### WHERE THE RUBBER MEETS THE ROAD: LINKING FAMILIES TO RESOURCES TO MITIGATE SOCIAL RISK

OLGA C. ROSA, MD FAAP
ASSOCIATE PROFESSOR OF CLINICAL PEDIATRICS
UofSC SCHOOL OF MEDICINE, CHILD ABUSE PEDIATRICS
DIRECTOR, SOUTH CAROLINA CHILDREN'S ADVOCACY MEDICAL RESPONSE SYSTEM (SCCAMRS)
QTIP LEARNING COLLABORATIVE

### DISCLOSURE STATEMENT

In accordance with ACGME guidelines, I have no relevant financial relationship or commercial support that could possibly create or be perceived as a conflict of interest or influence this educational activity.



### OBJECTIVES

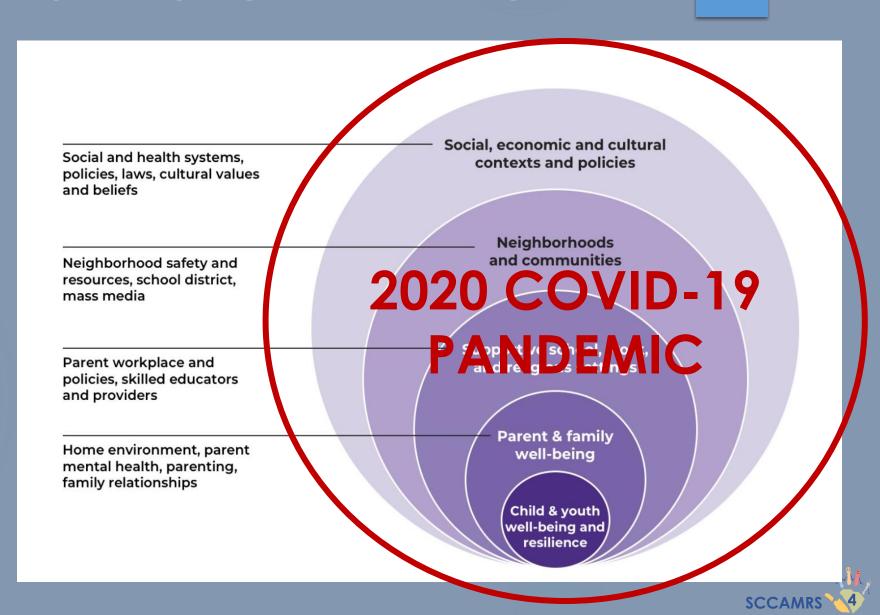
- Overview of the bio-ecological model of child development and the influence of social determinants of health (SDOH)
- Discuss the backdrop of the current medico-social well being of SC children to identify key social needs and risks
- Consider strategies to identify and address social needs in the pediatric setting



### BIOECOLOGICAL MODEL OF CHILD DEVELOPMENT<sup>1</sup>

Health... "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"

World Health Organization



### SOCIAL DETERMINANTS OF HEALTH (SDOH)<sup>2</sup>

- Early Childhood Education & Development
- Enrollment in Higher Education
- High School Graduation
- Language and Literacy

- Education Access and Quality Health Care Access and Quality
- Access to Health Care/Primary Care
- Health Literacy

- Employment
- Food Insecurity
- Housing Instability
- Poverty

Neighborhood and Built Environment

Social and Community Context

- Civic Participation
- Discrimination
- Incarceration
- Social Cohesion

- Access to Foods that Support Healthy Eating Patterns
- Crime and Violence
- Quality of Housing



Economic

Stability

### SOUTH CAROLINA 2020...BY THE NUMBERS<sup>3,4,5</sup>

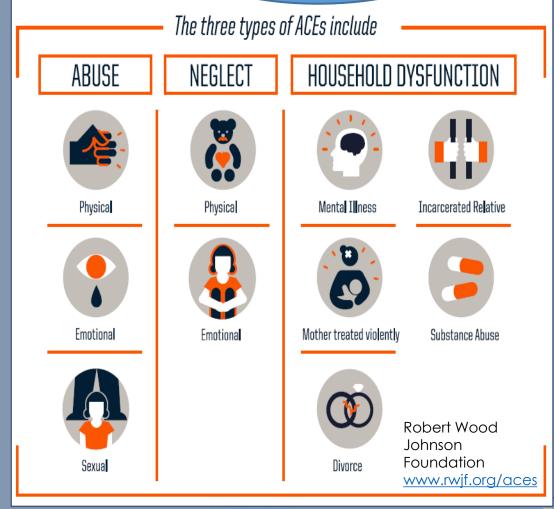
- ▶ 1 in 5 children under the age of 5 live in poverty
- 2 out of 5 children are in single parent families
- 2 out of 7 children live with parents who lack secure employment
- For every 12 children, 1 child is uninsured
- 1 out of 8 households with children do not have enough to eat
- For 1 out of 10 households with children, the caregiver is not confident in their ability to make the next house or rent payment



## ADVERSE CHILDHOOD EXPERIENCES... SC CHILD WELFARE 2020<sup>6,7</sup>

A Spectrum of Adversity
Bullying
Poverty
Homelessness
Neighborhood violence
Racism

- 1 out of 5 children have 2 or more adverse childhood experiences (ACEs)
  - 1 out of 2 victims of maltreatment were children5 years of age and younger
  - Physical neglect (43%) was the most common type of maltreatment identified
  - Two-fold increase in injuries from excessive corporal punishment, when compared to 2019
  - ▶ For every 20 children, 1 have witnessed IPV/DV
  - ▶ 1 out of 12 children lived with a caregiver with mental illness or substance use disorder



## PARENTAL VIEWS ON SCREENING FOR SOCIAL NEEDS (SDOH) IN THE MEDICAL SETTING – TIME TO UNBOX THE PANDORA'S BOX

- ▶ Using the National Survey of Early Childhood Health, Kogan MD, et al. (2004)<sup>8</sup> found that 70% of parents considered appropriate to be asked about their ability to pay for their child's basic needs, parent's emotional support, alcohol/drug use in the household and the parent's own health during well child visits
  - However, less than half of the parents were asked
  - Of interest, when the inquiries were made, parents of minority children, with public insurance and with young children were more likely to be asked
- ► Garg A, et al. (2009)<sup>9</sup> found that 2/3 of surveyed parents agreed that they could ask their child's doctor for assistance with social issues and receive it



# An ounce of prevention...worth a pound of cure

STRATEGIES TO IDENTIFY AND ADDRESS SOCIAL RISK IN THE PEDIATRIC SETTING

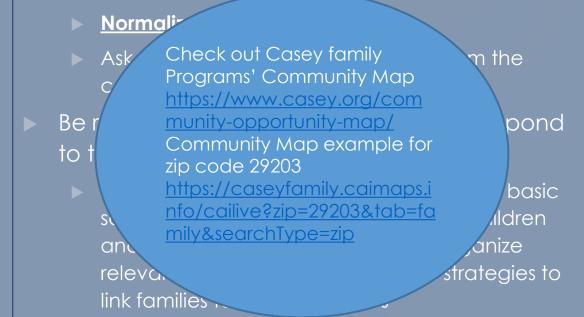


### THE TAG TEAM OF SURVEILLANCE AND SCREENING

Before considering surveillance and/or screening for social needs...

- Any strategy you implement should be self-sufficient and sustainable over the long term
- Efforts should be aimed at goals that can be accomplished in your clinical practice with the resources at hand
- Assess family's social needs/risks as well as their <u>strengths and assets</u> (<u>protective</u> <u>factors</u>)
- Make it a standard clinical protocol in your practice
- Keep in mind...family needs change overtime, hence a longitudinal and continuous process

- Consider the willingness of the parent to discuss SDOH topics and address their concerns for confidentiality - Choose the right moment
  - Do not underestimate a parent's possible sense of shame or embarrassment when discussing sensitive topics or a parent minimizing the need/concern due to social desirability bias



### SURVEILLANCE

- Can we institute a simple general question during pediatric visits for universal surveillance of social needs?
  - ▶ Taking the social temperature or snapshot of the family
- Opening the door
  - ▶ Do you or your family have any needs with which I can help you?
  - Do you have any concerns about having enough support or resources to care for your child?
  - What are your family concerns and needs? How can I help you?
- Keeping the door opened Have there been any changes with your or your family's needs since our last visit?



### SCREENING

- Use evidence supported tools for SDOH at new patient visit, well-child visits and when surveillance elicits concerns
- Choose a screening tool that can be integrated into your clinical workflow with minimal disruption - Consider what you are already screening for
  - Provide to parent upon registration and while in the waiting room – paper or electronic format; OR
  - Provide prior to visit through an EMR portal;OR
  - Face to face screening who will be the screener? Medical assistant, nurse, physician, social worker, health educator?
  - ▶ Who will score the screening tool?

- What to screen for?
  - Social Need/Risk Core Domains
    - Family financial support Food security, housing stability, utilities, employment, transportation
    - Maternal depression/family mental illness
    - Parental/household substance abuse
    - ▶ Intimate partner violence
    - Parental health literacy

## CHOOSING THE RIGHT SDOH SCREENING TOOLS FOR YOUR PRACTICE

- STAR Center (Screening Technical Assistance & Resource Center) https://www.aap.org/en-us/advocacy-and-policy/aap-healthinitiatives/Screening/Pages/About-the-Initiative.aspx
  - SEEK PQ-R (Safe Environment for Every Kid)
  - ▶ WE CARE
  - Hunger Vital Sign
  - Health Leads
  - CMS Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool
  - PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences)



## SCREEN COMPLETED, NEED IDENTIFIED...SO WHAT NOW? 18,19,20 BUILDING A "HEALTH NEIGHBOORHOOD"



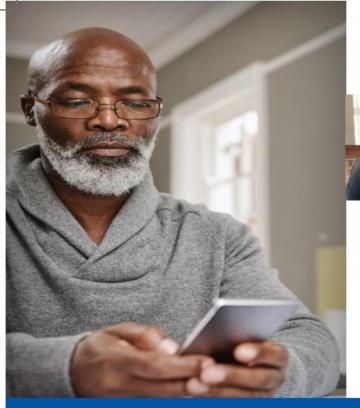
# IDENTIFYING AND BUILDING YOUR RESOURCES TOOLKIT

#### A SOCIAL CARE NETWORK

- REFERRAL PLATFORMS OF COMMUNITY RESOURCES
- 2. MENTAL HEALTH RESOURCES
- 3. RESOURCES TO ADDRESS CHILD MALTREATMENT



REFERRAL
PLATFORMS
OF
COMMUNITY
RESOURCES



Solutions. Support. Hope.





### Call 211 or Visit SC211.org to find help with:

Child Care

Education

**Employment** 

Financial Counseling Food

Healthcare

Housing

Prescription Assistance

on e Utility Bills

And so much more
– just tell us what
you need

2-1-1 or 866.892.9211

SC211 ORG HELP STARTS HERE

Save time and energy.
Find everything you need
to get started at SC211.ORG.
Visit the website now to learn:

- Who can help
- When to apply
- Where to go
- What to expect
- Who to call
- What to bringHow to get there
- Next steps to take

COMPLETELY CONFIDENTIAL • FREE ACCESSIBLE 24/7/365 • 180 LANGUAGES





Call 211, Visit SC211.org, or download the 211 app to get started now.



DOWNLOAD THE SC211 APP AT THE IOS APP STORE OR GOOGLE PLAY



Find Help

Local Programs

Information for Parents

Stories

For Child-Serving Professionals



. . . . . .

### Helping families every day

Organizations across South Carolina are ready to help families with their challenges – big and small. Find your help today.

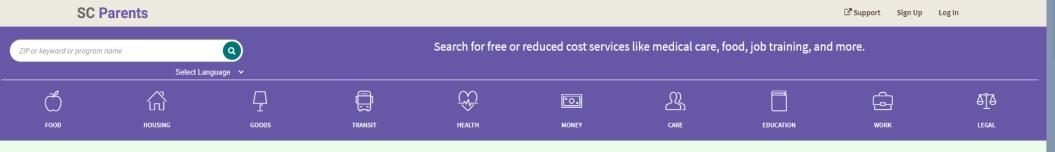
29203

Search

https://scparents.org/

(Powered by Aunt Bertha<sup>TM</sup> platform; <a href="https://www.findhelp.org/">https://www.findhelp.org/</a>)





Affected by Tropical Storm/Hurricane Elsa? Click here for a list of federal and state resources. We recommend also searching below for resources available in your local area.



Parents

### 1,643 programs

serve people in Columbia, SC 29203

Type a search term, or pick a category

This curated database of resources is provided by South Carolina Parents

Suggest Program Claim Programs Accessibility Terms Privacy

© 2011-2021. Powered by Aunt Bertha.



The EveryONE Project

#### Neighborhood Navigator

The EveryONE Project



The EveryONE Project offers you screening tools to identify patients' social needs and address health equity in your practice. The Neighborhood Navigator is the next step for you to improve social determinants of health among your patients.

Use this interactive tool at the point of care to connect patients with supportive resources in their neighborhoods. It lists more than 40,000 social services by zip code.

- Food
- Housing
- Transportation
- · Employment aid
- Legal aid
- Financial

Want to see how the Neighborhood Navigator tool works?

Watch the training videos now.

#### Find Services in Your Community

Enter your ZIP code

SEARCH

#### Help Patients Find Services

Your patients can find the resources they need on their own with the Neighborhood Navigator on family doctor.org



The EveryONE Project's Neighborhood Navigator is supported in part by a grant from the AAFP Foundation.

American Academy of Family Physicians The EveryONE Project Neighborhood Navigator <a href="https://www.aafp.org/family-physician/patient-care/the-everyone-project/neighborhood-navigator.html">https://www.aafp.org/family-physician/patient-care/the-everyone-project/neighborhood-navigator.html</a> OTHER PLATFORMS –

- 1. NowPow <a href="https://nowpow.com/">https://nowpow.com/</a> currently used by Prisma Health System
- 2. Healthify <a href="https://www.healthify.us/">https://www.healthify.us/</a>



### Child Care Resources

Stay up-to-date on the latest parent and child care provider recommendations regarding COVID-19. View Announcements





- A parent needing help to find available child care Contact Child Care Resource & Referral Network at 1 (888) 335-1002 or go to <a href="www.sc-ccrr.org">www.sc-ccrr.org</a> and submit a web referral indicating their need
- Or they can perform a search on their own at <a href="https://www.scchildcare.org/">https://www.scchildcare.org/</a>
- Vouchers and financial assistance for child care is available for working families or parents who are attending school, in a training program, or have a verified disability and an income at or below 300% of the federal poverty level



### MENTAL HEALTH RESOURCES

#### SC Dept of Mental Health Mobile Crisis Program

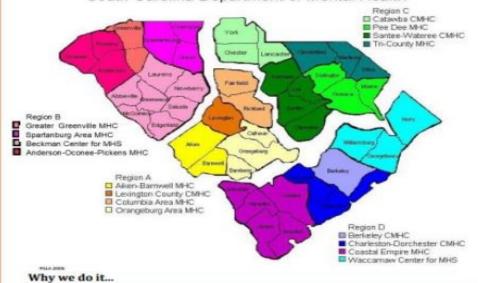
#### What we do...

Our team of crisis clinicians provide adult and children with clinical screening in person at the location of the crisis, at the community mental health center, over the phone and via Telehealth Communication Software.

Our goal is to de-escalate the crisis and provide individuals and families with ongoing mental health treatment and other helpful resources.

#### Crisis Hotline 833-364-2274

#### South Carolina Department of Mental Health



To provide patients throughout South Carolina with immediate access to crisis services and the most appropriate level of care. As a diversionary program, we strive to divert individuals from unnecessary hospitalizations and incarcerations, develop plans of safety and assist individuals in crisis with continued mental health care.

Our fully qualified, masters level clinicians work directly with local mental health centers, law enforcement, Probate, and community providers to deliver solution-focused interventions and stabilization to individuals experiencing a mental health crisis.

"To support the recovery of people with mental illnesses."





**REGION A: Midlands** 

**REGION B: Upstate** 

**REGION C: Pee-Dee** 

**REGION D: Coastal** 

We provide adults and children with clinical screening:

In Person at the location Of the crisis

25

In person at a CMHC clinic



Via phone



Via Telehealth communication software



In partnership with SC Dept. of Health and Human Services



#### [-] Emergency Contacts

National Suicide Prevention Lifeline 800-273-TALK (8255)

Veterans Crisis Line

800-273-TALK (8255) Press 1 or Text 838255

Crisis Text Line

Text "HOPE4SC" to 741741

Mobile Crisis

1-833-DMH-CCRI (364-2274)

SC HOPES

1-844-SC-HOPES (724-6737)

SAMHSA's Disaster Helpline

1-800-985-5990

The Trevor Project Lifeline
1-866-488-7386 or Text "START" to 678678

National Sexual Assault Hotline

1-800-656-4673

National Domestic Violence Hotline 1-800-799-7233





If you are in crisis, call 1-800-273-TALK (8255) National Suicide Prevention Lifeline

Forgot your User ID/password?

Login

ome

#### Welcome!

No matter how challenging the times, you are not alone in South Carolina. The South Carolina Department of Mental Health (SCDMH) and the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) have teamed up to offer this safe and easy service that allows you to anonymously take a Self-Check Questionnaire and connect with a professional counselor who can offer guidance, support, and resources to help connect you with mental health and addiction services.

Using this service is completely voluntary and confidential.

This is not an emergency response system or crisis intervention service. If you are in crisis or contemplating suicide, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or SCDMH's mobile crisis line at 1-833-364-2274.

We are ready to help if you are overwhelmed by COVID-19 challenges, feeling overly stressed or anxious, coping with a natural disaster, struggling with addiction, feeling depressed and don't know where to turn. We hope you'll take advantage of this safe and easy service.

#### Take 3 Easy Steps

- 1. Click the "Sign-Up" button below;
- 2. Create a User ID and password, allowing for complete anonymity
- 3. Take and submit the Questionnaire, which takes less than 10 minutes to complete

( Sign Up »

#### What Happens Next?

A program counselor will review your Questionnaire and leave a personal response for you on this secure website. The response will include guidance, support, and information about how to connect with available mental health and addiction services.

You decide what's next. You may continue to dialogue with the professional counselor through this website to receive more information about how to connect with available mental health and addiction services, you may call the SC Hopes support line at 1-844-724-6737 to speak with an experienced mental health and addiction counselor, or you can decide to do nothing further at this time.

It's up to you. No follow-up or service will be provided unless requested.

#### Protecting Your Privacy

Your privacy is important. Therefore, your identity will not be known to anyone unless you decide to share it. Using this service is completely voluntary and anonymous. Please view our full Terms of Service and Privacy Policy for more information.

#### Contact:

SC Hopes support line at 1-844-724-6737 to connect with an experienced mental health and addiction counselor 24/7.

#### [-] Emergency Contacts

National Suicide Prevention Lifeline 800-273-TALK (8255)

Veterans Crisis Line 800-273-TALK (8255) Press 1 or Text 838255

Crisis Text Line Text "HOPE4SC" to 741741

Mobile Crisis 1-833-DMH-CCRI (364-2274)

SC HOPES 1-844-SC-HOPES (724-6737)

SAMHSA's Disaster Helpline 1-800-985-5990

The Trevor Project Lifeline 1-866-488-7386 or Text "START" to 678678

National Sexual Assault Hotline 1-800-656-4673

National Domestic Violence Hotling 1-800-799-7233

#### [-] Resources

South Carolina Department of Mental Health (SCOMH). I Mental Health services and support for children, adults, and families, statewide. Includes, but is not limited to: community-based outpatient services, care coordination, mobile crisis response, suicide prevention services, and inpatient stabilization services. Dedicated to evidencebased best practices and culturally competent services. Referrals not required; individuals are not refused service due to inability to pay.

South Carolina Department of Alcohol and Other Drug Albus Services (DAODAS). Substance use disorder prevention, treatment and recovery services for individuals, families, and communities. A menu of evidence-based services are available through a system of state-licensed and nationally accredited service providers, with specific services ranging from assessment-based DUI intervention, outpatient treatment, and gambling addiction treatment, to intensive outpatient, impatient, withdrawal management (detoxification), and transitional buspins, Individuals are not

refused services due to inability to pay.

#### https://hope.connectsyou.org

Can take a Self-Check Questionnaire anonymously and connect with a professional counselor who can offer guidance, support, and resources to help connect parent/caregiver with mental health and addiction services.



# RESOURCES TO ADDRESS CHILD MALTREATMENT ALLEGATIONS



## SC DSS ALTERNATE PATHWAY... COMMUNITY-BASED PREVENTION SERVICES

- During 2020, 7% of the report calls made to child abuse hotline were diverted to community based prevention services
- Docurs when the referral does not meet the threshold for investigation (no safety issues), however, the information indicates that the family may benefit from assessment and supportive services
  - Family needs assistance in meeting basic food, clothing, safe sleeping, and/or shelter needs
  - A caregiver who is currently or has in the recent past been impacted by substance use, and there is concern that behavior may become abusive or neglectful in the near future; i.e. the safety of the child has yet to be affected
  - Improvement in parenting knowledge, strategies, and skills
    - The caregiver has stated being overwhelmed by parenting responsibilities
    - Caregiver has inaccurate expectations of the child's abilities and/or gaps in knowledge of child development
    - The child has special educational, physical, or mental health needs, and the caregiver is struggling to meet those needs
  - Prior history with child welfare services, and circumstances appear to be deteriorating; e.g. Prior open in-home services or foster care, and absent support and services, circumstances may deteriorate to an abuse or neglect concern





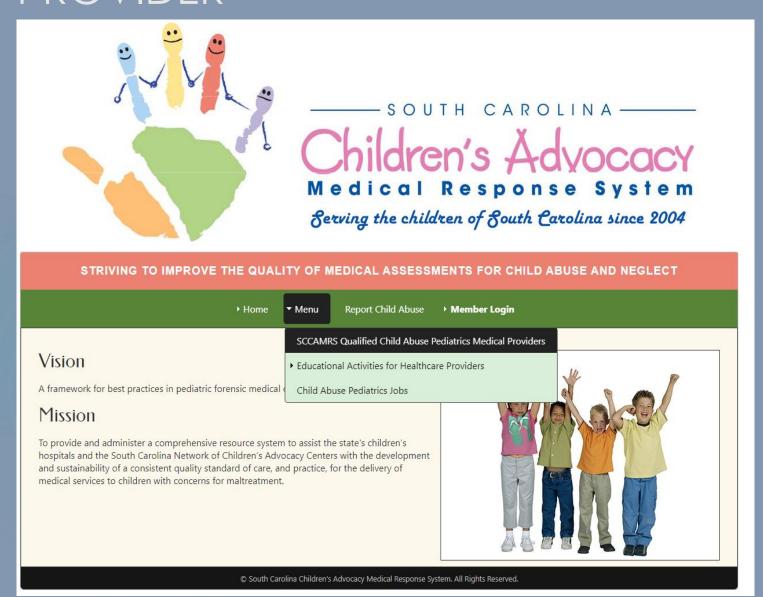
### SC CHILD ABUSE HOTLINE



To make an online report for non-emergent referrals for suspected abuse and/or neglect <a href="https://benefitsportal.dss.sc.gov/#/ran/home">https://benefitsportal.dss.sc.gov/#/ran/home</a>



## TO FIND A CHILD ABUSE PEDIATRICS MEDICAL PROVIDER



http://www.sccamrs.org/



Children's Advocacy Center Model - A multidisciplinary, childcentered approach to the investigation, assessment, and treatment of suspected victims of abuse through the coordinated provision of forensic interviews, medical evaluations, mental health assessments/counseling, victim advocacy services, and case review https://www.cacsc.org/directory

Home | Report Abuse | Donate | Find a CAC Q Enter search string



Empowering SC Communities & Children's Advocacy Centers to deliver a best practice response to child abuse.







The South Carolina Network of Children's Advocacy Centers (SCNCAC) is an Accredited State Chapter of the **National Children's Alliance**. We are a non-profit 501(c)(3) membership organization representing Children's Advocacy Center programs in South Carolina. SCNCAC represents all local Children's Advocacy Centers (CACs) in South Carolina.

Report suspected abuse or neglect.



### REFERENCES

- 1. Bronfenbrenner, U., & Ceci, S. J. Nature-nuture reconceptualized in developmental perspective: A bioecological model. *Psychological Review.* 1994; 101(4), 568–586.
- 2. Office of Disease Prevention and Health Promotion. Healthy People 2030. Available at <a href="https://health.gov/healthypeople/objectives-and-data/social-determinants-health">https://health.gov/healthypeople/objectives-and-data/social-determinants-health</a>
- 3. The Child & Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health. Available at <a href="https://www.childhealthdata.org/">https://www.childhealthdata.org/</a>
- 4. SC Joint Citizens & legislative Committee on Children. 2021 Data Reference Book. Available at <a href="https://www.sccommitteeonchildren.org/data">https://www.sccommitteeonchildren.org/data</a>
- 5. US Census Bureau (2020). Week 21 Household Pulse Survey: December 9 December 21. Available at https://www.census.gov/data/tables/2020/demo/hhp/hhp21.html
- 6. SC Department of Social Services. Office of Data and Resources. Child Welfare data (2020). Available at <a href="https://dss.sc.gov/about/data-and-resources/">https://dss.sc.gov/about/data-and-resources/</a>
- 7. SC Children's Advocacy Medical Response System. Child Maltreatment Data Reporting System (2020)
- 8. Garg A, Butz AM, Dworkin PH, Lewis RA, Serwint JR. Screening for basic social needs at a medical home for low-income children. Clin Pediatr (Phila). 2009;48(1):32-6.
- 9. Kogan MD, Schuster MA, Yu SM, et.al. Routine assessment of family and community health risks: parent views and what they receive. Pediatrics. 2004; 113 (6):1934-1943.
- 10. Sugg NK, Inui TI. Primary care physicians' response to domestic violence: opening Pandora's box. JAMA. 1992;**267**:3157–3160
- 11. Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. Health Aff (Millwood). 2019 May;38(5):729-737.
- 12. Garg A, Butz AM, Dworkin PH, Lewis RA, Thompson RE, Serwint JR. Improving the management of family psychosocial problems at low-income children's well-child care visits: The WE CARE Project. Pediatrics. 2007;120(3):547-558.



### REFERENCES

- 13. Garner A, Yogman M; Committee on psychosocial aspects of child and family health, section on developmental and behavioral pediatrics, council on early childhood. Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. Pediatrics. 2021 Aug;148(2):e2021052582.
- 14. Garg A, Jack B, Zuckerman B. Addressing the social determinants of health within the patient-centered medical home: lessons from pediatrics. JAMA. 2013 May 15;309(19):2001-2.
- 15. Garg A, Toy S, Tripodis Y, Silverstein M, Freeman E. Addressing social determinants of health at well child care visits: a cluster RCT. *Pediatrics*. 2015;135(2):e296-304.
- 16. Chung EK, Siegel BS, Garg A, et al. Screening for social determinants of health among children and families living in poverty: a guide for clinicians. Current Problems in Pediatric and Adolescent Health Care. 2016;46(5):135-153.
- 17. Garg A, Boynton-Jarrett R, Dworkin PH. Avoiding the unintended consequences of screening for social determinants of health. JAMA. 2016;316(8):813–814.
- 18. Zielinski S, Paradis HA, Herendeen P, Barbel P. The Identification of psychosocial risk factors associated with child neglect using the WE-CARE screening tool in a high-risk population. J Pediatr Health Care. 2017 Jul-Aug;31(4):470-475.
- 19. Sokol R, Austin A, Chandler C, et al. Screening children for social determinants of health: a systematic review. Pediatrics. 2019;144(4):e20191622.
- 20. Children's Hospital Association. Screening for social determinants of health: children's hospitals respond. March 2020. Available at <a href="https://www.childrenshospitals.org/">https://www.childrenshospitals.org/-</a>
  <a href="mailto://www.childrenshospitals.org/">/media/Files/CHA/Main/Issues and Advocacy/Key Issues/Child Health/Population Health/pophlth social determinants health/poption-report.pdf">nealth/pophlth social determinants health/poption-report.pdf</a>
- 21. Garg A, Sandel M, Dworkin PH, Kahn RS, Zuckerman B. From medical home to health neighborhood: transforming the medical home into a community-based health neighborhood. J Pediatr. 2012 Apr;160(4):535-536.e1.
- 22. Garg A, Dworkin PH. Applying surveillance and screening to family psychosocial issues: implications for the medical home. J Dev Behav Pediatr. 2011 Jun;32(5):418-26.
- 23. Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. 4th ed.

  American Academy of Pediatrics; 2017

  SCCAMRS