**Vision Council**

**SUD Workgroup Notes**

**August 31, 2022**

Attendees:

* Greg Bellville, Prevent Child Abuse Iowa
* Linda Dettman
* Michelle Tilotta
* Tachelle Dowel
* John Twardos
* Kristie Oliver

[Agenda](https://cfcs.memberclicks.net/assets/VisionCouncil/2022/SUD8-31-22/8-31-22%20SUD%20Workgroup%20Agenda.pdf)

Results:

* Confirm current benchmark result measurement for Result 1
* Agreement on action focal points
* Request to Children's Board
* Identification of next steps

[VC Arc of Action 2022 SUD](https://cfcs.memberclicks.net/assets/VisionCouncil/2022/SUD8-31-22/VC%20Arc%20of%20Action%202022%20SUD.pdf)

*Families and children in the Focus Populations:*

Result 1: Thrive Together as Families

Proposed Target: By 2026, increase permanency with “family” for children and youth in the target populations by X# or %.

* The date 2026 was chosen because of the American Resue Plan.

**Proposal:**

10% decrease Year over Year in combined dangerous substances. and presence of illegal drugs= 3% reduction in total confirmed and founded

* 2021 total of combined dangerous substance and presence of illegal drugs is around 6000, so a reduction of 10% would be 604 kids. (10 kids per county).
* 2022 total confirmed and founded 19,036

Have we looked at the data around the Family Assessment Path data? The HHS alignment is going to open up a lot of doors as we work together. There are a lot of change pertaining to [HF 2252](https://www.legis.iowa.gov/legislation/BillBook?ga=89&ba=HF2252) and [HF 2507](https://www.legis.iowa.gov/legislation/BillBook?ga=89&ba=HF2507). The court must weigh the harm of removal against the potential harm of the child to remain with their family. HHS is looking to increase protecting factors and having children remain in their home when all possible. The four questions should also help:

1. What can we do to remove the danger instead of the child?
2. Can someone the child/family knows move into the home to remove the danger?
3. Can the caregiver and child go live with a relative/fictive kin?
4. Could child move temporarily to live with relative or fictive kin?

**Consensus:** is to move forward with the proposal of the 10% decrease above. We can reevaluate at any time.

**What is the Vision Council’s role**?

* How are we providing, insights, and feedback from the provider community and each of the Vision Council’s perspective to influence and inform how some of the legislative changes and HHS alignment are being set up. What information to people in the community need to have an understanding in regard to substance use and the needs in the community.

**What are the strategies that we really want to focus in on and take action steps to implement or get implemented?**

**Line of Sight:** We need to focus and make sure we focus on how this impacts the children and families utilizing these services as we are thinking about the recommendations. We need to keep them at the focus on what we want to do.

**High Level: System Navigation Approach & How does it affect Case Management.**

1.2.1 Was developed and informed by voices with lived experience through the use of the publication “[Substance Use Among Iowa Families: An Intergenerational Mixed Method Approach for Informing Policy and Practice.”](https://i2d2.iastate.edu/wp-content/uploads/2021/01/Dorius-Sept2019-Substance-Use.pdf) How do we help families that are child welfare and substance use involved?

* Community Concierge recommendation: Single point of contact – who can really help? It is difficult to navigate these things are helpers that are not in crisis, and they are not easy to handle while they are in crisis.

**Question:** How do integrated health homes fit into the conversation? Are there gaps in what they are doing? Could the services be more robust in addressing substance abuse. How effective is that system as we look to achieve these goals?

* There are the adult IHH, the pediatric IHH, the system of care model, the CCDAC (community behavioral health centers). There are a lot of agencies that have been awarded CCDAC by SAMHSA. Has momentum through the National Council of Well-Being. There is a way to look at everything – it depends where HHS leadership wants to take the conversation and how DHS and IDPH integrate and work together.
* What lead to the recommendation was the report above which pointed out what we know – there are a lot of people doing case management.
	+ Feedback in the report: Case managers think about the funding streams and work lines and not how it interacts with the family.
		- What is it that the Vision Council can do to help? Has HHS leadership heard this? What is our role to shape the conversation and be good partners?
			* Yes, HHS leadership knows about the various different doors and case managers.

1.2.2 Train all case manager and navigator roles in core competencies that center and support family connectedness. Is there a good model that already exists? Is this something we need to design and funding we need to go after. Is there a way to partner with HHS?

**High Level: Education**

4.1.1 Advance the framework for “a recovery-oriented, family-centered, integrated system of care for treating substance use disorders.

* There is a lot of work being done around the state, but a lot of people do not have a good understanding of what substance use disorders and/or there is not a shared understanding of substance use disorders.

[**National Center of Substance Abuse and Child Welfare**](https://ncsacw.acf.hhs.gov/) **(NCASW)**



The picture highlights that we need to treat the whole family and not just the person struggling with substance use disorders. The families do better together in treatment when all the family’s needs are being addressed, not just substance abuse.

* NCSW – utilized a definition of family centered treatment. Every family member has their own treatment plan.
	+ This is what HHS does under the women’s and children’s funding for the block grant that they receive from SAMHSA. There are 4 women’s and children’s centers that are funded through the integrated provider network and there are 3 other ones in the state that are not funded through the integrated provider network. The centers that go through the integrated provider network have to follow the block grant regulations.

Around 2010 – HF 2310 – cross training. NCASW did the training. There was training individuals with the court system, SED system, and child welfare system. There were modules you could go through and learn about the impact on the family, timeframes for assessments, etc. The feedback from the providers is the training was good because they learned about other system operated, what their timeframes are and what their perspectives are.

* Kathy worked a lot with NCASW and she has a lot of ability to get funding for those trainings. With the regional partnership grants – should we bring back this type of training?
	+ There has been a current training/toolkit create for parents: https://www.ntiupstream.com/welcome-to-the-parents-toolkitEnter password: IAparentsToolkit2022
* If we bring in the MCOs – would it be from the MCO perspective or a system perspective?
* The more the parent partner’s program can be utilized that would provide a great perspective from the frontline. Parent partners have to find out the resources and services so they can connect the families to those.
	+ Parent Partner's Pilot: <https://ncsacw.acf.hhs.gov/technical/rpg-i.aspx?id=85>

Parent Partners of NW Iowa Program targeted: Children living within the nine counties in rural Northwest Iowa (Buena Vista, Cherokee, Clay, Dickinson, Lyon, O’Brien, Osceola, Plymouth, and Sioux) who are in, or at-risk for an out-of-home placement due to methamphetamine or other substances by a parent/caretaker.

There are: Peer specialists (mental health side), peer recovery coaches (substance use disorder) and parent partners (child welfare). Research has shown the people with lived experience often are the catalyst for people to make change. These people are a key piece of the puzzle.

* Recommendation: We need to make sure that parent partners are at the table with the peer specialists and peer recovery coaches.
	+ Is there that we build one peer support specialist and as we build a one front door – we create an “eharmony.com” to match the person with their peer support?
	+ Recommendation: Regarding the work of individuals providing peer related services 1) Reach out to Karen Hyatt at HHS and discuss the involvement of parent partners that are involved in the Peer Support training contract with the U of I. Possibility to bring them forward in this work? Other states, Michelle has seen in past and cannot specifically remember, have utilized an online peer support form, submitted by providers who need peer support, obtain consent and submit to centralized contractor to connect peer support with individuals identified.
		- University of Iowa Peer Workforce Collaborative: <https://iowapeersupport.sites.uiowa.edu/>

**Recommendation**: We should be focused on the education because we have a baseline need. Getting the education piece set up, funded with target audience is the number priority for the remainder of 2022-2023.

1st Step: Analysis of what is already out there. The Vision Council does not need to be the leader of the education. The Vision Council can be the supporters if someone is doing it.

* At next SUD Workgroup have Kathy provide information on what is already happening.
	+ Would Children’s Justice be able to utilize regional partnership grant?
	+ Dr. Chasnoff (?): how do we better support Children’s Justice in what they are doing?
* Maternal Health: HHS is developing a Prenatal/Mental Health plan in Iowa.
	+ How do we better connect with them? Postpartum is a hard time and there is a significant death with overdoses. How do we connect the Vision Council with this work also?

**Next Meeting:** Education is important, but we need a better understanding of what is happening with our partners and where the Vision Council fits to make sure we can help in the most effective way to provide education.

* Each member needs to come prepared to map out what is happening education wise to get a better understanding of where the gaps are.

**High Level: How are we providing family centered treatment without removing the kids?**

* + 1. Increase the number of Family Treatment Courts to statewide coverage
* Recommendation: Formally identify Iowa Children’s Justice as the lead on this and let Kathy know that the SUDWG/VC is interested in knowing how it can complement her leadership. We want the state to have a meaningful, successful way statewide to have access.

**Iowa Children’s Behavioral Health System State Board**

What are recommendations that the Vision Council would like to present to them in November to consider?

* This is the first time that the Vision Council will formally present to the Children’s Behavioral Health System State Board.
* Greg and Tachelle will be the presenters.

If parents are struggling with substance use disorder, there will be an impact on the kid(s) mental health. There is a high likely hood that it is going to have an impact on the kid(s) mental health.

Membership List: <https://dhs.iowa.gov/sites/default/files/Public_Board_Membership_List_2022.pdf?091320221737>

Two Champions:

* Andrew Allen
* Shanell Wagler: She is the one person trying to bring the conversation back to prevention. She noted that Director Garcia is keened into prevention. Shanell is meeting with Director Garcia specifically about this issue in the first part of September as it relates to the board and prevention.

The Vision Council can draw the line on the family’s condition to mental health, specifically substance use.

Suggestion:

* Brief Education about the Vision Council
* Recommendations:
	+ Substance Use Disorder and prevention be an equal focus/thought on how the system is developed.
	+ Develop strategies for making sure that everyone is at the table when HHS is looking at integration work.
		- There is a knowledge gap in other people’s systems.
	+ Strategic focus and investment in prevention to support families and children with SUD.
	+ Andrew’s recommendation: There is not a subcommittee that is focused on substance use on kids.
		- Recommend that the subcommittee that looks at data and outcomes look at data and outcomes related to families with children with substance use disorder.
			* Currently, they are mostly education outcomes.

We cannot keep focusing on the crisis.

* We don’t have the workforce capacity to support the children and families from a prevention or service side.