

Testimony of Steven R. Simmelkjaer
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House Resolution no. 590 Access to treatment
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It is indeed a privilege and honor to be invited to speak and testify regarding House Resolution no.590 Access to Treatment. My name is Steven Simmelkjaer I presently reside in Erie, Pa and I am a proud employee of Gaudenzia Erie. The significance of this gratitude is that I'm also a product of the Gaudenzia family as a graduate back in the year of 1972. I was very fortunate not to have died from Heroin addiction back in the 60s as a resident from Harlem New York City. At the age of 19 I had reached the epitome of my addiction but had enough Godly sense to go to my mom and share with her that I needed some help because I didn't want to die.

With regard to access to treatment I was referred to Gaudenzia and arrived at 1901 Tioga Street one year after they opened up on November 10, 1969. I had no idea about who would pay for my treatment I only knew that this was a refuge of hope for me. Back then treatment was 18-24 months but I was there 30 months before graduating. I was then selected to be a part of a special Outreach program through the State Department of Community Affairs, in the Harrisburg area. The goal and objective at that time was to introduce treatment services in the Harrisburg region. So I was fortunate to present this at schools, in the community, and

also had the opportunity to speak to legislation members at the State Capital. Once my contract was over I was then asked to come to Erie pa and the latter part of 1972 to continue the pursuit of introducing treatment to the Erie County Region. I met with a juvenile judge, probation staff, and continued to do community outreach. We successfully were able to have some addicts to become a part of the Gaudenzia Treatment Program. Once again I had no idea as to how treatment was going to be paid for, only that we were able to make treatment access available to any addict needing a program.

After I left Erie I returned back in January 1973 to become an outpatient drug and alcohol counselor with the local Erie County Department of Mental Health and Human Services. This experience allowed me to work with heroin addicts and addicts who were addicted to at that time "sets". I also remember that several were connected to a local Methadone Program, here again access to treatment services appeared to be opened and available to any addict. Through my experiences subsequently, I was able to gain knowledge about how access to treatment for anyone seeking help was made possible. I learned about the local SCA, ACT 152, and insurances through the department of Public Welfare or private insurance. My understanding was also that if one was not from Erie County their County SCA would pay for services after determining their level of care upon assessment. Private donations from Foundations also played very significant role in providing financial resources. Programs also sought other State and Federal Grants to subsidize the necessary accessibility to be a financial help for individual seeking treatment. Periodically I would also hear the language of individuals receiving a scholarship to pay for treatment services or extended treatment. Basically what I am saying here is that it appeared to me that the only barrier to treatment options was the

individual themselves not being ready. Or the other identified barrier that was apparent to me was if there wasn't a bed available either at the detox or residential treatment level. In other words an addict who was put on a waiting list this became an unfortunate barrier of circumstance and allowed a suffering addict to go back out to use and possibly die.

Other significant barriers that became known was that if a suffering addict who also happened to be the bread winner of the family had to choose between leaving their job seeking treatment and the family being impacted by this reality. Fortunately through the foresight of those who legislated for Family Medical Leave and/or if an employee had an addiction issue and made this known to their employer he/she would not be penalized as long as they met the criteria to successfully complete treatment services.

Now looking at the current access to treatment composition the most serious barrier that I believe affects an individual today is a shorter treatment stay because of various insurance limitations, serious reduction of local SCA funding, limited time periods that restrict access for repeat treatment availability. Certainly the cost to treat an individual with a substance issue is expensive, yet the cost of not treating and/or restricting access can become more expensive to that County in the long run. For we know that an addict will do anything to get high and cause insurmountable wreckage.

In Closing, I am grateful for this opportunity to testify but also more grateful for the time that access to treatment was made available to me without all of the subsequent issues that presently can affect a decision about treatment for any addict seeking treatment and a journey of recovery. The epidemic of heroin overdoses has impacted the human culture greater than

ever before and the lives of many not realizing how serious the choice to use could equal death.

So my appeal lastly is that we recognize the greater good to provide services to increase the

potential value in the long run of saving human lives. God bless us all and hopefully we can

collectively reduce lack of access that creates a serious stigma against those who have chosen

the path of addiction.