

Good Morning. My name is Colleen Hughes the Executive Director of the Westmoreland Drug and Alcohol Commission, the Single County Authority for Westmoreland. I would like to thank the Center for Rural Pennsylvania for allowing me to present my testimony.

I realize the topics for today are treatment and recovery; however I cannot do justice to this topic without providing you with some background information.

Westmoreland County's overdose deaths have increased close to 300% since 2002. As of July 13, there have been 44 fatal accidental overdoses, with 27 unconfirmed. Sixteen are heroin related.

Prescription drugs and heroin are the driving force of the overdose epidemic. As a result, the Westmoreland County Drug Overdose Task Force (DOTF) was established by the County Commissioners to devise and implement a plan to reverse the trend and accomplish a 25% reduction in overdose deaths by 2019. I am the co-chair of this task force.

This epidemic is not just a law enforcement issue but a public health problem that affects all Westmoreland County residents. However, the Drug Overdose Task Force believes that together, solutions can be found.

The DOTF is comprised of five subcommittees, two of which I would like to highlight today. The Advocacy Subcommittee works to educate legislators and state department regulators about the overdose epidemic. On behalf of the Advocacy Committee I would like to thank the legislators, and specifically those who are present today, for endorsing Act 139, which is the Naloxone/Good Samaritan Law.

With the passage of Act 139, this allowed for third party distribution of the lifesaving medication Naloxone. Through education and outreach, the task force has received donations specifically for the purchase and distribution of Naloxone.

Saving a life is only a part of the process. Connecting individuals to treatment and recovery is the goal in order to break the pathways to addiction.

The second committee I would like to highlight is the Treatment Subcommittee whose original goal was to create a welcoming environment to decrease stigma and fear of rejection. As a result of the passage of Act 139 and monetary donations, the goal has broadened to include the training and distribution of Naloxone to community members and first responders. This training is far more than learning how to administer Naloxone. It is designed to create awareness among the entire community with the hopes of reducing stigma that would allow individuals to reach out for help and connect them to treatment and recovery. Stigma has been a barrier to accessing treatment for decades. Family members tend to keep a loved one's addiction hidden for fear of embarrassment, legal repercussions, shame and guilt.

In addition to the task force initiatives, the SCA continues to work to close the gaps that exist in the drug and alcohol service delivery system. One approach is meeting people where they present. A hospital-dedicated Mobile Case Manager was initiated through the collaborative efforts of the SCA, Excelsa Westmoreland Hospital and SPHS Case Management Unit. The primary goal of the Mobile Case Manager is to intervene with overdose survivors who arrive at the Emergency Department and engage and refer to non-hospital detox and/or inpatient rehabilitation services which is the “warm handoff approach”. This initiative began in an effort to address both the drug overdose issue in Westmoreland County and the common complaint that once a patient is stabilized at the ED, he/she is released, returns to drug use and then again returns to the ED for stabilization.

The expected outcomes of the Mobile Case Manager program are to include offering drug and alcohol assessments to all overdose survivors and individuals presenting with other D&A issues entering the hospital; offering drug and alcohol assessments to all substance abusing patients in Psychiatric Inpatient, Med Surge Unit or involved in the Crisis Response Center and providing information on accessing treatment service to all patients who survived an overdose and *refused* a drug and alcohol assessment.

Since the inception of this initiative in June 2014 the Mobile Case Manager had face-to-face contact with 80 individuals who agreed to have a complete level of care assessment and referral to treatment. Thirty one percent followed through and completed the treatment recommendation to detox and rehab.

A challenge with this program is the engagement of individuals who present in the emergency department following an overdose or presenting with drug and alcohol issues. These individuals tend to want to address their emergent situation and not go beyond their immediate care. The emergency department staff provides individuals with information regarding where they can go for help, however we are unable to track how many of these individuals follow up with case management and treatment.

Another way of meeting people where they present is with the Criminal Justice Population, specifically those who are housed at the county prison.

The SCA, in collaboration with the Westmoreland County Prison, the County Assistance Office (CAO) and SPHS Case Management, implemented the Medical Assistance Jail Pilot Program now known as the D&A Jail Diversion in November 2014. This program was developed by the Department of Drug and Alcohol Programs and the Department of Human Services to create a process to ensure that Medical Assistance benefits are in place for inmates being released from a county jail who are in need of residential drug and alcohol treatment. The program addresses inmates with a court order for a drug and alcohol evaluation while incarcerated with a recommendation of non-hospital residential treatment.

As of March 31, 2015 36 individuals were referred directly from the county jail to residential treatment services saving the SCA over \$265, 00.

It is the desire of the SCA to expand treatment programs to include a non-hospital detox and rehab as well as a halfway house. Through this expansion it will afford the full continuum of care to be physically located in Westmoreland County, which allows individuals to not only engage in treatment in their own county but then to become law abiding citizens in their home communities. Our efforts to educate and create awareness of this public health epidemic will prepare communities to embrace and accept individuals with the disease of addiction as they begin their journey of recovery.

In conclusion, it is evident that the issue I am speaking about today is at the forefront of discussion among the PA Legislators. Some of the initiatives I spoke to you about would not have been possible without Act 139. It is truly impressive that PA Legislators are willing to be educated, have discussion and learn what the needs are and to work to do their best to channel the appropriate funding to meet the demand of the treatment needs

I would now like to introduce Kellie McKeVitt Executive Director of SPHS Behavioral Health who will offer testimony on outpatient treatment to include medication assisted treatment.