



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public Health



Essentials for Childhood Fifth Update Committee Meeting October 23, 2024

Attendance:

- Amanda Dale, NC Institute of Medicine
- Amy Cubbage, NC Partnership for Children
- Andrae Banks, NC Central University
- Brienne Lyda-McDonald, NC Institute of Medicine
- Ingrid Bou-Saada, NC Division of Public Health
- Candace Witherspoon, Division of Child Development and Early Education
- 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
- Erika Williams, Dogwood Health Trust
- Erica Palmer Smith, NC Child
- George (Tripp) Ake, Center for Child and Family Health
- Hayley Bayne, Behavioral Health Springboard
- Ingrid Bou-Saada, NC Division of Public Health
- Ivana Muszkiewicz, NC Institute of Medicine
- Sen. Jim Burgin, NC General Assembly
- Kaitlin Phillips, NC Institute of Medicine
- Kristi Snuggs, Child Care Services Association (Early Years)
- Rep. Maria Cervania, NC General Assembly
- Marian Earls, NC Early Childhood Foundation
- Mebane Boyd, NC Partnership for Children
- Meghan Shanahan, UNC-Chapel Hill
- Meredith Archie, NC Chamber Foundation
- Micere Keels, NC Early Childhood Foundation
- Michelle Ries, NC Institute of Medicine
- Paul Lanier, UNC School of Social Work
- Samantha Cole, NC Department of Commerce
- Sharon Hirsch, Positive Childhood Alliance NC
- Sheila Arias, MomsRising
- Susanne Schmal, NC Department of Public Instruction
- Tom White, NC State University
- Vernisha Crawford, Trauma Informed Institute, LLC

Welcome and Recap of Fourth Meeting

Ivana Muszkiewicz, Research Specialist, NCIOM

Ivana welcomed update committee members, recapped activities from the fourth update committee meeting, and reviewed the meeting agenda. She led large group discussions on existing and newly drafted recommendations.

Guidance:

- 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)?

Recommendation 6.2: Community Care of North Carolina, the North Carolina Division of Child and Family Well-Being (NCDCFW), and others should establish guidelines for primary care clinicians and school-based services to expand screening for social and emotional risk factors as well family protective factors among families with children. The Division of Mental Health, Developmental Disabilities, and Substance Use Services, the Division of Health Benefits, and NCDCFW should collaborate to support ongoing efforts to increase integrated behavioral health care under Medicaid expansion. These efforts should focus on early identification, intervention, and coordinated care to improve outcomes for vulnerable populations.

Strategy 1: NC PAL should expand its training efforts to assist pediatric primary care providers in identifying and addressing behavioral health needs in children. This could involve offering more comprehensive education on early identification of mental health conditions and how to connect families with appropriate services. Strengthening partnerships between NC PAL and pediatric practices will help enhance the integration of behavioral health care across primary care settings. NC PAL can help providers integrate behavioral health into routine care, improving early detection and intervention for at-risk children and families.

Strategy 2: Prioritize behavioral health workforce development by increasing training programs, scholarships, and incentives to attract and retain professionals in the field, with a focus on serving children and families. Expand partnerships with universities, community colleges, and training institutions to grow the pipeline of qualified behavioral health providers across North Carolina.

- Replace “behavioral health” with “mental health, healthy social and emotional development”
 - Can be confused as behavioral issues
 - Maybe use “mental health and substance use”
- Q: Are we screening, parents, children, or both for these things? Families?



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- A: Children
- We should make it clear that this is also about screening for SDOH
- Bright Futures- at every single well visit there should be SDOH and social/emotional/functional screening (multiple dimensions that impact child and family wellbeing)
 - During infancy, asking parents/caregivers about perinatal depression
 - Opportunity to integrate Surgeon General's recommendations on parent and mental health
 - Standards should be explicit in EPSTD
- Missing school health
- NC PAL?
 - Not sure if they need to be named as the only group doing this, would include NC Pediatric Society and NC Academy of Family Physicians
- How does this outcome build on or compliment current state work?
 - Easy to leave out people who might be doing critical work or who have been recently identified to do work
 - Lean on state divisions to identify people/organizations
 - Might be worth thinking on creating opportunities for divisions to really think about this work
 - Recent guidance from CMS around these topics, should we explicitly state that the screening for social/emotional risk factors and social drivers should be included in ESPDT
- Include DSS (can use families first funding for substance use services)
- Should we include doulas?
 - Good to expand types of providers
 - Alignment with NCIOM doula action team
- Correct and incorrect way to implement screening
 - Eg hospitals asking questions about social drivers over the phone with a stranger or at the front desk
 - Should be done on paper/on a tablet and reviewed by/with clinician
- Do we want to incorporate resources that providers need?
- Not just about using screening
- NCInk – kindergarten readiness promotion bundle
 - Includes reimbursement access to this
- Is there a concern about over screening?
 - Over diagnosing, over medicating
- Parent experience with diagnosis
 - “I felt there was no other option when I was on Medicaid than to put my child on medication immediately as opposed to therapy or peer groups.”
 - Feels that experience is different between Medicaid and private insurance
 - Accepting a diagnosis that they now regret
 - Public instruction exp – many kids that only took medication without other interventions
- Managed care differences?



- Medicaid covers more benefits for children than private insurers do
 - Kids see people who are adult providers and are more likely to get medication
 - Moving to a carve out system of mental health (which we are moving to) is NOT recommended
 - Carve out systems/tailored plans not good for kids
 - Advocate for parents to talk to the provider, hard for families to advocate for themselves
- Nice overall to address Black maternal health re: doulas
 - This is about preventing ACEs, at what point to we integrate maternal health without turning it to a maternal health report
- Report special topics section – family health influencing child health
 - “anytime we can be more holistic, we need to move in that direction”
 - Relational health
 - Must name this!

Recommendation 6: [Chief Justice’s Task Force on ACEs-Informed Courts, the North Carolina Child Fatality Task Force, and others] should study the impact of legislation and other policies on the measurement and tracking of Adverse Childhood Experiences (ACEs). This evaluation should explore how these policies influence the ability of schools, healthcare providers, and social services to collect and report ACE-related data.

Strategy 1: [Responsible party] should review existing legislation and policies that affect ACE measurement and data reporting. This review should identify gaps, strengths, and potential barriers that impact these areas.

or

[Responsible Party] should conduct a thorough review of existing data systems used by schools, healthcare providers, and social services in North Carolina for collecting and reporting Adverse Childhood Experiences (ACEs) data. This evaluation should assess the capabilities, strengths, and limitations of each system, as well as opportunities for integration and improvement in data sharing and reporting across sectors.

Strategy 1: [Responsible Party] should systematically review the data systems currently in use by key stakeholders, including [who]. This review should identify existing gaps, redundancies, and opportunities to streamline data collection, integration, and reporting related to ACEs.

- Use court system to fix other systems; would like to see how courts interact with family
- What is tracking and measurement?
 - A: Surveillance rather than screening
 - We have YRBS – may have proxies for positive childhood experiences
 - Less about expanding ACEs screening and looking at how whether we can or should or want to
 - NSCH has included adversity
 - Not about screening but balance of figuring out strengths and protective factors
- For what end? What are we trying to change?
 - Is legislation impacting the ability for us to gather data?
 - I.e. Parents Bill of Rights



- The bottom recommendation is part of what we are already doing with CDC fund – working at ACES, PACES,- idea is to use data to drive action to identify areas of concern to direct programs and policies
 - Maybe a recommendation on resources about this endeavor
 - Sustainability
- Can we get data on how or if things about changed with TF on ACEs-informed courts?
 - But do we want to know about ACEs or adversity?
 - Want to help families in court system
 - TF want to be sure courts don't add to adversity
 - Can this be done with other systems?
- What do we see in this recommendation that is keepable?
- Maybe more funding to sample more/get weighted estimates for counties
- “Wouldn't it be nice if we could collect data around positive childhood experiences?”
- NSCH has family resilience; HOPE Framework from Tufts
 - What helps people cope
- Positive, negative, neutral
- First – picking up and taking to other systems
 - Evaluating Aces-informed courts
- Second – sustainability
- Would like oversampling in NSCH to have more regional and county-level data
- Q: “My concern because of timing is that depending on the questions, it might be a temporal effect and not a general effect”
 - Some counties experience less impact than others

Recommendation 3.2: A working group should be established by [responsible party] to assess existing state level organizations and supports that promote positive childhood experiences and identify gaps requiring additional investment. Additional resources needed to implement and raise awareness of existing infrastructures should be mapped through targeted communication and outreach to maximize the impact of existing supports.

Strategy 1: [Working group] should establish a sustainable framework for ongoing evaluation and improvement to ensure long-term effectiveness and adaptability of these initiatives.

Strategy 2: The working group should assess existing organizations and supports that promote positive childhood experiences. As part of this effort, the working group should also identify gaps where trauma-informed practices are underutilized and where additional state, local, and philanthropic investment is needed to fully integrate these practices at a community and organizational level.

- Don't set up another working group – find someone that is doing something similar and adjust
- Legislators want a one-pager with three key bullet points
- PCA NC starting a norms campaign
- A lot of alignment and intentional focus on including community voice
 - Look at barriers related to coordination – statewide capacity



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- Sounds more like a contract for a neutral organization to execute; not comfortable with conflict of interest
 - Disagreement related to establishing another committee or organization
- Landscape mapping on where are these things happening and who does need the funding
- Don't want to duplicate efforts; this may be duplicative to work of the trauma design group
 - Maybe recommendation to trauma design group to have funding for specific strategies

Other Plans/Activities and Overlap

Ingrid Bou-Saada, NC Division of Public Health

Ingrid discussed the E4C Update's potential alignment with other plans and activities taking place in the state.

State Action Plan Alignment

- NC DHHS Strategic Priorities
- Early Childhood Action Plan
- Health North Carolina 2030
- NC State Health Improvement Plan
 - Aces Work Group focus areas: improve data available on trauma and ACEs at the local level and increase funding for and embed community-rooted, culturally-affirming family and community support programs into existing initiatives
- Perinatal Health Strategic Plan
- Other Plans
 - Trauma Design Team
 - DHHS Division of Child and Family Wellbeing and the StarHope Foundation funding
 - Facilitated by the Impact Center at Franklin Porter Graham Child Development Institute at UNC
 - State level partners designing a public/private partnership to provide statewide infrastructure to support a trauma-informed and resilient NC
 - Think Babies NC
 - Ensure that North Carolina's youngest children, prenatal to age 3, benefit from effective and equitable public policies, programs, and funding so that all children have what they need to thrive
 - Areas of overlap with Essentials in 2021-24 policy priorities: Supporting families, family-friendly workplace policies and supports, early childhood mental health, child care (affordable, high quality, and accessible), state EITC
 - Currently working on policy agenda for 2025 legislative session

Discussion

- Want to include alignment in report
 - List where there is alignment



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- Pathways and EarlyWell work was very intentionally cross-sector
 - Very focused on social emotional wellbeing of children
 - Don't throw early childhood action plan away because it informed the priorities of other organization
- Considerations for implementations of recommendations (e.g. inclusion of family voice); guiding principles
- How do we make sure this doesn't become another top-down entity? How do we ensure community voice is there?

Next Steps

Ivana Muszkiewicz, Research Specialist, NCIOM

- With your feedback, NCIOM will continue to refine recommendations
- A survey will be sent out with a request for feedback
- NCIOM will make the final decision on wording
- You will be invited to review the report drafts as they are written

From Zoom chat:

- <https://resilienceandlearning.org>
- www.resilientnorthcarolina.org