

Testimony for House Resolution 590 – Difficulties with Access to Drug and Alcohol Treatment

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Thank you Secretary Tennis and Lt. Governor Stack for allowing me the opportunity to provide testimony on the House Resolution 590 - Difficulties with access to drug and alcohol treatment.

My name is Emily Fitzgerald and I am currently working as Certified Recovery Specialist at Gaudenzia Sunbury Outpatient. As a provider of services and also a former client I have experienced the barriers and hardships to accessing treatment on both a professional and personal level.

One of many barriers to treatment is the lack of beds for both detox and inpatient. Once an individual has made the decision to seek help it is vitally important to get them in treatment as soon as possible. Facilities in Pennsylvania are constantly full and the wait can be up to two weeks for a bed. This is a huge frustration because of the urgency that surrounds getting someone into treatment as soon as they are ready. Given our current opioid epidemic, people are literally dying before they make it to treatment. There is also a small window of opportunity when someone has made the decision to enter treatment and they quickly change their mind and the consequences can be catastrophic. Long waiting times for an inpatient bed clearly raises the question of network adequacy. Are there enough treatment facilities available under our network of care and is an effort being made to build more treatment facilities to provide inpatient treatment?

Although recovery support services are not available to the adolescent population, Gaudenzia does provide treatment to adolescents. Finding an inpatient bed for an adolescent, especially a female is extremely frustrating because there is very little availability in general for residential adolescent treatment in the state of Pennsylvania. Studies show that adolescents are a population at great risk for substance use disorders, yet there is very limited services available to them. This is another question of

network adequacy from funders. Why not face the issue when it is first starting instead of waiting for their substance use disorder to be in a later stage before there is adequate help available?

Accessing funding is also a great difficulty for many people seeking treatment. The medical assistance application is lengthy and confusing, and there is not widespread knowledge of how to apply for funding through the SCA. For those clients who do not have medical assistance or SCA funding, they face the issue of high co-pays which are not attainable for most people who are in early recovery. For inpatient treatment, even with medical assistance the number of bed days is becoming shorter and shorter. For a person who has been to treatment several times in a year, insurance companies are limiting inpatient stays to only detox which is not adequate time for someone seeking treatment or who needs longer residential treatment and aftercare such as a halfway house. Federal parity law requires services to be in correlation with medical services. When dealing with other chronic medical conditions, care for these individuals is not reduced when they are not getting better. Is the PCPC being followed in these scenarios when it is a publicly funded client? If this is an individual with private healthcare this could be a violation of ACT 106. Other issues surrounding ACT 106 are if a client has several inpatient stays and is running out of days IOP days are taken to cover the inpatient stay. How is this helping an individual continue their care after inpatient treatment?

Living in a rural area has many disadvantages for an individual who is seeking treatment. There are few providers of drug and alcohol services and they are often times twenty miles or more from a client's residence. Transportation is a major difficulty for our population of clients. Transportation issues not only affect individual's ability to get to treatment, but also to twelve step meetings, job interviews, doctor's appointments, etc. If a person is not involved in the legal system or does not have medical assistance there is not any county transportation provided at all. Even with county transportation

clients are only able to use it for legal appointments, medical needs, or treatment. The hours of availability are also very short and make it difficult for client's to meet all of their treatment needs.

Another barrier that many people seeking treatment face is childcare for them to come to treatment. Individuals beginning treatment do not have the financial means to pay for childcare in order to meet the needs of an intensive treatment schedule which is vitally important in the early stages of recovery. Child care in general is a challenge for people who are in recovery and trying to get jobs, go to meetings, and get to treatment. In order to qualify for help for child care services you have to be working 20 hours a week, or involved in an education program at least 20 hours a week. Many individuals seeking recovery cannot even get to the point of having a job or being involved in schooling without having childcare to obtain these things.

A huge barrier for individuals in recovery is the availability of stable housing. In our surrounding area there are not any halfway houses or recovery houses available as transitional housing. In many of our small communities there are ordinances in place that do not allow anyone convicted of a drug charge to rent properties. Also, any housing assistance programs require a window of at least 5 years away from any felony charges. Many individuals seeking recovery have a criminal history and this presents a huge roadblock to a stable living environment which is so important to the recovery process.

Again, thank you for the opportunity to bring these issues to your attention.

Respectfully,

Emily Fitzgerald

