Senate Health and Welfare Committee
March 11, 2015
Testimony of William Young re: S 42

Maple Leaf Farm Recommendations to S.42

1. We suggest replacing the words "alcoholism" and "alcohol use disorder" with "substance use disorder".

2. On page 5, we suggest a clarification of the "Person who abuses drugs or alcohol" as meaning anyone who drinks alcohol or consumes drugs to an extent or with a frequency that impairs or endangers his or her health or functioning……..

3. We suggest clarification as to whether DVHA or VDH will have responsibility or authority regarding administration of the system.

4. Page 7: Under System of Care, number 4, we suggest using the term "recovery support services" rather than "peer support" as the broader and more descriptive term for a system that is more than solely peer support.

5. On Page 8, Section 4815 Reporting Requirements, we suggest adding another section as #3 and re-numbering the rest. It reads "(3) impact of concurrent review on access to residential treatment, appropriate length of stay and utilization."

   Although the implementation of a managed Medicaid (or concurrent review) system was implemented about 1 ½ years ago, ADAP and DHVA are now implementing a new system of managed care. Because this system can have a significant effect on people accessing treatment, we suggest the addition of a new section (3) to report on the impact of concurrent review on access to residential treatment, appropriate length of stay and utilization.

6. On pages 10-11 in (c) (1), we recommend a strike all to this section. It would create yet another barrier to accessing treatment across the state. Every recognized agency is capable of assessing for level of care. Rather than requiring yet another step that will lose people, we recommend the language you see in our mark up. It requires that, whatever door an individual comes in, an assessment shall be made regarding the appropriate level of care and the client shall then either receive services where they are, or if needed, shall be referred to the appropriate level of care and agency.

7. Treatment Council - We do recommend adding as a member the Commissioner of Corrections and broader representation of providers to ensure proper input from outpatient, medication assisted therapy and residential.

8. At the end of the Bill under Benchmarks, there is a typo and we corrected that.

This is a time of change and challenges, opportunities and dangers as we continue to work to build a comprehensive response to substance use disorders in Vermont. Our financial problems make progress more difficult, but not impossible. It's a good time for this legislation.

At Maple Leaf we have changed our entire program to respond to the changing needs of Vermonters and to a growing body of research on addiction medicine and best practice in clinical work. Around the country, most programs will tell you that they are following best practice, but most are years behind the research. I can tell you that making these changes has been difficult and hard work, but very rewarding.

We are serving people we would not have admitted two years ago. In the first 6 months of this fiscal year, 28% of those admitted had a severe and persistent mental health disorder and 80% had a diagnosis of a mental health disorder, in addition to a substance use disorder diagnosis. Trauma, often severe, is common, as is suicidality.

We've built a highly competent staff to respond to these challenges. But you should know that the recruitment and maintenance of staff is one of the greatest difficulties that programs face. The opening of the Hub and Spoke system funneled off many medical and clinical professionals into jobs that pay more than most other programs. Recovery House lost all of their LADC's. Vacancies at Maple Leaf have made it impossible to admit patients on weekends, driving down our census. We are in the process of finally correcting that, but the ADAP FY 2016 budget is based on utilization year to date as of a couple of months ago. We expect that our utilization will begin to rise towards the end of this year. If it does, our utilization in FY 2016 will be significantly higher than the budget now reflects. We've discussed this with ADAP and DHVA and they acknowledge that we will need to review this as the new year begins. In the meantime our operating budget is very tight. We are not sure the administration appreciates the complexity of the situation that residential programs are dealing with.

I urge the Committee to resist any attempt, however well meaning, to tinker with admissions into treatment by requiring that they all come through an outpatient system that rarely refers to residential treatment or a centralized process that tends to dumb down the whole system. Single source for assessments and referrals to levels of care are just a code for methods that will create barriers for people desperate to access treatment. This is a population that we will and do lose if they have to go through hoops. We all know that there are problems for some people with access. An addict needs to be immediately served, whatever door they come through. Doing the hard work of identifying what those problems are, individually, and fixing them, is everyone's responsibility. We know it at Maple Leaf and are working on it for our part. But there isn't any quick fix.

Our Clinical Director, Dr. Catherine Iacuzzi and I are glad to be of help and to answer any questions the Committee may have. Please feel free to contact us at my number: 802-899-2911 x 206 or email at wyoung@mapleleaf.org . Thank you.