

## Chapter 2: Vision

### Recommendation 2.1: Operationalize a Coordinated System for Young Children's Mental Health

The North Carolina Early Childhood Advisory Council (ECAC) should collaborate with state partners to develop and operationalize a cross-systems plan for all North Carolina agencies that fund and serve the physical, social, emotional, and mental health needs of infants, young children and their families. As part of this plan, the ECAC should consider ways to promote the social-emotional development of children including:

- a) Strategies to fund and facilitate the coordination of programs/services across systems.
- b) How to develop shared data systems to facilitate better planning and treatment.
- c) Ways to increase access to and reduce barriers to health promotion, prevention and treatment faced by families.
- d) Ways to incentivize quality early care and education and the use of evidence-based practices.
- e) How to support the development and implementation of cross-system plans in local communities that align with and inform the state goals and plan.

### Recommendation 2.2: Strengthen and Expand Evidence-Based Programs

The North Carolina Early Childhood Advisory Council (ECAC), in collaboration with state and local agencies, non-profits, and philanthropic organizations, should expand evidence-based strategies to improve young children's mental health for more families in North Carolina. As part of this effort:

- a) The ECAC, in collaboration with North Carolina philanthropic organizations, Prevent Child Abuse North Carolina, and state and local agencies, should focus new funding on evidence-based strategies or, if unavailable, theory-based strategies that support and strengthen the social and emotional well-being of infants, young children and their families.

- b) The ECAC should work with other partners, including but not limited to representatives from the North Carolina Division of Public Health, the North Carolina Division of Medical Assistance, North Carolina Child Treatment Program, the North Carolina Infant/Young Child Mental Health Association, Prevent Child Abuse North Carolina. The North Carolina Partnership for Children, Inc., and North Carolina Practice Improvement Collaborative to review the needs of the population ages 0-5 for each county in North Carolina, the existing evidence-based programs that are being implemented in North Carolina, evidence about costs and outcomes (e.g. impact on early childhood social and emotional well-being, readiness for school, and other measures of early child well-being), numbers of children and families impacted, sustainability over time, and resources needed to implement these programs with fidelity. Based on this analysis, the group should identify priority programs for expansion to other parts of the state, as well as existing or new resources needed to support this expansion. The ECAC should present this plan to the North Carolina General Assembly no later than May 15, 2015.**
- c) All funders of strategies to improve the mental health of infants and young children should provide funding to evaluate program implementation in North Carolina to determine the impact on the social-emotional health and well-being of infants and young children and their families.**

### **Recommendation 2.3: Develop a Data System to Monitor and Evaluate Changes in Young Children's Health**

- a) The Early Childhood Advisory Council (ECAC), in collaboration with the North Carolina Department of Health and Human Services, North Carolina Department of Public Instruction, Community Care of North Carolina, Center for Child and Family Health and The North Carolina Partnership for Children, Inc., should ensure that data are available and utilized for ongoing assessment of the status of young children's health, including the social-emotional health of young children and their families by:**

  - 1) Defining the data required for measuring social-emotional health and treatment.**
  - 2) Identifying sources of data elements that are currently collected.**
  - 3) Developing a plan to collect data for elements not in existing data systems, and link those data to existing data, with appropriate safeguards to ensure data security and protection of privacy.**

- 4) **If additional funding is needed, the ECAC should report to the Joint Legislative Oversight Committee on Health and Human Services of the North Carolina General Assembly about resources needed to collect this data no later than June 30, 2014.**
- 5) **Establishing an ongoing monitoring system to measure population-based changes in health, with the ability to look at physical, social-emotional, and mental health independently.**
- b) **Data should be used to identify outstanding needs and treatment gaps. As this information becomes available, it should be used to modify priorities for funding for new evidence-based practices to address the largest unmet needs. Data should also be used to monitor the effectiveness of interventions.**

## **Recommendation 2.4: Increase Understanding of the Role of Social-Emotional Development Among Early Care and Education Professionals**

**The Early Childhood Advisory Council should ensure that funding for early educator development and quality improvement through the Race to the Top—Early Learning Challenge Grant is maintained. Additional efforts should be made to align early educator professional development standards at the pre-service, in-service, and continuing education levels with the Early Learning Development Standards. In particular, there should be an increased focus on the social-emotional domain of development. To make these changes:**

- a) **North Carolina Community College System (NCCCS) and North Carolina universities should embed Early Learning and Development Standards into their early childhood education programs.**
- b) **NCCCS should expand the Early Childhood Associate Certificate and Degree core requirements to include EDU 154 Social/Emotional/Behavioral Development.**
- c) **The Division of Child Development and Early Education should require all early care and education licensed facilities to have at least one administrator or staff trained on the Early Learning and Development Standards and Curricula by June 30, 2016.**
- d) **At least 20% of the trainings provided by the Child Care Resource and Referral Council should have social-emotional development as the main focus. Training should be made available to families and staff in all early care and education settings.**

## **Recommendation 2.5: Develop the Workforce that Provides Social-Emotional and Mental Health Supports and Services**

**The North Carolina Infant and Young Child Mental Health Association should work with the Division of Medical Assistance, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Division of Public Health, Division of Social Services, University of North Carolina System, Area Health Education Centers, North Carolina Psychiatric Association, North Carolina Psychological Association, North Carolina Pediatric Society, North Carolina Families United, North Carolina Social Services Association, and others to identify the training needs and address barriers to developing an effective workforce to meet the clinical needs of young children ages 0-5 and their families. As part of their work, this group should consider:**

- a) The competencies that support the range of physical and behavioral health professionals and paraprofessionals who address the social-emotional and mental health needs of young children ages 0-5 and their families.**
- b) How to incorporate these competencies into pre-service and in-service education through credentialing or certification courses.**
- c) How these competencies can be demonstrated.**
- d) The need for clinical training sites and clinical training supervision for this workforce.**
- e) Whether a young child certification system is needed to document provider competence to effectively address the socio-emotional and mental health needs of young children and their families.**

## **Chapter 3: Promotion**

### **Recommendation 3.1 Improve Care Transitions for Women and Young Children**

**To enhance patient health and safety and ensure appropriate continuity of care and care coordination, Community Care of North Carolina, the North Carolina Obstetrical and Gynecological Society, North Carolina Academy of Family Physicians, North Carolina Pediatric Society, Division of Public Health, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and other partners should identify or develop best practices to**

ensure appropriate transitions of care for women and young children between obstetrical, primary care, pediatric, and other health care providers.

### **Recommendation 3.2: Raise Awareness of the Mental Health, Social, and Emotional Needs of Young Children (PRIORITY RECOMMENDATION)**

The North Carolina Early Childhood Advisory Council (ECAC), in collaboration with the North Carolina Department of Health and Human Services, the North Carolina Infant and Young Child Mental Health Association, Prevent Child Abuse North Carolina, National Alliance on Mental Illness North Carolina, North Carolina March of Dimes, North Carolina Families United, North Carolina Healthy Start Foundation, The North Carolina Partnership for Children, Inc., and North Carolina Pediatric Society should develop and implement a communications strategy to raise awareness of the importance of infants' and young children's social-emotional and mental health. The campaign should provide specific messages about what adults and others can do to promote young children's social-emotional development and reduce developmental risk factors.

- a) As part of the communications strategy, potential partners (e.g., March of Dimes, local North Carolina Partnerships for Children, domestic violence advocates) should be identified. Campaign messages should describe the importance of social-emotional development during pregnancy and the early years as the foundation for all other development, as well as the inextricable link between young children's mental health, physical health, and cognitive development. In addition, the campaign should include messages that explain:
  - 1) Experiences during pregnancy and the early years shape the architecture of the brain, setting the stage for future learning and development. Positive, safe, stable interactions with loving, responsive adults are critical for brain development. Exposure to adversity (toxic stress), in the absence of strong relationships with caregivers, negatively impacts brain development.
  - 2) The value of investing during pregnancy and the early years and the role of evidence-based strategies to improve early social-emotional development.
  - 3) The impact of women's physical and mental health throughout her childbearing years on future generations, including the impact of tobacco, alcohol, and depression on healthy births.

- b) **The campaign should include strategies to provide families and caregivers information on:**
- 1) **How to support young children’s social-emotional development.**
  - 2) **How to be educated consumers of health care and behavioral health services for children.**
  - 3) **How to advocate for children with social-emotional and mental health needs and their families.**

### **Recommendation 3.3: Educate Families, Caregivers, and Providers on Young Children’s Mental Health**

**The Division of Public Health (DPH) should continue to support the implementation of the Triple P—Positive Parenting Program to educate parents, caregivers, and providers on how to promote young children’s social-emotional development in pilot communities. If shown to be effective in North Carolina through program evaluations, DPH, in partnership with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the Division of Social Services, Smart Start, and other partnering agencies should support expansion of Triple P across the state. DPH should provide a plan for expansion to other communities across the state, including the costs of implementation along with projected longer-term cost savings (if any), to the Joint Legislative Oversight Committee on Health and Human Services of the North Carolina General Assembly by May 15, 2015.**

## **Chapter 4: Prevention**

### **Recommendation 4.1: Develop a Web-Based Clearinghouse of Programs and Services for Young Children with Mental Health Needs**

**North Carolina private foundations and other funding sources should provide \$125,000 to the North Carolina Infant and Young Child Mental Health Association, Early Childhood Advisory Council, and other partners to develop, deploy, and maintain a web-based clearinghouse of information on programs and services available to children and families with mental health, social, and emotional needs at the state and county level. Information provided should include availability, eligibility criteria, costs, and evidence about the effectiveness of the programs and services.**

## Chapter 5: Intervention

### Recommendation 5.1: Expand Treatment Services for Mothers with Substance Use and Mental Health Challenges

The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), in collaboration with the North Carolina Division of Medical Assistance, the North Carolina Department of Health and Human Services housing specialists, the North Carolina Housing Finance Agency, and the North Carolina Division of Social Services should examine options to expand the array of treatment options for pregnant women and mothers with mental health and substance use disorders, including supports for women in their own home as well as residential treatment services. In particular, DMH/DD/SAS and partners should explore options for women with young children who need to be in developmentally-appropriate environments to engage in mother-child treatment while their mother receives targeted treatment. DMH/DD/SAS should bring recommendations about resources needed to address these needs to the Joint Legislative Oversight Committee on Health and Human Services of the North Carolina General Assembly, no later than June 30, 2013.

### Recommendation 5.2: Establish Care and Reimbursement Standards to Promote Women and Children's Mental Health (PRIORITY RECOMMENDATION)

a) The North Carolina Division of Medical Assistance (DMA), in collaboration with Community Care of North Carolina (CCNC), Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), Division of Public Health (DPH), and the North Carolina Infant and Young Child Mental Health Association (NCIMHA) should identify evidence-based or evidence-informed prevention programs, screening tools, triage, assessment, referral protocols, and clinical guidelines, for:

- 1) Pregnant women using or abusing alcohol or other harmful substances.
- 2) Women with prenatal or postpartum depression or other mental health disorders.
- 3) Infants and young children with social-emotional and mental health needs.

- 4) **Women and children who have experienced family violence or other trauma.**
- b) **DMA, CCNC, DMH/DD/SAS, Local Management Entity/Managed Care Organizations (LME/MCOs), DPH, and NCIMHA should define age-appropriate, validated behavioral health and social-emotional and mental health process and outcome measures on which to tie performance-based incentive payments.**
- c) **DMA, CCNC, DMH/DD/SAS, DPH, LME/MCOs, and NCIMHA should develop value-based Medicaid payments that provide additional reimbursement to professionals who are in the roster and provide evidence-based or evidence-informed protocol in clinical settings and natural environments (e.g., home, primary care, early care and education), and report process and outcome measures for the following populations:**
  - 1) **Pregnant women using or abusing alcohol or other harmful substances.**
  - 2) **Women with prenatal, perinatal or postpartum depression or other mental health disorders.**
  - 3) **Infants and young children with social-emotional and mental health needs and their families.**
  - 4) **Women and young children who have experienced family violence.**
- d) **Private insurers should also implement changes to incentivize health care professionals to use evidence-based screening, assessment, referral, and clinical treatment protocol for similar populations.**

### **Recommendation 5.3: Enhance Prevention, Promotion, Treatment, and Care Management for Young Children with Mental Health Needs (PRIORITY RECOMMENDATION)**

- a) **The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) should work with the Division of Medical Assistance (DMA) to amend the 1915(b)/(c) waiver to include integrated comprehensive social-emotional and mental health promotion and prevention programs for young children at risk for social-emotional and mental health problems and their families who could be supported through 1915(b)/(c) savings.**

- b) DMH/DD/SAS and DMA should require every Local Management Entity/ Managed Care Organization (LME/MCO) to have at least one staff member trained on young children’s social-emotional development and mental health (e.g., the System of Care (SOC) coordinator, access, utilization review; or other clinical staff) who, with support from LME/ MCO management, is responsible for ensuring that the needs of this population are being met and that the state’s adopted SOC philosophy is adhered to.**
- c) DMH/DD/SAS and DMA should require every LME/MCO to have, as a part of their provider network, appropriately qualified and trained providers who can adequately address the service and support needs of young children’s social-emotional development and mental health, who participate with the LME/MCO in ensuring that the needs of this population are being met for those living in the catchment area, and work to ensure that the state’s adopted SOC framework is adhered to.**
- d) DMH/DD/SAS, DMA, Division of Public Health (DPH) including the North Carolina Infant and Toddler Program (ITP) Children’s Developmental Services Agencies (CDSAs), Department of Public Instruction (DPI), local education agencies (LEAs), Community Care of North Carolina (CCNC), Care Coordination for Children (CC4C), and LME/MCOs should develop integrated protocols outlining which children (prenatal through age 5) receive care coordination, the process for authorizing and paying for services, how to apply the SOC framework to this population, and how to strengthen collaboration and coordination in the care of the children and their family by providers within the different systems. In addition, the groups should:**
- 1) Ensure that children and their families at risk for social-emotional and mental health problems receive appropriate care coordination services per SOC guidelines. The groups should create eligibility criteria for at-risk children that recognize the linkages between different domains of development (e.g. cognitive, language, and social-emotional). The eligibility criteria should also include, but not be limited to, eligibility based on problems within the parent-child dyad.**
  - 2) Examine the process for transitioning children at age 3 from the early intervention system through the CDSAs and into other appropriate systems of care providers.**
- e) DMH/DD/SAS, DMA, DPH, ITP, CDSAs, CCNC, CC4C, and LME/MCOs should examine the current application of SOC framework for children ages 0-36 months to ensure that children at risk of social-emotional and mental health problems have a health home that addresses the physical,**

**social-emotional and mental health needs of the child. Specifically, the group should determine whether children at risk of, or identified with, social-emotional or mental health needs should be served within the CDSA system, CCNC, or LME/MCOs (or combination thereof), the costs of these services, and how these services should be funded and coordinated. As part of this effort, the group should consider how to expand eligibility within the CDSA for certain high priority at-risk individuals, such as children who display developmental delays and have other environmental risk factors.**

- f) DMH/DD/SAS, DMA, DPH, DPI, LEA, CCNC, CC4C, CDSA, and the LME/MCOs should educate providers, care coordinators, and the public on what the System of Care for young children with social-emotional and mental health needs and their families is and how to navigate, participate in, and build capacity from it.**