

Testimony

J. Layne Turner
Lehigh County Department of Drug and Alcohol Services
17 South 7th Street
Allentown, PA 18101

Testimony Regarding the Accessibility of Treatment Services
In Response to HR 590 of 2016
Before the Members of the HR Task Force
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Good morning! My name is Layne Turner and I am the Drug and Alcohol Administrator for Lehigh County. I would like to thank you for this opportunity to provide testimony regarding treatment accessibility – within Lehigh County and within the Commonwealth.

Lehigh is home to approximately 360,000 residents and 10 public school districts – one of which is Allentown, the 4th largest district in the Commonwealth with over 17,000 students. We are a unique County that has areas of high density urban and rural farmland. Lehigh is in the genesis of a great economic come-back with close to \$1 Billion invested in recreational, business and entertainment development.

In spite of all of our growth and potential, Lehigh has not been immune to the horrors of heroin, opioids and other substances. Anecdotal reports indicate that over 60 individuals per month are presenting at our local Emergency Departments due to drug related overdoses. Since we are home to six (6) hospitals, which include a Level 1 Trauma Center – Lehigh's ED's are collectively experiencing over 360 overdoses per month. At the time these comments were prepared – 104 individuals have died of a drug related overdose since January 1st, compared to 114 in 2015. Between first responders, law enforcement and the general community – naloxone is utilized over one (1) time per day. Prevalence data from the 2012-2013 National Survey on Drug Use suggests that 29,368 Lehigh County residents are in need of treatment.

Previous testimony has been submitted concerning obstacles to accessing to treatment. These barriers are real, relevant and require continued conversation and action. While I fully support the testimony that has been provided – my comments will ask that both access to treatment and treatment itself be viewed through a different lens which will focus on use of existing resources.

Through acts of omission or commission, as a society we have not sufficiently addressed substance use. It appears that we have been looking for one (1) root cause, one (1) entity to save us and one (1) solution. While perhaps simplistic view, we got ourselves into this problem therefore we must get ourselves out – a collective community response to treatment is needed.

The resumes of the individuals identified on the Multi-Agency Task Force are truly impressive. Each of the professionals identified are exactly the right people. As impressive as this list is, equally visible is who is not included. If access to treatment solutions are a community problem – a problem that is costing lives, destroying relationships and hurting our economy – our collaborations should include these entities and specifically the private sector. As such, I would suggest consideration be given to add marketing wizards and information technology gurus.

If we consider treatment as a “product” that we are selling, what is the most effective means to both reach and retain our customers? We know that drug related deaths are the leading cause of deaths for 18-25 year olds in Pennsylvania. But how do you reach this target population? What is the most effective ways to put information in their hands which will dispel myths (no insurance = no treatment), provide education and offer direction? We know who our target populations are, what we don’t seem to know is how to reach them effectively.

In today’s culture, we either embrace technology or be confined to the abilities of an abacus! The power of IT is to empower our communities. With the creation of meaningful social media platforms and community specific smart phone applications – social service providers, parents, law enforcement, schools, businesses – all can have access to immediate treatment related information, resources and help.

By partnering with our private sector counterparts in reaching our targeted populations and supporting them into treatment – we are strengthening our communities. Through involving greater partnerships with the private sector definable benefits are evident. Moreover, these community partnerships will initiate the needed education to our communities to reduce stigma and protect existing treatment providers.

The Lehigh Valley and specifically the City of Easton will be losing a treatment provider who has a 10 year history of providing services in the center city area. A two (2) block away relocation was necessary; however, due to a negative decision of the Easton Zoning Hearing Board – the provider will be closing at month's end. The "Not In My Backyard" propaganda is limiting, and in some cases crippling, the existing treatment services we have. Our communities – government, schools, businesses, families – need leadership and education on what treatment is. By involving all sectors in addressing the access to treatment deficiencies – we are creating ownership of the solutions.

Another existing resource that can be strengthen is the Student Assistance Program (SAP) that is a Department of Education mandate for all publically funded schools grades K-12. When utilized properly, SAP can be a highly effective instrument which can provide assistance to students who are in need of treatment. However, not all districts and schools have fully embraced the program.

As an example, in Lehigh, over the last 5 years, there has been an annual average of 700 behavioral health level of care assessments completed within our school buildings for grades 6th-12th. These assessments are the byproduct of over 2,500 annual referrals to the SAP program. These students, who are experiencing barriers to academic success, are referred based on observable behaviors. Through this program, we are able to track the number of students identified in need of mental health interventions or drug and alcohol treatment related services. We are also able to collect information on funding, drug of choice, age and reason for referral.

Most importantly, we are able to further identify if the student attended the treatment recommended.

Through increase emphasis by the Department of Education, SAP will become another tool, perhaps the most powerful, to identify school specific needs versus the perception of need. This secondary benefit will allow for the creation and identification of the most meaningful prevention education programs, as a one size fits all approach potentially will not deliver the desired outcomes.

Under the leadership of Secretary Tennis, DDAP has accomplished some amazing things. In my opinion, one of the top directives is continued accountability. While documentation requirements are considerable, SCAs are responsible to ensure individuals have access to an assessment and the recommended level of treatment. By policy, these expectations must occur within specific timeframes. DDAP, through the SCAs, ensures the priority populations are served and when applicable emergent care resources or interim services are provided. DDAP has also provided individual SCAs the flexibility of creating and funding programs to identify and support an individual who is waiting to enter the treatment process. For Lehigh, these interventions include Outreach – a program designed to collaborate and support the Allentown Police Department for the “warm-handoff” of individuals who need assistance and Foundation Services – a program to which will allow the daily access to the treatment provider while the individual waits for a treatment bed.

Unfortunately, our Managed Care Organizations (MCO) do not have these requirements. Due to Medicaid expansion, SCA funded clients are the minority. For the MCO system, there is no known “real time” data collection; such as, number of individuals assessed on a given day, drug of choice/use or provider capacity. A significant portion of the data collected by the MCOs are claim related. By nature, provider claims are submitted 30-90 days after the fact. MCOs also do not have the flexibility in creating and funding programs that will provide the daily support for a client who is waiting to access treatment.

SCAs have the greatest level of understanding the treatment needs of our communities. Therefore, consideration should be given to bring the substance abuse related services provided by the MCOs closer to the system delivery of the SCA. This will allow for who, why and how of identifying the impasses to entering treatment are occurring.

In summary, private sector partnerships, strengthening of existing programs such as SAP and bringing uniformity to the publically funded substance abuse treatment systems can provide more immediate solutions. Through the continued evolution of the Centers of Excellence and ambulatory detox programs – this is immediately possible.

When it comes to treatment beds, we have an inventory problem. There is no quick answer to this problem. While we focus on capacity – let us not forget the vast array of resources that are found within our Commonwealth and those that currently exist within our systems. With a little tweaking and a little prodding – significant and positive results can occur!

This is a solution that truly requires a community response.

Thank you for the opportunity to submit these comments.