Testimony on Addressing Heroin and Opioid Addiction

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Introduction

Good morning Senator Yaw, Chairman of the Center for Rural Pennsylvania (CRP), and the CRP Board of Directors. I am Ted Dallas, and I serve as the Secretary of the Department of Human Services (DHS). I would like to thank you for the opportunity to testify today regarding the urgent matter of the treatment of heroin and opioid addiction in Pennsylvania. My testimony will provide an update on DHS' current efforts to improve services for individuals with behavioral health and substance use disorders. In particular, I will specifically address the heroin crisis in the Commonwealth and what DHS is doing to combat it.

We know that people with behavioral health and substance use disorders can and do recover. DHS is committed to ensuring that individuals served by the mental health and substance use service system have access to effective treatment and the opportunity for growth, recovery, and inclusion in our communities.

HealthChoices and Substance Use Disorder Treatment

Governor Wolf's 2015-2016 proposed budget includes $3.9 billion in Medicaid funds dedicated to behavioral health treatment services through the HealthChoices Program, which is Pennsylvania's mandatory managed care program for Medicaid (MA) recipients. In 2015, Governor Wolf implemented full Medicaid expansion for Pennsylvania under the Affordable Care Act, paving the way for an estimated 600,000 Pennsylvanians to enroll in MA, and gain access to the health care services they need, including mental health and substance use disorder treatment. DHS is currently implementing outreach strategies to reach eligible individuals throughout the Commonwealth.

DHS works in cooperation with the Department of Drug and Alcohol Programs (DDAP) and the Single County Authority (SCA) to ensure that individuals with substance use disorders have the appropriate supports to facilitate their enrollment in MA at the time they are considering treatment. SCAs serve as county level entry points into the substance use treatment system and help manage an expedited process that is available to ensure individuals are enrolled into Behavioral Health—Managed Care Organization (BH-MCO) coverage immediately following approval of MA. In addition, DHS manages an exceptions process to consider individual cases that require special handling or accelerated enrollment into BH-MCO coverage. BH-MCO coverage includes access to recovery-oriented supplemental benefits, which are not available through the Medicaid fee-for-service system.

Further, DHS recognizes that access to behavioral health care and substance use treatment services for inmates upon release from jail or prison is a major factor in reducing recidivism and preventing ongoing substance use. As a result, DHS has implemented strategies to improve the process of enrolling or re-enrolling individuals into Medicaid coverage, including expediting enrollment into a HealthChoices BH-MCO upon return to the community, and continues to examine ways to improve these processes.

DHS monitors existing networks and services to ensure a full and responsive continuum of care, including community-based service alternatives. BH-MCOs utilize local needs assessment in the development of new services, such as the expansion of the provider network and development of additional supplemental services to address the needs identified within the local community. Case management services, such as case coordination, case management, and intensive case management, are supplemental HealthChoices program services provided in every county. Another example is Certified Recovery Specialist (CRS) services, which have been funded through reinvestment and as a supplemental service. CRS services are now available in 28 county joinders. A CRS provides peer support, recovery coaching, and mentoring services to individuals with substance use disorders. Many of the recovery support services and non-hospital treatments are broadly available as supplemental services. DHS will continue to consider the feasibility and appropriateness of adding additional recovery-oriented services to the Medicaid State Plan.

Pennsylvania's Heroin Crisis

Now, I'd like to discuss how DHS is working to address the heroin crisis in the Commonwealth. As you know, heroin and other opioid overdose is a leading cause of preventable death in the country. Within the Commonwealth, there has been an increase in overdose deaths from heroin and other opioids. In the last 20 years, Pennsylvania has seen a 570 percent increase in overdose deaths. As part of Governor Wolf's proposed 2015-16 budget, DHS sought proposals for two pilot programs to provide additional services to address heroin and opioid addiction, which affect individuals from all walks of life. The pilot programs will save lives in our communities and provide Pennsylvanians with the treatment they need to achieve recovery and become productive members of society.

Two Pilot Programs

The pilot programs, funded from DHS' proposed $2.5 million budgetary increase, include "Distributing Naloxone to More First Responders" and "Vivitrol® and Medication Assisted Treatment (MAT) Pilot for County Corrections."

Naloxone is an effective medication that reverses the effects of narcotic opioid drugs by counteracting the depression of the central nervous and respiratory systems, thereby allowing an overdose victim to breathe normally. As an opioid antagonist, it blocks the action of opioids. Naloxone is not a sedative nor does it result in physical dependence or addiction. Naloxone only works if a person has opioids in his or her system. It also has the added benefit of minimal training needed to be able to administer it. Through this pilot program, DHS will provide Naloxone kits to first responders, drug and alcohol treatment programs, criminal justice systems, crisis responders, and other community partners to help prevent deaths from opioid overdose. A portion of the funds in the Naloxone pilot program will be dedicated to local communities for the development of outreach and engagement strategies and protocols to ensure ongoing treatment

and referrals for people grappling with substance use disorders. Engagement strategies can include the use of CRS, case management, crisis intervention staff, or other key stakeholders in the local system of care.

The Vivitrol® and Medication Assisted Treatment Pilot for County Corrections focuses on offenders diagnosed with opioid dependence who are under court jurisdiction. This pilot program will cover the costs of Vivitrol®/MAT, and related community-based treatment and supports, for non-Medicaid eligible offenders. Treatment, as part of the criminal justice sanctions, can be effective and can reduce recidivism by up to 80 percent.

Pennsylvania has seen growth in the area of medication assisted treatment, including Suboxone, Vivitrol,® and methadone. While Vivitrol® blocks the action of opioids, and does not result in physical dependence, buprenorphine products (Subutex®, Suboxone®, Bunavail®, Zubsolv®) are partial opioid agonists. If used properly, buprenorphine relieves drug cravings without producing the "high" or dangerous side effects of other opioids. The Food and Drug Administration approved buprenorphine in 2002, making it the first medication eligible to be prescribed by certified physicians through the Drug Addiction Treatment Act. This approval eliminates the need to visit specialized treatment clinics, thereby expanding access to treatment for many who need it.

Methadone is a slow-acting opioid agonist, and is taken orally so that it reaches the brain slowly, thereby dampening the "high" that occurs with other routes of administration while preventing withdrawal symptoms. It has been used since the 1960s to treat heroin addiction and is still an excellent treatment option, particularly for patients who do not respond well to other medications. For the treatment of opioid use disorder, methadone is only available through approved outpatient treatment programs, where it is dispensed directly to patients on a daily basis.

The use of medications that suppress opioid cravings in conjunction with other treatments and supports is a critical tool in the battle against heroin and other opioid dependencies.

If funding for the pilots is included in the Fiscal Year 2015-16 state budget, DHS would be happy to provide grantee information to the Center for Rural Pennsylvanians once finalized.

Next Steps

Although there is a great deal of effort currently underway in Pennsylvania to address the growing heroin and opioid crisis, there is still work that needs to be done. The HealthChoices Behavioral Health Program (HC-BH) 2013 annual report noted that of the approximately 2.3 million Medicaid eligible individuals, only slightly more than 20 percent utilized behavioral health services. Compared to national statistics for Medicaid managed care plans, Pennsylvania's HC-BH program, in 2013, performed close to the 90th percentile for mental health penetration,

and just above the 50th percentile for drug and alcohol penetration. Continued outreach and engagement must be a priority in order to impact the heroin and opioid crisis.

A 2013 study by Improving Healthcare for the Common Good, *"Initiation and Engagement of Alcohol and Other Drug Dependence Treatment,"* offered some good news and opportunity for improvement. The study identified the percentage of members who receive services after an alcohol or other drug dependence diagnosis. The overall initiation rate for HealthChoices was low, but 70% of those who did initiate services continued to utilize them. The Commonwealth must continue efforts to encourage those individuals to use those services.

The Commonwealth must continue to seek ways to support individuals who are struggling with behavioral health and substance use disorders in order to ensure appropriate treatment. The use of a CRS during a crisis situation has promise to be a support for the individual who needs0 to make a connection to treatment at a critical moment. Additionally, most Pennsylvania school districts have robust student assistance programs that aid in the early identification of youth with substance use disorders and help them make appropriate treatment connections. Continued support to school-based programs is needed to ensure that our youth have access to treatment early.

Furthermore, DHS is also exploring how to improve integrated and coordinated care for individuals through the utilization of health homes, which provide a full range of physical and behavioral health services through a single entity. Connected service delivery increases the likelihood that all care is working toward the same outcomes and increases the engagement and follow-through of services for the individual.

Finally, DHS is participating, along with DDAP, in the Innovation Accelerator Program, which focuses on substance use disorder services and is sponsored by the Centers for Medicare and Medicaid Services (CMS). CMS is providing technical assistance to states interested in advancing innovations in Medicaid that will result in improved health and health care delivery, and lower costs. Specifically, the goals are to improve how substance use disorder services are provided with a focus on buprenorphine. Through data analysis, review of best practices, and a focus on quality of treatment and necessary supportive services, individuals with substance use disorders will be provided with an improved opportunity for successful outcomes.

Conclusion

I would like to thank the Center for Rural Pennsylvania for providing me with the opportunity to discuss DHS' ongoing work to combat heroin and opioid overdose and addiction, as well as our efforts to improve access to and the quality of behavioral health and substance use disorder services across Pennsylvania including our rural communities. I would be happy to answer any questions you may have about my testimony.