

Department for Children and Families

RESPONDING TO VERMONT'S OPIOID CRISIS
SEPTEMBER 11, 2017

Impact of Opioid Crisis on DCF Services and Families



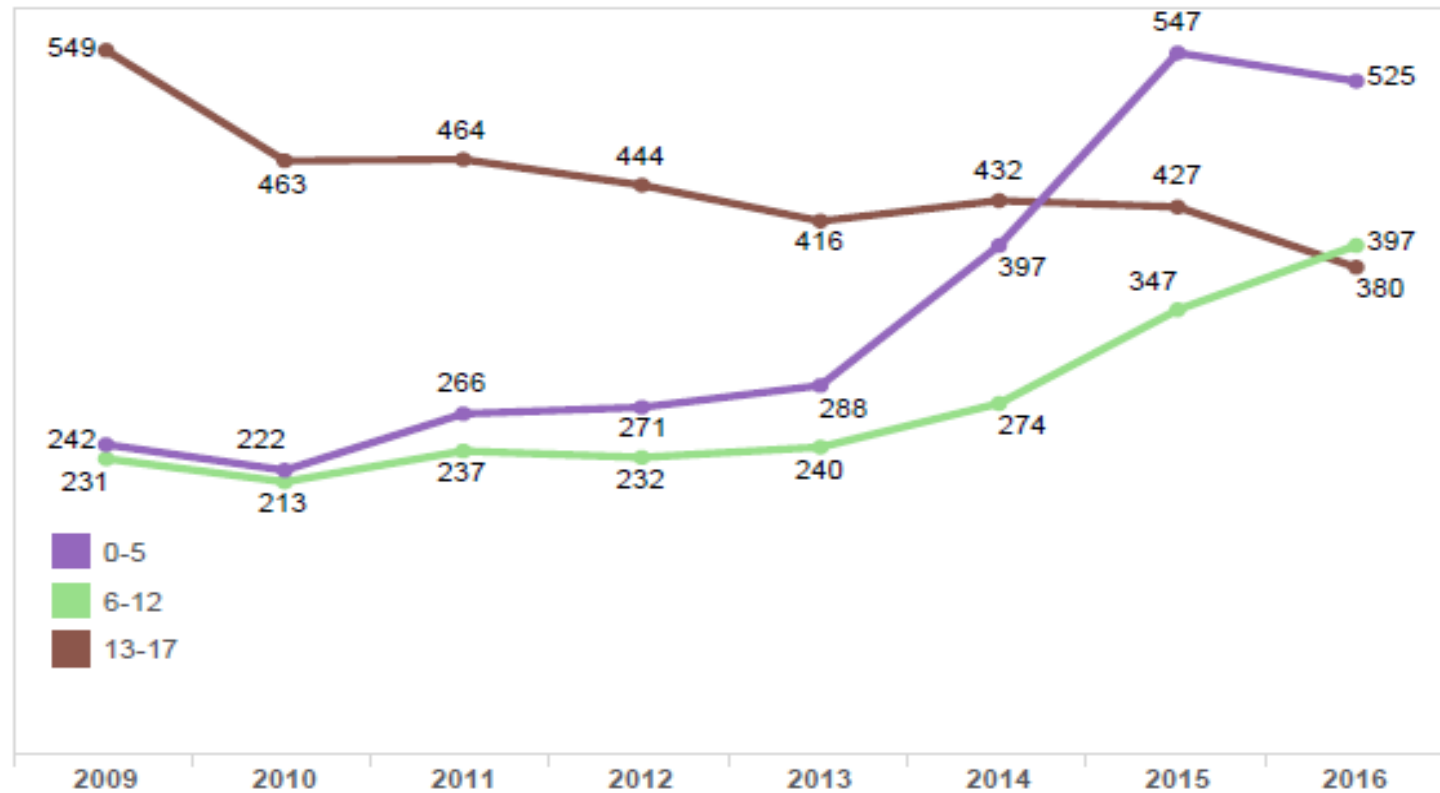
Family Services Division Impact on Caseload

Since 2013, Family Services Division (FSD) has experienced a 38% increase of children in DCF custody.

| Children in DCF Custody | |
|-------------------------|---------------|
| Year | # of Children |
| 2013 | 944 |
| 2014 | 1,103 |
| 2015 | 1,321 |
| 2016 | 1,302 |

Family Services Division Children in Custody

of children in care by age at FFY end



Family Services Division

Children in Custody Ages 0 - 5

Number and Percent of Children Ages 0-5 in Custody due to Opiate Abuse Issues

| Child's Age | Nov. 2016 # of children | % of 0-5 children in custody |
|-------------|----------------------------|------------------------------------|
| 0 | 46 | 55% |
| 1 | 44 | 44% |
| 2 | 45 | 54% |
| 3 | 53 | 56% |
| 4 | 46 | 62% |
| 5 | 32 | 50% |
| Total | 266 | 53% |

Family Services Division Shifting Caseload

Family Services Caseload Data

| Type of Case | June 2014 | June 2015 | June 2016 | May 2017 |
|----------------------------|-------------|-------------|-------------|-------------|
| In DCF Custody | 1087 | 1291 | 1392 | 1303 |
| Conditional Custody Orders | 379 | 485 | 627 | 631 |
| Family Support Cases | 411 | 465 | 455 | 553 |
| Youth on Probation | 152 | 108 | 140 | 128 |
| TOTAL | 2029 | 2349 | 2614 | 2615 |

Economic Services Division – Reach Up Impact on Caseload

- ▶ While the Reach Up case load continues to decrease, the Child-Only caseload has remained steady.
- ▶ Mental health and substance use barriers are reported to make up 25% of the Reach Up caseload.
- ▶ For those participants that have received 60 months or more of Reach Up, 50% have a mental health or substance use barrier.
- ▶ In SFY 17 Reach Up's Medical Review Team approved 788 cases, of those 565 indicated mental health or substance use was a determining factor.

Child Development Division Impact on Services

- ▶ Children's Integrated Service (CIS) providers report that between 20-25% of clients served are impacted by a substance use disorder.
- ▶ Increase in the number of children referred to CIS Early Intervention due to in utero exposure to drugs or born with Neonatal Abstinence Syndrome.
- ▶ Increase in the number of children referred to CIS due to federal Child Abuse and Prevention Act (CAPTA) requirement that children under age 6 who are in DCF custody be screened for developmental concerns.

Office of Economic Opportunity

Impact on Homelessness

- ▶ 19% of persons who are homeless self-report chronic substance abuse (2017 PIT Count).
- ▶ In SFY 16, 12% (721) of all persons served by shelters, homelessness prevention and rapid re-housing programs self-reported chronic substance abuse as a disabling condition.
- ▶ Emergency Shelters estimate that between 30-40% of adults (approximately 3,000 annually) in shelter are in treatment and/or recovery with at least half of those for opioids.

Office of Child Support (OCS) Impact on Caseload

On a typical court day, OCS estimates that between 5% – 40% of child support cases have one parent that is addicted to opioids:

- ▶ Delinquent child support payments leave a family in need without financial resources.
- ▶ Courts do not have the ability to order parent into treatment leaving courts with little recourse.

Increase in volume of cases where child does not reside with either parent and lives with a caretaker custodian (CCO cases).

- ▶ Requires OCS to establish a new court order or to modify an existing order which takes time.

Best Practices at DCF



Family Services Division Best Practice

The Children and Recovering Mothers (CHARM) Team Key Elements

- ▶ Pregnancy: Opportunity for Change
- ▶ Early Access to Prenatal care and Substance Abuse Treatment
- ▶ Early child welfare involvement, assessment and develop plans of safe care *prior to birth*
- ▶ Coordinated Services and Supports
- ▶ Systems for Collaboration: Information sharing to support health/safety of Moms and infants.

Family Services Division Best Practice

Updated Child Abuse Report Acceptance Criteria

Worked with the National Center on Substance Abuse and Child Welfare (NCSACW) to review and revise screening policy.

- ▶ Historically, assumed adequate parenting unless there was an indicator of a lack of care.
- ▶ Revised policy to assume an impact on parenting when a parent/caregiver has an opioid-related SUD and they are parenting young children.

Family Services Division Best Practice

Screening for Substance Use Disorder (SUD)

- ▶ During a Child Safety Intervention, the parent/caregiver receives a screening using the UNCOPE, a substance use screening tool.
- ▶ If there is a concern about a possible substance use disorder, the parent/caregiver is referred for a formal assessment.

Family Services Division Best Practice

SUD Screening, Assessment and Testing Policy

- ▶ Worked with NCSACW to create policy related to screening, assessment and drug testing.
- ▶ Emphasizes coordination of testing – if it is happening elsewhere (DOC, through existing treatment plan, etc.) policy requires coordination by our staff.
- ▶ Developed contracts with providers statewide for drug testing.

Family Services Division Best Practice

Implemented LUND Regional Partnership Program (RPP) statewide

LUND Case Managers now work in all 12 district offices:

- ▶ Screen for substance use disorders (SUD)
- ▶ Link parents to treatment services
- ▶ Address barriers to successful engagement with treatment

Family Services Division Best Practice

FY 17 RPP Data

1,198 parents/caretakers screened by RPP

- ▶ 857 parents/caretakers found at risk of SUD
- ▶ 573 parents/caretakers engaged in SUD treatment

FY 17 RPP Outcomes

- ▶ 84% of participants recommended for an assessment followed through with completing assessment.
- ▶ 82% of participants who completed assessment engaged in SUD treatment.

Family Services Division Best Practice

Risk Triage Tool Development

- ▶ Joint work with ADAP to develop risk triage tool
- ▶ Tool intended to prioritize wait list for Medication Assisted Treatment (MAT)
- ▶ Tool captures information about areas of risk:
 - Housing
 - Child Protection Involvement
 - DOC Involvement

Economic Services Division – Reach Up Best Practice

Screening

Reach Up case managers screen all participants using UNCOPE (substance use) and PHQ2 (mental health) screening tools:

- ▶ Positive results yield a referral to our contracted staff in the Designated Agencies.
- ▶ The Case Managers/Clinical Case Managers coordinate treatment and team meetings to help foster an environment where participants can focus on their treatment.

Economic Services Division – Reach Up Best Practice

Temporary Absence

Reach Up supports participants that need to engage in treatment away from the home by continuing to:

- ▶ Pay for participant's housing; and
- ▶ Provide a simultaneous grant to the caretaker caring for the children.

Economic Services – Reach Up Best Practice

Home Visiting Program

Piloting an evidence-informed curriculum from Nebraska

- ▶ Mathematica a policy research institution found participants that were involved in this program had improved employment status and improved earnings.

(<http://www.buildingbetterprograms.org/wp-content/uploads/2014/04/BNF-Presentation.pdf>)

Two of the 12 district offices

- ▶ Rutland and Newport each have 1 case manager:
- ▶ Smaller case loads (12-15 participants)
- ▶ Meet participants in their homes
- ▶ Curriculum is focused on meeting participants where they are at
- ▶ Participants choose goals and life skills they want to work on

Economic Services – Jobs for Independence Best Practice

3-Year Pilot Program to research the effects of enhanced services on employment outcomes for 3SquaresVT recipients. Targets 4 groups:

substance use disorders

mental health issues

criminal histories

homelessness

- ▶ To-date 444 participants (41%) who have been randomly assigned to receive enhanced services identify with having substance use issues
- ▶ Most participants identify with 2-3 of the 4 target areas

Child Development Division Best Practice

Strengthening Families framework promoted across systems serving children and families:

- ▶ Evidence-based approach
- ▶ Promotes five protective factors:
 1. Knowledge of parenting and child development
 2. Concrete support in times of need
 3. Social and emotional competence of children
 4. Parental Resilience
 5. Social Connections

Children Development Division Best Practice

Strengthening Family framework has been incorporated into the practices of the Parent Child Centers, Head Start Programs and 24 Promised Communities:

- ▶ Essential to supporting families in treatment for opioid addiction and as family navigates recovery
- ▶ Provides concrete supports (cash, transportation, etc.) to support families in treatment
- ▶ Provides social connections through parenting classes and playgroups beyond the social circle that may draw families back into substance abuse

Office of Economic Opportunity Best Practice

Expansion of Family Supportive Housing – affordable housing and case management and service coordination to address homelessness, substance use disorders, child protection and employment.

FY 2017, 191 adults in the program reported the following outcomes:

- 25% (47) engaged in SUD treatment

- 36% (69) receiving mental health services

- 28% (54) were in recovery

- 60% (114) maintained sobriety

Office of Child Support Best Practice

Work4Kids helps participants to:

- ▶ Gain work skills and knowledge
- ▶ Find new or better jobs
- ▶ Resolve issues that may be keeping them from steady work (e.g., criminal record, mental health issue, substance abuse disorder, no reliable transportation, unstable housing and lack of education/training)
- ▶ Access supports such as work clothes, transportation and training
- ▶ Get personal counseling if they need it to stay employed
- ▶ Modify their child support orders based on their ability to pay

DCF's
Recommendations
to the Governor's
Opioid
Coordination
Council



Intervention

Expand evidence-based home visiting programs to serve parents with young children ages 0-5 who are engaged in Opioid Treatment:

- ▶ Maternal Early Childhood Sustained Home visiting (MECSH)
- ▶ Nurse Family Partnership (NFP)
- ▶ Parents as Teachers (PAT)

Supports healthy social and emotional development of children while parents are in treatment.

Intervention

Family Services Division

Provide additional visitation resources for more frequent parent/child contact for children in custody:

- ▶ Transition from 22 part-time, temporary Case Aides to 35 full-time permanent positions in FSD; or
- ▶ Expand parent child contact contracts to increase numbers served and length of service.

Intervention

Expand Lund Regional Partnership Program (RPP)

Provide 5 additional FTE Case Managers are needed to enhance capacity in 5 districts with caseloads greater than 450 accepted reports per year:

- ▶ Burlington
- ▶ St. Albans
- ▶ Barre
- ▶ Rutland
- ▶ Brattleboro

Intervention

Build a Family-Centered Approach to Treatment

A stronger linkage between HUBs and Parent Child Centers would ensure that children impacted by parental substance use disorders receive the support and services they need while parents are engaged in treatment – Two Generational Approach

Prevention/Intervention

Stable Housing is a Key Social Determinant to Health

- ▶ To Help Prevent Opioid Use
- ▶ To Successfully Engage in Treatment
- ▶ Necessary to Maintain Recovery

Thank you!

For more information or if you have questions, contact me at:
Ken.Schatz@Vermont.gov or via phone at 241-0929

Thank you!