

STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

KODY H. KINSLEY  
SECRETARY

June 7, 2023

**SENT VIA ELECTRONIC MAIL**

The Honorable Jim Burgin, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 620, Legislative Office Building  
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 303, Legislative Office Building  
Raleigh, NC 27603

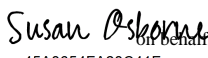
The Honorable Larry Potts, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 307B1, Legislative Office Building  
Raleigh, NC 27603

Dear Chairmen:

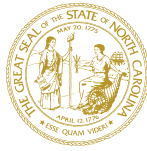
Session Law 2022-74, Section 9B.1.(a) requires the Department of Health and Human Services to submit a detailed plan and timeline to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on its proposal to transfer certain child and family well-being programs and services to a new division within the Department. Section 9B.1.(b) requires the Department of Health and Human Services to submit a subsequent report detailing any revisions to the proposal, along with an explanation for each of the revisions. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Walker Wilson, Assistant Secretary for Policy, at [Walker.Wilson@dhhs.nc.gov](mailto:Walker.Wilson@dhhs.nc.gov).

Sincerely,

DocuSigned by:  
  
Susan Osborne  
45A8654FA28C41F...  
on behalf of Kody H. Kinsley  
Kody H. Kinsley  
Secretary

- |     |                 |                            |                  |                |
|-----|-----------------|----------------------------|------------------|----------------|
| cc: | Mark Collins    | Joyce Jones                | Lisa Wilks       | Jessica Meed   |
|     | Theresa Matula  | Katherine Restrepo         | Amy Jo Johnson   | Luke MacDonald |
|     | Nathan Babcock  | Francisco Celis Villagrana | Fred Aikens      | Todd Barlow    |
|     | Darryl Childers | Melissa Roark              | Marissa Doctrove | Tai Rochelle   |



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SECRETARY

June 7, 2023

**SENT VIA ELECTRONIC MAIL**

Mr. Brian Matteson, Director  
Fiscal Research Division  
Suite 619, Legislative Office Building  
Raleigh, NC 27603-5925

Dear Director Matteson:

Session Law 2022-74, Section 9B.1.(a) required the Department of Health and Human Services to submit a detailed plan and timeline to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on its proposal to transfer certain child and family well-being programs and services to a new division within the Department. Section 9B.1.(b) requires the Department of Health and Human Services to submit a subsequent report detailing any revisions to the proposal, along with an explanation for each of the revisions. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Walker Wilson, Assistant Secretary for Policy, at [Walker.Wilson@dhhs.nc.gov](mailto:Walker.Wilson@dhhs.nc.gov).

Sincerely,

DocuSigned by:  
*Susan Oshorne*  
on behalf of Kody H. Kinsley  
45A8654FA28C41F...  
Kody H. Kinsley  
Secretary

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**Revisions to the Detailed Plan for Reorganizing the Division  
of Child and Family Well-Being Programs  
Session Law 2022-74, Section 9B.1.(b)**



**Report to**

**The Joint Legislative Oversight Committee**

**on Health and Human Services**

**and**

**Fiscal Research Division**

**By**

**North Carolina Department of Health and Human Services**

**June 7, 2023**

## **Reporting Requirement**

North Carolina Session Law 2022-74, Section 9B.1.(a) directs the North Carolina Department of Health and Human Services (“NCDHHS”) to submit a detailed plan and timeline for transferring certain child and family well-being programs and services to a new division. North Carolina Session Law 2022-74, Section 9B.1.(b) directs North Carolina Department of Health and Human Services (“NCDHHS”) to submit an update of any revisions to the detailed plan for transferring programs and services to the Division of Child and Family Well-Being pursuant to North Carolina Session Law 2022-74, Section 9B.1.(a).

### **Session Law 2022-74, Section 9B.1.(b)**

By April 1, 2023, the Department shall submit to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division any revisions to the detailed plan required by subsection (a) of this section, along with an explanation for each of the revisions.

### **Session Law 2022-74, Section 9B.1.(a) :**

By October 1, 2022, the Department of Health and Human Services (Department) shall submit a detailed plan and timeline to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on its proposal to transfer certain child and family well-being programs and services to a new division within the Department. At a minimum, the plan shall include the following:

- (1) The mission and purpose of the proposed new division.
- (2) A list of the specific programs and services to be transferred to the new division.
- (3) A detailed proposed budget for the new division, including:
  - a. The specific budget codes and fund codes that would be impacted by the creation of the new division and the transfer of certain child and family well-being programs and services into the new division.
  - b. Identification of any positions that would be transferred to the new division.

c. An estimate and explanation of any realignment or reapportionment of State funds or federal block grant funds that would be necessary to implement the proposed reorganization. If any fund codes are being split, the estimated dollar amount that will be allocated to each division.

(4) Anticipated impact on local governments and key service providers.

(5) Identification of the specific functions, powers, duties, and obligations that would need to be transferred to the new division in order to implement this proposed reorganization.

(6) Any legislative changes that would be necessary to implement this proposed reorganization.

(7) Any other information the Department deems relevant to implementing this proposed reorganization.

## **Executive Statement**

In January 2022, North Carolina Department of Health and Human Services (NCDHHS) established the Division of Child and Family Well-Being (DCFW), following requirements as outlined in North Carolina General Statute §143B-10(b). DCFW brings together staff and programs serving the behavioral health, physical health, and social needs of children and families. Under DCFW, programs and staff that previously operated under three separate divisions with broad missions are unified under one Division dedicated to the well-being of children and families. A detailed report of the transition of programs and staff to DCFW was submitted to the Joint Legislative Oversight Committee on Health and Human Services and Fiscal Research Division on November 16, 2022. The purpose of this report is to identify and explain any revisions to the detailed plan submitted in November 2022. There are no substantive revisions to the plan to report; however, there are early positive program impacts for children and families (outlined below under Programs and Services) related to DCFW’s unified structure.

## **Mission & Purpose**

DCFW was established to better position DHHS to care for the whole child by breaking down siloes. DCFW’s purpose is to improve child and family well-being to support NCDHHS’s mission to ensure that all children are healthy and thrive in safe, stable, and nurturing families, schools, and communities. DCFW works to integrate behavioral health, physical health, and social programs to provide coordinated and streamlined whole-family care. Increasing coordination enhances North Carolina’s ability to meet and grow in response to the escalating needs of children and families in the aftermath of the COVID-19 pandemic.

## **Programs & Services**

DCFW brings together complementary health and human service programs that serve children, youth, and their families. The new DCFW brings together programs and staff that were previously operating across multiple department divisions — Division of Public Health (DPH), Division of Social Services, and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS), referred throughout this report as “originating divisions” — to support children, youth, and their families’ physical, behavioral, and social needs under one unifying Division. Focusing on these areas allows DCFW to dedicate its

services to whole person care. All programs were transitioned from the originating divisions to DCFW according to the detailed plan as outlined in the previous report to the JLOC on HHS and FRD dated November 16, 2022.

These programs include:

- Nutrition programs for children, families, and seniors, including Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Child and Adult Care Food Program (CACFP), and the Food and Nutrition Services Program (FNS);
- Health-related programs and services for children and youth, such as school health promotion, home visiting services, supports for children and youth with special health care needs, genetics and newborn screening programs;
- School and community behavioral health services for children and youth, including coordination with schools to provide behavioral health training and supports to school personnel and programs that increase access to behavioral health services and supports in the community;
- Early Intervention/North Carolina Infant-Toddler Program, which provides supports and services to children ages zero to three with developmental delays or established conditions.

A detailed list of DCFW programs with originating division, new DCFW section/unit, and a program description appear in the Appendix.

### **A Unified Structure Yields Early Positive Impacts for Children and Families**

Early positive program impacts of the unified DCFW structure demonstrate the value of removing program and funding siloes to hone our focus on the well-being of children and families. DCFW's unified structure places an emphasis on the coordination and integration of behavioral health, physical health, and social programs, data-driven decision-making, equity and whole-person supports, leveraging of funding, and private-public partnerships to better serve children and families and maximize the state's investments in their health and well-being.

Examples of early positive impacts for children, families, and communities are described below in two of DCFW's early priority areas of food and nutrition security and child behavioral health:

## Addressing Major Crises for Child and Family Well-Being

**Infant Formula Shortage: North Carolina’s proactive response to the national infant formula shortage, led by DCFW’s Women, Infants, and Children (WIC) team, positioned NC as a leader in the country in our state’s response to the national infant formula shortage.** The ongoing formula shortage has created stress for families and challenges for programs working to support their nutritional needs. DCFW took proactive steps over the past year to support families and mitigate challenges during the infant formula shortage in the following ways:

**Quick action to implement federal flexibilities to help families:** As the severity and scope of infant formula crisis evolved, DCFW applied for [additional waivers](#) from the USDA so that families participating in WIC could purchase more brands, sizes, and types of infant formula with their WIC benefits. As recent as February 2023, North Carolina was the first state to receive a waiver extension that allowed families to continue to receive alternate formula products with their WIC benefits due to ongoing supply challenges. Because of the robust data infrastructure DCFW built in 2022, we were able to show the USDA why this extension was needed.

**Equitable outreach and communication strategy:** DCFW built a multi-tiered communication strategy to engage with families, local WIC agencies, health care providers, and other partners. A top priority was regular and clear guidance for families, which led us to launch an information hub ([www.ncdhhs.gov/formula](http://www.ncdhhs.gov/formula)) and develop easy-to-use formula guides for families. We also initiated an equity workstream in our response team to implement strategies to mitigate disparities widened by the shortage. Strategies included infant formula shortage webinars in partnership with well-established partner organizations that brought historically marginalized population leaders together during COVID, as well as making all family-facing materials available in Spanish as well as key messages in [21 other languages](#).

**Clearly defining our family-centric north star and team structure:** Amid a rapidly evolving situation, we centered our efforts on helping the infants and families of North Carolina. DCFW established a unified leadership team that coordinated resources across the Division, Department, and with external partners. DCFW organized policy, data, and communications workstreams



across the Department to ensure an efficient, coordinated, and effective response with timely and accurate communication with private partners and the general public. An example of the Department's targeted coordination was a partnership with North Carolina Medicaid managed care plans to clarify and expand their breast pumps and lactation consultation. DCFW has continued to lead with active management of policy, data, and operations as the formula shortage has continued into the second quarter of 2023.

**Data-driven decision making:** Early in the shortage, DCFW identified multiple gaps in our visibility into the formula supply that was available to families. Building new data points to understand North Carolina's formula supply was a top priority early in our response. We leveraged multiple data collection methods and sources because we recognized that no single data source would provide a full picture of the experience of families, vendors, and manufacturers. We expanded data capacity for responding to the shortage by bringing on support from the DHHS Data Office to be embedded with our WIC team for several peak months of the shortage. Our data supply work in summer 2022 has allowed North Carolina to become a leader in infant formula supply data, with our team sharing data with the USDA on a regular basis.

#### Bringing WIC and FNS Together Under Unified Leadership

**Promoting cross-program enrollment across WIC, FNS, and Medicaid.** DCFW is building upon foundational data work in 2022 to link data on families enrolled in WIC, FNS, and Medicaid. In the next stage of this work, DCFW is identifying families who are eligible but not enrolled in WIC using cross-linked program data and testing the effectiveness of tailored outreach strategies for enrolling families in the WIC program. DCFW's unified leadership structure drove and facilitated the design and implementation of the cross-enrollment initiative to identify opportunities for families to maximize food and nutrition benefits and decrease hunger across North Carolina.

DCFW's cross-enrollment program was selected as one of eight projects to receive [NC Evaluation Fund](#) grants from the Office of State Budget and Management (OSBM). The Benefits Data Trust (BDT) selected NC as one of two states to receive funding for project management support and technical assistance for NC's WIC, FNS, and Medicaid cross-enrollment initiative.

**Greater collaboration among Federal, State, and Local Agencies and Other Stakeholders around Nutrition Security.** DCFW hosted the first virtual Food and Nutrition Security Summit on March 2-3, 2023, which brought together over 350 North Carolina leaders representing state and local government agencies as well as the private and nonprofit/community-based organizations around the topic of nutrition security. It was DCFW's unified structure that now houses the major food and nutrition programs under one division that provided the foundation for this extensive collaboration. The focus of the summit was nutrition security for North Carolina's most vulnerable residents, particularly as major COVID-era nutrition benefits come to an end. During this summit, DCFW shared information about programs within its purview (e.g., WIC, FNS Employment & Training), as well as collaborated with other DHHS divisions (e.g., Division of Aging and Adult Services) and other partners (e.g., Feeding the Carolinas food bank association, Foundation for Health Leadership Initiative which supports NCCARE360). The Summit resulted in greater collaboration among local and state government and nonprofit partners regarding nutrition security. DCFW's unified leadership structure drove and facilitated the concept, collaboration, and execution of the summits to expand statewide coordination of food and nutrition efforts to address food insecurity among North Carolinians.

#### Coordinating Effectively with Schools

**Unified School Behavioral Health Strategic Plan: A cross-departmental and cross-divisional plan.** DCFW led a cross-departmental, cross-divisional initiative with the Department of Public Instruction (DPI) to create a Unified School Behavioral Health Strategic Plan to meet the growing behavioral health needs of students and school personnel. DCFW's unified structure supported this collaboration as the strategic plan co-leads formerly worked in two separate divisions, DPH and DMH, now work side-by-side on an integrated team within DCFW. The unified plan includes, but is not limited to, a statewide school electronic health record system to track children's behavioral health needs and interventions from school to school to the extension of Project AWARE/ACTIVATE, addresses the three tiers of behavioral health (promotion, prevention, and intervention) through a continuum of education, universal screening, and appropriate services and supports for all students in response to varying levels of need.

**Leveraging K-12 COVID-19 testing funds and infrastructure to address Child Behavioral Health in schools. NCDHHS is working with more than 1,584 K-12 schools in 70 counties across North Carolina to expand access to mental health resources for staff, students, and families.** It is a partnership between DHHS, Department of Public Instruction (DPI), and K-12 schools focused on the **whole person health** of students and staff, **local flexibility and innovation** to meet local needs, and **awareness** of mental health services. Examples of initiatives include:

- Staff in 130 schools, from 43 counties, will have direct access to child psychiatry experts, through the expansion of NC-Psychiatric Access Line (NC-PAL) to K-12 schools, for training and consultation to ensure school staff have the support they need to help their students who may be dealing with mental and behavioral health concerns.
- One Hundred Thirty-Eight (138) districts and charter schools received up to \$60,000 for locally-driven initiatives prioritized and led by School Health Advisory Councils (SHAC), local coalitions of parents, staff, and community members, that meet the mental and behavioral health needs of students and staff in their district. Many districts are using the funds to implement evidenced-based interventions.

**North Carolina implementation of the Pandemic Electronic Benefits Transfer (P-EBT) program for School Year 2022-2023.** DCFW was approved by the USDA to operate the P-EBT program during the 2022-2023 school year. DCFW is approved to issue P-EBT benefits to children in K-12 schools, virtual schools, and homeschool in addition to children ages five years or younger. A key component to the P-EBT program's success is coordination between the Food and Nutrition Services team, which has responsibility for administering P-EBT, and the North Carolina Department of Public Instruction, which shares data with DCFW to identify children who are eligible for P-EBT.

Additionally, there is a strong collaboration between the Child and Adult Care Food Program (CACFP) within DCFW that provides data to the FNS team to inform the P-EBT benefit amount for children 5 years and younger. DCFW has continued to prioritize the implementation of P-EBT to maximize nutrition benefits that are available to children. With fewer than a quarter of

states now participating in P-EBT, DCFW has continued to prioritize the implementation of P-EBT to maximize nutrition benefits available to children.

#### Building Data Transparency Resources for Children and Families

**Development of a Child Behavioral Health Data Dashboard to provide a data and analysis infrastructure across child-serving sectors to identify gaps and inequities in service provision and well-being outcomes** and to ensure the most effective deployment of federal, state, and local resources. DCFW's child behavioral health unit is an integrated team of behavioral health and physical health experts that were previously spread across multiple divisions. Now unified within DCFW, the team assembled a multi-disciplinary brain trust to identify the appropriate priorities and metrics. The dashboard provides visibility into four areas: general population, foster care population, school behavioral health, and early childhood. The first version of the dashboard will be internal-facing and is scheduled to go-live in the summer of 2023. The next version of the dashboard will be external-facing for public awareness and transparency.

#### Child Behavioral Health

**Development of Coordinated Action Plan: DCFW's charge to focus on the well-being of all children uniquely positioned DCFW to lead the cross-divisional effort to examine all systems that serve children and create prevention and treatment solutions to help every child and family experiencing adversity to cope, repair and heal.** The Coordinated Action Plan, [click here to access](#), addresses the urgent crisis of children with complex behavioral health needs who come into the care of child welfare services. DCFW's unified leadership structure allowed for cross-divisional coordination, resulting in a Coordinated Action Plan that transforms the way the child welfare, behavioral health, and other systems work together to support children and families.

#### Workforce Crisis for Early Intervention/Infant-Toddler Program

**Staff retention increase for 324 Early Intervention Service Coordinators who support families in communities across the state, and represent 37% of DCFW's workforce, using**

**Labor Market Adjustment Reserve (LMAR) funds.** The NCGA funded a LMAR for FY 22-23 to address salary compression and market forces. DCFW directed \$70k in state LMAR funds (which will draw down X in federal dollars) for a system-wide staff retention strategy and increased salaries for 324 Early Intervention Service Coordinators who work directly with families of children, zero to three years of age, with suspected developmental delays. DCFW's focused scope on the well-being of children and families eliminates competing program priorities. DCFW directed the funds to the retention and elevation of staff who directly support children and families, and to our commitment to invest in upstream strategies for children and families to address issues early and reduce the need for future services.

## **Budget**

There are no substantive revisions to the budget section of the Detailed Plan for Reorganizing DCFW Programs dated November 16, 2022. DCFW's budget is comprised of requirements (total budget), receipts, appropriation, and positions moved in alignment with the programs and services reorganized into the DCFW. From all sources, the budget totals \$572.9M, with \$516.3M from federal and other receipts, and \$56.6M in net state appropriations. The increase in requirements, receipts, and appropriation from the November 16, 2022 report is due to the implementation of the SFY 22-23 legislative increases per SL 2022-74. The full-time equivalent (FTE) position count remains 868.725.

## **Legislative Changes**

Certain programs administered by NCDHHS require statutory changes to reflect the alignment of child and family programs under DCFW. There are no revisions to the statutory changes outlined in the previous report.

**Appendix: DCFW Programs – Name and Description by Section**

<b>COMMUNITY NUTRITION SERVICES</b>
<p><b>WIC Special Supplemental Nutrition Program for Women, Infants, and Children (“WIC”):</b> Provides healthy food and health care support to eligible pregnant women, breastfeeding women who gave birth in the last 12 months, women who have had a baby in the last 6 months, children up to age 5 years of age, and infants.</p>
<p><b>Child and Adult Care Food Program (“CACFP”):</b> Uses federal funds from the United States Department of Agriculture’s CACFP to provide reimbursement to qualified caregivers for meals and supplements (snacks) served to eligible child and adult participants in qualifying non-residential care facilities such as childcare centers, family childcare homes, afterschool programs, Head Start programs, adult day care centers, and homeless shelters.</p>

**Table II. Early Intervention Section**

EARLY INTERVENTION SECTION
<p><b>NC Infant-Toddler Program:</b> Provides direct services and supports to families with children ages birth to three who have, or are at risk for, disabilities. Early intervention providers include early childhood special educators, physical therapists, occupational therapists, speech and language pathologists, and health professionals. Services are offered at 16 regional Child Development Service Agencies (“CDSAs”) across NC.</p>

**Table III. Food and Nutrition Services Section**

FOOD AND NUTRITION SERVICES SECTION
<p><b>Food and Nutrition Services:</b> The Supplemental Nutrition Assistance Program (SNAP) is a federal nutrition assistance program that is referred to as Food and Nutrition Services in North Carolina, formerly known as Food Stamps. FNS provides low-income families the resources they need to purchase food for a nutritionally adequate diet. Benefits are issued via Electronic Benefit Transfer (“EBT”) cards under the federal food assistance program.</p>

**Table IV. Whole Child Health Section**

Unit	WHOLE CHILD HEALTH SECTION
<p><b>Best Practices Unit</b></p>	<ul style="list-style-type: none"> <li>• <b>Children and Youth with Special Health Care Needs (“CYSHCN”)</b> <ul style="list-style-type: none"> <li>○ <b>CYSHCN Help Line:</b> Assists families of children and youth with special health care needs and the providers who serve them via a toll-free number.</li> <li>○ <b>Innovative Approaches (“IA”) for CYSHCN:</b> Works to improve the service systems for children and youth with special health care needs from birth to 21. This initiative is being carried out in Cabarrus, Henderson, and Polk counties by working in partnership with families, medical providers, and community agencies.</li> <li>○ <b>Commission on Children with Special Health Care Needs:</b> Governor appointed commission that monitors the availability and quality of services for CSHCN and makes policy recommendations to state leaders.</li> <li>○ <b>Dental Home for CYSHCN:</b> Provides comprehensive dental care to CYSHCN through a team of providers. The Dental Home for CYSHCN Initiative, established by the Commission on CSHCN, provides training and TA for families and dental providers serving CYSCHN.</li> <li>○ <b>CYSHCN Whole Child Health Section Family Partners:</b> Provides consultation and guidance to the Whole Child Health Section to inform agency efforts and supports families of CYSHCN via training and other modalities.</li> </ul> </li> <li>• <b>Local Child Fatality Prevention Teams:</b> Supports teams in each county that review contributing causes of child deaths and provide systems change recommendations to the State Child Fatality Prevention Team and the Child Fatality Task Force.</li> </ul>



Unit	WHOLE CHILD HEALTH SECTION
	<ul style="list-style-type: none"> <li>• <b>Office on Disability and Health:</b> Integrates disability access and inclusion in public health program, provides technical assistance (“TA”), and builds capacity and public health infrastructure to support children and youth with disabilities.</li> <li>• <b>Health Check and Health Choice Outreach:</b> Connects with hard-to-reach populations to increase Medicaid/CHIP coverage, early periodic screening, diagnostics, and treatment (“EPSDT”) usage, and access to quality medical homes.</li> <li>• <b>Child Health Program Monitoring:</b> Monitors Child Health Clinical Programs in LHDs, performs LHD site visits, provides compliance information and accreditation of children and youth programs, and provides TA to LHDs on newborn home visiting services.</li> </ul>
<b>School, Adolescent, and Child Health Unit</b>	<ul style="list-style-type: none"> <li>• <b>School Nurse Consultants:</b> Work with local school nurses, other school staff, LHDs to Provide education, monitoring, clinical guidance, consultation, and policy development to local school nurses, LHDs, and other school staff to support student wellness and health needs.</li> <li>• <b>Child Health (“CH”) Nurse Consultation:</b> Provides clinical guidance, quality assurance, consultation, technical assistance, monitoring and training for Child Health Program staff regarding well and sick care; newborn home visits, and training to RNs to become Enhanced Role Registered Nurses to improve access to care. Comprised of one State Child Health Nurse Consultant and six Regional Child Health Nurse Consultants.</li> <li>• <b>Care Management for At-Risk Children (“CMARC”) Consultation and Technical Assistance:</b> Provides consultation and TA to LHDs serving children birth to 5 who meet priority risk factors, coordination between health care providers, community programs and supports, and family support programs, and coordinates funding to LHDs to replicate this service in the non-Medicaid population.</li> </ul>

Unit	WHOLE CHILD HEALTH SECTION
	<p>Comprised of one CMARC Program Manager with support from the Child Health Nurse Consultant Team.</p> <ul style="list-style-type: none"> <li>• <b>Health Assessments:</b> Maintains and updates NC Health Assessment form as required by House Bill 13, Session Law 2015-222 and school reporting, including surveys to schools for immunization requirements.</li> <li>• <b>School-Based Health Centers (“SBHCs”):</b> Funds and supports SBHCs to provide primary medical care to students across the state.</li> <li>• <b>Vision Screening:</b> Enhances collaboration with school nurse consultants to use certified screeners in schools and to provide vision screening services in NC Pre-K programs across the state.</li> <li>• <b>School Health Nutrition Consultation and Support:</b> Provides nutrition consultation, education, and best practices in nutrition interventions to local school systems, LHDs, and other providers.</li> <li>• <b>Behavioral Health:</b> Utilizes NC Adolescent Health Coordinator under Title V and the Association of Maternal and Child Health Programs (AMCHP) to expand public understanding of approach to children, youth, and family’s mental health and well-being and promotes the integration of behavioral health in child and youth programs.</li> <li>• <b>Youth Health Advisory (“YHA”) Team:</b> Youth, between the ages of 14 and 18, provide unique perspectives and voices in shaping how NC responds to youth health issues.</li> </ul>
<b>Child and Family Wellness Unit</b>	<ul style="list-style-type: none"> <li>• <b>Child Care Health Consultation (“CCHC”):</b> Conducts orientation, training, clinical consultation, TA, leadership, and support to newly hired local CCHCs and manages agreement addenda for child health services.</li> <li>• <b>Home Visiting programs:</b></li> </ul>

Unit	WHOLE CHILD HEALTH SECTION
	<ul style="list-style-type: none"> <li>○ <b>Maternal, Infant, and Early Childhood Home Visiting (“MIECHV”) Program: Provides</b> support to pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes. Plans and implements programs statewide in partnership with early childhood stakeholders.</li> <li>○ <b>Nurse Family Partnership:</b> Supports home visiting programs across the state.</li> <li>○ <b>Healthy Families America (“HFA”):</b> Supports local HFA models to provide standardized screening and assessment of families, develop support plans, resources, employment assistance, childcare, substance use treatment and support, outreach activities in local communities.</li> <li>● <b>Triple P (Positive Parenting Program):</b> Supports statewide comprehensive evidence-based system for caregivers to improve parent practices, child behavior, build family resilience, and reduce stigma of asking for parental assistance. This includes online consultation and education modules.</li> </ul>
<b>Genetic and Newborn Screening Unit</b>	<ul style="list-style-type: none"> <li>● <b>Early Hearing Detection and Intervention Program:</b> Provides coordination of a state-wide system of care for newborns, infants, and children who are or become deaf or hard of hearing. The program provides direct hearing screening services and collaborates with hospitals, midwives, audiologists, early intervention providers, physicians, specialty physicians, and family-to-family support services.</li> <li>● <b>Newborn Metabolic Screening Follow-Up:</b> Connects infants identified with a borderline or positive screening result for a disorder with a primary-care physician and/or specialists for diagnostic and follow-up care in timely manner.</li> <li>● <b>Craniofacial Services:</b> Assists uninsured children who need craniofacial services through a contract with the University of North Carolina (“UNC”) Adams School of Dentistry.</li> </ul>

Unit	WHOLE CHILD HEALTH SECTION
	<ul style="list-style-type: none"> <li>• <b>Cochlear Implants (Children’s Communicative Disorder Program (“CCCDP”)):</b> Provides financial assistance for children who are deaf or hard of hearing to receive hearing aid or cochlear implant services. Services are provided through a contract with UNC School of Medicine.</li> <li>• <b>Genetic Counseling Services:</b> Develops materials, conducts trainings, and provides consultation and contracted genetic services for those who are uninsured or underinsured.</li> </ul>
<b>Child Behavioral Health Unit</b>	<ul style="list-style-type: none"> <li>• <b>Youth Mental Health First Aid:</b> Teaches adults (18+) how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.</li> <li>• <b>Project AWARE/ACTIVATE:</b> Promotes innovative service delivery-based NC School Mental Health Initiative for behavioral health services recommendations to reduce disciplinary events, dropout rates, suicide rates, and substance use disorder.</li> <li>• <b>NC Psychiatric Access Line (“NC-PAL”):</b> A payer-blind telephone psychiatric consultation and education service for primary care providers to help patients with behavioral health needs.</li> <li>• <b>System of Care (“SOC”):</b> Coordinates 75 statewide SOC Community Collaboratives to support a well-coordinated service system through problem solving and system enhancement.</li> <li>• <b>Children with Complex Needs:</b> Identifies Children with Complex Needs and links them to diagnostic testing and appropriate services through Local Managed Entities – Managed Care Organizations (LME-MCOs).</li> <li>• <b>Rapid Response Team:</b> Coordinates and facilitates a cross-divisional team (DCFWD, DSS, DMHDDSAS, DHB) to evaluate information provided by county DSS directors about DSS-involved youth and coordinates a response to address a child’s immediate needs. Formally recognized by SL 2021-132.</li> </ul>

Unit	WHOLE CHILD HEALTH SECTION
	<ul style="list-style-type: none"> <li>• <b>North Carolina Child Treatment Program: Problematic Sexual Behaviors:</b> Provide evidence-based training and consultation in Problematic Sexual Behaviors — Cognitive Behavior Therapy (PSB-CBT) to licensed therapist to treat school-age children.</li> <li>• <b>NC Child Treatment Program:</b> Provides infrastructure and workforce development through expanded access to training and consultation in evidence-based therapy models for clinical mental health providers delivering child and family-focused trauma treatment services.</li> <li>• <b>Family Partners:</b> Specialized training and technical assistance is provided to parents and caregivers of youth who have received behavioral health services. Family partner coordinators offer peer-to-peer support to parents and caregivers to help them navigate the behavioral health system to support their child. This program addresses the workforce shortage by increasing the number of certified family partner coordinators in NC.</li> <li>• <b>Modular Approach to Therapy for Children w/Anxiety Depression Traumatic Stress Conduct Disorder (“MATCH”):</b> Offers standardized, virtual-based clinician training and features readiness and sustainability assessments for service providers.</li> <li>• <b>High Fidelity Wrap Around Services:</b> Assists youth and family in achieving the changes they want for their lives. The interactive, team-based approach employs ten principles and four phases to help families reach their desired outcomes develop skills, confidence, and natural support systems for the future.</li> </ul>