



Substance Abuse Treatment Coordination
Agency of Human Services STAT
Introduction

 VERMONT
DEPARTMENT OF HEALTH

April, 2013

Why are we here?

- Secretary Doug Racine has identified substance abuse (SA) services as an AHS-wide priority
- The starting point is to assess treatment policy and practices across AHS
- The goal is to develop a unified and agreed upon framework to guide service delivery
 - Including: Assessment, intervention, referral, access, case management, recovery services, and reporting

What is the problem?

- There is very little coordination of substance abuse services within AHS.

*Check for
Diner and
frequency*

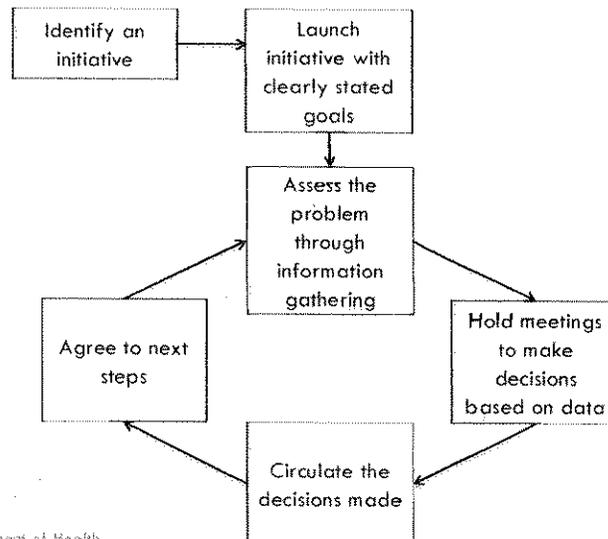
Who is responsible for the work?

- The Commissioners of each AHS department have been asked to identify a representative for this process
 - This representative must:
 - Have a firm knowledge of their department's deliver, utilization and/or purchasing of substance abuse services
 - Have the authority to make decisions regarding substance abuse strategies particular to their population served
 - Be available for monthly 2-hour meetings for the next six months
 - Be willing to do some work in between meetings to gather relevant information

How are we doing this?

- Using the Stat model adopted by the Vermont Department of Health
 - A process of relentless follow-through which:
 - Involves full documentation of decision making to ensure forward motion
 - Facilitates quick data-driven decision making
 - Holds stakeholders accountable by using a consistent approach

What is the Stat process?



What is the timeline?

- The next six months:
 - Quarterly AHS Commissioner's meeting with half hour updates
 - Monthly representative participates in 2 hour decision making meetings
- At the end of six months the goal is to have:
 - A unified framework to guide substance abuse treatment service delivery
 - Begin implementation of the agreed upon framework with regular updates and documentation
 - Develop any legislative recommendations + Budget

*Referenced by
for the
next session
/ Budget cycle*

Proposed key questions

- Assessment
 - What, if any, are the protocols AHS uses for SA assessment?
 - *What should the protocols be?*
- Intervention
 - Do departments do low-level SA interventions?
 - *What should the standards be?*
- Referral and Access
 - How is the decision made by departments to refer out? Who do departments refer to?
 - *Who should be on the referral list? How should departments make that decision?*

Proposed key questions continued

□ Treatment

- What protocols and standards do we have in place?
- *What should those protocols and standards be?*

□ Case-Management and Follow-Up

- Do departments do or oversee case management of clients with SA problems? Do departments follow-up on clients referred out for SA?
- *Should departments follow-up? What should the protocols be for SA case-management?*

Log data of agency is public

□ Reporting

- How do departments track work with SA? Do they track the \$\$\$? Do they track the # of clients?
- *How should we track this? What should we track?*

Once we have the framework, what next?

□ Implementation

- Make a plan to implement the new framework
- Make a plan to hold Departments accountable to that framework

Highlights from the initial questionnaire

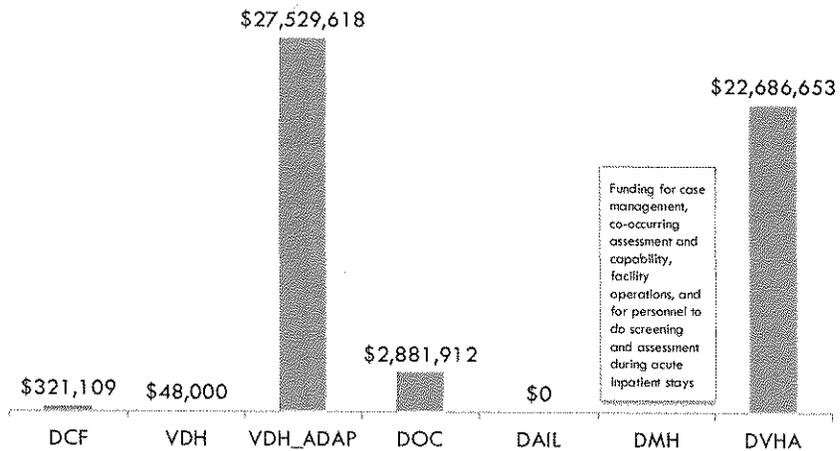
At what stage does your department engage with the substance abuse treatment system?

Point of Interaction	DCF	VDH	DOC	DAIL	DMH	DVHA
Screening	✓	✓	✓		✓	✓
Assessment	✓	✓	✓		✓	✓
Brief Intervention	✓	✓			✓	✓
Referral/Access	✓	✓	✓	✓	✓	✓
Treatment	✓	✓	✓		✓	✓
Case-Management	✓	✓			✓	✓

What type of treatment services does your department use?

Type of service	DCF	VDH	DOC	DAIL	DMH	DVHA
Outpatient	✓	✓	✓	✓	✓	✓
Medication Assisted Therapy	✓	✓	✓		✓	✓
Residential	✓	✓	✓		✓	✓
Detox	✓	✓	✓		✓	✓
Peer Recovery Services	✓	✓			✓	✓
Case-Management	✓	✓			✓	✓

Dollar estimates on substance abuse treatment by Department



Examples of barriers

- Long wait times for inpatient and outpatient services
- Great need for increased coordination between case workers and SA treatment providers
- Great need for increased coordination between general health care providers and SA treatment providers
- Need more medication assisted therapy providers
 - Particularly regionally
- Need to change the criminal pathway to treatment

Example barriers continued

- Problems referring patients with co-occurring mental illness to residential SA treatment
 - Limited provider-to-provider communication
 - Fee-for-service model not helpful when working with patients who have co-occurring disease
- Need more trained personnel
 - More providers who can prescribe Buprenorphine
 - More trained LADCs, case-managers

*Payling
Referral*

Examples of systemic differences

- Almost all departments screen for SA in one of their programs – there is no standard or coordination for screening in AHS
- Few departments report on referrals made for SA
- No overall understanding of AHS spending for SA treatment and services
- No unified standards for residential, detox, intensive outpatient, or outpatient SA treatment
- Coding and billing different for mental health than for SA

Next Steps

- Meeting of Workgroup on April 18
- Quarterly Update with Commissioners in June

Discussion -- Questions?

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