



PINNACLE TREATMENT CENTERS

TESTIMONY

Of

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On

Confronting the Heroin Epidemic in Pennsylvania

September 20, 2016

Indiana University of Pennsylvania

Indiana, PA

Good morning, Senator White, Senator Yaw and distinguished members of Board. My name is Pam Gehlmann and I'm the Executive Director of Alliance Medical Services-Johnstown (AMS) and Assistant 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 the Johnstown.

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 is 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 areas surrounding 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 3 Centers of Excellence, including one at Alliance Medical Services-Johnstown. 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.

I understand that there are questions and concerns about how the Centers for Excellence money is going to be used and how it will make an impact on the opioid epidemic across our Commonwealth, so I would like to take a few minutes and share with you the vision that we have for the Centers of Excellence at Alliance Medical Services-Johnstown. This vision includes a multi-layered approach that will build on our current foundation of services and the Medicaid Expansion initiative. First, we will build on the existing connections and relationships we have within the community. AMS maintains referral agreements for other mental health, drug/alcohol, medical, and social agencies in a multi-county area so that patients can be directed toward other services for which they may be in need. We are particularly proud of the relationships built between our agency and the local hospital's Labor and Delivery and NICU departments. We are looking forward to possibly expanding these connections to include the

Children's Institute of Pittsburgh in order to serve families needing more intensive support following the birth of a child.

Currently, AMS is contracted for services with several regional Single County Authority's. We will partner with these offices to coordinate additional case management services in order to provide a safety net for those who are having difficulty accessing services. AMS also has contracts with three Health Choices Managed Care Organizations: Value Behavioral Health which serves patients in Cambria County, Indiana/Armstrong Counties, and Westmoreland County, with PerformCare, which serves patients in Bedford, Somerset Counties, and Community Care Behavioral Health, which serves patients in Blair County and the Northern Tier Counties of Pennsylvania.

Second, AMS will build upon existing services in order to address the dire need in the community. The Division of Program Licensure recently approved AMS to treat up to 555 patients with methadone. We are also looking forward to additional services utilizing sublingual Suboxone and adding injectable Vivitrol services. In the future, AMS will apply for in-network status with the local Medicaid physical health Managed Care Organizations in order to better meet the needs of patients for these expanded service offerings as well as related to laboratory testing options. This combined approach will help manage services and state funds more efficiently.

Third, AMS will add staff to further support patients in the community and their home environment. Certified Peer Specialists will assist patients manage their recovery while coping with living life on life's terms. A Mobile Therapist will assist with providing home-based counseling services in order to engage the family in the recovery process as well as to provide aftercare assistance and follow up. A Registered Nurse Case manager will assist patients with medical coordination and Utilization Review. A Mental Health Counselor will assist those patients with Co-Occurring mental health needs. AMS will continue to partner with the University of Pittsburgh Master of Social Work program as a Field Placement site for MSW students in order to train students in the field of addiction treatment and bolster the local workforce with qualified professionals.

Fourth, AMS will enhance services through technological advances. By the end of 2016, we will be transitioning to a new electronic health record. Furthermore, installation of teleconferencing and supportive equipment will be used to develop and access a system of tele-psychiatric services in order to better serve the mental health needs of our patients. This equipment will also enable the staff to develop and participate in a Learning Network to provide training for local agencies, law enforcement personnel, and medical professionals as well as collaborate with other professionals for consultative services.

Fifth, AMS will partner with Molecular Dx to provide pharmacogenomics testing for patients in order to tailor medication prescribing patterns and improve medication efficacy for individual patients according to their specific genetic make-up.

By taking this multi-systemic approach to services, AMS will be a hub for services and referrals that will lead to positive outcomes for individuals coping with Opioid Use Disorder and for the community at large.

As excited as we are for the potential that the Centers for Excellence brings, we recognize the serious challenges we continue to face.

Rural areas face economic challenges. In an economically depressed area, it is difficult for our patients to find jobs that pay a decent wage. Having a job is directly related to long term success in recovery and without that consistent opportunity, success in recovery can be jeopardized. These economic challenges also make it difficult to find qualified staff to provide services for those in need.

Another challenge is the increased demands by insurance companies to comply with standards that go above and beyond state and federal regulations. This shifts the focus from treatment time to paperwork compliance. There are also layers of insurance requirements that need to be met for Medicaid Suboxone patients to obtain their prescriptions that are absent if those same patients were to obtain a prescription for an opioid medication through a PCP or specialist. Simply, insurance companies easily pay for a prescription of OxyContin but make it difficult to fill a prescription for suboxone.

The biggest challenge we face as a treatment and recovery community is that of stigma. Both treatment programs and recovering addicts face stigma from all facets of society and it often blocks the path to recovery for many who are still suffering. Despite the proven life-saving benefits of Narcan, stigma contributes to resistance of its use.

There is also a lack of access to inpatient treatment for those engaged in medication assisted treatment and who also need a higher level of care. Opening all levels of care to concurrent medication assisted treatment would more fully support a recovering person's path to long term success.

In addition, 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 thus 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.

Recently, members of the Pinnacle Treatment Centers leadership team had the opportunity to offer testimony before the House Policy Committee. We offered a number of policy solutions related to accessing treatment in the areas of lab testing policy, counselor to patient ratios, public transportation in rural areas, and reclassification of Vivitrol under behavioral health. These steps in addition to the addressing the issues I previously discussed will help to combat this crisis.

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