



PINNACLE TREATMENT CENTERS

TESTIMONY

of

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Regional Director

Pinnacle Treatment Centers

Joint House

Republican Policy Committee

Democratic Policy Committee

on

Pennsylvania's Drug Epidemic

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Lycoming College

Williamsport, PA

Good afternoon, Chairman Benninghoff, Chairman Sturla and distinguished members of the joint Policy Committee. My name is Chris Byers and I'm the Regional Director for Pinnacle Treatment Centers(PTC). PTC has expanded to provide facilities throughout Pennsylvania, as well as in New Jersey, Indiana, Kentucky, Virginia, Ohio, Minnesota and Michigan. PTC provides residential, outpatient and transitional living programs and is CARF accredited. All of our locations include physicians, nurses, clinicians, administrative and support staff. Our facilities provide drug addiction treatment and services at over 20 facilities to more than 8,000 adults daily. In Pennsylvania, our facilities operate in 18 locations across the Commonwealth, including one in this region, as Representative Wheeland is well aware, at Williamsport Family Medical.

The first step in recovery regardless of modality is acknowledging that there is a problem. Pennsylvania has taken that first step in acknowledging that there is a plague named opiate addiction destroying thousands of lives and costing the commonwealth millions of dollars. The leadership of Pennsylvania has not stopped at acknowledging the problem it has also begun to take action. This hearing and those like it going on around the state, are actions being taken by legislators to gain insight to the depth of the issue and knowledge of how they can help their constituents who are suffering every day. Medicaid expansion has improved access over the past year and a half. The development and implementation of Prescription Monitoring system is a big step forward for the State. Pennsylvania was a leader in getting access to the overdose reversal drug kits available to the public. The awarding of the Centers of Excellence funding to fund programs to educate the community, link treatment modalities and act as a referral hub to assist those in need with finding the right level of care for their problem is another action step taken by leaders like you. Pinnacle Treatment Centers, looks forward to working with the other agencies in the area of our facilities across the state to fill their part of the continuum of care. Thanks to the legislature's support in the last budget cycle Pinnacle was recently awarded 2 Centers of Excellence and is working at this time to develop the network of community supports to assist patients with accessing the resources of their community to meet their needs. All of these steps have challenges but I am thankful that the legislature has the foresight and courage to take action as well as the commitment to continue to address this issue on an ongoing basis.

In operating 18 Medication Assisted Treatment programs across the state, over the past 9 years the leadership of Pinnacle Treatment Centers has been on the frontlines fighting the spread of this epidemic. One thing has been evidently clear throughout time, recovery is a beautiful thing and those lives that are saved and reclaimed are why we take on these challenges every day.

I would now like to outline some of those challenges and ideas to eliminate barriers to care in which state and federal officials can work with us toward resolving this epidemic.

ACCESS -

There are a number of policies that impact access to care that occur at some of the most vulnerable times when patients are seeking treatment and recovery.

Lab Tests: The requirement of methadone facilities to have Lab confirmed UDS results back prior to beginning treatment is delaying patient access to care for 24 to 72 hours and keeping patients at high risk for relapse and overdose. If an onsite Urine dip test or instant test were permitted for screening and admission would increase access for patients in the critical time frame that they are ready to take action. This action is not required of those seeking other medication assisted treatment options, despite the patient receiving prescriptions for a 7 to 30 day supply at the first visit of these other medications.

Counselor Ratios: We have a required patient-counselor ratio of 35 to 1. It is one of the lowest in the nation. This ratio also creates caps on facilities that are lower which limits access to new patients.

Public Transportation: Public transportation and ride services are limited in the rural areas creating issues getting to and from facilities and meeting requirements.

This is further compounded by Pennsylvania's more restrictive take home policies which require more frequent visits and can limit patients ability to move toward gainful employment.

Drug Classification: Vivitrol being classified under medical rather than behavioral health creates barriers to outpatient facilities being able to serve as follow up injection sites.

SILOS -

Pennsylvania has more restrictive confidentiality guidelines than the current Federal Standards. This extra restriction adds to the silo effect of treatment rather than a comprehensive multidisciplinary approach to treating the client. They are looking at reducing restrictions at the Federal level if Pennsylvania doesn't follow suit the gap will widen making it more difficult for those needing care from more than one entity. As our Centers of Excellence develop they can make huge strides to allowing for full coordination of care and access to all needed services.

PREGNANCY AND INCARCERATION -

We cannot "jail away" the problem of addiction. Studies have shown savings for each dollar spent in treatment produce a societal savings of up to \$14.

The jail systems are not capitalizing on the opportunity to treat inmates and reduce recidivism. Having those opiate addicted individuals in a controlled environment would allow for initial Vivitrol injections to be administered prior to release reducing relapse and recidivism. Inmates

who are addicted to opiates are typically not treated in the jail setting unless they are pregnant and then only until giving birth then are cut off cold turkey and made to suffer needlessly.

Additionally, we wanted to let you know that Pinnacle has partnered with the Childrens Institute in Pittsburgh to educate pregnant and mothering patients. The program can reduce NICU stays, allow for higher engagement and attachment with the mother and child. Partnerships like this will increase patient and provider awareness of what to expect and create improved care for all those involved. Again, this is an area where The Centers of Excellence projects will foster partnerships and linkages for this kind of collaboration to be successful.

Thank you again for your attention to this issue and for hearing the perspective of the providers who deliver the treatment. The leadership team at Pinnacle looks forward to working with you on the policy changes proposed in my testimony. We welcome a continued dialogue with actionable steps toward resolving this health crisis in the Commonwealth.