

Social-Emotional Wellness Update

Social-Emotional Development and Relationships in Children & Adolescents

Spring/Summer 2018

What is Social-Emotional Wellness?

The Division of Family Health (DFH), located in the Office of Public Health and working with the Maternal and Child Health Services Block Grant is pleased to welcome you to the Spring/Summer 2018 edition of the Social-Emotional Wellness Update! Positive social-emotional development and relationships are the building blocks of healthy development that help young people grow up healthy, caring and responsible (Search Institute; *Healthy Communities—Healthy Youth*). The DFH has identified **social-emotional development and relationships** as a priority for both children and adolescent programming.

This semi-annual newsletter provides a brief overview on specific aspects concerning social-emotional wellness for children and adolescents, explores relevant data, discusses the public health impact of trauma, adverse childhood experiences and toxic stress, offers resources for further exploration, and addresses the importance of using evidence-informed strategies that focus on the provision of trauma-informed care, resilience and building developmental assets through a positive youth development framework.



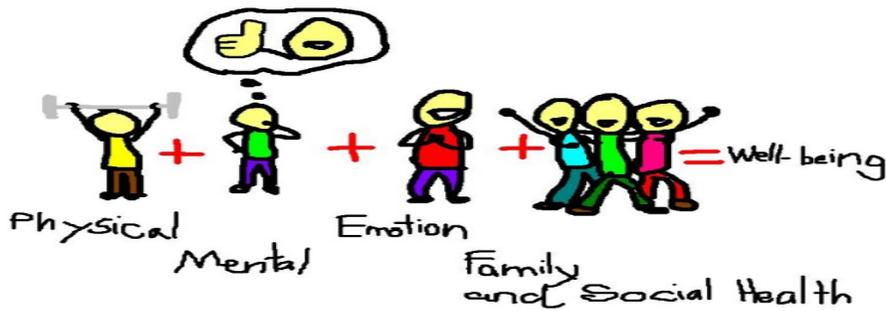
“Young people need adults and peers in their lives who express care, challenge growth, provide support, share power and expand possibilities”

- The Search Institute

In this issue:

- ◇ **Focus on Social-Emotional Wellness**
- ◇ **Social-emotional Development of Infants and Toddlers**
- ◇ **Information on ACEs**
- ◇ **NYS Health Homes for Children**
- ◇ **Resources for Expanding Knowledge**





Why Social-Emotional Well-ness?

We believe that social-emotional wellness in children and adolescents impacts nearly all of the work that is done on some level within the New York State Department of Health's Division of Family Health (DFH). This emerging field integrates mental, physical and social domains that support healthy life outcomes beyond adolescence.

Social-emotional wellness has been described as a "soft-skill", while important, not often the primary focus for our Maternal and Child Health (MCH) programs. Currently, there is no specific set of standards that address social-emotional wellness across all of the age groups encompassed by this designation (from birth through adolescence).

That being said, there is growing research and data that highlight evidence-based, evidence-informed and best practices for increasing social-emotional wellness.

MCHS Block Grant

In recognition of the importance of social-emotional wellness in children and adolescents, DFH added this as a priority area in the Maternal and Child Health Services Block Grant (MCHSBG) as part of a shared priority within the children and adolescent domains.

NY's priorities for child and adolescent health reflect consistent stakeholder concerns regarding the impact of poverty, toxic stress, early development and social-emotional relationships on lifelong health and well-being impacting physical and behavioral health as well as school success.

Root Causes?

Particular factors that have been shown to have an impact on children's social, emotional and mental health include exposure to **adverse childhood experiences (ACEs), poverty, trauma, and inadequate treatment.**

While these root causes are difficult to address, concentrating efforts among priority youth is a good start for the Social-Emotional Wellness initiatives.

For more information on ACEs and trauma informed care practices, please see page four.



Social-Emotional Wellness of Infants and Toddlers

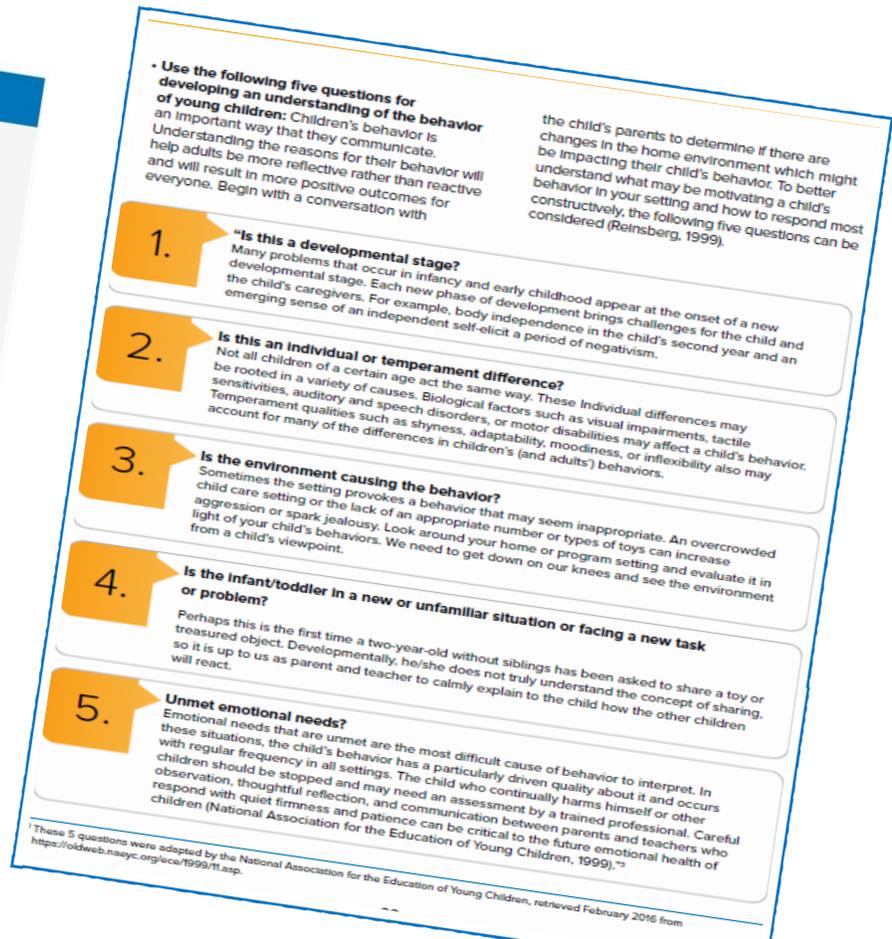
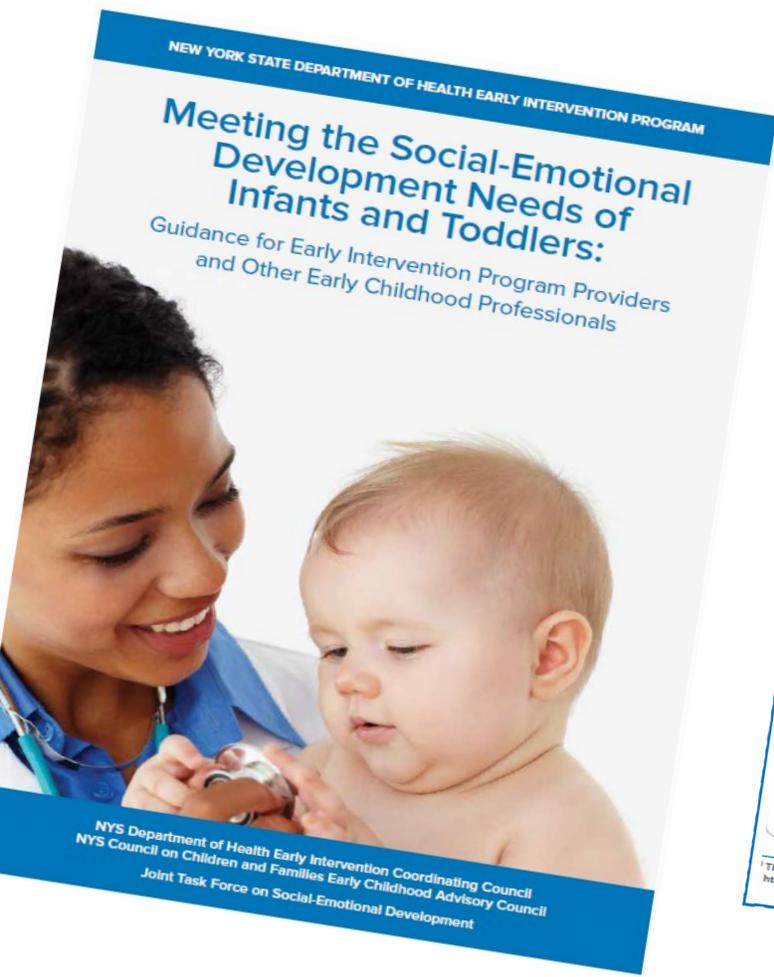
In 2017, The Division of Family Health (DFH) announced the issuance of the guidance document, *Meeting the Social-Emotional Development Needs of Infants and Toddlers: Guidance for Early Intervention and Other Early Childhood Professionals*.

This guidance is geared towards early childhood health, development specialists, and early care and learning professionals to partner with families to promote and support healthy social-emotional development in infants and toddlers. The Department encourages anyone who services infants and toddlers, including those in the State's Early Intervention Program (EI) for young children with disabilities and their families, to use this document. Young children's positive social-emotional development, and their capacity to form strong, secure and positive relationships with caregivers is foundational to their overall healthy development.

The guidance was written to achieve the following four objectives:

- Ensure that the general population of young children receive routine and ongoing screening of children's development,
- Identify children at risk of experiencing a social-emotional development delay or disability and ensure that their families receive the assistance they need,
- Improve the early identification of children who may already be experiencing developmental delays in social-emotional development,
- Ensure the evaluations and assessments for all children in the Early Intervention Program adequately address the area of social-emotional development and service coordinators, evaluators and providers who are delivering EI services understand the importance of and pay attention to this area of development.

Click [here](#) to open the publication and learn more!



Adverse Childhood Experiences (ACEs)

The CDC-Kaiser Permanente Adverse Childhood Experiences Study looked at how childhood traumas (abuse, neglect, and family/household challenges) affect an individual's health throughout their life-course. Participants in the study completed a survey regarding their childhood experiences and current health / behaviors. The study asked 10 questions, each representing an ACE.

Study findings revealed that the majority of individuals have experienced at least one ACE as well as a graded dose-response **relationship between ACEs and negative health and well-being outcomes across the life course**, meaning the higher an individual's ACE score is, the more likely they are to have negative health/well-being outcomes.

ACEs have been linked to: risky health behaviors, chronic health conditions, low life potential, and early death ([CDC.gov](http://www.cdc.gov)). Please visit the CDC website to learn more about this study and its implications. Because of the health impacts that can occur from traumatic environments, it is important for community-based programs to use resilience building initiatives with youth. Taking a trauma-informed care approach can help establish safe, stable and nurturing environments for children.



For the first time in 2016, the New York State (NYS) Department of Health (DOH) collected regional and state-level ACEs data from over 9,000 adults through the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an annual statewide telephone survey of adults developed by the CDC and administered by DOH.

Findings from the survey were similar to the original ACE study and include that ACEs are common in NYS, six out of 10 adults reported having experienced at least one ACE and 13% reported four or more ACEs. Additionally, participants who reported **three or more** ACEs are six times more likely to report being depressed, four times more likely to report HIV risk behaviors, three times more likely to have arthritis or be current smokers, and twice as likely to be obese, ever have asthma or report binge drinking.

The ACEs workgroup is recommending the following action steps.

1. Facilitate cross-sectoral engagement in developing, implementing and evaluating the action plan.
2. Offer Technical support on best practice to prevent, reduce and respond to ACEs.
3. Support alignment of actions to address ACEs
4. Strengthen capacity for training and communications.
5. Collect data and information on ACEs and resilience periodically.

The ACEs workgroup will soon be posting a detailed report on the BRFSS site, entitled **Understanding and Responding to Adverse Childhood Experiences in New York State**.

The ACEs workgroup included staff from DOH, OASAS and OMH with support provided by the Bureau of Chronic Disease Evaluation and Research, Bureau of Occupational Health and Injury Prevention and Office of Public Health Practice. The report **Understanding and Responding to Adverse Childhood Experiences in New York State** will be posted on the BRFSS website soon.

New York State Children’s Health Homes

The New York Health Homes Serving Children (HHSC) coordinates trauma-sensitive care efforts for youth who have complex trauma. A children’s Health Home is a care management model that is designed to coordinate care of individuals with Medicaid who have chronic conditions. This model of care management is provided by community care managers who oversee and provide access to all the services an individual needs to ensure they stay healthy, out of the emergency room and out of the hospital.

Care Managers build linkages to other community and social supports, and enhance coordination of medical and behavioral health care, with the main focus on the needs of persons with multiple chronic illnesses.

All of an individual’s providers communicate with one another so the individual’s needs are addressed in a comprehensive manner. There are 16 adult Health Homes that also provide services to children and three that only serve children. Health Home enrollment for children began in December 2016.

The Health Home model has been designed to incorporate the expertise of existing care managers, including Early Intervention, Voluntary Foster Care Agencies, Office of Mental Health Targeted Care Management (OMH TCM) and Care at Home providers that have and will operate under the Health Home program to provide care management and develop plan of care .

HHSC MAPP Referrals 12/2016 - 10/2017			
Date	Referrals for Foster Care Children	Referrals with Complex Trauma	Referrals with HIV
Dec-16	2,314	1,400	9
Jan-17	613	407	5
Feb-17	755	487	4
Mar-17	662	448	4
Apr-17	389	327	3
May-17	498	390	6
Jun-17	244	201	5
Jul-17	230	199	3
Aug-17	279	304	4
Sep-17	165	158	4
Oct-17	234	224	4
Grand Total	6,383	4,545	51

A multiple state agency partnership has leveraged expertise from trauma-informed care experts to assist with identifying the procedures / approaches for verifying and documenting complex trauma. By recognizing children with complex trauma, the individuals are more likely to receive trauma-sensitive care throughout their health services.

For more information on this initiative, please visit the program site by clicking [here](#).

Links & Data Resources

Please click on the links to obtain more information/data on topics related to the impacts for social-emotional wellness in children and adolescents.

[New York State Prevention Agenda](#)

[Youth Risk Behavior Survey – NY Data](#)

[Meeting the Social-Emotional Development Needs of Infants and Toddlers](#): Joint Task Force on Social-Emotional Development.

[Assets Coming Together for Youth - Center for Community Action](#) (ACT CCA): Positive Youth Development 101

[CDC Behavioral Risk Factor Surveillance System](#): ACE Data

[Search Institute Developmental Assets Resources](#): A positive youth **development framework**

[TED Talk](#): How childhood trauma affects health across a lifetime—Dr. Nadine Burke Harris

Contact Us

Thanks for reading! Please feel free to contact the Social-Emotional Wellness (SEW) team for more information about our initiatives or to share any additional resources future training events. We welcome all feedback and any topic suggestions to consider for future e-newsletters.

SEW Team Members

Eric Zasada
Susan Penn
Marina Sepowski
Lyndsey Hoyt
Katherine Reksc
Lisa Adami

Please email any team member (first.last@health.ny.gov) if you would like to be added to any additional SEW-related mailings.