



## SUPPORTING FAMILIES THROUGH OPIOID RESPONSE: HENNEPIN COUNTY'S ORU MODEL & LESSONS LEARNED

### Purpose

Introduce Hennepin County's Opioid Response Unit (ORU) and explore how rapid outreach, cross-system coordination, and trauma-informed services can reduce child welfare involvement and improve family outcomes.

### Case Study Snapshot

An illustrative case involved a 24 year old mother who gave birth 7 weeks early to a baby who tested positive for fentanyl. A mandatory report was made, and the mother initially agreed to participate in recovery services. However, she later went AWOL. The infant's father remained engaged and expressed a strong desire to parent, though he also struggled with marijuana and alcohol use. This case underscored the importance of engaging both parents, creating flexible service plans, and establishing consistent hospital screening protocols to ensure timely support.

### Goal

To offer attendees a replicable framework for identifying and supporting families affected by opioid use through intensive in-home services, collaborative care planning, and recovery-focused support.

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### WHY IT MATTERS

Parental substance use- especially opioids- is a leading driver of out-of-home placements for children under 5. In Hennepin County, the impact is even more severe for American Indian and Black families. The Opioid Response Unit (ORU) was developed as a targeted, family-centered strategy to preserve families, promote recovery, and reduce child protection disparities.

### KEY TAKEAWAYS FROM SESSION 6

- **Parental opioid use is a major driver of child placement** in Hennepin County. In 2024, 42% of children ages 0-5 served by Children & Family Services entered placement due to caretaker drug use, with even higher rates among American Indian (47.9%) and Black (36.1%) children.
- The **Opioid Response Unit (ORU)** is a specialized initiative within Child and Family Services (CFS) designed to support parents with opioid use disorders whose newborns test positive for opioids.
- **The ORU model is voluntary and family-centered**, requiring families to opt in within 72 hours of the start of a child protection investigation. Engagement must be collaborative and consent-based.
- ORU cases must meet specific **screen-in criteria**, including a court-involved protective supervision case and either a positive maternal or newborn toxicology screen for opioids (urine, blood, or meconium).
- **Intensive, home-based case management** is the core of ORU services, with at least 3 visits per week, one of which must involve the mother's treatment provider. Services span from assessment to family stabilization and resolution.
- **ORU staff engage in multidisciplinary coordination**, including safety planning, risk assessment, family group decision-making, and referrals to recovery, parenting, housing, and mental health services.
- The model prioritizes **early and intensive support** to prevent out-of-home placements, preserve the parent-infant bond, and keep families safely together whenever possible.
- **Collaboration is key**: ORU partners with public health, treatment programs, community-based organizations, and culturally specific providers to meet families' needs holistically.
- **Reasons to transfer to CP Ongoing (traditional child protection)** include refusal to participate in safety or case planning, lack of access to children, overdose events, or risk that cannot be mitigated in the home.
- There is currently **no standardized hospital protocol for toxicology screening**, leading to variation in when and how cases are identified and reported- a key area for improvement.

## **RELEVANT RESOURCES:**

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1. **Hennepin County Children & Family Services Data Dashboard**
2. **Hennepin County Children & Family Services 2023-2026 Strategic Plan**
3. **Hennepin County Disparity Reduction**
4. **Hennepin County Child Protection Services**