
**Report to
The Vermont Legislature**

**Substance Abuse Treatment Services
Objectives and Performance Measures Progress:
Fourth Annual Report**

In Accordance with Act 179 (2014) Sec. E.306.2 (a)(2)

Submitted to: Joint Fiscal Committee
House and Senate Committees on Appropriations
House Committee on Human Services
Senate Committee on Health and Welfare

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Table of Contents

Introduction	3
Performance Dashboard	3
Performance Measures.....	3
Action Toward Improvement.....	5
Conclusion.....	6
Appendix A: Legislative Charge	6

Substance Abuse Treatment Services Objectives and Performance Measures Progress: Fourth Annual Report 2018

Introduction

This report outlines five performance measures used to assess the Vermont Department of Health Alcohol and Drug Abuse Programs (ADAP) objective to prevent and eliminate the problems caused by alcohol and drug misuse in Vermont. The results of these measures indicate that the State of Vermont is making progress toward its program objective. It is important to note that these performance measures are long-term targets. Once the targets have been achieved and sustained over time, new targets or alternate measures will be considered. These five performance measures are also used in grants, for the Vermont Department of Health Performance Dashboard, and for Programmatic Performance Measure Budgeting for the Agency of Administration.

Performance Dashboard

The Health Department continuously updates the performance measures on the Vermont Department of Health Performance Scorecard, which is located at: <http://www.healthvermont.gov/scorecard-alcohol-drugs>. Because these numbers are continuously updated, they are not laid out in detail in this report, but can be found at any time on the Health Department website.

A video and full explanation about how to use the scorecard can be found here: <http://www.healthvermont.gov/about/performance>.

The scorecard shows trends and provides additional detail using the following categories for each performance measure:

- “Story Behind the Curve” is a plain-language narrative about the data and how it is being used to guide efforts to improve the health of Vermonters;
- “Partner” lists the entities and organizations that work toward common outcomes and may include grantees, contractors, or other collaborators;
- “What Works” is a summary of strategies and evidence supporting the work being done toward improving the measure;
- “Action Plan” outlines the steps planned to further improve the health of Vermonters.
- “Why Is This Important” is an explanation for why the Department of Health chose this particular measure; and
- “Notes On Methodology” outlines details on how the data for this measure are collected and how the measure is calculated.

Performance Measures

1. *Are students who may have a substance abuse problem being referred to community resources? Measured as percent of students at funded schools who screen positive for possible substance abuse disorders who are referred for a substance abuse assessment.* The percent of high school students screening positive for possible substance use disorders who are referred for clinical assessment has trended upward over time with the most recent reporting period at 94%, over the target of 90%.

2. *Are youth and adults who need help starting treatment? Measured as percent of adolescent and adult Medicaid recipients with a new episode of alcohol or other drug dependence who initiate treatment through an inpatient alcohol or drug admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.*

Treatment initiation has been trending upward for five years, now at 45% with a target of 50%. While there is still room for improvement, it is encouraging that the trend continues upward even as the number of individuals seeking treatment continues to grow.

3. *Are youth and adults who start treatment sticking with it? Measured as percent of outpatient and intensive outpatient clients with 2 or more substance abuse services within 30 days of treatment initiation.*

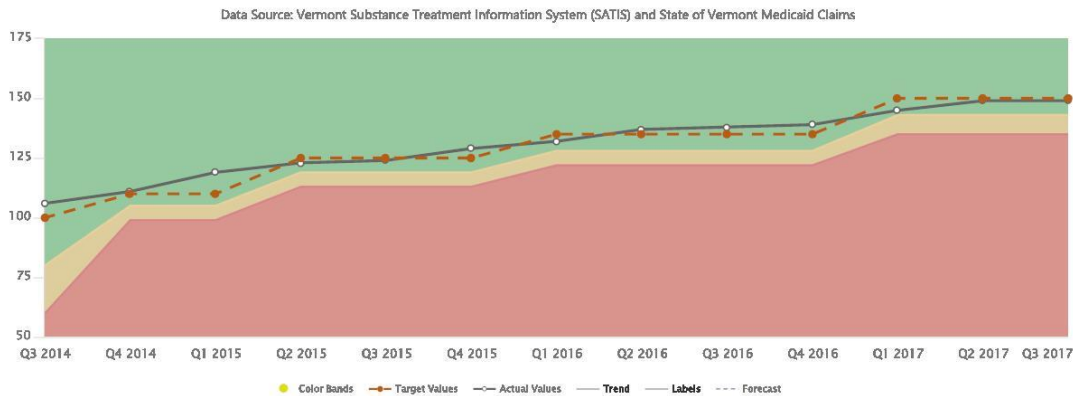
The percent of Medicaid recipients with two or more substance abuse services within thirty days of beginning treatment has been stable at 17% for the last two years (the target is 21%).

4. *Are people leaving treatment for positive reasons? Measured as the percent of people giving treatment completion or transfer as the reason for ending treatment.*

Forty-five percent of individuals leave treatment because they have completed treatment or were transferred to a different level of care. This measure has increased consistently over the past three quarters.

5. *Are adults seeking help for opioid addiction receiving treatment? Measured as the number of people receiving Medication Assisted Treatment per 10,000 Vermonters age 18-64.*

The number of individuals ages 18 to 64 receiving medication assisted treatment has more than doubled since the first quarter of 2013.



Action Toward Improvement

Based on this year's data, ADAP will take the following steps and efforts to move Vermont closer to the statewide objective of eliminating the problems caused by alcohol and drug misuse in Vermont:

- Performance Measure One:
 - Vermont will continue to employ the coordinated school health model; provide training on use of evidence-based tools for screening; monitor referral rates among grantees; and provide training opportunities for best practice. Should the measure continue to exceed the target over time, a new measure with opportunity for improvement will be selected.

- Performance Measure Two:
 - The Vermont Department of Health Division of Alcohol and Drug Abuse Programs (ADAP) and the Department of Vermont Health Access (DVHA) are continuing to work on a performance improvement project (PIP) to increase treatment initiation and engagement. A PIP is a concentrated effort focused on solving a problem. PIPs involve gathering information systematically to clarify issues or problems, and intervening to improve services. This group has reviewed data and met with stakeholders including the Blueprint for Health Community Health Teams and regional providers. The group has most recently focused on the intersection between data reporting and services provided, as it is likely that current methods underreport treatment initiation and engagement. As a first step the group must ensure that the data being used to make decision is accurate and reflects real practices.

- Performance Measures Two, Three, and Four:
 - ADAP is improving provider site visit protocols to add the review of quality measures in addition to clinical services. ADAP reorganized provider oversight into a regional model to better reflect the regional coordination necessary to improve treatment initiation and engagement. Additionally, ADAP now provides quality improvement facilitation services to assist providers in improving services when performance measures indicate additional work is needed.

- Performance Measure Five:
 - Medication assisted treatment capacity is continuing to increase. A new hub opened in St. Albans in July 2017 to serve those in Franklin and Grand Isle counties. It is expected that this hub will significantly decrease wait times in the northwest portion of the state and decrease drive times for those individuals receiving services in hubs in the western section of the Northeast Kingdom and Burlington. The number of physicians providing spoke services has increased from 128 in September 2014 to 213 in September 2017. This increase is due in part to the continuing work of the University of Vermont Medical Center.

Conclusion

The data from Vermont's substance abuse services performance measures indicate that Vermont is making progress toward the long-term program goal of preventing and reducing the problems associated with alcohol and drug misuse. These measures offer program funders, planners and administrators consistent feedback about the success of efforts to help youth and adults avoid or recover from alcohol and drug misuse. State government agencies realize that improvement takes time, ongoing interdepartmental commitment, and a willingness to respond to data. Continued collaboration and attention to metrics of improvement will enable programmatic adjustments in a timelier manner.

Appendix A: Legislative Charge

Act 179 (2014)

Sec. E.306.2(a)(2) SUBSTANCE ABUSE TREATMENT SERVICES

(a) Program Objectives And Performance Measures:

- (1) On or before September 15, 2014, the Chief of Health Care Reform, the Secretary of Human Services, and the Commissioners of Health and of Vermont Health Access in consultation with the Chief Performance Officer shall submit to the Joint Fiscal Committee, the House and Senate Committees on Appropriations, the House Committee on Human Services, and to the Senate Committee on Health and Welfare the program objectives for the State's substance abuse treatment services and three performance measures to measure success in reaching those program objectives.
- (2) Thereafter, annually, on or before January 15, the Chief, Secretary, and Commissioners shall report to those committees on the service delivery system's success in reaching the program objectives using the performance measure data collected for those services.