

**Testimony on the Proposed
Fiscal Year 2020-2021 Department of Drug and Alcohol Programs Budget**

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House Appropriations Committee

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Thank you, Chairman Browne, Chairman Hughes and distinguished members of the Senate Appropriations Committee, for the opportunity to provide testimony on Governor Wolf's proposed 2020-2021 budget for the Department of Drug and Alcohol Programs (DDAP or the department).

For those new to the committee, my name is Jennifer Smith and I have the pleasure of serving as Pennsylvania's Secretary for DDAP. Pennsylvania is only one of three states with a dedicated cabinet-level department to solely oversee drug and alcohol (or addiction) programming. Acting as the Single State Authority (SSA) for substance use disorder services, DDAP is responsible for the administration of control, prevention, intervention, treatment, rehabilitation, research, education, and training activities within the department as well as across state agencies. We serve a critical role in coordinating efforts with the federal and local levels, as well as across state departments.

During my tenure as Secretary, a primary focus of my department has been battling the opioid crisis that has taken far too many lives in recent years. Like many other states across the nation, we didn't get here overnight. The opioid crisis in the commonwealth was fueled by the combination of many factors including the overprescribing of opioids, cheaper and more pure heroin, geographic positioning along drug trafficking routes, and finally a relatively stagnant drug and alcohol system that was providing inadequate levels of care and evidence-based treatment options for individuals with opioid use disorder. Over the past three years, many of our efforts to combat the crisis are made possible through federal grants secured from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Since 2017, the Wolf Administration has infused more than \$230 million in federal funding into our drug and alcohol system. As overdose death statistics were rising year over year, our primary focus became simple - keep Pennsylvanians alive. This meant expanding access to naloxone into communities across the state, implementing warm hand-off protocols to intervene with overdose survivors in emergency departments and smoothly transition them to treatment providers, expanding access to evidence-based practices like Medication Assisted Treatment (MAT) through major health care systems, and launching a 24/7 Get Help Now hotline that provides callers with direct connections to treatment providers.

In Pennsylvania we have used resources and the momentum of the crisis to collaborate, modernize, and innovate the drug and alcohol system to expand services across the entire continuum. I'd like to take a moment to highlight our state-led accomplishments across the continuum in prevention, rescue and treatment, and recovery.

Prevention:

- Enhanced the prescription drug monitoring program where opioid prescribing has been reduced by 25 percent;
- Created robust education materials for prescribers;
- Developed 12 prescribing guidelines for physicians and specialists who prescribe opioids;
- Created free continuing education credits for medical professionals about substance use disorder (SUD);
- Worked with state medical schools to incorporate addiction subject matter into their curriculum;
- Implemented a new prevention needs assessment process based on the evidence-based Strategic Prevention Framework;
- Granted \$1 million to 13 higher education institutions to expand prevention programs; and
- Established over 800 prescription drug take back box locations across the state, ensuring at least one box is in every county.

Rescue and Treatment:

- Established a standing order for naloxone so all first responders and members of the public have access to the life saving overdose reversal drug;
- Distributed over 55,000 kits of naloxone free to first responders and community members;
- Implemented warm hand-off protocols to engage more than 6,400 overdose survivors in the emergency departments and smoothly transition them to treatment providers;
- Expanded access to evidence-based practices like MAT through the creation of 45 Centers of Excellence and eight major health care systems as part of the Pennsylvania-Coordinated Medication Assisted Treatment program;

- Modernized Pennsylvania's treatment assessment tool to utilize the nationally recognized American Society of Addiction Medicine (ASAM) Criteria;
- Expanded the number of waived physicians eligible to prescribe buprenorphine in clinical settings to over 4,000;
- Offered loan repayment to professionals in high opioid use areas where workforce shortages exist;
- Directly referred 21,000 callers to treatment from our Get Help Now Hotline;
- Awarded \$3.4 million to nine providers to expand supports for pregnant women and women with children;
- Expanded MAT into all state correctional institutions and are working to do the same in county jails; and
- Developed diversion to treatment programs within the Pennsylvania State Police system as well as at the local level in partnership with our state Attorney General.

Recovery Supports:

- Awarded \$2.1 million to five recovery community organizations to expand services;
- Announced grant opportunities for entities offering employment services and family supports;
- Developed a Share Your Opioid Story website in partnership with Penn State University and Independence Blue Cross Foundation to share recovery stories and spread hope;
- Established a partnership with Penn State and two national non-profits, the Public Goods Project and Shatterproof, on a multi-year behavior change project to address stigma around SUD; and
- Awarded \$15 million to 16 local programs for recovery housing supports that include case management services for individuals while they are engaged in MAT.

I am proud to say that in 2018 Pennsylvania saw its first decline in the overdose death rate in over 15 years. Coroners and medical examiners reported an 18 percent decrease in overdose deaths from 2017 to 2018. While it is not clear whether this promising trend will continue for 2019 due to the increased potency of fentanyl and a spike in polysubstance use combining stimulants with opioids, what is clear is that the federal funding the state has received is making a tremendous

impact on our drug and alcohol system. The funding has been used for both statewide efforts, some outlined above, and local initiatives that otherwise would not have been possible.

Although we are proud of the work we have done at the state level, we realize the importance of these dollars being directed to communities where they can make the biggest difference. As such, we have ensured that a significant portion, over \$70 million, of the federal funding has been funneled directly to those entities.

To better understand how the funding has made an impact on the local level, it is important to explain how Pennsylvania's drug and alcohol system is structured. Local government entities are critical partners in the provision of prevention, intervention, treatment, and treatment-related services in Pennsylvania. DDAP has contractual agreements with 47 Single County Authorities (SCAs). These county or county-affiliated agencies plan, administer, and evaluate services at the local level. To date, SCAs have received more than \$57 million for treatment services and more than \$13 million for prevention programming. The statewide needs assessment, overdose death data, and treatment data indicate that all areas of the state have been affected by the opioid crisis; therefore, all 47 SCAs have received funding to address their local needs for both treatment and prevention services. SCAs are responsible for contracting with and funding services to non-governmental agencies such as treatment and prevention providers at the local level. Each SCA determines what licensed treatment providers or prevention and recovery support services will meet its identified local needs. SCAs have used significant amounts of federal funding to meet the needs of individuals who are uninsured or underinsured; however, they've also developed creative local initiatives with the funding. I'd like to take a minute to highlight some examples of projects developed by SCAs using federal funding across the continuum of care.

Prevention:

- Montgomery County has identified a need for more robust school-based prevention. To address this, they are meeting with all 20 local school districts to discuss available school and community services, as well as identify gaps in their system. Once needs are identified, the county is using federal funding to support evidence-based prevention programs and support to teachers implementing these programs.

Rescue and Treatment:

- Cumberland County utilized federal funding to implement a nationally recognized Treatment Court for individuals with opioid use disorder (OUD) and criminal offenses related to OUD. Daily participation is required as individuals meet with the presiding judge, probation officer, certified recovery specialists, and case managers, who all support the participant with treatment and non-treatment needs.
- The SCA serving Armstrong, Indiana, and Clarion counties used federal funding to place Nurse Navigators within six treatment facilities to bridge the gap between individuals' physical health and behavioral health providers, substance use and mental health providers, and emergency services. The Nurse Navigator works with each patient to coordinate doctor visits, reduce emergency department visits, organize medications between physical health and behavioral health doctors, and assist the patient in forming a wellness plan using the eight dimensions of wellness. The Nurse Navigator also provides education to providers on how patient medications could interact together. Since 2018, the Nurse Navigator program has served more than 800 individuals.

Recovery Supports:

- In Lehigh County, the SCA has partnered with local law enforcement to assist individuals in accessing treatment after an overdose. There, recovery support specialists partner with local law enforcement or staff from the District Attorney's office to provide follow up services to the individual and their family. These teams offer the overdose survivor direct access to treatment and support to their family.
- Blair County has created a robust case management system that enhances the availability of support in social service and medical settings. Case managers assist in addressing an individual's non-treatment needs such as housing, employment, primary care providers, and education services.

Future Goals

As previously stated, our initial efforts to combat the crisis were centered around keeping people alive. Now, we have begun to switch our focus toward enhancing the quality of the drug and alcohol continuum. In 2019, the department issued a comprehensive, strategic State Plan

detailing key focus areas for the remainder of Governor Wolf's tenure. The State Plan outlines four major goals: reducing stigma associated with SUD; intensifying primary prevention efforts; strengthening treatment systems; and empowering sustained recovery. We intend to accomplish these goals through the strategies outlined below. Without continued and sustained federal funding, the modernization and collaboration of these efforts will be greatly diminished. Although we have made significant strides in Pennsylvania, our work is not done.

Reduce Stigma

- Educate policymakers about treating addiction as a medical disease.
- Advocate harm-reduction strategies with proven outcomes.
- Celebrate recovery stories to empower those still struggling.

Intensify Primary Prevention

- Expand evidence-based resources for school-aged children.
- Encourage awareness of education and support groups for our communities.
- Strengthen family-based prevention and intervention services.

Strengthen Treatment Systems

- Increase treatment providers trained in evidence-based practices.
- Capitalize on recent system updates designed to improve patient placement and data collection methods.
- Incorporate best practices into standardized policies and procedures.
- Eliminate barriers that prevent MAT from being integrated into all levels of care.
- Modernize the rate-setting process and payment model to ensure sustainability and quality.
- Expand workforce capacity and proficiency.
- Integrate quality measures.

Empower Sustained Recovery

- Established sustainable funding and support for grassroots recovery organizations.
- Create a recovery friendly business network.
- Support the careers of certified professionals in the field of recovery.
- Aid in establishing additional recovery schools for youth.
- Promote a family-centered approach to recovery.
- Promote the pardon process.

Proposed 2020-2021 Budget

In providing an update on the projects funded through federal grant dollars, it is important to note that while the department has received these large amounts of funding, we continue to operate with

virtually the same staffing complement as prior to receiving federal dollars. In Governor Wolf's proposed 2020-2021 budget, he has allotted an increase in approximately \$275,000 to add critical staff needed to enhance the oversight by and responsiveness of the department. As the smallest department in the commonwealth, we are very proud of the strides we have made to better Pennsylvania. However, these additional staff and resources will help to solidify the department's internal infrastructure to better support the influx of federal funding and commonwealth priorities.

On behalf of the department and the Administration, thank you for your continued focus and response to the public health crisis that we face with the opioid epidemic. As outlined above, the department's priorities are aimed at increasing support for Pennsylvania's drug and alcohol treatment system in order to help individuals lead healthy, productive lives. I am committed to working with the General Assembly to improve the treatment and recovery landscape across the commonwealth and look forward to working with you to make that a reality for those in need.