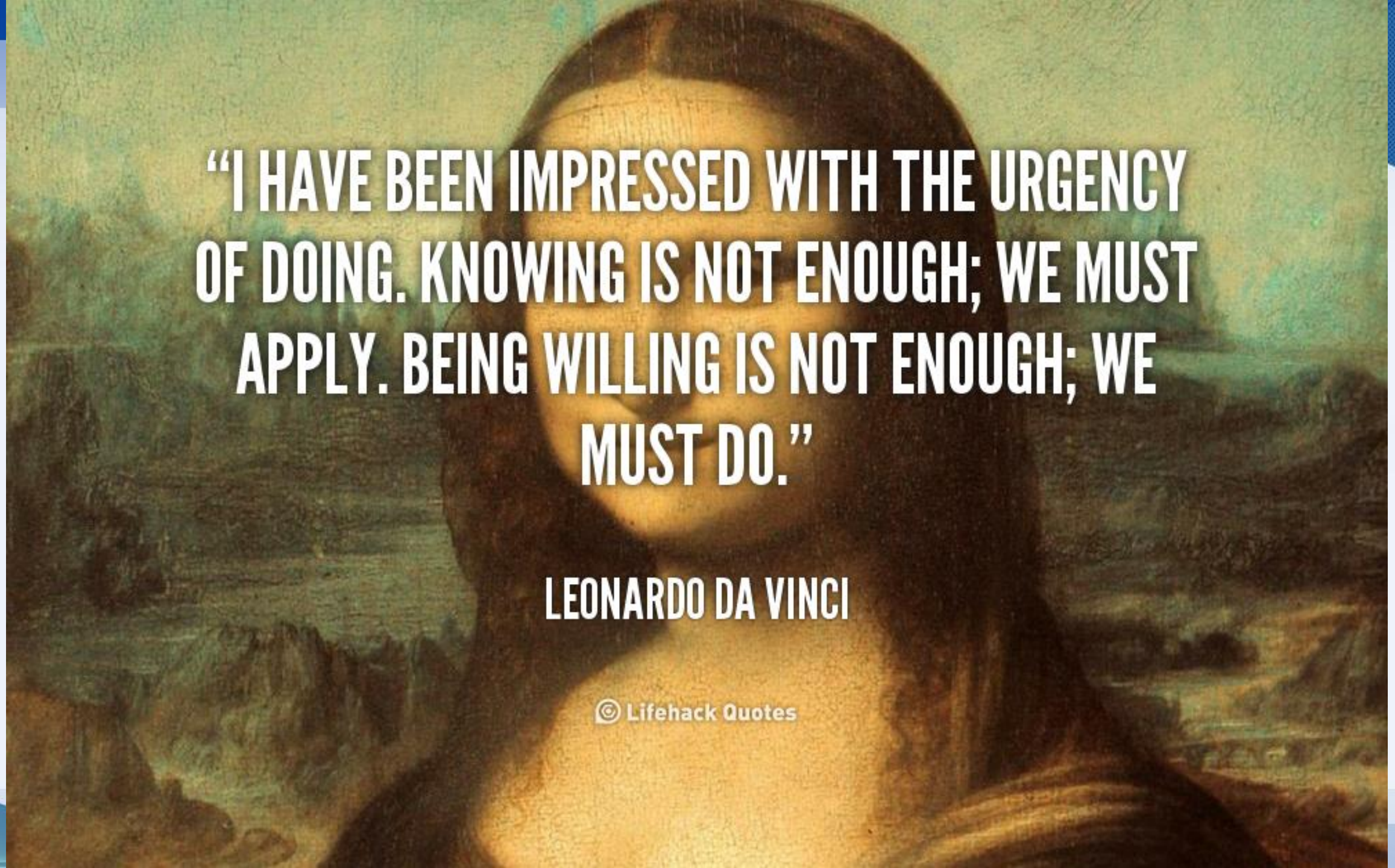
CommStat 05/25/17


"I HAVE BEEN IMPRESSED WITH THE URGENCY OF DOING. KNOWING IS NOT ENOUGH; WE MUST APPLY. BEING WILLING IS NOT ENOUGH; WE MUST DO."
LEONARDO DA VINCI
© Lifehack Quotes

Vermont: Governor's Opioid Coordination Council

Jolinda LaClair, Director of Drug Prevention Policy

May 2017

Opioid Coordination Council
Executive Order NO. 02-17; 09-17

- Negative effect/all demographics/all communities
- Addiction and abuse result in increased drug and human trafficking, mortality, and costs to Vermont's resources and quality of life

OCC's MISSION

- To lead and strengthen Vermont's response to the opiate crisis by ensuring full interagency and intra-agency coordination between state and local governments in the areas of prevention, treatment, recovery and law enforcement activities.

OCC's Goals (1)

1. Identify **best practices for communities** to address opiate addiction and abuse in order to assist them in: (1) significantly **reducing the demand** for opiates through prevention and education; (2) providing **treatment** to those afflicted with opioid addiction; and (3) significantly **reducing the supply** of illegal opiates;
2. Develop and adopt **data driven performance measures and outcomes** which will allow State and local community programs to determine whether they are meeting their goals and objectives in reducing opioid addiction and abuse;

OCC's Goals (2)

3. Review existing State health, mental health, and drug and alcohol addiction laws, regulations, policies, and programs and **propose changes to eliminate redundancy and break down barriers** faced by communities in coordinating action with State government;
4. **Propose legislation to strengthen a Statewide approach** to fight opiate addiction and abuse and facilitate adaptation to the changing nature and multiple facets of the opiate crisis;
5. Consult and coordinate with **federal agencies and officials** as well as those in surrounding states;

OCC's Goals (3)

5. Work in coordination with the **Alcohol and Drug Abuse Council** created pursuant to 18 V.S.A. 4803;
6. **Report** to the Governor on a quarterly basis and as otherwise required by the Governor regarding: (1) **recommendations** for resource, policy, and legislative or regulatory changes; and (2) **progress** made under State and local programs measured against established data driven performance measures; and
7. In consultation with the Director of Drug Policy, do all things necessary to carry out the purpose of this Executive Order.

Drivers for Systemic Improvement

- Prevention
- Treatment
- Recovery
- Enforcement

Pathways to Effective Change

- Policy
- Programs
- Infrastructure
- Investment

Into Action: Committees of the Council

- Committees are researching and planning recommendations for action that will:
  - Enhance collaboration across state, federal and local government to better connect resources to Vermonters and Vermont communities;
  - Identify gaps that, if filled, could save lives, dollars, and enhance community health and safety
  - Identify opportunities that, if taken, would improve Vermont's response to our opioid crisis resulting in measurable outcomes.

Committees of the Council

- Treatment & Recovery
- Prevention & Enforcement

Working Groups from the Governor's Summit on VTs Substance Use Disorder Workforce

- Affordability & Professional Development
- Licensure & Higher Education

Contact Us

- Jolinda LaClair, Director of Drug Prevention Policy; Director of the OCC
  - jolinda.laclair@vermont.gov
- Rose Gowdey, Community Engagement Liaison for the OCC and Drug Prevention Policy
  - rose.gowdey@vermont.gov

FREE Community Screening of RESILIENCE: THE BIOLOGY OF STRESS & THE SCIENCE OF HOPE

May 24, 6:00 - 8:00 pm

Montpelier High School
Organized by Green Mountain United Way

"The child may not remember, but the body remembers."

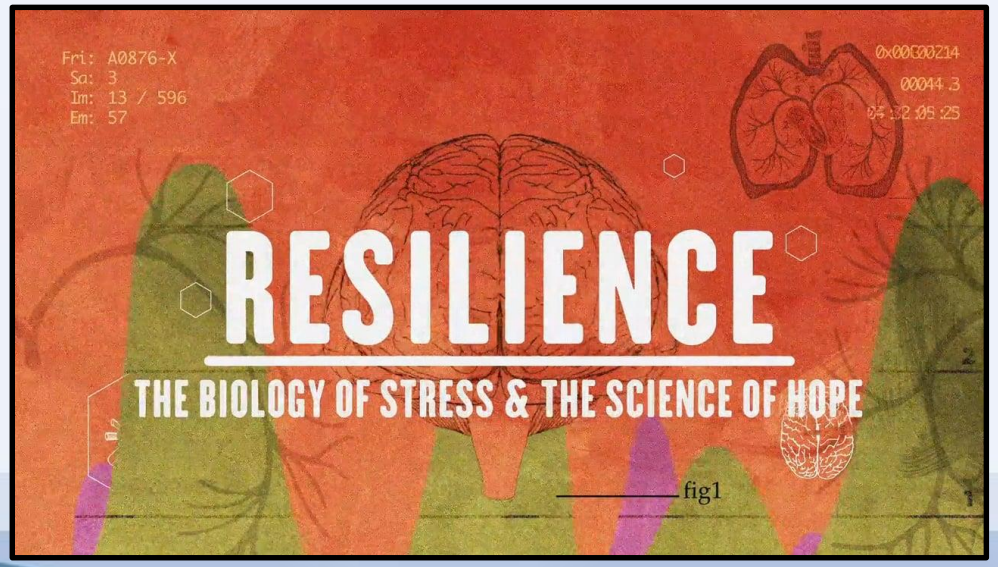


fig1

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.

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

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			

Opioid Prescribing Practices

Prepared by
Stephen Leffler, MD
Maureen Vinci, M. Ed

May 12, 2017

Table 1. Comparison of opioid prescriptions/quarter 2016-2017 - UVMMC Inpatient locations

	FY16 Q1	FY17 Q1	FY17 Q2
Tabs, Caps - prescriptions	7393	6529	6395
> 50 Tabs, Caps - prescriptions	1352	895	806
Number of Providers > 50	147	124	131

Table 2. Comparison of opioid prescriptions per quarter 2016-2017, UVMMC Outpatient Practices

	FY16 Q1	FY17 Q1	% change
Patients			
Total prescribed for	3442	3138	-9%
Prescriptions			
# prescriptions	8837	8180	-7%
Average strength of prescription MME	1983	1900	-4%
Total MME	20.5M	18.5M	-10%

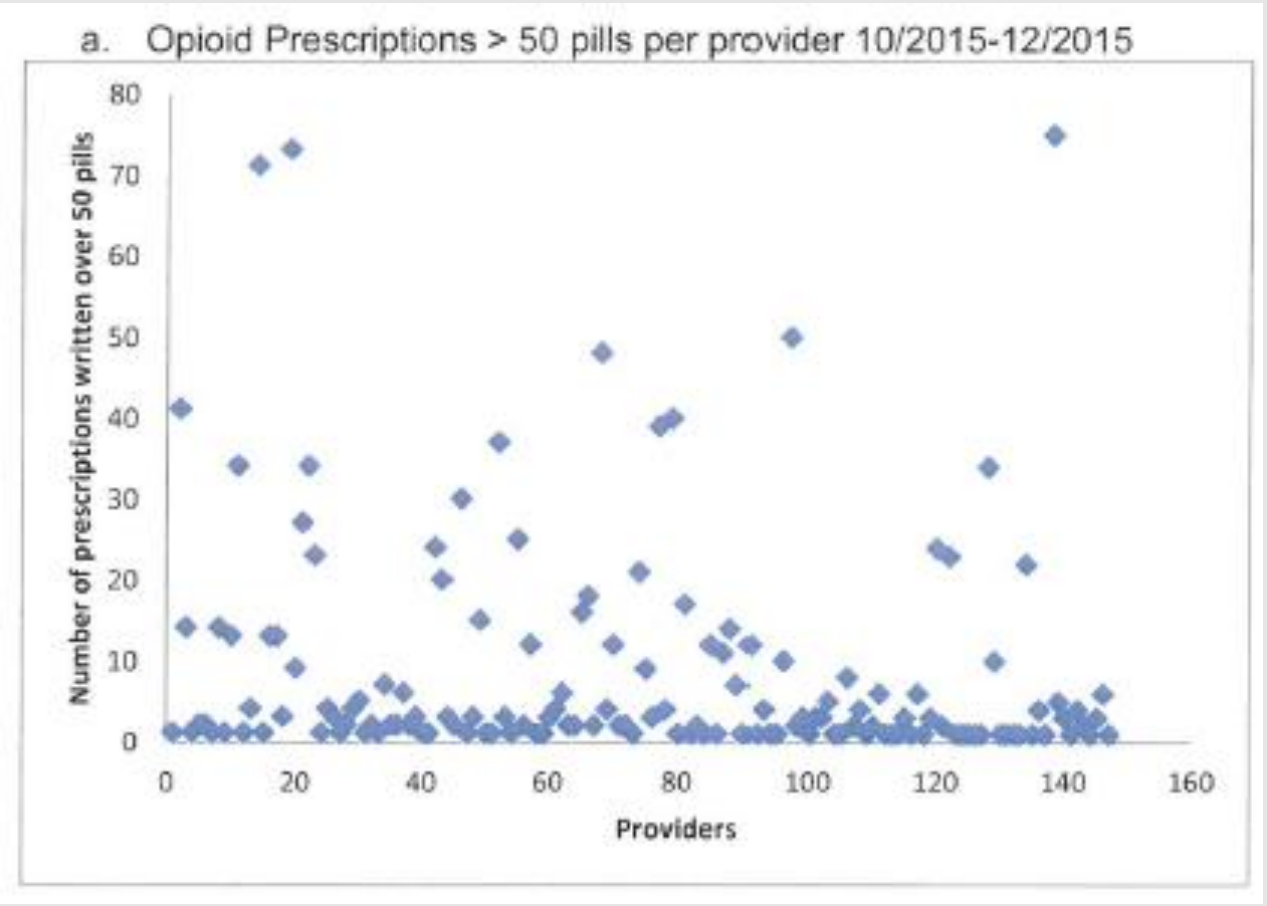
Table 3. State and National Totals of Retail Filled Prescriptions: All Opioid Analgesics, 2013-2016

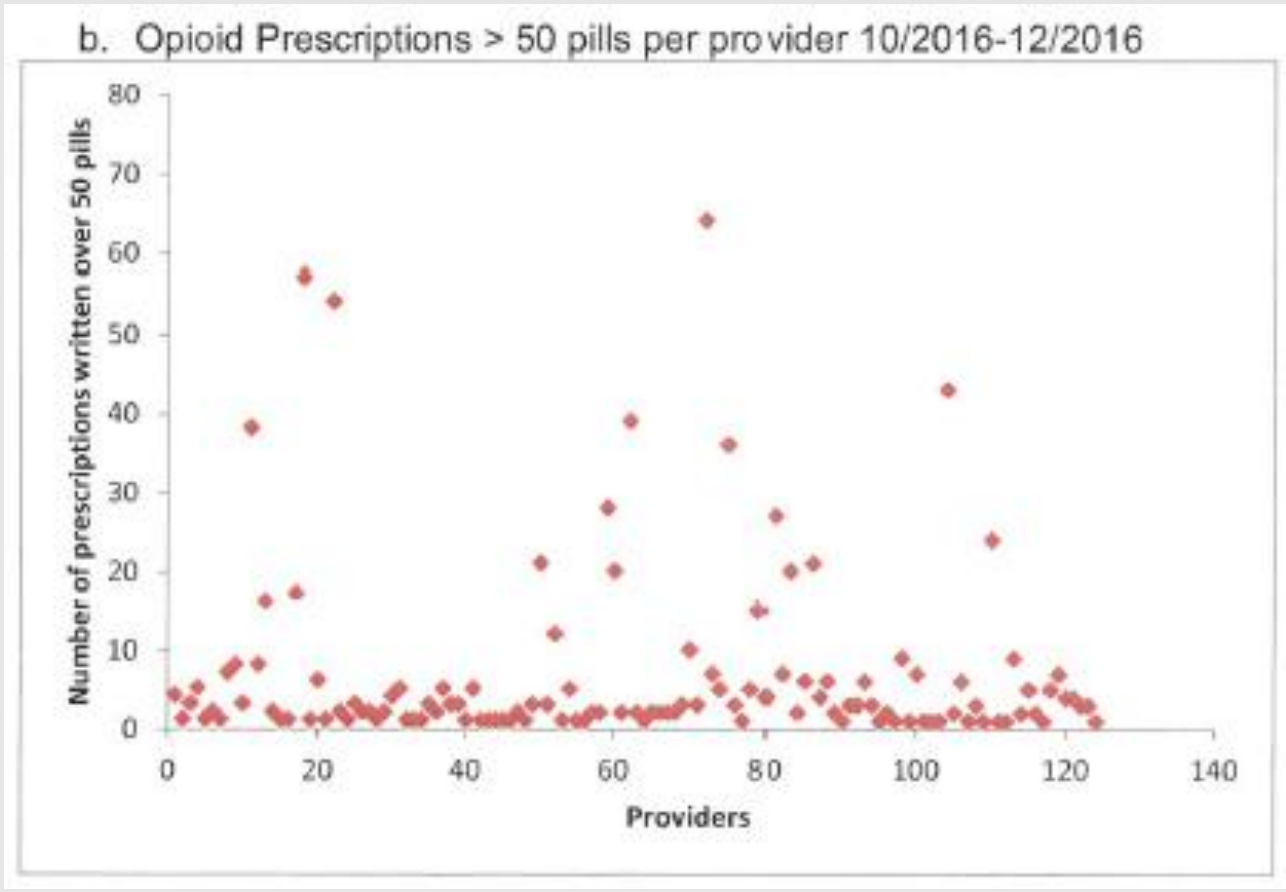
State	2013	2014	2015	2016	Rx per capita 2016	Cumulative% change 2013-2016
Nebraska	1,497,183	1,470,605	1,378,816	1,325,382	0.7	-11.5%
Nevada	2,436,691	2,467,414	2,393,881	2,276,188	0.8	-6.6%
NH	970,834	937,024	886,243	764,009	0.6	-21.3%
New Jersey	5,160,965	5,082,090	4,917,404	4,593,494	0.5	-11.0%
New Mexico	1,422,434	1,436,906	1,409,482	1,299,762	0.6	-8.6%
New York	10,957,729	10,450,786	10,164,060	9,534,858	0.5	-13.0%
North Carolina	9,482,526	9,232,258	8,717,746	8,276,712	0.8	-12.7%
North Dakota	505,227	495,555	466,131	441,930	0.6	-12.5%
Ohio	11,261,528	10,794,842	9,955,858	9,057,498	0.8	-19.6%
Oklahoma	4,666,575	4,242,737	3,972,838	3,765,604	1.0	-19.3%
Oregon	3,456,129	3,389,575	3,145,023	2,897,444	0.7	-16.2%
Pennsylvania	11,330,259	11,031,159	10,394,466	9,496,052	0.7	-16.2%
Rhode Island	871,892	823,219	732,367	655,736	0.6	-24.8%
South Carolina	4,866,458	4,797,342	4,490,916	4,296,073	0.9	-11.7%
South Dakota	570,917	585,432	581,534	554,246	0.6	-2.9%
Tennessee	8,525,017	8,239,110	7,800,947	7,366,191	1.1	-13.6%
Texas	18,569,734	17,959,748	15,903,061	15,444,180	0.6	-16.8%
Utah	2,364,661	2,308,830	2,186,792	2,107,481	0.7	-10.9%
Vermont	418,161	415,687	388,108	348,511	0.6	-16.7%
Virginia	6,346,359	6,047,580	5,608,460	5,240,314	0.6	-17.4%
Washington	5,163,236	5,121,469	4,881,633	4,607,428	0.6	-10.8%
West Virginia	2,420,990	2,389,802	2,076,883	1,752,690	1.0	-27.6%
Wisconsin	4,326,863	4,224,458	3,984,693	3,655,386	0.6	-15.5%
Wyoming	413,701	405,626	382,837	374,192	0.6	-9.6%
All States	**251,814,801**	**244,462,569**	**227,780,920**	**215,051,279**	**0.7**	**-14.6%**

Source: *Xponent*, QuintilesIMS, Danbury, CT Copyright 2017

Q4 2015

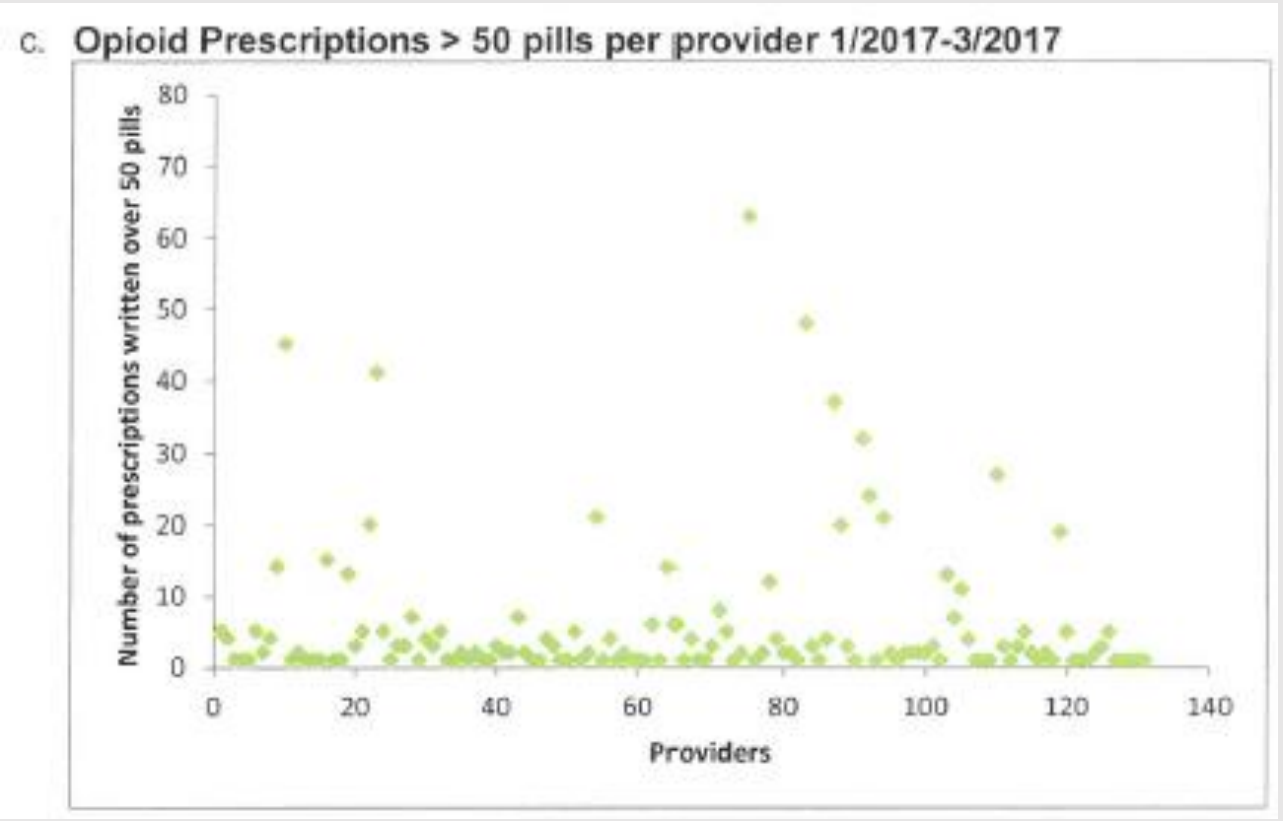
Q4 2016

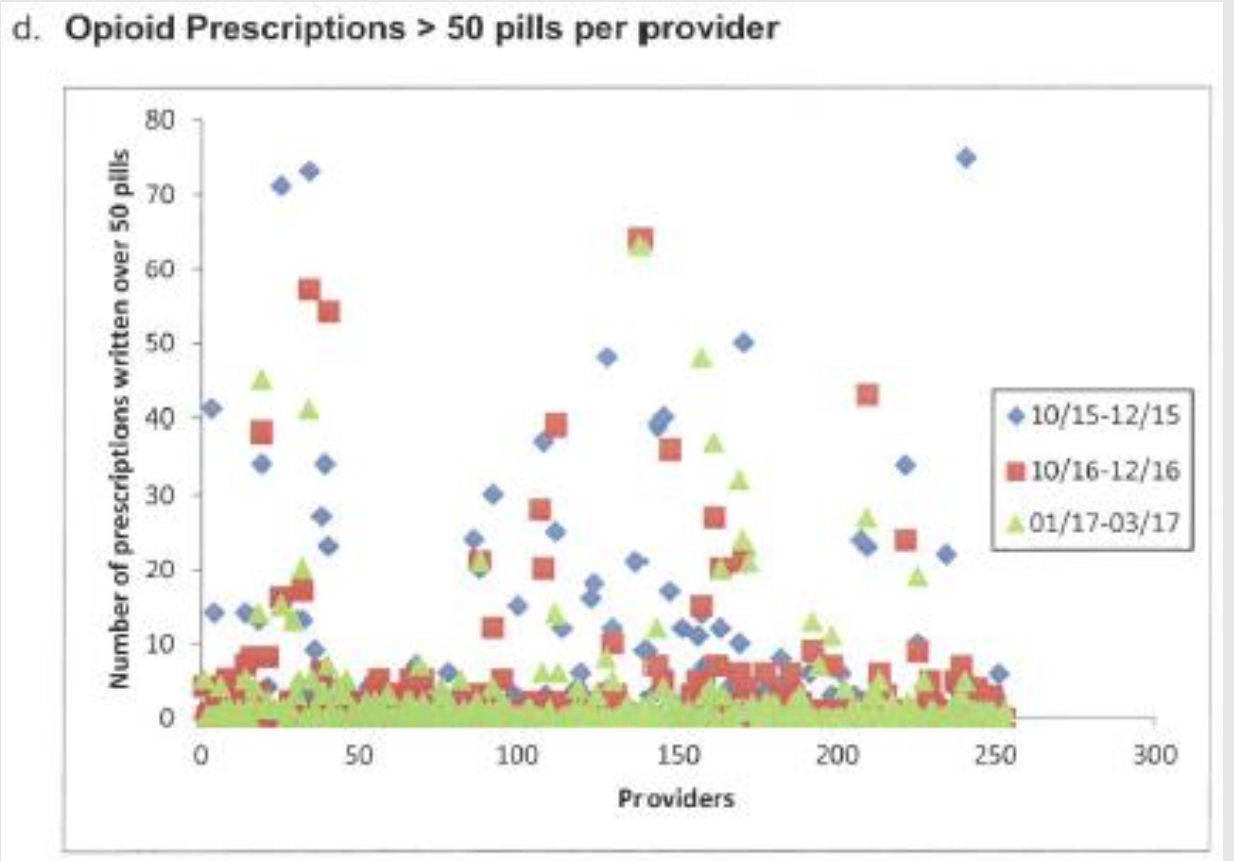




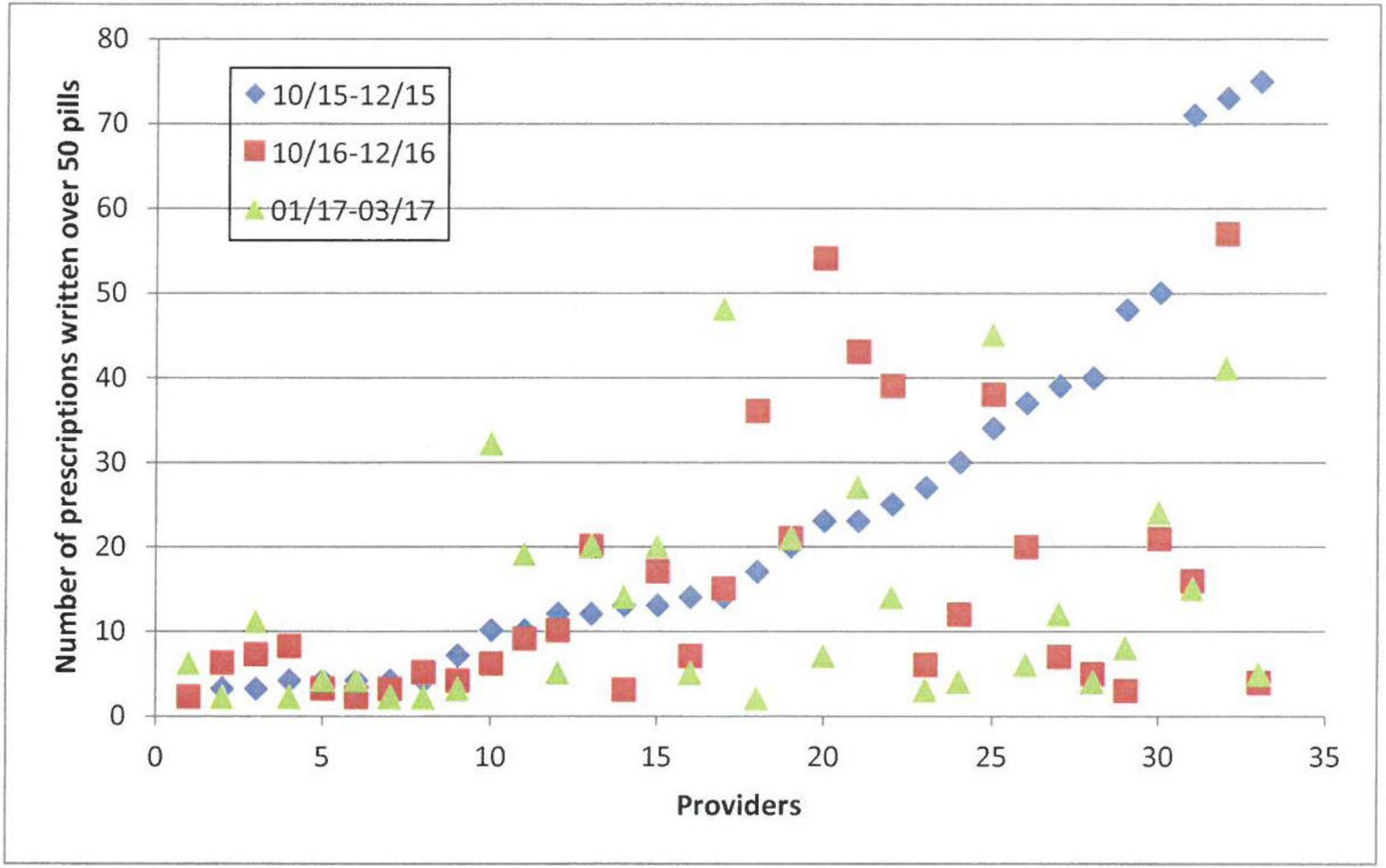
Q1 2017

All Periods

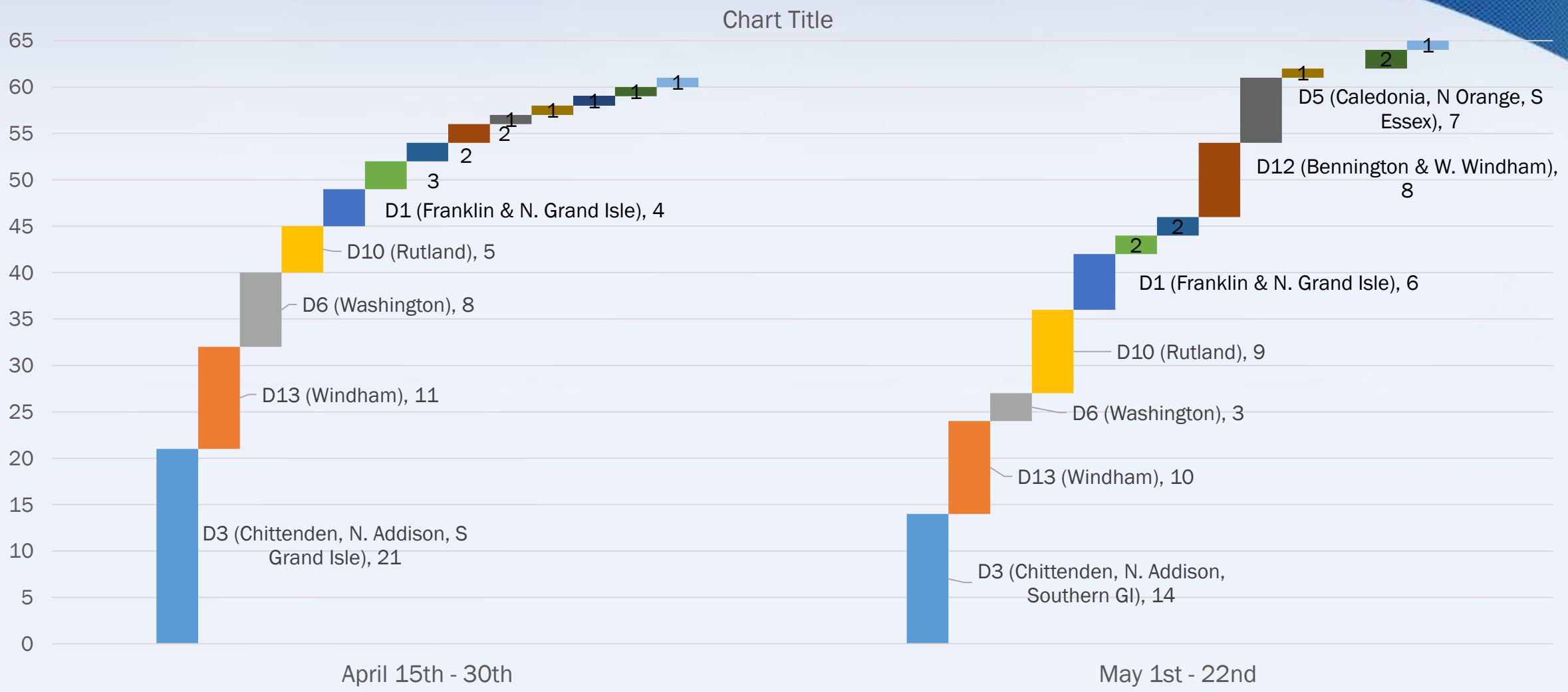




e. **Opioid Prescriptions > 50 pills per provider**
(omitting 0 and 1 RX per provider per time period)

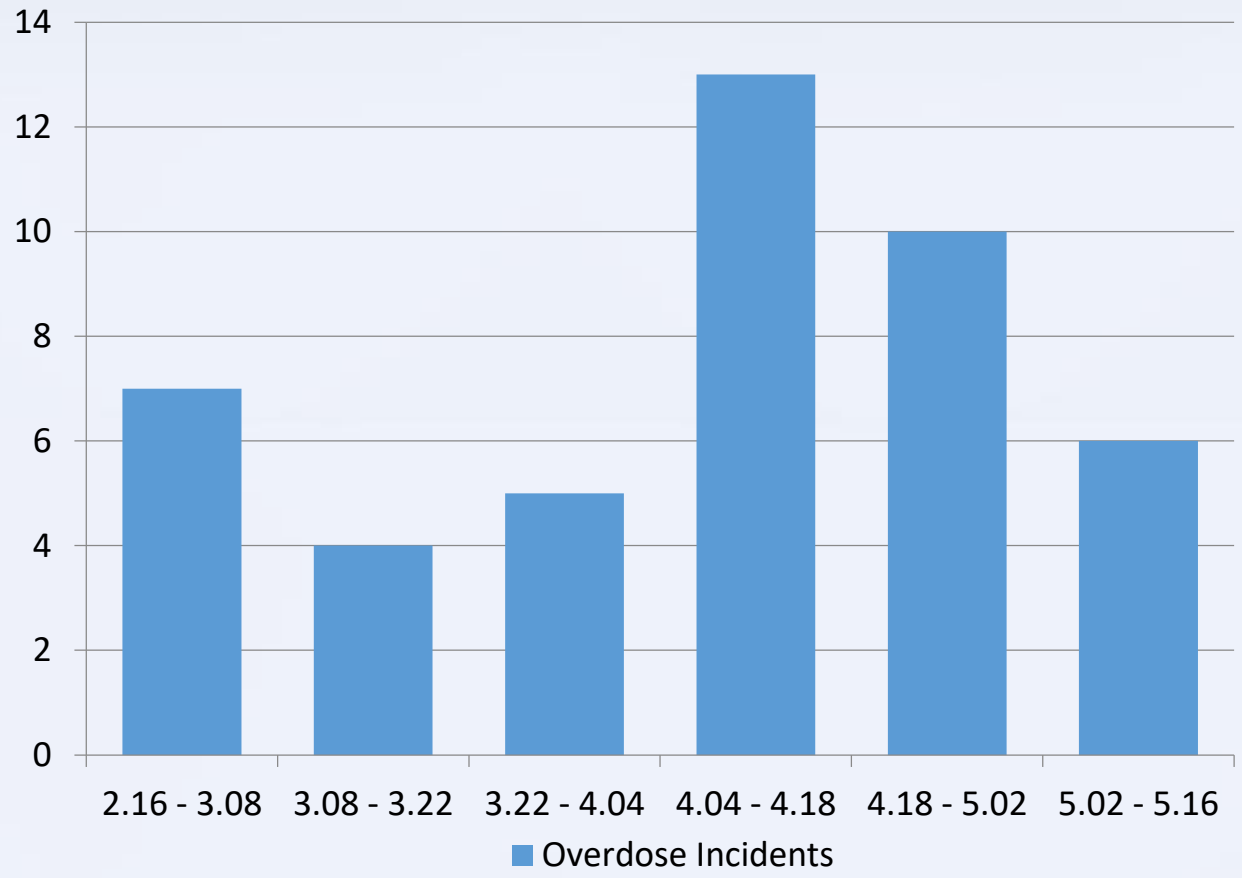


EMS Overdose Incident Responses

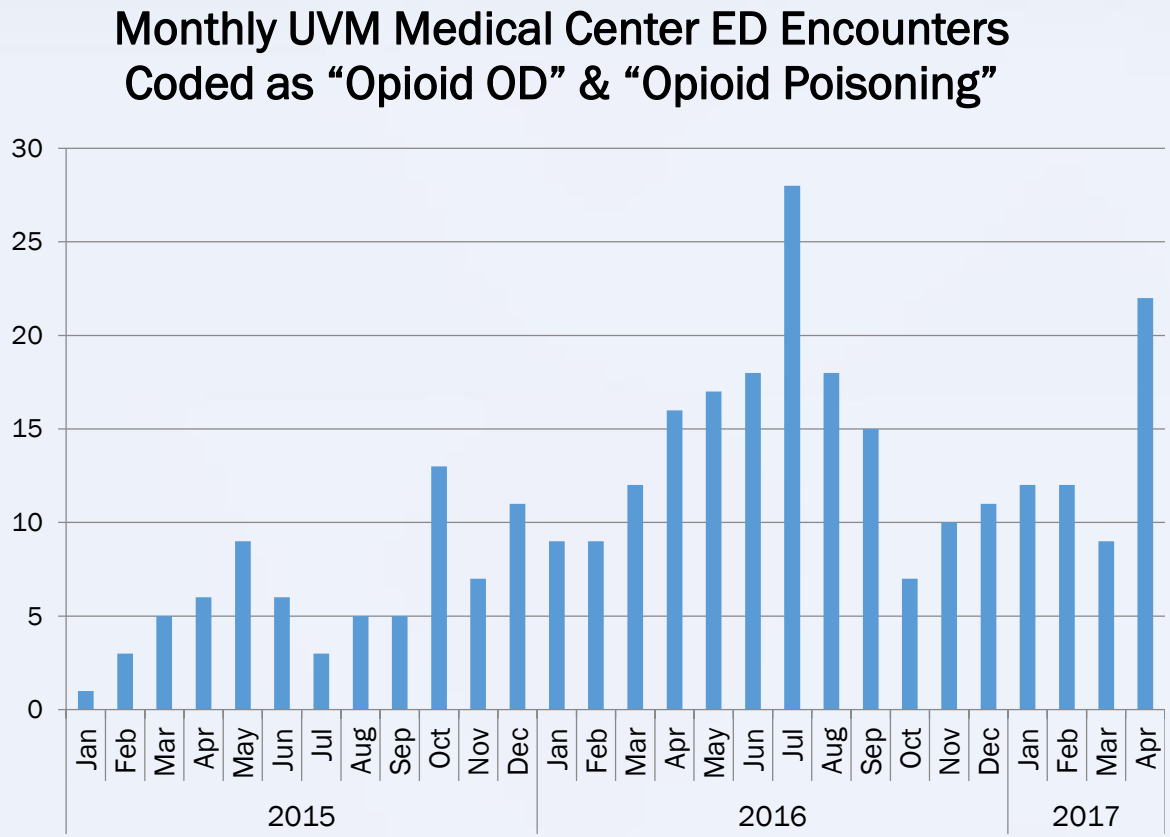


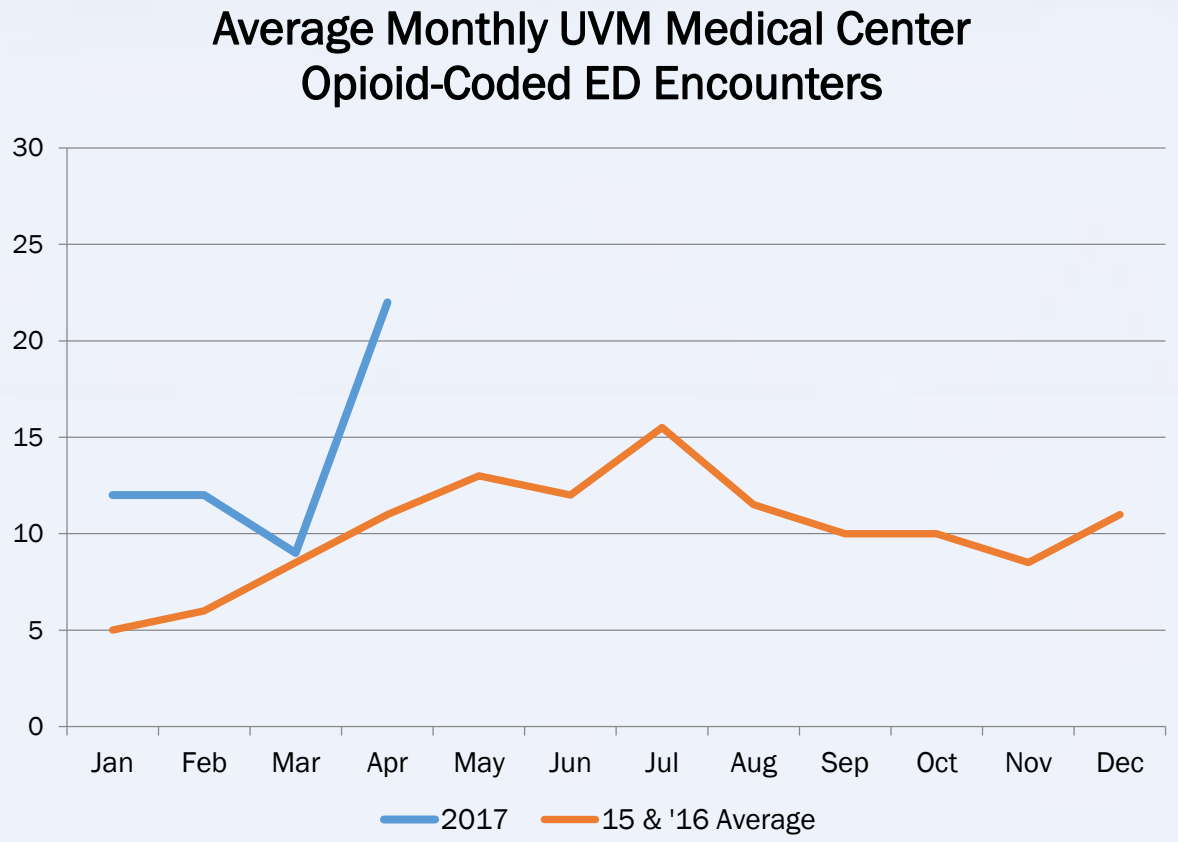
SubStat Opioid OD Incidents

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



UVM MC Opioid Related ED Visits



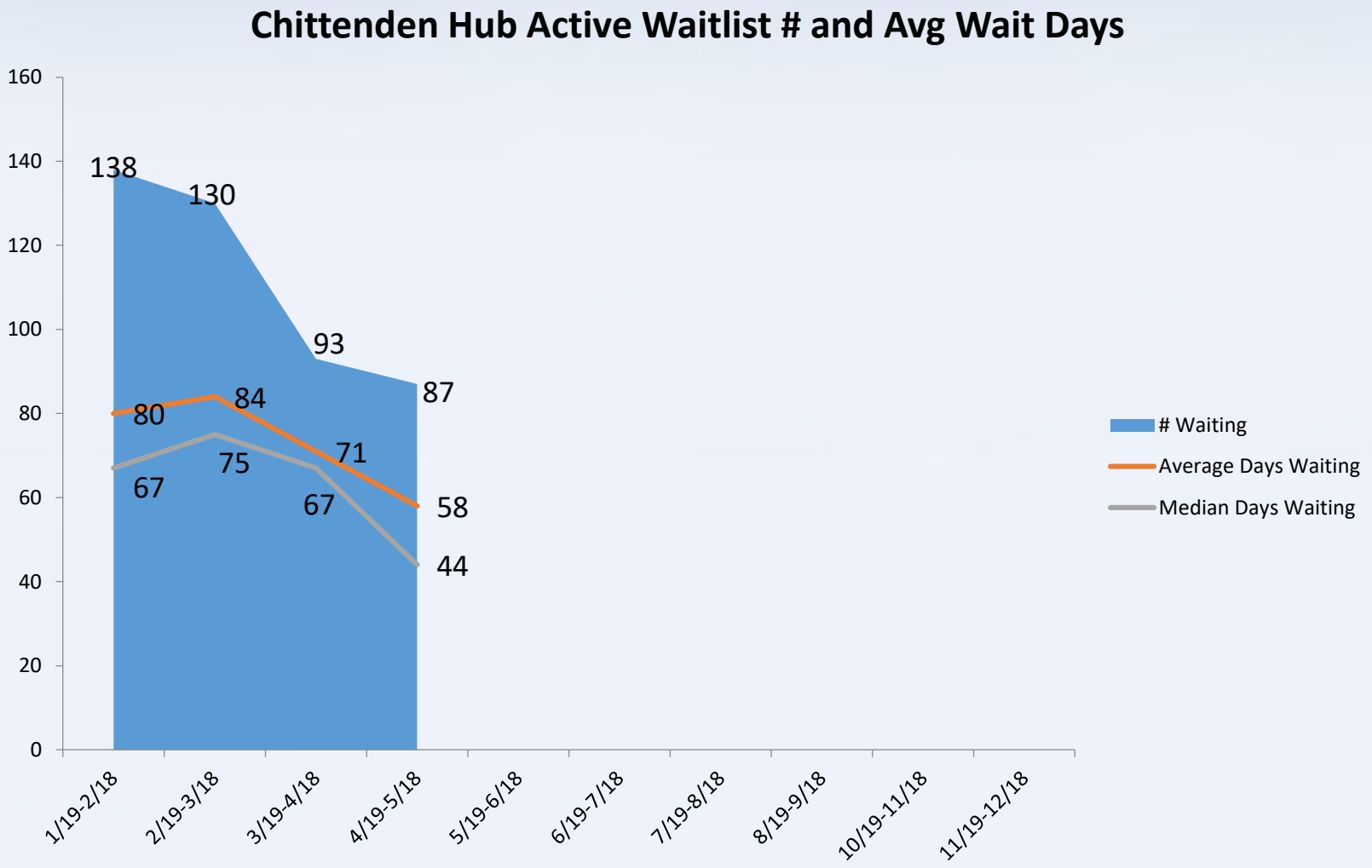


UVM MC Opioid Related ED Visits

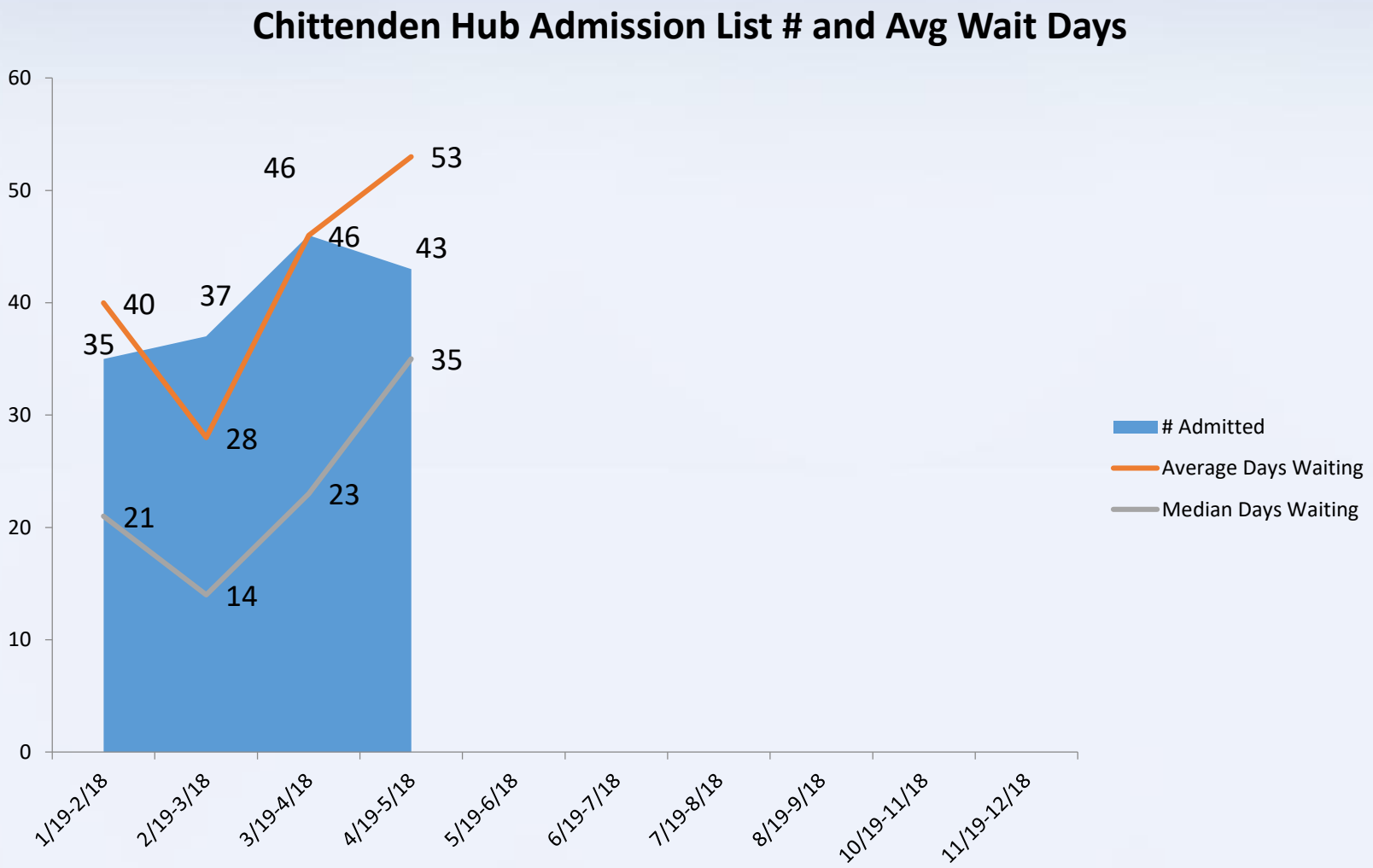
UVM MC ED Discharge Disposition:

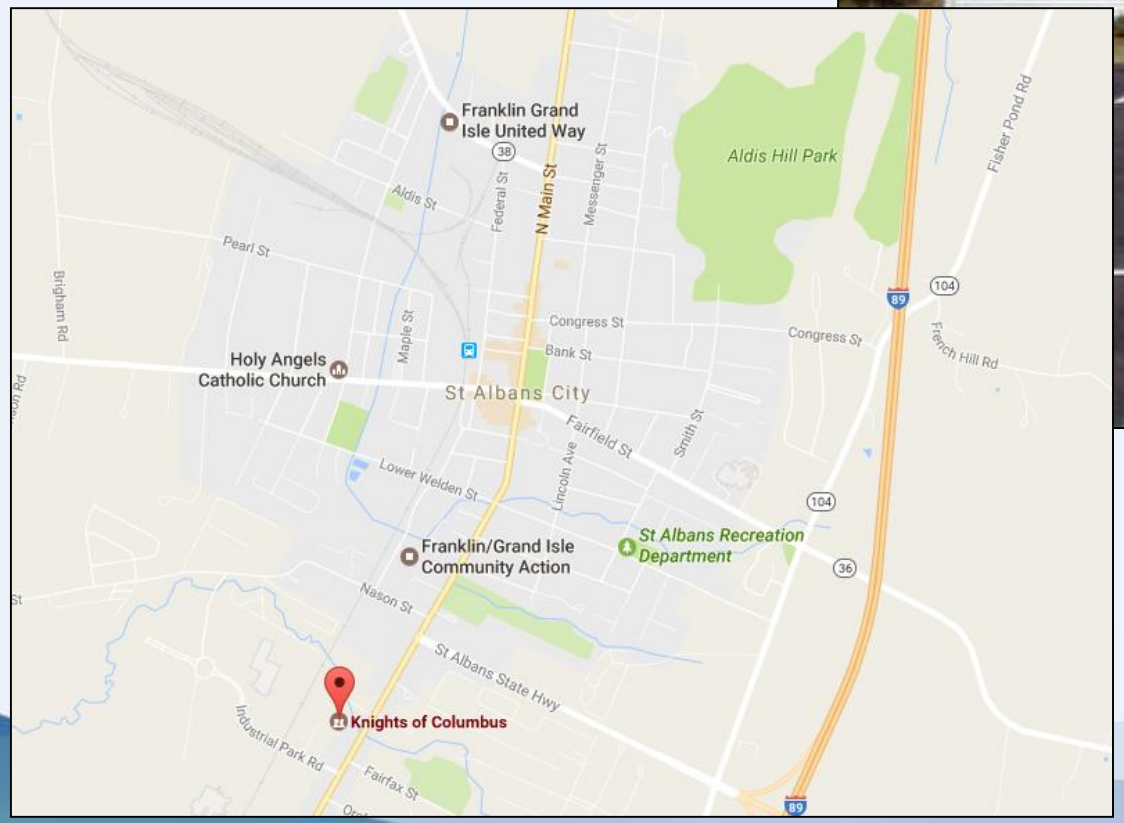
	Discharge Dispo	Total	%
#3	AGAINST MEDICAL ADVICE	10	4%
	D/T COURT/LAW ENFORCEMENT	1	0%
	D/T DIFF TYPE HEALTHCARE FACILITY	6	2%
	D/T PSYCH HSP/PSYCH DIST PRT UNIT HSP w/PACHIPR	2	1%
#4	DECEASED	8	3%
	DISCH/TRAN TO SNF W/ MCR CERT	3	1%
#2	HOME HEALTH CARE	23	9%
#1	**HOME OR SELF CARE (ROUTINE)**	**191**	**75%**
	HOSPICE-HOME	1	0%
	OTHER HOSPITAL	1	0%
	PSY HOSP OR PSYCH DISTINCT UNIT	7	3%
	TRANSFER OTH REHAB	3	1%
	Total	**256**	**100%**

Chittenden Hub Active Waitlist

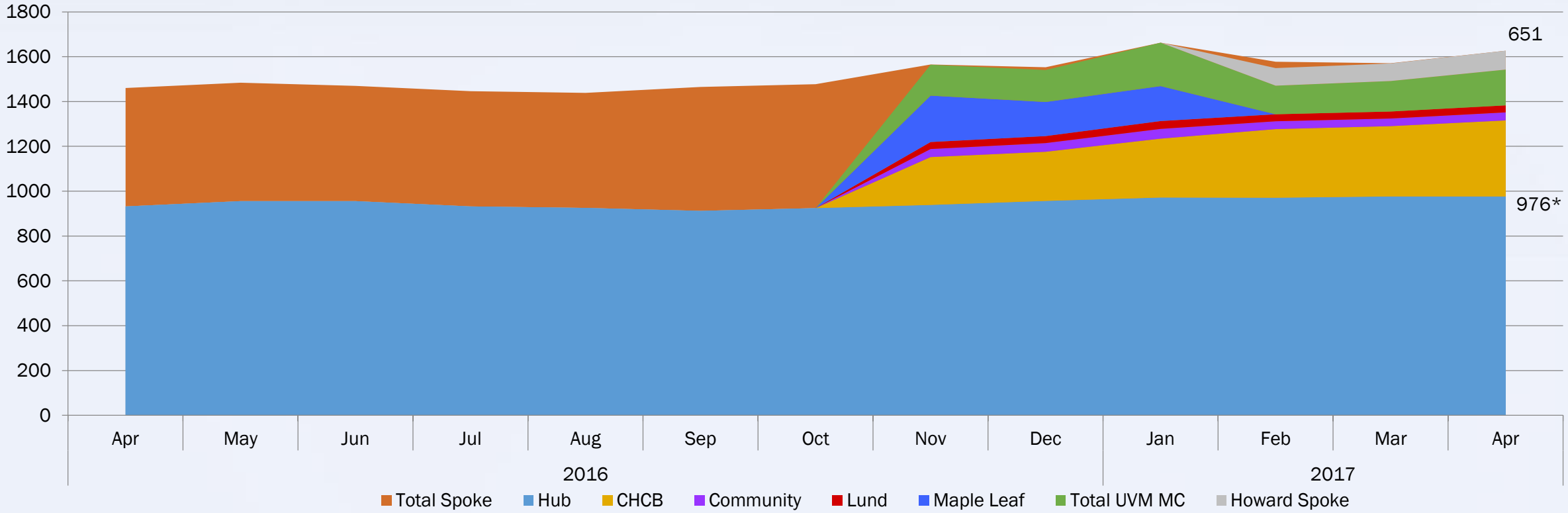


Chittenden Hub Admission List



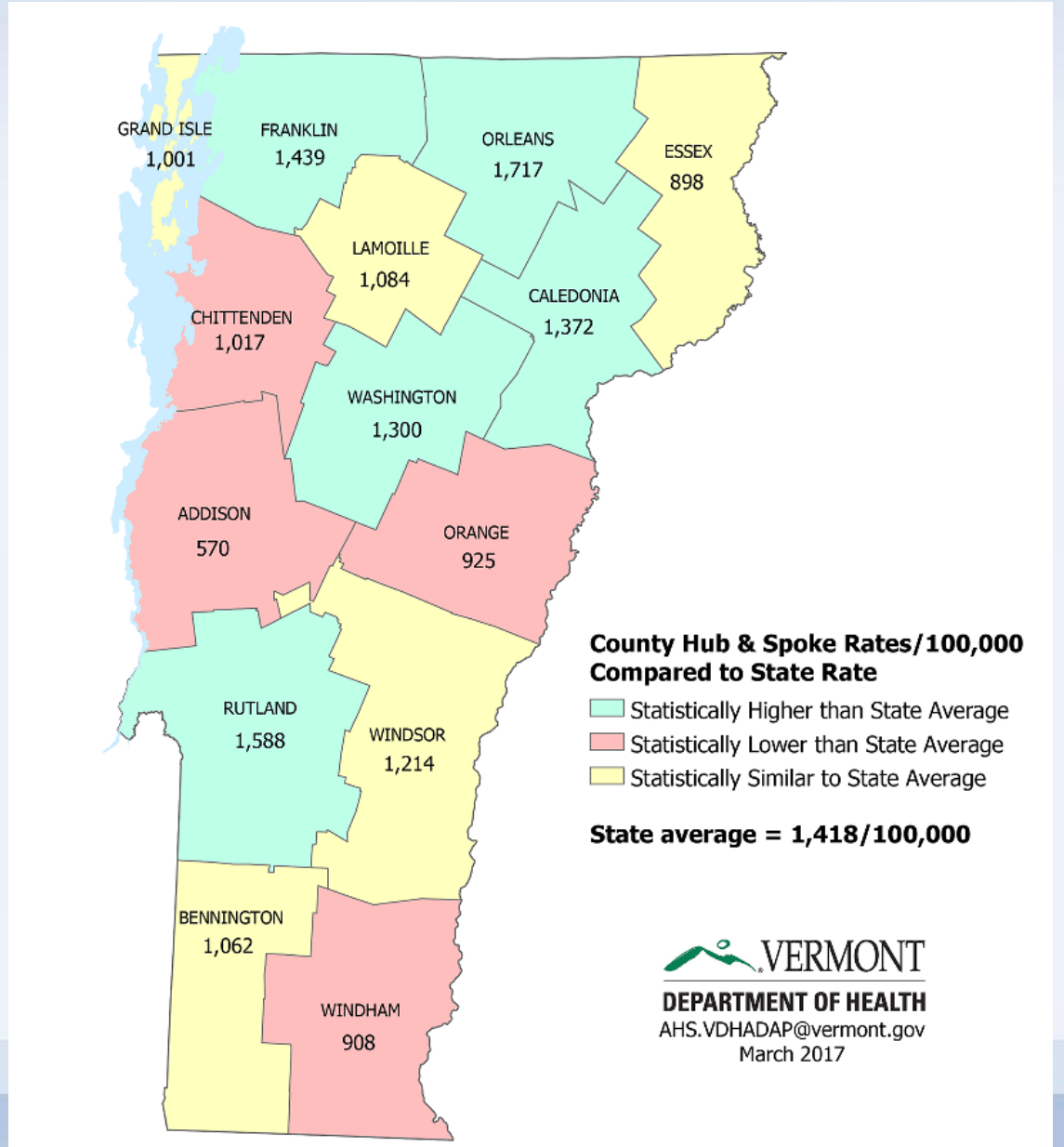

Franklin Grand Isle United Way
Aldis Hill Park
Fisher Pond Rd
N Main St
Federal St
Messenger St
Aldis St
Pearl St
Brigham Rd
Maple St
Congress St
Bank St
Holy Angels Catholic Church
St Albans City
Fairfield St
Smith St
Lincoln Ave
Lower Welden St
French Hill Rd
St Albans Recreation Department
Franklin/Grand Isle Community Action
Nason St
St Albans State Hwy
Knights of Columbus
Industrial Park Rd
Fairfax St
38
104
89
36

Number of People Treated in Hub & Spokes



* Last reported value, not updated for month of April

Chittenden Hub Admission List



The Partnership for Successful Living

Innovative resources for healthy

and sustainable living

Partnership For Successful Living

Our agencies primarily serve low-income individuals and families, with many programs tailored to meet the special needs of:

- Disabled individuals, incl. those with behavioral health disorders
- Homeless and chronically homeless
- Veterans
- Families
- Pregnant and post-partum women and their children
- Elderly
- HIV+ individuals
- Individuals with both chronic and acute medical conditions requiring in-home and outpatient health care and supports to maintain independence
- Low-to-moderate income individuals and families in need of affordable housing, education, and employment

Nashua Safe Stations

- Collaborative partnership between city of Nashua, Harbor Homes, Keystone Hall, American Medical Response of Nashua and Nashua Fire Department
- Seven Safe Stations throughout Nashua, located at city fire stations
- Individuals seeking help with any type of substance abuse can enter into a Safe Station regardless of day or time judgement free.
- Trained professionals provide medical assessment and arrange transportation to the appropriate level medical facility
  - AMR to transport to hospital/emergency facility when there is immediate medical need
  - Harbor Homes to transport to owned facilities for detox and recovery

Nashua
SAFE STATIONS
YOUR GATEWAY TO RECOVERY

Nashua Safe Stations

Gateway to Recovery Statistics	
Number of Walk-In Requests at NFR for Safe Station:	435
Number of Participants Taken to PSL Facilities:	366
Number of Participants Taken to a Hospital Emergency Department:	62 Total
SNHMC:	39
SJH:	23
Average Number of Minutes AMR / NFR Companies "Not Available":	11:29
Number of UNIQUE Participants to Nashua SafeStation:	322
Number of REPEAT Participants to Nashua SafeStation:	103
Number of Nashua Participants Seen in Manchester's SS Program:	112
Nashua Participants Seen in MHT's SS Program after Nashua:	50
Number of Nashua Participants Seen for an Opioid Overdose PRIOR to SS:	80
Number of Nashua Participants Seen for an Opioid Overdose SINCE SS:	24
Age Range of Participants:	18 - 73
Gender Breakdown:	135 Female
	299 Male

Referring Stations						
Station 1	15 Amherst St	131		Station 5	101 Pine Hill Rd	7
Station 2	177 Lake St	67		Station 6	2 Conant Rd	8
Station 3	124 Spit Brook Rd	5		Fire Alarm	38 Lake St	35
Station 4	70 East Hollis St	182				

Data Valid from 11/17/2016 - 5/21/2017

Nashua Safe Stations

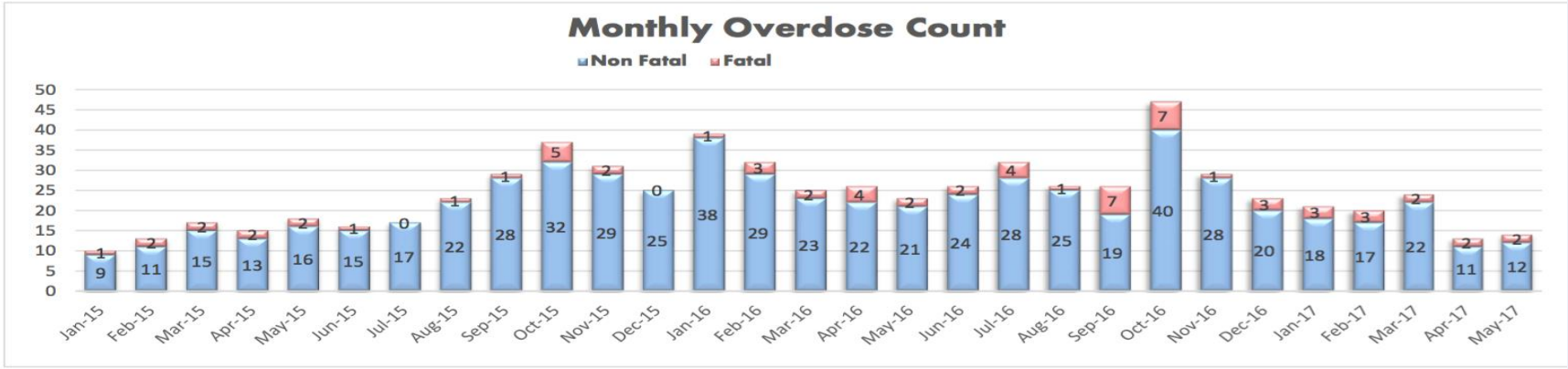
Participant's Hometown Breakdown					
Nashua, NH	251	Haverhill, MA	3	Greenfield, Nh	1
Manchester, NH	52	Laconia, NH	3	Greenville, NH	1
Hudson, NH	20	Pelham, NH	3	Hampton, NH	1
Rochester, NH	9	Salem, NH	3	Hollis, NH	1
Concord, NH	6	Allenstown, NH	2	Jaffrey, NH	1
Derry, NH	6	Conway, NH	2	Keene, NH	1
Litchfield, NH	7	Hooksett, NH	3	Louisville, KY	1
Ossipee, NH	6	Sanbornton, NH	2	Lowell, MA	1
Milford, NH	5	Brookline, NH	1	New Boston, NH	1
Amherst, NH	4	Deerfield, NH	1	Newington, NH	1
Londonderry, NH	4	Dracut, MA	1	Peterborough, NH	1
Merrimack, NH	4	Epping, NH	1	Rindge, NH	1
Chester, NH	3	Farmington, NH	1	Tyngsborough, MA	1

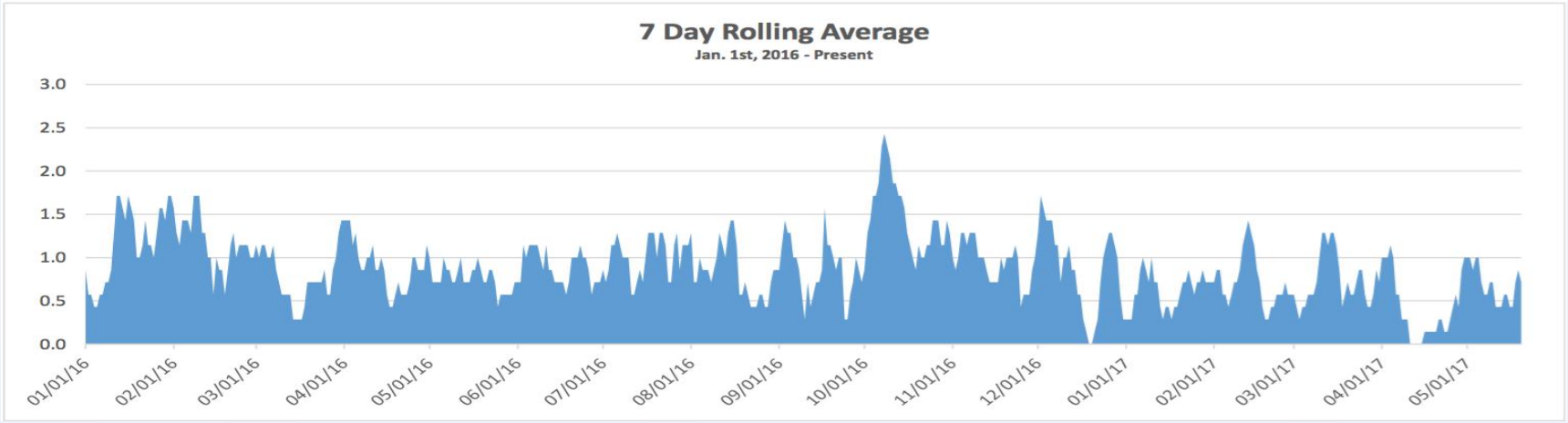
Data Valid from 11/17/2016 - 5/21/2017

Nashua Safe Stations

2015	2016	2017 YTD
OD Total - 251 Fatalities - 19	OD Total - 354 Fatalities - 37	OD Total - 92 Fatalities - 12

-34% Decrease in 2017 Compared to Same Period in 2016





Prevention

- Prevention is the act of helping people (often with a focus on young people) avoid drug use and abuse.

- Prevention aims to change personal, social or environmental factors to delay or avoid the onset of drug use and its progression to harmful or problematic misuse.

- Prevention strategies are aimed at increasing resources within a community so that individuals are more likely to make healthy choices and avoid the potential harm that drug use can cause.

- Substance abuse is among the most costly health problems in the United States.

- Research over the last two decades has proven that drug and alcohol addiction is both preventable and treatable.

- Cost Benefit studies indicate that $1 spent on substance abuse prevention can result in $10 of long-term savings.

There are many positive outcomes from successful substance abuse prevention efforts:

- Fewer drug abuse-related emergency room visits
- Increased productivity
- Improved job stability
- Fewer unemployment episodes
- Lower rates of violent crime
- Prevention of DUI injuries to others
- Better family interaction
- Reduced juvenile delinquency
- Fewer incidents of family violence
- Improved school attendance and academic achievement
- Better health outcomes

Youth Risk Behavior Survey (YRBS)

- YRBS is a paper classroom based survey designed to measure certain behaviors among youth in Vermont. It asks students questions about drug use, violence, sexual activity, nutrition, safety, physical activity, assets, etc.
- The survey instrument has been used with 8th – 12th graders in VT since 1993 and with VT 6th-8th graders since 2011.
- The YRBS is administered state wide every 2 years
- We are waiting to receive 2017 data. Last survey results are 2015

Search Institute

- 40 Developmental Assets
- 20 Internal and 20 External measures
- The more assets the more likely youth are to engage in healthy behaviors

The Five Core Protective Factors

- Strong bonds exist between youth and adults
- Youth gain the skills necessary for becoming a mature adult
- There are opportunities for youth to have meaningful involvement in the community
- Community, school and family involvement is recognized
- Healthy beliefs and clear standards are communicated and modeled by adults

Risk Factors for substance use

Community

-Availability of alcohol/drugs
-Laws and norms
-Transition/mobility
-Low neighborhood attachment
-Poverty

Individual/ Peer

-Alienated/ rebellious
-Friends who use alcohol/drugs
-Favorable attitude toward alcohol/drugs
-Start using at a young age

Family

-Family history of drug abuse
-Family management problems
-Family conflict
-Favorable parent attitudes or involvement with drug use

-Antisocial behavior
- Academic Failure
-Lack of commitment to school

School

Questions?

- Margo Austin, SAP Counselor (Student Assistance Program)

  864-8581 or maustin@bsdvt.org

- http://www.healthvermont.gov/sites/default/files/CHS_YRBS_statewide_report.pdf

- http://www.search-institute.org/system/files/a/40AssetsList_12-18_Eng.pdf

	2015	2016	2015-2016 INCREASE	2017	2016-2017 INCREASE	2015-2017 INCREASE
JANUARY	65	88	35.4%	139*(est)	58.0%*(est)	113.8%*(est)
FEBRUARY	61	83	36.1%	124*(est)	49.4%*(est)	103.3%*(est)
MARCH	68	117	72.1%	127*(est)	8.6%*(est)	86.7%*(est)
APRIL	72	110	52.8%			
MAY	84	108	28.6%			
JUNE	65	98	50.8%			
JULY	79	137*(est)	73.4%*(est)			
AUGUST	94	118*(est)	25.5%*(est)			
SEPTEMBER	86	119*(est)	38.4%*(est)			
OCTOBER	93	125*(est)	34.4%*(est)			
NOVEMBER	90	114*(est)	26.7%*(est)			
DECEMBER	80	133*(est)	66.3%*(est)			
TOTAL	*937*	*1,350*(est)*	*44.1%*(est)*			

* Estimated preliminary data pending outstanding death certificate to verify official OD count and determination by Dept. of Health

In the early days of CompStat there were those who said our current crime levels were unattainable. Today we continue to drive crime down to historic lows. Overdoses are our next collective challenge. We have a long way to go, but working with our partners and combining intelligently applied initiatives with top-notch reporting, we can get there together and save lives! **Stay safe!**

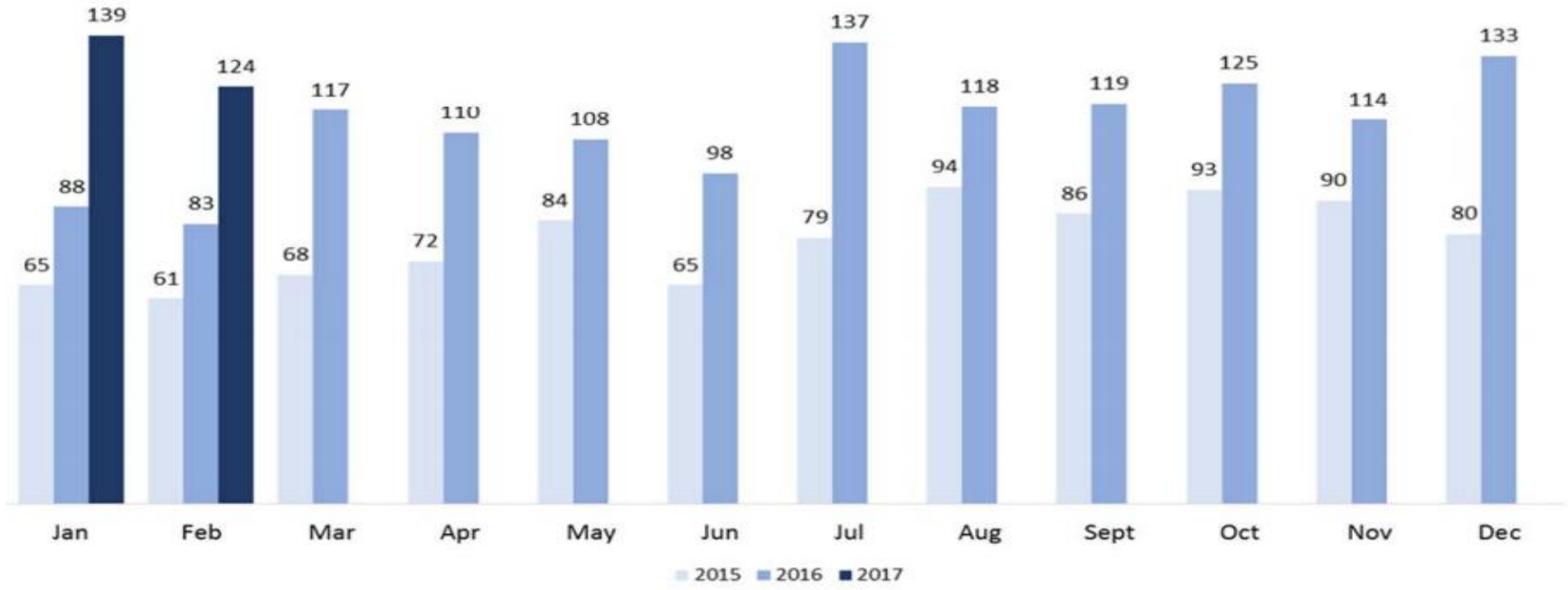
Office of Crime Control Strategies
April 2017

NYPD
New York City Police Department

Drug Overdose Trend Awareness

Unintentional drug overdose deaths continue to rise nationwide and New York City is no different. Using the **Suspected Potential Overdose Tracker (SPOT)**, we have the timeliest and most comprehensive list possible of potential drug overdose deaths we have ever made as a Department. **SPOT** enhances OCME data with NYPD intelligence, data gathering, arrests, debriefings and documentation of scenes. That synergy allows for greater accuracy when assessing potential overdoses. Below you will find the essence of the trends developing citywide and some preliminary estimates.

Fatal Overdoses by Month: Year Over Year Comparison
2015-2017



Next CommStat Meeting

- 6/29 (Thursday) 8:30-10:30 AM

- Contois Auditorium