NCIOM Work Group on ACEs and Opioid Misuse Prevention

DISCUSSION NOTES

Table 1

Strategy options..

1. Focus on carcerated parents
    a. Feasible –DPS, Durham Co clinic, kidscope
    b. High need of resources
    c. Potential process metrics: # of parents in programs, $ invested, counties, connected
    d. Multigenerational, focus on relationship between opioid use and ACES & addresses racial or socioeconomic disparities & applies a health equity lens
2. Care linkages
    a. Keep trauma informed care in mind when undergoing transformation and regionalization
    b. Fear of talking about what is actually happening
    c. Look at DSS/BH conference
3. Opt out of Medicaid following birth

Other notes…

- Incarcerated parents
    - Trauma-informed care & treatment
    - Concurrent trauma
    - Mat along with trauma informed care
        - Focus on release
        - Peer navigators
        - Continued access to MAT
        - Connections with PCIT
        - Other parenting support
- Extend reunification, change how progress is assessed
    - Increase available services
    - Up
- Opt out to Medicaid expanded beyond birth to ease burdens
- Training for CW in brain development & substance use
- Women of childbearing age/ whole family treatment
- Care linkages
    - Family services
    - Integrated services
    - LME/MCO
    - How do counties communicate
    - Capitated system

- Look at Missouri—2 years past birth

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- DSS- Trauma Informed system
    - Metric develop a plan and strategies
- Increase and improve treatment for parent support
- Parents, not parent training as usual
- Expanding prevention treatment more overall to schools
    - Metrics: # of students, # of schools, project aware/activate
- Silos
    - Convening leadership, reducing duplication
    - Coordination & alignment
    - Feasible

Table 2

1. FFPSA
    a. include direct links to opioid action plan
    b. Include preventive strategies and home visiting eligibility into 4e funds
    c. Prevention into foster care
2. Can we fine tune messaging for kids in trauma informed __ (Trip)
    a. Especially adolescents around prevention
    b. Community based treatment activities. Education around opioid/SUD (screening, SUD, etc.
    c. Where are the kids at risk?ER's, MH YY centers
3. Can we use DARE programming to educate middle school students about SUD risk (Gwen)
4. Address financial hardship Medicaid Expansion, eitc, mental health party -- true past (karla)
5. Where are our at risk youth (paul)
    a. DHHS needs to become a trauma informed system
    b. Nation traumatic stress network
    c. How to create a trauma informed network
    d. Expand, recover, support,
        i. Preventative support
    e. Make sure that kids achieving services are receiving trauma informed services
6. Expand parenting programs for drug affected
    a. Are these programs effective for SU parents?
    b. Charge in Codes
    c. Medicaid transformation
    d. *need to follow up
7. State pilot for treatment of parents involved in child welfare
8. Lack of case management for parents who are using the drugs
9. Trauma informed schools & communities
10. Trauma informed services for kids w SUD and or Mental health needs

Table 3

1. Invest in preventative services
2. Break down silos between prevention, treatment, and recovery
3. Expand capacity of trauma informed schools & curriculum. Implement prevention education according to existing system standards & initiatives. Evaluation of current initiatives
    a. Legislative and administrative strategy
    b. Highly feasible
    c. Builds on broader communities and municipalities
    d. Needs funding, traners for school administration, and measures for sustainability
    e. Process metrics:
        i. # of students touched
        ii. # of schools implemented
        iii. # of schools that have plans
    f. Outcome metrics:
        i. # of referrals / people with behavioral services
        ii. Measurements for social and emotional health , YRBS
        iii. Project Aware/ Activate