

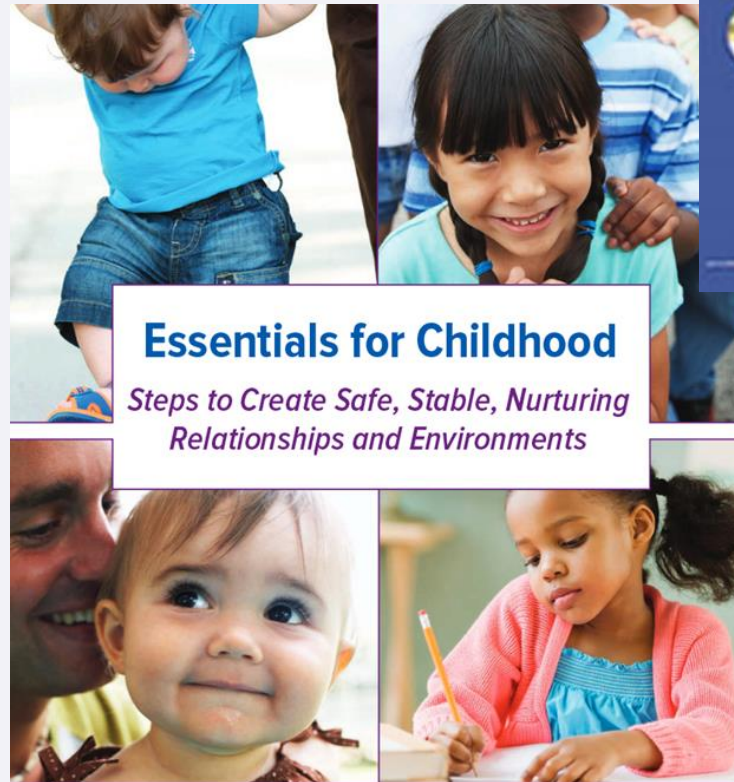
Essentials for Childhood: North Carolina

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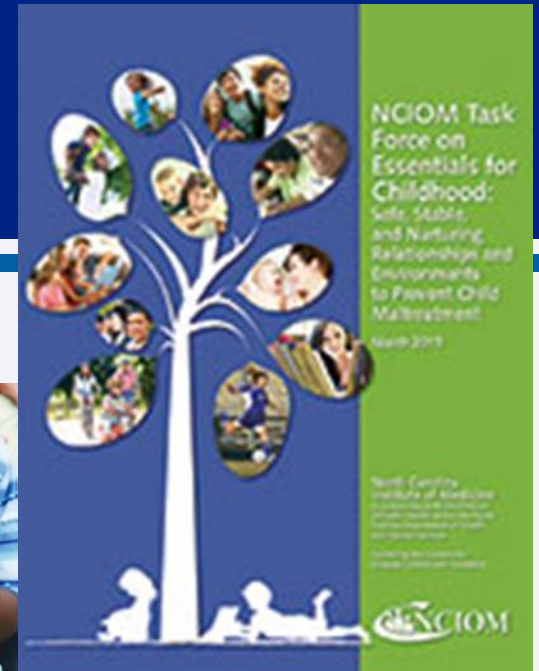
Project Director

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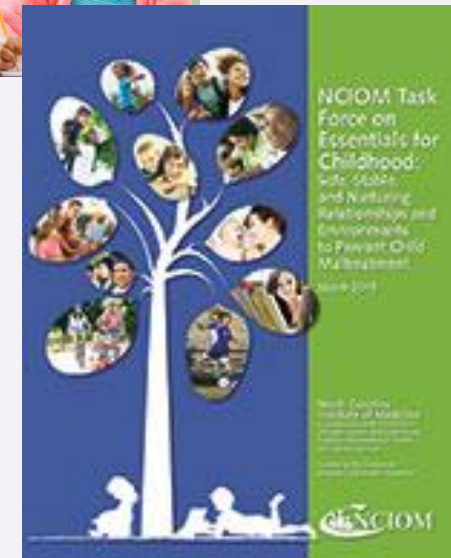


Essentials for Childhood
Steps to Create Safe, Stable, Nurturing Relationships and Environments



What is Essentials for Childhood?

- NCIOM Task Force convened in 2014, with recommendations released in 2015.
- Comprised of 48 members – representatives from DHHS, DPS/JJ, NCGA, health care providers, community-based organizations, universities, and youth and parent representatives
- Released 15 recommendations in 4 goal areas:
 - 1) Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child maltreatment
 - 2) Use data to inform actions
 - 3) Create the context for healthy children and families through norms change and programs
 - 4) Create the context for healthy children and families through policies



NCIOM Essentials for Childhood Task Force and Backbone Organization Work

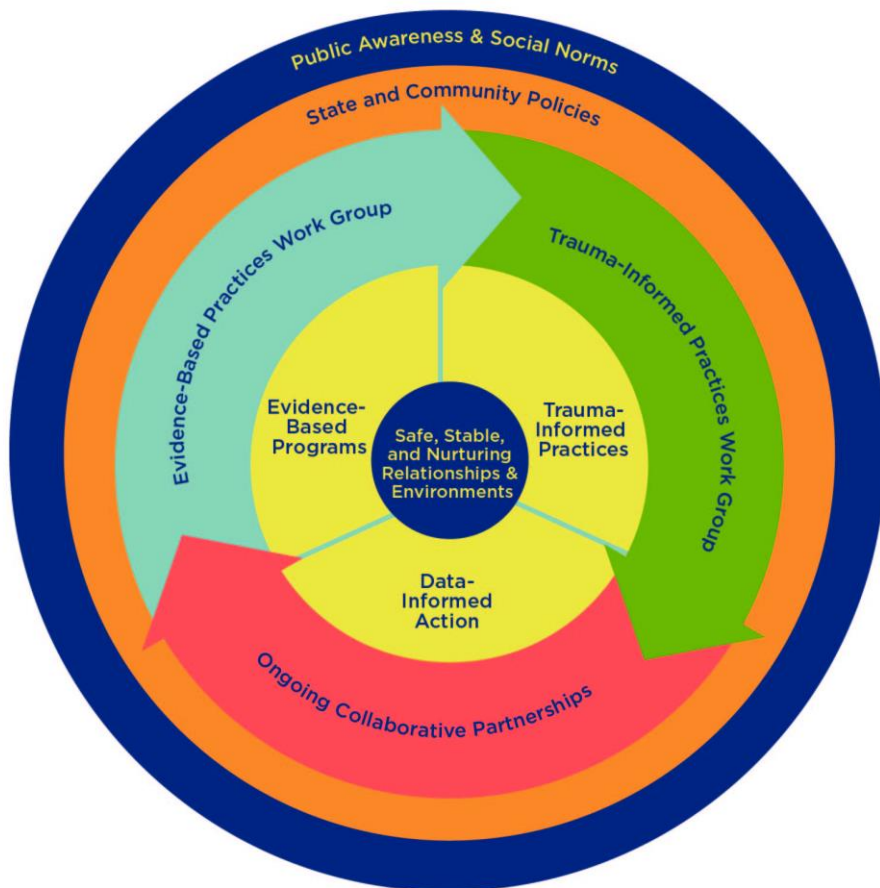
NCIOM became the backbone organization for Essentials for Children in September 2016

- As backbone NCIOM works to support collective work to advance the recommendations of the Task Force
- Work groups, awareness, mutually reinforcing activities to ensure inclusion of Essentials for Childhood recommendations in other statewide initiatives



NCIOM Essentials for Childhood Task Force and Backbone Organization Work

NC ESSENTIALS FOR CHILDHOOD Conceptual Model



Vision: Children, youth, and families thrive in safe, stable, nurturing, and healthy relationships and environments and are able to reach their full potential within their community.

Mission: Promote child and family well-being in North Carolina by implementing the collective statewide strategic plan for preventing child maltreatment and securing child and family well-being developed by the 2014 Essentials for Childhood Task Force.

Key Goals:

- Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child maltreatment.
- Create the context for healthy children and families through evidence-based, trauma-informed programs and policies.
- Use data to inform action.
- Support improved agency coordination and across-state alignment.



Next Phase of NC Essentials for Childhood

- NC DHHS was awarded one of 7 five-year grants from the CDC to continue the Essentials for Childhood work.
- NCIOM is sub-contracting for the majority of the work for at least the first year. Future project years TBD.
- Facilitating parent feedback sessions on Early Childhood Action Plan (6 sessions held Nov-Dec)
- Feedback on state Opioid Action Plan – CDC provided additional supplemental funding for work focused on addressing risk and protective factors for preventing opioid misuse/overdose and its relationship to adverse childhood experiences (ACEs).



Goal of today's meeting



- To identify strategies that address risk and protective factors for preventing opioid misuse/overdose and its relationship to adverse childhood experiences (ACEs).
- These strategies will be considered for inclusion in the revised state Opioid Action Plan

Criteria

Strategies should be:

- **Impactful:** The strategy will have a substantial impact on reducing the number of opioid overdose fatalities in the short or long term
- **Feasible:** It is feasible to make substantial progress or complete the strategy before 2021
- **Stakeholder led:** There is an internal or external stakeholder willing to take the lead implementing the strategy
- **Measurable:** There is a way to measure the implementation of the strategy (this may include a process metric, such as number of children that receive services, and/or an outcome metric, such as overdoses)



Potential topic areas to discuss/identify strategies

- Maternal substance use and treatment (Incl. MAT)
- Unplanned pregnancy
- Neonatal abstinence syndrome (NAS)
- Accidental poisoning
- Connection between experiencing ACEs and later substance use – what are risk/preventive factors
- Exposure to substance use in the household as ACE
- Issues around incarceration
- Trauma-informed care
- Access to treatment (incl. Medicaid, integrated care, payment policies)
- Parental support (incl. home visiting, parenting programs)
- Early care and education (incl. social-emotional development, trauma-informed practices)
- Trauma-informed schools, and linkages between schools and behavioral health providers
- Role of public health in addressing opioid use
- Medication disposal and storage
- Role of family court, juvenile justice
- Impact on and response by Child Welfare



Next steps

- Next meeting: January 30. NCIOM staff will work to develop today's discussion into actionable strategies, and bring them to the 1/30 meeting for prioritization. Work group members will select top 3-4 and use meeting time to refine (incl. identifying needed resources, stakeholders, lead agencies, metrics)
- The developed strategies (top 3-4) will go to DHHS for consideration for inclusion in the revised state Opioid Action Plan, to be released in spring 2019
- Work group continue to meet through spring/summer 2019 for discussion and development of recommendations on a broader set of issues related to ACEs, childhood trauma, and opioid use

