DAC

Allen County Drug & Alcohol Consortium, Inc.

Family-centered Practice Recommendations

Overdose Fatality Reviews

Introduction

Allen County Overdose Fatality Review Team

Jurisdiction:

- Northeast Indiana
- Fort Wayne and surrounding area
- Second largest city in Indiana, behind Indianapolis
- 375,000 residents in the city/475,000 in Allen County
- Mixed population—mostly urban and suburban, but much of the county is rural

OFR established in 2019, with Overdose Study initiated in 2015

- **2016 68**
- **2017 127**
- **2018 108**
- **2019 144**
- **2020 145**
- **2021 173**
- **2022 103***

***as of October, + 49 pending toxicology**

Introduction

Allen County Overdose Fatality Review Team

Many recommendations focused on family, next of kin, and surviving children . . .

"Surviving children are in need of bereavement services, can HART team facilitate referrals?"

"Educate the community on substance use as a family systems issue."

"Educate family and medical professionals on substance use's impact on families."

"Provide more training to Child Services on identifying drug impairment."

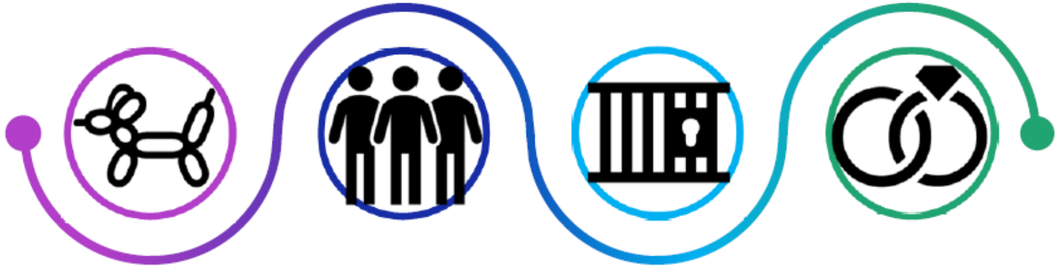
"Set up a referral process to Child Services when there is a death by suicide or overdose."

"Show links between children witnessing domestic violence and increased risk of overdose death as adults."

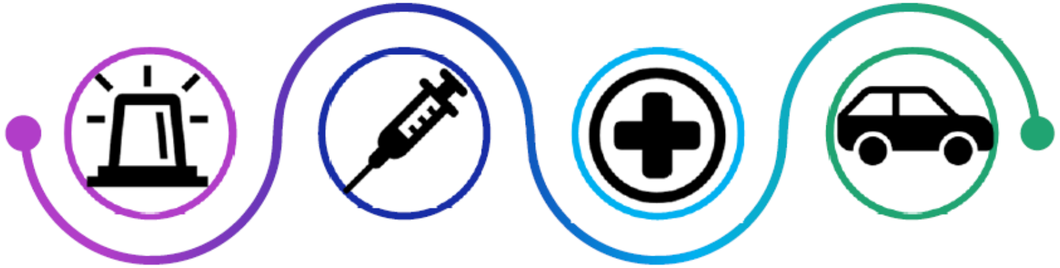
Objectives

- Use themes to observe common trends in case reviews
- Educate your team on the impact of ACEs
- Incorporate Child Services in fatality reviews
- Define family-centered practice methods in fatality reviews
- Align (S)OFR Team MAT/MOUD Recommendations with family systems
- Policymaker recommendations

Theming Fatality Reviews



Children Present	Multiple People Present	Recent Jail/ Treatment* Release	Partner Use
664	764	426	614
614	685	347	485
368		261*	
		252*	



Known to Police	Previous OD	Narcan Given	Motor Vehicle Accident
756	626	685	336
251	497	252	
	315		
	251		

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Educating on ACEs

Review ACEs regularly

Incorporate data on ACEs when relevant

Help formulate ideas around root causes

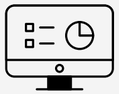
Relate specific case information to ACEs

Incorporating Child Services in Fatality Reviews

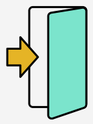
- Reach out to your state fatality review division and ask who heads the Child Services fatality reviews

- Get in touch with that person and see if they can be of assistance in your local reviews

- Provide them at least 2 weeks' time to review cases prior to meetings



- Incorporate information they provide into the case presentation



- Ask them to participate in answering questions of the committee related to the case or hypotheticals in determining informed recommendations

Family-centered Practice Introduction

Key Elements

- **Recognizing the Importance of the Family**, just as they are, and this is the best place for their children to grow and develop.
- **Family-driven Care**, or giving families accurate, understandable, and complete information necessary to set goals and make choices for improved family planning
- **Practitioner Responsiveness and Flexibility**, or focusing on individualized services that are flexible to meet specific family needs.
- **Start With Strengths**, or focusing on what the family already does well and then using those skills to improve challenging areas

Aligning Family-centered Practice Recommendations With MAT and Other SUDs

- Discuss the challenges the decedent faced related to family dynamics
- Discuss available clinical services, such as MAT
- Discuss the potential to expand existing services to include evidence-based practices and ongoing treatment and support after childbirth
- Discuss nonclinical linkages to care, such as housing, transportation, employment, and childcare

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Opportunities for Policymakers

Programs such as Pregnancy Promise

could be developed to allow greater flexibility in providers to include peer recovery support specialists, case management services, and other nonclinical support

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Flexible funding streams

allow states to allocate resources to their highest priority substance use issues, such as methamphetamine misuse, and not only OUD among women

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Integrating housing supports into treatment programs

helps improve recovery outcomes for pregnant and postpartum women

Pregnancy Promise Program

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Why is the Indiana Pregnancy Promise Program important?

- Opioid use disorder during pregnancy is increasing in Indiana and nationwide
- Treatment of opioid use disorder during pregnancy has a high rate of success
- Treating opioid use during pregnancy reduces the risks of harmful effects to mothers and infants

Who can participate?

The Pregnancy Promise Program is available to pregnant individuals in the state of Indiana. To be eligible, participants must meet the following criteria:

- Pregnant or within the 90 days of the end of pregnancy
- Identify as having current or previous opioid use
- Be eligible for or receive Medicaid health coverage

Pregnancy Promise Program

What does support look like?

- Free, confidential support through an assigned Pregnancy Promise Program case manager
- Support before, during, and for a year after the end of the pregnancy
- Ensure that parents and infants are connected with resources such as health care, food, housing, and parenting education
- Coordination of care among primary care physicians, OB/Gyn providers, mental health providers, OUD treatment providers, pediatricians, and certified peer recovery specialists, as well as other community-based programs and professionals important to each family

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