

Substance Use Disorder Work Group (SUDWG) Notes 12/17/21

Attendees:

- Greg Bellville
- Dawn Kekstadt
- Michele Tilotta
- Kathy Thomspson
- Tachelle Dowell
- Kelli Soyer
- Kristie Oliver
- Marlo Nash

Context: We are coming together today in the context of the broader Vision Council. The full Vision Council meeting is scheduled for January 26th. At that meeting we want to present to the full Vision Council a results action plan, which the SUD workgroup and the other two workgroups are feeding into a central plan. The SUD workgroup has been working on setting a target, progress measures and strategies. Today is mainly focused on coming to consensus on a set of strategies that will still be considered a DRAFT because we do not want to go to the Vision Council and have them rubber stamp everything. The intent is that each workgroup has a good solid draft to put in front of the Vision Council.

- This group is focused on families who have substance use disorders who also have children ages birth to 10.

Proposed Meeting Results:

1. SUDWG members are aware of the contents of the proposed draft action plan.
2. A complement of draft strategies is prepared, building on the proposed draft action plan.
3. A set of strategies is adopted to present to the Vision Council on Jan 26.
4. The SUDWG members are aware of the draft indicator and what is needed to complete that portion of the action plan.
5. Action commitments are documented and assigned the further the development of the draft action plan.

Check in:

Briefly, what is your sense of how the central the SAMHSA framework for recover is to

1. The IDPH/DHS alignment plan?
 - Context: <https://hhsalignment.iowa.gov/>
2. The work to keep families involved with CWS intact and move them back out of the CWS (e.g., FFPSA design and implementation?)

Greg:

1. It is getting there, especially through access and connecting people with the appropriate resources, even if those resources are not public resources or held within the two departments.

2. There is a lot of work happening to keep families involved and there is an openness to figure out ways of adapting that plan from the departments. Acknowledgement that there is still more to come.

Kristie:

1. Shows a lot of SAMHSA language - it is working towards integrating. Not going as far as we want but will take government time to integrate correctly.
2. CW system doing a great job in trying to be family focused and work on reunification. FCS providers received flexible funding for basic needs (rent, housing, food). The system is understanding the root causes of why they are in the system.

Michelle:

1. The plan is aligning, it is a very large, generalized framework of the six groups that have met. Implementation teams will be starting early in 2022 that gets into the detail and the weeks of how the framework will be implemented. There is similar language aligning into one state department - services, access points, care coordination, navigation in the system, making it easier for lowans to access services and not tell their stories multiple times for different programs. The intent is specific alignment. IT is great and excited to see where it goes in the next year.

Kathy:

- Excited: OJJDP Application was awarded on December 17th which will continue some of the work with families with substance use disorders.
1. The language and approach of a recovery-oriented system has been key. Public health ahs been working on this and working in the mindset for a while. Not as informed in some of the detail of the alignment efforts - it is imbedded in what IDPH is doing - they will be brining the partners from DHS along and sharing with them what it looks like. Optimistic - there is a need for ongoing education for addition and moving towards recovery vs. the traditional, less helpful way of thinking.
 2. We have been working on it and it is a marathon and not a sprint. There are a lot of key pieces in place that we are still working on education and giving time for some of the recently laughed efforts to take hold. We are in a good position, and it will take time, but there is good momentum.

Dawn:

1. Optimistic, especially in the area of substance use disorder and prevention because there is attention paid to it in the alignment. Hopefully, it will lead to more cohesive services for families and easier navigation. It does align with the framework and hopeful on where it is going to go.
2. Stakeholder groups for PIP - excited to hear that some of the outside partners and families are starting to feel the effects of the evidence-based practices. They are able to identify it is a partnership, we are seeing outcomes and they know what is being worked on and focused on. It is not a focus on everything and checking the box on services. In a place where things are starting to get momentum and hopeful where that is going to go.

Kelli:

1. Removed from Vision Council and work that has been happening at a statewide level so nothing to add. Understand it is changing two systems - having that framework on how to best blend those systems - like to make sure we are doing it from a framework that is best for those who are served by the agencies. Excited to see all the work that comes out of the transition.
2. There is momentum with DHS to align with the philosophy around Family First and keeping families together and the use of kin and fictive kin. How are we doing best by families. There is a movement, but it takes time. It is a shift, and we are moving in the right direction and the right path.

Tachelle

1. Does not know much about it, will catch up as she goes, it is new to hear.
2. When Family First Act was implemented, there was a Child Safety Conferences piloted. There was a lot more focus on trying to keep families together, out of the box thinking and the flexible funding - the barriers were taken care of right on the spot. This helps families to want to engage. There has been improvement and movement in a different direction.

Results Accountability Plan: Substance Use Disorder Workgroup

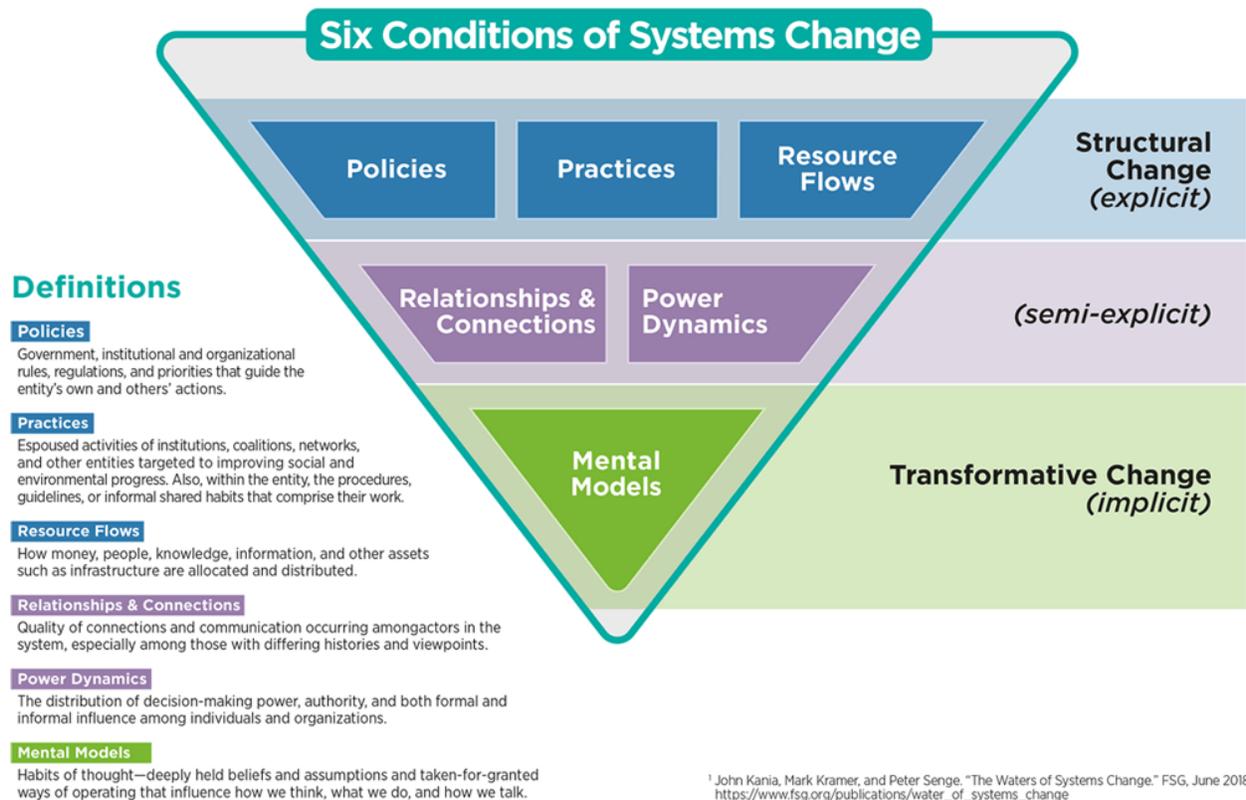
What we are reviewing today relate to things that we can advocate for at a state system level. That is focus that this group is trying to have - how can we affect system level change for families? All of the different programs/departments and services that touch families, especially the families that struggle with SUD and have small kids, how can we impact and change those with the family at the center of those programs. We have a great opportunity with the alignment and partnering with the state departments to make effective change to better serve the families.

- What are the changes that we can advocate for through the alignment or if it is not part of the alignment build pilots or services in partnership with the department to provide for families?

Review, Adjustment and Assessment of Proposed Strategies

For the purpose of today's meeting - page 1 is going to be considered as a right capture of the previous work. There is still some work to be done which is acknowledged in the draft plan.

Shifting the Conditions That Hold the Problem in Place



Review, Adjustment and Assessment of Proposed Strategies continued (pages 2-4)

- Yes, this is something we should be pursuing, no this is not going to help get us where we need to be or why is the part of the plan.
- Timeframe: Calendar Year

Item # 1: Many of the goals are bigger goals that are going to require prioritization and future plans as we dig into them more. Once we set out the goals that we will have specific strategies and prioritization for goals moving forward

Item # 2: As we continue to get better at tracking these things and learn more things, we might change some of the goals as we do this but will solidify by the end of 2022.

Item # 3: Work January - April is there anyone else that the Vision Council needs to be added any voices that need to be added. By Q3, we have recruited and successfully onboarded those members

Item # 4: Raising that awareness and shifting the mental model. Advocating the SAMHSA framework during the HHS realignment process. Are there things we can do to help advocate for our overarching polies and recommendations before alignment gets solidified and even after.

- Do we have time to build out agreed upon ARPA recommendations? *Yes, add Complete by Q1 2022 and Ongoing.* It will be an ongoing process. There is a lot that we can do to make sure that we provide comments and feedback. There is a [website](#) and a place for ongoing comment and feedback. When they start putting together the implementation teams that are going to dive down into the specific of how this will align, we need to continue to provide feedback.
 - Is there anything in the 1st part of the alignment process that this is the time we should say it that it is not too in the weeds. (e.g., Navigator or Family-Centered Approach)? What do we want to adopt as a goal as far as the alignment package is concerned - advocating for those things that we specifically identified that the alignment package already has?
 - The first part is the umbrella piece - how do we bring two agencies together and create connection points. The PowerPoint contains a lot of information about where things ae heading, what is on the radar and where are the connection points.
 - Is there anything we can do to better support the implementation teams?
 - It is all yet to be determined so it is ongoing. Everyone should understand what is in the change package and the recommendations. Make sure we each review the behavioral health section and understand what it states.
 - Implementation is a lot more of the detail - we need to bring these pieces together or need this type of system. What does that look like and how do we integrate the systems. There will be a lot of space for feedback so as we look at our goals we need to think about from the PowerPoint and things that are on the radar are their pieces that we would want to provide feedback on?
 - ARPA reference - notes from what was already presented to Director Garcia. Recommendations already have consensus.

The Vision Council would make Item # 4 a continuous and ongoing piece of what we are doing. Where are we at with the alignment? What do we need to be uplifting? What do we need to be providing continuous feedback for? 

Item # 5: Main objective: Completion of the MCO goals and following through with the project. 

- Webinar Series: Greg will resend email. The webinar discussion was agreed upon by the group to happen via email.
 - If members could respond. One of the barriers is we need to decide what our specific ask of the MCOs is.
 - Once the ask gets created, Kristie will reach out to the Iowa Behavioral Health Association.

Item # 6: Adopting it as a goal to work with the 8 judicial districts.

- FFPSA Summit: District Teams there is some overlap with the Juvenile Court Teams that were formed out of the Family Youth Engagement Summit last summer. There is group that is helping to plan the next Summit in August. They are looking at also using District Teams. How do we leverage all of this because there is overlap? How can we build it in? What is the best time to do it?
- Court Improvement Project has been trying to find time to schedule training with Dr. Chasnoff.
 - Is there a way to package it with commitments already made and not overwhelm people? Who is going to be the best messenger to give them the information that we want them to have?
 - It would be helpful to have someone that works a lot with training (Andrew Allen) to be part of the training with judges/courts. What the disease model is, anti-stigma and decreasing traumatization.
 - DHS has moved the drug testing system from punitive to behavioral indicators and move towards treatment and treat it as a public health issue. There are stressors on the court side. There are more court orders for testing. We need to make the connection - it is not only a public health issue but as we work with families what does that look like and how does it translate into not having drug testing as the primary intervention. What are the other supports for families?
 - The District Teams are multi-disciplinary and represents the stakeholders in the system.
 - Probation and parole for adults - we could invite for the event.
 - Ideally, in person. We need to find a mechanism to get everyone there and make sure everyone has the finances to travel. It is more effective to do it in person. (A bigger lift to do in person).

Recommendation: Doing a training (panel of presenters) starting with the Chief Justice Workgroup in discussing issues, needs for services, the mental model, testing and available family services. In addition, having a training for all districts by Q4 2022 with Dr. Chasnoff or someone else facilitating. 

Item # 7: Deferred

Items # 8: Increase Family Treatment Courts 

- This is very important. Tachelle drove 1 ½ hours one-way weekly, bi-weekly, and monthly to be involved. Very helpful - with the regular check ins it also helps the DHS worker. Working smarter instead of harder for everyone. There are invests to keep people engaged and recovery activities in the community. There are too few Family Treatment Courts Statewide. This was a big piece of her recovery. Family Treatment Court was voluntarily.
- One of the key pieces of Family Treatment Court is having the time before the judge, the milieu, and the supportive environment.

- There have been challenges with judicial vacancies (currently 37) so there was a moratorium where they could not establish new Family Treatment Courts. The grant referred earlier is trying to come up with another process to provide services to families where Family Treatment Courts do not exist. It is more than traditional services, but it is not to the level of a Family Treatment Court.
- **Kathy** will provide a summary of where the current Family Treatment Courts are interested and information on the new grant and where the sites are going to be. She will also share the Family Treatment Court toolkit. How do you build a Family Treatment Court and what goes into it? It is labor intensive and site-specific work.
- **Recommendation:** by Q 4 2022 we have an established plan of number of treatment courts and target sites.

Action Commitments

Greg	Resend email requesting input re webinar with MCOs	
All	Provide input to the webinar with MCOs	
Kristie	Reach out to the Iowa Behavioral Health Association once the MCO webinar ask is created	
Kristie	Talk with Andrew Allen about Item # 6	
Kathy	Providing Information on Family Treatment Courts	
All	Have notes and discussion points for Strategies 7 and 9-13 Also consider the question - if we do all these things do, we get the accomplishment that we sent out to accomplish.	

Next Steps: Doodle poll for next meeting