Essentials for Childhood First Update Committee Meeting
August 28, 2024

Attendance:

• Ivana Muszkiewicz, NC Institute of Medicine	• Amy Cubbage, NC Partnership for Children
• Ingrid Bou-Saada, NC Division of Public Health	• Marian Earls, Guilford Child Health
• Michelle Ries, NC Institute of Medicine	• Kella Hatcher, NC Child Fatality Task Force
• Khristian Curry, NC Institute of Medicine	• Sharon Hirsch, Positive Childhood Alliance NC
• Amanda Dale, NC Institute of Medicine	• Robin Jenkins, UNC-Chapel Hill
• Tripp Ake, Center for Child and Family Health	• Micere Keels, NC Early Childhood Foundation
• Meredith Archie, NC Chamber Foundation	• Cassie Koester, UNC-Chapel Hill
• Sheila Arias, MomsRising	• Paul Lanier, UNC-Chapel Hill
• Andrae Banks, NC Central University	• Kristin O Connor, Chapin Hall at the University of Chicago
• Jenna Barnes, BlueCross BlueShield of North Carolina Foundation	• Susanne Schmal, NC Department of Public Instruction
• Mebane Boyd, NC Partnership for Children	• Erica Palmer Smith, NC Child
• Rep. Maria Cervania, NC General Assembly	• Thomas White, NC State University
• Samantha Cole, NC Department of Commerce	• Candace Witherspoon, NC Division of Child Development and Early Education
• Vernisha Crawford, Trauma Informed Institute, LLC	• Devonya Govan-Hunt, NC Black Child Development Institute Charlotte

Welcome and Small Group Discussion

Ivana Muszkiewicz, Research Specialist
NCIOM

> Ivana welcomed update committee members and reviewed content covered during the first meeting. The committee members then broke into small groups to discuss their takeaways from the first meeting and how they could apply those takeaways to their day-to-day activities at work.

How New Recommendations Will Be Built Based on NCIOM Practices
Ivana Muszkiewicz, Research Specialist
NCIOM

The recommendation development process is as follows:
1) Initial learning and discussions with update committee

2) NCIOM staff draft potential recommendations based on update committee discussions
3) NCIOM staff share recommendations with steering committee for comment
4) Drafted recommendations shared with update committee
5) NCIOM staff edit/adjust recommendations as needed
6) Revised recommendations shared with update committee
7) Recommendations are edited and adjusted as needed
8) Final discussion of recommendations with the update committee
9) Review report

The following factors will be included in the report:
- Social norms – "values, beliefs, attitudes, and/or behaviors shared by a group of people"
- Financial stability and economic mobility (previously referred to as "economic supports")
- Data and how it informs action
- Systems change (e.g. educational system, the justice system, child welfare system, mental health services, social service, child care, and local public health)

DISCUSSION: Continue reviewing previous recommendations

Questions posed to the update committee to guide discussion:
- Did this recommendation get partially or fully implemented? Why or why not?
- Is this still relevant or applicable today?
- What would you like to add or change in the recommendation listed?
- How can we further incorporate economic supports, social norms change, and positive childhood experiences?
- Even if this recommendation was not implemented to the letter, are there other initiatives, actions, organizations that are working to accomplish its goals? What are they, and have they been successful?
- Which of the recommendations seem most timely or pressing?

Recommendation 3.1: Establish Coordinated State Leadership Efforts to Address Essentials for Childhood Through a Collective Impact Framework. The North Carolina Department of Health and Human Services Division of Public Health (DPH), and Prevent Child Abuse North Carolina should 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.

- Development of early childhood action plan at DHHS (perhaps in 2018 or 2019), shift in DHHS
    - Just noting that the NC Early Childhood Plan is focused on examining the impact by 2025. Not sure if that influences timelines for future work but wanted to highlight it.
- Good amount of work done;

- Is this still relevant/applicable? Is there anything we would want to change?
  - We use the term "collective impact" loosely here; need to be more specific – it is just not people getting together and agreeing on topics, it is about deciding on action?
    - The collective impact language and framework was strongly encouraged by the CDC in 2014-15. I think the goal of collaboration and partnership and shared action is more important than identifying a specific framework
  - There are initiatives across the state for which this is a shared goal. Part of this goal could be around messaging and having shared language for shared work. Maybe a part of this could be landscape – who else is doing this work and how?
  - Much of this work is in siloes and there seems to be desire for greater alignment
  - Let's focus on what we do want to do rather than what we don't want to do; align data and data definitions
  - One thing to consider going forward--what is the infrastructure that is needed for this work now at this stage? What does the leadership team need to look like or be re-envisioned based on where we are now?
    - Yes, and what new partners, communities, etc. need to be involved
  - Is this about existing leadership structures or creating a new leadership structure?
    - An ongoing capacity-building, sustained leadership structure that will do this work in an integrated fashion or is this more of a task-oriented group
    - How are we holding organizations accountable for doing this work?
    - Who would convene this work?
    - As we think about past/future recs, a big thing we should think about is what was or is the infrastructure and needed resources
    - What is meant by backbone org and functions served by that group? How do those functions integrate/interact with other Intermediary organizations doing similar work, and how it will be sustained?

Recommendation 3.2: Support the Establishment and Continuation of Trauma-Informed Practices and Communities. The Leadership Action Team should establish a working 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 among health care providers.

- Yes, still relevant and applicable
- PACEs and economic supports are perfectly aligned with this recommendation
- Four realms of aces: adverse childhood experiences, community experiences, cultural experiences, climate experiences
- Resilience and trauma-informed care is still something we need to work on and go beyond just educating people about it

- Healing-centered engagement
- There is a lot of work about what trauma is and trauma-informed practices, but there is an issue with how to measure implementation of trauma-informed practices and outcomes
  - Group of people that gets lost; we don't talk about leaders/helpers in these conversations
- Also adding to this, the promotion of positive experiences, as the science also shows that the absence of positive experiences can be as damaging as adversity.
  - And how can we begin to measure those PCEs that Sharon mentions. We have good investments in measuring negative things but not positive things.
- There is a lot of information about trauma-informed practices...what I notice in the language is trauma-informed practices which is different than raising awareness... What does it look like to be practicing differently in these systems (as an educator, child welfare worker, etc)?
  - However, our typical approach to just throw trainings is not getting us there. There is a lot of updates about the use of screenings and which screenings are best for us (OG ACEs screener was not developed for how it is currently used)
- It's also important to have trauma-informed workplaces no matter the sector but that can also feel very big.
- That whole conversation is also a popular one -- what is meant by a robust, Workforce Development system on the practices side? We talk about the full continuum from recruitment, selection, hiring, onboarding, coaching, supporting coaching systems, etc. --- so again, the implementation and support systems issues crop up in these discussions

Recommendation 4.2: Gather Data on Social Norms around Children and Parenting. The child data working group of the Leadership Action Team should explore and identify the most appropriate mechanism and funding source by which to measure public opinion and social norms around parenting, children, and families, and report back to the Leadership Action Team.

- No longer applicable
- Do not have capacity for a broad statewide survey
- What are other initiatives doing that is accomplishing this goal?
  - NC healthy and resilience communities created a dashboard around resilience and trauma
- We have data for creating a data surveillance system...so what is the problem?
  - Ingrid: have funding to identify data that are out there and describe current surveillance and gaps; do not have funding to do a statewide survey, if we recommend this, we would need to figure out how we are going to do that
- I also think there is potential for a recommendation around identifying and measuring "the right stuff" - that's a consensus building recommendation, as well as a data development/collection recommendation.
- Who says something is a norm and how does that show up? Implications for racial equity

- I am thinking in this moment "what root causes are being addressed in these recommendations?". I think it might be helpful to always call out the specific issue and problem we are addressing in the new version of these recommendations.
- "social norms" may not be the best terminology for which to capture this
- Dramatic changes
- Well intended: How can we learn what people are thinking when interacting with children? Be more direct about developing strategies to engage parents and communities to be more active in preventive strategies
- Can we tap into the UNC system academics to provide summaries of their research centered on trauma and child-well-being? Maybe someone is attempting to examine this at the state level already? Or perhaps they have data that can be shared?
- Maybe would could collect data around what families need (based on what they tell us) - and what the science says works - to promote positive, equitable experiences for parents and children, as well as measuring public support for those kinds of investments.

Recommendation 5.1: Promote Positive Community Norms Around Child Development and Parenting. The North Carolina Early Childhood Foundation should continue and expand their work on changing social norms through the First 2,000 Days campaign.

- Effective campaign that is still an active set of resources
- 2020 – there was an update with latest information
- Moving beyond individual or child-parent dyad; is this a continue as it us versus needing resources to invest in bringing updated knowledge about how we think to do these campaigns
- There are so many other campaigns that could align and build on this foundational work. The First 60 Days, Connections Matter, HOPE (Healthy Outcomes from Positive Experiences), and more.
- Emerging science is perinatal focused
- An updated recommendation could be something like, "Organizations (NCECF and others) should continue the development and expansion of public awareness campaigns that focus on..." and then have a number of goals laid out - infant brain development, PCEs, economic mobility, and the relationship between all of these and child and family well-being.
    o Very broad, but could get more detailed in sub-recommendations, calling out specific campaigns and research, etc
    o Would also allow us to give recognition to successful and promising campaigns and the need for more resources for them.
    o I like this and also want to add the need for a call to action in the campaign to move beyond awareness raising

Recommendation 5.5: Explore Incentivizing Outcomes Resulting from Evidence-Based Treatment Programs. The North Carolina Division of Medical Assistance, in collaboration with

Community Care of North Carolina, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and the Division of Public Health should identify opportunities to incentivize payment for outcomes resulting from evidence-based treatment programs, especially as quality of care is incentivized under reform of Medicaid in North Carolina.

- Family First prevention services act
  - Idea is allowing the use of Title IV dollars to be used for payment in delivery of services, many of which are evidence based programs; not the same as incentivizing outcomes from a provider perspective but ensuring that EBPs are being delivered to appropriate people and the infrastructure in place to leverage title iv funds
- On the evidence-based treatment rec, we may want to consider including a new recommendation about aligning Essentials goals into evaluation of Medicaid tailored plans - not sure what that looks like, but I think given the timing and current context, there may be opportunity for that alignment.

DISCUSSION: What recommendations are missing?

- A recommendation on EPSDT meeting needs for healthy mental and emotional development
  - Maybe something about leveraging Medicaid funding to address social drivers of health to promote positive experiences and environments for children and families? Expand beyond Healthy Opportunities Pilots to take statewide?
  - building on research from the IVP domain that currently is being funded..
- What is the impact of harmful legislation and policies, e.g., Parents Bill of Rights?
  - Keep hearing from districts about impacts on services, communications with students, etc...
- Bigger than economic supports (stability and mobility) – recommendation to create a task force to address economic stability and mobility along with additional research
- As a "newbie", I guess I could benefit from folx's big picture review -- given the current round of E4C funding and its embedded goals/objectives, how does the plan look today as aligned with the new funding? What to build on, to modify, to let go? I've read the orientation materials, just wondered if there were some sort of crosswalk?
- where does EITC fall in that framing of supports/mobility?
  - Both?
- A lot of great work being done by peer support – mental health first aid, perhaps a recommendation around this and cultural interpretation/perspective
- Workforce shortages, difficult to get people into child mental health (and lack of diversity in these professions)

- I don't have recommended language yet, but want to be sure we are promoting focus on equitable outcomes and centering family voice/lived experience in recommendations, program development and implementation.

Recommendation 6.1: Ensure that Child Care Centers Provide a High Quality, Nurturing Environment. The Division of Child Development and Early Education (DCDEE), in partnership with the Child Care Commission and the Department of Public Instruction Office of Early Learning, should continue to reevaluate its quality star rating system and reimbursement system to identify high quality child care programs based on updated evidence and best practices. DCDEE, in partnership with others should continue work to grow a high quality and well-trained early care and education work force. The North Carolina General Assembly should enhance child care subsidies by ensuring a larger portion of eligible families receive subsidy payments.

- Of the funds allocated to local partnerships for direct services, seventy percent (70%) of the funds spent in each year shall be used in child care related activities and early childhood education programs that improve access to child care and early childhood education services, develop new child care and early childhood education services, and improve the quality of child care and early childhood education services in all settings
- One of the biggest issues in our state right now
- Add to this funding for universally available IECMH Consultation for teachers and program directors. This is a significant to ensure quality and decrease suspension and expulsion
- A fair amount is non-reoccurring, especially emergency childcare compensation.
- Yes, salaries need to be clear. It needs to be a thriving wage per county.
- It would be powerful to show current and sustaining salaries to have stable environment.

Recommendation 6.2: Enhance Care and Reimbursement Standards to Promote Children and Families' Mental Health. Community Care of North Carolina, and others, should establish guidelines for primary care clinicians for expanded screening of families with children for psychosocial risk factors and family protective factors. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the Division of Medical Assistance, and others should support current work to increase integrated behavioral health care under Medicaid reform.

- Has this rec been partially or fully implemented?
    o Well visit planner https://www.wellvisitplanner.org/
- Might want to add school-based health services here, too... there are folks making recommendations to update the State Plan Amendment to be more inclusive of types of providers, etc...
- Planning through NC PAL and AAP to do wide training to primary care?

- This one probably also needs additional context on tailored plans and current state of integrated care, with recommendations for how to build on momentum. Also probably behavioral health workforce development component.
- We have a mental health provider shortage throughout the whole state; huge workforce issue
- May need to change the Division of Mental Health to the Division of Child and Family Wellbeing

Recommendation 6.3: Ensure Economic Security for Children and Families. The North Carolina General Assembly 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.

- Should be non-partisan
- Legislature may not be the right entity to conduct this analysis
    o However, they may commission an analysis to a different entity
- Institute for Emerging Issues?
- Talent First strategic plans of the NC Works Commission and NC Department of Commerce and Division of Workforce Solutions, Institute for Emerging Issues at NC State might be source documents for crafting policy recommendations that align cohesively.
- We may want to include some additional specifics on impact on economic mobility, disaggregated data by race/ethnicity and census tract, and other indicators

DISCUSSION: What recommendations are missing?
- Workforce development (childcare, behavioral health and implications on health care and business sectors)
- Perinatal health (including health of fathers)
- Isolation
- Is there an opportunity to engage other sectors, e.g., housing, transportation, etc in the advisory committee?

Next Steps
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Update Committee members will receive a four-question survey, meeting minutes, and meeting slides via email. The next meeting will be on September 17 from 9:30am-12:00pm.