

Testimony of Louis E. Wagner, Jr., Executive Director, SpiritLife, Inc.

- I am Louis E. Wagner, Jr., Executive Director of SpiritLife, Inc. SpiritLife is a non-profit, faith-based, 44 bed inpatient detox and rehabilitation treatment facility, just 15 minutes east of Indiana, PA.
- The SpiritLife Mission Statement: “To Bring the Good News of Freedom of Spirit and Health of Mind and Body to Those Held Captive by Addiction.”
- We are one of the few start-up facilities in Western Pennsylvania in many years. We opened our doors nearly one year ago, on October 5, 2015 to be exact. To date, we have detoxed and treated over 570 clients, freeing them from their chemical reliance on heroin and other opiates, prescription and illegal opioids, methamphetamines, cocaine, alcohol, benzodiazepines and other addicting substances. Following detox, we then spend the next 30 to 90 days, and sometimes longer, putting our clients in the best position possible, in mind, body and spirit, to begin a process of long-term recovery.
- The primary inpatient treatment program at SpiritLife is a holistic, multi-disciplinary program utilizing an abstinence-based, disease-concept model of treatment, with the length of stay determined by each individual’s need.
- Our programs treat the whole person and family, medically, psychologically, emotionally and spiritually.
- While we recognize and respect all pathways to recovery, we use the 12 Step model as our primary therapeutic approach, and we offer similar systems of support for family members whose lives have been negatively impacted by addiction.
- Unlike most other in-patient treatment facilities, SpiritLife is a faith-based organization and treatment facility. The data is clear that over time, faith-based treatment programs have more than an 85% success rate in getting clients into long-term recovery compared to about an 18% success rate for secular programs.
- We are an affiliate of the Indiana Regional Medical Center, Indiana University of Pennsylvania, Catholic Charities of Greensburg, PA and Lost Dreams Awakening, a non-profit affiliation of certified recovery specialists and volunteers who manage our SpiritLife alumni telephone and recovery support programs.

- The vision for the 208 acre SpiritLife Campus – is to become a mecca for recovery, providing transitional housing for people in early recovery and through our affiliations and network partners, providing the support systems necessary to sustain people in their first and second year of recovery and beyond.
- SpiritLife has embarked upon the largest and most significant creation of new treatment capacity in Western Pennsylvania in decades. As I stated, we currently operate 44 beds at SpiritLife Center, our main treatment facility. We have plans on the table to open an additional 64 treatment bed facility in an existing dormitory on campus, by January 2017, which will make us a 108 bed treatment facility.
- Like much of the East Coast, Pennsylvania is also in the throes of one of the most severe heroin/opioid epidemic and “bed crises” in the nation.
- Pennsylvania ranks 4th in the nation in total overdose deaths, slightly behind West Virginia, which is No. 1.
- Pennsylvania leads the nation, we are No. 1, in drug overdose deaths among young adult men, ages 19 to 25, with 30.3 deaths for every 100,000 young-adult male residents.
- And Western Pennsylvania is a big-time consumer region:
 - While Philadelphia leads the state with 720 drug-related overdose deaths in 2015, Allegheny County was second with 422 and Westmoreland County had the 4th highest rate in 2015 with 126 drug-related overdose deaths. Indiana’s death toll from heroin/fentanyl overdoses increased almost 300% in 2015.
- There were approximately 800 overdose deaths in Western Pennsylvania in 2015. Add to that number the thousands who are using and not overdosing...add to that those *affected* by the disease, mothers, fathers, shattered families, disrupted businesses, the criminal justice system...and we begin to scratch the surface on a problem that is a much more pernicious and serious threat to the welfare of our citizenry than even terrorism.
- What do they mean when they say Pennsylvania is in a “bed crisis?” – It means there aren’t enough treatment beds – especially in Western Pennsylvania. Because of bed capacity limitations, currently only 1 Pennsylvanian can get in-patient treatment for every 10 people that need it.

- Why no new bed capacity, especially in Western PA? Think about it, since St. Francis closed in Pittsburgh, how many new facilities have opened...Providers like Gateway, Greenbriar, Pyramid Healthcare, may have added some beds, but not many and not nearly enough.
- Why? Because, if you look outside of Allegheny, Washington and Westmoreland Counties, Western PA is largely poor, uninsured or underinsured, and dependent on Medicaid reimbursement. That's why, unlike in Eastern PA, where there is lots of treatment, none of the for-profits want to come here...they target private insurance clients – Highmark, UPMC...a lot of them don't even accept Medicaid clients.
- Then, there are the barriers to entry, both visible and invisible, bureaucratic and social – and make no mistake, they are formidable. We started SpiritLife from scratch in November 2013 -- despite having existing brick and mortar, a 200 acre campus and a vacant 54 bed former personal care home to work with, it took two fairly intelligent lawyers, 24 months and over \$800,000 in donations and private and commercial loans, to fight through NIMBY opposition, a zoning battle, political and bureaucratic ambivalence, lack of funds -- literally running out of money 4 times, and a fight against the township and their coopted building code inspector over an occupancy permit that required filing discrimination actions under the ADA and the FHA and five months in federal court to resolve.
- Based upon our experience in opening SpiritLife, we make the following concrete recommendations regarding reducing barriers-to-entry and allocation of resources:
 1. Reduce credentialing barriers and timelines for adding new capacity (“beds”).
Currently, the DDAP licensing process, credentialing with all reimbursement streams (SCAs, MCOs, Private Insurance) and obtaining your Promise I.D. (Medicaid Reimbursement) number are all *consecutive* processes, most taking 4 to 6 months or longer. None of these entities will even begin to contract with a new or expanding provider until *after* the DDAP license has been issued. This unnecessarily delays the process. There is no reason that these processes cannot run concurrently – and commence not upon issuance of the DDAP license, but from the date the application

is initially accepted for review by DDAP. As Secretary Gary Tennis will attest, the data shows that once DDAP accepts a provider's application and supporting materials for review (i.e., all required materials have been submitted to Harrisburg) – 90% of the applicants are ultimately issued DDAP licenses. This change, alone, would reduce the current application-to-operation timeline by 8 to 12 months.

2. Simplify, streamline and standardize the reimbursement credentialing and contracting processes and forms. Much of the same information is required by DDAP licensing, SCA rate setting and contracting, MCO credentialing, OMHSAS Promise I.D. issuance and Private Insurance credentialing. The process and information required by the SCAs, the MCOs and OMHSAS need to build upon (without redundancy) what has already been submitted and accepted by DDAP. On-line application portals need to replace paper-pushing forms. Private insurance companies need to do likewise as a condition of being licensed to do business in the Commonwealth of PA.
3. Merge OMHSAS and DDAP and adequately fund the new, consolidated Department that oversees and coordinates both Drug and Alcohol treatment and Mental Health.
4. Less rhetoric and more funding, especially to facilities trying to add capacity. Lots of discussion in the media about the “heroin epidemic” and lots of statistics, some proposed legislation...but little funding. President Obama asked Congress for 1.1 billion to fund federal initiatives...he didn't get it. Governor Wolf asked for \$35 million, he got \$15 million, most of which is going to “Centers of Excellence” for Medically Assisted (Outpatient) Treatment.
5. We need more dual diagnosis certified treatment facilities and better coordinated long-term aftercare for mental health and substance use disorders. More than 85% of the clients we treat are “dual-something” (PTSD, bi-polar, acute anxiety, major depression, BPD, etc.). There is an alarming paucity of psychiatric support in rural Western PA. We are currently attempting to address our needs through tele-psychiatry services, which need to be supported by Medicaid reimbursement (at an adequate rate) to work.
6. We need to develop a centralized encrypted database that assigns numeric identifiers to people in the D&A and behavioral health systems, thereby addressing confidentiality concerns while still enabling agencies and treatment and resource

providers to maintain contact for those who so desperately need continuity of care and support. HIPAA confidentiality regulations restricting disclosure of protected health information (“PHI”) and even tighter restrictions on patient identifying information (“PII”) for federally-assisted drug abuse programs, are incapacitating efforts in several areas, including: root cause investigations of overdose deaths; warm hand-offs and aftercare following inpatient treatment; continuity of care initiatives (maintaining client and family contacts, case management, peer support, recovery coaching); data collection to support evidence-based treatment; and others.