North Carolina Early Education Coalition

think babies™

Building Strong Foundations for Babies

April 4, 2018

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North Carolina
Early Education Coalition

Building Strong Foundations for Babies

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Agenda

8:15 ***Registration and Networking – Room 2A***

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9:15 ***North Carolina's Babies and Toddlers Can't Wait!***
Rachel Schumacher, Director, Pritzker Children's Initiative

10:00 ***North Carolina's Babies Matter!***

- **Sen. Ralph Hise**, Chairman, Senate Health & Human Services Appropriations Committee
- **Anna Carter**, Director, NC Division of Child Development and Early Education
- **Ken Dodge**, Professor of Early Learning Policy Studies and former director of the Child and Family Policy Center, Duke University
- **Dr. Marian Earls**, Director, Pediatric Programs, Community Care of North Carolina and founder of the Assuring Better Child Health and Development (ABCD) Project

11:30 ***Early Childhood Education Champions - Legislator of the Year Awards***

12:30 ***Lunch and Networking – Room 2A&B***

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1:45 ***Programs That Work for Infants, Toddlers and Families!***

- **Early Head Start Child Care Partnerships:** Tonya Venable, State Child Care Partnership Coordinator, Telamon NC Early Head Start
- **Infant Toddler Quality Enhancement Project**: Julie Clinkscale, Education Manager, Infant-Toddler Quality Enhancement Project
- **Triple P Parenting Program:** Libby Throckmorton, Program Manager, Catawba County Partnership for Children
- **NC Child Treatment Program:** Dr. Dana Hagele, Co-Founder and Co-Director, NC Child Treatment Program

3:00 ***Think Babies! What's Next?***
Michele Rivest, Policy Director, NC Early Education Coalition

3:30 ***Closing***

Building Strong Foundations For Babies
Presenter Bios

Rachel Shumacher, Director, Pritzker Children's Initiative
Rachel Schumacher joined the M.K. and J.B. Pritzker Family Foundation in 2017 as the Director of the Pritzker Children's Initiative. The Initiative houses the Foundation's core portfolio of national investments focused on a single, attainable goal: that all at-risk infants and toddlers in the United States will have access to high quality early childhood development resources, increasing their likelihood of success in school and life. Rachel came to the Foundation after serving the last two years as the Director of the Office of Child Care in the Administration for Children and Families at the U.S. Department of Health and Human Services. There she led the implementation of the bi-partisan reauthorization of the Child Care and Development Block Grant to better support both child development and pathways to family economic security. She previously served for over a decade as a Senior Fellow in Child Care and Early Education at the Center for Law and Social Policy, a leading national policy research and advocacy organization dedicated to improving the lives of low-income people. Rachel is a frequent author and contributor to publications focusing on the needs of our youngest learners and their families. She has an extensive background in early education, and child care policy and research. She is a graduate of Brown University and holds a Master's in Public Policy from the Irving B. Harris School of Public Policy at the University of Chicago. She lives in Washington, D.C. with her husband and two sons.

Senator Ralph Hise
Sen. Ralph Hise joined the Senate in 2011 as its youngest member, and is now serving his fourth term as senator of the 47th District of North Carolina which includes Madison, McDowell, Mitchell, Polk, Rutherford, and Yancey Counties. The N.C. Center for Public Policy Research ranked Sen. Hise, in their 2016 biennial survey, as the sixth most effective senator in North Carolina. Sen. Hise co-chairs three standing Senate committees: Appropriations on Health and Human Services, Health Care, and Redistricting, and the Select Committee on Elections. He is also chairman of the Joint Legislative Oversight Committee on Medicaid and Health Choice, and the Joint Legislative Elections Oversight Committee. A graduate of Appalachian State University (B.S.-Statistics) and North Carolina State University (M. Ed. – Higher Education Administration), Senator Hise is a statistician and a member of the faculty of Mayland Community College. Sen Hise is a native of Mitchell County and the former mayor of Spruce Pines where he lives with his wife Linn and twin sons.

Anna Carter
Anna Carter is currently the Director at the North Carolina Division of Child Development and Early Education (NCDCDEE). Anna began her career in early childhood in 1993 at NCDCDEE in various roles including responsibilities to coordinate the work of the Division in conjunction with the Director as well as collaborating with State and local partners regarding activities, initiatives and ongoing work to support the early care and education field. Anna has worked extensively in North Carolina on statewide initiatives such as the initial design and subsequent revisions of the 5 Star Rated License system, the implementation of NC Pre-K when it was transferred to NCDCDEE from the state Department of Public Instruction, and the development of the application that was submitted for the Race to the Top Early Learning Challenge grant. In 2013 Anna left the Division and accepted the role of President at Child Care Services Association (CCSA) in Chapel Hill where she served for four year. Anna returned to NCDCDEE as the Division Director in June 2017.. Anna received her Masters in Social Work from the University of North Carolina in Chapel Hill and her Bachelors Degree from Occidental College in Los Angeles.

Kenneth Dodge
Kenneth A. Dodge is the Pritzker Professor of Early Learning Policy Studies and Professor of Psychology and Neuroscience at Duke University. He is also the founding and past director of the Center for Child and Family Policy. He is a leading scholar in the development and prevention of aggressive and violent behaviors. His work provides a model for understanding how some young children grow up to engage in aggression and violence and provides a framework for intervening early to prevent the costly consequences of violence for children and their communities. Dodge joined the faculty of the Sanford School of Public Policy in September 1998. He is trained as a clinical and developmental psychologist, having earned his B.A. in psychology at Northwestern University in 1975 and his Ph.D. in psychology at Duke University in 1978. Prior to joining Duke, Dodge served on the faculty at Indiana University, the University of Colorado, and Vanderbilt University. Locally, his research has resulted in "Durham Connects" which provides free nurse home visits to all infants born in Durham County. The program connects families to community resources in an effort to improve children's outcomes and has been shown to decrease emergency care costs in an infant's first year of life. The initiative has expanded to other sites throughout the country. Dodge was elected into the National Academy of Medicine in 2015 and has received many awards and honors including: Distinguished Scientist, Child Mind Institute; Research Scientist Award from the National Institutes of Health; and Distinguished Scientific Award for Early Career Contribution from the American Psychological Association.

Dr. Marian Earls
Marian Earls is the Director of Pediatric Programs for Community Care of North Carolina, She is board-certified in both General Pediatrics and Developmental and Behavioral Pediatrics. She is a Clinical Professor of Pediatrics for the University of North Carolina Medical School. Dr. Earls is a Past President of the North Carolina Pediatric Society (President 2008-2010), and chair of its

Mental Health/School Health Committee for NCPS until 2011. She was the lead author on the American Academy of Pediatrics (AAP) Clinical Report "Incorporating Recognition and Management of perinatal and postpartum Depression into Pediatric Practice," (PEDIATRICS, November 2010). She has been a member of the Executive Committee of the AAP's Council on Early Childhood. She is Chair of the Mental Health Leadership Work Group of the AAP that is charged with national dissemination of mental health integration in primary care pediatrics. She was Co-chair of the North Carolina Institute of Medicine Task Force for the Prevention of Child Maltreatment in 2005, the NC IOM Task Force on Early Childhood Mental Health in 2012, and the NCIOM Task Force on Children's Preventive Oral Health Services in 2013. Since 2000, she has been the director of the NC ABCD (Assuring Better Child Health and Development) Project. The purpose of ABCD has been to integrate developmental services (screening, surveillance, parent education) into pediatric practice and includes developmental, maternal depression, social-emotional and autism screening. She has been appointed (2016) to the AAP's new National Advisory Board on Screening, and is Chair of the Screening Learning Collaborative Project Advisory Committee. Dr. Earls received her A.B. in Biology in 1976 from the College of the Holy Cross in Worcester, Massachusetts, her Master of Theological Studies (MTS) in 1978 from Harvard Divinity School, Harvard University, and her M.D. from the University of Massachusetts in 1984.

Mary Martin
Mary Martin, Vice President for System Research and Development, holds a master's degree in social work from the University of North Carolina-Chapel Hill and an undergraduate degree from The College of William and Mary. She has 20 years experience working at Child Care Services Association (CCSA) and over 25 years experience in the human services field including direct service with children. While the mainstay of CCSA's research has focused on the early childhood workforce in North Carolina and across the country, Mary has also led and been intimately involved in a variety of other studies including both the 2008 and 2016 "Who's Caring for Our Babies? Early Care and Education in North Carolina" studies. On an annual basis, Mary has the primary responsibility for designing and conducting the program evaluations for all of CCSA's statewide services including the T.E.A.C.H. Early Childhood® Project and the Child Care WAGE$® Project.

Tonya Venable
Tonya Venerable is the State Child Care Partnership Coordinator for Telamon NC Early Head Start. She has worked with children and families for over 15 years. She currently oversee the partnership contracts for 6 child care centers in Wake County providing Early Head Start services for 112 children and their families. Tonya has a Master's Degree in Education with a focus in Early Intervention and Family Support from UNC- Chapel Hill.

Julie Clinkscale
Julie Clickscale has worked in the field of early childhood for almost 30 years. She has a Master of Education degree specializing in Early Childhood Education. She began her career as a family home provider, worked as an infant teacher for Early Head Start, and as a center director. Julie joined the Infant Toddler Quality Enhancement Project in 2007, where she served for ten years before becoming the education manager for the project

Libby Throckmorton
Libby Throckmorton has served as the Program Manager for the Catawba County Partnership for Children since 1995. Libby participated on county's Smart Start planning team in 1994 and was a founding member of the Board of Directors. She is the former chair of Local Interagency Coordinating Council, and is a parent of child with special needs. Libby is accredited as a Level 4 Practitioner for Triple P Parenting Program, and is a member of the NC Triple P Leadership team. She is the County representative for NC Triple P Learning Collaborative and member of Evaluation Work Group.

Dana M. Hagele, MD, MPH
Dr. Hagele is co-founder and co-Director of the North Carolina Child Treatment Program, an implementation platform supporting clinical training and high-fidelity service delivery across an array of evidence-based, child mental health treatment models. Additionally, Dr. Hagele serves as a board-certified child abuse pediatrician at CrossRoads Child Advocacy Center (Burlington, NC).

Michele Rivest
Michele Rivest is the President of Michele Rivest Consulting, Inc. which specializes in strategic planning and special project development to increase opportunities for early childhood education success. Michele currently serves as the Policy Director of the N.C. Early Education Coalition, a statewide, early childhood advocacy association of state and local organizations across North Carolina. She directs the Coalition's public policy development, lobbying efforts and advocacy strategies, and frequently speaks to policy leaders and community agencies on key issues related to early care and education. Michele served on former Governor Hunt's transition team to create Smart Start and served as the founding Executive Director of the Orange County Partnership for Young Children. Michele served as the Vice President for Policy and Programs at the NC Child Advocacy Institute, and worked as the program director of the Children, Youth, and Families Program at the National Conference of State Legislatures where she provided technical assistance to state policymakers on child and family issues. Michele has a master's degree in public administration and policy, and undergraduate degree in psychology with a specialization in child development

Who's Caring for Our Babies?

Early Care and Education in North Carolina

EXECUTIVE SUMMARY

Introduction

The last 25 years have seen a revolution in the need for and usage of early care and education for infants and toddlers in North Carolina. As more women have re-entered the workforce with children under a year old, the need for child care has grown. Nationwide, it is estimated that 58% of babies under one live in a household where their mothers work.[1] With the work requirements for TANF requiring mothers to return to work as soon as possible after the birth of their child, babies living in both poor and middle income families are faced with spending their very earliest days in a child care setting.

With national and state attention focused on school readiness and helping four year olds come to school better prepared, we cannot forget our youngest citizens. Numerous studies have identified the first years of life as critical for setting the foundation for future learning. These studies have identified key elements in providing an environment that maximizes each young infant's chances to reach her potential. However, providing excellent infant/toddler early care and education is expensive because of the need and requirements for well-educated teachers and low teacher to child ratios. This study is designed to offer an understanding of the quality, supply and accessibility of infant and toddler early care and education in North Carolina and to determine if this care has changed since the last similar study.

Methodology

This study analyzes four data sets to examine early care and education usage by children from birth to three years old and to compare that to early care and education usage by children from three to five years old. These data sets include:

- Regulatory data from the North Carolina Division of Child Development and Early Education. These data were used to examine the supply and quality of care for children ages birth to three and compares this to similar data for three- to five-year-olds. (April 2008 and October 2016)
- State child care subsidy data including NC Pre-K, Smart Start and federal subsidy funds were used to examine the access by our poorest children to high-quality child care in North Carolina.(April 2008 and October 2016)
- Child care subsidy waiting list data supplied by each local purchasing agency in North Carolina were used to examine the distribution of children waiting by age. (April 2008 and October 2016)
- Child Care workforce data from the North Carolina Early Care and Education Workforce Study show the demographics, education, compensation and experience for the early care and education workforce. (2003 and 2015 studies)

[1] *Source: United States Department of Labor, Bureau of Labor Statistics, 2016. https://www.bls.gov/news.release/famee.nr0.htm*

Findings

It's time to raise the bar even more for infants and toddlers in North Carolina.

Results of this study indicate that all infants and toddlers, including those receiving child care subsidies, have significantly less access to quality child care than three- to five-year-olds. Though quality of care has improved for infants and toddlers over the past eight years, it has not improved as much as care for three- to five-year-olds thus creating a greater divide between the two age groups. The full statewide and regional reports are located on CCSA's website (**goo.gl/Pnp4j5** (PDF)).

SUPPLY

Overall, supply of infant and toddler care is not keeping pace with demand, leaving many parents struggling to find sufficient care for their babies.

- Data from child care resource and referral agencies across the state for FY 2016 found that families were looking for care for 12,500 infants and toddlers (61% of children birth through five whose families sought referrals). Yet infants and toddlers only make up 37% of children birth through five in regulated child care.
- Between 2008 and 2016, the population of infants and toddlers in North Carolina decreased by 4.4%[1], yet enrollment in regulated child care decreased by 14%. On the other hand, though preschool growth dropped 1.5%, enrollment for preschoolers dropped only slightly more with a 2.0% decrease. Slots available for and used by preschoolers essentially kept up with population growth; slots for infants and toddlers did not.

93% of infants and toddlers enrolled in licensed early care and education are in centers and 7% are in homes, showing an increase in the percent of infants and toddlers in centers compared to homes since 2008 (87% in centers, 13% in homes).

Despite the fact that infants and toddlers comprise fully half (50%) of children age five and under in the state of North Carolina[1], they have fewer options for licensed care than preschoolers.

- 71% of centers enroll infants and toddlers compared to 98% enrolling preschoolers.
  - In 2008, 74% of centers enrolled infants and toddlers compared to 97% that enrolled preschoolers.

Fewer high-quality (4- and 5-star) early care and education centers and homes provide care for infants and toddlers than preschoolers, however, improvements have been made since 2008.

- Only 53% of 5-star centers enroll infants and toddlers, while 78% of 1-star centers do so. However, 99% of 5-star centers enroll children age three to five.
  - In 2008, 44% of 5-star centers enrolled infants and toddlers.

ACCESSING QUALITY

Significantly fewer infants and toddlers are enrolled in programs with a 4- or 5-star rated license compared to preschoolers, however, a much larger percentage of both age groups are in higher quality care and the disparity between the two groups has decreased since 2008.

- 70% of infants and toddlers are enrolled in 4- or 5-star centers as compared to 78% of children age three to five.
  - In 2008, 47% of infants and toddlers were enrolled in 4- or 5-star centers as compared to 59% of children age three to five.
- 75% of infants and toddlers receiving subsidy are enrolled in 4- or 5-star centers as compared to 76% of children age three to five years receiving a subsidy.
  - In 2008, 44% of infants and toddlers receiving subsidy were enrolled in 4- or 5-star centers as compared to 51% of children age three to five years receiving a subsidy.

Infants and toddlers do not have access to teachers with the same qualifications as preschoolers.

- 69% of the preschool teaching staff have earned an associate degree or higher. Forty-five percent (45%) of those teaching infants and toddlers have earned this level of education, a difference of 24 percentage points.

A lower percentage of programs serving infants and toddlers elect to have the Environment Rating Scale administered than centers serving preschool age children. Further, ITERS scores overall are lower than ECERS scores.

- The statewide average ITERS score (4.98) is lower than the statewide average ECERS score (5.51) with a lower percentage of programs electing to have the scales administered (53% vs. 65%).

[1] *Office of State Budget and Management, County/State Population Projections, State Single Age, 2008 and 2016.*

Infant and toddler teachers are similar to teachers of children ages 3 to 5 in age, gender, ethnicity and their status as parents. Despite having similar demographics, infant and toddler teachers are more likely than preschool teachers to live in families with lower incomes, be uninsured and have used public assistance in the past three years. Such economic challenges increase the probability of higher turnover rates. It is critical that very young children have consistent adults on whom they can count.

- Infant and toddler teachers tended to have less experience in their current child care programs (3.0 vs. 3.8 years) and nearly a year and a half less experience in the child care field overall than their counterparts teaching 3 to 5-year-olds.
- Infant and toddler teachers reported earning a lower hourly wage than preschool teachers. Infant and toddler teachers earned a median of $10.00 per hour, while preschool teachers earned $11.39 per hour.

ACCESS TO CHILD CARE SUBSIDY

While similar numbers of infants and toddlers receive state child care subsidy money as a whole, more of them are waiting for subsidy. Well over half (63%) of children birth to five waiting for a child care subsidy are infants or toddlers.

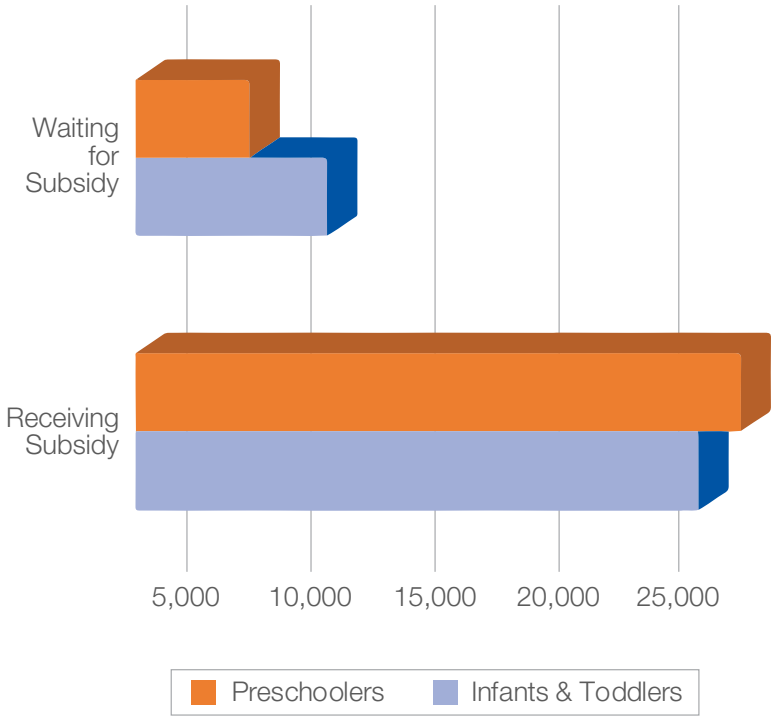
TABLE 1:
NUMBER AND PERCENT OF EACH AGE GROUP RECEIVING AND WAITING FOR SUBSIDY BY YEAR

	October 2016				April 2008			
	Infants & Toddlers		Preschoolers		Infants & Toddlers		Preschoolers	
	#	%	#	%	#	%	#	%
Receiving Subsidy	22,885	48%	24,605	52%	31,125	51%	29,788	49%
Waiting For Subsidy[1]	7,794	63%	4,642	37%	10,963	63%	6,539	37%

[1] *Missing data for 2016 from Washington, Greene, Martin, Anson, Cleveland, Gaston, Iredell, Wilkes, Granville, Wake and Wayne counties.*

Not only are fewer infants and toddlers receiving subsidy than preschoolers, these numbers represent only those birth to five year olds receiving child care subsidy. An additional 26,635 four year olds receive subsidized care through the NC Pre-K program. Further, although these numbers do not include Head Start/Early Head Start numbers, far more three to five year olds receive Head Start services compared to infants and toddlers receiving Early Head Start services. Thus Chart 1 greatly underestimates the number of preschoolers actually receiving a subsidized early care and education experience. Not only are fewer infants and toddlers receiving subsidy, far more are waiting for child care subsidy compared to three to five year olds.

CHART 1:
ACCESS TO CHILD CARE SUBSIDY



There is no "one" North Carolina.

Availability of quality care to infants and toddlers varies dramatically between regions and counties across the state.

The North Carolina Division of Child Development and Early Education has divided the state's 100 counties into fourteen child care resource and referral service delivery regions (**goo.gl/7Wi2jd** (PDF)). Each region uses resources from the North Carolina Division of Child Development and Early Education, Smart Start and other funders to address the child care needs of children in their communities and each area faces its own challenges.

In October 2016, 66,353 children from birth to three were in regulated early care and education settings, a 14% decrease from April 2008. This represents 37% of children birth to five enrolled in licensed child care programs of all types (a decrease from 40% in April 2008).

ACCESSING QUALITY—ACROSS THE REGIONS AND COUNTIES

The percentage of infants and toddlers accessing quality (4- and 5-star) centers varies greatly across the regions. **However, in all fourteen regions the percent of preschoolers accessing this type of care is higher than the percent of infants and toddlers.**

- In only six of the fourteen regions, 70% or more of infants and toddlers are receiving care in 4- or 5-star early care and education centers, yet at least 70% of preschoolers in every region are in this level of care. Across the state the percent ranges from a high of 86% in Region 2 to a low of 54% in Region 1.

TABLE 2:
PERCENT OF CHILDREN IN CENTERS BY AGE ENROLLED WITH INDICATED LICENSE

	Infants/Toddlers		Preschoolers (3–5 YO)	
Region	4- or 5-star	5-star	4- or 5 star	5-star
1	54% (L)	22% (L)	73%	59%
2	86% (H)	64% (H)	91% (H)	79% (H)
3	58%	41%	72% (L)	59%
4	67%	41%	81%	60%
5	59%	25%	75%	50% (L)
6	76%	52%	78%	60%
7	70%	37%	77%	54%
8	76%	47%	79%	61%
9	70%	45%	81%	63%
10	64%	38%	75%	58%
11	63%	37%	75%	55%
12	76%	56%	78%	64%
13	61%	35%	73%	51%
14	68%	39%	82%	59%
Statewide	**70%**	**45%**	**78%**	**59%**

- In 2016, at the state level the difference between preschoolers accessing 4- or 5-star center care and infants and toddlers accessing that level of care is eight percentage points. Across the regions the differences range from two percentage points in Regions 6 and 12, to nineteen percentage points in Region 1.
- In only three regions, 50% or more of infants and toddlers are enrolled in 5-star centers, yet at least 50% of preschoolers in all regions are enrolled in 5-star centers.
- Avery and Madison counties have the highest percentage (100% or more) of infants and toddlers enrolled in 4- or 5-star licensed centers while Camden and Tyrrell counties have 0% of their babies enrolled in 4- or 5-star licensed early care and education centers.
- Eight regions fall at or below the statewide average percentage of infants and toddlers receiving subsidy accessing 4- or 5-star center care.

TABLE 3:
NUMBER AND PERCENT OF CHILDREN IN CENTERS RECEIVING SUBSIDY BY AGE ENROLLED WITH INDICATED LICENSE

Region	Infants/Toddlers				Preschoolers (3–5 YO)			
	4- or 5-star		5-star		4- or 5 star		5-star	
	#	%	#	%	#	%	#	%
1	297	69%	111	26%	262	62% (L)	116	27%
2	346	84%	220	53%	433	84%	288	56%
3	1,050	77%	781	57%	1,145	76%	858	57%
4	727	66%	402	37%	903	73%	499	40%
5	1,132	62% (L)	344	19% (L)	1,371	63%	443	20% (L)
6	2,566	89% (H)	1,715	59% (H)	2,880	89% (H)	1,932	60% (H)
7	1,029	80%	453	35%	1,133	83%	525	38%
8	1,328	81%	705	43%	1,334	82%	761	47%
9	822	75%	553	50%	942	76%	646	52%
10	1,133	67%	546	32%	1,191	69%	610	35%
11	1,461	69%	863	41%	1,553	70%	940	42%
12	2,634	79%	1,589	47%	2,899	78%	1,865	50%
13	724	68%	361	34%	891	70%	442	35%
14	588	73%	282	35%	512	71%	248	34%
Statewide	**15,837**	**75%**	**8,925**	**42%**	**17,449**	**76%**	**10,173**	**44%**

- Region 5 has the lowest rate of access to 4- and 5-star center care for infants and toddlers receiving a subsidy (62%), however, Region 1 has the lowest rates of access to quality care for three- to five-year-olds receiving subsidy (62%).
- Region 6 has the highest rate of access to 4- and 5-star center care for infants and toddlers receiving subsidy (89%). Region 6 also has the highest rate of access to 4- and 5-star center care for three to five year olds receiving subsidy (89%).

The percentage of programs serving infants and toddlers that have had the Environment Rating Scale administered varies greatly across the regions as do the scores. However, in every region the percentage of programs serving preschoolers that have had the Environment Rating Scale is higher than those serving infants and toddlers as are the scores.

- Among the regions, Region 8 has the highest average ITERS score (5.14) with 64% of early care and education centers enrolling infants or toddlers having the assessment completed. Region 4 has the lowest average at 4.69, though nearly half (49%) of their centers with infants and toddlers being assessed.
- The highest regional average ITERS score (Region 8 at 5.14) is lower than the lowest regional ECERS score (Region 1 at 5.24).

Infant and toddler teachers are more likely than preschool teachers to live in families with lower incomes, be uninsured and have used public assistance recently.

Preschoolers have greater access to teachers with higher levels of education than infants and toddlers do. The difference in accessibility between these two groups varies across the regions. In every region the percent of infant and toddler teachers who have earned a degree in any field was lower than the percent of preschool teachers.

- Only four regions (2, 3, 8 & 12) have at least half (50%) or more of their infant and toddler teachers with two or four year degrees.

TABLE 4:
PERCENT OF 2015 INFANT/TODDLER TEACHERS WITH A DEGREE BY REGION

Region	%	Region	%
1	49%	8	53%
2	50%	9	39%
3	57% (H)	10	41%
4	30% (L)	11	45%
5	42%	12	52%
6	49%	13	34%
7	30% (L)	14	35%
		Statewide	**45%**

- Across the regions the percent ranges from a high of 57% in Region 2 to a low of 30% in Region 4.

ACCESS TO CHILD CARE SUBSIDY—ACROSS THE REGIONS

In all reporting regions more than half of children ages birth to five waiting for child care subsidy are infants or toddlers.

TABLE 5:
NUMBER AND PERCENT OF CHILDREN WAITING FOR SUBSIDY BY REGION
OCTOBER 2016

Region	Infants/Toddlers		Preschoolers (3–5 YO)	
1	190	59%	130	41%
2[1]	286	63%	169	37%
3[2]	720	58%	532	42%
4	788	63%	453	37%
5[1]	962	59%	662	41%
6	2123	65%	1139	35%
7[2]	0	NA	0	NA
8	218	60%	144	40%
9[1]	13	57%	10	43%
10[1]	285	62%	176	38%
11	440	59%	311	41%
12[2]	987	71%	413	30%
13[1]	520	59%	362	41%
14	262	65%	141	35%
Statewide	**7794**	**63%**	**4642**	**37%**

[1] *Data missing from one county in the region*
[2] *Data missing from two counties in the region*

Conclusion

Infants and toddlers are the most vulnerable of our children—they are the most dependent on their teachers to provide them with a safe, nurturing, developmental experience. Many of them are too young to talk, walk or eat on their own. Research shows that learning begins at birth. Infants and toddlers need the very best teachers to ensure that their needs are met and that they receive every opportunity to develop to their full potential. They need well-educated staff, low child to teacher ratios and stable, caring relationships. They are much more likely to get their needs met in a 4- or 5-star program, but their access to such programs is limited.

North Carolina has recognized the critical need to improve child care supply, quality and access for its youngest citizens. Through the use of federal block grant dollars and the state's investment in Smart Start and the T.E.A.C.H Early Childhood® (T.E.A.C.H.) scholarship program, strategic efforts are under way to improve the system of care for infants and toddlers.

North Carolina is currently supporting regional infant and toddler specialists, grants to expand high-quality infant and toddler care, higher subsidy reimbursement rates for infants and toddlers, and special T.E.A.C.H. scholarships for infant and toddler teachers. While these efforts are helping, more is needed. The significant and dramatic differences that exist in access to quality at the county and regional levels mirror the same differences seen in school performance in later years. Raising the bar on access to quality for all infants and toddlers would move North Carolina toward eliminating the achievement gap we see for so many children. Our babies and toddlers need us to act now on their behalf. Their futures will be brighter and more successful, and so will ours.

In only six of the fourteen regions, 70% or more of infants and toddlers are receiving care in 4- or 5-star early care and education centers, yet at least 70% of preschoolers in every region are in this level of care.

Recommendations

Since 2008, the state of North Carolina has made great strides in improving the quality of care for children birth to five years of age. Preschoolers have seen a great increase in the quality and availability of care in the last eight years. However, the improvement in quality and availability of care for infants and toddlers has not been as great. The development of children is at its most critical point during the ages of birth to three years, and though the quality of care for this age group has increased in the last three years, there is much room for improvement. These recommendations provide a solid foundation for increasing the quality of care for all of North Carolina's young children.

1. Incentives for expansion of 5-star slots for infants and toddlers are needed to meet the needs for high quality care. Such incentives may include sufficiently funded grants for expansion or development of high quality infant and toddler slots, higher subsidy rates for infants and toddler slots in 5-star programs, and supplemental rates for high quality care for all children.
2. Reimbursement rates for center-based care at the 4 and 5 star levels should be raised, with a goal of reaching the 85th percentile of current market rates in all counties. Subsidized rates for infants and toddlers in particular need to be raised to reflect the real costs for providing high quality care. While market rate studies reflect the cost charged to parents, they often do not reflect the true cost of that care. Funding from NC Pre-K has helped increase the quality of spaces for preschoolers because the payment rate is tied to a modeled estimate of what it costs to deliver this high quality. A similar infusion of dollars needs to be available to ensure that infants and toddlers living in low-income families have access to the very best care through our state's subsidy system. Additional federal Head Start dollars to support the expansion of Early Head Start could help increase the development of and access to higher quality child care for infants and toddlers.
3. The Community Early Childhood Profile-Smart Start Measures of Impact (formerly the Performance Based Incentive System within the Smart Start system) needs to specifically address the needs of infants and toddlers for high quality infant and toddler care in all counties. Counties should be held accountable for meeting the same high standards for infant toddler care as for preschool care.
4. The Federal Child and Dependent Care Tax Credit needs to be raised to more accurately reflect the high cost of high quality infant/toddler child care. Currently the maximum amount on which the credit is based for child care expenditures for one child is $3,000 a year. This is far below what it costs in every county for high quality infant and toddler care. The Credit should be raised for families of infants and toddlers using four- and five-star care to at least $6,000 a year. This will help low and middle income families who are not able and/or eligible to access a form of assistance for early care and education to access higher quality care. The similar North Carolina tax credit should also be reinstated.

22,885 infants and toddlers receive a child care subsidy. This represents about 34% of all infants and toddlers receiving care in a licensed child care facility. Since 2008, both the number and percent of infants and toddlers receiving subsidy have declined as has the number and percent of preschoolers receiving subsidy. • Of the 22,885 infants and toddlers receiving a subsidy, 19% are infants, 36% are one-year-olds and 45% are two-year-olds. • 92% of infants and toddlers receiving a child care subsidy are enrolled in licensed child care centers, an increase from 86% in 2008.

5. The reinstatement of the Earned Income Tax Credit for North Carolina Families could really make a difference. This tax credit for low and moderate income families was eliminated in 2014 forcing families to fall further behind. Allowing families to increase their expendable income each month results in more tax dollars for the state. And the tax credit would benefit a large proportion of the infant toddler workforce.
6. Higher Education systems, both at the community college and four-year university level, provide the foundational knowledge for new and continuing early childhood professionals. These systems should examine their curricula to ensure that all early childhood degrees include sufficient coursework specifically addressing the unique needs of infants and toddlers. These systems should further consider providing concentrations for those students wishing to focus specifically on teaching infants and toddlers, going beyond the Infant Toddler Certificate within the NC Community College System.
7. Compensation for those directly working with infants and toddlers needs to be addressed. Statewide, infant toddler teachers make significantly less than their preschool counterparts. Our youngest citizens deserve the right to begin their school careers with the most qualified teachers in charge of their early education. In addition, incentives to encourage infant toddler teachers to go back to school on T.E.A.C.H. scholarships should be enhanced. These teachers have the lowest education levels and salaries, making accessing college both important and unaffordable.
8. The number of Infant Toddler Specialists available to help with technical assistance and training through the statewide Quality Enhancement Project should be expanded. These specialists work directly with infant toddler teachers and their directors to help improve quality in the classroom as measure by the rating scales, CLASS assessments and through the use of the Pyramid model for improved social-emotional health. Incentives to help programs improve their learning environments as they work with these Specialists used to be offered. These incentives should be reinstated.
9. The state subsidized child care system should maintain three separate waiting lists for infants and toddlers, for preschool and for schoolage children. Equity of access to child care subsidies should be required among these waiting lists.
10. Current, effective strategies that are being used by the Division of Child Development and Early Education, local child care resource and referral agencies, local Smart Start Partnerships and early childhood workforce development initiatives to address the accessibility, quality and affordability needs of infants and toddlers in regulated child care need to be continued.
11. Employers and consortia of employers should be encouraged to support the development and/or provision of high quality infant/toddler slots for their employees.
12. Further study is needed. While a statewide child care workforce study was conducted in 2015, a county by county analysis of the workforce has not been completed since 2003. Consequently, this reexamination was unable to fully explore the characteristics of child care providers in relation to age of children in care and those who did and did not receive subsidy at the county level. Additionally, data are needed to understand why some counties are able to serve a high proportion of all children and/or children receiving a child care subsidy in higher quality care and other counties with similar demographics are not.

Acknowledgments

This publication was written by Child Care Services Association's staff: Mary Martin and Sue Russell. It was based on the 2008 study also by Child Care Services Association, Who's Caring for Our Babies Now? Child Care Services Association is a member of the NC Child Care Resource and Referral Council, working to improve access to higher quality child care for all children.

CCSA appreciates the North Carolina Division of Child Development and Early Education and the local subsidy purchasing agencies for supplying October 2016 data.

Funds for this study were provided by the Z. Smith Reynolds Foundation.

For more information about this report, please contact the Research Department at Child Care Services Association at 919-967-3272 or research@childcareservices.org.

NC Early Education Coalition Resource
PROGRAMS THAT WORK FOR BABIES!

EARLY HEAD START AND EARLY HEAD START/CHILD CARE PARTNERSHIPS

Early Head Start (EHS) is a federally funded program authorized in 1994 that provides intensive comprehensive child development and family support services to low-income infants and toddlers and their families, and to pregnant women and their families. EHS programs promote the physical, cognitive, social, and emotional development of infants and toddlers through safe and developmentally enriching caregiving. EHS programs also support parents, both mothers and fathers, in their role as primary caregivers and teachers of their children. Programs assist families in meeting their own personal goals and achieving self-sufficiency across a wide variety of domains, such as housing stability, continued education, and financial security. Early Head Start/Child Care Partnerships (EHS-CCP) brings together the strengths of child care and EHS programs through layering of federal funding (Early Head Start and Child Care Subsidies) to provide comprehensive and continuous high quality services to low-income infants, toddlers, and their families. Integrating EHS comprehensive services and resources into the array of traditional child care and family child care settings creates new opportunities to improve outcomes for infants, toddlers, and their families. Child care centers and family child care providers respond to the needs of working families by offering flexible and convenient full-day and full-year services.
Learn more at: https://eclkc.ohs.acf.hhs.gov/programs/article/about-early-head-start-program and https://www.acf.hhs.gov/sites/default/files/ecd/ehs_ccp_brochure.pdf

INFANT TODDLER QUALITY ENHANCEMENT SPECIALISTS

In 2004, North Carolina, through the NC Division of Child Development and Early Education funding, established the Statewide Infant and Toddler Enhancement Project. The Project goal is to improve the quality and availability of infant/toddler care in North Carolina. The Project team serves all 100 NC counties and includes 24 Infant/Toddler Specialists housed in regional lead child care resource and referral agencies. A Project Manager, employed by Child Care Services Association, provides leadership and oversight of the project. Specialists provide services statewide including technical assistance for child care programs and other community consultants and training specific to infant and toddler care best practices. Specialized training is provided and required of each specialist, including ITS-SIDS (safe sleep and SIDS reduction), Infant/Toddler Environment Rating Scale, and Program for Infant/Toddler Care (PITC). Specialists must also attain certification from WestEd as PITC trainers. The project is rigorously monitored to insure consistency, equitability and quality of services delivered across the state, and the impact is evaluated by several measurable outcomes.
Learn more at: http://childcarerrnc.org/s.php?subpage=StatewideSpecialInitiatives

TRIPLE P – POSITIVE PARENTING PROGRAM

The Triple P – Positive Parenting Program – is one of the most effective evidence-based parenting programs in the world, backed up by more than 35 years of ongoing research. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing. Triple P is currently used in more than 25 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures. In North Carolina, The Triple P system, with support from Triple P America, the North Carolina Division of Public Health (DPH) and additional federal and foundation funders, is currently being scaled-up within 36 counties in North Carolina. To ensure a communitywide reach of evidence-based parenting and family support, these counties are organized into six regional clusters of Triple P county coalitions and two independent counties supported by DPH, as well as one independent county supported by the John Rex Endowment. Individual Triple P interventions are being offered in an additional 11 of North Carolina counties (see Triple P map for list of providers).
Learn more at: http://www.triplep-parenting.com/nc-en/triple-p/ and http://ncic.fpg.unc.edu/about-triple-p-nc

NC CHILD TREATMENT PROGRAM

The NC Child Treatment Program (NC CTP) offers evidence-based trauma treatment programs designed to improve the health and functioning of infants, children, adolescents, and families coping with attachment difficulties, trauma symptoms, and significant behavioral-emotional challenges. NCCTP provides evidence-based training and coaching, qualifies clinicians to join the public roster, and monitors high practice standards. NC CTP-rostered clinicians practice throughout the state of North Carolina, serving children in a variety of practice settings, including: homes, schools, mental health clinics, residential treatment settings, psychiatric residential treatment facilities, juvenile justice and other restricted facilities. NC CTP is a program of the Center for Child and Family Health in partnership with the NC Division of Mental Health, Development Disabilities and Substance Abuse Services. **Learn more at** - https://ncchildtreatmentprogram.org/

EARLY HEAD START–CHILD CARE PARTNERSHIPS

Growing the Supply of Early Learning Opportunities for More Infants and Toddlers

To expand high-quality early learning opportunities in the years before preschool, Early Head Start-Child Care Partnerships support communities to increase the number of Early Head Start and child care providers that can meet the highest standards of quality for infants and toddlers.

WHAT IS AN EHS-CC PARTNERSHIP?

EHS-CC Partnerships bring together the best of two worlds – combining the strengths of child care and Early Head Start programs. The Partnerships layer funding to provide comprehensive services and high-quality early learning environments for low-income working families with infants and toddlers. Long-term outcomes for the program include:

- Sustained, mutually respectful and collaborative EHS-CC Partnerships
- A more highly-educated and fully-qualified workforce providing high-quality infant-toddler care and education, along with an increased supply of high-quality early learning environments and infant-toddler care and education
- Well-aligned early childhood policies, regulations and resources, with quality improvement support at national, state and local levels
- Improved family and child well-being and progress toward school readiness

The program integrates EHS comprehensive services and resources into the array of traditional child care and family care settings.

- Child care centers and family child care providers respond to the needs of working families by offering flexible and convenient full-day and full-year services. Experienced child care providers offer care that is strongly grounded in the cultural, linguistic and social needs of families and communities. Many child care centers and family child care providers lack the resources to address the needs of the nation's most vulnerable children.

WHERE ARE WE NOW?

Last Updated: January 31, 2017

OUR **275** GRANTEES PARTNER WITH MORE THAN **1,400 LOCAL CHILD CARE CENTERS** AND **1,000 FAMILY CHILD CARE PROGRAMS**.

GRANTEES ARE FUNDED TO SERVE **32,000 INFANTS AND TODDLERS**

3,900 EARLY HEAD START CHILD CARE CLASSES IN CHILD CARE CENTERS

MORE THAN **8,000 TEACHERS** AND STAFF BENEFIT FROM ENHANCED PROFESSIONAL DEVELOPMENT, TRAINING, COACHING AND PEER SUPPORT, ADVANCING THEIR CAREERS IN EARLY CHILDHOOD EDUCATION.

MORE THAN **7,800 OTHER CHILDREN** IN THE SAME CLASSROOM WITH EHS-CC PARTNERSHIP CHILDREN WILL BENEFIT FROM LOW TEACHER-TO-CHILD RATIOS AND CLASS SIZES, ONGOING SUPERVISION AND COACHING FOR QUALIFIED TEACHERS AND BROAD-SCALE PARENT ENGAGEMENT ACTIVITIES.

FOR MORE INFORMATION:

The National Center on Early Head Start – Child Care Partnerships (Partnership Center) supports effective implementation of Early Head Start – Child Care Partnerships to ensure they are positioned for success. This includes:

- Delivering reliable training and technical assistance to all EHS-CC Partnerships
- Providing resources, information and peer learning opportunities to EHS-CC Partnerships
- Developing training, resources and materials to state, regional and federal agencies, organizations and professionals who support Partnerships
- Sharing EHS-CCP Promising Practices to increase the effectiveness of collaborating Partnerships

Early Childhood National Centers

NATIONAL CENTER ON
Early Head Start - Child Care Partnerships

Contact the National Center on Early Head Start – Child Care Partnerships today!

ehsccp@ecetta.info 866-763-6481

BENEFITS

BENEFITS FOR PARTNERSHIP SITES

- ☑ Additional resources to improve child care worker compensation and benefits
- ☑ Quality improvement funds to purchase new supplies, equipment, materials and facility improvements
- ☑ Support for staff including enhanced training, professional development, networking, peer learning and coaching

BENEFITS FOR CHILDREN AND FAMILIES SERVED BY PARTNERSHIP SITES

Children and families qualifying for EHS services benefit from:

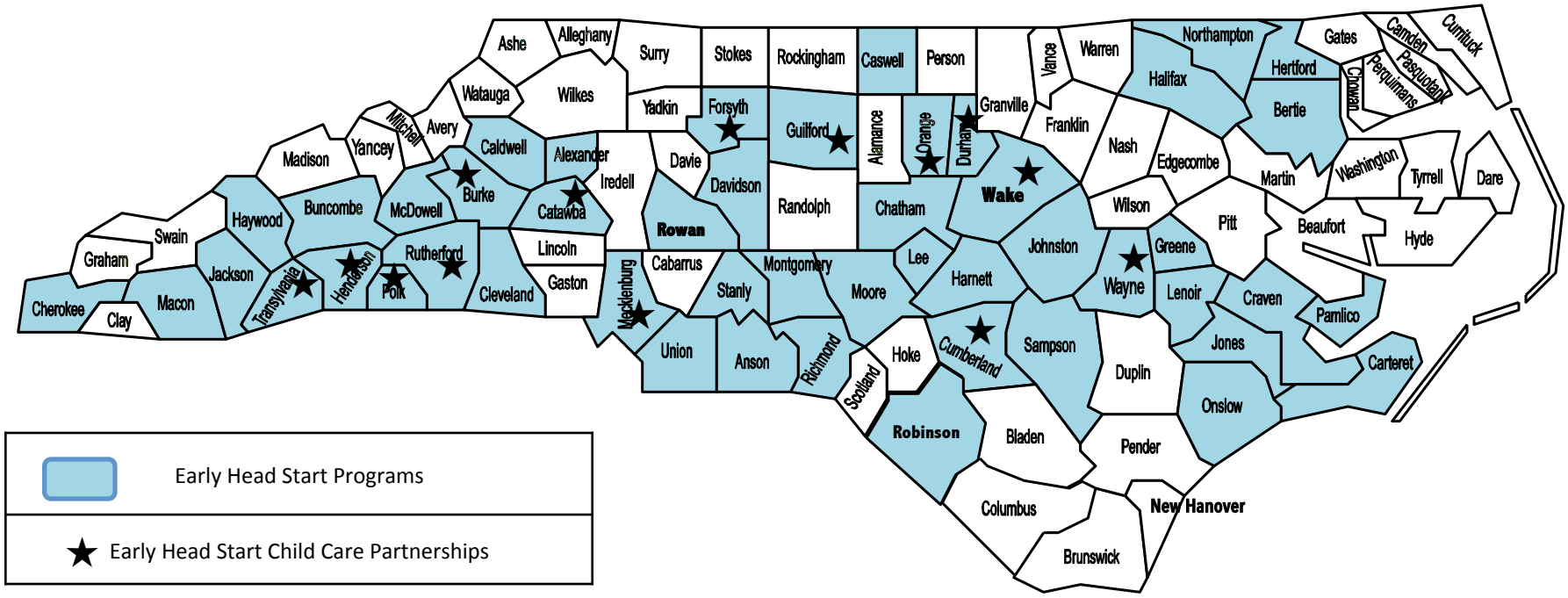
- ☑ Developmental screening and referral and linkage to needed medical, dental, nutrition, vision and mental health services
- ☑ Provision of diapers and formula
- ☑ Access to home visits, parent engagement activities and family support workers who help the family meet its goals

All children served by partnership sites benefit from:

- ☑ Low child-to-teacher ratios and smaller, high-quality environments supporting enhanced curriculum and instructional support

NC Early Head Start Programs
Early Head Start Child Care Partnerships ★

Early Head Start served 5,429 young children ages zero to three in 2017.



Data Source: NC Head Start Collaboration Office
Map prepared by: NC Early Education Coalition, March 2018.

Is your program looking for support to build quality for your infants and toddlers?

The NC Infant Toddler Project

offers three programs with on-site support in your infant and toddler classrooms.

Science has established a compelling link between social emotional development and behavior and school success.

> *Brain development is shaped by early experiences including first relationships between children and the adults who care for them and teach them.*

- ***Quality Improvement Program – Technical Assistance (TA) based on ITERS assessments***
- ***Classroom Interaction Program – TA based on CLASS observations***
- ***Social Emotional Technical Assistance – TA based on the Pyramid Model with an Infant Toddler Specialist as your coach.***

All programs offer a pathway to strengthening the quality of your infant and toddler program to:

- Build positive relationships with children, families, and co-workers
- Create environments to support social emotional development and the developing capacity of infants and young children to:
  - Form close and secure adult and peer relationships
  - Experience, regulate, and express emotions in socially and culturally appropriate ways
  - Explore the environment and learn social skills
- Implement best practices for infant and toddler group care every day and be ready whenever it is time for a rated license assessment.

Who will provide this technical assistance and is there a charge?
Infant Toddler Specialists offer these programs in your area through this initiative of the Child Care Resource and Referral Council at no cost through funding from the NC Division of Child Development.

For more information contact:
Statewide Infant Toddler Enhancement Project Manager, Ginger Thomas, at 252-945-5216 or gingert@childcareservices.org.

Additional information can be accessed at:
http://childcarerrnc.org/s.php?subpage=InfantToddlerQualityEnhancement

CCR&R Council
North Carolina Child Care Resource & Referral Council

Triple P* State (Title V and MCH) and Non-State Funded Implementing Sites

Public Health
HEALTH AND HUMAN SERVICES

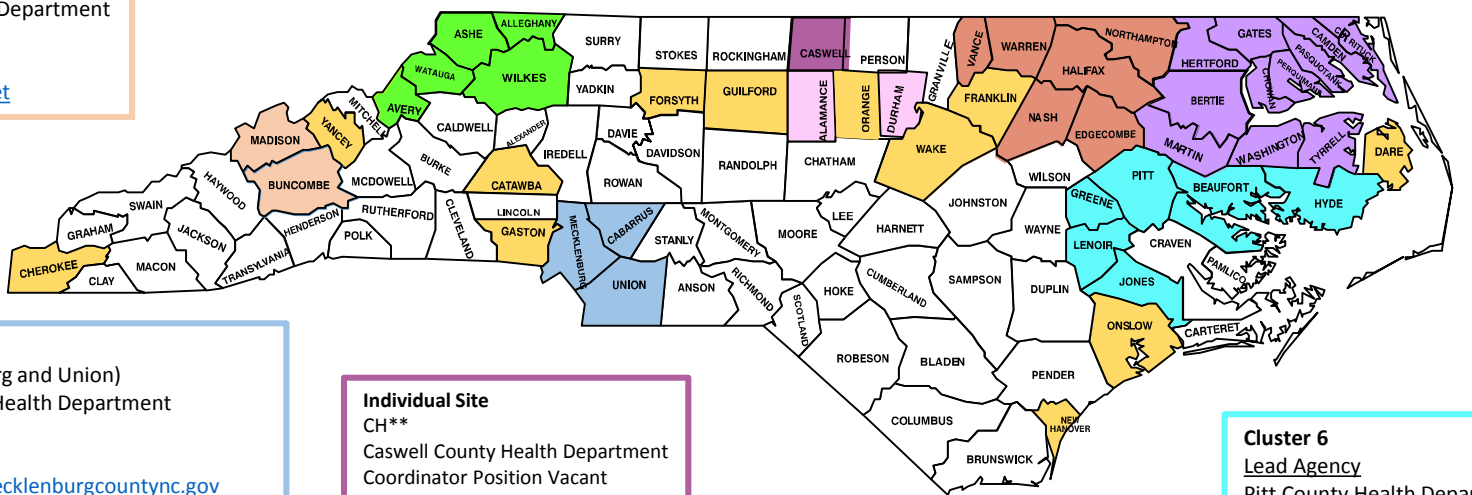
Cluster 1
Lead Agency
Madison County Health Department
Molly Coffey
(828) 707- 4245
Molly.Coffey@mahec.net

Cluster 2
+ MCH** (Avery and Wilkes)
Lead Agency
App Health Care
Morgan Ledford
(828) 264-4995 Extension 3155
morgan.ledford@apphealth.com

Cluster 3
+ MCH** (Durham)
Lead Agency
Durham County Health Department
Mary E. Bila
(336) 513-4761
mbila@dconc.gov

Cluster 4
Lead Agency
Halifax County Health Department
Cassandra Faulcon
(252) 583-5021
faulconc@halifaxnc.com

Cluster 5
Lead Agency
Albemarle Regional Health Services
Rebecca Cook
(252) 506-3722
Rebecca.cook@arhs-nc.org



Individual Sites
+ MCH** (Mecklenburg and Union)
Mecklenburg County Health Department
Cathy Henderson
(980) 314-9128
Cathy.Henderson@mecklenburgcountync.gov

Cabarrus Health Alliance
Amy Potoczny
(704) 920-1281
Amy.Potoczny@CabarrusHealth.org

Individual Site
CH**
Caswell County Health Department
Coordinator Position Vacant

See Page Two for the **Non-State Funded Locations**

Cluster 6
Lead Agency
Pitt County Health Department
Lynne Carter
(252) 902-2353
lynne.carter@pittcountync.gov

*Positive Parenting Program
**MCH = Maternal and Child Health & CH = Child Health
N.C. Division of Public Health –
Children & Youth Branch – Health and Wellness Unit
June 2016 (Revised November 2016)

Non-State Funded
Catawba County Partnership for Children
Libby Throckmorton
(828) 695-6502
libbyt@catawbacountync.gov

Children & Youth Partnership for Dare County
Sara Sampson
(252) 441-0614
familysupport@darekids.org

Onslow County Partnership for Children, Inc.
Stacie Huntington
(910) 333-0654
stacie.huntington@onslowkids.org

Smart Start of New Hanover County
Beth Bowen
(910) 815-3731
beth.bowen@newhanoverkids.org

Project Enlightenment (City of Raleigh)
Ashley Lindsay
(919) 508-0812
alindsay@wcpss.net

Franklin County Schools
Sherry Tabron
(919) 496-3676
sltabron@gmail.com

Gaston County Cooperative Extension
Belinda Bogle
(919) 922-2122
Belinda.Bogle@gastongov.com

Guilford County
Natalie Tackitt
(336) 553-9703
ntackitt@chsnc.org

Orange County Head Start
Contact - Vacant

Yancey County – RHA Health Services, Inc.
Aimee Fambrough
(828) 649-9174
afambrough@rhanet.org

Family Support Network of Greater Forsyth
Chris Gentry
336-703-4289
ChrisFSN@theCFEC.org

Family Resources of Cherokee County, Inc.
Christy Armstrong
(828)837-3460
drchristyarmstrong@gmail.com

Catawba County
Parent Support Team

Triple P • Positive Parenting Program

Taking the Guesswork out of Parenting!

The Parent Support Team is here to help you to be the best parent you can be! We offer a variety of parent education programs using Triple P (Positive Parenting Program).

Triple P provides a toolbox of ideas to help you manage the big and small parenting challenges in your life, and offers practical methods to help meet your family's individual needs. You can participate in group opportunities as well as one-on-one consultations, so we will help you decide which structure works best for you and your family.

Triple P classes and consultations **FREE** for Catawba County families!

Stay Positive!

5 Key Steps to Triple P's Positive Parenting:

1. Create a safe, interesting environment.
2. Have a positive learning environment.
3. Use consistent and thoughtful discipline.
4. Have realistic expectations.
5. Take care of yourself as a parent.

Call 828-695-6565

Triple P is one of the most effective evidence-based parenting programs in the world, backed up by more than 30 years of ongoing research.

Triple P Options for Catawba County Families:

Group Triple P offers five 2-hour group sessions for up to 12 parents, where participants learn through observation, discussion, practice, and feedback. Parents will also participate in three one-on-one consultations with the facilitator to help with your individual needs. This material can also be offered in an individual format.

Primary Care Triple P provides one-on-one sessions with a certified Triple P parent educator, including four 30-minute sessions that focus on targeted challenges that parents are experiencing with their child.

Stepping Stones Triple P includes parent education specifically designed for parents who have children with identified special needs. Parents can participate in one-on-one sessions or in group settings with other parents who share common challenges.

Triple P Seminar Series introduces Triple P's strategies of positive parenting with 90-minute topic-specific seminars.

Family Transitions provides a more intensive intervention for families going through separation and divorce.

Triple P Website is where families are can access helpful parenting information at any time. ***www.triplep-parenting.net/nc-en/home***

Catawba County Partnership For Children

Catawba County Parent Support Team is a Smart Start funded project of the Catawba County Partnership for Children. It also receives support through Catawba County Social Services and Public Health, as well as other funders.

For more information about the Parent Support Team, please call the Early Childhood Support Team at 828-695-6594.

NC CHILD TREATMENT PROGRAM

CENTER FOR CHILD & FAMILY HEALTH

NORTH CAROLINA CHILD TREATMENT PROGRAM

"The greatest reward is seeing the transformed lives of the clients served by the NC CTP trained therapists. There are no doubts that the investment in NC CTP training is leading to great outcomes."
Matt Gaunt, Children's Hope Alliance, Iredell County

Childhood Trauma

61% of children will be affected by violence, abuse, or crime, putting them at increased risk for **depression**, **academic problems**, **violent behavior**, **substance use**, **delinquency, teen pregnancy,** and other emotional-behavioral challenges.

Building Capacity for Quality Care

NC CTP trains mental health providers in

- **Trauma-Focused Cognitive Behavioral Therapy** (TF-CBT)
- **Structured Psychotherapy for Adolescents Responding to Chronic Stress** (SPARCS)
- **Child-Parent Psychotherapy** (CPP)
- **Parent-Child Interaction Therapy** (PCIT)

NC CTP supports sustained clinical outcomes and data-driven implementation through **intensive 1-2 year training programs,** which include

- Multi-day in-person training sessions
- Clinical consultation by expert faculty
- Agency consultation by implementation experts

Quick Facts

836 clinicians trained from **259** agencies since 2006

Active roster of **478** clinicians and **197** clinicians in progress toward rostering

Estimated **2,250** clients served by rostered clinicians per year

Return on Investment

Lifetime costs of childhood maltreatment are estimated at **$210,012** per case.[1] **Evidence-informed treatment models** like the models that NC Child Treatment Program disseminates have been shown to **reduce mental health services utilization costs by 27%**[2] and **improve patient outcomes by 44%**[3] over traditional therapy models.

Accountability

NC CTP holds clinicians accountable for quality care by maintaining graduation criteria that meets or exceeds model developer **standards for excellence**. Graduation is required to participate in the public clinician roster.
NC CTP tracks trainee **clinical outcomes** to inform internal continuous quality improvement and ensure that the **highest quality care** is reaching North Carolina's children.

NC Mental Health, Developmental Disabilities, and Substance Abuse Services
HEALTH AND HUMAN SERVICES

ncchildtreatmentprogram.org
ccfhnc.org
(919) 385-0793

° Finkelhor, D., Turner, H. A., Ormrod, R., & Hamby, S. L. (2010). *Trends in childhood violence and abuse exposure: Evidence from 2 national surveys.*
[1] Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). *The economic burden of child maltreatment in the United States and implications for prevention.*
[2] Washington State Institute for Public Policy, 2015. *Benefit-Cost Analysis: Children's Mental Health.*
[3] Cohen, J. A., Deblinger, E., Mannarino, A. P., & Steer, R. A. (2004). *A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms.*

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

NORTH CAROLINA CHILD TREATMENT PROGRAM

Child-Parent Psychotherapy (CPP)

What is CPP?

Child-Parent Psychotherapy (CPP) is an attachment and trauma-focused treatment model for children ages 0-5 and their caregiver.

- Appropriate for children who have experienced a **traumatic event(s)** or who are experiencing **mental health, attachment, or behavioral problems**
- Average length of treatment: **32 weekly, 1 hour sessions**
- **Targets negative perceptions** that child and caregiver have of themselves and each other

Return on Investment

In the United States, 61% of children are affected by violence, abuse, or crime,[°] putting them at increased risk for **depression**, **academic problems**, **violent behavior**, **substance use**, **delinquency, teen pregnancy,** and other emotional-behavioral challenges. **Lifetime costs** of childhood maltreatment are estimated at **$210,012** per case.[1] CPP uses the child-parent relationship to get the child back on a **healthy developmental trajectory** following trauma or early adversity.

Service Delivery

CPP has been successfully delivered in diverse settings, provided that the child is **living with a primary caregiver** (biological, adoptive, or foster):

- Outpatient
- In home
- Residential treatment settings

Outcomes

- **Reduced foster care placement disruptions** among children with moderate to severe traumatic experiences
- **Improved cognitive ability,** on par with non-traumatized children
- **Improved attachment security** and organization
- **Decreased** parental and child **PTSD symptoms**
- **Decreased** parental and child **depression**[2]

Training Opportunities

The North Carolina Child Treatment Program (NC CTP) offers 1-2 training cohorts per year in CPP. Training cohorts are 18 months long and consist of face-to-face learning sessions and faculty consultation. Contact NC CTP for more information.

NC Mental Health, Developmental Disabilities, and Substance Abuse Services
HEALTH AND HUMAN SERVICES

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ccfhnc.org
(919) 385-0793

° Finkelhor, D., Turner, H. A., Ormrod, R., & Hamby, S. L. (2010). *Trends in childhood violence and abuse exposure: Evidence from 2 national surveys*.
[1] Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). *The economic burden of child maltreatment in the United States and implications for prevention.*
[2] Ghosh-Ippen, C (2011). *Child-Parent Psychotherapy Research Summary Fact Sheet.*

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

NORTH CAROLINA CHILD TREATMENT PROGRAM

Parent-Child Interaction Therapy (PCIT)

What is PCIT?

Parent-Child Interaction Therapy (PCIT) is a specialized behavior management program for children ages 2 to 6 and their families.

- Appropriate for children who demonstrate **excessive or developmentally inappropriate behavioral and/or emotional difficulties,** including behaviors that are often associated with **trauma**
- Average length of treatment: **12-20 weekly hour long sessions**
- Through **live coaching**, parents/caregivers work together to implement skills designed to help children reach their full potential.

Return on Investment

In the United States, 61% of children are affected by violence, abuse, or crime,[°] putting them at increased risk for **depression**, **academic problems**, **violent behavior**, **substance use**, **delinquency, teen pregnancy,** and other emotional-behavioral challenges. **Lifetime costs** of childhood maltreatment are estimated at **$210,012** per case.[1] PCIT has shown a **benefit-cost ratio of $2.29** and a **79% chance of benefits exceeding costs** for children with disruptive behaviors and a **benefit-cost ratio of $12.99** with a **94% chance of benefits exceeding costs for children in the child welfare system.[2]**

Outcomes[3]

- **Improved parent-child** relationships
- **Decreased problematic behaviors,** such as defiance and aggression
- **Increased social skills** and cooperation
- **Increased attention**
- **Improved behaviors at home and school**
- **Decreased parental stress**
- **Reduced recidivism of child maltreatment**

Service Delivery

PCIT is typically delivered in **clinic settings** (e.g., community agencies, outpatient clinics).

PCIT has also been successfully delivered in **alternate settings** (e.g., in home).

Cost-based reimbursement rates have been implemented in some catchment areas.

Training Opportunities

The North Carolina Child Treatment Program (NC CTP) offers 2 training cohorts per year in PCIT. Training cohorts are 15 months long and consist of face-to-face learning sessions and faculty consultation. Contact NC CTP for more information.

Mental Health, Developmental Disabilities, and Substance Abuse Services
HEALTH AND HUMAN SERVICES

ncchildtreatmentprogram.org
ccfhnc.org
(919) 385-0793

° Finkelhor, D., Turner, H. A., Ormrod, R., & Hamby, S. L. (2010). *Trends in childhood violence and abuse exposure: Evidence from 2 national surveys.*
[1] Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). *The economic burden of child maltreatment in the United States and implications for prevention.*
[2] Washington State Institute for Public Policy, 2015. *Benefit-Cost Analysis: Children's Mental Health, Benefit-Cost Analysis: Child Welfare.*
[3] California Evidence Based Treatment Clearinghouse. *Parent-Child Interaction Therapy (PCIT) Detailed Report*

NORTH CAROLINA
EARLY EDUCATION COALITION

BUILDING STRONG FOUNDATIONS FOR BABIES PROJECT

Project Overview
The Building Strong Foundations for Babies project is designed to ensure that North Carolina's young children, ages 0-3, and their families benefit from effective public policies, programs and funding that promote a solid foundation for healthy beginnings, supported families, and quality early care and learning experiences. This project will create an effective and engaged coalition of state policymakers and early childhood stakeholders who will work together to raise public awareness and build political will to improve policies and programs for infants and toddlers and their families. As a result, more young children will have access to quality early learning experiences and live in supported families who have the necessary resources to further their child's healthy development and school readiness.

Major Goals:

- Early childhood leaders, experts and stakeholders will create a shared public policy plan and agenda to promote healthy beginnings, supported families, and quality early care and learning experiences for children ages 0-3 and their families.
- A state-wide advocacy coalition is established to advance infant/toddler policies and programs for children ages 0-3 and their families.
- A cadre of infant/toddler advocates are trained and actively engage with the Coalition at the federal, state and local levels to advance infant/toddler policies, programs, and funding.
- A comprehensive public engagement and communications campaign on infant and toddler early childhood development and learning is created and promoted statewide and in local communities.
- Federal and state policymakers are informed about the importance and benefits of strong public policies and programs for early childhood development and learning, and take action to increase school readiness for young children ages 0-3 and their families.

Major Events

- Policy Forum, "Building Strong Foundations for Babies" April 4, 2018
- Strolling Thunder Events – Washington D.C. and Raleigh, NC, May/Early June, 2018
- Summer Infant/Toddler Education & Advocacy Academy, August, 2018
- Regional Advocacy Forums, Fall 2018
- Infant Toddler Summit, December 2018 or January 2019

Funders
Pritzker Children's Initiative and Zero To Three

Major Partners: NC Early Education Coalition, NC Department of Health and Human Services, NC Early Childhood Foundation, NC Child, NC Partnership for Children, Mom's Rising

For more information -

- **Visit our website**: https://www.ncearlyeducationcoalition.org/think-babies.html
- **Contact:** Michele Rivest, Policy Director, NC Early Education Coalition
  Email: Michele.Rivest@NCEarlyEducationCoalition.org Cell: 919-218-0224

STATE BABY FACTS

A Look at Infants, Toddlers, and Their Families in 2015

North Carolina

Do you know what lies ahead for North Carolina? No need to consult a crystal ball. The clearest way to envision what the future holds is to take a look at the babies. They tell us an important story of what it is currently like to be a very young child in this state and the important resources that can change the future life course for the many children who are not getting off to the best start.

A baby's early experiences shape the brain's architecture into a strong—or fragile—foundation for learning, health, and success in the workplace. Adverse early experiences, such as poverty, can weaken babies' brain development and follow them their entire lives. A state's ability to build a strong, competitive economy in an increasingly global marketplace is jeopardized when the future of so many young children is compromised. By evaluating these facts and using them to improve relevant programs and services, North Carolina can re-prioritize infants, toddlers, and their families and change the future for all of us.

All babies in North Carolina, and across the United States, need **good health**, **strong families**, and **positive early learning experiences** to foster healthy brain development and realize their full potential. How does North Carolina compare with the United States in providing these supports?

The Basics about Infants and Toddlers in North Carolina

362,108	16%	13%	36%	62%	STATE
11,886,860	16%	11%	34%	62%	NATIONAL
Total population under age 3	Percentage of children under age 18 who are infants and toddlers	Live in families with parents who are unemployed	Live with an unmarried parent	Mothers in the labor force with infants	

KIDS COUNT RANKING:

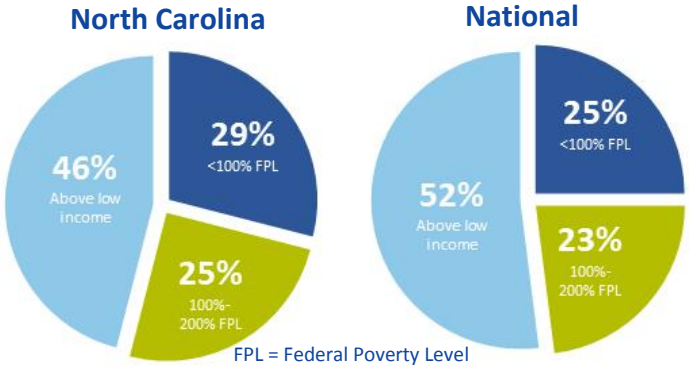
34

STATE RANKING FOR CHILDREN 0 -18 WELL-BEING

BABIES AT RISK:

Infants and toddlers by family income level

In North Carolina, a significant percentage of infants and toddlers live in low-income families, leaving them particularly vulnerable. Research shows that poverty at an early age can be especially harmful, affecting later achievement and employment.



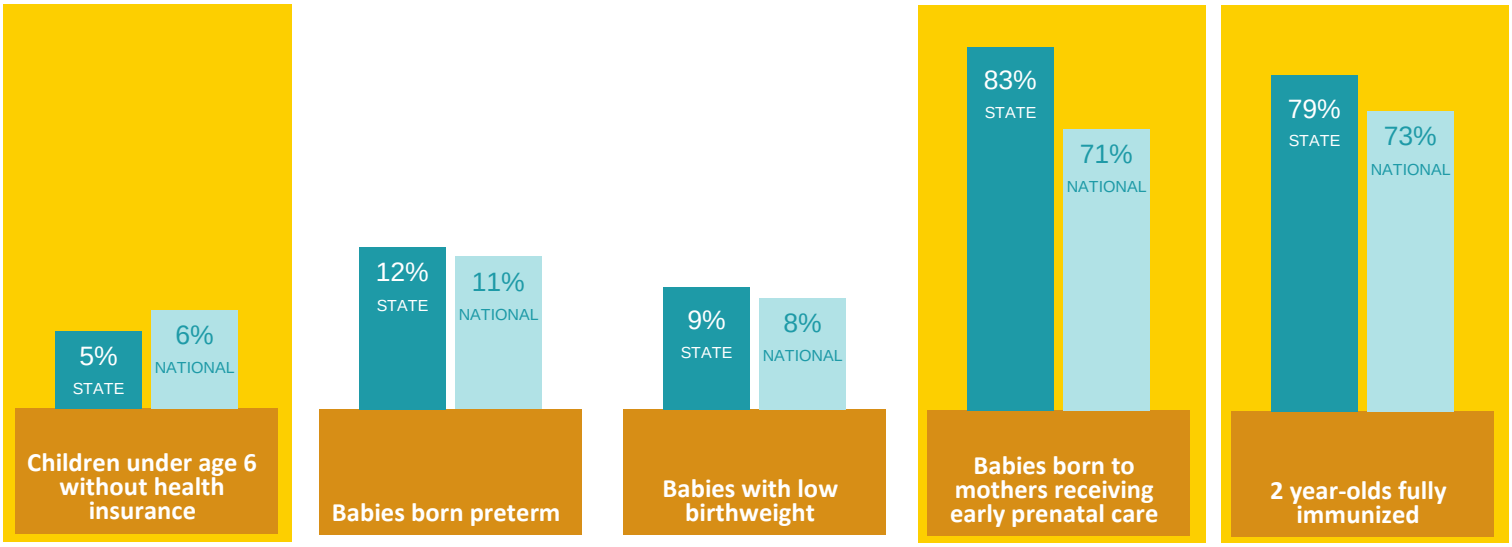
FPL = Federal Poverty Level

SOURCE: National Center for Children in Poverty

NORTH CAROLINA'S GOOD HEALTH

Good health is the foundation from which young children grow and develop physically, cognitively, emotionally, and socially. The need for high-quality medical care and adequate nutrition before birth and during a child's earliest years is more crucial than at most other times in life. Preventive care and screening can catch problems early and are key building blocks for healthy early development.

HOW DOES NORTH CAROLINA'S GOOD HEALTH COMPARE WITH U.S.?



HOW CAN WE SUPPORT GOOD HEALTH?

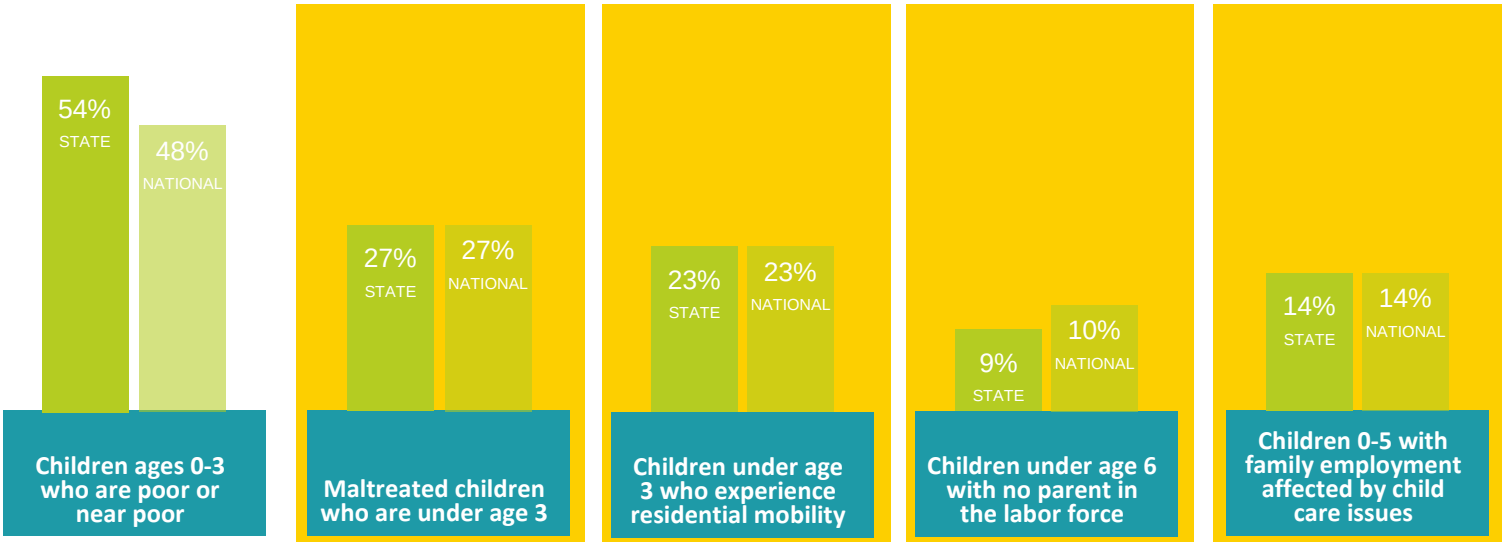
Programs can help ensure that North Carolina's babies get a healthy start in life, as health and nutrition programs play a key role in protecting the health of the most vulnerable infants and toddlers. These programs include **Medicaid**, the **Supplemental Nutrition Assistance Program (SNAP)**, and the **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**. For more information on these programs, go to www.zerotothree.org/goodhealth.

BIRTHS COVERED BY MEDICAID	INFANTS ON MEDICAID THAT RECEIVE AT LEAST ONE EPSDT SCREENING	SNAP RECIPIENTS UNDER AGE 5	WIC RECIPIENTS THAT ARE INFANTS	
54%	96%	13%	24%	STATE
45%	90%	14%	23%	NATIONAL

NORTH CAROLINA'S STRONG FAMILIES

Young children develop in the context of their families, where supportive relationships nurture their growth. Especially during an economic downturn, it can be challenging for parents to provide their children the necessities of life. During these early years, factors like family stress, multiple moves, fluctuating family structure, difficult economic situations, negative environmental effects, and abuse and neglect can impair the development of infants and toddlers.

HOW DO NORTH CAROLINA'S STRONG FAMILIES COMPARE TO THE U.S.?



HOW CAN WE SUPPORT STRONG FAMILIES?

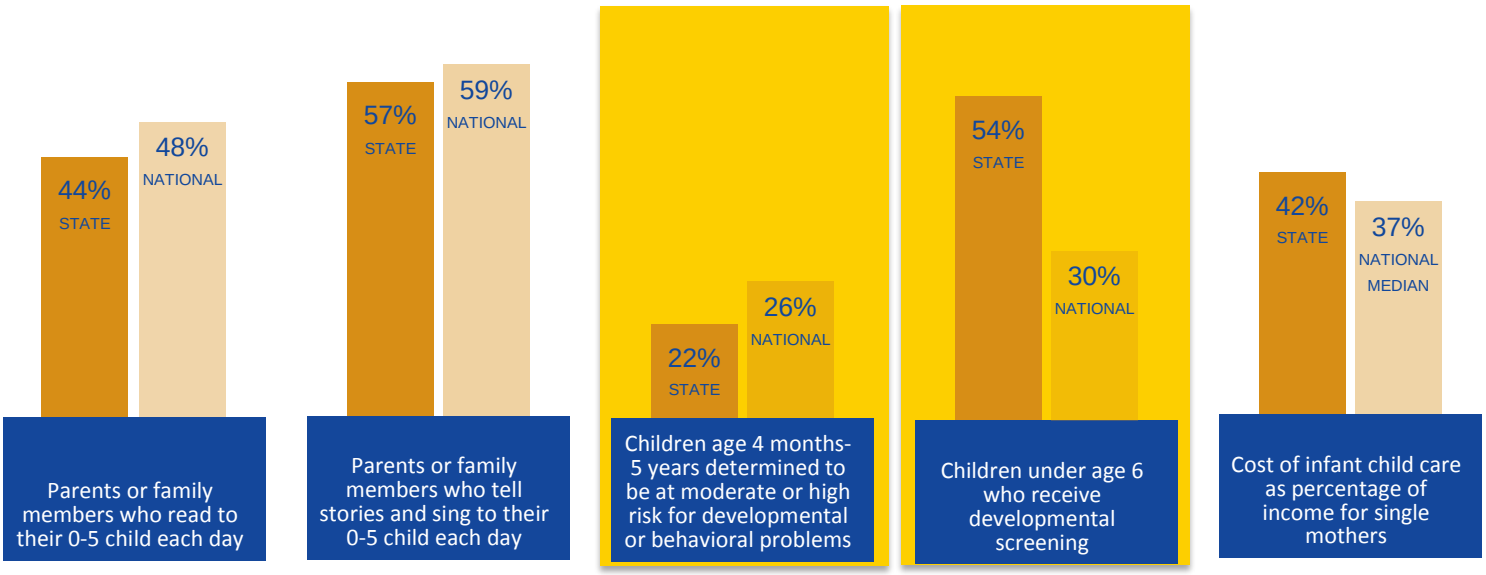
Programs like **Temporary Assistance for Needy Families (TANF)**, **Low Income Home Energy Assistance Program (LIHEAP)**, **Home Visiting**, **Child Welfare**, and **Paid Family Leave** play an important role in helping North Carolina's families support their child's healthy growth and development. For more information on these programs, go to www.zerotothree.org/strongfamilies.

32%	29%	32%	STATE
37%	22%	31%	NATIONAL
FAMILIES ON TANF WITH AT LEAST ONE CHILD UNDER AGE 3	HOUSEHOLDS RECEIVING LIHEAP HEATING ASSISTANCE WITH CHILD UNDER AGE 6	CHILDREN ENTERING FOSTER CARE THAT ARE UNDER AGE 3	

NORTH CAROLINA'S POSITIVE EARLY LEARNING EXPERIENCES

For very young children, learning takes place through play, the active exploration of their environment, and, most importantly, through positive interactions with the significant adults in their lives. Gaps between children of different income levels in the amount of talk, vocabulary growth, and style of interaction appear early and widen long before a child enters school. Relationships with parents, early childhood professionals, and caregivers are critical as the brain forms the complex web of visual, language, motor, and social-emotional connections essential for later learning.

HOW DO NORTH CAROLINA'S POSITIVE EARLY LEARNING EXPERIENCES COMPARE TO THE U.S.?



HOW CAN WE SUPPORT POSITIVE EARLY LEARNING EXPERIENCES?

For infants and toddlers, learning unfolds in many settings, including the home, **child care centers, Early Head Start (EHS), family child care homes**, and **family, friend, and neighbor care**. High-quality care that promotes positive early learning can have lasting effects into adulthood, particularly for children who are at risk for starting school behind their peers. For more information on these programs, go to www.zerotothree.org/earlylearning.

2,926	22%	3%	STATE
107,393	27%	3%	NATIONAL
INFANTS, TODDLERS, AND PREGNANT WOMEN WHO PARTICIPATE IN EHS	PERCENTAGE OF CHILDREN RECEIVING FEDERAL CHILD CARE SUPPORT UNDER AGE 3	INFANTS AND TODDLERS WHO RECEIVE PART C EARLY INTERVENTION SERVICES	

CLASP
policy solutions that work for low-income people

ZERO TO THREE
Early connections last a lifetime

Core Policies for Infants, Toddlers, and Families

CLASP and ZERO TO THREE's *Building Strong Foundations: Advancing Comprehensive Policies for Infants, Toddlers, and Families* project seeks to promote federal and state policies that comprehensively address the wellbeing of infants, toddlers, and families. In the first phase of *Building Strong Foundations*, ZERO TO THREE and CLASP identified 13 policies core to advancing infant-toddler wellbeing, recognizing that all babies need...

Healthy Bodies, Healthy Minds, and Healthy Parents

- Low-income infants, toddlers, parents, and pregnant women should have **quality, affordable, publicly financed health insurance**.
- Infants, toddlers, parents, and pregnant women should receive appropriate **health screenings, preventive primary care, and medically necessary treatment services**.
- Infants, toddlers, and parents should receive appropriate **screening, diagnosis, and treatment services** to meet their **mental health needs**.
- Low-income families with infants and toddlers and pregnant women should have access to **nutrition support programs**.

Economically Stable Families

- Low-income parents of infants and toddlers should have access to **affordable education and training** to improve their employment opportunities.
- Families in poverty with infants and toddlers should get **cash assistance and refundable tax credits** to supplement their earnings.
- Parents with infants and toddlers should have **paid sick leave** from work when they are ill, when their child or a family member is ill, or to obtain preventive care for themselves or their families. Parents should have **paid family and medical leave** when a child is born, adopted, or newly fostered.
- Low-income families with infants and toddlers should have **affordable, safe, and stable housing**.

Strong Parents

- Families of infants and toddlers should have access to a continuum of **parent support services and resources** to support their child's development.
- Infants and toddlers in the **child welfare system** should receive **developmentally appropriate supports** responsive to the needs of the child and family.

High-Quality Child Care and Early Education Opportunities

- Low-income families with infants and toddlers should get **child care assistance** to afford safe, stable, high-quality child care that promotes children's development and parents' education, training, and work.
- Vulnerable infants, toddlers, pregnant women, and families should have access to **comprehensive early childhood services through Early Head Start**.
- Infants and toddlers with developmental delays or disabilities should be **identified** and receive **early intervention services** in a timely manner.

North Carolina Early Education Coalition Membership Brochure 2018

Dedicated to advancing High Quality, Accessible, and Affordable Early Care and Education for North Carolina's Children, Families, and Communities

About the N.C. Early Education Coalition

The North Carolina Early Education Coalition is the only statewide advocacy coalition dedicated to promoting high quality, accessible, and affordable early care and education in North Carolina.

The Coalition is a strong voice for high quality early education programs for young children and their families. Our membership includes statewide organizations, regional and local child care agencies, child care providers, teachers, parents and other professionals and advocates committed to improving the quality of early care and childhood education in North Carolina. We accomplish our mission of advancing early care and education by:

- Developing policy positions shared with elected officials.
- Researching and producing fact sheets for our members, policymakers, and the media.
- Engaging early childhood policy staff and a full-time lobbying team at the NC General Assembly.
- Creating advocacy alerts to mobilize our members to action on early childhood issues.
- Providing training and materials on early childhood practices, policies, and advocacy.

Our Successes

- ★ Promoting increased child care subsidy funding and child care market rates.
- ★ Advocating for the establishment and expansion of Smart Start.
- ★ Supporting the NC Pre-K program for at-risk four year olds.
- ★ Advocating for the T.E.A.C.H. scholarship program to support teacher education.
- ★ Promoting quality child care and the Star Rating licensing system.
- ★ Improving market rates for child care providers.
- ★ Advocating for the early education teaching workforce.

Visit our website: www.NCEarlyEducationCoalition.org

N.C. Early Education Coalition Membership Benefits

- ★ **Information:** Get the latest information on early education public policy issues and resources.
- ★ **Training Discounts**: Receive discounts to training forums, webinars, seminars and more.
- ★ **Lobbyist:** Support a full-time lobbyist that works with state policymakers to promote early education.
- ★ **Email alerts:** Receive regular email alerts about proposed policy changes or breaking news affecting early care and education.
- ★ **Action Center:** Access the Action Center for easy connection to policymakers and messaging about early care and education issues. Visit the Action Center at https://www.ncearlyeducationcoalition.org/membership.html
- ★ **Advocacy tools:** Get tips and tools for on how to be an effective advocate for early education and make your voice heard.
- ★ **Networking:** Be part of a statewide network of advocates and demonstrate your commitment to ensuring a high quality early childhood care and education system in North Carolina.

Support Early Care & Education – Join the N.C. Early Education Coalition Today!

Agency/Organization:_____

Contact Person: _____

Title:_____

Email:_____

Mailing Address:_____

Phone:_____

1) Choose your ANNUAL MEMBERSHIP category _____ total: $_____ (See Chart Below)
2) Complete your application.
3) Make check payable to NC Early Education Coalition - NCEEC
4) Mail to: NCEEC, P.O. Box 4292, Chapel Hill, NC, NC 27514
4) Questions? Call 919-442-2000, or email: teresag@ncearlyeducationcoalition.org

Membership Levels and Benefits									
Champion for Children	INDIVIDUAL		CHILD CARE CENTERS			ORGANIZATIONS			
	Student, Teacher, or FCCH	ECE Supporter	Small (Less than 30 children)	Medium (30-99 children)	Large (more than 100 children)	Bronze	Silver	Gold	Platinum
Annual Fee Membership	$30.00	$50.00 - $250.00	$50.00	$100.00	$150.00	$250 - $999	$1,000 - $2,499	$2,500 - $4,999	$5,000 +
Benefit Package	✓	✓	✓	✓	✓	✓	✓	✓	✓
Legislative Report						✓	✓	✓	✓
Advocacy Training							✓	✓	✓
Lobbyist Consultation									✓
# of person discounts	1	1	1	2	3	4	5	6	7

Programs That Work
Infant-Early Childhood Mental Health

Dana Hagele, MD, MPH
Co-Director, NC Child Treatment Program

NC Early Education Coalition
Building Strong Foundations for Babies - April 2018

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

Infant-Early Childhood Mental Health
("Social-Emotional Health")

Milestones during first 5 years of life:

- Developing capacity to:
  - Form close and secure adult and peer relationships
  - Experience, manage, and express a full range of emotions
  - Explore the environment and learn
- Within the context of:
  - Family
  - Community
  - Culture

ZERO TO THREE
Early connections last a lifetime

Video: Still Face Experiment

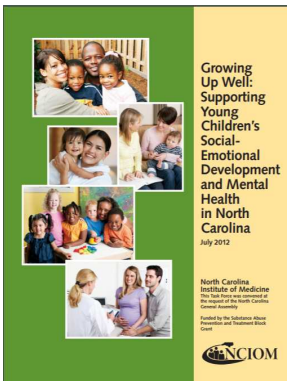
- The Good
  - Normative development
  - Sense of security and confidence (expectation of responsiveness)
  - Emotional reciprocity
- The Bad (adverse situation with buffering caregiver)
  - Ability to co-regulate with caregiver
  - Maintain/reinforce security and confidence
- The Ugly (adverse situation without buffering caregiver)
  - Overwhelming trauma or adversity
  - Consistent neglect

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

What We Know

Infant-Toddler Mental Health

NC Institute of Medicine Task Force



- Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families
- Established 2010 by the NC General Assembly
- Final report and full committee recommendations in 2012

Infants and Young Children

"…need developmentally appropriate relationships, environments, and experiences during their earliest years to develop a foundation strong enough to support advanced physical, cognitive, and social-emotional skills"

- NCIOM Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families. *Growing Up Well: Young Children's Social-Emotional Development and Mental Health in North Carolina* (2012)

Disrupted Development

"…developmental and biological disruptions during the prenatal period and formative years can impair healthy functioning, increase vulnerability to health problems later and life, and change the actual structure of a child's developing brain"

- NCIOM Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families. *Growing Up Well: Young Children's Social-Emotional Development and Mental Health in North Carolina* (2012)

Trauma and Adverse Childhood Experiences

"Impoverished and adverse experiences, in the absence of protective factors, can lead to lead to difficulty learning, difficulty forming healthy relationships, and lifelong physical and mental health problems…"

"…and inordinate expenses to society"

- NCIOM Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families. *Growing Up Well: Young Children's Social-Emotional Development and Mental Health in North Carolina* (2012)

Inordinate Expenses to Society

Estimated average lifetime cost per victim of child maltreatment (2010 dollars): $210,012

- Childhood health care costs: $32,648
- Child welfare costs: $7,728
- Special education costs: $7,999
- Adult medical costs: $10,530
- Productivity losses: $144,360
- Criminal justice costs: $6,747

- Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). *The economic burden of child maltreatment in the United States and implications for prevention.*

Infant-Young Child Mental Health

Prevalence of Mental Health Difficulty

- 10-14% with mental health difficulties that adversely impact functioning (birth to 5)
- Prevalence doubles with certain risk factors
- North Carolina children ages birth to 5 years: 729,638 (> 100,000 in need of intervention)

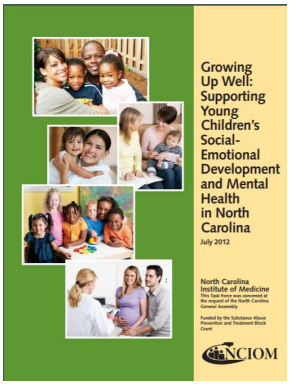
- NCIOM Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families. *Growing Up Well: Young Children's Social-Emotional Development and Mental Health in North Carolina* (2012)

To Prevent Impact of Trauma and Adverse Childhood Experiences

"…Investment in substantial and sustained *prevention*, *promotion*, and *intervention* services."

- NCIOM Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families. *Growing Up Well: Young Children's Social-Emotional Development and Mental Health in North Carolina* (2012)

Select NCIOM Task Force Recommendations:



- 2.2 Strengthen and expand evidence-based programs
- 2.5 Address clinical workforce development needs
- 5.1 Expand treatment services for mothers with substance use disorders and mental health challenges
- 5.2 Establish care and reimbursement standards to promote women and children's mental health

North Carolina Child Treatment Program

A Program of The Center for Child and Family Health

Program and Policy target

NC Child Treatment Program

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

Mission

NC Child Treatment Program

To support the development and sustainment of an effective public mental health workforce and system that serves infants, children, adolescents

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

Scope of Work

NC Child Treatment Program

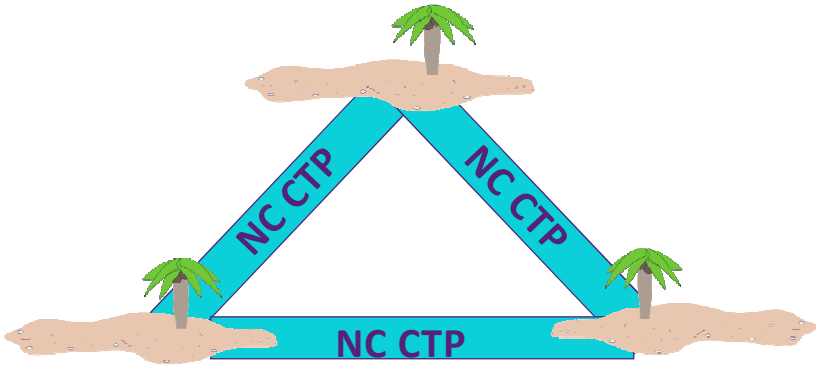
- Intensive clinical training and coaching (300 clinicians/year)
- Post-training clinical support
- Publicly roster of program graduates

  www.ncchildtreatmentprogram.org
- Technical assistance and implementation platform
- Web tool that supports clinical service delivery and monitoring
- Platform to address new and significant issues

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

Infants, Children, and Youth

Trauma, Behavior, and Attachment Difficulties



Evidence-based Treatment Models

Mental Health Workforce

Program Sustainability

NC Child Treatment Program

- Established 2006 as grant-funded pilot
- Since 2013: Annually-occurring appropriation through the NC General Assembly
- Contracting agency and partner: NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Evidence-based Treatment Model Array

NC Child Treatment Program

- Parent-Child Interaction Therapy (PCIT)
- Child-Parent Psychotherapy (CPP)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- 2019: Treatment for problematic sexual behaviors

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

Child-Parent Psychotherapy

Evidence-based Treatment Model (Birth to Six)

"Programs that Work"

… necessarily incorporate activities [interventions] that have been shown to achieve targeted goals

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

Child-Parent Psychotherapy:
Treatment Overview

- Target: Children birth to 6 years + caregiver (+ prenatal intervention)
- Indication: Trauma and attachment difficulities
- Evidence-based treatment addressing trauma and attachment difficulties (5 randomized control trials)
- Focus: Child-parent interaction as vehicle for restoring sense of safety and supporting social-emotional functioning

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

Child-Parent Psychotherapy:
Treatment Modalities

- Promote development through play, physical contact, and language
- Provide developmental guidance
- Model appropriate protective behavior
- Interpret feelings and actions (+ trauma processing)
- Provide emotional support and empathy
- Provide concrete assistance

- Lieberman & Van Horn, 2005

Child-Parent Psychotherapy:
Service Delivery Parameters

- Treatment delivery:
  - Weekly 1-hour sessions
  - Weekly out-of-session activities (~ 1 hour)
  - 32 treatment sessions over 9-12 months
- Treatment session:
  - Home
  - Clinic
  - Residential treatment center

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

Child-Parent Psychotherapy:
Targeted Clinical Outcomes: Child

- ↓ Parental and child PTSD symptoms
- ↓ Parental and child depression
- ↑ Cognitive ability
- ↑ Affective, behavioral, and physiological modulation
- ↑ Attachment security and organization
- ↑ Normative developmental milestones
- ↓ Foster care placement disruptions

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

Child-Parent Psychotherapy:
System-level Implementation Challenges

- Small workforce
- Clinical workforce pre-training readiness
- Provider agency pre-training readiness
- Medicaid/Health Choice reimbursement rates + required non-billable services
- Two different systems authorize/manage CPP services (based on child age)
- Referral base

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

Wrapping It Up:
Infant-Young Child Mental Health Services

At Issue

- < 5 years: Critical period of social-emotional development
- Unmet needs in population: Associated with adverse outcomes + cost
- Significant population in need of intervention
- Limited clinical workforce capacity

Good News

- Evidence-based treatment models available
- Committed clinical workforce
- Workforce development options available (NC CTP)

NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

Questions

Dana M. Hagele, MD, MPH
Co-Director, NC Child Treatment Program

Dana_Hagele@med.unc.edu

FAMILY CONNECTS
NURSE HOME VISITS

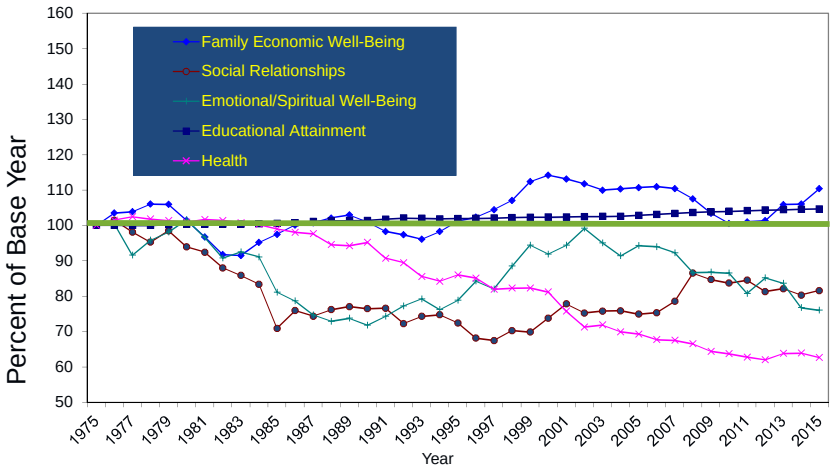
Kenneth A. Dodge
Duke University

North Carolina Early Education Coalition
April 4, 2018

Support is appreciated from The Duke Endowment, the J.B. and M.K. Pritzker Family Foundation, the Pew Center on the States, the Laura and John Arnold Foundation, NIDA, and NICHD.

The 2016 Duke Child Well-Being Index

Conclusion: Although we have evidence-based interventions, we are not moving the needle.



Land, K. (2016). CWI Report, Duke University

The Challenge of Community Impact

- In 2002, The Duke Endowment made a ten-year commitment to reduce **community** levels of child maltreatment in Durham County, NC.
- Durham Connects launched in 2008.

The Challenge of Community Impact

- Requirements for a response
  - Replicable model based in developmental science
  - Rigorous evaluation of impact
  - Community rate of maltreatment / child well-being as the primary outcomes
- Plan
  - Formulate a model based on study of child and family risks for child abuse and neglect.
  - Pilot, implement, and test through a randomized controlled trial; second randomized controlled trial, and third field trial.
  - Replicate and disseminate the model.

FAMILY CONNECTS
NURSE HOME VISITS

Theory of Change

Every family is vulnerable at the birth of a child

- RCT: 94% of families had 1+ need for education and/or community resources, but the needs varied across families (from substance intervention to a loan).

Community-wide engagement is the best route to population change

- Does not replace intensive, targeted programs, but informs what families need. In fact, FC helps families get connected to what they need.

Population reach requires top-down approaches

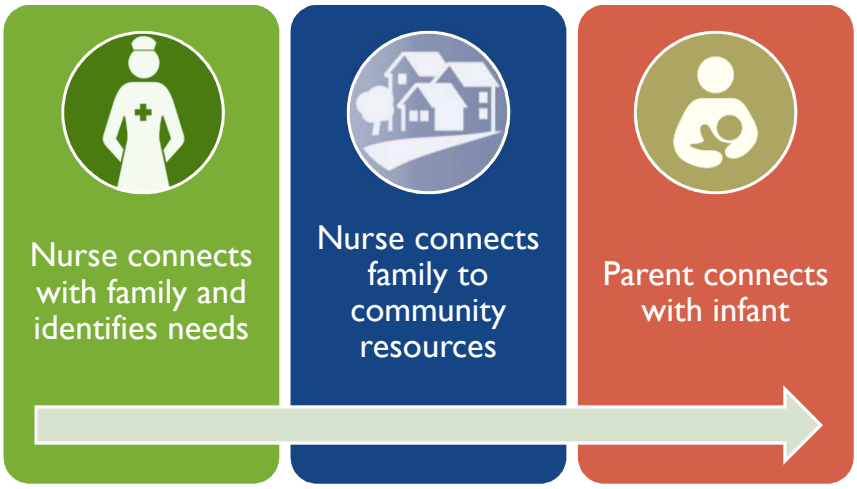
- Identify preventive system of care, align resources, reach all families.

Population reach requires bottom-up approaches

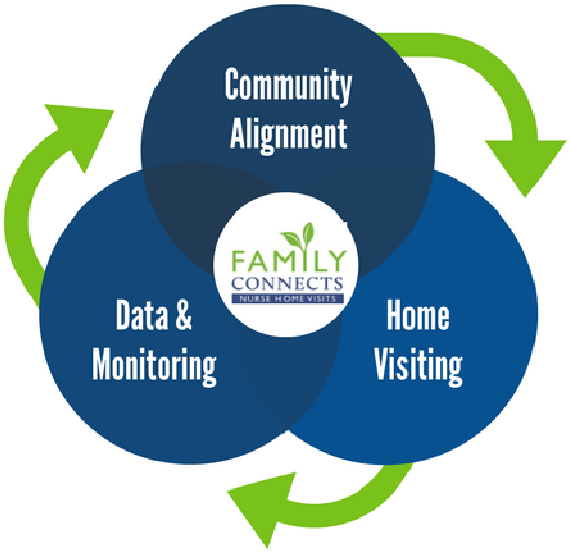
- Assess risk, provide prescribed intervention, improve connections.

FAMILY CONNECTS
NURSE HOME VISITS

The Family Connects Model



Core Program Components



I: Community Alignment

II: Integrated Nurse Home Visit (IHV)

Scheduling Visit	Integrated Home Visit (IHV)	Follow Up	Post-Visit Call (PVC)
• Ideally face-to-face • By nurse or program support workers	• 2 hours long • 3 weeks post hospital discharge	• In home or via phone as needed • 0-7 total	• 1 month after case closure • Confirmation of connections to resources • Customer satisfaction and program feedback

FAMILY CONNECTS NURSE HOME VISITS

III: Data & Monitoring

1. **Child-Specific Integrated Data System**

   Child psychosocial health record (needs & services)

   Program aggregate data re: scheduling rate, completion rate, population reach, protocol adherence, and community connection rate

2. **Community Agency Registry for Monitoring**

   Agency-level report of implementation and quality

3. **Community Progress**

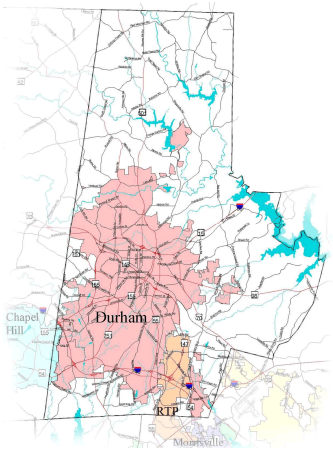
   Track implementation across time

   Track outcomes across time

FAMILY CONNECTS NURSE HOME VISITS

Randomized Controlled Trial I

- Families enrolled for 18 months (July 1, 2009 – December 31, 2010)
- RCT Implementation
  - Every resident Durham County birth was assigned to control or intervention by even-odd birthdate (n = 4,777)
- RCT Impact Evaluation
  - Random, representative subsample in blinded impact evaluation interviews beginning at infant age 6 months (n=549)



RCT Implementation Results

Participation and Quality

- 80% of all families scheduled a home visit.
- 86% of scheduled parents completed program.
- Fidelity to home visit protocol = 86%.
- Reliability in scoring needs *K* = 0.69.

Community Connections

- 94% of all families had a need and received individualized intervention.
- 45% of all families referred to community resources and 79% successfully connected.

FAMILY CONNECTS NURSE HOME VISITS

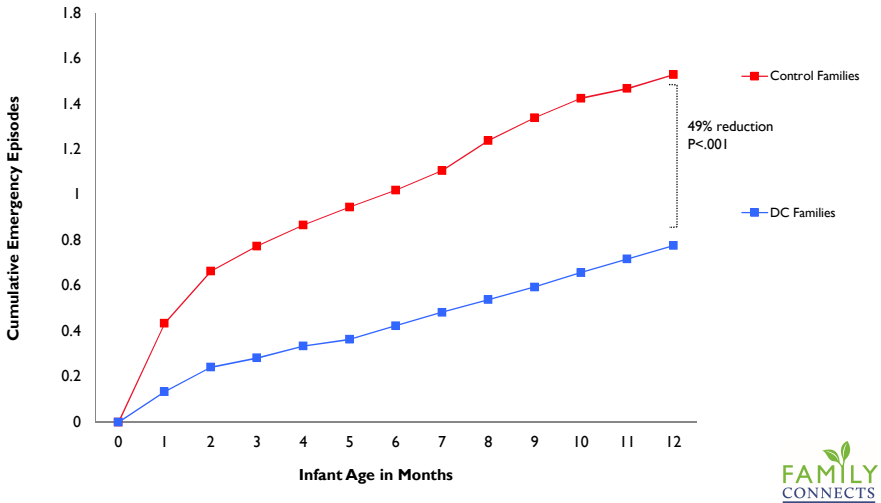
RCT Evaluation Results at Age 6 Months

Compared to control families, Durham Connects-eligible families had:

- More connections to community services / resources
- More mother-reported positive parenting behaviors
- Higher quality (blinded observer-rated) mother parenting behavior
- Higher quality and safer (blinded observer-rated) home environments
- Higher quality child care for those that chose out of home care
- Less maternal reported anxiety

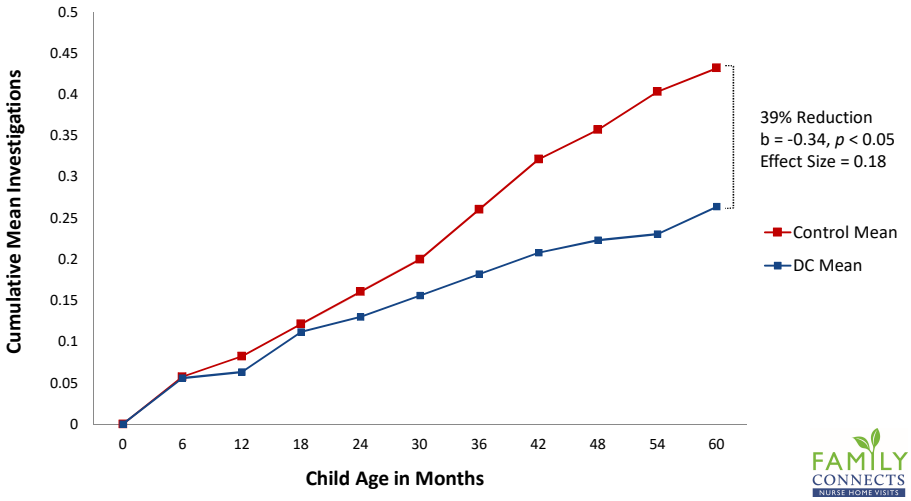
FAMILY CONNECTS NURSE HOME VISITS

RCT Evaluation Results:
Child Hospital Administration Records

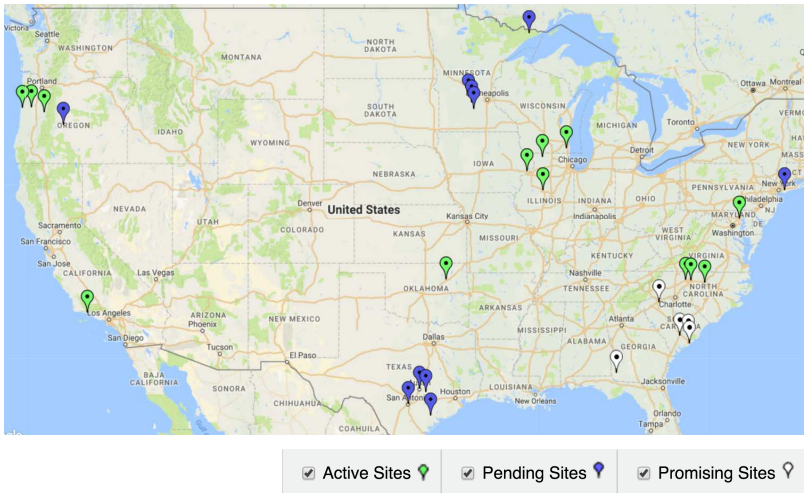


FAMILY CONNECTS NURSE HOME VISITS

RCT Evaluation Results: Child Protective Services Investigations



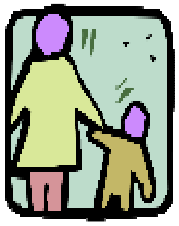
Family Connects NC & National Dissemination



North Carolina Sites: Durham; Guilford, Forsythe, Beaufort, Bertie, Chowan, Hyde.

Healthy Social-Emotional Development in Young Children

Supporting
Early Childhood and Caregiver
Mental health



Marian F Earls, MD, MTS, FAAP
April 4, 2018

What We Know

- Impact of experience on brain development.
- Growth, development, and behavior are inextricably linked.
- Emotional development occurs in the context of a relationship (bonding, attachment, reading cues).

Effects of Toxic Stress

- The activation of the physiologic stress response system results in increased levels of stress hormones.
- Persistent elevation of cortisol, can disrupt the developing brain's architecture in the areas of the amygdala, hippocampus, and prefrontal cortex (PFC), and therefore ultimately can impact learning, memory, and behavioral and emotional adaptation.
- Suppresses the immune response, affects other organ systems and makes an infant, child or adult more vulnerable to infections and chronic health problems.
- Different exposures to stressors at critical times can affect how a gene is expressed (epigenetics) or how a pathway develops and subsequently the behaviors and health conditions that are manifested over the life of that person.

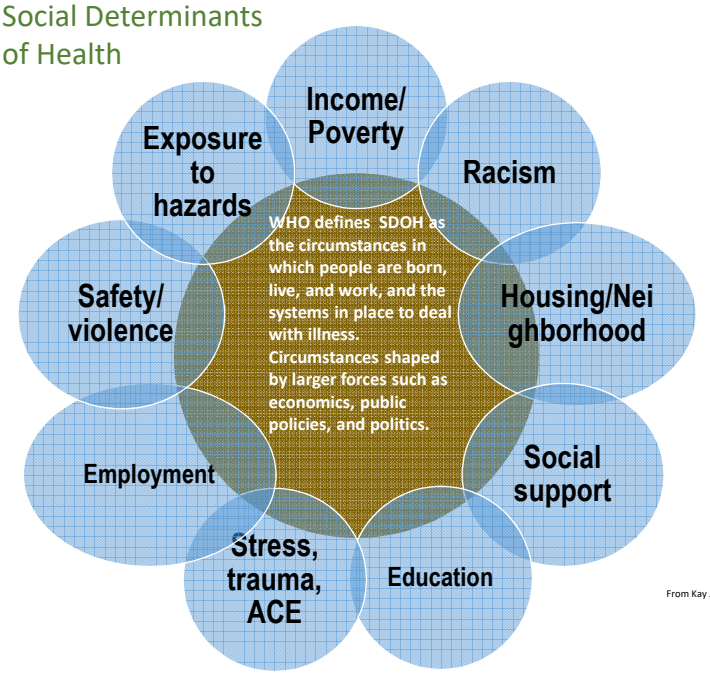
Adverse Childhood Experiences

- Recurrent and severe physical abuse
- Recurrent and severe emotional abuse
- Sexual abuse
- Neglect (physical and/or emotional)
- Alcoholic or substance abuse in household family
- Imprisoned household family member
- Mentally ill, depressed, or institutionalized household family member
- Mother treated violently
- Parental separation or divorce

ACEs Dose-Response

- Children with 3 or more ACEs
  - 3X academic failure
  - 6X behavior problems
  - 5X attendance problems
- Adults with 4 or more ACEs
  - 7X alcoholism
  - 2X cancer
  - 4X emphysema
- 6 or more ACEs
  - 30X suicide

Social Determinants of Health



From Kay Johnson

Using a Health Equity Lens. IM CoIIN Learning Session 5

Social Determinants of Health and Early Childhood

Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders (MBDD) in Early Childhood-United States, 2011-2012, March 11, 2016, 65(9); 221-226.

Factors associated with MBDD –

- *inadequate insurance,*
- *lacking a medical home,*
- *fair/poor parental mental health,*
- *difficulty getting by on family income,*
- *employment difficulties due to child care issues,*
- *neighborhood without support/amenities/in poor condition.*

Good News: Life Trajectories are NOT Set in Stone

- Patients/families have varying abilities and strengths that can be developed to increase their protective factors
- At all stages of life, even for those whose trajectories seem limited, risk factors can be reduced and protective factors enhanced, to improve current and subsequent health and well-being

Strengthening Families' Five Protective Factors Framework

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Social and emotional competence of children

CENTER FOR THE STUDY OF SOCIAL POLICY'S strengthening families A PROTECTIVE FACTORS FRAMEWORK

Source: http://www.cssp.org/reform/strengtheningfamilies

AAP Defines Medical Home

- Accessible
- Family-Centered
- Continuous
- Comprehensive
- Coordinated
- Compassionate
- Culturally competent

Medical Home also means…

- Caring for the whole child
- Considering physical, developmental and mental health together
- "not separating the head from the body"

Primary Care - Bright Futures Guidelines, 4th Edition, 2017

Emphases:

- Screening for Social Determinants of Health at well visits
- Eliciting and discussing parental strengths and protective factors (promoting resilience)

Uniqueness of pediatric primary care

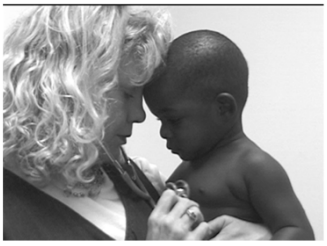
- Pediatric primary care clinicians have a longitudinal, trusting relationship with parents and patients.
- They are in a unique position to detect mental health issues in children at an early age or at an early stage in the emergence of symptoms or dysfunction.
- Working in partnership with mental health practitioners to practice integrated care can improve care, enhance preventive services, lower costs, and strengthen the medical home.

Uniqueness of pediatric primary care

- Mental health competencies used in pediatric primary care include promotion, prevention, and intervention.
- Primary care providers are familiar with developmentally appropriate behavior, allowing them to distinguish between typical behaviors and concerning behaviors as children grow and age.
- The focus is on maximizing functioning of the child, reducing distress in the child and family, and prevention of adult morbidity.
- There is a long-term return on investment.

Assuring Better Child Health & Development, *"ABCD"*

The NC ABCD Project: 2000 - Present



Community Care of North Carolina

Assuring Better Child Health & Development, *"ABCD"*

In 2000, North Carolina was one of 4 states to be awarded a grant from the Commonwealth Fund to develop and implement a program to enhance child development services.

ABCD was implemented as a QI activity of CCNC to integrate developmental & behavioral screening, follow-up, and linking families to community resources for 0-5 yr. olds.

NC ABCD Project *NOW*

- Includes general D&B screening, autism screening, and (more recently) postpartum depression screening. Now expanding to include social-emotional and social determinants of health screening
- State Advisory and QI groups have been active since 2001 (17 years)
  - **ABCD State Advisory Group** (Part C, Part B preschool, Smart Start, Family Support Network, Head Start, NC AAP, NCAFP, Medicaid, Public Health, Division of Child Development and Early Education, Child First, Mental Health, NC Autism Alliance, NC Infant Mental Health Alliance, Care Coordination for Children (CC4C), Child Care Health Consultants, Reach Out and Read) meets quarterly to build consensus, address administrative and policy barriers.
  - **ABCD QI Group** (includes QI staff from all CCNC networks and Smart Start) also meets quarterly for strategizing, reviewing screening data

NC ABCD Project NOW

- Consensus on statewide forms for referral, ROI, feedback to practice from Part C and Part B preschool
- Current work on collaboration among multiple partners doing screening (medical homes, Early Childhood Education settings)
- National Survey of Children's Health – NC – state with highest rate of developmental screening, 2007, 2009, 2012
- Current Claims Data
  - General Developmental& Behavioral Screening Rate – **94%**
  - Autism Screening Rate – **79%**
  - Maternal depression screening data (82% at 1 month well visit)

What we need

- Dissemination of social-emotional development competencies across disciplines who serve young children and their families
- Support/expansion of CC4C (Care Coordination for Children) for follow-up of young children at risk
- Workforce development for mental health professionals with expertise in infant and early childhood mental health
- Training of current workforce on the DC 0-5 for appropriate diagnostic categories for young children
- Support for mental health integration in primary care

Who's Caring for Our Babies?

Early Care and Education in North Carolina

Child Care Services Association, 2018

Purpose

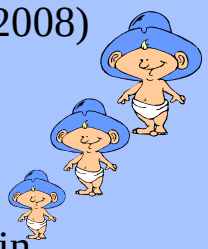
- To examine the availability of infant-toddler care in counties, regions and statewide
- To assess usage of quality infant-toddler slots in counties, regions and statewide
- To compare the availability and usage of quality between infant-toddlers and preschoolers
- To compare data on availability and quality for infant-toddlers and preschoolers receiving child care subsidy
- To compare data on availability and quality since the 2008 Infant-Toddler Study/2003 Early Childhood Workforce Study

The Study

- Data Sources
  - April 2008/Oct 2016 Licensing Data
  - April 2008/Oct 2016 Subsidy Data
  - April 2008/Oct 2016 Subsidy Waiting List Data
  - 2003/2015 ECE Workforce Study
- County, Regional and State Data
  - Complete Reports –www.childcareservices.org

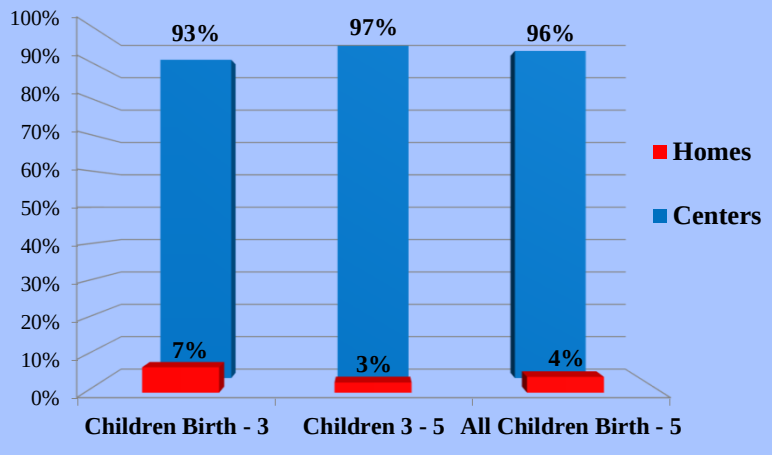
Descriptive Data

- 66,353 children birth to 3 years old in licensed child care settings (down 14% from 2008)
  - 20% infants
  - 35% one-year-olds
  - 45% two-year-olds

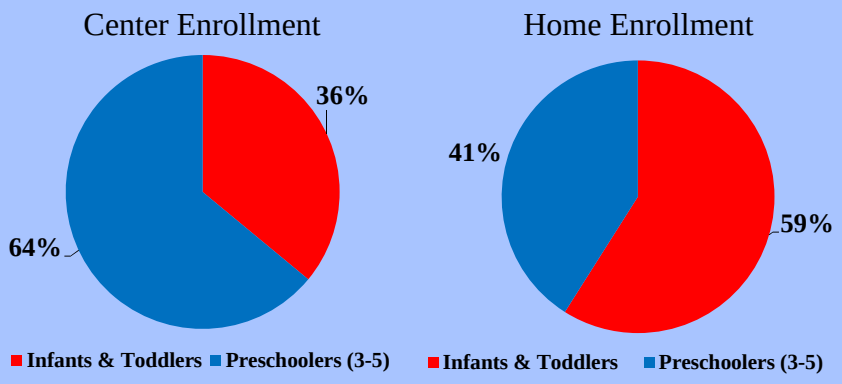


- 37% of children birth - five enrolled in licensed child care programs are infants and toddlers (40% in 2008)
- 77% of all programs serve infants and toddlers (83% in 2008)

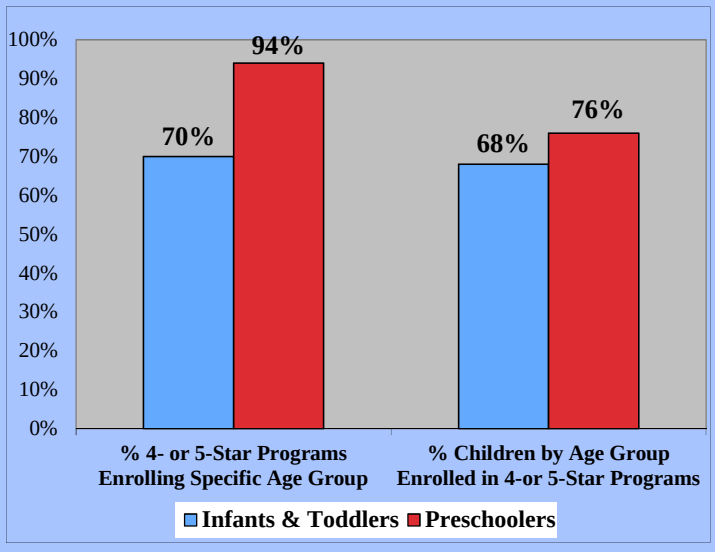
Use of Regulated Child Care by Children Birth to Five



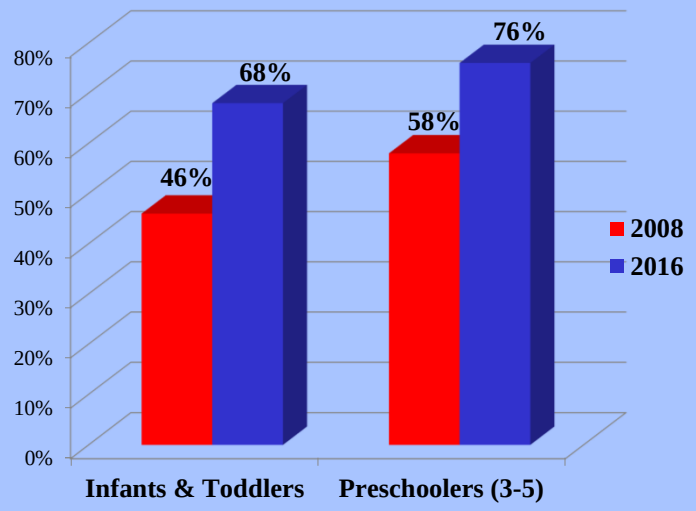
Percent of Children Birth - Five Enrolled in Licensed Centers or Homes



Older Children Have Access to Better Child Care



Statewide Enrollment in 4-5 Star Programs Over Time



Percent Infants/Toddlers Enrolled in 4- or 5- Star Centers Across the Counties

County Examples:

Avery	**100%**	**Guilford**	**59%**
Macon	**94%**	**Hyde**	**46%**
Mecklenburg	**75%**	**Alleghany**	**40%**
Union	**71%**	**Mitchell**	**30%**
Bertie	**64%**	**Surry**	**10%**

Environment Rating Scales

- **ERS scores only required in higher quality programs**
- **65% programs serving 3-5 year olds have ERS scores compared to 53% programs serving infants/toddlers**
- **Average preschool ERS score = 5.51**
- **Average infant/toddler ERS score = 4.98**

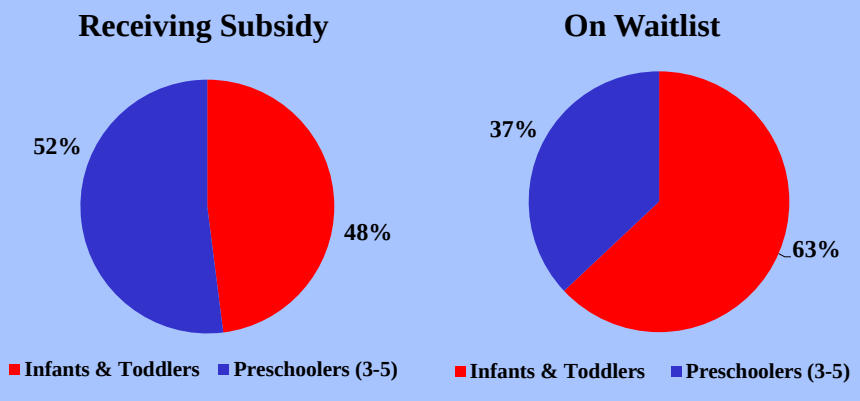
Children Receiving Subsidy…

Descriptive Data

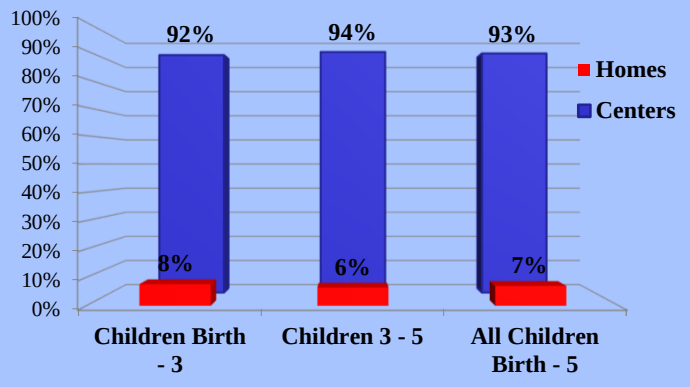
- 22,859 infants & toddlers receive child care subsidy (30,932 in 2008)
  - 19% are infants
  - 36% are one year-olds
  - 45% are two year-olds

- 34% of all infants and toddlers in a licensed child care facility receive subsidy (40% in 2008)
- 63% of children waiting for subsidy are infants and toddlers (same as 2008)
- 92% of infants and toddlers receiving a subsidy are in centers

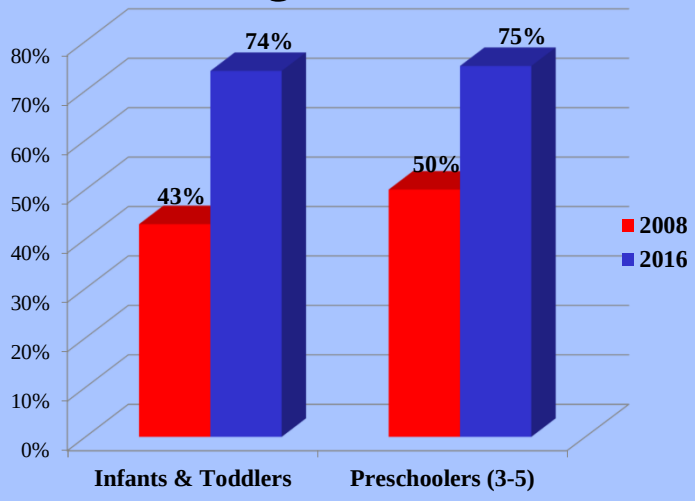
Children Receiving Subsidy and On Waitlist By Age



Use of Regulated Care by Children Birth to Five with Vouchers



Statewide Subsidy Enrollment in 4- & 5- Star Programs Over Time



Percent Infants/Toddlers Receiving Subsidy Enrolled in 4 or 5 Star Centers Across the Counties

County Examples:

Ashe	**100%**	**Durham**	**65%**
Carteret	**92%**	**Currituck**	**50%**
Onslow	**83%**	**Anson**	**38%**
Buncombe	**75%**	**Gates**	**25%**
Cleveland	**70%**	**Yadkin**	**10%**

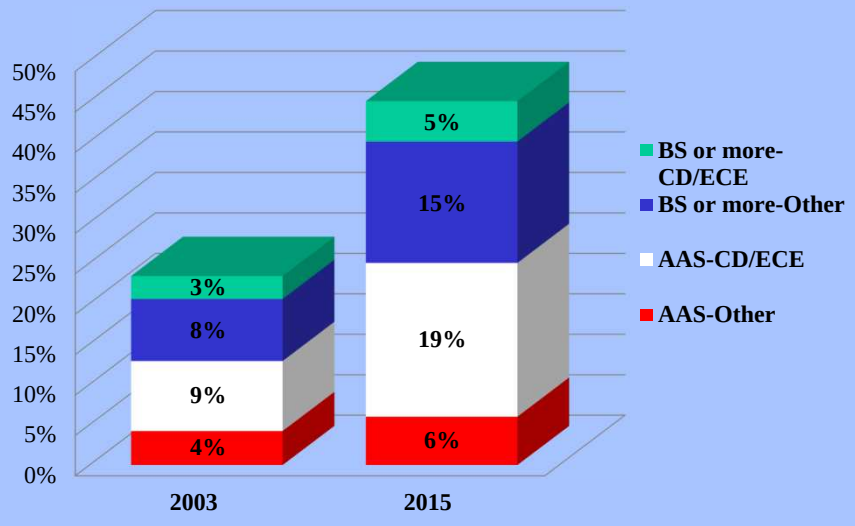
Early Childhood Workforce…

Descriptive Data

- Infant/Toddler teachers…
  - 38 years old
  - 99.7% female
  - 47% people of color
  - 74% have children

- 45% have a degree (24% in 2003)
- 10 years experience in the field (5.0 years in 2003)
- Make $10.00 per hour ($9.67 in 2003-adjusted)

Infant-Toddler Teacher Educational Gains Over Time



What Did We Do?

- Regulatory agency push to increase quality
  - Targeted RttT-ELC funds
  - Project targeted at 1 & 2 star programs
- NC Pre-K implementation
  - Increased overall program quality
  - Increased teacher education/compensation for all teachers
- Subsidy requirement in 3-5 star care
- Early Head Start expansion
- Increased subsidy rates for infants/toddlers
- Various infant/toddler specific projects

Conclusion-

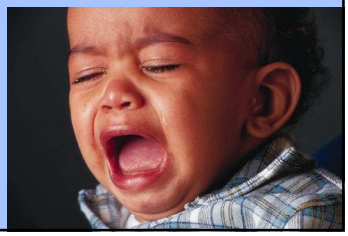
Things are better for everyone and the disparity between age groups is diminishing. However…

- Fewer infant/toddler slots (14% decline in enrollment vs. 4% decline in population)
- Less choice for parents of infants/toddlers (77% vs. 92% of all programs)
- Less access to high quality programs for infants/toddlers (70% vs. 94% serving 3-5 year olds)
- Less educated, less experienced and lower compensated teachers of infants/toddlers (45% degreed, 10 years in field, $10/hour)

Conclusion-

Things are better for everyone and the disparity between age groups is diminishing. However…

- Most children birth-five who are waiting for subsidy are infants & toddlers (63%)
- Fewer infants/toddlers receive subsidized care when Head Start/NC Pre-K are considered
- Fewer infants/toddlers receive high quality subsidized care when Head Start/NC Pre-K are considered
- Wide disparity exists among counties (0% to 100% of infants and toddlers in 4-5 star centers)



Questions: marym@childcareservices.org

County level data: www.childcareservices.org
"Research" tab