



State Strategies for Meeting the Needs of Young Children and Families Affected by the Opioid Crisis

Thursday, September 27, 2018
2:00-3:00pm ET

In partnership with the Alliance for Early Success

Logistics



- **Webinar Audio**

- Audio will be coming through your computer speakers
- If you are experiencing audio difficulties, you may dial in via your phone:
 - **Call-in:** 800-519-2796
 - **Passcode:** 532092

- **Q&A**

- Please submit all questions via the chat box

Webinar Overview and Agenda



Welcome, Introductions, and Overview

- **Karen VanLandeghem**, Senior Program Director, NASHP

New Hampshire's Strategies to Meet the Needs of Young Children and Families Affected by the Opioid Crisis

- **Geraldo Pilarski**, Administrator, Bureau of Community, Family and Program Support, Division for Children, Youth and Families, New Hampshire Department of Health and Human Services
- **Erica Ungarelli**, Director, Bureau for Children's Behavioral Health, Division of Behavioral Health, New Hampshire Department of Health and Human Services

Questions and Discussion

Wrap Up

About NASHP

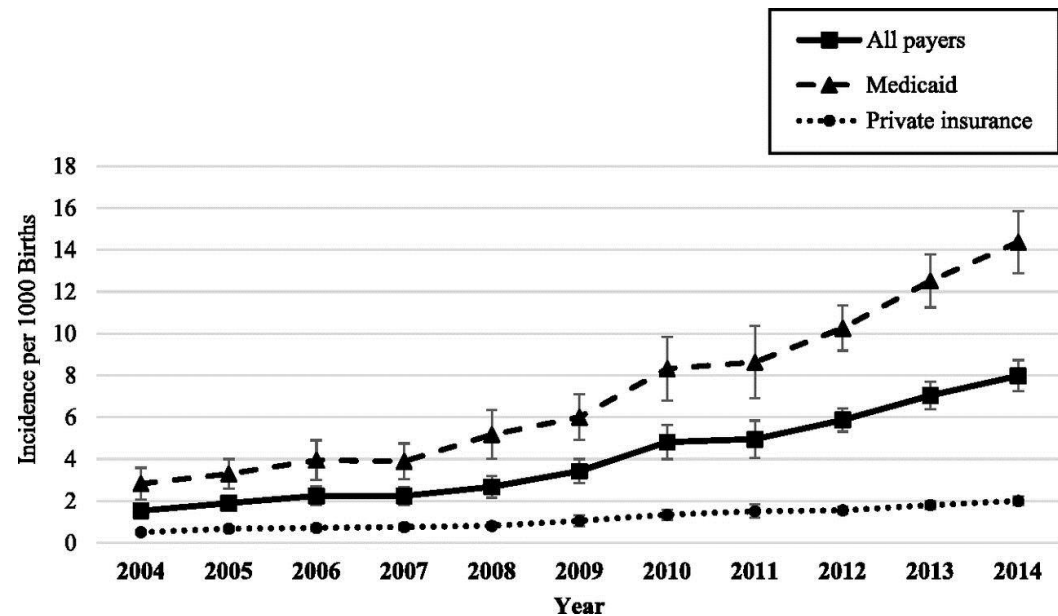


- An independent academy of state health policymakers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice.
- As a non-profit, nonpartisan organization, NASHP is dedicated to helping states achieve excellence in health policy and practice by:
 - Convening state leaders to solve problems and share solutions
 - Conducting policy analyses and research
 - Disseminating information on state policies and programs
 - Providing technical assistance to states

Impact of Opioids on Young Children

- Neonatal abstinence syndrome (NAS)
 - 5x increase in NAS between 2004 and 2014
 - In 2014, Medicaid covered 82% of NAS-related births, and paid \$462 million in hospital costs.
 - Limited research on long-term effects of prenatal exposure

Incidence of NAS by Primary Payer



Source: Tyler Winkelman et al., "Incidence and Costs of Neonatal Abstinence Syndrome Among Infants With Medicaid: 2004–2014," *Pediatrics* (March 2018), <https://doi.org/10.1542/peds.2017-3520>.

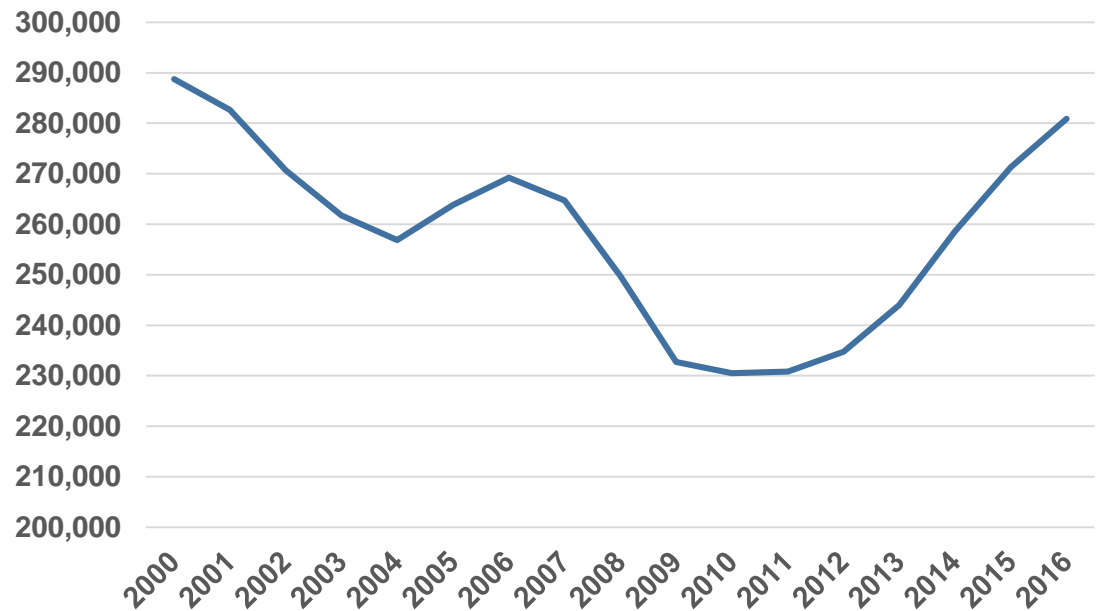
Impact of Opioids on Young Children



- Increase in children entering foster care

- Rise in foster care entry is correlated nationally with rates of overdose deaths and drug-related hospitalizations
- In 2016, parental drug use contributed to 34% of removals

Children in Foster Care Ages 0-10, Fiscal Years 2000-2016

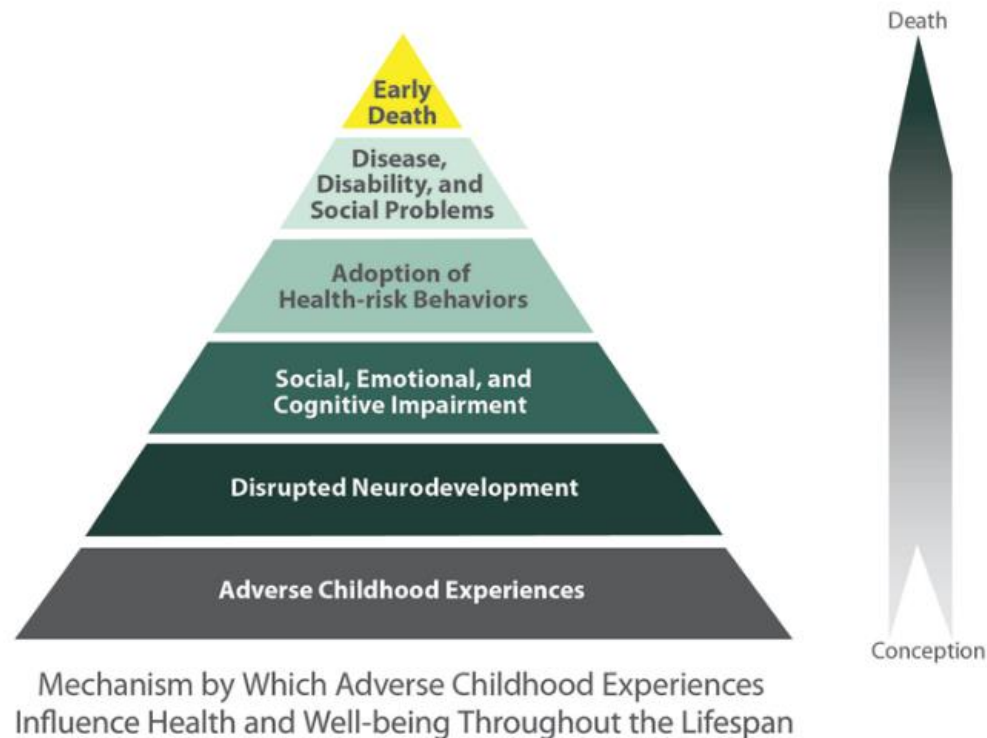


Sources: Robin Ghertner et al., “The Relationship between Substance Use Indicators and Child Welfare Caseloads,” Office of the Assistant Secretary for Planning and Evaluation, March 2018, <https://aspe.hhs.gov/system/files/pdf/258831/SubstanceUseCWCaseloads.pdf>. Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), accessed September 2018, <https://datacenter.kidscount.org/data/tables/6244-children-in-foster-care-by-age-group>.

Impact of Opioids on Young Children



- Trauma and adverse childhood experiences (ACEs)



Source: Centers for Disease Control and Prevention

NASHP Issue Brief



- *State Strategies for Meeting the Needs of Young Children and Families Affected by the Opioid Crisis*
- Interviewed policymakers from three states: KY, VA, and NH
- Issue brief identifies:
 - Key state strategies to support children and families impacted by opioids
 - Funding sources and financing approaches
 - Opportunities and considerations for states

State Strategies



- **Improve access to services and coverage**
 - Rapid access to care
 - Benefit options
 - Provider capacity
- **Implement family-focused care delivery models**
 - Care coordination
 - Trauma-informed care
 - Care at home and in the community
 - Family-centered treatment approaches
- **Align and maximize resources across systems**
 - Data
 - Diverse funding sources

NEW HAMPSHIRE: RESPONSE TO OPIOID USE



MULTIDISCIPLINARY APPROACHES TO ASSIST CHILDREN IN FOSTER CARE

Geraldo Pilarski, Administrator, Bureau of Community, Family, and Program Support, New Hampshire Division for Children, Youth and Families (DCYF)

Erica Ungarelli, Director, Bureau for Children's Behavioral Health, New Hampshire Division for Behavioral Health



New Hampshire



NH Fun Facts:



- We have 424 legislators, 400 in the house of representatives and 24 in the senate. It is the largest state legislative body in the US and the 4th largest, English speaking legislative body in the world.
- The NH Department of Health and Human Services has all program and divisions under one commissioner, Medicaid, Mental Health and Substance Abuse, Child Welfare and Juvenile Justice, Public Health, TANF and others.



New Hampshire



- **State Demographics**

- 2017: 1.343 million people (US Census Bureau)

- **Substance Use Disorders (SUD) in NH**

- Of NH residents 12 and older, 106,000 individuals (9.34%) meet criteria for dependence or abuse of illicit drugs or alcohol.
- Number of overdose deaths in 2017: 395 cases confirmed, 90 still pending.
- Number of child welfare cases opened with substance abuse as a factor has increased by approximately 18% since 2013.

Project First Step



LADC CO-LOCATION PROGRAM NH Division for Children Youth and Families (DCYF)

Geraldo Pilarski, Administrator, Bureau of Community, Family, and
Program Support, New Hampshire Division for Children, Youth
and Families (DCYF)



Project First Step



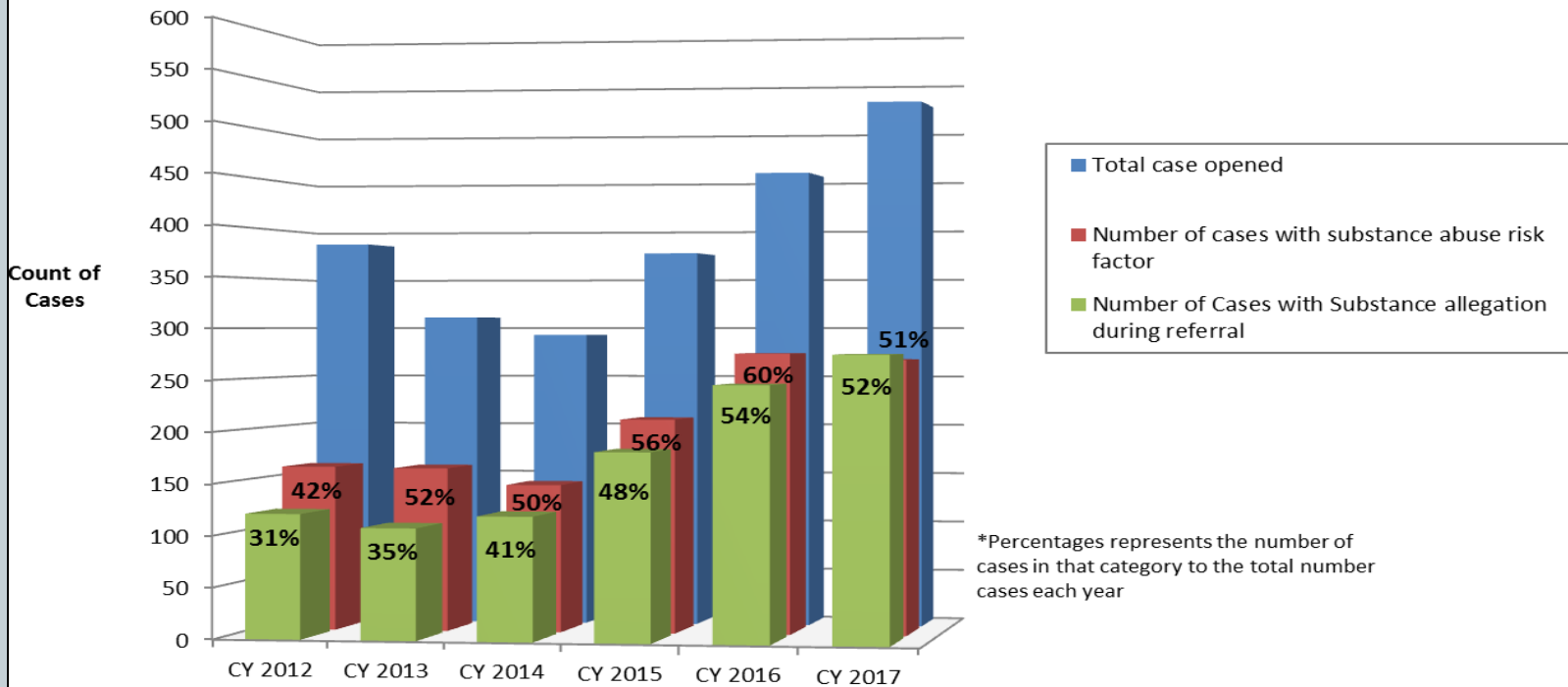
- Context
 - NH Division for Children Youth and Families
 - State Administered Child Welfare Agency



Project First Step



Cases Opened with Substances Indicated



*Percentages represents the number of cases in that category to the total number cases each year



Project First Step



- Substance Abuse (SA): A Growing Crisis with Devastating Impact on Children

2012		110 of the children/youth removed in 2012 had allegation(s) of substance abuse, drug abuse or poisoning/noxious substances in an assessment 8 children indicated as "child born drug exposed" at time of referral and allegation founded
Count of Person ID		
Age Group at removal	Total	
0 - 2	123	
3 - 5	60	
6 - 8	45	
9 - 11	27	
12 - 14	50	
15+	49	
Grand Total	354	

There was a risk factor of substance abuse in the family for 171 (48%) children/youth removed from their home at the time of referral

2017		356 of the children/youth removed in 2016 had allegation(s) of substance abuse, drug abuse or poisoning/noxious substances in an assessment 49 children indicated as "child born drug exposed" at time of referral and allegation founded
Count of Person ID		
Age Group Episode Start	Total	
0 - 2	253	
3 - 5	158	
6 - 8	95	
9 - 11	67	
12 - 14	68	
15+	47	
Grand Total	688	

There was a risk factor of substance abuse in the family for 461 (67%) children/youth removed from their home at the time of the referral



Project First Step



- **Co-location Model**
 - Clinicians co-located at the child welfare field offices
 - LADCs – Licensed Alcohol and Drug Counselors



Project First Step



- **LADC Role**
 - Provide Direct Services to Child Protective Services (CPS) involved Families with SA as a factor
 - Assessment
 - Counseling
 - Linkage to recovery supports
 - Serve as a Resource to field staff
 - Case Consults
 - In-house training for CPS staff



Project First Step



- **LADC Role**
 - Member of a Team
 - Partner for safety
 - Trusted advisor
 - Bridge builder



Project First Step



- **Benefits**
 - Increased capacity to screen and assess
 - Increased capacity to safety plan with families
 - Better matching parents with the right kinds of services



Project First Step



- **Impact**
 - Improved Safety Decision Making
 - Stronger Safety Plans
 - Increased capacity to maintain children with families
 - More timely permanency
 - Improved well-being outcomes for children



Project First Step



- **Program Oversight**
 - Independent Practitioners
 - Program Administrator
 - Lead LADC
 - District Office Supervisor
 - Clinical Supervision
 - Monthly Meetings – Peer Collaboration



Project First Step



- **Scaling and Expanding**
 - 2017: Added 4 LADCs
 - 2018 Legislative Actions – 2 LADCs



Project First Step



- Challenges
 - Shortage of qualified LADCs
 - Service Array
 - CPS staff turn over
 - Recovery and CPS timelines



Project First Step



- **Funding**
 - Creative use of funds!
 - Title IV-E funds (Demonstration)
 - Grants from Promoting Safe and Stable Families (PSSF)
 - Title IV-B funds
 - Child Abuse and Prevention Funds (CAPTA)
 - State General Funds



Project First Step



- **A Message of Hope!**
 - This is very challenging work!
 - But with the right kinds of supports parents can and will change.
 - LADCs have become safety partners!

Strength to Succeed



STATE TARGETED TREATMENT (STR) GRANT FUNDED PROGRAM FOR DCYF

Erica Ungarelli, Director, Bureau for Children's Behavioral Health, New
Hampshire Division for Behavioral Health



Strength to Succeed



- Multi-component programming for cases with:
 - Young children from birth up to age 10
 - Parents/caregivers have a substance use disorder



Strength to Succeed



- **Impetus for developing this program:**
 - Child welfare agency (DCYF) saw a significant increase in cases where SUD was a primary or a secondary concern.
 - DCYF experiencing issues with capacity.
 - DCYF asked for help from the rest of the department.



Strength to Succeed



- **Development began with:**
 - Stakeholder input to identify key programming that can assist
 - A national scan completed to look for similar programming
 - Discussions with other states that developed a similar model
 - Worked with the program areas in DHHS that oversaw the key components:
 - Public Health
 - Bureau for Drug and Alcohol Services
 - Bureau for Children's Behavioral Health
 - DCYF



Strength to Succeed



- **Components of the program:**
 1. **Assistance to the DCYF staff:**
 - One number to call to engage all these components.
 2. **Assistance to the parent/caregiver:**
 - Parent Partners to:
 - Instill hope in families
 - Provide support and promote self sufficiency
 - Provide an understanding of the DCYF system



Strength to Succeed



- **Components of the program:**

- 3. **Rapid Access to Treatment**

- Use the statewide Regional Access Point (RAP) contractor to help program referred families to be prioritized into treatment.
 - Referred client has access to interim services if not treatment services cannot be provided within 48 hours of referral.



Strength to Succeed



- **Components of the program:**
 - 4. Assistance to Parent/Child/Caregiver
 - Home visiting programming
 - Developmental Screening
 - Parent education
 - In-home supports
 - Age and developmentally appropriate substance use prevention messaging and curriculums
 - Locating and connecting families to community resources
 - Collaborating with DCYF to monitor families' progress towards shared goals
 - Collaborating with DCYF on realistic strategies for supporting families and to build success in reaching family case goals



Strength to Succeed



- Components of the program:
 5. Relative Caregiver Support
 - Develop caregiver support groups in areas of need
 - Ensure connection with DCYF caregiver support specialist
 - Use of the curriculum *Parenting a Second Time Around*



Strength to Succeed



- **Components of the program:**

- 6. **Training**

- Work with training partners to develop:
 - DCYF 101 training for program partners
 - Ensure treatment training for non-treatment partners
 - Ensure education for parents, caregivers and children in the case



Strength to Succeed



- **Financing:**

- The funds to start and support the implementation for this program is State Treatment Response (STR) dollars and will be enhanced with State Opioid Response (SOR) dollars.
- Primary billing is through all applicable billable codes connected to billable services (RAPS assessment and brief intervention via Medicaid and other insurance etc.)



Lessons Learned



- Programming and funds from different programs can be deployed to assist in different/creative ways... braiding works!
- People will come to the table with their vantage point in mind, conversation and inquiry can help move folks to more creative ways to use their resources.
- There is always a way to preserve the intent of a resources as you look to deploy that resource in a new and different way: funding and programming...
- People with lived experience are some of the most valuable partners and providers!

Questions?



Please type questions into the chat box.

NASHP Resources



- [State Strategies for Meeting the Needs of Young Children and Families Affected by the Opioid Crisis](#)
- [Turning the Tide: State Strategies to Meet the Needs of Families Affected by Substance Use Disorder](#)
(NASHP 2018 Preconference)
- State Options for Promoting Recovery among Pregnant and Parenting Women with Opioid or Substance Use Disorder (forthcoming)
 - Issue brief
 - Webinar: October 24 from 1:00-2:15pm ET
- NASHP policy academy for states to address MCH and SUD/behavioral health (forthcoming)

Thank You



- Thank you for joining today's webinar!
- Please take a moment to complete a brief evaluation survey.
- The following resources will be emailed to all registrants next week:
 - Webinar slides and recording
 - NASHP issue brief: "[State Strategies for Meeting the Needs of Young Children and Families Affected by the Opioid Crisis](#)"