# Vermont Department of Health

## FY2016 budget

VERMONT
DEPARTMENT OF HEALTH

Appropriations Committee • February 4, 2015

*Harry Chen, MD, Commissioner of Health*

# VDH Budget Highlights FY16

- Intro/Overview
- Dashboard/performance pilot measures
- Public Health appropriation
- ADAP appropriation
- Significant Program Funding Changes
- Conclusions and Questions

# What is Public Health?

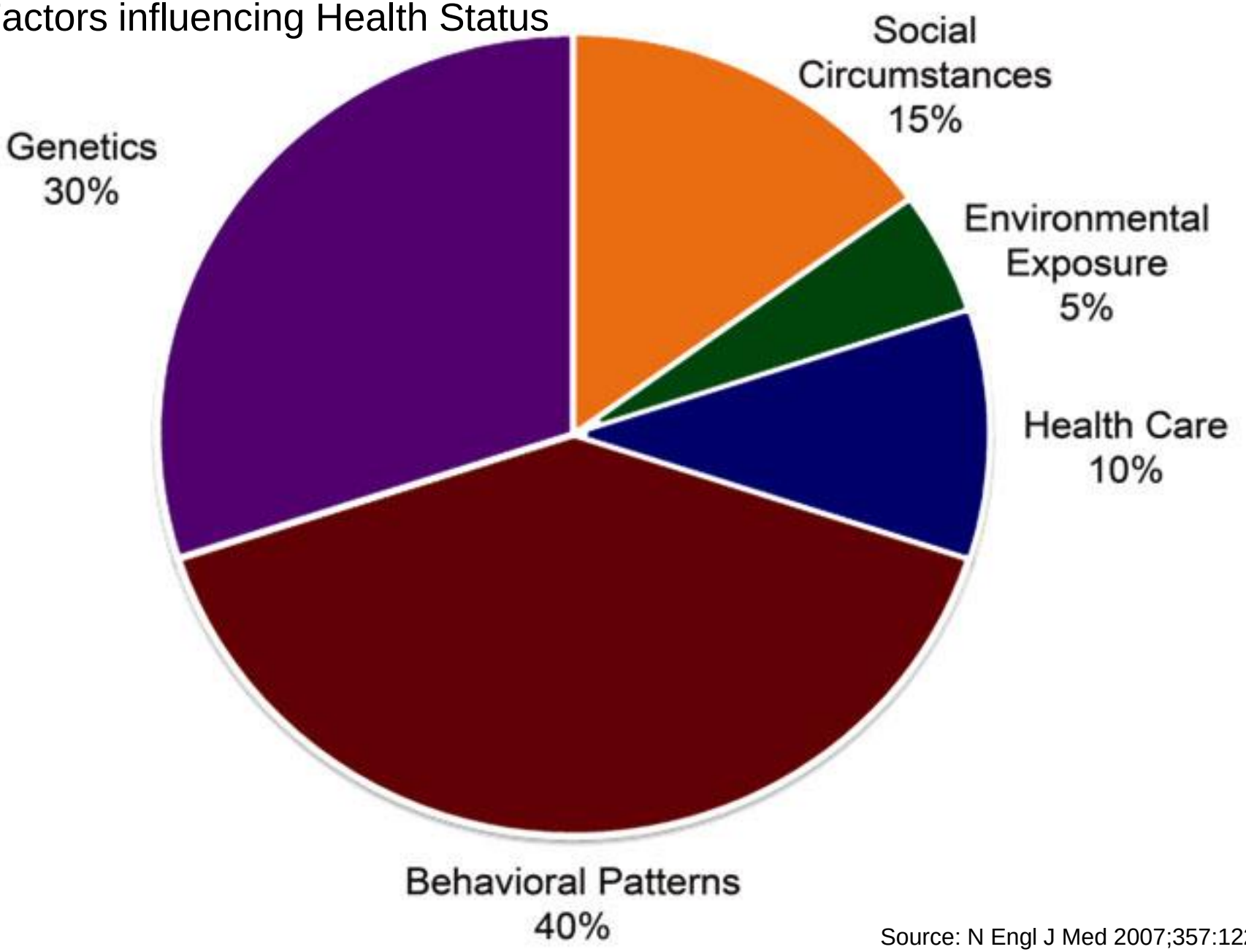
What we, as a society do to collectively assure the conditions in which people can be healthy

– Institute of Medicine, 1988

***Public* Health = Healthy *Populations***

# Determinants of Health

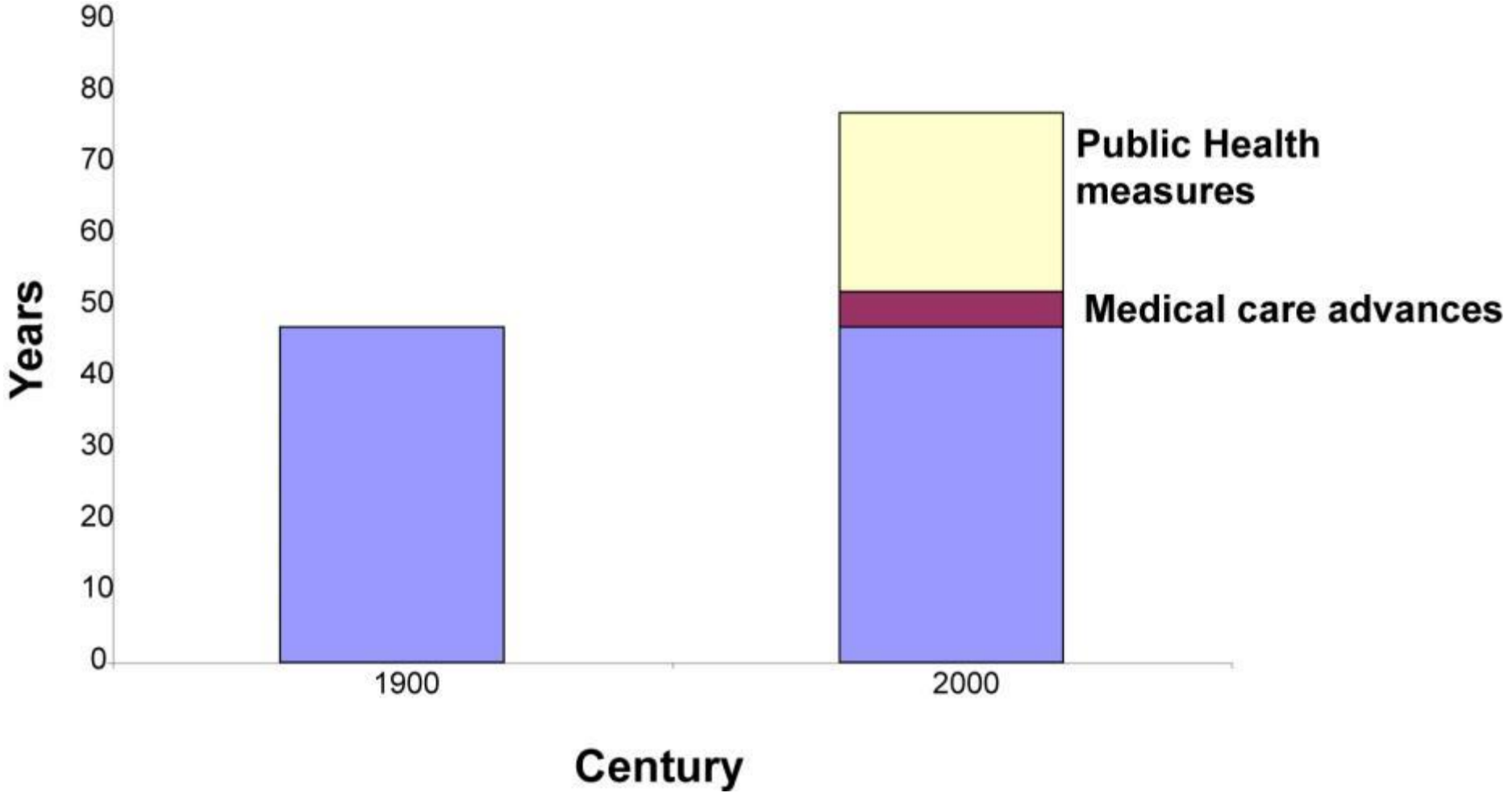
Factors influencing Health Status




Source: N Engl J Med 2007;357:1221-8.

# Improvements in Longevity

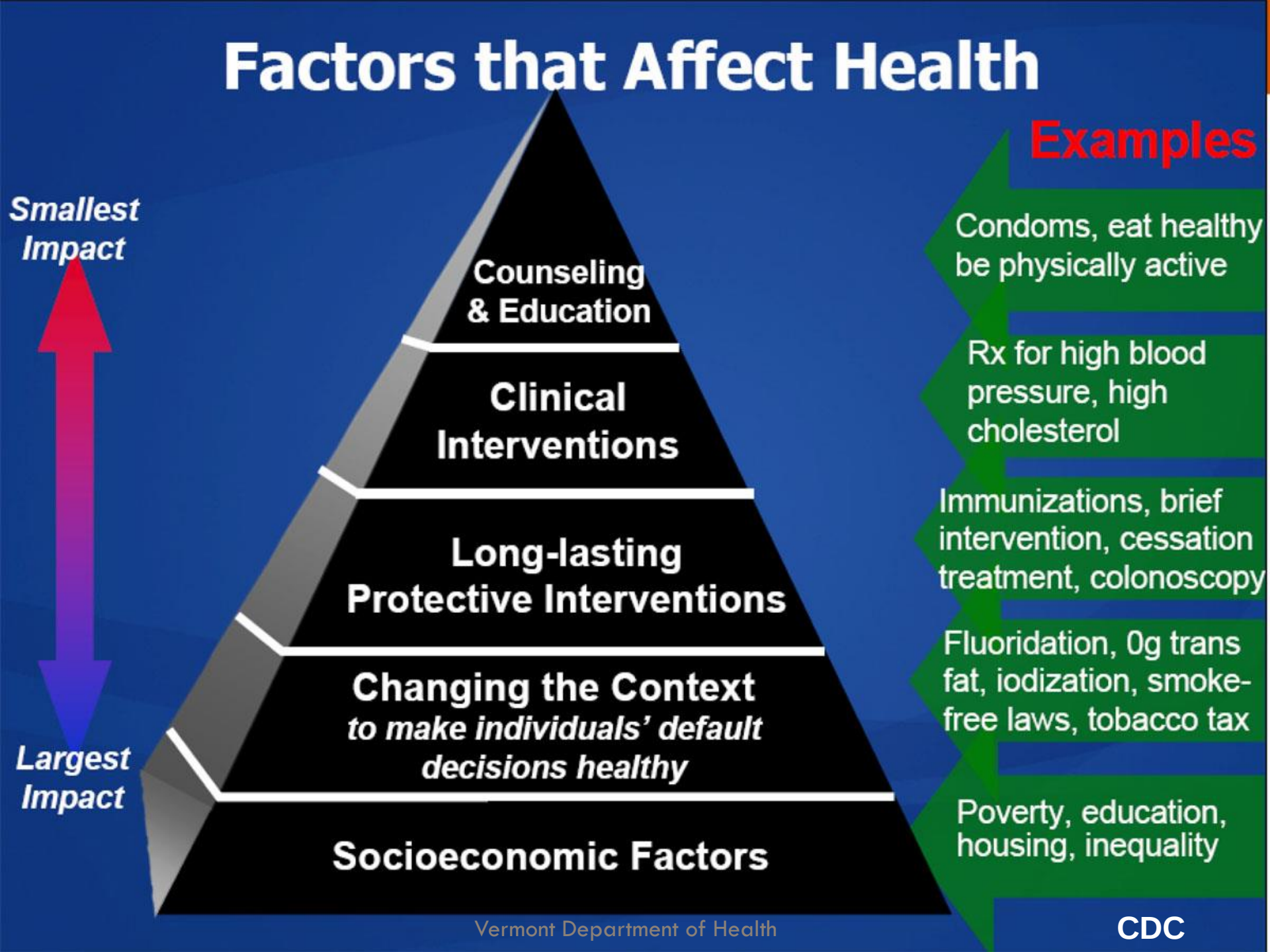
## 100 years of Progress



# 10 Great Public Health Achievements • 1900-1999

- Vaccination
- Motor vehicle safety
- Safer workplaces
- Controlling infectious diseases
- Decline in deaths from heart disease/stroke
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognizing tobacco as a public health hazard

# Factors that Affect Health






CDC

# The Best Opportunity To Maximize Health


**Leverage the Far Larger Personal Health System to Achieve Population Health Goals**

To Scale: Public Health spending per person $250, Health Care per person $8000

# Public health keeps kids healthy and communities strong


http://action.apha.org/site/PageNavigator/Infographic_Page_2012_10_04_Round_2.html

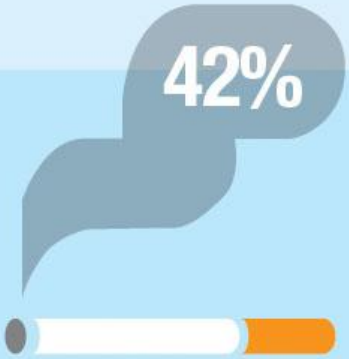
# Public health saves lives

**For each 10 percent increase in local public health spending:**

- Infant deaths decrease **6.9%**
- Cardiovascular deaths decrease **3.2%**
- Diabetes deaths decrease **1.4%**
- Cancer deaths decrease **1.1%**

Seatbelt use reduces serious injuries and death in car crashes by **50%**

In the 20th century, the U.S. reduced the rate of adults who smoke from 42% in 1965 to 25% in 1997.



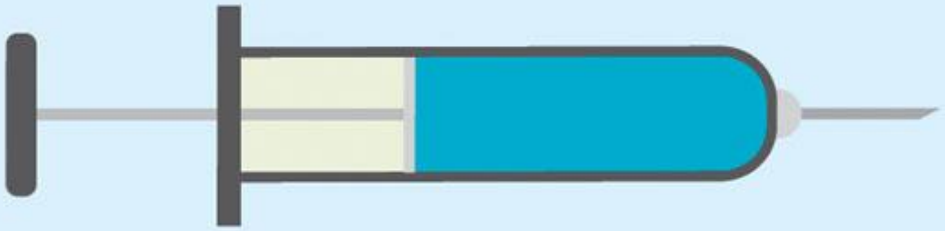

1965

Rates continue to drop — in 2010, 19% of adults smoked.


2010

# Public health saves money

Every **$1** spent on prevention saves **$5.60** in health spending.

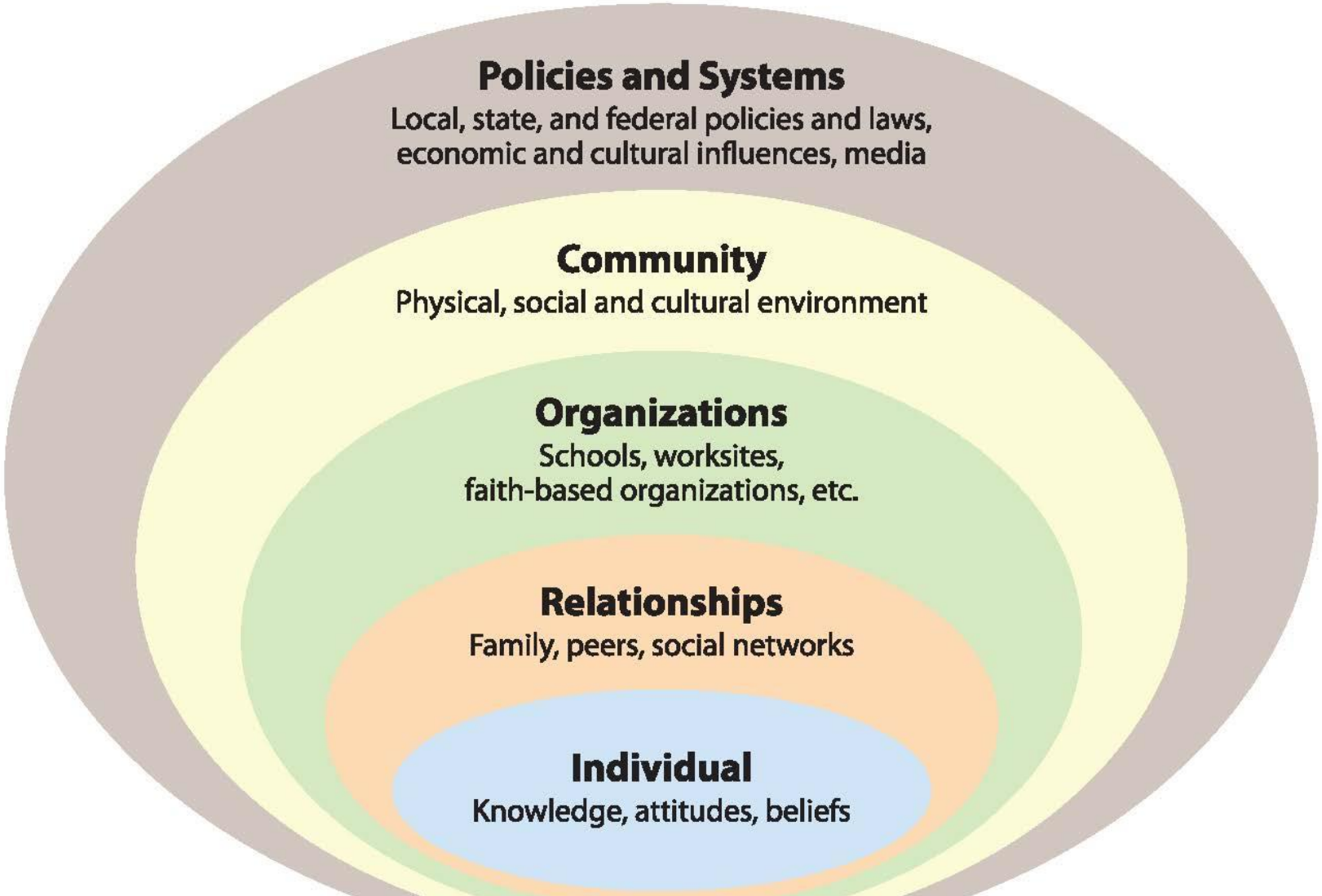


Every $1 spent on childhood vaccines saves $16.50 in future health care costs.

**75%**

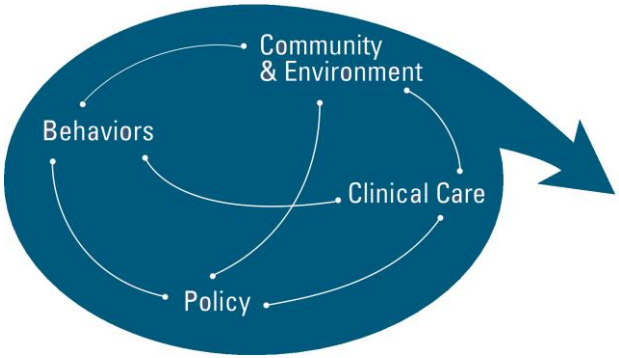
of U.S. health spending is on preventable chronic conditions such as obesity, heart disease and diabetes, but only **3 cents of every $1 spent** on health care goes toward public health and prevention.

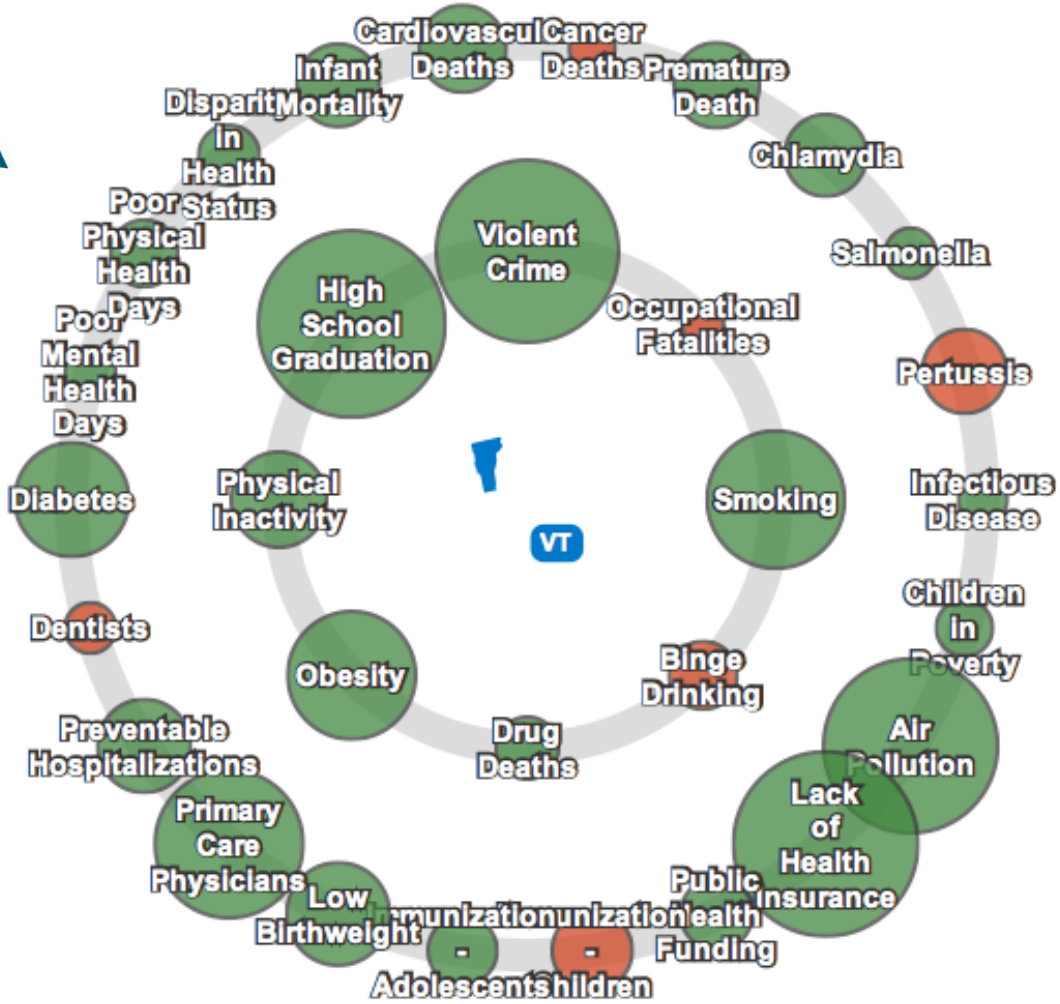
# Vermont Prevention Model



# Vermont is now the 2nd healthiest state.

AMERICA'S HEALTH RANKINGS®
UNITED HEALTH FOUNDATION



# Vermont Department of Health

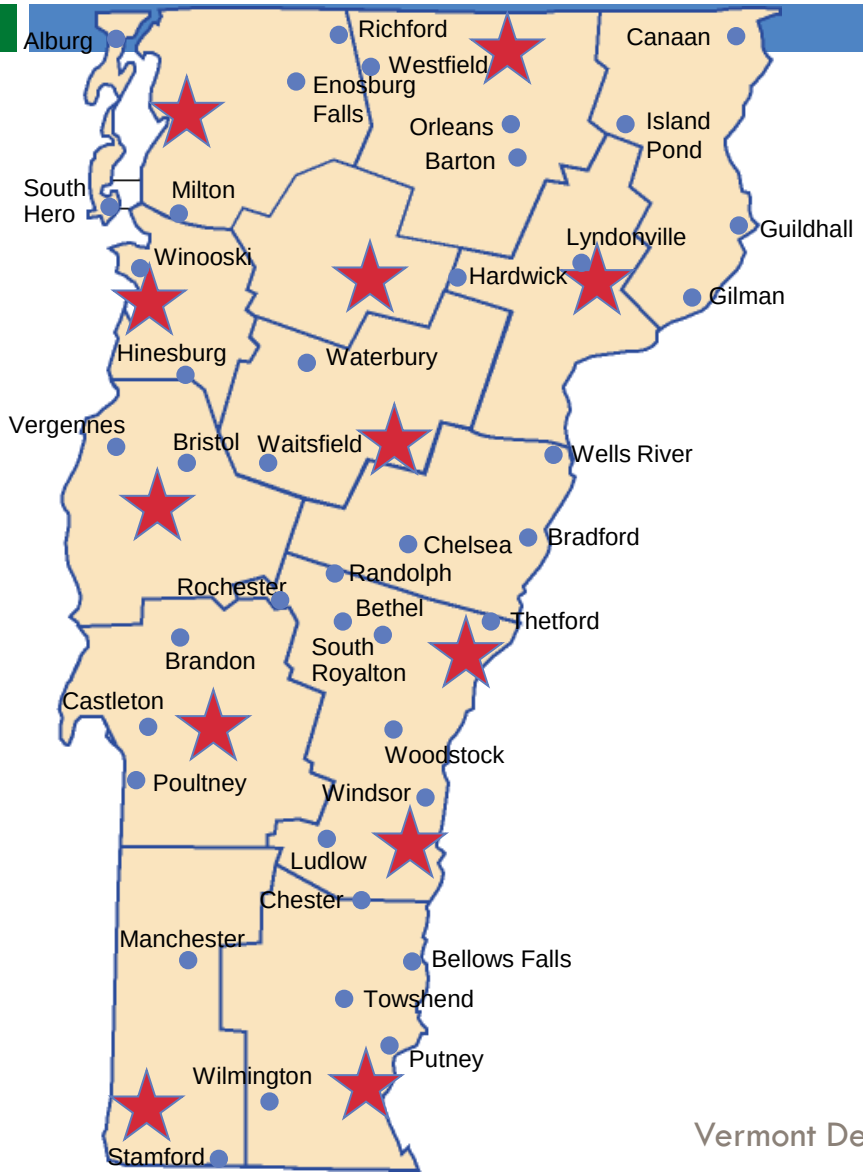
# Where is the Health Department?

**Burlington Headquarters**
108 Cherry Street

**Chief Medical Examiner**
111 Colchester Avenue

**Public Health Laboratory**
195 Colchester Avenue
**Moving to –** Colchester Business & Technology Park

# 12 Health Department District Offices




Barre
Bennington
Brattleboro
Burlington
Middlebury
Morrisville
Newport
Rutland
St. Albans
St. Johnsbury
Springfield
White River Jct.

# Alcohol & Drug Abuse Programs

- Works to prevent, intervene, and treat alcohol, opiate and other drug use, misuse, and addiction. In partnership with other public and private organizations, plans, supports and evaluates a comprehensive system to deliver a continuum of services:
  - Community Coalitions
  - Prevention
  - Intervention
  - Treatment
  - Recovery

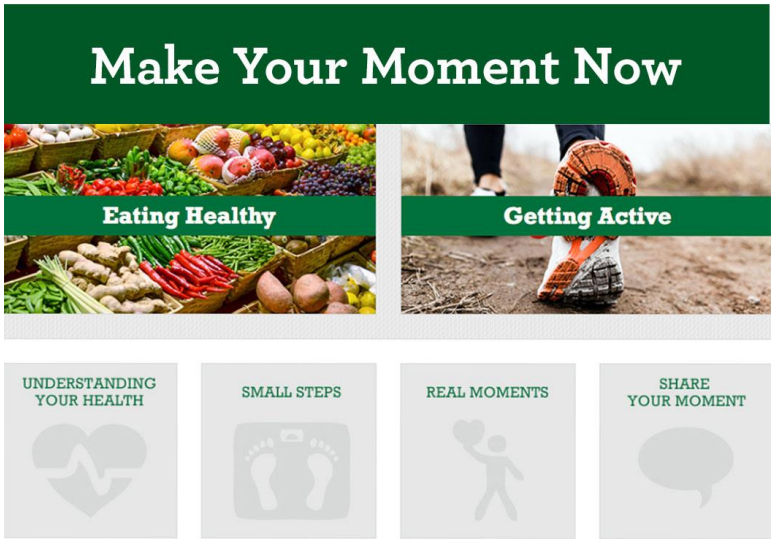
PARENT UP

sbirt vt
Screening, Brief Intervention & Referral to Treatment

Care Alliance for Opioid Addiction

# Health Promotion & Disease Prevention

- Promotes healthy behaviors, reduction of risky behaviors, and improvement of chronic disease self-management.
  - Asthma
  - Cancer
  - Cardiovascular Disease
  - Diabetes
  - Ladies First
  - Nutrition & Physical Activity
  - Oral Health
  - Tobacco Control




802 QUITS VERMONT QUIT PARTNERS

Ladies First
Keeping Vermont Women Healthy
VERMONT DEPARTMENT OF HEALTH

# Environmental Health

- Works to assess or minimize human exposure to health and safety hazards at home, school and in the environment:
  - Environmental Public Health Tracking
  - Asbestos, Lead & Radon
  - Drinking Water
  - Food & Lodging
  - Radiological & Toxicological Sciences

# Health Surveillance

- Provides information about the health status of Vermonters. Takes actions to limit the spread of disease. Determines the cause of non-natural deaths. Provides quality laboratory services.
  - Public Health Research & Statistics
  - Vital Records
  - Cancer Registry
  - Immunization/OK to Ask
  - Infectious Disease Epidemiology
  - Office of the Chief Medical Examiner
  - Public Health Laboratory

# Public Health Preparedness & Response

- Coordinates, develops and manages preparedness and response capabilities within the department. Works with external partners to manage emergency health/medical preparedness and response.
  - Emergency Medical Services
  - Injury Prevention
  - Health Alert Network
  - Health Care and Hospital Preparedness
  - HOC/Incident Command
  - Strategic National Stockpile
  - Community Volunteers – On Call

OnCall FOR VERMONT

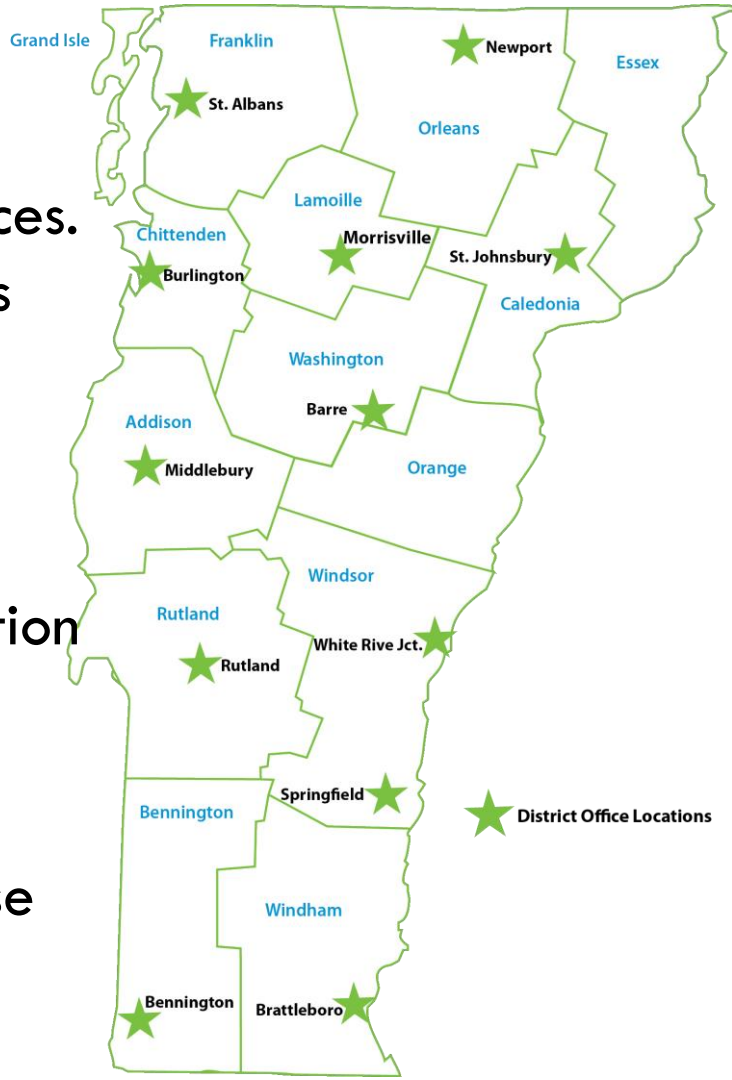
Protect the health of your community.
Join. Train. Respond.

# Maternal & Child Health

- Works to assure delivery of core public health services to improve the health of mothers and children.
  - Children with Special Health Needs
  - WIC: Supplemental Nutrition Program for Women, Infants & Children
  - Breastfeeding Promotion
  - Nurse Home Visiting
  - Early Childhood/Race to the Top
  - School Health

# Local Health/District Offices

- Provides public health leadership and direct services to Vermonters in their communities through the 12 district offices. Much of the work of the Health Dept. is carried out through the district offices. Examples:
  - WIC food & nutrition education
  - Health promotion/disease prevention
  - Disease investigation
  - Community coalitions
  - Emergency preparedness/response



# Administration • Commissioner's Office

**Leadership • Public Health Policy**

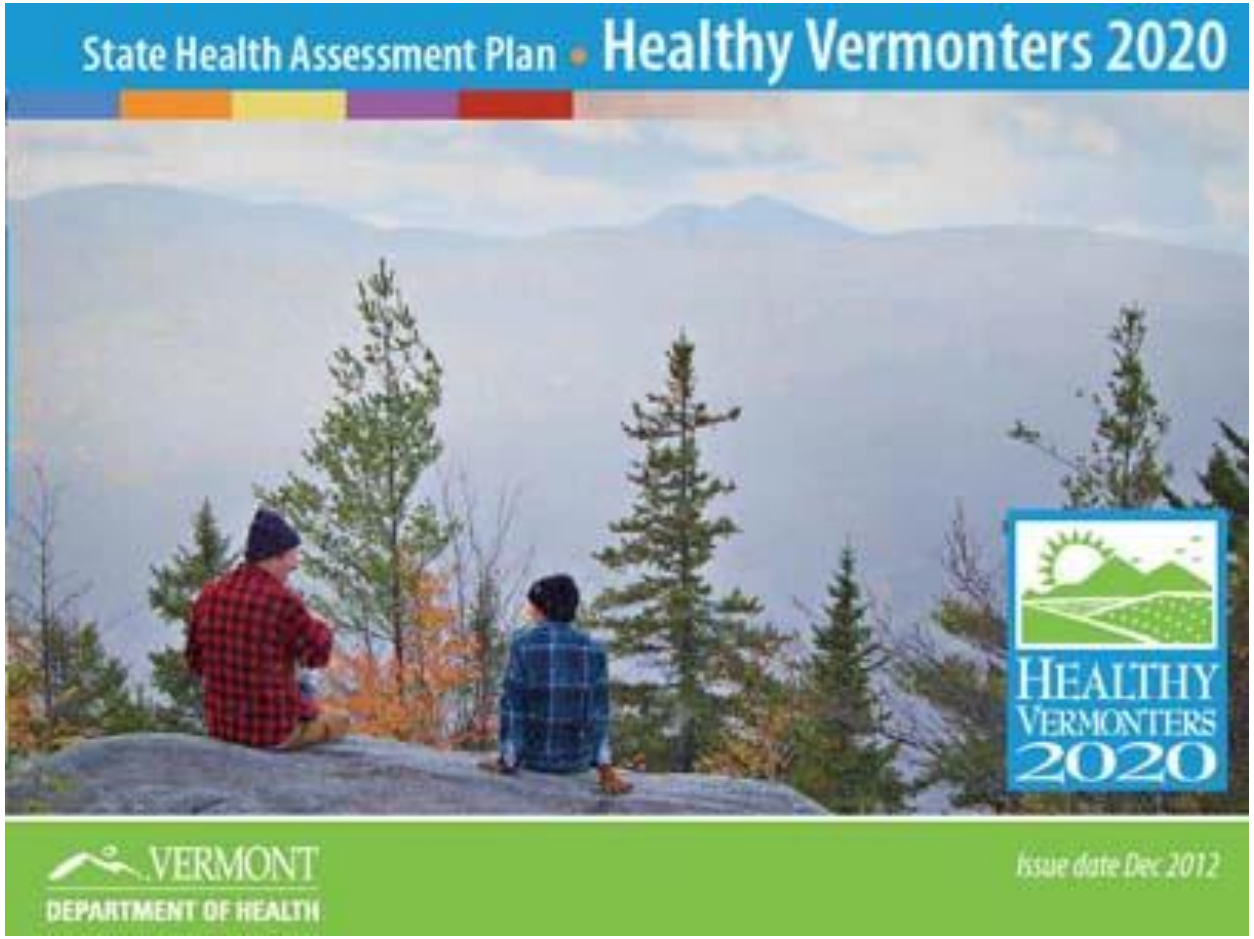
- **Business Office** – provides business management services to the department in accordance with Agency of Administration policies and procedures.
- **Information Technology** – provides reliable quality software that supports the diverse programs of the department.
- **Operations** – develops, coordinates, manages and facilitates the operational and business practices for the department.
- **Planning & Health Care Quality** – facilitates planning and integration of work in the department and with partners, to improve population health outcomes and systems.
- **Communication** – provides useful, accurate, credible and timely public health information and messages to Vermonters.

**Human Resources • Legal • Board of Medical Practice**

# Healthy Vermonters 2020

## Priorities & Goals

# Public Health Goals – 10 years




Vermont Department of Health

# Example: Obesity-related Goals

Nutrition & Weight

**INDICATORS/GOALS**

✪ statistically better than US ✘ statistically worse than US

**Reduce % of adults age 20+ who are obese**
(as measured by BMI *)

| | |
|---|---|
| 2020 Goal | 20% |
| VT 2010 | 25% ✪ |
| US 2010 | 28% |

**Reduce % of children and youth who are obese**
(as measured by age-specific BMI *)

- children age 2-5 * *

| | |
|---|---|
| 2020 Goal | 10% |
| VT 2010 | 12% |
| US data not comparable | |

- youth grades 9-12

| | |
|---|---|
| 2020 Goal | 8% |
| VT 2011 | 10% |
| US 2011 | 13% |

**Reduce % of households with food insecurity**

| | |
|---|---|
| 2020 Goal | 5% |
| VT 2006 | 8% |
| US data not comparable | |

**Increase % of people who eat 2+ servings of fruit/day**

- youth grades 9-12

| | |
|---|---|
| 2020 Goal | 40% |
| VT 2011 | 36% |
| US 2011 | 34% |

- adults age 18+

| | |
|---|---|
| 2020 Goal | 45% |
| VT 2009 | 38% ✪ |
| US 2009 | 32% |

**Increase % of people who eat 3+ servings of vegetables/day**

- youth grades 9-12

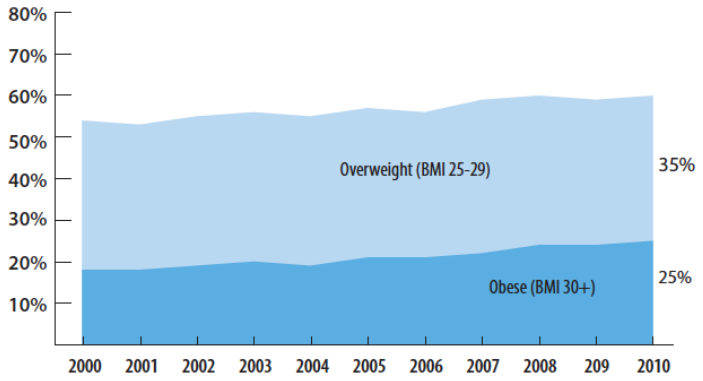
| | |
|---|---|
| 2020 Goal | 20% |
| VT 2011 | 17% |
| US 2011 | 15% |

- adults age 18+

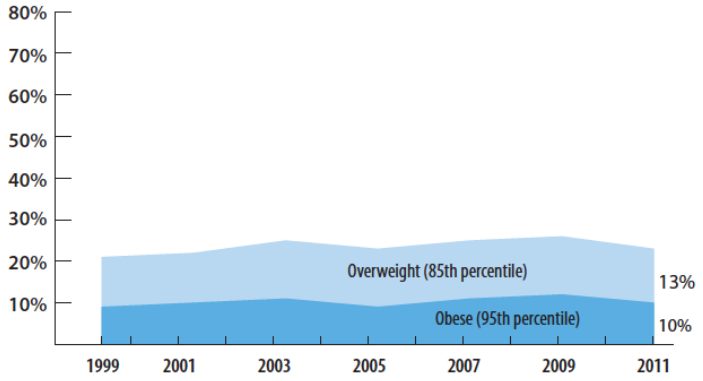
| | |
|---|---|
| 2020 Goal | 35% |
| VT 2009 | 30% ✪ |
| US 2009 | 26% |



**Prevalence of Overweight & Obesity in Adults**
% of adults age 20+

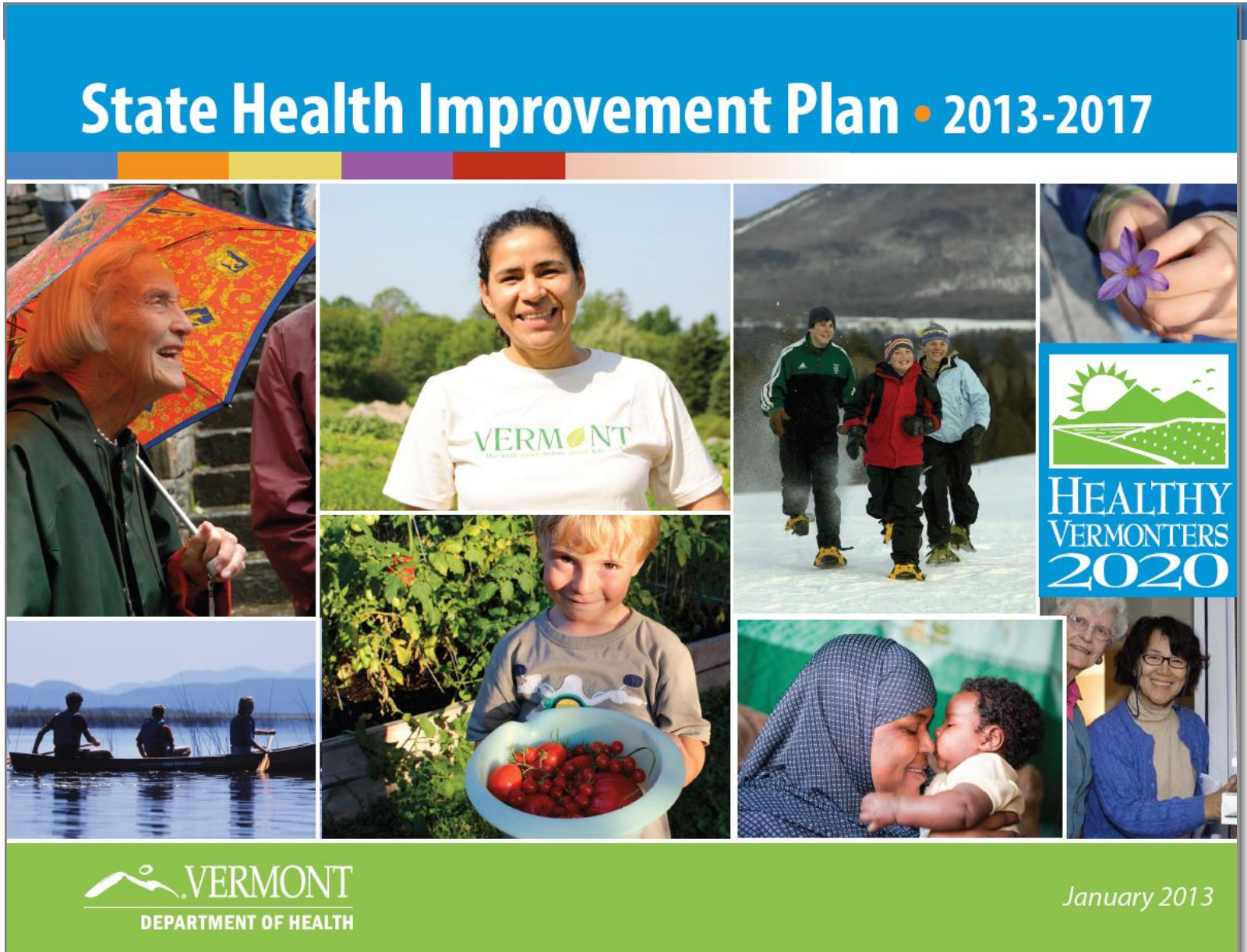



**Prevalence of Overweight & Obesity in Youth**
% of youth in grades 9–12




* *To calculate Body Mass Index (BMI) for adults: go to healthvermont.gov, then select Fit & Healthy Vermonters.* * * *among children enrolled in WIC*

# Public Health Priorities – 5 years



# Prioritizing: State Health Improvement Plan

- **GOAL 1:**

  Reduce prevalence of chronic disease

  (smoking & obesity = nutrition, physical activity)

- **GOAL 2:**

  Reduce prevalence of individuals with, or at risk for, substance abuse and/or mental illness

  (alcohol, suicide)

- **GOAL 3:**

  Improve childhood immunization rates

# Monitoring Progress healthvermont.gov/hv2020



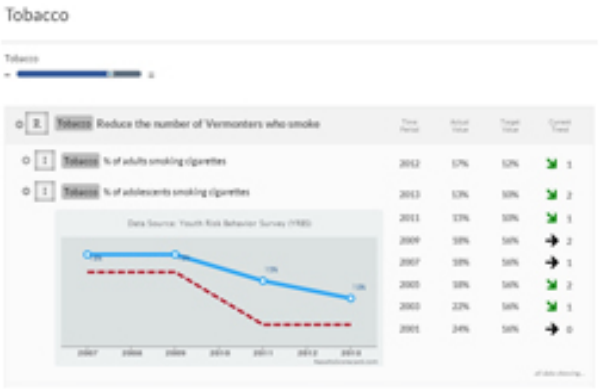
## *How Are We Doing:* The Healthy Vermonters Toolkit

The Health Department works to improve the health of Vermonters by regularly reporting on and applying data to make decisions.

**Use the Toolkit below to access the data and information that guide our efforts:**

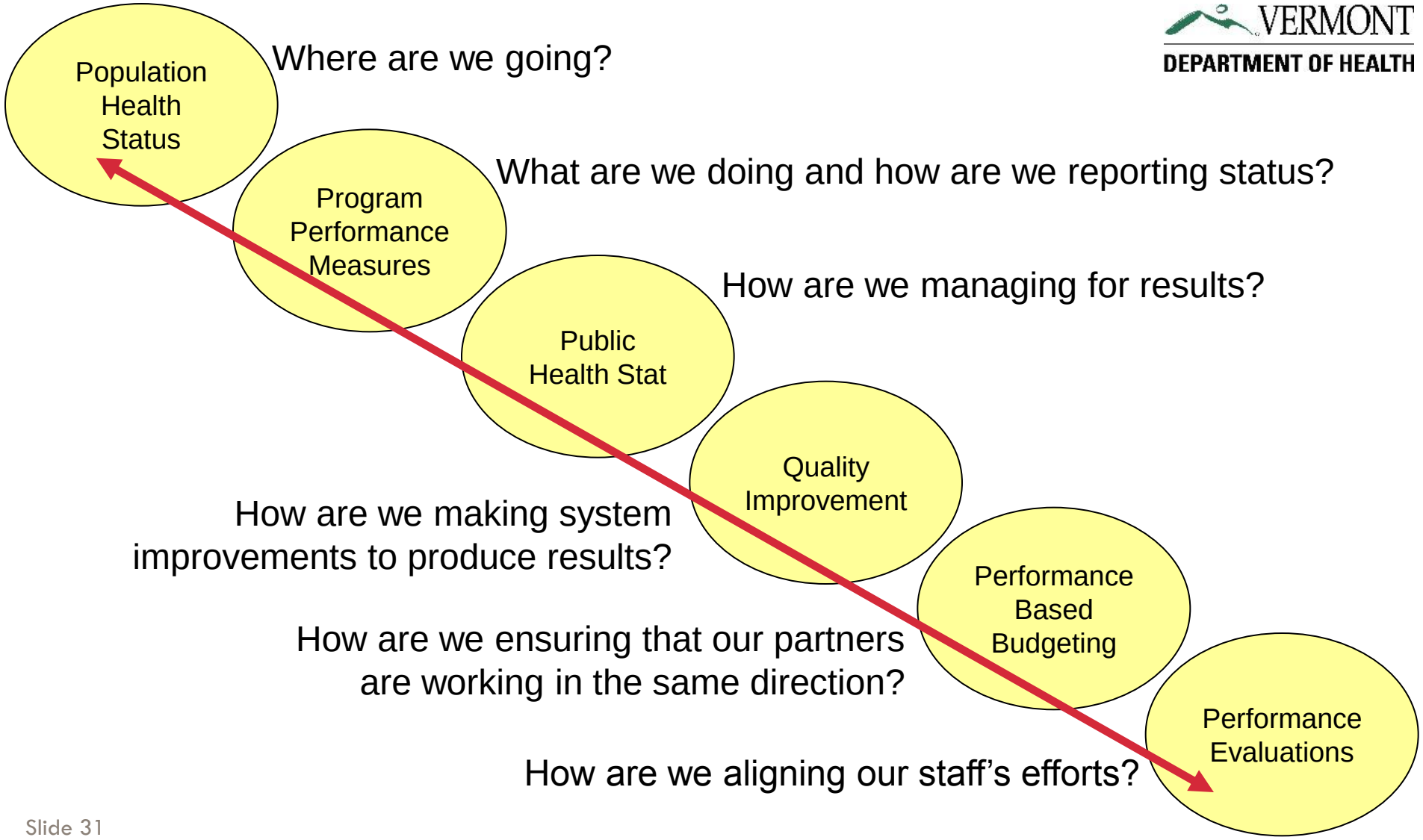
### Performance Dashboard

"How we are doing" - The Performance Dashboard is built on the concepts of *Results Based Accountability*™ and displays current information to show:




- **Population Indicators** (such as smoking prevalence) are measures for which the Health Department, with state government and community partners, share responsibility for making change. All Healthy Vermonters 2020 indicators are displayed.
- **Performance Measures** (such as the percentage of smokers registered with

# Performance Management Framework




VERMONT
DEPARTMENT OF HEALTH

# Framework Language

## DEFINITIONS
(Language Discipline)

**POPULATION ACCOUNTABILITY**

### RESULT/OUTCOME
A condition of well-being for children, adults, families or communities.
*Healthy children; Youth graduate on time; Families are economically stable.*

### INDICATOR
A measure which helps quantify the achievement of a result.
*Obesity rates; Graduation rates; Median family income.*

**PERFORMANCE ACCOUNTABILITY**

### STRATEGY
A coherent collection of actions often implemented as, programs, initiatives, systems, and services that have a reasonable chance of improving results.
*Let's Move, Promise Neighborhoods, CHOICE Neighborhoods, Voluntary Income Tax Assistance*

### PERFORMANCE MEASURE
A measure of how well a program, agency, service system or strategy is working.

*Three types:*
1. *How much did we do?*
2. *How well did we do it?*
3. *Is anyone better off?*

**= Customer Results**

Results-Based Accountability™

# Publicly Accessible Scorecards

**Click here**

**Healthy Vermonters 2020 is the home of Health Department Performance Scorecards**

http://healthvermont.gov

# HV2020 Toolkit

| Healthy Vermonters Toolkit | | |
|---|---|---|
| Statewide Population Indicators | Maps & Trends | Performance Dashboard |
| HV2020 Goal: *A Healthy Lifetime* | | |
| Family Planning | County District HSA | Dashboard |
| Maternal & Infant Health | County District HSA | Dashboard |
| Early Childhood Screening | County District HSA | Dashboard |
| School-age Health | County District HSA | Dashboard |
| Older Adults | County District HSA | Dashboard |
| HV2020 Goal: *Providing for Better Health* | | |
| Access to Health Services | County District HSA | Dashboard |
| Immunization & Infectious Disease | County District HSA | Dashboard |
| Oral Health | County District HSA | Dashboard |
| Mental Health | County District HSA | Dashboard |
| HV2020 Goal: *Behaviors, Environment & Health* | | |
| Alcohol & Other Drug Use | County District HSA | Dashboard |
| Tobacco Use | County District HSA | Dashboard |
| Nutrition & Weight | County District HSA | Dashboard |
| Physical Activity | County District HSA | Dashboard |

http://healthvermont.gov/hv2020/index.aspx#toolkit

| Priority Health Topics | |
|---|---|
| Access to Health Services | Maternal & Infant Health |
| Arthritis and Osteoporosis | Mental Health |
| Cancer | Nutrition & Weight Status |
| Childhood Screening | Older Adults |
| Diabetes & CKD | Oral Health |
| Environmental Health | Physical Activity |
| Family Planning | Preparedness |
| Heart Disease & Stroke | Respiratory Diseases |
| HIV & STD | School Age Health |
| Immunization & ID | Substance Abuse |
| Injury & Violence Prevention | Tobacco Use |

| | | | Time Period | Actual Value | Target Value |
|---|---|---|---|---|---|
| O | Tobacco | Reduce the number of Vermonters who smoke | | | |
| I | Tobacco | % of adults smoking cigarettes | 2013 | 18% | 12% |
| I | Tobacco | % of adolescents in grades 9-12 smoking cigarettes | 2013 | 13% | 10% |
| I | Tobacco | % of adult smokers who attempted to quit in the last year | 2013 | 56% | 80% |
| I | Tobacco | # of statewide laws on smoke-free indoor air to prohibit smoking in public places | 2014 | 10 | 12 |

| | | | Time Period | Actual Value | Target Value |
|---|---|---|---|---|---|
| P | Tobacco | Tobacco | | | |
| PM | Tobacco | # of registrants to the Quitline (Quit by Phone) | Sep 2014 | 93 | 250 |
| PM | Tobacco | # of registrants to Quit Online | Sep 2014 | 134 | 250 |
| PM | Tobacco | Promotional reach of the Quitline | Q3 2014 | 2.3% | 8.0% |
| PM | MCH | % of pregnant smokers seen by WIC who are referred to the 802Quits Network | Q3 2014 | 34% | 100% |
| PM | Tobacco | % of Medicaid registrants of total Quitline and Quit-Online registrants | Sep 2014 | 21% | 25% |
| PM | Tobacco | # of CPT reimbursement codes used by Medicaid providers for tobacco cessation | Q2 2014 | 446 | 450 |
| PM | Tobacco | # of NRT orders from all arms of 802Quits (phone, web, in-person) | Sep 2014 | 287 | 435 |
| PM | Tobacco | % of Quitline callers who heard about the Quitline from a Health Professional | Q3 2014 | 29% | 35% |
| PM | Tobacco | Of Quitline callers who heard about the Quitline from a media source, % who heard about the Quitline from a TV commercial | Q3 2014 | 56% | 75% |
| PM | Tobacco | Of Quitline callers who heard about the Quitline from a media source, % who heard about the Quitline from the web | Q3 2014 | 28% | 25% |
| PM | Tobacco | Anti-tobacco media campaign intensity for low-income adults, in Gross Rating Points (GRP) per quarter | Q2 2014 | 1,584 | 1,200 |
| PM | Tobacco | % of youth coalitions that educate local or state decisionmakers on smoke free policy and retailer tobacco advertising restrictions | 2014 | 98% | 100% |
| PM | Tobacco | % of Community Coalitions participating in one technical assistance call per quarter that offers policy guidance and success/barrier sharing | Q3 2014 | 82% | 100% |
| PM | Tobacco | # of colleges with tobacco or smoke-free campus policies | 2014 | 2 | 1 |
| PM | Tobacco | # of local secondhand smoke ordinances introduced | Q3 2014 | 0 | 1 |

| HV2020 Outcome | Program Performance Measure |
|---|---|
| **Lower Adult Smoking Prevalence** | # of registrants to the Quitline (Quit by Phone) |
| | % of Medicaid registrants of total Quitline and Quit-Online registrants |
| | # of CPT reimbursement codes used by Medicaid providers fro tobacco cessation |
| | % of Quitline callers who heard about the Quitline from a health professional |
| **Lower Youth Smoking Prevalence** | # of registrants to Quit Online |
| | Promotional reach of the Quitline |
| | % of youth coalitions that educate local or state decision makers on smoke-free policy or retailer advertising restrictions. |
| **Increase Adult Quit Attempts** | % of pregnant smokers seen by WIC who are referred to the 802Quits Network |
| | # of NRT orders from all arms of 802Quits (phone, web, in-person) |
| | Anti-tobacco media campaign intensity for low-income adults, in Gross Rating Points (GRP) per quarter. |
| | Of Quitline callers who heard abou t the Quitline from a media source, % who heard about the Quitline from a TV commercial |
| **Increase statewide secondhand smoke policies** | % of Community Coalitions participating in one technical assistance call per quarter that offers policy guidance and success/barrier sharing |
| | # of local secondhand smoke ordinances introduced |
| | # of state-funded colleges with tobacco or smoke-free campus policies. |

# Using Performance Measures – Tobacco

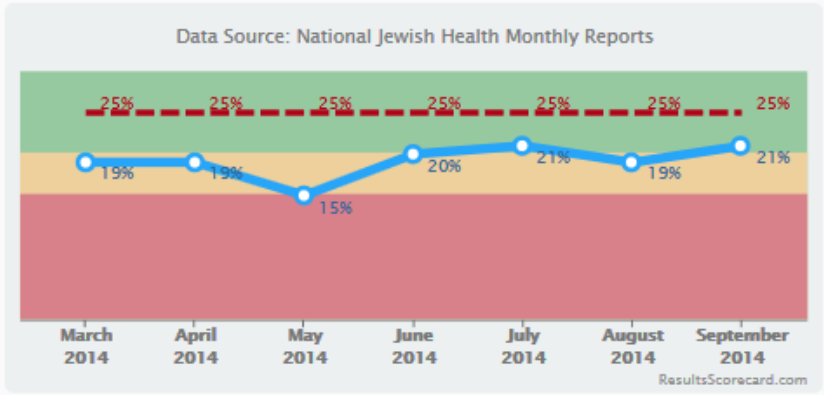
| Population Accountability | Program Accountability | |
|---|---|---|
| HV2020 Outcome | Program Performance Measure | |
| Lower Adult Smoking Prevalence | # of registrants to the Quitline (Quit by Phone) | How Much? |
| | % of Medicaid registrants of total Quitline and Quit-Online registrants | How Well? |
| | # of CPT reimbursement codes used by Medicaid providers for tobacco cessation | How Much? |
| | % of Quitline callers who heard about the Quitline from a health professional | How Well? |

**One measure alone will not help us manage the program but together this data helps guide management decisions about appropriate strategies.**

# Data & narrative context

**Click + here**

PM Tobacco % of Medicaid registrants of total Quitline and Quit-Online registrants




| | | | |
|---|---|---|---|
| Sep 2014 | 21% | 25% | 1 |
| Aug 2014 | 19% | 25% | 1 |
| Jul 2014 | 21% | 25% | 2 |
| Jun 2014 | 20% | 25% | 1 |
| May 2014 | 15% | 25% | 1 |
| Apr 2014 | 19% | 25% | 1 |
| Mar 2014 | 19% | 25% | 1 |
| Feb 2014 | 24% | 25% | 2 |
| Jan 2014 | 14% | 25% | 1 |
| Dec 2013 | 10% | 25% | 1 |

**Click the buttons for information on partners, strategies, and action plans**

Story Behind the Curve | Partners | What Works | Action Plan

More »

## Story Behind the Curve

*Last Updated: December 2015*

*Author: Tobacco Control Program, Vermont Department of Health*

The curve represents the percent of Quitline and Quit Online registrants who are Medicaid recipients.It shows that the percent of Medicaid registrants to the Quitline and Quit Online services has been gradually increasing over the past two years.As a disparate population, the Vermont Tobacco Control Program (VTCP) has aimed to increase the percent of Medicaid registrants utilizing 802Quits services.Through partnership with the Vermont Medicaid office, the program has worked to expand the NRT benefit offered through 802Quits so that 802Quits registrants on Medicaid receive the same free NRT benefit as other registrants in congruence with counseling. Providing NRT and counseling together doubles the chance of a smoker reaching quit success.

In comparing 2 time periods (1/13-10/13 to 1/14 to 10/14) there was a 116% increase in Medicaid registrants to the Quitline and

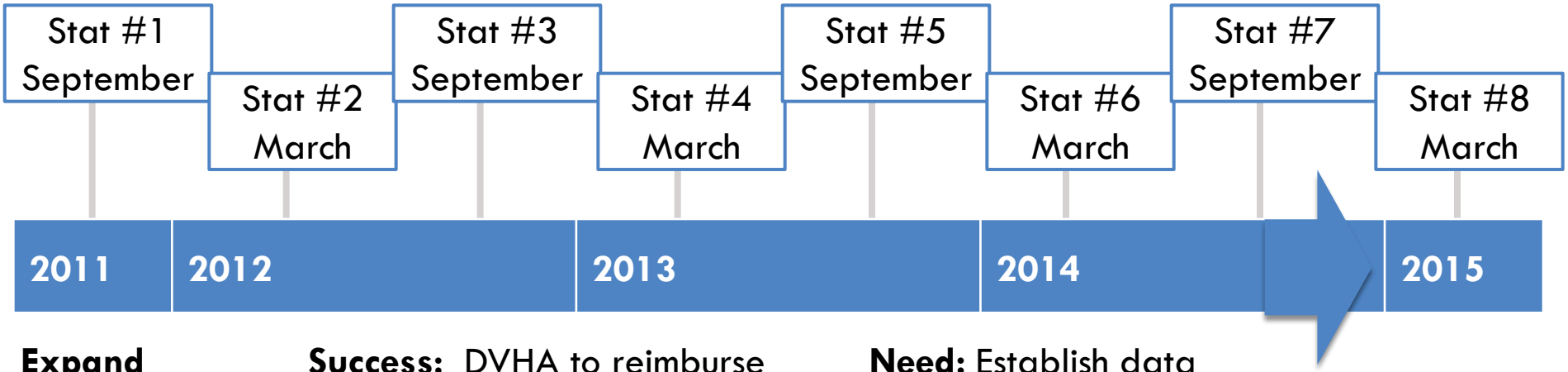
# Performance Accountability Wheel

# Public Health Stat

- Data driven management tool
- Programs present recommendations to Department leaders; recommendations focus on what it will take to really turn the curve for a health outcome
- Facilitated, transparent, and data driven discussion of all senior department leadership
  - Do we stay the course? Until when?
  - Do we realign resources? How?
  - Are there efficiencies to be gained through integration or coordination with other programs?

# Public Health Stat: Tobacco Timeline

## Relentless follow through every 6 months




**Expand comprehensive Medicaid coverage for Quitline**

**Next Step:** Reach out to DVHA

**Success:** DVHA to reimburse VDH for 2 weeks of NRT

**Success:** National Jewish selected as new cessation vendor; capacity to be Medicaid certified pharmacy

**Next Step:** Connect National Jewish and DVHA to proceed with certification

**Need:** Establish data sharing with DVHA

**Coordination:** VDH promotes Medicaid benefit to providers

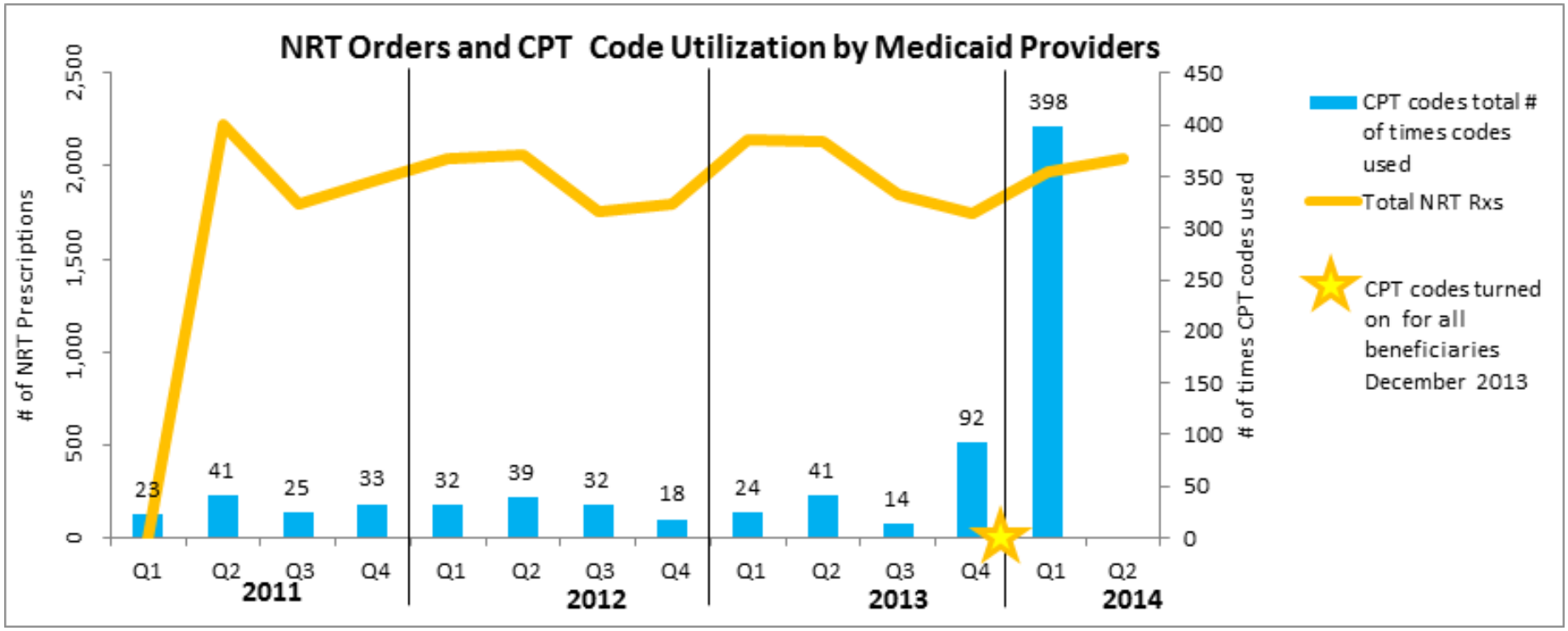
**Next Step:** Advocate for dual use NRT as Medicaid standard of care

**More Medicaid clients using Quitline and NRT**



**Forward movement on a priority body of work**

# Recommendation #1: CPT code use!



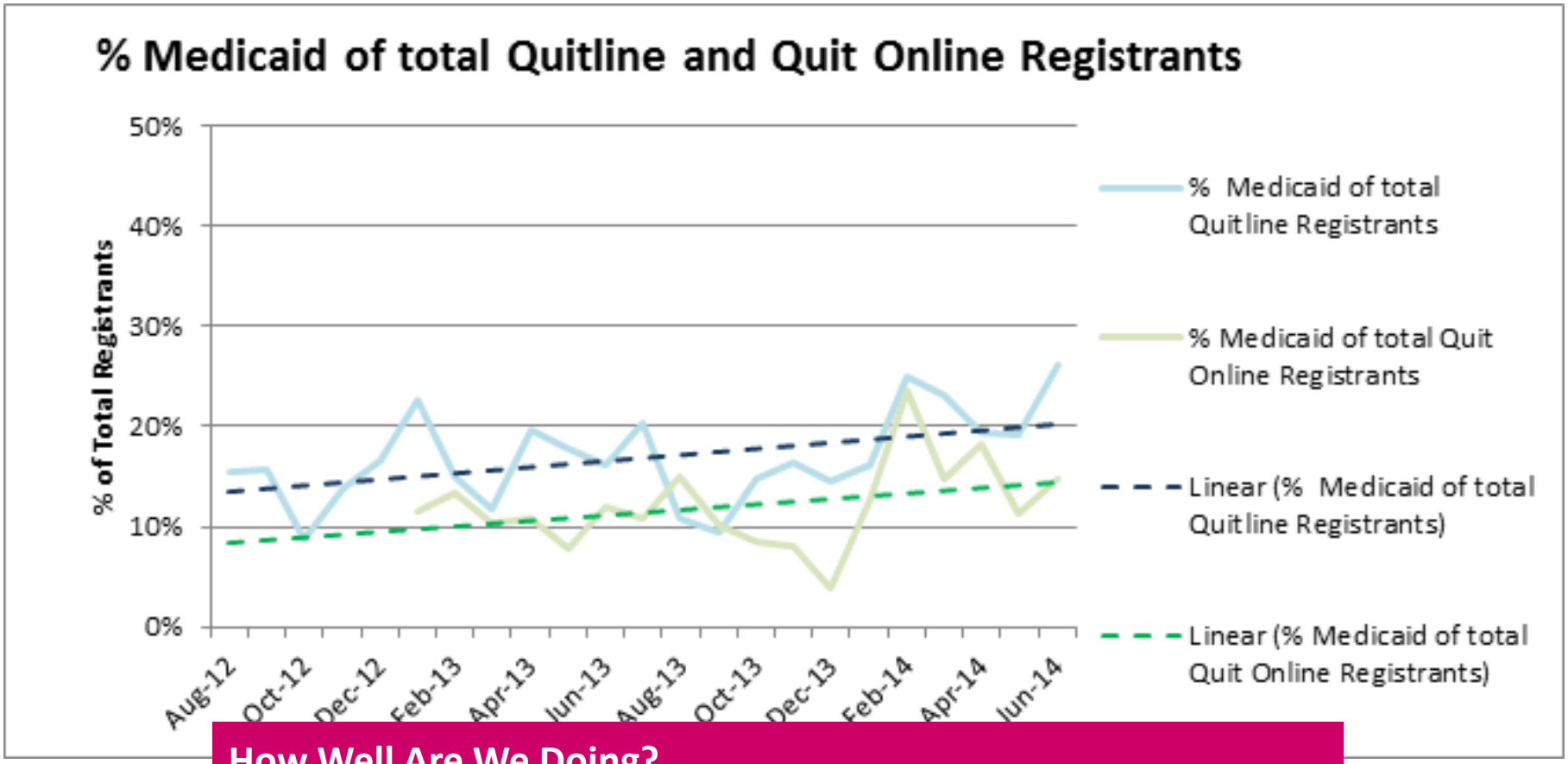

**Did the decision from Public Health Stat have an effect?**

Yes - there was a spike in CPT code utilization in the 1st Quarter of calendar year 2014 after the CPT codes were turned on for all beneficiaries in December 2013.



*Data Source: DVHA & National Jewish Health*

# Recommendation #1: Medicaid registrants



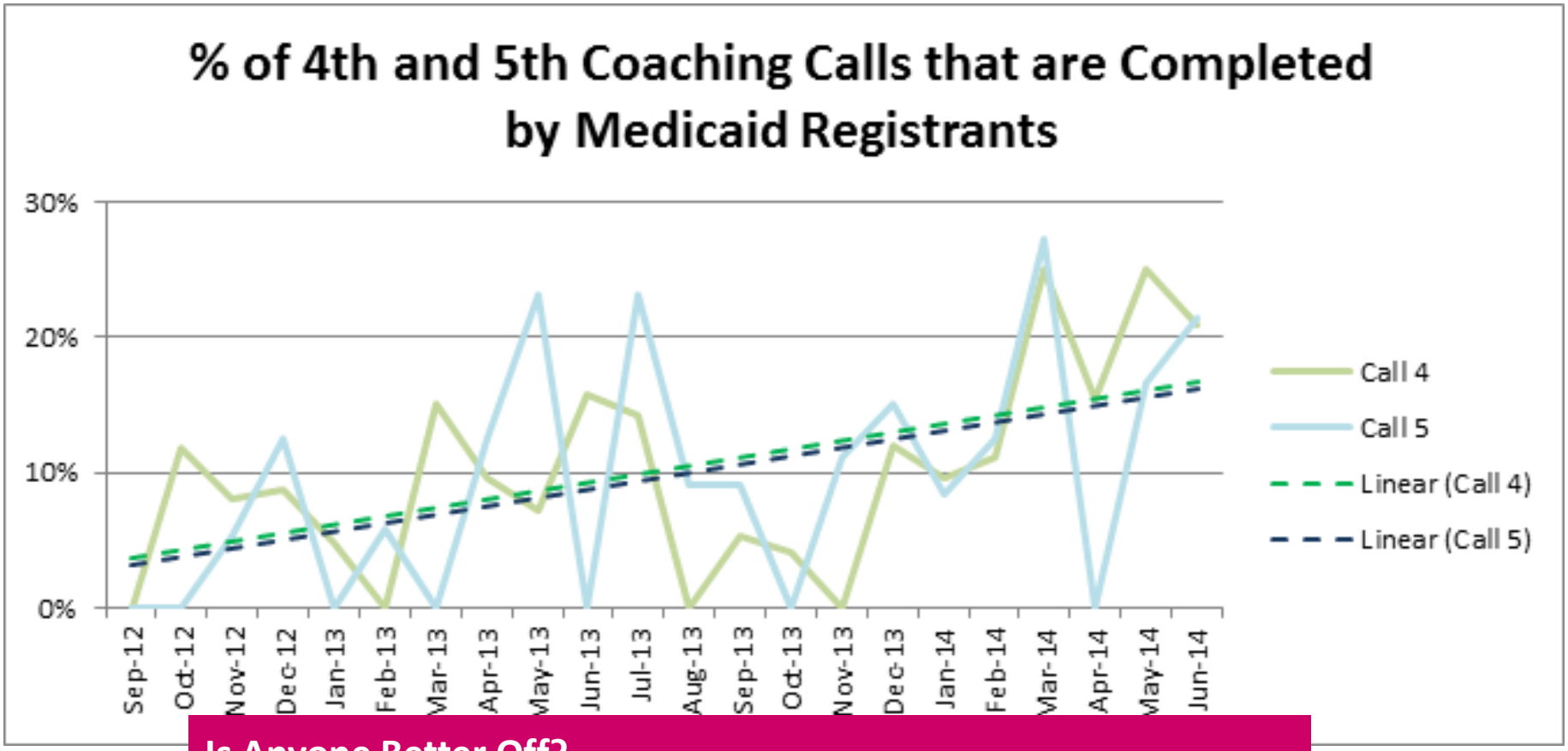

**How Well Are We Doing?**

The Tobacco Program is focused on Medicaid smokers – is that focus actually driving them to the Quitline - YES



*Data Source: DVHA & National Jewish Health*

# Rec. #1: Quitline fidelity among Medicaid




**Is Anyone Better Off?**

Completing 4 or more calls is recommended by the CDC and means a smoker is more likely to be successful in quitting



*Data Source: DVHA & National Jewish Health*

# Recommendation #1: Provider mailing

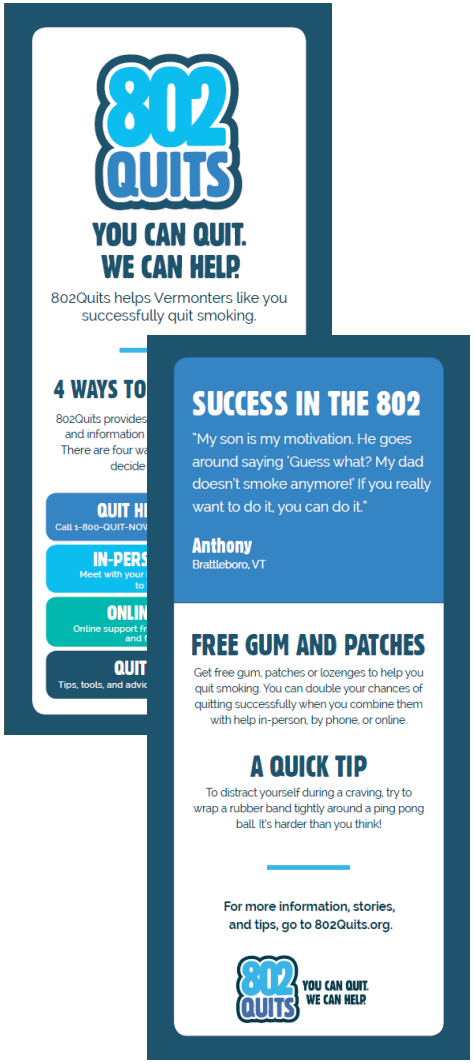
**Provider Mailing:**

Builds on fall 2013 mailing with letter from VDH and DVHA Commissioners.

**Will Include:**

- Cover letter from Dr. Chen announcing that individual and group codes are now available for use by providers treating tobacco addiction among Medicaid insured patients:
  - 99406 - Smoking and tobacco use cessation counseling visit; immediate greater than 3 minutes up to 10 minutes
  - 99407 - Smoking and tobacco use cessation

**The Tobacco Program needed Commissioner-level action to move this work forward. Public Health Stat provider the venue to make that ask.**

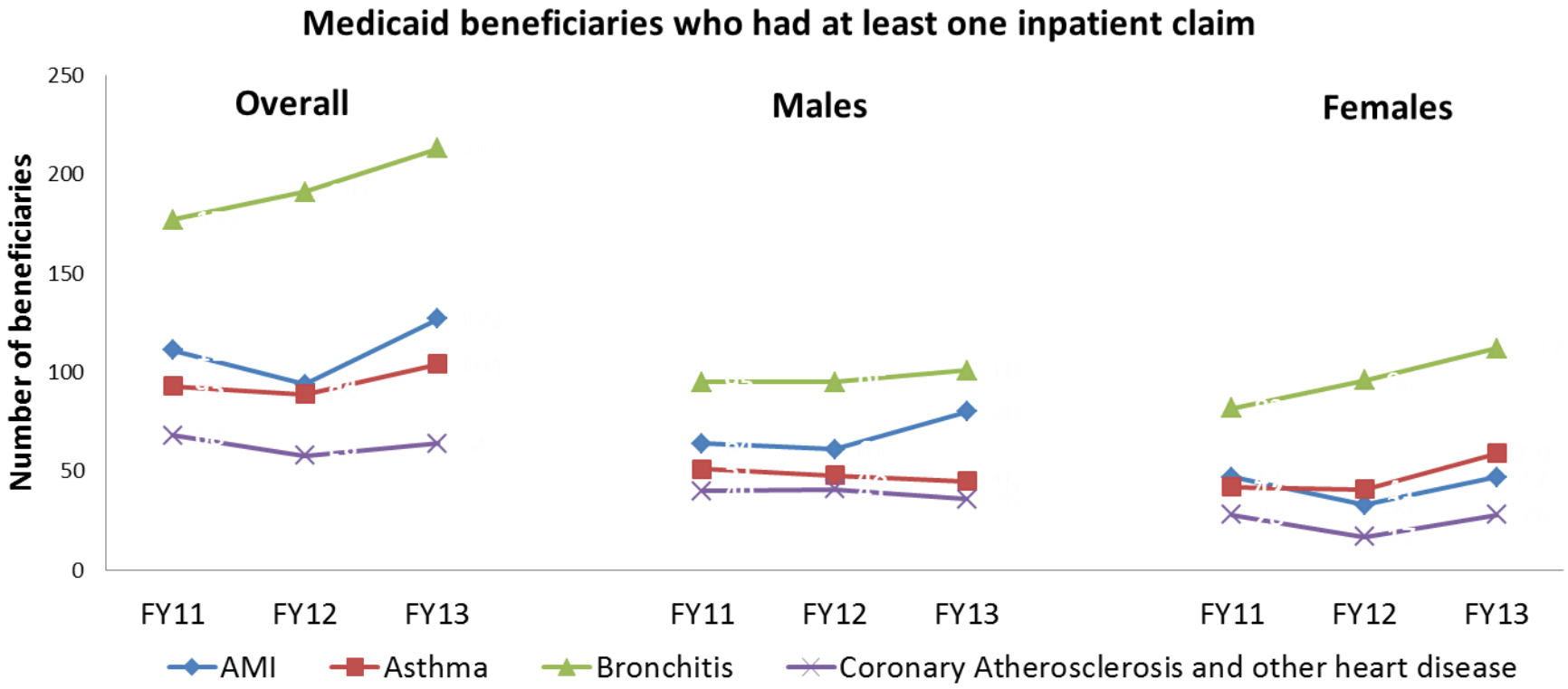


# Sustainable Funding: Cost Sharing

- CDC is requiring cost sharing in its tobacco-related grants
- Past work:
  - TCP - Blue Cross Blue Shield to reimburse for NRT use
    - Ended June 2014;
  - TCP - DVHA to reimburse 2 week direct ship of NRT
    - FY13; the cost of $23k was too small for $ transfer
- VDH has inquired with DVHA to consider contributing (FY16) to HMC promotion contract to accelerate cessation activity among beneficiaries

**Public Health Stat considers whether resources should be reallocated to facilitate the priority work.**

# Recommendation #1: Claims baseline




**Is Anyone Better Off?**

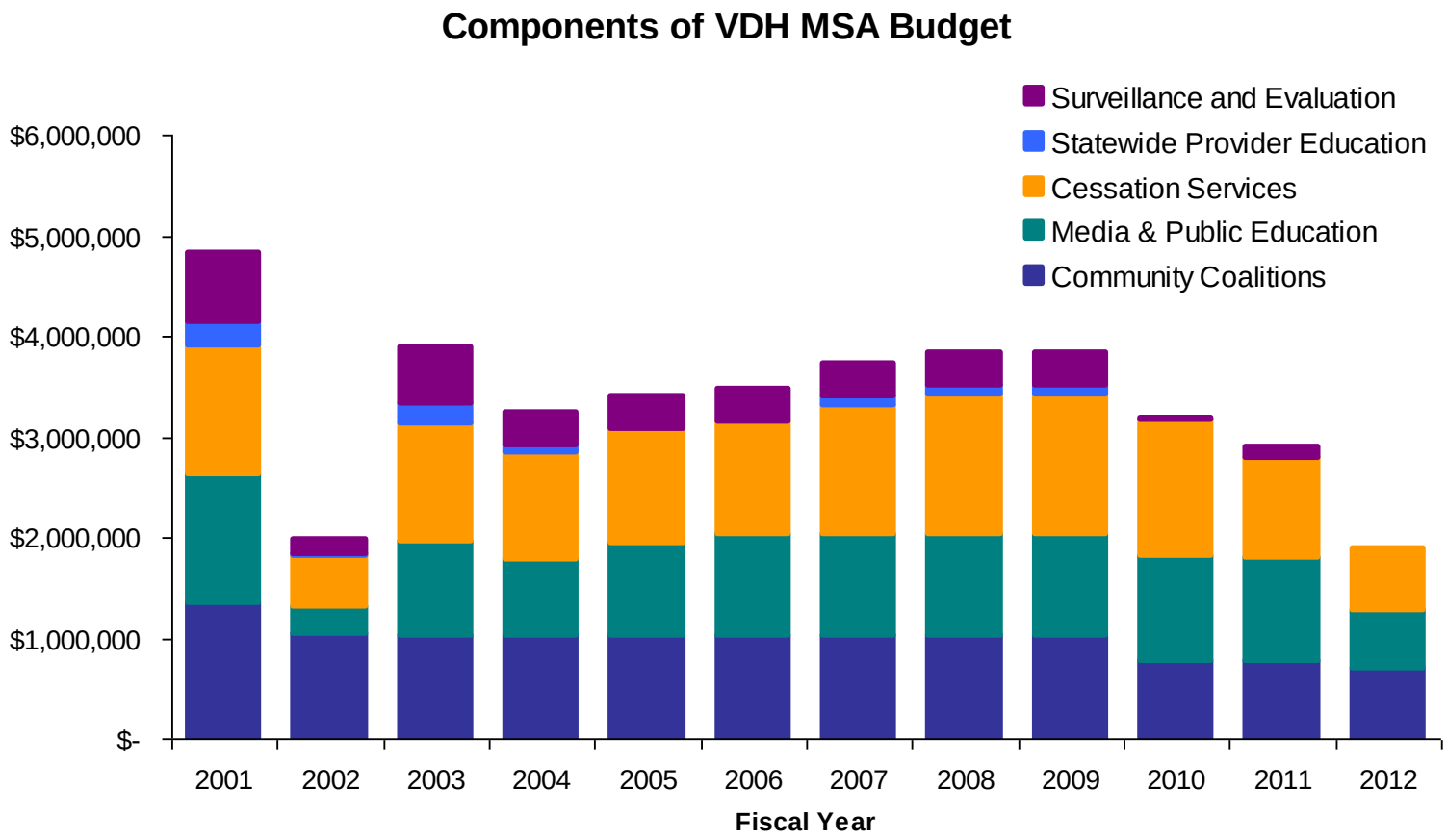
Between FY11 and FY13, the number of Medicaid beneficiaries who have had at least one claim for AMI, Asthma, Bronchitis or Coronary Atherosclerosis (CA) has remained relatively stable.



*Data Source: DVHA*

Example of data for resource discussion

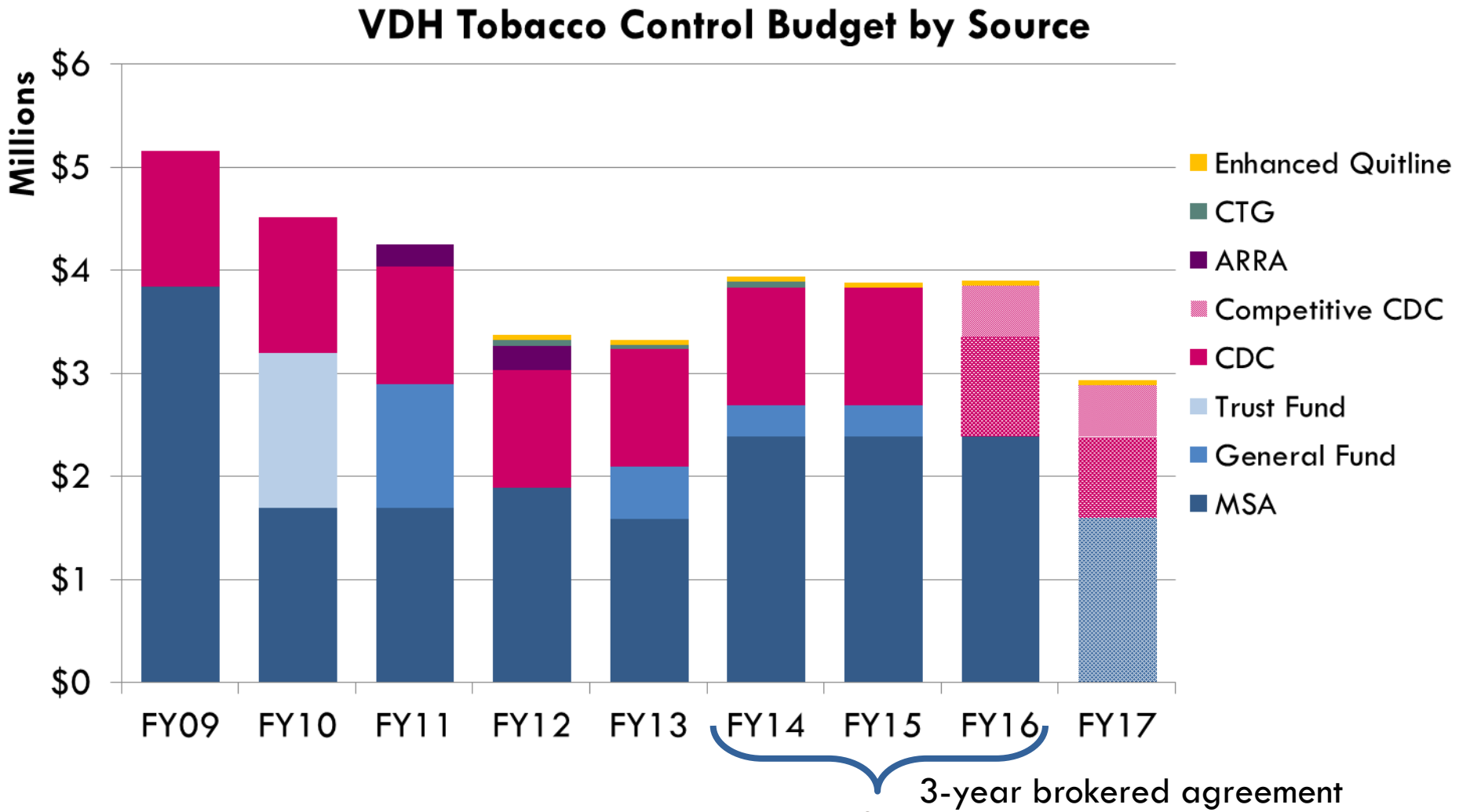
# Budget: VDH – Legislative Appropriations



**Example of data for resource discussion**

# VDH Budget

In addition to funding from the Legislature, the Tobacco Program also has several federal funding sources that have varied in the last few years





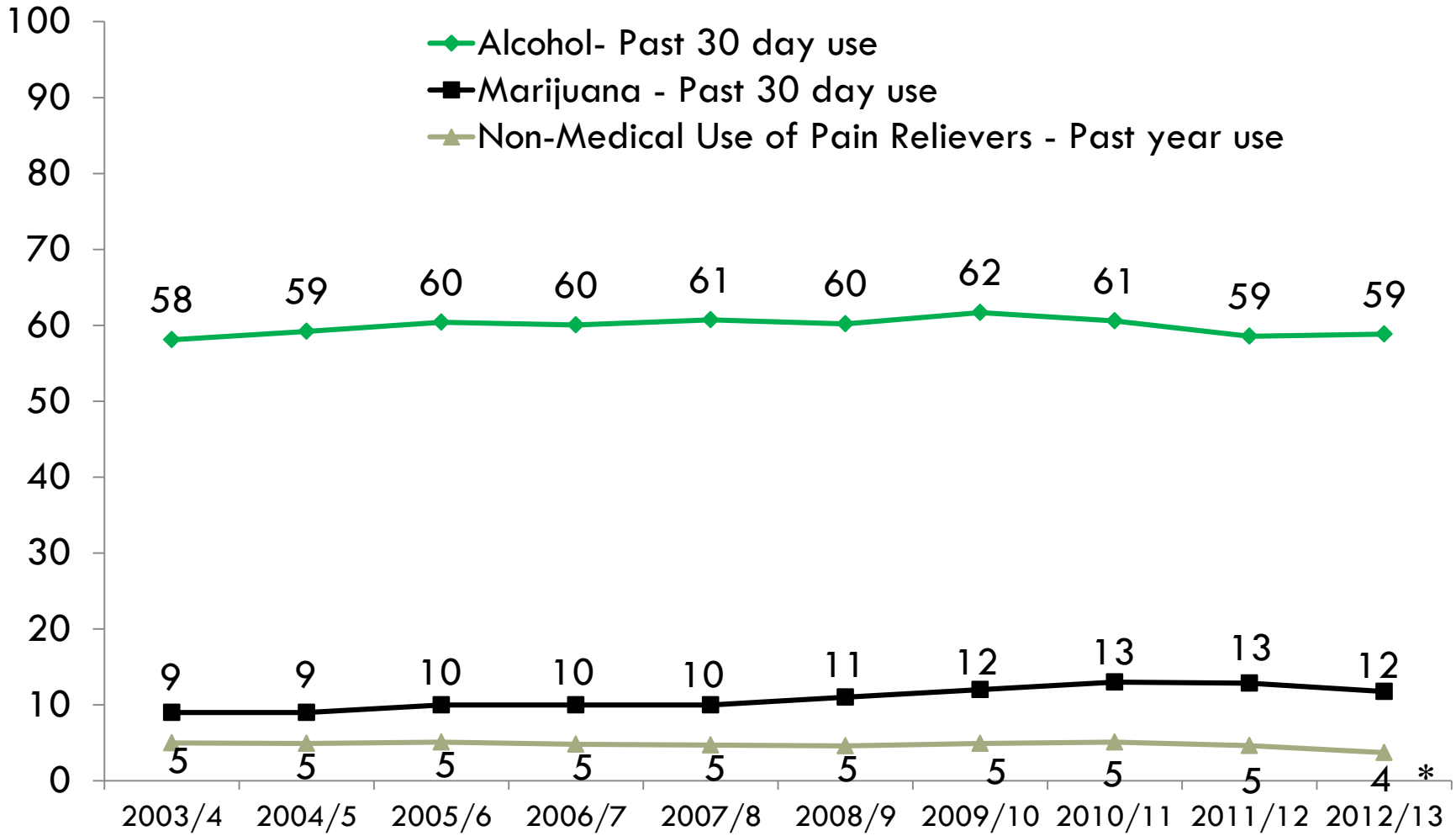

# Alcohol and Drug Abuse Programs Division

Barbara Cimaglio, Deputy Commissioner,
Alcohol and Drug Abuse Programs

VERMONT
DEPARTMENT OF HEALTH

February 4, 2015

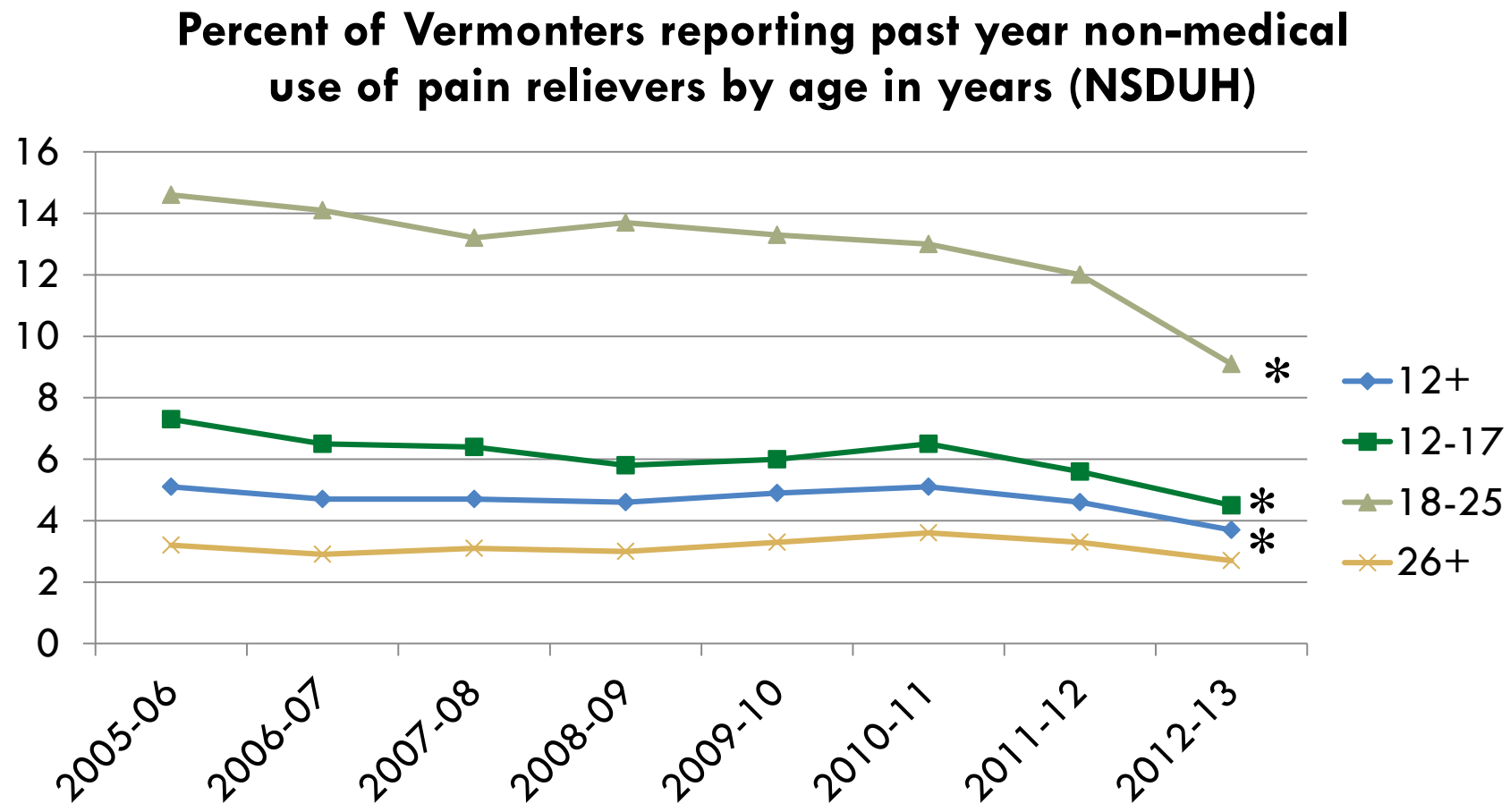
# Most Common Substances Used by Vermonters ages 12+ by Type of Substance




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

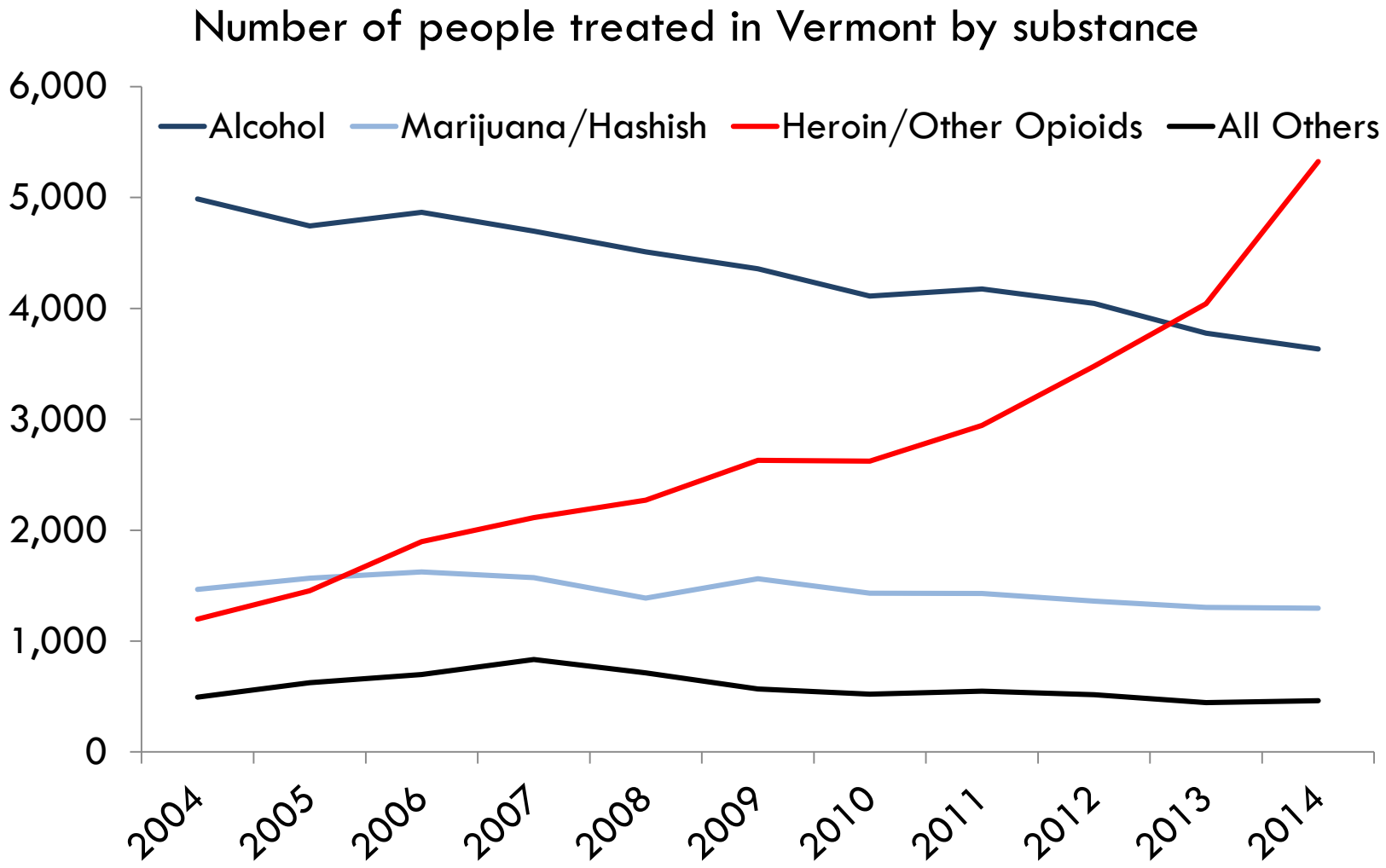
Source: National Survey on Drug Use and Health, 2003-2013

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




* Statistically significant reduction from 2011/2012

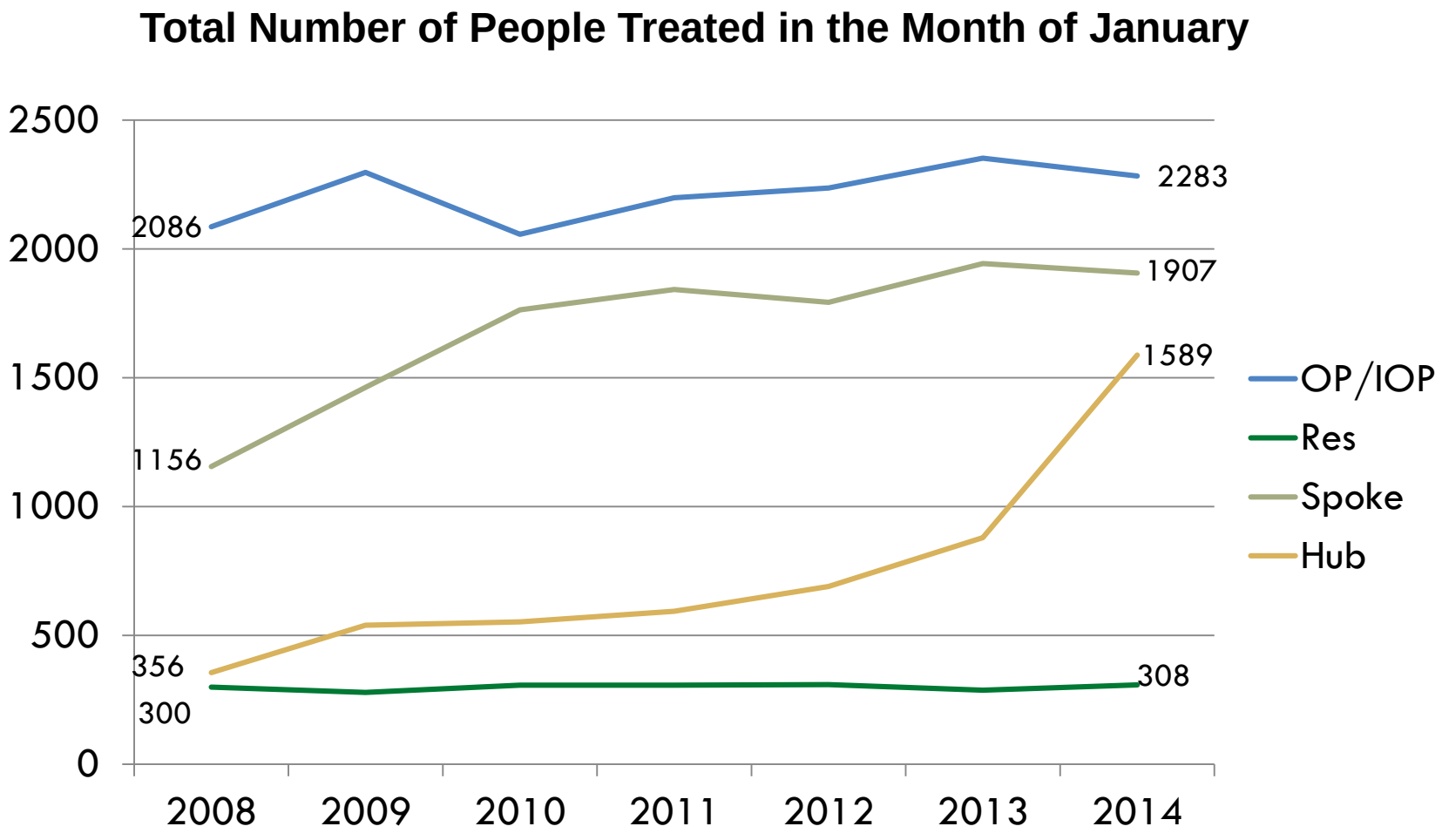
# The number of Vermonters treated for opioid addiction continues to increase






Source: Alcohol and Drug Abuse Treatment Programs

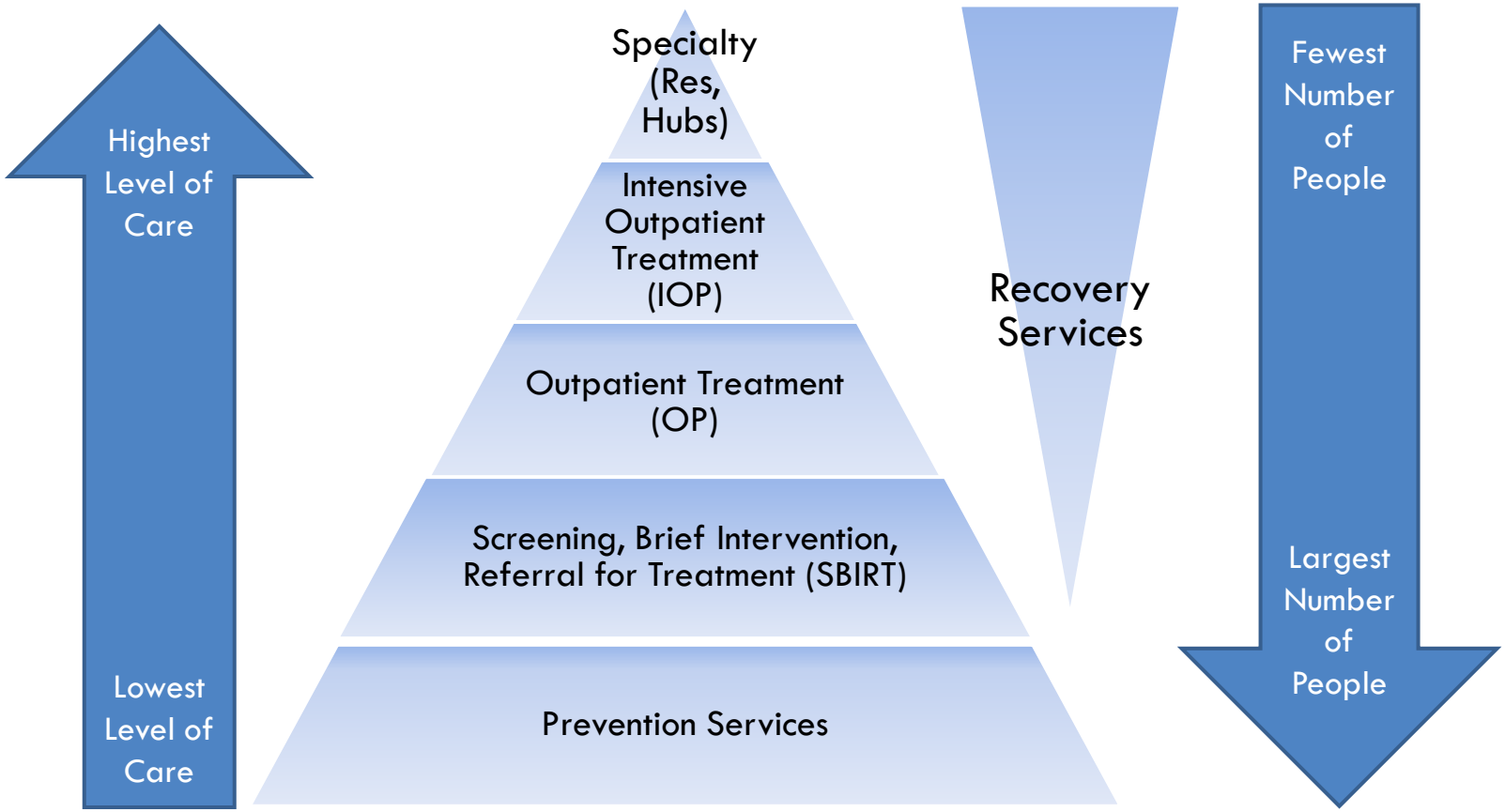
# Capacity - Number of people that can be treated per month by level of care




Data Source: SATIS and Medicaid Data (spoke data)

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

# Substance Abuse Continuum of Care



# Act 186 – Population Level Outcomes/Priorities

## Governor's Strategic Plan

- 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)

- **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

## Agency of Human Services Strategic Plan

**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

## Healthy Vermonters 2020

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

## 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)

# Prevention Capacity

- 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

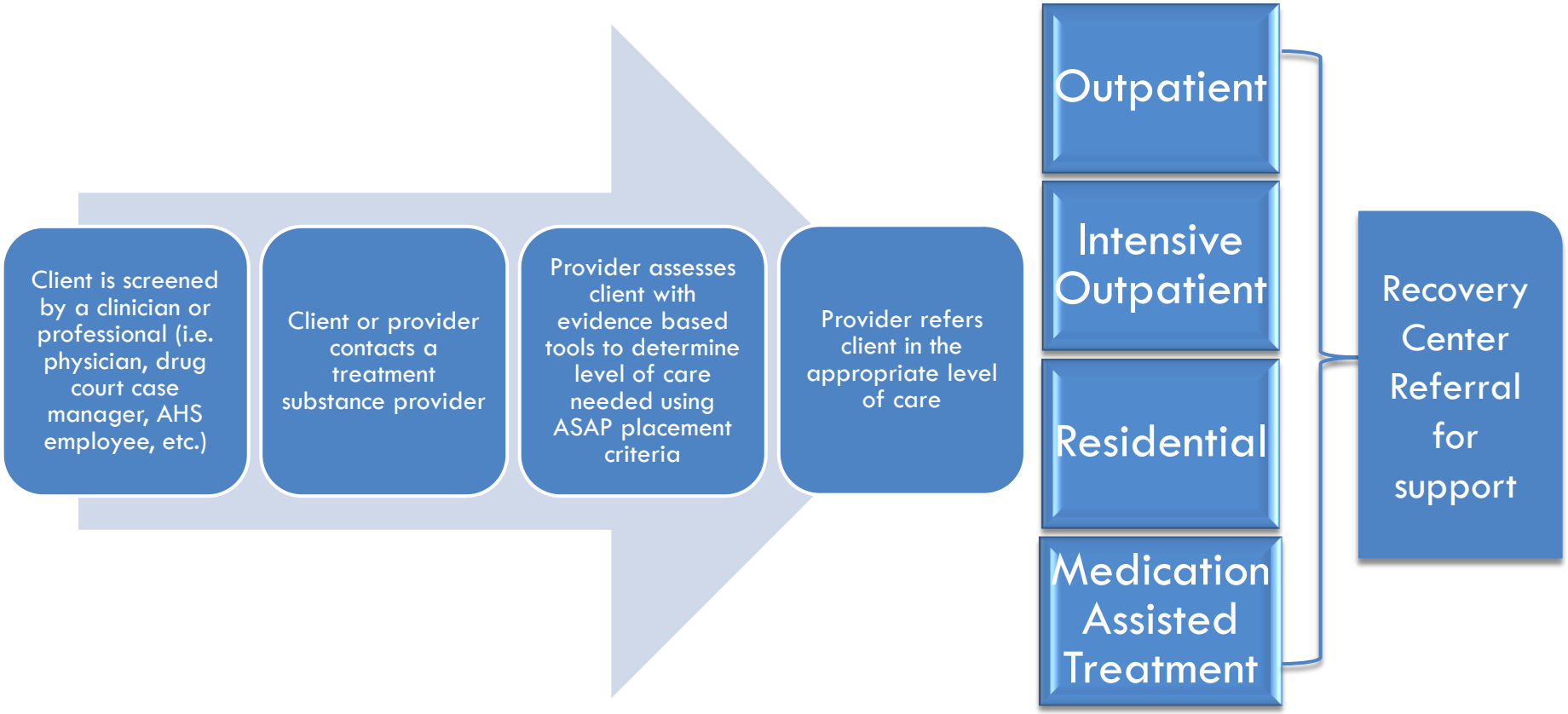
**Estimated cost per person for prevention services: $6**

# Intervention Capacity

- 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**

# Process for accessing treatment services in Vermont



# VDH/ADAP FY14 Expenditures by Level of Care

| Level of Care | Total Expenditures | Estimated People Served | Average Cost/ Person Served |
|---|---|---|---|
| Prevention | $2,859,504 | 494,600 | $6 |
| Intervention | $2,971,892 | 11,267 | $264 |
| Treatment* | $26,880,267 | 10,642 | $2,526 |
| Recovery | $1,746,553 | 1,979 | $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).

# Screening, Brief Intervention, Referral to Treatment (SBIRT)

A five year $9.9 million SAMHSA grant

**Screening:** Universal screening done in a medical setting to quickly assess use and severity of alcohol and illicit/prescription drugs use, misuse, and abuse

**Brief Intervention:** Brief motivational and awareness-raising intervention provided by medical sites to risky or problematic substance users

**Referral** to **Treatment:** Referrals to specialty treatment for patients whose use indicates a substance use disorder

## Goals

+ Ensure substance misuse screening and brief interventions are accessible for all adult Vermonters.
+ Fund initial training, staff, resources and technical assistance to implement SBIRT an 10 locations throughout Vermont.
+ Prepare to sustain SBIRT through changes to billing codes & health information technologies.
+ Screen 90,000 Vermonters over 5 years

**FY 2016 Participating Sites**

+ **Community Health Centers of Burlington**- *Burlington*
+ **Community Health Services of Lamoille Valley-** *Morrisville, Stowe*
+ **Central Vermont Medical Center**- *Berlin*
+ **UVM Student Health Center**- *Burlington*
+ **Northwestern Medical Center**- *St. Albans*
+ **Rutland Regional Medical Center**- *Rutland*
+ **Grace Cottage**- *Townshend*
+ **Good Neighbor Free Clinic-** *White River Junction*
+ **Rutland Free Clinic-** *Rutland*
+ **Bennington Free Clinic-** *Bennington*
+ **People's Health and Wellness Clinic-** *Barre*

# Treatment Capacity

- 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**

# The Vermont Youth Treatment Enhancement Program

A four year $3,800,000 grant by SAMHSA

**Components of Service Delivery:**

- Behavioral Health Clinical Assessment (the CASI)
- Use of two evidence based treatment practices (Seven Challenges and Seeking Safety)
- Effective/efficient linkage with additional recovery supports, as needed

**Evaluation of Impact of Treatment:**
3 months, 6 months, Discharge

**The Youth Service System Enhancement Council:**
To guide policy and other adolescent and young adult substance abuse treatment system enhancements

**Goals**

A) Support the adoption of evidence based substance abuse treatment practices for 12-24 year olds
B) Plan for and implement expanded use of the practices first in 2 pilot sites, then across Vermont
C) Facilitate the identification and implementation of policy changes needed to sustain use of practices
D) Report to and collaborate with the funder: SAMHSA

**Collaborations**

- AdCare Educational Institute of Maine (Grant Contractor to Support Grant Implementation)
- The Vermont Child Health Improvement Program (VCHIP) - grant evaluator)
- Washington County Youth Service Bureau and Centerpoint Adolescent Treatment Services (Pilot Sites for Evidence Based Treatment Practices)
- Eventually, All Vermont Youth Treatment Providers who become trained in the evidence based practices

# Recovery Capacity

- 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**

# Substance Abuse Treatment Coordination Workgroup (SATC)

- 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

# SATC Focus Areas

- **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.

# DCF Collaboration

- **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

# ADAP/DVHA Collaborations

- 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

# How are we doing?

# ADAP Tracks Measures on the VDH Healthy Vermonters Performance Dashboard

## ADAP Dashboard

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

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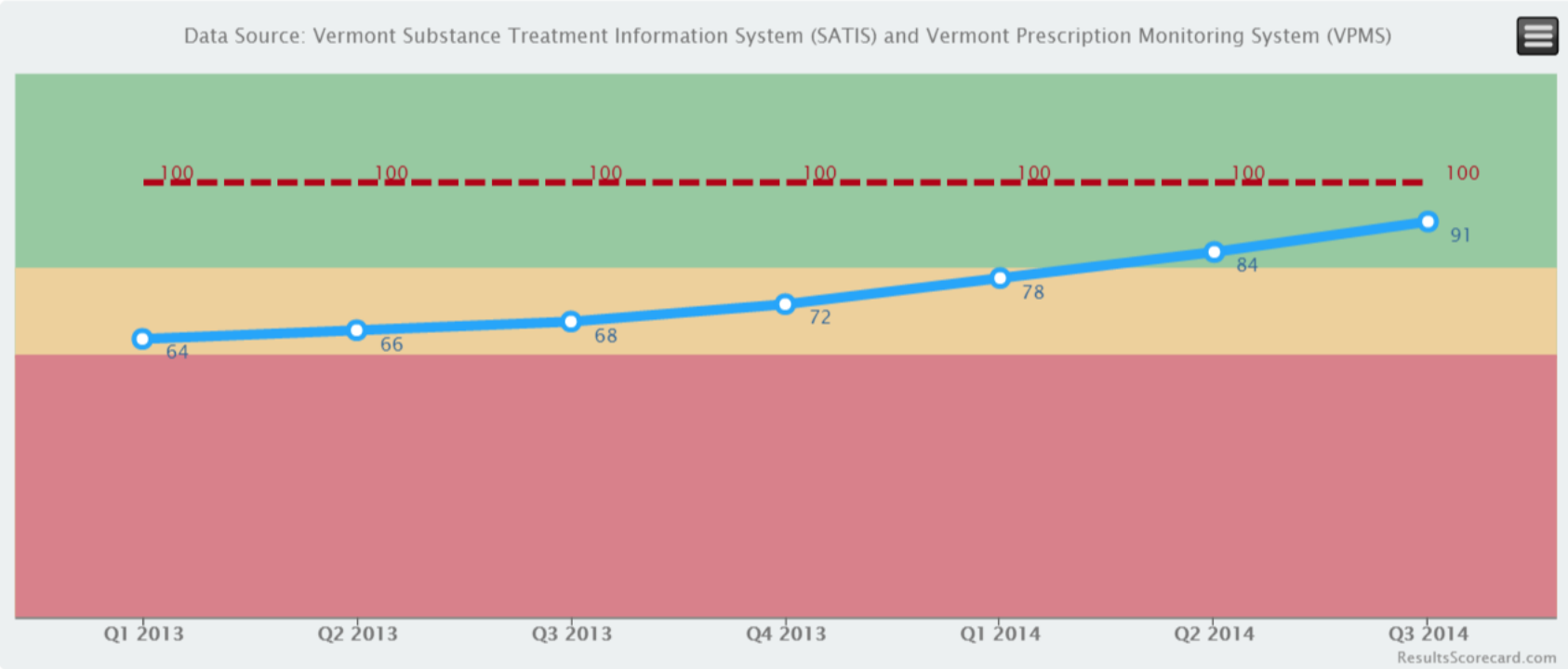
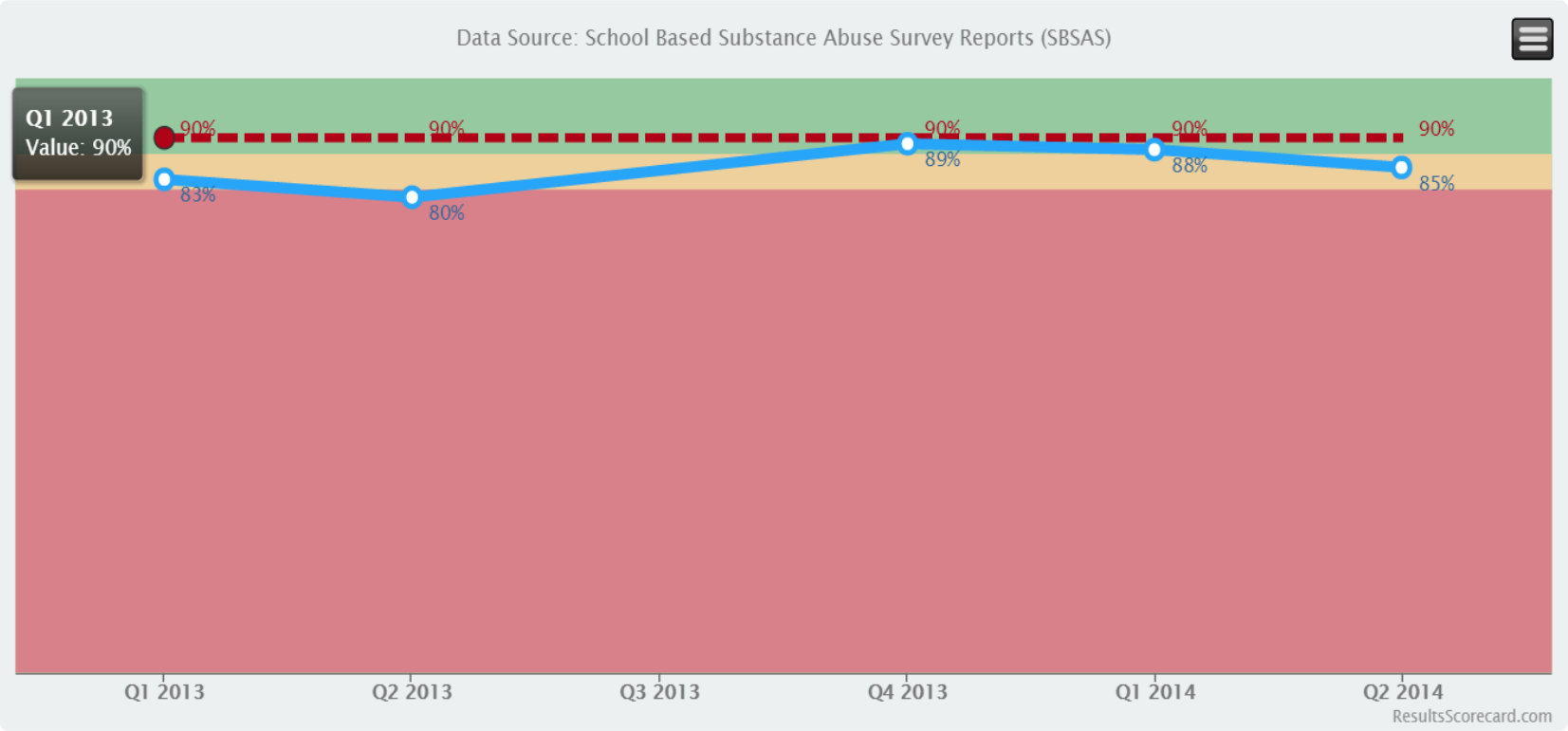
# Medication Assisted Treatment Utilization

- Are adults seeking help for opioid addiction receiving treatment?



# School Screening

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



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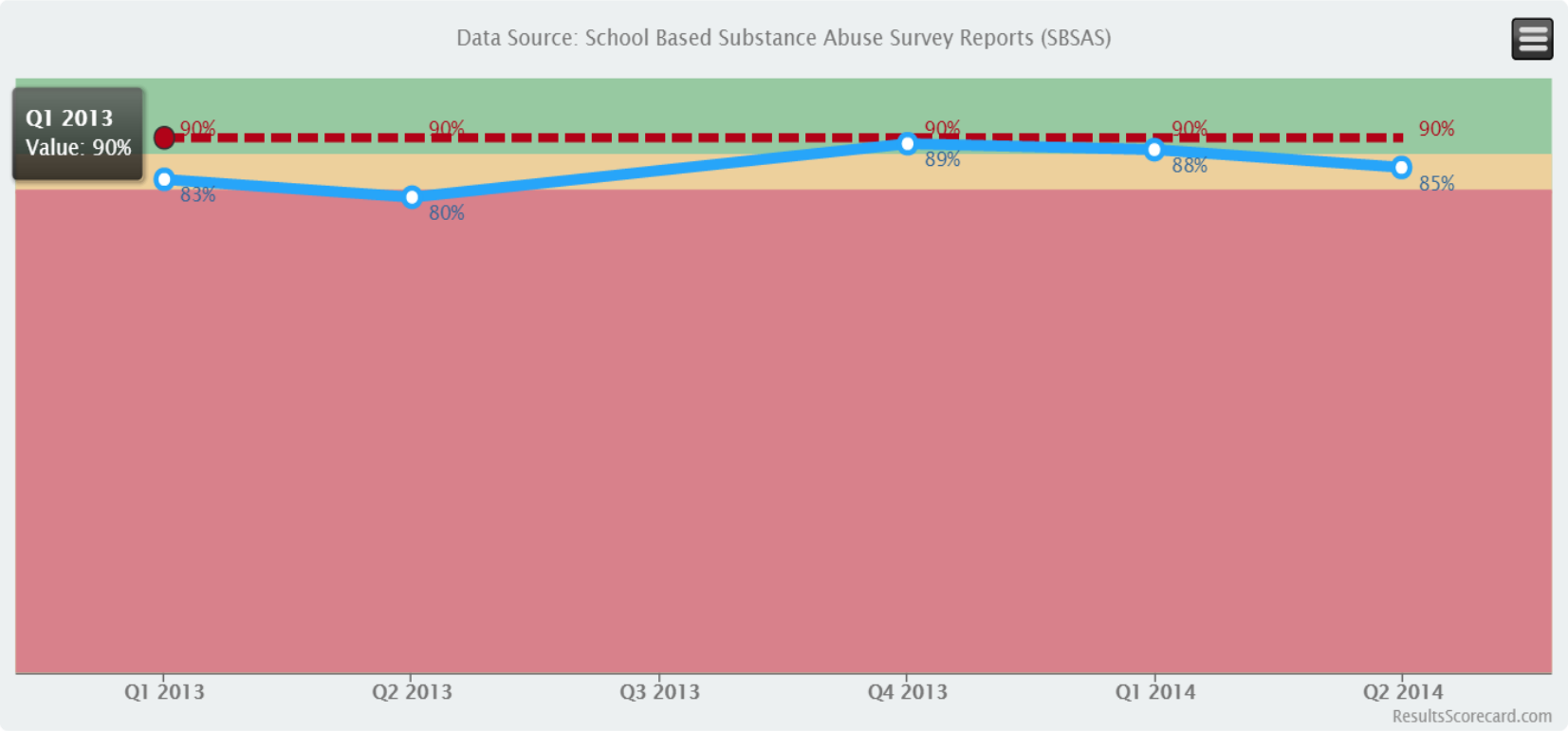

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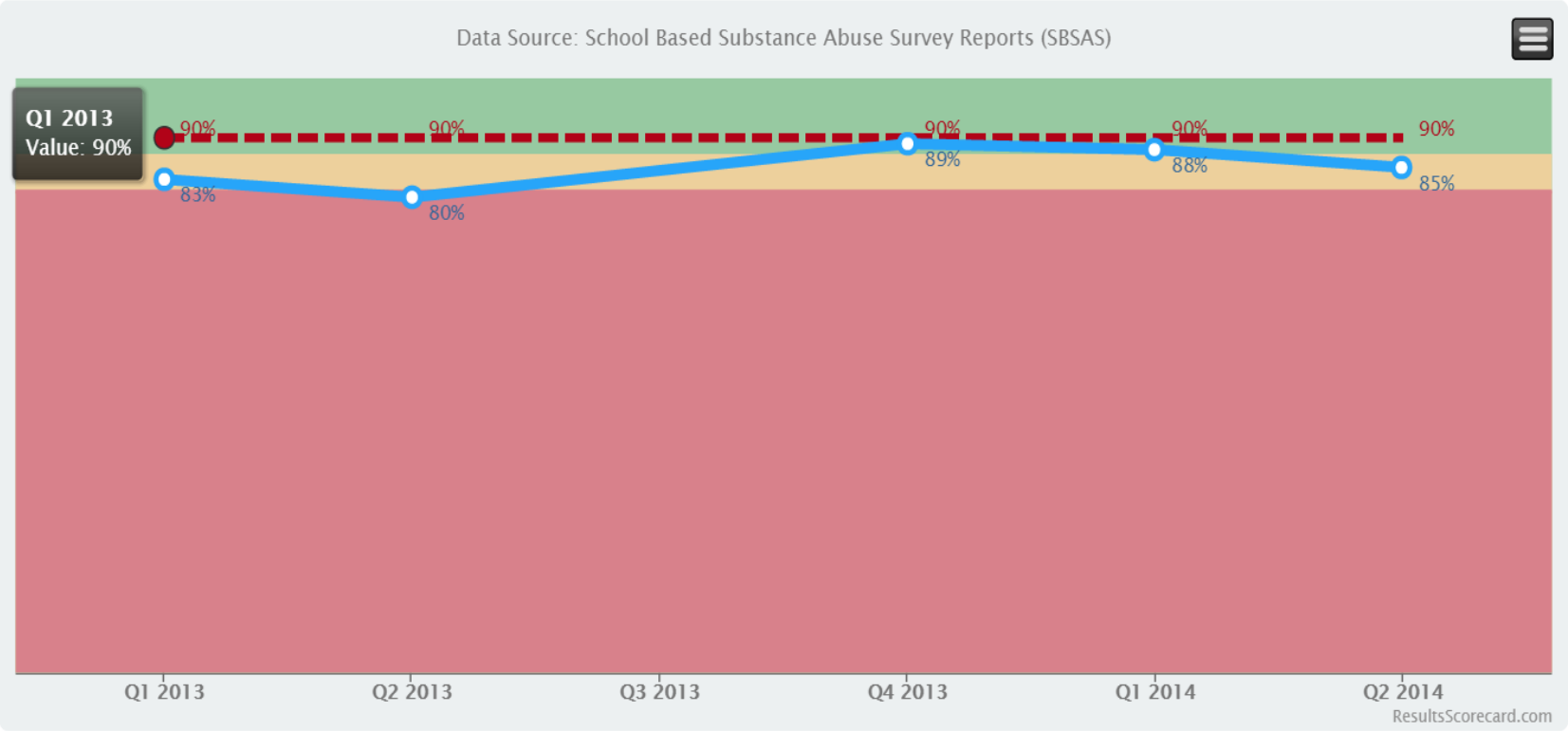
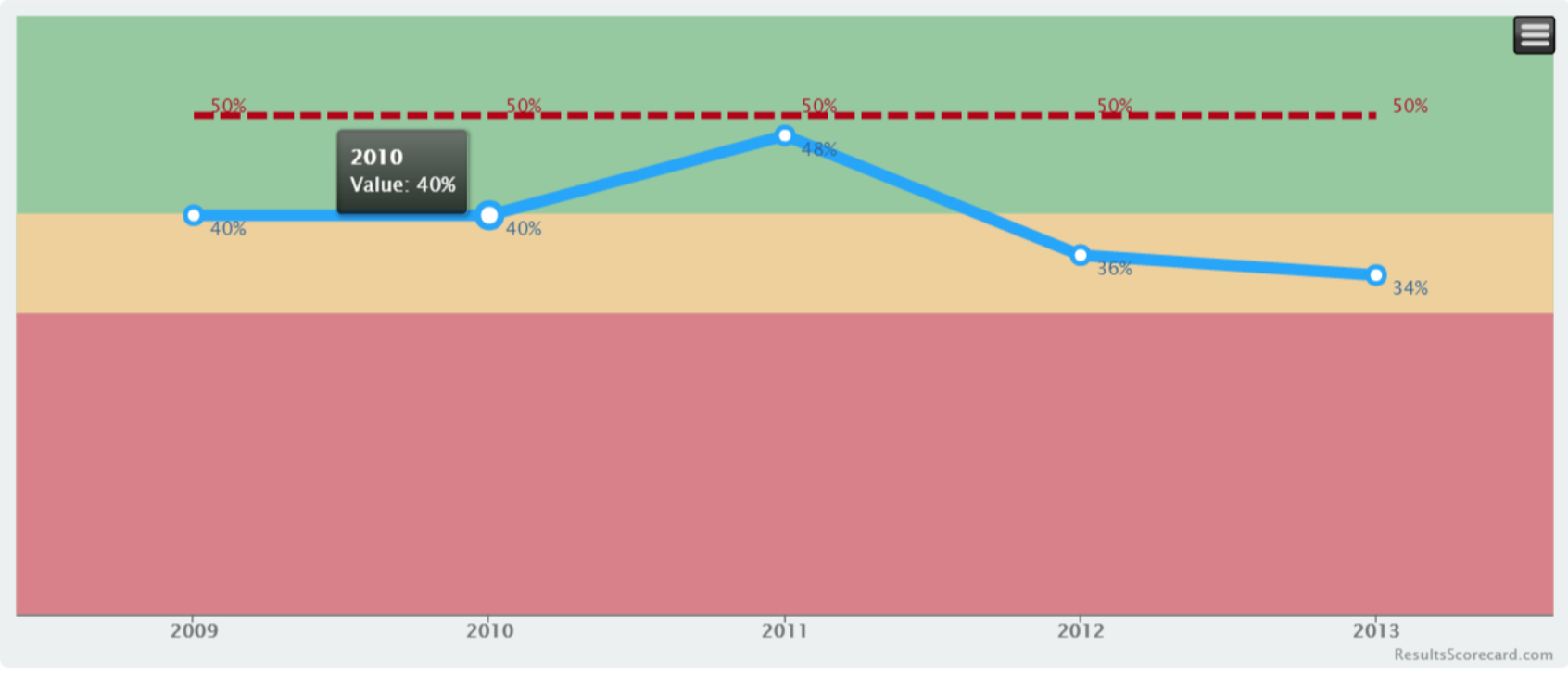


# Treatment Initiation

- Are youth and adults who need help starting treatment?



# Preliminary Findings from the DVHA Blueprint/VDH/On-Point MAT Evaluation

- 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 non-treatment related medical care costs

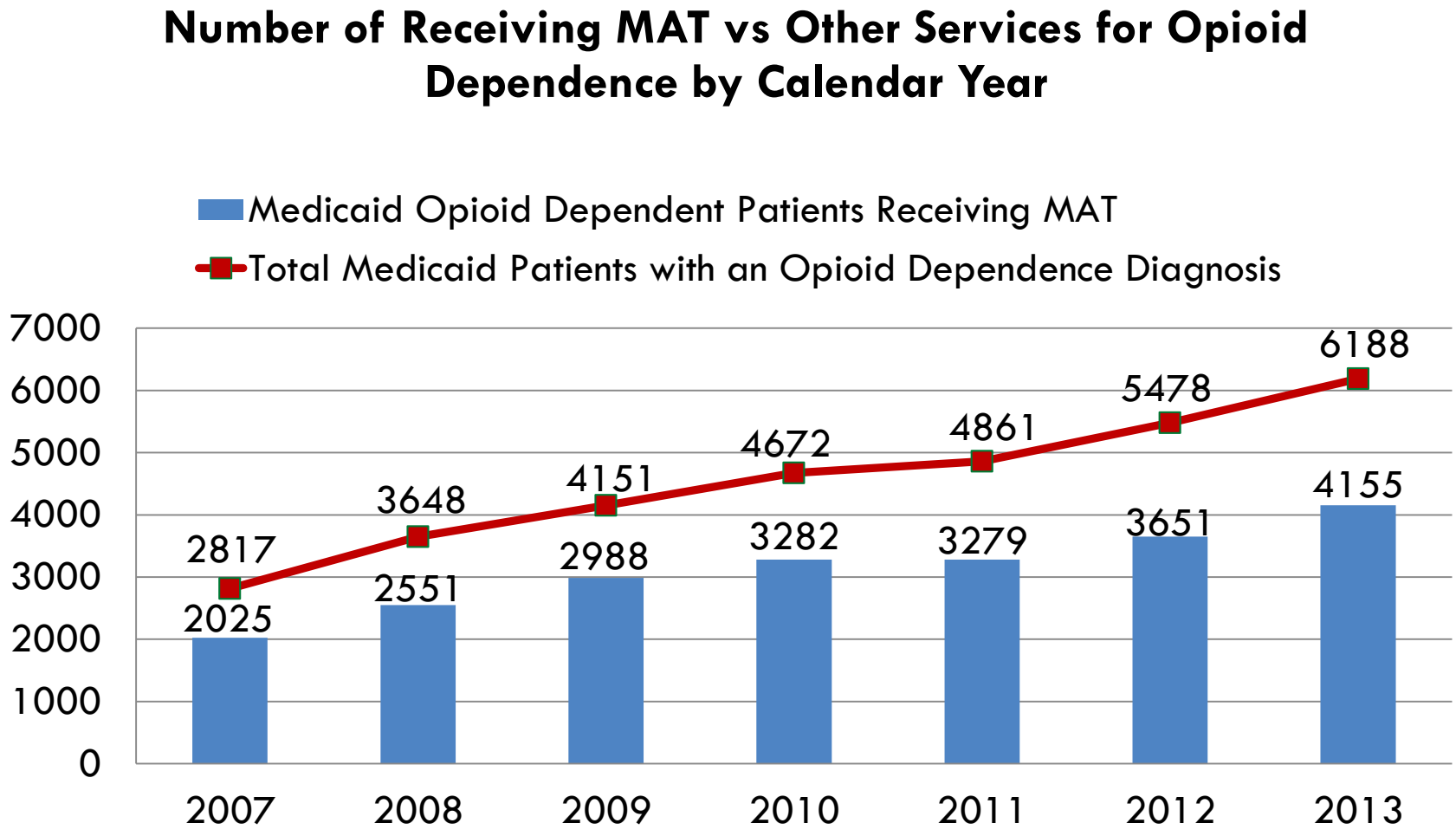
# Patient functioning at hub discharge

- 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

# 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)

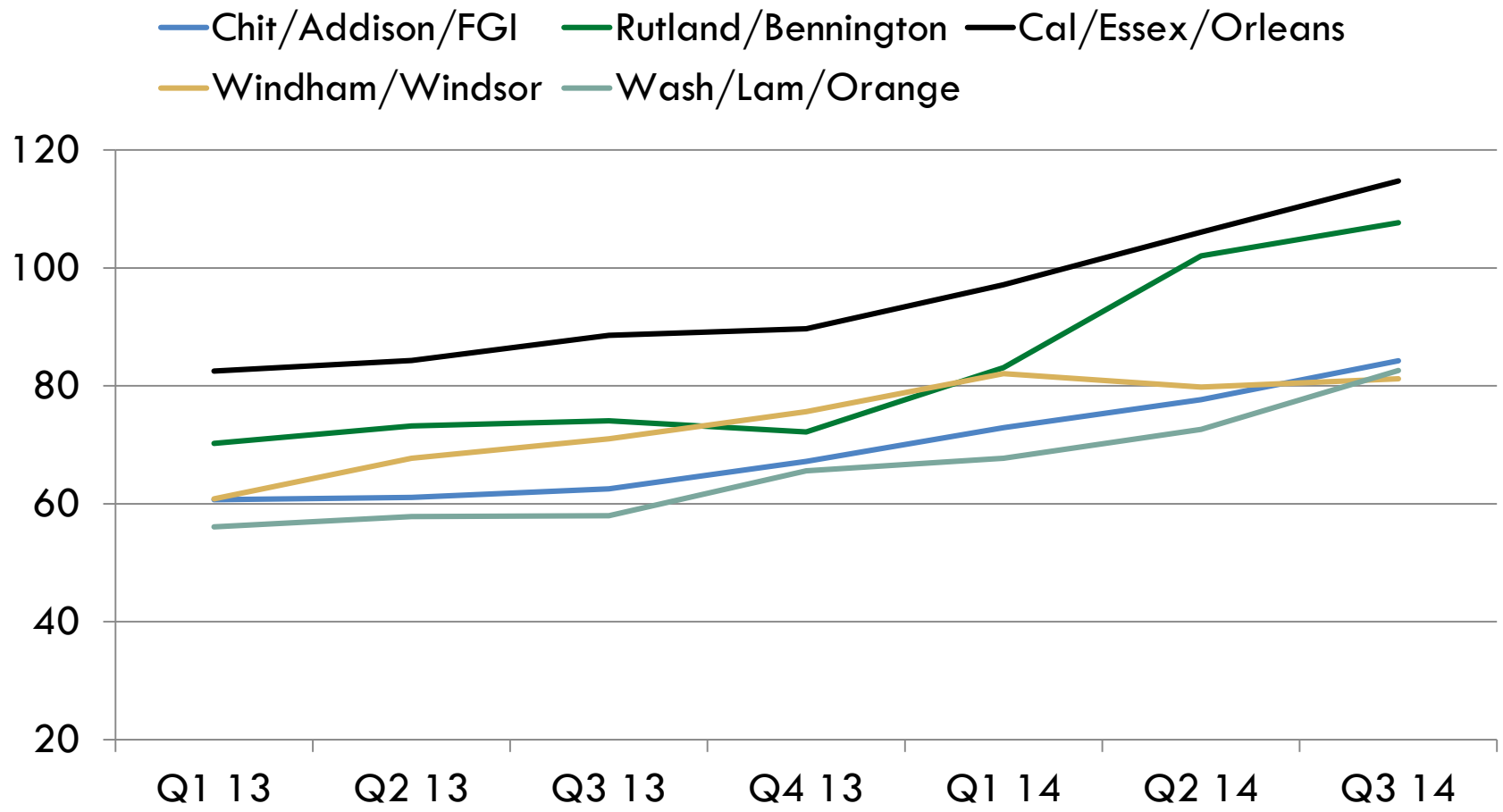


# MAT Utilization per 10,000 Vermonters age 18-64 has increased over 40% since 1/1/13

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 |
| Lamiolle | 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



# Hub Census and Waitlist: January 27, 2015

| Program | Region | Start Date | # Clients | # Buprenorphine | # Methadone | # Waiting |
|---|---|---|---|---|---|---|
| Chittenden Center | Chittenden, Franklin, Grand Isle & Addison | 1/13 | 942 | 282 | 660 | 236 |
| BAART Central Vermont | Washington, Lamoille, Orange | 7/13 | 286 | 124 | 162 | 65 |
| Habit OPCO / Retreat | Windsor, Windham | 7/13 | 473 | 151 | 322 | 0 |
| West Ridge | Rutland, Bennington | 11/13 | 396 | 156 | 240 | 3* |
| BAART NEK | Essex, Orleans, Caledonia | 1/14 | 476 | 116 | 360 | 57 |
| **STATEWIDE** | | | **2573** | **829** | **1744** | **361** |

*Note: provider reassessed the waitlist and began a new list resulting in a significant change from previous month

VERMONT
Agency of Human Services

VERMONT Blueprint for Health
Smart choices. Powerful tools.

# 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 | 9 | 7 | 4.5 | 2.4 | 219 |
| St. Albans | 12 | 6 | 6.5 | 4.8 | 326 |
| Rutland | 10 | 5 | 5.0 | 3.15 | 244 |
| Chittenden | 27 | 13 | 8.0 | 8.2 | 402 |
| Brattleboro | 18 | 7 | 4.5 | 4.56 | 208 |
| Springfield | 4 | 1 | 1.5 | 1.5 | 50 |
| Windsor | 5 | 3 | 2.5 | 2.0 | 122 |
| Randolph | 6 | 3 | 2.0 | 1.8 | 99 |
| Barre | 17 | 8 | 5.5* | 4.5 | 245 |
| Lamoille | 8 | 4 | 3.0 | 3.6 | 134 |
| Newport & St Johnsbury | 9 | 3 | 2.0 | 1.0 | 89 |
| Addison | 5 | 1 | 1.5* | 1.5 | 32 |
| Upper Valley | 3 | 0 | .5 | 0 | 9 |
| Total | 133 | 61 | 47 | 39 | 2,178 |

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

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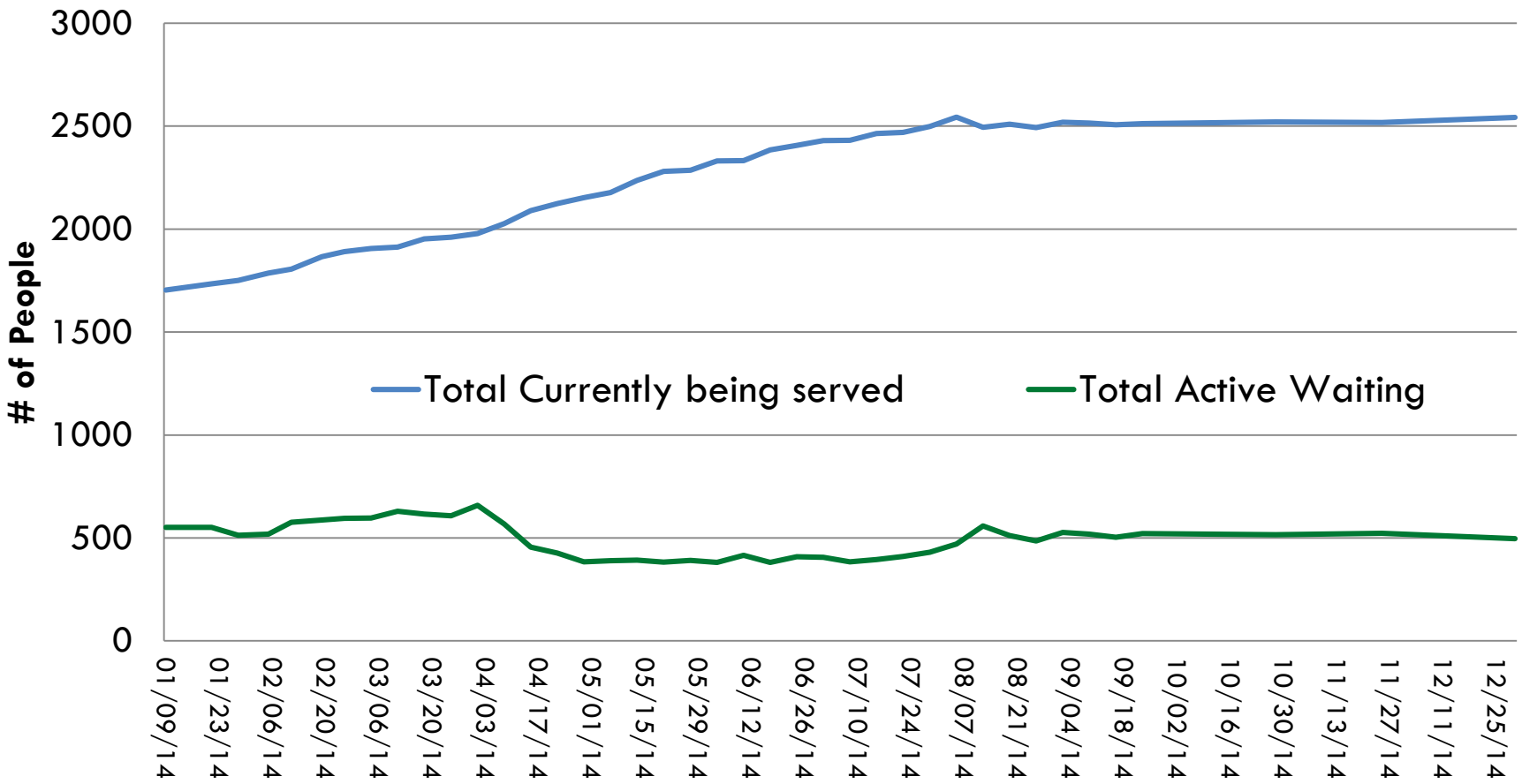
VT Department of Health

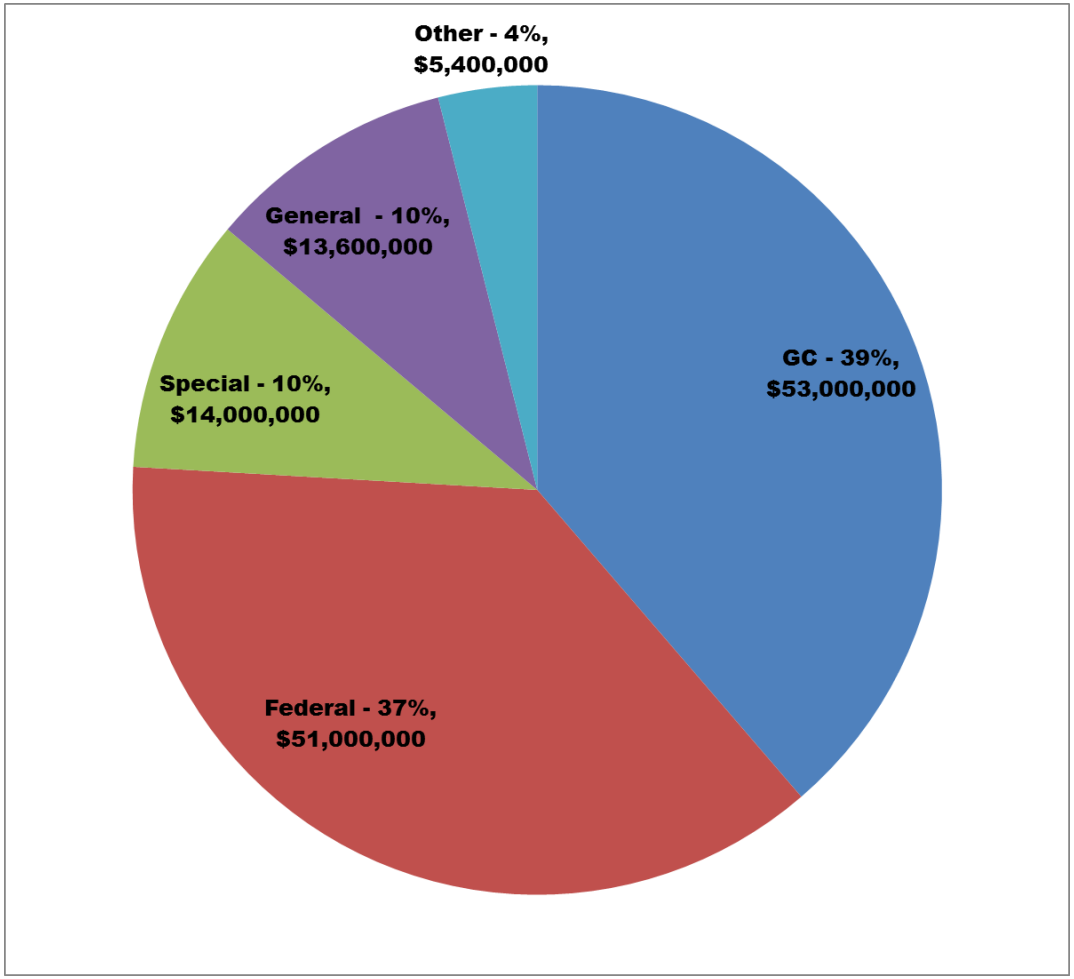
VERMONT
Department of VT Health Access

## Total People Served in Hubs and Total People Waiting Over Time




Date of Last update: 12/30/2014

# Health Department Sources and Uses of Funds




FY2014 data

| | |
|---|---|
| Substance Abuse Intervention, Treatment, Recovery | $36,096,995 |
| WIC | $16,691,959 |
| Immunization | $14,852,222 |
| Maternal & Child Health general | $9,703,290 |
| Public Health Emergency Preparedness | $5,618,168 |
| Health Systems & Workforce | $5,220,802 |
| Public Health Laboratory general | $5,153,532 |
| Tobacco Control | $4,189,175 |
| Environmental Health general | $3,967,254 |
| HIV/AIDS | $3,667,466 |
| Cancer Control | $3,643,921 |
| Local Health general | $3,443,365 |
| Health Promotion general | $3,361,750 |
| Epidemiology general | $3,306,187 |
| Substance abuse Prevention | $2,796,949 |
| Family Planning | $2,700,555 |
| VCHIP | $2,463,416 |
| Public Health Statistics general | $2,247,876 |
| Food & Lodging | $1,861,341 |
| Chief Medical Examiner | $1,830,305 |
| School Medicaid | $1,781,242 |
| Emergency Medical Services | $1,517,791 |
| Board of Medical Practice | $884,438 |
| Total | $137,000,000 |

# Significant Program Funding Changes

**Substance Abuse Treatment Utilization fully funded - $4.8 million GC up (State share $2.1 million)**

- The proposed budget funds all estimated Medicaid costs for substance abuse treatment. Residential demand is forecast to be stable; outpatient and hub demand is forecast to grow significantly.

**Coordinated Healthy Activity, Motivation & Prevention Programs (CHAMPPS) community grants eliminated $300,000 GC (State share $135,000)**

- The objective of these grants is to achieve long term, sustainable changes in communities that will increase physical activity, improve nutrition and reduce the incidence of chronic disease. The current grantees are in the first year of a two year funding cycle, so program elimination could leave some projects uncompleted.

**Educational Loan Repayment (ELR) with AHEC eliminated - $700,000 GC (State Share $315,000)**

- The ELR program is administered by the University of Vermont College of Medicine Area Health Education Centers (AHEC) Program. The goal of this program is to ensure a stable and adequate supply of primary care practitioners, dentists, nurses and nurse educators to meet the health care needs of Vermonters. This funding provides between 35 – 50 grants to health professionals annually.

# Significant Program Funding Changes

- The impact of this cut will be substantially offset in FY16 by a separate federal grant that provides similar loan repayment grants. The new federal grant is funded in FY16 at $500,000 (50% Fed/50%GF).
- The department's ongoing program support grant of $500,000/yr. to AHEC is unchanged.

**Personal Service Cuts $380,000 (State share $305,000)**

- This is equal to about a 1% cut in employee personnel costs. The cuts will be accomplished through a combination of vacancy savings and/or staff reassignments. A cut of this magnitude would not require reductions in force, but may result in position reductions through attrition in the absence of alternative funding.

**Fee Increases – Food & Lodging and X-ray inspection $610,000 GF**

- These two regulatory programs in the environmental health division have statutory license fees intended to offset the cost of regulation. Fee revenue is currently insufficient to cover program costs, with the shortfall requiring general fund support. The 2015 fee bill includes proposals to increase fees for these programs to fully cover the cost of regulation and eliminate the GF subsidy in the FY16 budget.

# Significant Program Funding Changes

**Offender re-entry Programs for Substance Abuse Providers $200,000 GF**

- This program was initiated in 2010 as a collaboration between the Vermont Department of Health, Division for Alcohol and Drug Abuse Programs (ADAP) and the Vermont Department of Corrections (DOC). Since that time offender reentry service have been developed by DOC in many communities; DOC has recently developed separate internal reentry coordinator positions, assigned to specific facilities, to ensure seamless transitions for offenders back into the community. Also underway is the new Pretrial Service Program, a program involving the identification of defendants with a substance abuse problem, using a risk/needs assessment to determine service needs and offering treatment as an opportunity for defendants to reduce or eliminate criminal charges. ADAP and DOC leadership concur that this pilot program should not be continued because of the systemic changes that DOC has developed.

**Tobacco Control Program reduction $45,000 GC (State Share $20,000)**

- The overall tobacco control program budget is about $3.9 million. The current year budget includes $2.4 million in tobacco master settlement agreement (MSA) funding; $1.2 million in federal grants; and $300,000 in global commitment. The proposed budget cuts global commitment funding by $45,000. The result of this cut will be a slight reduction in funding available for youth and tobacco use prevention.

# Significant Program Funding Changes

**Reduced Funding for AIDS Service Organizations and Community Based Organizations $135,000 GF**

- The department provides grants to five AIDS service and peer-support organizations for client-based support services. The proposed budget reduces total funding from $475,000 to $340,000 and eliminates the general fund portion of the total award. In prior years, this general fund appropriation has helped our partners to meet administrative costs such as director salaries, lodging for retreats, and other supportive services that are not allowable expenses through federal grants.
- We remain committed to meeting the needs of individuals living with HIV by supporting:
  - A robust medication formulary,
  - Statewide HIV specialty care,
  - HIV medical case management,
  - Nutrition services, dental and mental health services, and
  - Housing needs.
- We appreciate that this cut will affect the ASO's and community organizations. However, we are confident that the cuts will not have an adverse impact on people living with HIV and AIDS in Vermont.

# Significant Program Funding Changes

**Reduced Recruitment Grant to Vermont State Dental Society $20,000 GC (State Share $9,000)**

- The Health Department currently provides grant support of $60,000 annually to the Vermont State Dental Society to support their efforts to recruit and retain an adequate supply of dentists. The proposed budget cuts this grant by one-third. In FY16 the impact of this cut may be offset by the use of unexpended funds from FY15.

# Since 2010, Vermont Ranked #1or #2 Healthiest

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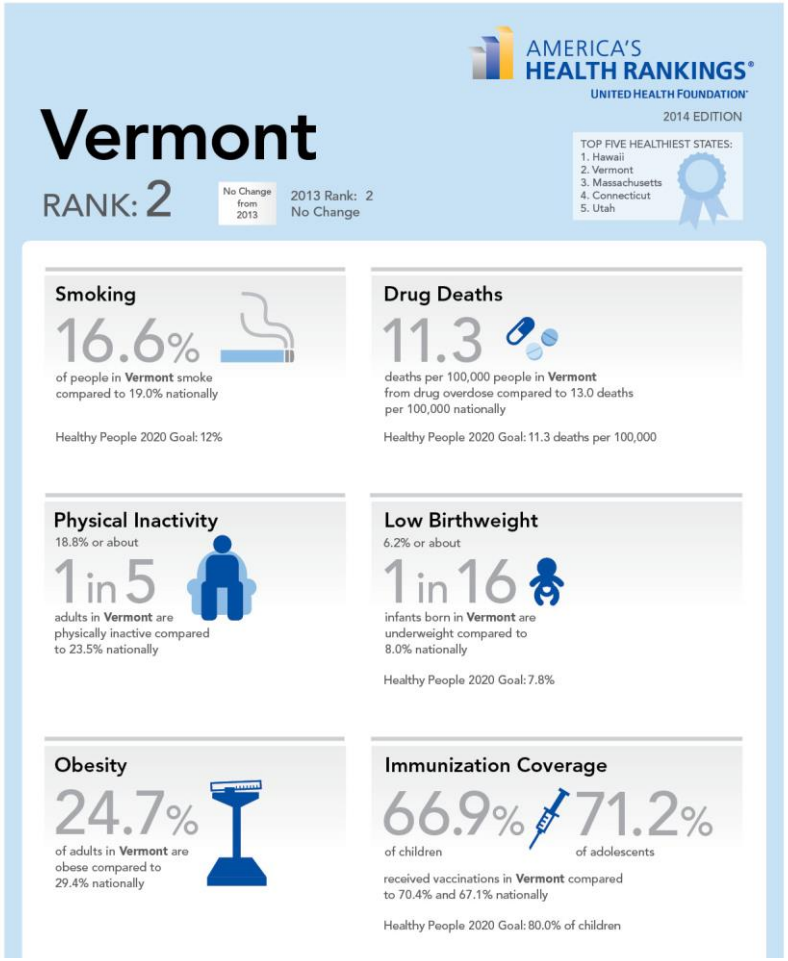


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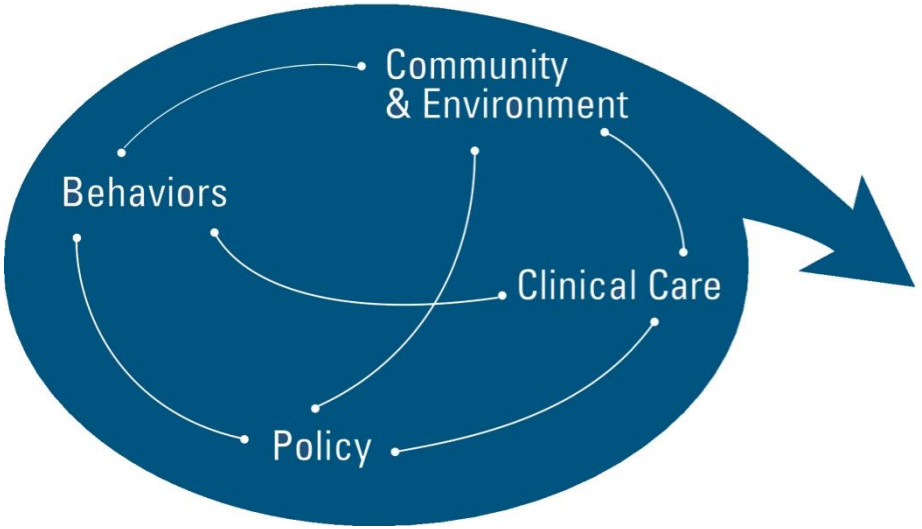
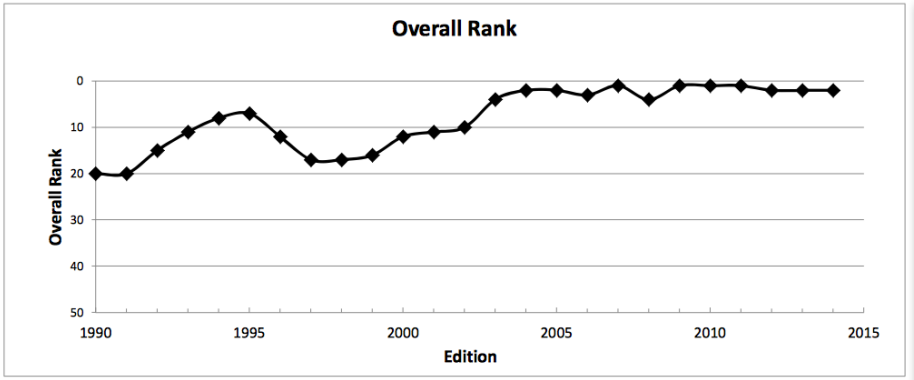



Vermont Department of Health

# We did It!

- Our Department earned Public Health Accreditation status in June, 2014
- We were one of the first five states in the country to become accredited.
- We will remain accredited for 5 years.

How did this get done?

It's called teamwork!

# We're a Great Investment!

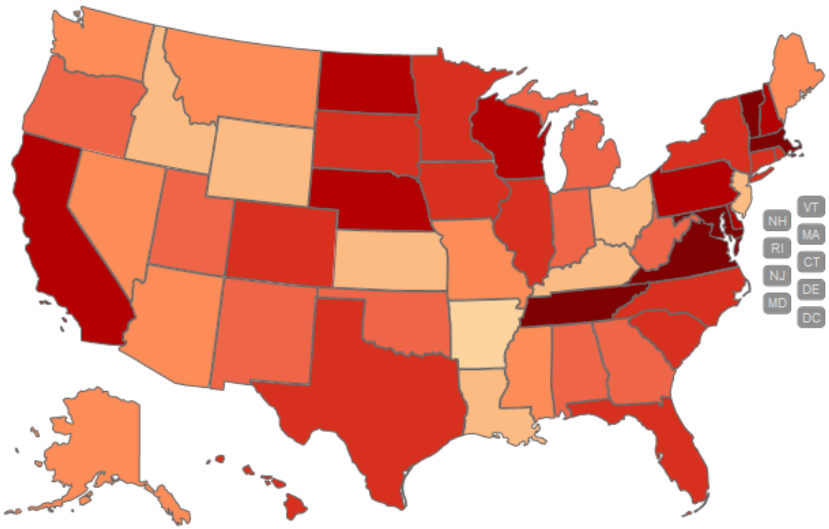
- We rank #2 for overall state public health

  *United Health Foundation*

- *While our per-capita spending on public health is ranked #21*

  Trust for America's Health

# Outbreaks – Protecting Americans from Infectious Diseases




- Vermont was among five states who received the highest score for outbreak response capability
- Ebola highlighted the need to for continued attention to hospital preparedness across the state
- The current Tuberculosis case and follow up reinforces the importance of a strong infectious disease program, public health capability in our district offices and the essential relationships we have with schools and communities

**Public Health Priority: Increasing Childhood Immunizations**

- Expanded Vermont Vaccine Purchasing Pool pilot to statewide program – making more free vaccine available to children.
- 67% of children ages 19 to 35 months received the full series of recommended vaccines in 2013 – a 4% increase since 2012.
- Shared Vermont's *It's OK to Ask* childhood vaccination campaign with the nation.
- Our website www.oktoaskvt won a Gold Award for Excellence in Public Health Communication judged by the same organization – Grady College/University of Georgia – that give the Peabody Awards: Awarding Stories That Matter.

**Prevention Works: Fewer young adults are abusing alcohol and drugs.**

- High risk drinking, marijuana use and prescription pain reliever misuse dropped among 18- to 25-year-olds between 2012 and 2013:
- Binge drinking fell from 50% to 45% = 3,000 fewer binge drinkers.
- Marijuana use fell from 33% to 29% = 3,000 fewer marijuana users.
- Past year prescription painkiller misuse fell from 12% to 9% = 2,000 fewer users.

*-National Survey on Drug Use and Health*

**Prevention Works: Fewer high school students are abusing alcohol and drugs.**

- There were significant decreases in drinking and drug use among 9th-12th graders between 2011 and 2013:
- Past year alcohol use fell from 62% to 59%.
- Current drinking fell from 35% to 33% = 3,000 fewer marijuana users
- Ever misusing a prescription painkiller fell from 13% to 11% = 2,000 fewer users.
- Marijuana use is unchanged: 25% in 2011 compared to 24% in 2013.

*-Youth Risk Behavior Survey*

**Saving Lives: 100+ opioid poisonings have been reversed with naloxone.**

- Since the naloxone pilot project began in late 2013:
- By January 2015, 2,385 overdose rescue kits have been distributed to pilot sites.
- More than 1,400 have been dispensed.
- To date, more than 100 kits have been used to save lives.

**Fighting the #1 Real Killer: Tobacco**

- Launched 802 Quits: Now more Vermonters are taking action to quit smoking.
- By Vermont law, children in car seats are free from second-hand smoke, and hotels/motels are smoke-free.
- Fewer middle school and high school students smoked in 2013 than in 2011, and fewer were exposed to second-hand smoke. (Youth Risk Behavior Survey)
- Shared tobacco social marketing campaign successes with the nation.

# Questions ?

Web: healthvermont.gov

Twitter: @healthvermont

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