

# Executive Summary

---

**T**he future of North Carolina’s growth and prosperity depends on our ability to foster the health and well-being of our children. Research shows that wise investments in children and families can lead to future savings, better health, and increased productivity.<sup>1</sup> Health in the earliest years—beginning with a mother’s pre-conception health—provides the foundation upon which future development depends. Children with good health and a strong sense of well-being are more likely to grow into adaptable, functioning adults equipped with the kinds of tools needed to contribute positively to their communities.<sup>2</sup> Young children’s social-emotional well-being, or mental health, affects how children relate to and interact with others, how they learn, and how well they are able to manage their emotions.<sup>3</sup> Children need developmentally appropriate relationships, environments, and experiences during their earliest years to develop a foundation strong enough to support more advanced physical, cognitive, and social-emotional skills.<sup>4,5</sup>

New scientific evidence from multiple fields, including neuroscience, biology, genetics, and the behavioral and social sciences, confirms that developmental and biological disruptions during the prenatal period and formative years can impair healthy functioning, increase vulnerability to health problems later in life, and change the actual structure of a young child’s developing brain.<sup>6,7</sup> Significant adversity in early childhood, including trauma, abuse, living with a parent with a substance use disorder, or being raised in persistent poverty, can cause toxic stress which disrupts a young child’s brain circuitry and other organ and metabolic systems.<sup>7</sup> In the absence of protective factors such as nurturing and responsive relationships with caregivers, these disruptions produce changes in the body and brain that lead to lifelong impairments in both physical and mental health. Children exposed to toxic stress have impaired functioning in the areas of the brain that are critical for the development of linguistic, cognitive, and social-emotional skills.<sup>8</sup> Impoverished and adverse early experiences, in the absence of protective factors, can lead to difficulty learning, difficulty forming healthy relationships, and lifelong physical and mental health problems.<sup>6,7</sup> Further, failure to address these issues at an early age can lead to inordinate expenses to society in the areas of physical health, mental health, education, and criminal justice system expenses.

To effectively intervene in order to prevent the short- and long-term effects of toxic stress will require investing in substantial and sustained prevention, promotion, and intervention services. Extensive evidence shows that effective prevention programs, focused on children under 5 years of age, can change the trajectory of children’s lives. Promoting positive social-emotional development among our youngest children is far easier than trying later to solve the problems that can result from lack of attention to mental health during formative years.<sup>1,6</sup> A growing body of research shows that investments during early childhood



**Young children’s social-emotional well-being, or mental health, affects how children relate to and interact with others, how they learn, and how well they are able to manage their emotions.**

**Wise investments  
in children and  
families can lead  
to future savings,  
better health,  
and increased  
productivity.**

have the potential to generate savings and benefits to society that more than repay their costs.<sup>1,9</sup> Such investments include programs, policies, and services to strengthen the relationships young children have with their caregivers, improve the environments of young children, teach young children social and emotional skills, ensure the workforce is adequately trained, and provide treatment for young children and their families.

This knowledge should inform and undergird all decision-making with regard to spending and programs intended to affect children and their families. North Carolina has an abundance of governmental, non-governmental, non-profit, and educational resources which address various aspects of early childhood social-emotional development and mental health needs. This report identifies short- and long-term strategies for addressing these problems through systemic changes, and greater interaction and cooperation among the systems, agencies, and individuals who interact with children who are younger than 5 years of age and their families.

The North Carolina General Assembly (NCGA) recognized the need to examine the social-emotional and mental health needs of North Carolina's youngest children. In 2010, the NCGA asked the North Carolina Institute of Medicine (NCIOM) to convene a task force to study the adequacy of the current systems serving the mental health, social, and emotional needs of young children and their families.<sup>a</sup> The charge included a systematic evaluation of the needs, gaps, strengths, and resources of the public and private systems providing prevention, promotion, and treatment for young children's mental health and social-emotional well-being. Funding support for the Task Force was provided by the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Abuse Services through the North Carolina Substance Abuse Prevention and Treatment Block Grant from the Substance Abuse and Mental Health Services Administration.

The Task Force was co-chaired by Marian Earls, MD, FAAP, Medical Director, Guilford Child Health, Inc.; Beth Melcher, PhD, Assistant Secretary for Mental Health, Developmental Disabilities, and Substance Abuse Services Development, North Carolina Department of Health and Human Services; and John Thorp, MD, Division Director and Distinguished Professor, Department of Obstetrics and Gynecology, University of North Carolina Health Care. They were joined by 40 other Task Force and Steering Committee members including legislators, state and local agency representatives, service providers, and community representatives. The Task Force met 15 times between March 2011 and June 2012. The Task Force made 12 recommendations, 3 of which were identified as priority recommendations.

---

<sup>a</sup> Section 16.1of Session Law 2010-152

The following provides a summary of the recommendations from the Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families. The summary recommendations are numbered and correspond to the chapter where they are discussed in more detail. Priority recommendations are noted.

### **Creating a More Coordinated, Integrated System to Meet the Social-Emotional and Mental Health Needs of Young Children and Their Families**

The Task Force recognized the need for a more comprehensive, coordinated, and cohesive infrastructure and system to meet the health needs of young children and their families. Furthermore, the Task Force recognized that we are more likely to experience positive results if we implement evidence-based strategies and services to positively influence young children's social-emotional development and meet young children's mental health needs. Evidence-based interventions aimed at improving the social-emotional and mental health of young children often have a positive impact on a wide range of child outcomes. Data is needed to measure young children's social-emotional and mental health needs, identify gaps in services, and monitor the effectiveness of interventions. With better coordination and collaboration, a solid infrastructure, data, and the strategic use of evidence-based strategies, we can meet the social-emotional and mental health needs of young children and their families.

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

**The North Carolina Early Childhood Advisory Council (ECAC) should operationalize a cross-systems plan which includes all North Carolina agencies that fund and serve the physical, social-emotional, and mental health needs of young children and their families.**

### **Recommendation 5.3: Coordinate Promotion, Prevention, and Intervention Services for Young Children with Mental Health Needs (PRIORITY RECOMMENDATION)**

**The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), Division of Medical Assistance (DMA), Division of Public Health (DPH), Community Care of North Carolina (CCNC), Care Coordination for Children (CC4C), Children's Developmental Services Agencies (CDSAs), and Local Management Entities/Managed Care Organizations (LME/MCOs) should examine the current system of care for children ages 0-5 to ensure children at risk of or those with already identified**

**social-emotional and mental health needs have a health home that addresses the physical, social, emotional and mental health needs of the child. As part of this examination, DMH/DD/SAS and partners should develop integrated protocols outlining the criteria for determining which agency is responsible for providing screening, assessment, care coordination, and treatment services for young children with social-emotional and mental health needs, the process for authorizing and paying for services, and how to strengthen collaboration and co-management in the care of the child by providers within the different systems.**

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

**The ECAC, in collaboration with state and local agencies and North Carolina philanthropic organizations, should strengthen and expand the availability of evidence-based programs to improve young children’s mental health for more families in North Carolina.**

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

**The ECAC, in collaboration with the Department of Health and Human Services (DHHS), the Division of Public Instruction (DPI), CCNC, and the North Carolina Partnership for Children (NCPC) should ensure that data are available and utilized for on-going assessment of the status of young children’s health, including the social-emotional health of young children and their families. Data should be used to identify outstanding needs and treatment gaps, modify funding priorities to meet the largest unmet needs, and monitor the effectiveness of interventions.**

### **Promoting Awareness and Understanding of the Importance of Young Children’s Social-Emotional and Mental Health**

Research from multiple fields confirms that all aspects of young children’s development, including brain development, depend on the nature and reliability of young children’s relationships with their caregivers and the quality of their environment.<sup>8</sup> Research has also identified many evidence-based steps that individuals, communities, organizations, and the state can take to ensure young children have the kinds of nurturing, supportive relationships and safe, stable environments that promote social-emotional development. However, the Task Force recognized that this information is not widely known or used in practice. The Task Force feels that a broad understanding of the importance of the early years of life as well as an understanding of effective ways to improve young children’s well-being is needed. Without such understanding, parents,

teachers, care providers, health providers, policy makers, legislative, executive, and judicial branches of government, and others will not pursue or employ effective strategies to improve the social-emotional and mental health of young children.

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

**The ECAC, in collaboration with DHHS, should develop and implement a communications strategy to raise awareness of the importance of young children’s mental, social, and emotional health.**

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

**DPH should continue to support the implementation of the Triple P—Positive Parenting Program, which educates parents, caregivers, and providers on how to promote young children’s social-emotional development, in pilot communities.**

### **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/Young Child Mental Health Association (NCIMHA) and other partners to develop 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 collected should include service availability, eligibility criteria, cost, and evidence involving the effectiveness of the programs and services.**

### **Improving Treatment to Meet the Social-Emotional and Mental Health Needs of Young Children and Their Families**

Providing effective, evidence-based interventions and treatment during the prenatal and early childhood periods of life can significantly improve individuals’ lifelong physical and mental health.<sup>6,7,10</sup> Given this knowledge, the Task Force studied the current system in an attempt to identify opportunities for providing more effective, evidence-based intervention and treatment for young children and their parents, especially mothers. While much is being done in North Carolina to improve care for women and young children, more could be done

to meet the social-emotional and mental health needs of young children and their families. In particular, there is a need to focus on care coordination for women and children, treatment services for mothers with substance use or mental health disorders which consider the needs of young children, and evidence-based screening, triage, assessment, referral, and treatment practices and policies.

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

**To enhance patient health and safety, and to ensure appropriate continuity of care and care coordination, CCNC, the North Carolina Obstetrical and Gynecological Society, North Carolina Academy of Family Physicians, North Carolina Medical Society, North Carolina Pediatric Society, DMH/DD/SAS, and other partners should identify or develop best practices to ensure appropriate transitions of care for women and young children among obstetrical, primary care, pediatric, and other health care providers.**

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

**DMH/DD/SAS, in collaboration with DMA and DHHS housing specialists, the Division of Social Services (DSS), and the North Carolina Housing Finance Agency should examine ways to expand the array of treatment options for pregnant women and mothers with substance use and mental health disorders, including supports for women in their own home as well as residential treatment services.**

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

**DMA, in collaboration with CCNC, DMH/DD/SAS, DSS, DPH, and LME/MCOs should identify evidence-based or evidence-informed screening tools, triage, assessment, referral protocols and clinical treatment guidelines. The organizations should also develop a system of value-based payments for select populations including: pregnant women using or abusing alcohol or other harmful substances, women with mental health disorders, young children with social-emotional and mental health needs, and women and children who have experienced family violence.**

### Ensuring a Well-Prepared Workforce

Young children and their families interact with people with multiple professional backgrounds and training. However, the Task Force recognized that two groups of trained professionals, health care professionals and those involved in early care and education, are uniquely involved in the social-emotional development of young children. Individuals in these workforces come from diverse backgrounds with varying education and training requirements. There is a need to ensure that these professionals understand the importance of social-emotional development and how to foster such development. In varying capacities, these professionals must be prepared to identify and meet the social-emotional and mental health needs of young children and their families. Much more could be done to ensure these professionals have the understanding, knowledge, and skills required to promote young children's social-emotional development and to intervene when development lags or veers off course.

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

**The ECAC should ensure that funding for early educator development and quality improvement through the 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. Specifically, there should be an increased focus on the social-emotional domain of development.**

### Recommendation 2.5: Address Clinical Workforce Development Needs

**The North Carolina Infant/Child Mental Health Association should work with DMA, in collaboration with DMH/DD/SAS, DPH, DSS, the University of North Carolina System, the Area Health Education Centers, and others to identify training needs and to address barriers to developing an effective mental health workforce which meets the clinical needs of young children ages 0-5 and their families.**

### Conclusion

Young children's social-emotional development and mental health influence every critical developmental task of the first five years whether physical, cognitive, linguistic, or social-emotional. Positive social-emotional development and mental health provides the foundation for future development and learning. Furthermore, the absence of positive social-emotional development and mental health has been shown to have a significant negative impact on

**Investments to support the social-emotional development and mental health of young children have the potential to prevent a wide range of adverse outcomes as well as generate large economic returns for all of North Carolina.**

both short- and long-term cognitive development and physical and mental health. This knowledge must inform and undergird all of North Carolina's investments in its citizens if the state is to grow and prosper. North Carolina has already seen the benefits from making significant investments in the health and well-being of young children, particularly around physical and cognitive development. North Carolina also has a long history of supporting physical health by providing health care coverage for low-income pregnant women and children through the Medicaid program and cognitive development through school readiness programs such as Smart Start, Early Head Start, Head Start, and the NC-PreK program. The benefits of these investments would grow further if investments in the social-emotional development and mental health of young children were strengthened. Investments such as the ones described in this report to support the social-emotional development and mental health of young children and their families have the potential to prevent a wide range of adverse outcomes as well as generate large economic returns for all of North Carolina.



# Executive Summary

---

## References

1. Kilburn M, Karoly L. RAND Corporation. The Economics of Early Childhood Policy. Santa Monica, CA. [http://www.rand.org/pubs/occasional\\_papers/OP227.html](http://www.rand.org/pubs/occasional_papers/OP227.html). Published 2008. Accessed April 26, 2012.
2. Miles J, Espiritu RC, Horen NM, Sebian J, Waetzig E. Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health. A Public Health Approach to Children's Mental Health A Conceptual Framework. Washington, DC. <http://gucchdtacenter.georgetown.edu/publications/PublicHealthApproach.pdf?CFID=4150182&CFTOKEN=89131034>. Published 2010. Accessed April 27, 2012.
3. Shonkoff JP, Phillips DA. National Academy Press. From Neurons to Neighborhoods: The Science of Early Childhood Development. Washington, D.C. [http://www.nap.edu/openbook.php?record\\_id=9824](http://www.nap.edu/openbook.php?record_id=9824). Published 2000. Accessed April 27, 2012.
4. National Scientific Council on the Developing Child. Young children develop in an environment of relationship. Working Paper No.1. <http://www.developingchild.net>. Published 2004.
5. National Scientific Council on the Developing Child. The Timing and Quality of Early Experiences Combine to Shape Brain Architecture. Working Paper No.5. <http://www.developingchild.net>. Published 2004. Accessed April 27, 2012.
6. Center on Developing Child at Harvard University. The Foundations of Lifelong Health Are Built in Early Childhood. <http://www.developingchild.harvard.edu>. Published 2010. Accessed April 27, 2012.
7. Shonkoff JP, Garner AS. Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, Section on Developmental and Behavioral Pediatrics. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. 2012;129(1):e232-46.
8. National Scientific Council on the Developing Child. Excessive Stress Disrupts the Architecture of the Developing Brain. Working Paper No. 3. <http://www.developingchild.net>. Published 2004. Accessed April 27, 2012.
9. Washington State Institute for Public Policy. Return on Investment: Evidence-Based Options to Improve Statewide Outcomes: April 2012 Update. Olympia, WA. <http://www.wsipp.wa.gov/rptfiles/12-04-1201.pdf>. Published April 2012. Accessed May 10, 2012.
10. US Department of Health and Human Services. US Department of Health and Human Services, Substance Abuse and Mental Health Administration, National Institutes of Health, National Institute of Mental Health. Mental Health: A Report of the Surgeon General. Rockville, MD. <http://profiles.nlm.nih.gov/ps/access/NNBBHS.pdf>. Published 1999. Accessed May 14, 2012.

