PENN FOUNDATION
BEHAVIORAL HEALTH SERVICES

Testimony by a Named Center of Excellence for Opioid Disorders with a Focus on Trends, What is Needed to be Successful, and Legislation or Policies to Consider

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08/15/2016

Thank you for the opportunity to provide comments for consideration to the Opioid Special Session. My name is Julie Williams. I am a Licensed Professional Counselor and Co-Occurring Diplomat that works as the Clinical Director at Penn Foundation. For 61 years, Penn Foundation has served and supported healing for individuals who are impacted by drug use and mental health concerns. We currently provide more than 40 programs that support the behavioral health needs of our community.

For the past several years, we have all been impacted by the astonishing presence of opioids in our communities. The statistics I will talk about today reflect stories across the state. At Penn Foundation, we started to experience an increase in opioid use disorders in 2011, and within two years, our entire treatment population shifted to serving individuals, ages 18-30 years old, who were experiencing opioid dependence. In 2014, we took intense action; we assessed and re-aligned our clinical programing, which took into consideration the most recent evolution of research and treatment options available.

The process began with the fundamental belief that addiction is a disease. The treatment paradigm then shifted to supporting the opioid-dependent population with services that addressed their biological, psychological, social, and spiritual needs. This treatment philosophy not only needed full implementation, but our treatment team needed to incorporate different philosophies into treatment that challenged their traditional practices.

The field and culture of addiction treatment has been slow to offer training that supports our team. Awareness has grown in the past few years, but even more opportunities exist through the work of everyone here today as we join together to prevent this outbreak from becoming a plague.

The Center of Excellence is another very important piece of a complete program that will respond to and address gaps that exist in our system of care. The funds received from the Center of Excellence will enable under- and flat-funded providers to implement innovative, seamless services that have been identified as necessary by our treatment teams.

Every day, our treatment team is faced with an ever-increasing demand for services. We complete a minimum of 6 evaluations a day for treatment connection and possible admission for those who present

to our open access model of care for substance use. That equals 120 individuals each month who access evaluations for substance use at Penn Foundation. Of these individuals, 95% present with opioid use.

We have a few different populations coming in for treatment that are important to understand. We have the first-time treatment access population, the active treatment relapse population, and the treatment, non-connected population that cycle in and out of evaluations with no further care. The occurrence of these three populations is distributed in equal thirds. Adapting treatment interventions and service connection based on understanding of this information will be vital for the Penn Foundation team moving forward as we work to build the missing links, which is being made possible through the Center of Excellence opportunity.

The numbers of individuals that struggle on a minute-by-minute basis with their ambivalence of recovery is of high prevalence. The traditional fee-for-service model has great opportunity for enhancement. There are many new Current Procedure Terminology (CPT) billing codes that have been created, but they are not actively being utilized by our systems to help facilitate more collaboration with providers across disciplines and coordinating transitions in care for complex populations being served. Such CPT codes include care management, complex chronic care management services, and transitional care management services. The Center of Excellence is a bridge to these opportunities as well as a model of continuance to sustain the anticipated progress made.

We are making strides with medication-assisted treatment, which is a combination therapy consisting of individual therapy and medication. There are strong research and treatment options becoming available. Opportunity exists for further research into detoxing pregnant women from opiates. The current practice is to move the women to suboxone. If further research was completed in this area the women could be successfully detoxed and it would decrease the need for NICU treatment with these infants. Also, it would be recommended to re-evaluate the suboxone laws and regulations to stand alone. Currently they are tied to Methadone regulations, which date back from a significant time ago. Suboxone is a different drug. It is recommended that during this process the counselor case load requirements are reconsidered as the regulations call for two and half hours of therapy, but does not take into consideration the other activities addressing life domains that the individual may be engaged in with the Center of Excellence. It will be the work of the providers in both the medical and behavioral health fields to come together. The Center of Excellence begins to approach this by creating peer consultation between prescribers from both specialties and creating rapid access to the PCP network. Regulations to navigate and support confidentiality and coordination of care will need to be addressed to allow the system to fully treat their patients.

The continued growth of the disease model of addiction needs to be present in all new education, legislation, and policies. This disease is like diabetes. There is the need to continue to break the stigma that individuals who struggle with opioid use can just use inner strength to recover. The educational prevention programs around bullying and tobacco use has been successful. These successes need to inform the process to begin discussing and getting a preventative measure for our preteens and teens. The physiological and psychological impact of this disease is difficult to overcome, and in many cases, has connections to unresolved psychosocial factors that are developmentally rooted. The use comes from underdeveloped skills to work through life stressors and probable traumatic events that have occurred in their life. Many times, it is hard to look past their behaviors and understand the trauma and pain that are driving this.

We need to ensure that our many human service systems continue to point individuals in the direction of treatment at every opportunity across all systems. There is a significant population where this will provide their intercept into treatment. Our job as the provider is to enhance their motivation and support their recovery process, recognizing that we will reach some people right away but others will take a very curvy journey.

Many individuals presenting for services that are in the 18-30 year age range began use during a vital developmental period of time called "transition age." During these years, the individual was unable to develop the skills required to make the transition to adulthood and independence. Many individuals are homeless, live in unhealthy environments, and either have never held or have not been employed for some time or have once had dreams that have been drastically altered. I could present story after story about the details of this population. A 25-year old that held a job as a CNA but now has a possession record; a 27-year old that was going to be a lawyer but now has a record; a 25-year old that almost had his own barber shop; a 19-year old that was in college on a baseball scholarship and had to leave school to get inpatient help; the stories could go on. These are young individuals that have clear skills and simply need the support to get back on track.
We have a lot that we can learn from the behavioral health system about rehabilitative models that intensively skill build and support vocation pursuits. It will be vital that these opportunities are considered as there are not free-standing vocational development services for the substance use population. This will be important to address because if we don't, this generation will need major government support into their adult and older adult years. The time to prevent this from happening is now.

Part of recovery is building confidence and purpose outside of using substances. The work aligns with the movement to decriminalize circumstances associated with opioid use. The population that is involved with the criminal justice system will also need to overcome their record, which limits job opportunities. This gap in the substance abuse continuum will need to be addressed by legislation and policy to support the goals of the Center of Excellence.

Another area of concern lies with the number of available professionals in the addiction field. As an epidemic escalates, the volume and demand for services continue at monumental speeds. There are many services available, but the pool of addiction professionals has not grown. We do not have the manpower coming into the field, which will create issues similar to the early 2000s with available nurses for the medical field. If this is not addressed, the system will continue to inefficiently limp on, and providers will not be able to staff to the need that is demanded by this problem. Again, the Center of Excellence can provide a path toward addressing this concern, but support from legislation and policy is needed to inspire entry into the educational institutions for addictions.

We need to continue to steer individuals to treatment from the justice and children and youth systems. Again, policy and legislation drives this level of integration. As we get creative and away from traditional thoughts of treatment and support, we will have the opportunity to wrap our arms around this major health concern. The healthcare system must move toward further integration. The opioid population is a common thread that touches all human service sectors and healthcare systems. Now is the time for us to work together, for there are many cultural barriers that stand in the way. And again, legislation and policy could help provide the push towards standing together.

I want to thank the House of Representatives for this opportunity to be a part of the opioid hearing and in being able to offer insights from a Center of Excellence provider. I want to thank everyone, including our local Bucks County Drug and Alcohol Commission, and all those who are continuing to move us toward our common goals.