

Illinois Opioid Crisis Response Advisory Council

Children & Families Committee Meeting

October 10, 2017

MEETING MINUTES

Co-Chairs: Carie Bires, Julia Zhu

Committee Members on the Call: Luke Tomsha, Ann Gold, Meryl Sosa, Deb McCarrel, Amanda McMillan, Andrea Durbin, Jennifer Alexander, Kenny Martin Ocasio, Sessy Nyman, Dawn Thomas, Linda Stewart, Pfeffer Eisen, Sam Gillespie, Niranjana Karnik

DASA and AHP Representatives: Dani Kirby, Stephanie Frank, Sue Pickett, Karina Powell

Welcome, Introductions, Committee Purpose

- Carie and Julia welcomed the group to this kick-off meeting of the Children & Families Committee. Sue gave a brief overview of the Council's and the other committees' work to date, including their contributions to the creation of the State of Illinois Opioid Action Plan. The Action Plan is the first step in reducing opioid overdose deaths in Illinois: it lists what we need to and why we need to do it. The Task Force established by Governor Rauner is undertaking the second step: creating an implementation plan that will spell out how we will achieve Action Plan strategies. This implementation plan must be completed within the next 90 days (December 2017).
- Carie shared that, while there are no strategies that specifically address children and families, supporting and protecting young children and families is critical to solving the opioid crisis. The goal of the committee is to review the strategies, prioritize those that are most relevant to the needs of children and families, develop recommendations to address those needs.

Discussion: Prioritizing Strategies

- The group identified strategy #4 (increase the impact of prevention programming in communities and schools) as critical to preventing children's and teen's future opioid misuse. Prevention programming should engage both children and families, including grandparents who are raising children whose parents have opioid use disorder (OUD) or have died because of an opioid overdose.
- Trauma needs to be addressed – this includes trauma children are exposed to and experience as a result of a family member's OUD or overdose and/or living in communities where the epidemic is rampant. Studies suggest that early childhood trauma is significantly associated with addiction (see attached article). The group agreed that both prevention and treatment services need to be trauma-informed.
- For strategy #5 (strengthen data collection, analysis and sharing to better identify opportunities for intervention), strengthening data and resource sharing across systems can give providers, families, educators and others the support and information they need to screen, assess and assist children.
- There are limits on what any one system or organization (i.e., DCFS) can do to help children and families access care (strategy #6). The group agreed that the committee needs to

explore recommendations for policy change and enhanced integration of services across organizations.

- Substance use treatment should include all family members; children whose parents are in treatment, for example, also need services.
- Long-term psychosocial issues for children of parents with OUD, and the services they need to address these issues, need to be explored.
- Teens with OUD need age-appropriate treatment services.
- Linkages to care are critical to ensuring that people actual receive the services they need. These linkages need to occur across systems to better connect children and families to care.
- Primary care physicians are key to early intervention. Screening children of all ages can help detect parent/family opioid misuse, connect families to treatment, as well as connect children who are coping with family opioid misuse with supportive services.
 - Primary care screening can also help identify opioid misuse in children and teens.
 - Existing screens tools (www.rushu.rush.edu/SBIRT) could be a potential resource/recommendation.
- Real-life experiences of children and families can be useful in illustrating recommendations for specific strategies. For example, stories of how doctor shopping contributed to a parent's misuse of prescription opioids can illustrate how increasing PMP use (strategy #1) and reducing high-risk prescribing (strategy #2) benefits children and families.

Discussion: Committee Membership Survey Responses

- Julia shared committee membership survey responses. A total of 12 people completed the survey. Participants identified the following issues as important for the committee to address:
 - Increasing awareness of the challenges faced by children and families with OUD
 - Having a clear process to serve families and children, including screening processes for identifying and reaching children affected by parent/family opioid misuse or fatal overdose
 - Increase statewide system capacity and services
 - Advocating for insurance plans to cover treatment

Next Steps

- The group agreed to prioritize strategies #3-#7.
- Sue reminded the group that the committee is not responsible for developing an action plan or other document. All committees are charged with simply developing recommendations to share with the Task Force. These recommendations can include policy recommendations as well as specific action steps.
- The group discussed whether to work in smaller subgroups or in longer in-person meetings. The group agreed to schedule three 3-hour in-person meetings and determine after the first meeting whether this format is doable. Sue will send out a Doodle poll to start scheduling these meetings.

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>.