PATHWAYS to grade-level reading

10 YEARS
NC EARLY CHILDHOOD FOUNDATION — EST. 2013

PATHWAYS to GRADE LEVEL READING POLICY & PRACTICE ACTIONS TOOLKIT

PART FOUR

EARLY ACTIONS for LONG-TERM RESILIENCE: Pathways to STRONG and RESILITENT MENTAL HEALTH for INFANTS and YOUNG CHILDREN

NORTH CAROLINA EARLY CHILDHOOD FOUNDATION // FEB 2024

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EARLY LIFE EXPERIENCES LAY THE FOUNDATION for LIFE-LONG MENTAL HEALTH and RESILIENCE

This five-part toolkit is designed to provide guidance for how policymakers, advocates, community non-profits, the business community, and other stakeholders can support the well-being of all North Carolina children with strategic, early-life investments. A broad tent of stakeholders from across the state came together from 2016-2019 to develop NC's Pathways to Grade-Level Reading Initiative (Pathways) over the course of three years.

The guidance in this fourth part of the toolkit prioritizes prevention by attending to infant and early childhood mental health. Pathways laid out the importance of young children's social and emotional health and facilitated the development of what is currently known as the EarlyWell Initiative, which has focused on centering family voice and racial equity in the policy process. Their reports provide insight into what families need and want from North Carolina's mental health ecosystem for babies and young children.

The North Carolina Infant and Early Childhood Mental Health Association describes infant and early childhood mental health as the developing capacity of the child from birth to five years old to express the following competencies in the context of family, community, and culture:

- form close and secure adult and peer relationships
- experience, manage, and express a full range of emotions
- explore the environment and learn

These are skills that are built in the early years through relationships with nurturing, consistent, and responsive caregivers. However, for various reasons many parents struggle with the process of helping infants and young children learn how to regulate their emotions and behaviors—skills that serve children throughout their lifetimes in school, work, and social relationships. Statewide investment in supportive programs is needed to support parents and other caregivers in the process of:

- building strong relationships with babies and toddlers
- supporting children with regulating their emotions and behavior
- being responsive to the needs of an infant while coping with common, high-impact life stressors such as job loss, divorce, or the death of a loved one

Ensuring that children are mentally healthy is inherently coupled with ensuring that parents are coping well.

Infant and child mental health requires attending to parents, particularly maternal mental health. Children who grow up with parents struggling with poor mental health are less likely to develop strong emotional and behavioral regulation, which has been associated with several adolescent and later life mental disorders such as depression, bipolar disorder, borderline personality disorder, and substance-abuse disorders. This early-life dysregulation can also set off a cascade of poor early learning and educational experiences that persist throughout their educational careers. For these many reasons, investments in parents of young children are also long-term investments in children and our society.

OUR FIRST 2000 DAYS TOOLKIT IS A ROBUST EDUCATIONAL TOOL

that stakeholders can use to build understanding in their own communities that infants and young children's experiences with parents and other caregivers lay the foundation for lifelong health, wellbeing, and opportunity.

It is estimated that about 9% to 14% of infants and toddlers ages zero to five experience emotional or behavioral disturbances. However, because infants and children are rarely screened for signs of mental health distress, we know little about how many of them go without the care they need from a trained professional. From the National Survey of Children's Health, we do know that among American children ages 7 to 17, about half of children with a mental health disorder did not receive treatment or counseling from a mental health professional. Those rates are likely to be significantly higher among younger children.

The long and lingering mental health effects of the pandemic brought young people's mental health to a much greater level of public awareness. A recent report from the Child Mind Institute, "The Impact of the COVID-19 Pandemic on Children's Mental Health: What We Know So Far," highlights the disproportionate negative impact on certain groups of children: those include children with pre-existing mental health problems, especially those with limited access to treatment, racial minorities experiencing racism in the health care system and beyond, LGBTQ+ children, and families living with economic uncertainty or food insecurity.

There is urgency to addressing infants' and young children's mental health. Although people are capable of psychological recovery at any age, when prevention and intervention occur at earlier ages it becomes more likely that short-term mental health challenges won't become long-term mental health disorders. The CDC reports that among children exhibiting behavior challenges, more than 1 in 3 also had anxiety, and about 1 in 5 also had depression. Preventing and intervening early to identify the underlying cause is a critical component of ensuring that treatable conditions don't become life-long burdens.

These child mental health challenges are not solely the problem of parents. Economic productivity and workforce stability are also impacted. About 53% of working parents and other caregivers reported that their work is affected by their children's mental health and behavior challenges. Children's distress affects parents' ability to find the care needed to allow them to find work, and to attend work reliably. Child mental health distress also affects parents' abilities to focus and be productive when they are at work. Despite these workplace effects, only a small percentage of workers feel comfortable expressing their need for support with their child's mental health at work.

PROMOTING INFANT AND CHILD MENTAL HEALTH IN THE CONTEXT OF ADVERSITY

Any child in any family can develop early signs of mental health distress; however, all children are not at equal risk for exposure to traumatic stressors that can destabilize development. All children also don't have equal access to pediatric mental health care that can help them be resilient in the face of trauma and adversity. In fact, the children most likely to experience traumatic events are the least likely to have access to mental health care. As detailed in the North Carolina Medical Journal, poverty negatively impacts nearly every indicator of child well-being; it is pervasive and persistent in its effects on children's life experiences and outcomes. Chronic poverty creates daily, weekly, monthly, and yearly cumulative exposure to adversity and stress that behaves as a toxicant in the developing brain of a child.

More than 17% of North Carolina's children, approximately 390,500, live in families with incomes at or below the federal poverty level ($30,000/year for a family of 4 in 2023). The negative effects of poverty on these children's development can be alleviated by investing in public policies that either reduce poverty, or reduce the impacts of poverty. Such policies include addressing housing, food, health care, and safety, while facilitating education and professional training. Economic supports that help families weather tough times are also preventive mental health interventions. The individual and societal cost of not doing so is most evident in our criminal legal system where 65% to 70% of youth in a juvenile detention facility have a diagnosable psychological disorder.

These numbers highlight the need to be proactive and preventive with young children's mental health needs. Reaching children early through statewide universal early childhood developmental screening as children enter and progress through school, starting as early as pre-kindergarten, is one way to promote mental health and intervene early when symptoms arise. North Carolina is a long way from offering universal mental health screening in schools, but initiatives across the state are increasing mental health supports in schools.

MITIGATING BARRIERS TO CARE

There are many factors that can be improved to promote young children's mental health and many ways of intervening early to prevent temporary distress from becoming long-term disorders. Some of the barriers to care include increasing the availability of trained professionals, reducing system fragmentation, and overcoming cultural and social stigmas.

There is a scarcity of trained infant and early child mental health professionals. Because our understanding of infant and early childhood mental health has rapidly increased over the past few decades, there is still a large need for training and professional development among pediatricians and child and family services professionals. North Carolina's Center for Child & Family Health, in partnership with state agencies and nonprofit institutions, launched Project ARCh in 2022 to build a robust workforce in the state focused on young children's mental health. Over a five-year period ARCh will:

- Expand mental health consultation to pediatricians and early interventionists;
- Support the development of a statewide childcare consultation model;
- Increase equitable access to infant and early childhood mental health endorsement; and
- Provide training and supervision to professionals across the state in a wide range of infant and early childhood mental health topics.

Project ARCh aims to achieve these outcomes by connecting regions and places to spread resources, and connect the different sectors (including but not exclusive to childcare, pediatrics, treatment, and early intervention) to share and expand knowledge of infant and early childhood mental health.

Mental health care can be fragmented across different providers who may not all accept the same forms of insurance. The limited number of providers trained in the full range of skills from screening to intervention delivery means that a given child's care may be handled by a range of primary and specialty providers. It is often the case that children who have been diagnosed and are receiving mental health care move between different providers, depending on the severity of their current condition, source of health insurance coverage, and limitations on the number of treatment sessions covered by that insurance.

Cultural and social stigmas and low levels of awareness of what early signs of mental health distress look like among infants and toddlers reduce the likelihood that challenges will be detected early. Research indicates that parents who raise their children's behavioral challenges with teachers or clinicians are concerned that children will be negatively stereotyped, and that they will be seen as incompetent parents. In North Carolina, about 6% of psychologists are from racial and ethnic minority backgrounds, compared to 16% nationally. This lack of diversity in the behavioral health workforce makes it difficult for racial and ethnic minority families to find a provider that reflects their cultural background—and that barrier often reduces their likelihood of seeking out and receiving care.

The EarlyWell Initiative is directly tackling issues of stigma and awareness among the broader public, in addition to strengthening the infant and early child mental system across the state. The North Carolina-focused initiative connected with 200 NC parents of young children to put family voice front and center in creating a policy agenda to improve the systems of care that address social-emotional well-being for babies and young children, from birth to age eight.

PANDEMIC-ERA INNOVATIONS THAT CAN BENEFIT ALL, ESPECIALLY RURAL FAMILIES

The coronavirus pandemic and associated economic disruption worsened the already ongoing child mental health crisis that, as discussed above, is due in part to the limited number of pediatric mental health care providers. The gap between the need for mental health care and availability of services is most intense among rural families.

According to the UNC School of Medicine, in many rural North Carolina communities there simply aren't any pediatric mental health professionals, forcing families to drive hours away from home for their child to receive care from a provider outside of their community. In more than 68 of North Carolina's counties, there is no child and adolescent psychiatrist available.

Thankfully, the pandemic also accelerated innovations in care delivery that warrant investment in their continued development. These innovations may be particularly beneficial for states like North Carolina, where about 40% of people live in a rural county, compared to an average of 18% of people in the United States overall.

ABOUT 40% OF NORTH CAROLINIANS LIVE IN A RURAL COUNTY

compared to an average of 18% of people in the US overall.

Utilizing telehealth for psychological care is such an intervention. Practitioners have found that a wide range of parent and child supports can be delivered via telehealth. These innovations don't have to be reserved for crisis times, and can become an everyday route to accessing mental health care in the areas where people are currently experiencing a lack of access to care.

A 2018 landscape analysis of home visiting services in North Carolina found that, on average, rural communities have less access to home visiting services, which may be due to less availability of a trained workforce, fewer funding opportunities, and the logistical challenges of delivering a home-based program over a wide geographical area or in isolated areas. During the pandemic, telehealth home visiting emerged as an early intervention that unexpectedly worked well in meeting families' needs. The unplanned transition to telehealth home visiting also revealed some potential benefits, such as savings in transportation time and costs, and a resulting expansion in the geographical areas served.

While there are no easy answers or quick fixes to the growing numbers of infants and young children who need access to trained mental health professionals, it is an issue that deserves greater attention from policymakers. There is a high return on investment for providing young children with prevention and intervention support services. The national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program found that when children and youth receive the mental health care they need, they are:

- Less likely to receive psychiatric inpatient services. As a result, the average cost per child served for inpatient services decreased by 42%.
- Less likely to visit an ER for behavioral and/or emotional problems. As a result, the average cost per child for ER visits decreased by 57%.
- Less likely to be arrested, with the average cost per child for juvenile arrests decreasing by 38%.

The remainder of this *Part 4* Pathways Toolkit highlights five important actions identified by Pathways stakeholders that can help ensure that parents and their young children can be resilient and thrive, even in the face of adversity. These include:

- Address Barriers in Health Insurance Coverage of Infant & Early Childhood Mental Health Services to Ensure Adequate Benefits
- Create a Mental Health Professional Development System to Recruit and Retain Infant and Toddler Mental Health Clinicians
- Increase Professional Development in Mental Health Treatment for Pediatricians and Family Physicians
- Integrate Mental Health Providers with Pediatric and Other Primary Care Practices
- Expand the NC Child Treatment Program

See Appendices A & B for a review of the core components of Pathways to Grade Level Reading and its emphasis on advancing racial equity in children's developmental outcomes.

PATHWAYS ACTIONS

To facilitate improvement in children's developmental contexts and experiences, Pathways stakeholders identified 44 Pathways Actions that policymakers and practitioners can take to improve outcomes. These actions are the result of asking what would be possible by coordinating policies and strategies across all levels of state government and types of organizations to support optimal development from birth through the end of third grade with one central outcome: reading at grade level by the end of third grade. Pathways Actions are comprehensive and multisector because despite the focus on one shared, tangible, and galvanizing goal, Pathways is undergirded by a whole child approach with the understanding that reading scores are a transparent proxy indicator for overall child well-being and a critical predictor of future outcomes.

To ensure that the Design Team's work was grounded in the local realities across North Carolina, Pathways created a feedback loop between communities and the state-level Design Team. Participants included pediatricians, superintendents, early educators, social services providers, community college and university representatives, principals, child care center directors, and more. These conversations resulted in the creation of a matrix of hundreds of possible actions for improving outcomes in the prioritized areas of focus, with these recommendations shared with the Design Team to provide local input as they made final decisions about which actions to recommend.

This five-part toolkit will highlight several interconnected Pathways Actions in each part. *Part 4* includes the following Pathways Actions:

Expectation 4 • Social-Emotional Health System is Accessible and High Quality

- Actions 4.1 & 4.4—Create a Mental Health Professional Development System to Recruit and Retain Infant and Toddler Mental Health Clinicians
- Action 4.3— Expand the NC Child Treatment Program
- Action 4.6—Increase Professional Development in Mental Health Treatment for Pediatricians and Family Physicians
- Action 4.10—Address Barriers in Health Insurance Coverage of Infant & Early Childhood Mental Health Services to Ensure Adequate Benefits
- Action 4.11— Integrate Mental Health Providers with Pediatric and Other Primary Care Practices

ACTION 4.10

Ensure that health insurance covers children's mental health by including language allowing payment based on a diagnostic system that reflects the developmental needs of young children, enables at least six initial visits when a diagnosis is uncertain, expands the definition of "medically necessary services" to include prevention, diagnosis and treatment, and require evidence-based approaches appropriate for infants, toddlers, and their families.

ADDRESS BARRIERS in HEALTH INSURANCE COVERAGE of Infant & Early Childhood Mental Health Services to ENSURE ADEQUATE BENEFITS

Various aspects of health insurance coverage for young children in North Carolina can limit their access to mental health services. Specific revisions to language, coding, definitions, and requirements will help to remove barriers, improve service delivery, and ensure that children who are in most need of mental health services can receive care during their most critical years of development.

Ensuring that health insurance appropriately covers children's mental health needs requires legislative specificity regarding the following: 1) Language allowing use of and payment based on a diagnostic system that reflects the developmental needs of young children (the DC:0-5, rather than the DSM-5), as well as training for practitioners in how to use that system, 2) Language allowing the use of non-specific diagnosis codes for at least six initial visits when a diagnosis is uncertain, or when the child has functional issues without a diagnosis, 3) A definition of "medically necessary services" to include prevention, diagnosis and treatment of infant and early childhood mental health concerns and conditions, and 4) A requirement for evidence-based approaches appropriate for infants, toddlers, and their families, such as treating families and young children together, and delivering infant and early childhood mental health services in primary care settings and home visits.

1 IN 6 U.S. CHILDREN

aged 2–8 years had a diagnosed mental, behavioral, or developmental disorder. Without access to mental health care, their challenges may escalate and create secondary challenges such as school failure and involvement in the justice system.

WHAT WE KNOW

Families seeking services for a child with mental health needs often have more difficulty advocating for services through private insurance than on Medicaid. This is due to an aspect of federal law that states that any state which accepts Medicaid funds to pay for services for people with disabilities is required to offer those services in the least restrictive environment possible. Most health insurance companies are required to provide mental health benefits, but there are no state or federal requirements that say that those offered by private companies must be equal to the benefits that Medicaid provides. This means that children with significant mental health needs are likely to have better access to comprehensive care if they have Medicaid, rather than private insurance.

Dive Into the Data

Data on this issue are urgently needed. There is currently no good source of information on the number of young children who need and are receiving behavioral health care. However, research shows that access to providers who can conduct screening, referrals, and treatment varies by geographic location and demographic characteristics.

Explore other North Carolina early childhood data indicators on the Pathways Data Dashboard.

WHAT WE NEED

ZERO to THREE is one of many organizations that have noted that the more commonly used frameworks for childhood mental health such as DSM-5 (APA, 2013) and ICD-11 (WHO, 2019) do not adequately describe early childhood psychopathology. Many early childhood professionals are advocating for increased use of DC:0-5 as a diagnostic classification, as it provides a deeper understanding of the infant/young child's psychological, emotional, and relational development and experience within the context of family, community, and culture. The DC:0-5 approach to diagnosis is developmentally appropriate, relationship-based, contextually driven, and culturally sensitive.

HOW TO SUPPORT

Incorporation of the DC:0-5 classification approach into the training and expectations for mental health and allied professionals would improve professionals' ability to identify mental health challenges early in life. Early interventions that are developmentally appropriate and relational can mitigate long-term distress and impairment.

> When infants and very young children experience adverse and traumatic experiences, those experiences can have lasting negative impacts on their mental health and well-being. When very young children exhibit symptoms of mental health distress, timely access to behavioral care can ensure that treatable challenges do not become debilitating disorders.

INITIATIVES WORKING IN THIS AREA

Child First is an evidenced-based mental health program in eastern North Carolina that helps struggling families build strong, nurturing relationships that heal and protect young children from the impact of trauma and chronic stress. With Medicaid transformation, Child First will address barriers to insurance coverage through an EPSDT service definition, which will promote the use of the DC:0-5 as the diagnostic classification system that reflects the developmental needs of children birth through five. This approach allows children with non-specific diagnostic codes to be eligible for services, providing "medically necessary services" including prevention and treatment of mental health concerns and conditions.

Sistas Caring 4 Sistas (SC4S) is a community-based doula program committed to birth equity, social justice, and reducing health disparities for women and infants of color. Each Certified Doula has training in Childbirth Education, Lactation Education, Triple P Parenting Education, Extended postpartum care, as well as Peer Support Certification for women who have mental health and/or substance use challenges. They recognize the importance of community-based organizations in developing policy to expand doula services to support communities and young children and mothers in need.

Visit the Pathways Action Map to learn more about these and other initiatives leading efforts in this area.

ACTIONS 4.1 & 4.4

Recruit and retain more clinicians for infant and toddler mental health, including clinicians of color.

CREATE A Mental Health Professional Development SYSTEM to RECRUIT and RETAIN Infant and Toddler MENTAL HEALTH CLINICIANS

The first three years of a child's life lay the foundation for future learning, health, and development. The North Carolina Infant and Early Childhood Mental Health Association states that mental health for young children includes the capacity for infants and toddlers to: Form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn.

Evidence-based services provided by qualified infant and early childhood mental health professionals are effective at improving young children's mental health, especially for those who have experienced trauma. Like all other states, North Carolina lacks enough mental health providers to meet the needs of the number of infants and toddlers who need support. Recruiting and keeping qualified providers is especially difficult in rural areas. Reducing shortages and turnover is essential to eliminating gaps in service availability and providing high quality care.

> The North Carolina Child Health Report Card shows that **MORE THAN ONE IN 10 CHILDREN AGES 3 TO 17 HAD A DIAGNOSIS OF DEPRESSION OR ANXIETY IN 2020.** This is a **49% INCREASE** since 2016.

WHAT WE KNOW

Leading early childhood health organizations including the American Academy of Pediatrics declared a **National State of Emergency in Children's Mental Health**. The worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19, rising inflation, increasing housing instability, and the ongoing struggle for racial justice.

The earliest experiences of young children have an impact on their brain formation and soaring rates of mental health challenges among children and adolescents highlight the importance of investing in mental health for infants and young children to provide them a strong start to life. Equitable access to high-quality mental health services for children birth-to-age-eight is critical for families and the future of our state.

Dive Into the Data

Children's experiences with stress can begin before birth, in their mother's womb, and continue during their earliest months and years of life and has implications for every sphere of life outcomes, from education to health. One measure of the level of stress that families and children are experiencing is based on the level of social support they have to buffer against life's hardships. The Pathways Data Dashboard includes data on the **percent of new mothers reporting access to sufficient social supports** across the state.

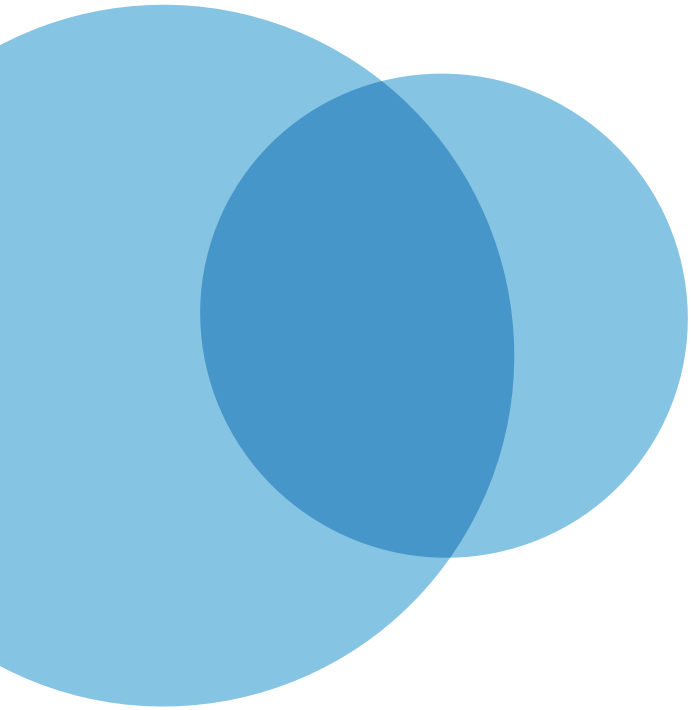
> Systemic change is needed because mental health systems were not built to meet children's developmental needs; therefore, most don't currently consider the needs of infants and children.

WHAT WE NEED

Establishing a strong and accessible mental health workforce is a crucial step towards ensuring that all North Carolina children can thrive despite stressors their families may be experiencing. The state needs more clinicians who are trained to provide evidence-based mental health treatment to young children and families. The **NC Child Treatment Program** based at the Center for Child and Family Health in Durham, specializes in this type of training. Expanding The NC Child Treatment Program is a key area to support young children's mental health in the state.

HOW TO SUPPORT

North Carolina needs comprehensive policies that promote the training and retention of a range of mental health staff who can provide care along the full **continuum of mental health care and services for children**. This includes those who focus on the promotion of healthy development, to prevention of illness, and treatment for children and families in crisis. Building a well-trained workforce of infant and early childhood mental health providers, with a focus on increasing the number of providers of color, is a key strategy for ensuring this is possible for all North Carolina children.



INITIATIVES WORKING IN THIS AREA

The **ARCh Project** partners with agencies around the state to improve infant and early childhood mental health outcomes of North Carolina children ages birth to five by increasing access to services and advancing workforce capacity to effectively meet their needs. Undergirding all activities is a goal of reducing disparities in access to IECMH practices across the state that are developmentally sensitive, culturally-responsive, trauma-informed, and evidence-based.

Child First is an evidenced based mental health program which helps struggling families build strong, nurturing relationships that heal and protect young children from the impact of trauma and chronic stress. Using a two-generation approach, they provide psychotherapy to parents and children together in their homes, and connect them with the services to make healthy child development possible.

The **NCTSN Resource Parent Curriculum** is part of a larger collaborative project between the Center for Child and Family Health (CCFH) and the NC Division of Social Services (NCDSS). Funds from NCDSS are used to train and support child welfare/mental health professionals to deliver workshops to foster, adoptive, and kinship caregivers to educate about the impact of trauma on development for children with experience in foster care or out-of-home placement.

Visit the Pathways Action Map to learn more about these and other initiatives leading efforts in this area.

ACTION 4.6

Support professional development to increase primary care providers' knowledge (competency) in prevention, management and treatment of frequently occurring and mild to moderate early childhood mental health conditions.

INCREASE PROFESSIONAL DEVELOPMENT in MENTAL HEALTH TREATMENT for PEDIATRICIANS and FAMILY PHYSICIANS

Pediatricians and family physicians often have the first and most regular contact with families with young children. It's estimated that one-quarter of pediatric primary care office visits in the U.S. involve a concern for behavioral and mental health problems. Physicians play an important role in preventing, identifying, managing, and treating mental health concerns for young children in partnership with families and other providers. This includes incorporating screening, primary care intervention, engaging families as partners in care, managing medication, knowledge of evidence-based mental health services, and working closely with mental health professionals.Additional training and professional development for physicians in these areas benefits children and families.

WHAT WE KNOW

Although well-child visits to the pediatrician's office are an excellent opportunity for implementing universal behavioral health screening, it doesn't happen often enough because of lack of training and competency. The American Academy of Pediatricians found that **65% of pediatricians reported they lacked the necessary training in the treatment of children with mental health problems, 40% stated they lacked the ability to diagnose mental health problems, and more than 50% indicated they lacked confidence in their ability to treat these patients**.

ABOUT 98% OF CHILDREN

ages 0 to 4 have a well-child check-up each year. This makes regular visits with a pediatrician or family care provider a significant opportunity for identifying and addressing infant and early childhood mental health concerns.

For the overwhelming majority of pediatricians, learning how to respond to children's behavioral health needs comes as on-the-job training. Several North Carolina universities are stepping up to ensure that there are opportunities for pediatricians and family care providers to receive training in infant and young child mental health during medical school to ensure they have the knowledge and experiences needed to provide appropriate behavioral and mental health care. There are also a range of national initiatives that aim to build the capacity of pediatricians and other primary care providers to assess, diagnose and manage a range of mental health issues:

- **The American Academy of Pediatrics' Screening Technical Assistance & Resource Center**
- **Resources for Advancing Children's Health (REACH) Institute**
- **American Board of Psychiatry and Neurology's Post Pediatric Portal Pilot Project**

States can maximize their use of funding through supporting a combination of "home grown" initiatives and by tapping into these and other national initiatives.

Dive into the Data

North Carolina, like most states, doesn't have any strong data on infant and young children's behavioral and psychological well-being. Without this information, state and local leaders don't know whether their policies, systems, and allocation of resources are meeting children and families' needs for support. *Learn more about **the need to fill this data gap***. Explore other indicators related to children's need for care and services on the **Pathways Data Dashboard**.

WHAT WE NEED

The **Preparing Future Pediatricians to Meet the Behavioral and Mental Health Needs of Children** report states that regulatory efforts by councils that accredit medical training, residency, and specialty fellowships can play a key role in promoting needed change. Some examples of these regulatory efforts include: developing competency-based requirements related to behavior and mental health care; mandating incorporating behavior and mental health care into as many resident experiences as possible.

Organizations that set standards for training and certification can play a substantial role in creating the conditions that will increase the likelihood that future pediatricians will begin their careers with the knowledge and capacities that can contribute to reducing the child mental health crisis.

HOW TO SUPPORT

Pediatricians can be encouraged to learn more about and follow the American Academy of Pediatrics' **Bright Futures screening guidelines**, which recommends conducting a psychosocial and behavioral assessment at each of the 15 well-child visits during the child's first five years. Research shows that **screening should utilize instruments that focus on early development and behavior in the social-emotional domain**. Screening should also cover other risk factors associated with infant and child mental health challenges, such as maternal depression; financial, housing, and food insecurity; domestic and community violence; and substance abuse in the home.

Increasing the number of pediatricians who screen for behavioral and psychological challenges at well-child visits must be accompanied by increases in the number of infant and young child mental health service providers so that families can be referred to needed supports. Several North Carolina initiatives such as the ***Child, Adolescent, and Family Behavioral Health Fellowship*** are working to improve the availability and accessibility of behavioral health to children and their families.

> Getting pediatricians and family physicians more involved in behavioral and mental health delivery is about creating a prevention-focused system.

INITIATIVES WORKING IN THIS AREA

ARCh Project partners with agencies around the state to improve infant and early childhood mental health (IECMH) outcomes of North Carolina children ages birth to five by increasing access to services and advancing workforce capacity to effectively meet their needs. From Fall of 2022 until Fall of 2027, they will expand mental health consultation to pediatricians and early interventionists; support the development of a statewide childcare consultation model; increase equitable access to IECMH endorsement; and provide training and supervision to professionals across the state in a wide range of IECMH topics.

Visit the Pathways Action Map to learn more about these and other initiatives leading efforts in this area.

ACTION 4.11

Put in place policies that remove barriers to integrated care, such as eliminating systems that separate/"carve out" mental health care from physical health care, and create payment incentives for practices with mental health professionals integrated as members of the medical team.

INTEGRATE MENTAL HEALTH PROVIDERS with PEDIATRIC and Other PRIMARY CARE PRACTICES

Integrating mental and behavioral health services within primary care is an evidence-informed approach to addressing disparities in mental health. Several models, such as Massachusetts Project LAUNCH, exist that focus on integrating early childhood mental health in primary care settings, which shows that it increases access and coordination of mental and physical health services for families with young children, particularly families from low-income communities. Removing carve outs and establishing more value-based payments systems are examples of policies that support integration.

Integrated care settings are particularly important for reducing inequities in children's access to behavioral care. This is because primary care providers practicing in neighborhoods with higher percentages of Black, Hispanic, and low-income families are less likely to have geographically proximate behavioral health professionals.

WHAT WE KNOW

Historically, the behavioral and psychological care delivery system was seen as separate from the physical care delivery system. However, as we increasingly understand the interconnections between physical and mental health, pediatric and primary care clinics are increasingly seen as optimal sites for the delivery of integrated care. Because most pediatricians don't have the knowledge or time to deliver the types of direct child and parenting support interventions that have been shown to improve outcomes for children with psychological and behavioral challenges, an effective care delivery model is to integrate psychologists, social workers, and therapists into one the physical care delivery setting.

NC'S EARLYWELL HAS IDENTIFIED 6 POLICY PRIORITIES FOR 2024 and a 10-year advocacy plan as part of building "a robust, evidence-based, and accessible early childhood mental health system in North Carolina."

Integrating mental health providers into pediatric care settings also creates peer-learning opportunities that can strengthen pediatricians' own capacities to screen, identify, and refer families whose children are exhibiting early signs of mental health distress. There are several models for how pediatric and mental health providers can partner that range from co-location in the same facility to truly collaborative care. Co-located care increases the likelihood of "warm handoffs" from primary to mental health care, facilitates informal consultation among professionals, and increases formal information sharing through a shared medical record. In collaborative care the primary care provider integrates behavioral health providers into the members of their care team and assumes responsibility of delivering care for non-severe behavioral and psychological challenges.

Dive into the Data

North Carolina, like most states, doesn't have any strong data on infant and young children's behavioral and psychological well-being. Without this information, state and local leaders don't know whether their policies, systems,and allocation of resources are meeting children and families' needs for support. *Learn more about the need to fill this data gap*. Explore other indicators related to children's need for care and services on the Pathways Data Dashboard.

WHAT WE NEED

Because of the improved quality of care and decreased total cost of care that occurs when young children and their families have access to integrated physical and behavioral health care, in 2022, Blue Cross NC launched Phase 1 of their initiative to support the development of Behavioral Health Collaborative Care for Health Systems. Their aim is to support the integrated treatment of common mental health conditions such as depression and anxiety that require systematic follow-up due to their persistent nature.

HOW TO SUPPORT

Because it is still rare for pediatricians to have behavioral health staff as members of their care team, most rely on the assistance of state-funded consultation support hotlines like NC-PAL, which is a hotline that enables a primary care provider or pediatrician to receive consultation from behavioral health experts. As North Carolina continues to support NC-PAL and identify additional opportunities to increase the integration of physical and behavioral health care for infants and young children, it can learn from what other states are doing to connect psychiatrists with primary care physicians on an 'as needed' basis:

- Maryland's Behavioral Health Integration in Pediatric Primary Care
- Massachusetts' Child Psychiatry Access Project

These state funded as-needed consultation services provide significant short-term benefits by reducing the likelihood that young children's immediate psychological and behavioral challenges will go untreated and develop into psychiatric disorders, and substantial longer-term benefits by building pediatric and family care doctors' knowledge and capacity to identify and respond to psychological and behavioral health challenges.

LEARNING FROM NATIONAL INITIATIVES

As North Carolina stakeholders strengthen young children's access to behavioral supports, they can learn from Zero to Three's HealthySteps program, which provides early childhood development support to families where they are most likely to access it: at any clinic where well-child care is provided. Three tiers of care are provided. Tier 1 is available to all families who attend the clinic and includes child development and social-emotional/behavior screening, maternal depression and family needs screening, and a family telephone support line. The second tier of services is for families with mild concerns, and includes development and behavior specialist consultations with families, care coordination, positive parenting guidance, and early learning resources. The third tier of services is for families with more intensive behavioral challenges, and includes the addition of regular meetings with the family during each well-child visit and at other times, as needed, and referrals to community resources, specialist evaluation, and dyadic treatment. Clinics offering HealthySteps reduced the gap in risk of social-emotional difficulties between children whose mothers had experienced childhood trauma and those whose mothers had not.

Visit the Pathways Action Map to learn more about these and other initiatives leading efforts in this area.

ACTION 4.3

With a focus on racial and geographic equity, expand the NC Child Treatment Program, which trains mental health clinicians in evidence-based child treatment models to serve children across NC.

EXPAND the NC CHILD TREATMENT PROGRAM

Soaring rates of mental health challenges among children and adolescents highlight the importance of investing in preventative mental health care for young children to provide them a strong start to life. Training clinicians that specialize in child and adolescent mental health grounded in evidence-based treatment models is a key step in working to address this issue, and the North Carolina Child Treatment Program is prioritizing this work. This is a statewide investment in training mental health providers in evidence-based treatment models addressing childhood trauma, behavior, and attachment.

WHAT WE KNOW

Research shows that children who have a strong mental health foundation have better oral language development and skills, better interpersonal skills, fewer behavioral problems, are more successful in elementary school and beyond, have better physical health, and have better lifetime employment outcomes and higher income. Research also informs us that children in racial and ethnic minority and low-income families, those with the greatest need for professional supports, are the ones least likely to receive mental health care. Therefore, expanding equitable access to high-quality mental health services for children birth-to-age-eight within the NC CTP framework is critical for families and the future of our state.

Dive Into the Data

Approximately 10% percent of all children birth to five years old experience emotional, relational, or behavioral disturbances, such as aggression, disruptive behaviors, or inability to manage emotions, handle conflict or make friends. A much higher 35% of children in low-income families may experience these challenges. It is estimated that some 91,000 young children in North Carolina experience challenges in social-emotional development.

> Since 2006, the NC Child Treatment Program has trained **MORE THAN 900 CLINICIANS** who now **PROVIDE SERVICES IN OVER 100 COUNTIES**.

More information is needed on children in North Carolina who are being screened, referred for, and receiving mental health services. The Children's Social-Emotional Health Data Workgroup met in 2019 and 2020 to draft recommendations for a portfolio of measures to capture young children's social-emotional health.

WHAT WE NEED

Assessments of parents' perceived barriers to receiving services for their children's mental health problems found that the top barrier was lack of information about and availability of providers offering services. The NC Child Treatment Program is working to reduce this barrier by providing competency-driven training, clinical coaching, and implementation support across the state, with an emphasis on racial and geographic equity.

Expanding this program is an investment that will pay off! When young children have positive early life experiences and other needed mental health supports, they are set up for life-long well-being and success. Building a well-trained and adequate workforce of infant and early childhood mental health clinicians, with a focus on increasing the number of providers of color, is a key strategy for ensuring this is possible for all North Carolina children.

HOW TO SUPPORT

Since 2013, the North Carolina Child Treatment Program has received $1.8 million per year in state funds to train clinicians in evidence-based models for children that are involved in or at risk of involvement in the child welfare system. However, **a recent analysis of the NC CTP found that because of low reimbursement rates there is a lack of providers willing to be trained and/or offer these services, which is a barrier to state-wide coverage**. Medicaid rates cover between 20% to 75% of the actual cost of providing evidence-based mental health treatment to fidelity.

When asked what would best support the program's expansion, NC CTP leaders emphasized the need for improved reimbursement, funding, and infrastructure. Further, NC CTP leaders agreed that if health insurance providers implemented a cost-based reimbursement rate, it would help to cover the true cost of delivering evidence-based treatment to children and families who need it.

> Establishing a strong and accessible mental health workforce is a crucial step towards supporting babies' and young children's mental health. Expanding The NC Child Treatment Program is a key area to support young children's mental health in the state.

INITIATIVES WORKING IN THIS AREA

The **North Carolina Child Treatment Program** (NC CTP) is a platform for the dissemination and sustainment of an array of evidence-based treatment models (EBTs) that address psychological trauma, child-caregiver attachment, and disruptive behaviors among children. NC CTP engages licensed clinicians in clinical training, case-level consultation, and post-training supports, while providing implementation training and support to agency leaders. NC CTP also collaborates with public mental health policy leadership, third-party payers, and state and local System of Care professionals to increase child and family access to high-quality, cost-effective mental health assessment and treatment in communities and residential settings.

Visit the Pathways Action Map to learn more about these and other initiatives leading efforts in this area.

THE COMPLETE PATHWAYS TOOLKIT

PART ONE *(Click Here to Access)*

- Support Families in Advocating for their Children
- Require Linked Strategies Across Programs to Engage and Learn from Families
- Ensure Assessment Instruments are Culturally and Linguistically Relevant
- Ensure Education Accountability Systems are Culturally Relevant
- Provide Professional Development for Teachers on Cultural Competency/Working with Families
- Support Schools and Child Care Programs to Engage Deeply with Families

PART TWO *(Click Here to Access)*

- Recruit and Retain Educators and School Leaders of Color
- Adjust Hiring Practices to Ensure High-Quality Educators
- Invest in School Health and Mental Health Staff and Clinics
- Eliminate or Minimize Suspension and Expulsion

PART THREE *(Click Here to Access)*

- Create Family-Friendly Employment Policies
- Ensure Accessible Transportation to Early Care Programs, Schools and Health Services
- Provide Wraparound Services for High Quality Early Care and Education
- Expand Child Care Subsidies for Children; Raise Child Care Subsidy Rates; and Provide Higher Subsidy Rates to Providers in Underserved Communities
- Increase Standards and Compensation of Birth-through-Age-Five Educators

PART FOUR *(current toolkit)*

- Address Barriers in Health Insurance Coverage of IECMH Services to Ensure Adequate Benefits
- Create a Mental Health Professional Development System Focused on Infant and Toddler Clinicians
- Increase Professional Development in Mental Health Treatment for Pediatricians and Family Physicians
- Integrate Mental Health Providers with Pediatric and Other Primary Care Practices
- Expand the NC Child Treatment Program

PART FIVE *(March 2024)*

- Use Data to Track Community Needs and Service Provision
- Screen Children and Families for Social Determinants of Health and Connect them to Appropriate Services
- Expand Maternal Depression Screening and Treatment
- Invest in Two-Generation Interventions
- Increase Access to Affordable Housing
- Include At-Risk Children in Early Intervention

OVERVIEW OF PATHWAYS

Pathways to Grade Level Reading (Pathways) began in 2015 as a uniquely North Carolina, statewide collaborative focused on creating a shared whole child, birth-to-end-of-third-grade framework outlining the developmental experiences and contexts that can significantly increase the likelihood that children will be reading at grade-level by the end of third grade.

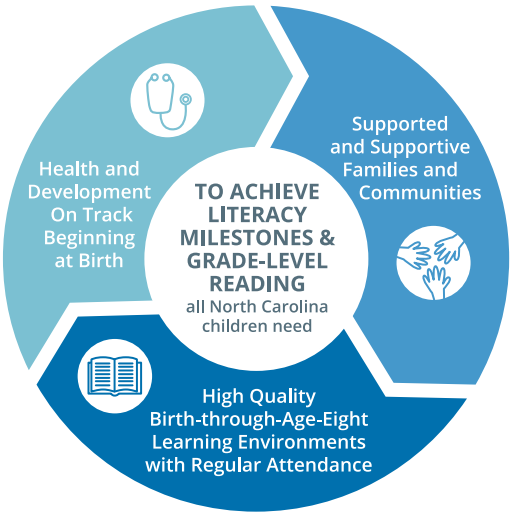
Stakeholders identified coordinated strategies that can support children's optimal development beginning at birth and aligned policies and practices that are rooted in the science of how children develop. Pathways has grown into a partnership of hundreds of diverse leaders from across the state who have worked across sectors, geographies, and the political aisle with the goal of building a comprehensive, publicly-funded early childhood system for North Carolina and improving outcomes for young children.

Equity of opportunity is central to Pathways and its guidance for implementation. Stakeholders believe that attending to equity is the only way to achieve the singular vision that aligned their efforts:

All North Carolina children, regardless of race, ethnicity or socioeconomic status, are reading on grade-level by the end of third grade, and all children with disabilities achieve expressive and receptive communication skills commensurate with their developmental ages, so that they have the greatest opportunity for life success.

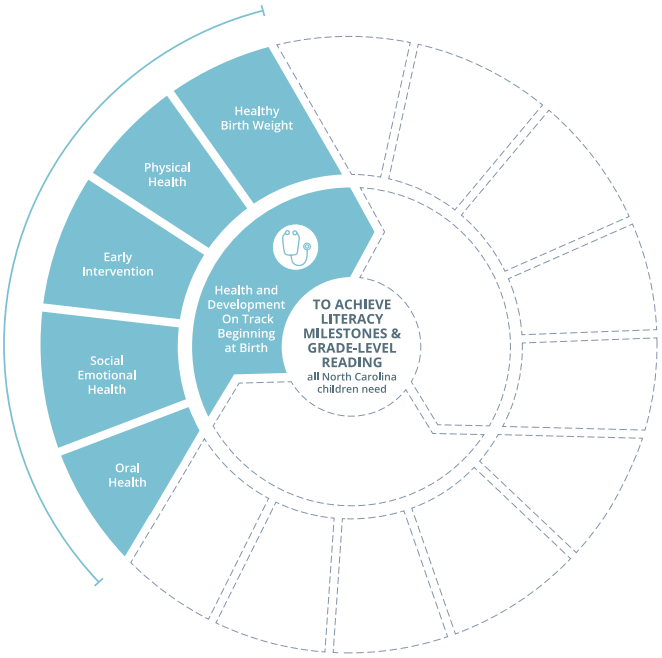
Pathways is comprised of three core interdependent components:

1. Health and development on track beginning at birth
2. Supported and supportive families and communities
3. High quality birth-through-age-eight learning environments



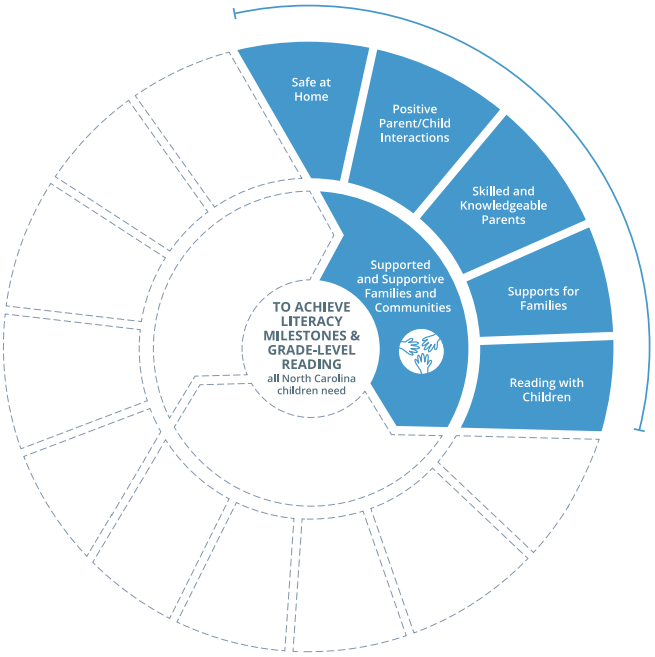
Each component is as important as the other because successful achievement of one facilitates success in the other two. Each component includes five research based Measures of Success that specify the experiences and developmental environments that children need to thrive. These measures are not an exhaustive list of all that matters to create the conditions that place children on the pathway to grade-level reading. However, they are the ones that have strong research-based connections to early literacy.

The first component is Health and Development on Track Beginning at Birth. Both physical and emotional health form the building blocks for a child's development, and prioritizing these from the earliest years lays the foundation for children's well-being in later years. This component is achieved when infants are born with a healthy birth weight, experience good physical health, are showing positive social emotional health, have good oral health, and receive early intervention when they have characteristics that place them at risk for poor developmental outcomes.



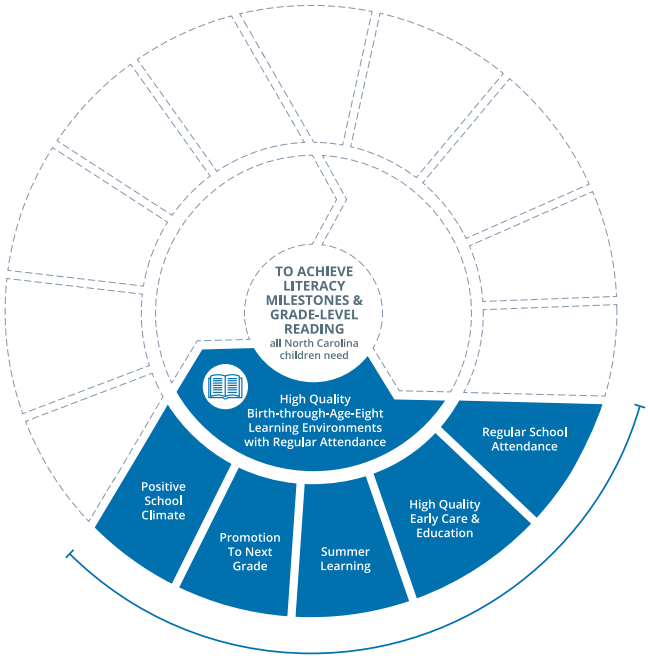
Pathways stakeholders identified 18 factors that influence or increase the likelihood that children will have these positive developmental experiences beginning at birth. Some of these influencers include pregnant women receiving timely prenatal care, children who are screened for social-emotional needs, and children receiving regular well-child visits. The others can be found on pages 15 to 18 of the Measures of Success.

The second component is Supported and Supportive Families and Communities. A stable and nurturing environment for young children cultivated by caregivers is a critical factor in supporting optimal development and overall well-being. This component is achieved when children are safe at home, have positive parent-child interactions, are being read to by their caregivers, learn from skilled and knowledgeable parents, and have parents who receive sufficient social support. Resources and services that recognize the crucial role caregivers play help to improve their capacity to effectively parent and improve children's early literacy outcomes.



Stakeholders identified 10 factors that influence the likelihood that children will grow up in supportive developmental contexts. Some of these influencers include families screened for poverty at well-child visits, parents with access to mental health, domestic violence and substance abuse services, and families having access to the Family Medical Leave Act. The others can be found on pages 22 to 24 of the Measures of Success.

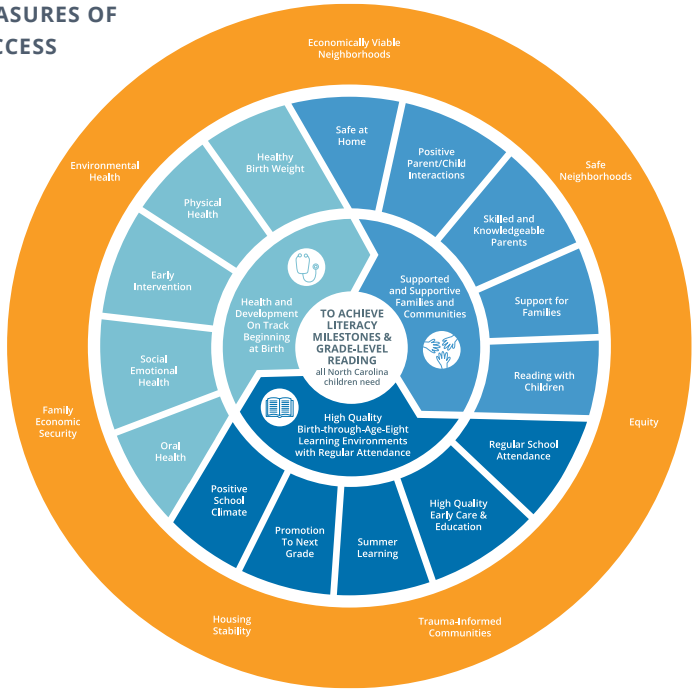
The third component is High Quality Birth-Through-Age-Eight Learning Environments with regular attendance. It is well established that high quality early learning environments are a huge factor in preparing children for success by providing a strong cognitive foundation. This component is achieved when children have quality early care and education settings, experience a positive school climate, have regular school attendance, meet the requirements for grade level promotion, and have summer learning experiences that enable them to maintain literacy gains. Adequate supports and resources for educators and caregivers work to ensure that all children's needs are met in the learning environment.



Stakeholders identified 13 factors that influence the likelihood that children will have these positive learning experiences. Some of these influencers include minimizing suspension and expulsion from programs and schools, ensuring students have access to programs and learning materials in their native language, and maximizing the number of eligible children under age six receiving child care subsidies. The others can be found on pages 28 to 32 of the Measures of Success.

Figure 1 illustrates how these three components create a whole-child multisystem framework for creating the environments and experiences that can set all children on a pathway to reading at grade-level by the end of third grade.

FIGURE 1: **CORE COMPONENTS AND CORRESPONDING MEASURES OF SUCCESS**



APPENDIX B

LEADING WITH RACIAL EQUITY

Pathways stakeholders identified racial equity as a critical lens that can aid in understanding and improving outcomes for children. This is because race in America plays a large role in determining children's life outcomes. As stated by Tamika Williams, associate director of child care with The Duke Endowment: "If we're going to be talking about need, then we need to know the folks who are in need," she said. "If we have any hope of changing population level outcomes, we have to know the true data and who is most impacted."

Leading with racial equity means prioritizing strategies that specifically work to improve outcomes for children of color. It also involves giving special consideration to the wisdom and innovation of people of color to develop responses that are lasting and reach all children. Convening a broad tent of stakeholders enables North Carolinians to learn together, support each other, and partner to advance racial equity work for young children. As stated by those who came together to develop Pathways: "when our systems work collaboratively and are shaped using a racial equity lens, we ensure the best possible future for our children and North Carolina."

Pathways is evidence-based and enables stakeholders to see with a racial equity lens by disaggregating data so that we can clearly see and then address racial disparities in developmental experiences and outcomes.

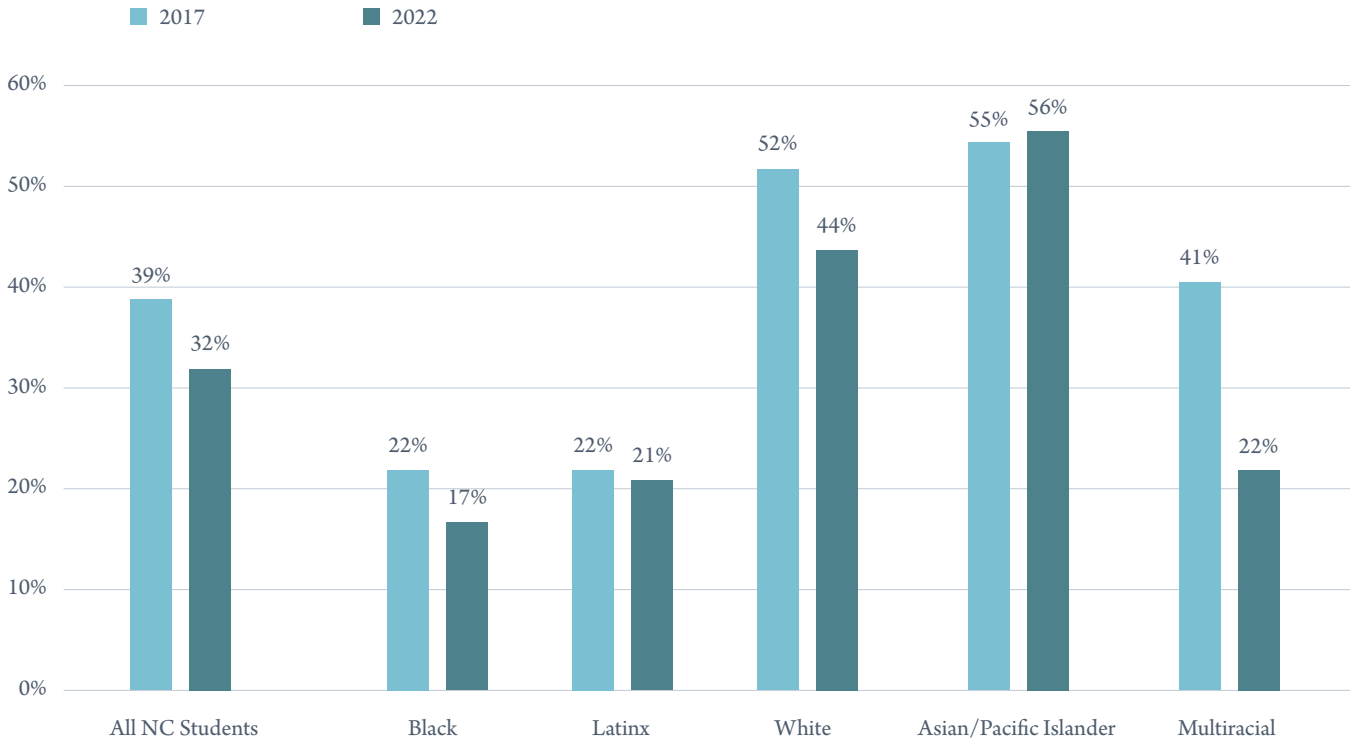
When Pathways was being developed, too many children in North Carolina from all racial groups were not meeting the critical developmental milestone of reading on grade level by the end of third grade, and there were vast differences between racial groups. Students' National Assessment of Educational Progress (NAEP) scores showed that in 2017, 20% of white children in North Carolina were not meeting this benchmark, compared to 44% of Black and 43% of Latinx children.

If we're going to be talking about need, then we need to know the folks who are in need. If we have any hope of changing population level outcomes,

WE HAVE TO KNOW THE TRUE DATA AND WHO IS MOST IMPACTED.

As shown in *Figure 2* below, the latest NAEP scores reveal the need to maintain our focus on creating the contexts and experiences that will increase all children's likelihood of reading at grade-level. In addition, they highlight the need for new urgency regarding the aim of narrowing racial and ethnic gaps. In 2022, 44% of white fourth graders were meeting the benchmark of being proficient in reading, compared to 17% of Black and 21% of Latinx children.

FIGURE 2: **PERCENT OF STUDENTS READING PROFICIENT AT THE START OF FOURTH GRADE, 2017 AND 2022**

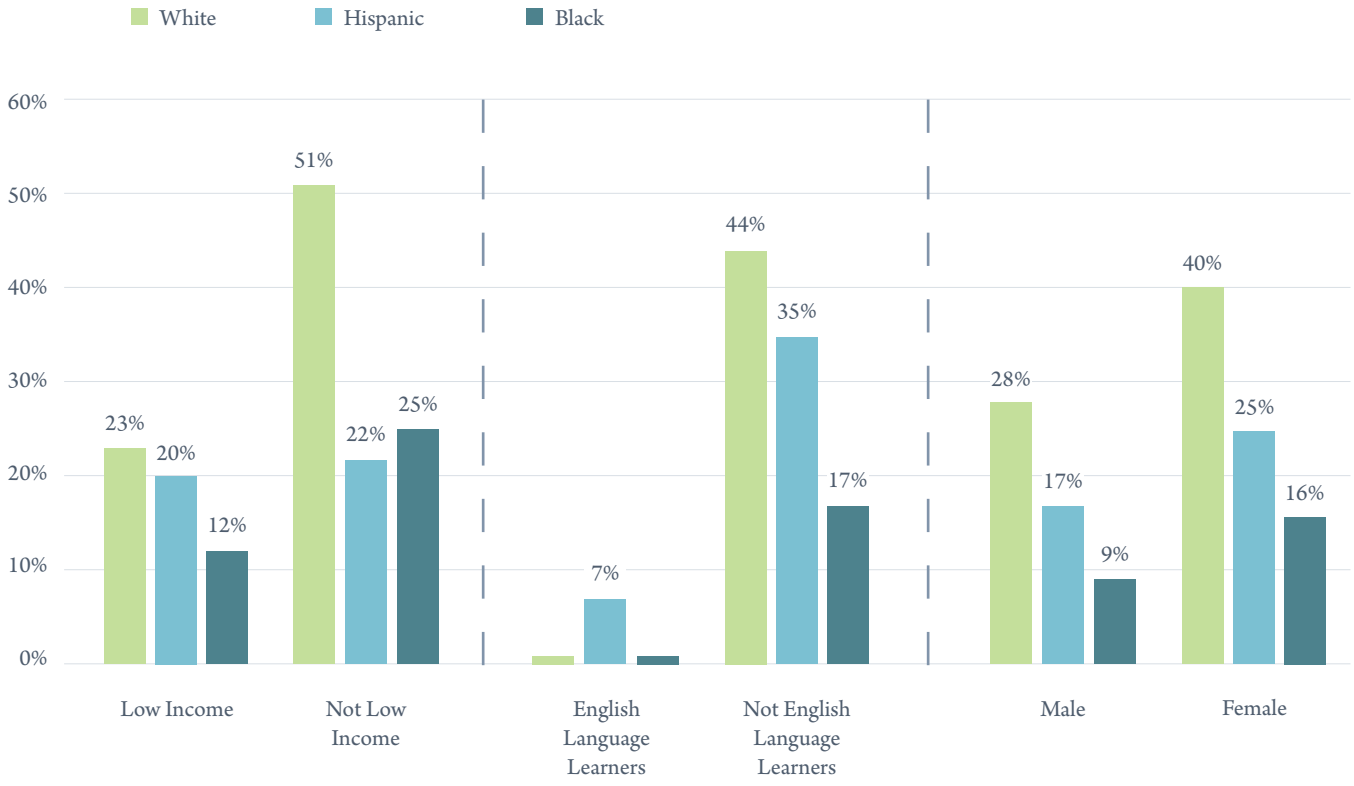


Note: Missing data on American Indian/Alaska Native students.

Pathways stakeholders identified income, ability, language of origin, geography, and gender as important status categories that are also associated with disparities in children's developmental opportunities and outcomes. Consequently, the framework and associated policy and practice recommendations identify interventions that aim to minimize the negative effects of these inequities. The figure below shows that race and ethnicity matters as a stand alone category for targeted intervention and in combination with the other status categories.

Figure 3 below illustrates that race is a key stratifying factor in relation to all of the other status categories. For example, even among not low-income students a significantly higher percentage of Latinx and Black students are not reading at grade level compared to white students. The results in the figure also allow us to see that race intersects with the other status categories to create some highly vulnerable groups, such as English learning Latinx students (only 7% of fourth graders are reading proficient), low-income Black students (12% are reading proficient), and Black male students (9% are reading proficient).

FIGURE 3: **PERCENT OF STUDENTS READING PROFICIENT AT THE START OF FOURTH GRADE, 2022**



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The NC Early Childhood Foundation promotes understanding, spearheads collaboration, and advances policies to ensure each North Carolina child is on track for lifelong success by the end of third grade.

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