

**Testimony of Catherine Iacuzzi, Maple Leaf Treatment Center
Substance Abuse Treatment Services
Senate Health and Welfare Committee
January 14, 2016**

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 am also the Northeast Regional Vice President for NAADAC, the National Association for Addiction Professionals. I came to Maple Leaf in August of 2013 as Clinical Director, and became Executive Director upon Bill Young's retirement.

Maple Leaf Treatment Center Services in Underhill

Maple Leaf receives an average of 184.5 unduplicated requests for residential services per month at our 41-bed residential Underhill facility. 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
- Clinically Managed Detoxification (non-medical detox)
- Outpatient (“Spoke”) Services
 - Outpatient medication-assisted treatment (MAT) services for individuals with opioid dependence;
 - Medication management, health education and coaching; and
 - Case management services.

In the past year Maple Leaf has served 798 clients in residential treatment. Of these clients, 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.

Need for Maple Leaf Treatment Center Expanded Outpatient Services in Colchester

Later this winter, we will open a facility in Colchester in order to both expand Spoke capacity and provide additional outpatient services 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. This population will be more successful if their services are centralized. Our Colchester facility will include intensive case management and outpatient individual and group counseling services at variable levels of intensity. Each individual's intensity of services will be tailored to their unique needs with seamless movement through the most appropriate level of intensity to ensure stable, long-term recovery.

- Residential stays are often too short to address complex issues, causing readmission.
- Clients are often unable to find appropriate services in the community.
- 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.
- An 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.

Maple Leaf's Colchester facility will greatly alleviate the waitlist problem and provide needed treatment options for clients.

Waitlists

Reducing wait times to treatment initiation significantly improves engagement in services and, ultimately, treatment outcomes. Maple Leaf Treatment Center 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. We need to do better to reduce wait times.

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.