




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.

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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

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*Check so
Dinner and
frequency*

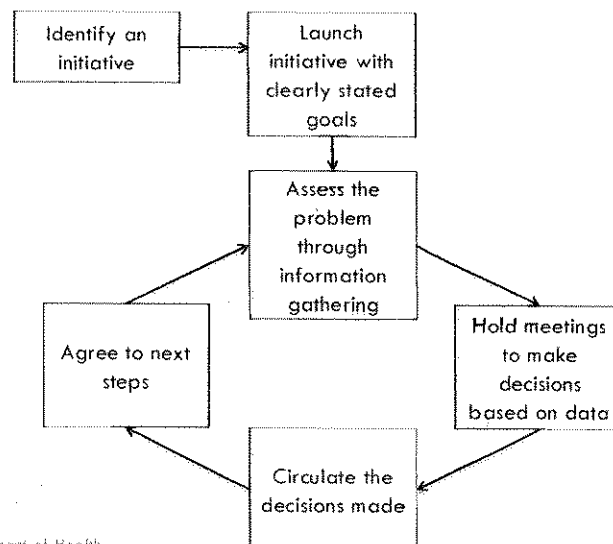
How are we doing this?

- 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

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What is the Stat process?



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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

*Refer to the
for the
next session
/ Budget cycle*

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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?

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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?

□ 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?

Log data of agency is private

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

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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	✓	✓			✓	✓

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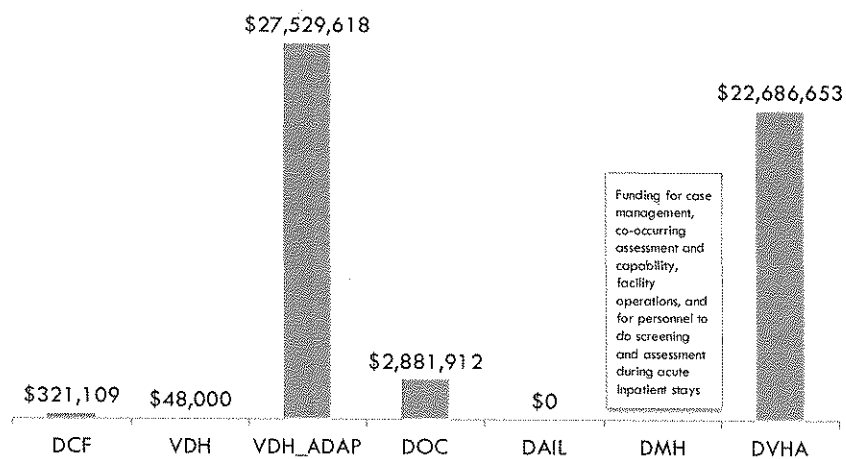
What type of treatment services does your department use?

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

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Dollar *estimates* on substance abuse treatment by Department



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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

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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

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*Paying
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

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Next Steps

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

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Discussion -- Questions?