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To: Senator Camera Bartolotta, Majority Chair
Senate Intergovernmental Operations Committee

From: Cheryl D. Andrews, Executive Director
Washington Drug and Alcohol Commission, Inc.

Re: Examining the proposed consolidation of Departments of Aging, Drug and Alcohol Programs,
Health, and Human Services
University of Pittsburgh

Good Afternoon, my name is Cheryl Andrews and I am the executive director for Washington Drug and Alcohol Commission, Inc. which serves as the Single County Authority for the residents of Washington County. I have worked in the drug and alcohol field for nearly two decades and fifteen of these years within the structure of the Single County Authority (or SCA).

In 1972, the Commonwealth of PA established the Single State Agency. At this same time, the Single County Authority was established to implement substance abuse prevention, intervention and treatment services through county-based planning and management. In 2012, Act 63, the PA Drug and Alcohol Abuse Control Act, requires the newly established Department of Drug and Alcohol Programs to develop a state plan for the oversight of all aspects of drug and alcohol abuse and dependence programs which include: prevention, intervention, treatment, rehabilitation, research, education, recovery supports and training. The Single County Authority is charged with carrying out the state plan at the local level.

The Single State Agency has evolved from an office within the Department of Health, to then a bureau within the same department and finally to a stand-alone Department that was created by Act 50 of 2010. With a Department, for the first time, our state has a distinct leader, a single voice that speaks clearly and decisively on state-wide issues related to substance use disorders. The Department is essential to the health, safety, and well-being of those with a substance-use disorder as well as their families. The Department has made tremendous strides in addressing substance-use disorders and this overdose epidemic, even while being significantly under-utilized. It is imperative that each area of government that administers substance abuse related funding be working toward common goals and be accountable to the Legislature.

Currently, substance use funding is scattered throughout various departments, with no common goals or shared strategies. The result is the duplication and dilution of the impact of resources that are already scarce. The Department of Drug and Alcohol Programs was created to be this dedicated department—to be the single driver for all substance-use related policy that would ensure that effective policies are developed and implemented consistently in all areas of state government and across all programs and agencies.

The Department allows for cabinet level leadership, a leadership that collaborates with state and local key stakeholders to open the doors and provide opportunity to move this epidemic from a problem to a solution. Efforts must be coordinated across all systems, but this issue needs a driver. A “super” department that covers a multitude of disciplines is not the answer. It’s like being a *Jack of all trades and a Master of none*. I equate this way of thinking to having a rare medical condition. If my child has arrhythmogenic right ventricular dysplasia, I am going to seek out the best pediatric cardiologist—I am not going to have this rare heart disease treated by my primary care physician. Why? Because the PCP lacks the knowledge and hands on experience with treating this ailment. The Cardiologist is specialized—they eat, breathe and live one thing and that’s the heart. This the person I want driving the treatment of my child.

Likewise, if I am experiencing a substance use disorder or need access to services, I want somebody who has years of experience with addiction, someone who focuses on addiction day in and day out, and I want to deal with an infrastructure that I am familiar with and is known for its reputation to afford all Pennsylvanians with the help they need. A specific department, The Department of Drug and Alcohol Programs, was created to be this “Addiction Specialist.” The Department was the remedy when it was created and it is still the remedy today. We talk about this super department and how it will provide a “no wrong door” when accessing services, my experience tells me something slightly different: through a consolidation, more doors will be created, with each new door comes more bureaucracy, and with more bureaucracy comes a lack of singularity of purpose. A bigger department isn’t necessarily better it is simply bigger and an unintended consequence will be the dehumanization of the thousands of Pennsylvanians affected directly or indirectly by addiction.

I am one of 47 SCAs throughout the Commonwealth of PA. The SCA has over 40 years of experience and is uniquely positioned to assess the needs at the local level, support the community partnerships, build capacity, assist with the planning and implementation of resources and provide the necessary monitoring to ensure quality of service. The continuation of DDAP will allow the SCA to continue coordinating comprehensive strategies at the local level in an effort to eradicate this horrific health crisis and provide the continued local stability no matter what drug or alcohol issue may arise.

So how do we know that a Department of Drug and Alcohol Programs is needed to effectively address substance abuse problems? In its short existence, DDAP, being led by a Secretary, has already made a profound impact:

- The Single County Authorities and the Department have been able to coordinate a comprehensive effort that has saved lives through the distribution of Naloxone and training of first responders and family members. Washington County has trained all police departments, fire departments and quick response teams in the use of Naloxone. The Secretary secured funding from the private sector to help cover the costs for Naloxone. The Secretary worked collaboratively with Dr. Rachel Levine, Pennsylvania’s Physician General, to write a state standing order for Naloxone.
- Warm-hand off initiatives with local emergency rooms. From overdose to treatment and a near death experience to an opportunity to restore one’s life, this program offers intervention at the most opportune time by reaching overdose survivors and immediately engaging them into appropriate treatment. Washington SCA works with three hospitals and has one case manager and one certified recovery specialist embedded at the Washington Hospital

- Target Case Management Services—Washington SCA currently has staff embedded in the Washington County Correctional Facility, Children and Youth Services, School districts, Hospital, Drug Court, DUI Court, and Pre-trial services. No longer are we sitting in the office waiting for people to reach out for help, we are engaging individuals at all point of intercept. Intervening early in the process provides a better likelihood that individuals may be diverted from the criminal justice system or any other human service system.
- Jail Pilot Project-involves multi-agency cooperation, this program came about through the strong leadership and high-profile visibility of the Secretary of Department of Drug and Alcohol Programs.
- Medication take-back boxes—The Secretary worked hard to secure funding to expand the number of boxes made available to communities. Washington County currently has 26 boxes
- Expanding the network of treatment providers through state funding as permitted and through innovative approaches with HealthChoices Reinvestment dollars.
- National recognition— Office of National Drug Control Policy sponsored a webinar: *Innovative Approaches for addressing the Opioid Overdose Epidemic in the Emergency Department*. Washington SCA presented on Warm Handoff protocols established within Washington County and it has been used as a national model. DDAP was the initiator of the warm hand off.
- U.S. Attorney’s working group on Drug Overdose and Addiction. I had the distinct pleasure of serving as a co-chair on the prevention committee. In 2014, the U.S. Attorney released his final report and recommendations to reduce overdose deaths. Currently Washington SCA is working with the Institute of Politics at the University of Pittsburgh and recently released “A Continuum of Care Approach-Western Pennsylvania’s response to the opioid epidemic.
- Establishment of the Washington County Opioid Overdose Task force—This is a collaborative effort with the University of Pittsburgh, Technical Assistance Center. Washington County developed a strategic plan that is data driven to reduce the number of overdoses and optimize the health, safety, and well-being of each individual in Washington County. The Task Force was awarded a PCCD grant to fund treatment and Vivitrol in our county jail. We most recently applied for a CARA grant.

These initiatives are only a few examples of how, with strong leadership and effective communication, life-saving services can be provided to ailing people and/or their communities of Pennsylvania. This is a testament to long-term strategic planning for the Commonwealth. There were no distractions due to unnecessary bureaucratic rhetoric and no diverse missions buried within the layers of a governmental office. Action could take place because the structure (The Department) was in place and the mission was clearly defined.

Moving forward, any proposal to consolidate the Department of Drug and Alcohol Programs into another agency, must be done in an orchestrated fashion. It seems like we want to move in a direction without giving careful thought and consideration to what the outcome may be. Who might be most affected? What will happen to the momentum that has been gained? Why would the legislature make a swift decision without knowing all the details? Placing DDAP under the Department of Health and Human Services is being justified by an insignificant cost savings to the overall state budget. Are we able to place this same cost saving measure on human lives? I would think not.

Thank you for the opportunity to share with you today. I appreciate your attentiveness to this issue.