

The future of North Carolina’s prosperity depends on our ability to foster the health and well-being of our children. Health in the earliest years—beginning with a mother’s pre-conception health—provides the foundation upon which future development depends. Young children’s social-emotional well-being, or mental health, affects how children relate to and interact with others, how they learn, and how well they are able to manage their emotions.

New scientific evidence from multiple fields, including neuroscience, genetics, and the behavioral and social sciences confirms that developmental and biological disruptions during the prenatal period and formative years can impair functioning, increase vulnerability to health problems later in life, and change the actual structure of a young child’s developing brain. Significant adversity in early childhood, including trauma, abuse and persistent poverty, can cause stress that disrupts a young child’s brain circuitry and other systems. Failure to address these issues at an early age can lead to inordinate physical health, mental health, education, and criminal justice system expenses.

This knowledge, as well as, the growing body of research which shows that investments focused on children under 5 years of age have the potential to generate savings and benefits to society that more than repay their costs, should inform and undergird all decision-making with regard to spending and programs intended to affect North Carolina’s children and their families. The Task Force developed recommendations to address gaps that exist in our current services, supports, and systems that work to meet the social-emotional and mental health needs of young children and their families. Recommendations from the Task Force include:

- Creating a coordinated, integrated system to meet the social-emotional and mental health needs of young children and their families.
- Promoting awareness and understanding of the importance of young children’s social-emotional and mental health.
- Improving treatment to meet the social-emotional and mental health needs of young children and their families.
- Developing the professions that work most closely with young children, especially early educators and health care practitioners.

The Task Force recommendations include many strategies that could be pursued at the state, county, and local levels. Taken together, they provide guidance on how to create the kind of coordinated, integrated system that is needed to support the social-emotional development and mental health of all young children. Therefore, many of these strategies are interdependent. For example, increasing awareness and early identification will only bring benefits if systems are in place to provide the services and supports children and families need



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to ensure problems are addressed, and evidence-based therapies can only be expanded if there is an adequately trained professional workforce to deliver those therapies. The effectiveness of any specific policy option is dependent, in part, on the success of other efforts to build a more coordinated, comprehensive system to address the social-emotional and mental health needs of young children and their families. There is no single policy solution, rather, the Task Force recommendations include a wide variety of options that could be pursued and promoted by both public and private stakeholders. To make a real difference, North Carolina needs to engage simultaneously in multiple strategies. Implementation of the recommendations will have a meaningful impact on the lives of North Carolina's youngest children and their families as well as generate large economic returns for all of North Carolina.

	NCGA	ECAC	Philanthropic Organizations	DMH/DD/SAS	Other Public Agencies	Other
VISION						
<p>Recommendation 2.1: Operationalize a Comprehensive, Coordinated System for Young Children’s Mental Health</p> <p>The North Carolina Early Childhood Advisory Council (ECAC) should operationalize a cross-systems plan which includes all North Carolina agencies that fund and serve the physical, social-emotional, and mental health needs of young children and their families.</p>		✓				
<p>Recommendation 2.2: Strengthen and Expand Evidence-Based Programs</p> <p>The ECAC, in collaboration with state and local agencies and North Carolina philanthropic organizations, should strengthen and expand the availability of evidence-based programs to improve young children’s mental health for more families in North Carolina.</p>	✓ Funding TBD	✓	✓	✓	✓ DPH, DMA	✓ CCFH, NCIMHA, NCPC, NCPIC, NC Child Treatment Program, PCANC
<p>Recommendation 2.3: Develop a Data System to Monitor and Evaluate Changes in Young Children’s Health</p> <p>The ECAC, in collaboration with the Department of Health and Human Services (DHHS), the Division of Public Instruction (DPI), CCNC, and the North Carolina Partnership for Children (NCPC) should ensure that data are available and utilized for on-going assessment of the status of young children’s health, including the social-emotional health of young children and their families. Data should be used to identify outstanding needs and treatment gaps, modify funding priorities to meet the largest unmet needs, and monitor the effectiveness of interventions.</p>	✓ Funding TBD	✓	✓	✓	✓ CCNC, DHHS, DPI	✓ NCPC
<p>Recommendation 2.4: Increase Understanding of the Role of Social-Emotional Development Among Early Care and Education Professionals</p> <p>The ECAC should ensure that funding for early educator development and quality improvement through the Early Learning Challenge Grant is maintained. Additional efforts should be made to align early educator professional development standards at the pre-service, in-service, and continuing</p>		✓			✓ NCCCS, DCDEE, CRRRC	✓ NC Colleges and Universities, NCPC

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education levels with the Early Learning Development Standards. Specifically, there should be an increased focus on the social-emotional domain of development.						
<p>Recommendation 2.5: Address Clinical Workforce Development Needs</p> <p>The North Carolina Infant/Child Mental Health Association should work with DMA, in collaboration with DMH/DD/SAS, DPH, DSS, the University of North Carolina System, the Area Health Education Centers, and others to identify training needs and to address barriers to developing an effective mental health workforce which meets the clinical needs of young children ages 0-5 and their families.</p>				✓	✓ AHEC, DMA, DPH, DSS	✓ NCIMHA, NC Families United, NCPS, NC Psychiatric Association, NC Psychological Association, NCSSA, UNC System
PROMOTION						
<p>Recommendation 3.1: Improve Care Transitions for Women and Young Children</p> <p>To enhance patient health and safety, and to ensure appropriate continuity of care and care coordination, CCNC, the North Carolina Obstetrical and Gynecological Society, North Carolina Academy of Family Physicians, North Carolina Medical Society, North Carolina Pediatric Society, DMH/DD/SAS, and other partners should identify or develop best practices to ensure appropriate transitions of care for women and young children among obstetrical, primary care, pediatric, and other health care providers.</p>				✓	✓ CCNC, DPH	✓ NCAFP, NCOGS, NCPS
<p>Recommendation 3.2: Raise Awareness of the Social-Emotional and Mental Health Needs of Young Children (PRIORITY RECOMMENDATION)</p> <p>The ECAC, in collaboration with DHHS, should develop and implement a communications strategy to raise awareness of the importance of young children’s mental, social, and emotional health.</p>		✓			✓ DHHS	✓ NAMI NC, NC March of Dimes, NC Families United, NC Healthy Start Foundation, NCIMHA, NCPC, NCPS, PCANC

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<p>Recommendation 3.3: Educate Families, Caregivers and Providers on Young Children’s Mental Health</p> <p>DPH should continue to support the implementation of the Triple P—Positive Parenting Program, which educates parents, caregivers, and providers on how to promote young children’s social-emotional development, in pilot communities.</p>				✓	✓ DPH	✓ PCANC
PREVENTION						
<p>Recommendation 4.1: Develop a Web-Based Clearinghouse of Programs and Services for Young Children with Mental Health Needs</p> <p>North Carolina private foundations and other funding sources should provide \$125,000 to the North Carolina Infant/Young Child Mental Health Association (NCIMHA) and other partners to develop and maintain a web-based clearinghouse of information on programs and services available to children and families with mental health, social, and emotional needs at the state and county level. Information collected should include service availability, eligibility criteria, cost, and evidence involving the effectiveness of the programs and services.</p>		✓	✓			✓ NCIMHA
INTERVENTION						
<p>Recommendation 5.1: Expand Treatment Services for Mothers with Substance Use Disorders and Mental Health Challenges</p> <p>DMH/DD/SAS, in collaboration with DMA and DHHS housing specialists, the Division of Social Services (DSS), and the North Carolina Housing Finance Agency should examine ways to expand the array of treatment options for pregnant women and mothers with substance use and mental health disorders, including supports for women in their own home as well as residential treatment services.</p>	✓ Funding TBD			✓	✓ DMA, DHHS, DSS, HFA	

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<p>Recommendation 5.2: Establish Care and Reimbursement Standards to Promote Women and Children’s Mental Health (PRIORITY RECOMMENDATION)</p> <p>DMA, in collaboration with CCNC, DMH/DD/SAS, DSS, DPH, and LME/MCOs should identify evidence-based or evidence-informed screening tools, triage, assessment, referral protocols and clinical treatment guidelines. The organizations should also develop a system of value-based payments for select populations including: pregnant women using or abusing alcohol or other harmful substances, women with mental health disorders, young children with social-emotional and mental health needs, and women and children who have experienced family violence.</p>				✓	✓ CCNC, DMA, DPH, LME/MCOs	✓ NCIMHA, Benchmarks, NC Psychiatric Association, NC Psychological Association, NCPIC
<p>Recommendation 5.3: Coordinate Promotion, Prevention, and Intervention Services for Young Children with Mental Health Needs (PRIORITY RECOMMENDATION)</p> <p>The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), Division of Medical Assistance (DMA), Division of Public Health (DPH), Community Care of North Carolina (CCNC), Care Coordination for Children (CC4C), Children’s Developmental Services Agencies (CDSAs), and Local Management Entities/Managed Care Organizations (LME/MCOs) should examine the current system of care for children ages 0-5 to ensure children at risk of or those with already identified social-emotional and mental health needs have a health home that addresses the physical, social, emotional and mental health needs of the child. As part of this examination, DMH/DD/SAS and partners should develop integrated protocols outlining the criteria for determining which agency is responsible for providing screening, assessment, care coordination, and treatment services for young children with social-emotional and mental health needs, the process for authorizing and paying for services, and how to strengthen collaboration and co-management in the care of the child by providers within the different systems.</p>		✓		✓	✓ CC4C, CCNC, CDSA, DMA, DPH, DSS, LME/MCOs	✓ NCIMHA

Acronym	Full Name
AHEC	Area Health Education Center
CC4C	Care Coordination for Children
CCFH	Center for Child and Family Health
CCNC	Community Care of North Carolina
CCRRC	Child Care Resource and Referral Council
CDSA	Children's Developmental Services Agencies
DCDEE	Division of Child Development and Early Education, North Carolina Department of Health and Human Services
DHHS	North Carolina Department of Health and Human Services
DMA	Division of Medical Assistance, North Carolina Department of Health and Human Services
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, North Carolina Department of Health and Human Services
DPH	Division of Public Health, North Carolina Department of Health and Human Services
DPI	North Carolina Department of Public Instruction
DSS	Division of Social Services, North Carolina Department of Health and Human Services
ECAC	North Carolina Early Childhood Advisory Council
HFA	North Carolina Housing Finance Agency
LME/MCOs	Local Management Entity/Managed Care Organizations
NAMI NC	National Alliance on Mental Illness North Carolina
NCAFP	North Carolina Academy of Family Physicians
NCCCS	North Carolina Community College System
NCGA	North Carolina General Assembly
NCIMHA	North Carolina Infant and Young Child Mental Health Association
NCOGS	North Carolina Obstetrical and Gynecological Society
NCPC	The North Carolina Partnership for Children, Inc.
NCPIC	North Carolina Practice Improvement Collaborative
NCPS	North Carolina Pediatric Society
NCSSA	North Carolina Social Services Association
PCANC	Prevent Child Abuse North Carolina
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UNC	University of North Carolina