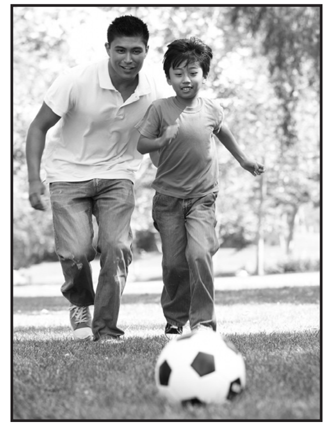
Create the Context for Healthy Children and Families through Norms Change and Programs



To support families and children and prevent child maltreatment, the Task Force on Essentials for Childhood promotes the shared belief that we all share responsibility for children's well-being. Individual members of a community have a role in developing neighborhoods, activities, and programs where people gather, interact, and get to know each other. Relationships formed through neighborhood associations, faith communities, and other community organizations can link families and provide support. Communities can promote positive norms around early childhood development, parenting support, and effective parenting. For example, communities can emphasize that teaching parents positive parenting skills is a process that benefits the whole community by helping create stronger families and reduce child maltreatment. Community organizations can also help parents who may need extra support to use new parenting skills and knowledge about child development, especially when these skills are different from those practiced by other family or community members.

In North Carolina, there is strong support for investments in early childhood education and development.

As part of this work, communities can support the implementation of evidence-based programs that have been tested and proven effective, such as programs that focus on effective parenting and behavior management skills for parents and caregivers. Many programs have succeeded in helping establish and promote safe, stable, and nurturing relationships and environments for North Carolina's children, and in coordinating these programs to better fit local community needs. Communities already investing in parenting and other family support programs should review the programs they are using to ensure they are evidence-based. If they are not, it may be necessary to redirect funds from strategies that are not evidence-based or to enhance infrastructure to ensure capacity for evaluation, implementation support, and program fidelity. It may also be necessary to increase the use of a statewide, coordinated approach to selection and investment in programs.

The Task Force on Essentials for Childhood examined current, local social norms and public perceptions around parenting, child development, behavior, and family support, and the ways in which shaping social norms and implementing evidence-based programs can help to strengthen families and support children.

Changing Social Norms to Build a Supportive Environment For Children and Families

Social norms are defined as a group or community's common values, beliefs, attitudes, and/or behaviors.[1] The Centers for Disease Control and Prevention, in the context of the Essentials for Childhood Framework, encourages the promotion of positive community social norms for children and families. These norms should address the need for a community to contribute to and support children's well-being and also to promote positive parenting behaviors and techniques that can contribute to strong families and healthy children. In this way, stakeholders can apply a public health-oriented prevention approach to child maltreatment. By examining the social norms in existence around early childhood development, parenting techniques, and knowledge of risk and protective factors for children, the Task Force sought to move forward the notion of community responsibility for children in order to enhance children's development in these crucial years.

One of the first steps is to understand what the social norms are, and the differences between actual social norms and *perceived* social norms. In many areas of parenting and child development, parents and communities have different ideas about what their communities' social norms and expectations are than what they actually are. Researchers have attempted to assess social norms around parenting and child development, and to identify differences between actual and perceived norms. The Positive Community Norms Project to reduce child maltreatment in Wisconsin found that most respondents (70%) agreed that protecting children from neglect and abuse improves healthy brain development, and 82% agreed that reducing neglect and abuse saves public money in the long term.[2] The survey also found that while 84% of adults strongly agreed that children should not grow up in fear of their caregivers, only 53% of respondents felt that other adults agreed with this. Two-thirds of respondents strongly or mostly agreed with providing additional financial support for poor children, but only 55% believed other adults felt the same way. Most respondents also supported paying more taxes in order to increase support and services for children, but many felt that others disagreed with this.[2] Because of the common gap between community norms and the perception of community norms, it is important that work on addressing social norms also establishes an understanding of possible misperceptions.

Experts in child maltreatment and early child development agree that corporal punishment, or spanking, is not effective as a long-term discipline strategy.

Social Norms around Child Development in North Carolina

The Task Force sought to identify social norms around child development, parenting, and community support for families in North Carolina. However, very little information was available. The Task Force was able to identify a few examples of the type of information needed to identify social norms around discipline, parenting techniques, early childhood development, and community/connection for families and education that are common in North Carolina, but much more information is needed.

In North Carolina, there is strong support for investments in early childhood education and development. A recent survey sponsored by the North Carolina Early Childhood Foundation and the First Five Years Fund found that 86% of respondents felt that "making sure children get a strong start in life so they perform better in school and succeed in their careers" is important or extremely important.[3] Most respondents (85%) thought that improving public schools is important or extremely important. In addition, 83% of respondents believed that investing in early childhood education would have a positive impact on

North Carolina's economy, and a majority supported investments in quality preschool programs, home visiting programs, and teacher training.[3]

While many North Carolinians support investments in early childhood, there are also social norms in many of our communities that are harmful for children. Experts in child maltreatment and early child development, as well as the American Academy of Pediatrics, agree that corporal punishment, or spanking, is not effective as a long-term discipline strategy (particularly for children under 18 months old), reduces the effect of other discipline techniques (such as time-outs or removal of privileges), and has a high likelihood to escalate in intensity.[4] However, recent national studies have established that, while rates of corporal punishment have been decreasing over the past several decades, spanking remains common, particularly for very young children. In North Carolina, rates of spanking for children under 2 years old were estimated (based on reports by mothers) at 30% in a one-year period, with increased rates associated with increasing age up to age 2.[5] For older children, national rates of spanking (within a one-year period) were estimated at 79% for children ages 3-5, 60% for children ages 6-8, and 52% for children ages 9-11 (95% CI).[6] The American Academy of Pediatrics recommends that parents should be encouraged and assisted in developing other, more effective techniques and skills to address their children's behavior.[7]

The First 2,000 Days Initiative frames its messages around the first 2,000 days of a child's life—the approximate time between birth and starting kindergarten.

Other aspects of social norms around early child development and parenting techniques require further assessment. Such information is critical to evaluate the impact of any campaigns to address social norms, particularly in regards to the negative effects of toxic stress and adverse childhood experiences (such as corporal punishment) on the developing brain and body. There is increasing awareness and commitment around addressing these effects among physicians and the health and education sectors, but it is unknown how much information has reached families and the greater public (see recommendation in Chapter 4 regarding data collection on public opinion and social norms in North Carolina).

The Task Force recognized that preconception and early parenthood are crucial times to address attitudes around discipline strategies, parenting skills, and family and individual protective factors in order to begin to engage families and communities around these social norms. The Task Force identified promising programs and campaigns for influencing individual and community social norms.

Promising Programs to Address Social Norms Change for Families, Communities, and Children

One promising North Carolina program is the First 2,000 Days Initiative, created and implemented by the North Carolina Early Childhood Foundation. The First 2,000 Days Initiative frames its messages around the first 2,000 days of a child's life—the approximate time between birth and starting kindergarten.

This initiative, a combination of social marketing and direct community engagement, emphasizes the connection between a child's early development, lifelong health, and community strength. The initiative also maintains that improving a child's early development can lead to greater national security and economic stability.[8]

An independent evaluation found that the First 2,000 Days Initiative increased stakeholder knowledge of early childhood issues and the importance of early childhood investments.

The campaign uses research-informed best practices for influencing public opinion to support policy change. These best practices include: 1) redefining the issue, 2) involving new actors, and 3) creating greater issue salience and heightened media and public attention. The campaign engages many distinct stakeholders in early childhood development, as well as groups that traditionally have not worked in this field, including business leaders, the faith community, and law enforcement. Participating organizations can access social marketing tools including infographics, brochures, social media messages, slide presentations, and logos that engage audiences with the First 2,000 Days message and raise awareness about early childhood development. An independent evaluation found that the First 2,000 Days Initiative increased stakeholder knowledge of early childhood issues and the importance of early childhood investments. The stakeholders with the greatest knowledge gains were those with the least early childhood experience, including the business, faith, and law enforcement communities.[a]

The First 2,000 Days has focused on the effects of quality early childhood education and other positive messages. There is opportunity for the campaign to also shape public awareness about the negative effects of toxic stress on children's development and lifelong health and influence the ways families, educators, and communities engage with children and increase protective factors around adverse childhood experiences.

There is great opportunity to engage the goals of the First 2,000 Days through the Strengthening Families Protective Factors Framework as well (as discussed in Chapter 2). Strengthening Families focuses on all interactions with children and families with the goal of building on agencies' current activities and providing a bridge between programs that are highly relevant to the First 2,000 Days work. The Strengthening Families approach emphasizes small but significant changes in the daily interactions that service providers have with families, as well as changes in systems and policies at the practice and organizational level, in order to support families in building protective factors and greater resilience. First 2,000 Days can build on its existing messaging and tools to create targeted messaging and outreach efforts for families, incorporating the Strengthening Families approach. First 2,000 Days can also build upon its current work with purveyors of evidence-based programs that support families. For example, First 2,000 Days messaging is being used now by the state Nurse Family Partnership (NFP) program to build understanding of and support for NFP by starting with

a Perry-Manning S. Executive Director, North Carolina Early Childhood Foundation. Written (email) communication. Dec. 3, 2014.

First 2,000 Days messages about early brain development and relevance to other issues (such as economic development and national security).[b]

In order to address social norms around parenting and child development, the Task Force recommends:

Recommendation 5.1: Promote Positive Community Norms Around Child Development and Parenting (PRIORITY RECOMMENDATION)

The North Carolina Early Childhood Foundation should continue and expand their work on changing social norms through the First 2,000 Days campaign. Specifically, the North Carolina Early Childhood Foundation should:

1) **Partner with stakeholders including the North Carolina Department of Health and Human Services (DHHS) Division of Child Development and Early Education, the Division of Public Health, the Department of Public Instruction, Prevent Child Abuse North Carolina, Child Care Services Association, North Carolina Pediatric Society, North Carolina Partnership for Children, and North Carolina Academy of Family Physicians to identify professional and community organizations and opinion leaders and conduct trainings on how to promote the First 2,000 Days and effectively educate their members and stakeholder groups on brain development, toxic stress, and early childhood development, and organize/lead community engagement around the campaign.**

2) **Seek funding support from North Carolina and national funders (public and private) to develop and implement future phases of the First 2,000 Days campaign, including social marketing and public awareness efforts, community events, parent/teacher workshops, and other activities centered around:**

    i) **Increasing awareness of brain development, the effects of toxic stress, and the importance of "the First 2,000 Days" as a critical phase for intervention for children's health and well-being.**

    ii) **Expanding outreach to parents and supporting the convening of community and opinion leaders at the practice level (school administrators, teachers, pediatricians, faith leaders, child care workers, etc.) who can influence social norms around parenting and families.**

b Perry-Manning S. Executive Director, North Carolina Early Childhood Foundation. Written (email) communication. Dec. 3, 2014.

Recommendation 5.2: Foster Community Support for Healthy Children and Families

The North Carolina Department of Health and Human Services (DHHS), North Carolina Department of Public Instruction, Prevent Child Abuse North Carolina, and North Carolina Partnership for Children should partner with the Center for the Study of Social Policy to identify steps for implementing the Strengthening Families Framework in North Carolina and work towards incorporating the Strengthening Families Framework in state and local child maltreatment prevention efforts. The implementation should focus on evidence-based program implementation, mandated reporter trainings, home visiting models, community-based programs, and other DHHS-wide initiatives that focus on direct services to children and families, as well as efforts aimed at economic security and workforce development.

1) **The Division of Child Development and Early Education, in partnership with stakeholders listed above, should convene a working group to examine current family engagement and parent leadership strategies in early care and education, and social services settings. This working group should define best practices and develop a strategy around parent and caregiver engagement.**

2) **Coordination and planning should include the development of shared outcomes and implementation of evaluation and accountability processes.**

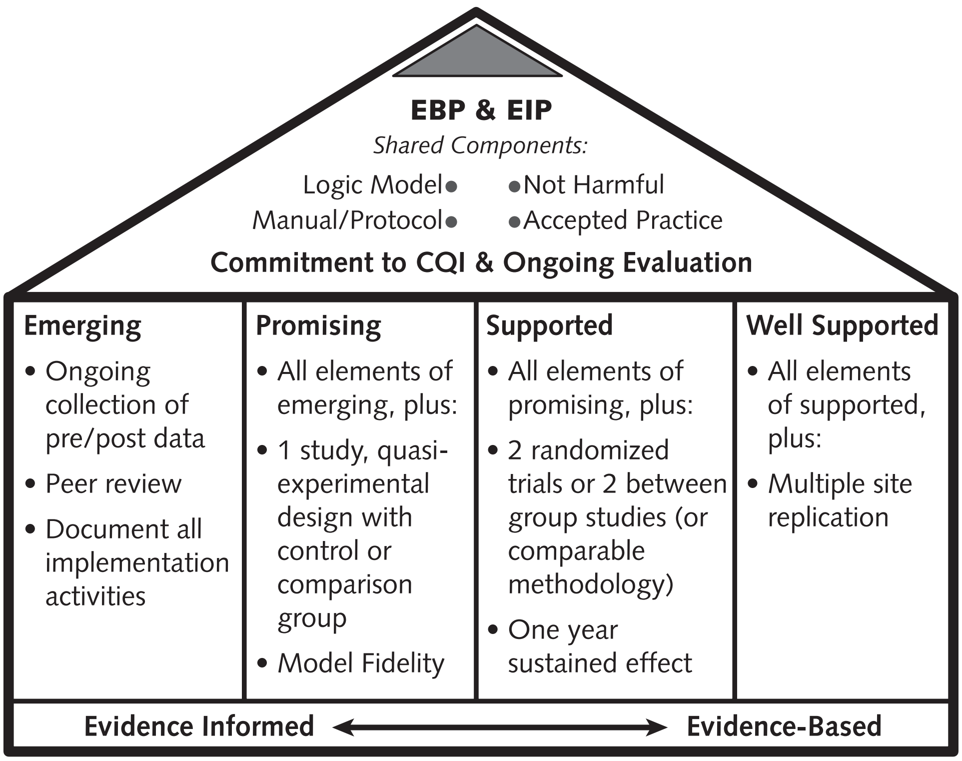
Supporting the Implementation of Evidence-Based Programs

Within the context of Essentials for Childhood, evidence-based programs are those programs which have proven success, through studies with experimental or quasi-experimental designs, in reducing child risk factors, promoting protective factors, treating children and families suffering from trauma, and ultimately preventing child maltreatment.[c] Evaluation research is critical in examining a program's success and determining the best direction of future investments.[9]

In addition to evidence-based programs, some organizations consider evidence-*informed* practices when making funding and implementation decisions. Programs and evaluations fall on a spectrum of evidence, and individual organizations often decide to pursue programs that are currently under evaluation and may not (or may not yet) meet the criteria to be considered evidence-based. Figure 5.1 explains the criteria for both evidence-based and evidence-informed programs, and addresses the continuum between the two. Evidence-informed programs are similar to evidence-based programs, but the research base is generally not as strong, with evidence currently emerging.

c NOTE: Evidence-based programs are defined as a "set of practices or a curriculum that is bundled together as a whole." This type of program is intended to be implemented with all of its pieces or "core components" in place. Evidence-based practices are "individualized practices that can be implemented on their own, individually, or grouped with other practices."[14]

Figure 5.1
Evidence-Based and Evidence-Informed Programs[10]



For both evidence-based and evidence-informed programs, programs must be shown to be not harmful, be generally accepted, utilize a logic model, have a written protocol, and have a commitment to evaluation and continuing quality improvement.[10] Organizations may choose to implement an evidence-informed program rather than an evidence-based program for a variety of reasons, including cost, target population, availability of evidence-based alternatives for program objectives, and organizational needs and culture.

Two high quality resources to help organizations in identifying appropriate evidence-based and evidence-informed programs are the California Evidence-Based Clearinghouse for Child Welfare and the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices.[11,12]

Examples of Evidence-Based and Evidence-Informed Programs

In a 2014 environmental scan of programs serving North Carolina's children and families, Prevent Child Abuse North Carolina identified 579 programs dedicated to serving and strengthening families, implemented through 237 agencies. Of these programs, PCANC identified 59% as evidence-based or promising, with an additional 26% identified as evidence-informed.[13] These

Evidence-based programs are those programs which have proven success, through studies with experimental or quasi-experimental designs, in preventing child maltreatment.

programs are categorized as group-based, home visitation, case management, multi-strategy, or other.[d,13]

Group based programs are those in which a community location is used to provide multiple caregivers with facilitated education or skills training or support. Group-based parenting skills programs generally focus on improving parenting techniques and increasing awareness of child development and appropriate behavior for individual parents and families. Several of these programs have demonstrated success in improving children's school readiness, increasing parents' use of appropriate discipline techniques, and decreasing problem behaviors.[14-16]

As evidence-based programs require significant financial resources for proper planning, implementation, and evaluation, North Carolina must also address ways to adequately fund such programs.

Home visiting programs provide services to families in their homes. This type of program has demonstrated success in child and family outcomes, including reduction in child maltreatment and improved infant and maternal health. Programs in which nurses or other health care professionals visit parents and children in their homes to assess health and other family status can also reduce parental stress, improve families' economic self-sufficiency, and decrease medical costs for families.[17,18]

Case management programs assess and coordinate families' need for services. Multi-strategy programs use a variety of methods, including home visiting, group programs, and case management, among others. Programs categorized as "other" used program methods including play groups, peer support interventions, and parent workshops and seminars.

For parents and children with persistent social-emotional and mental health challenges, who often need more comprehensive, individualized, intensive treatment, treatment-based programs may prove effective. Parent Child Interaction Therapy (PCIT) is an evidence-based parent-focused behavioral training clinical intervention that has been shown to improve parenting skills, child-parent relationships, behavior problems, and the incidence of physical abuse.[19] Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based mental health treatment for children and families who have experienced serious trauma, including physical abuse, sexual abuse, and domestic violence. TF-CBT has been shown to reduce depression, post-traumatic stress disorder, anxiety, and externalizing behaviors in children and to improve parents' mental health and parenting practices.[20]

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d **Evidence-based models included**: Early Head Start, Healthy Families, Incredible Years BASIC, Nurse-Family Partnership, Strengthening Families Program 10-14, Strengthening Families Program, and Triple P.
Promising models included: 1-2-3 Magic!, Adolescent Parenting Program, Family Connects, Guiding Good Choices, Parent to Parent/FSN, Parenting Wisely, Parents as Teachers, Partners for a Healthy Baby, and Staying Connected With Your Teen.
Evidence-informed models included: 1,2,3,4 Parenting, Active Parenting for Stepfamilies, Active Parenting Now, Active Parenting of Teens, Circle of Parents, Families and Schools Together (Pre-K), Incredible Years Toddler, Nurturing Parent Program, and Pregnancy Care Management.
Models not able to be rated included: 24/7 Dad, Cooperative Parenting and Divorce, Healthy Start/Baby Love Plus, Incredible Years Advance (11 sessions), Love and Logic, Making Children Mind Without Losing Yours, New Parent Support Program, Parenting Matters, Parents Matter!, Positive Discipline, and Scream Free Parenting.

Many obstacles exist in providing appropriate evidence-based programs for children and families, including a shortage of trained behavioral and mental health professionals in many parts of North Carolina, a lack of health care coverage for these services, and stigmas around receiving behavioral and mental health treatment. There are efforts in North Carolina to expand the number of clinicians trained in evidence-based treatments for children and families that have been shown to reduce child maltreatment and improve child and family outcomes, as well as efforts to integrate behavioral and mental health services with primary care (discussed more thoroughly in chapter 6).

Strategies for Funding Evidence-Based Programs

As evidence-based programs require significant financial resources for proper planning, implementation, and evaluation, North Carolina must also address ways to adequately fund such programs. Using a combination of public and private dollars, alternative funding strategies, and cost-benefit analyses, policymakers and practitioners may ensure that programs have the necessary resources to have their intended impact.

A cost-benefit model should incorporate the full cost of program implementation, including supports for fidelity.

Local and state government, as well as philanthropic, investment strategies should be made based on anticipated benefit. The benefit is usually measured in dollars, which is not the only way to consider benefit but does help policymakers compare the relative benefit from a variety of investment strategies. Ideally, cost-benefit models should incorporate real program costs and actual savings in North Carolina. A cost-benefit model should incorporate the full cost of program implementation, including supports for fidelity. Replication of the cost-benefit model should include strong leadership and commitment from executive and legislative branches, adequate and streamlined data collection and analysis, and reinvestment of savings from cost effective programming into communities.

The Results First model was developed by the Washington State Institute for Public Policy and has been implemented in six states. Through a systematic review of evidence relevant to policy alternatives, cost estimates for projected impact and needed resources, and predictions of net costs and benefits, the initiative enables states to apply a customized, cost-benefit approach to policy and budget choices.

In 2013, several states demonstrated significant success with the Results First model, particularly around directing funds to evidence-based programs; analyzing programs and policy proposals; and establishing legislative frameworks for using the Results First approach in policymaking.[21] New Mexico has used Results First to direct $49.6 million in funding to evidence-based criminal justice and early childhood programs.[1,22] In 2012, Iowa's Public Safety Advisory Board assessed mandatory minimum terms for lower-risk drug offenders and found that the state would reduce the prison population and save taxpayers $1.2 million over 10 years if policymakers eliminated these terms and reinvested a portion of the savings in evidence-based treatment programs.[21] In comparing long-term costs and benefits, models for the six states that implemented Results First predict that for every $1 spent on Results First-identified programs, the states will see a return of $38 over 7-10 years.[23]

Pay for Success financing (a method of financing sometimes known as "social impact bonds") is also increasingly being explored by state and local governments as an alternative method of funding public sector programs that seek to have a social and/or public health impact. Originally pioneered in the United Kingdom, Pay for Success financing utilizes private investments in public programs, with the goal of achieving improvements in agreed-upon outcomes and saving public money. A portion of these savings are then given back to the private investors as a return on their investment.[24] This method of financing is considered particularly useful for its potential in prevention programs: an upfront investment in effective prevention can make a large difference in outcomes and in increasing public sector savings on treatment and other services later in life, including medical care, education, social services, and criminal justice.

Policymakers in several states are examining the role of Pay for Success financing in addressing social issues.

Policymakers in several states are examining the role of Pay for Success financing in addressing social issues. In 2012, Massachusetts and New York were the first states to launch Pay for Success programs. Massachusetts sought proposals from potential investors and service providers in the areas of juvenile justice and chronic homelessness. The state also established a Social Innovation Financing Trust, in order to guarantee that funds would be available to return to investors upon a successful social program outcome.[25] New York City received $9.6 billion over four years to fund a program to decrease prison recidivism by at least 10%. The funding was provided by Goldman Sachs and partially guaranteed by additional funding from Bloomberg Philanthropies.[25] If New York City reaches the 10% goal, it will return the $9.6 billion to Goldman Sachs. If the program reduces recidivism by a greater percentage, Goldman Sachs will receive a higher return; if 10% is not reached, guaranteed funds from Bloomberg Philanthropies will cover a portion of the investment. Similar programs are under proposal or underway in Utah (early childhood investments), South Carolina (Medicaid), Indiana (social services), and at the federal level. This investment strategy has bipartisan support, though domestic experience is still limited.[26]

There is also opportunity to identify ways in which payments can be incentivized for providers who deliver evidence-based mental health treatment for pediatric patients. Funders, state agencies, and key stakeholders should collaborate to develop payment mechanisms and/or differential rates for the delivery of high-fidelity, evidence-based child mental health treatment to children enrolled in the North Carolina Medicaid and Health Choice programs. These differential rates should support the delivery of high-fidelity treatment by a network of mental health service providers who: 1) demonstrated successful completion of an EBT-specific training program that meets national and/or state standards; 2) engage in ongoing fidelity support and/or clinical consultation activities that meet national and/or state standards; 3) monitor clinical performance (fidelity) per national and/or state standards; 4) monitor pre-treatment and post-treatment clinical assessment outcomes per national and/or state standards; and 5) achieve acceptable clinical performance (fidelity) per national and/or state standards. Several managed care organizations from across the state are piloting differential payment strategies (e.g. a case rate) for mental health clinicians meeting the above criteria.[e]

Evidence-Based Programs: Implementation

Key to the process of achieving outcomes through evidence-based programs is substantial investment in implementation. It is not enough to simply identify a problem and intended outcomes, or to select a particular evidence-based program and hope to achieve intended results. Instead, organizations and funders must commit significant resources to ensuring that implementation is adequately supported. The National Implementation Research Network (NIRN), based in Chapel Hill, has identified five interrelated stages of successful implementation: exploration, installation, initial implementation, full implementation, and program sustainability.[27]

Key to the process of achieving outcomes through evidence-based programs is substantial investment in implementation.

As part of the exploration phase, stakeholders should begin with a common definition of evidence-based programs. As indicated in Figure 5.1, evidence-based programs must meet specific criteria for proven success, and also have both a sustained effect and successful replication. Use of a common set of definitions will allow funders and local programs to work from a shared understanding. It will also facilitate the use of shared language across requests for proposals issued by funding agencies which will allow local programs to work across agencies in program planning and funding. Additionally, organizations should specify the types of evidence-based programs that will help them reach their intended outcomes, evaluate capacity for implementation (including funding and commitment), and understand the necessary resources for fidelity, adaptation, and sustainability.[28]

Evidence-based programs must meet specific criteria for proven success, and also have both a sustained effect and successful replication.

As part of installation, organizations should establish an implementation team, tasked with promoting engagement with the program, ensuring financial and organizational preparation, providing technical assistance, and monitoring outcomes, fidelity, and barriers to success. An implementation team can work at the level of an individual evidence-based program, or as a body that helps others with implementation of a variety of programs. They are accountable for process and outcomes.[29]

Once implementation begins, there is both an initial implementation phase, when the innovation or program is being used for the first time, and a full implementation phase, defined as 50% of staff or practitioners utilizing an innovation and achieving intended outcomes and maintaining fidelity. During

e Steinberg J., Director of Clinical Implementation Strategies. Center for Child and Family Health. Hagele, D., Assistant Professor of Social Medicine and Pediatrics, University of North Carolina at Chapel Hill. Written (email) communication. December 4, 2014.

A program that is funded in the short term and not supported by ongoing investment will not serve communities or the state well.

this phase, it is the role of the implementation team to continue technical assistance; ensure that providers and staff are maintaining fidelity to the program model and/or adapting the program as appropriate; and continue planning for sustainability.[27]

A program that is funded in the short term and not supported by ongoing investment will not serve communities or the state well. Indicators of program sustainability function on three levels: continued benefits for individuals, particularly among new consumers or intended recipients; continuation of specific organizational activities with intended outcomes (often termed "institutionalization" or "routinization"); and continued capacity for program delivery (particularly within the context of a collective/community implementation).[23]

Factors that influence a program's sustainability include characteristics of the program design, organizational factors, and community/environmental factors, including economic and political influences. During planning, developers and funders should examine the value of ensuring institutionalization of a program, establish sustainability planning early in a project's planning phase, and plan for evaluation at intervals that can influence continued funding and organizational capacity.[23]

During planning, developers and funders should establish sustainability planning early in a project's planning phase.

Currently, few North Carolina programs serving children and families have sufficient infrastructure to ensure implementation with fidelity, and none have the full implementation structure identified by NIRN and described above.[13] Smart Start is a network of 76 local nonprofit partnerships, established and funded by the state and administered by North Carolina Partnership for Children (NCPC). NCPC and Smart Start local partnerships are able to leverage these state funds to garner local and federal funds to use within their communities to address further needs. Using this combination of federal, state, local, and private resources, Smart Start provides an example of a promising infrastructure to integrate programs with community needs. Smart Start works in local communities to identify and administer evidence-based, evidence-informed, and promising programs that serve families and children. Smart Start promotes quality early care and education; supports families through parenting and family engagement programs; promotes early literacy; and advances access to health care and improved nutrition. Through a statewide infrastructure, Smart Start also aligns additional federal, state, and local programs with community needs and provides an example of successful integration of programs. Recent cuts in Smart Start funding at both the state and local level have impacted programming.[30]

The Task Force considered several successful evidence-based programs and examined the funding structure and capacity of state and philanthropic funding sources. The Task Force acknowledged the difficulties in ensuring sufficient funds for planning, implementation support, and sustainability. The resulting recommendations center on workable strategies for successful planning, funding, implementation, and sustainability of programs intended to secure safe, stable, and nurturing relationships and environments for North Carolina's children. The Task Force recommends:

Recommendation 5.3: Support Implementation of Evidence-Based Programs to Prevent Child Maltreatment and Promote Safe, Stable, and Nurturing Relationships and Environments (PRIORITY RECOMMENDATION)

The Leadership Action Team (LAT) should convene and staff a state Essentials for Childhood Evidence-Based Programs working group, comprised of public and private funders, committed to funding and scaling evidence-based programs. The working group should be charged with coordinating and aligning the implementation infrastructure across those programs, advising the backbone organization, and reporting to the LAT on an annual basis. The working group should ensure:

1) **A standard definition of evidence-based and evidence-informed programs and practices, and identify high-quality clearinghouses to reference in Requests for Proposals (RFPs).**

2) **Development of an RFP process that operates on a common cycle, with shared outcomes and evaluation requirements. RFPs should be informed by implementation science, and should provide multiyear funding with attention to sustainability and fidelity.**

3) **Planning grants to foster and sustain interagency collaboration and collective impact work in local communities. Subsequent grant cycles should give preference to communities that successfully carried out planning process.**

4) **Technical assistance to communities and organizations during planning, implementation, and on an ongoing basis.**

Recommendation 5.4: Assess Potential Funding Strategies to Ensure Adequate Investment in Evidence-Based Programs to Prevent Child Maltreatment

The Leadership Action Team (LAT) should study existing alternative funding strategies for evidence-based program investment, examining the experience of South Carolina and other states. Funding strategies should prioritize spending based on community need, determination of scope/reach, best practices, evidence-base of programs' outcomes, and availability of implementation support for such programs. The LAT

should explore the application of cost-benefit models to inform policymaking and public investments in evidence-based programs, as well as North Carolina's current data capacity to apply such a model.

Recommendation 5.5: Explore Incentivizing Outcomes Resulting from Evidence-Based Treatment Programs (PRIORITY RECOMMENDATION)

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

1) **Identify evidence-based or evidence-informed child maltreatment and trauma treatment programs, particularly programs that have or could have implementation infrastructure in North Carolina.**

2) **Define age-appropriate, validated behavioral health and social, emotional, and mental health process and outcome measures on which to tie performance-based incentive payments for implementing organizations. These measures should align with those chosen by the child data working group (as described in Chapter 4) to measure progress and outcomes around child maltreatment and safe, stable, nurturing relationships and environments for children in North Carolina.**

3) **Develop value-based Medicaid payments that would provide additional reimbursement to professionals who credential to provide evidence-based or evidence-informed treatment protocols, including models such as Trauma-Focused Cognitive Behavioral Therapy and Parent-Child Interaction Therapy.**

Recommendation 5.6: Increase Funding for Evidence-Based and Evidence-Informed Programs Implemented by the Smart Start Network (PRIORITY RECOMMENDATION)

The General Assembly should increase appropriations by 5% per year to the Smart Start network to support their work in promoting and implementing a range of evidence-based and evidence-informed programs to support and strengthen families and contributing to improved school readiness, long-term educational success, and lifelong well-being. Appropriation increases should continue until statewide capacity is developed to meet assessed needs.

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