Conclusion

Chapter 7

North Carolina's future growth and prosperity depends on our ability to foster the health and well-being of our children. Child maltreatment is a significant public health problem that negatively impacts North Carolina's future. Research has shown that safe, stable, nurturing relationships and environments are fundamental to healthy child development, and that they reduce the occurrence of child maltreatment and can help protect children against the negative effects of child maltreatment and other adversity.[1] If communities take steps to promote the positive development of children and families and prevent family violence, child maltreatment can be prevented and families can be strengthened.

The Centers for Disease Control and Prevention's (CDC's) Essentials for Childhood Framework can help communities develop safe, stable, and nurturing relationships and environments. The Framework's foundation is that young children grow and develop through experiences and relationships with parents and other caregivers, and when children and their caregivers experience safe, stable, and nurturing relationships and environments they are able to mitigate the effects of potential stressors that could lead to child maltreatment.[1]

In 2013, North Carolina was one of five states to receive funding to implement the Essentials for Childhood Framework. As part of this work, the North Carolina Institute of Medicine (NCIOM), in collaboration with the North Carolina Department of Health and Human Services, Division of Public Health, and Prevent Child Abuse North Carolina, convened a statewide Task Force on Essentials for Childhood. Using the CDC's Essentials for Childhood Framework, the Task Force has developed a collective, evidence-based, state plan for reducing child maltreatment and securing child and family well-being for our state. Additionally, the Task Force examined progress on recommendations issued by the 2005 NCIOM Task Force on Child Abuse Prevention,[2] and prioritized the services, programs, and policies needed to build on this progress.

The Task Force on Essentials for Childhood used the primary goals of the CDC Essentials for Childhood Framework as the organizing structure of their work and this report:

Goal 1: Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child maltreatment

Goal 2: Use data to inform actions

Goal 3: Create the context for healthy children and families through norms change and programs

Goal 4: Create the context for healthy children and families through policies

Goal 1: Raise Awareness and Commitment to Promote Safe, Stable, Nurturing Relationships and Environments and Prevent Child Maltreatment

Recommendation 3.1: Establish Coordinated State Leadership Efforts to Address Essentials for Childhood through a Collective Impact Framework (PRIORITY RECOMMENDATION)

The North Carolina Department of Health and Human Services (DHHS) Division of Public Health (DPH), and Prevent Child Abuse North Carolina (PCANC) should establish membership and convene a Leadership Action Team, which will plan for and oversee investment in childhood and family programs to promote safe, stable, and nurturing relationships and environments and prevent child maltreatment. Using a selection process as defined by best practices in collective impact, the Leadership Action Team will select an appropriate backbone organization to facilitate the collective impact work of state and local communities, guide the strategic vision, and ensure adequate funding support. The Leadership Action Team should:

1) **Include organizational leadership with broad decision-making power from DPH, PCANC, Division of Social Services, and North Carolina Partnership for Children. Organizational leadership should also include additional leaders from the philanthropic community, state agencies, pediatrics, mental and behavioral health, nonprofit organizations, private organizations, business, education, and academia.**

2) **Provide oversight, guidance, technical assistance, and expert consultation for activities to promote child and family well-being.**

3) **Establish working groups to address shared planning, implementation, and accountability of state and local efforts to serve families and children. The working groups should serve as collective impact teams and consist of additional partners who can provide expert consultation and guidance. Working groups should identify opportunities to support efforts in existing state and local systems and serve families and children. Working group topics should include but not be limited to: trauma-informed training and community support; using data to inform action; implementation of evidence-based programs for treatment of child maltreatment and promotion of parenting skills; and exploration of alternative funding strategies for evidence-based programs. Additional details on working groups are laid out in other recommendations.**

4) **Establish membership, select backbone organization, and create/staff working groups, as discussed above, by the end of 2015.**

5) **Produce an annual report, starting in FY 2016, to be sent to the Governor, Secretaries of Health and Human Services and Education, and the Joint Oversight Committee. The report should also be made publicly available. The report should include updates on working group activities, policy recommendations, and additional progress toward both the broad and specific goals of Task Force on Essentials for Childhood.**

Recommendation 3.2: Support the Establishment and Continuation of Trauma-Informed Practices and Communities (PRIORITY RECOMMENDATION)

A working group, as convened by the Leadership Action Team, should be established to examine research on brain development, the impact of trauma on development and behavior over the lifespan, and ways in which other states and communities have established trauma-informed practices in communities, schools, and among health care providers. The working group should explore additional strategies to disseminate knowledge of brain development, trauma, and adverse childhood experiences. Potential strategies may include social marketing and public awareness campaigns around brain development and trauma; work with professional associations in multiple fields, including health, education, first responders, faith community, justice system, and social and community services; focused training for these groups and others in trauma-informed practices and community development; and support for integrated behavioral and mental health services.

Goal 2: Use Data to Inform Actions

Recommendation 4.1: Establish a Child Data Working Group of the Leadership Action Team to Identify and Support Data Collection and Collaboration

a) **The Leadership Action Team should establish a child data working group composed of experts from the North Carolina Division of Public Health (DPH) (e.g. Office of the Chief Medical Examiner, State Center for Health Statistics, Women and Children's Health Section, and Injury and Violence Prevention Branch); Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Division of Social Services; Department of Public Instruction; State Bureau of Investigation; local police departments; North Carolina Partnership for Children; NC Child; Prevent**

Child Abuse North Carolina; academia; and others. The child data working group should be tasked with:

1) **Identifying existing data systems in North Carolina for measuring the physical, socio-emotional, and mental health of children and families.**

2) **Making recommendations on improving and sustaining these systems.**

3) **Exploring options for integrating existing systems or developing new functional, interoperable data systems for tracking and evaluating children's and families' well-being.**

4) **Identifying data critical to assessing child well-being that are not currently measured and developing a plan to collect these data.**

b) **The Leadership Action Team should designate staff from the Chronic Disease and Injury Section of DPH to lead the child data working group and report back to the Leadership Action Team at regular intervals.**

c) **The child data working group should identify indicators from the CDC's indicators of impact report as well as additional data from the North Carolina Child Fatality Prevention Program data; Child Protective Services reports; emergency department and hospital discharge data; vital records; and criminal justice data to be included in the Leadership Action Team's annual report on Essentials for Childhood.**

d) **The child data working group should monitor the progress of the Wake County Child Maltreatment Surveillance System and, if successful, make recommendations to the Leadership Action Team on steps to expand the system to include all 100 counties.**

e) **The child data working group should monitor the progress of the Early Childhood Integrated Data System (ECIDS) and explore the possibility of expanding the ECIDS to include data on older children and other data sets relevant to child maltreatment surveillance.**

f) **The child data working group should examine existing case management operations and explore how data can be used at the population health level to improve services and child welfare. The data working group should examine ways to utilize child maltreatment surveillance data to improve case management services and child well-being at the population level.**

Recommendation 4.2: Gather Data on Social Norms around Children and Parenting

The child data working group should explore and identify the most appropriate mechanism and funding source by which to measure public opinion and social norms around parenting, children, and families, and report back to the Leadership Action Team. This work should assess attitudes and knowledge about parenting; punishment and discipline techniques; safety net programs including Medicaid and nutrition programs; and risk and protective factors for child maltreatment. Once identified, the survey mechanism should:

1) **Include baseline and follow-up surveys to be completed at five year intervals.**

2) **Produce results to be used by the North Carolina Division of Public Health, the North Carolina Early Childhood Foundation, and community organizations to inform social norms approaches to increasing safe, stable, nurturing relationships and environments.**

Recommendation 4.3: Create an Online Data System for an Expanded Kindergarten Health Assessment

a) **Department of Public Instruction (DPI), Department of Health and Human Services (DHHS), North Carolina Pediatric Society, North Carolina Academy of Child Psychiatrists, North Carolina Academy of Family Physicians, and partners should develop an online data system for the kindergarten health assessment (KHA) that could be shared between health providers, schools, and parents or guardians and integrated into the Child Profile generated by the kindergarten entry assessment . Investment in the new system may be supported by the Race to the Top – Early Learning Challenge Grant, but development of the system and ongoing maintenance will require DPI and DHHS investment or legislative appropriations.**

b) **To improve our knowledge of the well-being of children as they enter school, DPI and DHHS should expand the KHA's comments section to include prompts for addressing specific concerns, including developmental, behavioral, social-emotional, and health-related concerns, as well as provide space for physicians to detail specific recommendations for teachers and school staff on addressing individual children's needs appropriate to their scope of practice. To be effectively utilized, DPI and DHHS will need to invest in educating health care providers and school personnel in the use of the KHA as an essential communication tool between health homes, schools, and families.**

Goal 3: Create the Context for Healthy Children and Families through Norms Change and Programs

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 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.**

Recommendation 5.2: Foster Community Support for Healthy Children and Families

The North Carolina Department of Health and Human Services (DHHS), 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.**

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 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 Leadership Action Team 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 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 Leadership Action Team 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 Using Data to Inform Actions) 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 North Carolina 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.

Goal 4: Create the Context for Healthy Children and Families through Policies

Recommendation 6.1: Ensure that Child Care Centers Provide a High Quality, Nurturing Environment (PRIORITY RECOMMENDATION)

Research shows that high quality early care and education is associated with better social-emotional development of children and less maltreatment. The Task Force on Essentials for Childhood strongly believes that the right answer is more AND better early care and education. The long-term goal in early care and education should be that all children from families who want early education can afford it and that it be of high quality. North Carolina should seek to maximize its investment in early care and education initiatives, and leverage federal and foundation resources to enhance the child care workforce and allow more children to attend high quality care and education programs.

a) **The Division of Child Development and Early Education (DCDEE), in partnership with the Child Care Commission and the Department of Public Instruction (DPI) Office of Early Learning, should continue to re-evaluate its quality star rating system and reimbursement system to identify high quality child care facilities based on updated evidence and best practices. As part of this work, DCDEE should:**

    1) **Include criteria that consider the program's focus on learning to support children's social and emotional development, executive function, language skills, and health.**

2) **Include quality measures focused on teacher/child interactions and teacher education and criteria on continuous quality improvement.**

3) **Work with the North Carolina Rated License Assessment Project to revise its policies and procedures for implementation of rating scale assessments to reflect these criteria changes.**

b) **The North Carolina General Assembly should enhance child care subsidies by:**

1) **Adjusting subsidy funding to increase percentage of eligible children receiving subsidies per year by 1%.**

2) **Increasing subsidies for infant and toddler care, expanding both the number of available child care slots as well as improving access to and affordability of higher quality care.**

3) **Allocating additional recurring funding for child care subsidies and, in conjunction with DCDEE and the Social Services Commission, examining eligibility requirements including household income, employment/education, and redetermination periods in order to ensure children's continuity of care and allow parents to remain in the workforce, weather family transitions, and increase families' economic security without jeopardizing short-term subsidy eligibility.**

4) **Excluding the income of a "non-parent relative caretaker" from the definition of the family income unit so that grandparents and other extended family members can continue to care for their children and support their learning opportunities.**

c) **DCDEE, in partnership with the DPI Office of Early Learning and community stakeholders including child care resource and referral agencies, community colleges, Head Start, Smart Start partnerships, and child care providers, should continue to work towards adequate wages and/or wage support, benefits (especially health insurance), education and training, and career advancement opportunities to continue to grow a high quality and well-trained early care and education work force. DCDEE and partner organizations should:**

1) **Continue ongoing evaluation of professional child care workforce development on a bi-annual basis, using the Child Care Services Association workforce study evaluation model. Evaluation should provide county-specific data.**

2) **Allocate sufficient funding for statewide WAGE$ salary supplementation for eligible child care workers and other workforce development programs. Funding should also support targeted resources and technical assistance for the workforce, in order to improve early education quality, as well as a continuous quality improvement frame.**

Recommendation 6.2: Enhance Care and Reimbursement Standards to Promote Children and Families' Mental Health (PRIORITY RECOMMENDATION)

a) Community Care of North Carolina (CCNC), should work with the North Carolina Division of Public Health (DPH), the Division of Medical Assistance (DMA), the North Carolina Pediatric Society, the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), the North Carolina Medical Society, and the North Carolina Academy of Family Physicians, to establish guidelines for primary care clinicians for expanded screening of families with children for psychosocial risk factors and family protective factors, using Bright Futures as a model. Guidelines should be applicable to all populations, regardless of payer. Expanded screening guidelines should include/address:

1) Increased referrals, when appropriate, to existing mental health and social services, and improve care coordination and information sharing among health care (primary care and mental health) and social service providers.

2) Ongoing evaluation by DMA, including frequency of and intervals between implementation, quality of existing mental health and social services, and receipt of referred services.

3) Evaluation of payment policies to incentivize universal screening and services provided (prenatal, postnatal, children, new parents). DMA should explore the establishment of incentive structure for primary care providers who reach expected goals for screening (i.e. percentage of parents screened), assessment, referral, and treatment protocol for children and families, as well as development of a data collection process by which to track services and outcomes.

4) CCNC should ensure transfer of patient information from psychosocial risk screening done as part of pregnancy medical home to infants' pediatric medical provider and other medical services.

b) DMH/DD/SAS, DMA, the North Carolina Foundation for Advanced Health Programs, CCNC, North Carolina Pediatric Society, and the North Carolina Academy of Family Physicians should support current work to increase integrated behavioral health care under Medicaid reform. DMA and DMH/DD/SAS should build in methods to facilitate and establish integrated behavioral health within their practices (i.e. onsite mental health providers, social workers, etc.).

Recommendation 6.3: Ensure Economic Security for Children and Families (PRIORITY RECOMMENDATION)

The North Carolina General Assembly (NCGA) should commission a non-partisan economic analysis of the impact of current North Carolina state tax policy on children and families, including impact on economic security, take home pay, and employment rates. This analysis could be conducted by the North Carolina Center for Public Policy Research, the Fiscal Research Division of the NCGA, or a similar non-partisan policy analysis firm. The NCGA should use findings from this analysis to inform future policies to address economic opportunity and security for families and children.

Recommendation 6.4: Enhance Career Training and Education Opportunities to Promote Economic Security for Families

The North Carolina Community College System and local education agencies should work with local industry to enhance career training opportunities consistent with the needs of local industry. These programs should apply best practices from apprenticeship models, job certification programs, and early college integrated programs.

References

1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. *Essentials for Childhood: Steps to Create Safe, Stable, and Nurturing Relationships and Environments*. Atlanta, GA: Centers for Disease Control and Prevention; 2013.

2. North Carolina Institute of Medicine Task Force on Child Abuse Prevention. *New Directions for North Carolina: A Report of the NC Institute of Medicine Task Force on Child Abuse Prevention. Update 2008*. Morrisville, NC: North Carolina Institute of Medicine; 2008. http://www.nciom.org/wp-content/uploads/NCIOM/projects/childabuse/chapters/2008update.pdf. Accessed July 22, 2014.

RECOMMENDATION	NCGA	DHHS					DPI	PCANC	NCPC	LAT	Designated Working Group	Other
		DPH	DMH/DD/SAS	DCDEE	DSS	DMA						
REPORT BACK January 2016 (or before)												
Recommendation 3.1: Establish Coordinated State Leadership Efforts to Address Essentials for Childhood through a Collective Impact Framework (PRIORITY RECOMMENDATION) DPH and PCANC should establish membership and convene a Leadership Action Team, which will plan for and oversee investment in childhood and family programs to promote safe, stable, and nurturing relationships and environments and prevent child maltreatment.		✓						✓				
Recommendation 3.2: Support the Establishment and Continuation of Trauma-Informed Practices and Communities (PRIORITY RECOMMENDATION) The LAT should establish a working group to examine research on brain development, the impact of trauma on development and behavior over the lifespan, and ways in which other states and communities have established trauma-informed practices in communities, schools, and among health care providers. The working group should explore additional strategies to disseminate knowledge of brain development, trauma, and adverse childhood experiences.										✓	✓ Trauma-informed practices working group	
Recommendation 4.1: Establish a Child Data Working Group of the Leadership Action Team to Identify and Support Data Collection and Collaboration a) The LAT should establish a child data working group composed of experts from DPH (e.g. Office of the Chief Medical Examiner, State Center for Health Statistics, Women and Children's Health Section, and Injury and Violence										✓	✓	

RECOMMENDATION	NCGA	DHHS					DPI	PCANC	NCPC	LAT	Designated Working Group	Other
		DPH	DMH/DD/SAS	DCDEE	DSS	DMA						
Prevention Branch); DMH/DD/SAS; DSS; DPI; SBI; local police departments; NCPC; NC Child; PCANC; academia; and others. b) The LAT should designate staff from the Chronic Disease and Injury Section of DPH to lead the child data working group and report back to the LAT at regular intervals. c) The child data working group should identify indicators from the CDC's indicators of impact report as well as additional data to be included in the LAT's annual report on Essentials for Childhood. d) The child data working group should monitor the progress of the Wake County Child Maltreatment Surveillance System and, if successful, make recommendations to the LAT on steps to expand the system to include all 100 counties. e) The child data working group should monitor the progress of the ECIDS and explore the possibility of expanding the ECIDS to include data on older children and other data sets relevant to child maltreatment surveillance. f) The child data working group should examine existing case management operations and child maltreatment surveillance data and explore how data can be used at the population health level to improve services and child welfare.												
Recommendation 4.2: Gather Data on Social Norms around Children and Parenting The child data working group should explore and identify the most appropriate mechanism and funding source by which to measure public opinion and social norms around parenting, children, and families, and report back to the LAT.											✓ Child data working group	

RECOMMENDATION	NCGA	DHHS					DPI	PCANC	NCPC	LAT	Designated Working Group	Other
		DPH	DMH/DD/SAS	DCDEE	DSS	DMA						
REPORT BACK January 2016 (or before)												
Recommendation 4.3: Create an Online Data System for an Expanded Kindergarten Health Assessment a) DHHS, DPI, NCPS, NCACP, NCAFP, and partners should develop an online data system for the KHA that could be shared between health providers, schools, and parents or guardians and integrated into the Child Profile generated by the KEA. Development of the system and ongoing maintenance will require DPI and DHHS investment or legislative appropriations. b) DPI and DHHS should expand the KHA's comments section to include prompts for addressing specific concerns, including developmental, behavioral, social-emotional, and health-related concerns, as well as provide space for physicians to detail specific recommendations for teachers and school staff on addressing individual children's needs appropriate to their scope of practice. To be effectively utilized, DPI and DHHS will need to invest in educating health care providers and school personnel in the use of the KHA as an essential communication tool between health homes, schools, and families.		✓	✓	✓	✓	✓	✓					✓ NCPS, NCACP, NCAFP and partners
Recommendation 5.1: Promote Positive Community Norms around Child Development and Parenting (PRIORITY RECOMMENDATION) NCECF should continue and expand their work on changing social norms through the First 2,000 Days campaign. NCECF should partner with stakeholders including DCDEE, DPH, DPI, PCANC, CCSA, NCPS, NCPC, and NCAFP to identify professional and community organizations and opinion		✓		✓			✓	✓	✓			✓ NCECF, CCSA, NCPS, NCAFP

RECOMMENDATION	NCGA	DHHS					DPI	PCANC	NCPC	LAT	Designated Working Group	Other
		DPH	DMH/DD/SAS	DCDEE	DSS	DMA						
leaders and conduct trainings on how to promote the First 2,000 Days. NCECF should 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.												
Recommendation 5.2: Foster Community Support for Healthy Children and Families DHHS, DPI, PCANC, and NCPC should partner with the CSSP 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. DCDEE, 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.		✓	✓	✓	✓	✓	✓	✓	✓			✓ CSSP
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 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.										✓	✓ Evidence-based programs working group	

RECOMMENDATION	NCGA	DHHS					DPI	PCANC	NCPC	LAT	Designated Working Group	Other
		DPH	DMH/DD/SAS	DCDEE	DSS	DMA						
REPORT BACK January 2016 (or before)												
Recommendation 5.4: Assess Potential Funding Strategies to Ensure Adequate Investment in Evidence-Based Programs to Prevent Child Maltreatment The LAT should study existing alternative funding strategies for evidence-based program investment, examining the experience of South Carolina and other states. 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) DMA, in collaboration with CCNC, DMH/DD/SAS, and DPH, 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.		✓	✓			✓						✓ CCNC

RECOMMENDATION	General Assembly	DHHS					DPI	PCANC	NCPC	LAT	Designated Working Group	Other
		DPH	DMH/DD/SAS	DCDEE	DSS	DMA						
REPORT BACK January 2016 (or before)												
Recommendation 5.6: Increase Funding for Evidence-Based and Evidence-Informed Programs Implemented by the Smart Start Network (PRIORITY RECOMMENDATION) The NCGA 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.	✓											
Recommendation 6.1: Ensure that Child Care Centers Provide a High Quality, Nurturing Environment (PRIORITY RECOMMENDATION) a) DCDEE, in partnership with the Child Care Commission and the DPI Office of Early Learning, should continue to re-evaluate its quality star rating system and reimbursement system to identify high quality child care facilities based on updated evidence and best practices. b) NCGA should enhance child care subsidies by adjusting subsidy funding to increase percentage of eligible children receiving subsidies per year by 1%; increasing subsidies for infant and toddler care; allocating additional recurring funding for child care subsidies and, in conjunction with DCDEE and SSC, examining eligibility requirements; excluding the income of a "non-parent relative caretaker" from the definition of the family income unit c) DCDEE, in partnership with the DPI Office of Early Learning and community stakeholders including child care resource	✓			✓			✓					✓ Child Care Commission, SSC, Head Start, Smart Start, additional community partners

RECOMMENDATION	General Assembly	DHHS					DPI	PCANC	NCPC	LAT	Designated Working Group	Other
		DPH	DMH/DD/SAS	DCDEE	DSS	DMA						
REPORT BACK January 2016 (or before)												
and referral agencies, community colleges, Head Start, Smart Start partnerships, and child care providers, should continue to work towards adequate wages and/or wage support, benefits (especially health insurance), education and training, and career advancement opportunities to continue to grow a high quality and well-trained early care and education work force.												
Recommendation 6.2: Enhance Care and Reimbursement Standards to Promote Children and Families' Mental Health (PRIORITY RECOMMENDATION) a) CCNC should work with DPH, DMA, DMH/DD/SAS, the NCPS, NCMS, NCAFP, to establish guidelines for primary care clinicians for expanded screening of families with children for psychosocial risk factors and family protective factors, using Bright Futures as a model. b) DMH/DD/SAS, DMA, the North Carolina Foundation for Advanced Health Programs, CCNC, NCPS, and the NCAFP should support current work to increase integrated behavioral health care under Medicaid reform. DMA and DMH/DD/SAS should build in methods to facilitate and establish integrated behavioral health within their practices (i.e. onsite mental health providers, social workers, etc.).		✓	✓			✓						✓ CCNC, NCPS, NCMS, NCAFP, NC Foundation for Advanced Health Programs
Recommendation 6.3: Ensure Economic Security for Children and Families (PRIORITY RECOMMENDATION) The NCGA should commission a non-partisan economic analysis of the impact of current North Carolina state tax policy	✓											

RECOMMENDATION	General Assembly	DHHS					DPI	PCANC	NCPC	LAT	Designated Working Group	Other
		DPH	DMH/DD/SAS	DCDEE	DSS	DMA						
on children and families, including impact on economic security, take home pay, and employment rates. The NCGA should use findings from this analysis to inform future policies to address economic opportunity and security for families and children.												
Recommendation 6.4: Enhance Career Training and Education Opportunities to Promote Economic Security for Families NCCCS and local education agencies should work with local industry to enhance career training opportunities consistent with the needs of local industry. These programs should apply best practices from apprenticeship models, job certification programs, and early college integrated programs.												✓ NCCCS and local education agencies

CCFH	Center for Child and Family Health
CCNC	Community Care of North Carolina
CDC	Centers for Disease Control and Prevention
DCDEE	Division of Child Development and Early Education, North Carolina Department of Health and Human Services
DHHS	North Carolina Department of Health and Human Services
DMA	Division of Medical Assistance, North Carolina Department of Health and Human Services
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, North Carolina Department of Health and Human Services
DPH	Division of Public Health, North Carolina Department of Health and Human Services
DPI	North Carolina Department of Public Instruction
DSS	Division of Social Services, North Carolina Department of Health and Human Services
ECIDS	Early Childhood Integrated Data System
KHA	Kindergarten Health Assessment
KEA	Kindergarten Entry Assessment
NCACP	North Carolina Academy of Child Psychiatrists
NCAFP	North Carolina Academy of Family Physicians
NCCCS	North Carolina Community College System
NCGA	North Carolina General Assembly
NCOGS	North Carolina Obstetrical and Gynecological Society
NCPC	The North Carolina Partnership for Children, Inc.
NCPS	North Carolina Pediatric Society
SSC	North Carolina Social Services Commission, North Carolina Department of Health and Human Services
PCANC	Prevent Child Abuse North Carolina