August 26, 2024

Governor Phil Scott
109 State Street, Pavilion
Montpelier, VT 05609

Re: Extended Treatment for Vermonters with Substance Use Disorder

Dear Governor Scott:

We hope to bring to your attention a new approach to substance use disorder that will afford Vermonters a much better opportunity to sustain recovery. As you know, Vermont's current model consists in part of short term stays (approximately fourteen to twenty-one days) at the highest level of care in one of Vermont's two primary residential rehabilitation providers: Valley Vista (eighty male beds, nineteen female beds) and Serenity House (twenty-four beds) (collectively, "RR providers"), followed by treatment in the community.

After a short two to three week stay at an RR provider, Vermonters who are discharged to their communities usually participate in continuing substance use disorder and mental health services. This often forces them back to the very people, places, and things which fed their addictions. Because of the housing crisis and an inadequate patchwork of sober living options, relapses are frequent. After a relapse, Vermonters are often sent back for another two week stay with a Vermont RR provider, followed by a release back to the same community, outpatient treatment there, and another relapse. This creates a wash-rinse-repeat cycle that is not only extremely expensive, but wholly ineffective. As one treatment specialist put it, this approach is "a complete waste of money."

After talking to Vermont RR providers, Dr. Levine and his staff, addiction specialist John Brooklyn, M.D., Dr. Stephen Leffler, treatment providers in Vermont, New Hampshire, and New York, Senator Ginny Lyons, Representatives Theresa Wood and Martin LaLonde, and the founder of Jenna's Promise, Dawn Tatro, we believe we have identified a critical missing piece in Vermont's recovery network: residential stepdown facilities (a "stepdown").

A stepdown facility affords an individual the ability to continue to receive therapeutic services in a sober environment for sixty or ninety days or longer if necessary. This approach to recovery is available in both New Hampshire and New York. Stakeholders there claim it is both cost effective and necessary to achieve long term

sobriety. The scientific literature supports this conclusion as does common sense. The longer an individual is sober and has an opportunity to practice that sobriety, the more likely he or she will engage in a sustainable sober lifestyle.

We know Vermont cannot easily replicate stepdown facilities located elsewhere. We are realistic about the time and resources necessary to do so. We are thus asking you to either urge Vermont to aggressively pursue stepdowns or support insurance and Medicaid changes that would allow Vermonters to access stepdown services in New York, New Hampshire, and elsewhere.

I. Our Collective Experience

We have collected testimonials from the following stakeholders for your consideration:

Dawn Tatro, founder of Jenna's Promise

Mark Redmond, Spectrum's Executive Director

Eric Maguire, House Representative and Director of Dismas House Rutland

Hon. Christina Reiss, Chief Judge District of Vermont

Hon. Kevin Doyle, Magistrate Judge District of Vermont

U.S. Probation, District of Vermont (Chief U.S. Probation Officer Michael Cusick)

Federal Public Defenders Michael Desautels and Sara Puls

Hon. Elizabeth Novotny, Vermont Superior Court

Hon. Kevin Griffin, Vermont Superior Court

II. Extended Treatment Yields Better Outcomes

The current provision of twelve to seventeen days of treatment for Vermonters at RR providers is inadequate. Although we have heard longer stays are available, we have almost never seen them. We agree that many people do not need medically supported treatment for long periods of time. However, to effectively limit all residential treatment to two to three weeks is nonsensical. It does not contribute to successful treatment outcomes, and it is neither effective nor cost-efficient, especially if it results in repeated cycles, which it often does. Vermonters on Medicaid without the means to cover longer stays or to reasonably access care outside Vermont are especially disadvantaged.

Our experience tells us that most people with substance use disorders have significant trauma, with a high percentage of women being survivors of sexual or domestic violence and in some cases trafficking. Many people have co-occurring mental health conditions which often require medications that can take significant time to take effect and reach a therapeutic dose.

Although substance use disorders entail physical dependence on the substances themselves, people are often using substances to cope with their past and present experiences, psychological trauma, and mental illness. In a relatively short time, treatment or incarceration decreases tolerance, rendering individuals even more susceptible to overdoses and other adverse effects if they resume using controlled substances.

If the first week at the RR provider is an attempt to detox the individual and engage in aftercare planning, this leaves little time, often only a week, for intensive therapeutic engagement and recovery. It is not possible to address years of trauma, substance use, mental health challenges, and the need for housing and employment in such a short amount of time.

Inpatient treatment alone is almost never enough for a person to achieve long-term, sustained recovery. It is not meant to be the solution unto itself, but rather the first of many steps in a person's recovery journey. If Vermont seeks to provide successful treatment, and more importantly better long-term outcomes, residential treatment options need to be more robust and include stepdowns.

According to a study by the Recovery Research Institute, the average number of times a person goes to inpatient treatment before achieving five years of continuous sobriety is eight times. Some of the pressure presented by the sheer demand for RR providers in Vermont may be reduced by stepdowns. It would also save money spent on healthcare costs and incarceration, while improving therapeutic outcomes.

III. New Hampshire and New York Offer Longer Treatment

We have met with representatives from Granite Recovery Centers in New Hampshire which offers a regimen of fourteen-day detox; fourteen-day rehab; thirty-day partial hospitalization program; and a thirty-day Intensive Outpatient Program. While this by no means guarantees a successful return to society for every person, it is a vast improvement over the treatment options available in Vermont. Granite Recovery Centers' thirty-day partial hospitalization phase equates to what we refer to as stepdowns. Expensive medical services are not required at this stage because detox has been completed and the focus is on practicing life skills to sustain sobriety and recovery.

The average residential treatment stay in Northern New York is twenty-nine days. Some stays can be as short as fourteen days; however, there are also programs with longer residential treatment, such as St. Joseph's Addiction Treatment and Recovery Centers, which offer a ninety-day inpatient program. Aftercare planning begins early in the residential treatment process and, due to the length of stay, there is generally sufficient time to develop a comprehensive aftercare plan. An important part of that plan is housing. If the individual does not have a stable residence to return to, applications for sober housing are submitted as soon as possible. Once an individual completes residential treatment, they return home or to sober housing to participate in outpatient treatment.

With adequate time for planning, sober housing is available with little to no waiting period.

IV. Housing/Aftercare Challenges

We acknowledge that, at some point, most Vermonters will return to Vermont after their extended treatment elsewhere. They may face many of the same temptations and challenges they currently face in the wash-rinse-repeat cycle. However, when they do so, they will have a significant period of sobriety under their belts. They will not be in the extremely fragile state of early recovery. In a more solid state of recovery, they are more likely to obtain and retain stable employment and housing.

The reality in Vermont is that existing sober housing does not meet the current need and waiting lists are long. Two weeks is often not enough time to secure a bed in a sober home, but in ninety days, this is achievable.

Additional time in residential treatment can have wide-reaching benefits in other areas:

- Time to reconnect with sober social supports that are frequently unavailable during active addiction
- Obtaining a new ID or driver's license
- Applying for public benefits
- Addressing pending criminal cases or other legal issues
- Stabilizing on a new regimen of psychotropic medication
- Obtaining employment

These important components of long-term recovery should be available to Vermonters as they enter their recovery journey.

V. Cost savings

The expense of consistently treating Vermonters at the highest level of care in RR providers and using prison as the fallback is ultimately more expensive than if investments are made in stepdown and other longer term treatment options.

For example, when an individual must be incarcerated while awaiting a bed date at an RR provider, the cost to taxpayers is immense. In the federal system, because there are no Bureau of Prisons facilities in Vermont, many pre-trial federal inmates are held in Vermont's Department of Corrections ("DOC") facilities through a contract with the U.S. Marshals Service, or out of state and transported to and from that state for court appearances. The cost of incarceration in DOC is approximately $95,000 per year. By

contrast, the cost of supervising someone in the community is approximately $9,000 – a difference of more than $86,000 per person, annually.[1]

The most recent advisory from the Administrative Office of the United States Courts, dated October 25, 2023, provides the following monthly cost data regarding federal costs:

	Bureau of Prisons Facilities	**Community Correction Centers**	**Supervision by Probation Officer**
Daily	$136.00	$107.00	$12.00
Monthly	$4,147.00	$3,266.00	$366.00
Annually	$49,770.00	$39,197.00	$4,387.00

We believe this reflects the current differential in the Vermont Department of Corrections as of 2022:

	Vermont Correctional Facilities	Out of State Facility	Field Supervision
Daily	$261.07	$109.98	$25.23
Monthly	$7,941.07	$3345.41	$767.67
Annually	$95,292.82	$40,145	$9,212

Treating individuals at the highest level of care for short periods of time again and again is a failing cycle that results in more incarcerated people. Vermont's current treatment regime requires more law enforcement and judicial resources as well.

We look forward to presenting our proposal to you in person. Your leadership could make the critical difference in vulnerable Vermonters obtaining the care they need and the outcomes they deserve.

[1] *Cost of Court Backlog: Department of Corrections*, Jan. 18, 2023, *available at* https://legislature.vermont.gov/Documents/2024/WorkGroups/Senate%20Judiciary/Court%20Backlog/W~Nicholas%20Deml~DOC%20Costs%20of%20Court%20Backlog~1-18-2023.pdf.

Very truly yours,

/s/ Mark Redmond
/s/ Kevin Doyle

/s/ Eric Maguire
/s/ Michael Cusick
/s/ Sara Puls

/s/ Christina Reiss
/s/ Michael Desautels

Mark Redmond, Spectrum's Executive Director
Eric Maguire, House Representative and Director of Dismas House Rutland
Hon. Christina Reiss, Chief Judge District of Vermont
Hon. Kevin Doyle, Magistrate Judge District of Vermont
U.S. Probation, District of Vermont (Michael Cusick)
Federal Public Defenders Michael Desautels and Sara Puls

Addendum

Literature

Addressing Length of Stay in Substance Use Treatment to Predict Successful Completion: Journal of Social Work Practice in the Addictions: Vol 23, No 3 (tandfonline.com)

Childhood Trauma and Substance Use Treatment Length of Stay and Completion: Alcoholism Treatment Quarterly: Vol 41, No 3 (tandfonline.com)

Effectiveness of long-term residential substance abuse treatment for women: findings from three national studies - PubMed (nih.gov)

Stay in residential facilities and mental health care as predictors of readmission for patients with substance use disorders - PubMed (nih.gov)

American Addiction Centers' Outcomes Study

The "Sweet Spot"? For Adolescents that Attend Residential Treatment, 60 to 90 days may be ideal - Recovery Research Institute (recoveryanswers.org)

What is the Evidence for Residential Treatment? A review and update - Recovery Research Institute (recoveryanswers.org)

Testimonials (see attached)

JENNA'S PROMISE
A pathway to recovery

7/29/2024

To Whom It May Concern,

I am writing to you today as a parent who has lost a child to an overdose. Our daughter, Jenna, struggled with addiction for six years, cycling through at least 20 drug rehabs across the country. Through this heartbreaking journey, I have learned what works and what doesn't, and I am speaking from deep personal experience.

After losing Jenna, my husband and I decided to build something that would truly make a difference. We founded Jenna's Promise based on a model that addresses the critical needs we identified. The last program Jenna attended was at Granite Recovery, which brought together many effective elements. This program is based on longer stays with gradual step-downs, allowing individuals to stay for 90 days or more if needed.

Our experience has shown that people need more time to heal and to get their brains functioning in recovery mode. Addiction often involves significant trauma, making mental health support just as crucial as addressing the substance use itself. Our program stabilizes individuals after at least 30 days, enabling them to begin working on their overall well-being. The potency of modern drugs means that detoxification now takes longer, necessitating extended treatment periods.

The brain does not heal in 15 to 30 days after years of substance abuse and trauma. This is why the revolving door of treatment centers results in repeated admissions, costing the state millions and yielding few positive outcomes. Longer treatment stays have proven to be effective, especially when combined with safe housing and workforce development programs.

JENNA'S PROMISE
A pathway to recovery

7/29/2024

We have seen the success rates of our program at Jenna's Promise, with a 65% success rate based on longer stays. This is significantly higher compared to other facilities. The current standard of up to 14 days of treatment in Vermont is inadequate, primarily driven by insurance limits and not by best practices or scientific research. This approach disadvantages those on Medicaid or Medicare who cannot afford longer stays.

It is crucial to advocate for longer treatment periods. Research supports that 90 days of inpatient treatment marks a significant turning point in recovery, leading to improved long-term outcomes such as reduced relapse rates and recidivism. Inadequate treatment durations fail to address the complexities of addiction and co-occurring mental health conditions, leaving individuals vulnerable and unprepared for recovery.

We must take steps to work with insurers, treatment centers, and other stakeholders to provide longer treatment periods. This will allow adequate time to connect individuals to resources for long-term care and community support, ultimately saving lives and transforming our communities.

Thank you for your consideration.

Sincerely,

Dawn Tatro

Founder, Jenna's Promise

SPECTRUM
YOUTH & FAMILY SERVICES

August 14, 2024

To Whom It May Concern,

I am the executive director of Spectrum Youth and Family Services, based in Burlington, Vermont but also working in St. Albans/Franklin County. I have been ED at Spectrum since 2003 and worked in the field of caring for homeless and at-risk youth since 1981.

Our primary work at Spectrum is with teenagers and young adults who are homeless or at-risk of such. The latter includes youth who are in or exiting the Vermont foster care system; the children's mental health system; runaways; in the juvenile justice system; suffering from mental health disorders and/or substance use disorders. We help them in a variety of ways, including 26 beds in Burlington for those who are homeless, with another 10 beds about to come on-line in St. Albans this Fall. We operate a social enterprise, a car detailing business in Williston, to provide them with job training. We recruit and train mentors for scores of young people in Chittenden and Franklin Counties. We operate drop-in centers where young people can come in and receive a free hot meal, take a shower, receive free clothing and have access to the free health clinic in our building. Spectrum also operates Riverstone Counseling, which provides mental health and substance abuse counseling by licensed, masters-level professionals.

There are many holes in our various systems of care in Vermont, but one that is particularly glaring is that of substance abuse treatment. When we had a heroin epidemic in Vermont, at least there was the Chittenden Clinic run by the Howard Center to which we could refer young people requiring that level of care. But now we have a fentanyl/xylazine epidemic. We refer our youth to Valley Vista, whereupon they receive 17 days at the most, which is barely enough time to detox. They are then released, often ending up on our shelter doorstep. They have not received the treatment they need in order to recover from these deadly substances and almost always immediately relapse. We watch this tragic cycle repeat itself over and over.

We need not look very far to discover and learn from a state that is taking this epidemic seriously and making inroads in terms of proper treatment. In New Hampshire, they offer 15 days of detox, 15 days of rehab, 30 days of partial hospitalization and 30 days of intensive outpatient. Does this guarantee sobriety? No it does not, but the evidence strongly predicts that longer stays of care mean better outcomes.

We desperately need in Vermont a form of care that resembles that of our next door neighbor state. I am urging you to take this into careful consideration because as it stands right now, we are losing the fight for a healthy Vermont.

Sincerely,

Mark Redmond
Executive Director

UNITED STATES DISTRICT COURT
DISTRICT OF VERMONT
P.O. BOX 446
BURLINGTON, VERMONT 05402-0446
802-951-6622

Chambers of
CHRISTINA REISS
Chief Judge

August 13, 2024

To whom it may concern,

I am the Chief Judge of the United States District Court for the District of Vermont. I was appointed to the State of Vermont trial court in 2004 by Governor James Douglas. In that capacity, I was the presiding judge in Chittenden, Addison, Lamoille, and Orleans Counties. I have also sat in Washington County family court and Franklin County criminal court. In 2009, President Barack Obama appointed me to the federal court bench. I was Chief Judge from 2010 to 2017, and I have recently begun another Chief Judge seven-year term.

I have seen thousands of Vermonters in the throes of addiction who want and need treatment. From my perspective, the substance use scourge in Vermont has grown progressively worse. I do not believe we have been "successful" in addressing it regardless of how that term is defined. In my opinion, it is time to revisit what we are doing and be prepared to admit we are on the wrong track.

In speaking to other stakeholders, we have coalesced around a single critical missing piece in Vermont's recovery network—a lack of long-term residential options for intensive substance use treatment.

In 2009, Vermonters were able to access ninety day programs at the Phoenix House and Dublin House in New Hampshire. Now the typical stay at the very limited residential resources available in Vermont is two to three weeks. That is simply not enough time for an individual to detox and then change habits, thought patterns, perspectives, and practices that have often persisted for decades. Longer treatment yields better outcomes. It also prepares an individual to re-enter his or her community with a more solid recovery underway which, in turn, increases the likelihood of stable employment and housing.

We ask you on behalf of some of the most vulnerable Vermonters to help us move Vermont in a different direction to produce much needed change.

Very truly yours,

Christina Reiss, Chief Judge
United States District Court

OFFICE OF THE FEDERAL PUBLIC DEFENDER
DISTRICT OF VERMONT

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August 12, 2024

Vermont Needs Longer Residential Substance Use Treatment – a "Tale of Two Clients"

In the Federal Public Defender Office, we represent most of the people in Vermont charged with crimes in federal court. Many, many of our clients' cases and lives are riddled with substance use. Many clients try to "work on the problem" by themselves. And even try and try again. But ultimately most don't win the fight. Others, a precious few unfortunately, can get their substance use under control and then start living like they have always wanted to. The difference between the two? Often it is a *comprehensive long-term residential treatment program* for the successful few. Two real life stories illustrate this.

"Mr. L."

Mr. "L" is in his mid-30's. He has struggled with drug use since he was a teenager. For the last several years his scourge has been methamphetamine. Life dealt him some pretty tough cards in his early years. He eventually succumbed to the numbing that methamphetamine gave him. To keep his flow coming, he turned to selling meth. After federal prison he came out onto "supervised release"—sort of a probation after prison. Mr. L would get a job and do okay but would then fall back into methamphetamine use. He went to Valley Vista for 14 days treatment. He came out and lived with his girlfriend, and after a couple of weeks used methamphetamine again. He would get breaks from the U.S. Probation Officer, and he kept trying to get better—with some outpatient counseling. But then he would use methamphetamine again. And again.

He went to Granite Recovery Centers in New Hampshire for *30 days* of inpatient treatment. Came out and lived with his girlfriend. He got a job in a fast-food restaurant. His supervisor there loved him – he was a hard worker. But the probation officer soon found that Mr. L was using methamphetamine. Again. *Six weeks of inpatient treatment at this point.* Paid through Medicaid. But no longer term structured residential programs *after inpatient treatment.* Mr. L is now waiting to be sentenced for violating supervised release (by his drug use). Extensive residential treatment in a supervised and controlled "recovery house" would have—I think—really helped him along the way. But it has not been available for him. Contrast him with "Ms. G."

"Ms. G."

In her young 20's she got so hooked on heroin she had completely lost her bearing. She was

shooting multiple bags a day. She let her heroin dealers sell out of her house. She let them bring guns into her house. (And the guns went out to people involved in some bad crimes.) Ms. G did not want to be using heroin but could not see herself out of the mess. Her mother was beside herself, watching her daughter spiral down, but could do nothing about it. The indictment changed things. Charges of Conspiracy to Distribute Heroin and Distribution of Heroin were leveled against Ms. G. While her case was working through the court process, she was in in jail. For the first time in her life. And, for the first time in many years she was not using heroin. She pled guilty, but before being sentenced was allowed to be released to attend substance use treatment. A long-term program.

Ms. G first went to a fourteen-day inpatient residential program. (Like Mr. L.) She finished it successfully. Then the key next step—she did not go back to the environment she had been living in. Instead, she was admitted into "Jenna's Promise" in Johnson, Vermont. There she engaged in *daily* substance use counseling. For months. She lived with other women in treatment. She had staff there to help her stay clean. During the terrible temptations and down times, she had in-person support from counselors and fellow residents.

Ms. G stayed at Jenna's Promise for twelve months. Eventually, while living there and working on treatment, she was brought into a job at the coffee shop owned by Jenna's Promise. She was not ashamed of herself anymore. She acquired job skills. She kept at the therapy, the counseling, and the *living in* a strong, supervised, structured setting. Altogether, she was in the recovery program *after Valley Vista* for 12 months. Ms. G is still doing well. She is one of the few good success stories we see.

What is the difference between Mr. L's and Ms. G's stories? In my view, it is the longer-term residential supportive care and treatment.

Sincerely,

Michael L. Desautels

Federal Public Defender

U.S. Probation Office Testimonial

What follows is an overview of the role the U.S. Probation Office plays in the criminal justice system in Vermont and a summary of our shared experience providing community supervision for individuals suffering with substance use disorder.

The U.S. Probation Office in the District of Vermont provides community supervision of individuals residing in Vermont who have been placed on federal pretrial conditions of release and post-conviction supervised release or probation by the U.S. District Court. A significant portion of individuals under supervision have a history of substance use disorder and co-occurring mental health disorders along with housing, employment, educational and other challenges. Individuals with these disorders routinely benefit from court-ordered conditions of supervision including substance use and mental health counseling and treatment, and other conditions of supervision designed to assist individuals in the rehabilitative process.

Upon commencing federal community supervision in Vermont, individuals with substance use or mental health disorders participate in a clinical assessment and follow recommended treatment regimens based on the nature and extent of an individual's identified needs. For example, someone returning to the community following a significant period of incarceration would participate in a needs assessment, and treatment or counseling may be deferred or include lower-level care, such as individual or group outpatient counseling and periodic drug testing to monitor sobriety.

In contrast, someone releasing from a brief period of pretrial or post-conviction detention, or suffering from an acute relapse while in the community, may require a more intense treatment regimen including withdrawal management, residential treatment, intensive outpatient treatment (IOP), and finally group or individual outpatient treatment, counseling and relapse prevention planning. This latter group generally represents the highest risk to themselves in terms of accidental overdose and death, and often a higher risk to public safety due to antisocial or criminal behavior exhibited by some individuals in acute relapse.

In some cases, addressing the needs of this latter group of individuals is where the current substance use and mental health treatment system has demonstrated deficiencies. In our experience, supervisees who relapse experience a period of stand-alone withdrawal management followed by residential treatment of up to 14 days, or a truncated withdrawal management period subsumed into residential treatment, reducing time engaged in meaningful residential programming.

Following these initial steps, our supervisees generally transition to intensive outpatient treatment (IOP) and often struggle to find appropriate housing, exposing them to the same stress-filled environments that may have contributed to relapse. It is this transition from residential treatment, which includes, by definition, a safe, sober and supportive living environment, back into the community and IOP, that represents the most vulnerable time for our supervisees.

What is missing from the current treatment regimen is an appropriate period of withdrawal management, followed by a longer-term period of intensive residential treatment (beyond the

typical 14 days), and an intermediate programming option that provides a safe and sober living environment in combination with access to appropriate treatment services. The current practice of returning supervisees to their previous living environment, or relying on the patchwork of sober living programs available in Vermont, is often ineffective at interrupting the cycle of substance use, sobriety and relapse we often see with our supervisee population.

Because the individuals we supervise are closely monitored, timely intervention strategies, including higher-level treatment interventions, increased drug screening and more frequent office, home and community contacts by probation officers or, in extreme cases, arrest and temporary detention, have been effective at interrupting relapse behavior early in the process. Despite timely and appropriate interventions, however, we have experienced some of our clients repeatedly relapsing after participating in multiple rounds of residential treatment because the length and availability of programming has simply not provided the tools and sufficient "distance" from substance use and risky environments to sustain long-term sobriety.

The State of Vermont has shown a great commitment to improving the lives of individuals struggling with substance use disorder including those involved in the criminal justice system and those who are not. The hub and spoke model has provided a large and efficient treatment template for a significant number of people. It does not, however, effectively serve the needs of a portion of our community, including those at the highest risk of acute relapse, and may not be the most effective model for the newer more potent drugs that are becoming commonplace, often with deadly consequences for the most vulnerable Vermonters. Due to the nature of our work, this is the population we most commonly interact with and effectively meeting their needs has become increasingly challenging. It is important to identify these high risk/high need individuals who would benefit from comprehensive residential treatment and housing support and provide access to longer more holistic programs that address the needs of this group in a way that keeps them safe, provides a path to rehabilitation, and reduces the negative collateral impacts on the community.

Rutland
Dismas House

A PROGRAM OF DISMAS OF VERMONT, INC.

August 22, 2024

Governor Scott:

Currently at this time, the state of Vermont infrastructure of continuum care for substance use treatment is inadequate in regards to relevant available longer treatment opportunities for the individual to address their substance use and remain engaged with treatment. The system of substance use care in Vermont limits individuals on how long they can remain in inpatient treatment (Valley Vista and Serenity) and then places an unrealistic expectation engagement with community services for continued treatment will occur, unless the individual is able to receive placement into a transitional housing provider.

As the Director of the Rutland Dismas House, which is a transitional housing program serving men and women returning to the community from incarceration, I have witnessed on numerous occasions individuals returning from their inpatient stay and immediately relapsing.

Research indicates that individuals who stay in addiction treatment for three months or longer have higher rates of abstinence from substance use. Longer treatment stays provide more time for individuals to address underlying issues contributing to addiction, learn new coping skills, and build a strong support network [1]. The duration of a person's stay in drug and alcohol addiction treatment can significantly impact their recovery journey. Longer treatment stays have been found to have higher rates of abstinence from substance use and offer more opportunities for addressing underlying issues, building coping skills and developing efficient aftercare plans with seamless transition to relevant services.

Studies conducted found that participation in a long-term therapeutic community program was linked to lower levels of drug use compared to those receiving short-term residential treatment [2]. Shorter-term treatment programs, typically lasting 30 days or less, may not always be as effective as longer treatment stays, particularly for individuals with severe or long-standing addictions. For substance use disorder treatment, inpatient care lasting less than 90 days is usually less effective compared to longer stays, as it does not provide the necessary time for patients to achieve long-term sobriety and develop the skills needed for successful recovery.

The providers within the State of Vermont are doing the best we can. Every day we are giving our all to serve the individuals struggling with substance use. It is imperative that we invest into the proven, evidence based, best practice infrastructure of substance use treatment currently operating in the majority of the country.

Sincerely

Eric M. Maguire

Director Rutland Dismas House
VT State Rep. Rutland City-5

Magistrate Judge Testimonial

As a magistrate judge, I have frequent interactions with individuals in the federal criminal justice system who suffer from substance use disorder. Upon arrest on a federal charge, an individual typically comes before the magistrate judge for an initial appearance. It is frequently the case that individuals making their initial appearances in federal court have a significant history of substance use and test presumptively positive for one or more illegal controlled substances. Among the most prevalent controlled substances are cocaine, heroin, and fentanyl. It is not uncommon at a detention hearing for the judge to encounter an individual with a significant substance use history who is alleged to have possessed a firearm, provided a firearm to another in exchange for controlled substances, or engaged in drug distribution. In other words, the critical determination as to whether the person can be supervised in the community as the case progresses, or whether the person presents a risk to community safety that cannot be managed by release conditions, turns in significant part on an assessment of the risk presented by the person's use of controlled substances.

It may not be possible initially to release a person who has a significant history of substance use disorder and is actively using substantial amounts of heroin or fentanyl, particularly where circumstances suggest the firearm offense or other crime charged may be related to the person's use of controlled substances and there is not yet a viable treatment plan in place. An individual detained at the initial appearance, however, frequently requests reconsideration of the initial detention decision. The centerpiece of these reconsideration requests is residential treatment with an appropriate aftercare plan consisting of continued treatment in the community and suitable housing. The court's task at this stage is to determine whether the treatment proposal is sufficient to soundly address the person's substance use challenges, thereby providing reasonable assurance that the drug use behavior contributing to—or perhaps largely responsible for—the charged criminal conduct, can be mitigated. If it can, the judge will release the person to complete the proposed plan.

In my experience, those who are not successful after release often share certain characteristics. First, the standard 14-day residential treatment period is an inadequate amount of time for participants to both manage withdrawal symptoms at the inception of treatment and also engage in the program to the extent that they acquire the necessary skills to avoid relapse. Relapses upon completion of these relatively short treatment programs are not uncommon and often result in a violation hearing and reincarceration if the court determines that the person once again presents a danger to the community that cannot be addressed by release conditions. This often leads to a cycle of repeated residential treatment stays with a mixed rate of success. In my experience, the rate of relapse decreases significantly for individuals who participate in lengthier residential treatment programs. That is not to say that relapses do not occur, but I have observed a marked difference in success rates between the traditional 14-day programs and the programs that offer an extended stay with associated programming. For example, such extended stay programs include Jenna's Promise, Veterans Administration drug and mental health programs, and certain extended-stay programs in New Hampshire. These programs separate the individual for a longer period of time from the environment that gave rise to the substance use while

instilling more deeply in the person the critical skills to avoid relapse. As to the second characteristic of those who are frequently not successful after release, such individuals often find themselves in living environments that are not conducive to remaining drug-free. It is often difficult for these individuals—recently having completed the 14-day residential program—to remain sober and committed to their successful return to the community if they do not have a safe and stable living environment that fosters a healthy lifestyle. For those who simply do not have healthy and stable living options, the need for suitable sober living environments is acute.

Longer-term residential treatment options coupled with appropriate post-treatment housing are essential to helping these vulnerable Vermonters achieve sustained sobriety, which in turn will promote healthier and safer communities.

In the realm of drug and alcohol addiction treatment, the length of stay plays a crucial role in the overall effectiveness of the treatment. Understanding the significance of addiction treatment length and comparing short-term treatment with long-term treatment is essential for individuals seeking recovery. The length of stay for addiction treatment can vary widely, ranging from as little as 30 days to 12 months or longer. Shorter-term treatment programs, typically lasting 30 days or less, may not always be as effective as longer treatment stays, especially for individuals with severe or long-standing addictions.

Research indicates that individuals who stay in addiction treatment for three months or longer have higher rates of abstinence from substance use. Longer treatment stays provide more time for individuals to address underlying issues contributing to addiction, learn new coping skills, and build a strong support network [1]. The duration of a person's stay in drug and alcohol addiction treatment can significantly impact their recovery journey. Longer treatment stays have been found to have higher rates of abstinence from substance use and offer more opportunities for addressing underlying issues, building coping skills and developing efficient aftercare plans with seamless transition to relevant services.

Studies conducted found that participation in a long-term therapeutic community program was linked to lower levels of drug use compared to those receiving short-term residential treatment [2]. Shorter-term treatment programs, typically lasting 30 days or less, may not always be as effective as longer treatment stays, particularly for individuals with severe or long-standing addictions. For substance use disorder treatment, inpatient care lasting less than 90 days is usually less effective compared to longer stays, as it does not provide the necessary time for patients to achieve long-term sobriety and develop the skills needed for successful recovery.

Research indicates that individuals who stay in addiction treatment for three months or longer have higher rates of abstinence from substance use. In the United States, studies have shown that for residential treatment programs, the length of stay is positively related to successful treatment outcomes for patients with drug addiction. Longer stays, ranging from 90 days to 6 months, have been associated with better long-term outcomes [2].

Long-term residential treatment has shown promising results in promoting recovery from substance use disorders. According to data from the Substance Abuse and Mental Health Services Administration (SAMHSA), long-term residential treatment programs with lengths of stay ranging from 90 days to a year were more effective in promoting recovery compared to shorter programs [3]. The duration of the treatment episode is another important factor in addiction treatment success. Patients who remain in treatment for longer periods are more likely to achieve maximum benefits. It is often observed that treatment episodes lasting three months or longer are predictors of successful outcomes.

Research suggests that almost 90 percent of those who remain abstinent for two years are also drug- and alcohol-free at ten years [4].

[1]: https://www.addictioncenter.com/rehab-questions/how-long-does-treatment-take/
[2]: https://nida.nih.gov/sites/default/files/podat-3rdEd-508.pdf
[3]: https://www.samhsa.gov/newsroom/press-announcements/20230920/

[4]: https://www.ncbi.nlm.nih.gov/books/NBK64815/

Vision for Vermont's System of Care

- Long term residential treatment, preferably in VT but could be out of state, to address substance use disorder and co-occurring mental health issues, including trauma.
    - Minimum 30 days for substance use disorders that are successfully addressed using medically assisted treatment for substances such as opioids.
    - Minimum 60-90 days for other substances not amenable to MAT treatment such as Methamphetamines.
- More funding to expand extended stay sober living housing and programs. And, to address the need in the family court, particularly the juvenile docket, more Lund type programs accessible to everyone: men, women and non-gendered individuals and their children.
    - Should include wrap around services.
    - Be available to the person in recovery for at least 1 year.

  Note: Many sober living facilities require 30 days of sobriety before admission. Most (if not all) of our Vermont based residential centers only offer 2-3 week stay (i.e. Serenity House). Thus, individuals early into sobriety are released from residential and unable to immediately enter stable sober living housing. The risk of relapse for people early into their sobriety following short residential stays is great; especially if the person leaves with no housing (houseless) or is placed in emergency housing (hotels). Vermont hotels offering emergency housing serve an important role in meeting Vermont's emergency housing needs. However, these hotels also house people actively using illegal substances and are therefore a risky placement for individuals in early sobriety.
- Adjustments to Medicaid to allow people leaving to attend out of state treatment to maintain their connection to VT based case management services (i.e. Howard Center). When the individual leaves the state for treatment, the Medicaid dollars follow them out of VT. The VT providers, such as Howard, close the case. This cuts off critical case manager services in VT that the person in early recovery needs before, during, and after discharge from residential.

Respectfully submitted by:

Judge Kevin Griffin Presiding Judge Chittenden Superior Court, Criminal Division and Adult Drug Treatment and Mental Health Court

Judge Elizabeth Novotny Chittenden Superior Court, Family Division

Please note: Effective September 3, 2024, Judge Griffin is the Presiding Judge for all Vermont Adult Drug Treatment and Mental Health Courts. Judge Novotny is the back-up judge to the Chittenden Adult Drug Treatment and Mental Health Court in addition to her assignment to the Franklin Superior Court Family Division.