



To whom it may concern,

Considering recent comments made to this committee, we would like to offer some clarification regarding some of the services provided by Fellowship Hall. We are a private, nonprofit provider of treatment services for those suffering with substance abuse disorders. We are in Greensboro, NC. The misstatements made to this committee about possible discriminatory practices or the lack of use of some medications in our treatment practices are simply wrong and demand clarification.

We have been offering treatment since December 1971 and will be celebrating 50 years of service this year. We have 99 total beds and offer a full continuum of care covering medically supervised detox services, residential treatment, extended treatment, intensive outpatient treatment, and traditional outpatient treatment. We also have short and long-term sober living for men and women, including 18 beds for short term use and 10 beds dedicated to long term use. We also offer a 4-day, in-house family program.

Last year 91% of our patient population came from NC. About 93% had private health insurance. This includes being in network for Tricare, which allows us to provide services to veterans and their families. We are partnered with a handful of community organizations and were able to offer 10 full scholarships which helps increase access to much-needed care. Additionally, we offered treatment completion funds to another 20 or so guests. All told, Fellowship Hall spent about \$220,000 to make high quality treatment more accessible. We also realized several hundreds of thousands of dollars in uncompensated care. And we wished we could do more. We are actively trying to work with several hospital systems in the area. We are also communicating with the state of NC to find ways to serve uninsured North Carolinians. Last year about 60% of our patient population had a cooccurring psychiatric disorder. About 18% of our patient population was admitted with a primary opiate use disorder and close to 70% had a primary alcohol use disorder. The reality is the bulk of our patient population have multiple secondary use disorders. These include problems with marijuana, benzodiazepines, and stimulants.

We are not all things to all people and do not pretend to be. We are very up front about our treatment process and modality. The fact is, people seek us out, often as a last resort. An option to be taken when all other treatment modalities have failed. It is very common to have patients tell us that they are abusing or are non-compliant with their "replacement medications". We constantly hear from those desperately looking for another path to recovery- a path that no longer involves the use of addictive medications or controlled substances.

It should also be noted that at multiple points prior to admission, we are clear that we do not utilize addictive substances as part of our treatment milieu. (This does not include the controlled medications used during the detox period of treatment). All guests are here on a voluntary basis. We have an open campus and there are no locked units. Patients agree to come to treatment here of their own volition.

The primary purpose of this letter is to clarify some items regarding Fellowship Hall and our treatment philosophy. At its core, Fellowship Hall utilizes an abstinence-based model with a 12-step facilitation



philosophy. Our therapy department is fully staffed with Master level clinicians for both individual and small-group therapy. We offer gender responsive treatment and a host of evidence-based practices. We have various specialty tracks and treat people from age 18 and up. We also offer a full integrated health care model to our guests while they are here and help stabilize many kinds of chronic health conditions.

We wish to make it extremely clear that we do not discriminate against individuals with an opiate use disorder. As leading providers in the treatment of addiction, we certainly recognize the devastation that opiates have caused in the United States. We have always treated individuals suffering from opiate addiction and we always will. The treatment that we offer for opiate addiction is multi-factorial.

From a medical perspective, we offer a full complement of detox services. For all guests struggling with opiate withdrawal, Fellowship Hall offers 24-hour medical monitoring. We provide clonidine along with a complement of other medications to target specific symptoms of opiate withdrawal. For many individuals, they will qualify for buprenorphine to help with withdrawal symptoms. In this case, individuals are placed on individualized, extended buprenorphine tapers to help mitigate the significant discomfort associated with stopping opiates. We also have a full-time psychiatrist board certified in Addiction Medicine to help address the numerous co-occurring psychiatric conditions that can accompany addiction.

In addition to utilizing buprenorphine for detox purposes, Fellowship Hall also has a robust Medication Assisted Treatment (MAT) program. Once a guest with an opiate use disorder has been stabilized, he or she is encouraged to start therapy with Vivitrol. We are aware that the cost of Vivitrol is prohibitive for many individuals, and we employ a full-time utilization review specialist who helps to get this medication covered from an insurance perspective. We have also worked directly with the manufacturer of Vivitrol so that we can provide free samples to eligible guests struggling with opiate addiction. And when Vivitrol is not an option for an individual, we also encourage and utilize the oral formulation (naltrexone) to prevent a return to use. We believe that all of this is in good keeping with an abstinence-based model of treatment, again which is often sought by those seeking treatment here. In fact, less than 5 guests asked to be referred for drug replacement therapy last calendar year. That being said, we have made these types of referrals whenever clinically appropriate. Over the last couple of years, we have had countless participants in our Vivitrol program. Finally, if someone with an opiate use disorder ends their treatment early, they are provided at least 2 doses of Naloxone at discharge along with instructions on its use. We have done this to help decrease the rate of fatal overdoses.

In summary, we wish to emphasize that Fellowship Hall welcomes individuals struggling with an opiate use disorder. We offer a full complement of services ranging from acute detox to relapse prevention. These services are offered in a multi-disciplinary approach and include therapy, 12 step facilitation, psychiatric and medical monitoring, and the use of medications (including buprenorphine to assist with detox). We are also proponents of MAT and utilize both Vivitrol and Naltrexone to help prevent a return to use. We believe Fellowship Hall is one option for those seeking treatment, and we understand there are many options available. We believe we are all trying to serve a population desperately in need. We



hope that we are all working towards the common goal of serving this population more effectively. Matching patients with the support they are seeking seems to be one way to do this.

Sincerely,

Mike Yow, MA, NMP, LCAS

President/CEO

Michael Washo, MD

Medical Director