

Supporting engagement in treatment and recovery in child welfare and public assistance programs

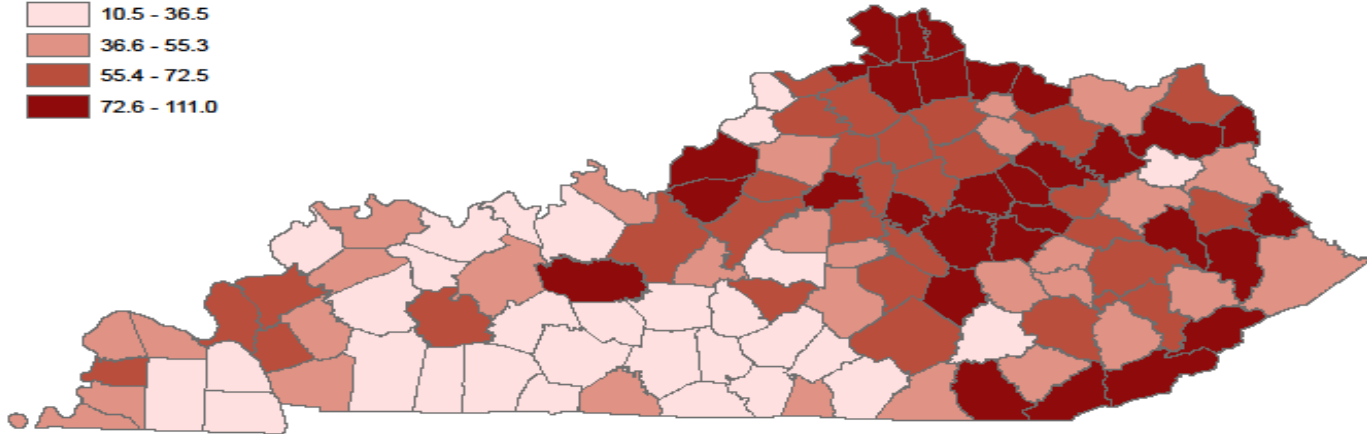
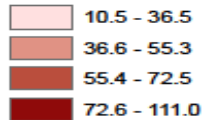
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Human Services Programs and the Opioid Crisis
Annual Poverty Research and Policy Forum
September 17, 2019

Kentucky Opioid Overdose Index Score, 2017



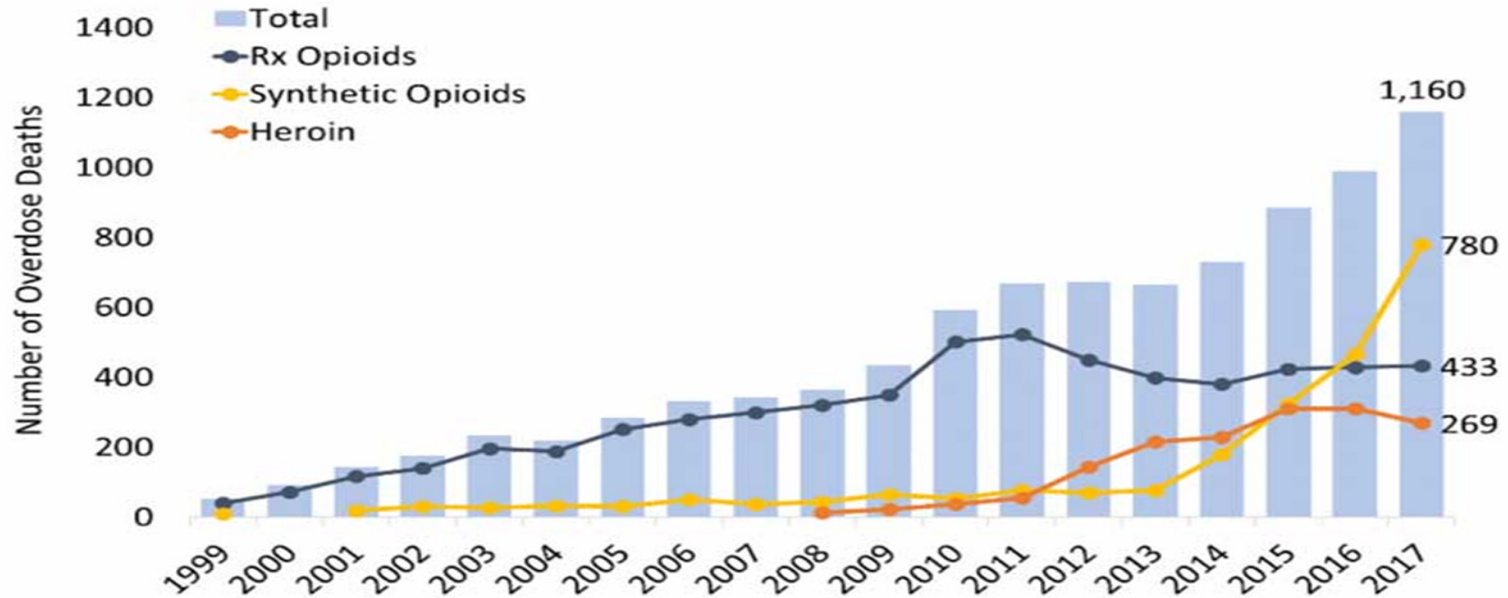
Opioid Overdose Index



Index score calculated by averaging county ranks in 1) fatal opioid overdose rate; 2) opioid overdose emergency department visit rate; 3) opioid overdose hospitalization rate; 4) MME \geq 100 rate.

Data sources: Kentucky Inpatient and Outpatient Hospitalization Claims Files, Frankfort, KY; Cabinet for Health and Family Services, Office of Health Policy; Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services; Kentucky All Schedule Prescription Electronic Reporting, Kentucky Office of Inspector General, Cabinet for Health and Family Services. Data are provisional and subject to change.

Figure 1. Number of overdose deaths involving opioids in Kentucky, by opioid category. Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance. Source: CDC WONDER.



Opioid use disorder among individuals living in poverty

- ▶ Individuals in poverty are twice as likely to be dependent on opioids as those with incomes above 200% of the federal poverty line.
- ▶ Unemployment rates correlate strongly with opioid use disorder rates.
- ▶ Opioid use disorder (OUD) occurs in the context of multiple co-existing problems/barriers that increase low-income individuals' difficulties in accessing treatment and maintaining recovery.

Multiple co-existing barriers

- ▶ Multiple barriers are a strong predictor of non-participation in work activities and continue to be linked to poor employment among low-income parents.
 - ▶ Estimates of drug and alcohol use among Temporary Assistance to Needy Families (TANF) recipients are more than double those for individuals who do not receive TANF.
 - ▶ Female TANF recipients with substance use disorders report co-occurring depression, anxiety and high levels of post-traumatic stress disorder (PTSD).
 - ▶ Intimate partner violence (IPV) and mental health problems are higher among women receiving TANF than other low-income women not receiving TANF.
 - ▶ Unmet basic needs have been strongly correlated with mental health and intimate partner violence.
 - ▶ Adverse Childhood Experiences (ACEs) and adult trauma are more prevalent.

Adverse Childhood Experiences (ACEs)

- ▶ ACEs include physical and emotional abuse and neglect, sexual abuse, and other potentially traumatic experiences, such as witnessing community violence or domestic violence
- ▶ ACEs are linked to risky health behaviors, chronic health conditions, low life potential, and early death
- ▶ As # of ACEs increases, so does risk for conditions such as depression, anxiety, PTSD, suicidality, alcohol & drug misuse, cardiovascular disease, autoimmune diseases, food insecurity, unintended pregnancy, and limited education and employment

Adult trauma

- ▶ Intimate partner violence is linked to opioid and other substance use as well as to mental health problems
- ▶ Survivors may use substances to cope with emotional trauma or chronic pain resulting from abuse
- ▶ Substance Use Coercion
 - ▶ Survivor may be forced to use substances
 - ▶ Abuser uses their substance use condition to further control, engaging in behaviors designed to:
 - ▶ UNDERMINE their partner's mental health and sobriety
 - ▶ CONTROL their partner's ability to engage in treatment
 - ▶ DISCREDIT them with potential sources of protection and support.

Adult trauma

- ▶ Sexual violence is also a common experience for people actively using and abusing opioids.
- ▶ The Cycle (circular):
 - ▶ Sexual violence experience
 - ▶ Trauma response
 - ▶ Substance use to self-medicate and cope
 - ▶ Increased risk for repeated sexual violence due
 - ▶ More trauma, increased substance use....the cycle continues.

Other barriers

- ▶ Housing
- ▶ Transportation
- ▶ Support system
- ▶ Physical health
- ▶ Limited employment history
- ▶ Educational deficits / learning disabilities
- ▶ Stigma
 - ▶ Stigma specific to OUD and Medication Assisted Treatment (MAT)

Identifying and addressing OUD and multiple barriers in child welfare and public assistance programs

- ▶ Individuals across all income levels hide their substance use
 - ▶ Lower income individuals may misreport due to stigma, fear of legal consequences, and fear they will lose their public assistance benefits or custody of their children if they disclose
- ▶ Generic screening and referral methods have limited effectiveness, while screening/assessment by trained professionals have shown to increase identification and referral to treatment
- ▶ Coordinated, comprehensive approach to OUD and other substance use disorders utilizing intensive case management has improved employment, substance abstinence, and treatment attendance outcomes

UK Targeted Assessment Program engagement approach: Resolving internal and external barriers

- ▶ Trauma-informed, respectful approach
- ▶ Holistic screening and assessment for barriers and strengths
- ▶ Motivational Interviewing (MI) is used to engage participants in progressing through Stages of Change to engage in treatment
- ▶ Intensive Case Management (ICM) resolves basic needs and other barriers that could interfere with treatment engagement, participation, and retention
 - ▶ Housing, transportation, child care, utilities, physical health, social supports, legal problems, intimate partner violence, mental health
- ▶ Determining level of care (American Society of Addiction Medicine {ASAM} Criteria)
- ▶ If Medication Assisted Treatment (MAT) is appropriate:
 - ▶ Steer participants toward high quality MAT programs
 - ▶ Coordinate participation in additional treatment modalities in conjunction with MAT as needed
 - ▶ Support treatment retention
- ▶ Ongoing communication with referral source and treatment providers

How can human service programs help?

- Decrease stigma and increase appropriate human service program response
 - OUD and MAT training
- Increase identification of OUD and other substance use disorders and coexisting barriers and engagement in treatment through trauma-informed service provision
 - What would change if the program/s were trauma-informed?
- Improve access to MAT and quality of treatment
 - Medications in combination with evidence based therapies and psychosocial support
 - Appropriate changes to Medicaid

How can human service programs help?

- Build path to employment for low-income parents in recovery
 - How does the federal/state TANF plan support/fail to support substance use treatment and recovery activities? What changes would help.
 - What partnerships can be built with Workforce Development, Adult Education, Business Community?

How can human service programs help?

- Expand transitional care services such as housing, transportation, and employment
- Expand community support services to support long-term recovery
- Partner with community organizations and Universities to foster effective approaches to addressing OUD and multiple barriers and improve outcomes

Opportunities & Challenges

- ▶ HEALing Communities Studies
 - ▶ <https://www.uky.edu/healingstudy/>
- ▶ Kentucky Opioid Response Effort (KORE)
 - ▶ <http://dbhdid.ky.gov/dbh/kore.aspx>
- ▶ Recovery-Oriented Systems of Care
- ▶ Plans of Safe Care
- ▶ Families First Prevention Services Act

- ▶ Resurgence/ongoing impact of methamphetamine

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Additional Information

Kentucky's Targeted Assessment Program (TAP)

- ▶ Partnership between the Kentucky Cabinet for Health and Family Services, Department for Community Based Services (DCBS), and the University of Kentucky Center on Drug & Alcohol Research (Commonwealth of Kentucky Contract # PON2 736 1800002000)
- ▶ Co-locates trained professionals at DCBS offices with state child welfare and TANF staff to:
 - ▶ Identify & address barriers to self-sufficiency, family safety & stability with focus on substance use, mental health, intimate partner violence, learning disabilities & deficits, and unmet basic needs
- ▶ Initiated in 2000 as a pilot project by DCBS, the program has been expanded 7 expansions with TANF funds. Currently serves 35 KY counties.

TAP Opioid Use Disorder Project


- ▶ FY 2019 - awarded a Kentucky Opioid Response Effort (KORE) grant with Substance Abuse and Mental Health Services Administration (SAMSHA) funding to expand TAP to address engagement and retention in evidence based opioid use disorder treatment in selected high risk counties impacted by the opiate epidemic
- ▶ Accomplished through a Memorandum of Understanding between the KY Department of Behavioral Health, Developmental & Intellectual Disabilities (DBHDID) and DCBS
- ▶ Expands the program in 5 existing sites and initiates services in 11 counties without TAP services

Kentucky TAP Sites

 EASTERN MOUNTAIN


 SALT RIVER TRAIL


 NORTHEASTERN

 TWO RIVERS

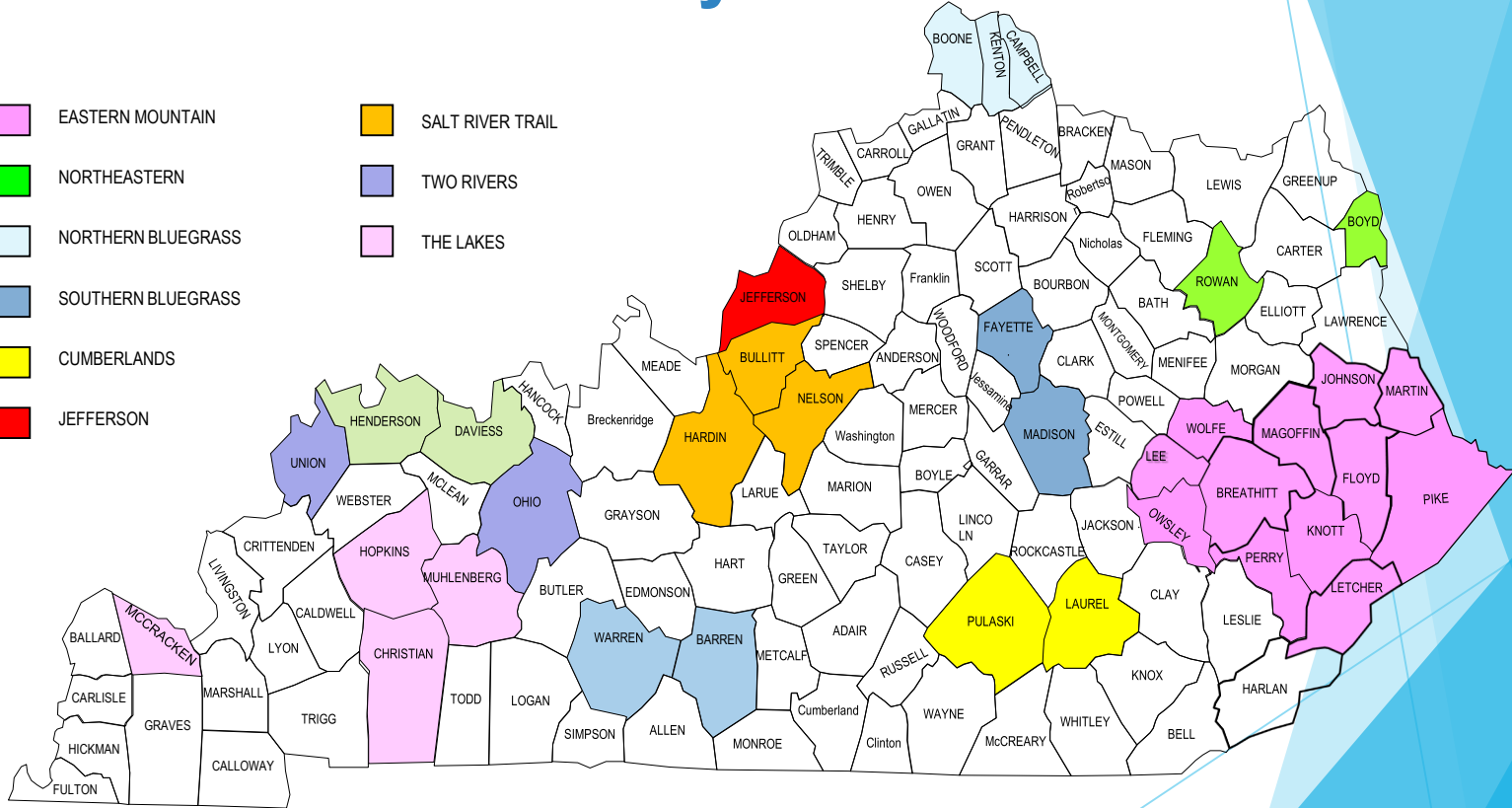
 NORTHERN BLUEGRASS

 THE LAKES

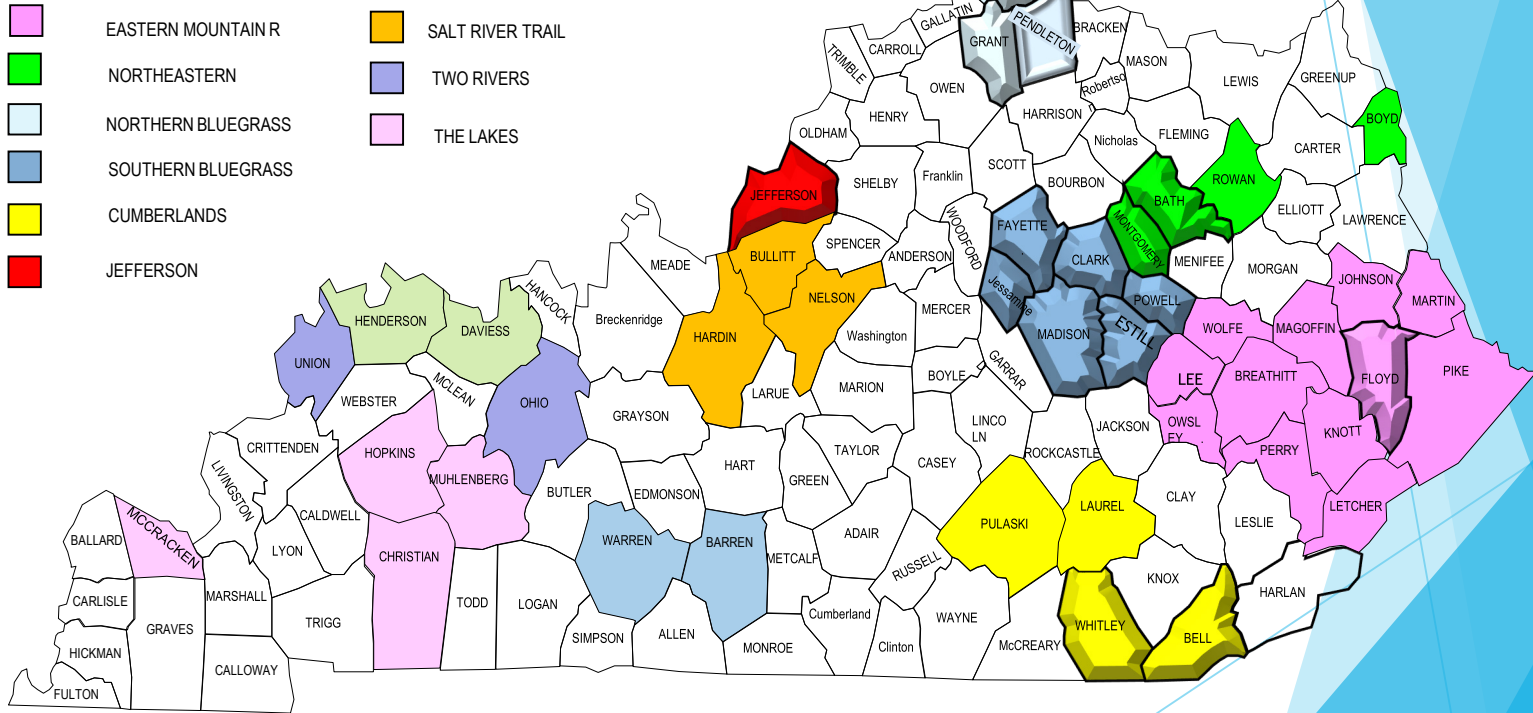
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TAP Opiate Use Disorder Project Sites



TAP Services

- ▶ Outreach
- ▶ Screening & assessment (substance use, mental health, intimate partner violence, learning disabilities & deficits, and other barriers)
- ▶ Referral
- ▶ Pretreatment services (education, motivational interviewing)
- ▶ Intensive case management
- ▶ Ongoing follow-up and supportive services

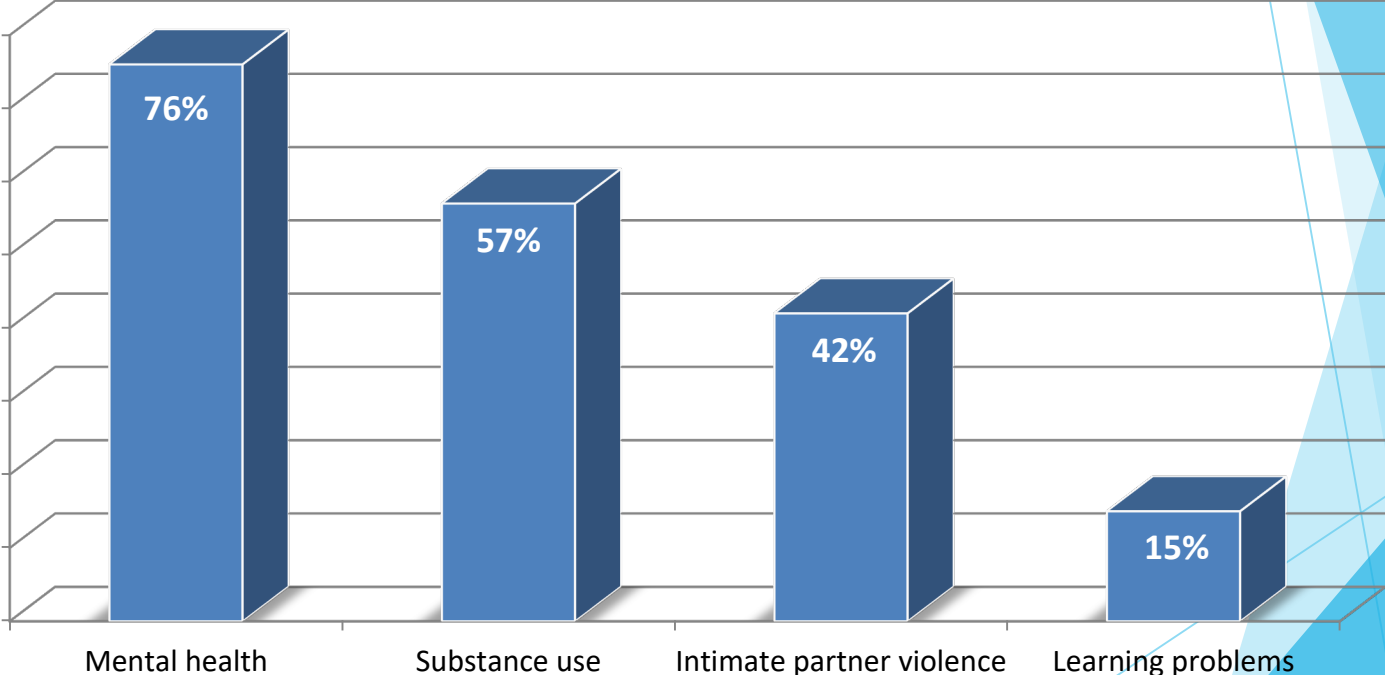
Key Practices

- ▶ Co-location with child welfare and public assistance staff
- ▶ Trauma-informed approach
- ▶ Holistic assessment of barriers and strengths
- ▶ Strengths-Based Case Management and Motivational Interviewing
 - ▶ Pre-treatment engagement and treatment support
- ▶ A customized service plan created with each participant in consultation with the referring worker
- ▶ Ongoing consultation & communication with the referring worker and referred community services

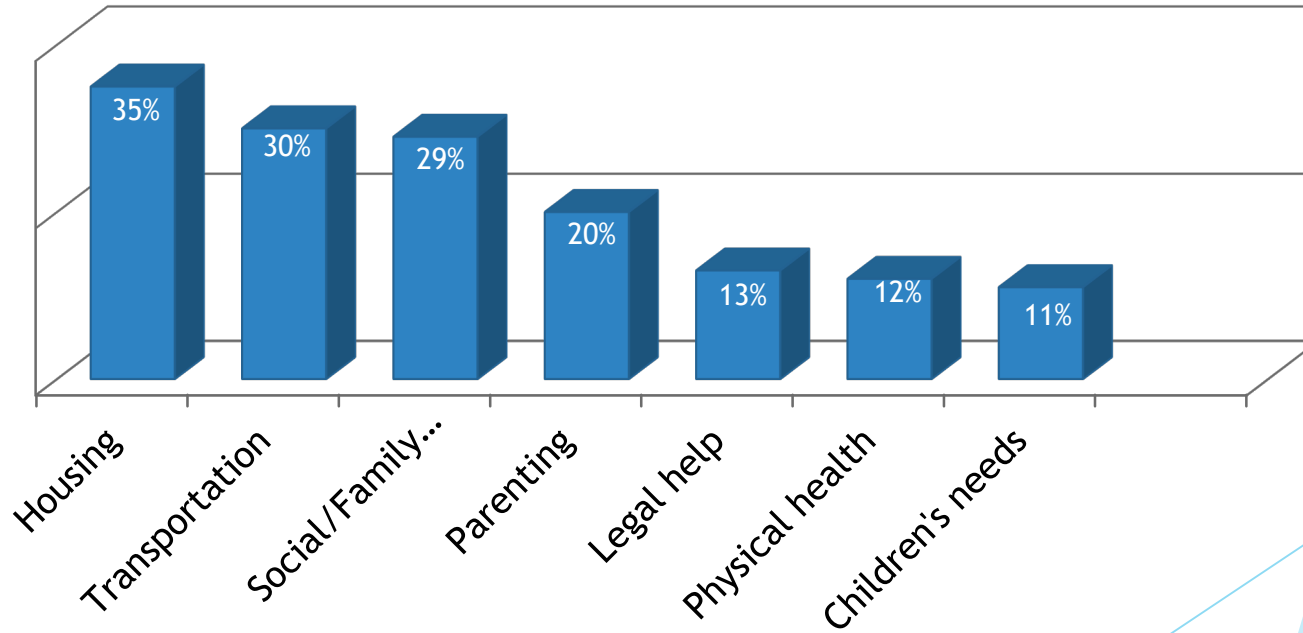
University of Kentucky Targeted Assessment Program Data

- ▶ Baseline Data and Case Closure Data - Collected by TAP staff using a confidential encrypted secure web-based data system approved by the University Institutional Review Board.
- ▶ In Fiscal Year 2019, participants (n=2,072) were predominantly female (n=1,825; 88%), white (n=1,734; 83%) with an average of 2.3 children. Twenty-seven percent of participants (n=569) reported education less than a high school diploma and the majority (n=1,323; 64%) were unemployed at time of baseline assessment. All were receiving TANF/ TANF-eligible (200% of poverty or below with dependent children).
- ▶ 65% of participants (n=1,351) were assessed with two or more barriers (substance use, mental health, intimate partner violence, learning problems) in combination.

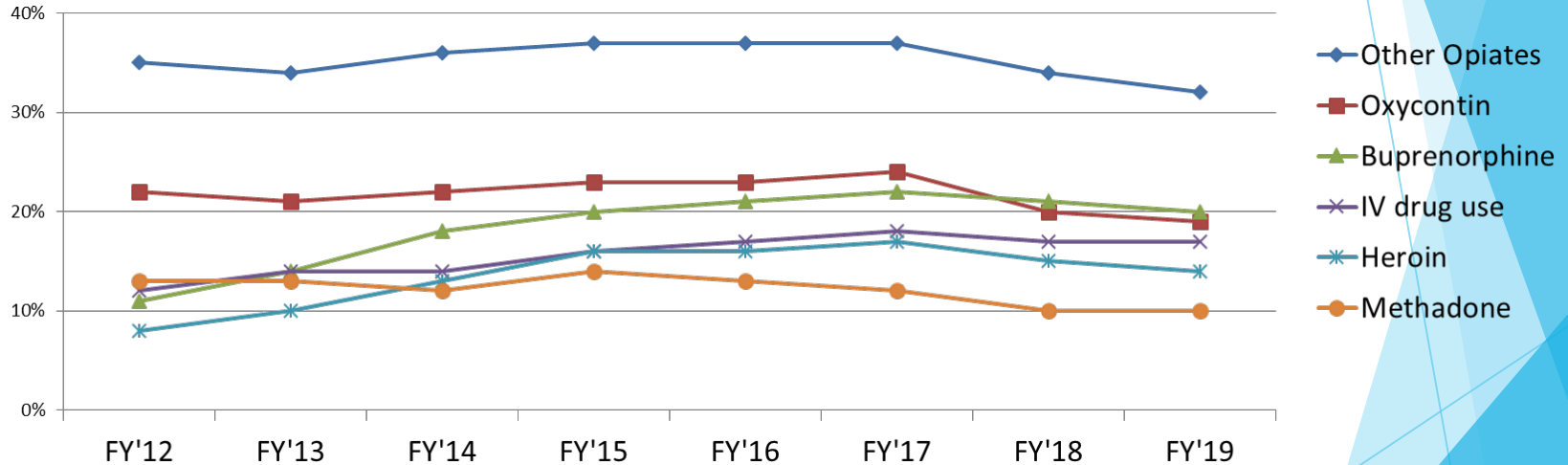
Percent of TAP participants assessed with mental health, substance use, intimate partner violence victimization, and learning problems in FY 2019 (n=2,072; may experience one or more barriers in combination)



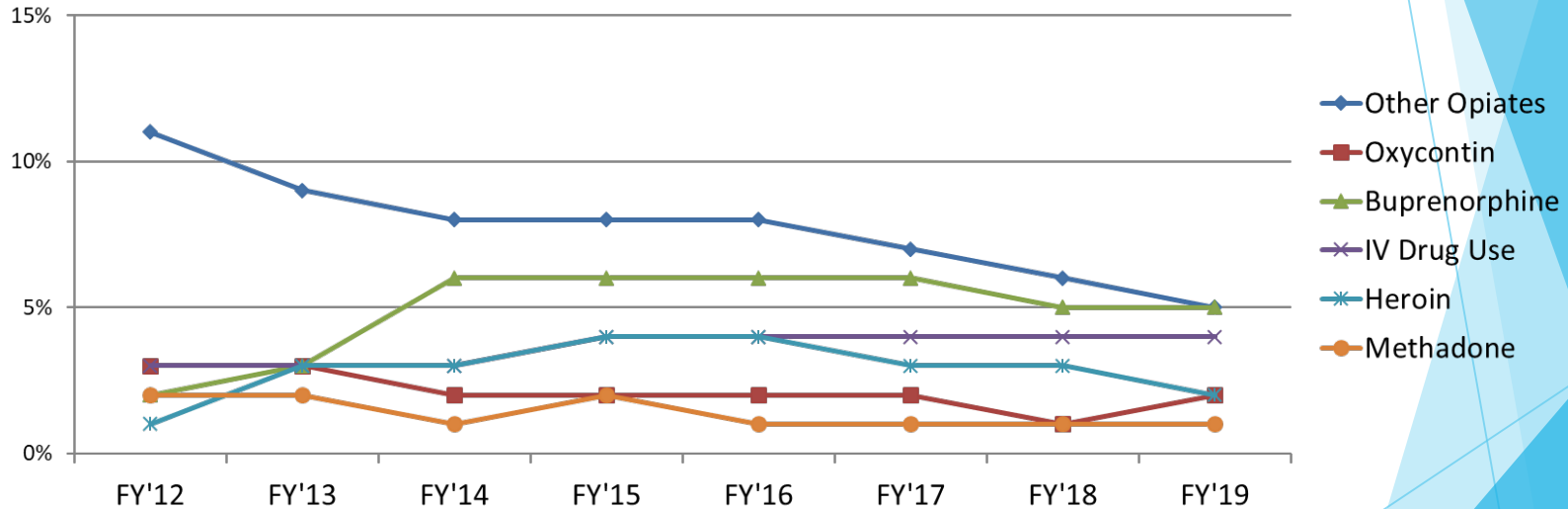
Percent of assessed TAP participants reporting unmet basic needs at baseline in FY 2019 (n=2,072)



Percent of TAP participants (n=18,816) self-reporting lifetime opioid use at baseline assessment (FY 2012 through FY 2019)



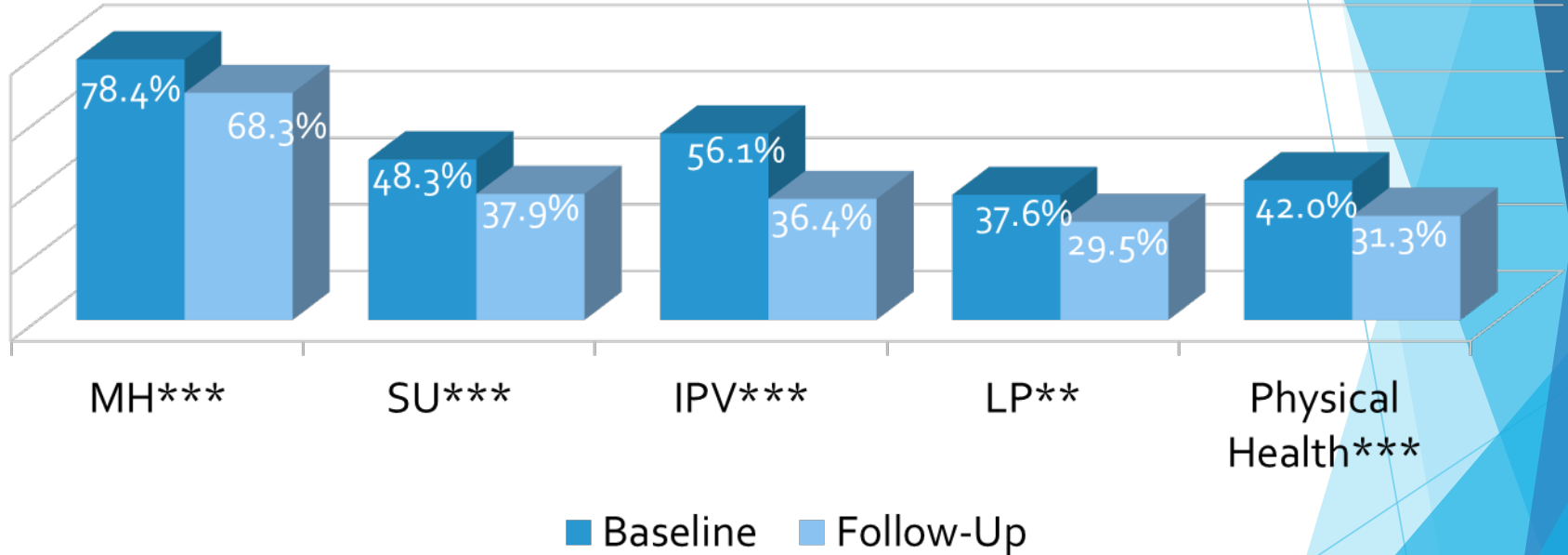
Percent of TAP participants (n=18,816) self-reporting opiate use 3 months before baseline assessment (FY 2012 through FY 2019)



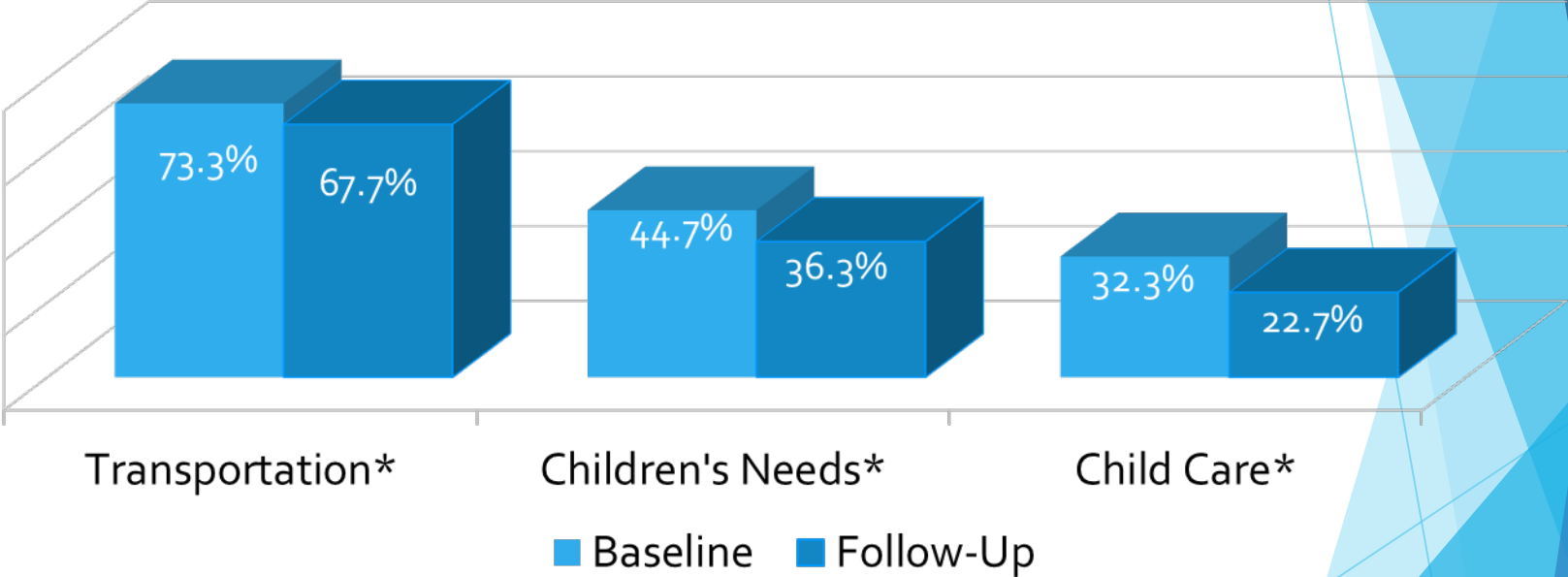
TAP 6 Month Follow-Up Study

- ▶ TAP participants completed a baseline interview and were asked to consent to follow-up from July 1, 2007 to June 30, 2008. A regionally proportionate stratified random sample was drawn of these consenting participants for a final sample of 322 subjects. The study was approved by the University Institutional Review Board. Subjects received \$20.
- ▶ There were statistically significant decreases from baseline assessment to 6-month follow-up (n=322) for:
 - ▶ Mental health (MH) symptoms
 - ▶ Substance use (SU)
 - ▶ Intimate partner violence (IPV)
 - ▶ Percentage of participants with an open child welfare case
 - ▶ Percentage of participants experiencing work difficulty
 - ▶ Reliance on TANF decreased while employment increased

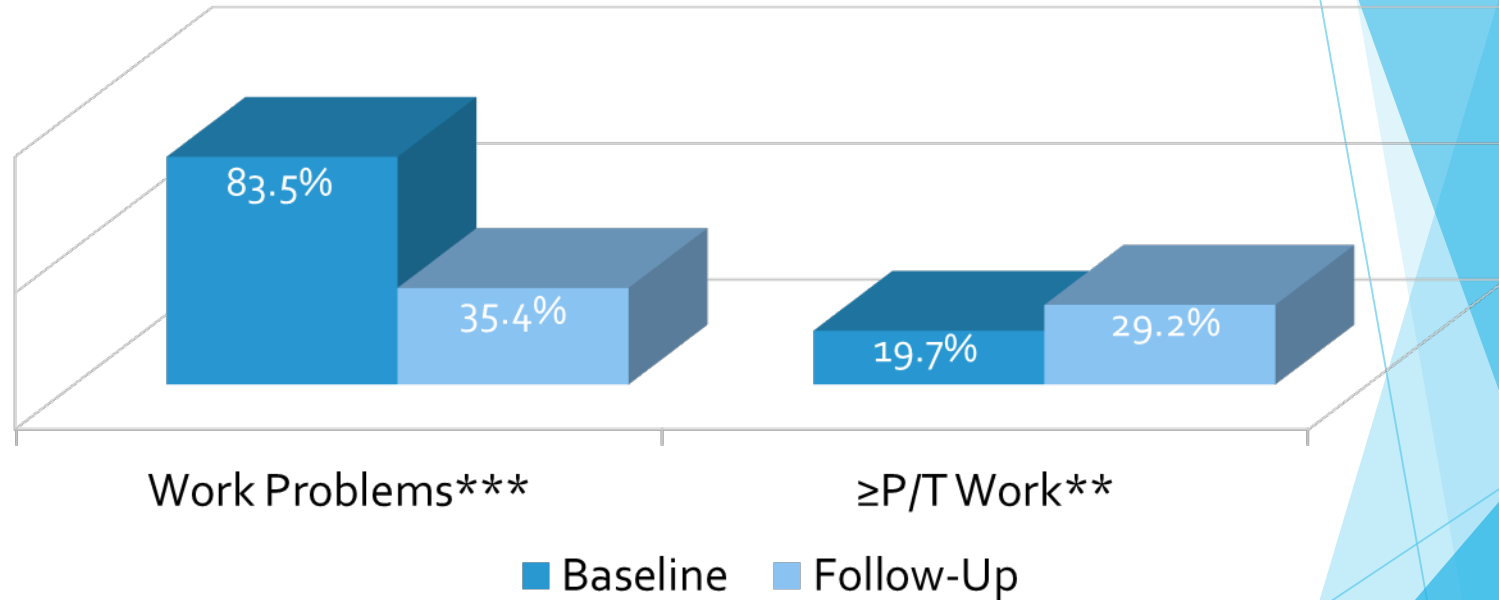
At 6-month follow-up (n=322), the percent of participants with assessed barriers significantly decreased



Participants also reported significant decreases in unmet basic needs at 6-month follow-up (n=322)



Participants reported significant changes in employment-related outcomes at the 6-month follow-up (n=322)



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