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HR 590 Testimony on Access to Treatment

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Thank you very much for this opportunity to provide testimony regarding treatment access barriers statewide and in Dauphin County. My name is Cheryl Dondero and I am currently the Executive Director of Dauphin County Drug and Alcohol Services. Prior to this position, I was the Deputy Secretary of the PA Department and Drug and Alcohol Programs (DDAP) under Secretary Gary Tennis. This unique perspective along with my own journey of recovery has made one thing perfectly clear. The success of any new funding, legislation or initiatives at the state or federal level is directly proportionate to the strength and effectiveness of, and collaboration with, the local county drug and alcohol agency or Single County Authority (SCA) and its treatment network. No other single entity has as much knowledge of the diverse local communities and their treatment needs as the SCA. In Dauphin County, we are striving to change the view of our office as solely the funder of last resort. Medicaid Expansion and the Affordable Care Act have required new thinking about the critical role of the SCA, how the communities in our county view us and how we provide services. We are committed to be the single point of entry for any resident who needs assistance accessing treatment services, regardless of their insurance coverage.

I submit this testimony several weeks out from a very badly broken ankle requiring surgery and multiple screws, pins and plates to repair it. I bring this up because it is very relevant to the topic. My addiction was heavily dependent on prescription opiates. I was able to get through this entire injury, surgery and recovery without taking one prescription opiate. That was only possible with my strong advocacy for my own recovery. Several times along the way, in spite of my repeated conversations with doctors that I could not take opiates, they were still recommended to me. I've learned that there are many options that are even more effective than opiates for pain that are not narcotic. I am very much in support of Governor's Wolf's recently announced initiative to have a voluntary self-exclusion capability in the Prescription Drug Monitoring Program (PDMP) database for people in recovery who cannot or do not want to be prescribed opiates or for parents who do not want their children prescribed prescription opiates. Had I been less secure in my recovery or had the pain made me listen more to my disease telling me that I could take them, than to my recovery telling me that know I can't, I may not be sitting here before you today. To have fewer barriers to treatment and treatment capacity issues we need to stop creating newly addicted people and preventing relapse for the currently recovering population.

The need for effective treatment in Dauphin County is clearly evident. On August 8, 2016, the 2015 Pennsylvania State Coroners' Association Drug Death Report was released and showed a 30 percent statewide jump in 2015 in drug-related deaths. According to the report, the number of drug-related deaths in Dauphin County rose 51% from 2014 (54) to 2015 (82). In stark contrast, nearby Cumberland County experienced exactly half as many deaths in 2015 and had a 17% increase from 2014 (35) to 2015 (41).

Data released from the federal Drug Enforcement Agency (DEA) for 2015 confirms the Coroners' Report as it shows Dauphin County far exceeds per-capita overdose death rates when compared to all contiguous counties in central PA and the DEA report also indicates heroin or at least one opioid (acetyl fentanyl, fentanyl, hydrocodone, methadone, oxycodone, or tramadol) was reported in approximately 81 percent of decedents. This is unprecedented and yet there is fear that we have not seen the worst as monitor the implementation of the PDMP. Based on data from the 48 states who have already implemented a PDMP, we can be certain of a continued spike in opiate related overdoses and deaths over the next several years.

Dauphin County is home to Harrisburg, the state capital, and is located at the center of a hub of interstate highways making it vulnerable to drug trafficking. It is surrounded by counties that are home to people who frequent Dauphin County regularly for entertainment, social activities or employment. When comparing Dauphin County and its contiguous counties in terms of overdose deaths, Dauphin County had both the highest per capita overdose death rate in 2015 (30.04) and experienced the highest percentage increase (52%) from 2014 to 2015 in overdose deaths. Also, Dauphin County's 82 overdose deaths in 2015 are the second highest among the eight counties.

Heroin use has increased across Dauphin County among men and women, most age groups, and all income levels. Some of the greatest increases occurred in demographic groups with historically low rates of heroin use: women, the privately insured, individuals with higher incomes, and young Caucasian males from suburban communities. Not only are more people using heroin, they are also abusing multiple other substances, especially cocaine and prescription opioid painkillers. As heroin use has increased, so have heroin-related overdose deaths. The treatment system is being overloaded in an attempt to respond to the heroin and opiate overdose epidemic. This same treatment system has been decimated by a decade of funding cuts and has not been resourced to adequately meet the epidemic level surge in treatment needs. Private insurance providers continue to refuse to cover adequate lengths of stay, and families struggle to navigate this difficult and very confusing treatment network, that is completely separated from the health care system, during an extremely stressful time when they or their loved one is suffering from the devastating effects of addiction.

Problems/Gaps/Barriers

As testimony is gathered to determine legislative needs, please consider that there are good laws on the books now that are not being followed or enforced. These include Act 106 and the Mental Health Parity and Addiction Equity Act (MHPAEA). Just passing laws is a quick way to think the problem is being addressed and when done hastily without enforcement, many times can cause unintended consequences. An assessment of the root causes of addiction needs to be done and then recommendations made to move forward. We can continue to combat the disease at the symptoms level, but we do not address the cause, it will still persist.

Dauphin County currently experiences waiting lists of one (1) day to two (2) weeks for detox beds. We are attempting to alleviate this detox capacity problem by investing county dollars to match reinvestment dollars from CABHC and expanding detox bed capacity with our provider, Gaudenzia Common Ground. The timeline for this was greatly delayed largely due to zoning issues. There are still unacceptable zoning delays that are clearly stigma driven because people don't want treatment facilities and our clients in their communities. In addition Dauphin County is widening our geographic reach and bed capacity by adding new providers to our contracted network for detox and rehab beds.

The most significant population in Dauphin County that demands a new way of thinking about treatment diversion is the criminal justice population. In the past year heroin has been identified as the primary drug of choice by the overwhelming majority of clients, over 90%. The risk of overdose and death is also very high in this population who may be incarcerated for short durations due to a new offense or probation violation which in effect categorizes them in a mandated state of detoxification. A bold and different approach is required to improve the hope of longer sustained recovery and reduction of recidivism. Dauphin County has a very large population proportionate to our surrounding counties of state DOC offenders that enter our communities in the Community Corrections Centers (CCC's). There needs to be more coordination of services and funding from DOC since they are receiving many services from our local providers.

Lack of 24/7 access to treatment is a critical barrier. The window of opportunity is so very small that to tell someone they can't get help until the morning or even worse Monday morning, likely closes that window for someone who has overdosed or is in crisis. This lack of 24/7 access to treatment also drains resources, especially in the criminal justice system, when a client who really needs treatment has no other alternative than to sit in a county jail and again we lose that window of opportunity to get into treatment. For lack of a better term, we need a dedicated drug and alcohol emergency room for treatment access.

Dauphin County now has 24/7 capability to respond to the emergency department via a mobile case management unit. This extends our efforts to reach vulnerable individuals at the time of overdose by meeting them where they are and getting them to the treatment they need. In developing the "Warm-Handoff" the County realized that we need to expand our capacity and hours of operation. These workers will engage with the local police departments, EMS and the local emergency rooms to establish protocol to encourage individuals at a vulnerable time to seek treatment by providing on-site assessments, evaluations, and resources. To enhance this effort the SCA has trained fifty (50) Certified Recovery Specialists (CRS) to be a team of volunteers to aid the Mobile Case Management Unit in guiding individuals through the treatment and recovery process.

Methadone maintenance slots also have waiting lists of up to one (1) week. When talking about barriers we always take into consideration transportation. Many of our programs provide transportation, but it is a hard funding issue. There is also a lack of adequate numbers of physicians and providers who are willing to offer evidence based medication assisted treatments, including Suboxone and Vivitrol. Funding is increasingly available for this service but is sits unused because adequate numbers of providers are not willing to provide this service.

Other barriers include insurances that have come on the market with Medicare expansion that burden participants with high copays, deductibles and very limited in network services. Many times individuals cannot access treatment because of high copays and deductibles and cannot access treatment that is in network because of excessive travel distance. Dauphin County has been working with our state oversight Department of Drug and Alcohol Programs (DDAP) to adjust treatment monies to help pay copays and deductibles by allowing the individual to qualify as being underinsured. Dauphin County has in the past year been successful in paying for the treatment for any resident who cannot access treatment due to high co-pays or deductibles and will continue to do so.

We are closely following the various pieces of legislation at the state level around certification and access to quality recovery house services. Dauphin County currently utilizes the CABHC scholarship program to fund up to two months in an eligible recovery house (CABHC certified), however, we do not fund beyond that or fund for non-MA clients. We realize that recovery houses are critical in extending quality care for clients and are working with CABHC to bring another recovery house and recovery support center to Dauphin County in 2017, and to explore additional funding for recovery housing within existing funding streams.

The County is also limited in providing culturally competent services for the Hispanic/Latino population. The SCA contracts with an outpatient provider within the county for outpatient services; however, we only have one provider that does inpatient services. This creates significant capacity issues. Recently we have been seeing more and more culturally diverse populations reaching out to us for help – most recently the Amish and plain sect communities in Upper Dauphin County and the Bhutanese community in Harrisburg that recently experienced 14 overdoses in one weekend.

The SCA has made emergent care services available for the new priority populations including pregnant women and women with children, IV drug users, overdose survivors, veterans. I almost all priority population cases we see, detox is required and we can't get a bed in a timely manner for the client.

Dauphin County is proud to say that we are changing everything we do and the way we do it with regard to this epidemic. The old ways aren't working because our families and communities are being ripped apart by heroin and opiate overdose deaths. We are committed to treating drug overdoses differently because of our unwavering dedication to make life better for Dauphin County residents who are suffering due to the disease of addiction. I'll close with sharing a question asked by a community member at a recent town hall on heroin and opiate epidemic. He was completely sincere in his puzzlement when he asked why he heard from multiple speakers that we are in the midst of the most significant public health epidemic in the history of the state and nation yet at the same time hearing that funding is inadequate or has been cut. We all have that same question. Thank you.