

North Carolina Association of Local Health
Directors – Workgroup Meeting

Division of Child & Family Well-Being (DCFW) Update

August 17, 2022

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Division of Child and Family Well-Being (DCFW)

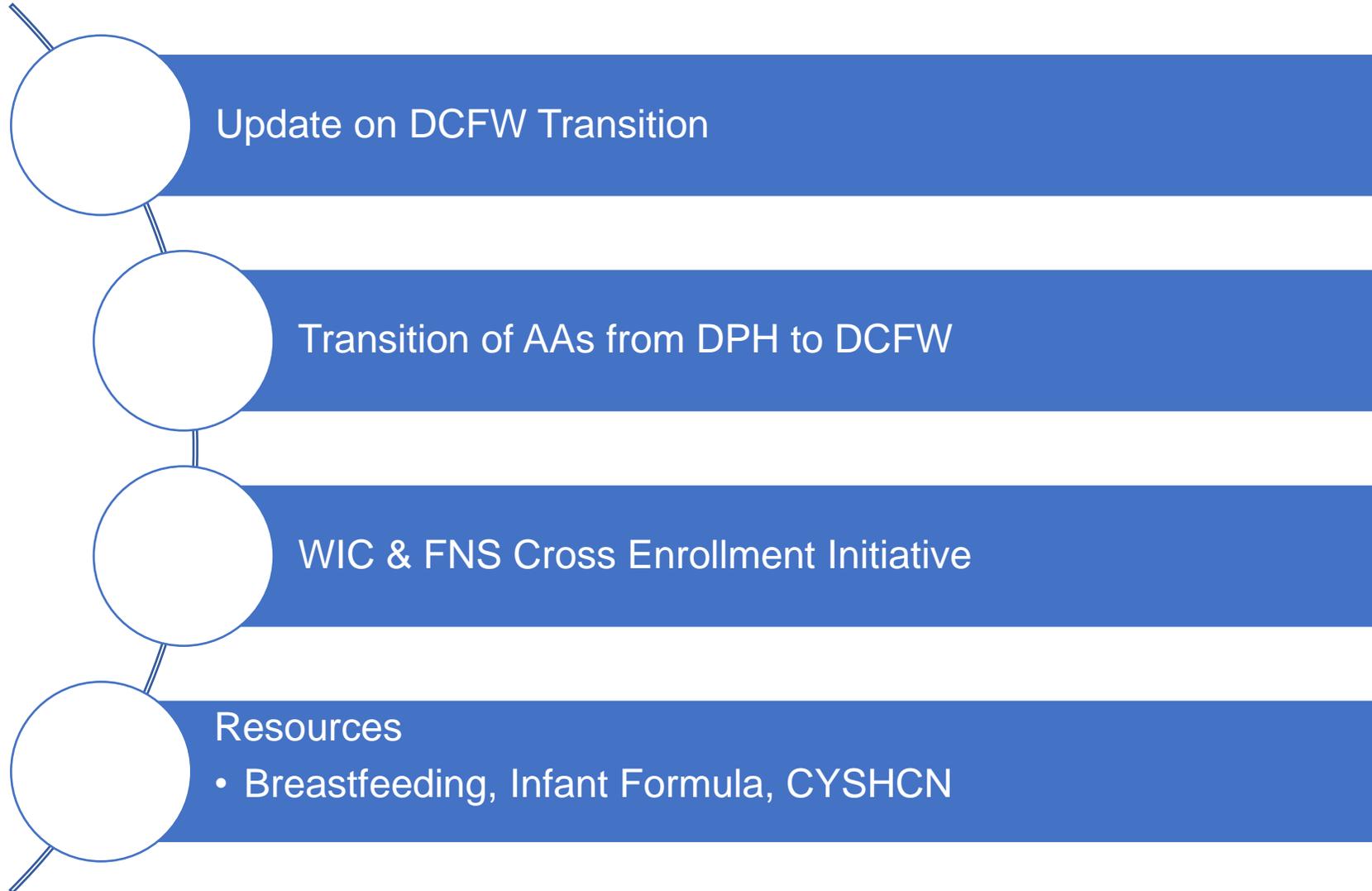
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



AGENDA



AGREEMENT ADDENDA TRANSITION PROCESS FROM DPH TO DCFW

8/31

- LHDs receive administrative memo
- Officially changes contracting entity from DPH to DCFW
- No action required by LHD

9/1

- Aid To County (ATC) System Modification
- DCFW appears in the system

9/15

- Last day for LHD to enter expenditure reporting in ATC system

9/20

- Payment date

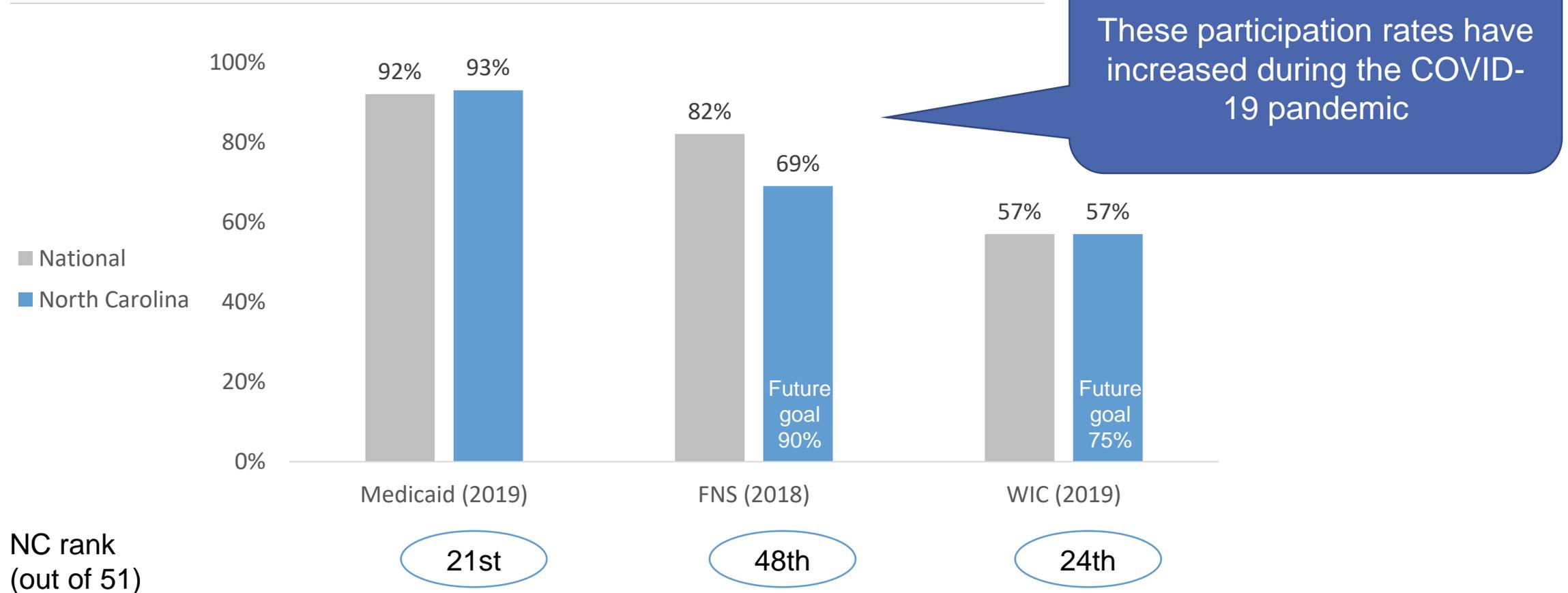
AGREEMENT ADDENDA TRANSITION PROCESS FROM DPH TO DCFW

Agreement Addenda affected by the transition

AA#	AA Title	LHDs
318	Care Coordination for Children	84
324	Speech and Hearing	2
351	Child Health	83
352	Child Fatality Prevention Team	85
353	CSHS Special Nutrition Project	1
357	School Health Centers	5
361	ELC Reopening Schools Surge and Collaborative Staffing (NEW THIS YEAR)	83
362	ELC-Testing-School Health Staffing (NEW THIS YEAR)	14
403	WIC	83
415	Breastfeeding Peer Counselor Program	81
416	Regional WIC Lactation Training Center	3
620	ARPA School Health Team Workforce (NEW THIS YEAR)	84
803	School Nurse Funding Initiative	74
834	Nurse-Family Partnership	8
846	Innovative Approaches: Community Systems Building Grants for CYSCHN	4
876	Triple P (Positive Parenting Program)	9
879	Healthy Families America	1

Historically, North Carolina and the nation have served a portion of people eligible for WIC, FNS, and Medicaid

Participation rates of those eligible, across all participant categories



North Carolina is partnering with Benefits Data Trust on a State Action Plan to increase FNS and WIC participation



Data Matching & Analysis

- **Match data** across FNS, WIC, and Medicaid to identify people who may be eligible but unenrolled
- **Analyze** cross-program data to stratify by key equity metrics



Tailored Outreach

- **Use data** to inform outreach strategies
- **Design and implement** tailored outreach strategies



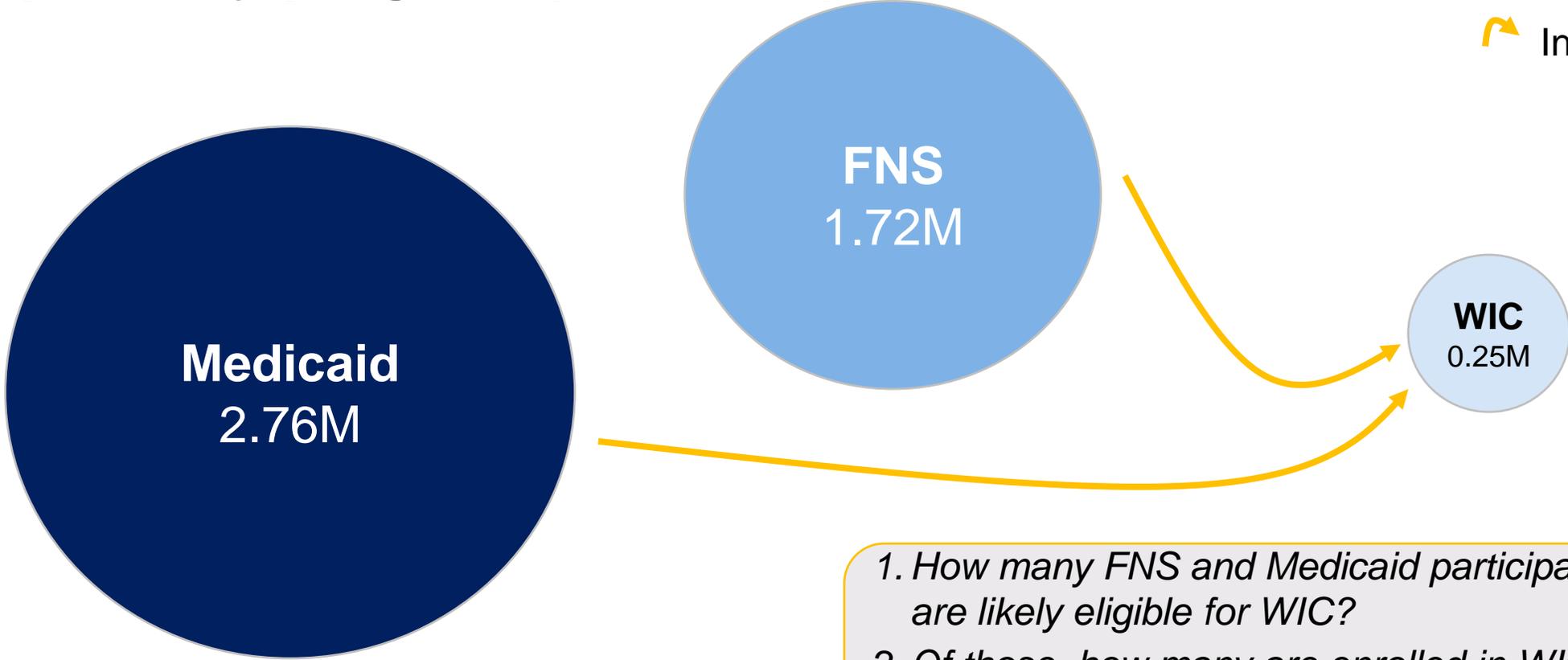
Making it Easier for Families to Enroll

- **Implement** high-value, short-term system changes to help eligible but unenrolled children and families participate and remain in FNS & WIC (e.g., online FNS recertifications)

In Dec. 2021, DHHS served ~2.76M North Carolinians through Medicaid, ~1.72M through FNS, and ~0.25M through WIC

Participants by program (*Dec 2021*)

 Initial focus



- 1. *How many FNS and Medicaid participants are likely eligible for WIC?*
- 2. *Of those, how many are enrolled in WIC?*
- 3. *What are cross-enrollment rates by demographic factors?*

Source: NC DHHS FNS, WIC, Medicaid data, Dec 2021 (accessed Apr-May 2022)

With a cross-enrollment rate of ~47% from FNS & Medicaid into WIC, the “likely-eligible-but-unenrolled” population for WIC = ~209k North Carolinians as of Dec 2021

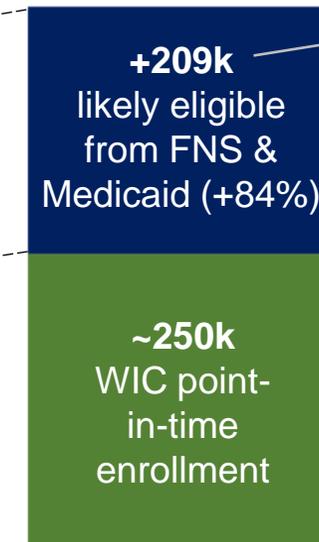
~396k likely eligible individuals for WIC from FNS & Medicaid (distinct)



Of FNS & Medicaid likely eligible for WIC, ~47% already cross-enrolled in WIC



WIC could grow by ~84% if all cross-enrolled from FNS & Medicaid

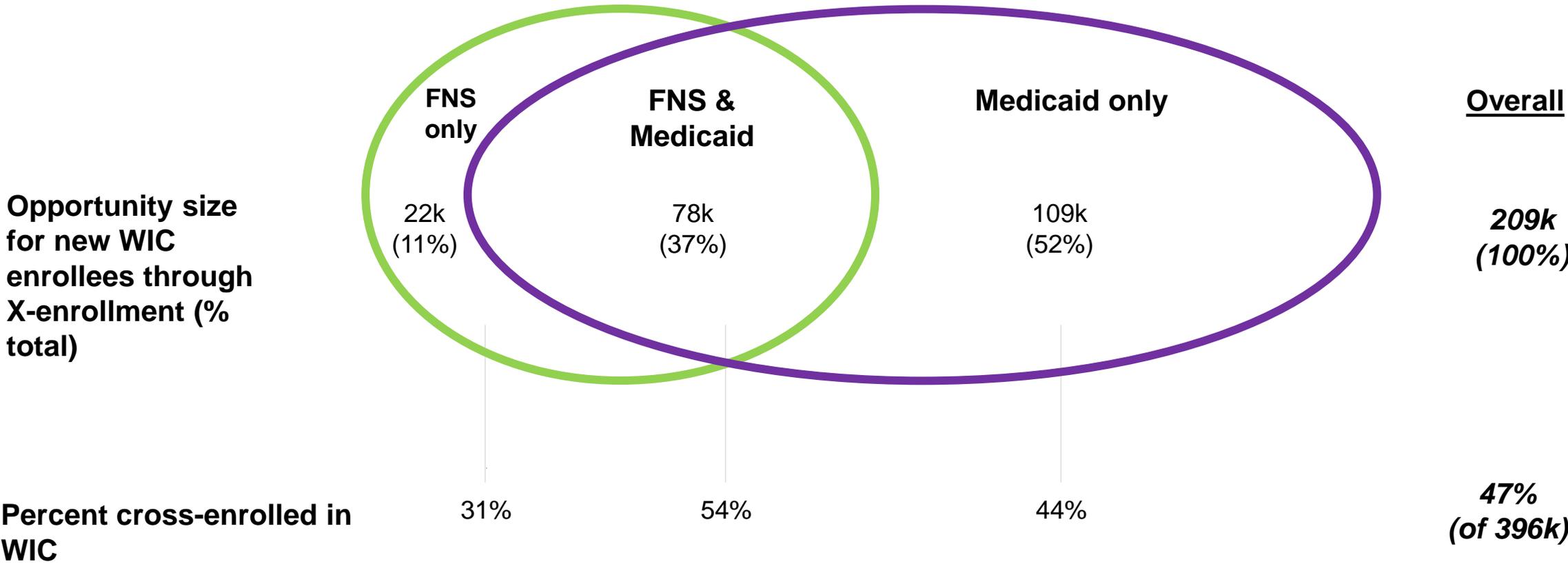


185k children <5 (88%)

Based on Dec. 2021 program participation rates. Figures will change over time (e.g., resuming of FNS recertifications in 2022 will change these numbers).

The biggest opportunity for WIC comes from Medicaid, with lower cross-enrollment rates for those enrolled in only FNS or Medicaid

Dec 2021 estimates



Figures change over time, e.g., 2022 FNS recertifications. Based on Dec. 2021 program participation rates. Cross-enrollment rate 49% for Medicaid to WIC and 50% FNS to WIC.

Emerging insights from preliminary analysis: FNS & Medicaid to WIC

This analysis (using December 2021 data) looks at FNS & Medicaid participants likely eligible for WIC, and whether they are enrolled or not in WIC:

- **12% FNS participants and 14% Medicaid participants are likely eligible for WIC**
- For FNS & Medicaid participants likely eligible for WIC, **53% are not cross-enrolled in WIC** (47% are cross-enrolled in WIC)
- **There is opportunity to increase WIC participation by 84%** or 209k from FNS and Medicaid (from 250k to 459k if all cross-enrolled in WIC)
- The population that is likely eligible but unenrolled in WIC is **primarily children <5**
- **Bigger opportunities to increase cross-enrollment in WIC in urban areas** for cross-enrollment both by volume and rate

Misconceptions Heard from Community Members

Morehead-Cain Scholar Team conducted ~20 **stakeholder interviews** on barriers and facilitators to enrollment from May – July 2022

“There is a common misconception in the Latinx community that the benefits used on these food assistance programs must be paid back once the child turns 18.”

-Member of MomsRising

“If you get any government help when your son gets older, he will have to be a part of the army as a way to pay back the government.”

-Member of Leadership at El Pueblo

“They look at a number and decide whether or not you need assistance. That number doesn’t define my situation.”

-Mother



Next Steps on Cross-Enrollment

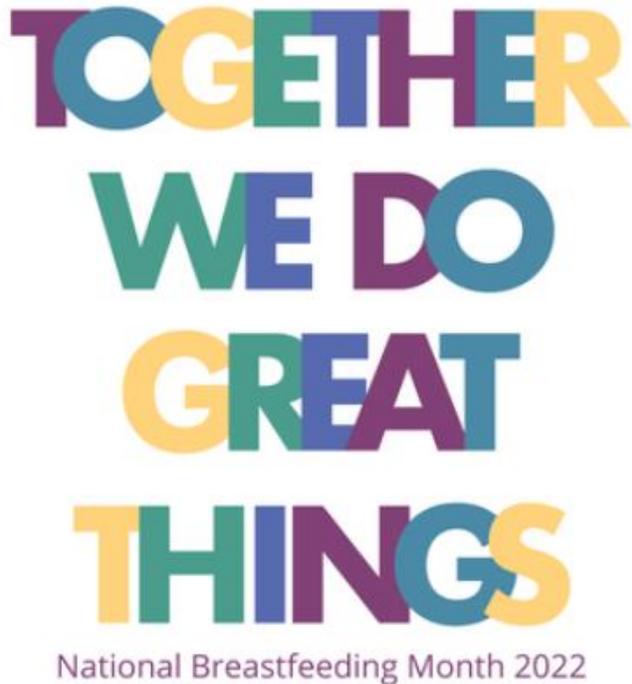
Exploring options for pilot outreach

Building longer-term data automation to have regular data on FNS/WIC/Medicaid cross-enrollment

Working to share data as allowable with local WIC and DSS agencies

Goal: Increase participation rate for eligible families

National Breastfeeding Month



- [Considering Breastfeeding](#)
- [Considering Breastfeeding - Spanish](#)
- [Am I Making Enough Milk?](#)
- [Am I Making Enough Milk? - Spanish](#)
- [Medicaid Breastfeeding Support](#)
- [Medicaid Breastfeeding Support – Spanish](#)
- [WIC Breastfeeding Resources](#)

Addressing Infant Formula Shortages

- There are many things happening to help families buy formula that is available in stores throughout the shortage.
- On May 31, 2022, the North Carolina WIC Program began issuing benefits for more sizes of Gerber formula and two additional Gerber formula products. Effective June 6, 2022, NC WIC is making even more formula brands and types available to WIC families that can be purchased at the store when approved Gerber products are not readily available..
- [Additional Formula Options for WIC Participants](#) (6/6/22)
- [Additional Formula Options for WIC Participants - Spanish](#) (6/6/22)
- [Chart Showing Formula Options for WIC Participants](#) (6/28/22)
- [Chart Showing Formula Options for WIC Participants - Spanish](#) (6/28/22)
- [Additional Formula Options for WIC Participants – Gerber products](#) (5/31/22)
- [Additional Formula Options for WIC Participants – Gerber products \(Spanish\)](#) (5/31/22)

More information can be found at: www.ncdhhs.gov/formula

Children and Youth with Special Health Care Needs (CYSHCN) Resources



- Web page for families and caregivers of CYSHCN

<https://www.dph.ncdhhs.gov/wch/families/cyshcn.htm>

- Children With Special Health Care Needs Help Line

1-800-737-3028

CYSHCN.Helpline@dhhs.nc.gov

<https://www.dph.ncdhhs.gov/wch/families/helplines.htm>

Increasing FNS & WIC participation is in DHHS strategic plan, and a priority for Division of Child and Family Well-Being

GOAL 5: Improve child and family well-being so all children have the opportunity to develop to their full potential and thrive.

OBJECTIVE: Build a strong infrastructure to increase access to child and family well-being services.

STRATEGIES

- ▶ **Establish a Division of Child and Family Well-Being to maximize services and outcomes for children and their families, including all child nutrition programs, prevention services for children from birth to 21, children's mental health services, and early intervention programs.**

DHHS is working to elevate and coordinate the critical work of supporting our children and families. This includes establishing a new Division of Child and Family Well-Being, which will bring together complementary programs from the Divisions of Public Health, Mental Health, and Social Services to maximize services and outcomes for children and their families.

PERFORMANCE MEASURES

- Milestone: Enrollment of eligible children and families increases in SNAP (to 90%) and WIC (to 75%)

Why Think About Cross-Enrollment? Opportunity to Help Families

Help families receive as many benefits as they are eligible for to help them achieve nutrition security through FNS and WIC

NCDHHS has a goal to **close the gap for eligible families to enroll equitably**

Nutrition benefit programs have been shown to:

- Reduce nutrition insecurity
- Alleviate poverty
- Support economic stability
- Improve dietary intake

- Protect against obesity
- Improve birth outcomes
- Improve health outcomes

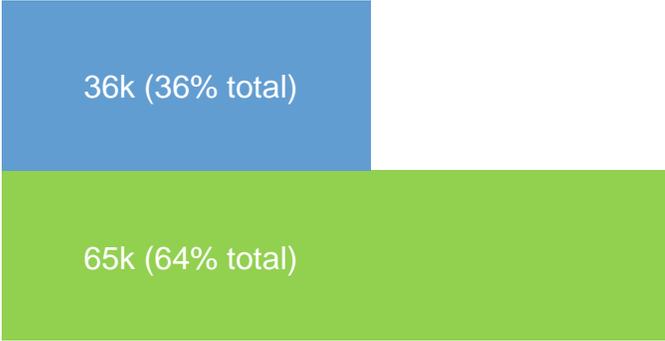
- Support learning and development
- Reduce health care and other costs

In analyzing cross-enrollment by geography, differences were found in urban / rural, with biggest opportunities in urban areas

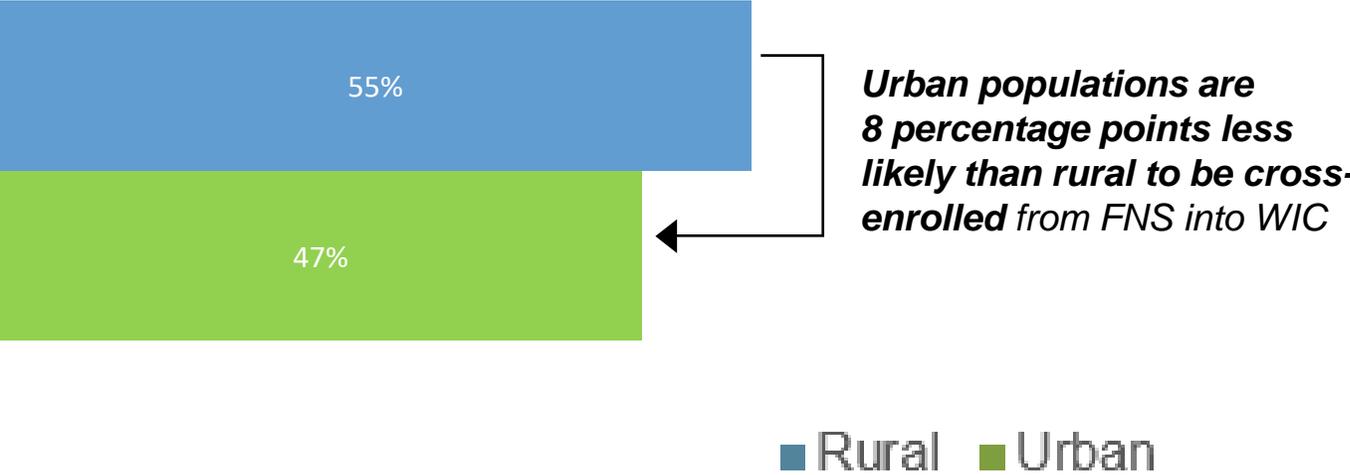
Cross-enrollment opportunity from FNS into WIC by urban / rural (December 2021)

Of those in FNS likely eligible for WIC (whether enrolled or not), 60% live in urban counties (122k) and 40% live in rural counties (81k)

Opportunity size of likely eligible-but-unenrolled



Cross-enrollment rate



Source: NC DHHS FNS and WIC data, Dec 2021 (accessed Apr 2022)

Creating Tools: FNS/WIC Cross Enrollment How-to Guide – Coming Soon for Local Agencies

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