

# Social-emotional health & kindergarten readiness

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# What is this project about?

- Columbia Pacific CCO (CPCCO) is working to learn how we can better prepare children for kindergarten.
- We are looking at what affects the ways families receive services for their children.
- Goals:
  - Work together to build room for more services and better access to existing services.
  - Find better ways to track opportunities in the future.



# What is social-emotional health (SEH)?

- One measure of kindergarten readiness
- Healthy social-emotional development looks like a child's ability to:
  - Form **close and secure relationships** with primary caregivers, other adults and peers
  - **Experience, manage and express** a full range of **emotions**
  - **Explore the environment and learn** in the context of family, community and culture



# Why is this important?

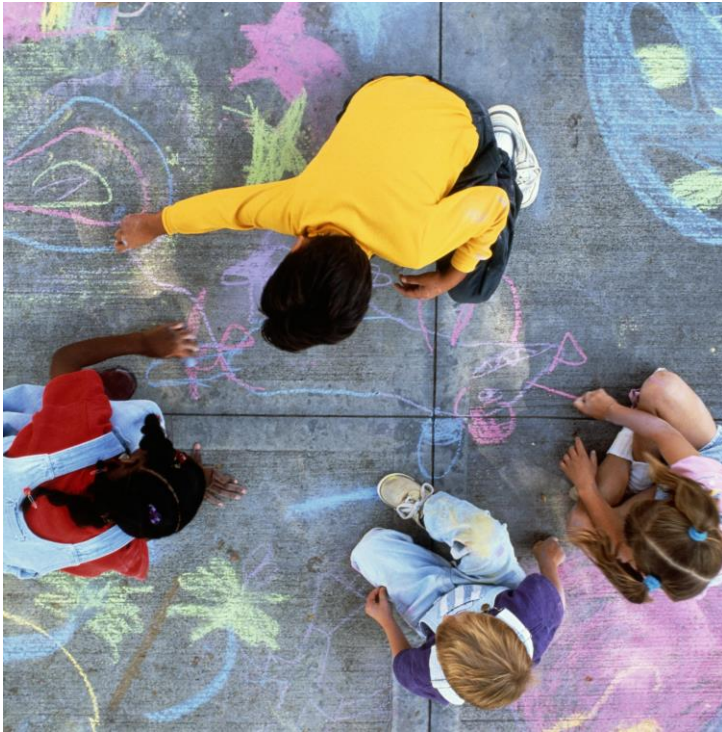
Children who enter kindergarten ready to learn are more likely to:

- graduate from high school
- receive a post-secondary degree
- see better employment outcomes
- have a sense of belonging at school
- exercise more
- have better overall health

Children who enter kindergarten ready to learn are less likely to:

- repeat a grade
- drop out of school
- use drugs
- have anxiety
- be arrested later in life

# Any child can be at risk of a social-emotional delay



- Possible causes of social-emotional delay include big life events and situations:
  - Death of a parent
  - Parental incarceration
  - Child abuse/neglect
  - Parental mental health or substance use disorder
  - Larger environmental events (e.g. pandemic)
- Building resiliency and support can look like:
  - Reading to your child before bedtime
  - Thinking out loud so your child can hear how you cope with frustration and solve problems
  - Doing a chore or activity together

# Metric background

# Metric overview and process reminder

- 3-year metric
- Yearly process overview:
  1. **Review reach metric** data provided by OHA (percentage of members ages 1-5 who received a behavioral health assessment or service within past 12 months)
  2. **Develop an Asset Map** to capture services and resources in the CCO region that address children's social-emotional health
  3. **Review findings with partners and families** to gather input on barriers and opportunities to improve capacity and access
  4. **Create action plan** focused on at least two target areas for improvement
- *Repeat process each year expanding on different provider types*
- *Metric to be implemented by OHA in 2025*

# What's new in Year 3 (2024): Early learning providers and other community-based social-emotional services/programs

	Focus area		
	Contracted behavioral health providers	Integrated behavioral health providers	Early learning providers and other community based social-emotional services/programs
Year 1 (2022)	✓		
Year 2 (2023)	✓	✓	
Year 3 (2024)	✓	✓	✓

✓ Newly surveyed  
 ✓ Re-surveyed from 2022 for SEH therapy modalities and 0-5 reach  
 ✓ Only included in asset map, no claims data so not included in overall reach rate



# Reach Data

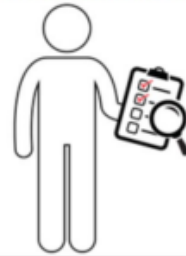
**Numerator:**

Screening



or

Assessment



or

Brief Intervention



or

Treatment Service



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**Denominator:**

Children aged 1-5 within the CCO

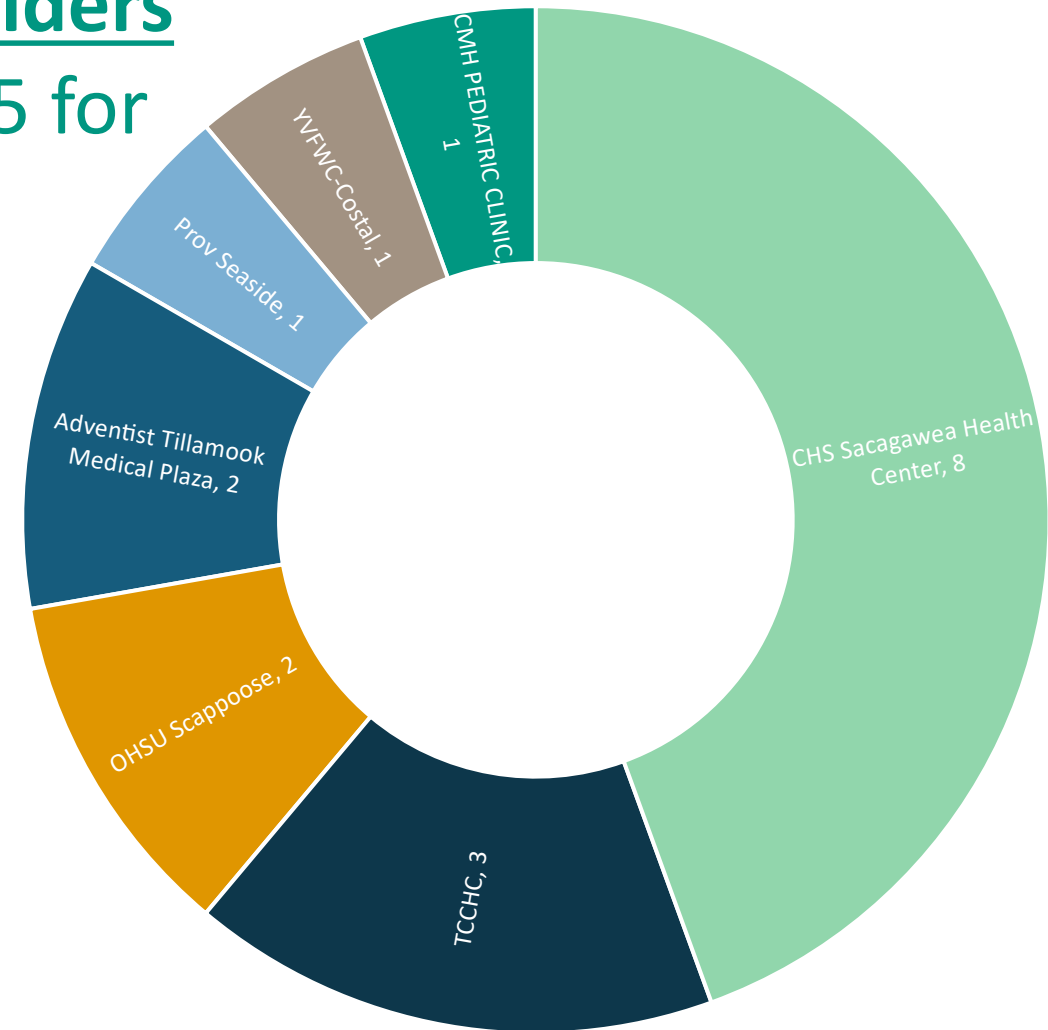
# ACCESS 2023

Tillamook	Clatsop	Columbia
<p>There are seven behavioral health providers in Tillamook County. <b>6</b> have capacity for new referrals.</p> <p>Types of SEH assessments:</p> <ul style="list-style-type: none"> <li>• Strengths and Difficulties Questionnaire</li> </ul> <p>Types of SEH brief interventions:</p> <ul style="list-style-type: none"> <li>• Education and training for patient self-management</li> <li>• BH counseling and therapy</li> <li>• Prev. medicine counseling</li> <li>• Health behavior intervention</li> </ul> <p>Types of SEH therapies offered:</p> <ul style="list-style-type: none"> <li>• Collaborative Problem Solving</li> <li>• Trauma-focused CBT</li> <li>• Play therapy</li> <li>• Child-parent psychotherapy</li> <li>• Incredible Years<sup>®</sup></li> <li>• Marriage and family therapist or child counseling</li> </ul>	<p>There are 11 behavioral health providers in Clatsop County. <b>7</b> have capacity for new referrals.</p> <p>Types of SEH assessments:</p> <ul style="list-style-type: none"> <li>• Ages &amp; Stages</li> </ul> <p>Types of SEH brief interventions:</p> <ul style="list-style-type: none"> <li>• BH counseling and therapy</li> </ul> <p>Types of therapies offered:</p> <ul style="list-style-type: none"> <li>• Attachment and BBH Catch-up</li> <li>• Attachment, Regulation and Competency</li> <li>• Child-parent psychotherapy</li> <li>• Collaborative Problem Solving</li> <li>• Trauma-focused CBT</li> <li>• Play therapy</li> </ul>	<p>There are 13 behavioral health providers in Columbia County. <b>9</b> have capacity for new referrals.</p> <p>Types of SEH assessments:</p> <ul style="list-style-type: none"> <li>• Ages &amp; Stages Questionnaire (ASQ-SEH)</li> </ul> <p>Types of SEH brief interventions:</p> <ul style="list-style-type: none"> <li>• BH counseling and therapy</li> </ul> <p>Types of therapies offered:</p> <ul style="list-style-type: none"> <li>• Collaborative Problem Solving</li> <li>• Trauma-focused CBT</li> <li>• Eye Movement Desensitization and Reprocessing (EMDR)</li> <li>• Play therapy, therapy</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Decrease</b> in providers and capacity in Tillamook, but <b>increase</b> in types of brief interventions being offered</li> <li>• <b>Increase</b> in providers and capacity in Clatsop and Columbia counties</li> </ul>		

Within the CPCCO service region (Columbia, Clatsop, Tillamook), there are **18 providers** who said they screen children ages 0-5 for SEH needs in the primary care clinic

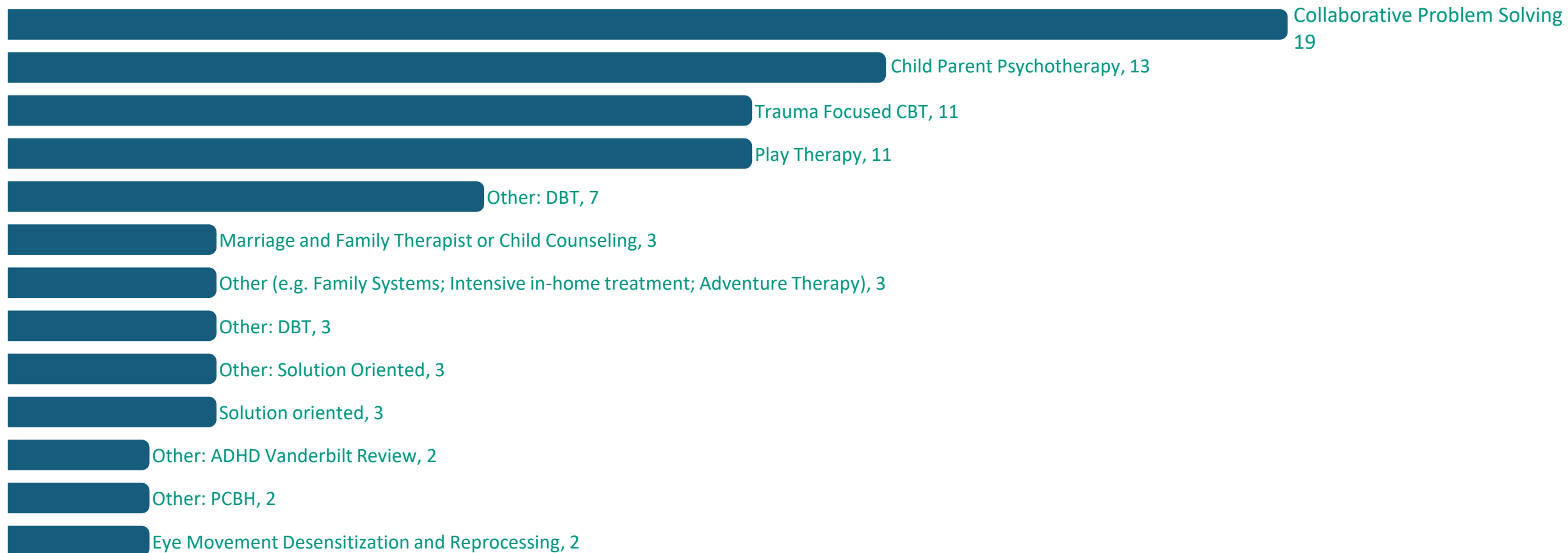
Screenings and assessments most used by these providers include\*:

- Ages & Stages Questionnaire (16)
- Beck Depression Inventory (11)
- Child Behavior Checklist (13)
- Cards for Connection® (8)
- Behavioral Assessment System for Children (5)
- M-CHAT (5)



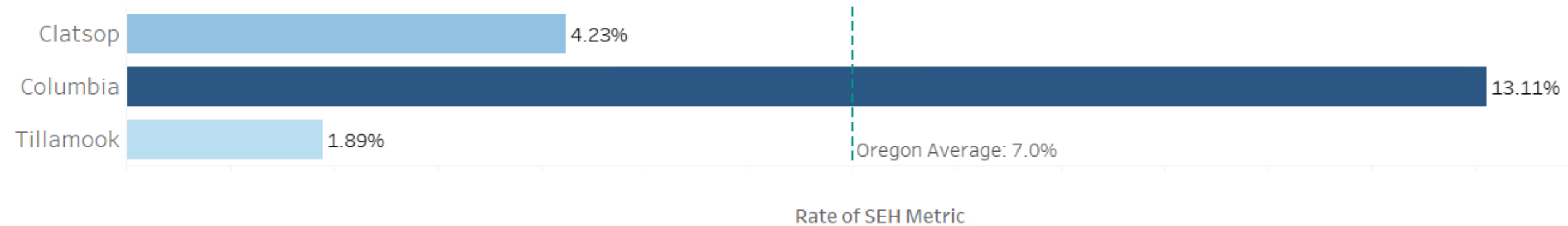
# SEH treatment therapies offered for 0–5-year-olds within the CPCCO region

Most SEH child providers are trained in **Collaborative Problem-Solving and Child-Parent Therapy** modalities



# of Providers Skilled to Offer Therapy Type for 0-5yr olds (at least 2 providers)

# Reach by county of residence

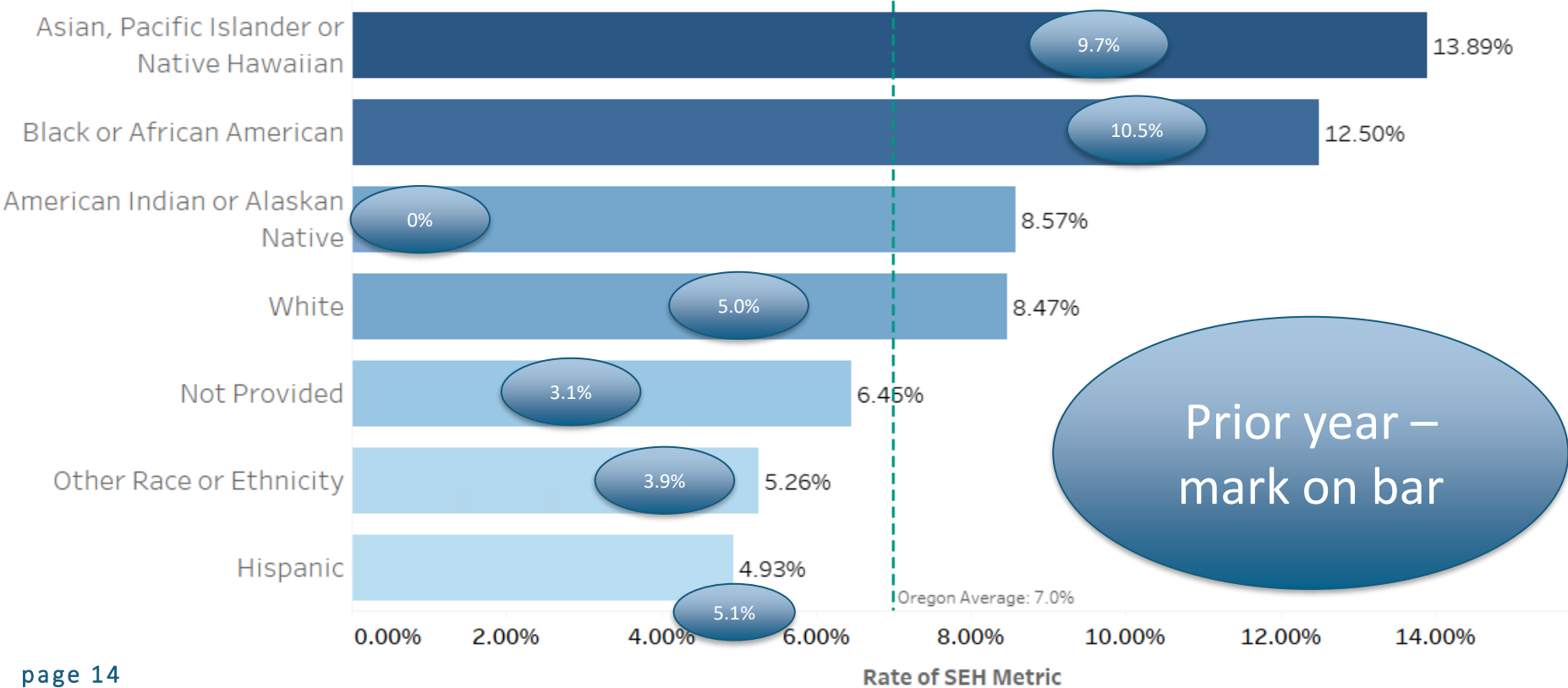


- Children living in Tillamook County have the lowest rates of SEH assessments and services of the region.
- Children living in Columbia County were far more likely to receive a SEH assessment or service compared to children living in Clatsop or Tillamook.

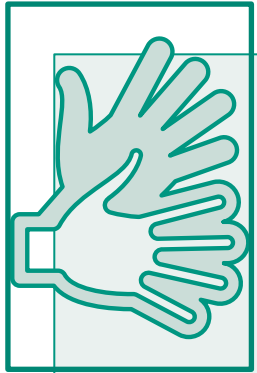
# Reach by member race/ethnicity

## SEH Reach Rate by Members' Race/Ethnicity

We are disaggregating data by race/ethnicity because it is a proxy for institutional racism and structural inequities. We acknowledge that our data and this method of analysis is important and also limited. However, we believe that it is a critical step to understanding how institutional racism and structural inequities impact individual and community health outcomes. When looking at this data, keep structural factors at the forefront and be resistant to using messages of individual responsibility or community deficiency to explain the results. For example, consider what factors might be at play in limiting access or in over-screening certain groups of people?



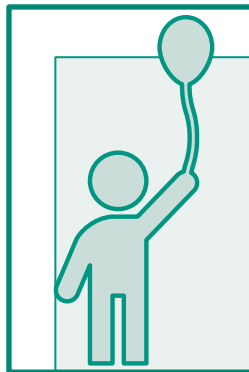
# Reach by age and language



Limited information on reach rate for primary languages other than Spanish and English. Spanish rates were lower than English.



Families needing an interpreter had a lower reach rate than those who did not indicate a need.



Reach rates highest for children ages 1 and 5, lower for ages 2 – 4.

# Social complexity factors in social-emotional health

Social complexity refers to a set of individual, family or community characteristics that impact a child's health outcomes and may affect a family's ability to access and engage in care.





CPCCO members with risk factors for SEH barriers are **screened** at **higher** rates, but **received therapeutic services** at **lower** rates compared with those across the state with the same risk factors

Risk Factor	Statewide Rate of Assessments/ Screenings	CPCCO Rate of Assessments/ Screenings	Statewide Rate of Therapeutic Services	CPCCO Rate of Therapeutic Services	Statewide Rate of Either	CPCCO Rate of Either
Poverty	6.5%	8.4%	5.0%	4.6%	8.5%	10.2%
Foster care	16.9%	17.0%	12.8%	9.4%	21.2%	19.6%
Parent death	6.8%	Too small to report	6.7%	Too small to report	9.5%	Too small to report
Parental incarceration	7.2%	7.9%	5.5%	2.4%	9.4%	8.4%
Mental health: Child	15.8%	17.0%	17.4%	15.0%	23.0%	22.8%
Mental health: Parent	6.5%	7.2%	5.2%	3.2%	8.7%	8.5%
Substance use disorder: Parent	7.6%	9.5%	5.5%	3.6%	9.7%	10.3%
Child abuse/neglect	17.6%	15.8%	16.9%	12.9%	23.3%	20.1%
Potential language barrier	4.5%	5.3%	2.4%	Too small to report	5.9%	6.4%
Parent disability	8.8%	Too small to report	8.1%	Too small to report	12.1%	Too small to report

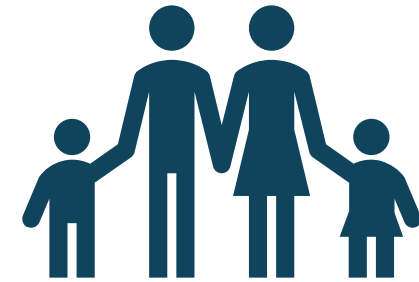
# Social complexity factor trends



- Reach rates higher when children have 3+ or parents have 4+ social complexities.
- Reach rates higher when social complexity factors are child-specific compared to parent/family-specific.



- Children with a combination of medical and social complexity factors more likely to receive SEH-focused care.



- For children with combined child and parent/family social complexity factors, SEH reach rates are similarly low until there are 6+ total social complexity factors.

# Summary



# Summary

## Geographic and demographic trends

- Children living in Tillamook County had the lowest rates of SEH assessments and services in the region and those in Columbia County had the highest rates.
- Hispanic/Latine/x, white members and members who declined to answer the race/ethnicity question had lowest SEH reach rates.
- Information about member language is still limited for those ages 0-5, especially for languages other than Spanish and English.
- Children aged 2-4 received lower screening rates than those ages 1 or 5.
- Children whose families/guardians indicated a need for language interpretation were less likely to receive a SEH assessment or service.

# Summary

## Trends related to social complexity factors

- Members with risk factors for SEH barriers are **screened at higher rates, but received therapeutic services at lower rates** compared with those across the state with the same risk factors.
- Children were more likely to have received SEH screening and/or therapeutic services if they had **a combination of medical and social complexity factors**, as well as those with **3+ child-level social complexity factors**.
- SEH screening and service rates were **highest for children of parents/family with 4 or 5 social complexities** and for those with 6 or more combined child and parent/family social complexity factors.

# Questions?

Feedback, thoughts and comments are all welcome!



# Activity

We want to hear from you!

- With folks at your table, please consider the following questions:
  - What are the biggest barriers to families accessing social and emotional health services for their children?
  - How can CPCCO support creating more social and emotional health services, and where should we start?
    - Type of intervention? Specific location? Specific population? Specific means of access? Etc.

