

Social-Emotional Health Design Team

Work Group: Parent Health

Parents and families are the first and most critical resource to build and maintain children's social-emotional health. Research tells us that parents who are healthy themselves are in the best position to nurture their children with the positive parent-child interactions that build children's social-emotional health.

Outcomes:

- Adults have fewer than three adverse childhood experiences (ACEs)
- Parents are screened for depression at well-child visits
- Parents who are identified with depression are referred for services
- Parents who are referred receive services for depression
- Parents have health insurance
- Parents have access to mental health, domestic violence and substance abuse 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.

Screening

- 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.
- 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.