House Human Services Committee
Information Request

1. **Provide one-page overviews of the following new demonstration grants:**

   - CDC – Prescription Drug Overdose Prevention
   - SAMHSA – Medication Assisted Treatment Expansion
   - SAMHSA – Regional Prevention Partnership

   See attached.

2. **Provide a list of positions funded by the three new demonstration grants.**

   See attached.

3. **Describe current prevention programming geared towards 18 – 25 year olds.**

   See attached.

4. **Provide data on recidivism (how often do people go to treatment?) and other relevant data measures.**

   See attached PowerPoint presentation.

Vermont Prescription Drug Overdose Prevention Grant

CDC titled this grant opportunity: *Prescription Drug Overdose: Prevention for States* (Short Title: PFS)

Length of grant: 4 Years – 10/1/2015 – 9/30/2019

Description of the grant: Through this grant, the Vermont Department of Health will expand the prescription drug overdose prevention efforts in collaboration with multiple stakeholders on a statewide basis. The goals of the grant align with, but do not overlap, the statewide focus on opioid prevention, intervention, and treatment. The goals of this approach are to decrease opioid and heroin fatalities, decrease opioid overdose emergency department visits, increase access to treatment, and decrease non-medical use of pain relievers. This will be accomplished through improved features of the Vermont Prescription Monitoring System (VPMS), training and technical assistance for medical professionals, improved communication with prescribers around evidence-based prescribing practices and alternatives to narcotics for treating chronic pain, expanded surveillance capacity, and a better understanding of the views of those abusing prescription drugs and heroin.

Sustainability: Current staff and prescribers will be able to use the materials and systems put in place with grant resources because the activities associated with this grant are training, development of improved reporting, and enhancements to the VPMS. The evaluation component of the grant will also inform strategic direction on opioid overdose prevention.

Measurement: A comprehensive evaluation plan, with measures associated with each grant activity, was submitted with the application. Long term, the primary measure used to assess the impact of the grant will be the rates of opioid overdose emergency department visits and overdose deaths in Vermont.

Collaborating Entities: The Vermont Department of Health will convene an advisory group of stakeholders, and partner with the Department of Vermont Health Access Blueprint for Health and the University of Vermont, Office of Primary Care to accomplish these goals.

Who will be getting grants/contracts/MOUs:

Department of Vermont Health Access
Appriss (VPMS Vendor)
Evaluation Project – St. Ann's Shrine
University of Vermont Office of Primary Care
Marketing/Research – to be determined

Staffing:

To be hired specifically for this grant to do new work:

- *Substance Abuse Program Manager (I FTE):* To be hired; primary manager of the grant activities.
- *Chronic Disease Information Director (0.5 FTE):* To be hired; develop and oversee the market research and media plans to support the grant.

- *Public Health Analyst II (1 FTE):* To be hired; support data collection and analysis needs.

New source of funds to support existing staff:

- *Public Health Analyst III (0.5 FTE):* Shayla Livingston, Master of Public Health; evaluation of the grant.
- *Program Technician II (0.25 FTE):* Mike Beyna; monitor pharmacy compliance, perform data cleaning and formatting.
- *Administrative Assistant B (0.5 FTE):* Erin Devost, Bachelors of Science; provides administrative support to team members

November 2015

SAMHSA Targeted Capacity Expansion Grant for Medication Assisted Treatment 2015-2018

The Vermont Department of Health (VDH), Division of Alcohol and Drug Abuse Programs (ADAP) has been awarded a 3 year/$3 million grant (1 million annually) to provide funding to enhance/expand their treatment service systems to increase capacity and provide accessible, effective, comprehensive, coordinated care, and evidence-based medication assisted treatment (MAT) and recovery support services to individuals with opioid use disorders seeking or receiving MAT.

As a result of this program, the Substance Abuse and Mental Health Services Administration (SAMHSA) seeks to: 1) increase the number of individuals receiving MAT services with pharmacotherapies approved by the US Food and Drug Administration (FDA) for the treatment of opioid use disorders; 2) increase the number of individuals receiving integrated care; and 3) decrease illicit drug use at 6-months follow-up.

Vermont's proposed project will expand MAT capacity using a targeted and multi-faceted strategy for these communities, and will utilize four primary approaches: 1) organize a multi-disciplinary community-based team within each patient-centered medical home/neighborhood; 2) offer the option of naltrexone IM in the Hubs and Spokes; 3) implement evidence-based integrated psychosocial treatments in the specialty addiction treatment agencies; and 4) build recovery capital by engaging peer recovery support guides at the outset of treatment.

The project will engage 375 persons with opioid addiction from the three high risk categories, and closely monitor their recovery course and outcomes. Because our overarching goal is to improve MAT for all Vermonters, in addition to tracking the required outcomes at the patient-level (n=375), we will also gather services and implementation-level performance measures during this 3-year project. By generating data-based information on all three levels, the proposed model stands to be generalizable to and sustainable in other communities in Vermont and across the country.

Targeted Opioid Use High Risk Populations:

1. Involved with VT Department of Corrections
2. Involved with VT Department of Children and Families
3. Currently on waiting list for MAT services

Regions and Lead Provider Organizations:

1. Rutland/Addison Region: Rutland Regional Medical Center, West Ridge Center for Addiction Recovery
2. Chittenden County: Howard Center, Chittenden Clinic
3. Franklin/Grand Isle: Northwestern Medical Center, Comprehensive Pain Management Clinic

November 2015

VERMONT
DEPARTMENT OF HEALTH

Regional Prevention Partnerships (RPP) Grant

The Regional Prevention Partnerships (RPP) is a five year cooperative agreement with the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). The grant award of $12,363,000 over 5-years ($2,400,000/year) will be funded from 10/1/15 – 9/30/20. Its goals are to:

1. Reduce underage and binge drinking among persons aged 12-20;
2. Reduce marijuana use among persons aged 12 to 25;
3. Reduce prescription drug misuse and abuse among persons aged 12-25;
4. Increase state, regional and community capacity to prevent underage and binge drinking, and prescription drug misuse and marijuana use through a targeted regional approach.

In collaboration with multiple state and local community partners, the Vermont Department of Health (VDH) will continue to support regional prevention strategies in the six VDH Districts funded by the current SAMHSA Partnerships for Success (PFS) grant that will end in September 2015 (grantee list below). These six geographic regionals were identified through an analysis of prevalence data, size of target population and socioeconomic disparities. **In addition, the RPP grant will expand its focus to the remaining six health department districts (list below)**, and will also support training and communications activities aimed at strengthening the prevention infrastructure in all twelve districts of the state.

Current Grantees (through 10/1/15) to be continued through 10/1/17

- Youth Services, Inc. (Brattleboro District Office)
- Lamoille Family Center (Morrisville District Office)
- Mt. Ascutney Hospital (Windsor County with the WRJ District Office taking the lead)
- Chittenden County Regional Planning Commission (Burlington District Office)
- Washington County Youth Service Bureau and Boys and Girls Club (Barre District Office)
- Rutland Community Programs (Rutland District Office)

Expansion to the following Health Department Districts to be funded through 10/1/20

- Bennington
- Middlebury
- Newport
- St. Albans
- St. Johnsbury
- Springfield

RPP funding will intentionally encompass a variety of evidence-based strategies that collectively address multiple developmental stages of youth and young adults, through multiple levels of intervention, and that have the potential to influence a range of behavioral health issues in addition to the specifically targeted behaviors of underage drinking and prescription drug misuse.

<u>Vermont Concept:</u>

- Continue to utilize the Strategic Prevention Framework public health planning process to carry out the grant goals and objectives;
- VDH Office of Local Health (OLH) will lead the process in the communities' development of a district wide plan to address both alcohol and prescription drug misuse and abuse;
- Community-based organization within the district office catchment area will serve as the lead agency to carry out evidence-based strategies to address the goals of the grant.

November 2015

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Federal Demonstration Grant Staffing

CDC Prescription Drug Overdose Grant Staffing:

To be hired specifically for this grant to do new work:

- *Substance Abuse Program Manager (I FTE):* Hillary Viens; primary manager of the grant activities.
- *Substance Abuse Information Director (0.5 FTE):* Megan Trutor; develop and oversee the market research and media plans to support the grant.
- *Public Health Analyst II (1 FTE):* Under Recruitment; support data collection and analysis needs.

New source of funds to support existing staff:

- *Public Health Analyst III (0.5 FTE):* Shayla Livingston, evaluation of the grant.
- *Program Technician II (0.25 FTE):* John DeMichael; monitor pharmacy compliance, perform data cleaning and formatting.
- *Administrative Assistant B (0.5 FTE):* Under Recruitment; provides administrative support to team members.

Medication Assisted Treatment (MAT) Expansion Grant Staffing:

To be hired specifically for this grant to do new work:

- *Substance Abuse Program Manager:* Under Recruitment; primary manager of the grant activities.

Regional Prevention Partnership (RPP) Grant Staffing:

To be hired specifically for this grant to do new work:

- *Substance Abuse Program Manager:* Justin Barton-Caplin; primary manager of the grant activities.

New source of funds to support existing staff:

- *Research and Policy Analyst (1 FTE):* John Searles, Project Coordinator and lead analyst for the State Epidemiological Outcomes Workgroup (SEOW). The purpose of the Vermont SEOW is to apply systematic reporting and analysis regarding the prevalence, causes, and consequences of the use and abuse of alcohol, tobacco and other drugs in order to effectively and efficiently utilize prevention resources.
- *Administrative Assistant A (0.5 FTE):* Liz Sanderson; provides administrative support to team members.

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Alcohol and Drug Prevention Initiatives with Young Adults

Health Communications

Check Yourself is a responsible drinking campaign that targets high-risk drinkers ages 21-25. This innovative digital campaign shares new information about high-risk drinking in a memorable and relatable way. The campaign went live in fall 2015, with visibility directed only towards the target audience. The launch included 3 original videos establishing the Check Yourself brand, and a website with more information about the negative consequences of high-risk drinking. During a short pilot phase through December 2015, Check Yourself earned successful reach among the target audience, measured by the high volume of content displays, unique users, and video views captured by Facebook, Instagram, and YouTube metrics.

We will continue to build a library of social media assets to ensure all social media channels have a continuous stream of new content that is interesting and relevant to the target audience. A new digital app is in development to go live starting in March 2016, moving the strategy from one primarily focused on reach and awareness to one that includes more audience engagement to help spread the campaign messages.

Alcohol and Drug Prevention Work with Colleges

Annual College Symposium

Purpose: Increase opportunities for campus and community leaders to learn from national experts and each other about effective prevention strategies.

Planning for this annual event is a collaborative effort with representation from Vermont institutes of higher education, and staff from the Vermont Department of Health Division of Alcohol & Drug Abuse Programs. The October 2015 symposium focused on substance use and its impact on academic success. The event featured a keynote presentation from a national researcher at the University of Maryland and showcased prevention and recovery support programs implemented at Vermont institutions. To date, 375 participants representing colleges and universities, community coalitions, law enforcement & court diversion have been served. Planning for the 5th Annual College Symposium is underway.

VT Colleges Listserv

Purpose: Enhance communication and resource sharing among Vermont's college and university staff.

Items shared or addressed on the listserv include programs, policies and practices being implemented; evaluation methods; training needs and opportunities; resources and funding announcements; position openings; success stories and challenges. There are currently 122 listserv members.

Community Grants

Combined Community Grant, Partnership for Success (ending September 2016) and Regional Prevention Partnerships (RPP) Grant Programs

Purpose: These federally funded initiatives support all twelve Agency of Human Services districts to develop and implement community wide interventions to reduce underage drinking, binge drinking, prescription drug misuse, with the addition of marijuana prevention among 12 to 25 year-olds.

The regions of Barre, Lamoille and Rutland partner with area colleges (Johnson State College, Castleton State College, Green Mountain College, and the College of St. Joseph) to implement policy approaches on restricting alcohol in public places or at community events, and electronic screening and brief intervention with college students who are engaged in heavy drinking.

February 2016

Substance Abuse System of Care - Performance

House Human Services Committee

Barbara Cimaglio, Deputy Commissioner,
Alcohol and Drug Abuse Programs

VERMONT
DEPARTMENT OF HEALTH

February, 2016

Selection of Measures

- VDH selects measures with the following attributes:
  - Research based
  - Reflect statewide priorities/align with strategic plans
  - Can be derived from existing data
  - Are attainable over time given current resources
  - Have been reviewed with providers
- Not all measures appear on the scorecards
  - Grants include additional measures
  - Measures may be derived for special initiatives

ADAP's Maintenance of the Scorecard

- Display only the highest priority measures to focus the division, stakeholders, and providers on these goals
- Provide only data that is complete and accurate
- Measures are reviewed and updated quarterly
- Measures are updated when the goals have been met, methodology has change, or the measure is no longer relevant

ADAP's Use of the Scorecard

- Measures are reviewed
  - At provider site visits
  - VDH Division Directors meetings
  - ADAP staff meetings
  - At ADAP Performance Measures meetings
- Guidance is provided to grantees
  - Examples for social supports and engagement are included on the ADAP website
  - Providers are expected to take initiative to improve measures at their facilities

ADAP's Planned Uses

- ADAP and DVHA are working together to develop a quality improvement project to address initiation and engagement measures for all Medicaid providers
- ADAP is developing an RFP for a Practice Facilitator to assist Preferred Providers in quality improvement processes

VERMONT Prevention Measure Background

- Prevention focuses on population health so population indicators for the state or funded communities are used
- Change is slow, similar to changes in smoking rates over time.
- Requires consistent provision of multiple strategies
- Policy change is key – it can be at the state level (alcohol taxes) or at town level, such as forbidding alcohol advertising at convenience stores
- Some prevention services are provided directly to individuals so there is limited before/after data

Prevention Measures

- The prevention measures on the scorecard are:
  - School screenings – referrals for assessment*
  - High risk drinking – evidence based prevention strategies implemented
  - Prescription drug media outreach – grantees providing information to media
- Prevention is evaluating existing measures and will make changes based on internal and external discussions

*Primary focus area

Treatment Measures Background

- SAMHSA requires ADAP Preferred Providers to collect admission and discharge information but other providers such as spoke doctors, hospitals, and private practitioner do not collect this information
- ADAP data is provided at client level so it is possible to show change during treatment
- Vermont is moving toward measures that reflect all treatment rather than ADAP funded treatment only
- Change requires changes to processes and improvements in data collection and quality at providers
- Different types of care have different measures

VERMONT Treatment Measures

- The treatment measures currently on the scorecard are:
  - Treatment initiation – people begin treatment*
  - Treatment engagement – people stay in treatment*
  - Social supports – people have more supports at discharge*
  - Access to MAT – availability of MAT*
  - System capacity –people receiving care in the ADAP system
  - Discharge reason – people complete treatment or are transferred to another type of care

*Primary focus area

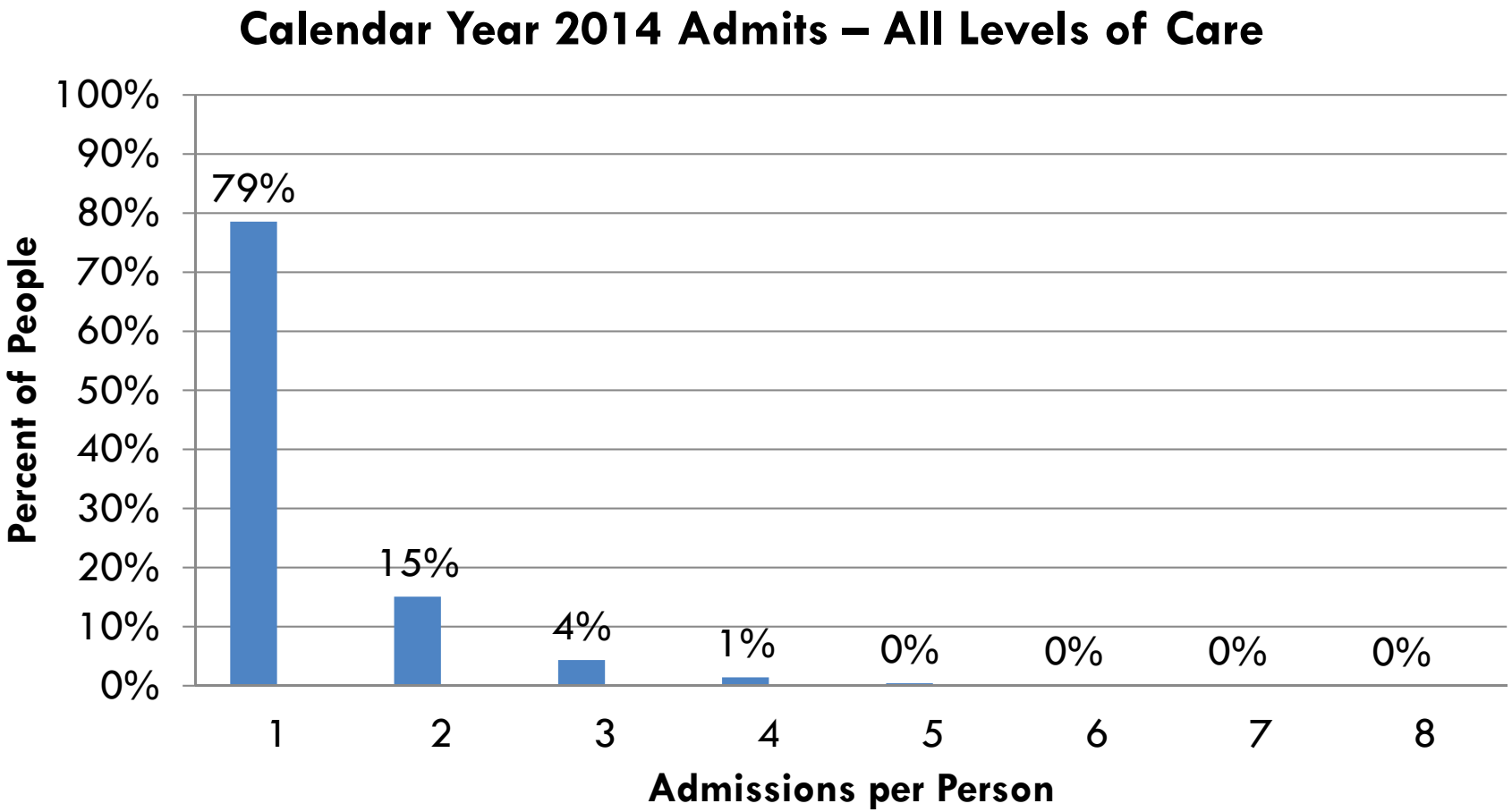
How do we know if people are better off after receiving treatment?

- Outpatient
  - Change in behavior between admit and discharge
  - Treatment Engagement/retention
  - Successful discharge (complete or transfer)
- Residential (approx. 14 day length of stay)
  - Successful discharge (complete or transfer)
- Hubs/Medication Assisted Treatment
  - Retention – long term treatment
  - Stability – Suboxone hub clients are transferred to spokes; spoke clients do not need to return to hubs (measure under development)

Measures that have been considered

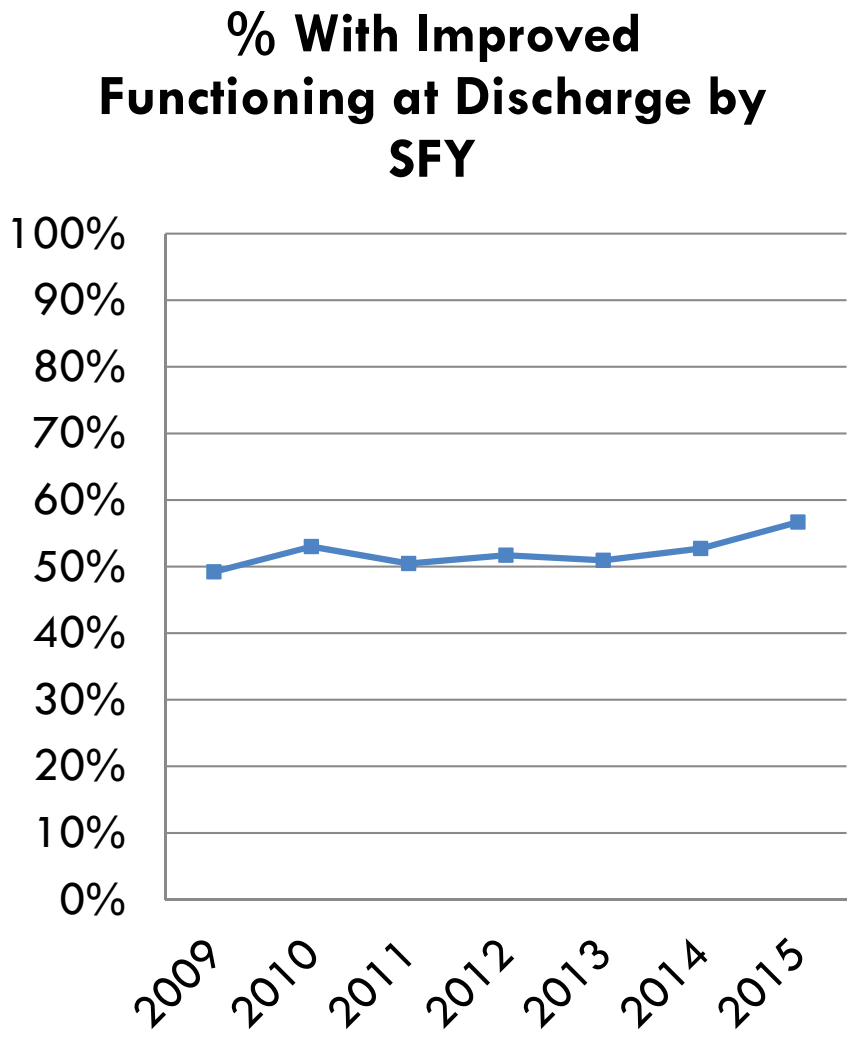
- ADAP has considered other treatment measures
- These measures have limitations as noted in the following slides
- Some measures have little opportunity for change or are not under ADAP/provider control
- Most are available ONLY for the ADAP funded Preferred Providers

Number of Admissions Per Client



Source: SATIS

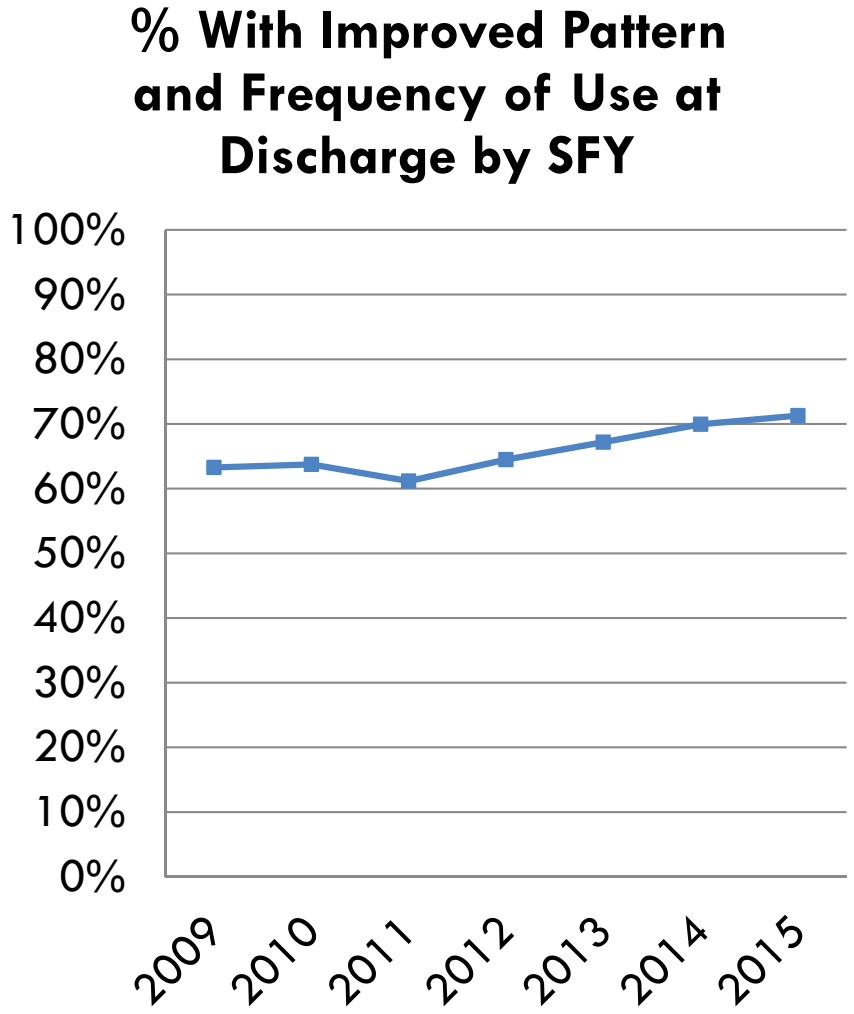
Improved Functioning at Discharge



Source: SATIS

- Clinician's opinion of change in client's overall functioning during treatment
- Qualitative measure – does not indicate degree of change
- Began looking at this measure with providers in 2014
- Most useful for OP/IOP and Residential treatment

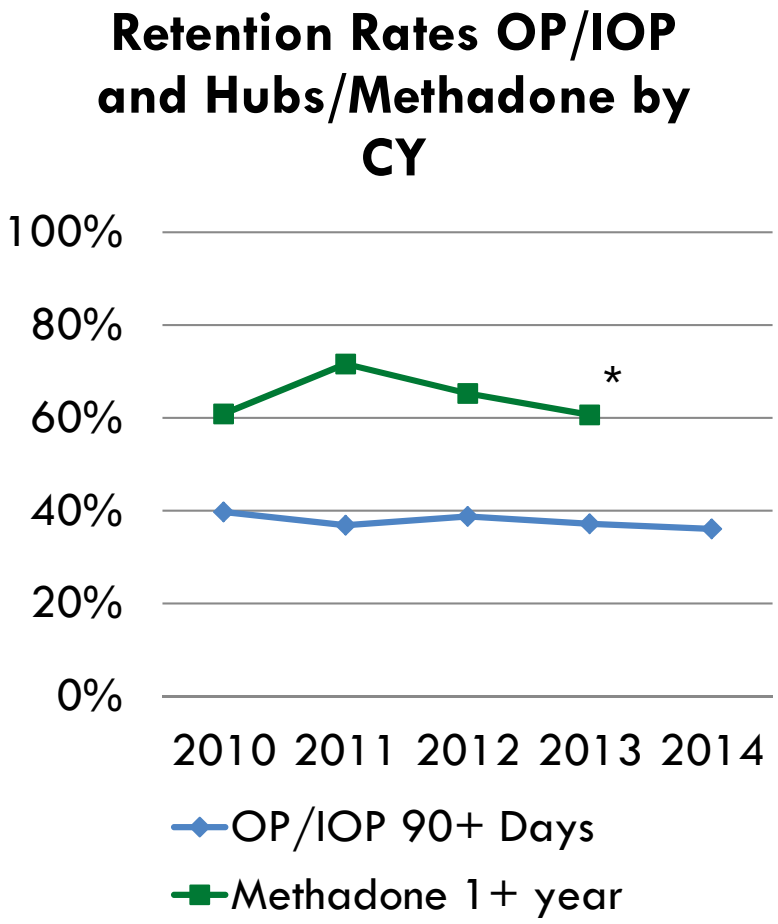
Improved Pattern and Frequency of Use at Discharge



- Clinician's opinion of client's overall change in substance use during treatment
- Qualitative measure – does not indicate degree of change
- Began looking at this measure with providers in 2014
- Most useful for OP/IOP and residential treatment

Source: SATIS

Treatment Retention

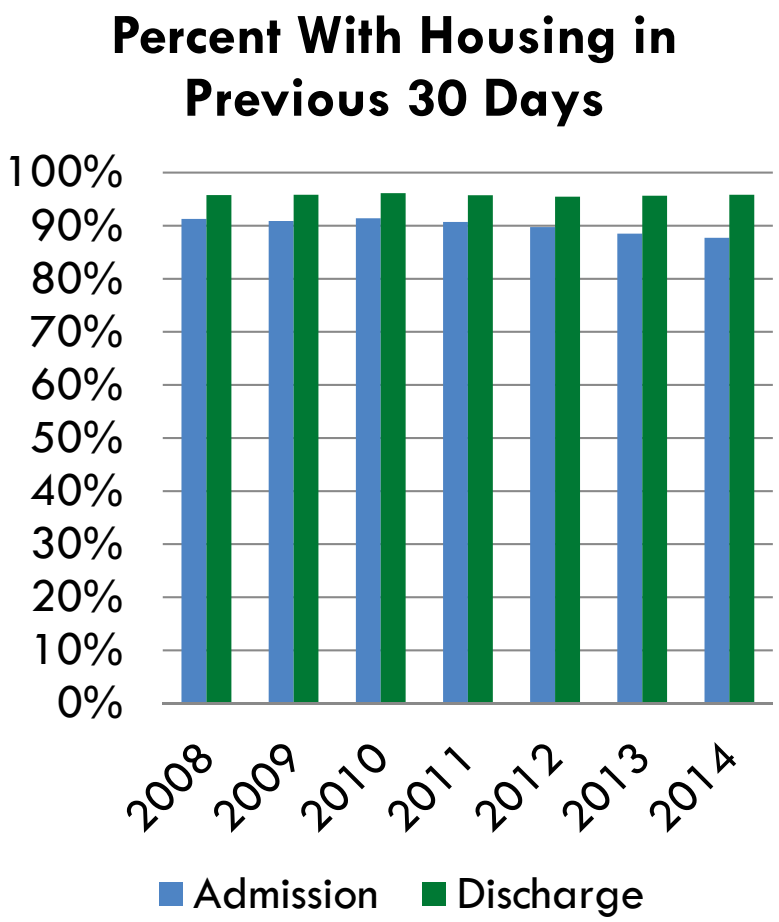


*2014 not available until all 2015 data is processed

Source: SATIS

- Duration of drug abuse treatment has been one of the most consistent predictors of follow-up outcomes
  - 1 year for methadone maintenance (Hub)
  - 90 days for outpatient programs
- Methodology needs to be developed for MAT that includes both hubs and spokes

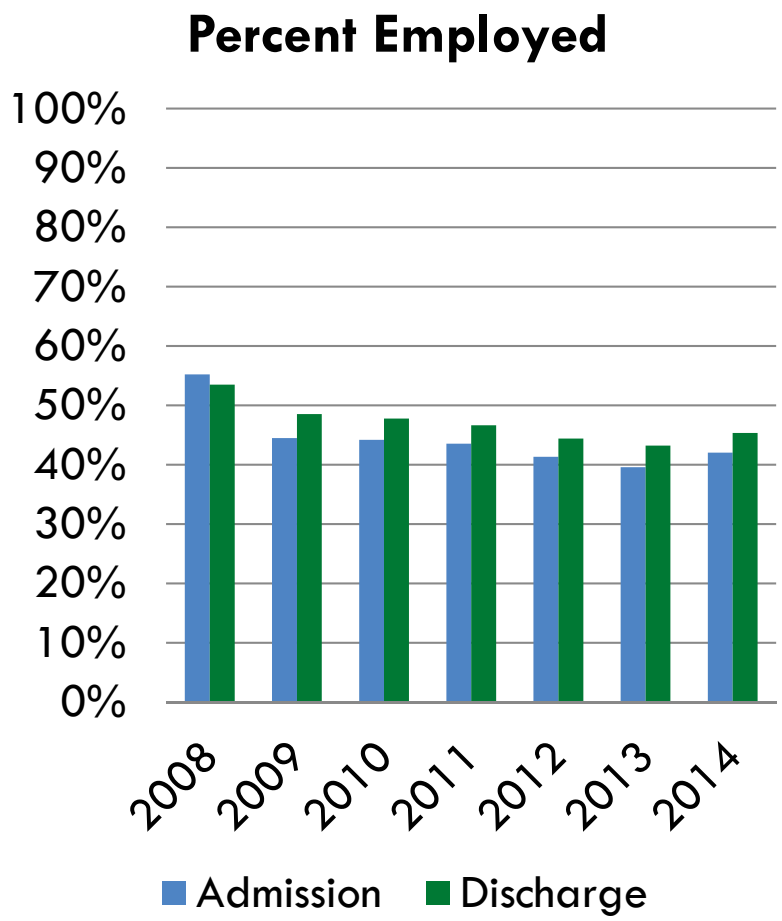
Homelessness



- Change from admission to discharge - % with housing in the previous 30 days
- Discharge homeless rates have stayed steady at 96% for years
- External factors, particularly availability, impact this measure
- National Outcomes Measure
- Based on discharges so those in long term MAT are not included

Source: SATIS

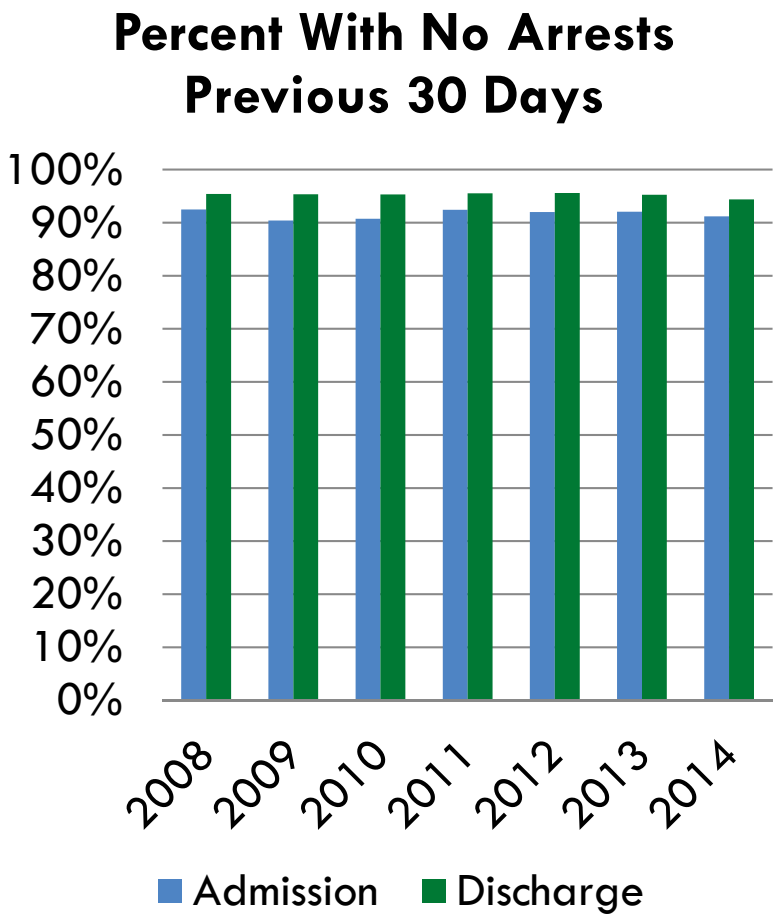
Employment



- Change from admission to discharge - % employed or in school in the previous 30 days
- External factors, particularly job availability and client skillset, impact this measure
- People may lose Medicaid benefit if employed
- National Outcomes Measure
- Based on discharges so those in long term MAT are not included

Source: SATIS

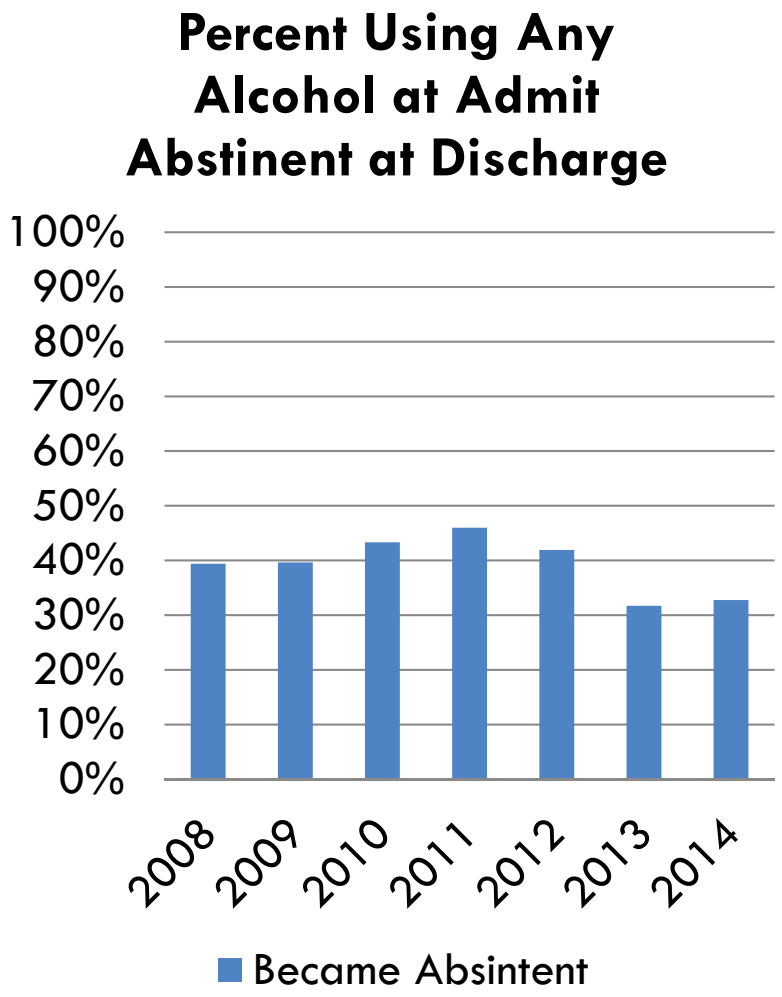
Arrests



- Change from admission to discharge - % with no arrests in previous 30 days
- Discharge values are steady at 95%
- Impacted by external factors such as enforcement
- National Outcomes Measure
- Based on discharges so those in long term MAT are not included

Source: SATIS

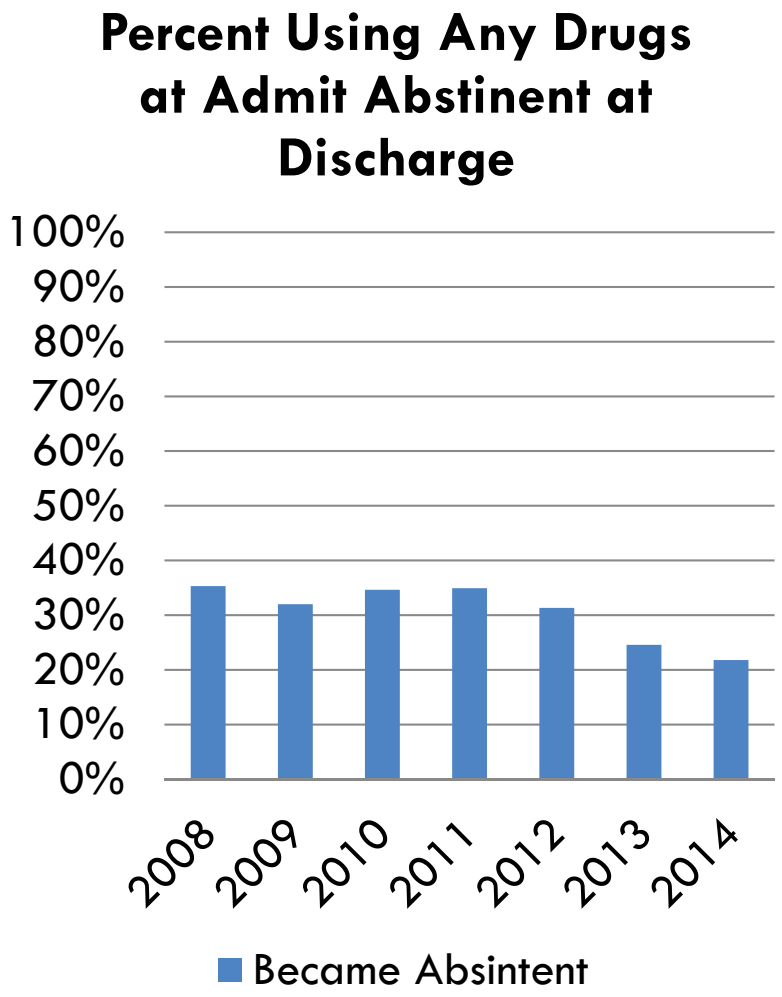
Alcohol Abstinence



- Previous 30 day use of alcohol as primary, secondary or tertiary substance at admit and discharge
- Even if client's primary substance is NOT alcohol, one glass of wine with dinner means they are not abstinent
- Inconsistent with a risk reduction treatment model
- National Outcomes Measure
- Based on discharges so those in long term MAT are not included

Source: SATIS

Drug Abstinence



- Previous 30 day use of any drugs as primary, secondary or tertiary substance at admit and discharge
- Doesn't show relative improvement. For instance, someone with daily opioid use who is no longer using opioids bus uses marijuana once in the last 30 days means they are not abstinent
- Inconsistent with a risk reduction treatment model
- National Outcomes Measure
- Based on discharges so those in long term MAT are not included

Source: SATIS