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Good afternoon and thank you again on behalf of RHD, for the opportunity to participate in this forum. We have always recognized that there are many partners in our goal to combat addiction – the treatment provider community, Physicians and hospitals, advocates and legislators, the court system and self-help and peer groups. Traci shared an overview of treatment options and approaches we currently provide at RHD, Lisa was able to share the barriers we face as providers and advocates for change, and we felt we would not do justice to this topic unless we provided some solutions. Some are immediate and some more long range, but they include all of us as team members for recovery.

I will start at home, with RHD as providers. Some of the things we are doing and can expand:

- We have insured that every D&A and MH program has Naloxone on site, and that all staff have been trained
- We can advocate for increased length of stay or Level of Care when warranted, even in the face of an expiring authorization
- We can continue to advocate for Housing First model , to improve and sustain stable living environments
- As Traci mentioned, our methadone clinic has been awarded a COE designation. This will provide the opportunity for outreach and collaboration that has not been available to most MAT providers. We can commit to learn all we can about best practices and advocate to expand this opportunity to other providers
- The warm handoff that I am sure many of you have heard about, we can prioritize this in treatment and advocate for funding in programs to make this a reality
- We can provide the treatment community, both staff and participants, support when they experience a loss of one of their members to overdose.
- We can continue to speak out about this issue. This is a moment in time that addiction, overdose and recovery are being discussed in both government and media. We can educate and advocate.

Physicians/Hospitals-ER

- In rural areas in particular, we can try to expand the number of suboxone prescribers. If you do a search of available prescribers many in the state have to drive close to an hour to access MAT.
- Support additional Medical Schools to have an Addiction Treatment Specialty training
- In ER's when presented with a patient with addiction or overdose, have available either in person or by tele-psychiatry a consult with someone with addiction treatment expertise

### Advocates/Legislators

From the PA Opioid Dispensing Guidelines to the HB 2173 Parity Act , there are many measures underway to address the issues of addiction and access to treatment. We need to continue to search for new ways to improve treatment and access, and to insure funding will follow the ideas generated.

### Courts

- Consistency within Drug Courts. We have some outstanding established Drug Courts in the State, and we can look to those to establish standards and best practice around MAT
- Aim for Drug Court option in every county, that is partnered with treatment providers

I want to close with an experience we had at one of our residential treatment programs. We had a woman referred to our program, that as many participants entered treatment conflicted but hopeful. She was making great progress and had formed strong supportive relationships with her peers at the program. She left the program for an appointment and returned to the program that evening in distress from overdose. The staff was prepared – Naloxone was administered, CPR provided, an ambulance arrived quickly and she was taken to the emergency room. Her peers in the house and the staff rejoiced to hear that she was revived. She was discharged from the hospital the next day, refused to return to the program, used and was dead within 24 hours from overdose. We will never know, but I wonder, what if we had been able to interrupt her use, even for 48 hours? What if an outreach team and addiction treatment crisis worker met with her, sat with her and tried to help her through the day when she desperately wanted to use? What if there was a law, not as broad in scope as HB 1692, but one that said, if you have been revived by Narcan by a medical professional or police officer, we will immediately bring you to emergency treatment, and hold you for at least 48 hours while you may still be a danger to yourself. We will offer you treatment, support, and hope, much like the help that is available if you are a danger to yourself due to mental health issues. There is no guarantee that the outcome would have been different, but I think everyone of us would want to try every way possible to change the outcome. Thank you for your time today. It was an honor to be part of this esteemed panel.