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CHAPTER FIVE
Mental and Behavioral Health

From infancy to preschool years, every experience plays a crucial role in shaping a child's foundation for future well-being. Mental and behavioral health in children encompasses a wide range of emotional, psychological, and social factors that influence how children think, feel, behave, and interact with others. Mental health includes the ability to manage emotions, build relationships, navigate challenges, and develop coping mechanisms for stress and adversity. It is affected by factors such as trauma and adverse childhood experiences (ACEs), family dynamics such as parental mental health, bullying, and academic challenges. Positive childhood experiences (PCEs) are also profound in their impact on mental health.

Each **$1** invested in infant and early child mental health programs returns **$3.64** back in prevented treatments later in life.[1]

In 2022, **11%** of North Carolina children aged **3 to 17** received a diagnosis of depression or anxiety from a health care provider—a nearly **48%** increase from 2016.[2]

In 2022, more than **1300** Medicaid-insured children used the emergency department for behavioral health needs.[3]

Infant and early childhood mental health (IECMH) includes a child's social and emotional development from birth through 5 years of age.[4] Early interactions shape a child's ability to form secure attachments, regulate emotions, and develop cognitive and social skills that influence long-term well-being. Supportive and nurturing relationships with parents and caregivers are essential for a baby's social and emotional development. Investing in early relational health through parenting support programs, home visiting initiatives, and accessible mental health services can significantly improve outcomes for young children and their families. Promotion of IECMH requires the efforts of family caregivers as well as health care, child care, and other professionals who focus on enhancing the emotional and social competence of children aged 0–5 years old.[5]

Emotionally supportive relationships during the first 3 years of life create the foundation for lifelong health and well-being. A baby's earliest relationships with parents and other caregivers influence brain development, social, emotional, and cognitive skills, and future physical health.[6]

In 2019, North Carolina ranked last in the nation for access to children's behavioral health services,[3] highlighting significant gaps in service availability, provider networks, and systemic support for children and families in need. Many communities, particularly in rural areas, face severe shortages of child psychiatrists, psychologists, and behavioral health specialists, making it difficult for families to access timely and appropriate care.[7] Limited insurance coverage, long wait times, and a lack of integrated care models further exacerbate barriers to treatment, leaving many children without the support they need to thrive.[8]

What Do Mental Health Issues In Young Children Look Like?

Infants

- Inability to gain weight
- Inconsolable crying
- Lacks emotional expression
- Sleeping and feeding disturbances
- Resistance to being touched or comforted

Toddlers and Preschoolers

- Tantrums, intense emotional outbursts (yelling, hitting, breaking things)
- Impulsive behavior/play
- Inability to pay attention
- Difficulties managing their emotions
- Regression in sleep, toileting, language or eating routines
- Difficulty transitioning from one activity to another or following rules

**all outside of typical, developmental and cultural norms*

https://gucchd.georgetown.edu/Docs/iecmh/IECMH%20-%20Laying%20the%20Groundwork%20for%20All%20Future%20Development.pdf

ACEs and Mental Health

The associations between ACEs and risks for adult depression, poor mental health, and insufficient social and emotional supports have been well documented as have observable changes in brain anatomy.[9] Research shows that adverse childhood experiences can lead to heightened stress responses, disruptions in brain development, and long-term alterations in the body's regulation of stress hormones. These neurological and physiological changes increase the likelihood of chronic health conditions, substance use disorders, and difficulties in emotional regulation and interpersonal relationships.[9,10] *For more information, please see Chapter 1 of this report.*

In addition, the protective factors of PCEs have been found to promote resilience, strengthen emotional regulation, and support healthy brain development by fostering secure relationships, positive self-identity, and adaptive coping mechanisms.[11] Research indicates that positive childhood experiences, such as strong caregiver attachment, safe and supportive environments, and access to social and emotional learning opportunities, can mitigate the negative effects of ACEs by buffering against toxic stress. These protective factors contribute to improved mental health outcomes, increased social connectedness, and greater long-term well-being, ultimately reducing the likelihood of developing depression, anxiety, and other stress-related disorders in adulthood.[9]

The social-emotional health of infants and young children is closely intertwined with their parents' and other caregivers' mental health.[12,13] For instance, higher levels of parental depression and anxiety are associated with poorer social-emotional development in infants, such as anxiety, a more difficult temperament, and a lower ability to self-regulate.[14]

THE IMPACT OF MATERNAL MENTAL HEALTH ON INFANT AND EARLY CHILDHOOD DEVELOPMENT

Maternal mental health (MMH) is a key determinant of infant and early childhood development, influencing physical, cognitive, and emotional outcomes. Research shows that untreated maternal mental health conditions, including depression, anxiety, and substance use disorders, can profoundly disrupt the caregiving environment, with long-term implications for children.[15]

Healthy maternal mental health promotes nurturing, responsive caregiving, reducing the risk of adverse childhood experiences (ACEs) and fostering positive childhood experiences (PCEs). Conversely, conditions like depression and anxiety can impair a mother's ability to provide consistent care, leading to neglect, emotional unavailability, or increased stress, all of which elevate ACE risks.[15]

> ***"Women with untreated MMH conditions during pregnancy are more likely to have poor prenatal care, use substances such as alcohol, tobacco, or drugs, and experience physical, emotional, or sexual abuse. Women with untreated [maternal health] conditions postpartum are more likely to be less responsive to their baby's cues, have fewer positive interactions with their baby, experience breastfeeding challenges, and question their competence as mothers."***
>
> Maternal Mental Health Leadership Alliance. Fact Sheet: Maternal Mental Health Overview. February 2023. https://www.mmhla.org/mmh-fact-sheet

The prevalence of maternal mental health conditions and impacts on mothers is alarming:

- Approximately 20% of women nationally experience challenges related to behavioral health during the perinatal period[16] (the period of time when you become pregnant until a year after giving birth).
- Around 26% of new mothers in North Carolina in 2020 said that they are either always, often, or sometimes down, depressed, or hopeless, with consistency in rates among those enrolled in Medicaid and those who aren't.[16]
- Suicide and overdose are the leading causes of death in the perinatal period, accounting for 20% to 23% of these deaths nationally, and 32% in North Carolina.[16]
- Despite the severity, 75% of those affected by mental health challenges do not receive treatment due to lack of screening and/or maternal care generally, as well as stigma.[17]

Children of mothers with untreated mental health conditions face an increased risk of adverse outcomes, including:

- **Physical and Developmental Challenges:** Infants are at increased risk for preterm birth, low birth weight, and prolonged neonatal intensive care stays. These factors are linked to delays in behavioral, cognitive, and emotional development.[15]
- **Behavioral and Emotional Problems:** Maternal mental illness correlates with internalizing (e.g., anxiety, loneliness, low self-esteem, and sadness) and externalizing (e.g., argues, fights, gets angry, acts impulsively, and disturbs ongoing activities) behavior issues in children, such as anxiety, aggression, and difficulty regulating emotions.[18]
- **Educational Challenges:** Children with mothers who experience depression may have poorer academic performance, potentially due to disrupted attachment processes and environmental instability.[19]

Interventions targeting maternal mental health can yield significant benefits for child development. For instance, increasing access to mental health services during the perinatal period, such as psychotherapy and diagnostic evaluations, could help to mitigate the adverse effects of maternal mental health conditions on infants. Increasing access to maternity care and providing culturally sensitive care could help reduce disparities, particularly among Black and American Indian populations who face higher mortality rates linked to perinatal mental health conditions.[17]

Maternal mental health is a critical lever for improving early childhood development outcomes. Efforts to prioritize and address these conditions must include robust screening practices, accessible treatment options, and community-focused interventions to break intergenerational cycles of trauma and foster resilience.

RESILIENCE

Resilience in children refers to their ability to adapt and thrive in the face of adversity, stress, or challenging circumstances. It is the capacity to recover and grow from difficult experiences, using internal and external resources to cope, recover, and maintain healthy development. In the context of childhood, resilience is not about avoiding challenges but about having the skills, support systems, and environments that help children navigate through them successfully.[20–22]

There are different types of resilience: individual, family, and community. Individual resilience is the ability of an individual to recover from and show effective adaptation following an adverse experience.[23] Family resilience refers to a family's ability to maintain effective functioning following potentially traumatic events. It depends on several factors, such as challenges from current stressors, levels of pre-existing stress, the family's coping skills, and the resources available from family members.[23] Community resilience is a measure of the ability of a community to utilize available resources to respond to and recover from adverse events.[24]

Key aspects of resilience in children include:

- **Positive Relationships:** Having stable, supportive, and nurturing relationships with caregivers, family members, or mentors is a critical factor in building resilience. These connections provide emotional support and model coping strategies.[25]
- **Self-Regulation:** Resilient children develop the ability to manage their emotions, thoughts, and behaviors in healthy ways, allowing them to cope with stress and setbacks without being overwhelmed.[26]
- **Problem-Solving Skills:** Children with resilience are better equipped to approach challenges with a sense of confidence and problem-solving skills, finding ways to overcome obstacles.
- **Positive Self-Perception:** Resilient children tend to have a positive view of themselves, recognizing their strengths and abilities, which helps them approach difficulties with optimism and persistence.[11]
- **Safe and Supportive Environments:** Children are more likely to develop resilience when they grow up in environments that are safe, stable, and nurturing, and where they can feel secure and confident.[11,21]

TRAUMA-INFORMED CARE

The Substance Abuse and Mental Health Services Agency (SAMHSA) describes trauma as a result from an event, series of events, or set of circumstances that is experienced by an individual that has lasting adverse effects on functioning and mental, physical, social, emotional, or spiritual well-being. While each individual's response to trauma is unique, a strong support system can reduce the risk of trauma negatively impacting their health.[27]

In children, the impact of traumatic stress can last beyond childhood. Child trauma survivors are more likely to have learning problems, increased use of health services, and increased involvement with the child welfare and juvenile justice systems.[28] Efforts to enhance behavioral health care for children should include strategies specifically designed for those involved in the child welfare system and tribal child welfare programs. These children are more likely to have experienced traumatic events, resulting in an increased need for comprehensive behavioral health support.[3]

Trauma-informed care for children is an approach to providing services and support that recognizes, understands, and responds to the impact of trauma, including adverse childhood experiences, on a child's development, behavior, and overall well-being. This approach prioritizes creating safe, supportive environments that help children heal from traumatic experiences, while avoiding practices that could unintentionally re-traumatize them. Trauma-informed care is rooted in the understanding that trauma, such as abuse, neglect, or exposure to violence, can deeply affect how children think, feel, and behave.

Key principles of trauma-informed care for children include:[29]

- **Safety:** Ensuring both physical and emotional safety is the foundation of trauma-informed care. Children need to feel secure in their environment and interactions to begin healing from trauma.
- **Trustworthiness and Transparency:** Caregivers and professionals maintain clear communication and honesty, building trust with the child and their family.
- **Empowerment and Voice:** Trauma-informed care emphasizes giving children a sense of control by encouraging their input in decisions affecting their lives and validating their experiences and feelings.
- **Collaboration:** Professionals work closely with the child, their family, and other caregivers or systems (like schools) to provide a coordinated and holistic approach to support the child.
- **Cultural, Historical, and Gender Sensitivity:** Trauma-informed care recognizes the importance of a child's cultural background, history, and identity in shaping their experience of trauma and healing.

- **Understanding Trauma's Effects:** Care providers are trained to recognize signs of trauma and its potential effects on a child's behavior, emotional regulation, and relationships, and they adjust their care to meet the child's specific needs.

However, trauma-informed care is also impactful for lifelong health. Experiencing trauma can lead to an increased risk of serious health issues such as chronic lung, heart, and liver diseases, as well as an increase in social service costs. Implementing trauma-informed approaches to care may also help health care providers engage with patients more effectively by actively resisting re-traumatization.[30] Trauma-informed approaches emphasize safety, trust, and empowerment, helping individuals process and heal from past trauma. Trauma-informed care promotes protective factors like stable relationships, emotional support, and access to mental health services, which can disrupt intergenerational cycles of adversity.[31]

Ongoing efforts to improve mental and behavioral health for children

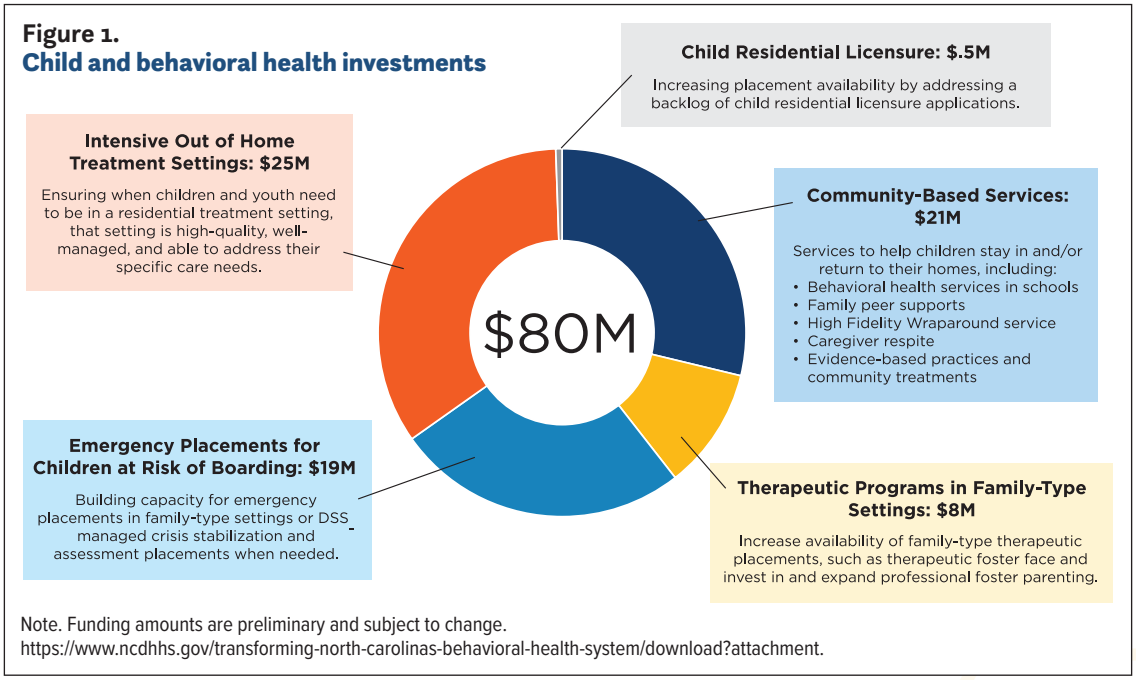
In January 2024, NCDHHS unveiled details on a new key initiative that was a part of a historic $835 million investment by the NC General Assembly.[32] The Children and Families Specialty Plan is a first-of-its-kind statewide health plan to offer access to comprehensive physical and behavioral health services for Medicaid-enrolled children and families served by the child welfare system.[32] This NC Medicaid managed care plan is operated by BlueCross BlueShield NC and includes behavioral health services such as outpatient therapy, inpatient treatment, and crisis and therapeutic residential options for children.[33] Overall, $80 million of the investment was earmarked for child and family well-being.[3]

In August 2024, NCDHHS announced a $4.5 million investment in the NC Child Treatment Program, a statewide initiative to train mental health providers in trauma-informed treatment models for children with complex behavioral health needs. The NC Child Treatment Program is part of the Center for Child and Family Health (CCFH), which specializes in treating and preventing child traumatic stress.[34]

In December 2024, NCDHHS announced a $4 million investment to expand peer support services statewide and ensure that families navigating complex systems have access to support and guidance from an expert source. The initiative will offer support for 40 new Certified Family Peer Specialists that, combined, will help an estimated thousand families each year. NCDHHS will be partnering with UNC Greensboro to implement the program through the UNC Greensboro Youth and Family Voices Amplified program, which is a statewide initiative that trains individuals with lived experience to become family and youth peer support partners. Participants will be credentialed through the National Federation of Families as Certified Family Peer Specialists.[35]

In addition to expanding mental and behavioral health services for children and families, North Carolina has taken significant steps to improve Medicaid reimbursement rates for mental health providers to ensure sustainable access to care. As part of the state's broader $835 million investment in behavioral health, the NC General Assembly allocated $220 million in recurring funds to increase Medicaid reimbursement rates for mental health, substance use disorder, and intellectual/developmental disability services. Effective January 2024, these increases align Medicaid payments with Medicare rates for many behavioral health services, with some rates—such as psychiatric diagnostic evaluations and inpatient behavioral health services—seeing

Figure 1.
Child and behavioral health investments



Note. Funding amounts are preliminary and subject to change.
https://www.ncdhhs.gov/transforming-north-carolinas-behavioral-health-system/download?attachment.

substantial increases to address provider shortages and rising service costs. These enhancements, alongside investments in trauma-informed care and peer support services, reinforce the state's commitment to strengthening its mental health workforce and improving access to care for children and families.[36]

In February 2025, NCDHHS invested $3 million to expand Child First. Child First is a nationally recognized, 2-generation care model that provides home-based therapy for children through age 5, as well as their parents or caregivers. It also connects families to resources in their communities. The $3 million investment was awarded to Alliance Health, Trillium Health Resources and Vaya Health, which are among that state's LME-MCOs, to expand services to additional counties across the state. Child First is currently available in 31 counties.[37]

To strengthen the overall impact of the program, NCDHHS plans to launch a Child First Learning Collaborative, which will bring together providers, the participating LME-MCOs, and Child First NC partners to assess the program's effectiveness. This initiative is part of NCDHHS's nearly $1 billion investment to transform behavioral health across the state.[37]

RECOMMENDATION #10

NC Medicaid should create a strategy to integrate infant and children's mental health into the Medicaid services and initiatives centered around social drivers of health.

Strategy 1

NC Medicaid should require integration of early and periodic screening for infants and children into the Healthy Opportunities Pilots (HOP) to identify early social and emotional needs influenced by social drivers of health (SDoH).

a) NCCARE360 should expand the inclusion of social and development services to its existing network.

CONTEXT

Early and periodic screening for infants refers to comprehensive and regular health evaluations designed to monitor and promote the physical, emotional, and developmental well-being of young children. These screenings are critical for identifying potential health concerns, developmental delays, or conditions that may benefit from early intervention. Components of early and period screening for infants include:

- Health and development monitoring, such as assessing growth and evaluating cognitive and social-emotional development milestones
- Immunizations and preventive care such as injury prevention
- Screening for specific conditions such as sensory impairments
- Environmental assessments such as the infant's home environment to identify factors that might impact development, such as housing stability
- Follow up and referrals to ensure that children with identified concerns are referred to appropriate services[38]

The Healthy Opportunities Pilots (HOP) is a groundbreaking $650 million Medicaid initiative designed to address non-medical drivers of health, also known as social drivers of health (SDoH). HOP is the nation's first comprehensive program to evaluate the impact of providing evidence-based, non-medical interventions related to housing, food, transportation and toxic stress to high-needs Medicaid recipients.[39] HOP covers[29] interventions, such as home modifications, home visiting services, healthy food boxes, and reimbursement for health-related public transportation. These services were selected based on the evidence-based potential to improve health outcomes.[40] The pilots operate in 3 geographic regions of North Carolina, with 2 in the eastern part of the state and 1 in western North Carolina.[39]

HOP also covers interpersonal violence issues for those who are experiencing or are at risk of experiencing interpersonal violence threats. These services may include helping individuals find local housing services, food pantries, violence intervention services, parenting programs and home-visiting services, legal support, and local child care and social support programs.[41,42]

NCCARE360 is North Carolina's first statewide coordinated care network that connects individuals with community resources and services to address SDoH. Launched as a collaborative effort between NCDHHS and private-sector partners, NCCARE360 helps link people to services such as housing, food, transportation and employment through a unified, technology-driven platform. NCCARE360 also connects health care providers, human services organizations, and community-based resources across North Carolina and facilitates real-time referrals to address individuals' health and social needs.[43]

Another program worth noting is Child First, which is an evidence-based mental health program for families. The North Carolina model is designed to support young children and their families who are at risk for developmental, emotional, or behavioral challenges due to exposure to trauma and adversity. The program provides home-based, trauma-informed, and relationship-focused services for families with children from birth to age 5. The 2-generation approach focuses on both the child and the caregivers to improve emotional well-being, strengthen parent-child relationships, and foster a stable and nurturing home environment. Medicaid funding supports the delivery of these services, making them accessible to low-income families in North Carolina. Child First currently operates across 31 counties in Eastern North Carolina and will be expanding throughout the state.[44]

WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

Recommending NC Medicaid to integrate early and periodic screening for infants and children into HOP and to expand the inclusion of social and developmental services through NCCARE360 is critical for addressing the root causes of health disparities and promoting holistic child development. Infants and children are particularly vulnerable to

SDoH such as poverty, housing and food instability, and lack of access to health care. Integrating screenings into HOP can help to ensure that these factors are systematically assessed and addressed, reducing their negative impact on social-emotional health.

This strategy allows for the leveraging of existing infrastructure; HOP is already addressing SDoH for Medicaid beneficiaries, making it an ideal framework for incorporating screenings. As North Carolina's coordinated care network, NCCARE360 is positioned to connect families with resources addressing identified social and developmental needs. Expanding its inclusion of social and developmental services ensures that families can access the full spectrum of care required to support their children's well-being.

DESIRED RESULT

To ensure early identification and intervention for social and emotional needs in infants and children by integrating screenings into HOP and expanding NCCARE360 services, improving health equity and developmental outcomes across North Carolina.

ALIGNMENT ACROSS NC

- **The North Carolina Early Childhood Action Plan (ECAP)** prioritizes early identification and intervention to support children's health and development with a focus on addressing health disparities.
- **The North Carolina State Health Improvement Plan (SHIP)** emphasizes reducing health disparities, improving access to services, and reducing ACEs.
- **Community Care of North Carolina (CCNC)** works with Medicaid to improve care coordination and outcomes, particularly for vulnerable populations.
- **The Children and Families Specialty Plan** is a statewide NC Medicaid Managed Care plan that will provide Medicaid-enrolled children, youth, and their families in the child welfare system with integrated health care. NCDHHS will work with BlueCross and BlueShield of North Carolina to implement the plan under the name Health Blue Care Together. This plan will launch in December 2025.

Strategy 2

NC Medicaid should ensure parity in payment for services provided by infant and early childhood mental health clinicians, including screenings, assessments, and family-centered interventions. This should include both direct care and preventive services to address early social, emotional, and development needs, ensuring providers are paid for interventions that support long-term mental health outcomes for children.

CONTEXT

Parity in Medicaid payments refers to ensuring that reimbursement rates for services provided under Medicaid are equitable and consistent with the level of care, expertise, and resources required to deliver those services. It also includes aligning payment rates across similar types of care—for example, mental health versus physical health—to promote fairness and access within the Medicaid program.[45] Parity ensures that Medicaid payments reflect the actual costs of delivering services, encouraging providers to participate in Medicaid programs. Clinicians specializing in infant and early childhood mental health often receive lower reimbursement rates compared to other mental health professionals, despite the complexity and importance of their work. This disparity discourages providers from entering or remaining in the field, exacerbating workforce shortages.[46]

Nationwide, Medicaid has the largest reach of any other public program in terms of providing services to young children; in 2021, it covered more than **40%** of young children **0–6 years old** and **75%** of low-income children **under the age of 6**.

https://ccf.georgetown.edu/wp-content/uploads/2023/09/State-IECMH-Lessons-Learned-FINAL-9-29-23.pdf

By 2014, North Carolina accomplished a developmental screening rate of 94% for infants and toddlers, making it a top performer in Medicaid nationwide. Since 2001, North Carolina Medicaid policy has allowed up to 6 mental health visits for children without a diagnosis, which has allowed young children to be supported with needed services.[47] This policy recognizes the importance of early intervention in addressing developmental, social, and emotional challenges before they escalate, promoting healthier outcomes for children and families and showing innovation in North Carolina.

On Jan 1, 2024, North Carolina Medicaid reimbursement rates were increased for providers of mental health, substance use disorder (SUD) and intellectual/developmental disability (I/DD)-related services. This included child and adolescent day treatment, adolescent crisis services, and services under the early and periodic screening, diagnostic, and treatment (EPSDT) benefit. The EPSDT benefit mandates that Medicaid cover all medically necessary services for individuals under 21, including mental health assessments and treatments.[48]

These rate increases are part of a broader initiative to strengthen the behavioral health care system in the state, addressing workforce shortages and improving health outcomes for Medicaid beneficiaries. The adjustments are expected to support more behavioral health providers working in the public system, improve access to inpatient psychiatric care, and incentivize early intervention services.

WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

Adequate reimbursement ensures that mental health clinicians specializing in infants and young children are fairly compensated, which helps attract and retain qualified professionals in the field. Without parity, low payment rates discourage providers from participating in Medicaid, leading to workforce shortages and reduced access to care. Also, low-income families and marginalized communities rely heavily on Medicaid for access to mental health services. Payment parity ensures these families receive equitable, high-quality care. By ensuring parity in payment, NC Medicaid can strengthen its provider network, improve access to critical early interventions, and promote equitable, long-term mental health outcomes for children and families across North Carolina.

DESIRED RESULT

To ensure equitable access to high-quality infant and early childhood mental health services by providing fair reimbursement for clinicians, fostering early intervention, and supporting long-term mental health and developmental outcomes for children.

ALIGNMENT ACROSS NC

- **The EarlyWell Initiative**, introduced in 2021, is made up of more than 100 service providers, clinicians, and advocates for children's social, emotional, and mental health. It works to improve the landscape around infant and child mental health in North Carolina.
- **Build Up** is a project led by the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill that provides tools and resources to effectively implement evidence-based practices, programs, and policies in local practice settings to improve outcomes for children and families.

- **The North Carolina Chief Justice's Task Force on ACEs-Informed Courts** aims to integrate the understanding of adverse childhood experiences (ACEs) into the judicial system. One of its key initiatives is the implementation of Safe Babies Court, a pilot program designed to expedite the placement of infants and toddlers in safe, permanent homes by providing intensive support and services to affected families.
- **The North Carolina Child Fatality Task Force (CFTF)** is a legislative study commission which emphasizes the importance of trauma-informed care, recognizing that addressing trauma is essential for enhancing child well-being and preventing future fatalities.
- **The North Carolina Infant and Early Childhood Mental Health Association (NCIMHA)** is dedicated to supporting professionals who promote the mental health and social-emotional development of children from birth to 5 years old.
- **The North Carolina Early Childhood Action Plan (ECAP)** promotes social-emotional health and equitable access to early childhood services.
- **The 2024–2029 North Carolina Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) Strategic Plan** prioritizes equitable access to mental health services, supporting payment parity for infant and early childhood mental health clinicians to ensure early intervention that promotes well-being.

Strategy 3

NC Medicaid should seek to scale up the Healthy Opportunities Pilots (HOP) program statewide, and NC Medicaid should also examine opportunities through HOP to include additional services focused on family protective factors and positive childhood experiences.

CONTEXT

The Healthy Opportunities Pilots (HOP) currently focuses on critical social drivers of health (SDoH), such as housing, food security, transportation, and interpersonal safety. These factors significantly influence health outcomes, particularly for low-income families and Medicaid beneficiaries. HOP provides funding for evidence-based interventions, such as rental assistance, healthy food deliveries, and transportation to medical appointments. However, since HOP is currently limited to pilot areas in 33 counties, this leaves many North Carolina families without access to these critical services.

HOP tackles upstream drivers of health, like housing, nutrition, and interpersonal safety. Integrating PCE-focused interventions complements these efforts by addressing the emotional and relational needs of families. And while HOP focuses on concrete needs like housing and food security, integrating PCEs ensures a more comprehensive approach to family well-being by addressing emotional and social factors. In May 2024, HOP expanded its eligibility to include members living in pilot regions who participate in NC Medicaid Direct.[49] Prior to this amendment, only individuals who received Medicaid through 1 of the standard plans were eligible to participate in HOP. The 1115 demonstration waiver expanded eligibility for HOP to include individuals enrolled in Tailored Care Management within NC Medicaid Direct populations in Pilot regions. Previously, eligibility was limited to individuals receiving Medicaid coverage through NC Medicaid Managed Care. A 2024 evaluation provided strong evidence that the HOP program is succeeding in its goals to improve people's health by strengthening the conditions in which they live. It also showed that the program saved Medicaid approximately $85 per person, per month.[50] North Carolina is currently seeking federal approval to renew the program, as well as to extend it and make key changes. The renewal would be for another 5-year period.[50]

WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

Scaling up Healthy Opportunities Pilots (HOP) statewide ensures equitable access to interventions for all Medicaid beneficiaries, regardless of location, while also generating long-term cost savings for the state.[50] By integrating services that strengthen family protective factors and promote positive childhood experiences, HOP can address not only immediate social needs but also reduce adverse outcomes linked to family instability and toxic stress—key drivers of long-term health care costs. Investing in these upstream interventions has the potential to lower expenditures related to emergency care, behavioral health crises, and chronic conditions, ultimately improving health outcomes and reducing the financial burden on Medicaid.[50]

DESIRED RESULT

To expand the reach and impact of HOP statewide, incorporating additional services that strengthen family protective factors and PCEs to improve long-term health and well-being for children and families.

ALIGNMENT ACROSS NC

- **Community Care of North Carolina (CCNC)** collaborates with Medicaid to improve care coordination and outcomes, particularly for vulnerable populations.
- **The State Health Improvement Plan (SHIP)** emphasizes reducing disparities and improving access to preventive care, which aligns with HOP's mission to address SDoH and improve long-term outcomes for children and families.

RECOMMENDATION #11

Community Care of North Carolina, the Division of Child and Family Well-Being (DCFW), and other stakeholders should establish guidelines for primary care clinicians to expand screening for social and emotional risk factors, as well as family protective factors, among families with children.

See Recommendation 6.2 in the Appendix for the original 2015 recommendation.

Strategy 1

The Division of Health Benefits and the Division of Child and Family Well-Being should collaborate with the North Carolina School-Based Health Alliance to support ongoing efforts to increase the integration of primary, mental, and behavioral health care under Medicaid reform.

CONTEXT

Community Care of North Carolina works to promote behavioral health integration by working with practices and choosing the integration model best suited for their practice. They work to implement evidence-based models of integrated care and provide support through billing experts, technical assistance, and consulting services.

The NCDHHS Division of Health Benefits (DHB) is the state agency responsible for administering the Medicaid and NC Health Choice programs. These programs provide health coverage to eligible low-income individuals and families, including children, pregnant women, people with disabilities, and seniors. The DHB operates under the umbrella of NCDHHS and oversees the state's transition to Medicaid managed care, as well as other initiatives aimed at improving access, quality, and cost-effectiveness of care.

The NCDHHS Division of Child and Family Well-Being (DCFW) is the state agency dedicated to promoting the health and well-being of children, youth, and families across the state. Established to consolidate various programs under 1 umbrella, the division aims to create a more integrated approach to addressing the physical, behavioral, and social needs of young North Carolinians. Within DCFW, the Child Behavioral Health Unit plays a pivotal role in supporting the mental and emotional health of children. Utilizing a Systems of Care framework, this unit coordinates a network of community services and supports designed to assist children facing behavioral health challenges and their families. Key initiatives include workforce development, system of care enhancements, support for children with complex needs, and the planning and design of new services.[51]

The North Carolina School-Based Health Alliance (NCSBHA) is dedicated to promoting accessible, affordable, and quality health care within school settings across the state. By supporting the establishment and operation of school-based health centers (SBHCs), NCSBHA ensures that students receive comprehensive services, including mental and behavioral health care, directly on their school campuses. This approach not only addresses immediate health needs but also contributes to improved academic outcomes by reducing absenteeism and supporting students' overall well-being.[52]

In North Carolina, individuals enrolled in Medicaid often face barriers to accessing comprehensive care, with separate systems for physical and behavioral health leading to fragmented and less effective treatment. This fragmentation often leads to duplication of services or unmet needs, as well as higher health care costs.[53,54] For many patients, navigating these disconnected systems can be overwhelming, resulting in delayed or foregone treatment, particularly for behavioral health conditions. Additionally, rural and underserved areas face significant shortages of behavioral health providers, further exacerbating access challenges for Medicaid recipients.

Although behavioral health and physical health are interlinked, medical and behavioral health services in the United States are often delivered in separate, rarely coordinated systems.[55] In integrated practices, primary care and behavioral health providers work together with individuals and families to provide holistic care. Integrated care can take place in a variety of ways, but some common elements include universal screening for behavioral and physical health disorders, shared information systems, and the use of patient registries.[55]

Integrated care models are particularly effective for addressing the complex needs of vulnerable populations by facilitating early identification, timely intervention, and seamless coordination between behavioral and physical health services. By prioritizing these efforts, integrated care can significantly improve outcomes for children and families at risk.

There are also workforce shortages, particularly in behavioral health, that make it challenging for Medicaid enrollees to receive timely care. Integration efforts can address these gaps by creating streamlined care pathways and enhancing provider collaboration.

WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

Integrating primary, mental, and behavioral health care is essential for addressing the comprehensive needs of children and families, particularly those most vulnerable under Medicaid. This strategy is especially critical as Medicaid reform in North Carolina seeks to transition to a value-based care model that emphasizes prevention, early intervention, and cost-effective solutions.

By fostering integration, this strategy aims to improve access to behavioral health services, reduce fragmented care, and address social drivers of health that disproportionately impact Medicaid populations. It also supports the identification and treatment of behavioral health challenges earlier in life, which can prevent long-term negative outcomes such as chronic illness, educational disruptions, and justice system involvement. This collaboration aligns with Medicaid's goals of improving health equity and ensuring that children and families receive timely, high-quality, and comprehensive care.

DESIRED RESULT

To ensure that Medicaid enrollees in North Carolina receive seamless, comprehensive care that integrates primary, mental, and behavioral health services, improving health outcomes and reducing disparities across populations.

ALIGNMENT ACROSS NC

- **Healthy Opportunities Pilots (HOP)** addresses social drivers of health through Medicaid, aligning with integrated care goals by considering the broader factors affecting mental and behavioral health, such as housing and food security.
- **Local Management Entities/Managed Care Organizations (LME-MCOs)** are working to integrate care for Medicaid beneficiaries with behavioral health needs.
- **NC Integrated Care for Kids (NC InCK)** is a collaborative model aimed at improving the care of children by focusing on prevention, early identification, and treatment of behavioral and physical needs through integrated care coordination.
- **Community Care of North Carolina (CCNC)** assists medical practices in integrating on-site behavioral health services, implementing screening protocols for conditions like depression and anxiety, and providing tools to improve patient outcomes.
- **The Perinatal Health Strategic Plan** aims to improve health care for all people of reproductive age, specifically by expanding access to high-quality health care and enhancing care coordination.

Strategy 2

The NC Pediatric Society, North Carolina Psychiatry Access Line (NC PAL), and the NC Academy of Family Physicians should continue to expand training opportunities for pediatric primary care providers to identify and address mental and behavioral health needs in children, as recommended by Bright Futures. These organizations should also emphasize strategies to create and allocate time and resources for completing these trainings.

CONTEXT

The NC Pediatric Society is the state chapter of the American Academy of Pediatrics (AAP) and serves as the professional membership organization for pediatricians, pediatric subspecialists, and other child health professionals across North Carolina. The Society is dedicated to improving the health and well-being of all children 0–18 years old in the state.

NC PAL is a behavioral health consultation program designed to support primary care providers and other child-serving professionals in addressing the mental and behavioral health needs of children, adolescents, and families. NC PAL aims to integrate mental health care into primary care settings, particularly in areas where access to specialized mental health services is limited. NC PAL, in partnership with the REACH Institute, offers a Patient-Centered Mental Health in Pediatric Primary Care course that trains clinicians to diagnose and treat mental health conditions they see every day in practice. The program teaches participants to diagnose and treat patients as well as how to refer families to appropriate supports.[56]

The North Carolina Academy of Family Physicians (NCAFP) is a professional association representing family physicians, residents, and medical students across North Carolina. It is the largest medical specialty association in the state. The NCAFP is a chapter of the American Academy of Family Physicians.

Bright Futures is a national initiative developed by the American Academy of Pediatrics that provides a framework for well-child care to promote the health and well-being of children and adolescents from birth through age 21. It serves as a comprehensive set of guidelines for preventive care, helping pediatricians, family physicians, and other health care providers deliver evidence-based, developmentally appropriate care to children and families. Its preventive care guidelines offer recommendations for regular well-child visits, including developmental screenings. North Carolina Medicaid incorporates Bright Futures guidelines as the standard for pediatric preventive care.[57]

Expanding and strengthening partnerships between NC PAL and pediatric practices will help enhance the integration of mental and behavioral health care across primary care settings. NC PAL can help providers integrate mental and behavioral health into routine care, improving early detection and intervention for at-risk children and families.

WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

Expanding training opportunities for pediatric primary care providers to address mental and behavioral health needs in children is essential for improving early identification and intervention, particularly given the rising rates of mental health challenges among children and adolescents. Bright Futures guidelines emphasize the importance of integrating behavioral health into routine well-child visits, making it critical that providers are equipped with the knowledge and skills to recognize and respond to these needs effectively. However, many primary care providers face barriers such as time constraints and limited resources that hinder their ability to participate in training. By focusing on strategies to create and allocate time for training, this recommendation ensures that providers can engage in high-quality education without compromising their day-to-day practice.

DESIRED RESULT

To equip pediatric primary care providers with the training, time, and resources needed to effectively identify and address children's mental and behavioral health needs, ensuring early intervention and improved outcomes for children and families across North Carolina.

ALIGNMENT ACROSS NC

- **North Carolina Integrated Care for Kids (NC InCK)** focuses on integrated care models for children, including behavioral health services.
- **Coastal Horizons** is a nonprofit organization that provides comprehensive behavioral health, substance use treatment, crisis intervention, and wellness services to support families across the state. They will be receiving funds from NCDHHS to expand behavioral health services for children, including implementing evidence-based screening and assessment tools.
- **Pender Alliance for Total Health Network** is a community-based organization in Pender County dedicated to improving health outcomes by addressing social drivers of health, promoting wellness, and connecting families to essential health and social services. They will be receiving funds from NCDHHS to expand behavioral health services for children, including implementing evidence-based screening and assessment tools.
- **The EarlyWell Initiative** focuses on improving behavioral health for young children by promoting integrated care, supporting social-emotional development, and addressing gaps in early childhood mental health services through cross-sector collaboration and policy advocacy.
- **The Center of Child & Family Health** is a nonprofit organization dedicated to preventing and treating childhood trauma by providing evidence-based mental health services, training professionals, and advancing research to improve outcomes for children and families.

Strategy 3

Community Care of North Carolina and others should endorse guidelines from Bright Futures for primary care clinicians to expand screening of families with children for psychosocial risk factors and family protective factors.

CONTEXT

Community Care of North Carolina (CCNC) is a statewide nonprofit organization that partners with health care providers, government agencies, and community organizations to improve care coordination, enhance health outcomes, and reduce costs, particularly for Medicaid recipients and other underserved populations in North Carolina. Established to improve care for Medicaid recipients, CCNC focuses on addressing the needs of high-risk patients through initiatives like behavioral health integration. CCNC also leverages data analytics to identify care gaps and implement evidence-based interventions, making it a vital part of North Carolina's efforts to improve population health and reduce health care costs statewide.[58]

Psychosocial risk factors are social, emotional, and environmental challenges that can negatively impact an individual's mental and physical well-being. These factors often include experiences such as financial stress, housing instability, lack of social support, exposure to violence, mental health issues, substance use, ACEs, and chronic stress related to discrimination or systemic inequities. For families, these risk factors can disrupt relationships, hinder parenting, and contribute to negative outcomes for children, such as developmental delays, behavioral problems, or poor health.[59]

WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

Expanding family-focused screening guidelines aligns with efforts to address social drivers of health and promote whole-family well-being. Bright Futures emphasizes the importance of identifying psychosocial risk factors while also recognizing family protective factors like social support, parental resilience, and access to community resources. In North Carolina, organizations like CCNC play a crucial role in coordinating care and connecting families to needed services, making them well-positioned to support and implement these expanded screenings. By adopting these guidelines, primary care clinicians can better identify and address underlying factors that impact both child and family health, fostering resilience and reducing long-term risks.

DESIRED RESULT

To equip primary care clinicians with the tools to identify and address psychosocial risk factors and strengthen family protective factors, ultimately improving health outcomes and resilience for children and families.

ALIGNMENT ACROSS NC

- **The Center for Child & Family Health** offers trauma-focused services and advocacy for children and families, emphasizing early intervention and mental health.
- **NCPC/Smart Start** coordinates statewide efforts to improve outcomes for young children, including addressing family risks through local programming.

Strategy 4

Funders and relevant educational organizations should prioritize mental and 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. The NC Department of Public Instruction should expand partnerships with universities, community colleges, and training institutions to grow the pipeline of qualified mental and behavioral health providers who can work in schools across North Carolina.

a) NCCARE360 should expand the inclusion of social and development services to its existing network.

CONTEXT

Financial incentive programs offer scholarships with service requirements, educational loans with a service option, and loan repayment or forgiveness programs to encourage mental and behavioral health providers to work in regions that are rural or underserved. In North Carolina, there are some incentives to attract and retain behavioral health providers, particularly in underserved areas. These incentives aim to address workforce shortages and ensure access to essential mental health services for children, families, and other vulnerable populations.[60]

The North Carolina Department of Public Instruction (DPI) oversees the state's public education system and plays a key role in ensuring that schools have the resources and workforce necessary to support student well-being. By expanding partnerships with universities, community colleges, and training institutions, DPI can help develop targeted workforce strategies, such as school-specific behavioral health training programs, scholarships, and incentives, to attract professionals who can serve students directly in school settings. This is particularly important in rural and underserved areas where access to school-based mental health providers remains a challenge. DPI's involvement ensures that educational and workforce development strategies are aligned with the needs of North Carolina's public schools, that mental and behavioral health professionals are adequately trained, and that professionals are placed where they are most needed.[61]

It is also critical to prioritize preceptorship opportunities in rural and other underserved communities to adequately grow the workforce. Preceptorship programs provide students with hands-on experience, helping to bridge the gap between academic learning and practical application. These opportunities allow future mental and behavioral health providers to develop essential skills while gaining exposure to the specific needs of children and families in diverse educational environments. By embedding trainees in school-based and community settings, preceptorships also help foster long-term relationships between new providers and the communities they serve, hoping to increase retention and workforce stability.[62]

Minority-serving institutions, including Historically Black Colleges and Universities (HBCUs), play a critical role in training professionals of color, yet they often lack the funding, infrastructure, and support needed to expand mental and behavioral health programs. By investing in these institutions, education-focused and philanthropic organizations can increase the pipeline of diverse mental health providers and ensure that North Carolina's workforce better represents and meets the needs of historically marginalized communities.[63]

WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

With increasing rates of mental health challenges among children and families, the demand for qualified professionals far exceeds the current supply. Rural and underserved areas in particular face significant provider shortages, leaving many families without access to essential care. Workforce development strategies, such as training programs, scholarships, and financial incentives, can help address these gaps by attracting new professionals to the field and retaining existing ones. Partnerships with universities, community colleges, and training institutions are necessary to build a sustainable pipeline of providers equipped to meet the complex needs of North Carolina's diverse population. By prioritizing these efforts, funders and educational organizations can help ensure that children and families across the state receive timely, high-quality mental and behavioral health services, fostering healthier communities and reducing the long-term impacts of unmet mental health needs.

DESIRED RESULT

To create a sustainable and diverse pipeline of qualified mental and behavioral health providers across North Carolina, ensuring that children and families, particularly in underserved areas, have access to high-quality, timely care.

ALIGNMENT ACROSS NC

- **North Carolina Area Health Education Centers (NC AHEC)** support educational activities and services with a focus on primary care in rural communities and those with less access to resources. They assist in securing community practitioners to precept students and help schools recruit new community sites for learning.
- **The North Carolina Center on the Workforce for Health** brings together health stakeholders from across the state to discuss and address ongoing health workforce shortages. It serves as a repository for reliable health workforce information and acts as a catalyst for developing pathways into the health care field.

- **The North Carolina Healthcare Association** offers grants to rural hospitals to support workforce development activities, including leadership training and initiatives to address workforce burnout and resilience.
- **The Program on Health Workforce Research and Policy at the Cecil G. Sheps Center for Health Services Research at UNC-Chapel Hill** conducts studies to inform health workforce policy at national, state, and regional levels. Within this program, **the Sheps Health Workforce NC** serves as a comprehensive state resource that conducts research and analysis on North Carolina's health workforce.

Strategy 5

NC Medicaid should sustain and expand ongoing telehealth services focused on mental and behavioral health access in rural and underserved areas, including outreach, awareness, and prevention strategies focused on children and caregivers.

CONTEXT

During the COVID-19 pandemic, North Carolina significantly expanded the use of telehealth services for behavioral health to ensure continuity in care. Behavioral health providers, including community health centers and private practices, quickly adapted to deliver virtual services to meet patient demand during lockdowns and social distancing periods. Telehealth became a critical tool for reaching rural and underserved areas, where access to behavioral health providers was already limited pre-pandemic. Payers across North Carolina quickly updated their policies to cover new services and allow for new flexibilities.

Currently, NC Medicaid reimburses for medically necessary telehealth services without prior authorization. However, well-child visits and post-partum screenings were among the telehealth services scheduled to end, as were services provided by children's developmental service agencies—the local lead agencies for the North Carolina Infant-Toddler Program. These agencies' responsibilities include contacting families of young children with special needs who may be eligible for the program and providing initial services.[64] The discontinuation of these services could create further barriers; without sustained access to telehealth, children and postpartum individuals may experience delays in critical screenings and interventions.

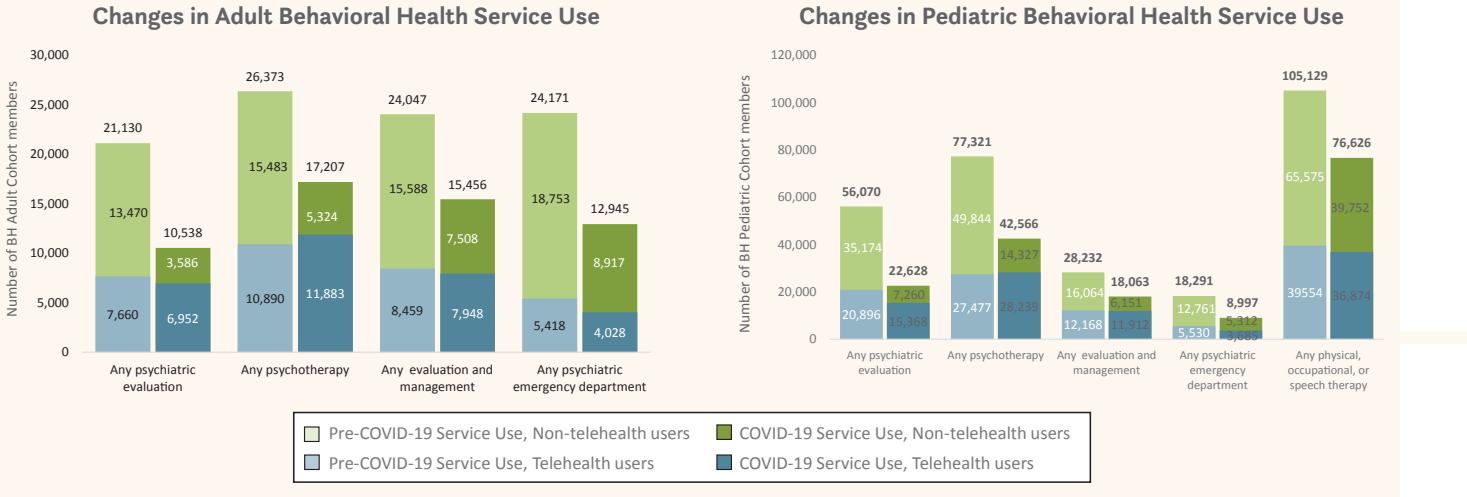
Expanding telehealth services would help to ensure consistent access to mental and behavioral health services, particularly in rural and underserved areas, where provider shortages and transportation barriers often make care far more difficult. Telehealth expands access to critical services such as therapy, early intervention, and behavioral health screenings, allowing children to receive timely support without long travel times or logistical challenges. Additionally, incorporating outreach, awareness, and prevention strategies ensures that caregivers and families are educated on recognizing early signs of behavioral health needs and accessing appropriate interventions. By reducing gaps in care and increasing availability of mental health resources, this strategy promotes early identification and treatment, ultimately improving long-term developmental and emotional outcomes for children.

WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

Telehealth has proven to be an effective tool for addressing mental and behavioral health disparities, particularly in rural and underserved areas where access to in-person care is often limited. By sustaining and expanding telehealth services, NC Medicaid can ensure that children and caregivers in these areas have consistent access to crucial mental health support, reducing barriers such as transportation challenges, provider shortages, and stigma associated with seeking care.

Expanding telehealth services also supports early identification and prevention of mental health challenges in children and caregivers by increasing access to screenings, therapy, and preventive interventions.

Figure 1.
Changes in Behavioral Health Service Use During the COVID-19 Pandemic by Telehealth User Status



Source. https://www.ncdhhs.gov/tele-transformation-north-carolina-supporting-charts/download?

Outreach and awareness efforts can further educate families about available telehealth options, ensuring they can take advantage of these services. This strategy aligns with broader goals of equity and health system efficiency, addressing both immediate needs and long-term disparities in behavioral health care.

DESIRED RESULT

To ensure equitable access to mental and behavioral health services for children and caregivers in rural and underserved areas through sustained and expanded telehealth options, outreach, and prevention efforts.

ALIGNMENT ACROSS NC

- **The North Carolina Telehealth Network Association** supports telehealth infrastructure across the state, working with health care providers, including behavioral health practitioners, to ensure equitable access to telemedicine services.
- **The NC Psychiatry Access Line (NC PAL)** provides telehealth consultation and support to pediatricians and primary care providers to help identify and manage children's mental health needs.

Strategy 6

The North Carolina General Assembly should provide additional funding to NCDHHS to increase funding for school-based health centers and co-located behavioral health services. This would also initiate funding of the North Carolina School-Based Health Alliance to support the training and technical assistance and support needs for current and developing school-based health centers and programs in NC.

CONTEXT

School-based health centers (SBHCs) are comprehensive health clinics located within or near schools that provide primary care, behavioral health, and preventive services to students. These centers are designed to increase access to health care, reduce absenteeism, and address health disparities, particularly for children in underserved and rural communities. SBHCs are typically operated through partnerships between schools, local health departments, hospitals, federally qualified health centers (FQHCs), and community-based organizations. Throughout the state, over 30,000 students receive health care through over 90 SBHCs.[65] However, the amount of funding allocated to the SBHCs has remained stagnant over the last 25 years. In that same timeframe, the number of SBHCs in North Carolina has increased; with more centers receiving partial funding from the state, the total amount provided to each SBHC has decreased (personal email communication with Stephanie Daniel, PhD, on January 31, 2025).

The North Carolina School-Based Health Alliance (NCSBHA) is a nonprofit organization that supports a key role in expanding the numbers of SNHCs in North Carolina and has led the way in assuring accessible, affordable, and quality health care in school-based health centers. NCSBHA supports SBHCs by advocating for funding, providing training and technical assistance, and promoting best practices to expand school-based health services across the state.[66]

In December 2024, NCDHHS announced a $1.5 million investment to expand behavioral health services across the state; however, this funding will only be used for 10 school-based health centers out of the over 90 centers that exist in North Carolina.[67]

Funding should include building infrastructure to facilitate collaboration among school-based health centers, community health organizations, and Smart Start, ensuring the capacity to offer expanded counseling, trauma-informed care, and developmental screenings.

WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

This would allow for the expansion of school-based health centers and programs to support the medical, nutrition, and behavioral health needs for students, families, and school district employees. School-based health centers (SBHCs) and co-located behavioral health services play a critical role in improving access to care for children and adolescents, particularly in underserved areas. Many children rely on schools as their primary access point for health services, including mental and behavioral health care, yet funding constraints limit the availability and sustainability of these programs.

By increasing funding for SBHCs and behavioral health services, North Carolina can expand preventive care, reduce health disparities, and provide early interventions for students struggling with mental health challenges. Additionally, supporting the North Carolina School-Based Health Alliance would ensure that SBHCs receive the necessary training, technical assistance, and infrastructure support to enhance service delivery. This investment aligns with the state's broader goals of improving youth mental health outcomes, reducing absenteeism, and strengthening school-community partnerships to address the growing behavioral health needs of students.

DESIRED RESULT

To expand access to school-based health and behavioral health services, ensuring that students receive comprehensive care while supporting the sustainability and effectiveness of school-based health centers through increased funding, training, and technical assistance.

ALIGNMENT ACROSS NC

- **The NC Psychiatry Access Line (NC PAL)** provides training and consultation for pediatricians and primary care providers, supporting their role in delivering behavioral health care within school settings.
- **NCPC/Smart Start** regularly highlights the importance of integrated school-based care in early childhood development and family well-being.
- **CaroNova** addresses the youth mental health crisis in the Carolinas by collaborating with critical stakeholders to develop comprehensive systems of care that integrate emotional and social well-being with traditional mental health supports.

SCHOOL-BASED SUPPORTS FOR PHYSICAL, MENTAL, AND BEHAVIORAL HEALTH

School-Based and School Linked Services

School-based health centers (SBHCs) are partnerships between schools and community health organizations that offer comprehensive, integrated health care to middle and high school students. Services offered include primary care, mental health, oral health, and vision services with some centers offering additional services such as mobile medical clinics, wellness centers, and telemedicine.[65] These SBHCs are located in or next to schools, so they are convenient and accessible. There are more than 90 SBHCs across NC serving over 30,000 students, and in FY 2024 – 2025, the North Carolina Department of Health and Human Services (NCDHHS) funded 30 of these centers.[68]

According to the NC School-Based Health Alliance, there is evidence of the many benefits of SBHCs,[69] including increased adolescent access to health care, reduced health and educational disparities, increased graduation rates, boosted academic success, and reduced health care costs.

Statewide Support for School Health

The North Carolina School-Based Health Alliance[66] is a non-profit that builds the capacity of school-based and school-linked health centers across the state through training, technical assistance, evaluation, education and public policy, communications, and other infrastructure supports.

The NC Department of Health and Human Services Division of Child and Family Well-Being (DCFW) provides financial support to school health centers through an application process. Funded *comprehensive centers* are required to provide basic services plus 4 comprehensive services: preventive health, medical, nutrition and mental health services. *Funded alternate model centers* are required to provide basic services and at least 1 of the 4 comprehensive services. Centers that are funded by NCDHHS must meet performance measures and submit regular reports.

NCDHHS DCFW also houses the School Health Nurse Consultant team, which provides consultation and technical assistance to school nurses and other school staff to ensure that student wellness and health needs are addressed.[70] The team focuses on improving the quality of school health programs and state, regional, and specialty practice. They achieve their goals through collaboration with multidisciplinary specialists across the Division of Child and Family Well-Being, the Division of Public Health, and community partners.

The NC Department of Public Instruction (DPI) Healthy Schools initiative is intended to promote the health, well-being, and success of NC students and staff. The initiative uses the *Whole School, Whole Community, Whole Child (WSCC)* framework and best practices to guide its program partnerships, priorities, products, and recommendations.[71] DPI also provides statewide support with consultants for school counseling,[72] nursing,[73] social work.[74] DPI manages and provides Healthy Schools Data, including the results from the Youth Risk Behavior Survey, the School Health Profiles Survey, and Healthy Active Children Policy Reports.[75] The Department oversees compliance with the school-based mental health policy[71] that has been mandated by NC law since June 2020.[76] The law requires the state board of education to adopt a school-based mental health policy, and it requires K-12 schools to adopt and implement a school-based mental health plan that includes a mental health training program and a suicide risk referral protocol.

Staffing

Along with administration and teachers, schools have additional staff who are focused on students' physical and/or mental health, including school nurses, social workers, counselors, and psychologists; however, North Carolina continues to fall far short of national staffing recommendations. The inadequate number of staff in each of these categories leaves many NC schools without daily or full-time coverage of 1 or several types of support staff, which has been a topic presented to and discussed by the NC Child Fatality Task Force (CFTF) for several years.[77] Funding to increase the number of school nurses, social workers, counselors, and psychologists to close the gap between current staffing and nationally recommended ratio standards for each category is on the 2025 CFTF Action Agenda, just as it has been on annual action agendas since 2021. Prior to that, a call to increase the number of school nurses was on the NC CFTF action agendas each year between 2016–2019 as part of suicide prevention efforts.[78]

Figure 1.
Specialized Instructional Support Personnel Ratios

School Counselors	2022	1:361	Recommended	1:250	72%
	2023	1:346			
School Nurses	2022	1:833	Recommended	1 per school	69%
	2023	1:809			
School Social Workers	2022	1:1,033	Recommended	1:250	26%
	2023	1:969			
School Psychologists	2022	1:1,979	Recommended	1:500	27%
	2023	1:1,855			

PowerPoint Presentation (slide 47) – presented to the NC Child Fatality Task Force Intentional Death Committee meeting on 8/29/2024 as part of a School Mental Health Update by Ellen Essick, Ph.D., Section Chief; Les Spell, Data & Policy Consultant Healthy Schools and Specialized Instructional Support Office of Academic Standards, NC Department of Public Instruction. https://webservices.ncleg.gov/ViewDocSiteFile/89787

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