NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

NCIOM

Essentials for Childhood Fourth Update Committee Meeting
October 1, 2024

Attendance:

- Ivana Muszkiewicz, NC Institute of Medicine
- Ingrid Bou-Saada, NC Division of Public Health
- Michelle Ries, NC Institute of Medicine
- Brieanne Lyda-McDonald, NC Institute of Medicine
- Amanda Dale, NC Institute of Medicine
- Cassie Koester, Frank Porter Graham Child Development Institute
- Devonya Govan-Hunt, Black Child Development Institute – Carolinas
- Elizabeth Star, HopeStar Foundation
- Ellen Essick, NC Department of Public Instruction
- Erica Palmer Smith, NC Child
- Kristi Snuggs, Child Care Services Association
- Hayley Bayne, Behavioral Health Springboard
- Jenna Barnes, Early Childhood, BCBS Foundation
- Kella Hatcher, NC Child Fatality Task Force
- Meghan Shanahan, UNC-Chapel Hill
- Meredith Archie, NC Chamber Foundation
- Sharon Hirsch, Positive Childhood Alliance NC
- Sheila Arias, MomsRising
- Susanne Schmal, NC Department of Public Instruction
- Vernisha Crawford, Trauma Informed Institute, LLC
- Paul Lanier, UNC School of Social Work

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Welcome and Recap of Third Meeting
Ivana Muszkiewicz, Research Specialist, NCIOM

Ivana welcomed update committee members, recapped activities from the second update committee meeting, and reviewed the meeting agenda. She also acknowledged the ongoing crisis and recovery efforts in Western NC and encouraged attendees to share resources.

The committee members broke into small groups to discuss specific recommendations.

Guidance:

- Focus on identifying actionable policy reform that can be moved forward into action.
- Be creative: the best policy solutions may not be under consideration yet
- Be specific: determine the who, what, when, and where necessary to enact change
- Be pragmatic: focus on reforms that could move the needle
- Incorporate increasing and enhancing positive childhood experiences (PCEs) in discussions
- Incorporate economic supports (i.e. financial stability and economic mobility)
- Be focused on preventive actions
- Be focused on changing social norms

Foundational questions for each recommendation:

1) What's the primary outcome we are hoping to achieve with this recommendation, and how does this outcome build on complement goals of current state work in this area?
2) What organization(s) should be named to lead on the recommendation?
3) What is a measure of success (how will we know when this recommendation has been implemented)?

After each small group, the update committee members reconvened for a larger discussion.

Questions for Large Group Discussions:

- Are there unintended consequences of this recommendation?
- Does this recommendation promote the value of positive childhood experiences? Are any revisions necessary?
- How do we feel about the feasibility of this recommendation?
- Are there any concerns about political readiness or available resources for implementation.

Small Group #1
Michelle Ries, President and CEO, NCIOM
Ivana Muszkiewicz, Research Specialist, NCIOM
Sharon Hirsch, President and CEO, Positive Childhood Alliance

Recommendation 1: [Responsible Party] should utilize [data source] to monitor and track child care workforce shortages and assess their impact on parents' ability to maintain employment. This data should be leveraged to family-friendly workplace policies that support both employee retention and family economic stability.

- Are these data being collected somewhere or do we need to develop new data collection methods? Why are we examining? Do we want community-level strategies for workforce development? Are there any potential strategies we should include to implement that recommendation?
- DPI collecting behavioral health data as part as monitoring school mental health plans, pending electronic health record that will allow districts to have access
- We do have behavioral workforce data; you could have a librarian paid under same code as social worker but now we will have unique codes (SW, psychology, counseling, school nursing) – won't have private or outsourced clinicians in school
    - Data goes directly to DPI
- Thing about privately ran child development centers that don't have incentive to do extra reporting
    - Local referral agencies should have a thumb on what childcare workforce shortage looks like; pay parity – people that are not working in federal funded facilities, they are paid less
    - Looking more comprehensively beyond just number of jobs
- What is the optimum cadence of data collection?
- Lack of full understanding of where needs are and where current workforce is
- The agency responsible for licensing should have their finger on the pulse
- What is the connection between childcare workforce data and how it can be used by employers to implement family-friendly workplace strategies?
- How do we use essentials work to convene?
    - Concern about naming a specific agency may silo
- How do we define community level?
- When we talk about continued investment, do we want to highlight strategies that are already laid out?
- Ensuring accessibility/affordability
- DCDEE should maybe be responsible organization and own data already
    - A lot of things related to goals of recommendation; link to chamber report and maybe recommendation should be around amplifying report
    - Talked a lot about questions identifying data to track workforce shortages and strategies (chicken or the egg) and don't want to pose solutions that cause problems (high wages, high price)

Recommendation 2: [Organization] should establish a cross-sector task force to examine the factors affecting financial stability and economic mobility for families in North Carolina, with the

goal of identifying actionable strategies to enhance economic supports and create pathways to long-term financial security.

- Economic supports and economic mobility are two very different things.
- May need a group to figure out how to utilize economic supports and then help transition families to economic mobility.
  - The concern is that families receive supports and then if they do well, the supports go away
  - The goal is not necessarily to develop new solutions but to assess and enhance, and then identify the gaps. Why aren't families able to move up economically?
- What is missing? A more effective approach?
- Do need some new solutions. Not sure it changes language but need to clarify the goal
- How would outcome as written build or complement current work in state? Anything can build on or is it missing?
- Leading on Opportunity in Charlotte – https://www.leadingonopportunity.org/ working on economic mobility Charlotte:
  - Dashboard for economic mobility in Mecklenburg = Opportunity Compass: https://www.leadingonopportunity.org/compass/.
  - Good model for this work.
  - This group could lead or support this recommendation
- Change wording to enhance economic supports, not economic stability wording.
  - We know a lot about policies for better economic stability for families (paid leave and housing supports, etc.).
  - One of the gaps this recommendation could address is how to prioritize those things but focus more on economic mobility.
- The Early Childhood Foundation – Family Forward NC.
  - The Chamber in Greensboro working with businesses on policies to support young kids and families (paid leave and early childcare)
  - May not be a single group that can do all of that. Call on Chambers? Employers?
- Make it clear that both financial stability and economic mobility are important to address
  - Childcare policy solutions are impactful – affect financial stability but not necessarily mobility. Different solutions. Two different populations.
  - That is a lot for one organization, so much is encompassed in it.
  - A task force led by child-facing front plus more of the economic sector
  - Involve business community from the beginning to increase chance for success. Need both experts in child health outcomes plus economic/business community
- Need to address structural racism impacting families. Who could do this work?
- NOTE: recommendations can have strategies with different leads.
- The work needs to be a collective. We can identify roles, but it needs cross-sector work to help people understand impact.

  - What organization could bring it together? Screenshot (*see below*) showing sectors/groups involved in Mecklenburg: sheriff's office, banks, faith organizations, legal system, Charlotte/Mecklenburg schools, community college. Full cross-sector approach.
  - We can't list all in the recommendation; who do we want to highlight?
    - Family resource centers, schools, economic development and Chamber of Commerce, family support network. We need families involved to keep us honest about what we are doing.
- Add in "adversity." Need to build on buffering, move away from the ACEs. CDC funding is moving in this direction. Enhance the 7 positive childhood experiences (PCEs) – All relate to safe, stable, nurturing relationships.
- What is a measure of success? How will we know recommendation was implemented?
  - NCIOM doesn't use a standard set of indicators. They call organizations to check on implementation, but that isn't necessarily the best method. Maybe that the Task Force was established, etc.
- We can publish a list of policy recommendations that would accomplish the 2 goals of financial stability and economic mobility.
  - Whose policies are they – legislative, state agencies, other organizations? Must identify
  - Look at metrics that exist (e.g., children living in poverty). If policy is implemented, it still would take time to see some statistics change, but some are earlier.
  - Even county data for NC Child's report cards changes so quickly.
- It is not reasonable to guarantee strategies that need legislative support will be implemented in a certain amount of time. Probably not done in a couple years.
  - Lower case "Ps" – incentivize family-focused policies from an employer perspective like Lisa Finaldi's program (Family Forward NC) as an opportunity.
  - If the recommendation is a task force with different voices, then we shouldn't make specific public policy recommendations ahead of that. Different stakeholders have different views.
  - We need to look beyond legislative.
- Possible metrics of success: was a cross-sector task force created? Were a set of recommendations created that include policy change? Was a strategic plan developed?
- Use collective impact model to work together to develop a plan as a group. Be specific about that, so we don't create yet another document of suggestions.
  - This group needs to be the group that implements. We often bring in a collective to discuss something but not necessarily to do it. This needs to be both.
- Be specific about what the supports are.
- Need a convener.
  - The backbone organization.
  - Family Forward NC could be the core – has a foot in the business community and are interested in financial supports but also in childcare and other things.

Recommendation 4: [Responsible Party, e.g., DHHS] should strengthen the alignment between early childhood development initiatives and the Perinatal Strategic Plan by fostering intentional

collaboration across sectors to enhance coordinated efforts and improve outcomes for both mothers and young children.

- Overall recommendation:
    - Do come back to why Perinatal Health Strategic plan
    - This is from previous discussion
    - We haven't said anything specific about father involvement yet
    - Don't know where
    - Once we know which ones to prioritize, could help
    - Maybe could say "inclusive of father's" in rec language
    - And economic supports stuff
- What's the primary outcome we are hoping to achieve with this recommendation, and how does this outcome build on or complement goals of current state work in this area?
    - It makes sense there should be alignment, but not sure that's enough.
    - Agree.
    - Perinatal strategic plan is robust. If talking about something actionable, maybe identify specific points of intersection for coordination.
    - Comes down to how to measure in short and long term. So broad, doesn't seem like you can actually break it down.
    - Alignment not enough, state needs to allocate resources to support implementation.
    - Alignment feels meaningless, I don't know how to operationalize what that would look like. What do we really want here? Reinforcement, awareness, doing the same things?
    - In order to be more specific, we need to look through specific parts of the perinatal plan to identify overlap and be able to call out specific areas.
    - Could that be the recommendation of the work to be done?
    - Outcome is improving health services for mothers and children.
    - Maybe rec is X should review opportunities for coordination, alignment, and funding between the perinatal strategic plan to…
    - Are we saying childhood from 0-elementary?
        - 0 to 18
- What organization(s) should be named to lead on the recommendation?
    - Who created the plan? Trying to figure out who the players are or which division should review this.
    - It was DPH
    - Probably needs to be multiple divisions to look at it.
    - Maybe it's "Divisions are responsible…"
    - Name a few, "DPH, Division of Child and Family Well-Being"
- What is a measure of success (how will we know when the recommendation has been implemented)?
    - Goes to what are the specific things we want to pull out first.

    - You could measure by seeing if there is a targeted prioritized list of areas we want to collaborate on.
    - Not sure how you measure until you know what those are.
- Comments on strategies:
    - Not sure why referencing parenting models under this question.
    - Strategies feel disconnected from the recommendation
    - Not sure how reflet positive childhood experiences or economic supports
    - Are there things in perinatal strategic plan that are related to economic supports or positive experiences?
    - Goal area of address economic and social inequity, supporting working parents and families, reducing poverty, closing education gap
    - Is the plan tied to Title V at DPH?
    - Not many of us know much about the plan, that's part of the challenge.
    - Does perinatal plan have things about parenting programs and home visiting?
    - Broader than that, interventions broadly, more focused on economic security
    - There is evidence that home visiting programs have positive outcomes for economic status
    - There is a piece of the plan of strengthening father involvement.
    - Second strategy recommending collaboration with CBOs, I could argue both ways. All can sometimes end up mean we don't scale anything. Is it really our hope that all plans are standard or should rec be about some core programs being available everywhere.
    - Want to agree what we want to invest in in NC and take things to scale.
    - Focus on local decision-making makes it easy for leaders at state level to abdicate responsibility to fund things.
    - Smart Start may be only program available in all 100 categories
    - In suggested context for recommendation, talks about health focus, but not all perinatal programs are health focused.
    - The funding word in there, some things can be reimbursed by Medicaid and others can't. Different from what can be funded through Families First.
    - Maybe a strategy is identifying appropriate funding sources to support implementation of recommendations?
    - Maybe a recommendation to encourage the Department to apply for a waiver to breakdown funding silos to support families?
    - Interesting!
    - *How can we and should we incorporate the BH workforce here?*
        - Yes
        - Seems like a lot of innovative ideas of apprenticeship models, fellowship programs, etc to attract people into behavioral health workforce more broadly.

- Was on a call with funder a little while ago. Thinking about alternative strategies like apprenticeships. They said salary supports don't make a difference, we need sustainable funding. But we need steps to get there.
- May need NCGA to invest

Large Group Discussion

Ivana Muszkiewicz, Research Specialist, NCIOM

- There seems to be scope creep within a lot of these recommendations, and it would help to focus in more.
- Scope creep has implications for the feasibility of recommendations

Small Group #2

Michelle Ries, President and CEO, NCIOM
Ivana Muszkiewicz, Research Specialist, NCIOM
Sharon Hirsch, President and CEO, Positive Childhood Alliance

Recommendation 3: NC Medicaid should create a strategy to integrate infant and children's mental health into the Medicaid services and initiatives centered around SDOH .

- Healthy Opportunities Pilot (HOP) pays for social drivers of health (SDoH) identified for Medicaid (not all SDoH, just some standard ones).
  - Expand what the SDoH means for kids to be consistent with national recommendations.
  - Dr. Tilson tried to include kids at risk for toxic stress, are more at risk for neurological changes in 1st year.
    - Moving away from toxic stress language to strengths-based safe and stable nurturing environments.
  - Integrating mental health screening is national recommendation; not all are doing it.
- Strategy 1: maybe more "Support" the recommendation – integrate when seeing families. Strategy 2 on payment: need lots of that.
  - A few strategies out of CMS recommend this for young children: simplify credentialing for LPC and LCSWs, etc.
  - Create one basic credentialing system for all plans.
  - Payment parity – get paid better for seeing adults with Medicare. So, strategy 2 needs to be more specific not just paid more.
  - Also, Medicaid has control over some things like payment.
  - It needs to be consistent with expanding and maintaining the work force.
- ME: Link SDoH and child's social-emotional wellbeing.
  - In HOPs those doing the screenings could be CMARK folks, should also be primary care, other home visitors.
  - May need other types of community supports to help family/child not just mental health professional – like family support groups that EPSDT usually doesn't pay for.

  - So, probably the HOP approach is to make that link. Primary care is supposed to ask about social-emotional wellbeing at every visit; a lot more providers could do it, also.
- Who could do those screenings?
  - In Medicaid, there is an interest to pay for Doulas. Doulas have a relationship with mom/parent, so would be good for them to screen. Need a good relationship for these questions
  - Medicaid doesn't pay directly for someone from a McVie program, so simpler if Medicaid pays as part of EPSDT. Medicaid has control over EPSDT
  - EPSDT incorporates all recommendations from Bright Futures.
    - If a plan doesn't want to pay $6-8 for screening, they add administrative barriers like prior authorization.
    - Medicaid needs to be very specific that this must happen.
- Is there something that needs to be recommended before the items in this recommendation can be implemented?
  - Seems like there are things that Medicaid needs to change and then there's the outcomes of those changes.
  - Are staff/providers equipped to do these things?
- It is probably already in EPSDT. Need more intentionality about the implementation.
  - HOP can pay for some of the things that families are facing. Families need to know how to connect to the services.
  - NC Medicaid paid for Dyadic therapy for things that impact relationships between parents and 0–5-year-olds way before other states. So, we can refer for mental health services, but what other things can they be referred for, like if they don't have housing?
- It's not just the screening, but the gap is referring to services. Systems don't talk to each other, so don't find out if referral was used. The recommendation doesn't address that gap.
  - Need to have a provider to refer families to meet needs, and we need to pay for the service. Lots of work in NC to train providers and build that pipeline.
- This recommendation touches on a lot of things, and maybe they're not connected enough. Need more cohesion- EPSDT, pay, etc. Use more nuanced language and maybe focus more on HOP or something else.
- Is there a workforce available for expanded payments?
- The first one: more specific to help integrate social-emotional health of child and understand connections with the SDoH impacting the family. Explain what we mean about SDoH for kids. (She will send info).
- Also, NCCARE360 – a care manager can refer to services in the community, and if the provider is signed up, they will have a closed loop for referrals. It doesn't have a lot that is child specific in it. It is more nuanced about what SDoH is needed and what you want Medicaid in HO to support.
  - For peds, it would be great if child-serving organizations were a part of NCCARE360. To see if the referral is working for the family, if they could get into programs, etc.

  - Services that want to be part of NCCARE360 need staff who can enter data into the system. Medicaid is supposed to be paying for that, which should make it more viable for communities to have these services. Paying for the services will help.
  - We need more child and family centered organizations in it so it would be used more.
- We're still missing the bones of the recommendation. Is it just Medicaid? Do we outsource/ name someone else, or focus just on HO? Should we reframe it, or are we on the right track?
- Help providers in healthcare settings understand how to integrate and the SDoH impact the wellbeing of kids and families.
  - Need to support this with either Medicaid regulation of benefit coverage or expanding coverage to create a strategy to center on SDoH.
  - Also, Pediatrics Society and Family Medicine can help providers understand how to couple the screenings for SDoH and social-emotional health screenings.

Recommendation 5: [Responsible Party] should collaborate with NC Medicaid to evaluate tailored plans for their alignment with goals aimed at preventing Adverse Childhood Experiences (ACEs), increasing Positive Childhood Experiences (PCEs), and promoting economic stability. This evaluation should prioritize the inclusion of prevention-based strategies such as early childhood intervention programs, parenting support and education, mental health screenings, and proactive social services that address the root causes of family stressors, with a focus on strengthening family resilience and preventing childhood trauma.

- What's the primary outcome we are hoping to achieve with this recommendation, and how does this outcome build on or complement goals of current state work in this area?
  - Need to make these things simpler, hard to know what it says at first.
  - Maybe the recommendation is around the first sentence and Strategies are the other parts?
  - I'm in weeds of this with Medicaid now. There is so much evaluation going on with tailored plans. Some things are specific to federal evaluations that don't include these metrics. Then there are the plans we could engage with this recommendation.
  - Maybe it's more about incentivizing things. How tdo you get value-based payments/money going in the way that you want it to.
  - Early childhood mental health is definitely not something that they are thinking about right now, so like where this is going.
  - Maybe also Healthy Opportunities pilots. Bigger and broader, about incentivizing Medicaid in general to focus on preventing ACEs and promoting positive childhood experiences using allowable funding.
  - How would you measure that and evaluate?
  - Agree. Seems strange to evaluate something without first making sure it's implemented to achieve those outcomes.
  - Goal of tailored plans not focused on child mental health, so if evaluate for those things we'd find it's not doing those things. So maybe misalignment of what is being done and what this says to evaluate.

    - Maybe this is talking about reviewing contracts to see if they are written in a way to incentivize this?
    - Is this the right approach?
    - What the contracts require them to do is important. Just an example, requiring to screen for ACEs and plans would get a bonus.
    - Need to understand more where the levers are and the accountability to ensure it's done.
- What organization(s) should be named to lead on the recommendation?
    - Org. like Benchmarks represents provider agencies. If there is a group that could review and make recommendations for how the tailored plans are aligned. I don't see NC Medicaid doing that.
    - Also agree it's not just tailored plans, it's Medicaid wide.
    - Don't know that anyone at NC Medicaid is looking through these contracts thinking about young kids.
    - INCK is another one. Sheila part of parent group there.
    - Also recommend changes to DHB.
    - Recommendation: Review policy changes related to Medicaid transformation (tailored plans, Children and Families Specialty Plan, InCK, HOPs, NCCARE360) to identify lessons learned about preventing ACEs, growing PCEs, and promoting economic stability and recommend changes to DHB (Division of Health Benefits) to scale improvements statewide.
    - Who should do this? – Maybe NCIOM or Sheps
- What is a measure of success (how will we know when the recommendation has been implemented?)
    - Adoption/implementation of recommendations that come out of the review process

Recommendation 7: [Responsible parties] should lead a coordinated effort to convene leaders and employers across [sectors] to develop and implement specific actions that prioritize the health, development, and well-being of children during their developing years. This effort should focus on establishing concrete family-friendly workplace policies, increasing access to early childhood education and care, and integrating comprehensive health and developmental services into organizational practices.

- Family Forward NC – currently community level
    - Have helped local governments implement paid family leave
    - Have helped private sector employers implement flexible work schedules and paid sick leave
- Is this about identifying a new responsible party or initiative to develop family friendly workplaces? Or is this about expanding Family Forward?
    - What does Family Forward NC need to do it more and better? Are we identifying ways to expand it?
    - Seems that we are looking at ways to expand the work

- What can be done in schools?
    - Enhancing flexibility/family-friendly culture in schools?
    - Sector to tap into to support – school systems are major employers and many seek employment in the school system to better align with family/children's schedules
        - Despite this, schools are still not the most family-friendly workplaces (e.g. it is near impossible to take sick time, some teachers need to staff their own classrooms with substitutes during absences, etc).

Large Group Discussion

Ivana Muszkiewicz, Research Specialist, NCIOM

- Helene discussion
    - Lessons from other states/natural disasters; supports for behavioral health services; concrete economic supports for families – research on financial resilience; trauma-informed practices/care for families – what do community-based organizations need; supports for child care and public education – mental health workforce, financial assistance; local vs statewide – thinking about relocation/displacement, what resources will other areas of the state potentially need?
    - DHHS resource for people who lost food (purchased with FNS) due to power outages
    - Bilingual/multilingual resources
    - Disaster Distress Helpline: Those dealing with the impacts of the hurricane can call 1-800-985-5990 for emotional support.
    - Emergency housing and shelters
    - MDC published tips about helping families apply for FEMA assistance
    - Interested in resources for employers re: workers compensation

Next Meeting

Ivana Muszkiewicz, Research Specialist, NCIOM

The Fifth (and Final) Update Committee Meeting will take place on October 23 from 1:00pm-3:30pm ET.

From Zoom chat:

- https://www.leadingonopportunity.org/
- https://www.ncdhhs.gov/divisions/child-and-family-well-being/food-and-nutrition-services-food-stamps/fns-food-stamps-replacementsupplement-request-form
- https://nccdd.org/images/blog/2020/ENGLISH_EMERGENCY_COMMUNICATION_TOOL.pdf?fbclid=IwY2xjawFpJfBleHRuA2FlbQIxMAABHSFtaAQaFivlioEK5myTI-kgm4hBxH6ThJ7IlT_r0lh8znSXbaHrhy9SfA_aem_zMzRDu100ljVUdwdqBFRXA
- https://www.linkedin.com/feed/update/urn:li:activity:7246894200292618240/?commentUrn=urn%3Ali%3Acomment%3A(activity%3A7246894200292618240%2C7246900395300593

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