

**Parental Substance Use, Opioid
Misuse, and Child Welfare**
NCSL National Meeting of Health and Human
Services Committee Chairs

Robin Ghertner and Annette Waters

June 15, 2018



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Assistant Secretary for Planning and Evaluation

**HUMAN SERVICES NEEDS AND THE
OPIOID CRISIS**

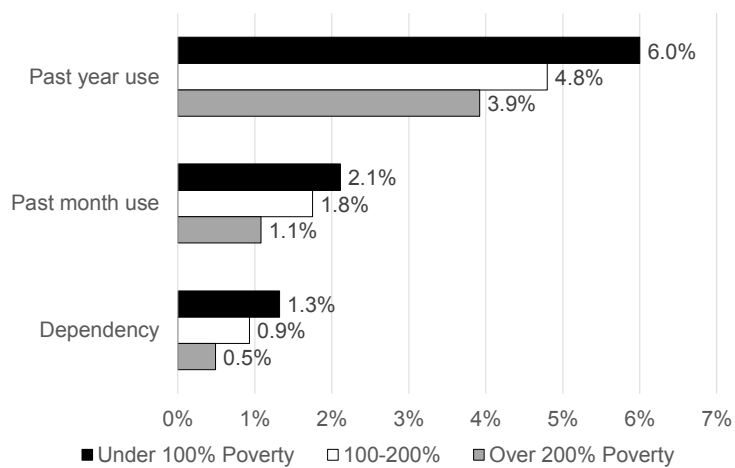
Opioid/Heroin Misuse and Dependence Among Adults: 18 - 65

Past Year Opioid Misuse	11,915,796
Past Month Opioid Misuse	3,707,250
Dependence	1,903,280

Source: 2016 National Survey on Drug Use and Health

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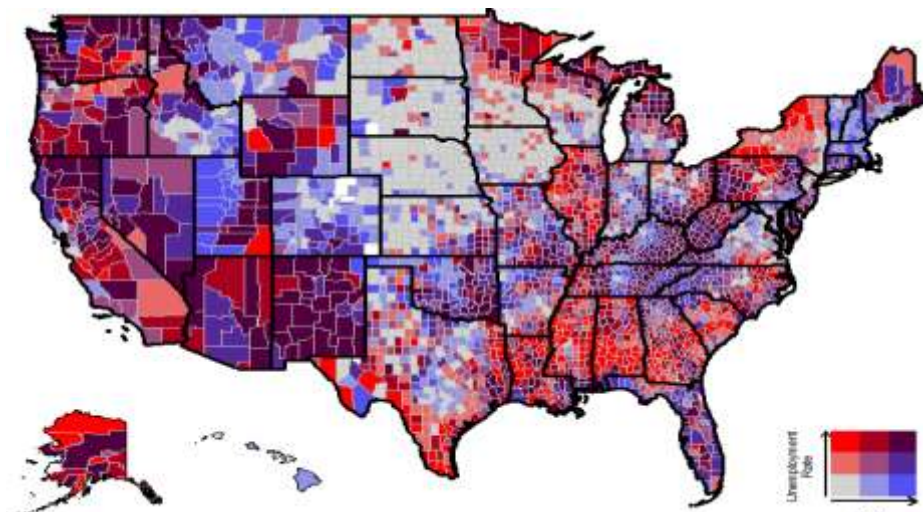
Opioid Misuse/Dependency by Poverty Status: 2016



Source: 2016 National Survey on Drug Use and Health

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Unemployment Rates and Drug Overdose Deaths: 2016

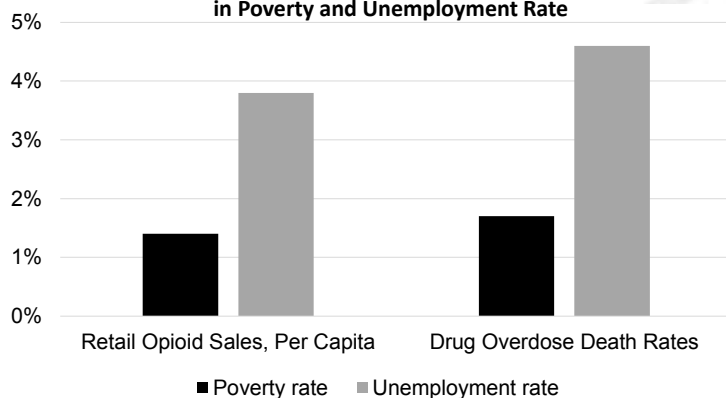


Source: Bureau of Labor Statistics, CDC

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County Economic Opportunity and Drug Indicators: 2011 - 2016

Predicted increase in Drug Indicators associated with a 1 percentage point increase in Poverty and Unemployment Rate



Source: HHS/ASPE Analysis of all counties in the U.S., from 2011 through 2016

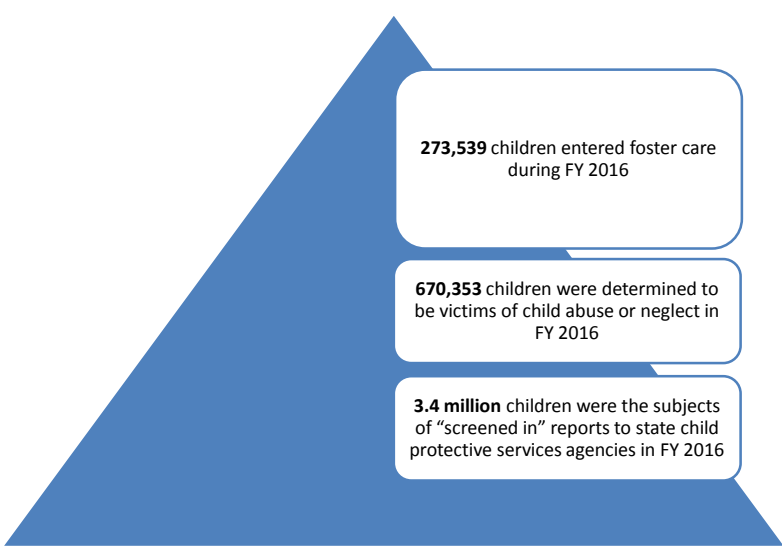
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SUBSTANCE USE AND THE CHILD WELFARE SYSTEM

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The Child Welfare System



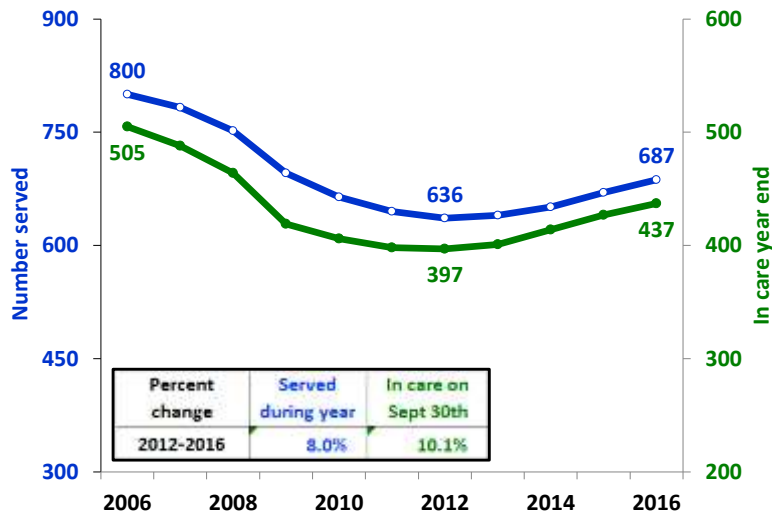
273,539 children entered foster care during FY 2016

670,353 children were determined to be victims of child abuse or neglect in FY 2016

3.4 million children were the subjects of "screened in" reports to state child protective services agencies in FY 2016

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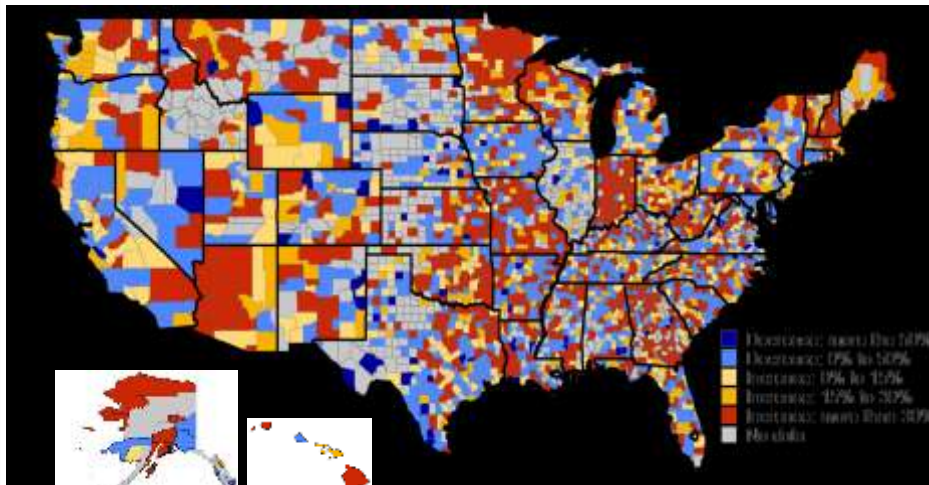
Trends in Foster Care Caseloads: 2006 - 2016



Source: AFCARS, U.S. Department of Health and Human Services, <https://www.acf.hhs.gov/cb/resource/trends-in-foster-care-and-adoption>

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Percent Change in Foster Care Rate per 100,000 Children: 2012 - 2016



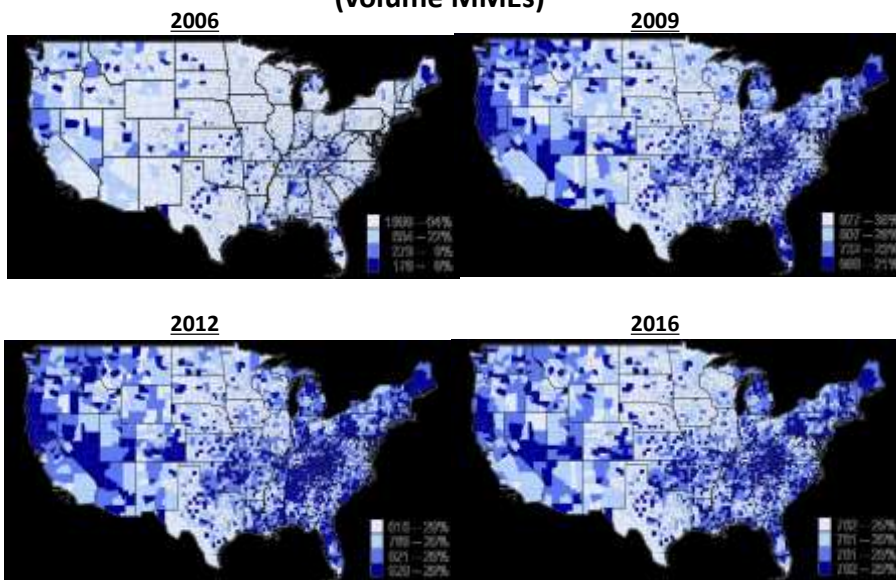
Source: Only counties with more than 10 cases displayed. Foster care children from the U.S. Department of Health and Human Services, Administration on Children and Families, Children's Bureau; population data from U.S. Census Bureau; rates calculated by ASPE. 10



RETAIL OPIOID SALES AND FOSTER CARE

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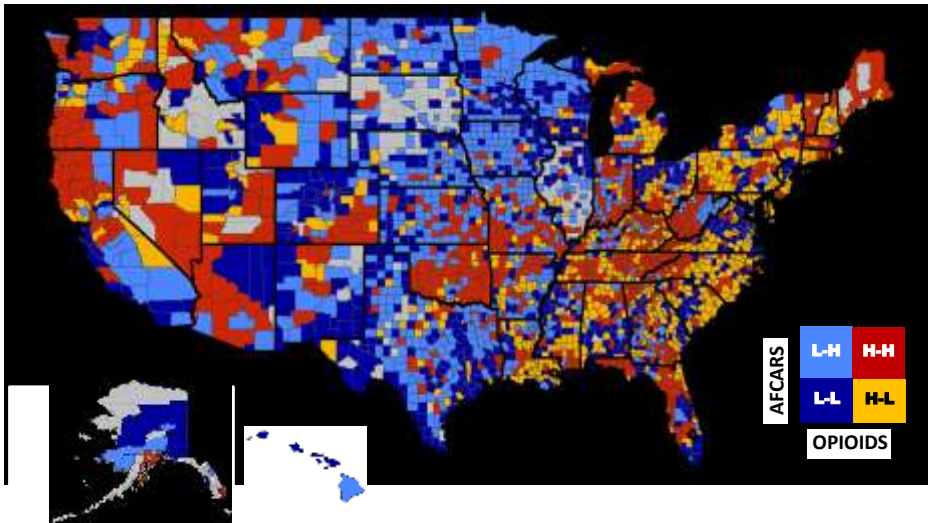
Per Capita Retail Opioid Sales: 2006 - 2016 (volume MMEs)



Note: Each maps drawn using 2016 quartile boundaries: [0 to 50] (50 to 76] (76 to 111] (111 and up]

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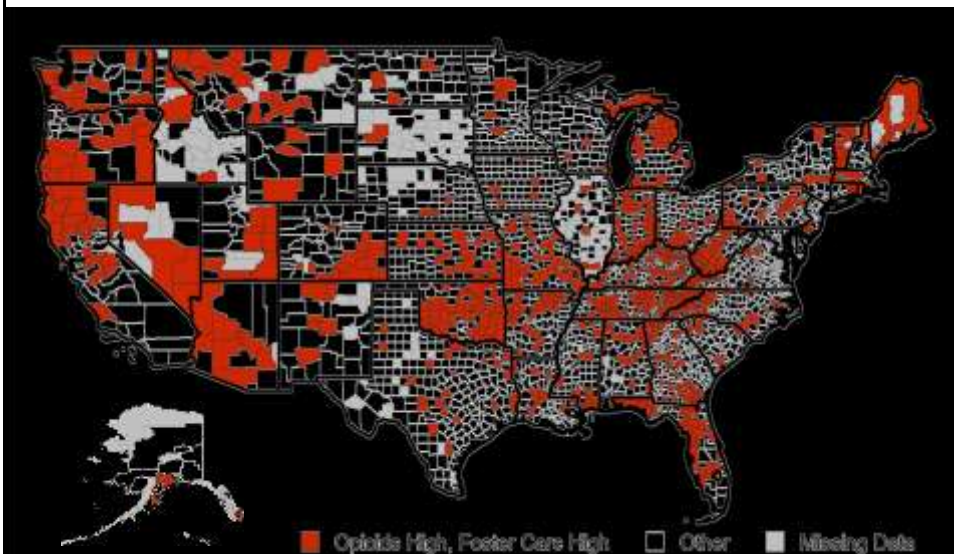
Per Capita Retail Opioid Sales and Foster Care: 2016



Note: "Opioids high" refers to a rate above the median of 76; "Foster Care high" (AFCARS) refers to a rate above the median of 978.

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Per Capita Retail Opioid Sales and Foster Care: 2016

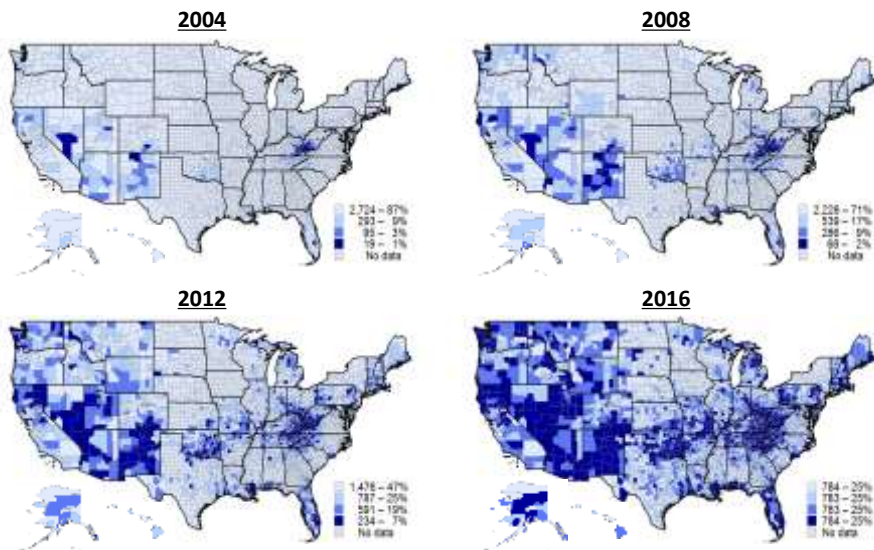


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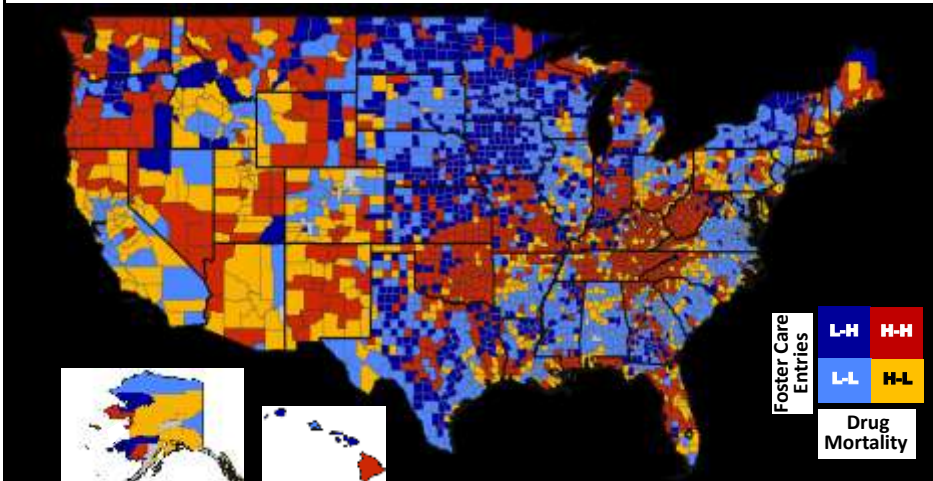
DRUG MORTALITY RATES AND FOSTER CARE

Drug Mortality Rates by County: 2004 - 2016



Source: NCHS 2016 County-Level estimates. The 2016 quartile upper bounds are: 11.1, 15.4, 20.6, and 81.7. 16

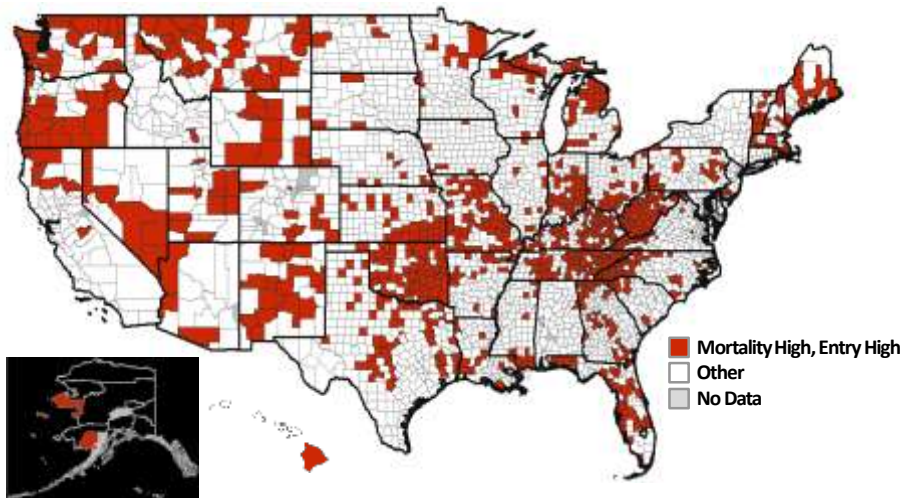
Drug Mortality and Foster Care Entry Rates: 2016



Note: "Drug Mortality high" refers to a rate above the median of 15.4; "Foster Care entries high" refers to a rate above the median rate of 906 per 100,000 children.

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Drug Mortality and Foster Care Entry Rates: 2016



Note: These entry rates do not exclude counties with 10 or less foster care entries. High/Low Drug Mortality refers to counties whose rate is above/below the median of 15.4 per 100 thousand. High/Low Foster Care Entry refers to counties whose entry rate is above/below the median of 906 per 100 thousand children.

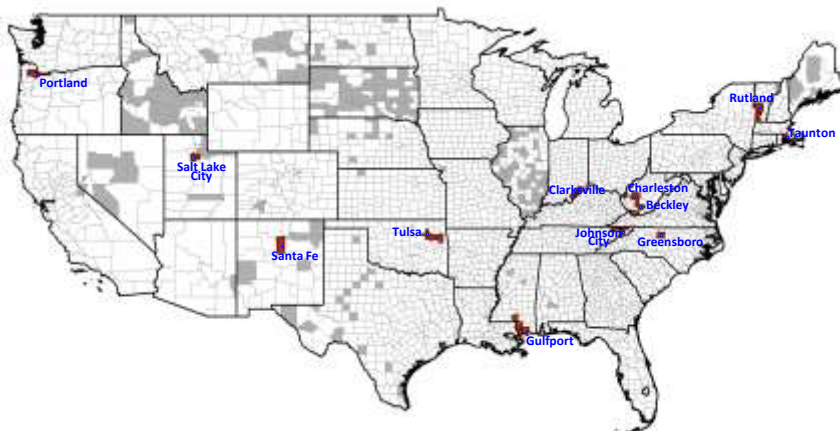
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Study Design

- Statistical analysis on administrative data for most counties in the US.
- Semi-structured interviews with 188 local experts in 11 sites in the country, including:
 - Child welfare administrators and caseworkers
 - Judges and court professionals
 - Substance abuse treatment administrators and providers
 - Public health
 - Law enforcement

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188 Individuals Were Interviewed in 11 Sites



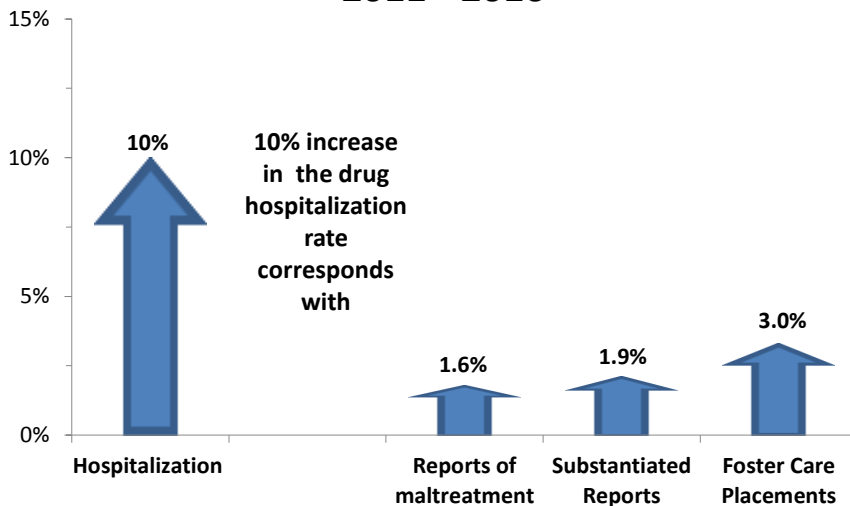
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RELATIONSHIP BETWEEN INDICATORS OF SUBSTANCE USE AND CHILD WELFARE CASELOADS

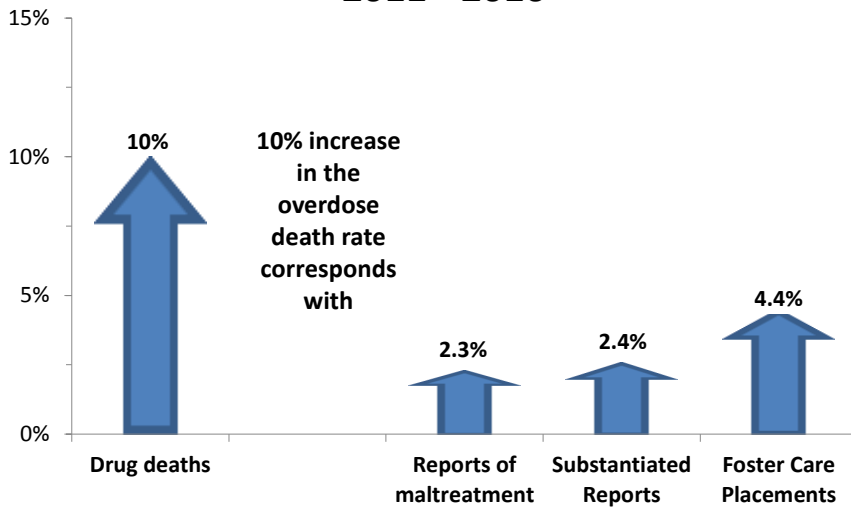


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Drug Hospitalization and Child Welfare Case Rates: 2011 - 2016



Drug Overdose Deaths and Child Welfare Case Rates: 2011 - 2016



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HOW SUBSTANCE USE AFFECTS CHILD WELFARE SYSTEMS



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Findings

1. For child welfare-involved families, it's not an opioid crisis everywhere, heroin is prevalent and polysubstance use is pervasive
 2. Lost economic opportunities, poverty and/or trauma underlie the current drug epidemic
 3. Collaboration between child welfare and substance use treatment providers is difficult
 4. Agencies and caseworkers are overwhelmed and often pessimistic
 5. Cross-state issues abound
 6. Communities experience continued treatment shortages, particularly family friendly treatment
 7. Intensifying shortages of foster homes due to multi-generational substance use
 8. Medication assisted treatment is challenging to implement in child welfare contexts-
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Challenges and Perspectives on Medication Assisted Treatment

- a) The timeliness of assessments and accessing treatment remains a significant problem.
 - b) Communities experience continued treatment shortages, particularly for family-friendly treatment.
 - c) There is misunderstanding in the field about medication assisted treatment (MAT). What MAT is, how it works, and how it relates to child safety is not always understood by practitioners across fields, and even within the substance use treatment field.
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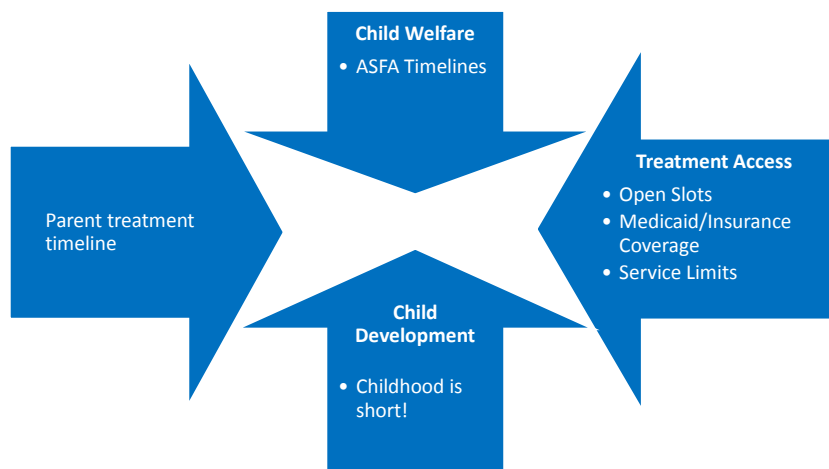
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Challenges and Perspectives on Medication Assisted Treatment (continued)

- d) The availability of MAT is limited and is frequently implemented in ways not consistent with evidence-based best practices.
- e) MAT drugs (methadone and buprenorphine) are widely perceived to be at risk of abuse and diversion. In some places buprenorphine was identified by child welfare officials as the community's primary drug of abuse.
- f) Treatment timelines do not always align with child welfare timelines:

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Competing Timelines



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FEDERAL EFFORTS AND POLICY IMPLICATIONS FOR STATES



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Treatment and Recovery are Possible

- Evidence-based practices using Medication Assisted Treatment for Opioid Use Disorder
 - 3 FDA-approved medications: Buprenorphine, Methadone and Naltrexone
 - Reduce risk of overdose, increase treatment adherence, improved treatment/recovery outcomes
- Promising practices in child welfare
 - Family treatment drug courts
 - START model in Kentucky, Ohio
 - Kentucky SMART

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HHS 5-Point Plan

1. Strengthen public health data reporting and collection.
 2. Advance the practice of pain management.
 3. Improve access to prevention, treatment, and recovery support services.
 4. Target the availability and distribution of overdose-reversing medications.
 5. Support cutting-edge research on pain and addiction.
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Current HHS Efforts

- **Administration for Children and Families:**
 - **Regional Partnership Grants** to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse: \$19 million grants to local communities to address permanency outcomes for children affected by substance abuse. FOA #: HHS-2018-ACF-ACYF-CU-1382
 - National Center on Substance Abuse and Child Welfare (NCSACW): Funded jointly with SAMHSA, NCSACW provides technical assistance and training for states and counties on dealing with parental substance use in the child welfare system, among other topics.
<https://ncsacw.samhsa.gov/>
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- **Substance Abuse and Mental Health Services Administration (SAMHSA):**

- Pregnant and Postpartum Women Program (PPW) Grants: Expand availability of comprehensive, residential substance abuse treatment, prevention, and recovery support services for pregnant and postpartum women and their minor children. Awarded nearly \$60 million over next 5 years.
- Clinical Guidelines for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants.
<https://www.store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054>

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Current HHS Efforts (cont.)

- Family Treatment Drug Courts: Funding from **ACF, SAMHSA,** and DOJ.
 - Specialized courts for parents with substance use disorders.
 - National Quality Improvement Center for Collaborative Court Teams (QIC-CCCT)
 - **SAMHSA:** \$5 million in 5-year Grants to Expand Substance Abuse Treatment Capacity in Family Drug Courts
- **Health Resources Services Administration (HRSA):**
 - Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) exploring roles regarding treatment engagement and recovery support

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Department of Justice Efforts

- Comprehensive Opioid Abuse Program (COAP)
 - Supports first responders, crime victims, criminal justice diversion programs for those with OUD, prescription drug monitoring programs, etc.
 - Authorized by CARA, expanded under 2018 Omnibus. \$145 million for current funding opportunity, with \$30 million additionally for PDMPs.
 - Office of Victims of Crimes:
 - Enhancing Community Responses to the Opioid Crisis: Community-driven responses to the crisis serving child victims. \$26 million over 3 years.
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Policy Issues and Opportunities

- **The Family First Act:** Title IV-E funds for foster care prevention, care of children in residential treatment.
 - Information Memorandum: ACYF-CB-IM-18-02: To inform States and Tribes of the enactment of the Family First Prevention Services Act and provide basic information on the new law.
 - **Cross-State Collaboration:**
 - Foster care placement and non-custodial parents across border
 - Data sharing (CPS, substance treatment, PDMP)
 - Aligning policies, norms
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Policy Issues and Opportunities (cont.)

- **Within-State System Integration: CPS, courts, substance use and behavioral health treatment, law enforcement, public health**
 - Develop common framework and understanding on MAT, including timelines, metrics, lines of communication.
 - Integrate data systems (in accordance with privacy laws) to identify risk, target resources, and track outcomes
 - **New and Existing Opioid Funding:**
 - SAMHSA State Targeted Response funds. \$1 billion from 21st Century Cures, additional from 2018 Omnibus.
 - SAMHSA MAT-Prescription Drug and Opioid Addiction (MAT-PDOA) program. \$65.5 billion in FY18 over 3 years. Most recent FOA: TI-18-009
 - HRSA MAT in health centers. \$94 million in FY16, \$200 million in FY17, \$350 million in FY18.
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Thank You!

Annette.waters@hhs.gov

Robin.ghertner@hh.gov



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