



Substance Abuse System of Care

House Appropriations Committee

**Barbara Cimaglio, Deputy Commissioner,
Alcohol and Drug Abuse Programs**

- Focuses on population and individual health
- Using data to understand consumption and consequence patterns
- Understanding the nature and impact of the problem to set priorities for policy, access, and infrastructure

To Prevent and Eliminate the problems caused by alcohol and drug misuse

As reported in the Legislative Report “Substance Abuse Treatment Services
Objective and Performance Measures”

Act 186 – Population Level Outcomes/Priorities

Governor's Strategic Plan

Agency of Human Services Strategic Plan

Healthy Vermonters 2020

ADAP Dashboard

Objective: Prevent and eliminate the problems caused by alcohol and drug misuse.

Indicators:

- 1) % of adolescents age 12-17 binge drinking in the past 30 days
- 2) % of adolescents in grades 9-12 who used marijuana in the past 30 days
- 3) % of persons age 12 and older who need and do not receive alcohol treatment
- 4) % of persons age 12 and older who need and do not receive illicit drug use treatment

Performance Measures:

- 1) Are we appropriately referring students who may have a substance abuse problem?
- 2) Are youth and adults who need help starting treatment?
- 3) Are youth and adults who start treatment sticking with it?
- 4) Are youth and adults leaving treatment with more support than when they started?
- 5) Are adults seeking help for opioid addiction receiving treatment? (under development)

Support healthy people in very stage of life – reduce the percentage of people who engage in binge drinking of alcohol beverages

Decrease % of youth who binge drink - 2020

Decrease % of youth who used marijuana in the past 30 days - 2020

% of persons age 12+ who need and do not receive alcohol treatment

Vermonters are healthy

% of people who need and do not receive treatment for alcohol

% of people who need and do not receive treatment for illicit drugs

Affordable Health Care –
All Vermonters have access to affordable quality healthcare

Strong Families, Safe Communities:
Vermont's children live in stable and supported families and safe communities

High Quality and Affordable Education:
Learners of all ages have the opportunity for success in education

Percent of adolescents in grades 9-12 who used marijuana in the past 30 days (YRBS)

Percent of adolescents who drank alcohol in the past 30 days (YRBS)

Percent of adolescents who reported ever using a prescription drug without a prescription (YRBS)

State Substance Abuse Services

VDH/ADAP

Preferred Provider Oversight & Quality

Prevention – Community, School-Based Services, High Risk Populations

Intervention – PIP, IDR, SBIRT, School Health, VPMS, Naloxone, Rocking Horse

**Treatment – Preferred Provider Outpatient
Intensive Outpatient
Residential
Hub – Methadone
Halfway/Transitional Housing**

Recovery Services – Recovery Centers, Peer Support

DVHA

**Care Coordination – Team Care
VCCI, Spoke Staff**

**Treatment - Private Practitioner
Outpatient
Hospital Detoxification
Spoke/Physician Services
Pharmacy/Medication**

Utilization Review - Residential Services

Support Services - Laboratory, Transportation

Other State

**DCF/
Reach Up & Lund Screening**

**AHS
Integrated Family Services**

DOC Screening

DOC Therapeutic Communities

Pre-Trial Services

Court Screening

DMH Co-Occurring

DMH Elder Care Clinicians

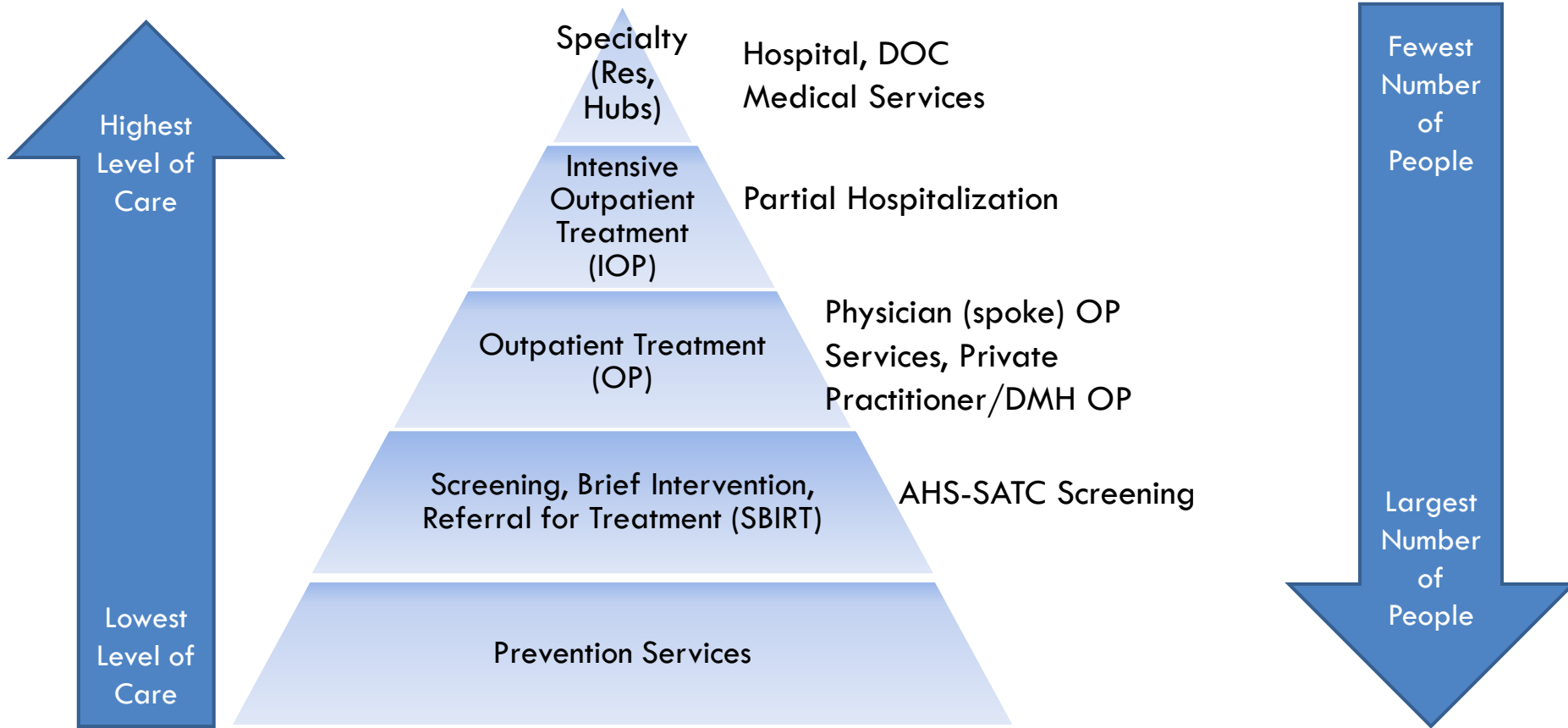
DAIL – Screening

AOE – School Based Health Services

DLC – Regulation & Training

DOT – Impaired Driver Prevention

Substance Abuse Continuum of Care



Recovery Services are Available to Those at All Levels of Care

Actions to Address Opioid Drug Abuse

Education

- Prescriber education
- Community education
- Naloxone distribution

Tracking and Monitoring

- Vermont Prescription Drug Monitoring System (VPMS)

Enforcement/Regulation

- Identification verification at pharmacies
- Law enforcement training on prescription drug misuse and diversion
- Regulation for prescribing opiates

Proper Medication Disposal

- Keeping medications safe at home
- Proper medication disposal guidelines consistent with FDA standards
 - Community take-back programs
 - Media Campaign

Treatment Options

- Care Alliance for Opioid Addiction Regional Treatment Centers
- Outpatient and residential treatment at state-funded treatment providers
 - Recovery Centers

Investing in Substance Abuse Services Saves Money

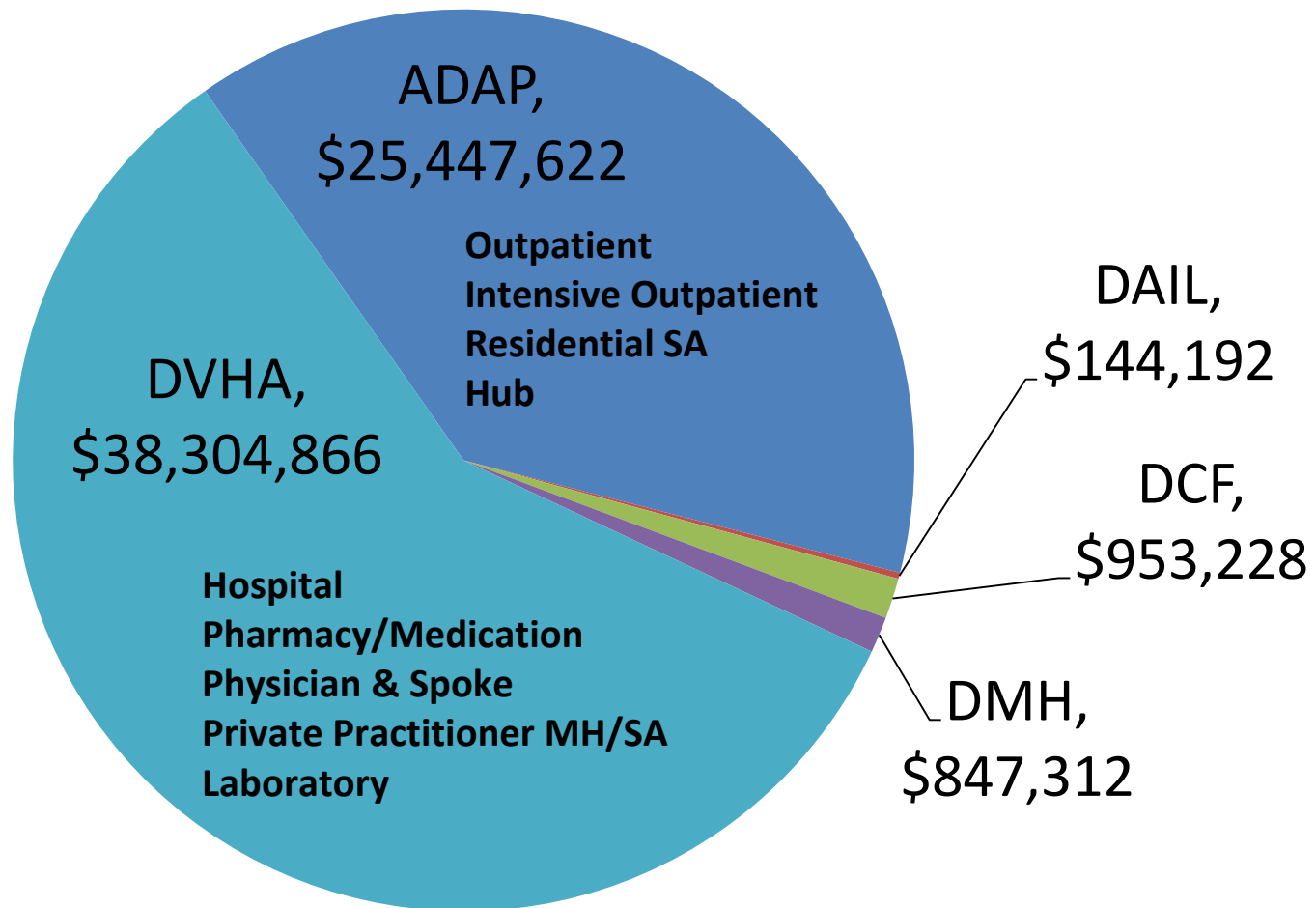
- **Prevention:** \$1 invested in substance abuse prevention saves \$10–\$18 in costs associated with health care, criminal justice, and lost productivity
- **Intervention:** Substance abuse screening and brief counseling is as effective as other health prevention screenings
- **Treatment:** \$1 invested in addiction treatment saves between \$4–\$7 in costs associated with drug related crime, criminal justice, and theft
- **Recovery:** Relapse rates for addiction resemble those of other chronic diseases such as diabetes, hypertension, and asthma

VDH/ADAP FY15 Expenditures by Level of Care

Level of Care	Total Expenditures	Average Cost/Person Served
Prevention	\$3,549,893	\$9
Intervention	\$4,043,957	\$159
Treatment*	\$36,059,656	\$3,148
Recovery	\$2,064,089	\$453

*This reflects only ADAP expenditures. DVHA incurs additional expenditures for treatment costs provided by physicians, hospitals, private practitioner mental health counselors, medication costs (buprenorphine), and labs (urinalysis).

More than 90% of SFY15 Medicaid-Funded Substance Abuse Services are Paid through the DVHA and ADAP Medicaid Appropriations



Includes: Primary Diagnosis Codes 291-292.9, 303-305.9, 305.2-305.9, Drug Therapeutic Classes H3W and C0D, DRGs 895,896,897

MEDICAID Claims with Substance Abuse Diagnoses by Department Paying for Services

SFY2015
12,858 Unique Individuals



ADAP Uninsured

SFY2015
1,676 Unique Individuals



DVHA Funded Services

- Hospital
- Pharmacy/Medication
- Physician & Spoke
- Private Practitioner MH/SA
- Laboratory

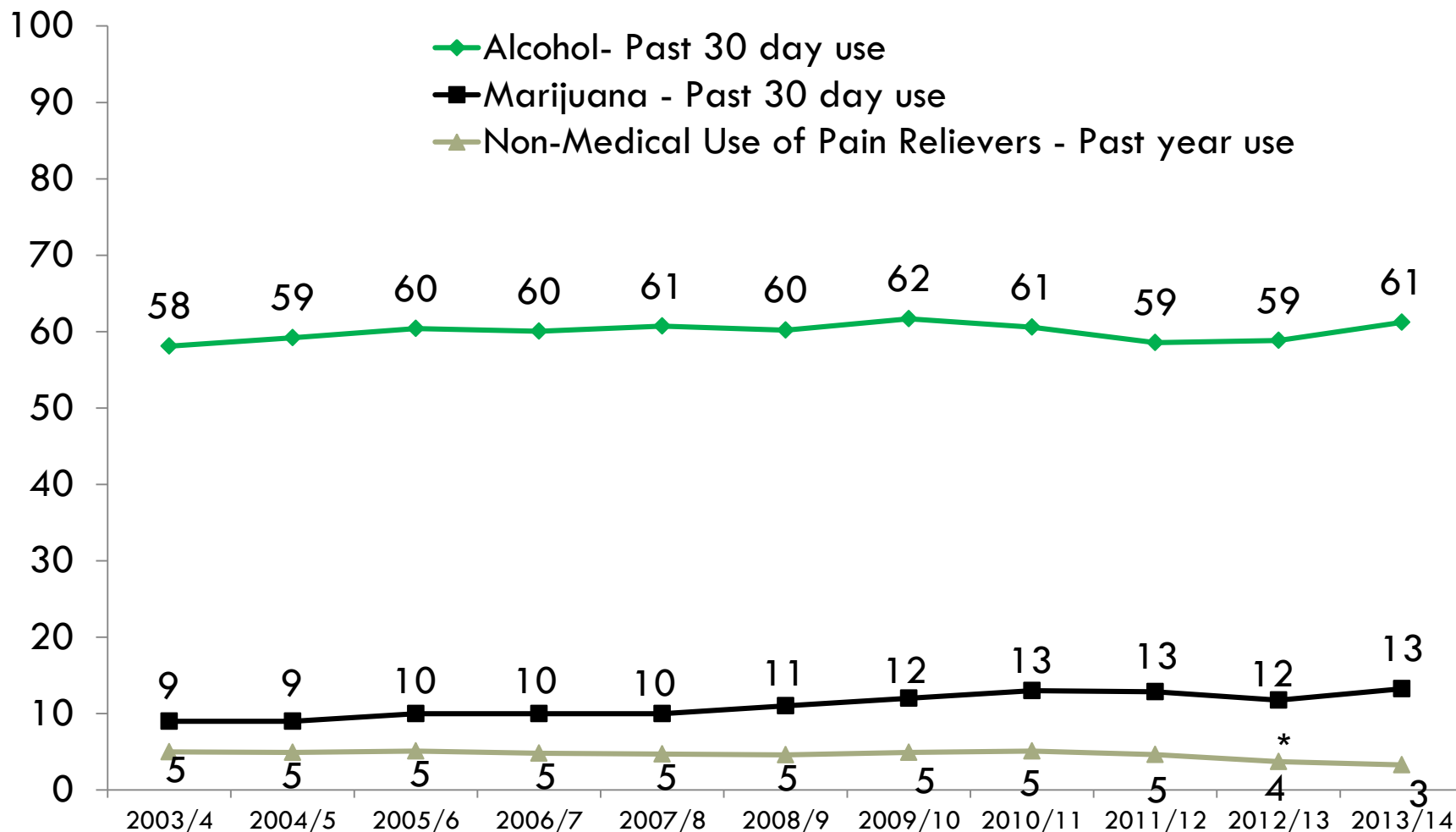
ADAP Funded Services

- Outpatient
- Intensive Outpatient
- Residential SA
- Hub

ADAP Funded Services

ADAP services for people without insurance and for services not covered by insurance

Most Common Substances Used by Vermonters ages 12+ by Type of Substance

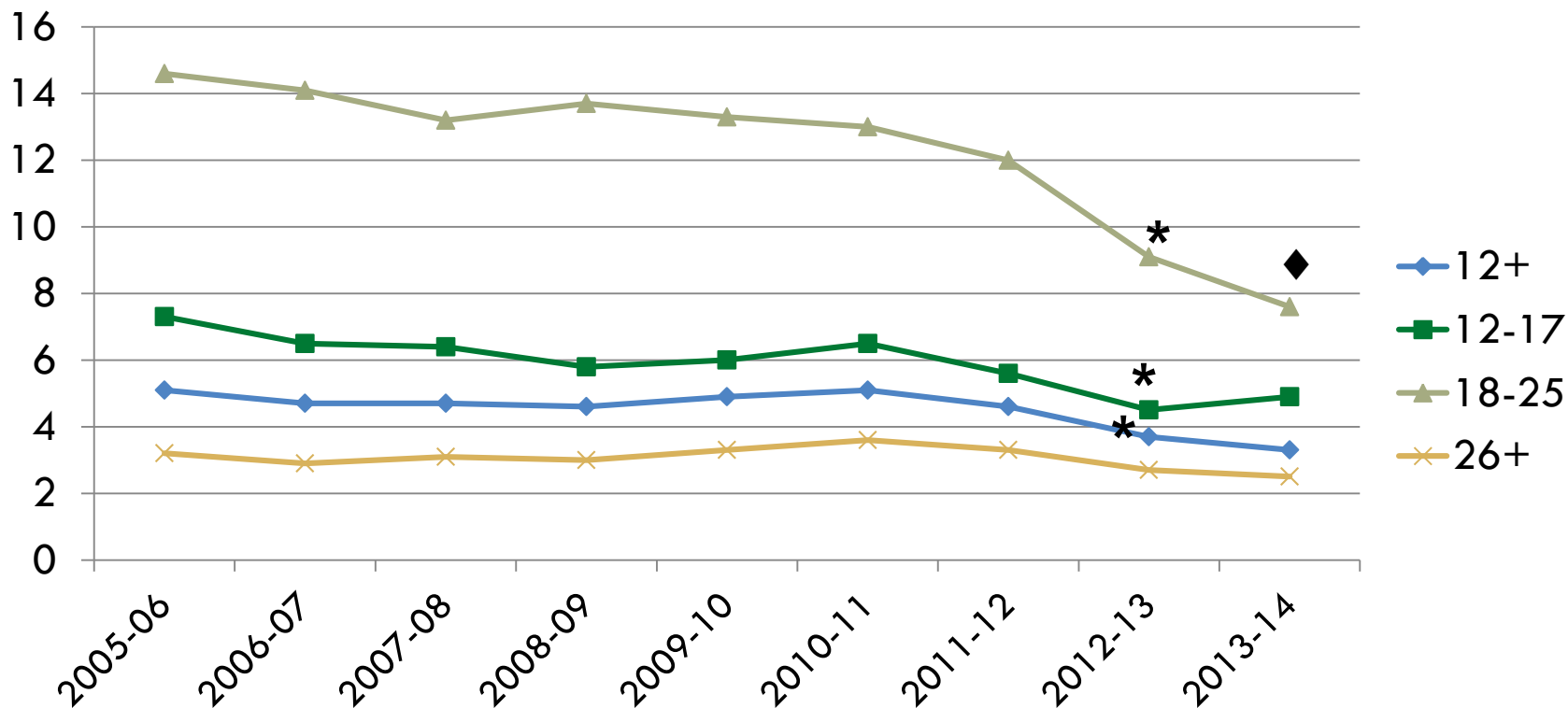


* Statistically significant reduction 2011/12 to 2012/13.

Source: National Survey on Drug Use and Health, 2003-2014

Non Medical Use of Pain Relievers is Decreasing in Vermont for all Age Groups

Percent of Vermonters reporting past year non-medical use of pain relievers by age in years (NSDUH)

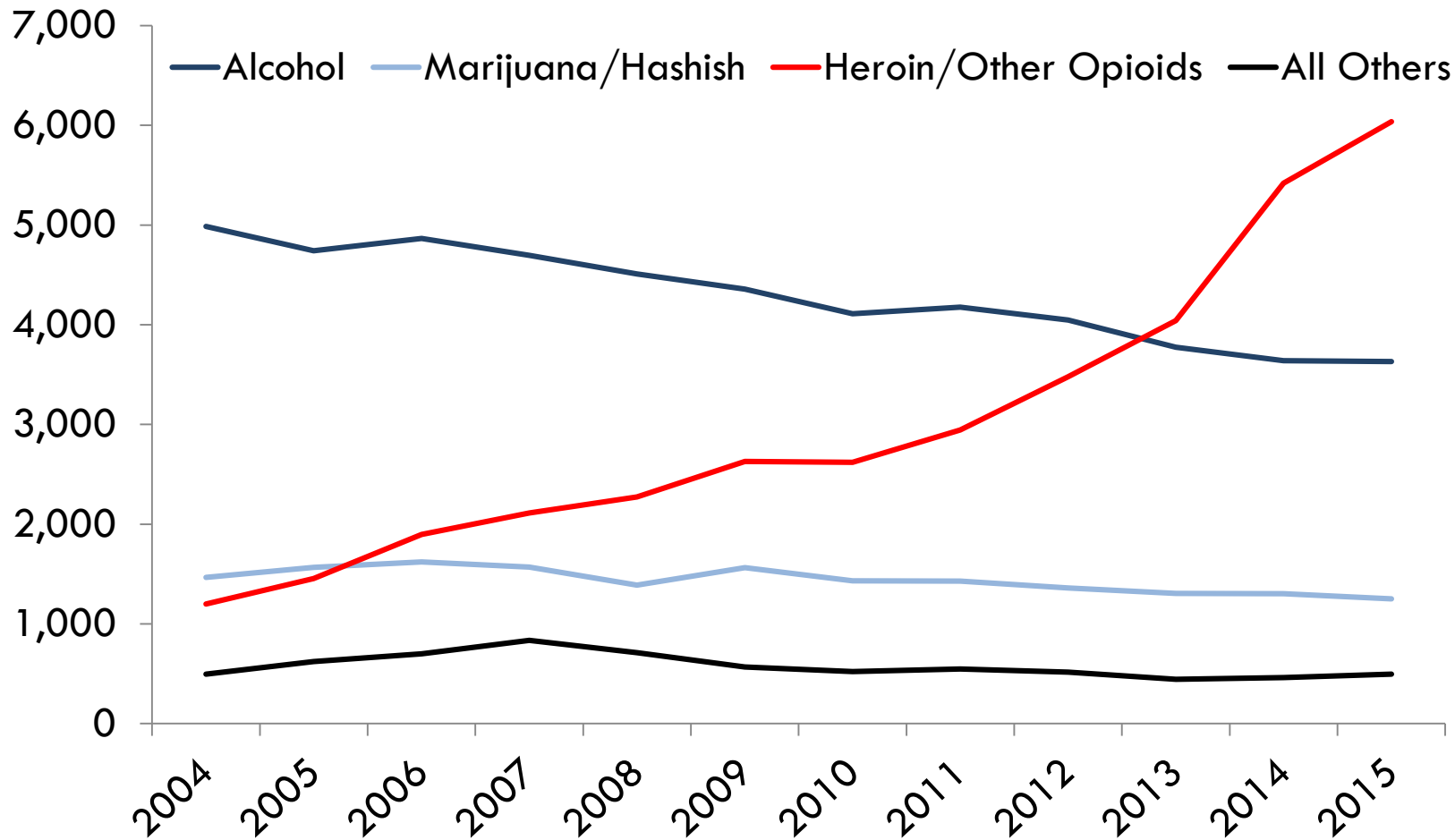


* Statistically significant reduction: * from 2011/2012, ◆ from 2012/2013



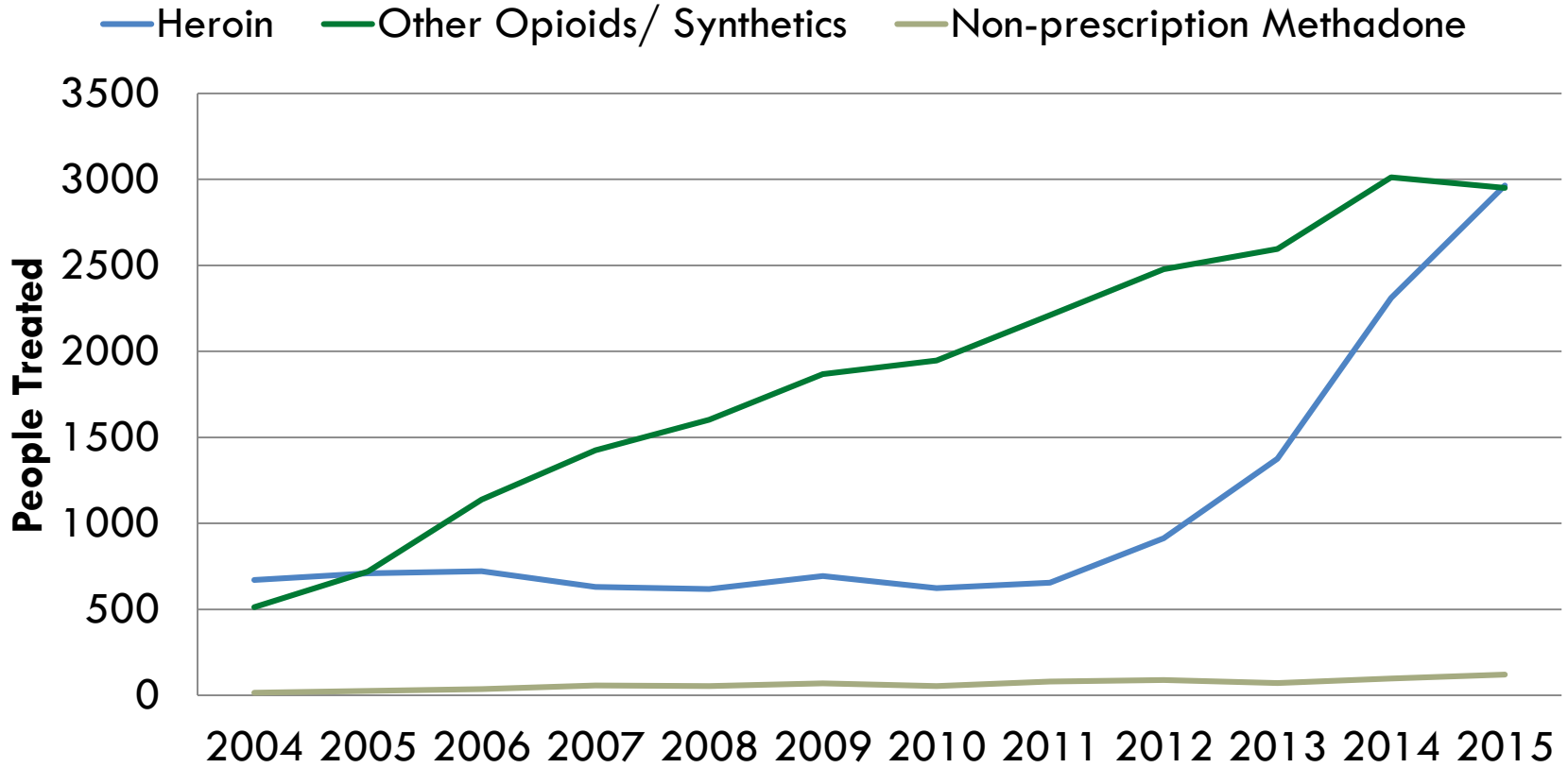
The number of Vermonters treated for opioid addiction continues to increase

Number of people treated in Vermont by substance



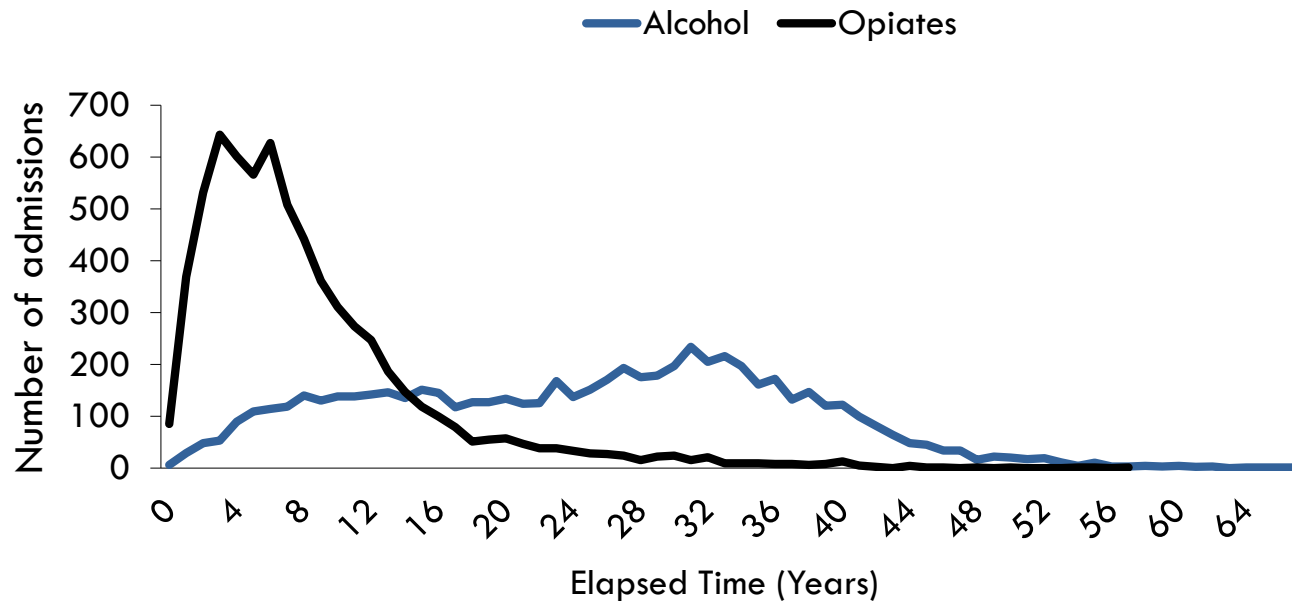
The number of individuals using heroin at treatment admission is increasing faster than for other opioids/synthetics

Type of Opioid Being Used on Admission to Treatment



People seek treatment for opioid addiction much sooner after first use than with alcohol

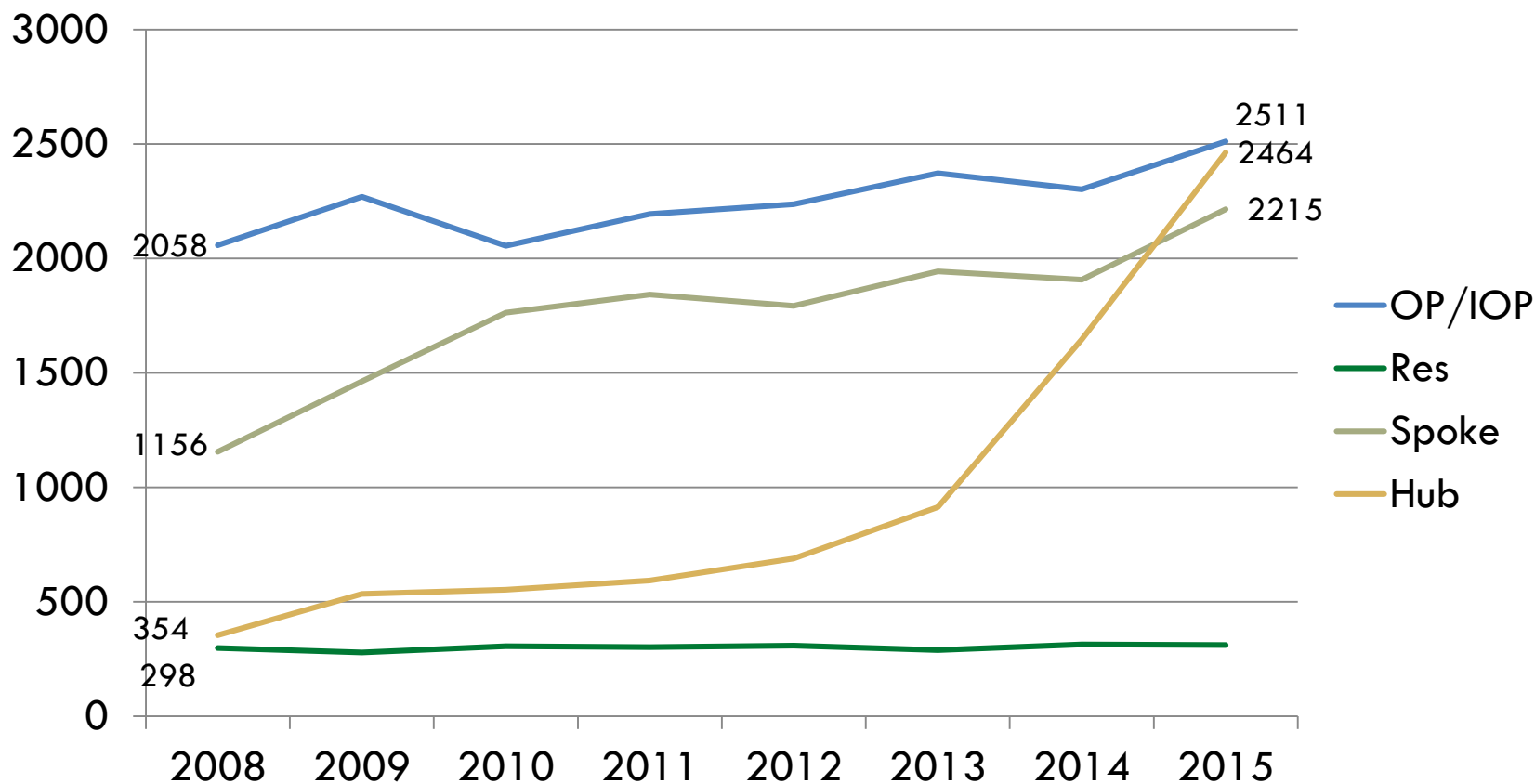
Elapsed Time (Years) Between Age of First Use and Age at Treatment Admission for Daily Users of Opioid and Alcohol



	Opioids	Alcohol
Average Elapsed Time	8.2 +/- 7 years	24.8 +/- 12 years

Number of Admissions: Opioids 6776, Alcohol 6207
 Source: Alcohol and Drug Abuse Treatment Programs, admissions 2005-2011

Total Number of People Treated in the Month of January



Data Source: SATIS and Medicaid Data (spoke data)

Note: People may access more than one level of care in a month

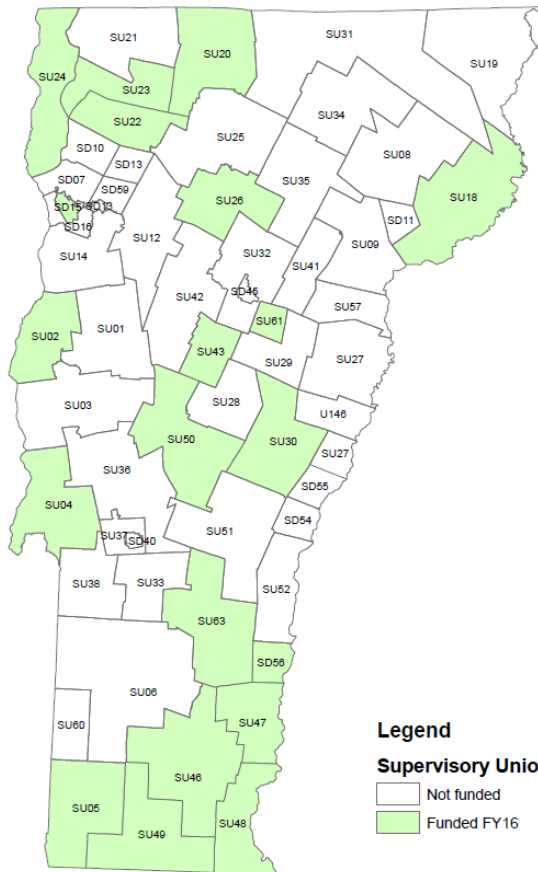
What Are We Doing?

- In SFY2015, 393,500 Vermonters were reached through prevention strategies:
 - ▣ School-Based Education and Early Intervention
 - ▣ Community Education, Policy, Awareness
 - ▣ Parent Education
 - ▣ Prevention messaging – [ParentUp](#), 049, Check Yourself
 - ▣ Partnerships with law enforcement
 - ▣ VDH Prevention Consultants

Estimated cost per person for prevention services: \$9

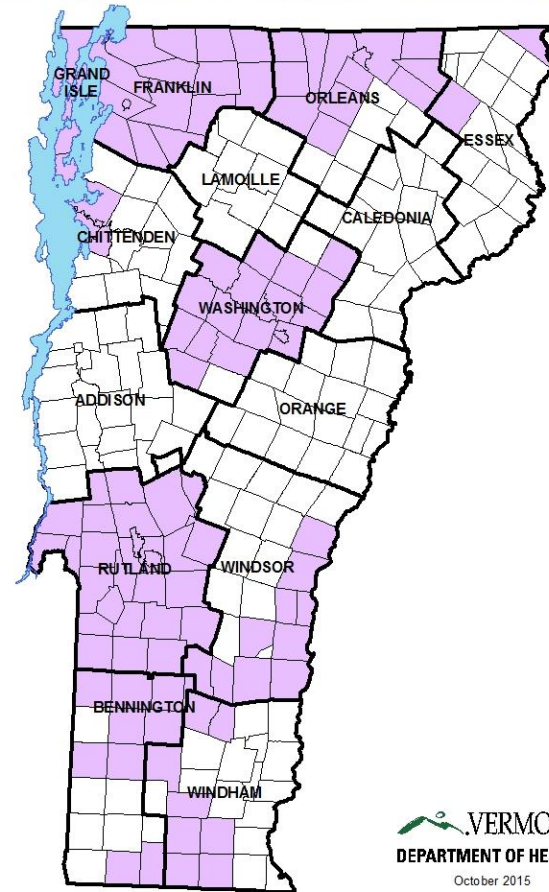
Prevention Services

Vermont Department of Health
FY16 School-Based Substance Abuse Services Grantees



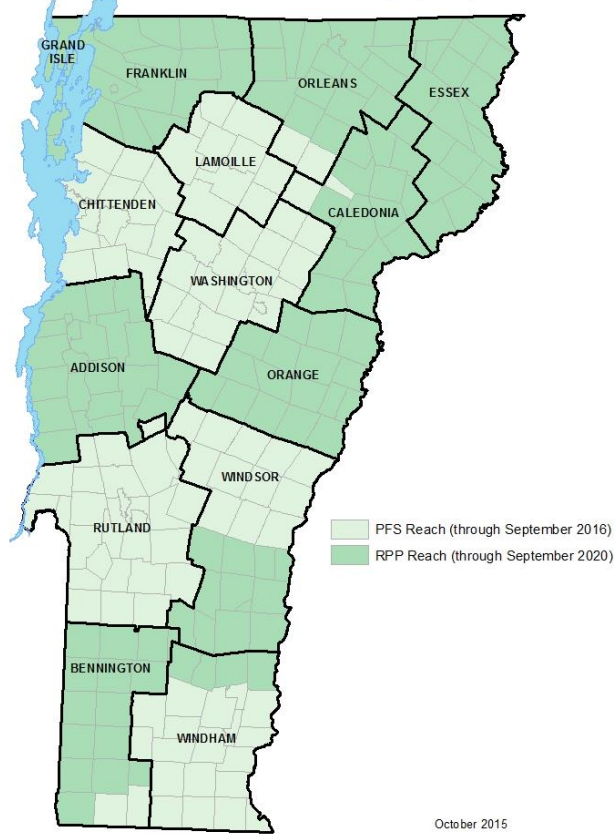
Legend
Supervisory Unions
 □ Not funded
 ■ Funded FY16

FY16 Substance Abuse Prevention Funded Combined Coalitions

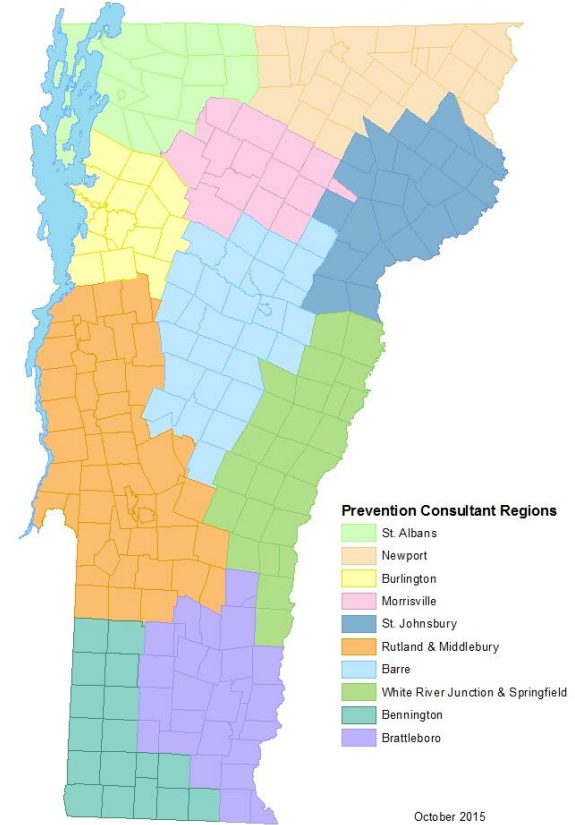


Prevention Services

**Partnerships for Success (PFS)
& Regional Prevention Partnerships (RPP) Grants**



Substance Abuse Prevention Consultant Regions

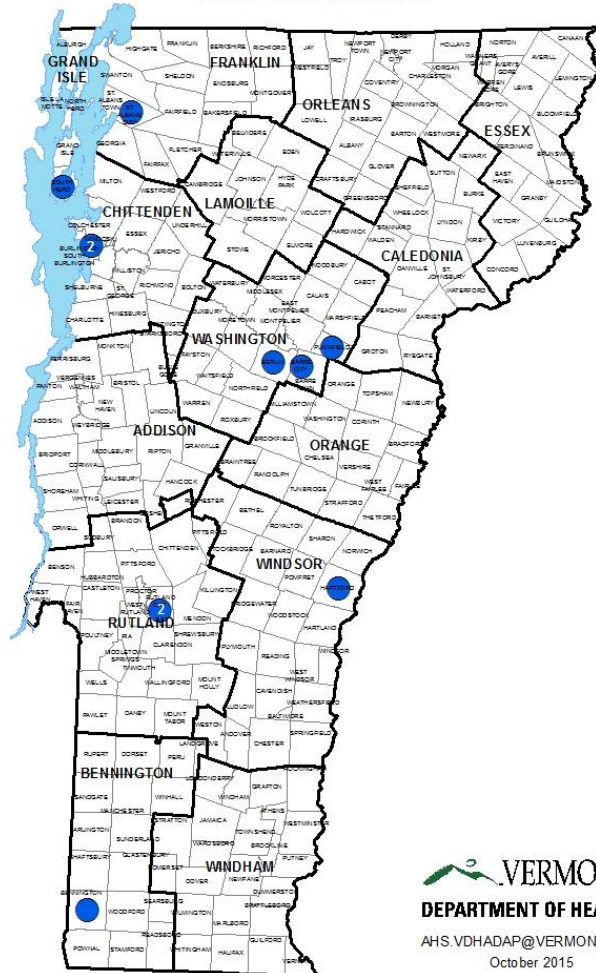




- In SFY2015, 25,448 Vermonters received intervention services through:
 - ▣ SBIRT – Screening, Brief Intervention, Referral to Treatment
 - ▣ Project CRASH – Drinking and Driving Education Program
 - ▣ School based health service referrals
 - ▣ Project Rocking Horse
 - ▣ Vermont Prescription Monitoring Program
 - ▣ Public Inebriate Program
 - ▣ Naloxone

Estimated cost per person for intervention services: \$159

Screening, Brief Intervention and Referral to Treatment (SBIRT) Site Locations 2015

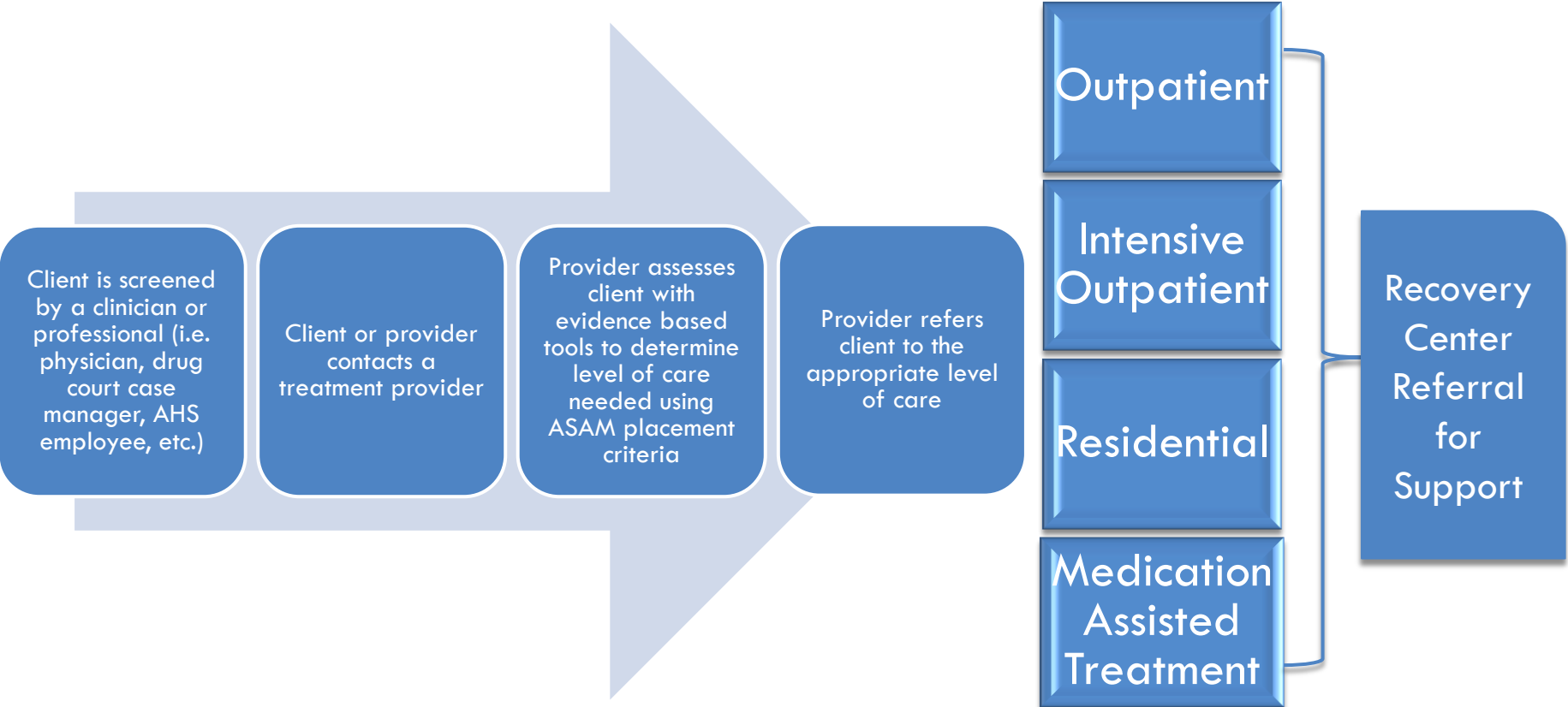




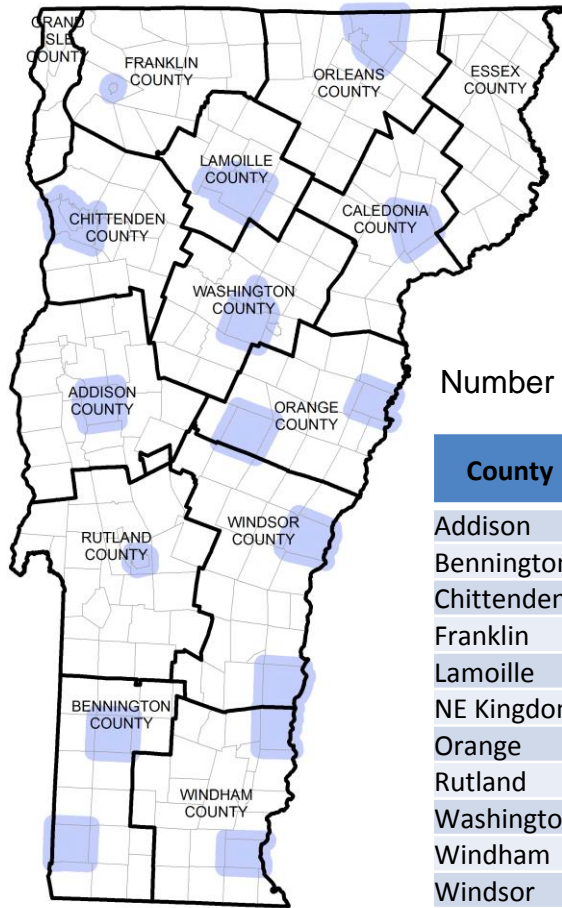
- In SFY2015, 11,455 Vermonters received treatment services in the ADAP Preferred Provider substance abuse treatment system:
 - Outpatient
 - Intensive Outpatient
 - Residential
 - Opioid Hubs

Estimated cost per person for treatment services: \$3,148

Process for accessing treatment services in Vermont



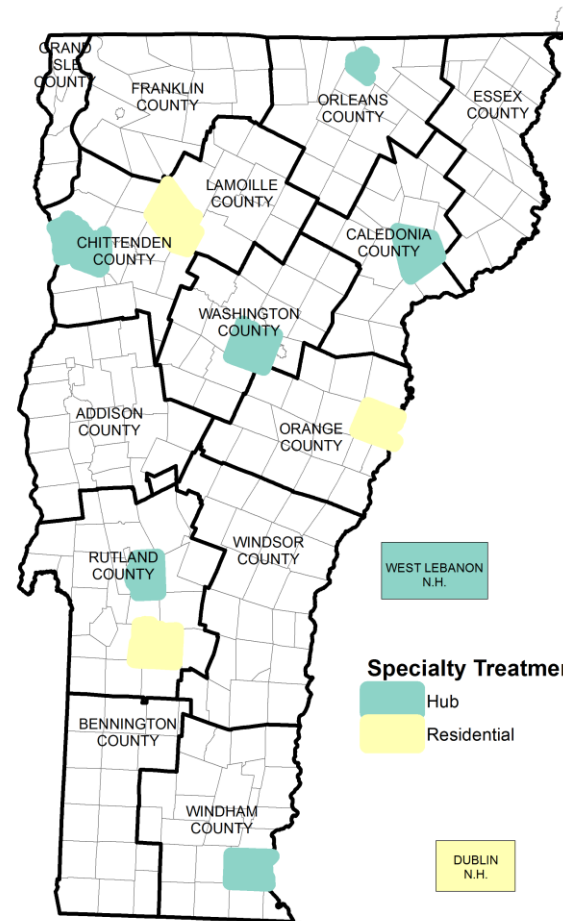
Outpatient/Intensive Outpatient Facilities



Number of Programs

County	OP	IOP
Addison	1	
Bennington	2	
Chittenden	7	3
Franklin	1	
Lamoille	2	1
NE Kingdom	2	2
Orange	2	
Rutland	2	1
Washington	2	1
Windham	1	1
Windsor	2	2

Hub and Residential Facilities



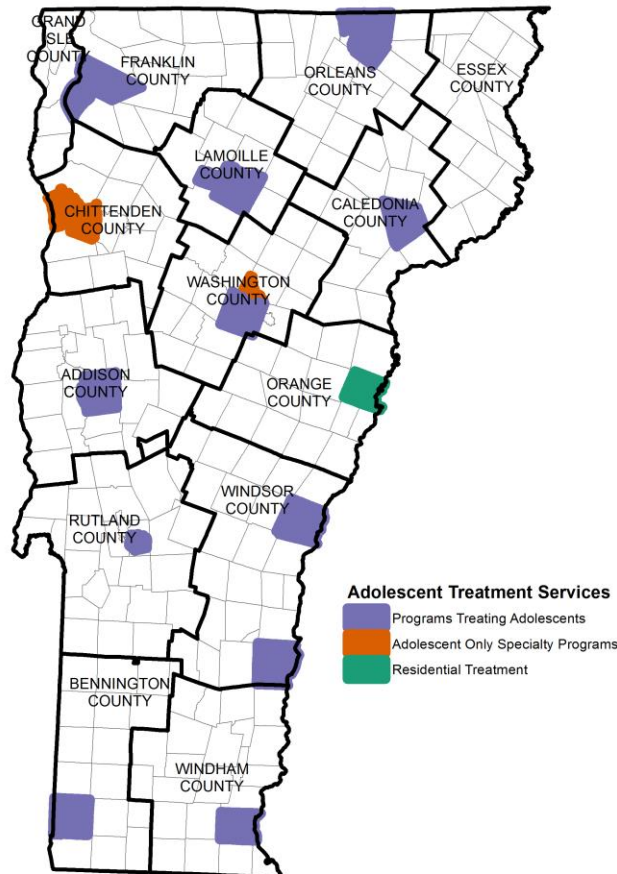
Specialty Treatment Services

- Hub
- Residential

WEST LEBANON N.H.

DUBLIN N.H.

Adolescent Treatment

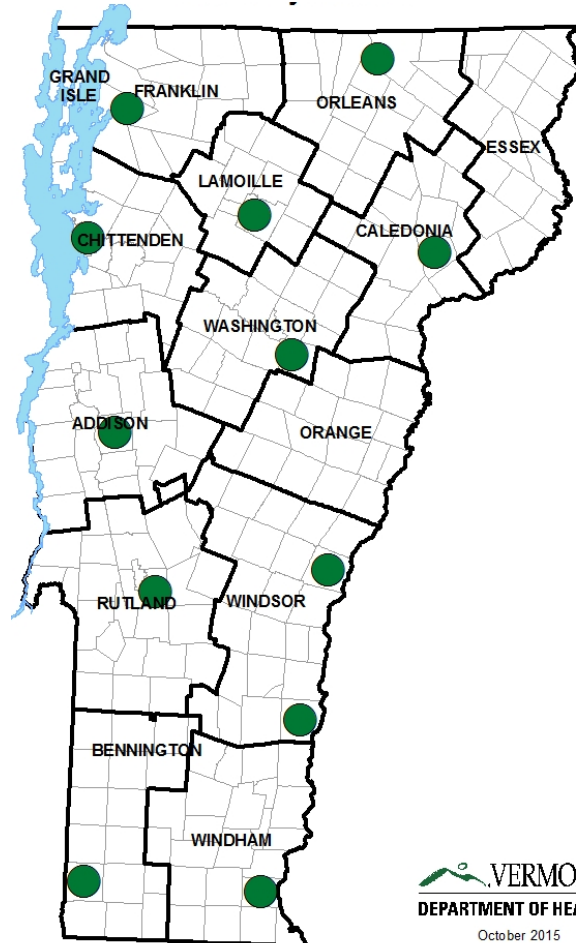


Vermonters Served at Recovery Centers

- In SFY2015, an estimated 2,781 Vermonters received recovery services through:
 - Recovery Center Network
 - Peer-based recovery supports
 - Leadership training and recovery coaching
 - Sober Housing
 - Educational Materials and Training

Estimated cost per person for recovery services: \$453

Recovery Center Locations



- Within AHS, every department interacts with the substance abuse treatment system. The SATC's goal is to coordinate and streamline services to maximize resources.
- Includes Members from DOC, DCF, IFS, AHS District Offices, DVHA, DMH, DAIL, VDH

- **Screening and Assessment:** AHS screening policy was developed. Protocols have been drafted by each department.
- **Training:** Trainings for AHS employees have been developed.
- **Referral to Treatment:** Each district will develop a coordinated process for referral to treatment.

□ **Education and Technical Assistance**

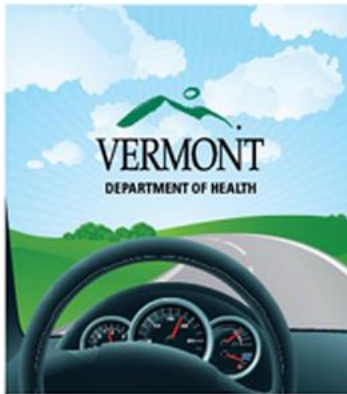
- DCF Family Services Division (FSD) and ADAP are receiving TA from National Child Welfare on Substance Abuse
 - Focus for ADAP is on integration of services to families between the two systems
 - Educating treatment providers on the child welfare system

- **Integrating Family Services Initiative**
 - ADAP funding provided to pilot sites
 - Participated in defining the project vision and mission
 - Assist in development of performance measures and indicators
 - Ongoing participation in project planning, review, and evaluation

- ❑ Hub and Spoke is a collaboration between DHVA/Blueprint (Spokes) and VDH (Hubs)
- ❑ Hub and Spoke (Vivitrol has been approved for use for opioid addiction)
- ❑ Utilization review for residential substance abuse treatment services now being completed by DVHA

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How are we doing?



Alcohol and Other Drug Use

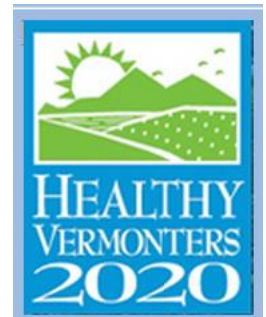
Performance Dashboard: Population Indicators and Performance Measures

Select a measure to see the trend data.

[Home](#) > [HV2020](#) > [Performance Dashboard](#) > Here

Web address:

http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx



ADAP Dashboard

Objective: *Prevent and eliminate the problems caused by alcohol and drug misuse.*

Indicators:

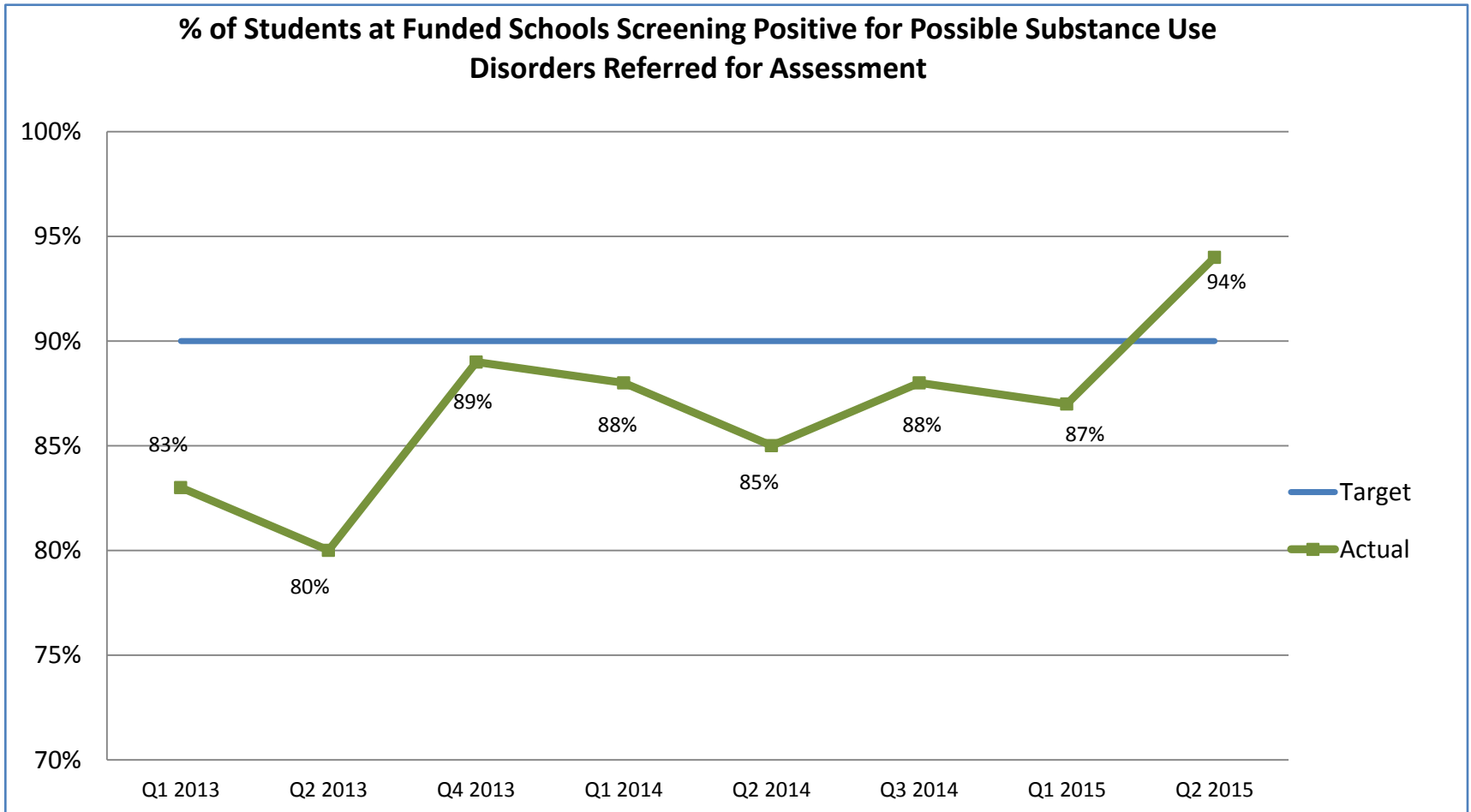
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Performance Measures:

- 1) Are we appropriately referring students who may have a substance abuse problem?
- 2) Are youth and adults who need help starting treatment?
- 3) Are youth and adults who start treatment sticking with it?
- 4) Are youth and adults leaving treatment with more support than when they started?
- 5) Are adults seeking help for opioid addiction receiving treatment? (under development)

PERFORMANCE MEASURE:

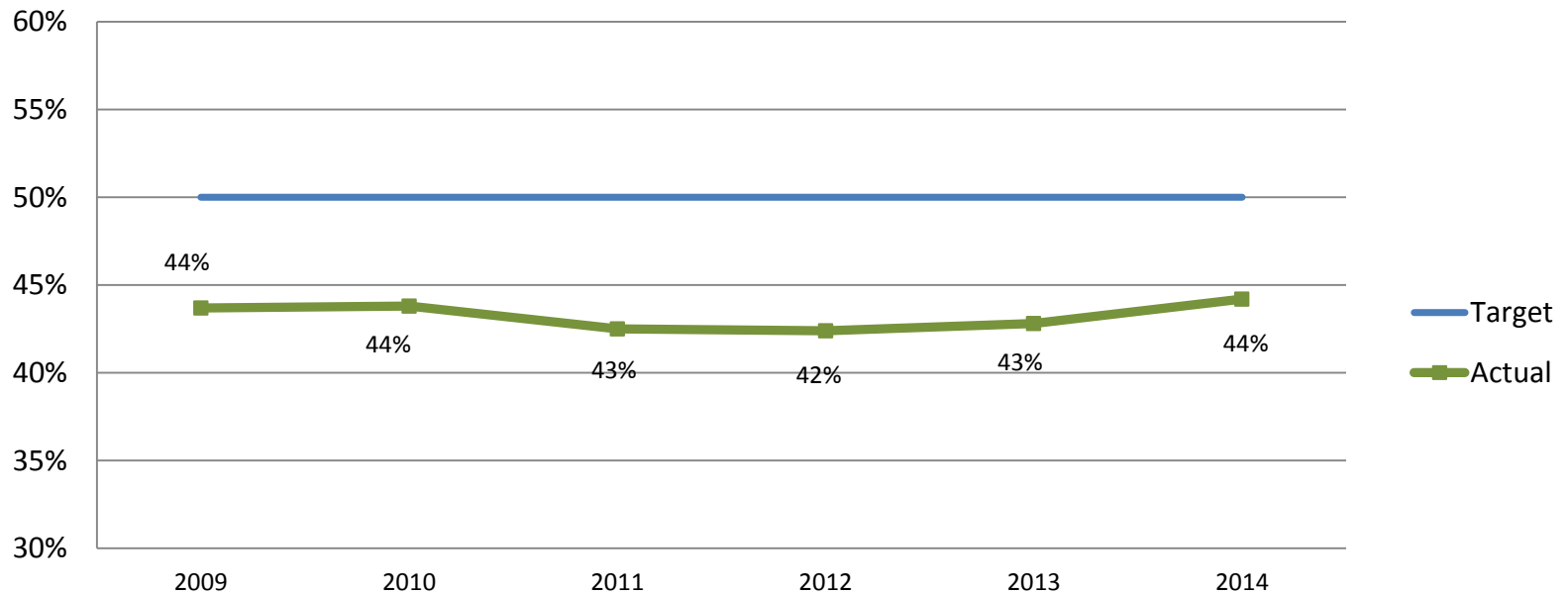
School Screenings: Are we referring students who may have a substance abuse problem to community resources?



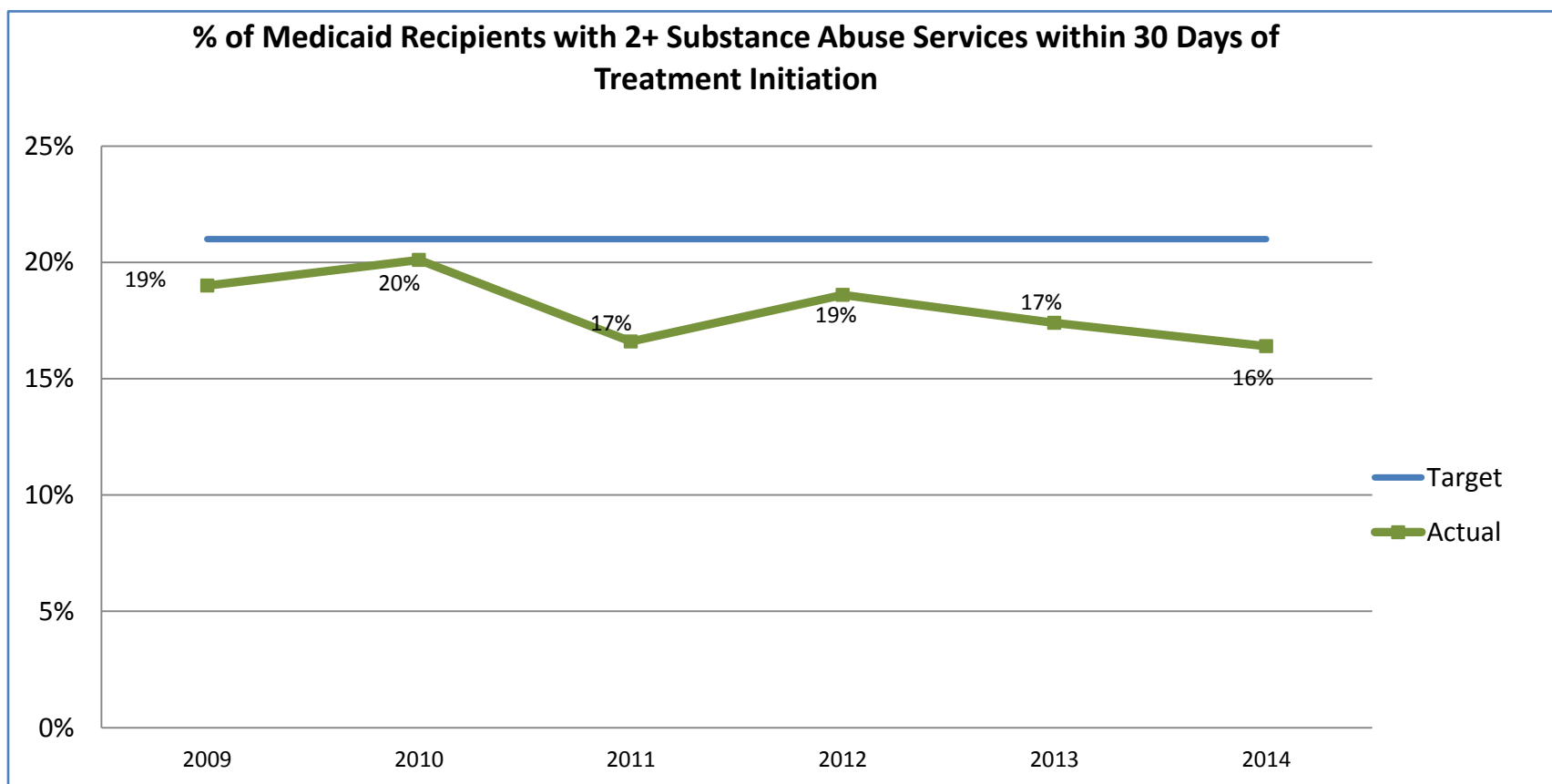
PERFORMANCE MEASURE

Treatment Initiation: Are youth and adults who need help starting treatment?

% of Medicaid Recipients with a New Episode of Alcohol or Drug Dependence who Initiate Treatment Within 14 Days

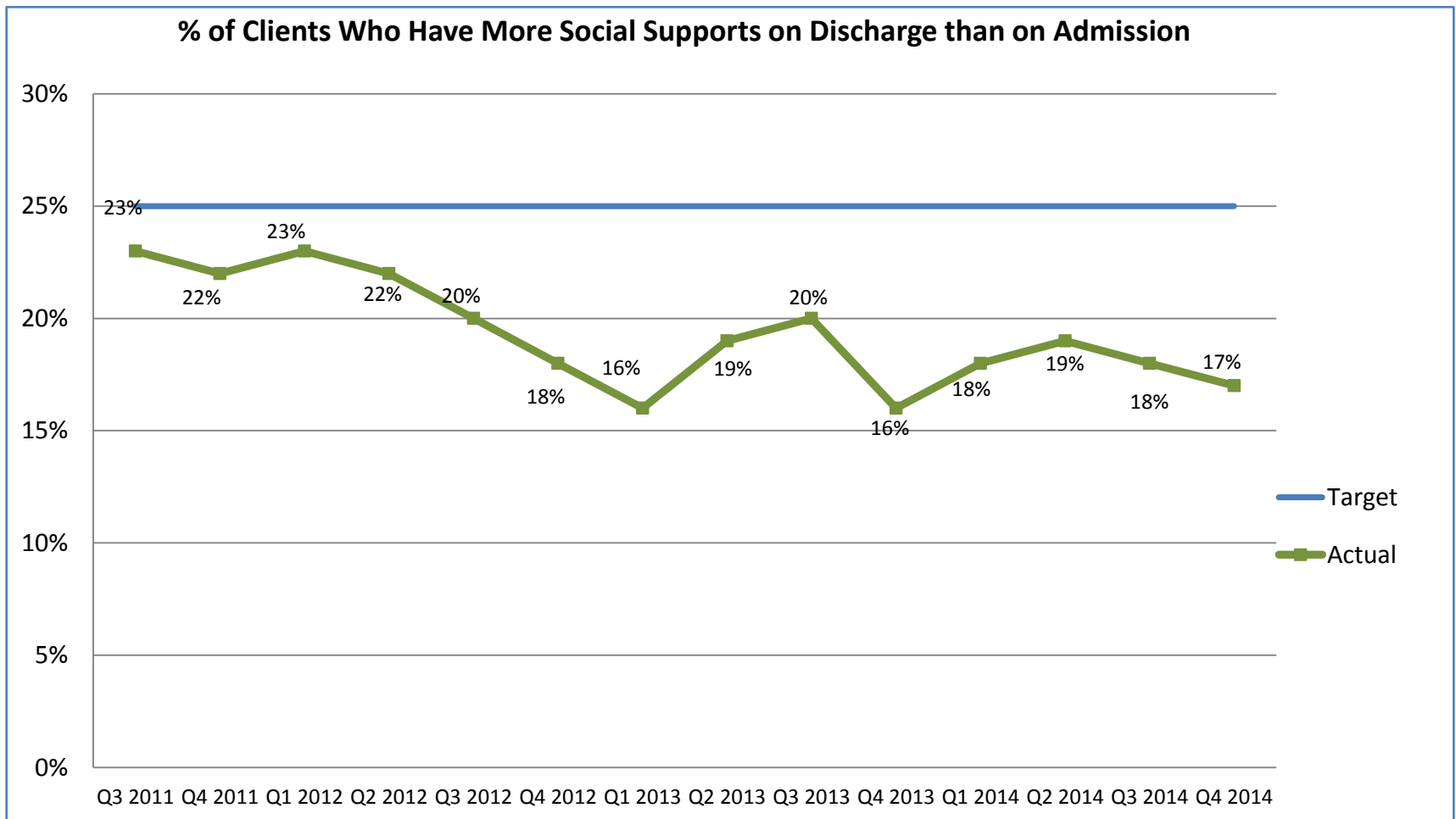


PERFORMANCE MEASURE: Treatment Engagement: Are youth and adult Medicaid recipients who start treatment sticking with it?

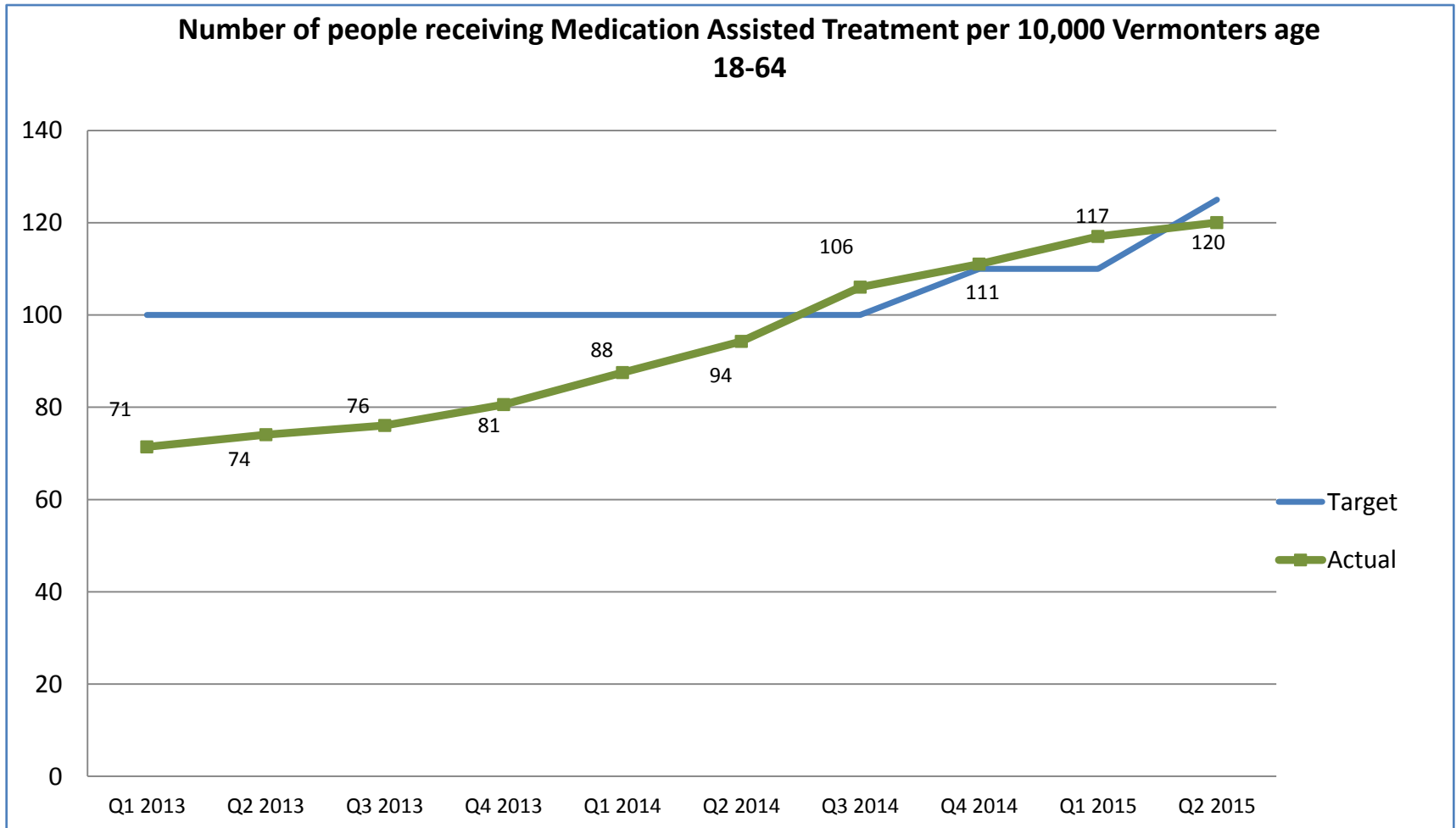


PERFORMANCE MEASURE:

Social Supports: Are youth and adults leaving treatment with more support than when they started?



PERFORMANCE MEASURE: Access to MAT: Are adults seeking help for opioid addiction receiving treatment?



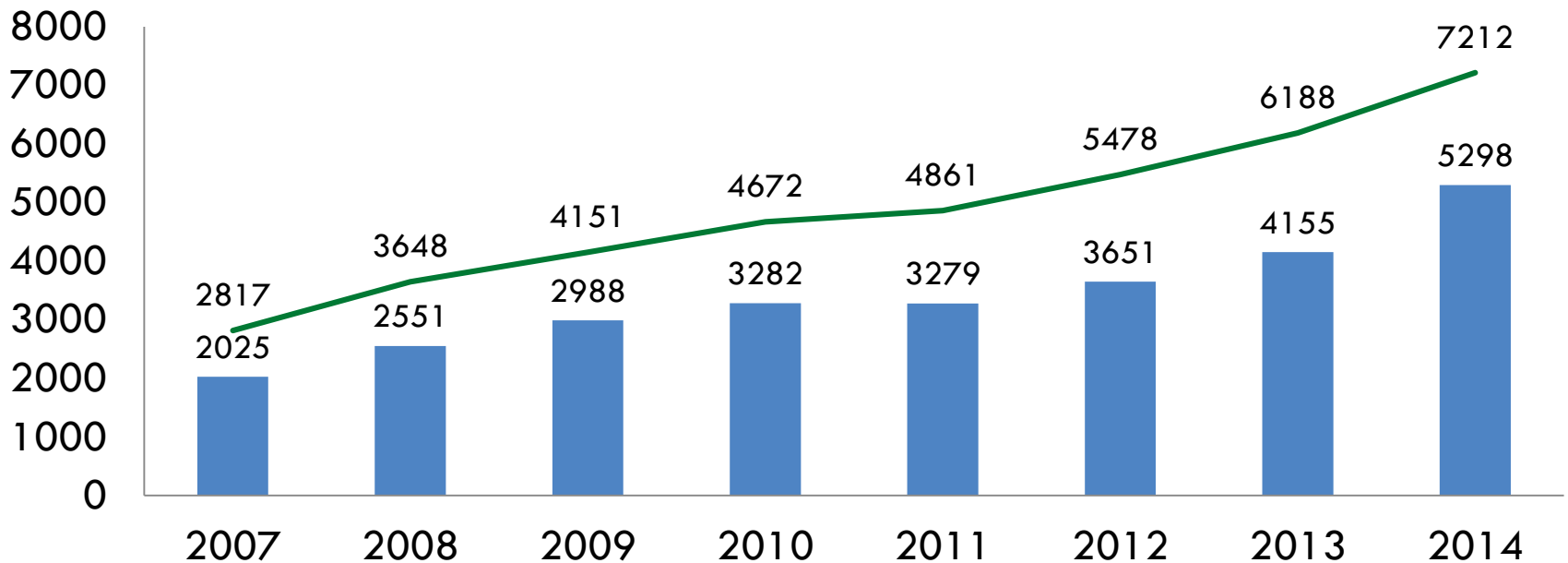
An extensive ongoing evaluation of the opioid treatment system in Vermont is currently being prepared by DVHA in consultation with ADAP.

The first reports assessing the impact of the Hub and Spoke services enhancements will be available and is expected to be complete in the first quarter of calendar 2016.

Approximately 70% of Medicaid Recipients with an Opioid Dependence Diagnosis Receive MAT (Hub/Spoke)

Number of Receiving MAT vs Other Services for Opioid Dependence by Calendar Year

- Medicaid Opioid Dependent Patients Receiving MAT
- Total Medicaid Patients with an Opioid Dependence Diagnosis



Source: Vermont Medicaid Claims

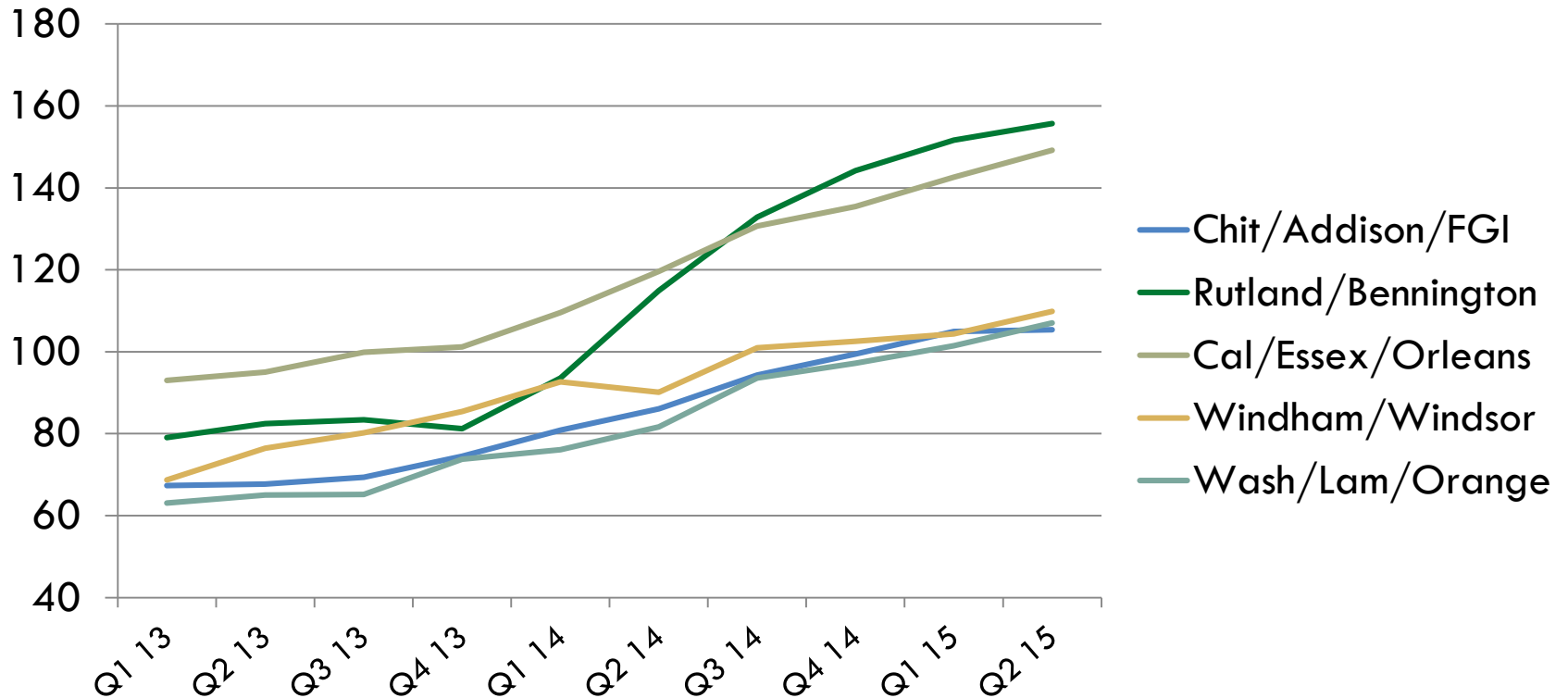
Number of Individuals Receiving MAT (hub/spoke) - by County of Residence

County	Q1 2013	Q2 2013	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015
Addison	80	74	73	79	88	108	121	127	139	138
Bennington	151	173	177	182	194	201	220	238	258	267
Caledonia	153	157	167	173	195	223	240	238	251	267
Chittenden	723	739	774	826	914	979	1057	1087	1139	1120
Essex	10	8	11	10	12	14	16	20	20	19
Franklin	307	299	296	317	326	329	375	418	452	474
Grand Isle	22	27	23	31	32	32	33	40	35	40
Lamoille	137	141	137	150	156	151	172	178	179	182
Orange	75	75	77	85	94	105	109	116	124	137
Orleans	203	209	215	215	224	235	258	275	290	301
Rutland	324	322	324	306	368	489	578	628	653	668
Washington	243	253	256	297	299	333	394	407	429	453
Windham	196	218	219	243	248	206	260	271	290	307
Windsor	228	254	276	284	324	350	363	362	354	371
No data	15	23	29	37	39	31	42	46	66	68
Statewide	2867	2972	3054	3235	3513	3784	4238	4451	4679	4812

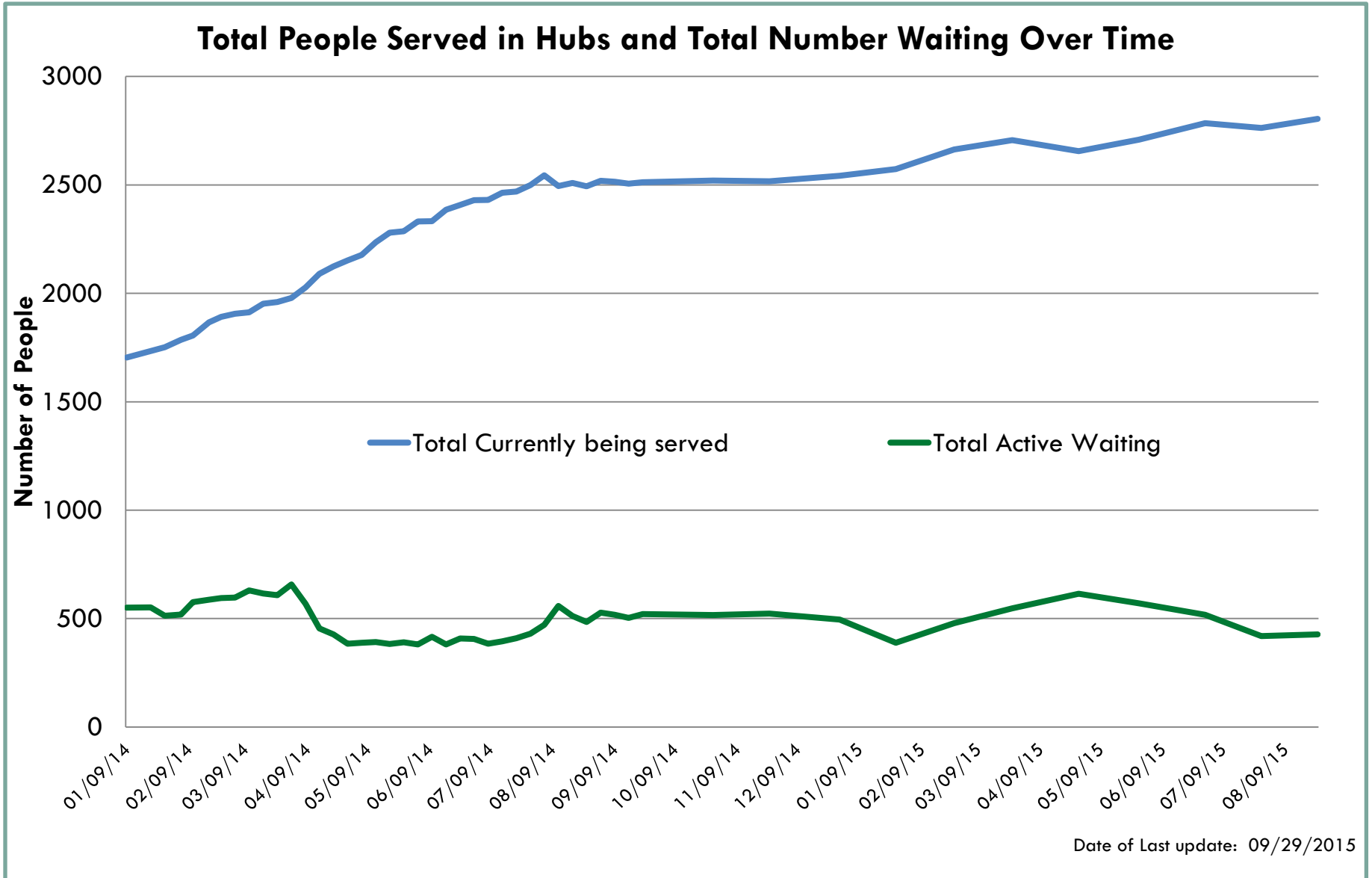
Hub Census and Waitlist: November 24, 2015

Program	Region	Start Date	# Clients	# Buprenorphine	# Methadone	# Waiting
Chittenden Center	Chittenden, Franklin, Grand Isle & Addison	1/13	842	257	585	272
BAART Central Vermont	Washington, Lamoille, Orange	7/13	420	185	235	18
Habit OPCO / Retreat	Windsor, Windham	7/13	568	198	370	12
West Ridge	Rutland, Bennington	11/13	413	138	275	60
BAART NEK	Essex, Orleans, Caledonia	1/14	569	132	437	106
STATEWIDE			2812	910	1902	468

People Served in the Care Alliance by Region per 10,000 Vermonters Age 18-64

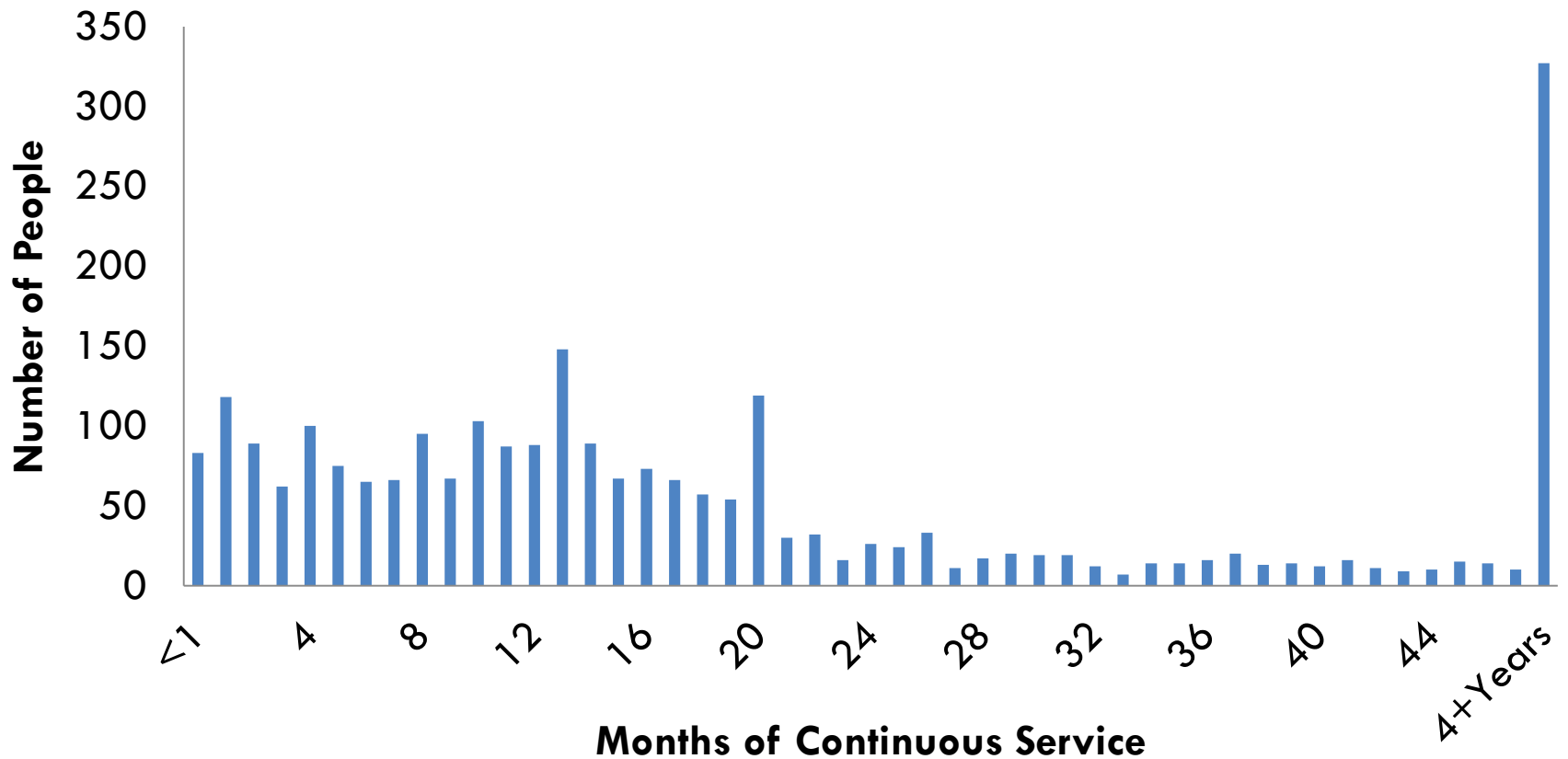


The number of people waiting for services has remained steady despite increases in capacity



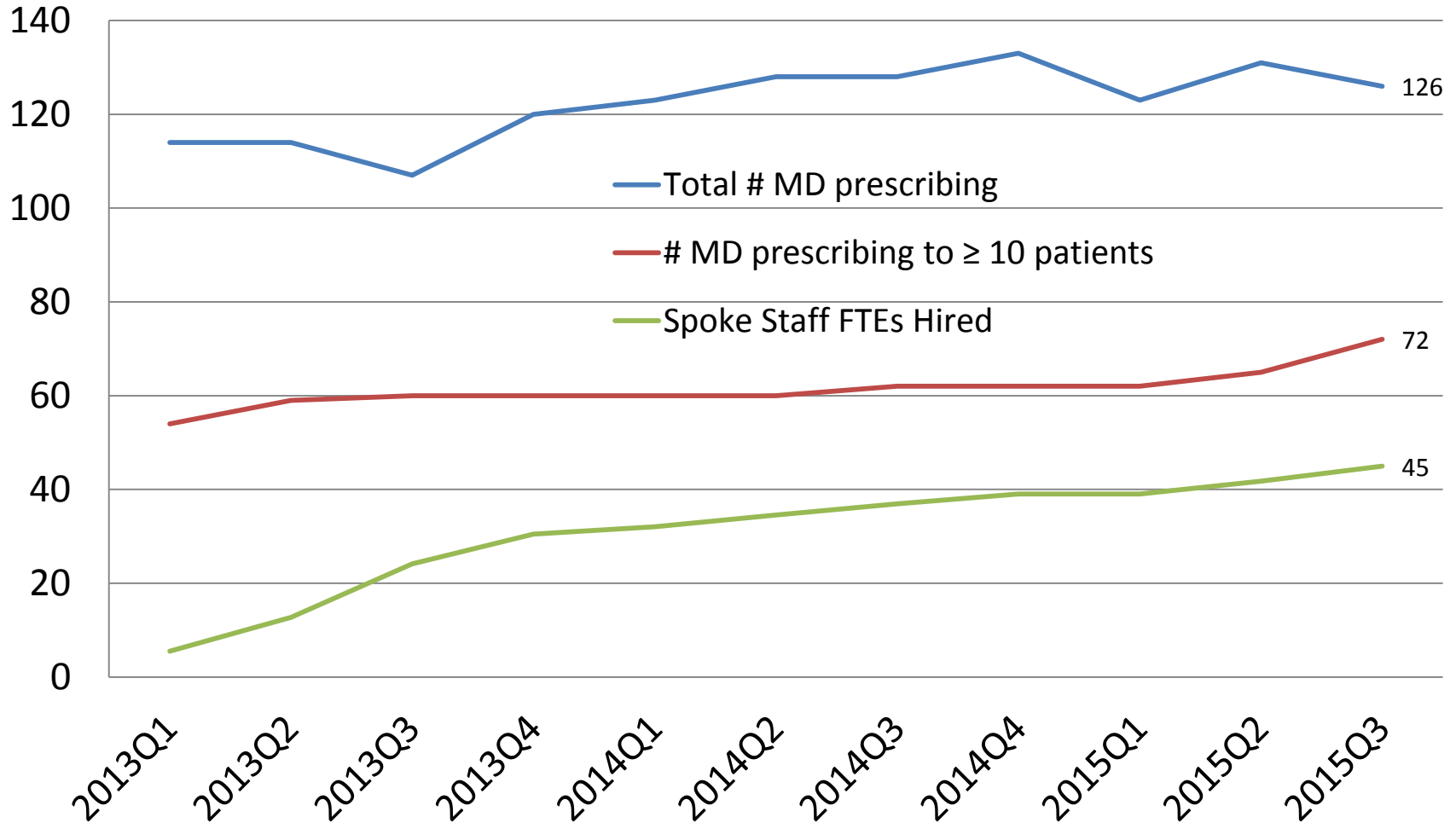
People Remain in Medication Assisted Treatment for an Extended Period

Number of Continuous Months of MAT Service in Hubs for Clients in Treatment May 2015

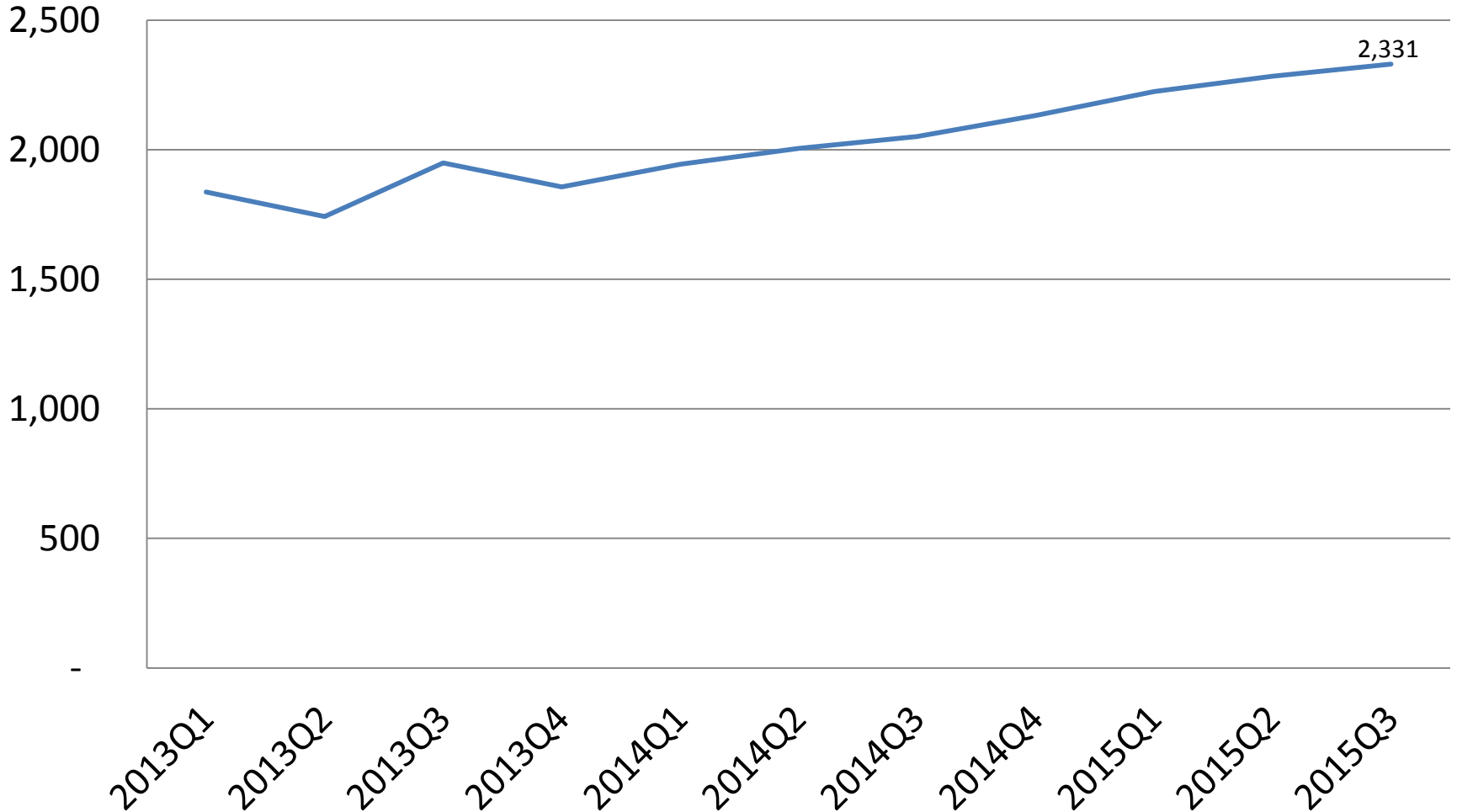


Source: SATIS

Spoke Resources Over Time



Spoke Medicaid Beneficiary Census Over Time



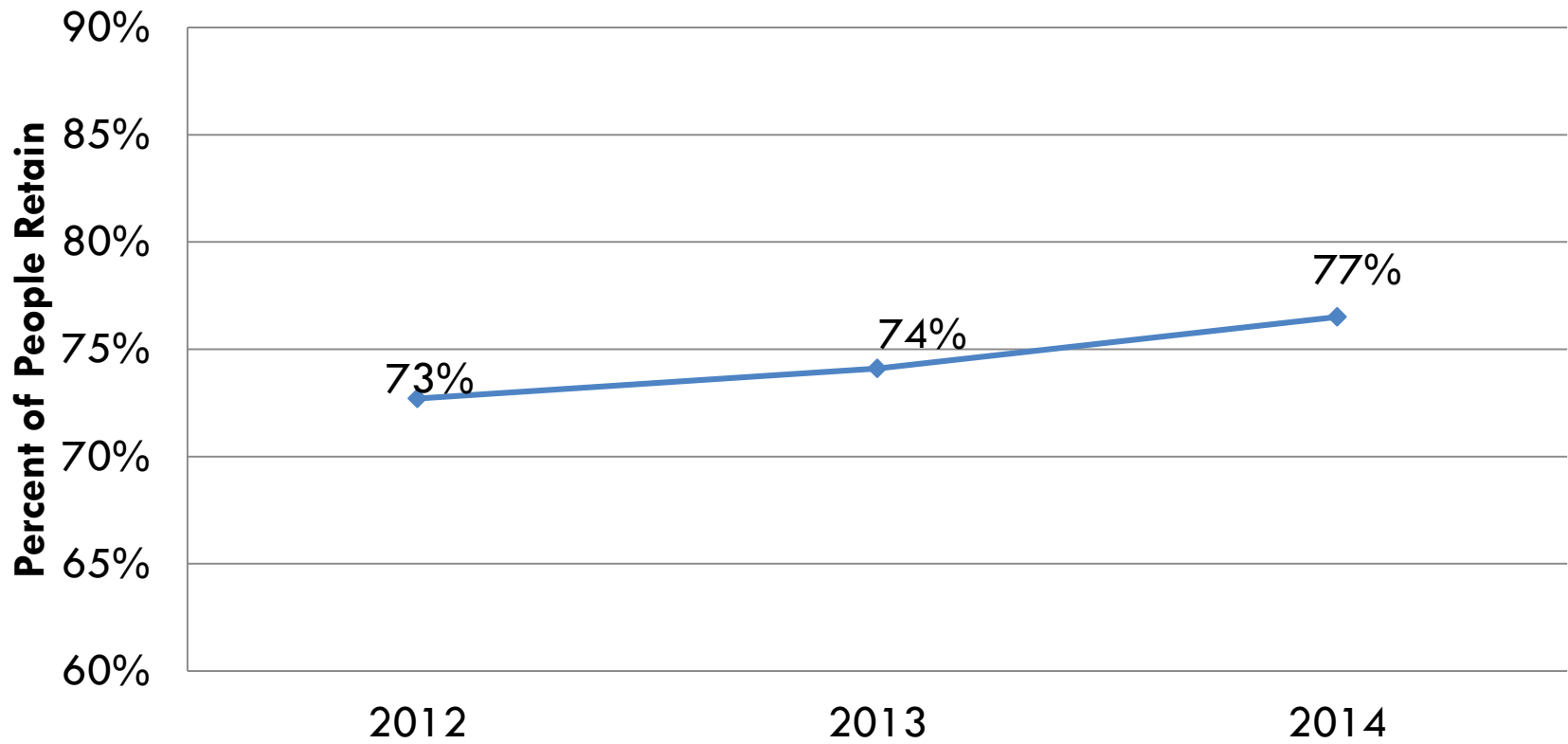
Spoke Patients, Providers & Staffing: September 2015

Region	Total # MD prescribing pts	# MD prescribing to ≥ 10 pts	Staff FTE Available Funding	Staff FTE Hired	Medicaid Beneficiaries
Bennington	10	8	5.0	4.6	233
St. Albans	10	9	7.5	6.6	363
Rutland	10	6	5.5	4.5	259
Chittenden	30	16	9.0	9.25	434
Brattleboro	13	5	3.0	3.99	146
Springfield	2	2	1.5	1.5	67
Windsor	7	4	2.5	2.5	146
Randolph	7	3	2.0	1.4	93
Barre	18	8	5.5	5.5	231
Lamoille	7	4	3.0	2.6	147
Newport & St Johnsbury	8	4	2.0	1.0	94
Addison	6	3	1.5	1.5	66
Upper Valley	2	0	.5	0	6
Total	126*	72	49.5	44.94	2,331

Table Notes: Beneficiary count based on pharmacy claims July -September, 2015; an additional **181** Medicaid beneficiaries are served by **25** out-of- state providers. Staff hired based on Blueprint portal report 9-21-15. *4 providers prescribe in more than one region.

Retention rate for the hub/spokes is higher than the 70% national average for MAT

90 Day Retention Rate for New Hub/Spoke Clients with Continuous Medicaid Enrollment by Calendar Year



- ❑ Insurers have consistently paid for physician time and prescribed buprenorphine in general medical settings
- ❑ Hub providers have made significant progress in negotiating payments for the full range of hub services for individuals with Blue Cross Blue Shield and MVP
- ❑ Only Medicaid supports the increased staffing (RN and Addictions Counselor) for the Spokes
- ❑ Medicare does not pay for hub services

- All five hubs have begun the National Committee for Quality Assurance (NCQA) Specialty Practice recognition baseline development process and one, Chittenden Center, has received recognition
- ADAP, DVHA and DOC are collaborating to provide Vivitrol (naltrexone) for opioid addicted offenders reentering the community and other specialty populations

A horizontal bar at the top of the slide, divided into a green section on the left and a blue section on the right. The text 'System Needs and Gaps' is written in white on the blue section.

System Needs and Gaps



- Increase prevention efforts to change norms
- Intervene earlier with school based and SBIRT services, treatment for criminal justice clients
- Use outpatient system as the backbone – SA outpatient plays similar role to primary care physicians for medical services
- Use specialty services - residential, hub, and spoke – based on clinical evaluation
- Continue to strengthen recovery services

- Issue: Continue to bring substance abuse services into the larger health care system
- Recommendations:
 - Include substance abuse services in the All Payer Waiver
 - Pursue adding new policy and delivery systems for substance use disorders into Vermont's GC 1115 Waiver

□ System Capacity

■ Issues

- Not all levels of care are available in all geographic areas

■ Recommendations

- Investigate new payment mechanisms for prevention services
- Continue screening in medical settings (SBIRT) and AHS programs (SATC)
- Expand MAT capacity
- Improve process for accessing care
- Improve care coordination/linkages between types of care

□ Prevention Capacity

- Issue: Prevention funding relies on the receipt of federal grants creating inconsistent and uneven substance abuse prevention services
- Recommendations:
 - Investigate new payment mechanism for prevention services
 - Allocate a dedicated state funding source for substance abuse prevention services
 - Fund all supervisory unions to provide screening, referral and substance abuse prevention services

□ Workforce Development

▣ Issues

- Too few substance abuse professionals, prevention through treatment – aging work force
- Minimal internal workforce development capacity
- Addictions programming not well integrated in medical and graduate level training

▣ Recommendations

- Continue focus on workforce development
- Increase training opportunities
- Increase focus on practice improvement strategies

□ Quality Improvement

▣ Issues

- Improving the performance of the overall system of care requires the collaboration of multiple AHS partners as well as the medical and behavioral health systems of care

▣ Recommendations

- Continue the work of the SATC
- Continue to use the indicators and performance measures on the AHS scorecard to monitor and lead change over time
- Implement performance improvement projects