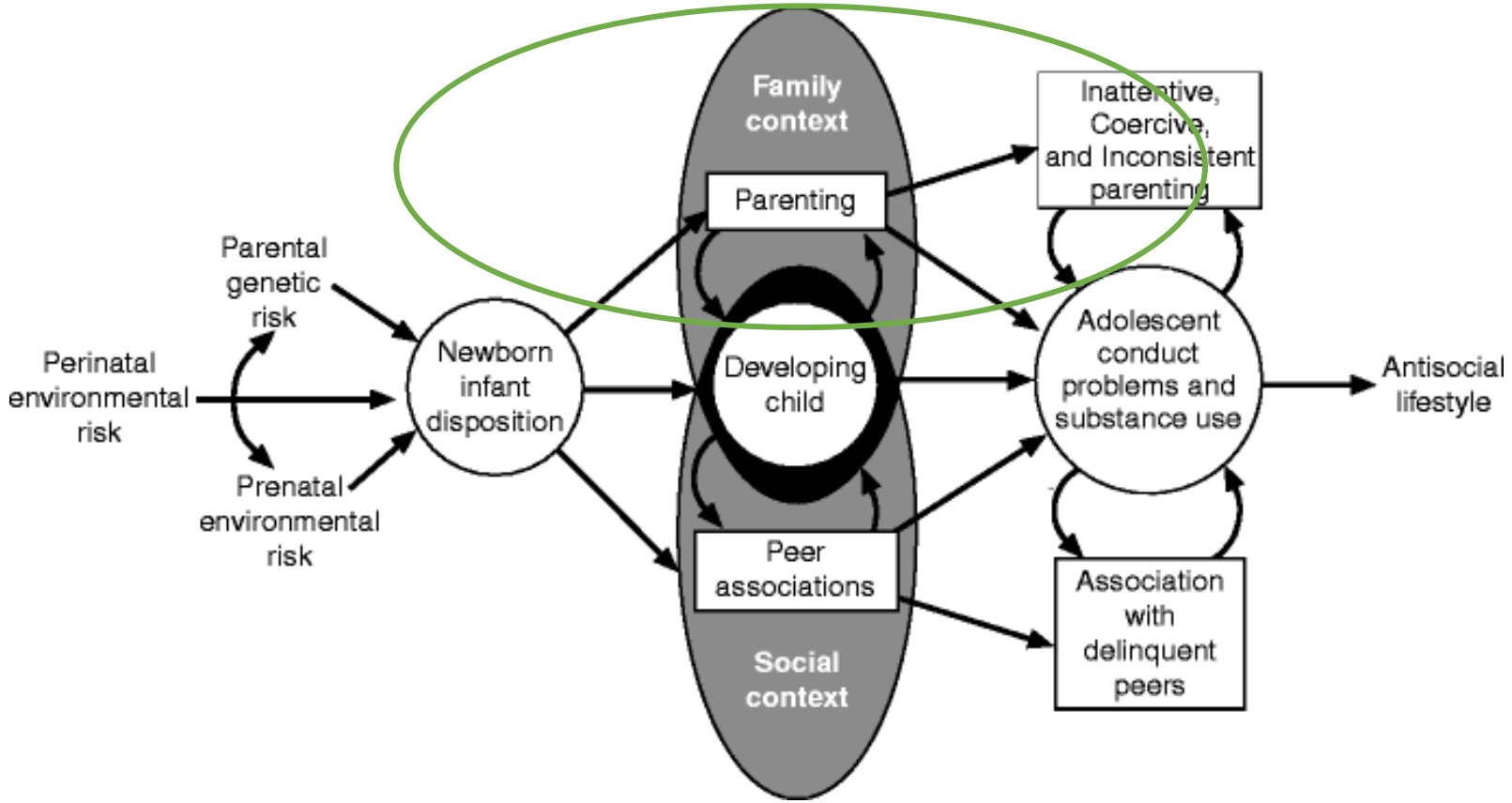
- Compared to other primates and all other species
  - Longest childhood
  - Largest and most plastic brains
- Why?
  - Extreme adaptability
  - Extreme social complexity

Interactive Experience Fulfills Potential

- Adults human are wired to be responsive to infants
- The dynamic back-and-forth of infant-caregiver dyads, *synchrony,* is a critical component of social-emotional development
- Regardless of disposition, extreme environments will produce extreme outcomes

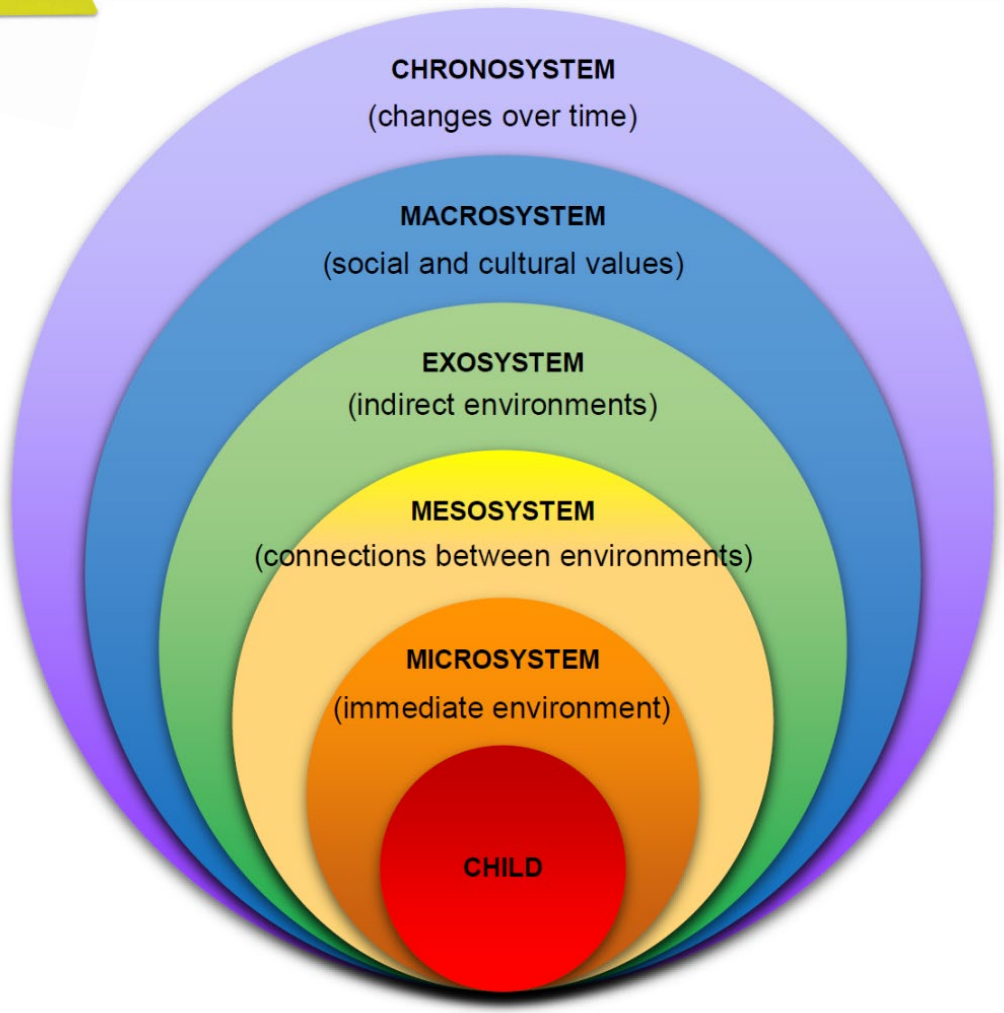
Parenting is critical and modifiable

- Social-emotional deficits lead to poor trajectories, *especially* when paired with parenting approaches that may not be optimal



Dynamic developmental systems model of conduct problems (Capaldi and Eddy 2005)

Ecology of Social-Emotional Development



- Parent-child relationships exist in an social-ecological context
  - Individual
  - Relationships
  - Networks Organizations
  - Communities
  - Policy
  - Society
- This visual is in Tab 3 for your reference

Learning Session Agenda

Tab 1

- Welcome and Review of the Agenda & Goals for the Meeting, **Celebrating Successes**
- **Small Group Ice Breaker (Assigned tables by role, not by practice site)**
- Review of the **Continuum of Addressing the Social Emotional Needs** of Young Children & Focus for Today's Learning Sessions: *Assessments, Brief Interventions, and Pathways to Additional Supports* and **Practice-Level Data Snapshot on Social-Emotional Services**
- **What is Social-Emotional Health for Young Children?**
  - Definition and domains
  - Impact and ecology of social emotional delays
  - Long-term outcomes

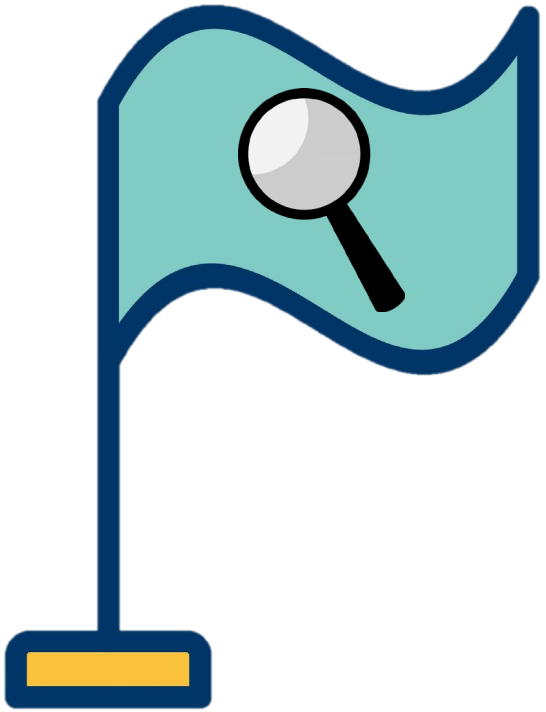
Breaking it Into Parts: Providing Tools and Strategies to Support Implementation

- ***Part 1***: Identifying Children at Risk for Social-Emotional Delays
- ***Part 2***: Assessment of Children Identified at Risk for Social-Emotional Delays
  - **Hearing from Hillsboro Pediatrics on Their Screening Journey**

BREAK

- ***Part 3***: Brief Interventions
  - **Hearing from Metropolitan Pediatrics on Their Learnings to Date from Triple P**
- ***Part 4:*** Pathways to Additional Supports
- **Small Group Action Plan Session: Planning Your Priorities for the Next Six Months (By Site)**
- **Close Out & Next Steps**

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

A Need for Secondary Social-Emotional Health Supports

Possible early childhood social-emotional or behavioral issue identified in primary care via:

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

Option A

Primary Care Provider Follow-Up: Secondary Assessments, Parent Education, Engagement in IBH Referral and/or External Referral

As needed: Warm Handoff or Schedule Appointment

Warm Handoff or Schedule Appointment

Option B

Integrated Behavioral Health for Secondary Assessment, Brief Interventions, and/or External Referral

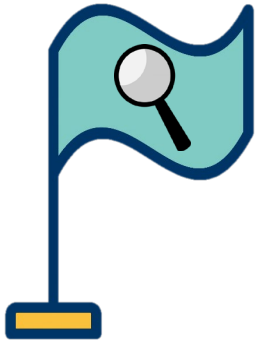
Why Are We Talking About These Flags?

- 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 am I, as a Primary Care Provider, 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**

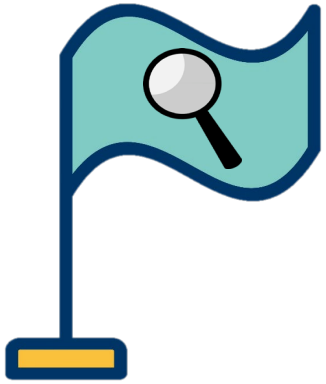
- 2 year old girl who is otherwise healthy and developing appropriately, biting her parents and sibling at home daily, creating significant conflict.
- 3 year old who is biting, but also hitting, kicking, exhibiting aggressive and disruptive behaviors, being asked to leave 3rd preschool.

- 2.5 year old described by parents as "shy," struggling with separation, transitions, and new situations. Parents unable to leave with baby sitter.
- 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, or experiences that may be impacting social-emotional development that primary care may be aware of?

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 Experience (ACEs) in Family Environment
- Significant psychosocial stressors or social complexity
- Knowledge of family factors impacting attachment or psychosocial development

Flags That Might Indicate Need for Social Emotional Health Supports: Primary Care Screenings

Examples of Screening Tools Used in Primary Care that Could Identify Potential Need for Secondary Assessment & Social-Emotional Support

- Developmental Screening: Ages and Stages Questionnaire (ASQ)
- Maternal Depression Screening: Edinburgh Postnatal Depression Scale (EPDS)
- Autism Screening: Modified Checklist for Autism in Toddlers (MCHAT)
- Adverse Childhood Experiences (ACE) Screening

Example of Specific Social-Emotional Health Screening Aligned with Bright Futures Recommendations for Behavioral/Social/Emotional Screening:

- Baby or Preschool Pediatric Symptom Checklist (BPSC/PPSC)

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:

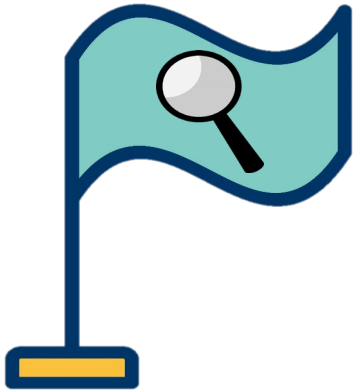
- Communication, Gross Motor, Fine Motor, **Personal Social and Problem Solving**

➢ Secondary assessment and social-emotional support might be best follow-up for patients with the following indicators, particularly given Oregon's EI/ECSE eligibility criterion and assessments do not include social-emotional delay or at-risk domains:

- 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 ACEs, social complexity, family factors impacting development

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:

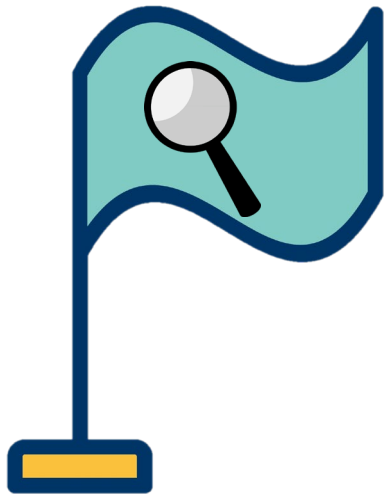
- Affect early bonding and secure attachment
- Impact child's development
- Lead to challenges with child's emotional regulation

➢Secondary assessment and 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:
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.

Flags That Might Indicate Need for Social-Emotional Health Supports:
Other Screenings

Adverse Childhood Experiences (ACE) Screening

- Secondary assessment and social-emotional support might be best follow-up for patients when screening identifies exposure to adverse childhood experiences, which might put child at higher risk for behavioral or social-emotional issues.

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

- Given barriers to external referrals, primary care and IBH will likely be best initial follow-up for secondary assessment when a social-emotional health screening tool identifies children with potential social emotional delays or concerns.

Tab 4 Materials: Summary of Flags for Potential Social-Emotional Delay and Resource List of Social-Emotional Screening Tools

Identifying Young Children with Potential Social-Emotional Delay: Flags That Could Be Seen in Primary Care

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, secondary assessments, 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
➢ Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors ➢ Significant sleep, feeding, self-soothing, adjusting to new situations, or irritability concerns ➢ Parental frustration
Family Context
➢ Exposure to Adverse Childhood Experience (ACEs) in Family Environment ➢ Significant psychosocial stressors or social complexity ➢ Knowledge of family factors impacting attachment or psychosocial development
Screening Tools
Examples of Screening Tools Used in Primary Care that Could Identify Potential Need for Additional Social-Emotional Support: ➢ Developmental Screening: Ages and Stages Questionnaire (ASQ). Indicators of potential SE delay include: o Personal Social AND Problem-Solving Domains below cut-off, OR o 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 ACEs, social complexity, family factors impacting development ➢ Maternal Depression Screening: Edinburgh Postnatal Depression Scale (EPDS). Indicators of potential need for SE support include: o Positive screen for maternal depression o Especially if associated with delayed development, issues with regulation, poor feeding or sleep in child ➢ Autism Screening: Modified Checklist for Autism in Toddlers (MCHAT) o 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. ➢ Adverse Childhood Experiences (ACE) Screening **Example of Specific Social-Emotional Health Screening Aligned with Bright Futures Recommendations for Behavioral/Social/Emotional Screening:** ➢ Baby or Preschool Pediatric Symptom Checklist (BPSC/PPSC)

Resource List of Social-Emotional Screening Tools

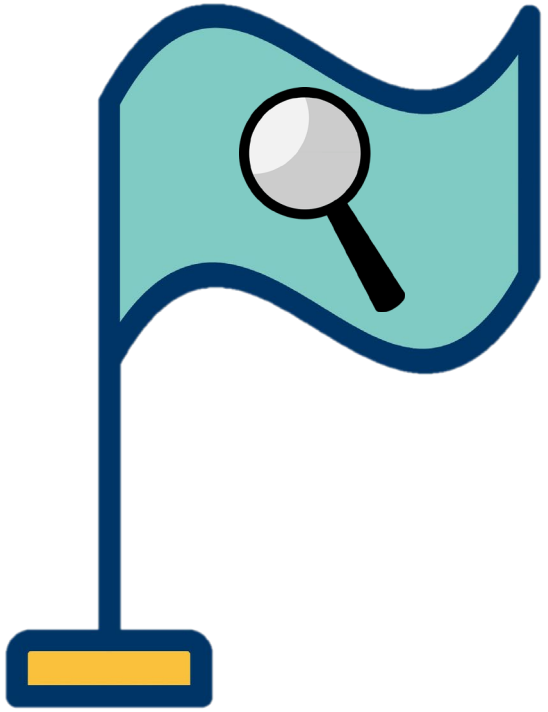
Social-Emotional Screening Tools for Population-Based Screening or Follow-up Assessment

For practices interested in implementing whole population or targeted social-emotional screening, here are some details about the most commonly used tools.

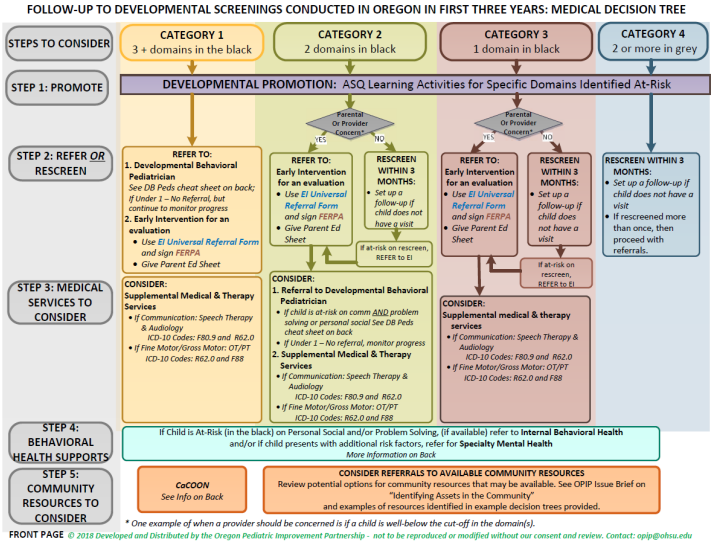
- *Administration and scoring of these screens with interpretation of results by a licensed clinician (potentially as part of a well visit) can be billed as **96127** (Brief Emotional/ Behavioral Assessment).*
- *Use of one of these screening tools by an integrated behavioral health clinician as part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

Screening/Assessment Tool	Advantages	Considerations
Baby and Preschool Pediatric Symptom Checklist Baby (BPSC): 1-17.99 months Tool and Scoring Preschool (PPSC) 18- 65 mo. Tool and Scoring	• Public domain • Takes 5-10 mins • Meets Social Emotional screening requirement for Bright Futures • Subsection scores can queue up specific brief interventions	• Translations exist in the SWYC, but hard to find stand-alone versions
Pediatric Symptom Checklist (PSC) 4 yrs and older Tool and Scoring	• Public domain • Multiple translations • Takes 10 mins • 35 items • Items grouped in categories: Attention, Anxiety/Depression, Conduct	• Scoring is a bit more involved because questions for each subset are mixed in together
Survey of Well Being in Young Children (SWYC) 2- 60 months Forms for download	• Public domain • Many translations available • Takes 10 mins • Combines screening for social drivers of health, development and social-emotional concerns in one tool • Screening tool corresponds with Bright Futures well visit periodicity	• Longer than PSC alone • Developmental screening section does not have subset scores, so may be hard to determine best match follow-up steps and likelihood of Early Intervention eligibility
Early Childhood Screening Assessment (ECSA) 18-60 months Form and Scoring Guide	• Public domain • Available in English, Spanish and Romanian • Takes 5-10 minutes • 40 items (brief version with 24 items also available – form and scoring guide) • Has questions related to parental depression as well	• Not available for younger children under 18 months
ASQ- SE 1-72 months Website information	• Takes 10-15 mins • Assesses seven domains of social–emotional development	• $295 for ASQ-SE:2 starter kit • Scoring requires training

Workflow Example: OPIP Follow-Up to Developmental Screening Algorithm



If using ASQ flags to identify young children with potential social-emotional delay, could consider using OPIP's Follow-Up to Developmental Screening Decision Tree to inform next steps, develop workflow, and create specific materials to support families.



Opportunity to Focus on Follow-Up to Developmental Screening for Young Children that is the Best Match for the Child & Family

Goal of screening

- Identify children **at-risk** for developmental, social, and/or behavioral delays (via ASQ or other standardized developmental screening tool)
- For those children identified:
  - **1) Provide developmental promotion**
  - **2) Provide brief interventions**
  - **3) Refer to services** that can further address delays
    - Many of these services live outside of traditional health care
    - Services you have been trained to refer to often have long waits (Dev Peds) or kids are often ineligible (EI)
    - You can't "refer" to most Behavioral Health

Barriers to accessing follow-up services:

- ❖Lack of knowledge of services
- ❖Lack of capacity of services
- ❖Lack of availability of services that would be best match
- ❖Parent engagement

Best-Match Follow-Up to Developmental Screening: Priority Referrals that Address Specific Delays Customized to This Region

OPIP Follow-Up to Development Screening in Oregon

1. Developmental Behavioral Pediatrician Evaluation
2. Early Intervention (EI)
3. Medical and Therapy Services (PT/OT/Speech)
4. Integrated Behavioral Health (Area that many of you are focusing for TPEC)
5. Specialty Infant and Early Childhood Mental Health
6. Other Community-Based Family Supports
   (examples: Help Me Grow, OCDC, Home Visiting Programs like CaCoon)

Example: Follow-Up to Developmental Screening Decision Tree (front)

FOLLOW-UP TO DEVELOPMENTAL SCREENINGS CONDUCTED IN OREGON IN FIRST THREE YEARS: MEDICAL DECISION TREE

STEPS TO CONSIDER	CATEGORY 1 3 + domains in the black	CATEGORY 2 2 domains in black	CATEGORY 3 1 domain in black	CATEGORY 4 2 or more in grey
STEP 1: PROMOTE	**DEVELOPMENTAL PROMOTION:** ASQ Learning Activities for Specific Domains Identified At-Risk			
STEP 2: REFER *OR* RESCREEN	**REFER TO:** **1. Developmental Behavioral Pediatrician** *See DB Peds cheat sheet on back; If Under 1 – No Referral, but continue to monitor progress* **2. Early Intervention for an evaluation** • *Use EI Universal Referral Form and sign FERPA* • *Give Parent Ed Sheet*	Parental Or Provider Concern* YES: **REFER TO:** Early Intervention for an evaluation • *Use EI Universal Referral Form and sign FERPA* • *Give Parent Ed Sheet* NO: **RESCREEN WITHIN 3 MONTHS:** • *Set up a follow-up if child does not have a visit* If at-risk on rescreen, REFER to EI	Parental Or Provider Concern* YES: **REFER TO:** Early Intervention for an evaluation • *Use EI Universal Referral Form and sign FERPA* • *Give Parent Ed Sheet* NO: **RESCREEN WITHIN 3 MONTHS:** • *Set up a follow-up if child does not have a visit* If at-risk on rescreen, REFER to EI	**RESCREEN WITHIN 3 MONTHS:** • *Set up a follow-up if child does not have a visit* • If rescreened more than once, then proceed with referrals.
STEP 3: MEDICAL SERVICES TO CONSIDER	**CONSIDER:** **Supplemental Medical & Therapy Services** • *If Communication: Speech Therapy & Audiology* *ICD-10 Codes: F80.9 and R62.0* • *If Fine Motor/Gross Motor: OT/PT* *ICD-10 Codes: R62.0 and F88*	**CONSIDER:** **1. Referral to Developmental Behavioral Pediatrician** • *If child is at-risk on comm AND problem solving or personal social See DB Peds cheat sheet on back* • *If Under 1 – No referral, monitor progress* **2. Supplemental Medical & Therapy Services** • *If Communication: Speech Therapy & Audiology* *ICD-10 Codes: F80.9 and R62.0* • *If Fine Motor/Gross Motor: OT/PT* *ICD-10 Codes: R62.0 and F88*	**CONSIDER:** **Supplemental medical & therapy services** • *If Communication: Speech Therapy & Audiology* *ICD-10 Codes: F80.9 and R62.0* • *If Fine Motor/Gross Motor: OT/PT* *ICD-10 Codes: R62.0 and F88*	
STEP 4: BEHAVIORAL HEALTH SUPPORTS	If Child is At-Risk (in the black) on Personal Social and/or Problem Solving, (if available) refer to **Internal Behavioral Health and/or** if child presents with additional risk factors, refer for **External Specialty/Behavioral Health – Infant Early Chidhood Mental Health** *More Information on Back*			
STEP 5: COMMUNITY RESOURCES TO CONSIDER	***CaCOON*** *If in County:* *See Info on Back*	**CONSIDER REFERRALS TO AVAILABLE COMMUNITY RESOURCES** Review potential options for community resources that may be available. See OPIP Issue Brief on "Identifying Assets in the Community" and examples of resources identified in example decision trees provided.		

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

FRONT PAGE

Example: Follow-Up to Developmental Screening Decision Tree (back)

CaCOON CHEAT SHEET:

Info about program: https://www.ohsu.edu/xd/outreach/occyshn/programs-projects/cacoon.cfm

Note: Some Counties (e.g Multnomah) Do Not Have Cacoon

Medical Diagnosis or Medical Risk Factors

+

Social and Family Factors to Consider

- Feels Depressed or Overwhelmed
- Isolation/Lack of Support
- Support with Parenting/Lack of Parenting Skills
- Parent has Disability
- Teen/Young Parent
- First Time Parent
- Newly Pregnant needing assistance
- Tobacco Use
- Domestic Violence (present or history of)
- Alcohol/Drug Use
- Lack of Food/ Clothing/Housing
- Incarceration/Probation
- Low Income
- Migrant/Seasonal Worker
- Unemployed
- Homeless
- Receives TANF/SSI/SNAP
- DHS Involvement

Developmental Pediatrician Referral Cheat Sheet:

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

+

Personal-Social domain or Problem Solving Domain

or

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

- Kids who are not progressing in services as expected or recent increase in symptoms
- Kids who have challenging behaviors with inadequate response to behavioral interventions or medication.
- Kids with secondary medical issues that are not responding to usual treatments (including feeding and nutrition)
- Kids who may be experiencing traumatic events

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.

ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

https://www.samhsa.gov

BEHAVIORAL HEALTH SUPPORTS

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

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

+

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

And/Or

Exposure to Adverse Childhood Experiences

CONSIDER: USE OF EARLY CHILDHOOD MENTAL HEALTH DX CODES

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

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

CONSIDER: USE OF EARLY CHILDHOOD MENTAL HEALTH DX CODES

Option B:
Consider External Referral for Specialty Behavioral Health – Infant Early Childhood Mental Health (Leverage Asset Maps Provided Through TPEC)

BACK PAGE

Learning Session Agenda

Tab 1

- Welcome and Review of the Agenda & Goals for the Meeting, **Celebrating Successes**
- **Small Group Ice Breaker (Assigned tables by role, not by practice site)**
- Review of the **Continuum of Addressing the Social Emotional Needs** of Young Children & Focus for Today's Learning Sessions: *Assessments, Brief Interventions, and Pathways to Additional Supports* and **Practice-Level Data Snapshot on Social-Emotional Services**
- **What is Social-Emotional Health for Young Children?**
  - Definition and domains
  - Impact and ecology of social emotional delays
  - Long-term outcomes

Breaking it Into Parts: Providing Tools and Strategies to Support Implementation

- ***Part 1***: Identifying Children at Risk for Social-Emotional Delays
- ***Part 2***: Assessment of Children Identified at Risk for Social-Emotional Delays
  - **Hearing from Hillsboro Pediatrics on Their Screening Journey**

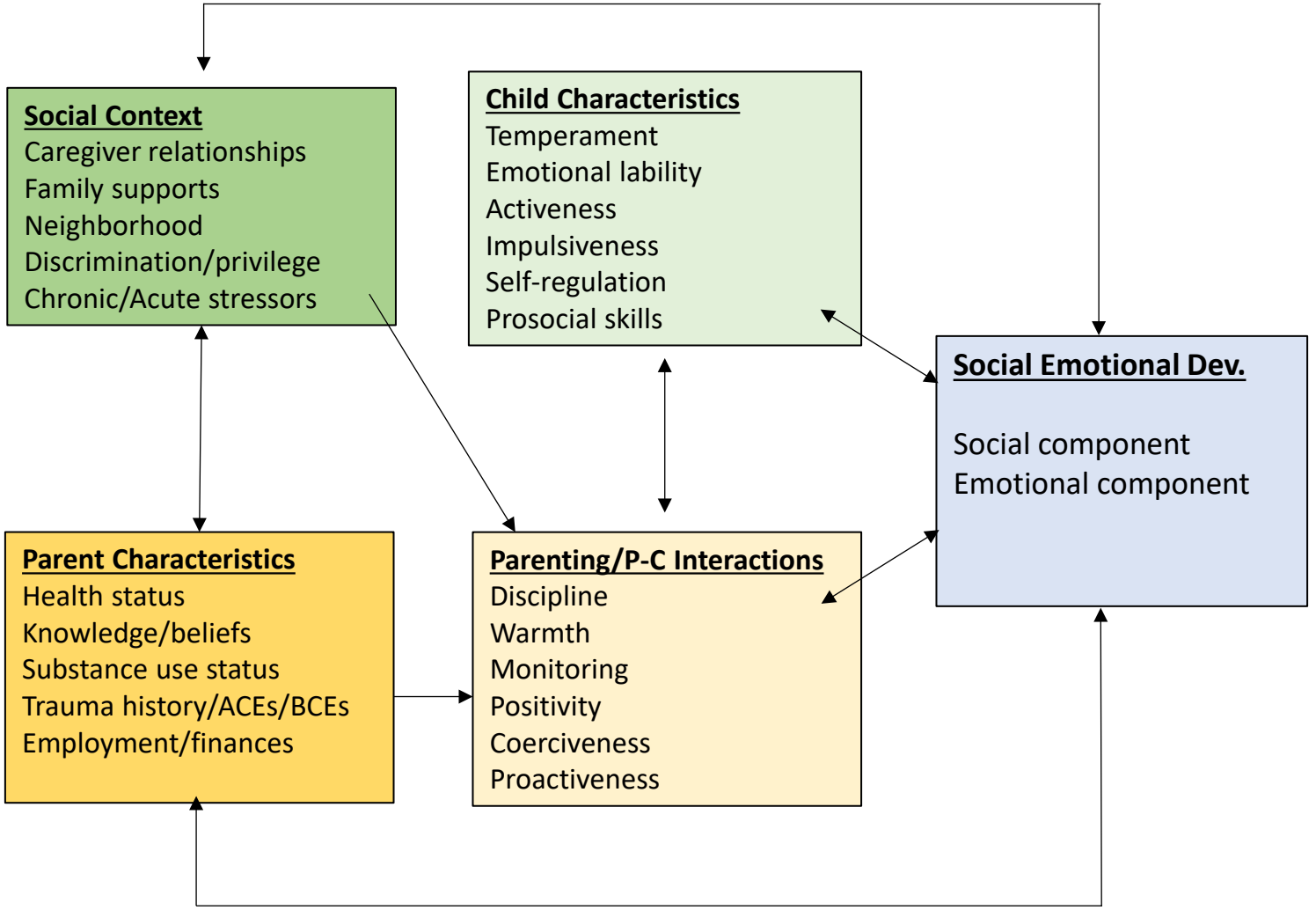
BREAK

- ***Part 3***: Brief Interventions
  - **Hearing from Metropolitan Pediatrics on Their Learnings to Date from Triple P**
- ***Part 4:*** Pathways to Additional Supports
- **Small Group Action Plan Session: Planning Your Priorities for the Next Six Months (By Site)**
- **Close Out & Next Steps**

Secondary Assessment of Positive Screens

5

Part 1: Domains to Assess

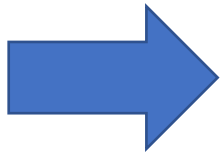


Adapted from: The four factor model of child oppositional defiant behavior. From R. A. Barkley (2013). Defiant Children: A Clinician's Manual for Assessment and Parent Training (3rd ed.). New York: Guilford Press. Copyright 2013 by the Guilford Press.

Data Sources that Can Inform Secondary Assessment for the FOUR DOMAINS

Domains:

1. Child Characteristics
2. Parent Characteristics
3. Parenting
4. Social Ecology



Data Sources

- Chart Review
- Interview
- Observation
- Validated Instrument

Method of Assessment	Domain of Assessment			
	Child Characteristics	Parent Characteristics	Parenting	Social Ecology
Chart Review				
Interview				
Observation				
Validated Instrument				

**Examples above are non-exhaustive*

OREGON TPEC Transforming Pediatrics and Early Childhood

Validated Instruments Related to Domains Impacted
Social-Emotional Health

In TAB **5** of Your Binder:

- OPIP has created a compendium of potential tools that could be used in your assessments
- Tools have been organized into three categories: Screeners, Broadband and Behavioral Health Assessment Tools, and Domain-Specific and Risk Factor Tools.
- This compendium includes a sampling of publicly available tools and their associated scoring guides, as well as links to some websites for tools that were identified but are proprietary.

TABLE OF CONTENTS

SCREENERS:

Ages & Stages Questionnaire – Social and Emotional (ASQ-SE) ... 2
Edinburgh Postnatal Depression Scale (EPDS) ... 3
Baby Pediatric Symptom Checklist (1-18 months) (BPSC) ... 5
Preschool Pediatric Symptom Checklist (18-65 months) (PPSC) ... 7
Pediatric Symptom Checklist (4+ years) (PSC) ... 9

BROADBAND AND BEHAVIORAL HEALTH ASSESSMENT TOOLS:

Behavioral Assessment System for Children (2-5 years) (BASC)... 11
Child Behavior Checklist (1.5-5 years) (CBCL)... 12
Devereux Early Childhood Assessment for Infants/Toddlers/Preschool (DECA) ... 13
Early Childhood Screening Assessment (18-60 months) ... 14
Strengths and Difficulties Questionnaire (2-4 year) (SDQ) ... 16
Strengths and Difficulties Questionnaire (4-10 year) (SDQ) ... 21

DOMAIN-SPECIFIC AND RISK FACTOR ASSESSMENT TOOLS:

Internalizing:

SCAS Preschool Anxiety Scale (2.5-6.5 years) ... 26
PROMIS Early Childhood Parent Report – Anxiety (1-5 years) ... 29

Externalizing:

Eyberg Child Behavior Inventory (2-16 years) (ECBI) ... 30
PROMIS Early Childhood Parent Report – Anger/Irritability (1-5 years) ... 31

Family/Caregiver Functioning:

Patient Health Question-9 (PHQ-9)... 32
Beck's Depression Inventory... 34
Parenting Scale... 37
Parenting Stress Scale ... 40

Other Tool Identified as Potentially Useful:

Adverse Childhood Experiences (ACE) Questionnaires (Child and Caregiver) ... 44
Benevolent Childhood Experiences (BCEs) Scale ... 47

Method of Assessment	Domain of Assessment			
	Child Characteristics	**Parent Characteristics**	**Parenting**	**Social Ecology**
Chart Review	Demographics Screening results History of concern PCP observations			
Interview	Parent perceptions			
Observation	Activity level Affect Self-regulation Proximity-seeking			
Validated Instrument	BPSC/PPSC ASQ-SE CBCL SDQ			

**Examples above are non-exhaustive*

OREGON TPEC Transforming Pediatrics and Early Childhood

Method of Assessment	Domain of Assessment			
	Child Characteristics	Parent Characteristics	Parenting	Social Ecology
Chart Review	Demographics Screening results History of concern PCP observations	Demographics Screening results History of concern		
Interview	Parent perceptions	Mental health Substance use Beliefs/Values		
Observation	Activity level Affect Self-regulation Proximity-seeking	Affect Outlook Health literacy		
Validated Instrument	BPSC/PPSC ASQ-SE CBCL SDQ	Edinburgh Postnatal Depression ACEs PHQ-9		

**Examples above are non-exhaustive*

OREGON TPEC Transforming Pediatrics and Early Childhood

Method of Assessment	Domain of Assessment			
	Child Characteristics	Parent Characteristics	Parenting	Social Ecology
Chart Review	Demographics Screening results History of concern PCP observations	Demographics Screening results History of concern	PCP report of parental report PCP observations	
Interview	Parent perceptions	Mental health Substance use Beliefs/Values	Existing strategies	
Observation	Activity level Affect Self-regulation Proximity-seeking	Affect Outlook Health literacy	Use of positive skills Use of coercion Attending Responsiveness	
Validated Instrument	BPSC/PPSC ASQ-SE CBCL SDQ	Edinburgh Postnatal Depression ACEs PHQ-9	Parenting Scale Parenting Stress Scale	

**Examples above are non-exhaustive*

OREGON TPEC Transforming Pediatrics and Early Childhood

Method of Assessment	Domain of Assessment			
	Child Characteristics	**Parent Characteristics**	**Parenting**	Social Ecology
Chart Review	Demographics Screening results History of concern PCP observations	Demographics Screening results History of concern	PCP report of parental report PCP observations	Demographics SDoH info • Housing • Food security
Interview	Parent perceptions	Mental health Substance use Beliefs/Values	Existing strategies	Social history Family history Supports/barriers Education system
Observation	Activity level Affect Self-regulation Proximity-seeking	Affect Outlook Health literacy	Use of positive skills Use of coercion Attending Responsiveness	SES indicators
Validated Instrument	BPSC/PPSC ASQ-SE CBCL SDQ	Edinburgh Postnatal Depression ACEs PHQ-9	Parenting Scale Parenting Stress Scale	SDoH screening: • AHC HRSN Tool • Social Needs Screening Tool

**Examples above are non-exhaustive*

OREGON TPEC Transforming Pediatrics and Early Childhood

Learning Session Agenda

Tab 5

- Welcome and Review of the Agenda & Goals for the Meeting, **Celebrating Successes**
- **Small Group Ice Breaker (Assigned tables by role, not by practice site)**
- Review of the **Continuum of Addressing the Social Emotional Needs** of Young Children & Focus for Today's Learning Sessions: *Assessments, Brief Interventions, and Pathways to Additional Supports* and **Practice-Level Data Snapshot on Social-Emotional Services**
- **What is Social-Emotional Health for Young Children?**
  - Definition and domains
  - Impact and ecology of social emotional delays
  - Long-term outcomes

Breaking it Into Parts: Providing Tools and Strategies to Support Implementation

- ***Part 1***: Identifying Children at Risk for Social-Emotional Delays
- ***Part 2***: Assessment of Children Identified at Risk for Social-Emotional Delays
  - **Hearing from Hillsboro Pediatrics on Their Screening Journey**

BREAK

- ***Part 3***: Brief Interventions
  - **Hearing from Metropolitan Pediatrics on Their Learnings to Date from Triple P**
- ***Part 4:*** Pathways to Additional Supports
- **Small Group Action Plan Session: Planning Your Priorities for the Next Six Months (By Site)**
- **Close Out & Next Steps**

Hillsboro Pediatric Clinic- Screening Journey

- Welcome Dr. Beth Mossman!

- What was your journey to screening and adding the number and breadth of screens you have?
- What has worked well for your clinic?
- What would you do differently?
- Do you have any advice you would give to others?

Hillsboro Pediatric Clinic: Snapshot of Screenings Conducted at Well Child Visits from Birth-to-Five (Tab 5)

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	
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

Hillsboro Pediatric Clinic: Postpartum Depression Screening

Edinburgh Postnatal Depression Scale[1] (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____ _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- ☐ Yes, all the time
- ☒ Yes, most of the time
- ☐ No, not very often
- ☐ No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all

2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never

4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often

*5 I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all

*6. Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope at all
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleeping
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Not very often
   - ☐ No, not at all

*8 I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all

*9 I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occasionally
   - ☐ No, never

*10 The thought of harming myself has occurred to me
   - ☐ Yes, quite often
   - ☐ Sometimes
   - ☐ Hardly ever
   - ☐ Never

Hillsboro Pediatric Clinic: Patient (Child) ACEs Screening

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Careqiver

Today's Date: _____

Child's Name: _____ *Date of birth:* _____

Your Name: _____ *Relationship to Child:* _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. *Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.*

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box. ☐

Section 1. *At any point since your child was born...*

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box. ☐

Section 2. *At any point since your child was born...*

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

Do you want to discuss this with the provider?

- o Yes
- o No
- o Yes, with the provider only

Hillsboro Pediatric Clinic: Parent ACEs Screening

ACE

ACE stands for **Adverse Childhood Experiences**. In a very large study supported by the Centers for Disease Control (CDC) and Kaiser-Permanente, Dr. Vincent Felitti and his colleagues demonstrated that experiences we have as children influence us throughout our lives, affecting not only our health status, but also the stance we take toward how we live our lives. Because experiences of our early years frame what is "normal" for us, they may also contribute to how we relate to and parent our children.

We believe that inquiring about the possible adverse childhood experiences of the parents of the children we serve is important to assure that we can optimize our evaluations, recommendations and treatments. We understand that many of the following questions are sensitive in nature, and we want to assure you that your participation is voluntary and will remain strictly confidential.

Prior to your 18th birthday:

Did a parent or any adult in the household **often or very often...**
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you think that you might be physically hurt?

- Yes
- No

Did a parent or other adult in the household **often or very often...**
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?

- Yes
- No

Did an adult or person at least 5 years older than you **ever...**
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?

- Yes
- No

Did you **often or very often** feel that...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?

- Yes
- No

Did you **often or very often** feel that...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

- Yes
- No

Was a biological parent **ever** lost to you through divorce, abandonment, or other reason?

- Yes
- No

Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?

- Yes
- No

Did you ever live with anyone who was a problem drinker or alcoholic or used street drugs?

- Yes
- No

Was a household member depressed or mentally ill or did a household member attempt suicide?

- Yes
- No

Did a household member go to prison?

- Yes
- No

« Previous | Next » | Quit

lose This Window

Hillsboro Pediatric Clinic: Social Influences of Health Screening

PT Name _____

DOB _____

Social History (6 mos., all well checks after 6 mos.)

We are asking all of our patients to complete this form because having access to food, transportation, and other resources affect a person's health. Please complete this form to help us find the things that make it hard for you to take care of your/your child's health and connect you with the resources you need.

If you do **not** want a follow-up call from our Patient Navigator, please check here ☐

Within the past 12 months…

… we worried whether our food would run out before we got money to buy more.	☐ Yes	☐ No
… the food we bought did not last and we did not have money to buy more.	☐ Yes	☐ No
… housing has been a problem for us.	☐ Yes	☐ No
… the electric, gas, oil or water company threatened to shut off services in our home.	☐ Yes	☐ No
… lack of transportation has kept us from medical appointments, work or other things needed for daily living.	☐ Yes	☐ No

Hillsboro Pediatric Clinic: Preschool and Baby Pediatric Symptom Checklist Screeners

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
Does your child...	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
Is your child...	Aggressive?	0	1	2
	Fidgety or unable to sit still?	0	1	2
	Angry?	0	1	2
Is it hard to...	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

Floating Hospital for Children at Tufts Medical Center

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
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
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

Floating Hospital for Children at Tufts Medical Center

Hillsboro Pediatric Clinic: Child & Adolescent Health Measurement Initiative (CAHMI) Screener

Provider Use Only **Provider Initials:**

Circle one: — + **Needs Care Coordination:** ☐ Yes ☐ No **Diagnosis:**

Children with Special Health Care Needs Screener©

CHILD'S FIRST AND LAST NAME:_____ **CHILD'S DATE OF BIRTH:**_____

TODAY'S DATE:_____ **YOUR RELATIONSHIP TO PATIENT:**_____

1. Does your child currently need or use **medicine prescribed by a doctor** (other than vitamins or fluoride)?
   - ☐ Yes → Go to Question 1a
   - ☐ No → Go to Question 2

   1a. Is this because of ANY medical, behavioral or other health condition?
   - ☐ Yes → Go to Question 1b
   - ☐ No → Go to Question 2

   1b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
   - ☐ Yes
   - ☐ No

2. Does your child need or use more **medical care, mental health or educational services** than is usual for most children of the same age?
   - ☐ Yes → Go to Question 2a
   - ☐ No → Go to Question 3

   2a. Is this because of ANY medical, behavioral or other health condition?
   - ☐ Yes → Go to Question 2b
   - ☐ No → Go to Question 3

   2b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
   - ☐ Yes
   - ☐ No

3. Is your child **limited or prevented** in any way in his or her ability to do the things most children of the same age can do?
   - ☐ Yes → Go to Question 3a
   - ☐ No → Go to Question 4

   3a. Is this because of ANY medical, behavioral or other health condition?
   - ☐ Yes → Go to Question 3b
   - ☐ No → Go to Question 4

   3b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
   - ☐ Yes
   - ☐ No

4. Does your child need or get **special therapy**, such as physical, occupational or speech therapy?
   - ☐ Yes → Go to Question 4a
   - ☐ No → Go to Question 5

   4a. Is this because of ANY medical, behavioral or other health condition?
   - ☐ Yes → Go to Question 4b
   - ☐ No → Go to Question 5

   4b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
   - ☐ Yes
   - ☐ No

5. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets **treatment or counseling**?
   - ☐ Yes → Go to Question 5a
   - ☐ No

   5a. Has this problem lasted or is expected to last for *at least* 12 months?
   - ☐ Yes
   - ☐ No

Provider Use Only **Provider Initials:**

Learning Session Agenda

- Welcome and Review of the Agenda & Goals for the Meeting, **Celebrating Successes**
- **Small Group Ice Breaker (Assigned tables by role, not by practice site)**
- Review of the **Continuum of Addressing the Social Emotional Needs** of Young Children & Focus for Today's Learning Sessions: *Assessments, Brief Interventions, and Pathways to Additional Supports* and **Practice-Level Data Snapshot on Social-Emotional Services**
- **What is Social-Emotional Health for Young Children?**
  - Definition and domains
  - Impact and ecology of social emotional delays
  - Long-term outcomes

Breaking it Into Parts: Providing Tools and Strategies to Support Implementation

- ***Part 1***: Identifying Children at Risk for Social-Emotional Delays
- ***Part 2***: Assessment of Children Identified at Risk for Social-Emotional Delays
  - **Hearing from Hillsboro Pediatrics on Their Screening Journey**

BREAK

- ***Part 3***: Brief Interventions
  - **Hearing from Metropolitan Pediatrics on Their Learnings to Date from Triple P**
- ***Part 4:*** Pathways to Additional Supports

- **Small Group Action Plan Session: Planning Your Priorities for the Next Six Months (By Site)**
- **Close Out & Next Steps**

Brief Intervention Supports

Possible early childhood social-emotional or behavioral issue identified in primary care via:

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

Option A

Primary Care Provider Follow-Up: Secondary Assessments, Parent Education, Engagement in IBH Referral and/or External Referral

As needed: Warm Handoff or Schedule Appointment

Warm Handoff or Schedule Appointment

Option B

Integrated Behavioral Health for Secondary Assessment, Brief Interventions, and/or External Referral

Brief Intervention Supports

Primary Care Provider Follow-Up: Secondary Assessments, Parent Education, Engagement in IBH Referral and/or External Referral

Today we are sharing some ideas and strategies that can be implemented by primary care providers and opportunities for additional training.

Integrated Behavioral Health for Secondary Assessment, Brief Interventions, and/or External Referral

Today We Are Briefly Sharing What Has been and Will Be Covered in Sessions for IBH:

- Training and Supports included in the **TPEC IBH Learning Curriculum.**
  - **Earlier Call on September 8th Focused on Assessments**
  - **Regular TPEC IBH Calls Will Resume in February after Health Share of Oregon Learning Collaborative Calls Complete**
- Some of the TPEC sites had IBH that attended the 10/17 In-Person Learning Session for IBH Providers that is part of the Health Share of Oregon Learning Collaborative.
  - If your site didn't attend, we can set up 1:1 training supports through TPEC support.
- Upcoming November, December, and January Webinar Calls on Behavioral Health topics are for Health Share of Oregon and TPEC Sites.

Overview of Brief Strategies Primary Care Providers Can Use

- Primary care providers are well-positioned to help address behavioral or social-emotional issues:
  - Often have long-term trusting relationship with families
  - Have frequent routine contact with families of young children
  - Have an understanding of their patient's developmental stage, medical conditions, and other characteristics
  - Have an awareness of the patient's family context, social history, and previous experiences
  - Have a familiarity with available resources and referral network

- What primary care providers need to help address behavioral health issues:
  - Time
  - Knowledge & expertise
  - Actionable and tangible strategies to share

Overview of Brief Strategies Primary Care Providers Can Use

IBH Learning Collaborative 10/17/23

OHSU

Behavior, Bite-Sized

Discipline Counseling in Brief Interactions

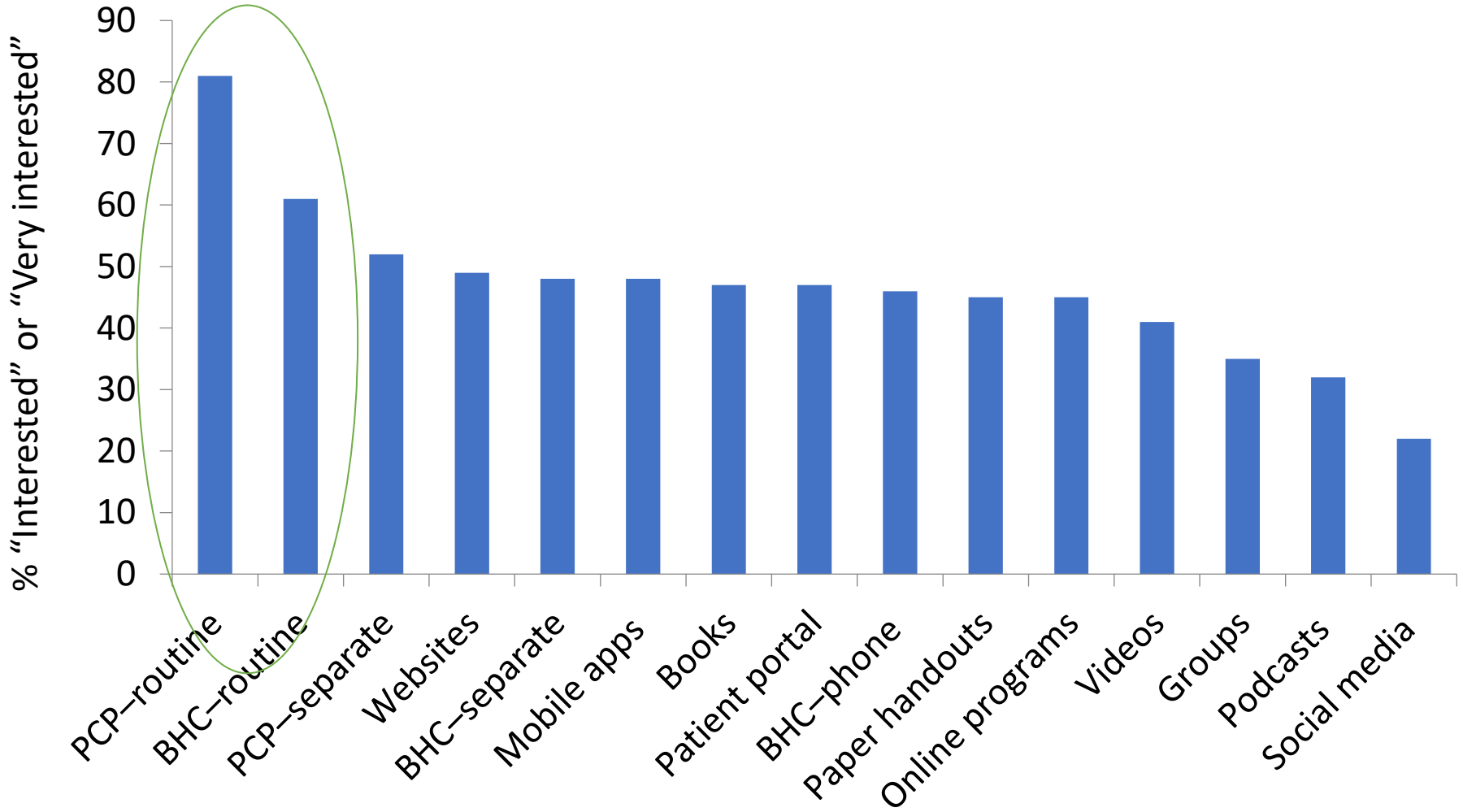
Something Doesn't Add Up

- 50-80% of child healthcare visits involve behavioral concerns
- Average well-child visit
  - 15-20 minutes
- Average behavioral consult
  - 20 minutes
- Most commonly reported unmet need

1. Taylor et al. (2013). *Clinical Pediatrics.*
2. Halfon et al. (2011). *Pediatrics.*
3. Norlin et al. (2011). *Academic Pediatrics.*
4. Combs-Orme et al. (2011). *Clinical Pediatrics.*

How do parents want behavioral guidance?

Parent-rated interest in delivery methods for behavioral guidance (N=396)



Riley et al., 2019, *Journal of Developmental & Behavioral Pediatrics*

Parent Perspectives

It's not necessarily their education or how much they know or anything, but the fact that they have to see twelve people in an hour or whatever it is. I think the doctors need more time to make the parents feel like we're getting enough time.

I know giving positive praise. I know doing sticker charts. I know all of that stuff. This is different... It's always like a running joke, "Oh, she's strong-willed. Ha ha ha."

They always seem to have this broad advice… "Take your kid out of the environment, give them choices." Sometimes those things, those are like your three answers or whatever. They don't work for what's going on.

Riley et al. (2021). *The Journal of Behavioral Health Services & Research.*

The challenge

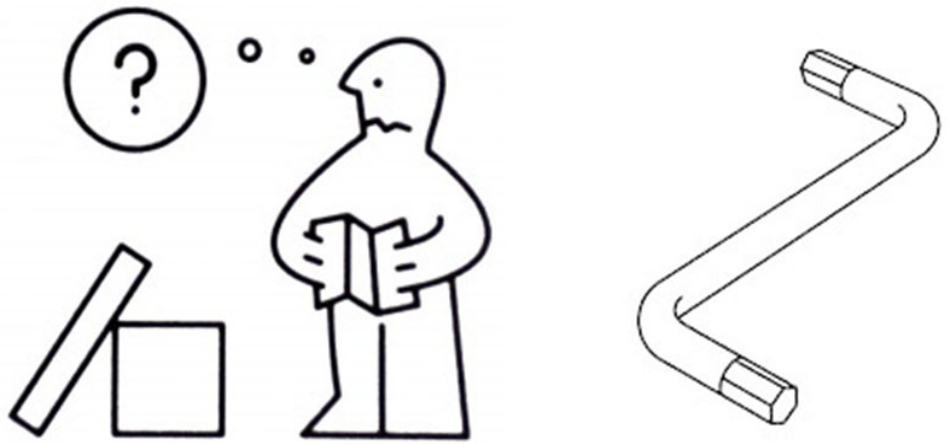
- Behavioral issues are disproportionately time-consuming
- Parents often experience frontline information as “too basic”

The strategy

- Be quick
- Pick 1 thing
- Be memorable

Common Scenario #1

- Use
  - Increasing cooperation with instructions
- Key issue
  - Lack of *instructional control,* i.e., suboptimal instructions fail to elicit the desired response, increase frustration, and prevent learning
- Goal
  - Optimize instructions to maximize probability of cooperation (don't make them guess!)



Suboptimal vs Optimal Instructions

1. Yelling across the house
2. Are you ready to pick up?
3. Don’t do that
4. Behave yourself
5. Sing-songy or harsh
6. Take listening for granted

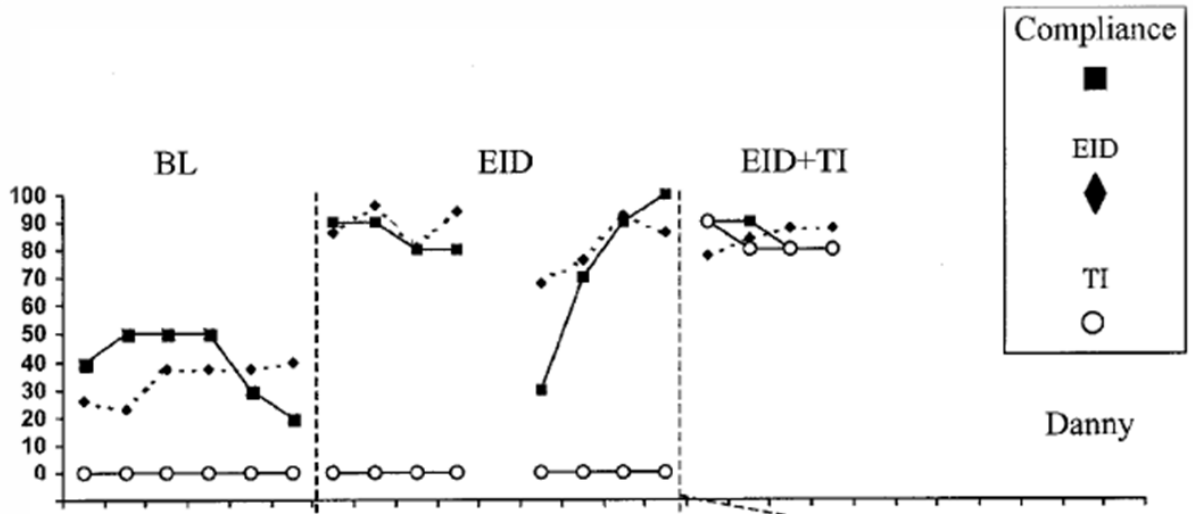
1. Secure Attention (eye contact)
2. Direct (no questions)
3. Positively Stated
4. Specific
5. Polite but Firm
6. Praise Compliance

Okay, are you ready to start taking care of these toys so we can get your backpack ready and you can go home?

→ Please pick up this block.

Evidence for Effective Instructions

- Common component of different empirically supported treatment packages (Garland et al. 2008)
- Evidence as stand-alone treatment across settings and developmental levels (Benoit et al. 2001; Everett et al. 2005; Ford et al. 2001; Mandal et al. 2000)

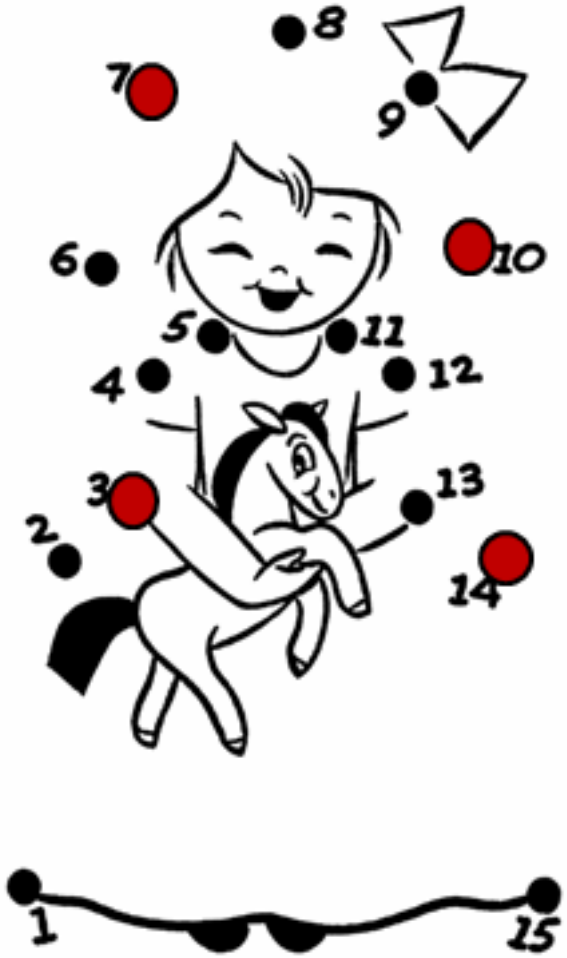


- Individual components matter (Everett et al. 2005; Stephenson & Hanley, 2010)
- Can be taught quickly (Riley et al. 2016)

Common Scenario #2

- Use
  - Any behavior you want to increase
  - “Rewards didn’t work”
- Key issue
  - The Issue: Reward systems often become too complicated and unwieldy
- Goal
  - Goal: Enhance both the effectiveness and usability of rewards: Dot-to-Dot System

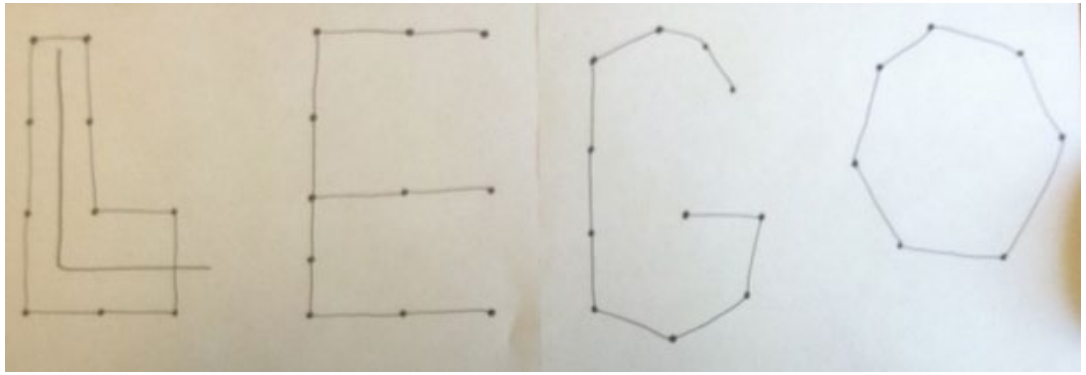
Revamp Rewards:



1. Identify a reward
2. Draw or spell out reward w/dots
3. Post in obvious place
4. When desired behavior is observed, connect 2 dots
5. Reward is earned when picture is completed

Evidence for Dot-to-Dot

- Evidence for positive reinforcement through response-contingent reward is vast
  - Improved math performance (Vast & Stirpe, 1979)
  - Increased time w/o thumb sucking (Friman & Leibowitz, 1990)
  - Toilet training (Field & Friman, 2006)

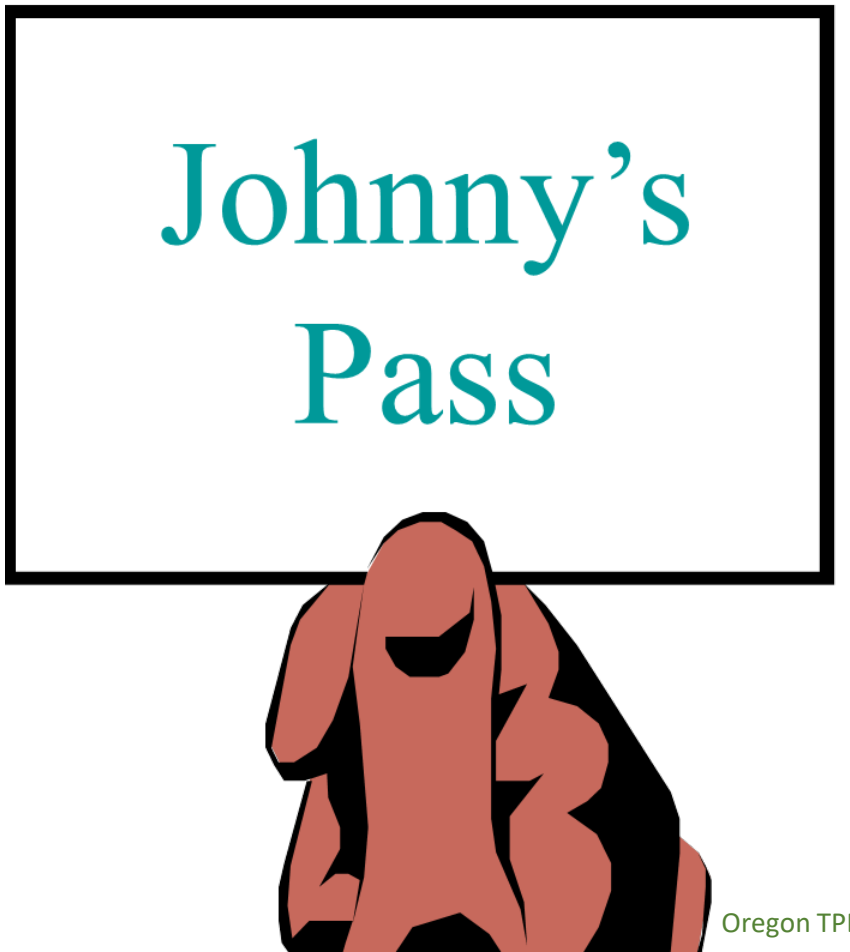


Common Scenario #3

- Use: Bedtime crying out, whining, leaving room, etc.
- The issue: Delay of bedtime and parental attention inadvertently reinforce disruptive behavior and prevent acquisition of self-soothing.
- Goal: Prevent excess attention for disruptive behavior in a way that is acceptable and feasible.
  - Bedtime Pass

Bedtime Pass

1. Decorate an index card with the child's help
2. Exchangeable for a short (< 5m), specific trip out of bed
3. After that, ignore
4. Small morning time rewards



Evidence for Bedtime Pass

- Demonstrated effects for ages 3-10 (Freeman, 2006; Friman et al. 1999; Moore et al. 2007; Moore et al., 2008)
- Significantly reduces bedtime disturbances
- High levels of parent satisfaction and acceptability

Brief Intervention Supports: Highlight of IBH Training

- Providing to the full TPEC primary care team a very high-level summary of what was included (or will be) in the trainings.
- Purpose: Full team can understand approach that will be used and information that will be useful to provide to inform and guide interventions.
- Action Plan Opportunities: Workflows from Identification to Integrated Behavioral Health to, if needed, External Behavioral Health

Integrated Behavioral Health for Secondary Assessment, Brief Interventions, and/or External Referral

Today We Are Briefly Sharing What Has been and Will Be Covered in Sessions for IBH:

Training to Date**:

- **TPEC IBH Webinar Kick:. September 8th Focused on Assessments**
- **10/17 Health Share of Oregon funded In-Person Learning Sessions: Assessment to Brief Interventions**

Future Training:

- **November-January Webinars of TPEC Sites and Health Share of Oregon Collaborative Sites**
- **Feb-April: TPEC IBH Webinars**

** TPEC can support trainings for staff unable to attend.

Evidence-Based Parent Management (PM) Training

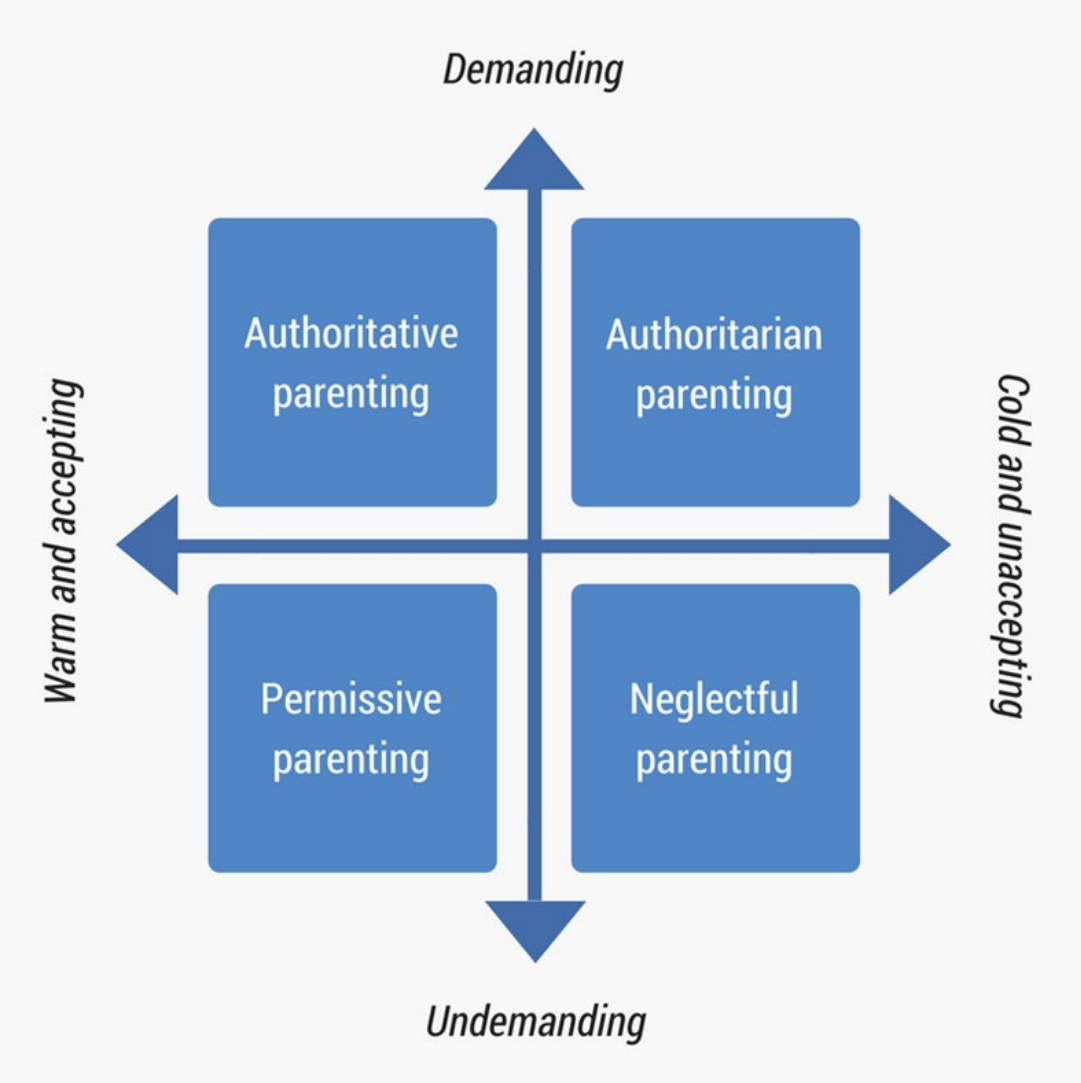
Theory

- Blend of concepts from Attachment Theory and Social Learning Theory with heavy emphasis on operant conditioning (i.e., learning through consequences)

Goals

- Secure attachment
- Clear and appropriate expectations for behavior
- Strategic consequences
- Broadly speaking, authoritative parenting style

Parenting Styles



Evidence-based Parent Management Training

Target parenting skills:

- Attending/positive play
- Positive reinforcement via attention, praise, rewards
- Limit-setting/discipline via effective instructions/rules, strategic ignoring, time-out, response-cost
- Parent stress management, problem solving education

Methods

- Psychoeducation/discussion
- Modeling
- Role-play/rehearsing w/coaching
- Home practice

General Assumptions of Behavior

I. **Almost all behavior is learned**

II. **Most (sustained) learning occurs through consequences**

III. **Behavior is signaled (contextual)**

IV. **Behavior is motivated (conditional)**

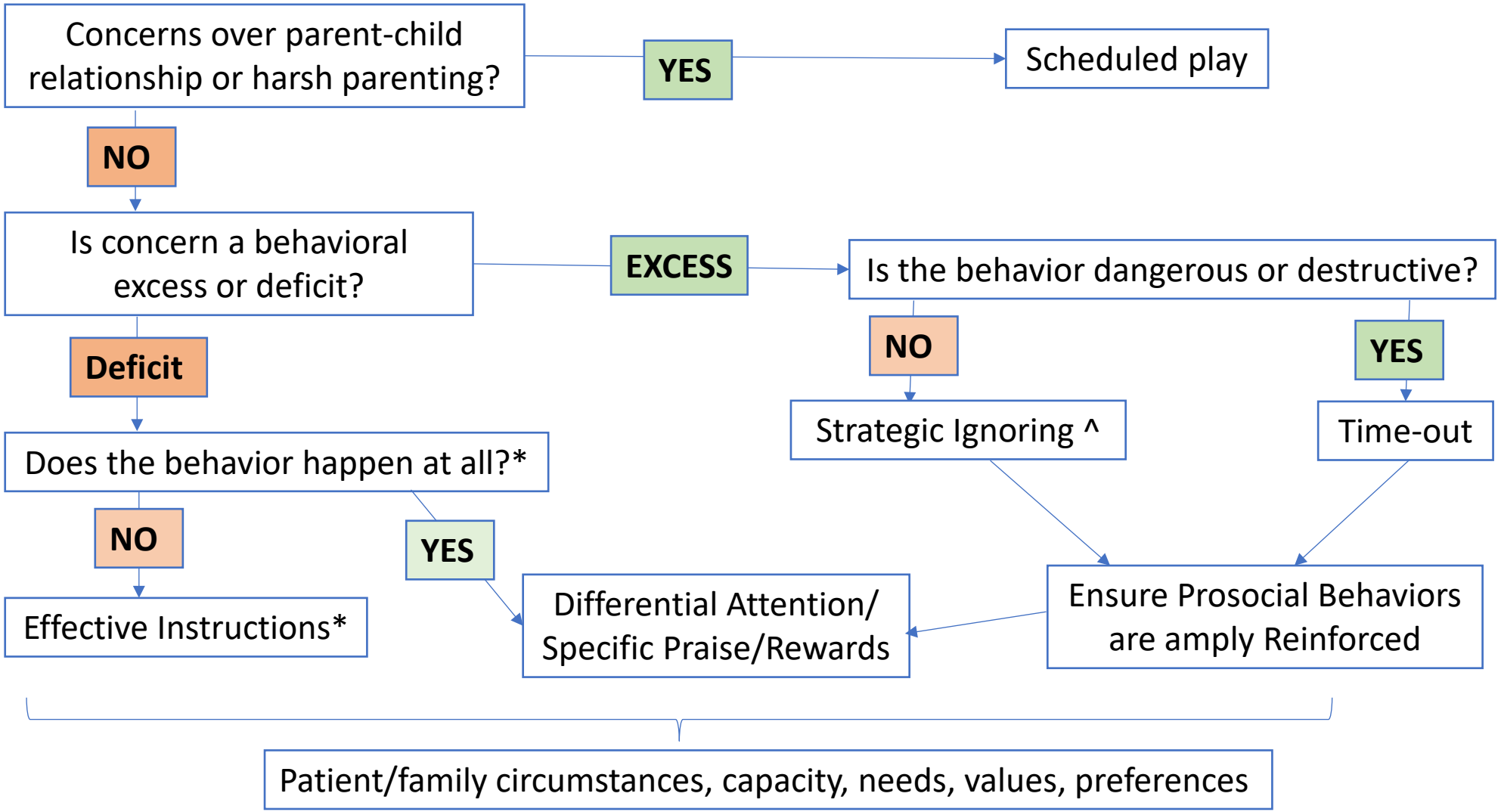
Learning by Consequences - Summary

- Consequences – whether or not behaviors (including emotional behaviors) increase or decrease depends on their consequences (reinforcers or punishers)
  - Effective consequences are *immediate* and *create contrast*
  - Ex: When you answer the phone, you can talk to the person who called
- Signals – indicate whether a behavior is likely to be reinforced or punished in a certain situation
  - Stimuli become signals when a behavior is reliably reinforced in the presence of that signal
  - Ex: You only answer the phone when it rings
- Motivations – affect the *value* of consequences
  - May be physiological or environmental conditions
  - Ex: You haven't talked with your friend for some time, so talking is especially nice and you are more likely to pick up

PMT (and other effective treatment) elements correspond to the fundamentals of behavior

- Signals
  - Rules
  - Effective instruction delivery
- Consequences to increase behavior
  - Differential attention
  - Contingent praise
  - Rewards
- Consequences to decrease behavior
  - Strategic ignoring
  - Time-out
- Motivating conditions
  - Scheduled parent-child play
  - Limit-setting
- Broader Barriers and Stressors
  - Problem Solving Education
  - Parent stress management

Decision Framework To Guide PMT Strategies



*May be approximation of terminal goal behavior; ^Consider tolerability of extinction burst

Handouts to Support Implementing Decision Framework

Scheduled play

Supercharging Playtime

Having fun together is an important part of the parent-child relationship. Sometimes it can be hard to find 1-on-1 time with your child, so we want that time to be as powerful as possible. These tips take practice, but they can help you take advantage of the time you have with your child and enhance your parent-child bond. You can watch a video on this topic here.

Time-out

Tips on Time-Out

Sometimes kids do things that are unsafe, harmful, or hurtful, including aggression, darting/running off, breaking things, and regularly not listening to adults. When done right, Time-Out can be a good way to help kids aged one to 10-years-old learn that these types of behaviors are not okay and to do them less over time. You can watch a video on this topic here.

Effective Instructions*

Giving Great Instructions

Kids are asked to do lots of things by adults, and even the best-behaved kids don't always do as they're told. Sometimes parents think kids are disobeying on purpose, but kids are often confused about what they are supposed to do. Parents can help kids listen by giving effective instructions. You can watch a video on this topic here.

Strategic Ignoring ^

Differential Attention/ Specific Praise/Rewards

Paying Attention, So Attention Pays Off

Attention from caregivers is a powerful motivator for young children, so being strategic with your attention is one of the best ways to improve behavior and teach new skills. You can watch a video on this topic here.

Reworking Rewards for Success

Rewards are one common way to improve child behavior. Rewards are a great tool, but easily become ineffective or too complicated. The tips will help you use rewards in a way that is manageable and effective for most kids. You can watch a video on this topic here.

THE POWER OF PRAISE

Every day kids should get messages from parents that they are good and loved, such as by saying, "I love you" or "I'm so glad you are my child." When kids get the message that they are loved and seen as good through their parents' eyes, they feel better about themselves, and it strengthens the parent-child bond. You can watch a video about this topic here.

Materials on Brief Interventions Provided Today

Decision Framework to Guide PMT Strategies

Resources for Families and Parents

- Parent handouts on some approaches discussed today (Dot-to-dot rewards, Bedtime pass)
- Parent handouts aligned with implementing the Decision Framework, with tips for families
  - Wording and instructions on these handouts can be helpful guides for words to use with families

7 Considerations for Billing by Integrated Behavioral Health Staff from the Clinical Perspective: **January 17, 2024 Webinar: 12-1:30**

Considerations for Billing by Integrated Behavioral Health Staff from the Clinical Perspective: January 17, 2024, 12:00 – 1:30pm

- Potential approaches to billing for Integrated Behavioral Health providing assessments and issue-focused intervention/treatment services in primary care
- Strategies for using resources provided
  - What claims can IBH consider billing for services being provided?
  - What diagnosis pairings could be appropriate for services provided to children birth-to-five?
  - Oregon- and CCO-specific context on billing and reimbursement
  - Some nuances around billing and coverage for behavioral health services in primary care
  - Learnings OPIP has gathered related to variations in coverage that should be addressed – Example of table that can be used to clarify with different health plans their coverage.
- Time for Questions & Consultation on Considerations in Billing for Integrated Behavioral Health

If you Attend: Before the Webinar

- ✓ Review the materials that will be provided to familiarize yourself with the content and identify questions you want addressed on the call. These materials will be sent to you if you request to be added to the call and are also in tab 7:
  - ***Part 1: Billing Decision Tree for Assessments and Issue-Focused Intervention/Treatment Services***
  - ***Part 2: Billing Considerations for Oregon Integrated Behavioral Health in Primary Care:***
- ✓ Meet with staff within your practice who are aware of your contractual arrangements and ask the following questions about each of the practice's health plan contracts:
  - What billing codes, when paired with diagnoses identified, are allowed and reimbursed for behavioral health services provided in your practice?
  - Which providers can bill those codes (any required certifications, training, or credentials)?
  - Are there pre-authorizations requirements?

Learning Session Agenda

- Welcome and Review of the Agenda & Goals for the Meeting, **Celebrating Successes**
- **Small Group Ice Breaker (Assigned tables by role, not by practice site)**
- Review of the **Continuum of Addressing the Social Emotional Needs** of Young Children & Focus for Today's Learning Sessions: *Assessments, Brief Interventions, and Pathways to Additional Supports* and **Practice-Level Data Snapshot on Social-Emotional Services**
- **What is Social-Emotional Health for Young Children?**
  - Definition and domains
  - Impact and ecology of social emotional delays
  - Long-term outcomes

Breaking it Into Parts: Providing Tools and Strategies to Support Implementation

- ***Part 1***: Identifying Children at Risk for Social-Emotional Delays
- ***Part 2***: Assessment of Children Identified at Risk for Social-Emotional Delays
  - **Hearing from Hillsboro Pediatrics on Their Screening Journey**

BREAK

- ***Part 3***: Brief Interventions
  - **Hearing from Metropolitan Pediatrics on Their Learnings to Date from Triple P**
- ***Part 4:*** Pathways to Additional Supports
- **Small Group Action Plan Session: Planning Your Priorities for the Next Six Months (By Site)**
- **Close Out & Next Steps**

Metropolitan Pediatrics: Learnings To Date from Triple P

- Welcome Brenna Sahatjian!

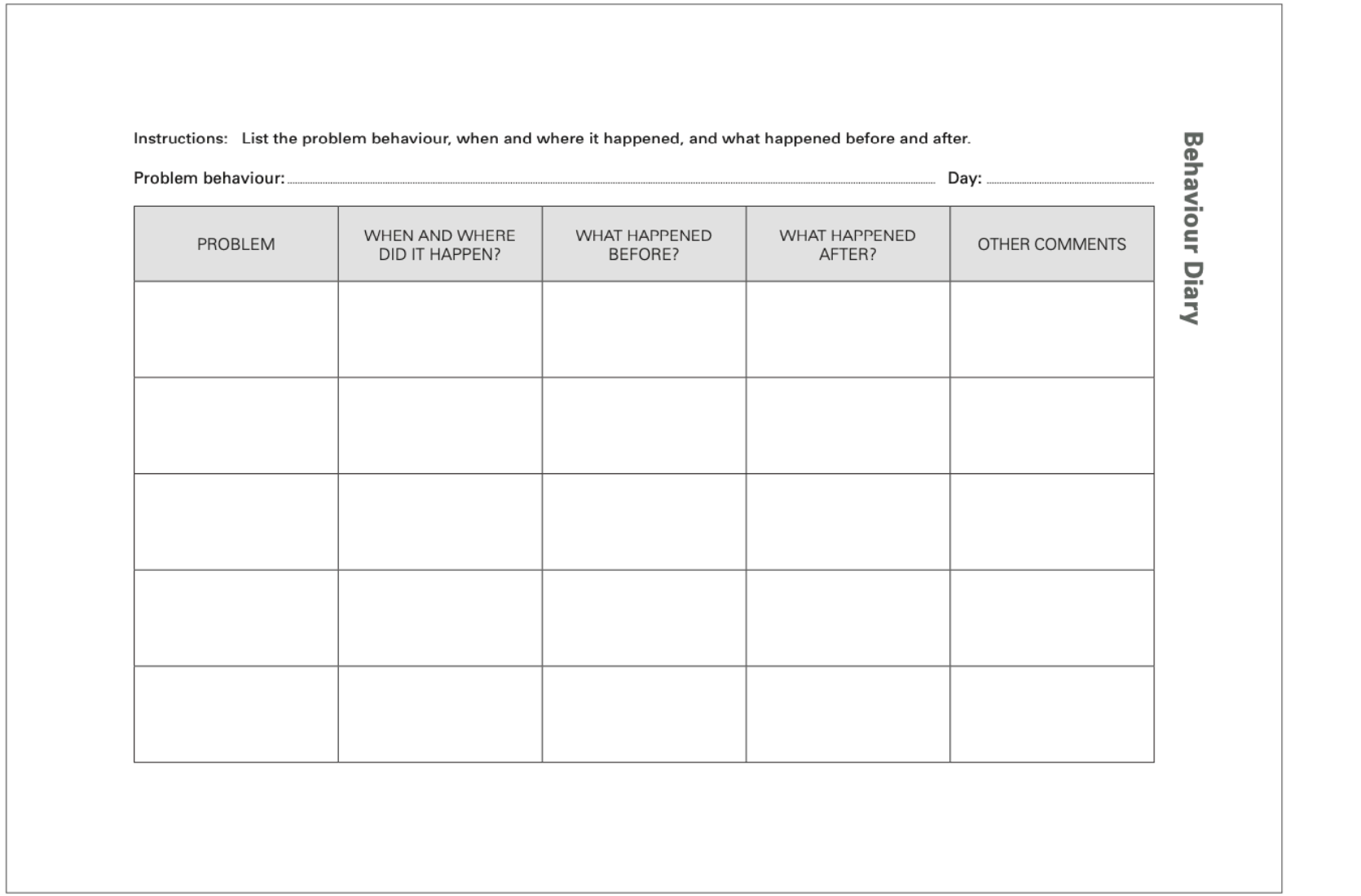
- How are you rolling out and incorporating Triple P into your clinical practice?
- What are the pros and cons of Triple P? What barriers have you run into?
- Do you have any advice you would give to other sites?

Metropolitan Pediatrics: Learnings To Date from Triple P

- Workflow
  - PCP referral, parent concern, clinic BH pool
  - Intake and/or phone conversation to assess appropriateness. Often involves getting buy in for parent-focused intervention versus working directly with the child.
  - Schedule follow ups at end of sessions
  - Currently working on implementation challenges

Metropolitan Pediatrics: Learnings To Date from Triple P

Triple P – Positive Parenting Program®



Instructions: List the problem behaviour, when and where it happened, and what happened before and after.

Problem behaviour: ..... Day: .....

PROBLEM	WHEN AND WHERE DID IT HAPPEN?	WHAT HAPPENED BEFORE?	WHAT HAPPENED AFTER?	OTHER COMMENTS

Behaviour Diary

Metropolitan Pediatrics: Learnings To Date from Triple P

OREGON TPEC
Transforming Pediatrics and Early Childhood

TRIPLE P TIP SHEET – TODDLERS

GETTING ALONG WITH OTHERS

Toddlers sometimes hurt others. This can happen because they are learning how to manage their emotions and behavior. They are also learning how to use words to say what they want or how they feel, and how to get along with others. They may bite, scratch, pull hair, push, spit, hit or throw things when they have a problem, are upset or don't know how to get what they want. You can help your child learn how to express their feelings and wants in calm, non-hurtful ways. This tip sheet gives some suggestions to help you teach your toddler to be kind and develop their skills for getting along with others.

WHY DO CHILDREN HURT OTHERS?

Biting is common when a toddler is teething. During this time, children may like safe, soothing things to bite on, like teething rings.

Hurting others can also happen because a toddler is having difficulty dealing with emotions, such as frustration or anger. There are many things toddlers can get upset about, like not having the words to tell others what they want or not getting their own way. As their communication skills increase and toddlers can say what they want, challenging behaviors often decrease.

Sometimes children hurt others to see what happens. Hurting almost always gets a big reaction from the child that is hurt, and any adults present. This reaction, which often includes extra attention, may accidentally reward your child and make the problem more likely to happen again.

Hurting others may also be a way for your child to get what they want, such as making another child give up a toy. If it works, hurting is likely to continue.

HOW TO HELP PREVENT PROBLEMS

Limit your child's exposure to violence

Monitor what your child sees on devices and TV. Limit their viewing to media rated as suitable for young children.

Help your child recognize and express their feelings

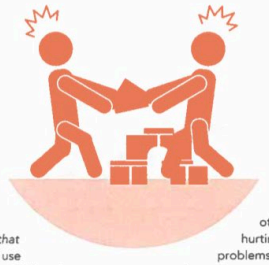
Use everyday opportunities to help your child learn about emotions. Talk about your own feelings. Teach your child the names of feelings and acknowledge them — *You look angry. Is that because you didn't get a turn?* You could use images to help identify and name feelings. Children's ability to talk about feelings develops as their language and thinking develop.

Talk about how everyone sometimes has strong emotions (anger, fear, sadness, joy), especially when you can't have what you want, when you want it. Let your child know that even when they are upset or angry, it's not OK to shout or hurt anyone. Suggest how they can keep calm when strong feelings arise — take some slow, deep breaths or a short break from the situation.

Tune in and be aware of your child's feelings so you know when strong emotions may be on the way. For example, if your toddler can't find a favorite toy or something special gets broken, you can talk about what's going on and let your child know it's OK to feel frustrated or sad. Use this opportunity to talk to your child about how they can react appropriately in these situations — *It's OK to feel sad when our special things get broken, but it's not OK to hurt others.*

Prepare your child for playing with others

Prepare in advance by talking with your child about how to play nicely. Say something like *When you play with Cameron, remember to be gentle and use your words to ask for a turn.*



Help your child say what they want

You can help your toddler develop their language by giving them words they can use — *Imani, say 'My turn, please'.* Praise your child for using or trying to use their kind words.

Watch your child closely

Stay nearby and watch your toddler closely, especially when playing with other children and in situations where hurting has happened before. Before problems arise, praise your child for following the rules and prompt sharing and turn-taking. Act quickly if it looks like your child is about to hurt someone. Getting in early can help prevent them from getting upset and hurting others.

TEACH YOUR CHILD HOW TO GET ALONG WITH OTHERS

Help your child develop social skills

Show your child how to play nicely, offer others a turn with toys, share food and make friendly comments to others. Talk to your child about being a good friend, and help them learn to share space, toys and attention with siblings and other children.

Be a good role model

Use everyday opportunities to show your child how you use kind words, manage your emotions and get along with others. You can show your child how you greet others, ask for help, express your feelings, show care for others and stay calm, no matter what is happening around you. When you are upset or frustrated at the behavior of others, you can show how you stay calm and deal with the situation. You can also model how to say *Sorry.*

Encourage behavior you like

Toddlers typically play beside rather than with others. When your child is playing well, give them lots of attention. Talk to your child about what they are doing — *You're both digging holes in the sand. That looks great.* Praise your child by saying exactly what they are doing that you like — *You're playing nicely today, Amari, keeping your hands and feet to yourself or I like it when you two are kind to each other and use your words to take turns.*

At first, you may like to give your child a special reward for being gentle and playing well with others. This reward may be an activity, like a short story or game. Tell your child how pleased you are that they were kind and played well with others.

When no problems are happening, you may like to talk with your child about why you value this behavior in your family. Reasoning and discussing with your child are best done when things are going well rather than when a problem is happening.

HOW TO RESPOND IF YOUR CHILD HURTS OTHERS

Act quickly

Always respond quickly when your child tries to hurt someone. Move to within an arm's length of your child and get down to their eye level.

Tell your child the problem

Speak firmly and let them know what the problem is — *Crystal, I can see you're getting upset but you're being rough with your friend. It's not OK to hurt our friends.*

Say what to stop doing and what to do instead

Calmly tell your child what to do instead of hurting — *Crystal, stop pulling at the toy Roscoe is holding. Use your words to ask nicely for a turn.* Praise your child if they do what you told them to do. You can also praise the other child for cooperating with this request. Offer the other child any help or comfort they may need.

Practice being gentle

Show your child how to be gentle, such as taking hold of a toy gently instead of snatching or being gentle with a family pet instead of being rough. Get your child to spend a few seconds practicing how to be gentle. You can put your hand over their hand and gently guide them through the actions. Praise their efforts. Ignore any protests.

If the problem continues, use quiet time or time-out

If hurting continues or happens again within an hour, or your child struggles or resists you guiding their hand, you can use quiet time. Calmly tell your child the problem — *Erin, you're still hurting Mei* — and the consequence — *Now you need to move away and go to quiet time.* Quiet time involves removing your attention from your child and having them sit or stand quietly nearby for a short time. Take your child aside, away from others and apart from activities and toys. Let them know quiet time lasts until they have been quiet for 1 minute. Tell them when the time is up.

If your child is over 2 years of age and doesn't stay quietly in quiet time, you can use time-out. Time-out involves taking your child further away from the situation where a problem happened so they can settle and be quiet for a short time before re-joining the activity. Time-out is a planned approach to help prevent escalation of behaviors and emotions. It provides a safe place for your child to regain their emotional balance.

Say something like *You're not being quiet in quiet time, so now you'll go to time-out.* Stay calm and take your child to an uninteresting but safe space or room. Let your child know time-out lasts until they have been quiet for 1 minute — *Stay here quietly for 1 minute and then you can come back. I'll let you know when the time is up.* Give this reminder even though your child might be upset. You can stay close by, but don't give them any attention. Start timing as soon as your child is quiet.

If your child leaves time-out before the time is up, calmly return them and remind them they need to stay there quietly for the set time. You may need to repeat this process a number of times at first.

Before using these strategies the first time, make sure you explain the steps of quiet time and time-out so your child knows what to expect. Do this at a time when no problems are happening. You can practice with your child how to calm themself down by taking deep breaths or going floppy like a rag doll.

Time-out is also an opportunity for you to take care of yourself — if you find yourself getting upset, try taking some deep breaths and say the word *Relax* to yourself. Remind yourself that you can follow the routine without getting upset or angry. When you are calm, you are better able to think clearly and respond well to your child.

Return your child to the activity

After quiet time or time-out, let your child re-join the activity to practice playing well and being kind to others. Praise them for playing well or using their kind words. If hurting happens again, repeat quiet time or time-out (the same consequence as the last time). You may need to repeat this a number of times before your child learns to get along with others and be gentle.

OTHER THINGS TO CONSIDER

Once a child is feeling strong emotions — upset, angry or frustrated — it's not the time to teach or reason. Focus on calming the situation and making sure everyone is safe. Afterwards, return to the situation and support your child to be kind and get along with others.

You may wonder if you should bite or hit back to show your child how it feels to be hurt by others. This isn't a good idea. It will upset and confuse your child if you do exactly what you have told them not to do.

You can ask your child to say *Sorry* when hurting occurs, but this is usually not enough to stop frequent hurting. If they don't apologize, don't keep asking them to, simply follow through with your consequences.

KEY STEPS

- Limit your child's exposure to violence.
- Help your child to recognize and express their feelings.
- Set ground rules for playing gently with others.
- Watch closely so you can act quickly and help prevent problems.
- Teach your child language, social and emotional skills.
- Praise and encourage your child for playing nicely with others.
- Act quickly if your child hurts others.
- Tell your child the problem, what to stop doing and what to do instead.
- Help your child practice being gentle or to use their kind words.
- If problems continue, you can use quiet time or time-out.
- Return your child to the activity to practice playing nicely with others.

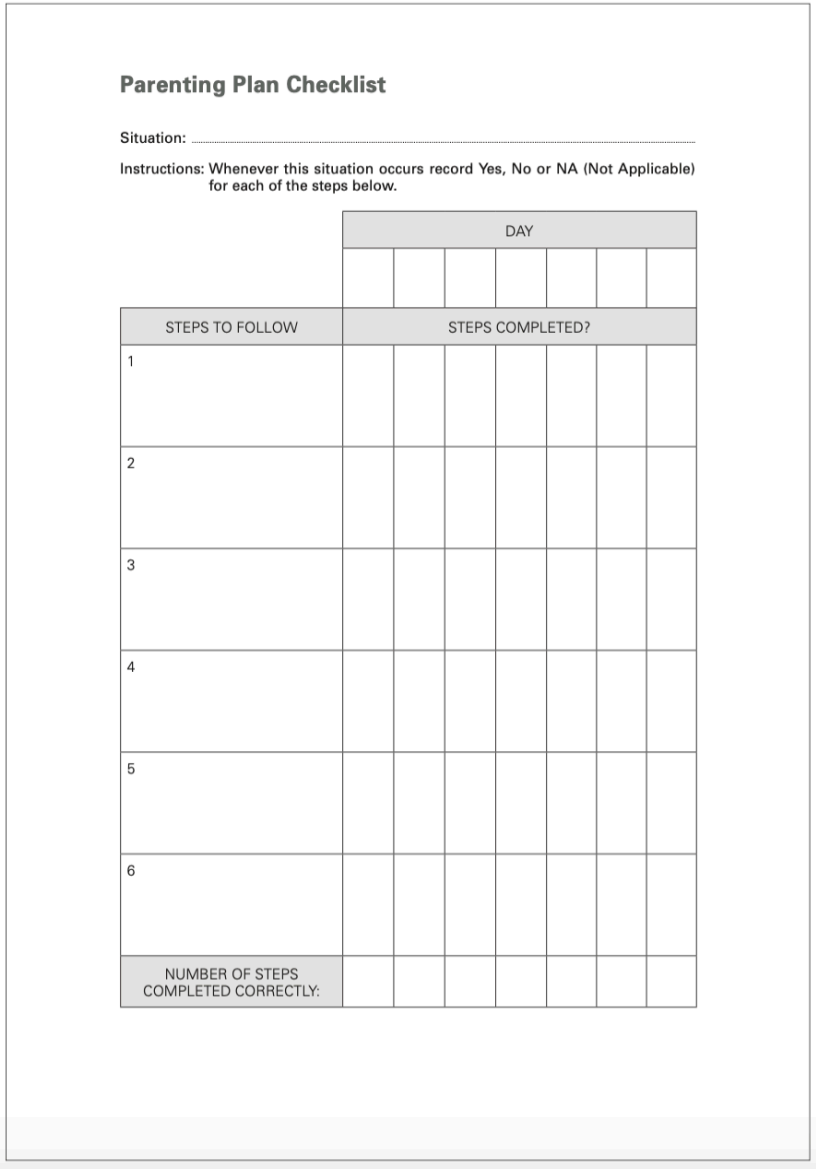
FURTHER HELP

If you have any questions or have tried these strategies and are concerned about your child's progress, contact the service where you were given this tip sheet or contact:

Note down any useful web addresses here:

Written by Karen M. T. Turner, Carol Markie-Dadds and Matthew R. Sanders
Printed in China by Hang Tai Printing Co. Ltd

Metropolitan Pediatrics: Learnings To Date from Triple P



Parenting Plan Checklist

Situation: .....

Instructions: Whenever this situation occurs record Yes, No or NA (Not Applicable) for each of the steps below.

	DAY						
STEPS TO FOLLOW	STEPS COMPLETED?						
1							
2							
3							
4							
5							
6							
NUMBER OF STEPS COMPLETED CORRECTLY:							

Metropolitan Pediatrics: Learnings To Date from Triple P

PARENTING INTERACTIONS

Metropolitan Pediatrics, LLC

Positive Parenting

We are more successful disciplining our children when we have good relationships with them. To develop good relationships, parents need to know how to praise their children and how to play with them. This is true from birth. The following tips will help you with a child of any age.

Check any of the following that you would like to discuss with your provider.

When playing with children:

- ❑ Follow the child's lead.
- ❑ Pace at the child's level.
- ❑ Engage in role-play and make-believe with the child.
- ❑ Praise and encourage the child's ideas and creativity.
- ❑ Use descriptive comments instead of asking questions.
- ❑ Be an attentive and appreciative audience.
- ❑ Curb the desire to give too much help; encourage the child's problem solving.
- ❑ Don't expect too much—give the child time to think and explore.
- ❑ Avoid too much competition with children.
- ❑ Don't criticize.
- ❑ Reward quiet play times by giving your positive attention.
- ❑ Laugh and have fun.

Important information about praising children:

- ❑ Don't worry about spoiling children with praise.
- ❑ Catch the child when he or she is being good—don't save praise for perfect behavior.
- ❑ Make praise contingent on positive behavior.
- ❑ Praise immediately.
- ❑ Give labeled and specific praise.
- ❑ Praise with smiles, eye contact, and enthusiasm.
- ❑ Give pats, hugs, and kisses along with verbal praise.
- ❑ Praise in front of other people.
- ❑ Praise wholeheartedly, without qualifiers or sarcasm.
- ❑ Increase praise for difficult children.
- ❑ Model self-praise.

Plan: **Results:**

Setting Limits and Using Incentives and Consequences

We are more likely to succeed as parents if we have skills. Setting limits and using incentive programs an consequences are important tools for shaping a child's behavior.

About setting limits:

- ❑ Be realistic in your expectations and use age-appropriate commands.
- ❑ Give one command at a time.
- ❑ Use commands that clearly specify the desired behavior.
- ❑ Make commands short and to the point.
- ❑ Use "do" commands and "when-then" commands.
- ❑ Make commands positive and polite.
- ❑ Give children options when possible.
- ❑ Give children ample opportunity to comply.
- ❑ Praise compliance or provide consequences for noncompliance.
- ❑ Give warnings and helpful reminders.
- ❑ Don't use "stop" commands or "don't" commands.
- ❑ Don't give unnecessary commands.
- ❑ Don't threaten children.
- ❑ Support your partner's commands.
- ❑ Strike a balance between parent and child control.

Important information about incentive programs:

- ❑ Define the desired behavior clearly.
- ❑ Choose effective rewards (i.e., rewards the child will find sufficiently reinforcing).
- ❑ Set consistent limits concerning which behaviors will receive rewards.
- ❑ Make the program simple and fun.
- ❑ Make the steps small.
- ❑ Monitor the charts carefully.
- ❑ Follow through with the rewards immediately.
- ❑ Avoid mixing rewards with punishment.
- ❑ Gradually replace rewards with social approval.
- ❑ Revise the program as the behaviors and rewards change.

Points to remember about consequences:

- ❑ Make consequence age-appropriate.
- ❑ Be sure you can live with the consequences you have set up.
- ❑ Give the child a choice; specify consequences ahead of time.
- ❑ Involve the child whenever possible.
- ❑ Use consequences that are short and to the point.
- ❑ Make consequences immediate.
- ❑ Make consequences safe and nonpunitive.

Plan: **Results:**

Ignoring and Time Out: A United Front

Ignoring and time out are important skills, and they work very well with certain behavior problems. While it is sometimes difficult, parents need to support each other in front of children and present a united front.

Guidelines for ignoring:

- ❑ Limit the number of behaviors to ignore.
- ❑ Choose specific behaviors to ignore and make sure you can ignore them.
- ❑ Be consistent.
- ❑ Physically move away from the child, but stay in the room if possible.
- ❑ Avoid eye contact and discussion while ignoring.
- ❑ Return attention to the child as soon as misbehavior stops.
- ❑ Be prepared for testing.

When using time out:

- ❑ Carefully limit the number of behaviors for which time out is used.
- ❑ Use time out consistently for chosen misbehaviors.
- ❑ Be as polite and calm as possible in sending the child to time out.
- ❑ Give time outs for one minute per year of child's age, up to 10 minutes.
- ❑ Be prepared for testing.
- ❑ Use non-violent approaches, such as loss of privileges, as backup for not going to time out.
- ❑ Hold children responsible for messes in time out.
- ❑ Support a partner's use of time out.
- ❑ Don't rely exclusively on time out; combine with other techniques such as ignoring, logical consequence, and problem solving.
- ❑ Build up a "bank account."

Presenting a united front:

- ❑ Present a united front to reassure a child.
- ❑ Model conflict resolution at a level appropriate for the child.
- ❑ Make a plan about what to do when one parent is not at home and a discipline problem occurs.
- ❑ Use problem solving in a private meeting to solve differences in parenting style. Problem solving involves the following steps: (a) agree on an agenda, time, and place, (b) come prepared, (c) define the problem, (d) brain-storm solutions and look at the pros and cons of each, (e) make a decision, (f) implement, (g) meet again and evaluate the results.
- ❑ Stepparents may have special ways of presenting a united front.

Plan: **Results:**

OREGON TPEC
Transforming Pediatrics and Early Childhood

Learning Session Agenda

Tab 1

- Welcome and Review of the Agenda & Goals for the Meeting, **Celebrating Successes**
- **Small Group Ice Breaker (Assigned tables by role, not by practice site)**
- Review of the **Continuum of Addressing the Social Emotional Needs** of Young Children & Focus for Today's Learning Sessions: *Assessments, Brief Interventions, and Pathways to Additional Supports* and **Practice-Level Data Snapshot on Social-Emotional Services**
- **What is Social-Emotional Health for Young Children?**
  - Definition and domains
  - Impact and ecology of social emotional delays
  - Long-term outcomes

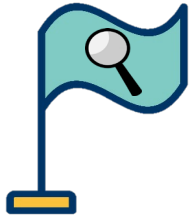
Breaking it Into Parts: Providing Tools and Strategies to Support Implementation

- ***Part 1***: Identifying Children at Risk for Social-Emotional Delays
- ***Part 2***: Assessment of Children Identified at Risk for Social-Emotional Delays
  - **Hearing from Hillsboro Pediatrics on Their Screening Journey**

BREAK

- ***Part 3***: Brief Interventions
  - **Hearing from Metropolitan Pediatrics on Their Learnings to Date from Triple P**
- ***Part 4:*** Pathways to Additional Supports
- **Small Group Action Plan Session: Planning Your Priorities for the Next Six Months (By Site)**
- **Close Out & Next Steps**

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



For Children Identified by:

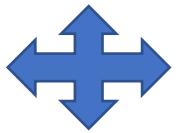
- Developmental screening scores that shows need for follow-up related to challenging behaviors, potential social-emotional delays, early autism risk, or global developmental delay not addressed by EI

Primary Care Based Issue Focused Intervention Supports

PCP Based Assessments

Integrated Behavioral Health: Brief Intervention & Parent Management Strategies

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



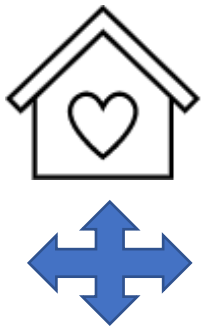
Referring Externally and Engaging Families to Behavioral Health Assets in Portland Metro Region: Overview of Birth to Five Treatment Modalities & Strategies to Identify Best Match Referrals, Learnings in Engaging Families - December 6th Webinar

OREGON TPEC Transforming Pediatrics and Early Childhood

Context on this Content:

- There will be children that will need deeper supports and would benefit from specialty behavioral health services provided by organizations external to primary care.
- Informed by your assessments & interventions, primary care plays critical role in **identifying** the "best match" specialty behavioral health resources to guide families to access.
- Behavioral health clinician can also play a critical role **in engaging** and supporting these families in understanding the reason for wanting them to access these external resources an providing education about what to expect.
  - **This is critical in supporting families in accessing services.**

- Given most specialty behavioral health resources **don't accept referrals**, but require the parent to make the appointment and share the reason for the appointment, identifying and communicating the best match resource ,and engaging the family, is critical to supporting them accessing the service.
  - A primary care practice may identify ways they can support the family in navigating and accessing the needed behavioral health services provided outside the practice.



Clinical Decision Making Tool for External Referrals

1. Presenting Condition: Consider the Type of Treatment Modality Best Suited for The Presenting Need(s)

- -Challenging Behaviors
- -Trauma Exposure
- -At-Risk

2. Delivery Method: Consider which type of intervention approach this family would prefer

- - Dyadic
- - Family
- - Group Interventions

3. Location: Consider accessibility of services

- -Location (County where service is provided)
- -Virtual Resources and Access

4. Best-Match Services: Language spoken

Consider whether family prefers, or needs, to go to a provider who shares their primary (or sole) language

5. Best Match Services: Race/Ethnicity

Consider whether family prefers to see a provider who shares their race/ethnicity or cultural background

OREGON TPEC
Transforming Pediatrics and Early Childhood

Referring Externally and Engaging Families: Assets in Portland Metro Region, Overview of Birth to Five Treatment Modalities & Strategies to Identify Best Match Referrals, Learnings in Engaging Families - December 6th Webinar

OREGON TPEC Transforming Pediatrics and Early Childhood

Materials We Are Providing Today that We will Go Into In Depth On the December 6th Webinar

- To help you understand what we will cover, give you time to review before the webinar, and to help you identify other staff in your practice that may attend the webinar, we are sharing today some key materials we will be reviewing in depth on the webinar.

Part 1: Resources About Specialty Behavioral Health Services for Young Children to Guide Referrals:

1. Overview of **Evidence-Based Specialty Behavioral Health Services** for Children Birth to Five Available Currently for Health Share of Oregon enrolled children.
2. Summary Overview of **Young Child Indicated Therapeutic Modalities** available in the Portland Metro Region, by child needs; Detailed overview of **therapeutic modality availability by organizations**, and providers by county.
3. Asset Map of Behavioral Health Organizations with Providers to support culturally and linguistically best matched services (**Provider reported race/ethnicities; Provider reported spoken language)**

NEW! Part 2: Learnings Related to Engaging Parent to Access Services, Example of Parent Education Sheet:

On the webinar, OPIP will share some key learnings and talking points that can be used.

4. We will also share an sample education sheet developed (**Tab 8**) to support referrals.

Referring Externally and Engaging Families: Assets in Portland Metro Region, Overview of Birth to Five Treatment Modalities & Strategies to Identify Best Match Referrals, Learnings in Engaging Families - December 6th Webinar

Part 1: Resources About Specialty Behavioral Health Services for Young Children to Guide Referrals:

1. Overview of **Evidence-Based Specialty Behavioral Health Services** for Children Birth to Five Available Currently for Health Share of Oregon enrolled children.
2. Summary Overview of **Young Child Indicated Therapeutic Modalities** available in the Portland Metro Region, by child needs; Detailed overview of **therapeutic modality availability by organizations**, and providers by county.
3. Asset Map of Behavioral Health Organizations with Providers to support culturally and linguistically best matched services (**Provider reported race/ethnicities; Provider reported spoken language**

These are the same resources we gave you in August, we will be spending 1.5 hours covering them.

Guidance on Identifying "Best Match" External Referrals to Specialty Behavioral Health Referrals for Young Children

- Identified three elements that Behavioral Health Clinicians can use (gathered in your assessments and interventions) to guide you identifying the right resources :
  - **A. Presenting Needs** found in screening, and if conducted, assessment and brief interventions. (Note: Color coding in the document)
    - Challenging Behaviors
    - Trauma Experiences
    - At-Risk for Poor Outcomes
  - **B. Modalities** (example: individual dyadic therapy vs group therapy) given impact on parent acceptance.
  - **C. Culturally and Linguistically** appropriate care.

Overview of **Evidence-Based Specialty Behavioral Health Services** Available for Health Share of Oregon-enrolled Children Birth to Five

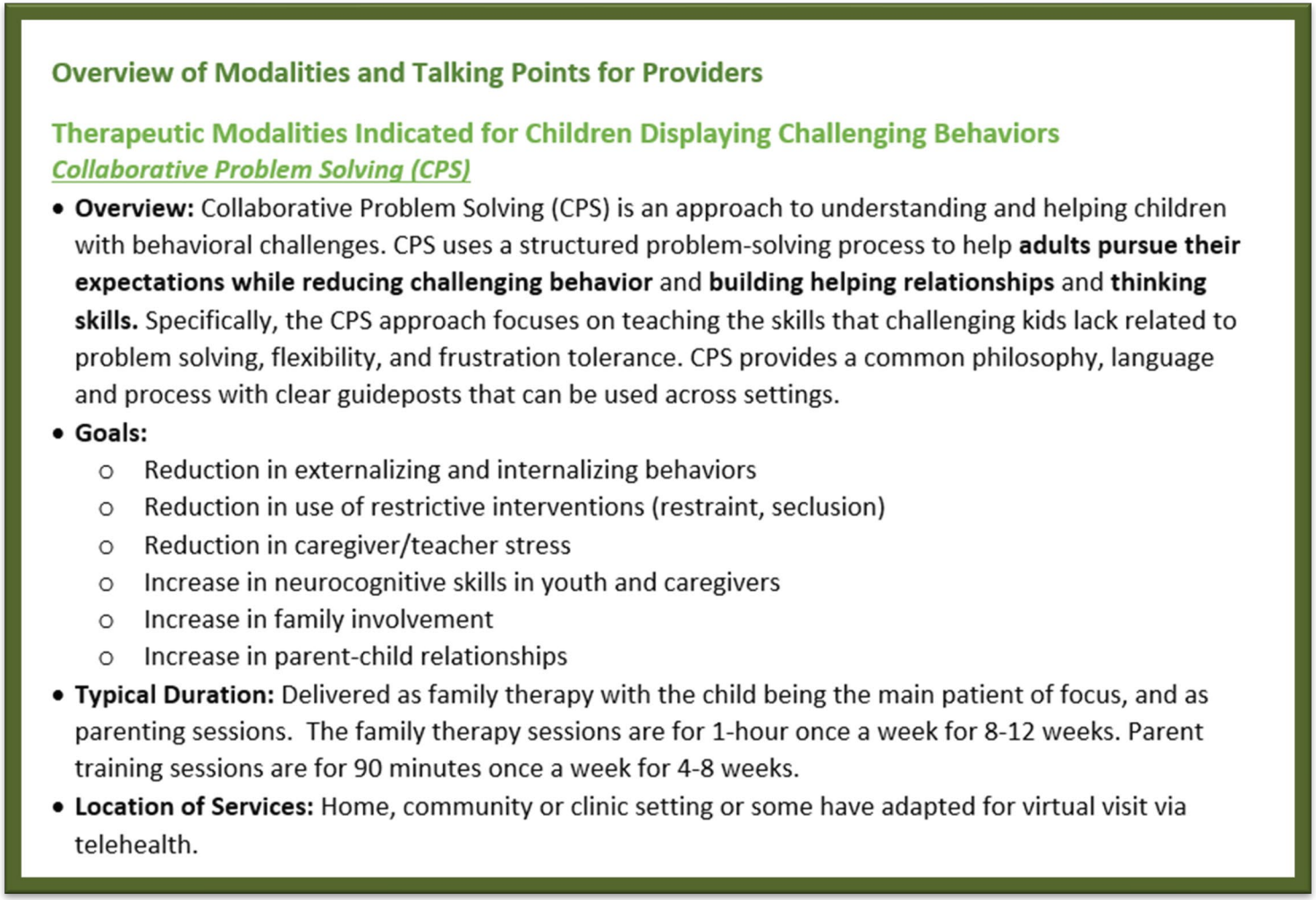
1. **Infant & Early Childhood Mental Health Services Document: Includes descriptive understanding of color-coded modalities and provider talking points**
    - For each modality, there is a more detailed description of what that treatment focuses on, what to expect, to support family-centered referrals.
    - **Sending via email, Paper Copies here for those that want them**

2. **Organizations in the Portland Metro Region Providing Specialty Behavioral Health Services: Summary of Service Capacity within CareOregon Contract for Children within Health Share of Oregon**
    - Overview of Modalities, Ratings, Age of Child EBP is indicated for
    - Categorized by Presenting Factors (Color Codes)
        - Challenging Behaviors
        - Trauma Experiences
        - At-Risk for Poor Outcomes

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

- Explanation of Full Resource
- Grounding in Infant/Toddler Mental Health

- **Goal:** To support Primary Care Providers and Integrated Behavioral Health Clinicians with the use of the publicly available asset maps of Health Share of Oregon's specialty behavioral health services (delivered by CareOregon) for children birth to five, and OPIP's companion resources.



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.

Behavioral Health Services for
Children Under Five with Social Emotional Delays in Health Share of Oregon Contract

Selected Parent-Child Programs for Children Under 5 with a Scientific Rating of 1-3 Focused on (1) Positive parenting, (2) Effective limit setting and safe discipline, and (3)Child-parent relationship building

Therapy/ Program Name	Delivery Method[1]	Age of Child	Scientific Rating	Organization(s)
SERVICES TARGETED TO CHILDREN WITH CHALLENGING BE				
Parent Child Interaction Therapy (PCIT)*	Dyadic	2-7	1	13
** PCIT is also effective program for children with known trauma history (see categories below).*				
Generation-PMTO	Dyadic, Family, or Group	2-18	1	1
Triple P Positive Parenting Program	Level 3 - Dyadic Level 4 - Group	0-12	2	1
Theraplay	Dyadic	0-18	3	6
SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON				
Collaborative Problem Solving	Family, Individual	3-21	1	19
Play Therapy	Family, Individual	3-12	3	24
Helping the Non-compliant Child	Dyadic	3-8	3	4
SERVICES TARGETED TO CHILDREN WITH KNOWN TRAU				
Child Parent Psychotherapy (CPP)	Dyadic	0-5	2	9
Eye Movement Desensitization and Reprocessing (EMDR)	Individual	4-17	1**	4
Attachment Regulation and Competency (ARC)	Dyadic, Family, or Individual	0-21	NR	2
SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON				
Trauma Focused Cognitive Behavior Therapy	Dyadic	3-18	1	17
SERVICES TARGETED TO CHILDREN WITH AT-RISK PAREN				
Family Check-Up	Dyadic	2-17	1	3
Attachment and Biobehavioral Catch-up (ABC)	Dyadic	0-2	1	0
SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON				
Incredible Years*	Dyadic or Group	4-8	1	5
** Incredible Years is also good for children with challenging behaviors*				

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

August 2023- Developed by the Oregon Pediatric Improvement Partnership based a
https://www.cebc4cw.org and Information Provided Spring 2023 From Care Oregon a

OPIP

OREGON TPEC

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

Table of Contents

Purpose of Resource---------- Page 2

What is Infant Mental Health? ---------- Page 2

What Are Factors or Indicators Young Children that Would Benefit from Behavioral Health Services? ---------- Page 2-3

What Are Therapy Programs or Modalities that Address Infant and Child Mental Health?---------- Page 3

Overview of Modalities and Talking Points for Providers---------- Pages 4-10

- Collaborative Problem Solving---------- Page 4
- Generation – Parent Management Training Oregon---------- Page 4
- Helping the Non-Compliant Child---------- Page 5
- Parent Child Interaction Therapy---------- Page 5
- Play Therapy---------- Page 6
- Theraplay---------- Page 6
- Triple P Positive Parenting Program---------- Page 7
- Attachment Regulation and Competency---------- Page 7
- Child Parent Psychotherapy---------- Page 8
- Eye Movement Desensitization and Reprocessing---------- Page 8
- Trauma Focused Cognitive Behavioral Therapy---------- Page 8-9
- Attachment and Biobehavioral Catch-up---------- Page 9
- Family Check-Up---------- Page 9
- Incredible Years---------- Page 10

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.

2. Summary Overview of **Young Child Indicated Therapeutic Modalities** available in the Portland Metro Region, by Child Need

Summarizes organizations with providers trained in specific modalities, grouped by best match approach for child's needs: **Challenging Behaviors**, **Trauma Experiences**, **At-Risk for Poor Outcomes**

Modalities Targeted To Children With Known Trauma History	Specialty Behavioral Health Providers	Clackamas	Multnomah	Washington	Total Providers
Attachment Regulation and Competency ○ Dyadic/Family/Individual Methods ○ Indicated for Children 0-21	Clackamas Health Centers	1	1	1	1
	Neurotherapeutic Pediatric Therapies, Inc.	1		1	1
Child Parent Psychotherapy ○ Dyadic Method ○ Indicated for Children 0-5	Alliance Counseling Center	1	1	1	1
	Cascadia Health		1		1
	Creative Counseling Services	1	1		1
	Lifeworks NW			1	1
	Neurotherapeutic Pediatric Therapies, Inc.	2		1	2
	Options Counseling & Family Services	3	3		3
	Willamette Health & Wellness	1	1	1	1
Eye Movement Desensitization and Reprocessing ○ Individual Method ○ Indicated for Children 4-17	Alliance Counseling Center	3	3	3	3
	Alycia O'Connell, LCSWA CADC III	1	1	1	1
	Creative Counseling Services	1	1		1
	Happy Valley Counseling		1		1
Trauma Focused Cognitive Behavioral Therapy ○ Individual/Dyadic Methods	C. Love Therapeutic Care LLC		1		1
	Cascadia Health		1		1

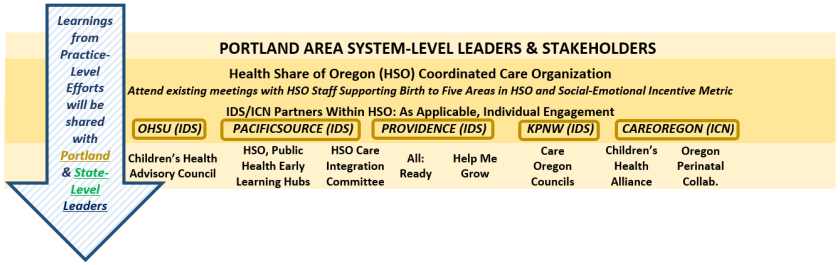
3. Asset Map of Behavioral Health Organizations with Providers to support Culturally & Linguistically Best Matched Services

8

- Highlights organizations with providers who speak languages other than English, modalities & county 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+)
	Centria Autism	W	Applied Behavior Analysis
	Centria HealthCare	W	Other Modalities Offered
	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+)

Gaps in External Services: System-Level Policy Learnings and Advocacy Happening



- In considering ways to support primary care can use the Asset Maps, OPIP has noted important gaps in the system to meet specific needs:
  - Specific Treatment Modalities with evidence-base for children experiencing trauma
  - Lack of group-based interventions, which are preferred for some populations
  - Sufficient providers who are able to provide culturally and linguistically best matched services

Work OPIP is doing with Health Share of Oregon and CareOregon to illuminate gaps and pilot opportunities to address gaps

- **Example of Exciting Developments Partially Informed by these efforts, Health Share of Oregon is working with:**
  - **Immigrant & Refugee Community Organization (IRCO)** – Building organizational capacity to hire two CHW positions to provide culturally-specific home visits, parent-child groups, and parent education for families with birth-5-year-olds and to culturally adapt the Second Step curriculum.
  - **Adelante Mujeres -** Building organizational capacity to hire two CHW positions to provide navigation, care coordination and parent education to families with birth-5-year-olds and to fund the construction of a Parent Child Interaction Therapy Room.

Potential TPEC to these Sites Pilot Opportunity?

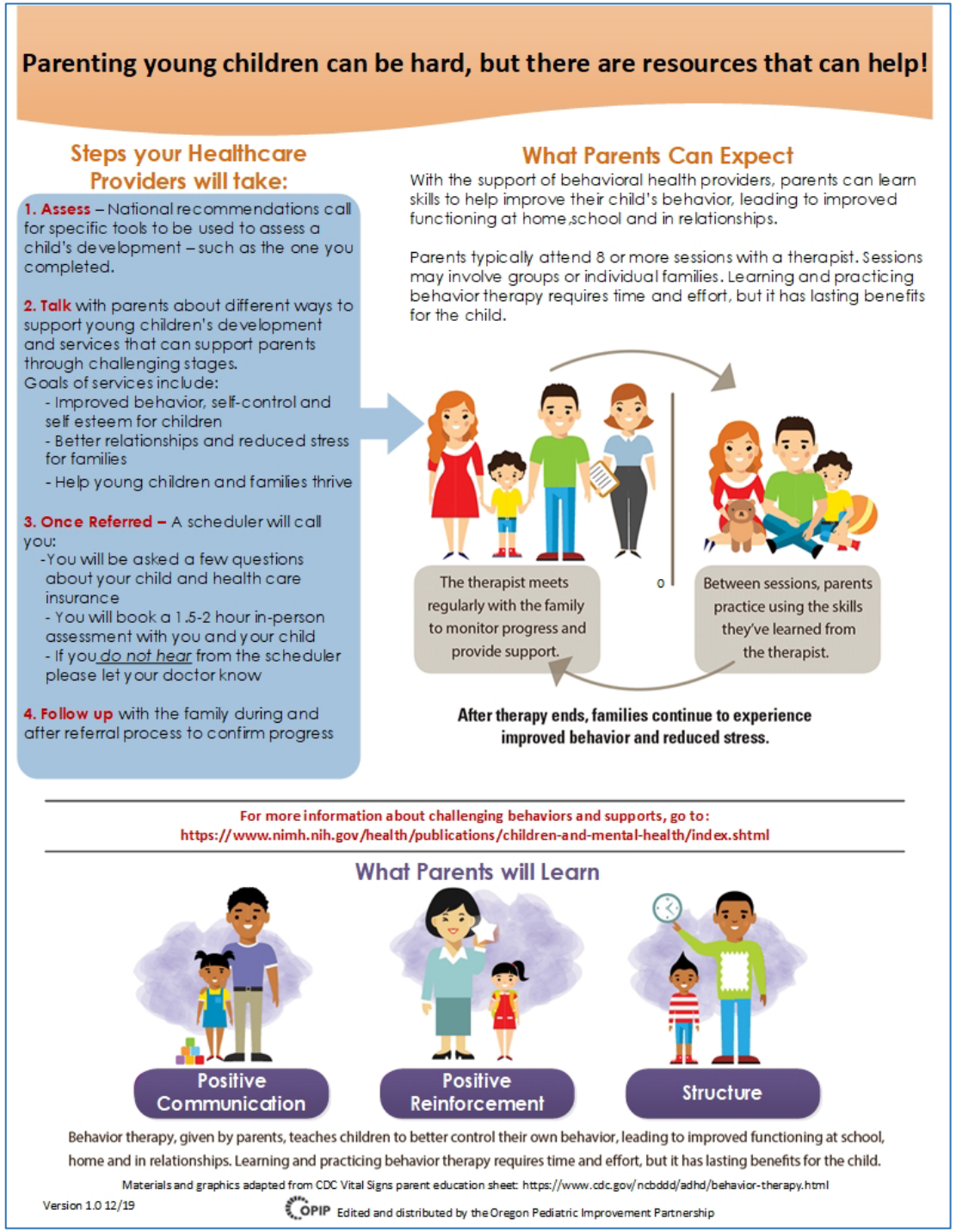
Information We will Go Into In Depth On the December 6th Webinar

Part 2: Learnings Related to Engaging Parent to Access Services, Example of Parent Education Sheet:

On the webinar, OPIP will share some key learnings and talking points that can be used.

- Informed by parents advisors what is important to cover and how.
- Talking points that can be used by the person informing the parent about the resource and/or providing navigation support.

- We will also share about why we developed the education sheet (Tab 8) to support referrals.



Parenting young children can be hard, but there are resources that can help!

Steps your Healthcare Providers will take:

1. Assess – National recommendations call for specific tools to be used to assess a child's development – such as the one you completed.

2. Talk with parents about different ways to support young children's development and services that can support parents through challenging stages.
Goals of services include:
- Improved behavior, self-control and self esteem for children
- Better relationships and reduced stress for families
- Help young children and families thrive

3. Once Referred – A scheduler will call you:
- You will be asked a few questions about your child and health care insurance
- You will book a 1.5-2 hour in-person assessment with you and your child
- If you *do not hear* from the scheduler please let your doctor know

4. Follow up with the family during and after referral process to confirm progress

What Parents Can Expect

With the support of behavioral health providers, parents can learn skills to help improve their child's behavior, leading to improved functioning at home,school and in relationships.

Parents typically attend 8 or more sessions with a therapist. Sessions may involve groups or individual families. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.

The therapist meets regularly with the family to monitor progress and provide support.

Between sessions, parents practice using the skills they've learned from the therapist.

After therapy ends, families continue to experience improved behavior and reduced stress.

For more information about challenging behaviors and supports, go to:
https://www.nimh.nih.gov/health/publications/children-and-mental-health/index.shtml

What Parents will Learn

Positive Communication

Positive Reinforcement

Structure

Behavior therapy, given by parents, teaches children to better control their own behavior, leading to improved functioning at school, home and in relationships. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.

Materials and graphics adapted from CDC Vital Signs parent education sheet: https://www.cdc.gov/ncbddd/adhd/behavior-therapy.html

Version 1.0 12/19

OPIP Edited and distributed by the Oregon Pediatric Improvement Partnership

Example of a Parent Education Sheet OPIP developed in a project focused on supporting parents referred by EI and Primary Care to accessing a specialty behavioral health provider.

8

As part of the TPEC Supports:
OPIP Could staff could help to create TPEC-Site Specific Versions of these if you are interested.
Note: The attendees from the broader HSO Learning Collaborative will not receive this tailored support made possible through TPEC.

Referring Externally and Engaging Families: Assets in Portland Metro Region, Overview of Birth to Five Treatment Modalities & Strategies to Identify Best Match Referrals, Learnings in Engaging Families

December 6th, 12:30 – 2:00

- Strategies to Identify Best Match Referrals and How to USE Resources Provided in **Tab 8**
  - Components in Best Match Considerations,
  - Applied Examples of Resource Utilization
  - Hearing from You: What Questions Do You have About the Resources
- Learnings in Engaging Families
  - Infant Mental Health Talking Points
  - Considerations in Family-centered & Trauma-informed Warm "Referrals"
  - TOOL: Parent Education Sheet Sample
- Time for Questions & Consultation on External Referrals to Specialty Behavioral Health within Portland Metro

Note: This webinar ALSO with the Health Share of Oregon Learning Collaborative Participants.

Before the December 6th Webinar

- ✓ Identify who from your team should join.
  - ✓ Consider team members that: 1) Refer, 2) Support parents in navigating these systems, 3) Track these connections, 4) Support Care Coordination
- ✓ Review the materials provided in Tab 6 to familiarize yourself with the content and identify questions you have that we can address on the call.

Learning Session Agenda

- Welcome and Review of the Agenda & Goals for the Meeting, **Celebrating Successes**
- **Small Group Ice Breaker (Assigned tables by role, not by practice site)**
- Review of the **Continuum of Addressing the Social Emotional Needs** of Young Children & Focus for Today's Learning Sessions: *Assessments, Brief Interventions, and Pathways to Additional Supports* and **Practice-Level Data Snapshot on Social-Emotional Services**
- **What is Social-Emotional Health for Young Children?**
  - Definition and domains
  - Impact and ecology of social emotional delays
  - Long-term outcomes

Breaking it Into Parts: Providing Tools and Strategies to Support Implementation

- ***Part 1***: Identifying Children at Risk for Social-Emotional Delays
- ***Part 2***: Assessment of Children Identified at Risk for Social-Emotional Delays
  - **Hearing from Hillsboro Pediatrics on Their Screening Journey**

BREAK

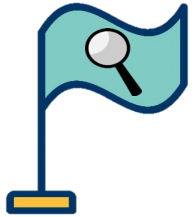
- ***Part 3***: Brief Interventions
  - **Hearing from Metropolitan Pediatrics on Their Learnings to Date from Triple P**
- ***Part 4:*** Pathways to Additional Supports
- **Small Group Action Plan Session: Planning Your Priorities for the Next Six Months (By Site)**
- **Close Out & Next Steps**

Snapshot

Part 1: Identification
Part 2: Assessment
Part 3: Intervention
Part 4: System Navigation and Referral Management

Let’s play out an example tied to Developmental Screening

Table 2 of Your Data Snapshot: ECD Expert Staffing Could Play a Role in Referral and System Navigation or Issue-Focused Interventions Given Gaps in Services



For Children Identified by:

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

Primary Care Based Issue Focused Intervention Supports

PCP Based Assessments

Integrated Behavioral Health: Brief Intervention & Parent Management Strategies

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

Playing Out an Example Based on a Screen (Table 1 of Your Snapshot) and System Navigation and Supports (Table 2)

Development Screening (Table 1)

- Part 2: You could enhance workflows around standardized follow-up (Leverage OPIP's Follow-Up to Developmental Screening Decision Tree)
- Part 3: Brief Interventions for Children Identified on Domains
- Part 4: Referral and System Navigation Support, with a Priority QI effort focused on:
  - Children referred to Developmental Behavioral Pediatrician Evaluation
  - Specialty Infant and Early Childhood Mental Health
  - Other Community-Based Family Supports

Example: Follow-Up to Developmental Screening Decision Tree (front)

FOLLOW-UP TO DEVELOPMENTAL SCREENINGS CONDUCTED IN OREGON IN FIRST THREE YEARS: MEDICAL DECISION TREE

STEPS TO CONSIDER	CATEGORY 1 3 + domains in the black	CATEGORY 2 2 domains in black	CATEGORY 3 1 domain in black	CATEGORY 4 2 or more in grey
STEP 1: PROMOTE	**DEVELOPMENTAL PROMOTION:** ASQ Learning Activities for Specific Domains Identified At-Risk			
STEP 2: REFER *OR* RESCREEN	**REFER TO:** **1. Developmental Behavioral Pediatrician** *See DB Peds cheat sheet on back; If Under 1 – No Referral, but continue to monitor progress* **2. Early Intervention for an evaluation** • *Use EI Universal Referral Form and sign FERPA* • *Give Parent Ed Sheet*	Parental Or Provider Concern* YES: **REFER TO:** Early Intervention for an evaluation • *Use EI Universal Referral Form and sign FERPA* • *Give Parent Ed Sheet* NO: **RESCREEN WITHIN 3 MONTHS:** • *Set up a follow-up if child does not have a visit* If at-risk on rescreen, REFER to EI	Parental Or Provider Concern* YES: **REFER TO:** Early Intervention for an evaluation • *Use EI Universal Referral Form and sign FERPA* • *Give Parent Ed Sheet* NO: **RESCREEN WITHIN 3 MONTHS:** • *Set up a follow-up if child does not have a visit* If at-risk on rescreen, REFER to EI	**RESCREEN WITHIN 3 MONTHS:** • *Set up a follow-up if child does not have a visit* • If rescreened more than once, then proceed with referrals.
STEP 3: MEDICAL SERVICES TO CONSIDER	**CONSIDER:** **Supplemental Medical & Therapy Services** • *If Communication: Speech Therapy & Audiology* *ICD-10 Codes: F80.9 and R62.0* • *If Fine Motor/Gross Motor: OT/PT* *ICD-10 Codes: R62.0 and F88*	**CONSIDER:** **1. Referral to Developmental Behavioral Pediatrician** • *If child is at-risk on comm AND problem solving or personal social See DB Peds cheat sheet on back* • *If Under 1 – No referral, monitor progress* **2. Supplemental Medical & Therapy Services** • *If Communication: Speech Therapy & Audiology* *ICD-10 Codes: F80.9 and R62.0* • *If Fine Motor/Gross Motor: OT/PT* *ICD-10 Codes: R62.0 and F88*	**CONSIDER:** **Supplemental medical & therapy services** • *If Communication: Speech Therapy & Audiology* *ICD-10 Codes: F80.9 and R62.0* • *If Fine Motor/Gross Motor: OT/PT* *ICD-10 Codes: R62.0 and F88*	
STEP 4: BEHAVIORAL HEALTH SUPPORTS	If Child is At-Risk (in the black) on Personal Social and/or Problem Solving, (if available) refer to **Internal Behavioral Health and/or** if child presents with additional risk factors, refer for **External Specialty/Behavioral Health – Infant Early Chidhood Mental Health** *More Information on Back*			
STEP 5: COMMUNITY RESOURCES TO CONSIDER	***CaCOON*** *If in County:* *See Info on Back*	**CONSIDER REFERRALS TO AVAILABLE COMMUNITY RESOURCES** Review potential options for community resources that may be available. See OPIP Issue Brief on "Identifying Assets in the Community" and examples of resources identified in example decision trees provided.		

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

FRONT PAGE

Part 2: Which KIDS To Referral to Developmental Behavioral Pediatrician

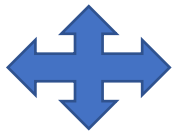
The WHO To Refer: Standardized Work Flows

Example of Improved Follow-Up Work Flow Supports: Refer CHildren

- Child "**In the BLACK**" in the **Communication** domain **AND** either the **Personal-Social domain** or **Problem Solving Domain**
- **Or if the child is in the Black on 2 or more other domains and has any of the following presenting concerns (On Back of Decision Tree)**
  - ✓ Kids who are not progressing in services as expected or recent increase in symptoms
  - ✓ Kids who have challenging behaviors with inadequate response to behavioral interventions or medication.
  - ✓ Kids with secondary medical issues that are not responding to usual treatments (including feeding and nutrition)
  - ✓ Kids who may be experiencing traumatic events

Potential System Navigation Supports for Parents:

- ✓ Supports you can provide in explaining the process
- ✓ Brief interventions while the family is on the wait list
- ✓ Check on barriers to accessing services.

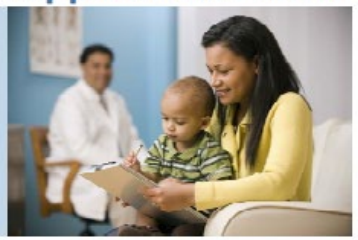


Follow-Up to Screening: How We Can Support Your Child

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 are referring your child to the services checked below:

☐ Early Intervention (EI)

EI helps babies and toddlers with their development. In your area, High Desert Education Service District (HDESD) runs the EI program.

EI focuses on helping young children learn skills. EI 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 services.

What to expect if your child was referred to EI:

- HDESD 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.
- Your county's Service Center will schedule your EI evaluation:
  - **Deschutes** and **Crook Service Centers schedule evaluations** Monday-Friday.
  - **Jefferson schedules evaluations** on Tuesday, Wednesday and Thursdays at 9, 11 or 1

The results from their assessment will be used to determine whether or not EI can provide services for your child.

Contact Information:
HDESD Intake Coordinator
Deschutes/Crook: 541-312-1947
Jefferson: 541-693-5740
www.hdesd.org

☐ Family Support Services

Family Support Services, through programs like CaCoon and Babies First!, use public health nurses to work with your family to support your child's health and development. A nurse will meet with you in your home, or wherever works best for you and your child.

There is no charge (it is free) to families for these services.

What to expect if your child is referred to Family Support Services:

A nurse will come to you, at a time and place that works and provide services such as:

- Weigh baby or child and screen for normal development
- Provide information and connection to community based resources
- Make sure your child's health team works well together. The team is made up of your family and the professionals involved.

Contact Information:
Deschutes: 541-322-7448
Jefferson: 541-475-4456
Crook: 541-447-5165

https://www.ohsu.edu/xd/outreach/occyshn/programs-projects/cacoon.cfm

Medical & Therapy Services

- ☐ **Speech Language Pathologist:** Specializes in speech, voice, and swallowing disorders
- ☐ **Audiologist:** Specializes in hearing and balance concerns
- ☐ **Occupational Therapist:** Specialize in performance activities necessary for daily life
- ☐ **Physical Therapist:** Specializes in range of movement and physical coordination
- ☐ **Developmental-Behavioral Pediatrician:** Specializes in the following child development areas: Learning delays, feeding problems, behavior concern, delayed development in speech, motor, or cognitive skills
- ☐ **Pediatric Psychologist:** Specializes in neuropsychological assessment, which are an in-depth assessment of skills and abilities in areas as attention, problem solving, language, behaviors and self-regulation.
- ☐ **Autism Specialist:** Specializes in providing a diagnosis and treatment plan for children with symptoms of Autism

Within COPA:
Behavioral Health Specialist who can help your family with:
- Health and family coaching
- Child development support
- Social and emotional support

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 signed allows the programs to share information back to us. Different programs have different consent requirements, which is why you may need to sign multiple forms.

Any Questions?

At COPA, we are here to support you and your child. If you have questions about this process or if you haven't heard from the agency you were referred in two weeks please call us! **541-389-6313**

Example: Parent Education/Shared Decision Making Tool To Explain Referrals to Families

Small Group Action Planning For Each Site

Now to Roll Up Our Sleeves!

Here is how this last section will work – you have until 11:55:

- You will work in practice-specific small groups
- We have materials to guide your time in your folder
- An **OPIP team member** is prepared & ready to facilitate and guide you through this small group action planning session:
  - Colleen → VGMHC-Cornelius
  - Dave →Metropolitan Pediatrics - Johnson Creek
  - Lydia →Legacy Pediatrics
  - Mackenzie →Hillsboro Pediatrics
- Your **OPIP Facilitator** will take notes and send you a written summary to review
- If you want to stay and each lunch here, we will be having folks from each site share (optional)

Small Group Action Planning Will Be Successful If Your Team:

- ❑ Identified **current screenings** you are doing that provide flags of **social-emotional health**, and chose which one(s) you want to prioritize **enhancing follow-up work flows** specifically addressing potential **social-emotional** delays in young children
- ❑ Identified **External Organizations/External Referrals** that you want to prioritize enhancing workflows and parent supports to accessing. Listed out **starting point steps needed to operationalize a staffing and resource plan** that will be supported with the grant funds provided, starting in Year 2 (Fall 2023) (Contract #2): Who, What, When
- ❑ Identified **specific populations with inequitable outcomes that you would like to focus on.**
- ❑ **Developed an Aim Statement.**
- ❑ **Identified priority tasks and activities for the next six month by component of implementation needed.**
- ❑ **Identified TA or Supports You Need**

Learning Session Agenda

- Welcome and Review of the Agenda & Goals for the Meeting, **Celebrating Successes**
- **Small Group Ice Breaker (Assigned tables by role, not by practice site)**
- Review of the **Continuum of Addressing the Social Emotional Needs** of Young Children & Focus for Today's Learning Sessions: *Assessments, Brief Interventions, and Pathways to Additional Supports* and **Practice-Level Data Snapshot on Social-Emotional Services**
- **What is Social-Emotional Health for Young Children?**
  - Definition and domains
  - Impact and ecology of social emotional delays
  - Long-term outcomes

Breaking it Into Parts: Providing Tools and Strategies to Support Implementation

- ***Part 1***: Identifying Children at Risk for Social-Emotional Delays
- ***Part 2***: Assessment of Children Identified at Risk for Social-Emotional Delays
  - **Hearing from Hillsboro Pediatrics on Their Screening Journey**

BREAK

- ***Part 3***: Brief Interventions
  - **Hearing from Metropolitan Pediatrics on Their Learnings to Date from Triple P**
- ***Part 4:*** Pathways to Additional Supports
- **Small Group Action Plan Session: Planning Your Priorities for the Next Six Months (By Site)**
- **Close Out & Next Steps**

TPEC Action #2 Period: Addressing the Social Emotional Needs of Young Children: Assessments, Brief Interventions, and Pathways to Additional Supports

Oregon TPEC Action Period #2 focused on Social-Emotional Health:
Overview of the Oregon TPEC Learning Collaborative Curriculum for *November 2023 – May 2024*

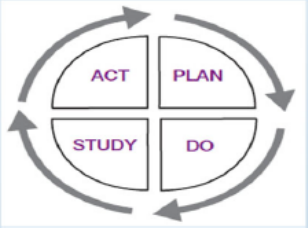
2023		2024				
November	December	January	February	March	April	May
Learning Session #2 November 2nd 8-12 PM	Action Period: QI Implementation	Action Period: QI Implementation	Action Period: QI Implementation	Action Period: QI Implementation	Action Period: QI Implementation	Learning Session #3 May 9th 8-12 PM
Site Visit	Site Visit	Site Visit	Site Visit	Site Visit	Site Visit	Site Visit
11/16/23 12:00-1:30PM	12/6/23 12:30-2PM	1/17/24 12-1:30PM	2/7/24 12:30-2PM (Required)	3/19/24 10-11:30AM	4/3/24 12:00 1:30 PM (Required)	
			2/20/24 10-11:30AM	Practice-level, Child-level Data (Claims, EHR, Counts)	4/16/24 10-11:30AM	
					Updates to PCPCH-ECD for LS#3	

KEY:

- Action Period: QI Implementation
- On-Site Practice Facilitation with Practice-Level Teams: **Site Visits**
- Across Site TPEC Webinars
  - Across TPEC Site Webinar: February 7th Webinar (Required)
  - Across TPEC Site Webinar: April 3rd (Required)
- Learning Curriculum Specific to Integrated Behavioral Health and Enhacing ECD Expertise
  Webinar Calls of TPEC Sites + **Health Share of Oregon Learning Collaborative** Participants
  - 11/16/23 Webinar (Focus: Questions for Dr Riley, Trauma Informed Approaches to Social- Emotional Concerns)
  - 12/6/23 Webinar(Focus: Connections to External Behavioral Health)
  - 1/17/24 Webinar (Focus: Billing)

  TPEC Only Sites : IBH Learning Curriculum
  - 2/20/24
  - 3/19/24
  - 4/16/24
- Evaluation Data Collection

Action Period Focus:
Addressing the Social Emotional Needs of Young Children: Assessments, Brief Interventions, and Pathways to Additional Supports



TPEC Action #2 Period: Addressing the Social Emotional Needs of Young Children: Assessments, Brief Interventions, and Pathways to Additional Supports

Overall TPEC Site Learning Curriculum: Two Webinars for Your Full Team

- **February 7th 12:30-2:00**
  - Report out from sites on progress, barriers.
  - Content developed based on needs identified in site visits.
- **April 3rd 12:00-1:30**
  - Topic Focus Informed by Action Plan: Current ideas: Part 1: Tips from Andrew on Common Behavioral Health topics and Strategies and Part 2:Deep Dive on Engaging Families in External Referrals, Best Match Referrals
  - OR YOU tell us in Evaluation Survey what you want ☺

Integrated Behavioral Health Specific Learning Curriculum: **Monthly**

(Component of Health Share of Oregon Learning Collaborative)

- **11/16/23*** 12:00-1:30**
- **12/6/23 *** 12:30-2:00**
- **1/17/24*** 12:00-1:30**
- **2/20/24 10:00-11:30** AM
- **3/19/24 10:00-11:30** AM
- **4/16/24 10:00-11:30** AM

* Component of Health Share of Oregon Learning Collaborative.

*** Non-IBH Members of the TPEC Team are Welcome*

Learning Session 3: Save the Date!

- Learning Session 3: Care Coordination and Linkages for Children Identified with Developmental, Behavioral & Social-Emotional Delays
  - Date: May 9th: **7:30am-12pm**
  - Location: **Inner East Site of Portland**

Before You Leave

- **Complete Evaluation Survey (required by Federal Funder)**
  - **Located in the Right pocket in binder**
- **When you hand in your survey, you will get your lunch**
- **You can take it to go OR stay if you would like to eat here.**