



OREGON
HEALTH
AUTHORITY

April 14, 2025

Behavioral Health Workforce Development: Provider Endorsement and Reflective Supervision

Health Aspects of Kindergarten Readiness
Measure: Young Children Receiving Social-Emotional
Issue-Focused Interventions/Treatment Services
CCO Quality Incentive Metric

Agenda

- Presentation by Oregon Infant Mental Health Association (ORIMHA) and Oregon Health Authority (OHA)
- New documents
- Upcoming technical assistance opportunities

Workforce development and the quality metric

- The Social-Emotional Interventions for 1-5 quality metric measures the number of CCO members (children ages 1-5) who receive any of the issue-focused interventions/treatment services included in the metric set of 44 CPT codes, which can be found in the [2025 measure specifications](#).
- Ensuring that there are enough providers available with the necessary expertise is critical for CCOs to be able to provide these services.
- Developing the expertise of existing providers and engaging more providers in this work is foundational to this quality metric.

Presenters



Erin Kinavey Wennerstrom, PhD,
NCC, LPC, IMH-E®
Executive Director of the
Oregon Infant Mental Health Association



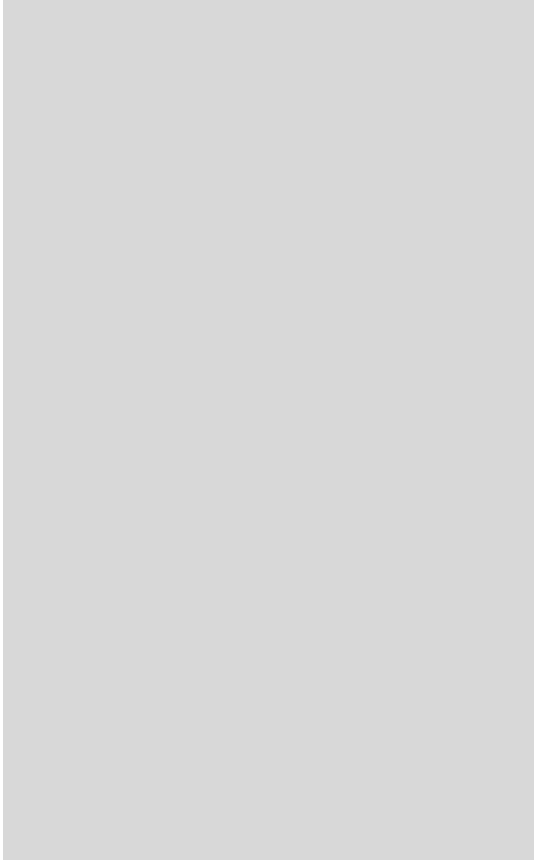
Amy Chandler, MA, LPC
Early Childhood Program and Policy
Development Specialist,
Child and Family Behavioral Health Team,
Oregon Health Authority



ORIMHA

Oregon Infant Mental
Health Association

Infant and Early Childhood Mental Health



ORIMHA's Mission and Work



About us

We are a statewide network of parents and professionals committed to supporting the emotional health and well-being of all Oregon infants, toddlers and their families in safe and thriving communities.

We are dedicated to:

- Promoting broad awareness and understanding of the importance of early nurturing relationships.
- Building Oregon's capacity to support emotional health and well-being through interaction, study, and collaboration across systems.
- Providing Oregon with access to current resources from around the world.
- Informing policy makers, funders and other key stakeholders across systems of care of infant mental health principles and best practices.
- Advocating for the application of infant mental health principles and best practices.

Services and priorities

Services

- Membership
- Endorsement
- Professional Development
- Reflective Supervision/Consultation (RS/C)

Board Priorities

- Diversity-Informed Practice & Equity
- Workforce Development & Wellbeing
- Financial & Programmatic Sustainability
- Effective Relationship Development & Collaboration
- Community Outreach & Awareness
- Data Driven Decision Making



2024 ROADMAP



What is Infant and Early Childhood Mental Health?

The ability to...

Form close and secure relationships and...



Experience, manage, and express a full range of emotions and...



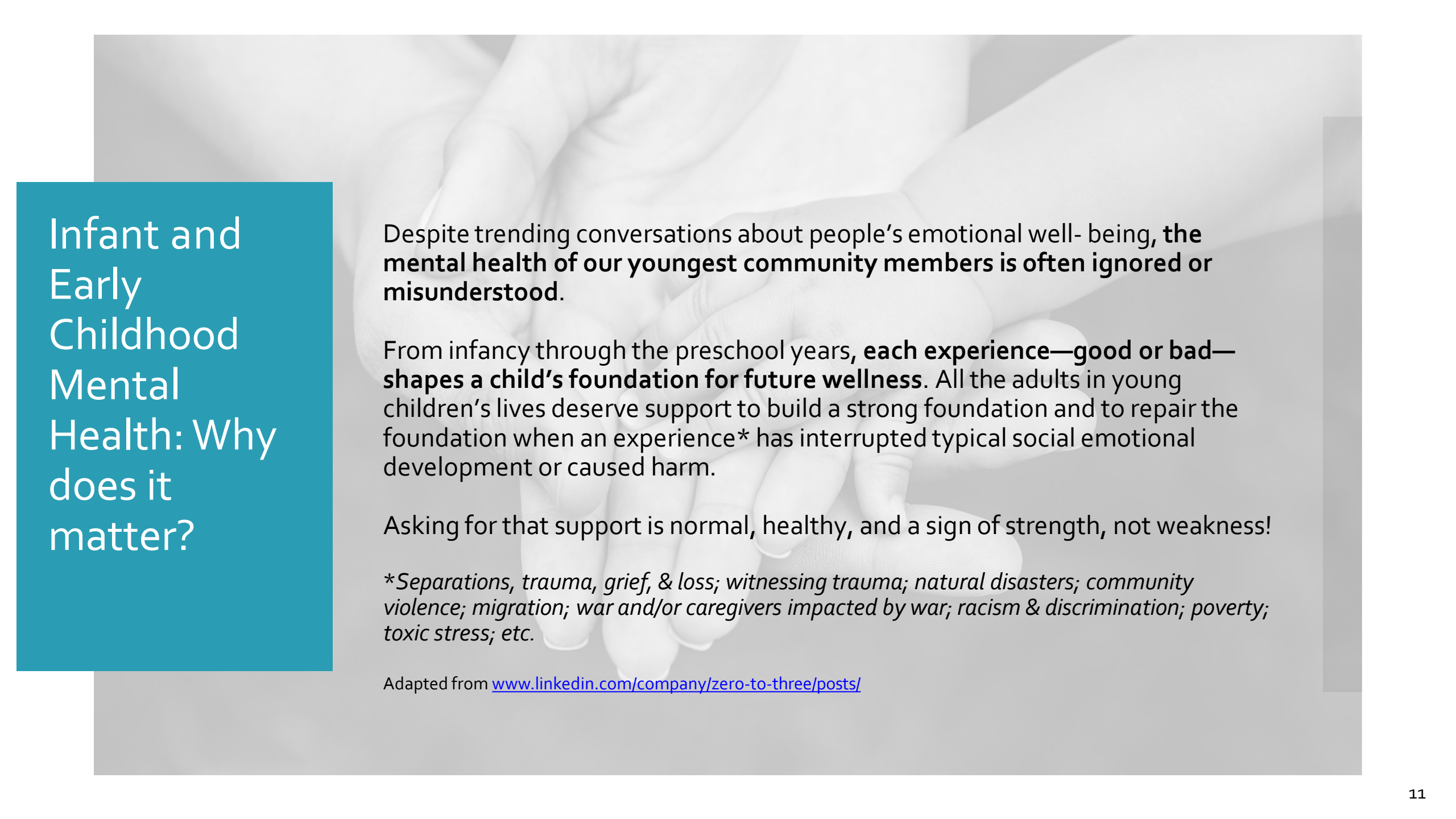
Explore the environment and learn - all in the context of family, community, and culture.



How do we
promote and
strengthen
mental health
for infants and
young children?

Responsive
relationships!



A grayscale background image showing several hands gently holding a baby, symbolizing care and support.

Infant and Early Childhood Mental Health: Why does it matter?

Despite trending conversations about people's emotional well-being, **the mental health of our youngest community members is often ignored or misunderstood.**

From infancy through the preschool years, **each experience—good or bad—shapes a child's foundation for future wellness.** All the adults in young children's lives deserve support to build a strong foundation and to repair the foundation when an experience* has interrupted typical social emotional development or caused harm.

Asking for that support is normal, healthy, and a sign of strength, not weakness!

**Separations, trauma, grief, & loss; witnessing trauma; natural disasters; community violence; migration; war and/or caregivers impacted by war; racism & discrimination; poverty; toxic stress; etc.*

Adapted from www.linkedin.com/company/zero-to-three/posts/

What is Endorsement?

A credential

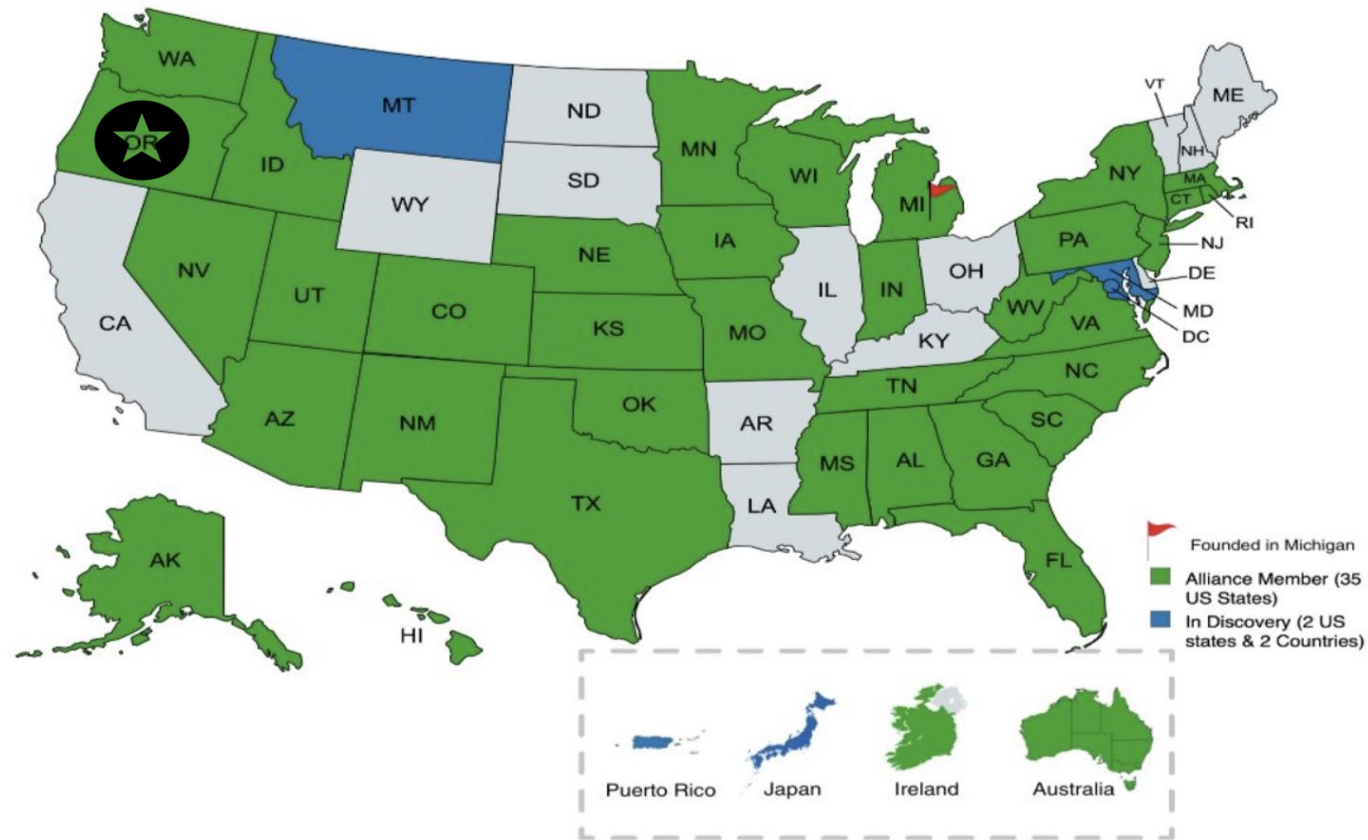
Recognizes
achievement of
knowledge and
training in infant
and early childhood
mental health

Administered by
OR-IMHA

Demonstrates your
specialization

A pathway for
professional
development in the
infant, early
childhood and
family field

Endorsement is not
a license or
certification



Alliance for the Advancement of Infant Mental Health (Alliance)

Benefits of Endorsement

- **Good for the Workforce:** Demonstrates expertise in working with infants, young children and their families.
- **Good for Babies and Families:** Supports infants, toddlers, families, and professionals in a culturally responsive, reflective, and relationship-based way.
- **Good for Communities:** Provides assurance to families, agencies, employers and the public at large that the endorsed professional meets high standards of knowledge and experience.
- **Good for Employers:** Verifies that professionals have attained a specified level of expertise and understanding about the promotion of Infant Early Childhood Mental Health (IECMH) and relationship-based approaches.
- **Good for the Field:** Informs professional development and career planning within an organized framework and creates a competent, high-quality workforce leading to desired child/family outcomes.

Courtesy of Wisconsin Alliance for Infant Mental Health (WI-AIMH)



Veronica Rosa-Sandoval (she/her)
BILINGUAL/ BICULTURAL WORKFORCE
DEVELOPMENT SPECIALIST

Bilingual / Bicultural Support for Endorsement in Oregon

ORIMHA offers a system and relational support to those seeking to apply for the Endorsement credential in Spanish.

Having Endorsement accessible for Spanish-speaking professionals supports linguistically and culturally appropriate social-emotional health care for young kids in Oregon ensuring caregivers have access to this important information, training and supports.

What is Reflective Supervision / Consultation (RS/C)?

RS/C is an ongoing professional development practice for the infant and early childhood workforce.

Through regularly scheduled reflective sessions, the professional and their supervisor/mentor/consultant establish a collaborative and reflective alliance.

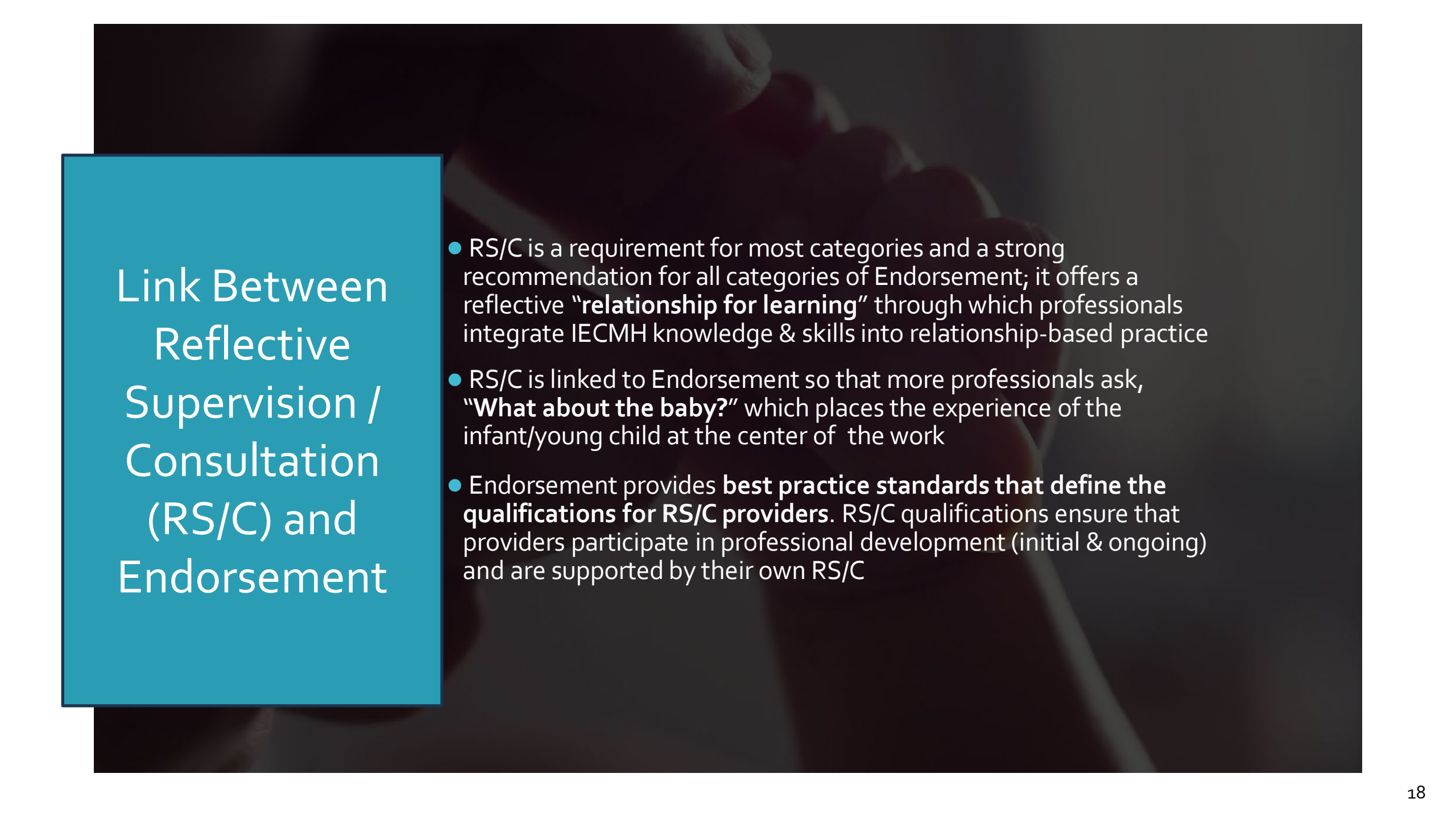
RS/C supports the professional in addressing the challenges and their work and leads to better service to families.

The relationship, in which the professional feels seen, heard, and understood, provides a model for strengthening relationships and promoting the growth and development of babies, young children, their parents, and caregivers.



Addresses impact of the work

Concretely, Reflective Supervision/Consultation (RS/C) provides a regular opportunity for a professional to talk about their work and the impact their work has on themselves and others. RSC fosters critical self-awareness and the ability to consider multiple perspectives, all of which enhance an organization's implementation of a relationship-based culture.

The background of the slide is a dark, blurred photograph showing a pair of hands gently holding a baby. The lighting is soft, and the focus is on the hands and the baby, creating a sense of care and protection.

Link Between Reflective Supervision / Consultation (RS/C) and Endorsement

- RS/C is a requirement for most categories and a strong recommendation for all categories of Endorsement; it offers a reflective “**relationship for learning**” through which professionals integrate IECMH knowledge & skills into relationship-based practice
- RS/C is linked to Endorsement so that more professionals ask, “**What about the baby?**” which places the experience of the infant/young child at the center of the work
- Endorsement provides **best practice standards that define the qualifications for RS/C providers**. RS/C qualifications ensure that providers participate in professional development (initial & ongoing) and are supported by their own RS/C



What does all of this
mean for the
behavioral health
workforce?

Benefits of Endorsement in Behavioral Health

- Endorsement in Infant or Early Childhood Mental Health is an indicator of who has specialized skills to meet the unique needs of infants, young children, and their families – particularly those impacted by trauma
- Endorsement could be a **requirement** for delivering Medicaid-eligible mental health services to children 0-46 months and their families in some states
- Endorsement strengthens training in evidence-based practices by supplementing and complementing the competencies gained.

Incentives and Payment Models for IMH Providers

Differential (higher) reimbursement payments that acknowledge the additional training and expertise for **endorsed providers**

Access to **reflective supervision/consultation** from a qualified provider for clinicians who are working with families and very young children who have experienced trauma and difficult experiences (adverse childhood experiences)

What can CCOs do? Increase support!

Increase the competencies of IECMH providers focused on dyadic supports, through endorsement.

Promote the usage of the [DC:05r](#) for developmentally appropriate diagnoses and clinical interventions which are evidence-based.

Advocate for clinically prepared staff who have achieved endorsement and are providing dyadic supports to families with young children to be reimbursed at a higher rate, acknowledging their additional training and ongoing support.

A dark, moody photograph of a pair of hands gently cradling a newborn baby. The baby's head is visible, resting in the palms of the hands. The lighting is soft, highlighting the textures of the skin.

What can OHA do?

- Increase network adequacy
- Workforce development
- Supporting continuum of care

Driving focus



The child-level incentive metric **targets services** that are most aligned with **clinically recommended behavioral health services** *(and therefore improvements and common codes used by the workforce needed)*

*The metric targets improvements that cover the breadth of brief intervention and treatment services and are most commonly used by the **system of providers** focused on addressing behaviors, across sectors.*



**Primary Care and
Integrated Behavioral
Health**



Specialty Behavioral Health



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



Diagram source: Oregon Pediatric Improvement Partnership, 2024. Measure Steward.
More information can be found [here](#).

Contacts

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Questions

New documents

Frequently Asked Questions (FAQ)

- Provides answers to questions submitted by CCOs about the Social-Emotional Interventions for 1-5 quality metric.
- 2nd release expected June 2025. Submit additional questions to: metrics.questions@odhsoha.oregon.gov

Provider Resources for Workforce Development

- Provides information about training and resources to support workforce development for providers who deliver or want to deliver services included in the quality metric.

Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services CCO Quality Incentive Metric



FREQUENTLY ASKED QUESTIONS

Updated March 2025

Purpose

This document provides frequently asked questions and answers related to the Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services CCO quality incentive metric (Social-Emotional Interventions for 1-5 quality metric). This Frequently Asked Questions (FAQ) document adds to the [2025 measure specifications](#). Additional guidance and technical assistance can be found on Oregon Health Authority's (OHA) [Social-emotional health metric technical assistance webpage](#).

Please send questions to metrics.questions@odhsoha.oregon.gov.

Background

The Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services CCO quality incentive metric was developed by the measure stewards, [Oregon Pediatric Improvement Partnership \(OPIP\)](#). The vision is that children 1-5 years of age and their families have equitable access to services that support their social-emotional health and are the best match for their needs. CCOs can work toward this vision by targeting services most aligned with clinically recommended intervention services and improve the health care-based system of providers that the CCO contracts with that can provide these issue-focused intervention and treatment services. The intent of the quality metric is to measure and enhance the provision of intervention and

Social-Emotional Health is the developing capacity of a 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
- Explore the environment and learn all in the context of family, community and culture

Babies, toddlers and young children can and do suffer from mental health conditions caused by trauma, neglect, biological factors and environmental situations that disrupt their social-emotional development. This metric focuses on children who experience issues with one or more of these social-emotional health factors.

Page 1 of 8
Social-Emotional Interventions for 1-5 Quality Metric FAQ
Updated March 2025

Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services CCO Quality Incentive Metric



Provider Resources for Workforce Development

Developed by the Oregon Rural Practice-based Research Network (ORPRN) and the Oregon Health Authority (OHA) Transformation Center to support implementation of the Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services (Social-Emotional Interventions for 1-5) CCO Quality Incentive Metric

Purpose

The Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services CCO quality incentive metric (Social-Emotional Interventions for 1-5 quality metric) measures the number of CCO members (children ages 1-5) who receive any of the issue-focused interventions/treatment services included in the set of 44 CPT codes. Ensuring that there are enough providers available with the necessary expertise is critical for CCOs to be able to provide these services.

This guide is intended for **Coordinated Care Organizations (CCOs)**. It provides information about training and resources to support workforce development for providers who deliver or want to deliver services included in the quality metric. More information about the issue-focused interventions/treatment services included in this quality metric can be found in the [2025 measure specifications](#) and the [Coding and Billing Guidance document](#).

Background

The Social-Emotional Interventions for 1-5 CCO quality incentive metric was developed by the measure steward, the [Oregon Pediatric Improvement Partnership \(OPIP\)](#).

The vision: Children 1-5 years of age and their families have equitable access to services that support their social-emotional health and are the best match for their needs. CCOs can work toward this vision by targeting services most aligned with clinically recommended intervention services and improve the health care-based system of providers that the CCO contracts with that can provide these issue-focused intervention and treatment services.

The intent: To measure and enhance the provision of intervention and treatment services for children 1-5 years of age with identified social-emotional needs or issues.

Page 1 of 6
Social-Emotional Interventions for 1-5 Quality Metric
Provider Resources for Workforce Development
March 2025

Upcoming Technical Assistance Opportunities

Behavioral health workforce development

- Webinar: Integrated Behavioral Health
Thursday, May 8, 2025, 1pm PST,
- Learning Collaborative
Wednesday, May 14, 2025, 3pm PST,

Referral pathways for social-emotional health services

- Webinar: Every Child Belongs Program
Thursday, May 29, 2025, 10am PST,
- Webinar: home visiting programs
June 2025 (date and time TBD)
- Learning Collaborative
Monday, June 9, 2025, 12pm PST,

See OHA's [Technical Assistance webpage](#) for a full calendar of TA events for this quality metric.

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