

## Ensuring Good Health and On-Track Development for North Carolina Babies and Toddlers

Children's development during the first three years of life is strongly impacted by their health. Experiences during this time are built into their brains and bodies, forming the foundation for all subsequent development. Good health in utero and good birth outcomes, having basic needs met, access to needed health services, and safe and nurturing families and communities that support health outcomes all increase the chances of good physical and social-emotional health and on-track development during childhood and throughout life.



Healthy babies and toddlers are more likely to benefit from high-quality learning environments and be physically, cognitively, socially and emotionally ready for preschool and kindergarten. Young children who are hungry or have unstable housing, experience poor dental health or other chronic unmanaged or undiagnosed physical or behavioral health conditions, are not protected by vaccinations, experience trauma or adverse childhood experiences, or who struggle with developmental delays and lack the services and supports they need are less likely than their peers to thrive.

Research demonstrates the role good health and on-track development play in preparing babies and toddlers to meet a critical developmental benchmark—reading on grade-level by the end of third grade. Health and development measures that impact early literacy include healthy birthweight, good physical and social-emotional health, oral health and early intervention outcomes.

Factors that impact these critical health measures include:

- Adults' access to health insurance
- Women's access to prenatal care
- Addiction or substance use during pregnancy
- Age at conception
- Coordination of children's health care through medical homes
- Access to developmental and social-emotional screenings, referrals and services
- Access to well-child visits
- Immunization
- Access to dental care
- Breastfeeding
- Food security
- Physical activity, healthy eating and healthy weight maintenance

*This report is based on Zero To Three's **Infants and Toddlers in the Policy Picture: A Self-Assessment Toolkit for States**. The NC Department of Health and Human Services provided information in 2018 on North Carolina's child health policies, which is shared here. The self-assessment also includes questions about early intervention and early education, and supports for families. NCECF is producing two additional briefs sharing those policies.*

Specific state-level policies can support young children’s physical health, developmental screening and social-emotional health. National experts have found that when states have the following policies in place, babies and toddlers are more likely to thrive.

## PHYSICAL HEALTH POLICIES

POLICY	NC HAS POLICY IN PLACE?	# OF STATES WITH POLICY IN PLACE	POLICY AND PRACTICE CONSIDERATIONS
<p>Pregnant women with household income under 200% of the federal poverty level* are eligible for Medicaid. *<i>\$42,560 for a family of three</i></p>	<p><b>NO</b> <i>but very close</i></p>	<p>33 states</p>	<p>Pregnant women in NC are eligible for Medicaid if their income falls under 196% of the federal poverty level.** **<i>\$40,728 for a family of three</i></p>
<p>Children under age six in households with incomes under 200% of the federal poverty level are eligible for Medicaid.</p>	<p><b>YES</b></p>	<p>48 states</p>	
<p>Pregnant women can get temporary Medicaid coverage while their eligibility is being determined.</p>	<p><b>YES</b></p>	<p>29 states</p>	<p>Not all NC doctors accept temporary Medicaid, which impacts access to early prenatal care for low-income women.</p>
<p>Children can get temporary Medicaid coverage while their eligibility is being determined.</p>	<p><b>NO</b></p>	<p>18 states</p>	<p>NC does provide retroactive coverage once eligibility has been determined.</p>
<p>State requires newborn screening for a list of metabolic, endocrine, hemoglobin and other disorders as recommended by the federal Department of Health and Human Services.</p>	<p><b>YES</b></p>	<p>8 states</p>	<p>NC has a newborn screening program, though parents can choose to opt out. In 2018, NC legislated that the screening program should include all conditions recommended by federal DHHS and be updated automatically when those recommendations are updated. The legislation also increased newborn screening fees, which had been among the lowest in the nation.</p>

## PHYSICAL HEALTH POLICIES *continued*

POLICY	NC HAS POLICY IN PLACE?	# OF STATES WITH POLICY IN PLACE	POLICY AND PRACTICE CONSIDERATIONS
State requires that children receiving Medicaid or insurance through the Children's Health Insurance Program (CHIP) have a medical home.	<b>YES</b>	<i>Data not available.</i>	Children are enrolled in a medical home and can receive care management from Care Coordination for Children (CC4C). Families can choose to opt out.
State has adopted a definition of "medical necessity" that is specific to children.	<b>YES</b>	8 states	
State does not require redetermination of eligibility for Medicaid/CHIP more than once per year.	<b>YES</b>	32 states	Eligibility is determined annually at enrollment.
<p>Babies and toddlers enrolled in Medicaid receive the number of preventive doctor visits recommended by the American Academy of Pediatrics:</p> <ul style="list-style-type: none"> <li>• 7 screenings for children less than 1 year old</li> <li>• 4 screenings for 1- to 2-year-olds</li> <li>• 3 screenings for 3- to 5-year-olds</li> </ul>	<p><b>YES</b></p> <p><b>YES</b></p> <p><b>YES</b></p>	<p>15 states</p> <p>44 states</p> <p>51 states</p>	Children enrolled in CC4C receive more screenings.
State requires a regular schedule of immunizations and well-child visits for all babies and toddlers involved in the child welfare system.	<b>NO</b>	12 states	NC has a statewide Fostering Health program that recommends a regular schedule of immunizations for infants and toddlers in the child welfare system, but families can choose to opt out. These policies do not extend to children involved in the child welfare system who are not in foster care.
State has expanded Medicaid under the Affordable Care Act.	<b>NO</b>	28 states	

## CRITICAL QUESTIONS

- How could closing the coverage gap in North Carolina for pregnant women and other low-income adults ensure better access to preconceptional, reproductive, and prenatal care and healthy, full-term babies?
- Could North Carolina build on its Medicaid program for children by providing temporary coverage until eligibility can be determined, thus easing stress on families at an especially challenging time of life?
- How can North Carolina build on the successful, nationally-recognized CC4C model to ensure that more at-risk infants and toddlers receive regular well-child visits, resulting in healthier children and lower costs down the line?
- How can North Carolina add policies to ensure that every infant and toddler involved in the child welfare system can receive the recommended schedule of immunizations?

## CARE COORDINATION FOR CHILDREN (CC4C)

Care Coordination for Children (CC4C) is a North Carolina care management program that works with families on a voluntary basis to improve children's health outcomes. The program serves children ages birth to five who may need extra medical care and care coordination, such as babies exposed to substances during pregnancy, children exposed to severe stress in early childhood, children in foster care, children discharged from the neonatal care unit, and children with special health care needs. CC4C links children to a medical home and care manager, who works closely with the medical home to coordinate roles and ensure children receive necessary care. CC4C provides developmental, social-emotional, social determinant of health, and maternal depression screenings. The program has been shown to increase babies' connections to medical homes; increase well-child and dental visits; decrease hospital admissions, readmissions and Emergency Room use; increase immunization rates; increase the number of babies referred to Early Intervention; and increase the number of young children seeing improved health outcomes.

## THINK BABIES™ NC

Think Babies™ NC, funded by the Pritzker Children’s Initiative and Zero To Three, aims to improve outcomes for North Carolina’s babies and toddlers by advancing policies that support their healthy development. Think Babies™ NC is aligned with the NC Pathways to Grade-Level Reading initiative and the NC Early Childhood Action Plan. The initiative is led by the NC Early Education Coalition with support from the NC Early Childhood Foundation and a Leadership Team of state and local organizations focused on advancing public awareness and policy solutions for infants, toddlers, and their families. The Think Babies™ NC policy agenda includes two policies focused on babies’ and toddlers’ health:

- Make sure parents have access to health insurance by closing the coverage gap.
- Adopt reasonable workplace accommodations for pregnant employees.

## DEVELOPMENTAL SCREENING POLICIES

POLICY	NC HAS POLICY IN PLACE?	# OF STATES WITH POLICY IN PLACE	POLICY AND PRACTICE CONSIDERATIONS
State Medicaid program requires standardized developmental screening as part of well-child visits.	YES	14 states	NC requires screenings from birth through age five. The state has policies for developmental, autism and postpartum depression screenings.
State Medicaid reimburses doctors for the use of a standardized developmental screening tool, in addition to the regular payment for a well-child visit.	YES	26 states	
State policy requires a regular schedule of developmental screening/monitoring for all babies and toddlers involved in the child welfare system.	NO	14 states	While there are policies in place for children in foster care through NC’s Fostering Health program, these do not extend to children involved in the child welfare system who are not in foster care.



## CRITICAL QUESTION

- North Carolina has long led the nation in developmental screenings. How can NC build on that success to ensure that every infant and toddler involved with the child welfare system can receive the recommended screenings?

## SOCIAL-EMOTIONAL HEALTH POLICIES

POLICY	NC HAS POLICY IN PLACE?	# OF STATES WITH POLICY IN PLACE	POLICY AND PRACTICE CONSIDERATIONS
State Medicaid reimburses doctors for social-emotional screening, with a tool designed for that purpose.	<b>YES</b>	41 states cover SE health screening with a tool designed for that purpose; 18 use a separate billing code.  27 of these states cover the use of a SE health screening tool in non-medical settings.	
State requires a regular schedule of social-emotional screening for all infants and toddlers involved in the child welfare system.	<b>NO</b>	8 states	While there are policies in place for children in foster care through NC's Fostering Health program, these do not extend to children involved in the child welfare system who are not in foster care.
State has a mechanism in place to ensure that clinicians can diagnose infant-toddler mental health conditions and receive reimbursement for appropriate treatment.	<b>NO</b>	8 states recognize the DC:0-3R disorders to determine eligibility for early childhood mental health treatment.  Many states use "medical necessity," positive screen for mental health problems or other criteria to determine eligibility.	NC endorsement of the DC:0-5 is now in process. The standardized social-emotional screening tool ASQ-SE is used in many medical practices and in Children's Developmental Services Agencies (CDSAs) and is reimbursable. Medicaid also reimburses for evidence-based two-generation (dyadic) therapies. The NC Child Treatment Program trains and rosters clinicians in evidence-based therapies for infant and early childhood mental health. Like most states, NC does not have sufficient clinicians trained in this field.

## SOCIAL EMOTIONAL HEALTH POLICIES *continued*

POLICY	NC HAS POLICY IN PLACE?	# OF STATES WITH POLICY IN PLACE	POLICY AND PRACTICE CONSIDERATIONS
State Medicaid covers services by a mental health clinician in pediatric or family medicine settings.	YES	45 states. Of those: <ul style="list-style-type: none"> <li>• 42 cover treatment</li> <li>• 24 cover consultation with parents on a positive screen</li> <li>• 24 cover parent guidance</li> <li>• 14 cover consultation with another professional</li> </ul>	NC is a leader in having mental health professionals integrated into primary care and pediatric medical practices.
State Medicaid covers services by early childhood mental health specialists in non-medical settings.	YES	34 states cover these services in early care and education settings. 46 states cover these services in the home.	
State Medicaid covers treatment for young children and their parents together (dyadic treatment).	YES	38 states cover dyadic treatment in their Medicaid plans. 12 states have a separate billing code.	While these services are covered in NC, a shortage of infant and young child mental health clinicians means that services may not be available or accessible.
State promotes maternal depression screening at prenatal visits, after birth, and/or at a well-child visit.	YES	9 states pay for maternal depression screening during pediatric/family medicine visits if the child receives Medicaid.	NC is a leader in maternal depression screening at well-baby visits. Screening rates have been rising steadily since reimbursement for this screening began in 2017.
State has adopted early childhood mental health competencies and endorsements to build the capacity of professionals working with young children to address mental health needs.	NO	29 states have adopted early childhood mental health competencies.	The NC Infant and Young Child Mental Health Association has developed a set of core competencies that are being incorporated by the Early Intervention branch of the NC Division of Public Health for workforce training. The Preschool Exceptional Children Program through the Department of Public Instruction trains staff on the Social and Emotional Foundations for Early Learning (SEFEL).

*\*DC:0-3R and DC:0-5 are the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Working with child development and mental health experts, Zero To Three created the manuals to provide a developmentally-based system for diagnosing mental health and developmental disorders in infants and young children that can be used to make decisions about provider reimbursement.*



## CRITICAL QUESTIONS

- How can North Carolina invest in growing the workforce of infant and toddler mental health specialists who are trained to treat young children together with their parents?
- Could North Carolina build on its success with developmental screening to ensure universal access to social-emotional health screening as well?
- Since mothers can now be screened for maternal depression as part of infant well-child visits, how can North Carolina use that screening data to better understand where additional mental health services are needed?
- How can North Carolina build on the work of the Infant and Young Child Mental Health Association and integrate the recommended early childhood mental health competencies into the state's child and family systems?



Pathways to Grade-Level Reading (Pathways), an initiative of the NC Early Childhood Foundation in collaboration with NC Child, The North Carolina Partnership for Children, Inc., and BEST NC, aims to improve third-grade reading outcomes in North Carolina by taking a coordinated birth-through-age-eight approach with aligned policies and practices that focus on:

- Children's Health and Development, Beginning at Birth
- Supported and Supportive Families and Communities
- High-Quality Birth-through-Age-Eight Learning Environments, with Regular Attendance

The Pathways Measures of Success Framework and Action Framework were co-created by hundreds of cross-sector early childhood leaders and stakeholders. Some of the Actions recommended to support babies' and toddlers' health include:

- Screen children and families for social determinants of health and connect them to appropriate services.
- Invest in two-generation interventions.
- Expand maternal depression screening and treatment.
- Recruit and retain a well-trained and adequate workforce of infant and early childhood mental health clinicians with a focus on increasing the number of providers of color.
- Ensure that professionals who interact with and serve young children in North Carolina's child and family systems have a strong foundation in infant and early childhood mental health competencies.
- Include at-risk children in Early Intervention.
- Address barriers in health insurance coverage of infant and early childhood mental health services to ensure adequate benefits.
- Integrate mental health providers with pediatric and other primary care practices.

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