

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.

SUDWG vision for its program population: Iowa families living with SUDs who have young children are in recovery and become healthier and more resilient through a family-centered, recovery-oriented, integrated systems of care approach.

Shared Beliefs

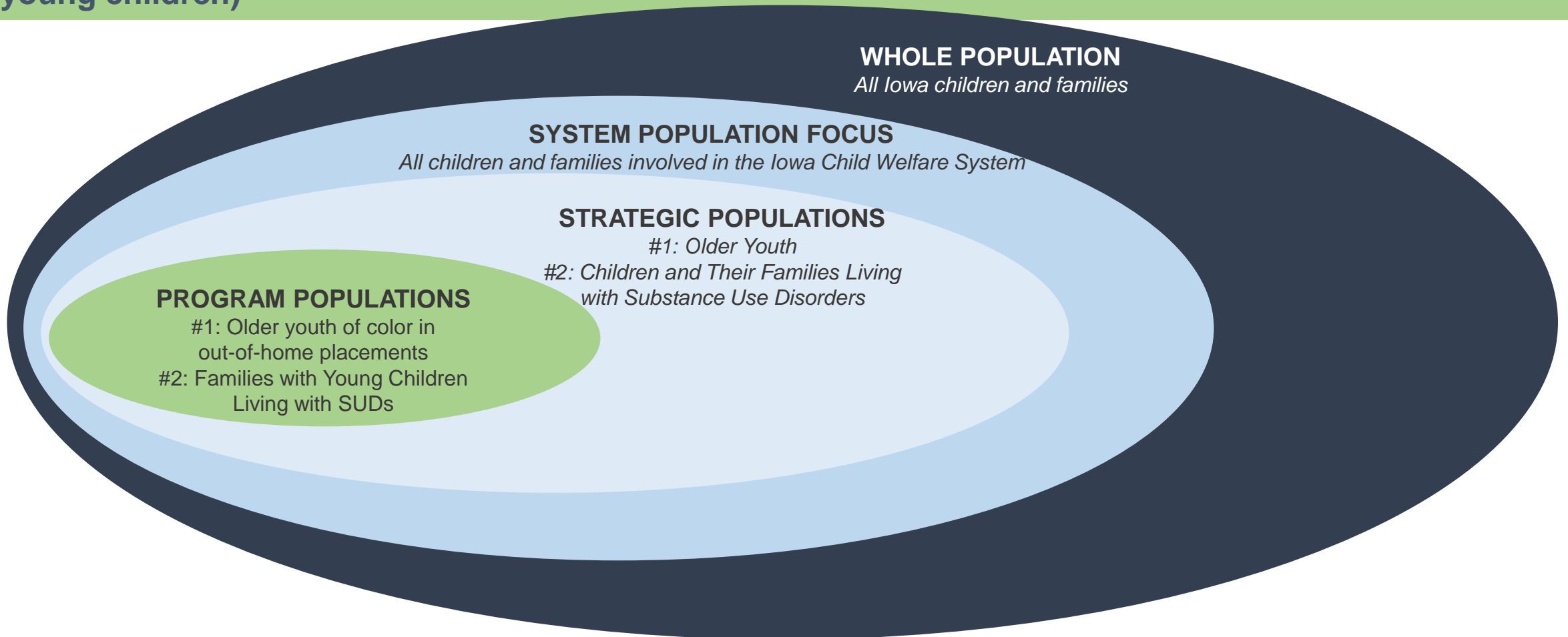
- **Recovery from SUDs is possible.** When families have access to appropriate services that meet their needs, they can thrive.
- **Children and parents experience better outcomes when treated together.** Therefore, a family-centered approach - where the individual and family receives prevention support, 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: Older youth of color in out-of-home placements)

#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

Designing virtual Call to Action Summit (inspired by the SUDWG's Adult BH Services Survey activity)

Recap from August planning efforts for virtual Summit:

- Vision for a multi-part, virtual “Call to Action” Summit
- Draft Desired Results (still in development/refinement):
 - Increase number of respondents to Adult BH Services Survey
 - Get more people on board with the vision of the SUDWG (Vision Council)
 - 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.
 - Vision Council has input from participants 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.
- Provide CEUs
- AmeriGroup and Iowa Total Care interested in partnering

Ideas for:

Possible Speakers: YSS; Rosecrantz; House of Mercy in Des Moines (has women/children residential program); Dr. Chasnov

- [Notes: Michele is a good source for exemplary programs; Child and Family Futures – be all, end all of intersection of SUDs & CWS; CFF offering a webinar(s) on this topic nationally – repeat it for Iowa?]

Possible Topics: exemplary programs (examples of family-centered, recovery-oriented systems of care in action); infant mental health; FFPSA and intersection with SUD/MH treatment; retrospective on House File 2310 (Michele & Kathy); COVID and SUDs and families; “Substance Use Among Iowa Families” report; data walk

Possible Invitees: Adult BH/SUD providers, MH stakeholders, judges and judicial district teams, CWS stakeholders, Cross-System Collaboration

SUDWG Charges

Year 3 Charges for SUD Work Group

September

- Charge: By mid-September, prepare concrete strategies to propose for ARPA funding (meeting with Dir Garcia on Sept 24)
 - Target identified
 - ARPA suggestions/recommendations relative to achieving the Target
 - Which ARPA financing streams to tap
 - Initiatives, approaches, intersectional efforts to recommend (with budgets)

● October/November

- Charge: Develop a Results Action Plan that will achieve progress toward the identified Target
 - Strategies developed (informed by factor analyses and research)
 - Virtual Summit has already been identified as one of the major strategies for 2021/2022 – education, awareness, mental model shifts, movement from “geography to “goals” (From/To Culture Shift), partner engagement, cross-systems collaboration/integration
 - Another possible strategy – implement recommendations in the report, “Substance Use Among Iowa Families”
 - Identify partners/endorsers/supporters to educate/engage (e.g. adult and child behavioral health providers through webinar series)
 - Note: You may need to begin working with these individuals while you’re still strategizing to inform the SUDWG strategies, identify existing opportunities and gaps, etc.

PATHWAY FOR RESULTS ACTION PLAN DEVELOPMENT/BEGINNING STRATEGY IMPLEMENTATION

- By when do you want to complete the Results Action Plan?
- What next steps do you want to take?
- How frequently do you want to meet between now and: meeting with Dir Garcia on Sept 24? To complete the Results Action Plan by end of November?
- Do you need to add members to the SUDWG? Or, sequence the work, e.g. postpone some major strategies in favor of others?
 - From this small work group, there is a need to advance the virtual Call to Action Summit planning while preparing recommendations to Director Garcia and doing the work to inform and complete the Results Action Plan.
- What are the other questions you have/need to answer?

MEETING RESULTS

- 1 Set of recommendations, narrative outline, and plan to finalize content are all in place for Sept 24 mtg with Director Garcia et al.
- 2 Action Commitments made.

Agenda – September 14, 2021

- **Meeting Overview and Check In**
 - How are you?
 - Do you have a question or comment about today's agenda or meeting results?
- **Brief Context Setting**
 - Focus today: Preparing recommendations/narrative points for meeting with Director Garcia et al on Sept 24
 - Planning for Call to Action Summit and finishing the overall SUDWG Results Plan development will recommence at the next Workgroup meeting
- **Setting a Target for the Program Population**
 - By 2026, Iowa will safely reduce the numbers of families with children ages 0-10 entering the child welfare system by 50%.
 - Review of RFI response from DHS
 - Given the data, can this target be achieved by focusing on SUD-related situations alone? Is it the intersection of SUDs, housing and financial security? Or, is it SUD-related AND financial insecurity/poverty-related? Or, is it lowering the targeted percentage for reduction, i.e. not 50%, but a lower percentage? What feels achievable?
 - Question from last meeting: At what point does the SUDWG want to measure "reduction?": At intake level? At assessment level? Confirmed or founded cases (Does this need to be decided today, i.e. before the 9/24 mtg?)
- **Solidifying SUDWG contributions to the meeting with Director Garcia on 9/24, including:**
 - Recommendations
 - Narrative outline/key points to make for SUDWG Program Population
 - Action Commitments by 9/21; by 9/24
- **Check Out**
 - Review of action commitments

Setting Targets for the SUDWG's Program Population

“Iowa families living with SUDs who have young children are in recovery and become healthier and more resilient through a family-centered, recovery-oriented, integrated systems of care approach.”

Proposed Indicator for SUDWG Program Population:

#/% of families with young children entering the child welfare system with SUD involvement (Iowa DHS' county level trend data – cross tabs?)

SUDs can affect each member of the family, relationships, and parenting. SUDs can contribute to a chaotic and unpredictable home life, inconsistent parenting, and lack of appropriate care for children. Treatment and recovery support must not focus solely on the parent's substance use, but take a more family-centered approach that addresses the needs of each affected family member. SUDs are complex, progressive, and treatable diseases of the brain that profoundly affect how people act, think, and feel. SUDs affect an individual's social, emotional, and family life, resulting in emotional, psychological, and sometimes physiological dependence. Relapse rates for SUDs are similar to other chronic medical conditions such as diabetes or hypertension. Because SUDs are a chronic brain disease, a return to use or relapse, especially in early recovery, is possible. Therefore, SUDs should be treated like any other chronic illness. A recurrence or return to use is an opportunity to examine a parent's current treatment and recovery support needs, and adjust them as needed. (Source: National Center on Substance Abuse and Child Welfare, [Understanding Substance Use Disorders: What Child Welfare Staff Need to Know](#))

Draft Target for SUDWGs: By 2026, Iowa will safely reduce the percent of families with young children (ages 0-10) entering the child welfare system by 50%”

(Notes: 2026 selected due to American Rescue Plan funds; Recommendation to get cross-tabs from DHS to identify: 1) how often SUDs were one of the causes founded “Denial of Critical Care” cases; 2) how to accurately use data on “Dangerous substance,” and “Presence of Illegal Drugs in Child's System (PID) – with that data, identify a reasonable target for the number/percentage reduction); Recommendation to work with DHS on disaggregated data. – At intake level? At assessment level? Confirmed or founded cases

Target population considerations

How is the Target impacted when you look through the lenses of equity, trauma and resiliency, and neuroscience/brain development?

How do the Vision Council overarching priorities of housing and financial security fit in? (e.g. home visiting w/ concrete supports)

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)

- Home Visiting paired with concrete supports (housing, cash and financial assistance, employment assistance, transportation, child care, knowledge of/access to supportive, community resources (via a navigator?), access to MH and SUD treatment, when needed)
- Trauma-Informed/relational health/healing-centered
- 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”

Anything else?

Influencing the Use of ARPA Funds for the North Star Workgroup and Older Youth Workgroup, FYI

NSWG and OYWG are shaping up their recommendations as well. Here is what they've come up with so far:

- Home Visiting paired with concrete supports (housing, cash and financial assistance, employment assistance, transportation, child care, knowledge of/access to supportive, community resources (via a navigator?), access to MH and SUD treatment, when needed) (NSWG)
 - OYWG also supports this, but is seeking information about the existence/availability of evidence-based home visiting for youth ages 10 and older, especially that would be culturally relevant for youth of color
- Support and enhance Family Centered Services (NSWG)
- Differential Response paired with concrete supports (NSWG)
- (possibly) Awareness/Outreach/Support for Non-Filers accessing the Child Tax Credit (NSWG)
- Pre-Arrest Diversion from Juvenile Detention (OYWG)
- (possibly) Intense Family Finding

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

What the data is beginning to show:

- People in treatment for substance use disorders face unique challenges during the pandemic. Physical distancing, quarantine, and other public health measures have disrupted access to medication and other support services for many people.*
- For those in recovery from a substance use disorder, social support is crucial, and social isolation is a risk factor for continued substance use (relapse). *
- Provisional data shows that drug overdoses have accelerated during the COVID-19 pandemic. Nearly 92,000 drug overdose deaths occurred in the United States from November 2019 to October 2020, the highest number of overdose deaths ever recorded in a 12-month period*
- [CDC Health Alert Network Advisory](#) (12/17/20): Increase in Fatal Drug Overdoses Across the U.S. by Synthetic Opioids Before and During the Pandemic (Note: consider this an indicator for increased substance use)
 - The purpose of this Health Alert Network (HAN) Advisory is to alert public health departments, healthcare professionals, first responders, **harm reduction organizations**, laboratories, and medical examiners and coroners to—
 - (1) substantial increases in drug overdose deaths across the United States, primarily driven by rapid increases in overdose deaths involving synthetic opioids excluding methadone (hereafter referred to as synthetic opioids), likely illicitly manufactured fentanyl);
 - (2) a concerning acceleration of the increase in drug overdose deaths, with the largest increase recorded from March 2020 to May 2020, coinciding with the implementation of widespread mitigation measures for the COVID-19 pandemic;
 - (3) the changing geographic distribution of overdose deaths involving synthetic opioids...
 - NOTE: **Iowa is among the worst in the nation for overdose deaths: a greater than 20% increase in all fatal drug overdoses; a greater than 50% increase in overdose deaths due to synthetic opioids**
 - Map - [Percent change in all fatal drug overdoses](#), 12-month period ending in June 19, 2019 and 12-month period ending in May 2020
 - Map – [Percent change in fatal overdoses involving synthetic opioids](#) (same periods of time as above map)
- CDC Places, a data initiative: [Map on Binge Drinking](#) pre-Pandemic

* National Institute on Drug Abuse, [FAQs on COVID and Substance Use](#)

“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)

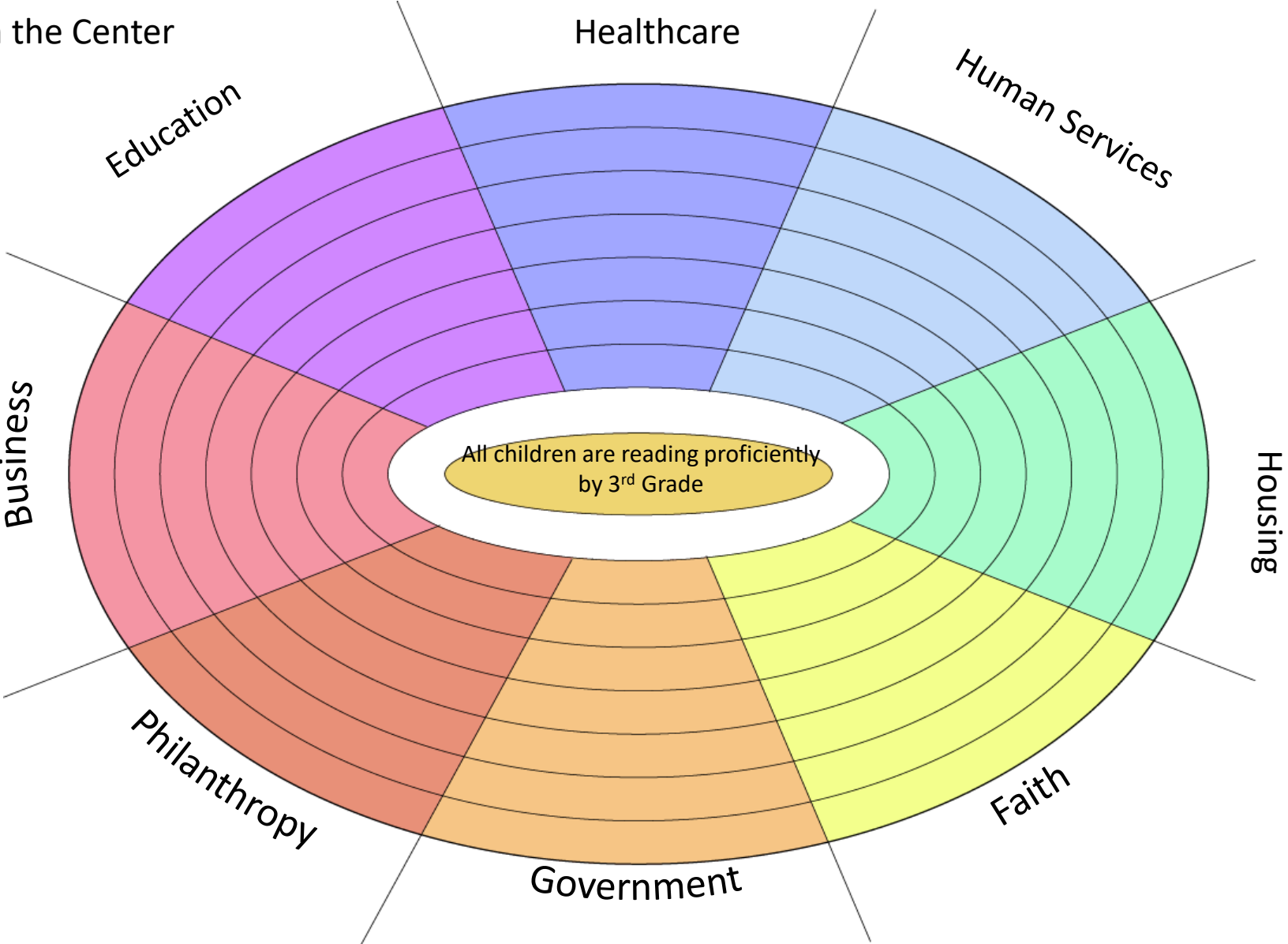
[Report lists the need for a “Policy Bridge” – Choice vs. Disease]

“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)

Example Results in the Center



Results in the Center: Financial Security

- What sectors?
- What stakeholders?
- Who are the partners?
- What about American Rescue Plan (ARP)?
- What next steps do you want to take? e.g.
 - Questions to answer
 - Input on the target from poverty experts?
 - Related to ARP?
 - What else?

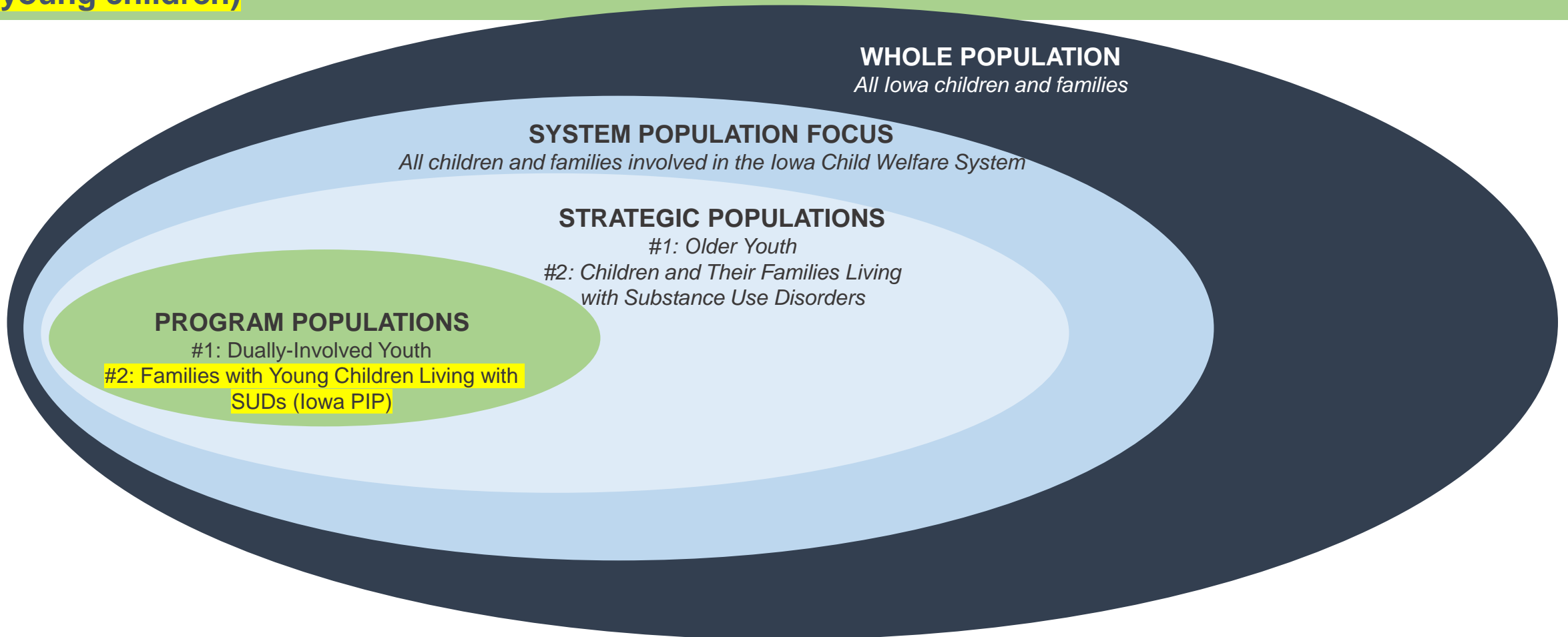


Whole Population to System Population to Strategic Populations to Program Populations ^[1]

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

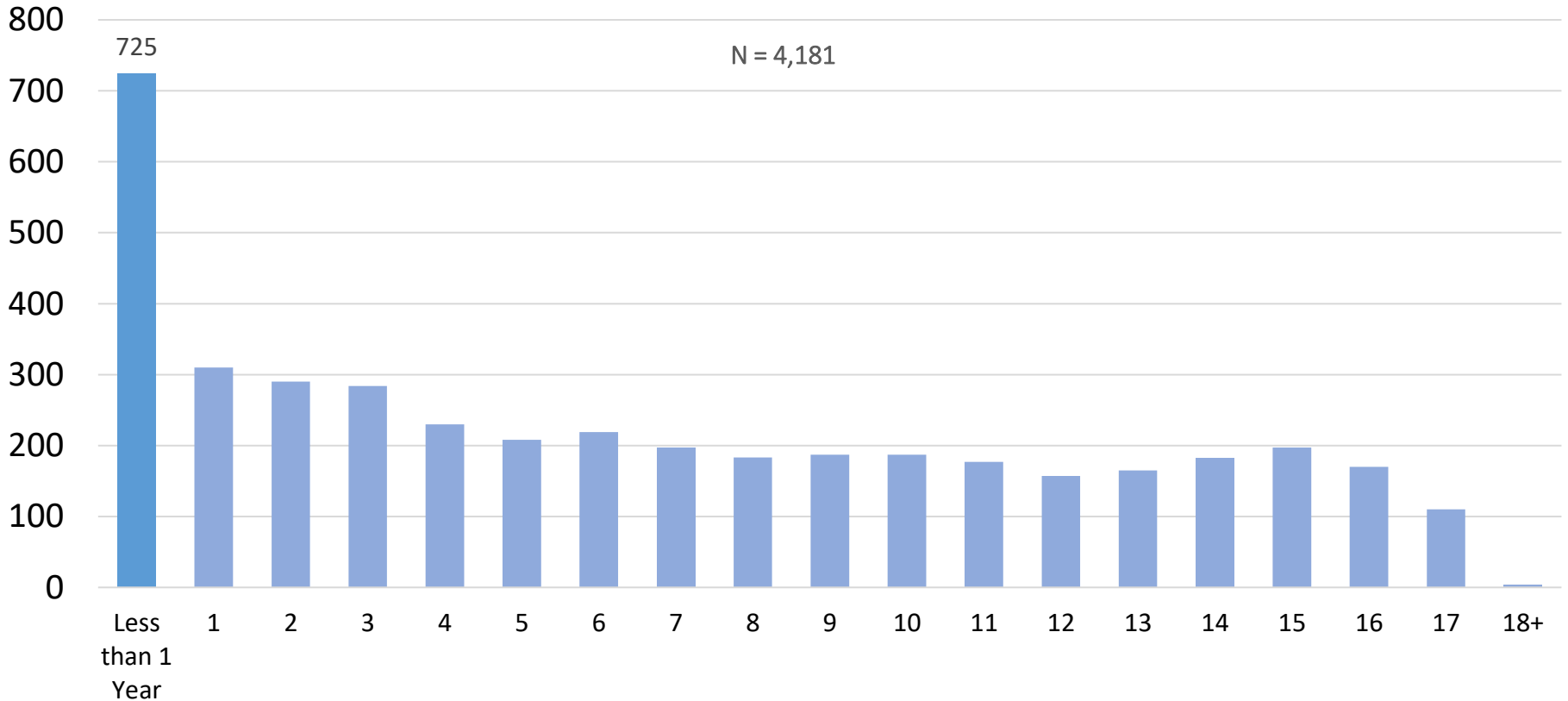
- Additional data gathering
- Partnering with the IDPH/DHS alignment process
- What else?

Possible Strategies

- XXX?

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

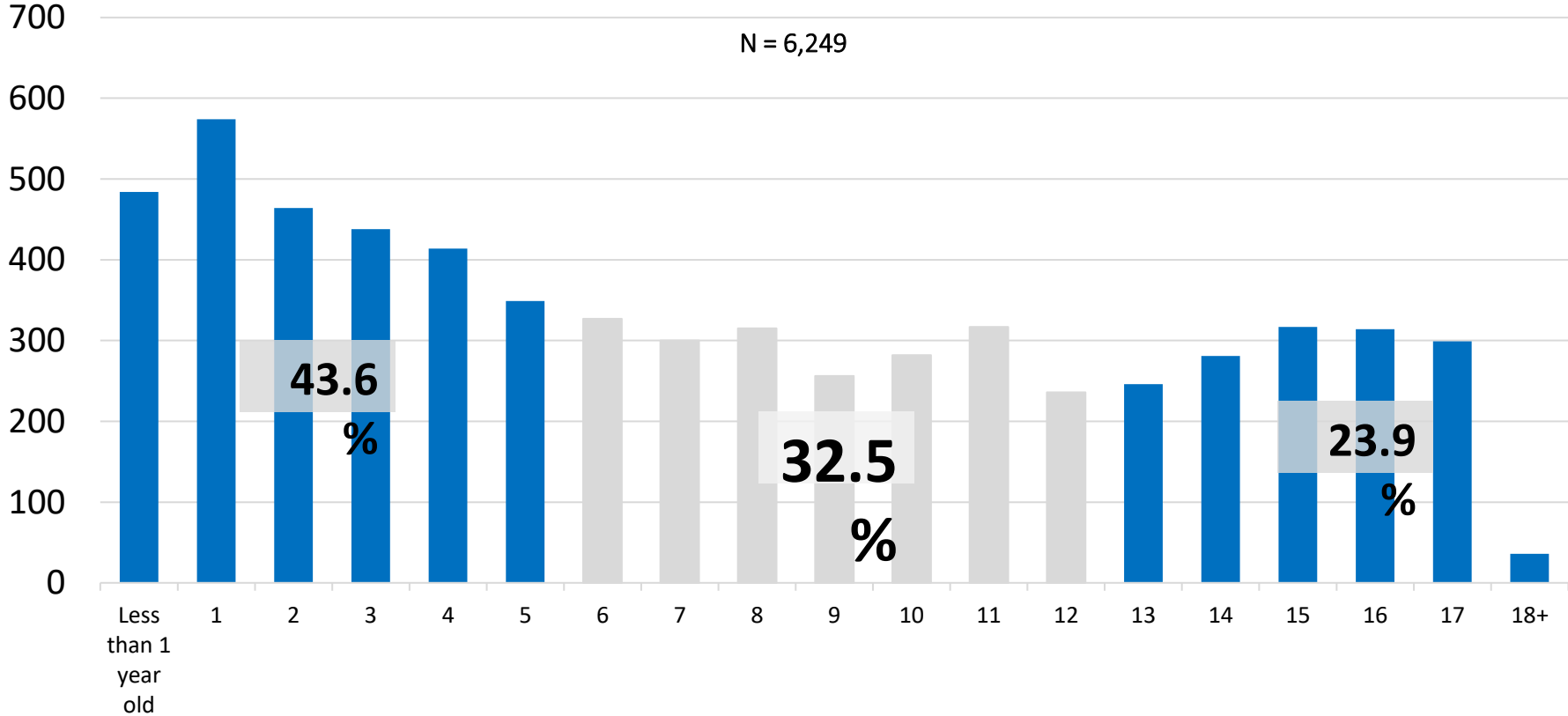
Number of Children who Entered Out of Home Care, by Age at Removal in the Iowa, 2018



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

Source: AFCARS Data, 2018 v1

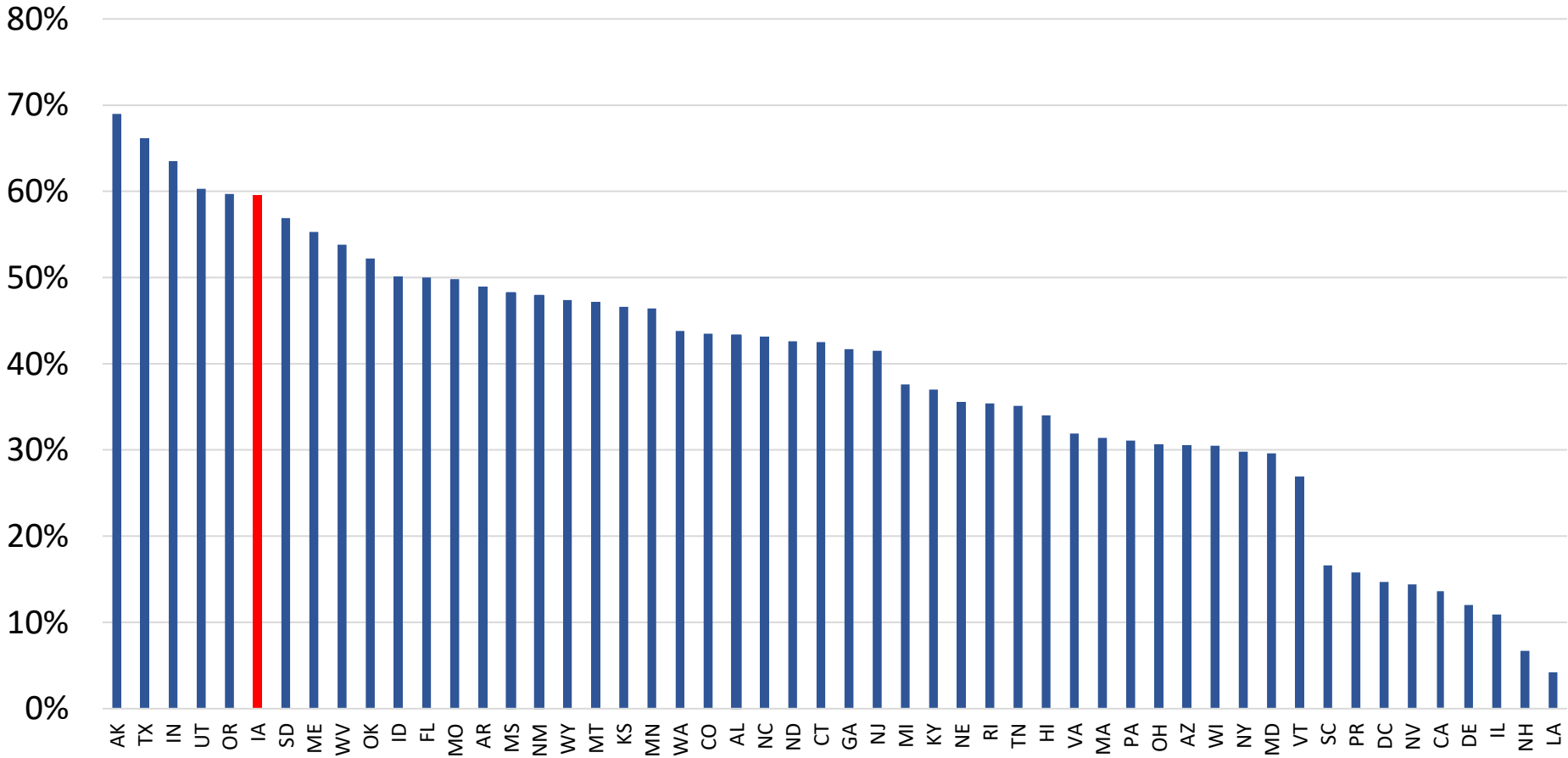
Number of Children in Foster Care at End of Fiscal Year by Age in Iowa, 2018



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

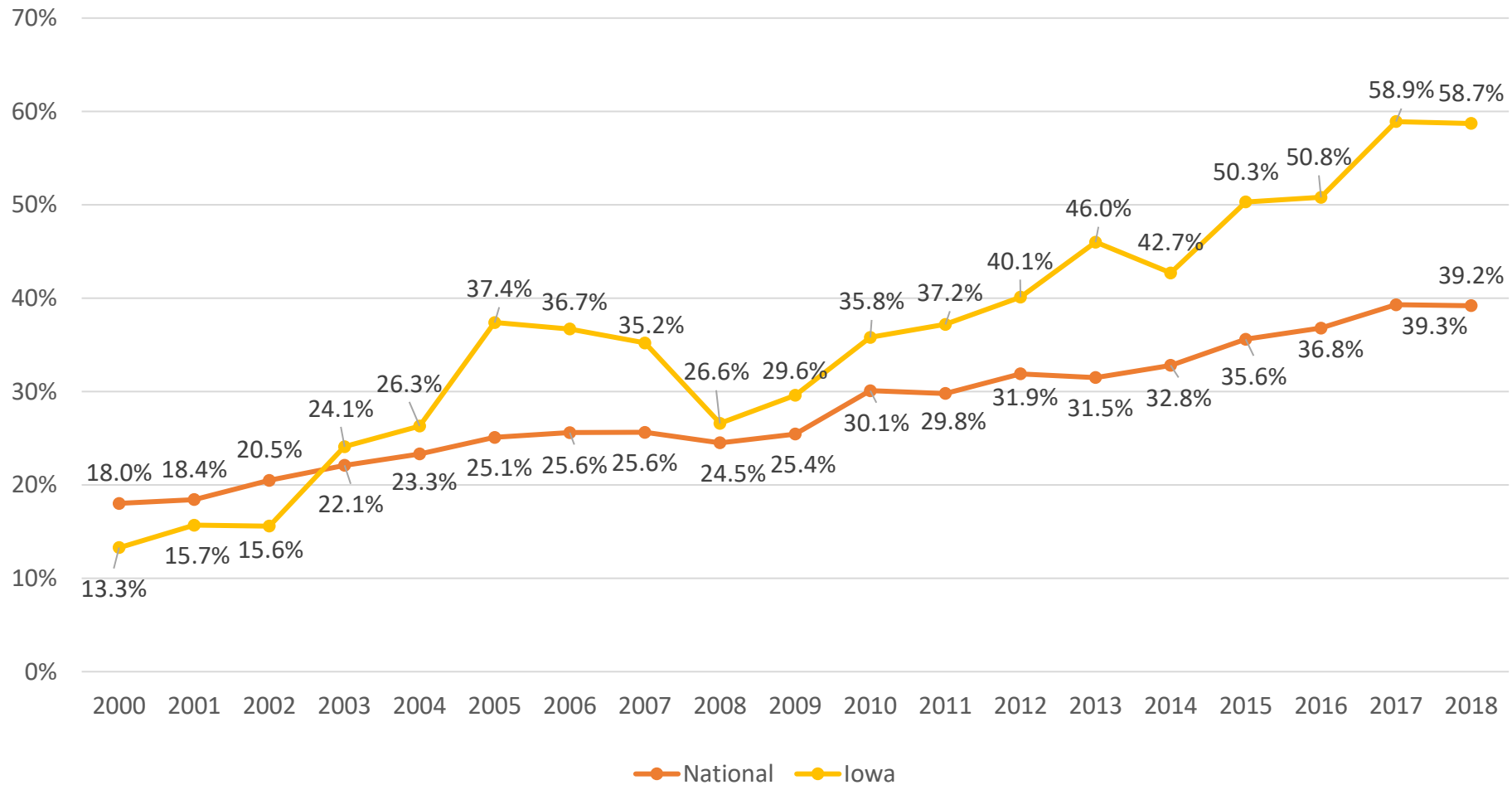


Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2018 v1

Factor Analysis

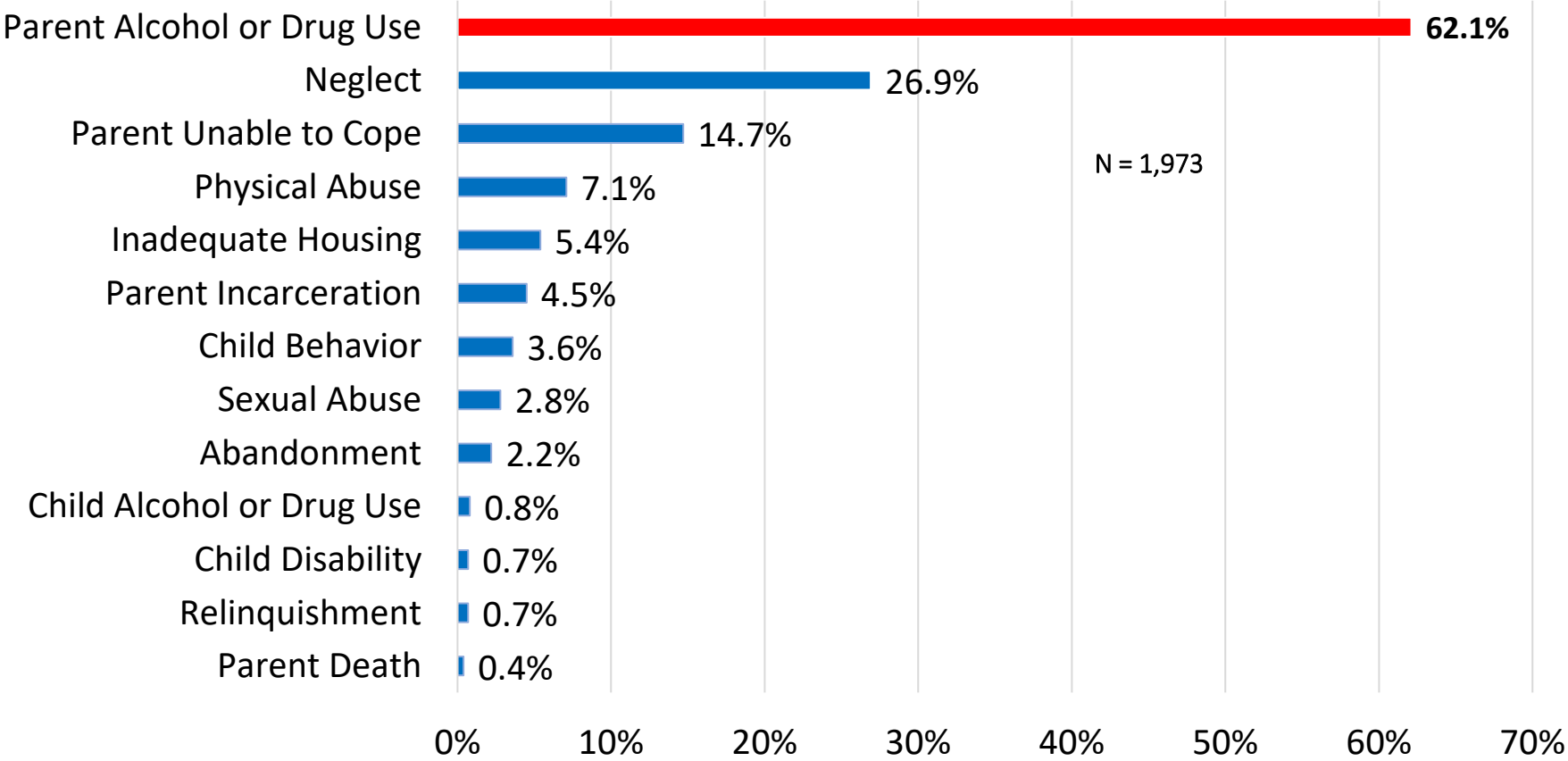
Incidence of Parental Alcohol or Other Drug Use as a Reason for Removal in Iowa and the United States, 2000 to 2018



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

Source: AFCARS Data, 2000-2018

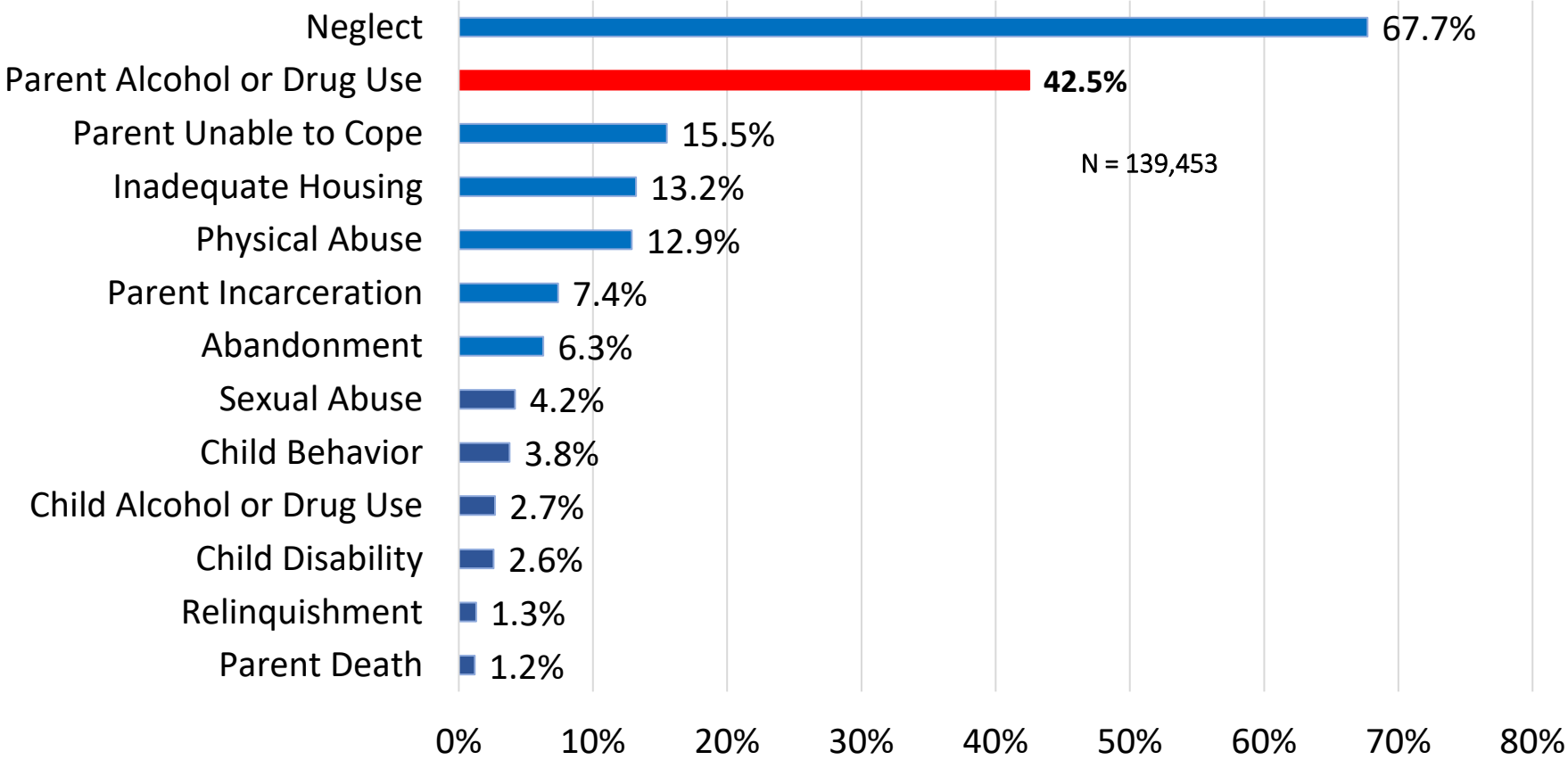
Percent of Children with Terminated Parental Rights by Reason for Removal in Iowa, 2018



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

Source: AFCARS Data, 2018 v1

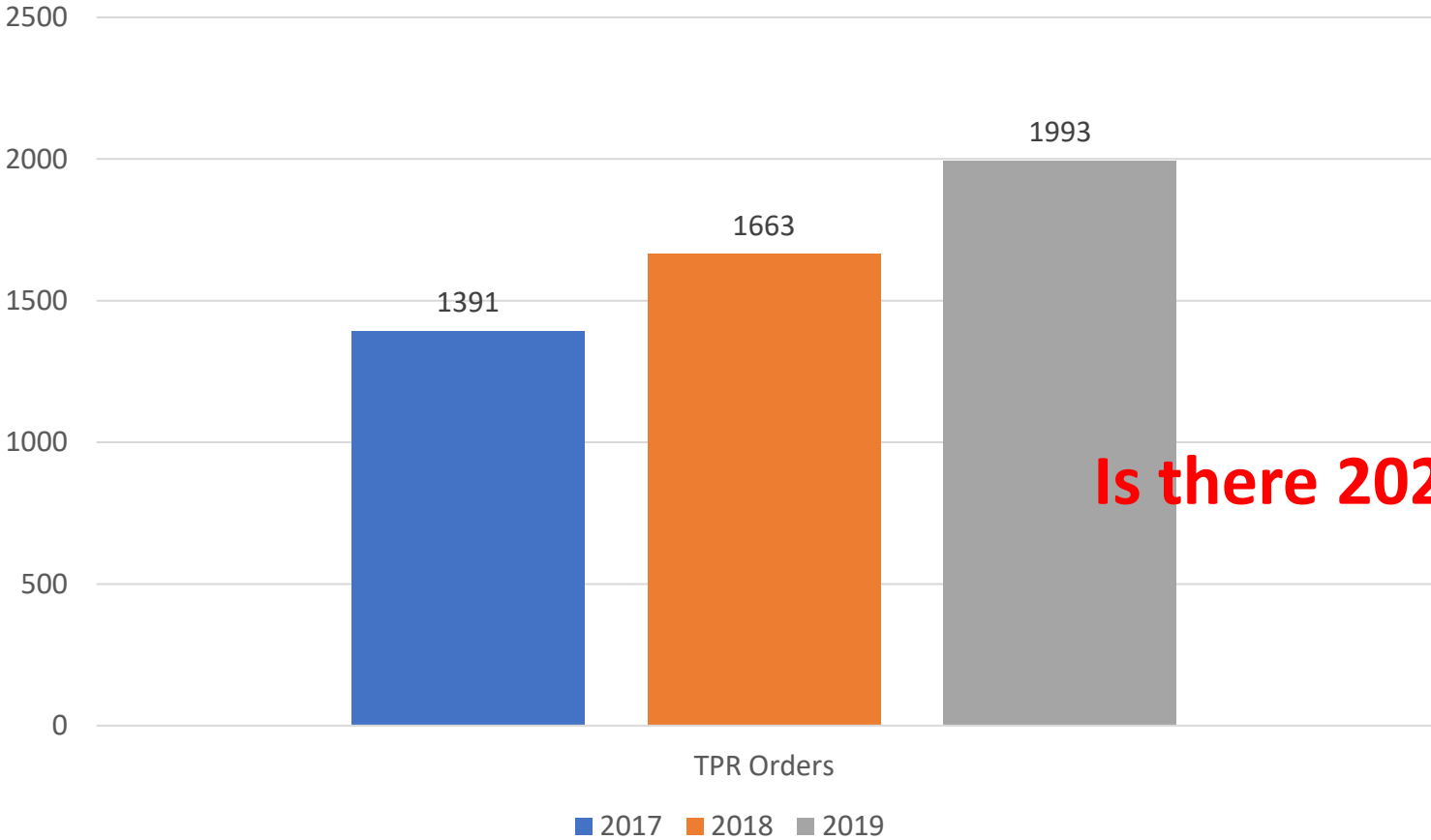
Percent of Children with Terminated Parental Rights by Reason for Removal in the United States, 2018



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

Source: AFCARS Data, 2018 v1

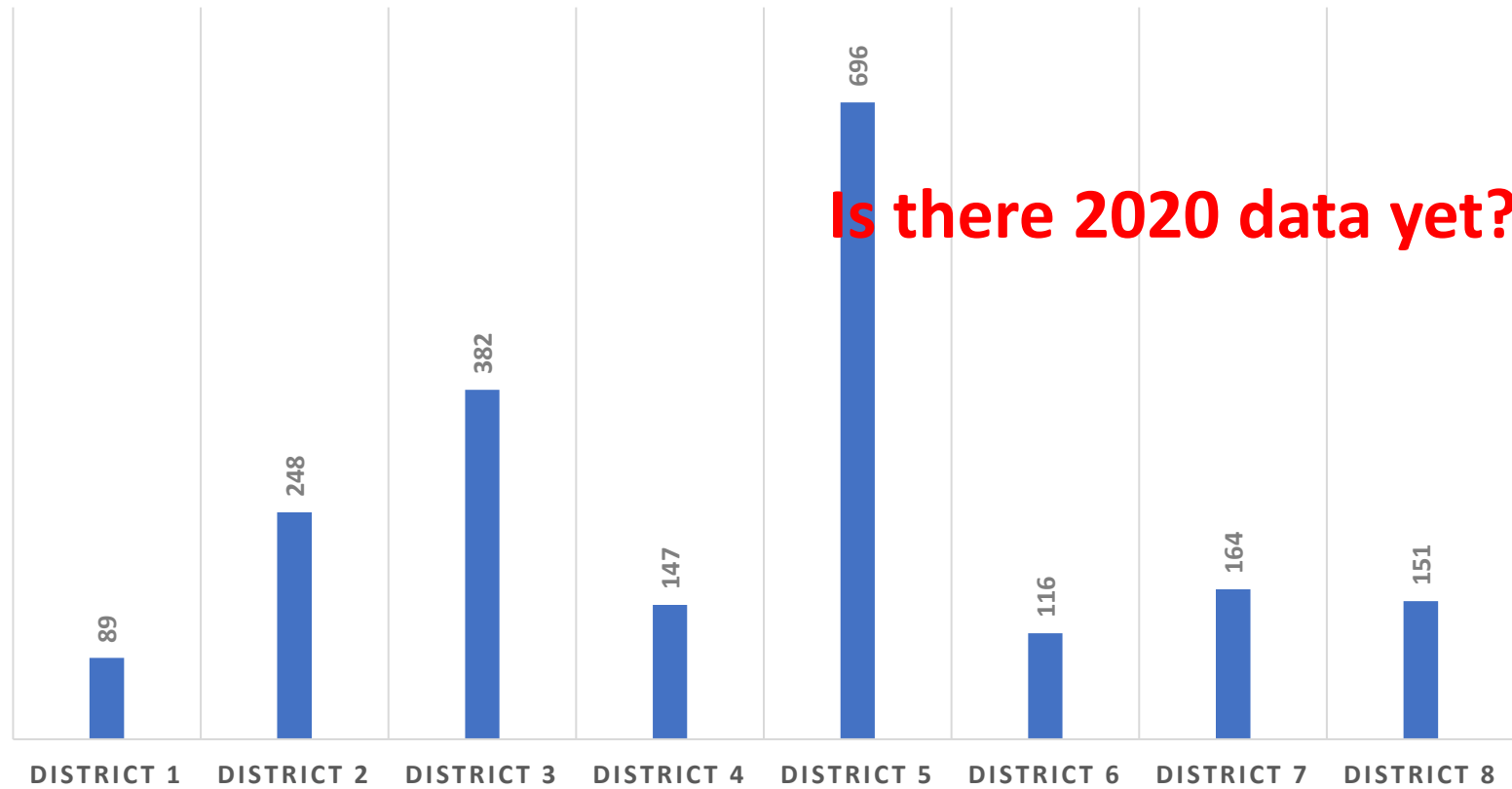
Statewide TPR Orders CY 2017-2019



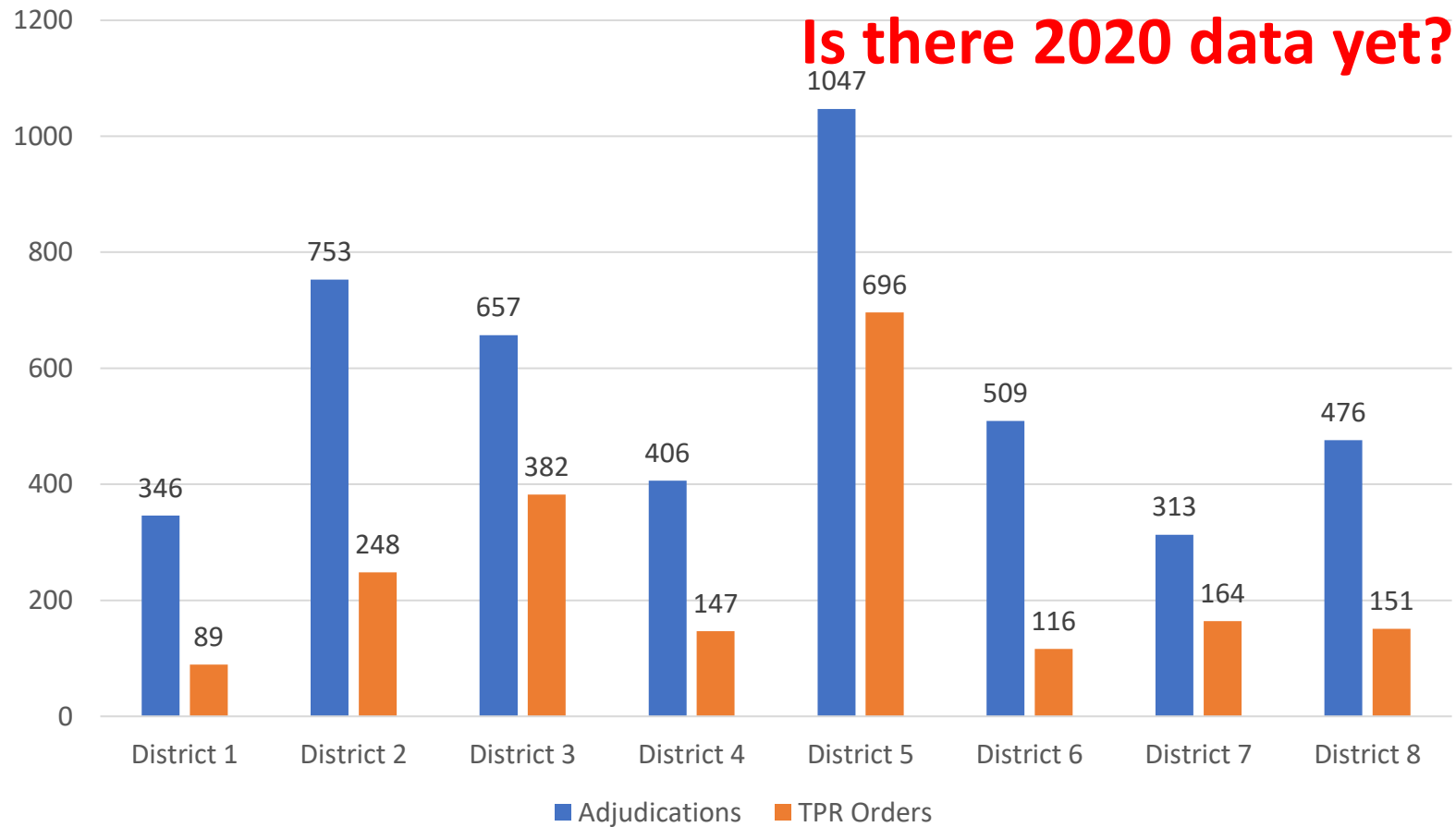
Is there 2020 data yet?

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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