

North Carolina Department of Health and Human Services

Opportunities for Philanthropy to Support Child and Family Well-Being*

September 2024

The North Carolina Department of Health and Human Services (NCDHHS) leads state efforts to promote and support child and family well-being. The Office of the Secretary leads strategic planning for child and family well-being work which occurs across several administrative divisions within NCDHHS.

- The [Division of Child Development and Early Education](#) (DCDEE) oversees programs that ensure and promote the health and safety of children in child care programs, implement and promote evidenced-based standards and practices that encourage early childhood care and education program quality, and increase access to quality child care to families and children across North Carolina.
- The [Division of Child and Family Well-Being](#) (DCFV) focuses on implementing programs that meet the health, social, and emotional needs of children, youth, and families.
- The [Division of Public Health](#) (DPH) oversees programs promoting health and health services for all individuals, including people of reproductive age, children and families, infant and maternal health initiatives, and prevention of communicable diseases.
- The [Division of Social Services](#) (DSS) provides guidance and technical assistance to agencies providing direct services to children and families experiencing the impacts of poverty, family violence, and exploitation.

This document highlights areas of work across these divisions presenting opportunities for philanthropy to align their grantmaking to, or collaborate with, NCDHHS on work related to certain child welfare and maternal health services and initiatives related to topics including:

- [Kinship placements](#)
- [Preventing children from entering foster care](#)
- [Trauma-informed assessment implementation](#)
- [Supporting workforce capacity for local DSS](#)
- [Access to family planning and contraception](#)
- [Expanding availability of doulas](#)
- [Supporting maternal mental health](#)
- [Preventing substance abuse and domestic violence related maternal deaths](#)
- [Preventing congenital syphilis](#)
- [Addressing gaps in WIC funding](#)
- [Support for SUN Bucks summer food assistance](#)
- [Reach Out and Read / Mental Health Supports for Young Children and Families](#)

(Early childhood education and child care and child behavioral health issues are addressed in separate documents.)

For questions related to specific topics addressed in this document, please see contact information below. For questions related to overall child and family well-being strategy, **please contact Hanaleah (Hoberman) Levy, Director of Child and Family Strategy, hanahleah.hoberman@dhhs.nc.gov.**

Broadly, this document presents opportunities for philanthropy to support pilots testing applicability of innovative evidence-based approaches and evaluations thereof; capacity enhancements to address specific resource needs; development of communications and outreach campaigns and materials; and efforts to address workforce shortages and curb turnover.

Child welfare

The following discussion explains some critical NCDHHS efforts to improve certain child welfare services and opportunities for philanthropy to support needs or “fill in gaps” related to their implementation or expansion.

Kinship placements

Kinship placements occur when a child coming into foster care is placed with a caregiver related by blood, marriage, or adoption. Kinship caregivers are eligible to receive half the room and board rate for each child placed in their home.² “Fictive kinship” placements occur when a child coming into foster care is placed with a caregiver who has a close relationship with the child, but is not related by blood, marriage, or adoption. Fictive kinship caregivers are not eligible for reimbursements that licensed or kinship foster caregivers receive.

Opportunities for philanthropy

1. Support search and engagement of kinship placements (including fictive placements). DSS county offices seek to: 1) quickly identify any caregiver who has a significant engagement with a child to support children in their original homes so they do not go into foster care; and 2) reenergize searches for people with meaningful connections to children who have been in foster care for a lengthier period of time. Identifying and investigating kinship and fictive kinship caregivers is a time intensive endeavor requiring training on conducting interviews and other identification and investigation activities. With staffing shortages in DSS county offices statewide, NCDHHS is considering contracting an independent provider but will need funding to support such services.

2. Support evaluation for effectiveness. Philanthropic funds could help NCDHHS evaluate outcomes of kinship placements. NCDHHS seeks to collect and analyze data to address questions including: What are the permanency outcomes for children placed in kinship placements (i.e., whether they exit foster care through custody, guardianship, adoption)? How many subsequent moves following kinship placements children experience and what those changes in placement are? How many kinship providers become licensed foster care parents, and in what timeframe?

For more information, contact Adrian Daye, Deputy Director, DSS at adrian.daye@dhhs.nc.gov

Prevent children from entering foster care

As part of its execution of the [Family First Prevention Services Act](#) (FFPSA), which is focused on implementing evidence-based programs or services found to have positive impact in keeping children at home with their families, DSS is implementing five (removal) prevention programs: Home Builders,

² [SB 20, Session Law 2023-14, Section 6.6](#) authorized NCDHHS to implement a policy allowing kinship caregivers to be reimbursed for providing care without first becoming licensed foster care providers.

Parents as Teachers, Multi-systemic Therapy (MTSS), Triple P, and methadone maintenance therapy. For each program, DSS is interested in understanding effectiveness and impact and supporting ongoing implementation.

Opportunities for philanthropy

1. Support evaluation of each FFPSA program. DSS has federal, state, and philanthropic funding to support program implementation,³ but additional funds would create capacity for evaluation research and activities needed to understand the impact of these programs on child welfare cases.

2. Support ongoing implementation. Whether the FFPSA programs can be sustained with fidelity is contingent on providing consistent implementation supports over time, including training for community-based program providers and fidelity monitoring. Training providers to implement an evidence-based program with fidelity is rigorous and takes at least a year. When staff turnover occurs, new training-related expenses are incurred. NCDHHS is using a program consultant to support fidelity monitoring, which requires strict adherence to monitoring practices. Without ongoing supplemental funding for training and consultant support, NCDHHS will lack resources and capacity to ensure effective implementation of the FFPSA programs.

3. Provide funding for basic needs. Children are less likely to experience maltreatment and consequently enter foster care when families have basic provisions, including diapers and food. Statewide, local entities (e.g., local partnerships for children, Family Resource Center Network organizations, and churches) often donate basic provisions to DSS or provide respite care for families experiencing struggles. Funding to local organizations to support these efforts could help ensure their consistency in providing these resources.

4. Support expansion of the Sobriety, Treatment, and Recovery Teams (START) substance use treatment pilots. The START model pairs trained child welfare workers and family mentors in recovery who have also had a child welfare case successfully resolved with caregivers to quickly connect them to substance abuse treatment. NCDHHS is using federal American Rescue Plan Act (ARPA) funds to pilot START in ten counties in cases where children are at risk of entering foster care because of parental substance abuse disorders and co-occurring child maltreatment. With additional funding, NCDHHS would expand the pilot program in additional counties.

For more information, contact Heather McAllister, LCSW, LCAS, CBIS, Family First Prevention Services Manager, DSS at heather.mcallister@dhhs.nc.gov

Trauma-informed assessments

Efforts are underway in North Carolina to develop two assessments that will promote early identification of needs and services for children and youth coming into the child welfare and juvenile justice systems. Per legislation enacted in 2023,⁴ DSS is leading work to develop a trauma-informed assessment to administer to children (ages 4-17) who are at risk of entering or are in foster care and are at higher risk of needing behavioral health or other services due to trauma. The assessment will help

³ The FFPSA authorized states to use federal Title IV-E funds to pay for services that prevent children from entering foster care. NCDHHS is also using state allocations and philanthropic funding from The Duke Endowment to support implementation of FFPSA programs.

⁴ See [HB 259, Session Law 2023-134, Section 9J.12](#).

DSS identify critical needs to improve decision-making about the services and interventions that children and families need from the start of their involvement with child protective services. Ultimately, DSS intends that this assessment will be administered to any child who has experienced trauma or has a history of trauma and becomes involved with any part of the child welfare system.

Simultaneously, a trauma-informed needs assessment is being developed for children and youth involved in the juvenile justice system. Because children and youth are often involved in both the child welfare and juvenile justice systems, the child welfare and juvenile justice workgroups developing the two assessments recognize that a single trauma-informed needs assessment would create continuity and avoid duplication and confusion arising from the administration of two tools administered to the same child. Further, an integrated assessment would be an important step to expanding its use to any child experiencing or affected by trauma. Accordingly, the workgroups are collaborating to develop a trauma-informed assessment that incorporates questions addressing juvenile justice system concerns.

Opportunity for philanthropy

Support implementation in the juvenile justice system. Legislative appropriations are supporting training and implementation of the trauma-informed assessment for children at risk of entering or in foster care, but there is no funding for its implementation in the juvenile justice system. NCDHHS is working with the juvenile justice assessment workgroup to plan a pilot in juvenile assessment centers of a trauma-informed assessment that addresses juvenile justice system concerns. But implementation is contingent on the availability of funding to support administrative and training costs.

For more information, contact Heather McAllister, LCSW, LCAS, CBIS, Family First Prevention Services Manager, DSS at heather.mcallister@dhhs.nc.gov

Supporting workforce capacity for local DSS

NCDHHS and university partners established the [Child Welfare Education Collaborative](#) (CWEC) in 1999 to help recruit students in BSW or MSW programs to DSS social work positions. The CWEC program incorporated pre-service training and field placements into curriculum requirements that facilitated a steady flow of social work graduates into DSS offices statewide who were able to take field assignments immediately.⁵ Over time, as the amount of legislative funding for CWEC stipends declined, the number of social work program graduates has also declined and fewer among them are pursuing child welfare careers.

In June 2024, newly redesigned social worker preservice requirements will become effective statewide as part of a new curriculum DSS has developed for social work programs offered by North Carolina institutes of higher education (IHE) that participate in CWEC. In the fall, DSS is re-instituting the CWEC student stipend at three universities, East Carolina University, Appalachian State University, and North Carolina Central University. DSS is providing some financial support to the three partner schools to support administrative costs to operate the stipend program, including recruiting and interviewing

⁵ CWEC graduates are waived from the 72-hour post-employment pre-service training requirement.
<https://cwec.web.unc.edu/about/>

students, and plans to use federal Title IV-E funding to sustain the program long-term. However, DSS lacks funding to expand the stipend program beyond the students the three partner IHEs will support.

Opportunities for philanthropy

- 1. Collaborate with CWEC university partners to support social work recruitment efforts.** NCDHHS is working on improving processes for drawing down Title IV-E funding to support the CWEC's expansion but does not expect these funds to fully support all North Carolina IHE social work programs' participation in CWEC. Funding is also needed to support recruitment activities, scholarships, and paid internships that help attract social work candidates to child welfare careers. University partners also need funding aid to support CWEC coordinator positions that connect their social work programs to DSS offices for placement purposes.
- 2. Support efforts to develop a child welfare social work talent pipeline.** NCDHHS recognizes the need to recruit prospective child welfare workers before they begin college. Additional funds would help social work programs send instructors, candidates, and CWEC coordinators to high school campuses to raise awareness of social work careers in child welfare.
- 3. Support efforts to retain local child welfare workforce.** NCDHHS recognizes that most people come into social work because they want to help people and make a difference and become frustrated when they lack resources needed to make that difference for families and prevent them from falling into crisis. NCDHHS encourages philanthropic partners to connect with their local DSS office to identify tangible supports (e.g., diapers, phone cards, overnight bags for kids coming into custody) that can help reduce the day-to-day stress on child welfare workers, especially in under-resourced and rural counties where DSS offices have fewer resources.

For more information, contact Tammy Shook, Child Welfare Chief of Staff, DSS at tammy.shook@dhhs.nc.gov

Maternal health

The following discussion explains some critical NCDHHS efforts to improve maternal healthcare and reduce maternal morbidity and mortality and opportunities for philanthropy to support needs or "fill in gaps" related to implementation or expansion of these supports and services.

Access to family planning and contraception

The Maternal and Child Health (MCH) program's [Improving Community Outcomes](#) (ICO) initiative is using various strategies to increase access to contraceptives. The strategy aims to provide a range of highly to moderately effective contraceptives to meet the different needs of individuals and communities statewide:

- In addition to allocating federal Title X funds through an RFP process,⁶ NCDHHS distributes state funds to local health departments and community health centers to provide contraception

⁶ According to NCDHHS, only local health departments typically apply for Title X grant funds.

services.⁷ These funds are directed to increase access through extended hours of operation and/or establishing satellite clinics.

- NCDHHS is also collaborating with the UNC School of Pharmacy to expand the number of pharmacists that are providing hormonal contraception and getting counseling at the pharmacist.⁸ Whereas health departments and community health centers currently may be open 8 am to 5 pm, pharmacies have longer operating hours and are open on weekends.
- With Medicaid expansion in North Carolina, NCDHHS is also working to raise consumer awareness that Medicaid pays for family planning as long as consumers are receiving services from a provider that accepts Medicaid.

Opportunity for philanthropy

Support for teen pregnancy prevention services. The demise of Shift NC two years ago left NCDHHS without a partner to lead its Adolescent Pregnancy Prevention Program which supported advocacy work, trainings, and technical assistance on teen pregnancy prevention services. NCDHHS has committed funds to [Fact Forward](#), a South Carolina teen reproductive health advocacy and training organization, to expand into North Carolina.⁹ NCDHHS invites philanthropy to provide input that will inform Fact Forward's efforts to develop relationships in North Carolina needed to effectively expand their program and consider philanthropic support that will help Fact Forward conduct teen prevention activities statewide while prioritizing reaching communities with limited access to adolescent reproductive health education and services.

For more information, contact:

- ***Belinda Pettiford, MPH, Section Chief, Women, Infant and Community Wellness, Division of Public Health at belinda.pettiford@dhhs.nc.gov***

Expanding availability of doulas

Since 2022, DPH has supported efforts to allow doulas to receive Medicaid reimbursement for their services.¹⁰ However, North Carolina's Medicaid expansion plan does not cover doula services. DPH is working with the North Carolina Institute of Medicine (NCIOM) to collect inputs from doulas, healthcare providers, funders, and policy makers that will inform a play for certifying, training, and integrating

⁷ [SB 20, Session Law 2023-14, Section 4.1](#) allocated \$3.5M to DPH to direct to local health departments or community health centers to increase access to contraceptive services, and specifically long-acting reversible contraception (LARCs). MCH awarded these funds to 10 community health centers to extend operating hours, operate a second location that helps reduce travel time for people seeking contraceptive services or pay for LARCs. The Division of Public Health (DPH) also awarded funds to 16 local health depts for similar expansion work.

⁸ Session Law 2021-110/HB 96 grants authority to pharmacists to prescribe a variety of contraception under protocols approved by the NC Board of Pharmacy and the NC Medical Board.

⁹ See Fact Forward. (13 December 2023). Fact Forward Secures Funding to Expand Adolescent Reproductive Health Education into North Carolina. Retrieved from <https://www.factforward.org/news/fact-forward-secures-funding-expand-adolescent-reproductive-health-education-north-carolina>

¹⁰ In October 2022, in partnership with the HopeStar Foundation (formerly the Winer Family Foundation), NCDHHS convened a doula summit. See NCDHHS Division of Public Health, Women, Infant, and Community Wellness Section. (December 2023). Doulas in North Carolina: A Landscape Analysis and Summit Report. Retrieved from <https://wicws.dph.ncdhhs.gov/docs/WICWS-DoulaReport.pdf>

doulas into healthcare systems. DPH is also working with doulas and healthcare providers to develop a plan for doula reimbursements under Medicaid that allows for a livable wage. That effort includes developing a plan for doula training and supports to increase the number of doulas and reduce administrative burden and professional burnout.

Progress on a plan that ensures everyone who wants a doula has access to one is contingent on doulas being engaged in planning and development efforts. More work is needed to organize and unite doulas in North Carolina around a common platform that helps ensure expansion of doula services and reimbursement under Medicaid. [Health Connect One](#), a national organization that supports training, research, and advocacy for community health workers providing birth services, is working with a limited number of providers and doulas statewide. (The Hope Star Foundation is funding this work.) Several doula organizations in the state, including the [NC Doula Organization](#), have potential to facilitate statewide coordination and organization among doulas given sufficient capacity to engage and convene doulas.

Opportunity for philanthropy

Support doula community coordination. Several North Carolina philanthropies are engaged in work to convene and support doulas and NCDHHS invites continuing collaboration with philanthropy. However, NCDHHS recognizes a need for additional capacity to support efforts to connect the doula community within itself and with external partners; for example, a paid position with an NC doula organization or external consultant who supports their coordination and collaboration with NCDHHS, philanthropy, and other stakeholders.

For more information, contact:

- ***Belinda Pettiford, MPH, Section Chief, Women, Infant and Community Wellness, Division of Public Health at belinda.pettiford@dhhs.nc.gov***

Supporting maternal mental health

NCDHHS' efforts related to improving maternal mental health include:

- Partnerships with UNC-CH and Duke Universities to provide perinatal mental health and substance abuse services.¹¹
- A collaboration with UNC to staff the perinatal health component of [NC-PAL](#), North Carolina's psychiatric access line housed at Duke that provides mental health consultation and education to North Carolina clinical and social service providers. This service is available to only about one-third of the state.
- A recommendation that \$1M of the opioid settlement funds be used to support a perinatal substance abuse specialist in each of the six perinatal care regions across the state. These

¹¹ NCDHHS received more than \$4M in federal grants from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) to combat maternal mortality and improve maternal health. See NCDHHS. (21 September 2023). North Carolina Receives More than \$4 Million to Improve Maternal Health. Retrieved from <https://www.ncdhhs.gov/news/press-releases/2023/09/21/north-carolina-receives-more-4-million-improve-maternal-health>

positions would serve as perinatal substance use champions and provide training and support to providers within the perinatal care regions.

- Training for perinatal providers to increase their comfort serving people with mental health issues and conducting appropriate screening, including a three-month fellowship for 30 providers statewide to receive intensive perinatal mental health training.
- Ensuring licensed clinical social workers and behavioral health specialists are engaged with local health departments and community health centers to provide maternal support services and receiving Medicaid reimbursement.
- Promoting the [National Maternal Health Hotline](#), a federally operated call and text line for pregnant people and new parents to speak with trained counselors who can provide emotional support and direct callers to resources and make referrals to North Carolina providers. NCDHHS will launch a new public awareness campaign later this year.

Opportunities for philanthropy

1. Support training for perinatal providers. Additional funding would allow NCDHHS to expand capacity to train perinatal providers to serve pregnant or post-partum people with substance abuse issues.

2. Support implementation of the perinatal substance use specialists in the state's six perinatal care regions. Assuming NCDHHS receives approval to use opioid settlement funds to implement these positions, additional funding would allow NCDHHS to sustain these positions for one to two additional years and evaluate the model.

For more information, contact:

- **Belinda Pettiford, MPH, Section Chief, Women, Infant and Community Wellness, Division of Public Health at belinda.pettiford@dhhs.nc.gov**

Perinatal health

Preventing substance abuse and domestic violence related maternal deaths

Through the Maternal Mortality Review Committee, established legislatively in 2015, NCDHHS reviews cases of maternal deaths and makes recommendations for healthcare providers to improve practices and reduce maternal death drivers. Recommendations also include areas impacted by systems and the overall community. Through this work, NCDHHS has learned that maternal mental and behavioral health challenges are a leading cause of maternal death. Accordingly, NCDHHS has prioritized work to increase perinatal mental health and substance abuse supports. However, NCDHHS resources are limited.

Currently a statewide perinatal substance use specialist, housed within the Alcohol and Drug Council of North Carolina, provides training and support, spending one day/week at DPH and two days/week at the Division of Mental Health, Developmental Disabilities, and Substance Use Services.

NCDHHS also partners with the [Perinatal Quality Collaborative of North Carolina](#) (PQCNC), which implemented the [Comprehensively Lessening Opioid Use Disorder Impact](#) (cLOUDi) initiative focused on increasing prenatal substance abuse screening and referrals and ensuring non-punitive prenatal and post-partum treatment and supports.

Preventing congenital syphilis

Though congenital syphilis cases in North Carolina are historically rare, the number of reported cases has risen from one in 2012 to 73 in 2023 correlated with higher rates of reported drug use among women with babies with congenital syphilis compared to the general population. However, pregnant people with syphilis may be disinclined to seek prenatal care for fear of losing their children, so culturally competent prenatal care is critical. NCDHHS is leveraging Medicaid expansion to increase access to prenatal care but is also focused on training providers—including community health workers—to screen for syphilis, and increasing their access to rapid tests which help eliminate gaps between diagnosis and treatment.

Opportunities for philanthropy

1. Support for perinatal sites to receive training on perinatal screenings for substance use and syphilis.

Additional funding would help NCDHHS and its partners provide perinatal sites the training and resources needed to conduct screenings and direct mothers to treatment services.

2. Support home-based perinatal sites that allow mothers to have their children while receiving perinatal care. Additional funding would help NCDHHS and its partners ensure that mothers have access to perinatal substance use and syphilis treatment in close proximity to their children.

3. Support training and retention incentives to community-based outreach workers. Additional funding would help NCDHHS provide incentives to local partners to improve and increase engagement with pregnant people, especially among vulnerable populations.

4. Support engagement of nongovernment partners to conduct marketing and messaging campaigns. Additional funds would help NCDHHS increase its capacity for engaging multiple partners in raising awareness about prenatal syphilis testing and ensuring sustained communications about the preventability of congenital syphilis. Funding that specifically supports social media, and other print media marketing would help NCDHHS expand its capacity for developing the messages and tools used to educate providers and prospective consumers about prenatal syphilis testing and treatment.

5. Support for convenings. Additional funding support is needed to regularly convene (e.g., annually) key stakeholders, including representatives from state government agency, advocacy organizations, and philanthropy, and to help maintain focus and attention on preventing congenital syphilis.

For more information related to preventing maternal deaths, contact:

- ***Belinda Pettiford, MPH, Section Chief, Women, Infant and Community Wellness, Division of Public Health at belinda.pettiford@dhhs.nc.gov***

For more information related to preventing congenital syphilis, contact:

- ***Evelyn Foust, MPH, CPM, Branch Head, DPH Epidemiology Section at evelyn.foust@dhhs.nc.gov***
- ***Erika Samoff, PhD, MPH, HIV/STD Surveillance Manager, DPH Communicable Disease Section at erika.samoff@dhhs.nc.gov***

Nutrition programs

The following discussion describes opportunities for philanthropy to support needs or “fill in gaps” related to two NCDHHS nutrition programs supporting children and their families.

Addressing gap in WIC funding

North Carolina is at risk of receiving less federal funding for the [Special Supplemental Nutrition Program for Women, Infants, and Children](#) (WIC). The US Department of Agriculture (USDA) funds 100 percent of this program in every state with the amount of funding a state receives annually based on participation levels. During the Covid-19 pandemic, North Carolina used flexibilities and waivers related to federal pandemic relief funding to implement “state assisted issuance,” an automated process for issuing benefits so that recipients would not have to collect them in person as is standard practice. With state assisted issuance, North Carolina had the highest increase in participation in the US with the biggest increase among families with children under five years. When NCDHHS ended state assisted issuance in summer 2023, North Carolina experienced a 10-15 percent decline in WIC participation that could negatively affect the state’s future WIC funding.

NCDHHS has been working collaboratively with local health departments and agencies, including 85 local WIC agencies that determine eligibility and administer the WIC program to conduct outreach campaigns and other strategies to re-engage participants. More outreach efforts at the local level are needed but requires specific staffing capacity (e.g., a nutritionist or WIC agency staff member) to partner with community groups to reach eligible families, contact individual families, remind them about appointments, provide nutrition education, etc.

Support for SUN Bucks summer food assistance

About 1 in 4 children in North Carolina face food insecurity or chronic hunger with summer often the hungriest time of year since many of the meals that students receive during the school year disappear, leaving their families struggling to make ends meet. In 2024, however, North Carolina began participating in the US Department of Agriculture’s (USDA) SUN Bucks program, a new permanent program providing food assistance to children and families during the summer.¹² NCDHHS, in partnership with NC Department of Public Instruction (NCDPI), began issuing SUN Bucks benefits in mid-June 2024, and expects to issue over \$120 million in benefits to over 1 million school-age children in North Carolina this year.

Federal requirements require North Carolina to make SUN Bucks applications available to school-age children and their families starting July 1, 2024 for the summer 2025 benefit period. The majority of North Carolina children who are eligible for SUN Bucks have received their SUN Bucks benefit automatically without needing to apply due to robust data-matching processes between NCDHHS and NCDPI. Some families who do not qualify automatically will need to apply. Funding is needed to support staffing and systems costs related to application and other operational activities including providing customer support to families to apply for SUN Bucks, reviewing and processing applications, issuing SUN

¹² North Carolina is one of only three Southeast states participating in SUN Bucks.

Bucks cards to qualifying families, managing the program and meeting federal reporting requirements, and issuing electronic communications to children and families.

While the USDA pays for 100 percent of the SUN Bucks benefits, the federal government reimburses only 50 percent of operating costs. Participation in SUN Bucks requires a state match to cover the other 50 percent. NCDHHS was able to meet the match requirement in 2024 with support from state government and several North Carolina philanthropic organizations.¹³ Though the Governor’s budget recommended \$6.9M in state funding to support the required SUN Bucks state match for 2025, NCDHHS may need once again to identify match support absent a timely legislative appropriation.

Opportunities for philanthropy

- 1. Provide financial support for WIC agencies to increase staffing capacity, develop paid media campaigns and marketing materials, and support a strategy to conduct aggressive outreach** in the counties that have experienced the greatest decreases in participation could help prevent a reduction in North Carolina’s federal funding for WIC. NCDHHS invites philanthropic organizations to reach out to WIC agencies in the communities they serve to inquire about needs related to outreach and messaging.
- 2. Potentially support SUN Bucks state match requirement in 2025.** Contingent on a state appropriation, NCDHHS may seek philanthropic support to continue to operate the SUN Bucks program in 2025.

For more information, contact Madhu Vulimiri, MPP, Deputy Director, Division of Child and Family Well-Being at madhu.vulimiri@dhhs.nc.gov

Reach Out and Read / Mental Health Supports for Young Children and Families

DCDEE is a collaborative stakeholder member of the [EarlyWell Coalition](#) (formerly the NC Initiative for Young Children’s Social-Emotional Health), which consists of over 100 early childhood service providers, clinicians, and advocates for children’s social, emotional, and mental health.¹⁴ DCDEE also serves as a member of the EarlyWell Coordinating Team, which is prioritizing and leading implementation of policy and practice recommendations in three waves.

The EarlyWell Coalition has recommended wide implementation, in collaboration with Medicaid, of [Reach Out and Read](#) (ROR) as a core component of primary care for children in NC. The ROR model is a

¹³ When USDA announced the program in 2024, North Carolina’s window for requesting funds through the budget process had already closed.

¹⁴ NC Child, in collaboration with early childhood leaders, including the NC Early Childhood Foundation, originally launched this initiative in 2019 with the aim of building a robust, evidence-based and accessible early childhood mental health system. Using an equity lens and building upon family voices, the EarlyWell Coalition has identified and is focused on [six policy priorities](#) that strengthen mental health support for infants, toddlers, and young children and families in NC: 1-Doula Care, 2-Group Prenatal Care, 3- Family Support Services for Children with Mental Health Challenges, 4-Reach Out and Read, 5-Addressing the Children’s Mental Health Crisis and Supporting the Child Care Workforce, and 6-Supports for Children and Adults with the NC Foster Care System.

tier-one public health intervention endorsed by the American Academy of Pediatrics which promotes early literacy and healthy early relationships through pediatric care. Through [Reach Out and Read Carolinas](#), 2,337 ROR-trained medical providers and 538 clinics and hospitals in North Carolina participate in ROR with [significant impact](#) across the Carolinas. The EarlyWell Coalition has also recommended ensuring an integrated and sustainable scaling plan for the intervention which includes securing a recurring state budget allocation.

Opportunity for philanthropy

Support expansion of mental health supports for young children and families through incorporation of Reach Out and Read (ROR) into primary care for children. The ROR model is a critical tool to support both families and clinicians through the vital touchpoint of primary well care visits. By promoting the achievement of literacy skills within the context of emotional connections and everyday moments, medical providers using the ROR model support families in creating meaningful interactions that form a fundamental foundation for emotional, social, and cognitive, well-being.