

To the Members of the Metrics and Scoring Committee:

My name is Susan Fischer-Maki and I serve as the Director of Community Benefit Initiatives for AllCare Health. I am submitting these written comments to provide encouragement to your Committee as you evaluate the opportunity for next steps to set in place a meaningful process measure Incentive Metric for the benefit of Oregon's children with regards to Kindergarten Readiness.

As a member of the Health Aspects of Kindergarten Readiness Technical Advisory Committee, I heard firsthand the unanimous consensus, from our very first meeting, that while the path to school readiness is complex, it is firmly rooted in the healthy social-emotional development of children. The evidence--be it from peer reviewed studies or more human-centered design sources such as caregiver interviews--is clear: the roots of long-term physical, oral and behavioral health are planted well before students cross the Kindergarten threshold. And achieving this optimal health is best nurtured within caring, stable and attached families who are connected to a network of supports.

We know that a variety of formal services to support children's school readiness are currently eligible for funding through tradition health care pathways. These programs provide responsive, high-quality services that our children and their caregivers need. However, numerous other entities providing culturally and linguistically responsive programming when and where families need them are not currently able to access stable funding for the important work they do.

In order to truly leverage health care transformation to help further early childhood systems change in our state, we need for the next steps in the Kindergarten Readiness Incentive Metric to bring all Coordinated Care Organizations to the table by putting in place a process metric. Through that, we will have the opportunity to partner with the early childhood stakeholders in our communities. Together we could map the formal and informal services available within a region, establish clarity about the eligibility requirements and current program capacity levels, and move forward quickly to address and remove barriers to referral, enrollment, and meaningful engagement in services that contribute to school readiness.

I'd encourage the committee to view this as opportunity to learn from past initiatives in our state that drove referrals to community programs without augmenting the already stretched

thin budgets and workforce of Community Based Organization. By focusing the next step of this Incentive Metric on CCO engagement with community partners, resource mapping, planning for how to ensure inter-agency communication with member consent, and the development of pathways to bolster the quality and supply of services contributing to Kindergarten Readiness--you are setting the children, families, and professionals of our state up for success.

As a committee, I encourage you to consider the development of a process measure Incentive Metric to drive community alignment and partnerships for the benefit of Oregon's children with regards to Kindergarten Readiness. This next step has the potential to set us firmly on a glide path that will ensure high quality, best practices that utilize a multi-generational approach to raising up healthy children are able to meet the demand we will see as screening for social-emotional development comes to the forefront of our efforts in health care transformation.

Sincerely,

Susan Fischer-Maki, M.Ed.

Director of Community Benefit Initiatives

AllCare Health

541-840-5127 c

From: [PROUD ALLISON](#)
To: [PROUD ALLISON](#)
Subject: FW: Support for CCO metric on young children's social-emotional health
Date: Wednesday, May 19, 2021 9:58:50 AM

From: Donna Mills <donna.mills@cohealthcouncil.org>
Sent: Monday, May 17, 2021 3:22 PM
To: Metrics Questions <Metrics.Questions@dhsosha.state.or.us>
Subject: Support for CCO metric on young children's social-emotional health

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Dear Metrics and Scoring Committee:

I am writing to urge the Metrics and Scoring committee to adopt the new, system-level CCO metric focused on children's social-emotional health as a 2022 CCO incentive metric.

I strongly support the metric as the specific activities called for in the metric will galvanize transformative actions, discussions, and momentum to focus on the social-emotional health of children. This metric is needed as part of the pandemic response, given the lifelong importance of early relational health in young children and the social determinant that is being ready to learn in kindergarten, and the significant gaps in the continuum of culturally relevant and geographically accessible services.

The Central Oregon Health Council's mission is to serve as the community governing board for the CCO and connect the CCO, patients, providers, Central Oregon, and resources. We aim to support efforts that do health care better. We create a space for the health care partners in the region to work together. For us, health care partners include a lot more than your traditional doctors, dentists, and hospitals.

Due to alignment with a number of our Regional Health Improvement Priorities, the COHC provided funding and support for the *Pathways from Screening to Services: Ensuring Young Children At Risk for Developmental, Behavioral, and Social Emotional Delays are Ready for Kindergarten* an effort led by the Early Learning Hub of Central Oregon, in partnership with the Oregon Pediatric Improvement Partnership. Based on community-led and community-driven priorities, this effort included an intentional focus on addressing the gap in the continuum of social-emotional services available for children identified through screening as having a need. A number of the components of the system-level metric were implemented in our community, building off previous pilots in other regions and customized to our region to inform region-specific efforts that led to community-partners addressing gaps in services, attending trainings, and that resulted in increased access of services. The intentional focus on addressing equitable access to social-emotional health services and

culturally and linguistically appropriate services ensured our community considered strategies that address children who live in more rural parts of our region and whose parents would benefit from a behavioral health provider that spoke their language.

As we look forward to the important work needed in 2022 and beyond, we need metrics that will ensure we focus on populations, areas of care for which the systems need to work better, and that encourage cross sector collaboration. The specific activities called for in this timely metric align with several of the Regional Health Improvement Plans and, if adopted, will strongly encourage our region to consider how those plans can intentionally focus upstream on young children and their families. The transformational efforts supported through adoption as a CCO Incentive Metric will allow for and support targeted investments that focus on building lifelong health and social-emotional attachments, as we also balance controlling expenditures and the natural focus on high-costs adults that follows.

Thank you for your important work and for consideration of our support of this metric.

Donna Mills (she/her/hers)
Executive Director
Central Oregon Health Council
www.cohealthcouncil.org
www.centraloregonhealthdata.org
541-480-9009 (cell)
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“We partner with our communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon”

From: Suzanne Dinsmore <suzannem@childhoodhealth.com>
Sent: Monday, May 17, 2021 9:43 PM
To: Metrics Questions <Metrics.Questions@dhsosha.state.or.us>
Subject: Metrics and Scoring committee written comment for Friday

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Written comment on the HAKR Social Emotional Metric:

I am a pediatrician with 40 years of experience and work in a Five Star PCPCH with integrated behavioral health and a Healthy Steps site. I was a participant in the Kindergarten Readiness working group as I clearly understand the importance of the first five years of life in terms of long term physical health, mental health and adult success.

First, there is clear evidence that social emotional health, in addition to optimal development in the other areas of development, an adequate knowledge base and good physical health, is necessary for kindergarten readiness. Kindergarten readiness, in and of itself, predicts a better likelihood of reading competency by third grade, high school graduation and better adult health. Secondly, better social emotional health throughout childhood and the teen years is contingent on positive relationships with adults in the life of a child. There is also evidence that more positive relationships with adults in a child's life is protective of their mental health in adulthood. There is, therefore, a great deal to be gained by promoting kindergarten readiness in children for the individual child as well as society as a whole.

I feel a social emotional incentive metric is an efficient and effective tool to incentivize focus on social emotional health of children in the first five years of life. Oregon saw a huge increase in developmental screening as a result of the developmental screening metric and I would expect the same result for a social emotional metric. Working in a practice that has been screening for social emotional health in children in the first five years of life using the SWYC for the past three years, I know that screening is possible and acceptable to parents. I also know from experience that there are interventions we can implement in primary care to improve social emotional health and thus kindergarten readiness. There are tools that we can use universally for children in this age group to promote better social emotional health and ultimately kindergarten readiness. In addition, for those children whom we identify at risk of social emotional delays, integrated behavioral health in primary care allows us to provide the family guidance in promotion of better social emotional health.

I, therefore, support the HAKR Social Emotional Metric for three reasons. First, there is clear evidence that children and society as a whole benefit from better kindergarten readiness. Second, in our experience at Childhood Health Associates of Salem, social emotional screening and interventions in primary care to promote better social emotional development have been possible to implement. Lastly, a social emotional metric for Kindergarten Readiness is a powerful tool for transformational changes in the delivery of services in primary care to promote positive long term outcomes for all children.

Thank you for the opportunity to share my thoughts.

Suzanne McClintick MD
Childhood Health Associates of Salem



Oregon Early Learning Council

700 Summer Street NE, Suite 350

Salem, OR 97301

May 18, 2021

Metrics and Scoring Committee

Office of Health Analytics, Oregon Health Authority

500 Summer St. NE, E-64

Salem, OR 97301

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Council*

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Community Services*

KALI THORNE LADD

LIESL WENDT
*Deputy Director,
Oregon Department of
Human Services*

ALYSSA CHATTERJEE
*Acting Early Learning
System Director*

Dear Members of the Metrics and Scoring Committee,

I write on behalf of the Early Learning Council in support of establishing a CCO System-Level Children's Social-Emotional Health Metric. Addressing young children's social-emotional health is crucial in ensuring that children arrive ready for kindergarten, a driving priority in *Raise Up Oregon: A Statewide Early Learning System Plan*.

I appreciate the many partnerships that led to the understanding of the need for this metric, including leadership from the Oregon Health Authority, Oregon Pediatric Improvement Partnership and Children's Institute. The goals and design of the Metric thoughtfully address priorities found in *Raise Up Oregon*:

- Leveraging available data and data analysis capacity of CCOs to examine the current reach of social-emotional health screenings, assessments, and services in a variety of health care and potentially early learning settings.
- Mapping community-based early learning and family support assets with a lens on exploring how CCOs can collaborate with early learning partners to build capacity of social-emotional health services, including exploration of innovative billing opportunities and other financing arrangements.
- Using data and asset mapping to galvanize conversations with cross-sector partners and families about strengths, gaps, and opportunities to build capacity.
- Applying an equity lens to meaningfully partner with families and communities who have been historically marginalized as a result of racism and systemic bias in the identification of needs and gaps and the co-creation of CCO strategies to enhance capacity.

By instituting the CCO System-Level Children's Social-Emotional Health Metric, Oregon Health Authority will support the state's implementation of *Raise Up Oregon*, which will lead to deeper health and education outcomes for the youngest Oregonians. You have our strong endorsement for the proposed Metric, and the Early Learning Council is prepared to assist in any way that we can to assure success.

Sincerely,

Sue Miller, Chair
Early Learning Council



Oregon Pediatric Society

A Chapter of the American Academy of Pediatrics. Incorporated in Oregon

DATE: May 18, 2021

TO: Amit Shah, MD, Chair
and Members of the OHA Metrics & Scoring Committee

FROM: R.J. Gillespie, MD, MHPE, FAAP
Oregon Pediatric Society

SUBJECT: Input on the proposed HAKR Social Emotional Health Metric

Esteemed Colleagues:

I am writing in support of the Social Emotional Health metric that has been proposed to the committee as a component of the Health Aspects of Kindergarten Readiness bundle. The Oregon Pediatric Society and I believe that the metric should include attention to system and practice capacity to address social emotional prevention and promotion.

For the last year, the Oregon Pediatric Society has been working with the American Academy of Pediatrics on a learning collaborative entitled Addressing Social Health and Early Childhood Wellness (ASHEW). As a member of the national planning team for this project, I was excited to bring the work to six practices in Oregon. The project centers on how to integrate screening for social determinants, maternal depression, and social emotional health into a comprehensive assessment of child and family wellness. We have learned a great deal about the on-the-ground implementation of these screening tools, and believe that our lessons learned can help inform the Metrics & Scoring Committee on strengthening the metric.

At the national level, the planning team was preparing to recruit state chapters to participate in the project as COVID was beginning to unfold. Given the demands that the pandemic put on practices, we debated whether it was the right time to engage practices in new screening work; however we recognize that COVID uncovered a lot of social determinants and mental health needs amongst the pediatric population. It therefore seemed that as the pandemic raged, it was actually the exact right time to address social determinants and social emotional health in a structured way. We believe the SE metric is therefore timely and should be endorsed by the committee.

One of the primary concerns raised by practices implementing social emotional



Oregon Pediatric Society

A Chapter of the American Academy of Pediatrics. Incorporated in Oregon

screening tools is the challenge in having a conversation with families about the meaning of the tool. For many families, the first structured conversation about social emotional health happens at the point of screening. Because SE health is a somewhat unfamiliar concept for families, the credibility of the tool is called into question when a concern is identified, making follow up less likely because the family doesn't understand the value of the tool or the meaning of the finding.

The second concern that is consistently raised by practices is the lack of resources for an appropriate follow up. Community based organizations that address early infant mental health are scarce; most integrated behavioral health providers are overwhelmed by the demands to respond to the growing mental health needs of our adolescent population and have little bandwidth to engage with families on early childhood social-emotional promotion and prevention.

We believe that social emotional screening, as a process metric, is inadequate for ensuring outcome improvements for families. Analogous to the overall process for general developmental screening, the practice-based response to social-emotional health should include social emotional prevention and promotion in addition to screening for risk, and connecting at-risk children to appropriate services. This will require a system build on two fronts: improving practices' ability to address social emotional health in a comprehensive way, and improving the system of care that responds to risk when it is identified.

Therefore, it is of great benefit that CCOs will be asked to complete detailed asset mapping that supports the entire continuum of care for early social emotional health. We especially emphasize the importance of the following in the asset-mapping process:

1. In order to ensure a necessary focus on promotion and prevention, **asset mapping should include attention to primary care practices' ability to address social emotional health and wellness** as part of their routine developmental promotion and prevention efforts. This requires specific training that goes beyond prior training in general developmental screening.
2. Integrated behavioral health, while an important aspect of responding to at-risk individuals, needs to be explored beyond the simple existence of behavioral health providers within a practice. **Asset mapping should include the integrated behavioral health providers' capacity and current workflows for early childhood social emotional promotion and prevention.**



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3. While there is also great interest in community health workers, peer navigators, and traditional health workers amongst the CCOs in the state, most models for CHWs are focused on adult chronic disease management. **Asset mapping should include pediatric models for CHW use in peer navigation / parent coaching**, as this could be a model for actually improving outcomes in early childhood.

We are excited to see the committee's interest and energy in addressing early childhood health, and support the evolution of this metric. We are also eager to see that the metric goes beyond a simple process metric about whether or not screening was completed (often becoming a simple checklist for a provider), but rather addresses a larger system context that ultimately can impact kindergarten readiness and early childhood health and wellness.

Thank you for your work on behalf of Oregon's children.

R.J. Gillespie, MD, MHPE, FAAP
Pediatrician, The Children's Clinic, Portland OR
Oregon Pediatric Society Physician Co-Lead, ASHEW Project



Oregon Pediatric Society

A Chapter of the American Academy of Pediatrics. Incorporated in Oregon

DATE: May 18, 2021

TO: Amit Shah, MD, Chair
and Members of the OHA Metrics & Scoring Committee

SUBJECT: Input on the proposed HAKR Social Emotional Health Metric

Esteemed Colleagues:

My name is Sherri Alderman. I am a board-certified Developmental Behavioral Pediatrician with infant mental health endorsement at the highest level in both clinical and policy. I have dedicated my 23-year career to caring for infants and young children, first as a general pediatrician and then as a subspecialist. I have a degree and experience in public health, and currently serve as the Chair of the American Academy of Pediatrics Council on Early Childhood.

I am also a board member of the Oregon Pediatric Society (the state chapter of the American Academy of Pediatrics), and we support the Social Emotional Health metric that has been proposed to the committee as a component of the Health Aspects of Kindergarten Readiness bundle. We believe that the metric should include attention to:

- (a) building professional capacity to address social and emotional promotion and prevention as a strength-based approach to infant and early childhood mental and behavioral health and**
- (b) comprehensive mapping and assessment the infant and early childhood system that contributes to social and emotional health**

Situated between social emotional screening and referral is promotion and prevention of social and emotional development. Social and emotional development, as with early brain development, begins during pregnancy. Thus, **medical providers positioned to promote social and emotional development should include obstetrics in addition to pediatricians and family practice providers.**

The community of early childhood professionals is positioned to advance social and emotional development promotion and prevention, but only if they have the specific infant mental health education, training, and resources currently lacking among the vast majority of medical



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providers. Therefore, I strongly encourage the Committee to include in the metric **intentional and robust opportunities for practitioners to receive education, training, coaching, resources, and tools that are infant mental health informed.** With minimal training on infant mental health strategies, a medical provider could within any clinic visit model, coach, and/or provide brief interventions that promote social and emotional development and, in so doing, build parent competence and confidence to do similarly at home.

In mapping behavioral health services, integrated in primary care or not, special consideration is highly warranted to assure that professionals have infant and early childhood mental health expertise. Only a minority of behavioral health providers have such specialized training, skills, and experience. Oregon has purchased and implemented a nationally-recognized process for formally recognizing highly specialized cross-sector infant mental health professionals through a rigorous standardized endorsement process hosted and managed by the Oregon Infant Mental Health Association (www.orimah.org). Early childhood professionals with infant and early childhood mental health endorsement credentials can reliably be assumed to hold this specialized expertise. **Mapping should include identification of infant mental health-endorsed professionals.**

Lastly, community environment is a major contributor to infant and early childhood mental health, including social and emotional development. For this reason, **a comprehensive mapping and assessment of local infant- and child-friendly opportunities not captured by Medicaid coding are critically important components of any community survey.** Resources and opportunities such as access to libraries and safe greenspaces significantly contribute to healthy physical, mental, behavioral, and cognitive development. A simple Google app can map these.

It is tremendously exciting to see the Committee's interest in addressing social and emotional development as a component of infant and early childhood mental health and support this evolving metric. Its success at advancing social and emotional development leading to kindergarten readiness is dependent on infant mental health professional expertise and advancement of infant- and child-friendly opportunities and spaces. I remain available for questions and can provide further details as is helpful.

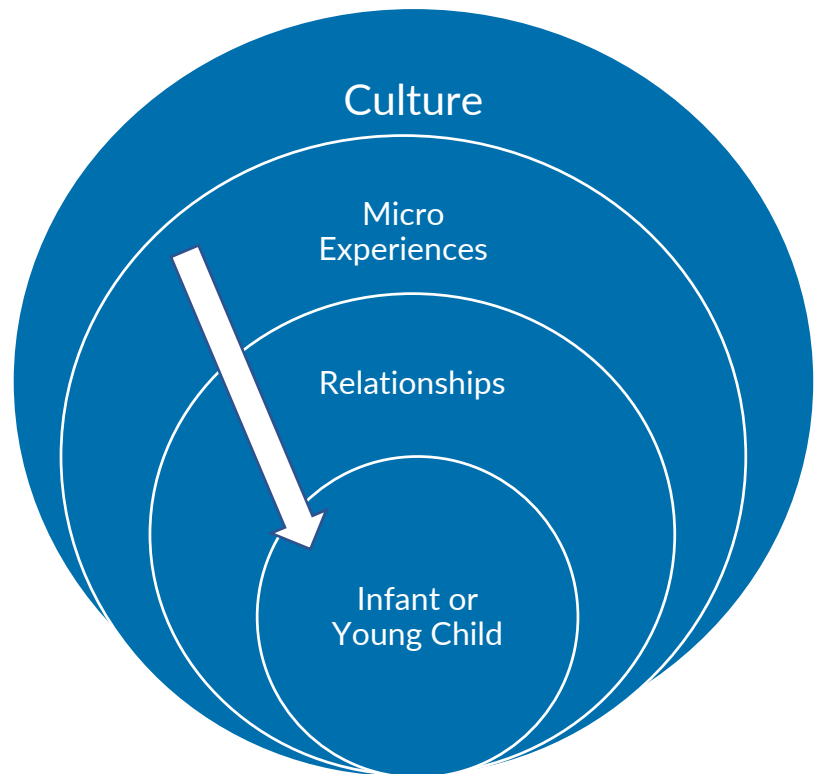
Sherri L. Alderman, MD, MPH, IMHM-E®, FAAP
Developmental Behavioral Pediatrician
Oregon Pediatric Society

INFANT & EARLY CHILDHOOD MENTAL HEALTH

Social & Emotional Health Are Embedded in Infant & Early Childhood Mental Health

- The infant or young child are the focus, measure, and result by which the success of any paradigm can be determined.
- Infant brains are exquisitely sensitive to environment.
- Environment includes human relationships, experiences within the community, and family and community culture.
- Positive experiences, often micro moments of human encounters within the community, penetrate protective human relationships and impact early brain development.
- Negative micro moments are the means by which racism derails healthy brain development

Mapping and creating infant- and child-friendly communities and resources enriches human relationships and nurtures healthy early brain development.



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Alters brain architecture

Poor self-regulation

Learning impairment

Poor academic performance

Poor peer relationships

Academic performance among children born into poverty relates to caregiver sensitivity and secure attachment seen at 6 months of age (Sroufe)

Emotional regulation predicts physical health, substance dependence, personal finances, and criminal offending outcomes (Moffett)

Impulse control in preschoolers predicts SAT scores, income, and incarceration (Mischel)

TO: Metrics and Scoring Committee

FROM: Oregon Child Development Coalition

RE: Support for CCO metric on young children's social-emotional health

Dear Metrics and Scoring Committee,

My name is Karen Ayers and I am the Program and Partnership Manager with the Oregon Child Development Coalition (OCDC).

OCDC is here today to urge the committee adopt the new CCO metric on children's social-emotional health as a 2022 CCO incentive metric. We know momentum has been building for many years in Oregon around supporting the health sector to be more involved and work collaboratively with the early learning sector to ensure all children are ready for kindergarten. OCDC was represented on the initial Health Aspects of Kindergarten Readiness Technical Workgroup sponsored by the Metrics and Scoring Committee, and we brought our expertise in early childhood development and also represented the perspectives and experiences of the children and families we work with across the state.

OCDC is dedicated to improving the lives of children and families by providing early childhood education, care and advocacy with unique and supportive services to enhance family growth and community success. We believe that every single child should be cared for, educated and loved. We prepare young children for success in school, which prepares them for success in life. OCDC provides early care and education services to over 4500 children from prenatal to 5 years of age in 15 counties throughout Oregon. Our programs include Migrant and Seasonal Head Start, Migrant and Seasonal Early Head Start, Early Head Start Migrant and Seasonal Head Start/Child Care Partnership, Oregon Pre-Kindergarten and Prenatal to Three Oregon Early Head Start, MIECHV Home Visiting and Prenatal to Three Home base, Preschool Promise, and Early Head Start Child Care Partnership.

In our work we see firsthand the importance of children's social and emotional health and the significant gaps in our systems that make it difficult and often impossible for children and families to access the services they need to address concerns early and prevent lifelong adverse impacts.

We believe this measure will help transform our systems so that they are truly supportive of young children's health and well-being, bringing sectors closer together to collaborate and setting the stage for the early care and education system to prepare children to be ready for school. We need to focus on data to identify gaps and find opportunities for creative solutions. We also need stronger cross-sector collaboration to ensure each program and sector is making the best use of their resources, staff time, training and skills. Finally, we need to have a strong focus on communities that have been historically marginalized, and in particular those who cannot access services due to language barriers and a lack of culturally-responsive care.

OCDC is prepared to partner with CCOs across the state in this work. We already work in close partnership with the health system to ensure all children we serve get oral health assessments and services and bring on-site medical staff from FQHCs and health departments to help streamline services for children. We have a proven track record of coordinating to identify and resolve policy barriers that

impact access and capacity in oral health and mental health services, and we are eager to continue this work.

Not only is this work important, it is urgent. OCDC sees children and families every day who are facing isolation and trauma as a result of the pandemic, and an increased number of children with identified disabilities and health needs. A lack of access to social-emotional health services has been a problem for years, and we must move beyond talking about the problem to taking action.

Thank you for hearing our support.

Sincerely,

Karen Ayers

Program and Partnership Manager, Oregon Child Development Coalition

From: DnD Barsotti <barsotti@easystreet.net>
Sent: Wednesday, May 19, 2021 11:08 AM
To: Metrics Questions <Metrics.Questions@dhsosha.state.or.us>
Subject: Public testimony for Metrics and Scoring 5/21/2021

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Testimony for Metrics and Scoring Committee meeting 5/21/2021 in support of kindergarten readiness social-emotional health metric.

I am Richard Barsotti, MD pediatrician at Metropolitan Pediatrics, a 5 Star Medical Home, in the Portland metropolitan area,

a participant in All:Ready which is a collaboration of 60 partners in Portland Metropolitan Area working to have all children and all systems ready for children starting kindergarten,

member of HAKR work group on kindergarten readiness metrics,

past board member of CCOs in the Portland area.

Being ready to learn when starting kindergarten is a significant indicator for future success and high school graduation. Social-emotional develop is essential for being able to learn. Presently there are limited resources available to intervene when there are issues identified in the healthcare or early learning environment. Intervention that when done earlier is more effective and more likely to affect the lifelong trajectory for this child. Working in a clinic that is a medical home with behavioral health specialist as part of our team we still have issues with accessing care for these issues. The barriers are availability of skilled therapist willing to care for our state covered patients. This is both an issue of the number of providers, reimbursement amount issues, and complexity of coding for services for reimbursement.

I believe that with some creative problem solving the CCOs working with the stake holders there can be creative solutions to decrease these barriers. In studying issues of access, I am also confident that children in the marginalized communities will have even less access to these services contributing to even more inequality in our community. Having this as a metric will stimulate the improvement in this very important aspect of kindergarten readiness. In the creative solutions using an equity lens it will be most important for this group of children and families. This glide path I see as a reasonable and doable approach. This conclusion is informed from my years as a pediatrician, years in clinic leadership, leadership in local CCOs, and involvement with cross section workgroups studying and understanding kindergarten readiness.

Thank you for your consideration of this metric.

Public Comment | Health Aspects of Kindergarten Readiness:
CCO System-Level Social-Emotional Health Metric Overview

I am a Licensed Clinical Psychologist and in one of our nation's most underserved areas—a place with high rates of illness, low access to care; a place where ACEs or Adverse Childhood Experiences are too common and solutions and interventions for these and other traumas are too few; a place where the local hospital has the busiest emergency department on the West Coast; a place where social-emotional health is difficult to achieve because basic needs like housing, food and safety are in short supply.

The Mid-Valley Region, specifically Marion and Polk Counties, in Oregon have been consistently the most underserved areas in one of the most underserved states in the country, particularly for mental/behavioral health. This beautiful and agriculturally rich region is home to several state and federal institutions which draw relatives and families of those whom they house. The area is also known for its temperate climate and excellent farming and has a significant population of Migrant Farmworkers. Clinging to health prior to the global pandemic that has been so painful, devastating wildfires ravaged the region last fall and were followed by a destructive winter storm which led to even more damage. The community wide trauma is excruciating for even the most resilient people who, before these disasters were struggling with issues of health equity, access to care, a rash of youth suicides and other significant challenges.

Working to specifically improve social-emotional health at the system level can help to offset the significant negative impact of the challenges faced by our region and others. Use of an incentivized metric has been shown to be effective in moving the dial of change in other areas and should be expected to do so in this area as well. In our practice, Childhood Health Associates of Salem, we have been successfully participating in developmental screening metrics and have been piloting social-emotional screening for the last three years using the SWYC assessment tool.

Not only have these screenings been favorably received by our community but they have also allowed our staff to engage patients and families specifically where needs are identified and work to address concerns that may have otherwise gone unnoticed. Ideally, we are moving treatment and intervention upstream and while helping our patients is paramount, we anticipate the downstream effects may include cost savings over time and lower rates of other illness use of systems. Interventions in use in our practice include but are not limited to Integrated Behavioral Health Clinicians, a Health Steps program targeting patients aged zero to three years with evidenced based interventions for health, well-being and school readiness (<https://www.healthysteps.org>) and specific Behavioral Health Case Management which includes targeted service linkage and engagement with community partners.

Continuing to emphasize early childhood development and social-emotional health is critical to improving long-term health outcomes and can be an effective instrument to help target appropriate services for children in primary care/pediatrics as well as long term positive outcomes.

Respectfully submitted,

Joel Lampert, PsyD, LPC, NCC
Childhood Health Associates of Salem
www.childhoodhealth.com