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Pennsylvania House Human Services Committee
Public Hearing on Adolescent Substance Use Care in Pennsylvania
Challenges and Opportunities

Tuesday, March 26, 2019 - 9 AM – 11 AM

First, we would like to thank the Human Service Committee for holding this hearing and for the opportunity to focus on addiction, treatment and recovery and our young people. We want to particularly thank Majority Chairman Gene DiGirolamo and Minority Chairman Angel Cruz and all the members of the Human Services committee for the opportunity to focus on these needs.

We have lost significant portions of our adolescent care system, even as we should be focusing resources on our young people to save lives and resources. It is our hope that this hearing refocuses what we do when a young person is identified as having a substance use problem and the treatment and recovery support services that can save their lives. One in three families are dealing with a substance use condition, which typically starts in early to mid-adolescence. It is vitally important that we seek to prevent substance use in our young people while providing additional opportunities to get them into and for them to stay in recovery and to live the lives we want for them. They are our future.

We are PRO-A, the statewide recovery community organization of Pennsylvania, a non-profit, grassroots advocacy organization dedicated to supporting individuals in recovery and educating the public on addiction and recovery, including opioids. We provide no direct care services. Our mission is to mobilize, educate and advocate in order to eliminate the stigma and discrimination toward those affected by substance use disorders to ensure hope, health and justice for individuals, families and those in recovery.

Nearly every facet of state, county and local government expenses are driven by the costs of addiction and its devastating impacts on our families and communities. Accidental overdoses are the leading cause of death in some age groups. We rank first in the nation among overdose rates of young men[1] and in 2016, our drug overdose rate was nearly double the national average[2]. Alcohol related deaths dwarf those of opioids, and it is a fact that most substance use problems begin in early life.

Eleven of the top twenty-five US colleges for drug and alcohol arrests are in Pennsylvania[3]. Substance use problems drive criminal justice system costs, accident deaths, and a significant portion of all of our Human Service needs. A full accounting for the costs would be staggering. Funding for treatment and recovery is nearly a rounding error in this equation and has in some instances been eliminated over time or stagnated in ways that reduce our ability to turn the devastation of addiction into the positive citizenship of recovery.

The Problem

We have lost funding and service infrastructure focused on young people. Consider that substance use issues are in essence communicable, particularly within our young people. Experimentation with drugs is commonplace in adolescence and we would be well served to focus more resources there rather than watch our adolescent care system degrade. We are referring fewer kids with

substance use conditions to care and programs have closed. While we cannot turn the clock backwards, we can re-emphasize care for young people that more effectively meet their needs and save lives and resources moving forward.

Loss of Federal Safe and Drug-Free Schools and Communities Act (SDFSCA) funding in 2010

The Federal Safe and Drug-Free Schools and Communities Act (SDFSCA) State and Local Grants Program, authorized by the 1994 Elementary and Secondary Education Act (ESEA) (Title IV, §§ 4111-4116, 20 U.S.C. 7111-7116)[4], was a central part of the Federal Government's effort to encourage the creation of safe, disciplined, and drug-free learning environments that would help all children meet challenging academic standards. The program provided support for school- and community-based programs to prevent youth violence and alcohol and other drug use. In part, the program provided support for Student Assistance Programs to engage with students at risk or identified as having a substance use condition.

Funding for this Federal program was eliminated in 2010. This appears to have reduced the focus on substance use issues in our schools as evidenced by reduced referrals from schools to treatment programs. One County Human Services Administrator we spoke to noted that in their county, the loss of this funding eliminated a full-time person focused on identifying and getting kids help, and that now time spent on this is about 2 hours per month for the whole school district.

Student Assistance Program Referrals Pennsylvania 2009 -2016								
Total DA MH Referrals	22,949	no data	21,063	18,999	17,731	18,286	17,845	20,761
Primary DA	3,840	no data	3,501	2,730	2,524	2,404	2,236	2,566
Primary MH	16,015	no data	15,173	13,437	13,678	14,111	13,971	16,433
Co-Occurring MH / DA	1,514	no data	1,322	1,116	872	1088	1113	1102
Neither	910	no data	593	523	546	455	465	273
	2009	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**

Source: PA Student Assistance Program https://sapjqrs.org/Home.aspx?ID=22

In 2009 there were 3,840 referrals for Drug and Alcohol and within a few years referrals for drug and alcohol hovered around a thousand less a year. Loss of federal funding for schools may be a factor. It is important that we have properly funded assessment services in our schools.

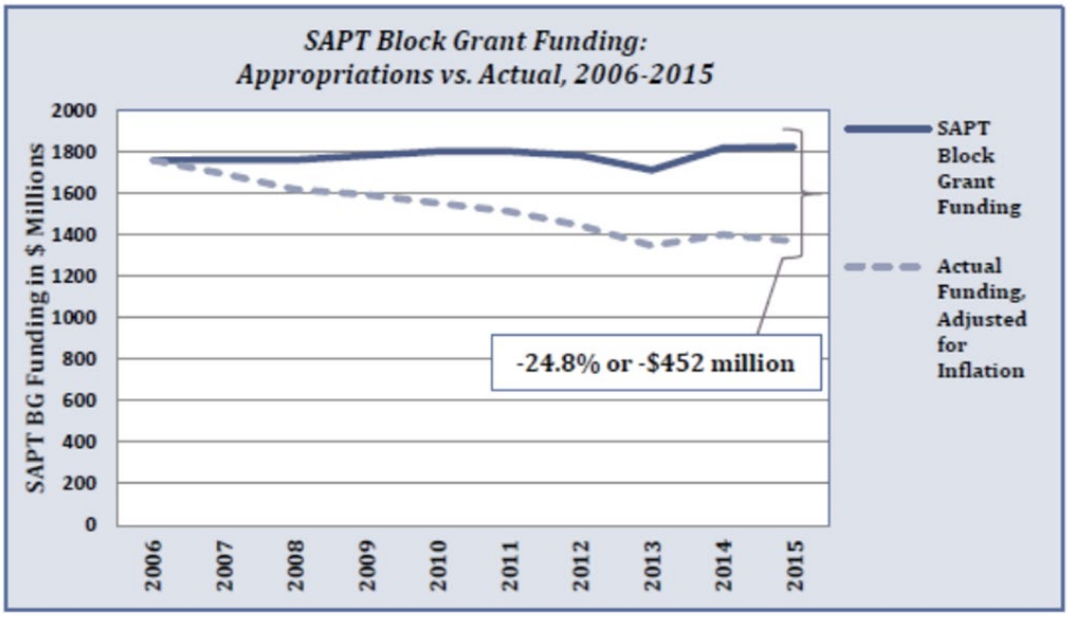
The loss of "buying power" of our Federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) over time

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is distributed to all States and Territories. It is the cornerstone of States' substance abuse prevention, treatment, and recovery efforts. The SAPT Block Grant is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services (HHS). Over the past decade, SAPT Block Grant funding has not kept up with health care inflation, resulting in a staggering 31% decrease in the real value of funding by FY 2018 (to $1.281 million).[5]

As inflation increases, the actual purchasing power of the same funding decreases. In order to restore the SAPT Block Grant's 2006 purchasing power, Congress would need to allocate an additional $577 million dollars. This has resulted in less service availability and reimbursement rates have not kept pace with inflation. Low reimbursement rates can be particularly difficult for

adolescent care providers as adolescent care can be more expensive to provide. In such a dynamic, some providers may change their focus to adult services or simply just close their doors. This has led to a significantly reduced availability of adolescent care.

Loss of "buying power" of our Federal SAPT Block Grant
(Used at the county level to get people help with a substance use problem)



Source: National Association of State Alcohol and Drug and Abuse Directors

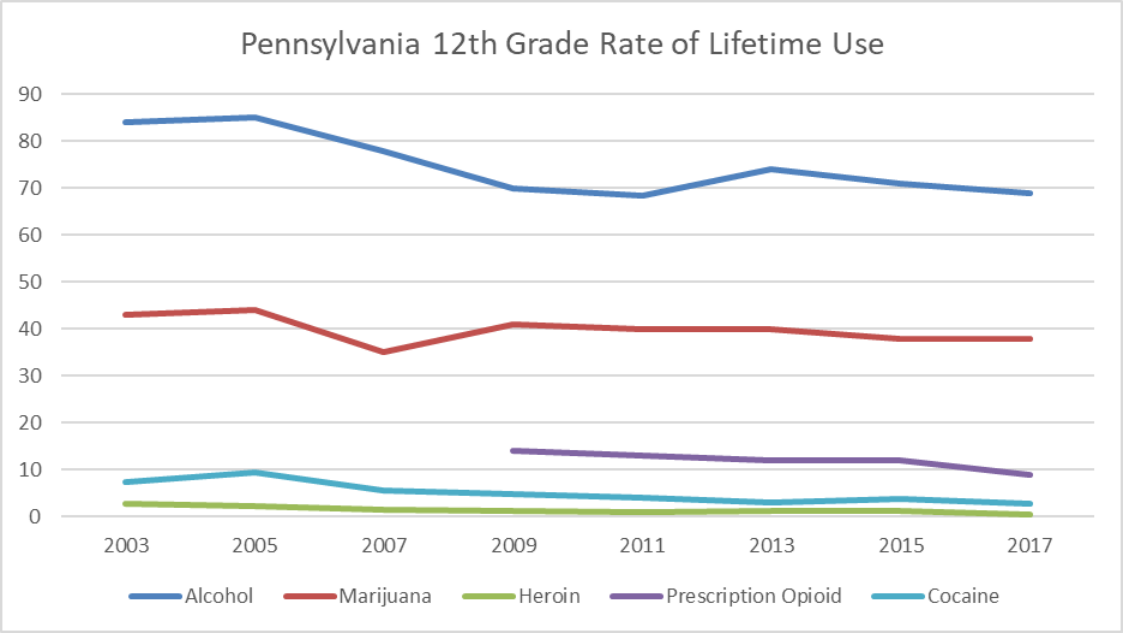
Some data on the needs of our young people experiencing a substance use condition

A few points to consider:

- SUDs in young people act much like a communicable condition. Young people often initiate use based on peer pressure and drug use spreads among our youth like wildfire.
- 90% of adults diagnosed with SUDs started using between the ages of 12 and 17[6]
- "The 2012 National Survey on Drug Use and Health data indicate that among those adults who first tried marijuana at the age of 14 or younger, 13.2% were classified with illicit drug dependence or abuse; this percentage was 6 times higher than that for adults. In fact, among adolescents, the transition from initiation to regular use of alcohol, marijuana, and other drugs often occurs within 3 years."[7]
- A recent study in Western Pennsylvania looking at the opioid epidemic / lifetime drug use patterns found that the average age of onset for marijuana and alcohol use was 14 and that 84% of participants who used other drugs at 14 or younger went on to heroin use later in life.[8]
- Conversely, we are also learning that strong and viable treatment services, recovery communities and recovery support services can assist persons to engage and sustain recovery.

It is common sense that the earlier we engage with and work to help a young person with an SUD, the less damage that will be done with fewer resources expended in our medical and criminal justice institutions and more lives restored to productivity.

Despite limited variation in substance use in youth, drug and alcohol treatment programming has become more limited in availability.



Pennsylvania Youth Survey (PAYS) Data (Monitoring the Future)

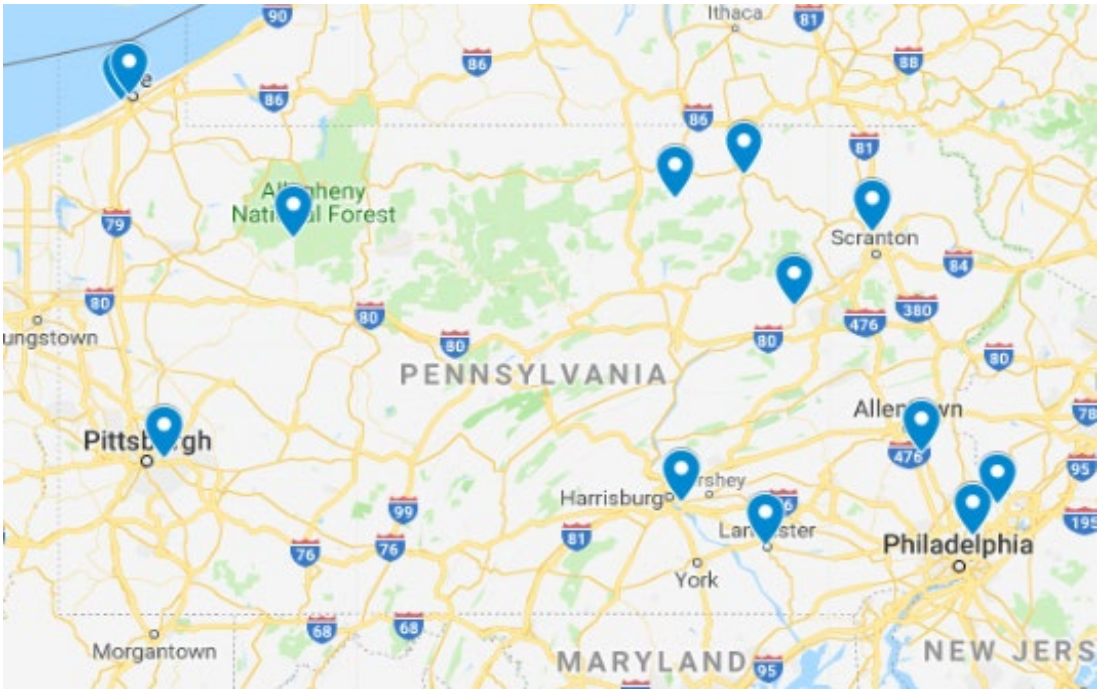
Loss of system infrastructure for young people

We have shuttered and closed a significant number of our adolescent residential programs in Pennsylvania over the course of the last decade and a half. We have lost adolescent residential programs in Allegheny, Berks, Bucks, Bradford, Dauphin, Erie, Forrest, Lackawanna, Luzerne/ Wyoming, Philadelphia and Warren Counties. Several counties, including Bucks and Erie, lost more than one facility with a total of eleven treatment programs that existed in 2002 that have closed their doors or converted to care for another population.

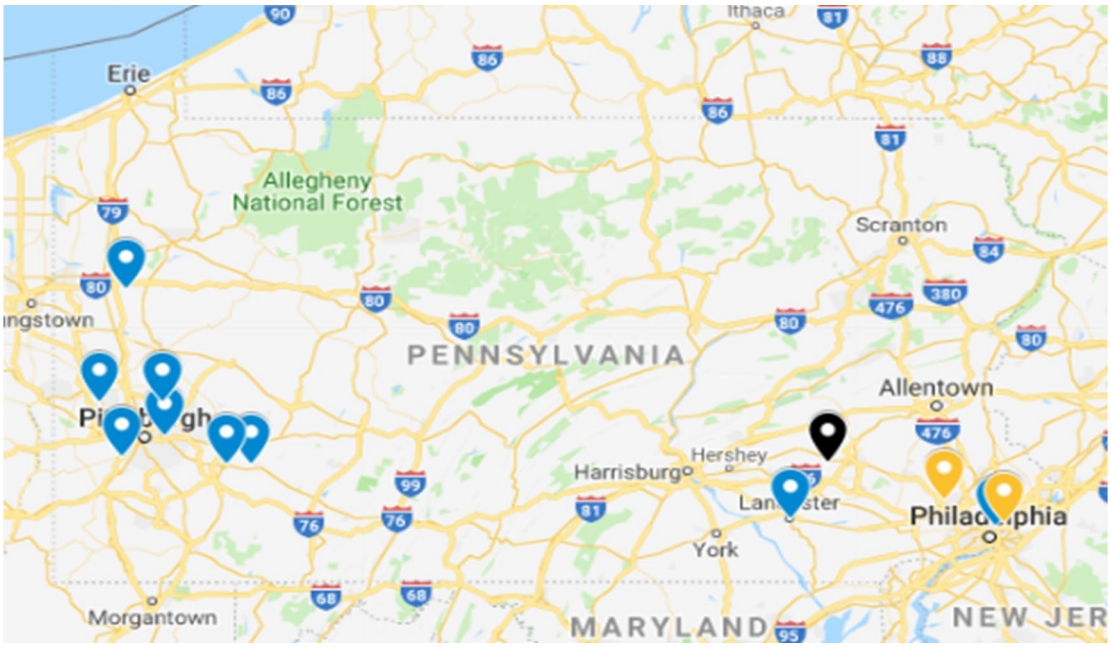
Some parents and referral sources report that their behavioral health managed care plans offer one single residential facility for adolescent care for the entire state. It is important to understand that while a few facilities have opened since 2002, a number of these are specialized. Some are private pay, others are court adjudicated only and others are licensed halfway homes and not a place a parent can send their child for help upon identification of a need for residential care.

Regional programming is of paramount importance as effective adolescent care must include the family, a care facet that has lost focus over time. Administrative burdens and stagnate reimbursement have created an environment in which more program resources are spent chasing dollars to keep programming operational and reduce the efficacy of the care as care is compromised. This is a point worthy of greater understanding and a trend we need to reverse before we lose all of our adolescent residential treatment capacity, even as we need to redouble efforts to support long term recovery in our young people. Instead of focusing resources and care on the segment of population at greatest risk, we end up missing the "golden hour" of opportunity to provide care early on and instead tragically wait until later in life to provide help to those who make it that far.

2002 - Drug and Alcohol Adolescent Residential Programs



2017 - Drug and Alcohol Adolescent Residential Programs



Black: Accept Only Private Insurance
Orange: Criminal Justice Referral Only
Blue: Medicaid or Private Insurance

2017 Drug and Alcohol Adolescent Residential Programs

Blue - Accepts Medicaid
Grey - Criminal Justice Only, Halfway House, or Private Insurance Only

More expensive not to help

The stark reality is that it is much more expensive to not treat or to under-treat substance use conditions than it is to help persons experiencing one, particularly when it presents early in life. We spend great sums from our state resources cleaning up the carnage resulting from untreated or undertreated substance use conditions. This is particularly true in our criminal justice institutions.

At least 70% of all people incarcerated are there with substance use problems. Nationally, we know that fewer teens who needed treatment received it compared with any other age-group.[9] Conversely, treating people saves healthcare dollars. Under Medicaid, patients' medical costs decreased by 30% on average between the year prior to substance use treatment intake and the third year following intake. An often-cited study from California – the CALDATA - study found that on average, substance use treatment is associated with a monetary benefit to society of greater than 7:1 ratio of benefits to costs. These benefits were primarily because of reduced costs of crime and increased employment earnings.[10] In short, helping people recover saves money and lives. Helping young people get into and stay in recovery pays dividends across the lifespan, yet we have not properly focused resources on our young people.

We do not have to belabor the impact this is having on our communities. We do not know of anyone left untouched by the devastation ravaged by this all too common condition. We have all lost family and friends, neighbors and colleagues. We are tired of losing people, and the loss of young lives bears a particularly heavy burden on us all, even as we are keenly aware of the benefits of a recovery focus.

Recovery

Recovery is a reality for thousands of Pennsylvanians. There are roughly 23 Million Americans in long term recovery from a substance use condition. As Pennsylvania makes up just under 4% of the nation's population, we estimate that there are roughly 800,000 Pennsylvanians in recovery. We raise that point as we believe that acknowledging that recovery is a reality for so many of us across Pennsylvania is a fundamentally important point to focus on in addressing the addiction epidemic.

The recovery community remains perhaps the largest untapped and underutilized reserve that we have as we face the addiction epidemic. Our lives are as worthy as any others and we do recover, and when we do, we take care of our families and often get involved in community service. Given the opportunity to heal, we are contributive members of our community. We attend college, build careers, raise families and take active roles volunteering in our communities.

Often (and just like with any other medical condition) we require help to heal. But as noted earlier in this report, resources to help people with substance use conditions and the infrastructure to support treatment and recovery opportunities are woefully inadequate. Recovery efforts tend to lack support care beyond the acute care system. Because SAPTBG funds have not kept pace with inflation, care has in essence been rationed to an acute focus.[11] One critically important element we lack is recovery support services, which can help sustain recovery through community engagement which is really important for our youth.

Focus on long term care and recovery support

There is growing recognition that five years of sustained substance use recovery is the benchmark for 85% of people with a substance use condition to remain in recovery for life.[12] Yet our systems typically provide less than 90 days of care, which is recognized as the minimum effective dose of help.

Why are we not designing our care systems around this reality? We must retool our service system to support this standard. The best place to start is with our young people.

PRO-A, the statewide recovery community organization of Pennsylvania, envisions a Substance Use Disorder (SUD) Service System that supports long term recovery. Episodic, short term treatment is expensive and myopic. We can do this by establishing and funding SUD treatment and long-term recovery support services that address the many complications and co-occurring conditions / issues.

It is clinically appropriate and cost effective to support and augment more formal SUD treatment efforts with recovery support services. These services must be made available statewide for a person with a SUD and for families / significant others and communities, before, during and after formal SUD treatment - generally with decreasing intensity - over a minimum of five years. Education, professional referral, and ongoing peer support services for families/significant others provide relief to the families / significant others are important elements in the recovery continuum.

A care system that meets the needs of our young people

A substance use issue has a more significant impact on our young people, primarily because developing brains are more vulnerable to addiction. We must expand treatment and recovery efforts for the young person and the family / significant others because this is who get hit the hardest. We must provide age appropriate treatment and recovery support services to our youth regionally across Pennsylvania in cost reimbursed programs that create a continuum of at least a year. This continuum needs to include Recovery High Schools / Collegiate Recovery Programs, and Alternative Peer Groups (APGs). We must also provide family education, professional referral, and support programs to assist each young person with a SUD to obtain, sustain and support recovery for an extended period, ideally to the point of five years in recovery.

Recovery High Schools

High school can be a challenging environment for any young person. It is a particularly challenging for young people who are in recovery from a substance use disorder (SUD) trying to maintain recovery. Relapse is often at high rates for these young people after they leave treatment and many of them return to full blown use.[13] There are two triggers that are most significant for adolescent relapse, school stress and the socialization process – including peer pressure to use drink and use other drugs.[14] School stress and socialization are the epitome of high school. This makes it challenging for adolescents in recovery to return to their same high school after SUD treatment.

Forty-two communities across the nation and counting have found a solution to their young people relapsing when they return from treatment. It is the implementation of a Recovery High School (RHS). RHS are secondary schools created to help adolescents receive a high school diploma along with their recovery support. They are designed specifically for students with a SUD and thus require students to be actively working a program of recovery.[15]

Pennsylvania – the "Pennsylvania Model"
Act 55 of 2017 creating funding for Recovery High Schools

In 2017, Pennsylvania passed Act 55, which allows funding for a pilot recovery high school in Pennsylvania, the Bridge Way School (PA Gen Assembly Act 55-2017). It removes a financial barrier for students getting access to a recovery high school. Under this program, the state pays 60 percent of tuition and the sending school district pays 40 percent. Tuition at Bridge Way is $20,000 a year or $2,000 a month. The Bill created a way for families to get sending districts to cover the cost or their tuition. Students can also pay through private means, and there is a scholarship program.

The school is run through an innovative private and public funding process. Economically, it makes sense for states to fund substance abuse treatment programs and recovery high schools because research has shown it is more cost-effective and successful in treating substance use disorder in juveniles.[15] According to an article in U.S. News and World Report entitled "What Youth Incarceration Costs Taxpayers," in 2014, a study by the Justice Policy Institute found that locking up a juvenile costs states an average of $407.58 a person a day or roughly $148,767 a year.

Recovery High Schools provide a safe environment where young people feel supported in their efforts to recover, save money and can keep kids out of the criminal justice system.

This Act has become known nationally in the recovery high school community as the "Pennsylvania model" and has been replicated in several states (Ohio, Oklahoma, and Florida) due to its reliance on both public and private funding, which allows for a more sustainable model. This pilot program should be expanded in Pennsylvania to provide for more than a single school (with a second opening up in the Lehigh Valley in the Fall of 2019) and made a permanent funding mechanism for students to attend recovery high schools regionally across Pennsylvania.

The Alternative Peer Group model

An Alternative Peer Group (APG) is a community-based, family-centered, professionally staffed, positive peer support program that offers pro-social activities, counseling, and case-management for people who struggle with substance use or self-destructive behaviors. APG models are not clinically based, but instead community-based recovery services that may have clinical support. This means that there are social events tied into an APG and family services. This is a key difference between an Intensive Outpatient Program (IOP) and an APG. APGs are a better fit for the adolescent who struggles with substance use and co-occurring disorders because the main focus is to offer and shape a new peer group that utilizes positive peer pressure to stay in recovery. In addition, APGs focus on making recovery more fun than using by organizing and staffing sober social functions throughout the week, weekends, and summers.

The Alternative Peer Group (APG) is a recovery support model for youth who struggle with substance use disorders and mental health issues. Though not subjected to rigorous clinical trials, preliminary data indicates two-year sobriety rates greater than 88% for adolescents who complete the program.[16] APGs facilitate young participants' motivation for recovery by creating conditions that support their experience of autonomy, competence, and relatedness. The APG model facilitates strong relational ties between recovering youth role models and newly admitted adolescents with no desire to change behaviors. These relationships increase the relevance and impact of long-term therapeutic services.[17] Over time while participating in groups, sober social activities, and 12-step meetings with recovering peer role models, youth begin to value recovery over substance use. Qualitative data indicates that young people who participated in an APG maintained close ties with recovering peers and mutual support group involvement through young adulthood.[18] Consider the resources our systems can save and the lives enriched if we support recovery for our young people and help them avoid burning down their lives in active addiction.

Supporting Recovery in College Settings – the Collegiate Recovery Program

College use of alcohol and other drugs is exceptionally dangerous, expensive, and can be deadly. Every year our youth are dropping out or failing college due to the abuse of alcohol and other drugs. Articles are written every year promoting top party schools. Every year students across Pennsylvania are killed in automobile and other accidents, alcohol poisoning, and drug overdoses. We rank number one nationally in campus drug charges, with eleven of the top twenty-five schools with highest rates of drug, alcohol arrests are located in Pennsylvania.[3] This section of the report is from the Association of Recovery in Higher Education (ARHE) web site "Scholarly

Rationale" and the citations are original to that source. To read it, and to see the full links for the other studies referenced, follow this link, here.[19] From the ARHE web site:

> In recovery and in college: double jeopardy rates of substance use disorders (SUD) triple from 7% in adolescence to 20% in early adulthood (Substance Abuse and Mental Health Services Administration, 2011), making this developmental stage critical to young people's future. In spite of effective interventions (Becker & Curry, 2008; Chung et al., 2003; Dennis et al., 2004; Tanner-Smith, Wilson, & Lipsey, 2013; Winters, Stinchfield, Lee, & Latimer, 2008), relapse rates are typically high (Substance Abuse and Mental Health Services Administration, 2008).
>
> Post-treatment continuing support is effective at sustaining recovery (Dennis & Scott, 2007; Godley et al., 2010; McKay et al., 2009; Substance Abuse and Mental Health Services Administration Office of Communications, 2009). The need for recovery support is especially high for SUD-affected college students: Attending college and transitioning into adulthood can both be demanding, offering new freedoms but also less structure and supervision.
>
> For youths in SUD recovery, these challenging transitions are compounded by the need to remain sober in an "abstinence-hostile environment" (Cleveland, Harris, & Wiebe, 2010): The high rates of substance use on campuses (Hingson, Zha, & Weitzman, 2009; Wechsler & Nelson, 2008) make college attendance a severe threat to sobriety that must often be faced without one's established support network (Belletal, 2009; Woodford, 2001). Combined, these factors can lead to isolation when "fitting in' is critical, and/or to yielding to peer pressure to use alcohol or drugs, both enhancing relapse risks (Harris, Baker, Kimball, & Shumway, 2008; Woodford, 2001).
>
> Experts' calls for campus-based services for recovering students (Dickard, Downs, & Cavanaugh, 2011; Doyle, 1999) have thus far been largely unheeded (Bell et al., 2009; Botzet, Winters, &Fahnhorst, 2007; Cleveland, Harris, Baker, Herbert, & Dean, 2007). The U.S. Department of Education noted that "the education system's role as part of the nation's recovery and relapse prevention support system is still emerging"(p. 10 (Dickard et al., 2011). Preventing students relapse is especially critical as SUDs are associated with college attrition (Hunt, Eisenberg, & Kilbourne, 2010). Thus, youths' developmental stage, and the unique challenges of college, both underline the need for a recovery support infrastructure on campus (Botzet et al., 2007; Misch, 2009). This includes the need for a recovery supportive social environment that fosters social connectedness, given the influence of peers on youths' substance use (Cimini et al., 2009; Substance Abuse & Mental Health Services Administration Office of Communications, 2009; White, Journal of Substance Abuse Treatment (2014) approach to SUD services (Clark, 2008). These factors fueled a rapid growth of College Recovery Programs CRPs, from 4 in 2000 to 29 in 2012 (Laudet et al., 2013) with 5 to 7 starting annually (Kimball, 2014). While CPRs vary in orientation, budget, and in the breadth of services (Laudet, Harris, Kimball, Winters, & Moberg, 2014; Laudet et al., 2013), most are peer-driven, are 12-step based, and provide onsite support groups, sober events, and seminars on SUD and recovery. The need for CRPs is bolstered by many sites' reporting that demand surpasses capacity. (Laudet et al., 2014, p.2)"

We see the development of fully functioning collegiate recovery programs on campuses across Pennsylvania as a fundamental initiative that will support long term recovery for members of our recovery community in college. Supporting these programs will improve academic performance for members of our community and serve to normalize recovery as an accepted life path on college campuses, thereby reducing negative public perception about our condition.

Invest in our Future – Invest in our Youth

Envision what it would be like if we could get more of our young people into recovery early in life. It would change the way that we spend state resources. Imagine fewer kids getting arrested, dropping out of school and in all too many instances, dying at far too young an age. Consider our communities with greater recovery resources and fewer needs to focus on cleaning up the carnage.

Pennsylvania would do well to invest in helping our young people to get into treatment. We also must enforce PA Act 106 of 1989 requirements already on the books that provide intervention and family counseling to get our young people help more quickly and educate families in order that they are empowered to support the healing process for all members of the family.

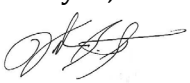
We think that there needs to be a focus moving forward in order to:

1. Ensure substance use assessment and referral services are being properly funded and utilized regionally in our schools and pediatric medical practices.

2. Ensure that all funders:
    a. Publish plain language information sheets mailed to all members annually on substance use services provided in member plans. These sheets are to
        i. Specify services including intervention, family counseling, treatment, recovery support services.
        ii. Delineate all applicable federal / state laws governing care, how they are enforced and oversight bodies in the event of a problem accessing care.
        iii. Provide information for families seeking help with a substance use condition, including intervention, treatment and recovery support services available.
    b. Provide the full continuum of adolescent treatment and recovery support services regionally in every area of the state on a cost reimbursed basis.
    c. Require a minimum one-year care continuum for covered lives under the age of 20 who meet the criteria of substance use dependency at the proper intensity and structure identified by clinical need and include recovery support services. This will provide the best opportunity to develop stable recovery for our young people.

3. Consider establishing dedicated funding for recovery high schools, alternative peer groups and collegiate recovery programs to extend recovery opportunities to provide long term recovery strategies for our most valuable asset, our young people.

Thank you,



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