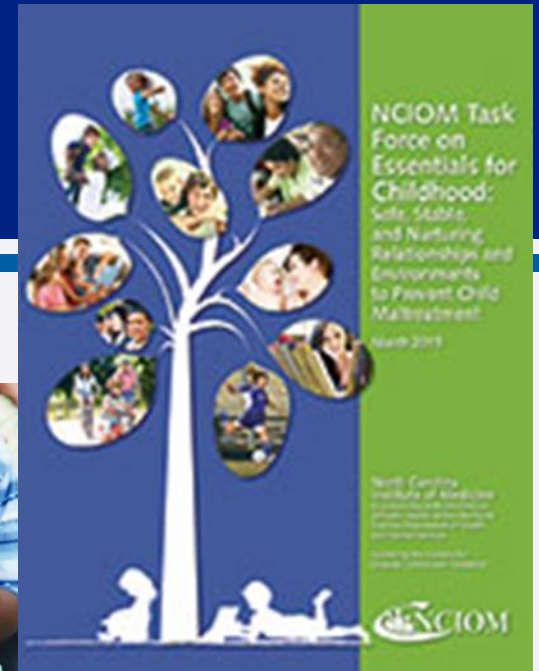
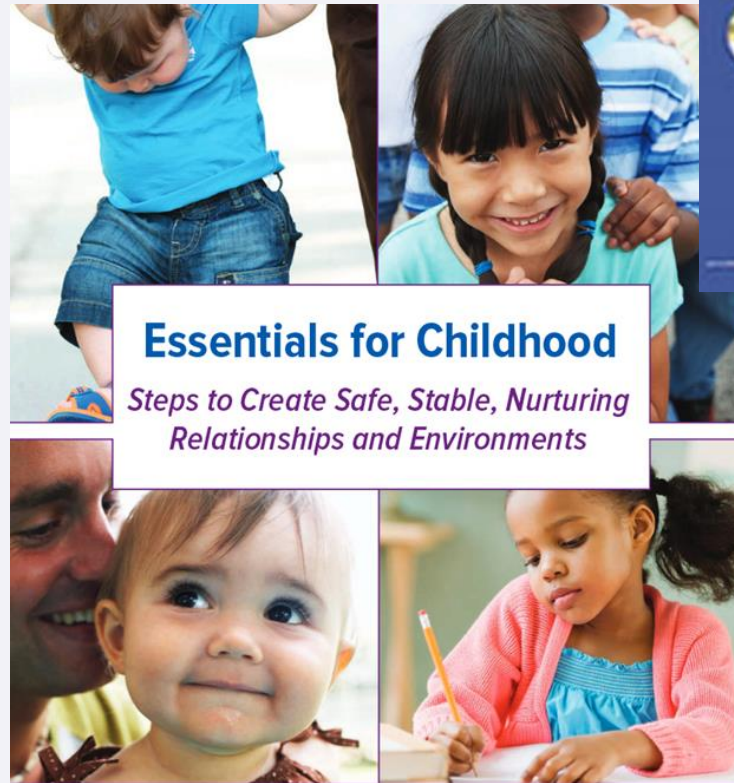


Essentials for Childhood: North Carolina

Work Group on Adverse Childhood Experiences and Opioid Misuse Prevention

January 30, 2019



Goal of today's meeting



- To add detail to strategies identified in last week's meeting and prioritize top 2-3 for consideration
- 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)



1. Expand Implementation of Evidence-Based Programs for Families Affected by Substance Use

In order to address the impacts of family substance use on children, promote resilience, and strengthen families, state agencies should support expanded implementation of evidence-based parenting support programs for families affected by substance use.

a. These programs should include evidence-based parenting support programs categorized as group-based, home visitation, multi-strategy, and other.

b. State agencies, including the Division of Medical Assistance (DMA), in collaboration with Community Care of North Carolina (CCNC), the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), and the Division of Public Health (DPH) should identify opportunities to incentivize payment for outcomes resulting from evidence-based programs under Medicaid transformation

c. State agencies should ensure that investments consider impact on special populations and/or state regions disproportionately impacted by substance use, including incarcerated parents, rural areas, and families involved with the Child Welfare System



2. Expanded Implementation of Substance Use Treatment Programs for Families Involved in DSS/Child Welfare Services.

In order to address the impacts of family substance use on children, promote resilience, and strengthen families, state agencies (including the Division of Medical Assistance (DMA), in collaboration with Community Care of North Carolina (CCNC), the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), and the Division of Social Services) should support expanded substance use treatment programs and behavioral health programs for families involved in DSS/Child Welfare Services, at risk for involvement, and/or pregnant and substance using/abusing.

Programs should include evidence-based substance use treatment, including residential programs, peer support, recovery, twelve step programs, and MAT.



3. Build a Proactive System and Leadership Team that Encourages Cross-System Collaboration on Substance Abuse Prevention and Reduction of Adverse Childhood Experiences and Child Maltreatment

Leaders from state agencies, including but not limited to DSS, DMH/DD/SAS, DPS, and DAAS within NC DHHS, together with DPS and DPI, should collaboratively develop and support ongoing community prevention initiatives that include social services, public health, law enforcement, and provider partners. Cross system collaboration should aim towards promotion of strong families and positive mental health and prevention of adverse childhood experiences, child maltreatment, and substance abuse (including opioid addiction).

- a. Leadership should also include representatives from the following statewide bodies: Early Childhood Advisory Committee, Whole School/Whole Child/Whole Community, Child Well-being Transformation Council, Birth to 3 Interagency Council, Child Fatality Task Force, Education Cabinet, and these bodies should be encouraged to address the ways in which their scope of work can be impactful on opioid use and its relationship to adverse childhood experiences, and to align strategies and implementation activities when possible.
- b. In addition, this group should be consulted for future updates to state Opioid Action Plan and identify ways in which other strategies in the Plan can be supported by their members/participating organizations.



4. Expand Medicaid eligibility for pregnant women to two years postpartum.

In order to ensure continuity of care for women with substance use disorder and improved outcomes for mothers and babies, North Carolina should update Medicaid eligibility to cover women for up to two years postpartum.

a. DMA should also explore expanding current pilots for Medicaid coverage of home visiting services, to be included in services available for women with substance use disorder.

b. DMA should also explore coverage of infant care and evidence-based parenting education and support classes through Medicaid



5. Identify partnership opportunities and funding models to expand training and implementation of behavioral health services and trauma-informed practices within the K-12 public education system.

- a. Partners should identify a common definition of “trauma,” “trauma-informed,” and the ways in which these definitions are applicable within school settings
- b. Work with local superintendents and schools to publicize the online credits for current professional modules related to student behavioral health.
- c. Local boards of education should encourage school staff and others who work with youth to receive Youth Mental Health First Aid training and Trauma-Informed Care training. Work with the public and private institutions of higher education with educator and school counselor preparation programs to ensure that elective courses on adolescent development and behavioral health qualify towards degree credit.
- d. Partners should develop models for effective, coordinated efforts between LME/MCOs and schools, school-based health centers, service providers, and school systems.
- e. Local school boards should encourage schools in their district to explore ways to partner with providers to meet the mental health and substance use needs of children and their families.



Next steps

- The developed strategies (top 2-3) 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

