NC Early Childhood Action Plan

Public Health Leaders Conference

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NCDHHS

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Overview

1. Why Early Childhood?
2. NC History
3. Early Childhood Action Plan 101
4. Why Now?
Why Early Childhood?
The foundation for school, career and life success is largely determined through the development of cognitive and character skills beginning in children's earliest years. - James Heckman, Nobel Laureate, University of Chicago
A Crash Course in Brain Development

Three Core Concepts in Early Development

1 Experiences Build Brain Architecture

A Child’s Brain Development: First Years

Adverse Childhood Experiences (ACEs)

The three types of ACEs include:

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional

- **HOUSEHOLD DYSFUNCTION**
  - Mental Illness
  - Incarcerated Relative
  - Mother treated violently
  - Substance Abuse
  - Divorce

Invest in Early Childhood Development

The earlier the investment, the greater the return

- Prenatal programs
- Programs targeted toward the earliest years
- Preschool programs
- Schooling
- Job Training

Source: https://heckmanequation.org/resource/the-heckman-curve/
Our Early Childhood Lens For Today’s Conversation

Age Range

Health, Child Welfare, and Early Education
Early Childhood in NC
NC’s History of Leadership in Early Childhood

- **T.E.A.C.H. Scholarships**
  - 1990
  - Link continuing education with higher compensation for early educators

- **Smart Start**
  - 1993
  - Comprehensive, public/private planning and funding approach to early childhood supports

- **Quality Rating System**
  - 1999
  - One of first in nation for early learning licensing, quality, and improvement
Recent Early Childhood-Affiliated Cabinets, Commissions, and Initiatives in NC

NC Education Cabinet  Think Babies Coalition  B - 3 Interagency Council  Commission on Access to a Sound Basic Education  MyFuture NC  Early Childhood Advisory Council  Child Well-Being Transformation Council

Pathways to Grade-Level Reading
NC’s Challenges for Young Children

Disparities in Infant Mortality
African American births face 2.5X the infant mortality rate of white births in NC

Food Insecurity
1 in 5 NC children face food insecurity – bottom 10 states in the nation

Children in Foster Care
Half of NC children ages 6 – 8 in foster care will have spent over 980 days in the system before they are adopted

Reading Proficiency
In 2017, only 39% of NC 4th graders read proficiently
Early Childhood Action Plan 101
All North Carolina children will get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.
What is the NC Early Childhood Action Plan?

• Focuses on families and children ages 0 – 8

• Early childhood is one of the NC Department of Health and Human Services’ top priorities—we have been working on creating the foundation of an action plan since October 2017

• DHHS was directed in an Executive Order by Governor Cooper to draft an action plan supporting children ages 0-8 across NC in collaboration with the Early Childhood Advisory Council

• Builds on our foundation of early childhood leadership: Align & Amplify
How We Got Here: 2017 - 2018

- Research Work Groups Drafting
- Working Draft Started
- Working Draft Shared
- Executive Order Issued

Oct, May, June, July, Aug

- Internal to the department
- Limited Release
- Full draft due Nov. 1
Where we’re headed next: 2018 - 2019

- **Sept**: Revise Draft
- **Nov**: Share Draft
- **Nov**: Stakeholder Engagement
- **Dec**: Share Final Plan

- **Content Work Groups**
- **Online Public Comment**
- **Statewide Feedback**
- **Early Childhood Website**

- Early 2019
From October – December 2018:

- Over 200 individual feedback emails received representing many hundreds of perspectives
- Over 30 presentations and dialogue sessions across the state
- Weekly webinar feedback series engaged even more
# Early Childhood Action Plan Framework

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Guiding Principles – example: Principle #6

Focus on alleviating inequity to ensure that all of North Carolina’s children reach their fullest potential.

North Carolina is committed to equity of opportunity for all children by confronting disparities through strategic commitments across the state. Child outcomes that vary disproportionately across race, ethnicity, socioeconomic status, physical and developmental ability, and geography must be recognized in order to identify and implement strategic interventions.
Early Childhood Action Plan Framework

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Data - Informed vs Data-Driven

Data-Informed:
- Specific actions taken by individuals, agencies, and organizations in order to drive change toward statewide goals for young children. These actions will move the needle in North Carolina.
- High level ideas to drive change across North Carolina. Anyone across the state can look to strategies and be able to apply them to their own specific context in order to take action.

Data-Driven:
- Annual measures that indicate progress toward the broader commitment and target. Changes in metrics allow for us to course-correct actions over time. Each metric has a reliable statewide data source and more are able to be disaggregated statewide and/or by county and population demographics.
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- North Carolina’s broad aspirational goals to work toward by 2025.
- Areas where focused measurement and effort is needed to change outcomes for children.
- What North Carolina wants to be true for young children ages birth to eight.
- Our fundamental beliefs to be used throughout the development and implementation of the Early Childhood Action Plan.
By 2025, all North Carolina young children from birth to age eight will be:

1) **Healthy**: Children are healthy at birth and thrive in environments that support their optimal health and well-being

2) **Safe and Nurtured**: Children grow confident, resilient and independent in safe, stable and nurturing families, schools and communities

3) **Learning and Ready to Succeed**: Children experience the conditions they need to build strong brain architecture and school readiness skills that support their success in school and life
Healthy

Children are healthy at birth and thrive in environments that support their optimal health and well-being
Healthy | 2025 GOALS

1. HEALTHY BABIES
2. ACCESS TO PREVENTIVE HEALTH SERVICES
3. FOOD SECURITY
Healthy | 2025 GOALS

1. HEALTHY BABIES

North Carolina will work to decrease disparities in infant mortality, thereby improving overall birth outcomes for all children.

By 2025, decrease the statewide infant mortality disparity ratio from 2.5 to 1.92, according to data provided by the State Center for Health Statistics.

- Infant mortality rates, disaggregated by race and ethnicity
- Percent of babies born at a low birth weight (<2,500g)
- Percent of women 18-44 with preventive health visit in last year
- Percent of infants who are ever breastfed
- Percent of mothers indicating their pregnancy was intended
- Percent of families living at or below 200% of the federal poverty level
1. HEALTHY BABIES

Our Commitment

2025 Target

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Annual Metrics
1. HEALTHY BABIES

Our Commitment

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Healthy | 2025 GOALS

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**Our Commitment**

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**2025 Target**

- Percent of infants who are ever breastfed
- Percent of mothers indicating their pregnancy was intended
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**Annual Metrics**
Healthy | 2025 GOALS

2. ACCESS TO PREVENTIVE HEALTH SERVICES

North Carolina will work to ensure that all young children receive regular, ongoing access to high-quality healthcare.

By 2025, increase the percentage of North Carolina’s young children enrolled in Medicaid and Health Choice who receive regular well-child visits as recommended for certain age groups, according to data provided through NC Medicaid and HEDIS measures:

- For children ages 0 – 15 months, increase from 61.9% to 68.7%.
- For children ages 3 – 6 years, increase from 69.3% to 78.5%.
3. FOOD SECURITY

North Carolina will work to ensure that all young children have regular access to healthy foods.

By 2025, decrease the percentage of children living across North Carolina in food insecure homes from 20.9% to 17.5% according to data provided by Feeding America.

- Percent of population that is food insecure, disaggregated by county
- Percent of eligible families receiving state and federal supplemental food/nutrition assistance benefits
- Percent of children aged 0 – 17 with low access to food
- Rates of young children who are obese or overweight
- Percent of families living at or below 200% of the federal poverty level
Safe and Nurtured

Children grow confident, resilient and independent in safe, stable, and nurturing families, schools and communities
Safe and Nurtured | 2025 GOALS

• *In Data Development

4. SAFE AND SECURE HOUSING

5. SAFE AND NURTURING RELATIONSHIPS

6. FAMILY STABILITY FOR CHILDREN IN FOSTER CARE

7. SOCIAL EMOTIONAL WELL-BEING AND RESILIENCE
4. SAFE AND SECURE HOUSING

North Carolina will work to ensure that all young children and their families have access to fixed, regular, safe, healthy, secure, and affordable housing, and that services will be provided to meet the developmental and learning needs of children facing homelessness.

Part 1) By 2025, decrease the percentage of children across North Carolina under age six experiencing homelessness by 10% from 26,198 to 23,578, according to data from the Administration for Children and Families (ACF).

Part 2) By 2025, decrease the number of children K – third grade enrolled in NC public schools experiencing homelessness by 10% from 9,970 to 8,973, according to data provided by the NC Department of Public Instruction (NCDPI).
North Carolina will work to ensure that all children across the state have consistent safe relationships with their parents or primary caregivers.

By 2025, decrease by 10% the rate of children in North Carolina who are substantiated victims of maltreatment:

- For children ages 0 – 3, reduce from 20.1 to 18.1 per 1000 children
- For children ages 4 – 5, reduce from 14.5 to 13.1 per 1,000 children
- For children ages 6 – 8, reduce from 13.4 to 12.1 per 1,000 children

All data for this target is provided by the Division of Social Services Central Registry, and NC FAST.
North Carolina will work to ensure that all children in foster care across the state grow up in a home environment with stable, consistent, and nurturing family relationships, whether that is with the child’s birth family or through an adoptive family.

Part 1) Reunification: By 2025, decrease the number of days it takes for a child in the foster care system to be reunified with his or her family, if appropriate.

Part 2) Adoption: By 2025, decrease the number of days it takes for a child in the foster care system to be adopted, if reunification is not appropriate.

**Safe and Nurtured | 2025 GOALS**

| **Percent of cases that are adjudicated within 60 days** |
| **Percent of cases that have an initial permanency planning hearing within 12 months of removal from the home** |
| **Median number of days to termination of parental rights** |
North Carolina will work to ensure that all children consistently show healthy expression and regulation of emotion, empathy, and a positive sense of self.

By 2025, North Carolina will have a reliable, statewide measure of young children’s social-emotional health and resilience at the population level.*

As these data become available, we will establish prioritized metrics.
Learning and Ready to Succeed

Children experience the conditions they need to build strong brain architecture and school readiness skills that support their success in school and life
8. ACCESS TO HIGH QUALITY EARLY LEARNING PROGRAMS

9. EARLY DEVELOPMENT

10. READING PROFICIENCY
Learning and Ready to Succeed | 2025 GOALS

8. ACCESS TO HIGH QUALITY EARLY LEARNING PROGRAMS

North Carolina will work to ensure that all families have the opportunity to enroll their young children in high quality, affordable early care and learning programs.

Part 1) By 2025, increase the percentage of income-eligible children enrolling in high quality early care across North Carolina by 10%, according to data provided by the Division for Child Development and Early Education (DCDEE) and Head Start.

Part 2) By 2025, decrease the percent of family income spent on childcare to 7%, according to data provided by ChildCare Aware America.

Percent of early childhood teachers with post-secondary early childhood education
North Carolina is committed to ensuring that all children meet developmental milestones so that they can succeed in school and beyond and that children and families have the tools they need to support early development.

By 2025, increase the percentage of children across North Carolina who enter kindergarten developmentally on-track.*

Percent of children enrolled in Medicaid receiving general developmental screening in first 3 years of life

Percent of children who receive appropriate and timely early intervention and early childhood special education services to address developmental risks and delays

*In Data Development
Learning and Ready to Succeed | 2025 GOALS

10. GRADE-LEVEL READING

North Carolina will work to increase reading proficiency in the early grade levels for all children, with an explicit focus on African American, American Indian, and Hispanic children who face the greatest systemic barriers to reading success.

Part 1) Increase reading proficiency from 45.8% to 61.8% for 3rd – 8th grade students on statewide end of grade tests (EOGs), consistent with the state’s Every Student Succeeds Act (ESSA) Plan 2025 reading proficiency benchmark

Part 2) Increase reading proficiency from 39% to 43% according to the fourth grade National Assessment of Educational Progress (NAEP)
# Early Childhood Action Plan Framework

![Diagram showing the framework for Early Childhood Action Plan]

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High-Level Recommended Strategies

Where do you see

• yourself,

• your organization, or

• your agency

in the strategies that follow?
High-Level Recommended Strategies

1. Build and Sustain Strong Relationships Between Young Children and their Families

2. Promote Supportive, Productive, and Equitable Early Learning Environments

3. Support the Preparation, Compensation, and Retention of the Early Care and Learning, and Early Elementary Education Workforce

4. Make Early Care and Learning Programs More Accessible for Vulnerable Families

5. Integrate the Support of Children’s Social-Emotional Development into Early Childhood Services
High-Level Recommended Strategies

6. Improve Economic Opportunities for All Families with Young Children

7. Prioritize Racial Equity, Cultural Competence, and Family Engagement in Child and Family Systems

8. Increase Access to High Quality Health Care for Vulnerable Young Children and their Families

9. Promote Healthy Behaviors

10. Facilitate Data-Sharing and Collaboration to Support Data-Informed Decision-Making
1. Build and Sustain Strong Relationships Between Young Children and their Families

- Promote evidence-based two generation interventions, such as home-visiting, that address the needs of children and their families; promoting physical health, social-emotional health, child development, parenting education and social support, and address issues such as substance use disorders (e.g. opioids), homelessness, child abuse and neglect prevention, reproductive life planning, and supporting families of children with disabilities.

- Continue to track North Carolina’s rates of maternal post-partum depression screening at well-baby visits, and monitor the effectiveness of maternal depression and evidence-based two-generation treatment services.

- Improve the reunification and adoption processes for children in foster care to lessen the amount of time children spend without a permanent family.
2. Promote Supportive, Productive, and Equitable Early Learning Environments

• Ensure that learning environments for young children are culturally and linguistically relevant, and free from systemic racism and implicit bias.

• Increase the rigor and responsiveness of birth – third grade teacher and principal preparation programs through strategies such as high entry standards and aligning these programs to evidence-based practices, schools’ needs, emerging technologies, and the increasing demands that their students will face in college, work, and life.

• Ensure that young children with disabilities are provided the learning supports they need in the least restrictive classroom environments.
3. Support the Preparation, Compensation, and Retention of the Early Care and Learning, and Early Elementary Education Workforce

• Attract and recruit qualified individuals into the early care and learning through third grade workforce to alleviate ongoing vacancies.

• Ensure early learning and educator preparation programs in community colleges and universities are high-quality and affordable.

• Establish policies that provide individuals in the early care and learning through third grade workforce with wages that support a high quality of life.
4. Make Early Care and Learning Programs More Accessible for Vulnerable Families

- Increase access to childcare subsidies.
- Increase the percent of eligible families who are enrolled in high quality early care and learning programs by funding more slots, expanding program capacity, and increasing reimbursement rates to providers.
- Outreach to vulnerable communities historically underrepresented in, but eligible for, early care and learning programs, including children experiencing homelessness and those in foster care.
- Strengthen the funding for and infrastructural support of the Smart Start network, including quality improvement initiatives that could improve young children’s physical health, social-emotional wellbeing, and early intervention.
5. Integrate the Support of Children’s Social-Emotional Development into Early Childhood Services

• Promote evidence-based approaches appropriate for young children and their families, such as treating families and young children together, and delivering infant and early childhood mental health services in primary care settings and home visits.

• Incorporate infant and early childhood mental health best practices into higher education, training, and workforce preparation programs for a broad array of professionals who support children and family service

• Hire support staff to work with children and families on social-emotional concerns, attendance, and other social determinants of health; Examples include trained school counselors, social workers, school nurses, child care health consultants, school psychologists, behavioral health specialists, literacy coaches, and family advocates in child care and school settings.
6. Improve Economic Opportunities for All Families with Young Children

• Create family-friendly employment practices across all sectors, such as paid sick leave, paid parental leave, and reliable work schedules; Especially ensure that these policies are available to low-wage, part-time, and seasonal or occasional workers.

• Increase access to affordable and safe housing for families with young children through efforts such as supporting home loans, increasing funding for vouchers, and incorporating affordable housing into development plans.

• Ensure affordable, accessible, dependable transportation to and from early care and education programs, schools, and health services, especially in rural communities.

• Ensure that parents, especially young parents, are supported in obtaining postsecondary education to improve their ability to increase their incomes.
7. Prioritize Racial Equity, Cultural Competence, and Family Engagement in Child and Family Systems

• Be inclusive in planning and designing services for children and families, ensuring there are seats for families of color and youth in order to “design with” instead of “design for.”

• Eliminate or minimize the use of suspension and expulsion in birth-through-third grade classrooms by including cultural competency into disciplinary policy.

• Recruit and retain a diverse workforce of child- and family-facing providers across sectors

• Adopt evidence-based standards for culturally-relevant classroom instruction
8. Increase Access to High Quality Health Care for Vulnerable Young Children and their Families

• Close the insurance coverage gap for low-income adults to ensure more regular access to healthcare.

• Facilitate regular visits to primary care providers for women ages 18 – 44, which in turn can help support healthy future pregnancies.

• Provide care coordination and case management services that include promotion of resiliency, mental health screening, substance use intervention, tobacco cessation and prevention, reproductive life planning, and chronic disease management.
9. Promote Healthy Behaviors

- Promote opportunities for physical activity and healthy eating for young children in early care and learning programs, K – 3 classrooms, and at home with their families.

- Encourage breastfeeding-friendly policies and services in local communities.

- Promote opportunities for young children in elementary school to access breakfast and afterschool meals during the school year, as well as opportunities to receive meals on weekends, school breaks, and over the summer.

- Remove systemic barriers that prevent eligible families from enrolling in supplemental food and nutrition benefits programs.
10. Facilitate Data-Sharing and Collaboration to Support Data-Informed Decision-Making

• Ensure consistent data are captured electronically for young children and their families throughout Medicaid transformation, such as maternal depression screenings and children’s social emotional health.

• Invest in the collection of measures of the social-emotional well-being and resilience of young children at the population level.

• Assess the landscape of the data in NC that describes the experiences that young children birth to age 8 have across settings (e.g., health, education, housing, homelessness, child welfare, etc.)

• Prioritize data around young children’s health, well-being, social-emotional development, housing status, and academic performance in the creation of longitudinal data systems.
Why Now?
The Time is Now: NC Early Childhood Action Plan

Statewide "Read to Achieve" Shows Few Gains
By Liz Schlemmer • Jan. 10, 2019

Governor Cooper Signs Executive Order Supporting Women Workers, Healthy Families, Strong Workforce
Executive Order No. 82 Extends Non-discrimination Protections and Workplace Accommodations to Pregnant Workers, Encourages Strong Economy

NC Child Welfare System Failing Children, Families, Reports Say
June 20, 2018 by Ruba Lepski

Medicaid Changes Coming into Focus - North Carolina
November 28, 2018 by Sarah Ovaska-Frew

Red Hat, SAS leaders push for more slots for students in NC Pre-K
Tags: education, early childhood, pre-K, Wake County Public School System, SAS, Jim Goodnight
Posted 7:27 a.m. Thursday
Updated 6:20 p.m. Thursday
We need YOU to help us reach these goals!
Strategies & Actions: 2019

- High-level Strategies
- DHHS Commitments to Action

Statewide Commitments to Action

Share Final Plan

Early 2019

Mid 2019

Late 2019
It’s Time to Take Action for NC’s Young Children!

Visit ncdhhs.gov/early-childhood