The Ripple Effect: Children of the Opioid Epidemic and the need for Wraparound services

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Introduction

- In 2018, 2.0 million people had an Opioid Use Disorder
- Also, 10.3 million people had misused opioids from prescriptions.
- In the same year, 47,600 deaths from overdosing on opioids.
- The CDC estimates that about 130+ people die everyday from overdoses related to opioids.

The opioid epidemic continues to evolve and affects individuals, family members and the community in various ways. With nearly 400,000 of the opioid addicted being 18-25 years of age, many among them are child bearing women and parents/caretakers of children.

- ❖ In 2016, 8.7 million children nationwide had a parent suffering from a substance use disorder
- ❖ 270,000+ children were placed in foster care in 2016, many amongst them "Children of the Opioid Epidemic".
- ❖ There are many 'unseen' impacts of the opioid crisis on this particularly vulnerable group of children.

Cases

Case 1:

MJ, an 8 year old boy, was brought in to our outpatient clinic for a new patient evaluation by his paternal grandmother. She had just assumed 'foster parent' status during MJ's 3-day hospital in-patient stay 2 weeks before this visit.

- MJ was diagnosed at the hospital as ADHD, combined type; Oppositional defiant behavior.
- Treatment initiated was a stimulant medication.
- MJ's mother had checked in to an inpatient drug rehabilitation program on the day that he got admitted.
- His behavioral outbursts and agitation, likely precipitated by separation from mother.

Case 2:

AD, an 8 year old boy, was being seen by our team on the inpatient clinical rotation. He had been brought in after mother's friend could 'no longer deal with him'. He stayed at the hospital for ~8 weeks as a 'BMN'- beyond medical need patient since the Child Protective Service and Social work were unable to find foster care placement for AD until then.

- AD was diagnosed with ADHD, combined type; Generalized anxiety disorder; Oppositional defiant behavior.
- Treatment initiated was a stimulant, and an SSRI added in about 1 week after admission.
- AD's mother had checked into the same inpatient drug rehabilitation program about 3-4 days before his admission. She had asked a friend to take care of AD while she got treated.

Points for discussion

- ❖ What were the similarities between these two cases?
- ❖ What were the differences?
- ❖ Why did one of them stay at the hospital that long?
- ❖ Did it help him from a clinical perspective?
- ❖ What other things could have been done?
- ❖ What was the financial burden and cost of care?
- ❖ Could a system of care and its perspectives help?

References

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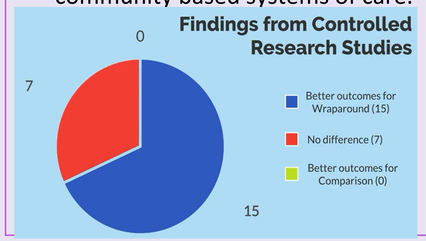
What is wraparound services?

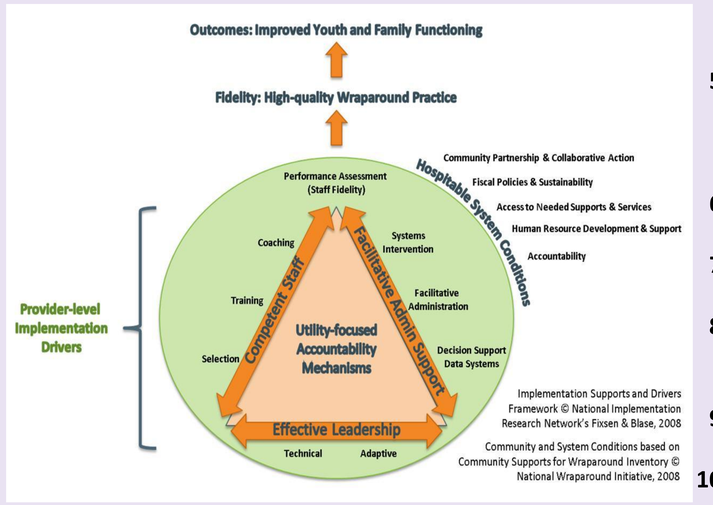
1 What is it?

- Wraparound gradually emerged in the 70s and 80s as a grassroots effort from individuals and organizations.
- It aims to provide a comprehensive , holistic, community based services with the child and the family at it's center.
- A Wraparound facilitator works with and builds a team for a child and family-driven system of care.
- There is a lot of new research and data that validates better outcomes when Wraparound is done well.
- SAMHSA partners and funds the National Wraparound Initiative to promote and ensure that the mental health needs of children and families are addressed by a community based systems of care.



2 The Six Themes

- ❖ Community Partnership
- ❖ Collaborative Action
- ❖ Fiscal Policies and Sustainability
- ❖ Access to Needed Supports and Services
- ❖ Human Resource Development and Support
- ❖ Accountability



3 The Ten Principles

1. **Family voice and choice**: in all phases, plan reflects the youth and family's values and preferences.
2. **Team based**: committed to family through informal, formal and community support.
3. **Natural supports**: interventions draws sources through family's networks and community relationships.
4. **Collaboration**: with team members sharing responsibility and blend perspectives and strategies.
5. **Community based**: team strategizes most inclusive, most accessible, least restrictive settings to promote integration to home and community.
6. **Culturally competent**: respects values, beliefs, cultures and identity of the youth and family.
7. **Individualized**: customized plan for customized goals.
8. **Strengths based**: identify, build on and enhance the knowledge, skills and capabilities of youth, family and team members.
9. **Persistence**: despite challenges, failures with a commitment.
10. **Outcome based**: goals are tied to measurable indicators and monitors progress.