



CommStat 04/26/17

DO, OR DO NOT...
THERE IS NO TRY

-YODA



The Wisdom of Yoda



- DO.
- DO NOT.
- TRY.

Rules for CommStat

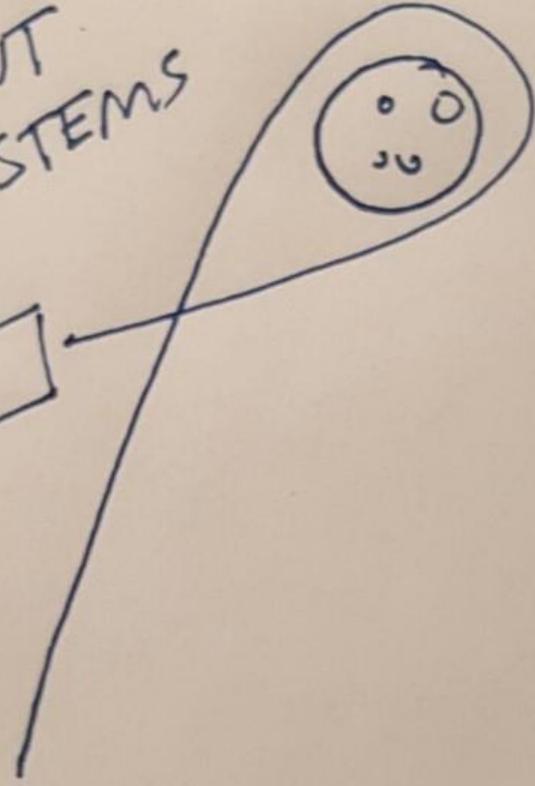
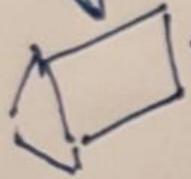


- We will be addressing serious issues; we need to be tough-minded about them
- Work collectively to develop creative, innovative solutions, do not focus on deficiencies
- Ask direct, difficult questions, but do so respectfully
- Provide candid, honest answers, do not be defensive
- If you don't know the answer, it is okay to say "I don't know" and provide a timeframe for when you can get the answer
- Celebrate successes!
- Critique ideas and debate issues, not people
- Use evidence not opinions, challenge assumptions and inferences
- Ask for and offer ideas and solutions
- Don't be afraid to fail
- Be present, no distractions – ringers off
- Department Heads and Panel are expected to participate in all meetings

VERMONT
DATA SYSTEMS

OPIODID
CRISIS

OUR
VERMONTERS
HOME
SAFE



All Overdose and Patient Disposition by Month/Year

	Incident Month Name - Year	January 2017	February 2017	March 2017
Agency Name (dAgency.03)	Disposition Incident Patient Disposition (eDisposition.12)			
BURLINGTON FIRE DEPT. AMBULANCE	Patient Evaluated, No Treatment/Transport Required	1	1	
	Patient Evaluated, Released (AMA)	1		
	Patient Treated, Transported by this EMS Unit	10	6	7

Opiate Overdose and Patient Disposition by Month/Year

	Incident Month Name - Year	January 2017	February 2017	March 2017
Agency Name (dAgency.03)	Disposition Incident Patient Disposition (eDisposition.12)			
BURLINGTON FIRE DEPT. AMBULANCE	Patient Evaluated, No Treatment/Transport Required		1	
	Patient Evaluated, Released (AMA)	1		
	Patient Treated, Transported by this EMS Unit	4	2	2

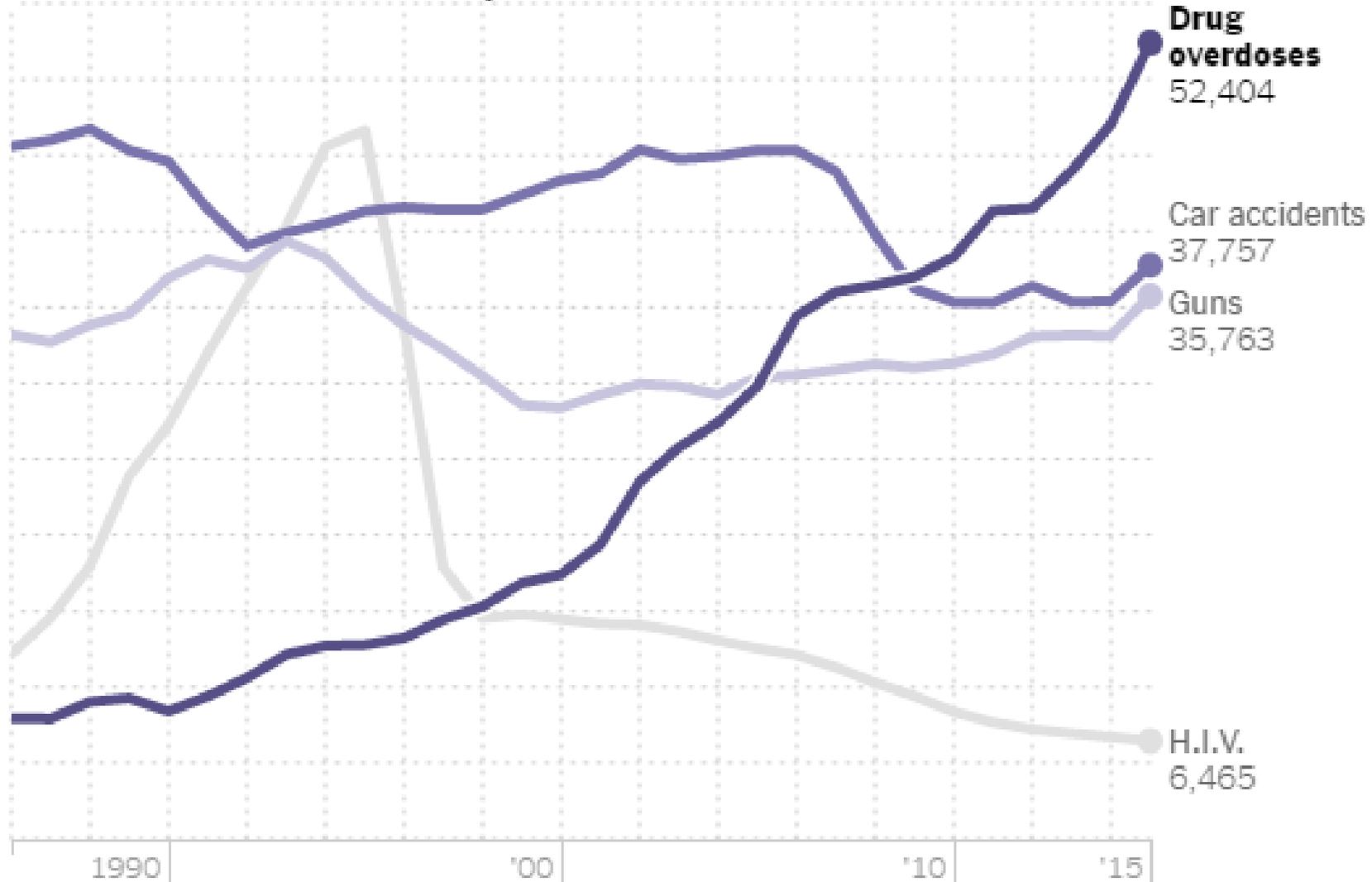
Overdose Counts by Month and Year (overdoses broken down by type)

	Incident Month Name - Year	January 2017	February 2017	March 2017	
Agency Name (dAgency.03)	Situation Provider Primary Impression (eSituation.11)				Count of Incidents Grand Total
BURLINGTON FIRE DEPT. AMBULANCE	Overdose / Abuse of Cocaine (F14)		1		1
	Overdose / Abuse of Opiate (i.e. Heroin) (F11)	5	3	2	10
	Overdose / Abuse of Other Illicit Drug or Misuse of Meds (F19.129)	2	2	2	6
	Overdose / Abuse of Psychoactive or Hallucinogenic Drug (Meth, MDMA, LSD...) (F19)	2		1	3
	Overdose of Medication (Intentional Self-Harm) (T50.992)	3	1	2	6
Grand Total		12	7	7	26

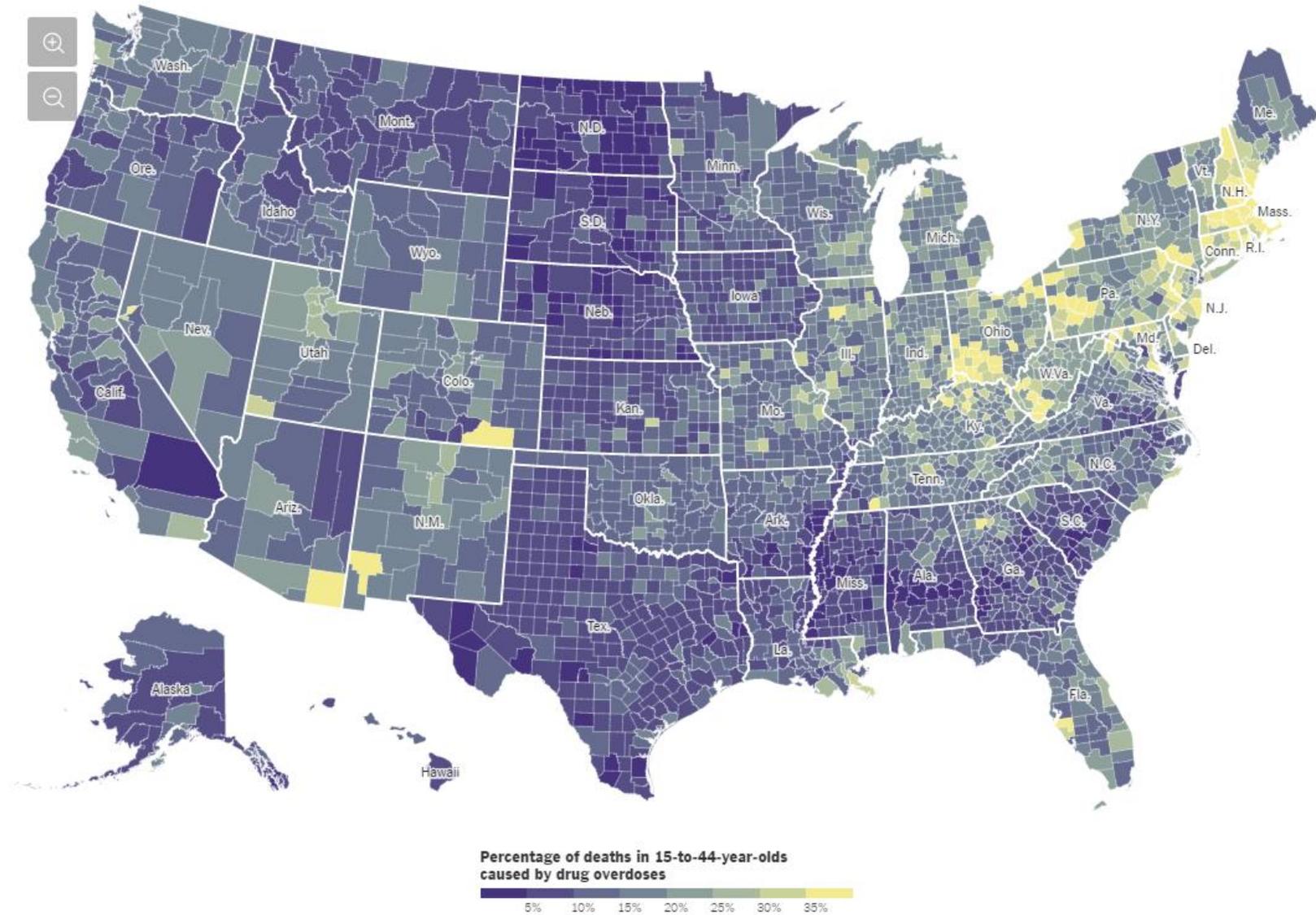
Incident Date	EMS District	Provider Primary Impression	Medication Given	Medication Administered Route (eMedications.04)
Incident ID (Patient #): 30304				
04/15/2017	District 03	Cardiac Arrest (I46.9)	Naloxone (Narcan)	Intranasal
04/15/2017	District 03	Cardiac Arrest (I46.9)	Naloxone (Narcan)	Intravenous (IV)
04/15/2017	District 03	Cardiac Arrest (I46.9)	Naloxone (Narcan)	Intravenous (IV)
Incident ID (Patient #): 30382				
04/15/2017	District 13	Overdose / Abuse of Opiate (i.e. Heroin) (F11)	Naloxone (Narcan)	Intranasal
04/15/2017	District 13	Overdose / Abuse of Opiate (i.e. Heroin) (F11)	Naloxone (Narcan)	Intranasal
04/15/2017	District 13	Overdose / Abuse of Opiate (i.e. Heroin) (F11)	Naloxone (Narcan)	Intranasal
Incident ID (Patient #): 30388				
04/15/2017	District 03	Overdose / Abuse of Opiate (i.e. Heroin) (F11)	Naloxone (Narcan)	Intranasal
04/15/2017	District 03	Overdose / Abuse of Opiate (i.e. Heroin) (F11)	Naloxone (Narcan)	Intranasal
Incident ID (Patient #): 30417				
04/15/2017	District 11	Altered Mental Status (R41.82)	Naloxone (Narcan)	Intranasal
Incident ID (Patient #): 30455				
04/15/2017	District 10	Overdose / Abuse of Opiate (i.e. Heroin) (F11)	Naloxone (Narcan)	Intravenous (IV)
04/15/2017	District 10	Overdose / Abuse of Opiate (i.e. Heroin) (F11)	Naloxone (Narcan)	Intranasal
04/15/2017	District 10	Overdose / Abuse of Opiate (i.e. Heroin) (F11)	Oxygen	Inhalation
Incident ID (Patient #): 30465				
04/15/2017	District 03	Overdose / Abuse of Opiate (i.e. Heroin) (F11)	Naloxone (Narcan)	Intranasal
04/15/2017	District 03	Overdose / Abuse of Opiate (i.e. Heroin) (F11)	Naloxone (Narcan)	Intravenous (IV)
04/15/2017	District 03	Overdose / Abuse of Opiate (i.e. Heroin) (F11)	Oxygen	Non-Rebreather Mask
Incident ID (Patient #): 30468				
04/16/2017	District 03	Overdose / Abuse of Opiate (i.e. Heroin) (F11)		
Incident ID (Patient #): 30533				
04/16/2017	District 13	Overdose / Abuse of Other Illicit Drug or Misuse of Meds (F19.129)	Propofol (Diprivan)	Intravenous Pump
04/16/2017	District 13	Overdose / Abuse of Other Illicit Drug or Misuse of Meds (F19.129)	Normal Saline (0.9%)	Intravenous Pump

Causes of Death in the United States Past 30 Years

The number who die each year from...



Drug Overdose Deaths 2015



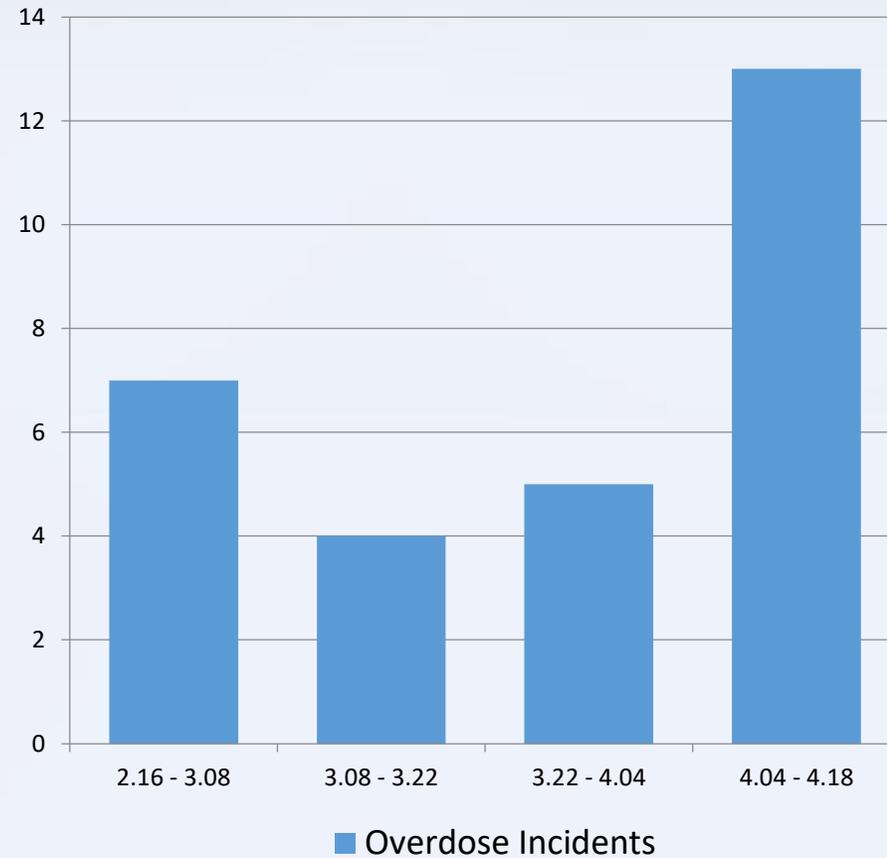
Note: In counties with fewer than 10 drug overdose deaths, the map combines observed totals with modeled estimates.

Source: <https://www.nytimes.com/interactive/2017/04/14/upshot/drug-overdose-epidemic-you-draw-it.html?emc=eta1>

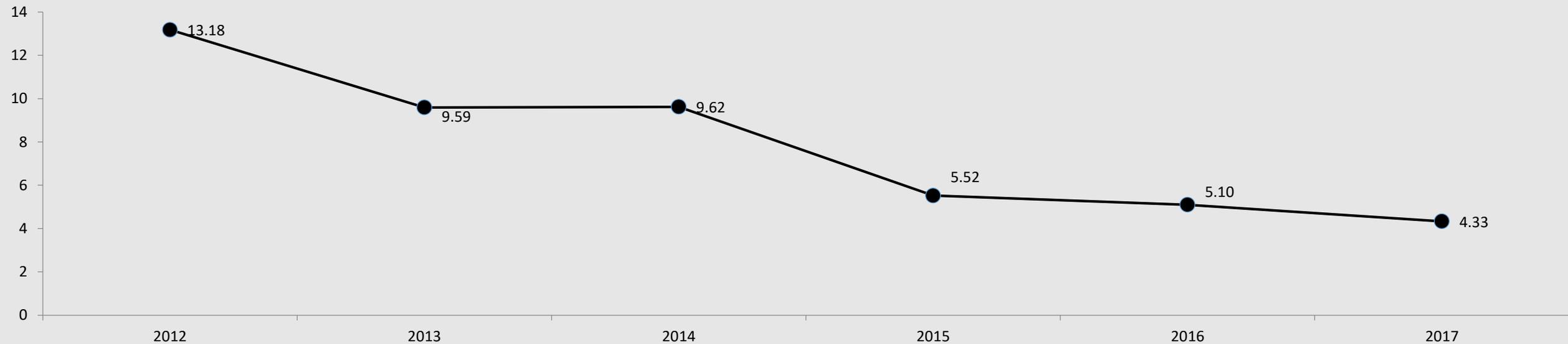
SubStat Opioid OD Incidents



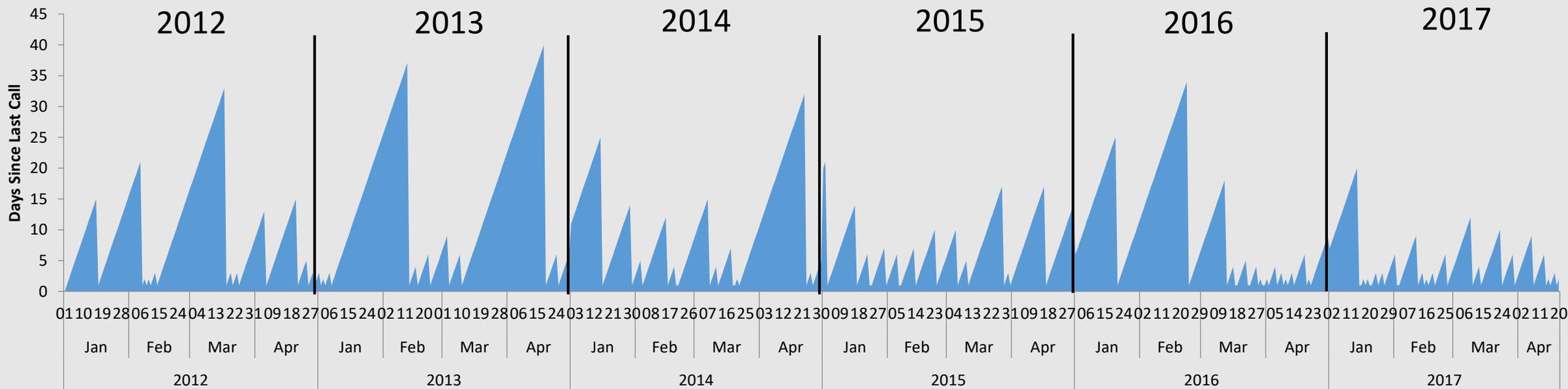
Opioid-Related “Overdose” Calls Responded to by BPD, CPD, SBPD & WPD per SubStat Period



BPD Days Between Overdose Calls 2012-2017



Days Since Last Overdose Call Jan-Apr

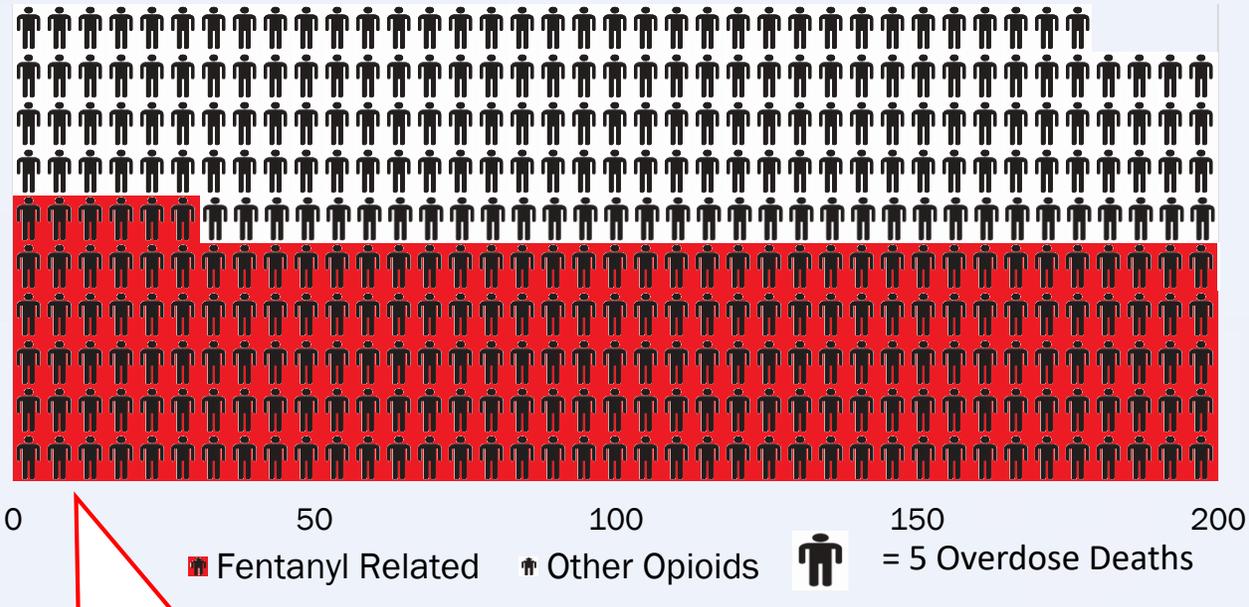
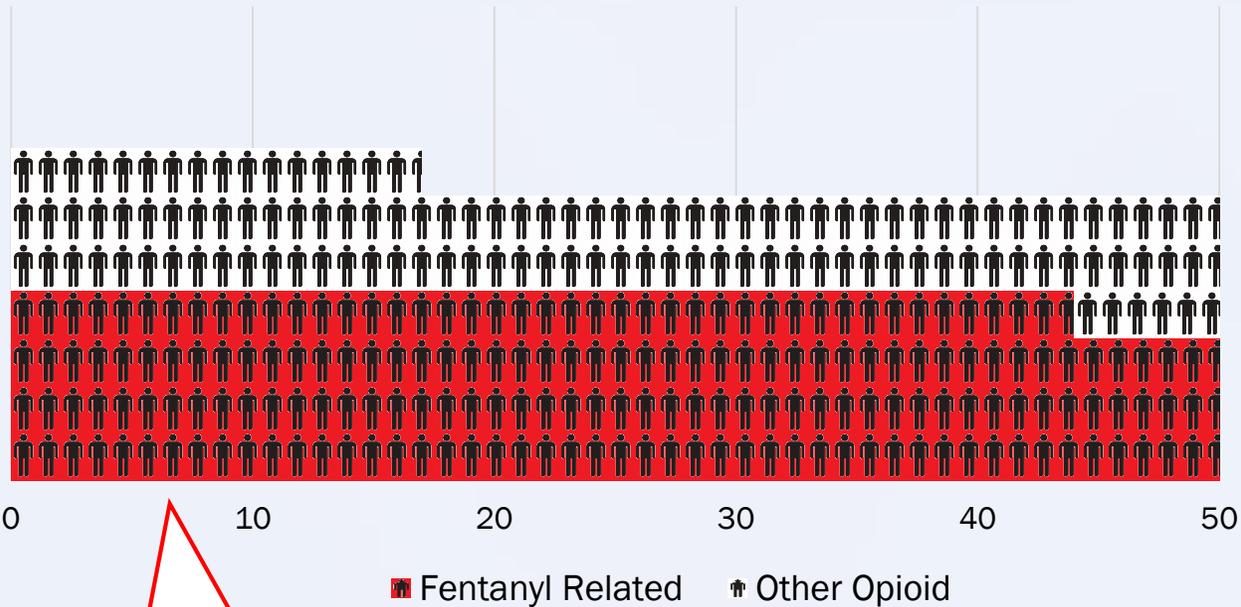




Role of Fentanyl in NE Overdose Deaths

ME Opioid-Related Overdose Deaths 2016

MA Opioid-Related Overdose Deaths 2016



Of 317 opioid-related OD deaths, **61.2%** involved Fentanyl

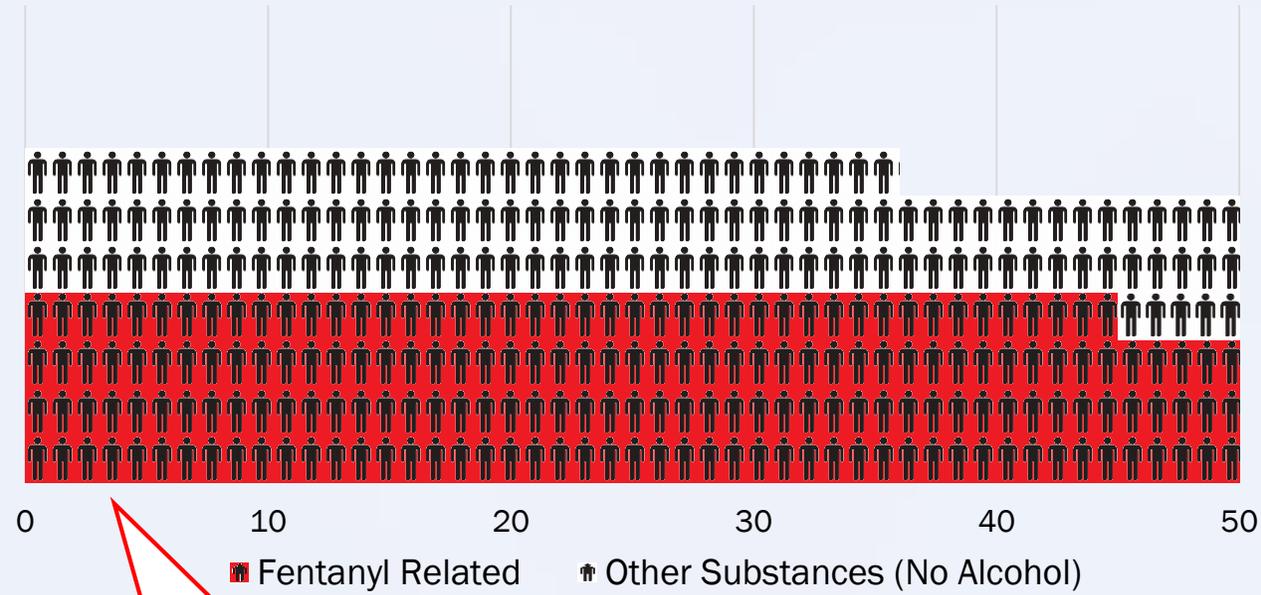
Of 1979* opioid-related OD deaths, **52.1%** involved Fentanyl

* 514 deaths are suspected as opioid-related, but have not yet been confirmed by ME

Role of Fentanyl in NE Overdose Deaths

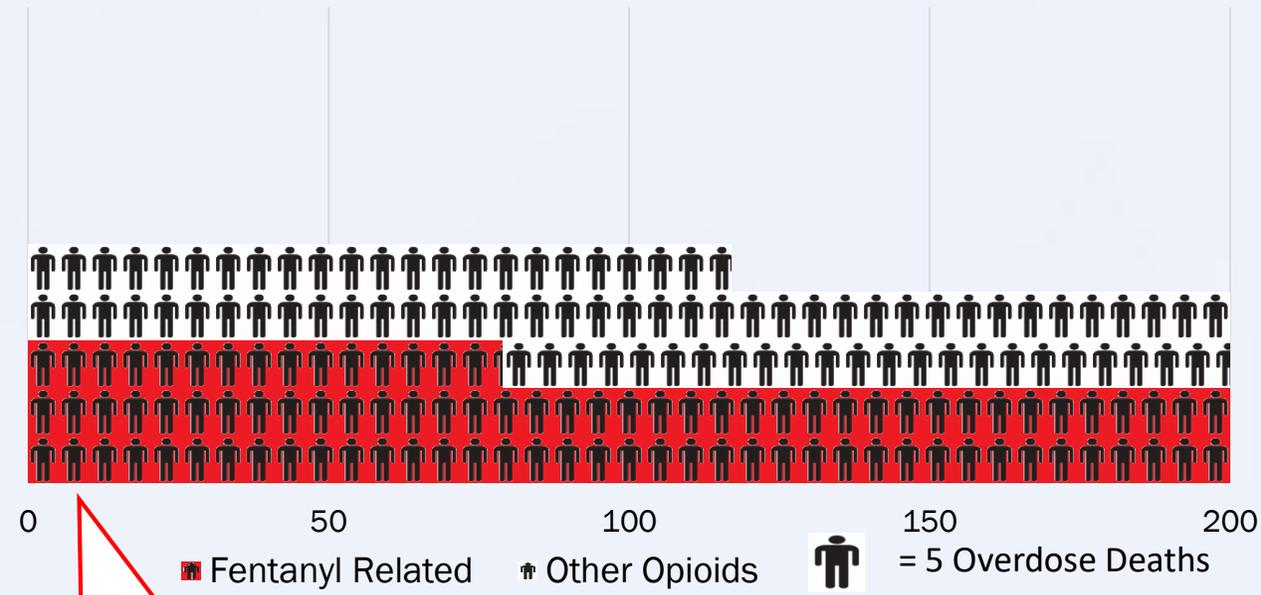


RI Drug-Related Overdose Deaths 2016



Of 336 drug-related OD deaths, **58%** involved Fentanyl

CT Opioid-Related Overdose Deaths 2016

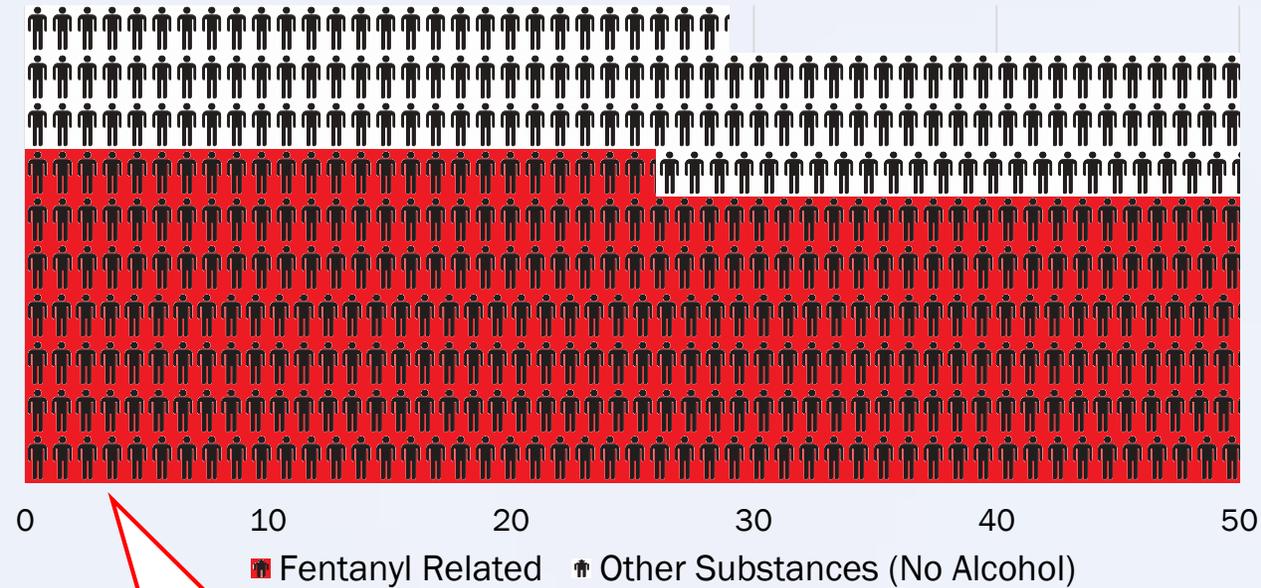


Of 917 opioid-related OD deaths, **52.2%** involved Fentanyl



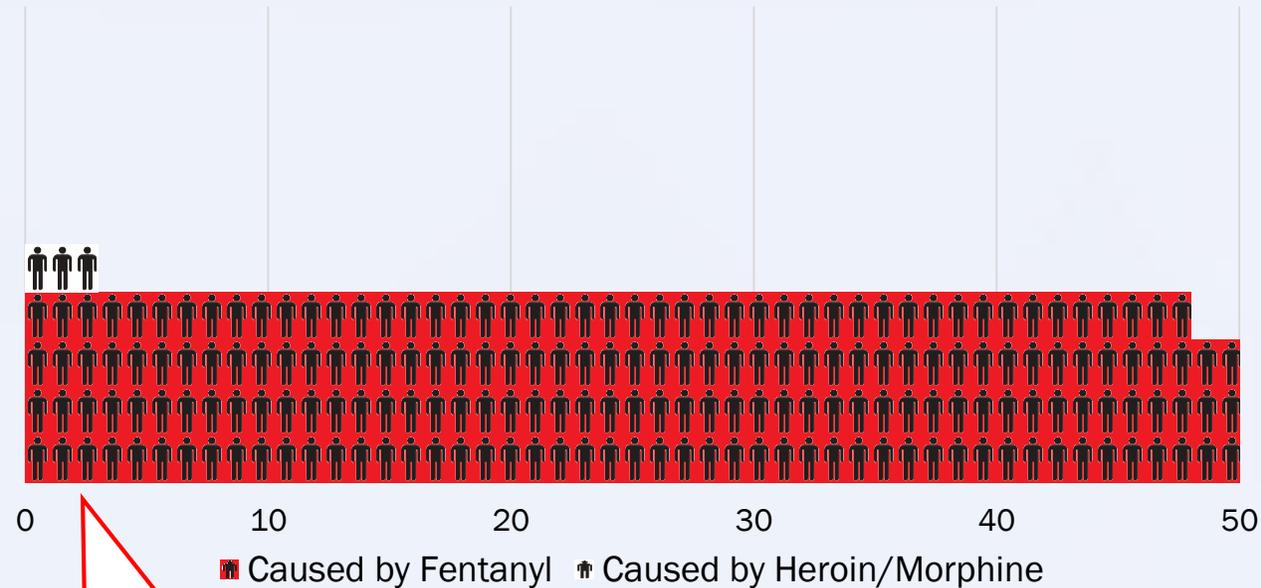
Role of Fentanyl in NE Overdose Deaths

NH Drug-Related Overdose Deaths 2016



Of 479 drug-related OD deaths, **68.1%** involved Fentanyl

NH Overdose Deaths Due to Opioids 2016



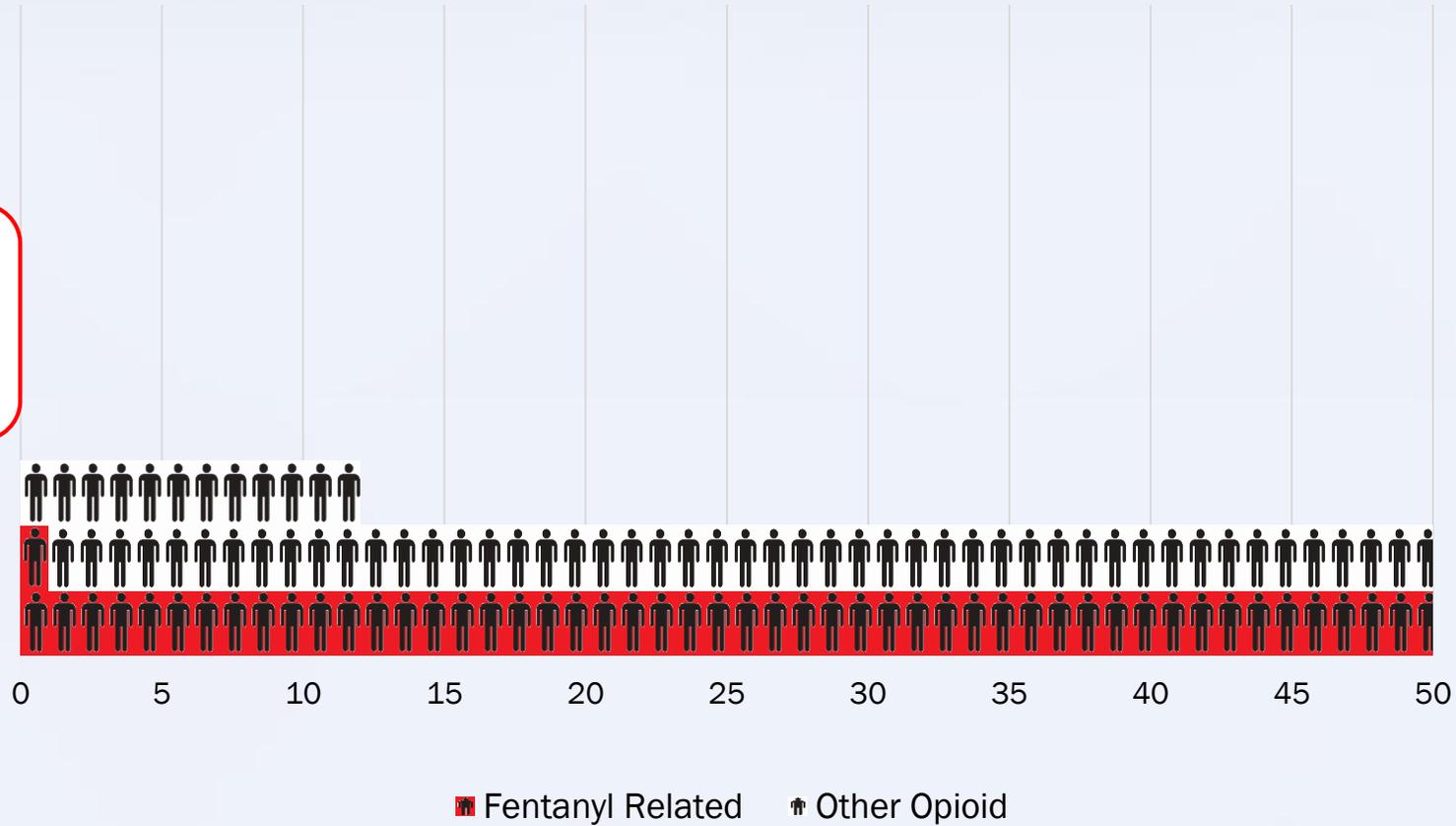
198 cases where Fentanyl was the only substance identified as the cause of death

VT Fentanyl-Related Overdose Deaths



VT Opioid-Related Overdose Deaths 2016

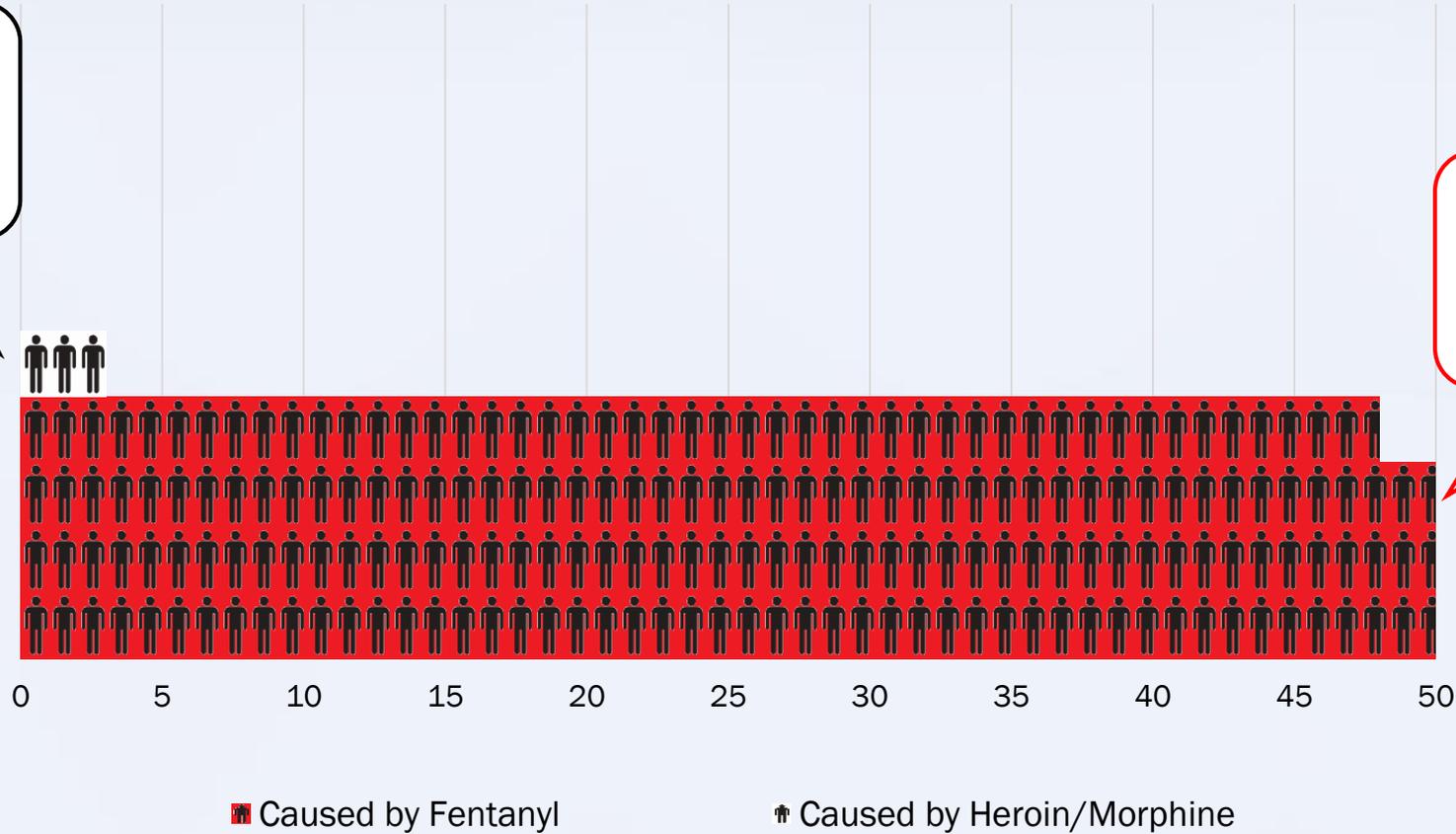
Of 112 opioid-related deaths, **45.5%** involved Fentanyl





Misdemeanor Fentanyl Possession

NH Overdose Deaths Due to Opioids 2016



Sale of Heroin is a felony in VT

Sale of illicit Fentanyl is a misdemeanor in VT

1 S.22

2 Introduced by Senator Sears

3 Referred to Committee on

4 Date:

5 Subject: Crimes; possession of fentanyl

6 Statement of purpose of bill as introduced: This bill proposes to increase the
7 penalties for possessing, selling, dispensing, or trafficking fentanyl.

8 An act relating to increased penalties for possession, sale, and dispensation
9 of fentanyl

10 It is hereby enacted by the General Assembly of the State of Vermont:

11 Sec. 1. 18 V.S.A. § 4233a is added to read:

12 § 4233a. FENTANYL

13 (a) Possession.



Rapid Intervention Community Court (RICC)

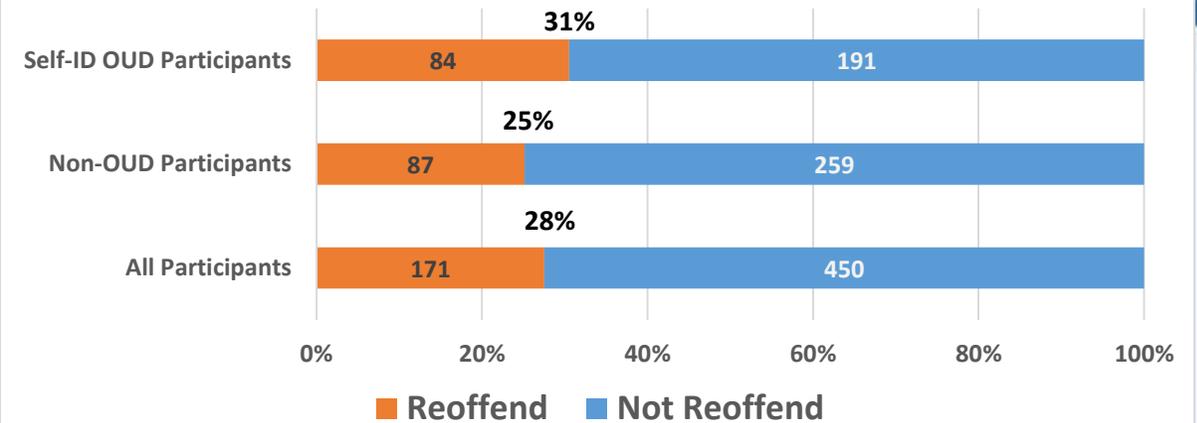
- The goals of RICC:

- Enhance public safety via public health strategies
- Lower barriers to service and treatment
- Save taxpayer money
- Housing an individual in prison costs \$60-\$75K; helping 2 people avoid prison covers the cost of RICC for a year
- National recidivism rates ~57% in the first year ([NIJ](#)), RICC between 25-31%, but may rise slightly as study period is not yet complete.

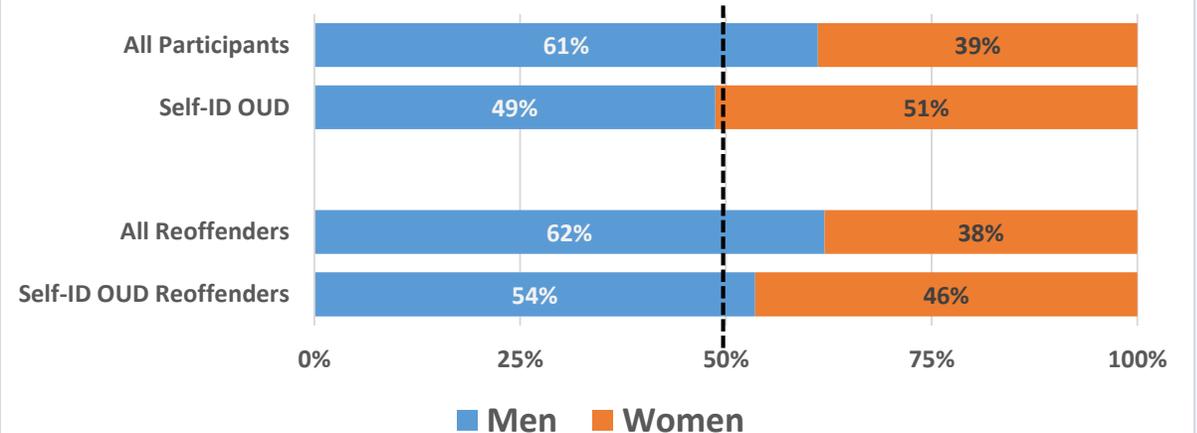
- Hurdles to treatment include:

- Scarcity of support resources
- High co-occurrence of mental-health needs
- Above all else, without **treatment on demand**, as clients may not be able to take advantage of many of the resources that are available (counseling, economic services, etc.)

RICC Recidivism Rates 2015-2016



RICC Gender Ratios 2015-2016



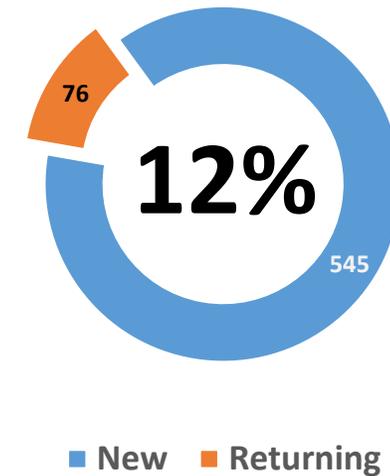
Rapid Intervention Community Court (RICC)



How They Got Help

- They were in RICC once before in early 2015 for retail theft, They were put on the MAT waitlist, then They were returned to docket in late 2015
- Now, fully engaged and taking advantage of all services offered
- Success through a series of extraordinary circumstances
 - Their counselor knew a doctor
 - The doctor was willing to prescribe Bupe patches for pain
 - They were identified in Substat, brought to CommStat
 - Howard Center offered immediate treatment
 - RICC is transporting Them to MAT appointments
- All in service to reunite Them with their children, which remains Their strongest motivation
- Appropriate coordination and follow-through is **necessary** to avoid a relapse

RICC Repeat Participants 2015-2016



Massachusetts Involuntary Commitment Law

Section 35: Commitment of alcoholics or substance abusers

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[First paragraph effective until April 24, 2016. For text effective April 24, 2016, see below.]

Section 35. For the purposes of this section, "alcoholic" shall mean a person who chronically or habitually consumes alcoholic beverages to the extent that (1) such use substantially injures his health or substantially interferes with his social or economic functioning, or (2) he has lost the power of self-control over the use of such beverages.

[First paragraph as amended by 2016, 8, Sec. 1 effective April 24, 2016. For text effective until April 24, 2016, see above.]

For the purposes of this section the following terms shall, unless the context clearly requires otherwise, have the following meanings:

"Alcohol use disorder", the chronic or habitual consumption of alcoholic beverages by a person to the extent that (1) such use substantially injures the person's health or substantially interferes with the person's social or economic functioning, or (2) the person has lost the power of self-control over the use of such beverages.

"Facility", a public or private facility that provides care and treatment for a person with an alcohol or substance use disorder.

"Substance use disorder", the chronic or habitual consumption or ingestion of controlled substances or intentional inhalation of toxic vapors by a person to the extent that: (i) such use substantially injures the person's health or substantially interferes with the person's social or economic functioning; or (ii) the person has lost the power of self-control over the use of such controlled substances or toxic vapors.

[Fourth and fifth paragraphs effective until April 24, 2016. For text effective April 24, 2016, see below.]

If, after a hearing and based upon competent testimony, which shall include, but not be limited to, medical testimony, the court finds that such person is an alcoholic or substance abuser and there is a likelihood of serious harm as a result of the person's alcoholism or substance abuse, the court may order such person to be committed for a period not to exceed 90 days, followed by the availability of case management services provided by the department of public health for up to 1 year; provided, however, that a review of the necessity of the commitment shall take place by the superintendent on days 30, 45, 60 and 75 as long as the commitment continues. A person so

The Vermont Statutes Online

Title 18: Health

Chapter 181: Judicial Proceedings

-
- §§ 7601-7608. Repealed. 1977, No. 252 (Adj. Sess.), § 36.

- §§ 7609, 7610. [Reserved for future use.]

- § 7611. Involuntary treatment

No person may be made subject to involuntary treatment unless he or she is found to be a person in need of treatment or a patient in need of further treatment. (Added 1977, No. 252 (Adj. Sess.), § 18.)

- § 7612. Application for involuntary treatment

(a) An interested party may, by filing a written application, commence proceedings for the involuntary treatment of an individual by judicial process.

(b) The application shall be filed in the Family Division of the Superior Court.

(c) If the application is filed under section 7508 or 7620 of this title, it shall be filed in the unit of the Family Division of the Superior Court in which the hospital is located. In all other cases, it shall be filed in the unit in which the proposed patient resides. In the case of a nonresident, it may be filed in any unit. The Court may change the venue of the proceeding to the unit in which the proposed patient is located at the time of the trial.

(d) The application shall contain:

(1) The name and address of the applicant.

(2) A statement of the current and relevant facts upon which the allegation of mental illness and need for treatment is based. The application shall be signed by the applicant under penalty of perjury.

(e) The application shall be accompanied by:

(1) a certificate of a licensed physician, which shall be executed under penalty of perjury stating that he or she has examined the proposed patient within five days of the date the petition is filed, and is of the opinion that the proposed patient is a person in need of treatment, including the current and relevant facts and circumstances upon which the physician's opinion is based; or

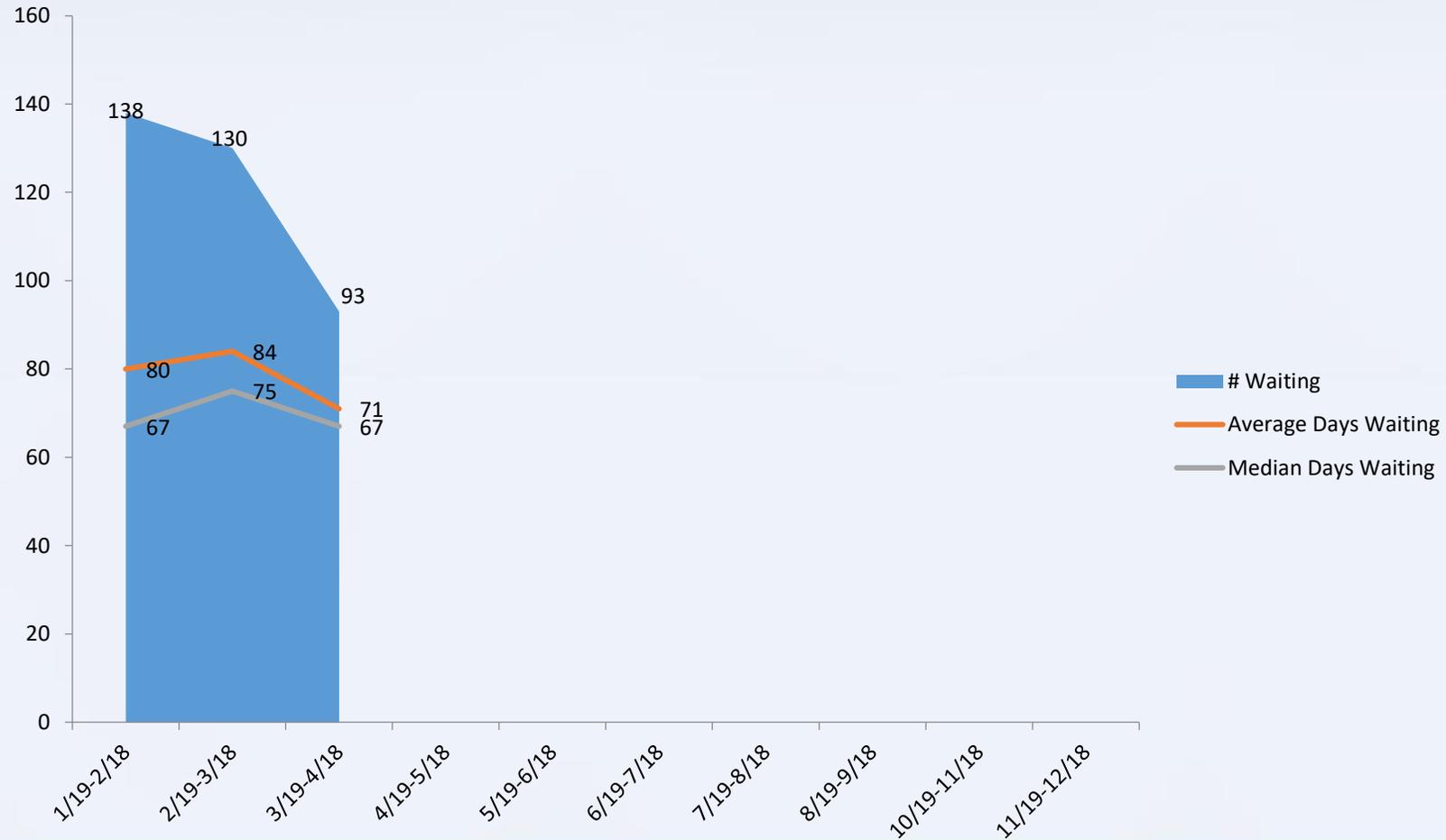
(2) a written statement by the applicant that the proposed patient refused to submit to an examination by a licensed physician.

(f) Before an examining physician completes the certificate of examination, he or she shall consider available alternative forms of care and treatment that might be adequate to provide for the person's needs, without requiring hospitalization. The examining physician shall document on the certificate the specific alternative forms of care and treatment that he or she considered and why those alternatives were deemed inappropriate, including information on the availability of any appropriate alternatives. (Added 1977, No. 252 (Adj. Sess.), § 19; amended 2009, No. 154 (Adj. Sess.), § 238; 2013, No. 192 (Adj. Sess.), § 9.)

Chittenden Hub Active Waitlist



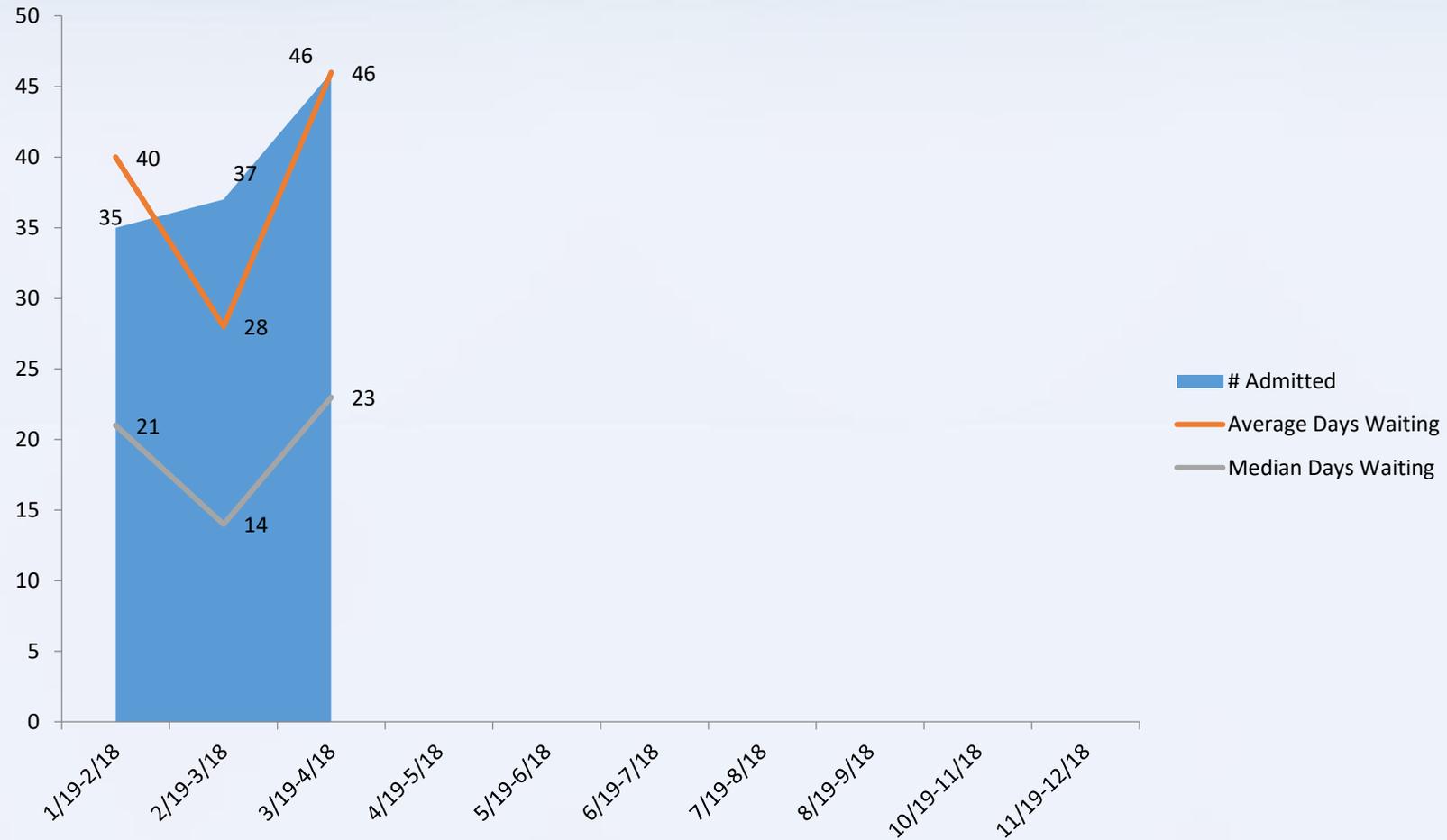
Chittenden Hub Active Waitlist # and Avg Wait Days

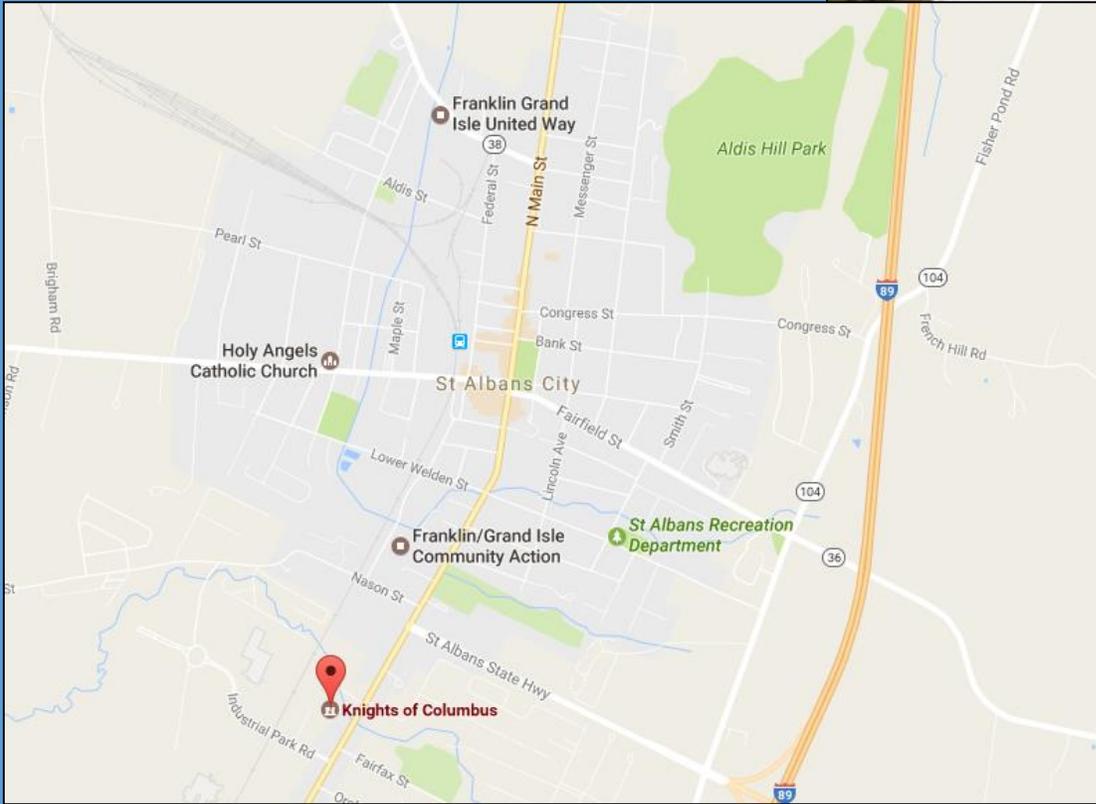


Chittenden Hub Admission List



Chittenden Hub Admission List # and Avg Wait Days

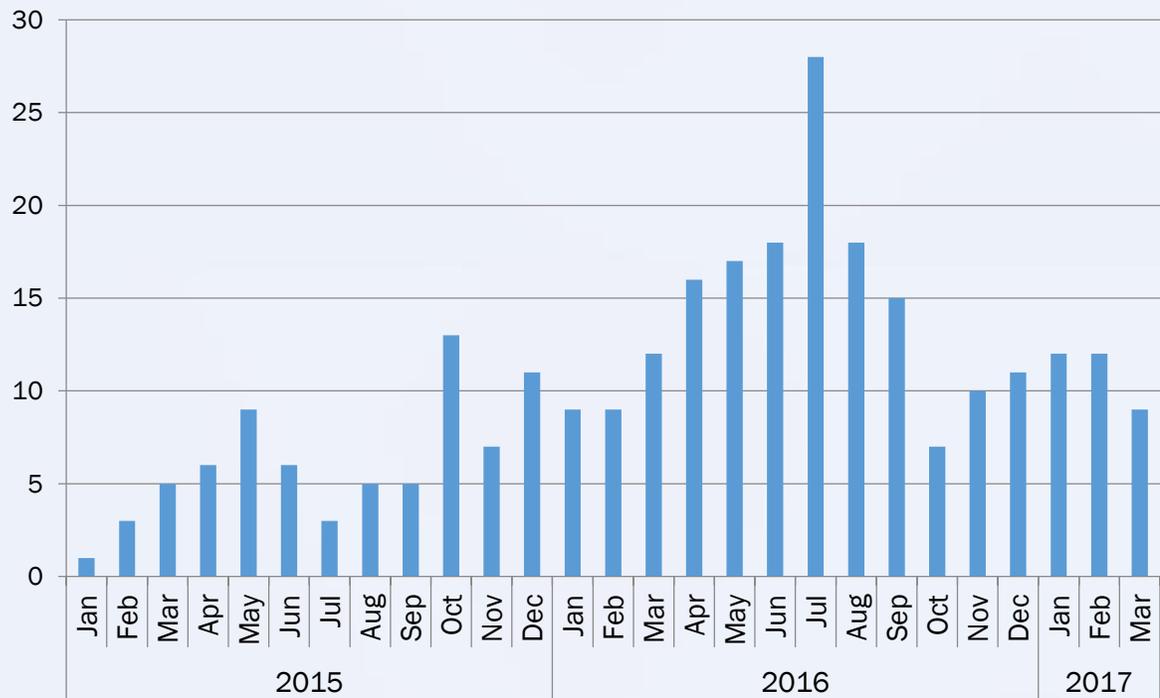




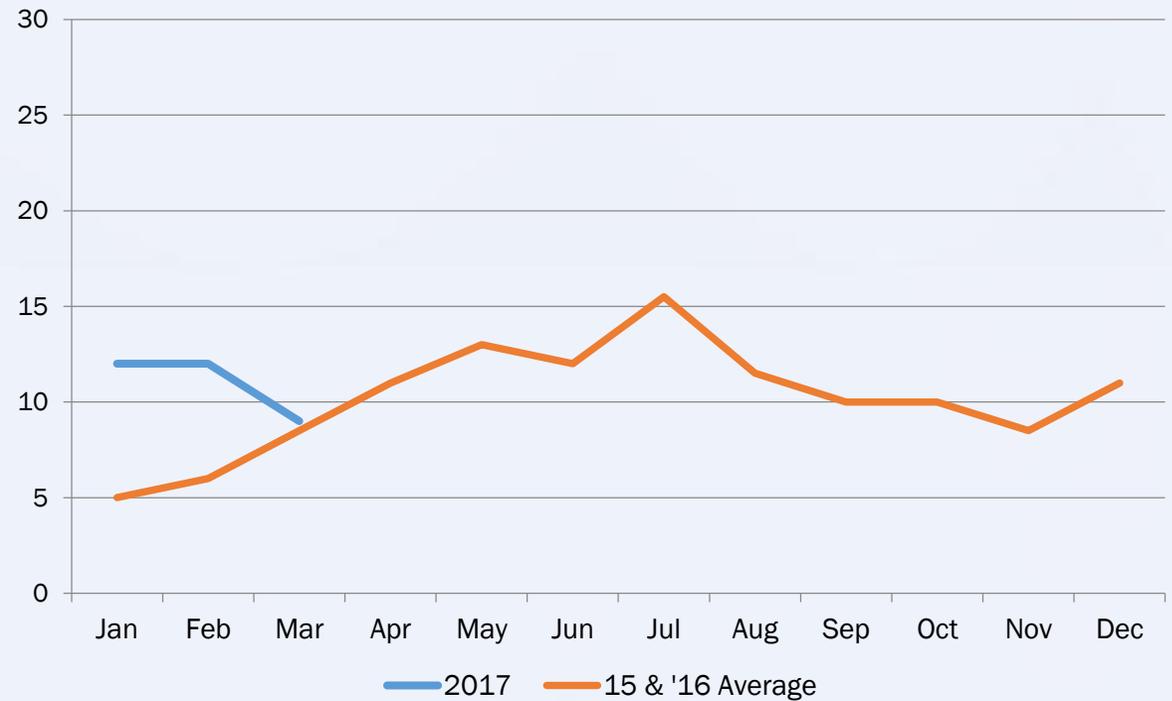


UVM MC Opioid Related ED Visits

Monthly UVM Medical Center ED Encounters Coded as "Opioid OD" & "Opioid Poisoning"

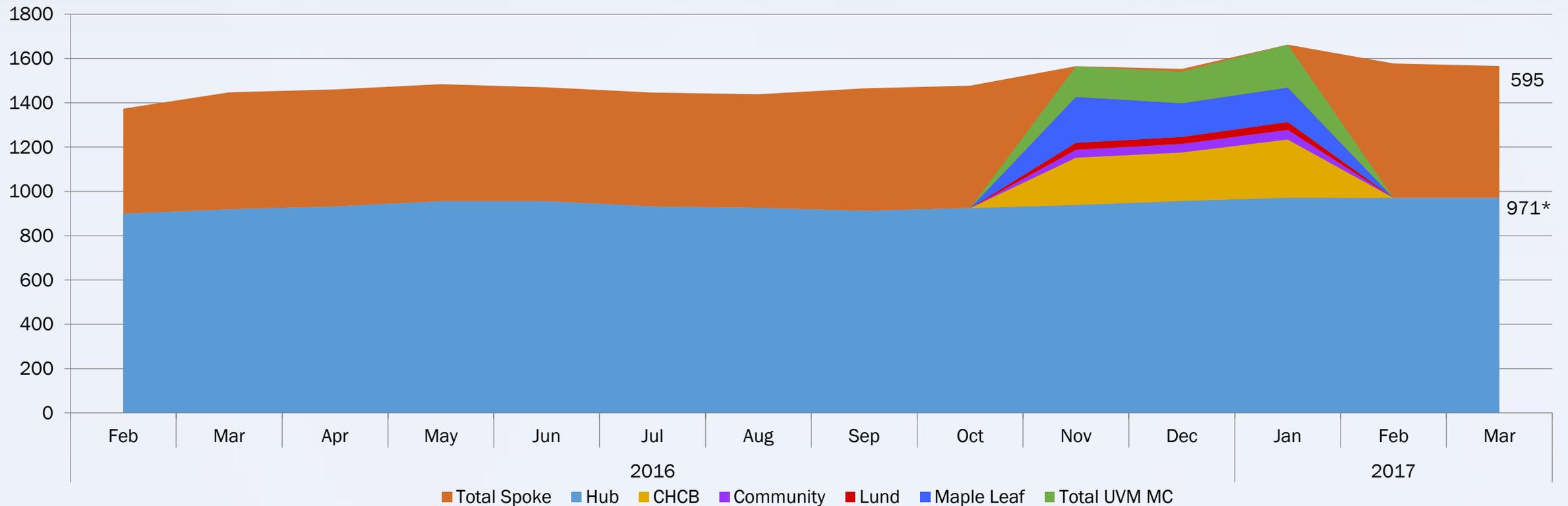


Average Monthly UVM Medical Center Opioid-Coded ED Encounters





Number of People Treated in Hub & Spokes



* Last reported value, not updated for month of March

3 Outpatient services (not inc COGS, ATP, CPMS)

- General Internal Medicine, Family Medicine, Pediatrics
 - 2014 – 3 prescribers
 - 2017 – 44 prescribers
 - 21 Outpatient
 - 23 Inpatient and Palliative Care

- 111 Patients

# of Pts	# of Prescribers
1-5	15
6-10	1
10+	2

- Residency Program
- One provider who has been doing this considerably longer

Capacity

- We have capacity at all primary care sites
 - Model requires patient to have a UVM MC primary care physician
 - Provide whole person care – not just addiction
 - Keep the care local to the patient
- Except Milton Family Practice
 - Currently at capacity due to scheduling model.
 - Looking to expand this model.
- 11 patients waiting for placement at Milton

Spoke Provider Treatment Rates



Spoke Patients, Providers & Staffing: December 2016

Region	Total # MD prescribing to patients	# MD prescribing to ≥ 10 patients	Staff FTE Hired	Medicaid Beneficiaries	Beneficiaries / Prescribing MD	Rate of MDs w/ 10+ Patient
Bennington	9	4	5.6	229	25.4	44%
St. Albans	15	10	5.6	382	25.5	67%
Rutland	12	7	4.9	253	21.1	58%
Chittenden	70	16	13.9	596	8.5	23%
Brattleboro	10	5	2.57	145	14.5	50%
Springfield	4	1	1.5	53	13.3	25%
Windsor	6	3	4	161	26.8	50%
Randolph	7	5	2.1	145	20.7	71%
Barre	19	8	5.5	273	14.4	42%
Lamoille	9	3	3.2	151	16.8	33%
Newport & St Johnsbury	14	2	2	95	6.8	14%
Addison	5	2	2	74	14.8	40%
Upper Valley	4	0	1.5	13	3.3	0%
Total	180	63	54.37	2572	14.3	35%

Table Notes: Beneficiary count based on pharmacy claims October – December, 2016; an additional **167** Medicaid beneficiaries are served by **32** out-of- state providers. Staff hired based on Blueprint portal report 1/17/17. *4 providers prescribe in more than one region.

H.468

Introduced by Representatives Colburn of Burlington, Burke of Brattleboro,
Cina of Burlington, Conquest of Newbury, Gonzalez of
Winooski, Haas of Rochester, LaLonde of South Burlington,
McCullough of Williston, Morris of Bennington, Troiano of
Stannard, Weed of Enosburgh, and Willhoit of St. Johnsbury

Referred to Committee on

Date:

Subject: Corrections; correctional facilities; medication-assisted treatment

Statement of purpose of bill as introduced: This bill proposes to provide
medication-assisted treatment at all State correctional facilities.

An act relating to medication-assisted treatment at State correctional
facilities

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 28 V.S.A. § 801c is added to read:

§ 801c. MEDICATION-ASSISTED TREATMENT

(a) As used in this section:

(1) “Compassionate medical detoxification” means a clinically
appropriate medical detoxification that is designed to minimize withdrawal
symptoms and limit avoidable suffering.

The Lethal Dose: Heroin vs Fentanyl



Chittenden County Opioid Alliance

Locally and nationally, opioid use disorder has increased to epidemic levels. In 2015, more than 52,000 drug overdose deaths occurred in the United States, over 63% of which involving an opioid. Also in 2015, opioid-related overdoses in Vermont eclipsed car crash fatalities by 31 percent. On average, 91 Americans die every day from an opioid overdose. The social and economic costs of substance use disorder reach into every corner of our community.

In January 2016, a group of state and community partners recognized that multiple uncoordinated efforts existed to address the complex causes and effects of the opioid epidemic. By organizing those efforts using a Collective Impact framework and shared agenda, the partners began collaborating more effectively and formed the Chittenden County Opioid Alliance (CCOA). The CCOA is comprised of committed partners from many sectors including businesses, non-profit agencies, government, and community members. The CCOA envisions a substance use disorder prevention, treatment and recovery system of care that is timely, coordinated and comprehensive.

Alliance members have divided into Action Teams with goals that reflect their specific expertise: Treatment Access and Recovery Supports; Community-level Prevention; Workforce Development and CommStat (data driven coordination of law enforcement and human service agencies). Data is aggregated across partners, as well as through the work of the Action Teams. This dashboard serves to keep community members informed about the progress being made by the Alliance, as well as the climate of opioid use in Chittenden County.

You can read more about the Alliance on the [CCOA website](#).



Key Indicators

			Time Period	Actual Value	Current Trend
-	G Key Indicators	The Public are Informed About the Climate of Opioid Use in Chittenden County			
+	I Key Indicators	Number of Accidental Opioid Overdose Fatalities in Chittenden County	2016	24	↗ 4
+	I Key Indicators	Number of Non-fatal Opioid Overdose Incidents Responded to by Chittenden County EMS	—	—	—
+	I Key Indicators	Average Number of Individuals on the Chittenden County Hub Wait List	Q1 2017	132	↘ 3
+	I Key Indicators	Average Time Spent on the Chittenden County Hub Wait List by Individuals	Mar 2017	84 Days	↗ 1
+	I Key Indicators	Number of Medicaid Beneficiaries Treated by Spoke Providers in Chittenden County	Mar 2017	595	↘ 2

CommStat

			Time Period	Actual Value	Current Trend
-	G CommStat	Annual Opioid-Related Deaths in Chittenden County			
		Drop to Zero			

<https://app.resultsscorecard.com/Scorecard/Embed/27261>