



**April 13, 2017**

**Joint Hearing: Examining the Proposed Consolidation of the Departments of Aging, Drug and Alcohol Programs, Health, and Human Services**

Thank you for the opportunity to present testimony regarding the proposed consolidation of the Departments of Aging, Drug and Alcohol Programs, Health, and Human Services. My name is BK McDonough and I am here today on behalf of the Drug and Alcohol Service Providers Organization of Pennsylvania (DASPOP), representing Caron Treatment Centers which is a member of DASPOP.

DASPOP is a statewide coalition of drug and alcohol abuse prevention, education, and addiction treatment programs, practitioners, student assistance professionals, employee assistance professionals, other allied professionals, county and statewide drug and alcohol associations, as well as individuals, families, and concerned citizens.

Caron's mission is to transform lives impacted by drug and alcohol addiction through proven, evidence-based, comprehensive and personalized behavioral healthcare. Our core purpose is to ease the pain of individuals and families by restoring health, hope, spirituality, and relationships. We blend the latest evidence-based practices from medicine and psychology with historically proven addiction treatment methods like cognitive behavioral therapy, dialectical behavioral therapy, 12-Step integration, motivational interviewing, addiction counseling, and positive peer culture. With 60 years in the field of behavioral health and addiction treatment, we have helped over one hundred thousand patients and their families develop the tools they need to lead fulfilling lives.

Caron is a nationally recognized addiction treatment provider. On March 13, Caron experts met with the U.S. Surgeon General Vivek Murthy, Tom McClellan of the Treatment Research Institute, Dr. Robert DuPont of the Institute of Behavior and Health, Michael Bottecelli, former Director of the White House Office of National Drug Control Policy, and other distinguished leaders who are working together to address our country's addiction epidemic. Caron has also met with the National Institute on Drug Abuse (NIDA) and the American Medical Association (AMA), and spoke at the "Translating Science into Practice: Effective Treatment for Substance Use Disorders" Congressional Staff Briefing earlier this year.

Our initiatives focus on increasing education, research, prevention, and treatment access to help bring an end to this addiction and overdose public health crisis. We highlight best practices in the addiction treatment field, which include standards and outcomes, plus ethical marketing, clinical, and billing practices. Additionally, Caron is committed to training health care professionals and believes in mandatory training, which empowers them to understand the signs and symptoms of addiction and to prescribe responsibly.

According to the CDC, since 2000, the rate of deaths from drug overdoses has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids. This country and our Commonwealth are in the midst of an addiction and overdose public health crisis. Just last month, Maryland Governor Larry Hogan declared a state of emergency in response to this crisis, joining Massachusetts, New Hampshire, and Virginia, as other states consider taking this step. The 2015 Pennsylvania State Coroners Association reported 3,505 lives were lost to drug overdoses. It is broadly anticipated that this number will increase in 2016.




A multi-pronged approach is critical to addressing the complex problems and solutions underlying the current overdose death epidemic. Pennsylvania's DDAP has undertaken many initiatives to prevent and treat substance use disorders, reduce deaths to drug overdose, and increase public health and safety awareness. A report dated June 2016 lists DDAP's initiatives and accomplishments, which we firmly believe would have been impossible had the Department remained a Bureau of Drug and Alcohol programs. This list includes:

- Raising \$500,000 to equipping municipal police with naloxone (naloxone rapidly reverses overdoses and has saved over 2,300 lives in PA)
- Establishing an Overdose Task Force comprised of representatives from the national, state, county, and local levels
- Implementing a "warm hand-off" policy
- Researching police intervention efforts (police-assisted referral to treatment models)
- Identifying barriers and solutions to increasing treatment bed capacity
- Expanding the prescription drug take-back program
- Educating health care providers on the Prescription Drug Monitoring Program (PDMP)
- Improving licensure regulatory standards and processes for treatment provider applicants
- Workforce development efforts to increase the number of new professional entering the addiction treatment field
- Initiating the "Pathways to Pardons" program
- Working to provide individuals in recovery from substance use disorders with employment
- Enhancing data collection efforts
- Identifying a list of state-owned facilities for use as drug and alcohol treatment facilities
- Engaging in grant-seeking initiatives for substance abuse treatment funding and federal grants
- Collaborating with the Pennsylvania Department of Education to provide evidence-based prevention education to students in grades 6-8
- Initiating Building Bridges to Recovery encouraging collaboration of the recovery community with medical providers
- Launching Get Help Now: Let's Work Together mobile website
- Working to ensure Driving Under the Influence (DUI) treatment compliance
- Maximizing Medicaid funding to transition offenders to residential drug and alcohol treatment facilities immediately following release from county prison
- Enhancing compulsive and problem gambling programs.

Every community and nearly every family in Pennsylvania has been impacted by addiction and tragic overdose losses. A disease and public health issue this complex requires leadership and innovation, plus focused consistency for positive outcomes for Pennsylvania's citizens. The proposed consolidation of the Departments of Aging, Drug and Alcohol Programs, Health, and Human Services raises uncertainties that will need to be addressed.

Our concerns include the possible dissolving of DDAP and its powers and duties to engage, coordinate, and lead the Commonwealth of Pennsylvania's effort to prevent and reduce drug and alcohol addiction, and to promote recovery, thereby reducing the human and economic impact of the disease. The lack of specific and clear information addressing how these powers and duties will be preserved if DDAP is dismantled within the new "super department" is troubling. We are disappointed with the process by which the consolidation proposal was created. To the best of our knowledge, no stakeholder input was solicited by the Administration from within the addiction treatment provider network.



Please understand, we certainly see the value and need for routine consolidation of Harrisburg-based administrative functions, such as IT, human resources, and licensing inspections, if it can be cost effective and will not cause disruption to services. We believe, however, this type of consolidation can be done, as it has been in the past, without dismantling the entire Department of Drug and Alcohol Programs and diminishing its primary mission of advocacy for individuals and families living with the addiction and overdose public health crisis, and service delivery to those in need of treatment and hope in the communities of our Commonwealth.

Addiction truly is a life and death matter in Pennsylvania today. We know that treatment works and people do recover. In July 2012, DDAP, formerly under the Department of Health, became a department. This change reflected a strong commitment by the Commonwealth to provide education, intervention and treatment programs to reduce the drug and alcohol abuse and dependency for all Pennsylvanians. Drug and alcohol problems uniquely effect most aspects of government in Pennsylvania including: the Department of Corrections, the Board of Probation and Parole, the State Police, the Office of the Attorney General, the Pennsylvania Commission on Crime and Delinquency, the Insurance Department, the Department of Labor and Industry, the Department of Health, and the Department of Transportation.

With our present understanding of this proposal, it is difficult for us to see how consolidating the Department of Drug and Alcohol Programs will bring any meaningful cost savings to the Commonwealth or improve, much less at the very least preserve, the voice of and services for our population in need of life-saving addiction treatment. We believe dissolving DDAP will further create barriers to critical care for alcohol and drug addiction, increase stigma, and reverse years of outreach work to Pennsylvanians struggling with this disease and the loss of loved ones. In short, burying DDAP within a “super agency” and removing it from the Administration’s cabinet conveys a message of dismissiveness and shame to addicts, alcoholics, and their families, telling them they are – in fact – alone in this fight for their lives.

We believe that any plan to dismantle several Cabinet Level Departments – which has such deep and broad consumer implications – deserves more careful consideration, planning, and community input than appears to have been done in this case. Short of this, we cannot support the Department of Drug and Alcohol Programs being dismantled.

Caron is available to discuss this testimony or to engage in the process considering this change in other ways. Please feel free to contact us by phone or email.

Thank you for the opportunity to testify here today.

Respectfully submitted,



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