Testimony on the Fiscal Year 2025-26 Budget Proposal for the Department of Drug and Alcohol Programs

Dr. Latika Davis-Jones, Secretary

House Appropriations Committee

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Thank you, Chairman Harris, Chairman Struzzi, and distinguished members of the House Appropriations Committee. I am Dr. Latika Davis-Jones, Secretary of the Department of Drug and Alcohol Programs. It is my pleasure to provide testimony today on Governor Shapiro's proposed state budget.

Let me begin by highlighting the mission of the department, which is **to engage, coordinate and lead the Commonwealth's efforts in preventing and reducing drug, alcohol, and gambling addiction and to promote recovery.** We recognize that addiction is a public health priority that requires targeted, evidence-based strategies to reduce the human and economic impact of the disease of addiction.

Governor Shapiro's proposed budget provides approximately **\$380 million** for substance use and problem gambling services and supports. These funds will be utilized in five key areas: **prevention**, **intervention**, **treatment**, **harm reduction**, **and recovery support services**. We thank Governor Shapiro and the members of the General Assembly for the commitment and support in providing adequate funding to address the many challenges facing those struggling with substance use disorder (SUD) today.

The department operates under four core guiding principles, collectively known as RISE, which drive our efforts to combat the drug overdose and opioid addiction crises. These principles also strengthen the continuum of care for substance use and problem gambling treatment and recovery services.

The Governor's budget maintains nearly \$45 million in state funds to advance the RISE principles, which include, Reducing stigma; Intensifying primary prevention; Strengthening the treatment system; and Empowering sustained recovery.

Reducing Stigma: We know that stigma can prevent someone from seeking help. We also understand the power of narratives from people with shared life experiences. A key strategy to address stigma is our stigma reduction campaign called Life Unites Us. Recorded testimonials from people in recovery are shared across various social media platforms to deliver a powerful message that treatment works, help is just one call away, and recovery is possible. This campaign is estimated to reach an estimated 3 million individuals with positive messaging aimed at reducing stigma in SFY 2025-26

Intensifying Primary Prevention: Research shows SUD often begins as a pattern of substance

misuse of both legal and illegal substances. Risk factors may include chronic health diseases, environmental factors, family history, health-related social needs, grief, trauma and loss. The department allocates funds to local drug and alcohol offices known as Single County Authorities (SCA) to deliver evidence-based and evidence-informed prevention programs. School-based programs continue to be a primary focus of SCAs' prevention funding. The Student Assistance Program (SAP) conducts SUD and mental health screenings and assessments for behavioral health concerns. In the 2023-24 school year, there were over 96,000 referrals to SAP. Approximately \$19 million is estimated to be allocated to SCAs in SFY 2025-26 for prevention efforts.

Strengthening the Treatment System: Improving access to SUD treatment services is a fundamental priority for DDAP. We have grant agreements with 47 Single County Authorities (SCAs), which together cover all 67 Pennsylvania counties. The SCAs are responsible for the planning, administration and evaluation of SUD needs at the local level. The state and federal funding that DDAP receives is allocated to these county-affiliated agencies that provide and/or contract with local providers to deliver SUD and gambling prevention and treatment services. Currently there are 767 licensed treatment providers that provide SUD inpatient and outpatient services. A few other areas to highlight are:

- Get Help Now helpline: Nearly 18,000 calls received during the 2023-24 fiscal year, which resulted in a 71% referral rate to treatment. The helpline operates twenty-four hours a day, seven days a week to assist individuals with accessing services and supports.
- I-800-GAMBLER hotline assists people with accessing treatment for problem gambling. In SFY 2023-24, over 2,000 people called the hotline and 83% were referred to treatment.
- Pregnant Women and Women with Children/Maternal Health: Over \$9 million allocated in SFY 2023-24 to support treatment, case management and expand outreach to engage more services to address the needs of pregnant women.

Empowering Sustained Recovery: And lastly, we recognize there are key factors such as housing, employment, meaningful interpersonal connections, community, and family support which can have a significant impact on maintaining recovery. Much work has been done in this space to establish a strong recovery support system throughout Pennsylvania, including:

• Act 59 of 2017 created a licensure program for drug and alcohol recovery houses that receive public funds or referrals. A recovery house is a residence where people can live, and work on their recovery with peers. They may receive support at the recovery house, but treatment is accessed through providers in the community. The department's licensing

program sets safety standards for these houses to operate — giving residents and their loved ones peace of mind during their stay. Today there are 386 DDAP-licensed recovery houses.

- \$18 million allocated in 2024-25 to local SCAs for housing and case management.
- \$8 million projected for the expansion of recovery support services in 2025-2027, including peer support.
- \$2.4 million for regional recovery hubs in SFY 2025-26. Funding support for organizations that work in partnership with recovery community leaders to ensure that recovery support services are available within nine statewide geographic regions.

In December 2024, DDAP became the sole administrator for Pennsylvania's Overdose Prevention Program. This program provides the public with free opioid overdose reversal medication and drug testing strips, which are designed to detect xylazine and fentanyl in the drug supply. In 2024, over 822,000 doses of naloxone were distributed as well as more than 868,000 testing strips. Under the Governor's proposed budget, funding for the program would be increased by \$1 million. This increase would allow us to literally meet more people where they are so that naloxone can get into the hands of those who need it most, particularly Black men, who are experiencing overdoses at a higher rate than other populations.

As you may know, the Pennsylvania Opioid Misuse and Addiction Abatement Trust disburses 70% of the Commonwealth's share of opioid settlement funds directly to counties, 15% directly to counties and other municipalities that had filed their own lawsuits, and 15% to the Commonwealth (State Treasury) to be appropriated by the General Assembly. I want to thank the Governor and members of the General Assembly for proposing and appropriating the state portion of this funding to DDAP. These funds have been used or allocated for various projects, including mobile outreach and recovery services in Kensington; expansion of SUD crisis services in communities; SUD dropin/harm reduction services; workforce stabilization, retention, and recruitment, and SUD services and support for communities of color. The Governor's budget proposes \$20 million in opioid settlement funds for the next fiscal year. Some of the initiatives that we plan to support with these funds, if appropriated to DDAP, are recovery housing support for individuals with substance use disorder: community-based prevention services to prevent opioid use; workforce recruitment/student fellowship pilot program; and integrated health collaboration between behavioral health and primary physical health care.

On behalf of the department and the Shapiro Administration, thank you for your time and service to the people of this great Commonwealth. I am committed to working with you to ensure that those impacted by the disease of addiction have access to high quality services and supports where and when they need it.