

VERMONT2008

VDH-ADAP Strategic Plan

2009-2014

Report to the Legislature on **Act 65 follow-up**
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Executive Summary

Act 65 (2007) asked the Division of Alcohol and Drug Abuse Programs (ADAP) in the Department of Health to review the substance abuse treatment services currently in place and identify how to integrate them into a more systematic response to addiction problems. ADAP was tasked to work with staff to analyze the population estimated to be in need of treatment services, project the demand for services based on need, and create a design for these services in communities by level of care in order to support long-term recovery. This plan was to be based on the Blueprint for Health Chronic Care approach.

A January, 2008 complete legislative report in response to Act 65 can be found at: healthvermont.gov/adap/treatment/SubstanceAbuseTreatmentAdvisory.aspx. Once this needs assessment was completed, ADAP was asked to develop a strategic plan which would lay out the steps necessary for the implementation of a recovery oriented system of care over the next five years and beyond.

Vision: ADAP aims to create an accountable, community-based system of services and supports that empowers Vermonters to embrace resiliency, wellness and recovery by becoming active participants in self-management. This system includes the entire range of services from prevention through recovery and will be composed of a continuum of timely, interconnected and coordinated components with multiple entry points.

Problem: Neither a cohesive system nor a systematic review mechanism for all state-supported substance abuse services exists.¹ Analysis of Vermont's system demonstrates that three particular domains of concern have emerged:

- System of Care
- Access to Services and Support
- Workforce Capacity

Strategic Plan: This strategic plan proposes that ADAP retool its system and develop clear utilization guidelines in order to employ resources more effectively and achieve improved client outcomes. While more clearly reflecting Best Practices, structural changes to the system of care, many of them not requiring additional resources, will

¹ Systems outside of ADAP would include OVHA, DOC, the criminal justice system.

improve access for consumers in order to move them into long-term recovery, with treatment being one avenue for success. This systems transformation seeks to connect treatment to the larger and more enduring process of recovery, to transition from recovery initiation to stable recovery maintenance, and to connect residential treatment to the communities it serves.

This strategic plan will address these issues, the goals that have been established to address them, and the activities ADAP will undertake with stakeholders to achieve these goals.

Strategic Plan

This strategic plan follows the substance abuse service system needs assessment that was completed and reported on in January 2008. The three domains for which improvement is most compelling are presented below, with a discussion of the improvement goal for each followed by a list of activities intended to help achieve the stated goal. Within the first year of the strategic plan's implementation, an advisory committee composed of key stakeholders and providers will be convened to advise ADAP in building consensus on a plan to address the limits of the current system and create new paths. A committee charge has been developed by ADAP, with quarterly meetings planned for this group. The group's first meeting will be scheduled for March, 2009.

ADAP has recently entered into an agreement with NIATx-University of Wisconsin to implement a systems improvement collaborative with seven Vermont outpatient treatment providers.² This collaborative addresses all three areas of concern this strategic plan tries to remedy (systems, access, and workforce issues) and will advance efforts that have proved successful nationally to attain the stated goals. In addition to addressing these issues within the seven chosen sites, the project has steps built in for sustainability and expansion. The agreement establishes technical assistance for ADAP and Vermont providers to execute research based strategies to:

- improve access and retention in treatment
- make more efficient use of treatment capacity.

² NIATx is an improvement collaborative that works with substance abuse and behavioral health organizations across the country to use a simple process improvement model. NIATx is part of the Center for Health Enhancement System Studies at the University of Wisconsin-Madison. It has four aims: reduce waiting times; reduce no-shows; increase admissions; increase continuation in treatment. Over the last four years, NIATx members have realized significant improvements in all of these areas: 34 percent reduction in waiting times; 33 percent reduction in no-shows; 21 percent increase in admissions; 22 percent increase in treatment continuation .

Improvement Domain I: *System of Care*

Problem:

The acute, episodic care approach does not reflect current Best Practices. Challenges exist in links between levels of care and management of the continuum of care, as system growth has thus far happened in a piecemeal fashion.

Goal:

To transform Vermont's system into a recovery oriented system of care, comprised of a balanced system of care framework with guidelines for each covered level of care to help prioritize allocation of resources.³

Activities:

In year one:

- A list of core services will be drawn up with input from the advisory committee. The list will include screening and brief intervention (SBIRT), co-occurring disorders treatment and early intervention, as well as treatment and recovery management, required to meet the continuum of service needs from prevention to recovery support. An assessment of how to change community conditions will be included to make prevention, intervention, treatment and recovery services easier to access.
- The level of funding required for core services at the appropriate level of care will be determined and allocation of resources will be prioritized accordingly. Outpatient treatment, either as a follow-up to higher or lower levels of care, or as a stand-alone treatment service, needs to be available for all clients.

³ A recovery-oriented system of care moves clients from screenings and brief intervention to detox and stabilization as indicated, followed by rehabilitation and continuing care/recovery support. Over 90% of rehabilitation today takes place in outpatient settings. Research suggests that about 90 days of treatment is associated with more positive outcomes than treatment of a shorter duration. Recovery support services can be provided in many settings: e.g. as an adjunct to outpatient treatment, in recovery centers, and local self-help programs. Recovery support and continuing care are critical elements in the continuum of care. Intervening as early as possible with clients who are beginning to relapse is an important part of recovery support.

- A system of care framework with guidelines for each covered level of care and support services will be crafted. Rules will be revised according to these new guidelines.
- Policies, procedures and protocols to support this structure and guide its work will be drawn up. Once policies are developed, they will be successively implemented in collaboration with the providers.

By FY 2011:

- Clear policies on how services are accessed across the system will be in place, with ADAP and preferred providers taking the lead. All providers will use the same guidelines for assessment and level of care access. Financial policies will be revised to support these policies.
- Treatment plans will be expected to follow clients through different episodes and levels of service. The Vermont Association of Addiction Treatment Providers will support this objective through agency supervision.
- Operational definitions will be established for contracting purposes.

Improvement Domain II: Access to Services:

Problem:

In many regions of Vermont, there is insufficient availability of timely access to services at the appropriate level of care. Challenges exist in particular for adolescent treatment, for medication-assisted treatment, and for priority populations such as parenting women and criminal justice populations.

Goal:

Ensure the availability of timely access to services at an appropriate level of care in all regions of Vermont. Offer an array of services that meets the needs of a wide variety of populations.

Activities:

- To increase the number of youth and families with substance abuse issues accessing the treatment system, we propose that the funding system develop additional mechanisms designed to allow providers to offer a wider array of services including

pre-engagement, assertive outreach, screening and brief intervention for high-risk populations, and offsite treatment and recovery support. This may also increase adolescent referrals and their length of stay in treatment.

- Existing collaboration with the community partners (e.g. Vermont Child Health Improvement Project, Court Diversion, Vermont Program for Children, Youth, and Families/AHS' Child Integrated Services initiative) will continue in order to increase screening and brief intervention services provided by pediatricians and family physicians.
- Consider the reallocation of a portion of ADAP Adolescent Treatment funds to an early intervention initiative. Early intervention is an organized and combined treatment and prevention service that may be delivered in a variety of settings. These strategic and brief interventions are designed to explore and address risk and protective factors that appear to be related to substance use. These funds would be designated for treatment providers to collaborate with school health initiatives, of which SAPs are a part, in providing early intervention for high-risk youth. More specifically, this funding model would enhance collaboration between school health and local treatment providers, in part by allowing providers to offer evidence based group models targeting high-risk youth in schools.
- ADAP will support the Criminal Justice Capable System of Care expected results as laid out in the AHS concept paper:
 1. Adoption of the Sequential Intercept Model as the framework to integrate the criminal justice, judicial and health and human service systems within which to identify, organize and provide services at each interception point.
 2. Coordinated services and unified service plans developed through a common case management or "teaming" approach that ensures a continuum of community-based treatment and service supports ranging from traditional and intensive treatment options to recovery options.

3. The development of implementation support tools and training that will teach individuals about impairments due to mental health and substance use conditions in order to facilitate the use of alternatives to the criminal justice system.
 4. Implementation of evidence-based screening at each intercept point and, when needed, assessment tools for substance use and mental health (co-occurring conditions) and protocols for information sharing.
 5. Targeted community strategies to increase diversion of people whose conditions result in impaired decision-making or functioning from the criminal justice system to the appropriate level of care.
 6. The integration of this Model with other AHS initiatives including the Incarcerated Women's Initiative, the Co-Occurring Initiative, Trauma, Domestic Violence and Housing; as well as the Chief Justice Task Force on Mental Health and Criminal Justice Collaboration.
- ADAP's role in crafting a criminal justice capable system of care will be more clearly defined during FY 2010.
 1. Agreement on format for clinical information sharing protocols between Agencies (DOC, DCF, Criminal Justice, Treatment Providers) will be reached. Include I) referral and completed assessment; II) teaming and staffing; III) treatment intervention and report plus supervision status in criminal justice system; IV) treatment completion; V) follow-up. Timelines for clinical processes will be set.
 2. All of the appropriate and available treatment options will be laid out by ADAP according to ASAM (American Society of Addiction Medicine) criteria. This will increase the likelihood that treatment decisions, i.e. when negotiated as a part of a plea bargain, are informed by clinical criteria. Procedures for referral will be developed accordingly.

Improvement Domain III: Workforce Capacity

Problem:

The current workforce is insufficient to support our system of care as it struggles with staff retention and recruitment. A system transformation into a comprehensive recovery-oriented system of care will require a different array of positions in the workforce than was established to support an acute-care-model.

Goal:

Define competencies needed to support a recovery oriented system of care. Offer the training and education programs to develop these competencies, and respond to potential barriers in implementing competency development strategies and recruiting and retaining the workforce.

Activities:

- Define needed positions - paid and volunteer positions needed may include:
 1. recovery support workers
 2. brief interventionists
 3. care coordinators
 4. clinical supervisors whose primary task is clinical supervision.
 5. Positions in AHS districts to provide navigational assistance to families and professionals to increase access
- Define scope of work and needed competencies for each position
- Devise training and education programs to develop these competencies. These will include:
 1. continued emphasis on curriculum development at the higher education level—undergraduate and graduate level. Scholarships and loan repayment programs need to be considered to increase access to these programs
 2. exposure trainings
 3. best practice methods of developing the workforce including models which emphasize coaching and on-site implementation support
- Explore and respond to barriers both to implementing the competency development strategies and recruiting and retaining this workforce.