

**Testimony to House Human Services Committee
Substance Abuse Treatment Services, Waitlists, and Lengths of Stay
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Thank you for the opportunity to speak with you today regarding Maple Leaf and substance abuse treatment services in Vermont. I would like to start with a brief introduction. I have worked in the addiction prevention, intervention, and treatment profession for 18 years. I hold a doctorate in clinical psychology and am a Licensed Alcohol & Drug Counselor and Certified Clinical Supervisor in Vermont. I have worked in a wide range of settings providing addiction services, including schools, criminal justice settings, community mental health programs, and addiction treatment programs. I came to Maple Leaf Farm in August of 2013 as Clinical Director, and became Executive Director upon Bill Young's retirement.

Maple Leaf Farm Services in Underhill

Maple Leaf provides a range of services for Vermonters struggling with addiction and co-occurring mental health disorders. We receive an average of 184.5 unduplicated requests for residential services per month at our 41-bed residential Underhill facility. We currently provide residential clinically managed detoxification, residential treatment, and outpatient medication-assisted treatment (Spoke) services

Our residential client population demographics and diagnosis breakdown is:

- 32% Alcohol Use Disorder
- 86% Opioid Use Disorder
- 61% Other Substance Use Disorders (e.g. cannabis, cocaine, sedatives, etc.)
- 78% One or more mental health disorders
- 18% with severe and persistent mental health disorders (e.g. Bipolar, Schizophrenia, Personality Disorders)

We provide the following services at our Underhill facility:

- Residential treatment services, including
 - individual and group counseling using evidence-based practices
 - intensive case management
 - medical monitoring and support
 - psychiatric care
 - structured recreation, life skills, and recovery support services
- Managed detoxification
- Outpatient (“Spoke”) services
 - Outpatient medication-assisted treatment (MAT) services for individuals with opioid dependence
 - medication management
 - health education and coaching
 - case management services.

In the past year Maple Leaf has served 798 clients in residential treatment. Of these, 15% were readmissions within the same year and many were readmitted within 2-3 months of their previous residential stay. Additionally, many were readmissions after struggling in outpatient MAT services. This data speaks to *the need for greater flexibility in lengths of stay in residential treatment and improved outpatient services* to ensure there is an adequate safety net for people discharging from residential.

Upcoming Services in Colchester

Later this winter, we will open a facility in Colchester. The intent of our expansion to Colchester is to both expand Spoke capacity and provide additional outpatient services in order to better support this very complex population and ensure that they achieve better outcomes. The population we serve struggles to manage appointments. Having to go to multiple providers, locations, etc. creates a very real barrier to successful treatment. Much like we learned with clients with co-occurring disorders, this population will be more successful if their services are centralized. Our Colchester facility will include intensive case management, outpatient individual and group counseling, and intensive outpatient services. The goal is to allow clients to move seamlessly through the most appropriate level of intensity to meet their needs and ensure stable, long-term recovery.

- Clients are coming into the Spoke from a short residential stay (an average of 14 days) and they have complex issues to address
- A primary goal for Maple Leaf staff is connecting our clients to appropriate services in their home community. It is a frequent, and all too painful, occurrence to have a client that is unable to find appropriate services in the community.
- While our outpatient services include the most pressing need, MAT, it is important to keep in mind that medication alone is not enough to achieve sustained recovery from addiction for most people. While pharmacological interventions are critical for many clients, psychosocial interventions and support are also necessary. As a provider of Spoke services, I can attest to the fact that a LADC and RN team supporting 100 clients is insufficient to address the complex clinical needs of this population.
- Clients also need strong therapeutic and recovery support services, including outpatient treatment, family services, housing, and case management.

Despite the fact that our Colchester facility will greatly alleviate the waitlist problem, Maple Leaf has been told by ADAP that additional Intensive Outpatient (IOP) services are not needed in the region. While we understand that there are a few options for IOP in the region, we believe that clients should be able to choose where to receive their services. There will be no additional cost to the state for Maple Leaf to serve these clients, because the money follows the person, so their costs will be covered regardless of where they receive their services. Maple Leaf is asking for the support of ADAP to provide our high level of support and quality care to address the outpatient needs of our clients. Our IOP will assist in meeting the needs in our state.

Waitlists

Research has clearly demonstrated that reducing wait times to treatment initiation significantly improves engagement in services and, ultimately, treatment outcomes.

Maple Leaf Farm data indicates an average residential waiting list of 34 individuals with an average of 14.66 days from first contact to admission. While a little over two weeks is not a terribly long time, it is entirely too long for individuals with impulse control problems and at risk of potentially dire consequences, including incarceration, harm to others, preventable health care utilization, and fatal overdose.

At Maple Leaf, we regularly have difficulty engaging people in services who have been on the waitlist for more than week. While we work to maintain contact with people on our waitlist, they lose touch with us quickly when not able to gain entry to services. For our Spoke program, which has been at or near capacity for almost a year, we see a similar pattern of clients losing patience waiting for treatment. On multiple occasions, we have seen clients choose to drop out of residential treatment when they are not able to find a MAT provider in the community or gain admission to our Spoke, because “why bother?” While I don’t expect that we will meet the ideal of “treatment on demand,” we can assuredly do better at decreasing wait times.

Vermont’s Addiction Problem, Available Services, and Access

Vermont, like many areas of the country is experiencing an “opiate crisis.” In addition, we still have many Vermonters struggling with addiction to substances other than opiates. While Vermont has made gains in addressing the needs of individuals with substance use disorders, the scope of the problem still outpaces the available treatment resources.

Vermont’s performance dashboard indicates the following:

- Only 44% of individuals recently diagnosed with a substance use disorder and identified as in need of treatment are accessing care. The state’s goal is 50%.
- Only 17% of individuals leaving treatment have more support than when they started. This number has declined and is well below the state’s goal of 25%.
- Waitlists for Opioid Dependence treatment remain high and relatively stable, despite continued expansion of treatment services.
- While non-medical use of prescription pain killers is declining, indicators suggest that heroin use is increasing. Specifically, ER visits and fatalities related to heroin use are increasing. This would indicate that while some of the decline in non-medical use of opiates can be attributed to increased treatment, another portion can be attributed to individuals switching to heroin use. This is consistent with what our clients at Maple Leaf tell us about their progression into heroin use.

Recommendations

1. Continue to expand medication-assisted treatment capacity, but also ensure that there is an associated increase in outpatient treatment capacity.
2. Be certain that policies and practices do not create unnecessary barriers to accessing treatment.
3. Ensure that Spoke providers, including Maple Leaf, have the ability to provide the necessary clinical services to support clients using MAT. If clients have to go to multiple locations to access their necessary care, they are less likely to follow through with their treatment plan.