

Whole Child NC: Policy ADVS-009 Recommendations

March 2025

Ellen Essick, PhD, Section Chief, NC Healthy Schools

Kella Hatcher, JD, Committee Chair, Whole Child NC Advisory Committee

Susanne Schmal, MPH, School Health Partnerships & Policy Consultant

Whole Child NC

10-Year
Anniversary

Established 9/3/2015 as an advisory committee to the State Board of Education.

Identifies and reviews the challenges of at-risk school-aged population such as poverty, safety, health and other non-academic barriers.

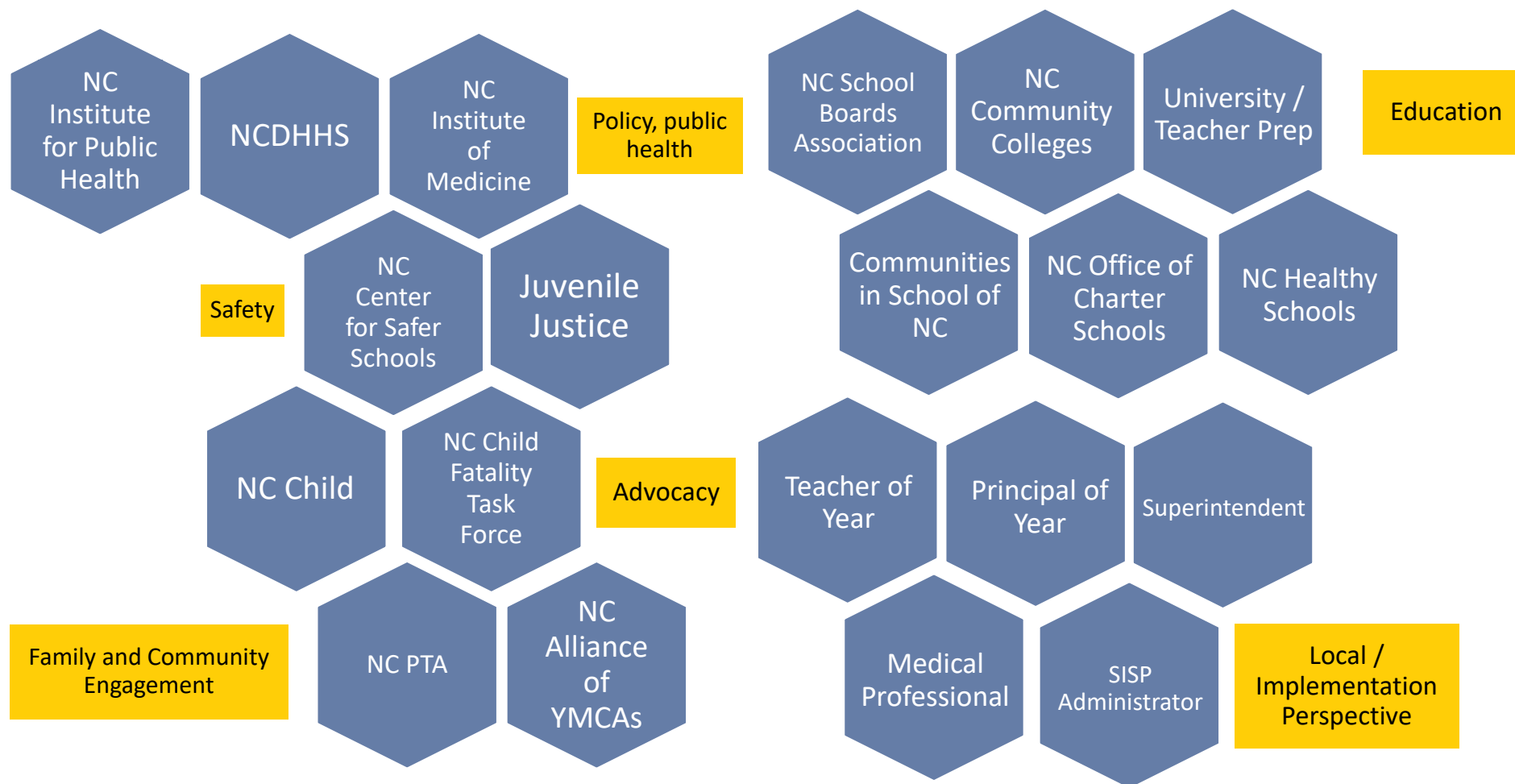
Makes recommendations to the State Board of Education, other state agencies and education stakeholder groups as to how best to facilitate access for all public-school children to receive the opportunity for a sound basic education.

Whole Child North Carolina Vision

State agencies and partners will coordinate so that all children thrive in a nurturing environment and have the resources and supports they need, provided the way they need them, and when they need them.

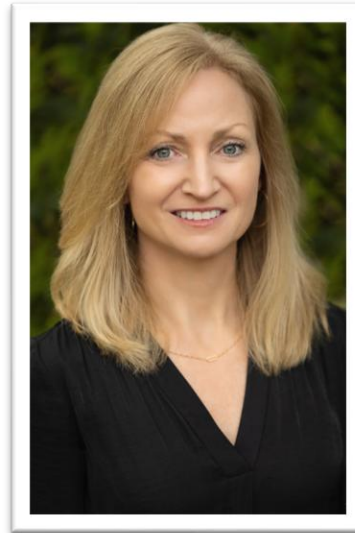


WCNC Advisory Committee

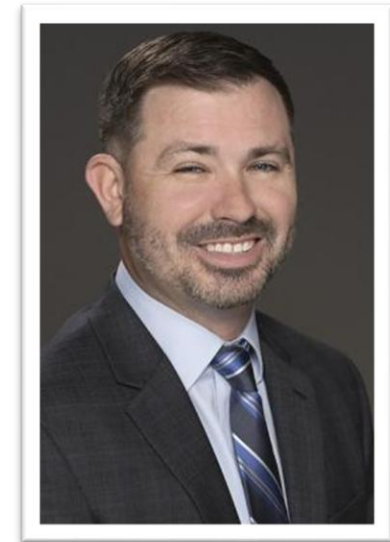


2022 – 2024 Progress

- Education Commission of the States (ECS) Policy Academy Summer 2022
- Invited Advisory Committee Members Summer 2022
- Identified Chair and Co-Chairs
- Finalized Bylaws and Vision
- Updated Policy
- Identified Priorities



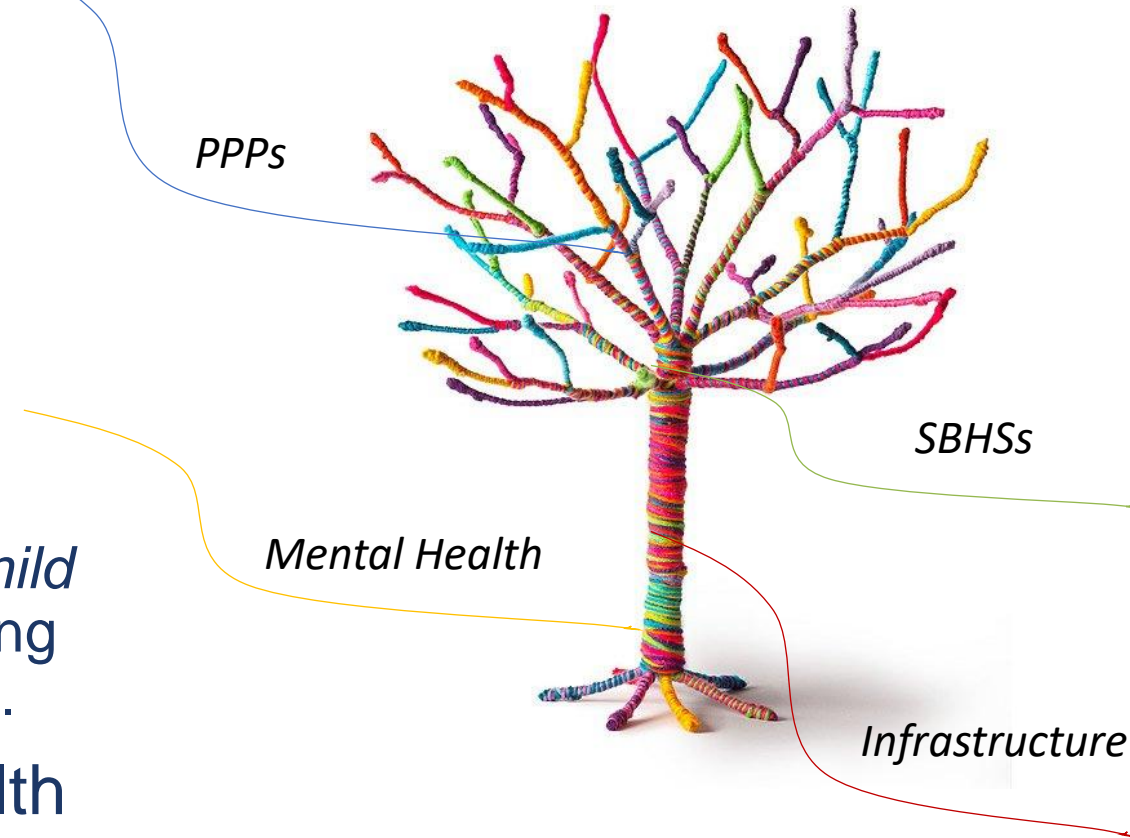
Kella Hatcher, JD
Chair, WCNC
Executive Director,
NC Child Fatality Task Force



Patrick Greene, PhD
Vice-Chair, WCNC
Principal,
Greene County Schools

2023 / 2024 WCNC Priorities:

1. Endorsing funding request for SISP.
2. Policy Priorities:
 - a) Fund position for Whole Child NC / WSCC.
 - b) Principal Preparation Programs to include program approval requirements and communications that will focus educator preparation programs for principals on the *Whole School, Whole Community, Whole Child* (WSCC) model and its relationship to enabling students' access to a sound basic education.
3. Expanding School-based Access to Health Services.



Whole Child NC 2023 Recommendation

Continue to advocate for funding support for SISP

- Address competitive salary needs to enhance capacity building.
- Recommend flexibility for districts to hire for needed positions within SISP roles.



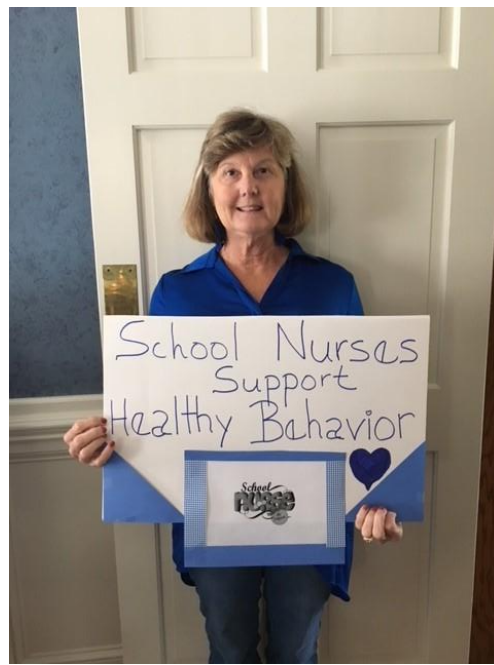
Whole Child NC 2025 Recommendations

1. Continue to advocate for funding support for additional SISP (while continuing to address the pipeline issues).
2. Support fully funding a State School Psychology position (FTE) at DPI to help with School Psychology Recruitment for the state.
3. Support Masters' level pay for School Social Workers.
4. Support collaboration with DHHS to expand opportunities for School-Based Health Centers in non-served school districts.

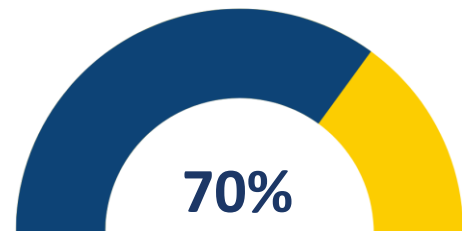
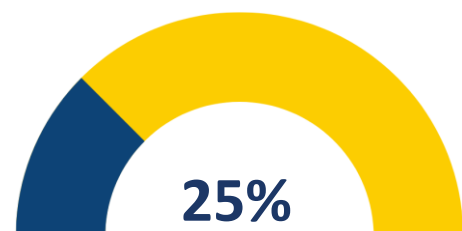
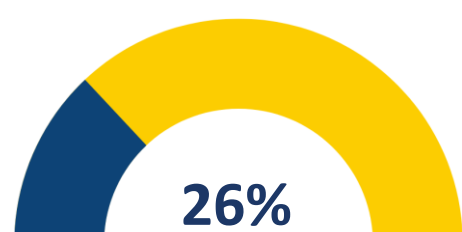


Specialized Instructional Support Personnel (SISP)

- Continue to advocate for funding support for additional SISP (while continuing to address the pipeline issues).



Specialized Instructional Support Personnel Ratios

Position	Year	Ratio of Staff to Students	Recommended Ratio	Current Progress Towards Recommended Ratio
School Counselors	2023	1:346	1:250	 70%
	2024	1:355		
School Social Workers	2023	1:969	1:250	 25%
	2024	1:995		
School Psychologists	2023	1:1,855	1:500	 26%
	2024	1:1,928		

Prioritize School Psychology Recruitment FTE

- 2021 Appropriations Act: Department of Public Instruction shall reclassify at least the following positions within the Department: **One full-time equivalent position to serve as a full-time recruitment and retention coordinator** to increase the number of school psychologists in public school units with a demonstrated need that is difficult to meet.

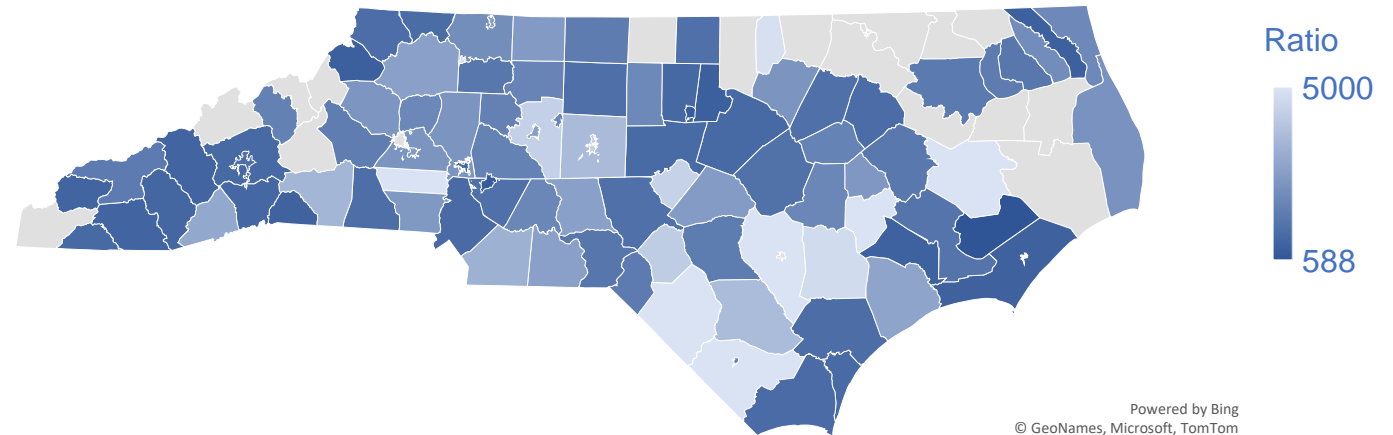


Megan Cardin
State School Psychology Consultant

<https://www.ncleg.gov/enactedlegislation/sessionlaws/pdf/2021-2022/sl2021-180.pdf>

Statewide Shortage

- We would need about 2,400 MORE school psychologists to reach recommended 1:500 ratio
- No LEA in NC has a 1:500 ratio, a few are below 1:1,000
- 21 without a school psychologist on staff, 18 with ratio worse than 1:3,000



School Social Workers

- Support Master's level pay for School Social Workers

Restore master's pay
for all educators and
school social workers

Require master's
degree that then pays
on master's scale
(provide provisional
license for BSWs)

Provide tiered
approach to funding
(fund social workers at
levels aligned with
degree, e.g. BSW,
MSW)

How Did School Social Workers Lose Master's Pay?

In 2013 NC passed a budget [SESSION LAW 2013-360](#) that eliminated masters pay for teachers and others


- NC SBE policy does not require a master's degree for SSW license

BSW Starting Pay (10 Months)	MSW Starting Pay only for those that obtained degree prior to 2013 (10 Months)
\$41,000	\$45,100

What's The Big Deal?

Explore the [Abilities by Social Work Credential Levels](#) handout.

Key differences in mental health, training, and complexity of cases.

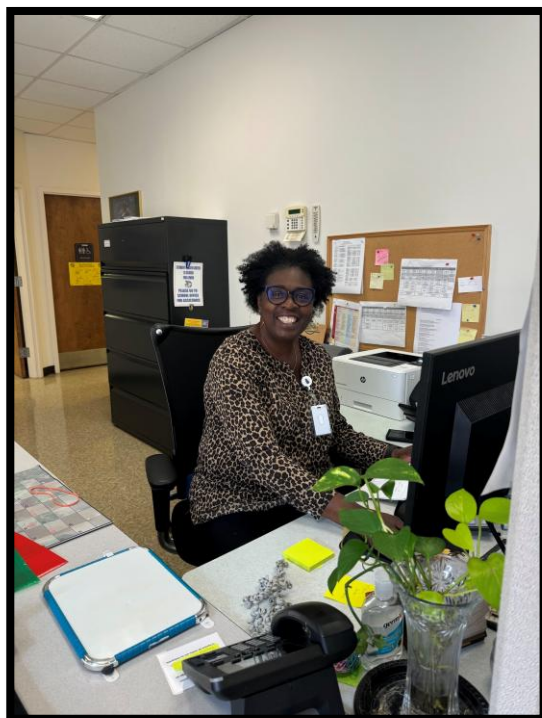


Abilities by Social Work Credential Levels (BSW, MSW, LCSW)

Category	BSW (Bachelor of Social Work)	MSW (Master of Social Work)	LCSW (Licensed Clinical Social Worker)
Education Level	Bachelor's degree in social work.	Master's degree in social work (advanced generalist or clinical focus).	MSW with additional clinical training and licensure.
Primary Focus	Entry-level social work: case management and basic support services.	Advanced social work practice in diverse settings: counseling, program development.	Clinical social work with a focus on diagnosis and treatment of mental health.
Typical Clientele	Individuals and families with basic needs (e.g., housing, resources).	Individuals, families, and groups with complex needs (e.g., mental health, trauma).	Clients with mental/emotional health conditions requiring clinical interventions.
Assessment Abilities	Conducts basic needs assessments and resource referrals.	Conducts psychosocial assessments and treatment planning.	Conducts clinical mental health assessments and diagnoses.
Intervention Skills	Provides case management, advocacy, and resource navigation.	Offers short-term counseling, crisis intervention, and program oversight.	Provides long-term psychotherapy and specialized mental health treatments.
Crisis Management	Assists with immediate crises by connecting clients to appropriate resources.	Provides direct crisis intervention and short-term stabilization support.	Addresses acute mental health crises, including suicidality and trauma recovery.
Mental Health Diagnosis	Not authorized to diagnose mental health conditions.	Not authorized to diagnose but can assist in treatment planning.	Licensed to diagnose mental health disorders (e.g., PTSD, anxiety, depression).
Support Groups	Facilitates community-based or basic peer support groups.	Organizes and leads structured groups for targeted needs (e.g., grief counseling).	Runs clinical therapy groups addressing specific mental health conditions.
Collaboration	Collaborates with community agencies and other professionals for resource referrals.	Works with multidisciplinary teams to develop comprehensive care plans.	Coordinates care with other healthcare professionals and community supports.
Plan Development	Implements case management plans, focusing on resource access.	Develops social work-focused plans for clients, including psychosocial interventions.	Creates clinical treatment plans with measurable goals for therapy and recovery.
Billing	Typically salaried by agencies or organizations; no direct billing for services.	Salaried or grant-funded roles; may indirectly support billing processes.	Bills insurance or clients directly for services rendered.

Expand Access to SBHSs

Support collaboration with DHHS to expand opportunities for School-Based Health Centers in non-served school districts.



Focus on Learning Re: SBHCs

- November 2023
 - Presentation by Rachel Johnson
 - School Adolescent Child Health Unit Manager
- February 2024
 - Presentation by Tammy Greenwell
 - NC School Based Health Alliance, Past President
- April 2024
 - School Based Health Center Visits
 - Coordinated by Dr. Stephanie Daniel, WFUBMC



North Carolina State-Funded School Health Centers (FY 2024-2025)



Appalachian District Health Department

- FQHC
- Ashe County Middle School Top Dog Clinic

Wake Forest University Health Sciences

- FQHC
- Winston-Salem Prep Academy HS/MS & Mental Health Consultation Clinic
 - Mineral Springs Elementary/MS

UNC Rockingham Health Care, Inc.

- McMichael HS*
- Morehead HS*
- Reidsville HS*
- Rockingham County HS*

Wilson County Health Department

- WASH @ Forest Hills MS*
- WASH @ Beddingfield HS*

Wayne Initiative for School Health (WISH)

- Brogden MS
- Goldsboro HS
- Southern Wayne HS
- Dillard MS
- Mt. Olive MS
- Wayne Middle/High Academy

Wilkes County Health Department

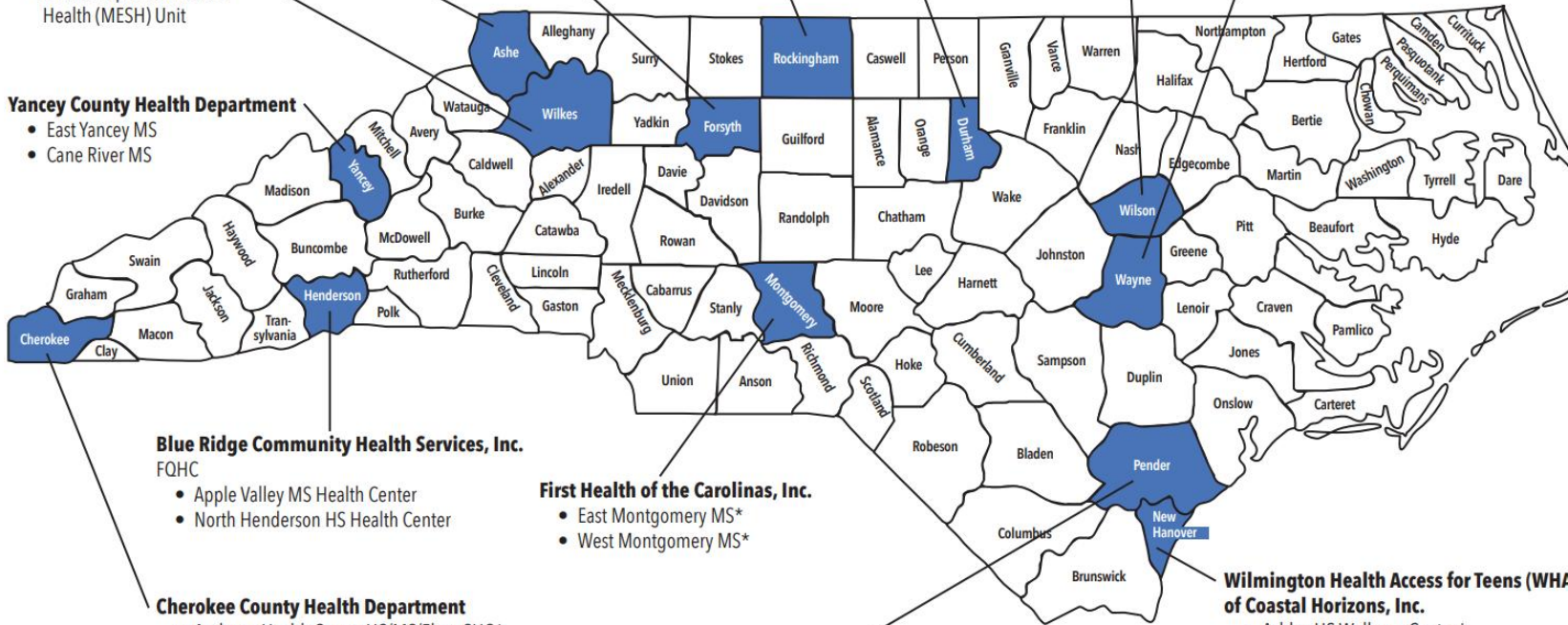
- Mobile Expanded School Health (MESH) Unit

Duke University Health System, Inc.

- Southern HS Wellness Center

Yancey County Health Department

- East Yancey MS
- Cane River MS



Blue Ridge Community Health Services, Inc.

- FQHC
- Apple Valley MS Health Center
 - North Henderson HS Health Center

First Health of the Carolinas, Inc.

- East Montgomery MS*
- West Montgomery MS*

Cherokee County Health Department

- Andrews Health Center HS/MS/Elem SHC*

Pender Alliance for Total Health

- Pender HS SHC*
- Cape Fear MS/Elem SHC*

Wilmington Health Access for Teens (WHAT) of Coastal Horizons, Inc.

- Ashley HS Wellness Center*
- Laney HS Wellness Center*
- New Hanover HS Wellness Center*
- Oleander Center SHC (school-linked)*

*use Telemedicine



NC Department of Health and Human Services • Division of Child and Family Well-Being • Whole Child Health Section • School Adolescent & Child Health Unit
www.ncdhhs.gov/divisions/child-and-family-well-being/learn-more-about-dcfw • NCDHHS is an equal opportunity employer and provider • 7/2024

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WCNC's Next Steps:

- Continue learning to explore current priorities.
 - Access to school-based health services.
 - Infrastructure support for WCNC/WSCC.
- Identify future priorities.
- Communicate with additional stakeholders and build support for Whole Child NC priorities.



Context of Federal Funding

- NC Healthy Schools Team (11 members)
 - 1 fully funded state position
 - 2 partially funded state positions
 - 8 federally funded positions with discretionary grants
- \$20 million in competitive, federal grants
- Approximately 95% goes out to support districts



Impact on School Health

- Coordinated School Health Funding that NC has been awarded for three decades.
 - Focus on nutrition, physical activity, and chronic conditions management.
- Project AWARE, which has been in place since 2018 to addresses the three tiers of mental health (promotion, prevention, and intervention) in 6 districts via SAMHSA.



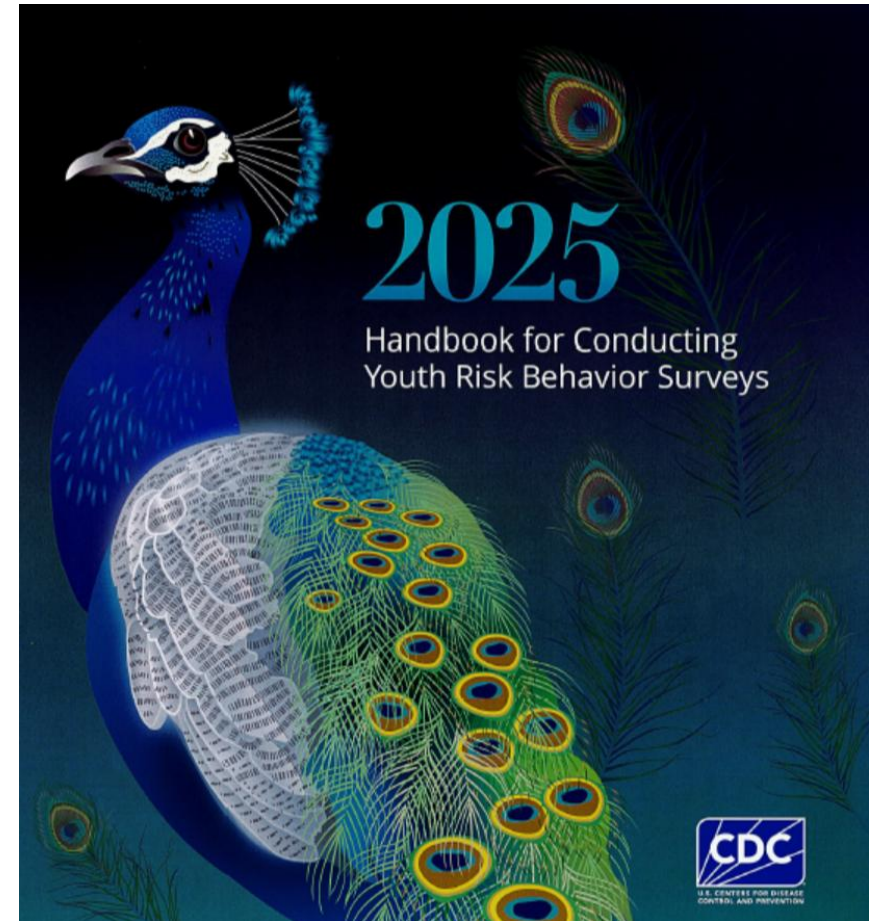
Impact on School Health

- Partner with three institutions of higher education (UNCP, NCSU, UNC-Charlotte) to recruit, train and re-specialize SBMH providers.
- Partner with 14 PSUs to increase the number of licensed school counselors and school social workers to better serve students in high-need PSUs to increase the number of SBMH provider candidates that are re-specialized and eligible for NCDPI Licensure.



Impact on School Health

- Health education support focused on reproductive health, positive youth development, and trauma-informed approaches in 12 districts.
- Surveillance data that informs the work of the Section and partners across the state.
 - This data has been collected for over 25 years and is essential to national and state trend data re: health behaviors reported by students.



*What is often called
exceptional ability is
nothing more than
persistent endeavor.*

- Pauli Murray

Whole School, Whole Community, Whole Child



Healthy Children Learn Better