

Social-Emotional Health Design Team

Work group: Child Health

Children's social-emotional health depends on a comprehensive, integrated system for infant, toddler and young child mental health, including screenings, referrals, access to services and streamlined transitions among parts of the system.

Outcomes:

- Children have health insurance
- Children have access to pediatricians and family physicians
- Children have access to pediatricians and family physicians accepting Medicaid
- Children have a medical home
- Children receive regular well-child visits
- Children are screened for developmental delays and, as appropriate, identified with developmental delays, referred for early intervention services, and receive early intervention services.
- Children are screened for social-emotional needs and, as appropriate, identified with social-emotional needs, referred for behavioral health services and receive behavioral health services.

North Carolina has a lot of assets in place! There has been a lot of excellent work already done in North Carolina around these issues. Pathways would like to lift up and leverage these assets. We have talked with some of you and surveyed the larger Pathways Partners (stakeholders) group to learn about some of the great initiatives that are helping us move towards these outcomes. We heard from you that work on children's social-emotional health has really started to "move" in NC in that last few years, thanks to some great people and increased understanding of the importance of social-emotional health to children's success. Here is what we have learned, themed into major categories.

Integrated Birth to Eight System for Children's Mental Health

- There has been work done to map out the mental health system for very young children (0-3) to start determining where children fall through the cracks. (NC Infant and Toddler Mental Health Association and NC Child)
- Community Care of NC (CCNC) and Early Intervention (EI) are discussing how to make EI data accessible through the CCNC Informatics Center.
- There are local effective models of systems of care for early childhood mental health (e.g., Alamance Alliance) and local collaborative groups working to improve children's social-emotional health (e.g., ZFive in Charlotte).
- State is moving toward integrating the funding and service delivery systems for physical health and social-emotional health for children, rather than the current "carve-out" system. The AAP has stated that an integrated health system is best for children.
- The two parts of Early Intervention in NC (Part C – 0-3 year olds, and Part B – 3-5 year olds) have begun communicating regularly, sharing data and working closely together.

- The State Strategic Plan for Early Intervention focuses specifically on children’s social-emotional health.

Provider Training

- NC has written infant and young child mental health competencies and an advisory group for a Zero to Three Technical Assistance grant and others have been discussing how to ensure that all providers and educators working with young children are trained in those competencies.
- There is a partnership between NC and the national Center on the Social and Emotional Foundations for Early Learning to train providers in the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (FPG and DPI Office of Early Learning).
- NC Early Intervention is adopting the SEFEL pyramid model as a framework for supporting and addressing social-emotional needs.
- There are mental health professionals across the state being trained in evidence-based treatment models to address children’s social-emotional health needs. (NC Child Treatment Program)
- Multi-Tiered Systems of Supports (MTSS) is expanding across the state, including effective teaching practices for Tier I Language and Literacy and Social-Emotional Health for both regular and special education teachers. Tier II and III practices for teachers and administrators are also on the horizon. (NC DPI)
- There is a state Pre-K Advisory Committee thinking about how to address the needs of children with the most challenging behaviors.
- NC has a Birth to Kindergarten (BK) certificate that includes training on both regular and special education.
- NC is partnering with Help Me Grow, a national model that is a comprehensive, coordinated system to advance early identification of developmental and behavioral issues and promote referral to needed services. The key component of Help Me Grow is a single phone number families can call to connect with community resources, as well as child health care provider outreach, community outreach, and data collection.

Screening

- The Assuring Better Child Development (ABCD) model has identified and developed a set of best practices by which primary care physicians can identify children five or younger with developmental delays and arrange for early intervention. The expansion of the ABCD program has made North Carolina a leader in effective early developmental screenings.
- ABCD Quality Improvement committee is talking about how to engage pediatricians and primary care providers in screening for general child behavioral issues, more specific social-emotional needs, social determinants of health, maternal depression, and parental strengths, and then talking systematically with parents about those results. This has recently been done successfully in other states.
- Early intervention is moving toward asking all families about social determinants of health as part of the screening process.

- Adopting a social determinants of health screening instrument to use to evaluate women during prenatal care and developing a way for the pregnant women who attend the health department clinic and private obstetrician clinics to fill out the instrument and assure that instrument gets to the pediatricians after birth. This way, we have multiple chances to identify at-risk families and link them with valuable support services such as Care Coordination for Children (CC4C) and Early Head Start.

Access to Services

- Some Local Management Entities/Managed Care Organizations (LME-MCOs) are leading the way in recognizing the importance of identifying and treating children's mental health needs early to improve children's outcomes and reduce long-term costs. Child First is implemented in 24 counties in eastern NC in Trillium Health Resources catchment area. The team works with both child and caretaker to improve outcomes (maternal depression, social-emotional, executive functioning, etc.)
- There is more recognition across the state and maybe within federal Medicaid of the importance of treating the parent and child together as a unit.
- The NC Healthy Social Behaviors Initiative addresses behavioral issues in young children by offering services designed to identify, prevent and modify challenging behaviors with a goal of reducing the expulsion rate and promoting social-emotional development of all children in NC licensed child care centers.
- Community Action Targeting Children Who Are Homeless (CATCH) is a collaborative community project designed to enhance the mental health and development of children experiencing family homelessness.
- There is work being done on expanding evidence-based home visiting and parent education programs across the state and mapping where programs exist. (NC DPH and others)