



Center for Rural Pennsylvania Hearing
February 11, 2021

Testimony of
Jennifer Smith, Secretary
Department of Drug and Alcohol Programs

Thank you, Chairman Yaw and distinguished board members of the Center for Rural Pennsylvania, for the opportunity to provide testimony on the effects of COVID-19 in the drug and alcohol field.

My name is Jennifer Smith, and I have the pleasure of serving as Pennsylvania's Secretary for the Department of Drug and Alcohol Programs (DDAP). Acting as the Single State Authority for substance use disorder services, DDAP is responsible for the administration of control, prevention, intervention, treatment, rehabilitation, research, education, and training activities in Pennsylvania. We serve a critical role in coordinating efforts with our partners at the federal and local levels, as well as across state agencies.

As we enter month eleven of COVID-19 mitigation efforts, the drug and alcohol field continues to amaze me with its tenacity, resourcefulness, and willingness to support some of Pennsylvania's most vulnerable citizens. Navigating the COVID-19 pandemic while battling the opioid epidemic and the rise of stimulant usage across the commonwealth is a monumental task. Nothing about the circumstances or decisions surrounding COVID-19 has been easy, but our provider network and the recovering community have navigated the shock and subsequent implementation of revised guidance and policies well. I've outlined some of those changes below, but first would like to address the topic that brings us here today - challenges associated throughout rural Pennsylvania.

Rural Perspective

As this Center well knows, rural Pennsylvanians have greater difficulties accessing health care infrastructure across the commonwealth. These issues predated both the overdose epidemic and the COVID-19 pandemic, and include:

- distances traveled by emergency personnel to respond to calls,
- shortages of health professionals and support staff, including limited availability of mental health professionals, evidence-based treatments such as Medication Assisted Treatment (MAT), or recovery support services,
- limits to the use of telemedicine caused by absent or unreliable communication services, and

- differences in socioeconomic factors and health behaviors in rural areas.

The issues of health care infrastructure are further compounded by distinctive rural factors including small towns and communities that haven't fully recovered from recent economic downturns and a greater share of labor-intensive jobs that lend themselves to chronic pain or injury. Indeed in 2020, 35 out of 48 (72.9%) of Pennsylvania's rural counties saw an increase in emergency department visits related to opioid overdose. Overdose deaths in most of these counties for 2020 are anticipated to surpass the previous overdose death peak set in 2017.

In response to these rural issues, DDAP has focused its efforts on improving access to treatment and recovery services, promoting wide use of overdose-reversing medications such as naloxone, providing increased information on SUD and opioids, and directing federal grant resources into rural communities. DDAP began to see progress in combatting the overdose epidemic in rural communities, the COVID-19 pandemic however has complicated our efforts and much work still needs to be done to support these communities.

Guidance and Policy Updates

As I stated, DDAP is responsible for administering programs that support the treatment, rehabilitation, and recovery of individuals with substance use disorder. This oversight occurs through grant agreements with local entities called Single County Authorities (SCAs) to encompass all 67 counties in Pennsylvania. These SCAs receive federal and state funding from DDAP to provide, or contract with drug and alcohol treatment facilities licensed by DDAP to provide services to individuals with substance use disorder. In order to better serve Pennsylvanians who are in need of treatment services during the COVID-19 emergency, DDAP has: 1) updated guidance to opioid treatment programs (OTPs), and 2) expanded use of telehealth. Additionally, in the event drug and alcohol treatment facilities encounter a shortage, we commit to working with these providers individually on a case-by-case basis to request exceptions to regulations that have not been suspended during the COVID-19 emergency such as staffing ratios .

Opioid Treatment Programs

On March 16, 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued guidance to OTPs, also commonly known as methadone clinics, in recognition of the evolving issues surrounding COVID-19 and emerging needs facing OTPs. These issues include but are not limited to patients congregating in provider waiting areas to access medication, increased exposure to staff, and increased travel restrictions throughout the commonwealth due to mitigation efforts.

This flexibility allowed DDAP to request blanket exceptions from SAMHSA on OTP prescribing practices for take-home medications within the commonwealth. SAMHSA approved DDAP's blanket exceptions and regulatory requirements were suspended under the Governor's authority during the COVID-19 Disaster Emergency to allow the following:

1. For patients who are stable, OTPs may prescribe take-home doses of up to 28 days. (Previously the maximum allowable take-home dosage was 14 days.)
2. For patients who are less than stable but the physician believes can safely handle take-home medication, OTPs may prescribe take-home doses of up to 14 days. (Previously, take-homes were not permitted for these patients.)

Providers that implement these practices must notify DDAP and provide updated policies to reflect these changes. To date, 81 out of approximately 100 providers commonwealth-wide have submitted policies to use these blanket exceptions. These actions help clients adhere to the treatment regimen recommended by their medical provider, even under the difficult circumstances presented by the COVID-19 global pandemic.

Telehealth

Pennsylvania's drug and alcohol treatment facilities are not unique in facing challenges to provide access to quality care while enforcing COVID-19 mitigation efforts. A key component in an individual's ability to maintain sobriety is accessing the most appropriate and applicable services available for that individual. Therefore, DDAP allowed SCAs to use DDAP funding for outpatient substance use disorder treatment facilities when providing counseling and other clinical services using telehealth technology for the duration of the COVID-19 Disaster Emergency. Counselors

meeting qualifications specified in [28 Pa. Code § 704.7\(b\)](#) and employed by a licensed drug and alcohol outpatient clinic may provide telehealth using real-time, two-way interactive audio-video transmission services. While the two-way interactive transmission is the preferred method, services provided by telephone and in the home are also acceptable.

For some Pennsylvanians, like the medically compromised and those experiencing transportation or childcare issues, the use of telehealth has allowed them to remain engaged in treatment while taking necessary precautions to remain healthy during the pandemic. For others, telehealth can pose a risk of limited accountability. However, just like the decision to increase take-home medication, the use of telehealth is ultimately a clinical decision in the best interest of the patient, balancing their treatment needs against the risks of in-person interactions. A similar embrace of telehealth has taken place across all sectors of health care during the pandemic.

Challenges

Just as any state agency or business throughout Pennsylvania, the drug and alcohol field has experienced challenges associated with COVID-19. Examples of challenges include the need for adequate personal protective equipment (PPE), access to vaccines, reduced census in treatment programs, barriers to warm hand-off protocols, and increased overdose episodes. The isolating nature of the mitigation efforts has also posed a challenge to the recovery community and individuals who use drugs, and unfortunately, we have also seen increases in fatal and non-fatal overdoses.

Adequate PPE Supply

Drug and alcohol treatment facilities are health care facilities which are eligible to receive PPE from the commonwealth. However, PPE shortages in the early stages of COVID-19 made it difficult for some facilities across the commonwealth to obtain the PPE that met their needs. To help mitigate the impact of the shortages, DDAP continued to share resources for accessing PPE from third-party entities and the proper protocols for facilities to access PPE supplied by the commonwealth. Additionally, many treatment providers adapted by taking the opportunity to form direct relationships with medical equipment suppliers to reduce the risk of a future shortage

within their facilities. Currently, we have found that treatment facilities have access to the appropriate amount of PPE.

Vaccine Access

Depending on the severity of an individual's disease, as well as their access to socioeconomic supports, many individuals with SUD will present in emergency departments, addiction treatment providers, correctional facilities, and recovery houses and homeless shelters. The movement of individuals through these systems continues to pose unique challenges related to the transmission of COVID-19. To support our providers, we have provided frequent updates on the commonwealth's vaccine distribution efforts. Understanding that the demand for the vaccine far outweighs the supply, DDAP continues to stress the importance of treatment and recovery support providers to establish partnerships with local vaccine providers, including health care systems and pharmacies. We are currently working closely with the Department of Human Services to identify residential treatment facilities that have been unsuccessful in establishing these relationships and developing partnerships on their behalf to ensure our providers have adequate access to the vaccine. Improved access to vaccine, for both treatment staff and patients, will be critical to ensuring the sustainability of our systems of treatment and recovery support.

Reduced Census

Like many Pennsylvania businesses, treatment providers have lost revenue as a result of the pandemic. Inpatient providers have borne the burden of census reductions. Contributing factors include a reluctance of people to leave their homes and expose themselves to COVID-19, as well as the need to reduce capacity to comply with mitigation requirements, including social distancing, as recommended by the Centers for Disease Control and Prevention and put in place by the Governor and former Department of Health (DOH) Secretary Dr. Levine. Being unable to accommodate patients at full capacity ultimately means reduced revenue at a time when costs are climbing due to added equipment, sanitizing, and overtime for employees who need to step in for fellow coworkers facing unforeseen circumstances as a result of the pandemic. Compounding the issue of lost revenue from census reductions is the increased costs associated with purchasing PPE and other supplies to lessen the spread of COVID-19.

And still, providers continue to adapt their operations and facilities to safely meet the needs of patients by staggering mealtimes, reducing group sizes, conducting telehealth sessions, and working to adhere to the mask-wearing mandated throughout their facilities. To directly meet the needs of patients who have tested positive for COVID-19, many residential facilities have created quarantine wings for patients showing symptoms and have partnered with other providers to transfer patients, if needed.

Barriers to Warm Hand-off Protocols

A key component to Pennsylvania's success in decreasing overdose deaths in recent years has been the development and implementation of warm hand-off protocols between local hospitals and treatment providers. Recently, the Joint State Government Commission published a [report](#) on its study of the protocols which showed the importance of the implementation and called to expand and develop the process. We are proud of the partnerships established by this Administration, stakeholders, and local entities to launch these protocols which have ultimately saved Pennsylvania lives. With the support of DDAP and the DOH, every SCA throughout the commonwealth has partnered with hospitals to directly and personally connect individuals who have entered their emergency rooms after an overdose to treatment providers who can get them on the road to recovery. Successful programs involve Certified Recovery Specialists (CRSs), who visit overdose patients in the hospital, counsel them, and develop a trusted relationship that can make them feel comfortable seeking treatment. Unfortunately, due to hospital visitor restrictions implemented to protect people from COVID-19 early during the pandemic, CRSs were unable to meet with patients directly in most hospitals. While some hospitals are resuming normal protocols, others have transitioned to using devices (like iPads equipped with Facetime) to connect CRSs to patients, and there are still some hospitals unable to meet established protocols for warm hand-offs. Unfortunately, this has meant fewer referrals into treatment from emergency rooms, and increased overdose cases in some regions of the commonwealth mean that there are certainly still patients in need.

Although some hospitals have adopted technologies to connect patients with the CRSs, the transition has been difficult with the current strain health systems are facing.

Isolation

Anxiety. Boredom. Loneliness. These are all emotions that Pennsylvanians may be experiencing while we continue to face this pandemic. Those emotions paired with hardships like job loss, food insecurity, and housing instability have created the perfect storm for a potential increase in drug use, and the need for strong prevention programming and expanded treatment infrastructure. We are finding that the recovery community, those living in recovery from SUD, are most susceptible to experiencing a recurrence of use. Anecdotally we've heard this is true for those who are early in recovery as well as some in long-term recovery.

Increased Overdoses

Unfortunately, each of these circumstances have led to an increase in fatal and non-fatal overdoses throughout the commonwealth. We are monitoring the data closely and working with our community partners to ensure access to treatment services in counties experiencing spikes. For example, based upon DOH data, 34 counties saw an increase in emergency department visits related to a drug overdose, including illicit, prescription, or over-the-counter drugs. Nine of those 34 counties saw a statistically significant increase. Ensuring those counties have warm handoff protocols and the capacity to adhere to those protocols is critical to help individuals access treatment services. Additionally, a key component to supporting these counties is the Administration's continued emphasis on the lifesaving, overdose reversal drug naloxone. This year, DDAP has dedicated \$9 million in federal funding specifically for distribution to first responders, community organizations, treatment providers, jails, and the general public through the NextDistro website. There, members of the public can request doses of naloxone to be mailed to their location through the DOH's Physician General Standing Order Prescription. By distributing naloxone widely, we are giving individuals a chance to lead a healthier life through recovery.

It is critical that Pennsylvanians know that the drug and alcohol treatment system is essential health care and will continue to accept patients. Providers are operational and can be accessed by calling Pennsylvania's Get Help Now hotline at 1-800-662-HELP (4357). The hotline is

available 24/7 – even during the pandemic – and is staffed by trained professionals, many of whom are individuals in recovery. These professionals directly connect callers to local treatment and resources for themselves or loved ones. Help is available regardless of a person’s insurance coverage or financial situation.

Additionally, for individuals in recovery, recovery groups are meeting both virtually and in-person while following Governor Wolf’s and the Secretary of Health’s orders and practicing social distancing. A listing of online recovery meetings, apps, podcasts, and other resources can be found on the “For Individuals” tab on DDAP’s Coronavirus webpage.

Conclusion

On behalf of DDAP and the Administration, thank you for your continued focus on and response to the public health crises we face in both COVID-19 and SUD. We regularly meet with our stakeholders to troubleshoot issues related to the pandemic and emerging overdose trends and issues, and we remain committed to working with members of Pennsylvania’s General Assembly and the federal government to better support the drug and alcohol field. As a board member and Secretary for the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD), I meet regularly with my counterparts nationwide to discuss challenges and share what’s working well in Pennsylvania, like sharing data outcomes from providers using telehealth, a recently developed survey for OTPs to better understand what policies and practices have worked well during the pandemic, and working with DHS’ Office of Mental Health and Substance Abuse Services to require behavioral health managed care organizations to allow alternative payment arrangements to provide stability to mental health and drug and alcohol treatment providers.

I’d like to leave you with the following: Pennsylvania will recover from this. I know that because the drug and alcohol community is a group that believes in recovery and resilience and lives those principles every day. This community has weathered many storms, epidemics, and crises together. Treatment works, and recovery is probable – even (and especially) now.