



NCIOM WORK GROUP ON ACES AND OPIOID MISUSE PREVENTION

Small Group Discussion

Recommendations 1 & 2

For each strategy listed above, please discuss:

What is being done in this area now? What are additional points of opportunity?

- HV Process
- Think Babies
- Plan of Safe Care → as a method of linking to services
- CAPTA Reauthorization
- ECAP
- Perinatal Quality
- FFPSA – fall of 2020
- Child Well-Being Council
- PCANC Prevention Plans
- Governor Cooper Commission

What is feasibility for progress on implementation by 2021? Timeline?

- Triple P Leadership team-growth? Plan for supporting implementation

Lead agency for implementation DSS & DPH

Alignment (does this align with existing OAP strategy and/or other strategies in statewide plans/initiatives?)

- Inform SDOH Pilots
- OPDAC Coordinating Meeting

Metrics DSS Reporting

Process + How to add screening about SA to Triple P or other EBPs



Outcome

Needed resources (funding amounts, funding sources, workforce development, other)

- Workforce development- DSS, LCSW, support of CW workings

What are other barriers to implementing this strategy?

- Need for culture change
- Delivery of services
- Turnover in DSS
- Workforce burnout

Are there any unintended consequences of implementing this strategy?

- Need for culture change
- ** Child Fatality TF—centralized reporting hotline



Recommendations 3 & 5

For each strategy listed above, please discuss:

What is being done in this area now? What are additional points of opportunity?

- Rec 3
 - Change to OPDAC have x number of reps for parents/guardians and impact on children and devote agenda time at each regular meeting.
 - Provide content from E4C
 - Transitional youth/young adult committee
- Rec 5
 - Advocate for funding – this year school safety
 - Adequate school personnel—nurses, psychologists, counselors, etc.
 - One time funding under school safety initiative

What is feasibility for progress on implementation by 2021? Timeline?

- Rec 3 – HIGH
- Rec 5 –
 - reports due April for community based school safety & resiliency initiatives
 - adequate implementation with school personnel (~ \$70 mil/year)

Lead agency for implementation

- Rec 3 – Superintendent & SBE
- Rec 5 –
 - School meeting initiative about quarterly regional networks
 - Public school forum doing related work, have good data to show culture change

Alignment (does this align with existing OAP strategy and/or other strategies in statewide plans/initiatives?)

- Inform SDOH Pilots
- OPDAC Coordinating Meeting

Metrics



Process

Outcome

Needed resources (funding amounts, funding sources, workforce development, other)

- Rec 5 -- >>> 27 million

What are other barriers to implementing this strategy?

- Rec 5—
 - leadership at local level
 - ncga revoked policy from state board of education

Are there any unintended consequences of implementing this strategy?



Recommendations 4 & 6

Strategy	Action	Lead
Family & parent prevention	Support healthy opportunities initiative to build healthy resilient communities to prevent initiation of drug use and support recovering families	DHHS
Close the coverage gap	NC legislature should expand Medicaid eligibility to 138% FPL	DHHS Legislative team, advocates.