

Agenda – August 2, 2021

Meeting Results

- The 2nd quarter charge for the Work Group is established (re: concrete strategies to propose for ARPA funding by mid-September)
- Plan for the BH Provider Survey webinar that will meet CEU requirements
- Knowledgeable of the content in the report “Substance Use Among Iowa Families: An Intergenerational Mixed-Method Approach for Informing Policy and Practice”
- Landscape assessment of ARPA funding-related considerations
- Action Commitments documented:
 - SUDWG member(s) identified to take necessary next steps for achieving the SUDWG 2nd quarter charge
 - SUDWG member identified to set up the CEUs for the webinar
 - SUDWG member(s) committed to setting up, advertising and delivering the webinar

Agenda

- **Meeting Overview and Check In**
 - How are you?
 - Briefly, what is one piece of information you can share about the use of American Rescue Plan Act in Iowa?
- **2nd Quarter (August, September) Charge for SUD Work Group (*concrete strategies to propose for ARPA funding by around mid-September*)**
 - Webinar sponsored by SUDWG
 - Review of the IDPH/IDHR/ISU report
 - Assessing ARPA fund opportunities and planning/partnering needs for the Program Population (families with young children living with SUDs and at-risk for entering CWS)
- **Check Out**
 - Announcement from Michele: Opportunity to give input to the IDPH/DHS alignment process by August 6.
 - Identification and review of action commitments

2nd Quarter Charge

2nd Quarter (August, September) Charge for SUD Work Group

- Charge: By mid-September, prepare concrete strategies to propose for ARPA funding
 - Outcomes to achieve
 - Partners to engage (e.g. adult and child behavioral health providers)
 - Endorsers/supporters to engage
 - Which ARPA financing streams to tap
 - Initiatives, approaches, intersectional efforts to recommend (with budgets)

Designing webinar based on Adult BH Services Survey

Recap from July SUDWG Meeting

- Make the webinar eligible for CEUs to attract more participants
- Schedule for September
- Invite Cross-System Collaboration members
- Meet in early August to continue planning

DRAFT Results of the webinar (*Note: the results will be used to create the agenda*)

- Adult behavioral health community and other invited stakeholders are aware of the Vision Council's work, including the SUDWG vision for a family-centered, recovery-oriented, integrated system of care.
- Attendees know the results of the Adult Behavioral Health survey.
- Potential survey respondents are committed to completing the survey.
- Vision Council has input on [items] that will assist in developing recommendations for ARPA funding.
- Attendees are aware of the intersections between Adult Behavioral Health and Child Welfare Systems through FFPSA.

Speakers?

Topics?

Invitees?

CEU requirements? (speakers, speaker bios, test questions and answers, agenda, PPT deck – anything else?)

Discussion and Next Steps (possibly) for “Substance Use Among Iowa Families: An Intergenerational Mixed-Method Approach for Informing Policy and Practice”

“To date, far less attention has been devoted to the effects of substance use on American families.” (pg. 5)

Three themes:

1. Economic vulnerability (low education, unstable employment, significant fines/fees related to prior substance use)
2. Social isolation and stigma (feelings of loneliness or wanting to “fit in” as reason for initiating substance use; same feelings precipitate relapse)
3. Trauma and coping (every participant identified severe trauma(s) in their lives)

[Report lists the need for a “Policy Bridge” – Choice vs. Disease]

“The Iowans we spoke with were often vulnerable and felt underserved by the state system.” (pg. 8)

Six Programming Recommendations (pg 6):

1. Caring Community Concierge (links individuals and families leaving treatment to reintegrate into community)
2. Skilled Translation: A Second Chance Program (helping those in recovery find employment)
3. Home Visiting Program (facilitate connections between recovery services and individuals while they are in treatment)
4. Recovery Coaching Program (recovery coaching sessions and a post-treatment support network)
5. Peer Support program (community knowledge & parent experiences to increase support to families with SUDs)
6. Helping Kids by Helping Families (child care, community connectedness, parental coaching)

Influencing the Use of ARPA Funds for the SUDWG's Program Population

Assessing ARPA fund opportunities and planning/partnering needs for the Program Population (families with young children living with SUDs and at-risk for entering CWS)

Aware of landscape (timing, who is involved, etc.)

Aware of relevant options for financing?

Ideas for concrete suggestions?

- Home Visiting paired with concrete supports
- Trauma-Informed
- Family-centered, recovery oriented, integrated systems of care approach
- Intersection with mental health; with FFPSA and CWS; with housing and financial security; with preventing child maltreatment
- Family-based residential treatment centers
- Culture shift, e.g. "SUD is a disease that can be treated, not a character flaw"

Next Steps?

Check Out

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As a Reminder: SUD Work Group work so far

Vision Council North Star:

All Iowa children and families are safe, secure, healthy and well in their communities.

Substance Use Disorder Population Target:

EXAMPLE:

By XX year, X% of Iowa families living with SUDs are in recovery and become healthier and more resilient through a family-centered, recovery-oriented, integrated systems of care approach.

Shared Beliefs

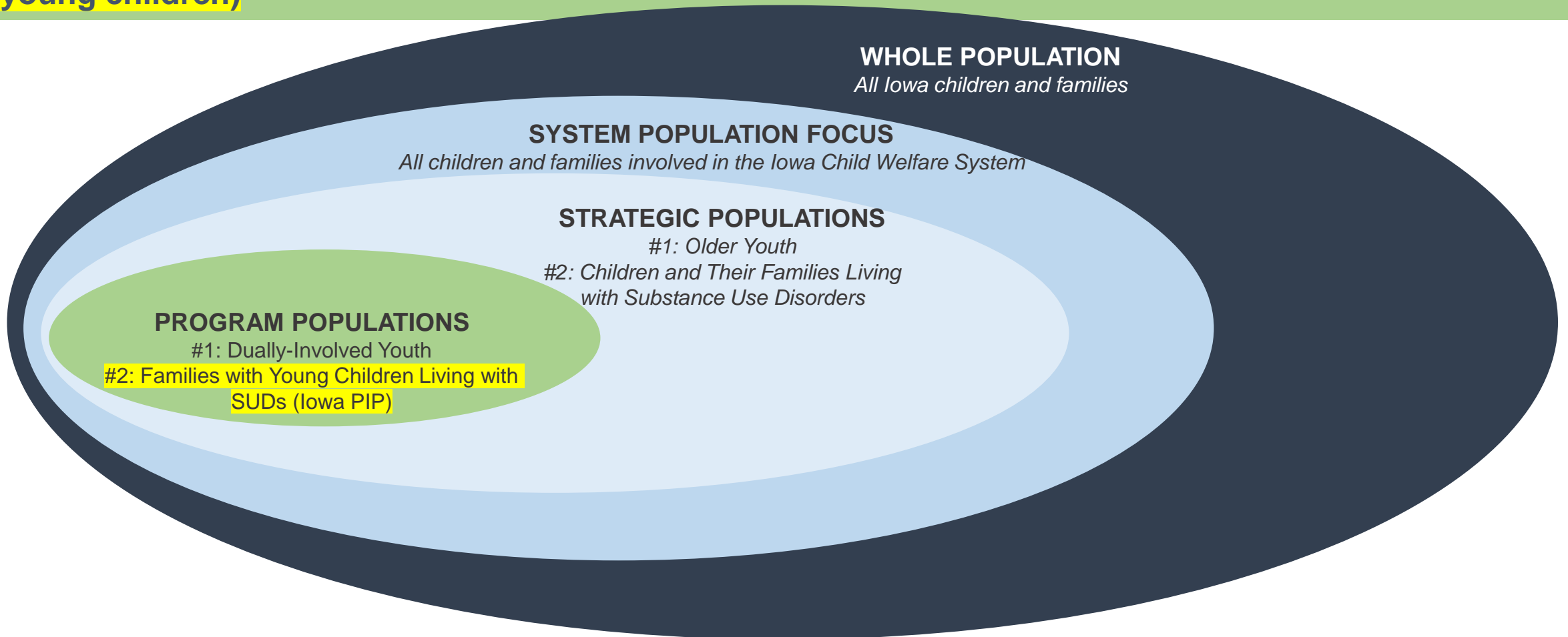
- **Recovery from SUDs is possible.** When families have access to appropriate services that meet their needs, they can thrive.
- **Children and parents experience better outcomes when treated together.** Therefore, a family-centered approach - where the individual and family receives prevention support, treatment, and recovery services - is necessary. *(Note: The needs may be different for different ages of children.)*
- **Families are the experts of their own family units.**
- **A multi-systems approach is necessary to meet the full range of families' needs.** All systems must operate from a shared understanding of the science and process of recovery, and ensure that families and communities have strength and resources that serve as a foundation for recovery.

Whole Population to System Population to Strategic Populations to Program Populations ^[1]

STRATEGIC POPULATIONS

#1: Older Youth (Program Population: Dually-Involved Youth)

#2: Children and Their Families Living with Substance Use Disorders (Program Population: Families with young children)



^{1]} Trying Hard is Not Good Enough, Friedman, Trafford Publishing, 2005

Topline Findings of Adult BH Services Survey

27 respondents (not all completed the whole survey)

Top 5 Prevalent Conditions/Situations Facing Clients

1. *Mental Health
2. Traumatic Life Experiences
3. Financial Strain
4. Housing
5. Disconnection from a support community

Partial summary of responses to:

- Knowing more about FFPSA? Yes 13/17
- Serving young children? No 11/17
- Knowing more about CW/SUD systems? Yes 11/17
- Knowing more about JJ/SUD systems? Yes 9; No 8
- Aware of SUD aspect of FFPSA? Yes 8; No 9

Topline Findings of Adult BH Services Survey, cont.

The Vision Council's Substance Use Disorder Work Group is conducting a survey of the 100+ adult behavior health providers.

Substance Use	Mental Health:	Parent Skill-Based Training:
<ul style="list-style-type: none"> • Motivational Interviewing (24) [yes 10/17] • Cognitive Behavioral Therapy (CBT) (25) • Living in Balance (7) • Pharmacotherapy (MAT) w/Buprenorphine (7) [yes 5/6] • Seeking Safety (8) [yes 1/5] • Love and Logic (4) • Multidimensional Family Therapy (5) • Contingency Management (4) • Brief Strategic Family Therapy (4) • Multisystemic Therapy (4) [yes 3/4] • Methadone Maintenance Therapy (4) • Adolescent Community Reinforcement Approach (A-CRA) • Families Facing the Future • Sobriety Treatment and Recovery Teams (START) • Iowa Parent Partner Approach 	<ul style="list-style-type: none"> • Trauma-Focused Cognitive Behavioral Therapy (14) [yes 6/9] • Parent-Child Interaction therapy (9) [yes 9/9] • Functional Family Therapy (2) • Triple P – Positive Parenting Program (1) • Incredible Years (1) • CBITS/BounceBack Write Ins (partial list): EMDR (5); Matrix Model (3) Top barriers: Financial resources to sustain EBPs; professional workforce 	<ul style="list-style-type: none"> • Parents as Teachers (1) • Nurse-Family Partnership • Healthy Families America • Family Check-Up • Homebuilders – Intensive Family Preservation and Reunification • Intercept • SafeCare

Next Steps for Adult BH Services Survey

104 on list

Survey was in the field for a little more than 4 weeks

The list was SUD-only

Michele and Coalition staff sent the emails

People are swamped and busy, this may not be a priority

Missing a big chunk of community care providers on the DHS side that provide

Increase number of respondents?

If we want more participants, need to figure out a different strategy for encouraging them to complete it.

Could send it out to CW community partners list.

Could Laurie send out the survey? A good idea, but Michele already reached out and knows them all personally.

Offer the webinar, then re-issue the survey?

What about sending a shorter survey that focuses more on EBP inventory? (provide a direct link at the end of the webinar)

What else?

Iowa Department of Human Services Child and Family Services Review (CFSR) Round 3 Program Improvement Plan

Strategy 3.2: Effectively engage with substance using parents

Identified Need: One aspect of successfully working with families is the ability to successfully engage parents who struggle with substance abuse issues. Parents dealing with substance use face a unique set of obstacles and treatment needs, and need to be engaged and supported in ways that not only improve their parental capacities but also allow them to address their own treatment goals.

Intended Practice Change:

- Early identification of family and child needs with substance using parents
- Increase availability of evidence-based services for families and children with substance using parents
- Increase the family centered approach in field staff's work with substance using parents
- Find ways to keep children at home or get them home quicker when there is substance using parents

Root Causes Identified: Iowa's CFSR data showed that only 44% of the applicable 59 cases reviewed in Sub-Item 12B, Needs Assessment and Services to Parents, were rated as a Strength, leading to a designation that this item was an Area in Need of Improvement. With regard to meeting the needs of parents, in 59% of the 58 applicable cases, the agency made concerted efforts both to assess and address the needs of mothers, and in 45% of the 51 applicable cases, the agency made concerted efforts both to assess and address the needs of fathers.

Current Intervention – Add Infusion Project Pilot Sites

Theory of Change: The agency and courts will collaborate to identify where there are current Family Drug Courts and Infusion Project Pilots and plan to add 2 Infusion Project sites **so that** there is a coordinated statewide system effort to improve engagement for substance using parents **so that** the parents get the support and services they need **so that** their children can be safely returned to the home or safely remain in the home.

Strategy Rationale: Family Drug Courts and the Infusion Project have supported the engagement of parents by providing early identification of a substance abuse issue, prompt treatment referrals, service integration, and dedicated court oversight. The Infusion Project also includes more frequent court hearings and meetings with the judge that are modeled after treatment court rather than a traditional court hearing. During the initial pilot of the Infusion Project, a theory of change was created for this program: Infusing core concepts of the family treatment courts without a dedicated specialty court will ensure proper referral to treatment, early referral to treatment, warm handoffs to service providers, more engagement of parents, more frequent contact between agency and service providers, and more frequent court contact so that parents remain in treatment longer, shorter stays in foster care, quicker reunification, and less reentry.

Existing/Planned/Possible Strategies

Existing Strategies

- SUD Work Group Provider Survey
- SUD Work Group webinar to share survey and Vision Council's work
- Alignment of judicial districts to the SUD Work Group focus (issue? Age group? goal?)
- PIP strategies
- What else?

Planned Strategies

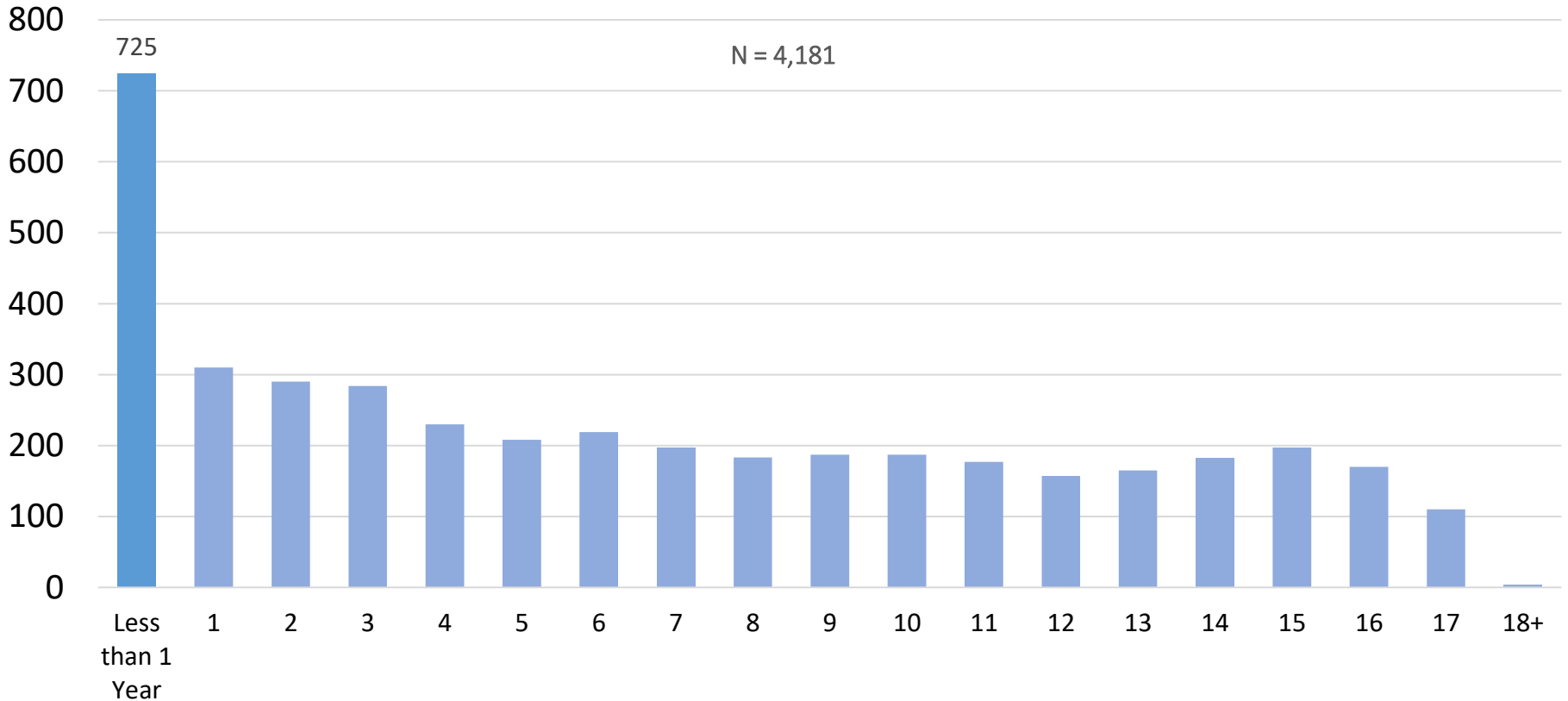
- Additional data gathering
- Partnering with the IDPH/DHS alignment process
- What else?

Possible Strategies

- XXX?

For the Vision Council's Results Action Plan, "What factor(s) is the strategy addressing?"

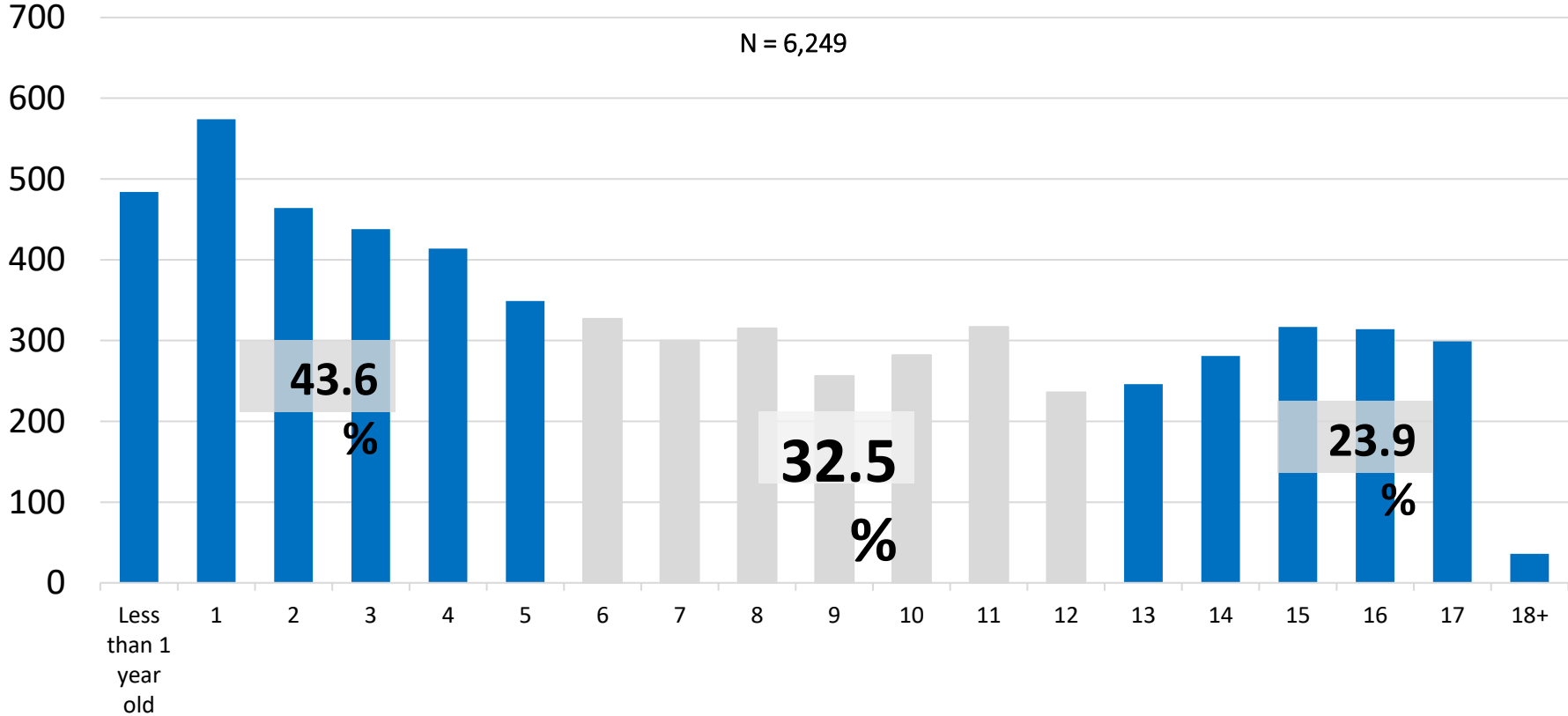
Number of Children who Entered Out of Home Care, by Age at Removal in the Iowa, 2018



Note: Estimates based on children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2018 v1

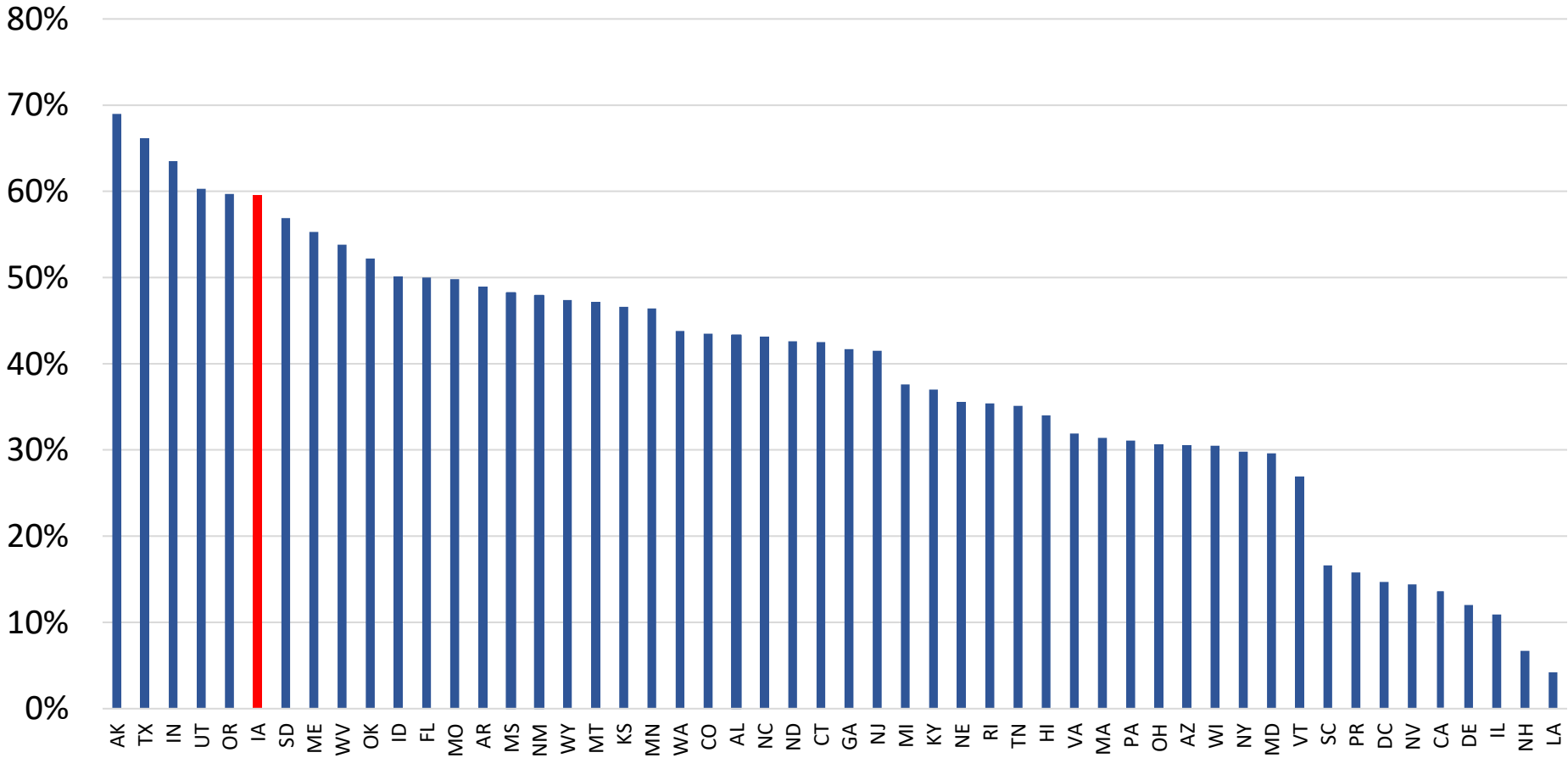
Number of Children in Foster Care at End of Fiscal Year by Age in Iowa, 2018



Note: Estimates based on children in foster care as of September 30, 2018

Source: AFCARS Data, 2018 v1

Parental Alcohol or Other Drug Use as a Contributing Factor for Removal by State, 2018

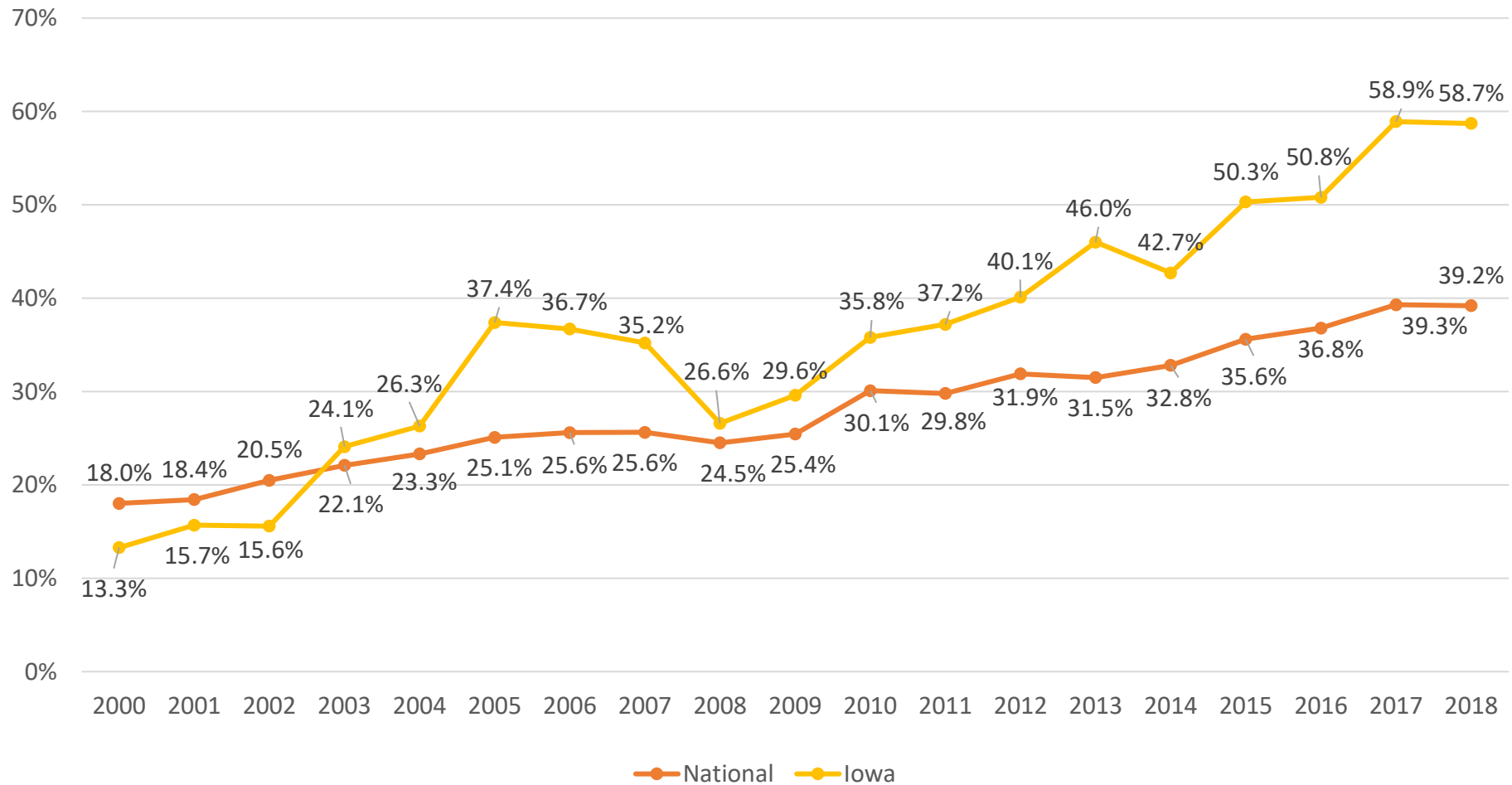


Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2018 v1

Factor Analysis

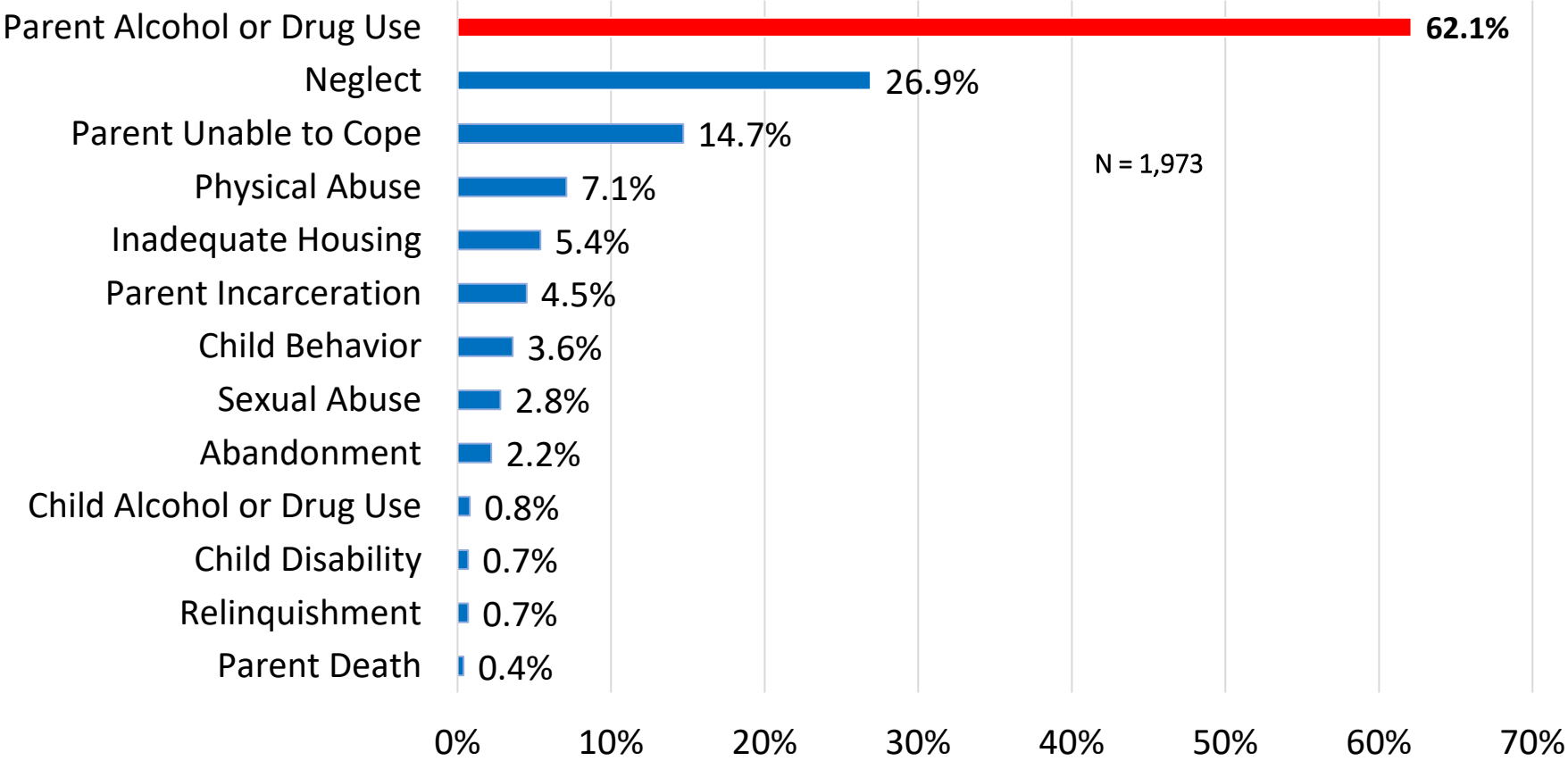
Incidence of Parental Alcohol or Other Drug Use as a Reason for Removal in Iowa and the United States, 2000 to 2018



Note: Estimates based on children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2000-2018

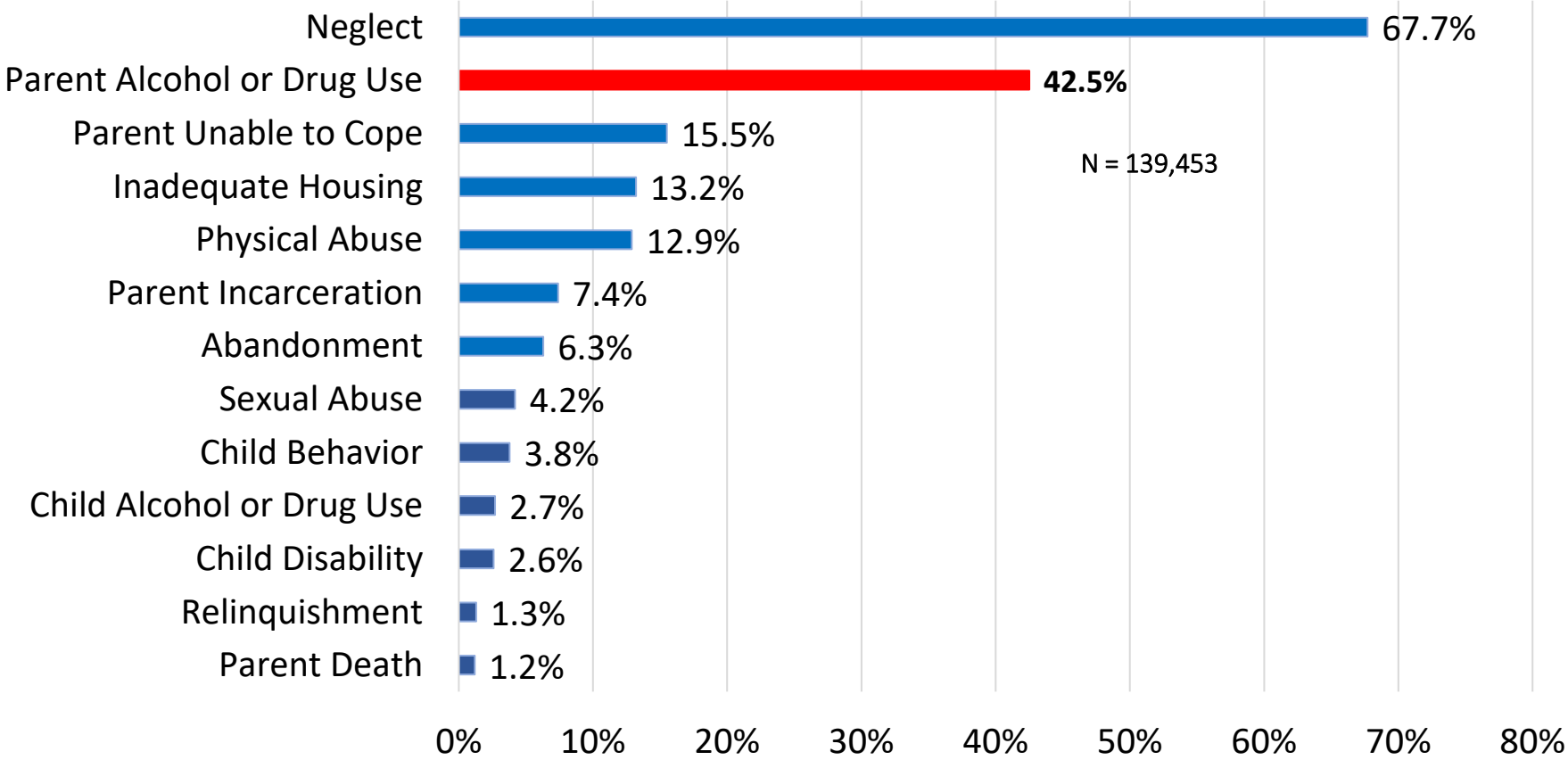
Percent of Children with Terminated Parental Rights by Reason for Removal in Iowa, 2018



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2018 v1

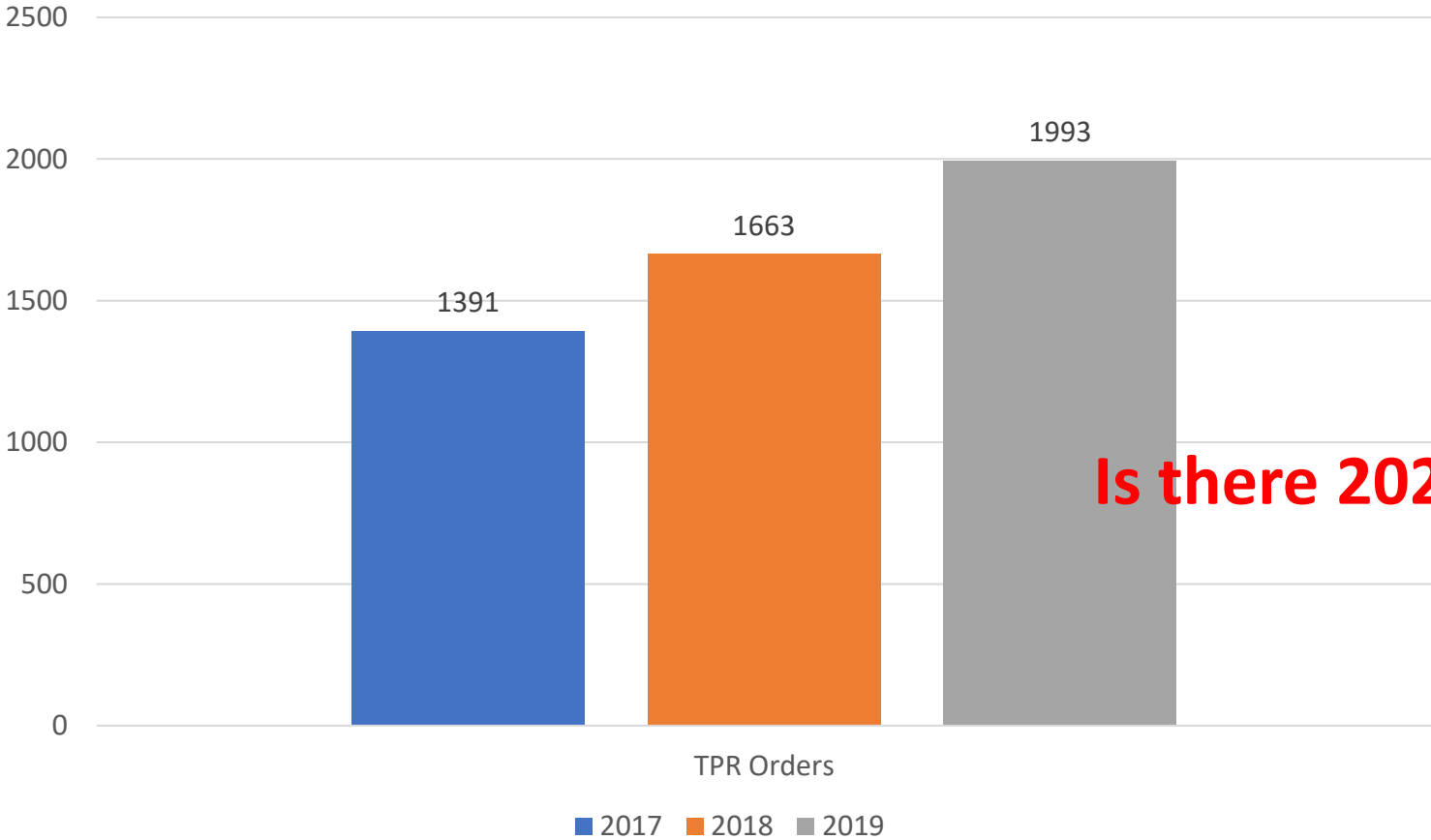
Percent of Children with Terminated Parental Rights by Reason for Removal in the United States, 2018



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2018 v1

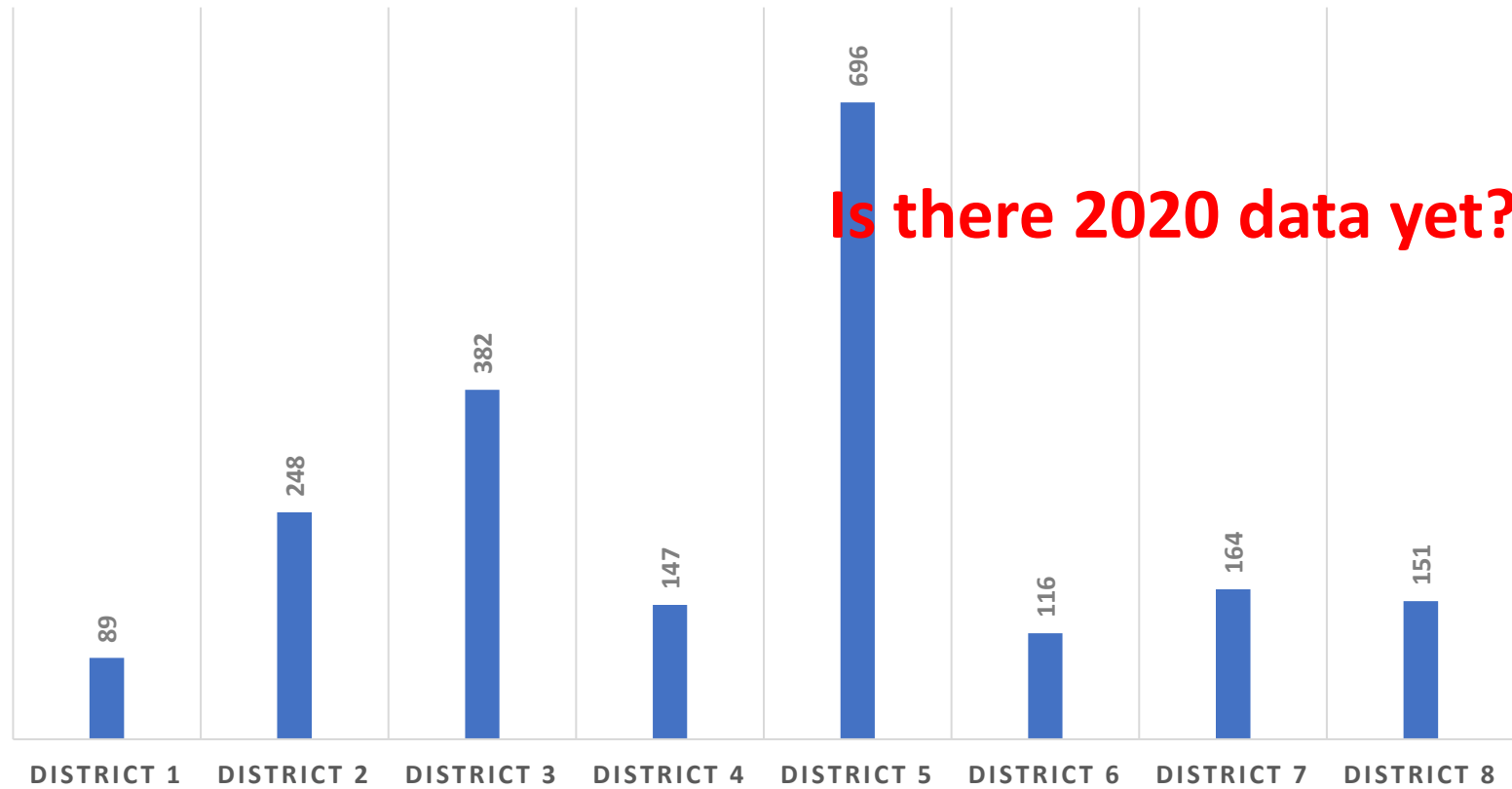
Statewide TPR Orders CY 2017-2019



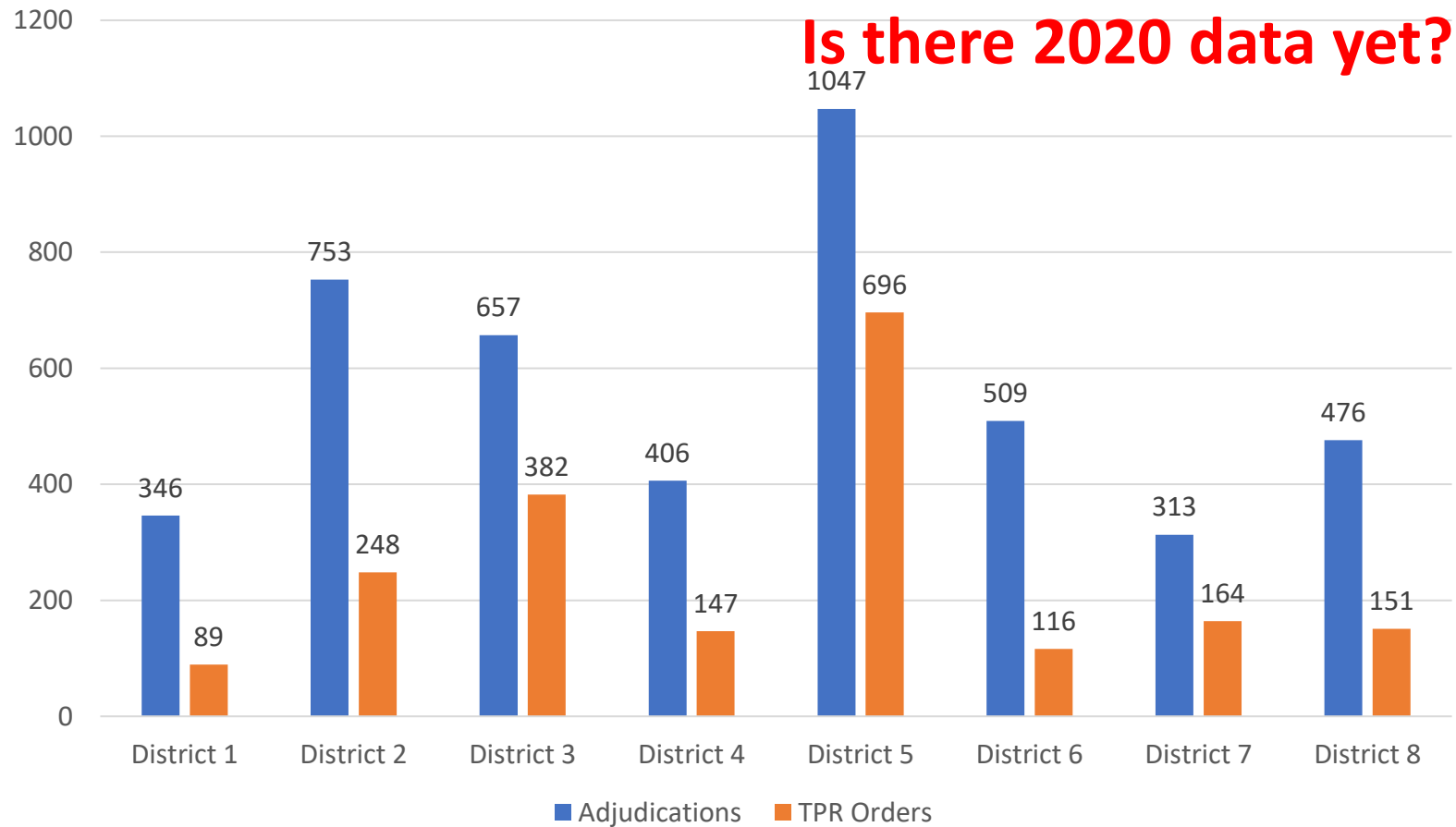
Is there 2020 data yet?

CY 2019 Termination of Parental Rights Orders by District

TOTAL OF 1993 TPR ORDERS



CY 2019 Adjudications and TPR Orders by District



Change Leadership Vision Council

System Culture Shift

FROM ↓ <i>Defensive Style</i> ↓	TO <i>Constructive Style</i> ↑
Current Assessed State: Compliance Mindset	Overall Goal for the System: Move to a Value-Based Mindset
<i>Current Assessed Behaviors:</i> <ol style="list-style-type: none">1. Communicating only “What”2. Fix-it Mindset3. Fear of risk and change4. Geographic Alignment5. Outcomes measured by negative indicators	<i>Ideal Behaviors:</i> <ol style="list-style-type: none">1. Communicating “What and Why”2. Progress Mindset3. Be an agent of change, be proactive and increase advocacy4. Goal Alignment5. Outcomes measured by positive indicators

This System Culture Shift proposal was drafted by the Change Leadership Vision Council, a public-private initiative convened by The Coalition for Family and Children Services in Iowa, funded by the Mid-Iowa Health Foundation.

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