



Governor's Cabinet  
Opiate Action Team

Promoting Wellness and Recovery



John R. Kasich, Governor  
Tracy J. Plouck, Director

# Opiates and the Impact on Child Welfare

Opiate Conference

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**Unduplicated Admissions for Opiate Abuse and Dependence**  
Ohio MACSIS Data - State Fiscal Year (SFY) 2012

**Legend**

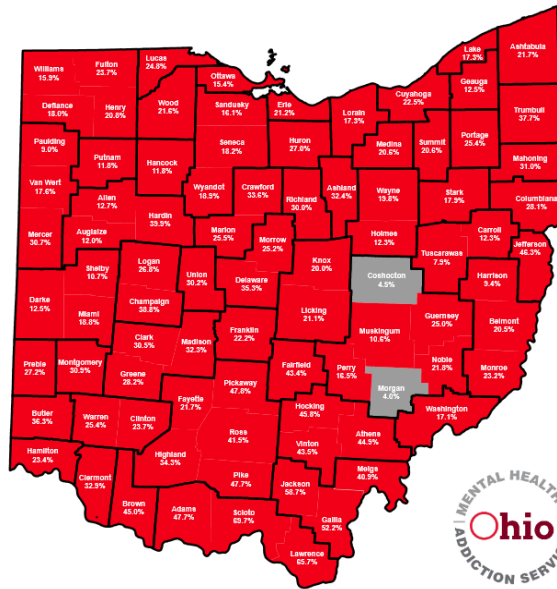
- ADAMHS Board
- Opiate Addicts (%)
- 4.0% - 6.7%
- 6.8% - 69.7%

**Map Information:**

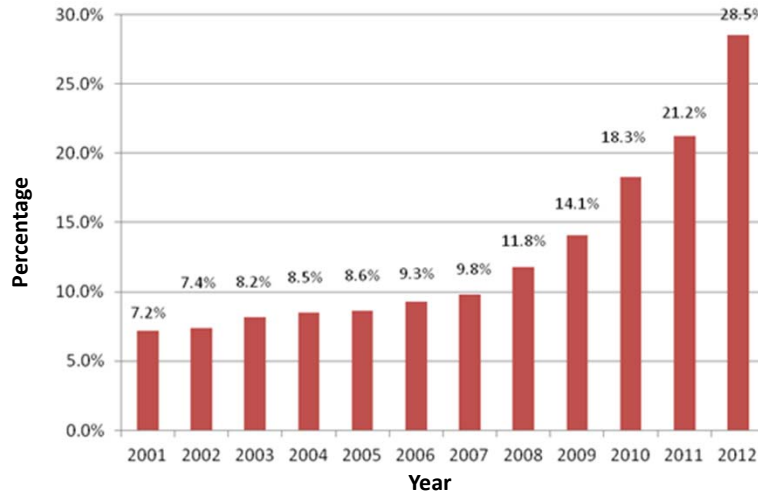
This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 25.2 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2012. The highest concentrations of opiate admissions were in Scioto (69.7%), Lawrence (65.7%) and Jackson (58.7%) counties. The counties with the lowest concentrations of opiate-related admissions were Morgan (4.0%), Coshocton (4.5%) and Tuscarawas (7.9%).

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:  
Data from Multi Agency Community Information Systems (MACSIS)  
Map produced March 2014



### Percentage of AoD Clients with an Opiate Diagnosis: SFY 2001 through SFY 2012



Data Source: Multi-Agency Community Services Information System (Claims), SFY 2001-SFY2010, Note: SFY 2011 and SFY 2012 data are preliminary

### Hot Spot Analysis by Zip Code - Prescription Opioids

Unique Clients per 10,000 Persons - State Fiscal Year 2012

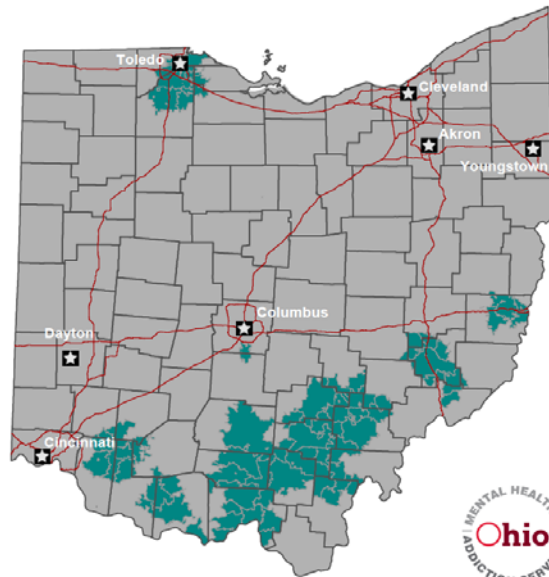
#### Legend

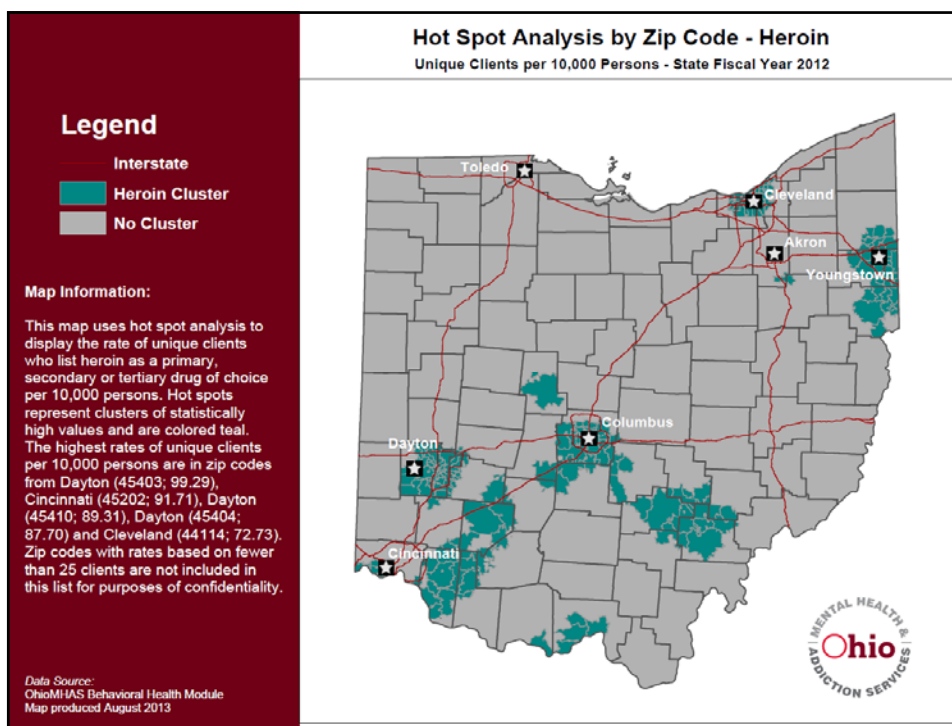
- Interstate
- Rx Opioid Cluster
- No Cluster

#### Map Information:

This map uses hot spot analysis to display the rate of unique clients who list prescription opioids as a primary, secondary or tertiary drug of choice per 10,000 persons. Hot spots represent clusters of statistically high values and are colored teal. The highest rates of unique clients per 10,000 persons are in zip codes from Canton (44702; 246.91), Portsmouth (45662; 120.45), Wellston (45692; 109.43), McArthur (45651; 84.34) and Jackson (45640; 83.33). Zip codes with rates based on fewer than 25 clients are not included in this list for purposes of confidentiality.

Data Source: OhioMHAS Behavioral Health Module  
Map produced August 2013





## Neonatal Abstinence Syndrome

### Maternal Opiate Medical Support (MOMS) Project

In Ohio, the majority of opioid dependent pregnant women are not engaged in prenatal treatment, though evidence-based treatment practices are known. Interventions to increase prenatal treatment will improve outcomes for the mother and child and reduce the cost of Neonatal Abstinence Syndrome (NAS) to Ohio's Medicaid program by shortening length of stay in the Neo-Natal Intensive Care Unit (NICU) for an NAS baby.

# Neonatal Abstinence Syndrome

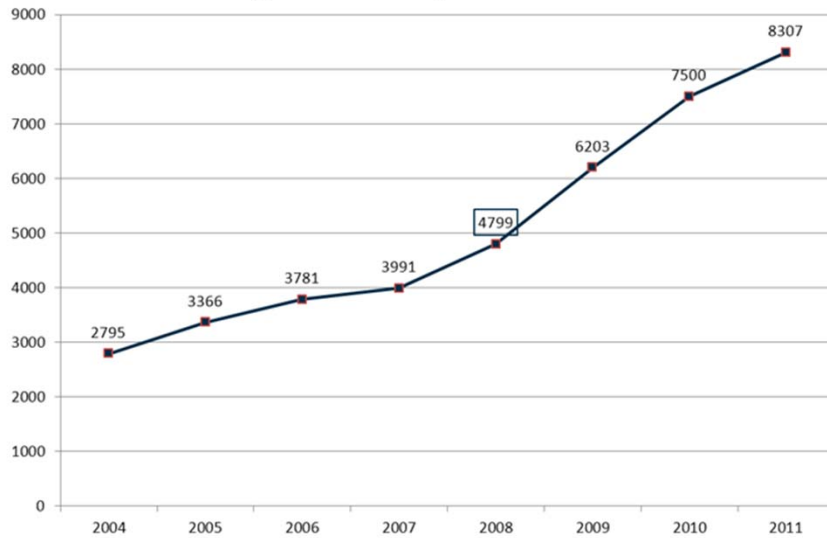
## Maternal Opiate Medical Support (MOMS) Project Primary Goals:

1. Develop an integrated maternal care practice model with timely access to appropriate mental health and addiction services that extend postpartum, including intensive home-based or residential treatment.
2. Identify best practices for obstetrical services relating to medication-assisted treatment, before, during and after delivery and develop a toolkit to support clinical practice.
3. Conduct a pilot and evaluation with promising practices at 4 sites that will integrate this model into their practice.

Total program budget: \$4.2 million dollars. Project partners include the Ohio Department of Health, Ohio Medicaid, and the Office of Health Transformation.

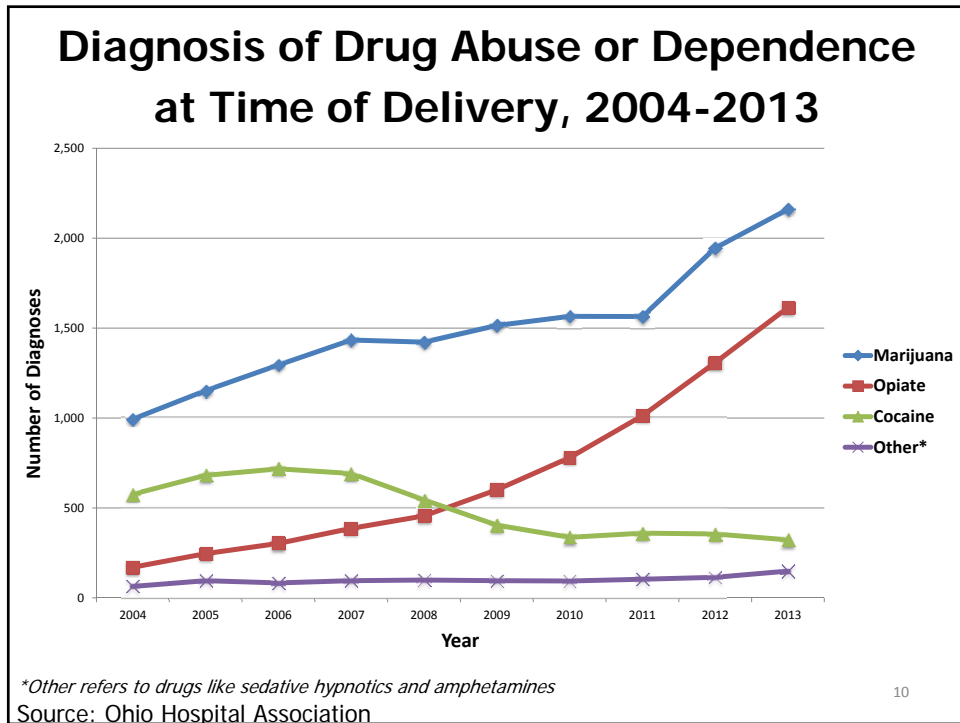
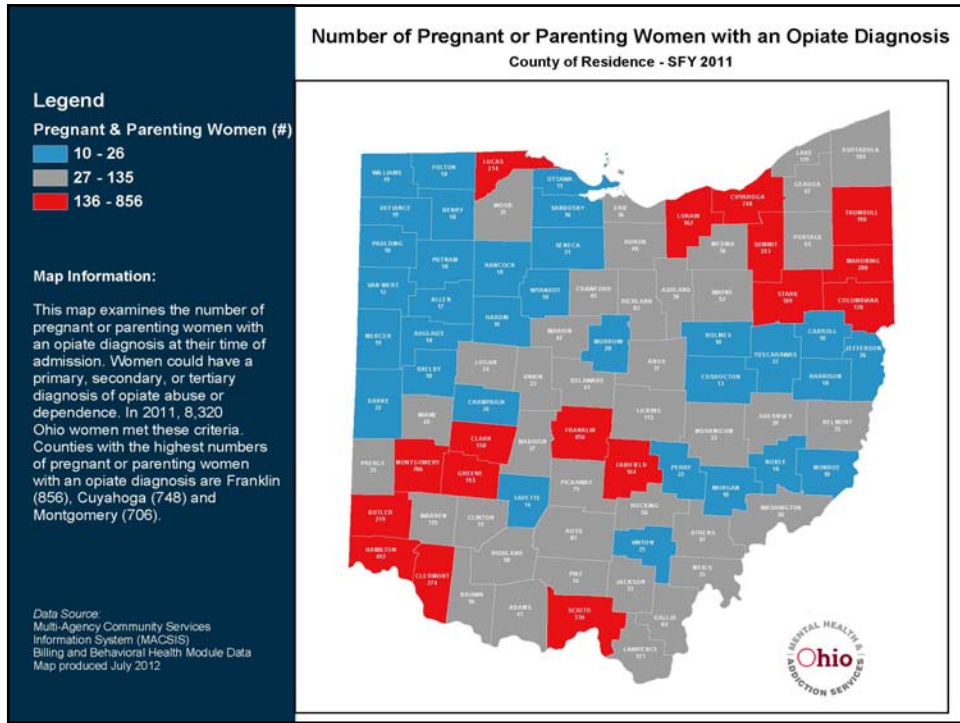
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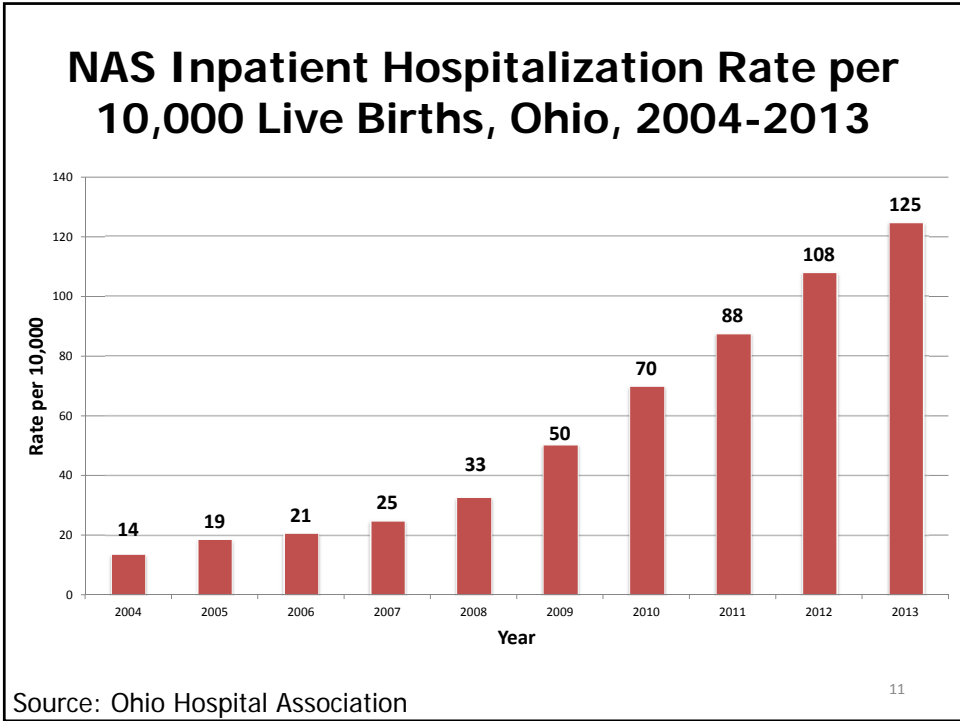
### Opiate Diagnosis of Female Clients who are Pregnant or Parenting at Admission, SFY 2004-SFY 2011



Data Source: Multi-Agency Community Services Information System (MACSIS) Billing and Behavioral Health Module Data, SFY 2004-2011. Primary, secondary, or tertiary opiate diagnosis, abuse or dependence.

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## Child Welfare Opiate Engagement Project

Convened in March 2014, the intent of the Project is to develop a shared understanding among stakeholders about the impact of opiate addiction on Ohio's child welfare system. The end result will be development of a planning process for community systems to effectively intervene with opiate-addicted parents to ensure the safety and wellbeing of their children.

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## Child Welfare Opiate Engagement Project

### Goals

To identify best practice standards that will use the accountability of family dependency courts, the oversight of child welfare agencies and local treatment assets to:

- improve the treatment outcomes for opiate-addicted parents, and
- decrease the number of children who are removed from parental custody.

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## Child Welfare Opiate Engagement Project

The Public Children's Services Association of Ohio (PCSAO), the Ohio Department of Mental Health and Addiction Services (MHAS) and the Governor's Cabinet Opiate Action Team (GCOAT) have agreed to convene an ad hoc stakeholder planning process that will prepare a position paper and make recommendations addressing the following issues:

- The nature of opiate addiction,
- The scope of opiate addiction in the child welfare system,
- The financial and clinical impact of opiate addiction on Ohio children and families,
- Policy recommendations regarding the use of treatment (including MAT), judicial intervention and child welfare oversight.

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