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OFFICE OF THE SECRETARY
DEPT OF PUBLIC WELFARE

REF.

Charlotte Chew-Sturm, Administrator • 814-887-3463

McKean Co. Commissioners:

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Secretary Estelle Richman
Pennsylvania Department of Public Welfare
Health & Welfare Building
Harrisburg, PA 17105-2675

Dear Secretary Richman,

It is good to see that there is activity around revising the confidentiality law especially in the drug and alcohol world. As a county working very hard to be integrated, the current law is seen as a huge barrier. My comments below however are more impassioned and look at the day to day clinical issues that arise due to the restrictive nature of the current policy.

In one of my former positions, I ran an inpatient MICA unit. It was a unit for mentally ill and chemically dependent people. The program participants were voluntary and 95% were from New York and a good portion of them came through either a drug court or a mental health court. New York's confidentiality is very different. Although I have never read it, I experienced it through the referral process. They are able to have open discussion and get people into services very quickly. I know there is a push to move into these types of courts. The current policy will be a potential hindrance in their success.

On the clinical side it is well known that people with addiction issues often have antisocial or other Axis II diagnoses. The current confidentiality policy is just one more way for them to "work" their illness. Addicts with this Axis II diagnosis are very familiar with the rules and usually know them better than anyone. If a person with dual issues is seeing a mental health therapist and a drug and alcohol counselor and these two people cannot work together due to confidentiality to provide comprehensive treatment, this client can and in many cases will work at splitting the two. Did you ever wonder why MH and D&A don't get along so well? I can say with a great amount of confidence that the root cause of that troubled relationship has to do with a client who played them

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against each other. On the MICA unit we would have patients who tried this all the time. Because we were all one staff, we confronted it. For many of them, it was the first time anyone ever challenged their personality disorder. We saw tremendous progress in their recovery. I don't want to limit this phenomenon to just those with personality disorders. I think it is safe to say that the personality traits of an addict—low frustration tolerance, inability to delay satisfaction--- leads to the same outcome.

Perhaps it is time to look at the practicality of the law and what truly the proponents of it remaining the same really fighting for. No one wants to take away a person's right to seek treatment privately. However people have the right to get the treatment that will be the most effective.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Charlotte Chew-Sturm', with a long horizontal line extending to the right.

Charlotte Chew-Sturm
Administrator