

Testimony by Mark Redmond to Senate Health and Welfare Committee

Re: S.36 (an act relating to Medicaid coverage of long-term residential treatment for co-occurring substance use disorder and mental health condition).

Good morning Madame Chair and the members of the Senate Health and Welfare Committee. My name is Mark Redmond and I am the executive director of Spectrum Youth and Family Services. Spectrum has been in existence for 55 years, based in Burlington but we have been expanding our work geographically and have been in St. Albans for almost four years and are about to open a 10-bed residence for homeless youth in that city.

We are known for our work with homeless teenagers and young adults, and while that is still very much true, we have greatly expanded our Mental Health and Substance Abuse counseling work in the last several years. Three years ago we had 4 licensed counselors in our Riverstone Counseling program and today we have over a dozen.

Substance abuse disorder is something that runs in tandem, unfortunately, with the homeless population. It is also one of the disorders we see often in our counseling work. I began meeting over a year ago with judges, providers such as Jenna's Promise and Dismas House, probation officers and public defenders because we were all witnessing the same thing: individuals suffering from addiction to substances such as Fentanyl and Xylazine are not getting better when sent to Vermont's two residential recovery providers, Valley Vista and Serenity House. And that is because the typical stay at those facilities is only 14-17 days, which is barely enough time to detox much less receive the therapeutic services in a sober environment necessary for true recovery to take root. What Vermont was doing, the Hub and Spoke model, may have worked when we had a Heroin epidemic, but it is definitely not working with a Fentanyl/Xylazine epidemic.

The members of our informal group decided to do some research to find out what other states were doing. We didn't have to look far. We discovered Granite Recovery Centers in next door New Hampshire. Individuals sent there receive 14-day detox followed by 14-day rehab, followed by 30-day Partial Hospitalization Program and then 30-day Intensive Outpatient Program. This all takes place in their facilities and in a coordinated care environment. While this by no means guarantees a successful return to society for every person, it is light years ahead of Vermont's present wash-rinse-repeat cycle.

If revising Medicaid rules in order to facilitate a movement towards this mode of treatment is what is necessary, then by all means please pass S. 36 and let's head in this direction. What we are doing now is not working, and keep in mind, it is the most expensive. We are treating people at the highest level of care, for a very short amount of time, they are leaving and relapsing, and then eventually ending back at the highest and most expensive level of

care. Treating individuals at the highest level of care for short periods of time is a failing cycle and often results in incarceration, requiring more law enforcement and judicial resources. Everyone is losing at this point...

I would now like to invite Spectrum's Chief Clinical Officer Chris Smith to address your committee, he has much more extensive and in-depth training and experience in the substance abuse treatment world and is well-capable of speaking to this issue.

Thank you.