



North Carolina Institute of Medicine: Task Force Next Steps

NCIOM Task Force on the Mental Health, Social, and
Emotional Needs of Young Children and Their Families

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● ● ● | Task Force Meetings

- The Task Force will meet once a month beginning in March 2011
 - Will occasionally take a month off
- Spring/Summer 2011 Meetings
 - Thursday, March 10th from 10-3 at the NCIOM
 - Friday, April 29th from 10-3 at the NCIOM
 - Friday, May 20th from 10-3 at the North Carolina Hospital Association
 - Friday, June 24th from 10-3 at the NCIOM
 - Will resume meeting in August 2011





Full Task Force Charge

- To examine/review
 - the current mental health needs of young children, defined as children from birth to age five.
 - existing public and private systems of mental health care that are currently available to families of young children with mental health problems.
 - the impact of parental substance use on fetal development and parenting skills;
 - evidence-based and promising interventions and systems to promote the positive mental health and emotional well-being of young children and their families.
 - workforce adequacy and training needs of mental health professionals and other professionals who provide services to young children and their families.
 - the adequacy of State and other funding to support a comprehensive array of evidence-based services.





Full Task Force Charge

- To identify
 - evidence-based and promising universal, selective, and indicated prevention strategies to promote the emotional well-being of young children.
 - strategies to ensure high-risk children and their families have access to a comprehensive range of treatments and services, including those that address perinatal substance abuse and other causative and related factors;
 - strategies for early screening and identification of young children with mental health risk factors or mental health problems. The screening and identification strategies shall address the impact of parents' behavioral health problems on the mental health of their young children.
 - strategies to ensure that children who are at high risk of developing mental health problems and their families have access to a comprehensive range of treatments and services, coordinated across agencies and service systems that are (i) culturally, linguistically, and developmentally sensitive; (ii) individualized; (iii) family-centered; (iv) home-, school-, and community-based; and (v) evidence-based.
- Recommend strategies to develop, evaluate, and disseminate treatment and service delivery models to meet young children's mental health needs.





Operationalizing the Charge

Develop a roadmap for how North Carolina can foster the mental health, social, and emotional well-being of young children and their families.

Values

Culturally, linguistically, and developmentally sensitive

Individualized

Child and family centered

Home-, school-, and community-based

Relationship-based

Grounded in developmental knowledge and are evidence-based whenever possible

Examine the needs of families and children from preconception through age five

Parental health: preconception through postnatal

Infancy

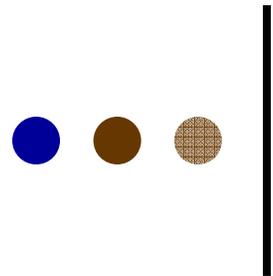
Toddlers

Preschoolers

Look at promotion, prevention, and intervention strategies

Identify needed services and supports for children and families

Ensure adequate system (including funding) and workforce are in place to provide those services and supports



Charge Summarized

- Overall goal: to produce a roadmap for how North Carolina can foster the mental health, social, and emotional well-being of young children and their families.
 - Throughout our work want to ensure that North Carolina's systems, policies and procedures are:
 - Culturally, linguistically, and developmentally sensitive
 - Individualized
 - Child and family centered
 - Home-, school-, and community-based
 - Relationship based
 - Grounded in developmental knowledge and are evidence-based whenever possible





Operationalizing the Charge

- Break the issues down by age as much as possible
 - Preconception-postnatal: Women of childbearing age, pregnant women from conception through postnatal care of the mother
 - Infancy (0-1)
 - Toddler (2-3)
 - Preschool (4-5)
 - Cross-cutting issues that affect one or more age range (e.g. child care)
- Will look at
 - Promotion (aka universal or primary strategies)
 - Prevention (aka selective and indicated or secondary and tertiary strategies)
 - Intervention (aka treatment)for each age group



Promotion, Prevention, and Intervention Strategies

- Strategies: Promotion (aka universal or primary strategies), Prevention (aka selective and indicated or secondary and tertiary strategies), and Intervention (aka treatment)
- For each age range and type of strategy, will look at
 - Policies and procedures
 - Interagency partnerships
 - Funding
 - Workforce issues
 - Systems and outcomes evaluation and performance improvement



Recommendations and the Report

- At each meeting NCIOM staff will gather recommendation ideas that come up during the discussion
- Will reflect these potential recommendations back to the Task Force at the end of the meeting
- Will take time every fourth meeting or so to review and revise the potential recommendations that have come up in the past few meetings
- NCIOM staff will write the report but throughout the process, chapters and recommendations will be sent to the Task Force review and offer comments and edits



Questions?

