

## North Carolina Child Fatality Task Force, Issue Application for 2017-2018

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**Organization name and web address:** North Carolina Institute of Medicine, [www.nciom.org](http://www.nciom.org)

### **1. Briefly state the issue and/or proposal you are requesting the CFTF to consider.**

In 2014, the NCIOM, in collaboration with Prevent Child Abuse North Carolina and the North Carolina Department of Health and Human Services Division of Public Health (NC DPH), convened a statewide Task Force on Essentials for Childhood, tasked with studying and developing a collaborative, evidence-based, systems-oriented, public health-grounded initiative to address the issue of child maltreatment prevention and family well-being in North Carolina. The Task Force laid the groundwork for a multi-year collective impact process to follow. Since September 2016, with support from the North Carolina Department of Health and Human Services, Division of Public Health, the NCIOM serves as the Backbone Organization for the collective impact process and the implementation of the Task Force recommendations. NCIOM staff provides guidance and support to the steering committee, working groups, and additional partners, ensuring alignment with and support for Essentials for Childhood's initiative's goals.

One of the priority recommendations from the Task Force on Essentials for Childhood was to integrate awareness of trauma, brain development, and trauma-informed practices into ongoing health and social initiatives. The Essentials for Childhood team identified working with existing initiatives and stakeholders involved in addressing the impact of opiate use and overdose in our state as a priority for aligning work on childhood trauma as a means of opiate use prevention.

Recent research has shown a link between trauma and adverse childhood experiences (ACEs) and opioid addiction; while an estimated 75% of individuals with substance use disorders have experienced trauma, rates are even higher for individuals seeking treatment for opioid addiction. A 2016 study showed that people reporting five or more ACEs with three times more likely to misuse prescription opiates, and five times more likely to use injected drugs.<sup>1</sup> Trauma-informed approaches to both prevent exposure to ACEs and help individuals with substance use disorders have shown to be effective and cost-saving.

As the Essentials for Childhood team examines the links between trauma, adverse childhood experiences, and opiate use, and develop strategies to integrate the Essentials for Childhood vision of safe, stable, nurturing relationships and environments for children and families with these existing initiatives, the Child Fatality Task Force can build on its existing recommendations to address the opioid epidemic and prescription drug use by identifying potential legislative action and refining priorities for integrating trauma-informed approaches and the prevention of childhood trauma into the state response to opiate use.

### **2. Briefly describe the direct relationship between this issue/proposal and the goal of the Child Fatality Prevention System to prevent future child deaths, abuse, and neglect, and to promote the safety and well-being of children. What is the evidence that this issue/proposal would positively impact the safety and well-being of children?**

Current initiatives and statewide plans to address opiate use include work on establishing coordinated state and local infrastructure; reducing oversupply of prescription drugs; reducing diversion and flow of

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<sup>1</sup> Campaign for Trauma-Informed Policy and Practice, Trauma-Informed Approaches Need to be Part of a Comprehensive Strategy for Addressing the Opioid Epidemic. June 2017.  
[http://www.acesconnection.com/fileSendAction/fcType/0/fcOid/468137553024138668/filePointer/468278290830069822/fodoid/468278290830069817/CTIPP\\_OPB\\_final-corrected.pdf](http://www.acesconnection.com/fileSendAction/fcType/0/fcOid/468137553024138668/filePointer/468278290830069822/fodoid/468278290830069817/CTIPP_OPB_final-corrected.pdf)

illegal drugs; increasing community awareness and prevention; increasing naloxone availability; and expanding treatment access.<sup>2</sup> Part of the state plan to increase community awareness and prevention focuses on primary prevention initiatives to prevent opiate use. Essentials for Childhood stakeholders emphasize the importance of trauma-informed and evidence-based practices in primary prevention to address trauma and ACEs that may increase the likelihood of opiate use.

Several states have initiated programs that focus on the prevention of childhood trauma as a key tool in addressing opiate use. In West Virginia, the Martinsburg Initiative aims to reduce opiate use by establishing community partnerships between schools, police, and other stakeholders. Participating stakeholders work to reduce trauma and ACEs through parenting classes, mentoring programs, mental health care, and other activities.<sup>3</sup> Generally, programs aimed at reducing childhood trauma and improving children's well-being and mental health show significant cost savings; RAND estimates lifetime net benefits per child served in a range from \$1,400 per child to nearly \$240,000 per child, with the largest benefits associated with programs with longer-term follow up.<sup>4</sup>

While there is currently some debate over the direct impact of opiate use on the child welfare and foster care systems in North Carolina, the percent of children entering foster care with parental substance use as a factor in out of home placement has increased from 30.6% in SFY 2009-10 to 41.5% in SFY 2015-16.<sup>2</sup> In addition, the number of hospitalizations associated with drug withdrawal in newborns rose from 125 in 2004 to 1,252 in 2015.<sup>2</sup> Opiate use is increasingly affecting children and families in North Carolina, and the Essentials for Childhood partners agree that primary prevention of trauma and adverse childhood experiences and the expanded infusion of trauma-informed practices into state efforts to address opiate use are necessary.

**3. Explain why this issue/proposal requires state-level attention, and identify which of the following types of state-level action your issue/proposal would involve: new or revised legislation; funding; agency collaboration; agency policy change; other (if so, what?). [Please see important note on first page related to limitations.]**

There is opportunity for state-level leadership to align initiatives to address opiate use with trauma-informed practices and research on trauma and brain development. There is precedent in our state for similar work. Project Broadcast, a five-year project that aimed to improve the well-being of children and families through the development of a trauma-informed child welfare system, outlined primary strategies which included the development of a trauma-informed workforce and ensuring that state and local policies are trauma-informed.<sup>5</sup> In addition, the Department of Public Instruction and the North Carolina Public School Forum, building on work done in Buncombe County, have recently launched initiatives focused on teacher and administrator training in trauma and trauma-informed practices.

The alignment of trauma-informed practices and awareness of ACEs into state work on opiate use is also cross-cutting, with synergy in each of the three CFTF committees. There is opportunity for each committee to shape how the issue is researched and addressed in ways that best serves its specific goals and objectives.

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<sup>2</sup> North Carolina's Opioid Action Plan 2017-2021. June 2017. <https://ncdhhs.s3.amazonaws.com/s3fs-public/NC%20Opioid%20Action%20Plan%206-23-2017.pdf>

<sup>3</sup> The Martinsburg Initiative. <http://www.martinsburgpd.org/downloads/TMI-1Page.pdf>

<sup>4</sup> Karoly, L.A., et al. Early Childhood Interventions. RAND Labor and Population. 2005. [https://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND\\_MG341.pdf](https://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf)

<sup>5</sup> Family and Children's Resource Program, UNC-CH School of Social Work <http://fosteringperspectives.org/fpv18n1/broadcast.htm>

**4. Explain the specifics of the type of action(s) you identified above including cost, if any, and agency involvement.**

Expanding on and implementing additional statewide strategies to ensure aligned goals on trauma-informed practices are met may have a beneficial impact on the state's rates of opiate use and of children and families impacted. These strategies will require state level agency collaboration and agency policy change, including (but not limited to) the Department of Health and Human Services, the Department of Public Instruction, the Department of Public Safety, the Department of Corrections.

While Essentials for Childhood partners have not identified a specific statewide action or structure for moving this work forward, the Child Fatality Task Force provides an opportunity to conduct additional stakeholder outreach and identify research to inform the development of effective strategies.

**5. If your proposal involves seeking funding, explain why state funding (as opposed to other funding sources) is being sought. [Please see important note on first page related to limitations.] N/A**

**6. Is the existing infrastructure of agencies/organizations sufficient to support your proposal? If not, what would be needed?**

While potential strategies to incorporate trauma-informed practices and information on adverse childhood experiences will certainly cross state agencies and organization and need specific support from leadership, the existing infrastructure is likely to be sufficient to support this proposal.

**7. Who else actively supports your issue/proposal? Please indicate which groups would be willing to help advance this issue if it were to become an action agenda item of the CFTF. Who would be the lead agency/organization advancing this solution?**

The Essentials for Childhood team identified working with existing initiatives and stakeholders involved in addressing opiate use and overdose in our state as a priority for aligning work on childhood trauma as a means of opiate use prevention, and supports the issue as an agenda item for CFTF.

Essentials for Childhood Steering Committee members:

- Catherine Joyner, MSW, Executive Director, Child Maltreatment Prevention Leadership Team, Division of Public Health, Women and Children's Health Section, North Carolina Department of Health and Human Services
- Kristin O'Connor, Assistant Chief, Child Welfare Services, Division of Social Services, North Carolina Department of Health and Human Services
- Sharon Hirsch, President and CEO, Prevent Child Abuse North Carolina
- Donna White, Deputy Director and Vice President, North Carolina Partnership for Children, Inc.
- Phillip H. Redmond, Jr., Director, Child Care, the Duke Endowment
- Susan Robinson, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, North Carolina Department of Health and Human Services
- Adam Zolotor, MD, DrPH, President and CEO, North Carolina Institute of Medicine

The North Carolina Institute of Medicine, in their role as Essentials for Childhood facilitator and backbone organization, would help advance this issue as an action agenda item of the CFTF, along with the Division of Public Health, Division of Social Services, PCANC, and the Division of Mental Health, with additional support from the other Essentials for Childhood steering committee members.

**8. Please identify the key stakeholders interested in this issue/proposal, including people or organizations likely to raise concerns about it.**

Key stakeholders include those listed in question #7. Additional stakeholders may include the Center for Child and Family Policy (Duke University), National Traumatic Stress Network, the Department of Public Instruction, the Department of Public Safety, the Department of Corrections, NC Child, the North Carolina Early Childhood Foundation, DHHS Division of Child Development and Early Education, local DSS agencies, local education agencies and school boards, first responders and law enforcement, philanthropic organizations.

**9. See next page.**