



HOUSE APPROPRIATIONS COMMITTEE
BUDGET HEARING
MARCH 1, 2018

Testimony of
ELLEN DIDOMENICO, ACTING DEPUTY SECRETARY

Good morning, Chairman Saylor, Chairman Markosek, and distinguished members of the House Appropriations Committee. I am Ellen DiDomenico, Acting Deputy Secretary for the Department of Drug and Alcohol Programs (DDAP). Thank you for the opportunity to participate in today's budget hearing on behalf of Jennifer Smith, Acting Secretary.

DDAP's core mission is *to focus on enhancing prevention and intervention strategies, expand evidence-based treatment programming, and build a recovery support system to sustain those living in recovery.* We do this with a staff of approximately 60 filled positions and a budget of \$46,501,000 in state funding and \$109,921,000 in federal funding. The department also receives additional funding from other sources, including gambling revenues and state liquor store profits, among others.

We are dedicating our full effort to fighting the opioid crisis – a priority of Governor Wolf and many other executive branch agencies. My department is approaching this through the three prongs of our mission:

1.) Enhancing prevention and intervention strategies.

- **Leveraging federal funding to assist prevention and treatment efforts.** The 21st Century Cures Act provided approximately \$26.5M in federal grant funding in 2017-18 to help Pennsylvania's efforts to fight the opioid crisis. The Wolf Administration is using this funding to expand access to medication-assisted treatment (MAT), increase training in cognitive behavioral therapy and Motivational Interviewing for treatment providers, and promote other evidence-based forms of treatment. Funding is also being used to bolster county-level efforts by providing additional funding to many of our Single County Authorities (SCAs). The Cures Act funding also allowed DDAP to continue funding the PA Get Help Now hotline, and we recently launched a statewide media campaign to raise awareness on this resource that connects Pennsylvanians and their loved ones to treatment resources around the commonwealth. An application for additional funding for 2018-19 was recently submitted and we will provide an update if awarded.
- We expanded the Prescription Drug Take-Back Program to include pharmacy locations. When the program first launched in 2014, only local police stations were utilized for take-back locations. Currently, we have **685 take-back boxes statewide** in locations such as local police stations, Pennsylvania State Police barracks, and pharmacies. In addition, more than **380,000 pounds** of prescription and unwanted medications have been collected and destroyed. This program is getting unnecessary medications out of homes and making them safer for people who may be at risk of developing or already dealing with a substance use disorder.
- The PA Get Help Now hotline (1-800-662-HELP), which launched in November 2016, continues to provide information on treatment options to Pennsylvanians with a substance use disorder and their loved ones. The hotline is staffed 24/7, 365 days a year by people who perform a brief screening for those seeking treatment and conducts a warm-line transfer directly to a treatment facility or the caller's SCA. The latest data indicates that the hotline has received more than **22,000 calls for treatment** and resources. Nearly half of

those calls have resulted in a direct connection to a treatment provider. The hotline also provides text and chat features, which allow us to reach younger generations who prefer those means of communication and those who may be uncomfortable speaking directly to an operator. We've received approximately 900 texts and chats to date.

- DDAP revised its 2015-2020 grant agreement with the SCAs to require that the SCAs have a process in place for an overdose survivor to access treatment services directly from the emergency department with a process called "*warm hand-off*." In addition, we collaborated with the Department of Health (DOH), the Pennsylvania Medical Society, and physicians to develop and distribute a new clinical pathway tool to emergency departments across the state to help overdose survivors (and others suffering from substance use disorder) transition into treatment rather than relying on the patients to seek treatment on their own. Some counties have created very robust warm hand-off models in partnership with local hospitals and are seeing nearly two-thirds of their overdose survivors accepting treatment services. Other counties, however, are still experiencing challenges establishing relationships with hospitals in their community. Because of this, DDAP and DOH have collaborated with multiple stakeholders and are holding six regional summits to address the challenges associated with warm hand-off and, provide a space for problems, solutions, and best practices to be discussed among SCAs, hospitals, and other stakeholders. These regional summits will take place during spring 2018.

2.) Expanding evidence-based treatment programming.

- In 2017, four \$1M grants from Pennsylvania's Cures award were given to Penn State Health/Pinnacle Health, WellSpan Health, Geisinger Health, and Allegheny Health Network to establish hub-and-spoke models for medication-assisted treatment (MAT) in the regions that they serve. A \$5.7M grant was awarded to UPMC to establish a similar, larger program through a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) called Medication-Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA). UPMC also received a \$3M rural health grant to support MAT in rural communities. The administration also supports treatment programs at Certified Community Behavioral Health Clinics (CCBHCs) and Centers of Excellence (COEs) that offer patients evidence-based treatment practices that may include MAT.
- Evidence-based practices, such as cognitive behavioral therapy and motivational interviewing, are particular areas of focus for the department using the Cures grant funding, specifically training supervision and follow up to ensuring fidelity to these practices. By focusing on the fidelity of the practice, the quality of programs will improve and patients will have access to high quality treatment in diverse disciplines, which in turn, may reduce recidivism.
- The department is transitioning from PA Client Placement Criteria (PCPC), a statewide assessment tool to determine level of care, to the American Society of Addiction Medicine (ASAM) Criteria, an assessment tool used nationally. The benefits of this transition include providing for a more individualized approach, addressing MAT in a more

comprehensive manner, standardizing our assessment tool with other states across the nation, aligning the adult assessment tool with the already utilized adolescent ASAM assessment tool, allowing for the submission of an 1115 waiver associated with the federal Institutes for Mental Disease (IMD) exclusion, and integration with the new DDAP treatment data system.

Transitioning to this system will create congruence for treatment providers and payers, which will lead to fewer administrative burdens so patients and providers can focus on treatment. DDAP has heard concerns about the transition, which appear to center around earlier editions of ASAM that did not address all populations. The ASAM 3rd Edition, which will be utilized after the transition, covers all levels of care and includes MAT. DDAP believes that maintaining two separate standards could result in additional training needs and costs as well as confusion for substance use disorder treatment providers and payers.

- Access to and availability of detox and inpatient treatment continues to be a challenge for the department, however, \$12M of funding from the Cures grant will be used for treatment programs and activities determined by the SCA based on needs identified at the county level.
- The department licensed more than 200 additional facilities since 2014, bringing our total licensed facilities to 795. In addition to this, licensed facilities around the commonwealth have expanded their service and treatment offerings significantly over the past three years, adding new services across existing facilities. The addition of these facilities, programs, and activities, along with the planned expansion of MAT delivery through the Centers of Excellence, Certified Community Behavioral Health Centers, a grant for expanding MAT in rural primary care practices, and the PAC-MAT centers, is evidence that access to treatment in Pennsylvania is improving. However, as we know, this crisis still impacts more people than we are able to treat, and treatment is not one-size-fit-all. The department is committed to continuing to expand availability of evidence-based treatment options to help all who are affected by the disease of addiction.

3.) Building a recovery support system.

- The department worked with both House and Senate members on legislation to require all drug and alcohol recovery houses to be licensed or certified if they receive public funds. Currently, there are 64 recovery houses that receive funding through an SCA. SB 446 (Act 59) will go into effect in June 2018, and will give DDAP regulatory oversight of recovery houses that receive public funding or referrals from licensed treatment providers.

While the opioid epidemic is a priority for our department due to its effect on our commonwealth and the country DDAP remains committed to treatment and prevention efforts for all forms of substance use disorder, as well as compulsive and problem gambling. Currently, more than 30 percent of patients that enter DDAP-licensed treatment facilities do so for an alcohol use disorder. We work closely with the SCAs to facilitate education and prevention programs that encourage safe and legal alcohol use among both underage populations and those who are legally able to

purchase and drink alcohol. The department also works closely with SCAs and other local programs to educate Pennsylvanians on gambling and how to identify when a hobby becomes a problem. The department contracts with 35 outpatient providers around the state to provide treatment for compulsive and problem gambling. DDAP maintains a problem gambling hotline to help connect those in need of treatment to one of our gambling treatment providers. The hotline is available toll-free, 24/7 at 1-877-565-2112 and received more than 10,000 calls during SFY 2016-2017.

On behalf of the department and the Wolf Administration, thank you for your continued focus on this issue and all you have done and are doing to curtail the public health crisis we face in the opioid epidemic and for supporting the department's other prevention, intervention, and treatment efforts.