

October 27, 2016

Testimony Regarding HR 590

Judy Rosser, Executive Director

Blair County Drug and Alcohol Program, Inc.

Thank you very much for the opportunity to provide testimony regarding the treatment access barriers statewide and in Blair County. My name is Judy Rosser, the Executive Director, Blair County Drug and Alcohol Program, Inc. I am the Single County Authority for Blair County. I am a person with lived experience, celebrating 28 years of recovery and 28 years working in the field. I also am the current Chair for the Pennsylvania Association of County Drug and Alcohol Administrators.

The Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA) is a professional association that represents the Drug and Alcohol Single County Authorities (SCAs) across the commonwealth who receive state and federal dollars through contracts with the Department of Drug and Alcohol Programs (DDAP) and other state and federal agencies. The Commonwealth of Pennsylvania is very diverse in its geography, economics, and cultural makeup. The Drug and Alcohol Single County Authorities are positioned uniquely by being embedded in their communities. The SCA is charged to evaluate the needs of their local communities in regards to the drug and alcohol issues; work with local partnerships to expand the capacity to support the prevention, intervention, treatment and recovery resources; develop plans that support the needs identified; and implement strategies that provide a continuum of resources to address the substance use issues locally.

The current opioid health crisis is challenging our communities nationally, statewide and at local levels. The Drug and Alcohol Single County Authorities are reporting regularly the increased demand for services due to this epidemic. Medicaid expansion has supported the ability to increase access to treatment but the infrastructure to support the demand had not been built, due to the many years of stigma and underfunding of this disease. The infrastructure to support addressing this epidemic is multi-faceted. Infrastructure includes funding; addressing the stigma; capacity to address the increased demand of this epidemic through early engagement, the ability to provide withdrawal management and handoff to treatment and care coordination.

#### ADDRESSING BARRIERS:

**FUNDING:** In any infrastructure development, the funding needs to be available to provide the pieces to address this epidemic. Our system has been underfunded over the last 10 years. Meanwhile the opioid epidemic has exploded. The state in their wisdom developed a Department of Drug and Alcohol Programs. It is important to continue to allow the Department to take the lead on this issue. The resources in the current economic climate are scarce. We need to ensure that the funding being provided is coordinated from the state to the counties.

The SCA's have a direct relationship with DDAP. The formal contract provides the ability to ensure funding provided to the local communities is targeting the intent of the funds and the greatest needs in the Commonwealth.

We see numerous barriers in persons accessing their insurance benefits, high deductibles, Medicare limited coverage, restricted levels of care or no robust continuum of care that supports medicated assisted treatment, recovery supports and long term treatment. The limited funding resources for a decade or more has stifled our growth and expansion of residential and community based outpatient facilities, medicated assisted treatment and care management services to include certified recovery specialists.

STIGMA: Stigma has a way of isolating the families and persons with a substance use disorder. The limited knowledge of the disease has placed it as a moral failing. Not just for the substance user but the families. A statewide campaign on addiction needs to be launched. If this was any other disease killing approximately 46,000 of our citizens yearly, the CDC and other federal agencies, State Department of Health and other state agencies would be plastering our news and outlets with information on how to intervene on this disease and get help. The Department of Health would be directing Emergency Departments with epidemic protocols for engagement, withdrawal management, warm handoff, and reporting of overdoses in their departments. In Blair County, I facilitate a family support group. The families often arrive at our door blind-sided by the fact their loved one has an active substance use disorder. My family members regularly talk about how this room should be overflowing with families, yet the stigma continues to keep some from seeking help or from knowing where to get help. They continue to discuss how they can commit their love one for treatment. They are frustrated by the fact that everyone tells them this is a disease but yet it is treated as a criminal offense and moral failing. We have been working with these families to give them a voice. Blair County SCA does do outreach but due to the magnitude of this issue and the limited resources, the SCA has not had the extra funding to do far reaching and consistent outreach messaging. Our resources have been targeted to treatment and recovery resources.

Nationally, in Pennsylvania, and Blair County we are seeing a movement that has provided encouragement to speak out regarding the pathways of recovery from addiction. We recognize to stay silent means death for others. As people in recovery, we represent many walks of life, yet we have one thing in common, the desire to share the hope with others, WE DO RECOVER. Local support of these advocacy groups is vital. The Blair County SCA supports Rise for Recovery, a recovery advocacy group. The voice of recovery can be very powerful. It becomes the community by which a person in early recovery can connect and develop new healthy networks of support. We need to realize once someone is treated, recovery happens in the community. We need to build the resources in the community to support recovery management.

It is vital that we ensure the growth in lived experience through certified recovery specialist at the community level. The services not only provide employment opportunities for persons with

lived experience but they help to promote ongoing engagement in early recovery and address stigma through their outreach efforts.

CAPACITY: There are numerous issues that are barriers to increase capacity to support this issue. We are seeing human resource issues. Counselors are not entering our field fast enough to support the growth needed to support the demand. We need incentive programs on loan forgiveness to encourage the growth of qualified human resources and to maintain seasoned counselors. This not only impacts our treatment communities but the coordination of care services. We need training of our healthcare professionals not only on prescribing practices but on addiction as a health concern and how to do brief interventions to engage them in care. Medical clinics/Emergency Departments/Social Worker departments need to have standing protocols to screen for substance use disorders. One of the greatest needs I continue to hear is the lack of withdrawal management at the time of an overdose survival. I continually hear reports of how these individuals walk out AMA in active withdrawal. Persons in active withdrawal at the time of the overdose are not going to engage unless their symptom (withdrawal) is addressed. We need to address this issue. If we do not engage them at this moment, they will leave and continue to use. Their disease is still active.

Again, thank you for allowing me to be with you today. Please do not hesitate to contact me or any of my peer Single County Authorities in your communities. We are willing and able to help support tearing down these barriers and building a system that supports recovery.