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**Department of Health**  
Div. of Alcohol and Drug Abuse Programs  
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*Agency of Human Services*

February 20, 2020

Donna Jerry  
Senior Health Policy Analyst  
Green Mountain Care Board  
144 State St.  
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Re: Silver Pines – Docket No: GMCB-016-19com

Dear Donna,

Thank you for the opportunity to comment on the application from Silver Pines for a Certificate of Need. We would like to offer the following feedback based on the information provided by Silver Pines in response to the Green Mountain Care Board's application and follow-up questions.

Response to original application

- Silver Pines states they will not be billing Medicaid or Medicare. Their services will not impact the state budget and the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs (ADAP) will not have oversight of them.
- This program will result in staff leaving positions in state-certified addiction treatment providers for positions that pay more. Due to the existing workforce shortage, this will likely result in state-certified addiction treatment providers having insufficient staff to provide services.
- Based on the information in the application, we have concerns about the lack of connection to the rest of the specialty treatment system funded through ADAP and the Department of Vermont Health Access (DVHA). Without this connection, individuals discharging from the new program may have inadequate discharge plans for follow-up services.

Response to first set of questions

- We note that they did not provide data to support their assumptions such as in number 1 and 3.
- The information provided on recruitment and salaries confirms our concerns about the workforce impact to the current treatment system. The salaries indicated are significantly higher than the Vermont industry standard.
- The clinical programming described is not unique in Vermont. What is unique are the ancillary services, such as acupuncture, massage, tai chi, life coaching and dietician services being offered as one complimentary session and subsequent sessions being purchased for an additional fee. Currently, in all of Vermont's certified residential programs, individuals have equal access to all clinically appropriate



- services that are offered at the facility.
- The withdrawal management services are standard.
- We cannot comment on #12 as they did not provide further information on the neural network-based treatment planning algorithms.
- Regarding #14 and discharge planning, we continue to have concerns around the integration into the Vermont system of care. Being “trained in the Vermont System of Care” is not the same as being *part of* the system of care. We have concerns about a stand-alone 7 to 10-day detox program because research has shown that less than 90 days of continuous treatment (at any level of care) is not effective, and without strong ties to the treatment system, it is more likely that individuals will not follow-up with continued care. In addition, not all states have access to medication assisted treatment (MAT) for opioid use disorder as Vermont does, thus putting individuals who discharge after 7 to 10 days at risk of overdose due to decreased tolerance and potential lack of availability of MAT in the community to which they return.
- Regarding #20, we are unclear why they would be giving data to the Department of Mental Health.

#### Response to second set of questions

- Under question #1, the applicant states there is “only one ASAM 3.7-level facility located in the southern part of the state, and individuals in need of such services outside of that area are using Emergency Departments (EDs) and inpatient hospitalizations at a significant cost”. Their citation does not support their conclusion that because there is only one 3.7 ASAM-level facility, individuals are using EDs and inpatient hospitalization. Individuals who are admitted for inpatient level of care at a hospital meet criteria for medical reasons, thus would not meet criteria for a lower level of care such as Silver Pines.
- The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs has implemented two initiatives over the past year to improve access to services. Both involve adding supports to the hospital emergency departments as one access point in our system of care. As a result, we would expect to see an initial increase in emergency department visits by individuals with substance use problems, followed by an eventual reduction in emergency department visits related to substance use problems due to engagement in services. Thus, their use of emergency department visits as a measure does not support the need for a 7-10 day detox program.
- They cite a study indicating that the number of accessible addiction treatment programs in a person’s local area predicted a lower likelihood of repeat emergency department presentations. Vermont has treatment programs in all areas of Vermont and has implemented Rapid Access to MAT in Emergency Departments almost statewide.
- Regarding the neural network treatment planning model and algorithm, the machine learning and neural network models have not been fully tested on the population they will be serving. It appears that they may be using this treatment facility to further study the effectiveness of these treatment modalities.





Please do not hesitate to contact me if you have any further questions or need clarification on any of our comments.

Respectfully,

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