

Thank you for the opportunity to testify today.

My name is Kurt White. I am a clinical social worker and substance abuse counselor and I currently serve as the President of the Vermont Association of Addiction Treatment Providers, the VAATP. This organization represents the interests of the addiction treatment provider community in the State and its membership includes nearly all of the ADAP preferred treatment provider network. The VAATP comprises members who are hospitals, residential treatment programs, designated agencies, FQHCs, outpatient and intensive outpatient programs, supportive housing, adolescent services providers, “Hubs”/OTPs, “Spokes”/OBOTs, and includes providers from every corner of the State. The VAATP is also a board member affiliate of the national organization SAAS, the State Associations of Addiction Treatment Services. My specific perspectives on the treatment system are necessarily influenced by my work at the Brattleboro Retreat, where I serve as the Director of Ambulatory Services; I also represent that organization both here today and as their representative on the VAATP. In my role at the Retreat, I oversee a diverse array of treatment programs including outpatient, intensive outpatient, partial hospitalization, and Hub and Spoke services.

Today I would like to provide some perspectives about the Vermont treatment system and its place in the Vermont system of care. I want to emphasize some important features of the current treatment system that are working, and ways in which this system is looking to develop itself further to better meet the needs of the populations it serves.

The addiction treatment system provides life saving services to some of the most vulnerable Vermonters. Addiction, especially when left untreated, injures individuals, families and communities in ways that can have consequences for generations. The individuals who suffer from addiction today are more likely to die a premature death, to die by suicide, to die by violent means, to become incarcerated, and/or to become destitute than those who do not have addiction. The addicted individual’s brain is working at cross purposes from the “better angels of their nature”, and this can manifest in a multitude of ways including criminal behavior in service of addiction, social isolation and alienation, untreated illness, domestic violence, loss of life, etc. Today’s children of those addicted parents are more likely to become addicted themselves, to be victims of violence, and/or to suffer mental health problems in adulthood. A comprehensive approach to this problem is needed: essential elements of a strategy would need to include robust primary prevention, treatment for those currently suffering, and a system of formal and informal recovery supports to bolster the person over the course of a lifetime. Without attention to all of these elements, this cycle continues, and can become entrenched and intractable.

Against the inevitable gaps in the prevention system, it is the treatment system that is our only bulwark. It is treatment that provides realistic hope for suffering individuals and families to break addictive patterns. Stakeholders at all levels of the system need to understand that treatment works. It works because is based in evidence and provided by skilled, credentialed professionals with advanced clinical training and expertise. It works because it addresses problems comprehensively and in partnership with the medical and mental health communities. And it works best when it is supported as an essential aspect of healthcare delivery.

Addiction treatment no longer lives a disconnected life from the rest of the healthcare system. Health care reform initiatives, both on the State and Federal levels, are transforming the addiction treatment system into a system that has a permanent, integrated place within and among the medical community. The Hub and Spoke system has put into practice the principle that clients with high levels of addiction services needs may be best served with a “Health Home” in the specialty care (addiction treatment) community. Funding reform from other areas, including accountable care organizations, is also creating new and intimate partnerships between historically separate entities in the medical world. Great strides have been made in these areas in short amounts of time, and the system may still be experiencing growing pains and some tensions as a result – but the work of collaboration and integration is rapidly underway.

The providers via the VAATP are currently engaged in a process of formally examining our treatment system and presenting a forward-looking, unified approach toward which builds on the strengths and remedies the limitations of our current addiction treatment system. To that end, we have engaged in a process of system analysis which will soon present us with specific findings and some actionable ways of improving the system as a whole. This work is still in process, but it is guided by some core priorities of the providers group, including:

- Access to treatment engagement without barriers
- Coordination of services
- Standards/quality
- Flexibility of funding mechanisms
- Preservation of all levels of the care continuum

The providers are working together, and hope to work equally closely with the State of Vermont towards honing the development of a system of care that is easy to access and is accountable to clients as they move through it. This initiative will benefit from the support of innovative and forward-looking, treatment-supportive executive, legislative, and administrative entities in the State. Please consider the provider organization as a way to engage collectively with a diverse group of providers on the mutual priority of fostering system of care improvements.

Thank you for your time today.



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