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**To:** Allen, Susan; Coriell, Scott  
**Subject:** FW: Legislative Report Review: Substance Abuse Treatment Services  
**Attachments:** Objective and Performance MeasuresFY2016 111015.pptx

Mixed results.

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**Report to  
The Vermont Legislature**

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

In Accordance with Act 179 (2014) Sec. E.306.2 (a)(1)

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

Submitted by:                    Barbara Cimaglio  
   Deputy Commissioner

Prepared by:                    Division of Alcohol and Drug Abuse Programs

Report date:                    11/10/15



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# Substance Abuse Treatment Services Objectives and Performance Measures Progress: Second Annual Report

## Executive Summary

The Substance Abuse Treatment Services Objective and Performance Measures legislative report submitted September 11, 2014 by the Vermont Chief of Healthcare Reform, the Secretary of Human Services, the Commissioner of Health and the Commissioner of Vermont Health Access outlined the program objective of preventing and eliminating the problems caused by alcohol and drug misuse. In addition, the report outlined five (5) performance measures on which to assess Vermont's progress over time. The results of these measures indicate 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 in order to continuously improve the progress toward meeting the program objective. These five (5) performance measures have been valuable in assessing performance in other areas such as grant performance measures, Vermont Department of Health Performance Dashboard measures, and Programmatic Performance Measure Budget for the Agency of Administration.

## Performance Measures

1. *Are students who may have a substance abuse problem being referred to community resources?* The percent of students screening positive for possible substance use disorders who are referred for assessment has continued on an upward trend over 8 quarters.
2. *Are youth and adults who need help starting treatment?* Treatment initiation has been trending upward for three (3) years and there has been a 58% increase in the number of people initiating treatment between 2009 and 2014.
3. *Are youth and adults who start treatment sticking with it?* The percent of Medicaid recipients with 2 or more substance abuse services within thirty (30) days of beginning treatment has been trending downward for three (3) years. However, there has been a 35% increase in the number of individuals engaged in treatment between 2009 and 2014.
4. *Are youth and adults leaving treatment with more support than when they started?* The number of individuals exiting treatment who have maintained a high level of support or increased support has trended down over fourteen (14) quarters.
5. *Are adults seeking help for opioid addiction receiving treatment?* The number of individuals ages 18-64 receiving medication assisted treatment has continued on an upward trend for nine (9) quarters.

The most recent information including a narrative summary identifying the partners involved, strategies used to meet the goals, and an action plan to address the measure is available on the Vermont Department of Health Performance Dashboard:

[http://healthvermont.gov/hv2020/dashboard/alcohol\\_drug.aspx](http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx)

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

**Legislative Charge:**

Act 179 (2014)

Sec. E.306.2(a)(1) 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.

# Substance Abuse Treatment Services Objectives and Performance Measures

## Progress: Second Annual Report January, 2015

**Introduction:** On September 11, 2014, Vermont Chief of Healthcare Reform, the Secretary of Human Services, the Commissioner of Health and the Commissioner of Department of Vermont Health Access submitted a legislative report titled “Substance Abuse Treatment Services Objective and Performance Measures.”<sup>1</sup> This report outlined the State’s objective in supporting these programs which is to prevent and eliminate the problems caused by alcohol and drug misuse. Five (5) consistent, defined measures were used to assess how much Vermont is doing, how well Vermont is doing, and whether Vermont is making a difference:

1. Are students who may have a substance abuse problem being **referred** to community resources?
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**?

This is the second annual report of the service delivery system’s ability to reach the program objective using the performance measure data. Progress toward the objective and performance measures are reported on the Vermont Department of Health Performance Dashboard.<sup>2</sup> There, progress towards the goals is shown on a continuous basis with many measures updated quarterly. Follow the below link to review the most recent measures:

[http://healthvermont.gov/hv2020/dashboard/alcohol\\_drug.aspx](http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx).

**Progress:** The state has been making mixed progress toward the measures’ targets used to assess success in meeting the objective of preventing and eliminating the problems caused by alcohol and drug misuse. It’s important to note that these targets are long-term resulting in the need to track the data over a longer period of time in order to assess success. Once the targets have been achieved and sustained over time, new targets or alternative measures will be considered in order to continuously improve progress toward meeting the program objective. Also, these measures are continuously being refined. For example, the treatment initiation measure was modified in October 2014 to account for Vermont’s innovative funding mechanism for hubs, a monthly case rate, which had been excluded in previous the previous calculation method. This modification was also applied to previous year data to provide a consistent measure over time. In addition, the treatment engagement measure was expanded from a measure specific to the Vermont Department of Health Division of Alcohol and Drug Abuse Programs Preferred Provider network to a measure that reflects all Vermont Medicaid recipients. This change better reflects statewide service delivery but will require significant coordinated cross-departmental efforts to reach the goal.

<sup>1</sup> <http://legislature.vermont.gov/assets/Documents/Reports/302293.PDF>

<sup>2</sup> [http://healthvermont.gov/hv2020/dashboard/alcohol\\_drug.aspx](http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx)

## PERFORMANCE MEASURE:

### School Screenings: Are we referring students who may have a substance abuse problem to community resources?

Centers for Disease Control and Prevention has developed an evidence-based model for coordinated school health. The School-Based Substance Abuse Services (SBSAS) grants support a comprehensive substance abuse prevention effort based on that model. Supported activities include:

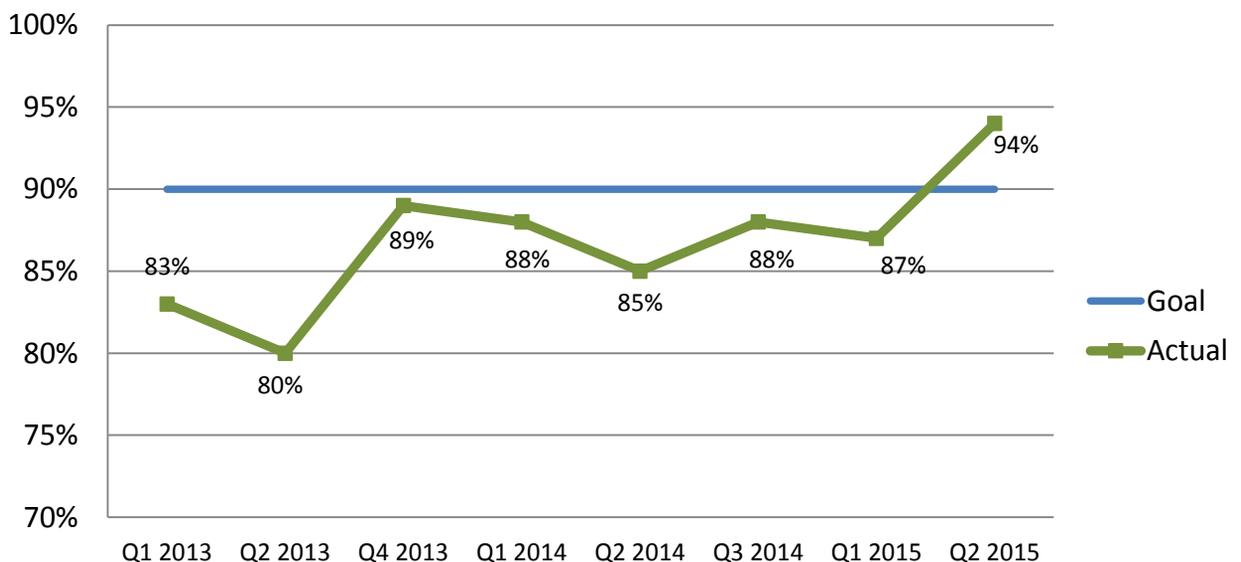
- Classroom curricula
- Advising and training of youth empowerment groups
- Family outreach and community involvement
- Staff training
- Delivery of educational support groups
- Screening and early identification
- Providing screening and appropriate referral in schools

Early identification of substance use issues has been shown to improve treatment and recovery efficacy and significantly enhance overall prevention outcomes. Screening and referral services for substance abuse and mental health using evidence-based tools are essential components of our SBSAS. While in most cases referral is appropriate, not everyone who screens positive should be referred on for additional services, which is why the target for this performance measure is below 100%.

#### Percent of supervisory unions with state-funded SBSAS and state funding totals:

2012-2013: 36% (\$818,522) 2013-2014: 35% (\$703,237) 2014-2015: 35% (\$947,302)

**% of Students at Funded Schools Screening Positive for Possible Substance Use Disorders Referred for Assessment**



## PERFORMANCE MEASURE

### Treatment Initiation: Are youth and adults who need help starting treatment?

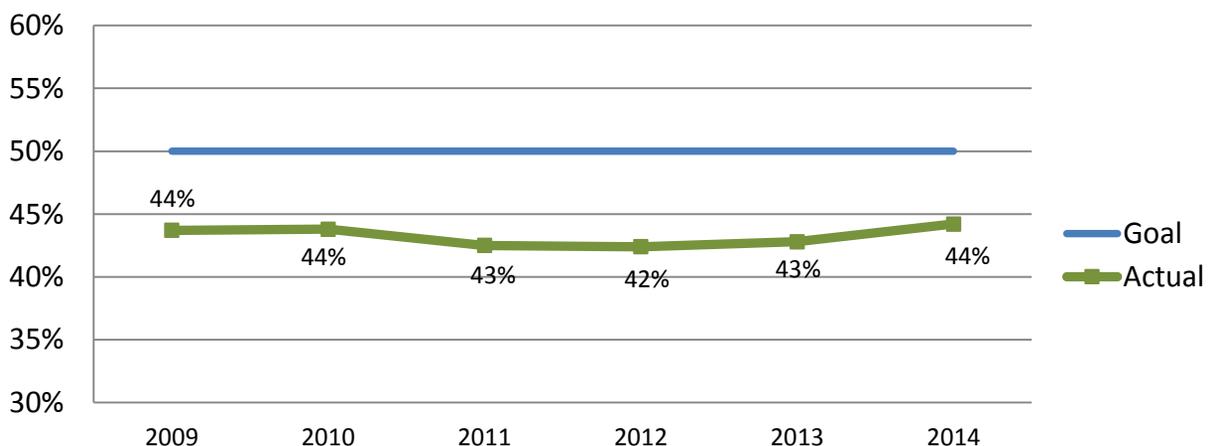
When an individual is identified as potentially in need of treatment for a substance use disorder, there are often many perceived or actual barriers to initiating treatment. These barriers may include waiting lists for treatment, lack of transportation, inability to find childcare, etc. The most frequently cited reason for not engaging in treatment is due to the individual's lack of acknowledgement of a problem so treatment is perceived as unnecessary. Like other chronic diseases such as diabetes or heart disease, the sooner an individual seeks treatment, the more likely they are to recover. For successful recovery, individuals with substance use disorders need to know where to get help, and then begin (initiation) and remain in treatment (engagement).

As the numbers in the graph suggest, it is necessary to develop better methods and practices that remove barriers and encourage treatment initiation in a timely manner. One method is for medical professionals to improve screening patients during office visits.

This treatment initiation measure is a standardized Healthcare Effectiveness Data and Information Set (HEDIS) Measure used by more than 90% of America's health plans to measure performance. It is the percent of adolescent and adult Medicaid recipients with a new episode of alcohol or other drug dependence, as identified by an diagnosis of a substance use disorder, who initiate treatment through an inpatient alcohol or drug admission, outpatient visit, intensive outpatient encounter or partial hospitalization stay within 14 days of the diagnosis. This standard measure has been modified to compensate for Vermont's monthly case rate funding of opioid treatment hubs and to be more inclusive of residential treatment in the calculations.

While the initiation rate has been relatively stable, the number of people initiating treatment between 2009 and 2014 has increased 58%.

**% of Medicaid Recipients with a New Episode of Alcohol or Drug Dependence who Initiate Treatment Within 14 Days**



## PERFORMANCE MEASURE:

### Treatment Engagement: Are youth and adult Medicaid recipients who start treatment sticking with it?

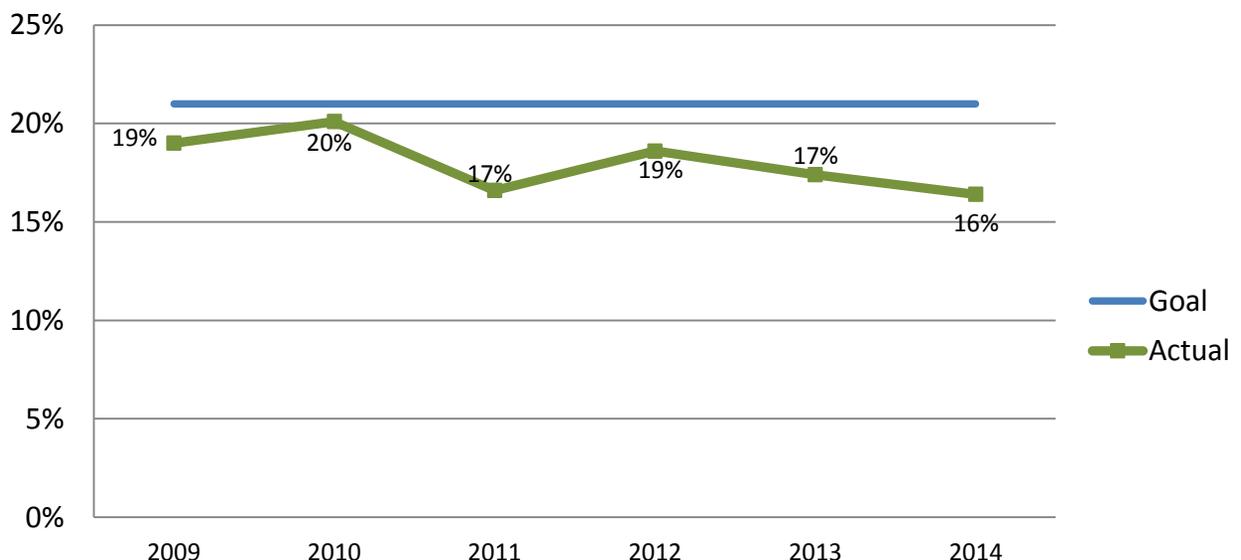
Behavioral health treatment for substance abuse is an ongoing process which requires multiple visits in order to modify behavior, build the skills needed to address the contributing factors in addiction, and prevent relapse. In order for substance abuse treatment to be effective, the individual must attend and stay in treatment. Research indicates that those who are engaged in treatment have better treatment outcomes.<sup>1</sup>

This treatment engagement measure is a standardized Healthcare Effectiveness Data and Information Set (HEDIS) Measure used by more than 90% of America's health plans to measure performance. It is the percent of Medicaid recipients age 13 and up with a new episode of alcohol or other drug dependence, as identified by an diagnosis of a substance use disorder, who initiate treatment through an inpatient alcohol or drug admission, outpatient visit, intensive outpatient encounter or partial hospitalization stay within 14 days of the diagnosis and also receive two or more additional services with an alcohol or drug diagnosis within 30 days of initiation. This standard measure has been modified to compensate for Vermont's monthly case rate funding of opioid treatment hubs and to be more inclusive of residential treatment in the calculations.

While the engagement rate has been trending slightly lower, the number of Vermont Medicaid recipients engaging in treatment between 2009 and 2014 has increased 35%.

<sup>1</sup>Harris et al, "Does meeting the HEDIS substance abuse treatment engagement criterion predict patient outcomes?", *Journal of Behavioral Health Services and Research* (2010 Jan);37(1):25-39. doi: 10.1007/s11414-008-9142-2. <http://www.ncbi.nlm.nih.gov/pubmed/18770044>

**% of Medicaid Recipients with 2+ Substance Abuse Services within 30 Days of Treatment Initiation**



## PERFORMANCE MEASURE:

### Social Supports: Are youth and adults leaving treatment with more support than when they started?

Individuals with addiction typically have lives in chaos. There is also shame and negative stigma associated with this disease which results in isolation for those struggling with addiction. This isolation prevents individuals from accessing positive supports that are needed to assist in recovery from addiction. Social supports include recovery-oriented self-help groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), supported housing, recovery coaching, faith-based services, as well as substance free gathering places such as the recovery centers. Individuals with positive social networks are more likely to succeed in their recovery.<sup>1</sup>

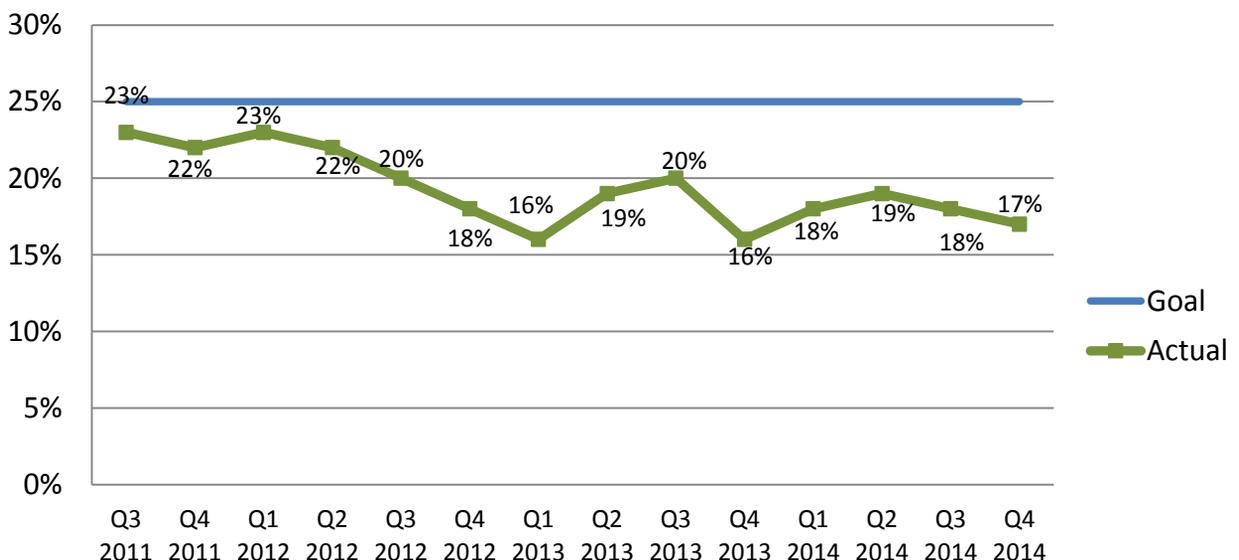
Social supports is a measure of the portion of individuals exiting treatment in the ADAP-funded Preferred Provider network who have either maintained a high level of social supports or have more social supports at discharge than at admission. Currently, 65% of those receiving outpatient and medication assisted therapies (MAT) in Vermont have no social supports on admission. Only 45% of the population has social supports on discharge.

It is important to note that residential services are excluded from this measure.

ADAP has been working with providers to improve rates of social supports through quality improvement processes and, until the FY16 budget recessions, incentivizing improved rates. There is significant variation in performance between providers and not all providers have participated in quality improvement opportunities. We are working to encourage all providers to participate.

<sup>1</sup>Laudet et al, "The Role of Social Supports, Spirituality, Religiousness, Life Meaning and Affiliation with 12-Ste Fellowships in Quality of Life Satisfaction Among Individuals in Recovery from Alcohol and Drug Problems", *Alcohol Treat Q.* 2006; 24(1-2): 33-73. doi: 10.1300/J020v24n01\_04

**% of Clients (Excluding Residential) with More Social Supports on Discharge than on Admission**



## PERFORMANCE MEASURE:

### Access to MAT: Are adults seeking help for opioid addiction receiving treatment?

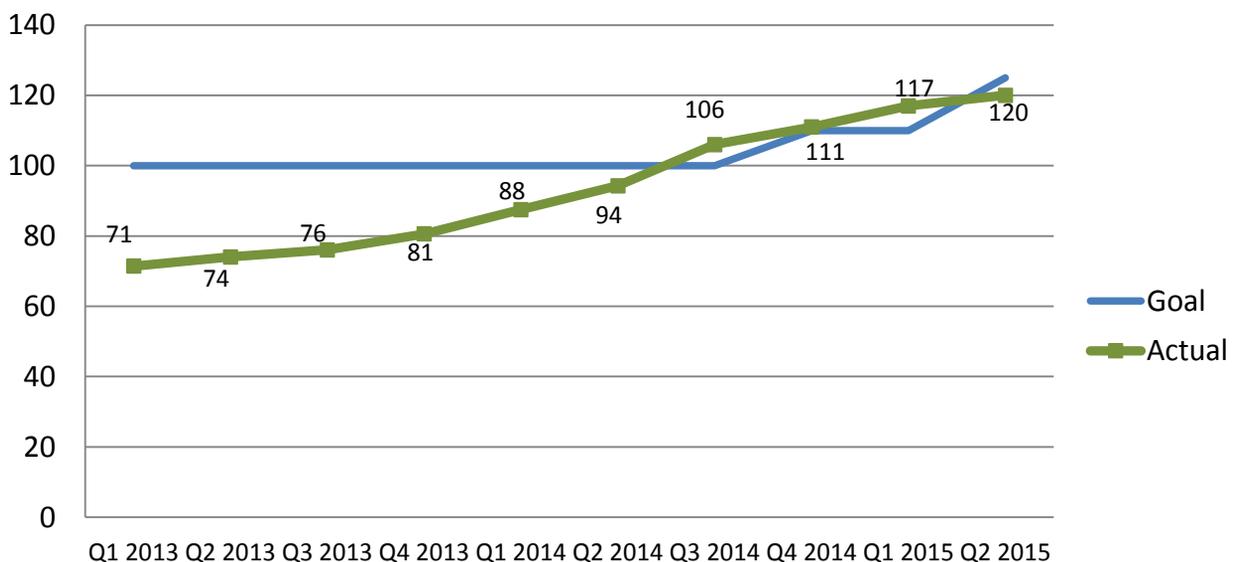
The use of heroin and misuse of other opioids (e.g., prescription narcotics) has been identified as a major public health challenge in Vermont. The potential health, social, and economic consequences of this problem have led to the development of a comprehensive treatment system that is focused on opioid addiction. This system, called the Care Alliance for Opioid Addiction (also called the hub and spoke system), has substantially increased access to care in Vermont

Vermont has a multifaceted approach to addressing opioid addiction that involves multiple community partners. Programs and services include regional prevention efforts, drug take back programs, intervention services through the monitoring of opioid prescriptions with the Vermont Prescription Monitoring System (VPMS), recovery services at eleven Recovery Centers, overdose death prevention through the distribution of Naloxone rescue kits, and a full array of treatment modalities of varying intensities to fit individual needs.

For those with opioid dependence, treatment with methadone or buprenorphine, medications used to reduce cravings for opioids (e.g., heroin, prescription pain relievers, etc.), allow individuals the opportunity to lead normal lives. Medication assisted treatment (MAT) was developed because detoxification followed by abstinence-oriented treatment had been shown to be ineffective and there is clear evidence of effectiveness for MAT using either methadone or buprenorphine.<sup>2</sup> Positive medication assisted treatment outcomes include: abstention from or reduced use of illicit opiates; reduction in non-opioid illicit drug use (e.g., cocaine); decreased criminal behavior; and decreased risk behavior linked to HIV and hepatitis C.

<sup>2</sup>[http://healthvermont.gov/adap/treatment/opioids/documents/MAT\\_Factsheet\\_Apr2014.pdf](http://healthvermont.gov/adap/treatment/opioids/documents/MAT_Factsheet_Apr2014.pdf)

**Number of people receiving Medication Assisted Treatment per 10,000 Vermonters age 18-64**



## **Conclusion:**

Performance measures show mixed progress toward the long term substance abuse treatment program objective. These measures are used within grants with service providers and help guide funding decisions. The Department of Health will continue to update, monitor, report and adjust these measures so they remain pertinent over time. The Division will continue to focus on continuous quality improvement processes to attain the target values.