

**Social/Emotional Health
Minutes from Chart Paper
November 20, 2007**

System Access

Issues:

1. Families should have access to services in their community
2. Funding access limitations- private insurance, no insurance vs. Medicaid
3. People with insurance-auto and other unions have more benefits
4. People with private insurance do not have the range of options Medicaid offers
5. Finding providers in 0-3 limited, too
6. Cost and length of time services provided big issue (#visits/duration co-pay prohibitive)
7. Resources for immigrant and other special populations not available (Hispanic, Asians, Arabic)
8. Customer service can be a barrier, too
9. Have to call "19" people to get help
10. "Knowledge" of people who answer the phone
11. Enter information into a common intake system to increase access to all people.
12. Education greatly needed for:
 - a. Practitioner, referral source and intake workers to assure more family-friendly and quality services.
 - b. Level 2 access/education-use of technology and rating system to make sure all families have access to the same "level and quality" of services
13. Training and Technical Assistance:
 - a. Increasing knowledge of providers and other caregivers (but mastery includes mentoring and support)
 - b. Licensing needs to develop guidelines for providers around training. the radar of the state. That includes "best practice and the amount of time needed; e.g. expand ccep is on
 - c. One way to raise the floor may be through the unions-who want all of their providers to have a CDA

Other:

- Skillman, Children's Law Center, and South West Detroit will be launching a pilot the first of January
- Healthy Child Care America is training to remove stigma for Mental Health Services
- Wayne County Infant Mental Health task force has taken a lead in Wayne for services
- Michigan Infant Mental Health lead for training on social/emotional for City and State
- Early on can also be a real leader in this area, too and no "stigma" here
- Linkages across all of the groups (Basic needs, early care and education, etc.) (Three legged stool – parents, economic stability, early care and education)

Goals:

1. A well prepared early human service workforce able to meet social-emotional needs of children
2. Every child has access to services and supports that insure social/emotional foundations (parent, kids, caregiver settings, other DHS, etc.) Outside of Medicaid only

Strategies:

1. To identify, link resources providers and establishing common agenda-use the child care union goal for CDA's among child care providers by 2010 to gain access and participation in Social/Emotional Health skill development
 - Have CCEP/Infant Mental Health widely available and used (accountability still an issue)
 - Funding sources can include competency-based requirements
 - Bring together training organizers to combine strengths in this area (e.g. special track that's targeted)
2. Quality indicators and cross system measures-Social/emotional health should be a birth right for all kids
 - Enhance the utilization of existing medicated monies (can serve 50 non-Medicaid families)
 - Obtain basic screening on all families and children (behavior, colds and earaches are reasons kids come to their pediatricians)
3. Universal home-visiting for all new babies/families
 - Welcome baby for all of Wayne County (Great parents 6 month ASQ (behavior) 12 month
 - Brigance and Ages and Stages used
 - Suggestion-Add social/emotional ages and stage
 - Get RESA to sponsor social/emotional wheels for all newborn welcome baby packets/wheels
 - Kathryn talk about accessibility to the Wayne County ICC task force

Populations:

Immigrants

Eastern European

Senegalese

Hispanic

Asian

Young Children (0-3)

Early Care Providers

Partners:**For Training:**

1. **Wayne County IMH Task Force (mostly for Medicaid)**
2. **MI Associates for IMH**
3. **Early On (for referrals, coordination, less stigma)**

4. Faith Community

Next Meeting – Tuesday, December 18, 2007, 8:45 – 11:00