NORTH CAROLINA

Early Childhood Action Plan

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Draft Framework, Vision, Guiding Principles, and 2025 Goals
Serving Children Ages 0 – 8 and Their Families

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Secretary

What is the North Carolina Early Childhood Action Plan?

The North Carolina Early Childhood Action Plan seeks to create a cohesive vision, set benchmarks for impact by the year 2025, and establish shared stakeholder accountability to achieve statewide goals for young children from birth through age eight. The NC Early Childhood Action Plan focuses on goals around three central themes: that North Carolina's young children are 1) healthy, 2) safe and nurtured, and 3) learning and ready to succeed.

The NC Department of Health and Human Services (NCDHHS) was charged by Governor Roy Cooper through Executive Order No. 49 to spearhead the development of a statewide early childhood plan, with support of the Early Childhood Advisory Council (ECAC), other departments, and stakeholders from across the state. NCDHHS has coordinated with a diverse group of over 350 individuals throughout 2018 to create a draft of the guiding principles, vision, and goals of the Action Plan for feedback from the public. NCDHHS will continue to coordinate with the ECAC to connect with local communities across the state for in-person feedback dialogues, coupled with feedback received online, in order to ensure the Early Childhood Action Plan truly belongs to every North Carolinian.

The NC Early Childhood Action Plan builds on the extensive, collaborative efforts of the NC Pathways to Grade-Level Reading initiative led by the NC Early Childhood Foundation. The NC Early Childhood Action Plan is also significantly informed by the work of the NC Perinatal Health Strategic Plan, the North Carolina Institute of Medicine Statewide Taskforce on the Essentials for Early Childhood, North Carolina Think Babies, and others.

This document is a draft. Before a statewide Early Childhood Action Plan for North Carolina is finalized, we need your input and feedback on the following areas:

- **Framework, Vision, and Guiding Principles**
- **2025 Goals: Targets, Explanations, and Metrics**
- **Your recommendations on specific, measurable, actionable, relevant, and timebound strategies that will move the needle on the 2025 goals, to be included in the next phase of the plan's development**

Please email your feedback to ECAP@dhhs.nc.gov by November 30, 2018.

Early Childhood Action Plan: 2025 Goals At-A-Glance

Goal 1: Healthy Babies

Babies across North Carolina from all backgrounds will have a healthy start.

Goal 2: Access to Preventive Health Services

Babies, toddlers, and young children across North Carolina will receive timely health check-ups.

Goal 3: Food Security

Babies, toddlers, young children, and their families across North Carolina will have access to enough healthy food every day.

Goal 4: Safe and Secure Housing

Babies, toddlers, young children, and their families across North Carolina will have access to safe, secure, and affordable housing.

Goal 5: Safe and Nurturing Relationships

Babies, toddlers, and young children across North Carolina will grow up with safe and nurturing family and caregiver relationships.

Goal 6: Family Stability for Children in Foster Care

Babies, toddlers, and young children in the foster care system across North Carolina will grow up in stable, permanent families.

Goal 7: Social Emotional Well-Being and Resilience

Babies, toddlers, and young children across North Carolina will express, recognize, and manage their emotions in a healthy way.

Goal 8: Access to High Quality Early Learning Programs

Babies, toddlers, and young children across North Carolina will have access to high quality opportunities to engage in early learning.

Goal 9: Early Childhood Development

Young children across North Carolina will enter Kindergarten developmentally on-track.

Goal 10: Grade-Level Reading

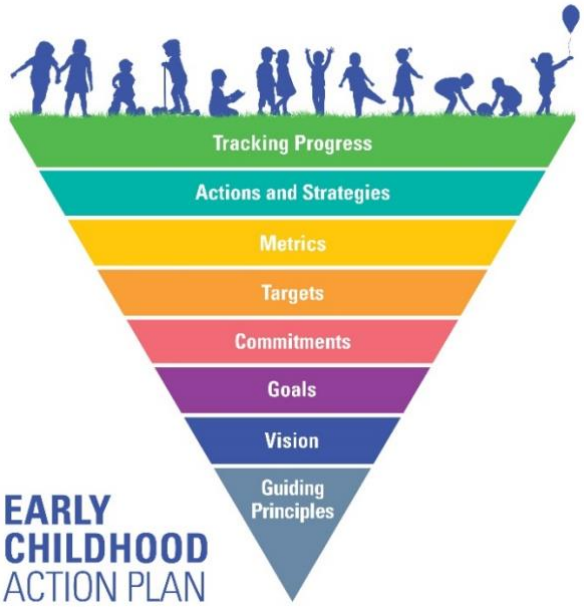
Young children across North Carolina will read on grade-level in elementary school.

Table of Contents

DRAFT

Framework

Our approach to creating the NC Early Childhood Action Plan



GUIDING PRINCIPLES: Our fundamental beliefs to be used throughout the development and implementation of the Early Childhood Action Plan.

VISION: What North Carolina wants to be true for young children ages birth to eight.

GOALS: Areas where focused measurement and effort is needed to change outcomes for children.

COMMITMENTS: North Carolina's broad aspirational goals to work toward by 2025.

TARGETS: Specific and measurable, child-level outcomes for young children ages birth to eight by 2025. A target may be aligned to just one aspect of the state's broader commitment toward one goal, or it may not yet be associated with a reliable data source.

METRICS: Annual measures that indicate progress toward the broader commitment and target and allow for us to course-correct over time. Each metric has a reliable statewide data source and most are able to be disaggregated statewide and/or by county and population demographics.

ACTIONS AND STRATEGIES: Specific and measurable intervention efforts that will lead the state toward its 2025 goals, to be shared after public comment and feedback.

TRACKING PROGRESS: Annual dashboard on progress toward 2025 targets and metrics, to be tracked following public comment and feedback.

Guiding Principles

1. **Brain and developmental science serve as the foundation for the Early Childhood Action Plan.**
   Brains are built through children's earliest experiences and through the environments around them. During a child's first eight years, brain architecture is forming a foundation for all future learning, behavior, and health. While positive experiences and environments can set up a child on a stronger life-long path, traumatic experiences or environments during those formative years can have long-lasting, detrimental impact.

2. **Children and families are at the center of our work.**
   North Carolina's early childhood systems serve children in the contexts of families and communities. Child development is a dynamic, interactive process that is not predetermined; it occurs in the context of relationships, experiences, communities, and environments. We know it is possible, and essential, to build resilience and healthy development by creating positive and protective factors in young children's lives.

3. **Build upon existing strengths and partnerships in early childhood systems.**
   North Carolina has a rich history of innovation in early childhood. The Early Childhood Action Plan builds upon existing efforts and promotes diverse participation, cross-sector collaboration, and partnerships with families and organizations that have worked to improve child and family outcomes.

4. **Set goals for North Carolina's young children that are ambitious and achievable.**
   We are setting a high bar for our commitments to the state's youngest children, and we will define strategies that drive us toward reaching those goals.

5. **Commit to tracking progress toward all goals, ensuring transparency, accountability, and good stewardship of resources.**
   We will measure and report on the outcomes of our work and use data to continuously improve our efforts to ensure cost-effective strategies that result in the highest impact for children. Effective early childhood interventions can yield significant positive returns on investment to communities through better outcomes in education, health, social behaviors, and employment.

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 disproportionally across race, ethnicity, socioeconomic status, physical and developmental ability, and geography must be recognized in order to identify and implement strategic interventions.

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Vision

All North Carolina children will get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities.

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.

Goals

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

Goal 1: Healthy Babies

COMMITMENT	**North Carolina will work to decrease disparities in infant mortality, thereby improving overall birth outcomes for all children.**
2025 TARGET	**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**
DEFINITIONS	*Infant Mortality Disparity Ratio:* The ratio of the statewide non-Hispanic, African-American mortality rate to the statewide non-Hispanic white infant mortality rate *Infant Mortality Rate:* The number of infant (aged under 1 year) deaths per 1,000 live births.
EXPLANATION	The infant mortality rate is a key measure of population health. Not only does it measure the rate at which infants (younger than 1 year) die, it also reflects the *community's* overall health, social and economic status, and access to quality health care.[1] North Carolina has the 12th highest infant mortality rate in the country, at 7.2 deaths per 1,000 births.[2] For decades, racial and ethnic disparities across the state have remained intractably high.[3] In particular, the infant mortality disparity ratio between White non-Hispanics and Black Non-Hispanics is 2.50 (rates of 5.0 and 12.5, respectively).[3] Healthy NC 2020 established a goal of reducing this disparity to 1.92, and the Early Childhood Action Plan target was aligned accordingly to not only meet this goal, but with the hope of exceeding this benchmark by 2025.[4]

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ANNUAL METRICS	Metric	Data Source	Increasing or Decreasing Trend by 2025
	1. Infant mortality rates, disaggregated by race and ethnicity	State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)	Decreasing
	2. Percent of babies born at a low birth weight (<2,500g), disaggregated by race and ethnicity	State Center for Health Statistics (SCHS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)	Decreasing
	3. Percent of mothers indicating their pregnancy was intended	Pregnancy Risk Assessment Monitoring System (PRAMS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)	Increasing
	4. Percent of women 18-44 with preventive health visit in last year	Behavioral Risk Factor Surveillance System (BRFSS), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)	Increasing
	5. Percent of infants who are ever breastfed	National Immunization Survey, Centers for Disease Control	Increasing
	6. Percent of families living at or below 200% of the federal poverty level	American Community Survey (ACS)	Decreasing

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Goal 2: Access to Preventive Health Services

COMMITMENT	**North Carolina will work to ensure that all young children receive regular, ongoing access to high-quality healthcare.**
2025 TARGET	**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%.**

DEFINITIONS	*The required components of a well-child visit are:*
	• Comprehensive health and developmental history that assesses for both physical and mental health
	  ○ Hearing and vision screening
	  ○ Oral health (dental) screening
	  ○ Assessment of nutritional status (including risks or concerns for being underweight, overweight, or obese)
	  ○ Developmental and behavioral screening
	  ○ Autism screening
	  ○ For infant visits: maternal depression screening
	• Comprehensive, unclothed physical examination
	• Appropriate immunizations, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices
	• Laboratory testing, including anemia and blood lead screening appropriate for age and risk factors
	• Health education and anticipatory guidance for both the child and caregiver
	
	A regular well-child visit is defined in Medicaid and Health Choice enrollment as follows:
	• A child aged 0 – 15 months is considered to have received regular well-child visits if he or she attends at least 6 visits.
	• A child aged 3 – 6 years is considered to have received regular well-child visits if he or she attends at least 1 annual visit.

EXPLANATION	Well-child visits help keep children healthy. During well-child visits, health care professionals provide preventive care, such as immunizations, and screen children for possible health conditions. Well-child visits give parents a chance to ask providers about their concerns for their child and receive guidance about their child's next development phase. Well-child visits also provide opportunities for screenings for diseases and conditions, and connecting families with the right services for their child.[5]

	To set our target for children under 15 months, we considered that the national 2016 Quality Compass Medicaid HMO 75th Percentile Benchmark is 68.7%. Medicaid Managed Care Plans will be accountable for achieving the 75th percentile benchmark as part of the Quality Strategy for Medicaid Managed Care. We set our goal to match this one at 68.7% because it is both achievable and will be consistent with the Quality Strategy as part of Medicaid Managed Care. To set our target for children ages 3 – 6 years, we also looked to the national 2016 Quality Compass Medicaid HMO 75th Percentile Benchmark, which sits at 78.5%. As Medicaid Managed Care Plans will also be accountable for achieving the 75th percentile benchmark as part of the Quality Strategy for Medicaid Managed Care for this measure, we set our goal at 78.5%. This will be ambitious, but we believe it is achievable with the resources of Medicaid Managed Care to support the improvement.		
ANNUAL METRICS	**Metric**	**Data Source**	**Increasing or Decreasing Trend by 2025**
	1. Percent of individuals with health insurance • Children aged 0 – 8 • Heads of household with young children	American Community Survey (ACS)	Increasing
	2. Percent of 19 – 35 month-old children who are up-to-date on immunizations	National Immunization Survey	Increasing
	3. Percent of children enrolled in Medicaid aged 2 – 10 who had an annual dental visit • Ages 2 – 3 • Ages 4 – 6 • Ages 7 – 10	Healthcare Effectiveness Data and Information Set (HEDIS), NC Medicaid	Increasing
	4. Percent of families living at or below 200% of the federal poverty level	American Community Survey (ACS)	Decreasing

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Goal 3: Food Security

<table>
<tr><td>COMMITMENT</td><td colspan="3">North Carolina will work to ensure that all young children have regular access to healthy foods.</td></tr>
<tr><td>2025 TARGET</td><td colspan="3">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.</td></tr>
<tr><td>DEFINITIONS</td><td colspan="3">Food Insecure Homes includes the following two definitions:
Low food security: Reports of reduced quality, variety, or desirability of diet.
Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake</td></tr>
<tr><td>EXPLANATION</td><td colspan="3">For young children, food insecurity is associated with negative health, social, developmental risks, and elementary school outcomes.[6-9] For caregivers of young children, food insecurity puts families at risk for poor physical and mental health, and can lead to family conflict.[10,11]

Multiple reports indicate that North Carolina's families face food insecurity at higher rates than much of the country. A recent United States Department of Agriculture report on overall food insecurity in the U.S. ranks North Carolina as the 10th worst state in the nation.[12] According to Feeding America, North Carolina ranks 11th for the percent of children who are food insecure: 1 in 5 children across the state.[13] According to those same data, in some North Carolina counties, as many as 1 in 3 children face food insecurity.

Over the last decade, North Carolina has made progress on lowering the percent children facing food insecurity. To continue this progress, we aim to lower our current rate of child food insecurity from 20.9% to the current national average of 17.5% by 2025.[13]</td></tr>
<tr><td rowspan="2">ANNUAL METRICS</td><td>Metric</td><td>Data Source</td><td>Increasing or Decreasing Trend by 2025</td></tr>
<tr><td>1. Percent of population that is food insecure, disaggregated by county</td><td>Feeding America</td><td>Decreasing</td></tr>
</table>

	2. Percent of eligible families receiving state and federal supplemental food/nutrition assistance benefits • Supplemental Nutrition Assistance Program (SNAP) • Women, Infants, and Children (WIC)	NC Families Accessing Services Through Technology (NC FAST), Division of Social Services (DSS), NC Department of Health and Human Services (NCDHHS) Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)	Increasing
	3. Percent of children aged 0 – 17 with low access to food • Statewide • County-level	United States Department of Agriculture	Decreasing
	4. Rates of young children who are obese or overweight • Percent of children aged 2 – 4 who receive WIC and who are classified as either overweight or obese • Percent of children aged 3-23 months old who receive WIC and have a high weight-for-length ratio (≥2 standard deviations above the sex and age-specific median in the World Health Organization (WHO) growth standards)	United States Department of Agriculture NC Women, Infants, and Children (WIC) Program Nutrition Services Branch, Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)	Decreasing
	5. Percent of families living at or below 200% of the federal poverty level	American Community Survey (ACS)	Decreasing

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

Goal 4: Safe and Secure Housing

COMMITMENT	**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.**
2025 TARGET	**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).** ***In setting these targets, we acknowledge that current counts are likely to be an underestimation of homelessness among young children and that rates could actually increase as identification methods improve**
DEFINITIONS	There are two federal definitions of *homelessness*. 1) According to the U.S. Department of Housing and Urban Development (HUD), homelessness includes individuals who are living in shelters, transitional housing, and Safe Havens 2) For the Department of Health and Human Services, homelessness is defined as lack of fixed, regular, and adequate housing based on the McKinney-Vento Homeless Children and Youth Assistance Act and includes children in families who share housing due to economic hardship and those who reside in locations not meant for regular sleeping accommodation (e.g., cars, park benches, abandoned buildings and public spaces). Rates are reported to the NC Homeless Education Program by liaisons who identify homeless children (and their non-school aged siblings) in every school district.
EXPLANATION	Unstable housing is stressful, especially for families of young children.[14] Young children who experience unstable housing are at an increased risk for poor physical and mental health and behavioral problems.[15-17] They are also at risk for

	delayed language and literacy skills, attention problems, and poor self-regulation.[16,18,19] They may also struggle in school with relationships between classmates and teachers.[17] Children living in unsafe or unstable conditions also tend to face more adversities, such as family and neighborhood violence, maltreatment and out-of-home placements, food insecurity, chronic illnesses (*e.g.,* ear infections), and lack of adequate healthcare.[20-22] They may face unhealthy home environments that expose them to triggering factors such as lead, pests, poor ventilation, or mold that could lead to health problems such as asthma and/or physical dangers that could lead to injury. Further, caregivers of young children who experience homelessness report poor health, maternal depressive symptoms, and other mental illnesses putting them at risk for low confidence in parenting and using harsh parenting practices.[23] According to the recent Administration for Children and Families report mentioned above, in 2015, 1 in 28 North Carolina children under age 6 experienced homelessness. In 2016, 28% of North Carolina children under age 18 lived in households that spent more than 30% of their income on housing. In setting our target, we balanced the need to set quantitative measures given the estimates available of young children facing homelessness and housing insecurity and the limitations on being able to accurately identify this population in North Carolina. While methods of identifying families with young children who face housing insecurity may improve, which would in turn *increase* counts of the North Carolina homeless population, we set attainable targets of *decreasing* counts of young children facing homelessness and housing insecurity by an attainable goal of 10%.		
ANNUAL METRICS	**Metric**	**Data Source**	**Increasing or Decreasing Trend by 2025**
	1. Percent of young children under age 8 in families with high housing cost burden	American Communities Survey (ACS)	Decreasing
	2. Number of homeless children participating education programs: • High quality early care and learning • NC Public Schools, PK – 3rd	NC Department of Public Instruction (NCDPI) Division of Child Development and Early Education (DCDEE), NC Department of Health and Human Services (NCDHHS)	Increasing

	3. Percent of eligible families receiving diversion and rapid rehousing	Homeless Management Information System (HMIS), Housing and Urban Development (HUD)	Increasing
	4. Rate of emergency department visits for asthma care for young children	North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)	Decreasing
	5. Percent of children aged 6 months – 6 years enrolled in Medicaid receiving lead screening	Healthcare Effectiveness Data and Information Set (HEDIS), NC Medicaid	Increasing
	6. Percent of families living at or below 200% of the federal poverty level	American Community Survey (ACS)	Decreasing

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Goal 5: Safe and Nurturing Relationships

COMMITMENT	**North Carolina will work to ensure that all children across the state have consistent safe relationships with their parents or primary caregivers.**
2025 TARGET	**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.** *** In setting this target, it is critical to note the limitations of these data, including that minority populations are disproportionately reported, investigated, and substantiated for cases of maltreatment.**
DEFINITIONS	*Child maltreatment:* Abuse and neglect of a child under the age of 18 by a parent, guardian, custodian or caregiver. North Carolina law identifies three types of maltreatment: 1) abuse, 2) neglect, and 3) dependency.
EXPLANATION	Positive interactions between children and their caregivers are a key ingredient for healthy brain development. These interactions teach young children how to respond socially. When young children face major adversity, such as severe maternal depression or poverty, the neural circuitry of their rapidly developing brain can become permanently altered. For some children who experience major or multiple adversities, their body's stress response can be permanently set on high alert and result in long-term health consequences.[24] Caregivers play an active role in shielding children from feeling the burden of overwhelming amounts of stress. Child maltreatment is one marker of such adverse childhood experiences that can have severe effects.[25,26] While child maltreatment occurs within families from all economic backgrounds, it is more common among children in low-income families.[27] Factors that can contribute to child maltreatment include the presence of adults who face substance use disorders, mental illness (notably maternal depression), and intimate partner violence.[28] Young children are especially vulnerable for experiencing maltreatment.[29] In SFY 2017, 50,835 children under age 5 were reported to local social service departments in North Carolina for alleged maltreatment. Those under age 5 make up 32% of all children (0 – 17) in North Carolina. However, 40% of reports to child protective service were for children under age 5 in 2017. For children in foster care (10,242 in January 2018), 28% were under age 5.

	In FFY 2016, the national child maltreatment rate was 14.48 per 1,000 children aged 0 – 3 and 12.97 per 1,0000 children aged 0 – 5.[29] To bring North Carolina toward these rates, we set a 2025 target of reducing the current rates by 10 percent.		
ANNUAL METRICS	**Metric**	**Data Source**	**Increasing or Decreasing Trend by 2025**
	1. Rate of children who are reported to Child Protective Services for suspected maltreatment	NC Division of Social Services (DSS), NC Department of Health and Human Services (NCDHHS)	Decreasing
	2. Percent of children with two or more adverse childhood experiences • Ages 0 – 5 • Ages 6 – 11	Children's National Health Survey	Decreasing
	3. Percent of children enrolled in Medicaid who turned 6 months old during the measurement period who have documentation of screening for the mother post partem	Care Coordination for Children (CC4C), Community Care for North Carolina (CCNC)	Increasing
	4. Injury rates documented for children under age 8 in the emergency department	North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS)	Decreasing

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Goal 6: Family Stability for Children in Foster Care

COMMITMENT	**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.**
2025 TARGET	**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.** • **For children aged 0 – 3, decrease the median number of days from 371 to 334.** • **For children aged 4 – 5, decrease the median number of days from 390 days to 351 days.** • **For children aged 6 – 8, decrease the median number of days from 371 to 334.** **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.** • **For children aged 0 – 3, decrease the median number of days from 822 to 730.** • **For children aged 4 – 5, decrease the median number of days from 853 to 730.** • **For children aged 6 – 8, decrease the median number of days from 988 to 730.** **All data for this target is provided by the Division of Social Services, Child Placement and Payment System (CPPS), and NC FAST**
DEFINITIONS	*Foster Care Placement:* Court-ordered temporary substitute care provided to a child who must be separated from his or her own parents or caretakers when the parents or caretakers are unable or unwilling to provide adequate protection and care. *Reunification:* A child in foster care is placed back into legal custody with his or her birth family or original primary caregiver. The most common outcome for a child placed into the foster care system is to be reunified with his or her family. *Adoption:* An adoption is a lasting, nurturing, legally secure relationship with at least one adult that is characterized by mutual commitment. The adoption of a child in foster care can occur when a child's biological parents' rights are terminated by the court.

EXPLANATION	Young children need safe, permanent homes with nurturing and secure attachments to adults for healthy growth and development.[30] For children who must be placed in foster care, being removed from their home and placed in a foster home may be stressful. In general, reunification with the child's family is preferred. However, before this can occur, it is important that the underlying reasons which lead to the child's removal are addressed. Sometimes families are unable to make these changes within the 12 month time frame allotted by the state, which is a more defined timeframe than the federal standard of 15 of the most recent 22 months as set through the Adoption and Safe Families Act of 1997. We set our targets in the following ways: For part 1, the 2025 target represents a 10% reduction in the median number of days a child spends in foster care before being reunified. For part 2, the 2025 target brings North Carolina in line with the federal expectation that adoptions be completed within 24 months of a child entering foster care. The median rather than the average was chosen because it offers a more stable measure of duration. The median number of days to permanence allows for direct comparisons of various parts of the placement episode (*e.g.*, the number of days from removal to permanence, and the number of days from the initial adoption petition to permanence).		
ANNUAL METRICS	**Metric**	**Data Source**	**Increasing or Decreasing Trend by 2025**
	1. Percent of cases that are adjudicated within 60 days	Juvenile Court Record Database (JWISE), NC Administrative Office of the Courts (AOC)	Increasing
	2. Percent of cases that have an initial permanency planning hearing within 12 months of removal from the home	Juvenile Court Record Database (JWISE), NC Administrative Office of the Courts (AOC)	Increasing
	3. Median number of days to termination of parental rights	Juvenile Court Record Database (JWISE), NC Administrative Office of the Courts (AOC)	Decreasing

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Goal 7: Social Emotional Well-Being and Resilience

COMMITMENT	**North Carolina will work to ensure that all children consistently show healthy expression and regulation of emotion, empathy, and a positive sense of self.**
2025 TARGET	**By 2025, North Carolina will have a reliable, statewide measure of young children's social-emotional health and resilience at the population level.***
DEFINITIONS	*Children who are social and emotionally healthy tend to exhibit the following behaviors, according to National Association for the Education of Young Children (NAEYC):* • Usually in a positive mood • Listen and follow directions • Have close relationships with caregivers and peers • Care about friends and show interest in others • Recognize, label, and manage their own emotions • Understand others' emotions and show empathy • Express wishes and preferences clearly • Gain access to ongoing play and group activities • Are able to play, negotiate, and compromise with others
EXPLANATION	Social emotional skills provide a foundation for building trusting relationships that are important in the family environment, school, and the work place. For example, characteristics measured in early childhood such as cooperation and helpfulness have been linked to positive outcomes in later life such as having a job, being physically and mentally well, and being less criminally involved.[31,32] The importance of social emotional health is becoming increasingly recognized. As a relatively new indicator of the well-being of young children, the data infrastructure does not currently exist at the local, state, or federal level to estimate how children are doing on this domain. We propose that North Carolina become a national leader by developing the data infrastructure for tracking measures of social emotional well-being and resilience for young children. For children who are enrolled in Medicaid, two promising data sources for monitoring social emotional health include the Survey of Well-being of Young Children (SWYC) and Medicaid claims data. In the future, we also hope that such data would be collected on privately insured and uninsured children. • **The Survey of Well-Being of Young Children (SWYC)** is a freely-available screening assessment for children under age 5. It assesses three domains for child functioning: 1) developmental, 2) emotional/behavioral, and 3) family context. Since the screening covers all three areas in one tool, it

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	may be useful for health providers. CC4C already uses it for every child who comes into care. Examples of questions on this screening include: • 2 months: "Please tell us how much your child is doing each of these things…Makes sounds that let you know he or she is happy or upset (Not yet, somewhat, or very much)" • 1.5 years: "Think about what you would expect of other children the same age, and tell us how much each statement applies to your child…Have a hard time calming down? (Not at all, somewhat, or very much)" • 1 month – 5.5 years: "In the last year, have you ever drunk alcohol or used drugs more than you meant to?" • **Medicaid claims data: Using modifiers for developmental or behavioral health screens.** Following the work of Massachusetts, North Carolina could add modifiers to the Medicaid billing codes for general developmental and behavioral screenings that note the presence or absence of a developmental/behavioral health need.		
ANNUAL METRICS	**Metric**	**Data Source**	**Increasing or Decreasing Trend by 2025**
	As these data become available, we will establish prioritized metrics.		

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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

Goal 8: Access to High Quality Early Learning Programs

COMMITMENT	**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.**
2025 TARGET	**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.** • **NC Pre-K: Increase from 47.8% to 52.6%** • **Head Start: 30.6% to 33.7%** • **Children whose families receive childcare subsidy and are enrolled in 4 or 5-star centers and homes: 23.7% to 26.1%** **Part 2) By 2025, decrease the percent of family income spent on childcare, according to data provided by ChildCare Aware America:** • **Infant Care: Decrease from 11.6% to 7.0%** • **Toddler Care: Decrease from 10.5% to 7.0%** • **Four Year-Olds: Decrease from 10.0% to 7.0%**
DEFINITIONS	*Income Eligibility:* • NC Pre-K: Four year-olds in North Carolina whose families earn 75% or below of the State Median Income (SMI) • Head Start: Three and four year-olds in North Carolina whose families live below 100% of the Federal Poverty Level (FPL). • Child Care Subsidy: Children under age five in North Carolina whose families live below 200% of the FPL. *Percent of Family Income Spent on Childcare:* Average childcare expenditures for a married couple as a share of the state median income for families with children under age 18, as calculated by ChildCare Aware.

<table>
<tr><td>EXPLANATION</td><td colspan="3">High quality early care and education programs help prepare children not only academically, but socially and emotionally. While children from all backgrounds can benefit from attending high quality and affordable childcare, at-risk children, such as those from low-income families, children with disabilities, or children with limited English proficiency, often show the greatest gains in cognitive, language, and social skills.[33] A growing amount of evidence shows that high quality childcare programs will help children become more developmentally on-track for school, which supports them in becoming healthy, successful adults.[34,35] Research also indicates that employers benefit when their employees' children are in quality child care arrangements.[36] When parents have peace of mind knowing that their children are provided quality care and interacted with in ways that promotes all areas of their development, they are more productive and focused on work.

There is broad demand for high quality early learning programs across the state. Our target intends to focus on two measures of families' ability to access childcare programs in North Carolina: rates of eligible families enrolled and the affordability of childcare programs.

We set our targets for part 1 based on increasing eligible children's enrollment in three types of childcare and early learning programs: NC Pre-K, Head Start, and 4 and 5 Star Programs for families who receive childcare subsidy, while acknowledging there may be duplication among these data points. We identified an increase of 10% in order to establish a feasible target.

We set our target in part 2 based on decreasing the percent of income a married couple dedicates to childcare, according to a recent report by ChildCare Aware of America. We set our target of 7% of household income devoted to child care based on the rate recommended by the U.S. Department of Health and Human Services for a household.[37]</td></tr>
<tr><td>ANNUAL METRICS</td><td>Metric</td><td>Data Source</td><td>Increasing or Decreasing Trend by 2025</td></tr>
<tr><td></td><td>1. Percent of early childhood teachers with post-secondary early childhood education
• Degree type</td><td>Division of Child Development and Early Education (DCDEE), NC Department of Health and Human Services (NCDHHS)</td><td>Increasing</td></tr>
</table>

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Goal 9: Early Development

COMMITMENT	**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.**
2025 TARGET	**By 2025, increase the percentage of children across North Carolina who enter kindergarten developmentally on-track.***
DEFINITIONS	*Domains of Developmental Progress for Young Children, according to the NC Kindergarten Entry Assessment (KEA) administered by NC Department of Public Instruction:* • Approaches to Learning: Engagement in Self-Selected Activities • Cognitive Development: Object Counting • Emotional-Social Development: Emotional Literacy • Health and Physical Development: Grip Manipulation, Crossing Midline, Hand Dominance • Language Development and Communication: Following Directions, Letter Naming, Book Orientation, Print Awareness
EXPLANATION	A child's developmental characteristics when they enter kindergarten have been linked to success in school and into adulthood.[31,38,39] For those who serve young children, a child's first year in school is a key time. It offers an opportunity to assess developmental benchmarks, and if necessary, to provide services to children to receive the developmental supports they need. *A possible assessment tool in the future for this target is the NC Kindergarten Entry Assessment (KEA). The KEA is administered statewide by the NC Department of Public Instruction (NCDPI). It is a formative assessment administered by teachers in the classroom during the normal course of daily instruction in order to capture the development of each child at kindergarten entry. At this time, however, there is neither state nor county level reporting on this assessment. There is currently no other statewide assessment that provides a comprehensive look at children's developmental progress upon entry into school. In the future, North Carolina could set a 2025 target utilizing aggregate information on children's development in the state according to this assessment.

ANNUAL METRICS	Metric	Data Source	Increasing or Decreasing Trend by 2025
	1. Percent of children enrolled in Medicaid receiving general developmental screening in first 3 years of life	NC Medicaid Child Core Set	Increasing
	2. Percent of children who receive appropriate and timely early intervention and early childhood special education services to address developmental risks and delays	NC Early Intervention Program, NC Division of Public Health (DPH), NC Department of Health and Human Services (NCDHHS) NC Preschool Exceptional Children, NC Department of Public Instruction (NCDPI)	Increasing

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Goal 10: Grade-Level Reading

COMMITMENT	**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.**
2025 TARGET	**By 2025, increase the percentage of children across the state achieving at or above proficiency according to the following measures:** **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)**
DEFINITIONS	*Reading Proficiency*: North Carolina end of grade tests (EOGs) are administered to all public school students third grade and above. Reading EOGs are scored on five performance levels, with Level 1 being the lowest and Level 5 the highest. Students scoring at or above Level 3 are considered proficient. The National Assessment of Educational Progress (NAEP) provides another measure of reading proficiency based on a sample of students in each state. Scores are grouped into three performance levels; basic, proficient, and advanced. The 4th grade NAEP reading assessment is given every two years.
EXPLANATION	The ability to read by the end of third grade is a key educational benchmark. Beyond third grade, core instructional time in the classroom is no longer devoted to the fundamentals of learning to read.[40] Third grade reading proficiency is associated with success in school, graduating from high school ready for college and careers, and becoming productive adults.[41] Across North Carolina and across the country, there are significant disparities in reading proficiency by race and ethnicity.[42] In 2018, the North Carolina Department of Public Instruction (NCDPI) submitted the state plan for the Every Student Succeeds Act (ESSA), sharing statewide learning goals to achieve by 2030. [43] This plan set a statewide goal for 3rd – 8th grade reading proficiency rates, with a benchmark for the 2024 - 25 school-year at 61.8%. To align efforts and to share accountability for achieving goals, we incorporated NCDPI's 2025 benchmark into part 1 of this target. In 2017, 39% of North Carolina fourth graders were proficient according to the NAEP, which places NC in the top third of states. We set part 2 of our 2025 target by looking to the NAEP proficiency rate of the top achieving state in the region, Virginia, which would be about a 10% improvement from North Carolina's current rate.

ANNUAL METRICS	Metric	Data Source	Increasing or Decreasing Trend by 2025
	1. 3rd grade reading End of Grade (EOG) exams proficiency rates • Statewide • African-American • American Indian • Hispanic	North Carolina Department of Public Instruction	Increasing
	2. 4th grade reading National Assessment of Educational Progress (NAEP) scores for priority populations: • African-American • American Indian • Hispanic	Nation's Report Card	Increasing
	3. Percent of students reading or exhibiting pre-literacy behaviors at or above grade level by the end of the year according to mCLASS ®: Reading 3D™ • Kindergarten • 1st grade • 2nd grade	NC Department of Public Instruction (NCDPI)	Increasing
	4. Percent of students who are chronically absent • Kindergarten • 1st grade • 2nd grade • 3rd grade	NC Department of Public Instruction (NCDPI)	Decreasing
	5. Percent of families living at or below 200% of the federal poverty level	American Community Survey (ACS)	Decreasing

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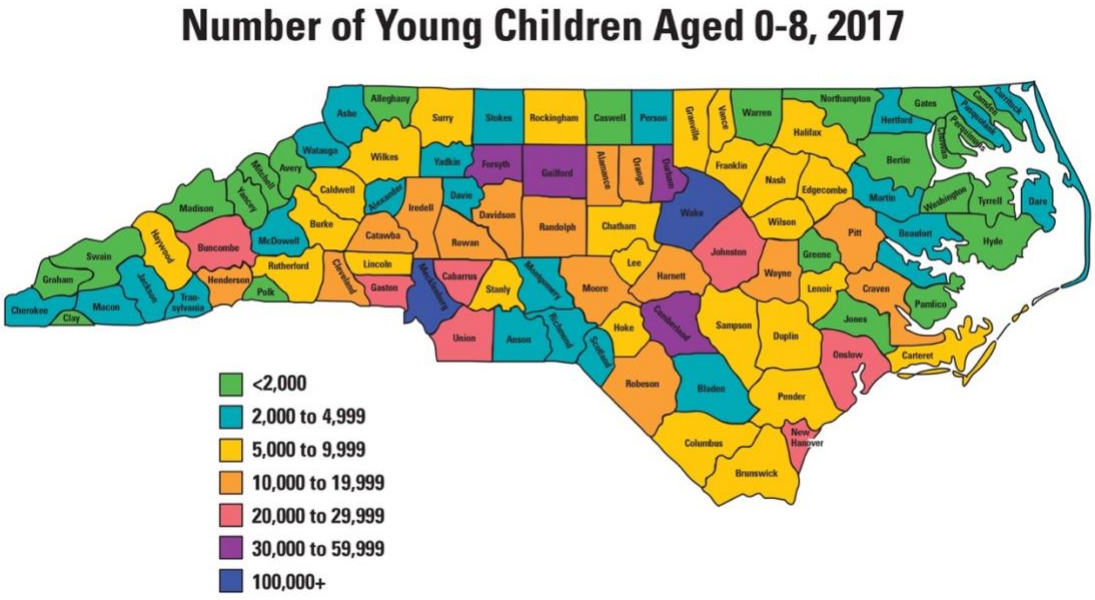
Appendix: Socioeconomic Overview of North Carolina Children Aged Birth to 8

Overall Demographics, 2017

Thirteen of North Carolina's 100 counties make up over half of the population of children aged 8 or under across the state.

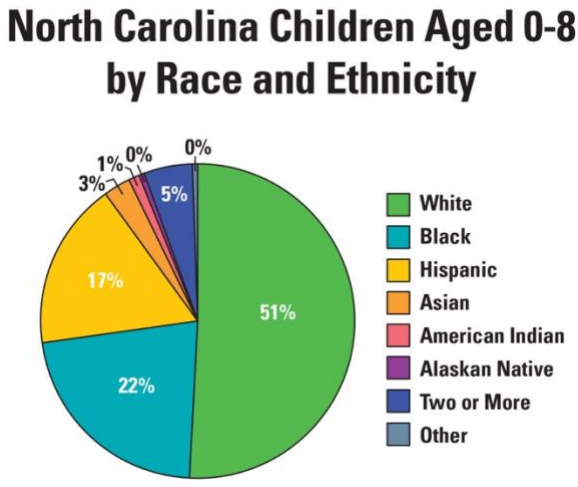


Data Source: CDC Wonder Single Year Estimates, 2017

The figure to the right indicates the distribution of race and ethnicity among children aged birth to 8 in North Carolina.

Unless otherwise noted, each race category (e.g., White, Black or African American, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and Some Other Race) indicates that the respondent self-reported only one race and did not specify a Hispanic ethnicity.

Data Source: Tabulations from the 2012-2016 American Community Survey



Over half of North Carolina's children live in a family with an income that is less than 200 percent of the federal poverty level (Table 1).

Table 1. Children Aged 0-8 in North Carolina by Federal Poverty Level

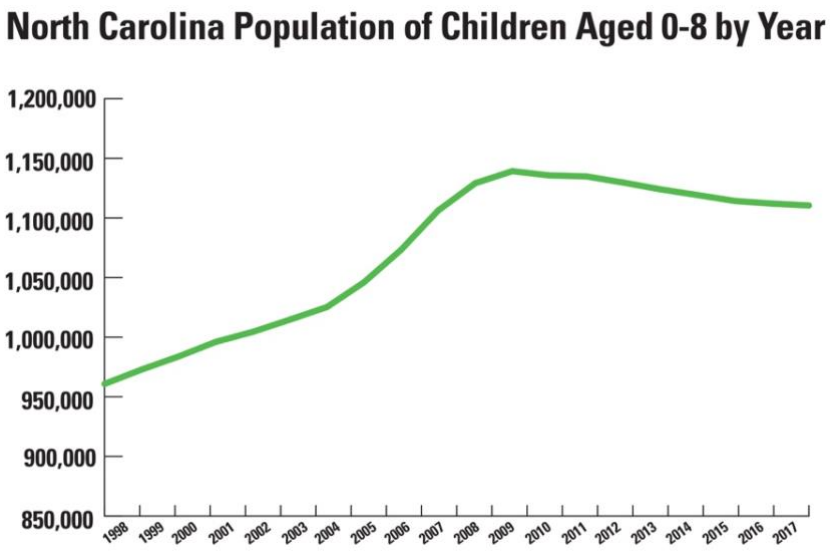
Federal Poverty Level	% of Children Aged 0-8	Number of Children Aged 0-8
Below 100%	27%	299,113
Below 150%	41%	454,720
Below 200%	52%	583,142

Data Source: Tabulations from the 2012-2016 American Community Survey

Population Changes Over Time

An estimated 1.1 million children ages birth to 8 lived in North Carolina in 2017, a figure that has remained relatively constant since 2008. The previous decade was marked by substantial growth.

Data Source: CDC Wonder Single Year Estimates, 2017



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