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**Report to  
The Vermont Legislature**

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**Substance Abuse Treatment Services  
Objectives and Performance Measures Progress:  
First 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**

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## Substance Abuse Treatment Services Objectives and Performance Measures Progress: First 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 Department 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 performance measures on which to base Vermont's progress. Using these measures, Vermont is making progress toward its objective. It is important to remember that these performance measures are long term targets and we do not anticipate reaching them in the near future. These measures are used in a variety of ways: grant performance measures, Vermont Department of Health Performance Dashboard measures, and pilot measures for the Agency of Administration.

1. Are students who may have a substance abuse problem being referred to community resources? Rates have decreased over the last two consecutive measurement periods.
2. Are youth and adults who need help **starting** treatment? Rates have decreased over the last two consecutive measurement periods.
3. Are youth and adults who start treatment **sticking with** it? Rates have been static over the last two quarters.
4. Are youth and adults leaving treatment with **more support** than when they started? There have been two consecutive quarters of improvement.
5. Are adults seeking help for opioid addiction **receiving treatment**? There have been eight consecutive quarters of improvement.

The most recent information is continuously reported on the Vermont Department of Health Performance Dashboard. There is also a narrative summary that identifies the partners involved, strategies used to meet the goals, and an action plan to address the measure. Please follow this link to review this detailed information. [http://healthvermont.gov/hv2020/dashboard/alcohol\\_drug.aspx](http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx)

## 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  
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April, 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. Consistent, defined **measures** were used to assess how much Vermont is doing, how well Vermont is doing, and whether Vermont is making a difference.

Five substance abuse treatment performance measures are currently used.

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 first annual report of the service delivery system’s success in reaching the program objectives using the performance measure data collected for those services. We report progress toward our objective and our performance measures on the Vermont Department of Health Performance Dashboard<sup>2</sup>. There, our progress towards our goals is shown on a continuous basis. Please follow this link to review the results to date. [http://healthvermont.gov/hv2020/dashboard/alcohol\\_drug.aspx](http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx)

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<sup>1</sup> <http://www.leg.state.vt.us/reports/2014ExternalReports/302293.pdf>

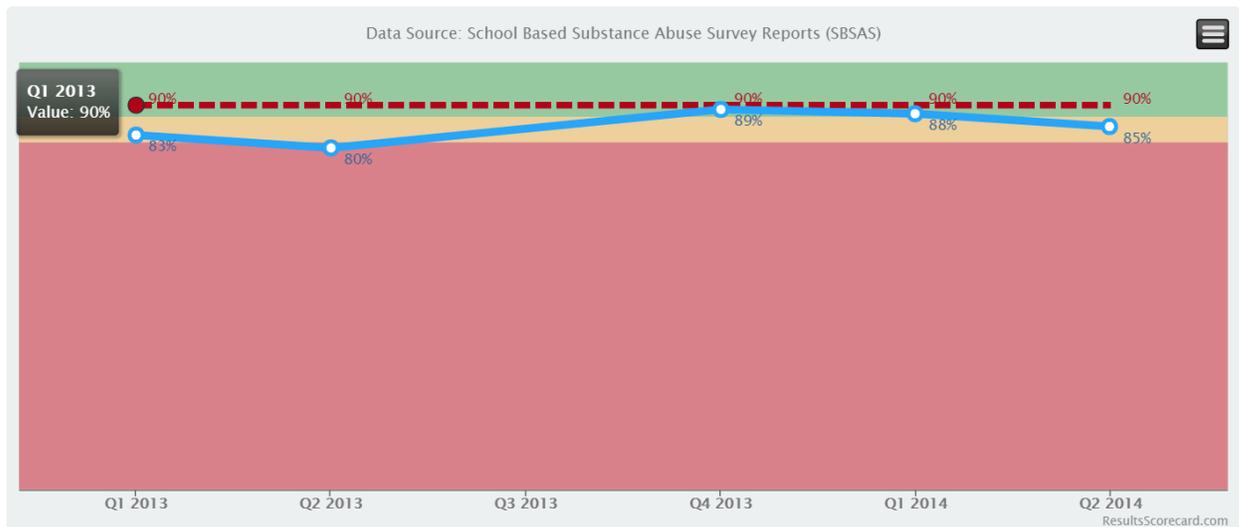
<sup>2</sup> Healthy People 2020 Dashboard: <http://healthvermont.gov/hv2020/index.aspx>

## Progress:

The state has been making mixed progress toward the measures we are using to assess our success in meeting the objective of preventing and eliminating the problems caused by alcohol and drug misuse. Each of the measures is listed below.

1. Are students who may have a substance abuse problem being referred to community resources?  
This is the percent of students at schools that receive substance abuse prevention grants from the Vermont Department of Health who screen positive for possible substance abuse disorders who are subsequently referred for a substance abuse assessment.  
Goal: 90%

Progress: 85% Q2 2014, down from a high of 89% in Q4 2013

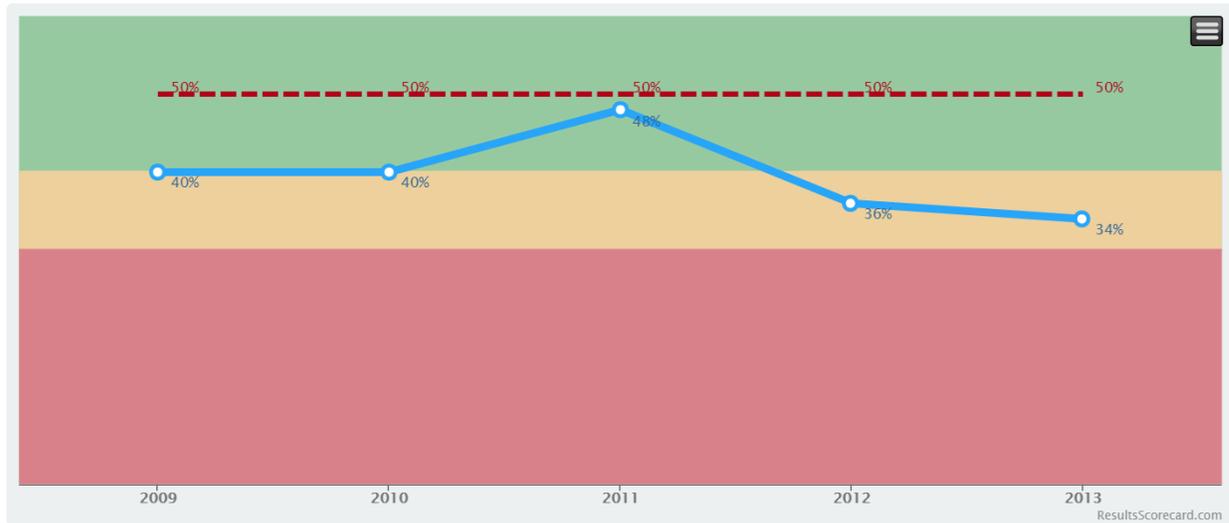


Action Plan: Continue to apply the coordinated school health model; provide training on use of evidence-based tools for screening; monitor low utilization of referral among grantees; and provide technical assistance opportunities for best practice guidelines.

- Are youth and adults who need help **starting** treatment? The percentage of adolescent and adult Medicaid recipients with a new episode of alcohol or other drug 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.

Goal: 50%

Progress: 34% in 2013, there have been two years of decline.



**Action Plan:** This measure has just been added to the dashboard in order to highlight the importance of coordinating care between the physical health care system and the substance abuse treatment system. Improving the treatment initiation rate requires changes in both systems; this work has begun with the increased focus on substance abuse issues in Vermont, physician training associated with the Screening, Brief Intervention, and Referral to Treatment<sup>3</sup> (SBIRT) initiative, improved access to care through the Care Alliance for Opioid Treatment<sup>4</sup> as well as implementation of processes that have increased access to residential care. The Department of Vermont Health Access is currently leading a performance improvement project to improve access to outpatient substance abuse treatment in the southern part of the state. Physicians have access to the Vermont Prescription Monitoring Program which allows doctors to review patients’ prescription history to determine if there is potential for prescription drug misuse.

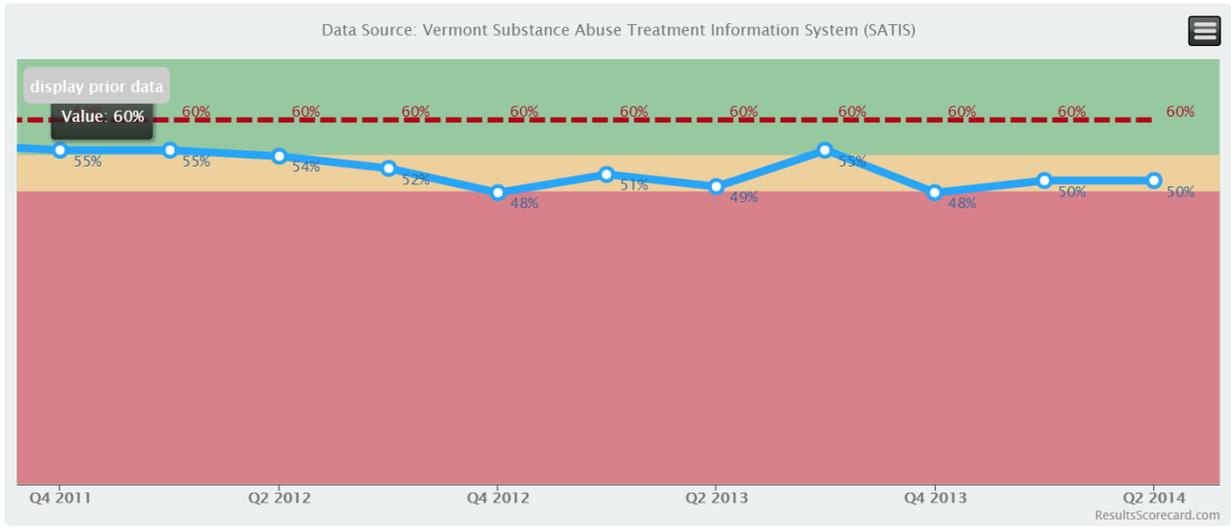
<sup>3</sup> **SBIRT** is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. It is an evidence based protocol both for people with substance use disorders and for those at risk of developing them. In SBIRT, screening, intervention, and treatment all happen in a medical setting such as a primary care office, hospital emergency department, or community clinic. These medical providers in turn form closer relationships with the substance abuse treatment providers in their area, developing a ‘warm hand off’ protocol for patients who need targeted treatment. SBIRT providers are helping to move toward health systems integration which better cares for the whole person.

<sup>4</sup> **The Care Alliance for Opioid Addiction** is a system focused on effective, coordinated and supported care for opioid addiction. Specializing in the treatment of complex addiction, the regional centers (Hubs) provide intensive treatment to patients and consultation support to medical providers (Spokes) treating patients in the general practice community

- 3. Are youth and adults who start treatment sticking with it? Percent of outpatient and intensive outpatient clients with 2 or more substance abuse services within 30 days of treatment initiation.

Goal: 60%

Progress: 50% Q2 2014, down from a high of 55% in Q3 2013.

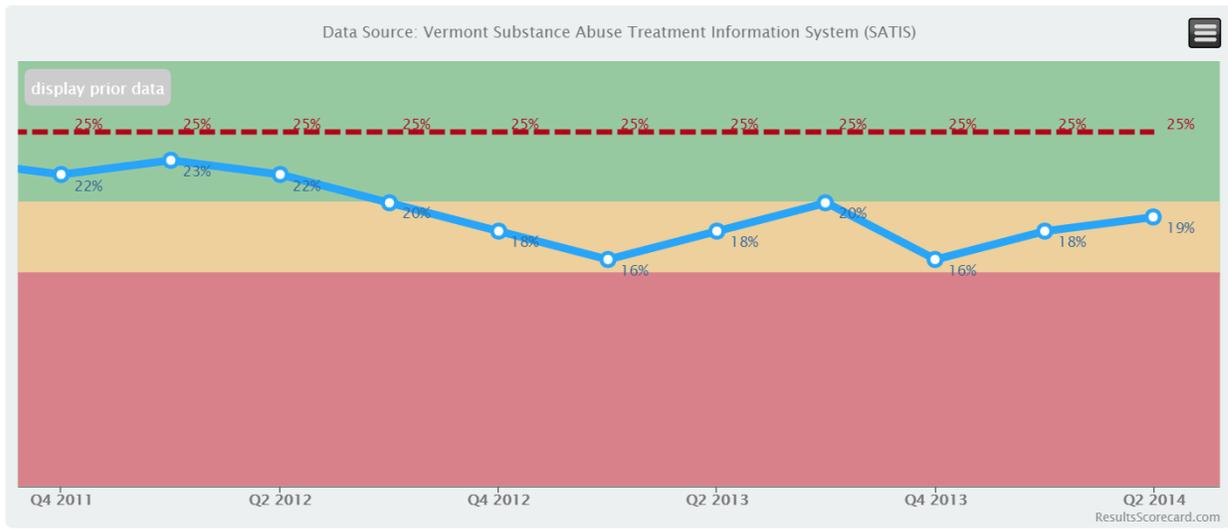


Action Plan: Increase focus on this measure through publishing provider level data and including the measure in cross departmental substance abuse work. A provider workgroup has been convened to determine actions to be taken at the provider level. ADAP will continue to use this measure as a grant incentive measure and will also provide technical assistance to providers. Initiatives targeting improvements in transitions between different types and levels of behavioral and physical health care will improve engagement.

4. Are youth and adults leaving treatment with more support than when they started? Percent of treatment clients who have more social supports on discharge than on admission. This excludes residential treatment services due to the short term nature of residential care.

Goal: 25%

Progress: 19% Q2 2014, two consecutive quarters of improvement.

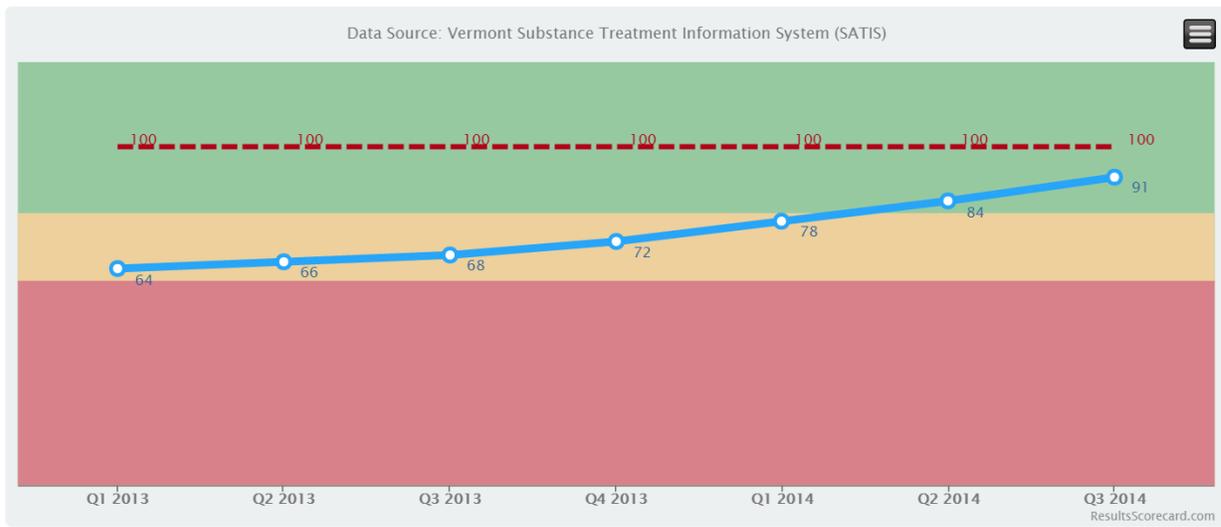


Action Plan: Increase focus on this measure through publishing provider level data and including the measure as an Agency of Administration pilot performance measure. ADAP will continue to use this measure as a grant incentive measure and will also provide technical assistance to providers. Improve collaboration between treatment providers and recovery centers. Improve aftercare planning to emphasize the importance of connecting to social supports as part of the recovery process.

5. Are adults that seek help for opioid addiction **receiving treatment**? This is measured as the number of people receiving MAT per 10,000 Vermonters age 18-64.

Goal: 100 per 10,000 Vermonters age 18-64

Progress: 91 as of Q3 2014. There has been consistent progress since the implementation of the Care Alliance for Opioid Addiction.



Action Plan: The primary focus of the Care Alliance to date has been to expand access to care for individuals presenting for treatment for opioid addiction. The number of people receiving MAT services has increased throughout the state although there are significant regional differences with the greatest need for expanded capacity occurring in the northwest area of the state. Expansion initiatives continue in both the hub and spoke segments of the system.

Please refer to the Vermont Department of Health Performance Dashboard at [http://healthvermont.gov/hv2020/dashboard/alcohol\\_drug.aspx](http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx) for additional information.

### Conclusion:

Performance measures show mixed progress toward the substance abuse treatment program objectives. These measures are used in our grant processes and help guide funding decisions. The Department of Health will continue to update, monitor, and report on the measures.