

MARCH/APRIL 2013



## Did you know?

4.6% of U.S. residents aged 12 and over – 1 in 22 – took a prescription pain reliever for nonmedical reasons in 2010-2011. That's a drop from 4.9% in 2009-2010. (NSDUH combines data collected over two years in reporting its results.)

Non-medical use of prescription pain relievers went down in 10 states – Kentucky, Louisiana, Massachusetts, Mississippi, New Hampshire, New York, Ohio, Oklahoma, Rhode Island, and West Virginia – between 2009-2010 and 2010-2011. The rate did not increase in any state.

The states with the highest rates of non-medical use of prescription pain killers were: Oregon, Colorado, Washington, Idaho, Indiana, Arizona, Nevada, Delaware, Arkansas, and

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New Mexico.

Non-medical use of prescription pain relievers is still highest among those 18 to 25 years old, but even in that group, the rate fell from 11.45% to 10.43%.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 (Revised March 2012) and 2011.

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## **NMSAS uses ASI-MV and CHAT to track outcomes and plan for the future**

Northern Michigan Substance Abuse Services, Inc. ([NMSAS](#)) is a nonprofit agency that coordinates the delivery of substance abuse services to low-income clients in 30 Michigan counties. NMSAS adopted the ASI-MV nearly ten years ago and has been using CHAT, since it became available in 2009. These tools are used to assess virtually every client who receives treatment in the NMSAS network.

“Using the ASI-MV and CHAT provides a standardized assessment across our entire provider panel for a 30-county region,” says executive director Sue Winter. “We use the severity and composite scores to help guide our treatment planning. If a client’s severity score is four or higher on any

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domain, that domain needs to be explicitly addressed in the treatment plan. Sometimes that may mean explaining that it's being addressed by another provider, or that the client has declined care on that domain, but the reason has to be documented in the treatment plan. The ASI-MV and CHAT provide a reliable benchmark so we can utilize the same treatment guidelines across our network."

NMSAS has also started to re-assess clients in its methadone maintenance program annually. "We've been trying to work proactively with our opiate dependence treatment centers to make sure individuals are making progress in their recovery, not just being maintained on the medication. Ours is a recovery-oriented system of care, and we wanted a way to look at whether these clients were making progress. So we've started doing an annual client review that includes having them take the ASI-MV again. On the individual level, if there are problem areas where they're not making progress, we can restructure their treatment plan. And it also lets us look at the whole program and see if it needs to be altered to better meet those needs."

The reassessment program is only in its second year, and full results are not yet available. "But even with the limited data from the first year, we were able to see a real need for case management services for this population," Winter says. "We were able to use the data to make a change—we were able to redirect resources for case management services, and that helped the opiate dependence treatment center to better

support their clients.”

### **Meeting future needs**

Winter hopes NMSAS will eventually be able to do follow-up assessments on other client populations. One feature that could make that easier is the [ASI-MV's Client Offsite Interview](#), which allows clients to complete the assessment from any computer with a secure Internet connection. “The offsite feature will help us get more clients started, especially in some of the more remote locations. Our clients are increasingly tech-natives—they’ve grown up with it—and it’s much more convenient for them to do an assessment at home. It will also be a great tool for tracking progress and outcomes. If the client doesn’t have to come in, it may be easier to get them to do a follow-up.”

NMSAS is also in the process of adopting an electronic health record (EHR), and is working with its vendor and the ASI-MV development team to integrate ASI-MV and CHAT with the EHR. [The assessments already integrate](#) with Askesis Development Group’s PsychConsult® and FEI Systems’ Web Infrastructure for Treatment Services (WITS) EHRs. Inflexxion is also working with Netsmart to integrate with their myAvatar and TIER EHR products.

Under the Affordable Care Act (ACA), states have been asked to expand Medicaid coverage to those earning up to 133% of the federal poverty level. Although the Supreme Court ruled in 2012 that states could opt out of the expansion, Michigan’s

governor Rick Snyder has submitted a 2014 budget that would extend benefits to about 320,000 additional state residents next year, and as many as 470,000 by 2021. If the measure makes it through the legislature, NMSAS could face a major influx of clients with Medicaid coverage.

"If that happens, there will be more folks with coverage, and we'll need more capacity. Tools like the ASI-MV and our EHR will help us meet that need," Winter says. "Because we did introduce technology into our system ten years ago with the ASI-MV, every new technology we've introduced has been easier. And that's meant we can increase capacity, increase efficiencies, and continue to provide the best client care."

[Read the complete case study](#) to learn more about NMSAS' experience with the ASI-MV.

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## Earn free CEUs in Anaheim

### **Building a recovery-oriented system of care: A panel discussion with Dr. Al Villapiano**

On March 28, in Anaheim, CA, Albert Villapiano, Ed.D., vice president of clinical development at Inflexxion, Inc. and principal investigator for ASI-MV and CHAT, will join a [lunchtime panel](#) to discuss the recovery-oriented care model for delivering substance abuse services.

[Register to attend and earn free CEUs!](#) Many types of providers – employee assistance professionals, private-practice therapists, residential centers, interventionists, outpatient community resources—are involved in treating substance abuse and helping clients maintain sobriety. The recovery-oriented care model coordinates these services in a comprehensive system that supports substance-abuse recovery.

Panelists will include David E. Smith, MD, FASAM, FAACT, medical director of Center Point in San Rafael, CA, and moderator Douglas J. Edwards, MBA, publisher of *Addiction Professional* magazine, the event's host.

The discussion will be held at the Anaheim Marriott, from 11 am to 1 pm; lunch is included. Advance registration (and a \$25 registration fee) are required; those who attend will receive a \$25 American Express gift card at the conclusion of the event.

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## About this newsletter

The *ASI-MV Connect* newsletter is a free bimonthly publication for professionals in the substance abuse field. It will keep you updated on addiction and assessment research, *ASI-MV Connect* product developments and features, and ways to make the most of your *ASI-MV Connect* subscription.

We encourage you to forward this newsletter to your colleagues.

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