

# Health's Essential

## *Healthy social-emotional development of young children*

GOAL	ACTIVITIES	LEAD	TIMELINE	OUTCOMES/NOTES
1. Facilitate health insurance outreach and enrollment for all young children and their families	<ul style="list-style-type: none"> <li>a. Advocate</li> <li>b. Document all who are already assisting. Check if medical offices have forms, can refer people to those who can assist with applying.</li> </ul>	State MCHD? Healthy Start Marion Co. Health Dept Salem Hospital FQHC Head Start		
2. Provide all young children and their families with a regular source of coordinated, comprehensive, quality healthcare	<ul style="list-style-type: none"> <li>a. Advocate</li> <li>b. Educate about benefits of OHP</li> </ul>			
3. Increase investments to create healthy community	<ul style="list-style-type: none"> <li>a. Advocate</li> <li>b. Introduce Reading for All: Born Learning to more pediatric offices using materials from Reach Out and Read and other early literacy materials.               <ul style="list-style-type: none"> <li>i. Encourage community sponsorships to purchase books for ROAR –tie in with speakers' circuit.</li> <li>ii. Secure information about ROAR program- reading display in visiting areas w/info and books</li> <li>iii. Ask local ped's office to write Op-Ed piece regarding reading (Dr. Carlson, per Lona)</li> <li>iv. Find nurse to be the champion for ROAR</li> </ul> </li> </ul>			(Note: Could a champion be hired through FSIC to lead ROAR effort?)
4. Build stronger links between	<ul style="list-style-type: none"> <li>a. Build on the physical health system for</li> </ul>	Contractor –		

# Health's Essential

## *Healthy social-emotional development of young children*

GOAL	ACTIVITIES	LEAD	TIMELINE	OUTCOMES/NOTES
community health care, behavioral health and early childhood services	<p>early identification of mental health needs and access to services.</p> <p>b. Gain clarity on developmental screening best practices, what's already been developed or supported and identify current pediatric settings which are doing developmental screen or have an interest in implementing this into their practice. Follow up with grand rounds in 6 mths (March/April)</p> <p>c. Increase availability of appropriate and coordinated mental health services for children (in clinic? w/Kathy Savicki)</p> <p>d. Work with BCN to increase number of therapist trained in neurobiological-informed practices for working with children who are developmentally at-risk (e.g., PCIT, COS Neurosequential Model of Therapeutics) Get feedback on how it's going (ASQ) Have Meredith meet w/Kathy Savicki at the BCN. Have Meredith report back to other clinics (those that did not participate)</p>	Meredith Russell		
5. Promote social/emotional development and mental health in all early childhood settings	<p>a. Prenatal Care includes mental health needs, data, tools w/Prenatal Task Force.</p> <p>b. Mom's Project (substance abuse focus)</p> <p>c. Teen Parent Programs (gather info on what is happening in this area. Could they be doing ASQ's?)</p>	PNTF MVIPA		
6. Identify and address health and behavioral health risks and conditions as early as possible.	<p>a. Increased number and percentage of children that receive recommended preventive care (e.g., well-child, immunizations). Look at health component of kindergarten survey.</p>	PCIT		

# Health's Essential

## *Healthy social-emotional development of young children*

GOAL	ACTIVITIES	LEAD	TIMELINE	OUTCOMES/NOTES
	<ul style="list-style-type: none"> <li>b. Serve as LICC (Local Interagency Coordinating Council) Add additional Easter Seals pre-school screening (\$2500)</li> <li>c. Food Share leads on medical impacts of Hunger Forum. Physicians (peds) use 1-question screen for hunger/food insecurity. (Childhood Hunger Initiative)</li> </ul>			
7. Increase behavioral health services for young children involved in the child welfare system or experiencing homelessness, domestic violence or parental behavioral health issues	<ul style="list-style-type: none"> <li>a. Advance the implementation of mental health assessments to children placed in substitute care by DHS</li> <li>b. Steve Kuhn DHS contact (this is in process with significant goals)</li> </ul>	PCIT		
8. Increase the skills and capacity of the health, behavioral health and early childhood work force.	<ul style="list-style-type: none"> <li>a. Offer two local trainings for mental health providers and/or medical professionals. Talk w/Kathy Savicki</li> <li>b. Initiate an Early Childhood Professional Development RFP</li> <li>c. Create a system of educational supports to encourage higher education coursework in early childhood fields.                             <ul style="list-style-type: none"> <li>i. Availability of web-based course work</li> <li>ii. Core and advanced on-campus course work</li> <li>iii. Create opportunities for early childhood to be presented to teens as a career option</li> </ul> </li> <li>d. Facilitate the infusion of developmental neuroscience and early development into school's health curriculum</li> <li>e. Participate in four "career day" fairs at local high schools</li> <li>f. Create industry skills learning opportunities in three (3) local</li> </ul>	CCC PSU	Developmental Screening Training 9/5/08	

# Health's Essential

*Healthy social-emotional development of young children*

GOAL	ACTIVITIES	LEAD	TIMELINE	OUTCOMES/NOTES
	g. organizations Develop a professional and paraprofessional, culturally proficient workforce			
	h. Teen pregnancy prevention (state level) Kathryn McDaniel (MCHD) can help with this. i. Call Sarah Brown, The National Campaign to Prevent Teen & Unplanned Pregnancy, what can they offer? ii. Explore the Brain Game presented by Bruce Perry. Consider for a pilot, if appropriate.	MC Health Dept. Teen Parent Programs		