

Promote utilization of and expand access to evidence-based strategies to prevent community and domestic violence and promote coordinated community response

Promote reliable public transportation to early childhood and family services, medical appointments, schools, etc.

health insurance coverage of infant and early childhood mental health services to ensure adequate benefits, create parity in reimbursement regardless of child's age and incentivize evidence-based

Transition more teachers and schools to be trauma-informed. Trauma-informed training must be culturally relevant.

Eliminate or minimize the use of suspension and expulsion in birth through third grade classrooms

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

Embed early childhood development principles into child welfare systems and practice through training and support for individuals that work with infant-toddler cases

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 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

Strengthen economic supports for families through policies that raise incomes, increase employment opportunities and build wealth

Lay a foundation for preventive services in Durham under the Families First Act and identify strategies to connect families to services sooner

Support parents living in poverty with community advocates, mentors, and service navigators

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

HIGHEST PRIORITY

High Effort  
Med-High Effort  
Med Effort

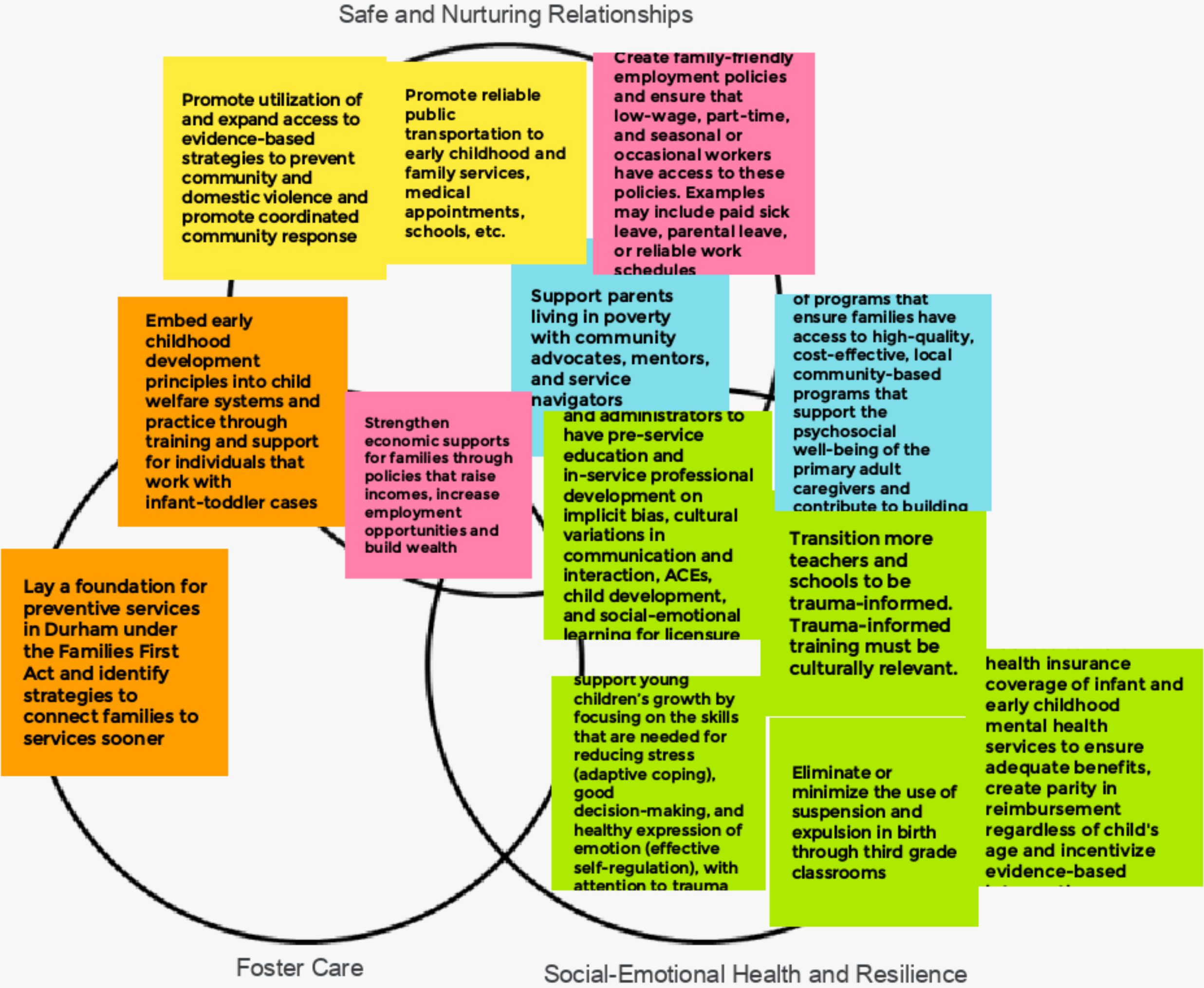


Med Value

Med-High Value

High Value





# VISUALIZE THE VOTE

Focus on preventing children from being reunified with families, if appropriate, or adopted, if reunification is not appropriate

They are funded and staffed differently across the state, particularly with re: to having MH clinicians on staff, creating inequity in their ability to identify and address social emotional issues. Also, difficulty

Provide increased access to and capacity of research-based mental health and substance abuse prevention and treatment services to adults who support children

Promote policies that prioritize parents whose children are involved in the child welfare system for treatment for substance abuse, mental health conditions, etc.

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

Invest in the health, wealth, and professional standing of the early childhood workforce so they can invest in their students.

Trauma informed care - includes community members at every level

Integrate mental health providers with pediatric and other primary care practices

Conduct a racial equity study of child welfare and take action accordingly to reduce racial and implicit bias in the child welfare system

Promote state policies and local approaches, such as the Safe Babies Court Team, to promote better outcomes for babies and families

Expand maternal depression screening and treatment. Determine the extent of racial, ethnic, and geographic disparities in screening and service delivery to mothers with depression

Creating a trauma-informed ecosystem for children and their families

Ensure equity in institutional policies before promoting them

Invest in the social-emotional health of teachers so they can invest in the social-emotional health of their students

Recruit and retain more mental health clinicians for infant and toddler mental health, including clinicians of color

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

Address barriers to awareness and access, like language and transportation barriers, to two-generational, evidence-based home visiting and parent education programs

Invest in programs that strengthen father involvement in families

Emphasize underlying issues in our society that disrupt the mental and emotional well-being of parents and communities as opposed to over-emphasizing the role of educators or medical professionals.

Call out the role of the criminal justice system in keeping families whole

Lift up policies as well as programs for psychosocial well-being



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

## What are the barriers to implementation?

duplication of work already being done

business community pushback

assume its hard to create policy requirements for non-government employers

May have to start with government employers and/or large organizations in Durham who can lead the way

## What will help facilitate implementation?

✓  
<https://familyforwardnc.com/> is a good resource

payroll tax

## What, if any, efforts are already underway in Durham?

✓  
movement for living wage

There are efforts to promote access to care and services with Durham Partnership. There are individuals in place to help families navigate through and to systems

**Strengthen economic supports for families through policies that raise incomes, increase employment opportunities and build wealth**

This is possibly the single most important thing we could do, but there may not be the will to focus on it as an early childhood initiative.

What are the barriers to implementation?

Future Impact of the Pandemic on business and they're ability or willingness raise wages.

**business community pushback**

What will help facilitate implementation?

**Good question?**

reparations for descendants of enslaved people

Reminding people how critical family stability is in the early years--poverty is more harmful to our youngest children because of stage of brain development.

What, if any, efforts are already underway in Durham?

**Raising minimum wage**

Promote utilization of and expand access to evidence-based strategies to prevent community and domestic violence and promote coordinated community response

What are the barriers to implementation?

What will help facilitate implementation?

Review what has or is already being done, e.g. the DV Project.

What, if any, efforts are already underway in Durham?

DV Project which just ended included multiple partners promoting coordinated community response - check with DSS and others for guidance on where this left off and what next steps are

Promote reliable public transportation to early childhood and family services, medical appointments, schools, etc.

## What are the barriers to implementation?

Lack of one place that is responsible for managing this process. Families must call multiple places to determine eligibility. This is a challenge when they do not have access to working phones

COVID has revealed a barrier to traditional public transport means.. hope that's a short term barrier but we do need to consider the limits of public transportation. (Infant/child car seat safety is also a limit to address in an early childhood plan)

**Funding**

## What will help facilitate implementation?

Bringing GoDurham/DATA, etc. on board with social services

## What, if any, efforts are already underway in Durham?

ACCESS van, though not reliable and requires advanced planning. Some clinics thinking of offering rideshare programs.



Embed early childhood development principles into child welfare systems and practice through training and support for individuals that work with infant-toddler cases

## What are the barriers to implementation?

Buy in from Child Welfare System

Time needed to include training and professional development for this already taxed workforce

## What will help facilitate implementation?

Explore applicability of Safe Babies court team approach ★

Look to other communities who have done this successfully. Mecklenburg County for example.

Co location of child development specialists within child welfare

Look at early childhood mental health consultation as a strategy

Becoming aware of the Child Welfare Reform Efforts /time line

## What, if any, efforts are already underway in Durham?

Leadership at DSS is invested in enhancing services for young children

The Division of Social Services already provides and requires Child Development Training. Child Welfare Reform to occur in October 2021 -- new practice model that will include evidence based training.

Though not early childhood specific, local state and national work promoting trauma informed child welfare (including project out of CCFH) and race equity in child welfare policy and practice are related and innovative

Lay a foundation for preventive services in Durham under the Families First Act and identify strategies to connect families to services sooner

Initial capacity/staff and fiscal resources for DSS to transition to the prevention model.

## What are the barriers to implementation?

Question: Does this come with large increases in prevention funding?

should be significant federal funding coming to NC to expand evidence based/ FFA approved prevention strategies... not sure what mechanisms are to ensure this funding is available locally?

DSS will be able to leverage IV-E Federal Funding with the decrease of children entering care.

## What will help facilitate implementation?

Support training in the Families First approved interventions

Having funding to expand services like Healthy Families Durham, Early Head Start

✓  
Prioritize community-based providers and clinicians of color to deliver Families First funded interventions

## What, if any, efforts are already underway in Durham?

Multiple home based services exist within our community

Families First Prevention Services Act implementation date 10/2021

Exchange Family Center, CCFH, Welcome Baby, parent support groups all provide evidence based preventive services

Support parents living in poverty with community advocates, mentors, and service navigators

## What are the barriers to implementation?

\*Disinterest from families that could benefit from this due to a lack of trust in existing programs and service in our community.

(child care subsidy, housing vouchers, etc) were fully funded to cover all eligible families, and all workers earned a living wage, and everyone had equal access to health care, service navigators would not be as

## What will help facilitate implementation?

Identifying community partners already working with families of low wealth to help drive this effort. Working with established community groups as well.

Recruiting from within - working with community health workers and those with lived experiences.

national resource of interest:  
<https://nachw.org/>

## What, if any, efforts are already underway in Durham?

Duke peds piloting pre and postnatal navigation

COVID related community health worker pilot program

**DCI**

**CC4C,  
CDSA**

**El Centro  
Hispano**



## What are the barriers to implementation?

or 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

**Funding.** Durham is already nonprofit/initiative heavy, so funding is scarce.

## What will help facilitate implementation?

Invest in groups already doing this work (rather than creating new organizations.)

The recommendation: "Provide increased access to ... research-based mental health ...treatment services to adults ..." can be incorporated within this one

## What, if any, efforts are already underway in Durham?

**DCI,  
Emily K  
Center**

**Family  
Connects  
Durham**

**Exchange  
Family Center,  
Welcome  
Baby, Early  
Head Start**

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

## What are the barriers to implementation?

Political climate (state legislature, State Supt of Public Instruction)

Change at the school system is slow. Even when it comes from the top, individual schools tend to operate differently (in positive or negative ways.)

## What will help facilitate implementation?

Identify champions. Advocate for this to become policy. "train the trainer"-school sw, counselors, etc.

## What, if any, efforts are already underway in Durham?

Multiple organizations of skilled trainers and consultants available to support the workforce

Student U,  
We Are,  
EPiC

Transition more teachers and schools to be trauma-informed. Trauma-informed training must be culturally relevant.

## What are the barriers to implementation?

**Having buy in to train the teachers**

**Having trainers that are funded to do the trainings**

## What will help facilitate implementation?

partner with communities in schools which already has working agreement with DPS to push in supports

having trainers with birth-3rd grade classroom experience who understand the different roles of teachers

## What, if any, efforts are already underway in Durham?

READY grant is already training early childhood teachers, maybe adding a trauma-informed lens to this would make it achievable

CCFH has been been partnering with a small number of schools around developing trauma informed action steps

**TRY Resilience TR TR**

Raising Resilient Kids Community Resilience Model workshops for schools and PTAs via EFC

**Teachers and staff need to feel supported to do this work**

Trauma-informed leadership who are able to manage the environmental stresses for teachers and staff

**additional funding**

overwhelming plates of teachers in general, learning loss due to COVID-19 and concerns about need to focus on catching up academically

Learn from Public School Forum Trauma-Informed Schools projects.

Having a space for reflective supervision/reflection and support in school settings





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

## What are the barriers to implementation?

\*NC teacher shortage and reliance on alternative certification programs

Sticky mental models about obedience and spoiling children.

Teachers who are in stressful situations because of low wages are less likely to learn/integrate these skills.

Need for ongoing coaching and support

Teachers need trauma-informed leadership and the factors for stress and burnout to be addressed

## What will help facilitate implementation?

Enough counselors in each school to support teachers' efforts.

✓  
Imbed this education/training into degree programs

Expanding Early Childhood Mental Health consultant into K-2nd grade?

Activating an endorsement with Infant Mental Health Association to train early childhood teachers and equip mental health clinicians

Expanding MH consultants' reach to private child care; community awareness about the importance of infant and early childhood mental health consultation

## What, if any, efforts are already underway in Durham?

Early Childhood Mental Health Consultation and professional development for child care professionals via EChO at EFC

Trauma-Informed Infant Toddler Project (CCFP; Katie R. and Ennis B.)

North Carolina has an Infant Mental Health Association that has conferences for Home visitors and early childhood staff throughout the state

NC Early Learning Network (DPI)

Eliminate or minimize the use of suspension and expulsion in birth through third grade classrooms

What are the barriers to implementation?

✓  
\*racism and belief punitive punishment necessary

I agree with the above

I agree with above.

Educators don't often know how to provide an effective response to disruptive behaviors. They need replacement responses to suspension and expulsion.

What will help facilitate implementation?

✓  
Having trainings on implicit bias

\*Having a policy in place where expulsion is not an option for birth - 3rd grade, instead there are support services in place for the schools and families. ✓

\*Friendly amendment to the comment "...expulsion not an option..." - on the other hand, children can be grossly excluded/stigmatized within the walls of a school/center, so emphasis on supports for the school and family.

★  
Early Childhood Mental Health Consultants with Racial Equity focus

In addition to training ensure that academic sites and schools show how they plan to implement what they are learning

Accountability AFTER training

What, if any, efforts are already underway in Durham?

↖  
DPS Restorative Justice program

EChO Early Childhood Mental Health Consultation and expulsion reduction prior to kindergarten

Trauma-informed Leadership Teams at 8 Durham elementary schools, in collaboration with CCFH, are working to provide more trauma-informed responses to students.

health insurance coverage of infant and early childhood mental health services to ensure adequate benefits, create parity in reimbursement regardless of child's age and incentivize evidence-based

## What are the barriers to implementation?

**NC Medicaid expansion has not happened**

The reimbursement for early childhood mental health services aren't sustainable for clinicians; as a result the trained clinicians aren't able to provide these services.

**lobbying conservative lawmakers**

DC:0-3 should be used for diagnosing, but I'm not sure if that is recognized by Medicaid or other insurers.

MH for children under 3 is funded through the state rather than MCOs, which creates confusion and different procedures for MH providers.



Many children have Medicaid but their caregivers do not. When it is the caregivers that need the services, they are typically unable to locate a provider at a cost they can afford.

## What will help facilitate implementation?

Increasing the reimbursement rates for the early childhood mental health services.

**COVID-recovery response**

under 3 is on par with reimbursement for over 3; ensure there is a cost based/enhanced rate available for evidence based practices for children under 3. Consider having MCO take over mh services universally vs current

look to other communities-ie Trillium and their work in support of CPP

awareness-i don't think many at DMA or the MCOs are even aware of the disparities

**pull in the private mh sector to help advocate to the mcos**

look at prior work around how we've been able to get enhanced rates for TF CBT, PCIT and let this guide proposals for other EBPs

Recent moves by NC Medicaid to include ZERO TO THREE's Diagnostic Classification System 0-5 (DC:0-5) as a credible system for diagnosing children with mental health disorders from birth to 5.

## What, if any, efforts are already underway in Durham?

NC integrated care efforts  
<https://www.dailytarheel.com/article/2020/02/integrated-care-0206>

NC Child Treatment Program at CCFH working to get enhanced Medicaid/insurance rates for the use of evidence-based practices - including for early childhood MH models



**Trauma informed care  
- includes  
community  
members at  
every level**

Willingness to  
vote staff time  
and funding  
to training  
and ongoing  
coaching

What are the barriers  
to implementation?

Making the case  
that it's relevant  
outside the  
"traditional" early  
childhood actors

buy-in from all  
stakeholders

systems  
change being  
core to ECAP

Institutional  
bias/  
discomfort  
/fear/

What will help facilitate  
implementation?

✓  
CBO  
Community  
Health  
Ambassadors

Learning from other  
communities doing  
community-rooted  
resilience work, like  
Rural Opportunities  
Institute.

✓  
TRY  
Resilience  
Coaches

✓  
Trauma-Informed  
care trainings in  
various settings:  
food pantries, DSS,  
pediatric practices,  
schools

✓  
More success  
stories from  
TRY in the  
media

What, if any, efforts are  
already underway in  
Durham?

TRY - ACEs,  
Resilience, Trauma  
informed care,  
Building "a resilient  
community" since  
2014

✓  
**Durham  
Public  
Schools**

Trauma-Informed  
care trainings at  
Duke Children's  
Primary care.

There are 8  
trauma-informed  
implementation  
schools (elementary)  
within DPS supported  
by CCFH that began  
their learning in the  
spring and  
implementation this  
fall.

Emphasize underlying issues in our society that disrupt the mental and emotional well-being of parents and communities as opposed to over-emphasizing the role of educators or medical professionals.

## What are the barriers to implementation?

This sounds more like a social movement than a specific initiative.

Lack of universal understanding about the role of root causes.

Creating programs/providing services feels easier than creating conditions for policy and mindset shifts, even though it is less effective.

General misunderstanding about the issue

Each specific underlying issue would need to be specified and identified as its own goal.

More people at the table to speak for those influenced by the criminal justice system.

## What will help facilitate implementation?

Have school resource officers take racial bias training.

increased student support services staff in schools

social movements like BLM, county racial equity efforts, living wage efforts

housing security, income security, reparations to the Black community

Ongoing, clear education for people developing programs/funders, about the utility for addressing root cause issues rather than the downstream effects of those issues.

The pandemic has shown us that quick policy change is possible.

Trust and INCLUDE community experts

federal and state policy changes

Support families with incarcerated parents.

## What, if any, efforts are already underway in Durham?

Durham has a broad spectrum of activists speaking up for social change.

Abide by the Racism is a public health crisis - DCABP/TRY, To do's for County, City Council, BOE and citizens

Durham for All; Racial Equity Taskforce; Durham's Living Wage Campaign; etc.

Strong District Attorney

Mediators in at-risk neighborhoods that are funded by the Department of Health (?) who defuse violence.

TRY & DCABP - Social Determinants of Health - Addressing Racism and bringing institutions and community together

Racial equity plan for County Government

