

HOUSE RESOLUTION 590: ACCESS TO TREATMENT
TESTIMONY PRESENTED TO THE
PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS
BY
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COUNTY OF LYCOMING
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Good afternoon. My name is Rick Mirabito. I am a Lycoming County Commissioner. Thank you for holding this hearing in Lycoming County and for allowing us to provide testimony about House Resolution 590.

I was elected County Commissioner in November 2015 and took office in January 2016. I previously served as State Representative for the Williamsport area for three terms, encompassing the years 2009 through 2014. While in the House of Representatives, I sat on the Center for Rural Pennsylvania, and I participated in numerous hearings held around the Commonwealth relating to the heroin/opioid crisis.

I want to acknowledge the assistance of Shea Madden, the Executive Director of our Single County Authority (SCA), the West Branch Drug & Alcohol Abuse Commission (West Branch), with the preparation of this testimony. Ms. Madden and all the staff at West Branch do an excellent job of administering our drug and alcohol funds. West Branch covers both Lycoming and Clinton counties.

This testimony focuses on our experiences in Lycoming County with identifying barriers to accessing drug and alcohol treatment and benefits.

By way of background, Lycoming County is a fifth-class county with a population of 116,000 people. The median household income is \$45,877 --- far below the state and national medians of \$53,200. Approximately 16% of the county population is living at the poverty level. The county seat is Williamsport, a third-class city of 29,000 people. In this city, about 27% of the population is living at the poverty level.

Since taking office in January, one of our most time consuming functions as Commissioners has been dealing with the effects of the heroin/opioid crisis on our county criminal justice system. Our Single County Authority, West Branch, reports completing approximately 2,800 intakes in 2015. Although this number includes some duplication --- that is, clients who return one to four times --- at least 2,200 to 2,300 are one time referrals. Approximately 70% of these referrals are from the criminal justice system. These referrals come from bail release, probation, or court adjudication.

If this statistic is similar across the Commonwealth, then we must acknowledge the fundamental connection between our drug and alcohol dependency problems and the criminal justice system. While the problem of drug and alcohol addiction knows no socio-economic boundaries, almost three quarters of the system is consumed with referrals from individuals who have committed crimes and are involved with the criminal justice system.

LENGTH OF TIME WAITING FOR TREATMENT

Our Single County Authority reports that bed capacity is an ongoing issue and a barrier to accessing treatment. Up until about two years ago, West Branch could obtain a bed for a client the same day as requested.

In the last two years, the increase in the heroin/opioid usage has changed the situation. Now, our Single County Authority reports waiting three, four or five days for a bed. Of course, a lot can change with a client in three to five days. As Shea Madden, our Single County Authority Executive Director, states, “There is a window of opportunity when the client is willing to get treatment. While we wait for a bed to materialize, that window closes quickly.” Although we are fortunate in that our average may be lower than other places in the Commonwealth, there still are not enough beds available for rehab.

Clients may wait up to a week for detoxification. We are seeing increasing numbers of incarcerated individuals detoxing in our prison. Indeed, it is not uncommon to have 45 inmates a month detoxing in the prison. Thus, the absence of medical facilities for detoxing is a barrier to getting effective treatment.

West Branch reports that it has been able to move 35 to 40 people per quarter from the jail and place them directly in residential treatment. Rehab beds, however, are in high demand with this jail to treatment program. West Branch reports that it may wait several weeks to release an inmate due to capacity issues. Our Single County Authority also reports that this demand has increased dramatically as the use of opiates has skyrocketed.

With proper funding from the Commonwealth, West Branch would be able to have a case manager at the probation violation hearing to effectuate the transfer of the client into treatment as quickly as possible. The earlier we get clients into treatment, the more likely they will succeed.

LENGTH OF TIME IN TREATMENT FACILITIES

Although some may argue that legislation currently requires insurance companies to provide treatment, there continues to be an increased demand for Single County Authority funding for individuals **with** insurance. The reasons for this are that either the insurance company is denying services; the policy's benefits are limited and exhausted; or **the** deductibles and/or co-payments are so high that clients are unable to pay them and subsequently unable to access services. Our Single County Authority reports deductibles of \$5000 and \$10,000 with some insurance policies. All of these concerns are barriers to accessing services.

CONTINUITY OF CARE FOR INCARCERATED CLIENTS

If a goal of our Commonwealth is to allow addicts to access services, one recommendation is for the Commonwealth to acknowledge that treatment is an integral part of our criminal justice system. One's status as a defendant in the criminal justice system should not be a barrier to accessing treatment.

Because research shows that the longer someone is engaged in treatment, the more likely they are to recover, we recommend that the Commonwealth provide counties with funds and require that treatment be provided while inmates are incarcerated in our county prisons and pre-

release centers. Rather than wasting taxpayer funds “warehousing” prisoners, the individuals with addiction should be using their time while incarcerated to get “clean”.

An additional problem is that many offenders come from outside our county to buy heroin and other drugs here in Williamsport. This situation probably exists in other rural counties with a metropolitan county seat.

Because these individuals are in our criminal justice system but reside in other counties, there will be reluctance on the part of local taxpayers to pay for these addicts’ treatment. Thus, the Commonwealth is the logical source of funds for treatment.

CONFINED ADDICTION FACILITIES

Another issue related to access to treatment involves inmates in jail who may need treatment more than those who are not incarcerated; these inmates may receive fewer services due to lack of funding. The incarcerated clients are viewed as “safe” in comparison to the client “on the street”.

At our Pre-Release Center, if an inmate chooses to continue treatment, then treatment will not stop. Unfortunately, at our prison we do not have full capacity for treatment at this time due to lack of funding.

Thus, we recommend providing State funding to help turn places such as pre-release centers or the wing of a jail into a confined treatment facility. The State should provide funds to counties to provide the flexibility to run partial day programs at our county jails and pre-release centers. Such programs would be exclusively for the inmates who are sitting with time on their hands. Available funding is a barrier to starting and continuing such programs.

FUNDS FOR ADULT PROBATION OFFICERS

Our Single County Authority reports that in the last six months there have been more Medication Assisted Treatment options available. These clients need intensive levels of supervision. Hence the need for more state funds for Adult Probation officers. Treatment and probation have to work hand-in-hand in order to have success.

Thank you for your consideration of this testimony and these recommendations.