Hello, my name is Kellie McKevitt and I am the Executive for Behavioral Health Services for Southwestern Pennsylvania Human Services. Our agency has decades of experience providing behavioral health treatment services throughout southwestern Pennsylvania. As a licensed social worker of this Commonwealth, it is an honor to provide you with testimony today about treatment services and our experience in supporting individuals with substance abuse disorders.

In our experience, a key element of our treatment is creating an individualized plan of care. Individuals need the right type of treatment; in the right quantity and frequency; for an appropriate length of time. There is no short-term fix and we cannot rely on the same methodologies that we did decades ago. Today, we use theory and research based methods that provide skill building and resource acquisition. Examples include cognitive behavioral therapy, dialectical behavioral therapy and motional interviewing. Cognitive behavioral therapies involve addressing thinking patterns, developing motivation to change, providing incentives for abstinence, building skills to resist drug use, replacing drug-using activities with positive activities, improving problem-solving skills, developing natural supports and facilitating better interpersonal relationships.

. Further, addressing underlying related issues is a necessary part of treating the addictive disease. In various settings, it has been estimated that approximately 6 in 10 individuals in treatment also have other mental health concerns. A large percentage of individuals in our care, particularly women, also suffer from trauma. These estimates are supported by the federal Substance Abuse and Mental Health Services Administration. When we reference trauma, we mean experiences that are emotionally painful, distressful, or shocking and may result in lasting mental and physical effects. As the person recovers, it is paramount for them to therapeutically process the shame, guilt, negative thinking and emotional stress.

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For individuals with opioid addiction, matching the treatment protocol to the individual is key to success. For some people with opioid addiction, medication assisted treatment, is another tool. Types of medication assisted treatment include methadone, Suboxone,

and Vivitrol. Methadone and Suboxone are prescription medications that act on the opiate sensitive sites of the brain by relieving the symptoms of opiate withdrawal. These medications have gradual onsets and as such, when used as prescribed, they do not provide the experience of a high, but do reduce the desire to use opioids. Vivitrol is different than Suboxone and methadone in that it helps patients overcome opioid addiction by blocking the drug's euphoric effects. All of these medications can be effective in helping individuals addicted to heroin and other opioids stabilize their life and reduce illicit drug use, but must be coupled with ongoing therapy sessions.

Thus, the right combination of treatment for the individual must be assessed, deployed and re-evaluated on an ongoing basis. Treatment must be not only accessible for individuals who are seeking treatment for the first time, but also easily re-accessible if someone needs additional courses of treatment. According to the National Institute on Drug Abuse, "Relapse rates are similar for drug-addicted patients with those suffering from diabetes, hypertension, and asthma. Relapse is common and similar across these illnesses (as is adherence to medication). Thus, drug addiction should be treated like any other chronic illness, with relapse serving as a trigger for renewed intervention." The treatment approach must be comprehensive in addressing the individual as a whole, considering the social, legal, medical, and psychological constructs of the person's life. The program may be voluntary or sanctioned by the legal system. A sanction from family, the employment setting or criminal justice involvement can impact retention. But most importantly, the treatment regimen must be determined by the individual's medically determined need, not funding or lack of funding.

As a long-standing human services provider, it is our mission to provide the highest quality, individualized treatment programs in the region. We currently offer many theory based interventions at our outpatient sites as well as Suboxone and Vivitrol. Furthermore, we work closely with residential treatment, methadone providers, and a full complement of ancillary services to assure a comprehensive approach to treatment. SPHS believes that treatment is our role on the team to find a solution to the epidemic. However, every day, treatment providers face significant financial gaps. The funding

and reimbursement rates for treatment programs do not cover the basic elements of business that are operationally essential, such as: recruitment, training and retention of qualified staff; meeting the multitude of layers of compliance requirements; and maintaining adequate facilities. Worse yet, some of the efforts to provide individuals with insurance coverage for care have resulted in financial burdens for providers. Many of the newer insurance plans have high deductibles. Individuals seek treatment with the plan for the first time and when faced with quickly rising bills, drop out of treatment and fall into the category of our lowest collection rates. Another example is the private care organizations that were implemented in the Healthy PA Program in January. After 90 days into the program, we had been paid almost nothing by these plans after providing tens of thousands of dollars' worth of services. Now six months later, we have invested approximately three times the typical resources in trying to receive payment on these plans.

For some, it is easy to overlook the needs of treatment providers and the group of people we care for. However, the community-based providers are your force on the front lines. We know that the so-called war on drugs cannot be fought on distant, remote streets, as many falsely envisioned. The epidemic must be fought right here, in our homes and communities, in collaboration with partners in the medical system, legal system, schools, recovery network, communities and government. We are willing and able to be part of the solution.

As a treatment professional, I have seen first-hand the death that accompanies the disease. However, far outweighing that, I have seen hope. I have seen recovery. I have seen life…..life without addiction. So, today I thank you for your interest, consideration and support and I ask you, too, to hold up hope.