

Vermont Council of Developmental and Mental Health Services
Testimony on Improvements to the Substance Abuse Services System
Senate Health and Welfare Committee
April 4, 2014

The Vermont Council appreciates the Senate Health and Welfare Committee's commitment to and study of the full spectrum of substance abuse services. Clearly, the most important opportunity now is the Governor's opiate initiative which is, in part, being implemented through S.295. We are excited and fully supportive of the intention to enhance and expand access to care to address the opiate epidemic. To achieve success, it will be essential that adequate resources are appropriated and that those resources are appropriately distributed.

The designated agencies are part of the state's preferred provider system for outpatient treatment. This comprehensive system is already in place, and as such, is a valuable resource to do much of this work. The preferred providers will do the clinical assessments for individuals who screen positive for mental health and substance abuse needs by the Courts. After preferred providers do the clinical assessments individuals who require medication assisted treatment will be referred to Hub and Spokes, others who have mental health and substance use disorders, like alcoholism, will need treatment by the preferred providers. There is no plan to direct resources for the expanded volume of assessments and outpatient treatment by designated agencies.

The combination of the fee-for-service funding, work force shortages, low Medicaid reimbursement rates and capped funding have contributed to designated agencies running these programs in the red. The appropriations bill, as passed by the House, calls for a study of financial methodologies which is an important first step to making these services financially solvent. However, in the interim there is little capacity to expand services without added resources. We have spoken in this Committee about the work force challenges for substance abuse professionals and I have drafted language, potentially for the appropriations act, at the request of Senator Lyons and Senator Cummings to specifically study this challenge.

That said, we very much want to be active participants in our system of care. For example, a number of designated agencies are already providing counseling services to physicians who prescribe buprenorphine and we would welcome the opportunity to expand our support to all physicians acting as spokes. We have expertise in co-occurring treatment and supporting individuals with complex needs; often collaborating with health care partners.

It is important for the Administration to develop financial projections of the expenditures necessary to achieve the Opiate initiative, particularly for 1) the preferred providers to do assessments and treatment; 2) for counseling services for the Spokes and 3) for the Hubs and Spokes to do the medication assisted treatment. With this information, adequate resources should be put in place to take us from intention to reality. Informed budgeting is critical to the success of opiate initiative and will pay off when we bend the cost curve and improve people's lives.

Additionally we should move forward with the studies on the substance abuse workforce and financial methodologies to improve our response to substance abuse for greater success in the long term.

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