



CALIFORNIA
HEALTH
POLICY
STRATEGIES, LLC.

*County Touchpoints in Access to MAT for Justice Involved
Populations*

*Discussion Guide
for
HUMAN SERVICES &
CHILD WELFARE*

Introduction

With funding provided by the federal Substance Abuse and Mental Health Services Administration, the California Department of Health Care Services has launched a multi-pronged effort to address the opioid crisis by improving access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths. A variety of projects across the state are providing prevention, treatment, and recovery activities for opioid use disorder (OUD) with a strong focus on expanding access to Medication Assisted Treatment (MAT). The County Touchpoints in Access to MAT for Justice-Involved Populations project¹ is focused on outreach, education, and training about opioid addiction and treatment in county criminal justice and human service systems. The project is managed by Health Management Associates and California Health Policies Strategies LLC.

The project provides training and technical assistance to leaders, managers, and line staff in six stakeholder groups:

- Probation
- Human Services/Child Welfare
- Juvenile and Dependency Courts
- Adult Courts
- Public Defenders
- District Attorneys

Training for all groups covers the neuroscience of opioid addiction², the medications used to treat it, and the case for treating addiction in the criminal justice system. Discussion guides for each stakeholder group accompany the project training session. Each addresses the position of the national professional association and other experts regarding MAT and includes discussion questions, case studies, and other resources particular to the group. This guide is developed for **HUMAN SERVICES & CHILD WELFARE**.

Framing the Problem

In 2014, a Bureau of Justice survey found that 63% of people incarcerated in jails met the criteria for Substance Abuse Disorder (SUD). Of these, one fourth had an OUD. Since then, the opioid crisis has exploded and today many jails report that half or more of their detainees have an OUD.

Overdose deaths following release from prison are 129 times higher than the general population³, and persons released from jail face exceptionally high overdose death rates as well. Providing access to MAT in the justice system saves lives – after Rhode Island implemented the use of all

¹ <https://addictionfreeca.org/California-MAT-Expansion-Project/HMA-Projects/County-Touchpoints-in-Access-to-MAT-for-Justice-Involved-Populations>

² <https://www.youtube.com/watch?v=bwZcPwIRRcc>

³ Ingrid A. Binswanger et al., "Release from, Prison – a High Risk of Death for Former Inmates," *New England Journal of Medicine* 356, no. 2 (Jan 11, 2007): 157-65, doi:10.1056/NEJMs064115

three medications for opioid addiction in its system of prisons and jails, overdose death rates after release dropped by 61%.

It is essential that people using MAT be supported in maintaining recovery on MAT at every point in criminal justice and human service systems. MAT saves lives, supports recovery, and reduces crime. The criminal justice system is among the largest sources of organizational referrals to addiction treatment, and human service providers - especially child welfare workers - have a unique and valuable role in facilitating and supporting their clients' recovery.

Professional Association Positions on MAT

MAT is an approach to the treatment of substance use disorders that combines the use of medications with counseling and behavioral therapies to address a range of psychosocial factors that contribute to condition.

The longer patients take medication, the less likely they are to return to opioid use. Those who continue with medication assisted treatment often abstain longer from illicit opioid use and show increasing clinical stability.

Family reunification is more likely when parents participate in substance use disorder treatment that provide comprehensive services with recovery management and other social and family support services.

Research has documented that the combination of medication with counseling and recovery support is more effective than SUD without medications in treating opioid disorder.

There are new opportunities for services and new funding for a treatment continuum that can meet the goals of both systems under the California Drug Medi-Cal Organized Delivery System and the Family First Prevention Services Act.

The following two pages are used with permission of Ohio State University College of Social Work. Enhancing Permanency in Children and Families (EPIC) is a program that uses evidence-based and evidence-informed practices to reduce child abuse and neglect among families involved with the child welfare system who have substance use problems. This program is being developed through a collaboration of The Ohio State University of Social Work, Fairfield County Job and Family Services, and Pickaway County Job and Family Services.

MEDICATION-ASSISTED TREATMENT (MAT) AND THE CHILD WELFARE SYSTEM



1 MAT AND THE CHILD WELFARE SYSTEM CAN WORK TOGETHER

2 PARENTS ON MAT CAN RETURN TO PARENTING

- MAT prevents symptoms of withdrawals so patients can return to everyday activities like parenting
- One study found that mothers felt MAT made them a better parent (Letourneau et al, 2013)



3 THE CHILD WELFARE CASE CAN BE CLOSED WHEN THE PARENT IS ON MAT IF:

- The parent on MAT lives a stable life in terms of housing, employment, etc.
- The patient complies with the treatment
- The patient does not commit illegal behavior



4 PARENTS SHOULD NOT BE PRESSURED TO PREMATURELY STOP MAT

- The courts, child welfare workers, and family may pressure parents to prematurely stop MAT
- Stopping MAT too early puts parents at risk for relapse, especially during the stressful time of an open child welfare case



5 HOW CAN WE SUPPORT PARENTS ON MAT?

- Educate the courts and child welfare workers on MAT
- Destigmatize MAT
- Affordable treatment, child care during treatment, and transportation to treatment



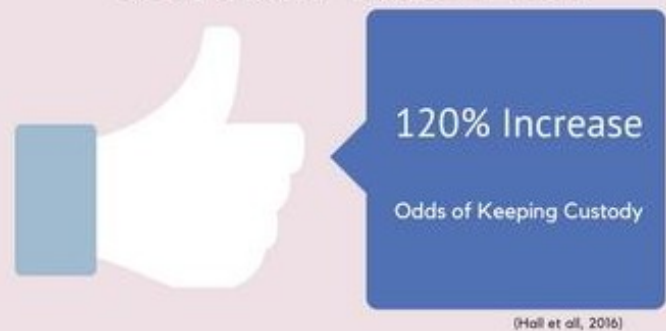
MAT INCREASES THE ODDS OF PARENTS KEEPING CUSTODY



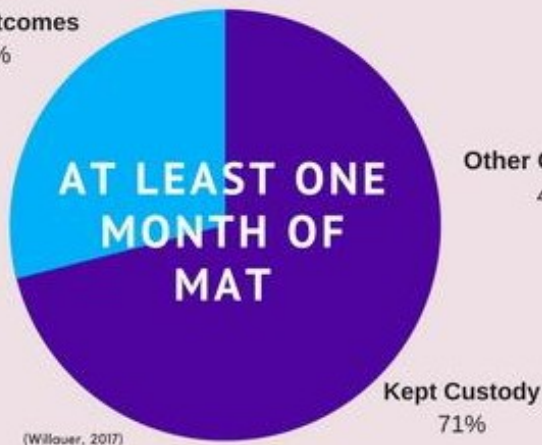
FOR EACH MONTH OF MAT



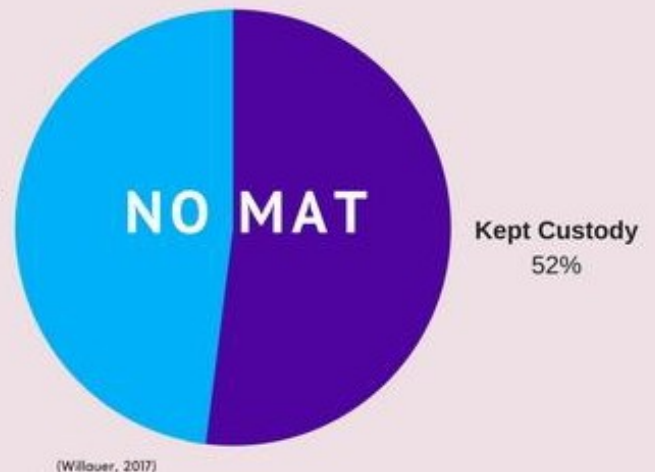
AFTER ONE YEAR OF MAT



Other outcomes
29%



Other Outcomes
48%



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Made by Cailleigh Chadwick

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Objectives

- A. Explore current practices against the best practices set forth by the profession
- B. Explore models from counties in which best practices are realized in the discipline
- C. Explore barriers to getting to best practices within the discipline

Case Study

Parent- Mother is a single 32-year-old white female who has struggled with heroin use since she was 20 years old. Mother has had two children involved in the Dependency system in the past in which she failed reunification and lost her parental rights. Mother came to the attention of CPS through a referral made by an adult female who reported that mom left her one-year old daughter with her for over 8 hours without a plan. When mom was contacted, she admitted that she uses heroin and opioids. The child was removed from mom's custody. No identified father.

Reunification process: Mom was given six months of reunification services. Mom was ordered to participate in drug treatment, mental health counseling, random drug testing and parenting education. Mom attended an intensive outpatient treatment program and began methadone treatment as well. Mom admits that past drug treatment was not successful because of multiple relapse episodes. Mom becomes very emotional when discussing her prior experience with CPS and the loss of her two children. Mom advised that she'd do anything not to lose her third child and really wants help.

Four months into the reunification process, mom has complied with all court orders. She has strong attendance in drug treatment, compliance with medication orders, mental health counseling as well as her parenting class. Mom has consistently tested negative of illicit drugs. Mom is still on supervised visits twice a week and case manager is uncomfortable progressing to unsupervised visitation until mom is no longer using methadone. She has been pressuring mom to wean herself off methadone because her Review of Dependency Status Hearing is a few months away. She advised mom that she does not think the Judge will dismiss dependency while mom is still on methadone. Mom states that she believes the methadone is helping her in working her different programs. Mom states that during her other two failed attempts at reunification she did not have the opportunity to use methadone. Mom believes that methadone helps her because it takes the edge off not using heroin and allows her to focus on what she needs to do. Mom states she is afraid that without methadone, she might struggle with all of her services, but she will get off, if it means having her child back.

Discussion Questions

Question	Notes
<p>What would happen to this person under the current practice in your county?</p>	
<p>According to our best practices and new standards, what should happen?</p>	
<p>What are the barriers to getting to best practice?</p>	
<p>What have successful counties done/employed to get to best practice?</p>	

Question	Notes
What resources and supports are needed to get to best practice?	
What are the implications of MAT in my professional practice?	

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PROBATION

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