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TESTIMONY OF: Cynthia Bellino

**Joint House Policy Committee Hearing
Pennsylvania's Drug Epidemic**

Hilton Scranton & Conference Center, Electric City Ballroom
100 Adams Avenue, Scranton, PA 18503
Wednesday, August 31, 2016 (10:00 A.M.)

Good Morning Chairmen Benninghoff and Sturla, PA Representative Flynn, and the Members of the Committee. Thank you for the opportunity to testify this morning regarding Pennsylvania's Drug Epidemic. This hearing is critical in raising awareness that addiction is a disease and those suffering from it should be afforded proper treatment.

I am here today as the founder, owner, and operator of Just Believe Recovery Center (JBRC) located in Carbondale, PA and in Jensen Beach, FL. Additionally, I am testifying as someone with over 20 years of experience in the field of substance abuse and our mission at JBRC is to provide the highest level of personalized care and treatment to each patient who enters our facility. We demonstrate concern and compassion while working with patients in a direct, respectful and honest manner. We provide a therapeutic community, where a safe and serene environment creates an atmosphere conducive to recovery and change. Our message is: *"We believe that recovery is possible for everyone!"*

Before I proceed, allow me to pause and pose this important question: Who is an addict? Most of us do not have to think twice about this question. WE KNOW! Our whole life and thinking was centered in drugs in one form or another – the getting and using and finding ways and means to get more. We lived to use and used to live. Very simply, an addict is a man and woman whose life is controlled by drugs. We are people in the grip of a continuing and progressive illness whose ends are always the same: jails, institutions, and death.

We opened JBRC in Carbondale, PA in May of 2015. We have over 100 employees and provide inpatient and outpatient services. Currently, JBRC is licensed to serve 54 rehabilitation inpatients, 70 partial hospitalization patients, 60 intensive outpatients and 24 detoxification patients with room to expand. We have invested \$1.1 million in improvements at their Carbondale Facility.

Our alcohol and drug rehab programs offer our patients a complete continuum of care; from the initial stage of detoxification to eventual return to living in the community with the necessary tools and structure to support recovery.



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Beyond JBRC, I developed two substance abuse programs including the creation and operation of Serenity House (a halfway house for women located in Florida) and Pocket Full of H.O.P.E., Inc. (a nonprofit defined as Home's, Opportunities, Principles, and Education (H.O.P.E) located in Carbondale, Pennsylvania which provides housing and support for recovering addicts. Additionally, JBRC just purchased another building that in the near future will house a nonprofit program for women and children. Finally, we are finalizing a program for "friends and family" of addicts, which is a clinically led support group for those whose lives' are impacted by the disease of addiction.

A Pocket Full of H.O.P.E. is unique treatment option in Northeastern Pennsylvania, which allows JBRC to provide recovering addicts with extended treatment, a secure and safe environment, a sober community, immediate access to qualified support staff, life training skills, and a security net including drug testing and transportation to outside meetings and work. Unfortunately, many of these recoveries are hindered by insurance carriers' practices, which severely limit the treatment options for addicts. Their policies create a revolving door for recovery. The Pocket Full of H.O.P.E. program was created in response to these "limited" treatment options provided in a patient's insurance policies.

I am informed that the State of Pennsylvania is moving towards "Evidenced Based Budgeting." It is a statistical fact that an addicts' recovery rate rises *exponentially* if they participate and remain sober for at least a 90 day period. By extending these treatment options and time periods, we are not only saving lives but also saving our State and our communities significant dollars by reducing the cycle of addicts returning to opioids, heroin, and beyond.

At JBRC we have learned from experience that intravenous (IV) drug addicts are likely to have Hepatitis C. Our medical director, who is certified in infectious diseases, is able to treat these patients; however, one major challenge with these patients is the unwillingness of insurance companies to cover such treatments such as Harvoni and Viekira; recent studies have shown that there is over a 96% cure rate for Hepatitis C.



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JBRC and I are actively contributing to recovery both clinically and financially. As an example this past November, JBRC gave 20 “Gift of Life Scholarships,” which provided 20 uninsured individuals free treatment at the expense of JBRC’s Carbondale Facility. Additionally, JBRC gave 31 scholarships within their Florida programs. The cost of these scholarships is roughly \$18,000-\$30,000 per individual treatment program. Since our inception in Pennsylvania, JBRC has given more than \$700,000.00 in scholarships for treatment to combat this current drug epidemic. Candidly, we offer these scholarships because 48 percent of our patient’s insurance companies will not allow for the level of care needed for their proper rehabilitation.

In advance of today’s hearing, I, along with my staff, have been in regular communication with your staff and legislative staff at the federal and local levels to address this drug epidemic. I, along with my staff, want to be a resource for you. As one of only three treatment facilities in all of Northeast Pennsylvania, we have a unique ability to inform on the realities of drug addiction and treatment. What works and, frankly, what doesn’t. We are at the frontlines of this war.

JBRC’s programs do not administer or participate in Methadone and/or suboxone maintenance programs. Our recovery philosophy is one of abstinence. On occasion, the program does utilize subutex to safely detox people who require a medical transition from opioids and detox from subutex and Methadone. This is typically a 7-10 day process, based upon an individualized treatment program. Conversely, we do encourage medically assisted treatment for those who have been unable to maintain abstinence and have multiple relapses. We fully support the use of opioid blockers such as Vivitrol and neloxone therapy in conjunction with therapy and life skills assistance. Finally, we do not support opioid based maintenance medications because it keeps addicts addicted to opioids, which can be abused or traded for street drugs such as heroin.

Using both clinical and holistic approaches in our support of addiction treatment, we also utilize Biosound™ Therapy System. Biosound is an instrumental tool, providing auditory and mental relief for our patient’s struggles. Every day we hear from our patients feeling more relaxed, more at peace and feeling more energy after their sessions. We are confident this treatment has benefited our patients on many levels and has shown them an alternative way to ease their minds and begin to heal mentally and physically.



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I completely agree with the Allegheny County Health Department Director Dr. Karen Hacker, MD, MPH, who testified at your August 2nd hearing regarding the need for more treatment options including abstinence only programs. She said that “far too few of these options are being offered and few programs are comprehensive in nature. We need to effectively connect mental, emotional, substance abuse treatments together.” The continuum of care for our patients and all patients is paramount.

After careful review of the Center for Rural Pennsylvania’s 2015 Final Report entitled, “Heroin and Opioid Treatment and Recovery Services,” I want to compliment the work of Dr. Steve Scheinman, President and Dean of the Commonwealth Medical College, in developing a certificate program in behavioral health and substance abuse to train primary care physicians and first responders. Additionally, I’m informed that the college is working with 80 regional partners in Northeastern Pennsylvania to assess the need for more psychiatrists. To that end, JBRC recently received zoning approval to obtain a hospital license with the intention of opening a free standing inpatient psychiatric hospital. The initial phase of this project will consist of a licensure for 14 inpatient psychiatric beds. Ultimately, we intend to expand the delivery of psychiatric services to include residential, PHP and OP treatment. Hopefully, we can become a true and viable partner with the Commonwealth Medical College’s Psychiatry Residency Program by allowing their doctors to perform their medical treatment and therapies at our facilities. It is imperative that the medical community integrates pain management education in medical school curriculums across the country.

In 2015, 3,383 drug-related overdose deaths were reported in Pennsylvania - a 23.4 percent increase from 2014. Last year in the immediate counties surrounding JBRC, we saw 118 heroin or drug related deaths – 30 in Lackawanna (this number was recently revised to 70+ in Lackawanna County), 67 in Luzerne, 12 in Susquehanna, and 17 in Wyoming. Again, I highlight to the Chairmen and the Members of this Committee that we are in unique position to provide the care and treatment necessary to eradicate this drug epidemic in our immediate backyard. And that is not without the careful collaboration we maintain with state and local treatment officials. I want to thank Bo Hoban (Lackawanna and Susquehanna’s Director of Drug and Alcohol Treatment) and PA Department of Drug and Alcohol Program Secretary Gary Tennis for allowing me to be on their “speed dials” to assist me and at our patients at JBRC.

I am aware that the PA General Assembly is considering 53 pending pieces of legislation to address this epidemic including reform legislation on criminal justice, disposal, education, health insurance, licensing and training, opioid prescription abuse and recovery. As the PA General Assembly addresses these legislative efforts, please feel free to call upon me and my JRBC staff to be a resource to you and your staff.



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Beyond the state level, I would like to take this opportunity to thank our Pennsylvania Congressional Delegation for their support of the recently passed Comprehensive Addiction and Recovery Act (CARA). This legislation designates funding for communities experiencing a high rate or sudden increase of opioid use. Without question, we are in one of those communities and we are in immediate need of this critical funding.

Please consider my experience, along with the JBRC's great work, in your future deliberations on this epidemic in both the Pennsylvania House and Senate. Although I supported the initial intent of Pennsylvania's Act 139, which provided "Good Samaritan" protection necessary to make Narcan available, that was only a first step. We need a coordinated effort that shares a patient's medical information at all levels of government to ensure they receive the proper continuum of care. Additionally, I call upon you to determine sufficient funding for pilot programs that focus less on opiate based medications and more on abstinence based care, which we're doing – and doing with LONG TERM success, at JBRC.

Thank you, Mr. Chairman and Members of the Committee, for the opportunity to testify on this very important issue affecting Pennsylvania's future. I hope this committee has intently listened to my testimony and the recommendations included in it, which I am confident will lessen this epidemic that is plaguing our nation and taking the lives of our citizens of all ages. Anyone looking closely at this issue understands how important proper treatment is for the disease of addiction. We at Just Believe Recovery Center are working with every viable tool and resource at our disposal to do that every day.