

STATEWIDE PROGRAMS AND SERVICES FOR YOUNG CHILDREN AND FAMILIES WITH MENTAL HEALTH AND SOCIAL AND EMOTIONAL NEEDS

*= Utilizes Evidence-Based Practice

(M) = Available to military members and their families

(D) = Descriptions that did not receive edits or final approval from specified contact(s)

(D) Adolescent Parenting Program (APP)

Website: <http://www.teenpregnancy.ncdhhs.gov/app.htm>

Services: Provides services to first time parents who are 19 years old or younger at the time of intake and enrolled in high school or an equivalent educational program. Pregnant adolescents can enroll in the program at any time during their pregnancy. Programs are housed in locations such as social services agencies, public health departments, and school systems. A caseworker, with a caseload of 15-25 teen parents, provides goal plans, case management services, and group educational sessions. Case managers must have 18 hours of training per year. The program aims to prevent second pregnancies, help mothers complete their education through high school, and help increase age-appropriate physical, emotional, cognitive and social development of the child after he/she is born.

Location: County-level, Available in 30 Counties: Alamance, Anson, Bertie, Beaufort, Buncombe, Burke, Cabarrus, Caldwell, Chatham, Davidson, Edgecombe, Forsyth, Gaston, Greene, Guilford, Harnett, Henderson, Hertford, Lee, McDowell, Mecklenburg, New Hanover, Onslow, Orange, Richmond, Robeson, Rowan, Scotland, Vance, Washington.

Target Population: First time parenting adolescents.

Number Served: Served 200 first-time pregnant mothers during 2010-2011.

Financing: State and Federal funds; financed through Medicaid funds.

Evaluations: 1) According to a peer-reviewed journal *Health and Social Work*, participation in APP is associated with an increased rate in normal birth weight, rate of full-term births, and in times between pregnancies in women 12-16 years old. **Source:** Sangalang BB, Barth RP, & Painter JS. First-birth outcomes and timing of second births: a statewide case management program for adolescent mothers. *Health Soc Work*. 2006;31(1):54-63). 2) According to an internal 2009-2010 evaluation, APP saved taxpayers roughly \$2.7-\$3.5 million annual. The cost to implement APP in FY10 was 1.2 million for a net savings of up to 2.3 million. **Source:**

<http://www.teenpregnancy.ncdhhs.gov/docs/app/ap2fy10evaluationhighlightsflyer.pdf>

Administering Agency: NCDHHS: Women's Health Branch, Women's and Children's Health Section.

Contact: Cynthia Seale-Rivera, 919.707.5718, cynthia.rivera@dhhs.nc.gov

Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC)

Website: <http://appenc.org/>

Services: Provides support to NC communities to prevent adolescent pregnancy through collaboration, education, and advocacy. Through collaboration with prevention partners at the local, state, and national levels, the organization builds a strong network to serve under-served populations. The service provides resources to educators, teens, parents and caring adults about pregnancy prevention and offers evidence-based prevention strategies, effective sexuality education, and other critical prevention tools. The organization advocates for strong public policy for effective programs. An example of an effective program is BrdzNBz, which is a text-messaging program that provides confidential answers to teens' sexual health questions via a text message response received within 24 hours of the initial text message.

Location: Statewide.

Target Population: While the services are available to all teens across the state, the organization focuses on two at-risk, underserved communities: teen parents and NC's Hispanic-teens.

Number Served: data not given.

Financing: State funds and private donations.

Evaluation: While an official evaluation has not been conducted, the following two reports highlight APPCNC's programs and accomplishments. "Moving Science-Based Approaches Forward" and "Working with Parents Success Stories: Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC)," **Source:** http://www.thenationalcampaign.org/resources/pdf/CaseStudy_AAPCNC.pdf

Administering Agency: Not applicable.

Contact: Mary Martin Vance, mvance@appcnc.org

***Alamance Alliance for Children and Families**

Website: <http://www.alamancesoc.org>

Services: Provides a sustainable, comprehensive system of services and supports, which are family-driven, culturally and linguistically competent, integrated and easily accessible for children ages 0 through 5 with social/emotional concerns and their families. To accomplish this the Alamance Alliance is working on two fronts.

1.) Building a sustainable infrastructure to educate, identify, screen, assess and treat young children with social-emotional concerns and their families. By training over 500 professionals and community members in early childhood social-emotional development and trauma, 55 providers can administer ASQ:SE and 50 providers are trained on the following evidence-based interventions: 15 trained on Trauma-focused Cognitive Behavioral Therapy, 30 trained on Wraparound Child and Family Teams, and 5 trained on Child Parent Psychotherapy. Training for Attachment and Bio-Behavioral Catch Up will begin in 2012.

2.) Assessing young children for social-emotional concerns and linking these children and their families to appropriate mental health professionals who are trained in evidenced-based early childhood interventions and other community services and supports including "Family Partners." Currently, 150 children have had in home assessments done by an early childhood mental health specialist and 109 have been enrolled in the Alliance and are receiving individualized mental health services. Over 80% of families have been matched to a family partner. Families of children who do not receive a mental health diagnosis are referred to other community services. Service planning is done with the family and their unique service and resource providers using a wraparound child and family team model.

Location: County-level, 1 County: Alamance County.

Target Population: Caregivers and their children who are experiencing social/emotional development issues such as persistent crying, sleeping or eating problems, difficulty with making friends, temper tantrums, aggression, expulsion from child care settings, etc.

Number Served: 109 children and families served from January 2010 through June 2011.

Financing: Federally funded: Children Mental Health Services (CMHS) branch of SAMHSA.

Evaluation: 1.) The national evaluation also requires that we enroll 74 children a year in the 2nd, 3rd, and 4th years of the program in the Longitudinal Outcome Study. The families who qualify for this study are interviewed every 6 months for 2 years. From January 2010 through June of 2011 we have enrolled 88 children and families in the Longitudinal Study. The goal of the study is to examine child and family outcomes over time. 2.) In addition to the above two studies we are also participating in the sector and comparison study of the national evaluation, in which our target population is children in child welfare. In that study outcomes of children and families involved in child welfare and offered services through our system of care will be compared to children and families involved with child welfare in Union County where no system of care exists. The local evaluation has undertaken the continuous quality improvement function of the grant. It comprises of collecting, analyzing and providing feedback to the Project Team and the stakeholders on the following:

- a. What is the level and types of collaboration evidenced among the system of care stakeholders? Given this information, what types of agency collaboration do we want to promote in the remaining years of the grant?
- b. Are Child and Family Teams occurring, with fidelity, including all the supports families want, with clear and genuine respect for the family voice? Based on this information how do we improve the quality of the CFTs?
- c. Do families receive services within a reasonable time? How long does it take for a family from referral to receipt of services?

Administering Agency: Alamance County Department of Social Services

Contact: Gary Ander, Project Director, 336-513-4769

Other: According to a national SAMHSA report, the program produces outcomes that reduce post traumatic stress syndrome in children and mothers, decrease child mental health symptoms, increase in the number of children who changed from insecure to secure, and reduction in negative self-representations. According to SAMHSA, this program uses the following evidence-based practices: Wraparound, Trauma Focused Cognitive Behavior Therapy, Child Parent Psychotherapy, Incredible Years – Parents, Incredible Years – Teachers, Attachment and Bio-behavioral Catch Up. **Source:** <http://gucchdtacenter.georgetown.edu/resources/ECMHC/ECSOC%20Community%20Profiles/Alamance%20Expanded%20Community%20Profile.pdf>.

Alliance for Evidence-Based Family Strengthening Programs

Website: http://www.familyimpactseminars.org/s_ncfis05ppt_mh.pdf

Services: The *Alliance* is a collaborative network of public and private funders and supporters who collectively work toward the replication of evidence-based programs with strong track records of producing positive results for children, families, and communities. It provides a collaborative environment in NC for nine public and private funders that are collaboratively supporting three (3) specific evidence-based practices that strengthen families (IY, SFP 6-11, and NFP). *Alliance* members support common intermediate outcomes across many different prevention efforts. *The Alliance's* work is a mechanism to leverage resources for proven programs among multiple funders to ensure the best outcomes for children and families.. Shared infrastructure for quality implementation of these programs across funding source. The Alliance has used braided funding to begin building the needed infrastructure for quality implementation of sponsored programs at a state level. Development of state-level infrastructure has allowed community-based agencies to access pre-implementation “readiness consultation, training, consultation, and evaluative supports they need to increase efficiency and model fidelity.

Location: Statewide.

Target Population: Community –based agencies implementing IY, SFP 6-11 or NFP

Number Served: Not applicable.

Financing: State and Private Funds.

Evaluation: To date, no evaluation has been conducted (the *Alliance* recently began in 2010).

Administering Agency: DPH: Women’s and Children’s Health Section.

Contact: Catherine Joyner, 919-707-5517; Catherine.joyner@dhhs.nc.gov

(M) Army Community Services (ACS)

Website: <http://www.fortbraggmwr.com/acs/welcomearmy.pdf>

<http://www.fortbraggmwr.com/acs.php>

Services: Provides a centrally located source of guidance, information, and assistance in solving problems for military families on a personal and family based level that are beyond the scope of the families’ own resources. The services are free of charge to ID cardholders and include the following two

programs related to social and emotional well-being of the child: (1) Family Advocacy Program (FAP), which provides crisis intervention, educational training for prevention of child abuse, parenting classes for reaching positive approaches to parenting, and workshops focusing on prevention of domestic violence; (2) Exception Family Member Program (EFMP), which is a mandatory program for qualified families that provides coordinated, comprehensive community support, housing, education, medical, and personnel needs for families with special needs. Families enrolled in DEERS must be screened for any physical, developmental, emotional, or intellectual disorder requiring specialized services. This screening consists of a review of medical records and for all family members and developmental screening for all children ages 0-6 years old.

Location: Statewide.

Target Population: Military children and families.

Number Served: Do not have data

Financing: Federal funds.

Evaluation: Do not have data

Administering Agency: US Army Morale, Welfare and Recreation.

Contact: Eva Hansen, ehansen@ccpfc.org

(M) Army Family Team Building (AFTB)

Website: <http://www.fortbraggmwr.com/aftb.php>

<https://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/ArmyFamilyTeamBuilding/default.aspx>

Services: Gives training modules either through the local Army Community Service office or online. There are three levels of modules: basic information on the Army, personal growth skills, and leadership skills. The personal growth skills module includes topics such as stress management, communication skills, and relationship skills. The program aims to improve family preparedness to alleviate stress on the enlisted family member while on duty.

Location: Statewide.

Target Population: All enlisted Army service members in their families.

Number Served: Do not have data

Financing: Federal funds.

Evaluation: Do not have data

Administering Agency: Army Community Services.

Contact: Deeann Rader, deeann.rader@us.army.mil (Ft. Bragg AFTB).

Assuring Better Child Health and Development (ABCD)

Website: <http://www.communitycarenc.com/>

http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2009/Aug/1312_Klein_North_Carolina_ABCD_using_community_care_ib.pdf

Services: The project aims to increase the rate at which providers in the state perform developmental screenings on Medicaid/NC Health Choice eligible children 0-5 years of age, and the rate at which they refer the children to other agencies for help. The program uses the 14 Community Care of North Carolina (CCNC) networks and local Smart Start programs for implementation across the state. The program seeks to improve service coordination across agencies involved in early intervention and to improve communication between medical offices, social services agencies, and families. Furthermore, the program identifies standardized screening tools and trains physicians on how to implement them without disrupting the workflow of their practices. Age appropriate anticipatory guidance is provided for all children for each well-child visit. By forging relationships with community agencies and other partner agencies, the program aims to better coordinate care for children with disabilities and improve the general health and development of all children.

Location: Statewide.

Target Population: Children 0-5 years of age who are eligible for Medicaid.

Number Served: CCNC networks screened over 232,000 children ages 0-5 years in 2008 and of those screened referred over 19,600 to Early Intervention services.

Financing: State and Private funds. Development of the program was funded through a Commonwealth Fund grant (Assuring Better Child Health and Development initiative). Other funding is provided through Smart Start and case management fees.

Evaluation: Between 2004 and 2008, developmental screening rates among Medicaid well-child visits quintupled and referrals quadrupled. The percentage of infants and toddlers receiving Early Intervention services went up by 1.3%.

Administering Agency: CCNC

Contact: Chris Collins, chris.collins@ncmail.net & Marian Earls, MD, mearls@gchinc.com

Baby FAST—Families and Schools TOGETHER, Inc.

Website: <http://www.familiesandschools.org/programs/baby-fast.php> (national)

http://nc211.bowmansystems.com/index.php?option=com_cpx&task=resource.view&id\130082 (state)

Services: Baby FAST™ is a widely used multifamily group intervention model for young parents and their infants and toddlers (age 0-3). It works especially well for first-time mothers, and is intended to protect vulnerable families with risk factors, such as single-parent families, teen moms, isolated families, or within communities with higher risk factors. Baby FAST is unique in its ability to draw grandparents, fathers, and other supporters into the family care process.

This model is the strongest FAST intervention program because while it is preventive for the babies--catching them early in their cognitive and behavioral development, it also supports identified risks and provides a more assertive coaching approach than in other FAST models.

Although school systems and preschool programs support Baby FAST as a way to help parents ready their small children for their first learning steps, local mental health and AODA professionals sponsor it to support parents, especially moms during this critical time in the family lifecycle. It is often used to supplement home-visitations for isolated and at-risk families. Families from all walks of life have embraced baby FAST across North America.

Location: County-Level, 1 County: New Hanover.

Target Population: Young parents and their infants and toddlers (age birth-3). It works especially well for first-time mothers, and is intended to protect vulnerable families with risk factors, such as single-parent families, teen moms, isolated families, or within communities with higher risk factors.

Number Served: In FY2009-2010, Smart Start served the following parents/guardians: 43 participated in home visits; 55 participated in focus groups and 40 participated in support groups.

Financing: State and Private funds: Smart Start Funds and United Way.

Evaluation: National Evaluation via parents and grandparents is available. **Source:**

<http://www.familiesandschools.org/programs/babyfast.php>. While no state specific evaluation has been conducted, these two sources report stories of success in New Hanover county:

Sources: 1.) <http://www.familiesandschools.org/research/testimonial.php?t=20&a=&cat=> and

2.) <http://www.ciscapefear.org/index/c/programs/service/mary-s-mosley-performancelearning-center-plc/>

Administering Agency: The North Carolina Partnership for Children, Inc.

Contact: Donna White, dwhite@ncsmartstart.org

Benchmarks: An Alliance of Agencies Helping Children, Adults and Families

Website: <http://www.benchmarksn.org/>

Services: Provides nationally accredited human services agencies involved in mental health, child welfare, juvenile justice, and developmental disabilities issues with advocacy, lobbying, educational, communications, and management support services. Through close partnership with the alliance's board of trustees, as well as state and local agencies, the staff continuously works on key regulatory, management, and funding issues confronting members and impacting children and families.

Location: Statewide

Target Population: Human services agencies involved in mental health, child welfare, juvenile justice and developmental disabilities issues.

Number Served: Not applicable.

Financing: Private funds.

Evaluation: As of 6.30.11, no evaluation has been conducted.

Administering Agency: Not applicable.

Contact: Michelle Hughes, 919.357.7361, mhughes@benchmarksnc.org

Bringing Out the Best

Website: <http://www.uncg.edu/csr/earlylearning.html>

Services: Bringing Out the Best builds the capacity of childcare providers and families to support age-appropriate social and emotional development of young children who are experiencing behavioral and/or other challenges in a variety of settings. Bringing Out the Best provides community based services targeting the infant through age five population with social and emotional challenges so as to increase the number of children in Guilford County who are healthy and ready to succeed as they enter school. Program consultants will develop individualized plans for increasing a child's success in the classroom and the home. On-site training, technical assistance, individual child assessments and staff development for childcare providers is offered. Staff will facilitate referrals to other community agencies as necessary and coordinate meetings between childcare providers and parents.

Location: County-level, 1 County: Guilford.

Target population: Infants through age five and their caregivers.

Number Served: Approximately 40 to 60 referrals each quarter, 100 teachers each quarter and 50 to 75 parents each quarter participate in the program. The program collaborates with additional community agencies each year.

Financing: State and Private Funds: Smart Start (Guilford County Partnership for Children) for Children and the Cemala Foundation (Cone Foundation).

Evaluations: Quarterly statistic reports to the funders, childcare provider and family satisfaction surveys, and workshop evaluation from participants. For a copy of these evaluations, please email Wanda Dodson-Hoff.

Administering Agency: Guilford County Partnership for Children and the Cemala Foundation

Contact: Wanda Dodson-Hoff, Director, (336)272-5979, w_dodson@uncg.edu

Care Coordination for Children: At-Risk Population Management Model (CC4C)

Website: <http://www.ncdhhs.gov/dma/medicaid/csc.htm>

Services: Based on patient-need and risk stratification guidelines, the program offers comprehensive health assessment and Life Skills Progression© in order to gauge the family's capacity to meet the needs of the child. The assessments assists the care manager in identifying the child's needs, plan of care and frequency of contacts required to effectively meet desired outcomes. Through the CCNC Case Management Information System (CMIS), all documentation for CC4C services will be completed online.

Location: Statewide.

Target Population: Children from birth to 5 years of age, who meet the following priority risk factors: (1) Children with speak health care needs (Title V definition); (2) Children exposed to toxic stress in early childhood including, but not limited to extreme poverty in combination with continuous chronic neglect, family chaos, recurrent physical or emotional abuse, severe and enduring maternal depression, persistent parental substance abuse or repeated exposure to violence in the community or within the family; (3) children in the foster care system; (4) children who are high cost/high users of services.

Number Served: Data not have data.

Financing: Federal & State funds.

Evaluation: Since the CC4C recently transitioned to this new model in March 2011, not enough time has elapsed for an evaluation.

Administering Agency: DMA, CCNC & DPH
Contact: Cheryl Lowe, Cheryl.lowe@dhhs.nc.gov

CenteringPregnancy Program

Website: <http://www.trianglebirthnetwork.org/centering.html> (state)

<http://www.centeringhealthcare.org/pages/centering-model/pregnancy-overview.php> (national)

Services: Provides prenatal care to groups of women at the same time outside of the examining room. Each woman receives 5-10 minutes of an individual physical assessment from care provider, which typically includes monitoring of her own weight, urine, and blood pressure. The women meet together with the professional facilitator to discuss typical issues of pregnancy at their current gestation, including solutions to common discomforts. According to the CenteringPregnancy website, women “are invited to join with 8-12 other women/couples/teens with similar due dates in meeting together regularly during their pregnancy. The groups form between 12 and 16 weeks of pregnancy and continue through the early postpartum period meeting every month for the first four months and then bi-weekly.”

Location: County-Level, 3 Counties: Durham, Forsyth, Orange.

Target Population: Pregnant women.

Number Served: Do not have data.

Financing: Private funds: March of Dimes.

Evaluation: “Outcomes of Adolescents Enrolled in a CenteringPregnancy Program: Evaluation of Teen Pregnancy Center Outcomes,” **Source:** http://www.medscape.com/viewarticle/489499_5 and “The Centering Model,” **Source:** http://www.marchofdimes.com/virginia/6736_14515.asp

Administering Agency: Health Departments and specific physicians.

Contact: Sue Guptill, RN, MSN, Community Health Director, Director of Nursing, Durham County Health Department, Phone: 919-560-7711, Email: sguptill@durhamcountync.gov

Child Care Health Consultation

Website: http://www.healthychildcarenc.org/consultant_list.htm

Services: Under a contract from the Women's and Children's Health Section of the Division of Public Health, NCDHHS, the Department of Maternal and Child Health of the UNC Gillings School of Global Public Health maintains the NC Child Care Health and Safety Resource Center for the purpose of supporting safe and healthy out-of-home child care programs. The NC Division of Public Health (NCDPH) also supports a State Child Care Nurse Consultant who provides leadership in planning, developing, and implementing the Healthy Child Care NC State Plan for child-care health consultation. The State Child Care Nurse Consultant works with the Resource Center (RC) to ensure that training provided by the RC for Child Care Health Consultants (CCHCs) throughout the state is consistent with the NC Board of Nursing recommendations, the NC Nurse Practice Act, the Division of Child Development's licensing requirements, and the publication, *Caring for our Children: National Health and Safety Performance Standards; Guidelines for Out of Home Early Care and Education Programs*. The local county CCHCs (1) provide training in health, safety and nutrition for child care providers, parents, and children; (2) provide resources and referrals for health services for children, parents, and providers and ensure that children that attend child care have a medical home; (3) review child care facility policies, procedures and health records; (4) assist child care providers and parents with managing the care of children with special health care needs; (5) provide on-site assessments of health and safety practices for child care programs; and (6) provide technical assistance, recommendations, and resources for improving health and safety in out of home care.

Location: Statewide.

Target Population: Early childhood professionals in NC and children attending early care and education facilities

Number Served: Served 91,173 children in FY2009-2010.

Financing: State funds: Although some CCHCs are trained at the state's expense, many are employed by Head Start and Early Head Start, which are federally funded.

Evaluation: In 2006, an internal evaluation titled, “The Influence of Child Care Health Consultants in Promoting Children’s Health and Well-being: A Report on Selected Resources,” was conducted about the national program. **Source:** <http://www.ecetp.pdp.albany.edu/hcc/wp-content/uploads/2010/10/Influence%20of%20Child%20Care%20Health%20Consultants%20Aug%202006%20Study.pdf>

In 2007, UNC-Chapel Hill submitted *The Quality Enhancement Project for Infants and Toddlers 2000-2007: Final Report*, to NCDCH. The Report documents the positive impact on child care center health and safety policies and practices, and on children’s health and access to health care, of regional CCHCs in North Carolina.

Administering Agency: NCDPH

Contact: Jonathan Kotch, jonathan_kotch@unc.edu

Child Care Resources and Referral Council

Website: There is no website for the CCR&R Council at this time.

Services: The North Carolina Division of Child Development contracts with the NC Child Care Resource and Referral (CCR&R) Council to provide leadership to and contract management of the regionalized delivery of core CCR&R services and three statewide special initiatives: Infant/Toddler Quality Enhancement, School-Age Quality Improvement and Promoting Healthy Social Behaviors in Child Care Centers. Together the CCR&R Council manage 14 CCR&R regions across the state to ensure equity of access and consistency of quality statewide for Parent Education and Referrals; Technical Assistance; Professional Development; Data Collection; and Public Awareness.

Location: Statewide.

Target Population: Families seeking child-care; the early care and education and school age workforce; and communities.

Number Served: During fiscal year 2010, the CCR&R system gave child care referrals on behalf of over 32,800 infants, toddlers and preschool-aged children; delivered on-site technical assistance to more than 7,900 preschool classrooms; and delivered over 6,000 training sessions.

Financing: Federal Child Care and Development Block Grant Funds

Evaluation: As of today, unable to find an official evaluation. An annual report by the CCR&R provides key advances made by the council. **Source:** http://www.childcareservices.org/wp-content/uploads/2010/04/AnnualReport_FY10.pdf

Administering Agency: The Council consists of representatives from three agencies: Child Care Resources Inc., Southwestern Child Development Commission Inc., and Child Care Services Association.

Contact: Council Coordinator Viviane, viviane@childcareservices.org.

Child Care Services Association (CCSA)/TEACH Scholarships and WAGE\$ Salary Supplements

Website: <http://www.childcareservices.org/>

Services: Child Care Services Association is a private, nonprofit, corporation dedicated to ensuring affordable, accessible, high quality child-care for all families. Established in 1974, the agency has extensive experience administering national, statewide and county level outcome-driven programs addressing critical issues facing children, parents and child care providers. CCSA receives funding from a variety of sources including both public and private dollars. Much of CCSA's work has evolved from research conducted by the agency. Quality child-care is linked to the education and stability of the workforce. In response to research about the early childhood workforce, CCSA created the T.E.A.C.H. Early Childhood® Project, T.E.A.C.H. Early Childhood® Health Insurance and Child Care WAGE\$® Project. These statewide programs have improved the workforce, increasing compensation and reducing turnover, and have been replicated across the country. Currently, T.E.A.C.H. is licensed in 21 additional states and the District of Columbia and WAGE\$ is licensed in 3 additional states. From inception, CCSA has provided scholarships to low-income families and training and technical assistance services to centers in Orange County. CCSA has provided resource and referral services since July 1996 and has been nationally certified. CCSA began by providing CCR&R services for Orange County only, expanding into

Durham and Wake Counties in subsequent years. Currently, CCR&R services provided by CCSA include referrals, scholarships, technical assistance, training, AmeriCorps, the Child and Adult Care Food Program and a meal program.

Location: Statewide.

Target Population: Child-care workers, teachers, childhood professionals, and families seeking child care services.

Number Served: The T.E.A.C.H. Early Childhood Project provided scholarships to over 4,700 child care providers in 2009-2010 affecting over 85,800 children across the state. The WAGES Project provided salary supplements to over 7,000 child care providers in 2009-2010 affecting over 91,600 children across the state.

Financing: State and Private Funds and Individual Donations.

Evaluation: According to the internal annual report by CCSA, T.E.A.C.H. has increased the accessibility to higher education in North Carolina. Twenty years ago, no university in North Carolina would allow for an associate's degree to be applied towards a bachelor's degree. Now, all 58 community colleges have agreements in place and 22 universities enroll T.E.A.C.H. participants. In addition, the WAGES Project has reduced turnover; encourage ongoing education, and improved early childcare for the participants' students. **Source:**

http://www.childcareservices.org/_downloads/Annual%20Report_2010.pdf

Administering Agency: CCSA.

Contact: Anna Carter, anna.carter@dhhs.nc.gov.

Child Mental Health Initiative (CMHI)

Website: <http://www.learningtogether.org/child-mental-health-initiative>

Services: Provide comprehensive services to children who have demonstrated serious social, emotional, behavioral, and /or mental health concerns that have jeopardized their child-care, family life, and future growth and development. The initiative provides individualized treatment and parent counseling. Also, offer home-based intensive treatment through Best Buddiez (ages 3 to 5) and Itty Bitty Best Buddiez (age 2) playgroups. The playgroups address behavior and social-emotional issues. The program can work in daycares and preschool settings to address issues as well.

Target Population: Children age 0-6 years old who are at risk or currently demonstrating serious social, emotional, behavioral, and/or mental health concerns.

Number Served: The program serves 400 children entering foster care and children in Child Protective Services.

Location: County-level, 1 County: Wake.

Financing: Private Funds: United Way.

Administering Agency: Learning Together.

Evaluation: An independent evaluation has not been conducted, but this pamphlet provides some helpful cost-effectiveness statistics: <http://www.unitedwaytriangle.org/news/docs/physiciansguide.pdf>

Contact: Nicolette Moinet, 919-856-5386, nicolette@learningtogether.org

Circle of Parents

Website: <http://www.preventchildabusenc.org/programs-training/circle-of-parents/> ; www.circleofparents.org.

Services: Provide support groups for parents and caregivers of young children. Facilitators teach parents and caregivers how to build leadership skills, improve communication and problem-solving skills. The group learns how to advocate for their children and parent in a positive way and through these meetings the parents and caregivers gain a network of support. The networks expose parents to other families, so that they can build knowledge of typical child behavior and family dynamics. This program addresses each of the 5 protective factors that research has shown to reduce the risk of child maltreatment.

Location: Statewide.

Target Population: Open to any parent or caregiver who has children. This is correct, however, most of the groups serve a specific priority population to meet the needs of specific groups of parents (e.g. parents of preschoolers, Spanish-speaking moms, fathers whose children attend Head Start, grandparents raising grandchildren, parents of children with special needs, etc.)

Number Served: Do not have data

Financing: State & Federal funds, and private foundation grants. At the local-level, the program is supported by Smart Start funds and local fundraising, at the Federal-level, the program is supported by Head Start funds, DSS (Children's Trust Fund & CBCAP funds, and additionally by private foundations.

Evaluation: An evaluation was conducted in 2007, "Building the Evidence for Circle of Parents® as a Model for Preventing Child Abuse and Neglect," **Source:**

<http://www.ounce.org/PDF/CoPEvaluationReport.pdf>

A more recent research article published in a peer-reviewed journal has been emailed to you for your reference. It would be a violation of copyright laws to distribute this widely or provide a link to it.

However, you can certainly reference it!

Administering Agency: Prevent Child Abuse: North Carolina. PCANC are the sponsoring agency, providing infrastructure support and access to copyright program material, and local sites are administering the program.

Contact: Katrina Gay, 919.256.6609 kgay@preventchildabusenc.org

Circle of Security

Website: http://www.circleofsecurity.net/cos_projects.html

Services: This early intervention necessitates strong family involvement through training parents to: (1) become more responsive and sensitive to child's signals (2) increase their thought, capacity, and emotions about attachment building interactions (3) consider their own history of security as it developed for them as children and the impact of their parenting styles. Parents undergo a 20-week, 1 hour a week early intervention designed to meet the needs of each parent's pattern of relationship with their child. The intervention consists of pre and post Devereaux Early Childhood Assessment (DECA) to measure the child's resilience. The DECA is coupled with an interview of the parents and a Parent Stress Index (PSI) to assess parental satisfaction and assess parent-child interaction. After the parent is interviewed and completes the standardized assessments, the parents receive feedback on the child's behavioral problems, including initiative, self-control, and attachment. The standardized tools measure the parent's stressful environmental factors and stress level.

Location: County-level, 1 County: Wake.

Target Population: Low-income children age 0-6 and their families involved in Best Care Kidz and its sister program Best Buddiez. The target population is Head Start families, Wake County Human Service involved families, preschool/daycare families and children entering Kindergarten.

Number Served: Do not have data.

Financing: State, Federal, and Private Funds: United Way, Medicaid.

Evaluation: On page 28-29, this DHHS report "Emerging Practices: In the Prevention of Child Abuse and Neglect" demonstrates that the Circle of Security is recognized as an "effective program," **Source:**

<http://www.childwelfare.gov/preventing/programs/whatworks/report/report.pdf>

Administering Agency: Child Mental Health Initiative within Learning Together

Contact: Nicolette Moinet, 919-856-5386, nicolette@learningtogether.org.

(M) Coming Together Around Military Families (CTAMF)

Website: <http://www.zerotothree.org/about-us/funded-projects/military-families/>

Services: Increases awareness and collaboration in military communities and helps professionals and parents more effectively care for young children in military families. Website provides resources and activities for parents to help children cope with military issues such as loss and deployment. Resources and a newsletter are also available for professionals such as child care workers, primary care providers,

mental health professionals, etc. The program also has training sessions, known as the Duty to Care series, at military bases and military medical centers across the country. There are two curriculums focused on training professionals on the needs of young military children: Supporting Young Children Through Challenging Times (a two-day session) and Honoring the Healer (a one-day session).

Location: Statewide.

Target Population: Professionals who care for or interact with young children of military families. Also includes some resources for parents.

Number Served: Do not have data.

Financing: Private, non-profit.

Evaluation: Do not have data.

Administering Agency: Zero to Three.

Contact: Eva Hansen, ehansen@ccpfc.org.

(D) Community Alternative Program for Children (CAP-C)

Website: <http://www.cms.gov/MedicaidStWaivProgDemoPGI/MWDL/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=2&sortOrder=ascending&itemID=CMS1237337&intNumPerPage=10>

Services: This waiver allows medically fragile children aged 20 and younger who meet long-term hospital or nursing facility level of care to remain living at home and in the community. The waiver provides the following services: personal care, case management, nursing services, pediatric nurse aide services, care-giver training and education, in-home nurse respite, institutional respite, palliative care-counseling, bereavement counseling, palliative care-expressive therapies, waiver supplies-adaptive tricycle, waiver supplies-re-usable incontinence undergarments.

Location: Statewide

Target Population: Medically fragile individuals aged 0-20.

Number Served: Do not have data.

Financing: Federal & State funds

Evaluation: Do not have data.

Administering Agency: DMHDDSAS

Contact: Tara Larson, tara.larson@dhhs.nc.gov.

Community Alternative Program for Persons with Intellectual/Developmental Disabilities (CAP-I/DD)

Website: <http://www.ncdhhs.gov/mhddsas/cap-mrdd/>

Services: Provides support services to children and adults with Intellectual/Developmental Disabilities and needs an ICF-MR/DD level of care. The program helps children stay in the community/at home who would otherwise need to be institutionalized. Case managers work with families to help develop a treatment plan. Those receiving CAP-MR/DD services are also eligible for full coverage of other Medicaid services. This program entrance is dependent on available funding of slots

Location: Statewide.

Target Population: Medicaid eligible children and adults, who are suffering from an intellectual, physical or developmental disability.

Number Served: Do not have the data

Financing: Federal and State funds: The Health Care Financing Administration (HCFA) grants the waivers.

Evaluation: None to date.

Administering Agency: Operates under a Medicaid home and community-based services waiver granted by the HCFA. The HCFA approves the number of individuals who may participate, the services, and other aspects of the program. On the state-level, by the Best Practice and Community Innovation Team in the Community Policy Management Section of the Division of Mental Health, Developmental

Disabilities, and Substance Abuse Services (NC MHDDSAS). On the community-level, the Local Management Entities are responsible for operation.

Contacts: Best Practice Team, DMHDDSAS - 919-715-2774 and Office of Clinical Policy, DMA - 919-855-4290.

(D) Community Care of North Carolina (CCNC)

Website: <http://www.communitycarenc.com/>

Services: Provides targeted case management services to improve quality of care while containing costs. Additionally, CCNC identifies high risk conditions or needs, coordinates care for individuals with high risk needs and helps them access needed services, and collects data on process and outcome measures, which all help to assist providers in disease management education and/or follow-up.

Location: Statewide: 14 Community Care Networks that provide services to all counties.

Target Population: Enrolled Medicaid population

Number Served: Do not have data.

Financing: State appropriations and donations from Office of the Secretary, State Medical Assistance, and NC Foundation for Advanced Health Programs, Inc., and additional grant funding through Kate B. Reynolds Health Care Trust, Commonwealth Fund, Center for Healthcare Strategies, and NC Foundation for Advanced Strategies, Inc.

Evaluation: According to a 2009 Evaluation report on evidence of quality, access and costs of PCMH, CCNC saw the following positive changes: “40% decrease in hospitalizations for asthma and 16% lower ER visit rate; total savings to the Medicaid and SCHIP programs are calculated to be \$135 million for TANF-linked populations and \$400 million for the aged, blind and disabled population.” Source: www.oafp.org/documents/outcomesofpcmhforWhiteHouseAug2009.doc.

Administering Agency: North Carolina Office of Rural Health and Community Care

Contact: Chris Collins, chris.collins@ncmail.net and Sandra Terrell, sandra.terrell@dhhs.nc.gov

(M) Department of Psychological Health, Command Surgeon’s Office, 81st Regional Support Command

Website: Not applicable

Services: Provides command consultation, outreach, surveillance, resilience promotion, intervention, care coordination, and caregiver support to service members and their families. Programs focus on conditions such as depression, anxiety, combat stress, traumatic brain injury, and substance abuse. Also makes referrals to other services if service member has not been mobilized.

Location: Statewide. The region that serves North Carolina also serves eight other states--Kentucky, Tennessee, South Carolina, Georgia, Alabama, Mississippi, Louisiana, and Florida--and Puerto Rico.

Target Population: Mobilized Army Reserve service members and their families.

Number Served: Over 54,000 service members are served in the region that includes North Carolina.

Financing: Federal Funds.

Evaluation: Do not have data.

Administering Agency: US Army Reserve.

Contact: Maj. Sharon Wareing, MSN, RN-BC, Director of Psychological Health, (803) 556-6782; SPC Kathleen Farquhar, MS, (803) 751-2695.

Durham Connects

Website: <http://www.durhamconnects.org/>

Services: Provide nurse home visits to mothers and their child three weeks after the child is born. The visit is scheduled at the hospital before the mother leaves to return home with her child. The 1 ½-2 hour visits include a physical assessment of the mother and the baby and allows time for any questions that the mother may have for the nurse. The nurses are skilled in answering questions regarding breastfeeding

issues; infant care concerns, child-care resources, new parent support group referrals, back to work resources and more.

Location: County-level, 1 County: Durham.

Target Population: All mothers and children (2 weeks - 12 weeks old), who are born at either Duke University Hospital or Durham Regional Hospital, are eligible.

Number Served: Serves 1001 mothers for 2010-2011. The number of mothers and children served is expected to increase with Durham Connects being universal across the county as of January 1, 2011.

Financing: Private Funds: Duke Endowment

Evaluation: "Durham Family Initiative: Implementation Report," Spring 2010, **Source:**

www.buildinitiative.org/.../DurhamFamilyInitiativeImplementationReport.doc "Duke Center for Child and Family Policy: Annual Report, 2007-2008," **Source:**

http://www.childandfamilypolicy.duke.edu/pdfs/about/annualreports/2007-2008_CCFPAAnnualReport.pdf

Administering Agency: Center for Child and Family Health and the Durham Family Initiative

Contact: Jeannine Sato, (919) 668-3295, j.sato@duke.edu & Ben Goodman, (919) 613-3766,

ben.goodman@duke.edu & Jeff Quinn, (919) 613-5756, jquinn@duke.edu.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program (NC Health Check)

Website: <http://www.ncdhhs.gov/dma/epsdt/epsdtpolicyinstructions.pdf>

Services: Program creates a broad, uniform standard of coverage for children, bounded only by the outer limits of §1905(a) and by a preventive standard of coverage that is customized to the needs of children. Federal law defines EPSDT to cover certain "screening," "diagnostic," and "treatment" services, which must be furnished to eligible children both at age-appropriate periodic intervals as well as interperiodically (i.e., as needed):

1. Screening services to detect physical and mental conditions. A screen is defined to consist of a comprehensive health and development history, an unclothed physical exam, appropriate immunizations in accordance with standards of the Advisory Committee on Immunization Practices, laboratory tests including lead blood level assessments, and health education.

2. Vision services, including eyeglasses;

3. Preventive, restorative and emergency dental services;

4. Hearing services, including hearing aids; and

5. Any "other necessary health care, diagnostic services, treatment, and other measures" that are described in §1905(a) of the Social Security Act (i.e., that fall within the federal definition of medical assistance) that are needed to "correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services."

All medically necessary diagnostic and treatment services that fall within the federal definition of medical assistance must be covered if all EPSDT criteria are met, regardless of whether such services are otherwise covered under the state Medicaid plan in the case of persons ages 21 and over. This provision of federal law can be thought of as an "override" provision that essentially requires coverage of medically necessary care that in the case of adults would be denied because it exceeds applicable coverage limits.

Location: Statewide.

Target Population: EPSDT is a mandatory service for all categorically needy individuals under age 21 who are enrolled in Medicaid.

Numbers Served: Do not have the data

Financing: DMA

Evaluation: A formal evaluation has not been conducted, but there are a few older articles about how to increase private practice utilization of EPSDT. **Source:** "Increasing Participation by Private Physicians in the EPSDT Program in Rural North Carolina," Public Health Rep. 1992 Sep-Oct; 107(5): 561-568.

Administering Agency: DMA, Clinical Policy Programs (CPP). Recently merged with diagnostics and treatment.

Contact: Frank Skwara, 919-986-9777.

Other: Division published the EPSDT Policy Instructions Update. This update explains EPSDT in great detail and how the Division administers it. Update is located on the EPSDT provider page found at <http://www.ncdhhs.gov/dma/provider/epsdthealthcheck.htm>. Additionally, the Division offers in-depth training to providers periodically and abbreviated information at each HP training seminar.

***Early Head Start**
See Head Start

(M) Exceptional Family Member Program (EFMP)

Website:

<https://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/ExceptionalFamilyMemberProgram/default.aspx>

Services: The EFMP is a mandatory enrollment program for service members who have a dependent with special needs including behavioral health, psychological, and/or social problems. The program provides care coordination, education, housing, and community support to eligible families. The program also works to station enrolled families in locations that offer as many needed services for the exceptional family member as possible. Service members must re-enroll every three years.

Location: Statewide.

Target Population: Army service members who have a dependent with special needs.

Number Served: Do not have data.

Financing: Federal Funds.

Evaluation: Do not have data.

Administering Agency: Army Community Services.

Contact: Trisha Newton, trisha.m.newton@us.army.mil (Ft. Bragg EFMP).

(M) Family Advocacy Program (FAP)

Website: <http://www.fortbraggmwr.com/fap.php>

Services: Aims to enhance relationship skills and improve quality of life for military families through the prevention, education, reporting, investigation, intervention, and treatment of spouse and child abuse. An FAP coordinator or victim advocate provides information and assistance in case of abuse. The program also offers groups, seminars, workshops, counseling and interventions. Workshop and seminar topics include conflict resolution, stress management, fatherhood, anger management, communication, and co-parenting. A telephone hot-line is available 24/7 to report abuse. Program is established and outlined in Army Regulation 608-18.

Location: Statewide.

Target Population: All Army service members and their families.

Number Served: Do not have data.

Financing: Federal funds.

Evaluation: Do not have data.

Administering Agency: Army Community Services.

Contact: Eva Hansen, ehansen@ccpfc.org

Family Friendly Child Care Project (2007-2020)

Services: Families completed research questionnaires, allowing their children to receive care from caregivers/teachers who had been trained in a curriculum that promoted appropriate social and emotional development. All families received bi-weekly parenting pages that providing information and tips on dealing with children's behavior problems. A sub-set of families was self-selected to attend a 14-week parenting class (The Incredible Years) and/or services from the Family Support Network (e.g., resources,

focus groups, parent to parent visits and phone calls). Each county developed a local inter-agency advisory board that disseminated public awareness about the project throughout their communities.

Location: County-level, 2 Counties: Beaufort and Lenoir.

Target Population: Children and their families participating in out-of-home child care, child-care teachers and pediatric/early childhood community professionals.

Number Served: Served 490 children and their families, 248 child care teachers, 28 child care centers, 25 community professionals for three years 2007-2010.

Financing: The Duke Endowment

Evaluation: Under-development.

Administering Agency: The Department of Maternal and Child Health at the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill.

Contact: Jonathan Kotch MD, MPH, FAAP

Family Planning Waiver (Be Smart)

Website: <http://www.ncdhhs.gov/dma/services/familyplanning.htm>

Services: Provides family planning services including counseling and education, annual exams, periodic office visits, assistance in planning when to have a baby, pregnancy testing birth control methods including voluntary sterilization, HIV screening, and testing and treatment for sexually transmitted infections.

Location: Statewide. Available through participating health care providers who accept Medicaid.

Target Population: Services are only available to women ages 19-55 and men ages 19-60 who are at or below 185%FPL and are U.S. citizens or qualified aliens and residents of North Carolina. This population includes low-income individuals, who may not be eligible for Medicaid.

Number Served: Since the Family Planning Waiver program began in October 2005, the State has enrolled an estimated 70,321 women and 8,743 men into the program.

Financing: State and Federal Funds.

Evaluation: This internal report, "North Carolina Medicaid Be Smart Family Planning Waiver Year Five Annual Report," provides an evaluation of the program. To receive a copy of this report, please contact Andrea Phillips. (Andrea.Phillips@dhhs.nc.gov)

Source: <http://www.ncdhhs.gov/dma/mfpw/Yr5Annual.pdf>

Administering Agency: Division of Medical Assistance (DMA), NCDHHS

Contact: Andrea Phillips, Andrea.Phillips@dhhs.nc.gov and Marcia Swartz, Marcia.Swartz@dhhs.nc.gov

(D) Family Preservation Services

Website: <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-90/man/ifps.htm>

Services: Provides in-home services to prevent children 0-17 years old from being removed from the home into social services, mental health, developmental disabilities, or substance abuse services, or the juvenile justice system. The program includes two levels of intervention and one level is more intense than the other. Services offered include case management, family assessment, intensive family and individual counseling, client advocacy, parenting skills education, referral to other services, as appropriate, and cash assistance. The services aim to keep the child, family, and community safe by defusing the potential for violence (physical, sexual, emotional/verbal abuse) and to help families develop the skills, competencies and resources they need to handle future crisis situations more effectively.

Location: Statewide.

Target Population: Families with more than one children ages 0-17 years, who are determined to be a danger to themselves or others (including other's property), or are endangered by persons in the home, and the endangerment is enough to put the child(ren) at imminent risk of out-of-home placement. 75% of the cases are DSS referred, but the cases can also be referred from the DMHDDSA or juvenile system.

Number Served: Do not have data.

Financing: State and Federal funds: (Adoption and Safe Families Act of 1997).

Evaluation: In 2000, a third-party evaluation of the NC program, “Final Report A Retrospective Evaluation of North Carolina’s Intensive Family Preservation Services Program,” was conducted by UNC’s Jordan Institute for Families in the School of Social Work. **Source:**

<http://www.nfpn.org/images/stories/files/retrostudy.pdf>. A national evaluation of Family Preservation

Service mentioned NC’s program: “IFPS and IFRS: Findings and Implications for Practice,” **Source:**

http://mentalhealth.vermont.gov/sites/dmh/files/cafuIFBS/DMH-CAFU_IFBS_Findings_Implications.pdf

Administering Agency: State level by the Division of Social Services, MHDDSAS, and the Office of Juvenile Justice.

Contact: Wanda Lynch, (336) 404-1530

(M) Family Readiness Groups (FRG)

Website:

<https://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/FamilyReadinessGroup-FRG/Default.aspx>

<http://www.armyfrg.org/skins/frg/home.aspx>

<http://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/MobilizationandDeploymentReadiness/OperationREADY/default.aspx>

Services: A FRG is a command-sponsored group that includes soldiers, family members, volunteers and civilians. The group provides mutual support, assistance, and a communication network between members, the unit’s command, and community organizations during deployments. The program helps families feel included in the community and offers support during deployments. Operation R.E.A.D.Y. (Resources for Educating About Deployment and You) offers training related to FRG including FRG leadership. There are also virtual FRGs (vFRG), which are websites for each unit that include information, photos, stories and forums. The websites are run by the unit and accessible to soldiers and family members.

Location: Statewide

Target Population: All deployed soldiers and their families. Also includes volunteers and civilians involved with the deployed unit.

Number Served: Do not have data.

Financing: Federal funds

Evaluation: Do not have data.

Administering Agency: Individual unit commands of the Army, Army National Guard, and Army Reserves.

Contact: Eva Hansen, ehansen@ccpfc.org

Family Support Programs

Website: www.ncdhhs.gov/dss

Services: NCDSS strategically supports child abuse and neglect prevention efforts across a broad spectrum of strategies, based on research in the field of prevention, and promotes current knowledge of evidence based, “best practice” in the prevention of child abuse and neglect. The Family Support Programs support community-based programs to develop, operate and/or expand community-based, family support programming to reduce the risk of child maltreatment by promoting protective factors that strengthen and support families. Grants are awarded throughout the state to serve communities that have high rates of child abuse and neglect and/or other risk indicators associated with the incidence of child abuse and neglect. Services funded:

1. Are designed to achieve positive outcomes for children and families who participate voluntarily. “Participants” is inclusive of parents with children with disabilities, parents with

disabilities, racial and ethnic minorities, and members of underserved and underrepresented groups.

2. Promote one or more of the five protective factors linked to lower incidence of child abuse and neglect.
3. Serve target populations most at risk of child abuse or neglect.
4. Demonstrate a commitment to meaningful parent engagement and leadership opportunities.
5. Can be defined as either primary or secondary prevention services.
6. Provide a service or implement a program that demonstrates an acceptable level of evidence-based or evidence informed practice.
7. Are able to demonstrate positive outcomes through the use of outcome accountability and evaluation tools.
8. Provide services based on the principals of effective family and prevention programs and North Carolina's Six Principles of Partnership.

Location: County-level, 41 Counties (SFY 2010): Alamance, Alleghany, Brunswick, Buncombe, Burke, Cabarrus, Chatham, Cherokee, Clay, Columbus, Currituck, Davidson, Davie, Durham, Edgecombe, Nash, Forsyth, Graham, Guilford, Haywood, Henderson, Hertford, Iredell, Jackson, Macon, Martin, McDowell, Mecklenburg, Orange, Richmond, Robeson, Rockingham, Stokes, Surry, Swain, Transylvania, Vance, Wake, Wayne, Yadkin, Yancey.

Target Population: Families with children, 0-18.

Number Served: During SFY 2010, 45 Family Support programs were fully or partially funded. They served 6,161 duplicated participants, meaning that some participants were counted more than once because they received multiple services. Five thousand fifteen (5,015) individuals from 2,989 families participated in targeted, ongoing activities for which outcome assessments were completed. One thousand two hundred and ten (1,210) families had multiple family members participating in such activities.

Financing: Financed through federal Title IV-B of Social Security Act, and CAPTA, Title II – Community-Based Child Abuse Prevention.

Evaluation: In 2007, the NC Department of Health and Human Services conducted a qualitative evaluation. **Source:** <http://www.ncdhhs.gov/dss/publications/docs/Qualitative%20Study%2006.07.pdf>

Administering Agency: Division of Social Services (DSS)

Contact: Kristin O'Connor, Program Administrator, 919-334-1148, Kristin.oconnor@dhhs.nc.gov

First Step Campaign

Website: <http://www.nchealthystart.org/firststep/index.htm> ,

<http://www.nchealthystart.org/public/index.htm>, <http://www.mamasana.org/index.htm> (in Spanish).

Services: Public education campaign to reduce infant death, illness and disability through promoting women's health before, during and after pregnancy. The program promotes healthy lifestyles, family planning, folic acid supplementation, healthy pregnancy practices, baby care and development and infant safe sleep practices. While the campaign targets everyone in the general public, it takes special effort to target minorities to reduce racial disparities in infant mortality rates. Educational materials are available in bulk quantities, at no charge, in North Carolina. A subset of the First Step Campaign is the Minority Infant Mortality Reduction Campaign, which identifies strategies to reduce high rates of infant death within NC's American Indian population. The campaign is media initiative, which involves disseminating print materials and utilizing television, radio, and videos to increase public awareness of the increased risks that African American families face and of the things that can be done to reduce the risks.

Location: Statewide.

Target Population: General public with an emphasis on childbearing age women, families, and minorities, especially American Indian and African American pregnant mothers and their children living in North Carolina.

Number Served: Do not have data.

Financing: State funds.

Evaluation: No official evaluation has been conducted. The campaign holds focus groups to assess target audiences' knowledge, behavior and needs; advises on strategies, messaging and readability; evaluation of educational materials

Administering Agency: North Carolina Healthy Start Foundation.

Contact: Karla Kreblein, Director of Programs

(M) FOCUS (Families OverComing Under Stress)

Website: <http://www.mccslejeune.com/focus/index.html>

<http://www.focusproject.org/>

Services: Provides resilience training to families during wartime to improve emotional regulation, problem solving, goal setting, and communication within the family. The goals of the program are to address deployment issues, enhance communication, and to provide consultations and workshops for service members and their families. Family training techniques are provided in group and individual settings as well as through structured activities. The program was developed by the University of California-Los Angeles (UCLA) Center for Community Health and the National Center for Child Traumatic Stress.

Location: County-level, 1 County: North Carolina has one site at Camp Lejeune. There are 17 other sites around the country in California, Hawaii, Mississippi, Virginia, and Washington. Another three sites are in Okinawa, Japan. The program also serves all members of the Wounded Warrior Regiment (WWR). Camp Lejeune in North Carolina serves the Wounded Warrior Battalion East.

Target Population: All members of the Navy, Marines, Air Force, and Army and their families located at participating sites.

Number Served: Do not have data.

Financing: Federal (Bureau of Medicine and Surgery of the Department of the Navy, Office of Family Policy of the Department of Defense).

Evaluation: Do not have data.

Administering Agency: Bureau of Medicine and Surgery of the Department of the Navy (for Navy and Marine sites), Office of Family Policy of the Department of Defense (for Air Force and Army sites).

Contact: Amy Greenslit, LCSW, Site Director (Camp Lejeune), (910) 450-5633, agreenslit@focusproject.org.

(M) Forward March

Website: <http://hugh.ncsmartstart.org/smart-start-news/meeting-the-needs-of-military-famili>

Services: An annual conference (workshop?) that provides networking and training opportunities for behavioral and mental health professionals, educators, faith based & elected leaders, wounded military men and women and members of the civilian and military community throughout the eastern part of the state who work to empower our military children and families.

Location: Statewide

Target Population: Children of deployed military families

Number Served: Do not have data.

Financing: State and Federal funds

Evaluation: Do not have data.

Administering Agency: Smart Start

Contact: Eva Hansen, ehansen@ccpfc.org

Grand Rounds

Website: http://www.marchofdimes.com/nursing/index.bm2?cid=00000003&spid=ne_s3_1&tpid=ne_s3_1_2

Services: Provides funding, courses and continuing education credits for health care professionals to detect patients at risk of preterm birth. By training providers on reducing poor birth outcomes, the program promotes infant and perinatal health outcomes. Providers who participate in grand rounds can also participate in a prematurity symposium, nursing modules on perinatal health topics, and support-for-provider forums.

Location: Statewide.

Target Population: Health care providers who work in perinatal health.

Number Served: Serves hundreds of health care providers per year

Financing: Private funds.

Evaluation: According to an internal news report, the program provides public and private health communication. **Source:** "Mission in Action in Your Community,"

http://www.marchofdimes.com/northcarolina/5295_8010.asp

Administering Agency: March of Dimes

Contact: March of Dimes Director of Program Services. 919-424-2146.

Guilford Coalition on Adolescent Pregnancy Prevention

Website: <http://gcaponline.org/about-gcapp/>

Services: Exists to increase community involvement and awareness in the prevention of adolescent pregnancy. The program works to provide promising practical solutions, building alliances, and strengthening Guilford County's social, emotional, and economic future. The forum, which has been around for 20 years in various capacities provides a forum for teen advocates to come together and voice their concerns and ideas for future work in a unified prevention effort.

Location: County-level, 1 County: Guilford.

Target Population: Members include educators, health care providers, human service providers, faith based organization representatives, program administrators, policy-makers, parents and adolescents from the community.

Number Served: Serves 400 service providers per year.

Financing: Local Foundations, Membership fees, and donations.

Evaluation: All educational offerings receive post-evaluation some written and some on-line

Administering Agency: GCAPP board of directors

Contact: Linda DeShazo, linda@gcaponline.org, 336.274.2217

***Head Start**

Websites: <http://www.ncprek.nc.gov/PreKindergarten/HeadStart/index.asp>

<http://www.acf.hhs.gov/programs/ohs/index.html>

<http://www.ntheadstart.org/>

<http://www.nhsa.org/>

Services: Provides comprehensive services to low-income children age 3 to 5 and their families including education, nutrition, parent support, health, dental, and mental health services. Not less than ten percent of children served must be those with special needs. The program is designed to prepare children for school readiness and to help break the cycle of poverty.

Early Head Start serves pregnant women and children ages 0 to 3 years. Early Head Start programs have the same basic aims and objectives of the Head Start program – to support the developmental needs of very young children and expectant mothers and to help break the cycle of poverty.

Migrant/Seasonal Head Start serves children of migrant and seasonal workers, and their families. Migrant/Seasonal Head Start services are administered across the State of North Carolina by a network of agencies and delegate agencies.

Location: Statewide.

Target Population: Primarily low-income children age 0 to 5 years and their families. Categorical eligibility extends the target population to include children in foster care; children and families experiencing homelessness; and children and families receiving public assistance (like TANF benefits).

Number Served: Served over 20,000 children in program year 2010-11. Over 3,000 children and expectant mothers were enrolled in Early Head Start in program year 2010-11. Migrant/Seasonal Head Start programs served over 900 children age 0 to 5 and expectant mothers in program year 2010-11.

Financing: Federally funds by the US Department of Health and Human Services. (*Note: Funding requires a 20% non-federal share match by grantees)

Evaluation: The Head Start Impact Study found that Head Start has a positive impact on school readiness in preschool children. However, by the end of kindergarten or first grade, Head Start children were at about the same level as those in the control group. Children who began Head Start at age 3, however, continued to show improved outcomes after kindergarten and first grade. Other subgroups of children also showed continued positive outcomes.

http://www.acf.hhs.gov/programs/opre/hs/impact_study/reports/impact_study/executive_summary_final.pdf

Administering Agency: Head Start and Early Head Start programs are funded from the federal government directly to the local level; and services are administered by local agencies (like private non-profits, Community Action Agencies, and public school systems) in defined service areas including all or parts of counties, or multiple counties.

Contact: Khari Garvin – Director, NC Head Start-State Collaboration Office

Other: According to the NC Head Start association, Head Start and Early Start are evidence-based practices that have evidence-provide cognitive, health, social, and socio-emotional, and economic benefits to children and their parents. Taxpayer satisfaction is also noted in this report.

Source: <http://www.ncsheadstart.org/pdfs/Evidence%20Based%20Practice%20-%20HS%20&%20EHS-1.pdf>. According to the National Head Start Association, the Early Head Start program is an evidence-based practice. **Source:** http://www.nhsa.org/files/static_page_files/399CCE2C-1D09-3519-AD534985E249B084/HomeVisitationOnePager.pdf

Healthy Before Pregnancy

Website: <http://everywomannc.com/educators/our-curriculum>

Services: A curriculum designed by the March of Dimes NC Preconception Health Campaign for school educators to teach students about the importance of preconception health. The curriculum aims to increase students' knowledge of what causes poor birth outcomes, how their current lifestyle can impact future reproductive outcomes, and how to plan for healthy reproductive lives. Curriculum is in compliance with the Healthy Youth Act and meets many of the NC Standard Course of Study Objectives for Family and Consumer Science.

Location: Statewide

Target Population: Educators of teenagers.

Number Served: Serves several hundred high school students per year

Financing: State Funds: North Carolina-Attorney General's Office

Evaluation: Pilot testing with hundreds of teachers and students was used to develop the curriculum. For more information, please contact Amy Mullenix.

Administering Agency: March of Dimes via its NC Preconception Health Campaign

Contacts: Amy Mullenix, amullenix@marchofdimes.com

Healthy Beginnings, North Carolina's Infant Mortality Reduction Program

Website: <http://whb.ncpublichealth.com/services.htm>

Services: The purpose of the program is to lower infant mortality and low birthweight rates among minority populations. Program currently supports 12 projects that are funded between \$75,000 and \$95,000 each per year for up to three years. The projects address the two-fold disparity in infant mortality rates between minority and white families through many initiatives, including education, case management, community development and awareness, lay health advisors, and other outreach efforts. They are encouraged to foster cooperation among community-based groups, health care providers, businesses, churches, schools and consumers of service.

Location: Statewide.

Target Population: Minority children and families living in communities that are at-risk of infant mortality and low birth weights.

Number Served: Do not have the data

Financing: State Funds

Administering Agency: DPH: a joint initiative of the Women's and Children's Health Section and the Office of Minority Health and Health Disparities

Evaluation: Do not have the data.

Contact: Lisa Clarke, 919-870-4827, lisa.clarke@dhhs.nc.gov

Other: Any local public or non-profit private agency and/or organization may apply for funding. Funded agencies are selected through a competitive request for application (RFA) process. The current funding cycle will end with the 2013 fiscal year.

Healthy Families America

Website: <http://www.healthyfamiliesamerica.org/home/index.shtml>

Services: This intensive, home-based family support program aims to prevent and/or reduce child abuse, facilitate positive parent/child interaction, and increase parenting skills while promoting child health and identifying special needs. The program provides home visits beginning prenatally or at birth and lasts for 3-5 years after the birth of the baby. The model is based on 12 critical elements derived from over 30 years of research and with focus on three categories: service initiation, service content, and staff characteristics.

Location: County-level, 8 Counties: Charlotte (Mecklenburg County), Durham (Durham County), Morganton (Burke County), Winston-Salem (Forsyth County), Goldsboro (Wayne County), Nashville (Nash County), Spruce Pine (Mitchell/Yancey Counties).

Target Population: The project serves low-income, high-risk families.

Number Served: Smart Start state-level data is not available at this time. However, a full case load with families on various levels one through four is 25 families.

Financing: Smart Start funded HFA projects in 3 counties in FY09-10: Burke, Durham and Orange. Project Connect is funding an expansion program in Wayne County and a new program in Nash County in FY '11-'12 and through the federal Maternal, Infant, Early Childhood Home Visiting funding, the NC Department of Public Health will be funding an expansion of Healthy Families in Durham and a new Healthy Families program in Mitchell and Yancey counties.

Evaluation: http://www.healthyfamiliesamerica.org/publications/research_folder.shtml

Administering Agency: Prevent Child Abuse America

Contact: Jeannie Ownbey, 828-433-7187, jownbey@bariumsprings.org.

Healthy Families—Durham County

Website: http://www.ccfhnc.org/index.php?option=com_content&task=view&id=21&Itemid=89

Services: This intensive, home-based family support program aims to prevent and/or reduce child abuse, improve parent/child interaction, and increase parenting skills while promoting child health and identifying special needs. The program utilizes the “Parents as Teachers” curriculum in the home for up to three years to enhance child development, safety, health, and parent/child relationships. The program monitors well-child care visits and immunizations. Furthermore, the program conducts developmental screenings every six-months. Through Family Support Workers, families receive case management services to connect them to appropriate community resources.

Location: County-level, 1 County: Durham.

Target Population: The project serves low-income, high-risk families from pregnancy through the child’s 3rd birthday. The women must be first-time mothers, residents of Durham County, and have at least one of the following risk factors: teenage parent; history of domestic violence; lack of social support; history of substance abuse; history of being abused or neglected as a child; history of mental health problems, or domestic violence.

Number Served: Will serve approximately 150 families this fiscal year. The program is ongoing, and is recruiting additional participants.

Financing: State funds: Smart Start. Federal funds: new home visiting funding beginning September 2011. Private Funds: United Way and family foundations.

Evaluation: The program is being evaluated by a third-party. “Evaluation of a Home Visiting Program for First Time Parents,” **Source:** <http://clinicaltrials.gov/ct2/show/NCT00579449>

Administering Agency: The Center for Child and Family Health

Contact: Jan Williams, (919) 419-3474, ext. 310, jan.williams@duke.edu

Healthy Moms, Healthy Babies (HMHB)

Website: ywcagsonc.org

Services: This YWCA program prevents adverse maternal and child outcomes by increasing access to preventive, educational and other health services for expectant or new mothers at risk due to racial disparity, homelessness, interpersonal violence, unhealthy housing, and poverty. This project helps women improve their perinatal health and birth outcomes through prevention, risk identification and management, health promotion and psychosocial interventions. The program offers a system of psychosocial support that includes for all participants case management/care coordination services, health education and wellness support in childbirth preparation, breastfeeding initiation and continuation up to at least six weeks, eliminating use and exposure to tobacco and other toxins, safe sleep for baby, folic acid consumption, reproductive life planning, healthy weight and exercise. Some of the activities include:

- * Three 8-week series of childbirth preparation and prenatal health and fitness education for pregnant women.
- * Birth doula support with at least two prenatal visits, continuous labor and delivery support and two postnatal visits
- * Postpartum doula support with at least 8 hours of support at home after birth
- * Breastfeeding support through case managers, doulas, childbirth instructors and nurses
- * Bi-monthly, health education and exercise classes and support groups for parenting women focused on risk assessment, health education, promotion of healthy behavior goal setting and attainment, and psychosocial interventions to help participants address health barriers.
- * Individual case management for all participants including bi-monthly phone calls and at least 4 home visits per year with a focus on reinforcing health promotion, helping moms access resources, learn parenting skills, and gain access to needed medical, social, educational, and other services.
- * Fitness classes offered at the YWCA at no charge to HMHB participants

* Individual and group therapy provided by UNCG Clinical Psychology Intern
HMHB empowers participants to access prenatal and newborn health care and education in childbirth preparation, breastfeeding, reproductive life planning, healthy relationship formation, stress management, nutrition, exercise, neonatal and infant development and healthy housing.

Location: County-level: 1 County: Guilford. The program serves the greater Greensboro area, but the target areas served are Southeastern and Eastern Greensboro and particularly the zip codes of 27401, 27405 and 27406, areas with high concentrations of poor birth outcomes, poverty, substandard housing, crime, child delinquency, interpersonal violence, child abuse, neglect and dependency and a disproportionate number of minority families.

Target Population: Pregnant women or new moms at risk of poor birth outcomes and their children.

Number Served: Serves 200 – 250 women of childbearing age and their children who are at risk of poor birth outcomes due to poverty, abuse, racism, lack of access to health care, homelessness and lack of social support in 2010-2011.

Financing: State and Private funds: United way of Greater Greensboro, Local foundations, Healthy Beginnings.

Evaluation: A number of evaluations and studies have been and are being conducted through UNCG, UNC, and NC A&T including university departments of School of Public Health, Human Development and Family Studies, Clinical Psychology, Social Work, Women's Studies, Child Development, Communication Sciences and Disorders (language and socio-emotional development); Interior Architecture (built My Sister Susan's House a home for young mothers and their children). An example is the following evaluation:

Gruber, K. Impact of Doulas on Healthy Birth Outcomes, 2011.

Administering Agency: YWCA Greensboro

Contact: Susan Cupito, scupito@ywcagsonc.org, 336-253-2054.

Other: The program has demonstrated remarkable success as seen in the following 2010 outcomes:

- * 100% of adult moms initiated breastfeeding compared to 45% of African American mothers in the Southeast US.
- * 97% (33 of 34) of adult participants delivered full term, healthy birth weight babies compared to 87.2% in Guilford County.
- * 100% of participants practiced healthy birth spacing

Healthy New Moms: Outreach Program for Postpartum Mothers

Website:

http://www.dukehealth.org/repository/dukehealth/2010/10/26/14/47/57/2106/Everything_Baby_January_-_June_2011.pdf

Services: Promotes wellness and provides information to new moms about postpartum health concerns.

On Monday nights, physical therapists offer free night neck massages and can answer questions and provide teaching materials about c-section scar massage, body mechanics, pelvic floor health, etc.

Location: County-level, 1 County, Durham.

Target Population: New moms and infants, especially those new moms who have a baby in the Intensive Care Nursery of Duke/Durham Regional Hospitals.

Number Served: Do not have data.

Financing: Private funds

Evaluation: As of 6.30.11, no evaluation has been conducted on this program.

Administering Agency: Duke Health: Duke Women's Physical Therapy Program

Contact: Emily Patterson, 919.668.0944

(M) HOOAH 4 HEALTH (H4H)

Website: <http://www.hooah4health.com/default.htm>

Services: A website targeted to Army Reservists and National Guard members that aims to help soldiers and their families take charge of their health. Offers resources for parents and children on dealing with emotions, substance use, pregnancy and deployment. Also includes links to outside resources such as Military OneSource and Family Readiness Groups.

Location: Statewide.

Target Population: Army Reserve component members and their families.

Number Served: Do not have data.

Financing: Federal (Army National Guard and the Office of the Chief of the Army Reserve).

Evaluation: Do not have data.

Administering Agency: Army National Guard and the Army Reserve.

Contact:

Incredible Years BASIC Parent Training Program—Early Childhood (IY)

Website:

<http://www.preventchildabusenc.org/programs-training/the-incredible-years/>

Services: The Incredible Years Parent Training Program is an evidence-based, 14-week parenting skills course that strengthens families by building parents' skills and promoting children's cognitive, social, and emotional skills. The IY-Early Childhood program primarily works with families of 2-5 year olds who are already experiencing challenging behaviors (i.e., aggressive and behavioral problems in early childhood classrooms and at home). Parents learn the very basics of parenting: effective discipline, how to give praise and set limits, how to play with their children, and how to deal with challenging behaviors.

Location: County-level, 10 Counties (FY 2007-2009): Alamance, Buncombe, Durham, Gaston, Harnett, Lincoln, Onslow, Tyrrell, Washington, Wayne.

Target Population: Parents or caregivers with children ages 2 to 5 years who demonstrated aggressive and behavioral problems in early childhood classrooms and at home; and may be expelled from their preschool.

Number Served: Do not have data.

Financing: State and Federal funds: Smart Start funds, Duke Endowment, Duke Energy Foundation, Department of Social Services, and Department of Public Health

Evaluation: In 2009 a report authored by UNC's Frank Porter Graham Child Development Institute, concluded that after participating in the Incredible Years, there was a significant decrease in the frequency of children's problem behaviors. Also participating parents reported a significant increase in their use of *Appropriate Discipline, Positive Parenting, and Clear Expectations*.

Source: The Incredible Years BASIC Parent Training, Final 2009 Evaluation Report,

<http://smartstart.org/category/supporting-families>

Administering Agency: Prevent Child Abuse North Carolina; The North Carolina Partnership for Children, Inc.

Contact: Sarah Currier, scurrier@preventchildabusenc.org; Donna White, dwhite@ncsmartstart.org.

Infant-Toddler Enhancement Project

Website: There is no website at this time.

Services: The Division of Child Development & Early Education's Infant Toddler Quality Improvement Project (launched in 2005) features a highly trained team of regional infant toddler specialists who work with child-care programs and community agencies in all 100 North Carolina counties. Their work is rooted in the research and evidence based programs such as the Program for Infant Toddler Caregivers (PITC); the Center on the Social and Emotional Foundations of Early Learning (CSEFEL) Pyramid Model; the Infant Toddler Environment Rating Scales (ITERS-R), and North Carolina's Infant Toddler Foundations. Specialists provide on-site technical assistance in infant toddler (IT) classrooms; support IT start-up program development; distribute current IT information and resources; and conduct training specific to IT care. Intensive on-site technical assistance is available to eligible licensed programs through the Infant Toddler Quality Rating Improvement Program resulting in improved Environmental Rating

Scales (ERS) scores in classrooms serving infants and toddlers. The specialists also work collaboratively with local and regional agencies and consultants working on IT issues and provide technical assistance on IT care to community consultants as requested. This project is part of North Carolina's CCR&R System, and is managed by CCR&R Council Management Agency Child Care Services Association.

Location: Statewide.

Target Population: Child-care providers and children attending child care centers

Number Served: Serves approximately 8,000 Child Care Professionals (teachers and administrators per year

Financing: Federal Child Care and Development Funds.

Evaluation: This third-party report by the Center for Law and Social Policy (CLASP) briefly reports on the strengths of this program in NC, page 5. **Source:**

<http://www.clasp.org/admin/site/publications/files/0468.pdf>

Administering Agency: Child Care Services Association and CCR&R Council.

Contact: Lanier DeGrella, Statewide Project Manager: lanierd@childcareservices.org

Other:For Infant Toddler Foundations:

http://ncchildcare.dhhs.state.nc.us/pdf_forms/dcd_infant_toddler_early_foundations.pdf

Infant-Toddler Program (ITP)

Website: <http://www.bearly.nc.gov/>

Services: The North Carolina Infant-Toddler Program (ITP) provides supports and services to families and their children, birth to three-years-old, who have special needs. At the local level, eighteen (18) Children's Developmental Services Agencies (CDSAs) work with community service providers to help families help their children succeed. Nineteen (19) supports and services are available to families and their children in need for these supports and services. Service coordination, evaluations, and service plan development are offered at no cost to families. Other services are provided on a sliding-fee scale.

Target Population: Children aged birth to three-years-old with certain levels of developmental delay or established conditions, and their families, are eligible for the ITP.

Number Served: More than 19,600 children, birth to three-years-old, were referred to the ITP in 2009-2010.

Location: Statewide: The ITP state office is located in Raleigh. CDSAs regional offices are located in the following cities: Asheville, Boone, Charlotte, Concord, Durham, Elizabeth City, Fayetteville, Greensboro, Greenville, Morganton, New Bern, Raleigh, Rocky Mount, Pinehurst, Shelby, Sylva, Wilmington, and Winston-Salem.

Financing: Federal and State funds.

Evaluation: The EIB publishes its Annual Performance Report on its website at www.bearly.nc.gov each February.

Administering Agency: The North Carolina Early Intervention Branch (EIB) is the lead agency for the ITP. The EIB is part of the Department of Health and Human Services in the Division of Public Health, Women's and Children's Health Section.

Contact: Deborah Carroll, Ph.D., Early Intervention Branch Head

Other: Also, known as Part C of the Federal government's Individuals with Disabilities Education Act (IDEA). Section 619 legislation.

Innovative Approaches Initiative

Website: <https://www.myctb.org/wst/ia/default.aspx>

Services: The goal of the initiative is to foster improvement for community-wide systems of care that will effectively meet the needs of families with children and youth with special health care needs (CYSHCN). The four funded pilot projects at local health departments will address factors that create barriers to effect system functioning, including: categorical funding and service provision, uncoordinated care, incompatible data systems, inadequate access to services, and the inability to assess system performance and carry out quality improvement activities. The five goals of the initiative are the following: (1)

Families and CYSHCN will partner in decision making at all levels and be satisfied with services they receive; (2) all CYSHCN will receive coordinated ongoing comprehensive care within a medical home; (3) all children will be screened early and continuously for special health care needs; (4) services for CYSHCN and their families will be organized in a way that families can use them easily; (5) all CYSHCH will receive services necessary to make appropriate transitions.

Location: County-level, 4 Counties: Buncombe, Cabarrus, Surry, and Wayne.

Target Population: Children and youth with special health care needs and their families in 4 counties that received the grant.

Number Served: Do not have data.

Financing: Federal and State funds.

Evaluation: The initiative has recently been funded; thus, no evaluation is available at this time.

Administering Agency: DPH: Children and Youth Branch

Contact: Michael Sanderson, Best Practices Unit Manager, Children and Youth Branch, 919.7070.5620

(M) Joining Forces

Website: <http://www.whitehouse.gov/joiningforces>

http://www.whitehouse.gov/sites/default/files/rss_viewer/strengthening_our_military_families_meeting_americas_commitment_january_2011.pdf

Services: Program focuses on the employment, education and wellness of service members and their families. Advocates and expands access to wellness programs and resources. The program has goals in four main areas: enhancing the well-being and psychological health of military families; ensuring excellence in military children development and education; developing career and educational opportunities for military spouses; and increasing child care availability and quality for military children. The general public can find volunteer opportunities to assist military families, pledge service hours, and send thank you letters to the troops.

Location: Statewide.

Target Population: Service members and their families. Also targets the general public to raise awareness.

Number Served: Do not have data.

Financing: Federal funds.

Evaluation: Do not have data.

Administering Agency: The White House.

Contact:

Juvenile Court Infant-Toddler Initiative

Website: <http://www.uncg.edu/csr/parenting.html>

Services: Juvenile and Family Court Judges are responsible for the well-being of the children in their courts and can be powerful agents of change. This new initiative combines judicial muscle with input from partners in the child development and mental health community so that babies and toddlers are given the attention and life-changing help they need. As part of this initiative, parents and children are referred to child/parent psychotherapy, parenting classes, intensive case management, and other developmental resources in order to reunify families and help them to become stronger than before Court involvement.

Location: County-level, 1 County: Guilford (Limited to Greensboro during the pilot phase)

Target Population: Families that have children 3 years old and younger and have experienced a break in the parent/child bond and attachment. These families are currently involved in the Juvenile DSS Court with children who have been removed from the home.

Number Served: This project is currently in the pilot phase and will accept 10 families initially. We anticipate project growth to serve at least 40 families per year.

Financing: Private funding through the Bryan, Cemala, Ellison, and Weaver foundations

Evaluation: The Center for Youth, Family, & Community Partnerships at UNC-Greensboro will be conducting the evaluation of the initiative. Evaluation will consist of a protocol design blending a

rigorous methodology with sensitive and sustainable practice. Children and families' progress will be evaluated throughout their participation in the JCITI program using valid and reliable measures of stress, attachment, depression, and child outcomes. Evaluators will conduct all data analyses and prepare reports to the Court, funders, and other appropriate stakeholders.

Administering Agency: The Center for Youth, Family, & Community Partnerships at UNC-Greensboro. Center Director, Dr. Chris Payne is the PI for this project and oversees the research, evaluation, training, and technical assistance and implementation of this project.

Contact: C. Chris Payne, Ph.D., Principal Investigator and Research Director, ccpayne@uncg.edu, 336-217-9738 and John Weil, JCITI Project Director, jdweil@uncg.edu, 336-217-9760

Latina Health Program

Website: <http://www.nchealthystart.org/aboutus/latina.htm>

<http://www.mamasana.org/index.htm>

Services: Provides health education and resources for Latino women and children in North Carolina. The program promotes public health insurance; usage of medical homes; healthy behavior before, during and after pregnancy; reproductive health information, reduction of SIDS; folic acid supplementation; and dangers for women and children to be around second-hand smoke. Members of the Latino community are involved in material development from the beginning to the end in order to ensure cultural competence and language appropriateness. Through the bimonthly electronic newsletter *Healthy Start Happenings*, the Foundation shares information to help health and wellness service professionals and community leaders better understand and communicate with the Latinos they serve.

Location: Statewide.

Target Population: Latino women and children and local, regional and state level staff providing services to Latinos.

Number Served: Do not have data.

Financing: Public funds

Evaluation: On page 20 of the report, "Summary of Promising Programs to Eliminate Racial and Ethnic Health Disparities," a brief analysis describes the Latina Health Program (formerly called Ana Maria program)'s impact in NC. **Source:** 2nd Edition,

http://www.ipa.udel.edu/healthpolicy/disparities/disparities_prgrms_summary2.pdf

Administering Agency: NC Healthy Start Foundation

Contact: Janice Freedman, Executive Director, NCHSF, Janice@nchealthystart.org

(M) Living in the New Normal (LINN)

Website: <http://linn.militarychild.org/about-linn/>

Services: A three-part program that includes the Institute, Practicum, and Public Engagement. The Institute is a two-day program that provides information and resources to educators and professionals to help build children's resiliency in dealing with parents or loved ones being deployed. The Practicum is a one-day session designed to help care givers, educators, parents and other community leaders learn how to help a child cope and build resiliency when a loved one is away. Public Engagement is a one-day session targeted towards state and community leaders that encourages collaboration of resources within a community to help children during times of uncertainty.

Location: Statewide. Workshops in the past have been held in Fort Bragg and Fayetteville, Camp Lejeune, Raleigh, and Goldsboro (all are locations of military bases or headquarters).

Target Population: Children aged 0-23 years of active duty members, National Guard members and Reservists of the Army, Navy, Coast Guard, Marines and Air Force.

Number Served: As of mid-2009, over 1,600 have attended trainings in 31 communities nationwide.

Financing: Private, non-profit.

Evaluation: Do not have data.

Administering Agency: Military Child Education Coalition.

Contact:

(D) Local Management Entities (LMEs)

Website: <http://www.ncdhhs.gov/mhddsas/lmedirectory.htm>

<http://www.ncdhhs.gov/mhddsas/statpublications/reports/index.htm>

Services: LMEs are local government agencies that are responsible for managing, coordinating, facilitating, and monitoring MHDDSA services. LMEs are available 24 hours a day every day. LMEs assist consumers with access to care and complaints. LMEs can refer patients to various resources including alcohol and drug treatment centers, neuro medical centers, special care centers, developmental centers, community programs, and psychiatric hospitals.

Location: Statewide, 23 LMEs serve the entire state: Alamance-Caswell LME, the Beacon Center, CenterPoint Human Services, Crossroads Behavioral Healthcare, Cumberland County Mental Health Center, The Durham Center, East Carolina Behavioral Health, Eastpointe, Five County Mental Health Authority, Guilford Center for Behavioral Health and Disability Services, Johnston County Area MH/DD/SA Authority, Mecklenburg County MHDDSA Services, Mental Health Partners, Orange-Person-Chatham MH/DD/SA Authority, Pathways MH/DD/SA, PBH, Sandhills Center for MH/DD/SAS, Smoky Mountain Center, Southeastern Center for MH/DD/SAS, Southeastern Regional MH/DD/SA Services, Wake County LME, and Western Highlands Network.

Target Population: Residents of North Carolina

Number Served: LMEs served over 306,000 people during fiscal year 2008; of those, over 1,000 were children ages 0-4 years and over 17,800 were children ages 5-9 years. There were over 700 admissions for children ages 0-4 years and over 6,900 admissions in children ages 5-9 years in fiscal year 2008. Children ages 0-17 have the highest rates of admission: 1,032 per 100,000 child population (statewide rate is 953 per 100,000 population).

Financing: State funds.

Evaluation: "Independent Evaluation of Local Management Entities: North Carolina Department of Health and Human Services, Development Disabilities and Substance Abuse Services," **Source:**

<http://www.opcareaprogram.com/Forms/Reports/State/Mercer%20Report%204-3-08.pdf>

Administering Agency: DMHDDAS, NCDHHS.

Contact: Flo Stein, flo.stein@dhhs.nc.gov.

***Migrant Head Start**

See Head Start

(M) Military Community and Family Policy (MCFP)

Website: MilitaryHOMEFRONT

http://www.militaryhomefront.dod.mil/portal/page/mhf/MHF/MHF_HOMEPAGE

Services: Provides quality of life program support to military communities and coordinates with civilian organizations. Programs include family centers, the Family Advocacy Program, Military OneSource, and the Morale, Welfare and Recreation Program. Also offers support for families during deployment and in the case of casualty.

Location: Statewide.

Target Population: All service members and their families.

Number Served:

Financing: Federal.

Evaluation:

Administering Agency: US Department of Defense.

Contact:

(M) Military OneSource

Website:

<http://www.militaryonesource.com/MOS/Army.aspx?MRole=Family&Branch=Army&Component=Active>

Services: A free 24/7 helpline that provides counseling and referral services to military members and their families for short term problems such as stress, bereavement, deployment, etc. Participants are allowed 12 calls a year for each issue. Website also includes resources on parenting skills, stages of development, and mental health and substance abuse.

Location: Statewide.

Target Population: All military members and their families.

Number Served: Do not have data

Financing: Federal funds.

Evaluation: Do not have data

Administering Agency: Department of Defense.

Contact:

(D) Medicaid

Website: <http://www.ncdhhs.gov/dma/medicaid/families.htm>

Services: Medicaid provides payments to insurers for some or all of an eligible pregnant mom's medical care services. CHIP provides payments to insurers for some or all of an eligible child's medical care services. Also, Medicaid provides care coordination and transportation to and from medical services for eligible children and individuals.

Location: Statewide.

Target Population: Children under 21 years of age that meet certain financial requirements or have certain disabilities. In order to be eligible, you must meet certain requirements: may include your age, whether you are pregnant, blind, disabled, or aged; your resources (like bank accounts, real property, or other items that can be sold for cash) whether you are a US citizen or a lawfully admitted immigrant. Eligibility for children is based on a child's status, not the parent's.

Number Served: Do not have data.

Financing: Federal, State and local funds

Evaluation: A state specific evaluation, Source: <http://www.mathematica-mpr.com/publications/pdfs/schipcongress.pdf>. A national evaluation of 10 state children health insurance programs, including key information on North Carolina's CHIP program. Source: <http://www.mathematica-mpr.com/publications/pdfs/schipcongress.pdf>.

Administering Agency: state level by the Division of Medical Assistance, NCDHHS

Contact: Tara Larson, tara.larson@dhhs.nc.gov

Other: As of January 1, 2006, Medicaid was expanded to include children ages 0-5 years at or above 200% FPL (SL 2005-276, Section 10). Title XXI SCHIP funding has been used to fund this expansion. Children above age 5 whose families are at or above 200% FPL may enroll into NC Health Choice.

Motherhood: The New Reality Show

Website: <http://teerhouse.dukeheath.org>

Services: This motherhood support group provides classes for new mothers and offers them suggestions for transitioning back to work and learning about developmental milestones of their infants. New moms are encouraged to bring their baby and lunch as they brainstorm tips on infant care and surviving motherhood. Also, the classes offer resources for new mothers who are staying at home full-time. Women are encouraged to bring questions about motherhood and breastfeeding. A Duke Pediatric Resident/Pediatrician and Breastfeeding Educator/Lactation Consultant facilitate the classes.

Location: County-level, 1 County: Durham.

Target Population: First time new mothers who are 3-12 weeks post-delivery, any new mother, and their infants in the community (past participants come from Durham and the surrounding counties).

Number Served: Served 240 new mothers and their infants in 2010-2011.

Financing: Private funds: Duke Hospital

Evaluation: An internal evaluation conducted in 2010, "Effectiveness of Hospital Based Prenatal Education in Preparing Participants for the Birth Experience," illustrated that the prenatal programs offered by Teer House prepare participants for the birth experience. For a copy of the evaluation poster, please email Joan Levy.

Administering Agency: Duke University Health System, Clinical Education and Professional Development

Contact: Joan Levy, Nurse Clinician, Phone (919) 477-2644 ext. 230, joan.levy@duke.edu

Native Circles

Website: <http://www.ccpfc.org/partners/direct-service-partners/fact-sheet/native-circles-fact-sheet.html>

Services: Provides Native American families at high-risk for children with behavioral problems with parenting skills. A Parent Educator provides home visits and group education sessions that follow the Parents as Teachers (PAT) curriculum. Parent Educators also provide annual screenings to children older than one year of age and connect families to community resources. For children ages 0-3 years, parenting skills are the focus of the curriculum. For children ages 3-5 years, school readiness is the focus and referrals to other programs such as Head Start may also be made.

Location: County-level, 1 County: Cumberland.

Target Population: Native American families in Cumberland County with at least two risk factors (i.e., poverty, substance abusing parent, child abuse, teen parent, etc.). Serves families with children ages 0-5 years at risk of behavioral problems.

Number Served: Served 11 families and a total of 12 children in 2010-2011.

Financing: Private (Smart Start).

Evaluation: In 2010-2011: All children that participated received developmental screenings and the follow-up care required. All families participated in at least one group session and were referred to community resources and received services from those resources. Parents reported an increase in confidence of parenting skills.

<http://www.ccpfc.org/partners/direct-service-partners/program-accomplishments/nativecircles-accomp.html>

Administering Agency: Partnership for Children of Cumberland County, Cumberland County Schools.

Contact: Karen Williams, (910) 678-2460

(M) National Guard Family Program (NGFP)

Website: <http://www.jointservicesupport.org/fp/Default.aspx>

Services: Aims to increase military families' quality of life through improving communication, involvement, and support. Family Services include resources for emotional health, health benefits (i.e., TRICARE), finances, and household support. Family Readiness includes information on the Reserve components and resources for coping with deployment such as Family Care Plans.

Location: Statewide.

Target Population: Army and Air Force National Guard and Reserve members and their families.

Number Served: Do not have data.

Financing: Federal funds.

Evaluation: Do not have data.

Administering Agency: National Guard Bureau Joint Services Support.

Contact:

(M) New Parent Support Program (NPSP)

Website:

<https://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/NewParentSupportProgram/Default.aspx>

<http://www.fortbraggmwr.com/npssp.php>

Services: A voluntary free program for military families expecting a child or with children ages 0-3 years. Program aims to help families cope with stress, isolation, post-deployment, and everyday parenting. The program consists of three strategies: home visits, play groups, and parenting classes. Home visits are performed by LCSWs or RNs at a families convenience. Home visits include guidance on child development, developmental screenings, parenting techniques, child care techniques, and coping with military and everyday stressors. Play groups allow families to come together and let their children play to help ease the feeling of isolation sometimes felt by military families. Parenting classes include topics such as pregnancy, post-partum, child care, stress management, and coping with deployment.

Location: Statewide.

Target Population: All enlisted Army service members and their families who are expecting a child or who have a child up to age three.

Number Served: Do not have data

Financing: Federal.

Evaluation: Do not have data.

Administering Agency: Army Community Services.

Contact:

New Tools for New Dads

Website: <http://www.durhamregional.org/events/20101006160027490/20110302>

Services: Provides information for new dads (and dads-to-be) to assist them beginning their own routines with a new baby in the home. The groups will determine the topics discussed which typically include: maintaining communication and intimacy with partner, managing alone time with the baby, balancing relatives' demands with new family needs; and balancing work and family. The program encourages new fathers to bring their baby to the meetings. Volunteer fathers typically lead the meetings.

Location: County-level, 1 County: Durham

Target Population: Parents, Caregivers and their infants who delivered at Duke/Durham Regional Hospitals

Number Served: Do not have data.

Financing: Private funds

Evaluation: No evaluation has been conducted yet on this program

Administering Agency: Duke Health (Teer House)

Contact: Joan Levy, joan.levy@duke.edu

***Newborn Individualized Developmental Care and Assessment Program (NIDCAP)**

Website: <http://www.wakemed.org/landing.cfm?id=294> (for WakeMed NICU, www.nidcap.org for NIDCAP Federation International)

Services: Provides supportive care for families and for the developmental needs of infants.

Location: County-Level, 1 County: Wake (service is part of care at WakeMed's NICU, families/babies from other counties are also served at WakeMed)

Target Population: Preterm infants born at WakeMed Hospital and their families/caregivers

Number of Individuals Served over a specific time period: All babies and families who are admitted to WakeMed-Raleigh Campus benefit from the NIDCAP approach to care.

Financing: Private Funds. Part of neonatal care at WakeMed, supplemented also from fees collected for training at other hospitals.

Administering Agency: WakeMed, NIDCAP training is under the authority of the NIDCAP Federation International –NFI- www.nidcap.org

Evaluation: “A Quantitative Use of the NIDCAP® Tool : The Effect of Gender and Race on Very Preterm Neonates’ Behavior,” **Source:** <http://cnr.sagepub.com/content/11/1/89.full.pdf>

Contact: James M. Helm, PhD – Director, Carolina NIDCAP Training Center, 919-350-8276

Other: This training center is one of the only 10 centers nation-wide (17 world-wide). For more than 20 years, WakeMed has been a leader in developmentally supportive care.

North Carolina Center of Excellence for Integrated Care (ICARE)

Website: <http://www.icarenc.org>

Services: The Center integrates patients’ behavioral and physical health care in the following medical practice settings: offices, clinics, hospitals, or mental health agency. The Center builds upon the ICARE Partnership, which was largely concerned with educating providers on integrated care. The Center offers the following services:

- After closely listening to providers’ concerns, the Center offers customized training based on providers’ needs.
- Collaborative learning for provider groups allows providers to test integrated care tools and techniques within the providers’ own quality assurance programs.
- Offers providers resources to investigate evidence-based techniques and tools in integrated care.
- Technical assistance to providers, which helps them implement integrated care techniques and troubleshooting as providers introduce integrated care into their practices.

Location: Statewide.

Target Population: Providers in North Carolina who may need additional training and technical assistance in implementing integrated services for patients with mental health and substance abuse diagnosis and treatments.

Number Served: Since October 2006, 15 on-line/ Webinar courses have been developed. Over 1,600 training sessions have been provided to more than 7,500 health professionals. The website data indicates that there have been over 3,250,000 hits (averaging 1,900 a day), there has been over 352,200 individual visitors (averaging 206 per day), over 160,000 downloads of materials, and over 38,500 persons have bookmarked the website.

Financing: Federal, State, and Private Funds.

Evaluation: The Sheps Center, a third-party research institute, conducted an evaluation on the program: “ICARE Program Evaluation.” Additionally, an internal evaluation of a demonstration project showed that by establishing practice approaches and procedures, behavior health practitioners increased collaboration for integrated care in a variety of medical practice settings. Both evaluations can be found through the following **Source:**

http://www.icarenc.org/index.php?option=com_content&view=category&layout=blog&id=82&Itemid=153

Administering Agency: NC Foundation for Advance Health Programs, Inc.

Contact: Regina S. Dickens, Program Director, 919.863.0063, regina.dickens@ncfahp.org

North Carolina Child Fatality Task Force

Website: <http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Homepage/> **Services:** The Child Fatality Task Force is a legislative study commission charged with examining trends in child deaths and recommending changes in law and policy to prevent future deaths. Task Force Committees focus on Perinatal Health (such as strategies to improve birth outcomes, reduce disparities and protect and rebuild the perinatal health infrastructure), Unintentional Death (such as strategies to reduce death due to motor vehicle and other crashes, fire, poisoning, drowning and other injury) and Intentional Death (such as strategies to strengthen the child welfare system and to reduce suicide and homicide (especially in older children)).

Target Population: Policy-makers, communities, schools and families

Number Served: The CFTF and its Committees promote public policies rather than providing direct services. An estimated 9200 N.C. child deaths have been averted from 1991 to 2009.

Location: Statewide.

Financing: State funds.

Evaluation: CFTF 20th Anniversary Annual Report,

Source:

<http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Reports%20and%20Data/Annual%20Reports/CFTF%2020th%20Anniversary%20Annual%20Report%201-11.pdf>

Administering Agency: The N.C. Child Fatality Task Force is a legislative study commission staffed out of the Division of Public Health

Contact: Elizabeth Hudgins (Info if needed: 919-707-5626 or Elizabeth.Hudgins@dhhs.nc.gov)

North Carolina Healthy Start Baby Love Plus Program

Website: <http://whb.ncpublichealth.com/>

Services: The North Carolina Healthy Start Baby Love Plus Program addresses infant mortality, morbidity and other health disparities in three regions of the State. The Eastern Baby Love Plus Program, established in 1997, covers seven (7) eastern counties: Bertie, Edgecombe, Greene, Pitt, Martin, Tyrrell and Washington. The Northeastern Baby Love Plus Program, established in 1999 as a planning grant, serves five (5) northeastern counties: Gates, Halifax, Hertford, Nash and Northampton. The Triad Baby Love Plus Program, a disparity grant established in 1999, serves Forsyth and Guilford Counties.

These project areas have recorded some of the highest infant mortality rates in the State. While each program is tailored to serve a specific region, they collectively serve pregnant and parenting families through outreach to women of childbearing age (15-44) to increase their access to and knowledge of available services; health education and training to program participants, providers, and the community at large to increase knowledge and impact behavior change; case management for pregnant and inter-conception care women to match a pregnant family's needs with community based resources, focus on women's health promotion, appropriate birth spacing and reproductive life planning; regional consortium development, to increase community and agency coordination and collaboration to build programs that reflect the needs and values of the community, and community planning process in the belief that communities, with appropriate resources and support, themselves can best develop the strategies necessary to attack the causes of infant mortality.

Location: County-level, 14 Counties: Bertie, Edgecombe, Greene, Martin, Pitt, Tyrrell, and Washington counties (East); Gates, Halifax, Hertford, Nash, and Northampton counties (Northeast); and Forsyth and Guilford counties (Triad)

Target Population: Minority (primarily African American and American Indian) women pregnant, postpartum and parenting women, children, and families in counties with high infant mortality rates.

Number Served: 4780 women in FY 11 (June 1, 2010-May 31, 2011)

Financing: Federal funds.

Evaluation: "A Stimulus Program with Returns on Investment: North Carolina Healthy Start Reduces Racial Disparities in Perinatal Outcomes," **Source:**

http://www.shepscenter.unc.edu/research_programs/child_health/publications/index.html

Administering Agency: North Carolina Department of Health and Human Services/Division of Public Health Women's and Children's Health Section/Women's Health Branch & the Health Resources and Services Administration Maternal Child Health Bureau

Contact: Shelby Weeks, 919-707-5707, Shelby.Weeks@dhhs.nc.gov

North Carolina Linking Actions for Unmet Needs in Children's Health (NC LAUNCH)

Website: http://projectlaunch.promoteprevent.org/webfm_send/2038

Services: Promotes healthy environments for children ages 0-8 that support each child's physical, emotional, cognitive and behavioral health. Provides children the skills necessary to enter school ready to achieve and on their way to success in life. The goals of the program will be met by implementing or enhancing evidence-based and promising programs in the following five domains: developmental assessments, integration of behavioral health care into primary care, home visiting programs, mental

health consultation and family strengthening and parent skills training. The program aims to expand and improve use of culturally relevant, evidence-based prevention and wellness promotion practices in early childhood settings and primary care. The primary goals for Project LAUNCH will be accomplished through a systems approach and from linking locally led efforts to state level changes.

Location: County-level, 1 County: Guilford.

Target Population: Children ages 0-8 that are at risk in their social and emotional development and their families.

Number Served: Do not have data.

Financing: Federal Funds, SAMHSA (5-year grant, implemented in 2009)

Evaluation: Dr. Payne at University of North Carolina at Greensboro will oversee the evaluation of this program.

Administering Agency: North Carolina Division of Public Health, Women and Childrens Health Section, Children and Youth Branch

Contact: Mary Piteo, State Coordinator, Mary.piteo@dhhs.nc.gov, (919) 707-5665

*** (D) North Carolina Parents as Teachers**

Website: <http://www.ncpat.org/>

Services: This voluntary family education and support program provides the information; support and encouragement parents need to help their children optimally develop during the crucial early years of life. The program provides personal/home visits by certified parent educators, parent group meetings, development and health screenings, and linkages and referrals to community networks and resources.

Location: County-level, 61 Counties, 89 PAT programs. Alamance, Anson, Beaufort, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Catawba, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Gaston, Granville, Greene, Guilford, Harnett, Haywood, Henderson, Hertford, Hoke, Iredell, Jackson, Johnston, Lee, Lenoir, Lincoln, Macon, Mecklenburg, Nash, Onslow, Orange, Pasquotank, Person, Pitt, Randolph, Richmond, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Surry, Swain, Union, Wake, Watauga, Wilson

Target Population: The PAT model focuses on children from birth to kindergarten entry.

Number Served: Do not have data.

Data showing the effectiveness in Winston-Salem. **Source:** Wagner, M. (2001). "The Multisite evaluation of the Parents as Teachers Home Visiting Program: Summary of findings for Winston-Salem, North Carolina. Menlo Park, CA: SRI International."

Financing: State, Federal and Private Funds: Smart Start funds, Head Start, Even Start, local public school system, other early childhood programs, and other local, private, state, and federal funds.

Evaluation: A collection of peer-reviewed articles for PATs nationally are located here:

http://www.parentsasteachers.org/images/stories/documents/Research_bibliography_06_2010.pdf.

Additionally, SRI International, a third-party research institute, conducted an evaluation of PAT's

Administering Agency: Parents as Teachers National Center, Inc.

Evaluation: NC self-assessment evaluation NC PAT, Source:

www.ncpat.org/pat_professionals_pages/.../self-assessment-report.doc -, National Evaluation on PAT,

Source: http://www.parentsasteachers.org/images/stories/documents/Research_Quality_Booklet.pdf

Contacts: Donna White, NCPC, dwhite@ncmartstart.org or Robin Roberts, 919.571.8092 (ext. 15), ncarolinapat@aol.com

Other: An evidence-based home visiting program, which demonstrated outcomes in child maltreatment and school readiness. Now, NC PAT serves less than 3% of children ages 0-5 in North Carolina, While

PAT is in most counties in NC, there is a current need for expansion of this home-based visitation program.

Source: http://www.opfibti.org/pat/resources/PAT_ResearchSummary_Dec20_2007.pdf

North Carolina Perinatal and Maternal Substance Abuse Initiative

Services: The Perinatal and Maternal Substance Abuse Initiative is composed of 21 specialized programs for pregnant and parenting women with a substance related disorder and their children. These programs provide comprehensive gender-specific substance abuse services that include, but are not limited to the following: screening, assessment, case management, out-patient substance abuse and mental health services, parenting skills, residential services, referrals for primary and preventative health care, and referrals for appropriate interventions for the children. The children in these families benefit from the services provided by the local health departments (pediatric care), early intervention programs, local child mental providers and child services coordination services.

Location: Statewide.

Target Population: Pregnant women with a substance abuse or dependency disorder and women with substance abuse or dependence disorders and their dependent children

Number Served: Do not have data.

Financing: Federal and State funds.

Evaluation: Several programs in the Initiative participate in a cross site evaluation annually.

Administering Agency: Local Management entities contract with local providers in their catchment areas.

Contacts: DMH/DD/SAS Best Practice Team 919-715-2774

North Carolina Perinatal Association (NCPA)

Website: <http://www.ncperinatalassociation.org/>

Services: Provides leadership, education, and advocacy for healthy mothers and healthy infants. Through local and state resources, the program continues to promote the health and well being of families.

Target Population: Pregnant or parenting mothers, caregivers, and children.

Number Served: unlimited

Location: Statewide.

Financing: Private funds and potential to receive State funds

Evaluation: Not applicable

Administering Agency: NCPA

Contact: Frieda Norris, frieda.norris@carolinashealthcare.org

North Carolina Preconception Health Campaign

Website: <http://everywomannc.com>

Services: The North Carolina Preconception Health Campaign is a new March of Dimes statewide initiative aimed at improving birth outcomes in North Carolina by reaching out to women with important health messages before they become pregnant. The Campaign formerly functioned as the North Carolina Folic Acid Campaign, a campaign created to improve infant and maternal health by promoting the benefits and consumption of folic acid in order to reduce the occurrence of neural tube defects (NTDs) in newborn children. The new goals of the North Carolina Preconception Health Campaign (NCPHC) are to reduce infant mortality, birth defects, premature birth, and chronic health conditions in women, while also aiming to decrease the number of unintended pregnancies in North Carolina. In order to achieve our mission the NCPHC seeks to raise awareness and inspire positive action among the general public, health care professionals and community agencies through a fully integrated educational and media campaign.

Location: Statewide.

Target Population: All women of childbearing age

Number Served: Serves 250 health care providers per year, 3,000 women of childbearing age per year via direct community education, and thousands of women via media.

Financing: State and Federal Funds: DPH, NC Attorney General's Office, CDC

Evaluation: The NCDHHS has conducted an evaluation on the NC Folic Acid Campaign, which was the predecessor of the NC Preconception Health Campaign. An official evaluation on the new program has not been conducted. **Source:** <http://whb.ncpublichealth.com/Manuals/FolicAcid-9-3-09.pdf>

Administering Agency: March of Dimes North Carolina Chapter

Contact: Megan Fazekas, 919- 424- 2151, mfazekas@marchofdimes.com

(D) North Carolina Preconception Health Coalition

Website: http://mombaby.org/PDF/preconception_health_strategic_plan.pdf

Services: The NC Preconception Coalition released its strategic plan in 2008. Four workgroups, consisting of members from DPI, DHHS, local health departments, universities, community-based organizations, non-profits and consumers, meet regularly to discuss ways to put the strategic plan into action. The four workgroups are Increase Consumer and Community Awareness about Preconception Health, Ensure Quality Preconception Care and Practice among Health Care Providers and Community Outreach Workers, Expand Access and Affordability of Preconception Care, and Advocate for Environmental and Policy Changes that Support Preconception Health.

Location: Statewide.

Target Population: Policy leaders, organizations, and citizens

Number Served: Not applicable

Financing: State and Private funds: March of Dimes.

Evaluation: Do not have data.

Administering Agency: DPH

Contact: Alvina Long Valentin, RN, MPH, alvina.long@dhhs.nc.gov

NC/CSEFEL Pyramid Model Partnership

Website: http://csefel.vanderbilt.edu/resources/state_planning.html (State Work Summaries)

Services: North Carolina has partnered, since 2008, with the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) to work toward this vision: *To develop and sustain a unified professional development system to address the emotional and social needs of all children birth-5 through the use of the Pyramid Model integrated with other relevant efforts for NC's early care and education workforce.* Using the 'Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children' as the conceptual framework, the NC/CSEFEL Partnership strives to foster professional development of the early care and education workforce that enhances knowledge and skills; supports the implementation and sustainability of evidence-based practices; and increases the size of the workforce skilled in supporting the social emotional development of young children (birth – 5 years old). The NC/CSEFEL Team includes representatives from the NC Division of Child Development and Early Education, NC Child Care Resource and Referral Council, Head Start, Migrant Head Start, NC Partnership for Children, NC Division of Public Health, NC Community College System and NC Department of Public Instruction. The statewide partnership includes a cadre of trainers who provide training, technical assistance or consultation across the state, a cadre of classroom coaches, and several demonstration classrooms. The 200+ member of the NC/CSEFEL Training and TA Community are connected through a listserv that enables them to share research, articles, training opportunities and strategies, and peer-support.

Location: Statewide

Target Population: North Carolina's early care and education workforce

Number of Individuals Served over a specific time period: During the first year following the 4-day train-the-trainer session, the training cadre conducted 540 CSEFEL-based trainings and 4,408 classroom technical assistance consultations.

Financing: North Carolina Division of Child Development and Early Education funds a part-time coordinator to provide support to the NC/CSEFEL team, the training cadre, the coaching cadre and the demonstration classrooms. All partner agencies provide funding for specific CSEFEL-based activities that they initiate.

Evaluation: Vanderbilt University coordinated the demonstration classrooms' evaluation efforts. SSIS results documented increases in children's social and emotional skills and decrease in problem behaviors during the school year. Preliminary results from the first randomized study examining outcomes associated with the Pyramid Model, conducted within public school classrooms in Florida and Tennessee, can be found at: www.challengingbehavior.org/do/pyramid_model.htm#research

Administering Agency: North Carolina Division of Child Development and Early Education

Contact: Margaret Mobley, mmobley@childcareresourcesinc.org, Laura Murphey, nc_csefel_coordinator@yahoo.com

***Nurse Family Partnership (NFP)**

Website: <http://www.nursefamilypartnership.org/locations/North-Carolina>

Services: The nurse home visitation program aims to improve health, well-being, and self-sufficiency of low-income, first-time parents and their children. The program pairs a first-time, low-income mother with a registered nurse throughout her pregnancy and until the baby turns two. Through guided evidence-based practices, participating mothers learn how to transform their own lives and their babies' lives by making better health, education and life choices.

Location: County-level, 10 counties: Buncombe, Cleveland, Guilford, Mecklenburg, Pitt, Robeson, Rutherford, Polk, McDowell, and Wake; as of 10/1/11 the following counties will be added to the 10 listed: Columbus, Edgecombe, Halifax, Hertford, and Northampton

Target Population: First-time, low income (at or below 200% of the federal poverty level) which enter the program by the 28th week of pregnancy.

Number Served: Do not have data.

Financing: State, federal and Private funds: Duke Endowment, Kate B. Reynolds Charitable Trust, Blue Cross and Blue Shield of North Carolina Foundation, North Carolina Department of Health and Human Services- Division of Public Health, North Carolina Partnership for Children, Inc., and P, Smart Start,

Evaluation: "North Carolina Nurse-Family Partnership: Evidence-Based Nurse Home Visitation

Program and Health Care Reform," **Source:** <http://www.preventchildabusenc.org/wp-content/uploads/2009/05/Evidence-Based-Home-Visitation-Program-and-Health-Care-Reform.pdf> and

"Early Childhood Interventions: Proven Results, Future Promise," 2005, **Source:**

<http://www.rand.org/pubs/monographs/MG34>

Administering Agency: Division of Public Health

Contact: Laura Louison, 919-707-5601, laura.louison@dhhs.nc.gov

Nurturing Parenting Programs (NPP)

Website: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=171>

Services: Program provides activities to foster positive parenting skills, self-nurturing, family nurturing time, home practice exercises, and activities to promote positive brain development from birth to 18 years of age. Lessons are offered in a home-based, group-based, or combination of the two settings. Parents and children attend separate, yet concurrent programs, where they can build self-awareness, self-esteem, empathy, and replace abusive behaviors with nurturing ones.

Location: County-level, 5 Counties: (FY09-10): Ashe, Onslow, Transylvania, Wake, and Wilkes.

Target Population: The Nurturing Parenting Programs target all families at-risk for abuse and neglect with children birth to 18 years. The programs have been adapted for special populations including: Hmong families, military families, Hispanic families, African-American families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children with health challenges.

Number Served: Smart Start state level data is not available at this time.

Financing: State, Federal, and Private funds: Smart Start funds, National Institute for Health (NIH) funds, and private funds from Family Development Resources, Inc.

Evaluation: Safe Child in Raleigh NC conducted an evaluation in 2002 on NPP. “An Evaluation of the Nurturing Parenting Program at Safe Child” Executive Summary, 2002.

A national, internal comparative effectiveness research evaluation was conducted in 2010, **Source:** “Nurturing Parenting Program Validation Studies, 1983-2010,”

http://www.nurturingparenting.com/research_validation/a9_np_validation_studies.pdf

Administering Agency: Family Nurturing Center of North Carolina; the Main Office of Family Nurturing Centers, Inc. Training & Consulting

Contacts: Family Nurturing Center of North Carolina, fnc@nurturingparenting.com, and Donna White, dwhite@ncsmartstart.org

Other: The program is designed through several levels of prevention in order to meet specific needs of families while preventing child abuse and neglect. The programs are published by Family Development Resources, Inc., which is headquartered in Asheville, NC.

(M) OneStop for Family Support

Website: <http://fsp.unc.edu/forparents/military-families>

Services: Uses a peer support model to assist military families with children who have developmental disabilities. Integrates military and civilian support and increases public awareness.

Location: County-level, 1 County: Onslow (Camp Lejeune).

Target Population: Military families of Camp Lejeune.

Number Served: Do not have data.

Financing: Federal funds.

Evaluation: Do not have data.

Administering Agency: Family Support Network of the Crystal Coast.

Contact: Teresa LeRiche, teresa@fsncrystalcoast.org.

Perinatal Health Committee

Website: <http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Homepage/>

Services: Promotes policies to improve birth outcomes, including distribution of medications to reduce recurring pre-term births, the NC Folic Acid Campaign, Safe Sleep campaigns, and breastfeeding promotion. The committee focuses on the reduction of infant mortality with emphasis on birth defects, SIDS and perinatal conditions. Currently, the committee is assessing ways to improve birth outcomes, protect and rebuild the perinatal health infrastructure, and to reduce disparities in birth outcomes.

Target Population: Pregnant or parenting mothers and their children

Number Served: The CFTF and its Perinatal Health Committee promote public policies rather than providing direct services. An estimated 9200 N.C. child deaths have been averted from 1991 to 2009.

Location: Statewide

Financing: State funds

Evaluation: CFTF 20th Anniversary Annual Report source:

<http://www.ncleg.net/DocumentSites/Committees/NCCFTF/Reports%20and%20Data/Annual%20Reports/CFTF%2020th%20Anniversary%20Annual%20Report%201-11.pdf>

Administering Agency: North Carolina Child Fatality Task Force, a legislative study commission staffed out of the Division of Public Health

Contact: Elizabeth Hudgins

(D) Perinatal Substance Use Project

Website: <http://www.nchealthystart.org/PerSubUse.htm>

Services: Provides screening, telephone hot-line, information, and appropriate referrals for women throughout North Carolina who are pregnant or parenting and using substances. The project provides

information on bed availability for substance use services in the NC Perinatal Maternal and CASAWORKS Initiative on a weekly basis. The project also provides training and technical assistance to agencies working with women who are pregnant or parenting on issues related to substance use.

Location: Statewide

Target Population: Pregnant or parenting moms who are using substances. Agencies that work with pregnant or parenting mothers on issues related to substance use.

Number Served: Do not have data.

Financing: Private funds.

Evaluation: An internal evaluation, addresses the capacity of the project to address the perinatal needs of the state. **Source:** “North Carolina Health Departments and Perinatal Substance Use: An Assessment of North Carolina Local Health Departments’ Current Capacity to Address Perinatal Substance Abuse,” http://www.nchealthystart.org/PerSub_MODGrant.pdf

Administering Agency: NC Healthy Start Foundation and Alcohol Drug Council of NC

Contact: The Perinatal Substance Use Project Coordinator at the Alcohol and Drug Council of NC can be contacted at 1-800-688-4232 for referrals to the programs.

Pregnancy Medical Home (PMH)

Website: <http://www.communitycarenc.org/emerging-initiatives/pregnancy-home/>

Services: Initiative working with prenatal care practices that join Community Care of North Carolina (CCNC) networks as Pregnancy Medical Homes for Medicaid patients. Goals include reduction in the rate of low birth weight, reduction in preterm birth rate, and reduction of NICU-associated costs. Standardized risk screening is used to identify patients at risk of poor birth outcome, which triggers referral to Pregnancy Care Management. Pregnancy Care Manager works closely with prenatal care provider, conducts pregnancy assessment and develops a care plan based on individual patient’s needs. CCNC uses quality improvement framework with PMH practices to achieve performance goals, including elimination of elective delivery before 39 weeks, provision of 17p to prevent recurrent preterm birth to patients meeting clinical criteria, and reduction in primary cesarean delivery rate. The pregnancy home model involves engaging obstetrical providers as Pregnancy Medical Homes and local health departments as providers of Pregnancy Care Management services.

Location: Statewide.

Target Population: Pregnant Medicaid recipients who are determined to be at-risk for poor birth outcomes.

Number Served: Do not have the data

Financing: State and Federal funds (Not sure if this is worth mentioning here, but this program is intended to be “cost-neutral”, in that the savings achieved cover any program expenses, so it’s not really “funded” like some service programs are. No direct federal funding.) My attempt at this: Per member per month payments from Division of Medical Assistance to CCNC and health departments to operate this program; cost savings achieved by improving outcomes are expected to cover program expenses.

Evaluation: Not applicable, implemented in 3/1/2011.

Administering Agency: DMA, CCNC & DPH

Contact: Kate Berrien, Pregnancy Home Project Manager, Community Care of North Carolina, 919-745-2384, kberrien@n3cn.org

Other: DMA, CCNC and DPH partnered to create a pregnancy medical home based on the CCNC medical home model. Providers get incentives to participate in the pregnancy medical home such as no pre-approval for obstetric ultrasounds and increased reimbursement for vaginal delivery.

Pre-Kindergarten (previously More at Four)

Website: www.nga.org/Files/ppt/1203PreschoolCobb.ppt

Services: Provides young children, age 4, with a valuable education experience through preparing students for academic success through the following 5 development domains: health and physical, social and emotional, language and communication, cognition and general knowledge, and approaches toward learning . This part-day program provides children with access to a specific curriculum and preschool experience to enhance their school readiness.

Location: Statewide

Target Population: Low-income household children (age 4 years old) and those at risk of later academic failure.

Number Served: Served 30,767 low-income 4-year old children in 2010-2011.

Financing: State funds.

Evaluation: UNC's Frank Porter Graham Childhood Development Institute, a third-party research institute, has a collection of annual reports/evaluation of the program, **Source:**

<http://www.fpg.unc.edu/~mafeval/>

Administering Agency: NCDPI's Office of Early Learning

Contact: Donna White

Preparing NOW for Postpartum Changes

Website:

http://www.dukehealth.org/repository/dukehealth/2010/10/26/14/47/57/2106/Everything_Baby_January_-_June_2011.pdf

Services: A class for expectant mothers and fathers on what to expect during postpartum period. Provides an overview of the biggest sources of postpartum stress. Helps couples pull together strategies for managing changing family dynamics, which aim to ease the transition from partners to parents.

Target Population: Expectant mothers and fathers who deliver at Duke/Durham Regional Hospitals and the community

Number Served: Serves about 800 people in classes

Location: County-level, 1 County: Durham

Financing: Private funds

Evaluation: Study about classes taken early says they helped with birth. (Source: Joan Levy)

Administering Agency: Duke Health: Teer House

Contact: Joan Levy.joan.levy@duke.edu

Preschool Program

Website: <http://www.ncprek.nc.gov/PreKindergarten/PreschoolEC/indexFull.asp>

Services: Provides screenings, evaluations, Individualized Education Program (IEP), special education and other related services (such as speech, occupational therapy, physical therapy, transportation, etc.).

Location: Statewide

Target Population: Children ages 3-5 with multiple categories of disabilities such as developmental delay, multiply impairment, speech impairment and others. MH/DDs. Over 15,000 three-, four-, and pre-k five-year-old children are currently receiving services through the Public School Part B preschool program.

Number Served: Over 15,400 preschool aged children were enrolled as of April 2011.

Financing: Federal and State funds, blended with Title I, Even Start, Smart Start, and More at Four funding

Evaluation: "Effects of Preschool Curriculum Programs on School Readiness: Report from the Preschool Curriculum Evaluation Research initiative,"

Source: http://ies.ed.gov/ncerpubs/20082009/pdf/20082009_1.pdf

Administering Agency: Exceptional Children's Division, NC Department of Public Instruction.

Contact: Dr. Vivian James, vivian.james@ncpublicschools.gov

Other: Also known as, Part B of the Individuals with Disabilities Education Act (IDEA), section 619 legislation

Promoting Healthy Social Behaviors in Child Care Centers (HSB)

Website: <http://www.childcareresourcesinc.org/ccrrs/nc-child-care-resource-referral-council/>

Services: HSB's behavior specialists are housed in child care resource and referral agencies across the state and, as a team, serve child care programs in North Carolina's 100 counties through on-site technical assistance and training. HSB's goal is to prevent and address the challenging behaviors of young children in care by systematically and intentionally promoting the social-emotional health of those children. To achieve this goal, the project offers programmatic mental health consultation designed to:

- * modify adult behavior and early childhood environments to ensure promotion of social-emotional competencies and prevention of challenging behavior;
- *partner with child care staff to determine and implement intervention strategies to address challenging behaviors;
- *assist staff and parents in finding appropriate referrals for children who require additional intervention and/or for the adults (family members or teachers) who care for those children; and
- *increase **access** of early childhood professionals to the CSEFEL Pyramid Model

Location: Statewide

Target Population: Early care and education staff in licensed child-care programs

Number Served: Since July 2005, HSB has served on average per year: 925 teachers (providing care for 7,270 children) through on-site technical assistance, and 5,529 teachers and administrators through training on social-emotional topics.

(<http://gucchdtcenter.georgetown.edu/resources/ECMHC/ECSOC%20Community%20Profiles/Alamanc%20Expanded%20Community%20Profile.pdf>)

Financing: North Carolina Division of Child Development and Early Education

Evaluation: Originally designed as an expulsion prevention program, HSB FY06-FY08 data document the following results:

- *The collective expulsion rate of preschool children from HSB client centers (n=1344) due to challenging behaviors was reduced by 45% following HSB technical assistance services.
- * After technical assistance, only 647 of the 33,792 children in care in the target classrooms (2%) required child-specific interventions. Of this subset of children at highest risk of expulsion, 97.5% were able to maintain their child care placements.

Administering Agency: Child Care Resources Inc.

Contact: Margaret Mobley, Statewide Project Manager mmobley@childcareresourcesinc.org

Other: According to this national report, "Promising State Child Care Quality and Infant/Toddler Initiatives," this program is briefly discussed as a promising initiative on page, 5.

<http://www.mdhs.state.ms.us/pdfs/eccdpublishations2011april.pdf>

(M) Russell Marine and Family Center

Website: <http://www.mccslejeune.com/marinefamily.html>

Services: Provides services to strengthen the military community. Services include counseling, the Marine Corps Family Advocacy Program, Exceptional Family Member Program, FOCUS (Families OverComing Stress), Family Readiness Program, parenting classes, workshops focused on children and military stresses (i.e., deployment), and Marine Corps Family Team Building programs.

Location: County-level, 1 County: Onslow (Camp Lejeune).

Target Population: Military families based out of Camp Lejeune.

Number Served: Do not have data.

Financing: Federal funds.

Evaluation: Do not have data.

Administering Agency: The Marine and Family Programs Division of Marine Corps Community Services, Camp Lejeune.

Contact:

Star Rated Child-Care License

Website: http://ncchildcare.dhhs.state.nc.us/parents/pr_sn2_ov_sr.asp

Services: Issues star rated licenses to all eligible child care centers and family child care homes. Facilities can receive from one to five stars. The start rating is comprised of a facility's score on three quality components, which are: staff education, program standards, and compliance history. A child care facility that receives the rating of one star means that they meet North Carolina's minimum licensing standards for child care. Facilities that choose to voluntarily meet higher standards can apply for a two to five star license.

Target Population: Child-care facilities and employees

Location: Statewide

Number of Individuals Served: Centers rated between two and five stars served 218,974 children ages 0-12 years in April 2011.

http://ncchildcare.dhhs.state.nc.us/pdf_forms/april_2011_Statistical_Report.pdf

Financing: State and federal funds.

Administering Agency: Division of Child Development

Evaluation: "Validating North Carolina's 5-Star Child Care Licensing System,"

http://www.fpg.unc.edu/smartstart/reports/validating_licensing_system_brochure.pdf

Contact: Anna Carter, anna.carter@dhhs.nc.gov

Statewide Multivitamin Distribution

Website: <http://everywomannc.com/public-health-programs/north-carolina-programs/statewide-multivitamin-distribution-program>

Services: Provides free folic acid supplements, as a part of a multivitamin, to low-income women of childbearing age. Also provides training to health departments and other safety-net clinics.

Location: Statewide.

Target Population: Low-income women of childbearing age.

Number Served: Serves thousands of low-income women of childbearing age per year

Financing: State Funds

Evaluation: According to an internal newsletter, the program has been considered a success. **Source:**

<http://www.getfolic.com/preconception/every-woman-newsletter-dec-2010.html#mvprogram>

Administering Agency: Local health departments, safety net providers and the March of Dimes.

Contacts: Amy Mullenix, Amullenix@marchofdimes.com

Other: The program is currently not accepting new participants due to funding limitations. Those already in the program may still receive limited quantities of multivitamins.

(D) Strengthening Families Program

Website: <http://www.ncpic.net/2009/sa2-strengthening-families-program-sfp/>

Services: Provides a family and parent strengthening program for two-hour weekly sessions for fourteen weeks. The program combines science-based (1) child life-skill building, (2) parenting-skill training, (3) family life-skill education in order to improve child's social/life skills and a family's functioning. The program allows for families to develop their own support groups. Families and support groups may receive booster sessions from the staff as necessary.

Location: County-level, 14 Counties: (do not have specific county information)

Target Population: High-risk families, whose children may be at-risk of drug abuse or social/emotional/and/or educational developmental delays. The high-risk intervention lasts for 14 weeks for the age groups: 3-5, 6-11, and 12-16.

Number Served: Do not have data.

Financing: State funds.

Evaluation: According to several internal evaluations, SFP graduates report the following outcomes: improved parenting skills and family relationships, improved academic success; and decreased substance abuse, aggression and emotional programs in the children. **Source:** Pdf report located on this website: <http://www.ncpic.net/2009/sa2-strengthening-families-program-sfp/>

Administering Agency: NCDMHDDSAS

Contacts: Michelle Hughes

(M) SurvivingDeployment.com

Website: <http://www.survivingdeployment.com/index.html>

<http://www.deploymentkids.com/index.html>

Services: Offers resources to inform and support military families with a service member who has been deployed. Resources include workshops, books, and articles. Military family members for military family members write articles. Topics include helping children cope with deployment, stress relief, budgeting, preparing for deployment, and reunion after deployment. Also maintains a separate website-- Deployment Kids--for children. The website includes activities to help children understand and cope with a family member being away. Activities include coloring pages, distance calculator, maps of common deployment areas, card-making, and expressing emotions to parents.

Location: Statewide.

Target Population: Military families with a service member who has been deployed.

Number Served: Do not have data.

Financing: Private funds.

Evaluation: Do not have data.

Administering Agency: Elva Resa Publishing, LLC.

Contact:

(M) Talk, Listen, Connect

Website: <http://www.sesameworkshop.org/initiatives/emotion>

http://archive.sesameworkshop.org/aboutus/pressroom/presskits/tlc/tlc_fact.php

Services: A multimedia program consisting of materials to help military families cope with deployments, changes and grief. Media kits created for the program consist of DVDs, print, and online materials featuring Sesame Street characters. Materials focus on helping children understand changes related to the military such as moving, deployments, and death. Materials also exist for parents in order to help them talk with their children about various topics. The online component also includes Sesame Street Family Connections, which is an online communication portal for children with deployed family members. The program has also aired prime time specials to raise public awareness of the difficulties faced by military families and has a touring live show called Sesame Street/USO Experience for Military Families. The show is held on bases and in military communities worldwide and features story lines based on military family experiences.

Location: Statewide.

Target Population: Military families and their children ages 2-5 years.

Number Served: Five hundred thousand free kits have been given to military families around the world.

Financing: Private, non-profit.

Evaluation: A formal program assessment will be performed but is not yet available. An early summary study found that the program helped military parents and children feel better during deployments and emotional preparedness.

Administering Agency: Sesame Workshop.

Contact:

(M) TAPS (Tragedy Assistance Program for Survivors)

Website: <http://www.taps.org/>

Services: Programs and services to help family and friends who have lost a service member in the line of duty. Programs include a crisis intervention hot line, referrals for counseling, seminars, casework assistance, and camps for adults and children. Children of any age (0-19 years) are eligible to participate in the Good Grief Camp, which has facilitated groups of children the same age to let children know they are not alone in their grief. TAPS also provides professional continuing education via webinars. Topics include suicide prevention, combat trauma, survivor guilt, child traumatic grief, and traumatic loss. The webinars count towards the continuing education requirements of the Association for Death Education and Counseling (ADEC) Certification in Thanatology (CT) and Fellowship in Thanatology (FT) programs.

Location: Statewide. Holds camps at various locations throughout the country.

Target Population: All military families and friends who have lost a service member. Professional education targets social workers, counselors, nurses, chaplains, and mental health professionals.

Number Served: Do not have data.

Financing: Private, non-profit.

Evaluation: Do not have data.

Administering Agency: TAPS.

Contact:

Teens n'Tots

Website: <http://www.ccpfc.org/partners/direct-service-partners/fact-sheet/tnt-fact-sheet.html>

Services: Provides pregnant teens and teen mothers (less than 20 years old) with parenting skills to prevent behavioral problems in their children. Program uses the Parents as Teachers (PAT) curriculum through home visits by a Parent Educator at least once a month. Parent Educators also provide annual screenings to children who are at least one year of age and group sessions.

Location: County-level, 1 County: Cumberland.

Target Population: Cumberland County residents aged 20 years or younger who are pregnant or are parenting children ages 0-5 years with at least two risk factors (i.e., low income, substance abuse, homeless, teen parent, etc.).

Number Served: Served 45 families with a total of 45 children in 2010-2011.

Financing: Private (Smart Start).

Evaluation: In 2010-2011: All participating families and children received necessary follow-up services, participated in at least one group session, received annual screenings, and were linked to needed community services.

<http://www.ccpfc.org/partners/direct-service-partners/program-accomplishments/tnt-accomp.html>

Administering Agency: Partnership for Children of Cumberland County and the Fayetteville Area Youth for Christ.

Contact: Michelle Mebina, (910) 433-5630.

Teen Parent Mentor Program

Website: ywcagsonc.org

Services: The YWCA program helps teen mothers succeed in school, postpone subsequent births to beyond adolescence, and deliver and raise healthy, school-ready children. By offering positive support through case managers, doulas, mentors and peer group meetings. The program helps teen mothers address many of the personal and social challenges of teen parenting and empowers teen mothers to avoid subsequent adolescent births. The program offers:

- * Individual case management and home visitation
- * *Peer group meetings* to build skills in positive parenting and mom baby interaction, communication, healthy behaviors
- * *1-on-1 mentoring* for teen moms
- * Family Literacy and GED preparation
- * *Leadership activities* to increase awareness and attainment of career choices
- * *Rock 'n Stroll* fitness classes to enhance parent-child interactions and health and wellness of mom and child.
- * *Summer activities and field trips* to enhance parent-child interaction
- * *Prenatal Health and Childbirth Education* to insure healthy births
- * *Doula Support* (including two prenatal visits, continuous labor and delivery support, and two postnatal visits) which has been shown to improve healthy birth outcomes
- * *Breastfeeding* classes and lactation support
- * *Individual and group therapy* provided by UNCG Psychology Clinic (at the YW or UNCG)

Location: County-level, 1 County, Guilford (Greater Greensboro)

Target Population: Pregnant and parenting teens (ages 13-19)

Number Served: Serves 200 – 250 pregnant and parenting teens under the age of 20 and their children in 2010-2011.

Financing: State, County, and Private funding: YMCA of Greater Greensboro, and research funds: CDC and NCTraCs

Evaluation: In 2011, an internal evaluation was conducted: “Early breastfeeding experiences of adolescent mothers: Prenatal intentions and postnatal practices,” 2011. An external evaluation by the NCDHHS was conducted in 2009, “Report to the Teen Pregnancy Prevention Initiatives of the; A Comparative Assessment of Life Status of Adolescent Parenting Program Graduates with Former Teen Mother Cohorts.”

Administering Agency: YWCA Greensboro

Contact: Susan Cupito , scupito@ywcagsonc.org, 336-253-2054

Other: The program has demonstrated remarkable success as seen in the following 2010 outcomes:

- 99% (183 of 185) teen moms did not have a repeat teen birth compared to a 28% repeat birth rate for teen births in Guilford County.
- 100% (54 of 54) of participating pregnant teens delivered full term, healthy birth weight babies, compared to 86.3% of minority teens in Guilford County.
- 97% (179 of 185) of teen moms had graduated or were in school vs. 70% nationally.
- 63% (84 of 134) of teen moms breastfed compared to 20% of minority teen moms

Text4Baby

Website: <http://www.text4baby.org/>

Services: As a free mobile phone service, this education program is designed to promote maternal and child health in a concise 160 character text message. After sending a text message to the number 511411 with the word BABY or BEBE (for Spanish messages), the recipient will be prompted for your child’s birth date or expected due date and zip code. After the initial texts, you will receive 3 messages a week with actionable, evidence-based information relevant to your stage in pregnancy or your child’s development. Additionally, the texts offer pregnant women or new moms health information on caring for themselves and their babies. Topics include, but are not limited to immunizations, breastfeeding, smoking, obesity, and other childhood health issues. Messages to promote relevant community resources are also included.

Location: Statewide

Target Population: Any pregnant or new mom across the state and nation.

Number Served: Serves 6272 pregnant or newly parenting moms (NC count only) per 5 month period.

Financing: Federal and Private funds

Evaluation: Source: “National Evaluation of Text4Baby,” **Source:**

<http://citph.org/2010/10/06/text4baby/>

Administering Agency: National Healthy Mothers, Healthy Babies Coalition (HMHB)

Contact: Tonya Daniel, LCCE, FACCE, Women’s Health Branch, NCDHHS, Office: 919-707-5680, tonya.daniel@dhhs.nc.gov

Other: HMHB’s program Text4Baby received an innovation award from the US Department of Health and Human Services.

- Since over 90% of Americans have a cell phone, service is unique because it reaches a diverse, wide-spread population. Text messages are extremely vital to the Medicaid population as well. With approximately 40% of US births are covered by Medicaid, sending and receiving text messages captures nearly 80 percent of Medicaid patients. According to the national evaluation, 61 percent of text4baby users live in zip codes with household median incomes less than \$50,000.
- If you are a BCBS insurance holder in NC and a pregnant or new mom, you have access to the following additional services: access to one-on-one nursing support, outreach from prenatal case managers, up to six annual nutrition counseling visits with a registered dietician, and educational materials covering the following: pregnancy, breast-feeding, postpartum depression, labor and delivery options and costs, general newborn care and choosing a pediatrician, car seats, day-care provider, discounts on certain breast pumps and supplies with free shipping, a prenatal resource guide, a child health record to help track pediatrician visits, immunizations and health milestones, and members’ specific benefits depend upon their current insurance plan.

Thriving at 3

Website: <http://thrivingat3.org/index.html>

Services: Identifies children with individual or family risk factors likely to affect social, emotional, and educational development. After a child is identified, the family is assigned to direct service providers in order to help families thrive and cope with crises. Each family receives a comprehensive in home family assessment and a customized individual and family development plan. The assessment attempts to determine whether or not the child is reaching appropriate developmental outcomes.

Location: County-Level, 1 County: Guilford

Target Population: Families with children up to three years old who may be at risk for social, emotional, and educational developmental delays.

Number Served: Serves 75 Latino children and their families

Financing: Private funds: United Way & Moses Cone Hospital

Evaluation: At this time, no official evaluation has been conducted

Administering Agency: Center for New North Carolinians at UNCG, Family Service of the Piedmont, and Parents as Teachers Faith Community Network.

Contact: Angela Guerrero, tatcoordinator@gmail.com, 336-256-1066

Other: Resource Directory lists other programs/services available to children in Guilford County, age birth to -3. **Source:** http://thrivingat3.org/resource_directory.pdf

TouchPoints

Website: (national website) <http://www.brazeltontouchpoints.org/> (Onslow county website) <http://www.onslowkids.org/index.php?pr=Touchpoints>

Services: By working with a multidisciplinary team of professional trainers to train everyone who impacts families and children, the program's goal is to reduce the rate of child abuse and neglect. The training is 16-18 hours and can be tailored to a group's specific needs. According to the national website, "Touchpoints are periods, during the first years of life during which children's spurts in development result in disruption in the family system." When developmental crises occur, the child might experience disorganization and reorganization of certain behaviors. By identifying and anticipating the touchpoints in a child's development the child, parents, and providers can all be working towards achieving the same 13 touchpoints that occur in the first three years, beginning in pregnancy.

- The initial training team of 4 Onslow County Partnership for Children staff and board members completed Touchpoints individual and community level training in the spring of 2004. Since that time, we have conducted 21 trainings with a total of 412 individuals. Team members represent the fields of pediatrics, social work, mental health, early intervention, developmental disabilities and early care and education. Training has been targeted to early care and education providers as well as other professionals in the community who work with children and families.

Location: County-Level, 4 Counties: New Hanover, Onslow, Wake, Mecklenburg

Target Population: Touchpoints is available to health care workers that work directly with pregnant mothers and their children from birth to age 3. The Touchpoints training could benefit all pregnant mothers and their children in areas where professionals are trained in Touchpoints.

Number Served: Since Touchpoints began in Onslow County in 2004, approximately 14,671 children have been directly impacted by the individuals who have received training in Touchpoints. The children who have been impacted results in approximately 11,832 families directly impacted by Touchpoints trainees.

Financing: State and Private funds.

Administering Agency: Partnership for Children (in some counties)

Evaluation: Currently, no official evaluation has been conducted.

Contact: Dawn Rochelle, (910) 938-0336 x222. dawn.rochelle@onslowkids.org

Triad Nussbaum Maternity Home, College-Based Supportive Community Housing Program, Non-Residential Aftercare Program

Website: http://www.roominn.org/programs/maternity_home_nc.asp

Services: State licensed maternity home provides shelter, food, transportation to medical and social service appointments, case management, and life skills education program for pregnant women and their children under 5. Licensure allows program to house up to 6 pregnant women and up to 4 of their children at any one time. Individualized service plans for case management and counseling are tailored to the specific needs of the mother and child. During the initial 21 day orientation period, each mother learns the household routine, completes a checklist of activities and accesses required medical, dental, nutritional and mental health/substance use screenings or evaluations. Life skills classes offered include parenting and infant care, childbirth, anger/stress management, CPR/First Aid, nutrition, adoption, dental hygiene, personal hygiene, housing, education planning, job search skills, and other topics of interest to current residents. Staff helps residents develop a plan for gaining access to income and permanent housing during their stay, and provide referrals to various community agencies, which can help residents gain the skills they need. The daily household routine helps establish basic skills in home maintenance, cooking, and personal management. The agency also operates a supportive housing program for maternity home graduates who are attending college or vocational training programs. The supportive housing program provides case management, referrals, and life skills education for program participants who live in independent apartments, which have a subsidized rent or program fees. A non-residential aftercare program is available for mothers and children who choose to participate. This program provides quarterly support group meetings as well as information and referral to community resources as needed.

Location: County-level, 1 County: Guilford

Target Population: Resident of NC, at least 14 weeks pregnant, without a severe psychiatric history, have parental/guardian permission (if a minor), willing to follow program rules, guidelines (including

medical and psychological recommendations), enrolled in the Maternal, Infant, and Child Healthcare Program

Number of people served: Served 251 Pregnant/Parenting Single Women during 2001-Present

Financing: State and Private Funds

Administering Agency: Room at the Inn, 501(c)3

Evaluation: The Room at the Inn has pulled together some basic outcomes from the pregnancy program,

Source: <http://www.roominn.org/programs/FactsOutcomes.asp>

Contact: Anne Cunningham 336-275-9566

Triangle Birth Network

Website: <http://www.trianglebirthnetwork.org/>

Services: The network serves as a local advocacy group that is dedicated to educating expecting mothers and their families and the community about choices in child-birth and the evidence based practice: Mother-Friendly Childbirth Initiative. The initiative defines and promotes mother-friendly maternity services in accordance with principles that empower a mother, her baby, provide pregnant women with autonomy, support, and respect, and guide care-givers to take responsibility for the life of their child. The network provides a list of local members, including midwives, doulas, childbirth educators, and other maternity professionals.

Location: County-level, 3 Counties: Durham, Orange and Wake.

Target Population: Pregnant mothers, women in preconception and postpartum stages of their lives, caregivers, health care providers, and spouses. Anyone can join, but the network is based in the Triangle area of NC.

Number Served: Do not have data.

Financing: Private Funds

Evaluation: No current evaluation has been done on this specific network.

Administering Agency: Birth Network National.

Contact: Anne Hayes, CD(DONA), Co-Chair, Triangle Birth Network, 919-413-4373, anne@brilliant-birth.com

Other: This program is a birth network national chapter that utilizes evidence-based practice of the Mother-Friendly Childbirth Initiative.

Highlights of the evidence: **Source:** <http://www.cfmidwifery.org/pdf/MFCevidencehighlights13B.pdf>

(M) TRICARE

Website: <http://www.tricare.mil/>

Services: A federal insurance program that covers military members and their families. Behavioral health services that are covered include acute inpatient psychiatric care, maternity care, parent and patient educational counseling, medically or psychologically necessary medications, family planning, mental health assessments as a part of well-child care, and telemental health.

Location: Statewide.

Target Population: Eligible persons include active duty or retired members of the armed forces (Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, Commissioned Corps of the National Oceanic and Atmospheric Association, National Guard, and the Reserves) and their families, survivors and/or others registered in the Defense Enrollment Eligibility Reporting System (DEERS). Service members must have been on active duty for at least 30 days to be eligible and retirees must have served at least 20 years to be eligible. Children and dependents of enrolled members from ages 0-21 years (or 0-23 years if dependent is enrolled in college full time) can receive coverage.

Number Served: In 2009, over 319,000 beneficiaries in North Carolina were enrolled (see NCIOM report on behavioral health of military, p. 69).

Financing: Federal.

Evaluation: Do not have data.

Administering Agency: Military Health System of the US Department of Defense.

Contact:

***Triple P**

Website: <http://www.triplep.net/>

Services: Provides a multi-level parenting and family intervention that aims to prevent severe emotional, behavioral, and developmental problems in children by promoting positive and nurturing relationships between parent and child. By increasing parents' sense of competence in their parenting abilities, parents improve their communication and reduce parenting stress. Additionally, the program provides parents with primary care provider advice and discussion on children's developmental and behavioral issues.

Location: County-level, 1 County: Davidson

Target Population: Available to all parents with children age 0-5, but geared towards parents and their children who are at-risk for child maltreatment

Number Served:

Financing: State and Federal funds, United Way donations. Davidson County Partnership for Children (DPFC) did not fund a Positive Parenting Program in FY09-10. DCPFC's Executive Director reports that the Fairgrove Family Resource Center, Inc., located in Davidson County, received state funds to implement this model. For more information, please contact Fairgrove Family Resource Center at (336) 472-7217.

Evaluation: A national, internal evaluation of the program illustrates the population-level benefits and feasibility of the program, **Source:** <http://www.triplep-america.com/documents/Prinz%20et%20al%202009%20Prev%20Science.pdf>, and The following article shows the positive results from the one credited program in NC, **Source:** http://tvillettimes.com/view/full_story/12837855/article-Parenting-classes-bring-positive-results-for-families?instance=main_article

Administering Agency:

Contact: Terri Nelson, 336.472.7217

Other: The program has five intervention levels of increasing intensity, which are the following: (1) universal media campaign that targets all parents in a community and involves social marketing and health promotion, (2) offers primary care providers advice and discussion to parents on children's developmental and behavioral issues, (3) targets children with mild to moderate behavior difficulties and includes active skills training for parents, (4) provides an intensive 10-session individual or 8-session group parent training program for children with more severe behavioral difficulties, (5) "Enhanced Triple P" is offered to families that complete a level four Triple P intervention.

Welcome Baby

Website: Link to Durham's Welcome Baby program: <http://www.welcomebaby.org/>

Services: Provides parenting education and support for new mothers through home visits and free parenting workshops that train parents about early child development and infant care during their child's first years of life. The program pairs new mothers with experienced mothers to assist with their healthy development Local Welcome Baby programs may also offer additional support services for new moms and their infants when available, such as a free clothing closets for parents to select children's clothing, maternity wear, and infant equipment, free car seats and infant cribs, developmental guides (http://www.welcomebaby.org/developmental_guides.html), Welcome Baby's newsletter, and a lending library.

Location: County-level, 12 Counties (FY09-10): Beaufort, Brunswick, Carteret, Durham, Forsyth, Haywood, Hyde, Franklin, Granville, Rockingham, Vance, and Wilkes. There may be more Welcome Baby projects funded through the local cooperative extension offices.

Target Population: In general, service are available to all new mothers and their infant children, but some programs may target at-risk families in particular, such as low-income families with children already enrolled in the Early HeadStart, mothers who are experiencing one or more of the following issues: living in a low income family, being a single mom, being a teen age mother, having a baby with a disability, experiencing postpartum depression, having a history of mental illness, being socially isolated, substance abuse and/or child abuse in her family of origin, experiencing domestic violence, being under educated, having difficulty with coping with the demands of being a parent, and/or having multiple children close in age.

Number Served: Smart Start state level data is not available at this time.

Financing: State and Private funds: Smart Start funds, non-profit funds, and private donations

Evaluation: In 2006, Durham's Partnership for Children (DPfC), administering agency for Welcome Baby in Durham County asked The Program Evaluation Group (TPEG) to evaluate their program based on the Performance-Based Incentive System (PBIS). **Source:**

<http://www.dpfc.net/assets/documents/reports/finalactivityreport0607.pdf>

Administering Agency: State-level, The North Carolina Partnership for Children, Inc.

Other: The Durham program provides community resources, developmental guides, and training workshops in English and Spanish. In addition, the Durham program is the local affiliate for the national Cribs for Kids program, which distributes cribs to referred families and teaches them about decreasing SIDS.

Contact: Donna White, dwhite@ncsmartstart.org

(D) Women's Birth & Wellness Center

Website: <http://www.ncbirthcenter.com/>

Services: The center provides a comfortable, family-oriented, and natural space to provide preconception, perinatal, and postpartum care to women. By creating a more holistic space for a mom to deliver her child with her family, the center strives to reduce the likelihood of perinatal and postpartum depression. The services offered are the following: birth control & family planning & IUI, pre-pregnancy counseling, certified nurse midwives, midwifery & nursing care throughout labor & delivery, facility with comfortable birth rooms, private baths and large tubs, family area with kitchen, immediate newborn care, breastfeeding support, postpartum home visit, telephone contact each postpartum day until home visit, postpartum visits at two & six weeks, and nurse midwife on call 24 hours a day

Location: Statewide, but the center is location in Orange County and has a limited number of beds.

Target Population: Any woman who is of birth bearing age and/or pregnant, with the exception of the following women who "risk out" due to current or ongoing medical conditions/habits: hypertension or high blood pressure, diabetes requiring insulin or medications, prior surgery on the uterus, anew patient with a prior Cesarean birth planning on a vaginal birth with a subsequent pregnancy, or VBAC, bleeding, or blood-clotting disorders, with a first pregnancy, being very overweight with a BMI higher than 35, with a second pregnancy or higher, being very overweight with a BMI higher than 40, history of a blood clot, smoking more than 1 pack per day.

Number Served: Do not have data.

Financing: Private insurance and Medicaid

Administering Agency: UNC and Association of Birth Centers

Evaluation: No official evaluation has been conducted.

Contact:

(D) Women, Infants, and Children (WIC)

Website: <http://www.nutritionnc.com/wic/index.htm>

Services: Provides healthy foods, health care referrals, breastfeeding support, and eating tips for pregnant and nursing mothers and children (up to five years of age).

Location: Statewide

Target Population: Pregnant, nursing and postpartum women, infants and children up to 5 years old who are reside in NC, have a gross family income below 185% of poverty (or receive SNAP, Medicaid, Work First) and are at nutrition risk based on one or more of the following factors: height and weight, blood test for low iron, health history, and diet history.

Number Served: 270,00 average annual participation

Financing: Federal funds.

Evaluation: Evaluation on WIC website, Source: <http://www.nutritionnc.com/wic/wicworks.htm> and Evaluation considering WIC from 1991, Source: <http://ajph.aphapublications.org/cgi/reprint/81/12/1625>

Administering Agency: state level by DPH

Contact: Alice Lenihan, Alice.lenihan@dhhs.nc.gov, 919-707-5740

Young Child Mental Health Collaborative (YCMHC)

Website: Not website available at this time.

Services: Network of professionals in Wake County who provide advocacy, write grants, sponsor training for early childhood mental health (0-5 years), and seek to increase community capacity. The YCMHC has been the catalyst for several community projects: the Mentor-Mentee Program, Project CATCH (Community Action Targeting Children who are Homeless), the Teen Parent Connection, the Institute of Medicine Study on Child Mental Health, as well as sponsoring trainings via Wake AHEC. The YCMHC also increases capacity by seeking gaps in the community and developing programs to fill them, training child mental health professionals, and promoting knowledge of the social and emotional needs of young children.

Location: County-level, 1 County, Wake.

Target Population: Children (0-5). The Collaborative consists of a myriad of mental health care professionals. The members represent different agencies (Department of Human Services, YWCA, Lucy Daniels Center, Wake County School System, Learning Together, and others) and professionals (psychiatrists, social workers, psychologists, therapists, pediatricians, etc.) throughout the county that provide mental health services to children.

Number Served: YCMHC does not provide direct service. However, programs developed by the Collaborative (CATCH and Teen Parent Connection) serve the following populations directly: teen mothers and their children, and homeless families in 9 area shelters. After completion of the Institute of Medicine Study, the information obtained will be used to develop further programming to meet the social and emotional needs of young children in Wake County. Our AHEC affiliated trainings are directed toward providers of services to children.

Financing: Active since 2001, the Collaborative relies on in-kind contributions of time and expertise. Funding for the Coordinator position comes from grants, most recently the John Rex Endowment, as well as administrative support from Wake County Smart Start.

Evaluation: Not applicable

Administering Agency: Not applicable.

Contact: Veronica Marmaud, LCSW, vmarmaud@gmail.com, 919.744.0167

Young Families Network

Website: <http://naminc.org/support-and-education/children/young-families/>

Services: Provides support for parents and/or caregivers of children with severe emotional disorders (SEDs). Also, offers training workshops and presentations to child-care workers, agencies, and caregivers in order to help them understand the nature and treatment of SEDs and mental illness in children. The network provides a statewide helpline and various support groups across the state. Also provided is a FREE 6 week program, NAMI Basics, available to parents and direct caregivers of children/adolescents showing symptoms of or who have been diagnosed with a mental illness.

Location: County-level, 16 Counties: Buncombe, Davie, Durham, Forysth, Guilford, Harnett, Henderson, Hoke, Lee, Moore, Polk, Richmond, Rutherford, Stokes, Transylvania, Wake.

Target Population: Parents, caregivers, child-care agencies of children with severe emotional disorders or mental illness

Number Served: Do not have data

Financing: Public Funds: Division of MH/DD/SAS – MH Block Grant Funding

Evaluation: While a formal evaluation has not been conducted, NAMI of NC has created a strategic plan for 2008-2013. **Source:** <http://naminc.org/nn/misc/strategicplan08-13.pdf>.

Administering Agency: National Alliance on Mental Illness (NAMI) North Carolina

Contact: Jennifer Rothman, 800-451-9682, jrothman@naminc.org

(D) Young Moms Connect

Website: www.youngmomsconnect.org

Services: Provides health maintenance, parenting skills, and parental self-sufficiency. Each community will establish an advisory council to implement the action plan, integrate six maternal health practices, implement or expand a home visitation program, and create integrated systems of care in the community. The six maternal health practices include early entry and effective utilization of prenatal care, establishment of a medical home, reproductive life planning, tobacco cessation counseling, promotion of healthy weight, and domestic violence prevention. March of Dimes will provide maternal health best practices trainings of health care providers in the five counties selected for the program. The NC Healthy Start Foundation will create a social marketing campaign related to the six maternal health practices. UNC-G will provide technical assistance to the project and an evaluation.

Location: County-level, 5 Counties: Bladen, Nash, Onslow, Rockingham and Wayne.

Target Population: Pregnant or parenting women ages 13-24.

Number Served: Do not have data.

Financing: Funded through Office of Adolescent Health with the Pregnancy Assistance Fund (federal).

Evaluation: Pending, will be conducted by UNC-G.

Administering Agency: Women's Health Branch of the Division of Public Health. Assistance from March of Dimes, NC Healthy Start Foundation, and UNC-Greensboro.

Contact: Alvina Long, alvina.long@dhhs.nc.gov

ZFive

Website: <http://www.zfive.org/about.cfm>

Services: Zfive is a community collaborative in Mecklenburg County developed to promote the social and emotional health of children zero to age five. .

Target Population: Professionals, parents and caregivers concerned with the well-being of children birth to five.

Number Served: Do not have data.

Location: County-level, 1 County: Mecklenburg.

Financing: Historically funded by Smart Start of Mecklenburg County, ZFive activities rely exclusively at this point on funding from Mecklenburg County Government through the Mecklenburg Children's Developmental Services Agency.

Evaluation: Prior year, current, and future evaluation studies are available on the web site, www.zfive.org or by contacting John Ellis at john.elis@mecklenburgcountync.gov

Administering Agency: MeckCares

Contact: John Ellis, John.Ellis@mecklenburgcountync.gov

Other: Currently funded activities include a district wide screening, evaluation and referral initiative for all children birth to age five referred to the Department of Social Services that have a substantiated finding of abuse, neglect or in need of services and a young child training component that includes a mentoring activity for licensed clinicians to receive more training in working with young children and their family and a community wide young child mental health training series.

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