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SUBSTANCE USE & OPIATE TASK FORCE

REPORT AND 2017 RECOMMENDATIONS

11/22/17

Report and 2017 Recommendations

Building Bright Futures statewide network:
Addison Building Bright Futures, **Bennington** Building Bright Futures, **Caledonia and Southern Essex** Building Bright Futures, **Central Vermont** Building Bright Futures, **Chittenden** Building Bright Futures, **Franklin Grand Isle** Building Bright Futures, **Lamoille Valley** Building Bright Futures, **Northern Windsor and Orange** Building Bright Futures, **Orleans and Northern Essex** Building Bright Futures, **Rutland** Building Bright Futures, **Southeast Vermont** Building Bright Futures and **Springfield Area** Building Bright Futures

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Substance Use & Opiate Epidemic Task Force

REPORT AND 2017 RECOMMENDATIONS

BUILDING BRIGHT FUTURES

Building Bright Futures (BBF) is Vermont's early childhood public-private partnership established by law to monitor the state's early care, health, and education systems and to advise the Administration and Legislature on policy and system improvements. BBF serves as a backbone organization for collective impact at the state and local level by convening stakeholders and community members with a common goal of meeting the diverse needs of all Vermont children and families. The BBF State Advisory Council recognizes the impact that substance use and opiates are having in the lives of Vermont children and families. Given the urgency and importance of this issue the State Advisory Council formed a Substance Use & Opiate Task Force. This document is a result of the work of the Task Force and outlines a framework and recommendations to best serve and support Vermont's children and families.

INTRODUCTION

Addiction, and not just opiates, is a serious health issue in Vermont. Substance Use Disorders can have a profound influence on the lives of people and their families, particularly their children. Young children are especially affected because of exposure during the prenatal period, exposure to toxins and toxic stress in their home environment as they grow and develop, and the impact of these substances on their family's capacity to parent and their community's capacity to support them during their most critical years of development.

Substance and opiate misuse impacts the entire family system and puts children's health and safety at risk. Infants with mothers who used drugs or alcohol during pregnancy are more likely to have a range of physical, behavioral and cognitive problems[1]. Substance abuse can also result in ineffective or inconsistent parenting, leading to children's basic needs–such as adequate nutrition, supervision, and nurturing–going unmet. These families often experience a number of other problems—such as mental illness, domestic violence, unemployment, and housing instability—that also affect parenting and contribute to high levels of stress.[2]

There is evidence of a strong correlation between opioid addiction and traumatic experiences, particularly early childhood adversity. Adverse Childhood Experiences fall into three categories: family/household challenges (e.g., substance abuse, mental illness, separation/divorce), neglect, and abuse.[3] The CDC's Adverse Childhood Experiences Study has demonstrated a strong relationship between adverse childhood experiences and a variety of negative health outcomes including smoking, alcohol use, and harmful drug use.[4] Research

[1] https://www.childwelfare.gov/pubPDFs/parentalsubabuse.pdf

[2] National Organization on Fetal Alcohol Syndrome. (2012). *FASD: What everyone should know*. Retrieved from http://www.nofas.org/wp-content/uploads/2012/10/ NOFAS-FASD-What-Everyone-Should-Know-2012.pdf

[3] American Psychological Association. (n.d.). Parents and Caregivers are Essential to Children's Healthy Development. Retrieved from http://www.apa.org/pi/families/resources/parents-caregivers.aspx.

[4] About Adverse Childhood Experiences. Centers for Disease Control and Prevention's website http://www.cdc.gov/violenceprevention/acestudy/about_ace.html. Updated April 1, 2016. Accessed June 2, 2016

indicates that the most effective way to prevent and treat opioid addiction is to begin by understanding its origin in adverse childhood experiences.[5] Individuals who reported five or more ACEs were three times more likely to misuse prescription pain medication and 5 times more likely to engage in injection drug use. [6] So we see that parental opiate abuse both contributes to ACES in young children, and ACES contribute to the likelihood of substance abuse later in life.

Parental substance abuse is recognized as a risk factor for child maltreatment and child welfare involvement.[7] The opiate crisis in Vermont has placed increased strain on Vermont's child welfare system. There was a 49% rise in the rate of Vermont children under age nine entering into DCF custody between 2012 and 2016.

Despite the efforts and energy that Vermont has invested in the substance use and opiate crisis there remains a gap in coordination and increased challenges in our current service delivery system, including:

- **Insufficient family-centered/multi-generational services available** to meet the needs of the whole family in child and family friendly practices and settings
- **Knowledge gaps** among service and treatment delivery providers to meet the comprehensive needs of families with substance use issues and address the impact substance use on children
- **Lack of coordination and integration** between the adult substance use treatment system, early childhood mental health, and the child welfare system
- **Differences in practice approach and perspectives**, reflecting different guiding practices and principles and goals in early childhood and substance treatment systems (for example, a focus on adult treatment without sufficient focus on the impact on the family system including children)
- **Lack of coordination and flexible funding and billing** to allow service providers to provide support, care coordination and treatment to parents and children, and to use funds in a coordinated way.

Vermont's approach to addressing the complexity of the substance use and opiate epidemic in our state will be most successful and effective if we implement comprehensive, multi-tiered approaches across systems of care attending to the immediate needs of children and families; provide treatment, early intervention, and prevention; and take a long range, whole-population and multi-generational approach. Maurice Richards, Chief of Police in Martinsburg, West Virginia, a community hit hard by the opioid crisis has led innovation efforts to focus on prevention; he stated "Prevention is the single most effective long-term solution to drug addiction, because if we do not reduce the demand for drugs we will never reduce the supply."[8]

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[5] Trauma-Informed Approaches Need to be Part of a Comprehensive Strategy for Addressing the Opioid Epidemic. Campaign for Trauma-Informed Po

[6] Quinn, K., Boone, L., Scheidell, J.D., Mateau-Gelabert, P., Mcgorray, S.Sp., Beharie, N.,Cottler, L.B, and Kahn, M.R (2016) Te relationship of childhood trauma and adult prescription pain reliever misuse and injection drug use. Drug and Alcohol Dependence, 169, 190-198

[7] Institute of Medicine and National Research Council. (2013). *New directions in child abuse and neglect research*. Washington, DC: The National Academies Press. Retrieved from http://www.iom.edu/ Reports/2013/New-Directions-in-Child-Abuse-and-Neglect-Research.aspx

[8] See "The Martinsburg Initiative" a unique police-school-community partnership. at Martinsburgpd.org

National & Vermont Data Overview

Substance use is a major public health issue in Vermont and the United States, and substance use disorders (including tobacco, alcohol, and illicit drugs such as opioids) are common. The most current National Survey on Drug Use and Health[i] (NSDUH) results show Vermont among the 20% of states with the highest prevalence estimates for the following indicators.

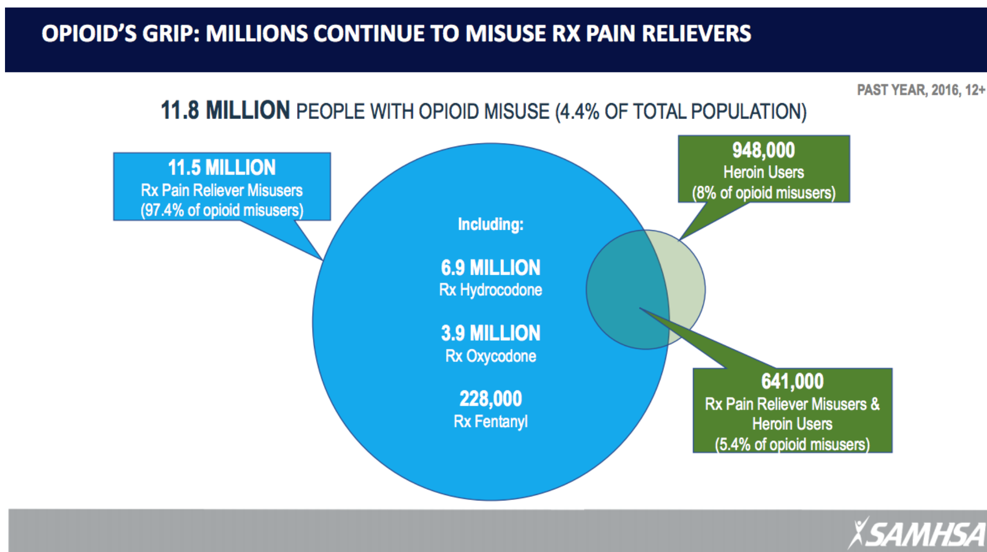
Table 1. National Survey on Drug Use and Health

Prevalence Estimates[ii]	Years	U.S.	VT
Alcohol use disorder in the past year: people 12 years and older	2014-2015	6.14%	6.95%
Illicit drug use disorder in the past year: people 12 years and older[iii,iv]	2013-2014	2.6%	2.1%
Cigarette use in the past month: people 18 years and older[v]	2014-2015	21.72%	23.36%

National Data on Opioid Misuse

These 2016 NSDUH findings did not show opioid misuse and addiction becoming more common in 2016; however, 4.4% (11.8 million people) of Americans fall into the opioid misuse type and the number of opioid and overdose deaths continues to steadily increase.

Figure 1. Opioid's Grip: Millions Continue to Misuse Rx Pain Relievers[vi]



National Data: Children under that age of 18 living with one or more parents with a substance use disorder

In the United States, 12% of children under the age of 18 live in homes with one or more parents with a substance use disorder (alcohol and/or an illicit drug). The percentage is the highest for the youngest children, with an estimated 13% for children younger than three years. [vii] The following visual provides a more detailed look at the numbers of children affected by age and family structure.

Table 2: Number and percent of children aged 17 or younger living with at least one parent with a past year substance use disorder, by age group and household composition: Annual average, 2009-2014. [viii]

Age group	Number of children	Percent of children
Aged 0 to 2	1.5 million	12.3
Aged 3 to 5	1.4 million	12.8
Aged 6 to 11	2.8 million	12.1
Aged 12 to 17	3.0 million	11.8
Total	8.7 million	12.3

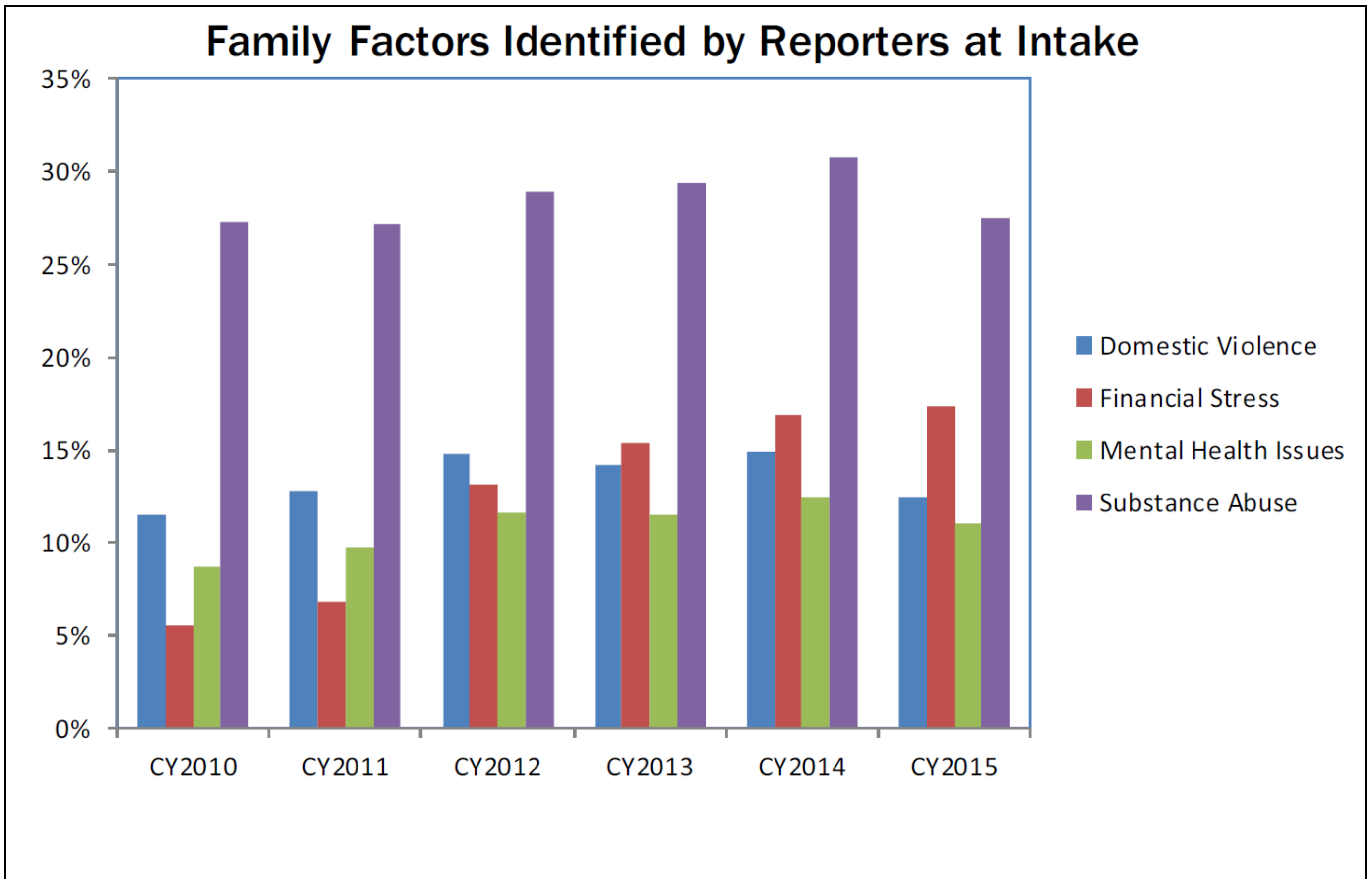
Parents in household	Number of children	Percent of children
2 parents	7.0 million	13.9
1 parent	1.7 million	8.4
1 parent (mother)	1.4 million	7.8
1 parent (father)	344,000	11.8

Vermont Agency of Human Services, Department for Children & Families Data

The table below identifies family factors that were identified by reporters when they called the Child Protection Line. While some factors may not have been validated during the ensuing interventions, the list helps us better understand the difficult challenges families face and helps supervisors and social workers to plan effective intervention strategies.

Substance abuse continues to be identified as a family factor for many accepted child safety interventions. This reinforces the continued need to supportive services and specialized intervention methods.

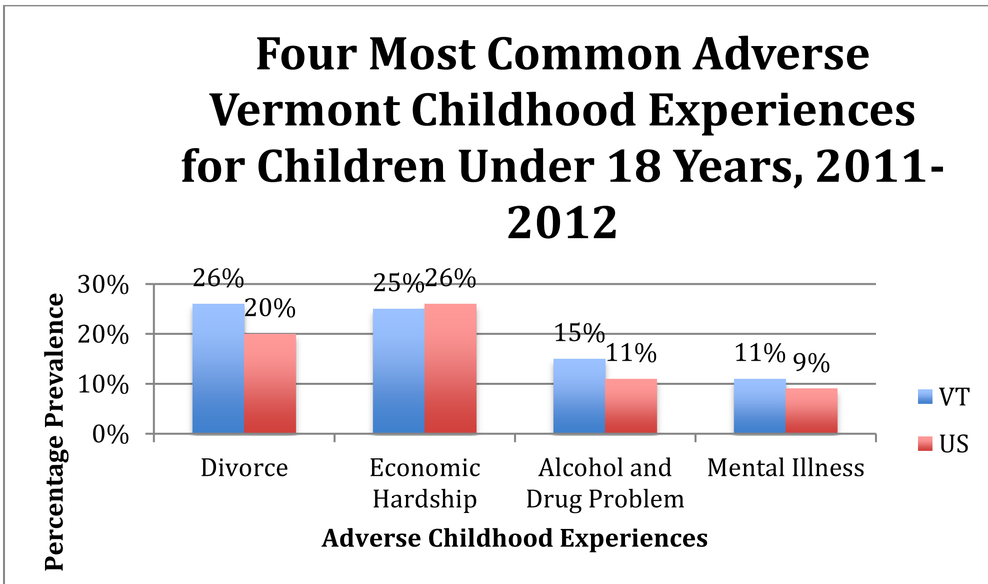
Table 3. Family Factors Identified by Reporters at Intake[9]



[9] Vermont Agency of Human Services, Department for Children & Families. (2017). *Outcomes for Vermonters*. Retrieved from http://dcf.vermont.gov/sites/dcf/files/DCF/budget/DCF-Outcomes.pdf .

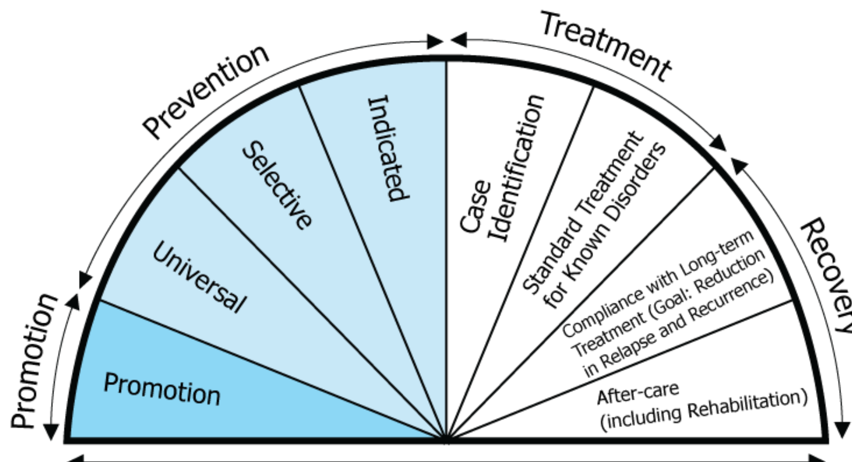
Vermont Adverse Childhood Experiences Data

The National Survey on Children's Health includes questions about adverse childhood experiences (ACEs)[ix] to capture psychosocial risk factors that affect children's health, and reports the data by state and age group. One of the nine experiences surveyed is " *lived with someone with alcohol/drug problem*." The 2011/12 survey results indicated that 15% of Vermont children experienced this specific adversity (see in Figure 2 for more details.) Having an ACE score of 4 nearly doubles the risk of heart disease and cancer.[x] High scores also relate to addiction.[xi] The ACE Study also found that it didn't matter what adverse experiences were in that score of 4, it had the same statistical health consequence.



These data underscore the interconnectedness of risk factors, and the importance of including prenatal care, early childhood health and development, and family-centered care in the full spectrum of interventions aimed to reduce the prevalence and devastating consequences of substance use disorders. A spectrum that includes promotion, prevention, treatment and recovery is essential (see Figure 1.)[xii]

Figure 3. Public Health- Mental Health Intervention Spectrum[10]



[10] Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/sites/default/files/topics/data_outcomes_quality/nsduh-ppt-09-2017.pdf

Opportunity for Vermont to Turn the Curve

As the data demonstrates, the severity and complexity of impact that substance use disorders are having on Vermont's children and families and communities is significant and requires a continuum of care and services that include promotion, prevention, treatment and recovery. Children and families need the right care at the right place and the right time. Our service delivery system spans across multiple sectors including health, education, human services and mental health. Further, these systems straddle both child and adult service delivery. Substance use and addiction impacts the entirety of the family system thus requiring multi-generational approaches that provide care and treatment to adults and children.

Our child and adult systems of care and treatment still operate in a largely siloed manner and the point of entry for support and treatment of substance use disorders tends to be in the adult system in Vermont. Working to integrate our care and treatment across children's and adults' services and programs, and promoting a full continuum of prevention and treatment is critical. Through optimizing relationships, coordinating and integrating our children and adult systems, we can turn the curve on the impact of substance use in Vermont. Examples of systems integration across adult and children's services include Lund's Region Partnership program, which places substance abuse screeners at six DCF district offices around the state to connect child welfare and treatment systems. This program supports timely access to assessment and treatment for caregivers and seeks to frontload services to families in order to provide stability and permanency to children.

Many of the existing, traditional residential drug treatment programs do not allow children to be present. As a result, parenting women may feel torn between seeking the needed treatment and caring for children. Approximately 70% of women entering substance use treatment services have children.[11] As we learned above, children of one or more parent(s) or caregiver(s) with substance use disorders are at increased risk of developmental, behavioral, and emotional difficulties. Therefore, early intervention is important for women seeking treatment and, as appropriate, for their children and family members. In 2017, early childhood stakeholders in Brattleboro, Vermont partnered with the Brattleboro Retreat to create The Welcoming Place — a free, seven-days-a-week childcare service for children whose parents are being treated for opioid addiction at the Retreat. This is a great example of innovative and integrated service delivery for families.

Vermont should continue to take a long range whole population approach to substance use and opiate crisis within the context of Adverse Childhood Experiences (ACEs). Building Flourishing Communities is an initiative that takes a population health approach to preventing ACEs. This statewide effort is training communities across the state in NEAR (Neuroscience, Epigenetics, ACEs, and Resilience) science with the goal that every community member can be a leader in building community environments where all Vermonter's can thrive.

Vermont has an opportunity to build the existing service delivery system in a more proactive, integrated, and coordinated direction. This will require the commitment and participation of key state leaders across both adult and children's systems to work as an interagency team to develop solutions to support the implementation of systems and policy strategies that support integration and reduce siloing of services and funding. We can't address prevention and turn the curve without treatment and recovery services and supports. However, in order to provide a comprehensive continuum of care and treatment, our provider system needs to focus on prevention, family centered care, and multi-generational approaches through a commitment to systemically strengthen the connection of service delivery to early childhood and family-centered care and practice.

[11] Werner, D., Young, N.K., Dennis, K, & Amatetti, S. Family-Centered Treatment for Women with Substance Use Disorders – History, Key Elements and Challenges. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2007

Recommendations

1. Family Centered and multi-generational treatment services

Vermont providers adopt and utilize multi-generational family-centered approaches and principals to providing substance use treatment. A multigenerational treatment model looks at the role of the family in the treatment of substance use disorders. In addition to clinical treatment, this model includes a continuum of family based clinical and community support services that address many factors for parents and their families such as: substance misuse, mental health; physical health; developmental health; and social, economic, and environmental needs. [12]

One approach to providing family centered care is to ensure that all treatment providers ask about the composition of the family and develop a plan that is specific to children as well. Minimally, if all treatment providers were asking if the parent receiving treatment had children we would be better positioned to ensure the needs of those children were being met.

2. Family friendly treatment and care settings

Many parents often do not complete or seek treatment if they are unable to manage their caregiving responsibilities and participate in treatment programs at the same time. Programs that include access to child care and increased supports will help to address this barrier. This should include inpatient treatment for parents in facilities where they can have their children with them and programs that provide services to each family member.

Family friendly treatment and care setting may mean having a safe place for parents to have their children with them when they are in a treatment setting, age appropriate toys, or a place to breast feed. Ideally all treatment settings having access to child care or access to inpatient family care, but there are many practices along the continuum that could be implemented.

3. Increased investment in prevention efforts

Vermont should work to improve early identification of at-risk families through expanded prenatal screening initiatives so that prevention services can be provided to promote child safety and well-being in the home. Vermont should continue to expand the Strengthening Families Protective Factors framework. The framework includes strategies and tools for building resilience in families, preventing issues of abuse and leveraging parenting skills to best meet children's developmental needs.[13]

4. Prioritize services and treatment to parents with children

Vermont should work to prioritize and provide timely access to substance abuse treatment slots for parents with children and to follow-up with mentoring and/or case management to support recovery and parenting. Vermont has made great gains in this area, however funding case management and support services are critical for sustained recovery and financial reform in this area needs to be prioritized.

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[12] Office on Women's Health, White Paper: Opiod Use, Misuse and Overdose in Women, December 2016, US Department of Health and Human Servicess. Accessed 11-3-17 https://www.womenshealth.gov/files/documents/white-paper-opioid-508.pdf

[13] Center for the Study of Social Policy. (2017). About. Retrieved from https://www.cssp.org/young-children-their-families/strengtheningfamilies/about

5. Integrated treatment and care collaboration across adult and child systems

Key leaders in the Agency of Human Services (AHS), Alcohol & Drug Abuse Program (ADAP), as well as community providers should form an interagency team to work as an interagency team to develop solutions and policy strategies that support integration and reduce siloing of services and funding in an effort to move away from our bifurcated adult and child system. These efforts should include early childhood providers and work with the goal of coordination and integration between adult substance use treatment and children's services. By integrating services, treatment plans and care management strategies; providers can better address the health and human services needs of individuals to support long term recovery of parents and the well-being of children. Key consideration should include:

- Service delivery and practice approaches that include wrap around care coordination and co-location of child and family services and adult treatment
- Family treatment that leverages the expertise of children's development and mental health service providers
- Treatment plans that include goals for families and intake forms that ask questions about children and home
- Billing and funding barriers to integrated treatment and care

6. Cross-training, cross-system information sharing

Promote the cross training of children's services and substance abuse treatment professionals to build understanding of systems, goals, approaches, and family-centered and multi-generational practice. Promote and develop cross-system information sharing practices and procedures related to screening and assessment results, and treatment plans care coordination with the goal of reducing barriers due to confidentiality parameters. Also, a focus on linking data systems that track progress toward shared outcomes and promote shared accountability.

7. Flexible financing strategies

Key leaders and should work to develop flexible financing strategies that leverage or combine various funding streams to address the needs of substance abuse treatment for families with children. Allowing service providers to provide support, care coordination and treatment to parents and children, and to use funds in a coordinated way.

8. Develop best practices to support engagement and address barriers to accessing treatment

Vermont's efforts to develop an integrated system to that supports adult treatment, recovery and child well-being will only be as effective as our ability to engage parents in treatment and services. The BBF Substance Use & Opiate Task force or other entity should analyze the current barriers to accessing treatment and develop engagement practice recommendations.

Data Development: Strengthening Vermont's Data About the Impacts of Substance Abuse on Children and Families

There is broad desire in Vermont to monitor the outcomes and effectiveness of our efforts to address social challenges like substance abuse and opiate addiction. Our ability to do that is only as good as the data available. To that end, the Building Bright Futures Data and Evaluation Committee has produced a report on data needs related to substance abuse and early childhood entitled, "Substance Use Disorder and its Impact on Children and Families: Mind the (Data) Gap Assessment." The report includes recommendations for sustaining, expanding, and creating data sets in order to answer key policy questions about the impact of substance abuse on children and families Vermont. We encourage state leaders and data stewards who work in these sectors to read and consider the data development recommendations in that report.

Summary

Vermont has demonstrated leadership and is being recognized nationally for its work to curb the opiate crisis and is well positioned to accelerate its success by creating a continuum of promotion, prevention, treatment and recovery. Central to Vermont's efforts to turn the curve on the opiate crisis is systems-level collaboration and service integration: strategies to coordinate services from early childhood, child welfare, treatment and other service systems for families affected by substance and opiate use. In particular there is an urgent call to action toward enhanced collaboration and integration among children's services and substance abuse treatment to provide coordinated and comprehensive services to both children and their families. Given the astonishing complexity of the substance use and opiate crisis in Vermont we must recognized that no single approach or group will solve this, our communities, and service delivery system must come together and work collectively on behalf of children and families in Vermont.

References

[i] SAMSHA. 2013-2014 and 2014-2015 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia.) https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/state-reports-NSDUH and https://www.samhsa.gov/data/sites/default/files/NSDUHsaeMaps2014/NSDUHsaeMaps2014.htmgdesc

- Table 18. Illicit Drug Dependence or Abuse in the Past Year, by Age Group and State: Percentages, Annual Averages Based on 2013 and 2014 NSDUHs
- Table 16. Alcohol Dependence or Abuse in the Past Year, by Age Group and State: Percentages, Annual Averages Based on 2013 and 2014 NSDUHs
- Table 14. Cigarette Use in the Past Month, by Age Group and State: Percentages, Annual Averages Based on 2013 and 2014 NSDUHs

[ii] State-level estimates for 2015-2016 are expected to be available on SAMHSA's website in late 2017.

[iii] Includes marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically (i.e., pain relievers, tranquilizers, stimulants, and sedatives

[iv] A number of changes were made to the NSDUH questionnaire and data collection procedures beginning with the 2015 survey. The 2016 NSDUH results presents overall estimates for illicit drug use disorder as well as SUD estimates for specific illicit drugs including opioids (heroin and opioid prescription pain relievers.)

[v] Because of subtle but present differences in definitions, the NSDUH cigarette use estimates tend to be higher than the BRFSS estimates. The Vermont 2014-2015 BRFSS prevalence estimate is 16.19% as compared to the NSDUH 23.36% estimate.

[vi] Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/sites/default/files/topics/data_outcomes_quality/nsduh-ppt-09-2017.pdf

[vii] SAMSHA. (2017). Children Living with Parents Who Have a Substance Use Disorder: 2009 to 2014. Accessed 09-04-17 at https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html

[viii] Rachel N. Lipari, Ph.D., and Struther L. Van Horn, M.A. Children Living With Parents Who Have A Substance Use Disorder. (August 2017.) SAMSHA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (MSDUHs), 20019-2015. Retrieved from https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html

[ix] In the original Adverse Childhood Experience (ACE) Study found, there were significant associations between childhood abuse, neglect and exposure to violence with adult health problems (Felitti et al, 1998). A modified version of nine adverse childhood experiences list was developed for this survey: (1) socioeconomic hardship, (2) divorce/separation of parent, (3) death of parent, (4) parent served time in jail, (5) witness to domestic violence, (6) victim of neighborhood violence, (7) lived with someone who was mentally ill or suicidal, (8) lived with someone with alcohol/drug problem, (9) treated or judged unfairly due to race/ethnicity. These nine items were based initially on the BRFSS ACE Module, which includes items 2, 4, 5, 7, and 8.

[x] Child Trends. (2014.) Adverse Childhood Experiences: National and State Level Prevalence. Retrieved from http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

[xi] Addiction doc says: It's not the drugs. It's the ACES – adverse childhood experiences. May 2, 2017. Acestoohigh.com. Accessed 09-04-17 at https://acestoohigh.com/2017/05/02/addiction-doc-says-stop-chasing-the-drug-focus-on-aces-people-can-recover/

[xii] Mental Health Intervention Spectrum from Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities, 2009, National Academy of Sciences, National Academies Press, Washington, DC. https://www.jmir.org/2010/5/e60/