

North Carolina Essentials for Childhood July 2018

We are excited to share updates on partners' work, Essentials for Childhood activities and initiatives, and other work of interest to our state partners.

Visit our Website

NCIOM Task Force Reconvening

On May 18, more than 80 stakeholders gathered to reconvene NCIOM's 2015 [Task Force on Essentials for Childhood](#) and the 2012 [Task Force on the Social, Emotional, and Mental Health Needs of Young Children and Their Families](#). This meeting was an opportunity for stakeholders to hear about progress made toward the recommendations of the two task forces and discuss new ideas to continue to advance the work of CAN prevention and social-emotional health promotion. Attendees heard from various speakers and panelists throughout the day to learn about current state-level advocacy efforts and policy strategies, as well as community-level collaboration, to promote child well-being. Keynote speaker Carol Emig, President of Child Trends, discussed how to effectively communicate research and data to different stakeholders to inform policy decisions. [Meeting materials can be found here.](#)

Partner Updates

Think Babies NC

[Think Babies](#), funded by the Pritzker Children's Initiative, is an initiative of Zero to Three focused on raising awareness of the importance of healthy beginnings, supported families, and high-quality early care and education experiences in the long-term health and well-being of children and their families. In North Carolina, the NC Early Education Coalition is coordinating a state-wide Think Babies Leadership Team to create a shared policy agenda to promote these critical aspects for children ages 0-3. The Leadership Team is aligning the policy goals of the initiative's major partners to shape this agenda and develop an implementation strategy. An aligned policy plan, in addition to a comprehensive communications campaign on early childhood development, will create synergy among advocates working across the state and inform policymakers and the public of ways they can promote healthy development and school readiness for all children. NCIOM is participating on the Think Babies Leadership Team and representing the policy recommendations from Essentials for Childhood, Growing Up Well, and the Rural Health Action Plan in this work. Learn more about the Think Babies NC project [here](#).

Family Forward NC

A range of family-friendly business practices and policies have been shown to benefit children and have a positive impact on business including flexible schedules and paid parental leave. Family-friendly policies allow parents to support their children's optimal development and the documented results of these practices show benefits on several risk factors for CAN. Conducted by the North Carolina Early Childhood Foundation, [Family Forward NC](#) is an innovative initiative to improve children's health and well-being and ensure NC's business climate is competitive. It is business-led change to increase the availability of family friendly workplaces in NC through partnering with businesses of all sizes to identify and implement policies that will generate long-term benefits. Family

Forward NC is focused on policies that benefit young children birth through age eight, recognizing that many of these policies have a spillover effect and benefit all parents, and in some instances (e.g., flexible schedules), all employees. This initiative is funded by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) through December 2018. As founding sponsor, Blue Cross NC invested \$475,000 to launch the initiative as part of its mission to improve the health and well-being of its customers and communities. Family Forward NC is convening an advisory council to assist and further the work. [Please visit the Family Forward NC website here for more information.](#)

NC Child – Promoting Economic Mobility

Addressing child poverty through advancing evidence-based policy solutions that support family financial health is a core focus of NC Child's work to improve child well-being. In partnership with dozens of organizations across North Carolina and the statewide Child Advocacy Network of 7,000 individuals and organizations, NC Child works to advance a range of policy solutions that address child poverty, including: (1) expanding access to affordable, quality child care; (2) expanding availability of affordable health insurance for parents; (3) expanding access to paid family medical leave; (4) supporting the adoption of refundable tax credits for working families; and (5) protecting vital safety net programs like SNAP and child care subsidies that lift thousands of children out of poverty annually. In the next five years, NC Child has an ambitious plan of work to raise the visibility of child poverty and to build public will for policy solutions that can support and promote child and family mobility from poverty. [Learn more about NC Child's work to promote economic mobility here.](#)

Prevent Child Abuse North Carolina

In early 2018, Blue Cross Blue Shield of North Carolina committed \$1 million to [PCANC](#) to implement work on social norms related to positive parenting and CAN prevention. This upstream investment will focus on building greater understanding in all sectors about the importance of creating safe, stable, and nurturing relationships and environments to prevent toxic stress from ACEs, including CAN. This investment will allow NC to grow public understanding about the importance of investing in families, parenting, and strategies to prevent ACEs/CAN. PCANC is committed to alignment of this investment to advance the North Carolina Essentials for Childhood social norms change agenda.

[The momentum continues](#) for PCANC and Cumberland County partners' Community Child Abuse Prevention Plan. Building on the collaborative work of this Plan, Cumberland County has received \$290,000 to lead an 18-county regional Triple P parenting support program.

Medicaid Home Visiting Pilots Launched

In July 2018, NC Medicaid launched two pilot home visiting initiatives, in Cleveland and Johnston counties. The pilots use Medicaid funds to pay for home visiting programs; the Cleveland County pilot will use the Nurse Family Partnership model, and Johnston County will use a hybrid model focused on high-risk pregnancies. DHHS has estimated the per-visit cost to Medicaid at \$83.72, for a total projected expense in Cleveland County of \$251,160, and \$92,090 in other county. [More on the pilots here.](#)

North Carolina Medical Journal: Addressing Adverse Childhood Experiences in North Carolina and the Opioid Crisis

The [March/April issue of the North Carolina Medical Journal](#), published March 21 and co-sponsored by Essentials for Childhood, examines the effects of adverse childhood experiences (ACEs) on lifelong health.

The 2 articles below focus on family economic security and evidence-based treatment and public policy investments that can adequately address trauma and promote optimal child development.

[How Medicaid and Managed Care Can Support Evidence-Based Treatment in North Carolina that is Informed by Adverse Childhood Experiences](#)

[Robert A. Murphy](#), PhD

This article examines the strides that North Carolina has made toward clinical workforce proficiency in providing evidence-based treatments (EBTs) for children experiencing

adverse childhood experiences and resulting trauma. In the context of North Carolina's evolving system of care for Medicaid-insured children, Murphy calls for expanded access to EBTs and protection of Medicaid funding to offset the costs of these treatments, specifically pointing to the need for dedicated efforts by policymakers, public and private funders, providers, and families receiving care.

[Poverty as an Adverse Childhood Experience](#)

[Michelle Hughes](#), MA, MSW
[Whitney Tucker](#), MPH

This article examines the evidence for poverty as an adverse childhood experience. Authors Hughes and Tucker (NC Child) recommend several policy solutions to strengthen family economic prospects and mitigate the impacts of poverty-related toxic stress on children. They call for North Carolina to address child poverty as an ACE and a public health emergency in order to move toward systems where children reach their full potential.

The [May/June issue of the NCMJ](#) examined North Carolina's opioid crisis and efforts to address it, including interventions such as judicious prescribing of opioids, community-based prevention efforts, broader naloxone distribution, law enforcement efforts to curb drug trafficking, and harm reduction efforts like safe syringe programs. In the following, state Chief Medical Officer and State Health Director Dr. Betsy Tilson examines the relationship between ACEs and opioid addiction later in life, highlighting that ACEs increase early initiation of substance use, addiction, and parental drug use. Tilson emphasizes the need for investing in resiliency-building supportive programs for children and adults that can mitigate the negative effects of ACEs and effectively break the cycle of substance use and addiction.

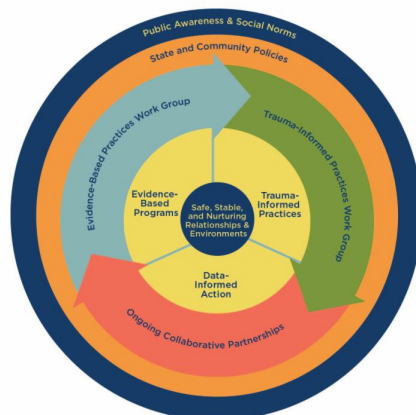
[Adverse Childhood Experiences \(ACEs\): An Important Element of a Comprehensive Approach to the Opioid Crisis](#)

[Elizabeth Cuervo Tilson](#), MD



Essentials for Childhood - Working Groups

NC ESSENTIALS FOR CHILDHOOD
Conceptual Model



The [Evidence Based Practices work group](#) continues to meet and develop detailed recommendations for the alignment of funding cycles, RFP processes, and evaluation metrics. This group will participate in the upcoming Home Visiting Summit, to be held on October 22-23, and convened by the Duke Endowment, NCPC, and NC Division of Public Health.

[Data Gaps Analysis: Pathways to Grade-Level Reading](#) – On August 3, Essentials for Childhood will facilitate a second meeting of the Pathways to Grade-Level Reading Data Action Team, to explore the data available for the Pathways Measures of Success, identify additional available data, and begin to explore potential recommendations for data development and advocacy. [Please see meeting summary from the first phase of this work.](#)

North Carolina Legislative Update

[HB986](#) made various changes to education laws, including a provision to establish a mental health training program that includes youth mental health, suicide prevention, substance use, sexual abuse prevention, and sex trafficking prevention. (related to [Essentials for Childhood](#) Recommendation 3.2)

[HB403](#) modifies Medicaid Transformation legislation to specify the parameters of Medicaid behavioral health and intellectual/development disabilities tailored plans. (related to [Essentials for Childhood](#) Recommendation 5.5). In the state budget, LME/MCO funding was reduced by \$17 million. NC Pre-K had \$50 million of state funds replaced with \$50 million in federal funding (related to [Essentials for Childhood](#) Recommendation 6.1)

Child Care Subsidies: \$9.75 million allocated to increase subsidy reimbursement rates for children in tier 3 counties (age 3-5), with an additional \$3.675 million for increased reimbursement in Tier 1 and 2 counties. \$19.575 million from federal block grants allocated to reduce child care subsidy wait list by 3,700 slots. (related to [Essentials for Childhood](#) Recommendation 6.1)

Child Care Quality: Additional provisions direct the Division of Child Development and Early Education to create a new star-rating quality system for children age 0-2. (related to [Essentials for Childhood](#) Recommendation 6.1)

The state House convened an interim committee on school safety, and several committee recommendations received funding. [Total package of \\$35 million](#) (p. 35-37), including \$10 million in personnel block grants (school counselors, nurses, psychologists, social workers); \$3 million in trauma/stress training for community partners, and \$2 million for grants to community partners for crisis services – all non-recurring. (related to [Essentials for Childhood](#) Recommendation 3.2)

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