
# TESTIMONY BEFORE THE CENTER FOR RURAL PENNSYLVANIA

Presented by

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Good morning. Thank you for the opportunity to present comments today and thank you for your ongoing focus on the opioid epidemic. I'm Michele Denk, Director of PACDAA, the Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA). We are an affiliate of the County Commissioners Association of Pennsylvania (CCAP) representing the 47 Single County Authorities of the Commonwealth. In 1972, the Commonwealth of Pennsylvania established a single state agency and a system of Single County Authorities to implement substance abuse prevention, intervention, treatment and recovery services through county-based planning and management. Act 63, The Pennsylvania Drug and Alcohol Abuse Control Act, requires the Department of Drug and Alcohol Programs to develop a State Plan for the control, prevention, intervention, treatment, rehabilitation, research, and training. Single County Authorities are responsible for local implementation of that plan.

Single County Authorities, under the direction of the Pennsylvania Department of Drug and Alcohol Programs (DDAP), are the backbone of each county's drug and alcohol service delivery system for residents. Among other essential roles, we ensure seamless access and quality drug and alcohol services for Pennsylvania residents. It is worth noting that there are over 22 million people in the US who are in long term recovery from substance use disorders. Our services are critical to Pennsylvania residents, to move them, too, toward recovery.

SCA's receive state and federal block grant funding and federal opioid grant funds from the Department of Drug and Alcohol Programs, Behavioral Health Services Initiative (BHSI) and Act 152 funding from the Department of Human Services. SCA's work diligently with local partners to manage Behavioral HealthChoices networks and services.

Today, I am here with Judy Rosser, PACDAA President and Director of the Blair County Drug and Alcohol Program. SCA's across the Commonwealth continue to address an epidemic of substance abuse within the global pandemic. As COVID-19 rates fluctuate across the state, local response from the SCA's and their provider networks also vary. Judy will share local experiences and response during these challenging times.

Across the Commonwealth, there are also shared impact and the need for some statewide solutions:

- We must find creative ways to keep individuals who are in recovery connected to recovery support and treatment services. Isolation, particularly during early recovery, increases the risk and likelihood of relapse.
- We need to support the provider network as they struggle to keep clients and staff safe from the virus
- Funding must be sustainable and flexible. We have become reliant on federal opioid funding to expand services; we need continued funding to maintain these services and expand them to serve individuals who abuse other substances.

Judy will share her SCA's perspective and experiences from Blair County.

During the pandemic, Blair County and Alcohol Partnership as well as other Single County Authorities (SCA) (county organizations responsible for the management of state and federal drug and alcohol funding), have reported on the impact of the pandemic on persons with a substance use disorder and the shared solutions needed to support them during this time.

- We must find creative ways to keep individuals who are in recovery connected to recovery support and treatment services. Isolation, particularly during early recovery, increases the risk and likelihood of relapse. Due to this Blair County and the state has seen in increase in overdoses and overdose deaths during 2020.
- Federal, state and provider network response and the struggles to keep clients and staff safe from the virus
- Continue to partner with our social service and faith-based partners to help support the basic needs of those we serve in the communities.

First, I need to stress the isolation produced by the shutdown has had a negative impact on our recovering community. Isolation for someone in recovery is a risk factor for relapse. We have seen this throughout the numerous shutdowns. The recovery support system that is not just the treatment system but those grass root supports, such as 12 step recovery supports, SMART Recovery, Celebrate Recovery, faith communities are still being impacted. Most of our support groups are hosted by churches. Some of the churches have still not opened to allow these groups to return. The availability of the on line support services are still available but cannot replace the fellowship that is inherent and needed to sustain a healthy recovery. I myself have 33 years of recovery through a faith pathway and I can tell you the isolation produced by the shutdown was real and I am still impacted today as my church has only been able to be open for a short period during the shutdown. Unfortunately, the pandemic has impacted the work we had done locally and statewide to impact the overdose death rate. At the time of this article, we received notification from the Blair Coroner a projected 78% increase in overdose death from 2019 totals during 2020.

From an SCA perspective, the response by the state and federal government was impressive. Regulations that could have completely left individuals without care in those first few weeks were removed. Example of these regulations are, Medicaid and uninsured funding of telehealth services (telephone/video conferencing-not allowed for these services). This allowed our treatment system to continue to maintain community based services and not leave individuals without connections and support. The SCA and provider system quickly adapted and were able to keep individuals in care during the last 10 months.

The PA Department of Human Services, Office of Mental Health and Substance Abuse Administration (OMHSAS) and the Department of Drug and Alcohol Programs (DDAP) were quick to look at the funding regulations for the exceptions to face to face services and address barriers to funding these exception services. They worked with the Behavioral Health Managed Care Organizations to ensure alternate funding payments to providers during the crisis.

Some of the barriers which were very real especially in the rural communities and those of disadvantage due to poverty were internet connections. Individuals who would have gone to different locations in their community to use free Wi-Fi to make calls and text, during the shut in did not have this available to them. This left some without services and isolated.

Our capacity in residential facilities was impacted due to the need to organize the population into smaller pods in order to minimize the risk of a COVID-19 outbreak. PPE and testing was not made available to these residential facilities, leaving them scrambling to find resources. We did not see admissions impacted. In fact, we saw a more critical level of substance use especially alcohol in the past 10 months, which resulted in higher levels of inpatient admissions being needed.

During the different waves of outbreaks in the communities, we received reports that our residential facilities are seeing outbreaks in their facilities. Anecdotally it is being reported that most are asymptomatic but due to the outbreaks and instructions to set up red/yellow/green pods, we are starting to see some impact on capacity to admit. The one frustration of the facilities are the testing resources. Labs are overwhelmed and testing can be days until results were received. This ties up the beds in the red pod, impacting admissions.

Most of our community-based providers have returned to face to face services. We initially saw engagement in telehealth services, but after approximately 10 weeks, a significant drop off in engagement was noticed. In Blair we saw most of our providers returning to face to face services as soon as we went green but still offering telehealth as needed. The concern for the recovering community drove these decisions. The challenges to maintain the

services while trying to keep staff and clients safe and healthy are weighing heavy on the system.

The current environment continues to impact our recovery resources. Basic needs were disrupted but we saw a coordinated effort to provide these basic needs (housing, employment food, and clothing). We saw increase funding available to provide housing in hotels which was temporary. This continues to be a significant need. Employment has continued to be disrupted, as in the general community. Churches increased their outreach for food distributions which provided food options to the people we serve. Our office has a clothing closet as well as using other community partners that support this resource. All of these resources continue to be available. As always, Blair County is truly blessed with numerous resources and genuine empathy of our partners to help serve our community especially those who are disadvantage due to poverty. I am truly grateful to all our partners who have activated over these last 10 months!

We are happy to answer any questions you may have.

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