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Michigan's Children Travels State to Illuminate Service Gaps and Best Practices for Stabilizing Families Experiencing Substance Use Disorder

In two recent hearings searching for solutions to the state's experiences with the Opioid Crisis and how it impacts child abuse and neglect, professionals in the field gave unvarnished, often tearful, reflections of a public system so underfunded it routinely fails to help youth and families desperate for prevention and interventions.

Social workers, mental health experts and other service providers concerned for the welfare of children impacted by opioids and other dangerous drugs (including methamphetamine and heroin) expressed frustration with inadequate community treatment programs to help parents struggling with substance use disorders, and children dealing with the traumas of substance use disorders at home. They decried a health care system and insurance providers that doesn't place mental health needs on par with physical ones.

Michigan's Children President & CEO Matt Gillard told an audience in Lansing that the state fails to invest enough in prevention, noting the Legislature is currently working on a spending plan of \$60 billion for next year.

At the second hearing sponsored by Michigan's Children in Roscommon last week, one participant advocated for more school-based programs to identify and intervene early when students face personal or family crisis. She echoed a common sentiment among her peers in the room that schools need more social workers singularly focus on students in crisis instead of spreading their time thin by planning college visits or seeking grants, functions more fitting of school counselors. "Kids need to have a voice and advocate (while) waiting for the system to come through," she said.

Providing mental health services earlier and where kids spent most of their daytime hours is an important solution and prevention strategy as information sharing agreements become more common, said Michele Corey, Michigan's Children's Vice President for Programs.

"We know that many families are investigated for child abuse or neglect due to the effects of substance misuse, resulting in a variety of interventions, including removing children and youth from their families," Corey said. "We also know that early experiences of child abuse and neglect increases one's risk of developing a substance use disorder later in life.

According to an American Academy of Pediatrics, an estimated 8.7 million children have a parent that suffers from addiction. This increases the risk of foster care placements due to abuse and neglect, as well as a variety of mental and physical health issues that can follow children into adulthood.

Testimony Sought in 6 Statewide Hearings

Before the year's end, Michigan's Children working with the Children's Trust Fund of Michigan will host at least six hearings around the state to collect testimony that informs new recommendations to the state Citizen's Research Panel on Prevention (CRPP). Though much of the testimony so far looked at gaps, CTF's Executive Director Suzanne Greenberg struck a hopeful tone before the Lansing audience. "Child abuse is 100 percent preventable," she said. All of the hearings will identify service gaps and collect ideas for best practices necessary to eliminate family instability stemming from substance use disorder. While the Lansing hearing drew a largely urban audience, speakers in Roscommon came from around the state, including many mid- and northern-Michigan locales.

Eventually, the CRPP will send its recommendations to the Legislature and the Michigan Department of Health and Human Services for action. This is the first time the panel has focused exclusively on substance use disorders – a nod to the rising societal crisis. In Ingham County where a multi-jurisdictional, multi-departmental opioid task force is in place, substance use is considered when identifying the reason children enter the foster care system; the crisis reportedly accounted for the single largest reason why children entered foster care at the start of 2019.

Many speakers bemoaned the lack of treatment options for families in their communities who suffer from a variety of disorders – alcohol, as well. Among barriers to full recovery, they cited the lack of drug treatment programs and subsequent step-down housing options or transitional family housing needed to assist recovery when individuals leave rehab. Children are impacted – often becoming labeled as neglected – when their parents can't maintain stable housing because of the disorder. Bishop Reginald Bluestein, a CTF board member, said people are looking for hope and a place to go for resources and housing after treatment.

Effective Paths of Care

Those commenting on potential remedies said that while there are professionally recognized standards of care, or effective paths of care, these become impossible to put in place in an underfunded system. One example is the lack of "middle care" options after a person leaves an outpatient treatment program. Another is providing interventions when people are most motivated to change. "These aren't wild ideas," Corey said. "There are actual, recognized paths of care."

A child mental health clinician from the University of Michigan said too often interventions don't occur when they could do the most good. She described a young woman who "crashed and burned" as a teen because of an undiagnosed learning disorder and depression. Feeling like a failure, she turned to narcotics, developed a substance disorder, and became pregnant by a man who also used narcotics. After delivering the baby, she unsuccessfully tried to find a facility to house both her and her child. The baby was eventually removed to live with her parents, and she lost her motivation to get healthy. Today the baby suffers from a maternal attachment disorder, and has developed challenging behaviors. "When a person is struggling with their sobriety, we have to get there quickly to help" the speaker said. "I have a Ph.D in this, and I would have a very hard time parenting this child today."

Another speaker said not enough primary care physicians are trained to help people with a substance disorder before it spirals. Another said policymakers should understand that substance use disorders are a form of mental illness with changes in brain functioning. Mental illness continues to be stigmatized preventing parity with physical ailments, and insurance coverage and cost reimbursements similar to physical ailments.

Other solutions that speakers offered touched on the need for wrap-around services in schools to help with the myriad of services that suffering families need to provide stable, healthy homes for their children. Youth also need more treatment opportunities apart from family treatment. For older youths, community drop-in centers create safe places for children who are struggling with crisis home settings to spend time with caring adults and support services. Another said peer recovery coaches have proven effective programs for helping youth and adults. Yet another said that teens aging out of foster care require more assistance to prevent homelessness which can lead to substance use disorder.

Several audience members expressed the need to clarify how the state's drive to legalize marijuana for recreational purposes and medicinal needs impacts youths using marijuana, shown to alter one's cognitive abilities and particularly problematic for teens whose brains are still developing. "What are the rules?" one asked. "Kids' brains aren't prepared to help them figure it out. We're not helping them figure it out. We're setting them up."

Creating a System that Focuses on Prevention

A clinician cautioned against over-reacting to "normal experimentation" by teens as they test their independence from family. "We can't lump all these kids into one," she said. "People need to be educated to know when to catch it early but not overact."

Many of the recommendations to emerge address the state's increased ability to draw federal funds to support prevention services. The Family First Prevention Services Act approved earlier last year made it possible for states to use Title IV-E funds for prevention services and to help keep parents and children together when in recovering.

"We're adding to current public efforts and expanding citizen input," Corey said. "How do ensure that the legislature supports those changes. How do we shift how we're funding this system to be more preventative?"

To provide testimony via an online option on Michigan's Children website, [click here](#).