

Illinois Opioid Crisis Response Advisory Council

Children & Families Committee Meeting

November 7, 2017

MEETING MINUTES

Co-Chairs: Carie Bires, Julia Zhu

Committee Members Who Attended In-Person/Phone: Pfeffer Eisen, Meryl Sosa, Deb McCarel, Sam Gillespie, Jean May, Alicia Osborne, Luke Tomsha, Amy McCormack, Ann Gold, Linda Stewart, Jennifer Alexander, Patti King

DASA and AHP Representatives: Dani Kirby, Sue Pickett

Task Force Update: Charge to the Committees

- Sue shared with the group that the Task Force has requested that the committees finalize their recommendations by December. Recommendations need to be prioritized and ranked; rankings need to take into account each recommendation's costs and impact. In regard to costs, committees need to consider what can be achieved via existing resources. The Task Force will review the recommendations at its January meeting and give feedback to the Council in February.
 - Update: At the November 8th Council meeting, Director Shah announced that recommendations are due to the Task Force in January, and feedback will be shared with the Council in March. Recommendations need to include goals and metrics that will document implementation activities' progress and successes.

Discussion: Developing Recommendations for Strategies #3-#9

Recommendation #3: Increase accessibility of information and resources

- Julia shared the three future areas of activity and exploration listed for this strategy in the Action Plan. These include: create a comprehensive social media strategy, develop a public awareness campaign, and increased educational and awareness efforts related to the Emergency Medical Services Access Law ("Good Samaritan Law").
- Social media messaging needs to be kid-friendly and include kid-friendly strategies and platforms: Snapchat, Instagram, and text messaging. Sue shared that the Public Awareness & Education committee has developed recommendations that reflect this (targeting messages and messaging to reach specific audiences) and the need to leverage social media to reach youth.
- Dani informed the group that the organization contracted to develop and operate the helpline also will help develop the comprehensive website. The helpline will be launched December 5th. The website will be linked to the helpline so that individuals can connect directly to the helpline via the website. The group suggested that the website include a texting option to encourage youth to connect to the helpline line. They also suggested that the website be linked to school district websites, and that school counselors are made aware of the helpline and the website.
- The group identified the audiences that need information about the opioid epidemic, prevention and treatment. These include: providers, physicians, pediatricians, school counselors, children/youth who have lost parents to a fatal opioid overdose, grandparents caring for children/youth whose parents have an OUD and/or have overdosed, kinship

caregivers, foster parents, case managers, schools/principals, and all state systems that touch children's lives (child welfare, juvenile justice, education).

- Pre-service and in-service training at state agencies that deal with children are opportunities for education and awareness efforts. Additionally, information and resources should be made available at commonly accessed resource office such as WIC
- Leveraging professional associations such as the IL school social workers' and school psychologists' association may be helpful in reaching schools (counselors, social workers, principals, etc.).
- Juvenile justice – reach out to public defenders, Redeploy Illinois
- Add addiction training and/or offer CEUs to social work curriculum, day care licensing, child and adolescent psychiatry fellowship programs, etc. The group noted that DCFS is revamping its Foundations training and we could suggest that a component on opioid addiction be added.

Strategy #4: Increase the impact of prevention programming in communities and schools

- Julia shared that an Action Plan area for future activity and exploration for this strategy include use of DEA and Discovery Education resources for K-12 students and parents on recognizing opioid use.
- The group recommended that the Illinois State Board of Education (ISBE) develop a toolkit for administrators and staff on how to recognize and respond to youth opioid use.
- The group suggested that offering youth recreational, social and extra-curricular activities that accessible, and are similar to Safe Night Out events that addressed underage drinking, could both provide youth with activities other than hanging out and doing drugs as well as be opportunities for prevention education. Clergy and civic groups could help with messaging. Activities and events should be youth-friendly and incorporate things youth are interested in (music, fashion, etc.).
- The group discussed the importance of harm reduction and educating youth about safe use. Abstinence is part of the continuum, but youth are curious and will experiment. They need guidelines about safe use. The Center for Optimal Living and Live4Lali could be good resources for safe use guideline information. Parents who are using also need safe use plans, have safety plans for their kids, and know how to administer naloxone.
- Messaging needs to be tailored for communities and take into consideration that ethnic groups think about opioid use differently. Messages need to include user-friendly, stigma-free language and meet people where they are at.
- Other topics:
 - Educate all groups about MAT and safe disposal of opioids.
 - The statewide NAS Advisory Committee is working on MAT educational materials for pregnant and post-partum moms; Patti will share this information with us.
 - Trauma and substance use – kids who are traumatized by their parents use and/or fatal overdose are at greater risk for future adulthood addiction. (Watch Nadine Berk-Harris' TED MED talk on trauma and addiction:
https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime/up-next?utm_source=tedcomshare&utm_medium=email&utm_campaign=tedsread--a
 - *Potential recommendation: Hold outreach and public awareness campaigns in tandem with school events such as student orientation, back to school night, etc.*

- Educate parents about how to talk with physicians about opioid prescriptions for their children (risks, alternative medications).

Strategy #5: Strengthen data collection, analysis and sharing to better identify opportunities for intervention

- Potential recommendation: Do overlapping geo-maps of DCFS foster care placements due to parental substance use and SUD treatment availability to map 1) regions in the state where children are entering foster care at high rates due to parental substance use; 2) whether and what SUD/ODU treatment is available in those regions. Require DCFS and other child-serving systems to collect the data needed to create these maps.
 - Consider tracking the number of children whose parents are in jail due to OUD and add these data to the maps.
- The Illinois Youth Survey (IYS) is a self-reported survey completed by 8th, 10th and 12th grade students that collects information on youth substance misuse and attitudes toward substance misuse. It is administered biennially, and is freely available to all public and private schools in the state. Each participating school can receive a report that summarizes their students' responses. Schools can also add up to 30 of their own questions. *Potential recommendation: Encourage school districts and communities to participate in the IYS and use reports to build community alliance and support for prevention programming.*
- Promote SBIRT (Screening, Brief Intervention and Referral to Treatment) use among pediatricians to promote screening and referral of parents and youth to OUD treatment.
- Work with the Data, Research, and Evaluation subcommittee of the Early Learning Council to add the impact of opioids on young children (identifying those who have lost parents, development impact) to their research agenda.
- The NAS Advisory Committee is reviewing National Parenting Collaborative measures, including pregnant and post-partum OUD screening measures and infant exposure to opioid measure.
- It's critical to provide data on OUD, treatment and invention efforts to communities so they can explore and plan for their own local projects. These data can also help engage non-traditional partners (e.g., local businesses) in community opioid reduction/prevention activities.

Strategy #6: Increase access to care

- Telehealth is viable option for connecting parents and youth to treatment in rural areas. Telehealth and tele-schools could work with FQHCs and mental health professionals to link kids to care and support directly through their schools.
- Support efforts to increase recovery homes and residential treatment centers where parents can stay with their children while they receive treatment.
- Similar to drug courts that link people with SUD to community-based treatment, family treatment courts provide and link parents who have been charged with child abuse and/or neglect to comprehensive behavioral health services as well as parenting and other wraparound services. *Potential recommendation: DCFS and other relevant child-serving state agencies and partners should explore expanding access to family treatment courts.*
- Access to care involves investing and providing a continuum of care: outreach, engagement, recovery supports. This continuum also includes housing. *Potential recommendation: Increase access to recovery and sober living homes for youth.*

- Effective treatment needs to be provided, and the effectiveness of treatment and treatment providers needs to be tracked (i.e., number of clients served, client outcomes and satisfaction, etc.) DASA publishes performance reports for its licensed providers, but as more providers as funded by managed care organizations (MCOs), DASA will have less access to these data. *Potential recommendation: As the Illinois moves to a Medicaid MCO model, MCOs should collect and public report data on treatment engagement, retention, recidivism and quality of care.*
- Explore evidence-based programming for pregnant and postpartum women – what has worked in other states that we could recommend?
- Programs need to give the entire family support, and recognize the role of trauma and underlying mental health issues in OUD. *Potential recommendation: OUD treatment programs should include evidence-based family support models, such as multi-dimensional family therapy.*
 - Recognize that children may need actual case management, not just care coordination.
- Carie, Julia and Sue will review the MAT Committee’s recommendations and explore whether and how this group’s recommendations and focus could be added to that committee’s recommendations.

Strategy #7: Increase the capacity of deflection and diversion programs statewide

- TASC and Lurie Children’s Hospital are conducting a pilot program that is redesigning the “front door” of the juvenile justice system to: 1) determine youth’s behavioral health and other services needs and distinguish those from criminal justice-related needs; and 2) assess youth and ensure that their needs are addressed and met. It promotes deflection and diversion to community treatment versus juvenile justice system incarceration. Julia will meet with the coordinator of this program and ask for recommendations for expanding the pilot statewide.
- Explore best practices currently available across the state for pregnant and post-partum mothers. A new federal grant is examining the effectiveness of DCFS’ Intact Family Recovery program. IFR has been very successful and pilot results were shared with the Council earlier this year. We could recommend expanding IFR statewide.

Strategy #8: Increase the number of first responders and community members who have access to and are trained to administer naloxone

- *Recommendation: To save people from dying: “Naloxone for everyone!”*
- The group discussed identifying who should be trained on and have access to naloxone who might be missed or overlooked in “traditional” naloxone trainings. This includes:
 - All clients and families of clients leaving SUD/ODU rehab/treatment facilities
 - Teachers, school nurses, early child home visitors
 - School bus drivers, Uber and Lyft drivers
 - Make naloxone available in gas stations (many people use in gas station bathrooms) and fast food restaurants
- Explore what is developmentally appropriate for children and youth, both in terms of teaching them how administer naloxone and whether they can physically receive naloxone.
 - The group discussed teaching youth about naloxone in schools – classes on addiction and drivers’ ed classes may be good options.

- The group also discussed concerns about mandated reporting, and that youth may not want talk about a parent with OUD and/or needing to administer naloxone to a parent who uses for fear of DCFS investigation and out-of-home placement.

Next Steps

- Carie, Julia and Sue will review the minutes and compile recommendations. We will send the minutes and recommendations to the group to review and provide feedback via conference call. The group also recommended that recommendations be shared with and taken up by the Governor's Children's Cabinet to keep the discussion moving forward at a higher level.

Note: All Council and Committee meeting minutes are posted on the Illinois Opioid Crisis Response Advisory Council's website: <http://www.dhs.state.il.us/page.aspx?item=97186>.