



Pennsylvania Department of
Drug and Alcohol Programs

STATE PLAN

2019 - 2022



ABOUT THIS DOCUMENT

Pennsylvania Drug and Alcohol Abuse Control Act requires the Department of Drug and Alcohol Programs (DDAP) to develop and implement a “State Plan for the control, prevention, intervention, treatment, rehabilitation, research, education, and training aspects” of substance use disorders throughout the commonwealth. This State Plan sets forth DDAP’s vision and goals for 2019-2022.

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MESSAGE FROM THE SECRETARY



As we begin the Wolf Administration's second-term, it is a time of reflection on the strides the Department of Drug and Alcohol Programs (the department) has made during the first-term, but also exciting to have the opportunity to forge forward on many impactful projects. During the first-term, we have worked to shine a light on substance use disorder as a disease, engaged in challenging conversations about stigma, and utilized new federal grant funding to enhance our drug and alcohol treatment and recovery landscape. Even so, as Pennsylvania continues to battle the unprecedented opioid epidemic, we find ourselves at a crossroads. It is time to take our work a step further.

This state plan outlines the department's overarching goals that will help inform specific internal strategies during the Administration's second-term. The strategic switch from an annual plan allows the department to focus on systemic changes that aren't solely defined by 365 days. With this plan, we commit to you, the public, to work tirelessly toward our vision of Pennsylvanians living free or in recovery from the disease of substance use disorder resulting in a safe, healthier commonwealth.

In this plan you will see the acronym and theme of RISE paying homage to the phoenix displayed in our department's logo. In Greek mythology, a phoenix is a long-lived bird that represents transformation and rebirth in its fire, much like individuals in recovery after battling substance use disorder. It is our hope that the goals outlined in this plan will provide opportunities for all Pennsylvanians to access treatment and experience "rebirth" in recovery.

It is an exciting and transformative time to work in the drug and alcohol field. We hope that you'll become a collaborative part on this journey with us to better the commonwealth for all our loved ones and neighbors.

A handwritten signature in cursive script that reads "Jennifer S. Smith". The ink is dark and the signature is fluid and legible.

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

OUR MISSION

The mission of the Department of Drug and Alcohol Programs 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.

ABOUT THE DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

In recognition of the tremendous human and economic toll of drug and alcohol addiction, as well as its impact on multiple state agencies, [Act 50 of 2010](#) created the Department of Drug and Alcohol Programs (department/DDAP) – formerly a bureau under the Department of Health (DOH) – appointing a Secretary to answer directly to the Governor and shifting all duties to the new Department.

Acting as the Single State Authority for substance use disorder services since July 1, 2012, DDAP is responsible for the administration of control, prevention, intervention, treatment, rehabilitation, research, education, and training activities within the department as well as across state agencies. To that end, there has been a dramatic increase in the coordination of efforts throughout the state between DDAP and DOH, Department of Human Services, Pennsylvania Commission on Crime and Delinquency (PCCD), Pennsylvania Insurance Department, Pennsylvania Department of Education, Department of Corrections, Department of Labor and Industry, Board of Pardons, Pennsylvania State Police, Department of Military and Veterans Affairs, and the Attorney General’s Office, among others. The January 2018 signing of a disaster declaration by Governor Tom Wolf reinforced partnerships between DDAP and its sister agencies through weekly Command Center meetings at the Pennsylvania Emergency Management Agency. DDAP also collaborates with county and provider organizations, including the Drug and Alcohol Service Providers Organization of Pennsylvania, Rehabilitation and Community Providers Association, Pennsylvania Association of County Drug and Alcohol Administrators, Pennsylvania Recovery Organizations-Alliance, and the Pennsylvania Association for Treatment of Opioid Dependence.

The department administers the [Substance Abuse Prevention and Treatment Block Grant](#) by allocating state and federal funds to 47 administrative units called Single County Authorities (SCAs), which are designed to coordinate access to treatment, case management, and recovery support services across the local system of care. The department is also responsible for the licensing of freestanding drug and alcohol treatment facilities, the standards of which are provided in [28 Pa. Code Part V](#). In addition to programmatic efforts geared toward substance use disorders, the department also implements a [Compulsive and Problem Gambling Program](#), which is funded through Act 2010-01.

ABOUT THE DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS, *continued.*

With the creation of DDAP by Act 50 of 2010, additional infrastructure changes were made with the establishment of three bureaus. Among other duties, these bureaus are responsible for the following:

The **Bureau of Treatment, Prevention, and Intervention** provides the development, oversight, and management of substance use prevention, intervention, and treatment services throughout Pennsylvania. The *Division of Prevention and Intervention* strives to increase the implementation of evidence-based programs throughout communities, families, and schools. Grant agreements with SCAs require the submission of a needs assessment, as well as utilization of the [Strategic Prevention Framework Model](#) to ensure the delivery of prevention services. The *Division of Treatment* develops standards, policies, guidelines, and service descriptions based on outcome data for the clinical functions of substance use disorder (SUD) and problem gambling treatment systems. The Division also addresses services related to case management, recovery support, and various evidence-based treatment models.

The **Bureau of Quality Assurance for Prevention and Treatment** conducts annual and unannounced inspections to ensure that both public and private drug and alcohol treatment facilities meet their regulatory requirements. If citations are made, the bureau works with the facility to develop a corrective action plan. The bureau also investigates facility incident reports and conducts complaint investigations, which are [available on our website](#).

The **Bureau of Administration and Program Support** provides oversight of the department's state and federal funding sources. Specific oversight is provided to the 47 SCAs for compliance with their grant agreement established to deliver prevention and treatment services throughout the commonwealth. The bureau has also procured the Web Infrastructure for Treatment Services data system, which allows for data collection to evaluate effective prevention programs, assess treatment needs and trends, satisfy federal reporting requirements, and drive decision-making at the local and state levels.

DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS ACCOMPLISHMENTS

GET HELP NOW HOTLINE



More than **50,000 individuals** have called the helpline and **45 percent** of those calls were transferred directly to treatment.

In November 2016, the department launched the helpline staffed by trained professionals 24 hours a day, 7 days a week, 365 days a year. Individuals battling substance use disorder and their loved ones can call 1-800-662-HELP to find local treatment options and resources.

INNOVATING THE TREATMENT SYSTEM

Since 2016, the department has secured **\$160 million in federal funding** to fight the opioid epidemic and enhance the entire treatment system.

By integrating and collaborating with sister state agencies, the department has provided nationally-recognized, innovative projects that help individuals battling substance use disorder – specifically addressing homelessness, pregnant women, and veterans. Additionally, \$78 million has been distributed to local agencies to fund treatment services to Pennsylvania’s uninsured and underinsured population and implement initiatives such as new, evidence-based training techniques to members of the drug and alcohol field.



**Data as of Fall 2019*

ASAM IMPLEMENTATION

Since transition, about **8,500 individuals** have completed a 2-day skill building workshop.



In July 2018, the department fully transitioned to the nationally-recognized, evidence-based American Society of Addiction Medicine Criteria (ASAM) for the screening and appropriate level-of-care determination for an individual seeking treatment. The transition involved the training of clinicians throughout the state to adopt the practices of the ASAM Criteria.

WARM HAND-OFF

Since January 2017, more than **5,000 individuals** have been directly referred to treatment as part of the warm hand-off.



Counties with successful implementations are seeing a success rate of **90 percent** of overdose survivors directly admitted into treatment following an overdose.

Since January 2016, the department has worked with stakeholders to ensure a seamless transition from emergency medical care to substance use disorder treatment for an individual following an overdose. Warm hand-off programs now exist at varying levels of implementation throughout the commonwealth.

DRUG TAKE-BACK PROGRAM

Since the inception of the program in 2014, more than **626,500 pounds** of prescription medication has been destroyed from **877 take-back boxes.**



The department encourages the proper disposal of unused and unwanted prescription medications. By having drug take-back boxes throughout Pennsylvania communities, we are safely eliminating these prescription drugs from our homes and keeping our loved ones safe.

**Data as of Fall 2019*



Since implementation, about [REDACTED] admissions have been entered into PA WITS by 546 agencies.

In January 2017, the department launched the implementation of its Web Infrastructure for Treatment Services (WITS) solution, a data system used by Single County Authorities, providers and the department to modernize and standardize the collection of treatment and prevention data that meets federal reporting requirements and improves efficiency.

DRUG AND ALCOHOL REFERRAL TOOL

Since the launch, more than 1,600 individuals have used the tool to access resources.



In December 2018, the departments of Drug and Alcohol Programs and Human Services launched the Drug and Alcohol Referral Tool, an online resource to help Pennsylvanians seeking substance use disorder treatment for themselves or a loved one find treatment options and other resources in their area.

**Data as of Fall 2019*

STRATEGIC GOALS: 2019-2022

REDUCE STIGMA

- Educate policymakers, healthcare professionals, and others about treating addiction as a medical disease.
- Advocate harm-reduction strategies with proven outcomes.
- Share and celebrate recovery stories to connect community members and empower those still struggling.

INTENSIFY PRIMARY PREVENTION

- Expand evidence-based curricula and resources to school-aged children.
- Encourage availability and awareness of education and support groups for members of our communities.
- Strengthen family-based prevention and intervention services.

STRENGTHEN TREATMENT SYSTEMS

- Increase treatment providers trained in evidence-based practices.
- Capitalize on recent system upgrades designed to improve patient clinical decision-making and data collection methods.
- Incorporate best practices into standardized policies and procedures.
- Eliminate barriers that prevent MAT from being integrated into all levels of care.
- Modernize the rate setting process and payment model to ensure sustainability and quality.
- Expand workforce capacity and proficiency.
- Integrate quality measures into our treatment system.

EMPOWER SUSTAINED RECOVERY

- Establish sustainable funding and support for grassroots recovery organizations.
- Create a recovery-friendly business network.
- Support the careers of certified professionals in the field of recovery.
- Aid in establishing additional recovery schools for youth.
- Promote a family-centered approach to recovery.
- Promote the pardon process.

STRATEGIC GOALS 2019 - 2022: RISE

GOAL 1: REDUCE STIGMA

To reduce the human and economic impact of the disease of addiction, Pennsylvania must confront the devastating effects of stigma. Stigmatizing language and attitudes create barriers to treatment and opportunity. People with substance use disorders are less likely to be offered help, and more likely to feel shamed by others, including medical professionals, public officials, employers, other individuals with substance use disorders – and even themselves. Through education and advocacy, DDAP will challenge those beliefs that hinder individuals from receiving needed treatment and support.

Objective 1.1: Educate policymakers, healthcare professionals, and others about treating addiction as a medical disease.

Like diabetes, cancer, and heart disease, addiction is a chronic, relapsing disorder caused by a combination of biological, behavioral, and environmental factors. The human brain is primed to respond to drugs, and their continued use results in long-lasting changes to its structure and function. Stigma against those who develop a SUD, including the belief that addiction is a “choice,” interferes with the ability to treat the disease effectively and expand treatment to where it is most needed in Pennsylvania. Over the next four years, DDAP will mobilize efforts to educate the public about the science of addiction, identifying stigmatizing language, and the harms in disregarding SUD as simply a “moral failing.”

Objective 1.2: Advocate harm-reduction strategies with proven outcomes.

As Pennsylvania works to mitigate the toll of the overdose epidemic, it recognizes that drug use will never be completely eradicated. Specific harm reduction strategies have clear, demonstrable results in improving public health outcomes. For example, in 2018 first responders saved over 3,000 Pennsylvanians with the opioid overdose reversal drug Naloxone. At the same time, widespread awareness and availability of Naloxone has significantly reduced stigma towards individuals with OUD across Pennsylvania communities – but more work needs to be done. To this end, DDAP will stay abreast of the latest science, promote statewide expansion of harm reduction strategies with proven outcomes, and continue working to reduce the impact of the disease of addiction on Pennsylvanians.

Objective 1.3: Share and celebrate recovery stories to connect community members and empower those still struggling.

People who experience shame from others – including themselves – for their SUD are less likely to seek treatment. DDAP will continue to nurture an open dialogue about the disease of addiction in our advocacy with policymakers, our messaging in the media, and in encouraging these difficult conversations among friends and family members. Identifying with another person’s story of struggling to success is inspiring, and may just be the push that somebody needs in order to seek help for themselves.

STRATEGIC GOALS 2019 - 2022: RISE

GOAL 2: INTENSIFY PRIMARY PREVENTION

DDAP will increase resources and technical assistance to Single County Authorities, local nonprofits, and community coalitions in support of local prevention programming. The aim of this programming is to positively influence the knowledge, skills, and behavior around the topic of addiction. Integrating an evidence-based, data-driven approach to prevention in our schools and neighborhoods is key to mitigating the future toll of this disease on Pennsylvania.

Objective 2.1: Expand evidence-based curricula and resources to school-aged children and youth.

Through collaboration with the Pennsylvania Departments of Education, Human Services, PCCD, our SCAs, and university partners, DDAP will continue to support the wide implementation of evidence-based prevention programming in classrooms, online, and home settings for students, ranging from preschool to college-age. Furthermore, DDAP will work to enhance the Student Assistance Program (SAP) with adequate staff teams and appropriate trainings through increased SCA funding, ensuring that students with drug, alcohol, tobacco, and mental health issues have the help and resources necessary to overcome barriers to academic success. DDAP will also strive to increase connections between schools and treatment resources, particularly in regions of Pennsylvania where youth transition frequently in and out of crisis.

Objective 2.2: Encourage availability and awareness of education and support groups for members of our communities.

DDAP recognizes the immense benefits of prevention and educational programming in our communities, and is committed to assisting SCAs in improving the availability and awareness of these groups – from grassroots organizations to religious institutions. DDAP and SCAs will also work to promote community events designed to educate the public on topics related to safe medication disposal, how to talk with friends and family members about drug use and misuse, proper use of naloxone, and other important prevention- and intervention-related topics.

Objective 2.3: Strengthen family-based prevention and intervention services.

Addressing environmental and genetic risk factors for substance use disorder, including the consequences of adverse childhood experiences (ACEs), may be one of the most effective ways to prevent drug and alcohol use among children and youth. DDAP and SCAs will continue to fund and promote socioeconomically-relevant programs that engage parents/guardians and youth in family management practices, positive behavior reinforcement, and communication skills.

STRATEGIC GOALS 2019 - 2022: RISE

GOAL 3: STRENGTHEN TREATMENT SYSTEMS

Pennsylvania's substance use treatment system was ill-equipped to address the opioid epidemic. To prepare the commonwealth for the future, DDAP will update policies and implement new strategies to build, sustain, and improve our treatment system. Changes will be targeted at promoting first-rate treatment, supporting providers, and integrating quality metrics into practice.

Objective 3.1: Increase treatment providers trained in evidence-based practices.

Emerging research continues to support the effectiveness of motivational interviewing (MI) combined with cognitive-behavioral therapy (CBT) in successfully treating SUD. Over the next four years, DDAP will continue to expand availability and funding of provider trainings in MI, CBT, and other evidence-based treatment practices, as well as explore opportunities for continued supervision and skills testing outside of the traditional classroom setting.

Objective 3.2: Capitalize on recent system upgrades designed to improve clinical decision-making and data collection methods.

In 2018, DDAP implemented the national American Society of Addiction Medicine (ASAM) criteria for patient placement and treatment services planning – an outcome-oriented, scientifically-validated set of criteria for addiction treatment used in over 30 states. DDAP also adopted the state-level Web Infrastructure for Treatment Services (WITS) platform that permits real-time data collection by provider agencies and counties, allowing DDAP to easily analyze and report on outcomes and the sustainability of newly-implemented programs. Together, these changes create consistency in the drug and alcohol treatment system, generate more timely and accurate assessments, and allow Pennsylvania to better monitor our progress against national benchmarks.

Objective 3.3: Incorporate best practices into standardized policies and procedures across the commonwealth.

In the spirit of Governor Tom Wolf's initiatives toward continuous process improvement, DDAP will work to standardize policies, procedures, and forms across counties and between commonwealth agencies. With consideration for the different social, economic, and demographic needs of each county, DDAP will create as much standardization as possible to guide best practices (for procedures such as warm hand-off) and enhance service delivery, with the ultimate goals of eliminating confusion and accelerating processes wherever possible.

STRATEGIC GOALS 2019 - 2022: RISE, *continued.*

GOAL 3: STRENGTHEN TREATMENT SYSTEMS

Objective 3.4: Eliminate barriers that prevent MAT from being integrated into all levels of care.

The ASAM criteria consist of broad levels of service along the continuum of care, where patients may move among and between them based on their current treatment needs. Unfortunately, Medication-Assisted Treatment (MAT) – the use of FDA-approved medications in combination with counseling and behavioral therapies – is not always recognized as an acceptable option by some providers at all Levels of Care (LOC). In line with best practices for opioid use disorder (OUD) treatment and recommendations from the ASAM Board of Directors, DDAP is committed to identifying and eliminating any barriers or roadblocks that prevent providers from offering MAT at any LOC.

Objective 3.5: Modernize the rate setting process and payment model to ensure sustainability and quality.

The current rate setting process does not allow for additional formulaic considerations that may lead to improvements in treatment quality and sustainability. DDAP will engage providers and payers in a conversation to develop a comprehensive update to the rate setting process. The goal for this update is to ensure that providers are being appropriately compensated for their services – ultimately, encouraging that the highest quality services are always reaching the patient.

Objective 3.6: Expand workforce capacity and proficiency.

DDAP supports a number of innovative solutions for workforce development – both in expanding the capacity of our treatment and recovery systems, as well as creating opportunities for individuals in recovery. DDAP supports a loan repayment program for health care professionals serving individuals with SUD, particularly in underserved areas. Furthermore, DDAP is collaborating with businesses to promote employing people in recovery, as well as engaging folks in recovery to become Certified Recovery Specialists (CRS).

Objective 3.7: Integrate quality measures in our treatment system.

DDAP licenses over 800 drug and alcohol treatment facilities across Pennsylvania. There is a need, however, to develop a set of standards by which their quality of care can be measured and continually improved. Furthermore, when faced with the daunting task of finding treatment for themselves or a loved one, the general public currently lacks a trusted resource that allows them to easily compare which local facilities provide the best fit and the highest quality care for their needs. DDAP is committed to integrating quality measures into our treatment system, as well as creating a system by which the public may compare the quality of local facilities.

STRATEGIC GOALS 2019 - 2022: RISE

GOAL 4: **EMPOWER SUSTAINED RECOVERY**

Our ultimate vision is for all Pennsylvanians to live free, or in recovery, from addiction. While the overdose epidemic has unfortunately claimed the lives of thousands of Pennsylvanians, DDAP also recognizes the incredible potential for healthy, fulfilling, and sustained recovery for individuals on the other side of this disease. DDAP supports the continued development of a strong network across the commonwealth to prepare individuals for their transition into a life of recovery.

Objective 4.1: Establish sustainable funding and support for grassroots recovery organizations.

Pennsylvania's recovery community represents a vibrant network of individuals committed to advocacy and inclusion. DDAP recognizes the diversity of groups in our local communities designed to support individuals in recovery, as well as their families, friends, and loved ones. DDAP is committed to ensuring the availability and funding of local grassroots organizations through our SCAs to continue creating a robust, representative recovery community for all.

Objective 4.2: Create a recovery friendly-business network.

Individuals in recovery have a proven record of self-motivation and grit. Inclusion in the workforce, a steady income, and a sense of self-sufficiency and productivity are fundamental components in supporting an individual's recovery. Stigma against substance use disorder or an individual's criminal history, however, can present barriers to gainful, sustained employment. DDAP supports the creation of a recovery-friendly business network to promote and incentivize organizations that hire individuals in recovery. The goal is twofold: (1) to encourage a culture where individuals in recovery thrive professionally, and (2) to demonstrate to all workplaces the value in hiring individuals in recovery.

Objective 4.3: Support the careers of certified professionals in the field of recovery.

According to data from SAMHSA and the National Survey on Drug Use and Health (NSDUH), only 17% of Pennsylvanians who were dependent on or used illicit drugs within the year surveyed had received treatment. Pennsylvania has a treatment workforce shortage, and individuals in recovery have lived experience in understanding the physical, mental, emotional, and spiritual needs of those still in the throes of addiction. Certified Recovery Specialists (CRSes) are ideal to fill this critical gap. DDAP will support efforts to get these individuals trained, certified, hired, and fairly compensated, and will work to understand and eliminate any barriers that prevent these efforts. Furthermore, developing and nurturing a career ladder within the treatment continuum will ensure that CRSes are employed long-term, with opportunities to advance professionally in the field.

STRATEGIC GOALS 2019 - 2022: RISE, *continued.*

GOAL 4: EMPOWER SUSTAINED RECOVERY

Objective 4.4: Aid in establishing additional recovery schools for youth.

Students in recovery from SUD thrive in schools that are designed just for them. Individualized counseling sessions, engaging after-school events, and a culture of support provide students a structured atmosphere to continue an active road to recovery by escaping from old habits and environments. Over the next four years, DDAP will collaborate with the Pennsylvania Department of Education to provide funding to create new recovery high schools, as well as expand programs in existing schools. Immersing our youth in a recovery-friendly environment is a beneficial investment in their future, as well as our commonwealth at large.

Objective 4.5: Promote a family-centered approach to recovery.

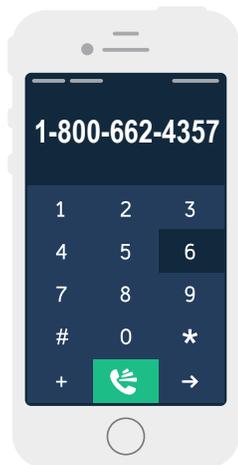
The effects of SUD reverberate beyond just the individual – the entire family is affected. Support programs can help family members impacted by a loved one’s addiction not only become integrated into their treatment, but to also understand the disease, learn how to rebuild trusting relationships, and gain fellowship with other participants. DDAP will continue to promote the value and benefits of family supports, and encourage SCAs to continue funding these important complementary services.

Objective 4.6: Promote the pardon process.

Past criminal convictions can prevent a person from obtaining housing, employment, and the ability to volunteer or work with children, among other significant challenges. Along with the Office of the Lieutenant Governor, the Pennsylvania Board of Pardons (BOP), and several key stakeholder groups, DDAP collaborates on the Pathways to Pardons program to advocate for the critical role of criminal pardons for sustained recovery. Importantly, approximately 70% of individuals who apply to the BOP are seeking a pardon for drug-related convictions, and 60% report a substance use disorder. DDAP is committed to working with our state partners and local stakeholders to continue promoting and improving the pardon process, particularly as the timeframe to receive a pardon or commutation has been recently reduced from four years to just over one year.

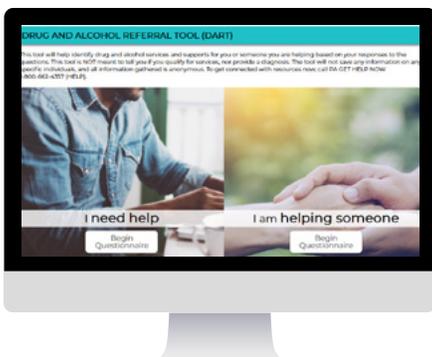
GET HELP NOW

Are you or a loved one suffering from substance use disorder?



1-800-662-HELP(4357)

Free, confidential, 24/7, 365-day-a-year treatment referral and information service.



ddap.pa.gov/gethelp

Online tool to help you connect with drug/alcohol treatment and support services in your area.



pennsylvania

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