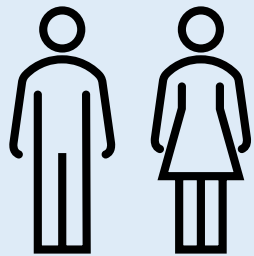




Oregon Transforming Pediatrics for Early Childhood: 6th & Final Learning Session
Sustaining & Expanding TPEC Improvements in Sites, Summarizing Successes and
Barriers, & Identifying Priority Innovation to Spread to Other Clinics
November 13th, 2025 8am-12pm

WELCOME!

WE ENCOURAGE YOU TO TAKE CARE OF YOURSELF IN THIS SPACE



*Restrooms out the door, to
the left & around the corner*



*Water filling stations,
coffee and breakfast are
available*



*The room is yours, stretch
and move about
throughout as needed to
stay connected*

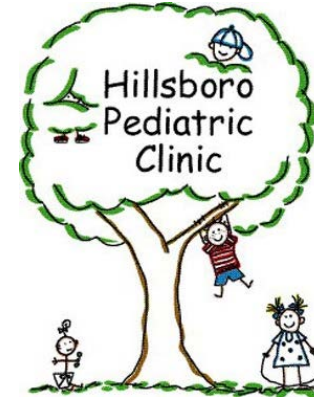


- Welcome and Review of the Agenda
- Celebrating Achievements & Investments Made
- Review of OR TPEC Results to Date, Trivia Game
- Writing/Drawing/Documenting Exercise
- **GROUP PICTURE, Break & Transition to Small Groups**
- Small Break Out Groups: Summarizing Successes and Barriers, Identifying Priority Innovation to Spread to Other Clinics
- **Break & Transition Back to Full Room**
- Action Planning: Increasing Issue-Focused Interventions and Connections to External ECD Experts
- Small Group Action Planning
- Close Out, Gratitude and Next Steps



Learning
Session #6
Agenda

This is Our 6th and Final OR TPEC Learning Session!



Randall Children's Clinic

Cornelius Site

Acknowledgement of Funding

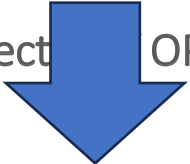


- [Transforming Pediatrics for Early Childhood \(TPEC\)](#) is supported by Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).
- The contents of this learning sessions are those of the authors (OPIP staff) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the US Government.

OPIP Team Supporting the Learning Session



Colleen Reuland
Director of OPIP



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TPEC Consultant



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OPIP Medical Director



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OHSU IBH Clinician &
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Tessa Kehoe, MPH
OPIP Data and Trainings
Coordinator



Dave Ross
*Contractor from Co-Imagine
& TPEC Consultant*



Vienna Cordova
Projects
Coordinator



Reece Jose
Sr. Research
Assistant

Welcome to the New Team Members Here Today



Hillsboro
Pediatric Clinic
• Sandra Silva

Randall Children's Clinic
• Laura Byler
• Josh Tiller-Ormond

Virginia Garcia –
Cornelius
• Nohemi Vigil

Metropolitan
Pediatrics -
Johnson Creek
• Lee Ryan



Learning
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This Meeting Includes Time and Space for Reflection

- We are creating many options for you to share feedback **if you want**.
- On the left flap of your binder, you'll find an optional feedback form. Feel free to use it to share any thoughts or reflections you may not have an opportunity to discuss in the small groups later this morning.
- We want to hear and learn from you about:
 - **Successes**
 - **Barriers**
 - **Identifying Priority Innovation to Spread to Other Clinics**
- And anything else you want us to learn from you right now.
- Take with you throughout the day and turn in at the end of the day



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Celebrating the Time You've Put Into TPEC



- Together, each site team has invested at least **75 hours (4,500 minutes)** in required TPEC activities over the course of the project.
 - From monthly site visits to semi-annual learning sessions and webinars, every site has contributed valuable time and energy.
 - Each minute represents dedication, expertise, and teamwork on behalf of young children and families in your clinics.
- This doesn't capture the work done in between required meetings and implementation!

Successes within the OR TPEC Practices

- **Improved** Office Systems and Processes
 - All four sites have improved early childhood development office systems and processes.
- **Improved** Staffing with Early Childhood Development Experience to Provide Issue-Focused Interventions
 - All four sites have behavioral health who attended trainings to enhance expertise in issue-focused interventions for young children.
 - All four sites enhanced the FTE devoted to serving birth to five care coordination and system-navigation.
- **Improved** Services
 - All four sites improved in at least one service tracked (issue-focused interventions, referrals)



OR TPEC Informing System & Policy Discussions

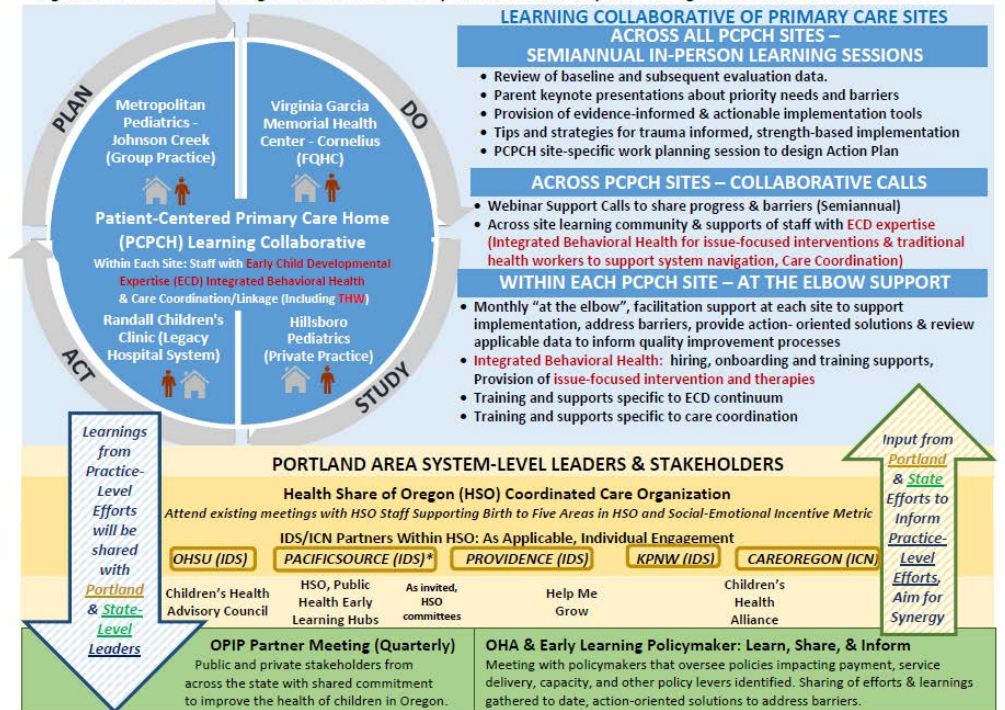


- Work with EI/ECSE contractors on Universal Referral Form and Summary of Services
- Health Share of Oregon Children’s Health Advisory Council
- Health Share of Oregon Health Plans payment to primary care
 - Sustainable Rates – IBH services, Well-Child Visit Rates
 - PMPMs
 - VBPs
- **2025 Child-level CCO Incentive Metric** – In addition to other efforts, informed OPIP’s measure stewardship work
- **OHA/Early Learning**
 - EPSDT Coverage
 - Payment Parity
 - Primary Care Payment Reform
 - Addressing Lack of Network Adequacy in Behavioral Health; Developmental Peds
 - Addressing Gaps in EI/ECSE
 - CCO 3.0
 - Behavioral Health Network Capacity
 - Primary Care Payment Reform Collaborative

Updated November 2025



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



* Shifts in PacificSource IDS occurring in 2026.

- To the Oregon Health Policy Board (OHPB) on **Behavioral Health Network Adequacy** – September 2025
- To the Oregon Health Policy Board (OHPB) on **CCO 3.0** - April 2025
- To the Early Learning Council on **Addressing the Behavioral Health Needs of Young Children** - April 2025
- To the Health Equity Committee on **Ensuring a Focus on Children with Special Health Care Needs** - April 2025
- To OHA and OHPB on **Experiences of Children in CCOs** and Opportunities for Improvement – December 2024

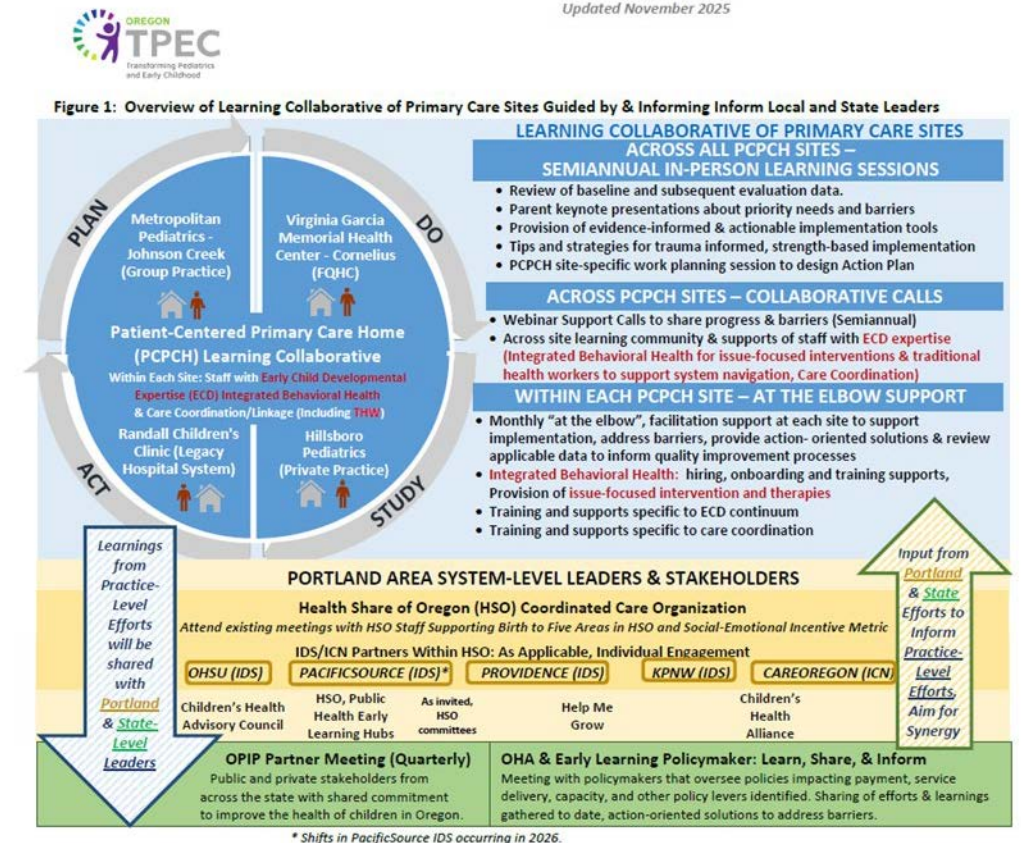
OR TPEC Informing System & Policy Discussions

Meetings Planned for the Coming Year That Will Use Your Qualitative Reports and Today's Input to Guide Feedback:

- December Meeting with various OHA Policy Makers
- December OPIP Partners Mtg: Collaboration with Children Institute on how to ensure a focus on children in Medicaid given federal & local funding constraints
- CCO 3.0 Procurement
- Primary Care Payment Reform Collaborative
- Behavioral Health
- Outreach and Collaboration with THW Commission
- Meeting with Health Share of Oregon and HSO Health Pla
- HSO Children's Health Advisory Council

Submitting presentations to:

- OPCA Annual Meeting
- OAFP Annual Meeting





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National TPEC Objectives

1. Increase the **number of ECD experts** trained, equipped, and placed in pediatric settings serving Medicaid/CHIP-eligible or uninsured P–5 populations;
2. Increase the **number of pediatric practices** offering a **continuum of ECD services** that includes comprehensive early developmental health promotion/prevention, screening and surveillance, care coordination and linkage, and intervention;
 - **Most metrics required by federal funder tied to this objective and anchored to child-level metric.**
 - Primary focus of **Oregon TPEC** on **issue-focused interventions by staff** with ECD expertise and **referrals to external ECD experts.**
3. Improve **ECD knowledge & competencies among pediatric primary care staff;**
4. **Identify and advance solutions to specific barriers to sustained and holistic ECD service** delivery in primary care, such as **policy and financing barriers, ECD workforce needs, care coordination, and service gaps.**

Oregon TPEC (OR TPEC) Approach to TPEC Model: What have we done, what do our metrics say?

Tab 3

- Review data by national TPEC objectives and the nationally required HRSA reporting metrics

Trivia Questions Throughout:

- ✓ Write down your answers on the sheets provided for the **12** questions.
- ✓ An OPIP team member will collect your answers at the end
- ✓ Winner gets a prize!



OR TPEC Metrics Based on Practice-Level Data

TPEC Objective #1:

Increase the **number of ECD experts** trained, equipped, and placed in pediatric settings serving Medicaid/CHIP-eligible or uninsured P–5 populations;



- Main metric we report on is **behavioral health clinicians** given they provide the issue-focused interventions.
- We also provide a broader count of staff who received training on specific birth-to-five referrals and play a specific role for birth-to-five along the ECD Continuum.

Examples:

- ✓ Care Coordinators
- ✓ Referral Coordinators
- ✓ Traditional Health Workers/Community Health Workers
- ✓ Early Childhood Navigator

Interesting Fact:

- A majority of national TPEC grantees are implementing Healthy Steps.
- They hired Healthy Steps Specialists.
- They are now struggling with sustainability after the funding ends.

OR TPEC AIM: Increase the number of ECD experts



1. Which site(s) have one or more behavioral health staff providing issue-focused interventions for young children?
 - a) Randall Children's Clinic
 - b) Virginia Garcia Memorial Health Clinic – Cornelius
 - c) Hillsboro Pediatric Clinic
 - d) Metropolitan Pediatrics – Johnson Creek
 - e) All four sites

OR TPEC AIM: Increase the number of ECD experts



2. How many of the sites experienced a transition in behavioral health staff who had been trained in birth to five expertise through the OR TPEC efforts?
- a) 1 out of 4
 - b) 2 out of 4
 - c) 3 out of 4
 - d) 4 out of 4

OR TPEC AIM: Increase the number of ECD experts



3. OPIP has tracked training programs that OR TPEC sites supported their behavioral health staff in attending (through OR TPEC funding or other sources). Across the four sites, how many programs were accessed to enhance skill sets?

- a) 1
- b) 28
- c) 9
- d) 12

OPIP website contains online [resource library](#) of the 2024 Behavioral Health Learning Collaborative



For providers who care for children insured within Health Share of Oregon: below, you'll find recordings and resources from two components of the 2024 Learning Collaborative.

- **Part 1:** Monthly 1-hour webinars delivering focused tools and strategies and ending with time for consultation. Flyer & speaker info [here](#).
- **Part 2:** An In-person Learning Session that was held on October 15th, 2024. The agenda is [here](#), and materials are [here](#).

Important Note: The materials provided represent the intellectual property of the OPIP team and collaborators. Please follow appropriate citation methods if materials are shared or used.

Part 1: Webinar Recordings and Materials:

April 16th, 2024 Webinar: Disruptive Behavior Part 1 – Positive Parenting Strategies

Speaker: Andrew Riley, PhD

- Zoom Recording: [Link Here](#) | Password: zK3zjpN^
- Slide Deck: [Here](#)
- Additional Materials:

Resources OPIP Has Created As You Consider Transitions



Summary Table of Training Programs Accessed by OR TPEC Sites



Context & Background: Within the Oregon Transforming Pediatrics for Early Childhood (OR TPEC) effort, OPIP has worked with four primary care practices to support and enhance the integrated behavioral health staff's ability to provide assessments and brief intervention services for children birth to five. OPIP also provided stipends to each site to support increases in staffing with behavioral health expertise and/or support for existing staffing to increase their ability to provide issue-focused interventions for young children. All four OR TPEC sites' behavioral health staff attended training courses & reported increased knowledge on these topics and all four OR TPEC sites have seen an increase in the number of young children receiving issue-focused interventions by these staff with enhanced skills. Given many primary-care-based behavioral health staff are interested in opportunities, below is a summary of trainings attended or explored by the OR TPEC integrated behavioral health staff.

Training Curriculum	Description	Training Curriculum Structure	Training Resources/Links
1. OPIP Learning Curriculum on Evidence-Aligned Parent Management Strategies for Young Children	Focused on providing primary care-based behavioral health providers with evidence-aligned strategies to conduct assessments and brief interventions for young children. Anchored to evidence-based strategies and interventions with known literature related to their efficacy.	The first wave of support was funded through OR TPEC and then an 18 month-Learning Collaborative was funded by Health Share of Oregon that has now concluded. This involved two in-person learning sessions and webinars. OPIP is now exploring funding and is available for contracts to be implemented in other regions. If interested, please contact opiip@ohsu.edu .	https://oregon-hip.org/current-projects/transforming-pediatrics-for-early-childhood/ https://oregon-hip.org/resources/integrated-behavioral-health-in-primary-care-resource-library-of-learning-curriculum-materials/
2. PRIMARY CARE - Positive Parenting Program (Triple P)	Primary Care Triple P (Level 3) is a brief, one-to-one intervention for parents with specific, mild behavior concerns, delivered in primary care or community settings. A brief intervention delivered via routine healthcare—3-4 practitioner-led consultations (15-30 minutes each) over 4-6 weeks. Designed for caregivers concerned about mild, uncomplicated child behavior issues. Literature demonstrating effectiveness.	Provider Training: 2-day workshop, 1-day pre-accreditation, 1/2-day accreditation, plus prep and peer support (5 days total). Includes Practitioner Kit, Consultation Flip Chart, sample Tip Sheets, and training DVD.	More information found here: https://www.triplep.net/ato-en/home/Resources https://www.triplep.net/files/2515/2886/8097/ENG_Primary_Care_Triple_P_LTR.pdf
3. PC-CARE via UC Davis	PC-CARE is a brief, evidence-based, dyadic treatment program developed at the UC Davis CAARE Center for caregivers and children ages 1-10. It is designed to strengthen caregiver-child relationships, build positive behavior management strategies, and reduce child trauma symptoms. PC-CARE can be delivered as a mental health intervention by licensed clinicians or as a prevention service by trained paraprofessionals. It has been adapted for diverse populations, including Spanish-speaking families, toddlers, older children, children with ASD/IDD, sexual behavior concerns, and feeding difficulties. Literature demonstrating effectiveness.	Training for Providers: - Phase I (Free through UC Davis): Beginning Your PC-CARE Journey (introductory training). - Phase II: Continuing Your PC-CARE Journey (ongoing consultation and supervision toward certification).	More information found here: https://pcit.ucdavis.edu/pc-care/ Resources: https://pcit.ucdavis.edu/pc-care-prgrams/
4. Mt Sinai Keystones of Development Training	Free, online, self-directed curriculum for pediatric primary care providers to promote child development during routine well-child visits (ages 0-5). Focuses on strengthening parent/child relationships and teaching six developmental keystones: secure attachment, autonomy, self-regulation, perspective-taking, problem-solving, and academic knowledge. Piloted in eight residency programs with proven improvements in knowledge, confidence, and behaviors.	Format: 4-hour, animated, self-paced online course Sections: - In the Exam Room – Integrates developmental guidance into well-child visits (0-5 years) with specific language tools, modeling of behaviors, and parent handouts - In the Classroom – Evidence-based lessons on how parenting behaviors shape development; highlights leading research; includes learner summaries and a Faculty Guide - Content Focus: Six developmental keystones: secure attachment, autonomy, self-regulation, perspective-taking, problem-solving, academic knowledge - Program Tools: Parent handouts, learner summaries, faculty guide, customizable platform for resident management, progress tracking, and quiz review	More information found here: https://parenting.mountsinai.org/our-work/keystones-of-development

Continued on Next Page

Training Curriculum	Description	Training Curriculum Structure	Training Resources/Links
5. Trauma Focused Cognitive Behavioral Therapy	An evidence-based intervention for children and teens (ages 3-17) impacted by trauma, designed to reduce PTSD and depressive symptoms and improve caregiver relationships.	Four mornings (virtual): 4 days; includes 12 months of case consultation post-training; eligibility prerequisites apply.	https://www.cebc4cw.org/program/trauma-a-focused-cognitive-behavioral-therapy/
6. Aces Aware	Provides materials and overview of specific strategies related to stress-mitigation for behavior issues identified in child. Anchored to an ACE- and Trauma-Informed approach. Highlights peer-reviewed literature findings.	Free online resource and tools.	https://www.acesaware.org/provide-treatment-healing-for-clinicians-and-practices/
7. Cards for Connection	Proprietary curriculum designed to address adversities that children and families face by building strong, connected relationships with them. Content: Trauma-informed interventions, age-specific reflection tools, conversation starters, strategies for strengthening family resilience. No evaluation of intervention has been conducted yet.	Two-Year Certification Program and Materials for Purchase • Format: Training available in digital or in-person formats; includes access to the Cards for Connection toolkit. • Support: Access to online resources, digital training library, and membership in the Connected Collaborative (free with in-person training, discounted with digital). • Audience: Pediatricians, nurses, educators, early intervention staff, home visitors, primary care clinicians, and others supporting children and families.	https://doctoramylic.com/cards-for-connection
Trainings on Group Class Models			
1. Circle of Security Parenting™ (COSP)	A manualized attachment-focused program for professionals to guide caregivers in understanding and building secure attachment using video-based materials. Typically delivered in 8-10 weekly sessions using videos, handouts, and facilitator-led reflection. Research shows Research shows is effective in reducing parental stress, increasing self-efficacy, and promoting understanding of child behavior.	The Circle of Security Parenting™ (COSP) Facilitator Training is a 24-hour, 4-day program (9:00-4:30 each day) for mental health, family support, healthcare, and early care professionals. It is a video-based, manualized program that can be delivered in groups of up to 10 caregivers or one-on-one. The training covers attachment theory and related frameworks, use of the COS graphic, recognizing relationship vulnerabilities, co-regulating with caregivers, and building caregiver self-reflection skills. Participants receive a Facilitator Manual (with optional DVD/video series) and, upon full attendance and signing the licensing agreement, are endorsed as Registered COSP Facilitators with access to exclusive resources.	https://www.circleofsecurityinternational.com/
2. Incredible Years Group Parenting Class	A suite of structured, evidence-based programs tailored to different child age groups (from infants through school age), delivered in multi-week group sessions. Aims include improving parenting skills, emotional development, discipline, and school readiness.	The Incredible Years Small Group Dinosaur Training is a 3-day interactive workshop for behavioral health clinicians, physicians, and educators who plan to deliver the child treatment program. Training covers use of the Dina Dinosaur social skills (Incredible years internal model), emotional regulation, and problem-solving curriculum, with methods such as role play, video modeling, and group activities. Participants learn group management strategies, ways to integrate with parent programs, and fidelity requirements. Completion qualifies attendees as Group Leaders, with the option to pursue certification through supervised practice and video review	https://www.incredibleyears.com/early-intervention-programs/parents

Version: 10/2025. Developed by the Oregon Pediatric Improvement Partnership. Contact OPIP at opiip@ohsu.edu for more information or with questions.

OR TPEC AIM: Increase the number of ECD experts



4. How many sites increased their THW/CHW staff's expertise and support to parents of children birth to five in system navigation to external resources?

- a) 1 out of 4
- b) 2 out of 4
- c) 3 out of 4
- d) 4 out of 4

OR TPEC AIM: Increase the number of ECD experts



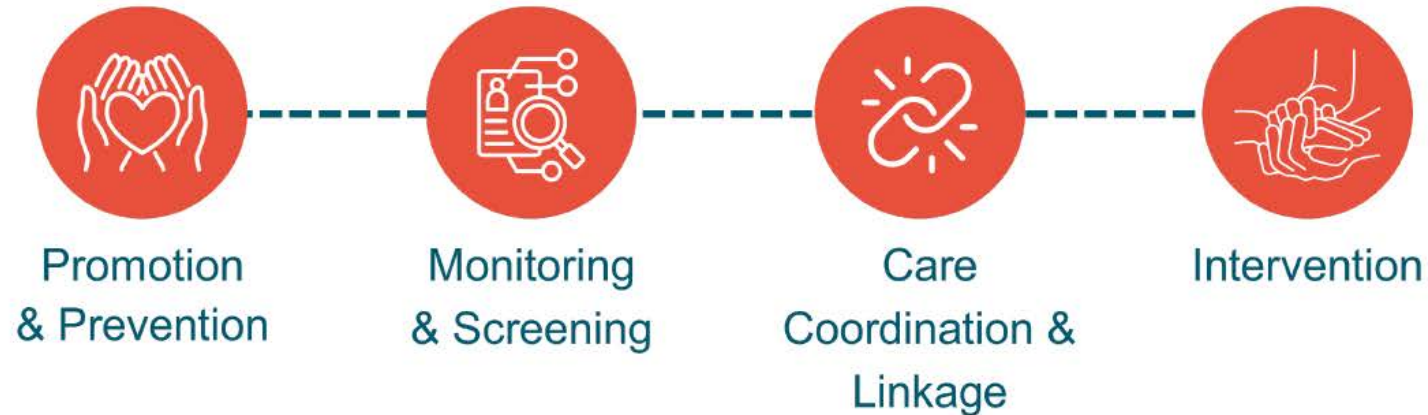
5. How many sites created a position dedicated exclusively to patients 5 and under that provides in-person support to these patients and their families?
- a) 1 out of 4
 - b) 2 out of 4
 - c) 3 out of 4
 - d) 4 out of 4

OR TPEC Metrics Based on Practice-Level Data

TPEC Objective #2:

Increase the **number of pediatric practices** offering a **continuum of ECD services** that includes comprehensive early developmental health promotion/prevention, screening and surveillance, care coordination and linkage, and intervention

National TPEC Defined “Continuum of ECD Services”



OR TPEC Metrics Based on Practice-Level Data



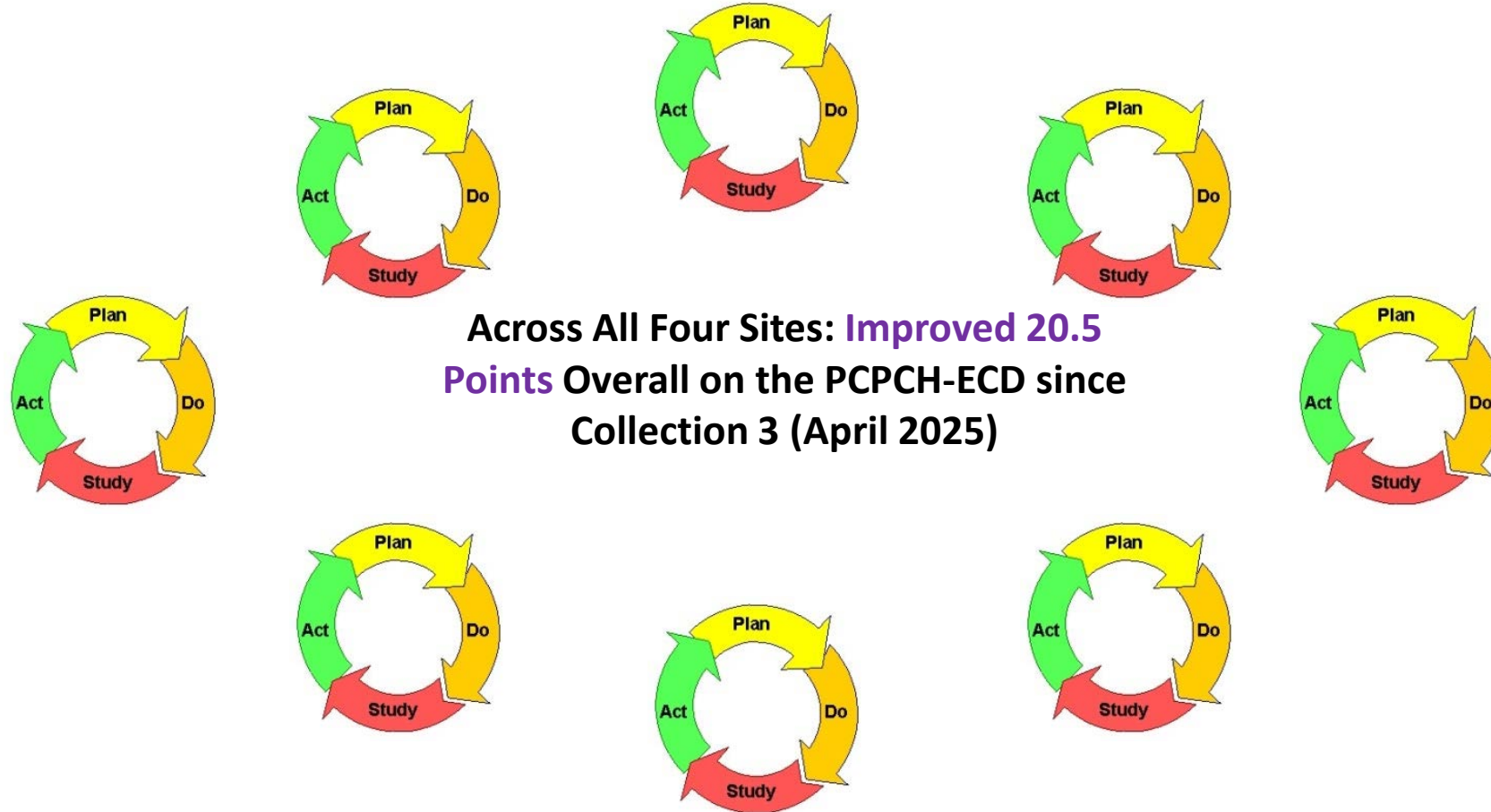
TPEC Objective #2:

Increase the **number of pediatric practices** offering a **continuum of ECD services** that includes comprehensive early developmental health promotion/prevention, screening and surveillance, care coordination and linkage, and intervention

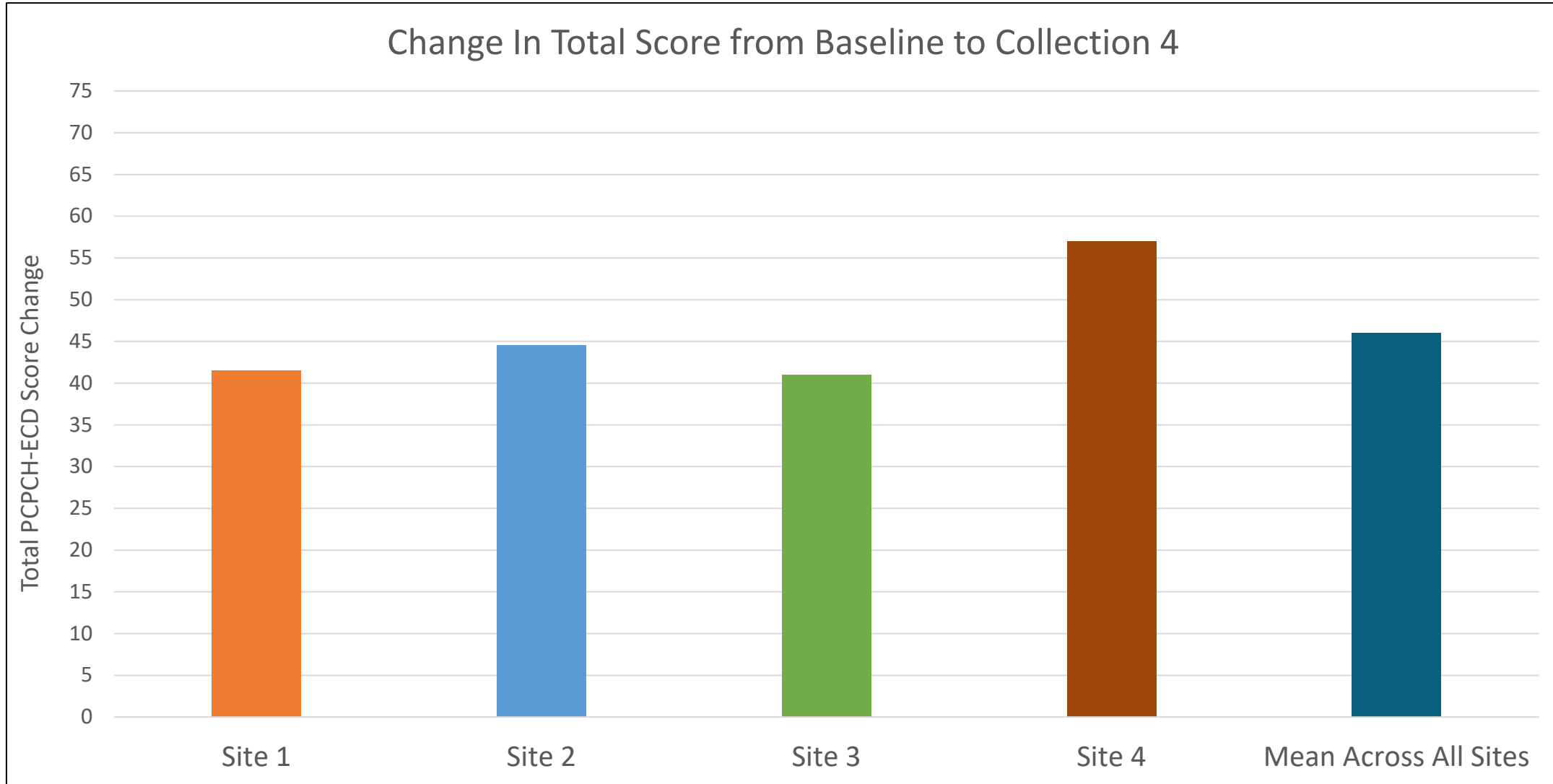
- PCPCH-ECD is how OR TPEC proposed measuring improved practice-level systems.
- HRSA required child-level metrics that assess whether the number and proportion of children who have received these services has improved. Their goal is that within these practices, child-level services are increased.
- The child-level metrics included in Tab 3 are what we report for this project. **Tab 3**
- Annually, as part of the national reporting required across all HRSA grantees, we are asked to report four metrics aligned with **four TPEC Domains**:
 - Well-Child Visits for Children Aged 3-6 (Source: Health Share of Oregon) **Promotion & Prev.**
 - Social-Emotional Screening/Assessments (1.3) **Surveillance & Screening**
 - Referrals to Specialty Behavioral Health (2.3) **Care Coordination**
 - Children Receiving Issue-Focused Interventions (1.4 IBH, 3.1) **Issue-Focused Interventions**

Since Last Year **OR TPEC** Sites Improved on Office Systems & Processes: PCPCH-ECD

Tab 3



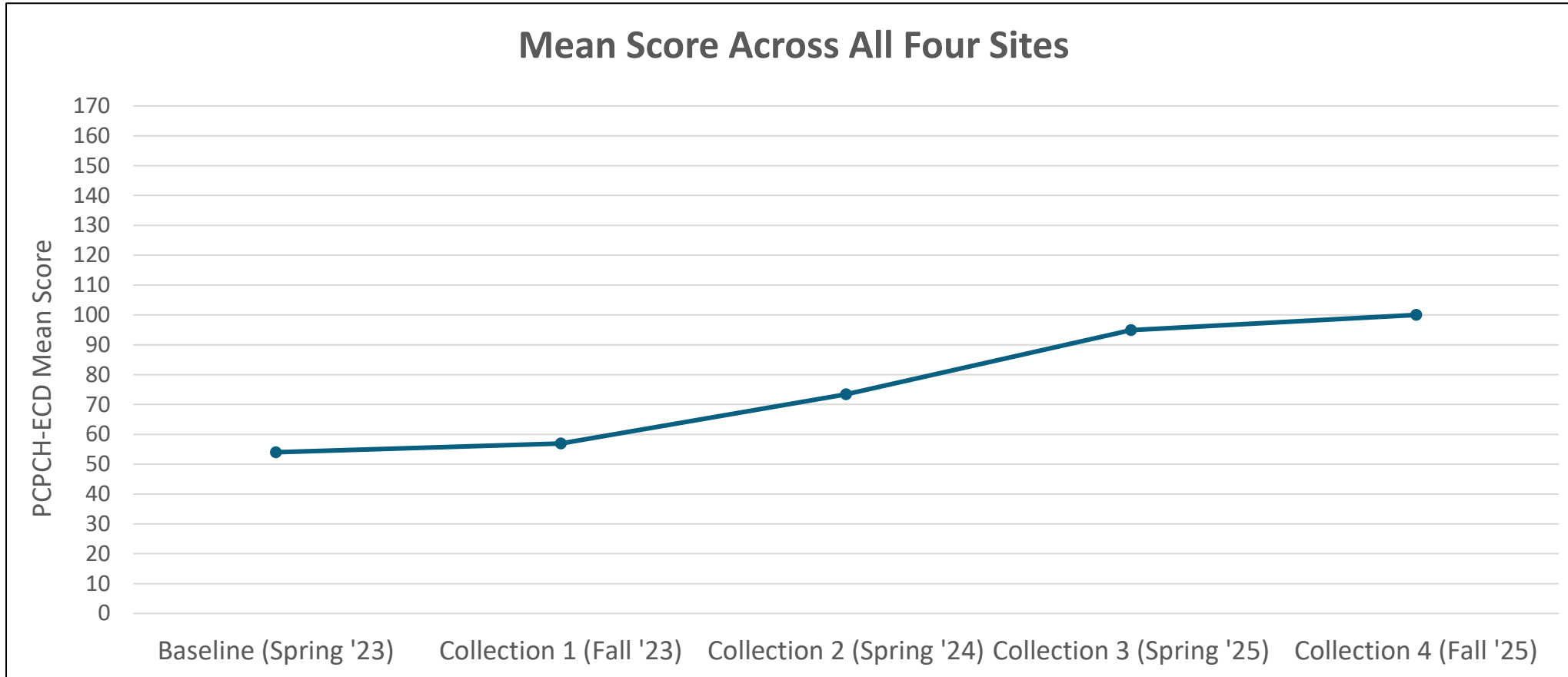
Total PCPCH-ECD Scores: Change in Total Score from Baseline to Collection 4



Tab 3
pg 1

Total PCPCH-ECD Scores: Mean Scores Across All Four Sites

Tab 3
pg 1



- Improvement occurred at every collection, across four different collection periods, for every site!

6. What are the two domains within the PCPCH-ECD data with the most improvements since baseline?

- a) Promotion and Prevention
- b) Surveillance and Screening
- c) Care Coordination
- d) Issue-Focused Interventions

Total PCPCH-ECD Scores: Domains with Largest Improvements

Tab 3
pg 2

Domain: Issue-Focused Interventions

- Every site improved or stayed the same at every collection
- 102 points of improvement from Baseline to Collection 4 across all four sites



Domain: Coordination & Linkage

- Every site improved or stayed the same at every collection
- 56.5 points of improvement from Baseline to Collection 4 across all four sites



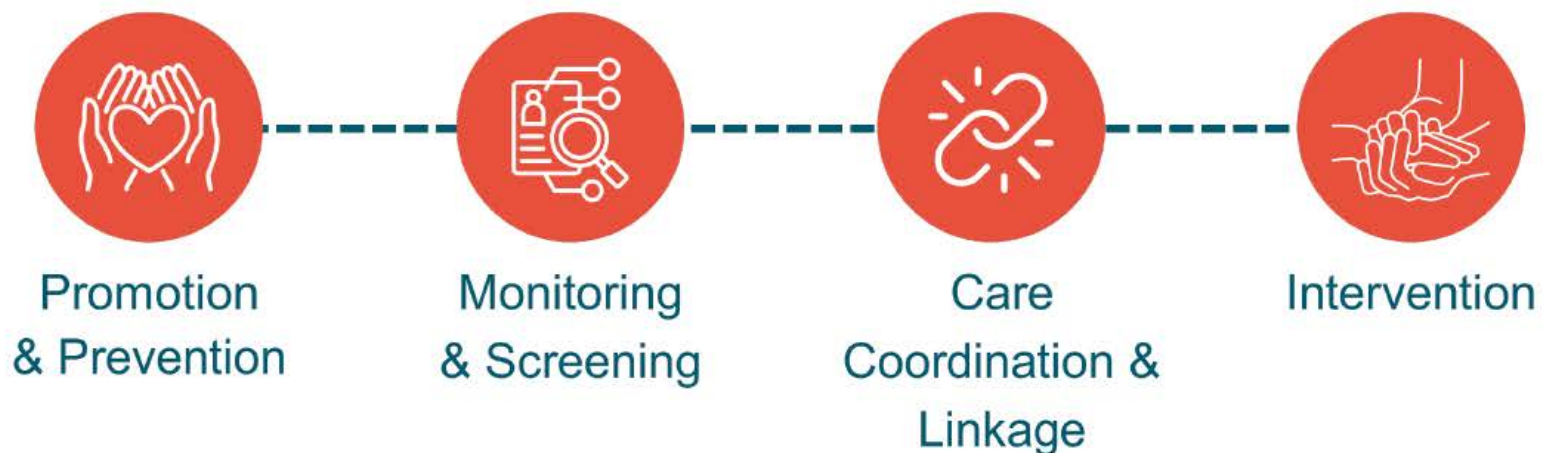
OR TPEC Metrics Based on Practice-Level Data

Tab 3
pg 3

TPEC Objective #2:

Child-Level Metrics Reported to HRSA.

1. Well-Child Visits for Children Aged 3-6 (Source: Health Share of Oregon) *Promotion & Prev.*
2. Social-Emotional Screening/Assessments (1.3) *Surveillance & Screening*
3. Referrals to Specialty Behavioral Health (2.3) *Care Coordination*
4. Children Receiving Issue-Focused Interventions (1.4 IBH, 3.1) *Issue-Focused Interventions*



7. True or False: All four OR TPEC sites increased well-child visit rates for children age 3-6 over the course of the project?

- a) True
- b) False

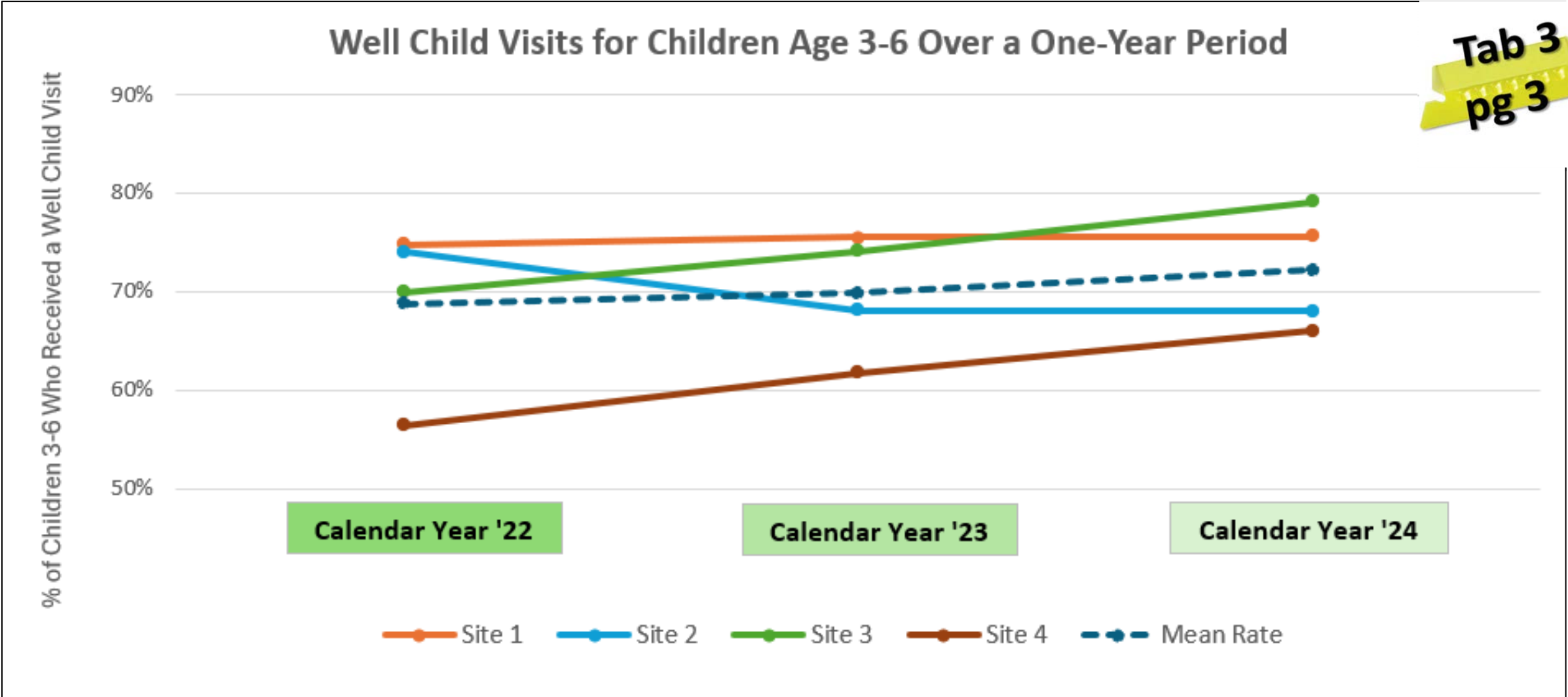


Promotion
& Prevention

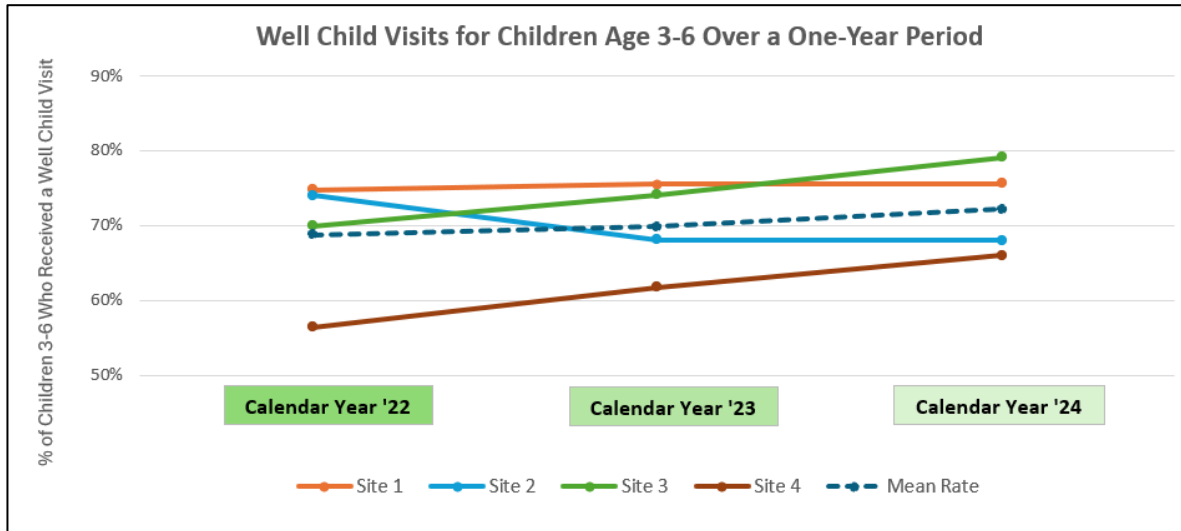
Well Child Visits for Children Age 3-6

Tab 3
pg 3

Well Child Visits for Children Age 3-6 Over a One-Year Period



Caveat to Data: Well Child Visits for Children Age 3-6



Caveats:

- This was a focus of the most recent Action Period (May-November) so this data does not capture those efforts.
- Given shifts in policies, specific populations may have concerns accessing care..
- **Punchline: Keep focusing here**

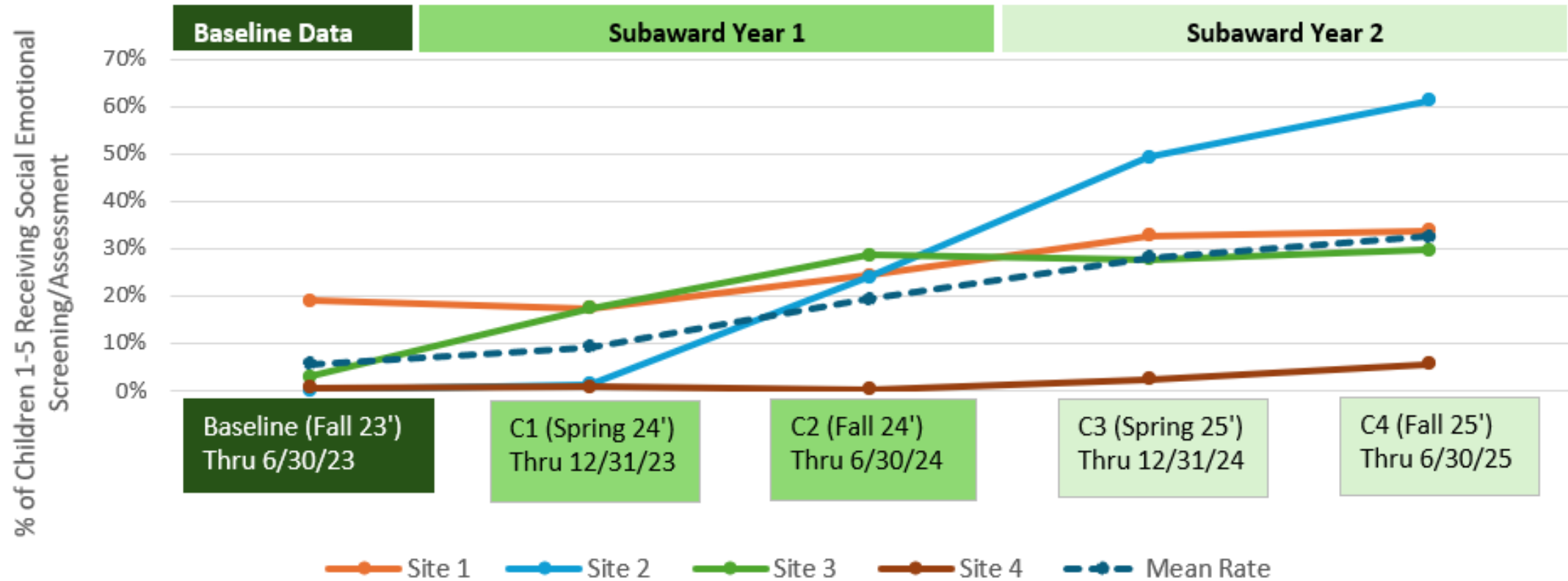
8. True or False: All four OR TPEC sites increased **social-emotional screening rates**?

- a) True
- b) False



Metric 1.3: Social-Emotional Screening/Assessment Claims

Metric 1.3: Social Emotional Screening/Assessment (1-5 yrs) Over One-Year Period



9. How many sites developed more standardized follow-up to developmental screening (ASQ) to enhance referrals to behavioral health and priority external ECD services?

- a) 1 out of 4
- b) 2 out of 4
- c) 3 out of 4
- d) 4 out of 4

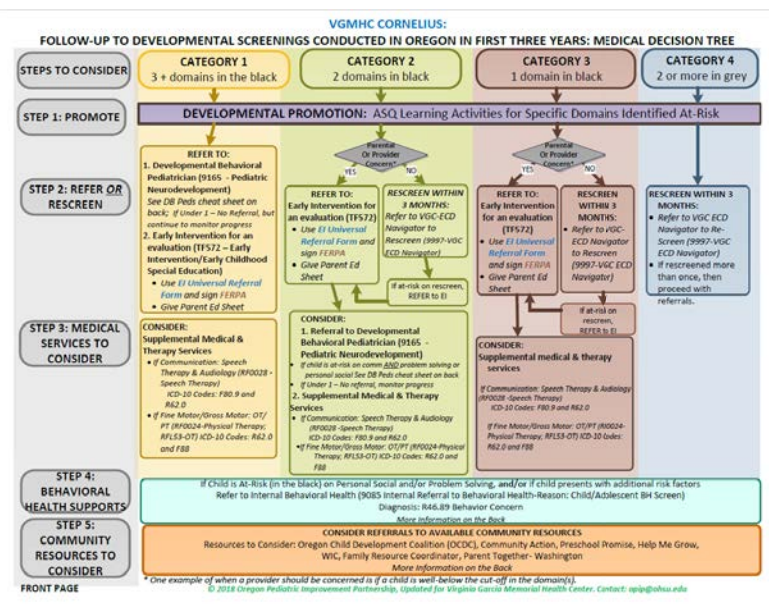
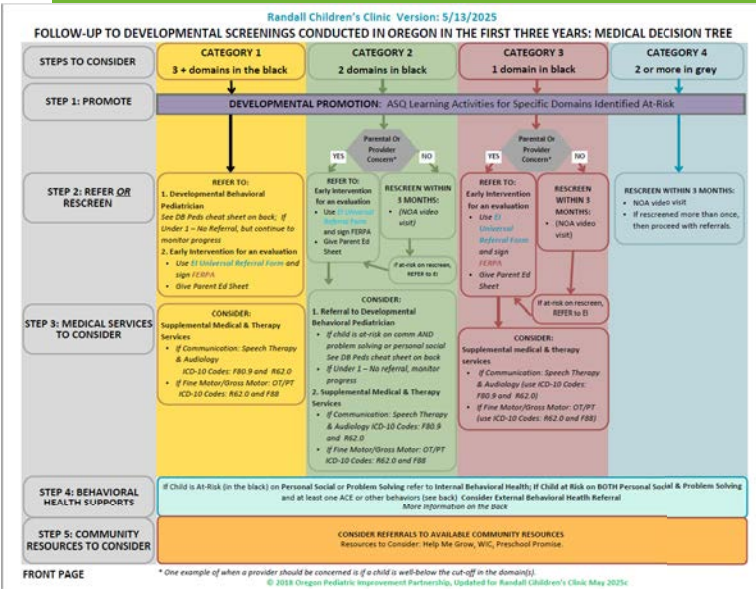


OR TPEC AIM: Increase Continuum of Services

Domain: Surveillance & Screening



Tab 6



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

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

CONSIDER USE OF EARLY CHILDHOOD MENTAL HEALTH DX CODES

Exposure to Adverse Childhood Experiences

Preferred first OPTION: 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

Second Option
Consider External Referral for Specialty Behavioral Health - Infant Early Childhood Mental Health (Leverage Asset Maps Provided)

BACK PAGE

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TPEC Objective #2:

Increase the **number of pediatric practices** offering a **continuum of ECD services** that includes comprehensive early developmental health promotion/prevention, screening and surveillance, care coordination and linkage, and intervention

- Well-Child Visits for Children Aged 3-6 (Source: Health Share of Oregon) **Promotion & Prev.**
- Social-Emotional Screening/Assessments (1.3) **Surveillance & Screening**
- ○ Referrals to Specialty Behavioral Health (2.3) **Care Coordination**
- Children Receiving Issue-Focused Interventions (1.4 IBH, 3.1) **Issue-Focused Interventions**

Tab 3
pg 5 & 8

OR TPEC AIM: Increase Continuum of Services
Domain: Care Coordination and Priority Referrals

10. How many sites have improved on their referrals to **external specialty behavioral health?**

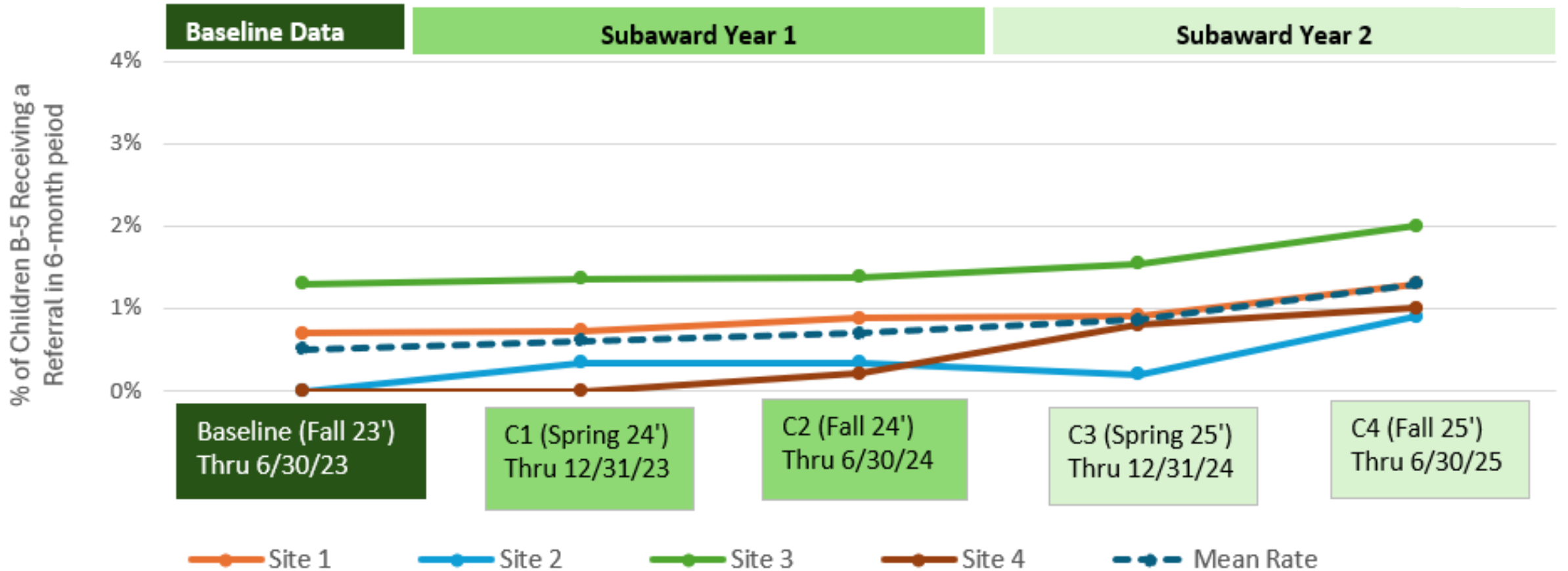
- a) 1 out of 4
- b) 2 out of 4
- c) 3 out of 4
- d) 4 out of 4



Metric 2.3: Referrals to Specialty Behavioral Health

Tab 3
pg 8

Metric 2.3: Referrals to Specialty Behavioral Health Over Six-Month Period



OR TPEC AIM: Increase Continuum of Services

Domain: Care Coordination and Priority Referrals

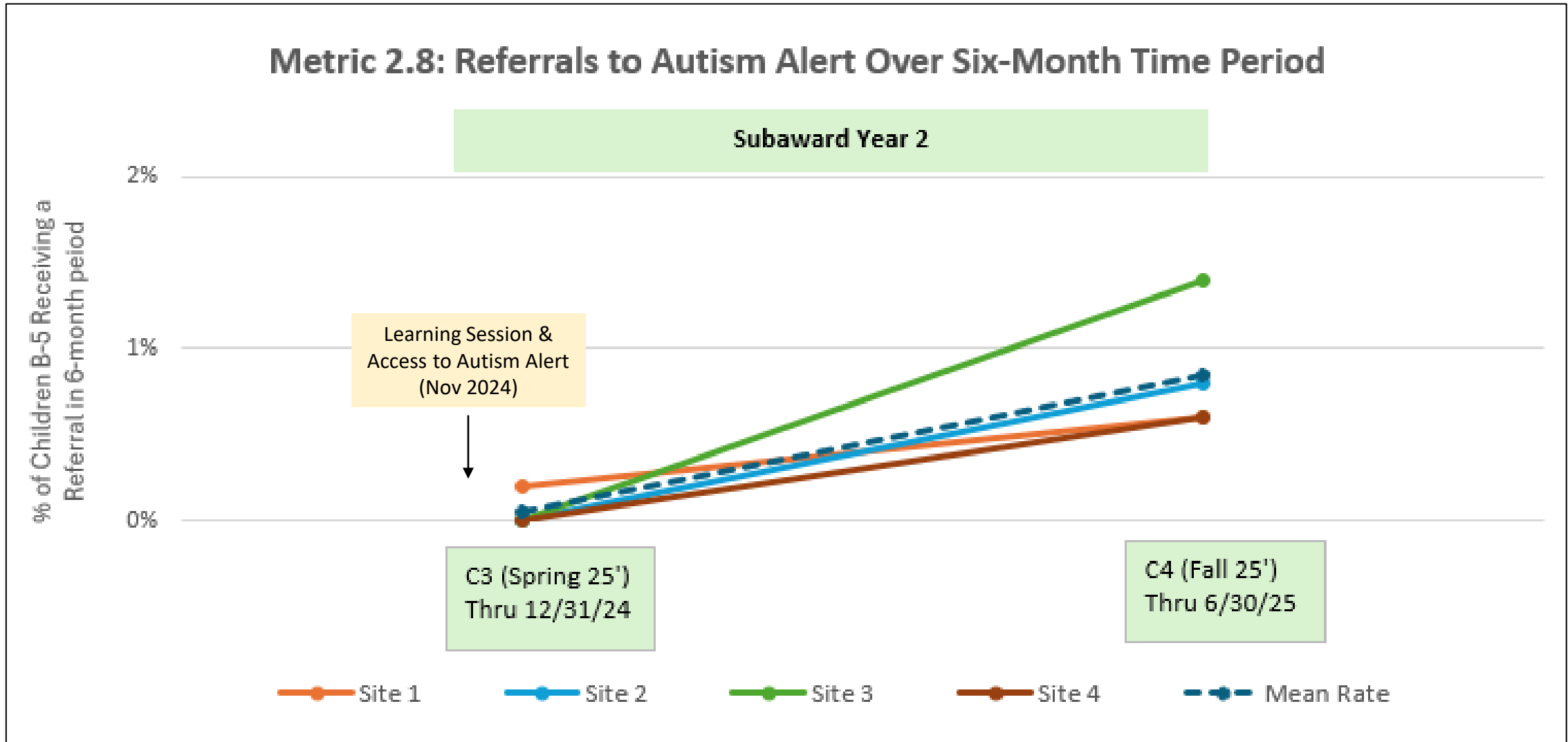


11. True or False: After the Learning Session and Action Period focused on early identification of autism, all four sites began using and increased their referrals to Autism Alert

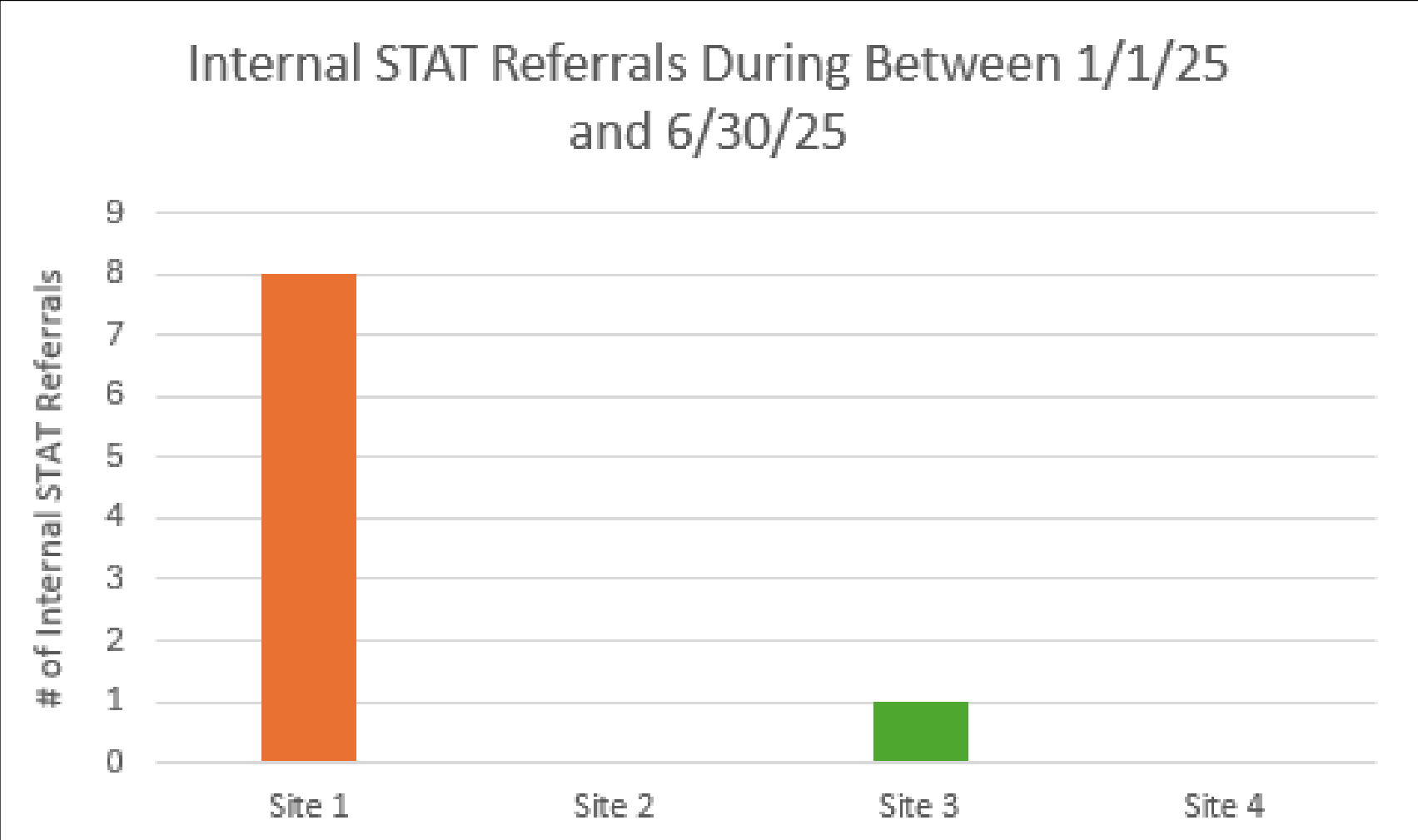
- a) True
- b) False



Metric 2.8: Referrals to Autism Alert



Internal STAT Referrals (Part of Metric 2.1: Referrals to Dev/Behavioral Pediatrician)



OR TPEC Metrics Based on Practice-Level Data

TPEC Objective #2:

Increase the **number of pediatric practices** offering a **continuum of ECD services** that includes comprehensive early developmental health promotion/prevention, screening and surveillance, care coordination and linkage, and intervention

- Well-Child Visits for Children Aged 3-6 (Source: Health Share of Oregon)
Promotion & Prev.
- Social-Emotional Screening/Assessments (1.3) *Surveillance & Screening*
- Referrals to Specialty Behavioral Health (2.3) *Care Coordination*
- ➔ ○ Children Receiving Issue-Focused Interventions (1.4 IBH, 3.1) *Issue-Focused Interventions*

Tab 3
pg 6,7

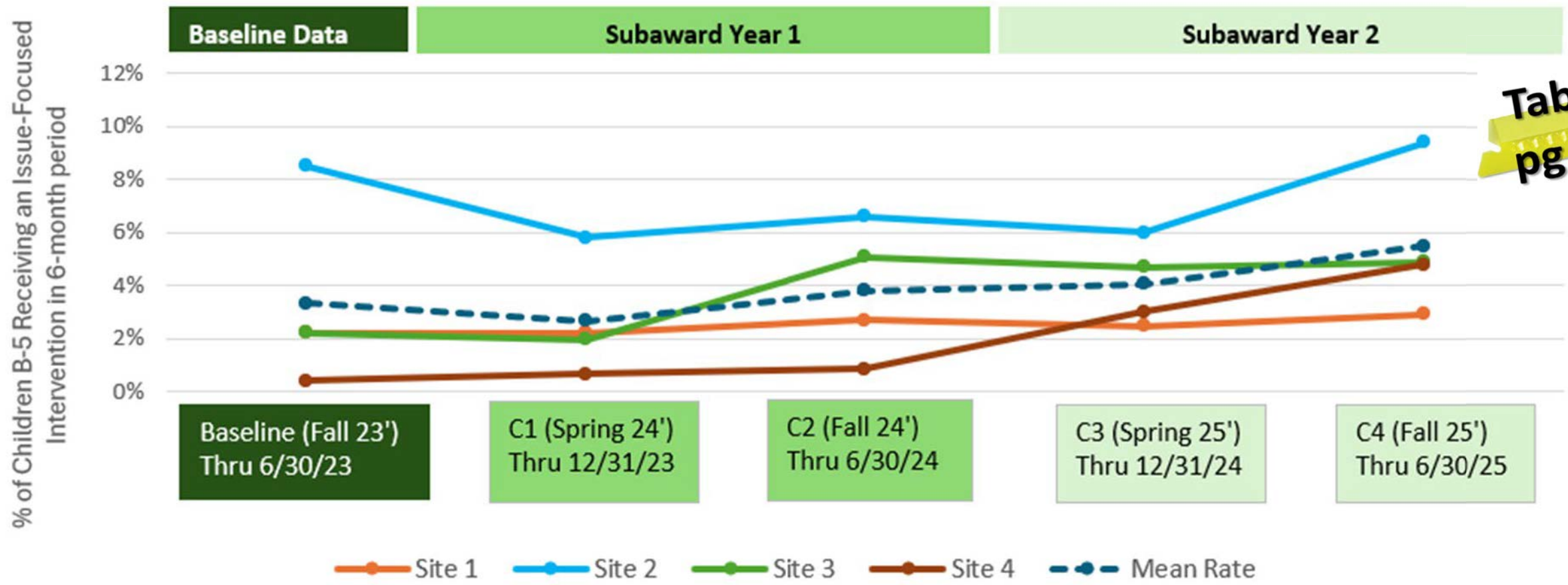
OR TPEC AIM: Increase Children Receiving Issue-Focused Interventions

12. True or False: All four sites have had consistent and cumulative improvements in the % of children who received issue-focused interventions over the four data collection periods.
- a) True
 - b) False



Metric 3.1: Children who Received Issue-Focused Interventions from Staff with ECD Expertise

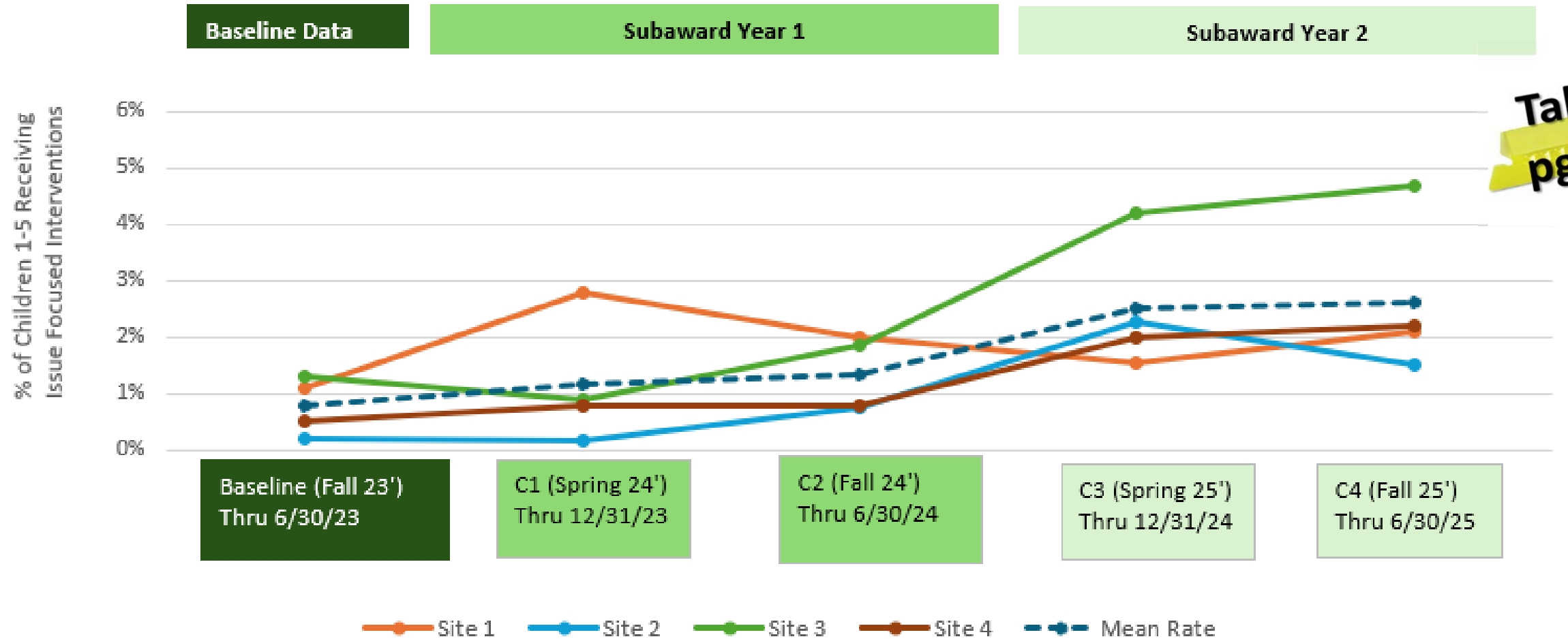
Metric 3.1: Children B-5 who received Issue Focused Interventions from Staff with Early Childhood Development Expertise Over Six-Month Period



Tab 3
pg 7

Metric 1.4: Issue-Focused Therapy Services Claims (IBH Only)

Metric 1.4: Social-Emotional Health in 1–5-Year-Olds - Issue-Focused Therapy Services in Primary Care (IBH Only) Over One-Year Period



Tab 3
pg 6

Increase Children Receiving Issue-Focused Interventions

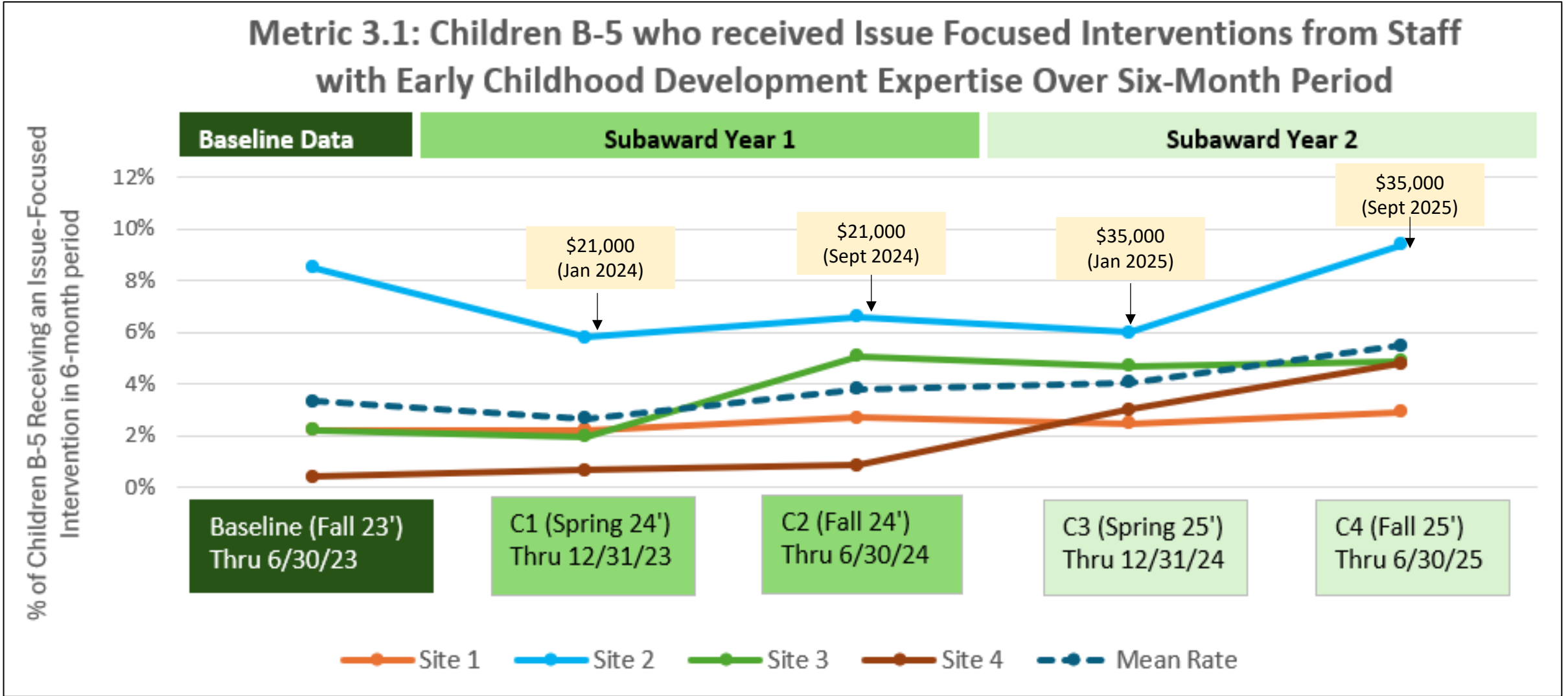
Some key learnings so far from OPIP's viewpoint and your reports, but eager to learn more:

- IBH serve all ages at each site, so not fully available to serve birth to five, even though funding and subaward specific to that population
- As noted before, **each site had transitions** that impacted FTE and availability
- Funding increases targeted to staff did not necessarily yield comparable levels of improvement
- Increasing screening rates and providing trainings on standardized follow-up to screens only **resulted in increases** in issue-focused interventions when there were staff to conduct them.
- It takes time from increasing staff ability to serve this population to improving workflows of referrals to those staff
- More **frequent, real-time data reporting** was helpful for pinpointing areas of improvement in increasing services

Metric 3.1: Children who Received Issue-Focused Interventions from Staff with ECD Expertise

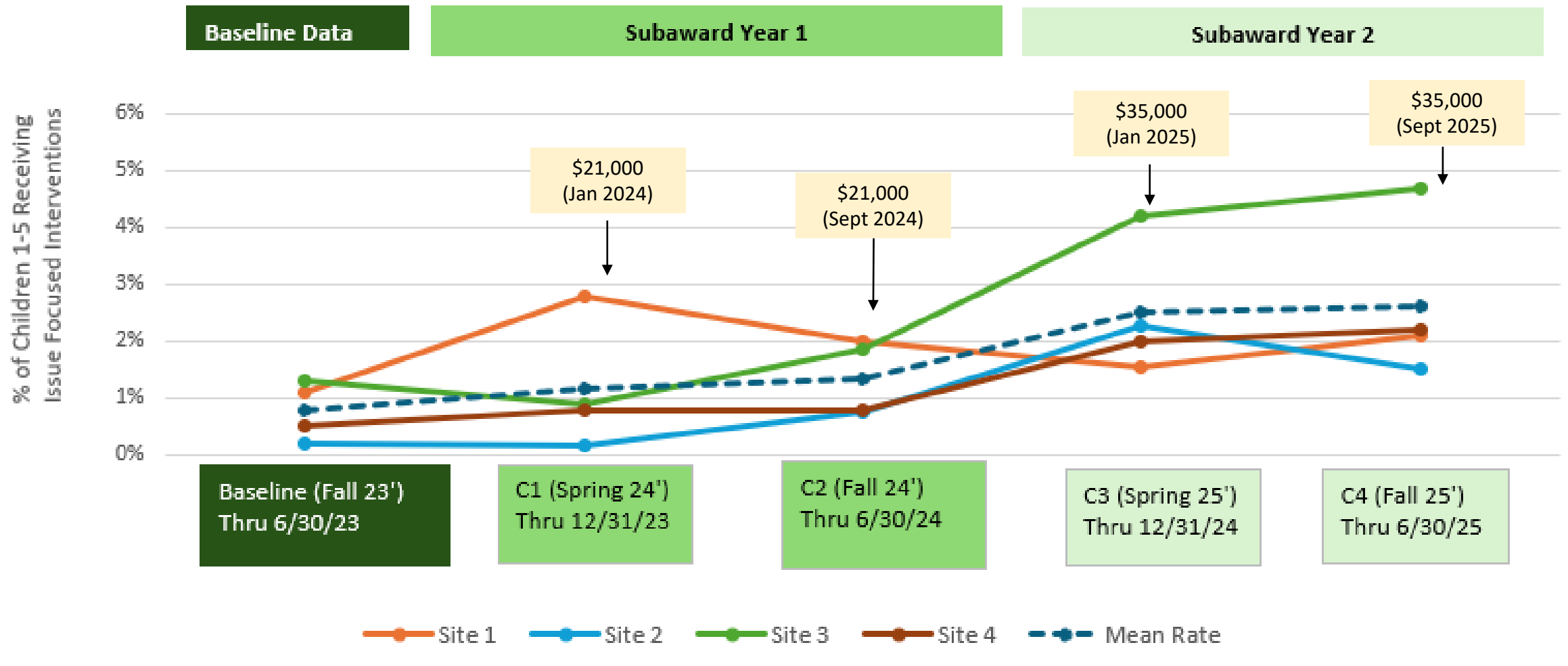


Metric 3.1: Children B-5 who received Issue Focused Interventions from Staff with Early Childhood Development Expertise Over Six-Month Period



Metric 1.4: Issue-Focused Therapy Services (IBH Only)

Metric 1.4: Social-Emotional Health in 1–5-Year-Olds - Issue-Focused Therapy Services in Primary Care (IBH Only) Over One-Year Period



OR TPEC AIM:

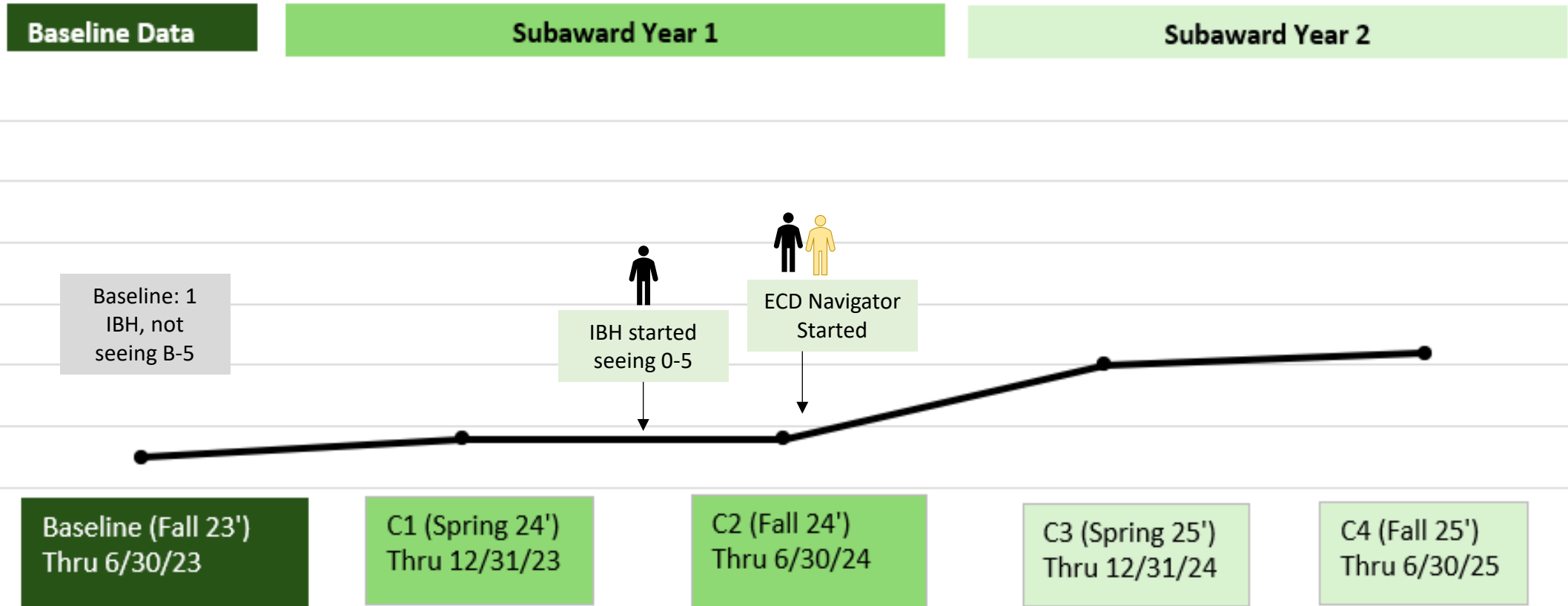
Increase Children Receiving Issue-Focused Interventions



Blinded examples from two sites of funding and staffing

Metric 1.4: Issue-Focused Therapy Services Claims (IBH Only) – Example from One Site

Metric 1.4: Social-Emotional Health in 1–5-Year-Olds - Issue-Focused Therapy Services in Primary Care (IBH Only) Over One-Year Period

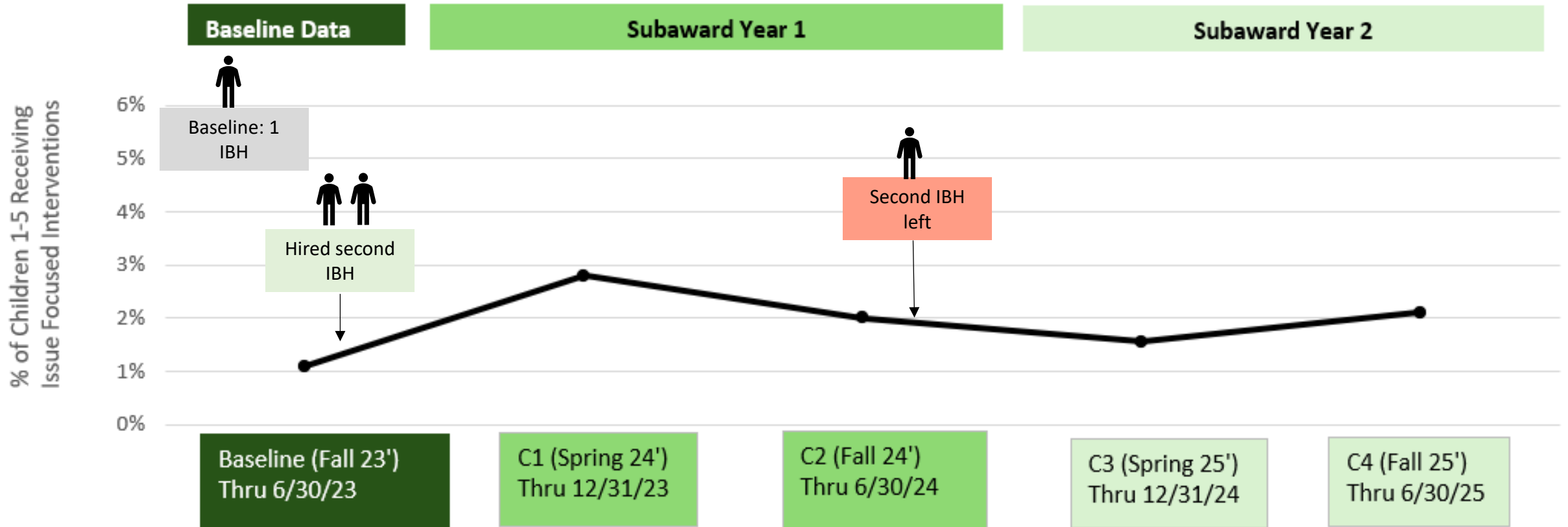


= Doesn't bill but contributes to pathway to IBH

Metric 1.4: Issue-Focused Therapy Services Claims (IBH Only)

- Example from One Site

Metric 1.4: Social-Emotional Health in 1–5-Year-Olds - Issue-Focused Therapy Services in Primary Care (IBH Only) Over One-Year Period



Punchline Related to Staffing Ratios and People

- When Behavioral Health ratios meet recommended standards, rates of issue-focused interventions generally increased
- Dedicated time for this population yielded improved rates
- Dedicated time for providing issue-focused interventions yielded improved rates
- But staffing is NOT enough- there needs to be early identification and standardized pathways to referrals across all providers



TPEC Objective #3:

Improve **ECD knowledge and competencies among pediatric primary care staff**

- We report elements of PCPCH-ECD relative to office systems and processes.
- This is why we collect evaluation data after every Learning Session and curriculum webinar (e.g. Behavioral health learning curriculum)
- This is why we track trainings you all do within your site and of your staff

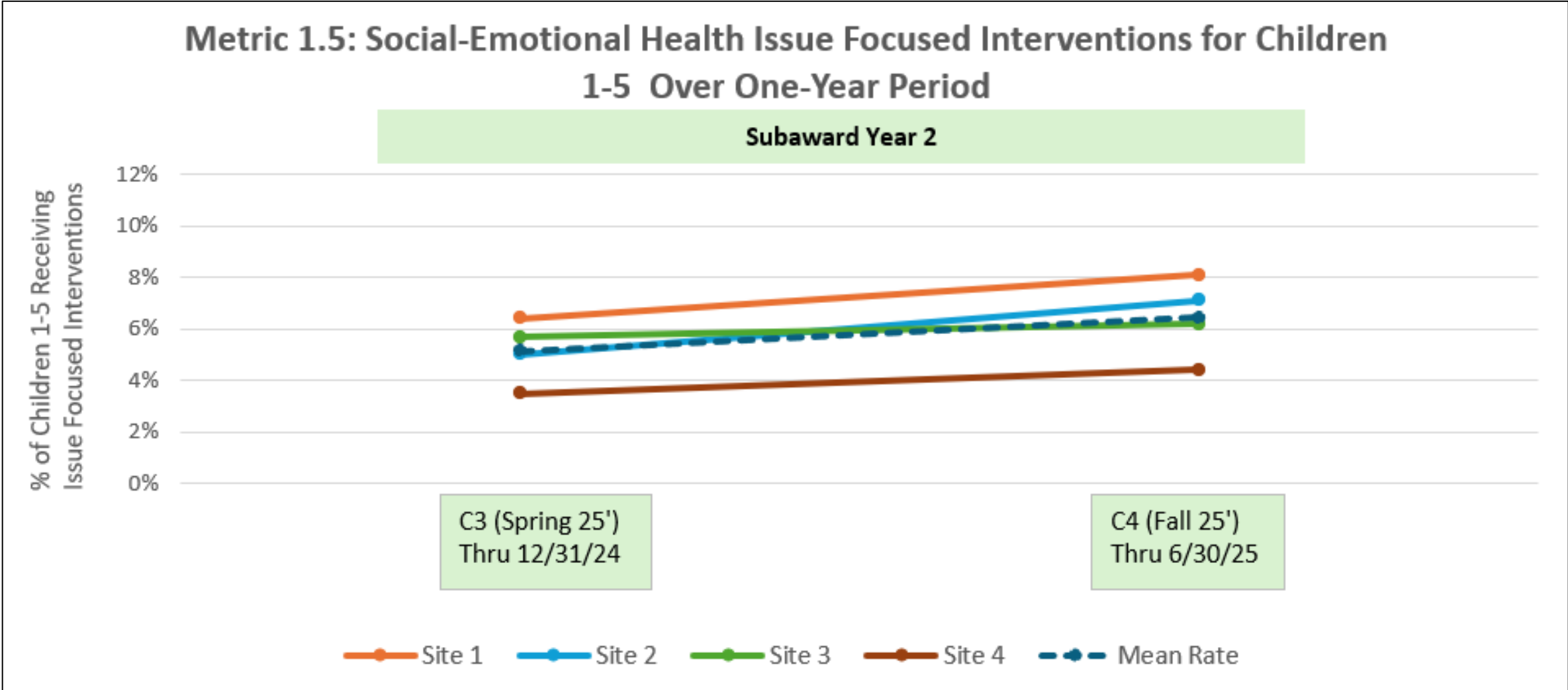
Overall Findings:

- **Post Learning Session & Learning Webinar evaluation surveys demonstrate an increase in knowledge around the topics of focus.**

Objective #4: Identify and advance solutions to specific barriers to sustained and holistic ECD service delivery in primary care, such as policy and financing barriers, ECD workforce needs, care coordination, and service gaps.

- **We noted earlier the many avenues that OPIP has used to advocate for and share learnings from this effort.**
- **Specific Successes:**
 - Ensuring payment for behavioral health claims in all the sites across Health Share of Oregon insurers
 - Young Children Receiving Issue-Focused Treatment/Interventions CCO Metric forcing a focus in this area
 - Learnings from OR TPEC have informed Health Share of Oregon's strategies in this area

Metric 1.5: Aligned with Young Children Receiving Issue-Focused Interventions CCO Incentive Metric



Trivia Game Sheets

- Turn in your sheets to an OPIP team member
- We will announce winners later today!





Learning Session #6 Agenda

- Welcome and Review of the Agenda
- Celebrating Achievements & Investment Made
- Review of **OR TPEC** Results to Date & **Trivia Game!!**
- Writing/Drawing/Documenting Exercise
- **Group Picture, Break & Transition to Small Groups**
- **Small Break Out Groups: Summarizing Successes and Barriers, Identifying Priority Innovation to Spread to Other Clinics**
- **Break & Transition Back to Full Room**
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- **Small Group Action Planning**
- Close Out, Gratitude and Next Steps

We've seen the numbers, now let's hear the stories

Writing/Drawing/Documenting Exercise

- Share one example of how a child's life was positively impacted by the services you focused on in the OR TPEC effort, **OR**
- Describe one improvement in your clinic's office systems and processes that you are most proud of



Writing/Drawing/Documenting Exercise

- Share one example of how a child's life was positively impacted by the services you focused on in the OR TPEC effort, **OR**
- Describe one improvement in your clinic's office systems and processes that you are most proud of

You can use one of the following methods:

- You can write on paper provided or send a written response to opip@ohsu.edu.
- If you would prefer to send a voice memo, please send to 503-816-6307.
- If you want to draw a picture, you can give it to OPIP staff at the meeting or you can send a picture of your drawing to opip@ohsu.edu.

If You Are New- Options

1. Review data provided in binder and feel free to ask OPIP staff for clarifications
OR
2. Given what you have heard today, write down what you hope is sustained in your site and what you hope your site will improve

Writing/Drawing/Documenting Exercise

- Share one example of how a child's life was positively impacted by the services you focused on in the OR TPEC effort, **OR**
- Describe one improvement in your clinic's office systems and processes that you are most proud of

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Tab 4

Small Groups Are Next!

- We grouped you together generally by role in practice.
- We have one hour to listen and learn.
- The questions are anchored to the prework we sent in email.
- If you are new – that is ok! You can listen and learn from others and contribute what you hope for in the future.

Focus of Discussions:

- **Successes**
- **Barriers**
- **Identifying Priority Innovation to Spread to Other Clinics**

Small Groups and Rooms

Tab 5

Group 1: **Front of Room**

1. Kendall
2. Mandy
3. Nohemi
4. Sandra

Facilitators:

- Tessa
- Jaime

Group 2: **Back of Room**

1. Kelcey
2. Emily
3. Beth
4. Brad
5. Katie

Facilitators:

- Lydia
- Reece

Group 3: **Room Across Hall**

1. Cat
2. Josh
3. Laura B.
4. Liz
5. Bettyna
6. Anna

Facilitators:

- Vienna
- Andrew

Group 4: **Small Room 1**

1. Resa
2. Christian
3. Briana
4. Juan
5. Lane

Facilitator:

- Colleen

Group 5: **Small Room 2**

1. Lauren
2. Laura C.
3. Lee
4. Tori

Facilitator:

- Dave



Oregon Transforming Pediatrics for Early Childhood



Learning
Session #6
Agenda



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Prioritizing The Last Action Period & Leveraging Supports OPIP Can Provide



Tab 7

Action Plan Document:

OPIP has customized this for each site based on your September Qualitative Reports, Staffing & Resource Plan & OPIP Team Input

- ✓ Think about what you will do this last year to increase numbers of children receiving the priority services of focus
- ✓ **Identify supports, QI tools, provider training supports etc, that OPIP can give to help you be successful in this last year of having support.**

QI Supports We Could Provide

1. November-December Site Visit to Confirm Action Plan and Steps
2. Support Spread of Trainings and Materials Identified
 - In practices with multiple clinic sites, OPIP could support trainings in other sites
3. Site Check Ins for QI Support & to Address Barriers & Questions
 - February 2026
 - April 2026
4. March 11th 2026: All Sites Call



Next Steps for Last Action Period

To Improve on Priority Metrics, Focus Your Efforts on:

1. Ensuring Children Come In for Well-Child Visits
2. Increasing Issue-Focused Interventions
3. Enhancing Referrals to Priority ECD Experts



QI Work is Ongoing Process



1. Ensuring Children Come In for Well-Child Visits

- Schedule the next well visit before family leaves the office - require as part of check-in or check-out
- Education for parents about recommended well visit schedule
- Health Maintenance Panel coordinator to contact and schedule families
- EHR tools
- Enhanced scheduling processes
- Appointment reminders
- Addressing SDOH barriers that are root cause for why family hasn't come in

Examples of Work Happening to Increase WCV

- Documented PDSA cycles for the Well-Child Scheduling initiative, including training, leadership engagement, and incentive strategies, resulting in sustained scheduling increases.
- The Panel Coordinator led a pilot to prioritize outreach for WCVs for 1-4 years old by running reports to generate lists & calling families 2x/week to schedule.
- Hired additional front desk FTE to schedule next well visits at the time of check in.

Examples of Work Happening to Increase WCV

- CHW outreach to families facing fear related to US citizenship status and therefore not going to 0-5 year Well Child Visits and providing reassurance to families, increasing their likelihood of attending these crucial visits.
- Enhanced follow-up for children not routinely attending visits through CHW outreach and No-Show process.
 - CHW outreach directly led to multiple families attending appointments after repeated prior no-shows and receiving needed referrals (audiology, therapies, autism evaluation).
- Patient chart gets flagged in EHR if no-showed to 2+ appointments.
 - The front desk staff flags chart, MA then calls them the day before their appointment to make sure they are aware of upcoming appointment, can get there, etc.

Examples of Work Happening to Increase WCV

Don't forget to schedule your next visit with your doctor.
No olvide programar su próxima cita médica.



2 MONTH VISIT
CONSULTA A LOS 2 MESES

- Vaccinations (vacunas)
- Growth & Nutrition (Crecimiento y nutrición)
- Developmental Screen (Pantalla de desarrollo)

4 MONTH VISIT
CONSULTA A LOS 4 MESES

- Vaccinations (vacunas)
- Feeding & Nutrition (Alimentación y nutrición)
- Developmental Screen (Pantalla de desarrollo)

6 MONTH VISIT
CONSULTA A LOS 6 MESES

- Growth Screening (Pantalla de crecimiento)
- Weight Screening (Crecimiento)
- Developmental Screen (Pantalla de desarrollo)

9 MONTH VISIT
CONSULTA A LOS 9 MESES

- Vaccinations (vacunas)
- Reading (Lectura)
- Dr. Paul Pender Program (Programa Dr. Paul Pender)

12 MONTH VISIT
CONSULTA A LOS 12 MESES

- Motor Skills (Habilidades motoras)
- Toddler Activities (Actividades de niños)
- Developmental Screen (Pantalla de desarrollo)

1 & BEYOND
1 año y más

YEARLY WELL VISITS
CONSULTAS ANUALES DE SALUD Y BIENESTAR

- Parent Communication (Comunicación con los padres)
- Child Education (Educación del niño)
- Toddler Activities (Actividades de niños)

Don't miss the milestones. Make sure to attend every visit, and earn gifts as you go!
Asegúrese de asistir a cada consulta y ¡gana regalos conforme avanza!

2. Increasing Issue-Focused Interventions

Increase:



Children (Birth to Five) that received **issue-focused interventions** from staff with ECD expertise (*Based on various data sources, Metric 3.1*)



Children 1-5 that Received Brief Intervention/Treatment Services (*Based on Claims Data, Metric 1.4 – IBH Only*)

2. Increasing Issue-Focused Interventions

People & Time: Issue-Focused Interventions Increase When There Are Staff With Dedicated Time for this Population

- Behavioral Health Clinician ratios meet recommended standards for population
 - Recommendations: 1 FTE BHC for every 3-4 FTE of Pediatric Primary Care Clinicians (PCC).
- Dedicated time for this population
- Consideration of group modality time
- Leverage other staff with ECD expertise



Aim: Increase Children Receiving Issue-Focused Interventions

QI Focus: People & Time



- Hire and retain behavioral health staff that have expertise in birth to five or can free up caseload of your current staff with this expertise
 - Ensure IBH staffing ratio aligned with standards
- Enhance appointment slots available with behavioral health for children birth to five
 - Prioritize space and appointments for birth to five
- Offer group therapy classes
- Train Traditional Health Workers (THW)/Community Health Workers (CHW) on specific issue-focused interventions (Dr. Jaime Peterson on OR TPEC Faculty for this final year)

Aim: Increase Children Receiving Issue-Focused Interventions

QI Focus: Getting Children Referred To These Internal Services

- Address children identified by screen but not referred to issue-focused interventions within practice
 - Standardized decision trees for ALL applicable screens
 - Maternal Depression
 - ASQ
 - BPSC/PPSC
 - M-CHAT RF
 - IF Applicable: ACEs
- Use data to guide & target training and improvement efforts: Examine data on screening follow-up
 - Can be illuminating, even with just one month of data by chart review
- Address families who **decline services being offered**
 - Shared decision-making sheet for family; Parent education; THW/CHW support
- Identify targeted strategies for families where SDOH/SIOH or stigma factors create barriers to access

EHR Decision Supports to Guide the Right Referral at the Right Time



SA40 ABNORMAL ASQ FOLLOW-UP

[Manage User Versions](#)

▼ Diagnoses

▶ Diagnoses [Click for more](#)

▼ Labs

▶ Labs [Click for more](#)

▼ Referrals

▶ ASQ with 2 Domains close to cut off or in the gray [Click for more](#)

▼ SA40 ASQ WITH 1 DOMAIN IN THE BLACK

- REFERRAL TO EARLY INTERVENTION/ECSE
External Referral
- REFERRAL TO EARLY CHILDHOOD NAVIGATOR (Re-screen/Community Resources)
- REFERRAL TO AUDIOLOGY
External Referral
- REFERRAL TO PEDIATRIC SPEECH THERAPY (**IF Communication domain in the black)
External Referral
- REFERRAL TO PEDIATRIC OCCUPATIONAL THERAPY
External Referral
- REFERRAL TO PEDIATRIC PHYSICAL THERAPY (**IF motor domain in the black**)
External Referral
- REFERRAL TO BEHAVIORAL HEALTH (**IF personal social or Prob Solving in the black**)

▶ SA40 ASQ WITH 2 DOMAINS BELOW CUT OFF [Click for more](#)

▶ SA40 ASQ WITH 3 OR MORE DOMAINS BELOW CUT OFF [Click for more](#)

▼ Reminders

- Provide Learning Activities
- Provide Parent Education

3. Enhancing Referrals to Priority ECD Experts

Increase Referrals To:



Specialty Behavioral Health* (*Metric 2.3, *
Federal evaluation metric of OR*)



Early Intervention/Early Childhood Special Education
(*Metric 2.2*)



Medical Therapies: OT, PT, Speech (*Metrics 2.4-2.6*)

Referrals to Specialty Behavioral Health: **Special Considerations**



Metric 2.3



General Note: OPIP is currently advocating strongly to understand the impact of CareOregon shifts on birth to five providers and implications for primary care.

- Implement a **parent education sheet** about external behavioral health services and why they are important to consider (**everyone has started developing**)
- Improve the **curated BH network lists** given shifts in Care Oregon network, and funded expansion in specific sites
 - OPIP wonders if having them come to All Sites Call in March would be helpful
 - We are elevating this to funder as a barrier to access if network being reduced
- Train primary care providers** on what external behavioral health services exist and how to engage families
(**OPIP can help! We have example presentations**)
 - Some providers don't know about modalities other than PCIT
 - Lack of awareness about who provides services
- Develop a **standardized process** for rounding back and re-engaging **families who decline**

Overarching Approaches for You to Consider

1. **Spread improvements** from Clinic Champions to rest of the clinic
2. **Obtain input from parents:** What do you need to learn from parents about ways to enhance services in the clinic and potential options you may be considering
3. **Ensure sustainable office systems & processes**
 - a. Decision supports
 - b. EHR modifications
 - c. Role clarifications
4. **Develop periodic check-ins and re-assessments:** Consider how to check whether those office systems and processes are happening
 - a. Periodic data checks, even for a month, by provider
 - b. Set up routine meetings at a set periodicity to check on progress
5. **Schedule refreshers and updates on workflows and services**
 - a. Set up routine time now on meeting with providers, behavioral health and support staff.

Small Group Action Planning to Prioritize Remaining Time



Tab 7

- Hillsboro Pediatric Clinic: Dave & Jaime
- VGMHC - Cornelius: Colleen & Reece
- Metro - Johnson Creek: Tessa & Vienna
- Randall Children's Clinic: Lydia & Andrew



Learning
Session #6
Agenda

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The Time Remaining in TPEC

Oregon TPEC Year 4: Enhancing Issue Focused Interventions & Referrals to ECD Experts, Sustaining TPEC Improvements in Sites, Summarizing Successes and Barriers & Supporting Spread to Other Clinics
Randall Children's Clinic Activities: November 2025 – September 2026



Tab 8

2025		2026								
FINAL Project Year 4										
November	December	January	February	March	April	May	June	July	August	September
FINAL Learning Session #6 November 13th 8-12 PM PST Site Visit: 11/20/25 12:00-1:00PM	Action Period: QI Implementation 	Action Period: QI Implementation Evaluation Data Collection Inc. Child-Level Metric 	Action Period: QI Implementation Qualitative Data Collection Virtual Site Visit: 2/19/26 12:00-1:00PM 	Action Period: QI Implementation Qualitative Data Collection Across TPEC Sites Webinar 3/11/26 12:30-2PM (Required) Deliverables Due For Both Subawards (3/31/26) 	Action Period: QI Implementation Evaluation Data Collection: PCPCH-ECD (Subset) Virtual Site Visit: 4/16/26 12:00-1:00PM 	Action Period: QI Implementation Qualitative Data Collection Meeting With System Leaders 	Action Period: QI Implementation Qualitative Data Collection 	Action Period: QI Implementation FINAL Evaluation Data Collection Inc. Child-Level Metric 	Action Period: QI Implementation 	Deliverables Due For Subaward Supporting Learning Collaborative Participation (9/29/26) TPEC Close Out Call TBD Meeting with System Level Leaders (Date TBD in August or September)

KEY:

- Action Period: QI Implementation
- Site Visit- Practice Facilitation : **On-Site Visit** **Remote Site Visit**
- Across Sites TPEC Webinar: March 11th Webinar: 12:30-2PM PST, September TBD TPEC Close Out Call
- Evaluation Data Collection (Child-Level Metrics, PCPCH-ECD) Qualitative Data Collection (e.g Surveys, Individual Calls)
- Meeting with System-Level Leaders to Share Policy-Level Learnings (TBD Exact Timing)
- Deliverables Due for Two Subawards (Example for Subaward Supporting Issue Focused Interventions/Referrals: Qualitative Report of Activities/Learning Barriers, Summary of Quantitative Changes in Required Metrics, Updated Staffing & Resource Plan); If Deliverables Approved, Invoices Submitted.

Action #6 Period Focus:
 Enhancing Issue Focused Interventions & Referrals to ECD Experts, Sustaining TPEC Improvements in Sites

Randall Children's Clinic

QI Supports & Webinar Supported Calls

1. November-December Site Visit to Confirm Action Plan and Steps
2. Support Spread of Trainings and Materials Identified
 - In practices with multiple clinic sites, OPIP could support trainings in other sites
3. Site Check Ins for QI Support & to Address Barriers & Questions
 - February 2026
 - April 2026
4. **March 11th 2026 12:30-2:00: All Sites Call**
5. **September TBD: OR TPEC Close Out Call**



Examples of Final Data Collection Currently Planned

1. Qualitative interviews may be requested
2. Surveys may be sent
3. January 2026 Child-Level Data Collection
4. July 2026 Final Child-Level Data Collection
5. Sub components of PCPCH-ECD



Subawards Deadlines for Each Site



YEAR 4 (9/30/25-9/29/25) Oregon TPEC Subaward Deliverables & Invoicing

HPC has 2 subawards with OHSU as a part of the Transforming Pediatrics for Early Childhood Project, through which you get paid for all your efforts on the project. Below is an overview of the deliverables and invoicing guidelines for each contract for Year 4 of the grant.

Subaward 1: Meaningful Participation in the TPEC Learning Collaborative

Subaward #: 1022519_VGMHC

March '26 Invoice Amount: \$5,000

Required Steps:

1. Review & Edit March Deliverables Overview **Prepared by OPIP**
2. By 3/31: Send Invoice (with unique invoice number & Subaward #) with September Deliverables Overview attached to spasub@ohsu.edu, and cc Colleen Reuland, cordovav@ohsu.edu and OPIP@ohsu.edu.

September '26 Invoice Amount: \$5,000

Required Steps:

1. Review & Edit September Deliverables Overview **Prepared by OPIP**
2. Update your practice's Final Staffing and Resource Plan to Sustain ECD Efforts, Updated as of March. (Also part of Subaward 2)
3. By 3/31: Send Invoice (with unique invoice number & Subaward #) with September Deliverables Overview attached to spasub@ohsu.edu, and cc Colleen Reuland, cordovav@ohsu.edu and OPIP@ohsu.edu.

Subaward 2: Support to Increase Staffing with Early Childhood Development (ECD) Expertise that Provide Issue-Focused Interventions for Children Birth-five & Referrals and System Navigation to External Early Childhood Development Expertise

Subaward #: 1022519_VGMHC_Jacobs

March '26 Invoice Amount: \$35,000

Required Steps:

1. Write a Qualitative Report for Grant Year 4 Activities that Includes: 1) Implementation Successes and Barriers to the Staffing and Resource plan. 2) Increases in Staffing (New Staffing, FTE of Existing New Staff Focused on Birth to Five). Report must include the required elements described in the Scope of Work in this final year. **Prepared by Primary Care Practice, Colleen to review and approve that it meets documentation requirements**
2. Write a Sustainability Plan (Required component of grant year 4): A brief plan for sustainability of increased services. **Prepared by the practice team, with support from the OPIP facilitation team.**
3. Update your practice's Staffing and Resource Plan Implemented and Summary of Areas Practice Plans to Sustain, Updated as of March. **Prepared by Primary Care Practice**
4. Update Action Planning Table and/or other supplemental implantation tracking templates used in partnership with the OPIP facilitation team, with specific highlights related to the Staffing and Resource Plan to Enhance ECD Expertise. **Prepared by Primary Care Practice**
5. By 3/31: Send Deliverables above to Colleen Reuland for approval
6. Once Approved, Send Invoice (with unique invoice number & Subaward #) with Qualitative Report, Summary of Quantitative Changes, and Updated Staffing and Resource Plan, and Updated Action Planning Table attached to spasub@ohsu.edu, and cc Colleen Reuland, cordovav@ohsu.edu and OPIP@ohsu.edu.



Gratitude

- You have positively impacted children in your practice
- We have learned so much from you
- We are honored and grateful to lead this Learning Community



