



COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR

October 18, 2019

The Hon. Frank Pallone, Jr., Chairman  
The Hon. Greg Walden, Ranking Member  
The Hon. Anna G. Eshoo, Chairwoman, Subcommittee on Health  
The Hon. Michael C. Burgess, M.D., Ranking Member, Subcommittee on Health  
The Hon. Diana DeGette, Chair, Subcommittee on Oversight and Investigations  
The Hon. Brett Guthrie, Ranking Member, Subcommittee on Oversight and Investigations

U.S. House of Representatives Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20515

**Re: Pennsylvania's use of federal funding to address the opioid epidemic**

Dear Representatives,

Thank you for your interest in how Pennsylvania is addressing the opioid crisis – in particular, how the commonwealth is using federal funding to promote treatment and recovery efforts. We also thank the Committee for passing legislative packages that have helped states such as Pennsylvania to address the epidemic through grants and other authorizations.

Pennsylvania's response to the opioid crisis has been called a model for the nation by the American Medical Association and I took the unprecedented step to establish a disaster declaration and set up a 17 state-agency-led Opioid Command Center have fueled the state's collaborative efforts that led to a decrease in opioid overdose deaths. But there is more work to be done.

Attached below we respond to each of the specific questions posed in your letter dated September 18, 2019. We also highlight some of Pennsylvania's successes, positive outcomes, and innovative prevention, treatment, and recovery support programs as a result of this unprecedented funding.

If you would like additional details on our work, we are happy to provide more information.

Sincerely,

A handwritten signature in blue ink that reads "Tom Wolf".

TOM WOLF  
Governor

**1. Since 2016, how much federal funding for opioid use disorder prevention, treatment, and recovery has Pennsylvania received?**

Pennsylvania has received significant federal funding for prevention, treatment and recovery for opioid use disorder, including the following specific grant funding:

<b>Funding Source</b>	<b>Amount</b>
Opioid State Targeted Response (STR)	\$53,015,158
State Opioid Response (SOR) & Supplement	\$141,052,265
Medication Assisted Treatment – Prescription Drug and Opioid Addiction	\$5,700,000
CDC Crisis Response	\$5,185,486
CDC ESOOS	\$686,000
CDC OD2A	\$8,448,267
CDC Prevention for States	\$940,000
U.S. Department of Labor	\$4,997,287
BJA Cat. 5	\$750,000
BJA Cat. 6 (Prescription Drug Monitoring Program)	\$1,000,000
BJA Cat. 6 (Department of Corrections)	\$996,408
Act 80	\$5,168,105
Coverdell Forensic	\$230,386
SAEDR	\$818,781
RSAT	\$587,463
COAP	\$1,200,000
COAP – BJA Cat. 4	\$1,200,000
<b>TOTAL</b>	<b>\$231,975,606</b>

**a. What challenges, if any, exist in deploying federal funds to local communities in an expedited manner?**

Pennsylvania has experienced some challenges, not insurmountable, including procurement and contracting requirements that delay the implementation of planned projects. Staffing was also a challenge, as the state agencies needed to work with state civil service and other hiring requirements to employ staff to help manage the funding process. Local providers also needed time to hire and train staff who would be able to implement projects at the local level.

**b. To date, how much of this federal funding has your state used or allocated? Please provide a list of each funding recipient, the purpose for allocating money to them (e.g. prevention, treatment, etc.), and the amount that has been allocated to them.**

<b>Recipient</b>	<b>Purpose</b>	<b>Allocation</b>
Department of Drug and Alcohol Programs	Administration	\$5,736,140
Single County Authorities (SCAs)	Treatment	\$57,690,925
Single County Authorities (SCAs)	Prevention	\$13,255,000
Department of Health	Treatment	\$27,348,000
Department of Health	Prevention	\$1,100,000
Pennsylvania Commission on Crime and Delinquency	Treatment	\$7,000,000

Pennsylvania Commission on Crime and Delinquency	Prevention	\$5,025,000
Department of Aging	Prevention	\$610,000
Department of Corrections	Treatment	\$8,900,000
Department of Human Services	Recovery Support	\$30,000,000
Pennsylvania State Police	Prevention	\$2,500,000
Department of Military and Veterans Affairs	Prevention	\$1,000,000
Department of Military and Veterans Affairs	Treatment	\$1,000,000
Department of Insurance	Treatment	\$400,000
UPMC Children's Hospital of Pittsburgh	Prevention	\$800,000
University of Pittsburgh Medical Center	Treatment	\$5,607,231
First Choice Services, Inc.	Prevention	\$2,447,027
Fei.com, Inc.	Data Collection	\$2,625,000
Harmelin and Associates, Inc.	Prevention	\$2,205,965
Red House Communications	Prevention	\$4,559,545

**c. If your state has not used the entirety of federally allocated funding, please explain why.**

As a result of some of the challenges noted above, Pennsylvania has not yet fully expended all of the funds allocated. For the Opioid – State Targeted Response grant, Pennsylvania requested and was granted a no-cost extension through April 30, 2020 with all funds expended by that date. The State Opioid Response & Supplement grants do not end until September 29, 2020, and Pennsylvania continues to work with local partners to implement all of the services and supports planned for those funds.

**2. Please describe how your state determines which local government entities (i.e. counties, cities, and towns) receive federal grant funding to address the opioid crisis. Specifically, please identify localities impacted most by the opioid epidemic in your state, and include the total amount allocated to each locality, as well as the factors your state considers in distributing these funds.**

Local government entities are critical partners in the provision of prevention, intervention, treatment and treatment related services in Pennsylvania. The PA Department of Drug and Alcohol Programs (DDAP) has contractual agreements with forty-seven (47) Single County Authorities (SCAs). These county or county affiliated agencies plan, administer and evaluate services at the local level. The statewide needs assessment, overdose death data and treatment data indicate that all areas of the state have been affected by the opioid crisis so all 47 SCAs have received funding to address the local needs. Allocations for the treatment funds received by the SCAs are determined by a formula that includes population, overdose death occurrence, and uninsured rates, so that each locality, including those impacted most, are receiving appropriate allocations. Each SCA submits a specific plan for receipt of prevention funds.

Current allocations to the 47 SCAs are listed below. Adjustments to the allocations can be made as needs and priorities change at the local level.

			<b>Total</b>
<b>Prevention</b>	<b>SOR</b>	<b>\$12,000,000</b>	<b>\$13,255,000</b>
	<b>Opioid STR</b>	<b>\$1,255,000</b>	
<b>Treatment</b>	<b>SOR</b>	<b>\$25,907,500</b>	<b>\$57,290,925</b>
	<b>Opioid STR</b>	<b>\$31,383,425</b>	

**3. Please describe how your state determines which non-governmental organizations (i.e. non-profits, treatment centers, or other entities) receive federal grant funding to address the opioid crisis. Specifically, please identify the non-governmental organizations that have received funds in your state, and include the total amount allocated to each entity, as well as the factors your state considers in distributing these funds.**

SCAs are responsible for contracting with and funding services to non-governmental agencies such as SUD treatment and prevention providers at the local level. Each SCA determines what licensed treatment providers or prevention and recovery support services will meet the identified locals needs.

Pennsylvania also uses various competitive processes to obtain contracted services for identified agency needs.

During the procurement process, an evaluation committee is convened to examine proposal documents and provide individual feedback. Responsibilities of the committee include:

- Evaluating the technical merit of responsive proposals;
- If clarification of a proposal is needed, communicating the need for clarification to the issuing agency and assisting the issuing agency in communication to offerors;
- Reporting to the issuing agency, through the evaluation committee chairperson, the results of the evaluation committee’s technical evaluation; and
- Keeping the proposals confidential, disclosing and discussing the information with no one (including other Commonwealth employees) except agency counsel or agency accounting personnel and in meetings of the evaluation committee.

Because procurement requires a specialized knowledge of laws, regulations, program needs, policies and specific procedures, contract documents are subject to review by many individuals both within and outside the purchasing agency, including legal and accounting personnel.

DDAP has been using the Grant Initiative Funding Application (GIFA) process to select other entities to provide specialized services which the Department has identified to address the opioid crisis. The following is a general overview of the standardized process that DDAP follows when issuing, reviewing and rewarding competitive grants to applicants. The process includes:

- Establishing a grant initiative funding opportunity – These opportunities are established through service needs and grant funding availability. These opportunities are developed by DDAP staff and may include collaboration with other Commonwealth agencies.
- Submission of applications – GIFAs are posted on DDAP’s website and the announcements include:

- GIFA Title
- GIFA Number
- Due Date for Application
- Estimated Number of Grant Awards Available
- Maximum Dollar Amount Thresholds for Individual Application Submissions
- Criteria for Eligible Applications
- Project Summary
- Grant Initiative Guidelines
- Review and Scoring – DDAP establishes committees unique to each initiative based on the subject matter. Each committee includes between five and seven administrative and program staff to review all applications. Each evaluation committee will score applications based on a standardized scoring sheet for that initiative.
- Approval Process – The final application is selected based on scoring and recommendations from the evaluation committee.
- Notification – Barring any unresolved issues with applications, grantees are notified within 30 days.

<b>Initiative</b>	<b>Funding Source</b>	<b>Procurement Process</b>	<b>Non-Governmental or Governmental Organization</b>	<b>Entities Selected</b>	<b>Counties Served</b>	<b>Total Amount Allocated</b>
Department of Human Services Housing Support Services	SOR	Competitive Sealed Proposals and Sole Source	Non-Governmental and Governmental	16	17	\$30,000,000.00
Data Collection System	SOR	Competitive Sealed Proposals	Non-Governmental	1	67	\$1,125,000.00
Expansion of Vivitrol and Implementation of additional MAT	SOR	Subgrant with Commonwealth Agency	Governmental	1	67	\$6,400,000.00
PacMAT	SOR	Competitive Sealed Proposals	Non-Governmental	Undecided – Still in Competitive Bid process	Undecided – Still in Competitive Bid process	\$8,000,000.00
Loan Repayment Program	SOR	Competitive Sealed Proposals	Non-Governmental	92	67	\$10,000,000.00
CRS/Counselor Training and Recruitment	SOR	Undecided	Undecided	N/A	N/A	\$5,000,000.00
Case Management (SCA) level	SOR	Sole Source	Non-Governmental and Governmental	47	67	\$4,000,000.00
ODU Treatment Services for Uninsured and Underinsured	SOR	Sole Source	Non-Governmental and Governmental	47	67	\$15,900,000.00
Perinatal Quality Collaborative	SOR	Sole Source	Non-Governmental	1	67	\$1,000,000.00
Pregnancy Support Services	SOR	GIFA	Non-Governmental	9	67	\$4,000,000.00
Evidence Based Practices Implementation	SOR	DDAP	Governmental	1	67	\$1,200,000.00
Addiction Medicine Fellowship	SOR	Subgrant with Commonwealth Agency	Governmental	1	N/A	\$448,000.00
PCCD Prevention Initiative	SOR	Subgrant with Commonwealth Agency	Governmental	1	67	\$4,025,000.00
Prevention and Health	SOR	Sole Source	Non-Governmental and Governmental	1	67	\$7,000,000.00

Opioid Stewardship Training/CME	SOR	Subgrant with Commonwealth Agency	Governmental	Undecided	Undecided	\$600,000.00
MAT Summits	SOR	Subgrant with Commonwealth Agency	Governmental	1	67	\$500,000.00
Police Diversion to Treatment	SOR	Subgrant with Commonwealth Agency	Governmental	1	67	\$2,500,000.00
Physician Education	SOR	Sole Source	Non-Governmental	1	1	\$800,000.00
Media Strategies	SOR	DDAP	Governmental	1	67	\$2,100,000.00
Veterans Outreach and Training	SOR	Subgrant with Commonwealth Agency	Governmental	1	67	\$1,000,000.00
Data Collection – Training Management System	SOR supplemental	DDAP	Governmental	1	67	\$500,000.00
DOC Expansion of MAT in all State Facilities	SOR supplemental	Subgrant with Commonwealth Agency	Governmental	1	67	\$2,500,000.00
Expansion of MAT in County Correctional Facilities	SOR supplemental	Subgrant with Commonwealth Agency and Competitive Sealed Proposals	Non-Governmental and Governmental	Undecided – Still in Competitive Bid process	Undecided – Still in Competitive Bib process	\$2,000,000.00
Workforce Development – Support for individuals with OUD	SOR supplemental	Undecided	Undecided	N/A	N/A	\$1,800,000.00
Community Recovery Support Services	SOR supplemental	GIFA	Non-Governmental	Undecided – Still in Competitive Bid process	Undecided – Still in Competitive Bid process	\$1,000,000.00
Recovery Support Services	SOR supplemental	Undecided	Undecided	N/A	N/A	\$1,500,000.00
Re-Entry Support for Women	SOR supplemental	Undecided	Undecided	N/A	N/A	\$1,500,000.00
Drug Court Expansion	SOR supplemental	Subgrant with Commonwealth Agency and Competitive Sealed Proposals	Non-Governmental and Governmental	Undecided – Still in Competitive Bid process	Undecided – Still in Competitive Bid process	\$1,500,000.00
Police Diversion to Treatment	SOR supplemental	Undecided	Undecided	N/A	N/A	\$2,000,000.00

Recovery High Schools	SOR supplemental	Undecided	Undecided	N/A	N/A	\$2,000,000.00
Support to Veterans	SOR supplemental	Subgrant with Commonwealth Agency	Non-Governmental and Governmental	7	67	\$1,000,000.00
Community Navigation and Support Service	SOR supplemental	Undecided	Undecided	N/A	N/A	\$1,800,000.00
PDI Navigator System	SOR supplemental	Subgrant with Commonwealth Agency	Governmental	1	67	\$400,000.00
Naloxone	SOR supplemental	Subgrant with Commonwealth Agency	Governmental	1	67	\$1,500,000.00
Enhance School-based/Community Prevention Efforts & Student Assistance Initiative	SOR supplemental	Sole Source	Non-Governmental and Governmental	43	67	\$4,500,000.00
College-Based Prevention Initiative	SOR supplemental	GIFA	Non-Governmental	Undecided – Still in Competitive Bid process	Undecided – Still in Competitive Bid process	\$1,000,000.00
Poison Control Center	SOR supplemental	Sole Source	Non-Governmental	1	2	\$500,000.00
PCCD Prevention Initiative	SOR supplemental	Subgrant with Commonwealth Agency	Non-Governmental and Governmental	1	67	\$1,000,000.00
Evidence-based Training and Consultation (MI, CBT, Use of MAT, and ASAM Criteria)	SOR supplemental	DDAP	Governmental	1	67	\$500,000.00
Media Strategies	SOR supplemental	DDAP	Governmental	1	67	\$425,202.00



**4. Do federally appropriated funds to address the opioid crisis provide your state with the flexibility to focus on the hardest hit regions or localities? Please describe how, if at all, this flexibility has helped Pennsylvania in using funds to target vulnerable populations or at-risk areas. If no, please explain what additional flexibility should be considered in helping your state address the hardest hit regions or localities.**

In 2017, the drug overdose mortality age-adjusted death rate in the United States was 21.7 per population of 100,000 (CDC). In Pennsylvania the rate was 44.3 and most counties were above the US average. The scope of the crisis in the commonwealth has required a broader focus and response, rather than a regional focus.

While the federal funding has helped Pennsylvania address the opioid crisis, its limitations create challenges in a changing addiction landscape. Those challenges include:

**Broad Issues of Addiction & Polysubstance Use**

Federal funding is targeted at opioids. Pennsylvania, like many other states, continues to grapple with broader issues of addiction. In your request letter, you highlight 2017 CDC data that suggest that 68% of overdose deaths are opioid related. However, 32% of overdose deaths are non-opioid related – and while other substances do not have the lethality of fentanyl (among other opioids), addiction to those substances continues to have considerable socioeconomic effects in Pennsylvania. Pennsylvania is currently monitoring an increase in stimulant use (e.g. methamphetamine, cocaine) related to the crisis. Federal funding opportunities should recognize that this crisis has shifted over time – and will continue to shift – affording states with greater flexibility to address substances in addition to opioids.

**Acute Funding for a Chronic Condition**

Addiction treatment stakeholders across the commonwealth express a desire for consistent, long-term funding. Addiction is a chronic, relapsing disease. Providers understand that long-term programs that offer a range of treatment and recovery supports are needed. Planning for these programs is difficult when funding mechanisms favor larger, short-term infusions of dollars. Said another way, short-term funding promotes short-term solutions. Funders should consider mechanisms that support a longer horizon (i.e. marathon instead of sprint). A longer-term focus would reduce uncertainty, thus promoting greater flexibility.

**Federal Coordination of Effort**

Pennsylvania receives grant funding to address the opioid crisis from a list of federal partners (e.g. DOJ, DOL, SAMHSA, CDC) with incongruent funding requirements and timelines for use. These disparate requirements make it difficult to integrate grant dollars into a cohesive, commonwealth-wide strategy. Pennsylvania spends considerable administrative energy ensuring that the *right* dollars are being used for the *right* projects. This creates an opportunity cost of missed benefits were those resources better allocated. Better coordination of funding at the federal level, coupled with a concerted effort to reduce administrative burdens across grants, would support greater flexibility in grant use at the state level.

Finally, the Substance Abuse Prevention and Treatment Block Grant (SABG) administered by SAMHSA provides an extant, functioning grant vehicle with both greater flexibility and a long-term focus. Congress should consider expanded use of this tool in addressing the opioid crisis.

**5. In what ways, specifically, have federal funds extended to Pennsylvania helped change your state’s treatment system and/or led to a reduction in opioid overdoses?**

In 2018, data collected from Pennsylvania coroners and medical examiners reflect an 18% decrease in overdose deaths from 2017 to 2018 (5,456 deaths to 4,491 deaths). While it is not clear whether this promising trend will continue through 2019, we attribute this reduction to four broad initiatives:

1. ***Increased naloxone awareness, access, and distribution.*** Through a combination of state and federal funding, the commonwealth distributed nearly 13,000 naloxone kits free of charge directly to Pennsylvanians across three days in December 2018 and September 2019. Funding used toward public messaging and awareness of naloxone availability in Pennsylvania communities – through our standing order prescription, as well as naloxone availability through Centralized Coordinating Entities (CCEs) for first responders – likely also contributed significantly to this reduction in deaths.
2. ***Warm hand-off implementation.*** While overdose deaths have decreased, first responder and emergency room overdose encounters have not. Federal funding that is funneled to the SCAs has helped establish local warm hand-off protocols between emergency departments, county drug and alcohol authorities, and supportive services. Federal funds also helped support regional Warm Hand-Off Summits throughout the state in 2018 and 2019 to bring together local partners for education and planning.
3. ***Building the system for the long-term, including expansion of MAT.*** As detailed in #4 above – while much of the federal funding is earmarked for opioid-specific initiatives, Pennsylvania has been creative in using these funds to build the treatment and social support system for the long-term, particularly for those who are (1) un- or underinsured and/or (2) specialized populations (pregnant women/women with children, veterans, persons who inject drugs). Furthermore, MAT has been expanded through a number of hub-and-spoke model programs, including Centers of Excellence (COEs), Pennsylvania-Coordinated Medication Assisted Treatment (PacMATs), Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA), and Rural Access to MAT in Pennsylvania (RAMP). Upcoming MAT Summits supported by federal funding will take place throughout the commonwealth this fall, providing education and DATA-waiver training to get more doctors and mid-level providers waived to prescribe buprenorphine.
4. ***Get Help Now Hotline.*** Since November 2016, Pennsylvania has hosted, with the support of federal funding, a Get Help Now hotline. To date, the hotline has fielded over 49,000 calls and provided nearly 20,000 warm-line connections to treatment and supportive services.

**6. What performance measures is Pennsylvania using to monitor the impact of federal funds for opioid use disorder and other substance use disorder treatment?**

The commonwealth hosts a public Opioid Data Dashboard located at <https://data.pa.gov/stories/s/9q45-nckt/>. Data are updated on a monthly or quarterly basis, with raw dataset downloads available to the general public. Charts/maps and datasets currently published to the dashboard, including overdose deaths by county, naloxone doses administered, emergency room visits, calls and intakes to the Get Help Now hotline, cases of neonatal abstinence syndrome (NAS), Prescription Drug Monitoring Program risky prescribing patterns, opioid-related drug seizures and arrests, and more. Data

related to the impacts of the opioid crisis on local communities – including impacts on families/children, diseases associated with injection drug use, the economy, and the criminal justice system – are currently in the works in collaboration with the University of Pittsburgh School of Public Health.

Applying meaningful performance metrics to the ever-evolving opioid epidemic has proven a challenge in the past; the causes of the epidemic are multi-faceted and vary by community, and hundreds of unique solutions have been deployed statewide and locally through various grant initiatives. However, Pennsylvania is improving its ability to track data, make policy changes based on data trends, and measure successes. For example, DDAP receives weekly data on hotline calls that include demographics, drugs of concern, warm-line referral types, and more. From that, DDAP can compare caller volume with treatment/overdose statistics from each county to determine where additional messaging about the hotline may be needed (example metric: >50% overdose deaths compared to hotline calls per 100,000 population). Policy departments from DDAP, Department of Health (DOH), and Department of Human Services (DHS) also meet on a monthly basis to study trends and discrepancies related to impacts of the opioid epidemic on communities and discuss policy changes that may be needed.

**7. According to the Substance Abuse and Mental Health Services Administration, the State Targeted Response to the Opioid Crisis (STR) Grants provide funding to states to: (1) conduct needs assessments and strategic plans; (2) identify gaps and resources to build on existing substance use disorder prevention and treatment activities; (3) implement and expand access to clinically appropriate, evidence-based practices for treatment – particularly for the use of medication-assisted treatment (MAT) and recovery support services; and (4) advance coordination with other federal efforts for substance misuse prevention.**

**a. Has your state conducted a needs assessment and strategic plan? If yes, please describe that plan.**

DDAP serves as the Single State Administrator (SSA) of the federal Substance Abuse Block Grant (SABG) and is responsible for the oversight of the delivery of treatment, prevention and intervention services as well as for licensing treatment providers. As such, DDAP took the lead in conducting a needs assessment related to the opioid crisis and the STR grant. Since various state departments are engaged in the delivery of substance abuse services or meet the needs of individuals with substance use disorders, DDAP's needs assessment was cross-departmental and included data from partners including, but not limited to: DOH, DHS, the PA Commission on Crime and Delinquency, the PA Department of Military and Veterans Affairs, as well as —the 47 SCAs. This ensured that the assessment was comprehensive and representative of state, county and local entities as well as individuals and families. The assessment included an analysis of drug overdose deaths, unmet treatment needs in comparison to the current capacity for service delivery, target populations, as well as other issues impacting the delivery of care, i.e., workforce, availability of recovery supports.

The strategic plan is equally comprehensive in that it engages the leadership of the governor, many state departments, county partners, and a broad representation of other stakeholders. The plan encompasses various ongoing strategies for increasing and enhancing the delivery of medication assisted treatment (MAT) and improving access to these services statewide, including the implementation of PacMAT – a hub and spoke model, increasing local access to services via the SCAs for those who are un- or under-insured, addressing the needs of pregnant

women with an OUD, enhancing services through specialty courts, increasing recovery supports to sustain recovery once initiated, etc. Since the data confirmed that all geographical areas of the state were impacted by the opioid crisis, a wide sweeping approach was undertaken by directing funding locally through the SCAs who also conducted need assessments independent of DDAP and who are adept at meeting needs locally. In addition to county engagement, there were various DDAP-led initiatives, directly and through partner agencies that assisted in meeting the gaps and challenges identified in the assessment.

**b. Has your state identified gaps and resources to build on existing substance use disorder prevention and treatment activities? If yes, please describe those findings.**

Many of the initiatives implemented through the STR grant increased or enhanced existing activities; examples include, but are not limited to:

- Educating prescribers and assisting them in becoming DATA 2000 Waivered;
- Ameliorating barriers that existed in making warm handoffs post overdose from the emergency department to SUD/ODU treatment;
- Reducing the stigma associated with OUD and MAT through provider mass media campaigns & public awareness, provider education, etc. thereby increasing access to treatment, specifically MAT;
- Expanding recovery support services through efforts to increase the number of Certified Recovery Support Specialists
- Improving training to SUD providers on EBPs to address workforce issues and improve quality of care;
- Improving PDMP use through HER integration and physician education

**c. Has your state implemented and expanded access to clinically appropriate, evidence-based practices for treatment – particularly for the use of MAT and recovery support services? If yes, please describe how you have done so.**

Pennsylvania has engaged in the implementation of or expansion of evidence-based practices to include the following, but not limited to:

- The creation of 7 PacMATs, a hub and spoke model involving major healthcare systems geographically located across the state. These include an addiction-specialist physician-led team that networks with primary care physicians in rural and under-served areas of the state that serve as the hub and provide the patient with MAT and referral to other necessary services as the spokes, including medical and other behavioral health/SUD services;
- All SCAs were required to make MAT accessible through their STR funds;
- Physician training on MAT and on the DATA 2000 waiver process to increase the number of/access to MAT prescribers in an office-based setting;
- Physician/prescriber training to providers in PACE, Pennsylvania's prescription assistance programs for older adults
- Encouraging physician buprenorphine induction in the emergency department when presenting due to an opioid overdose;
- Vivitrol expansion prior to release from incarceration;
- Increasing the number of Certified Recovery Specialist through sponsoring training and supporting certification;

- Requiring SCAs to support the delivery of recovery support services to the un- and under-insured;
- EBP training to SUD professionals including CBT and Motivational Interviewing. Such training included classroom instruction followed by learning collaboratives and ongoing supervision to ensure appropriate application of the information learned;
- Community Reinforcement and Family Training (CRAFT) for family members

**d. Has your state advanced coordination with other federal efforts for substance use disorder prevention? If yes, please describe how you have done so.**

DDAP has oversight of prevention activities administered through the SABG. As such, the agency's focus has historically been on primary prevention. Through the initiatives established through the STR grant, a more concerted effort has been undertaken in secondary and tertiary prevention efforts in addition to ongoing primary prevention efforts. Public awareness and education efforts have consistently been underway through a variety of widespread outlets. Intervention initiatives have also been undertaken through overdose awareness, signs and symptoms and through the purchase and distribution of naloxone. DDAP has also been able to support the establishment of a Helpline that fields thousands of calls per quarter and provides warm-referrals to treatment services.

**8. What additional resources would be most helpful to provide to communities struggling with opioid and other substance use disorders, including prevention and/or treatment options?**

In January 2018, Governor Tom Wolf issued a disaster declaration for the opioid crisis that is still in effect. Weekly meetings of a 17-state-agency led Opioid Command Center have allowed the commonwealth to focus on collaboration, stakeholder input, and information sharing to enhance the federal funding received.

Pennsylvania's communities have felt significant impacts in terms of overall community health, loss of life, and economic hardship. Seeing the crisis through the lens of disaster management is helpful in determining which additional resources may be needed.

**Continue to Resolve the Crisis**

First, this is an ongoing disaster. The federal government should continue its support of evidence-based treatments. It should review any statutory and regulatory barriers to evidence-based treatment (especially Medication-Assisted Treatment) for their benefit to society and seek to reduce these barriers where possible.

Unfortunately, far too few individuals who need treatment seek treatment. In 2017, the US Surgeon General estimated that only 19% of those who needed treatment received it. To this end, more resources and effort are needed to not only foster public awareness, but specifically to combat the stigma of addiction. Stigma plays a key role in an individual's willingness to participate in treatment and get access to healthcare. Untreated addiction generates significant societal costs in healthcare, criminal justice, and the economy.

Demands on the addiction treatment workforce will increase as more people move toward treatment and recovery. In a field where turnover is high, the federal government should consider strategies to expand workforce capacity and proficiency. Policies that promote entry into this workforce can also serve the dual purpose of employing individuals in recovery.

**Rebuild Local Economies**

Next, government can speed up disaster recovery through investments that support communities experiencing high rates of poverty, unemployment, and substance use. The US Department of Health and Human Services has found “on average, counties with worse economic prospects are more likely to have higher rates of opioid prescriptions, opioid-related hospitalizations, and drug overdose deaths.” Families, peers, workplaces and communities all play a crucial role in achieving and sustaining recovery – and advancing toward positive outcomes in impoverished communities has proven difficult.

**Build Resilience to Future Crises**

Finally, the most efficient way to help communities cope with and recover from a disaster is to build resilience in disaster prone areas before a crisis strikes. Pennsylvania recommends increased investments in evidence-based prevention activities that seek to mobilize communities and strengthen families. Specifically, the commonwealth is focusing its strategic efforts on:

- expanding evidence-based curricula and resources to school-aged children and youth
- encouraging awareness of education and support groups for community members, and
- strengthening family-based prevention and intervention services.

**Department of Drug & Alcohol Programs Opioid Grant Initiatives**

Initiative	Category	Status	Funding Source	Allocated	Carried In	Spent	Committed	Carried Over	Balance	Notes
DDAP Salaries and Fringe Benefits	Administration	Complete	STR Year 1	\$ 102,000.00	\$ -	\$ 113,332.36	\$ -	\$ 137,558.00	\$ (148,890.36)	
DDAP/Command Center Salaries and Fringe Benefits	Administration	Complete	STR Year 1	\$ 60,000.00	\$ -	\$ 43,125.87	\$ -	\$ -	\$ 16,874.13	
Travel	Administration	Complete	STR Year 1	\$ -	\$ -	\$ 1,170.12	\$ -	\$ -	\$ (1,170.12)	
Data Collection/Analysis	Administration	On Hold	STR Year 1	\$ 100,000.00	\$ -	\$ -	\$ -	\$ 500,000.00	\$ (400,000.00)	"Carried Over" includes DDAP Data System (WITS)
Data Analytic Software (Dashboard)	Administration	Complete	STR Year 1	\$ 23,000.00	\$ -	\$ 20,500.00	\$ -	\$ -	\$ 2,500.00	
Treatment of Uninsured/Underinsured	Treatment	Complete	STR Year 1	\$ 12,290,559.00	\$ -	\$ 12,593,101.71	\$ -	\$ 1,128,980.00	\$ (1,431,522.71)	Excludes Drug Court Treatment
EBP Training	Treatment	Complete	STR Year 1	\$ 50,000.00	\$ -	\$ 8,441.70	\$ -	\$ -	\$ 41,558.30	
Drug Court Treatment	Treatment	Complete	STR Year 1	\$ 2,500,000.00	\$ -	\$ 1,102,069.88	\$ -	\$ -	\$ 1,397,930.12	Allocated to the SCAs
Workforce Enhancement for Special Populations	Treatment	Complete	STR Year 1	\$ 1,000,000.00	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000.00	Reallocated
School-Based Student Assistance & EBP (SCAs)	Prevention	Complete	STR Year 1	\$ 500,000.00	\$ -	\$ 418,697.57	\$ -	\$ 1,128,980.00	\$ (1,047,677.57)	
Older Adult Education Materials	Prevention	Complete	STR Year 1	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ 2,000.00	Included in overall PR Campaign
PR Campaign	Prevention	Complete	STR Year 1	\$ 3,500,000.00	\$ -	\$ 3,297,578.17	\$ -	\$ -	\$ 202,421.83	
DDAP Salaries and Fringe Benefits	Administration	In Progress	STR Year 2	\$ 119,231.00	\$ 137,558.00	\$ 82,715.63	\$ -	\$ -	\$ 174,073.37	
Travel	Administration	Complete	STR Year 2	\$ -	\$ -	\$ 1,026.10	\$ -	\$ -	\$ (1,026.10)	
Data Analytic Software	Administration	Complete	STR Year 2	\$ 18,000.00	\$ -	\$ 18,000.00	\$ -	\$ -	\$ -	
Treatment of Uninsured/Underinsured	Treatment	In Progress	STR Year 2	\$ 11,786,451.00	\$ 1,128,980.00	\$ 11,869,341.74	\$ 2,870,467.26	\$ -	\$ (1,824,378.00)	Expenditures/Commitments as of 5/15/19; Committed excludes Drug Court Treatment
EBP Training	Treatment	Complete	STR Year 2	\$ 220,000.00	\$ -	\$ 220,000.00	\$ -	\$ -	\$ -	
IRETA Training	Treatment	In Progress	STR Year 2	\$ 30,000.00	\$ -	\$ 20,000.00	\$ 10,000.00	\$ -	\$ -	Expenditures/Commitments as of 5/15/19
Drug Court Treatment	Treatment	In Progress	STR Year 2	\$ 2,500,000.00	\$ -	\$ -	\$ 2,500,000.00	\$ -	\$ -	
Overdose Reduction Study - AIC/IUP	Treatment	In Progress	STR Year 2	\$ 97,114.00	\$ -	\$ -	\$ -	\$ -	\$ 97,114.00	Report have not been submitted for Year 2 Expenditures
Cambria County OUD in Pregnant/Postpartum Women	Treatment	In Progress	STR Year 2	\$ 484,932.17	\$ -	\$ -	\$ -	\$ -	\$ 484,932.17	Report have not been submitted for Year 2 Expenditures
Lackawanna/Susquehanna Counties OUD In Pregnant/Postpartum Women	Treatment	In Progress	STR Year 2	\$ 448,763.00	\$ -	\$ -	\$ -	\$ -	\$ 448,763.00	Report have not been submitted for Year 2 Expenditures
Lehigh County OUD in Pregnant/Postpartum Women	Treatment	In Progress	STR Year 2	\$ 342,057.00	\$ -	\$ -	\$ -	\$ -	\$ 342,057.00	Report have not been submitted for Year 2 Expenditures
Building Capacity for MAT in Residential (AIC)	Treatment	In Progress	STR Year 2	\$ 500,000.00	\$ -	\$ -	\$ -	\$ -	\$ 500,000.00	Report have not been submitted for Year 2 Expenditures
Workforce Enhancement for Special Populations	Treatment	Complete	STR Year 2	\$ 180,444.00	\$ -	\$ -	\$ -	\$ -	\$ 180,444.00	Reallocated to SCAs
School-Based Student Assistance & EBP	Prevention	In Progress	STR Year 2	\$ 494,566.83	\$ 1,128,980.00	\$ 455,703.32	\$ 748,102.68	\$ -	\$ 419,740.83	Expenditures/Commitments as of 5/15/19
Prevention Point	Prevention	Complete	STR Year 2	\$ -	\$ -	\$ 2,647.88	\$ -	\$ -	\$ (2,647.88)	
Prescriber Education	Prevention	Complete	STR Year 2	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	Reallocated
Fayette (IRETA)	Prevention	In Progress	STR Year 2	\$ 255,000.00	\$ -	\$ -	\$ -	\$ -	\$ 255,000.00	
PR Campaign	Prevention	In Progress	STR Year 2	\$ 3,500,000.00	\$ -	\$ 4,422,003.13	\$ 432,439.51	\$ -	\$ (1,354,442.64)	
DDAP Data System - WITS	Other	On Hold	STR Year 2	\$ -	\$ 500,000.00	\$ -	\$ -	\$ -	\$ 500,000.00	On hold as a result of delayed modification to system
Comptroller Services	Administration	In Progress	STR Year 2	\$ -	\$ -	\$ 5,345.51	\$ -	\$ -	\$ (5,345.51)	
DDAP Salaries and Fringe Benefits	Administration/Infrastructure Development	In Progress	SOR Year 1	\$ 548,851.00	\$ -	\$ -	\$ -	\$ -	\$ 548,851.00	
Travel	Administration/Infrastructure Development	In Progress	SOR Year 1	\$ 16,492.00	\$ -	\$ -	\$ -	\$ -	\$ 16,492.00	
Equipment	Administration/Infrastructure Development	In Progress	SOR Year 1	\$ 16,000.00	\$ -	\$ -	\$ -	\$ -	\$ 16,000.00	
Supplies	Administration/Infrastructure Development	In Progress	SOR Year 1	\$ 20,000.00	\$ -	\$ 10,000.00	\$ -	\$ -	\$ 10,000.00	
Service Desk Support	Administration/Infrastructure Development	In Progress	SOR Year 1	\$ 75,483.97	\$ -	\$ -	\$ 75,483.97	\$ -	\$ -	
Commonwealth Services Costs	Administration/Infrastructure Development	In Progress	SOR Year 1	\$ 10,000.00	\$ -	\$ -	\$ -	\$ -	\$ 10,000.00	
Printing	Administration/Infrastructure Development	In Progress	SOR Year 1	\$ 6,000.00	\$ -	\$ -	\$ -	\$ -	\$ 6,000.00	
Licensing and Credentialing	Administration/Infrastructure Development	In Progress	SOR Year 1	\$ 900,000.00	\$ -	\$ -	\$ -	\$ -	\$ 900,000.00	
DDAP Data System - WITS	Data Collection	In Progress	SOR Year 1	\$ 1,025,000.00	\$ -	\$ -	\$ 521,000.00	\$ -	\$ 504,000.00	Commitment as of 5/17/19
CRS/Counselor Training, Recruitment, Funding	Workforce Development	In Progress	SOR Year 1	\$ 2,500,000.00	\$ -	\$ -	\$ -	\$ -	\$ 2,500,000.00	
Case Management (SCA Level)	Recovery Support Services	In Progress	SOR Year 1	\$ 2,000,000.00	\$ -	\$ -	\$ -	\$ -	\$ 2,000,000.00	
Treatment of Uninsured/Underinsured	Treatment Services	In Progress	SOR Year 1	\$ 7,953,750.00	\$ -	\$ 505,275.43	\$ 8,080,378.57	\$ -	\$ (631,904.00)	Expenditures/Commitments as of 5/17/19
Perinatal Quality Collaborative	Treatment Services	In Progress	SOR Year 1	\$ 500,000.00	\$ -	\$ -	\$ -	\$ -	\$ 500,000.00	
Pregnancy Recovery Centers	Treatment Services	In Progress	SOR Year 1	\$ 2,000,000.00	\$ -	\$ -	\$ -	\$ -	\$ 2,000,000.00	
EBPs Implementation	Treatment Services	In Progress	SOR Year 1	\$ 600,000.00	\$ -	\$ 2,128.80	\$ 7,600.00	\$ -	\$ 590,271.20	Expenditures/Commitments as of 5/17/19
Prevention and Health Funding	Prevention/Education Services	In Progress	SOR Year 1	\$ 3,500,000.00	\$ -	\$ 122,455.51	\$ 1,274,395.49	\$ -	\$ 2,103,149.00	Expenditures/Commitments as of 5/17/19
UPMC/WPIC Physician Education	Prevention/Education Services	In Progress	SOR Year 1	\$ 400,000.00	\$ -	\$ -	\$ 400,000.00	\$ -	\$ -	Commitment as of 5/17/19
First Choice Services, Inc. (Hotline)	Outreach Service	On Hold	SOR Year 1	\$ 508,640.00	\$ -	\$ -	\$ -	\$ -	\$ 508,640.00	Available to reallocate
Media Strategies	Outreach Service	In Progress	SOR Year 1	\$ 1,000,000.00	\$ -	\$ -	\$ 156,837.00	\$ -	\$ 843,163.00	Commitment as of 5/17/19

**Department of Drug & Alcohol Programs Opioid Grant Initiatives**

Initiative	Category	Status	Funding Source	Allocated	Carried In	Spent	Committed	Carried Over	Balance	Notes
Unobligated Funds	Other	In Progress	SOR Year 1	\$ 1,299,516.03	\$ -	\$ -	\$ -	\$ -	\$ 1,299,516.03	Due to decrease in allocation to PCCD
Medication Assisted Treatment - Prescription Drug and Opioid	Treatment	Complete	MAT-PDOA Year 1	\$ 1,900,000.00	\$ -	\$ 1,001,766.90	\$ -	\$ 481,250.00	\$ (416,983.10)	\$5.7m over three years
Medication Assisted Treatment - Prescription Drug and Opioid	Treatment	In Progress	MAT-PDOA Year 2	\$ 1,925,000.00	\$ 481,250.00	\$ 239,104.29	\$ 2,041,740.88	\$ -	\$ (125,404.83)	MAT-PDOA Year 2 includes a \$25,000 supplemental award
									\$ -	

	Allocated	Carried In	Spent	Committed	Carried Over	Balance
<b>Total</b>	\$ 69,809,851.00	\$3,376,768.00	\$36,575,531.62	\$19,118,445.36	\$ 3,376,768.00	\$13,031,098.16



**Opioid Grant Projects by Fund Source**

Source	Award	Allocated	Carried In	Spent	Committed	Carried Over	Balance	Start Date	End Date	% Spent
STR Year 1	\$ 27,119,559.00	\$ 26,507,559.00	\$ -	\$ 21,112,488.76	\$ -	\$ 5,395,518.00	\$ (447.76)	5/1/2017	4/30/2018	77.85%
STR Year 2	\$ 26,507,559.00	\$ 26,559,559.00	\$ 5,395,518.00	\$ 22,447,410.25	\$ 8,883,946.61	\$ -	\$ 623,720.14	5/1/2018	4/30/2019	84.68%
SOR Year 1	\$ 55,928,733.00	\$ 56,928,733.00	\$ -	\$ 3,280,275.60	\$ 20,471,474.28	\$ -	\$ 33,176,983.12	9/30/2018	9/29/2019	5.87%
SOR Supplemental		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	9/30/2018	9/29/2019	
SOR Year 2		\$ 500,000.00	\$ -	\$ -	\$ 198,675.35	\$ -	\$ 301,324.65	9/30/2019	9/29/2020	
CDC Crisis Response	\$ 5,185,486.00	\$ 4,118,161.32	\$ -	\$ 1,703,755.61	\$ 50,003.01	\$ -	\$ 1,858,513.98	9/1/2018	11/30/2019	32.86%
BJA Cat. 6 (DOC)	\$ 996,408.00	\$ 996,408.00	\$ -	\$ 137,060.00	\$ -	\$ -	\$ 859,348.00	10/1/2018	9/30/2021	13.76%
USDOL	\$ 4,997,287.00	\$ 4,357,287.00	\$ -	\$ 933,997.93	\$ 3,423,289.07	\$ -	\$ 640,000.00	7/1/2018	6/20/2020	18.69%
CDC Prevention for States	\$ 940,000.00	\$ 1,940,000.00	\$ -	\$ 768,049.24	\$ 1,033,527.10	\$ -	\$ 138,423.66	9/1/2015	8/1/2019	81.71%
CDC ESOOS	\$ 686,000.00	\$ 686,000.00	\$ -	\$ 393,901.72	\$ 138,841.79	\$ -	\$ 153,256.49	9/1/2016	8/31/2019	57.42%
BJA Cat. 5	\$ 750,000.00	\$ 750,000.00	\$ -	\$ 874.20	\$ -	\$ -	\$ 749,125.80	10/1/2018	9/30/2020	0.12%
BJA Cat. 6 (PDMP)	\$ 1,000,000.00	\$ 1,000,000.00	\$ -	\$ 47,141.37	\$ 152,436.65	\$ -	\$ 800,421.98	10/1/2018	9/30/2021	4.71%
ACT 80	\$ 5,168,105.00	\$ 5,168,105.00					\$ (690,695.00)	7/2/2019	6/30/2021	0.00%
COPA	\$ 1,200,000.00	\$ 1,200,000.00	\$ -	\$ -	\$ 1,200,000.00	\$ -	\$ -	7/1/2019	6/30/2021	0.00%
MAT-PDOA Year 1	\$ 1,900,000.00	\$ 1,900,000.00	\$ -	\$ 1,001,766.90	\$ -	\$ 481,250.00	\$ (416,983.10)	9/30/2017	9/29/2018	52.72%
MAT-PDOA Year 2	\$ 1,925,000.00	\$ 1,925,000.00	\$ 481,250.00	\$ 239,104.29	\$ 2,041,740.88	\$ -	\$ (125,404.83)	9/30/2018	9/29/2019	12.42%
COPA- BJA Cat 4b	\$ 1,200,000.00				\$ 1,200,000.00		\$ -	7/1/2019	6/30/2021	0.00%
SAEDR	\$ 818,781.00				\$ 818,781.00		\$ -	7/1/2019	6/30/2020	0.00%
RSAT	\$ 587,463.00				\$ 587,463.00		\$ -	7/1/2019	6/30/2020	0.00%
Coverdell Forensic	\$ 230,386.00				\$ 230,386.00		\$ -	7/1/2019	6/30/2020	0.00%
GGO	\$ 1,500,000.00				\$ 1,500,000.00		\$ -	7/1/2019	6/30/2020	0.00%
CDC OD2A	\$ 8,448,267.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	9/1/2019	8/31/2020	
<b>Total</b>	<b>\$ 147,089,034.00</b>	<b>\$ 134,536,812.32</b>	<b>\$ 5,876,768.00</b>	<b>\$ 52,065,825.87</b>	<b>\$ 41,930,564.74</b>	<b>\$ 5,876,768.00</b>	<b>\$ 38,067,587.13</b>			

**Opioid Grant Projects by Lead Agency**

Agency	Allocated	Carried In	Spent	Committed	Carried Over	Balance
Aging	\$ 610,000.00	\$ -	\$ 610,000.00	\$ -	\$ -	\$ -
DDAP	\$ 69,809,851.00	\$ 3,376,768.00	\$ 36,575,531.62	\$ 19,118,445.36	\$ 3,376,768.00	\$ 14,115,874.02
DHS	\$ 15,000,000.00	\$ -	\$ 1,534,522.00	\$ 7,161,075.36	\$ -	\$ 6,304,402.64
DOC	\$ 4,196,408.00	\$ -	\$ 287,468.02	\$ -	\$ -	\$ 3,908,939.98
DOH	\$ 28,189,996.37	\$ 2,500,000.00	\$ 10,567,412.39	\$ 4,668,290.02	\$ 2,500,000.00	\$ 12,954,293.96
DMVA	\$ 2,000,000.00	\$ -	\$ -	\$ 698,675.35	\$ -	\$ 1,301,324.65
L&I	\$ 4,357,287.00	\$ -	\$ 933,997.93	\$ 3,423,289.07	\$ -	\$ 0.00
PCCD	\$ 13,047,591.00	\$ -	\$ 1,051,253.62	\$ 11,685,907.58	\$ -	\$ 310,429.80
PSP	\$ 1,250,000.00	\$ -	\$ 505,640.29	\$ -	\$ -	\$ 744,359.71
PDE	\$ 52,000.00	\$ -	\$ -	\$ 51,538.00	\$ -	\$ 462.00
<b>Total</b>	<b>\$ 138,513,133.37</b>	<b>\$ 5,876,768.00</b>	<b>\$ 52,065,825.87</b>	<b>\$ 46,807,220.74</b>	<b>\$ 5,876,768.00</b>	<b>\$ 39,640,086.76</b>



**Department of Human Services Opioid Grant Initiatives**

Initiative	Category	Status	Funding Source	Allocated	Carried In	Spent	Committed	Carried Over	Balance	Notes
Intensive Case Management & Housing Supports	Recovery Support Services	In Progress	SOR Year 1	\$15,000,000.00	\$ -	\$ 1,534,522.00	\$7,161,075.36	\$ -	\$ 6,304,402.64	Subrecipients continue to enroll individuals into their programs. All sites are seeing a steady flow of referrals. 1531 individuals have been screened and 941 have been enrolled to date. The most frequently used service continues to be intensive case management, followed by assessments of housing needs, and pre-post tenancy education.
									\$ -	
									\$ -	
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	Allocated	Carried In	Spent	Committed	Carried Over	Balance
<b>Total</b>	\$15,000,000.00	\$ -	\$ 1,534,522.00	\$7,161,075.36	\$ -	\$ 6,304,402.64

**Department of Corrections Opioid Grant Initiatives**

Initiative	Category	Status	Funding Source	Allocated	Carried In	Spent	Committed	Carried Over	Balance	Notes
Expansion of Vivitrol/Implement Other MAT	MAT Services	In Progress	SOR Year 1	\$ 3,200,000.00	\$ -	\$ 150,408.02	\$ -	\$ -	\$ 3,049,591.98	Expenditures as of 6/26/19
COAP Reentry Naloxone Project	Treatment Services	In Progress	BJA Cat. 6 (DOC)	\$ 996,408.00		\$ 137,060.00			\$ 859,348.00	Grant pd. goes through 9/30/2021
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	

	Allocated	Carried In	Spent	Committed	Carried Over	Balance
<b>Total</b>	\$ 4,196,408.00	\$ -	\$ 287,468.02	\$ -	\$ -	\$ 3,908,939.98

**Department of Health Opioid Grant Initiatives**

Initiative	Category	Status	Funding Source	Allocated	Carried In	Spent	Committed	Carried Over	Balance	Notes
PDMP Integration	Administration	Complete	STR Year 1	\$ 800,000.00	\$ -	\$ 689,280.00	\$ -	-	\$ 110,720.00	Closed
Warm Handoff Training	Treatment	Complete	STR Year 1	\$ 150,000.00	\$ -	\$ 112,431.06	\$ -	-	\$ 37,568.94	Closed
PacMAT	Treatment	Complete	STR Year 1	\$ 4,000,000.00	\$ -	\$ 1,712,658.02	\$ -	2,500,000.00	\$ (212,658.02)	Closed
PDMP System Integration	Administration	In Progress	STR Year 2	\$ 800,000.00	\$ -	\$ 702,810.00	\$ -	-	\$ 97,190.00	Expenditures/Commitments as of 8/30/19
Family Planning- Pregnancy Prevention	Treatment	In Progress	STR Year 2	\$ 400,000.00	\$ -	\$ 400,000.00	\$ -	-	\$ -	Expenditures/Commitments as of 8/30/19
Warm Handoff Training	Treatment	In Progress	STR Year 2	\$ 150,000.00	\$ -	\$ 130,014.95	\$ 18,547.28	-	\$ 1,437.77	Expenditures/Commitments as of 8/30/19
PA-PacMAT	Treatment	In Progress	STR Year 2	\$ 3,000,000.00	\$ 2,500,000.00	\$ 3,468,056.57	\$ 1,754,597.30	-	\$ 27,346.13	Expenditures/Commitments as of 8/30/19
PacMAT	Long Term Recovery Services	In Progress	SOR Year 1	\$ 4,000,000.00	\$ -	\$ 341,283.05	\$ 1,408,716.95	-	\$ 2,250,000.00	Expenditures/Commitments as of 8/30/19
Loan Repayment	Workforce Development	In Progress	SOR Year 1	\$ 5,000,000.00	\$ -	\$ 80,517.46	\$ 49,848.04	-	\$ 4,869,634.50	Expenditures/Commitments as of 8/30/19
Addiction Medicine Fellowship	Treatment Services	On Hold	SOR Year 1	\$ 224,000.00	\$ -	\$ -	\$ -	-	\$ 224,000.00	On Hold
Opioid Stewardship Training/CME	Prevention/Education Services	In Progress	SOR Year 1	\$ 300,000.00	\$ -	\$ -	\$ -	-	\$ 300,000.00	
MAT Education Summits	Prevention/Education Services	In Progress	SOR Year 1	\$ 250,000.00	\$ -	\$ 16,639.14	\$ 61,771.90	-	\$ 171,588.96	Commitments as of 8/30/19
Prescriptions Drug OD Prevention for States	Prevention	In Progress	CDC Prevention for States	\$ 1,940,000.00	\$ -	\$ 768,049.24	\$ 1,033,527.10	-	\$ 138,423.66	Expenditures/Commitments as of 6/18/19
Enhanced State Surveillance of Opioid Involved Morbidity and Mortality	Data Collection	In Progress	CDC ESOOS	\$ 686,000.00	\$ -	\$ 393,901.72	\$ 138,841.79	-	\$ 153,256.49	Expenditures/Commitments as of 6/18/2019
PDMP Enhance Local Data Quality Assurance	Administration/Infrastructure Development	In Progress	BJA Cat. 5	\$ 750,000.00	\$ -	\$ 874.20	\$ -	-	\$ 749,125.80	Expenditures/Commitments as of 10/4/2019; Currently in initial planning year
Public Safety, Behavioral Health, and Public Health Sharing Partnerships	Workforce Development	In Progress	BJA Cat. 6 (PDMP)	\$ 1,000,000.00	\$ -	\$ 47,141.37	\$ 152,436.65	-	\$ 800,421.98	Expenditures/Commitments as of 10/4/2019; Currently in initial planning year
Overdose Data to Action	Data Collection	In Progress	CDC OD4A		\$ -	\$ -	\$ -	-	\$ -	Pending Award
Opioid Operations Center	Administration/Infrastructure Development	In Progress	CDC Crisis Response	\$ 161,539.19	\$ -	\$ 162,749.08	\$ -	-	\$ (1,209.89)	Expenditures/Commitments as of 10/2/19
PDMP OpiRescue	Workforce Development	In Progress	CDC Crisis Response	\$ 400,000.00	\$ -	\$ 225,000.00	\$ -	-	\$ 175,000.00	\$300,000 total estimated to be spent by 8/31/19
PDMP Opioid Death Data Abstraction	Data Collection	In Progress	CDC Crisis Response	\$ 342,290.00	\$ -	\$ -	\$ -	-	\$ 342,290.00	Expenditures/Commitments as of 7/30/19
PA-NEDSS Enhancement	Administration/Infrastructure Development	In Progress	CDC Crisis Response	\$ 180,000.00	\$ -	\$ 48,738.00	\$ 49,028.72	-	\$ 82,233.28	Expenditures/Commitments as of 7/30/19
PDMP Coroner Capacity Building	Workforce Development	In Progress	CDC Crisis Response	\$ 320,000.00	\$ -	\$ -	\$ -	-	\$ 320,000.00	Expenditures/Commitments as of 5/31/19
PDMP Enhanced Opioid Overdose Syndromic Surveillance	Administration/Infrastructure Development	In Progress	CDC Crisis Response	\$ 197,857.00	\$ -	\$ 71,237.48	\$ -	-	\$ 126,619.52	Expenditures/Commitments as of 10/2/19
BPHP CMHD Public Awareness Campaigns	Prevention/Education Services	In Progress	CDC Crisis Response	\$ 84,000.00	\$ -	\$ 40,000.00	\$ -	-	\$ 44,000.00	Expenditures/Commitments as of 8/30/19
PDMP Prescriber Education	Workforce Development	In Progress	CDC Crisis Response	\$ 783,000.00	\$ -	216.825.34	289.063.38	-	\$ 277,111.28	Awaiting invoicing for \$288,967.46; Liquidating \$157,673.86 from FY18
County/Municipal Countermeasure Mitigation	Outreach Service	In Progress	CDC Crisis Response	\$ 525,364.00	\$ -	\$ 342,253.02	\$ -	-	\$ 183,110.98	Expenditures/Commitments as of 8/30/19
CHN Educational Visits, Travel and Program Evaluation	Outreach Service	In Progress	CDC Crisis Response	\$ 924,111.13	\$ -	\$ 618,293.03	\$ 974.29	-	\$ 304,843.81	Expenditures/Commitments as of 8/30/19
RxStat Implementation Plan Development	Other	In Progress	CDC Crisis Response	\$ 200,000.00	\$ -	\$ 195,485.00	\$ -	-	\$ 4,515.00	Invoice received for \$250,000
Vulnerability Assessment	Data Collection	In Progress	CDC Crisis Response	\$ 129,099.00	\$ -	\$ 79,411.50	\$ -	-	\$ 49,687.50	Expenditures/Commitments as of 10/2/19
PDMP Naloxone 1st responders training	Prevention/Education Services	In Progress	CDC Crisis Response	\$ 400,000.00	\$ -	\$ 250,000.00	\$ -	-	\$ 150,000.00	Invoice processed for \$250,000
BOE Data Linkage	Data Collection	In Progress	CDC Crisis Response	\$ 92,736.05	\$ -	\$ 82,802.30	\$ 9,573.75	-	\$ 360.00	Expenditures/Commitments as of 10/2/19
Vulnerability Assessment-BPHP Supp	Outreach Service	On Hold	CDC Crisis Response	\$ 27,983.00	\$ -	\$ -	\$ -	-	\$ 27,983.00	Pending CDC Redirection Approval
Opioid/Syphilis Outreach Program	Outreach Service	In Progress	CDC Crisis Response	\$ 50,000.00	\$ -	\$ -	\$ -	-	\$ 50,000.00	Approved
BOL Fentanyl Testing	Data Collection	In Progress	CDC Crisis Response	\$ 16,500.00	\$ -	\$ -	\$ -	-	\$ 16,500.00	Approved
Opioid Collaboration Summit	Other	In Progress	CDC Crisis Response	\$ 119,600.00	\$ -	\$ -	\$ 44,033.86	-	\$ 75,566.14	Approved and completed- waiting for final PO
Opioid/Hep A Support	Outreach Service	In Progress	CDC Crisis Response	\$ 250,000.00	\$ -	\$ -	\$ -	-	\$ 250,000.00	Approved
PA Rx Awareness Campaign	Prevention/Education Services	In Progress	CDC Crisis Response	\$ 154,034.33	\$ -	\$ -	\$ -	-	\$ 154,034.33	Approved

	Allocated	Carried In	Spent	Committed	Carried Over	Balance
<b>Total</b>	\$ 28,189,996.37	\$ 2,500,000.00	\$ 10,567,412.39	\$ 4,668,290.02	2,500,000.00	\$ 11,576,570.19

[ ]

**Department of Military & Veterans Affairs Opioid Grant Initiatives**

Initiative	Category	Status	Funding Source	Allocated	Carried In	Spent	Committed	Carried Over	Balance	Notes
Veterans Outreach and Training	Outreach Service	In Progress	SOR Year 1	\$ 500,000.00	\$ -	\$ -	\$ 500,000.00	\$ -	\$ -	The full 500K has been spent and all invoices have been received for payment.
Support Services	Recovery Support Services	In Progress	SOR Year 1	\$1,000,000.00					\$ 100,000.00	An additional 1M was awarded under year 1 however, we have until 9/29/20 to spend the funds. We are currently waiting for the full executed subgrant. Upon execution we will be subgranting out awards to 9 veteran organizations to use towards existing projects that will focus on the opioid crisis
Veterans Outreach and Training	Outreach Service	In Progress	SOR Year 2	\$ 250,000.00			\$ 198,675.35		\$ 51,324.65	The media campaign will continue to be run through most of year 2
LMS and Training	Prevention	In Progress	SOR Year 2	\$ 250,000.00					\$ 250,000.00	The LMS and Training are underway however, the PO needs to be adjusted so the committed amount hasn't been determined yet
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	

	Allocated	Carried In	Spent	Committed	Carried Over	Balance
<b>Total</b>	\$ 2,000,000.00	\$ -	\$ -	\$ 698,675.35	\$ -	\$ 401,324.65

Department of Lab

Initiative	Category	Status	Funding Source	Allocated
L&I Admin	Workforce Development	In Progress	USDOL	\$ 148,073.00
L&I Program	Workforce Development	In Progress	USDOL	\$ 80,547.00
Opioid App	Workforce Development	Complete	USDOL	\$ -
Central	Workforce Development	In Progress	USDOL	\$ 1,183,845.00
Philadelphia	Workforce Development	In Progress	USDOL	\$ 2,000,789.00
Southwest Corner	Workforce Development	In Progress	USDOL	\$ 411,438.00
Westmoreland-Fayette	Workforce Development	In Progress	USDOL	\$ 532,595.00

	Allocated
<b>Total</b>	\$ 4,357,287.00

**por & Industry Opioid Grant Initiatives**

Carried In	Spent	Committed	Carried Over	Balance
	\$ 37,835.92	\$ 110,237.08		-
	\$ 1,784.73	\$ 78,762.27		-
		\$ -		-
	\$ 31,425.35	\$ 1,152,419.65		-
	\$ 586,385.59	\$ 1,414,403.41		-
	\$ 130,483.34	\$ 280,954.66		-
	\$ 146,083.00	\$ 386,512.00		-

Carried In	Spent	Committed	Carried Over	Balance
\$ -	\$ 933,997.93	\$ 3,423,289.07	-	-



Notes

**Pennsylvania Commission on Crime & Delinquency Opioid Grant Initiatives**

Initiative	Category	Status	Funding Source	Allocated	Carried In	Spent	Committed	Carried Over	Balance	Notes
Drug Court Treatment Supports	Treatment	Complete	STR Year 1	\$ 1,000,000.00	\$ -	\$ 570,102.30	\$ -	\$ -	\$ 429,897.70	Lapsed funds returned to DDAP \$429,897.70
Drug Court Treatment Supports	Treatment	In Progress	STR Year 2	\$ 1,000,000.00	\$ -	\$ 469,745.42	\$ 498,254.58	\$ -	\$ 32,000.00	Expenditures/Commitments as of 5/15/19
PCCD Prevention Initiative	Prevention/Education Services	In Progress	SOR Year 1	\$ 1,325,000.00	\$ -	\$ 11,405.90	\$ 774,367.00	\$ -	\$ 539,227.10	
Comprehensive Opioid Abuse Program	Prevention/Education Services	In Progress	COPA	\$ 1,200,000.00			\$ 1,200,000.00		\$ -	
County Jail Based Vivitrol Program	Treatment Services	In Progress	ACT 80	\$ 5,168,105.00			\$ 5,858,800.00		\$ (690,695.00)	2 year awards - will use revenue from next FY
PA Overdose Reduction TA Center	Administration/Infrastructure Development	In Progress	SAEDR	\$ 818,781.00			\$ 818,781.00		\$ -	
Coverdell Forensic Science	Other	In Progress	Coverdell Forens	\$ 230,386.00			\$ 230,386.00		\$ -	
Residential Substance Abuse Treatment	Treatment	In Progress	RSAT	\$ 805,319.00			\$ 805,319.00		\$ -	
Naloxone for First Responders Program	Other	In Progress	GGO	\$ 1,500,000.00			\$ 1,500,000.00		\$ -	Continuation of program initially funded with \$5 million for a 2 year period in 2017.

	Allocated	Carried In	Spent	Committed	Carried Over	Balance
<b>Total</b>	\$ 13,047,591.00	\$ -	\$ 1,051,253.62	\$ 11,685,907.58	\$ -	\$ (119,467.90)

**Pennsylvania State Police Opioid Grant Initiatives**

Initiative	Category	Status	Funding Source	Allocated	Carried In	Spent	Committed	Carried Over	Balance	Notes
PA State Police	Prevention/Education Services	In Progress	SOR Year 1	\$1,250,000.00	\$ -	\$505,640.29	\$ -	\$ -	\$ 744,359.71	Commitments as of 5/17/19
									\$ -	

	Allocated	Carried In	Spent	Committed	Carried Over	Balance
<b>Total</b>	\$1,250,000.00	\$ -	\$505,640.29	\$ -	\$ -	\$ 744,359.71

**Department of Education Opioid Grant Initiatives**

Initiative	Category	Status	Funding Source	Allocated	Carried In	Spent	Committed	Carried Over	Balance	Notes
Prevention Training Modules/SAS Portal	Prevention	Complete	STR Year 2	\$ 52,000.00	\$ -	\$ -	\$ 51,538.00	\$ -	\$ 462.00	
									\$ -	

	Allocated	Carried In	Spent	Committed	Carried Over	Balance
<b>Total</b>	\$ 52,000.00	\$ -	\$ -	\$ 51,538.00	\$ -	\$ 462.00