Communications about Social-Emotional Health for Children 0-5 Years

Health Aspects of Kindergarten Readiness Measure: System-Level Social-Emotional Health Metric

November 6, 2023

Oregon Health Authority

ORPRN
Oregon Rural Practice-Based Research Network

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Agenda

- Overview and importance of social-emotional health and metric
- Clinician perspective
- Communications tools
- Upcoming technical assistance opportunities

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Social-Emotional Health

Being able to:

- Form close relationships
- Experience, manage, and express emotions
- Explore and learn

Babies, toddlers, and young children can and do experience mental health conditions impacted by the spectrum of life stressors and biological factors that influence their social-emotional development.

Importance of supporting social-emotional health for children ages 0-5

- From birth to age 3, a child's brain makes more than 1 million neural connections every second. Experiences during this time shape the neural architecture that impacts future health, learning, and relationships.
- Early social-emotional health has lasting effects on the developing brain and body, amplifying the impact of adverse and beneficial early life experiences.
- Providing social-emotional support early in life can promote resilient health and prevent more harmful outcomes later.

Social-emotional health in Oregon

There are children in the Oregon Health Plan who are not getting the social-emotional health services they need.

- Children with social-emotional delays are less likely to receive follow-up care compared to children who have other health needs.
- There is a lack of appropriate services available for this age group.
- The social-emotional supports available are often not matched to cultural needs.

Unidentified and untreated social-emotional health delays can contribute to a continuation of chronic and persistent opportunity gaps and exacerbate existing health inequities.

System-Level Social-Emotional Health Metric

The vision of the System-Level Social-Emotional Health metric is to ensure all Oregonians ages 0-5, and their families, have equitable access to services that support their social-emotional health and are the best match for their needs.

To achieve this vision, the health sector must improve social-emotional health service capacity, cultural relevance of services, timely access, and connectivity among services and child serving sectors.

Health Equity and Social Emotional Health

- OHA goal: Eliminate health inequities in Oregon by 2030
- CCO: Health equity missions and work

Social-Emotional Metric specific impacts on health equity goals:

- CCOs are grounding their work for this metric in:
  - Using data to examine historical inequitable outcomes
  - Engaging with communities experiencing historical and contemporary injustices
  - Creating action plans based on engagement with these communities

Social-Emotional Health Services

1. Screening, assessment and evaluation to determine a diagnosis or need for treatment
2. Tailored services that include timely referrals and connection to interventions, treatments, supports, and resources to improve symptoms, support development, promote health.
3. Stronger connections and communication across systems

There are a lack of services to address the needs of children 0-5 years in Oregon.

Call to Action

The health system serves a key role in promoting the social-emotional health of young children

- Core health care to youngest members
- Stronger connectivity across the systems and within the health care system providing these services
- Professional development for clinicians and health care workforce development are both needed
- A hyper-focus on identifying and providing these services to young children and families, especially kids and families that have inequitable access to care and culturally specific care

Just checking a box or improving health

A primary pediatrician's perspective

Carol Endo, MD, FAAP

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The issues from a primary care provider

- 25 years after the original ACES study the interplay between physical health and social-emotional health is well accepted.
- We know and many of us are screening for social-emotional health
- “The brain is connected to the body” Jack Shonkoff, Center on the Developing Child
  - Stress causes physiologic and epigenetic changes in the young child’s physiology
  - Positive experiences can mitigate effects of negative ones
- According to the Annie E. Casey Foundation, 25% of children ages 3-17 have one or more behavioral, emotional or developmental conditions
- 14% of our children under the age of 18 live in poverty
- 2/3 have at least one stressful experience

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Why zero to five?

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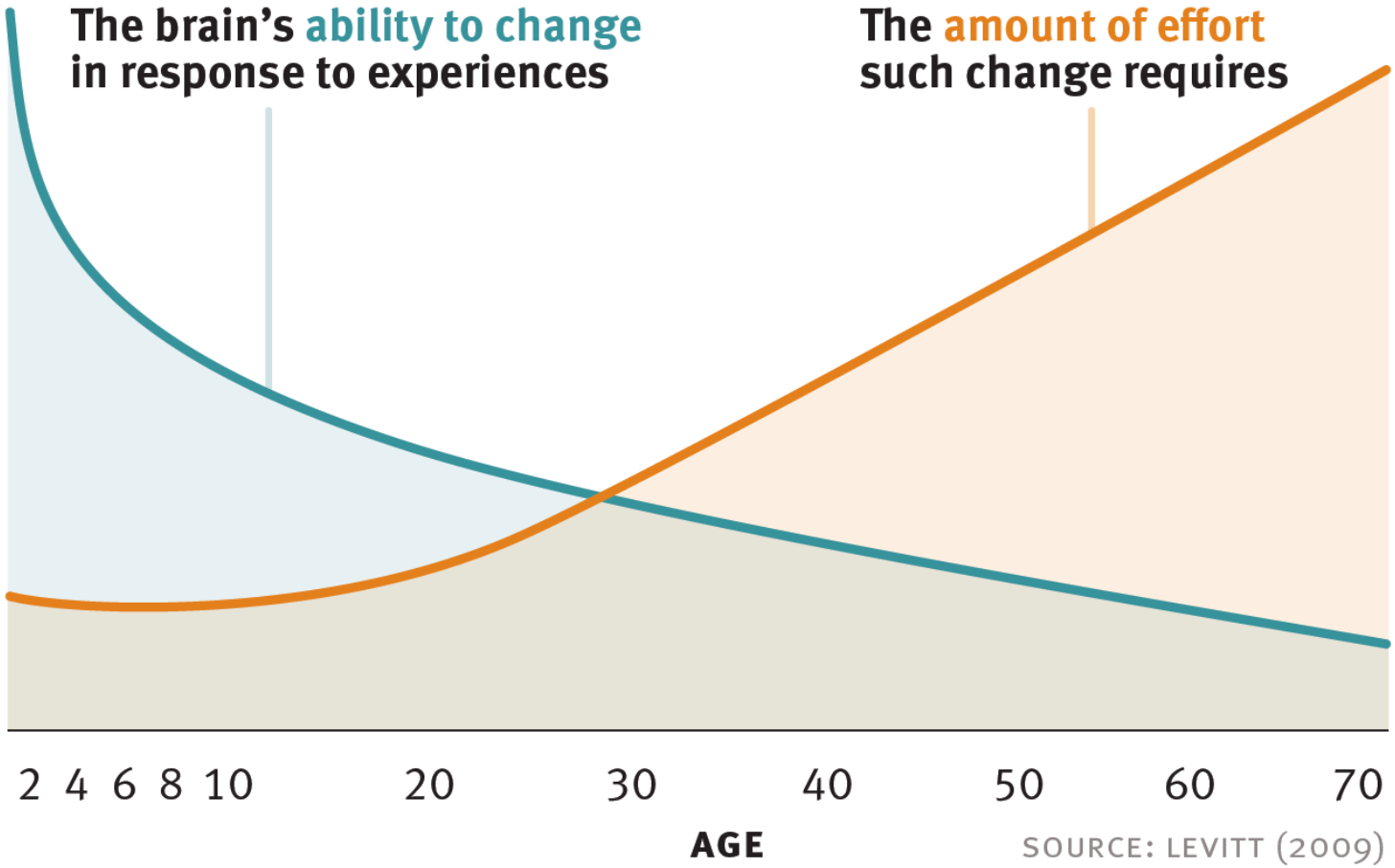

Center on the Developing Child HARVARD UNIVERSITY

www.developingchild.harvard.edu

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When checking the box feels futile

I click the checkbox for the metric and it “refers my patient”

- For resources that are restricted
- For programs not equipped to deal with children with my patient’s diagnosis
- For services and referrals that have a 6-12 month wait
- For supports not able to deal with a child my patient’s age
- Resources are not available at the time my patient can go
- Financially out of reach—that co-pay, day off from work, or transportation costs means they have to choose between making rent or making the appointment

A tale of two children

Child A

- Diagnosed as severe developmental delay at age 2
- Nonverbal through age 2
- Family with limited information and understanding about the condition, no social supports
- On state insurance with changing coverage so assessment has to be re-done and late to connect to services
- Seen by developmental pediatrics at age 3.5, did not access speech or preschool services

Child B

- Diagnosed as brain damaged, Nonverbal through age 4
- Family told to place in alternate care due to health and behavior challenges and lack of hope for condition
- Evaluated by pediatric neurologist at age 2.5
- Received speech and behavioral therapy beginning at age 2.5
- Child and family get mental health support for dealing with explosive behaviors

Tale of two children now teens, continued

Child A now teen A

- Frequent tantrums and no behavioral support, fearful of loud sounds
- Parent shouts at him for discipline although this triggers worse behaviors
- In the ED multiple times due to facial lacerations
- In the ICU due to breaking a window and lacerating arteries in arm
- Parent turns to alcohol to manage stress, loses job and insurance

Child B now Teen B

- Frequent tantrums, receives behavioral support
- Learns self calming techniques and is placed on medication to help with anxiety with loud noises
- Parents divorced
- Graduates high school
- Family learns how to provide support for self calming skills
- Enters into college

A tale of two infants

Infant C

- Parent with significant postpartum depression
- Child born early and described as irritable
- Family with social isolation, limited supports
- Seen in my clinic in foster care after multiple fractures from child abuse

Infant D

- Parent with significant postpartum depression
- Child hyperalert, fussy and hard to soothe, won't sleep (so parents aren't sleeping either!)
- Parent with social supports and family supports
- "That parent that hit their child could have been me"

Tale of two children as adults

Adult A: my former patient

- Intensive home services, monthly meetings with providers and school staff, and family training attempted
- Family requesting group home placement due to worsening aggression
- Not considered eligible for out of home due to episodes of aggression

Adult B: Temple Grandin

- Graduates college
- PhD in animal science
- 60 scholarly papers
- 3 books
- Lecturer for pediatric residents

Mother/baby nursery, Project Nurture

- Focus on addressing trauma and triggers that occur with new parents
- Growth mindset rather than fixed and medication focused mindset
- “You can help regulate your baby (and yourself) through things that are hard and uncomfortable” instead of “your baby has a problem and needs medicine to help them through it

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What would happen if:

- Care could be continuous so family did not have to re-establish providers
- Supports could be available so families with limited social, emotional and financial resources can access them easily
- We normalize social and emotional changes and give families a different narrative to understand behavior
- “Your body is great at looking out for danger, how can we help make it equally as good at searching for true safety?”

What do I need from my CCOs?

Pay attention

Be honest

Be open to look outside your silo

What do I need from my CCOs?

Pay attention

- What is really the need: Be familiar with your region's needs
  - Annie E. Casey Kids Count Data book: 25% of our kids have behavioral health/developmental needs
- What are the barriers that we are not thinking about
  - Ask your families "what makes it hard"—the barriers that seem easy when I have a car, with money for gas, with a partner that I can ask to step in, may be impossible—and think about reimbursing them for their in-person expertise.
  - Ask providers what they need to be able to access training

What do I need from my CCOs?

Be honest

- Ask clinicians who provide social and emotional support what makes it hard to increase access?
- What would their "dream" system look like and how can we get there
- Be familiar with the facts as they are
  - Rather than limiting our view of the situation as glass half full/half empty, be baldly honest:
    - Is it a shot glass that will not supply our patient's needs?
    - Is it a dirty glass that will risk exposure to disease?

What do I need from my CCOs?

Be open to look outside your silo

- Who else can you work with to support families in need?
- How can you support the people and programs already working in this space?
  - Early Intervention
  - Early Head Start
  - Pre K behavioral programs
  - Community based group programs
  - Collaborative Problem Solving groups
  - NAMI
  - Family Voices

In health and health care we are playing the infinite game

- Be willing to make the investment; and realize child social and emotional health cannot occur 1) without supporting families and 2) separate from Maslow's hierarchy of need
- Changes and improvements in health do not happen in a 12 month fiscal year
- Understand the difference between an investment in future healthy members versus sunk costs
- Investing in the social and emotional well being of children does have long term return on investment—not just in better mental health outcomes but better health outcomes (New Zealand CRP study)

"What the brain forgets, the body remembers." Jack Shonkoff, Center on the Developing Child

References

- Why-Invest-High-Return-on-Investment.pdf (pantheon.io)
- Early Childhood Mental Health (harvard.edu)
- What is Early Childhood Development? A Guide to Brain Development (harvard.edu)
- Early Childhood Education | Health Impact in 5 Years | OPPE | CDC
- HOME | The Avalon Village
- Beegle Poverty Immersion Institute | Communication Across Barriers (combarriers.com)
- Tufts HOPE – Healthy Outcomes from Positive Experiences

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Communicating with clinicians and other partners

Purpose of communication with clinicians and other partners about the social emotional health metric

COMMUNICATION GOALS—

1. Increase **awareness** of the importance of addressing social and emotional health of children 0-5
2. Encourage **partnership and collaborative action** (participation and buy-in)
3. Provide **resources** for partners to take action

1) Increasing awareness of the importance of addressing social and emotional health

- Identify target audiences (clinicians, parents, asset map partners, members)
- Learn where they receive information
- Make plans to provide information through those channels
  - Utilize the communications flyers provided for messaging
  - Distribute through newsletters, listservs, in-person meetings, etc.
  - Work with partners to share at existing meetings

Communications flyers

Building a healthy start for kids

We are here to support you and your patients.

As a clinician who cares for young children, you most likely know what social-emotional health is and why it is important.

Social-emotional health is a child's ability to form close relationships; experience, manage and express emotions; and explore and learn. Babies, toddlers and young children can and do experience mental health conditions impacted by the spectrum of life stressors and biological factors that influence their social-emotional development.

Why is it important to support social-emotional health for children ages 0-5?

- From birth to age 5 is the most significant stage of human development. Experiences during this time build architecture in the brain for future health and learning.
- Problems in early social-emotional health can have lasting detrimental effects on the developing brain, even if a child's circumstances are improved later in life.
- Providing social-emotional support early can prevent the need for more expensive interventions later.
- There are children on the Oregon Health Plan who are not getting the social-emotional health services they need.

How can clinicians get involved?

The health system, and you as a clinician, have a key role in helping children develop social-emotional health — learn how to get more involved and make even more of a difference for the youngest Oregonians and their families!

- **Screenings**
- **Consultations**
- **Clinician trainings and education**
- **Referral resources**

Place CCO logo here
Delete this box after placement

CCO Name • 123-456-7890 • CCO website

- Two flyers: one for clinicians and one for parents/families.
- Flyers address the definition and importance of social-emotional health for kids 0-5 as well as provide resources for the intended audience.
- Flyers can be formatted with CCO logo and regional specific resources.

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2) Encourage partnership and collaborative action

- If partners have general awareness of the issue and why it's important, you can begin to invite their partnership in the work (i.e. get their buy-in and motivation)
- Partners will want to know what benefits will come from participation
- The value proposition framework allows you to develop your "elevator pitch" with the lens of shared goals and mutual benefits

Value Proposition

A well-crafted value proposition will invite partner participation and increase their buy-in through highlighting the benefits of collaboration.

Value proposition statements answer the questions:

- What is the **issue or problem** that needs to be solved?
- What **roles can you play** in solving the issue? What roles can your partner play?
- How can we **work together**?
- What will be the **impact** of us working together (versus working alone)?

3) Provide resources for partners to take action

RESOURCES FOR CLINICIANS—

1. Bright Futures
   a) Periodicity schedule
   b) Commonly used screening instruments and tools
2. Oregon Psychiatric Access Line for Kids (OPAL-K)
3. Early and Periodic Screening Diagnostic and Treatment (EPSDT)
   a) Provider guide
   b) FAQ
4. Zero to Three
5. Oregon Infant Mental Health Association
6. Oregon Health Authority, Early Childhood Mental Health

Upcoming Technical Assistance Opportunities

- **November 29, 1-2pm - Learning collaborative** for CCOs to discuss communication strategies.
- Understanding the social-emotional health system and making improvements
  - January 10, 1-2pm – Webinar
  - February 1, 10-11am – Learning collaborative

You can access the technical assistance plan and registration links on OHA's webpage.

Thank You

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