

**Testimony – Center for Rural Pennsylvania  
Joanne Troutman, President & CEO  
Greater Susquehanna Valley United Way  
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Thank you, Chairman Yaw, board members and the Center for Rural Pennsylvania for hosting this important hearing. I'm Joanne Troutman, President & CEO of Greater Susquehanna Valley United Way. Our mission is to address the root cause of social issues in our community. We are also the founder of our opioid coalitions in Northumberland, Snyder, and Union counties.

My passion for helping people recover isn't strictly professional. I always say that each of us are a product of our environments – we end up where we end up because of where we came from and in spite of it. Nearly everyone who works with people who have substance and alcohol use disorders can attest to this and can also call to mind their why.

I have many whys. Throughout my life, I have watched addiction ravage families, including my own. Growing up in the southern coal region of Pennsylvania, drugs and alcohol were as much a part of our lives as playing whiffle ball in the street or getting penny candy at the corner store.

We never talked about it, but its presence was implied. Our fathers went to the bar after work and brought us back peanut butter club sandwiches, a peace offering in candy form. In the darkness, domestic violence flourished, heard plainly though the thin walls of our row homes. And in high school, bush parties were the norm, complete with kegs, pot, ecstasy and LSD.

The opioid problem may seem new and different. Sure, it is different in the way it came about. But the problems addiction creates? Those we are intimately familiar with. You might have heard the saying "hurt people hurt people." But hurt people also hurt themselves.

The addiction gene runs strong in my family. Three out of four of my grandparents struggled with alcohol use disorder. My own father relies on alcohol to manage

chronic pain and is currently fighting lung and jaw cancer. He was a coal miner for nearly 20 years and can't remember a time when he didn't smoke. He's only 64.

Why am I giving you this history when we are here to talk about opioid crisis in the context of COVID? Because when we talk about the "opioid crisis" and statistics and high-level issues that affect so many, it's so easy to get caught up in the numbers that we forget there are people behind them. No tragedy is disconnected from what came before. The past informs our future. And this disease doesn't care whether it's heroin, meth, benzos or beer – it all destroys lives, some faster than others. Addiction is addiction.

My cousin Barry is like a little brother to me. He started with pills when he was 12. By 18, it was a full-blown heroin addiction, but he got better. In 2019, he had been in recovery for five years. Several months before COVID hit, he was arrested for driving without a license due in-part to many prior arrests and being unable to get caught up on his fines.

Prior to his 2019 arrest, Barry had hope. He had gotten his nursing license back and a job. Following his arrest, he ended up in a county jail that didn't support medication-assisted treatment. And he couldn't afford to pay the fees associated with work release so he lost his job. Upon his release after 60 days, he dove headlong into a full relapse.

And then the shutdown came. Gone was any accountability he had, along with the important social and family connections that were his life preserver. Within the last year, he has overdosed at least eight times and is now in county jail for the third time. We've been terrified that if heroin doesn't take him, COVID will. For now, he's safe but we can't help but worry about what awaits him.

I share Barry's story because there are too many people like him. There are too many families like ours. When COVID came, these issues didn't just disappear. In so many ways, COVID has taken every barrier, every gap, every weakness and magnified them. With the shutdown, every community was deeply affected.

In rural Central Pennsylvania, we had to be even more creative about service delivery and programs. The courts paused all activity. Drug treatment courts

stopped so they could pivot. Outpatient treatment providers and county offices were closed. Inpatient treatment providers weren't accepting new patients at first and then only with a negative COVID result. This all meant that getting someone into treatment, which is normally difficult, became in some cases impossible.

To complicate things even more, just as the world was shutting down nearly a year ago, our United Way in partnership with several other agencies was ramping up to launch a major, federally funded rural opioid initiative in Northumberland County. Despite the COVID restrictions, we've had some success.

Oasis Community Recovery Club successfully opened its doors in 2020 in the basement of the Shamokin-Coal Township Library. They host remote and socially-distanced recovery meetings and events, and use their space to provide meals to people with substance use disorder.

We also hired a Safe Care Manager. She works with pregnant and new moms who struggle with substance use disorder. Since October, she has received 41 referrals. That translates to at least one in seven babies born annually in Northumberland County has a mom with substance use disorder.

In the coming weeks, we will launch a recovery housing program and begin implementation of Attorney General Shapiro's LETI program.

Outside of the grant, with private funding, we've made investments to improve broadband access to low-income individuals in our community. This has enabled continuity of education, delivery of programs like AA and NA, and critical physical and mental health telemedicine visits.

Providers have reported that telemedicine has drastically reduced the no-show rates for Medicaid patients. They can offer telemedicine because reimbursement rates were increased due to COVID – it is our hope that the state will maintain these rates even after COVID is no longer a major threat. Telemedicine has been life-saving in rural communities.

But telemedicine doesn't solve every problem, so the news isn't all good. Although we don't have all of the data yet, anecdotal evidence from treatment

providers demonstrates that the social isolation caused by the COVID-19 crisis has resulted in many additional overdoses and deaths.

Recovery groups like AA and NA are struggling in our area. Providers report that remote access to group meetings are not as successful as they had hoped and, now that socially-distanced, in-person meetings are being held, many are afraid to attend due to the COVID threat.

The supply chain is also evolving. Law enforcement is reporting more instances of drugs being delivered to people at home and higher utilization of social media platforms to make those connections. Due to COVID restrictions and staff shortages, enforcement of these issues has lagged.

We also know we have plenty of challenges ahead. Vaccination has been sluggish everywhere, but we worry about equitable access in rural communities. People with substance use disorder don't automatically qualify in Phase 1a, so it could be months until they are vaccinated.

Our local priority in 2021 will be to seek sustainable funding for the amazing programs we started with the RROE grant. This is always a challenge with grants in rural communities – the public funding window is so small, county leadership is fiscally conservative and/or resource poor, and million-dollar private donors are an anomaly. We have to get really creative about funding streams and sometimes things have to get cut. With the mental health fall-out from COVID, it's even more important than it was a year ago to keep these programs running.

In closing, some fundamental truths I've learned in this work:

- First, people self-medicate when they are hurting. Sometimes it's with what we consider healthy habits, like exercise or cleaning. Other times, it's food, drugs or alcohol. So many people are hurting right now, whether it's grief, loneliness or physical pain. The road ahead will be long. We need stability and support. The impact of COVID and the shutdown will be felt for years.
- Second, no issue is an issue all by itself – it snowballs. We are extremely concerned on the prevention side. There is a social-emotional-academic

crisis looming among children in remote environments. Adolescents in rural communities are already nearly twice as likely to die by suicide and, according to the PAYS data, nearly 2/3 of kids in our region were already struggling with depressive symptoms prior to COVID. Mental health challenges become addiction challenges which will lead to economic and other workforce issues if we don't become more aggressive with social-emotional solutions and soon.

- Finally, privilege is real. Where you live makes a difference. Your genetic make up makes a difference. Some people have a head start and others are already behind before they're even out of the gate. We can implement all of the evidence-based programs we want, but the common denominator when it comes to success is strong relationships. People need people. We need to invest and sustain programs that support positive relationships. We need to pay social workers and case managers a living wage. Prevention programs are just as critical as treatment programs that provide accountability via partnership.

On behalf of our community and rural areas across our state, thank you for continuing to shine a light on issues that affect our neighbors. And thank you for inviting me to share my perspective.