

TASK FORCE RECOMMENDATIONS AT A GLANCE (September 2005)

Leadership

- NC General Assembly establish legislative oversight council (4.1)
- DPH develop a Leadership Team (4.2)

Surveillance

- DPH should develop a NC data collection system/surveillance system (5.1)

Social Norms

- PCA in partnership with DPH should take lead in developing a public education and marketing campaign on positive parenting (6.1)
- PCA, in collab with DPH, DSS, NCCADV, NCPC, DPI, DJJDP, Mediation Network of NC should support anti-violence grassroots efforts (6.2)

Evidence-Based and Promising Practice

- PCA, through involvement in Leadership Team, should convene an expert workgroup on EBP (7.1)
- Public/private funders place priority on funding EBP (7.2)
- PCA work with DMA, DPH, Community Care NC to replicate NFP (7.3)
- PCA, DPH work with Education Begins at Home Alliance to develop model of home visiting (strengthen HFA) (7.4)
- Leadership Team should work to pilot or replicate promising child abuse prevention programs such as PCIT, Strengthening Families, Chicago CPC (7.5)
- Leadership Team should work with:
 1. DSS/NCPC to move FRC to evidence-based practice (7.6)
 2. DSS/NCPC/CTF to use evidence-based parent education (7.6)
 3. DPH/CTF, other funding entities to retarget funding for child sexual abuse prevention (7.6)
 4. Expert Work Group, NCPC, DSS, CTF to develop intermediate shared indicators for maltreatment prevention (7.6)
- Leadership Team should work with DMH and other agencies/providers to promote use of evidence-based treatment for victims of maltreatment(7.7)

Enhancing Systems—Services for New Parents and Families with Young Children

- Leadership Team work with ECCS to identify common outcomes, common areas of focus, and integrate whenever possible (8.1)
- DMA/DPH/Education begins at Home Alliance work toward coordinated system of prenatal/early childhood home visitation programs (8.2)
- DPH/DMA strengthen MCC and CSC (8.3)
- DPH/DMA support Children's Developmental Services Agencies thru multiple strategies such as funding, training, new definitions, and connect with FSN (8.4)
- DMA, Rural Health, DPH enhance role of primary healthcare providers through support of medical homes initiative, ABCD and networks of prevention (8.5)
- Leadership Team and ECCS identify needs and strategies to enhance systems for promoting infant mental health (8.6)
- DCD, DPI, Office of School Readiness, NCPC work with EC Professional Development Institute to develop plan for increasing training of childcare providers to work with high-risk parents in prevention (8.7)

Enhancing Systems—Adding Services Developmentally and According to Needs

- PCANC work with FS agencies to increase availability of respite care, parent support groups, and parent support strategies (8.8)
- NCDHHS ensure research based strengthening parenting component included across departmental programs (8.9)
- Board of Education and DPI identify strategies to support at risk children by expanding availability of nurses, Child and Family support teams, etc; ensure counselors have adequate time to spend with children; identify and encourage schools to link to EBP; ensure that Title I, Pre-K, and Exceptional Children's Services work with Leadership Team (8.10)
- DSS, NCACDSS explore ways to expand prevention services through MRS, develop family strengthening/prevention strategies for Work First population (8.11)

Enhancing Systems—Reducing Risk Factors and Targeting Higher Risk Populations

- Pursue more rapid roll-out of Medicaid family planning waiver (8.12)
- NC General Assembly appropriate funding for Teen Pregnancy Prevention Initiatives and provide sex ed in schools (8.13)
- DPH assess potential costs and benefits of providing some level of service to all pregnant adolescents and adolescent parents (8.14)
- Leadership Team, DMH, substance abuse treatment organizations increase number of substance abuse treatment programs – particularly for women with children (8.15)
- DPH, DMH, DSS, DMA and other professional associations to assess prevalence of maternal and post-partum depression, examine service accessibility and availability (8.16)
- Leadership Team, NCCADV, PCA, DMH, DPH Injury and Violence Prevention to identify and pilot evidence-based primary prevention strategies(8.17)
- PCA work with Office of Education Services to strengthen services with regard to parent-child interaction and cm prevention for families enrolled in their services
- Leadership Team work with ECCS, NCPC, PCA, DCD and others to identify strategies to increase availability of quality, affordable childcare. (8.19)
- Leadership Team work with State Emergency Management Services, disaster response professionals and rapid response professionals to raise awareness of Shaken Baby and child maltreatment (8.20)
- Leadership Team work with state and local non-profit agencies to increase capacity of local communities to prevent maltreatment among military communities (8.21)
- Leadership Team work with NC Department of Corrections to assess risk of incarcerated parents and develop recommendations (8.22)

Funding

- DPI should ensure funds from CTF are used to support full-time administrator for Trust Fund (9.1)
- Increase \$ to CTF and appropriate funds for replication of PCIT and Strengthening Families (9.2)
- Leadership Team work to increase funds available to implement recommendations of TF by working with all divisions to ensure TF recs seen as priorities in existing funding streams and block grants; DMA to explore reimbursement changes to home visiting programs (MCC, CSC, etc.); prioritize recommendations in TF plans that have to do with \$\$ from General Assembly; work with CTF to increase sale of KIDS FIRST license plates; identify funding from non-governmental sources to pilot initiatives; work with local funders to promote EBP and funding of evaluation activities (9.3)