
# TESTIMONY BEFORE THE HOUSE HUMAN SERVICES COMMITTEE

Presented by

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Good morning. Thank you for the opportunity to present comments today. My name is Judy Rosser, and I am the Director of the Blair County Drug and Alcohol Program Inc., and Chair of 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 Diane Rosati, Director of the Bucks County Drug and Alcohol Commission, to discuss the SCA response during the COVID-19 Pandemic. We 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. We will share our 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.

Diane will share her SCA's perspective and experiences from Bucks County.

We are singularly focused on ensuring the community is aware that help is available; prevention and treatment are effective; and recovery is not only possible, it is likely, with living examples woven within the fabric of our neighborhoods, workplaces, families and houses of worship.

SCAs have met the challenges of COVID-19. Our own SCA is located in Southeastern Pennsylvania, a suburban county which borders both rural and urban communities. In Bucks County, we were as prepared as possible; we responded most effectively as it is what the community deserves. Additionally, we are continuing planning on an ongoing basis for what our needs and challenges may be going forward. I appreciate the opportunity to share a summary of our preparation, highlights of accomplishments and challenges.

<u>Preparation:</u>

Bucks County leads the state of Pennsylvania in the volume of unused medication collection. We are "number one" in the state, we have 44 permanent medication boxes and a community that has leaned in and drops off their medications on a regular basis. It is just part of our culture. The quarantine brought a special challenge, as families were remaining in the home, potentially with children having access to medications.

We prepared social media posts and a video by our District Attorney, on using Medication Lock Boxes and the *Up and Away and Out of Sight* campaign. We provided Medication Lock Boxes to treatment providers who were permitted to allow Medication Assisted Treatment (such as Methadone) take home doses, to ensure the medication was securely stored. We also offered Lock Boxes and Deterra Disposal Bags to community members.

As you all know, the topic of Recovery houses can be challenging. Today I am here to share some good news regarding Bucks County Recovery Houses. We have hired, with HealthChoices Reinvestment funding, a Recovery House Coordinator. He works directly with each house owner

on policy, complaints, and program outcomes. I am pleased to report that there have been no COVID-19 positive residents, at least thus far, which is quite an accomplishment for a shared living arrangement. All recovery houses have been proactive in preventing the spread of the virus by diligently pre-screening potential residents, regularly stocking houses with cleaning/sanitizing supplies, and implementing additional chore requirements including daily sanitization of high-contact surfaces throughout the house. Recovery house staff have closely monitored residents coming and going to and from the home to ensure any out-of-house activity is safe and for essential purposes. Visitors coming to the recovery houses are forbidden at this time, unless first approved by management. BCDAC, Inc. has assisted in supplying recovery houses with masks for residents upon request.

Imagine being new to drug and alcohol recovery, and at the same time, having a COVID -19 diagnosis. You have burned every bridge with your family and cannot return home, or you are homeless, or you do not qualify for a hospitalization because you are not that medically compromised. Our SCA partnered with local Department of Health, as well as Mental Health/Developmental Programs, Housing and providers, and contracted with a local hotel where we house such "guests" while providing telehealth and on-line recovery supports for about a 14 day stay while they convalesce. They take their own temperature each day, receive daily delivered meals, participate virtually in recovery supports such as AA meetings, have a case manager for any challenge they encounter, and have a safe, secure place where they can convalesce.

Accomplishments:

Narcan is the life- saving medication, to counteract an opiate overdose. At the onset of the pandemic, County jails were focused on reducing jail population and maintaining a COVID-19 free environment, to the best of their ability. As our county jail was releasing inmates according to their identified criterial, we recognized that some inmates with Opiate Use Disorders were being discharged to the community. Our jail leadership agreed to provide education on Narcan, as well as doses of Narcan, upon release. For the general public, also at the onset of the pandemic, we had unfortunately cancelled in person Narcan trainings which we frequently offer. To pivot and still meet community need, we notified county residents that we had partnered with an organization to fund mail-order Narcan.

Virtual or on-line strategies have become the norm. We know that people respond in many different ways to in person versus on- line communication. We deeply appreciate the flexibility of Virtual, or Telehealth, which has kept our system afloat. We have heard from families who benefit from the convenience of on-line therapeutic family sessions, as well as no wait for intake or assessment services. Our treatment as well as prevention services have utilized virtual

communications and adjusted to meet community needs. We now conduct virtual on-site monitoring of our recovery houses, with visual tours as well as resident interviews.

**Challenges:**

We know that when someone is ready for treatment – we must be ready to assist. During COVID-10, treatment providers have risen to the occasion. They have obtained necessary PPE, established social distancing, and often had to reduce their capacity. For example, one provider had to reduce their capacity from 65 clients to 33, to allow for social distancing. Less people were seeking treatment, especially at the onset of the pandemic. Incredible costs of cleaning and sanitizing, staff hazard/overtime pay and purchase of HVAC or furniture, are all challenges. Some have had to completely shut down for a period of time, or stop taking referrals, due to staff or client COVID-19 diagnosis. We are concerned with how our highly regarding drug/alcohol treatment providers will weather this storm, as we have already seen some closing their doors. CARES funding has been a lifesaver for many providers. Our county had allocated funding based on provider and community need. The concern is the unknown, and how providers can/should prepare knowing that CARES funding may be time limited. If the provider learns they need a new HVAC system, or needs to add on to their building due to social distancing, will additional CARES funding be available into 2021?

People who are new, or even not so new, to recovery, can have "triggers" on beginning to use their drug again. Our job is to build their resiliencies and help develop new skills and coping mechanisms while they participate in treatment. We have notices that the rate of "AMA" or Against Medical Advice, has increased. One key factor is that these folks have received some form of government funding (example: unemployment compensation) and they are leaving treatment and using the funds to support their drug use. Of course, we are not advocating to not provide these funds to individuals, but simply making the case that this is another challenge that is being addressed in treatment centers and recovery houses.

I wanted to end on a hopeful note, as that is our role, to offer hope for change, to demonstrate that together we can make a difference, and to show each of you just how hard we are all working on behalf of PA residents.

A few county leadership-directed items that we are proud of are:

- On Day One of the quarantine we were led by a county Commissioner to establish a Behavioral Health Helpline for Bucks County residents. The Helpline is staffed by MH/DP and D/A staff and offers support for individuals who are overwhelmed by all that this healthcare crisis has brought.

- We have a highly regarded website, bcdac.org. We expanded our Facebook and Social media, also adding Instagram posts and our staff planned postings and campaigns a month in advance. We added a COVID-19 link which provides local resources. Our agency tagline, "We Are Here to Help" is one that we demonstrate daily.

Thank you so much for the opportunity to share our Bucks County COVID-19 response. Judy's perspective from a smaller, more rural county has been different, but common threads connect the SUD system across the Commonwealth.

I would first like to thank the members of the committee for their interest and concern regarding the impact of COVID-19 on the disease of addiction. As I have described in the opening, the SCA is on the front line in planning to address this issue in our community. We provide a firsthand perspective on not just the negative impact but also what we see is working in this current environment. From my experience, not just as a SCA but also a provider of care coordination of services, recovery support services and prevention, we have learned some valuable lessons, some good and some that need improvement.

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 saw this in the last five months. 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. Online support services are still available but cannot replace the fellowship that is inherent and needed to sustain a healthy recovery. I myself have 32 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 not reopened.

From an SCA perspective, the response by the state and federal government was impressive. Regulatory barriers that could have completely left individuals without care in those first few weeks were removed. Examples include permitting Medicaid and SCA funding of telehealth services (telephone/video conferencing). 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 those first 3 months and still today.

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 also quick to look at regulatory barriers and allow for the exceptions to the requirement of face to face services. They worked with the Behavioral Health Managed Care Organization to ensure alternate funding payments to sustain providers during the crisis.

One of the barriers which are very real, especially in the rural and disadvantaged communities is the lack of 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 shutdown did not have this available to them. This left some without services and feeling very 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 were not made available to these residential facilities. Facilities were left scrambling to find resources. These shortages continue to exist today. We did not see admissions impacted by this during the shutdown timeframe due to the drop of person seeking help.

Currently, we are beginning to see outbreaks of the virus in our facilities. Anecdotally it is being reported that most are asymptomatic but due to the out breaks 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 is the lack of testing resources. Labs are overwhelmed and it can be days until results are received. This ties up the beds in the red pod, impacting admissions. This is an emerging concern.

Most of our community-based providers have returned to face to face services. We initially seen the engagement in telehealth services but after approximately 10 weeks we saw a drop in engagement. 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 current environment continues to impact our recovery resources. The challenges to maintain the services while trying to keep staff and clients safe and healthy is weighing heavy on the system. Additional state and federal funding will inevitably be required to sustain facilities and cover Covid costs (PPE/Cleaning/ lost income from Shutdowns). Some of our providers residential and community based especially in our rural communities will not be able to survive without support.

We will continue to work diligently with the legislature, state and federal agencies to share our progress and concerns and appreciate the opportunity for ongoing dialogue. Our contact information is listed below.

Thank you again for this opportunity.

**Judy Rosser, Executive Director**

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