# Division of Child and Family Well-Being: Overview & Priorities

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Eat Smart Move More Partners Meeting

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### **NCDHHS Priorities**

These priorities and our work across the department are grounded in **whole-person health**, driven by **equity**, and responsive to the lessons learned responding to the greatest health crisis in more than a generation.

#### **Behavioral Health & Resilience**



We need to offer services further upstream to build resiliency, invest in coordinated systems of care that make mental health services easy to access when and where they are needed and to reduce the stigma around accessing these services.

#### **Child & Family Well-Being**



We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities. Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.

#### **Strong & Inclusive Workforce**



We will work to strengthen the workforce that supports early learning, health and wellness by delivering services to North Carolina.

And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

### BUILDING ON THE DEPARTMENT'S VISION FOR CHILDREN AND FAMILIES

# Children are healthy and thrive in safe, stable and nurturing families, schools and communities



### STRATEGIC GOAL - IMPROVE CHILD AND FAMILY WELL-BEING



Improve child and family well-being so all children have the opportunity to develop to their full potential and thrive





**Key Objective:** Build a strong infrastructure to increase access to child and family well-being services.

### **Key Strategies:**

- □ Establish a **Division of Child and Family Well-Being** to maximize services and outcomes for children and their families, including all child nutrition programs, prevention services for children from birth to 21, children's mental health services, and early intervention programs
- ☐ Build a **data and analysis infrastructure** across child-serving sectors to identify gaps and inequities in service provision and well-being outcomes to ensure the most effective deployment of federal, state, and local resources
- ☐ Increase access to **children's mental health services** by expanding mental health services in primary care, schools, and specialty care

### WHY?

The Division of Child and Family Well-Being will prioritize the coordination of behavioral health, physical health, social, and nutrition programs to support whole-person care to meet the escalating needs of children and families. Strategies include:



### Enhancing how children and families access programs that support their well-being:

Coordination across programs serving children and families allows more families to access programs across mental, social, and health services. An early area of work will be making it easier for families to enroll in the nutrition programs in the Division (e.g., WIC and FNS).



Coordinating increased investments to improve child health and well-being: The investments will be informed by data with a focus on closing equity gaps in child well-being. An early focus will be maximizing the impact of the federal American Rescue Plan funds to address inequities in child well-being, including increasing access to youth mental health services.



Getting upstream of the behavioral health crisis: DCFW is part of DHHS's collective commitment to building innovative, coordinated, and whole-person centered systems that recognize that physical, behavioral and social health are interdependent and that preventing the onset of health issues is the best way to support children thriving.

### PROGRAMS IN THE DIVISION OF CHILD AND FAMILY WELL-BEING



<u>Food and Nutrition Services:</u> North Carolina's Supplemental Nutrition Assistance Program (SNAP)



Community Nutrition Services: North Carolina's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Child & Adult Care Food Program (CACFP)



**Early Intervention:** North Carolina Early Intervention/Infant-Toddler Program (ITP) provides supports and services to children birth to 3 with developmental delays or established conditions





**Child Behavioral Health** programs support school & community mental health services for children and youth, such as system of care, children with complex needs, coordination with schools on mental health services, pediatric mental health care access program, and behavioral health supports and coordination for DSS-involved youth

**Children and Youth** health and prevention services, such as school health promotion, home visiting and Triple P programs, nurse consultation, supports for children and youth with special health care needs, genetics and newborn screening, care management for at-risk children, and more

### TOP PRIORITIES FOR THE DIVISION OF CHILD AND FAMILY WELL-BEING



Increase nutrition security among children and families through increased access to food benefits and nutrition education



Increase access to children's behavioral health services by expanding mental health services in schools, primary care, and specialty care **NCDHHS** goals around nutrition security

Building upon NC's Early Childhood Action Plan:

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.



### Strategy 1: Increasing reach of nutrition benefit programs

### **Current DHHS Initiatives:**

- Increase cross enrollment across Food and Nutrition
   Services (FNS), WIC, and Medicaid through data
   matching and tailored outreach
- Improve beneficiary experience in FNS & WIC programs
- Issue WIC cash-value benefits for fruits & vegetables
- Implement Pandemic-EBT



**Strategy 2: Connecting health care and food supports** 

### **Current DHHS Initiatives:**

- Implement Healthy Opportunities
   Pilots in Medicaid, which pays for food supports (e.g., medically tailored meals, healthy meal/box, DPP) to eligible
   Medicaid members
- Grow NCCARE360 network to include more food-supporting community-based organizations





### **Changes to the nutrition benefit landscape**

DHHS has been working to prepare for imminent changes:

- FNS emergency allotments ended in February 2023
- Federal Public Health Emergency (PHE) ends on May 11, 2023 – impacts availability of FNS benefits to working adults, college students
- Promoting food resources to families:
  - www.ncdhhs.gov/foodresources
  - www.ncdhhs.gov/ncwic
  - www.nc211.org



### How can you help families?

- Promote www.ncdhhs.gov/foodresources
- Share NCDHHS face sheet:

https://www.ncdhhs.gov/media/10249/download

- Connect with/offer support to food banks in your community
- CBOs: Join the NCCARE360 network

(www.nccare360.org/join/)



vides approaches to improve nutrition through Iti-level interventions, community and public h ne agencies in NC provide SNAP-Ed to differ ps://www.ncdhhs.gov/divisions/social-ser od-stamps/north-carolina-nutrition-education

ing summer vacation. childnutrition.ncpublics

cal agencies. www.ncagr.gov/fooddist/prog

The Special Supplemental Nutrition Program for

#### **NC Food and Nutrition Resource Programs**

www.ncdhhs.gov/snac

	on site	Education	Pick-up	purchase food	Eligibility
	⋖				0-18 yrs and 60+
			lacktriangle		60+
		lacktriangle			18+
			lacktriangle		All ages
	⋖				PreK-12 students
					60+
		✓			60+
€					60+
					All ages
					All ages
	€				Children 0-18 yrs
			lacktriangle		All ages
		<b>⊗</b>		€	0-5 yrs. & pregnant, breastfeeding, postpartum women
		€		Ø	2-4 yrs. & pregnant, breastfeeding, postpartum women
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### How can you help families?

- Refer families to FNS (<u>www.ncdhhs.gov/fns</u>) and WIC (<u>www.ncdhhs.gov/ncwicreferral</u>)
- Order NC WIC materials and distribute to families (see QR code)
- Promote the NC WIC Online Referral Form (www.ncdhhs.gov/ncwicreferral)
- Sign up to receive the WIC quarterly outreach newsletter (email <u>Laura.Tanase@dhhs.nc.gov</u>)



# THE CRISIS: There is a national and state child behavioral health and youth suicide crisis

- 1 in 4 of youth experience a behavioral health need while in grade school
- The number of NC youth with 1+ major depressive episode increased 46% during COVID (2019-21)



### TOP PRIORITIES FOR THE DIVISION OF CHILD AND FAMILY WELL-BEING



Increase access to children's behavioral health services by expanding mental health services in schools, primary care, and specialty care

### **Priority Child Behavioral Health Initiatives**

- 1. School behavioral health to meet children where they are and support our educators
- 2. Child behavioral health data dashboard to share accountability and promote equitable access
- 3. Coordinated Action Plan for children with complex behavioral health needs in child welfare

## THE RESPONSE: NC DHHS's leadership and management of crisis is critical

- We can meet kids where they are and overcome access barriers (e.g., transportation, stigma, and limited networks in rural and saturated areas) by going to schools
- Optimizing behavioral health resources/services in school settings increases <u>health equity</u> and builds <u>resilience</u>



### FEELING CLOSE TO PEOPLE AT SCHOOL PROVIDES CRITICAL PROTECTION FOR STUDENTS

Students who felt close Students who didn't feel to people at school close to people at school Experienced persistent feelings of sadness 35% **53%** or hopelessness during the past 12 months 14% 26% Seriously considered attempting suicide during the past year Attempted suicide 6% 12% during the past year U.S. Department of Health and Human Services For more information, visit cdc.gov/nchhstp/newsroom

### LEVERAGING COVID FLEXIBILITIES TO OFFER BEHAVIORAL HEALTH SUPPORTS IN SCHOOLS

North Carolina public schools can opt-in to new funding opportunities to support school-based mental and behavioral health initiatives at no cost to K-12 schools through the CDC's Reopening Schools grant Schools must be participating in our COVID testing program to be eligible for these behavioral health supports



Funding to support **School Health Advisory Councils** that are based at the school district level. SHACs can choose activities that will benefit their local district that align with the WSCC model, including partnerships that support behavioral health services and professional development.



The North Carolina Psychiatric Access Line (NC-PAL) provides telephonic consultation and education programs on child behavioral health. Selected schools will receive behavioral health educational consultation and training for school staff.



**System of Care (SOC) Training** for schools will cover how to work with local behavioral health partners to engage families, transition plan for students, and be effective in the changing NC Medicaid landscape as we transition to Medicaid Managed Care.