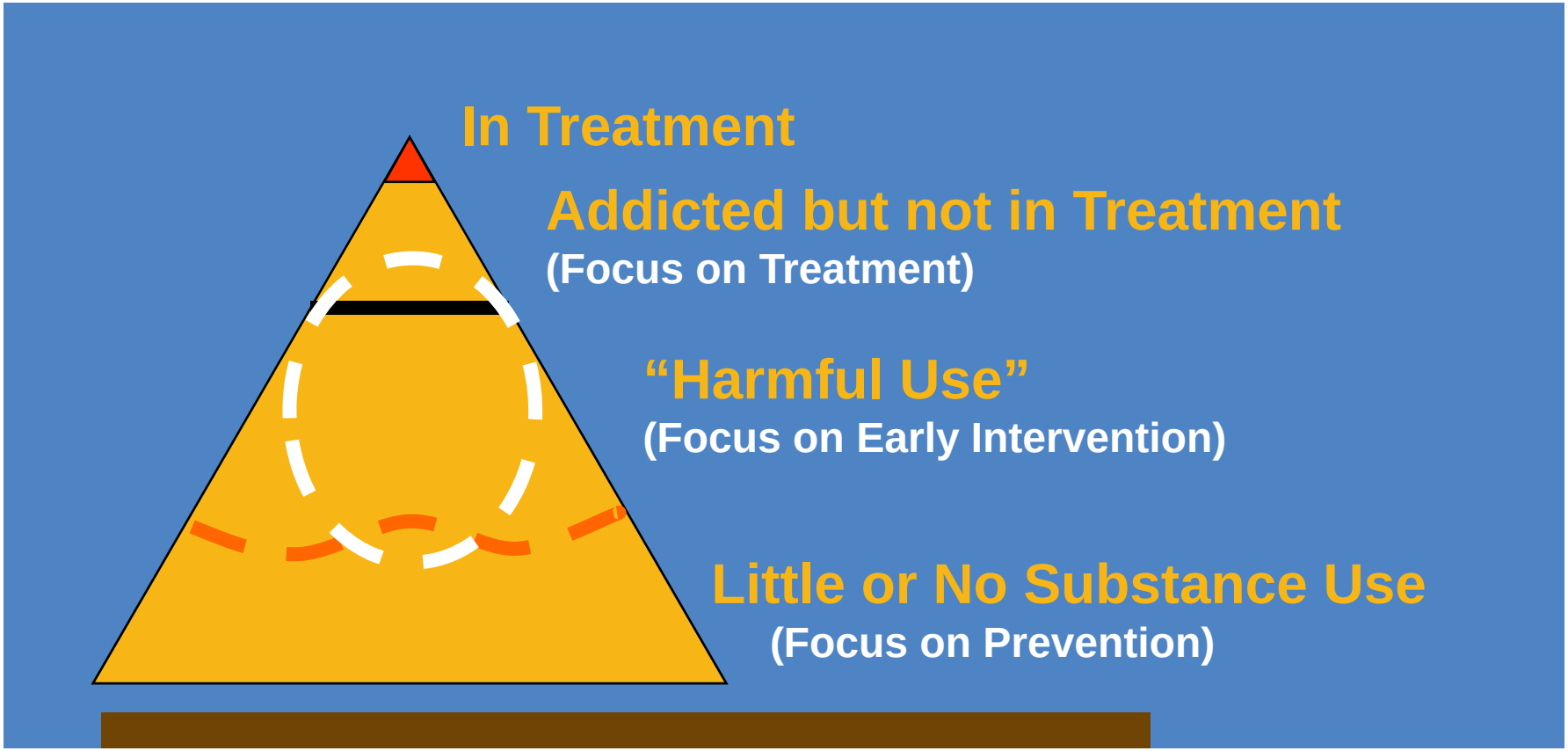
Substance Abuse Treatment System of Care

Barbara Cimaglio, Deputy Commissioner,
Alcohol and Drug Abuse Programs

VERMONT
DEPARTMENT OF HEALTH

April 3, 2014

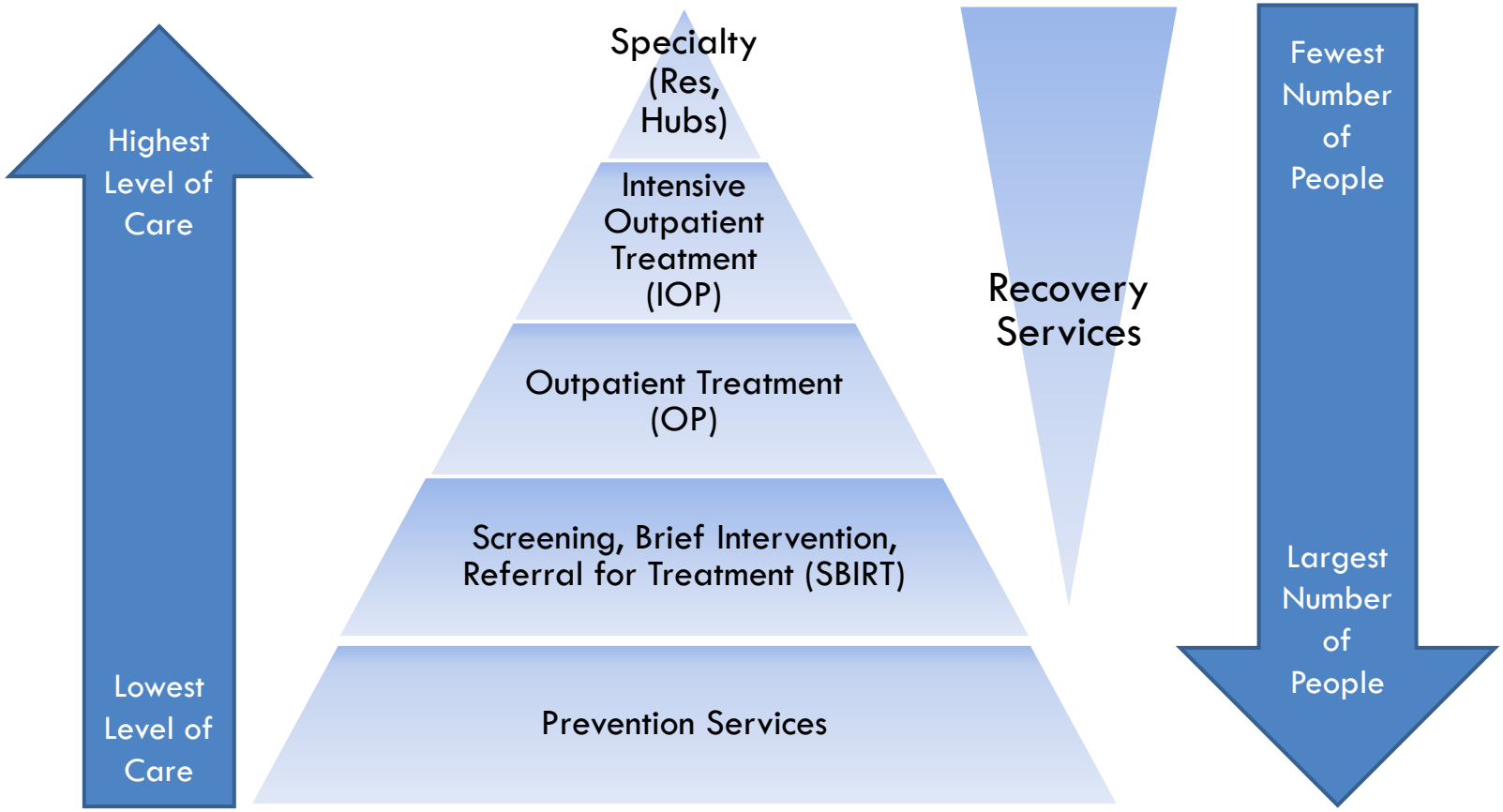
More people need prevention and intervention services than treatment services



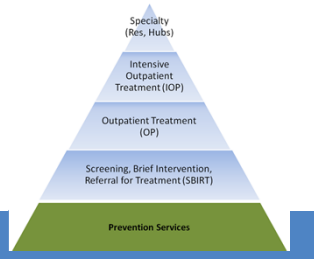
There are approx. 68 million people (US) who drink or use substances in a harmful manner. Yet we've chosen instead to focus on the 2.5 million who are at the extreme end of the spectrum. I want to show businesses and local governments that they can actually save money by addressing all 60 million people through prevention and early intervention. If we can do that successfully, the forces of the marketplace will take over.

A. Thomas McLellan, PhD, Treatment Research Institute, University of Pennsylvania, *What's Wrong with Addiction Treatment: What Could Help*: January 2008 presentation before Connecticut legislators 2

Substance Abuse Continuum of Care



Prevention Messaging Capacity

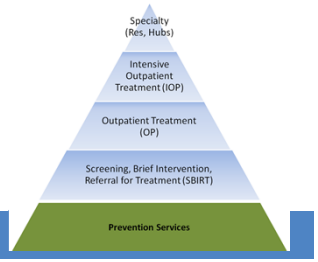


- In SFY2013, 230,000 Vermonters received prevention messaging
  - Youth/Family Services
    - School Based Health services
    - Project Rocking Horse (for pregnant and parenting women)
  - Community Education/Policy
  - Media campaign – ParentUp

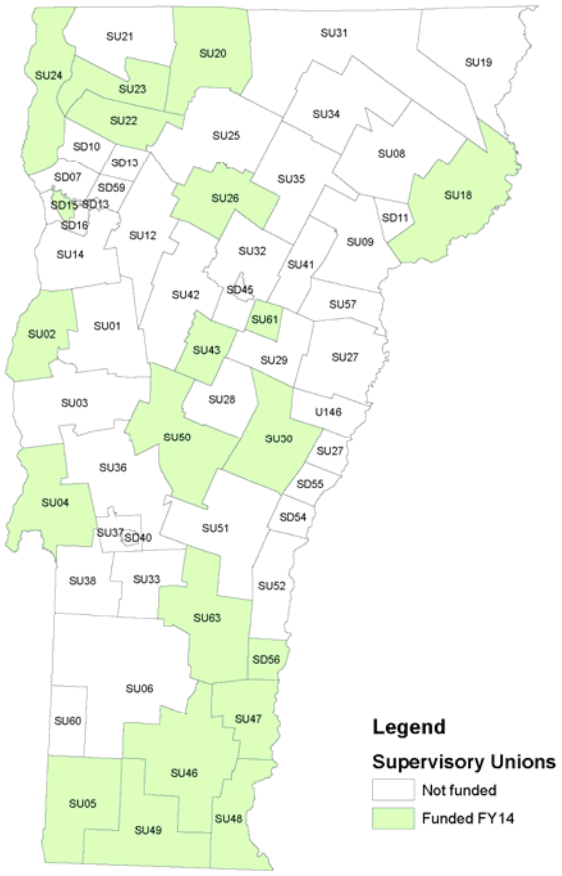
Estimated cost per person for prevention services: $9.28

Several studies have demonstrated that for every $1 spent on prevention programs, society saves $10 - $18 dollars in the long-term (e.g., health care, criminal justice, lost productivity, etc.)

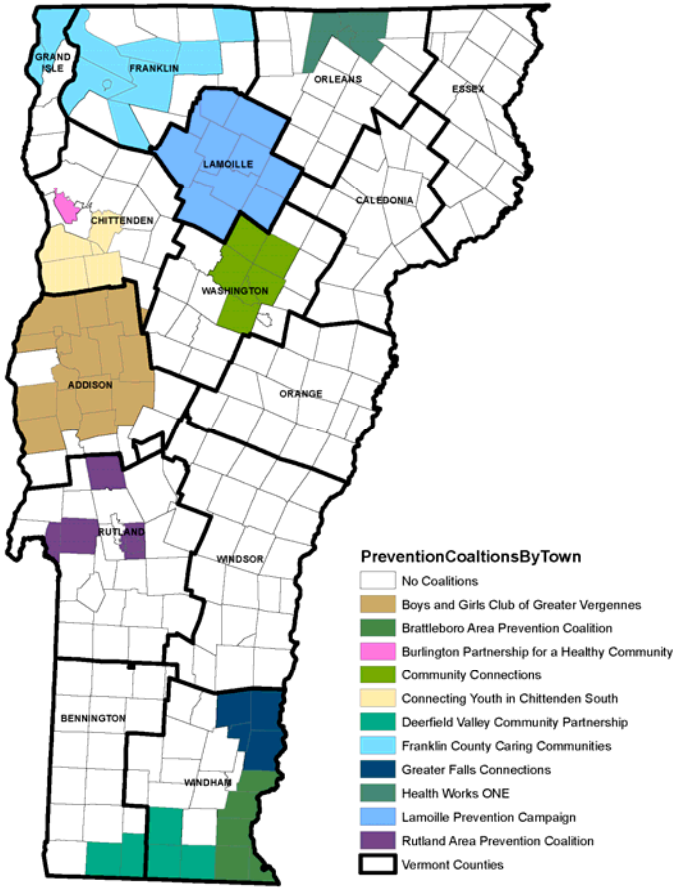
Prevention Capacity



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

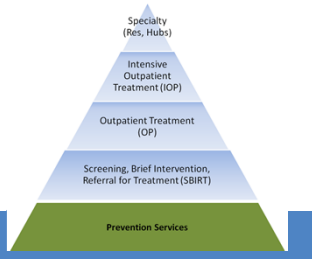


FY13 Substance Abuse Prevention Funded Combined Coalitions



January 2, 2014

Prevention Capacity



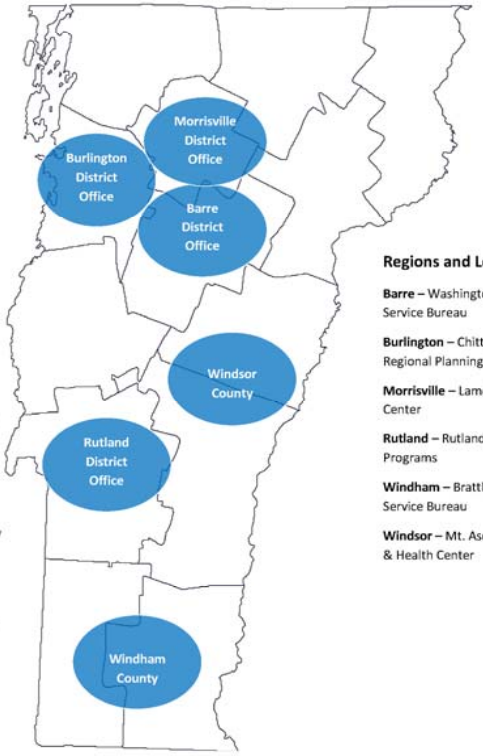
Partnerships for Success (PFS)

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 – Lamoille Family Center

Rutland – Rutland Community Programs

Windham – Brattleboro Youth Service Bureau

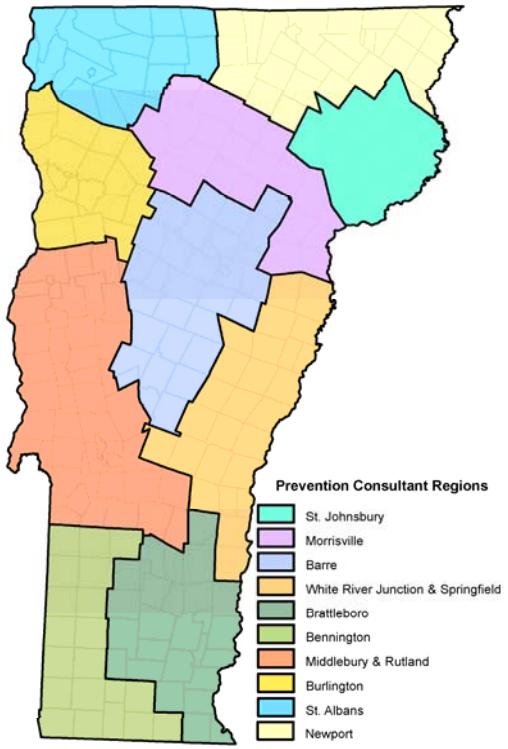
Windsor – Mt. Ascutney Hospital & Health Center

Vermont Department of Health

Substance Abuse Prevention Consultants

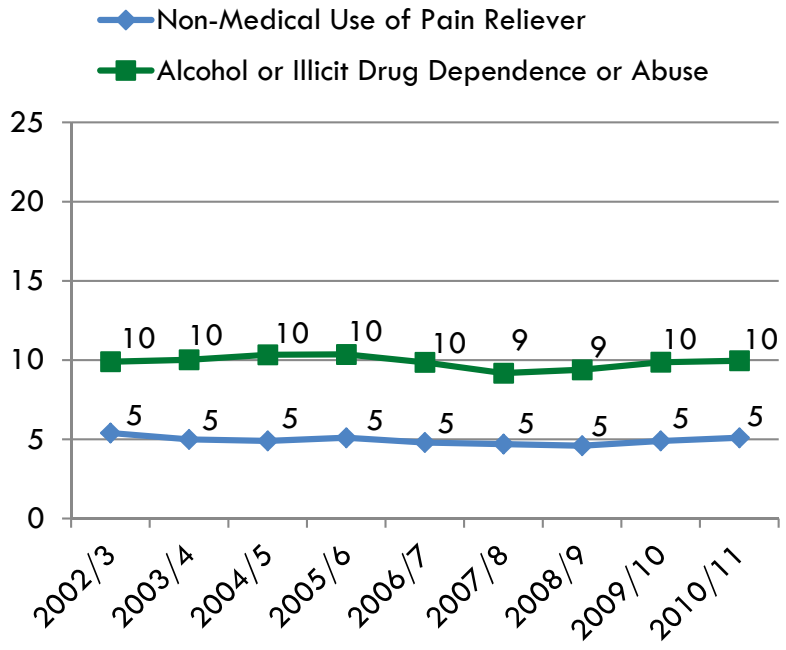
VERMONT DEPARTMENT OF HEALTH

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

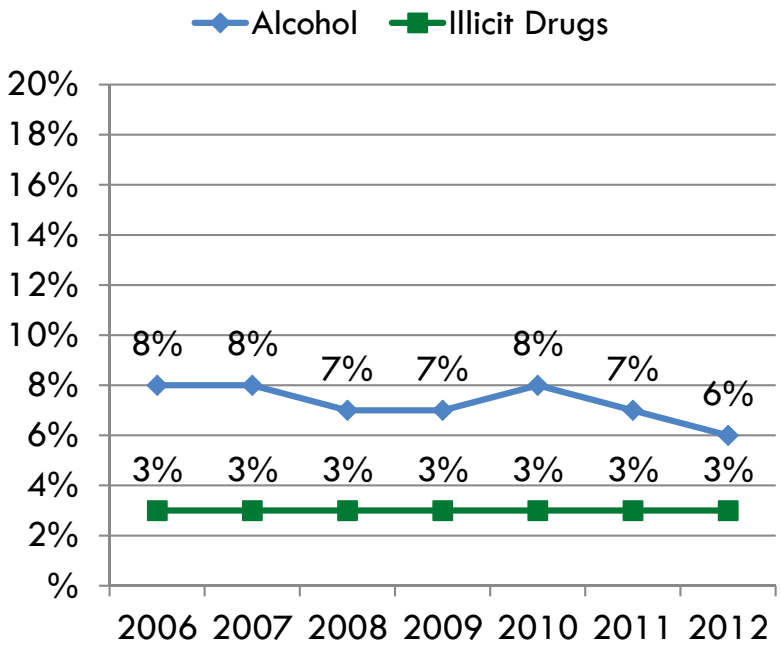


Need vs Demand for Treatment

We know the percent of the Vermont population that used and were dependent on substances in the past year



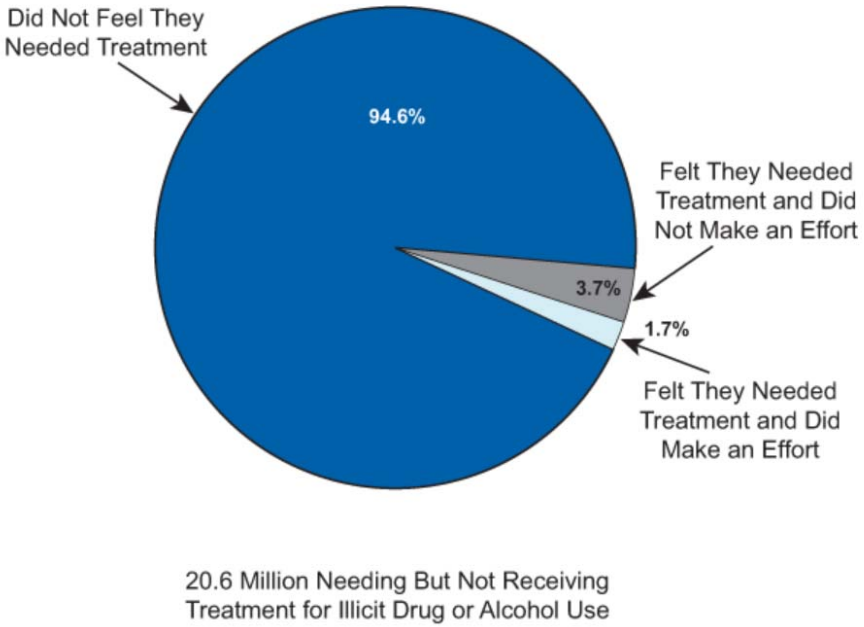
We also know the percent of the Vermont population that needed but didn't receive treatment



Source: National Survey on Drug Use and Health

Need vs Demand for Treatment

We know that 95% of percent of people in need of treatment feel they don't need treatment



Source: National Survey on Drug Use and Health

But it's difficult to predict with confidence how many people both need and will demand treatment at any given time, especially by categories such as:

1) **Substance of Abuse**
2) **Level of care needed**
3) **County of residence**

Need vs Demand for Treatment

Variables in estimating demand for treatment

- **Law Enforcement activities – example: major heroin bust**
- **Treatment capacity – people access what is available**
- **Substance of abuse – people access treatment sooner for opioids than for alcohol in their use "career"**
- **Variable patterns of identification and referral – ex. SBIRT**
- **Focus on substance abuse issues in the media**
- **Recovery outside the formal treatment system – AA, NA, etc.**
- **Some people "age out" of disordered substance use**

Disorders in the Past Year among Persons Aged 12+ by Region

Alcohol Use Disorders in the Past Year

Illicit Drug Use Disorders in the Past Year

Annual Averages Based on 2008 to 2010 NSDUHs

There is no statistically significant difference in rate of alcohol disorders in any region of Vermont

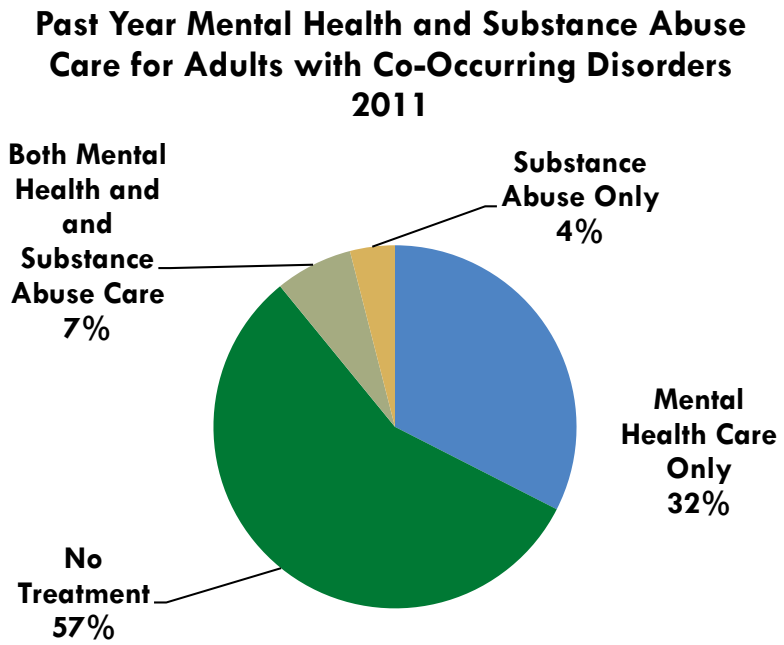
There is no statistically significant difference in rate of illicit drug disorders in any region of Vermont

Co-occurring disorders: substance abuse and mental health

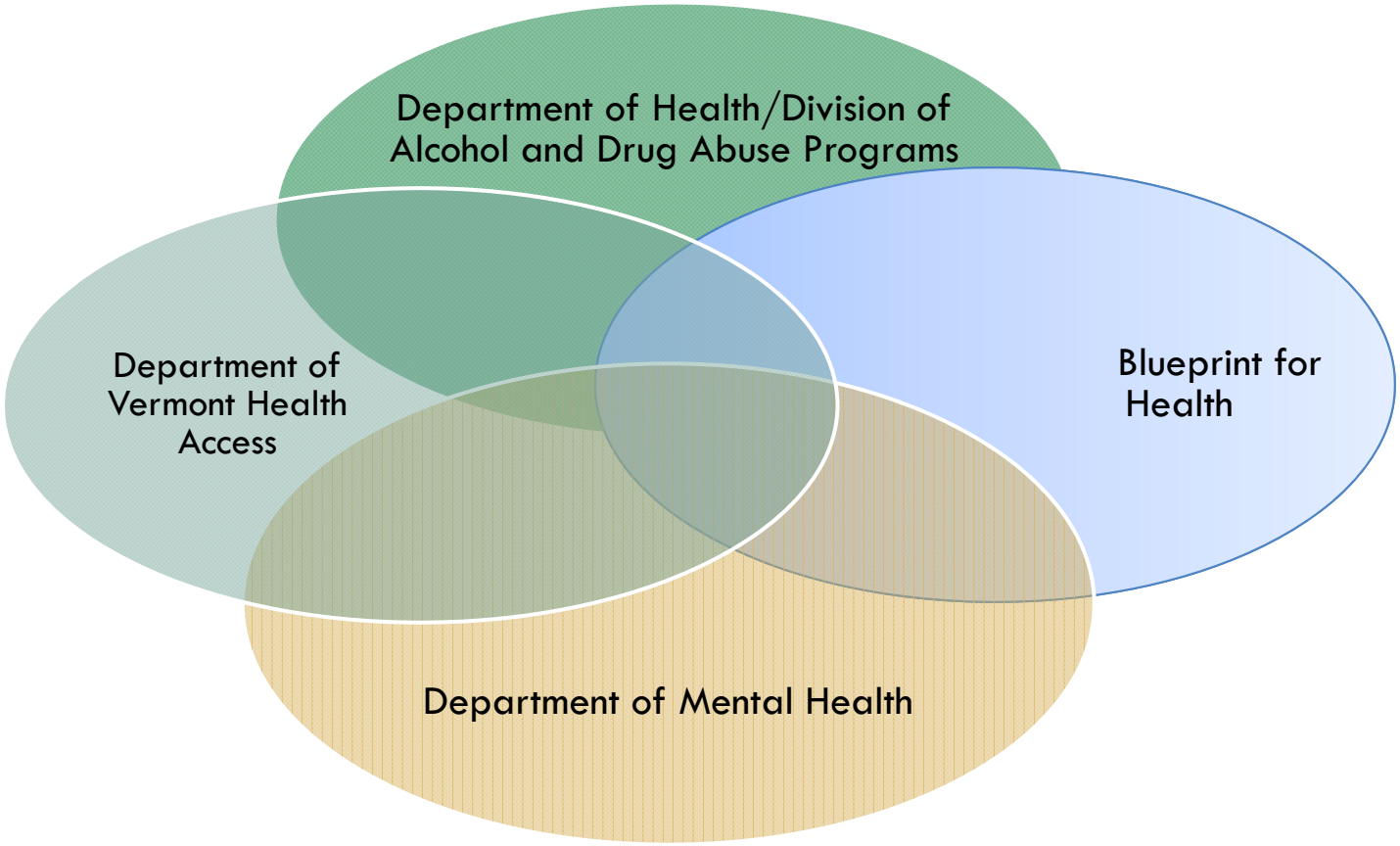
Among those with a past year substance use disorder, 42.8 percent had an identified co-occurring mental illness. (NSDUH)

Of mental health patients treated in Vermont's Designated Agencies, 19% also had an identified substance use diagnosis

Most people with co-occurring disorders receive no treatment



Vermont Agency of Human Services Oversight and Collaboration



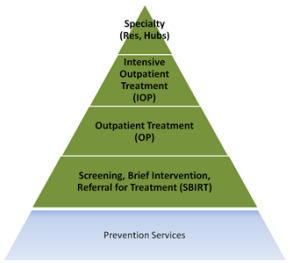
Addressing co-occurring disorders: substance abuse and mental health

- Blueprint, ADAP, and MH plan to expand health home services beyond hub and spoke to better serve co-occurring patients
- VISI – provider training and technical assistance (ended 2011)
- Bi-directional care delivery pilot – MH/SA in primary care and vice versa
- Integrated Family Services – child and family services
- SBIRT – screening for both substance abuse and mental health
- VDH Maternal Child Health and ADAP collaboration for pediatric screening

Addressing co-occurring disorders: substance abuse and mental health

- Reach up Pilot (4 locations)
  - Integrated substance abuse and mental health treatment
  - Specialized support services
  - Focus on family wellness and stability
  - Transition to employment
- Treatment Courts (3 counties)
  - Substance abuse and mental health treatment
  - Links to health services
  - Wrap around case management
  - Regular hearings
  - Job skills training and employment

Process for accessing treatment services in Vermont



Client is screened by a clinician or professional (i.e. physician, drug court case manager, AHS employee, etc.)

Client or provider contacts a treatment substance provider

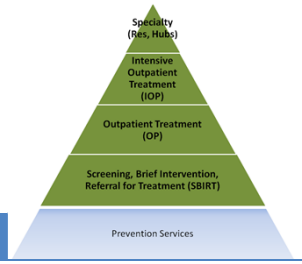
Provider assesses client with evidence based tools to determine level of care needed using ASAP placement criteria

Provider refers client in the appropriate level of care

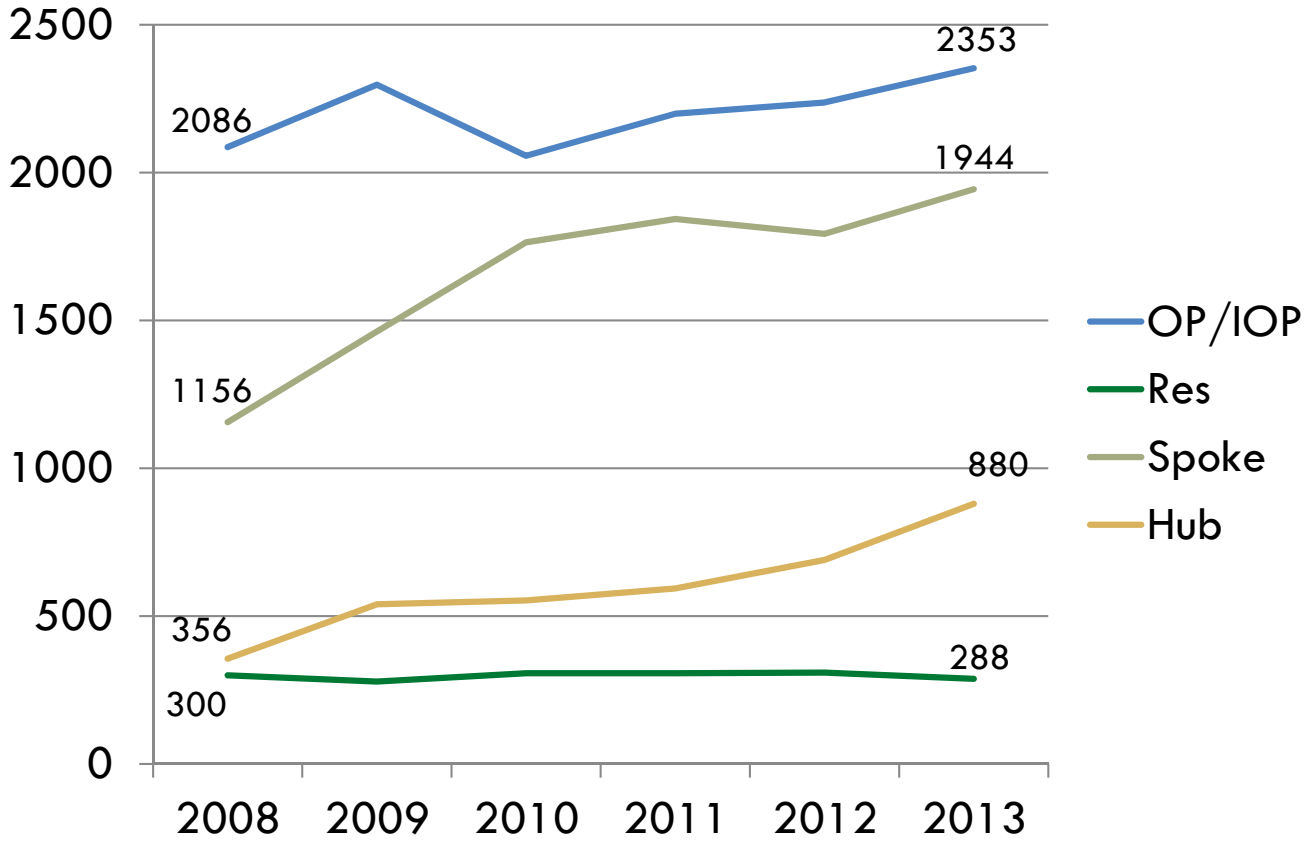
- Outpatient
- Intensive Outpatient
- Residential
- Medication Assisted Treatment

Recovery Center Referral for support

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



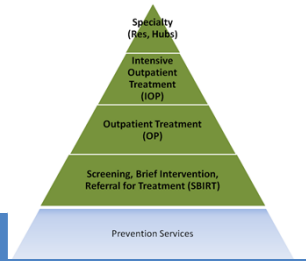
Total Number of People Treated in the Month of January



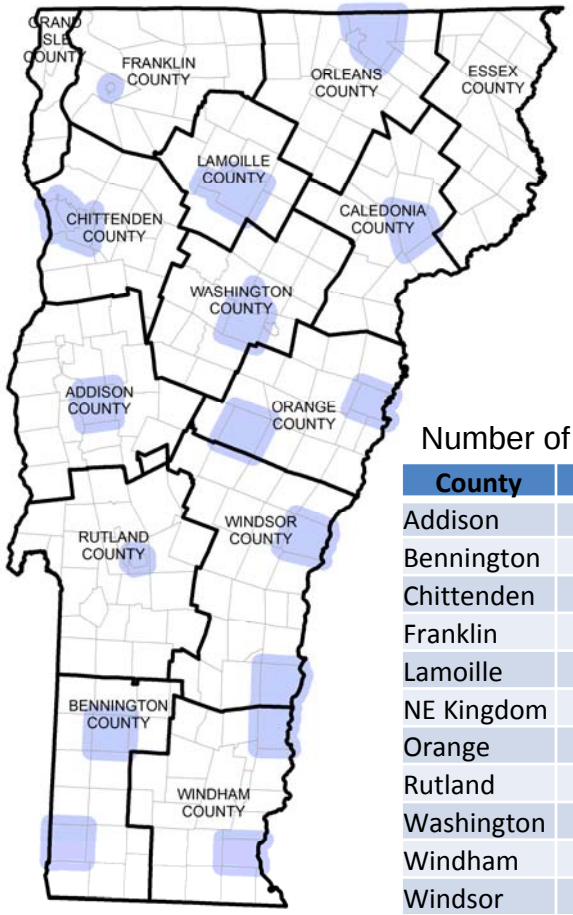
Data Source: SATIS and Medicaid Data (spoke data)

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

Treatment Capacity Maps



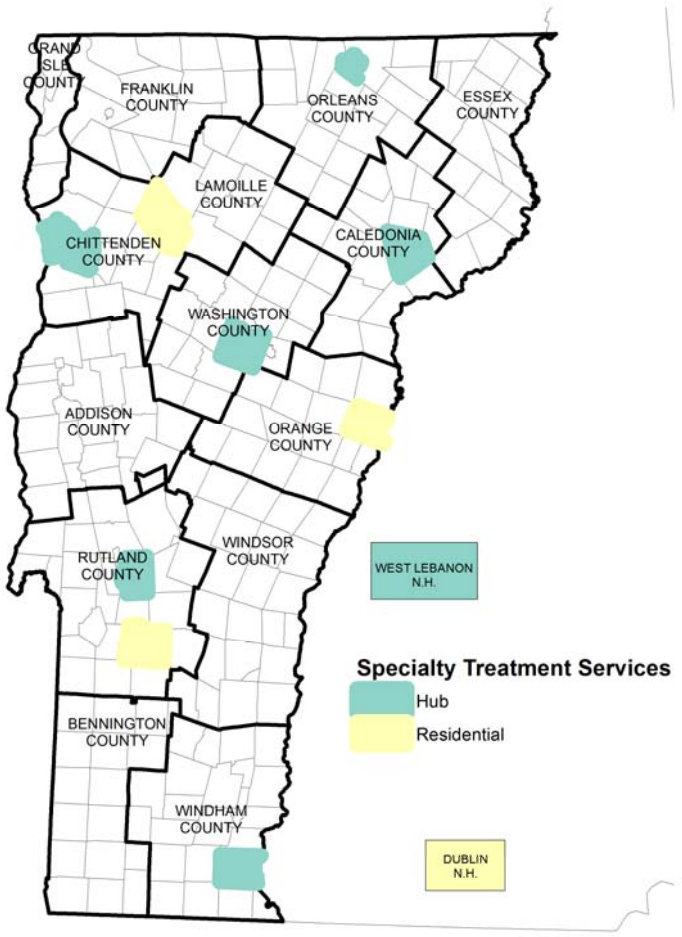
Outpatient/Intensive Outpatient Facilities



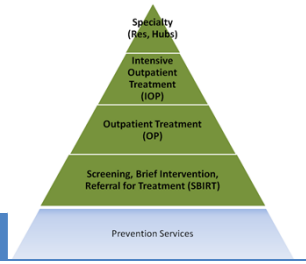
Number of Programs

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

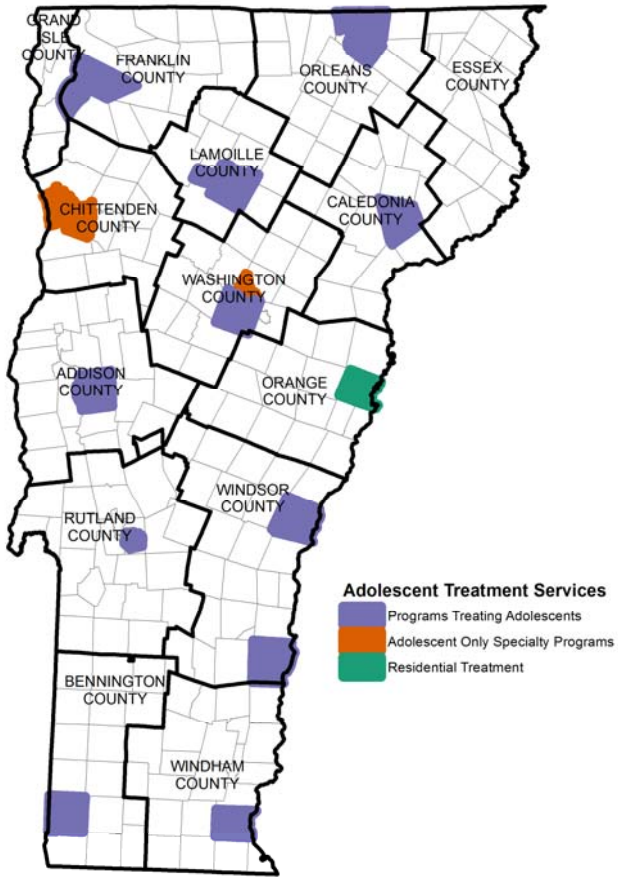
Hub and Residential Facilities



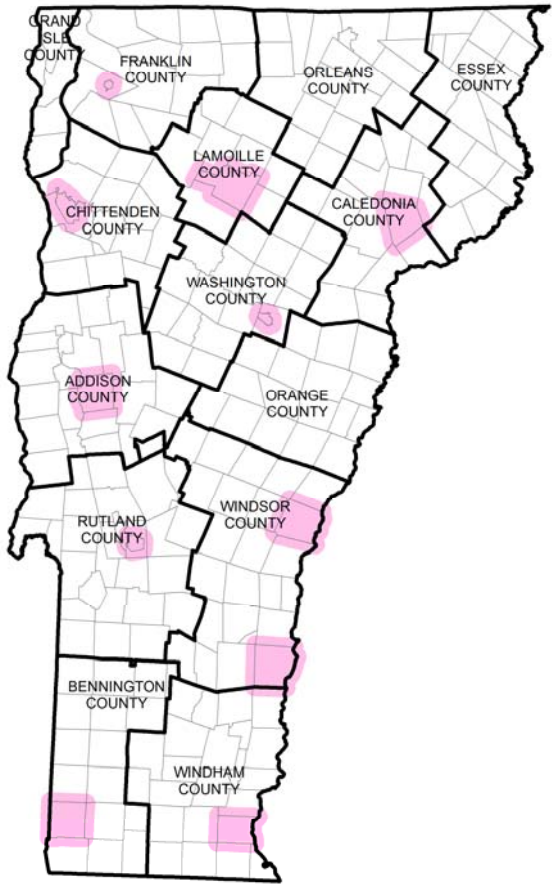
Treatment Capacity Maps



Adolescent Treatment



Recovery Centers



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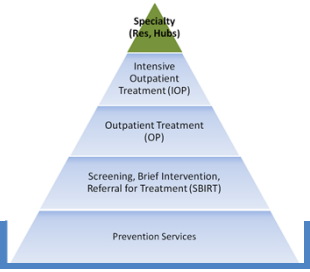
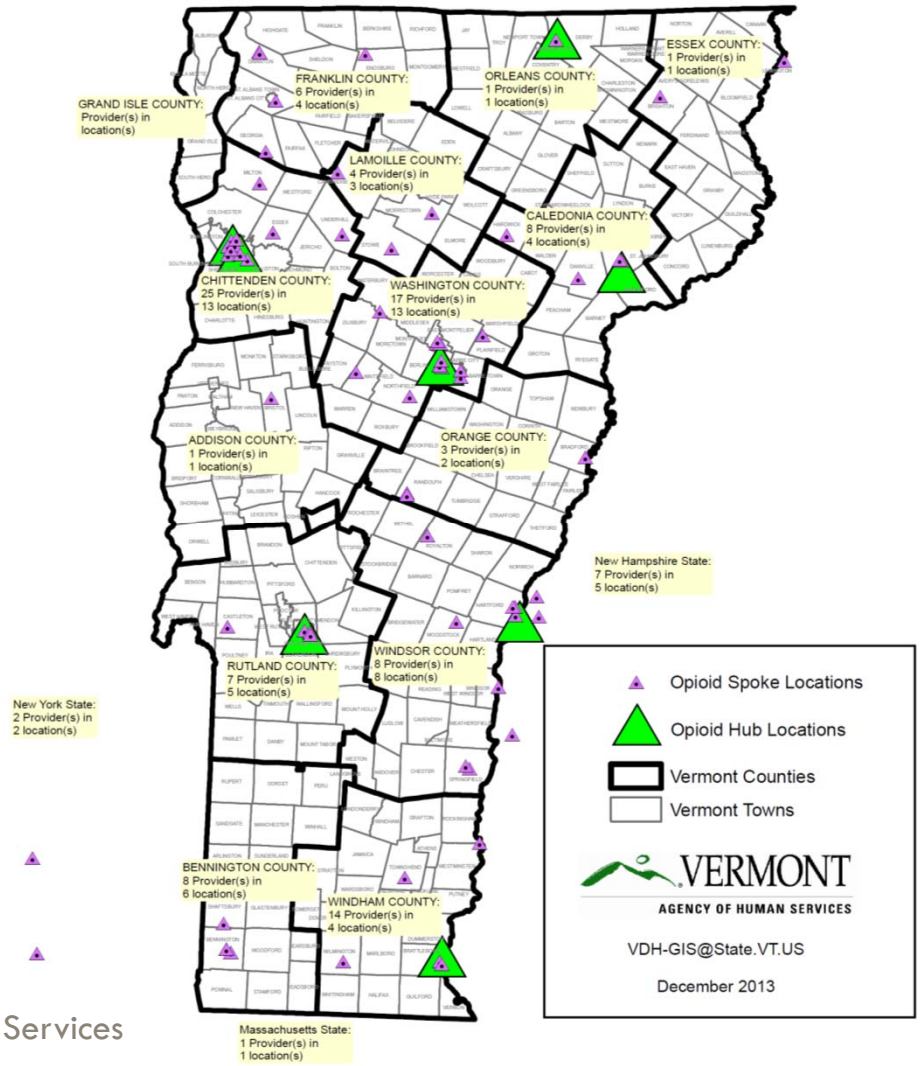
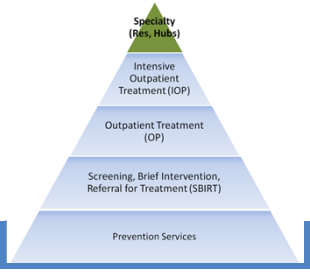
Hub and Spoke Locations: December 2013



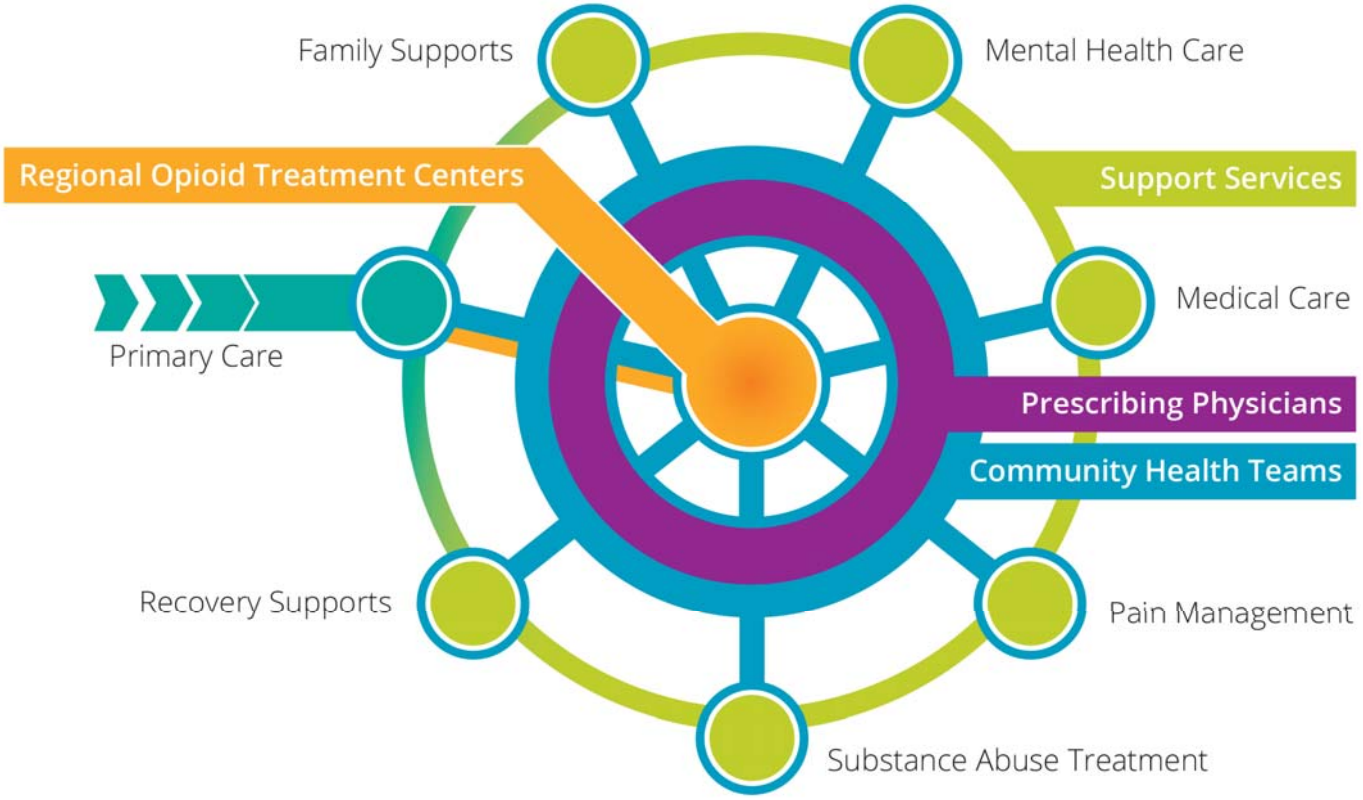


"Hub & Spoke" Linking Care

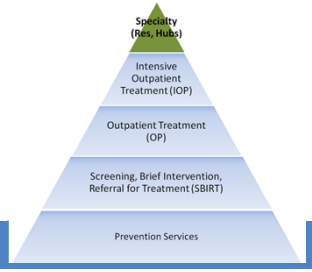


Care Alliance
for Opioid Addiction

How It Works



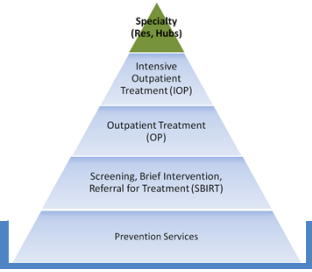
Hub and Spoke Staffing Model and Costs



Hub Staffing (21.7 FTE) for 400 patients: $1,610,550

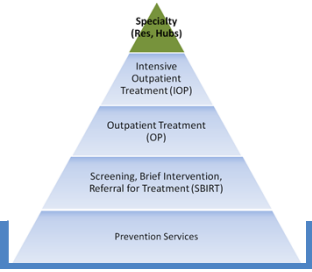
- 0.5 FTE MD
- 1 FTE Program Director
- 2 FTE RN Supervisors
- 3 FTE LPN Dispensing
- 8 FTE LADC/MA Counselors
- 2 FTE Case Managers
- 3 FTE Lab Technicians
- 2 FTE Office Administration
- 0.2 FTE Consulting Psychiatry

Hub and Spoke Staffing Model and Costs



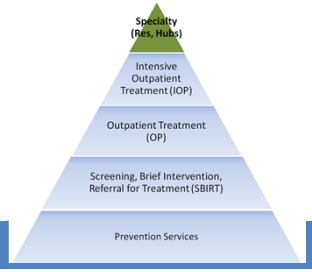
- **Spoke Staffing for 100 patients: $196,500**
  - 1FTE Nurse
  - 1FTE SA/MH Counselor

Hub and Spoke Evaluation Plan



- **DVHA will evaluate impact of Hub/Spoke initiative on client - results expected April 2015**
  - Total cost of health care
  - Incarceration
  - Employment
  - Out of home placement

Data sharing agreements are in process with DOC, DOL, and DCF



- **Quality and HEDIS measures of Hub/Spoke patient health – sample measures**
  - Age and gender appropriate health screenings
  - Follow up after hospital admission for mental health
  - All cause hospital readmission
  - BMI
  - Preventable ED visits
  - Treatment initiation and engagement
  - Tobacco cessation

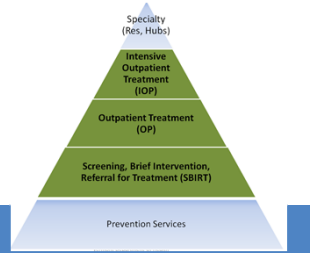
- Regulatory:
  - Unified Pain Management Rule Will Require:
    - Screening and Evaluation
    - Risk assessments for substance abuse and diversion
    - Prescribers to document the consideration of non-opioids alternatives and trial use of opioids
    - Informed Consent and Chronic Controlled Substance Treatment Agreement
    - Referrals and Consultations where appropriate
    - Follow Ups, Treatment Assessments, Consultations
  - **VPMS Rule will be modified to include additional queries requirements**
    - Situation specific VPMS queries such as for patients in emergency room settings. Others situations TBD

- Regulatory:
  - Vermont MAT rules - Applies to:
    - Opioid Hubs
    - Physicians with 30+ patients
  - Vermont Buprenorphine Guidelines
    - Applies to all physicians prescribing buprenorphine
    - Recommends that physicians follow Vermont MAT rules and have a diversion plan
  - DATA 2000 physician waiver qualifications
  - Federal Medicaid Requirement
    - Team Care/Lock In Program – limits patients over utilizing narcotics to a specific prescribing physician and pharmacy for a minimum of 2 years

Diversion Prevention Plan

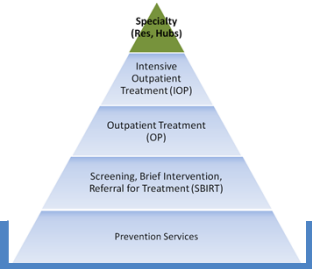
- Hubs and Spokes:
  - Hubs
    - Hub patients must earn take home doses of suboxone and methadone
    - Pill counts and urinalysis testing are required
  - Spokes
    - Limited to 14 days supply of buprenorphine
    - Pharmacy home – patient limited to one pharmacy for all prescriptions
    - Prior authorizations required for all patients receiving more than 16 mg/day buprenorphine

Who pays for services - Outpatient



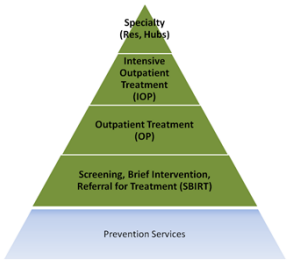
Service	Medicaid	Medicare	Uninsured / SAPTBG	Third Party	Correct-ions	Other State/ Federal
Prevention	No	No	Yes	No	No	Yes
Screening, Brief Intervention, Referral to Treatment	Yes	Yes	At preferred providers	No	No	Yes
OP SA Counseling – Preferred Providers	Yes	If MD, PhD, LICSW present	Yes	Yes	No	
OP SA Counseling – LADCs	No	No	No	Yes	No	
OP SA Counseling – Physician	Yes	Yes	No	Yes	No	
Recovery Services	No	No	Yes	No	No	Yes

Who pays for services - Specialty



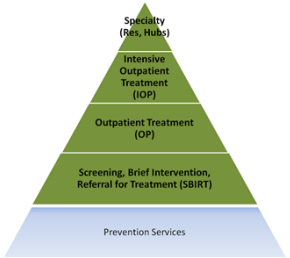
Service	Medicaid	Medicare	Uninsured/ SAPTBG	Third Party	Correct-ions	Other State/ Federal
Residential – Preferred Providers	Yes	No	Yes	Yes	Limited	
Residential – Hospital	Yes	Yes	No	Yes	No	
Hub Case Rate	Yes	No	Yes	Some, Some FFS	No	
Hub Suboxone	Yes	No	Limited	In progress	No	
Spoke Physician	Yes	Yes	No	Yes	No	
Spoke Care Team	Yes	No	No	No	No	
Suboxone Pharmacy	Yes	Yes	No	Yes	Yes, if incarcer ated	

How do we know it makes a difference?



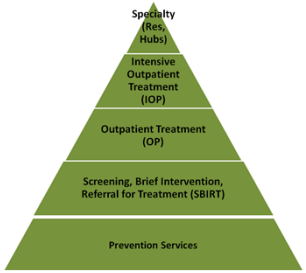
- National Research
  - $1 invested in prevention saves $10-$18 in health care, criminal justice, lost productivity, etc.
  - $1 dollar invested in addiction treatment saves between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft
  - Relapse rates for addiction resemble those of other chronic diseases such as diabetes, hypertension, and asthma

How do we know it makes a difference?



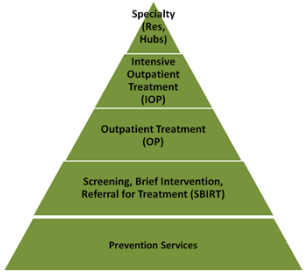
- State Data
  - SPF-SIG Prevention Grant Evaluation Showed:
    - Reduced teen binge drinking
    - Reduced teen marijuana use
  - Treatment Outcomes at Discharge
    - 96% have housing
    - 95% have no arrests in previous 30 days
    - 73% of clients are alcohol abstinent
    - 66% of clients are illicit drug free
    - 46% are employed

Balancing the system



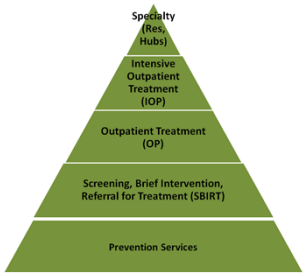
- Increase prevention efforts to change norms
- Intervene earlier with school based and SBIRT services
- Use outpatient system as the backbone – SA outpatient plays similar role to primary care physicians for medical services
- Use specialty services - residential, hub, and spoke – based on clinical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

System Needs and Gaps



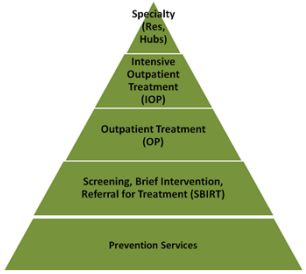
- System Capacity
  - Issues
    - Not all levels of care are available in all geographic areas
    - Transportation to services is limited
    - Not all providers screen for substance abuse
  - Recommendations
    - Develop "hublets"
    - Increase number of "spoke" physicians
    - Screening in medical settings (SBIRT) and AHS programs (SATC)

System Needs and Gaps



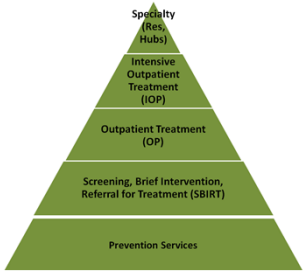
- Workforce Development
  - Issues
    - Too few substance abuse professionals, prevention through treatment – aging work force
    - No internal workforce development capacity
    - Addictions programming not well integrated in medical and graduate level training
  - Recommendations
    - With stakeholders, assess needs by region
    - Develop workforce plan, including funding mechanism

System Needs and Gaps



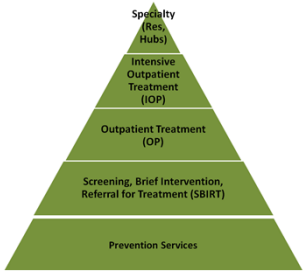
- Linkages between levels of care
  - Challenges
    - Relationships between providers
    - Federal confidentiality and consent regulations
    - Capacity/wait lists
  - Recommendations
    - Regional planning approach/all stakeholders
    - Improved care coordination
    - Coordinated data systems that address consent and allow data sharing

System Needs and Gaps



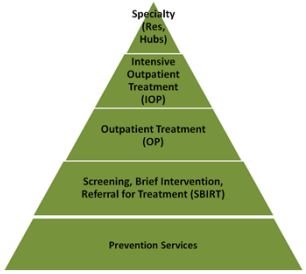
- Sober housing with recovery supports
  - Challenges
    - Lack of housing at treatment discharge is associated with high relapse rates
    - Greater demand for housing than available units
    - Competing populations need housing – homeless, corrections, family, mental health, substance abuse
  - Recommendations
    - Continue work of AHS housing task force
    - Strengthen connection between recovery centers and housing
    - Assess need for more sober housing

System Needs and Gaps



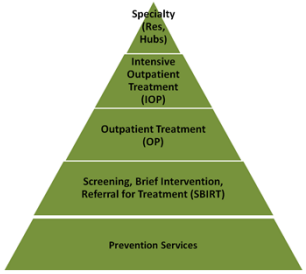
- Payment structure
  - Challenges
    - Most treatment provided fee for service
    - Health reform/ACA/single payer planning
  - Recommendations
    - Investigate payment reform in conjunction with VHCIP
    - Continue IET pilot project (expansion and pay for performance)
    - Explore case rate models
    - Capacity funding to support non-billable services that improve outcomes

System Needs and Gaps



- Policy changes
  - Challenges
    - Policies and procedures vary by department
    - Services are not always well coordinated
  - Recommendations
    - Standardized screening tools and referral processes
    - Standardized definition of case management
    - Staff substance abuse "101 training sessions" to promote evidence-based practices
    - Allow minor children to accompany patient for Medicaid transportation

System Needs and Gaps



- Additional Recommendations – Submitted to Senator Leahy
  - Expand provider types eligible for Medicare reimbursements to include specialty substance abuse treatment providers
  - Simplify regulatory requirements for running satellite MAT dosing "hublet" sites to allow dosing in more locations in the state
  - Extension of the ACA 90/10 match beyond 8 quarters for opioid treatment hubs