



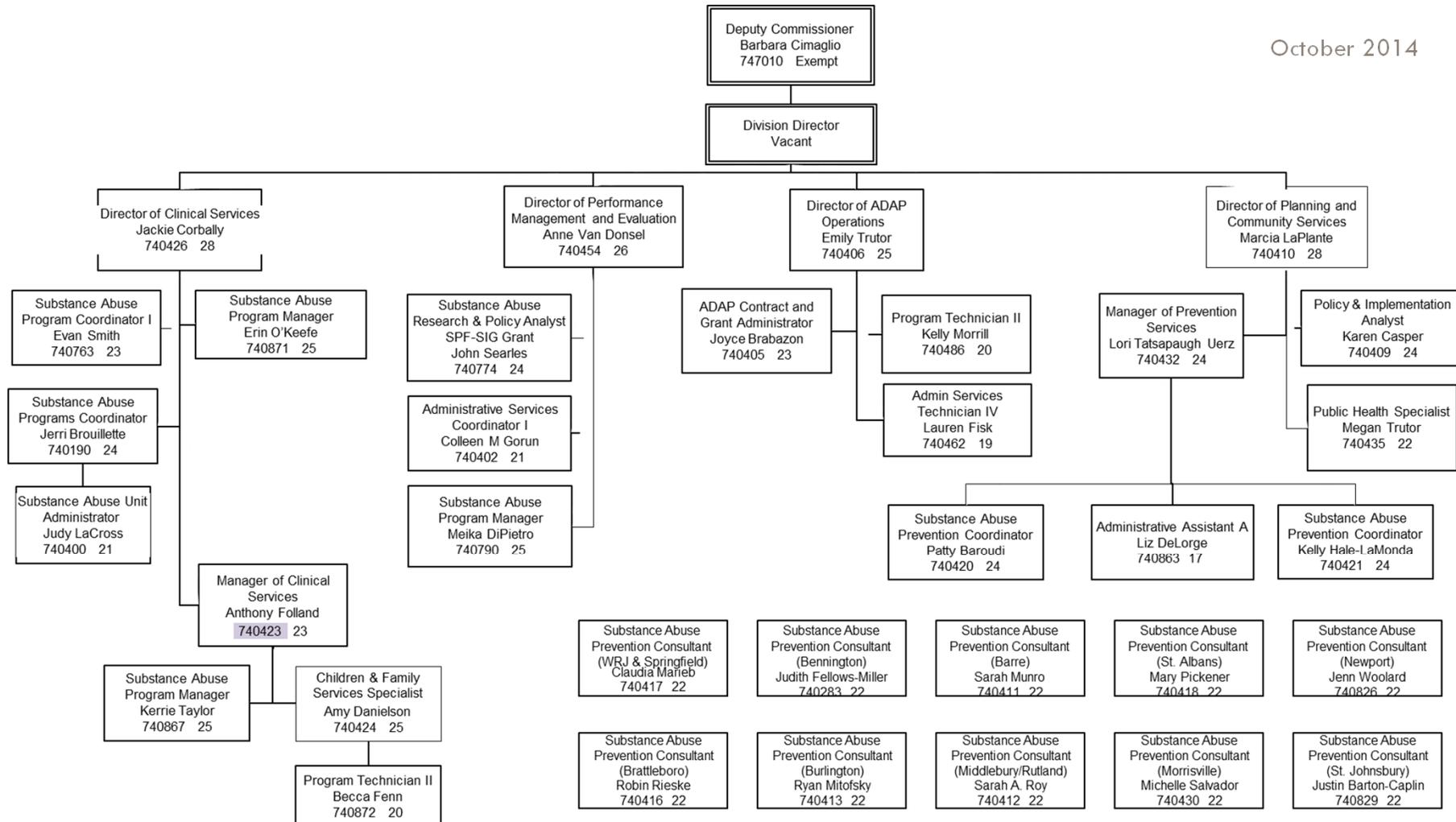
Alcohol and Drug Abuse Program Division Overview

Presented to House Human Services Committee

Barbara Cimaglio, Deputy Commissioner,
Alcohol and Drug Abuse Programs

ADAP Organizational Chart

October 2014





Substance Abuse Public System Statutory Responsibilities

- 33 V.S.A.TITLE 33, Chapter 7
 - Operate and evaluate a consistent, effective program of substance abuse programs.
 - Prevention & intervention
 - Licensure of alcohol and drug counselors
 - Project CRASH schools
 - Alcohol and drug treatment
 - Review and approve all alcohol & drug programs

- Focuses on change for entire populations (collections of individuals who have one or more personal or environmental characteristics in common), such as age groups or communities
- Effective prevention is grounded in a solid understanding of alcohol, tobacco, and other drug consumption and consequence patterns
- Understanding the nature and extent of consumption (e.g. underage drinking) and consequences (e.g. motor-vehicle crashes, addiction) from the beginning is critical for determining priorities and aligning strategies to address them

Act 186 – Population Level Outcomes/Priorities

Governor's Strategic Plan

Agency of Human Services Strategic Plan

Healthy Vermonters 2020

ADAP Dashboard

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

Indicators:

- 1) % of adolescents age 12-17 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

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)

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

Promote the health, well-being and safety of individuals, families and our communities

% of adults' binge drinking in the past 30 days

% of adolescents binge drinking in the past 30 days

% of persons age 12+ who need and do not receive alcohol treatment

% of persons age 12+ who need and do not receive illicit drug treatment

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

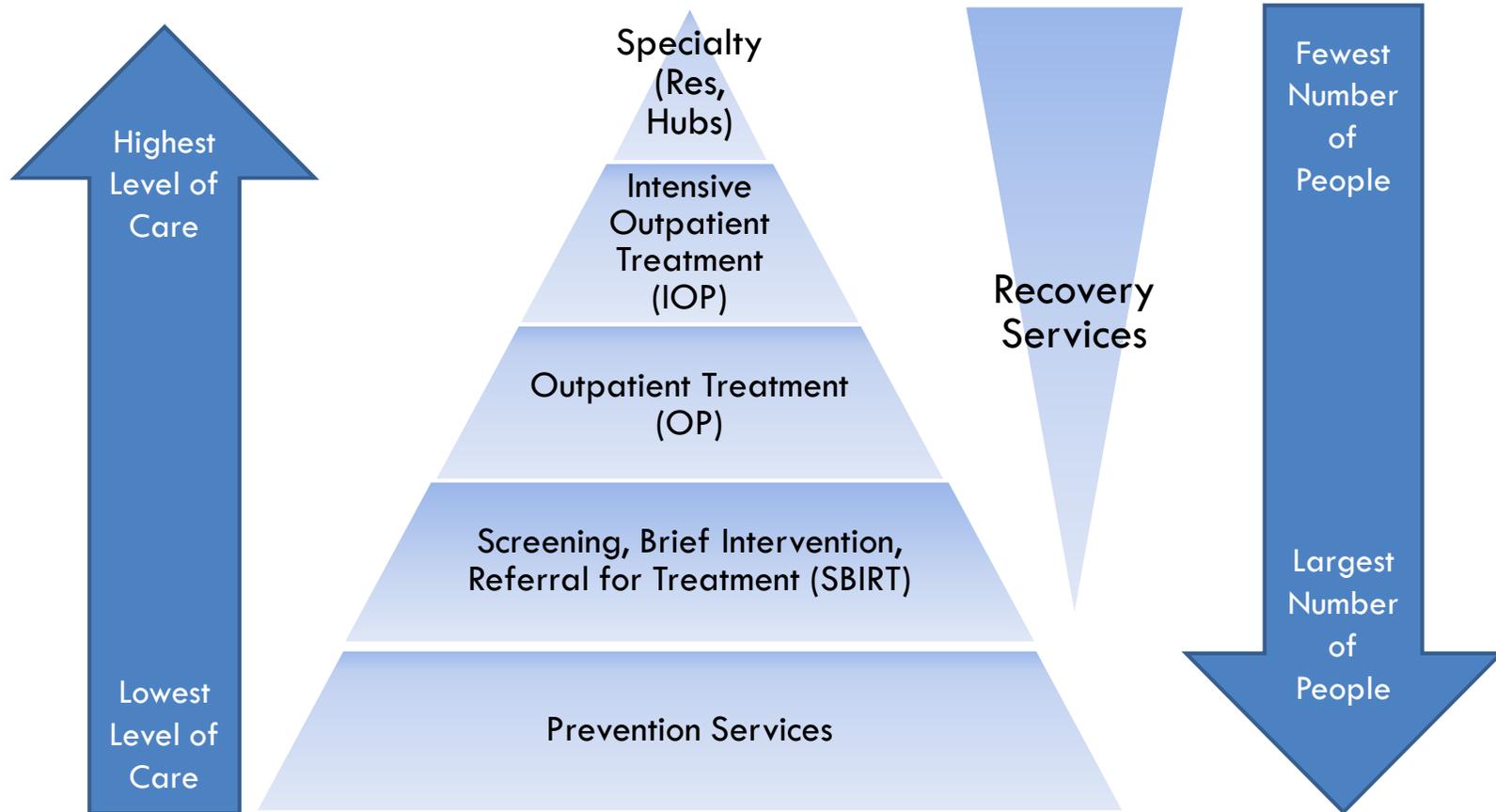
High Quality and Affordable Education:
Learners of all ages have the opportunity for success in education

Percent of adolescents in grades 9-12 who used marijuana in the past 30 days (YRBS)

Percent of adolescents who drank alcohol in the past 30 days (YRBS)

Percent of adolescents who reported ever using a prescription drug without a prescription (YRBS)

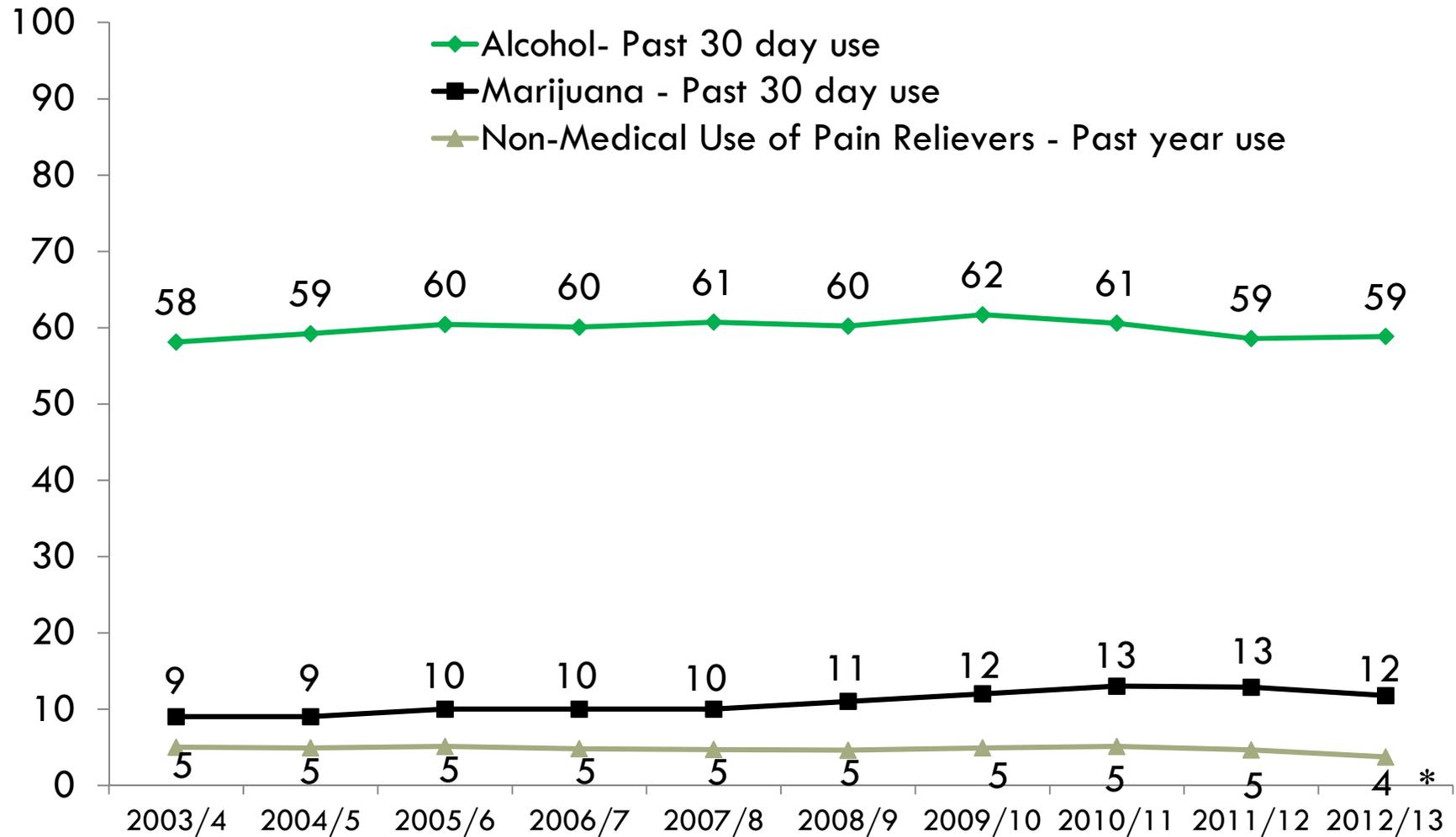
Substance Abuse Continuum of Care



- **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*



Most Common Substances Used by Vermonters ages 12+ by Type of Substance



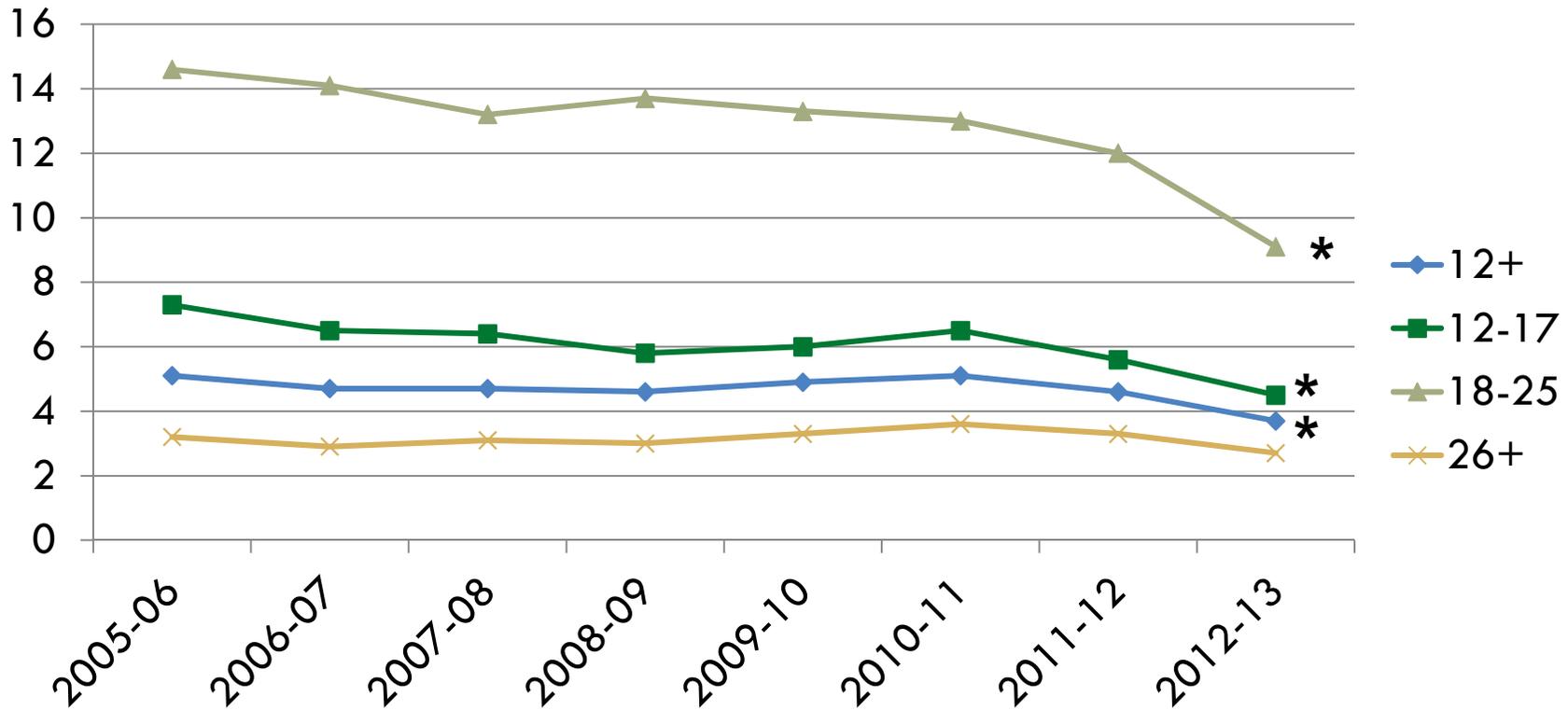
* Statistically significant reduction 2011/12 to 2012/13.

Source: National Survey on Drug Use and Health, 2003-2013



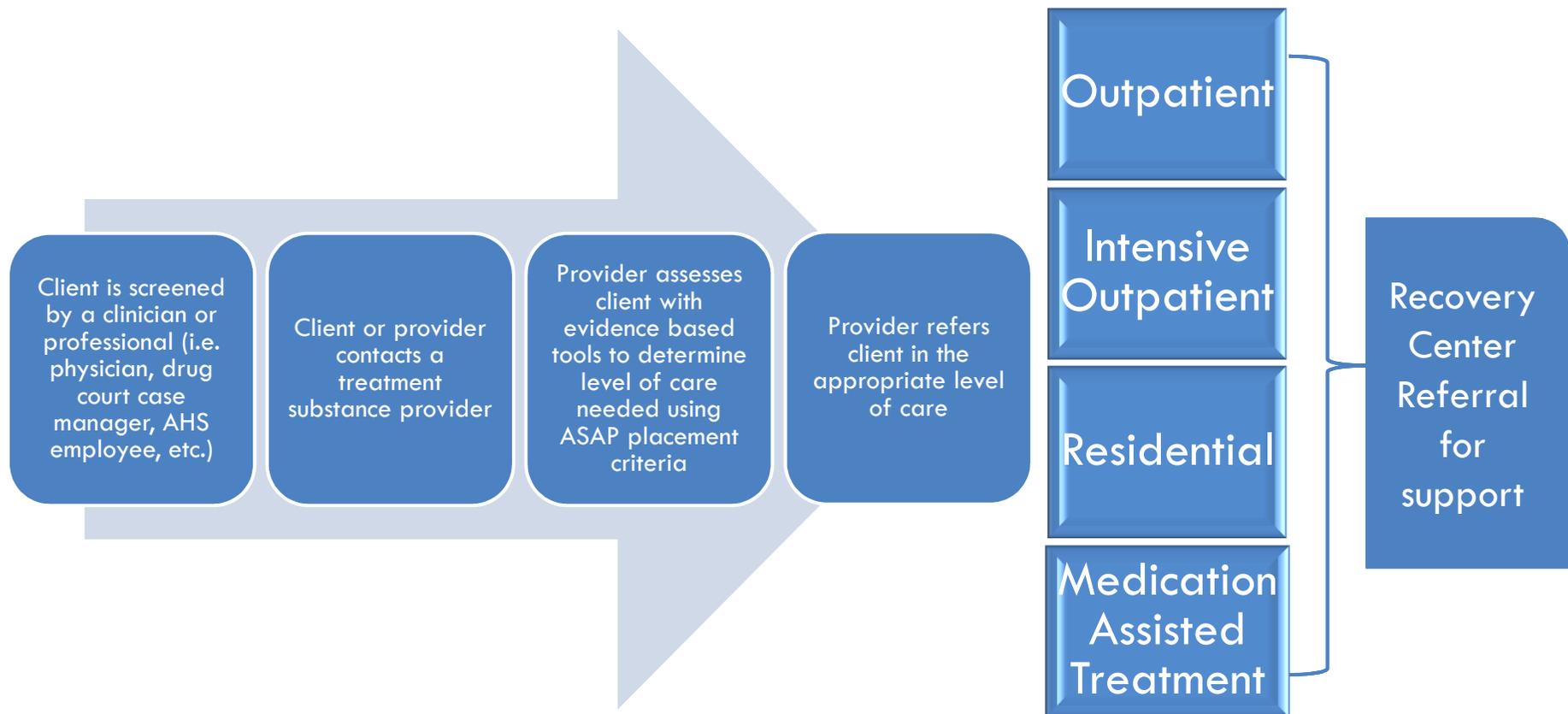
Non Medical Use of Pain Relievers is Decreasing in Vermont for all Age Groups

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



* Statistically significant reduction from 2011/2012

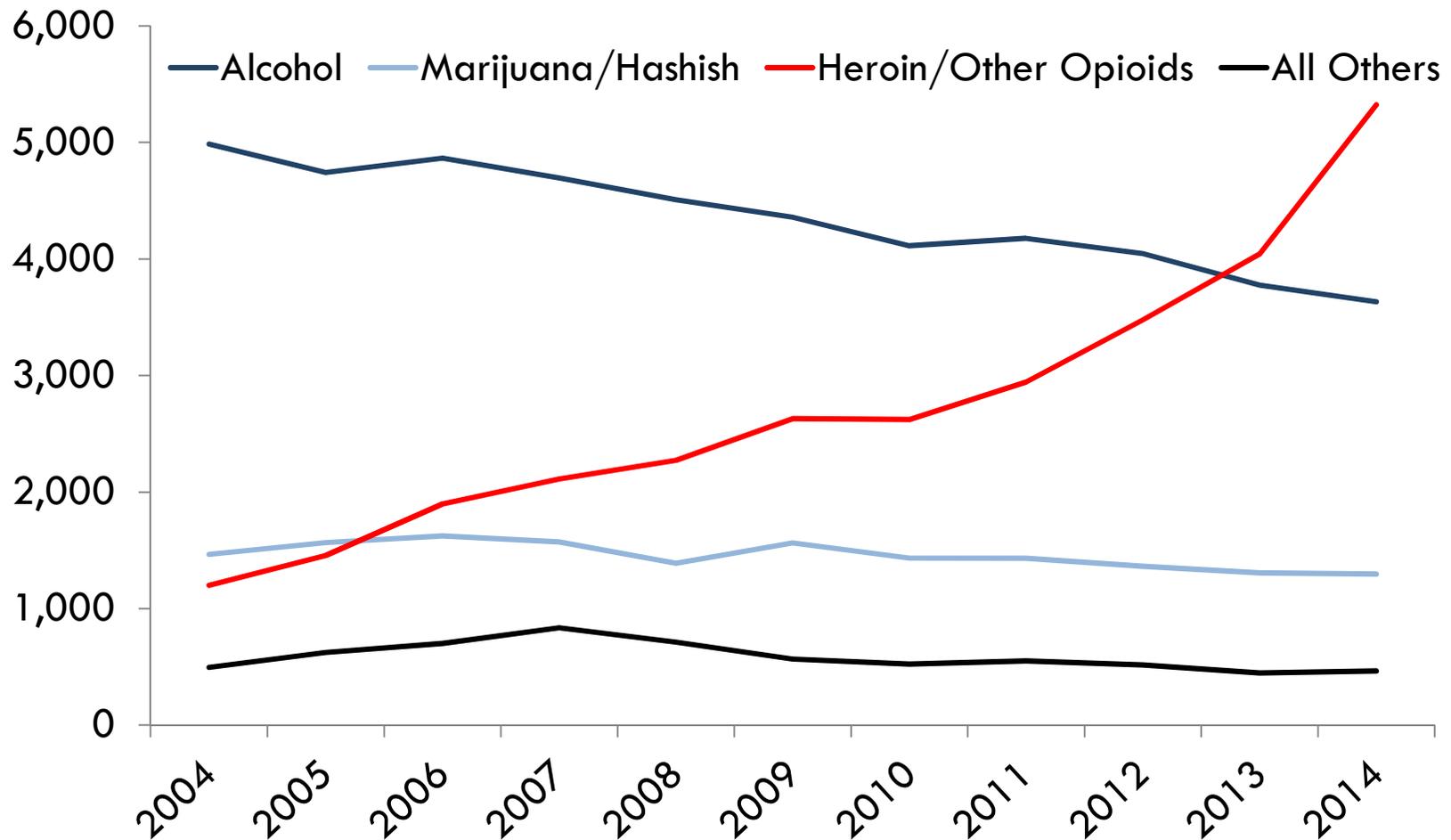
Process for accessing treatment services in Vermont





The number of Vermonters treated for opioid addiction continues to increase

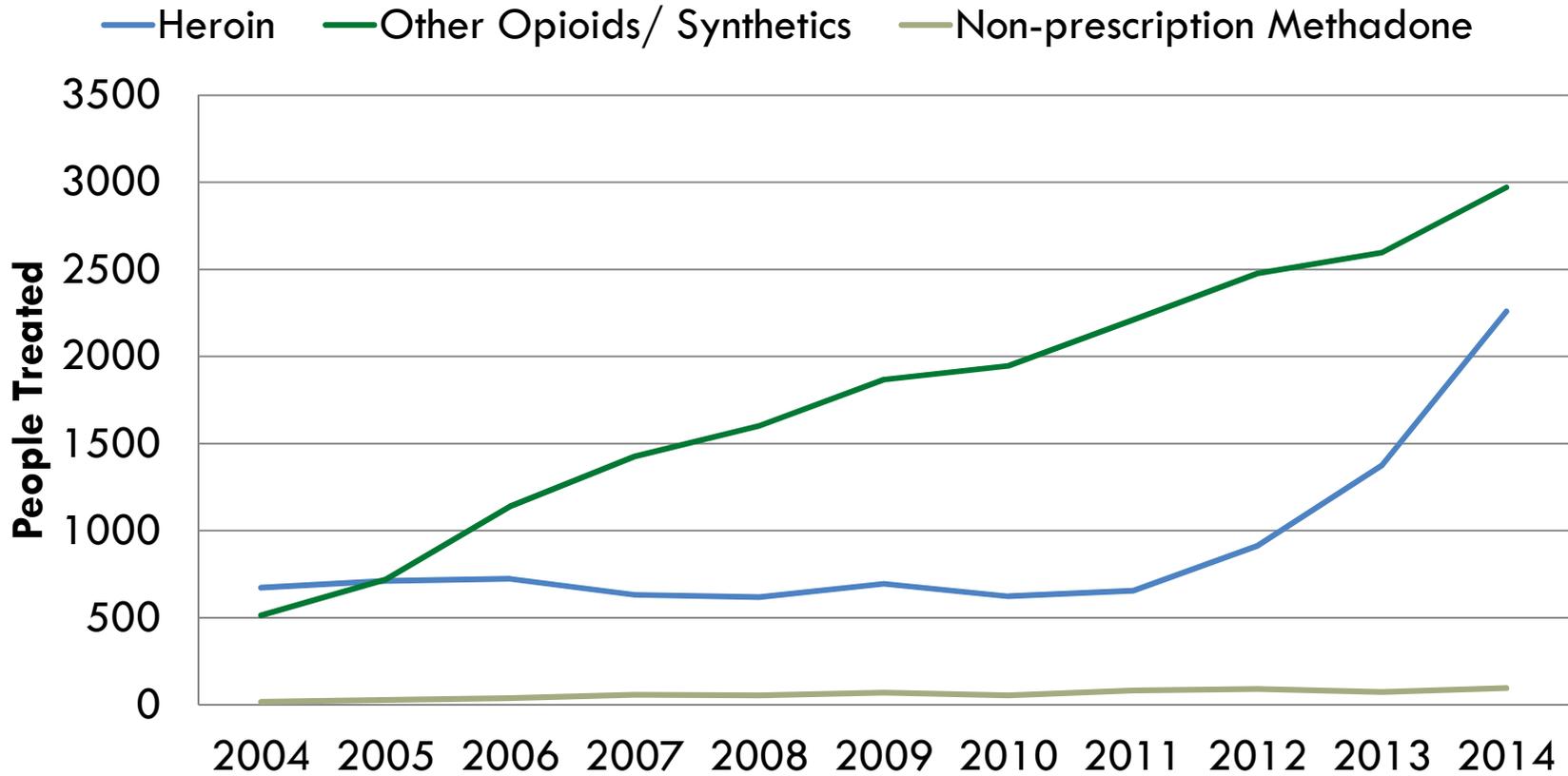
Number of people treated in Vermont by substance





The number of individuals using heroin at treatment admission is increasing faster than for other opioids/synthetics

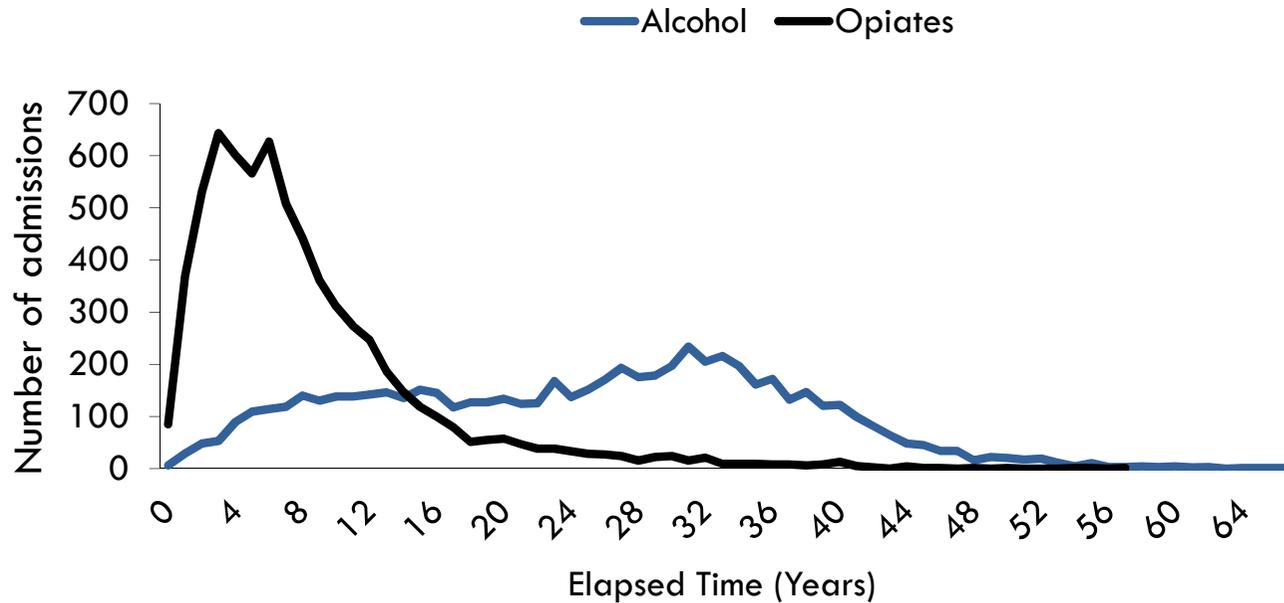
Type of Opioid Being Used on Admission to Treatment





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



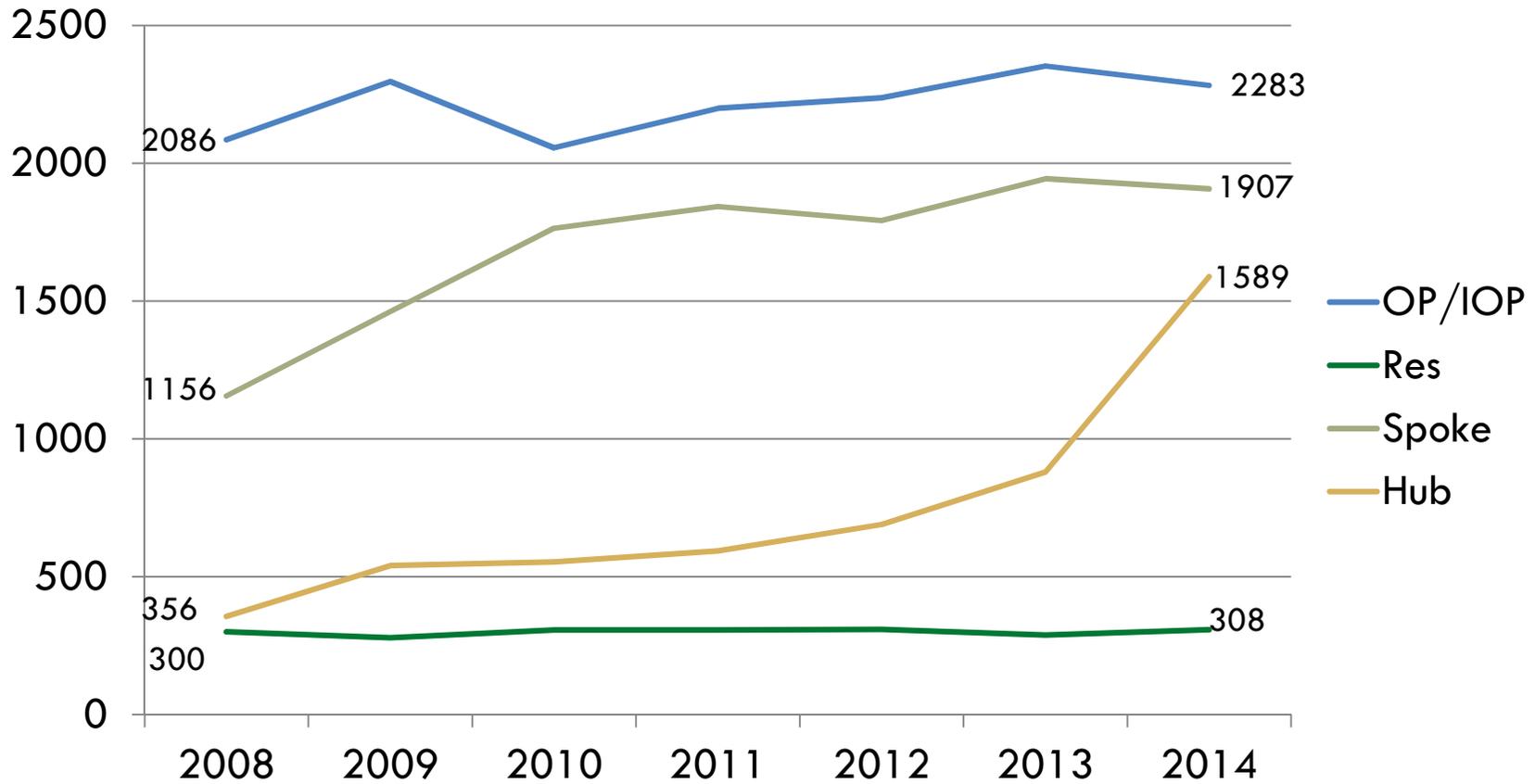
	Opioids	Alcohol
Average Elapsed Time	8.2 +/- 7 years	24.8 +/- 12 years
Number of Admissions	6776	6207

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



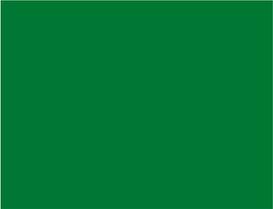
Capacity - Number of people that can be treated per month by level of care

Total Number of People Treated in the Month of January



Data Source: SATIS and Medicaid Data (spoke data)

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



What Are We Doing?



VDH/ADAP FY14 Expenditures by Level of Care

Level of Care	Total Expenditures	Average Cost/Person Served
Prevention	\$2,859,504	\$6
Intervention	\$2,971,892	\$264
Treatment*	\$26,880,267	\$2,526
Recovery	\$1,746,553	\$883

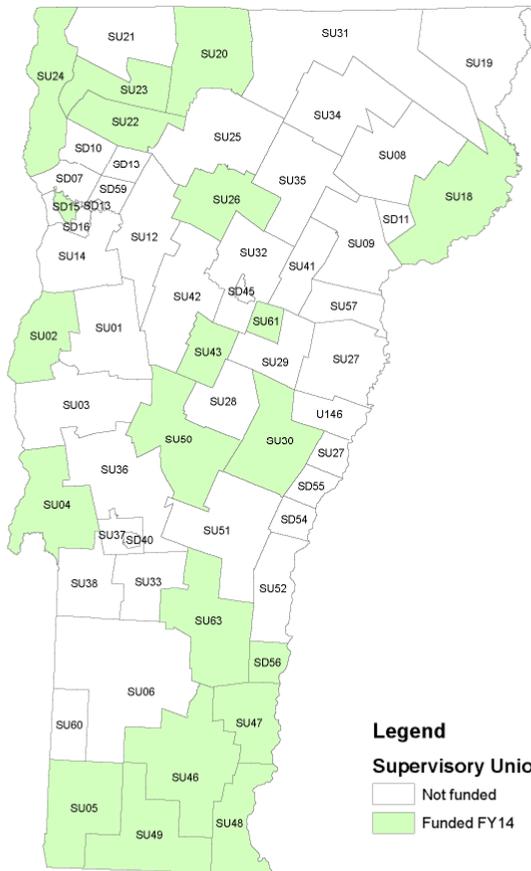
*This reflects only ADAP expenditures. DVHA incurs additional expenditures for treatment costs provided by physicians, hospitals, private practitioner mental health counselors, medication costs (buprenorphine), and labs (urinalysis).

- In SFY2014, 494,600 Vermonters were reached through prevention strategies:
 - School-Based Education and Early Intervention
 - Community Education, Policy, Awareness
 - Parent Education
 - Prevention messaging – ParentUp, 049
 - Partnerships with law enforcement

Estimated cost per person for prevention services: \$6

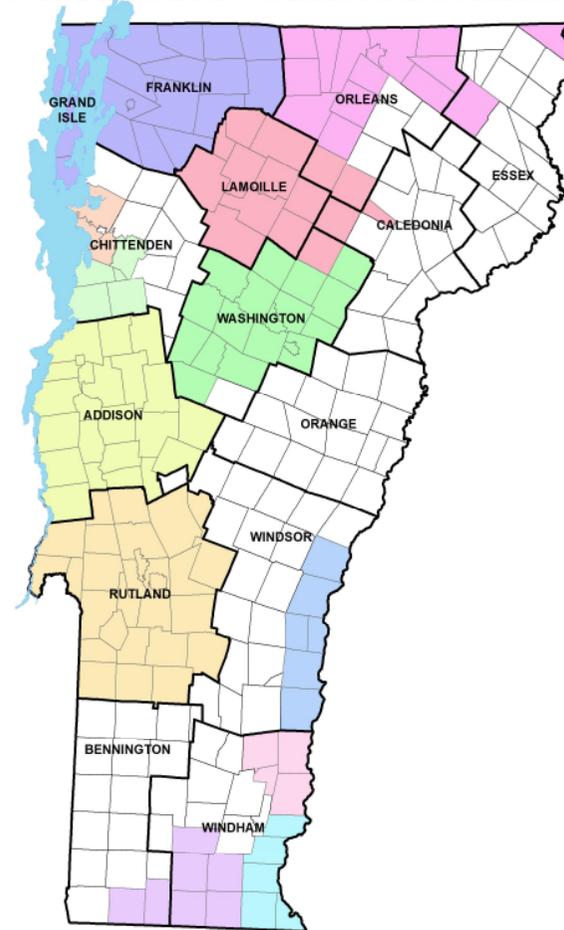
Prevention Capacity

Vermont Department of Health
FY14 School-Based Substance Abuse Services Grantees



Legend
Supervisory Unions
Not funded
Funded FY14

FY14 Substance Abuse Prevention Funded Combined Coalitions



January 2, 2014

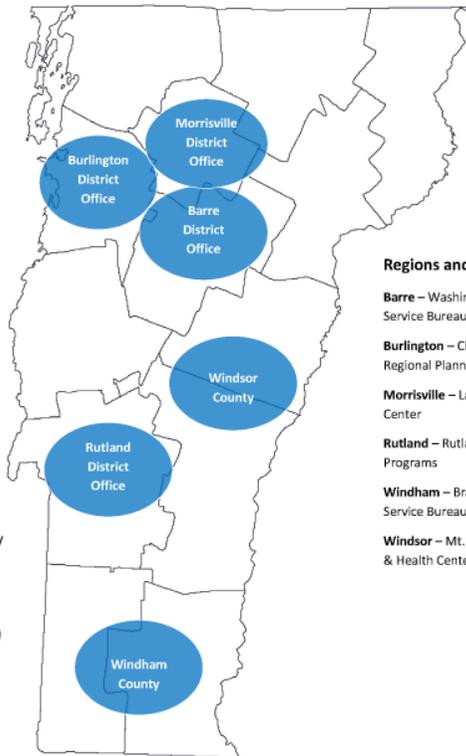
Partnerships for Success (PFS)

PFS Goals:

Reduce underage and binge drinking (ages 12-20) and prescription drug misuse and abuse (ages 12-25)

Overview:

- 3-year grant (9/12 to 10/15)
- Total funding: \$3,565,584
- Environmental and individual-based strategies
- Partnerships with community partners
- Estimated exposure to PFS strategies: 359,205 (66% of Vermont population)

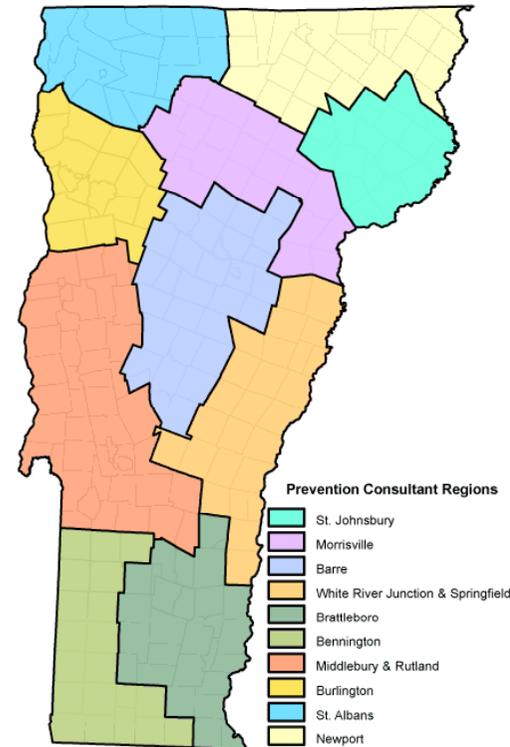


Regions and Lead Agencies

- Barre** – Washington County Youth Service Bureau
- Burlington** – Chittenden County Regional Planning Commission
- Morrisville** – Lamolle Family Center
- Rutland** – Rutland Community Programs
- Windham** – Brattleboro Youth Service Bureau
- Windsor** – Mt. Ascutney Hospital & Health Center

Substance Abuse Prevention Consultants

- Information and Referral
- Training and Consultation on Substance Abuse and Prevention Best Practices
- Community Organizing



- In SFY2014, 11,267 Vermonters received intervention services through:
 - ▣ SBIRT – Screening, Brief Intervention, Referral to Treatment
 - ▣ Project CRASH – Drinking and Driving Education Program
 - ▣ School based health service referrals
 - ▣ Project Rocking Horse
 - ▣ Vermont Prescription Monitoring Program
 - ▣ Public Inebriate Program
 - ▣ Naloxone

Estimated cost per person for intervention services: \$264

□ **Current SBIRT Sites:**

- University of Vermont Student Health Center (Burlington) Chittenden County
- Community Health Centers of Burlington (2 Burlington Locations, South Hero) Chittenden and Grand Isle Counties
- People’s Health and Wellness Free Clinic (Barre)- Washington County
- Rutland Free Clinic (Rutland)- Rutland County
- Bennington Free Clinic (Bennington)- Bennington County
- The Health Center, (Plainfield)- Washington County
- Central Vermont Medical Center (Berlin)- Washington County
- Rutland Regional Medical Center (Rutland)- Rutland County

□ **Coming in Fall 2015**

- Community Health Services of Lamoille Valley (Morrisville, Stowe)- Lamoille County
- Little Rivers (Wells River, E. Corinth, Bradford)- Orange County

□ **Probable Additional Sites in 2015**

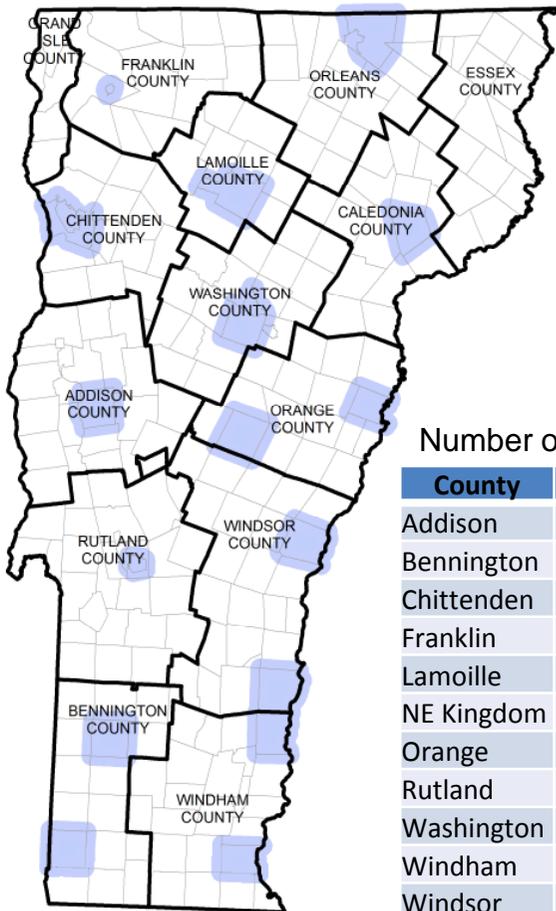
- Northwest Medical Center (St. Albans)- Franklin County
- Good Neighbor Free Clinic (White River)-Windsor County
- Grace Cottage (Townshend)- Windham County

- In SFY2014, 10,642 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: \$2,526

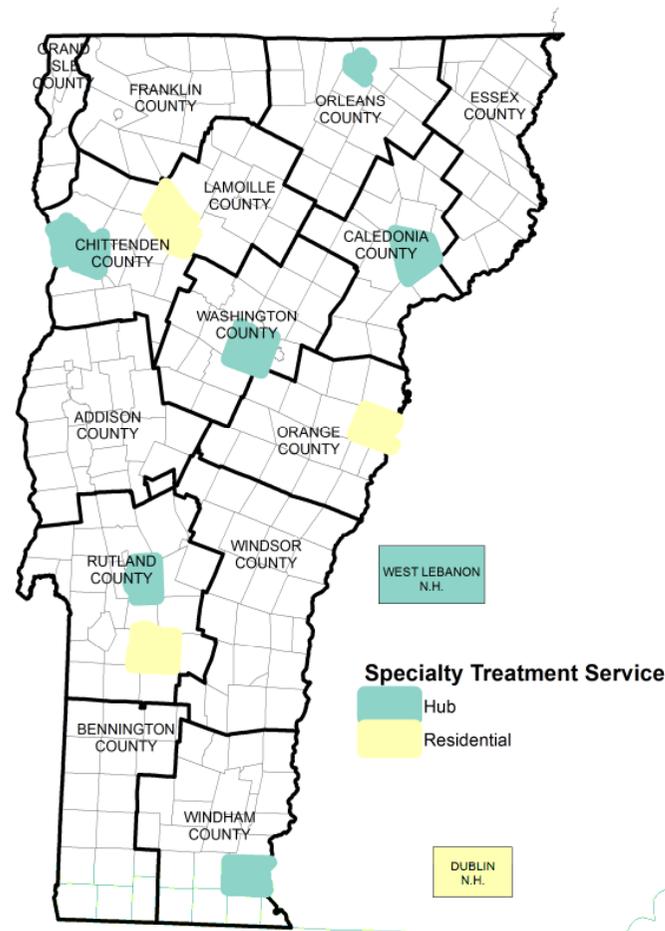
Outpatient/Intensive Outpatient Facilities

Hub and Residential Facilities



Number of Programs

County	OP	IOP
Addison	1	
Bennington	2	
Chittenden	7	3
Franklin	1	1
Lamoille	1	1
NE Kingdom	2	2
Orange	2	
Rutland	2	1
Washington	3	1
Windham	1	1
Windsor	2	2



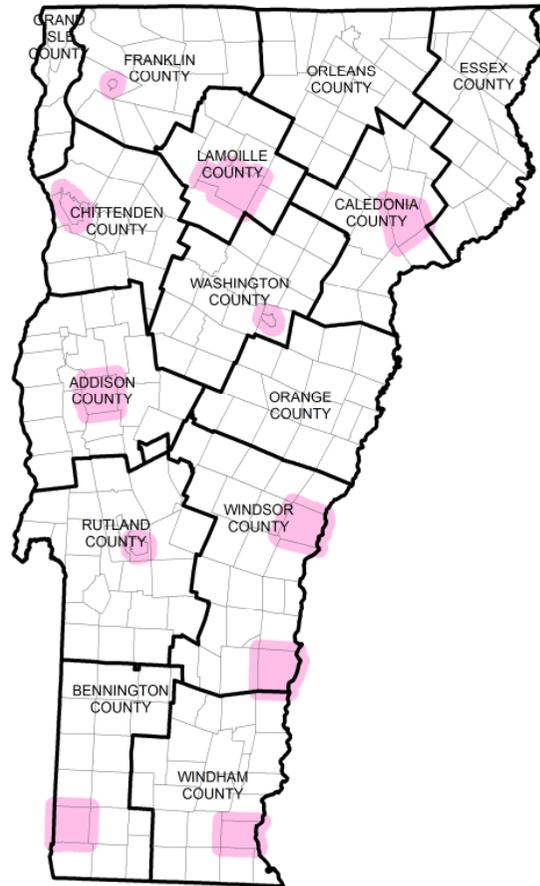
Specialty Treatment Services

- Hub
- Residential

- In SFY2014, an estimated 1,979 Vermonters received recovery services through:
 - Recovery Center Network
 - Peer-based recovery supports
 - Leadership training and recovery coaching
 - Sober Housing
 - Educational Materials and Training

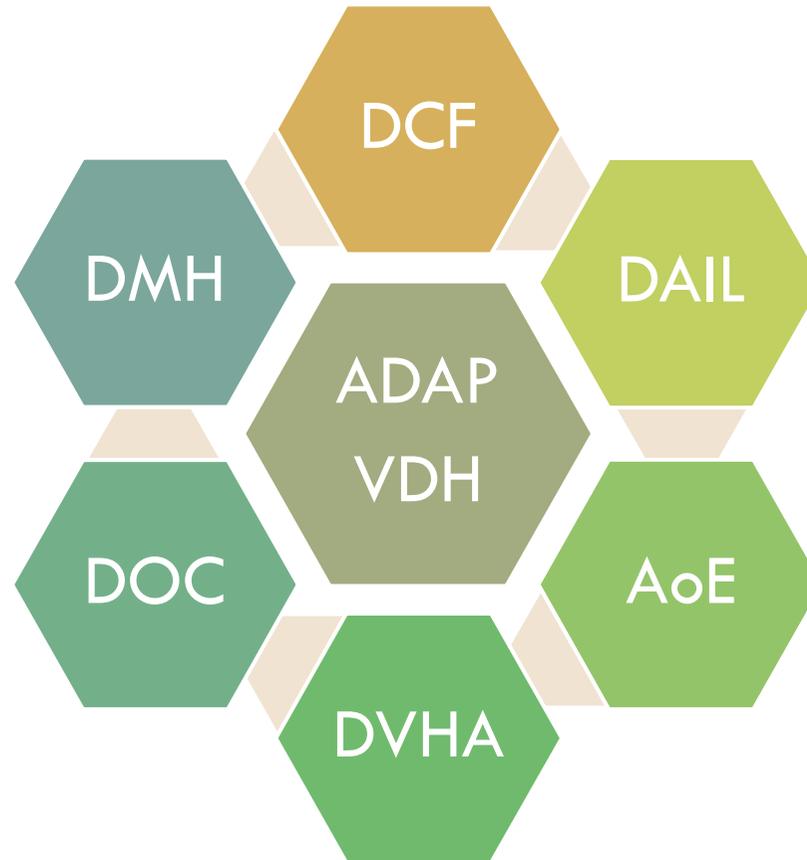
Estimated cost per person for recovery services: \$883

Recovery Center Locations





VDH/ADAP Collaborates with Other State Agencies and Departments



- Within AHS, every department interacts with the substance abuse treatment system. The SATC's goal is to coordinate and streamline services to maximize resources
- Includes Members from DOC, DCF/IFS, Regional Offices, DVHA, AHS, DAIL, VDH, treatment providers

- ❑ **Screening and Assessment:** Screening policy was developed. Protocols are being drafted by each department
- ❑ **Training:** Three trainings for AHS employees have been developed
- ❑ **Referral to Treatment:** Must adopt a standard mechanism; may base on Reach Up model.

- ❑ **Community Needs Assessment:** Must conduct regional/local needs assessment and develop plans
- ❑ **Case Management:** Must develop a standard working definition and tools for optimizing services
- ❑ **Housing:** AHS to develop a housing plan for clients with a higher level of need

□ 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
- ADAP supporting the development of substance abuse training to FSD and Economic Services Division DCF employees
- Assisted in development of standardized substance abuse screening and referral protocols

□ **Integrated Family Services Project**

- 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

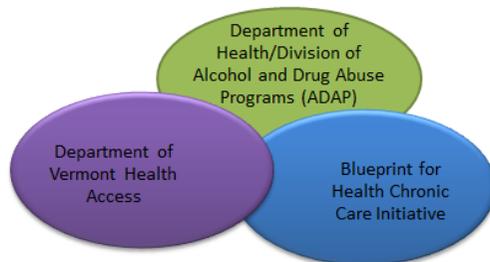
- Care Alliance for Opioid Addiction
 - ▣ Implementation
 - ▣ Protocols and Processes
 - ▣ Oversight/Performance Measures/Outcomes
- Residential Prior Authorization/Utilization Review
- Initiation and Engagement in Treatment Performance Improvement Project

“Hub and Spoke Model”

Goals

- + An established physician-led medical home
- + A single MAT prescriber
- + A pharmacy home
- + Access to existing Community Health Teams
- + Access to Hub or Spoke nurses and clinicians
- + Linkages between Hubs and primary care Spoke providers in their areas

Vermont Agency of Human Services
Oversight and Collaboration



Care Alliance for Opioid Addiction

Treatment Center Service Regions

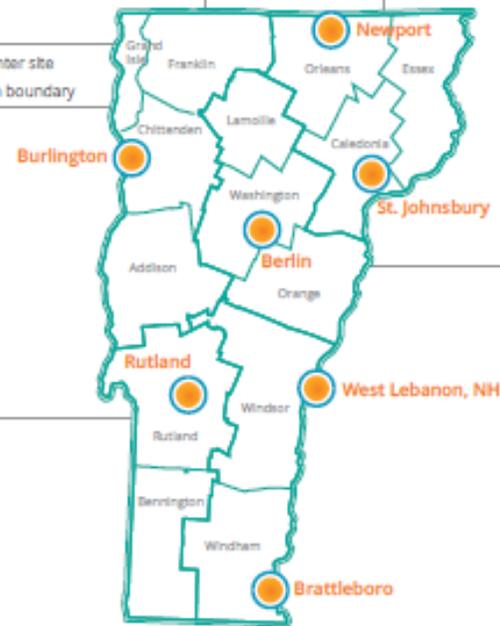
Northwest Region

HowardCenter / Chittenden Center c/o UHC Building 1 South Prospect St. Burlington, VT 05401 802-488-6450	HowardCenter / Addiction Medicine 75 San Remo Dr. South Burlington, VT 05403
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Northeast Region *(projected 1/14)*

BAART Behavioral Health Services: Newport 475 Union St. Newport, VT 05855 802-334-0110 baartprograms.com	BAART Behavioral Health Services: St. Johnsbury 445 Portland St. St. Johnsbury, VT 05819 802-748-6166 baartprograms.com
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Treatment Center site
 Service Region boundary



Central Region

Central Vermont Addiction Medicine (BAART / CVSAS)
300 Granger Rd.
Berlin, VT 05602
802-223-2003

Southwest Region *(projected 10/13)*

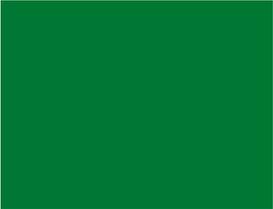
West Ridge Center for Addiction Recovery
1 Scale Ave., Bldg. 10
Rutland, VT 05701
802-747-1857

Southeast Region

Brattleboro Retreat
1 Anna Marsh Ln.
Brattleboro, VT 05302
802-258-3705
brattlebororetreat.org

Habit OPCO: Brattleboro
16 Town Crier Dr.
Brattleboro, VT 05301
802-258-4624
habitopco.com

Habit OPCO: West Lebanon
254 Plainfield Rd.,
West Lebanon, NH 03784
603-298-2146
habitopco.com



How are we doing?



Alcohol and Other Drug Use

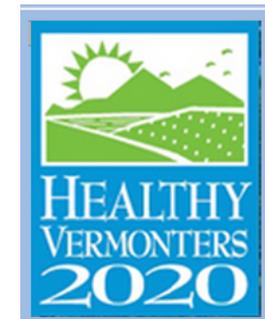
Performance Dashboard: Population Indicators and Performance Measures

Select a measure to see the trend data.

[Home](#) > [HV2020](#) > [Performance Dashboard](#) > Here

Web address:

http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx



ADAP Dashboard

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

Indicators:

- 1) % of adolescents age 12-17 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

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)

- Using 2007-2013 Vermont Medicaid data, analysis shows:
 - ▣ Individuals with an opioid dependent diagnosis receiving MAT have lower medical care costs than those who have an opioid dependent diagnosis and are receiving non-MAT substance abuse treatment
 - ▣ Longer Medication Assisted Treatment corresponds to lower the non-treatment related medical care costs

- Of those completing treatment or transferring to another level of care, 75% show overall improved functioning at discharge
- Those who leave treatment for other reasons, such as leaving against medical advice, incarceration, or are administratively discharged, only 34% have improved functioning

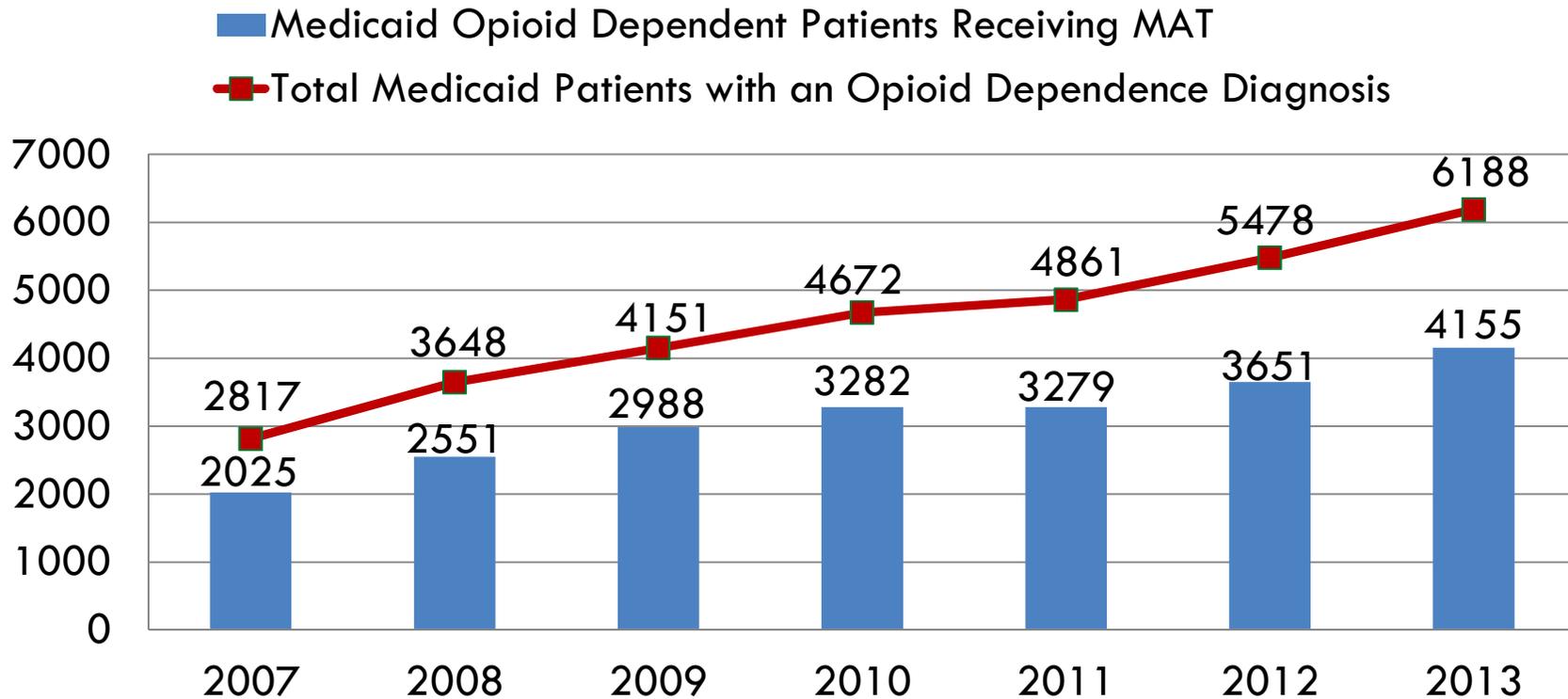


VERMONT Patient functioning at hub discharge

- Of all discharged hub patients:
 - 54% of those who remained in care 90 days or longer show improved functioning
 - Only 31% of those leaving treatment before 90 days show improved functioning at discharge

Approximately 70% of Medicaid Recipients with an Opioid Dependence Diagnosis Receive MAT (Hub/Spoke)

Number of Receiving MAT vs Other Services for Opioid Dependence by Calendar Year





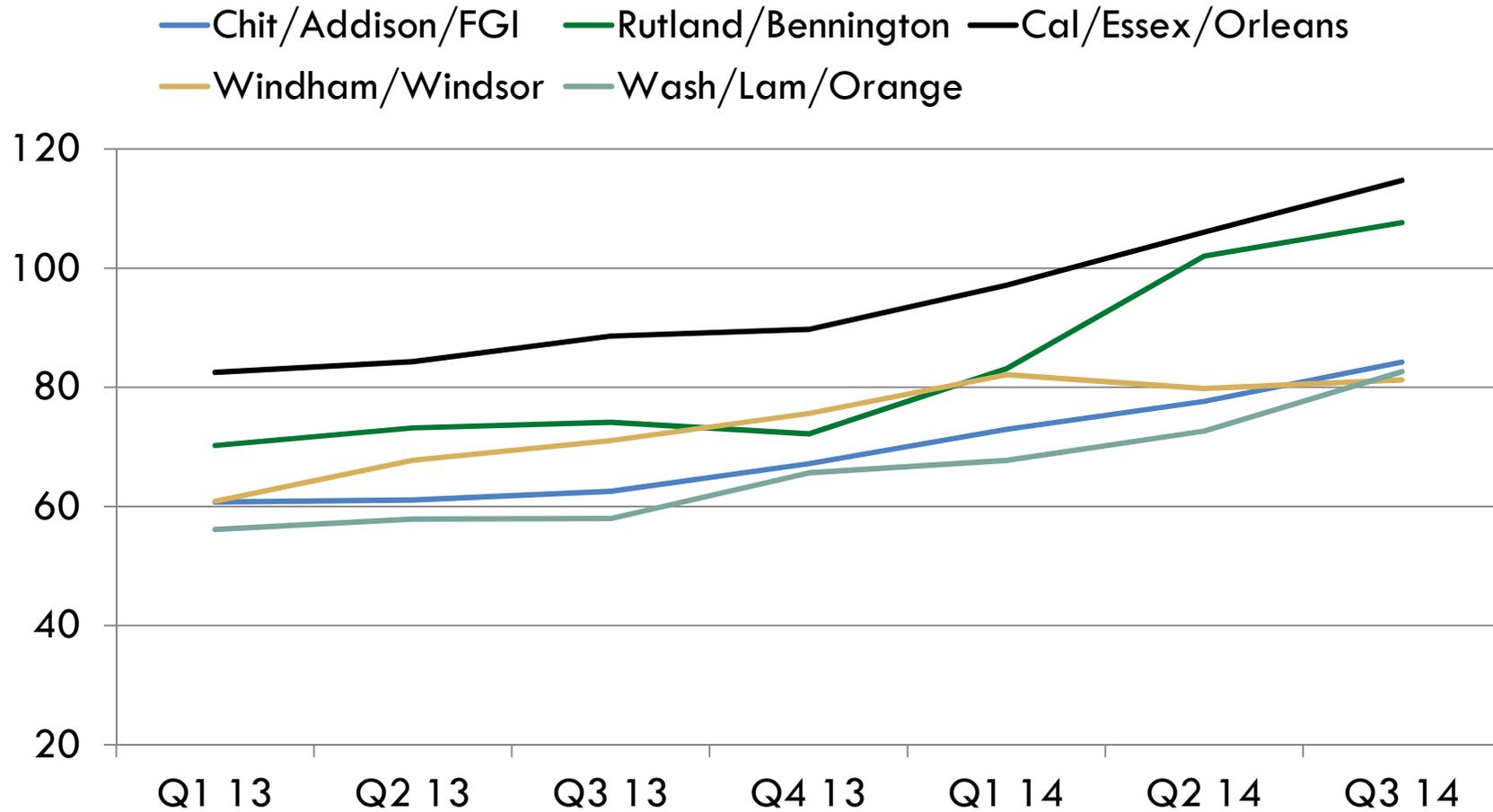
MAT Utilization per 10,000 Vermonters age 18-64 has increased over 40% since 1/1/13

This reflects individuals served in hubs and spokes. Using the number treated per 10,000 allows county to county rate comparisons

County	Q1 13	Q2 13	Q3 13	Q4 13	Q1 14	Q2 14	Q3 14
Addison	30	28	27	29	33	40	44
Bennington	61	70	71	73	78	81	81
Caledonia	70	72	77	80	90	102	108
Chittenden	60	62	65	69	76	82	87
Essex	24	19	26	24	29	32	38
Franklin	88	86	85	91	94	95	108
Grand Isle	44	53	46	61	63	63	65
Lamolle	76	79	76	84	87	84	95
Orange	36	36	37	41	46	51	53
Orleans	110	113	117	117	122	127	141
Rutland	76	75	76	72	86	114	123
Washington	57	59	60	70	70	78	92
Windham	63	70	71	78	80	66	68
Windsor	59	66	71	73	84	90	92
STATEWIDE	64	66	68	72	78	84	91



Regional MAT Utilization Trend per 10,000 Vermonters Age 18-64



Spoke Patients, Providers & Staffing: September 2014

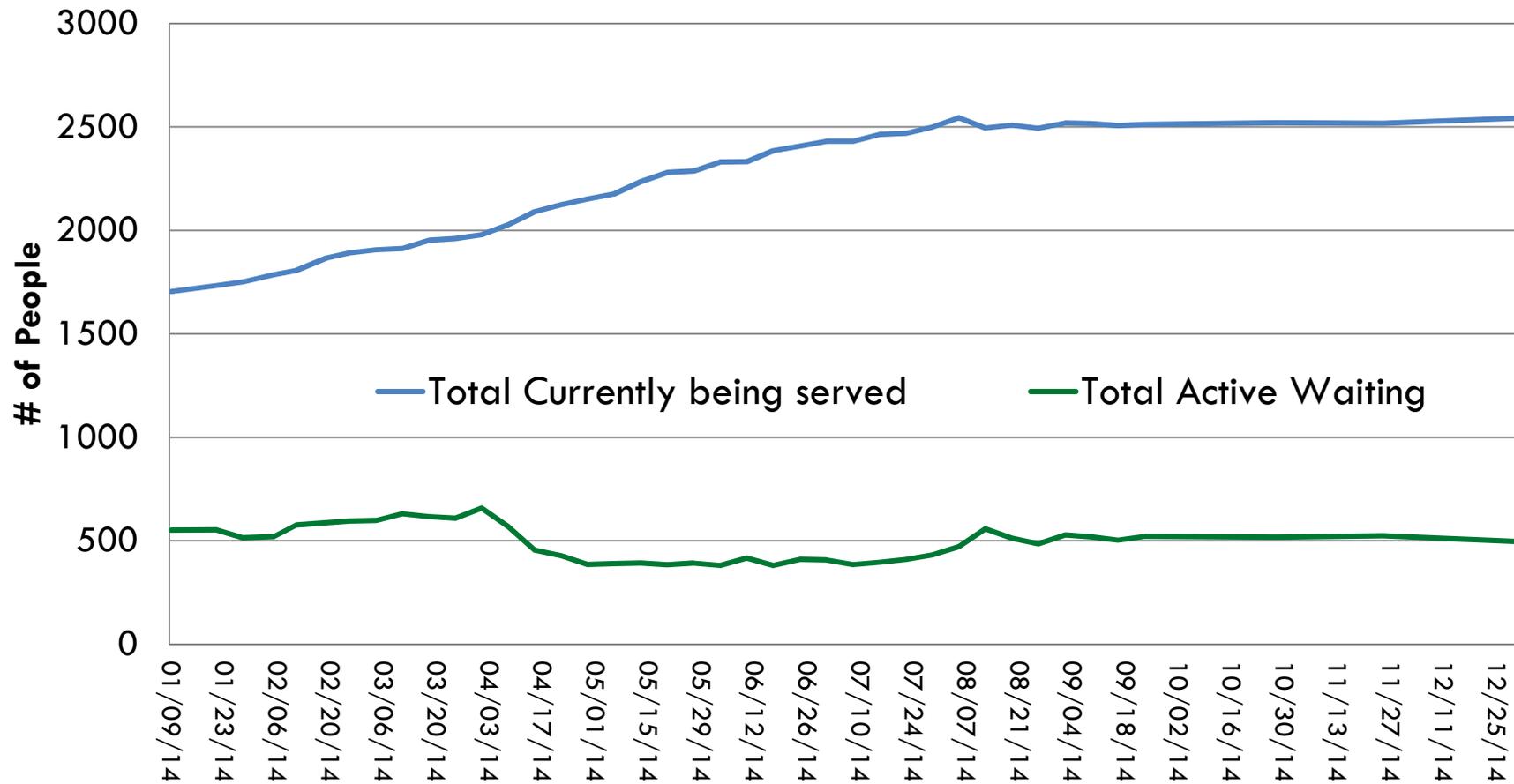
Region	Total # MD prescribing pts	# MD prescribing to ≥ 10 pts	Staff FTE Funding	Staff FTE Hired	Medicaid Beneficiaries
Bennington	7	6	3.5	3.5	185
St. Albans	11	6	5.5	3.8	284
Rutland	9	5	5.0	3.1	234
Chittenden	30	14	8.0	7.70	382
Brattleboro	16	7	4.5	5.4	220
Springfield	5	1	1.0	1.0	55
Windsor	3	2	2.0	1.75	93
Randolph	8	4	2.5	1.8	112
Barre	19	7	4.5	4.5	234
Lamoille	7	4	2.5	1.5	127
Newport & St Johnsbury	9	5	2.0	2.0	100
Addison	4	1	1.0	.90	25
Total	128	62	42	36.95	2,051

Table Notes: Beneficiary count based on pharmacy claims July – September, 2014
An additional **95** Medicaid beneficiaries are served by **17** out-of-state providers

Hub Implementation: December 30, 2014

Program	Region	Start	# Clients	# Buprenorphine	# Methadone	# Waiting
Chittenden Center	Chittenden, Franklin, Grand Isle & Addison	1/13	945	287	658	262
BAART Central Vermont	Washington, Lamoille, Orange	7/13	275	116	159	69
Habit OPCO / Retreat	Windsor, Windham	7/13	455	145	310	28
West Ridge	Rutland, Bennington	11/13	399	157	242	77
BAART NEK	Essex, Orleans, Caledonia	1/14	468	118	350	60
			2542	823	1719	496

Total People Served in Hubs and Total People Waiting Over Time



Date of Last update: 12/30/2014



Wait Times at Chittenden Clinic have been decreasing over 2014

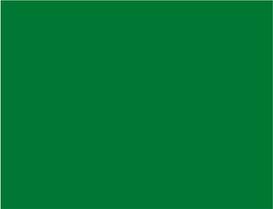
Admitted Patients - Average Number of Days Between First Contact and Treatment Initiation





Progress – getting 3rd party insurers to pay for full hub services

Hub	Blue Cross Blue Shield	MVP	Cigna	Tri Care
Chittenden	Executed	In Process	In Process	
Southeast	Executed	In Process	Hold	
Central VT	Executed	Executed	In Process	In Process
Rutland	Executed	In Process	Hold	
NEK	Executed	Executed	In Process	In Process



System Development Needs



Balancing the system

- Increase prevention efforts to change norms
- Intervene earlier with school based and SBIRT services
- Use outpatient system as the backbone – SA outpatient plays similar role to primary care physicians for medical services
- Use specialty services - residential, hub, and spoke – based on clinical evaluation
- Continue to strengthen recovery services

- ❑ System Capacity
- ❑ Workforce Development
- ❑ Linkages Between Level of Care – Continuing Care
- ❑ Sober Housing with Recovery Supports
- ❑ Improve Payment Models
- ❑ Standardize Policy for Managing Treatment within AHS