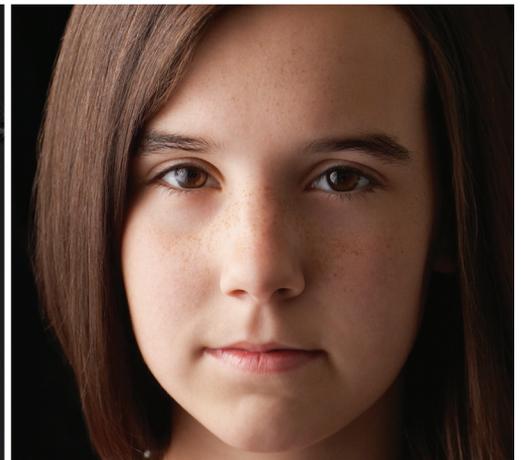


**Anyone Can
Become Addicted.
Anyone.**



pennsylvania
DEPARTMENT OF DRUG AND
ALCOHOL PROGRAMS

**Pennsylvania Drug and Alcohol
Annual Plan and Report**
Drug and Alcohol Abuse Prevention and Treatment
2016-2017

The 2016-2017 Pennsylvania Department of Drug and Alcohol Program's annual plan and report cover is an adaption of a media campaign to stop opiate abuse by **PAStop**, the Commonwealth Prevention Alliance campaign, pastop.org. This plan is separated into two sections -- an annual report and a data and outcome supplement -- to make it easier to find information.

Special thanks to Kathrine Muller, project coordinator of the CPA Campaign to Stop Opiate Abuse, Jeff Hanley, CPA President, and Scot Fleming, chief creative partner for BOOM Creative, for their assistance in making this cover possible.

PAStop.org



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MESSAGE FROM THE ACTING SECRETARY

Pennsylvania is in the middle of an unprecedented opioid epidemic that is taking a toll on every facet of our community. The biggest of which is the loss of over 10 Pennsylvanians a day to fatal drug overdoses. In 2015, the Commonwealth saw more than 3,500 deaths due to overdoses and that number continues to rise. From expanding access to treatment, to reducing the excess availability of prescription opioids, to promoting the use of the overdose reversal drug naloxone, the Department of Drug and Alcohol Programs (DDAP) has been leading the state's efforts to save the lives of our citizens. We will continue to address the disease of addiction and its correlation to substance use disorder through education, increased prevention and intervention efforts, and improved access to and expansion of treatment, all while fighting the stigma attached to this disease.



This crisis is not unique to the commonwealth; over a thousand Americans are dying from overdoses every week. Our treatment system nationally, as noted in the recent U.S. Surgeon General's report on Facing Addiction in America, is only funded to treat one out of every 10 people in need. Under Governor Wolf's leadership, Pennsylvania has done better, treating one out of every 7 people in need. Through the expansion of its Medicaid, we've been able to provide medical care to an additional 670,000 Pennsylvanians in 2016, including 63,000 who were able to access drug and alcohol treatment. But as we all know, more is needed.

Our goal is to have a drug and alcohol treatment system that meets the needs of all Pennsylvanians. Only then will we be able to begin to reduce the increasing costs to society that we now pay for our prisons, emergency rooms, judicial systems, workers' compensation, and child protective service system. While treatment is much of DDAP's immediate focus, our interdepartmental collaboration includes four areas: prevention and intervention, treatment and recovery supports, quality assurance, and workforce development.

Our collaborative efforts involve every agency across state government, our single county drug and alcohol authorities, and other important organizations at the state and county levels. We wish to thank these partners who are vital to our state's comprehensive response to the problem. All Pennsylvanians deserve a comprehensive plan to combat the devastation that substance use disorders create for our grandparents, parents, children, friends, and neighbors. DDAP strives every day to engage, coordinate, and lead the commonwealth's effort to prevent and reduce drug, alcohol, and gambling addiction while promoting a comprehensive recovery support system to ensure a more productive and fulfilling life for all Pennsylvanians.

A handwritten signature in cursive script that reads "Jennifer S. Smith".

Jennifer S. Smith, Acting Secretary
Pennsylvania Department of Drug and Alcohol Programs

OUR HISTORY

In 1972, the General Assembly established a health, education and rehabilitation program for the prevention and treatment of drug and alcohol abuse through the enactment of the Pennsylvania Drug and Alcohol Abuse Control Act, Act 1972-63, as amended, 71 P.S. §1690.101 et seq. This law established the Governor's Council on Drug and Alcohol Abuse, which was to be chaired by the Governor. The Council was subsequently reorganized through Reorganization Plan 1981-4, which transferred its responsibilities and its administrative authority to the Department of Health. The Council was designated as the advisory body to the Department of Health on issues surrounding drug and alcohol use and abuse. Act 1985-119 amended Act 1972-63, changing the name of the Council to the Pennsylvania Advisory Council on Drug and Alcohol Abuse and designating the Secretary of Health, or a designee, as the chairperson.

Recognizing the tremendous human and economic toll of alcohol and other drug problems, as well as the impact on, and involvement needed by, multiple state agencies [Act 50 of 2010](#) created the Department of Drug and Alcohol Programs (Department/DDAP), appointing a Secretary answering directly to the Governor and shifting all of the aforementioned duties to the new Department. With the creation of the Department of Drug and Alcohol Programs, additional infrastructure changes were made, including the establishment of the following: the Bureau of Treatment, Prevention and Intervention; the Bureau of Quality Assurance for Prevention and Treatment; and the Bureau of Administration and Program Support. The Department continues to be advised by the Pennsylvania Advisory Council on Drug and Alcohol Abuse, with the Secretary of the Department serving as chair. In addition to its programmatic efforts to prevent, intervene and treat substance use disorders (SUDs), the Department also implements a comprehensive Compulsive and Problem Gambling Program in the Commonwealth which is funded through Act 2010-01. Additional information about problem gambling can be found in the [2016 Compulsive and Problem Gambling Annual Report](#).

The Pennsylvania Drug and Alcohol Abuse Control Act requires the Department to develop a State Plan for the control, prevention, intervention, treatment, rehabilitation, research, education and training aspects of drug and alcohol abuse and dependence problems. The purpose of this coordinated plan is to avoid duplications and inconsistencies across state agencies. Acting as the Single State Authority (SSA) for Substance Abuse Services, the Secretary of the Department is responsible for the administration of these activities and coordination across agencies. In addition, it is the responsibility of the SSA to stimulate, collaborate and maintain awareness of initiatives with shared goals in other agencies. The Department administers the Substance Abuse Prevention and Treatment (SAPT) Block Grant by allocating state and federal funds to 47 administrative units called Single County Authorities (SCAs). Like the SSA on the Commonwealth level, the SCA on the county level is intended to coordinate access to treatment, case management and recovery supportive services across the local system of care. The SCAs are awarded grants based on population statistics, competitive awards, and other factors. These grant monies are used by the SCAs for prevention, intervention, treatment, recovery support, case management across these activities, and other related services. Specifically, the grant agreement language with the SCAs includes the pass-down of SAPT block requirements; administrative and fiscal requirements; the implementation of any federal or state regulatory requirements, as well as specific protocols prescribed by the Department. Compliance with these requirements is monitored by the Department's County Program Oversight (CPO) Section and can be found in the [Documents Library](#) of the Department's website.

The Department is also responsible for the licensing of freestanding drug and alcohol abuse treatment facilities which is done through its Bureau of Quality Assurance for Prevention and Treatment's Program Licensure Division. These responsibilities are carried out under the power and duties contained in Articles IX and X of the Public Welfare Code (62 P.S. § 901-922, 1001-1059), as transferred to the Department by Reorganization Plans 1977-2 (71 P.S. § 751-25) and 1981-4 (71 P.S. § 751-31). Standards for licensing freestanding treatment facilities are provided in 28 Pa. Code Chapter 709.

OUR MISSION

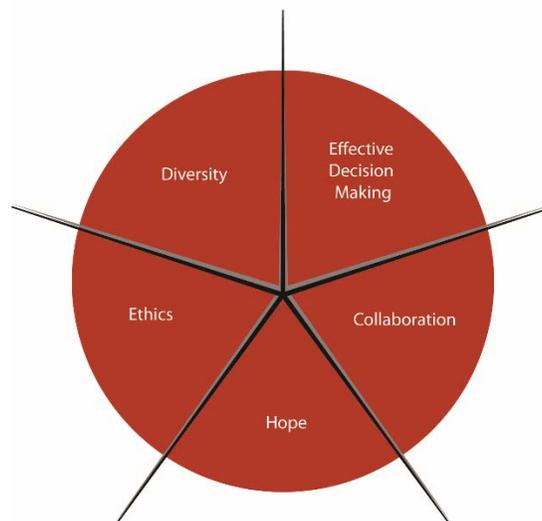
The Department of Drug and Alcohol Programs' mission is to engage, coordinate and lead the Commonwealth of Pennsylvania's effort to prevent and reduce drug, alcohol and gambling addiction and abuse; and to promote recovery, thereby reducing the human and economic impact of the disease.

OUR VISION

Pennsylvanians living free, or in recovery, from the disease of drug, alcohol and gambling addiction, resulting in safer, healthier, more productive and fulfilling lives.

OUR CORE VALUES

Effective Decision Making	We value decision making that is outcome-focused and quality-informed, that reflects an understanding of costs and benefits and that maximizes the impact of available resources.
Collaboration	We value and respect the expertise and experience of stakeholders, and we reach out to develop effective partnerships with individuals and agencies across the Commonwealth that can benefit from and assist us in successfully achieving our mission.
Hope	We know that change and recovery is attainable, yielding life changing benefits for individuals, family members and communities through their commitment to prevent, and achieve freedom from addiction through recovery.
Ethics	We do the right thing for the right reasons, demonstrating integrity in every action that we take, including doing no harm.
Diversity	We value diversity in the workforce – including diversity in gender, age, race, religion, sexual orientation, recovery and other related experiences – so that it reflects the various strengths and gives a voice to the needs of the diverse communities we serve.



OUR GOALS

Goal 1 - Develop a State Plan for substance use disorders and problem gambling.

Objectives:

- Create a State Plan that responds to needs assessment data.
- Ensure that an evidence based review or cost benefit analysis exists for all appropriate plan elements.
- Gather input from expert opinion, research, and community stakeholders.
- Create a project plan for the State Plan, including a timeline for milestones.
- Incorporate relevant ideas from a range of stakeholders.
- Establish plan guidelines for the SCAs to use in development of their local plans that is consistent with priorities set forth in the State Plan.

Goal 2 - Gather and analyze trending data to maximize the effectiveness of our efforts in prevention, intervention, treatment and recovery.

Objectives:

- Ensure the coordination of research on drug and alcohol abuse and dependence.
- Improve treatment, prevention, intervention, and most importantly recovery outcomes through data-driven management.
- Analyze other sources of data and trend analyses available through federal, state, and stakeholder sources to inform and support the State Plan and other special initiatives, including overdose prevention and response activities.
- Coordinate with all Departments and government agencies by offering technical assistance on best practices in addressing SUD prevention, education, and treatment needs.

Goal 3 - Identify and promote best practices and policies to ensure full access to high quality and cost effective prevention, intervention, treatment and recovery support services.

Objectives:

- Promote and implement prevention and early intervention strategies to reduce the impact of SUDs.
- Address substance abuse priority populations including but limited to pregnant injection drug users, pregnant substance users, injection drug users, overdose survivors, and veterans.
- Inform and disseminate best practices to stakeholders within the drug, alcohol, and problem gambling fields.
- Foster collaboration and seek guidance from leading experts and stakeholders within the drug, alcohol, and problem gambling fields.
- Develop and implement standards and best practices as identified by experts in the field.
- Review, update, and streamline existing requirements, standards, and regulations.

Goal 4 - Increase effectiveness of Pennsylvania’s drug, alcohol and problem gambling prevention and treatment efforts by promoting and establishing federal, state and local collaboration.

Objectives:

- Collaborate with law enforcement (e.g. Police carrying Narcan/Naloxone, Police assisted intervention, prescription drug take back, DUI law compliance).
- Expand and enhance community-based drug or alcohol use treatment and ensure access to services in a cooperative manner among State and local governmental agencies and departments and public and private agencies, institutions, and organizations.

Goal 5 - Develop, and expand, a highly competent, dedicated and efficient workforce and infrastructure to ensure the Department accomplishes its mission and achieves its goals.

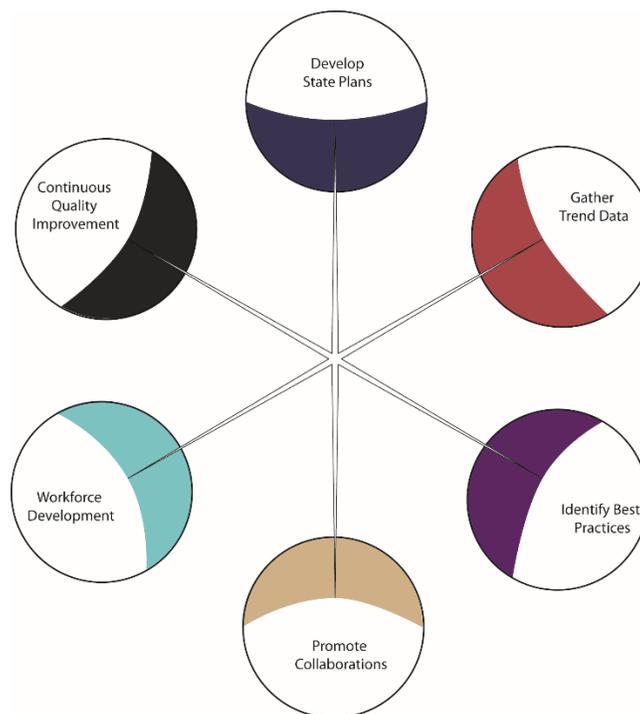
Objectives:

- Identify strategies to bring public health professionals and other stakeholders groups into the SUD workforce.
- Establish and maintain effective and relevant training for individuals working in the field.

Goal 6 - Ensure a system of continuous quality improvement (CQI).

Objectives:

- Maintain licensing process that ensures quality standards of practice, protects health and safety, while avoiding unnecessary regulatory burdens.
- Develop and implement CQI process for SCAs that includes outcome measures.



DEPARTMENTAL RESPONSIBILITIES

While [Act 50 of 2010](#) lays out its full responsibilities of the Department, the following pages provides a summary description of how the Department defines and implements their responsibilities associated with Prevention and Intervention; Treatment and Recovery Support; Quality Assurance; and, Workforce Development. Detailed information about the initiatives underway in these areas can be found in the section of this document titled Initiatives and Interdepartmental Collaboration.

PREVENTION AND INTERVENTION

The Department's Division of Prevention and Intervention has the primary responsibility to provide for the development, oversight, and management of substance use prevention services throughout Pennsylvania. The Division of Prevention and Intervention strives to increase the implementation of prevention programs, age-appropriate strategies, policies, and practices that are outcome-based on research proving effectiveness and/or best practices within the substance use field. The major focus is to reduce risk factors associated with substance use and promote the development of healthy lifestyles that positively impact individuals across their lifespan, communities, families, and schools.

The Department funds these efforts through grant agreements with SCAs throughout the commonwealth. SCAs are required to utilize all six Federal Strategies and the Institute of Medicine (IOM) Prevention Classifications within the [Strategic Prevention Framework \(SPF\) Model](#) to ensure the delivery of single and recurring prevention services. The SPF Model should be used as a comprehensive guide to plan, implement, and evaluate prevention programs. The five steps of the SPF Model, that each includes cultural competency and sustainability, follow:

- **Needs Assessment** - The needs assessment is designed to profile population needs, resources, and readiness to address needs and gaps. The process involves the collection and analysis of data to define problems within a geographic area. This also includes using data to further define problems specific to certain cultural or minority groups within a geographic area. Assessing resources includes identifying service gaps, assessing cultural competence, and identifying the existing prevention infrastructure in the county and/or community. It also involves assessing readiness and leadership to implement programs, strategies, policies, and practices.
- **Capacity** - The SCA and those funding or delivering drug and alcohol prevention services must increase efforts to mobilize and/or build capacity to address needs. Building capacity involves the mobilization of resources within a community. A key aspect of capacity building is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts during the planning and implementation phase. The mobilization of resources includes financial and organizational resources, as well as the creation of partnerships. Readiness, cultural competence, and leadership capacity are addressed and strengthened through education and systems thinking. Additionally, capacity building should include a focus on sustainability, as well as an evaluation of capacity.
- **Planning** - Planning involves the creation and development of a plan that includes implementing programs, strategies, policies, and practices that create a logical, data-driven plan that reduces the risk factors and enhances the protective factors that contribute to substance use in a specific county/community/population. The planning process produces targeted goals and involves the identification and selection of programs and strategies that will reduce substance use. Even though one community may show similar alcohol-related issues, the underlying factors that contribute most to them will vary between communities. If the programs, strategies, policies, and practices do not address the underlying risk and protective factors that contribute to the problem, then the intervention is unlikely to be effective in changing the substance use problem or behavior.
- **Implementation** - SCAs and those funding or delivering drug and alcohol prevention services are required to implement and provide ongoing monitoring of their Comprehensive Strategic Plan. This includes, but is not limited to, the collection of process measure data, performance targets, and the fidelity of implementation. Any modifications and changes that are made to the original programs must be documented throughout the

implementation of the program. This is to understand whether expected outcomes have been attained because of adaptations made to programs.

- **Evaluation** - The SCAs must evaluate their Comprehensive Strategic Plan. The SCAs must measure the impact of the implemented programs, strategies, policies, and practices and identify areas for improvement.

TREATMENT AND RECOVERY SUPPORT

Alcohol and other drug treatment and recovery requires an approach that addresses a person's needs across the lifespan of recovery. The Department's Treatment Division is responsible for program planning and the development of standards, policies, guidelines, service descriptions, and outcome data for the clinical functions of the SUD and problem gambling treatment systems. In addition, this division also addresses case management and recovery support related to SUDs.

The Treatment Division responds to the needs of treatment professionals and publicly funded clients in Pennsylvania who are in need of SUD treatment services and/or compulsive and problem gambling services in a variety of ways:

- Facilitates program development, based on state and federal research data, which targets the need for programming and treatment placement tools that maximize the accessibility and effectiveness of treatment services;
- Evaluates data and research, via a comprehensive approach, as it relates to the development, promotion, and implementation of treatment services; and,
- Collaborates with numerous federal, state and local agencies as well as other stakeholder organizations to develop programming and coordinate systems which serve the multiple needs of persons with SUD and/or problem gambling addiction.

Overarching practices include requirements for a continuum of care as well as quality of care. SCA's and programs are required to manage continuity of care including engagement (e.g. warm handoff from the emergency departments), treatment (e.g. stepping down through appropriate levels of care and lengths of stay) and follow-up (e.g. case management and connection to ongoing recovery supports after treatment). Similarly, programs are required to provide comprehensive quality of care addressing medical, psychiatric, legal, economic, educational, vocational, and recreational/social needs of the individuals in treatment, along with follow-up care coordination.

Treatment Models

Historically, drug and alcohol treatment was rooted in a peer based model of care, with recovering individuals working collaboratively in all aspects of the drug and alcohol system. Over time there have been changes which have diminished this practice, as well as new approaches that have developed.

Recovery from alcohol and other drug dependency is a highly individualized journey. This journey is a voluntarily maintained lifestyle that includes the pursuit of spiritual, emotional, mental and physical well-being which may be supported through medication that is appropriately prescribed and taken.

In general, there are several significant treatment principles interwoven throughout Departmental efforts within the context of diverse local procedures:

- **Recovery Oriented System of Care:** There is a movement in the drug and alcohol field from an acute care model of treatment to a recovery management model, also known as a chronic care approach to recovery. Understanding SUD as a disease, it can be understood from a management perspective like other similar diseases such as diabetes, heart disease and asthma. This model has changed over time but currently the concept is often referred to as Recovery-Oriented Systems of Care (ROSC). The foundation of this approach includes but is not limited to: accessible services; holistic health focus; a continuum of services

rather than crisis-oriented care; person-centered emphasis; utilization of support from individuals with lived-experience; and, culturally competent care that is age and gender appropriate. Principles of ROSC are detailed in the interagency white paper "Recovery Oriented System of Care: A Recovery Community Perspective" (Pennsylvania Drug and Alcohol Coalition, 2010)

- **Trauma Informed Care:** There is a growing awareness of the impacts of trauma among those with SUD. This can improve identification and response to these needs. Systems and interventions can benefit from awareness of effective treatment tools for these issues, as well as sensitivity to how these experiences impact engagement, retention, and recovery.
- **Motivational Enhancement:** Motivation plays an important role in client engagement and retention. Often individuals have low motivation or external motivation when they first contact the treatment systems. It is the responsibility of any professionals or peers in contact with these individuals to actively utilize practices to engage and motivate individuals to the types of services that are most appropriate, even if those services are offered at a different provider or service system. This is especially important if the needs of the individual exceed the expertise and scope of practice of the professional or peer attempting to increase engagement. Motivational Interviewing and Motivational Enhancement Therapy are examples of theory and practices to target specific interventions to increase motivation at all stages of individual engagement.
- **Evidence-Based Practices:** In this time when only one individual receives treatment for every eight individuals in need, it is important that interventions be selected which emphasize research tested principles, and that we avoid funding of practices which have proven ineffective or harmful. While innovative practices are encouraged and may be used with caution, there are a range of evidence based programs and practices that have been replicated for positive outcomes for over 40 years, which should be a driving force in treatment approaches. Nationally recognized programs can be found in several registries such as the federal Substance Abuse and Mental Health Services Administration's National Registry of Evidence Based Programs and Practices (NREPP) located at <http://www.nrepp.samhsa.gov/> as well as the Blueprints Program's listed at <http://www.blueprintsprograms.com/>. Appropriate intensity, duration, and continuum of services are prime examples of principles that have been validated as critical for effective outcomes. In contrast, undertreatment in these three areas leads to poorer outcomes and contributes to the rates of fatal overdoses. Other examples of elements that have been found to be ineffective are fear based tactics in prevention services, and simple drug education/information for those in need of treatment.

Treatment Assessments

Regardless of age (adolescent or adult), SCAs are required to provide individuals access to screening 24 hours a day, seven days a week. The Department also remains committed to ensuring that individuals receive timely assessments to determine their treatment and non-treatment needs, as well as access to the most appropriate levels of care if treatment is warranted. The Department has established SCA benchmark performance requirements related to timely access to assessment and admission to treatment, as follows:

- No more than 5% of individuals shall wait longer than 7 days for a level of care assessment.
- No more than 7% of individuals shall wait longer than 14 days to be admitted into the recommended level of care*. (*Individuals requiring detox must be admitted within 24 hours of identifying the need for this level of care.)

Case Management

Coordination of Services is a Department required function of case management through which the SCA ensures that the individual's (adolescent/adult), treatment and non-treatment needs are addressed. Treatment needs are those associated with getting an individual assessed and into the appropriate level of care (including getting the individual from an emergency department into a treatment program), assisting the individual navigate between facilities and/or levels of care, and connecting them with proper recovery support services. Non-treatment needs are needs the individual may have that do not directly impact level of care and placement decisions; however, they

are issues that need to be addressed as part of the individual's recovery process. Non-treatment needs are needs that the individual may have in the following areas: education/vocation, employment, physical health, emotional/mental health, family/social, living arrangements/housing, legal status, basic needs (food, clothing, transportation), and life skills. These categories may overlap with components of the level of care assessment, however, needs identified during case coordination do not directly impact the individual's ability to participate in treatment. These non-treatment needs may often be met through the provision of, or referral for, recovery support services.

Drug and Alcohol Recovery Support Services (DARSS)

DARSS are non-clinical services that assist individuals and families to recover from alcohol and other drug problems. These services complement the focus of treatment, outreach, engagement, and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain, and sustain long-term recovery. The list of DARSS, which are not a substitute for necessary clinical services, is quite extensive but some of the more common examples are as follows:

- Mentoring Programs in which individuals newer to recovery are paired with more experienced people in recovery to obtain support and advice on an individual basis and to assist with issues potentially impacting recovery (these mentors are not the same as 12-step sponsors);
- Training and Education utilizing a structured curriculum relating to addiction and recovery, life skills, job skills, health, and wellness that is conducted in a group setting;
- Family Programs utilizing a structured curriculum that provides resources and information needed to help families and significant others who are impacted by an individual's addiction;
- Telephonic Recovery Support (recovery check-ups) designed for individuals who can benefit from a weekly call to keep them engaged in the recovery process and to help them maintain their commitment to their recovery;
- Recovery Planning to assist an individual in managing their recovery;
- Support Groups for recovering individuals that are population focused (i.e. HIV/AIDS, veterans, youth, bereavement, etc.);
- Recovery Housing; and
- Recovery Centers where recovery support services are designed, tailored, and delivered by individuals from local recovery communities.

Recovery is the foundation of the Department's work on behalf of individuals and families experiencing drug and alcohol problems. With recovery as a cornerstone of our work, it is essential that we support and promote the statewide recovery organization to ensure that we continually have representation of the faces and needs of the individuals and families that we exist to serve distinct from stakeholders in the direct service arena. These goals and objectives describe the work being done to ensure the presence and voice of individuals in, and seeking, recovery, and their families, available to inform our drug and alcohol service system while engaging and supporting individuals and groups across the commonwealth concerned about the issues of addiction and recovery.

QUALITY ASSURANCE

The Department engages in a variety of means for assuring program integrity, which include tracking of prevention and intervention needs assessments, monitoring of SCA spend and delivery of addiction treatment services, reviewing SCA compliance with grant agreement requirements, conducting drug and alcohol treatment facility inspections (both annual as well as unannounced visits), investigating incident reports, investigating complaints related to licensed treatment facilities, monitoring for compliance with continuing education requirements for both SCAs and treatment providers, and securing the integrity of data used for decision-making and reporting.

Prevention and Intervention Program Tracking

The Department's Division of Prevention and Intervention requires submission of a needs assessment and plan from the SCAs that outlines intended programming within the parameters of state and federal expectations. We review and approve plans to make sure the activities are eligible to be funded by the Department. If plans are inadequate or require revisions, the necessary technical assistance is provided to the SCA. The Department also periodically monitors the prevention data system to verify that requirements are being met and services are being implemented as approved.

SCA Monitoring and Compliance

SCA budgets, as a component of their grant agreement with the Department, are reviewed by the County Program Oversight (CPO) Section and the Division of Budget and Grants Management for conformity to state and federal requirements and effectiveness in programming. Payments to the SCAs are based on advanced invoicing processed by the Division of Budget and Grants Management. Furthermore, the CPO Section conducts internal biannual reviews of the SCAs' expenditures for administration, prevention, treatment, and treatment-related activities. The CPO Section conducts comprehensive internal reviews of the SCA's annual expenditure reports, with necessary consultation and assistance from the Division of Budget and Grants Management, that includes reconciliation of reported expenditures to payments received and the parameters of the budget.

The CPO Section monitors compliance by SCAs to other requirements of the grant agreement as well and gauges efficiency and effectiveness of services being delivered. Accomplished through a combination of desk review of materials submitted to their designated program representative (Project Officer) and on-site visits conducted annually, the CPO Section completes both a programmatic and administrative review of the SCAs. Another important component of the program assessment completed by CPO is review of case management functionality in the assessment and management of clients, and adherence to confidentiality requirements. Technical Assistance is provided, as necessary, to assist the SCAs in areas indicating deficiency or weakness.

SCAs are responsible for monitoring those providers with whom they contract for services. CPO maintains a Provider Monitoring Tool that establishes a minimum of considerations to be reviewed by the SCAs when conducting on-site visits of their contracted providers. As part of the monitoring process, the assigned program representative reviews the provider monitoring completed by the SCA. In addition, sample testing of invoices submitted to the SCA by their contracted providers are compared to the providers' client activity logs as a means to ensure appropriate controls of payment to providers.

Inspections and Investigations

The Department has regulatory responsibility through its licensure authority over both public and private drug and alcohol addiction treatment facilities. As part of this authority, the Bureau of Quality Assurance for Prevention and Treatment conducts annual inspections and unannounced inspections to ensure facilities meet their regulatory requirements. If citations are made, the Department works with the facility to develop a corrective action plan. The Department also reviews and investigates facility incident reports and conducts complaint investigations.

Data Integrity

The Department is currently engaged in the procurement process for a new treatment and prevention data system, which will allow for the collection of data in a system that can be used to satisfy federal reporting requirements, evaluate effective prevention programs, assess treatment needs and trends, and drive overall decision making at both the local and state levels.

WORKFORCE DEVELOPMENT

SAMHSA's [Core Competencies for Integrated Behavioral Health and Primary Report](#) to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues in January 2013, outlined "the growing workforce crisis in the addictions field due to high turnover rates, worker shortages, an aging workforce, stigma and inadequate compensation." The Report concluded that "The behavioral health workforce in the United States is dedicated, passionate and capable... Yet the workforce is too few, aging into retirement, inadequately reimbursed, inadequately supported and trained, and facing significant changes affecting practice, credentialing, funding, and ability to keep up with changes in practice models driven by changing science, technologies and systems." Pennsylvania is no exception to the conclusions reached by the SAMSHA Report and must find ways to address these issues in the commonwealth.

DDAP has been actively seeking approaches to attract and maintain a high-quality SUD workforce, including efforts to engage the recovery community and to create a career ladder for growth in the field. Based on SAMHSA regional report on workforce salaries, SUD treatment providers are the lowest paid of all allied disciplines, and the average salaries in Pennsylvania are lower than all other states in our region except West Virginia.

The Department has several efforts underway that it believes will further develop the drug and alcohol workforce, including the development of continuing medical education courses required to maintain licensure status, the development of drug and alcohol specific curriculum in Medical Schools, the refinement of training curriculum offered to the current drug and alcohol workforce, collaboration with minority populations and Harrisburg Area Community College to bring a greater diversity to the drug and alcohol treatment field, participation in regional and national committees/workgroups, collaboration with the PA Certification Board, and the reengineering of its own internal training section.

INITIATIVES AND INTERDEPARTMENTAL COLLABORATION

Pennsylvania, along with the rest of the nation, is experiencing the worst overdose death epidemic in history. Fatal drug overdoses are the biggest public health crisis to hit the Commonwealth and nation in the last 100 years. Per the Drug Enforcement Agency (DEA), in 2015 there were 3,505 overdose deaths, approximately 10 deaths per day in Pennsylvania alone. This does not include many other drug-related deaths from accidents, diseases, medical complications and suicides. Among people 25 to 64 years old, drug overdose causes more deaths than motor vehicle traffic crashes. The total number of deaths for 2016 is expected to be higher when the final number is tallied.

To address the public health crisis, the Department partnered with various stakeholders to undertake many initiatives to prevent and treat SUDs/problem gambling, reduce deaths to drug overdose, and increase public health and safety awareness.

One of the Wolf Administration's top priorities has been "Government that Works" – a portion of this goal involves promoting the health and well-being of all Pennsylvanians and ensuring that vulnerable citizens have access to vital services. Building and implementing a strong evidence-based prevention and intervention strategy for Pennsylvania, along with building and supporting our comprehensive treatment and recovery support system, requires the involvement of many entities. The following pages contain the collaborative efforts of these entities related to prevention and intervention, treatment and recovery support, quality assurance, and workforce development.

PREVENTION AND INTERVENTION

Per SAMHSA in 2016, "practicing effective prevention means gathering and using data to guide all prevention decisions—from identifying which substance use problems to address in a community, to choosing the most appropriate ways to address these problems, to determining whether selected interventions and strategies are making progress in meeting prevention needs. It means working with diverse community partners to plan and deliver culturally appropriate, effective, and sustainable prevention practices that are a good fit for the populations being served. It also means understanding and applying prevention research so that prevention efforts are informed by best practice, and shown to influence risk and protective factors associated with prioritized substance misuse and related health problems at the community, state, territory, and tribal levels."

The Department believes in these principals and is working internally and across the aisle with other Departments and stakeholders in helping to ensure that quality based programs and services are delivered to the residents of the Commonwealth.

Department of Drug and Alcohol Programs (DDAP)

1. Needs Assessment Project

The Department is working with the Penn State University Bennett Pierce Prevention Research Center's Evidence-based Prevention and Intervention Support Center (EPISCenter) to develop a more robust, data-driven needs assessment and planning process. EPISCenter will also provide training and technical assistance once the needs assessment and planning processes are completed. Needs assessment is the process of identifying the specific driving issues in a locale, to select specific interventions that will be most effective for that driving need.

2. Problem Gambling Prevention Program (PBPP)

Through this PGPP funding initiative, 40 SCAs and their contracted providers continue to provide problem gambling prevention activities to increase awareness of problem gambling within the general public; inform teachers, policy makers, and other professionals about the impact of problem gambling on the family unit, schools and communities; and educate at-risk populations such as college students, youth, and older adults about risk and protective factors in an effort to prevent problem gambling. Twenty-nine problem gambling prevention evidence-based programs, evidence-informed programs, and supplemental

programs were provided throughout the fiscal year. A few innovative strategies and programs were developed specifically to meet the needs of local youth through the support of this funding initiative.

During SFY 2015-16, a total of 10 SCAs utilized their problem gambling prevention funds to support expanded Student Assistance Program (SAP) services. These services included SAP consultations, core team meetings, training, parent/teacher meetings, and educational groups. In addition, through collaboration with the Department of Education and the Pennsylvania Commission on Crime and Delinquency, the Department had the opportunity to include additional problem gambling questions on the 2015 Pennsylvania Youth Survey (PAYS). Also, funds under the PGPP initiative were used to assist schools in administering the PAYS; analyzing, interpreting, and using their PAYS data; and marketing meetings to foster support and participation in the PAYS. The next two-year funding initiative has been drafted. Once finalized and approved, it will be posted for all SCAs to apply for the funds.

3. Pennsylvania Strategic Prevention Framework - Partnership for Success (SFP-PFS) Grant and Data Dashboard

In 2013, the Department was awarded the Pennsylvania Strategic Prevention Framework - Partnership for Success grant. Project goals are to reduce underage drinking among 12-20 year-olds and reduce prescription drug misuse and abuse among 12-25 year-olds in five (5) high-need counties throughout the state, Blair, Bucks, Delaware, Lackawanna, and Westmoreland, through a comprehensive approach that includes public awareness, education, and environmental change strategies.

As part of the SFP PFS, the state has revitalized the State Epidemiological Outcomes Workgroup (SEOW) for developing and sharing information around select topics for use by SCAs, local providers, and coalitions that can aid in assessing needs and trends.

In addition to a revitalization of the SEOW, the Department has partnered with the Pennsylvania State Data Center to create data dashboards that consist of easily accessible and understandable statistical information related to alcohol, tobacco, and other drug use, for use by counties, providers, coalitions, and other grass roots organizations, that allow for them to make targeted decisions that guide programming and influence policy.

The data used in the dashboards comes from a variety of sources such as the Pennsylvania Youth Survey, the Pennsylvania Liquor Control Board, Pennsylvania Department of Transportation, the U.S. Census Bureau, and the PA Uniform Crime Reporting System. It is organized around the topics of consumption, consequences, and risk and protective factors. Future expansions of the dashboards include overdose and gambling data.

4. New Prevention Data System

The Department is in the process of procuring a new data system to ensure appropriate data collection and allow for more detailed data analysis, while meeting its reporting requirements under the SAPT Block Grant.

5. Pharmacy Prescription Take Back Initiative

The Department has reached out to educate pharmacists with an informational letter about providing pharmacy prescription take back services and is working in conjunction with the Department of State and the PA Pharmacists Association for their review. The letter was distributed to PA pharmacists through both agencies.

6. Fetal Alcohol Spectrum Disorders (FASD) Awareness

The Department is working toward raising awareness of FASD, as well as developing and maintaining adequate training resources on this topic. New studies are being performed at the time, so as data becomes available it is used to drive the Department's efforts and collaborations with other entities.

Department of Education (PDE)

1. Student Assistance Programs (SAPs) (PDE, PCCD, JCJC, DHS, DDAP)

SAPs are statutorily-mandated, evidence-based programs in which students at risk are identified and provided critical resources to prevent (or provide early intervention services related to) the onset of mental illness, SUDs, violence and juvenile justice involvement. With the elimination of federal Safe & Drug-Free School funding, the commonwealth's SAP system has been significantly reduced over time. Curriculum requirements for alcohol, chemical, and tobacco use are required by Section 1547 of the School Code.

2. SAMHSA Prevention Videos for Parents

SAMHSA's acclaimed prevention campaign titled "Talk. They Hear You." helps encourage parents to talk with their children about drugs and alcohol abuse. Parental engagement is an evidence-based component of any comprehensive prevention program. These quality videos are free and available to any parent through parent teacher organizations and other avenues. PDE and the Department should work with school districts and parent teacher organizations to disseminate this information.

Department of Health (DOH)

1. Prescribing Guidelines (DOH, DDAP, DHS, PA Medical Society)

The Department Secretary in collaboration with the DOH Physician General leads the Safe and Effective Prescribing and Pain Management Task Force. To date, nine sets of [Prescribing Guidelines](#) have been approved by the Task Force members, to include:

- Guidelines on the Use of Opioids to Treat Chronic Non-Cancer Pain
- Emergency Department Pain Treatment Guidelines
- Guidelines on the Use of Opioids in Dental Practice
- Obstetrics and Gynecology Pain Management
- Opioid Dispensing Guidelines
- Geriatric Pain: opioid Use and Safe Prescribing
- Use of Addiction Treatment Medications in the Treatment of Pregnant Patients with Opioid Use Disorder
- Safe Prescribing of Benzodiazepines for Anxiety and Insomnia
- The Safe Prescribing of Opioids in Orthopedics and Sports Medicine

All approved guidelines can be found on the DOH website by selecting the link above or by going to www.health.pa.gov then selecting Hot Topics/Opioid Abuse/Pennsylvania Prescribing Guidelines.

2. Prescription Drug Monitoring Program (PDMP) (DOH/DDAP)

The Department is working in collaboration with DOH to identify and connect those at risk of SUD with the care that they need. To help prevent prescription drug abuse and protect the health and safety of our community, Pennsylvania's [Prescription Drug Monitoring Program](#), administered by DOH, collects information on all dispensed prescriptions for controlled substances. Related to this program, the Department was awarded a Strategic Prevention Framework RX grant that partners the Department with DOH's Prescription Drug Monitoring Program Office to coordinate outreach/education/training for prescribers. The educational content of this training will include information on opioid prescribing

guidelines, how and when to use the PDMP system, how to integrate the PDMP into one's clinical workflow, how to intervene when encountering a patient suspected of prescription drug misuse, guidance for naloxone use and promotion, and sharing information with patients about proper disposal of medications. SCAs serving the selected communities of this grant will utilize the Strategic Prevention Framework model to plan, implement, and evaluate media campaigns and other public education activities. The specifics of how the prescriber training and public education campaign will be implemented will be defined during the planning year of the project. The epidemiologist with the PDMP Office will be added to the Department's State Epidemiological Outcomes Workgroup (SEOW) allowing for greater incorporation of PDMP data into SEOW efforts to analyze trends related to prescription drug misuse.

Attorney General's Office (OAG)

1. Pharmaceutical Industry

The Department is following the response of other state Attorney Generals in ensuring that the industry fairly compensates the taxpayers for costs caused by over-marketing and misrepresentation of safety of prescription drugs and has begun discussions with the Pennsylvania Attorney General.

2. Prescription Drug Disposal (OAG, PA National Guard, DDAP, PCCD, PDAA)

Department leadership has led to a greatly expanded prescription drug take back program. Many young people who abuse prescription drugs are stealing them from medicine cabinets. Keeping unused opioids or other common drugs of abuse in a medicine cabinet is no longer safe or responsible. The Department, working in partnership with Pennsylvania Commission on Crime and Delinquency (PCCD) and the PDAA, has continued to increase the availability of permanent prescription take back boxes across the commonwealth, with the goal of reducing the amount of prescription drugs available for potential misuse/abuse. The OAG and the PA National Guard have partnered to appropriately dispose of medications collected in the drug take back boxes statewide. Since 2014, approximately 218,000 pounds of medications, to include prescription drugs, have been collected and destroyed. Initially, 385 prescription take back boxes were installed in local law enforcement departments. Additional boxes funded through other sources are also accessible bringing the total number of boxes statewide to 584, with at least one box in all 67 counties. The Department's website has a complete listing of [take back box locations](#).

PA Commission on Crime & Delinquency (PCCD)

1. Executive Prevention Council (PCCD, D.Ed., DHS, DDAP, JCJC, DOH, PLCB)

PCCD has proposed the establishment of a Pennsylvania Substance Abuse and Delinquency Prevention Executive Council. An initial draft of an Executive Order to create this Council has been completed but is still under review by stakeholders. The purpose of the Council shall be to coordinate the development of policies, planning, programming and budget preparation by and among the departments involved.

Department of Transportation (DOT)

1. Awareness Posters (DDAP, DOT, Turnpike Commission, SCAs, and Commonwealth Prevention Alliance)

Changing attitudes of the public at large about drug and alcohol abuse, stigma, and the need for seeking help is an important component of an effective prevention infrastructure. Both the Department of Transportation and the Turnpike Commission have placed posters at highway and Turnpike rest areas and service areas as a means of raising awareness and promoting prevention.

TREATMENT AND RECOVERY SUPPORT

As noted in the Surgeon General's 2016 report, only one in 10 individuals are funded for the SUD treatment that they need. The Wolf Administration, through bipartisan collaboration with General Assembly, has been making a continued effort to change this statistic, through Medicaid expansion and service enhancements. Per the federal government, in Pennsylvania, treatment is funded at about 13-14% of need (better than the national rate of 10%), causing wait lists, clinically unsound levels of care/lengths of stay (LOC/LOS), and other scaling back in evidence-based treatment offerings, as well as the challenge of insufficient resources to gather data. Our mission is to build a treatment system that offers the full continuum of clinically appropriate, individualized care for all Pennsylvanians with drug, alcohol, or gambling addiction. To build and stabilize the treatment system, there are three components that must be in place: 1) proper funding; 2) sufficient infrastructure; and, 3) specialty SUD workforce. Each of the initiatives discussed below addresses at least one of these components.

Department of Drug & Alcohol Programs (DDAP)

1. Priority Populations

The Department requires that priority services are given to pregnant injection drug users (IDU), pregnant substance users, and injection drug users (IDU), overdose survivors, and veterans. For these populations, as soon as the need for treatment is identified, SCAs are required to make placement decisions using the most current version of standardized criteria. For adults, the Pennsylvania Client Placement Criteria (PCPC) must be used; for adolescents, the SCAs must use criteria from the American Society of Addiction Medicine (ASAM). Additional information and data regarding pregnant women and women with children can be found in the [Women and Children Annual Report](#).

2. Overdose Task Force (OTF)

The Department established the OTF in July 2013 and continues to meet quarterly. It is comprised of representatives from the national, state, county, and local levels as well as governmental and non-governmental organizations. The initial goal of the OTF was to develop a rapid response mechanism to break down information silos so that law enforcement and emergency medical services could have real-time trends information more readily available to them.

Given the nature of this public health crisis, in June 2015, the OTF expanded its leadership to include Physician General Rachel Levine, MD, as co-chair of the group and simultaneously expanded its focus from its initial rapid response goal to include: 1) informing and driving public policy on the issue of overdose; 2) informing overdose response; and 3) strategizing and planning robust responses to the crisis, including support for Narcan/naloxone.

3. Medication Assisted Treatment (MAT)

The Department is committed to best practices by expanding the use of medication assisted treatments and ensuring that they are used appropriately and in a manner as to most effectively and safely treat those individuals who may benefit from this modality.

Additionally, SCAs can support medication assisted treatment through SAPT Block Grant funds and do so through plans established in each county. The Department is currently evaluating funding strategies to increase the availability of medication assisted supports such as buprenorphine and long-acting injectable naltrexone. In some counties, innovative programs are underway and continue to be developed to further support and assist individuals who are engaging in MAT. One such Buprenorphine Coordinator Program offers a unique approach to assist individuals who are prescribed buprenorphine or Suboxone by working in collaboration with prescribing physicians in the community and incorporating client monitoring, referral, counseling, support groups, and mentoring to provide the most comprehensive service provision possible. When medication is coupled with psychotherapy (such as counseling, support groups, etc.), treatment outcomes are improved.

4. PA State Police and Municipal Police Carrying Narcan/Naloxone

The Department has continued to lead efforts to equip law enforcement and others with naloxone, resulting in national recognition in the availability of access. Act 139, also known as "David's Law," made naloxone available to police, firefighters and family members and friends of those at-risk of heroin or other opioid overdose. Naloxone rapidly reverses overdoses and has saved thousands of lives. As of December 2016, more than 514 municipal police departments across the Commonwealth were equipped with naloxone through the Department's efforts. Over 2,000 overdoses have been reversed. Additionally, 1,200 State Police patrol cars are equipped with naloxone in every county. Under the Department's leadership, district attorneys and municipal police chiefs have developed naloxone programs. The Department has initiated and continues to oversee several initiatives to provide training, technical support, and funding, as well as closely track those efforts, including the number of departments carrying naloxone and the number of overdoses reversed.

On December 7, 2016, Governor Wolf thanked Pennsylvania's law enforcement community for combating the opioid epidemic by carrying the overdose reversal drug naloxone. More than 3,000 opioid overdoses have been reversed by state and local police officers since November of 2014. "Last year more than 3,500 Pennsylvanians died from a drug overdose, so it is critical to have naloxone in the hands of our police and first responders who may be first on the scene of an overdose," said Governor Tom Wolf. "We owe law enforcement agencies a great debt of gratitude for doing their part in battling this public health crisis."

5. SCA Case Management (DDAP, SCAs)

As a result, the Affordable Care Act (ACA), funding for drug and alcohol addiction treatment has become more readily available through Medicaid and private health insurance. The Department will continue to assist SCAs to assume additional oversight with facilitating clients' access to care regardless of their funding source. Currently, the Department is requiring SCAs to identify and implement a warm hand-off process whereby overdose survivors are transferred directly from the emergency department (ED) to a drug treatment facility. The Department has incorporated contractual changes with the SCAs in its 2015-2020 grant agreement that establishes the overdose survivor as a priority population and requires each SCA to create a process for direct referral from the ED. These new requirements went into effect in January 2016 and are expected to be fully operationalized by the end of 2016. Implementation is currently underway through the Department's County Program Oversight section that is collecting data about what is occurring in each county.

6. Compulsive and Problem Gambling Program

Outpatient problem gambling counseling services continue to be enhanced and expanded with new treatment providers. There are more than 100 provider locations currently. Client treatment retention has increased from an average of 23 treatment sessions used in SFY 2013-14 to an average of 29 treatment sessions used in SFY 2015-16. Nearly 60 percent of clients discharged from treatment during SFY 2015-16 achieved or partially achieved treatment goals. Of the clients discharged from treatment during SFY 2015-16, 72 percent were no longer gambling or reported reduced gambling.

7. Treatment Bed Capacity

By recommendation of the OTF in May 2016, the Department surveyed each of the 55 detox facilities in the state to determine the access and availability of detox services. Many the detox facilities reported operating at full capacity 6 -7 days per week. Additionally, there are no detox facilities physically located in 37 of 67 counties.

Similarly, the Department is working to determine all residential treatment bed availability and a process for tracking it across the Commonwealth in real time. To access this information, the department created

the PA Open Beds website as a voluntary tool and resource for substance use professionals to communicate bed availability between providers, SCAs, and other treatment referral sources.

8. Licensure Reform

The Department has completed its first of three major rounds of licensure reform to ensure that regulations are streamlined, program-supportive, and updated to account for current terminology and new practices. Additionally, the Department has proposed a regulation change that would extend licenses for exceptional program compliance, increasing the amount of time between inspections for the free-standing drug and alcohol facilities that for the previous two years have not had any citations in four critical areas (conduct or omissions that jeopardized the safety of any persons, compromised the quality of treatment provided, violated a client's confidentiality rights, or resulted in treatment being provided without informed consent) and have reasonably and timely taken any remedial measure requested by the Department. Once this regulation change has cleared the Independent Regulatory Review Commission (IRRC), the Department will propose its second round of major licensure reform.

The Department has also improved licensure regulatory processes by developing a simplified application for new treatment providers seeking a license. Typical time for the Department's review and approval of these applications has been reduced by several weeks.

In addition, working with the DHS, the Department has begun to identify ways to coordinate their annual reviews of programs that provide co-occurring mental health and SUD treatment, eliminating duplicative efforts and making for a more efficient license renewal process. Along with DHS, the Department is also coordinating licensure application processing with PROMISe applications, reducing the amount of time before a treatment program can take Medicaid patients, making treatment beds available faster, and preventing waste at the government and provider level.

9. New Treatment Data System

The Department has procured a new data system to ensure appropriate data collection and allow for more detailed data analysis, while meeting its reporting requirements under the SAPT Block Grant.

10. [Hepatitis C Project](#)

The Pennsylvania Hepatitis C Project was initiated in Philadelphia in the latter part of State Fiscal Year 2005-2006 through special provisions from the Center for Substance Abuse Treatment, in which the HIV set-aside funds from the SAPT Block Grant were used to support outreach, education, and screening/detection of Hepatitis C in substance using individuals. The project is a collaborative effort between the Department, the Department of Health's Bureaus of Communicable Diseases and Epidemiology, and Genentech, a member of the Roche Group; the project's reach has since expanded to include Allegheny, Clearfield/Jefferson, and Northampton.

11. Veterans' Co-occurring Treatment (PTSD/Addiction)

The Department is actively collaborating with the Department of Military and Veterans Affairs (DMVA), the US Department of Veterans Affairs (VA), SCAs, and others to address the needs of this special population. The Department is actively involved in several committees regarding Veteran care including the Governor's Advisory Council for Veterans Services as well as PA Cares Summit. The Department also manages grants totaling \$750,000 for Veterans treatment for co-occurring SUD and Post-Traumatic Stress Disorder (PTSD). During this fiscal year, the Department also added Veterans to its list of priority populations with a goal of ensuring all Veterans receive care immediately. This care is coordinated through the SCA or its contracted providers.

12. Prohibiting Onerous County Residency Requirements

Currently, county residency requirements vary widely, creating gaps in funding coverage for a Pennsylvania citizen who moves from one county to another. The Department has been meeting with SCAs to explore options for resolving this issue and removing barriers for clients seeking access to treatment.

13. Payment for Co-pays and Deductibles

While the implementation of the Affordable Care Act (ACA) has resulted in a greater number of individuals having insurance, SUD treatment benefits accessed through employers or the private marketplace are often difficult to access due to high deductibles and co-pays. This essentially means individuals have insurance that they cannot afford to use. Individuals may be qualified for federal assistance (i.e. subsidies) in this regard depending upon which tier of insurance is purchased on the market place coupled with income eligibility requirements. Otherwise, the Department, via guidance from SAMHSA, is working to reduce and remove barriers to treatment when co-pays and deductibles remain an obstacle by providing a mechanism for possible co-pay and deductible assistance via the SCA, depending upon financial eligibility requirements and funding availability.

14. Treatment Services Hotline

Get Help Now: Let's Work Together! In 2016, the Department launched a toll-free hotline (1-800-662-4357) that offers a new starting point for individuals seeking drug and alcohol recovery and support services. The hotline gives Pennsylvanians the ability to find addiction treatment services for adolescents and families statewide and offers treatment information resources.

15. Certified Drug and Alcohol Recovery Housing Taskforce

The taskforce was charged with developing and submitting recommendations to the Department on the certification of drug and alcohol recovery houses, taking into consideration related issues such as the federal Americans with Disabilities Act, protection of consumers, community concerns, discriminatory practices, and recovery house owners and operators. Led by Pennsylvania Recovery Organization-Alliance (PRO-A), the taskforce includes representation from law enforcement, treatment providers, recovery housing operators, county and state drug and alcohol agencies, and advocacy and recovery-support groups. The Taskforce has submitted its recommendations to the Department for certifying recovery houses in the Commonwealth. Upon consideration of those recommendations, implementation plans will be developed.

16. Building Bridges to Recovery (BBTR) Initiative

This Department's annual initiative encourages increased collaboration of our recovery community with medical providers. BBTR efforts take place in September during National Recovery Month to raise awareness around SUDs and recovery from the disease. On September 29, 2016, BBTR efforts included a panel discussion among medical providers and people in recovery from the disease of addiction examined ways to improve identification of people with addiction and more effectively refer and treat them as well as identify and address barriers, including stigma, to those efforts. As part of the discussion, people in recovery had an opportunity to share their insight and experience with the medical providers to better inform the discussion and direct next steps.

17. Using State-owned Facilities for Use as Drug and Alcohol Addiction Treatment Facilities

In collaboration with the Departments of General Services (DGS) and DHS, the Department has identified a list of potential properties to potentially be made available for use as treatment facilities. All interested parties will work through the Department to use or acquire the properties.

18. Cooperative Agreements to help Homeless Individuals (CABHI) Grant

In collaboration with the City of Philadelphia and the Mental Health Association of Southeast Pennsylvania, the CABHI grant addresses the issue of chronic homelessness and increases the dissemination of best practice models. Additionally, a supplemental CABHI grant was awarded to Pennsylvania that focuses on homeless veterans with and co-occurring mental health and substance use issues. The Department also obtained a CABHI Enhancement grant that expanded services for homeless individuals in Bucks and Delaware Counties.

Through these grants a total of 210 individuals have received services in Philadelphia, Bucks, and Delaware Counties. Services included substance abuse treatment, mental health treatment, medical care, SSI/SSDI Outreach, Access, and Recovery (SOAR) application assistance, housing resource assistance, vocational assistance, and peer specialists.

19. Screening, Brief Intervention, Referral to Treatment (SBIRT) Grant

The Department received a Pennsylvania Screening, Brief Intervention, and Referral to Treatment (PA-SBIRT) grant. This 5-year grant will enable implementation of SBIRT training and protocols in seven primary counties at select primary care and community healthcare clinic sites. Screenings will be conducted to assess individuals for harmful alcohol and drug use and co-occurring symptoms for mental health disorders. Brief interventions will occur as necessary along with referral to licensed treatment programs as appropriate.

Department of Health (DOH)

1. Epidemiology Data for Drug and Alcohol Overdose

The Department and DOH will work together to find ways to improve epidemiology data for drug and alcohol overdose reporting. The DOH Secretary and Physician General are undertaking a robust review of current practices and how to revamp our system to gather more up-to-date and accurate data.

Department of Human Services (DHS)

1. Medical Assistance (MA) Enrollment

For clients enrolling in MA, there can be a delay between the application date and the approval to receive benefits. Treatment during this delay period is 100% state funded. Once enrolled with a HealthChoices managed care organization, funding includes 51.78% federal participation for traditionally eligible individuals. For newly eligible individuals under the Medicaid expansion, the federal match was 100% through December 31, 2016 and transitions to 90% by January 1, 2020.

2. MA HealthChoices Funded Treatment for County Jail Releasees (DDAP, DHS, county criminal/drug & alcohol stakeholders)

Having offenders be released, signed up, and taken to HealthChoices-funded treatment at the time of release, is a subset of the preceding item. Counties are getting millions of dollars in additional federally funded treatment with this project. This is being implemented so that more inmates will be released with continuing SUD care. This is a critical connection for this vulnerable population to access the treatment

needed to prevent relapse of substance use and criminal recidivism. Fifty counties are now implementing this program; the Department should work to facilitate implementation in the remaining seventeen counties.

3. MA HealthChoices Funded Treatment for State Prison Offenders (DDAP, DHS, DOC)

The Department has been working for two years with DOC and DHS to begin pilot programs in several areas of the state. Under the Wolf Administration, this initiative is gaining momentum and expanding. More participant offenders are getting into the program, although still at a small fraction of what is possible. Adjustments have been made to the program model to expand eligibility of the pilot and increase enrollment. This project should continue until all DOC releasees who are eligible for Medicaid and in need of treatment can begin Medicaid funded treatment on the day of their release.

4. Levels of Care and Lengths of Stay (DDAP, DHS)

The Department works with DHS to ensure MA HealthChoices BHMCO staff are compliant with, and appropriately trained on the PCPC/ASAM, which dictates proper levels of care and lengths of stay for clients. The Department has completed trainings for all MA HealthChoices BHMCO utilization review staff on the current Edition of the PCPC and additional trainings will be planned to expand the ASAM as the criteria are transitioned.

5. Therapeutic Communities for Addicted Mothers (DDAP, DHS, PA Supreme Court)

Mothers working toward recovery while in a therapeutic community setting are often able to retain custody of their children, preventing them from entering the foster care system. However, in those situations where the children are in foster care, a therapeutic community offers an ideal situation where the mother and children can work on reunification issues in a structured, stable, and supportive environment. We need to continue working with our court system, DHS Office of Children, Youth & Families, and other stakeholders, to encourage the placement of addicted women and their children into therapeutic communities. These programs typically have lengths of stay from six to nine months followed by a combination of recovery housing, outpatient treatment, and other recovery supports. The Department has been working closely with Supreme Court Justice Baer's Children's Roundtable workgroup to implement more humane and functional handling of these cases, and progress is being made. Improvements have been implemented in cross agency collaboration, communication, and identification of training needs.

Department of Corrections (DOC)

1. Ensure clinical integrity and optimal use of prison behind-the-walls treatment (DOC, DDAP)

The Department and DOC need to collaborate to ensure that behind-the-walls treatment is clinically sound, both in treatment provided and length of stay. The treatment provided behind the walls is standard across institutions and evidence-based, specifically regarding the criminal justice population (i.e., grounded in Cognitive-Behavioral and Social Learning Theories). Inmates who complete treatment, but who are not ready to be released immediately back to their communities, may reside on a Recovery Unit within the prison; a RU is a recovery-oriented environment in which workshops and other supportive programming is available.

In addition, the Department makes trainings available for DOC personnel to increase their understanding of SUD. In January 2016, the Department sponsored a PCPC training for Pine Grove SCI staff so that they would have the knowledge necessary to conduct assessments and coordinate treatment for individuals leaving the SCI and returning to their communities.

State Board of Probation & Parole (PBPP)

1. Cross-System Collaboration (DDAP, PBPP, County Probation/Parole Officers Association, Treatment Providers)

Close collaboration between probation officers, parole officers, and treatment counselors enhances treatment outcomes for those battling addictions by ensuring that clients on probation or parole are constructively engaging in the treatment process. Cross-training sessions with both officers and counselors will lead to more effective collaboration and better outcomes in both the criminal justice and treatment systems.

In addition, Department staff have conducted presentations throughout the year at forums including the PA DUI Association Annual Conference, PA District Attorney's Association Annual meeting, PCCD Criminal Justice Advisory Board Annual Conference, etc. Such events allow for an open dialogue between the criminal justice and treatment systems to address issues and concerns as well as learn about the latest technologies and evidence based practices to combat the disease of addiction. Specifically, in September 2016 the Department in collaboration with the U.S. Attorney General's Office Middle District sponsored a Law Enforcement Symposium in Central PA. This symposium brought together representatives from the U.S. Attorney General's Office, PBPP, County Probation Departments, Law Enforcement personnel, County Coroners, etc. to learn about substance use and treatment strategies.

Pennsylvania Insurance Department (PID)

1. Act 106 of 1989 and Mental Health Parity & Addiction Equity Act (MHPAEA) (PID, DDAP)

PID is well situated to ensure that privately insured Pennsylvanians that need addiction treatment have access to the care that is recommended within the scope of their insurance coverage. PID enforces Act 106, which requires insurance companies to cover certain treatments for group policyholder based on a prescription from a doctor or psychologist. PID also enforces the federal MHPAEA law, which requires health insurers who cover benefits for mental health and SUDs to do so in parity with physical illnesses.

Department of Military & Veterans Affairs (DMVA)/ Department of Aging

1. Full Continuum of Treatment for Seniors and Veterans (DDAP, Aging, DMVA)

Medicare covers a limited amount of hospital based rehabilitation and some outpatient treatment, but does not cover any nonhospital residential rehabilitation. Consequently, older adults with Medicare cannot access this level of care to address their SUD. This also applies to Veterans since the Veterans "Choice" program (VA funding for community-based treatment) is modeled on the Medicare benefit. The Department will work with the DMVA, the Department of Aging, and the Governor's Office to seek federal changes ensuring the full continuum of treatment for those Americans covered by Medicare and the Veterans' Choice program.

Attorney General's Office (OAG)

1. Enforcement of Act 106 of 1989 and MHPAEA

Since the OAG receives, investigates, and resolves complaints filed regarding the violation of Act 106, it can work with the Department and PID to develop strategies to support the implementation of Act 106 and MHPAEA, as well as other laws related to SUD.

PA Commission on Crime & Delinquency (PCCD)

1. Pre-Arrest Diversion Pilots (PCCD, DDAP, DHS, county & municipal stakeholders, PSP)

Seattle, Santa Fe, Knoxville, and other cities are beginning to implement Law Enforcement Assisted Diversion (LEAD) projects in which police are trained to screen for drug and alcohol problems as well as mental illness, and to take individuals who've committed minor offenses to a center for assessment to treatment, rather than booking them for the minor offense. PA could combine this with a program modeled after that in Gloucester, Massachusetts, in which anyone in the community needing treatment can go to any officer and ask for help; the officer will then transport them to the center for assessment to treatment, without risk of charges. In addition, providing an expedited signup for Medicaid HealthChoices would be beneficial for these individuals. Department explorative discussions have taken place with the PCCD Chair, who seems interested in moving forward. The Department should also explore implementation of this model with PA State Police.

Department of Education (PDE)

1. Recovery Schools Pilot (PDE, PCCD, DHS, DDAP)

Students in recovery who return to their old schools after completing treatment face a relapse of substance use due to peer pressure to return to substance use behaviors. Recovery schools, on the other hand, provide for a positive, pro-recovery peer pressure and overall environment. Recovery schools have the additional benefit of having a staff that understands SUD as well as fellow students who form bonds helping each other through as each student faces similar paths and challenges towards sobriety.

The House and Senate passed legislation that amended the public-school code by adding article XIV-A in Section 7 to create a Recovery High School 4-year pilot program. Some of the highlights includes the following:

- The Secretary of Education must work in "consultation" with the Department to designate, through a RFP process, a facility that satisfies selected school criteria and was to be done within 60 days of bill passage, or by September 13, 2016.
- The Department Secretary must receive a report from the Recovery High School by August 31, 2018 and each Aug. 31st thereafter.
- The Department and PDE shall submit a report by Dec. 19, 2019 to the legislative chairpersons of Education, Health & Welfare, and Health committees describing the success of the program.
- The recovery high school shall submit annually to the Department, a certified audit of their participation in the program.

Federal

1. Institution for Mental Disease (IMD) Exclusion (HHS-CMCS, Congress, NASADAD, DHS, DOH)

The Wolf Administration is working to determine the full impact of this provision. While the rule will not impact access to treatment, strategies are being considered to mitigate the negative impact on federal financial participation.

2. SAPT Block Grant Restoration (Congress, ONDCP, NASADAD)

Adjusted for inflation, the SAPT Block Grant has been cut by 25% over the past decade; this coincides with the worst drug overdose crisis in the nation's history. (About \$60M of the Department's roughly \$100M is from the SAPT Block Grant.) The Department continues to advocate for restoration of previous funding levels.

QUALITY ASSURANCE

Department of Drug & Alcohol Programs

1. Methadone Death and Incident Review (MDAIR)

The Department utilizes the findings of the MDAIR team to establish safe practices for the use of methadone and to communicate those practices to the addiction treatment and medical communities.

2. DUI Treatment Compliance (PennDOT, PA Supreme Court, AOPC, PCCD, Sentencing Commission, County & State Probation, Parole Boards, SCAs, and PA DUI Association)

The objective of this project is to ensure that quality assessment and treatment services with clinical integrity are being required and provided for DUI offenders with SUD in every county in Pennsylvania. The Department, in collaboration with PennDOT, has met with members of the criminal justice and treatment communities in each of Pennsylvania's 67 counties to audit compliance with existing laws, identify and troubleshoot challenges to compliance and promote innovative local practices in substance use treatment and criminal justice program development and improvement. The Department is working with members of these communities to ensure continuous improvement, a more integrated case management approach, and enhanced communication and collaboration among and between members of the communities.

The Department has identified court procedures for reporting treatment information to PennDOT and has worked with information technology experts to develop proposals to correct reporting gaps in the mandated annual report by PennDOT to the legislature. The Department has recruited a wide array of treatment and criminal justice experts to serve on an oversight committee that meets quarterly and regularly communicates with treatment and criminal justice professional groups.

WORKFORCE DEVELOPMENT

Department of Drug & Alcohol Programs

1. Curriculum Enhancements

The Department conducted formal needs assessments such as performance gap analysis, increased focus on student feedback and the utilization of a new comprehensive curriculum evaluation tool that has uncovered several opportunities to enhance various courses. Five of the top demanded courses available through the Department's Training Section are currently under re-development.

2. Trainer Evaluation Tool

The Department created a comprehensive trainer evaluation tool that records skill level on a more precise scale, determines areas of growth opportunity, and creates an atmosphere of accountability among our educators.

3. Fiscal Accountability

A change from the traditional hotel and conference centers, the Department has partnered with various universities within the state system of higher education to hold training events at a considerable cost savings while enhancing the learning environment for students. The Department worked with trainers to be fiscally mindful when traveling, including, but not limited to utilizing the commonwealth's preferred hotel program.

4. Created a Trainer Extranet Website

The Department designed a Trainer Extranet Website to enhance the flow of information between the Department, contracted trainers, and subject matter experts.

5. Classification Revisions (DDAP, OA-HR, SCSC)

The Department partnered with its Human Resources Office to complete a Classification Study intended to update classifications used throughout the agency to more accurately reflect the minimum education and training requirements for potential job candidates. The requested changes are currently being review by the Office of Administration (OA). In addition, the Department is working closely with the State Civil Service Commission (SCSC) to review the requirements and examinations associated with several other classifications to provide easier access to its positions for those currently in the field working at the local level or for private organizations. Ideally, there would be a smooth transition from state to local government positions (or vice versa), which allows for skilled candidates to continue their work in the field and have additional career opportunities.

Department of Health (DOH)

1. Continuing Education for Health Care Professionals (DOH, DDAP, PA Medical Society)

In collaboration with the PA Medical Society, these agencies created a free, online 5-hour Continuing Medical Education course for physicians, with one hour each for (i) Prescribing Guidelines, (ii) PDMP, (iii) naloxone co-prescribing (iv) Warm Hand- Off (identification and referral to specialty care of patients with SUDs) and (v) Alternatives to opioids for treatment of pain.

2. Medical School Addiction Curriculums (DOH, DDAP)

Very few medical schools in the nation have a required course in addiction. The Department has been working with SAMHSA over the past 18 months to develop and implement a strategic plan to encourage PA's medical schools to include a responsible level of education about addiction, intervention, and treatment, as well as safe prescribing practices, in their curricula. The Department, the Physician General, and the Secretary of DOH partnered with all of Pennsylvania's medical school deans, including osteopathic schools, to develop core competencies for robust addiction and treatment curriculum.

Department of Agriculture

1. Post-treatment Employment Opportunities (Agriculture, L&I, SCA)

With a growing population of those in the agricultural workforce approaching retirement, the Department has participated in discussions to develop a process for connecting clients coming out of treatment in rural areas with training and career opportunities in the agriculture field. One specific initiative is underway in Greene County where the SCA is collaborating with Agriculture, L&I's Office of Vocational Rehabilitation (OVR), and a recovery house to provide individuals in recovery with employment through a Penn State University program. As part of the program, recovering individuals will have the opportunity to join the ranks of the agricultural workforce

Board of Pardons (BOP)

1. Awareness of Pardons Process (Bureau of Pardons, Lt. Governor's Office, DDAP, PRO-A)

The Department has worked with Bureau of Pardons (BOP) to initiate the "Pathway to Pardons" process which allows individuals with a SUD history who have been convicted of certain crimes to apply for a pardon from the BOP. For those individuals who have fully committed to their recovery as evidenced by approximately five years in recovery and no criminal activity, the "Pathway to Pardons" process makes it possible for crime(s) to be expunged from their criminal record. The number of applications for this program has nearly tripled since this initiative began.

Department of Labor & Industry (L&I)

1. Post-treatment Vocational Rehabilitation (L&I, DDAP)

Over ten years ago, L&I's OVR offered very strong vocational rehab supports for those coming out of drug and alcohol addiction treatment, but resource constraints have significantly limited the program. The Department will partner with OVR to explore efforts to assist clients coming out of treatment.

ADDITIONAL ASSOCIATIONS & PARTNER COLLABORATIONS

The Department collaborates with and supports various stakeholder organizations, from external to state government, in their efforts to reduce substance use and/or abuse.

- Behavioral Health Alliance of Rural PA
- Commonwealth Prevention Alliance
- Drug Enforcement Agency (DEA)
- Drug and Alcohol Service Providers Association of PA (DASPOP)
- Governor’s Advisory Commission on Asian and Pacific American Affairs
- Harrisburg Area Community College (HACC)
- High Intensity Drug Trafficking Area program (HIDTA)
- Hospital Association of PA (HAP)
- Message Carriers
- Military Behavioral Health Coalition
- National Association of State Alcohol and Drug Abuse Directors (NASADAD)
- Office of National Drug Control Policy (ONDCP)
- PA Cares Taskforce
- PA Certification Board
- PA Chiefs of Police Association
- PA College of Emergency Physicians
- PA Coroner’s Association
- PA District Attorneys Association
- PA DUI Association
- PA Health Law Project
- PA Medical Society
- Parent Panel Advisory Council
- Pennsylvania Association for the Treatment of Opioid Dependence (PATOD)
- Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA)
- Pennsylvania National Guard Counterdrug Program
- Pennsylvania Prevention Director’s Association
- Pennsylvania Recovery Organizations Alliance (PRO-A)
- Pennsylvania Recovery Organization – Achieving Community Together (PRO-ACT)
- Prevention Point Philadelphia
- Prevention Point Pittsburgh
- Poison Control Centers
- RASE Project
- Rehabilitation and Community Providers Association (RCPA)
- Spanish American Civic Association
- Systems of Care - PA State Management Team

DATA AND STATISTICAL INFORMATION

Our nation is amid a terrible epidemic therefore, decision making must be swift and impactful. This kind of critical decision-making can only be based on reliable data. The Wolf Administration, and by extension this Department and its numerous partners, use data to drive the development of the initiatives contained in this plan and to continue refining and reprioritizing those efforts. Relevant supporting data can be found in the form of charts and graphs by selecting the link below.

[Data Analysis and Outcome Measures – A Supplement to the 2016-17 Annual Plan](#)

CONCLUSION

Approximately one out of every four families in the United States has a loved one struggling with SUD. These are the mothers, fathers, brothers, sisters and children of our communities. Untreated SUD leads to unnecessary suffering and devastating effects for another generation of our children and communities, who bear the burden of crime, health care costs, and the grief of burying their loved ones. As this epidemic spreads, we need to keep pace by expanding treatment services at an equal rate while simultaneously enhancing our prevention efforts.

The Wolf Administration has been diligent in taking control of addressing these growing needs in several ways. First, providing ***schools that teach*** quality educational curriculum can become valuable resources to prevent SUD and improve quality in an expanding treatment workforce. Second, prioritizing ***jobs that pay*** helps to grow the workforce infrastructure needed to address this crisis. Finally, coordinated efforts such as this state plan create a ***government that works*** so that together, we can move closer to the vision of Pennsylvanians living free, or in recovery, from the disease of drug, alcohol, and gambling addiction, resulting in safer, healthier, more productive and fulfilling lives.

State Plan Acronym List

AOD Alcohol and Other Drugs	SBIRT Screening, Brief Intervention and Referral to Treatment
ASAM American Society of Addiction Medicine	SCA Single County Authority
ATR Access to Recovery Grant	SCI State Correctional Institution
BTP Buprenorphine Treatment Program	SEOW State Epidemiological Outcomes Workgroup
CRN Court Reporting Network	STAR Strengthening Treatment and Recovery Data System
CSAP Center for Substance Abuse Prevention	VMS Voucher Management System
CSAT Center for Substance Abuse Treatment	
CSC Clinical Standards Committee	
DAAC Drug and Alcohol Advisory Council	
DDAP Department of Drug and Alcohol Programs	
DOC Department of Corrections	
DOH Department of Health	
DHS Department of Human Services	
FASD Fetal Alcohol Spectrum Disorder	
FDA US Food and Drug Administration	
HCV Hepatitis C Virus	
H-OO Heroin and Other Opioid Workgroup	
IRETA Institute for Research, Education, and Training in Addictions	
MAT Medication Assisted Treatment	
OCYF Office of Children, Youth, and Families	
OMAP Office of Medical Assistance Programs	
OMHSAS Office of Mental Health and Substance Abuse Services	
OTF Overdose Task Force	
OTP Opioid Treatment Program	
PACDAA PA Association of County Drug and Alcohol Administrators	
PATOD Pennsylvania Association for the Treatment of opioid Dependence	
PBPP PA Board of Probation and Parole	
PBPS Performance Based Prevention System	
PCB PA Certification Board	
PCCD Pennsylvania Commission on Crime and Delinquency	
PDMP Prescription Drug Monitoring Program	
PIR Persons In Recovery	
RCPA Rehabilitation & Community Providers Association	
PATOD Pennsylvania Association for Treatment of Opioid Dependence	
PCPC PA Client Placement Criteria	
PDE PA Department of Education	
PERU Program Evaluation and Research Unit at the University of Pittsburgh	
PPAC Parent Panel Advisory Council	
PRO-A PA Recovery Organizations Alliance	
ROSC Recovery Oriented Systems of Care	
SAMHSA Substance Abuse and Mental Health Services Administration	
SAPT Substance Abuse Prevention and Treatment	