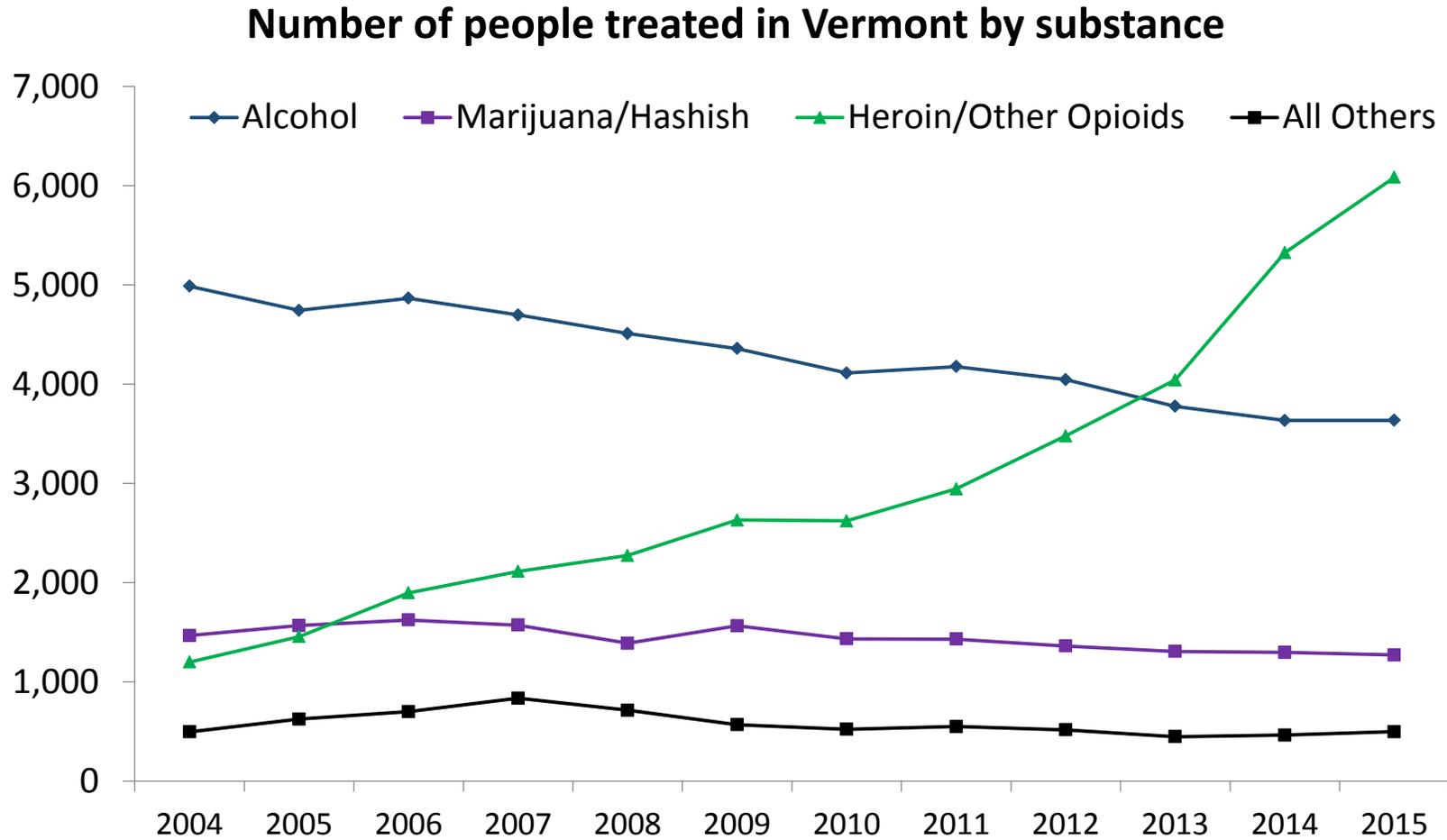




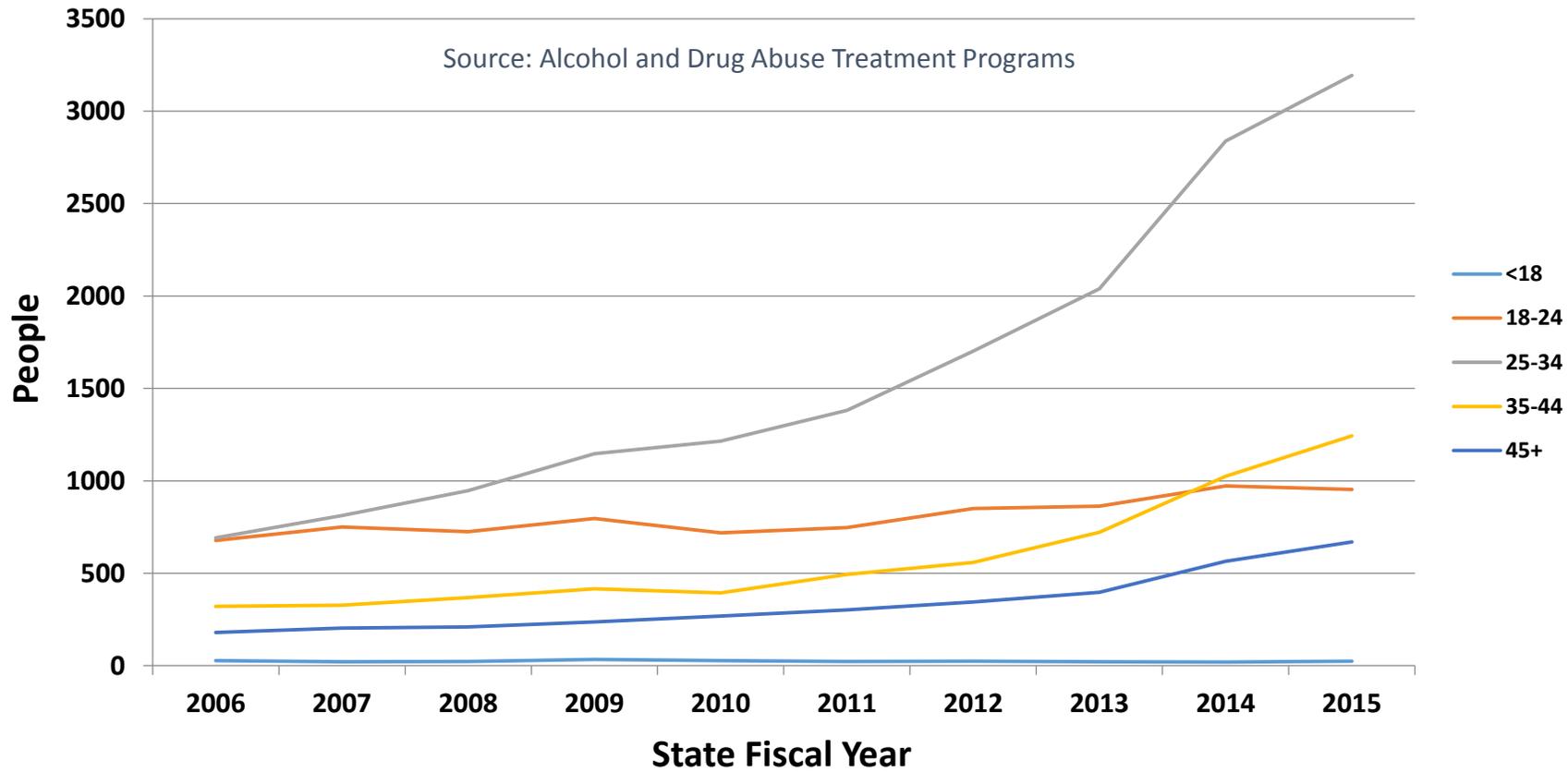
*Joint Legislative Child Protection Oversight
Committee
Tuesday, November 29, 2016*

Collaborative Response to the Opioid Challenge
Barbara Cimaglio, VDH ADAP Deputy Commissioner
Karen Shea, DCF Family Services Interim Deputy Commissioner

The number of individuals using heroin/other opioids at treatment admission is increasing rapidly



Most People Treated for Opioid Use Disorders are of Childbearing Age



Age	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<18	28	21	22	34	28	22	25	21	20	24
18-24	678	750	725	796	718	747	850	863	972	953
25-34	691	812	947	1147	1215	1381	1702	2040	2839	3194
35-44	320	327	368	416	393	493	558	722	1024	1243
45+	180	203	210	237	268	301	344	397	565	670

Data Source: Vermont Substance Abuse Treatment Information System (SATIS). This reflects only people receiving treatment at state-funded treatment facilities.

Women in Treatment in SFY2016

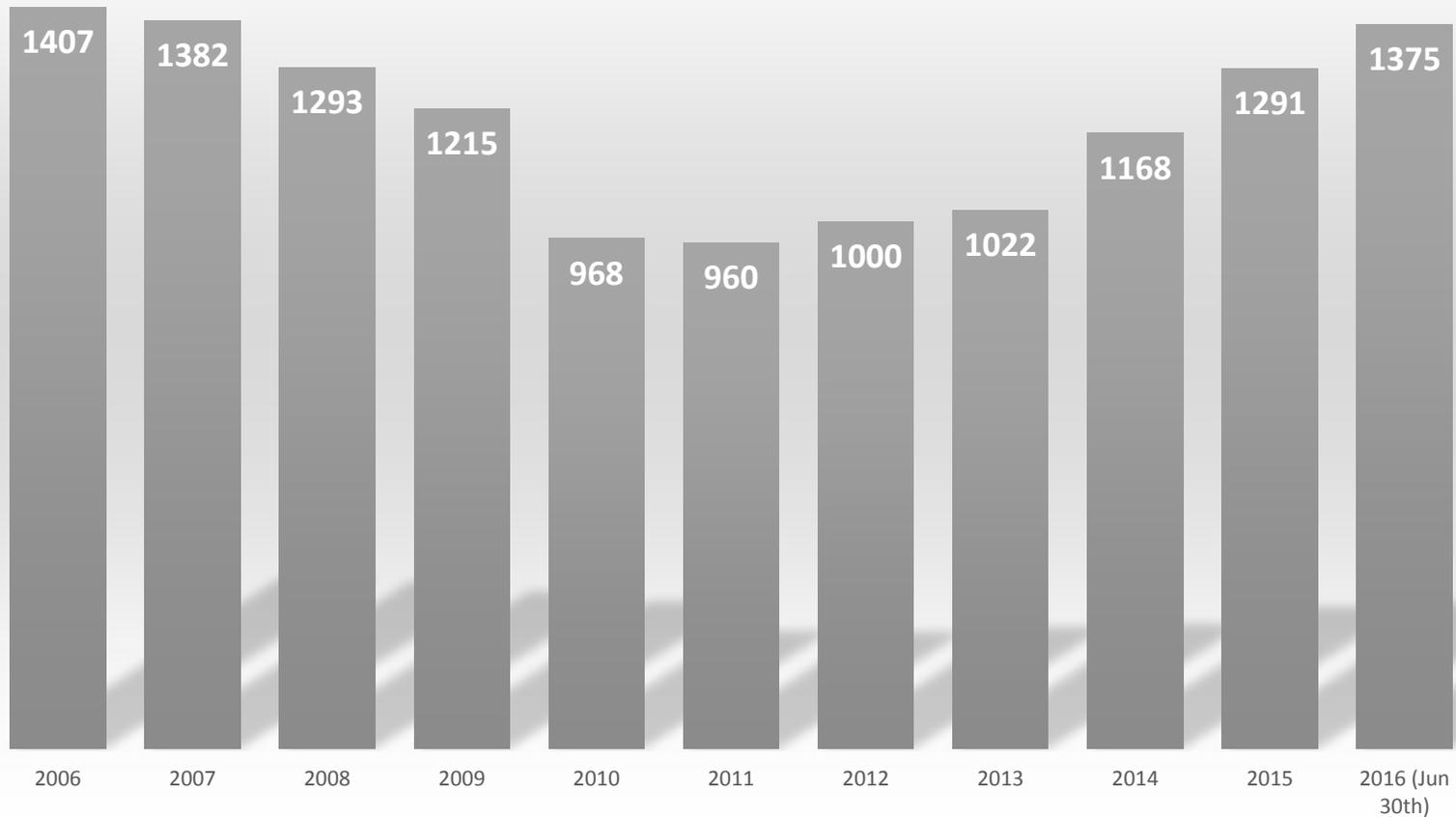
Estimated percentage of women who are pregnant and/or parenting

- Outpatient Treatment: 74%
- Medication Assisted Treatment/Hub: 60%
- Residential Treatment: 44%

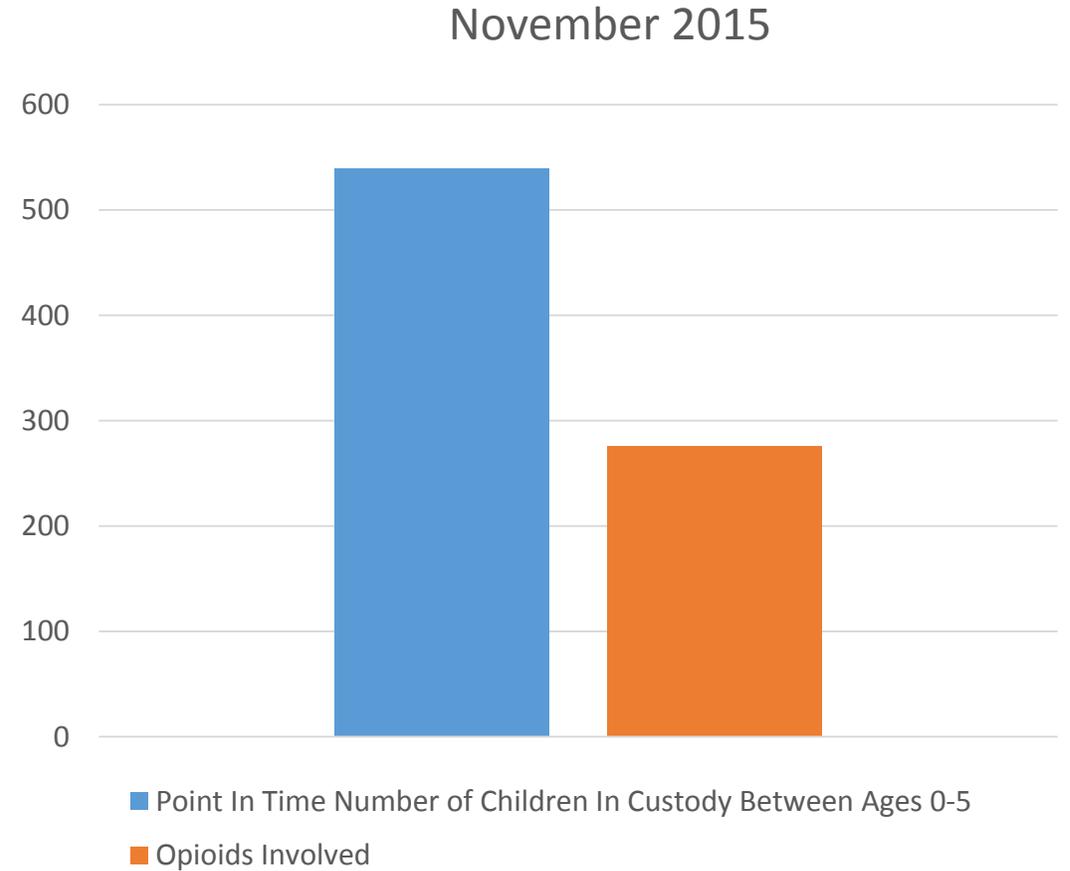
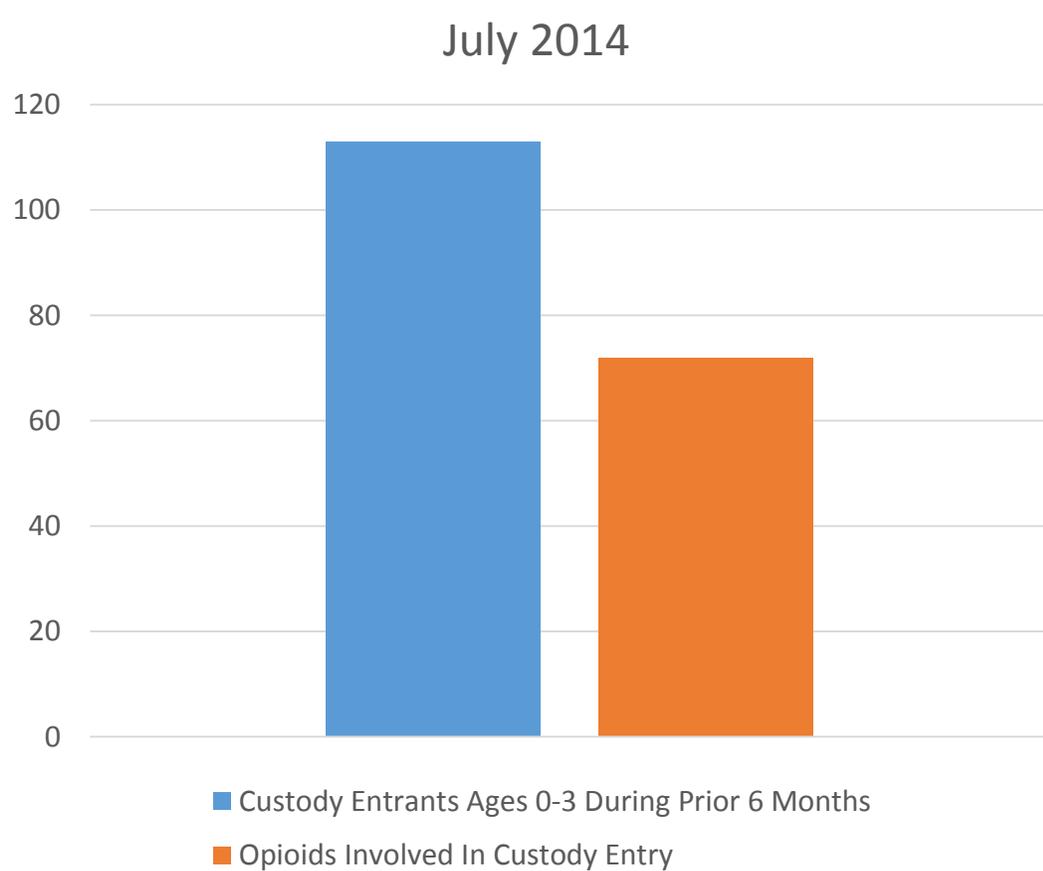
Source: Alcohol and Drug Abuse Treatment Programs

Custody Trends

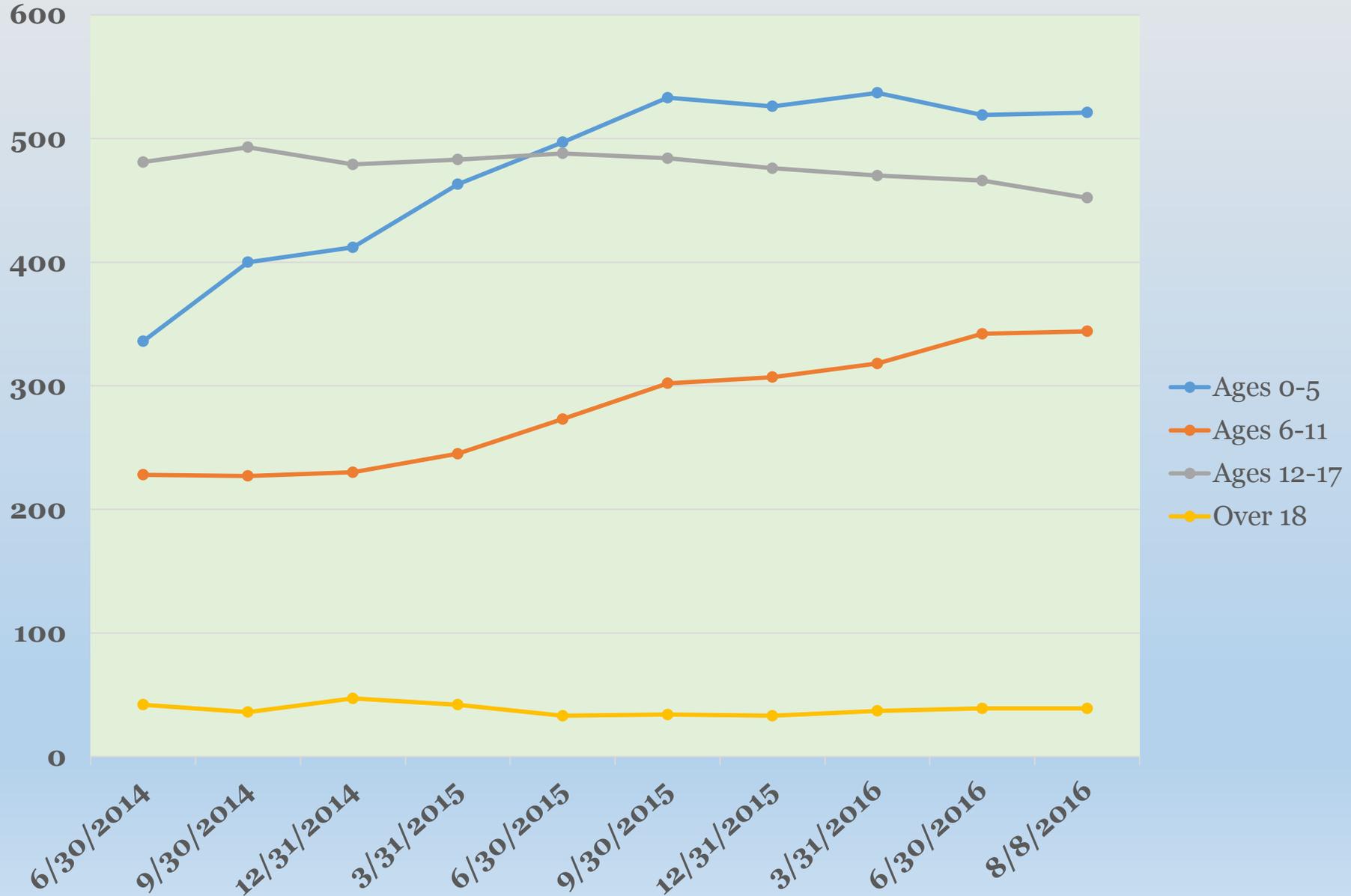
Children in Custody on the Last Day of the Reporting Period



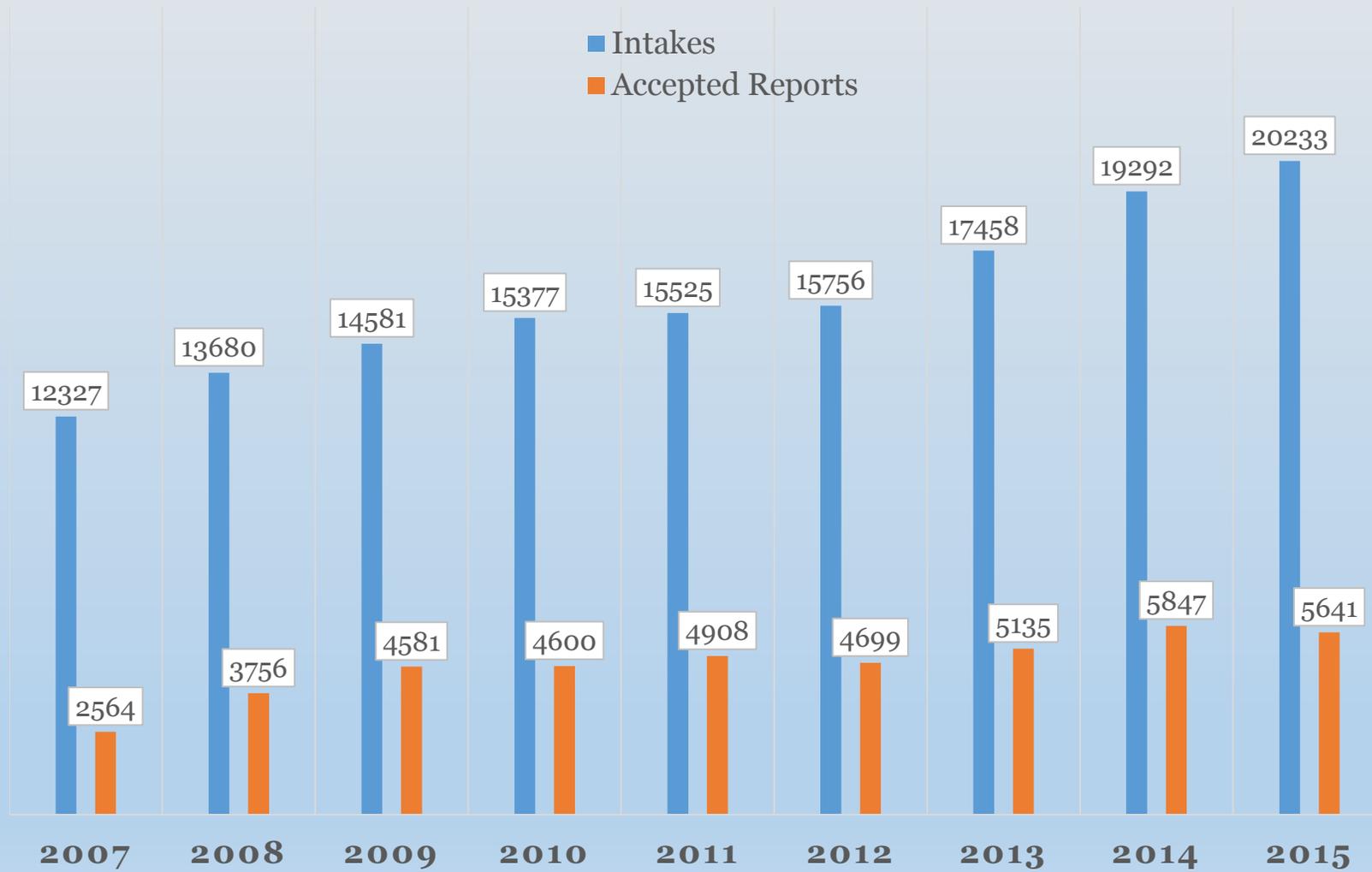
Impact of Opioids on Child Welfare Caseload



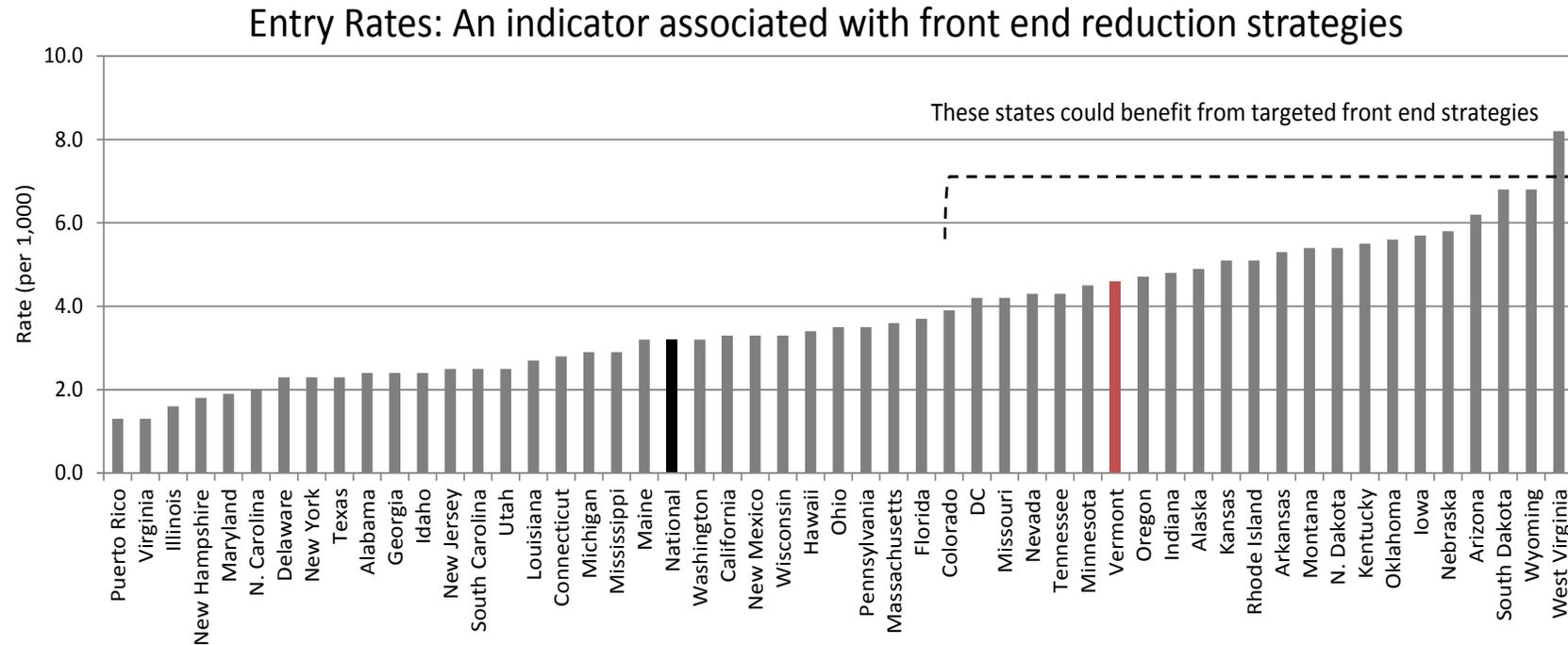
Children in Care



Centralized Intake and Emergency Services



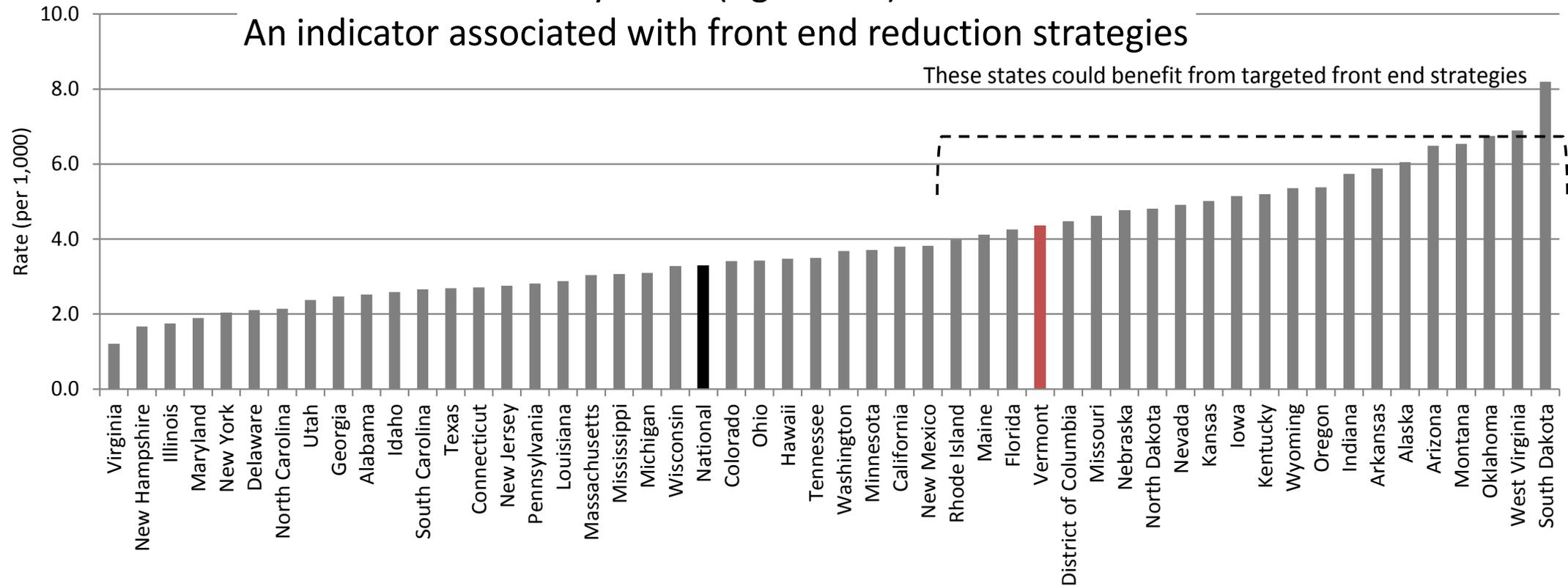
The entry rate in VT(4.6 per 1,000 in FY12) is higher than the national rate (3.2 per 1,000 in FY11).
 However...not all states include Juvenile Justice entries...



Entry rate is the number of children (ages 0-17) entering care during the year for every 1,000 in the general population.
 Data source is FY12 AFCARS (FY11 in PR, CT, NM, SD and National) CA data from CWS/CMS

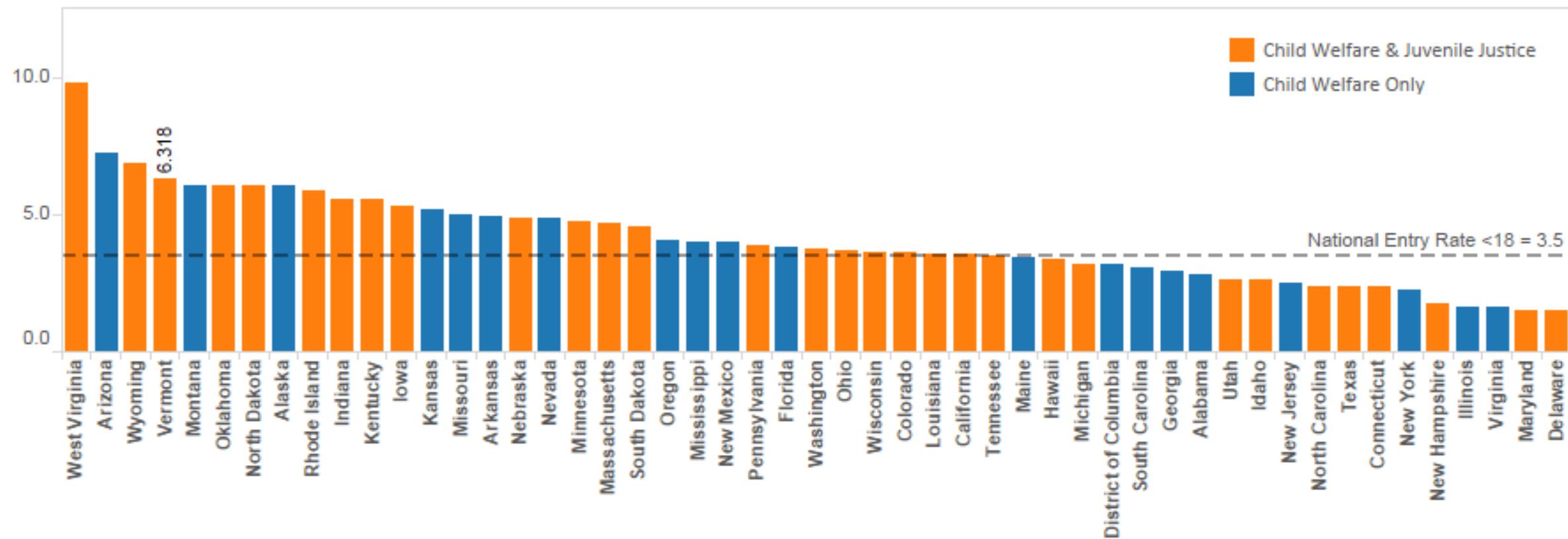
Even for just younger children (ages 0-12), VT has an entry rate that is higher than the national rate.

Entry Rates (Ages 0-12):



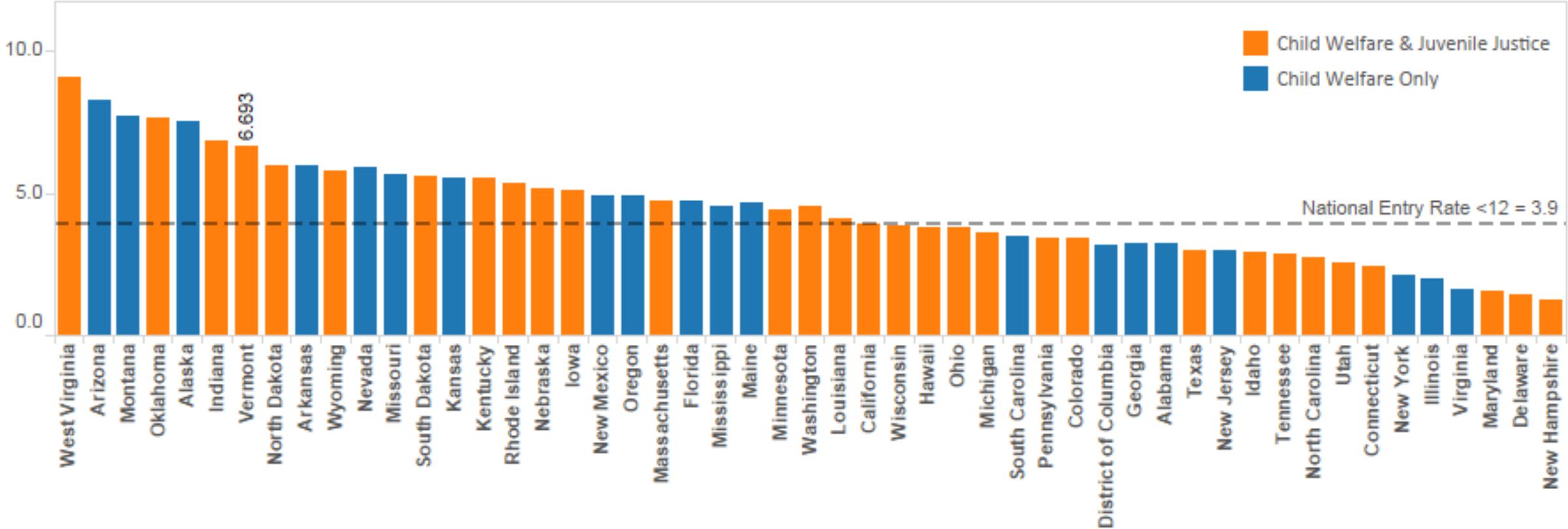
Entry rate is the number of children (ages 0-12) entering care during the year for every 1,000 in the general population.
 Data source is FY12 AFCARS (FY11 in CT, NM, SD and National) CA data from CWS/CMS

Entry rate per 1,000 (children <18), FY2014

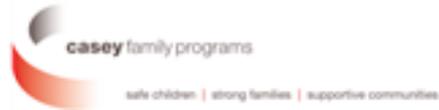


Data source: national AFCARS files from NDACAN, Claritas population estimates
 Produced by Data Advocacy, Casey Family Programs

Entry rate per 1,000 (children <12), FY2014



Data source: national AFCARS files from NDACAN, Claritas population estimates
 Produced by Data Advocacy, Casey Family Programs



Collaborative Efforts

2014

- Jointly worked to expand LUND Regional Partnership Program (RPP) from two DCF Family Services Offices to six
- Worked with the National Center on Substance Abuse and Child Welfare to:
 - Review and refine DCF child abuse report screening policy
 - Create DCF policy on drug screening and drug testing in child welfare cases
- Substance Use Disorder Training offered in all FSD District Offices statewide and implementation of standardized screening process

Collaborative Efforts Continued

2015

- Support collaborative work between local DCF Family Services and Preferred Providers including hosting statewide event in September 2015 which included Nancy Young from National Center on Substance Abuse and Child Welfare
- Began work on Risk Triage Instrument to be used by Preferred Providers which recognized DCF involvement as a unique risk

Collaborative Efforts Continued

2016

- Implementation of Risk Triage Instrument in HUBS
- Jointly worked to expand LUND Regional Partnership Program (RPP) from 6 – 12 DCF Family Services Offices
- Expansion created opportunity to continue work between DCF Family Services and Preferred Providers as they worked to prepare to integrate this new program into their continuum of care
- DCF and ADAP presented at the ADAP conference in September 2016
- Submitted cross-department application to National Center on Substance Abuse and Child Welfare to participate in Policy Academy focused on improving care for opioid exposed newborns and their parents
- Participated in New England forum with Health and Human Services involving representative across VT departments (including private/non-profits) focused on the impacts of opioids on women throughout the lifespan

Regional Partnership Program Overview

- Program design emerged when LUND sought and was awarded a federal grant
- Substance abuse screener/case manager works alongside child welfare staff during investigation or assessment when there is a concern about parental substance use
- Screener/case manager responsible for screening, coordinating assessment and assisting client in accessing recommended treatment
- Allows social worker to focus on assessing child safety and helps facilitate better assessment related to substance use related concern
- Added benefit of having two people responding to what can be volatile situations – more eyes seeing the same thing

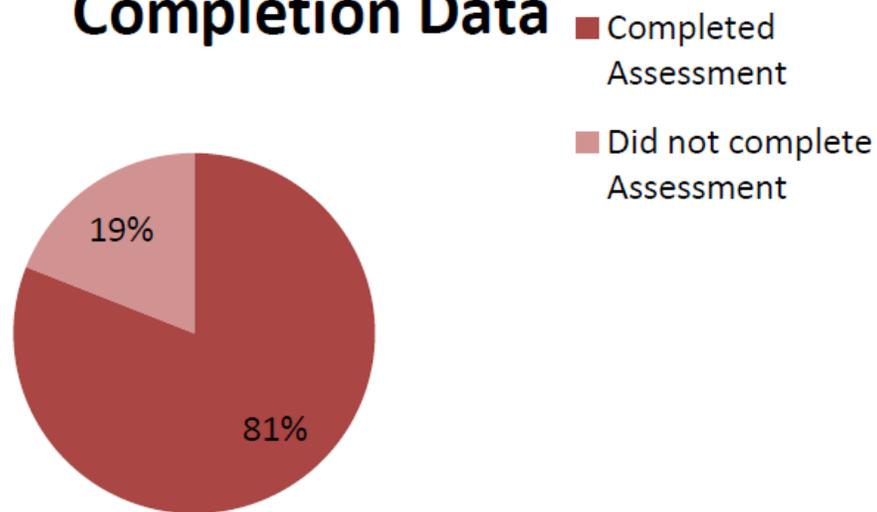
Regional Partnership Program

- Started in Burlington
 - FSD and ADAP expanded to St. Albans in 2013
 - Expansion to Rutland, Springfield, Hartford and Barre in 2014
 - Expansion to all districts in 2016
-
- Screener / Case Manager are currently in place in 10 of the 12 districts – Still interviewing in St. Johnsbury and Brattleboro

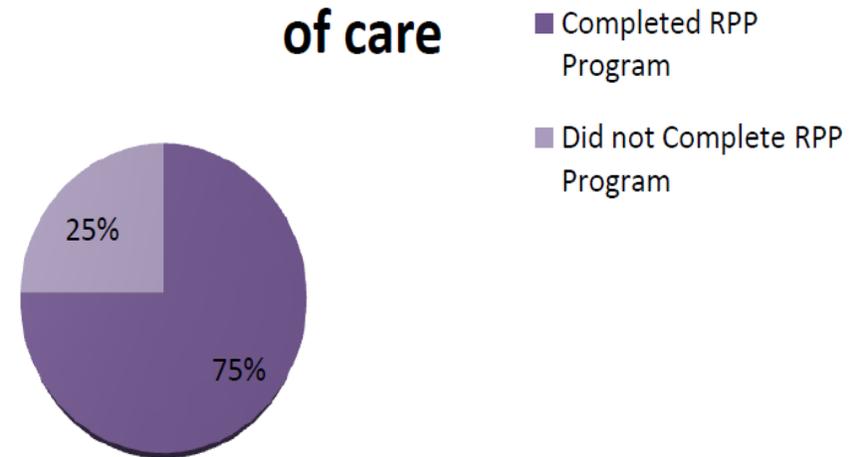
Regional Partnership Program Outcomes

Very promising outcomes!! In fiscal year 2016 RPP served 835 clients across 6 sites.

Six - District Assessment Completion Data



Six-District - Participants that engaged in the recommended level of care



Our Continued Collaboration

- Focus on relationship and trust building from the top down – many of the barriers to strong collaboration are related to lack of understanding
- Create opportunities for staff across the fields to come together and create working agreements around communication and information sharing
- Continued partnership around the Regional Partnership Program expansion

Our Continued Collaboration – Recommendations from Region I Women & Opioids Symposium

- Enhance women’s specific SUD treatment services
- Disseminate evidence-based practices through Hubs, and through allocating additional SAPT Block Grant funds
- Develop an awareness campaign “parents in recovery are good parents” (Connecticut example)

Our Continued Collaboration – AHS' Substance Abuse Treatment Coordination Workgroup

- AHS Policy requires screening of all services program clients
- Staff are being trained on Addiction 101 and to implement screening (SBIRT)
- Working by District, local teams are developing screening & referral protocols to improve coordination and support for clients with substance use disorder needs

Change in Hub and Spoke Census Over Time

Pre Hub/Spoke - 2350

- OTP numbers served (4/2012): 650 (source: SATIS)
- OBOT Medicaid served (4/2012): 1700 (Source: Medicaid Claims)

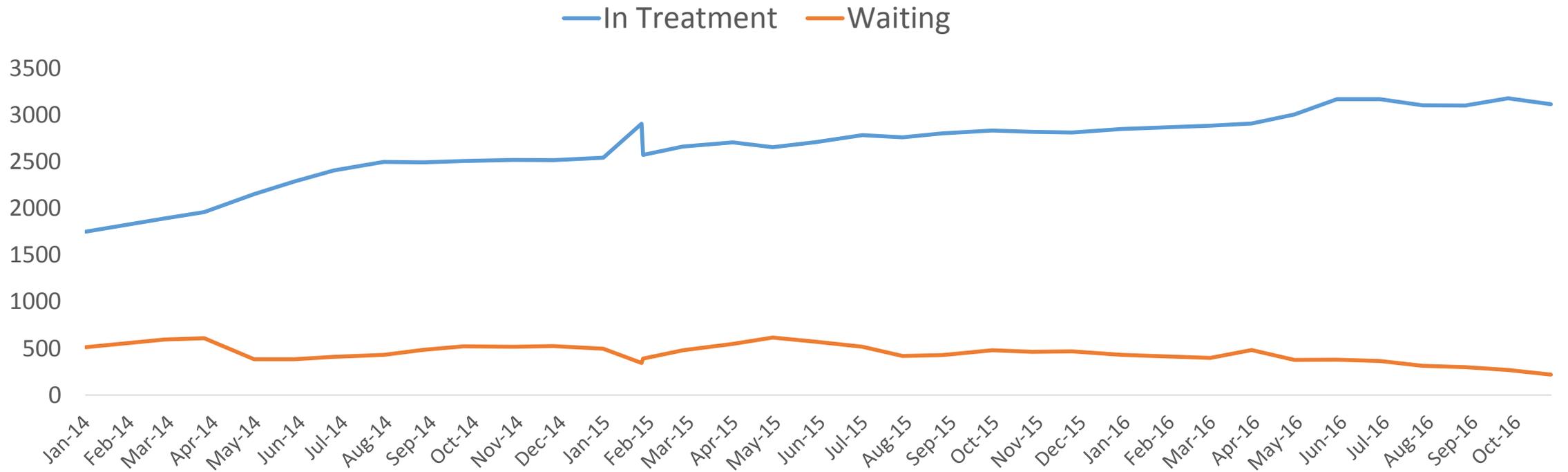
Post Hub/Spoke – 5651 (140% increase)

- Current OTP served (10/16): 3116 (Source: Hub Census Report)
- Current OBOT Medicaid Served (9/16): 2535 (Source: Blueprint Spoke Report)

Note: In 2015, over 5000 individuals received at least one prescription for an anti-addiction drugs dispensed by pharmacies, the overwhelming majority of which were for buprenorphine products. Source: VPMS

The statewide number of people waiting for opioid use disorder treatment in hubs has trended downward over time; the number of people served in hubs has increased

Number of People in Hubs and Waiting for Hub Services Over Time



	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
In Treatment	1751	1891	1960	2152	2286	2407	2499	2493	2507	2520	2517	2542	2573	2663	2706	2656	2709	2785	2762	2804	2834	2820	2812	2851	2906	2885	2910	3005	3169	3171	3104	3103	3179	3116	
Waiting	513	595	608	384	384	409	431	485	521	516	523	496	389	479	547	615	570	518	419	427	480	462	468	429	343	396	481	375	379	364	313	299	269	218	

Hub Census and Waitlist: October 25, 2016

Region	# Clients	# Buprenorphine	# Methadone	# Vivitrol	# Receiving Treatment but Not Yet Dosed	# Waiting
Chittenden, Franklin, Grand Isle & Addison	924	269	645	2	8	189
Washington, Lamoille, Orange	471	210	261	0	0	0
Windsor, Windham	594	171	423	0	0	0
Rutland, Bennington	398	107	271	2	18	16
Essex, Orleans, Caledonia	729	185	539	5	0	13
Total	3116	942	2139	9	26	218

Spoke Implementation: September 30, 2016

Region	Total # MD prescribing pts	# MD prescribing to ≥ 10 pts	Staff FTE Hired	Medicaid Beneficiaries
Bennington	11	5	5.6	236
St. Albans	15	11	6.6	390
Rutland	12	6	4.05	223
Chittenden	71	15	14.1	553
Brattleboro	10	5	2.57	138
Springfield	4	1	1.5	55
Windsor	9	3	3	197
Randolph	6	5	1.7	130
Barre	21	7	5.5	268
Lamoille	10	4	2.6	145
Newport & St Johnsbury	11	2	2	90
Addison	5	2	2	77
Upper Valley	5	1	1.5	34
Total	187*	64*	52.72	2,535

Table Notes: Beneficiary count based on pharmacy claims July – September, 2016; an additional **174** Medicaid beneficiaries are served by **31** out-of- state providers. Staff hired based on Blueprint portal report 9/30/16. *3 providers prescribe in more than one region.