

## Testimony on ADAP RFI

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Vermont Care Partners (VCP) and its network agencies have been and continue to be extremely invested in the future of Vermont's substance use disorder (SUD) delivery system.

- As a network we have served over 15,000 unduplicated Vermonters in the last five years in our substance use disorder treatment programs alone.
- 80% of our comprehensive service designated agencies are preferred providers, which is a third of all preferred providers in the state
- The largest hub in the state, the Chittenden Clinic, is a Howard Center program and part of our network.
- More data and outcomes on our SUD services can be accessed through VCP.

### Key Points

- ADAP system restructuring must be considered in the context of the larger health delivery reform taking place in Vermont.
- As providers of not only substance use disorders but also of mental health and developmental disabilities services, the VCP network believes that any restructuring of the SUD delivery system, including quality assurance, service expansion or contraction, contracting and oversight, must align with and be internally coordinated with the rest of the Agency of Human Services and especially with the efforts of the Department of Disabilities, Aging and Independent Living (DAAIL) and the Department of Mental Health (DMH).
  - We encourage ADAP to consider aligning this system with other state agencies who oversee care coordination, such as DMH and DAAIL, rather than further bifurcating the current system.
  - Alignment would enhance opportunities for integrated and continuous care for people with complex needs and those who have co-occurring mental health and other health conditions.
- VCP and its network agencies have been intricately involved in system redesign with DMH, DAAIL, the Department of Vermont Health Access (DVHA), and One Care Vermont in their payment and delivery reform efforts. Based on this experience we feel that state government working together in a transparent and iterative process, with people who use and provide services along with other stakeholders, leads to a more effective and efficient process and outcome.
  - We are concerned that while ADAP had conversations with some individual stakeholders, the process did not involve system-level planning and input, and was not iterative.
- The RFI indicates that ADAP is looking to bring treatment and recovery services under management by an outside entity. At a time when there seems to be little appetite for state general fund dollar increases for the system, this would add yet another layer of administration

outside of state government and the expense for contracting would directly take away from service delivery dollars. This is very concerning given that providers already struggle to recruit and retain direct service providers based on low reimbursement rates that have not seen an increase in several years.

#### Any Restructuring Should Include:

- Meaningful, iterative, and collaborative engagement with VAATP and VCP, as well as other impacted organizations, and AHS departments in the context of payment reform.
- No reduction in direct service dollars
- A true co-occurring continuum of care that allows for blending of mental health and substance use disorder funding streams
- Emphasis on immediate access to care
- Peer recovery services available to support treatment programs and services at all stages of the continuum
- Meaningful outcome measures that align with outcomes in mental health and health care payment reform
- The Intercept framework for individuals involved with corrections

We look forward to continuing to work with ADAP and all our partners in state government to ensure the highest quality substance use disorder and co-occurring treatment, while ensuring easy access to care, for all Vermonters.