HOUSE ENERGY AND COMMERCE OVERSIGHT & INVESTIGATIONS SUBCOMMITTEE HEARING
JANUARY 14, 2020

Testimony of
JENNIFER SMITH, SECRETARY

Chairman DeGette, Ranking Member Guthrie, and members of the Subcommittee, my name is Jennifer Smith and I have the pleasure of serving as Secretary for Pennsylvania's Department of Drug and Alcohol Programs (DDAP) as well as a board member of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Thank you for inviting me today and for your interest in how Pennsylvania is addressing the opioid crisis – in particular, how the commonwealth is using the State Opioid Response (SOR) funding to promote prevention, treatment and recovery efforts.

Pennsylvania is only one of three states with a dedicated cabinet-level department to solely oversee drug and alcohol (or addiction) programming. Acting as the Single State Authority (SSA) for substance use disorder services, DDAP is responsible for the administration of control, prevention, intervention, treatment, rehabilitation, research, education, and training activities within the department as well as across state agencies. We serve a critical role in coordinating efforts with the federal and local levels, as well as across state departments. Our ability to orchestrate resources and direct policy during the opioid crisis has been immeasurably beneficial. A central planning and coordinating entity, the SSAs in this case, is a crucial component in affecting long-term change in the addiction field and maximizing the resources available at all levels of government and across all sectors.

Our commonwealth is very grateful for grant opportunities from the federal government at a time of hopelessness and despair for many families and communities. The receipt of the State Targeted Response (STR) and now the SOR funds was pivotal for taking action on the strategies that SSAs across the nation had developed as part of their comprehensive strategic goals to address the crisis. I can say with certainty that for Pennsylvania, which has one of the highest overdose death rates in the country, this funding has saved lives. Thank you and we appreciate the opportunity to share how we've put the dollars into action.

Pennsylvania Landscape

With a population of 12.81 million, the Commonwealth of Pennsylvania is the fifth most populous state according to the 2010 census. The state consists of 67 counties that range from large urban centers, such as Philadelphia and Pittsburgh, to rural counties where populations don't exceed 5,000. While this diversity is welcome and celebrated in the Keystone state, it can also bring about challenges in addressing socioeconomic factors and, more specifically, health care. In a state whose motto is "Pursue your happiness," the reality is that Pennsylvania is among the states hardest hit by the nation's prescription opioid and heroin epidemic. Like many other states across the nation, we didn't get here overnight. The opioid crisis in the commonwealth was fueled by the combination of many factors including the overprescribing of opioids, cheaper and more pure heroin, geographic positioning along drug trafficking routes, and finally a relatively stagnant drug and alcohol system that was providing inadequate levels of care and evidence-based treatment options for individuals with opioid use disorder. As overdose deaths statistics were rising year over year, our primary focus became simple - keep Pennsylvanians alive. This meant infusing easily accessible naloxone into communities across the state, implementing warm hand-off protocols to catch overdose survivors in the emergency departments and smoothly transition them to treatment providers, expanding access to evidence-based practices like Medication Assisted Treatment (MAT) through major health care systems,

and launching a 24/7 Get Help Now hotline that provides callers with direct connections to treatment providers.

I am proud to say that in 2018 Pennsylvania saw its first decline in overdose death rate in over 15 years. Coroners and medical examiners reported an 18% decrease in overdose deaths from 2017 to 2018. While it is not clear whether this promising trend will continue in 2019 due to the increased potency of fentanyl and a spike in polysubstance use combining stimulants with opioids, what is clear is that the more than $230 million in federal funding the state has received is making a tremendous impact on our drug and alcohol system. The funding has been used for both statewide efforts and local initiatives that otherwise would not have been possible. As a commonwealth, we believe in the importance of these dollars being directed to communities where they can make the biggest difference. As such, we have ensured that a significant portion of the dollars are funneled directly to those entities. Later in my testimony you will find a chart detailing the funding allocations as well as a brief narrative explaining some of the ways in which Pennsylvania has infused this federal funding into our drug and alcohol system.

Keys to Success Supported by Federal Funding

Collaboration. Pennsylvania's Governor Tom Wolf has made our response to this crisis a priority and has received praise by the American Medical Association (AMA) calling our response "a model for the nation." In January 2018, Governor Wolf took an unprecedented step to establish a disaster declaration and Opioid Command Center in Pennsylvania combining 17 state agencies to break silos and collectively combat the crisis, as well as allowing for the voice of local government and private entities to share best practices and innovative solutions. As a result, DDAP has partnered with sister agencies and other local and community organizations to implement critical drug and alcohol prevention, treatment, and recovery programs. This innovative thinking across state government has greatly contributed to the overdose reduction we saw in 2018. The specific initiatives listed below were made possible through a combination of SOR funding, specialty grants through the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Substance Abuse Prevention and Treatment Block Grant (SAPTBG).

1. *Increased naloxone awareness, access, and distribution.* Through a combination of state and federal funding, the commonwealth distributed nearly 13,000 naloxone kits free of charge directly to Pennsylvanians across three days in December 2018 and September 2019. Funding used toward public messaging and awareness of naloxone availability in Pennsylvania communities – throughout our standing order prescription, as well as naloxone availability through Centralized Coordinating Entities for first responders – likely also contributed significantly to this reduction in deaths.

2. *Warm hand-off implementation.* While overdose deaths have decreased, first responder and emergency room overdose encounters have not. Federal funding that is funneled to the local entities has helped establish local warm hand-off protocols between emergency departments, county drug and alcohol authorities, and supportive services. Federal funds also helped support regional Warm Hand-off Summits throughout the state in 2018 and 2019 to bring together local partners for education and planning. Through our efforts, we

have identified that a key component to a successful warm hand-off implementation are integrating Certified Recovery Specialists (CRS) into hospitals. When an individual experiencing an overdose presents in the emergency room, the CRS become a critical lifeline. As individuals with lived addiction experience, they can relate to the individual in crisis and provide necessary support in coordinating their treatment. At this time, every county has established warm hand-off protocols and are at differing levels of implementation. To date, more than 5,000 individuals have directly entered treatment through a warm hand-off from an emergency room. Some counties are seeing 9 out of every 10 overdose survivors using the warm hand-off process.

3. *Building the system for the long-term, including expanding MAT.* As mentioned above, Pennsylvania has been creative in using these funds to build the treatment and social support system for the long-term, in particular for those who are 1) un- or underinsured and/or 2) specialized populations like pregnant women, women with children, veterans, and re-entrants.

   Furthermore, MAT has been expanded through the creation of 45 Centers of Excellence to treat opioid use disorder patients, eight unique hub-and-spoke model providers as part of the Pennsylvania-Coordinated Medication Assisted Treatment program (including one funded by SAMHSA's Medication-Assisted Treatment Prescription Drug and Opioid Addiction [MAT-PDOA] grant), and through the establishment or expansion of rural providers as part of the Agency for Healthcare Research and Quality (AHRQ) grant. The Pennsylvania-Coordinated Medication Assisted Treatment program alone has served more than 4,500 individuals and provided training to nearly 400 waived physicians.

   Lastly, a key component to Pennsylvania's expansion of MAT is having more waivered health care professionals to provide an access point into treatment through primary care physicians. The Wolf Administration has hosted eight MAT Summits supported by federal funding throughout the commonwealth, providing training to nearly 100 additional doctors and mid-level providers to become DATA-waived to prescribe buprenorphine.

4. *Get Help Now Hotline.* Since November 2016, Pennsylvania has hosted, with the support of federal funding, a Get Help Now hotline. Individuals and their loved ones can call the toll-free number 24 hours-a-day, 7 days-a-week, 365 days-a-year to connect directly to treatment or learn more about local resources. The hotline is staffed partially by CRSs, trained in crisis management, who can connect individuals directly to treatment providers by a warm-line connection regardless of a person's insurance. For individuals who do not feel comfortable on the phone, there is also a chat feature available on our website. To date, the hotline has fielded more than 52,000 calls and provided nearly 21,500 warm-line connections to treatment and supportive services.

Modernization. In 2018, DDAP made the important decision to transition to the nationally recognized American Society of Addiction Medicine (ASAM) Criteria as a tool for determining clinical placement within the treatment system. This transition marks the shift away from a 20-year old state specific tool where the use of medication to treat substance use disorder was only

included in an appendix. A multidisciplinary workgroup was used to plan the transition, roll-out training to over 8,000 clinicians, and develop a guidance document for use by clinicians transitioning from the outdated tool. DDAP also updated its contractual arrangements to mandate that every contracted treatment provider in the commonwealth offer MAT at all levels of care. Additionally, the transition to the ASAM Criteria allows Pennsylvania to maximize Medicaid dollars to support the under/un-insured by meeting federal requirements.

Innovation. Governor Wolf often refers to Pennsylvania as a 'commonwealth on a comeback' and that could not be truer for the drug and alcohol treatment system. As stated, the influx of federal funding has allowed Pennsylvania to meet the needs of our drug and alcohol system more creatively and produced numerous projects coined as a model for the nation. I'd like to provide two examples below.

> First, a partnership between DDAP and the Department of Corrections. Using federal funding, the Department of Corrections has expanded its MAT program to all state facilities, giving individuals the best chance to succeed upon re-entering society. We have implemented additional forms of MAT beyond the more commonly accepted non-narcotic form (i.e. Vivitrol or Naltrexone) to include Methadone and Suboxone. During the first year of the project, more than 1,000 inmates have received MAT services. Additionally, DDAP has recently contracted with several county jails to expand the use of MAT within their system.
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> Second, a collaboration between DDAP and the Department of Health launching the state's first loan repayment program for health care professionals serving individuals with opioid use disorder. The program supports the supply and distribution of health care practitioners where there is high use of opioids and a shortage of providers exists. Applicants must be a practitioner in an eligible discipline with two years of employment and must agree to practice in the field for an additional two years. Federal grant funding has allowed us to creatively address a rural workforce shortage by awarding more than 90 individuals from 23 different counties.

Community Impacts

To better understand how the funding has made an impact on a local level, it is important to detail how Pennsylvania's drug and alcohol system is structured. Local government entities are critical partners in the provision of prevention, intervention, treatment and treatment-related services in Pennsylvania. DDAP has contractual agreements with forty-seven (47) Single County Authorities (SCAs). These county or county affiliated agencies plan, administer, and evaluate services at the local level. To date, SCAs have received more than $57 million for treatment services and more than $13 million for prevention programming. The statewide needs assessment, overdose death data, and treatment data indicate that all areas of the state have been affected by the opioid crisis therefore all 47 SCAs have received funding to address their local needs for both treatment and prevention services. SCAs are responsible for contracting with and funding services to non-governmental agencies such as treatment and prevention providers at the local level. Each SCA determines what licensed treatment providers or prevention and recovery support services will meet their identified local needs.

In addition to funding provided directly to our sister state agencies and SCAs, Pennsylvania also uses various competitive processes to obtain contracted services for identified agency needs at the local level. As mentioned previously, Pennsylvania is a very diverse state and many challenges we face are related to socioeconomic factors. During his first term, Governor Wolf signed an executive order strengthening protections for vulnerable populations. As such, he has challenged his administration to actively review regulations and services to these populations. This has resulted in the Administration administering contracts with new recovery support programs like 16 local programs focused on assisting individuals with stable housing while engaged in MAT, nine programs supporting pregnant women and women with children, programs to support employment efforts for those in recovery and local initiatives that work with police, and first responders to support individuals' connections to treatment after arrest or overdose all with the support of our federal funding.

Challenges with Federal Opioid Funding

While Pennsylvania has made great strides with the federal funding, the focus on collaboration, stakeholder input, and information sharing has allowed us to look at challenges and opportunities associated with the unprecedented funding. I would be remiss if I did not take the opportunity to share some challenges, although not insurmountable, the commonwealth has experienced with the limitations of funding. Those challenges include:

1. *Broad issues of Addiction & Polysubstance Use.* To date, Federal funding is targeted at opioids. Pennsylvania, like many other states, continues to grapple with broader issues of addiction. Pennsylvania is currently monitoring an increase in stimulant use (e.g. methamphetamine, cocaine) related to the crisis. Federal funding opportunities should recognize that this crisis has shifted over time – and will continue to shift – affording states with greater flexibility to address substances in addition to opioids. In September, Pennsylvania had the pleasure of hosting the nation's first Psychostimulant Symposium bringing together more than 300 attendees including national thought leaders, health care providers, law enforcement, first responders, and community partners to discuss the rising trends and appropriate treatment options for individuals presenting with psychostimulant-usage. The Symposium was met with great response and we are continuing to work with our co-host the Liberty Mid-Atlantic High Intensity Drug Trafficking Area (HIDTA) program to host an annual event. With that, we were pleased to see the 2020 Appropriations Package currently includes stimulant abuse as an allowable use of funds for the SOR grant. Over time, we hope that Congress would gradually transition from investments in drug specific grants to SAMHSA's SAPTBG in order to afford states more flexibility to address their own unique needs and circumstances.

2. *Acute Funding for a Chronic Condition.* Addiction treatment stakeholders across the commonwealth express a desire for consistent, long-term funding, as addiction is a chronic, relapsing disease. Providers understand that long-term programs that offer a range of treatment and recovery supports are needed. Planning for these programs is difficult when funding mechanisms favor larger, short-term infusions of dollars. Said

another way, short-term funding promotes short-term solutions. Funders should consider mechanisms that support a longer horizon. A long-term focus would reduce uncertainty, thus promoting greater flexibility.

3. *Federal Coordination of Effort.* Pennsylvania receives grant funding to address the opioid crisis from a list of federal partners (e.g. DOJ, DOL, SAMHSA, CDC) with incongruent funding requirements, data collection mechanisms, and timelines for use. These disparate requirements make it difficult to integrate grant dollars into a cohesive, commonwealth-wide strategy. Pennsylvania spends considerable administrative energy ensuring that the *right* dollars are being used for the *right* projects. This creates an opportunity cost of missed benefits were those resources better allocated. Better coordination for funding at the federal level, coupled with a concerted effort to reduce administrative burdens across grants, would support greater flexibility in grant use at the state level. With this in mind, we appreciate the benefits of a strong Office of National Drug Control Policy (ONDCP) and continued funding for the HIDTA program. In addition, we appreciate the SUPPORT Act's creation of the Interdepartmental Substance Use Disorders Coordinating Committee (ISUDCC). We are pleased that SAMHSA will be leading the committee and that state alcohol and drug agencies are required to serve on the committee.

Opportunities for Growth

While Pennsylvania's communities have felt significant impacts in terms of overall community health, loss of life, and economic hardships, we have been able to use these challenges to identify potential opportunities for growth where resources could aid communities devastated by the disease of addiction. These opportunities include:

1. *Persist in dedicating resources to address the crisis.* This is an ongoing, long-term crisis that will require long-term planning and funding. We request that the federal government continue its financial and policy support of evidence-based treatment and seek to reduce barriers where possible. For example, Pennsylvania is strongly supportive of the proposed federal legislation eliminating the X waiver. As proposed, H.R. 2482 would allow physicians to prescribe buprenorphine for opioid use disorder without the current DEA waiver requirement. This change would modernize treatment practices for primary care physicians. They would have the ability to provide MAT to their patients as they would prescribe any other medication, eliminating a barrier to treatment and help decrease stigma surrounding the disease of addiction.

   From a funding perspective, as noted above, we respectfully request the SAPTBG administered by SAMHSA be considered as the funding vehicle for future allocations as it provides greater flexibility, sustainability, and a more streamlined approach to reporting. Differing reporting requirements for each funding vehicle presents a burden for Pennsylvania and our partners. From a policy perspective, we'd like to stress the value of SAMHSA's leadership and guidance. Their role in assisting states and communities by establishing best practices, as well as monitoring and allocating dollars should not be underestimated. We hope that leadership and guidance will continue and opportunities to expand their efforts should be considered.

Unfortunately, far too few individuals who need treatment seek treatment. In 2017, the US Surgeon General estimated that only 19% of those who needed treatment received it. To this end, more resources and effort are needed to not only foster public awareness, but specifically to combat the stigma of addiction. Stigma plays a key role in an individual's willingness to participate in treatment and access health care. We know that untreated addiction and mental health issues generate significant societal costs in health care, criminal justice, and the economy. Governor Wolf has recently announced a focused all-agency effort, 'Reach Out PA: Your Mental Health Matters,' aimed at expanding resources and state's comprehensive support of mental health and related health care priorities. On a parallel track, DDAP has partnered with two nationally recognized non-profit organizations and a Pennsylvania higher education institution to address this issue in the nation's first social behavioral change campaign geared toward substance use disorder. The three-year campaign innovatively pairs state and local resources with social media to provide real-time outcomes in combatting stigma. A similar campaign was recently completed in another state geared toward mental health. The project proved to move the public perception needle an unprecedented amount of 8 percentage points.

Another key factor in the nation's ability to adequately address the crisis and provide appropriate healthcare depends on the viability of the addiction treatment workforce. Workforce shortages are already present across Pennsylvania due to factors such as low wages, emotional burnout, and costly education and training requirements. Demands on the addiction treatment workforce will increase as more people move toward treatment and recovery. We suggest the federal government consider strategies to expand workforce capacity and proficiency. Policies that promote entry into this workforce can also serve the dual purpose of employing individuals in recovery. Pennsylvania has taken a small step in this direction by using grant dollars to institute the loan repayment program that was mentioned previously.

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

3. *Build Resilience to Future Crises*. Finally, the most efficient way to help communities cope with and recover from a disaster is to build resilience in disaster-prone areas before a crisis strikes. Pennsylvania recommends increased investments in evidence-based prevention activities that seek to mobilize communities and strengthen families. Specifically, the commonwealth is focusing its strategic efforts on expanding evidence-based curricula and resources to school-aged children, encouraging awareness of education and support groups, and strengthening family-based prevention and intervention services. The SAPTBG represents a valuable investment in prevention given

that 20 percent of the program must be allocated to primary prevention activities. We are thankful for that funding stream and appreciate SAMHSA's Strategic Prevention Framework (SPF)/Partnership for Success (PFS) Grants that are managed by state alcohol and drug agencies given the program's systemic and state-specific approach to support prevention.

Future Goals for Pennsylvania

As previously stated, our initial federally funded efforts were centered around keeping people alive. We have begun to switch our initial focus toward enhancing the quality of the drug and alcohol continuum. During the Wolf Administration's second term, we will be focused on four major goals: reducing stigma associated with substance use disorder; intensifying primary prevention efforts; strengthening treatment systems; and empowering sustained recovery. We intend to accomplish these goals through the strategies below. Without continued and sustained federal funding, the modernization and collaboration of these efforts will be widely diminished. Although we have made significant strides in Pennsylvania, our work is not done.

Reduce Stigma

- Educate policymakers about treating addiction as a medical disease.
- Advocate harm-reduction strategies with proven outcomes.
- Celebrate recovery stories to empower those still struggling.

Intensify Primary Prevention

- Expand evidence-based resources to school-aged children.
- Encourage awareness of education and support groups for our communities.
- Strengthen family-based prevention and intervention services.

Strengthen Treatment Systems

- Increase treatment providers trained in evidence-based practices.
- Capitalize on recent system updates designed to improve patient placement and data collection methods.
- Incorporate best practices into standardized policies and procedures.
- Eliminate barriers that prevent MAT from being integrated into all levels of care.
- Modernize the rate setting process and payment model to ensure sustainability and quality.
- Expand workforce capacity and proficiency.
- Integrate quality measures.

Empower Sustained Recovery

- Established sustainable funding and support for grassroots recovery organizations.
- Create a recovery friendly business network.
- Support the careers of certified professionals in the field of recovery.
- Aid in establishing additional recovery schools for youth.
- Promote a family-centered approach to recovery.
- Promote the pardon process.

On behalf of Governor Wolf and Pennsylvania, thank you again for the opportunity to offer testimony on the important topic of how states are using federal funding to promote opioid treatment and recovery. I hope that you've found the narrative to be helpful and as stated previously, enclosed are tables further detailing funding allocations to our sister agencies and local entities. Pennsylvania is committed to continuing work with each of you and members of the assembly to combat the opioid crisis and to provide high-quality services and supports to individuals across the commonwealth and nationwide.

ENCLOSURE

Table 1

The below table details the amount of federal funding Pennsylvania has received for prevention, treatment and recovery for opioid use disorder, including the following specific grant funding.

Funding Source	**Amount**
Opioid State Targeted Response (STR)	$53,015,158
State Opioid Response (SOR) & Supplement	$141,052,265
Medication Assisted Treatment – Prescription Drug and Opioid Addiction	$5,700,000
CDC Crisis Response	$5,185,486
CDC Enhanced State Opioid Overdose Surveillance (ESOOS)	$1,666,000
CDC Overdose to Action (OD2A)	$8,448,267
CDC Prevention for States	$6,560,000
U.S. Department of Labor	$4,997,287
BJA Cat. 5	$750,000
BJA Cat. 6 (Prescription Drug Monitoring Program)	$1,000,000
BJA Cat. 6 (Department of Corrections)	$996,408
Coverdell Forensic	$230,386
RSAT	$587,463
Comprehensive Opioid Abuse Program	$1,200,000
TOTAL	**$231,388,720**

Table 2

The below table details Pennsylvania's federal funding recipients, allocation, and purpose of the allocation (e.g. prevention, treatment, etc.).

Recipient	**Purpose**	**Allocation**
Single County Authorities (SCAs)	Prevention	$13,255,000
Department of Health	Prevention	$1,100,000
Pennsylvania Commission on Crime and Delinquency	Prevention	$5,025,000
Department of Aging	Prevention	$1,310,000
Pennsylvania State Police	Prevention	$2,500,000
Department of Military and Veterans Affairs	Prevention	$1,000,000
UPMC Children's Hospital of Pittsburgh	Prevention	$800,000
First Choice Services, Inc.	Prevention	$2,447,027
Harmelin and Associates, Inc.	Prevention	$2,498,077
Red House Communications	Prevention	$4,559,545
Pennsylvania County/Municipal Health Departments	Prevention	$1,495,528
Philadelphia Department of Public Health	Prevention/Surveillance	$759,012
Allegheny County Health Department	Prevention/Surveillance	$685,679
University of Pittsburgh	Prevention/Evaluation	$800,000
Single County Authorities (SCAs)	Treatment	$57,690,925

Department of Health	Treatment	$27,348,000
Pennsylvania Commission on Crime and Delinquency	Treatment	$7,000,000
Department of Corrections	Treatment	$8,900,000
Department of Military and Veterans Affairs	Treatment	$1,000,000
Department of Insurance	Treatment	$400,000
University of Pittsburgh Medical Center	Treatment	$5,607,231
COAP re-entry - naloxone	Treatment	$996,408
University of Pittsburgh	First Responder	$200,000
Department of Human Services	Recovery Support	$30,000,000
Penn State University	Outreach/Education	$100,000
University of Pennsylvania	Outreach/Education	$120,000
University of Pittsburgh	Outreach/Education	$120,000
Temple University (2nd of 2 contracts)	Outreach/Education	$100,000
Villanova University	Outreach/Education	$75,000
East Stroudsburg University	Outreach/Education	$85,000
Drexel University	Outreach/Education	$100,000
Quality Insights, Inc.	Outreach/Education	$928,786
Department of Drug and Alcohol Programs	Administration	$5,736,140
InGenesis, Inc.	Abstractor Staff	$78,387
Appriss, Inc.	Integration	$1,986,515
Public Health Management Corporation	Good Samaritan	$55,500
Fei.com, Inc.	Data Collection	$2,625,000
Adams County Coroner	Surveillance	$10,000
Public Health Management Corporation	Program Evaluation	$711,858
Adams County Coroner	Surveillance	$10,000
Allegheny County Coroner	Surveillance	$10,000
Armstrong County Coroner	Surveillance	$10,000
Berks County Coroner	Surveillance	$10,000
Blair County Coroner	Surveillance	$10,000
Bradford County Coroner	Surveillance	$10,000
Cambria County Coroner	Surveillance	$10,000
Carbon County Coroner	Surveillance	$10,000
Chester County Coroner	Surveillance	$10,000
Delaware County Coroner	Surveillance	$10,000
Fayette County Coroner	Surveillance	$7,163
Forest County Coroner	Surveillance	$10,000
Franklin County Coroner	Surveillance	$10,000
Greene County Coroner	Surveillance	$10,000
Indiana County Coroner	Surveillance	$7,613
Lancaster County Coroner	Surveillance	$10,000
Lawrence County Coroner	Surveillance	$5,000
Lehigh County Coroner	Surveillance	$10,000
Montgomery County Coroner	Surveillance	$10,000
Philadelphia County Coroner	Surveillance	$10,000

Westmoreland County Coroner	Surveillance	$10,000
York County Coroner	Surveillance	$10,000
County Coroner/Medical Examiners	Surveillance	$1,278,685
Health Monitoring Systems, Inc.	Surveillance	$98,000
Workforce development – central PA	Workforce development	$1,183,845
Workforce development	Workforce development	2,000,789
Workforce development	Workforce development	$411,438
Workforce development	Workforce development	$532,595
Labor and Industry - administrative	Workforce development	$228,620