
**Report to
The Vermont Legislature**

**Substance Abuse Treatment Services
Objective and Performance Measures**

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

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

Submitted by: **Chief of Healthcare Reform
Secretary of Human Services
Commissioner of Health
Commissioner of the Department of Vermont Health
Access**

Prepared by: **Staff of Agencies Named Above**

Report Date: **September 11, 2014**



**AGENCY OF HUMAN SERVICES
Department of Health
Department of Vermont Health Access**

Substance Abuse Treatment Services Objective and Performance Measures September 11, 2014

Executive Summary

The State of Vermont administers programs through multiple departments and agencies to prevent and treat alcohol and drug misuse. The State's **objective** in supporting these programs is to prevent and eliminate the problems caused by alcohol and drug misuse. We use consistent, defined **measures** to measure how much we are doing, how well we are doing, and whether we're making a difference.

We currently use four performance measures of substance abuse treatment; a fifth measure is under development.

1. Are we **referring** students who may have a substance abuse problem 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? (under development)

We report progress toward our objective and our performance measures on the Vermont Department of Health Performance Dashboard¹.

¹ Healthy People 2020 Dashboard: <http://healthvermont.gov/hv2020/index.aspx>

Substance Abuse Treatment Services Objective and Performance Measures

September 11, 2014

Legislative Charge

Sec. E.306.2 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.

Background

Substance abuse services are provided through many different departments and divisions state government as shown in Figure 1.

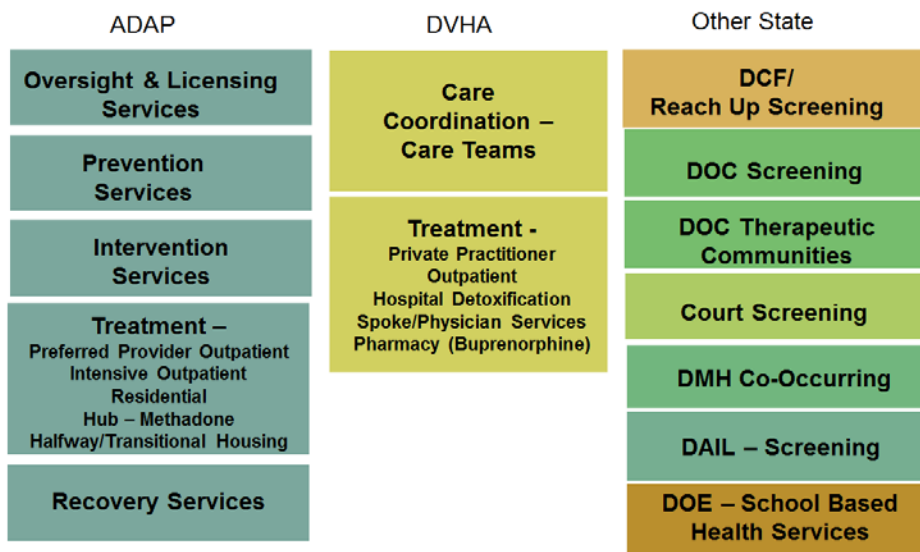


Figure 1

Funding for Substance Abuse Treatment Services at the Agency of Human Services

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) and the Department of Vermont Health Access (DVHA) fund the majority of treatment services in Vermont as shown in Figure 2.

ADAP and DVHA collaborate on treatment initiatives, most recently the development of the Care Alliance for Opioid Addiction, a statewide partnership of clinicians (“Spokes”) and treatment centers (“Hubs”) to provide Medication Assisted Therapy (MAT) to Vermonters who are addicted to opioids. ADAP and DVHA each fund a unique set of services, only one of which is the Hub and Spoke. A breakdown of the services provided by each ADAP and DVHA is shown below:

- **ADAP** oversees the Preferred Provider system which delivers specialty outpatient and residential addiction treatment as well as opioid “Hub” medication assisted treatment services. The Preferred Provider system delivers these services to uninsured Vermonters, individuals with other types of insurance, and Medicaid recipients through the ADAP Medicaid carve-out as represented by the individuals in the black box in Figure 2 below.
- Medicaid, administered through **DVHA**, pays for medical services for Medicaid recipients. The services DVHA funds include hospital services, opioid “Spoke” medication assisted treatment services, lab tests, pharmacy claims, and private practitioner licensed clinical social workers and licensed mental health counselors providing outpatient substance abuse services.

Some services are provided by third party payers and Medicare but they make up a small portion of the total people receiving substance abuse treatment.

Substance Abuse Treatment Service Delivery to Medicaid Recipients in SFY13

In SFY2013, over 11,000 Medicaid recipients received substance abuse treatment with 41% of people receiving treatment service through both ADAP and DVHA Medicaid treatment providers (Figure 3). There are also a smaller number of people served by Department of Mental Health (DMH) providers.

11,138 Medicaid Recipients Received Substance Abuse Services in SFY13

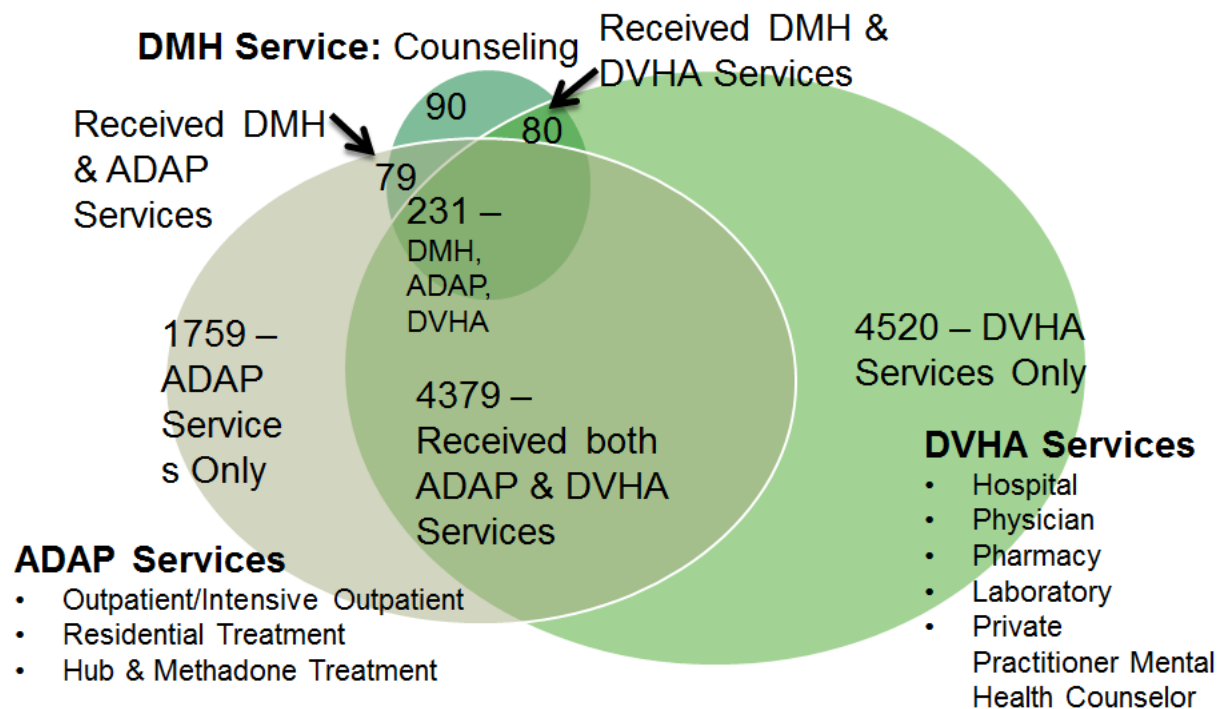


Figure 3

Measuring Performance for Substance Abuse Treatment Services

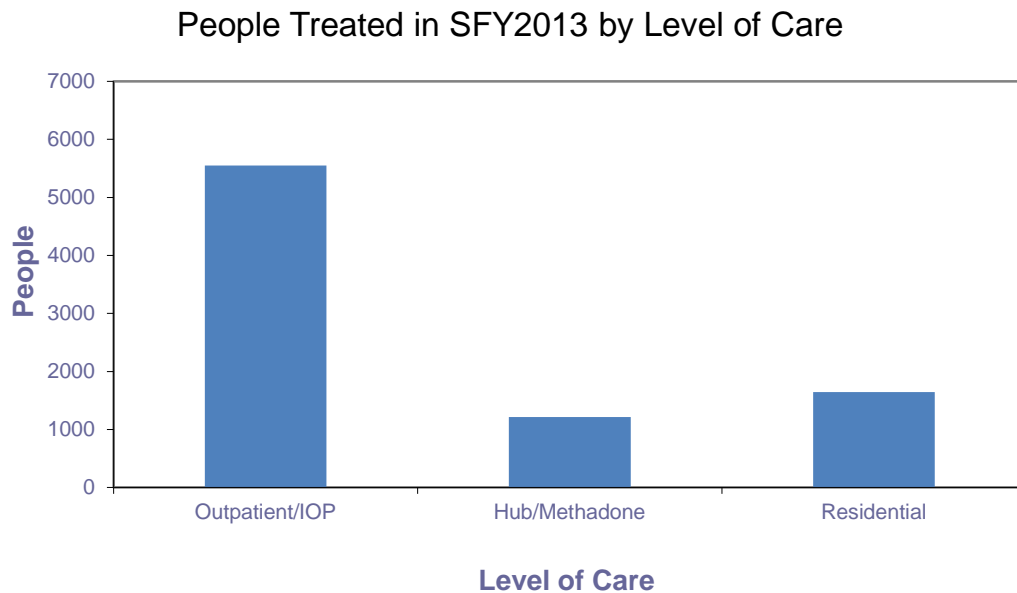
Different types of data are collected for each group of providers:

- ADAP collects demographic data and information about substances being used at treatment admission and discharge,
- DVHA has claim level service data, and
- DMH collects its own service level and demographic information.

In other words, **there is no common data system covering all state-funded substance abuse treatment.** In order to most accurately reflect the services being provided, measures were selected from both the ADAP data collection system and the DVHA claim level data.

The existing strategic plans, outcome indicators, and performance measures in use in Vermont were reviewed as part of the process of addressing this legislative request. Appendix I shows how substance abuse measures are integrated in Vermont.

- As part of the Department of Health and as an Agency of Administration VANTAGE pilot site, ADAP has an existing objective and set of performance measures for the ADAP-funded system that are reported on the Healthy People 2020 Dashboard. These measures have been validated through a VDH, ADAP, and provider process. They are currently linked to provider performance measures which are incentivized within the grants. These performance measures focus on the outpatient level of care because significantly more people receive this service than any other as seen below for SFY2013.



- DVHA reports standardized performance measures for health plans on the full Medicaid population, the National Committee for Quality Assurance (NCQA) developed Healthcare Effectiveness Data and Information Set (HEDIS) measures.

Substance Abuse Treatment Services Objective and Performance Measures

As explained above, there is no single data set that reflects the total substance abuse treatment population. In order to more accurately represent the services offered statewide, performance measures have been selected from both ADAP and DVHA data sets. While most of the performance measures below apply to the general treatment population, it is also important to include a measure specific to the recently-implemented Hub and Spoke initiative. The overall objective applies to all state substance abuse treatment services.

Substance Abuse Treatment Objective

The State of Vermont Agency of Human Services provides substance abuse prevention, intervention, treatment, and recovery services in order to decrease the individual, family, and societal impact of substance misuse while empowering Vermonters to embrace resiliency, wellness, and recovery.

Performance Measures -- ADAP Treatment Population

The following performance measures are used to assess progress in achieving the State's substance abuse treatment objective. The first three measures have been used for the Agency of Administration VANTAGE Pilot Project and are included on the VDH Dashboard. The fourth measure is a standardized Healthcare Effectiveness Data and Information Set (HEDIS) measure developed by the National Committee for Quality Assurance (NCQA) to evaluate performance of insurance plans across the full plan population.

1) Are youth and adults who start treatment sticking with it?

Detail: Percent of outpatient and intensive outpatient clients with 2 or more substance abuse services within 30 days of treatment initiation.

Why is this important: In order for substance abuse treatment to be effective, the client must actively engage in the treatment process. Research indicates that those who are actively engaged in treatment have better treatment and quality of life outcomes. Behavioral health treatment for substance abuse is an ongoing process which requires multiple visits to modify negative behaviors and attitudes that are often associated with substance abuse problems, build the skills needed to address the contributing factors in addiction, provide a supportive environment, and prevent relapse.

2) Are youth and adults leaving treatment with more support than when they started?

Detail: Percent of treatment clients (excluding residential detoxification and detoxification treatment) who have more social supports on discharge than on admission.

Why is this important: To ensure lasting recovery, individuals working to overcome problems with alcohol and substance abuse and addiction, need to be surrounded by stable, positive supports from friends, family and others, including safe and drug free housing environments. Otherwise, the chaos, stigma, shame and isolation often associated with those struggling with addiction may undermine any efforts at achieving and sustaining recovery. Research has shown that the greater number of stable and positive social supports greatly improves recovery success.

3) Are we referring students who may have a substance abuse problem to community resources?

Detail: Percent of students at funded schools who screen positive for possible substance abuse disorders who are referred for a substance abuse assessment.

Why is this important: 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 (CRAFT and GAIN short screener) are essential components of our School-based Substance Abuse Services (SBSAS) grants. Select staff at funded schools are trained in the use of these tools. Screening should be used to supplement and enhance the judgment of clinical line staff.

4) Are youth and adults who need help starting treatment?

Detail: The percentage of adolescents and adults Medicaid recipients with a new episode of alcohol or other drug (AOD) dependence who initiate treatment through an inpatient alcohol or drug admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis (Initiation of AOD Treatment).

Why is this important: Early identification of substance use issues has been shown to improve treatment and recovery effectiveness and significantly enhance overall population prevention outcomes. Too often, even when potential substance abuse issues have been identified, individuals choose to not address it or do not have access to necessary services. The state has recently begun an initiative to provide substance abuse screening, brief intervention, and referral services to Vermonters in primary care settings.

Additional Performance Measure – Opioid Treatment Population- Under Development: Significant state resources have been appropriated for opioid treatment services in response to a demonstrable high demand for medication assisted treatment for prescription opioid and heroin addiction. This measure will show changes in the total system capacity, hubs and spokes combined, over time. The methodology to be used for this measure is under development and may require multiple data sets: ADAP treatment data, Medicaid Claims, the all payer database known as VHCURES, and possibly the Vermont Prescription Monitoring Program.

5) Are adults seeking treatment for opioid addiction receiving treatment?

Detail: The per capita rate of individuals receiving treatment for opioid addiction is increasing. (Measure under development)

Why is this important: At this time there are waiting lists for opioid treatment services in the hubs and there is limited provider capacity in the spokes. Receipt of appropriate level of care has been shown to improve quality of life and decrease criminal behavior and increase overall effectiveness of treatment.

Conclusion

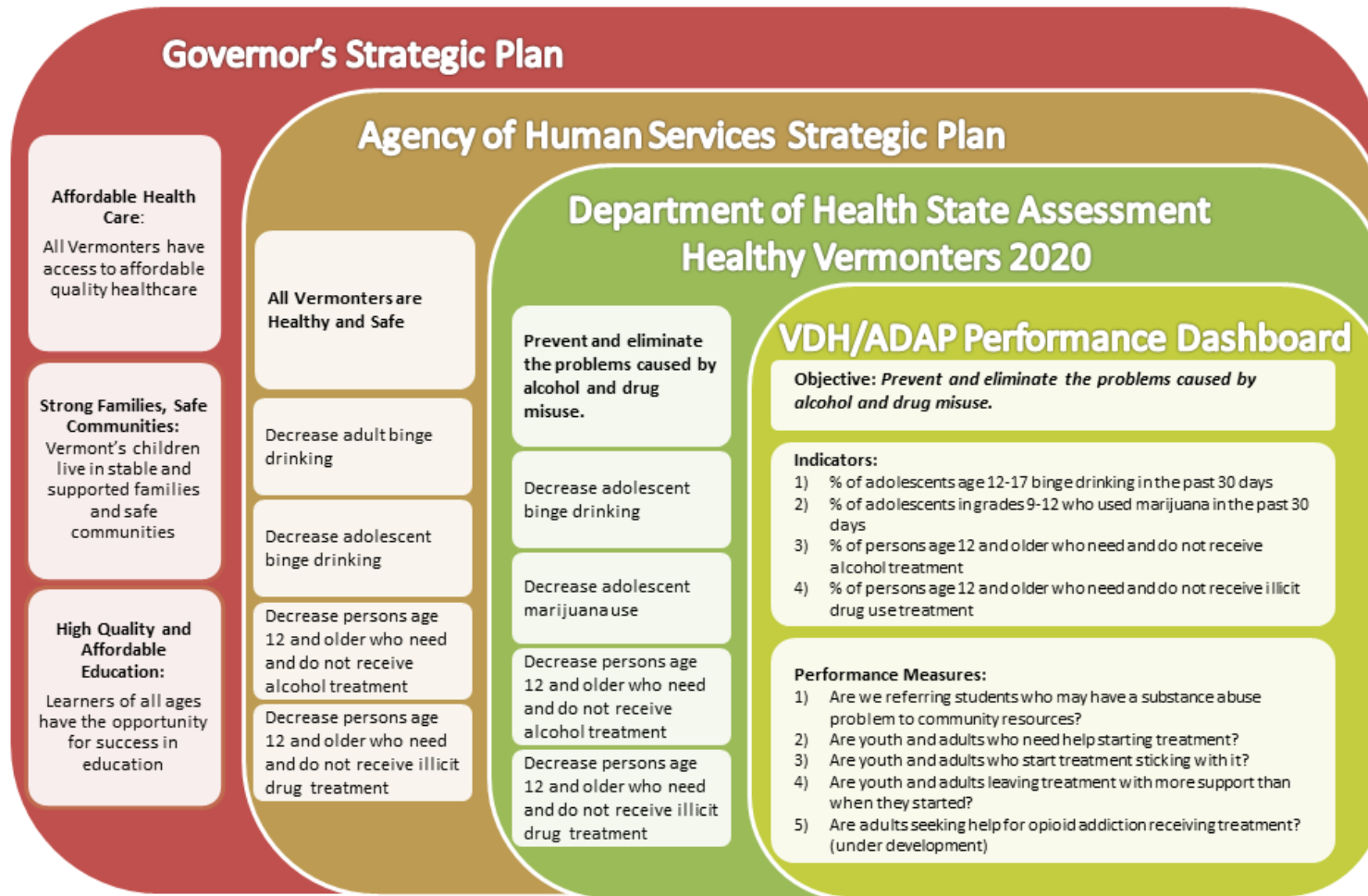
The objective and selected substance abuse treatment performance measures are consistent with the integrated plans outlined in the Governor’s Strategic Plan, the Agency of Human Services Strategic Plan, and the Vermont Department of Health State Assessment/Healthy Vermonters 2020. This is reported on the Vermont Department of Health Performance Dashboard.

The **objective** is to prevent and eliminate the problems caused by alcohol and drug misuse.

The **performance measures** being used to monitor progress are:

1. Are we **referring** students who may have a substance abuse problem to community resources?
2. Are youth and adults who need help **starting** treatment?
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Appendix I – Integration of measures across state plans



Non-medical use of prescription drugs is included in the definition of illicit drugs.

Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, August 2014

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