

Substance Use Disorder Initiation and Engagement in Treatment

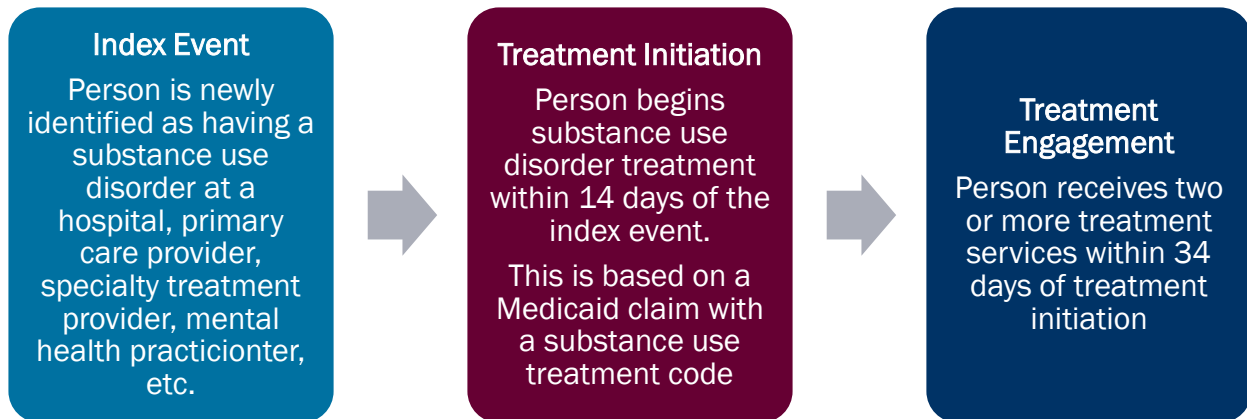
August 2025

Initiation and engagement in treatment (IET) describes people's ability to access treatment for substance use disorder quickly and subsequently stay engaged in treatment. It is a standardized measure used by the Centers for Medicare and Medicaid Services based on the Healthcare Effectiveness Data Information Set ([HEDIS](#)). This document provides supporting documentation for data shown in the Vermont [Substance Use Dashboard](#).

The IET measures represent the progression of people diagnosed with a substance use disorder, from an index event, where the person is diagnosed, through start of treatment (treatment initiation) and continuation in treatment (treatment engagement).

Key Points

- **Fewer than half of those diagnosed with a substance use disorder in Vermont begin treatment and less than 20% continue treatment.**
- **Improving initiation and engagement in treatment requires community level actions.**



To view the most recent and trend IET data for Vermont and by county, please refer to the [Vermont Substance Use Dashboard](#).



VT SUBSTANCE USE
DASHBOARD

If you need help accessing or understanding this information, contact AHS.VDHDSU@vermont.gov.



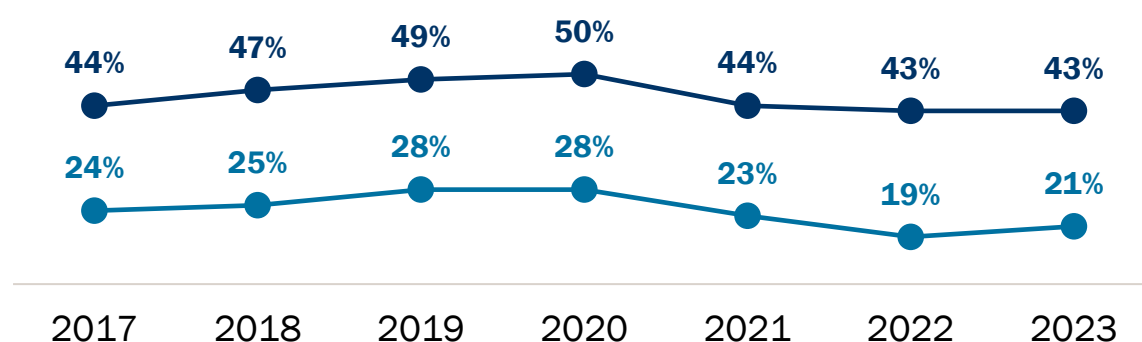
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2023 Vermont Rates

Many Vermonters do not start or stay in treatment for substance use disorder after the initial diagnosis. This finding is not unique to Vermont. The [2023 National Survey on Drug Use and Health](#) reports that 74% of people with a substance use disorder who aren't pursuing treatment believe they can handle their drug or alcohol use on their own. For comparisons to median national values and to values for other states and territories, please see the [Medicaid and CHIP Scorecards](#). (Note: Due to differences in methodology, the estimates for Vermont in the Medicaid and CHIP Scorecards differ slightly from the numbers in this brief.)

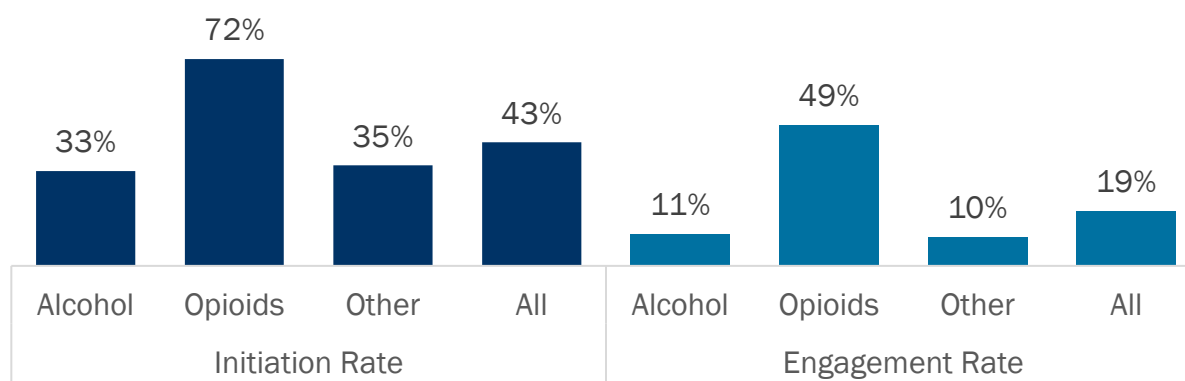
Initiation and Engagement Rate Over Time (All Substances)



There was a 5.5% decrease in index events for all substances between 2022 and 2023 (3,610 to 3,410). Alcohol is most frequently associated with index events, accounting for 49% of all index events in 2022 and 47% of all index events in 2023.

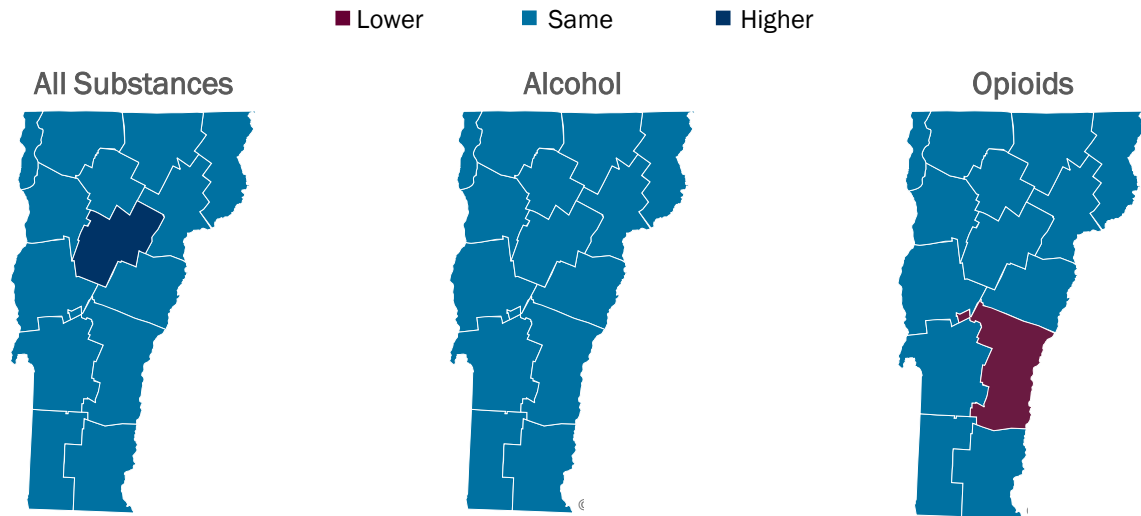
The Vermont 2023 treatment initiation rate for opioid use disorder (72%) is more than twice the initiation rate for alcohol use disorder (33%). The treatment engagement rate for opioid use disorder (45%) is almost five times the engagement rate for alcohol use disorder (11%).

Medicaid Initiation and Engagement, Vermonters Aged 18+

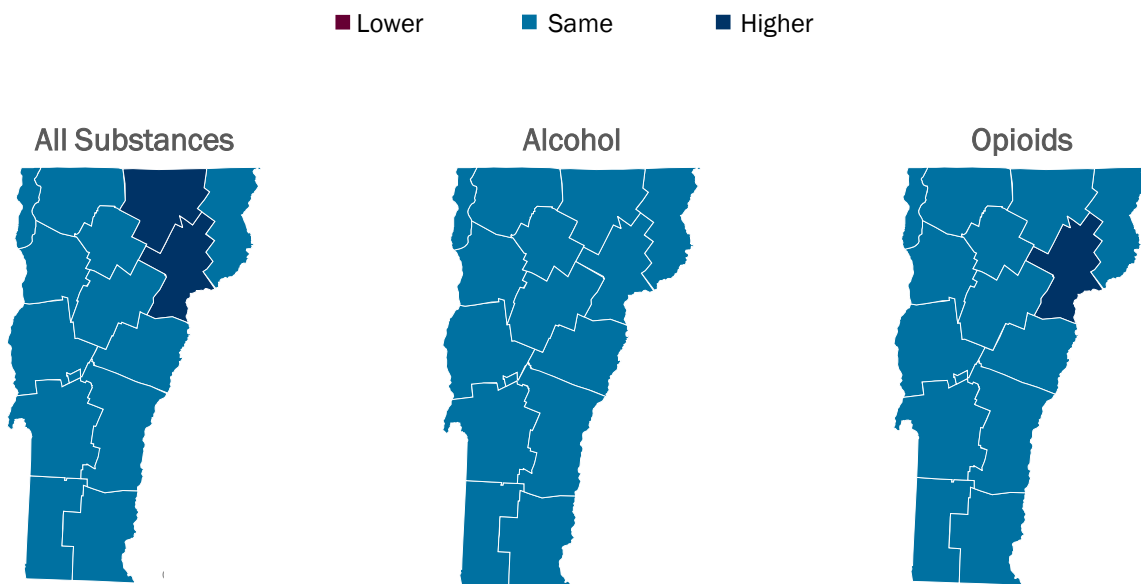


Most counties did not have significant changes in initiation and engagement rates between 2022 and 2023. County-level values and rates are available on the Substance Use Dashboard.

Change in Initiation Rate Between 2022 and 2023



Change in Engagement Rate Between 2022 and 2023



Improving Treatment Initiation and Engagement Rates

The following strategies and best practices are ways to improve initiation and engagement of alcohol and other drug treatment in clinical and community settings.

- Strengthen substance use disorder referral and evaluation systems at the community level
- Increase the capacity to treat all substance use disorders in the community
- Strengthen partnerships between recovery support services and medical and substance use disorder treatment providers
- Strengthen peer support services and build connections for people to access those services
- Develop workforce through partnerships with local colleges and universities
- Establish policies and procedures to assess and treat clients at risk for or experiencing a substance use disorder that incorporate principles of harm reduction and the social determinants of health
- Establish and integrate principles of harm reduction and the social determinants of health into all new and existing programs that address substance use across the system (e.g., syringe exchange programs, overdose prevention programs, recovery programs)
- Implement evidence-based strategies such as contingency management to keep people in treatment.

Regional providers across Vermont are working together to operationalize the above strategies and improve treatment initiation and engagement through the following actions:

- Build agreements and pathways to improve timely referral between providers
 - Hospitals/emergency departments
 - Primary care practices
 - Specialty substance use disorder treatment providers
- Identify people with substance use disorder through screening and assessment
- Use Certified Peer Recovery Coaches to support people through referrals
- Commit to maintaining capacity that allows rapid access to treatment
- Use data to improve processes that support rapid access to care

Data Notes

The Centers for Medicare and Medicaid provide [more detailed technical details for treatment initiation and engagement](#). This information is specific to how Vermont calculates and reports these measures.

- The data source for the initiation and engagement calculations is Medicaid Claims.
- The year of the data presented in this document refers to the year the services were provided (2023). Please note that this is different from how HEDIS data are reported. HEDIS 2023 data is based on 2022 claims.
- The National Committee for Quality Assurance (NCQA), which develops and maintains HEDIS, revised IET measures with these changes which took effect in 2022.
 - The window for the “negative diagnosis requirement”, which excludes members who have had a previous diagnosis or treatment for a substance use disorder from these counts, has been extended from 60 to 194 days.
 - These numbers account for episodes dating back to November 15th of the previous year. Previously, they only accounted for episodes starting January 1st of the measurement year.
 - The continuous enrollment requirement, which excludes members who are not continuously enrolled in Medicaid, was extended from 108 days to 242 days.
 - As a result of these changes, the number of Medicaid members represented in this data has decreased, and some initiation rates and engagement rates changed, compared to numbers using the previous methodology.
- Medicaid data are used because they include claims that span multiple provider and service types, allowing calculations to be made across providers and systems.
- Substances described as “other” in this report include any drug other than alcohol or opioids. This includes but is not limited to cocaine/crack, methamphetamines and cannabis.
- The county calculations are based on the Medicaid recipient’s county of residence.
- Vermont modified the measure specifications to accommodate state-specific billing mechanisms. Please find these modifications on the next page.
- IET is used widely to monitor treatment for substance use disorders:
 - CMS Core Quality Measure Set for Medicaid Adults
 - Vermont Medicaid’s Global Commitment Core Measure Set
 - Vermont Medicaid Next Generation ACO Payment Measure
 - Vermont’s Substance Use 1115 Waiver
 - All Payer Model Measure
 - Former Medicaid ACO Shared Savings Program Measure
 - Blueprint Annual Report Measure

Vermont Modifications

In Vermont Medicaid, medication for opioid use disorder (MOUD) in hubs (Opioid Treatment Programs) is currently billed as one unit per month. The HEDIS IET specification looks for one service within 14 days of an index event to count as initiation and two services within 34 days of initiation for engagement. An adjustment to the IET rate was used to count the multiple visits each week occurring at the hubs. Also, Vermont billing codes for behavioral health residential substance use disorder treatment facilities do not match the IET measure, so are counted as sub-acute facility visits.

Please note that the treatment services offered through Community Health Teams and spoke (Office Based Opioid Treatment settings) staff may not be reflected in these numbers because the funding mechanism for these teams does not require the generation of a service claim. Since the measure is based on Medicaid claims data, the numbers likely under-represent the initiation and engagement in treatment rates.

[Visit Blueprint for Health](#) for more information about Vermont's Hub and Spoke system.