

MAPLE LEAF FARM
10 Maple Leaf Road, Underhill, VT 05489

January 13, 2014

Representative Ann D. Pugh, Chair
House Human Services Committee
Vermont State House
Montpelier, VT 05633-5301

Dear Representative Pugh:

Thank you for the opportunity to testify about the reallocation of substance abuse treatment funds in the FY 2014 Budget Adjustment.

Attached please find the data which the Committee asked for last week regarding capacity. I am happy to answer any questions the Committee has regarding this information. My understanding is that the Committee is also interested in comments regarding the reallocation of money for residential substance abuse treatment beds in the budget adjustment.

Obviously there are many competing interests. While we have made progress in recent years, thanks to the support of the Governor and the Legislature, we still face gaps in services, wait lists and the need for improvements in the system. This is a time of significant changes in addictions treatment that challenge programs across the country and here in Vermont.

- Nationally there have been changes in criteria for levels of care and in addictions medicine that we believe will require changes in practice and programming.
- We are all aware of the huge increase in opiate addiction in Vermont. It's happening across the country. At Maple Leaf Farm I have seen a 172% increase in the numbers of opiate addicts in treatment since 2004 – including another 9% since FY 2013. This also requires changes and additions in services. We applaud the State's efforts to greatly expand treatment services to opiate addicts needing Medication Assisted Therapy (MAT). We also want to caution you against viewing any one approach as a "quick fix". There aren't any.
- ADAP has implemented managed Medicaid, which in turn has resulted in a drop in length of stay in treatment in all programs to one degree or another and a subsequent drop in census and in revenue. That revenue shortfall is significant for all residential programs in this fiscal year. Problems with the payments mechanism for authorized days in treatment, while likely to be fixed, made cash short until ADAP recently arranged for advance payments.
- At Maple Leaf Farm we have responded to these changes and pressures by reorganizing our medical services to change from what has been very close to a hospital level of care to a clinically monitored model with much less general or primary care services.

The money we save from this action will help to balance the budget and provide substantial funding to support changes in programming that will bring us into line with current best practice and research.

We believe that these changes will, first, better serve our patients, and second, result in an increased length of stay and census and resolve what I hope will be a one time shortfall in revenue.

- At the same time that residential programs are wrestling with these issues, we are also seeing an alarming trend since July 1st. The number of patients who were admitted since that date and subsequently have relapsed and sought readmission has increased in number compared to the previous year by at least 100%. We believe that this may be attributed to two things: 1. shorter lengths of stay which leave less time to make connections with sometimes scarce resources; and 2. the difficulty patients face, sometimes depending on where they live, with delays in accessing post discharge treatment, MAT connections and lack of a connection between, for example, Intensive Outpatient Treatment and their MAT provider. In some areas there is no service.
- As we face these issues, the above shortcomings in services can be addressed, but more will remain to be done.

Recommendation: Against this background, I respectfully recommend that any available funds in this fiscal year and in the budget adjustment, be used to shore up and improve the quality and accessibility of treatment services. If I had one thing to recommend, it would be to increase the availability of Intensive Outpatient Services and their connection to Medication Assisted Therapy programming. We are very concerned about our own financing but think, with the changes we are making, this revenue shortfall will be a one time event and that we can manage through this fiscal year.

Without appropriate, quality and readily available treatment services, people are going to continue to fail. Building a Statewide response is a long term effort. As we move forward there will be opportunities and the need to address all aspects of the system, from prevention to law enforcement and the spectrum of treatment and recovery support services.

I hope that this information is useful to the Committee. I am glad to answer any questions you may have. Thank you.

Respectfully,

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From Addiction to Recovery

