Michigan Judicial Institute
Family Division Referee Webinar:
Juvenile Division

January 26, 2022

Medication Assisted Treatment and Child Welfare

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Medication Assisted Treatment

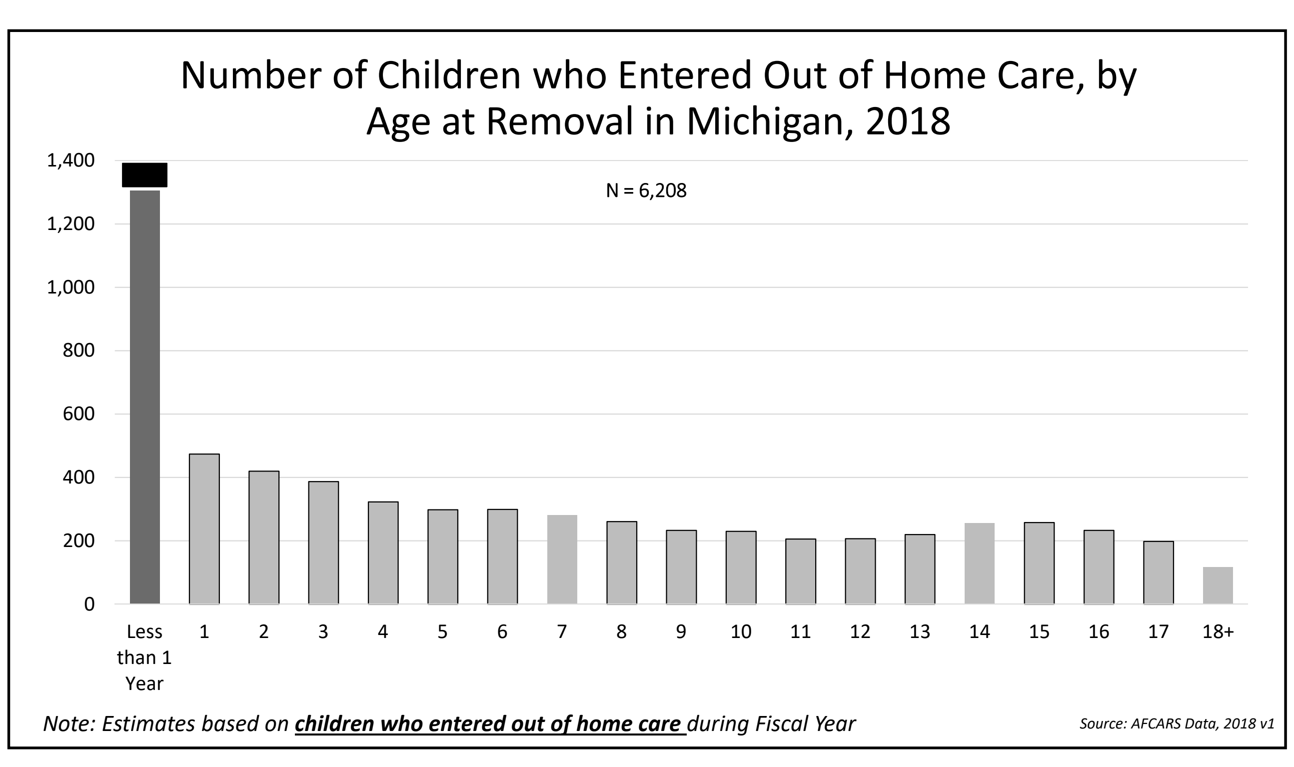
Resources for Michigan Courts
January 26, 2022

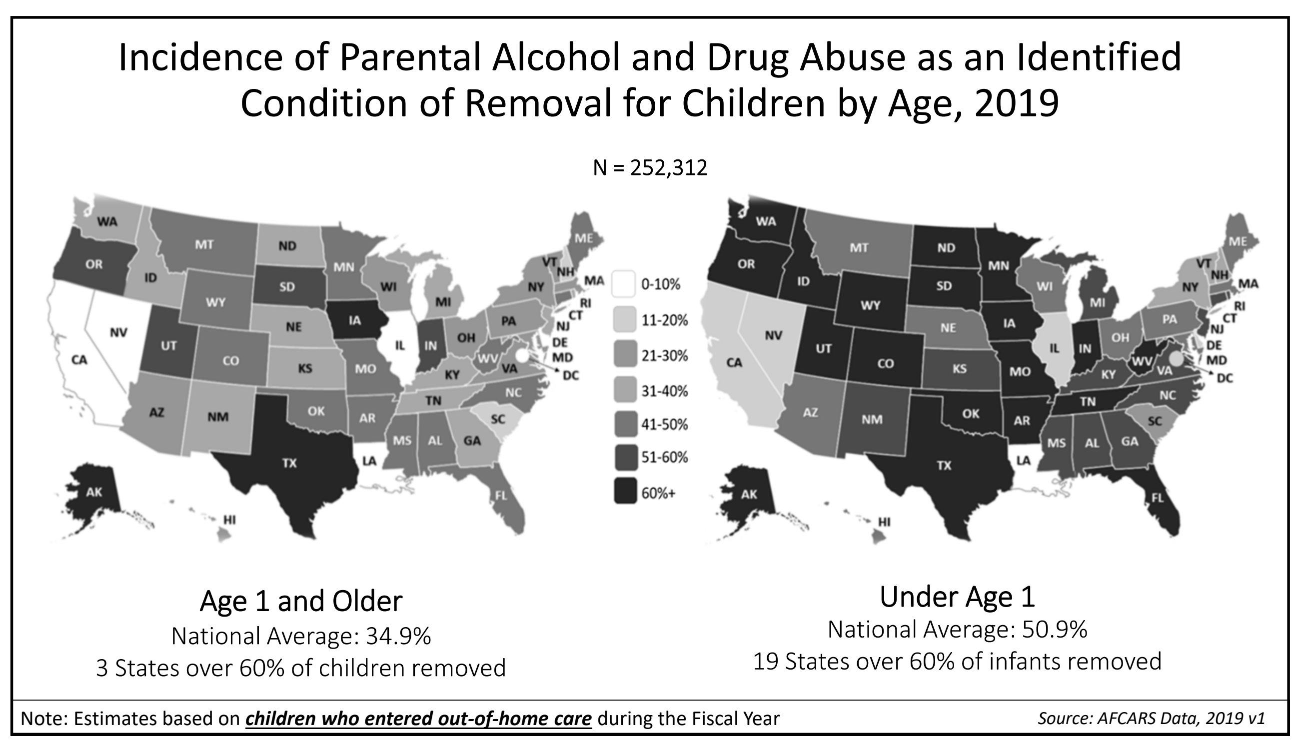
Agenda

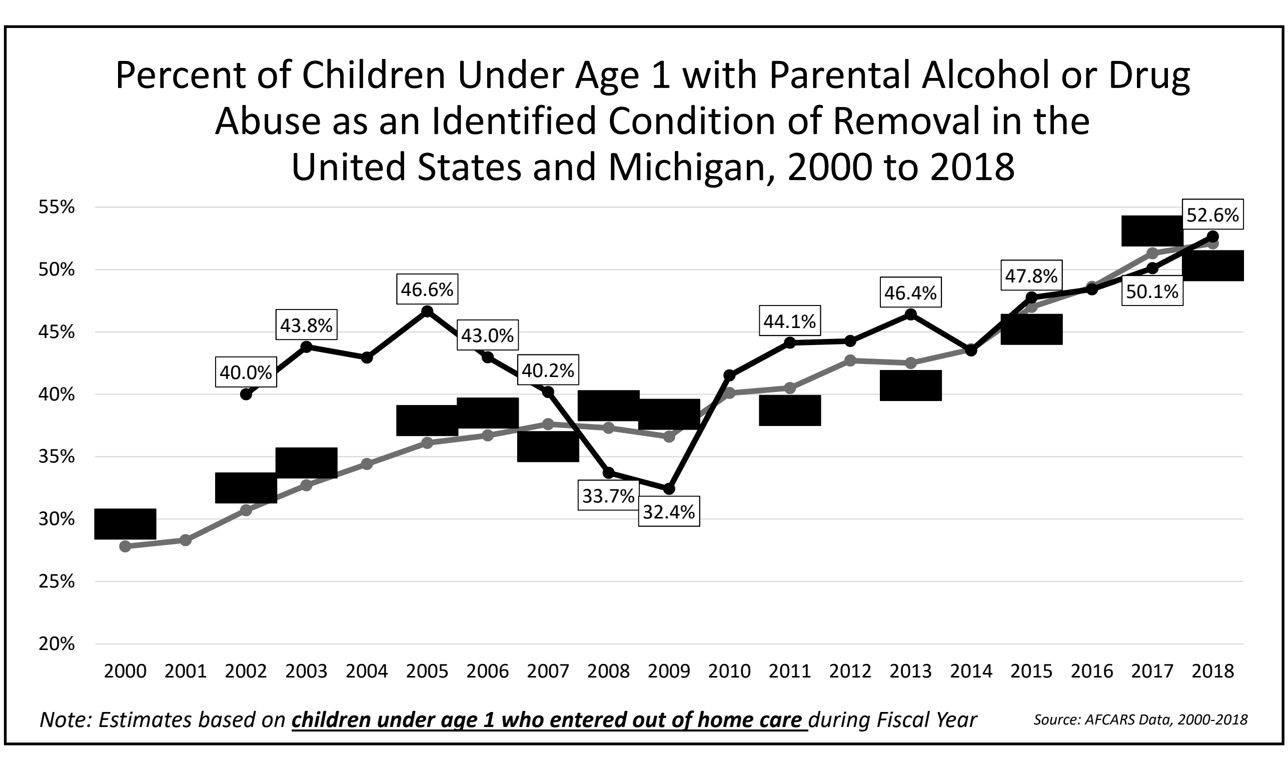
- Michigan Data and emerging research
- MAT 101
- MAT Resources for Courts
  - Bench card
  - Primer
  - Treatment resources
  - How a Plan of Safe Care fits in

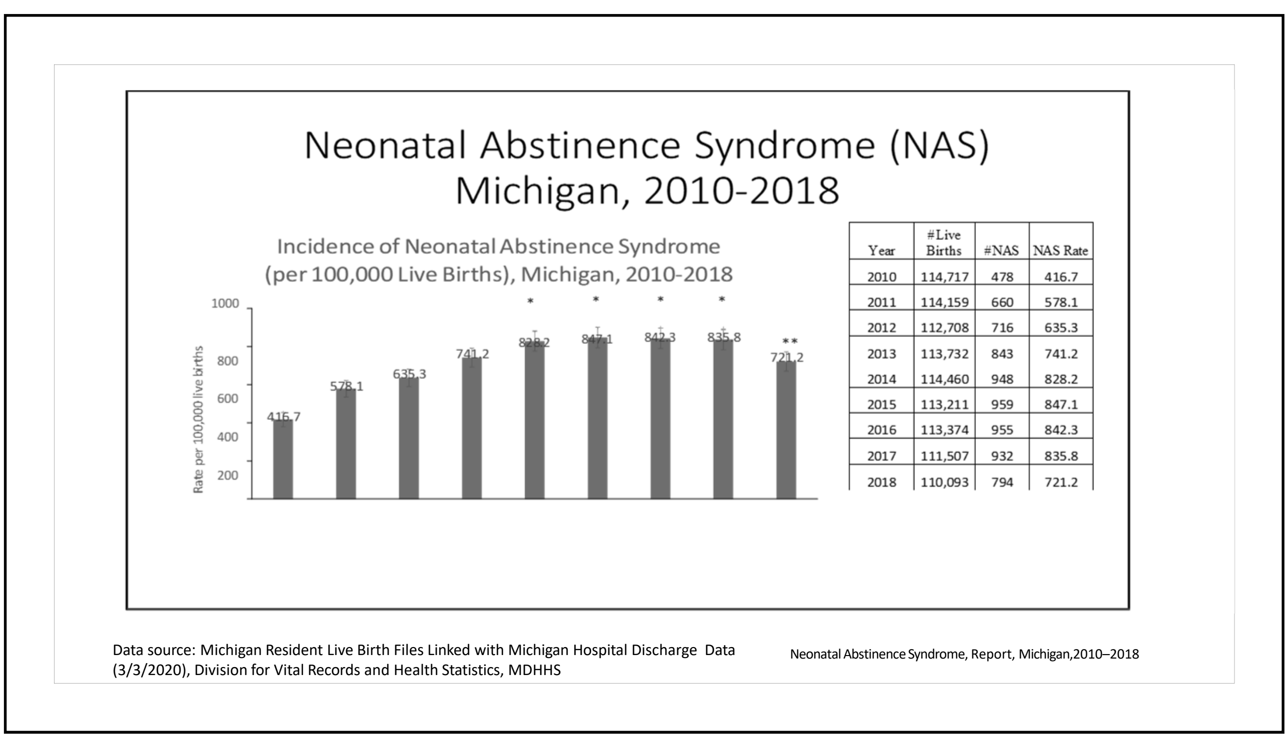
Why this work is urgent

Michigan data and other emerging research




Incidence of Parental Alcohol and Drug Abuse as an Identified Condition of Removal for Children by Age, 2019
N = 252,312
0-10%
11-20%
21-30%
31-40%
41-50%
51-60%
60%+
Age 1 and Older
National Average: 34.9%
3 States over 60% of children removed
Under Age 1
National Average: 50.9%
19 States over 60% of infants removed
Note: Estimates based on children who entered out-of-home care during the Fiscal Year
Source: AFCARS Data, 2019 v1


Percent of Children Under Age 1 with Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States and Michigan, 2000 to 2018
55%
50%
45%
40%
35%
30%
25%
20%
40.0%
43.8%
46.6%
43.0%
40.2%
33.7%
32.4%
44.1%
46.4%
47.8%
50.1%
52.6%
2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018
Note: Estimates based on children under age 1 who entered out of home care during Fiscal Year
Source: AFCARS Data, 2000-2018



Year	#Live Births	#NAS	NAS Rate
2010	114,717	478	416.7
2011	114,159	660	578.1
2012	112,708	716	635.3
2013	113,732	843	741.2
2014	114,460	948	828.2
2015	113,211	959	847.1
2016	113,374	955	842.3
2017	111,507	932	835.8
2018	110,093	794	721.2

1 in 9 Maternal Deaths are due to Mental Health Conditions:

100% are Preventable

More than two-thirds of people with a pregnancy- related mental health cause of death had a history of or indications of current substance use

OCTOBER THEME ISSUE:

PERINATAL MENTAL HEALTH & MORE HEALTH AFFAIRS VOL. 40, NO. 10

Connecting The Dots: Maternal Health and Child Welfare

Health Affairs 40, N0.10 (2021)Preventing Pregnancy-Related Mental Health Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008–17

History of or current substance use (with or without diagnosis of SUD) was present in 67 percent of deaths.

Common life stressors among people with pregnancy-related mental health deaths included:

-medication instability (39 percent);

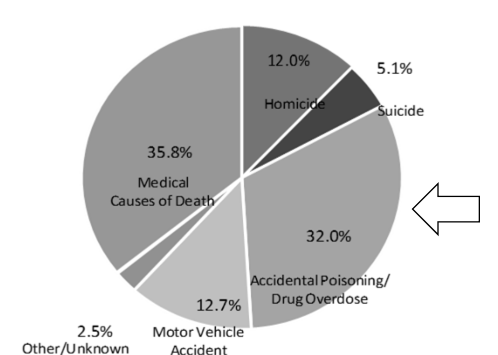
-removal of a child from the person's custody or Child Protective Services involvement (24 percent);

-previous suicide attempt or attempts (22 percent)

Maternal Mortality in Pregnancy Associated Deaths in Michigan 2013-2017

The most common causes of pregnancy-associated, not related death are medical causes that are not directly related to the pregnancy (35.8%), followed by substance use deaths (32.0%)(Figure 5). Other common causes of death include motor vehicle accidents (12.7%), homicide (12.0%), and suicide (5.1%). Other accidental deaths and unknown causes of death make up the remaining pregnancy-associated, not related deaths.

Figure 5. Causes of Pregnancy-Associated, Not Related Deaths in Michigan 2013-2017



Date Sources: Michigan Department of Health and Human Services, Michigan Maternal Mortality Surveillance Program, 2013- 2017; Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, Resident Death Files, 2013-2017

Michigan Maternal Mortality Surveillance (MMMS) Program Report

Disparate Outcomes

Disparities also exist among pregnancy-associated, not related deaths in Michigan. **From 2013-2017, black women were 1.7 times as likely to die from pregnancy-associated**, not related **causes** compared to white women in Michigan (87.8 and 51.8 per 100,000 live births, respectively) (Figure 9).

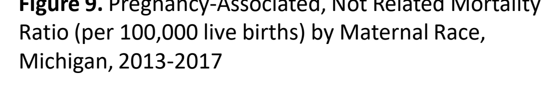
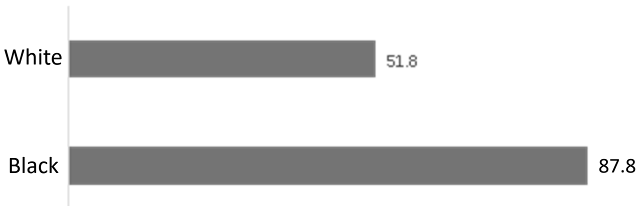


Figure 9. Pregnancy-Associated, Not Related Mortality Ratio (per 100,000 live births) by Maternal Race, Michigan, 2013-2017



Date Sources: Michigan Department of Health and Human Services, Michigan Maternal Mortality Surveillance Program, 2013-2017; Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, Resident Death Files, 2013-2017

MAT 101

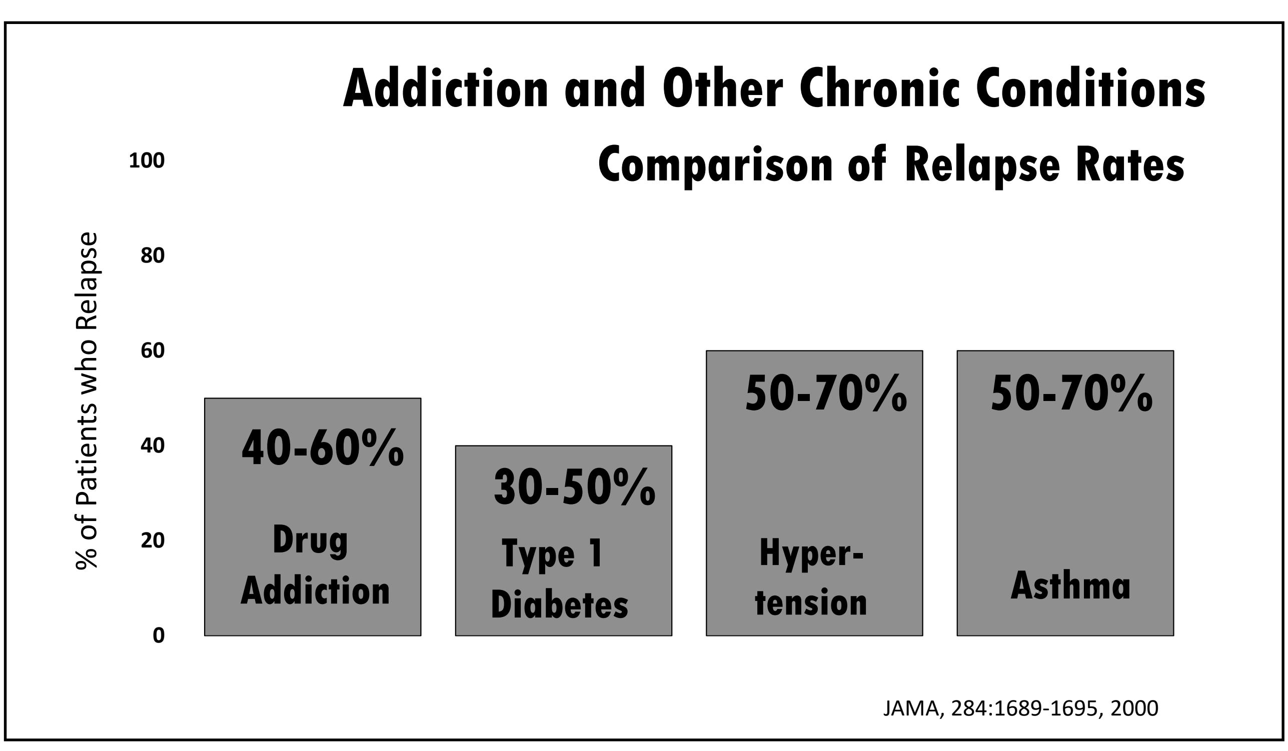
A Treatable Disease

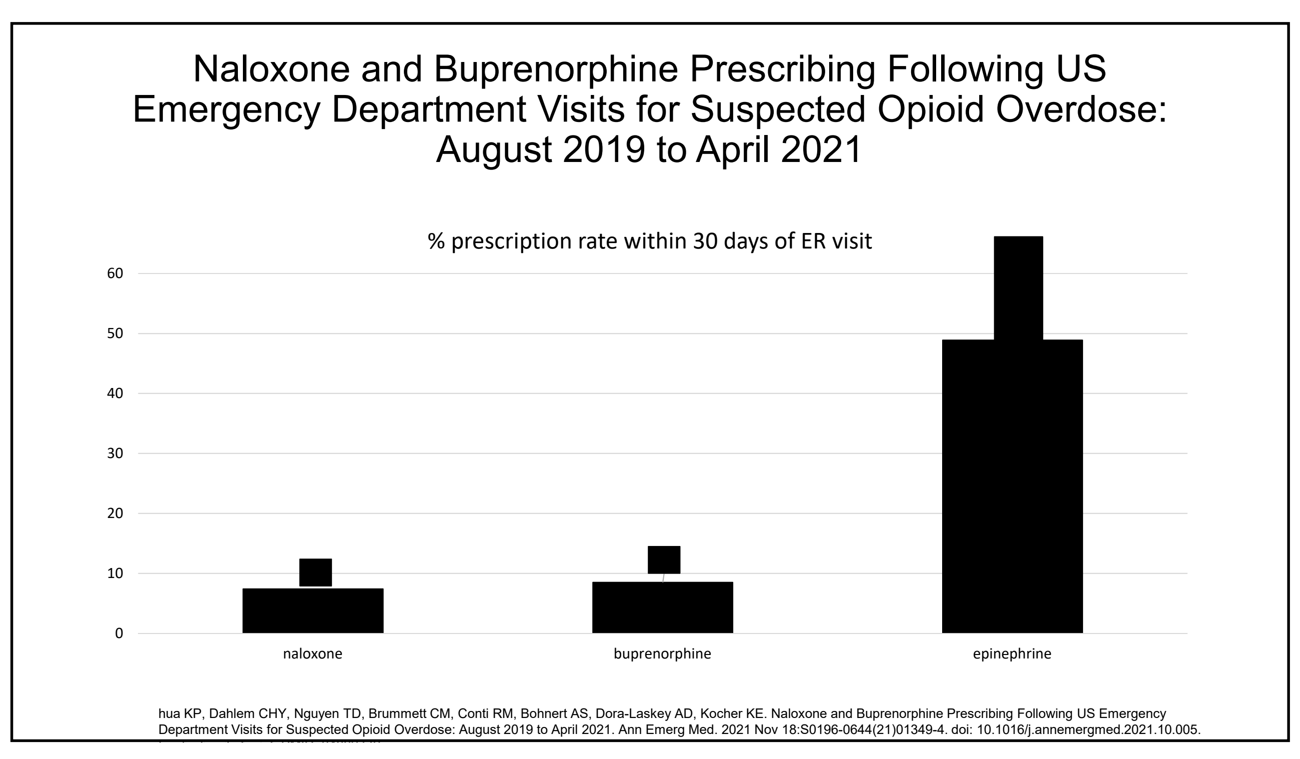
"Groundbreaking discoveries about the brain have *revolutionized* our understanding of addiction, enabling us to *respond effectively* to the problem"

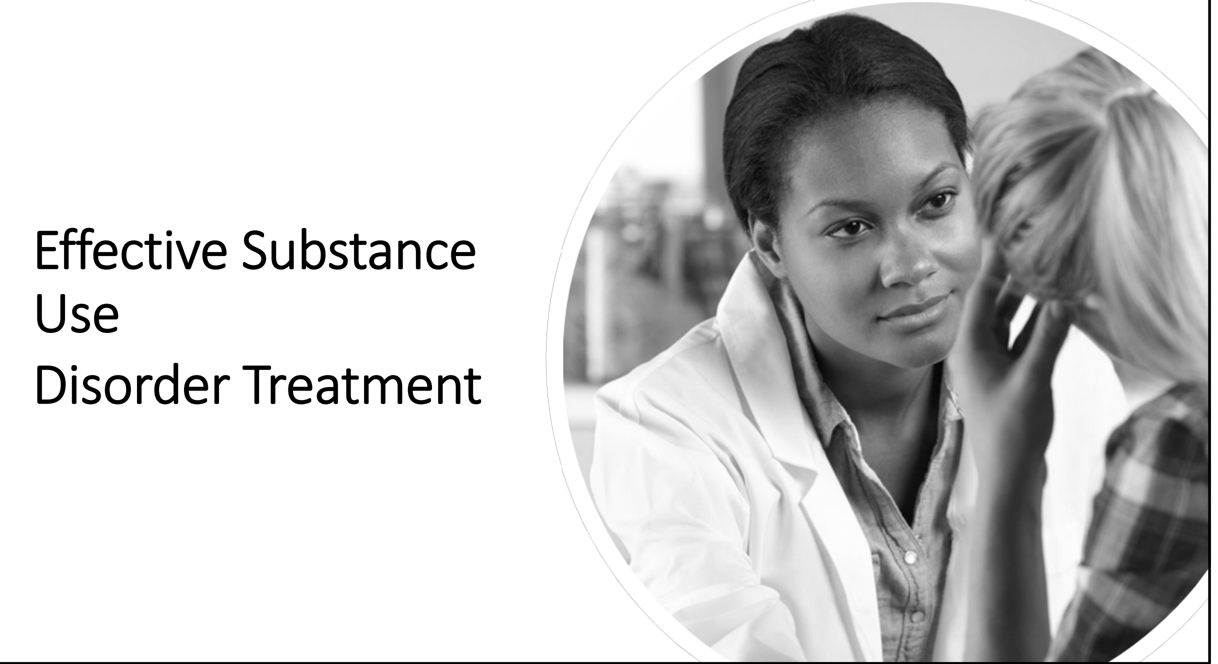
- Dr. Nora Volkow, National Institute on Drug Abuse

- Substance use disorders are preventable and treatable
- Discoveries in the science of addiction have led to advances in substance use treatment that help people stop abusing drugs and resume productive lives
- Treatment enables people to counteract addiction's powerful disruptive effects on the brain circuitry and behavior and regain areas of life function
- Successful substance use treatment is highly individualized and entails:
  - Medication
  - Behavioral Interventions
  - Peer Support

Longo, D.L. (2016). Neurobiological Advances from the Brain Disease Model of Addiction. The New England Journal of Medicine, 374, 372-386.




Naloxone and Buprenorphine Prescribing Following US Emergency Department Visits for Suspected Opioid Overdose: August 2019 to April 2021
% prescription rate within 30 days of ER visit
60
50
40
30
20
10
0
naloxone
buprenorphine
epinephrine
hua KP, Dahlem CHY, Nguyen TD, Brummett CM, Conti RM, Bohnert AS, Dora-Laskey AD, Kocher KE. Naloxone and Buprenorphine Prescribing Following US Emergency Department Visits for Suspected Opioid Overdose: August 2019 to April 2021. Ann Emerg Med. 2021 Nov 18:S0196-0644(21)01349-4. doi: 10.1016/j.annemergmed.2021.10.005.


Effective Substance Use
Disorder Treatment

Medication Assisted Treatment (MAT)

A variety of medications are used to complement substance use treatment for different types of substance use disorders including:

- **Tobacco**
- **Alcohol**
- **Opioids**
  - **Methadone, Buprenorphine, Naltrexone, Naloxone**

Prescribers of medication determine the appropriate type of medication, dosage and duration based on each person's:

- **Biological makeup**
- **Addiction history and severity**
- **Life circumstances and needs**

MAT Cont.

As part of a comprehensive treatment program, MAT has been shown to:

- **Increase retention in treatment**
- **Decrease illicit opiate use**
- **Decrease criminal activities, re-arrest and re-incarceration**
- **Decrease drug-related HIV risk behavior**
- **Decrease pregnancy related complications**
- **Reduce maternal craving and fetal exposure to illicit drugs**

Fullerton, C.A., et al. November 18, 2013. Medication-Assisted Treatment with Methadone: Assessing the Evidence. Psychiatric Services in Advance; doi: 10.1176/appi.ps.201300235

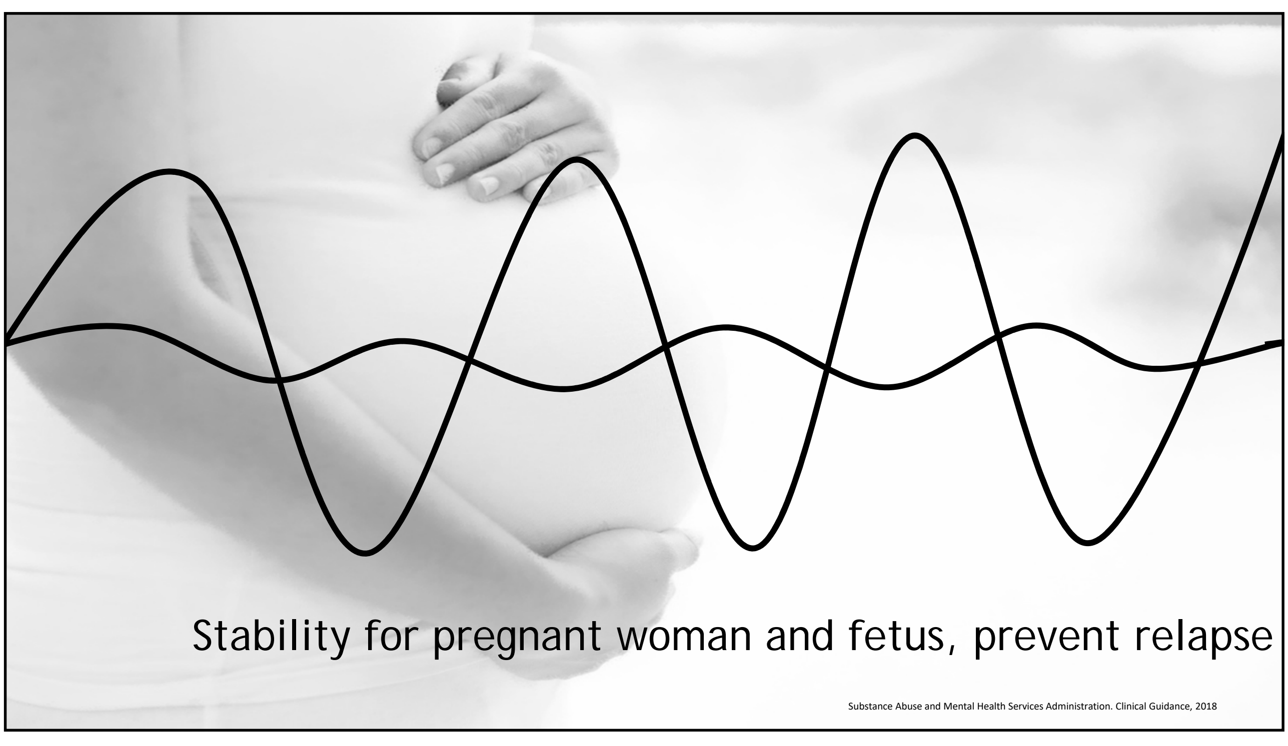
The American College of Obstetricians and Gyneocolgoists. (2012) Committee Opinion No. 524: Opioid Abuse, Dependence, and Addiction in Pregnancy. Obstetrics & Gynecology, 119(5), 1070-1076.

Dolan, K.A., Shearer, J., White, B., Zhou, J., Kaldor, J., & Wodak, A.D. (2005). Four-year follow-up of imprisoned male heroin users and methadone treatment: Mortality, reincarceration and hepatitis C infection. Addiction, 100(6), 820–828.

Gordon, M.S., Kinlock, T.W., Schwartz, R.P., & O'Grady, K.E. (2008). A randomized clinical trial of methadone maintenance for prisoners: Findings at 6 months post-release. Addiction, 103(8), 1333–1342.

Havnes, I., Bukten, A., Gossop, M., Waal, H., Stangeland, P., & Clausen, T. (2012). Reductions in convictions for violent crime during opioid maintenance treatment: A longitudinal national cohort study. Drug and Alcohol Dependence, 124(3), 307–310.

Kinlock, T.W., Gordon, M.S., Schwartz, R.P., & O'Grady, K.E. (2008). A study of methadone maintenance for male prisoners: Three-month post release outcomes. Criminal Justice & Behavior, 35(1), 34–47.



Barriers to MAT Treatment

- Lack of coverage for medication
- Lack of availability
- Stigma
- MAT availability for justice-involved individuals

Olsen and Shafstein, Confronting the Stigma of Opioid Use Disorder- and Its Treatment, The Journal of the American Medical Association, 2014

Medication Treatment for Opioid Use Disorders:

The Victory Patient Health Study (Jackson, MI): : Stigma findings

Table 10. Perceptions of Stigma toward Methadone Treatment

n	Statements	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	
264	Others see a person in a less favorable way if they are receiving methadone treatment.	9.1%	9.1%	45.1%	36.7%	81.8% agree
265	Receiving methadone treatment carries social stigma (mark of shame, a black mark).	15.8%	11.7%	38.5%	34.0%	72.5 % agree
264	It is advisable to hide from others that a person is getting methadone treatment.	18.6%	18.6%	33.3%	29.5%	62.8% agree

- Over half of participants reported occasionally or often hearing negative comments from friends (57.5%), family (57.5%), and healthcare providers (57.5%).
- About 44.5% of participants reported hearing negative comments from coworkers and employers
- 41.0% reported hearing negative comments from others in treatment or recovery.
- Over a quarter of participants (28.3%) reported sometimes or often hearing negative comments about methadone and medication treatments from counselors or substance use treatment providers.

Pasman, E., Hicks, D., Agius, E., & Resko, S. (2020). *Medication treatment for opioid use disorders: The Victory patient health study.* Wayne State University.

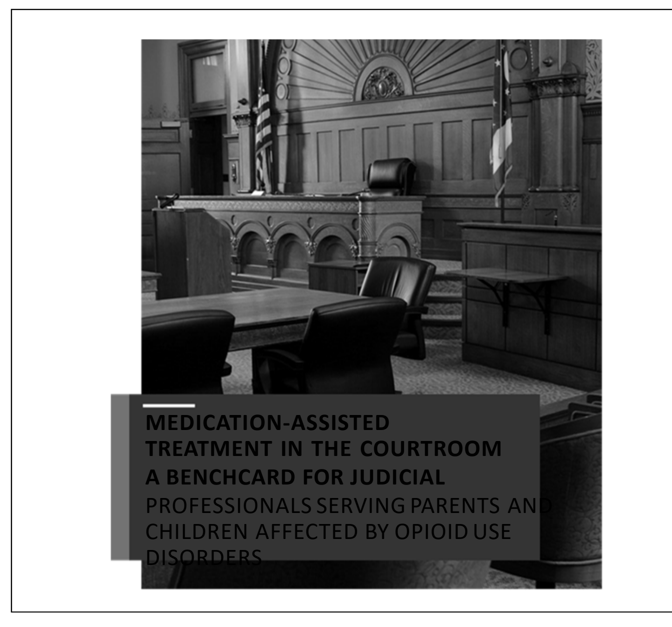
MAT and Child Welfare

One study found parents with OUDs who were involved in child welfare and received MAT had a significantly higher prevalence of retaining child custody than a comparison group not receiving MAT.

With each additional month of MAT, parents in the study were 10% more likely to retain custody

Hall, M. T., Wilfong, J., Huebner, R. A., Posze, L., & Willauer, T. (2016). Medication-assisted treatment improves child permanency outcomes for opioid using families in the child welfare system. Journal of Substance Abuse Treatment, 71, 63-67. https://doi.org/10.1016/j.jsat.2016.09.006

Resources for Courts



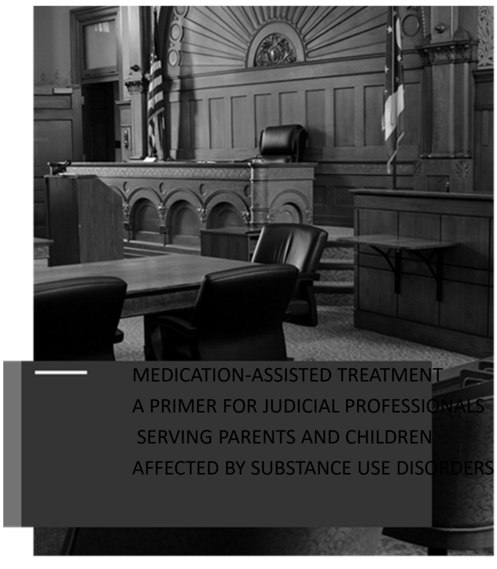
https://ncsacw.samhsa.gov/files/mat-benchmark-508.pdf

INFORMATION FOR THE COURT TO INFORM COURT OVERSIGHT OF MAT

Who are the community provider(s) of methadone and/ or buprenorphine?	How has MAT affected the participant's recovery?
What is the treatment provider's clinical recommendation for the use of MAT?	What type of counseling (frequency and duration) is provided to accompany MAT?
If MAT is not recommended, what are the reasons?	What measures are prescribers using to reduce the risk of medication misuse or diversion?
If MAT is prescribed, what does the provider recommend for medication, dose, and frequency?	If the participant is experiencing challenges with MAT, counseling, or other aspects of their treatment plan, what is the provider's recommendation to the court?
Are additional medication(s) prescribed for mental health management? If so, what are the indications?	Does the treatment provider or program address the effects of SUD on families?

QUESTIONS TO ASK COURT PARTICIPANTS

- Did you have access to MAT this week?
- Which medication(s) are you prescribed?
- Have you informed your physician that you are taking medication for your disorder?
- Did you receive counseling this week along with your MAT?
- How did MAT help you maintain your sobriety this week?
- How has MAT helped you access other supports (housing, employment, additional services)?
- How has MAT helped with your parenting role and your relationship with your children?
- Where do you plan to keep your medications at home to ensure your children do not have access to them?
- How will you pay for your prescriptions once released from court?
- What barriers exist for you to receive MAT?
- How can I help you with recovery and the use of MAT?



https://ncsacw.samhsa.gov/files/mat-primer-508.pdf

PRIMER KEY TAKEAWAYS

The use of MAT, type of medication, dosage, frequency, and duration of treatment are individualized medical decisions made at the sole discretion of the licensed medical professional providing services.

It is important for everyone to know that federal disability rights protections apply to some people with OUDs and SUDs. National Center on Substance Abuse and Child Welfare (NCSACW), together with the Department of Health and Human Services, Office for Civil Rights (OCR), created a video and webinar series to provide information to child welfare and court professionals on federal disability rights laws, and protections for qualified individuals with a disability in the child welfare system.

It is important to know the individual policies for using MAT with treatment providers, programs, and supportive services within each community. This includes, but is not limited to, sober living homes, recovery community organizations, Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) groups, and both inpatient and outpatient treatment programs.

Judicial oversight includes an understanding of state and federal case law regarding the use of MAT.
Among the factors that play a role:

- locating qualified providers that use evidenced-based practices and a family-centered approach
- ensuring that team members have training in the use of MAT
- settling differences of opinion about the use of MAT with factual information
- using person-first language to confront issues of stigma and bias

Treatment Resources in Michigan

SUD Treatment in Michigan
By The Numbers: FY 2019 vs FY 2021
FY 2019 vs 2021

FY 2019	FY 2021
76,947 treatment admissions	63,243 treatment admissions
35,075 involved opioid	25,537 involved opioid
17,561 of opioid treatment admissions received MAT	13,999 of opioid treatment admissions received MAT
676 were pregnant at admission for opioid treatment	482 were pregnant at admission for opioid TX

Myth busting

Myth: There aren't treatment beds available

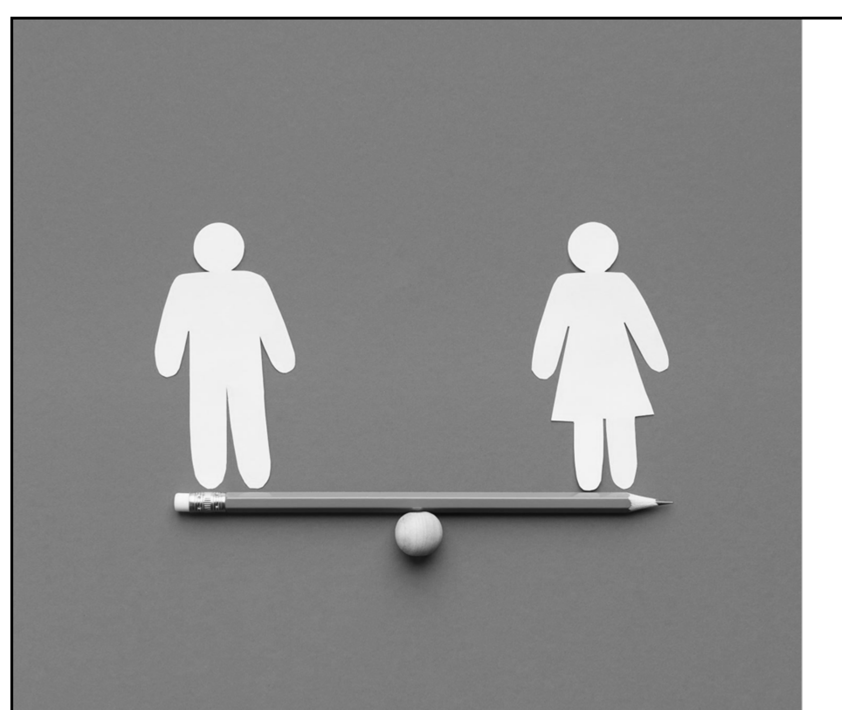
- Reality: The Michigan crisis access line can provide information on the location of open beds

Myth: There are no residential facilities to send parent and child to together

- Reality: There are nine residential treatment centers that accept the parent and the child together

Myth: SUD treatment providers are secretive about client's progress

- Reality: 42 CFR confidentiality regulations are quite restrictive about what can be shared. Clinicians can be fined $5000 per inappropriate disclosure

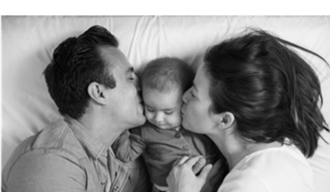


What Courts need to know about Plans of Safe Care

CARA Primary Changes to CAPTA in 2016

- Further clarified population to infants "born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder," **specifically removing "illegal"**
- Specified **data to be reported** by States to the maximum extent practicable
- Required **Plan of Safe Care** to address "the health and substance use disorder treatment needs of the infant and affected family or caregiver."
- Required "the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver."

Why Families Need a Plan of Safe Care



- Provide treatment for parent(s) substance use disorder
- Reduce maternal mortality
- Keep families intact
- Promote infant/parent bonding and attachment
- Comprehensive services to support each family member

Michigan Approach to Plans of Safe Care

- Build upon current policy, expand to include community-based options
- Desire for approach that ensures safety but doesn't "widen the net"
- Seeking supports instead of punitive approach
- Open to exploring CAPTA notification (instead of child abuse report) option

Governor's Task Force on Child Abuse and Neglect: Plan of Safe Care Protocol

- Committee began in August 2020.
- The committee was comprised of representatives from:
  - Medical, MDHHS, Child Advocacy, Law Enforcement, Justice System, Advocacy
- Tasked to develop a Plan of Safe Care Protocol for the State of Michigan
- **The document has been submitted to DHHS for final approval**
  - Structured the protocol to follow when a POSC can be initiated.
  - Separated into sections: Prenatal, At Birth, and Post natal.
    - In each section, stakeholder responsibilities are identified, and best practices are shared.
  - Ensured that the protocol is culturally sensitive, equitable, and easy to implement and meet standards, regardless of the resources available.
  - Designed to be supportive and not punitive and encourage collaboration and communication

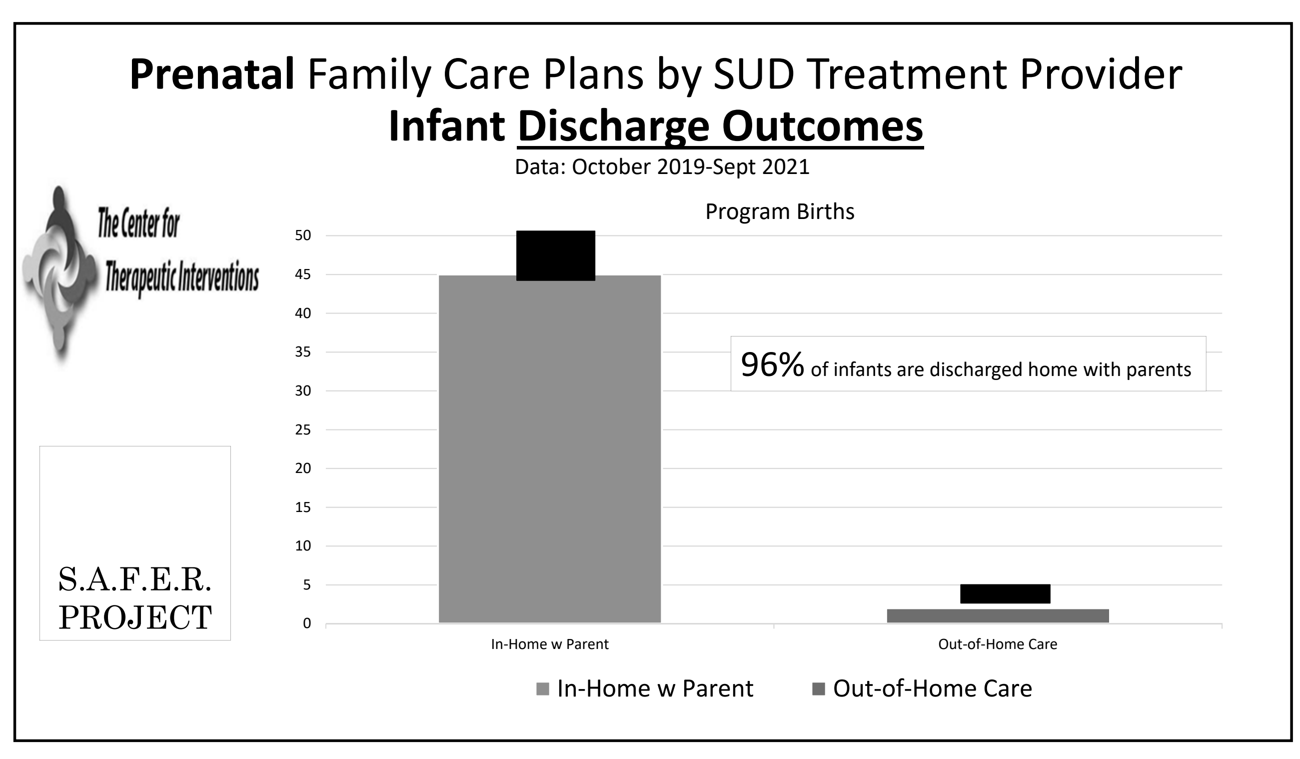
Why Consider POSCs During the Prenatal Period?

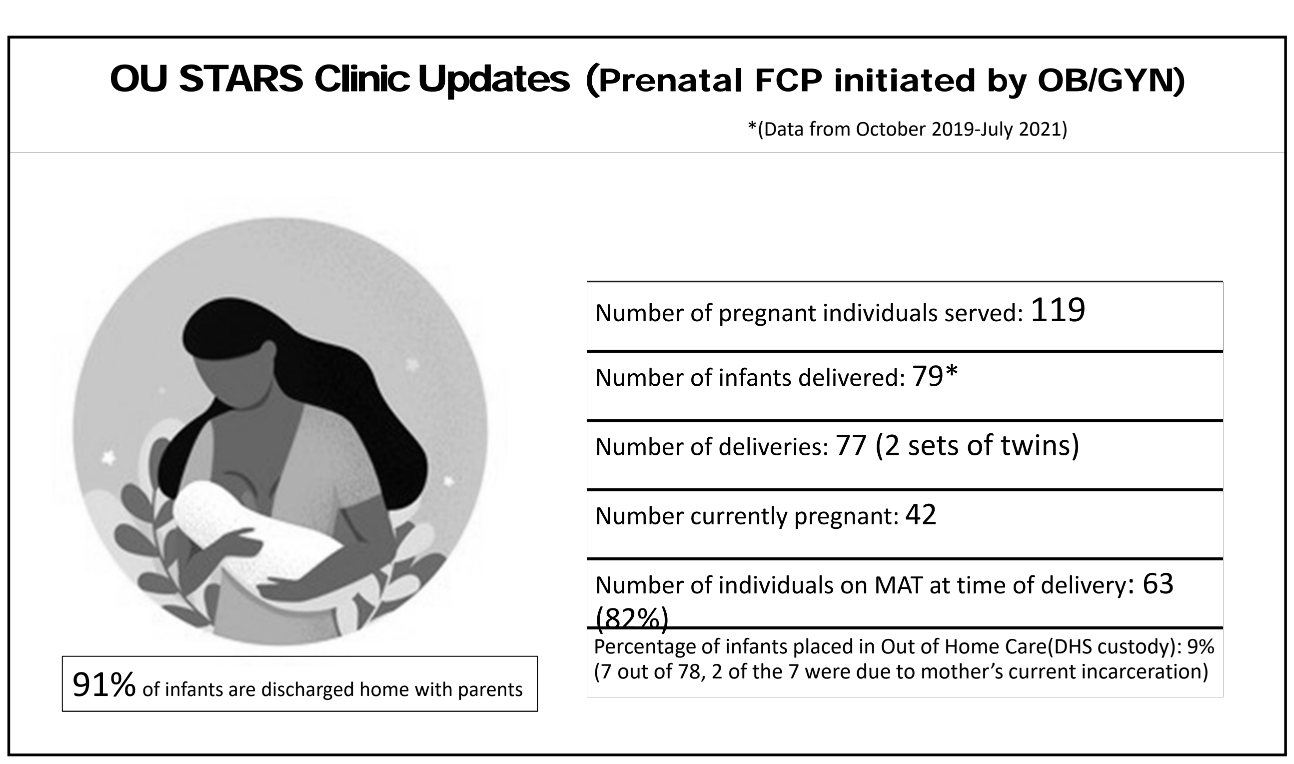
- Can be developed with women, families by SUD or MAT programs, maternal health care providers, home visitor, or other public health supports (e.g., Early Head Start, Healthy Start, etc.) during pregnancy
- Supports stronger partnerships across providers
- Can inform child welfare response to infants affected by prenatal substance exposure
- Can mitigate impact of exposure & minimize a crisis at the birth event
- Not required by federal CAPTA changes, but a supportive, preventive practice

Modeling on successful programs

Prenatal Family Care Plans: Oklahoma Outcomes

Impressive results of two pilot projects


Prenatal Family Care Plans by SUD Treatment Provider
Infant Discharge Outcomes
Data: October 2019-Sept 2021
The Center for Therapeutic Interventions
S.A.F.E.R. PROJECT
Program Births
50
45
40
35
30
25
20
15
10
5
0
96% of infants are discharged home with parents
In-Home w Parent
Out-of-Home Care
In-Home w Parent
Out-of-Home Care


OU STARS Clinic Updates (Prenatal FCP initiated by OB/GYN)
*(Data from October 2019-July 2021)
Number of pregnant individuals served: 119
Number of infants delivered: 79*
Number of deliveries: 77 (2 sets of twins)
Number currently pregnant: 42
Number of individuals on MAT at time of delivery: 63 (82%)
Percentage of infants placed in Out of Home Care(DHS custody): 9% (7 out of 78, 2 of the 7 were due to mother's current incarceration)
91% of infants are discharged home with parents

National Context:

Proposed changes to CAPTA

2021: CAPTA POSC Proposed Changes

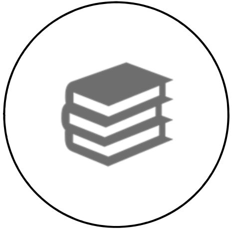
- Amend title to include **"Public health response to infants affected by substance use disorder"**
- Requires a comprehensive **"family care plan"**
- **The Governor of the State shall designate a lead agency to carry out the State's public health respons**e to strengthen families and ensure the safety and well-being of 1) infants born with, and identified as being affected by, substance use disorder, including alcohol use disorder; and ''(2) the families and caregivers of such infants.

Senator Patty Murray. (Introduced May 27, 2021). S.1927 - CAPTA Reauthorization Act of 2021

Child Abuse Prevention and Treatment Act (CAPTA) Proposed Changes (S1927)

- State plan to include "how the State is implementing and monitoring family care plans, **including by developing family care plans prior to the expected delivery of the infant**;
- Describe State's plan to **develop a system for purposes of notifications that is distinct and separate from the system used in the State to report child abuse and neglect,** and designed to promote a public health response to infants born with, and identified as being affected by, substance use disorder, including alcohol use disorder, and not for the purpose of initiating an investigation of child abuse or neglect"
- Authorizes State formula grants to implement Family Care Plans

National Quality Improvement Center (QIC) for Collaborative Community Court Teams: Various resources including a Program Summary, Lessons i POSC Implementation, Judicial Briefs, and webinars



Resources

Civil Rights Protections for Individuals in Recovery from an Opioid Use Disorder

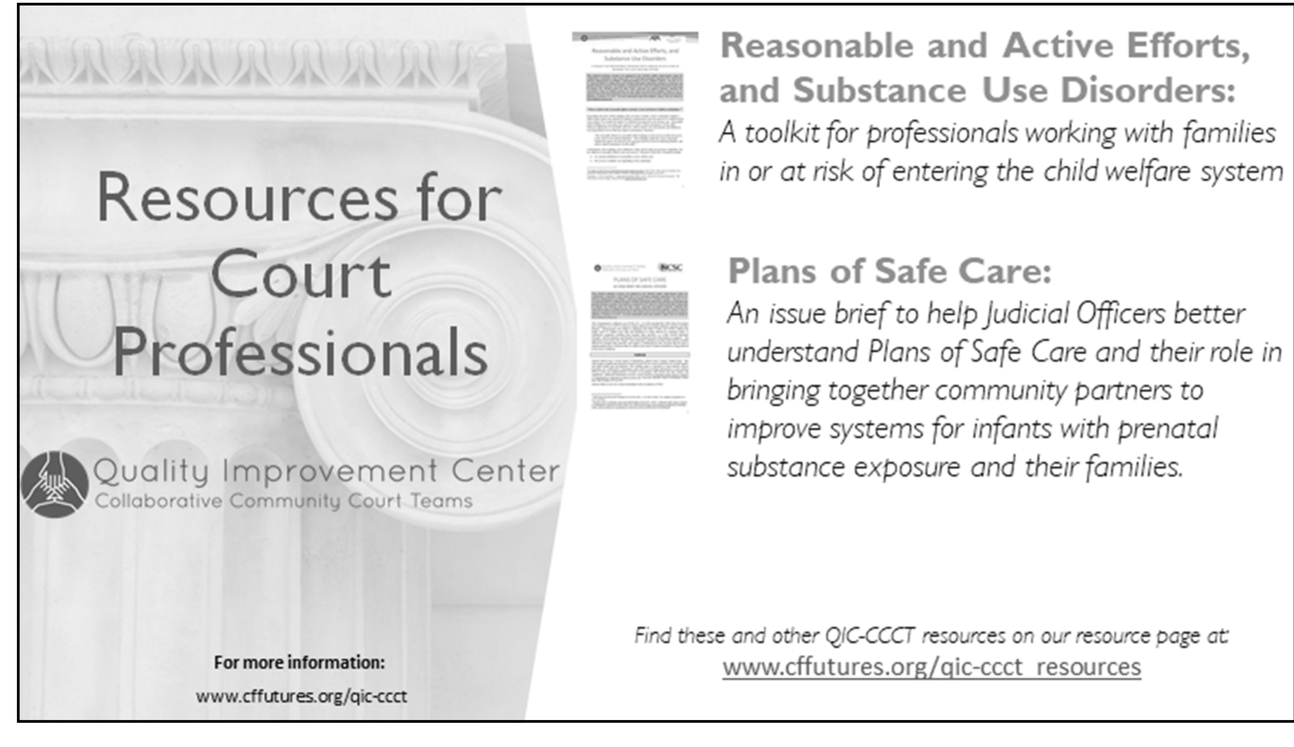
The NCSACW, together with the Office for Civil Rights (OCR), created a training series, Exploring Civil Rights Protections for Individuals in Recovery from an Opioid Use Disorder, to provide information to child welfare and court professionals about federal disability rights protections that apply to some parents with an opioid or other substance use disorder and involved in child welfare.

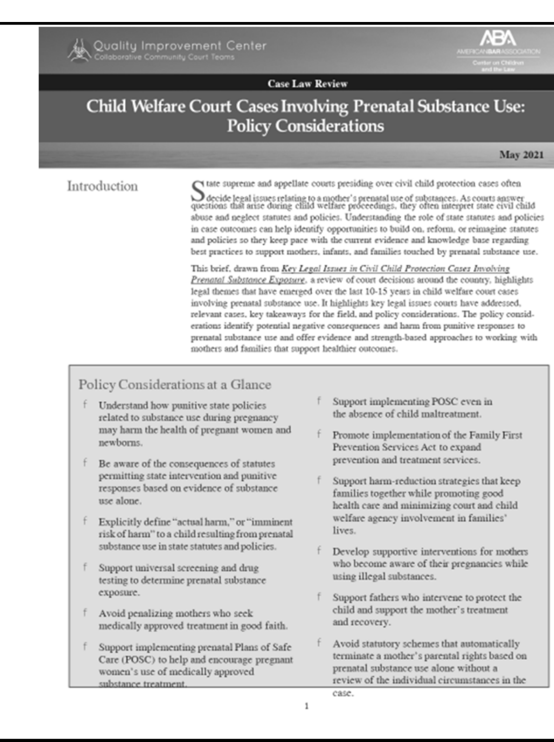
The video series includes:

•Two pre-recorded civil rights webinars: The first video provides foundational information on the application of federal disability rights laws to child welfare programs and activities; the second video explores federal disability rights protections that apply to some individuals in recovery from an opioid use disorder.

•A motion graphic which provides an overview of MAT and addresses common misconceptions surrounding this treatment approach as they pertain to child welfare practice.

•Two animated videos depicting discussions around misconceptions individuals may have about MAT and how federal disability rights laws protect some individuals in recovery ___ from an opioid use disorder.





Quality Improvement Center
Collaborative Community Court Teams

Case Law Review

Child Welfare Court Cases Involving Prenatal Substance Use: Policy Considerations

May 2021

Introduction

State supreme and appellate courts presiding over civil child protection cases often decide legal issues relating to a mother's prenatal use of substances. As courts answer questions that arise during child welfare proceedings, they often interpret state civil child abuse and neglect statutes and policies. Understanding the role of state statutes and policies in case outcomes can help identify opportunities to build on, reform, or reimagine statutes and policies so they keep pace with the current evidence and knowledge base regarding best practices to support mothers, infants, and families touched by prenatal substance use.

This brief, drawn from *Key Legal Issues in Civil Child Protection Cases Involving Prenatal Substance Exposure*, a review of court decisions around the country, highlights legal themes that have emerged over the last 10-15 years in child welfare court cases involving prenatal substance use. It highlights key legal issues courts have addressed, relevant cases, key takeaways for the field, and policy considerations. The policy considerations identify potential negative consequences and harm from punitive responses to prenatal substance use and offer evidence and strength-based approaches to working with mothers and families that support healthier outcomes.

Policy Considerations at a Glance

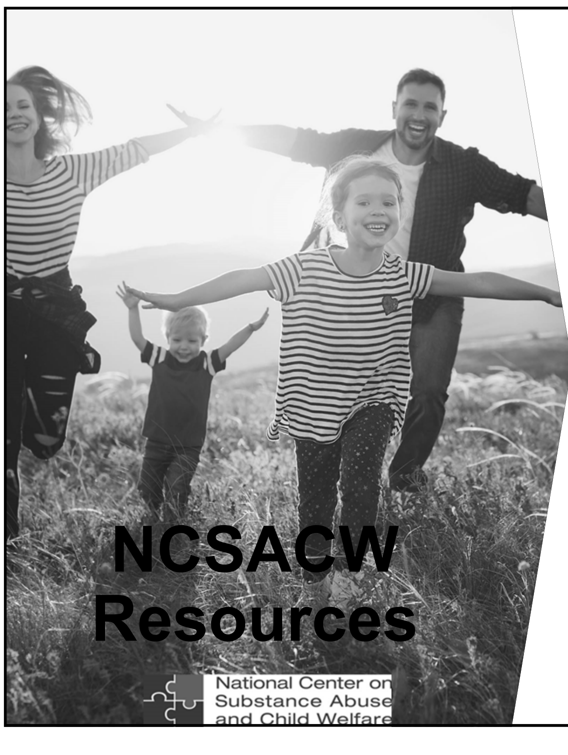
- Understand how punitive state policies related to substance use during pregnancy may harm the health of pregnant women and newborns.
- Be aware of the consequences of statutes permitting state intervention and punitive responses based on evidence of substance use alone.
- Explicitly define "actual harm," or "imminent risk of harm" to a child resulting from prenatal substance use in state statutes and policies.
- Support universal screening and drug testing to determine prenatal substance exposure.
- Avoid penalizing mothers who seek medically approved treatment in good faith.
- Support implementing prenatal Plans of Safe Care (POSC) to help and encourage pregnant women's use of medically approved substance treatment.
- Support implementing POSC even in the absence of child maltreatment.
- Promote implementation of the Family First Prevention Services Act to expand prevention and treatment services.
- Support harm-reduction strategies that keep families together while promoting good health care and minimizing court and child welfare agency involvement in families' lives.
- Develop supportive interventions for mothers who become aware of their pregnancies while using illegal substances.
- Support fathers who intervene to protect the child and support the mother's treatment and recovery.
- Avoid statutory schemes that automatically terminate a mother's parental rights based on prenatal substance use alone without a review of the individual circumstances in the case.

1

Case Law Review – Prenatal Substance Exposure + Policy Considerations

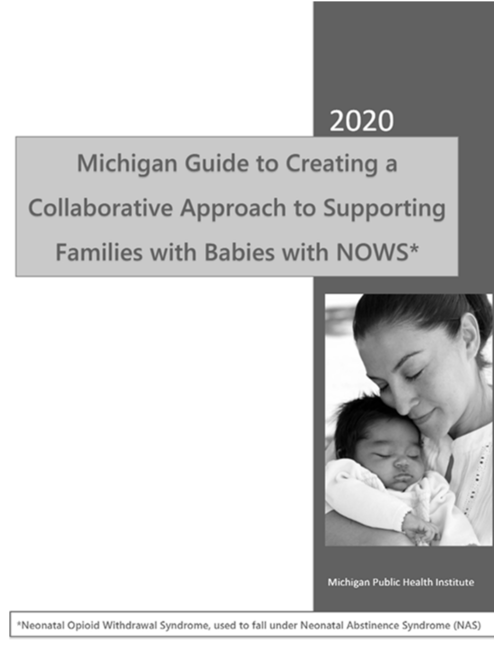
- Highlights key legal challenges communities face
- Informs decision making in day-to-day practice
- Provides guidance by interpreting relevant state statutes and court precedent
- Provides policy considerations

Source: American Bar Association, Center on Children and the Law. (2020). Key Legal Issues in Civil Child Protection Cases Involving Prenatal Substance Exposure. Retrieved from: https://www.cffutures.org/files/QIC_Resources/QIC-%20Prenatal%20Substance%20Use%20Case%20Law%20Policy%20Brief_508.pdf



- ***Plan of Safe Care Learning Modules***
- ***Online Tutorials for Child Welfare, Substance Use Treatment, and Legal Professionals***
- ***A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, & Service Providers***
- ***Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants***
- ***Training and Technical Assistance Resource Guide***

For more information or to access additional resources, please visit: https://ncsacw.samhsa.gov/

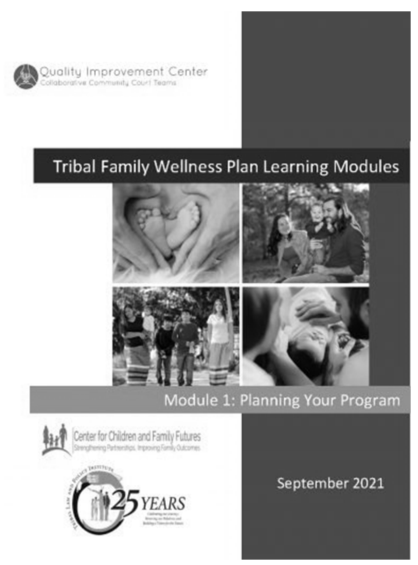


Michigan Guide to Creating a Collaborative Approach to Supporting Families with Babies with NOWS*

Offers step-by-step instructions and resources that demonstrate how a community can promote systems change

To download a copy:

https://www.mphi.org/wp-content/uploads/2020/09/Michigan-Guide-to-Creating-a-Collaborative-Approach-to-Supporting-Families-with-Babies-with-NOWS.pdf



The Quality Improvement Center for Collaborative Community Court Team's Tribal Family Wellness Plan Learning Modules prepared in collaboration with the Tribal Law and Policy Institute (TLPI), are designed to guide tribally driven collaboratives seeking to reduce the impact of substance abuse on pregnant and parenting families, improve systems and services to reduce prenatal substance exposure, prevent the separation of families, and support infant and family wellness.

https://www.cffutures.org/wp-content/uploads/2022/01/Module-1.-Preparing-for-POSC-Implementation.pdf

Facts about MAT

MAT has proven clinically effective in reducing both substance use and the need for inpatient detoxification services. "Medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body and allow the person to focus on other aspects of their recovery."

Without MAT, opioid relapse rates are high—between 65 and 80% just one month after discontinuing MAT—and over 90% after six months. (1)

Research shows medications used in MAT, when provided at the proper dose, have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability. (2)

(1) Bailey, G. L., Herman, D. S., & Stein, M. D. (2013). Perceived relapse risk and desire for medication assisted treatment among persons seeking inpatient opiate detoxification. Journal of Substance Abuse Treatment, 45(3), 302-305.

(2) Substance Abuse and Mental Health Services Administration. (n.d.). MAT medications, counseling, and related conditions. https://www.samhsa.gov/ medication-assisted-treatment/medications-counseling-related-conditions