

Center for Rural Pennsylvania

Public Hearing – Kutztown University

October 16, 2024



Pennsylvania
**Department of Drug and
Alcohol Programs**

Kelly Primus, Deputy Secretary

Testimony

Thank you, Chairman Yaw, Vice Chairman Pashinski, and distinguished members of the Board for the invitation to come before you today. I am pleased to have this opportunity to provide an update on the Department of Drug and Alcohol Programs' (DDAP) key strategies to address substance use prevention, intervention, treatment, and recovery support services in rural and small communities.

Access to substance use disorder (SUD) services is a fundamental priority for DDAP and we know that transportation is a barrier to receiving services, especially in rural areas. In June, the Department and Gaudenzia, one of the largest nonprofit treatment providers in the Commonwealth, announced the first mobile licensed narcotic treatment program. This mobile clinic travels between Columbia, Montour, Northumberland, Schuylkill, Snyder, and Union counties in rural Central and Northern Pennsylvania to provide evidence-based treatment and services. The program, called *Driving Recovery for PA*, estimates that it will provide services to more than 400 adults and 200 family members over the first five years. I'm also pleased to share that a mobile clinic serving Philadelphia has recently been licensed and two more mobile treatment clinics are currently in the planning stages, with anticipated service areas of Clearfield and Allegheny counties.

The use of mobile clinics to "meet people where they are" is a strategy that will make treatment more accessible, affordable, equitable and attainable. It is a prime example of how DDAP is removing transportation barriers in more rural settings and bringing care into local neighborhoods. A mobile unit can provide everything that a clinic can, such as medication, counseling and medical services, including urine screenings and wound care.

Additionally, we are working to address workforce shortages and high turnover rates in the field, which can be particularly challenging in rural communities. In January, DDAP announced \$22.6 million in funding for the SUD Loan Repayment Program to help relieve some of the financial burden associated with educational debt for practitioners within the SUD treatment, prevention, case management and recovery support services workforce.

The loan repayment program is designed to help alleviate student loan debt for workers in the SUD space, with the ultimate goal of staff retention. – Workers who receive loan assistance are required to work in the field for at least two years within the Commonwealth. This grant initiative prioritizes applicants who work in rural areas that are experiencing SUD workforce shortages, as well as those who provide SUD services in counties with underserved and/or underrepresented populations.

DDAP is also working on funding opportunities to recruit individuals into the SUD workforce by implementing pilot programs in the 2025 fall semester with two PA universities, Carlow University and Waynesburg University. The pilots would fund fellowships for students pursuing a master's degree in an SUD-related field. Funding would support their tuition, a stipend for travel to/from practicums with community-based, licensed SUD providers, and other focused trainings. Emphasis will be placed on student practicums for SUD providers that serve populations in underserved, underrepresented, and rural areas.

Just last month, DDAP announced that \$26 million is available to expand drop-in center services for individuals with SUD who are uninsured or under-insured. Drop-in centers provide a safe place for people to access essential daily services like bathrooms and showers, harm reduction services, medical treatment, and opportunities to engage with staff and learn about treatment options and recovery support services. Eligible applicants must have at least two years of experience in providing SUD services and include organizations such as Single County Authorities (SCAs), DDAP-licensed treatment providers, and other community organizations providing recovery support services.

DDAP will award grants up to \$1,875,000 each. The grants are designed to support the delivery of services to address stimulant misuse and use disorders, including those involving cocaine and methamphetamines. These grants are funded from Opioid Settlement funds appropriated to DDAP by the General Assembly. DDAP is placing a focus on health equity as part of this grant opportunity. Applicants must include a description of how they will engage with and provide access to underserved and/or under-represented populations, including those in rural settings. Rural is defined as “A geographical area located in a non-metropolitan county, or an area located in a metropolitan county designated by the Federal Office of Rural Health Policy as rural. “

I’d also like to highlight our “warm handoff” protocol. A warm handoff is a process in which individuals receive a direct referral to SUD treatment from an acute care setting, like a hospital. The warm handoff protocol is a contractual requirement of the SCAs to ensure expedient, appropriate, and seamless care transitions for those who experienced an overdose. DDAP requires SCAs to expand their referral efforts beyond an overdose event and include those identified as having a substance use disorder who are receiving care in any area of the hospital, not only the emergency department.

In July, DDAP participated in a roundtable discussion that was part of the Governor’s Rural Health Care initiative. The Department presented on its workforce development efforts and specifically those efforts in rural areas of the Commonwealth where we focus on recruitment (workforce pipeline efforts) and retainment (student loan repayment initiatives). In addition, DDAP discussed its work with PA counties on warm handoffs from hospital personnel to nearby services for people who have experienced an overdose and for those admitted to a hospital for reasons other than addiction and who are in need of SUD treatment. Building on this discussion, DDAP is working with the Governor’s Office and counties in PA to administer a survey to rural hospitals to assess their warm handoff needs.

Currently, all 47 SCAs have warm handoff policies and are actively engaged with 161 out of 167 Commonwealth hospitals, resulting in an estimated 67,000 referrals from a hospital to SUD treatment from January 2017 to December 2023. Based on monthly data reporting, 27,500 individuals participated with warm handoff staff in 2023 and nearly 19,200, or 70%, were referred to treatment! The warm handoff protocol is a key strategy for meeting people where they are and facilitating access and accessibility of treatment and other support services DDAP is surveying

hospitals in rural areas of PA to assess how the warm handoff protocols are working, barriers, and areas for improvement.

As the Commonwealth's lead agency in the development and implementation of a comprehensive plan to reduce substance use and dependency across Pennsylvania, DDAP is continually working to ensure high-quality and equitable prevention, intervention, treatment, and recovery resources so that more Pennsylvanians can live long and healthy lives, free from the chronic, relapsing disease of addiction.