



Division of Alcohol and Drug Abuse Programs Overview

Vermont Department of Health

February 2021



Prevention Works

Treatment is Effective

People Recover

ADAP Mission

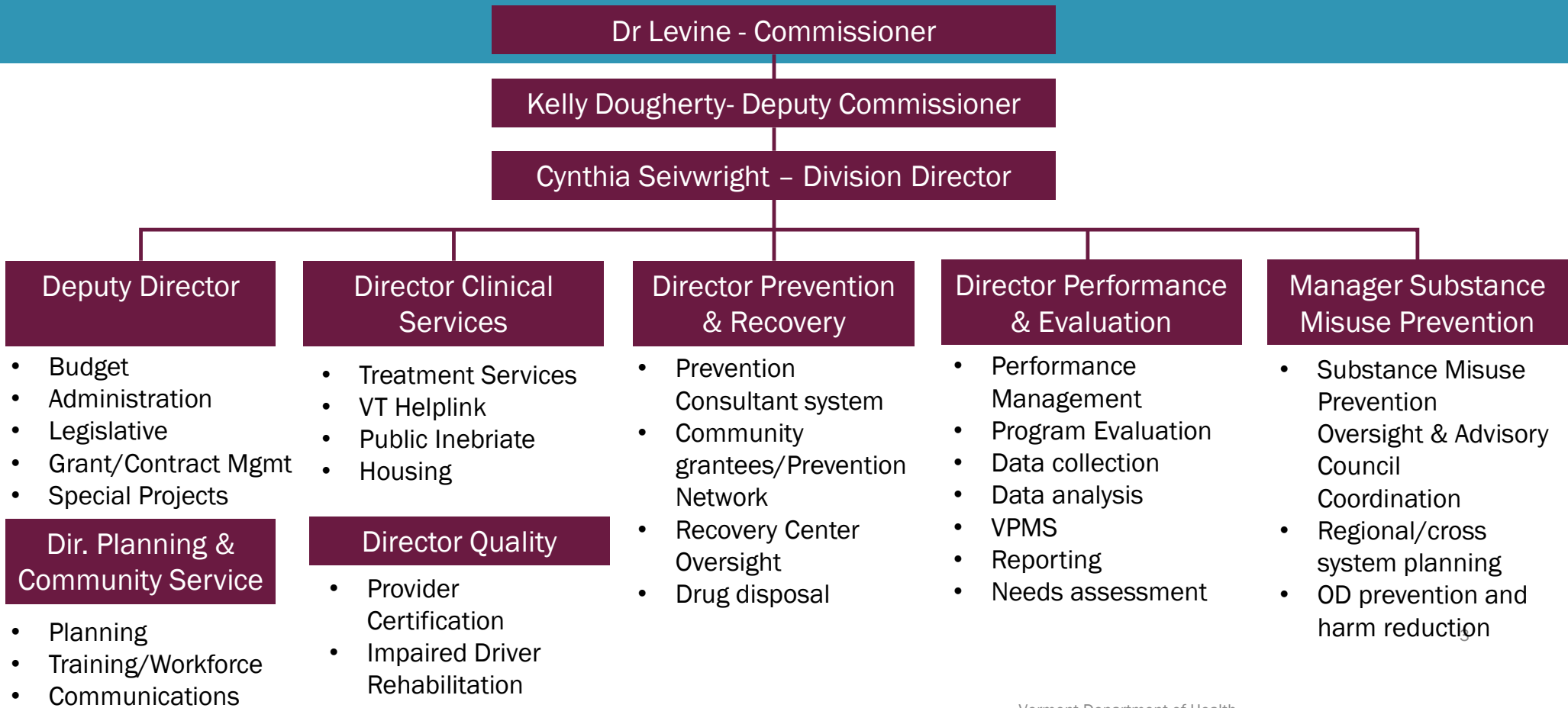
Mission

Help Vermonters prevent and eliminate the problems caused by alcohol and other drug use. Working in partnership with other public and private organizations, ADAP plans, supports, and evaluates a comprehensive system of services.

Principles

- Substance use disorder is a brain disease and requires a public health approach, not one that is driven by stigma and shame.
- Prevention and wellness are for the whole population, not only for people with an illness.
- A response to alcohol and other drug issues requires an effective long-term response involving the whole community.
- The system of care must be guided by person and family centered approaches.
- Policies and approaches must be data driven and informed by available evidence.
- Treatment must address the whole person, not just the addiction.

ADAP structure and scope of work



ADAP oversees a wide variety of activities to address substance misuse and dependence

Prevention & Education

- Community, youth, young adult & parent education
 - Youth/community leadership & empowerment
 - Media campaigns
 - School-based services
 - Professional development and education

Treatment

- Outpatient
- Intensive outpatient
- Hub and Spoke (Medication Assisted Treatment)
 - Residential

System Growth and Oversight

- Policy and procedure development
- Provider certification and monitoring
- Professional development and education
- System evaluation and quality improvement

Intervention

- Substance misuse screenings
- Prescribing practice improvement
- Overdose prevention/harm reduction
 - Impaired driver rehabilitation
- Prescription drug monitoring system
 - Drug disposal

Recovery

- Recovery centers
- Temporary housing
- Peer-recovery supports
- Recovery coaches
 - Employment

Enforcement/Regulation

- Policies on sales of alcohol and tobacco products
 - Law enforcement training and enforcement

Addressing substance misuse requires coordination and collaboration with many state partners

VDH/ADAP

Preferred Provider Oversight & Quality

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

Intervention – PIP, IDRP, SBIRT, 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

Treatment -
 Private Practitioner
 Hospital Detoxification
 Physician Services
 Pharmacy/Medication

Payment Reform

Support Services -
 Laboratory, Transportation

Other State

DCF/
 Economic services and housing

AHS
 Spoke Services (Blueprint)

DOC Screening and Treatment

DOC Therapeutic Communities

Pre-Trial Services

Court Screening

DMH Co-Occurring

DMH Elder Care Clinicians

DAIL – Screening

AOE – School Based Health Services

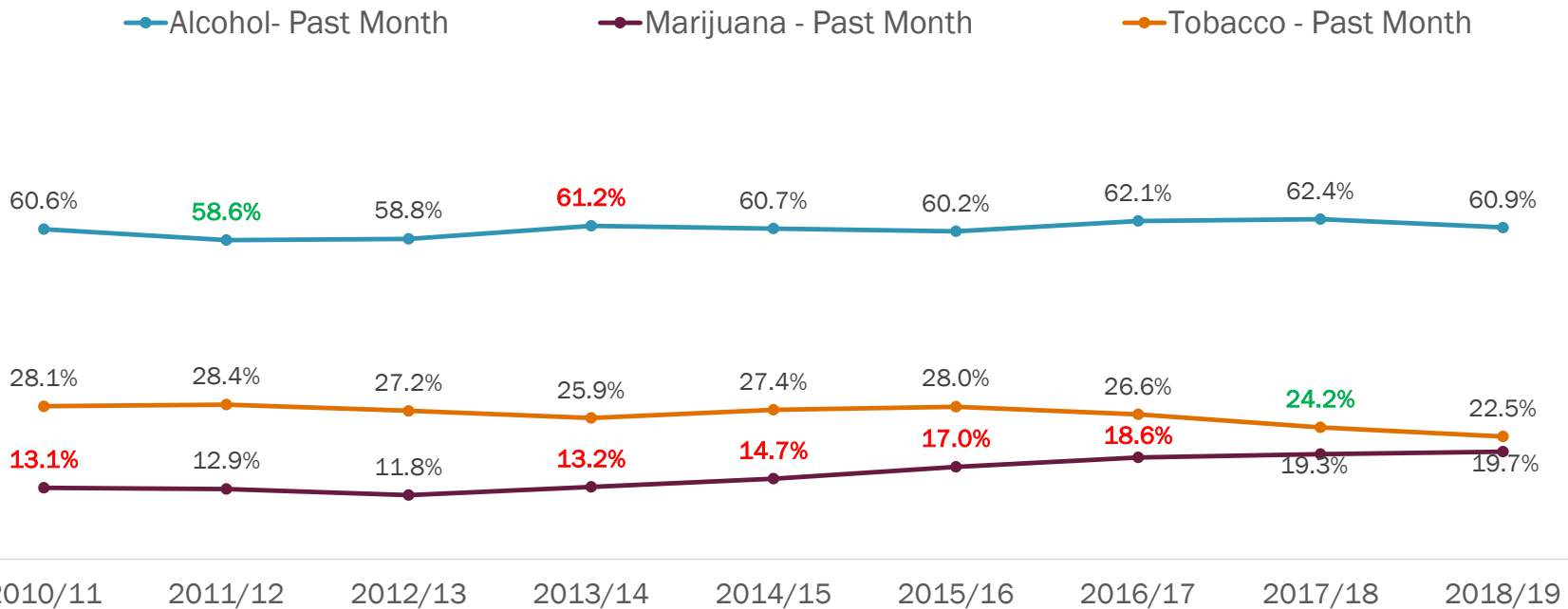
DLL – Regulation & Training

AOT – Impaired Driver Prevention

DOL – Employment Services

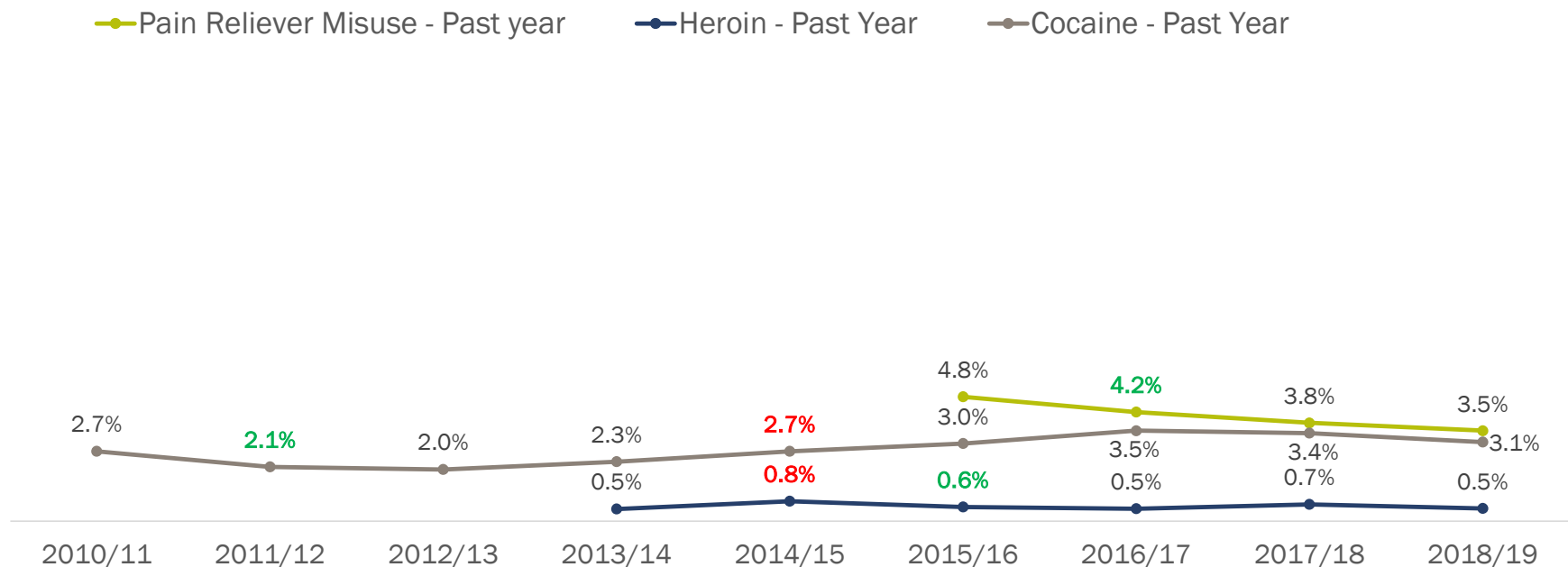
Vermont Department of Health

Alcohol is the mostly commonly used substance by Vermonter's age 12+



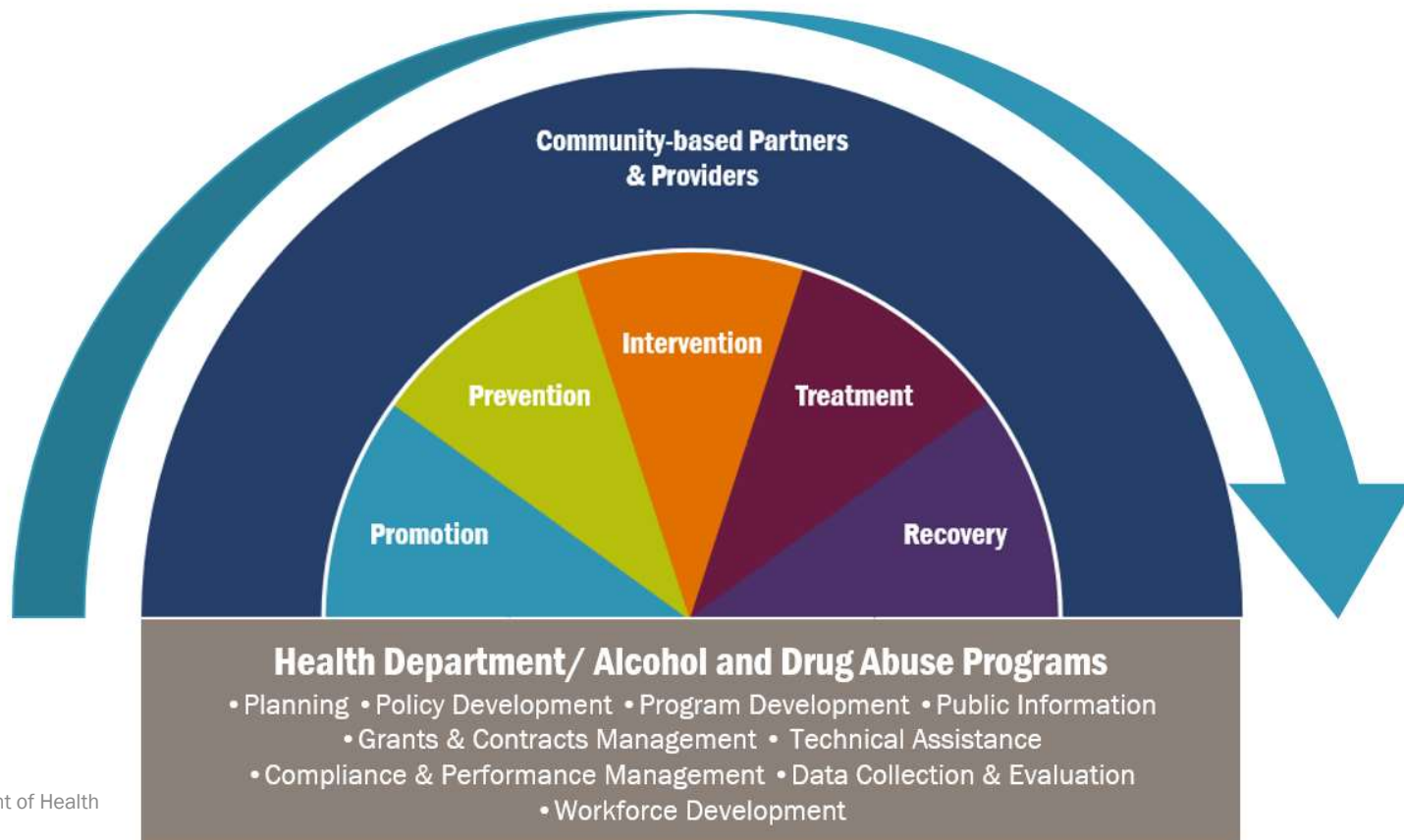
Bold red or green label indicates a significant change from previous year

Fewer than five percent of Vermonters age 12+ used cocaine or opioids in the last year.



Bold red or green label indicates a significant change from previous year

Vermont provides a full system of care



Prevention works!



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Prevention positively changes knowledge, attitudes, beliefs, behaviors and environments that impact substance use

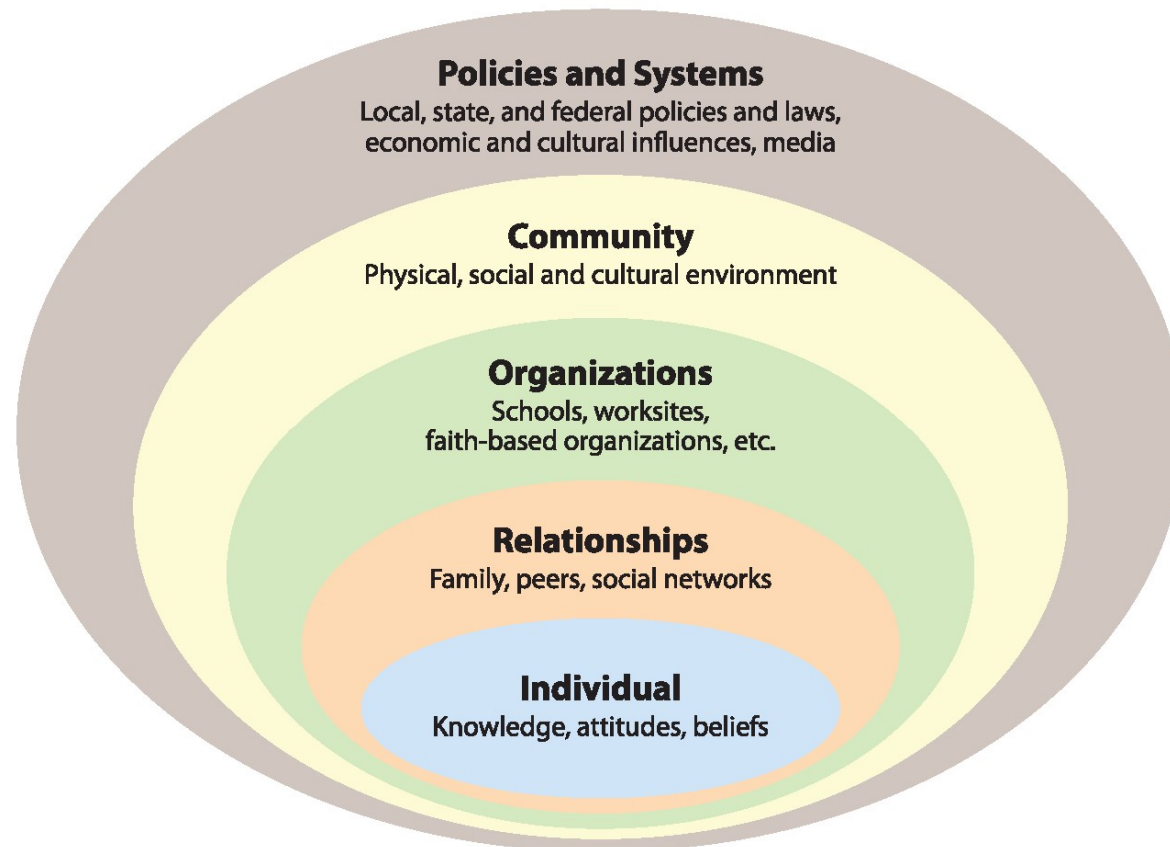
- Prevention must be inclusive of cultural values
- A diverse partnership with representation from state, community, school, family and individuals is critical to implement change
- A comprehensive approach is needed to create and sustain positive change to prevent and reduce alcohol and other substance use
- There is no “one strategy” approach for all individuals and communities, however a public health approach works for all Vermonters

Why do we provide prevention services?

- Evidence-based school prevention programs can save Vermont \$18 for every \$1 invested.
- For every \$1 invested in evidence-based programs that support strong family connections, combined with school prevention, Vermont can save between \$3 and \$11.

¹Miller, T. and Hendrie, D. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008.

The Vermont Prevention Model influences people from many directions, reinforcing prevention messaging and knowledge

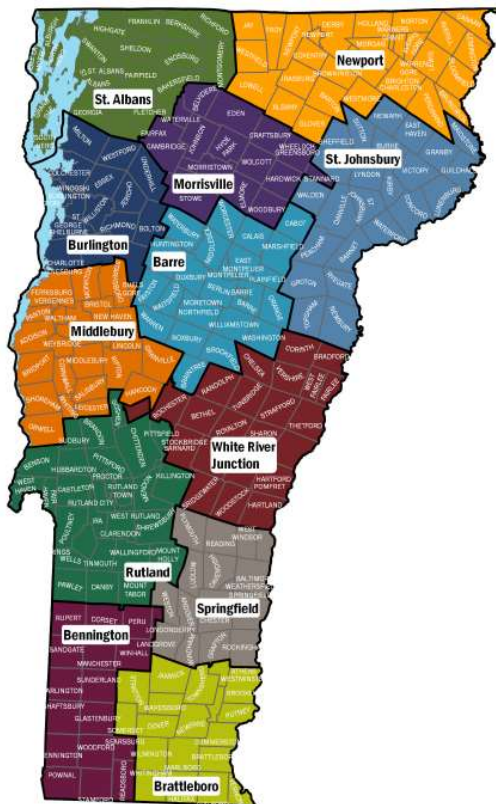


The Strategic Prevention Framework (SPF) is used to develop prevention programming in Vermont.

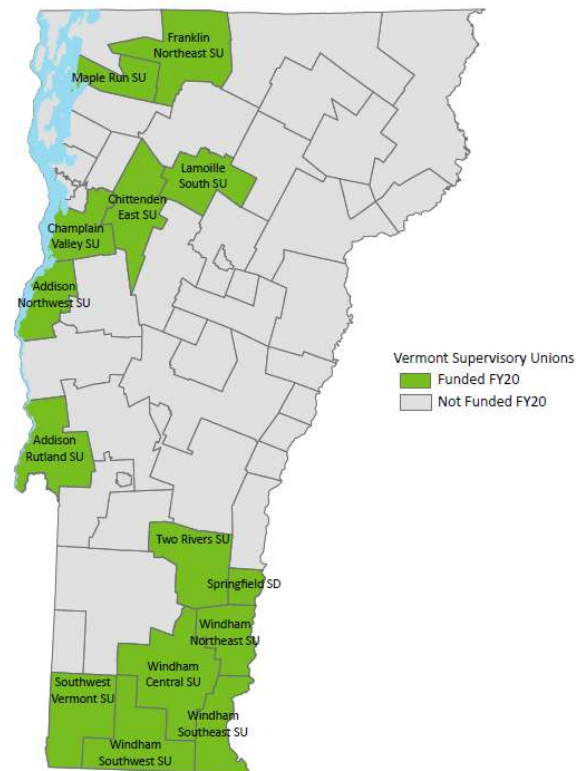


Prevention services are available statewide and through multiple sources

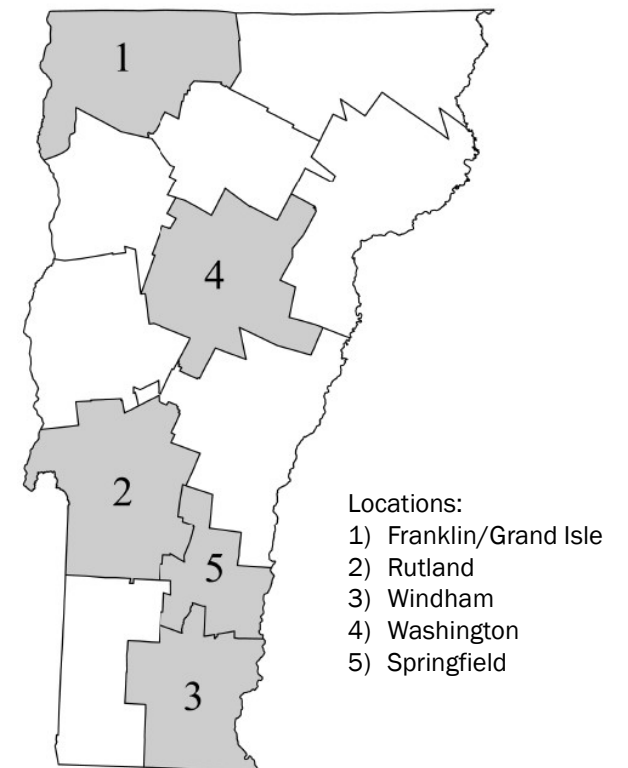
Regional Prevention Consultants



School-Based Prevention Grantees



RPP 2020-2021 Grantees



Prevention supports many campaigns

Public Facing Campaigns:

Messaging applicable to larger audiences



Vermont Department of Health

Audience-Focused Digital Campaigns:

Messaging targeting very specific populations



One More Conversation
Can Make the Difference



The Substance Misuse Prevention Oversight and Advisory Council (SPMC)

Overview

- Enacted through Act 82 in June 2019
- Replaces OCC, VADAC, VTERB for a consolidated approach to substance use prevention
- Provide advice to the Governor and General Assembly on policies and programming to ensure that population prevention is included in policy
- Includes representatives of many sectors that impact prevention work in Vermont.

More information: www.healthvermont.gov/smpc

Goals

1. Increase protective factors and build resilience and feelings of community connectedness across all ages, cultures, and socioeconomic conditions
2. Decrease risk factors for substance use for individuals of all ages, cultures, and socioeconomic conditions
3. Increase efficiency and collaboration of prevention efforts across state, public, and private entities, through a consolidated and holistic approach that is sustainable, scalable, and equitable

Intervention and harm reduction



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Intervention helps decrease likelihood that substance use progresses to dependence. Harm reduction services encourage people to access treatment while reducing risks associated with use

Intervention

Population-specific screening & intervention

Education/Training

Referrals and access to care - VT Helplink

IDRP

School-based health services

Public Inebriate Program

Prescription monitoring/Prescriber training

Drug Disposal

Harm Reduction/OD Prevention

Naloxone Distribution

Syringe services programs

Recovery Coaches in the ED

Rapid access to MAT

Supportive housing

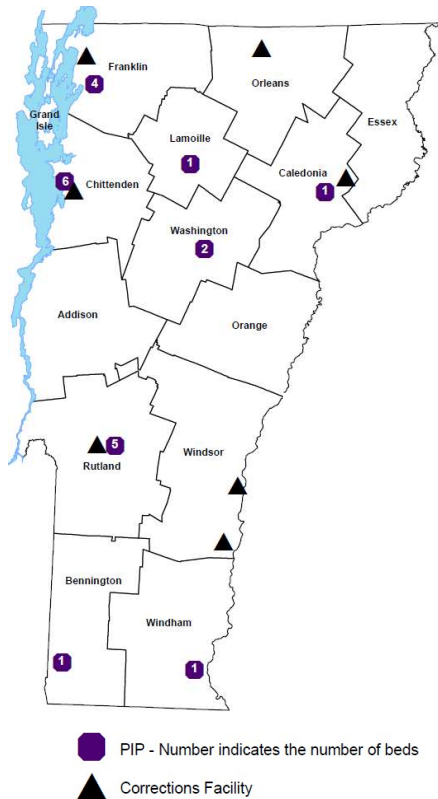
Outreach to high-risk populations

First responder training

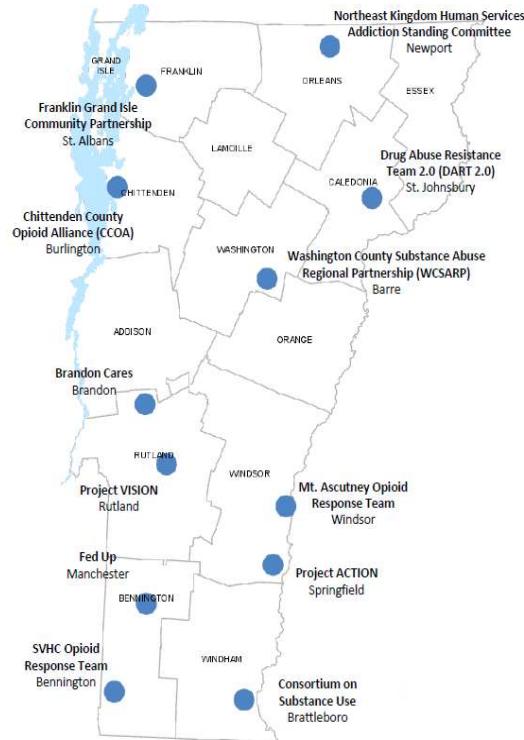
Family supports and resources

Intervention, harm reduction and community response initiatives are available statewide

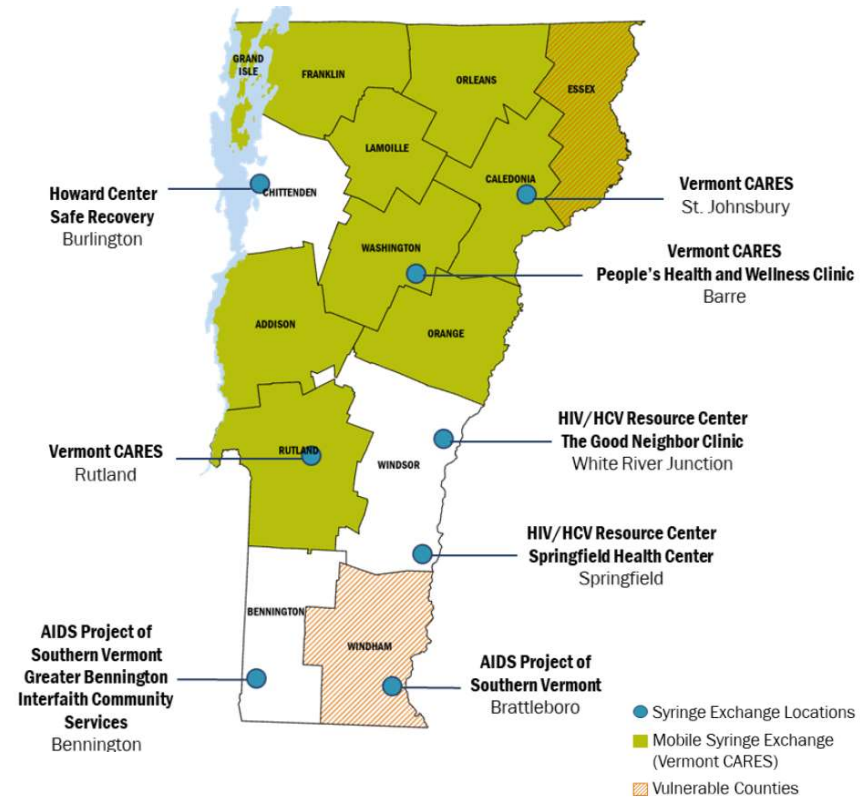
Public Inebriate Crisis Services and Beds



Community Opioid Response Initiatives



Syringe Services Programs



Messaging and materials assist people in accessing services and reducing harm and stigma

Finding Help for Opioid Use Disorder



VT Helplink
Alcohol & drug support center

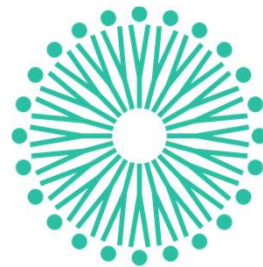
Call VT Helplink at 802-565-LINK (toll free at 833-565-LINK) or visit VTHelplink.org to connect to treatment and recovery support. Referral services are free and confidential.

If you are experiencing an emergency, call 9-1-1.

- Berlin**
Central Vermont Addiction Medicine 802-223-2003
- Brattleboro**
Habit Opco 802-349-1880
- Burlington**
Howard Center Chittenden Clinic 802-488-6450
- Newport**
BAART Behavioral Health Services 802-334-0110
- Rutland**
West Ridge Ce
- St. Albans**
BAART Behavior
- St. Johnsbury**
BAART Behavior
- West Lebanon**
Habit Opco

YOU CAN SAVE A LIFE WITH NALOXONE NASAL SPRAY.

For more info on where to get Naloxone/Narcan: healthvermont.gov/naloxone



VT Helplink Alcohol & drug support center

IF YOU ARE USING HEROIN

It could be stronger than you think

To stay alive:

- **Don't use alone.** Have someone with you who can give you naloxone and call 9-1-1 to save your life.
- **Don't mix with other drugs or alcohol.**
- **Cut the amount you use at one time.**
Fentanyl can be mixed with heroin and it is up to 50 times stronger than heroin.

If you are using — call to get help.
Dial 2-1-1 for local treatment.



TOGETHER
TO END ADDICTION STIGMA

Signs of an Overdose

- Person is unconscious or not waking up
- Person doesn't respond to shouting or rubbing knuckles on breastbone or between upper lip and nose
- Person is not breathing normally
 - Breathing very slowly or not breathing
 - Snoring, choking or gurgling sounds

Take Action

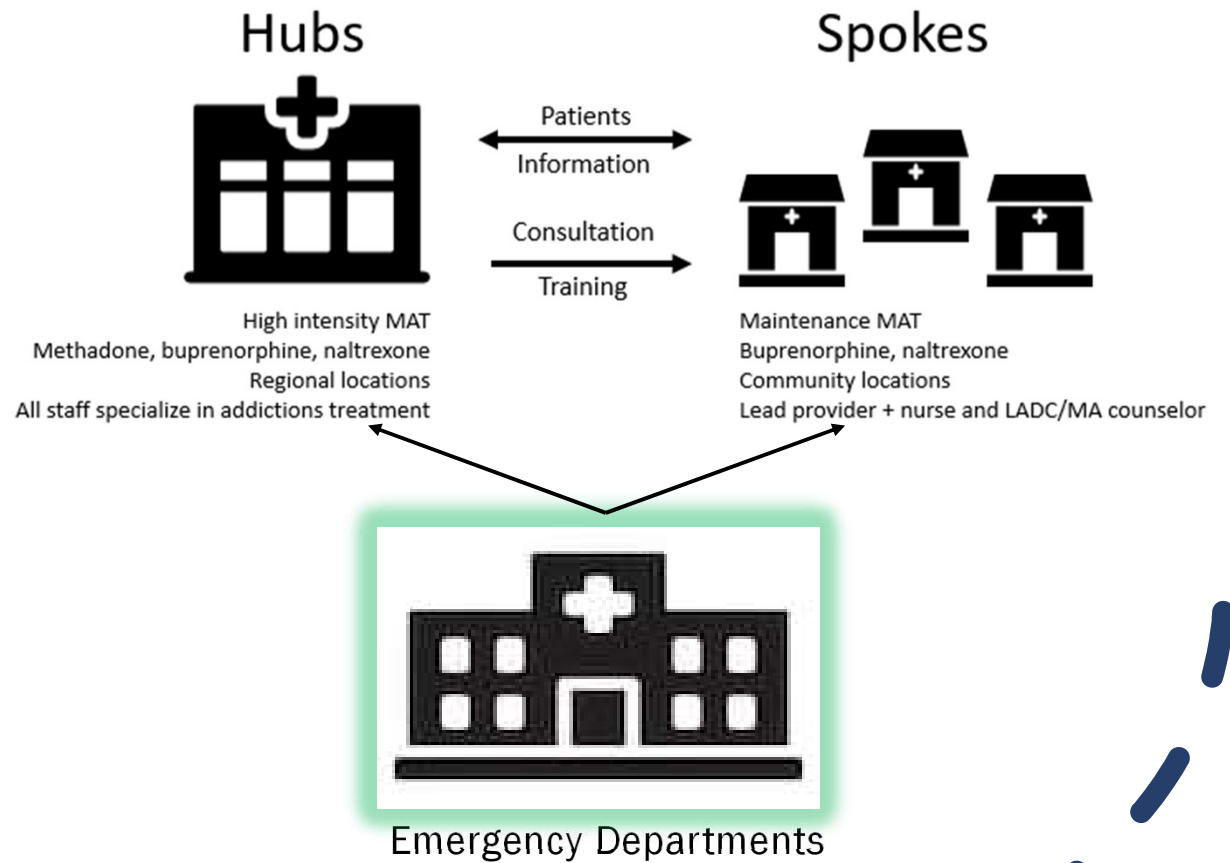
1 Call 9-1-1

2 Give naloxone (NARCAN®)



3 If the person is not breathing after you give them naloxone, start rescue breathing and chest compressions.

**Rapid Access to
MAT (RAM) is a
collaboration
between Hubs &
Spokes +
Emergency
Departments**



RAM gets people treatment quickly and removes barriers that prevent people from accessing and continuing treatment

3 DAYS OR LESS



FROM 1ST POINT OF CONTACT TO 1ST MEDICATION DOSE

INCREASE ACCESS



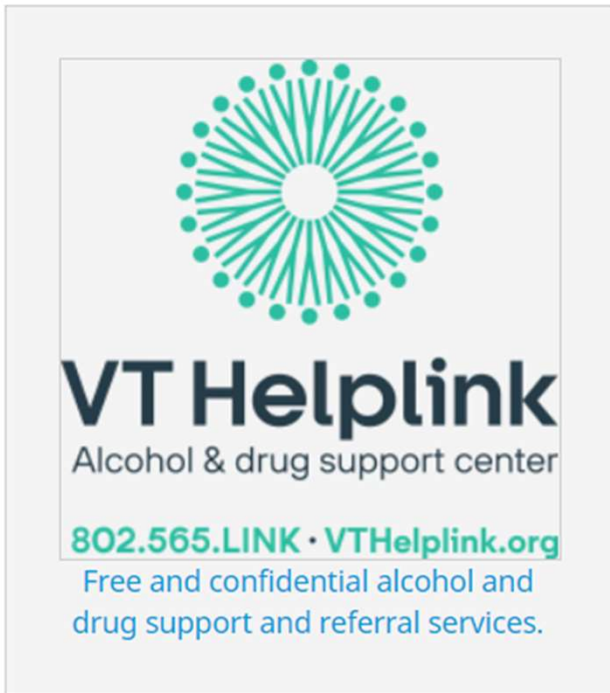
BY ADDRESSING REAL OR PERCEIVED BARRIERS & OPTIMIZING ACCESS POINTS

NO GAPS IN TREATMENT

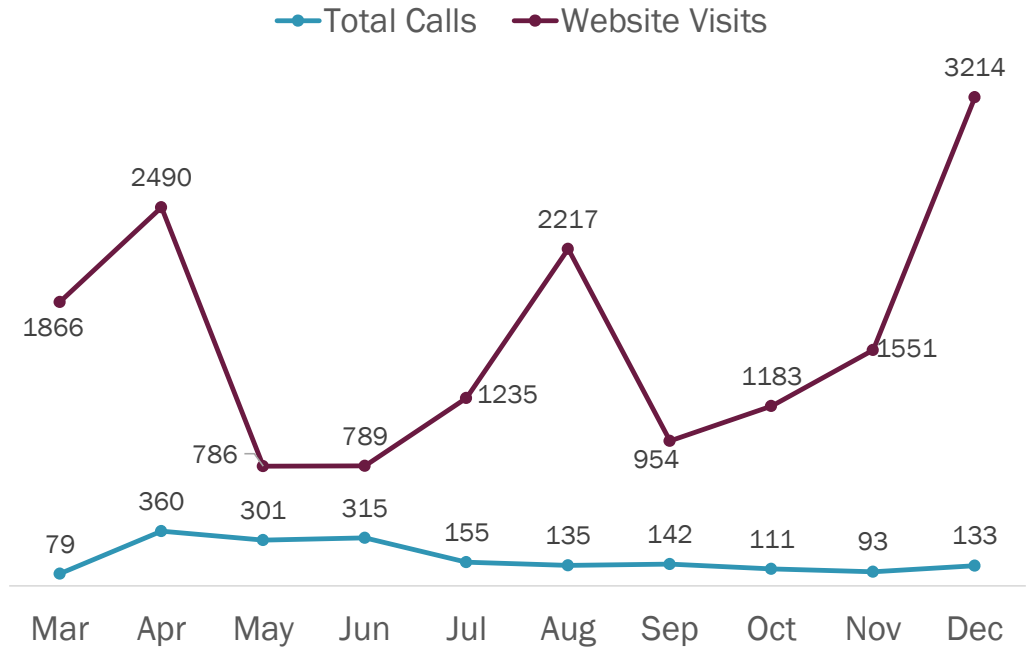


DURING LEVEL OF CARE & PROVIDER TO PROVIDER TRANSFERS

New in 2020! Vermont Helplink helps link people to the substance use services they need 24/7

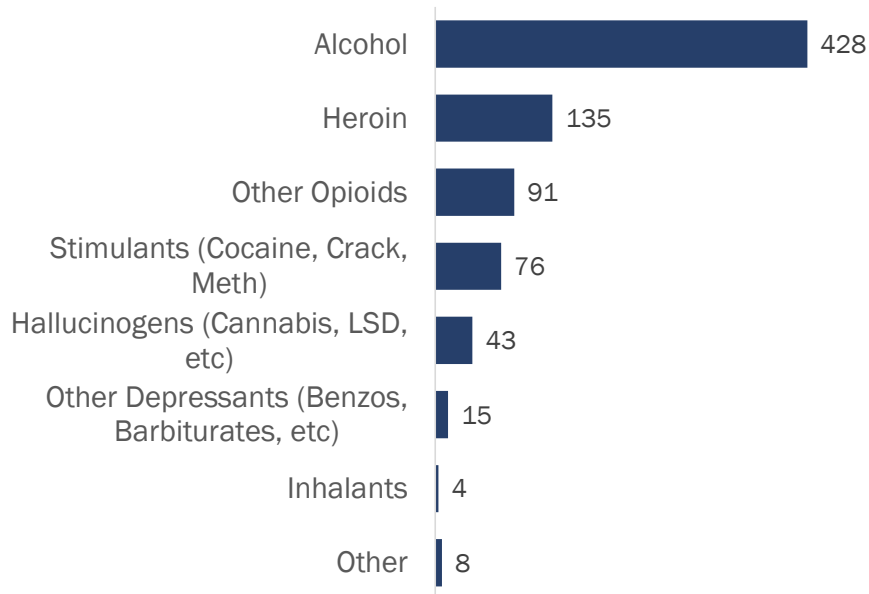


Helplink Contacts by Month - 2020

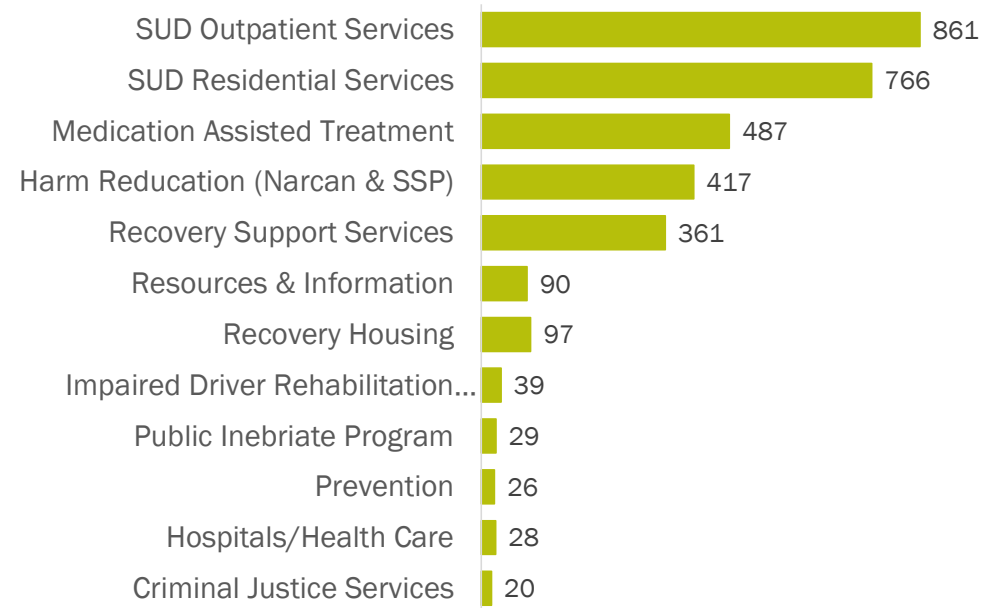


Alcohol is the primary substance of concern to people accessing Helplink in 2020

Over half of contacts were associated with alcohol use



Most referrals were to treatment services






Free and confidential resource to find mental health services for anyone who works in healthcare.

VT Helplink is a free and confidential resource to connect to mental health services for Vermonters who work in the healthcare industry—from doctors to nurses to facilities staff.

Call us. We can help you.

Call us at **802-565-LINK**



VT Helplink
Alcohol & drug support center

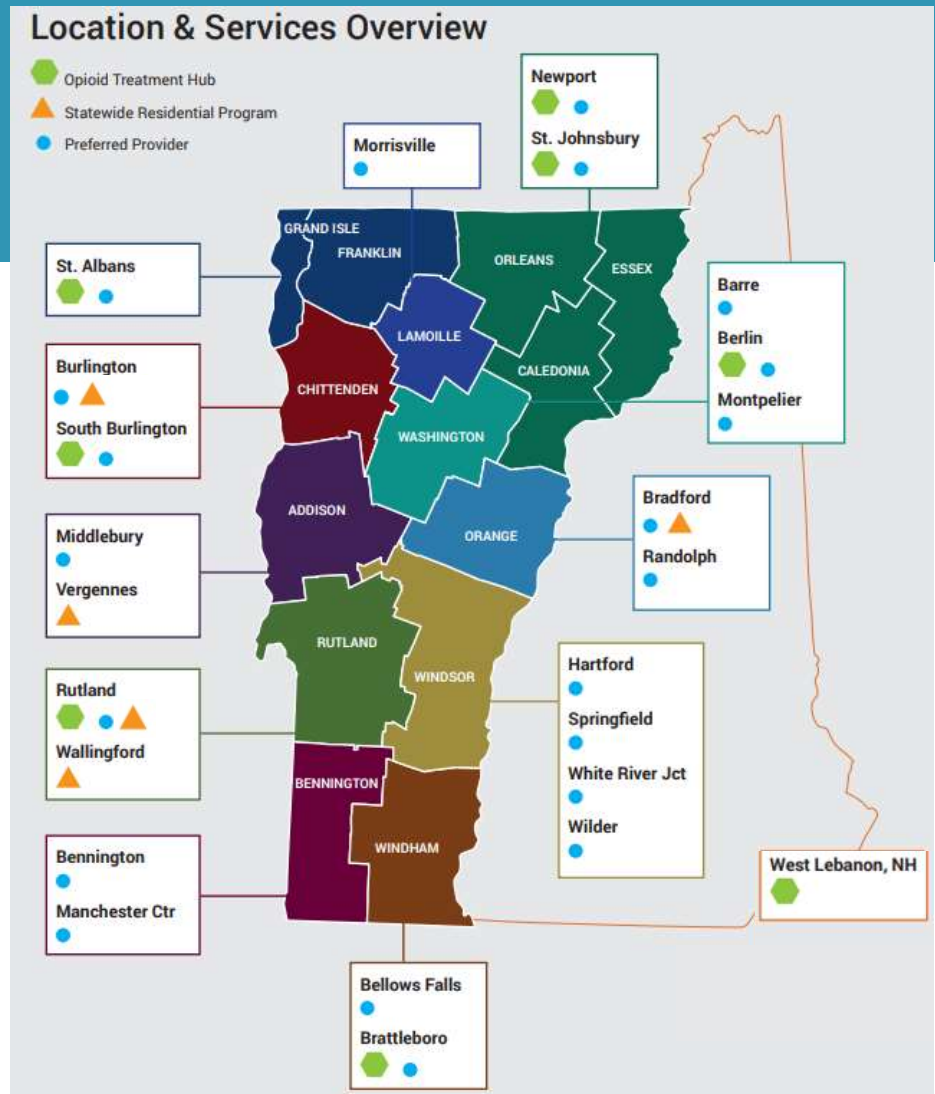
Mental health resources for healthcare workers have recently been added to Helplink

**Treatment is
Effective!**



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Vermont Specialty Substance Abuse Treatment Locations



The ADAP Preferred Provider Network (PPN)

Non-Designated Agencies

BAART Behavioral Health Services
Behavioral Health and Wellness (Copley)
Brattleboro Retreat
Central VT Substance Abuse Services
Habit Opco
Lund Family Center
Phoenix House
Recovery House
Rutland Regional Medical Center
Spectrum Youth and Family Services
Treatment Associates
UVMMC – Day One
Valley Vista
Washington County Youth Services Bureau

Clara Martin Center
Counseling Services of Addison County
Healthcare and Rehabilitation Services
Howard Center
Northeast Kingdom Human Services
Northwestern Counseling and Support Services
Rutland Mental Health
United Counseling Services

Designated Agencies

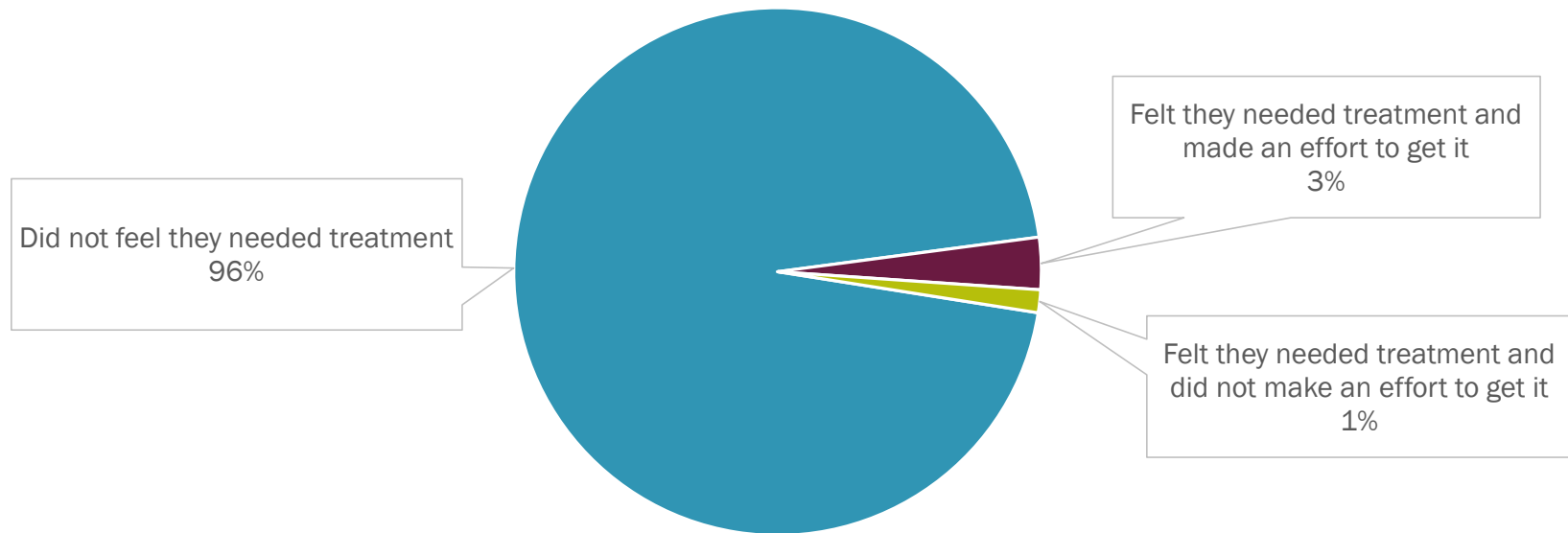
ADAP is responsible for Preferred Provider Certification for treatment providers in the ADAP system of care

- Based on Substance Use Disorder Treatment Certification Rule
 - Pursuant to 8 V.S.A § 4089b and 18 V.S.A §§102and 4806
 - 33 locations

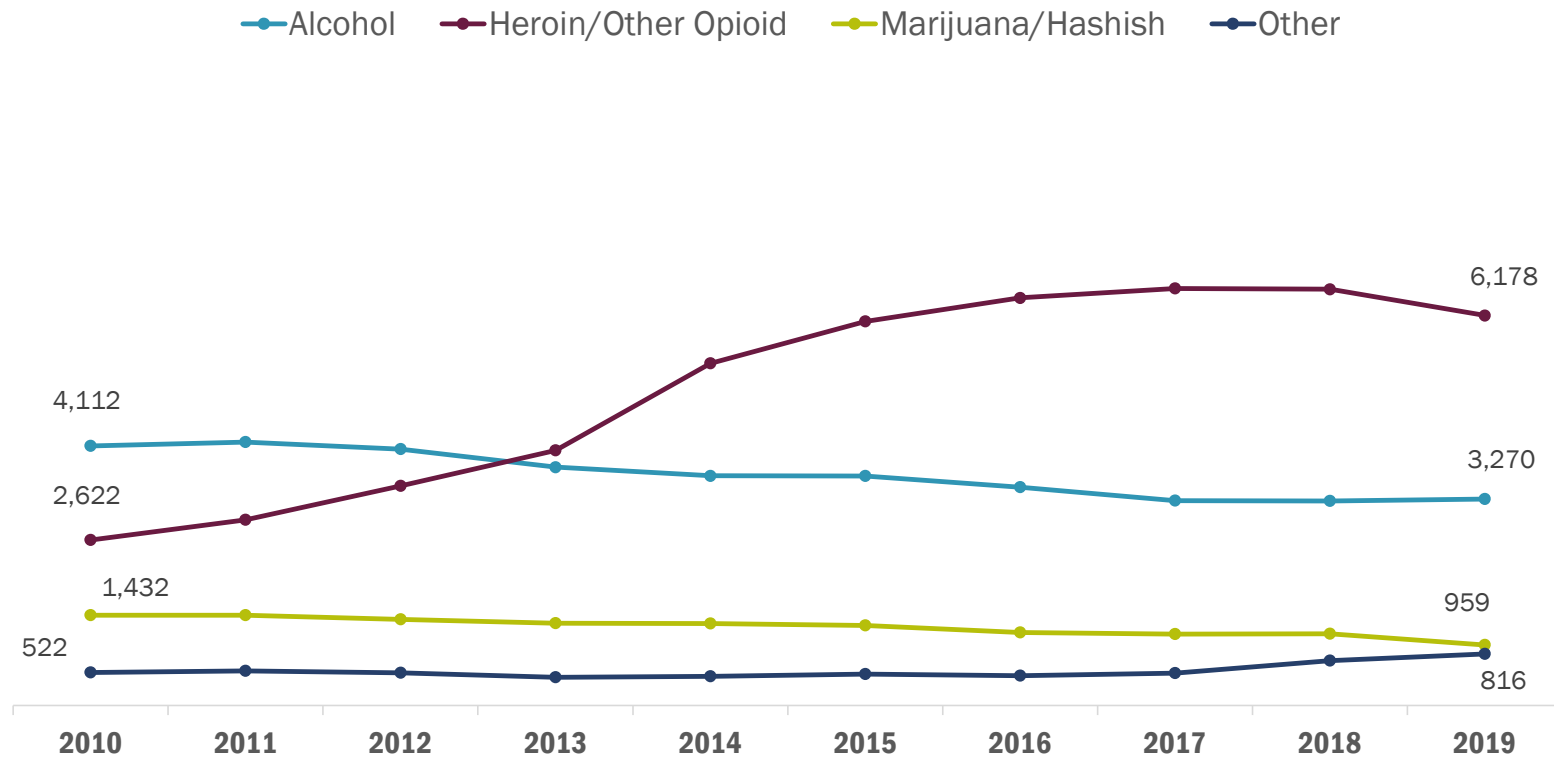


Many do not seek treatment

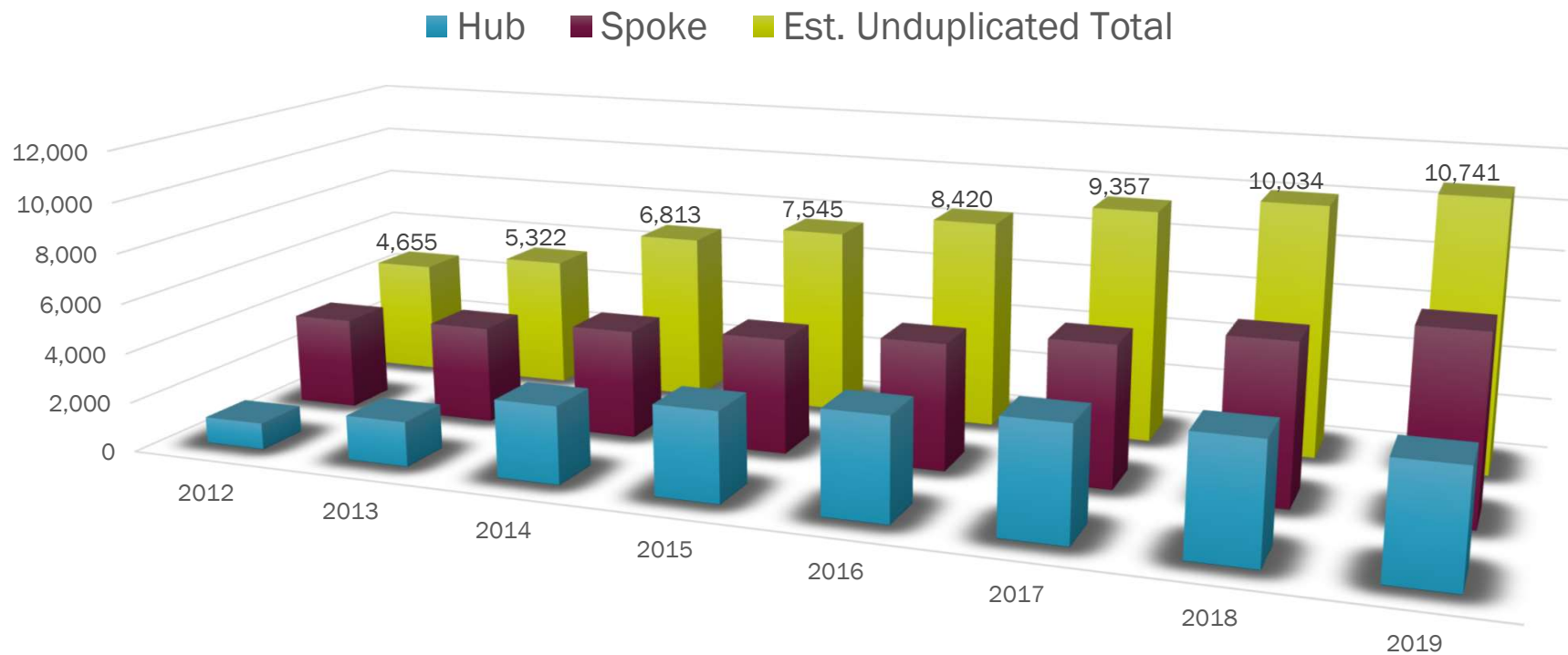
Reasons People Did Not Seek Treatment for Substance Use Disorder - 2019



The Preferred Provider treatment system has become very focused on opioid use disorder, overtaking alcohol as the primary substance used by people receiving treatment in 2013

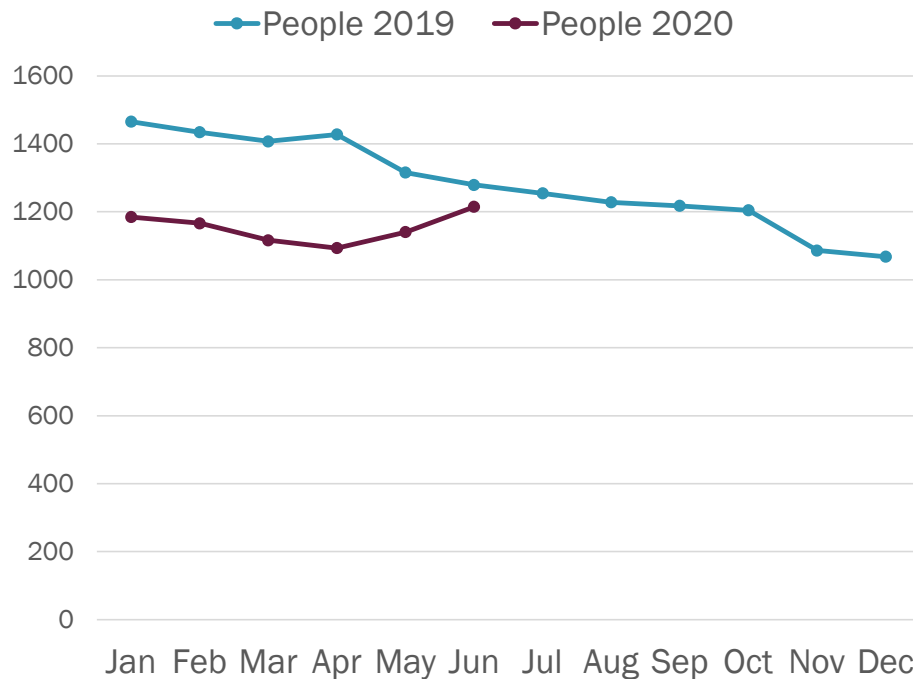


We have treated more people age 18-64 for opioid use disorder in the hub and spoke system every year since 2012. Note: Spoke providers are outside the ADAP Preferred Provider System

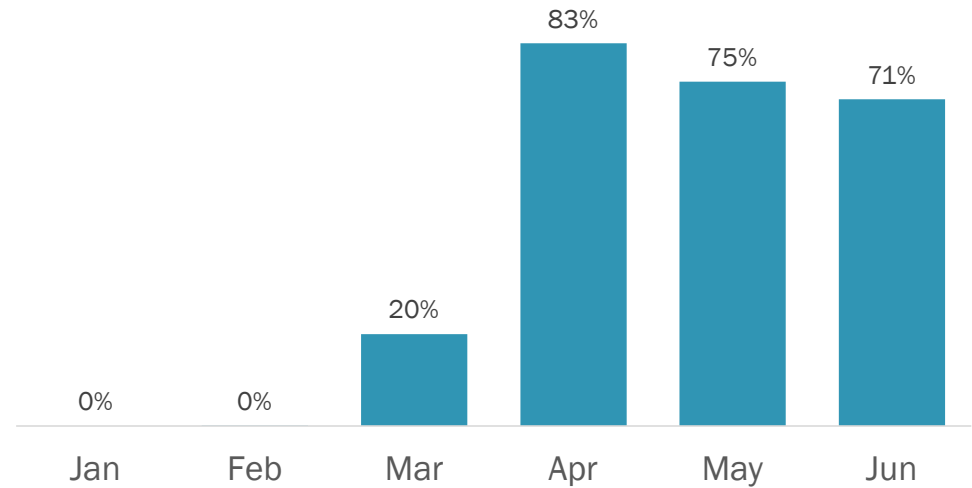


When COVID-19 hit, specialty outpatient treatment providers turned to telemedicine/telephone for outpatient services

People Receiving OP Services by Month



The percentage of non-Hub outpatient Services* provided to Medicaid recipients through telemedicine/telephone increased rapidly



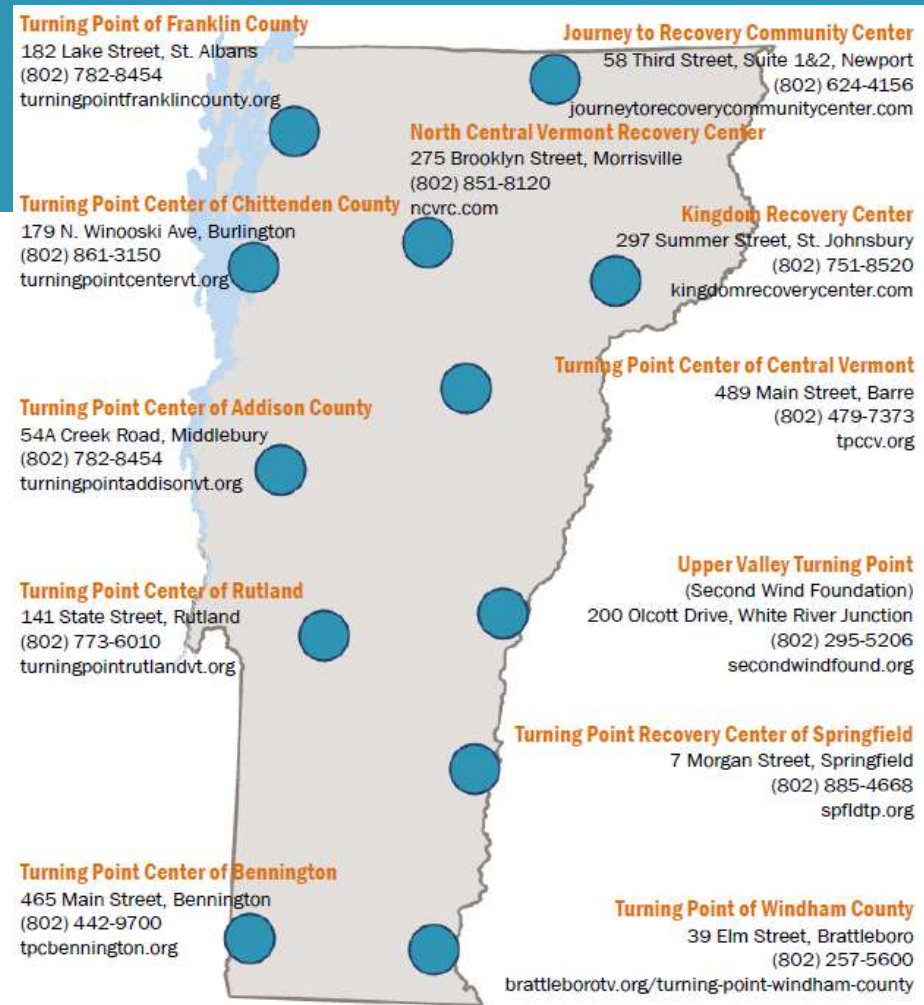
* Defined as procedure codes H0001, H0004, H0005, H0015, T1006, T1016

People Recover!



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Locations of Recovery Centers in Vermont



There are many different types of recovery services that support individuals' needs and remove barriers to recovery



Outreach, recovery support, and coaching



Family supports, parenting, and education



Substance-free social activities



Training - recovery, advocacy and mental health.



Group meetings and recovery support services



Recovery Coaches in ED's



Establishing Recovery Friendly Workplaces



Employment consulting and work experience



Wellness Services



Housing assistance/stability



Transportation

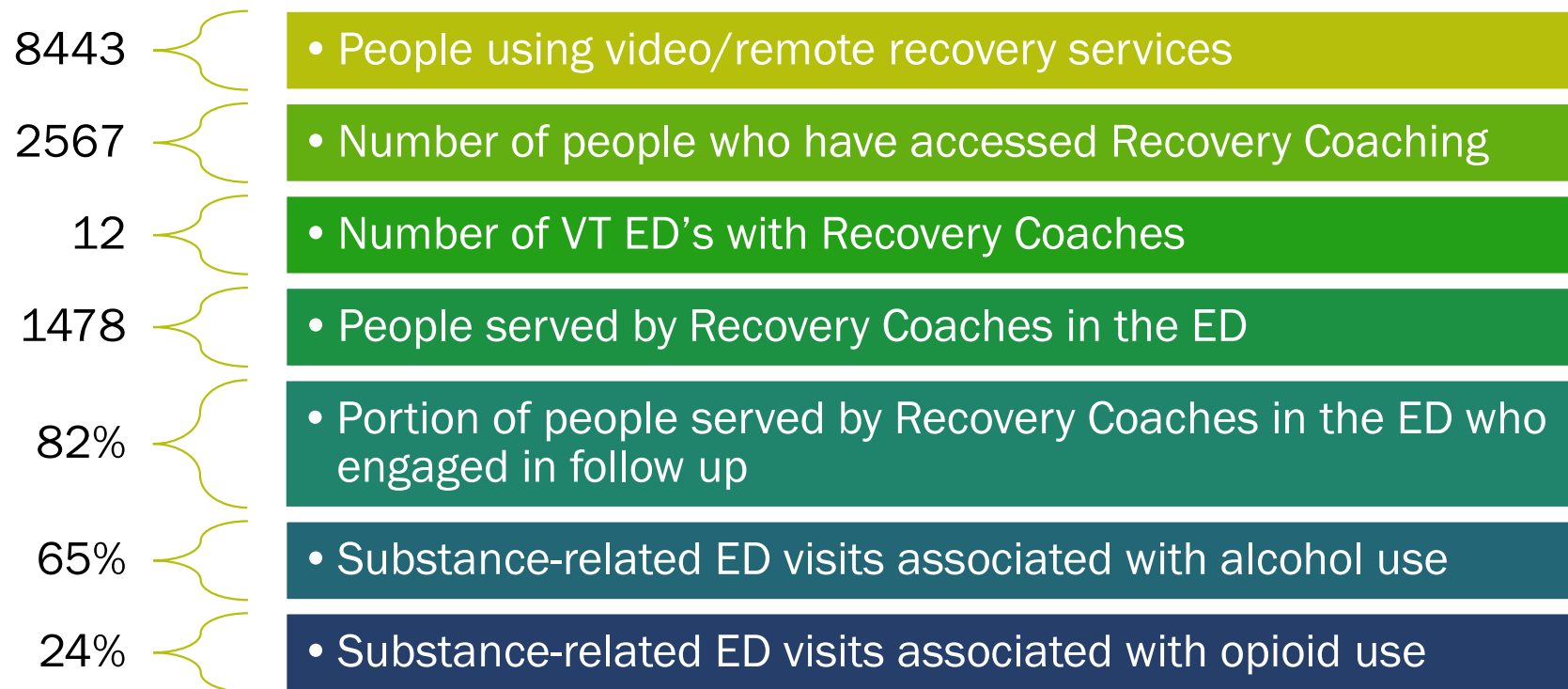


Linkages to other Services



Organizing and hosting public forums

Many people access and use recovery services – 2020



New initiatives

- Substance Use Disorder System of Care redesign
- Co-location of MAT and SSP services to smooth transition from use to treatment for opioid use disorder
- Overdose prevention and harm reduction communications campaign for those using opioids
- Community Action Grants – one-time short-term grants to address immediate needs to prevent overdoses through creative ways to link people at risk of overdose to care
- Workforce development

System of Care Redesign



Substance Use Disorder (SUD) system of care redesign – Why?

- The only significant change in the last 30 years has been to add hubs
- Inconsistent access to and quality of care
- Workforce instability

Substance Use Disorder System Redesign Goals

- All Vermonters will have access to a core set of evidence-based services
- One SUD treatment system, agnostic of substance, able to meet the needs of all Vermonters
- Enhanced care coordination to include the physical health care system, co-occurring, and recovery services
- A seamless system that is easy for clients to access and navigate (includes intervention, interim, co-occurring, recovery, and care management services)
- Eventually - value based payment structure to incentivize a higher quality of care and outcomes for Vermonters

Substance Use Disorder System Redesign Goals cont.

- Reduce duplicative effort on behalf of the client, includes financial savings (e.g., multiple assessments)
- Recruiting and retention of high-quality staff, includes competitive wages/benefits, staff development career ladders, and co-occurring capacity
- A reduction in administrative functions would increase QI activities geared towards improving care for Vermonters
- Reduction in state resources to execute legal agreements

Substance Use Disorder System Redesign: What services are in scope?

- Screening for Substance Use Disorder/Level of Care
- Assessments
- Individual Treatment Planning
- Individual, Group and Family Counseling
- Intensive Outpatient Counseling
- Partial Hospitalization
- Residential Treatment
- Recovery Coaching
- Pregnant and Parenting Women-Care coordination/OB-GYN
- Services for Intravenous Drug Users (IVDUs) (e.g., Hub and Spoke (MAT Services))
- Co-Occurring services
- Outreach
- Interim Services
- Crisis Intervention
- Other services may be identified as part of the stakeholder interview process and RFI

Internal Partners

- Agency of Human Services (AHS) Central Office, including Blueprint
- Department of Vermont Health Access (DVHA) - Payment Reform Team
- Department of Mental Health (DMH)

Stakeholders

(Interviews conducted between September 2020 and February 2021)

- 12 Vermont Recovery Centers
- VT Association for Mental Health and Addiction Recovery
- Vermont Recovery Network
- VT Association of Addiction Treatment Providers (VAATP)
- Rutland Regional Medical Center
- Valley Vista
- Clara Martin Center
- Counseling Services of Addison County
- Health Care and Rehabilitation Services
- Central Vermont Substance Abuse Services
- Behavioral Health and Wellness Center (CHSLV)
- Northwestern Counseling Services
- Rutland Mental Health
- Northeast Kingdom Human Services
- BAART Behavioral Health Services
- United Counseling Services
- Lund Family Center
- Spectrum Youth and Family Services
- Treatment Associates
- Washington County Youth Services Bureau
- Recovery House
- Habit Opco
- Howard Center
- Centerpoint Adolescent Treatment Services
- University of Vermont Medical Center – Day One
- Recovery Services Consumers
- Treatment Services Consumers
- Department of Corrections (DOC)
- DXC Technology
- Substance Misuse Prevention Oversight and Advisory Council
 - Intervention, Treatment and Recovery Workgroup (ITR)
 - Family Action Group
- Department of Mental Health (DMH)
- Department of Vermont Health Access (DVHA)
- Blueprint for Health
- Agency of Digital Services

Request for Information (RFI)

- Posted on 2/26, responses due 4/29
(<http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=53112>)
- Gathered information from stakeholders to inform RFI
- Purpose is for information and planning purposes
- No specific model has been pre-determined

Current Workplan and Timeline

System Redesign Kick-off (Internal Planning/Data Analysis)	Jan. 2020
Stakeholder Interviews (Internal/External)	September 2020 – February 2021
RFI Posted	3/1/2021
RFI Responses Due	4/29/20
Service Delivery Begins	1/1/2023



Thank you!

Let's stay in touch.

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