

***Testimony Provided for HR 590 Public Hearing***

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One often hears phrases like “I’m dying for a cup of coffee” or “I’m dying for a piece of chocolate.” Addicts can say “I’m dying for treatment” and in their case it may well be factual, not just an expression. Many of those who seek treatment are waiting days if not weeks for treatment. Some who must wait lose their motivation and they continue to use. Some die waiting.

There are many paths to sobriety; there is not a one size fits all approach. Because of the chronic nature of addiction, at various points an individual may need a path different than the one before. This dictates the need to address barriers for all levels of treatment: medically assisted treatment (MAT); residential treatment and outpatient/community treatment which includes intensive outpatient and partial.

Although many providers are making efforts to expand and enhance all levels of treatment programs, these efforts are often hindered by:

- Current rate structure for publically funded individuals. Low per diem rates impact growth in a variety of ways.
  - Inability to hire and retain qualified clinical and medical staff
  - Inability to add support staff positions to assist clinical staff allowing them to focus more on treatment
  - Low rates also limit the ability to offer enriched treatment components that require additional professional staff, e.g. psychiatrists. A large percentage of those suffering from addiction also have co-occurring mental health issues that are not able to be addressed
- Excessive/outdated regulations: Although a few positive changes to existing regulations have been made, new ones from a variety of sources are added frequently. Regulations are necessary but the excessive paperwork sometimes required takes time away from treatment and is also a factor in driving counselors from the field.
- Stigma/NIMBY (not in my back yard)—it is often difficult to find a physical location at which to open a program. More public education and revision of local restrictions could help providers find affordable and suitable locations.
- Appropriate length of treatment: many studies point to the effectiveness of extended treatment episodes of various levels however current funding levels often do not support it.

- Those with private insurance are often unable to meet the high deductibles and co-pays associated with their policies. This group is not eligible for public funding and often go without treatment as a result.

On a final note, it is easy to look at statistics and not focus on the human factor. I can look at our internal statistics and see that we have had to turn down 35 individuals in a single day. What is heart wrenching is looking past the number and realizing that it is likely that many of those people did not find treatment with another provider either. What is happening to them? To their families? Some may continue to commit to treatment and wait their turn in the ever increasing queue. Others won't and will face the alternatives outlined in 12 step programs; death, jail or institutions.