

Vision Council  
SUD Workgroup Meeting  
April 22, 2022

**Attendees:**

Greg Bellville  
Linda Dettmann  
Michele Tilotta  
Kathy Thompson

Tachelle Dowell  
Marlo Nash  
Kristie Oliver

Link to the slide deck for the SUD Workgroup Meeting

**Context:** This is a continuation of an action planning process that began at the end of March. [Results Action Plan](#).

- The Results Action Plan is everything that the Vision Council has agreed to work on. We have pulled out the relevant sections for each workgroup for the action planning process.

**Purpose:** Continue planning the action steps to implement the 2022 priorities identified by the Vision Council on February 4, 2022.

**Meeting Results:**

The SUD Work Group (SUD) will:

1. Start completing the Results Action Plan Worksheet for its 2022 priorities.
2. Identify the partners to convene to implement the Action Plan.
3. As we go Make Action Commitments that advance the work between the meetings.

**Meeting Materials:**

- [3-31-22 SUD Workgroup Notes](#)
- [Vision Council One-Pager](#)

**Action Commitments:**

- Michele was to reach out to Andrew to let him know what the SUD Workgroup is in the action planning mode and see if he could help loop in the Children's Behavioral Health System State Board.
  - Michelle emailed Andrew on 4-6-22. He has not heard anything back from Andrew.
    - **Action Step:** Greg will reach out to Andrew (4/22/22) to set up an in-person meeting to discuss Vision Council. We want Andrew to educate the [Children's Behavioral Health System State Board](#) (Next meeting: May 10<sup>th</sup>).
      - Education of who the Vision Council is and having him ask for the Vision Council to come and present. Presentation on Vision Council specifically spreading the SAMHSA framework.
      - Greg and Kathy are unavailable on May 10<sup>th</sup>.
- **Action Step:** Kristie & Greg meeting May 28<sup>th</sup> to work on SUD one-pager. Potentially this can be the talking points for the Children's Behavioral Health System State Board.

- Kristie and Greg to write a formal comment to DHS regarding the HHS Alignment (May 28<sup>th</sup> meeting)
- **Action Step:** Kathy: Proposal for Kathy to try and find a way to discuss Family First at the Mental Health Summit
  - The schedule is still being discussed.
    - People in attendance will be the audience that we have discussed wanting to get some information on Family First.
  - Kathy is also checking to see if we can have members of Vision Council in attendance.
    - There is not a limit of attendance in the three virtual sessions on June 2<sup>nd</sup>, 9<sup>th</sup>, and 17<sup>th</sup>. They will be noon-2:00 pm on each day.
      - Kathy will provide links to the three virtual trainings when they are finalized.
    - The in-person on June 23<sup>rd</sup> there is a maximum limit number of people.
  - The National Center for State Courts is doing something similar to the adult mental health summit for the Child Welfare cases, it is called [Upstream](#).
    - Used to be called Blueprint for Strengthening Families. Iowa has been invited to be one of the states implementing Upstream. Kathy has a meeting on May 4<sup>th</sup> on what this means and looks like. It is strategical planning in local communities in how we can work further upstream and earlier with families with the hopes of diverting them from formal system involvement or if they do get involved their time in the system is brief.
      - [Upstream 2021 Interim Report](#)
- **Action Step:** Greg and Marlo to take the notes from the meeting and shape them up to be actionable. This can be done real time.

### [VC 2022 List of Priorities & IA VC Action Planning Worksheet](#)

**Result 4:** Families and Children in the Focus Populations Receive Family-Centered, Recovery-Oriented Substance Use Disorder Treatment, when needed.

**Strategy 4.1:** Establish a family-centered, recovery-oriented, integrated system of care for treating substance use disorders (SUDs).

**Activity: 4.1.1:** Advocate for [“SAMHSA framework,”](#) and SUDWG/Vision Council Strategies during HHS Alignment process

**Action Step: 4.1.1.a:** VC and its members advocate for a family-centered approach to treating substance use disorders.

**Refresher:** It is important for the SAMHSA framework to come to fruition on the HHS plan.

- The Vision Council will be a supporter in the Alignment Process.
- Leadership: spreading the word and getting people thinking about and moving towards using the SAMHSA framework for audiences other than HHS.

**Question:** There are two SAMHSA Frameworks, are we talking about both of these two things?

- [Strategic Prevention Framework](#). Strategic Planning Process Model.
  - This is a model that is used in the prevention world of substance use disorders. It is a requirement framework that has to be used by the substance use block grant prevention providers. It is not really used on the treatment side.
  - If someone is not tied to substance use prevention, they do not know this framework.
- **Substance use disorder mental framework. (Consensus is to focus on this.)**
  - **Family centered, recovery-oriented, integrated systems of care for treating substance use disorders.**
  - IDPH does not use it formally, it is more the philosophy and mission. (Guiding principles.)
  - IDPH has not seen the formal framework. It is going to encompass everyone. IDPH for years had their strategic plan that has expired.
  - SAMHSA is going to have a recovery-oriented set aside under the block grant. (Maybe next year). The discussion is a 10% set-aside for recovery support services that a state is going to have to use.
  - SAMHSA is renaming the block grant to Substance Abuse Prevention, Treatment, and Recovery Support Services Block Grant. They are putting a lot of emphasis on recovery support. Recovery support is a very important part of the integrated systems of care framework.

Greg shared an ["IDPH Recovery Oriented System of Care" document](#).

- The document was created when Kathy Stone was the Director of IDPH.
- IDPH does not currently use it. They use the principles, but not the document itself and the strategies.

Messaging: With IDPH it is about reclarifying and recentering and with everyone else statewide - it is important to bring up that we are treating the whole family and it is recovery oriented and recovery is possible with the right supports. People don't have an understanding and know where to start.

- [National Center on Substance Abuse and Child Welfare](#)
  - Have a lot of modules that support both those in the child welfare and substance use disorder environment.
  - This is the orientation that everyone is trying to move towards. However, the majority of people that we are working with and trying to move along with us do not know the language.
    - From the child welfare side/workforce, they could use much more training on addiction and working more with people with addiction. Not sure how to engage with them to move them to a better, safer, healthier place outside of individual initiatives. Finding a way to move the workforce closer together and then forward would be increasing
    - There is an in-person training for judges. Looking at the prevalence of families who come into the system. It reaffirms how high the rate is for substance abuse and use contributed to the need for them to be involved in the child welfare system. It is constantly trying to find ways

to reduce that, so families don't need to be engaged or if they do their time in the system is short.

- **Do we go back to the basics?** Years ago, there was a project that required the child welfare substance use and court systems to do cross training on each other's systems, so they had an understanding of what the language is, the timeframes and the barriers. How substance abuse works, the child welfare timeframes, and what is the language and meaning of the language, what are all the different type of assessments, what does family treatment court language look like, etc.
- Greg is providing training to child welfare workers right now on substance use and addiction. One of the things that those that attend keep asking Greg to do more and more every training is how can we get more of these types of things into the substance use fundamentals conversation. There are people are open to it.
  - There used to be substance abuse specialists at DHS.
- [Implementing a Family Centered Approach](#)
- [All of this work is detailed in the HHS Alignment Final Change Project.](#)
  - DHS and IDPH want to educate each other on each other's systems and there is strategy in the final change project - common language and coming up with common frameworks.
  - The priorities with the alignment work lines up well with what are talking about.

**Synthesis:** We are focusing on the Family centered, recovery-oriented, integrated systems of care for treating substance use disorders.

- This needs to be consistent in the HHS Alignment work. Somebody is already working on that. Question: Who?
  - Not sure if those working on the HHS Alignment have drilled down into those type of details yet.
    - If you look at the HHS Alignment package all these things are clearly documented strategies of aligning work...warm handoffs, no wrong door approaches, shared values, clear mission statements. This work is going to occur for a couple of years. Right now, they are working on getting names in the boxes on the organizational chart. Clearly the message in the documents fits into the SAMHSA framework and there is opportunity to give feedback as the Vision Council to Director Garcia about helping align and shape and be part of it.
      - In the Behavioral Health Change Team Meetings - they clearly said they have to educate Department of Human Services on their work. DHS said that back to them, that IDPH needs to learn their system.
        - This is outside of policy and procedure. This is about mental models of how we do addiction.
  - There will be a one-to-five-page document that comes on - this is how we view addiction, substance abuse disorder and what the philosophies are that are guiding those principles within HHS. If the Vision can help shape that in whatever way and spread, it around the state that would be great.

- Create a Mission, Vision, Values document on how we view recovery and what it means.

The [National Center on Substance Abuse and Child Welfare](#) parent organization [is Children and Family Futures](#).

- There is a lot of information and documents on what it looks like to provide family centered substance use services.
- The tutorials where child welfare professionals can learn more about substance use treatment and substance use treatment professionals can learn about child welfare. They were updated in the last couple of years from the original content.
- There are also documents on being family centered.

#### What is the Vision Council's role?

- Here is a sample document that HHS can use as they consider how they view and define things that can be used to shape with HHS Alignment.
  - The Vision Council adopt what they want to adopt first as the SAMHSA framework or NCASW Framework and say, now how can we be supportive in educating and going forward and aligning.

[Sarah Reisetter, Deputy Director, Iowa Department of Public Health](#) provided an update of the [HHS Alignment](#) at the DHS Council on Human. It seems like Director Garcia is relying heavily on her in Phase 1 of the implementation. Do we meet with her once the document is created to see where she things we need to go?

- Michele would like to think through next steps to present to IDPH leadership.

**Historian:** The original starting point, the Family First Prevention Services Act can support families living with substance use disorders, but adult behavioral health providers do not necessarily know that. Michelle then shared the framework that is family centered and recovery oriented. There was general agreement across the SUD Workgroup that mostly right now, adult behavioral health providers do not know about Family First and there is not a wide practice of being family centered. They Kathy shared the data on how many parental rights terminations are related to substance use disorders. This means that they are not family centered and recovery oriented either, therefore, the judicial arm also needs to be brought along with this. Then time was spent on how we do an education process, we talked with the MCOs, they were interested. All of this has been part of the fabric of the SUD workgroup's work the entire time.

- It continues to boil down to there are mental models about that need to be shifted around recovery from addiction and how that is a family disease. (Mental models)
- Once you change peoples' mindset, then you have to change their practices.

The SUD Workgroup has never lost the thread, but have figured out along the way there are a lot of constituencies that need to have their mental models shifted and behind that the practices need to change, which includes training, etc.

Question: Does someone have the source document that the one sheeter is based off of.

- Marlo wrote it.
  - From an overview standpoint, the one sheeter is good. We can expand on the one-sheeter, but the National Center on Substance Abuse and Child welfare has a lot of great information.
  - We may not need to reinvent the wheel, but just to get things in front of people.

**Connecticut:** The state of Connecticut did a transformation from top down of their substance use disorder programming. They shifted their mindset to recovery oriented.

- <https://portal.ct.gov/DMHAS/Initiatives/Recovery/Recovery-Initiative>
- Michele has been working hard within IDPH to do as many things as Connecticut did.
- Would someone from Connecticut that helped that mind shift happens be a guest for the SUD Workgroup?

**What are the very specific next steps that are going to help us move from the idea to action?**

DRAFT Action Item: Put together a product to send out to people and provide training around it.

- This part is the key that we need people to get.
- How much information do we need to get the statements out there to talk about them?
  - Family Treatment Court Teams and Infusion sites exercise: Collaborative Values inventory.
    - It is taking a snapshot in where people are at in how they view families who have substance use challenges. They have them rate statements such as on whether they think a parent who has substance issues can safely parent their child. These were used as conversation starters to take the pulse of where everyone is at. It was helpful for the teams that were widely diverse in their thoughts and beliefs.
    - This may be something that may be interesting to consider for the child welfare provider training to be a starting spot of where they are at.
- What is the product that we need to create to make the conversation happen and with who?
  - Kathy is doing a lot with the judicial branch. The work That Kathy is doing is multi-disciplinary and collaborative. Children's Justice was the recipient of the grant, but they have partners around the table. They have substance abuse treatment and mental health providers around the table.
  - Adult behavioral health system. How equipped are they to actively involve the whole family in recovery? They need to be part of the process on keeping kids out of the child welfare system.
  - We start with DHS and IDPH. Child Welfare needs to have a better understanding of substance use.
    - There is a disconnect between filed and policy. Is this the disconnect that needs to be targeted first?
    - Kids are being removed from homes that should not be. There is a lot of burnout in the field so they are not as compassionate. Instead of looking at if the situation is dangerous or different, they remove the kid.

- If we can get HHS to buy into the principles and get it into trainings and then it will start to filter down to workers.
  - We can also share it with others such as IBHA.
  - We need to continue to share the message and beliefs.

Iowa had it [Drug Endangered Children's Conference](#), Dr. Ira J. Chasnoff, MD spoke at the conference.

- It presented an opportunity for Director Garcia to be in the audience and hear his presentation. She followed-up with him and went into his breakout session after that.
- Kathy is in the process of scheduling a time for Dr. Chasnoff to come back to Iowa and meet with Director Garcia and some of her executive staff. Director Garcia spoke that she wanted her staff to receive training from Dr. Chasnoff. (This was part of the multi-disciplinary training discussions and still on the request list.)
- This is going to create an opportunity to support other things that are going to be taking place - such as information from the Vision Council.
  - Of particular interest is the work that is being done around the specialized child assessment and treatment center in Waterloo. This caught Director Garcia's attention and what they are learning about the kids who are getting a treatment plan that better meets their needs.
- The meeting with Director Garcia and Dr. Chasnoff will not happen until June.

**Dr. Chasnoff developed an on-line tool kit for parents and professionals.**

<https://www.ntiupstream.com/welcome-to-the-parents-toolkit>

Enter password: IAparentsToolkit2022

- Children's Justice can add content, so whatever the Vision Council creates this could be another place to host the information. It can be video or text.

**Would Dr. Chasnoff meet with the Vision Council and/or SUD Workgroup?**

- Yes, we would need to be clear how long of a presentation we would want him to give. Feedback on parameters of the presentation.

April 28 <sup>th</sup>	<p>Reviewing <a href="#">Vision Council One-Pager</a> &amp; discuss HHS Alignment to create alignment response and recommendations, which will likely be highlighting the one-pager.</p> <ul style="list-style-type: none"> <li>• The one sheeter can serve as the starting point.</li> </ul> <p>What we are missing is the data.</p> <p><a href="#">Child Welfare By the Numbers</a></p> <ul style="list-style-type: none"> <li>• <a href="#">KCCI Article</a></li> </ul> <p>Children’s Justice Update (<a href="#">Picture of Slides</a>)</p> <ul style="list-style-type: none"> <li>• Kathy may have more data from their assessment.</li> <li>• Kathy will see how current the AFCSAR data is</li> <li>• <a href="#">Family First Dashboard</a></li> </ul>	<p>Kristie &amp; Greg</p> <p>Kathy will pull as much data as she can before April 28<sup>th</sup> and provide to Greg</p>
	<p>Review the whole body of work and be prepared at the May 25<sup>th</sup> meeting to help the SUD workgroup work through what is not landed. We want to make sure we have all the 2022 priorities nailed down.</p>	<p>Marlo &amp; Greg</p>
By the May 25 <sup>th</sup> Meeting	<p>Reach out to Pat Garcia, Board President about how to connect the Vision Council to the Drug Endangered Workgroup</p> <ul style="list-style-type: none"> <li>• It might need the traction they need to move from where they were</li> </ul>	<p>Kristie</p>
Kathy will not reach out until the one-pager is reviewed by the SUD Workgroup	<p>Invite Dr. Chasoff to meet with Vision Council and/or SUD Workgroup.</p>	<p>Kathy</p>
	<p>Invite Connecticut to meet with the Vision Council and/or SUD Workgroup</p> <ul style="list-style-type: none"> <li>• Kathy to confirm with Michelle that it is Connecticut.</li> <li>• Kathy to ask Michelle if she thinks there is someone from Connecticut to invite to the group.</li> </ul>	
Try to meet with Andrew before May 10 <sup>th</sup>	<p>Reach out to Andrew to see if he will be a bridge between Vision Council and the Children’s Board for introduction and exploring shared work.</p>	<p>Greg</p>



**4.1.4:** Increase Family Treatment Courts to statewide coverage.

- Not discussed

Next Meeting: May 25<sup>th</sup>.