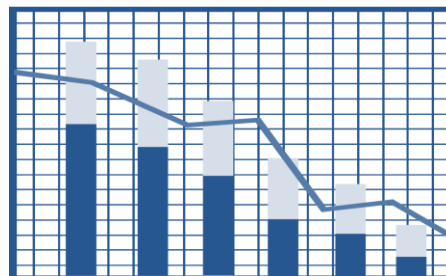


Early Childhood Evidence Based Dyadic Behavioral Health Treatments: Information and Strategies

Laurie Theodorou, LCSW
Early Childhood Mental Health Policy Analyst



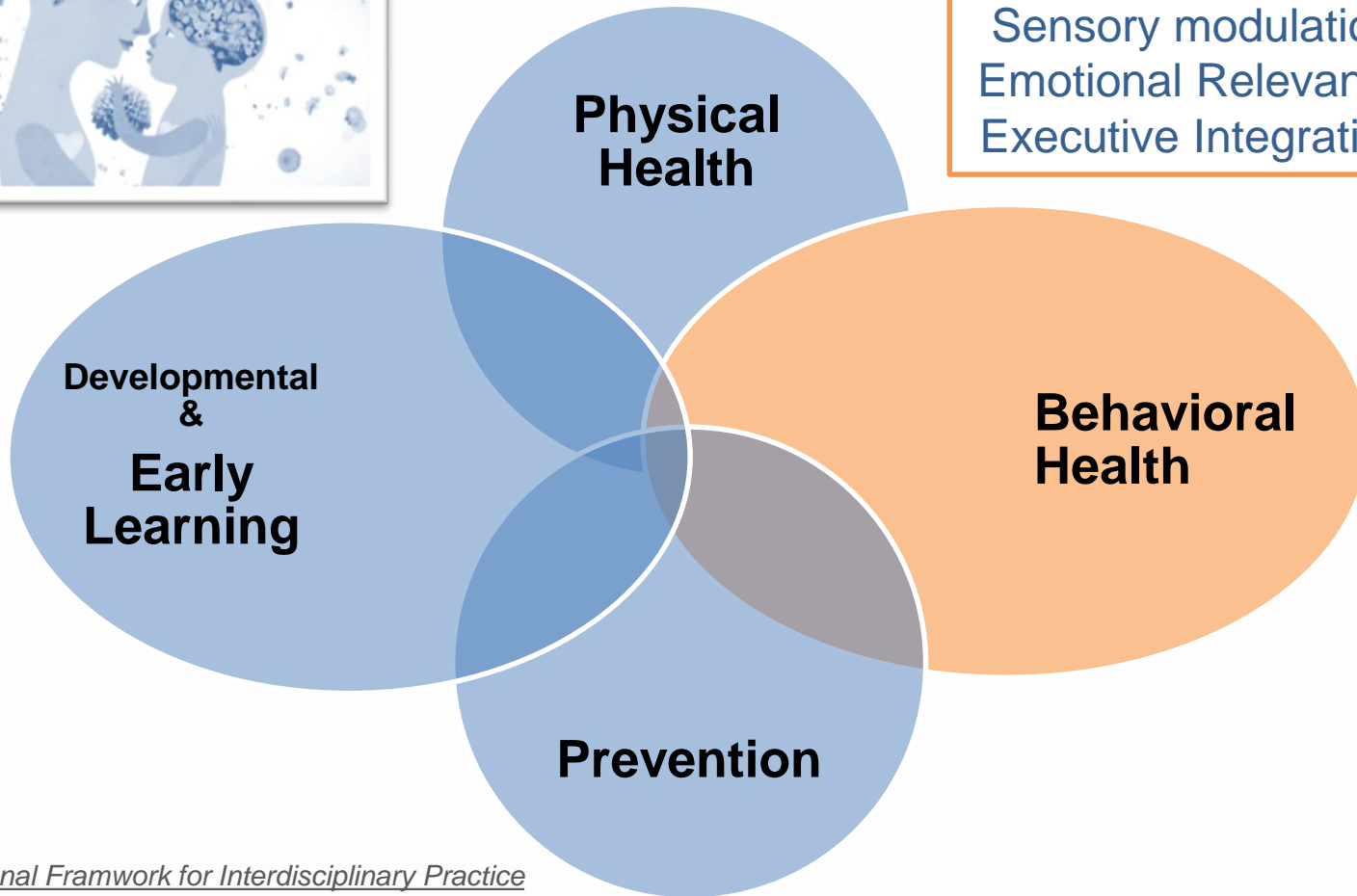
My Role

- **Support Children's System of Care Development (CSAC)**
- **Promote expansion of, and increased access to Evidence-based Practices (EBPs) to children, specialize in birth to 8 years**
- **Coordinate with other OHA Divisions**
- **Provide Technical Assistance to Stakeholders regarding Infant and Early Childhood Mental Health services and program development**

Early Childhood Mental Health (ECMH) Crosses All Categories



Regulation
Sensory modulation
Emotional Relevance
Executive Integration



Neurorelational Framework for Interdisciplinary Practice
Lillas & Turnbull, 2009

HEALTH SYSTEMS DIVISION

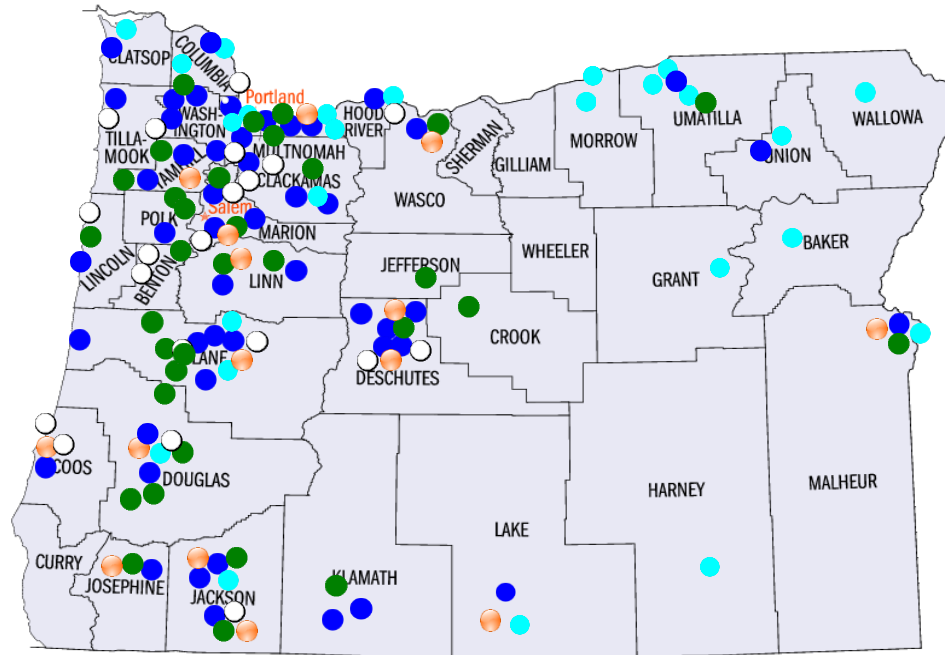
Child and Family Behavioral Health



Dyadic Treatment

- Evidence supported therapeutic interventions
- Developmentally appropriate
- Actively engage one caregiver and one child during the intervention
- Reduce symptomology in one or both participants
- Improve the caregiver-child relationship

Early Childhood Social Emotional Health Services- staff trained through Oregon System Development Efforts



Blue=Parent-Child Interaction Therapy (PCIT)

Aqua=Child Parent Psychotherapy (CPP)

Green=Relief Nursery

Orange=Portland State U. Infant Toddler Mental Health Program

White= Oregon Infant Mental Health Endorsement-Clinical (ORIMHA)

Evidence-based Practice (EBP) Defined

Evidence-based programs are programs that have been shown to have positive outcomes through high quality research. (Substance Abuse and Mental health Services Administration; SAMHSA)

- ✓ **External systematic reviews of the research**
- ✓ **Randomized control trials, field studies, follow-up studies**
- ✓ **Replicable**
- ✓ **Problem and/or population specific**
- ✓ **Clinical practice guidelines and protocols**

Fidelity

The extent to which delivery of an intervention adheres to the protocol or program model originally developed and supported by research.

Common Components of Well Supported EBPs

**Training
guidelines**

**Manual &
Standardized
Measurement Tools**

Certification

**Fidelity
Standards &
Monitoring**

**On-going Support
& Updates**

All Are Not Equal

Well Supported-Strongest Research

Supported- Adequate Research

Promising Practice

Not able to be rated

***Concerning Practice-Poses Potential Risk
or No Effect***

Example of a Well-Supported Early Childhood Dyadic Treatment Parent Child Interaction Therapy (PCIT)



<http://www.pcit.org/media>

Oregon PCIT $d = 1.65$

(Graduated from PCIT)

Lieneman et al. (2019)

Oregon PCIT $d = 0.70$

(≥ 4 sessions, left treatment early)

Lieneman et al. (2019)

Stimulant Medication*

$d = 0.67$

Mészáros et al. (2009)

CBT* $d = 0.66$

Arnberg, et al. (2014)

Incredible Years*

$d = 0.50$

Menting et al. (2013)

Triple P*

$d = 0.35-0.57$

Nowak et al.
(2008)

Child-Centered Play Therapy

$d = 0.34$

Ray et al. (2015)

**PCIT Effect Sizes
 $N = 1,437$ Oregon
Families
($N = 914$ attended
 ≥ 4 sessions)**

*OHA & West Virginia
University Analytics
Teams (2019)*

[*Reconceptualizing attrition in Parent-
Child Interaction Therapy: | PRBM*](#)

* meta-analysis, worldwide

OREGON-Evidence-based Dyadic ECMH

Dyadic Therapy	Research Rating	Age Range	Recommended Treatment Duration	Target of Intervention
Child-Parent Psychotherapy (CPP)	Supported	Birth through 5 yrs.	50 weekly + 60-90 min. sessions	<ul style="list-style-type: none"> • Parent-Child Relationship • Trauma • Depression/Anxiety
Parent-Child Interaction Therapy (PCIT)	Well-Supported *	2 yrs. through 6 yrs. Adaptations for 12-24 months and 7-9 yrs.	16-24 weekly 60 min. sessions	<ul style="list-style-type: none"> • Parent-Child Relationship • Chronic Neglect/Abuse • Disruptive/Defiance • Hyperactivity • Anxiety/Depression
Generation PMTO (Parent Management Training Oregon Model)	Well-Supported	2 yrs. through 17 yrs.	10-25 weekly 60 min. sessions (Individual Family Format)	<ul style="list-style-type: none"> • Behavioral Problems • Anxiety/Depression • Substance Use • Child Welfare Involvement
Trauma Focused CBT (TF-CBT)	Well-Supported *	3 yrs. through 25 yrs.	12-18 weekly 60-90 min. sessions	<ul style="list-style-type: none"> • Trauma Specific Symptoms (PTSD, Anxiety, Depression, Behavioral disruption, Shame, Distorted Beliefs)

** Currently on the Approved List for Title IV-E Family First Act Funding*

Also Available in Oregon

Child and Parent Relationship Therapy (CPRT), also known as Filial Therapy (Promising Practice)

Ages- 2-10 yrs.

- 10-50+ weekly sessions
- Treats social emotional and behavioral problems



Theraplay (Promising Practice)

- Ages 0-18
- 18-24 weekly sessions and 4 follow-up sessions within 18 months
- Treats a wide range of internalizing and externalizing problems

Not Yet Available in Oregon

Attachment and Biobehavioral Catch-up (ABC)

- Ages 6 mos.-2 yrs.
- Treats effects of Early Adversity (Attachment, Regulation, Parental Attunement)
- 10 weekly 60 min Sessions
- Well-Supported

Not a Dyadic Therapy

- *Child Directed Play Therapy*
- *Eye Movement Desensitization and Reprocessing (EMDR)*
- *Incredible Years*
- *Collaborative Problem-Solving*

Common Training Components for Certification in an Evidence-Based Therapy

- Masters degree or above in a Mental Health field
- 24-80 hours of direct training within a period of a year plus
 - Consultation/Case Presentation 1-4 times per month for 1-2 years
- Prescribed number of successful case completions
- Demonstration of implementation competency (live, video, chart review, written tests and/or other)
- Continuing Education requirements
- Periodic recertification
- Average cost \$5,100 (per clinician, 12-18 months, certification ready)

Increasing Early Childhood Mental Health Dyadic EBPs- Strategies

✓ Know your ECMH Dyadic Therapy Providers

- Survey, Map, Create Database, make it accessible to families and providers
- Identify who is “trained” and who is certified by the practices’ national organizations
- Track Use of ECMH Dyadic Therapies through billing data
- Set goals to increase services or outcomes (*National Estimates of need for ECMH are 12-16%*)

Increasing Early Childhood Mental Health Dyadic EBPs- Strategies, Cont.

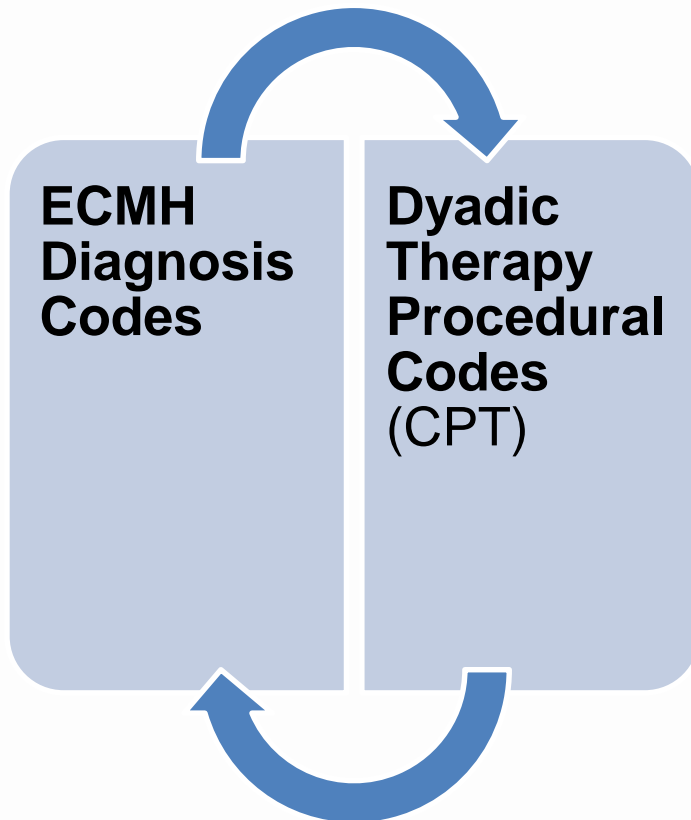
✓ Incentives

- Training grants or enhanced rates for ECMH dyadic EBP services
- Agency Level and Therapist Level incentives (example: Bonus for Certification in a well supported ECMH EBP)
- Cover certification and recertification fees

✓ Financial Support

- Upfront Dyadic EBP training costs and lost productivity
- Fund the extra expense associated with serving families in child's natural environment
- On-going Consultation with National Expert
- Sponsor Regional or State Conferences

Ensure Appropriate Billing Codes are Entered into your Systems



Oregon Early Childhood Diagnostic Crosswalk

Guidance Document

Bridging the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5), the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5), and the International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD 10) to aid behavioral health providers with developmentally appropriate and Oregon Health Plan reimbursable diagnoses.

NEW LOCATION:

<https://www.oregon.gov/oha/HSD/AMH/Pages/Child-Mental-Health.aspx>

Early Childhood Diagnostic Codes which commonly need to be added to Electronic Health Record Systems

- **Mental Health Services for victim of child neglect or abuse by parent-** *DSM 5-V61.21 (ICD-10: Z69.010)*
- **Mental Health Services for victim of non-parental child abuse child-** *DSM 5- V61 21 (ICD- 10: Z69.020)*
- **Parent Child Relational Problem-** *DSM 5 V 61.20 (ICD-10: Z62.820)*
- **Other Specified Problems Related to the Primary Support Group** *DSM 5 309.89 AND V61.8 (ICD-10 Z63.8)*
- **Other Specified Trauma and Stressor-Related Disorder/Other Reactions to Severe Stress** *DSM 5 309.89 (ICD 10 F43.8)*

Common Dyadic Therapy Procedure codes (CPT)

- **Family Therapy with client present (90847)**
- **Family Therapy without client present (90846)** Less frequently, must be clearly directed toward the treatment of client
- **Psychotherapy with or without family member present (90832, 90834, 90837)** Client must be present for all or the majority of the session (individual therapy is not dyadic)
- **Interactive Complexity (90785- Add on code)**
 - Documentation each session of factors that complicate delivery of the EBP, such as high reactivity among participants, undeveloped or regressed language ability, use of additional equipment or devices to facilitate the therapeutic intervention.
 - Not available for Fee for Service Clients by Masters Level Therapist

Responsive Relationships Key to Child and Adult Positive Outcomes



<https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/#reduce-stress>

Find More Information

- **California Evidence-based Clearinghouse for Child Welfare**
<https://www.cebc4cw.org/>
- **National Child Traumatic Stress Network** <https://www.nctsn.org/>
- **Results First Clearinghouse Database**
<https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>
- **The Title IV- E Prevention Services Clearinghouse**
<https://preventionservices.abtsites.com/>
- **Oregon Early Childhood Diagnostic Crosswalk**
<https://www.oregon.gov/oha/HSD/AMH/Pages/Child-Mental-Health.aspx>
-

Oregon ECMH Training Opportunities

- **Oregon Infant Mental Health Endorsement (ORIMHA)**
<http://www.oraimh.org/whats-new/trainings/>
- **Parent Child Interaction Therapy (PCIT)** – contact Certified Level 2 Trainers: Alejandra Moreno, MA, MS
MorenoAJ@jacksoncounty.org and Erin Sewell, LCSW
Erin.Sewell@lifeworksnw.org
- **Child Parent Psychotherapy (CPP)** – contact Debby Bassett,
debbybassett@gmail.com
- **Infant Toddler Graduate Certificate Program**, Portland State University
<https://www.pdx.edu/sped/itmh>

National Dyadic ECMH Resources

Training, Research, Find a Provider and more

- Parent Child Interaction Therapy (PCIT) International
<http://www.pcit.org/>
- Oregon PCIT Outcomes Study [Reconceptualizing attrition in Parent–Child Interaction Therapy: | PRBM](#)
- Child-Parent Psychotherapy (CPP)
<http://childparentpsychotherapy.com/>
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
<https://tfcbt.org/>
- Generation PMTO(Parent Management Training Oregon Model)
<https://www.generationpmtto.org/>

Next Webinar

Clarification

- Reimbursable, Developmentally Appropriate Diagnoses
- Codes and Guidance Documents for reimbursement

Strategies

- Increasing referrals and access to EPBs and appropriate levels of care for young children





Date: July 17, 2018

To: Primary care practitioners and behavioral health providers

From: Rhonda Busek, director
Provider Services, Health Systems Division

Subject: Access to peer-delivered services for Oregon Health Plan children and their families

Primary care practitioners and clinics can employ or contract with certified Family Support Specialists (FSS) and Youth Support Specialists (YSS) to help with the behavioral health needs of children ages 0 to 18. FSS provides services to the parent so they can better care for their child. YSS directly assist youth ages 14 to 18.

The Oregon Health Plan (OHP) covers these services for children and their family members when:

- The child is currently eligible for OHP Plus benefits and their family needs support in understanding mental health development or issues, accessing care, navigating systems, or overcoming mental health or behavioral health barriers;
- The FSS or YSS provider is enrolled as a rendering Oregon Medicaid provider;
- The services are in accordance with the child's client-centered treatment plan;
- The clinic bills for the services under procedure codes H0038 (Peer Support), T1016 (Case Management), or H2014 (Skills Training and Development); and
- The diagnosis and treatment codes pair above the line on the Prioritized List of Health Services.

The FSS or YSS provides these services under both clinical and peer supervision.

Why is this happening?

Based on similar life experiences to the families they serve, FSS and YSS help families access support, education, and navigation to the health and wellness services their children need. They often act as translators or bridges to clinical professionals. Generally, this results in better health outcomes, treatment follow-through and client satisfaction.

The Oregon Health Authority (OHA) wants to ensure that primary care providers are aware of this valuable benefit, which became available for OHP reimbursement through pediatric providers on July 1, 2017.

What should you do?

Please refer to OHA's [Enrollment and Billing for Peer-Delivered Services](#) fact sheet to learn how to enroll FSS and YSS providers, and bill for peer-delivered services rendered to Oregon Health Plan families.

Questions?

- **About billing:** Contact the Provider Services Unit at dmap.providerservices@state.or.us or 800-336-6016. We are available Monday through Friday between 8 a.m. and 5 p.m.
- **About FSS or YSS services:** Contact Frances Purdy at frances.s.purdy@dhsaha.state.or.us or 503-957-9863.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.

What does a Family Support Specialist (FSS) Do?

- Provides hope by sharing, as a teaching/mentoring tool, the applicable portion of their life experience as a parent of a child, youth, or young adult experiencing emotional or health challenges
- Assists the parent to be confident in their skills and guidance for parenting a child, young and young adult experiencing emotional, developmental or health challenges
- Assists the parent to develop communication, crisis and safety plans
- Finds local resources needed by the family (housing, basic needs, public benefits, education, social services, health services, etc.)
- Assists the parent to obtain and maintain appropriate children’s services
- Assists the parent to get and fill out applications and other resources forms (housing, insurance, intake to services, medical, education, etc.)
- Understands and shares information about children’s health and behavioral health prevention, disease prevention, social determinants of health, and treatment information
- Mentors skills related to parenting, positive communication, and positive self-care
- Prepares family members for treatment team planning and policy meetings
- Assists parents to identify and utilize community and natural supports
- Attends meetings with family members and sometimes for family members
- Connects and networks parents to other parents or caregivers and other FSSs
- Mentors family members to be self-advocates and system change and advisory agents

Family Support Specialists are individuals who are parenting or have parented a child with emotional or developmental or complex health challenges, have learned to navigate complex systems of services and benefits. Those who bill Medicaid have successfully completed specialized training and certification and are listed on the Oregon Health Authority Traditional Health Worker registry.

Medicaid allows billing under a number of codes that have no cap and do not require preauthorization. The primary ones are: H0038 (peer support), T1016 (case management), H2014 (skills training),

Code	Description	Rate	Unit	Required modifiers	Allowed modifiers	Managed through
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	\$18.11	45 MINUTES OR MORE		GT	RR
H2014	Skills training and development, per 15 min	\$16.88	15 MINUTES		HK	RR
H2023	Supported Employment, per 15 min	\$16.88	15 MINUTES		HK,GT	RR
H2023	Supported Education, per 15 min	\$16.88	15 MINUTES		HK,GT	RR
T1016	Case management, per 15 min	\$21.69	15 MINUTES		HK, GT	RR
H0038	Self-help/peer services, per 15 min	\$15.00	15 MINUTES		HK,GT	RR
H2021 H2022	Wraparound Facilitation (when done only by an FSS)	Rate by CCO set				
GT	VIA INTERACTIVE SIMULTANEOUS AUDIO AND TELECOMMUNICATION SYSTEMS					
RR	Retrospective Review					

