WELCOME! WHILE FOLKS ARRIVE:

PLEASE UPDATE YOUR NAME IN ZOOM TO INCLUDE:

- **FIRST AND LAST NAME**
- **INITIALS of the PRIMARY CARE PRACTICE IN WHICH YOU WORK**

NOTICE OF RECORDING

- *We will be recording this overview webinar for those who were not able attend today's webinar live.*

Overview from the Oregon Pediatric Improvement Partnership - Learning Opportunity for Integrated Behavioral Health in Primary Care: Learning Curriculum on Brief Interventions for Young Children Addressing Common Behavioral Concerns

8/28/26

This training series is financially supported by Eastern Oregon Coordinated Care Organization.

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Agenda

- **Who:** Who is Oregon Pediatric Improvement Partnership (OPIP), Why Are We Leading it, and in the Simplest Terms What Does it Include
- **The Why:** Why Eastern Oregon Coordinated Care Organization (EOCCO) is Supporting this Training Opportunity for Integrated Behavioral Health (IBH)
- **The Why:** Why Does This Training Aim to Enhance Integrated Behavioral Health to Serve Young Children
- **What is Being Offered for Free:** Overview of Learning Curriculum for Integrated Behavioral Health Focused on Brief Interventions for Young Children Addressing Common Behavioral Concerns
  - In-Person Training (1) Late Fall 2026
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Who is the Oregon Pediatric Improvement Partnership (OPIP)

oregon-pip.org

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

- OPIP projects are supported by **grants and contracts**.
  - This work is funded by a contract from Eastern Oregon Coordinated Care Organization.

- We are a statewide organization based out of Oregon Health & Science University, Pediatrics Department.

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

OPIP's Work Informing Training

- Area of focus for the last decade: How to improve the implementation of Bright Futures recommendations focused on young children's social-emotional health.
- This has included:
  - Four- Learning Collaborative with four primary care sites on improving services for young children
  - 10-month standardized Learning Curriculum mean to support integrated behavioral health to be able to see young children and evidence-aligned strategies addressing common behavioral health issue.
    - Implemented twice.
    - Building off the learnings from those efforts for this offering in Eastern Oregon.
  - Trainings and tools on how to **engage families** of young children in behavioral health services
  - **Training primary care providers** of who to refer to integrated behavioral health and how to engage families
  - Addressing Billing: Outline considerations on codes, diagnosis covered by OHP, and sustainable strategies
  - Measure steward for Young Children Receiving Issue-Focused Interventions.

Examples of Rural Clinic We Conducted Integrated Behavioral Health Training

Dr Riley's Focus in this Area

Dr. Andrew Riley is a pediatric psychologist and clinician-scientist whose work focuses on **integrated behavioral health services** in pediatric primary care settings with an emphasis on early childhood.

- National expert in pediatric integrated behavioral health.
- He has specialized training in behavioral therapies for children and families across the range of behavioral, developmental, and medical complexities.
- As part of the Behavioral Pediatrics Treatment Program at OHSU, Dr. Riley **helps families with common behavioral issues** of childhood like noncompliance, toileting difficulties, sleep problems, and unwanted habits.
- Directs integrated behavioral health services for Doernbecher Pediatrics Primary Care.

Research Examples:

- A systematic review and meta-analysis of pediatric integrated primary care for the prevention and treatment of physical and behavioral health conditions
- Parents' consumer preferences for early childhood behavioral intervention in primary care
- A survey of parents' perceptions and use of time-out compared to empirical evidence
- The impact of behavioral health consultations on medical encounter duration in pediatric primary care: A retrospective match-controlled study.

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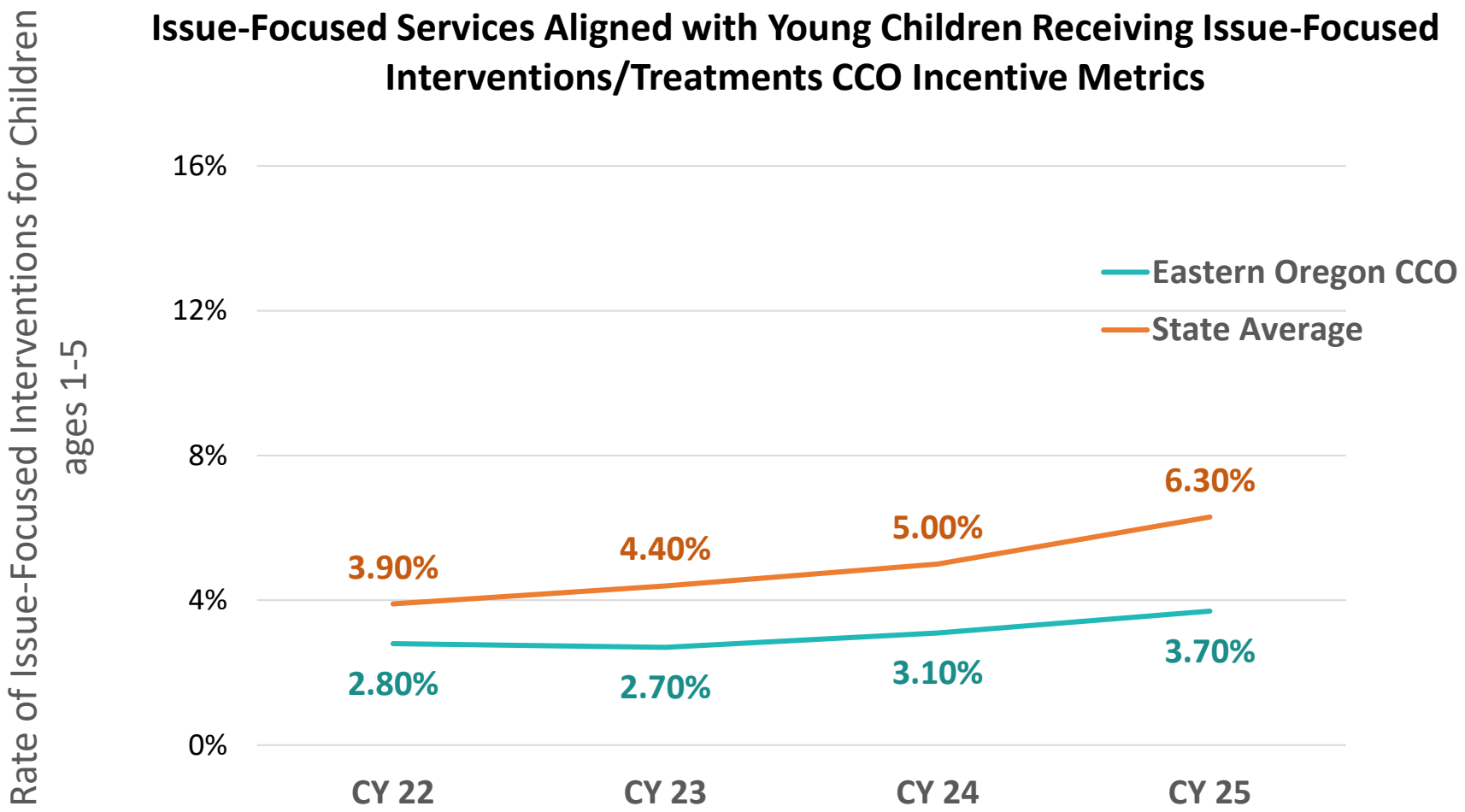
Alignment with Bright Future Aligned Care& CCO Incentive Metric

- Training is focused on EPSDT aligned services, specifically follow up to screening and brief interventions that can be done.
- Training is aligned with services that are included in the Young Children Who Receive Issue-Focused Interventions/Treatments CCO Incentive metric
  - Included in the CCO incentive metric set 2025

Opportunities for Improvement: Care for Children in EOCCO as Compared to Other Rural Regions in the State, Improvement Possible

- In other regions that OPIP has done trainings, it has resulted in improved care and improved services.
- A CCO (with rural regions) with highest rate (9.1%) was one we had done extensive work, including a training of behavioral health.
- A rural region we worked in had a similar rate to EOCCO and has seen their rate nearly double.



Data Source: CY 2025 Data Provided by EOCCO and the OHA data dashboard, CY 24-22 Data Provided by OHA

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

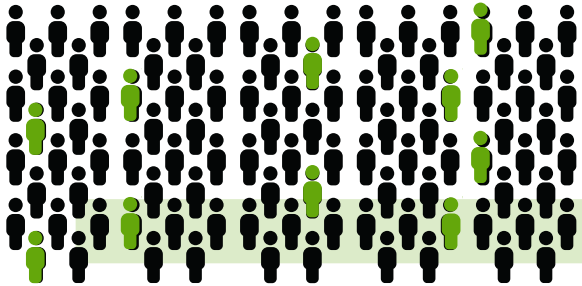
Defined as the capacity of the child from birth to 5 years old to:

- ✓ 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.

Health Care-Based Social-Emotional Services

Continuum of CCO-Covered Social-Emotional Services

All Children as Part of Population Wide Promotion & Screening



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

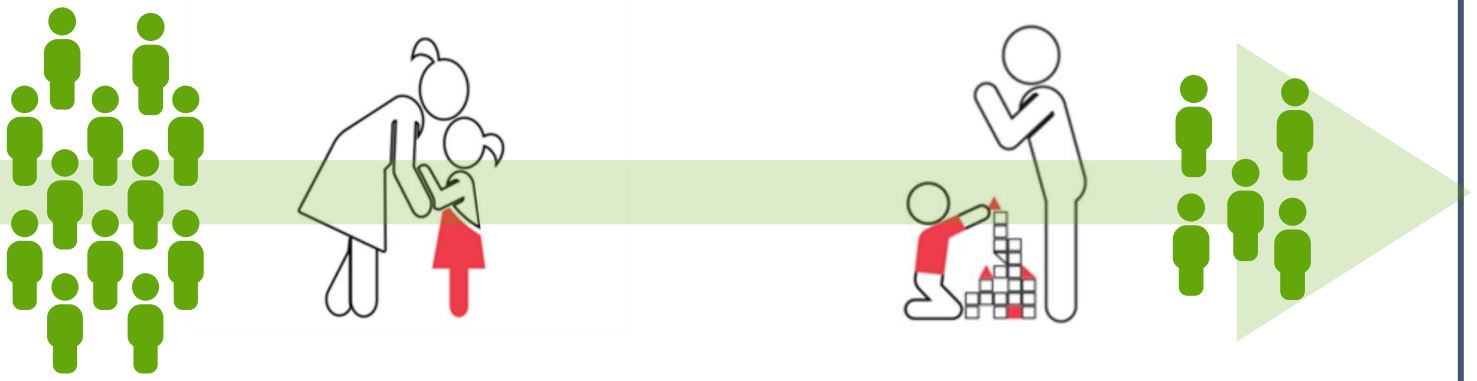
Children with Identified Issues

(Delays, Behavior Concerns, Risk for Problem Behaviors)

Issue-Focused Intervention & Treatment Services

Brief Intervention

Treatment Service



How Many Children Need Issue-Focused Interventions?

Continuum of Health Care-Based Social-Emotional Services Represented by Specific Claims

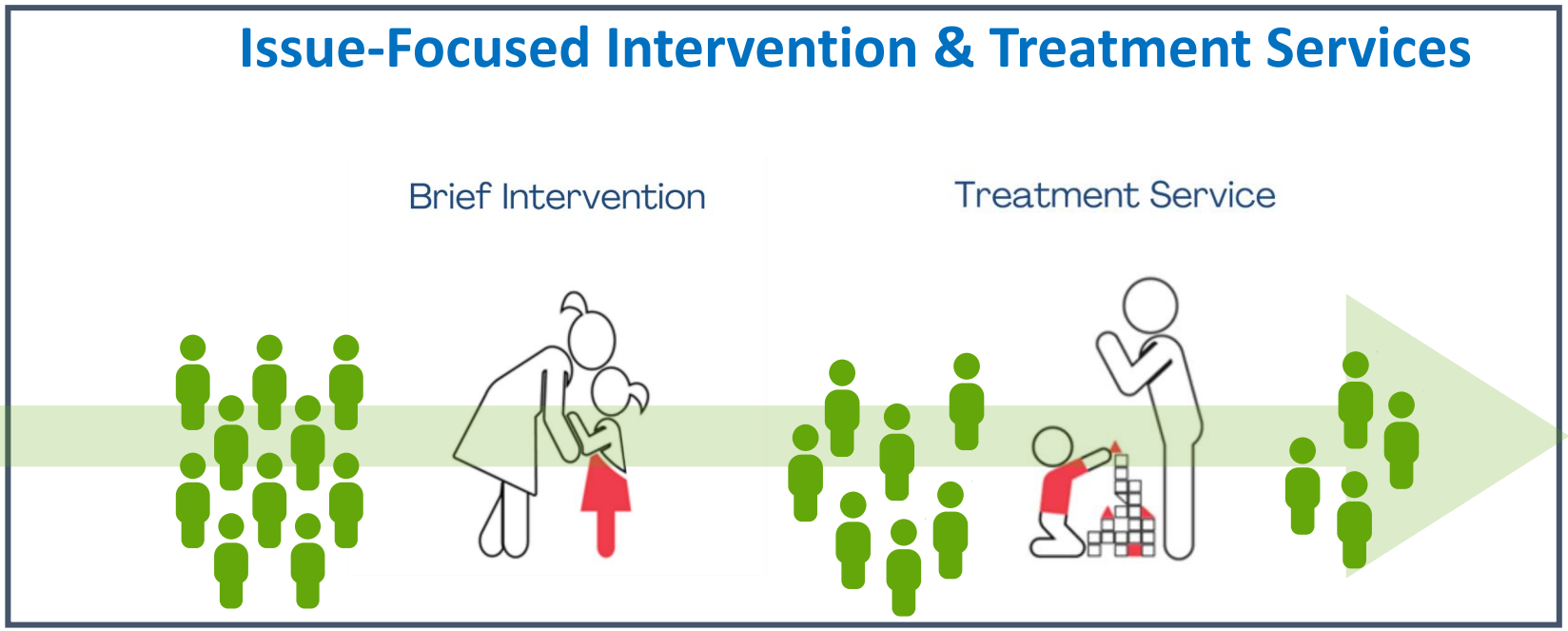
30-40%

Of Children Have Social Complexity Experiences that Could Impact SE Development and Likely Benefit from Brief Interventions That are Short in Nature

12-17%

Of Children Will Have a Diagnosis that Would Warrant Treatment Services

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



Purpose of the Young Children Receiving Issue-Focused Interventions/Treatment Metric: Target services most aligned with clinically recommended intervention services

*Focuses on brief intervention and treatment services that are most used by the **system of providers** focused on children's behaviors, across sectors.*

Primary Care & Integrated Behavioral Health & Other Staff with Behavior Expertise

Specialty Behavioral Health

Other Contracted CCO Providers That May Provide a Range of Issue-Focused Interventions

Role of Integrated Behavioral Health in Best Match Care for Young Children

Children go to primary care over a dozen times in the first five years of life

- Primary care sees early clues of opportunities for assessments and interventions
- There may be less stigma to accessing services within primary care

There are evidence-based models to support assessment and interventions in 3-6 sessions that can be conducted in primary care for birth to five

- Many providers have not received training on these models given this relatively new approach in the field – opportunity for enhancements

IBH may identify families that need external specialty behavioral health referrals

Remembering and Centering Our North Star: Parents Value Primary Care

Questions?

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Training Curriculum Objectives

GOAL: Strengthen Integrated Behavioral Health clinicians' ability to provide brief interventions for young children (birth to five) addressing common behavioral health concerns tailored to participants training, capacity, and resources.

This Learning Curriculum is designed to:

1) Provide practical, evidence-based clinical tools & strategies clinicians can incorporate into everyday practice.
2) Enhance clinicians' ability to conduct interventions (3-6 sessions in nature) that target social-emotional health in young children.

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Training Audience= Integrated Behavioral Health

Audience for Training is **Integrated Behavioral Health Staff who:**

- Work at an EOCCO-contracted primary care clinic.
- Currently provide services for children birth to five or plan to.

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Training Components

1)In-Person Learning Session (1): Late Fall 2026

- The date and location will be determined by responses to the **registration survey**.
- **Training Date Options: Nov 18th , Dec 3rd or Dec 4th**

2)Four Topic-Specific Webinars (4): Spring 2027

- The date and location will be determined based on response to the registration survey.

Continuing Education/CME will be available for each learning opportunity, aligned with the number of hours.

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Training Component: In-Person Learning Session

Content

Delivered by OPIP (Reuland) and Integrated Behavioral Health expert Andrew Riley, PhD.

- Interactive learning session with practical tools and case-based discussion.
- Topics include evidence-based strategies for addressing common behavioral health issues in young children, and opportunities to practice new skills.
- Training will also include an overview of billing strategies specific to young children and aligned with the CCO incentive metric.

Attendees will receive a binder of resources, tool and strategies provided as part of the training.

This training series is financially supported by Eastern Oregon Coordinated Care Organization.

Training Component: In-Person Learning Session

Logistics

- Date & Location will be the date option from list below & location indicated in registration survey that work for most people
- **Training Date Options:**
  - Wednesday Nov 18th
  - Thursday Dec 3rd
  - Friday Dec 4th
- 4 hours CME 4.0 *AMA PRA Category 1 Credits™* (CME) Provided
- Food Provided
- EOCCO will cover travel costs.
- Attendees will be entered into a raffle to win a gift card.

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Training Component: Topic-Specific Webinars

Content

Webinars will allow for deep dives on priority topics indicated in the registration survey

Format: Presentation on Topic by Dr. Andrew Riley, with opportunities for case presentation, consultation, and discussion across participants

- Registration survey and post in-Person Learning Session will hear from folks about priorities.

Potential Topics

- Disruptive Behavior
- Early Childhood Anxiety
- Early Childhood Sleep
- Toilet Training and Elimination Problems

Logistics

- **Live webinars, will be recorded**
- Held before clinic or during lunch hour, sessions on specific strategies for common behavioral issues,
- 1.0 *AMA PRA Category 1 Credits™* (CME) Provided

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The Ask of You: Fill out the Registration Survey

Ready to Attend?

Please Fill out This Registration Survey

Includes Qs on:

- Your availability for potential in-person training dates & locations
- Behavioral health topics that would be most valuable to your practice

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HEARING FROM YOU:

1. What initial questions can we answer?
2. Is there anything you really hope is covered?
3. Are there any barriers to your attendance?

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