Pennsylvania
Department of Drug and Alcohol Programs

Annual Report

State Fiscal Year 2024 – 25

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Introduction

Act 50 of 2010 established the Department of Drug and Alcohol Programs (DDAP) and identified the agency's reporting requirements. In 2023, Act 66 expanded reporting requirements to include updates on funds expended by the agency, barriers to expanding the substance use disorder (SUD) workforce, and efforts taken to address such barriers.

In accordance with Act 66 of 2023, DDAP is pleased to submit to the General Assembly an annual accounting of the specific services provided, funds expended, and DDAP's State Plan, as outlined in Section 2301-A and 2303-A of Act 66. This includes the data from SUD treatment providers' evaluation of the barriers to workforce retention.

DDAP is focused on reducing the human and economic costs of substance use and problem gambling for the citizens of the Commonwealth. Pennsylvania recognizes the disease of addiction as a public health priority requiring targeted, evidence-based strategies to address the opioid crisis and other substance use and gambling challenges.

Since its establishment, DDAP has become the central coordinating agency for the Commonwealth's prevention, intervention, treatment, communicable disease and overdose death prevention, and recovery initiatives.

As a cabinet-level state agency, DDAP has a strong commitment and responsibility for the allocation and oversight of state and federal funds to provide the supports people need to treat and manage their substance use or gambling disorder. DDAP relies on collaborative partnerships with counties, treatment providers, and community-based organizations to help accomplish this on the local level.

The information outlined in the following pages details our efforts throughout State Fiscal Year 2024-25 (SFY 2024-25) and Calendar Year 2025 (CY 2025) to fulfill our mission and continue to improve our responsiveness to emerging needs. DDAP remains focused on addressing the opioid crisis, workforce development and retention, and the need for data-informed decision making to drive system improvements and change.

Workforce

In 2023, Governor Shapiro signed Act 66[1] into law. The Act allows SUD treatment facilities to have regulatory flexibilities to expand staffing ratios, clinical qualifications, and supervision provisions during an opioid epidemic. The flexibilities and reporting requirements for treatment providers were defined through DDAP Licensing Alert outlining regulatory flexibilities during an opioid epidemic.

The following section outlines CY 2025 survey data received from SUD treatment providers related to barriers affecting workforce recruitment and staff retention.

SURVEY METHODOLOGY

DDAP created a 10-question survey that was designed utilizing methods for improving the number and accuracy of responses.

- The first five questions collected identifying information from the respondents.
- The sixth question collected information on the regulatory flexibilities that SUD treatment facilities utilized during the timeframe in question.
- The seventh question asked respondents to rank barriers to entry into the workforce, beyond the staffing qualifications and requirements specified under 28 Pa. Code Ch. 704.
- The remaining three questions were open-ended questions, allowing the respondent to provide feedback related to other barriers to entry into the workforce not previously listed and efforts made to address barriers to entry into the workforce.

At the end of each quarter, DDAP sends an email to licensed drug and alcohol treatment facilities and outpatient service providers (providers that DDAP licenses) asking them to complete the survey for the previous quarter. The email includes a direct link to the survey and deadline for completion.

DDAP collects this data quarterly and analyzes it longitudinally across the quarters and cumulatively for the calendar year.

Throughout CY 2025, DDAP received responses from 535 SUD treatment providers throughout the Commonwealth; many providing responses for all or several quarters.

[1] 2023 Act 66 - The Official Website of the Pennsylvania General Assembly

SURVEY RESULTS

The following pages include the provider responses for CY 2025. The first graph (**FIGURE 1**) shows the regulatory flexibilities/exceptions that provider respondents utilized throughout the year. The most used exceptions were related to the Staff's Clinical Experience, Counselor Assistant Supervisor's Qualifications, Staffing Ratios, and using Certified Registered Nurse Practitioners (CRNP) or Physician Assistants (PA) as an On-Call Physician in a residential detoxification program. There were two noted changes in the ranking of most requested regulatory flexibilities from CY 2024 to CY 2025. The response of None moved from fifth position to fourth as one of the top requested flexibility categories. Staffing Ratios for Detox moved from seventh to fifth as a most requested flexibility. CRNP or PA as a Counselor was not listed as top requested flexibility last year.

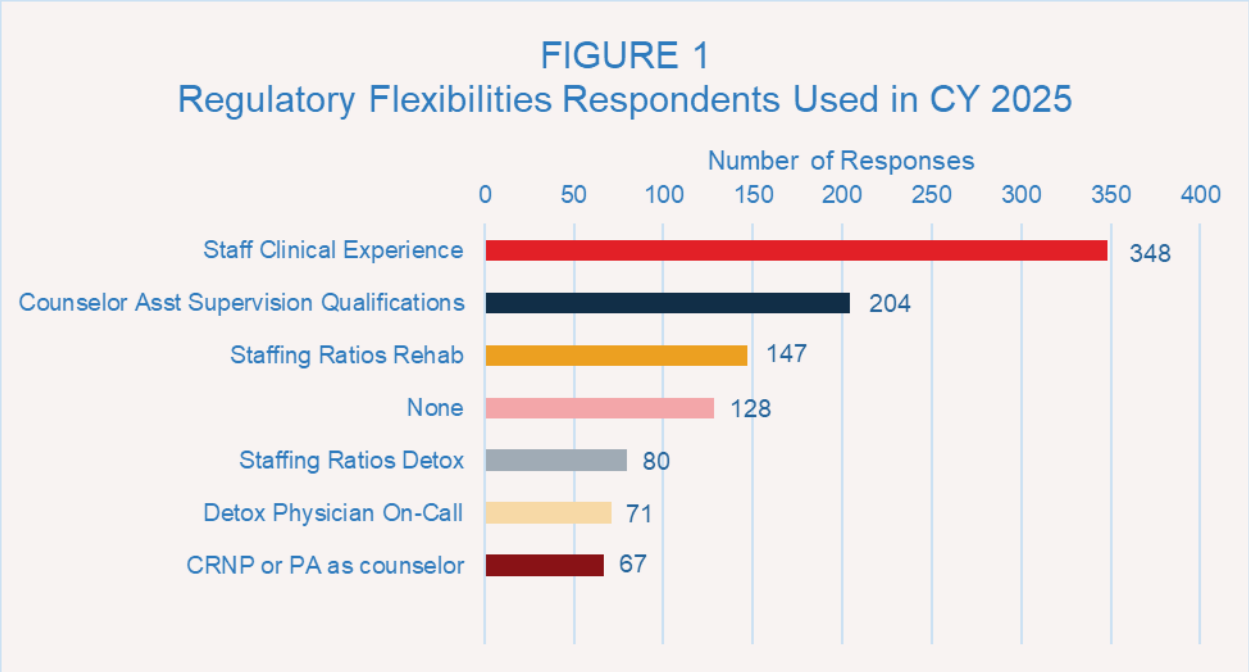
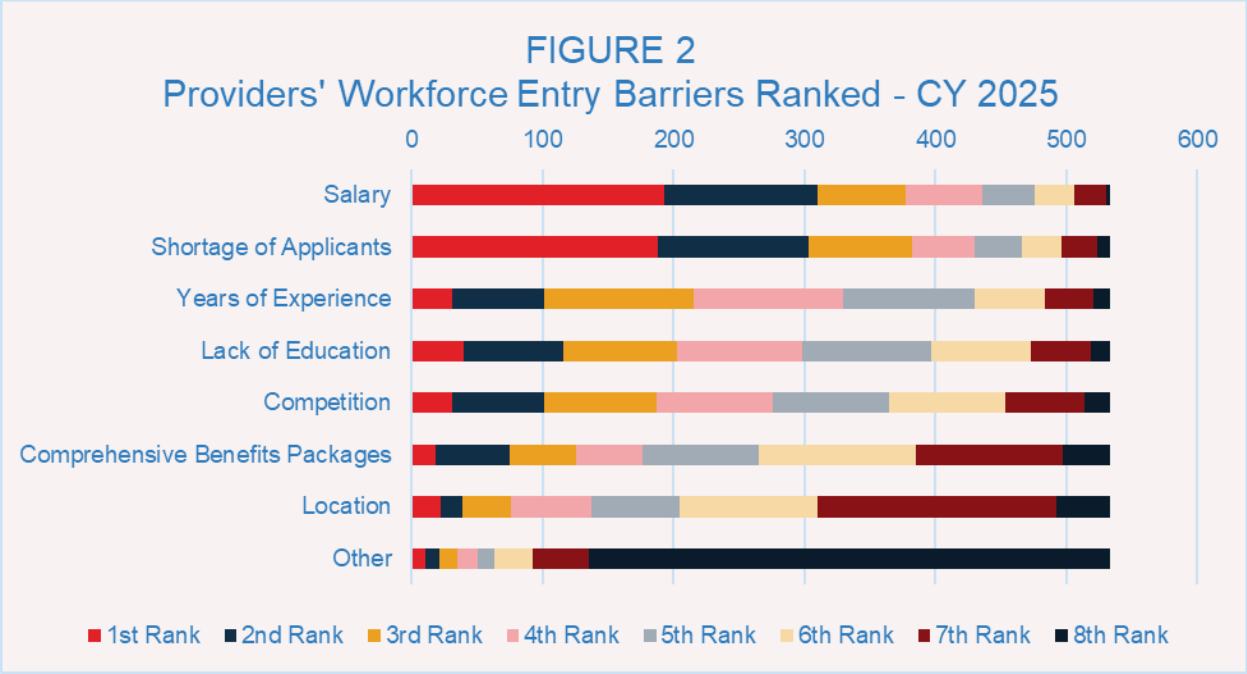
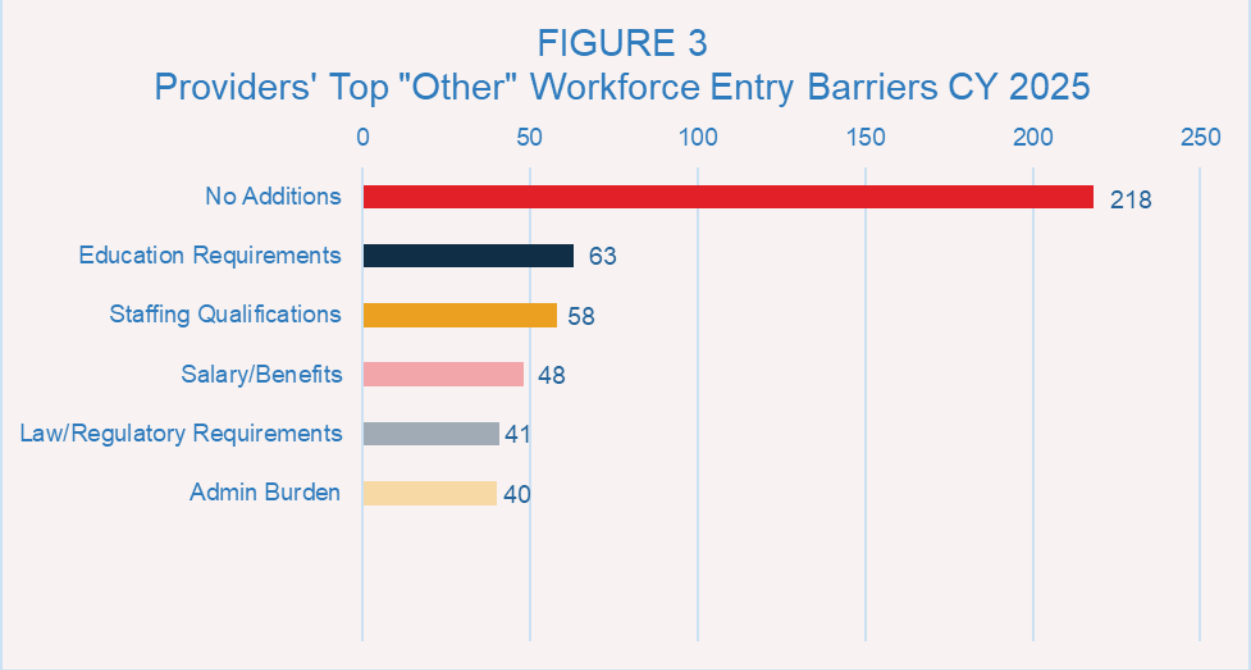


FIGURE 2 shows providers' rankings of possible SUD workforce entry barriers that DDAP included in the survey. The top five responses included Salary Concerns, Shortage of Applicants, Years of Experience Required for Staff, Candidates Lacking the Education Required, and Competition for Qualified Staff. The ranking of barriers between CY 2024 and CY 2025 remains relatively the same. A change was noted between Comprehensive Benefits Packages and Location whereas the Benefits Package was reported more often than Location in CY 2025.

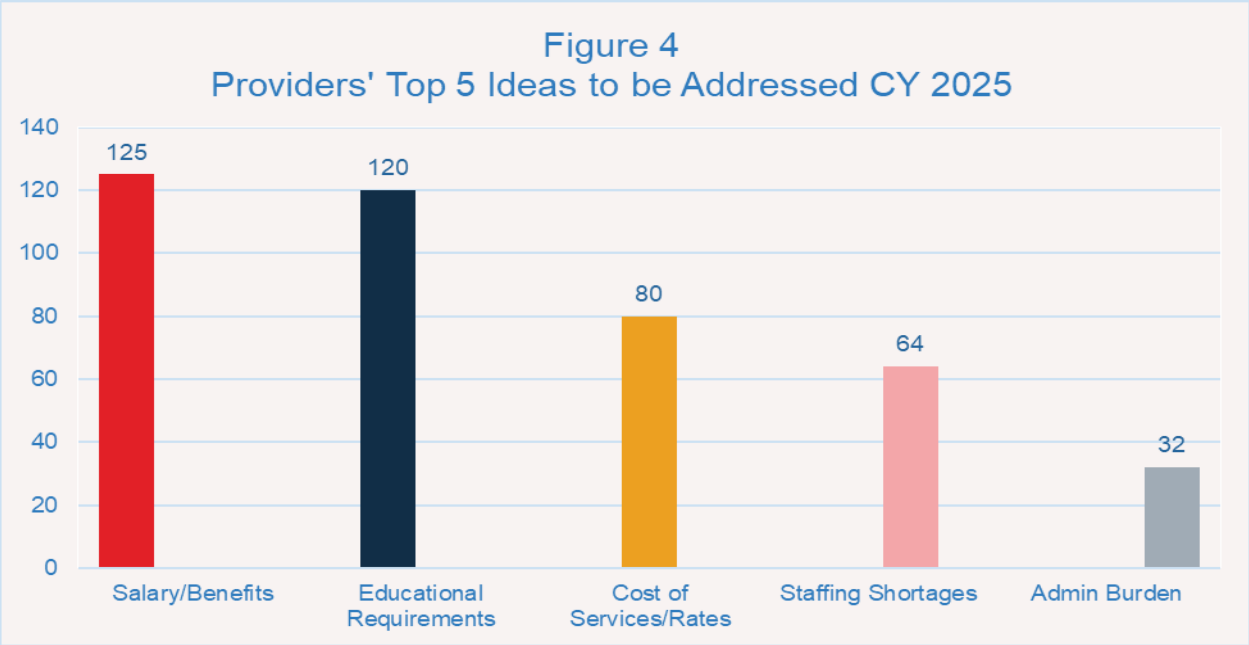


When asking providers for other workforce entry barriers that were not included on the survey list, 41 percent of respondents (218 of 535) did not have anything to add (**FIGURE 3**). The other workforce barrier with the most responses was Education Requirements, which accounted for 12 percent of the responses (63 of 535). There were no changes to the rankings of “Other” categories from CY 2024 to CY 2025.

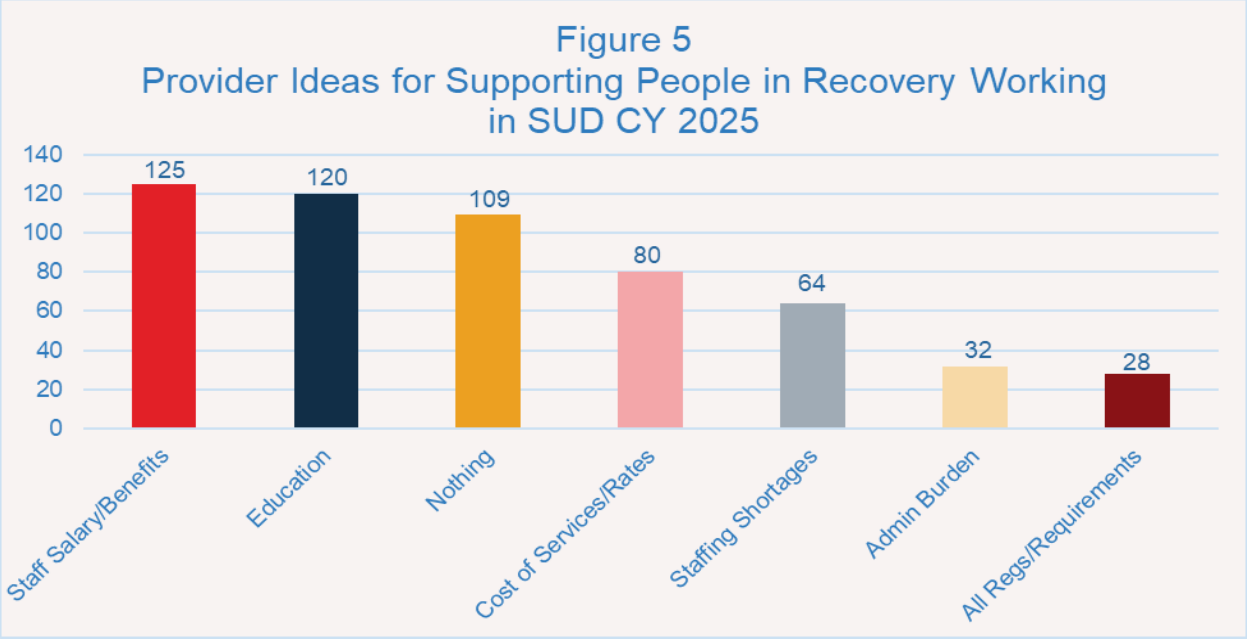


Providers offered the following top five ideas for addressing SUD workforce entry barriers (**FIGURE 4**): Staff Salary and Benefits, Educational Requirements, the Cost of Providing Treatment versus Payments/Reimbursement, Staffing Shortages,

Qualifications, Difficulty Hiring, and Reducing Administrative Burden. The top five ideas to address barriers to workforce entry remain the same between CY 2024 and CY 2025.



When asked about the best way to support individuals in recovery seeking to work in the SUD field, most provider respondents focused on Staff Salaries and Benefits followed closely by Education (**FIGURE 5**). In CY 2025, Staff Salary/Benefits was the most widely suggested idea for supporting individuals in recovery seeking to work in SUD services, while in CY 2024 Education was the most widely suggested idea.



EFFORTS TO ADDRESS WORKFORCE CHALLENGES

In SFY 2024-25, DDAP continued its statewide stakeholder engagement tour and completed its latest effort to hear directly from individuals in recovery, the full spectrum of service providers and SUD workforce, active service recipients, payors, elected officials, community leaders, schools, and correctional facilities. This portion of the tour spanned 14 counties across 60 legislative districts and engaged over 100 participants.

Over the course of these visits, several themes emerged but one theme continues to affect the entire Commonwealth: workforce challenges with recruitment and retention. Additional challenges include transportation, childcare, and housing.

Recognizing that some of the identified workforce challenges are impacted by the licensing regulations of the department – regulations that have not been updated in over five decades – DDAP is undertaking a comprehensive regulatory reform effort.

From 2024 through early 2025, the following topic-based work groups met to discuss the challenges expressed by stakeholders:

- Staffing
- Treatment Planning
- Administrative Burdens
- Alignment with ASAM Criteria
- Physical Locations

Work groups included diverse representation from geographic areas and occupations and included those in long-term recovery, as well as family members. Each work group was tasked with making specific and measurable recommendations to DDAP for consideration in its regulation updates. Upon the conclusion of these work groups in 2025, reports reflecting their recommendations were developed for reference as the agency drafts its regulation updates. The final regulatory package is expected to be published in 2028.

As not all workforce issues can be resolved through regulation alone, DDAP has taken additional measures to explore concerns raised around the administrative burden of those working in the SUD field. This includes activities such as the volume and redundancy of paperwork and other administrative requirements. DDAP recognizes that individuals enter this career field to interact and directly impact those who are struggling with SUD and related challenges, and we want to reduce barriers that take staff away from this direct, hands-on work and affect workforce recruitment and retention.

Throughout 2025, DDAP's Bureau of Program Licensure (PBL) championed multiple efforts to reduce administrative burden for treatment provider staff.

1. DDAP began coordinating renewal inspections with providers who are licensed by both DDAP and the Department of Human Services' Office of Mental Health and Substance Abuse Services. This voluntary option for providers can reduce their inspections by one visit per year by having two inspections completed at one time. Both departments are monitoring the effectiveness of this process by using pre- and post- surveys for participating providers.

2. BPL added a quarterly opioid treatment program provider meeting to improve communication and information dissemination and ensure consistency in interpreting and implementing both state and federal regulations. The first meeting had 85 participants.

The Bureau of Program Licensure recently added a quarterly opioid treatment program (OTP) provider meeting in 2025 to improve communication and information dissemination and ensure consistency in interpreting and implementing both state and federal regulations. The first meeting had 85 participants.

In addition, DDAP continued several initiatives to address job barriers – including workforce shortages and high turnover rates - in the SUD field. DDAP announced over $20 million in funding for the SUD Loan Repayment Program aimed at relieving some of the financial burden associated with education debt for practitioners within the SUD treatment, prevention, case management, and recovery support services workforce. The latest SUD student loan repayment efforts prioritized applicants who work in rural areas and those serving underserved and underrepresented populations. As a condition of receiving these grants, participants agreed to remain working in SUD treatment and services in Pennsylvania for at least two years.

DDAP has also engaged in a workforce pilot program focused on recruitment and retention of behavioral health professionals by providing financial assistance for participating students' educational expenses. The program is designed to strengthen the workforce pipeline by financially supporting master's-level students at two Pennsylvania universities – Carlow and Waynesburg universities.

Both universities are offering DDAP-funded tuition assistance, a stipend during the students' practicum/internship with community-based treatment providers, and additional SUD-related training offered by the department. As a result of participating in this pilot program, upon graduating with a master's degree, these students will meet the qualification for the position of a counselor in the Commonwealth, allowing them to immediately enter the SUD treatment field. A requirement of participating students is a three-year service commitment to working in the SUD field in Pennsylvania following graduation.

Grant Funding for Essential Initiatives

In accordance with Act 14 of 2025, this section contains supplemental information regarding DDAP's grant funding. The grant funding process begins with DDAP identifying a treatment and/or service need through data analysis and considering federally- and DDAP-defined priority populations as well as underserved populations and locations throughout the Commonwealth. The department then utilizes the grant application process to competitively procure services to meet the defined needs.

Federal and state funding requirements are noted within the application and grantees must adhere to all the requirements as a condition of the funding. These grants provide funding opportunities for treatment providers and/or community organizations, and the grant agreement is directly between DDAP and the organization or provider. The exception is DDAP's Student Loan Repayment Program where grant agreements are between DDAP and each recipient.

DDAP has dedicated staff managing the entire grant process. This includes monitoring and oversight of grantees to ensure the appropriate use of funds, compliance with grant parameters, timely data collection and reporting, and analysis of grantee performance.

Grant funding is typically multi-year, crossing over fiscal years, to allow for implementation, start-up, and ongoing programming. For example, in SFY 2024-25, DDAP had eight active grants for various initiatives, five of which (indicated by an asterisk below) concluded at the end of SFY 2024-25. These grants included:

- Pregnancy Support Services – Grant 2
- Regional Recovery Hubs
- Student Loan Repayment Staff Retention Program – Phase II
- Pregnancy Support Services – Grant 1*
- Black, Indigenous, People of Color (BIPOC) Services*
- Drop-in Centers*
- Employment Support Services*
- Recovery Support Services*

The grants identified in the following section include the expansion of existing programs or new opportunities to address unmet needs. The first three grants were active during SFY 2024-25 and continued through SFY 2025-26. Outcome data for these grants will be included in future DDAP Annual Reports.

PREGNANCY SUPPORT SERVICES – GRANT 2

- **Number of Grantees**: 5 grantees
- **Funds Expended SFY 2024-25**: $1.9 million expended
- **Counties Grantees Serve**: Bucks, Chester, Crawford, Delaware, Erie, Lackawanna, Mercer, Montgomery, Philadelphia, Warren
- **Grant Includes**: Referrals to treatment, community outreach and education, recovery support services, support groups, case management, baby supplies, transportation, collaboration with community providers regarding housing, nutrition counseling, lactation consultation
- **Grantee Eligibility:** Community and health care providers

REGIONAL RECOVERY HUBS

- **Number of Grantees**: 7 grantees
- **Funds Expended SFY 2024-25**: $1.9 million expended
- **Counties Grantees Serve**
  - Region 1: Philadelphia
  - Region 2: Allegheny
  - Region 3: Erie
  - Region 4: Berks, Bucks, Chester, Delaware, Lancaster, Montgomery, Schuylkill
  - Region 5: Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Mifflin, Perry, York
  - Region 6: Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland
  - Region 7: Cameron, Clarion, Clearfield, Crawford, Elk, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren
  - Region 8: Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union
  - Region 9: Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Susquehanna, Wayne, Wyoming
- **Grant Includes**: Conducting a needs assessment of recovery support services in each region and developing a customized work plan to address these needs. Also, providing resources, educational materials, training and technical assistance to support recovery organizations in capacity building and expansion

Grantee Eligibility: Nonprofit and governmental organizations with a physical location within the region for which they applied

STUDENT LOAN REPAYMENT STAFF RETENTION PROGRAM – PHASE II

- **Number of Grantees**: 324 grantees
- **Funds Expended SFY 2024-25**: $351,578 expended. Phase II of the student loan repayment program began on July 1, 2024. From then through June 30, 2025, the department worked to establish fully executed grant agreements for the 324 grantees.
- **Counties Grantees Serve**: Allegheny, Armstrong, Beaver, Bradford, Bucks, Butler, Cambria, Cameron, Centre, Clarion, Clearfield, Clinton, Crawford, Delaware, Fayette, Forest, Fulton, Greene, Huntingdon, Indiana, Jefferson, Lackawanna, Lawrence, Luzerne, Lycoming, McKean, Mercer, Mifflin, Philadelphia, Pike, Potter, Schuylkill, Somerset, Sullivan, Susquehanna, Tioga, Wayne, Westmoreland, Wyoming
- **Grant Includes**: Repayment assistance for outstanding qualifying educational loans related to undergraduate, graduate, and residency programs with grantees committing to honor a two-year service commitment at an approved loan repayment practice site including DDAP-funded programs that provide SUD treatment, prevention, case management, or recovery support services
- **Grantee Eligibility:** Legal Pennsylvania resident working in a rural area of the Commonwealth experiencing SUD workforce shortages or legal Pennsylvania resident working in a county with underserved populations and is employed at an approved loan repayment practice site.

The following grants were active during SFY 2024-25 and concluded as of June 30, 2025. Details on these grants, including outcomes measured, are identified below.

PREGNANCY SUPPORT SERVICES – GRANT 1

Grantees were community agencies who either provided pregnancy support services or made referrals to address the needs of pregnant and postpartum women with SUD. These grantees facilitated or made referrals to treatment, medication management, psychiatric consultations, case management, clothing, education, support groups, and/or baby supplies.

In SFY 2024-25, DDAP expended $3.3 million to 12 grantees who provided those services to individuals in Adams, Allegheny, Beaver, Berks, Bucks, Butler, Columbia, Cumberland, Dauphin, Delaware, Erie, Fayette, Franklin, Fulton, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Luzerne, Mifflin, Monroe, Montgomery, Montour,

Northumberland, Perry, Philadelphia, Pike, Schuylkill, Snyder, Somerset, Susquehanna, Union, Washington, Wayne, Wyoming, and York counties.

From July 1, 2024, to June 30, 2025, the duplicated number of individuals served (meaning a person can be served more than once) was 14,933. Outcomes based on grantees' monthly reports include:

- Six new individuals were served each month
- 51 percent of participants were retained in programming for at least three months
- 39 percent of participants were retained in programming for at least six months
- 62 percent of participants reported a reduction in substance use while engaged with staff at the project
- 37 percent of participants were referred and admitted to physical health services
- 36 percent of participants were referred and admitted to any evidence-based SUD treatment service, including any form of medication-assisted treatment (MAT)
- 40 percent of participants with postpartum depression or other mental health issues were referred to mental health treatment
- 53 percent of participants reported an increase in feelings of social connectedness
- 49 percent of participants reported an improvement in their quality of life

BIPOC SERVICES

Grantees established or expanded SUD-related services, community outreach, and/or education to Black, Indigenous, and People of Color (BIPOC) communities. These activities included providing overdose and communicable disease prevention services, promoting access to low-barrier SUD treatment, medication-related services, recovery and peer supports, and re-entry supports for people leaving carceral settings – all to improve SUD-related outcomes in underserved areas and for underrepresented populations.

Grants were awarded to organizations providing services, outreach, and/or education to BIPOC communities that promote access to overdose death prevention services, low-barrier SUD and MAT, recovery and peer supports, and/or re-entry supports

DDAP invested additional resources into BIPOC-led and/or BIPOC-supporting organizations to implement effective strategies in reducing racial inequities in SUD-

related outcomes. Funds were applied toward a range of activities, including construction and building infrastructure, staffing, and evidence-based programming.

In SFY 2024-25, DDAP expended $2.6 million to 18 grantees that provided those services to individuals in Adams, Allegheny, Armstrong, Beaver, Berks, Bucks, Butler, Cambria, Centre, Crawford, Cumberland, Dauphin, Delaware, Erie, Fayette, Franklin, Fulton, Greene, Indiana, Juniata, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Mifflin, Monroe, Northampton, Perry, Philadelphia, Washington, Westmoreland, and York counties.

From July 1, 2024, to June 30, 2025, 8,234 new program participants were served by the grantees. Outcomes based on grantee's monthly reports include:

- 62 new individuals were served each month
- Most individuals served were in the age range of 30-39 years followed by ages 40-49 years
- Materials such as overdose prevention brochures, referrals resources for other agencies, and medication-related education were disseminated to 50,517 individuals while the number of materials disseminated to providers primarily serving BIPOC communities was 7,909
- 83 individuals received overdose and communicable disease prevention services each month
- The most utilized services included:
    - Transportation
    - Recovery Support Services
    - Community collaboration, outreach, and engagement
    - Harm reduction
    - Increasing access to SUD medicine treatment

DROP-IN CENTERS

DDAP identified a need for SUD drop-in centers to provide peer-to-peer supportive services assisting individuals with information on treatment, services and referrals, and non-clinical needs such as education, employment, and developing recovery capital.

Areas of the Commonwealth where overdose death rates were highest were prioritized for this grant including Bucks, Delaware, Montgomery, and Philadelphia counties. In SFY 2024-25, DDAP expended $1.3 million to two grantees that were existing organizations with the ability to expand their current offerings and provide drop-in services inclusive of engagement, education on resources, referrals to treatment, educational meetings, meals, wound care, street outreach, illness management, and

overdose and recurrence of use prevention. Physical locations of the existing drop-in centers were either permanently fixed or temporary, community-based pop-up locations.

From July 1, 2024, to June 30, 2025, the duplicated number of individual service encounters was 128,940. This represents individuals who may have received more than one service. Outcomes include:

- 112,302 extracurricular activities such as resource education, referrals to treatment, meals, wound care, street outreach, illness management, overdose and relapse prevention support were offered
- 18,148 meals provided
- 23 individuals received mail at the center, including benefit information and other important documents
- Three state identifications were applied for and obtained
- Five birth certificates were applied for and obtained
- 385 individuals received case management services
- 197 individuals received benefits assistance
- 11 individuals received legal services
- 223 individuals were referred to behavioral health services
- Two individuals attended minority-specific events

EMPLOYMENT SUPPORT SERVICES

Grantees delivered employment support services to individuals in recovery from SUD seeking to enter the workforce. Employment support services under this project included vocational assessments, resume writing, interviewing skills, job placement, and transportation assistance related to employment. Services were provided by licensed treatment providers or employee support services.

In SFY 2024-25, DDAP expended $2.1 million to eight grantees who provided these services to individuals in Allegheny, Beaver, Berks, Bucks, Chester, Cumberland, Dauphin, Delaware, Fayette, Greene, Lancaster, Lebanon, Montgomery, Perry, Philadelphia, Schuylkill, Washington, Westmoreland, and York counties

From July 1, 2024, to June 30, 2025, the duplicated number of individuals who received employment support services was 1,147. Outcomes provided are based on the 1,147 individuals served and reported monthly by grantees.

- 659 (57 percent) of individuals retained employment for at least three months and 626 for at least six months

- 778 (68 percent) of participants reported an overall improvement in the quality of their recovery
- 324 employers were recruited by grantees during the fiscal year
- 210 trainings were provided to employers on topics/issues related to employment of individuals with SUD
- 76 employers adopted policies and procedures specific to employment of individuals with SUD
- The most utilized services included:
    - Recovery support services
    - Employer technical assistance and collaboration
    - Community collaboration, outreach, and engagement
    - Job readiness workshops and trainings

RECOVERY SUPPORT SERVICES

Recovery Community Organizations expand and enhance recovery support services to individuals in recovery from SUD. Services include the delivery of recovery coaching through Certified Recovery Specialists (CRS), telephonic support, the provision of education and employment supports, e.g. job coaching, resume writing, engagement in GED services, additional life-skills support groups, and delivery of substance-free social activities, etc. Services were provided by licensed treatment providers or community recovery support services.

In SFY 2024-25, DDAP expended $2.4 million through four grantees that provided these services to individuals in Allegheny, Bucks, Carbon, Chester, Delaware, Fayette, Indiana, Lackawanna, Luzerne, Montgomery, Schuylkill, Philadelphia, and Westmoreland counties[2]

From July 1, 2024, to June 30, 2025, the following services were provided:

- Recovery support services
    - Mutual Aid Support Groups
    - Transportation
    - Peer Support
- Outreach and networking in the community
- Treatment referrals

[2] Due to the changes at the federal level in March 2025, not all grantees were able to continue this work throughout the entirety of SFY 2024-25. At least one grantee ended services as of February 28, 2025, due to budget challenges leading to fiscal constraints.

Outcomes based on grantees' monthly reports include:

- Most common age group served was 30-39 years old
- 98 percent of all participants reported an increase in social connectedness
- 99 percent of all participants reported no new contact with law enforcement
- 78 percent of all participants engaged in behavioral health treatment while engaged with recovery support services

GRANTS TO COMMONWEALTH AGENCIES & DEPARTMENTS

To increase DDAP's reach across the Commonwealth, DDAP partners with other Commonwealth organizations to address substance use disorders. The total amount of State Opioid Response (SOR)[3] funds granted to and expended by these organizations in SFY 2024-25 represented about 12 percent of DDAP's total spending that year.

Commonwealth Agency	SOR Budget/Allocation SFY 2024-25	SOR Expenditures SFY 2024-25	Initiatives Funded
Department of Corrections	$ 13,726,066.29	$ 13,725,066.29	Expanding FDA-approved medications for Opioid Use Disorder (MOUD) within state correction institutions. Implementing evidence-based practices for stimulant use disorders and smoking cessation programs
Department of Health	$ 187,500.00	$ 304,258.67[4]	Increasing capacity for screening for Human Immunodeficiency Virus (HIV) and viral hepatitis in substance use treatment facilities
Pennsylvania Commission on Crime and Delinquency	$ 10,880,250.00	$ 7,896,119.70	Expanding distribution of naloxone opioid reversal kits and fentanyl and xylazine test strips, supporting programs for justice-involved individuals as well as MOUD in county jails, and providing prevention programs to youth.
Pennsylvania State Police	$ 1,252,500.00	$ 1,137,347.23	Funding state police's work of providing info and referrals to individuals encountered while working to cut off the supply of illegal opioid distribution.
Department of Aging	$ 75,000.00	$ 17,238.90	Increasing access to naloxone through co-pay assistance program.
Department of Military and Veterans Affairs	$ 500,000.00	$ 0.00	Expanding and continuing development of regional programs for veterans and their families. *Note: Due to staffing challenges, DMVA was unable to provide the personnel needed to monitor this grant and discontinued this project as of September 30, 2024.*
Total	**$ 26,621,316.29**	**$ 23,080,030.79**	
		~12% of total funds DDAP expended in SFY 2024-25	

[3] State Opioid Response (SOR) is a federally funded initiative use to reduce opioid-related deaths, expand access to care, and support long-term recovery.
[4] The DOH SOR expenditures reflect funds allocated during the SFY 2023-24 and approved for expenditure through a No Cost Extension during the SFY 2024-25

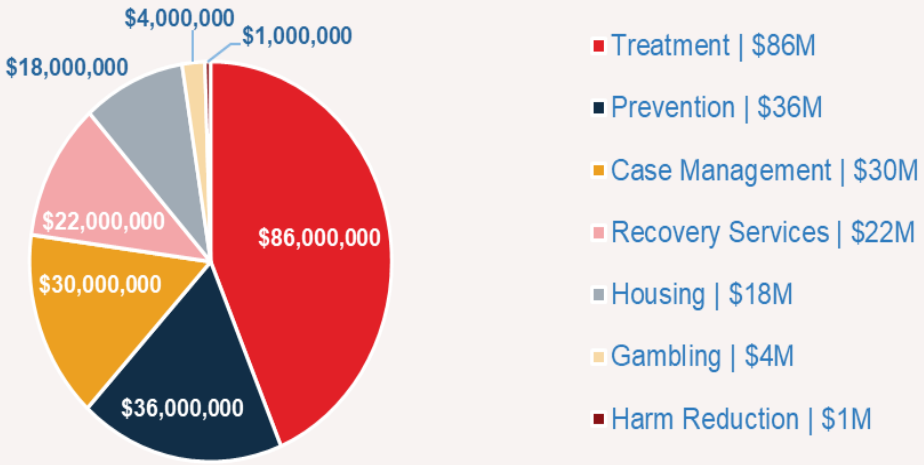
Expenditures

OVERALL EXPENDITURES

In SFY 2024-25, DDAP expended approximately $197 million in federal and state funding for treatment, services, and supports related to substance use and problem gambling disorders. (**FIGURE 6**).

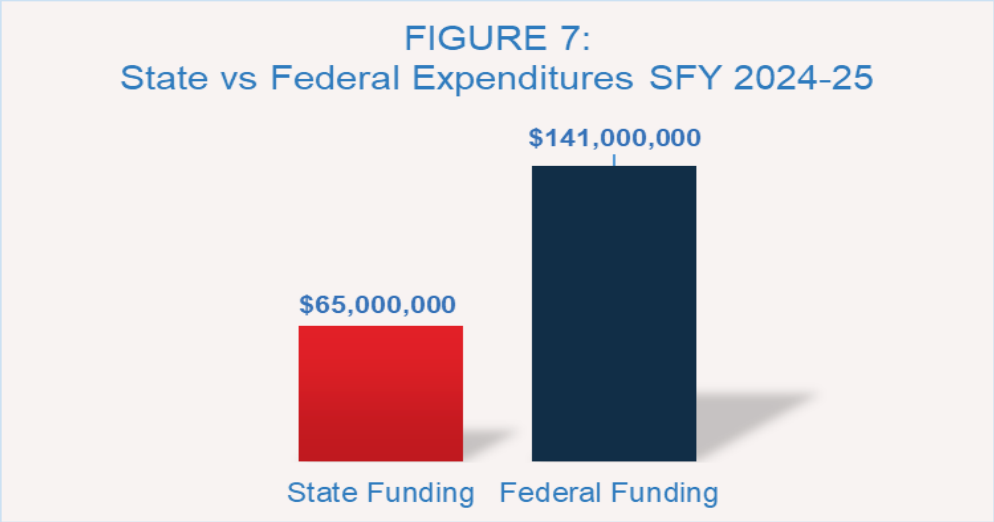
These funds addressed the SUD and problem gambling needs of Pennsylvanians who are uninsured and underinsured – providing a full spectrum of options to meet people wherever they are in their recovery.

FIGURE 6:
Overall Expenditures SFY 2024-25



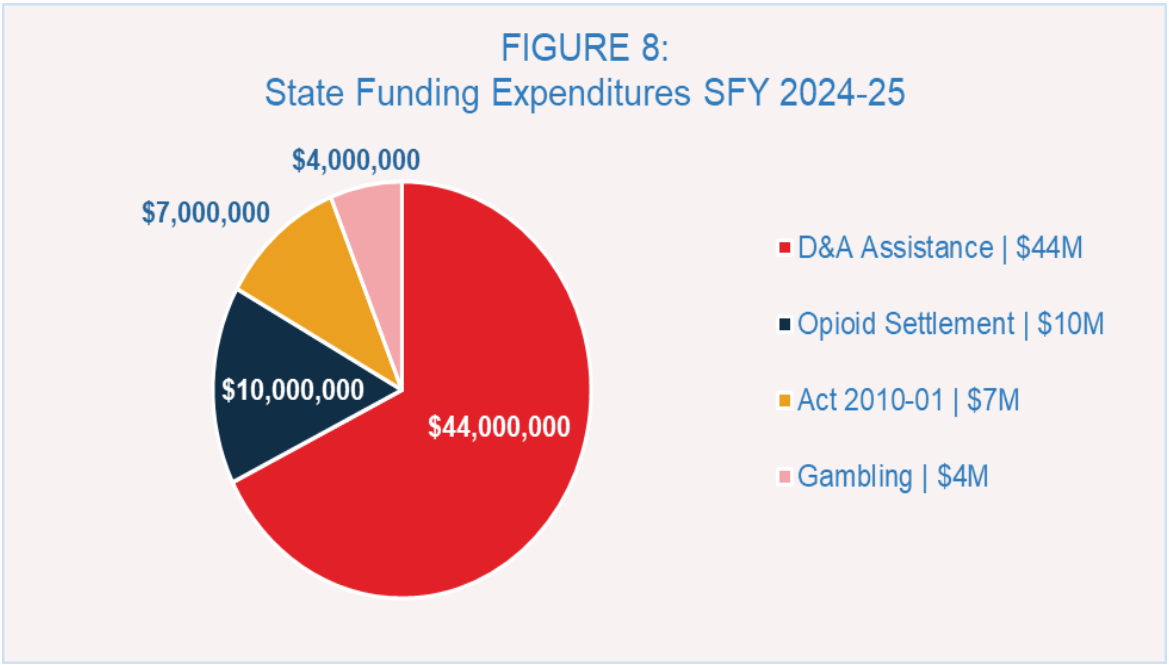
FUNDING STREAMS

A combination of state and federal funding makes SUD and problem gambling treatment and services possible in Pennsylvania. (**FIGURE 7**)



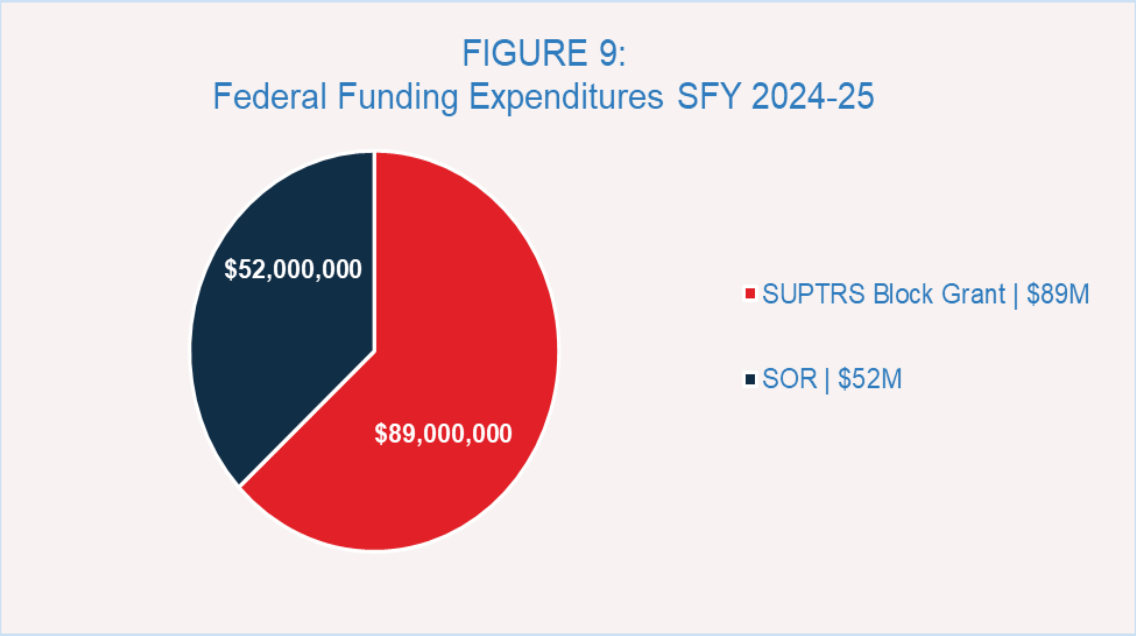
In SFY 2024-25, state funding accounted for 32 percent of the dollars spent on prevention, treatment, and services for Pennsylvanians with SUD or problem gambling.

(**FIGURE 8**) The majority of state funding (71 percent) was from D&A Assistance followed by the General Assembly's allocation of Opioid Settlement funds to DDAP (16 percent).



In SFY 2024-25, federal funding accounted for 68 percent of the dollars spent on prevention, treatment, and services for Pennsylvanians with SUD.

(**FIGURE 9**) In SFY 2024-25, DDAP spent moderately more in Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant funding (63 percent) than SOR funding (37 percent).



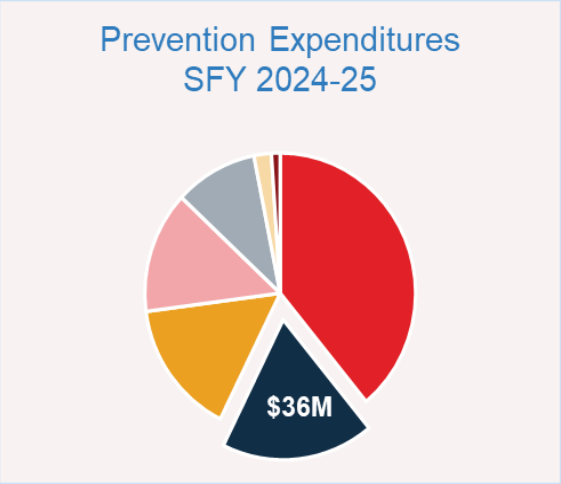
DDAP expenditures align with the department's three-year State Plan and RISE principles of reducing stigma, increasing primary prevention, strengthening the treatment system and empowering sustained recovery.

Prevention

DDAP is responsible for the development, oversight, and management of substance use prevention and intervention services throughout Pennsylvania. The focus is to reduce risk factors associated with substance use and promote development of healthy lifestyles and other protective factors that positively impact individuals within their communities, families, and schools.

AT-A-GLANCE

- 17,366 Student Assistance Program (SAP) screenings were conducted for substance use and/or mental health concerns[5]
- 72,738 parent discussions/meetings were completed for students referred to SAP
- 216,133 youth were served in prevention education programs
- 6,825 individuals were served in parent/family management prevention programs



HIGHLIGHTS

- Since the inception of medication take back boxes in 2015, over 1.5 million pounds of medication have been collected
    - In SFY 2024-25, nearly 150,000 pounds of medication were collected
- Single County Authorities (SCAs) completed a comprehensive needs assessment process to identify concerning substance use behaviors in youth. The three most prioritized substance use behaviors of concern include:
    - Alcohol use
    - Marijuana use
    - Vaping

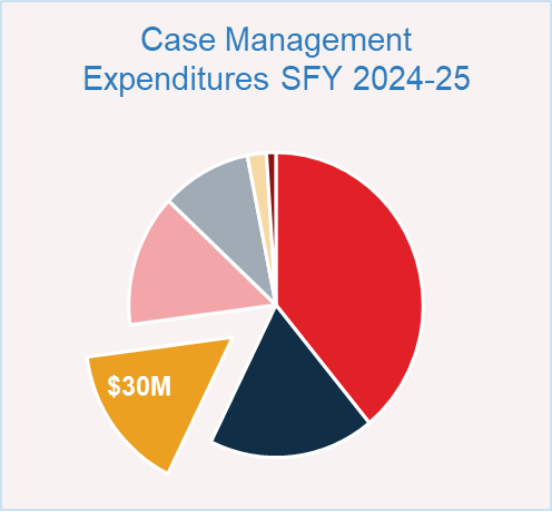
[5] DDAP collaborates with the Department of Human Services (DHS) to provide Student Assistance Program liaison services across schools in PA. As representatives of the county drug and alcohol (D&A) and mental health (MH) systems, professionally trained liaisons provide support to school student assistance teams and families through community and/or school-based screenings, assessments and other services for substance use and/or mental health related concerns.

Case Management

Case management is a coordinated approach to addressing mental health and substance use, medical and dental care, housing services, education, food and nutritional supports, and more. It is provided by the SCAs and/or their contracted case management provider. Case managers throughout the Commonwealth are encouraged to meet with the individuals in a variety of locations including at the providers' offices as well as within the community setting. Case managers work with individuals to identify their needs (both clinical and non-clinical) and then link and/or refer them to the appropriate treatment and services. Case management offers a single point of contact and is based on each person's unique needs.

AT-A-GLANCE

- Over 7,000 individuals received case management services
- Approximately 9,000 contacts were made in CY 2025 through the PA Get Help Now hotline
- 19,283 referrals were made to SUD treatment/services from a hospital setting as part of the counties' warm hand-off (WHO) protocols
- Counties have agreements for WHO services with 58 hospitals across the Commonwealth



HIGHLIGHTS

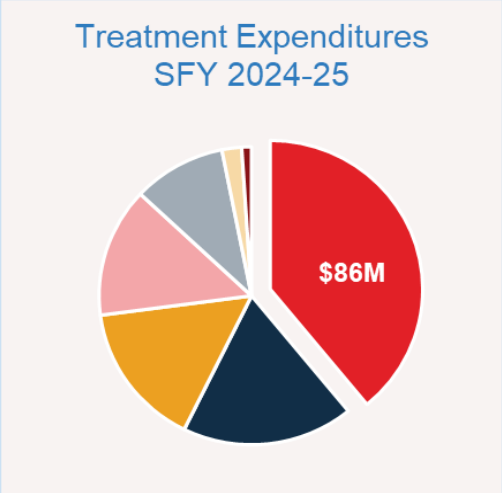
- The most widely utilized WHO model is the CRS model in which individuals with lived SUD experience provide screening, referral to treatment, and support for individuals presenting while in an emergency department.
- Philadelphia showed a 32.5 percent increase in WHO referrals to treatment from SFY 2023-24 to SFY 2024-25
- Cambria and Wayne counties successfully engaged 100 percent of individuals through their WHO programs in SFY 2024-25

Treatment

Treatment includes a continuum of services to address the SUD needs of each person. Pennsylvania has a robust treatment system with 1,147 licensed facilities located throughout the Commonwealth. DDAP is the agency responsible for the licensure, and oversight of the SUD treatment facilities operating in PA.

AT-A-GLANCE

- 19,241 uninsured or underinsured individuals were able to access treatment and services due to funds provided by DDAP
- 53 percent of treatment admissions were for outpatient treatment services
- 74 percent of treatment admissions were for individuals who identified as male



HIGHLIGHTS

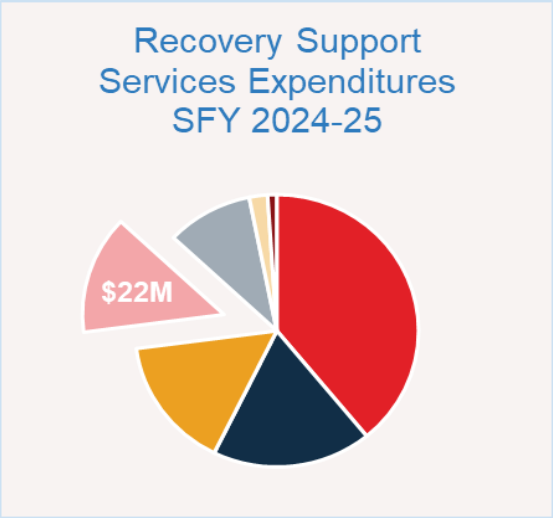
- DDAP licensed 397 inpatient facilities in SFY 2024-25 with a total capacity to serve 10,478 total individuals in need of residential SUD treatment
- DDAP licensed 578 outpatient facilities and 184 licensed partial hospitalizations programs with a capacity to serve a total of 118,825 and 6,829 individuals, respectfully, in need of ambulatory SUD treatment
- The primary substances used by people entering treatment were:
  - Alcohol -- 42 percent
  - Heroin -- 15 percent
  - Methamphetamine/Speed -- 12 percent
- 2024 Emerging Drug Trends Symposium
  - 352 individuals attended the symposium
  - 95 percent of participants rated the symposium as “Very Valuable or “Valuable”

Recovery Support Services

Recovery support services are non-treatment, non-clinical services that assist people and their families with support. These services are often provided by peers and people with SUD lived and recovery experience. These services complement treatment, outreach, and engagement with the goal of assisting people in obtaining the skills and resources needed to initiate, maintain, and sustain long-term recovery.

AT-A-GLANCE

- 9,479 individuals received recovery supports services
- 1,147 individuals received employment support services
- DDAP developed nine Regional Recovery Hubs to improve access to recovery and peer services throughout the state
- There are 1,094 recovery support service providers located throughout the Commonwealth that partner with their respective recovery hubs to enhance peer-based services



HIGHLIGHTS

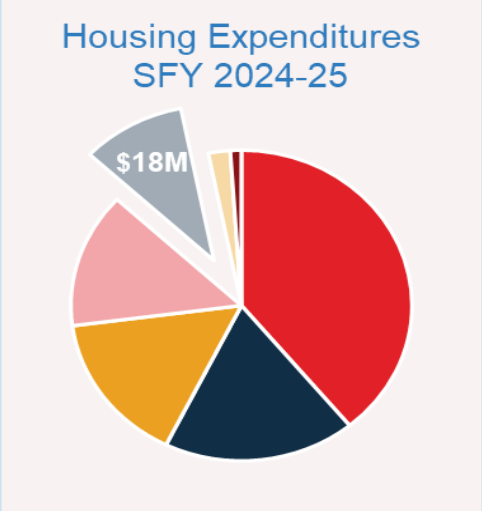
- Recovery hubs created 296 training opportunities in SFY 2024-25 to assist people with SUD lived experience on workforce development
- Recovery hubs provided 538 technical assistance calls about recovery services
- Recovery hubs in action:
  - In Region 1: a health-focused recovery and fitness initiative was expanded in Tioga County through a partnership with The Phoenix
  - In Region 2: 123 individuals in Allegheny County completed CRS/CFRS training thus bolstering access to recovery support services
  - In Region 3: “Recovery in Nature” celebration in Erie County promoted sober outdoor activities such as kayaking and hiking
  - In Regions 6 and 7: Armstrong, Indiana, Clarion Drug and Alcohol Commission Recovery Hub created collaboratives for recovery house owners/operators as well as other Recovery Community Centers and Recovery Community Organizations

Housing

Safe, secure housing continues to be an unmet need across the Commonwealth. To address housing, in 2017 DDAP developed licensing standards and provided funding for recovery housing -- non-clinical residences that provide people recovering from SUD with support and housing. DDAP further assists housing initiatives through funding at the county level, including rental assistance, utility assistance, and emergency housing funds.

AT-A-GLANCE

- 397 recovery houses licensed by DDAP with a capacity to house 4,715 individuals
- 1,105 new individuals obtained safe housing through the SCA-funded housing programs
- Almost half of all individuals engaged with a DDAP funded housing case management program maintained their housing for at least six months or more
- 1,666 individuals received housing-focused case management services targeted at alleviating barriers to securing stable housing



HIGHLIGHTS

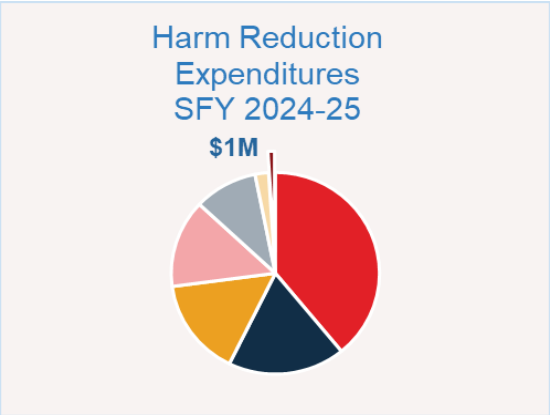
- Through a partnership with the Department of Community and Economic Development, DDAP was able to support new and existing recovery house owners in Philadelphia to complete brick and mortar renovations aligning residences with licensing requirements as well as providing financial support for rent and lease payments
- Schuylkill County used DDAP funds to support individuals by paying security deposits, rent, arrears, furniture and basic needs
    - This SCA had three dedicated staff to manage this program in SFY 2024-25
    - In SFY 2024-25, this initiative supported 63 individuals to maintain their housing

Harm Reduction

Communicable diseases pass between individuals or animals and can range from colds to viruses that impact an individual's immune system. Individuals with SUD are particularly susceptible to communicable diseases like tuberculosis, HIV, and viral hepatitis due to needle sharing and struggles with housing instability. To prevent the spread of these diseases, DDAP supports various strategies across multiple areas to promote safety, well-being, and accessibility for the communities we serve. DDAP further supports improving low-threshold, person-centered treatment access and distribution of opioid overdose reversal medications such as naloxone, drug testing strips, and wound care kits.

AT-A-GLANCE

- 508,525 fentanyl test strips were distributed throughout the Commonwealth
- 411,075 xylazine test strips were distributed throughout the Commonwealth
- 410,550 overdose reversal kits were distributed throughout the Commonwealth



HIGHLIGHTS

- DDAP is the lead agency in managing Pennsylvania's Overdose Prevention Program . DDAP has expanded its distribution partner network to 100 organizations, achieving coverage across all 67 counties
    - 8,060 overdose reversals were reported by community members and distribution partners from October 1, 2024 through June 30, 2025
    - There were 640 supply requests between January 2025 and July 2025 alone
- A streamlined Microsoft Forms data reporting system was launched, aligning with federal grant requirements, and improving the timeliness and accuracy of quarterly data reporting

Problem Gambling

Problem gambling is any gambling, betting, or wagering that causes family, financial, legal, emotional, or other problems for the individual, their family, or others. Gambling problems can be mild, or quite severe, and can worsen over time. Like substance use disorder, problem gambling does not discriminate. People of any age, race, education level, religion, culture and socioeconomic status can develop gambling problems.

AT-A-GLANCE

- 450 uninsured and underinsured individuals and their family members accessed outpatient treatment for problem gambling
- 819,837 individuals were served through a problem gambling prevention program
- Pennsylvanians can reach out to the 24/7 1-800 GAMBLER ® helpline to receive referrals to problem gambling resources

HIGHLIGHTS

- 38 percent of callers seeking help through 1-800 GAMBLER® were referred to gambling treatment services
- 1-800 GAMBLER® includes text and chat options - 42 percent of individuals using the text or chat were referred to gambling treatment services
- Currently, there are 42 providers throughout the Commonwealth who offer outpatient treatment for problem gambling in person or via telehealth
- 438,827 individuals were reached through problem gambling prevention media message dissemination
- As part of the State Plan, DDAP is expanding problem gambling treatment services to include problem gambling case management services to address health related social needs in addition to treatment

Conclusion

The department's submission of this report to the General Assembly outlines our work in SFY 2024-25, including actions taken under Act 14 of 2025, addressing workforce retention barriers in the SUD treatment field, and investments in a wide range of SUD and problem gambling services.

We look forward to continuing to partner with the General Assembly and our stakeholders to effectively and innovatively eliminate barriers to treatment access and other supports and address the current challenges within the SUD field.