

Senate Health & Welfare – Substance Abuse System of Care
Mitchell Barron – 4.3.2014

Good morning - again, my name is Mitch Barron, and I first want to thank you for taking the time over these 2 days to consider the system of care for Vermonters faced with issues related to substance abuse and addiction.

A quick introduction – As you see from today’s agenda, I’m the Director of Centerpoint Adolescent Treatment Services, based in Chittenden County – but really serving young people and families in specialized ways from throughout the surrounding four counties. You’ll likely learn a bit more about Centerpoint through my comments this morning.

I am also the chair of the Vermont Alcohol and Drug Abuse Advisory Council, originally initiated through Act 51; I’m the Vice President of the Vermont Association of Addiction Treatment Providers – and I believe you’ll be hearing from Association President Kurt White tomorrow; I teach and train on issues of adolescent & family addiction and mental health in a variety of settings; and I’m on the board of – and past chair of – 2 youth development and substance abuse prevention coalitions – the Burlington Partnership for a Healthy Community and Connecting Youth, a similar coalition serving the 5 towns that make up the Chittenden South School District.

So – with this portfolio, you can imagine that my focus today will be on the system of care that serves young people and families that struggle with both the *causes and consequences* of substance abuse.

Recognizing that my time with you this morning is brief – and that there is much to consider in such a packed schedule – I want to offer some points that we see as critical.

Through an adolescent, young adult, and family frame, a ‘system of care’ is not a program, a particular evidence-based model, or a single strategic approach to meeting these needs – although each of these may be essential elements.

Rather, we are talking about an organized, effective, responsive, flexible, standards-based, results-based approach to meeting these needs - what Doctor Ken Minkoff’s research has identified as a comprehensive, continuous, integrated system of care. This must include coordination between:

- Prevention & Education Services – helping to support young people in staying healthy with the support of – and at times in spite of – those around them
- Treatment & Intervention Services - that attend to the behavioral symptoms while helping to resolve the underlying problems that result in symptomatic substance abuse –
- Resiliency Services that promote wellness – and - a recovery orientation that supports people to maintain their wellness within their communities –
- And, oversight and enforcement services that provide sufficient structure to help people remain safe - and sufficient containment when they pose safety risks to themselves or to the community.

Additionally, principles that are essential to consider include:

- flexibility in services and programs - and the flexible and blended funding that supports this client and family centered approach; We have come to recognize that there is no one-size-fits-all in health care, mental health care, or addictions services – and a system-of-care *allows for* and funds this individualized and personalized approach to care.
- We must consider responsiveness, to insure that people are getting what they need, when they need it and in the right ‘dose’ – or volume – or frequency - to best meet their needs,
- and we must incorporate creativity in service delivery – essential when a person’s readiness to change or desire to change may start out fairly low – a pretty common situation when working with teens

With these principles in mind, we have some good news to share.

First, when we implement a system of care consistent with these considerations, we see some remarkable success – not just *moderate growth or mild improvements in behavior or compliance with expectations* – but some remarkable, sustainable outcomes. I’ve been at Centerpoint for 17 years; we serve almost 800 teens and families in one way or another over the course of a year; we have a lot of stories – a lot of people who stay in touch, or get back in touch; sometimes just to say *hello*, sometimes to say *help*, but just as often to say *thanks*. And we cherish these stories – these are stories of Vermonters who – with the right supports provided in the right way from the right people – really, a system of caring – Vermonters who have overcome some of life’s greatest hardships.

Second, this approach – with these outcomes – is not only affordable, but is economical. I do not need to speak to you-all about the data regarding costs of prevention, early intervention, even intensive treatment, as compared to the costs of chronic care through hospitalization or incarceration - or to put a price tag on the costs of the loss of a productive life and community contribution.

Comprehensive, coordinated integrated services that are delivered in a flexible, responsive and creative manner – show great outcomes and can be delivered in a cost effective manner. Ken Minkoff’s research substantiates this – my almost 25 years working with teens and families gives me the proof.

So the good news... Vermont is nicely poised to build – and expand – and enhance a statewide system of care for adolescents, young adults, and their families. Some amazing, exciting things are happening.

Firstoff, You may be aware of the – relatively brand new – **Vermont Youth Treatment Enhancement Program**. A federally funded initiative, with a 4 year grant – bringing specific evidence-based programs and models of service to Vermont youth and families – but most importantly, setting the stage for a system that:

- Improves access to care, with expanded community-based, school-based, and co-located services.
- Reduces obstacles to care, with services that offer immediate response. For almost a year now – at Centerpoint – we have offered an immediate response assessment and intake process. It is not a matter of what week can you come in or waiting lists – we are saying ‘what time can you come in’ – typically with a 24 hour turnaround. And we are seeing absolutely remarkable results.

- Certainly the new evidence-based and best-practice models as supported by this grant will strengthen the quality of services available within this state.
- And equally as important, through this program, current partnerships are being strengthened and new collaborative relationships are being created. Consistent with blueprint models, including Hub and Spoke, it is through collaboration, coordination, and partnership that we TRULY have a system of caring.

With the Youth Treatment Program, we are establishing consistency in design and intention – really a Results-Based Accountability approach - while adapting to different communities, different settings, different resources, and varying needs in different regions around our state.

I've provided a handout regarding the Vermont Youth Treatment Enhancement Program. I'd encourage you to take a look – it is really growing as a remarkable partnership between the Health Department, local community providers, and others who support the health and well-being of our young people.

Equally as exciting – and supporting the earlier intervention strategies that are also a passion of my work - are many of the community-based, family focused, and – specifically – school-based services that are growing to support students – and their families. I've included some information in your packets regarding a number of these initiatives, and won't take our time today to detail them, except to say this:

You have heard this morning and through other conversations that – while we have much work to do – Vermont is recognized nationally for the development and implementation of emerging and promising practices: Vermont-grown strategies, that with sufficient demonstration of their effectiveness, can be models for service around the state and around the country. One such school-based approach – in your handouts – is Project Checkpoint. Initially established in partnership with the Colchester School District, this locally developed model adapts some of the SBIRT principles that you heard about earlier to an adolescent population and school-based setting, and incorporates health promotion and wellness components, along with a restorative justice model. Some incredibly promising early outcomes helped this program be nominated for and accepted to SAMHSA's 'Service to Science' program, and Checkpoint is now involved in the process to become established as an evidence-based practice that can be implemented regionally and beyond Vermont's borders – all based on the creativity, responsiveness, flexibility, and collaborative strategies that are evident when the right people are on the job. And Vermont has a lot of the right people on the job, not just developing a system of care – but developing a caring system.

So, I want to be respectful of the schedule in front of you, and recognize there may be little time for questions or conversation now – however, you do have a short stack of printed material – as well as my contact information – and I would invite you to be in touch with any questions or additional thoughts. I would again like to thank you for giving *me* your attention – and more significantly, for giving your attention to the needs of Vermont's *young people and families* challenged by substance abuse and addiction.

Thanks.