

PUBLIC HEARING

State of Addiction - Confronting the Heroin/Opioid Epidemic in Pennsylvania

Wednesday – August 15, 2018

Cambria County Courthouse, Courtroom 1
Ebensburg, PA

AGENDA

6:30 PM Welcome and Opening Comments

Senator Gene Yaw, Chairman, The Center for Rural Pennsylvania
Senator Wayne Langerholc

6:45PM Cambria County Drug Coalition Members:

Ms. Tracy Selak - Cambria County BH, ID, EI and Acting Drug and Alcohol Program
Administrator
Mr. Arnie Bernard Jr. – Cambria County Assistant District Attorney
Ms. Kate Porter – Prevention Program Specialist/Communities that Care Mobilizer, Cambria
County Drug Coalition

7:10 PM Ms. Amanda Cope – Chief Operating Officer, Positive Recovery Solutions

7:30 PM Mr. James McMonagle – Assistant District Attorney, Luzerne County, and Immediate Past
President, PA Association of Drug Court Professionals

8:00 PM Ms. Susan Whisler – Director, Workforce Development, Southern Alleghenies Planning and
Development Commission

Recovery to Work Members:

Mr. Ronald Aldom – Executive Director, Somerset County Chamber of Commerce
Mr. Jeffrey Dick - Site Administrator, Department of Labor & Industry's Bureau of Workforce
Partnership & Operations, PA CareerLink, Cambria County
Ms. Brooke McKenzie – Director, Twin Lakes Center and Hospice

8:25 PM Closing Comments

Senator Gene Yaw
Senator Wayne Langerholc

8:30 PM Adjournment

Submitted testimony:

Pennsylvania Department of Drug and Alcohol Programs

Center for Rural PA Hearing (Cambria County)

Wednesday August 15, 2018

6:30pm – 8:30 pm Cambria County Courthouse, Courtroom #1

Written Testimony

Tracy Selak

Cambria County Behavioral Health/Intellectual Disabilities/Early Intervention

and

Acting SCA Administrator for Cambria County

My name is Tracy Selak and I will be providing testimony as a representative of Cambria County and its Single County Authority, as a member of the executive board of the Cambria County Drug Coalition, and as a lifelong resident of Cambria County. I would like to thank Senators Yaw and Langerholc for bringing a Public Hearing to Cambria County, providing a venue that highlights the serious issue of Heroin and Opioid Addiction that is plaguing our Nation, our State, and perhaps the hardest hit, the Rural Communities of Pennsylvania such as Cambria County. I also thank the Senators for affording me the opportunity to offer testimony on behalf of Cambria County.

Through the years, Cambria County has witnessed the effects of various forms of addiction, from alcohol dependence and abuse to the era of crack cocaine during the 1990's, but none has had the devastating impact on our rural community the likes of what we have experienced with the Heroin/Opioid Epidemic. Cambria County has had the dubious distinction in recent years of ranking as high as number one of the 67 Pennsylvania Counties in the number of individuals losing their lives to overdose based upon per capita population data, a distinction that we continue to work tirelessly to change. We are an economically depressed region, which begs the question, is the impact of the opioid crisis a barrier to economic revitalization or is it the lack of a healthy economy that offers meaningful, good paying jobs that fosters pessimistic attitudes, resulting in feelings of helplessness, hopelessness and depressive tendencies resulting in subsequent self-medicating of those symptoms through substance abuse. Of note, approximately one fourth of Cambria County's population qualifies for Medical Assistance, which enables those struggling with opioid addiction to seek and receive treatment, and in fact as a result of Medicaid expansion, HealthChoices has observed an exponential growth in the number of individuals newly eligible for Medicaid, accessing treatment services. According to the Commonwealth's Data Dashboard, the number of newly eligible individuals with an opioid use disorder increased by 1,229 in 2016. With the increased number of individuals eligible for Medicaid, this results in the number of individuals reliant upon County Base Drug and Alcohol Dollars to pay for treatment services, thus affording additional flexibility to utilize those dollars for ongoing outreach, education, and prevention efforts.

It has been my honor to serve in a variety of capacities within the Behavioral Health programs of Cambria County over the past 25 years and I remain confident that Cambria County offers a robust array of behavioral health and substance abuse services to its residents to support them in their personal recovery journey. Unfortunately, this particular epidemic can at times appear resistant to the traditional methods of intervention and service delivery. Cambria County continues to explore, identify, and implement new and innovative alternatives to support individuals struggling with addiction, with programs such as Certified Recovery Specialists, which incorporates individuals with lived experience in their own personal recovery to serve as supports and mentors to those actively struggling with addiction navigate their journey of recovery. We are also pleased to report that we have as recently as August 9, 2018 received a congratulatory email from the Pennsylvania's Department of Drug and Alcohol Program (DDAP) indicating that Cambria County will be receiving funds for our Opioid Use Disorder in Pregnant/Postpartum Women Funding Initiative proposal. Although we have not yet received the final budget amount approved for our proposal, if fully funded, this grant will bring approximately \$500,000 to our county to address the growing number of infants born with Neonatal Abstinence Syndrome. According to the Commonwealth's Data Dashboard, Cambria County had 59 newborns on Medicaid born with Neonatal Abstinence Syndrome (NAS) in 2015. Of the eight fourth-class counties in Pennsylvania reporting data, this total placed Cambria in a tie for the second highest total, and exceeded the fourth-class average of 46 by 13 births. In 2016, this number increased by 10%, to 65, again giving Cambria the second-highest total and exceeding the fourth-class average of 45 by 20 births. In addition, the Cambria County SCA is committed to an active collaborative relationship with the Cambria County Drug Coalition in their efforts to foster cross sector collaboration across various community disciplines.

At this time, I would like to take an opportunity now to share some personal testimony related to the devastating effects of addiction and the collateral damage often left in its wake. On March 17, 2017, my fiancé and I suffered the loss of her younger sister, who was two weeks shy of her 36th birthday, to what we at time believed was an accidental heroin overdose, only later to learn that it was in fact and unbeknownst to her, pure fentanyl packaged as heroin. She was a young woman, who by the age of 16 prescribed Klonopin, an anti-anxiety medication, at 16mg a day, which was four times the recommended therapeutic dose. At a young age, a medical professional set her on a course to spiral into addiction, which included the abuse of a variety of prescription medications and eventually the use of Heroin. The shame associated with the public perception of addiction led her parents to often justify and/or minimize the severity of her addiction, as it was much easier to believe that the pain pills she was consuming were treating legitimate aches and pains. They were in denial that she never took just one pill, as it took more and more to achieve the high she was chasing, and so at an age when this kind and gentle soul should have been in the prime of living, one dose, resulted in a premature end to all the possibilities her life had in store for her.

Seventeen days later, on April 3, 2017, we lost my youngest brother at age 46 to complications associated with an addiction to crystal meth. My brother was born with a heart condition, with a surgery at age 3 and another one at age 30, the last thing he should have done was engage in drug use, he was smarter than that. He had a college degree, was a well- respected professional in the history and museum community of Southern California, and he was an addict. In retrospect, we could look back on the prior year and with 20/20 hindsight acknowledge the warning signs, but when it was happening, we did not see the signs and he hid his addiction well. After he passed, I received all of his personal effects from the coroner's office, which included his cellular telephone, and like the proverbial saying goes, like a car accident, you should not look, but you do, and I looked. My heart nearly broke when I read the messages in his cell phone, getting a glimpse into his life and seeing the risks he was taking with his life in order to score his next high. On one occasion, my brother experienced assault, robbery, and he was set-up by someone who realized just how desperate he was to get drugs and knew they could steal from him, knowing he would not call the police out of fear that he would expose his secret. I tried to comprehend the intense sense of euphoria the drugs provided him and questioning what was missing in his life that he was unable to achieve that high naturally. For two weeks prior to his passing he was hospitalized due to congestive heart failure and realized that this had been the only time he had been substance free for as long as he could remember and as his date of discharge drew near he had already begun to crave, plot, and plan how he would achieve his next high. I found myself questioning, who this stranger is that I called my brother.

Within a month, my family mourned the loss of two very special people who fell victim to addiction, a story that is tragically not unique to us and is the experience of many families at this very moment. The pain that we experience losing someone to addiction is devastating and forever changes us and is a pain we hope others would never have to endure.

Addiction does not discriminate. It does not care how much money you make or what neighborhood you live in, or if you work in the field and should have seen the signs. The most important taken away from the sudden loss of our loved ones is that we need to continue the hard work of educating our communities and eliminating the stigma that fosters shame and secrecy and promoting and funding prevention and treatment that discourages trying a drug even once.

In closing, I once again thank you for taking the time to hear my words today, and I implore you to continue to keep the conversation around addiction prevention and treatment in the forefront. Only by normalizing it as a disease can we dispel the fear and lack of knowledge that exists and becomes a barrier to progress in overcoming this epidemic.



August 15, 2018

The Honorable Senator Gene Yaw,
Chairman of the Center for Rural Pennsylvania
The Honorable Senator Wayne Langerholc

**Written Testimony on behalf of the Cambria County Drug Coalition
Law Enforcement Subcommittee and on behalf of the Cambria County
District Attorney's Office**

To the Honorable Senator Gene Yaw, Chairman of the Center for Rural Pennsylvania, and the Honorable Senator Wayne Langerholc:

On behalf of the Law Enforcement Subcommittee of the Drug Coalition and the Cambria County District Attorney's Office, thank you for affording me the opportunity to present this testimony before you.

In October of 2017, President Trump declared the Opioid Crisis a national Public Health Emergency. Pennsylvania Governor Tom Wolf issued a similar statewide disaster declaration in January 2018 and, at that time, challenged agencies to think innovatively and to seek long lasting solutions to the problems posed by the Opioid Epidemic. Here in Cambria County, we have embraced the governor's challenge, and, through the work of the Law Enforcement Sector of the Cambria County Drug Coalition and the efforts of the District Attorney's Office, have made significant progress towards decreasing the supply of illegal drugs and saving the lives of those struggling with drug addiction. However, our efforts remain ongoing and while we have experienced our share of successes, we have also encountered difficulties along the way.

From 2011-2014, Cambria County maintained a nearly state average rate of overdose deaths per capita. But, beginning in 2014, we began to experience a sharp increase in the number of overdose-related deaths. In 2016, Cambria County held the ignominious distinction of having the second highest overdose death rate per capita in the state. That rate translated to 94 lives lost in 2016 to drug overdose events.

Faced with this growing problem, among other reasons, the Cambria County Drug Coalition was formed. One of the Coalition's foremost initiatives was to increase the availability of the overdose-countering drug naloxone (Narcan) to law enforcement officers, who are often the first people to arrive on scene at an overdose event. The Coalition worked to secure funding for a supply of Narcan, and, in January 2017, District

Attorney Kelly Callihan pitched the plan to the municipal police chiefs of Cambria County. Since that time, nearly all law enforcement officers countywide have carried Narcan. From 2017 to present, law enforcement officers have administered Narcan on 80 occasions, successfully reviving 77 individuals experiencing overdoses. This contributed to a reduction in the number of overdose deaths from 94 in 2016 to 87 in 2017, and has the county on pace for 56 overdose deaths in 2018, if the trend continues at its current rate.

The coalition and the District Attorney's Office have also worked jointly to reduce the amount of prescription opioids in the community. Since the formation of the Coalition, Cambria County has increased its number of permanent drug collection sites from 2 to 19. Additionally, several prescription drug takeback events have been held over the past year in which, thanks to promotion by the Coalition's media partners, hundreds of pounds of unused and unwanted prescription drugs have been collected. Between the permanent collection boxes and takeback events over 1,500 pounds of unwanted prescription drugs have been collected and destroyed.

From a prosecutorial perspective, in 2018 the Cambria County Drug Task Force transitioned from being administratively run through the District Attorney's Office to being administrated by the Pennsylvania Office of the Attorney General. This has afforded our drug task force detectives access to greater technological, personnel, and financial resources and the task force has used those resources diligently to crack down on those seeking to profit from the addictions of others. In 2018 to date, the task force has conducted over 90 controlled purchases of illegal drugs, executed nearly 20 search warrants, and seized thousands of dollars of illicit drugs. This work has generated over 50 cases for prosecution in state court, and these numbers only reflect the work of the drug task force—they do not include statistics from municipal police departments.

These successes notwithstanding, our experiences have shown that Cambria County could benefit from several additional resources and/or programs.

Since the formation of the coalition, after providing Narcan to law enforcement, two law enforcement sector priority items remain unfulfilled: (1) the establishment of a specialized drug treatment court and (2) the convention of a county grand jury, and the two main roadblocks to each are the same: (1) funding and (2) personnel. While funding and personnel are undoubtedly at the top of most county wishlists, there are myriad other issues that complicate our battle against the Opioid Epidemic. For example, there is presently a 6-8 month backlog on drug identification testing at the Pennsylvania State Police Crime Lab. These long waits for lab analysis can strain the legal system in a primarily rural county by delaying the legal process and crowding the county prison. Extended timetables for case dispositions increase the likelihood of a missed court appearance by defendants, resulting in the issuance of bench warrants and additional costs incurred by the county, or can result in the release of potentially dangerous individuals back into the community.

These are only a few examples of some of the accomplishments achieved and difficulties faced by the Cambria County Drug Coalition Law Enforcement Subcommittee and the District Attorney's Office. There will no doubt be more of each over the course of this fight against the Opioid Epidemic. But, through our continued dedication to decreasing the supply of illegal drugs, on behalf of the Drug Coalition and the District Attorney's Office, we hope to transform Cambria County into a truly safe, friendly, and great place to live, work, and play.

Respectfully submitted,

/s/ Arnold P. Bernard, Jr.

Arnold P. Bernard, Jr.
Assistant District Attorney
Chairperson of the Law Enforcement
Subcommittee

CAMBRIA COUNTY DRUG COALITION (CCDC)

The CCDC is an independent, 501(c)3 entity that was formed by a broad cross-section of the community to lead the anti-drug effort in Cambria County. CCDC is seeking to work collaboratively with partners and stakeholders representing twelve sectors of the community identified by the National Drug-Free Communities model. By connecting multiple sectors of the community in a comprehensive approach, CCDC will achieve real outcomes.

Mission Statement

Committed to positive change and the creation of a drug-free communities across Cambria County.

Vision Statement

Cambria County - A safe, friendly, and great place to live, work and play.

Goals

- 1) Decrease supply of illegal drugs
 - a. Create a difficult environment to minimize illegal drug activity and violent crime
 - b. Enhance community policing and develop an approach for cohesive law enforcement work county wide

- 2) Improve Systems of care for individuals with substance use disorders
 - a. Decrease number of fatal drug overdoses
 - ii. By disseminating lifesaving drug Naloxone, endorsing implementation of warm hand off policy, increasing the number of permanent prescription drug take back boxes.
 - b. Reduce potential for HIV and Hep C transmission by providing county wide education
 - c. Endorse utilization of Pennsylvania's Prescription Drug Monitoring Program
 - d. Improve availability of detox, inpatient, outpatient and MAT services in Cambria County

- 3) Enhance Drug Prevention/Education Initiatives
 - a. Increase implementation of evidence-based drug and alcohol prevention programming in county schools
 - b. Offer drug awareness trainings and forums for Cambria County residents in an array of venues
 - c. Reduce stigma associated with addiction and promote recovery-oriented environments in the county
 - d. Provide education on recommendation protocols for protection and monitoring of prescription drugs
 - e. Increase awareness regarding drug treatment and support services to county residents

- 4) Secure funding for long term sustainability

The CCDC is unique in design in that the premise is to bring all affected sectors of the county together. Each working towards a comprehensive set of identified strategic goals addressing issues linked to drug use/abuse. There is no other Coalition in the county that serves as the hub of coordinated efforts in fostering multi sector collaborations for aligned actions and whose goals are targeted at wide scale integrated solutions that can be experienced by all county residents. This approach is also cost effective and promotes the elimination of duplication of services by optimally having all Coalition partners working to support each other in an ecosystem of community.

The foundation of the organizational structure of the CCDC is the National Drug-Free Communities model endorsed by the Substance Abuse and Mental Health Administration along with the Communities that Care operating system which is an evidence-based model implored by the prevention leg of the Coalition. Technical assistance for the prevention mobilizer is provided by the Evidence-based Prevention and Intervention Support Center (EPISCenter) at Penn State University. Evidence based processes and programming endorsed by the Coalition include the expansion of the Nation's leading youth drug prevention program Botvin LifeSkills Training.

12 Sectors of the CCDC Broad crisis requiring a broad response – there is a role for “ALL”

1.Law Enforcement -2. Criminal Justice Gov’t and Courts

January 2017 - Press conference announcing lifesaving drug Narcan was in hands of all county law enforcement officers.
Promoted expansion of permanent prescription drug collection sites across the county (from 2 to 21).
Promote and endorse expansion of Push out the Pusher/Crime stopper hotline number (800-548-7500).
Provided supplemental funding to assist in underwriting added man power for Assistant DA position for one quarter of 2018.
Purchase of cell phone data retrieval equipment.
Hosts monthly chief of Police meetings every month in 2017, continues - promote aligned actions.
Held a community prescription drug take back events in two communities (over 230lbs PD collected).
Presented at 2 county school teacher in-service trainings to increase knowledge of current drug trends for county educators.
Held a prescription drug take back event at Conemaugh Hospital and collected over 250lbs at the event.

3.Healthcare Professionals

Hosted an Addiction Summit Training at UPJ – 90+ medical professionals earned CEU’s at this event.
16 Healthcare providers trained in an evidence -based process Screening Brief Intervention and Referral to Treatment (SBIRT).
Promoted and endorsed increased utilization of Prescription Drug Monitoring program at Conemaugh Hospital
Endorsed the adaptation of a robust warm hand off process for overdose survivors at Conemaugh Hospital.
Created and ran a series of TV commercials that advertise county drug treatment options.
Developed a 30-minute video “Tell Me Why, Heroin Addiction – A Communities Response”.
Collaborated with Highlands Free Medical clinic to host free Narcan trainings across the county.

4.Drug Treatment and Recovery

Endorsed and supported the development of a comprehensive addiction resource guide (over 50,000 disseminated).
Recovery workgroup hosted an awareness event on International Overdose Awareness Day to pay tribute to lives lost.
Recovery workgroup and OPT Out Team created leave behind post cards making sources of help known to all.

5.Civic and Volunteer Organizations – sector still to be developed

6.Faith Based and Fraternal

7 churches to date have hosted Addiction 101 and Narcan trainings at their home church.
Church leaders, the Recovery Workgroup and DA office hosted a county wide first responder appreciation breakfast.

7.Businesses

Meeting county residents during the work day by hosting lunch and learn events at area business and churches.
Welcomed the opportunity to present at Chamber of Commerce and JARI events.
Partnered with 20 county pharmacies to increase awareness on the link between Prescription Drugs and Heroin addiction as well as posting and education on Narcan access.

8. Media

In collaboration with Forever Media endorsed an innovative unique campaign -Hearts Against Heroin (over 75 voices from Coalition partners in 2017 were aired in recurring messages on HAH - Forever Media won a Broadcasting award in 2017 for their powerful work in this campaign).

Created a web site via partnership and in-kind support from Prime Design solutions.
Partnered with Conemaugh Hospital in airing TV commercials that broadcasted drug treatment options.
PASTOP media campaign done across the county to bring awareness to the link between prescription drug use and heroin.

9.Youth & 10. Youth Serving Organizations

Started a MY LIFE youth empowerment initiative in collaboration with Magellan Healthcare.
Engaged SADD youth members from county schools by providing scholarships to attend a statewide SADD conference.

11.Parents

Engage Parents in all sectors (Parents have the power to prevent – the number one reason youth decline drug use is due to parental disapproval).
Endorsed and collaborated with Coalition partners in the creation of a “Parenting by Choice” support group held once per month.

12.Schools

Endorse the expansion of evidence-based drug prevention, youth resiliency programming in all schools across the county (critical that youth gain the skills to grow up healthy and become contributing members of the community) – currently near to 60% implementation.
Coalition partners presented at 4 teacher in-service events at county schools. Offering trainings on current drug trends and the resources available to assist in combating matters linked to drug use. – estimated 350+ teachers



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PRRS is a private physician group dedicated to helping those with alcohol and opiate dependence. Our corporate office is in Washington PA. In 2015 we piloted the first Mobile Vivitrol service in the country to treat opioid and alcohol dependence across Pennsylvania. We are on the front lines of this battle and work diligently to reach as many underserved populations as possible. We have recently opened in the state of Ohio and plan to expand to 5 additional states in the coming months.

In 2015 we identified a lack of providers for Vivitrol in Southwestern PA. We added PRRS onto the provider locator website for Vivitrol and that is where the idea for a mobile vivitrol unit formed. After adding our brick and mortar location to the provider locator site one thing became rapidly clear to us. Patients were traveling very far distances for follow up injections. Sometimes as far as 4 hours away. We quickly realized that providers were either unable or unwilling to provide follow up care for these patients. Many patients are induced while in an inpatient setting or while incarcerated but then have no ability to locate follow up providers. PRRS wanted to change the lack of access for these patient populations.

Our medical staff has worked closely together to develop a program with practices and policies that allows for optimal success while on Vivitrol medication. We know that medication alone is not the answer. PRRS takes great care to counsel and educate our patients on the risks and side effects associated with Vivitrol and the need for wrap around services to complete the road to recovery. PRRS also requires that our patients are receiving appropriate behavioral health therapy. While we do not provide drug and alcohol counseling in the commonwealth of Pennsylvania, we have created a massive network with D & A counseling facilities, COE'S, Rehabilitation centers and State and County prisons, to create the wrap around services necessary for continued recovery.

PRRS is an insurance-based physician group. We do not charge patients cash to see the medical staff. We are credentialed with all commercial, Medicare and Medicaid MCO's. We collaborate with probation, parole, drug court liaisons, and anyone who is involved with the patients care. All education, medical history, urine drug screening, medication reconciliation, and scheduling is done by PRRS staff. Our program has proven very successful in PA and is active in over 28 counties. We are proud to say the we currently service almost 500 patients to date. Our data shows that 89.6 percent of our patient population stays active on Vivitrol, compliant with counseling/meetings, without relapse for a period of 6-9 months or longer. We hire from our patient population who has successfully completed treatment to help those with complicated histories become productive members of society again.

PRRS is proud to develop programs that are unique, beneficial, and lifesaving. Our mobile unit functions in the exact fashion as our brick and mortar locations. The unit is equipped with a private waiting area, a restroom for urine specimen collection, a private assessment room, and a private injection room. We firmly believe that if there is a hard to reach community with geographical challenges those patients should have the same ability to



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receive care as the areas that are urban and easily accessible. PRS is committed to helping ALL patients in need and has acquired the experience and ability to make that a reality.

PRS is an independent service provider with program management and capital raising capabilities. PRS services will be available to each county on an as needed basis. Patients will be evaluated to ensure they meet medical requirements to begin treatment. PRS will require a base line hepatic function panel to assess liver function. Although elevated enzymes are not a reason for a patient to be contraindicated. PRS has yet to deem a patient medically inappropriate for Vivitrol care. A desire and will to lead a life free of addiction is the best indication for the medication.

Strong evidence Base

Use of Vivitrol blocks the patient's opioid receptors blocking the patient from being able to abuse opiates and/or alcohol successfully. Vivitrol also removes/ significantly decreases cravings while on the medication. In our experience with the patient population, the use of Vivitrol injections coupled with behavioral health therapy has been successful in supporting the complete abstinence model. There is no taper down off Vivitrol or withdrawal once treatment is complete. Vivitrol is not addictive. Our program contemplates that the patient will remain in treatment for a period of 12-18 months. Data is kept regarding the patient's compliance and ability to remain drug free during treatment.

Relapse Prevention not Harm Reduction

The beauty of Vivitrol injections every 28 days is that Vivitrol has zero street value. Unlike oral dose suboxone or methadone which has a street value and can create a "high" in non-addicted patients, Vivitrol cannot be diverted or sold in exchange for a "drug of choice". Vivitrol is given in a standard 380 mg intramuscular injection. PRS devotes ample time to each patient during their assessment for education on the Vivitrol medication. Educational materials include but are not limited to pamphlets, medication identification cards and personal journals to track their individual road to recovery.

Program Description

The target population are persons in drug court, soon to be paroled inmates, parolees and not only individuals that have histories of chronic relapse on other MAT models but also those new to recovery. PRS presently works with drug and alcohol programs throughout PA, drug courts, private therapy entities, drug rehabilitation programs. PRS also takes Vivitrol into the jails and induces patients in those communities where the need is identified. We facilitate the follow up injections for over 15 county jail projects and are currently the sole source contract for the Department of Corrections State Prison project.



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We invite all interested parties to reach out PRS to discuss how our program can best meet your specific needs

Kindest Regards,

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**TESTIMONY BEFORE THE CENTER FOR RURAL PENNSYLVANIA
ON AUGUST 15, 2018**

My name is Jim McMonagle. I have been an Assistant District Attorney in Luzerne County since 1993. Since 2007 I am the ADA assigned to the Luzerne County Drug Treatment Court. I am the Immediate Past President of the Pennsylvania Association of Drug Court Professionals (PADCP). So far, I am the only prosecutor to have been President of the Association.

When I first began work as a young Assistant District Attorney, roughly half to two thirds of the cases in Luzerne County were alcohol related. The cases consisted of straight DUIs or were instances where someone committed a crime while drunk. Rarely was there a DUI as a result of a controlled substance. But things slowly began to shift. Luzerne County still had its share of DUIs, but there were now more instances of possession of controlled substances, mostly cocaine and marijuana at first, but an increasing number of opioid cases began arriving on my desk. Looking back on it now, I was actually warned about the problem long before it came to light. I recall speaking to a friend of mine who did undercover work for the Pennsylvania State Police. One day he told me that the next big problem drug was OxyContin and it was going to be so much worse than cocaine. At that point, I didn't even know what OxyContin was; but I and many other people in Pennsylvania and across the nation were soon to find out.

As the drug problem began with cocaine in the 1980s and 1990s, society's response to the problem was the War on Drugs. During the War on Drugs, legislatures across the country passed "get tough on crime" measures that included mandatory minimum sentences for drug trafficking offenses and driver's license suspensions for many possession charges. Law

enforcement and prosecutor's offices aggressively investigated and prosecuted those who used, abused and dealt controlled substances. As a result, more and more people found themselves in prison or under some type of court supervision (probation or parole). So many people were jailed in California that the state was forced to build more prisons. I believe I read somewhere that California built more prisons in the last 15 years of the 20th Century than it had in the previous 85 years of the Century. As time went on, people began to realize there was something not right. Despite all of the work of the criminal justice system to "lock 'em up," the drug problem was not getting better; in fact it was about to get much worse.

People also began to realize that many of the "druggies" that were in our prisons were not criminals, they were addicts. As one trainer I have heard speak several times said, "Our jails were full of addicts because they weren't smart enough to avoid getting caught." As many of the addicts were paroled or reached their max dates, they were released back into the community. Many went right back to their addiction. Why? Well, as we began to learn, addiction was a medical condition, a health problem, that left untreated caused the person to again use and spiral back down into criminal activity. That behavior would again land the addict in jail or prison, where they would not get any treatment, be released, use/commit crime, go back to jail; and repeat. As the drug of choice of many people moved from cocaine to heroin the cycle became more destructive and more deadly.

Some people saw the pattern earlier than others and created a program in an effort to end the revolving door addicts use to enter and exit the criminal justice system. In 1989, Miami-Dade County in Florida became the first county to create a Drug Court. It was, at the time, a radical, out-of-the-box idea to combat the drug problem in South Florida, which was

mostly cocaine at the time. The program is based on what are known as the Ten Key Components. Among the Ten Components are the following ideas: drug treatment is integrated with the criminal justice system; a non-adversarial approach between prosecution and defense is used to promote public safety; there is access to a continuum of treatment services; there are frequent drug tests; participants are monitored by probation and case managers; and the Judge is actively involved in monitoring the participants. The Drug Court model was successful in Florida and was soon copied by other counties. There are now over 2400 Drug Courts across the country.

In Pennsylvania, the first Drug Treatment Court was created in Philadelphia in 1997. There are now 44 Adult Drug Courts in operation. 51 of the Commonwealth's 67 counties now have some type of Problem Solving Court. For 2016, the latest year for which we have statistics: 1,278 people were admitted to a Drug Treatment Court; 689 participants graduated. There are 20 Veterans Courts that have programs specifically targeted to our Veterans. 274 vets were admitted to those courts in 2016; 199 graduated. The first Regional Drug Court was formed comprising Elk, Jefferson and Forest counties, the first person graduated from their program just this past April. But these numbers only scratch the surface of the problem. How do we know that?

Because 4,642 Pennsylvanians died of an overdose in 2016. That number was among the worst in the nation. In fact we had the 6th highest rate of overdose death in 2015. A few years ago I spoke before the HOPE Caucus that Rep. Aaron Kaufer brought to Wilkes-Barre. Doing just some cursory research to prepare my remarks led me to this statistic: 1 in 13 Americans either needed treatment, or were already in treatment, for drug addiction. In light

of the continued deaths, it would not surprise me if that number had now become 1 in 12.

Deaths by overdose continue to rise. In my home county of Luzerne 151 people died last year, which was more than in 2016. So far in 2018, 70+ people have died of overdose, which puts Luzerne County on pace to have more overdose deaths than last year. Why does the number of overdose deaths continue to rise?

One reason is the availability of more potent drugs. Fentanyl has now become popular with addicts. It is used to cut heroin or taken by itself. It is 30-50 times more potent than heroin. Carfentanil is another powerful synthetic opioid. Ten nanograms are enough to tranquilize a 15,000 pound elephant. It is 100 times more potent than fentanyl. Imagine what that drug does to a 200 pound human – almost instantaneous death. Why addicts continue to seek out these types of drugs is a discussion to have with another professional. However, it is within my bailiwick to discuss what happens when addicts enter the criminal justice system because of a drug offense or a drug related offense.

As discussed above, Drug Treatment Courts are programs meant to break the cycle of addicts entering and exiting the criminal justice system. Treatment, rather than jail, is offered to addicts charged with criminal offenses. Behavioral change of the addict is sought using a system of incentives and sanctions coupled with a continuum of treatment based on the addicts' needs. Some addicts require immediate inpatient treatment while others may begin the program in some type of out-patient modality. Incentives can include verbal praise, decreased court appearances, permission to leave the jurisdiction, gym memberships, bus tokens, gift cards, movie passes or reduction of fees and costs. Sanctions can include

community service, increased court appearances, remaining for the entire court session, essays, house arrest, short term incarceration and ultimately termination from the program.

So what else can we do? This drug crisis is truly a crisis. It exists in every county of the Commonwealth and strikes every demographic you can think of. Addiction is absolutely one thing in society that does not discriminate. Man, woman, child, white, black, red, yellow, rich, poor, gay, straight, jock, academic, musicians, "good kids," "bad kids," police officers, thieves, correction officers, veteran, married, single...think of some other group; addiction can and does strike anyone and everyone. It has touched my family recently. A relative recently was dropped off at a hospital and died of an overdose.

What more can be done? Especially in light of the fact that more people died in Pennsylvania in 2016 than entered Drug Treatment Courts. Admittedly, Drug Treatment Court cannot help every addict as it is designed only for those who find themselves in the criminal justice system. But what can be done to maximize the number of people who can be helped by a Drug Treatment Court? Unfortunately many of the possibilities come down to money. But there is a bright side to that spending. Studies have shown that government can save \$2.00 for every \$1.00 spent on Drug Treatment Courts. Here are some ideas when looking at the big picture.

First, find a way to increase treatment beds. There has been an increase in money devoted to treatment over the last few years. However, money for treatment does not help anyone if there is no place to go to get treatment. When I was first assigned to Luzerne County Drug Treatment Court, we could place someone in a treatment bed usually within a week. In the last 2 years or so, that wait time has increased to 6 weeks or more. Why the change?

Admittedly, some of the problem is surely caused by the increased demand due to the opioid crisis. Some of the problem is driven by the NIMBY effect; Not In My Back Yard. This effect is very active in my county right now. A group of people bought a recently closed elementary school in a more rural part of Luzerne County for the purpose of opening a treatment facility. The people around the school are very much against such a facility opening because, despite understanding that addicts need treatment, no one wants them to receive treatment near their homes. What they don't understand is that based on the 1 in 13 statistic I mentioned earlier, addicts already live near them. Another community has vowed to fight a zoning board decision to permit a sober house for women to be opened. This is a positive sign since there is a dearth of treatment beds for women, especially women with children.

Second, find a way for people to get to treatment, especially in more rural counties. Many addicts in the criminal justice system have lost the ability to drive due to either losing their license or losing their car. But Drug Treatment Courts require people in the program to attend meetings, treatment and court. It can be difficult to get to Wilkes-Barre if you live near Ricketts Glen State Park; to Williamsport if you live near Picture Rocks; Ebensburg if you live in Nicktown or to any treatment facility if you live in a very rural county like Potter or Sullivan. Grants or vouchers for Ride Share Programs could help many people make their treatment appointments.

Third, create funding or mechanisms for Drug Treatment Courts to access incentives. Alas, many incentives also entail the expenditure of funds; even donated items were purchased by someone. Perhaps allow individuals and businesses to claim a tax deduction for donations to accredited Drug Treatment Courts. Earmark money in budgets to be used for purchasing

some incentives directly. Science is telling us that honey works much more effectively than the rod.

Fourth, increase court budgets so that more probation officers can be hired. Science says that a probation officer in a Drug Treatment Court can effectively supervise no more than 50 people, ideally no more than 40. Any more than that and the Drug Treatment Court loses the intense supervision that makes programs successful. But many times in county government, courts, commissioners and councils look to balance budgets by reducing probation officers so that more has to be done with less. When it comes to Drug Treatment Courts, that is a recipe for disaster.

Fifth, make sure insurance companies are using evidence based practices when deciding whether treatment will be covered. Having been involved in Drug Treatment Courts for 10 years or so and having attended numerous trainings, I can say that recovery is one of the most hair raising roller coasters you can be on. Recovery is not easy. Many times there are 3 steps back for every one forward. The fact that addiction is a disease is now accepted by many with the possible exception of insurance companies. Diabetics do not lose coverage for their insulin if they suddenly need a higher dose. Insurance companies were quick to cover increasing doses of pain medications. Why is it so difficult for them to cover another, albeit longer, in patient stay?

Given sufficient time and resources more ideas to improve Drug Treatment Courts, and treatment opportunities in general, can be thought up, especially if we are willing to think outside the box and make the effort to help just one person at a time. Helping one addict break the cycle of entering and exiting the criminal justice system can create a ripple effect of good

things in our communities. One person staying out of jail by beating their addiction one day at a time repairs the relationships in families, gets a parent a job, the job enables the person to buy a car, pay taxes, buy more goods and services, rent a nicer residence, buy a house, repair their home, be involved in the PTA, go back to college, coach a youth sports team; in short be a productive, contributing member of our communities. I leave you with this.

One day a man was walking along the beach and noticed a large number of starfish stranded on the beach. As he kept walking, he noticed a young boy picking up one starfish at a time and throwing it back in the ocean. The man watched the boy for a moment, and knowing just how many starfish were on the beach said, "Son, why are you throwing those starfish back in the ocean? There are so many that it's not going to matter." The boy bent to pick up another starfish and threw it into the ocean. With a satisfied smile on his face he replied, "It mattered to that one." And to that one that mattered, the ripples in the water extend outward so that more good things happen in our communities when we help one person begin and maintain their recovery from addiction.

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Center for Rural PA Hearing
August 15, 2018
Cambria County Courthouse
Testimony Prepared by
Susan K. Whisler, Director of the Southern Alleghenies Workforce Development Board

Senators Yaw and Langerholc, members of the Center for Rural PA board of directors, distinguished guests and colleagues. My name is Susan Whisler. I serve as the director of the Southern Alleghenies Workforce Development Board (SAWDB), and on behalf of the Board, our public workforce system and its partners, I want to thank you for the opportunity to provide testimony this evening on this most important subject—the drug epidemic and its impact on workforce development in the Southern Alleghenies.

In the workforce development arena, we analyze a variety of statistics to help us to understand what's happening in our local economy relative to employment, wage and job growth, demand occupations, and much more. Everyone is familiar with the Unemployment Rate, which for our region is currently averaging just below 5%. Arguably a more important metric but lesser known and even lesser understood measure is our Labor Force Participation Rate- the percentage of the civilian non-institutional population 16 years and older who is working or actively looking for work. In the U.S. that figure is 63%, in Pennsylvania the rate is 62% and here in the Southern Alleghenies our rate is 48%. Less than one half of our population who can and should be working aren't and we are facing a labor shortage here in the region. Of course, that figure includes young people continuing their education and retirees, but it also includes those we refer to as discouraged workers- those who have given up working for a variety of reasons including drug addiction.

Our PA CareerLink® staff work closely with the region's employers to help them secure and maintain a skilled workforce. As an administrator for the region's state and federal workforce programs, I can share with you countless examples of rescinded job offers and employment terminations when potential and incumbent workers test positive in pre-employment and random drug testing. And the face of the user has changed. Whether they are white or blue-collar workers, with jobs that require a sharp mind or a strong back and skilled hands, it doesn't matter, drugs don't discriminate based on skills or social economic standing.

Drug use and abuse has become so wide-spread, employers who never conducted pre-employment testing are now including it as a condition of employment. This includes my own employer, the Southern Alleghenies Planning and Development Commission. This however has created a dilemma for those employers who struggle to fill available openings. Rather than share with us a list of requisite skills for new hires, we hear instead "just send us someone who can pass a drug test."

So, where do we go from here? How does the workforce system help to connect the employment dots and fulfill its mission of helping to support a strong regional economy by connecting employers with jobseekers who are able and willing to work?

Providing workforce services to those with significant barriers to employment falls clearly within our system's wheelhouse. That said, assisting those with substance abuse issues or those in recovery presents unique challenges including funding restrictions associated with the Workforce Innovation and Opportunity Act (WIOA) dollars administered by the SAWDB. Likewise, unique partnerships will need to

be forged to help address the myriad of issues faced by those in recovery and provide for a continuum of care. For this reason, we believe that access to flexible funding will be necessary for local areas to forge partnerships that include employers, training providers, treatment facilities, and the justice and public workforce systems to design and pilot innovative programs.

We believe that Senate Bill 1224 Recovery-to-Work can provide the framework and funding to develop the crucial partnerships and support such programs. In many ways, the significant WIOA funding available in each local Workforce Development Area carries with it funding and eligibility constraints and required performance metrics that could make it very difficult to serve those in recovery and adequately provide them with the supports necessary to secure a successful program, and for the participant, life outcome. For this reason, we urge the legislature to allow for flexibility in program design and implementation. Current 'off the shelf' workforce programs will not begin to address the significant needs of this target population.

We must be innovative and creative in our approach, expansive in our partnership development, and willing to try multiple approaches until success is realized. The stakes are too high and doing nothing is not an option.

Written Testimony for the Public Hearing: Confronting the Heroin/Opioid Epidemic in Pennsylvania

Recovery to Work (previously known as Operation Hope Shot) Team Members

Recovery to Work was started as a thought regarding employment opportunities for people in early recovery. People in early recovery struggle to find employment that will be able to cover the costs of living and at times, this leads to relapse. In conversation with the Chamber of Commerce President Ron Aldom, it was made known that businesses were also struggling with finding appropriate employees. Through this discussion, the Recovery to Work program was created. The intention is that Twin Lakes Center can assist the clients in starting a recovery program that will allow them to prepare for future gainful employment. After the clients are more stable in their recovery, they can start the program to develop soft skills. With Careerlink, they can be assessed and programs can be started to further prepare them for the workforce. Once they are ready, a volunteer assignment will be given to practice these skills to ensure that they are ready for more permanent gainful employment. At that time, they will submit resumes and interview with possible employers. The Chamber of Commerce has been building a database of businesses that are interested in being a part of this program. Certified Recovery Support services will also help the volunteer to work transition to assist with any issues that may arise.

The program is currently in its infancy; however, it has shown success in the growth of the program participants thus far. We will continue to monitor the successes and learn from the failures in an effort to create a program that will be a mutual aid to community residents, the participants and businesses. As we see participants find meaningful and gainful employment, they are able to grow a new life full of possibilities for their futures as well as the futures of their families.



THE CENTER FOR RURAL PENNSYLVANIA
PUBLIC HEARING – EBENSBURG, CAMBRIA COUNTY
AUGUST 15, 2018

Written Testimony of
JENNIFER SMITH, SECRETARY

I want to thank Senator Langerholc, Senator Yaw, and members of the Center for Rural Pennsylvania for the opportunity to provide input on the anticipated federal funding grant expected to be awarded to the Department of Drug and Alcohol Programs next month.

As you may know, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a funding opportunity announcement in June for a new **State Opioid Response (SOR)** grant program. The department submitted Pennsylvania's grant application to SAMHSA on August 10, 2018.

The anticipated total SOR funding is \$930M and will be awarded to states and territories via a formula based upon the state's proportion of people battling opioid substance-use disorder and the state's proportion of overdose deaths. We anticipate that Pennsylvania is eligible to receive an estimated \$55.3M, which will be available for draw down on September 30, 2018. It should be noted that this funding is in addition to the 21st Century Cures Act State Targeted Response (STR) grant funding received by DDAP in April.

A key requirement of the grant is to make FDA-approved Medication-Assisted Treatment (MAT) more widely available to those diagnosed with Opioid Use Disorder (OUD). Additional guidelines include:

- states may set aside 5% (\$2,750,000) for administrative purposes;
- no more than 2% (\$1,100,00) can be used for data collection and reporting;

- states must use evidence-based treatments, practices, and interventions to identify which system design models will most rapidly and adequately address the gaps in their systems of care;
- states must use funding to supplement and not supplant existing opioid prevention, treatment, and recovery activities; and
- states may describe how they will expand access to treatment and recovery support services.

Prior to writing the grant application, the department sought input from roughly 350 of our community stakeholders. We received over 120 responses, which were analyzed by their priority and estimated costs.

DDAP, in developing its grant proposal, is seeking to support special populations of individuals with OUD including pregnant women and newborn babies, adolescents and youth, veterans, and individuals being discharged from institutional settings.

The broad goals of Pennsylvania's SOR application include:

- strengthening service delivery to ensure availability of a full spectrum of treatment and recovery support services;
- expanding community recovery support services;
- increasing prevention and education services;

- supporting patients with treatment costs and eliminate or reduce treatment costs for uninsured or underinsured patients;
- providing treatment transition and coverage for patients reentering communities from the criminal justice setting; and
- providing training and technical assistance on evidence-based practices to OUD healthcare providers.

As you know, Pennsylvania is among the states hardest hit by the prescription opioid and heroin epidemic. The Wolf Administration is putting our full effort into addressing the crisis and helping those with substance-use disorder. In 2017, the Administration secured the first of two \$26.5M federal 21st Century Cures Act State Targeted Response grants to combat the heroin and opioid epidemic, particularly for individuals who are uninsured or underinsured. This funding has allowed agencies to effectively build and expand capacity in three key areas: prevention, rescue, and treatment. Within the realm of treatment, DDAP, alongside the Department of Health and the Department of Human Services, established the Pennsylvania Coordinated Medication-Assisted Treatment (PacMAT) program. Through PacMAT, organizations and institutions create a hub-and-spoke network of health care providers to provide access to MAT for patients who are suffering with OUD. There are currently seven PacMAT programs in Pennsylvania.

In addition to PacMATs, the Wolf Administration, with the support of the General Assembly, launched 45 Centers of Excellence (COEs) throughout the commonwealth. COEs coordinate care for people with Medicaid that is “whole person” focused, with the explicit goal of integrating

behavioral health and primary care while expanding access to MAT. Since the inception of COEs in 2016, more than 14,000 individuals have visited a COE with 72 percent engaging in treatment, including both residential and MAT.

Lastly, the Wolf Administration has lifted the prior authorization requirements for Medicaid administrators treating individuals through MAT. Previously, these 24-hour requirements were putting patients' lives at risk by delaying critical treatment as a first step into their recovery from heroin or prescription painkillers.

Thank you again for allowing the department the opportunity to present this testimony. We look forward to future collaborations to effectively expand access to MAT treatment for Pennsylvanians in need.