Substance Abuse System of Care

House Human Services Committee

Barbara Cimaglio, Deputy Commissioner,
Alcohol and Drug Abuse Programs

VERMONT
DEPARTMENT OF HEALTH

January 11, 2017

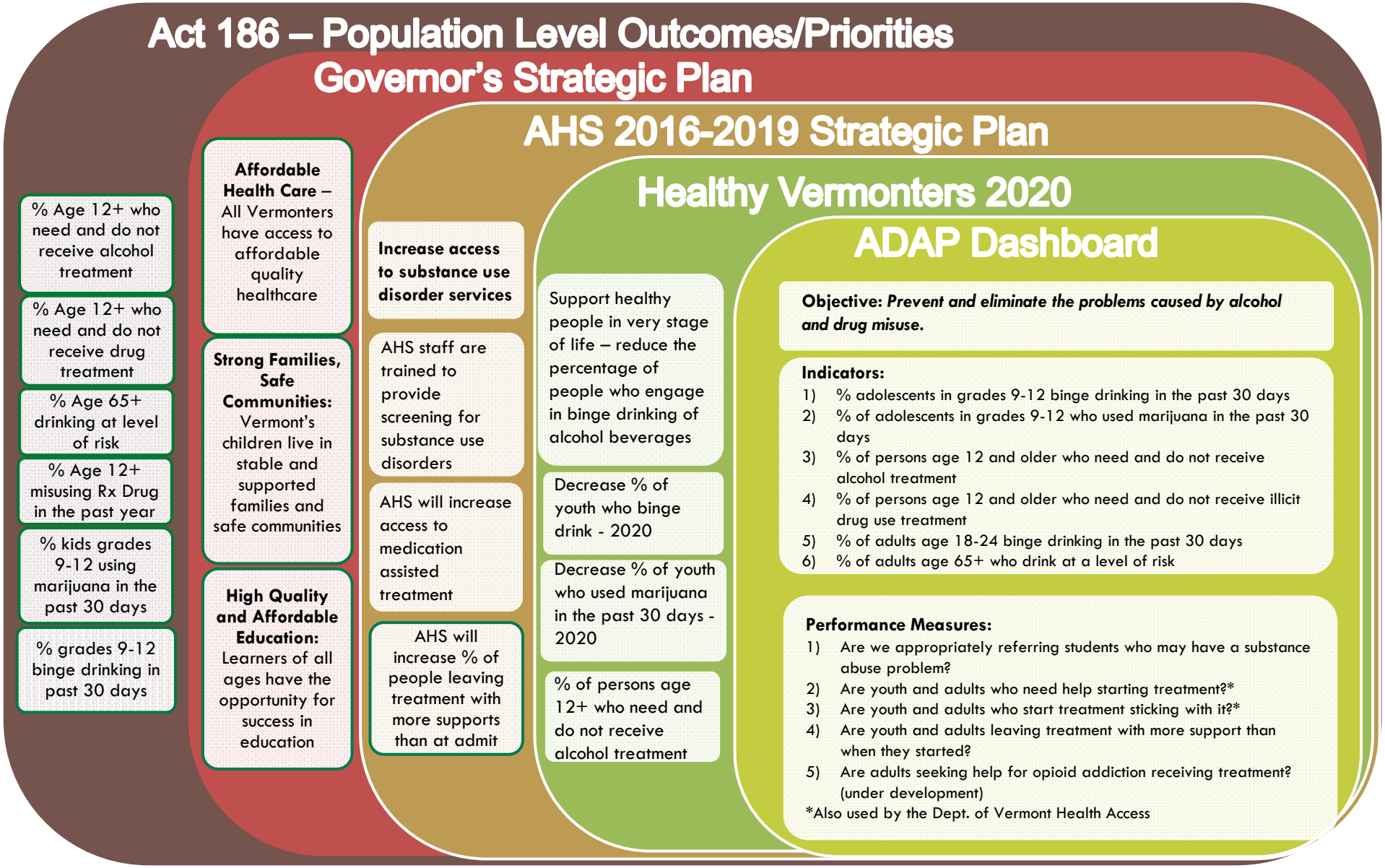
VERMONT Public Health Approach

- 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"


Act 186 – Population Level Outcomes/Priorities
Governor's Strategic Plan
AHS 2016-2019 Strategic Plan
Healthy Vermonters 2020
ADAP Dashboard
% Age 12+ who need and do not receive alcohol treatment
% Age 12+ who need and do not receive drug treatment
% Age 65+ drinking at level of risk
% Age 12+ misusing Rx Drug in the past year
% kids grades 9-12 using marijuana in the past 30 days
% grades 9-12 binge drinking in past 30 days
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
Increase access to substance use disorder services
AHS staff are trained to provide screening for substance use disorders
AHS will increase access to medication assisted treatment
AHS will increase % of people leaving treatment with more supports than at admit
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
Objective: Prevent and eliminate the problems caused by alcohol and drug misuse.
Indicators:
1) % adolescents in grades 9-12 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
5) % of adults age 18-24 binge drinking in the past 30 days
6) % of adults age 65+ who drink at a level of risk
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)
*Also used by the Dept. of Vermont Health Access

State Substance Abuse Services

VDH/ADAP

Preferred Provider Oversight & Quality

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

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

Treatment –
Preferred Provider Outpatient
Adolescent Specialty Outpatient
Intensive Outpatient
Residential
Hub – Medicated Assisted Treatment
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
Substance Abuse Treatment Coordination

DOC Screening

DOC Therapeutic Communities

Pre-Trial Services

Court Screening

DMH Co-Occurring

DMH Elder Care Clinicians

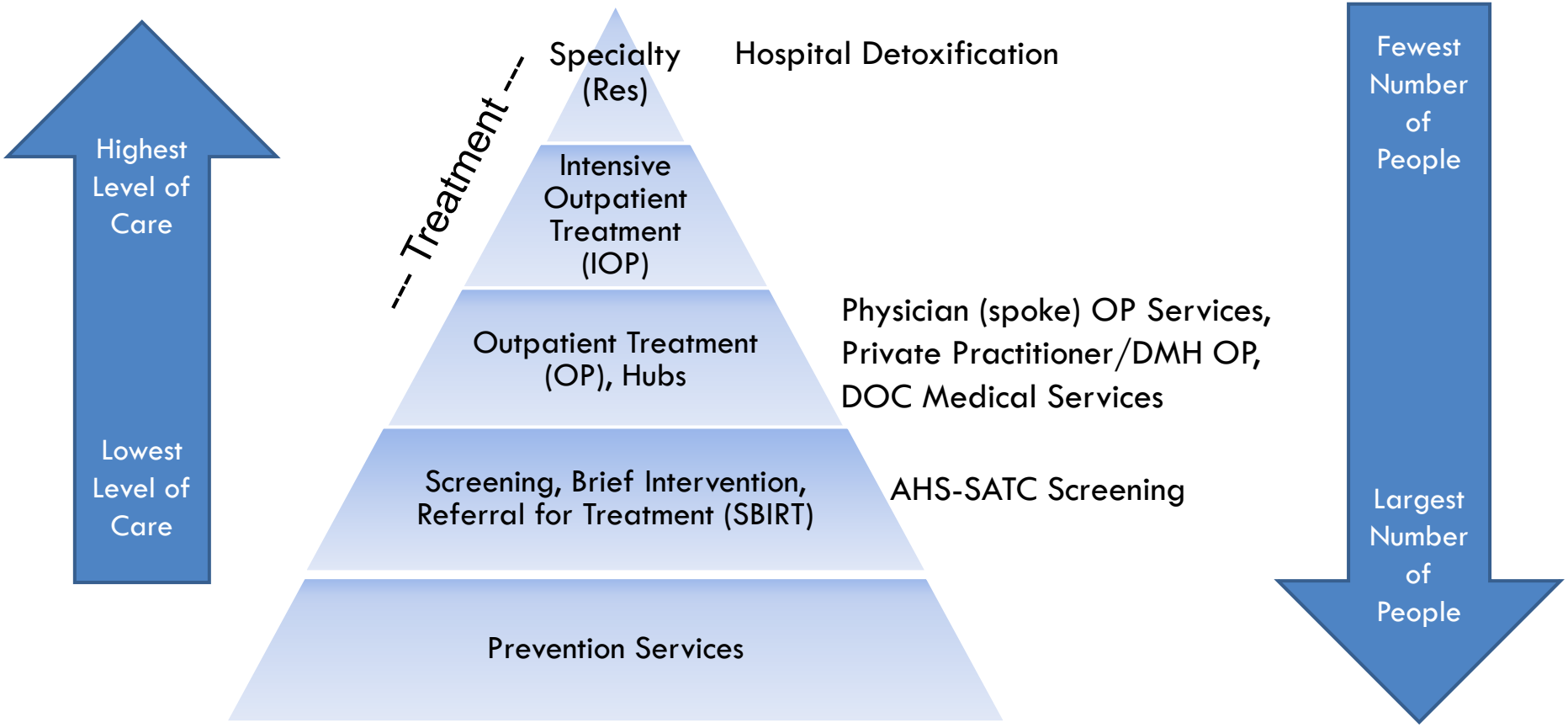
DAIL – Screening

AOE – School Based Health Services

DLC – Regulation & Training

DOT – Impaired Driver Prevention

Vermont's Substance Abuse Services



Recovery Services are Available to Those at All Service Levels

Actions to Address Opioid Drug Abuse

Education
- Prescriber education
- Community education
- Naloxone distribution

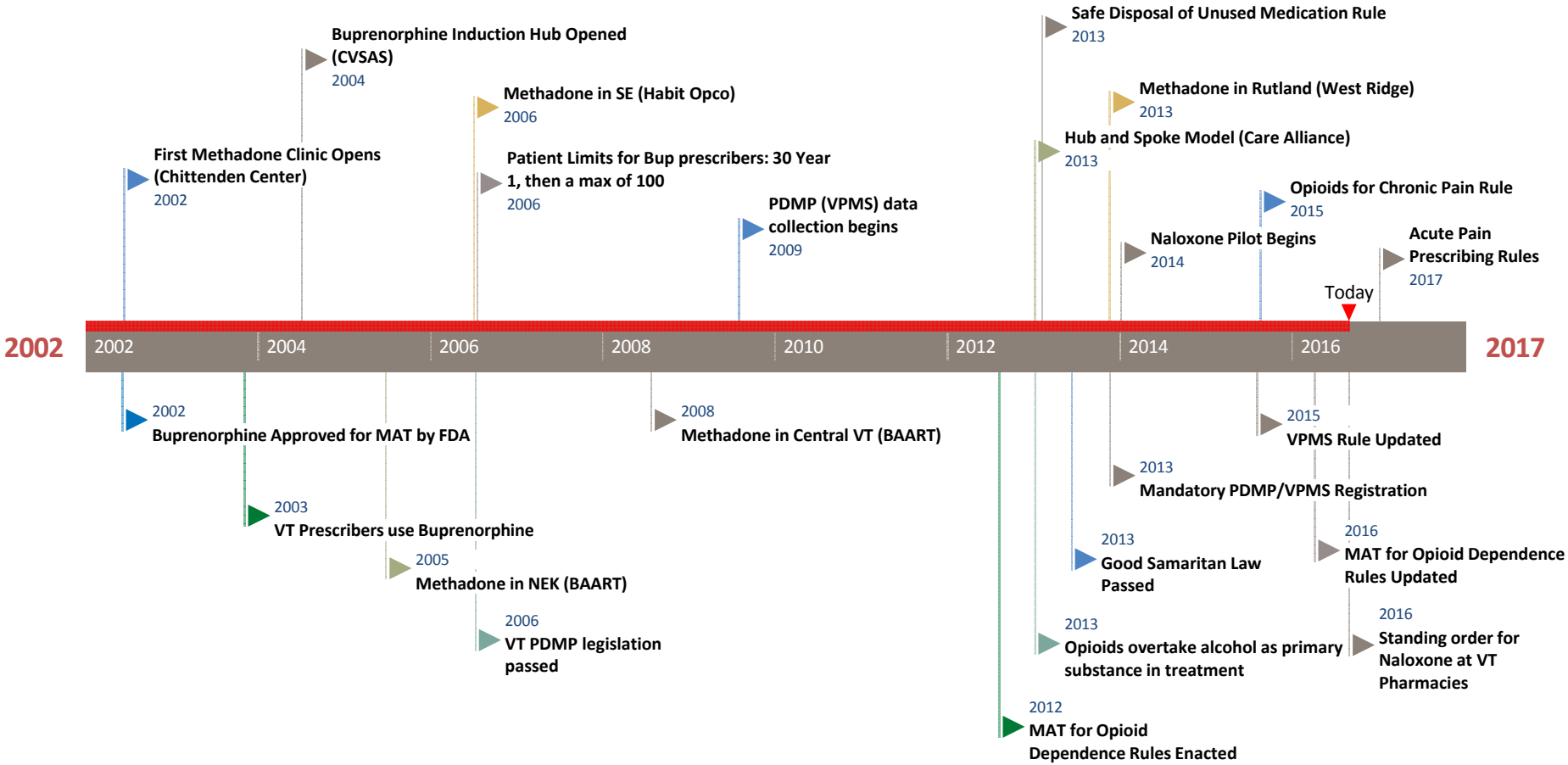
Tracking and Monitoring
- Vermont Prescription Drug Monitoring System (VPMS)

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

Proper Medication Disposal
- Drug Disposal position at VDH (2016)
- 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 (Hub and Spoke) for Medication Assisted Treatment (Buprenorphine, Vivitrol, Methadone)
- Outpatient and residential treatment at state-funded treatment providers
- Recovery Centers

Timeline: Addressing Opioid Misuse and Addiction in Vermont



Investing in Substance Abuse Services Saves Money

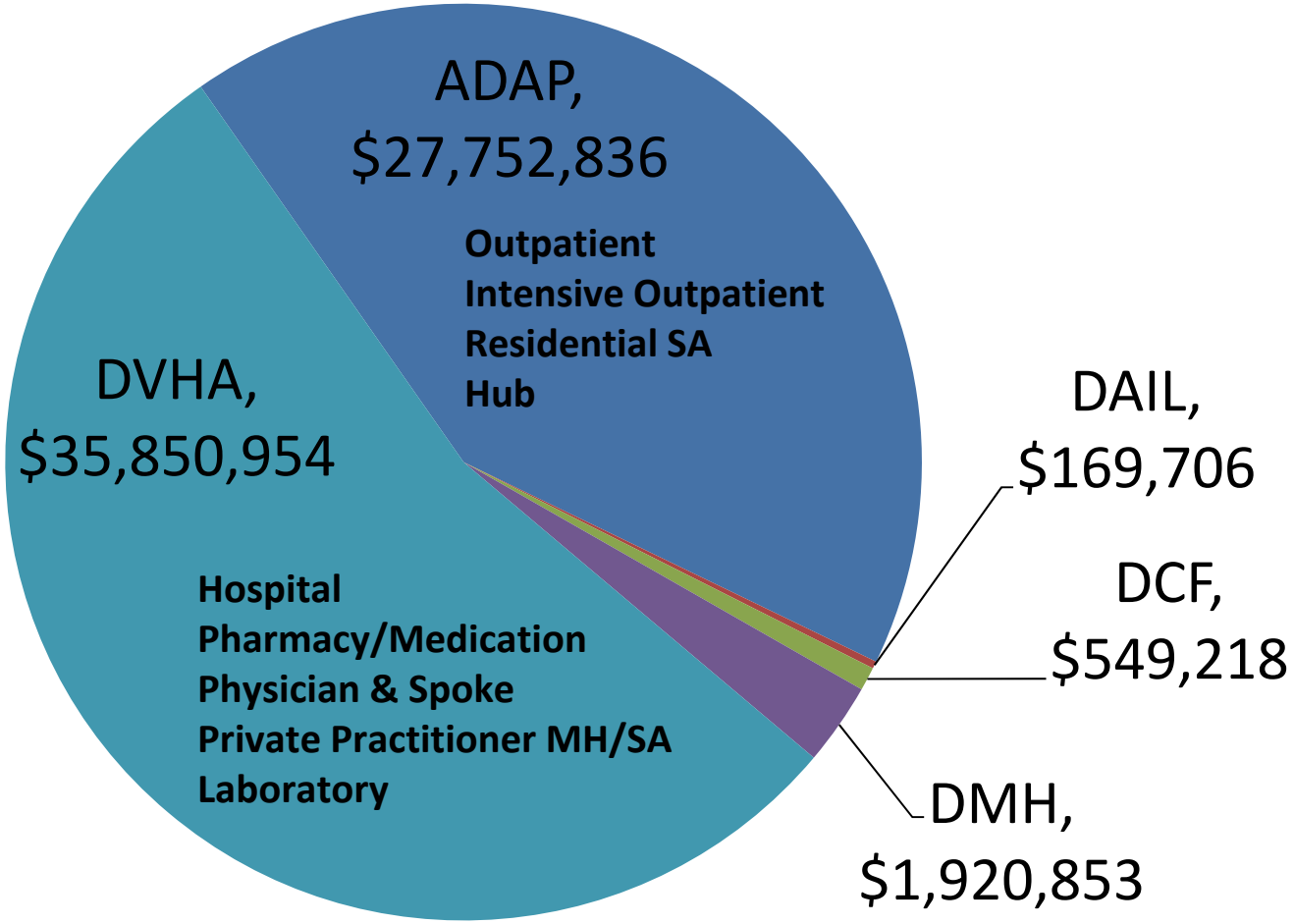
- ***Prevention:*** *$1 invested in substance abuse prevention saves $10–$18 in costs associated with health care, criminal justice, and lost productivity*
- ***Intervention:*** *Substance abuse screening and brief counseling is as effective as other health prevention screenings*
- ***Treatment:*** *$1 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 FY16 Expenditures by Level of Care

Level of Care	Total Expenditures	Average Cost/Person Served
Prevention	$3,692,468	$9
Intervention	$4,881,863	$151
Treatment*	$35,495,351	$3,253
Recovery	$2,220,190	$433

*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).

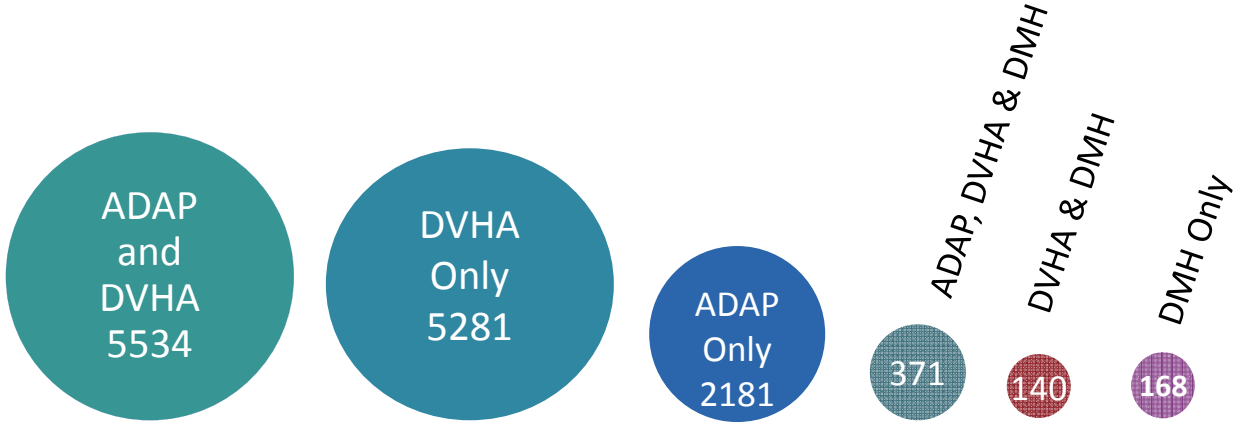
More than 95% of SFY16 Medicaid-Funded Substance Abuse Services are Paid through the DVHA and ADAP Medicaid Appropriations



Includes: Primary Diagnosis Codes 291-292.9, 303-305.9, 305.2-305.9, F10-F16, F18-F19, Drug Therapeutic Classes H3W and C0D, Procedure codes J3490 (bup in hubs), J0592 (injectable Vivitrol), DRGs 895,896,897; excludes pregnancy/neonatal abstinence syndrome claims. Please note that ICD-10 codes went into effect 10/1/15 which may impact coding

MEDICAID Claims with Substance Abuse Diagnoses by Department Paying for Services

SFY2016
13,952 Unique Individuals



DVHA Funded Services
Hospital
Pharmacy/Medication
Physician & Spoke
Private Practitioner MH/SA
Laboratory

ADAP Funded Services
Outpatient
Intensive Outpatient
Residential SA
Hub

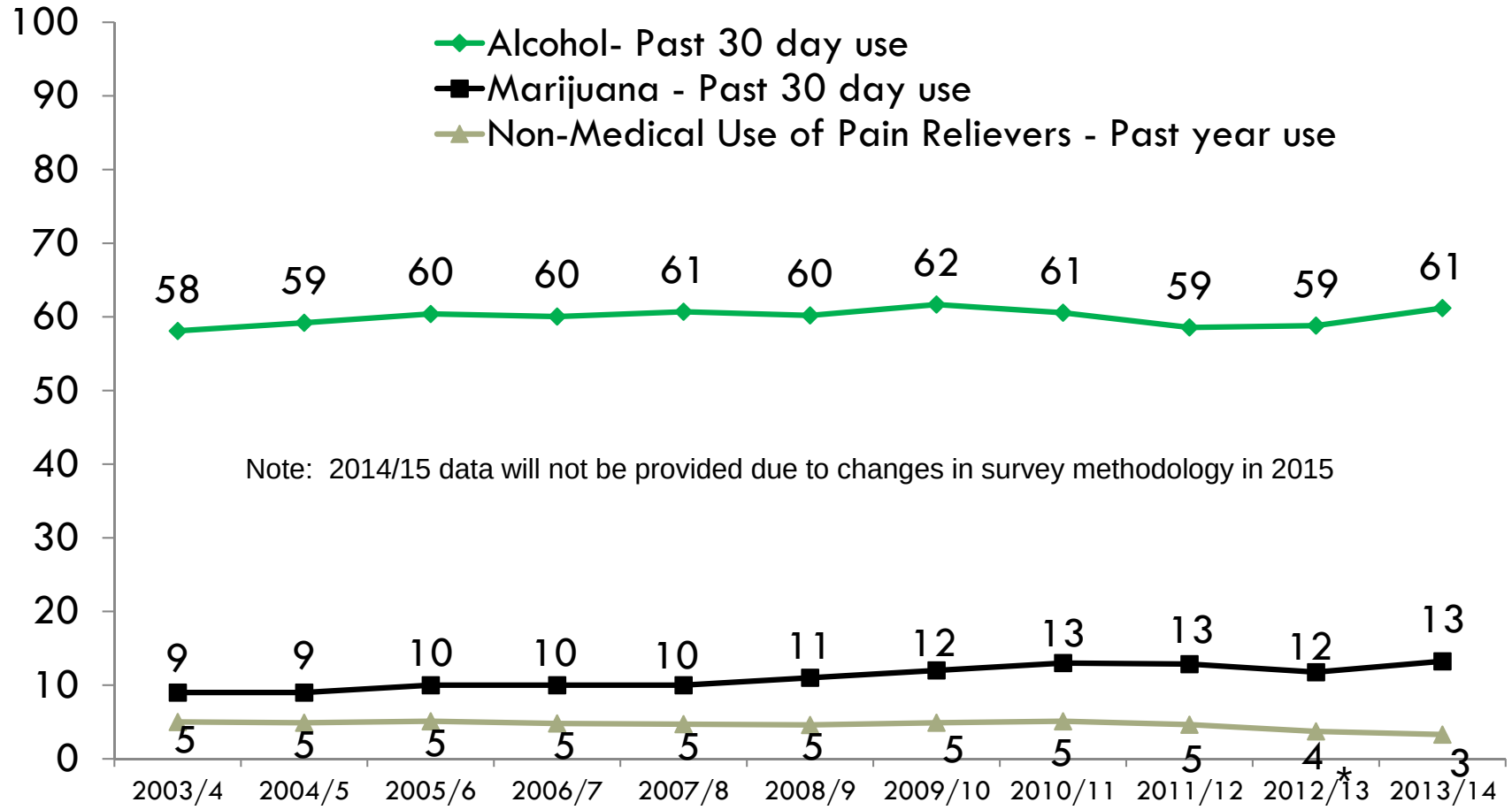
ADAP Uninsured

SFY2016
1,355 Unique Individuals (est.)

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

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

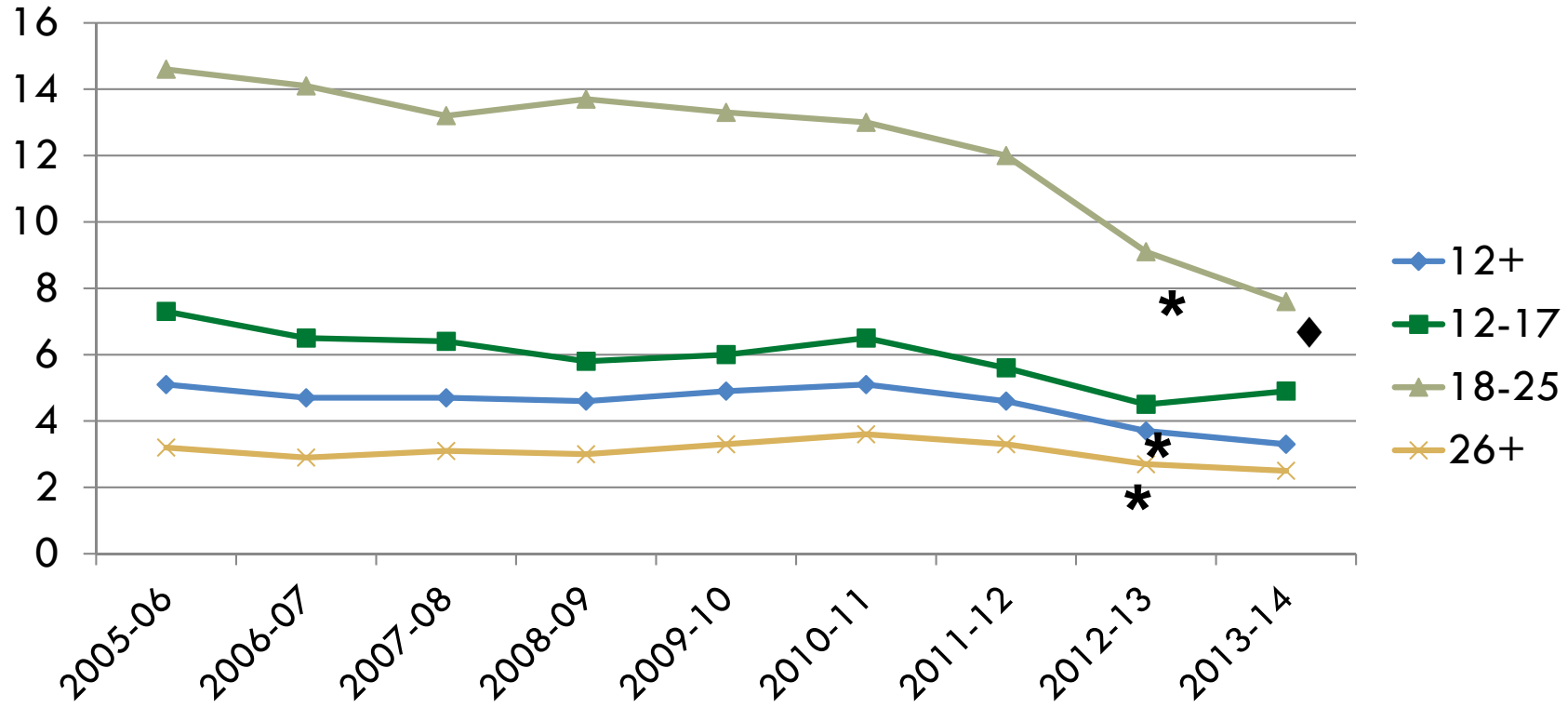


* Statistically significant reduction 2011/12 to 2012/13.

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

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

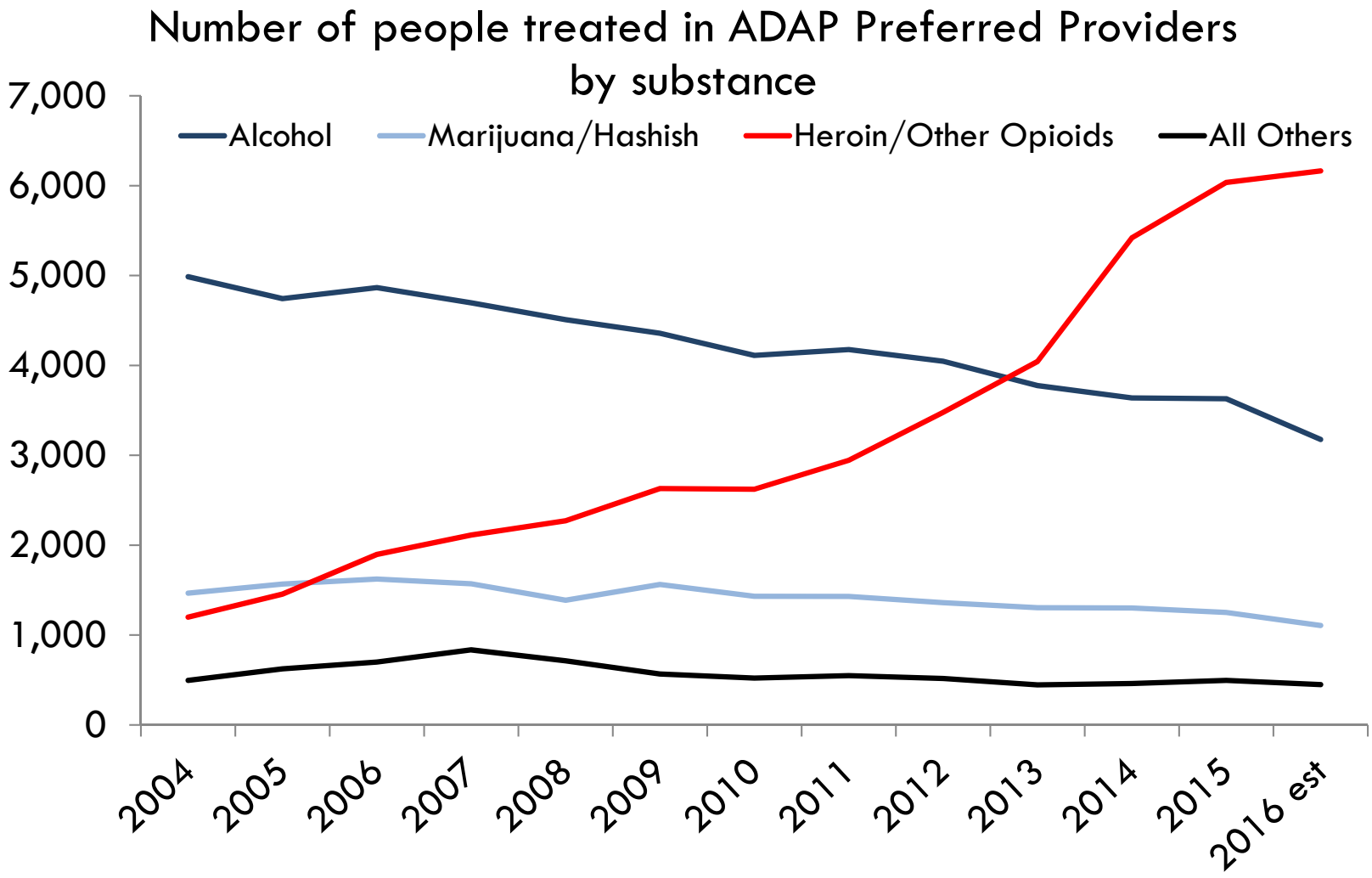
Percent of Vermonters reporting past year non-medical use of pain relievers by age in years (NSDUH)



Note: 2014/15 data will not be provided due to changes in survey methodology in 2015

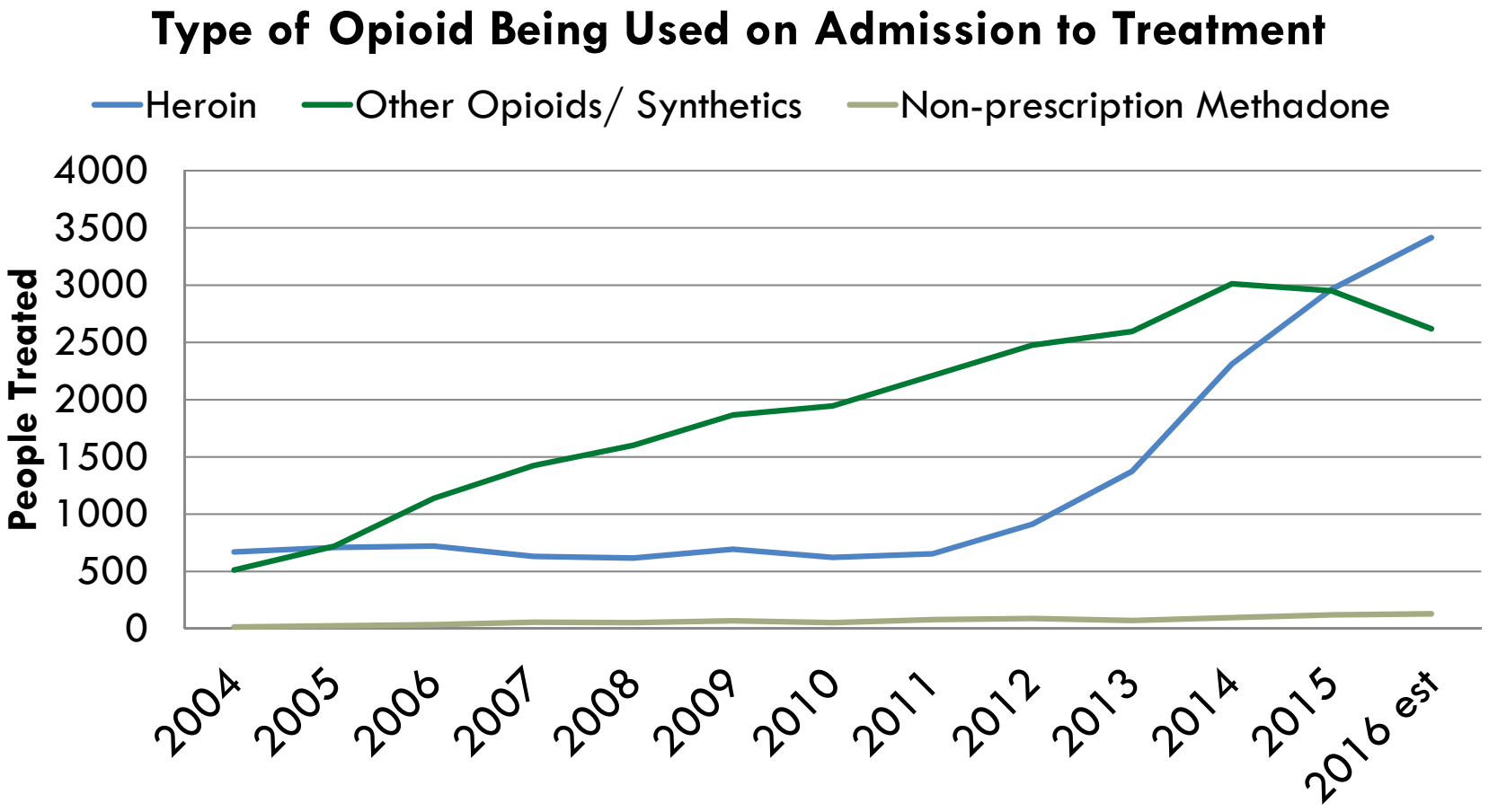
* Statistically significant reduction: * from 2011/2012, ♦from 2012/2013

The number of Vermonters treated for opioid addiction continues to increase



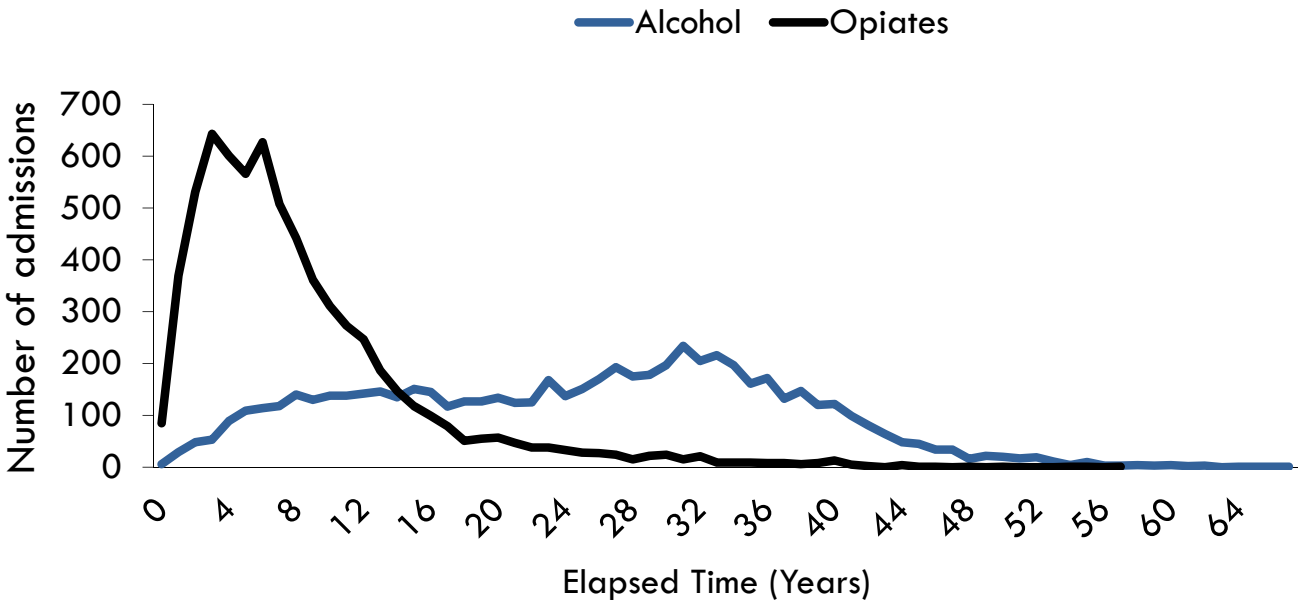
Source: Alcohol and Drug Abuse Treatment Programs

The number of individuals using heroin at treatment admission is continuing to increase



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

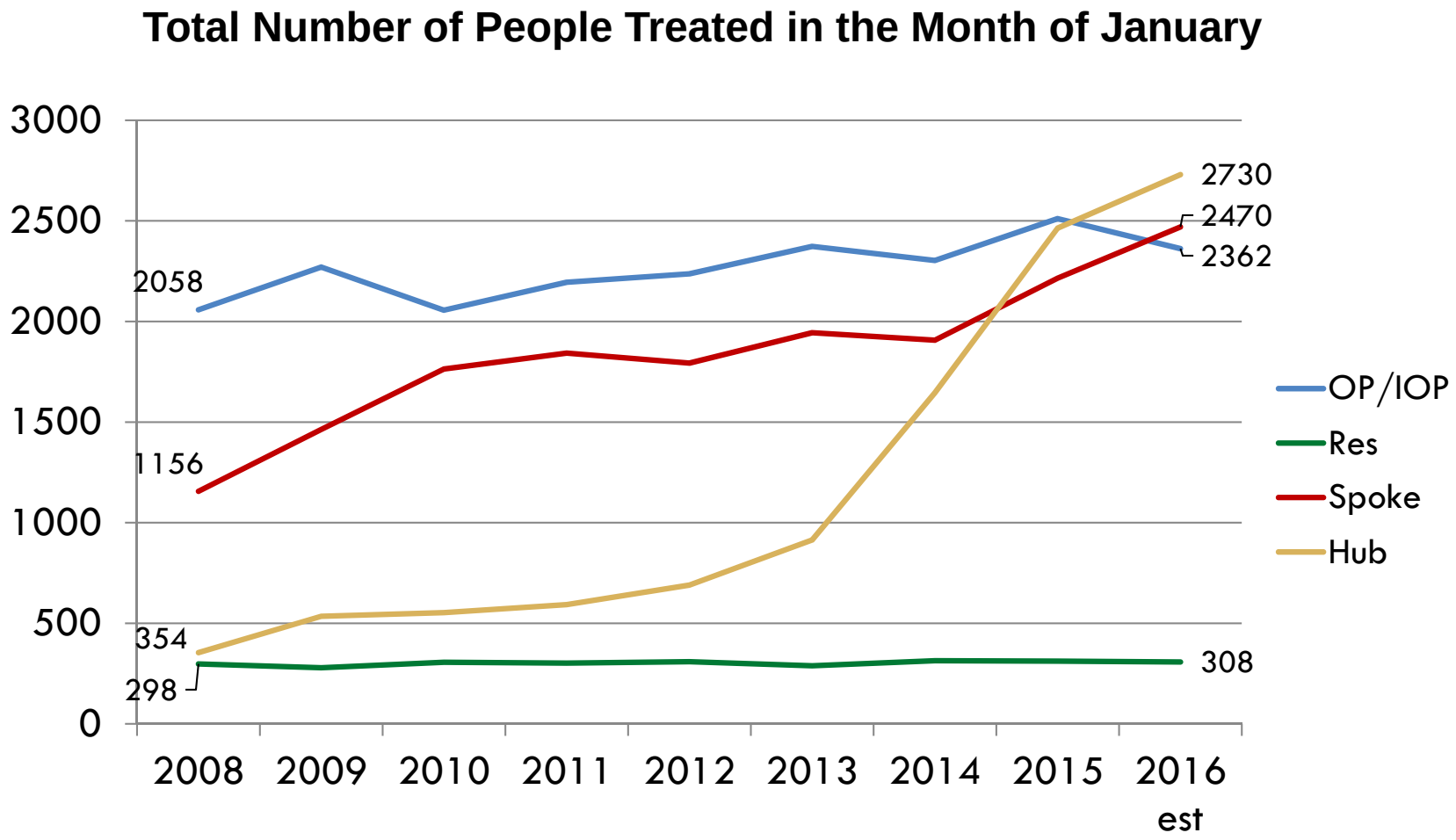
Elapsed Time (Years) Between Age of First Use and Age at Treatment Admission for Daily Users of Opioid and Alcohol



	Opioids	Alcohol
Average Elapsed Time	8.2 +/- 7 years	24.8 +/- 12 years
Number of Admissions	6776	6207

Source: Alcohol and Drug Abuse Treatment Programs, admissions 2005-2011

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



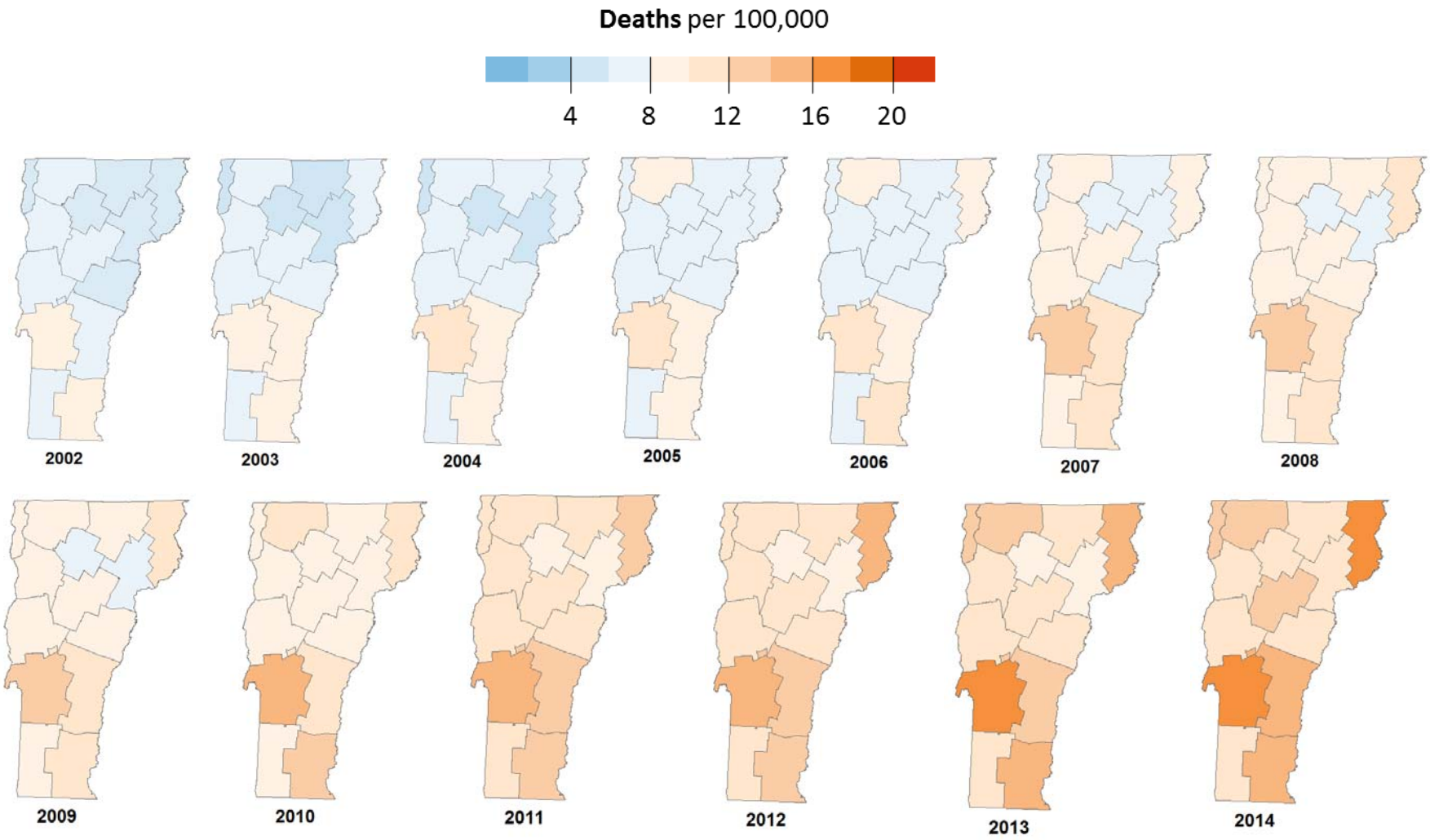
Data Source: SATIS and Medicaid Data (spoke data)

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

Vermont Drug Poisoning Deaths by County

(All Drug Poisoning Deaths)

Source: Centers for Disease Control and Prevention, Drug Poisoning Mortality: United States, 2002-2014

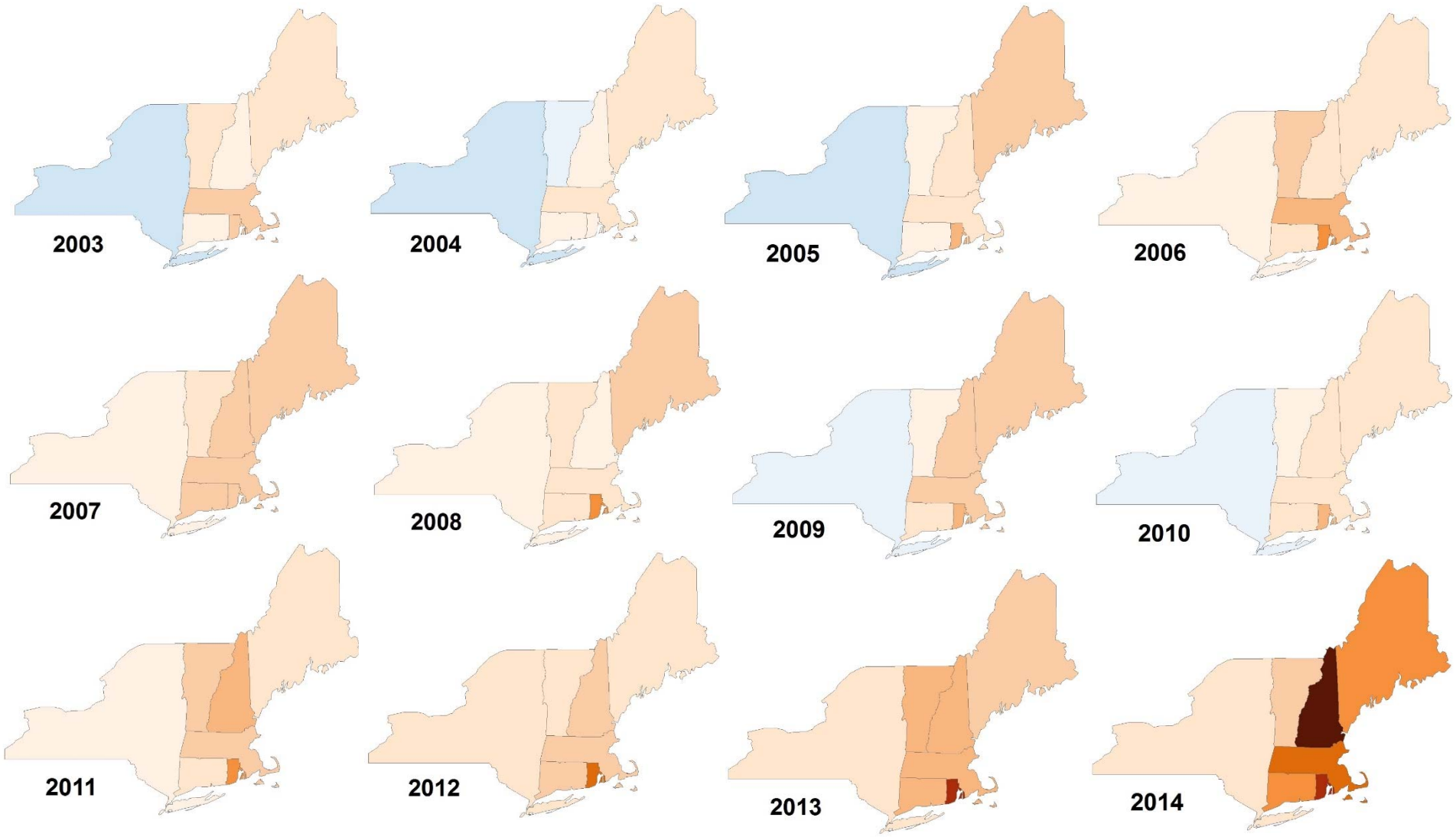


Vermont's 2014 age adjusted rate of drug poisoning deaths is the same as the U.S. average at approximately 14.7 per 100,000 Vermonters.

VERMONT
DEPARTMENT OF HEALTH

January 2016

New England Drug Overdose Deaths (All Drug Poisoning Deaths)



Source: Centers for Disease Control and Prevention, Drug Poisoning Mortality: United States, 2003 - 2014

VERMONT
DEPARTMENT OF HEALTH

November 2016

What Are We Doing?

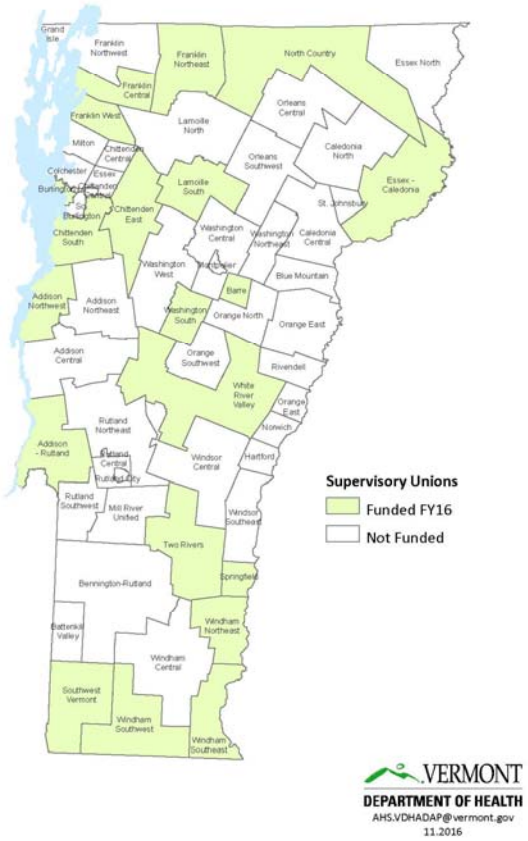
Vermonters served in Prevention Programs

- In SFY2016, 406,404 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

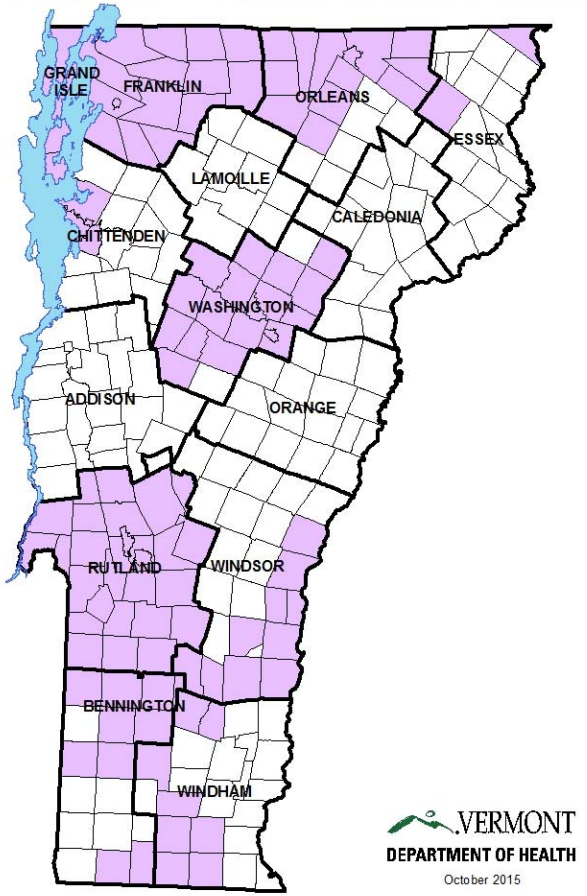
Estimated cost per person for prevention services: $9

Prevention Capacity

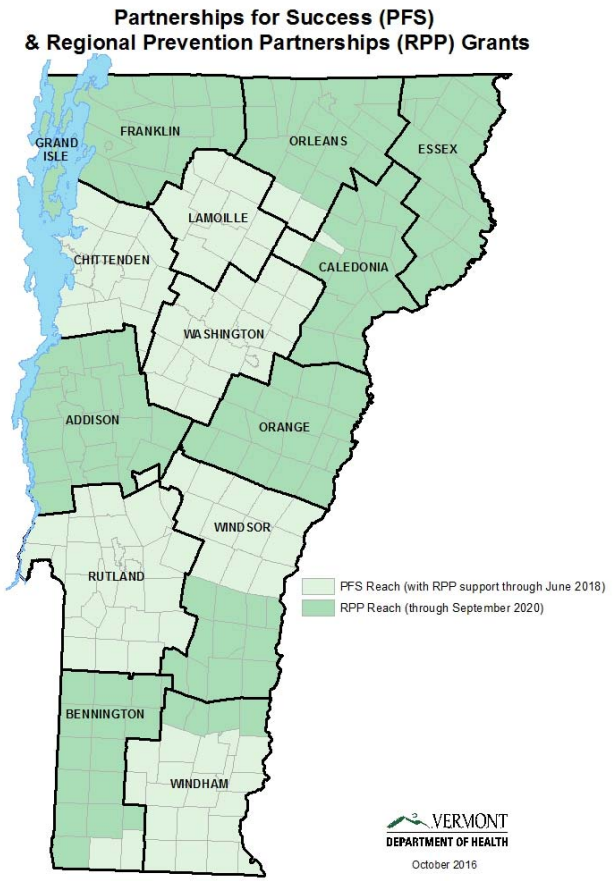
Vermont Department of Health
FY16 School-Based Substance Abuse Services Grantees

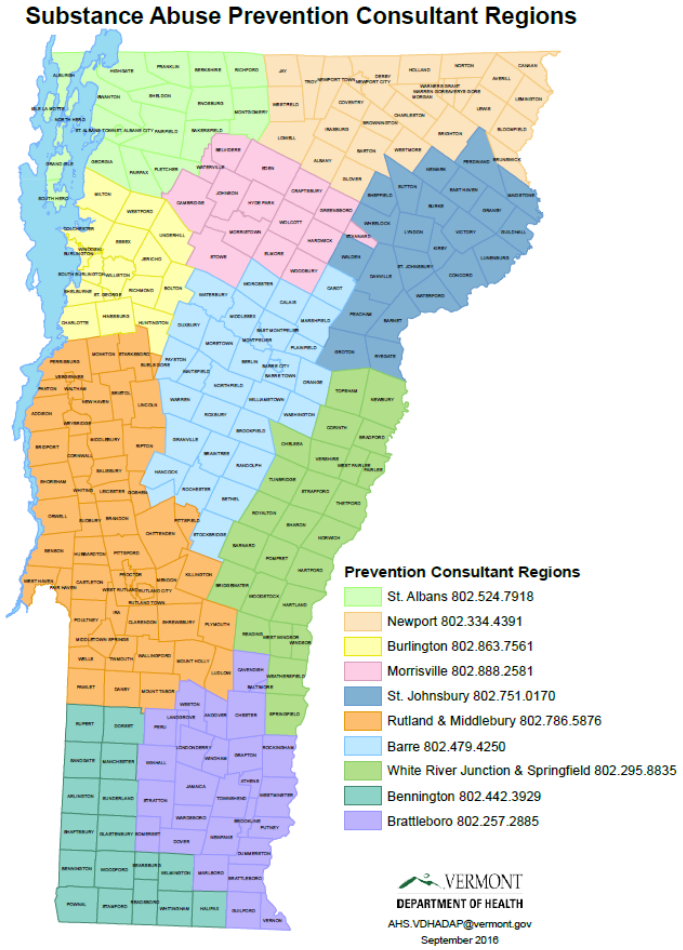


FY16 Substance Abuse Prevention Funded Combined Coalitions



Prevention Capacity



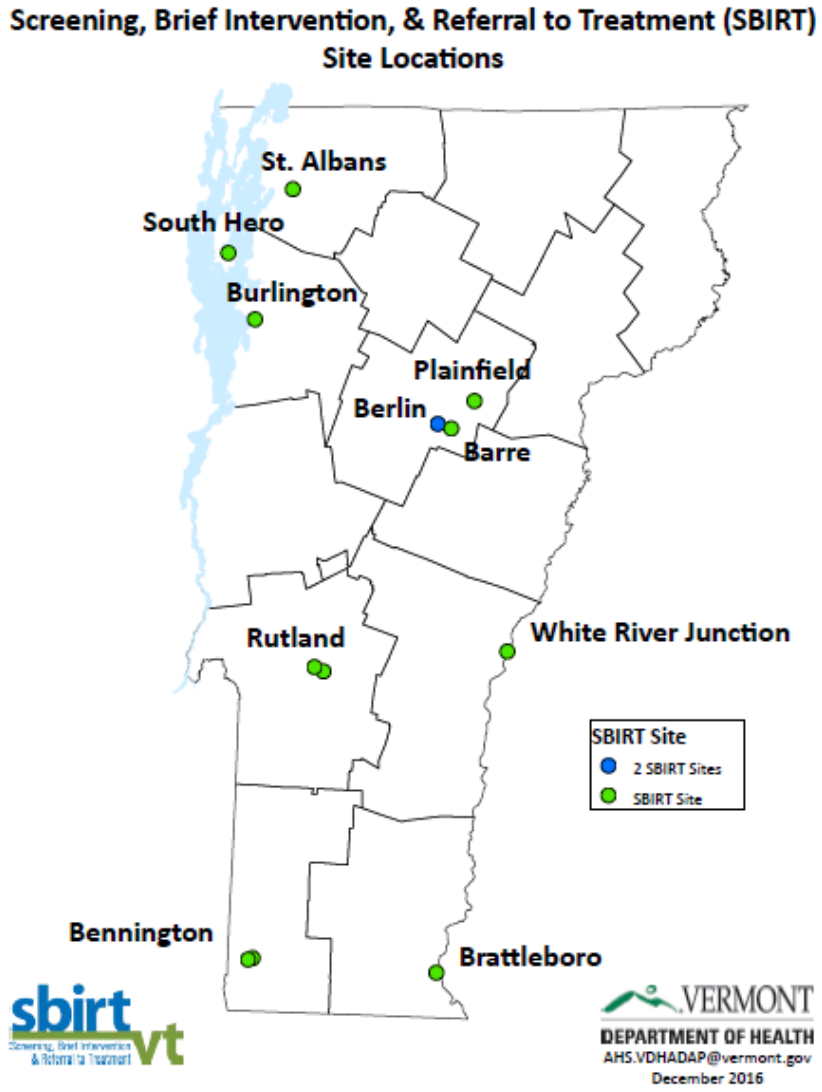


Intervention Services

- In SFY2016, 32,300 Vermonters received intervention services through:
  - SBIRT – Screening, Brief Intervention, Referral to Treatment
  - Project CRASH – Drinking Driver Rehabilitation Program
  - School Based health service referrals
  - Project Rocking Horse
  - Vermont Prescription Monitoring Program
  - Public Inebriate Program
  - Naloxone

Estimated cost per person for intervention services: $151

SBIRT Sites

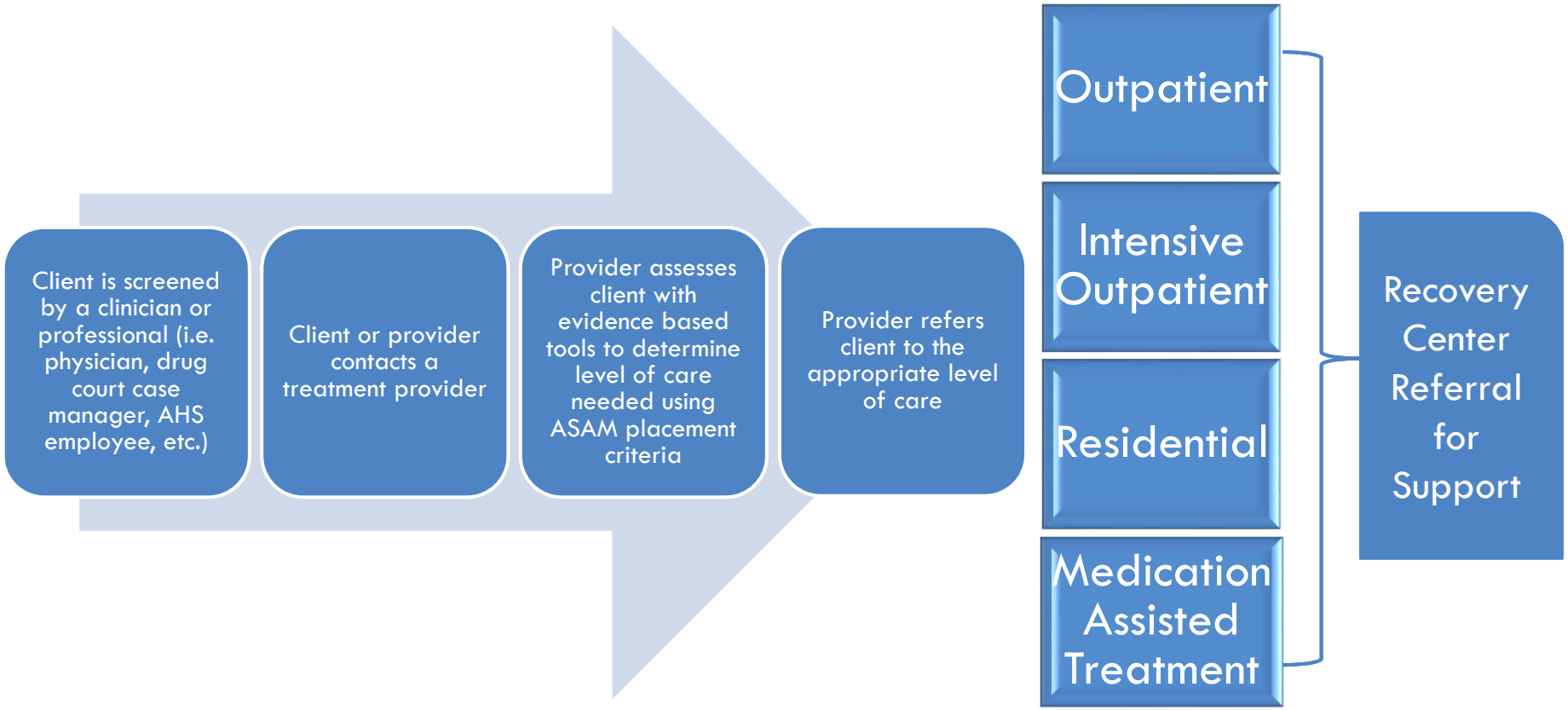

Screening, Brief Intervention, & Referral to Treatment (SBIRT)
Site Locations
St. Albans
South Hero
Burlington
Plainfield
Berlin
Barre
Rutland
White River Junction
Bennington
Brattleboro
SBIRT Site
2 SBIRT Sites
SBIRT Site
sbirt vt
VERMONT
DEPARTMENT OF HEALTH
AHS.VDHADAP@vermont.gov
December 2016

Vermonters Served in Treatment

- In SFY2016, 10,911 Vermonters received treatment services in the ADAP Preferred Provider substance abuse treatment system:
  - Outpatient
  - Intensive Outpatient
  - Residential
  - Opioid Hubs

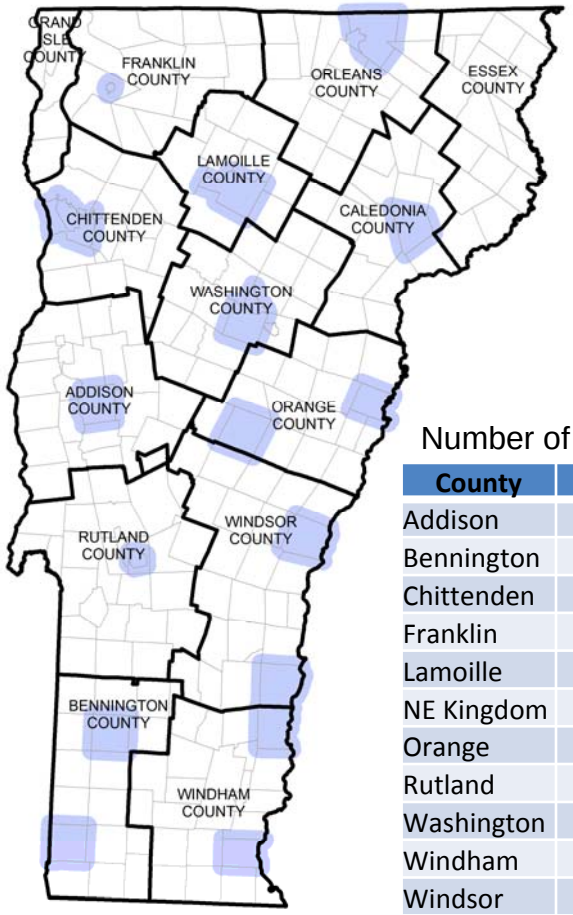
Estimated cost per person for treatment services: $3,253

Process for accessing treatment services in Vermont



Treatment Capacity Maps

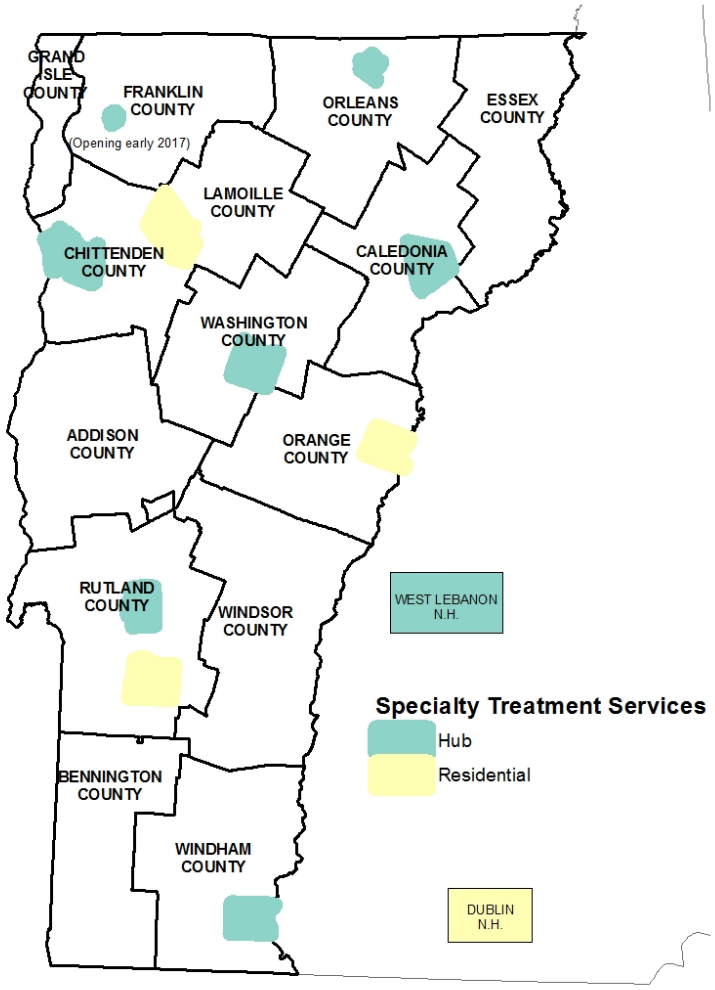
Outpatient/Intensive Outpatient Facilities



Number of Programs

County	OP	IOP
Addison	1	
Bennington	1	1
Chittenden	5	3
Franklin	2	1
Lamoille	2	1
NE Kingdom	1	1
Orange	1	
Rutland	1	1
Washington	3	1
Windham	1	1
Windsor	2	2

Hub and Residential Facilities

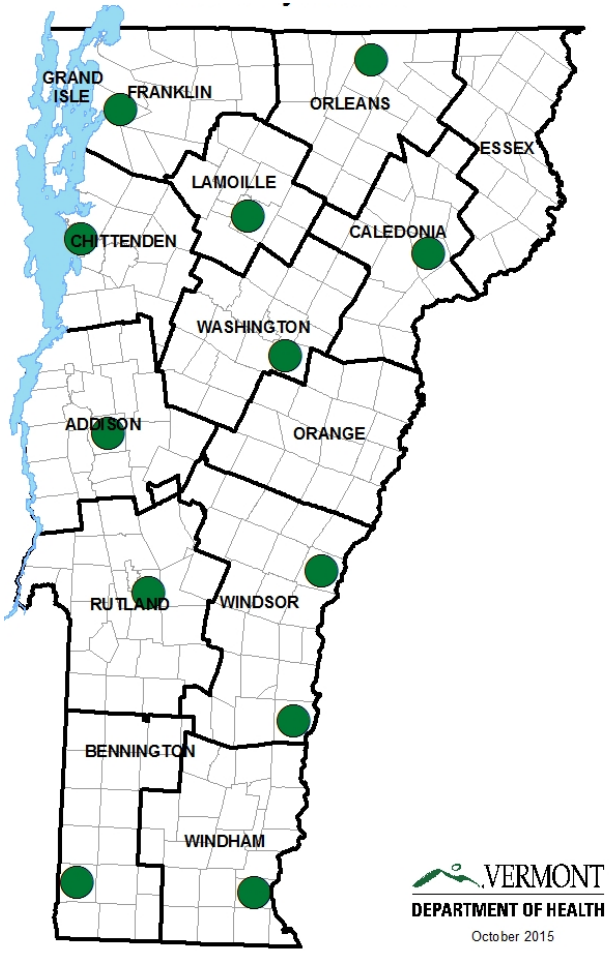


Vermonters Served at Recovery Centers

- In SFY2016, an estimated 5,123 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: $433

Recovery Center Locations



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 improve care and communication
- Includes Members from DOC, DCF, IFS, AHS District Offices, DVHA, DMH, DAIL, VDH

SATC Focus Areas

- **Screening and Assessment:** AHS screening policy was developed. Protocols have been drafted by each department.
- **Training Completed:**
  - AHS direct services staff
  - Elder care professionals (6 trainings statewide)
- **Referral to Assessment:** Each district is developing a coordinated process for referral to assessment.

DCF Collaboration

- **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

IFS Collaboration

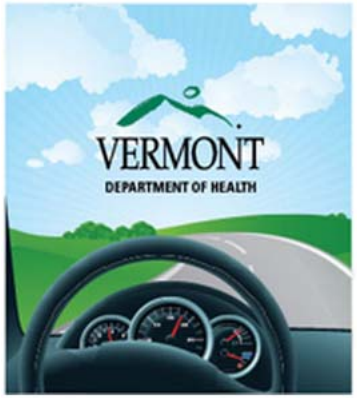
- **Integrating Family Services Initiative**
  - ADAP funding provided to pilot sites
  - Participated in defining the project vision and mission
  - Assist in development of performance measures and indicators
  - Ongoing participation in project planning, review, and evaluation

ADAP/DVHA Collaborations

- Hub and Spoke is a collaboration between DHVA/Blueprint (Spokes) and VDH (Hubs)
- Buprenorphine, Vivitrol, Methadone are available in Hubs and Spokes
- Utilization review for residential substance abuse treatment services are completed by DVHA

How are we doing?

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

ADAP Tracks Measures on the VDH Healthy Vermonters Performance Dashboard

ADAP Dashboard

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

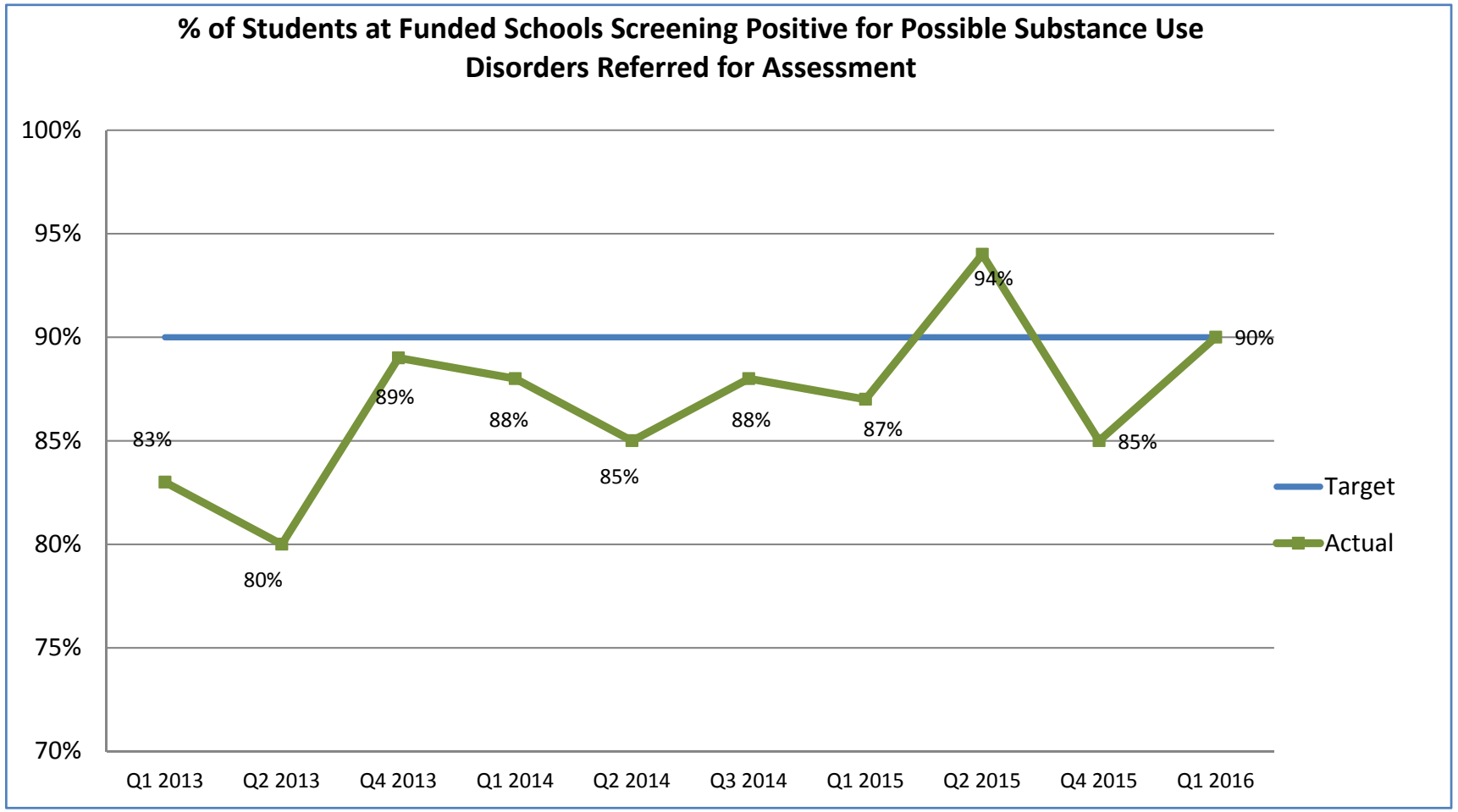
Indicators:

1) % of adolescents in grades 9-12 binge drinking in the past 30 days
2) % of adolescents in grades 9-12 who used marijuana in the past 30 days
3) % of adults age 18-24 binge drinking in the last 30 days
4) % of adults age 65 and older who drink at a level of risk
5) % of persons age 12 and older who need and do not receive alcohol treatment
6) % of persons age 12 and older who need and do not receive illicit drug use treatment

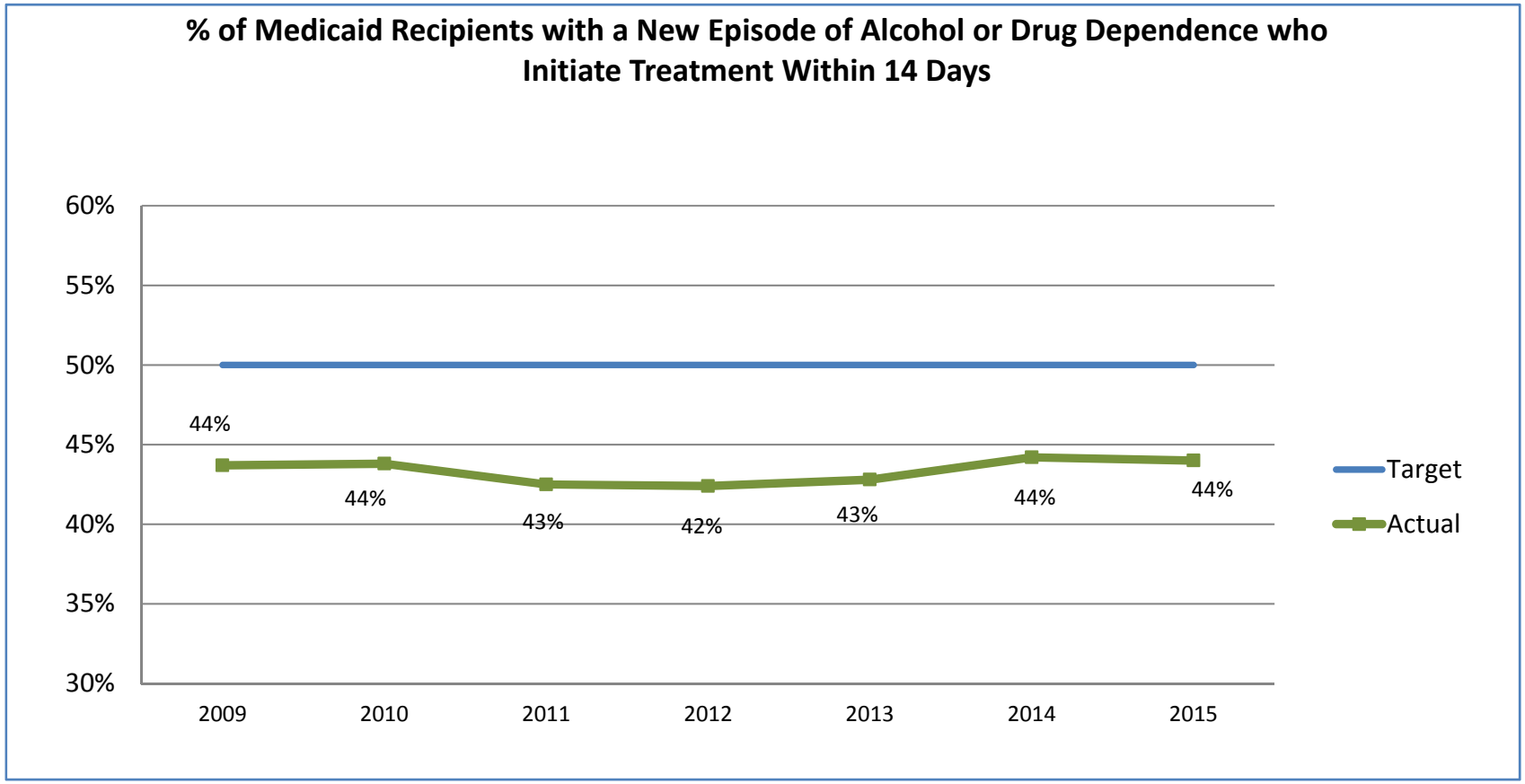
Performance Measures:

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?

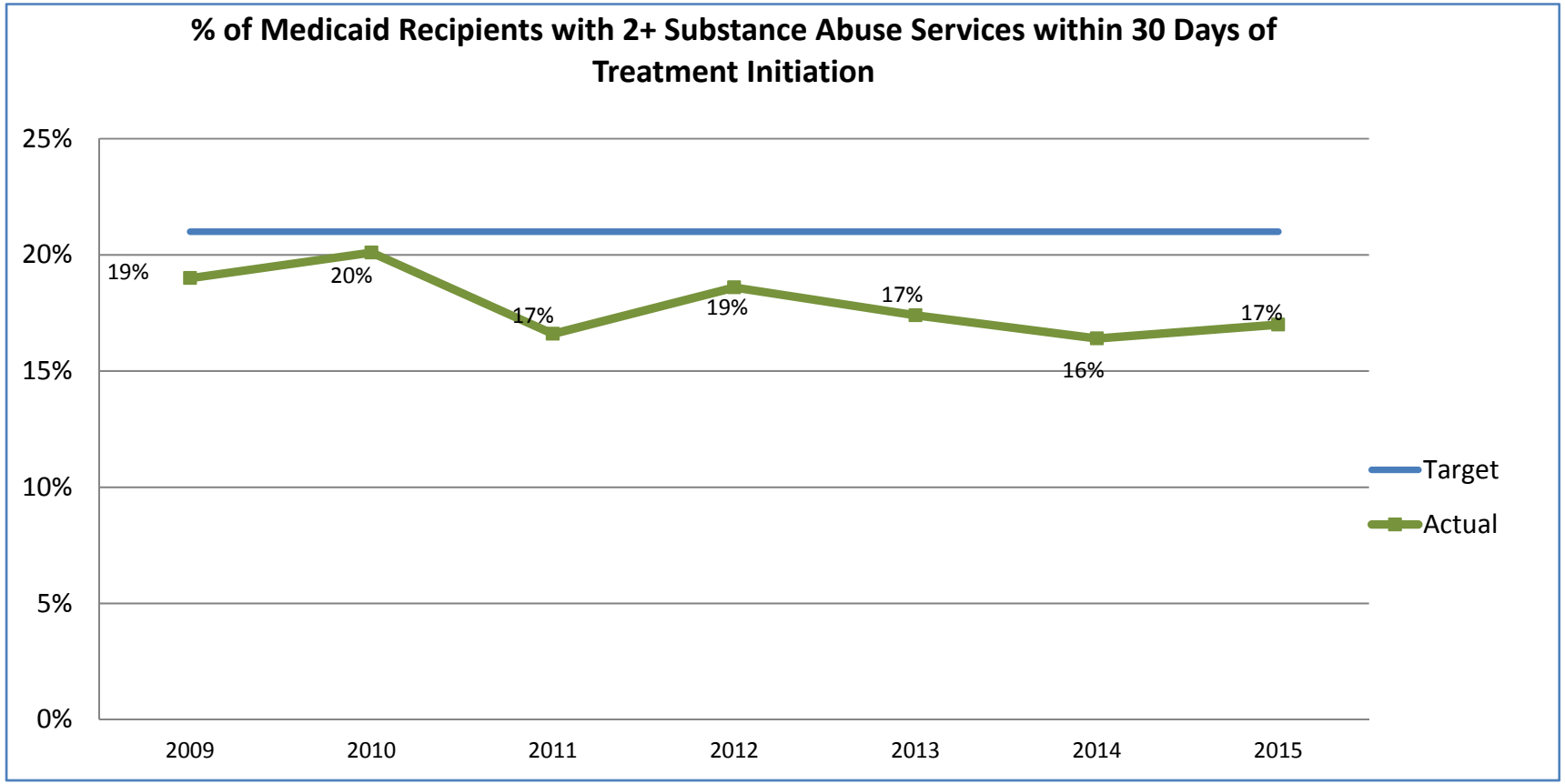
PERFORMANCE MEASURE:
School Screenings: Are we referring students who may have a substance abuse problem to community resources?



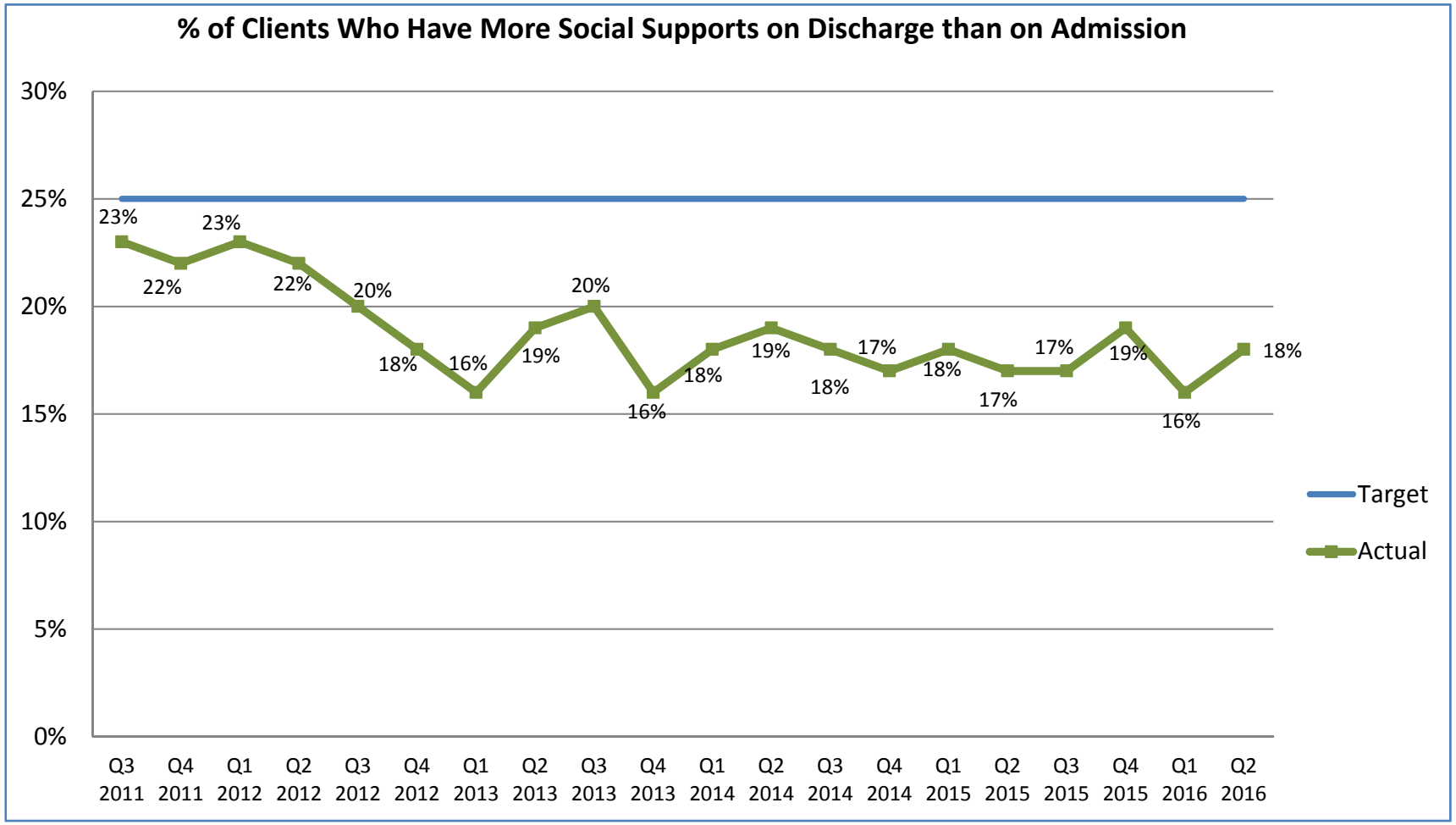
PERFORMANCE MEASURE
Treatment Initiation: Are youth and adults who need help starting treatment?



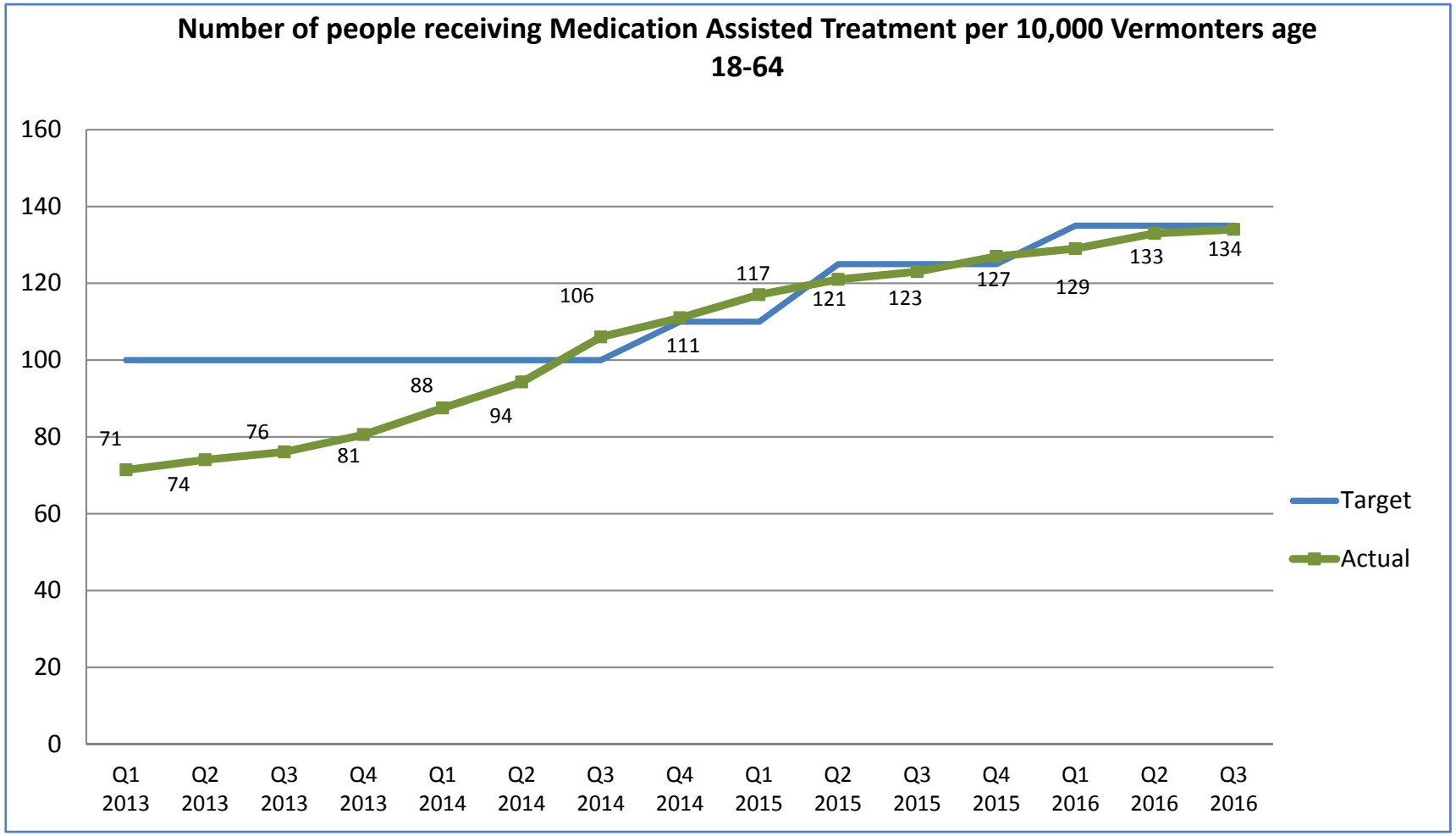
PERFORMANCE MEASURE:
Treatment Engagement: Are youth and adult Medicaid recipients who start treatment sticking with it?



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?



Pre and Post Hub and Spoke numbers served

Pre Hub/Spoke - 2350

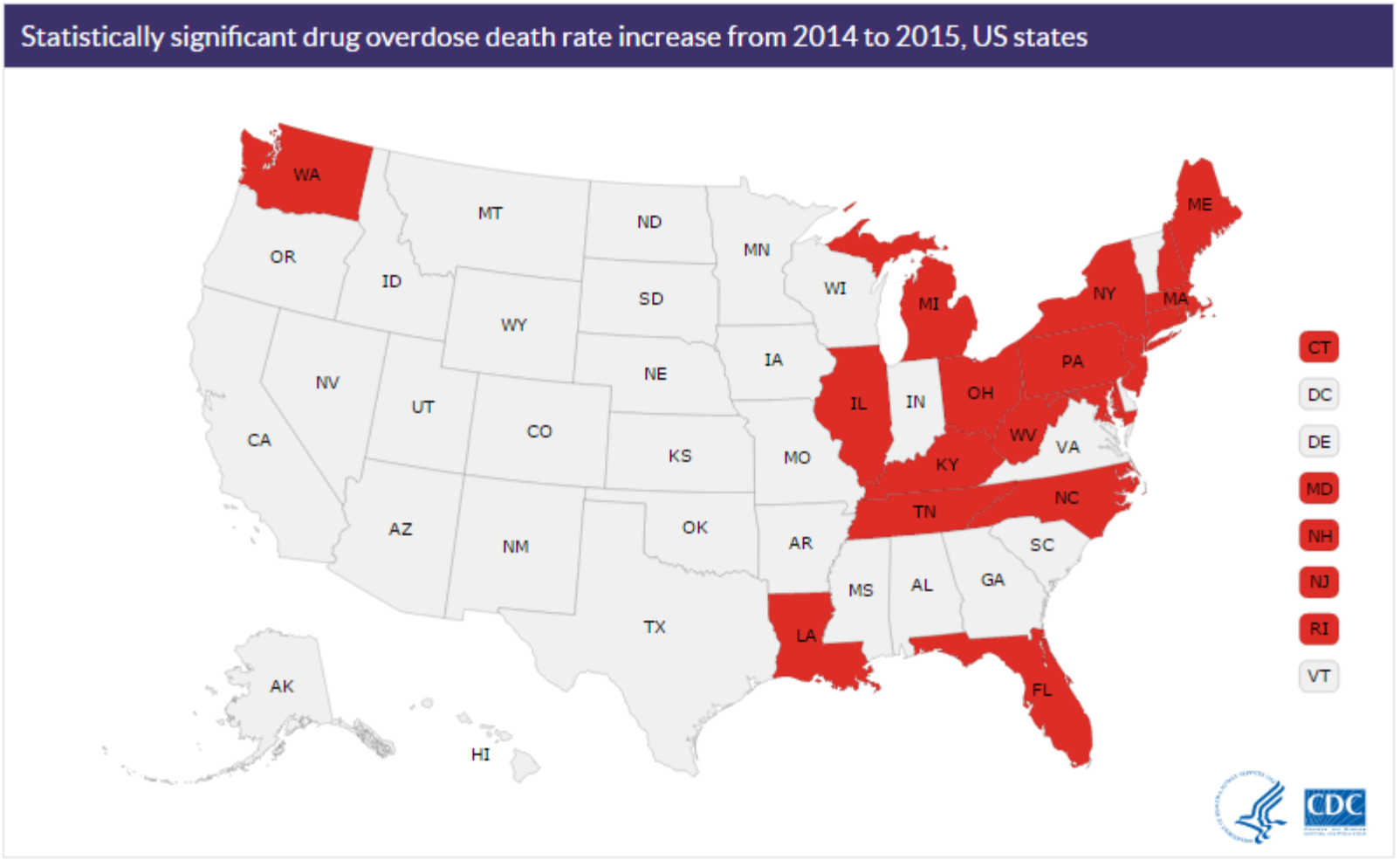
- Hub numbers served (4/2012): 650 (source: SATIS)
- Spoke Medicaid served (4/2012): 1700 (Source: Medicaid Claims)

Post Hub/Spoke – 5638 (139% increase)

- Current Hub served (9/16): 3103 (Source: Hub Census Report)
- Current Spoke Medicaid Served (9/16): 2535 (Source: Blueprint Spoke Report)

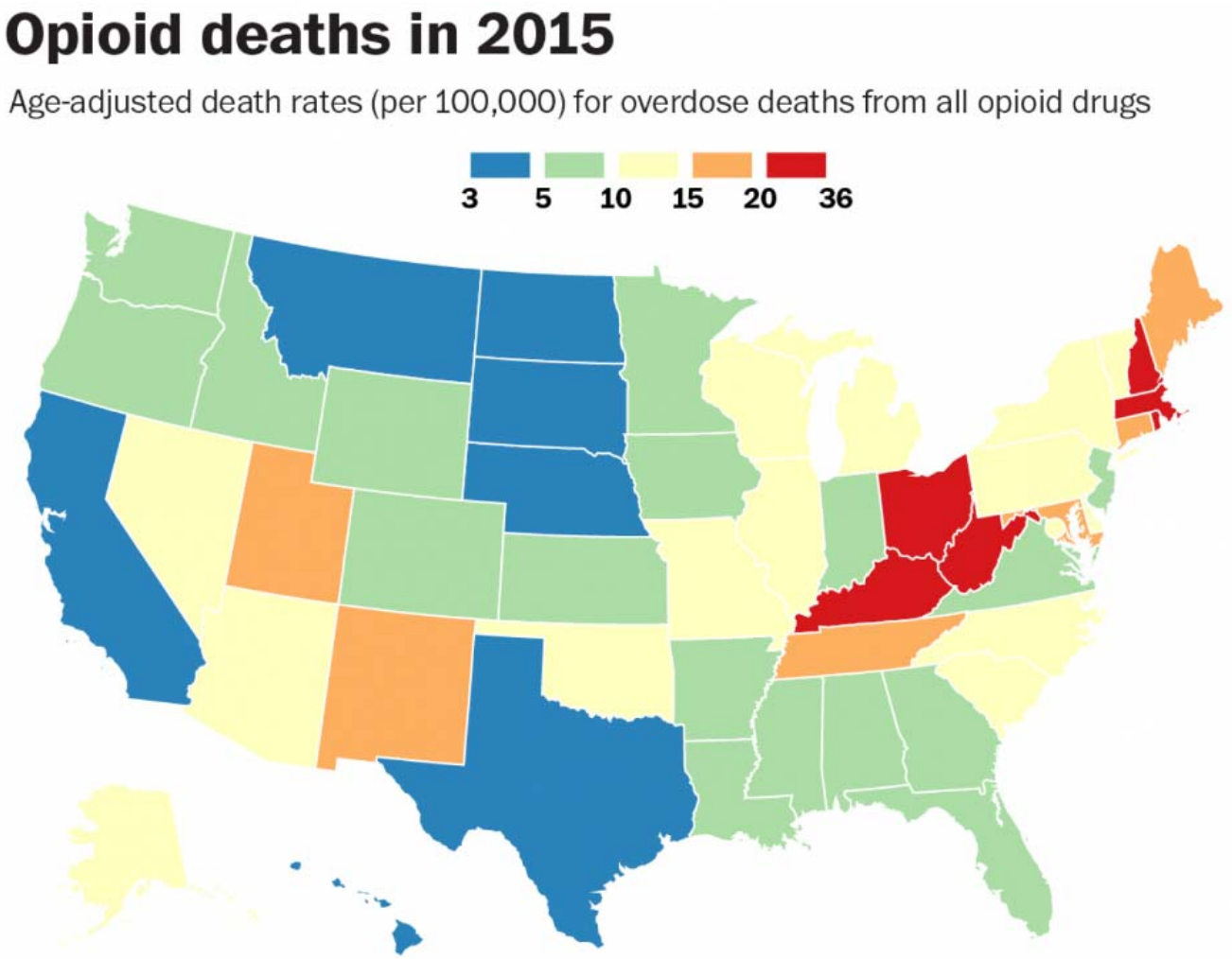
Note: In 2015, over 5000 individuals received at least one prescription for an anti-addiction drugs dispensed by pharmacies, the overwhelming majority of which were for buprenorphine products. Source: VPMS

Vermont is the Only Northeastern State without a Statistically Significant Increase in Drug Overdose 2014 to 2015



Source: CDC/NCHS, National Vital Statistics System, mortality data. Includes opioids and other drugs.

Overall Opioid 2015 Death Rate by State



Source: CDC Wonder as compiled by the Washington Post

Retrospective System Evaluation

- Assessment of the Hub and Spoke system on:
  - Clinical impact of the hub and spoke system
    - Change in client functioning – substance use, mental health, quality of life, living situation, employment, criminal activity
  - Patient and family perception of services
    - Interview process
  - Access to Care
    - Telephone survey of individuals waiting for services
- Evaluation Cost: $199,200
  - Timing: Began 8/2016. Results expected 1/2018

Proposed Prospective System Evaluation

- Differs from Retrospective Evaluation because participants are recruited at admission to care with follow completed at 6 and 12 months thereby removing error related to client recall
- Clinical impact of the hub and spoke system
  - Change in client functioning – substance use, mental health, quality of life, living situation, employment, criminal activity
- Expected Evaluation Cost: $1,500,000 plus associated indirect rate (for UVM it's approx. 50%)
  - Currently seeking funds for this evaluation
  - Timing: Approximately 3 years to complete

DVHA/Blueprint Cost Analysis

- "Impact of Medication-Assisted Treatment for Opioid Addiction on Medicaid Expenditures and Health Services Utilization Rates in Vermont" published in the Journal of Substance Abuse Treatment (August 2016)
  - Highlights:
    - Higher MAT treatment costs offset by lower non-opioid medical costs
    - MAT associated with lower utilization of non-opioid medical services
    - MAT suggested to be cost-effective service for individuals addicted to opioids
  - https://www.ncbi.nlm.nih.gov/pubmed/27296656

DVHA/Blueprint Data Linking

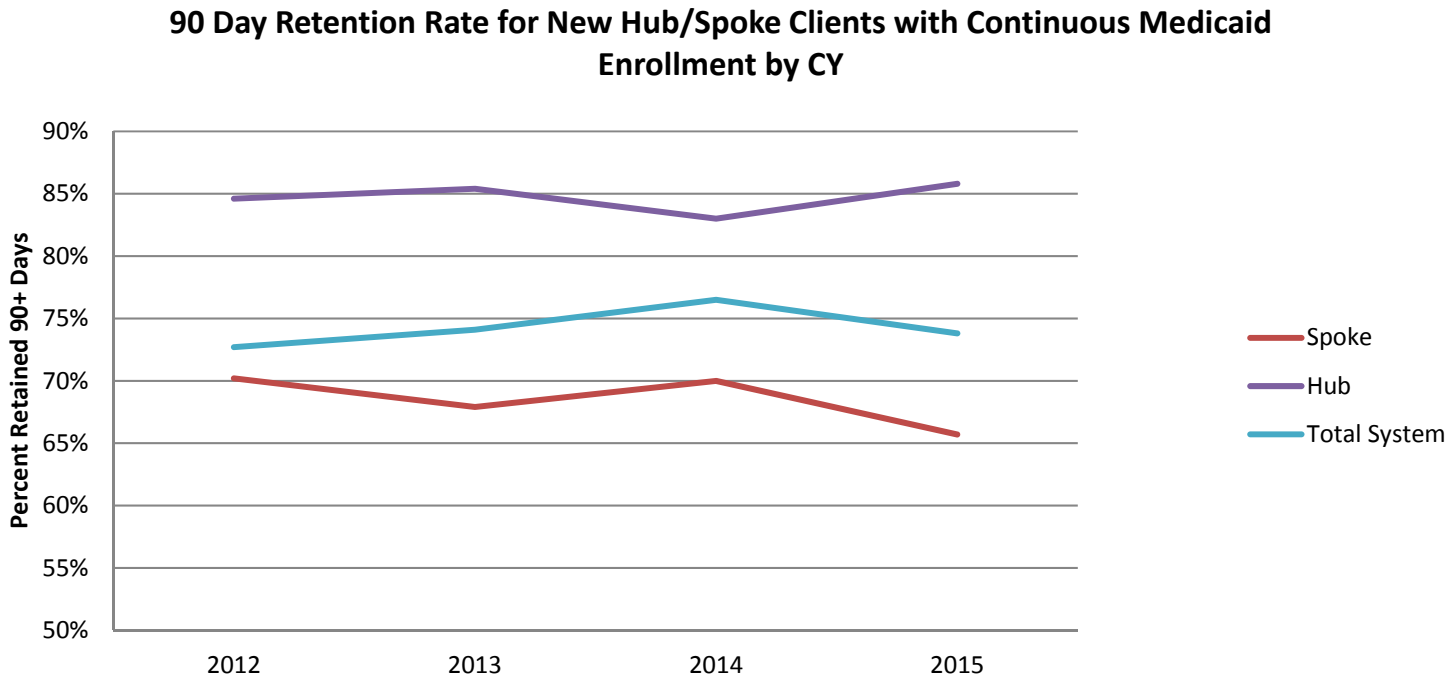
- Cost and service reporting for Medicaid hub and spokes will be complete by end of January 2017
- Protocols and agreements are being developed to link claims data with other data sources to determine impact of medication assisted treatment on:
  - Corrections involvement
  - Employment

Results First

- VDH is reviewing the feasibility of completing a cost/benefit analysis of medication assisted treatment
  - Steps
    - Create inventory of programs
    - Review which programs work based on independent research
    - Conduct cost/benefit analysis using actual Vermont costs
    - Use results to inform spending/policy decisions
  - Cost/timeframe: tbd

Process Measure - Retention

Retention in Treatment - Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment. Retention rate for the system is higher than the 70% national average



CDC Grant Funded Ethnographic Evaluation of Opioid Hard Drug Users in Vermont

- Institutional Review Board approval and formative research completed through July 2016
- Structured interviews of 300+ hard drug users between three locations: Burlington, St. Johnsbury, Brandon completed August – October 2016
  - After interviews are conducted, interviewees are linked to services
- Draft report due Feb 2017.

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Hub Census and Waitlist: November 29, 2016

Region	# Clients	# Buprenorphine	# Methadone	# Vivitrol	# Receiving Treatment but Not Yet Dosed	# Waiting
Chittenden, Franklin, Grand Isle & Addison	939	272	657	1	9	154
Washington, Lamoille, Orange	472	207	265	0	0	0
Windsor, Windham	628	168	460	0	0	0
Rutland, Bennington	400	100	270	3	27	29
Essex, Orleans, Caledonia	739	189	544	6	0	17
Total	3178	936	2196	10	36	200

Source: Alcohol and Drug Abuse Treatment Programs

Spoke Implementation: September 30, 2016

Region	Total # MD prescribing pts	# MD prescribing to ≥ 10 pts	Staff FTE Hired	Medicaid Beneficiaries
Bennington	11	5	5.6	236
St. Albans	15	11	6.6	390
Rutland	12	6	4.05	223
Chittenden	71	15	14.1	553
Brattleboro	10	5	2.57	138
Springfield	4	1	1.5	55
Windsor	9	3	3	197
Randolph	6	5	1.7	130
Barre	21	7	5.5	268
Lamoille	10	4	2.6	145
Newport & St Johnsbury	11	2	2	90
Addison	5	2	2	77
Upper Valley	5	1	1.5	34
Total	187*	64*	52.72	2,535

Table Notes: Beneficiary count based on pharmacy claims July – September, 2016; an additional **174** Medicaid beneficiaries are served by **31** out-of- state providers. Staff hired based on Blueprint portal report 9/30/16. *3 providers prescribe in more than one region.

Source: DVHA/Blueprint for Health

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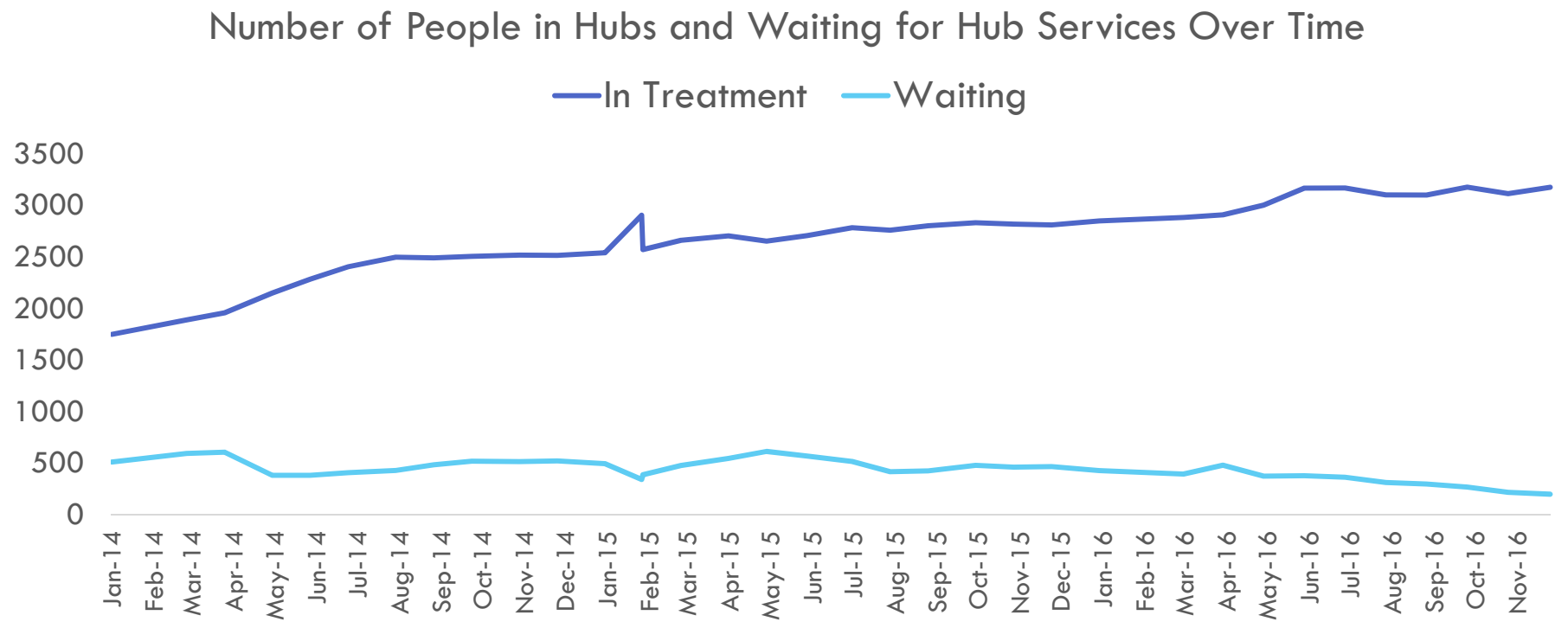
The statewide number of people waiting for opioid use disorder treatment in hubs has trended downward over time; the number of people served in hubs has increased



Vermont Department of Health

Source: Alcohol and Drug Abuse Treatment Programs

Number of Medicaid Beneficiaries treated in spokes over time

Region	Sep 2013	Dec 2013	Mar 2014	Jun 2014	Sep 2014	Dec 2014	Mar 2015	Jun 2015	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
Bennington	131	151	164	173	185	219	229	246	233	240	259	238	236
St. Albans	236	249	269	262	284	326	376	363	363	339	383	385	390
Rutland	206	242	251	253	234	244	245	256	259	267	274	300	223
Chittenden	352	408	314	357	382	402	400	420	434	474	528	514	553
Brattleboro	237	238	208	230	220	208	176	170	146	141	153	144	138
Springfield	41	54	57	41	55	50	52	52	67	57	77	77	55
Windsor	56	62	73	82	93	122	121	130	146	158	175	206	197
Randolph	78	91	103	110	112	99	95	100	93	83	83	107	130
Barre	198	201	210	212	234	245	254	251	231	302	317	301	268
Lamoille	117	125	134	135	127	134	137	139	147	154	155	157	145
Newport & St. Johnsbury	98	98	97	100	100	89	86	87	94	98	98	97	90
Addison			8	17	25	32	49	64	66	71	75	87	77
Upper Valley						9	5	6	6	5	7	8	34
Total	**1,750**	**1,919**	**1,888**	**1,972**	**2,051**	**2,179**	**2,225**	**2,284**	**2,285**	**2,389**	**2,584**	**2,621**	**2,535**

Source: DVHA/Blueprint for Health

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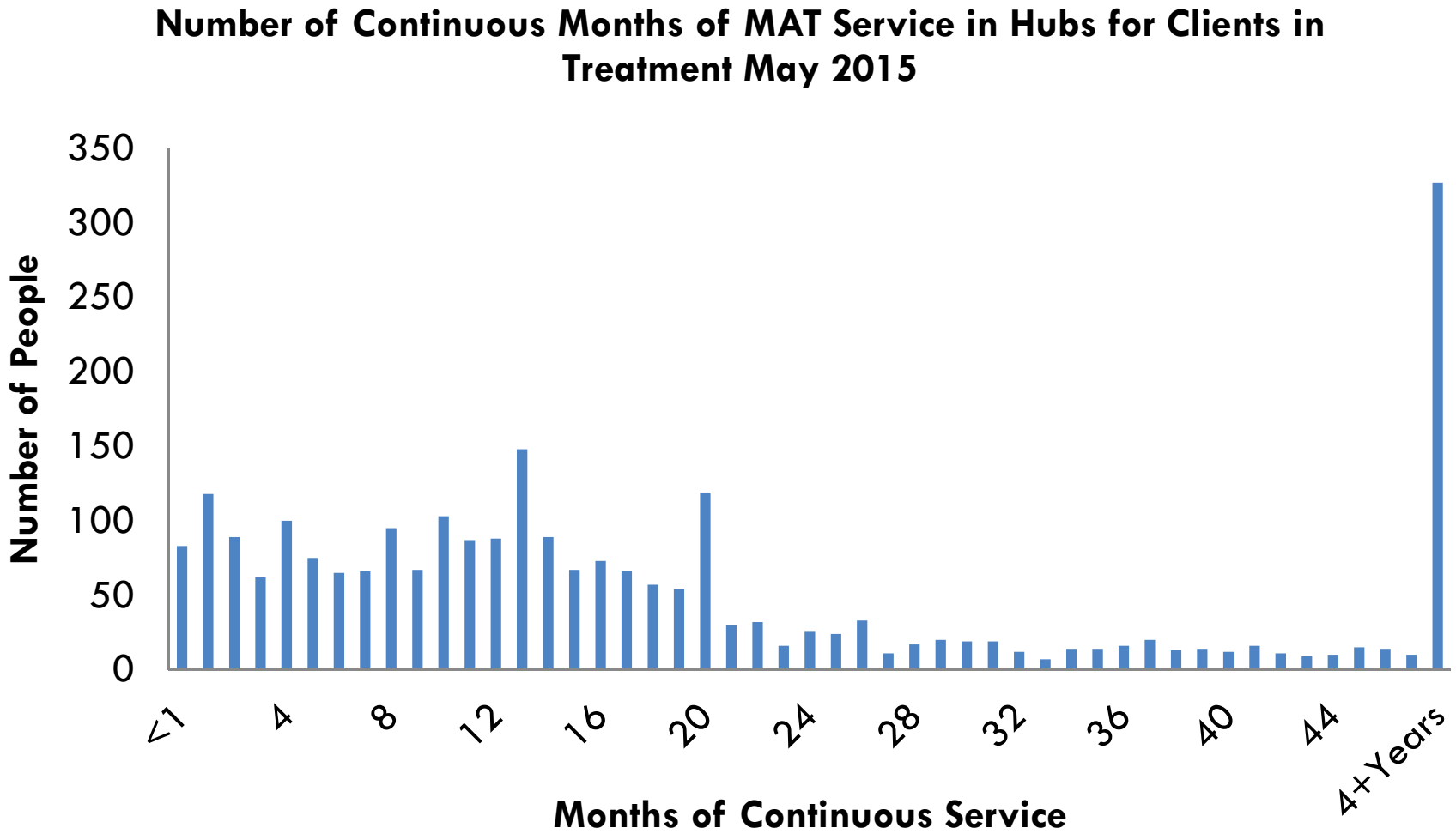
Members Visiting Needle Exchanges Over Time

Region	Jan-Mar 2013	Apr-Jun 2013	Jul - Sep 2013	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016
Burlington	593	668	702	698	712	838	799	802	815	898	854	779	844	843
White River Junction	40	51	47	44	54	57	66	49	55	65	69	56	74	60
St. Johnsbury	43	47	52	50	42	48	59	44	55	55	52	58	64	71
Rutland	N/A*	9	39	52	55	62	68	42	84	127	130	154	136	135
Total	**676**	**775**	**840**	**844**	**863**	**1,005**	**992**	**937**	**1,009**	**1,145**	**1,105**	**1,047**	**1,118**	**1,109**

*Rutland exchange began 4/2013

Source: VDH HIV/AIDS Program

People Remain in Medication Assisted Treatment for an Extended Period



Source: SATIS

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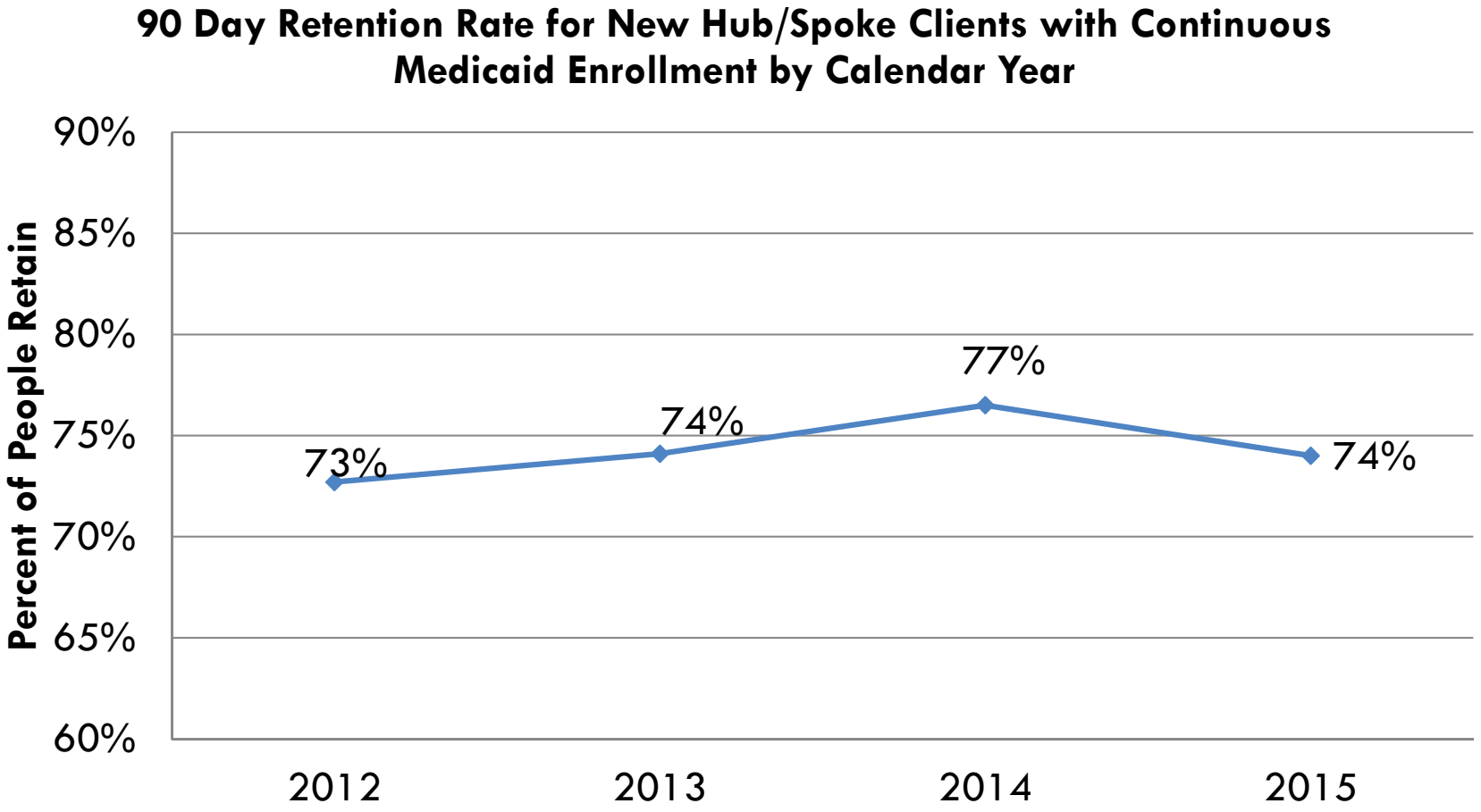
Retention rate for the hub/spokes is higher than the 70% national average for MAT



Progress – getting 3rd 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

Other Progress

- All hubs have begun the National Committee for Quality Assurance (NCQA) Specialty Practice recognition baseline development process and two, Chittenden Clinic & West Ridge, have 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

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
- Increase capacity to provide developmentally appropriate & gender specific services for all ages
- Use specialty services - residential, hub, and spoke – based on clinical evaluation
- Continue to strengthen recovery services

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
  - Continue screening in medical settings (SBIRT) and AHS programs (SATC)
  - Include SUD services in Medicaid Pathway work

SUD Delivery System Transformation

13 Expectations of a Transformed System:

1. Comprehensive Evidence-based Benefit Design
2. Appropriate Standards of Care
3. Strong Network Development Plan
4. Care Coordination Design
5. Integration of Physical Health and SUD
6. Program Integrity Safeguards
7. Benefit Management

SUD Delivery System Transformation

13 Expectations of a Transformed System:

8. Community Integration
9. Strategies to Address Prescription Drug Abuse
10. Strategies to Address Opioid Use Disorder
11. Services for Adolescents and Youth with a SUD
12. Reporting of Quality Measures
13. Collaboration with Single State Agency for Substance Abuse

Goals for SUD 1115 Waiver and Medicaid Pathway

ADAP / SUD GOALS applied to VMP Principles and Model of Care

1. Design, implement and manage a comprehensive, person-centric, evidence-based SUD benefit with associated delivery system, using ASAM criteria for screening, intervention, treatment, and recovery.
2. Advance the number and type of SUD providers able to deliver services consistent with the ASAM criteria, with associated reimbursement, to meet the needs of the population statewide and within each region, to assure access aligns with best practice to meet the unique needs of the individual.
3. Enhance care coordination and integration activities for seamless transitions between SUD providers and levels of care in conjunction with addressing the physical, behavioral health, long-term care, and community/social service support needs of the individual.
4. Develop and implement program integrity protocols to safeguard against fraudulent billing including screening of all newly enrolled providers and revalidating existing providers.
5. Develop a system of continuous quality improvement that is driven by quality measures including the evaluation of the effectiveness of the services delivered.
6. Develop and deploy policies and strategies that address prescription drug abuse and opioid use disorder.
7. Form partnerships with relevant national, state and local entities to improve awareness, prevalence and implications of SUD with corresponding services, systems and providers that are available to improve care delivery and outcomes.

System Needs and Gaps

- System Capacity
  - Issues
    - Not all levels of care and services for specialty populations such as LGBTQ, women, elders, adolescents, pregnant and parenting individuals are available in all geographic areas.
  - Recommendations
    - Explore the need to expand regional provider capacity for under-represented levels of care. Focus on pregnant/parenting families.
    - Explore the need to expand regional provider capacity to provide specialty care for women, elders, pregnancy, adolescents and young adults, and the LGBTQ community
    - Improve process for accessing care as well as 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