Uploaded to the VFC Website

2019

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

Veterans-For-Change

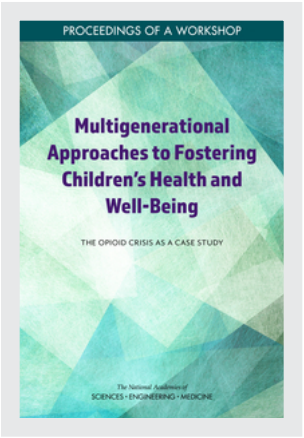
If Veterans don't help Veterans, who will?

Note: VFC is not liable for source information in this document, it is merely provided as a courtesy to our members & subscribers.

The National Academies of SCIENCES ENGINEERING MEDICINE
THE NATIONAL ACADEMIES PRESS

This PDF is available at http://nap.edu/25574

SHARE



GET THIS BOOK

FIND RELATED TITLES

Multigenerational Approaches to Fostering Children's Health and Well-Being: The Opioid Crisis as a Case Study: Proceedings of a Workshop (2019)

DETAILS

58 pages | 6 x 9 | PAPERBACK
ISBN 978-0-309-49747-3 | DOI 10.17226/25574

CONTRIBUTORS

Megan Snair, Rapporteur; Forum for Children s Well-Being: Promoting Cognitive, Affective, and Behavioral Health for Children and Youth; Board on Children, Youth, and Families; Division of Behavioral and Social Sciences and Education; National Academies of Sciences, Engineering, and Medicine

SUGGESTED CITATION

National Academies of Sciences, Engineering, and Medicine 2019. *Multigenerational Approaches to Fostering Children's Health and Well-Being: The Opioid Crisis as a Case Study: Proceedings of a Workshop*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25574.

Visit the National Academies Press at NAP.edu and login or register to get:

– Access to free PDF downloads of thousands of scientific reports
– 10% off the price of print titles
– Email or social media notifications of new titles related to your interests
– Special offers and discounts

Distribution, posting, or copying of this PDF is strictly prohibited without written permission of the National Academies Press. (Request Permission) Unless otherwise indicated, all materials in this PDF are copyrighted by the National Academy of Sciences.

Copyright © National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being

THE OPIOID CRISIS AS A CASE STUDY

PROCEEDINGS OF A WORKSHOP

Megan Snair, *Rapporteur*

Forum for Children's Well-Being: Promoting
Cognitive, Affective, and Behavioral Health for Children and Youth

Board on Children, Youth, and Families

Division of Behavioral and Social Sciences and Education

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

THE NATIONAL ACADEMIES PRESS
Washington, DC
www.nap.edu

Copyright National Academy of Sciences. All rights reserved.

THE NATIONAL ACADEMIES PRESS 500 Fifth Street, NW Washington, DC 20001

This activity was supported by contracts between the National Academy of Sciences and the American Board of Pediatrics (Unnumbered Award); Centers for Disease Control and Prevention (200-2011-38807, TO #69); Conrad N. Hilton Foundation (17605); Doris Duke Charitable Foundation (2018120); Health Resources and Services Administration of the U.S. Department of Health and Human Services (HHSH250201500001I/75R60219F34017); and Robert Wood Johnson Foundation (74234). Additional support came from the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American Psychological Association, Autism Speaks, Children's Hospital Association, the Global Alliance for Behavioral Health and Social Justice, the National Federation of Families for Children's Mental Health, the Nemours Children's Health System, the Society for Child and Family Policy and Practice, the Society of Clinical Child and Adolescent Psychology, the Society of Pediatric Psychology, Well Being Trust, and ZERO TO THREE. Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project.

International Standard Book Number-13: 978-0-309-49747-3
International Standard Book Number-10: 0-309-49747-7
Digital Object Identifier: https://doi.org/10.17226/25574

Additional copies of this publication are available from the National Academies Press, 500 Fifth Street, NW, Keck 360, Washington, DC 20001; (800) 624-6242 or (202) 334-3313; http://www.nap.edu.

Copyright 2019 by the National Academy of Sciences. All rights reserved.

Printed in the United States of America

Suggested citation: National Academies of Sciences, Engineering, and Medicine. (2019). *Exploring Multigenerational Approaches to Fostering Children's Health and Well-Being: The Opioid Crisis as a Case Study: Proceedings of a Workshop*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25574.

Copyright National Academy of Sciences. All rights reserved.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

The **National Academy of Sciences** was established in 1863 by an Act of Congress, signed by President Lincoln, as a private, nongovernmental institution to advise the nation on issues related to science and technology. Members are elected by their peers for outstanding contributions to research. Dr. Marcia McNutt is president.

The **National Academy of Engineering** was established in 1964 under the charter of the National Academy of Sciences to bring the practices of engineering to advising the nation. Members are elected by their peers for extraordinary contributions to engineering. Dr. John L. Anderson is president.

The **National Academy of Medicine** (formerly the Institute of Medicine) was established in 1970 under the charter of the National Academy of Sciences to advise the nation on medical and health issues. Members are elected by their peers for distinguished contributions to medicine and health. Dr. Victor J. Dzau is president.

The three Academies work together as the **National Academies of Sciences, Engineering, and Medicine** to provide independent, objective analysis and advice to the nation and conduct other activities to solve complex problems and inform public policy decisions. The National Academies also encourage education and research, recognize outstanding contributions to knowledge, and increase public understanding in matters of science, engineering, and medicine.

Learn more about the National Academies of Sciences, Engineering, and Medicine at **www.nationalacademies.org**.

Copyright National Academy of Sciences. All rights reserved.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Consensus Study Reports published by the National Academies of Sciences, Engineering, and Medicine document the evidence-based consensus on the study's statement of task by an authoring committee of experts. Reports typically include findings, conclusions, and recommendations based on information gathered by the committee and the committee's deliberations. Each report has been subjected to a rigorous and independent peer-review process and it represents the position of the National Academies on the statement of task.

Proceedings published by the National Academies of Sciences, Engineering, and Medicine chronicle the presentations and discussions at a workshop, symposium, or other event convened by the National Academies. The statements and opinions contained in proceedings are those of the participants and are not endorsed by other participants, the planning committee, or the National Academies.

For information about other products and activities of the National Academies, please visit www.nationalacademies.org/about/whatwedo.

Copyright National Academy of Sciences. All rights reserved.

PLANNING COMMITTEE ON EXPLORING MULTIGENERATIONAL APPROACHES TO PREVENTION: A WORKSHOP

WILLIAM R. BEARDSLEE, Baer Prevention Initiatives and Department of Psychiatry, Boston Children's Hospital, and Department of Child Psychiatry, Harvard Medical School
C. HENDRICKS BROWN, Departments of Psychiatry, Behavioral Sciences, and Preventive Medicine, Feinberg School of Medicine, Northwestern University
DEBORAH KLEIN WALKER, Global Alliance for Behavioral Health and Social Justice and Boston University School of Public Health
DAVID WILLIS, Center for the Study of Social Policy, Washington, DC

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

FORUM FOR CHILDREN'S WELL-BEING: PROMOTING COGNITIVE, AFFECTIVE, AND BEHAVIORAL HEALTH OF CHILDREN AND YOUTH

CHERYL POLK (*Cochair*), HighScope Educational Research Foundation
DAVID W. WILLIS (*Cochair*), Center for the Study of Social Policy
RUMELI BANIK, Child Well-Being Program, Doris Duke Charitable Foundation
SANDRA BARRUECO, Catholic University of America
WILLIAM R. BEARDSLEE, Baer Prevention Initiatives and Department of Psychiatry, Boston Children's Hospital, and Department of Child Psychiatry, Harvard Medical School
HAROLYN M.E. BELCHER, Johns Hopkins University School of Medicine and Center for Diversity in Public Health Leadership Training, Kennedy Krieger Institute
RAHIL D. BRIGGS, ZERO TO THREE, Washington, DC, and Department of Pediatrics, Montefiore Medical Group
C. HENDRICKS BROWN, Departments of Psychiatry, Behavioral Sciences, and Preventive Medicine, Feinberg School of Medicine, Northwestern University
DEBBIE I. CHANG, Policy and Prevention, Nemours Children's Health System
TINA CHENG, Department of Pediatrics, Johns Hopkins University School of Medicine
NATHANIEL Z. COUNTS, Montefiore Medical Group
MARTHA B. DAVIS, Robert Wood Johnson Foundation
ROBERT H. DUGGER, Hanover Provident Capital LLC and ReadyNation
ALEXA EGGLESTON, Domestic Programs, Conrad N. Hilton Foundation
LYNDA GARGAN, National Federation of Families for Children's Mental Health
CARMEN J. HEAD, American Academy of Child and Adolescent Psychiatry
KIMBERLY EATON HOAGWOOD, Department of Child and Adolescent Psychiatry, School of Medicine, New York University
STEPHANIE M. JONES, Harvard Graduate School of Education
JENNIFER W. KAMINSKI, Division of Human Development and Disability, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention
KELLY J. KELLEHER, Center for Innovation in Pediatric Practice, Health Services Research, Community Health and Services Research, and the Research Institute, Nationwide Children's Hospital
AMY WIMPEY KNIGHT, Children's Hospital Association, Washington, DC

Copyright National Academy of Sciences. All rights reserved.

LAUREL K. LESLIE, American Board of Pediatrics and Department of Medicine and Pediatrics, Tufts University School of Medicine
MARY ANN McCABE, Society for Child and Family Policy and Practice; Society of Pediatric Psychology; Department of Pediatrics, George Washington University School of Medicine; Department of Applied Developmental Psychology, George Mason University
TYLER NORRIS, Well Being Trust, Oakland, CA
CARLOS E. SANTOS, Luskin School of Public Affairs, University of California, Los Angeles
ANDY SHIH, Autism Speaks, New York, NY
VERA FRANCES "FAN" TAIT, American Academy of Pediatrics
DEBORAH KLEIN WALKER, Global Alliance for Behavioral Health and Social Justice and Boston University School of Public Health
LESLIE R. WALKER-HARDING, Department of Pediatrics, Seattle Children's Hospital

Forum Staff

SUZANNE LE MENESTREL, *Director*
ERIN KELLOGG, *Research Associate*
MARGARET KELLY, *Senior Program Assistant*
STACEY SMIT, *Senior Program Assistant*

Copyright National Academy of Sciences. All rights reserved.

Copyright National Academy of Sciences. All rights reserved.

Acknowledgments

This Proceedings of a Workshop was reviewed in draft form by individuals chosen for their diverse perspectives and technical expertise. The purpose of this independent review is to provide candid and critical comments that will assist the National Academies of Sciences, Engineering, and Medicine in making each published proceedings as sound as possible and to ensure that it meets the institutional standards for quality, objectivity, evidence, and responsiveness to the charge. The review comments and draft manuscript remain confidential to protect the integrity of the process.

We thank the following individuals for their review of this proceedings: James M. Perrin, Harvard Medical School and MassGeneral Hospital for Children and David W. Willis, Senior Fellow, Center for the Study of Social Policy. We also thank staff member Karen Anderson for reading and providing helpful comments on this manuscript.

Although the reviewers listed above provided many constructive comments and suggestions, they were not asked to endorse the content of the proceedings nor did they see the final draft before its release. The review of this proceedings was overseen by Patrick H. DeLeon, F. Edward Hebert School of Medicine and the Graduate School of Nursing, Uniformed Services University of the Health Sciences. He was responsible for making certain that an independent examination of this proceedings was carried out in accordance with standards of the National Academies and that all review comments were carefully considered. Responsibility for the final content rests entirely with the rapporteur and the National Academies.

Copyright National Academy of Sciences. All rights reserved.

Copyright National Academy of Sciences. All rights reserved.

Contents

Copyright National Academy of Sciences. All rights reserved.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

1

Introduction

The opioid crisis affecting countless families throughout the United States has caught the attention of groups spanning the sectors of health care, education, social services, criminal justice, and even business and labor. According to the Centers for Disease Control and Prevention (2018), from 1999 to 2017, more than 700,000 people died from a drug overdose. On average, 130 people die every day from an opioid overdose in the United States.[1] Within these average numbers, certain populations are being affected more than others. According to the National Institute for Children's Health Quality (n.d.):

> The crisis is especially prevalent in rural and economically disadvantaged communities where poverty is associated with poor physical and mental well-being, health access is limited, opioid prescription rates are higher, and treatment programs are few.

Children are one of the most vulnerable populations caught in this public health crisis, as a growing number are sent to live with other relatives or placed in foster care following the death of a parent or a parent's inability to continue as a primary caretaker while in recovery (Collier, 2018). Additionally, health care systems around the country have seen a dramatic increase in babies who are born with neonatal abstinence syndrome: there were 32,000 such births in 2014—five times higher than the number in

[1] See CDC-WONDER (wide-ranging online data for epidemiologic research); see http://wonder.cdc.gov.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

2004 (National Institute on Drug Abuse, 2019). All children affected by the opioid crisis, whether born with withdrawal symptoms or struggling as an older child surrounded by uncertainty, need dedicated attention, likely including specialized services, to achieve optimal levels of health and well-being. Unfortunately, because so many resources directed to the crises have been dedicated to the immediate and long-term needs of people who have overdosed, children often become a forgotten population.

In response to this need, the Forum for Children's Well-Being convened a workshop in June 2019 on Fostering Children's Physical, Developmental and Social/Behavioral Health in the Face of the Opioid Crisis. The goals of the workshop were to explore multigenerational approaches and policy strategies to promote health and well-being, using the opioid crisis as a case study.

The planning committee chose this case study not only because of the urgency of the crisis, but also because the members believe it provides insight into how to approach similar crises. While opioid misuse is a public health concern today, other substance use may be of concern in the future. Multigenerational approaches and policy strategies that are successful in fostering children's health in this crisis may be adaptable in the future, and the planning committee recognized that learning best practices now can help to better prepare practitioners and policy leaders.

The workshop featured two speaker panels, the first on approaches to prevent and mitigate adverse childhood outcomes related to parental substance abuse disorder and the second on policies aimed at preventing opioid misuse. The workshop had three main objectives:

1. Identify and describe innovative prevention and intervention programs that incorporate multisector and multigenerational approaches to promote the well-being of children and youth affected by the opioid crises and the treatment and recovery of their families.
2. Identify and describe policy approaches at the local, state, tribal, and federal levels that address the well-being of children, youth, and families affected by the opioid crisis throughout the life course.
3. Broaden the conversation and policy options to include intentional prevention, early intervention, and recovery in light of the nation's opioid crisis.

Following the panel presentations, many Forum members and those in the audience commended the work being done both at the local and community levels, as well as work at the national policy level, in undertaking multifaceted efforts to mitigate the negative outcomes associated with opioid misuse.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

ORGANIZATION OF THIS PROCEEDINGS

This proceedings document is organized into four chapters. Following this introduction, Chapter 2 highlights the examples of work being done on the ground, described by speakers across the federal, state, county, and tribal and community levels. Chapter 3 summarizes several of the various drivers for change discussed during the workshop, either through examples of programs already in place or suggestions for future consideration. Finally, Chapter 4 brings together takeaways for both the Forum and related partners to consider as potential future directions for supporting families in the face of the opioid crisis, as well as future focus areas for the Forum to consider in relation to the well-being of children and families. All of the presentations at the workshop except one, as well as the ensuing discussions, are summarized in this proceedings. The presentation of Judy Tan is not included because tribal rules do not permit publication of her materials in any way.[2]

This proceedings has been prepared by the workshop rapporteur as a factual summary of what occurred at the workshop. The planning committee's role was limited to planning and convening the workshop. The views contained in the proceedings are those of individual workshop participants and do not necessarily represent the views of all workshop participants, the planning committee, or the National Academies of Sciences, Engineering, and Medicine.

[2] Copies of the speakers' slides, as well as archived recordings of the workshop, are available on the Forum website. See http://sites.nationalacademies.org/DBASSE/ccab/DBASSE_192648. For information on Judy Tan's presentation, contact the speaker directly.

Copyright National Academy of Sciences. All rights reserved.

Copyright National Academy of Sciences. All rights reserved.

2

Practice and Policy Examples to Promote Family Well-Being: Successes and Challenges

The speakers whose presentations are covered in this chapter come from the federal, state, county, and tribal and community levels. They represent a variety of states and geographic areas, all of which are notably affected by the opioid crisis, and they have been working for the last several years on programs to help families, especially mothers and children.

FEDERAL LEVEL

The workshop featured two speakers from the federal level who are intimately involved in programs related to addressing parents and families plagued by the opioid crisis. The first speaker, J. Alice Thompson, is the Maternal Opioid Misuse model lead at the Center for Medicare & Medicaid Innovation (CMMI) in the Centers for Medicare & Medicaid Services (CMS). CMMI was created under the Affordable Care Act with a goal of testing innovative service delivery and payment models. The second speaker, Justine Larson, is the senior medical adviser for the Office of the Chief Medical Officer at the Substance Abuse and Mental Health Services Administration (SAMHSA). Both speakers highlighted lessons and successes that have been realized through their work, while noting there are continuing challenges, especially related to sustainability of funding when grants are used and the varying regulations of states' Medicaid programs.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

Center for Medicare & Medicaid Innovation

Thompson, a social science researcher, began by explaining that the purpose of CMMI is to test models, but the models have to meet one of three strict statutory requirements for success before they can be scaled up and replicated:

1. quality improves; cost neutral;
2. quality neutral; cost reduced; or
3. quality improves; cost reduced (best-case scenario)

In terms of the opioid crisis, she described the road map developed by CMS, focusing on prevention, treatment, and data: see Figure 2-1.

Thompson went on to describe two key models related to the opioid crisis that CMMI has been working on, noting that because the CMMI budget is considerably larger than those of many other federal agencies, she believes the agency has great potential to influence changes. CMMI is very focused on aligning payments with either evidence-based or successful models of care. Knowing that increased funding doesn't necessarily result in integrated care, sometimes even contributing to fragmentation, she said, CMMI tries to give states the ability to address this fact by embedding a learning and best practices sharing system in all models. The agency is also working on getting the system to operate in real time, as evaluations that occur 5 years after something is implemented do not allow rapid sharing of lessons that can address the current problem across communities.

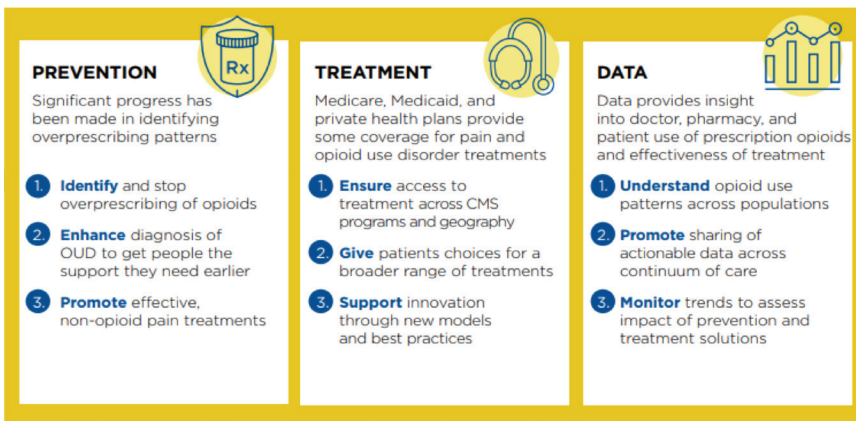


FIGURE 2-1 CMS roadmap to address the opioid epidemic.
SOURCE: Centers for Medicare & Medicaid Services (2019).

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

Before describing each program in detail, Thompson mentioned two disadvantages to the CMMI models. One is that their focus is limited to children and families covered under the Medicare/Medicaid/Children's Health Insurance Program (CHIP) umbrella, as the agency does not have the ability to change eligibility at the federal or state policy level. For example, Medicaid coverage covers women up to 60 days postpartum; while CMMI would be interested in continuing postpartum coverage for a longer time, it is bound by state Medicaid rules. The second disadvantage is that because these are federal programs, CMMI is looking at this issue from a national level, so it is more of a top-down approach, which can have limitations.

The first CMMI model Thompson described is called Integrated Care for Kids (InCK), a child-centered local service delivery and state payment model with the goals of reducing expenditures and improving quality of care for children covered by Medicaid and CHIP. The agency hopes to improve coordination and integration of a variety of services for children at risk of adverse outcomes, which demands cross-sector work. Grants or contracts for the 7-year model are awarded to lead organizations and the state Medicaid agency.[1] This time frame includes 2 years for states to think through some key fundamentals before launching a program. A state develops a plan to encompass what the needs are and who should be involved (beyond the health sector). Once the funding is disbursed, the state and its partners develop an advanced payment model to be able to cover all of the necessary services. While states that achieve their goals can continue to receive funding, many programs are grant based so there is a sustainability concern for new programs. Some of the model interventions being used include

- early identification of health-related needs and risk factors by assessing children's needs;
- integrated care coordination and case management of physical, behavioral, and other health services; and
- funding and support for development of a state-specific advanced payment model and infrastructure.

The second model Thompson described is the Maternal Opioid Misuse (MOM) model, which is expected to launch in 2020. This model focuses on improved quality and reduced costs for Medicaid-beneficiary pregnant and postpartum women with opioid use disorders and their infants. After feedback from stakeholders that the critical "wraparound services" (e.g.,

[1] State applications for participation in this program are currently under review, and funding will be awarded to up to eight states.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

family patient support, referral to community services) are not always reimbursable, or how to reimburse for them is unclear and so results in billing difficulties, CMMI developed this model with hopes of improving care for both mothers and infants, as well as increasing treatment funding for service delivery. The aim for this 5-year program is to ensure sustainability by the state Medicaid agencies, so by year 3 many of the services are being covered by the state or reimbursed as they transition away from the CMMI funding.

During the discussion, Thompson was asked about the types of payment models being considered in CMMI, and she shared some of the challenges. When the InCK team began its work, they started with pediatric accountable care organizations and hoped to find innovation. However, because people are typically uncomfortable taking on risk with children, there are very few advanced payment models for pediatric populations. She said the agency has similar challenges with pregnant women using opioids. While there might be best practices at various stages, no one is willing to do a payment bundle with that vulnerable population. In terms of cost, she said CMMI has been working with CMS actuaries to look at longer-term cost savings. Policy makers do know that such programs as the Accountable Health Communities model and Medicare Diabetes Prevention Program save money in the long term, but because these programs are focused on prevention, the savings will take several years to realize, which can often lead to a difficult conversation in the first few years of implementation.

Substance Abuse and Mental Health Services Administration

Larson began her presentation with some grim statistics of drug misuse in recent years, noting that 27 million people in the United States are using prescription or illicit opiates. For women of childbearing age (ages 15–44), 109,000 used heroin and 98,000 misused prescription opiates in 2013–2014. In describing this population, she also commented that polysubstance abuse, that is, the abuse of multiple substances such as alcohol or other drugs, is also common in women with opioid use disorder. Moreover, substance abuse in pregnant women has been rising at alarming rates, especially in the category of opioids: see Figure 2-2.

The unfortunate consequences of this substance abuse for pregnant women, beyond their own poor health and well-being, are the withdrawal and ongoing symptoms in babies as soon as they are born. The immediate adverse effects include premature deliveries, increased lengths of hospital stay, lower birthweights, and higher rates of neonatal abstinence syndrome. Studies on cognitive and academic development of children with the syndrome or those born to mothers who misused substances are beginning to show a widening gap as children get older when they are compared with

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

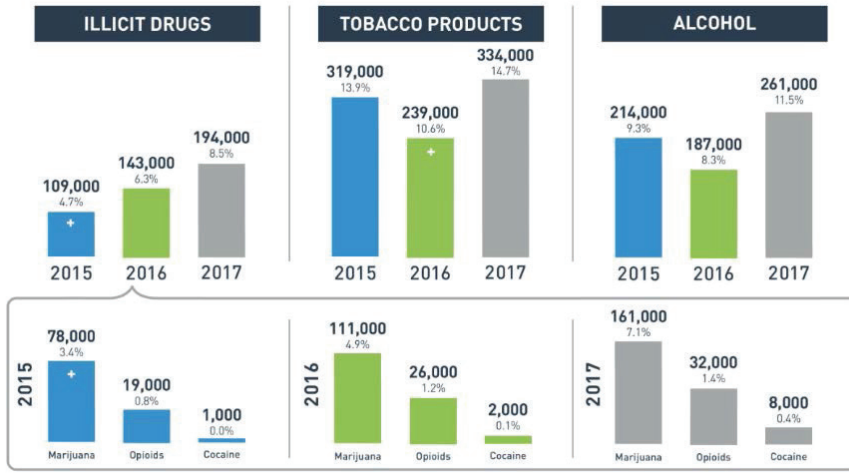


FIGURE 2-2 Substance use rates for illicit drugs, tobacco, and alcohol among pregnant women.
SOURCE: Substance Abuse and Mental Health Services Administration (2018).

unaffected children. Even though differences may not be apparent at birth, the gaps in neurocognitive, behavioral, and developmental outcomes become clear as children reach preschool and school age (Larson et al., 2019).

Considering all of the research findings, Larson said, SAMHSA identified several priorities, including understanding the interactions of various substances, optimizing maternal pharmacology, including the role of fathers, and figuring out the right service delivery models that will result in the best longitudinal outcomes. One of the agency's future efforts in this area will be education, she noted, in response to information from colleagues at other health agencies—such as the Administration for Children and Families and the Health Resources and Services Administration—that people working in early childhood systems want to help but don't know how to connect parents to appropriate treatment programs for adult substance use.

Larson also shared some of the resources and initiatives available through SAMHSA related to family well-being and pregnant women with opioid use disorders. Numerous policy and practice considerations are included in the agency's *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders* (Substance Abuse and Mental Health Services Administration, 2016). SAMHSA has also developed high-level federal workgroups to convene stakeholders across several federal agencies to better synergize policies and funding and to orient programs to best serve families, such as shifting to more family-based rather than individually focused treatments. These workgroups include one focused

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

on the impact of opioids on young children and families, as well as on the 2015 Protecting Our Infants Act, which addresses problems related to prenatal opioid exposure and includes several mandates for the Department of Health and Human Services. Additional resources and fact sheets that Larson shared are described in Box 2-1.

STATE AND COUNTY LEVELS

The two presentations covered in this section represent the state and county levels to examine some of the programs that are closer to the ground and use different approaches for services targeting communities.

BOX 2-1

Resources from the Substance Abuse and Mental Health Services Administration

Center of Excellence for Infant and Early Childhood Mental Health Consultation. The center is a prevention-based service that pairs mental health consultants with families and adults to work with infants and young children in order to build an adult's capacity to support the healthy social and emotional development of children before intervention is needed. See more at https://www.samhsa.gov/iecmhc.

National Center on Substance Abuse and Child Welfare. The center provides information, expert consultation, training, and technical assistance to child welfare, dependency court, and substance abuse treatment professionals to improve safety and well-being for children, parents, and families. See more at https://ncsacw.samhsa.gov.

Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants. This document provides comprehensive, national guidance for optimal management of this population. The guide helps health care providers and patients determine the best course of action for their situation and can help inform treatment decisions that are most appropriate for their case. See more at https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054.

Depression in Mothers: More Than the Blues: A Toolkit for Family Service Providers. This document provides information about depression and offers strategies for providers working with mothers who may be depressed. See more at https://store.samhsa.gov/product/Depression-in-Mothers-More-Than-the-Blues/sma14-4878.

SOURCE: Justine Larson presentation, June 6, 2019.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

Children's Services Society of Utah

Bacall Hincks, administrator for the Grandfamilies Kinship Care Program at the Children's Service Society of Utah, began by describing the motivation for the inception of the program in 2002. Many people began coming to the agency who were grandparents taking care of young children and did not feel equipped to do so. She defined "kinship care" as not just grandparents, but also other members of an extended family or even close neighbors or friends who have stepped in to care for children when the parents aren't able to do so. The benefits of having children raised by family instead of entering the foster care system include increased permanency for the children, more safety in the home, and better mental health outcomes. Also important, she said, the children are able to retain some ties to their cultural identity and often report a greater sense of belonging and stability (Epstein, 2017).

With all of this in mind, Hincks said, the agency created the Grandfamilies Program with a focus on various tiers of intervention for this population in Utah. Interventions include case management services, support groups at various age levels, and counseling services specifically for youth, recognizing that most children who enter the agency's care have at least four adverse childhood experiences.[2] Providing some mental health prevention services can help ensure they have healthier futures. Some of the program's support group activities include the following:

- Adult support groups: Discuss parental rights, issues with loss and grief, the challenges with parenting two generations (in the case of grandparents). The agency also provides education on substance abuse and addiction, as well as risk and protective factors for children in kinship care.
- Children and teen support groups: Introduce interpersonal skills, develop healthy self-esteem, and normalize living in a different family situation. The program also teaches coping skills, such as how to handle peer pressure and anger management.
- Friend 2 Friend (after graduating from previous programs): Offer peer support and ongoing connections through social activities for children, teens, and families. The program organizes a wide range of activities, including summer BBQs and parties, art therapy, and tickets to local events.

[2] "Adverse childhood experience" is a term used to describe all types of abuse, neglect, and other traumatic experiences that occur to children under age 18. These potentially traumatic events can have lasting negative impacts on physical, mental, and emotional health and well-being. See more at https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

Responding to a question about handling grief for those children who have lost parents, Hincks acknowledged that Utah has ranked very high in rates of overdose deaths, so the agency is familiar with this burden. She explained that the program uses trauma-focused cognitive behavioral therapy[3] and also employs therapists that specialize in grief and loss. And though loss due to death is permanent, the program often does similar grief work with children whose parents may still be alive but have effectively lost them because of drugs. She added that this grief can be compounded with other feelings, which emerges as a larger issue with older kids, who often feel guilty about not being able to stop their parents abuse, and fear—especially when mom or dad is in recovery—that they will not be able to prevent them from relapsing. Given the amount of heavy psychological work that the program undertakes, Hincks also commented on the importance of resilience training for staff members. Many of the social programs and events can be just as beneficial for the staff as the people in the program, as it gives them a chance to see positivity and hope amid what can be a lot of negativity and loss.

Wise County, Virginia

Chuck Slemp, commonwealth attorney for Wise County (and the city of Norton), Virginia, described the demographics and geography of his community to better depict the situation and challenges. Located in a far western corner of Virginia, 22 percent of the total county population and 28 percent of the children live below the poverty line. The county is also at the epicenter of the opioid crisis, with overdose deaths that average 48 per 100,000 population—one of the highest rates in the state. Unfortunately, he noted, the county also has a high rate of drug-related driving under the influence offenses, as well as high rates of children in foster care and children who have been abused or neglected. With many people leaving the community because of reduced job options in the coal industry, Slemp described the budget challenges he faced: he was asked to cut significant amounts from salaries, schools, and public funding. Yet, he said, the jails were expanding, and the county was spending more than $3 million per year to incarcerate people, with the majority of cases being drug related.

With all of this as a backdrop, Slemp emphasized people's realization that a generation of children in their community was now being raised by grandparents and great-grandparents, and the justice system could do something about it. After much discussion with people in the community and

[3] Trauma-focused cognitive behavioral therapy is an evidence-based treatment for children and adolescents affected by trauma and their parents or caregivers. See more at https://tfcbt.org/about-tfcbt.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

civic leaders, the county created an alternative sentencing program called Wise Works: it is designed to include community service programs that allow low-level offenders an opportunity to complete community service in lieu of jail time. The offenders are not paid, but the program tracks the hours that they work until they reach their "alternative sentence." Types of community service range from litter pickup and lawn mowing to working in a soup kitchen, a food bank, or an animal shelter. The program has 25 different community organizations that participate, allowing needed work to be done, keeping people out of prison and with their families, and also oftentimes providing them with valuable job skills and stimulating more engagement in their community. Importantly, for those offenders who have children, they are also able to stay at home and provide care instead of that responsibility falling on other family members or people in the community.

Slemp highlighted some of the success stories in the program as well as the benefits to the community after just a few years of operation. Many graduates of the program have gone on to obtain full-time employment, and several current participants are being considered at their service sites for employment opportunities. As of April 2019, the program has had 67 participants, with more than 2,000 hours worked by each one, with a successful completion rate of 63 percent. On the community side, he said, the county saved thousands of tax dollars by not paying daily incarceration fees, as well as not paying for the service work that has been completed. The savings to Wise County totaled $425,334 in jail costs; and in just the last quarter, the county received roughly $340,000 back from the jail in overpayments. These savings allowed the county to avoid laying off teachers and closing schools this year, which had been considered due to tight budgets.

Responding to questions about the ethics of free labor, Slemp agreed the issue requires a careful balance: The county tries to focus the program mainly on giving each person a chance to change his or her future and on prosecuting the right people so that the environment is no longer conducive to drug use and offenses. For example, he said, since he joined the attorney's office 3 years ago, the county has shut down three doctor's offices that were responsible for drug distribution, which has resulted in a decrease in drug crimes. While it is too soon to do a robust evaluation of recidivism rates, Slemp said, he has noticed a positive trend and is hopeful the community will continue down this path.

TRIBAL AND COMMUNITY LEVELS

The final set of presentations focused on the work being done in the communities most affected by the opioid crisis. It featured three speakers from different parts of the country sharing some of their challenges and successes on the ground in addressing the well-being of families and children.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

Bighorn Valley, Montana

Shelly Sutherland, chief community development officer at Bighorn Valley Health Center in Montana, described her community as mainly Native American. She said 70 percent of the county lies within Crow Nation, but it also includes the northern Cheyenne reservation, so the center serves two tribes across the county. Unfortunately, she said, the community has very high needs but low resources: It is in last place of the 48-county health rankings in the state. Some of the challenges include high rates of smoking, sexually transmitted diseases, teen pregnancy, and poverty and few employment opportunities. With the economic hit to the coal industry, these challenges, paired with a population to mental health provider ratio as high as 1,910:1, result in many people turning to substance abuse.

Sutherland explained that the mission of the Bighorn Valley Health Center is to identify the health needs and focus on improving social determinants of health to improve overall outcomes. To do this, the center first focuses on direct resource connection, providing a "warm handoff" to other services through community-based organizations for those who need it. Another focus area is early childhood; and in 2012, the center launched a best beginnings coalition that features evidence-based home visiting programs including parents as teachers and the importance of self-care. Unfortunately, though the coalition offers prenatal services, many mothers do not receive any prenatal care because of the limited availability in the county. There are no labor and delivery services in the county, so pregnant women get referred to larger hospitals in Billings—which can be more than 1 hour away—for delivery when they are around 30 weeks into the pregnancy. The center's third main focus area is substance abuse and opioid use disorder including both prevention and treatment aspects. Bighorn Valley also has nurses conduct home visits with pregnant women and families to promote healthy pregnancies and provide connections to all potential resources before babies are born, tackling both healthy pregnancy and substance use disorders.

In closing, Sutherland emphasized that the center uses the Communities That Care[4] framework, which guides intergenerational work in increasing protective factors while mitigating the impact of risk factors for the families in her community. The core philosophy is integration, so everyone is working to integrate their programs across the spectrum with an underlying thread of strengthening families and improving resilience in the face of the many challenges that remain in their county.

[4]Communities That Care is a prevention program that uses a public health approach to prevent youth problem behaviors. See more at https://www.communitiesthatcare.net/about.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

Comanche Nation, Oklahoma

Martin Flores, the partnership for success specialist representing the Comanche Nation and the South Plains Tribal Health Board in southwest Oklahoma, opened his remarks with a full introduction of himself in his native Comanche language. He described the local program—IAMNDN—which stands for I am native drug-free nations. The IAMNDN goal is to prevent underage drinking and misuse of prescription medications and bridge the gaps among youth, adults, and elders in the community. He highlighted a fundamental piece of the program: learning and focusing on their culture and using that as a form of prevention. IAMNDN educates youth on the "old ways" of doing things within the Comanche culture, their language, the history of their tribe, the challenges they have been through, and tries to instill more of a positive identity that can prevent them from misusing or abusing substances. To give more of a visual example of some of the strategies the program uses, Flores showed an IAMNDN video for the workshop attendees.[5]

In response to a question on staff resilience, he added that they also use their cultural and historical methods for self-reflection. With an emphasis on spirituality, he said, they use sweat lodges, Native American churches, and teepees to try and purify themselves of negativity, all of which have a lot of meaning in their culture. Following a question about the difficulty of balancing evidence-based projects with culturally appropriate applications, Flores explained that the program's funder, SAMHSA, has been very flexible in terms of cultural adaptation and has allowed them to adapt the requirements to their program and needs.

Nationwide Children's Hospital, Columbus, Ohio

Kelly Kelleher, vice president of community health at Nationwide Children's Hospital, began his presentation by noting that reducing opioid use requires intervention at several levels. The first step is to discuss reducing poverty and building resilience in local communities in central Ohio, he said, and he introduced some of the hospital's key principles to improve lives for their neighborhood. These principles support a public health approach for the 34 counties covered by their hospital:

- Reduce the quantity of drugs in the community.
- Keep families together.
- Keep families out of poverty.

[5] The video can be found on YouTube at https://www.youtube.com/watch?v=WeScy_XgrhY&feature=youtu.be.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

Kelleher elaborated that the hospital has several efforts on reducing overprescribing to achieve the first principle. Related to the second principle, he noted that the Columbus city attorney recently announced support for removing misdemeanor bail requirements for people of low socioeconomic status in the community. Without bail reform, he said, keeping families from some communities together will be extremely difficult.

Expanding on the third principle, he reiterated a suggestion from earlier workshop discussion on developing a common set of talking points across geographic areas and civic levels to be able to strongly articulate evidence on poverty reduction in terms of housing and eviction policies, wage policies, and employment policies. In Columbus, he continued, 65 percent of all evictions are young, single women with children, who are disproportionately black. Regarding employment, which can be especially important for health outcomes, there are still many states that have rules preventing the hiring of people with a criminal record. Sometimes this can be overcome on an individual case-by-case basis, but it's currently a form of guerilla warfare, he said, calling for a broader policy change to really influence the ability of families to stay together with gainful employment.

Kelleher next turned to details on a few relevant clinical programs for helping families affected by opioids at his institution. With Ohio as one of the worst states in the United States regarding opioid death rates, he emphasized the consequential challenge for babies, with Nationwide Children's Hospital seeing the largest number of babies with neonatal abstinence syndrome (NAS) in the United States, and they have very long average lengths of stay. Figure 2-3 shows the rates for opioid overdose deaths per 100,000 deaths and NAS per 1,000 births for the country, Ohio, and Rhode Island. Kelleher used Rhode Island as a comparison to Ohio, drawing on data from the Neighborhood Health Plan of Rhode Island (Neighborhood Health Plan of Rhode Island, 2018).

In addition to these burdens, Kelleher said, the hospital also began to recognize that many women in treatment had limited knowledge about sexual health and actually did not want to become pregnant at all but were not using effective birth control methods. Some of the treatment clinics he is involved with reported more than 90 percent of pregnancies being unwanted. With all of this in mind, he described some of the programs that have been put into place in central Ohio to try and address these issues at four stages: preconception, prenatal, immediate delivery/postpartum, and hospital discharge up to 90 days. He also offered three considerations that they have to keep in mind while working with women affected by opioids:

1. stigma and fear of losing custody of their children;
2. history of abuse and trauma from trafficking, drug trade, and violence; and

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

	National	Ohio	Rhode Island
Opioid OD Death Rate	21.7	39.2	26.9
NAS Rate	6.5	14.0	10.6

Overdose death rates - 2017
NAS Rate - 2015 (National), 2017 (Ohio) and 2015 (RI)

33% of overdoses in Ohio are among young women

FIGURE 2-3 Impact of opioid use disorder in women and babies.
NOTE: NAS = neonatal abstinence syndrome.
SOURCES: Kelly Kelleher presentation, June 6, 2019. Data from Centers for Disease Control and Prevention, Kaiser Family Foundation, Neighborhood Healthy Plan of Rhode Island, and Ohio Department of Health.

3. trust in legal substance use providers but often not in other health care providers.

Because of the strong trust that most women had in their substance use providers, the program decided to locate most of their resources and services at those locations for Columbus. All of the large facilities that provide medication-assisted therapy in Columbus to young women are now also beginning to offer primary care and women's health services. They are branding the centers under a "women's health" umbrella, which can help to address stigma; they have made automated appointments available; and they are adding mobile sites to increase access. Finally, for the immediate postpartum/delivery and discharge periods, they are focusing on adjusting typical neonatal intensive care unit care to be more appropriate and specific for the needs of babies with NAS. As a result, the average length of stay for babies was reduced from 58 days in 2009 to 29 in 2012 and then to 17 in 2018.

In addition to this different type of provider training, the program is also working to address challenges in the transition period and moving mothers and their babies to "step-down" facilities, which can provide an intermediate level of care for patients. Although neither the mothers nor their babies may need the acute clinical services available in a hospital, keeping them in hospitals has often been the only way to provide joint services because of insurance rules. To try to help this situation, Kelleher explained,

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

the Partners for Kids Program,[6] is working to be able to get the needed extra days of hospitalization paid for and be able to discharge the mothers and babies to transitional residences where they can be in a home environment with supportive care, surrounded by other women experiencing the same challenges. Kelleher concluded with an emphasis on the importance of partnerships in work of the Nationwide Children's Hospital, noting that continued efforts to try and speak the same language as treatment groups, health care providers, and community groups will go a long way in serving their populations.

[6] Partners for Kids is a pediatric accountable organization that partners Nationwide Children's Hospital with more than 1,000 doctors. See more at https://partnersforkids.org.

Copyright National Academy of Sciences. All rights reserved.

3

Drivers for Improvement and System Change

Throughout the presentations and discussions, various examples of opportunities for change were highlighted. A range of diverse ideas emerged from several different fields, demonstrating the complex nature of the problem, which many presenters noted requires a multifaceted approach. Some of these "drivers for change" as noted by David Willis, senior fellow at the Center for the Study of Social Policy, would be in such traditional areas as allocation of appropriate resources or policy changes, while others are likely less commonly discussed. These less discussed opportunities to drive change include changed mental models, examining power dynamics in a setting or community, and taking a hard look at the processes of certain practices to see if they can be packaged in different ways to better address the needs and improve outcomes.

This chapter provides a summary of the discussions of these examples and suggestions offered by many of the workshop participants. Although many of the ideas do not fit neatly in just one category and are a blend of more than one driver, organizing them by category can be a helpful guide in thinking about how to start a process of change and with whom to work. The rest of this chapter thus covers practice changes, potential policy changes, resources, power dynamics and relationships, and mental mindsets and models.

PRACTICE CHANGES

What may seem like a basic practice change yet is likely not realized in many places around the country is having a dedicated protocol for babies

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

with neonatal abstinence syndrome. Kelleher commented that about 10 percent of the births in some southern Ohio medical centers are diagnosed with the syndrome, but most places do not have the staffing and resources to handle this vulnerable population. In addition to adequate staffing, he also suggested standard assessment scores so there is a solid understanding of severity and protocols for treatment and discharge.

Similarly, Kelleher suggested, simply packaging reproductive health and treatment services together could reduce the burden for the patient seeking care, as well as promote coordination and awareness of health issues and patient desires on the provider side. While this is a reality in some places, many women still need to seek care and schedule appointments at different centers, using different providers for those services, in addition to what can be a separate process for their health care and the health care for their babies.

Rahil Briggs, national director of HealthySteps at ZERO TO THREE, explained that there is 2016 guidance from the Centers for Medicare & Medicaid Services (CMS) that authorizes states to conduct depression screenings for non-Medicaid eligible mothers for the sake of their Medicaid-eligible child and bill it to the child's account.[1] States may also cover depression treatment when the child is present. This guidance is very explicit, she said, yet it is not really being put into practice in most places. She asked participants to consider how this situation can be changed to do a better job of making this guidance operational. Thompson responded that this is an ongoing challenge, and she hopes, using two Center for Medicare & Medicaid Innovation (CMMI) programs, to really start working with and educating states on how far they can go on coverage and payment strategies to make care more integrated for mothers and children.

POTENTIAL POLICY CHANGES

In considering policy changes, Bacall Hincks noted that though the Family First Prevention Services Act (FFPSA)[2] is a spur for discussions about the importance of preserving families and including grandparents, there are often many others who want to step up and be there for the children in need but who do not receive anywhere near the same support as foster families. She acknowledged that FFSPA is beginning to look at funding now for kinship programs similar to the one she described in her

[1] See https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf.

[2] FFPSA offers federal support for the prevention of foster care services and creates opportunities to affect change through making available evidence-based services for mental health, substance abuse, and in-home parent skills training to support families. See more at http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

presentation, but it is a new idea, and progress has been slow. Similarly, tied into both policy and resources, Shelly Sutherland added that anything available that can help more families access programs and funding—especially related to housing and transportation—would be really valuable. In relation to access, she mentioned there has been a decline in use of the WIC [Special Supplemental Nutrition Program for Women, Infants, and Children] program in Montana, even though she and others know the demand has grown during the same time.

Kelly Kelleher suggested a more technical policy change related to data sharing, an ongoing challenge across health care. As a concrete example, he said that drug treatment programs do not share their data with Medicaid when reimbursed through state funds. Additionally, Medicaid does not share the treatment data for medications with the service providers in community health centers. And because his organization is a pediatric accountable care organization, it only receives pediatric claims even though prenatal services are billed through the state managed care programs. Because of this, the Center for Innovation in Pediatric Practice at Children's Nationwide Hospital is unable to tell if women received prenatal care through the drug treatment facility. He identified a need for a common data pool that is both accessible and available.

Another policy change could include more streamlined prenatal care, Kelleher said. For example, he is unable to bill for long-acting reversible contraceptives during the baby delivery admission, even when a woman requests one, because the rules specify that it cannot be billed as a separate item until the woman is discharged. Segregating the billing for this would allow the intervention to take place at the time of request and prevent another unnecessary trip for a woman to return with a premature baby, among other treatment appointments. Similarly, Kelleher noted, central Ohio currently only has three specially trained obstetricians that focus on pregnant women with substance use disorder, so broadening this group of providers and supporting the connection through policy or incentives could lead to better outcomes.

Another policy change suggestion from William Beardslee, director of Baer Prevention Initiatives, was related to screening for depression in mothers—especially given the high prevalence of depression in low-income, high-risk women. To support this suggestion, Beardslee noted that the U.S. Preventive Services Task Force now recommends screening of depression in adults, including pregnant and postpartum women, because of evidence of its benefit (Siu and U.S. Preventive Services Task Force, 2016). With the Task Force's recommendation, Beardslee said, the practice should be more widely covered and available through insurance plans, increasing the number of people who are diagnosed and connected to treatment services or other resources.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

Finally, Martin Flores offered a different type of policy suggestion to influence change related to the destruction of opioids. He explained that he is trying to use the Deterra Drug Deactivation System[3] to do this but would love to see it implemented more comprehensively in the Indian Health Service and among the elders and others in the community. Under this system, if drugs are appropriately prescribed but not used, people are able to destroy the drugs themselves before they fall into the wrong hands.

RESOURCES

During the workshop a few different examples were offered of how additional resources could improve the services available and ultimately the well-being of children and families. Kelleher commented that one of the challenges of grant funding is that the amounts and availability are limited, making the process more of a competition than would be ideal. He said that because of their success and recognition, Columbus and Nationwide Children's Hospital have been the beneficiaries of some great grant opportunities in the past, but there are people who think they receive too much support and it should be spread to others who have fewer resources. But looking more broadly and at a higher level, he noted, if the funding and infrastructure are not being provided to keep the existing programs strong and intact, then what does that mean for those being helped in the long term? He asked how one can move so that the infrastructure has legal, data, and quality improvement resources behind it in order to be sustainable and efficient in direct programming. Tied into resources, naturally, is policy, and Kelleher noted that policies at the state level could be very influential on this issue.

In another example of blending resources and policy, and adding a third arm of communication, Thompson stressed how much flexibility states have related to Medicaid spending, but that many do not realize how much they are able to do using Medicaid resources. Because some of the regulations are confusing, CMS releases informational bulletins that try to explain some alternatives that are more nontraditional and "outside the box." Currently, she said, CMMI is working on different Medicaid models and addressing the gap between the authority to implement something and whatever might be stopping states from putting new models into action.

POWER DYNAMICS AND RELATIONSHIPS

Kelleher pointed out that to be successful in such a pervasive and multifaceted issue as opioid use will naturally demand partnerships across

[3]For more information, see https://deterrasystem.com.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

communities and levels of government, and one of the fundamental pieces of creating these strong relationships is the type of language used and understanding that words matter—especially in a local environment. For example, he said the term "historical trauma" is not really relevant for many people in Columbus, Ohio, because these communities are experiencing "current trauma" through residual real estate redlining, institutional racism, or other institutional inequities. He said the lack of labeling with controversial terms can be helpful when trying to organize partnerships, especially when everyone has the same goal of helping families and improving the well-being of children. Along the same lines, partners or programs that are typically stigmatized—such as drug treatment programs or centers—need to be seen as equals. The more streamlined and coordinated the entire care process can be for individuals or families who are struggling with addiction and drug use, the less likely they are to fall through the cracks and the more positive their outcomes will be.

Carlos Santos, assistant professor in the Luskin School of Public Affairs at the University of California, Los Angeles, brought up another avenue for shifting dynamics related to those communities that have been targeted through the "war on drugs" policies in previous decades. In terms of drug reform, Chuck Slemp acknowledged that his role as a prosecutor is to follow the law, but there are many other things prosecutors and others can be doing within the criminal justice system proactively. He especially highlighted the need to repair partnerships among prosecutors, law enforcement, community groups, teachers, and young people in an effort to heal these communities.

David Hawkins, endowed professor of prevention in the School of Social Work at the University of Washington, posed a question to the group: "How do you build assets and strengths in individuals, families, and communities in light of what we're seeing today?" Responses included focusing on building healthy coping skills in youth and thinking about prevention through team building and strengthening young people's identity. Flores added that just working to engage youth and get them excited about a program will often pique an interest in parents who then want to learn more and get more involved. Sutherland also commented that much of her work at the Bighorn Valley Health Center is centered around positive reinforcement, pointing out what the parents are doing right that can be commended. When working with the entire community, she continued, she and her colleagues also let the parents and participants drive the discussion and ask them what services they need and what they want to see available, instead of doing an external assessment and deciding what would be best for the community without their input. Though it can sometimes be messy, avoiding a top-down approach when working on critical and communitywide issues like these can be more valuable in the long run (Barnes and Schmitz, 2016).

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

MENTAL MINDSETS AND MODELS

Several topics that arose during the workshop discussions can best be thought of as changing people's orientations to and relationships with their social environments. This section briefly looks at social isolation, social and emotional learning, reducing stigma, and investing in people.

Social Isolation

Nathaniel Counts, assistant director at Montefiore Medical Group, stressed that one of the more difficult changes to overcome in addressing the opioid epidemic is that of social isolation of many people with serious health conditions. Even though well-established research shows that social isolation can be just as damaging for a person's health as smoking, there is less evidence for solutions. Some health systems are even beginning to screen for it, but once identified, what therapies or "treatments" can be recommended: Would doctors be able to prescribe parties or social gatherings that are funded? He admitted he did not have the answer to this complex scenario, though there are likely many small-scale initiatives at the local and community levels to address loneliness and social isolation. Consideration of this problem in the context of family well-being as well as directing more funding and research toward this area could lead to helpful programs or activities. Continued high-level promotion of this issue, such as testimony to Congress calling for loneliness to be elevated to a public health priority (Special Committee on Aging, U.S. Senate, 2017) will hopefully spur additional investment and answers.

Social and Emotional Learning

As an avenue for new mental models, Santos mentioned the concept of social and emotional learning, which has become a stated emphasis of interest of the U.S. Department of Education's Institute of Education Sciences (n.d.). As defined by the Collaborative for Academic, Social, and Emotional Learning, "[social and emotional learning] is how children and adults learn to understand and manage emotions, set goals, show empathy for others, establish positive relationships, and make responsible decisions."[4] Related to this, Santos said, is the mindset of meeting youth where they are, which may differ for each child. He suggested bringing the topic of social and emotional learning to the K–12 level. While it will not be possible to do for every class or every grade, he said that integrating these types of studies and making social and emotional learning more central for schools and

[4] See https://casel.org/what-is-sel.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

curricula can be a good entry point to access many of these youth, and in doing so can eventually address other issues, such as health and wellness. There has been growing evidence of the benefits of building a stronger community within schools, especially for marginalized youth, whether through increased attendance rates, improved test scores, or additional achievements (Dee and Penner, 2016). Hawkins also noted the various states, with promotion from the Collaborative for Academic, Social, and Emotional Learning, require social and emotional learning to be taught in schools. He suggested that this type of interdisciplinary connection is important in the Forum's work to promote children's health.

Reducing Stigma

A participant asked the panelists about how to address the stigma against parenting programs. She sought suggestions on how to make parenting programs accessible and affordable to everyone without the stigma attached. Flores responded that, as the questioner noted and in his experience, many parents were ashamed to come to the relevant programs because they knew (as did the rest of the community) that the target audience was parents who were struggling or in a substance abuse rehabilitation program. Consequently, in Oklahoma, the focus of programs was shifted to be more "gamified" and now offers more culture classes and other fun things to attend without the fear of stigma. Slowly, he said, the staff are making inroads and connections and can build the trust needed to start conversations around sobriety, prevention, and the future of the children. But, he noted, to be successful, it is really important to let this process unfold slowly and not bombard parents with being sober at their first interaction. Sutherland added that in Montana the programs often use referrals from friends and family, so there is an element of privacy. They also try to orient the programs for everyone to enroll and not just specific groups of people.

Investing in People and Shifting Mindsets

Another mindset change in responding to the opioid crisis and its many consequences is shifting the thought to "investing in people" instead of punishing those who may be perpetrators but have often themselves also been harmed. This point was elaborated on by Slemp as he discussed his role in Wise County. "As a prosecutor, I have a duty to prosecute the law as it's written, but the criminal justice system can't just be black and white." He added that criminal justice reform includes electing smart and progressive prosecutors to make a difference in people's lives and understanding that each case is a person with a life and family. "We lose focus by getting hooked on mandatory minimums," Slemp said, and what the crime was and

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

if it matches the punishment. Instead, he suggested, people need to look at what an individual is worth and can do, to invest in people.

Following further discussion, Slemp acknowledged that it is not easy to shift the mindset away from "do the crime, do the time," especially for people in law enforcement. But what is really important prior to the implementation of any program is being committed to talking with various stakeholders and securing buy-in before moving forward. He said that he and his colleagues engaged law enforcement officers, judges, and community groups and presented examples of cases and how they might handle them through an alternative approach. The approach will still hold people accountable for their actions but, one hopes, can also work to propel them to an improved state.

Hawkins emphasized the importance of representation in getting children and teenagers to make the right choices and act in their own self-interest. He suggested that there has been a shared theme across all of the speakers and discussion comments—when people feel bonded to their community or their contacts (whether parents, coaches, or other mentors), they are more likely to listen to the recommendations being made. Though the "Just Say No" campaign by Nancy Reagan had the right intentions, Hawkins said, many children at the time did not know who she was or weren't able to identify with her, so the message did not carry as much meaning as it could have if a different messenger was used.

Copyright National Academy of Sciences. All rights reserved.

4

Future Directions for Supporting Families

In closing the workshop, David Willis provided some final reflections and several takeaways for the Forum to consider moving forward. First, he acknowledged the enormity of the challenges of the opioid crisis, but also saw reason for encouragement from all of the great work being done on the ground by local and community leaders, such as those presenting at the workshop. While there is no magic bullet for this type of multifaceted challenge, there are drivers for change that can include policies, practices, resources, relationships, mental mindsets, and even power dynamics, with various suggestions highlighted in Chapter 3. Addressing these drivers may require more of a top-down, multistrand approach than has been discussed at the workshop, but there is much to be learned from experiences, especially in those communities represented at the workshop.

POTENTIAL STEPS FOR FORUM CONSIDERATION

Willis highlighted five areas the Forum for Children's Well-Being could consider in future efforts to address children's health in the wake of the opioid crisis:

1. equity and stigma;
2. relational programming and the power of community;
3. alignment of rules and messages; and
4. attending to economic self-sufficiency with new strategies for trying to reduce poverty.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

Equity and Stigma

Multiple speakers highlighted the importance of an equity frame in this work and maintaining it as a central focus. Without that frame, the root causes of opioid misuse and the populations that are intimately and adversely affected may not be accurately understood. Willis called out the need for having the voice of families and parents to bring the lived experience to the table. In addition to giving a platform to actual experiences, there is also a deep need for destigmatization, which he said is often at the root of the equity issue.

In this vein, Kelly Kelleher had mentioned in his presentation that women are often dually stigmatized because they get blamed as bad parents in addition to being drug users. Getting away from this language of "good" and "bad" can help to understand the underlying causes of the issues and illuminate prevention strategies to treat the problem more effectively. Carlos Santos added a relevant example from his work at University of California at Los Angeles that sought to understand the interface of immigrant populations with public services. He described a colleague's study of Mexican-origin adolescent mothers and their mother figures in Arizona prior to and following the passage of a 2010 law requiring law enforcement officials to attempt to determine immigration status:[1] The study found these types of policies may contribute to decreases in the use of preventive health care and public assistance among high-risk populations (Toomey et al., 2014). When working with immigrant populations, he said, the stigma associated with obtaining certain services clearly has a detrimental effect on the overall health and well-being of families.

In addition to thinking about stigma, Willis noted, another equity issue arose in the Wise Works Program—wanting to ensure that alternative types of programs to jail time are offered equally to all offenders. Often, marginalized or disenfranchised populations do not receive these types of lighter alternatives or may not have the appropriate network or support system to understand that they are available as an option.

Relational Programming and the Power of Community

Felicia Bowen, director of undergraduate programs in the college of nursing at the Medical University of South Carolina, suggested that the Forum consider and expand on the concept of relational programming in

[1] The Arizona law "Supporting Our Law Enforcement and Safe Neighborhoods Act" (also known as SB 1070) requires state and local law enforcement to reasonably attempt to determine immigration status of a person involved in a lawful stop where reasonable suspicion exists that the person is unlawfully present. See more at http://www.ncsl.org/research/immigration/analysis-of-arizonas-immigration-law.aspx.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

communities. Mental health and substance use recovery requires relationships from within the community. Some research is calling for this type of relational approach as the way forward (Price-Robertson, Obradovic, and Morgan, 2017). Hendricks Brown pointed out the difficulty, from the provider side, of providing direct services and managing staff, while also collecting data and conducting a sound evaluation of the program's impact. However, Bowen noted, it is likely that there are people in the community who would want to collaborate and support data collection and evaluation and are invested in the outcome. She also suggested the Forum could be an avenue for people to tap into and learn about the many resources shared at the workshop that already exist, while also sharing professional conferences, white papers, or related workshops on relevant topics that people with "boots on the ground" could use. In that vein, Willis commented that most of the existing efforts related to prevention are deeply relational, so harnessing that can be very important in furthering their influence.

In summing up, Willis also noted the importance of place-based efforts, where people come together across sectors to address a complex, pervasive problem. He said that the relationships needed to solve these complex problems require local leadership and trust building under a common theme where everyone is invested. This trust is not something that happens overnight, but rather takes discussion, engagement, and genuine interest with the community and civic stakeholders.

Taking this idea of community engagement and collective efforts a step further, paired with the notions of relational health and culture change, Willis said he has been encouraged by recent emerging evidence and practices about the importance of community. He mentioned the new work of David Brooks at the Aspen Institute, now leading a project called "Weave," a movement to "repair the country's social fabric, which is badly frayed by distrust, division, and exclusion" (The Aspen Institute, n.d.). He said the project is working to end loneliness and isolation and shift the culture from ultra-individualism to one where relationships are put at the center of people's lives.

Alignment of Rules and Messages

Willis reviewed the discussions throughout the day that talked about the importance of aligning data, narrative, and messaging. For example, during the discussion, James Perrin, professor of pediatrics at Harvard Medical School, highlighted the discordant example presented by Kelleher in central Ohio. Although the Center for Medicare & Medicaid Innovation is working on updated payment methods, Medicaid policy still requires careful strategy at the state level. In Kelleher's example, they are unable to bill for services to both a mother and child in the same space on the same

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

day. However, there are existing Substance Abuse and Mental Health Services Administration grants that can pay for paired mental health services together. Just in this small example, Perrin wondered what functional collaboration across all of these groups might look like and what outcomes it could lead to.

New Strategies for Trying to Reduce Poverty

Willis noted that while there was discussion about poverty, he was struck that there was no mention of universal basic income or other monetary approaches for reducing poverty. He described programs being implemented, such as cash transfers to new mothers and babies. Another approach is communities that are investing in the next generation, such as the Family Rewards Program in New York City started in 2007: it resulted in reduced material hardship for families as well as increased school attendance and student performance in high school (Miller et al., 2015). These types of efforts to support economic self-sufficiency can really have an impact on well-being and reduced stress and maternal depression rates, he noted.

Willis added that researchers examining these programs are even starting to look at their potential effects on reductions in child abuse and improved well-being. While more research and program evaluations are needed, there are promising advances that should continue to be monitored. David Hawkins echoed this point, calling attention to research at Washington University-St. Louis, providing child savings accounts. The researchers conducted a study beginning in 2007 with the state of Oklahoma, investing $1,000 in a college savings plan for more than 1,300 newborns. Results include positive effects on social-emotional development for the children in comparison with a control group that did not receive investment at 4 years old, with even more pronounced benefits in disadvantaged households (Huang et al., 2014). The researchers believed part of the benefit was due to the improved outlook by the parents for the children, irrespective of who put the money into the account.

Regardless of the exact mechanism, Willis, said, there are many avenues for exploration in terms of fostering the well-being of young children, and partnering with local, state, private, tribal, and federal partners to understand the fundamental pieces of the complex, ongoing challenge of the opioid crisis that is plaguing many communities across the country. In this workshop, the Forum was able to elevate several examples of intervention programs that incorporate multisector and multigenerational approaches for promoting child and family well-being.

Copyright National Academy of Sciences. All rights reserved.

References

The Aspen Institute. (n.d.). *Weave: The Social Fabric Project*. Available: https://www.aspeninstitute.org/programs/weave-the-social-fabric-initiative/.

Barnes, M., and Schmitz, P. (2016). Community engagement matters (now more than ever). *Stanford Social Innovation Review*. Available: https://ssir.org/articles/entry/community_engagement_matters_now_more_than_ever#.

Centers for Disease Control and Prevention. (2018). *Opioid Overdose: Understanding the Epidemic*. Available: https://www.cdc.gov/drugoverdose/epidemic/index.html.

Centers for Medicare & Medicaid Services. (2019). *CMS Roadmap: Fighting the Opioid Crisis*. Available: https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf.

Collier, L. (2018). Young victims of the opioid crisis. *American Psychological Association*. Available: https://www.apa.org/monitor/2018/01/opioid-crisis.

Dee, T., and Penner, E. (2016). *The Causal Effects of Cultural Relevance: Evidence from an Ethnic Studies Curriculum*. Available: https://www.nber.org/papers/w21865.

Epstein, H. (2017). *Kinship Care is Better for Children and Families*. American Bar Association. Available: https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-and-families.

Huang, J., Sherraden, M., Kim, Y., and Clancy, M. (2014). Effects of child development accounts on early social-emotional development: An experimental test. *JAMA Pediatrics, 168*(3), 265–271. doi:10.1001/jamapediatrics.2013.4643.

Institute of Education Sciences. (n.d.). S*ocial, Emotional, and Behavioral Influences on Learning*. Available: https://ies.ed.gov/topics/influences.asp.

Larson, J.J., Graham, D.L., Singer, L.T., Beckwith, A.M., Terplan, M., Davis, J.M., Martinez, J., and Bada, H.S. (2019). Cognitive and behavioral impact on children exposed to opioids during pregnancy. *Pediatrics*, e20190514. doi:10.1542/peds.2019-0514.

Miller, C., Riccio, J., Verma, N., Nuñez, S., Dechausay, N., and Yang, E. (2015). Testing a conditional cash transfer program in the U.S.: The effects of the Family Rewards Program in New York City. *IZA Journal of Labor Policy, 4*(1), 11. doi:10.1186/s40173-015-0037-6.

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

National Institute for Children's Health Quality. (n.d.). *Treating the Opioid Epidemic as a Children's Health Crisis*. Available: https://www.nichq.org/insight/treating-opioid-epidemic-childrens-health-crisis.

National Institute on Drug Abuse. (2019). *Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome*. Available: https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome.

Neighborhood Health Plan of Rhode Island. (2018). *Issue Brief: Neonatal Abstinence Syndrome: Considerations for Rhode Island*. Rhode Island Health Center Association.

Price-Robertson, R., Obradovic, A., and Morgan, B. (2017). Relational recovery: Beyond individualism in the recovery approach. *Advances in Mental Health, 15*(2), 108–120. doi:10.1080/18387357.2016.1243014.

Siu, A.L., and U.S. Preventive Services Task Force. (2016). Screening for depression in adults: U.S. Preventive Services Task Force recommendation statement. *JAMA, 315*(4), 380–387. doi:10.1001/jama.2015.18392.

Special Committee on Aging, U.S. Senate. (2017). *Aging Without Community: The Consequences of Isolation and Loneliness*. Committee hearing. Available: https://www.aging.senate.gov/hearings/aging-without-community-the-consequences-of-isolation-and-loneliness-.

Substance Abuse and Mental Health Services Administration. (2016). *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders*. Available: https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf.

Substance Abuse and Mental Health Services Administration. (2018). *Results from the 2017 National Survey on Drug Use and Health: Detailed Tables*. Available: https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf.

Toomey, R.B., Umaña-Taylor, A.J., Williams, D.R., Harvey-Mendoza, E., Jahromi, L.B., and Updegraff, K.A. (2014). Impact of Arizona's SB 1070 immigration law on utilization of health care and public assistance among Mexican-origin adolescent mothers and their mother figures. *American Journal of Public Health, 104* (Suppl 1), S28–S34. doi:10.2105/AJPH.2013.301655.

Copyright National Academy of Sciences. All rights reserved.

Appendix A

Workshop Statement of Task

A planning committee will organize and convene a half-day public workshop that will explore multigenerational approaches to preventing adverse health outcomes in children and families. Particular attention will be paid to multisector and systems-level strategies that promote health equity, using the opioid crisis as a case study. Presenters and participants will engage in a discussion of strategies that have been successful in preventing adverse health outcomes in children, opportunities for introducing multigenerational approaches, and ways to integrate multiple sectors to create systems-level change. The planning committee will develop the agenda and identify meeting objectives, select appropriate speakers, and moderate the discussions. A proceedings of a workshop based on the presentations and discussions at the workshop will be prepared by a designated rapporteur in accordance with institutional guidelines.

Copyright National Academy of Sciences. All rights reserved.

Copyright National Academy of Sciences. All rights reserved.

Appendix B

Workshop Agenda

Workshop on Fostering Children's Physical, Developmental and Social/Behavioral Health in the Face of the Opioid Crisis

June 6, 2019
National Academy of Sciences Building
2101 Constitution Avenue NW, Room 120
Washington, DC 20418

The Forum for Children's Well-Being: Promoting Cognitive, Affective, and Behavioral Health for Children and Youth hosts this workshop with the following goals:

- Elevate innovative prevention and intervention programs that incorporate multisector and multigenerational approaches to promote the well-being of children and youth, and the treatment and recovery of their families impacted by the opioid epidemic.
- Demonstrate policy approaches at the local, state, tribal, and federal levels that address the well-being of children, youth, and families impacted by the opioid epidemic throughout the life course.
- Broaden the conversation and policy setting toward intentional prevention, early intervention, and recovery in light of the nation's opioid epidemic.

12:30 p.m. Registration

1:00 p.m. Welcome and Forum Overview

Bill Beardslee, Forum Cochair, Director, Baer Prevention Initiatives, Boston Children's Hospital
Hendricks Brown, Forum Cochair, Director, Center for Prevention Implementation Methodology, Northwestern University

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

1:15 p.m. **Session 1: Multigenerational Approaches to Prevent and Address Familial Opioid Misuse and Promote Family Well-Being Today and Tomorrow**

Panel Moderator: David Hawkins, Emeritus Endowed Professor of Prevention, Social Development Research Group, University of Washington

Communities That Care Initiative
Shelly Sutherland, Chief Community Development Officer, Bighorn Valley Health Center

Fond du Lac Tribal and Community College Extension Program
Judy Tan, Behavioral Health AmeriCorps VISTA

Children's Service Society of Utah
Bacall Hincks, Grandfamilies Program Administrator

Strategic Prevention Frameworks Program
Martin Flores, SPF Specialist, Comanche Nation

2:15 p.m. **Open Discussion**

3:15 p.m. **Break**

3:30 p.m. **Session 2: Policies Aimed at Preventing and Addressing Opioid Misuse and Promoting Well-Being for Families Today and Tomorrow**

Panel Moderator: Deborah Klein Walker, Forum Member, Immediate Past President, Global Alliance for Behavioral Health and Social Justice, and Adjunct Professor, Boston University School of Public Health

Maternal Opioid Misuse (MOM) and Integrated Care for Kids (InCK) Models
J. Alice Thompson, Social Science Researcher, Center for Medicare & Medicaid Innovation

Wise Works Alternative Sentencing
Chuck Slemp, Commonwealth Attorney for Wise County and the City of Norton

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

Reducing Poverty and Building Resilience in Local Communities
Kelly Kelleher, Vice President of Community Health, Nationwide Children's Hospital

SAMHSA Efforts
Justine Larson, Senior Medical Advisor, Office of the Chief Medical Officer, Substance Abuse and Mental Health Services Administration

4:30 p.m. **Open Discussion**

5:30 p.m. **Workshop Concluding Remarks and Wrap-Up**

David Willis, Senior Fellow, Center for the Study of Social Policy

5:45 p.m. **Adjourn**

Copyright National Academy of Sciences. All rights reserved.

Copyright National Academy of Sciences. All rights reserved.

Appendix C

Biographical Sketches of Workshop Presenters and Planning Committee Members

William R. Beardslee (*Planning Committee Member*) directs the Baer Prevention Initiatives at Boston Children's Hospital, is a senior research scientist at the Judge Baker Children's Center, and is the distinguished Gardner-Monks professor of child psychiatry at Harvard Medical School. His research interest centers on the development of children at risk because of parental adversities, such as mental illness or poverty. His work is focused on the ways in which self- and shared understanding help individuals and families cope with adversity. He currently directs the Boston site of a multisite study on the prevention of depression in adolescents using a cognitive-behavioral model. He has received numerous awards, including the Blanche F. Ittleson Award of the American Psychiatric Association for outstanding published research contributing to the mental health of children, and the Catcher in the Rye Award for Advocacy of the American Academy of Child and Adolescent Psychiatry. He has an M.D. from Case Western University and an honorary doctor of science degree from Emory University.

C. Hendricks Brown (*Planning Committee Member*) is professor in the Departments of Psychiatry and Behavioral Sciences, Preventive Medicine, and Medical Social Sciences in the Northwestern University Feinberg School of Medicine. He also holds an adjunct appointment in the Department of Mental Health at the Johns Hopkins Bloomberg School of Public Health and the Department of Public Health Sciences at the Miller School of Medicine at the University of Miami. He directs the Center for Prevention Implementation Methodology for Drug Abuse and HIV and a study to

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

synthesize findings from individual-level data across multiple randomized trials for adolescent depression. He also directs the Prevention Science and Methodology Group, now a national network of more than 250 scientists and methodologists who are working on the design of preventive field trials and their analysis and the implementation of prevention programs. His recent work has focused on the prevention of drug abuse, conduct disorder, depression, and suicide. He has a Ph.D. from the University of Chicago.

Martin Flores (*Workshop Presenter*) is the partnership for success specialist for the Comanche Nation Prevention and Recovery IAMNDN (I am native drug-free nations) program. In this role, he plans and coordinates multiple Native American youth-related activities. He also coordinates the IAMNDN youth council with the Comanche Nation and with numerous local public school districts and tribal youth programs in tailoring the programs to the native student population. Using Native American culture, IAMNDN's main focus is the prevention of underage drinking in native communities, as well as preventing the misuse, abuse, and addiction of prescription drugs. IAMNDN is dedicated to empowering native youth to become outstanding sons, daughters, brothers, sisters, students, employees, community members, and future leaders.

Bacall Hincks (*Workshop Presenter*) practices as a licensed clinical social worker in Utah. She has worked extensively with children and families, particularly with kinship families and those affected by substance use. She is serving as the program administrator for the Grandfamilies Kinship Care Program at the Children's Service Society, the oldest nondenominational nonprofit serving children and families in Utah. She has served as a child and family therapist and has facilitated kinship education and support groups. She is trained in eye movement desensitization and reprocessing therapy, a form of therapy that helps people heal from trauma or other distressing life experiences. She is also trained in trauma-focused cognitive behavior therapy and other trauma-focused therapies. She has an MSW from the University of Utah.

Kelly Kelleher (*Workshop Presenter*) is the distinguished professor of pediatrics, psychiatry, and public health in the Center for Innovation in Pediatric Practice and vice president of community health at Nationwide Children's Hospital and also on the faculty of the Ohio State University College of Medicine. He is a pediatrician whose research interests focus on accessibility, effectiveness, and quality of health care services for children and their families, especially those in areas of concentrated disadvantage or those affected by mental disorders, substance abuse, or violence. He has a long-standing interest in formal outcomes research for mental health and

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

substance abuse services. He has an M.D. from The Ohio State University College of Medicine and an M.P.H. from the Johns Hopkins University School of Hygiene and Public Health.

Justine Larson (*Workshop Presenter*) is the senior medical adviser to the Center for Mental Health Services and the Office of the Chief Medical Officer at the Substance Abuse and Mental Health Services Administration (SAMHSA). Previously, she was on the faculty of Johns Hopkins University, served as medical director for the Arlington County, Virginia, Community Services Board, and was a consulting psychiatrist for a behavioral health program in Montgomery and Prince Georges Counties in Maryland. Her areas of interest include systems of care, the impact of the opioid epidemic on families, and service provision in integrated care and school settings. At SAMHSA, she has worked on a wide range of activities, including the developmental impact of opioids in pregnancy, mental health screening in schools, and the needs of special populations with serious mental illness. She has an M.D., an M.P.H., and an M.H.S., and she is board certified in adult psychiatry and in child and adolescent psychiatry and neurology.

C.H. "Chuck" Slemp, III (*Workshop Presenter*) serves as commonwealth's attorney for Wise County and the city of Norton for the state of Virginia. He also is an adjunct instructor at the University of Virginia-Wise and the Regent University School of Law. In addition to prosecuting serious crimes in court, working with law enforcement on public safety measures for the region of southwest Virginia, and managing an office of 10 prosecuting attorneys, he has sought innovative criminal justice reforms. His signature initiatives include the creation of the Southwest Virginia Joint Senior Abuse Task Force to address crimes against senior citizens, the Courts to Classrooms and Junior Commonwealth's Attorney Program to mentor young citizens, and the Wise Works Program to provide an alternative sentencing options for low-risk offenders. He previously practiced criminal, domestic relations law, local government law, and estate administration in southwest Virginia and northeast Tennessee. He has a B.A. and an M.A. in business administration from the University of Virginia-Wise and a J.D. from Regent University School of Law.

Shelly Sutherland (*Workshop Presenter*) serves as the chief community development officer for Bighorn Valley Health Center (BVHC) in Hardin, Montana. Previously, she worked as a utilization-focused program evaluator. In her current role, she coordinates several programs and services that address the social determinants of health in central/eastern Montana. Services include community resource connections for BVHC patients, diabetes prevention and support, substance use disorder prevention and outreach,

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

and early childhood systems. She also facilitates several community-based coalitions, including the Big Horn County Best Beginnings Early Childhood Coalition and the Healthy Hardin Community Development Partnership. She oversees a number of family support programs which have grown from this coalition-based work, including Parents as Teachers services, SafeCare, Bright by Text, and the local River Valley Farmer's Market. She has a Ph.D. in educational psychology from the University of Virginia.

Judy Tan (*Workshop Presenter*) serves as a behavioral health expert for AmeriCorps VISTA, supporting community programming centered on opioid prevention. She has a background in human science, where she developed a passion for addressing social determinants of health. At Fond du Lac Tribal and Community College, she has been heavily involved in developing a year-long youth opioid prevention program through the Rural Health and Safety Education Program of the U.S. Department of Agriculture. Additionally, she is creating and running the Minwaadodang Tribal Wellness Radio Show and working with the Robert Wood Johnson Foundation on a community-based participatory research project on resiliency.

J. Alice Thompson (*Workshop Presenter*) is a social science researcher at the Center for Medicare & Medicaid Innovation (CMMI) where she serves as the program lead for new model development in the Division of Health Integration and Innovation within the Prevention and Population Health Group including the Maternal Opioid Misuse model. She also serves as the opioid lead at CMMI. Previously, she worked at the National Academy of Medicine where she contributed to the evaluation of the President's Emergency Plan for AIDS Relief and led an evaluation of the avian influenza/pandemic influenza activities at the Global Emerging Infections Surveillance and Response System of the Department of Defense. She also previously worked at the Agency for Healthcare Research and Quality and the U.S. General Accounting Office. She has a bachelor's degree in sociology from Goucher College, a master's degree in medical sociology from the University of Maryland, Baltimore County, and is a Ph.D. candidate at the University of Maryland.

Deborah Klein Walker (*Planning Committee Member*) is an adjunct professor at the Boston University School of Public Health and the Tufts University School of Medicine, and she currently serves as president of Family Voices. She is the immediate past president of the Global Alliance for Behavioral Health and Social Justice and a former president of the American Public Health Association and of the Association of Maternal and Child Health Programs. Previously, she served as vice president and senior fellow at Abt Associates, Inc., and as associate commissioner for programs and prevention at the Massachusetts Department of Public

Copyright National Academy of Sciences. All rights reserved.

Multigenerational Approaches to Fostering Children's Health and Well-Being The Opioid Crisis as a Case ...

Health. Her research and policy interests include child and family policy, program implementation and evaluation, public health practice, disability policy, community health systems, health outcomes and data systems. She is a recipient of many awards, including the Martha May Eliot Award for Maternal and Child Health from the American Public Health Association, and the National Leadership Award from the Coalition for Excellence in Maternal and Child Health Epidemiology. She has an Ed.D. in human development from Harvard University.

David Willis (*Planning Committee Member*) is a senior fellow with the Center for the Study of Social Policy, where he leads a national initiative to advance early relational health for child health and communities. Previously, he was a clinician in Oregon with a practice focused on early childhood development and family therapy, and he served as director of the Division of Home Visiting and Early Childhood Services at the U.S. Health Resources and Services Administration of the U.S. Department of Health and Human Services. Most recently, he was the first executive director of the Perigee Fund, a Seattle-based philanthropy focused on strengthening of the social and emotional development of all babies and toddlers and to advance the workforce to do so. He is the past president of the Oregon Pediatric Society and an executive member of the American Academy of Pediatrics' Section on Early Education and Child Care. He has an M.D. from Jefferson Medical College of Thomas Jefferson University and is a board-certified developmental–behavioral pediatrician.

Copyright National Academy of Sciences. All rights reserved.

Copyright National Academy of Sciences. All rights reserved.

BOARD ON CHILDREN, YOUTH, AND FAMILIES

The Board on Children, Youth, and Families (BCYF) is a non-governmental, scientific body within the National Academies of Sciences, Engineering, and Medicine that advances the health, learning, development, resilience, and well-being of all children, youth, and families. The board convenes top experts from multiple disciplines to analyze the best available evidence on critical issues facing children, youth, and families. Our ability to evaluate research simultaneously from the perspectives of the biological, behavioral, health, and social sciences allows us to shed light on innovative and influential solutions to inform the nation. Our range of methods—from rapidly convened workshops to consensus reports and forum activities—allows us to respond with the timeliness and depth required to make the largest possible impact on the health and well-being of children, youth, and their families throughout the entire lifecycle. BCYF publications provide independent analyses of the science and go through a rigorous external peer-review process.

Copyright National Academy of Sciences. All rights reserved.

Copyright National Academy of Sciences. All rights reserved.