



From Equity to Issue Campaigns:
**The Next Stop on the Road Map
to Childhood Mental Health
in North Carolina**



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The EarlyWell Initiative is generously supported by The Duke Endowment and the Alliance for Early Success.



Strong mental health and resilience has its roots in early childhood.



As the public conversation about mental health focuses on provider shortages and interventions for youth and adults, **it's important to recognize the foundational role that early life experiences play in setting up children for a lifetime of good health—both mental and physical.**

Building families' resilience and strength allows children and parents to thrive. From birth, infants' and young children's relationships with adults in their lives are vital to their development. This is especially true for children ages zero to three. When infants and toddlers have strong relationships with adults, their development is strong and positive, setting them up for a future of good health, teamwork, resolving conflicts, and a readiness for kindergarten.

Unfortunately, the programs and services available to support North Carolina's families in early life vary widely across the state, and can be extraordinarily difficult for families to access, understand, and navigate.

As we seek answers to questions about preventing mental health crises, getting kids on track to read on grade level, and graduate from high school on time, the EarlyWell Initiative is taking a hard look at how this patchwork of programs and services can be better aligned to support infants' and young children's social-emotional development.

The family is at the core of a child's social-emotional skills and mental health. When we focus on this foundation and support these relationships, children and their caregivers can thrive—now and into the future.

INTRODUCTION

LISTENING TO PARENTS AND STAKEHOLDERS

The recommendations in this report come directly from the wisdom of two main groups:

- the families of young children who are now or have been part of the programs and services described here
- dozens of professional stakeholders who work in these systems, from child care providers and pediatricians to state officials.

EarlyWell’s vision for the mental health ecosystem is rooted in the voices of families. Through hundreds of interviews, surveys, focus groups, and by participating in committees and workgroups, parents and family members shared their experiences navigating North Carolina’s complex system of early life programs and services in North Carolina.

“I wish more people would actually listen to us when we voice our concerns. We have to be his parent and advocate, sometimes we would benefit from having a coordinator to help us understand the next process.”

EarlyWell also drew together a cross-sector group of over 100 stakeholders. These individuals represent the different parts of the early childhood mental health system. They work within the system and are dedicated to strengthening North Carolina’s families. Families and caregivers took part in the stakeholder group as well.

BUILDING RESILIENCE IN THE FACE OF ADVERSITY

Unfortunately, for many North Carolina children, significant adversity in early childhood can disrupt the development of their mental health. This could include family and community violence, maltreatment, living with a parent with a substance use disorder, growing up in poverty, experiencing racism, and other experiences often referred to as “social drivers of health.”

In the absence of protective factors such as nurturing and responsive relationships with caregivers, these disruptions produce changes in the body and brain that can lead to lifelong impairments in physical and mental health. Failure to address these issues at an early age can lead to significant human and societal costs. **We all bear these costs in the areas of physical health, mental health, child welfare, education, and involvement with the criminal justice system. We see these very real impacts in the challenges that young people face in North Carolina today.**

The weight of stressors—such as extreme poverty, or a parent’s severe illness—can overload a parent’s capacity to form strong relationships and care for their children. Just as a truck can only bear so much weight before it stops moving forward, challenging life circumstances can slow parents down, making it hard for them to provide high-quality care and support. However, just as we can unload an overloaded truck by bringing in other trucks or moving cargo in other ways, we can provide supports and services that improve parents’ ability to provide responsive care for their children.

FOCUSED ON SOLUTIONS

In North Carolina, there are dozens of types of programs and services focused on building families’ resilience early in life, to prevent the costly outcomes described above. Early intervention, home visiting, respite care, child care and early education programs support children’s relationships with parents and caregivers from birth, in turn strengthening their development and helping to ensure positive life-long outcomes. These supports can keep families moving forward, even in bad conditions.

When families work with programs and services designed to support young children’s mental health, parents deserve to be treated as the experts and primary caregivers they are. Young children thrive when specialists and teachers are on their parents’ team, respecting them, and earning their trust.

INTRODUCTION

A FLAWED SYSTEM

The pandemic exacerbated the already flawed system of care; comprised of child care, early intervention, home visiting, medical homes, and the other services families interact with during their child's first eight years. Early data points are shining light on how challenging the pandemic has been for children's mental health. Many families missed needed health care or therapy appointments, and children missed out on education, athletic, and social programs.

Early childhood mental health correlates strongly with important milestones later in childhood, such as reading levels. As we seek to get all children on track for Kindergarten, third grade reading, and strong mental & physical health throughout life, it will be critical to re-imagine the "system of care" that supports North Carolina families during infancy and early childhood.

"You don't know if you are doing things right or wrong and you don't know if his reactions are because something was happening or because you are failing as a mother to raise him. It would have been good to know that these things happen. You aren't born knowing all of these things and knowing how to be a parent. You also have these barriers in the system that aren't clear. You don't know what resources exist, when you can receive them or when your children can receive them."

When young children demonstrate signs of mental health challenges, early identification and appropriate intervention with both children and caregivers can improve their future development. To achieve this for every child, North Carolina must strengthen and enhance its system of promotion, prevention, intervention, and treatment services to support children's mental health.



INTRODUCTION



THE ROAD AHEAD

Through listening to parents and caregivers and pulling together many stakeholders, we learned more about the challenges facing North Carolina's young children—and many of the solutions. The programs and policies that support mental health are fractured. The “system” of care is not available in all parts of the state. It is not well coordinated. It can be too expensive for families without the right health coverage. It's hard for many parents to even find or understand, especially if they speak a language other than English at home.

There are no easy fixes. There isn't one regulation or law to enact that can solve all the problems identified here. However, the EarlyWell Initiative is dedicated to identifying and advocating for solutions that build a working system to support all children's mental health and allows them to thrive.

This report is designed to organize and categorize [the problems and solutions identified by families and stakeholders over the last two years](#). The next phase of the work will be prioritizing these recommendations, turning them into policy and practice solutions, and advocating for policy and systems changes that will make them real.

April 2021

**LEAN IN &
LISTEN UP REPORT**

June 2022

**FROM EQUITY TO ISSUE
CAMPAIGNS REPORT**

December 2022

**ACTION PLAN
ESTIMATED RELEASE**

THE JOURNEY OF THE CHILD

PRECONCEPTION, PREGNANCY & BIRTH

The conditions for a child's healthy development begin even before conception. In order to give a child a strong start, access to quality health care provides the building blocks for a healthy pregnancy. When a family welcomes a child into their home, it is a time of transition. The attachment and bonding between a caregiver and the child is one of the most foundational elements of mental health. For this to occur, families need material and social supports.

CHILD CARE TRANSITION

Many families face huge disruption and transitions in their attempts to find child care that works for their families. Child care in America is facing immense challenges, especially as availability decreased during the pandemic. Early childhood caregivers are important partners in helping children develop mental health—to do this they need professional wages, training, and infant and early childhood mental health consultation.

BEYOND AGE THREE

Every child and family deserves to enter childhood with a strong start and with a supportive team on their side. Families deserve clear communication with professionals. Additionally, families deserve programs that respond to feedback and strive to continually improve. They also need tools to better measure and understand their children's mental health.

01

02

03

04

05

06

THE FIRST THREE YEARS

The first three years are full of developmental milestones. In order to ensure a child and family are well-supported throughout the first years of life, families need play groups, support groups, community spaces, and a family-centered medical home.

WHEN KIDS NEED INTERVENTION & TREATMENT

Adversity is inevitable, and some children and families will require intervention. This is particularly true for children who have experienced trauma, who are placed into foster care, or whose developmental needs require an evidence-based treatment. Timely intervention is key to keep children on a trajectory towards developing strong mental health.

FAMILY ECONOMIC SECURITY

Economic security is essential for every family. Without it, it is extremely difficult to provide the stability that supports strong mental health development. Every family deserves the opportunity to provide for their children.

PREPARED FOR KINDERGARTEN

READING ON GRADE LEVEL

HIGH SCHOOL GRADUATION

Recommendations for the Road Ahead



The recommendations contained in this report are organized according to the six steps on the “Journey of the Child” described in the previous section—plus a seventh set of recommendations regarding the communication systems and measures between them all.

Recommendations are also categorized by type:



POLICY RECOMMENDATION

Policy recommendations must be considered by policy-making bodies such as the state legislature or local government officials.



PRACTICE RECOMMENDATION

Practice recommendations are best practices, many of which will require a number of coordinated policy changes (administrative and/or legislative) as well as practice changes within programs and service delivery systems.

Icons are used to represent each category of recommendation throughout this section of the report.



RECOMMENDATIONS

01 Preconception, Pregnancy & Birth

FAMILIES & CAREGIVERS SAID

- They are overwhelmed at birth.
- They don't know who to talk to.
- They want and need support in those early months.

STAKEHOLDERS SAID

- Support groups specific to pregnancy and birth support caregivers' mental health.
- Doulas are supportive professionals who can provide emotional, physical, and educational support during pregnancy.
- Extending Pregnancy Medicaid to cover 12 months postpartum is important.¹
- Families need someone to help them navigate the system.

"I had so many questions and saw different providers every visit. It was hard to establish a relationship and consistency. COVID really made things difficult too, my partner couldn't attend appointments."

SOCIAL SUPPORT NETWORKS



Scale CenteringPregnancy to provide new families with social support networks. When pregnant families have support and other parents to talk to, they build resilience that allows them to have the emotional capacity to take care of themselves throughout pregnancy and bond with their newborn. CenteringPregnancy, which is already a pilot program in North Carolina, is a model of prenatal care that is provided in a group setting to pregnant families with due dates around the same time. CenteringPregnancy has been shown to decrease the rate of preterm and low birth weight babies among participants, as well as increasing breastfeeding rates and improving birth spacing. CenteringPregnancy supports birth equity as it has been shown to nearly eliminate the racial disparities in preterm birth for participants enrolled in this model of care (Centering Healthcare Institute, n.d.).²



Invest in the **Family Support Network of NC**, which provides overwhelmed families with access to a family support professional who can help them safely navigate life with a newborn.

DOULA SERVICES



The state legislature and/or North Carolina Department of Health and Human Services (NC DHHS) **should adopt policies that require insurance providers to reimburse for birth doula services.** Doulas are highly trained to provide tailored emotional and physical support and information to families before, during, and immediately after childbirth.



RECOMMENDATIONS

02 First Three Years

FAMILIES & CAREGIVERS SAID

- Social supports are very important. Families want more play groups that connect them to each other and to community resources.
- Accessing services is challenging and confusing, and eligibility criteria changes program to program, creating barriers.
- Families want and need providers who have good people skills and compassion, and who are nonjudgmental.

“Focus more on educating parents, to give them greater awareness and knowledge of the supports and the system. The hospital gives you a book and tells you how to manage things day-to-day, but they don’t guide you or talk to you about how the system works.”

STAKEHOLDERS SAID

- Play groups and support groups should be based on the evidence that a two-generational approach creates better outcomes for children. A two-generational approach is working with children and their caregivers simultaneously.
- Play groups and support groups need free childcare.
- Families need access to family-centered medical homes with providers who value mental health and are trained in how to support it.

PARENTING EDUCATION PROGRAMS



Every parent should have access to parenting education programs with a two-generation emotional support component, including childcare.

In the *Lean in and Listen Up* report, parents expressed a need for parent support programs that include child play groups. The early years can be isolating and overwhelming. Parenting education programs can provide a supportive environment that reduces isolation, provides education on child development, and creates a positive environment for children to socialize.

PEDIATRICIANS & FAMILY PHYSICIANS



Programs and policies that help bring pediatricians and family practices to every North Carolina County should be prioritized. **Every family needs access to a family-centered medical home that supports the caregiver-child relationship by implementing Early Relational Health practices.** Pediatricians and family physicians are trusted professionals who develop long-term relationships with the child



and family. These regular well-child visits address whole-child health and create an immense opportunity to provide education and support to parents around mental health, as well as keeping children physically healthy and on track.



Providers should have language interpretation available to patients. Language services ensure that the family feels welcome and can communicate clearly with their child's care providers.



Referral coordination should be available to help busy families manage scheduling.



Infant and Early Childhood Mental health professionals should be integrated in the medical home as part of the medical home team. Parents already feel comfortable with their doctor and visiting the office. Integrating this service is family-friendly, timelier, and reduces stigma.



Providers need adequate payment structures to support integration so they can provide quality time and adequate care.

HOME VISITING PROGRAMS



Increase support for evidence-based home visiting services like Family Connects that provide home visiting services for families with newborns. Family Connects shows improved long-term outcomes including increased positive parenting, more responsive parent interactions, increased parental knowledge of child development, stronger parent-child bonds, fewer negative and stress reactions, improved parent and child health outcomes, and increased child school readiness. Home visiting has also been shown to lower maternal depression and stress.

"Her doctor is amazing, really listens and tries to connect us to things we need, but it is always so complicated."



RECOMMENDATIONS

03 Child Care Transition

FAMILIES & CAREGIVERS SAID

- There are not enough options for child care.
- Early childhood teachers need support in promoting and supporting mental health.

STAKEHOLDERS SAID

- Early childhood professionals need access to infant and early childhood mental health consultation so that they can adequately support children who are displaying behavioral challenges.
- Early childhood professionals need adequate and equitable compensation.
- North Carolina currently does not have statewide policy to prevent the expulsion of children with mental health concerns or disabilities from early childhood programs.

MENTAL HEALTH CONSULTATION FOR EARLY CHILDHOOD PROFESSIONALS



North Carolina should develop a statewide infant and early childhood mental health consultation system.

This will provide access to mental health specialists for early childhood education professionals. Children often spend eight or more hours per day in child care settings.

IMPROVED PAY FOR EARLY CHILDHOOD EDUCATORS



The state legislature should increase funding to implement the WAGES program for early educators statewide.

Early childhood professionals need adequate pay, but due to low wages and benefits, many are living at or near poverty—fueling a statewide shortage of early childhood teachers. Competitive pay and benefits attract and retain a diverse workforce that is highly skilled in supporting children’s healthy social-emotional development. Responsive care-giving is essential for ensuring children’s health, nutrition, safety, and security, creating more opportunities for early learning.

“Daycare helps kids a lot. My son, before he started going, he was so attached to me and I couldn’t leave the room. Now that he is daycare he plays with other kids and isn’t shy.”



RECOMMENDATIONS

04 When Kids Need Intervention & Treatment

FAMILIES & CAREGIVERS SAID

- There aren't enough services and supports when a need is identified.
- Eligibility criteria is too narrow, and it is confusing.

STAKEHOLDERS SAID

- Children in foster care have higher rates of behavioral health issues than their peers, largely due to the trauma they have experienced. Similarly, adults whose children enter Department of Social Services (DSS) custody often have substance use or mental health problems that hinder their ability to safely parent. Children in DSS custody and their caregivers often do not receive all the behavioral health services they need as early as they should. Screenings, including developmental and social-emotional/mental health should be systematically utilized for children entering foster care.
- Foster and kinship parents need timely and effective support, including services, resources, training, funding, and compensation, to create an environment where children can thrive.
- Child welfare staff need access to ongoing, holistic, trauma-informed training, coaching, and reflective supervision.

- The North Carolina Infant-Toddler Program staff and contractors need training and support to understand infant and early childhood mental health.
- Significant budget cuts to the North Carolina Infant-Toddler Program in recent years have cut down on the number of at-risk children they can serve and the services the program can provide.
- Whether children can see trained early childhood mental health clinicians is highly dependent on where they live. Instead, programs should be available consistently to children across North Carolina, regardless of their zip code. When children are identified as needing an intervention or treatment, they need a program to enroll in. Reimbursement rates need to be increased, evidence-based programs need to be expanded, and the workforce needs training and support to reach this goal.

"We've felt mostly 'beat up' by the system and how many hurdles there are to know what services are needed and then where/who to access them through."

"I wish we would have had more help from the preschool. He wasn't diagnosed then, and it was just that we knew he was difficult. But we could have gotten help sooner instead of just thinking he had bad behavior."

TIMELY ASSESSMENT FOR FOSTER CARE



NC DHHS should ensure that children entering the foster care system receive an initial visit within seven days and a **holistic and culturally competent assessment** within 30 days. This is consistent with the Fostering Health North Carolina and American Academy of Pediatrics standards.



Fostering Health North Carolina should receive increased funding for expansion of their work.

TRAINING PROFESSIONALS IN TRAUMA-INFORMED CARE

Children and youth in the foster care system interact with many professionals who can help or hinder their progress in healing from trauma, and reunifying with their families. These include foster and kinship parents, childcare providers, teachers, law enforcement, and health care providers. All of these professionals need **access to training in trauma and resilience-informed care**.

NC DHHS should collaborate with the appropriate agencies to accomplish this goal through proven initiatives, including:



Implement **Kin-Gap Training** within six months of a child being placed in an unlicensed relative-kin home;



Provide **Resource Parent Curriculum** in all counties to support consistent training of foster parents and relative-kin caretakers;



NC DHHS should require that all DSS staff should complete the **Trauma Training Tool-Kit** within one or two years of hire; and







NC DHHS should ensure that the NC Infant and Toddler Program staff and contractors receive the **Infant and Early Childhood Mental Health Consultation Endorsement** by 2030.

“We wish there was a simpler format or process to assist parents when they are going through a crisis with a child. Sometimes it seems like the professionals have handcuffs on in their inability to help.”



INCREASING AVAILABILITY OF CLINICAL SERVICES STATEWIDE

Currently there is a dramatic shortage of mental health providers across the state, particularly in rural areas. The shortage is even more severe for providers who can work with young children. The state legislature, NC DHHS, and clinical professional associations such as the North Carolina Pediatric Society and North Carolina Academy of Family Physicians should collaborate to **promote network adequacy statewide**, following models that have worked in other states, including:

-  **Mental Health Parity.** Enact state legislation to require parity between mental health and physical health services in both Medicaid and commercial health insurance plans.
-  **Medicaid Provider Networks.** NC DHHS should incentivize Medicaid provider networks to ensure that their networks include infant mental health providers in each region of the state.
-  **Increase Payment Rates.** Provider agencies and clinicians should receive cost-based reimbursement rates to cover all aspects of clinical assessment. Evidence-based behavioral and mental health treatment includes pre-treatment assessment to establish a baseline understanding of child symptoms and functioning, assessment during treatment to monitor progress, and post-treatment assessment to determine if clinical concerns have been addressed adequately; and
-  **Training Clinicians.** The state legislature should allocate additional funding to the North Carolina Child Treatment Program to train more infant and mental health clinicians willing to serve in rural areas of the state to expand access.



RECOMMENDATIONS

05 Beyond Age Three

FAMILIES & CAREGIVERS SAID

- They are worried about their children being labeled with a disability and enduring stigmatization and harm.
- Families find it difficult to move from service to service; transitioning is difficult to navigate.

STAKEHOLDERS SAID

- Young children with mental health challenges and disabilities need high-quality, inclusive environments. There are many benefits to including young children with disabilities in “mainstream” programs. It can decrease racial disparities in identification for exceptional children’s services and the application of harsh discipline. It can reduce harsh disciplinary practices. Inclusion also decreases stress for families, promoting better mental health outcomes for children.
- Evidence suggests that when children with mental health challenges and disabilities are included in “mainstream” early learning environments, benefits accrue both to children with and without disabilities—and conversely, exclusion can harm both groups as well.
- The suspension and expulsion rates in early childhood settings are too high and need to be addressed. These practices are disproportionately used against Black children and harm their mental health. There is no evidence that suspensions and expulsions are effective.

SCALE UP STATEWIDE IMPLEMENTATION OF THE PYRAMID MODEL



The NC Department of Public Instruction should increase the number of classrooms (preschool and kindergarten) implementing the **Pyramid Model** to fidelity by 2030 as well as support the state-level infrastructure required to provide Pyramid Model training, coaching and technical assistance.



The Department of Health and Human Services, Division of Child Development and Early Education Healthy Social Behaviors Project should increase the number of classrooms (birth to preschool) in child care settings implementing the **Pyramid Model** to fidelity by 2030 as well as support the state-level infrastructure required to provide Pyramid Model training, coaching and technical assistance.



The North Carolina Early Intervention (Part C) program should continue to expand implementation of the **Pyramid Model** in early

RECOMMENDATIONS — BEYOND AGE THREE

intervention by increasing the number of participating Children's Developmental Services Agencies (CDSAs) by 2030 as well as support the state-level infrastructure required to provide Pyramid Model training, coaching and technical assistance.

"Teachers and doctors should have a fundamental understanding of diagnosis. She would have a lot of confidence in them if they had a good understanding."

TEACH CHILDREN WITH DISABILITIES IN THEIR LEAST RESTRICTIVE ENVIRONMENTS



The number of children served in their true least restrictive environments should increase by 2030 by monitoring least-restrictive-environment implementation at the district level, providing technical assistance and training, and mandating cross-sector collaboration regarding funding and policy implementation.

END EXCLUSION OF CHILDREN WITH MENTAL HEALTH CHALLENGES & DISABILITIES



The state legislature should collaborate with the North Carolina Department of Public Instruction (DPI) to enact policies that eliminate the use of all exclusionary practices for children with behavioral health challenges and disabilities. These include expulsion, suspension, corporal punishment, seclusion, and inappropriate restraint in all public schools and early childhood programs.





RECOMMENDATIONS

06 Family Economic Security

Children thrive on stability. Every family needs a basic level of economic security in order to provide that stability for their children—but adversity can disrupt economic security for many families. This came up repeatedly throughout EarlyWell’s family and stakeholder research.

FAMILIES & CAREGIVERS SAID

- Parents and caregivers are the most important factor in the development of their children.
- Many parents are struggling to make ends meet. Poverty is a real issue for many families in our state.
- Health insurance is important and a huge stressor on family economic security.

STAKEHOLDERS SAID

- Increasing minimum wage to a living wage is vital.
- All families need access to paid family medical leave.

LIVING WAGE



The state legislature should adopt policies that incentivize private employers to pay employees a **living wage**. The state legislature could also enact policies that require contractors or others receiving state funds to ensure a living wage for their employees. Every family deserves financial security, including a living wage job. Living wage reduces poverty and undue mental stress allowing caregivers to bond. Economic security is a concrete support that directly impacts the ability for parents to create secure attachments with their child. Economic security is crucial to ensuring caregivers’ ability to care for and bond with their children, thereby establishing a strong foundation for mental health.

PAID FAMILY & MEDICAL LEAVE



The state legislature should enact a statewide insurance program that allows private employers to establish paid family medical leave programs. Providing paid family medical leave allows new parents the time to bond and alleviates stress. This leads us to recommend **universal six weeks paid family medical leave**. Children whose family can spend significant time with them after birth will experience health, social-emotional, and educational benefits. Children’s health benefits include an increase in duration of breastfeeding, stronger attachment and bonding to their caregiver, decrease in perinatal mood disorders impacting bonding, increased health in well baby check-ups, and overall parent and child happiness and well-being.



RECOMMENDATIONS

Communication Systems and Measures

Families are a vital part of the team. North Carolina needs to create communication and digital infrastructures that support families being integrated as part of the team. Additionally, North Carolina needs a way to measure how many children need intervention and treatment and the success of these programs and services for children and families.

"I wish there was a simple system to disseminate information such as identifying what resources are out there for what needs and services. All these think tanks are great, but they are not accessible for me to get through this sea of unknowns."

FAMILIES & CAREGIVERS SAID

- They need to be part of the team—communicated with, valued, and respected.

STAKEHOLDERS SAID

- The mental health services available to North Carolina's families do not have a cohesive digital infrastructure. This causes fragmentation in communication among providers, as well as between providers and families.
- The state data systems are outdated, making it hard to communicate between providers and with families.
- There are too many public and private data systems, and they aren't integrated.

"I wish there was a single portal or agency or place to go for help in dealing with a child's social-emotional challenges. It all seems so vague and difficult to get what you need."



IMPLEMENT NCCARE360 STATEWIDE



The **implementation of NCCARE360** should be prioritized by 2030. Families and clinical providers are sorely in need of a digital tool solution to the patchwork of uncoordinated mental health services available to North Carolina's families. Such a system enables referral coordination and communications, both provider-to-provider, and provider-to-client. North Carolina should utilize digital infrastructure that allows various sectors to communicate with each other effectively and efficiently, as well as to communicate with families in a meaningful way.



NCCARE360 is the first statewide network that unites health care and human service organizations with a shared technology. Families will understand and be able to access their care options in a meaningful way, having an easy way to access services and ensure communication with and between providers. A **coordinated digital system** can reduce the frustrations, inefficiencies, and unnecessary duplication of services that families currently experience.

DEVELOP STATE-LEVEL MEASURES



North Carolina should develop state-wide measures for mental health and a data system to track them, that allows for disaggregation by race and ethnicity. To build an effective mental health system for infants and young children in North Carolina, state and local leaders need data to better understand and address the needs and strengths of North Carolina's young children and families and the systems that support them. These data do not currently exist in North Carolina. The state should prioritize the **development of a portfolio or bundle of measures of young children's mental health** in North Carolina and invest in necessary data infrastructure to support this measurement.

This report is part of a larger journey towards improving mental health for North Carolina's children.

step 1 **CONVENE**

From the beginning, EarlyWell has been focused on engaging diverse stakeholders working across disciplines, sectors, and systems to strengthen and enhance North Carolina's early childhood mental health ecosystem. EarlyWell drew from existing groups and added new partners to the discussions and planning efforts. A Leadership Team and Steering Committee were established to help guide EarlyWell in the early phases of its work, along with input from other stakeholders engaged in the North Carolina's current ecosystem.

step 2 **LISTEN TO FAMILIES**

EarlyWell's 2020 Lean In and Listen Up report gathered vital information on families' experiences and needs from the experts—parents and caregivers themselves. Among the many themes EarlyWell heard from families was how much they value programs and service providers that treat parents and caregivers as experts on their own children. Parents desire trusting relationships, feeling valued, communication and teamwork, as well as accessibility and awareness, quality, and cultural competence in services. These values, along with input from family leaders throughout the process, were central to the development of these recommendations.

step 3 **ENGAGE CROSS-SECTOR STAKEHOLDERS**

More than 100 professionals and 19 family representatives participated in working groups alongside families to identify the needs and recommendations presented in this report. These groups reviewed data, analyzed root causes, and brainstormed solutions. The 12 workgroups considered the scope and scale of changes to our state to strengthen and enhance the mental health ecosystem for our state's infants, young children, and their families. Each met over six months and came up with recommendations that would help to strengthen and enhance North Carolina's early childhood mental health ecosystem. Participants discussed racial inequities in the mental health system and received training to use a racial equity lens. They put forward policy and system recommendations that were incorporated into this document.

we are here step 4 **ISSUE RECOMMENDATIONS**

This report synthesizes the voices of families and stakeholders and proposes a broad range of recommendations to improve children's mental health. It is designed to be a catalyst for change and a basis for future action.

next step 5 **PRIORITIZE & STRATEGIZE**

EarlyWell partners will reconvene to prioritize the recommendations in this report, determine specific legislative and administrative policy recommendations in the form of an Action Plan, and map out a timeline for advocacy. They will also develop a structure for a coalition dedicated to improving children's mental health in our state by advocating for policy change.

then step 6 **ADVOCATE**

The newly formed EarlyWell Coalition will build issue campaigns whose aim is to make these practice and policy recommendations into realities in North Carolina.

Our North Star: To strengthen and enhance the infant and early childhood mental health system in North Carolina.



NC Child, in partnership with the NC Early Childhood Foundation (NCECF), the ABCD State Advisory Group, and in collaboration with multiple early childhood leaders, launched the NC Initiative on Young Children's Social Emotional Health (now referred to as the EarlyWell Initiative) in the fall of 2019. EarlyWell strives to establish a robust, evidence-based, and accessible early childhood mental health system in North Carolina.

EarlyWell builds on the collaborative efforts of the [NC Pathways to Grade-Level Reading Initiative](#) (Pathways) led by NCECF and its partners. The [Pathways Action Framework](#) includes prioritized strategies and actions to ensure North Carolina's mental health system is accessible and high-quality. EarlyWell used the Pathways Frameworks, along with components of other early childhood initiatives, to inform its development and recommendations.

From the beginning, EarlyWell has been focused on engaging diverse stakeholders working across disciplines, sectors, and systems to strengthen and enhance North Carolina's early childhood mental health ecosystem. EarlyWell drew from existing groups and added new partners to the discussions and planning efforts. A Leadership Team and Steering Committee were established to help guide EarlyWell in the early phases of its work, along with input from other stakeholders engaged in the North Carolina's current ecosystem.

BACKGROUND

CENTERING FAMILY VOICES

EarlyWell's vision for the mental health ecosystem is rooted in the voices of families. Through interviews, surveys, focus groups, and participating in EarlyWell committees and workgroups, parents and family members shared their experiences navigating the mental health ecosystem in North Carolina and their hopes for a better system.

LEADING WITH RACIAL EQUITY

From the beginning, EarlyWell has aimed to center racial equity in its understanding of the current ecosystem, potential solutions, and prioritization of its recommendations. The group did this by naming and discussing racial inequities in the mental health system, training participants in using a racial equity lens, and actively integrating this lens in the work.

[EarlyWell partnered with Empowered Parents in Community](#) (EPiC-NC) to provide the training and keep a commitment to racial equity at the core of work groups' thinking. This involved paying attention to how race and racism interact with power within the mental health system. EPiC-NC trainers challenged EarlyWell participants to ask questions like: Who benefits and who is harmed in a situation; how does it connect to historic patterns of racism; and how can we challenge or disrupt this pattern? The process also included working to lift up the wisdom and experiences of providers and families of color and engage them in decision-making.

LESSONS LEARNED

The EarlyWell journey began by asking families what they want and need. This is not a traditional approach to policy development, and as a result our process has not necessarily followed a traditional timeline or pathway. Just as we heard from parents that they want clinicians and educators to slow down, listen to them, and be willing to make changes to better serve families—we are doing the same in our policy development and advocacy processes. Parents truly are the experts on their own children. As we move towards our Action Plan, and advocacy for the changes families and stakeholders want to see, we will continue to center racial and ethnic equity by listening to families and responding to their concerns and ideas.

EARLYWELL PARTNERS

Thank you to the many agencies and organizations, as well as the individual parents and caregivers, who have all contributed to this report.

CLOSING

This report was produced by EarlyWell, an initiative of NC Child and the NC Early Childhood Foundation, along with many partners across the state.

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ENDNOTES

1. North Carolina extended Medicaid coverage for birthing parents to 12 months postpartum beginning April 1, 2022.
2. In CenteringPregnancy, pregnant individual engages in their own care by learning to take their own weight and blood pressure check. They have individual time to engage privately with their provider before they “circle-up” to engage in facilitated discussion around health topics such as, stress, nutrition, labor and delivery, and breastfeeding.

Why Centering. Centering Healthcare Institute. (n.d.). Retrieved May 19, 2022, from <https://centeringhealthcare.org/>