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S.36 - An act relating to Medicaid coverage of long-term residential treatment for co-occurring substance use disorder and mental health condition
Senate Health and Welfare Committee
February 26, 2025

I am testifying today to share Recovery House's experience as a residential substance use treatment provider within the state's continuum of care.

Substance Use Treatment – Continuum of Care
Historically speaking, residential substance use treatment offered a place for people to send their loved ones for a "long" period of time, hoping they would return, cured. Over time, research has demonstrated that a key principle of effective treatment includes individualized approaches, care in a "least restrictive" environment (as appropriate), and longevity of engagement with the continuum of care. Gone are the days when residential treatment is the sole solution, and this is a positive shift in our care of clients. Analogous to the shift away from state hospitals in the psychiatric world, the substance use treatment continuum has allowed for individualized care that reflects the human right of autonomy.

Today, our substance use treatment continuum of care (which acknowledges and addresses co-occurring mental health) is modeled after the standards outlined by the American Society of Addiction Medicine (ASAM). Rating levels of care on a scale of one to four (1-4), ASAM includes hospitalization, residential treatment, intensive outpatient, outpatient, and recovery supports. Recovery House provides programming at every level of residential treatment (ASAM 3.7, 3.5, and 3.1) with our three treatment programs.

Recovery House Services
Recovery House has a unique perspective, serving those in need for over 50 years – in every iteration of care. Currently, Recovery House is offering a myriad of services, within its campus, including: ASAM 3.7 Medically Monitored High-Intensity Inpatient Treatment at Serenity House (typically a 14-day course of treatment), ASAM 3.1 Clinically Managed Low Intensity Residential Services at Grace House and the newly opened McGee House (both typically a 90 day course of treatment), and Public Inebriate programming for Rutland and Addison Counties (co-located at Grace House).

The Recovery House campus has allowed for seamless transition between levels of care, by offering services under the same umbrella organization. Not only does this increase the ease of access for clients, but it works as a cost savings to Vermont (with centralized administration, admissions, and operations). During an individual's stay in treatment, services are offered to address substance use, mental health, medical, dental, legal, family, workforce, and housing needs. Services are either provided by Recovery House Inc., or services are provided by local partnering agencies.

The ease of access has been demonstrated numerous times. First, one can review case study A:

Case Study A

Client A is an individual, in their mid-20s, who struggles with polysubstance use, with a history of repeated episodes in residential substance use disorder treatment. Client A has a documented history of co-occurring mental health and physical health issues in context of a significant history of trauma and abuse, as well as dental concerns. Client A is currently in Federal Custody and has spent significant time incarcerated.

Client A's most recent episode of care began while incarcerated. Client transitioned from a correctional facility to Serenity House. Upon completion, Client A was referred to and subsequently transitioned into our "stepdown" facility (Grace House) for continued residential treatment. Client A engaged in treatment for approximately six weeks before drug use recurrence in the program. By utilizing our public inebriate program beds, we were able to offer Client A a safe, monitored place to stay while they awaited the transition to Serenity House.

Case Study A is an example of how we can transition those in need to services that are most appropriate, in the best way possible.

In considering other ways in which we have utilized our campus, one can examine Case Study B:

Case Study B

Client B is an individual with a multi-decade history of alcohol use disorder. An older individual with limited resources in the community, and a significant history of multiple residential treatment episodes of care. Client B successfully engaged in the Serenity House program and then transitioned to Grace House. During their treatment stay at Grace House, Client B engaged in community resources for mental health, medical, and workforce needs. After a successful 90+ day episode of residential treatment, Client B transitioned to a local recovery residence. After some time in the local recovery residence, alcohol recurrence presented. The local recovery residence, needing to find safe placement for this individual, transitioned Client B into our Public Inebriate beds. Once sober and no longer having substances in their system, the recovery residence determined that Client B was appropriate to transition back into their home.

In the case of Client B, the brief utilization of our public inebriate program allowed for a minimally restrictive (duration) engagement with our system to allow for continue progress within their community. Client B could have transitioned to a higher level of care, if needed. Both case studies demonstrate the effectiveness and efficiency of the Recovery House Inc. campus.

Recidivism/Relapse

According to the Vermont Department of Health the recidivism rate of those attending residential treatment is 12%. They also shared the aftercare follow-through rate (25%). Considering this, the question we must aim to answer is: How do we get more people to engage in the ENTIRE system of care? We must look to build a community that helps people remain in remission.

There are many complicating factors that lead an individual to resume use (relapse). We have seen individuals stay over 90 days in our residential treatment programs, transition to a seemingly healthy environment, engage with outpatient services, and still relapse. This is a chronic and relapsing disease that requires continuous work from individuals and providers. Housing, transportation, access to substances, unhealthy relationships, mental health or medical issues can all have an impact on an individual's recovery. It is shortsighted to link together an individual's success relying solely on a certain length or time in a residential treatment setting.

S.36 Proposal/Suggestions

To date, the committee has heard testimony from the Vermont Department of Health, Spectrum Youth and Family Services, Vermont Foundation of Recovery, and Jenna's Promise. Although they've had valuable interactions with residential treatment, I would like to offer the residential treatment perspective.

We have heard suggestions that residential treatment is "failing," that it is "wash, rinse, repeat," and that a certain program in New Hampshire is "lightyears ahead" of the Vermont system. There was also suggestion that Vermonters in need are only offered 14 days of treatment because providers think that works. I understand the emotion behind the hyperbole, but to these points, I offer the following:

- Residential substance use treatment MUST remain individualized. Prescribing a set duration is clinically inappropriate.
- Discharging someone at the 14-day mark due to Medicaid funding limitations is also inappropriate.
- Note that Recovery House does not discharge at the 14-day mark due to funding. In fact, Recovery House often extends individual stays longer due to the increasing complexity of co-occurring disorders. I would like to clearly state that there is no practice in Vermont of which I am aware, of "kicking people out" due to inadequate funds.
- I have yet to see any data that suggests Vermont is providing inferior treatment to that provided in other states. On the contrary, Recovery House has been building out a treatment model that is similar to the praised aspects of out-of-state providers. We have been offering "long-term" residential treatment, since 2020, after transitioning Grace House from "halfway" to ASAM 3.1 programming – thus creating our campus model.

Considering all of this, the following suggestions are offered for changes to S36:

1. Eliminate language that prescribes length of stay.
    - Vermont's high intensity and low intensity residential treatment offering allows for months within the residential levels of care – when clinically indicated.

2. Eliminate language that suggests "successfully addressing" substance use in a treatment setting.
    - "Success" is measured in many ways. It would be naïve for a provider to conclude that they have "successfully" treated such a chronic disease. Rather, we help individuals enter remission. It is their continued work in the continuum of care that helps keep them in remission.

3. Develop a policy that allows for the creation of a funding mechanism for those who need longer lengths of stay in our high-intensity residential treatment programs (ASAM 3.7/3.5).
    - Medicaid provides residential treatment programs at an episodic rate if an individual remains in treatment for longer than 3 days. At the 14-day mark, Recovery House is seeing a 65% cost-coverage. Longer stays are provided when clinically appropriate, with increased costs and diminished revenues.