

BREAKING NEWS

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OPIOID CRISIS

25,000 DEATHS
IN THE LAST

APPLYING CURRENT KNOWLEDGE ABOUT OPIOIDS TO THE
DEPENDENCY COURT PROCESS

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This material is offered by the Florida Alcohol and Drug Abuse Association and JBS International and supported by funding from the Department of Children and Families, Office of Substance Abuse and Mental Health (Contract #LD987) as part of its Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response to the Opioid Crisis (O-STR) grant efforts.



PURPOSE OF THE OPIOID STR GRANT

The grant aims to address the opioid crisis by:

- ✓ Increasing access to treatment
- ✓ Reducing unmet treatment needs
- ✓ Reducing opioid overdose related deaths

LEARNING OBJECTIVES

Participants will:

- Apply general knowledge about opioid use and treatment to the dependency court process
- Identify case-specific information that judges need to make well-informed decisions at different points in the dependency court process

- A Bench Guide for Opioid-Involved Dependency Cases can be downloaded at www.fadaa.org. The implementation guide has more detail than this overview.

Bench Guide for Opioid-Involved Dependency Cases^{*†}



An application of the current state of knowledge about opioid use disorders to the dependency court process

^{*} These guidelines are specific to opioid use cases and are in addition to broad judicial requirements/best practices at each stage of a dependency case. See Florida's Dependency Benchbook for comprehensive information regarding legal and non-legal matters in dependency cases. <http://www.flcourts.org/resources-and-services/family-courts/dependency/dependency-benchbook.html>

[†] The information in these guidelines is organized around specific hearings and for brevity sake is not repeated across hearings. However, there is considerable overlap between the hearings regarding relevant information about opioids and potential judicial inquiry. The reader should view the hearing breakdowns with some flexibility. Created by Victoria Weisz, Ph.D., M.L.S. and Pamela Baston, MPA, MCAP, CPP from JBS International.



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SHELTER HEARING



Can children remain safely in the home?

- Main shelter hearing decision is whether children need to be removed from their home for their safety or if they are already removed, whether they can be safely returned home.

OPIOID USE ... WHAT WE KNOW



- After an initial pleasurable “rush,” people who use opioids may be very drowsy for several hours with clouded mental functioning.
- Repeated use often results in addiction when seeking and using the drug becomes the primary purpose in life.
- Most people who use opioids also take other illicit substances that can adversely affect health and daily functioning.
- Child safety is not only affected by the time period that a parent is high from the opioid. The overall opioid use lifestyle can present serious safety issues that should be considered.

CASE SPECIFICS AT SHELTER HEARING REGARDING CONFIDENCE IN INFORMATION



- Is there a motivational interview with parent?
- Did parent admit opioid or other substance use problems?
- Did collateral interviews provide information about opioid and other substance use? Substance use lifestyle?
- Did initial assessment include sufficient information gathering from collateral sources?

CASE SPECIFICS AT SHELTER HEARING REGARDING FURTHER INFORMATION ABOUT PARENTAL OPIOID USE



- Was there information in the initial report (e.g., hotline abuse report) that indicated likely opioid or other substance use?
- Is there any information that the parent might have experienced overdose in the past?
- Is there any criminal history of the parent or other adults in the home regarding opioid possession, sales, or use?

CASE SPECIFICS AT SHELTER HEARING FOCUSING ON CHILD SAFETY AND SERVICES

- Are there times that the parent is the sole caretaker of the child and is using opioids?
- Is the child vulnerable because of age, temperament, or disability and is therefore unable to self-protect?
- Are there any safety services available to prevent the removal?
- Do safety risks outweigh relative harm of removal?
- Are there voluntary services available to the parent to start treatment and possibly prevent removal?



ADJUDICATION

- Are there grounds for finding that the child has been abused or neglected or is at imminent risk of abuse or neglect?
- Is there a nexus between the opioid use and child abuse/neglect or imminent risk for such?



WHAT WE KNOW ABOUT OPIOID USE

If parent is misusing opioids, then parent is likely:

- Having periods of extreme drowsiness and clouded mental functioning lasting several hours
- Devoting considerable time to procuring, using, and recovering from the drug
- At risk for leaving dangerous opioid substances and/or paraphernalia accessible to children



CASE SPECIFICS AT ADJUDICATION FOCUSING ON PARENTAL DRUG USE AND RISKS/HARMS TO CHILDREN:

- Are there likely times that parent is sole caretaker of the child and is using opioids?
- Would extreme parental drowsiness/cognitive impairment and drug procurement activities threaten child's immediate physical safety?
- Would extreme parental drowsiness/cognitive impairment and drug procurement activities cause children to experience serious neglect and associated toxic stress?

CASE SPECIFICS AT ADJUDICATION RELATED TO RISK AND MITIGATING FACTORS:

- Is there another adult in the home who provides care when the parent is impaired or unavailable?
- Is the child vulnerable because of age, temperament, or disability and is therefore unable to self-protect?
- Has the child demonstrated self-protection capacities regarding parental opioid abuse?
- Can child care for his/her own basic needs?

DISPOSITION

- Does the child need to remain in the custody of the Department of Children and Families (DCF)?
- Is DCF's permanency plan appropriate?
- Is DCF making reasonable efforts to achieve that plan?



WHAT WE KNOW ABOUT PROGNOSIS FOR OPIOID USE/ADDICTION

- Treatment effectiveness is similar to treatment for chronic physical diseases such as diabetes, hypertension, and asthma.
- Return to use is common in all—although Medication-Assisted Treatment and Recovery (MAT-R) effectively reduces such recurrence. Typically, return to use is an indication to re-adjust treatment.
- Many patients will enter and stay in recovery especially if they are provided MAT-R.
- With fentanyl in the mix, return to use is more likely to be deadly.



CARFENTANIL



- A synthetic opioid 100 times more potent than fentanyl, and 10,000 times more potent than morphine
- A tranquilizing agent for elephants and other large mammals -- not approved for use in humans
- Linked to a significant number of overdose deaths in various parts of the country
- Improper handling of carfentanil, fentanyl, and other fentanyl-related compounds can have deadly consequences.

WHAT WE KNOW ABOUT TREATMENT:

- MAT-R is the recommended standard of care for opioid addiction
- Most individuals receiving MAT-R also need counseling to address underlying problems
- MAT-R is the recommended standard of care for pregnant women with opioid addiction



WHAT WE KNOW ABOUT NEEDS OF CHILDREN



- If main caregiver is engaged in long-term heavy opioid misuse, the child is likely to have experienced significant neglect and toxic stress
- Parent-child relationship is likely to be problematic and the child may suffer from lack of a responsive parent
- Parental sobriety, while crucial, will not necessarily by itself address child's or adolescent's developmental, mental health, or opioid or other substance use disorder needs

CASE SPECIFICS AT DISPOSITION RELATED TO REASONABLE EFFORTS

- Does the case plan include evidence-based treatment, MAT-R, that the parent can access?
- Does the case plan identify, and address concrete supports the parent needs to engage in treatment?
- Does the case plan identify other substances the parent is using? Are these adequately addressed?
- Does the case plan identify any co-occurring disorders/issues (e.g., mental health, domestic violence, chronic physical health problems)? Are these adequately addressed?



CASE SPECIFICS AT DISPOSITION RELATED TO CHILDREN'S NEEDS



- Have children under age 3 been referred for a Part C (IDEA) evaluation? What are findings?
- Are child developmental delays being addressed?
- Does the case plan include an evidence-based parenting program as part of or in addition to drug treatment?
- If neglect or drug exposure was significant, has the child-parent relationship been evaluated and is there a treatment plan to improve that relationship?
- Are mental health or substance use disorder issues addressed for older children and adolescents?



JUDICIAL REVIEW/ PERMANENCY HEARINGS:

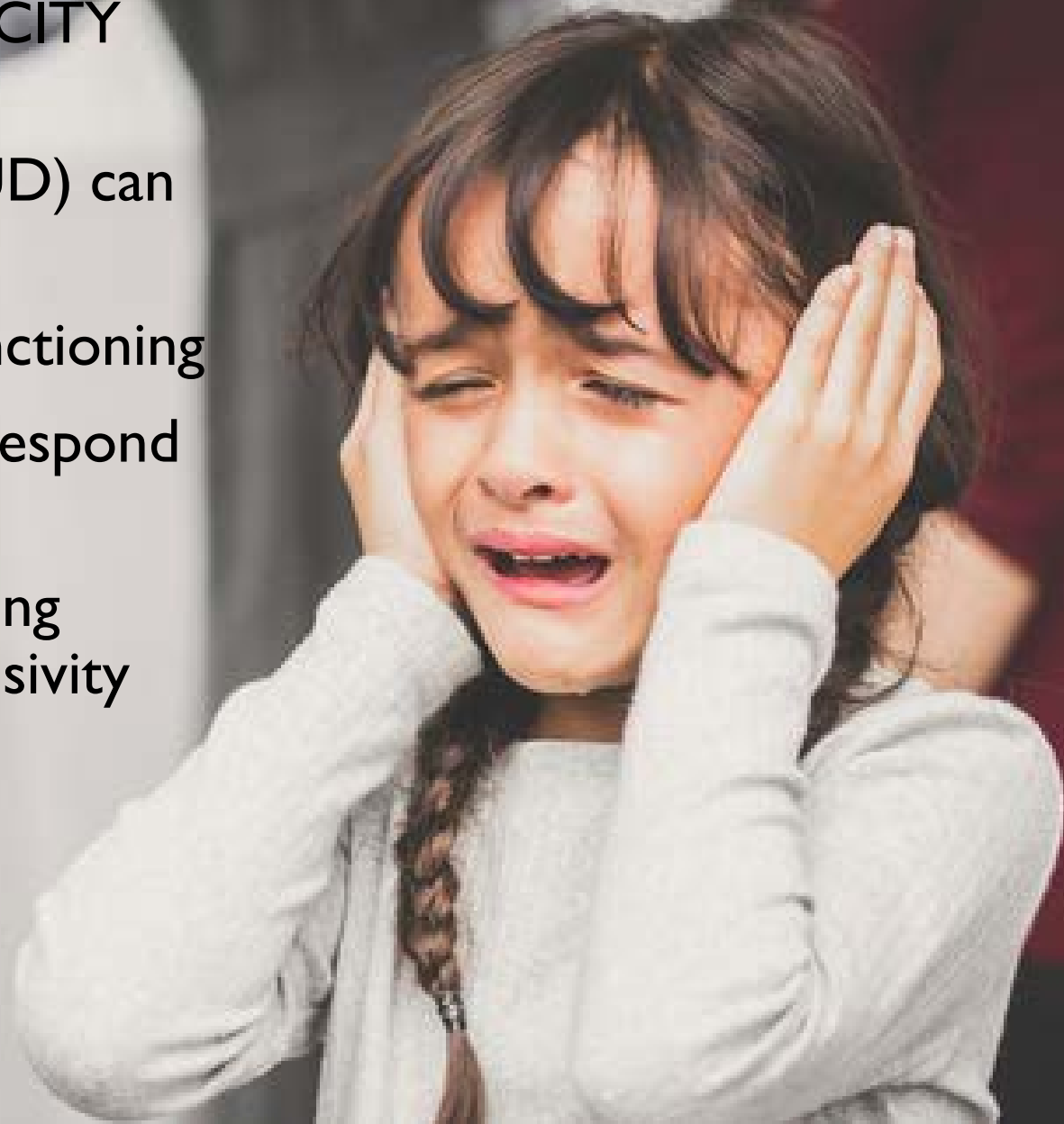
- Is DCF's permanency plan appropriate?

Is DCF making reasonable efforts to achieve that plan?

WHAT IS KNOWN ABOUT OPIOIDS AND PARENTAL CAPACITY

Parental opioid use disorder (OUD) can impair parenting capacity by:

- Impairing parental cognitive functioning
- Reducing parental capacity to respond to a child's cues and needs
- Producing difficulties in regulating emotions and controlling impulsivity
- Disrupting healthy parent-child attachments



WHAT IS KNOWN ABOUT OPIOIDS AND PARENTAL CAPACITY (CONT.)



Parental opioid and other substance use disorders can impair parenting capacity by:

- Diverting limited funds to drugs rather than food or other needs
- Contributing to considerable time seeking out and using drugs
- Contributing to estrangement from family and other supports

CASE SPECIFICS AT JUDICIAL REVIEW AND PERMANENCY HEARINGS FOR PARENTS ENGAGED IN MAT-R FOR OUD

- When did parent begin treatment?
- How is parent doing as shown in treatment provider report?
- Are co-occurring issues being adequately addressed?
- Are there sufficient supports for child to safely return home?
- Is there a safety plan for potential recurrence of use (especially considering danger of overdose)?



Case specifics at Judicial Review and Permanency Hearings for parents not engaged in MAT-R treatment:



- Why not in MAT-R treatment?
- Are there reasonable efforts that can address any of the barriers?
- If reasonable efforts have been made, does the permanency plan of reunification need to be changed?
- What is the concurrent plan?

CASE SPECIFICS AT JUDICIAL REVIEW AND PERMANENCY HEARING REGARDING PARENTING INTERVENTIONS

Is the parent engaged in an evidence-based parenting program? If yes:

- Are there improvements seen in the program provider report?
- Are there observable improvements to parent-child interactions/relationship?
- If parent is not engaged in an evidence-based parenting program, why not?
- Are there reasonable efforts that can address any of these?





CASE SPECIFICS AT JUDICIAL REVIEW AND PERMANENCY HEARING REGARDING CHILDREN'S NEEDS

Were any developmental, mental health, or substance use disorder issues identified for child or adolescent?

If so, is child/adolescent receiving appropriate services?

What is the nature of the child-parent relationship?

TERMINATION OF PARENTAL RIGHTS – CASE SPECIFICS

- Is parent engaged in evidence-based MAT-R?
- If not, have reasonable efforts been made to get parent engaged in treatment?
- How is the parent doing as reported in the treatment provider report?
- Was treatment availability delayed and might that affect reasonable efforts and impact the Adoptions and Safe Families Act (ASFA) “clock?”
- What is the quality of child-parent relationship?



FOR QUESTIONS OR FOR ADDITIONAL INFORMATION

For additional information about Florida's opioid treatment options or other DCF opioid information, contact:

For additional opioid training modules:

- [FADAA.org](https://www.fadaa.org)

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SLIDE REFERENCES

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Slide 16: <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery> and <https://www.dea.gov/divisions/hq/2016/hq092216.shtml>

Slide 17: <https://www.dea.gov/pr/multimedia-library/image-gallery/fentanyl/Heroin%20Carfentanil%20Fentanyl%20Lethal%20Dose%20Close%20Up.jpg>

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