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House Appropriations Committee
Testimony February 21, 2014
William M Young, Maple Leaf Farm

Good afternoon. I appreciate the opportunity to speak with you today. This year has been a difficult one for residential substance abuse treatment programs, with all of us facing large declines in anticipated income. But I have spoken with Rep. Toll about that and in the brief time allotted I would like to offer 3 recommendations:

1. The Administration's budget recommends an across the board 2% rate increase for Medicaid providers. I fully support this increase and would like to highlight the need for the increase to be across the board. The rate increase that we received this year was the first since 2007. And we haven't been rate set since sometime around 2005 or 2006. At a time when financial pressures are extreme, I urge you to offer some small assistance across the board.
2. We face major financial challenges this year and are taking steps to deal with them. I support efforts underway to improve Vermont's response to substance abuse and addiction. As that effort continues, I want to encourage the Committee to add funding for outpatient treatment services, especially Intensive Outpatient Services. Too many of our patients are failing because they do not have ready access to such services or they are just not available in their area. One full IOP costs from \$200,000 to \$250,000 per year.

Research clearly demonstrates that the longer a person is engaged in treatment, the greater their chances of success. Treatment is a clinical treatment program, not support services such as recovery centers or coaches, which I support. But there are gaps in the series system and people are failing every day because they cannot access them. Some die, as we experienced not too long ago. Building systems takes time. Please continue to address this particular issue as you are able.

3. The Health Department and ADAP implemented managed Medicaid on July 1, 2013. I believe that they are acting responsibly in their decisions, although the initial impact on residential treatment was significant and we are confronting that issue. I recommend that you allocate \$15,000-20,000 to ADAP to require an outside contracted person to conduct a twice annual review of the decision made in connection with the authorization of bed days for residential programs.

I want to stress that I think ADAP's decisions are being done reasonably. And it is not an unreasonable thing for the State to do. But when you take on clinical tasks, someone should be looking over your shoulder to ensure that your actions are consistent with what is in the patient's best interest and in accordance with accepted standards of practice. Several agencies do so with us. I'm sure that we can all imagine circumstances in the future where pressure could be brought to make those decision in a different way. The process should be transparent and accountable.

Please contact me if I can be of any assistance. I can be reached as shown below or my mobile at 802-777-7760. Thank you.

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From Addiction to Recovery