

Protective Factors

1. Resilience - Parental Resilience

2. Relationships - Social Connections

3. Knowledge - Knowledge of Parenting + Child Development

4. Support - Concrete support in times of need

5. Communication - Social + emotional competence of children

**FAMILY SUPPORT CENTERS
ALLEGHENY COUNTY, PA**

Sometimes, we need a friend to point us in the right direction. For 25 years now, when families living in Allegheny County have needed help, their local Family Support Center has been that helping friend.

Nearly 3,000 families receive services at one of the 28 centers located around the county. Many are medium and high-risk families with complex needs. A lot of participants are single moms who struggle to make ends meet or parents who struggle with substance use disorders. Others are families with child welfare involvement. The goal of the centers is to strengthen protective factors in families by focusing on child development and parenting education, and by helping families find connections and support in the community.

Each center partners with a lead agency that takes on implementation. Family Support Centers serve as hubs for families in various neighborhoods in the county. Parenting classes and support groups, home visits and check-ups, food assistance and connections to community resources are among the many services they provide. Because different lead agencies operate the centers, and the centers are located in distinct communities, services may vary from one center to another, but the core service areas remain the same: child health and well-being, positive parenting and child development, family preservation, economic self-sufficiency, and easy access to a comprehensive network of services.

While the centers can't be all things to all people, they can connect families who need help with expert assistance. They listen to the needs of the families and welcome input. "Centers are parent-driven and staff-involved. We expect parents to participate in decisions about locations, the services and activities

INNOVATIONS TO PREVENT SUBSTANCE USE DISORDER

Effective prevention contributes to significant societal cost-savings and dramatically reduces the prevalence of both substance use and mental illness. The best way to prevent the development of substance use disorders is to delay the age of drug and alcohol use initiation while the adolescent brain is still developing. It is also critical to intervene early when a person is misusing substances so that risky use does not progress into an addiction.

Evidence-based prevention programs prevent or delay the onset of substance use as well as other behavioral health problems. Prevention should also address individual and environmental factors that contribute to use disorders.

From providing protective factors to those with Adverse Childhood Experiences to providing education to the community, the innovations featured in this section can help us delay the onset of first use and prevent the development of substance use disorders among adolescent populations.





provided as well as staffing,” says Leslie Reicher from the Allegheny Department of Human Services.

One of these needs includes addressing addiction in the communities. Two of the centers recently partnered with POWER, a local organization providing recovery support to women in the community. They also have dedicated staff who conduct home visits to those affected by substance misuse. “There’s a need. We don’t want to pass addiction on to the next generation. We want to provide as much support as we can,” says Holly Cherpak, director of the Steel Valley Family Center.


While the centers focus on providing children the health and wellness services they need while also helping moms and dads acquire skills that will make them better parents, they also play an important role in helping to prevent children from falling into the trap of addiction later in life. Healthy children coming from healthy homes can make a better life for everyone.

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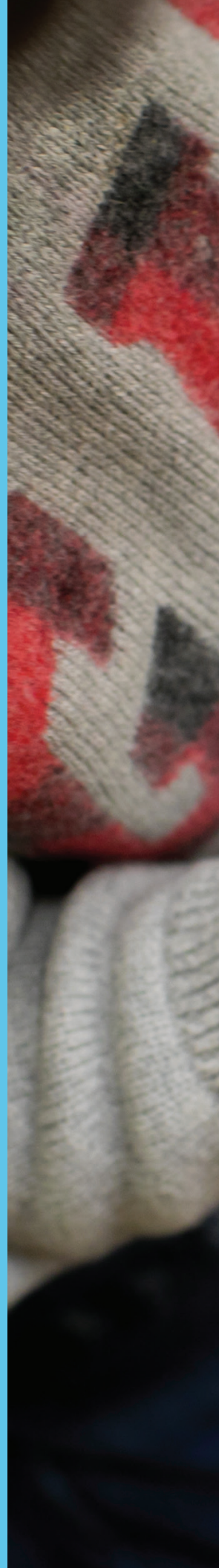
- Nearly 3,000 families participate in services in Family Support Centers
- 28 centers operate around Allegheny County

SUMMARY:

- Family Support Centers are local community centers in Allegheny County that strengthen protective factors in medium to high-risk families by providing resources and community support.
 - The mission of the organization is to marshal resources and promote public policies to advance a comprehensive prevention agenda that emphasizes the principles of family support.
 - Services include parent support groups and education, home visiting, food assistance and access to community supports.
 - The core service areas of all of the centers are child health and well-being, positive parenting and child development, family preservation, economic self-sufficiency, and easy access to a comprehensive network of services.
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The goal of the centers is to strengthen protective factors in families by focusing on child development and parenting education, and by helping families find connections and support in the community.







**Anyone Can
Become Addicted.
Anyone.**



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Stop Prescription Drug
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Sponsored by the Commonwealth Prevention Alliance through funding made available by the Pennsylvania Commission on Crime and Delinquency (PCCD)



**Commonwealth Prevention Alliance
Stop Opiate Abuse Campaign**

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Back in 1976, America was celebrating its 200th birthday. And in the state where our nation's story began, a new approach to preventing substance misuse and risk-related behaviors was launched. Eight dedicated prevention specialists got together back then and created the Commonwealth Prevention Alliance (CPA).

More than four decades later, CPA is going stronger than ever. It now boasts over 300 members and is recognized as Pennsylvania's foremost prevention voice. Bringing together players in the prevention field around the Commonwealth, such as prevention professionals school district personnel, communities that care coalitions, college and universities, treatment providers, state organizations, and others, this grassroots effort provides essential support to prevention efforts by developing and providing free materials about opiate addiction and drug misuse prevention.

Consider PA Stop, CPA's popular campaign to stop opiate addiction. The result of a partnership with the Pennsylvania Commission on Crime and Delinquency, it not only focuses on preventing people from becoming addicted to opiates, but it also shares information on how to access treatment and provides resources to caregivers and workplaces to help those struggling with substance abuse issues. So far all but one of Pennsylvania's 67 counties have been reached by the campaign. That not only provides consistent messaging statewide but also makes materials available to rural areas and small towns that otherwise might not get them.

As Commonwealth Prevention Alliance president Tammy Taylor observes, "I work in Washington County, outside of Allegheny County. We don't always have access to prevention resources. These materials help us to remain consistent with the rest of the state and saves time searching for them."

Local communities are welcome to personalize materials. CPA often recognizes the creative use of PA Stop materials, including the use of billboards and pop-up banners. CPA makes sure those materials can be tailored to fit the needs of the communities.

Another important service CPA provides is hosting the only annual prevention conference in the state. For 27 years, it's been an important opportunity for prevention specialists to receive education, learn new techniques, and ensure local efforts are utilizing available materials.

"We are an important resource to prevention specialists in the field," says executive director Jeff Hanley. CPA provides the state with relevant information to address current issues related to the substance use field through regional trainings, public service announcements, social media messaging and much more. With the PASTOP campaign, CPA has a team on board to assist – an evaluator, media/design company, research group, and project director who tells us how well the initiatives are working and keeps the data current while continuously moving the campaign forward to meet the needs of those seeking help.



CPA acts as a liaison between state agencies and professionals in the field to help bridge that gap to improve the health of our communities. Our relationship with state agencies like the Department of Drug and Alcohol Programs is so vital to professionals working in the field. I think the fact that people are continually reaching out to us, be it through using the materials we produce or attending our meetings and conferences, shows there's still a need for CPA to keep pushing forward and to continue being the prevention voice at the state level.

– Jeff Hanley





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“United we stand” was the approach the Founding Fathers took when creating our country long ago. That same spirit drives the Commonwealth Prevention Alliance’s efforts today as it works to make sure all Pennsylvanians receive the same clear, consistent prevention message.

NUMBERS:

- Created in 1976
- More than 300 members
- The PA Stop campaign has reached 66 of 67 Pennsylvania counties

SUMMARY:

- The Commonwealth Prevention Alliance is the foremost prevention voice in Pennsylvania.
 - It utilizes a grassroots effort to provide essential support to prevention efforts and provide consistent messaging statewide.
 - Without their services, many rural counties and smaller communities wouldn’t have important prevention materials.
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POSITIVE RECOVERY SOLUTIONS
WASHINGTON, PA

One day a few years ago, Amanda Cope had a realization: when the distance between a person in addiction and the treatment they need is reduced, chances for success increase. Then she took it a step further. How much better would treatment succeed if it came to the person in addiction?

That's how Positive Recovery Solutions's (PRS) mobile treatment clinic was born. It operates inside a typical travel trailer, the type used for family vacations. Inside Cope, a Registered Nurse and PRS COO, provides monthly injections of Vivitrol, a medication used for people recovering from opioid or alcohol addiction.

The mobile program started in July 2014. It now serves 28 Pennsylvania counties and provides treatment to up to 580 people each month.

"For some of our patients, the nearest treatment center was a three-or-four-hour drive away," Cope explains. "Bringing treatment directly to them removes that obstacle."

The results have been incredible. Cope reports 89% of PRS patients remain active on medication with no relapse for six to nine months. "For many reasons, it's a no brainer. It's easier for the patient and is less taxing on the provider. We work with many local behavioral health entities because it just makes sense."

Stuart is one example of success. "He started very young," Cope says. "He was prescribed prescription drugs at age 14, became IV drug user and quickly had a very long criminal history. By the time he was in his early 20s he realized he was going to end up dead if he didn't get help."

Fortunately, Stuart's story has a happy ending. He was PRS's very first patient. Not only did he address his addiction, but he's now married with two children, just bought a house, and works as



SOLUTIONS TO IMPROVE ACCESS TO TREATMENT

It is crucial for people to have access to a system of care that has adequate capacity to provide all levels of treatment and address all levels of severity for substance use disorders.

In 2016, according to the National Survey on Drug Use and Health, 807,000 Pennsylvania residents had a substance use disorder. Of those, 744,000 did not receive treatment from a specialty substance use disorder treatment provider.* Delays in treatment access can mean an increased risk for death and other harms associated with substance misuse.

The innovations featured in this section show promise for accelerating our progress in improving treatment access and quality of care patients.

* Substance Abuse and Mental Health Services Administration, 2016 National Survey on Drug Use and Health, Tables 22 and 25, available at <https://www.samhsa.gov/data/sites/default/files/NSDUHsaeTotal2016/NSDUHsaeTotals2016.pdf>.

PRS's logistical coordinator. In fact, a half dozen former patients now work for the organization. "He is the picture of recovery," Cope says proudly. She understands that quite well because she's in recovery herself.

Positive Recovery Solution's impact keeps spreading. Its outreach grew to Ohio last year. This year, it will expand operations into Kentucky and Indiana. Positive Recovery Solutions has two mobile vans and set up clinics at various partner agencies throughout the state. They provide the Vivitrol injections and partner with local behavioral health providers in the communities to offer counseling. Their biggest referral source is patients themselves.

Positive Recovery Solutions truly is a pioneer in delivering treatment. "We've experienced growth because of the lack of providers," Cope concludes. "There isn't much competition for us because it can be taxing and requires a lot of man hours but the results are worth the effort."

NUMBERS:

- Operates in 28 Pennsylvania counties
- 89% of patients stay on medication without relapse for 6-9 months

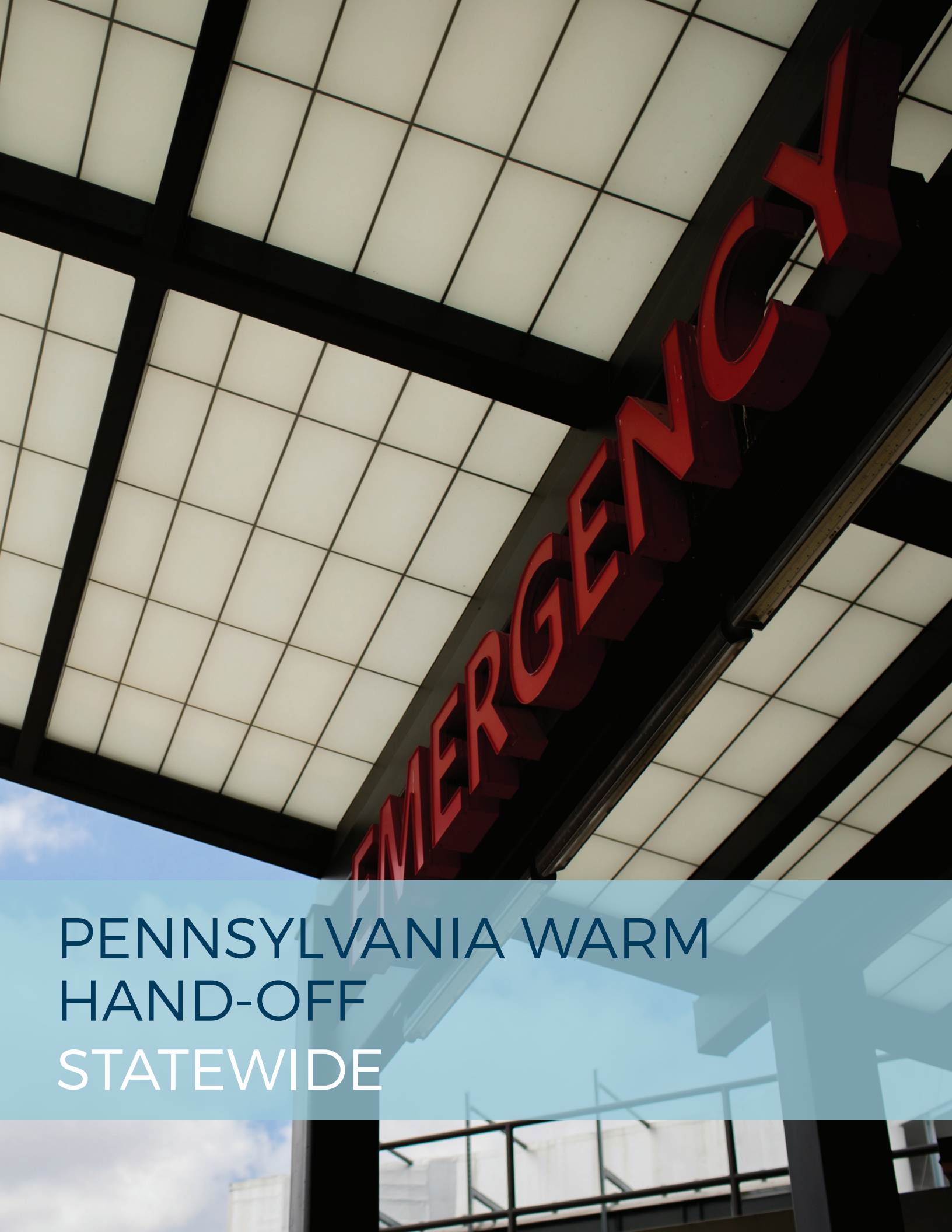
SUMMARY:

- Positive Recovery Solutions provides mobile Vivitrol services to people throughout Pennsylvania.
 - This approach removes the distance obstacle that many face and increases the number of people in treatment.
 - The program expanded into Ohio last year in 2018 and will expand into Kentucky and Indiana in 2019.
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PENNSYLVANIA WARM
HAND-OFF
STATEWIDE

When a person struggling with an addiction experiences an overdose, the clock starts ticking on a window of opportunity. It's brief, but it's also a critical moment for making a connection. If that window closes with the moment passing unseized, there's no guarantee another opportunity will come again.

The situation is especially acute in Pennsylvania, which has the country's 3rd highest overdose rate. More than 5,300 overdose deaths were reported in 2017—the equivalent of almost one death every two hours.

Those who survive often experience a short period of time where they're open to receiving treatment. Warm Hand-Off makes the most of that strategic opening.

"A warm hand-off process lets emergency responders and treatment providers coordinate care. That's vital to the patient's long-term health when they need it most," says Jennifer Smith, Secretary of Pennsylvania's Department of Drug and Alcohol Programs.

A task force created in 2013 brought together stakeholders in the addiction response. A workgroup was created to explore ways overdose survivors could, once they'd been medically stabilized, receive an immediate hand-off to the services they need. Without that hand-off, the risk of another overdose is very high.

Eventually, a concept was developed that's surprisingly simple. It brings together all the key players (hospitals, insurance providers, treatment providers, police departments, fire departments, emergency medical services, state officials, and local government officials) and unites them on the same playbook. In January 2016, the Pennsylvania Department of Drug and Alcohol Programs (DDAP) started requiring Single County Authorities (SCAs), the



INNOVATIONS IN HEALTHCARE

Substance use disorders (SUDs) remain one of the only illnesses that is treated outside of general health care systems. Because of this, there is very little, if any, communication between specialty SUD treatment providers and primary care doctors. This affects the overall quality of care and health outcomes of the patient.

Evidence-based SUD treatment integrated into healthcare systems helps to close the gap between the number of people who need treatment for a SUD and the number of people who actually receive.





county offices that oversee local substance use disorder (SUD) programs, to develop a “warm hand-off” plan for patients who survived a recent overdose.

Warm Hands-Offs make the most of the moment when a person is willing to accept help. Participants include hospital case managers, social workers, clinicians, and certified recovery specialists. They facilitate referrals from the emergency department and directly connect the person to treatment services. Rather than simply handing the patient discharge papers and hoping for the best, the program proactively engages them in receiving treatment.

“Instead of being given a phone number the patient is told they can call, we make calls on their behalf,” Secretary Smith explains. “We help them book their appointment. We make transportation arrangements if they’re needed. Warm Hand-Off removes obstacles and creates a clear pathway for what they should be doing and help them feel more equipped for taking the next step.”

Six Warm Hand-Off summits were held around the state in 2018 to provide more information, talk through challenges and develop action plans, “They were groundbreaking because it was the first time many of these groups had ever interacted with one another,” Secretary Smith says.

While all Warm Hand-off protocols must include screening, assessment, treatment and tracking, counties have flexibility in how to implement their program. Take for example the Addiction Recovery Mobile Outreach Team (ARMOT) in Armstrong, Indiana and Clarion counties. They use case managers and Certified Recovery Specialists to assess patients in local hospitals and connect them to treatment. Since 2015, ARMOT has connected over 400 individuals to treatment.

Medical and emergency workers have long known that in a crisis, every minute counts. The same holds true for reaching people coming out of an overdose. And Warm Hand-off is making the most of the opportunity while it lasts.

NUMBERS:

- Six Warm Hand-Off Summits were held around the state in 2018
 - Overall, it reports 75-85% success among people who make it into treatment
 - The Administration reconvened eight regional Warm Hand-off Summits in 2019 to help navigate implementation roadblocks.
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SUMMARY:

- In January 2016, the Pennsylvania Department of Drug and Alcohol Programs (DDAP) started requiring Single County Authorities (SCAs), the county offices that oversee local substance use disorder (SUD) programs, to develop a “warm hand-off” plan for patients who survived a recent overdose.
 - This requirement, a part of DDAP’s 2015-2020 grant agreement with SCAs, aims to ensure that patients who require emergency medical care due to the use of drugs or alcohol are directly referred to treatment if medically appropriate.
 - DDAP defines a warm hand-off as a seamless transition for opioid overdose survivors from emergency medical care to specialty substance use disorder treatment that improves their prospects for recovery.
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LUZERNE COUNTY PRE-ARREST
DIVERSION PROGRAM
LUZERNE COUNTY, PA



What if there was a way to reach people struggling with addiction *before* they get in trouble with the law? What if they could be reached *before* they're taken into custody?

One Northeastern Pennsylvania county's innovative approach does just that. And in the months since it was implemented, it's already producing encouraging results.

Luzerne County's story is similar to others around the Commonwealth. The opioid epidemic was going from bad to worse. Overdose fatalities kept going up. Widespread gang violence added to the problem. Hope that things would change was dwindling. A new approach was needed.

So, District Attorney Stefanie Salavantis set out to try something different. The young prosecutor studied the problem and decided to offer a 'carrot and stick' approach to people struggling with addiction. If they voluntarily agreed to supervised treatment before they were arrested, they wouldn't face criminal charges.

And so, Luzerne County's Pre-Arrest Diversion Program was launched. Here's how it works.

When law enforcement comes upon someone who may benefit from the program, they're referred to a case manager within 24 hours of an incident and given an opportunity to enter treatment. A waiver is signed, and the participant has 90 days to work toward recovery without fear of spending time behind bars. Prosecutors work closely with law enforcement in determining who is referred and accepted into the program.

"That's the 'carrot' part of this approach," Salavantis explains. "It removes the fear that this experience will ruin their life. The 'stick' part is, of course, jail time."

INNOVATIONS IN CRIMINAL JUSTICE RESPONSES TO ADDICTION

First responders, law enforcement and criminal justice personnel are increasingly at the center of the addiction issue—from being first at the scene of an overdose to responding to the lack of resources and limited treatment options for individuals with substance use disorders who are in our jails and criminal justice systems.

About 63 percent of people in jail, 58 percent of people in state prison, and 45 percent of people in federal prison have substance use disorders, compared to just 5 percent of the U.S. adult population.* Data indicates that law enforcement and probation see an increasing number of individuals struggling with addiction. Criminal justice systems equipped with training, services and early detection tools create opportunities to stop the progression of the disease. Contact with the justice system often provides an opportunity to overcome the resistance to seeking treatment that is often a symptom of the disease of addiction.

* Jennifer Bronson, Jessica Stroop, Stephanie Zimmer & Marcus Berzofsky, Drug Use, Dependence, and Abuse Among State Prisoners And Jail Inmates, 2007-2009, Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice (2017), <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5966>





The program doesn't automatically conclude at the end of the 90-day period. The case manager continues working with the patient and assisting them toward their goal of recovery. The program continues to gain participants, and law enforcement is happy to offer an alternative to arrest.

Salavantis tells the story of a local kindergarten teacher who was found suffering an overdose. "We looked at it and thought this guy will lose everything if he's arrested. His career will be over, he won't be able to teach again with a criminal record, and he'll have no way to support himself. But his addiction will still remain. So, he entered this program, and it's providing him a way into recovery without losing everything."

Salavantis points out that the Pre-Arrest Diversion Program provides benefits to the community as well as participants. It helps ease the burden on law enforcement by saving resources. It also saves taxpayer money by having fewer inmates to house, feed and guard in jail.

But there is another reward, one that can't be counted in dollars saved or measured in resources spared. "One parent recently told me when their child entered the program, 'This could save their life'," Salavantis says. "That's really what it's all about."

SUMMARY:

- The Luzerne County Pre-Arrest Diversion Program provides an incentive for people in addiction to avoid arrest by entering treatment.
 - Participants agree to enter treatment for at least 90 days.
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PENNSYLVANIA DEPARTMENT
OF CORRECTIONS: MEDICATION
ASSISTED TREATMENT PROGRAM
STATEWIDE

“Corrections should correct.”

This is the motto that the Pennsylvania Department of Corrections (DOC) lives by. With this and the re-search showing alarming rates of fatal overdoses after people are released from incarceration, the PA DOC decided to pilot a Medication-Assisted Treatment (MAT) program for people dealing with both addiction and incarceration. It’s designed to better equip an inmate’s recovery as they prepare to return to the general population.

“We believe in the capacity to change, but also understand how difficult overcoming addiction can be. Programs like this give people and those who are in their life a true opportunity for a new start,” says John Wetzel, “Corrections should correct.”

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“We believe in the capacity to change, but also understand how difficult overcoming addiction can be. Programs like this give people and those who are in their life a true opportunity for a new start,” says John Wetzel, Secretary of PA DOC.

Starting in 2014, DOC piloted the use of Vivitrol at its all-female prison. Vivitrol is one of three medications approved to treat opioid use disorder.

After a review by Penn State researchers, the program was expanded the following year to



INNOVATIONS IN CORRECTIONS

When you think of hotbeds for innovation, state prisons usually don’t come to mind. However, that’s exactly what’s happening within the Pennsylvania Department of Corrections.

Nearly 2/3 of individuals entering the PA DOC have a substance use problem that unless decisively addressed during incarceration, would likely contribute to future involvement with the criminal justice system. Many of these individuals also have a diagnosable mental health disorder.

The PA DOC is committed to better outcomes for individuals with substance use disorders and mental health disorders.

The innovations featured in this section highlight two of the programs within the PA DOC.

four other facilities. Other expansions followed in 2016. By April 2018, Vivitrol was offered in all 25 state correctional facilities. And while Vivitrol works when used as prescribed, there was a problem.

“Many people were leaving incarceration and returning to the community with just one injection,” MAT program coordinator Steven Seitchik says. “They weren’t following up with additional injections. Mostly because of the side effects.” Follow-up injections aren’t mandated and can be stopped if the recipient chooses. But that was the problem. Participants quit taking the medicine too soon.

Consider Stephanie’s story. She was a cheerleader who was offered pain medication from her doctor following an injury. That led to heroin addiction. Stephanie was on Vivitrol for a full year but stopped taking it too soon. She relapsed and was soon arrested. Then Stephanie entered the MAT program where she found success by returning to Vivitrol and sticking with it. She’s now back on the right path and even helps recruit others for the program. “People appreciate hearing it from an individual who has been on it and knows its side effects,” Seitchik says. “Vivitrol was an important aspect of Maria’s recovery. Her story reaches people. It’s amazing. And it’s the best recruiting tool we could have wished for.”

The MAT program is now looking into expanding to include using Sublocade, the first FDA-approved once monthly extended release buprenorphine injection.

Seitchik notes for people affected by addiction, it never completely goes away. “Addiction is a chronic relapsing brain disease. Post-release





**rectional Institution
at Muncy**

We believe in the capacity to change, but also understand how difficult overcoming addiction can be. Programs like this give people and those who are in their life a true opportunity for a new start.

☆☆☆☆☆
– John Wetzel,
Secretary of PA DOC



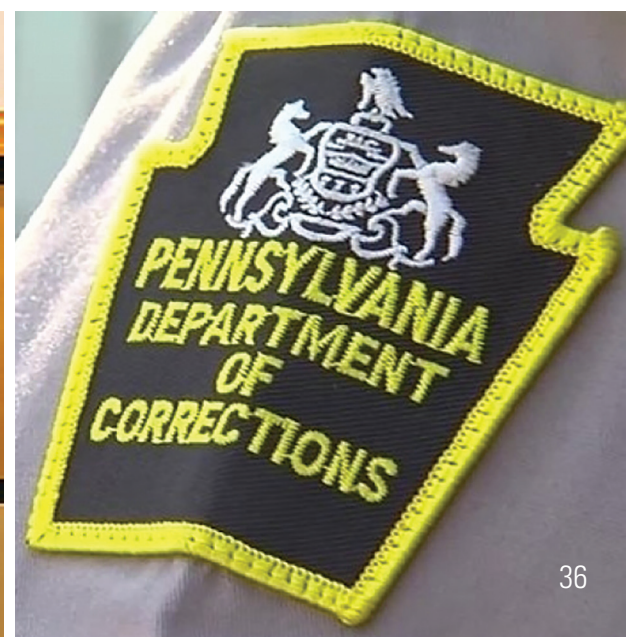
relapse rates are high and too often, fatal. From a scientific standpoint, medication-assisted treatment is the gold standard for treating opioid use disorder. We offer data-driven programming. We want programming to be based on science. I don't follow the anecdotal stories, I follow the science."

NUMBERS:

- Vivitrol was started as a pilot program at an all-female prison in 2014
 - Available in all 25 facilities
 - 2016: 78 participants
 - 2017: 494 participants
 - 2018: 742 participants
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SUMMARY:

- The Pennsylvania Department of Corrections' Medication-Assisted Treatment (MAT) Program provides Vivitrol to inmates prior to release.
 - The Sublocade pilot begins April 1, 2019 at State Correctional Institution Muncy.
 - The MAT program is designed to better equip inmates for recovery as they prepare to their community.
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A close-up photograph of the back of a brown hoodie. The letters 'D.O.C.' are printed in large, white, sans-serif font across the upper back. Each letter is separated by a small white square. The background shows a blurred office or classroom setting with a desk and a chair.

D.O.C.

PENNSYLVANIA DEPARTMENT
OF CORRECTIONS: CERTIFIED
PEER SPECIALIST PROGRAM
STATEWIDE

A Pennsylvania prison inmate carries a binder with two words on it: "Recycled Trash." He suffers from severe mental illness and accompanying issues. His life has been a struggle every step of the way -- from being tossed in a trash can as a baby to being forced to eat out of a dog bowl and ultimately feeling completely dehumanized. The inmate says he felt beat down and thrown away -- like trash; something without value.

But he eventually confronted his issues and rose above them, becoming one of the hundreds of inmates who're helping others as a certified peer specialist (CPS). 'Recycled trash' reminds the man that he's no longer worthless; that, in his words, "I am something, and I'm worth something."

"It's an example of results the Pennsylvania Corrections Department's Certified Peer Specialist program is producing," says Lynn Patrone, a mental health advocate.

Having been there makes all the difference. Working out of addiction with the help of someone who has already made that transition can be a huge asset to people in recovery. And, helping others can be a great way to remain in recovery. "You can't keep recovery if you can't also give it to others," says one CPS.

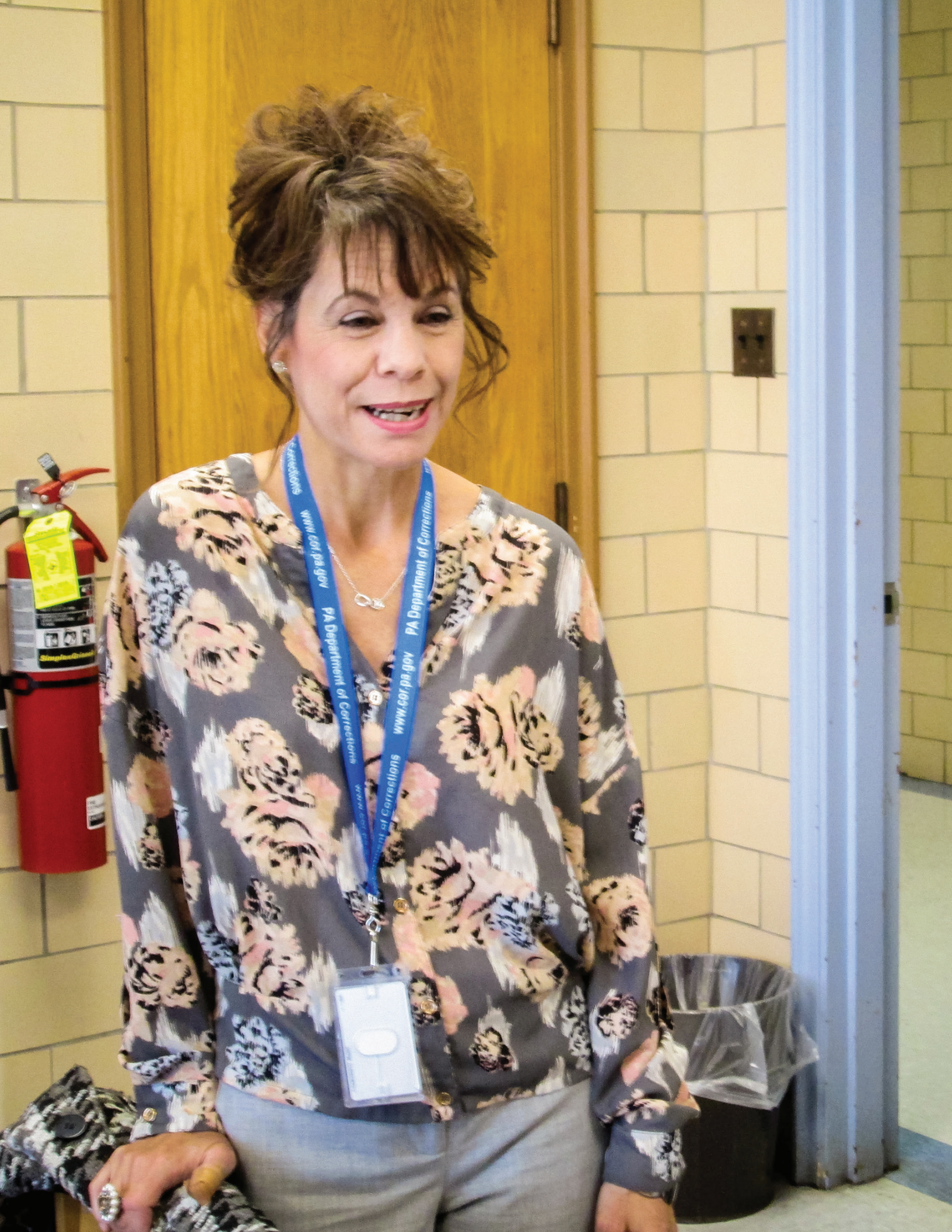
The CPS program has been operating in Pennsylvania's corrections system for about eight years. It started with a successful pilot program that was expanded to all facilities. Now there are 20 to 30 CPS's in each facility. The program is working so well, Patrone says their ranks may be in-creased.


More than 500 inmates have been trained as CPS's. They provide support services to their fellow inmates on different issues, including addiction. Using the peer-to-peer model, it's similar to sponsorship in other recovery programs. CPS's also seek out other inmates who may need assistance and help them with their short and long-term recovery goals, plus assist with helping maintain their recovery.

Participants are nominated for the program. They must have experienced mental illness, addiction, or both, and be in recovery. They must also be misconduct-free during their incarceration. Then, participants receive 75 hours of training.

There are many positive benefits to the program, Patrone says. "The CPS's are like a second set of eyes within the facility and the correctional staff like that. Inmates are more likely to open up to a peer who's a CPS than they are to staffers. It also provides the CPS with an employment opportunity. Perhaps most importantly, it gives participants a sense of self-worth and value. For many, it's the first time in their life they've ever experienced that."

Just ask the CPS who carried "Recycled Trash" on his binder. "When I can bring hope to someone else, it gives me a purpose," he explains. "I'm no longer trash. Trash isn't good for anything. I've been recycled. Recyclables are good for something. I am something, and I am worth something."





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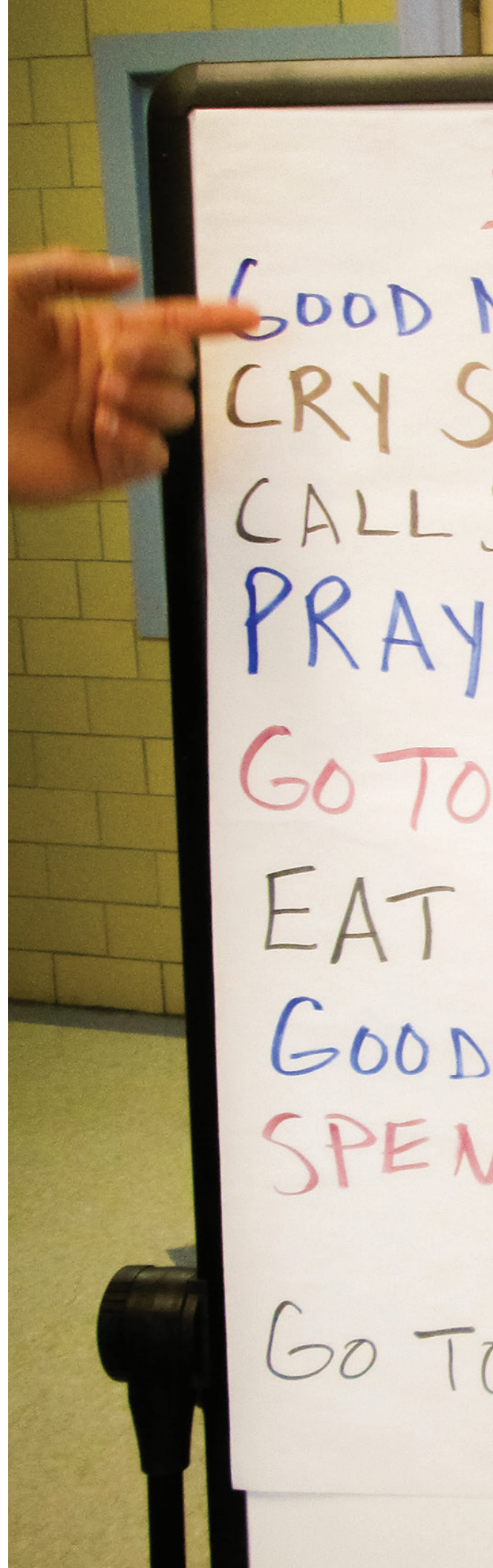
– Lynn Patrone

NUMBERS:

- 20-30 CPS's per facility
 - More than 500 CPS's statewide
 - Each receives 75 hours of training
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SUMMARY:

- The Pennsylvania Department of Corrections' Certified Peer Specialist Program trains inmates in recovery from mental health, addiction, or both to assist other inmates with similar problems.
 - The program quickly expanded to all facilities.
 - CPS's are certified with the Pennsylvania Certification Board, which can help with employment upon release.
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SELF-CARE

NIGHT'S REST ✓✓✓

SESSION

SON ✓ TAKE A WALK
ER

A SMART MEETING

FOOD ✓

WORK OUT ✓

QUALITY TIME W/
ROOMMATE

GYM



RASE PROJECT
HARRISBURG, PA

A few years back, the math just didn't add up. The number of treatment dollars available to treat people in addiction in Central Pennsylvania was going down, while the number of people needing that treatment was going up. Clearly, it was a dangerous trend. Treatment providers were doing the best they could, but it wasn't enough.

"People had to beg their insurance company to approve more time in treatment," remembers Denise Holden. "Treatment programs couldn't fight for themselves. They needed someone to fight for them on their behalf."

So, a group of concerned individuals sat down together at a dining table in 2001 and decided to do something. When they got up, the RASE Project was born. It provides a unique blend of both professional and peer-based recovery support services.

"We started out doing advocacy. Then that led us to direct recovery support," Holden, the organization's founder and CEO says. The RASE Project now assists individuals affected by substance misuse by fostering progress and working to enhance the recovery process.

That progress came slowly, but surely. In 2002, the group opened RASE House, the area's first therapeutic residential house for women in early recovery. By 2005, it had expanded to RASE of Carlisle, providing service to three more counties. A fourth came later that year. In 2011, RASE Project Recovery Centers opened in Harrisburg and Lancaster. Two years later, Lebanon County was added.

That ongoing growth shows both the seriousness of addiction in Central Pennsylvania and the RASE Project's commitment to addressing it.

While medication-assisted recovery services are provided, the group recognizes recovery involves much more than taking medication.



INNOVATIVE APPROACHES TO RECOVERY SUPPORT

A community that is recovery ready provides the entire continuum of support for people in or seeking recovery. A community focused on recovery also promotes prevention by having a variety of substance-free community events and activities to promote health and well-being for all ages. 23 million Americans are in recovery from a substance use disorder today.



“What does not
destroy me
makes me
strong”

Friedrich Nietzsche, *Twilight of the Idols*

“Working alongside others, we really learned the nuts and bolts of substance misuse,” Holden says. “Then we put what we learned to work by helping people in recovery and educating the community at large. That is an empowering experience. It goes a long way in helping break the stigma so often attached to addiction recovery.”

Holden points out the RASE Project embraces all pathways to recover. That includes the extensive use of volunteers and peer services with an emphasis on self-care. “For example, we don’t refer to the people we help as ‘clients’. That’s too clinical. We call them ‘participants.’”

It’s that “all hands on deck” approach that makes the RASE Project different. “We say everyone is part of the recovery community. Everyone becomes a certified recovery specialist. That way we’re better able to relate to people they are working with.”

What does the future hold for the RASE Project? One thing is certain: the group is willing to expand as needed. “We’re teachable and want to keep learning and growing,” Holden concludes. “We’re not trying to conquer the world; we just want to help people who are seeking recovery.”

NUMBERS:

- Created in 2001
 - Operates in 6 locations in Central Pennsylvania
-


SUMMARY:

- The RASE Project is a recovery community organization that provides a unique blend of both professional and peer-based recovery support services.
 - The mission is to assist all those individuals affected by substance use issues, problems and concerns by fostering progress, enriching lives, and ultimately enhancing the recovery process.
 - It embraces and celebrates all pathways to recovery.
-



We say everyone is part of the recovery community.

Everyone becomes a certified recovery specialist. That way we're better able to relate to people they are working with.







PENNSYLVANIA HARM REDUCTION COALITION STATEWIDE

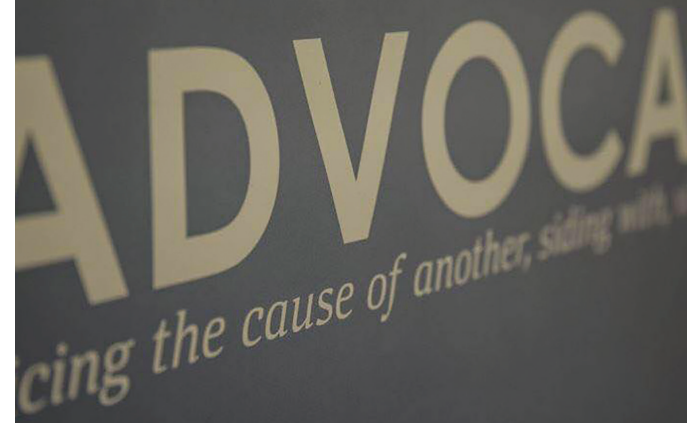
Devin Reaves has a big dream. And he's working hard to make it come true in order to do big things for Pennsylvania. A veteran advocate, he wants people in the Keystone state to do more to push for change. That's why he set a goal of training 500 advocates in 2019. Think about that for a minute: 500 advocates!

Reaves is a co-founder of the Pennsylvania Harm Reduction Coalition. It's a collaboration among treatment providers, harm reduction programs, medical entities, social service agencies, academia, criminal justice reform projects, activists, and ordinary people. The Coalition works to promote the health, dignity, and human rights of individuals who use drugs and communities impacted by drug misuse.

Reaves found that while people were doing a lot to promote awareness about addiction and drug misuse, things were moving too slowly. And in the state with the country's highest number of overdose deaths (5,388 in 2017), there isn't time to lose.

So, Reaves teamed up with public health expert Erin Haas in 2017 to create the Coalition. And they've pursued lofty goals ever since. The organization wants to expand access to naloxone and medication-assisted treatment (MAT) programs, as well as establish syringe service programs in a Syringe Access Network of Pennsylvania.

Then there are those 500 advocates. "With our available advocates, we'll create local teams to address local problems," Reaves explains. "We're already holding advocate trainings at capacity, and I believe we will reach 500 for the year in no time." He also envisions a special train-the-trainer session.

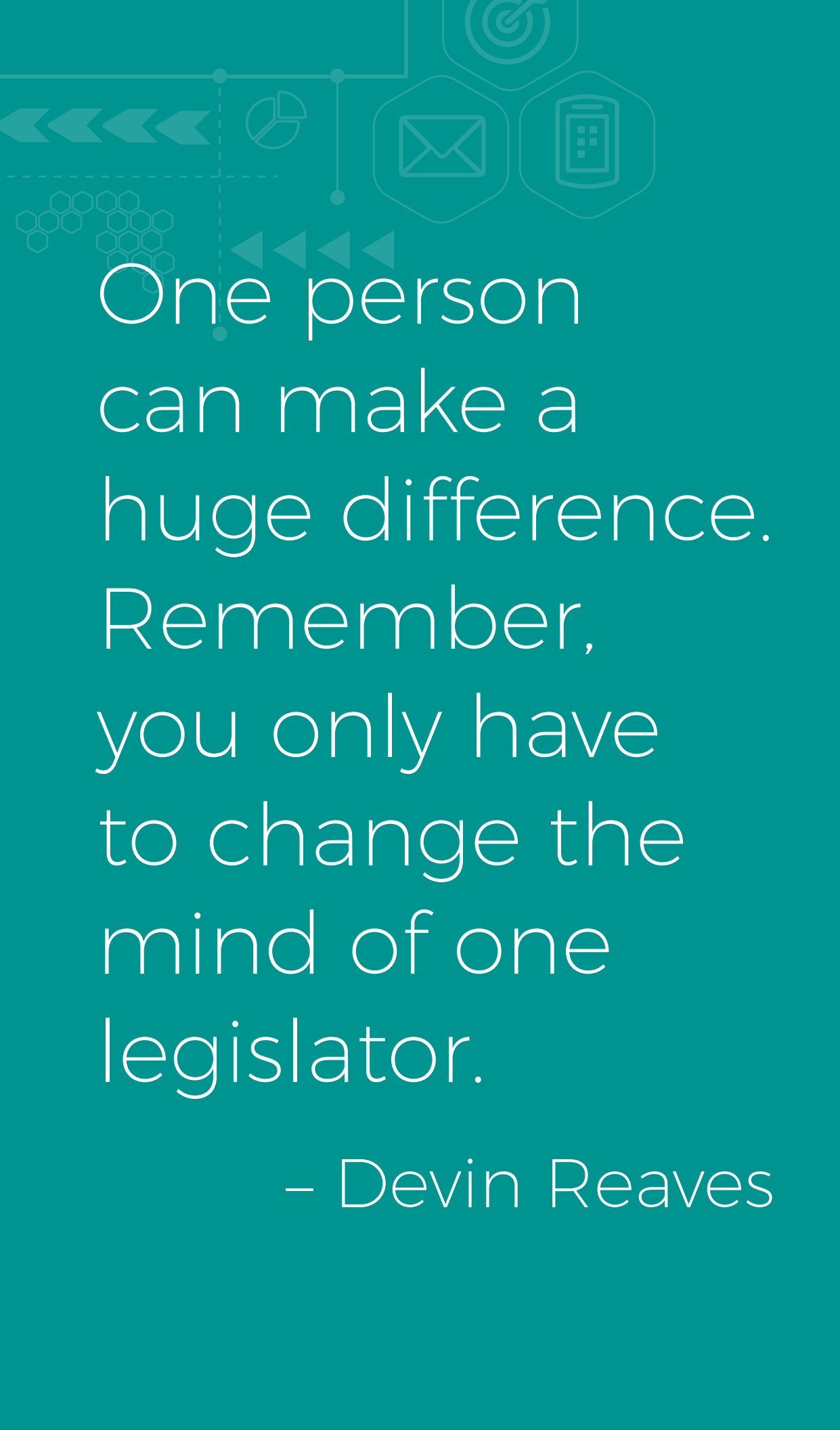


SOLUTIONS TO ADDRESS INFECTIOUS DISEASES IN SUD POPULATIONS

People who engage in drug use or high-risk behaviors associated with drug use put themselves at risk for contracting or transmitting infections such as hepatitis or HIV/AIDS.

Syringe exchange programs and other public health strategies to address infectious diseases among individuals with substance use disorders play a key role in the prevention and treatment of these diseases.

Programs can connect the population of IV drug users with healthcare, provide HIV screening and treatment, and provide an opportunity to engage individuals in substance use disorder treatment.



One person
can make a
huge difference.
Remember,
you only have
to change the
mind of one
legislator.

– Devin Reaves









Other goals and plans include holding a statewide conference to teach the safety-first approach to the over-dose epidemic; advocating for expanding access to syringe services; train 100 law enforcement officers about overdose response in ten training sessions over a year; and motivate all those new advocates into advocating in their communities.

In the end, it all comes down to the effort made by an individual. But what difference can one person make? “One person can make a huge difference,” Reaves says. “Remember, you only have to change the mind of one legislator.” That may be a small response, but when you multiply it by 500 a big dream can suddenly come true.

SUMMARY:

- The Harm Reduction Coalition is a collaboration among treatment providers, harm reduction programs, medical entities, social service agencies, academia, criminal justice reform projects, activists, and ordinary people.
 - It works to promote the health, dignity, and human rights of individuals who use drugs and communities impacted by drug misuse.
 - It also seeks to expand access to naloxone and medication-assisted treatment (MAT) programs, and establish syringe service programs in a Syringe Access Network of Pennsylvania.
-

PREVENTION POINT
CENTRO DE PREVENCIÓN

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PREVENTION POINT
PHILADELPHIA, PA

Sometimes, helping draw attention to one issue can lead to addressing another. That's precisely what happened with Prevention Point.

Its story started nearly 30 years ago. Back during the early days of the AIDS epidemic, a group called Act UP (AIDS Coalition to Unleash Power) wanted to direct attention to the disease and encourage more treatment for it. Activists discovered there was a 95% infection rate among IV drug users. So, Prevention Point began as an underground syringe exchange program in Philadelphia designed to help people stay well.




"Everything changed in 1992 when new Mayor Ed Rendell signed an executive order making syringe exchange legal in the city. Prevention Point grew from there," says Dina Stonberg, a consultant who advises the organization. Prevention Point's growth has been particularly rapid in recent years.

"Prevention Point now has over 100 employees," she says. "Besides offering primary and specialty HIV/HCV care, its addiction-related services now include peer specialists, community education program, plus naloxone education and distribution."

The welcome mat is out for anyone who walks in its doors in the Kensington neighborhood, she adds, regardless of where they live. In fact, one of Prevention Point's features is an Engagement Center—a place where people are welcome to hang out, including the homeless. "We forget that even though someone doesn't have a home, they still want to feel like a person and hang out with their friends." That's because Prevention Point's approach is from a harm reduction perspective.

Even its location is important because Kensington is also home to the largest open-air drug market in America.

It offers regular case management and housing case management to assist participants to get into permanent housing. Its other programs include: Testing and Linkages program; CRAFT – Coordinated Responses to Addiction by Facilitating Treatment, where 232 unique participants are assisted by two mentors who help with outreach and treatment; and STEP – the Stabilization Treatment and Engagement Program, an opioid-related addiction MAT treatment designed to help people stay in treatment and recovery. A streetside health clinic provides medical care to wounds. There's also a police-assisted diversion program.



All these programs are available because many people will only come to Prevention Point for help. Because they know the people who work there are deeply committed to helping them.

– Dina Stonberg







“All these programs are available because many people will only come to Prevention Point for help,” Stonberg says. “Because they know the people who work there are deeply committed to helping them.”

And Prevention Point is very successful at reaching people. During the last fiscal year (July 1, 2017-June 30, 2018), CRAFT had 232 participants and STEP had 263; 850 people were referred for drug services, and the organization took in 2.3 million syringes while giving out 2.9 million more to 12,780 participants.

“Harm reduction works,” Stonberg says in conclusion. “It’s the answer to the epidemic, working with people, meeting them where they are. Having compassion is the tenet of everything we do.”

NUMBERS:

- Started nearly 30 years ago as an offshoot of AIDS-awareness
- Grew into a legal syringe exchange program in 1992



- Now has 100 employees
 - Served 232 people in CRAFT and 262 in STEP programs in FY 2017-18
 - Accepted 2.3 million syringes and gave 2.9 million to 122,780 participants in FY 2017-18
-

SUMMARY:

- Prevention Point is a harm reduction organization offering services such as syringe exchange, treatment referrals, primary and specialty HIV/HCV care.
 - Its addiction-related services now include peer specialists, community education program, plus naloxone education and distribution.
 - Services are designed to treat people at different points in addiction.
-

INNOVATIO





DRIVING CHANGE

Imagine a world where these promising innovations are accelerated, scaled up, and accessible to the communities most in need. How many more lives could we save if we took the best, brightest and most innovative ideas to scale nationwide? Together we can solve this by shining a light on high-impact innovative solutions and helping to make sure they're adopted across the country.



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