

S.42 Testimony – Mitchell Barron, LICSW LADC – 3.11.2015

Good morning – and thanks for taking the time for our testimony today.

My name is Mitch Barron. For the past 18 years, I have been the Director of Centerpoint Adolescent Treatment Services, a primary provider for Vermont's young people and families faced with the broad range of mental health, substance abuse, and special education needs.

Also informing my testimony today... I am currently the Vice President of the Vermont Association of Addiction Treatment Providers, and I believe you heard from the VAATP President Kurt White yesterday. I am also the Chair of the Vermont Alcohol and Drug Abuse Advisory Council, so some of my comments today will be related to §48 31 of this bill. I am a principal and pilot site with the Vermont Youth Treatment Enhancement Program, which I'll reference a bit later in my remarks. And, I am on the boards of two of our local community substance abuse prevention and health promotion coalitions, the *Burlington Partnership for a Healthy Community* and *Connecting Youth*, a similar coalition in the south Chittenden County towns.

With this my perspective carries the full PITRE model, beginning with Prevention and Education, to Intervention and Treatment, creating healthy communities that support recovery and promote resiliency, and enforcement efforts including restorative justice practices.

I very much appreciate the intentions with this bill to clarify language and activity that better reflects the growing body of knowledge related to substance use, misuse, abuse, and addiction. I understand that the text of the bill as introduced has already been revised in this regard, and I trust that the testimony that you have heard thus far may help this bill to become even stronger as it is designed to reflect – and to guide – Vermont's service system for addressing the causes and consequences of drug and alcohol misuse.

With that, I would like to address two primary areas of concern and consideration.

First off, intervention, treatment, and recovery supports have historically been designed with the adult – and the individual – in mind. This is true, even though most adult substance abusers report that their drug and alcohol difficulties began during adolescence – and most individuals in need live within families – families that are at a loss of what to do about the individual's substance use... or contribute to the individuals drug and alcohol problems... or turn a blind eye based on hopelessness and despair.

Approaches to working with youth – and to maintaining a family-based perspective – are not simply adaptations of adult models and policies... or adult-based legislation and program standards. Rather, they are specialized approaches to treatment – developmentally-matched for age and ability; culturally considerate; responsive to the needs - and changing dynamics - and learning styles of adolescents.

You may or may not be familiar with the **Vermont Youth Treatment Enhancement Program**, and I've included a little bit of information for you on-line. This federally grant funded initiative is a partnership

between ADAP; 2 provider sites – Centerpoint in Chittenden County and the Youth Service Bureau in Washington County; AdCare as a consultant and coordinator; and, UVM’s VCHIP program for evaluation. The overarching goals of this partnership are to *enhance* the quality of substance use treatment services for teens, young adults, and families – and to *expand* these services throughout Vermont so that quality adolescent and family care is not – as we say – dependent on zip code or county lines. Specifically, the focus of the Vermont Youth Treatment Enhancement Program is to:

- Improve access to care, with expanded school-based, community-based, and co-located services;
- Reduce obstacles to care, with services that offer immediate response, timely support, and a strength-based consumer-focus;
- Enhance existing services, with new models of evidence-based practice that are developmentally-matched for adolescents and young adults and that show excellent outcomes;
- Integrate and expand the treatment system of care, by strengthening current partnerships and developing new collaborative relationships;

And to underscore these last points - effective treatment exists in context with other youth service systems. While I know it is outside of the purview of this committee, and perhaps this bill, I do believe it is essential to acknowledge adolescent treatment and support as provided within juvenile justice and – most importantly – education systems. Through Centerpoint – and now growing through VYTEP in other regions of the state, we provide a tremendous amount of treatment and intensive support in schools - public schools and alternative schools. I am not simply talking prevention and health promotion programming – though we do that, too. Rather, I am talking about school-based, site-based, community-based treatment services that increase client access, reduce obstacles, and meet young people in settings and environments that serve them best.

I’ll respectfully ask you as policymakers to determine how best to cross the boundaries between committees, and policies – to insure that an adolescent and family informed bill brings and keeps the Agency of Education at the table. I need to emphasize that to talk about a young person’s substance abuse and co-occurring mental health needs without considering the school context would be equivalent to considering a young person’s needs outside of a family context. The current adult-oriented frame of this bill may be construed as doing just that.

In the adolescent, youth, and family treatment field, we are responsive and innovative in developing services that are best matched to the needs and abilities of our clients. We are establishing an effective collaboration with our partners in ADAP and it would be great to see this responsiveness and innovation through public-private partnership supported, reinforced, and guided through a more developmentally-inclusive approach within legislation and this bill.

Recognizing the limitations of our time today, I like to shift to some brief thoughts regarding the council. So, I’ll conclude my initial points and request with an offer, if you are interested – to work with Katie and others to insure that this bill is languaged to best recognize and address the special needs of some of Vermont’s most vulnerable youth and families.

Regarding §48 31, as I mentioned during my introduction, I am a long-standing member and current Chair of the Vermont Alcohol and Drug Abuse Advisory Council (VADAAC). Initially established through Act 51, the intention and membership of this council has varied through my tenure – at-times, with greater focus and at-times with less. During my leadership, I have invited the council to have a broader perspective – in fact, adopting the same PITRE model that I mentioned earlier. I would encourage this broader scope to be maintained within this bill – perhaps even maintaining the same name – but certainly not limiting the scope of this council to treatment – as indicated by the suggested name change. Treatment is an essential and effective part of our system of care, but it is by no means the only part.

A quick final thought from the ground – this council has been a mix of community providers, parents and family members, advocates, educators, school administrators, along with appointments and representatives of state agencies assigned by their directors or commissioners. I have seen the greatest focus, passion, commitment, and outcome from those who see council participation as an opportunity rather than an assignment or obligation. And frankly, this is reflected in meeting attendance. I would encourage the membership distribution as detailed in §48 31 to be adjusted to insure that this council maintains a ‘community’ voice – advising the administration, the legislature and others – rather than being an interdepartmental coordinating council. I sit on plenty of these as well, and I believe VADAAC is best served – and will best serve – as a representation of voices from the field.

Again, thanks for your time, and thanks for your efforts with this bill and all legislative activity directed to improving the lives of people – including teens and families – impacted by drug and alcohol misuse, abuse, and addiction.

I’m certainly available for any questions or thoughts now, and my contact information is included in the on-line material if you have any follow-up thoughts, questions, or needs. I’d look forward to working together with you on these efforts.

Thanks.

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