

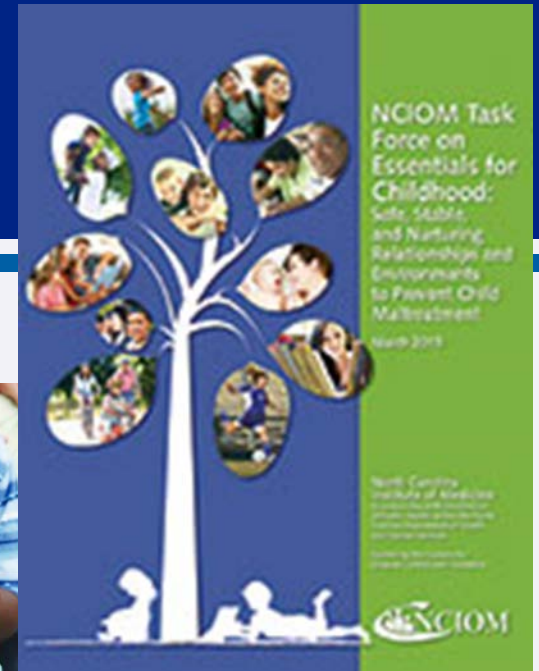
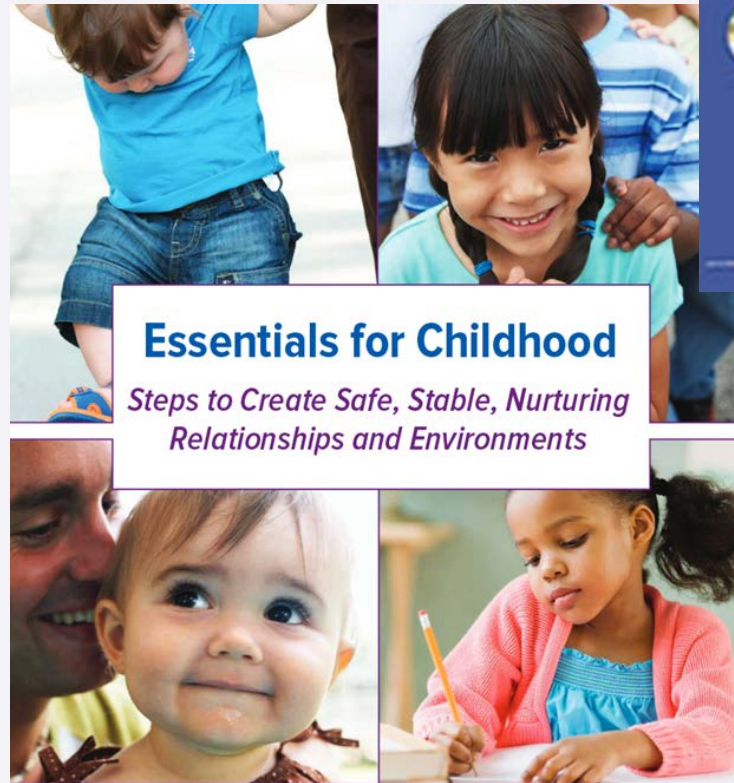
Essentials for Childhood: North Carolina

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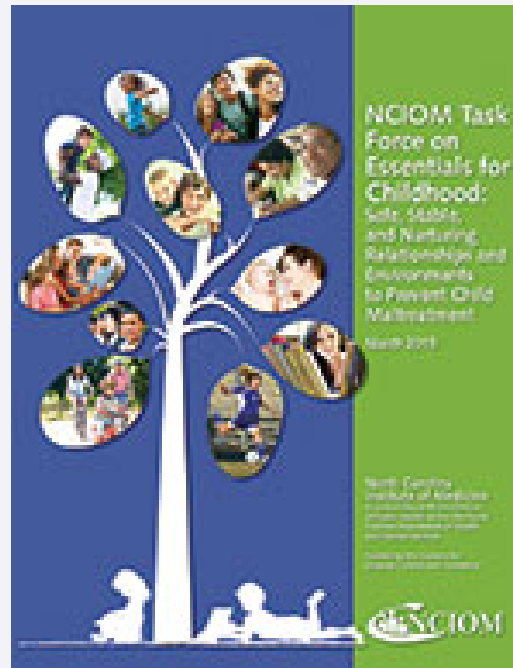
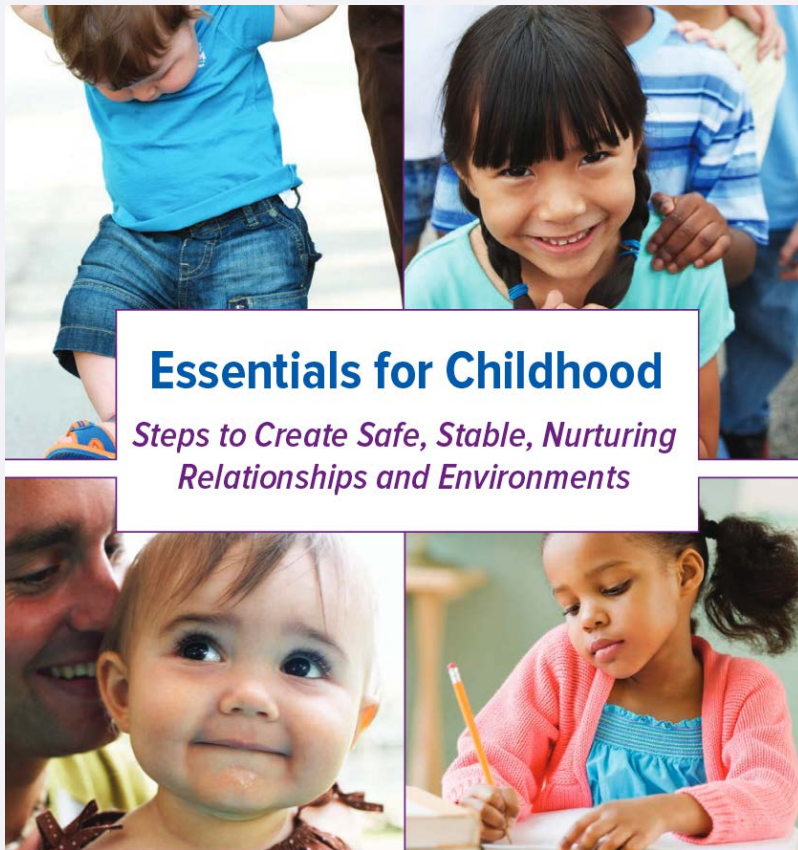
North Carolina Institute of Medicine

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Essentials for Childhood: North Carolina

What is Essentials for Childhood?



The Early Years of Life Matter



Early experiences affect the architecture of the maturing brain. As it emerges, the quality of that architecture establishes either a sturdy or a fragile foundation for all of the development and behavior that follows.



Adverse Childhood Experiences (ACEs)

- Traumatic or stressful life events experienced before age 18
 - Childhood abuse
 - Physical abuse
 - Sexual abuse
 - Emotional abuse
 - Household dysfunction
 - Household member who was depressed, mentally ill, or suicidal
 - Alcohol or drug abuse in household
 - Incarcerated household member
 - Violence between adults in the household
 - Parental divorce or separation

Essentials for Childhood: North Carolina

- NCIOM Task Force convened in 2014, with recommendations released in 2015.
- Comprised of 48 members – representatives from DHHS, DPS/JJ, NCGA, health care providers, community-based organizations, universities, and youth and parent representatives
- Released 15 recommendations in 4 goal areas:
 - 1) Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child maltreatment
 - 2) Use data to inform actions
 - 3) Create the context for healthy children and families through norms change and programs
 - 4) Create the context for healthy children and families through policies



NCIOM Essentials for Childhood Task Force and Backbone Organization Work

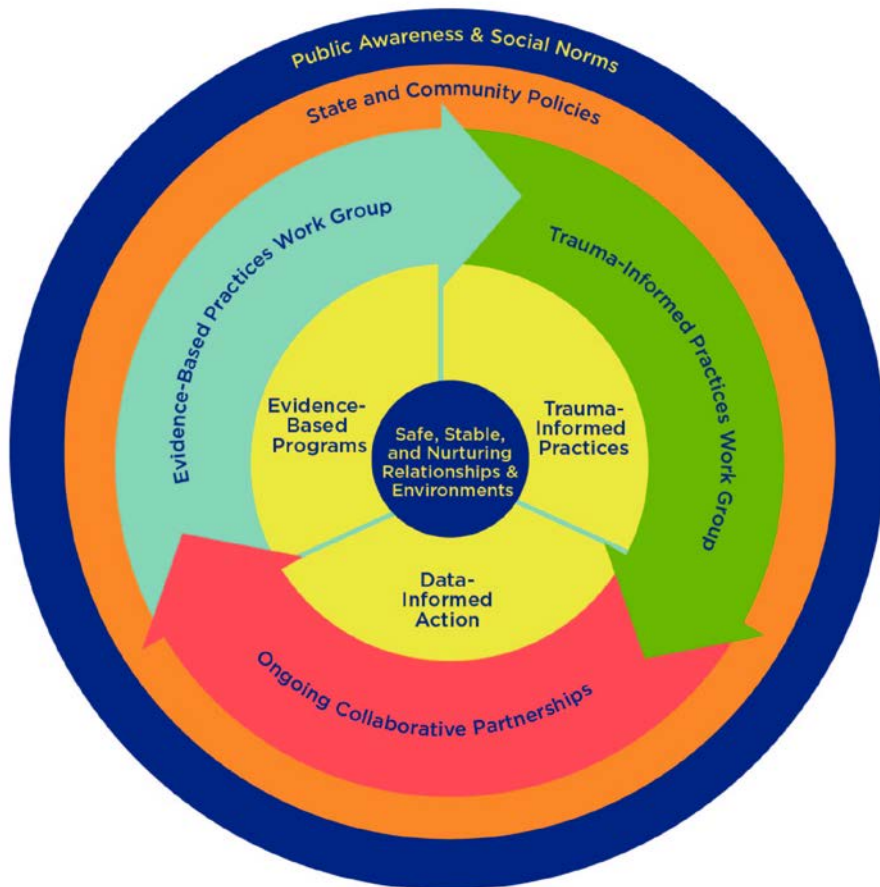
NCIOM became the backbone organization for Essentials for Children in September 2016

- As backbone NCIOM works to support collective work to advance the recommendations of the Task Force



NCIOM Essentials for Childhood Task Force and Backbone Organization Work

NC ESSENTIALS FOR CHILDHOOD Conceptual Model



Vision: Children, youth, and families thrive in safe, stable, nurturing, and healthy relationships and environments and are able to reach their full potential within their community.

Mission: Promote child and family well-being in North Carolina by implementing the collective statewide strategic plan for preventing child maltreatment and securing child and family well-being developed by the 2014 Essentials for Childhood Task Force.

Key Goals:

- Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child maltreatment.
- Create the context for healthy children and families through evidence-based, trauma-informed programs and policies.
- Use data to inform action.
- Support improved agency coordination and across-state alignment.



NCIOM Essentials for Childhood

Goal 1: Raise Awareness and Commitment

Recommendation 3.1: Establish Coordinated State Leadership Efforts to Address Essentials for Childhood through a Collective Impact Framework

- Establish membership and convene a Leadership Action Team, which will plan for and oversee investment in childhood and family programs to promote safe, stable, and nurturing relationships and environments and prevent child maltreatment.
- Provide oversight, guidance, technical assistance, and expert consultation for activities to promote child and family well-being



NCIOM Essentials for Childhood

Goal 1: Raise Awareness and Commitment

Children's Cabinet: Meeting held by NCIOM on July 28, 2017

Objective: to achieve a shared understanding of the advantages and disadvantages of a statewide leadership body to lead policy decisions for child and family serving agencies and organizations, a shared vision for the optimal structure for North Carolina, and consensus on next steps of the discussion

The Child Well-Being Transformation Council was discussed by all four small groups as a starting point for Cabinet development. In the course of this discussion, participants raised several concerns and suggested considerations for strengthening the Council and clarifying its scope and goals:

- Common mission and vision
- Defined scope of work and flexible action plan
- Suggested membership
- Process for involving local communities
- Dedicated staff
- Relationship with existing initiatives
- Cross-system data sharing
- Aligning public and private funding

Other:

Governor Cooper named new members of the Early Childhood Advisory Council in February 2018.

Other leadership bodies continued or established include the Birth to Three Interagency Council and the Child Fatality Task Force, both of which provide opportunity to stakeholders to work together to develop policy and identify resource needs.




NCIOM Essentials for Childhood

Goal 1: Raise Awareness and Commitment

Recommendation 3.2: Support the Establishment and Continuation of Trauma-Informed Practices and Communities

NCIOM hosted a work group to examine research on brain development; the impact of trauma on development and behavior over the lifespan; and ways in which other states and communities have established trauma-informed practices in communities, schools, and health care settings. Focus on trauma-informed schools and initiatives to support learning about trauma and its impact on children and development within school and early care and education settings.



DHHS also implementing workforce training to support SDOH initiatives and trauma informed care

- with community health workers, case managers, etc.

Work group goals:

- sharing innovative practices;
- reaching consensus on language about trauma;
- producing a comprehensive literature review to inform the conversation;
- determining next steps for dissemination and development of evaluation process for trauma-informed practices in school and early care and education settings.



NCIOM Essentials for Childhood

Goal 1: Raise Awareness and Commitment

Other backbone activities related to Goal 1:



- The NCIOM and the Duke Endowment co-publish the *North Carolina Medical Journal*. The March/April 2018 issue of the NCMJ focused on Responses to Adverse Childhood Experiences, including building resilient communities, trauma-informed juvenile justice, and considering poverty as an ACE. Guest editors: Susan Kansagra and Kelly Kimple of NC DHHS. NCIOM also worked with partners to promote articles through social media and through alignment with their initiatives.
- NCIOM staff has produced a quarterly newsletter for Essentials for Childhood. Highlights new research and partners' recent work and initiatives. Newsletter also includes updates on legislation, summaries of work group activities, and other recent work of interest.
- Website and social media



NCIOM Essentials for Childhood

Goal 2: Use Data to Inform Action

Recommendation 4.1: Establish a Child Data Working Group of the Leadership Action Team to Identify and Support Data Collection and Collaboration



- North Carolina Early Childhood Foundation initiative, Pathways to Grade-Level Reading serves to meet the recommendation's goals. Pathways to Grade-Level Reading has as its primary goal: *People, agencies, and organizations working collaboratively towards a common goal, agreeing on how to measure progress, coordinating strategies that take into account all aspects of children's healthy development, and aligning policies and practices along the developmental continuum, starting at birth, to maximize each child's potential.*
- NCIOM working with NCECF to facilitate a gaps analysis re: data collection for Pathways on selected metrics of children/family health and well-being. Make recommendations to the Data Advisory Council on prioritization of data collection/improvement.
- NCIOM facilitated exercises with the Essentials for Childhood steering committee to map the Pathways indicators with the data goals and recommendations from the Task Force and to the outcomes identified by the CDC for the Essentials for Childhood initiative. This work is ongoing.



NCIOM Essentials for Childhood

Goal 2: Use Data to Inform Action

Recommendation 4.2: Gather Data on Social Norms around Children and Parenting

Social Norms Survey

- Survey design led by the CDC
- Questions focused on three areas: Awareness of why children struggle/succeed (whose “fault” is it); Commitment to engaging in activities to help all children succeed; Social norms around parenting behaviors
- Data collected from January 25, 2016- March 9, 2016, N=800
- Weighted to match NC demographics (gender, race, age, employment, and education)

	I do it every or almost every day* (NC %)	I think majority of parents do it every or almost every day (NC %)
Let child know you liked what he/she was doing	92.1	36.3
Play with or read a story to young child	81.1	33.3
Spank child	9.7	14.9
Help child express themselves with words when angry or frustrated	33.1	14.8
Mentor an unrelated child	10.1	12.7
Always respond to crying infant**	92.7	70.1
Yell at or fight with an adult in front of a child	1.1	24.4
Asked or searched for help with parenting	4.0	6.8

*Questions asked only for those with children < 5; n=160 for NC

**Percentages calculated for NC 38.3% if NC sample had one child per household.

	Extremely important US (%)	Extremely important NC (%)	Extremely or somewhat important US (%)	Extremely or somewhat important NC (%)
Parents' fault (average)	50.5	49.9	81.1	82.8
Families with substance abuse, violence, mental health problems	71.4	72.8	92.4	94.4
Not knowing how to parent correctly	58.7	53.9	90.1	89.8
Using harsh or aggressive discipline	39.0	42.2	71.2	72.7
Not supporting children's learning by reading or playing with them	60.0	61.6	89.5	91.5
Not working hard enough	28.4	25.8	62.9	61.7
Not thinking things carefully enough and end up making poor choices	45.1	43.7	82.7	85.1
Not thinking about the future of their children	50.6	49.4	83.5	84.3



NCIOM Essentials for Childhood

Goal 2: Use Data to Inform Action

Recommendation 4.3: Create an Online Data System for an Expanded Kindergarten Health Assessment

In 2015, House Bill 13 (School Health Assessment) requires every child entering the K-12 school system for the first time to have a health assessment. Because of this, the KHA has been replaced with the School Health Assessment.

No implementation of data component.

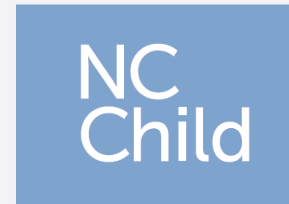


NCIOM Essentials for Childhood

Goal 2: Use Data to Inform Action

Other backbone activities related to Goal 2:

- 2018 Child Health Report Card: The NCIOM, in collaboration with NC Child (formerly Action for Children North Carolina), produces the Report Card annually. NCIOM and NC Child focused the 2018 Report Card on family financial security and impacts on health, highlighting data on the high percentage of children living in low-income homes and neighborhoods and the number of ways in which family income intersects with other child health indicators.
- Violence Against Children Survey – NCIOM in ongoing discussions with CDC PI on considerations for implementing this survey in NC



NORTH CAROLINA
CHILD HEALTH
REPORT CARD 2018



NCIOM Essentials for Childhood

Goal 3: Create Context for Healthy Children and Families through Norms Change and Programs

Recommendation 5.1: Promote Positive Community Norms Around Child Development and Parenting (PRIORITY RECOMMENDATION)

The North Carolina Early Childhood Foundation should continue and expand their work on changing social norms through the First 2,000 Days campaign.



No backbone activities specifically regarding First 2,000 Days; Much of the work of the Pathways to Grade Level Reading initiative promotes community norms for child development, promoting healthy children and families, and early childhood investments.



NCIOM Essentials for Childhood

Goal 3: Create Context for Healthy Children and Families through Norms Change and Programs

Recommendation 5.2: Foster Community Support for Healthy Children and Families. The North Carolina Department of Health and Human Services (DHHS) and partners should identify steps for implementing the Strengthening Families Framework in North Carolina and work towards incorporating the Strengthening Families Framework in state and local child maltreatment prevention efforts.

DSS, in conjunction with NC State University, launched the NC Child Welfare Leadership Model Implementation work group in October 2016. This work group is composed of partners who have experience or interest in advancing family leadership and family engagement and includes parents, caregivers, youth, in addition to agency representatives from DPH, DSS, PCANC, Families United, Wake County Human Services, UNC, and NC State University.



NCIOM Essentials for Childhood

Goal 3: Create Context for Healthy Children and Families through Norms Change and Programs

Recommendation 5.3: Support Implementation of Evidence-Based Programs to Prevent Child Maltreatment and Promote SSNRs and Es

The Leadership Action Team should convene and staff a state Essentials for Childhood Evidence-Based Programs working group, comprised of public and private funders, committed to funding and scaling evidence-based programs.

NCIOM has convened this work group since 2016

Work group goals:

Increase support for aligning evaluation and RFP processes across agencies and organizations; develop proposal for aligned RFP and evaluation process. Currently working to get leadership buy-in on detailed recommendation for aligned 5-year funding cycle.

Goals identified: wiser spending of resources, enabling programs to better serve their clients or serve additional clients, ease data sharing, and encourage broader community attribution.



NCIOM Essentials for Childhood

Goal 3: Create Context for Healthy Children and Families through Norms Change and Programs



Recommendation 5.4: Assess Potential Funding Strategies to Ensure Adequate Investment in Evidence-Based Programs to Prevent Child Maltreatment

- North Carolina Medicaid has developed a pilot proposal for Medicaid coverage of home visiting models. This 2-part pilot is expected to be launched in summer 2018, under the guidance of DMA.
- In December 2017, Governor Cooper announced that North Carolina will join the Pew-MacArthur Results First Initiative. DHHS will be the first state agency to partner with Results First, and the partnership will focus on public health programs to address child and maternal health. DHHS is currently working to identify which programs will be analyzed by the Results First ROI model.

NCIOM Essentials for Childhood

Goal 3: Create Context for Healthy Children and Families through Norms Change and Programs

Recommendation 5.5: Explore Incentivizing Outcomes Resulting from Evidence-Based Treatment Programs (PRIORITY RECOMMENDATION)

Task Force on Health Care Analytics – development of the set of quality metrics that will be used to drive improvement in population health under North Carolina’s Medicaid transformation. In addition, the Task Force identified screening for trauma and ACEs and specific quality measurements for children in foster care as areas that Medicaid should include in ongoing work on population health improvement.

This work may lay the ground work for development of value-based Medicaid payments for providers of evidence-based treatment models.



NCIOM Essentials for Childhood

Goal 3: Create Context for Healthy Children and Families through Norms Change and Programs

Recommendation 5.6: Increase Funding for Evidence-Based and Evidence-Informed Programs Implemented by the Smart Start Network (PRIORITY RECOMMENDATION)

Not implemented; Governor's 2017 proposed Budget included \$15 million increase (10%) in funding; Final appropriations provided increased access to Dolly Parton's Imagination Library, a Smart Start literacy initiative.



NCIOM Essentials for Childhood

Goal 4: Create Context for Healthy Children and Families through Policies



Recommendation 6.1: Ensure that Child Care Centers Provide a High Quality, Nurturing Environment

- SFY 15-16 NCGA budget included \$2.3M in state funding and an additional \$2.7M of lottery funding to retain NC Pre-K slots that would have expired due to a non-recurring allocation in the previous year's budget. The total number of NC Pre-K slots was unchanged.
- In SFY 16-17, NC Pre-K received \$1.325 M for 260 new NC Pre-K slots.
- SFY 15-16 and 16-17 budgets included market rate increases for providers who participate in subsidy program.
- Additionally, \$1.325 M for 260 new subsidy slots was included in the SFY 16-17 budget. The Child Fatality Prevention Team recommended implementation of this recommendation to the full Child Fatality Task Force as a child fatality prevention strategy.
- In 2017, NCGA appropriated \$27.3 million over 2 years, which will serve about 3,500 new children



NCIOM Essentials for Childhood

Goal 4: Create Context for Healthy Children and Families through Policies

Recommendation 6.2: Enhance Care and Reimbursement Standards to Promote Children and Families' Mental Health

DHHS work on social determinants of health aligns with this recommendation, especially re: standardized screening for unmet resource needs, combined with development of a statewide resource database and community resource integrator. Medicaid Quality Strategy also encourages PHPs to focus on effectiveness in screening for and addressing social issues through incentives and value-based payments.



NCIOM Essentials for Childhood

Goal 4: Create Context for Healthy Children and Families through Policies



Recommendation 6.3: Ensure Economic Security for Children and Families

The North Carolina General Assembly (NCGA) should commission a non-partisan economic analysis of the impact of current North Carolina state tax policy on children and families, including impact on economic security, take home pay, and employment rates.

Not implemented by NCGA. Other stakeholder organizations have conducted analyses on impact of tax policies.

NCIOM Essentials for Childhood

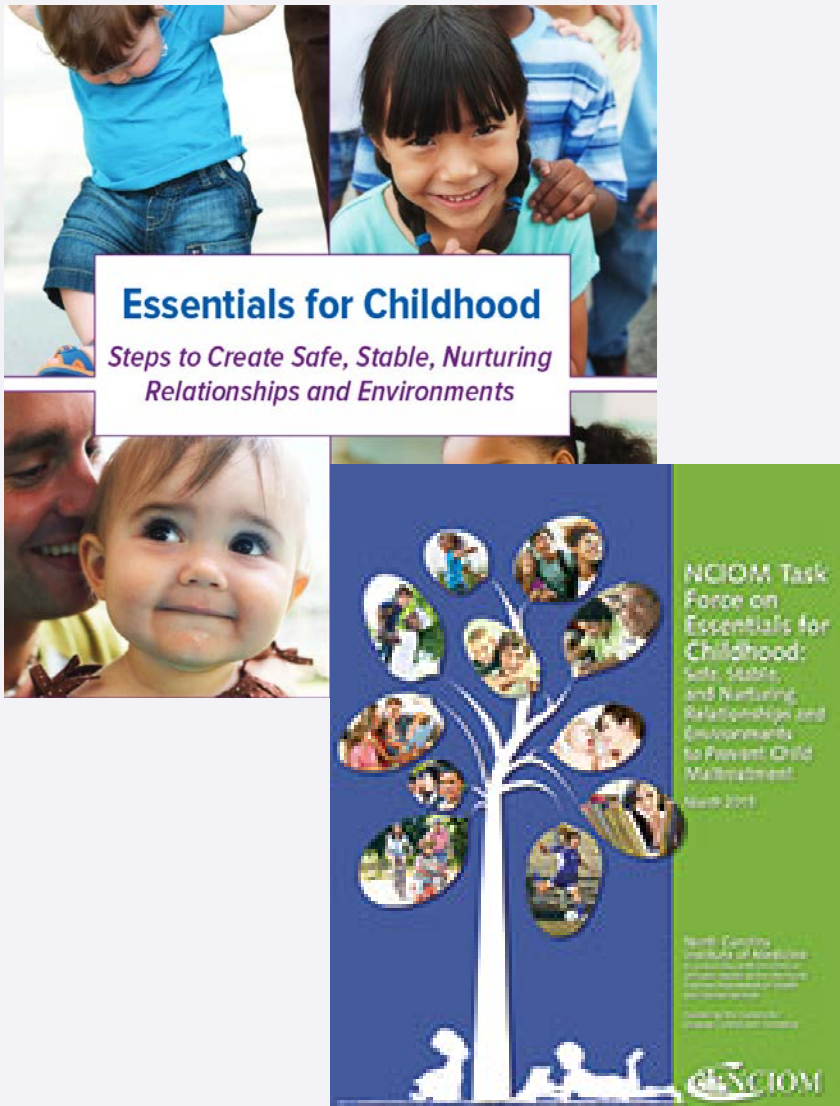
Goal 4: Create Context for Healthy Children and Families through Policies

Recommendation 6.4: Enhance Career Training and Education Opportunities to Promote Economic Security for Families

Not implemented in direct association with Essentials for Childhood



Essentials for Childhood: North Carolina: What's Next?



What's next for Essentials for Childhood?

DPH currently working on application for next 5 years of CDC funding, to focus on:

- Enhanced implementation of state action plan (TF recommendations)
- Increased cross-agency/organization alignment
- Economic supports for families (see recs. 6.3 and 6.4)
- Social norms change to ensure safe, stable, nurturing relationships and environments

