HUMAN SERVICES PROGRAMS AND THE OPIOID CRISIS

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Learning Objectives

- Describe how the opioid crisis effects individuals, systems, and is hindering human services programs from meeting their objectives.

- Opioids, other drugs, and the myriad of related problems that accompany them, are too vast to belong to or be solved by any one system!

Individual Barriers

Effects of opioid use disorder (OUD) on individuals in our collective programs that make it harder for them to attain positive outcomes.

Refresher: Brain science and behavior[1]

Many individuals in the workforce have not received training about how OUD disrupts an individual's neurocircuitry affecting their ability to prioritize beneficial behaviors over destructive ones and their ability to exert control over these behaviors even when associated with catastrophic consequences.

Brain science and OUD

- This form of compulsive behavior must be ***managed over time*** and for OUD, Medication Assisted Treatment ***(MAT) is the standard of care.***

- *"…With the medications, you're creating stability in the brain, and that helps recondition it to respond to everyday pleasures again." Nora Volkow (Director of NIDA, 7.8.19)*

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Brain science and OUD

- Despite the brain science, OUD and other SUDs are among the most stigmatized conditions in the world due to two main factors:
  - Perceived control that a person has over the condition; and
  - Perceived fault in acquiring the condition.

Stigma trumps science

- In turn, people who experience stigma are less likely to seek out treatment services and access those services.
- When they do, people who experience stigma are more likely to drop out of care earlier.
- Both of these factors compound and lead to worse outcomes overall.

Refresher: Brain science and SUD/OUD[2]

While the initial decision to use substances is often voluntary,* the brain changes that occur over time challenge a person's self control and ability to resist intense impulses urging them to continue using substances.

* Coercion is often a factor

Effects on the individual

The individuals often have significant and complex histories of physical and sexual abuse, abandonment, loss, and associated trauma (for Native populations historical trauma) adversely affecting their ability to engage in/comply with programming.

Stigma trumps science

- Effectively treating people with histories of abuse, abandonment, loss, and associated trauma requires a time-involved process of testing and engagement (these behaviors should be **expected** as confirmation of their disorder, yet they can nonetheless be challenging for programs).

Effects on the individual

- The individuals often have complex family dynamics (multigenerational SUD/OUD, multi-age sibling groups who themselves are adversely affected from parental use, drug using partners who can sabotage recovery efforts, etc.).
- Failure to address these complex issues can result in treatment failure for the individual and missed opportunities to stabilize their family and environment.

Systems Barriers

Misaligned policies (punitive vs. therapeutic, timelines/punish-ment vs. accountability); lack of timeliness; misalignment between need vs. system response (e.g., unreasonable efforts); and workforce challenges.


DEAD END
DEAD END
DESTINATION RECOVERY
CAUTION
INEFFECTIVE
CAUTION
SHORT DURATION
CAUTION
EXCLUSIONARY CRITERIA
CAUTION
INFRASTRUCTURE BARRIERS
DEAD END
CAUTION
WAITING LISTS
DEAD END
TOLL ROAD
CAUTION
LOW INTENSITY
TOLL ROAD
CAUTION
MISALIGNED POLICIES
CAUTION
FINANCIAL BARRIERS
DEAD END
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Systems barriers

- OUD/other SUD treatment is offered to/accepted by too few—only about 10% of people who need treatment get it and only a lifetime engagement rate of 25%
- Begins too late—with years and, in some cases, decades of dependence preceding first treatment admission.
- Does not accommodate families (about 3% of residential programs allow mothers and children together).


POOR
HOMELESS
CJ HISTORY
DV SURVIVOR
TRAUMA VICTIM
SINGLE PARENT/ PREGNANT
LOW JOB SKILLS
4 X DAY OPIOID USER
NO TRANSPORTATION
3RD GENERATION SUBSTANCE USER
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Don’t worry!
We can squeeze you in every Wednesday from 3:00-4:00 starting in 2 weeks

System failure

"We are routinely placing individuals with high problem severity, complexity, and chronicity in treatment modalities whose low intensity and short duration offer little realistic hope for successful post-treatment recovery maintenance. For those with the most severe problems and the least recovery capital, this expectation is not a chance, but a set-up for failure—a systems failure masked as personal failure." (Bill White, 2013)

Systems barriers

- Retains too few (less than 50% national treatment completion rate) and some kicked out for confirming their diagnosis (for no other major health problem is a person thrown out for becoming symptomatic in the service setting);
- Ends too quickly, e.g., before the 90 days across levels of care recommended by the National Institute on Drug Abuse (NIDA);
- Offers too few evidence-based choices (especially MAT);

Systems Barriers

- Is too disconnected from indigenous recovery community resources (AI/AN ways of “knowing”);
- Fails to alter treatment methods in response to patient non-responsiveness, e.g., blaming substance use disorder recurrence on the patient rather than the treatment methods; and
- Offers minimal continuing care--far short of the five-year point of recovery durability.

Systems barriers

November 2018

ASPE Research Brief

Office of the Assistant Secretary for Planning and Evaluation

U.S. Department of Health and Human Services

Medication-Assisted Treatment for Opioid Use Disorder in the Child Welfare Context: Challenges and Opportunities

by Laura Radel, Melinda Baldwin, Gilbert Crouse, Robin Ghertner, and Annette Waters

This brief describes four key challenges related to the use of medication-assisted treatment (MAT) in child welfare contexts for parents with opioid use disorder. It draws on results from a mixed methods study examining how substance use affects child welfare systems across the country. Key challenges discussed include the following:

- **Limited availability of appropriate treatment.** Quality treatment programs for parenting women are in short supply in many communities. In addition, limits on insurance coverage, including Medicaid coverage in some locations, often prevent sufficient treatment duration.
- **Misunderstanding of MAT.** MAT is not always well understood by stakeholders, who may encourage tapering of MAT prematurely and do not insist that medications be accompanied by necessary psychosocial and recovery support services, undermining clients' opportunities for success. Divergent understanding and views of MAT also mean that parents with opioid use disorder receive mixed messages about appropriate treatment, which may undermine referral and treatment engagement efforts.
- **Limited interaction between child welfare agencies and MAT providers.** The opioid crisis has prompted new entrants to the substance use disorder treatment community who are not familiar with child welfare agencies, are often unaccustomed to the needs of child welfare system clients, and may be resistant (even with appropriate client consent) to providing the feedback on parents' treatment progress needed for child welfare proceedings.
- **Need for alignment of systems and stakeholders with different perspectives and objectives.** Child welfare outcomes related to safety, permanency, and well-being depend on multiple stakeholders who may have different perspectives on MAT and different objectives regarding client outcomes.

The brief also describes opportunities to address each of the challenges described. Opportunities include new funding to expand MAT for opioid use disorder, funding soon to be available under the Family First Prevention Services Act that states may use to fund evidence-based treatment for substance use disorders to prevent children's entry into foster care, and additional steps that could enhance the availability of MAT and improve outcomes for children and families involved with the child welfare system in part because of parents' opioid use.

INTRODUCTION

This brief is one of a series presenting findings of a mixed methods study describing how the current opioid epidemic, particularly parental opioid misuse, affects the child welfare system. This brief focuses on key challenges and opportunities related to implementation of medication-assisted treatment (MAT) for opioid use disorder in child welfare contexts. MAT is a treatment approach that practitioners have observed and researchers have documented to produce the best treatment outcomes for individuals with opioid use disorder (Connery, 2015). This brief describes four primary challenges that affect the use of MAT in child welfare contexts and identifies opportunities for communities to address these challenges through existing resources or approaches.

July 2019

ASPE ISSUE BRIEF

HHS OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

OFFICE OF DISABILITY, AGING AND LONG-TERM CARE POLICY

OPTIMAL UTILIZATION OF PSYCHOSOCIAL SUPPORTS IN MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER

INTRODUCTION

As the opioid epidemic has evolved into a national crisis, the need for treatment has increased greatly. Medication-assisted treatment (MAT) is a "whole-patient" approach to the treatment of opioid use disorder (OUD) that combines the use of medications and psychosocial supports, such as therapy, counseling, self-help groups, and case management. MAT effectively treats OUD by decreasing opioid use and opioid-related overdose deaths.

This study aimed to describe different models of psychosocial supports in MAT for OUD. Specifically, the study examined current practices of psychosocial support and factors that facilitate or hinder these models in clinical practice. An environmental scan was conducted that included three components: a literature review, analysis of unpublished survey data, and key informant interviews. In addition, one-day site visits were held at five different treatment programs to learn how organizations implement psychosocial supports in their MAT programs.

VALUE OF PSYCHOSOCIAL SUPPORTS IN MAT

The available literature on the value of psychosocial supports in MAT is limited. Research findings are mixed, though recent systematic reviews have been supportive of the value of psychosocial supports. In general, the literature is inadequate to draw conclusions about the types or levels of psychosocial services that should be provided, or how to adapt psychosocial supports across settings or patient groups. Yet, professionals in the field, including professional organizations, key informants interviewed, and staff in the visited sites all strongly agreed there is great value in psychosocial supports.

CURRENT PRACTICES OF PSYCHOSOCIAL SUPPORTS IN MAT

The findings of this study demonstrate great diversity in approaches to delivering psychosocial supports. Programs employ a range of psychosocial supports that vary in content and intensity, including individual counseling, group counseling, self-help groups, case management, peer recovery specialists, medication management, and skills learning groups. While manualized evidence-based practices (EBPs) are frequently evaluated in research, in practice, providers use EBPs less frequently or in an unstructured manner.

A national survey of 1,174 buprenorphine providers on the package of treatment services delivered to their patients and found that:

54% OF PATIENTS RECEIVED COUNSELING FROM THE PRESCRIBER

38% OF PATIENTS RECEIVED COUNSELING FROM OTHER PROVIDERS WITHIN THE ORGANIZATION

39% OF PATIENTS RECEIVED COUNSELING FROM EXTERNAL PROVIDERS VIA REFERRAL

12% OF PATIENTS RECEIVED NO COUNSELING

74% OF PRESCRIBERS INCREASED THE FREQUENCY OF VISITS WHEN PATIENTS CONTINUED TO USE OPIOIDS

88% OF PRESCRIBERS REFERRED BUPRENORPHINE PATIENTS TO LOCAL SELF-HELP GROUPS

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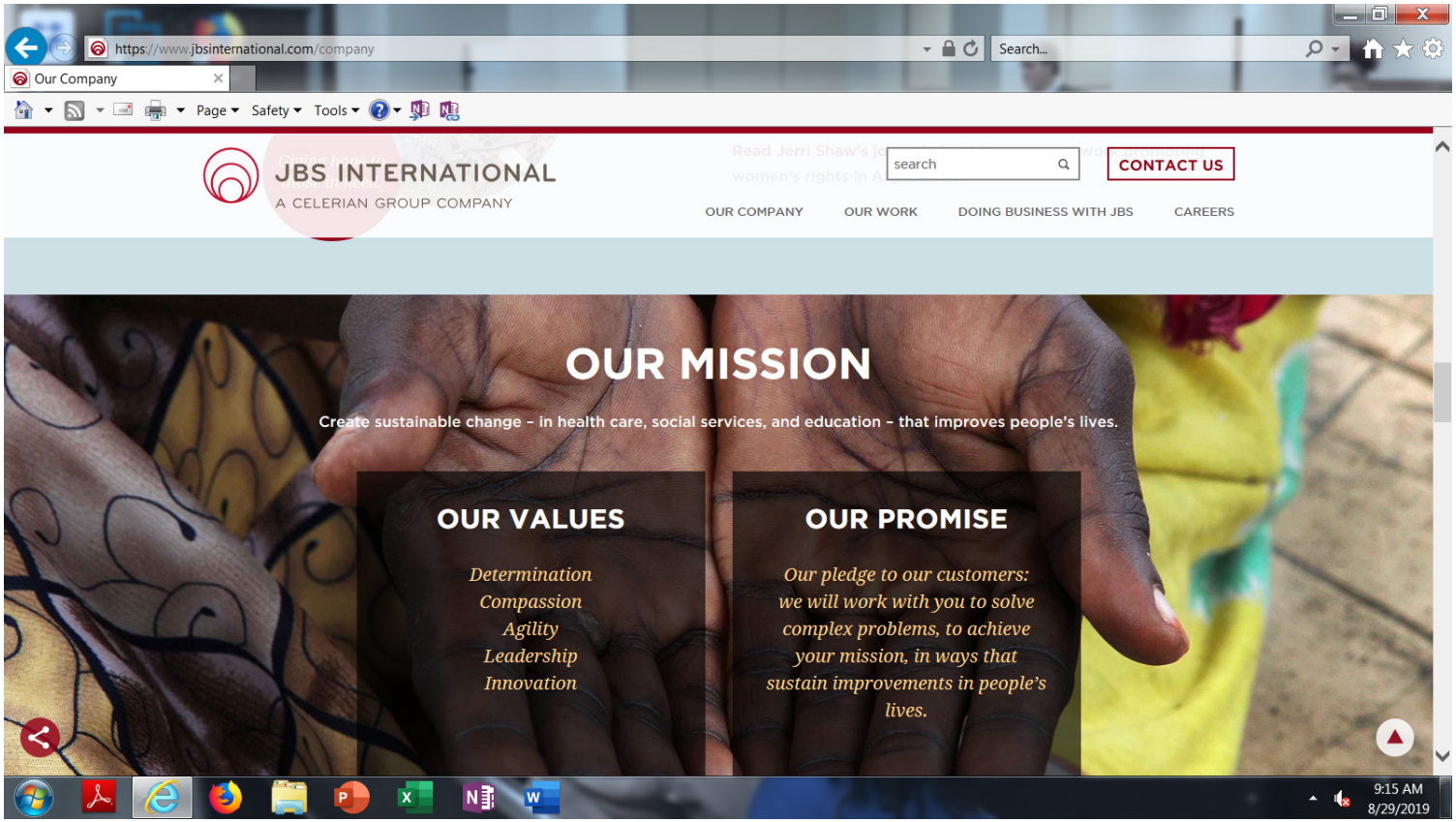
Opportunities to Strengthen Practice

If we can walk on the moon, we can improve our systems' practice with this population of focus. We can apply research and common sense to our collaborative work with individuals/families with OUD. We can align and balance services, supports, and accountability with the scope of challenges that individuals and families with OUD present to our respective systems.



Questions/Information about this presentation:

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CITATIONS

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