

Joint Legislative Child Protection Oversight Committee

November 29, 2016

The Impact of Opiates on Child and Family Welfare

Commander Scott A. Tucker, Rutland City Police Department/Project VISION Executive Director, testifying on behalf of the Vermont Police Association, as Legislative Committee Chair and past president.

My focus today is primarily on our work in Rutland, and our community collaboration experience, with Project VISION. Our PV Travel Team visited numerous towns of various sizes throughout Vermont over the last couple of years; each community is at a different stage in their understanding of the devastation that opiate use disorder brings to neighborhoods. Many towns and cities in Vermont are working hard to eradicate opiate use disorder and heroin addiction.

Our approach has been to first understand the problem and then identify outcomes that will move everyone in the same direction. In Vermont, we are all in the same book, but perhaps we are working on different chapters, moving to get onto the same page.

One question we ask is what will derail child and family success, their safety and pursuit of happiness? I offer a brief outline based on my experiences that focuses on the complicated business of how opiates impact child and family welfare:

- Drug Endangered Children / Drug Abuse
- Homelessness / Foster Care
- Poverty / Food Deprivation
- Child Abuse / Violence
- Mental Health
- Health Care
- Education

How will communities approach these complex issues? The Rutland experience includes:

1. **Project VISION** holds monthly meetings and follow-up committee meetings. Members have said that if you want to find a significant number of community partners in one place, these meetings are a must, and time well spent. We boast over 400 members and 100 agencies, organizations, non-profits, faith-based and neighborhood communities. One cannot underestimate the number of times that solutions are discovered within cross-sector encounters.
2. **Vision Center** is a bricks-and-mortar office space for partners, meant to cultivate a collaborative spirit that fosters education, relationships, information sharing, leveraging resources, and problem-solving. Our non-traditional partners include: Rutland Mental Health – Crisis Clinician, Crime Analyst, State’s Attorney and Attorney General representatives, Rutland County Parent Child Center – social workers, Rutland County

Women's Network and Shelter – Advocate, Southwestern Vermont Council on Aging, Red Cross – volunteers, college interns, and a Community Response Team with a sergeant, School Resource Officer, Beat Officer, Animal Control Officer and partners from DOC and Probation & Parole. A water-cooler effect!

3. **DATA is an important component.** The NYC CompStat Model has been adopted in both Rutland and Burlington - with one twist - we invite non-traditional partners to a bi-weekly convening. In Rutland, only 1/3 of the participants are police supervisors and managers. The presentation of “open data” is developed by our Crime Analyst and the meeting is conducted by our Police Chief, focusing on “three-peat” locations (3-calls for police services to a specific location over a two-week time frame). Through this process, we examine 20-25 locations receiving repeated calls for service. These CompStat meetings provide a platform for our partners to bring their unique view or approach to commit resources to solve problems together. It is important to keep in mind that this approach works to reduce silos for better outcomes. Data informs our decision-making and improves our problem-solving abilities for lasting solutions.

4. **Relationships.** As an example, the DCF – Rutland law enforcement partnership coined one working group as “the justice league,” which shows their camaraderie and sense of urgency, highlighting the value members place on this partnership. This group (DCF and Family Services Division, law enforcement, Probation & Parole) meets monthly to solve complicated family problems, focusing on information sharing, developing a plan of action, and responding in a timely manner, with relentless follow-up and feedback. District Director Jennifer Burkey said that “this meeting is an innovative way of collaborating and is held in high regard in the State of Vermont...we can safely say that there is better understanding of the parameters of our work, clarity on what we can do and can't do.” I say, it's magic.
 - A police sergeant was recently asked, “What's in it for you?” And while the sergeant was correct in saying, ‘nothing – we just want to help,’ I would point out that wrapped up in his straightforward answer is our role to provide resources to establish a safe working environment in the field, to share information, to support social workers in a way that will increase successful outcomes, and to increase child and family safety. Essentially, we want to reduce crime and increase successful family outcomes.
 - It is also our goal to introduce evidence based models and to make custom notifications to offenders who live in homes with where DCF have child and welfare responsibilities (*we talk with offenders, highlighting a caring community, with resources to assist them, and that their life of crime is over*). We want offenders to know that the norms and culture of this community will not tolerate drug trafficking or violence or neighborhood chaos.

5. **Strengthening Families Program is a DCF Partnership with the Rutland County Parent Child Center.** This program began as a pilot in 2013, it was developed to focus on high risk families, whose parent is at risk of losing their child (or children), whose family consists of at least one child under the age of 3 and other family members who have had involvement with corrections and are struggling with addiction and/or mental health disorders. In Rutland, this collaborative approach is housed in the Vision Center as a strong partnership with DCF, which may include assistance from other members of

the Vision Center, (mental health crisis, domestic violence advocacy, probation and parole, law enforcement, or others).

Consider the additional family dynamics of high risk families that include members who may or may not be working on their recovery and who may or may not be offenders under DOC supervision, with a substance use disorder, alcoholism, mental health or a dual diagnosis.

6. District Director Jennifer Burkey offers the following success story:

We had a group of families that were either open for assessment or investigation or were the subject of reports to our Centralized Intake Unit. There were multiple DCF workers involved. Concerns were around substance use, rumors of dealing drugs, weapons, possible human trafficking, condition of the homes, truancy and ability to meet basic needs. As we learned more from collateral contracts, names from other cases in this group were intersecting with concerns/people in other reports. We (pulled) together representatives from DCF-FSD (Field Services Division) and the Rutland City PD in consultation with DOC to discuss this group, define issues and relationships in/between the families, and plan for next steps, including teaming and assuring worker safety. We drew a genogram during the meeting as we started to untangle the issues and key players. This led to a planful, efficient response based on facts rather than rumor or speculation. Ultimately, our workers were able to utilize resources to properly assess and plan, while remaining safe themselves.

7. Schools are major partners and contributors to child and family welfare.

- A. Schools address food insecurity, for children up to the 8th grade.
- B. Attendance at parent-teacher meetings (or failure to meet or engage).
- C. Neglect that occurs with opiate and heroin addiction may include a parent's inability to bond with their child (focus birth to pre-K).
- D. Tapestry and EPIC are after school programs for grades K-6 and grades 7-8.
- E. Universal Pre-K focus to provide certified Pre-K for all children.
- F. Promise Community is a community collaborative led by the Assistant Superintendent, with a focus not only on Universal Pre-K, but also on attendance and birth to K issues.
- G. DCF and mental health service providers are significant school partners.
- H. MDTs or multidisciplinary teams are managed through AHS/DCF.
- I. School Resource Officer Programs are important to child and family welfare.

8. Homeless Prevention Coalitions or Continuum of Care collaboratives work to end family homelessness, contributing to child and family welfare.

- A. Communities are working on solutions to family homelessness.
- B. Cross-sector collaborations include hospitals, mental health, social services, law enforcement, etc.
- C. "Housing First" and Rapid Re-housing models.
- D. Developers and landlords provide livable, healthy and affordable housing.

- E. Data sharing amongst all providers improves service delivery, reduces duplication and frustration for clients, and improves outcomes for children and families.
- F. Universal release of information, data sharing partnership agreements, for coordinated entry are important; HIPAA and 42 CFR compliant.

9. Hubs and Spokes. The Rutland Regional Medical Center is a major player having established the West Ridge Clinic in the fall of 2013, delivering medical assisted treatment (Methadone, Suboxone and Vivatrol) to over 700 patients through a coordinated network of prescribers, social services and peer-to-peer recovery centers. Adopting an all pathways to recovery approach is an important piece of the puzzle in helping to reduce the devastation related to opiate misuse and addiction. RRMC and other partners are leaders in the community health approach to wellness.

10. Data Sharing is an important component if we are to know when success occurs.

- A. Data Scientist. The development of a data scientist post at the state level whose charge is to find ways to share data to enhance both a tactical and strategic approach is paramount. It is very important that local municipalities and state governments share vital information to develop measures for outcomes and establish timely tactical plans at both the state and local levels.
- B. Data Information Hub. The sharing of information between data analysts in a timely manner is important to provide forecasts and develop preventive action plans that involve cross-sector partners across cities, towns, counties and state government.
- C. "Yes" is the word that will lead us to success. Yes, is not no. State and local agencies must work together to find ways to share information. One of our most important values is to collaborate for the greater good; it must be practiced every day, if we are to have a chance at eliminating this opiate epidemic.