

## Substance Abuse System of Care

### *Senate Health and Welfare Committee*

**Harry Chen, MD, Commissioner**  
**Barbara Cimaglio, Deputy Commissioner,**  
**Alcohol and Drug Abuse Programs**



January, 2016

#### VERMONT Public Health Approach

- 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



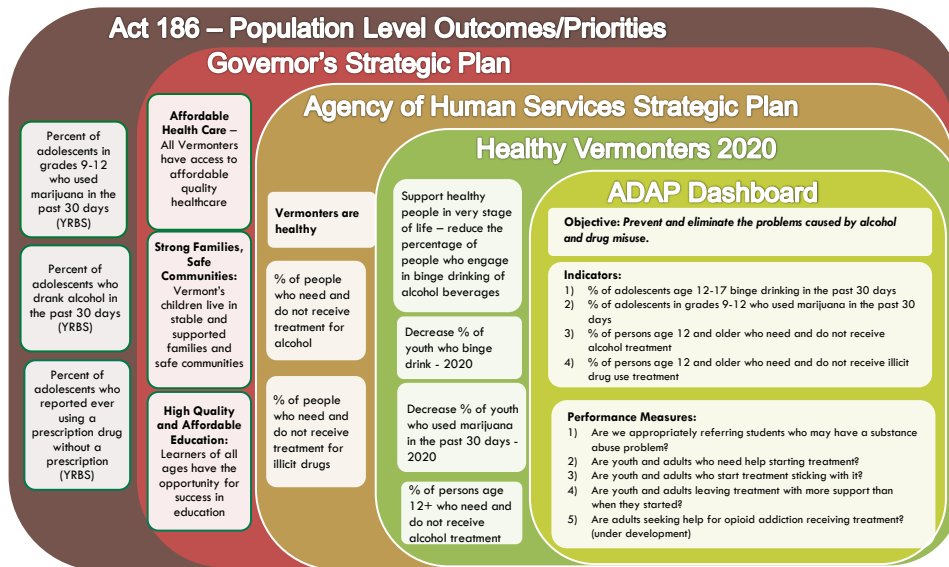
# ADAP's Objective

## 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"

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Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, January 2015



# State Substance Abuse Services

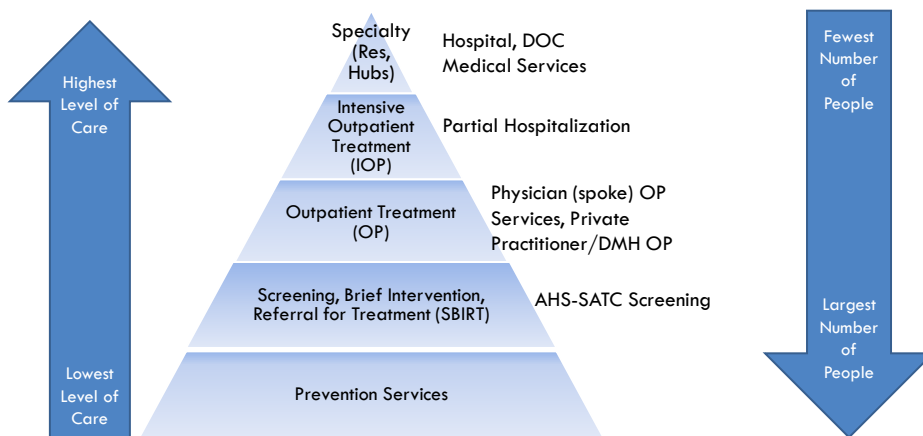
VDH/ADAP	DVHA	Other State
<b>Preferred Provider Oversight &amp; Quality</b>	<b>Care Coordination – Team Care</b> VCCI, Spoke Staff	DCF/ Reach Up & Lund Screening
<b>Prevention – Community, School-Based Services, High Risk Populations</b>		AHS Integrated Family Services
<b>Intervention – PIP, IDRP, SBIRT, School Health, VPMS, Naloxone, Rocking Horse</b>	<b>Treatment -</b> Private Practitioner Outpatient Hospital Detoxification Spoke/Physician Services Pharmacy/Medication	DOC Screening
<b>Treatment – Preferred Provider Outpatient Intensive Outpatient Residential Hub – Methadone Halfway/Transitional Housing</b>		DOC Therapeutic Communities
<b>Recovery Services – Recovery Centers, Peer Support</b>	<b>Utilization Review - Residential Services</b>	Pre-Trial Services
	<b>Support Services - Laboratory, Transportation</b>	Court Screening
		DMH Co-Occurring
		DMH Elder Care Clinicians
		DAIL – Screening
		AOE – School Based Health Services
		DLC – Regulation & Training
		DOT – Impaired Driver Prevention

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# Substance Abuse Continuum of Care



Recovery Services are Available to Those at All Levels of Care

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## 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

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## 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

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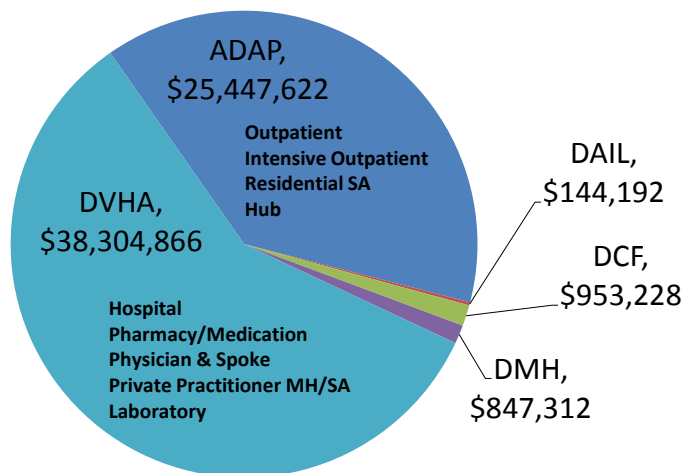


### VDH/ADAP FY15 Expenditures by Level of Care

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

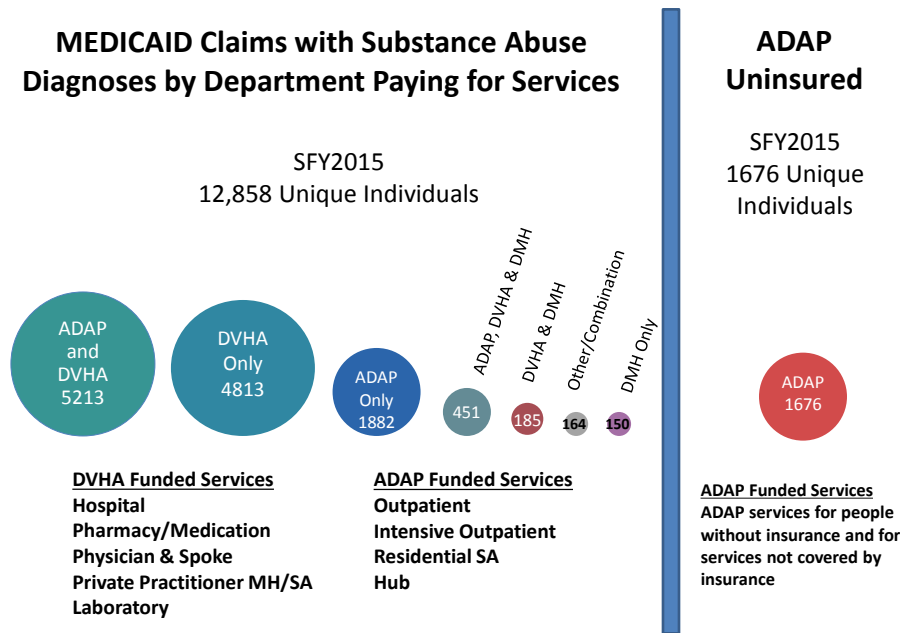
\*This reflects only ADAP expenditures. DVHA incurs additional expenditures for treatment costs provided by physicians, hospitals, private practitioner mental health counselors, medication costs (buprenorphine), and labs (urinalysis).

### 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 COD, DRGs 895,896,897

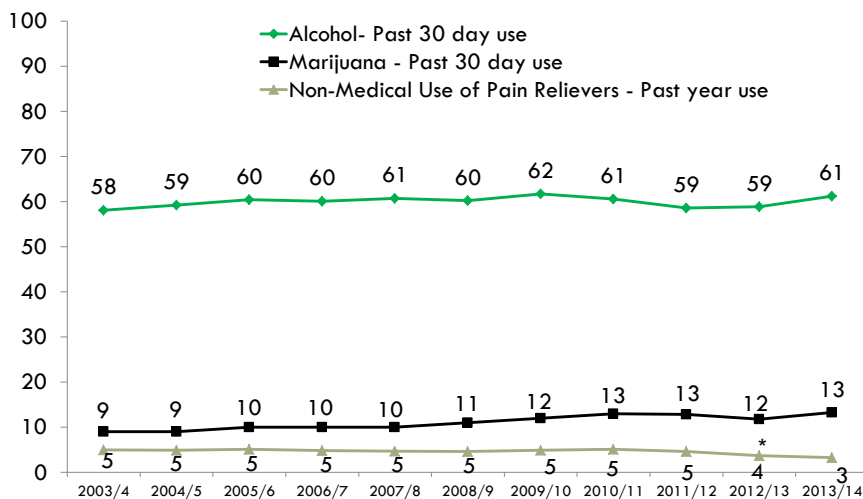
### MEDICAID Claims with Substance Abuse Diagnoses by Department Paying for Services



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



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



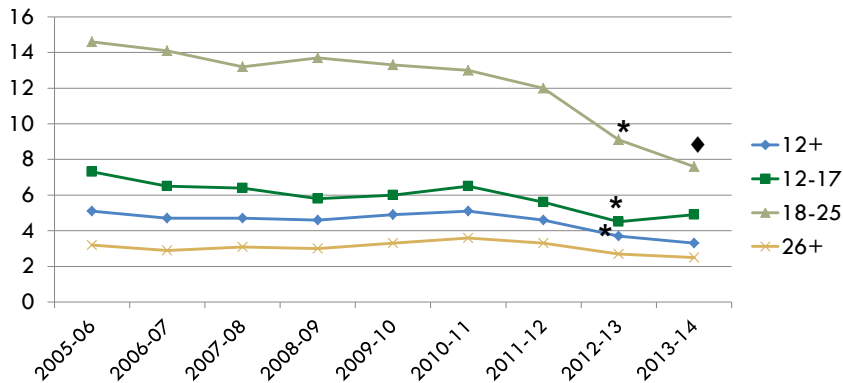
\* Statistically significant reduction 2011/12 to 2012/13.  
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Source: National Survey on Drug Use and Health, 2003-2014



## 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

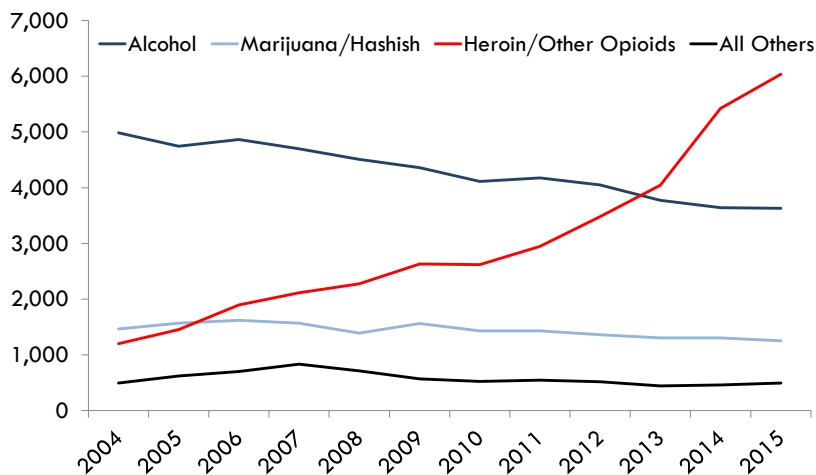
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## The number of Vermonters treated for opioid addiction continues to increase

**Number of people treated in Vermont by substance**



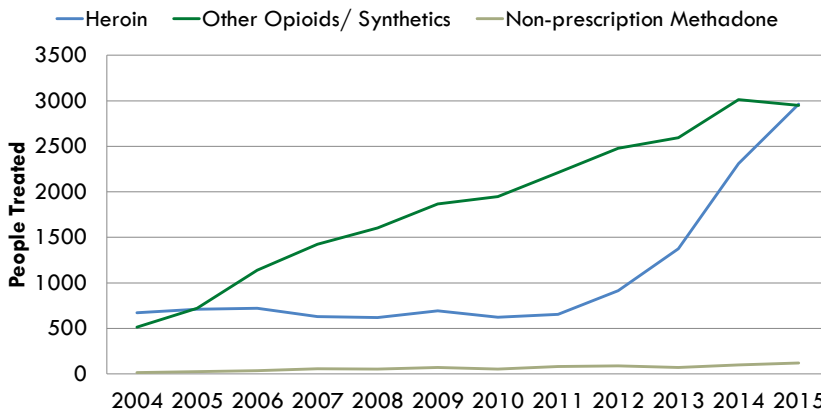
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Source: Alcohol and Drug Abuse Treatment Programs



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



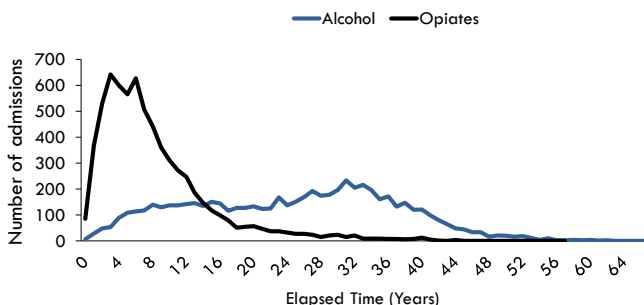
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People seek treatment for opioid addiction much sooner after first use than with alcohol

### 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: Alcohol and Drug Abuse Treatment Programs, Admissions 2005-2011

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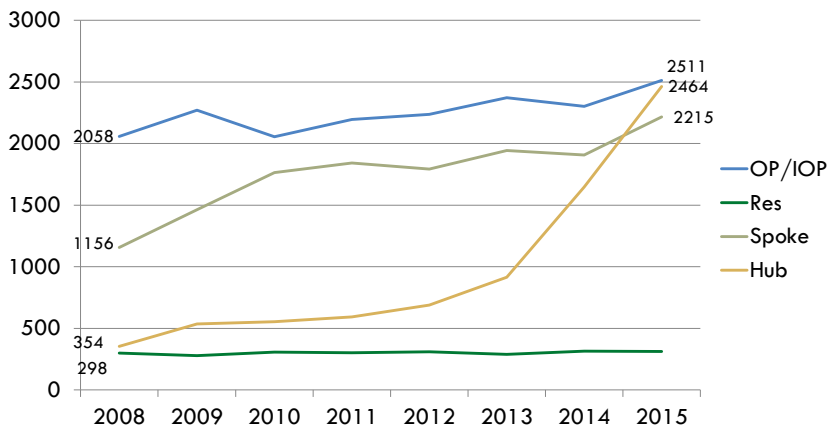
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Capacity - Number of people that can be treated per month by level of care

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

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# What Are We Doing?



## Vermonters served in Prevention Programs

- 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**

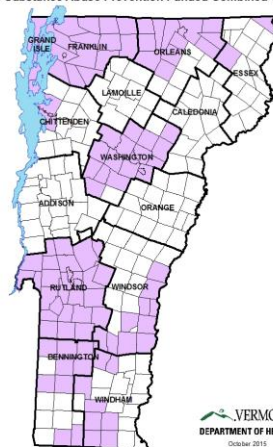


## Prevention Services

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FY16 School-Based Substance Abuse Services Grantees

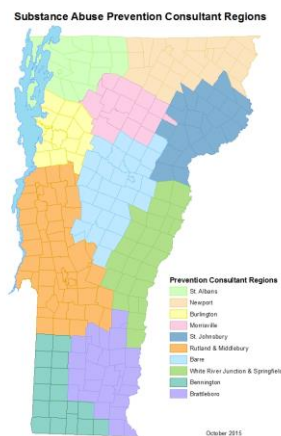
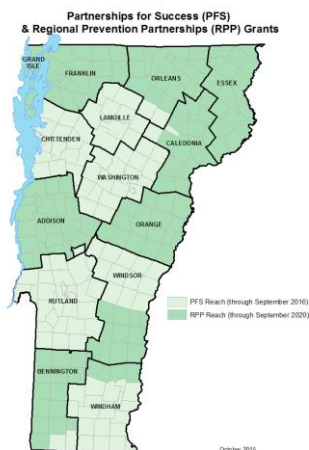


FY16 Substance Abuse Prevention Funded Combined Coalitions





## Prevention Services



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## Intervention Services

- 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

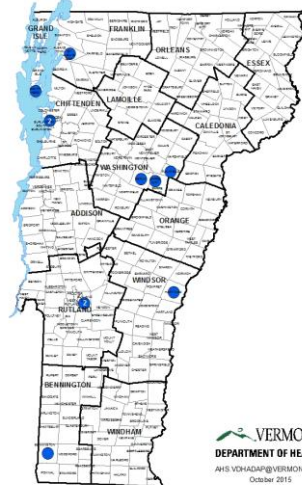
**Estimated cost per person for intervention services: \$159**

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## VERMONT SBIRT Sites

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



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## VERMONT Vermonters Served in Treatment

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

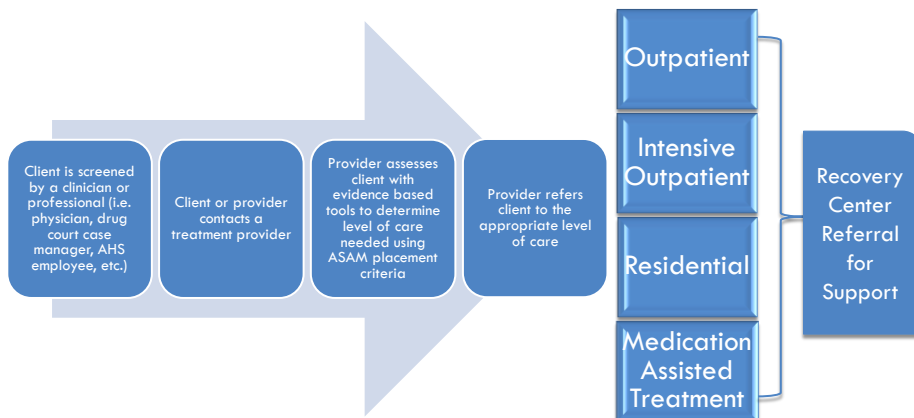
**Estimated cost per person for treatment services: \$3,148**

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## Process for accessing treatment services in Vermont

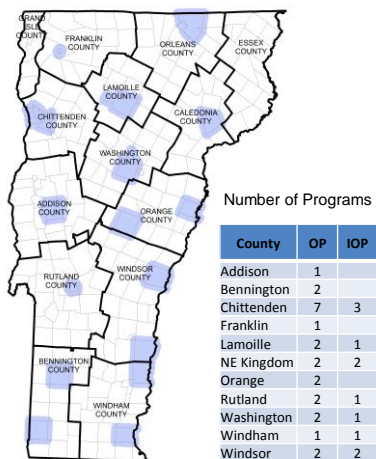


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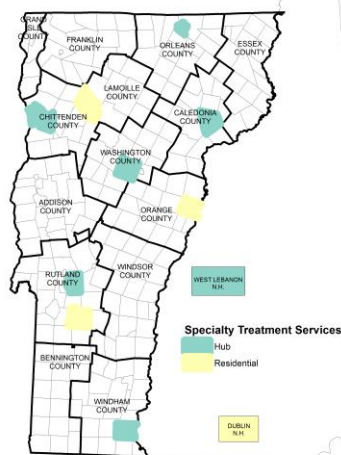


## Treatment Locations Maps

### Outpatient/Intensive Outpatient Facilities



### Hub and Residential Facilities

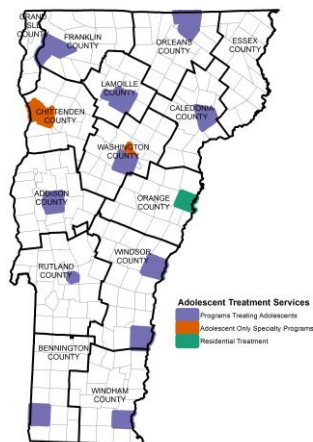


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## Treatment Location Maps

### Adolescent Treatment



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## Vermonters Served at Recovery Centers

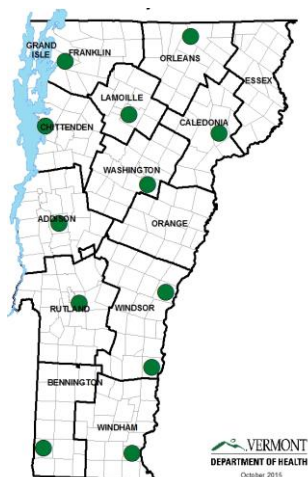
- In SFY2015, an estimated 2,781 Vermonters received recovery services through:
  - Recovery Center Network
    - Peer-based recovery supports
    - Leadership training and recovery coaching
  - Sober Housing
  - Educational Materials and Training

**Estimated cost per person for recovery services: \$453**



## Recovery Center Locations

### Recovery Center Locations



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DEPARTMENT OF HEALTH  
October 2015

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## Substance Abuse Treatment Coordination Workgroup (SATC)

- 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


 VERMONT SATC Focus Areas
 

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- **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.


 VERMONT DCF Collaboration
 

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- **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




 VERMONT IFS Collaboration
 

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- **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

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 VERMONT ADAP/DVHA Collaborations
 

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- 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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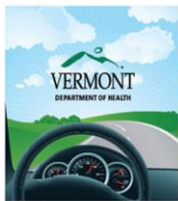
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# How are we doing?

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## ADAP Tracks Measures on the VDH Healthy Vermonters Performance Dashboard



### 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](http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx)





**ADAP Dashboard**

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

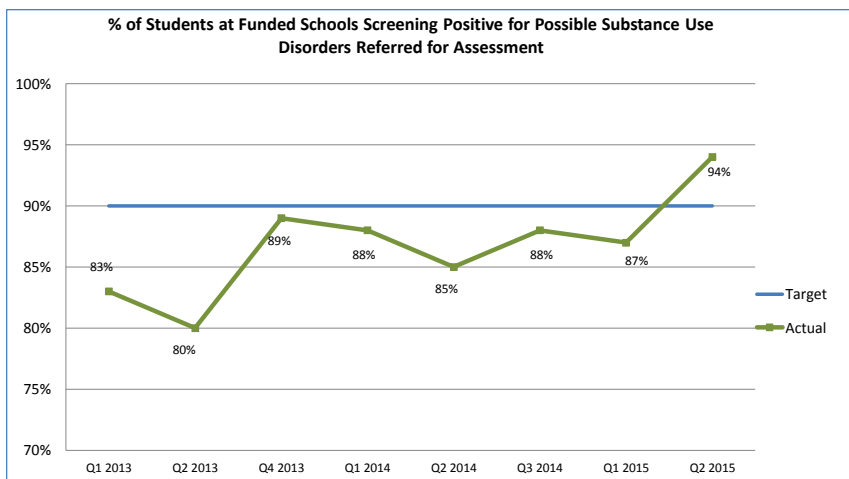
**Indicators:**

- 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

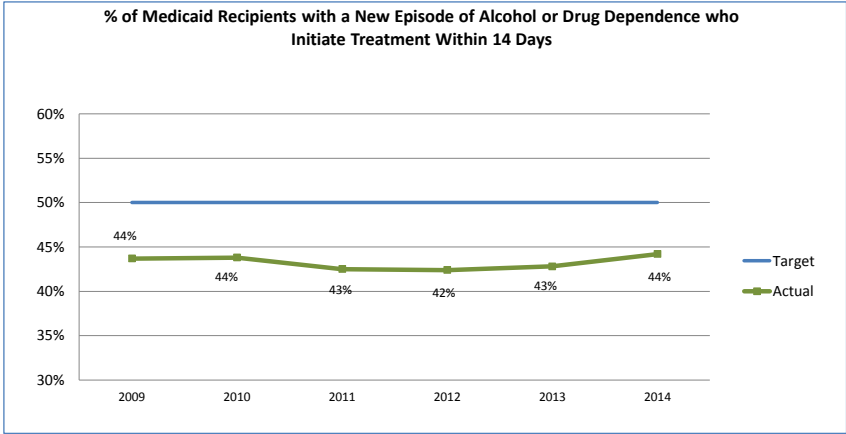
**Performance Measures:**

- 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)

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

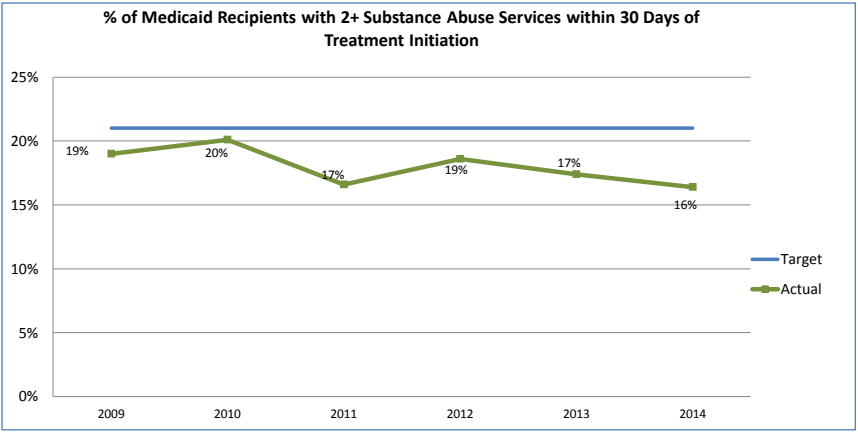


**PERFORMANCE MEASURE**  
**Treatment Initiation: Are youth and adults who need help starting treatment?**



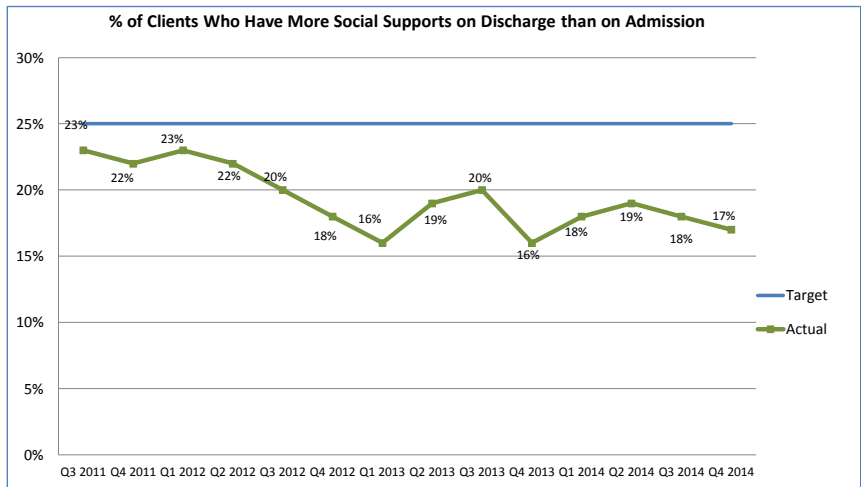
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**PERFORMANCE MEASURE:**  
**Treatment Engagement: Are youth and adult Medicaid recipients who start treatment sticking with it?**

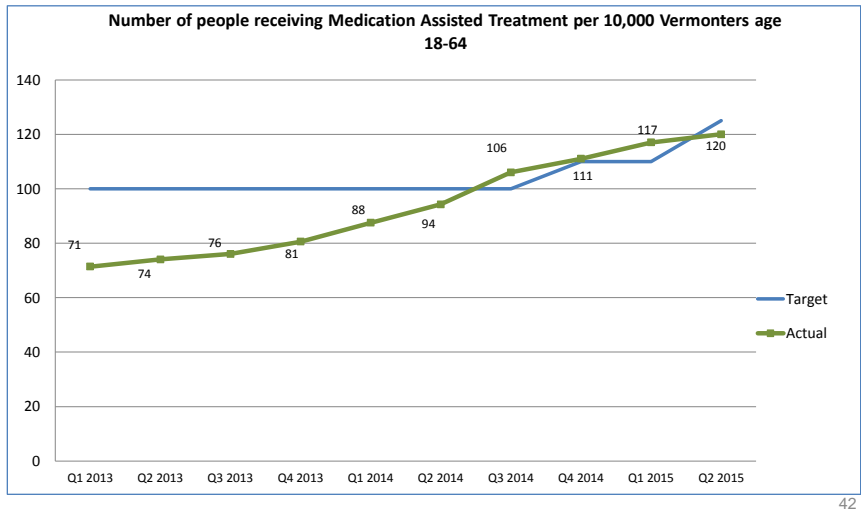


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**PERFORMANCE MEASURE:  
Social Supports: Are youth and adults leaving treatment with more support than when they started?**



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





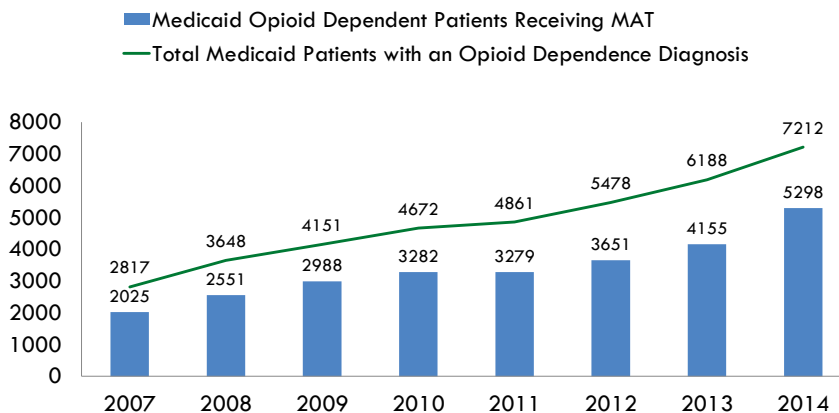
## DVHA Blueprint/VDH/On-Point MAT Evaluation

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**



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
<b>Statewide</b>	<b>2867</b>	<b>2972</b>	<b>3054</b>	<b>3235</b>	<b>3513</b>	<b>3784</b>	<b>4238</b>	<b>4451</b>	<b>4679</b>	<b>4812</b>

Source: SATIS (hubs) and Medicaid (spokes)<sub>45</sub>



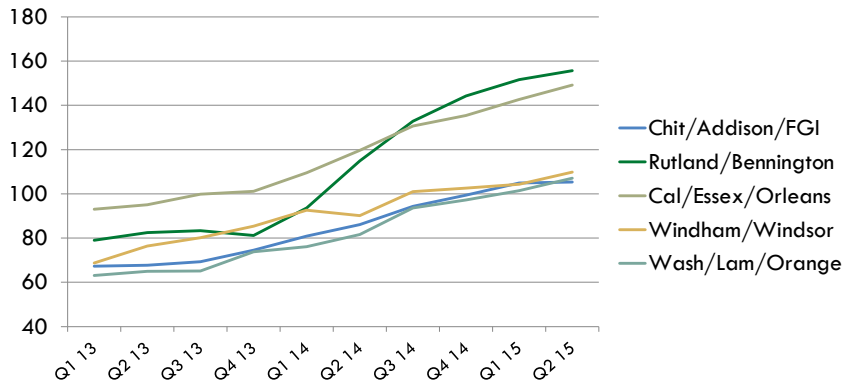
## Hub Census and Waitlist: November 24, 2015

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
<b>STATEWIDE</b>			<b>2812</b>	<b>910</b>	<b>1902</b>	<b>468</b>



The Northwest Region has the lowest Rate of Medication Assisted Treatment in Vermont

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



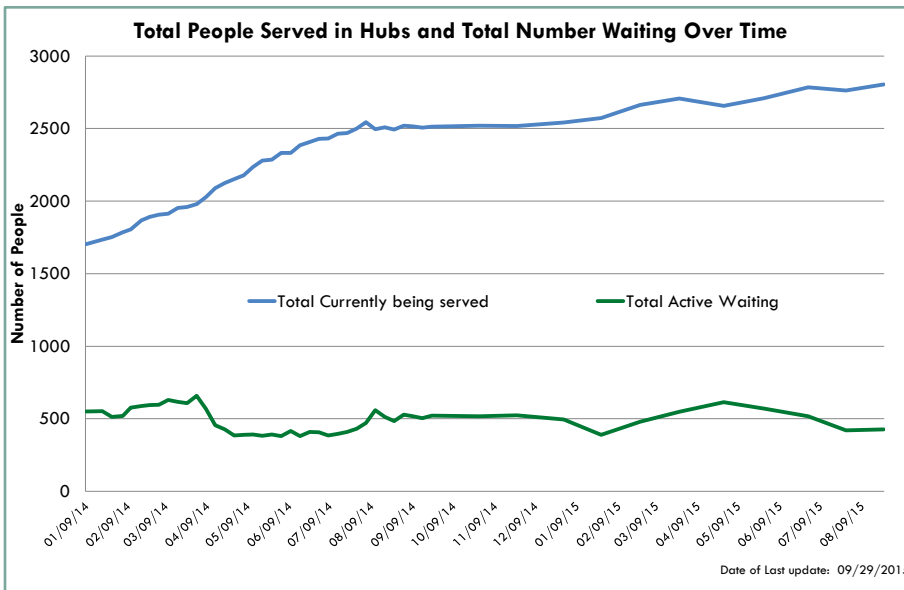
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The number of people waiting for services has remained steady despite increases in capacity

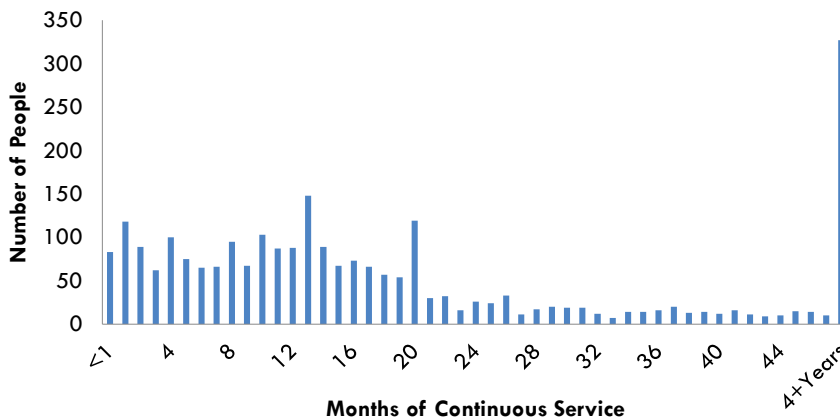
Total People Served in Hubs and Total Number Waiting Over Time





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

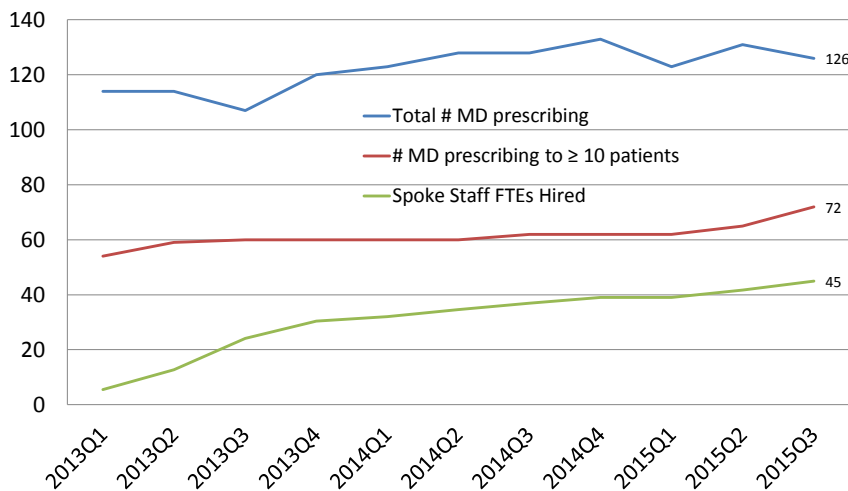


Source: SATIS

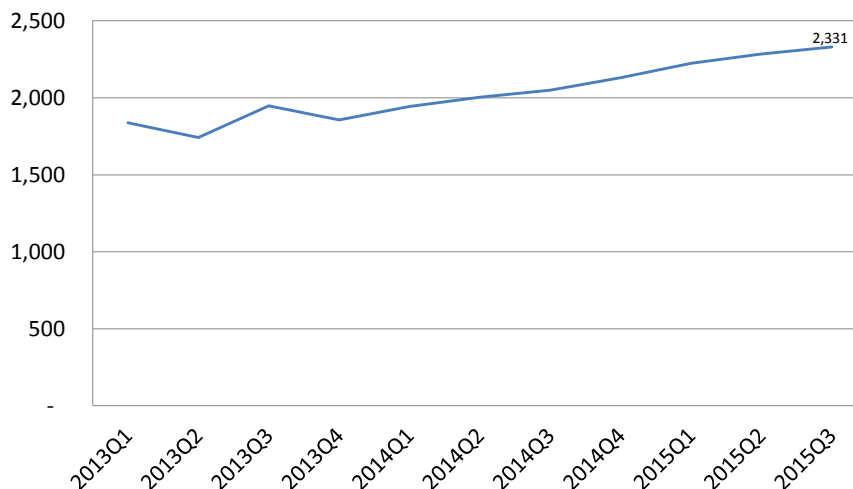
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Spoke Resources Over Time



### Spoke Medicaid Beneficiary Census Over Time



### Spoke Patients, Providers & Staffing: September 2015

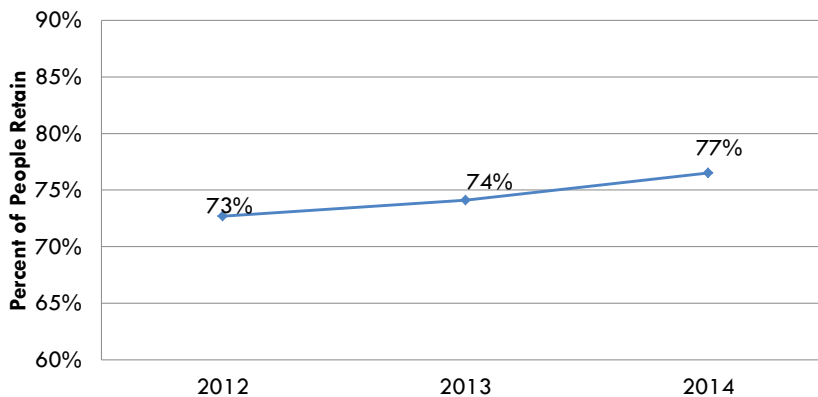
Region	Total # MD prescribing pts	# MD prescribing to $\geq$ 10 pts	Staff FTE Available Funding	Staff FTE Hired	Medicaid Beneficiaries
Bennington	10	8	5.0	4.6	233
St. Albans	10	9	7.5	6.6	363
Rutland	10	6	5.5	4.5	259
Chittenden	30	16	9.0	9.25	434
Brattleboro	13	5	3.0	3.99	146
Springfield	2	2	1.5	1.5	67
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
<b>Total</b>	<b>126*</b>	<b>72</b>	<b>49.5</b>	<b>44.94</b>	<b>2,331</b>

**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**



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Progress – getting 3<sup>rd</sup> party insurers to pay for full hub services

- ❑ 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

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## Other Progress

- 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

## System Needs and Gaps



## VERMONT To Balance The System:

- 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

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## VERMONT System Needs and Gaps

- 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

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## System Needs and Gaps

### □ 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



## System Needs and Gaps

### □ 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



## System Needs and Gaps

### □ 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



## System Needs and Gaps

### □ 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