



COMMENTS PRESENTED TO THE SENATE DEMOCRATIC POLICY COMMITTEE

Presented by

Judy Rosser, Executive Director, Blair County Drug and Alcohol Program, PACDAA President

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Thank you for the opportunity to present comments today and thank you for your ongoing focus on substance use issues across the Commonwealth. These comments are provided by Judy Rosser, Executive Director of the Blair County Drug and Alcohol Program and President of the Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA). PACDAA is 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, we continue to face the overdose crisis amid the COVID-19 pandemic and an increasing crisis in the workforce. We are called upon to improve outcomes for individuals and families who are facing a multitude of crises. We are here to offer some thoughts about focusing our efforts toward implementing a recovery-based continuum of care. We believe that "recovery" describes a philosophy and approach that should permeate every step along the continuum of services. While "recovery services" or "certified recovery specialists" are often singled out for funding or

rule making, they are both necessary across the entire continuum. The goal is to improve the entire system so individuals and families can achieve and maintain recovery.

The SCAs are excited about the national and state movement that recognizes there is a recovery focused continuum of care. A recovery-focused system transformation is not just the minor refinement of existing treatment models or adding on component or two to stabilize the system. The transformation needs to be more than just superficial commitment to new rhetoric and service appendages but a true commitment to system transformation for individuals and families we serve. SCAs understand the commitment and resources needed to encourage and support system transformation. A recovery focused system of care recognizes this continuum from pre-recovery identification and destabilization of addiction, recovery initiation, stable recovery management and to enhanced stable quality of life. Over the last decade, we have seen this transformation and funding to support meeting persons with a substance use disorder (SUD) at the most critical points in their disease and recovery process. These are the components of a recovery-focused system of care.

1) Pre-recovery identification, and destabilization of addiction

Outreach to the local community to facilitate referral to the system, no wrong door approach to treatment access. 24/7 warm handoff to care, 24/7 certified recovery specialist recovery checkups/interventions, family education and support system, criminal justice identification and referral, specialty courts, harm reduction initiatives that engage at the street level, bridge projects to facilitate medicated assisted treatment as appropriate to name a few.

2) Recovery initiation (acute biopsychosocial stabilization)

The recognition that each person can recover and the journey is personal. No one size fits all and the SCAs and system have worked to expand pathways to recovery. This stage recognizes the complexity and chronic nature of the disease. Provides opportunity through a rich continuum of behavioral health treatment and recovery housing supports to help initiate the recovery process. The treatment system continues to grow in its use of best practices and therapeutic interventions. Care coordination and engagement with persons in early recovery through recovery checkups, certified recovery specialist mentor, care coordination for social

determinants of health, and wellness planning to support the individual pathway to recovery are key to stabilization.

3) Transition from recovery initiation to stable recovery management; and 4) Enhanced quality of personal and family life over the course of long-term recovery

This stage is reflective of each community and the robust and rich natural supports that enhance a person and their families' quality of life. This is no different for the person in long term recovery and any community member who are seeking fulfillment and satisfaction on their own personal journeys.

We appreciate the opportunity to ongoing discussion with your committee. Please feel free to contact me or our staff. Contact information is listed Below.

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