

# Early Childhood Action Plan

*December Workgroup Meeting Pre-Read*

Safe and Nurtured Workgroup | Dec 9, 2020 | 12 - 2 PM



# Building Upon Existing Research and Recommendations in the Durham ECAP

## Durham County-Level Recommendations

- State of Durham County's Young Children
- Racial Equity Task Force Report
- Durham County Community Health Assessment



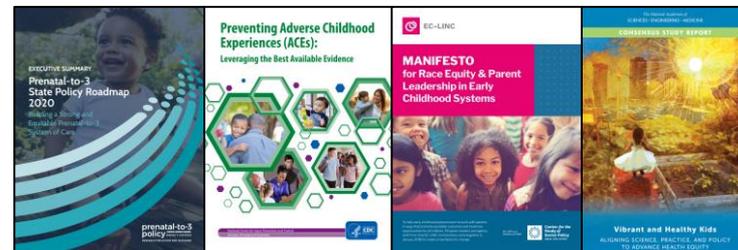
## Statewide Recommendations

- Early Childhood Action Plan
- Pathways to Grade-Level Reading Action Framework
- Children's Social-Emotional Health Data Workgroup Report
- Healthy North Carolina 2030
- Family Engagement and Leadership Framework



## National Recommendations

- Prenatal-to-3 State Policy Roadmap 2020
- CDC Preventing Adverse Childhood Experiences
- Center for the Study of Social Policy's Manifesto for Race Equity and Parent Leadership in Early Childhood Systems
- Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity



# Considerations and Limitations

- This opportunity to review existing recommendations will provide us with initial direction to see where we should focus our attention
- We may not yet know how much effort it will take to implement or the value that each recommendation could create; the information you shared is an initial “pulse check”
- The workgroups will be prioritizing recommendations further over the course of the next several meetings to decide which recommendations to move forward into action planning
- In parallel, parents and community members are proposing recommendations and ideas for Durham that will be uplifted accordingly for action planning
- Specific, concrete action plans for the Durham ECAP will be built out February – May

# Potential Strategies: *Social Determinants of Health*

N = 23

Potential Recommendation to Consider	% Who Responded "Yes" This Recommendation Should be Included	Weighted Prioritization*	Average Effort	Average Value
Create family-friendly employment policies and ensure that low-wage, part-time, and seasonal or occasional workers have access to these policies. Examples may include paid sick leave, parental leave, or reliable work schedules	87%	HIGH	HIGH	HIGH
Strengthen economic supports for families through policies that raise incomes, increase employment opportunities, and build wealth	87%	HIGH	HIGH	HIGH
Promote access to higher education to improve young parents' ability to increase his or her income	70%	MED	MED	MED
Promote utilization of and expand access to evidence-based strategies to prevent community and domestic violence and promote coordinated community response	87%	HIGH	MED-HIGH	MED
Bolster supports for children and families while parents are incarcerated and after they return	70%	MED	HIGH	MED
Promote reliable public transportation to early childhood and family services, medical appointments, schools, etc.	80%	HIGH	MED	HIGH

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: *Child Welfare and Foster Care Systems*

N = 23

Potential Recommendation to Consider	% Who Responded "Yes" This Recommendation Should be Included	Weighted Prioritization*	Average Effort	Average Value
Lay a foundation for preventive services in Durham under the Families First Act and identify strategies to connect families to services sooner	91%	HIGH	MED-HIGH	MED-HIGH
Focus on targeted efforts to improve the process and remove the barriers that prevent children from being reunified with families, if appropriate, or adopted, if reunification is not appropriate	83%	MED-HIGH	HIGH	MED-HIGH
Promote policies that prioritize parents whose children are involved in the child welfare system for treatment for substance abuse, mental health conditions, etc.	78%	MED-HIGH	MED-HIGH	MED-HIGH
Conduct a racial equity study of child welfare and take action accordingly to reduce racial and implicit bias in the child welfare system	78%	MED-HIGH	HIGH	MED
Embed early childhood development principles into child welfare systems and practice through training and support for individuals that work with infant-toddler cases	87%	HIGH	MED	MED
Promote state policies and local approaches, such as the Safe Babies Court Team, to promote better outcomes for babies and families	83%	MED-HIGH	MED-HIGH	MED

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# Potential Strategies: Screening for Resilience, ACEs, Trauma, and More

N = 23

Potential Recommendation to Consider	% Who Responded "Yes" This Recommendation Should be Included	Weighted Prioritization*	Average Effort	Average Value
Gather information about the various social-emotional health, resilience, and protective factor screenings being used across providers in Durham	70%	MED	MED	MED
Promote the use of standardized and validated social-emotional health and resilience screening tools across ages (0-8) and sectors (e.g., health, early education, family support). Develop a list of screening tools recommended for use in Durham County	61%	MED	MED	MED
Assess the cost and feasibility of collecting and aggregating children's social-emotional health screen data within and across sectors, including the potential use of online data platforms (e.g., CHADIS)	65%	MED	MED	MED
Pilot the use of recommended social-emotional health screens and collaborative data review in partnership with other Durham agencies and initiatives reaching large samples of children	70%	MED	MED-HIGH	MED
Screen children and families for at-risk circumstances and social determinants of health. Screens could include risk factors (such as ACEs, trauma, poverty, homelessness), protective factors (such as resilience) and children's social and emotional health.	65%	MED	MED	MED-HIGH
Create rapid response and referral systems that can quickly bring protective resources to bear when early-life adversities are detected by screenings	65%	MED	HIGH	HIGH

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: *Early Childhood Social-Emotional Health*

N = 23

Potential Recommendation to Consider	% Who Responded "Yes" This Recommendation Should be Included	Weighted Prioritization*	Average Effort	Average Value
Connect youth to caring adults and activities through mentorship and after-school programs	57%	MED	MED	MED-HIGH
Hire additional support staff in child care and school settings to work with children and families on social emotional concerns, attendance, and other social determinants of health	87%	MED-HIGH	HIGH	MED-HIGH
Eliminate or minimize the use of suspension and expulsion in birth through third grade classrooms	87%	HIGH	MED	HIGH
Transition more teachers and schools to be trauma-informed. Trauma-informed training must be culturally relevant.	87%	HIGH	HIGH	MED-HIGH
Address barriers in health insurance coverage of infant and early childhood mental health services to ensure adequate benefits	83%	HIGH	HIGH	MED-HIGH

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# Potential Strategies: *Early Childhood Workforce*

N = 23

Potential Recommendation to Consider	% Who Responded "Yes" This Recommendation Should be Included	Weighted Prioritization*	Average Effort	Average Value
Recruit and retain more mental health clinicians for infant and toddler mental health, including clinicians of color	74%	MED-HIGH	HIGH	MED
Support professional development to increase primary care provider's knowledge in prevention, management and treatment of frequently occurring, mild to moderate early childhood mental health conditions	87%	MED	MED	MED
Infuse infant and early childhood mental health competencies into higher education, personnel preparation, and workforce development efforts for early childhood professions	78%	MED	MED	MED-HIGH
Integrate mental health providers with pediatric and other primary care practices	83%	MED-HIGH	MED	MED-HIGH
Provide funding for local providers to access the training and consultation through the NC Child Treatment program, which trains mental health clinicians in evidence-based child treatment models to serve children across NC ( <i>note: this has been modified; see slide 13</i> )	65%	MED	MED	MED
Invest in the social-emotional health of teachers so they can invest in the social-emotional health of their students	83%	MED-HIGH	MED	MED-HIGH
Prepare teachers to support young children's growth by focusing on the skills that are needed for reducing stress (adaptive coping), good decision-making, and healthy expression of emotion (effective self-regulation), with attention to trauma and resilience	87%	HIGH	MED-HIGH	HIGH
Require educators and administrators to have pre-service education and in-service professional development on implicit bias, cultural variations in communication and interaction, ACEs, child development, and social-emotional learning for licensure and license renewal	83%	HIGH	MED	HIGH

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# Potential Strategies: *Family Mental Wellness*

N = 23

Potential Recommendation to Consider	% Who Responded "Yes" This Recommendation Should be Included	Weighted Prioritization*	Average Effort	Average Value
Expand maternal depression screening and treatment. Determine the extent of racial, ethnic, and geographic disparities in screening and service delivery to mothers with depression	83%	MED-HIGH	MED	MED
Provide increased access to and capacity of research-based mental health and substance abuse prevention and treatment services to adults who support children	83%	MED-HIGH	MED-HIGH	MED-HIGH
Support the creation and implementation of programs that ensure families have access to high-quality, cost-effective, local community-based programs that support the psychosocial well-being of the primary adult caregivers and contribute to building resilience and reducing family stress	91%	HIGH	HIGH	HIGH

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: *Two-Generational Family Support*

N = 23

Potential Recommendation to Consider	% Who Responded "Yes" This Recommendation Should be Included	Weighted Prioritization*	Average Effort	Average Value
Promote evidence-based home visiting and parent education programs that focus on creating opportunities for and addressing the needs of children and the adults in their lives together	87%	MED-HIGH	MED-HIGH	MED-HIGH
Address barriers to awareness and access, like language and transportation barriers, to two-generational, evidence-based home visiting and parent education programs	70%	MED-HIGH	MED	HIGH
Use child care settings as vehicles to teach parents skills and practices that promote resilience	74%	MED	MED	MED
Invest in programs that strengthen father involvement in families	78%	MED-HIGH	MED-HIGH	MED
Support parents living in poverty with community advocates, mentors, and service navigators	87%	HIGH	MED	MED-HIGH

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: *Family Engagement and Leadership (All Workgroups)*

N = 55

Potential Recommendation to Consider	% Who Responded "Yes" This Recommendation Should be Included	Weighted Prioritization*	Average Effort	Average Value
Invest in family education about how to understand and navigate through child and family systems, and be an advocate for their own and their children's needs at child care, in school, and in health care settings	76%	HIGH	MED-HIGH	HIGH
Develop parent leadership and advocacy, including staffing and staff development; support for families' full participation; and ongoing leadership development in ongoing early childhood systems work	71%	HIGH	MED-HIGH	HIGH
Promote two-way, relationship-based interactions between families and birth-to-five professionals sharing information and working together to build each other's knowledge and skills	69%	MED	MED	MED-HIGH
Promote NCCARE 360 to families and community and encourage agencies to enroll. Consistently update the list of local family-focused programs and help other families access that information by linking to other agencies' websites.	73%	MED	MED	MED
Promote agency and community coordination in providing services	76%	HIGH	MED	HIGH
Improve family and community driven service provision	75%	MED-HIGH	MED-HIGH	MED
Educate and train parents on advocacy and engagement in systems in which they are unfamiliar	80%	HIGH	MED	HIGH
Educate parents about the benefit of engagement in the early childhood systems	67%	MED	MED	MED

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Potential Strategies: *Early Childhood Cross-Systems Level (All Workgroups)*

N = 55

Potential Recommendation to Consider	% Who Responded "Yes" This Recommendation Should be Included	Weighted Prioritization*	Average Effort	Average Value
Address barriers to data collection across agencies and age groups so that community stakeholders can continue to identify the areas of greatest need and to track progress in these areas that have been identified as a focus	80%	HIGH	HIGH	MED
Support the adoption of an aligned entry portal to facilitate service awareness, referrals, and cross-agency coordination	69%	MED-HIGH	MED-HIGH	MED-HIGH
Create data sharing agreements across sectors (non-profit, government, Durham Public Schools, etc.) with a cost-benefit model for all partners.	67%	MED	HIGH	MED
Promote a diverse workforce of child- and family-facing providers across sectors	80%	HIGH	MED-HIGH	HIGH
Promote high-quality training about institutional and structural racism and its impact on poor communities and communities of color	87%	HIGH	MED	HIGH
Promote community and systems dialog and discussion on racism	78%	HIGH	MED	MED-HIGH
Join with and invest in parent- and community-based organizations to support their ideas and priorities	78%	MED-HIGH	MED	HIGH

\*The weighted prioritization score takes into account both the percentage of respondents who indicated this recommendation should be included and the prioritization

# Additional Recommendations or Considerations Provided by Respondents

- Considerations for Recommendations
  - “I believe a strong focus needs to be on addressing equity around the way the state treats mental health services for young children vs older children. Once there is parity with regard to reimbursement and differentials for evidence based practices, I believe we will have a much easier time engaging the private sector, recruiting a young child mental health workforce and educating/training in evidence based practices. The latter will not be successful until there are system changes that can support sustainability. I know many highly trained early childhood mental health providers who simply cannot practice because there is no place for them TO practice and sustain their work due to inequity around reimbursement.”
  - “The Child Treatment Program recommendation should be modified. That is a wonderful strategy at the state level because CTP is paid for by the state budget. But at the county level, our recommendation should be modified to say that funding will be provided for local providers to access the training and consultation available through CTP.”
  - “I would add that an underlying issue in reducing suspension/expulsion is early childhood racial equity issues and therefore I would suggest adding a recommendation about training in implicit bias with teachers in ECE settings.”

# Additional Recommendations or Considerations Provided by Respondents

- Considerations for Action Planning
  - “If we decide to do screenings, we should consider how to make them universal.”
  - ECAP will need to “distinctly show concrete examples of how we are building on existing relationships, programs, and reports to build better systems.”
  - “Send resources and technical support to community rooted leaders. In thinking about funding community led solutions, eliminate RFPs that are barriers to funding.”
  - “Pay people who are deeply community rooted to gather the assets, metrics, timetables, budgets, and recommendations for their respective communities.”
  - “Prioritize the most vulnerable and affected communities/populations.”
  - “Need to bring as many community folks to the implementation table as possible.”
  - “Reparations to the Black community. Labeling more children or parents as having problems and needing help is counter-productive. Provide services to all without labeling/pathologizing. Build wealth and hope.”