

**Testimony on the Proposed
Fiscal Year 2021-2022 Department of Drug and Alcohol Programs Budget**

Jennifer Smith, Secretary

House Appropriations Committee

February 24, 2021



Thank you, Chairman Saylor, Chairman Bradford, and distinguished members of the House Appropriations Committee, for the opportunity to provide testimony on Governor Wolf's proposed 2021-2022 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. Now, we find ourselves amid an opioid epidemic and rising stimulant-usage during the COVID-19 pandemic. As we enter a full year of COVID-19 mitigation efforts in March, the drug and alcohol field continues to amaze me with its tenacity, resourcefulness, and willingness to support some of Pennsylvania's most vulnerable citizens. Nothing about the circumstances or decisions surrounding COVID-19 have been easy, but our provider network and the recovering community have navigated the initial shock and subsequent implementation of revised guidance and policies.

COVID-19 Guidance and Policy Updates

As I stated, DDAP is responsible for overseeing the treatment, rehabilitation, and recovery of individuals with substance use disorder. We have made changes in response to COVID-19 to better serve Pennsylvanians: 1) updated guidance to opioid treatment programs (OTPs) to allow prescribers to administer take home medication dosages up to a maximum of 28 day by submitting policies to implement these changes to the department. To date, there have been 81 providers out of approximately 100 to adopt new policies; and 2) expanded use of telehealth for counselors meeting qualifications specified in [28 Pa. Code § 704.7\(b\)](#) and employed by a licensed drug and alcohol outpatient clinic may provide telehealth using real-time, two-way interactive audio-video transmission services. While the two-way interactive transmission is the preferred method, services

provided by telephone and in the home are also acceptable. For some Pennsylvanians, like the medically compromised and those experiencing transportation or childcare issues, the use of telehealth has allowed them to remain engaged in treatment while taking necessary precautions to remain healthy during the pandemic. For others, telehealth can pose a risk of limited accountability. However, just like the decision to increase take-home medication, the use of telehealth is ultimately a clinical decision in the best interest of the patient, balancing their treatment needs against the risks of in-person interactions. A similar embrace of telehealth has taken place across all sectors of health care during the pandemic.

While the COVID-19 pandemic has certainly made for challenges in the drug and alcohol field including, the need for adequate personal protective equipment (PPE), reduced census in treatment programs, barriers to warm hand-off protocols, the isolating nature of the mitigation efforts, and limited vaccine supply.

Prior to the pandemic, we 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. That work has continued virtually with limited roadblocks. I'd like to take a moment to highlight our state-led accomplishments that we have built upon this past year.

Prevention:

- Enhanced the prescription drug monitoring program where patients receiving high dose opioids has been reduced by 50 percent;
- Collaborated with the General Assembly to update the Medication Death and Incident Review (MDAIR) team to incorporate review of all FDA approved medications;
- 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 nearly 900 prescription drug take back box locations across the state, ensuring at least one box is in every county, with over 420 tons collected since 2015.

Rescue and Treatment:

- Hosted more than 400 virtual attendees at Pennsylvania's 2nd Annual Psychostimulant Symposium with the Liberty Mid-Atlantic High Intensity Drug Trafficking Area program (HIDTA) focused on addressing the rising trend of stimulant usage across the commonwealth;
- Engaged national non-profit, Shatterproof, to implement the Addiction Treatment Locator, Assessment, and Standards Platform (ATLAS) in Pennsylvania to connect individuals with quality treatment;
- Adapted 12 of our existing, most attended training courses for a virtual classroom, while also offering 5 on-demand, self-paced modules;
- Launched new virtual training courses in the areas of Trauma, Opioid Use and Traumatic Brain Injury, Stimulant Misuse and Treatment, Contingency Management, and Cognitive Behavioral Therapy, Telehealth and Organizational Change due to COVID-19;
- Created a Quality Improvement Section within the Bureau of Quality Assurance and Administration to evaluate data and current practices to determine and make recommendations to all aspects of service delivery and internal policies/procedures;
- Implemented warm hand-off protocols to engage more than 6,400 overdose survivors in the emergency departments and smoothly transition them to treatment providers, while implementing a new data collection system to improve consistency in reporting and includes additional data elements;
- 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, with an additional \$9 million dedicated for future statewide distribution;
- Expanded access to evidence-based practices like Medication Assisted Treatment (MAT) through the creation of more than 100 Centers of Excellence and eight major health care

systems as part of the Pennsylvania-Coordinated Medication Assisted Treatment program;

- Invested resources to improve the quality of MAT through opioid treatment programs and primary care physicians;
- Modernized Pennsylvania's treatment assessment tool to utilize the nationally recognized American Society of Addiction Medicine (ASAM) Criteria and updated policies to ensure all treatment providers can provide access to MAT for patients internally or through established partnerships;
- Expanded the number of waived physicians eligible to prescribe buprenorphine in clinical settings to over 4,500;
- Directly referred nearly 28,500 callers to treatment from our Get Help Now Hotline;
- Awarded \$9.4 million to 18 organizations to expand supports for pregnant women and women with children;
- Expanded MAT into all state correctional institutions and is working to do the same in county jails; and
- Awarded \$2.4 million to 13 Single County Authorities (SCAS) to develop or expand 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;
- Awarded \$3.4 million to 12 organizations that offers Family and Recovery Support Services;
- Awarded \$2.1 million to 13 organizations providing Employment Support Services.
- Partnered with the Department of Human Services to award \$15 million to 16 local programs for recovery housing supports that include case management services for individuals while they are engaged in MAT;
- Awarded \$14 million to 28 SCA's to provide recovery housing and housing focused case management;
- Launched *Life Unites Us* in 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

- Launched Recovery Rising, a six-month visioning initiative to culminate a framework for change that embraces a unified vision for full range treatment and recovery options in Pennsylvania.

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 \$90.8 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 SCAs. These county or county-affiliated agencies plan, administer, and evaluate services at the local level. To date, SCAs have received more than \$74 million for treatment services and more than \$16.8 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.

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 following strategies outlined below.

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.

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.

A very forward-facing project geared toward enhancing the quality of recovery supports in the drug and alcohol field is the promulgation of regulations for recovery houses as set forth by Act 59 of 2017. Since the passing of the law, the department has strived to create regulations for recovery houses that will promote a safe and secure living environment for an individual in recovery. Although the law calls for final-omitted regulations, we also believe public input is essential to

developing safe, balanced regulations. In May 2019, the department released a draft of the regulations for comment by stakeholders. After careful review, the department has incorporated various edits based on the comments received. Now that the designated legislative standing committees have been published in the Pennsylvania Bulletin, we will soon be reaching out to schedule delivery of the final-omitted regulations to the Independent Regulatory Review Commission, the legislative standing committees, and the Pennsylvania Attorney General's office. While the department acknowledges the delay in the actual promulgating of the regulations, we have worked to ensure our recovery licensing program has hired and trained staff, while enhancing our information technology systems to support this new licensing effort. We are confident that when the regulations are finalized, the department will be equipped to immediately serve recovery houses interested in participating in our program.

Proposed 2021-2022 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 and anticipates additional funding in the near future, we continue to operate with a very limited staffing complement. The work that is produced by the staff at DDAP is something that makes me very proud. As the smallest department in the commonwealth, we have made great strides to better Pennsylvania.

In Governor Wolf's proposed 2021-2022 budget, he has allotted an increase in approximately \$377,000 for the department. Although it reflects as an increase from last year's budget, the increased funding is slated to cover costs associated with the 2021-2022 year salaries, leasing, shared services and other billable costs, but also to offset the decrease that the department experienced in 2020-2021 due to the COVID-19 pandemic. It is important to note that although DDAP has seen an influx in federal funding to support the opioid and stimulant epidemics, we are unable to use the funding for administration costs of the department.

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.