Lancaster County
Drug and Alcohol Commission

Annual Report

FY 2017-2018

Rick Kastner, Executive Director

Lancaster County Drug and Alcohol Commission

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A MESSAGE FROM THE EXECUTIVE DIRECTOR

Enclosed are the programs and services provided by the Lancaster County Drug and Alcohol Commission, in the fiscal year July 1, 2017, and ended on June 30, 2018. This gives you the details to see where my office utilized the tax dollars in delivering education and prevention programs in the Lancaster community, and the treatment services we purchased for low income citizens who did not have Medicaid or private health insurance.

It appears that the overdose deaths in Lancaster are decreasing in 2018, compared to the 168 citizens lost in Lancaster in 2017. The decrease might be as large as 25%. Many new programs have been created over the past few years, along with the efforts of many community groups and coalitions, including the county wide Joining Forces effort. We will continue to address the opioid and overdose epidemic, no matter how low the numbers become, until we hit zero.

In the next few years, we will see the creation of a D&A case management system in Lancaster, to augment the current case coordination system. This will ensure that clients are given a helping hand in addressing issues such as homelessness, unemployment, mental health needs, physical health care problems, transportation, dental, etc. These social determinants are key factors in a persons ongoing recovery from addiction.

If you have any questions about this report, or the services we provide, please contact my office and I would be happy to talk to you.

Regards from the Lancaster County Drug and Alcohol Commission……Rick

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Lancaster County Drug and Alcohol Commission

Mission Statement

The mission of the Lancaster County Drug and Alcohol Commission is to provide access to high quality community-based alcohol and other drug prevention/education services for all citizens, gambling prevention, education, and referral, and treatment services to uninsured and under-insured low income citizens, in an efficient and cost effective manner.

Background

The Lancaster Single County Authority (SCA), known locally as the Lancaster County Drug and Alcohol Commission, was originally created in the 1970's as an SCA Planning Council, a department within the Lancaster County Mental Health/Mental Retardation Program (MH/MR Program). The SCA was a unit of the MH/MR Program, reporting to the MH/MR, D&A Program Administrator. Due to the need for greater autonomy and public focus on the drug and alcohol field, the Lancaster SCA was transferred to a Public Executive Commission in January, 1989. The SCA Public Commission is a separate county department that reports to the Board of County Commissioners.

The Lancaster SCA advisory board meets six times per year and provides public input and advice to the Lancaster SCA staff. Recommendations from this board are presented to the County Commissioners, who consider the citizens' recommendations and then decide on a course of action.

The advisory board reviews and provides input for the annual plan and annual report; oversees major services delivered, helps create new programs, and visits some of the programs throughout the year. Essentially, all major projects and decisions are reviewed with the SCA advisory board. Minutes are written for each meeting and are published for review. All SCA advisory board meetings are open to the public for participation.

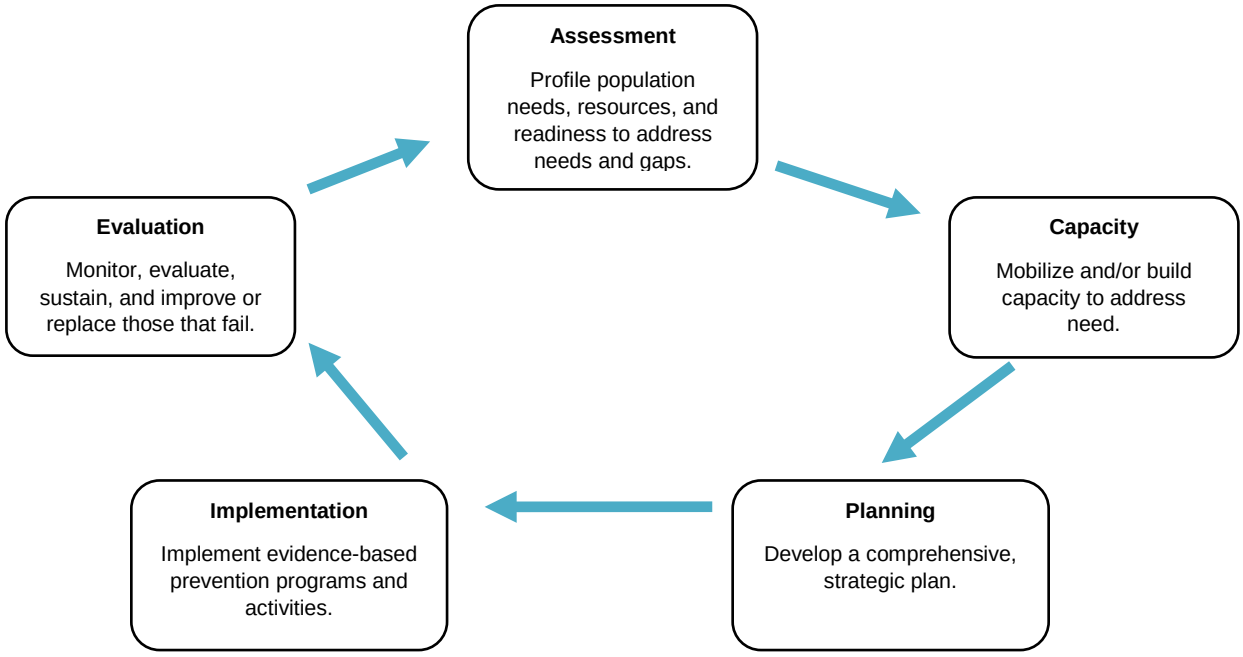
Three times each year, the SCA Executive Director and case management staff meets with the contracted treatment providers, to review essentially the same topics as the SCA advisory board. Also, policies and procedures are reviewed, modified, and changed at these provider meetings. Since the provider network delivers the treatment services to the Lancaster SCA funded clients, the provider meetings are similar to a staff meeting. Many details are discussed and problem solving occurs. Minutes are taken and published for review.

The Lancaster SCA administrative unit consists of an Executive Director, part-time Administrative Assistant, part-time Accountant, Fiscal Technician, and two support staff. The unit develops the annual plan and annual report, develops and monitors the contracts, collects outcome data, creates new services, supports the advisory board, collects/enters data, processes provider invoices, and completes fiscal reports.

The Prevention Unit is an administrative unit of the Lancaster County Drug and Alcohol Commission, and consists of one employee. It was established in 1975 to assess needs, plan strategies, and provide services to deter the onset of drug abuse among youth and adults. Staff and contracted providers use the following strategies as part of a comprehensive, primary prevention program:

1. Information Dissemination - Provides awareness and knowledge of substance abuse, addiction, co-dependency, and available services to the general public and targeted groups.
2. Education - Provides in-depth training to improve knowledge, critical skills, and professional skills related to alcohol, tobacco, and other drug (ATOD) abuse.
3. Alternatives - Encourages participation of targeted groups in constructive, healthy activities that offset the attraction to ATOD use.
4. Problem Identification and Referral - Identifies individuals who have engaged in early ATOD abuse in order to assess whether their behavior can be altered through education.
5. Community-Based Process - Enhances the abilities of communities and neighborhoods to more effectively prevent ATOD abuse.
6. Environmental - Establishes or changes written and unwritten community standards, codes, and attitudes which influence the incidence and prevalence of ATOD abuse.

The comprehensive prevention program is developed and implemented through a Strategic Prevention Framework as shown:



SCA Case Management System

The Case Management Unit provides services through the Lancaster County Drug and Alcohol Commission. It includes one supervisor and two (2) case management positions. The unit provides case coordination for clients, monitors the contracted treatment facilities, clinically verifies the level of care data for placement into residential programs, screens requests for treatment, identifies gaps in service, develops new treatment programs, participates on the drug court and mental health court, and presents the drug and alcohol system to potential referral sources.

Case management services such as liability determination, screening, and assessments are subcontracted to and provided by the licensed outpatient clinics and detox units. All treatment services, which include detox, residential rehabilitation, halfway house, outpatient, methadone maintenance, intensive outpatient, and partial services are purchased at Department of Drug and Alcohol Program (DDAP) licensed treatment programs.

The Drug and Alcohol Commission has been purchasing recovery support services from RASE, Inc. for the past 13 years. This includes the development of a Recovery Oriented System of Care (ROSC) model. These are not professional treatment services, but rather they assist family and consumer members by providing recovery support and a warm hand-off to treatment. RASE employs Recovery Support Specialists using HealthChoices and SCA funding, to assist clients in their early recovery.

The contracted outpatient providers are the "gatekeepers" of the County Drug and Alcohol treatment system. The contracted outpatient provider conducts a drug and alcohol evaluation, level of care assessment, and provides referrals into other modalities of treatment.

If the client currently has a Medical Assistance (MA) card, also known as Medicaid, or is eligible for an MA card, he/she should be referred to a Lancaster County-contracted outpatient facility. These same outpatient clinics can also take the MA card to pay for the drug and alcohol treatment.

If the client has medical insurance that will cover the entire treatment service, these procedures need not be followed. But many insurance companies do not pay for all services, e.g., very few companies reimburse for drug and alcohol halfway house services. If this is the case, and the client will eventually seek County Drug and Alcohol funds, then the above rule must be followed. Simply put, if even one dollar of County Drug and Alcohol funds will be involved, the client must be referred to a Lancaster County-contracted outpatient provider or to the detox unit.

With Health Management Organizations (HMO), the client must be referred through their own HMO physician, in order for the HMO to reimburse the approved HMO treatment provider. County funding is not involved. Follow the HMO procedures and policies. If the HMO or insurance company procedures are not followed and therefore treatment is denied, County D&A Commission funding will **NOT** be available.

If a client is in the Lancaster County prison, and is not involved with the prison's pre-parole unit or the prison's Door to Door Project, he/she must first complete all legal obligations (in other words, serve out their sentence). Upon release, the client may make an appointment at an outpatient clinic for an evaluation and funding eligibility determination. If a client is in a facility outside of Lancaster County e.g., a state or county prison, a mental health unit, a detox unit, a D&A rehab program, etc., and the facility is not contracted with the Lancaster County Drug and Alcohol Commission, the client must be referred to a contracted outpatient program in Lancaster County for County D&A funding/services to be made available. For example, a person seeking services who is currently in a state or federal prison must first be released and then seen by a Lancaster contracted outpatient counselor in order for County D&A funds/services to be available.

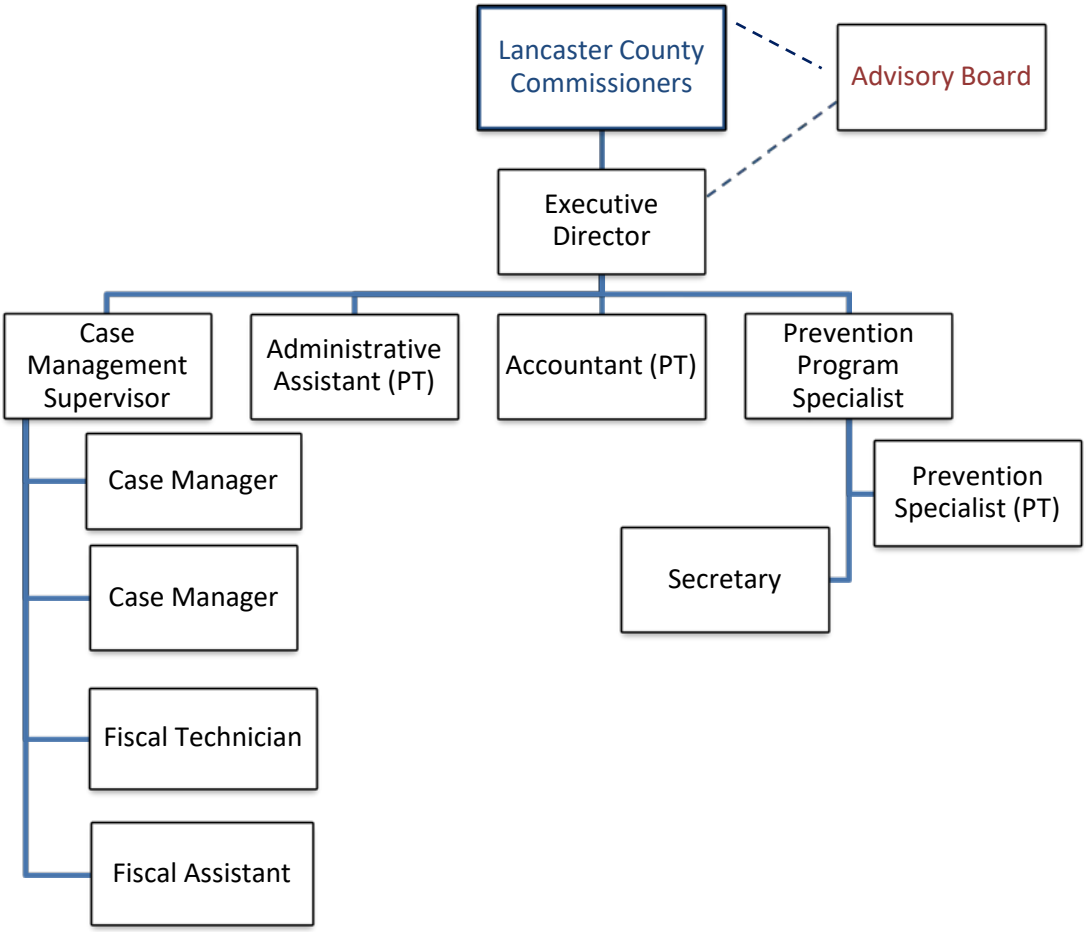
In order to be eligible or considered for residential rehab placement, a client must live in Lancaster County for a minimum of twelve (12) months. For M.A. funded clients, this residency policy does not apply. There is no residency policy for outpatient or detox treatment. The outpatient counselor will explain the rules and help the client determine what he or she is eligible to receive.

The in-house Case Management Unit reviews the clinical assessment and level of care material that is gathered at the outpatient clinics and detox unit, and verifies the placement into a particular level of treatment. After this clinical review takes place at the Lancaster SCA, the fiscal unit of the SCA determines if the funding is available, and if so, which funding stream applies. The case management unit approves of the treatment placement and the fiscal unit approves the financial commitment. Then the client is placed into treatment and the provider is given a written authorization of service.

Specifically, the following clients are eligible to receive Lancaster SCA funding:

- Low income clients with no insurance coverage.
- Client with insurance but has used yearly/lifetime coverage. Factors are involved so that calculations must be made with each case to determine if Lancaster SCA funding applies.
- Client has insurance but insurance does not pay for a level of care. The insurance company must adhere to Act 106 minimum coverage for the client to be eligible for Lancaster SCA funding.
- Client is a veteran, with or without VA benefits. The Lancaster SCA attempts to use the VA benefits if available, but if not, the veteran is not denied SCA funding.
- Clients that are adolescents, with or without insurance. If parents agree to access their insurance, then the insurance or MCO coverage is used first.

Organizational Chart



(PT = part-time)

I. Major Accomplishments for 2017--2018:

Administration

- Participated on more than 30 committees, boards, and task forces, to coordinate services and develop programs for serving the community.
- Contracted with more than 50 treatment and prevention programs that provide services for the Lancaster community.
- Provided medication-assisted D&A treatment using Suboxone for recovering heroin addicts.
- Passed the Quality Assurance Assessment review by the Dept. of Drug and Alcohol Programs (DDAP).
- Established residential per diem rates with seven other county drug and alcohol programs in the region.

- Provided oversight of the managed care system, HealthChoices, for Medical Assistance clients. This is a $220 million project, in partnership with four other counties. Lancaster County drug and alcohol clients received over 18 million dollars of treatment, funded by HealthChoices, each year.
- Utilized all DDAP funding for the delivery of treatment and prevention services in Lancaster County.
- Hosted three meetings with local providers, to increase communication, networking, and problem-solving.
- Elected as an executive committee member of the PA Association of County Drug and Alcohol Administrators (PACDAA).
- Member of Re-entry Management Organization (RMO) for prisoners returning to the community.
- Member of the Youth Intervention Center Board of Managers.
- Member of the steering committee of the Joining Forces coalition, to address the opioid epidemic in Lancaster County.

Prevention/Intervention

- Provided funding and technical assistance to seven non-profit organizations, for community-based prevention projects. Monitored them for compliance with state and federal requirements.
- Worked with Providers to begin implementation of PA WITS, the state's new web-based data collection system.
- Provided additional funding to COBYS to provide updated risk and resource assessments for local CTC coalitions. This will allow these coalitions to apply for federal grants, which will bring additional prevention resources to Lancaster County.
- Continued to contract with GOAL, a non-profit agency, to provide educational seminars and workshops to clergy and laypersons on addiction and the family.
- Purchased 1,187 SAP student assessments in local middle and high schools, using Master's level clinicians.
- Participated in a networking breakfast to educate local grassroots prevention groups in Lancaster County on prevention best practices. This was attended by representatives of ten task forces and five non-profit service providers. Attendees came from all geographic regions in the county.
- Assisted Compass Mark in planning and expanding the Positive Change Conference, collaborating with Millersville University to include social work students.
- Continued to fund and expand Compass Mark's Prevention Community Mobilizer.
- Participated on the Lancaster County Crime Task Force.
- Participated on the Lancaster County Tobacco Free Coalition.
- Participated in the Lancaster County Homeless Provider Network.
- Conducted four prevention service provider meetings.
- Participated in the Pennsylvania Prevention Directors Association.
- Participated in DDAP's quarterly peer sharing conference calls.

Treatment/Case Management

- Added one new detox facility to the list of contracted providers, to accommodate the increase in need for services.
- Collaborated with local officials and providers to create trauma-informed care community.
- Funded Narcan kits for low income community members and participated in public Narcan trainings.
- Collaborated with BHDS, CYS, Probation and Parole, and IU-13 to create the Youth Systems Review.
- Networked with local behavioral health agencies to create the PHQ9 Survey.
- Participated in 2018 Community Health Needs Assessment Stakeholder Forum.
- Participated in District Attorney's Crime Prevention Task Force.
- Updated treatment/case management policies and procedures for the new five year grant cycle.
- Continued working with the Lancaster County Assistance Office (CAO) and local Drug and Alcohol Service Providers to facilitate the expedient processing of MA applications for D&A clients.
- Worked with Children and Youth Agency to assist in determining the status of child abuse allegations and the need and type of services that would best help the family.
- Worked with treatment providers in an effort to offer the most effective levels of care with minimal gaps in service, in order to maximize positive outcomes.
- Networked with local agencies and organizations to reverse the increasing problem of addiction and homelessness within our community.
- Supported BH/ID's CASSP (Child and Adolescent Service System Program) clinic to help identify issues and provide services to adolescents in crisis.
- Monitored all local treatment facilities contracted with the D&A Commission.
- Participated on the Prison Re-entry Committee.
- Participated on the Lancaster County Court of Common Pleas Adult Drug Court and Mental Health Court teams.
- Worked with CABHC, helping clients obtain financial assistance to enter a recovery house.
- Networked with ICMs from other counties, to share ideas on how to better serve clients in our community.
- Worked with PerformCare to identify high risk Medicaid consumers of drug and alcohol and mental health services.
- Participated on the Homeless Service Provider Network.
- Assisted Veterans Court as needed.
- Conducted three Outpatient Provider Focus Groups.
- Served on the PA State Supreme Court's Drug Court Accreditation Advisory Committee.

Recovery Support

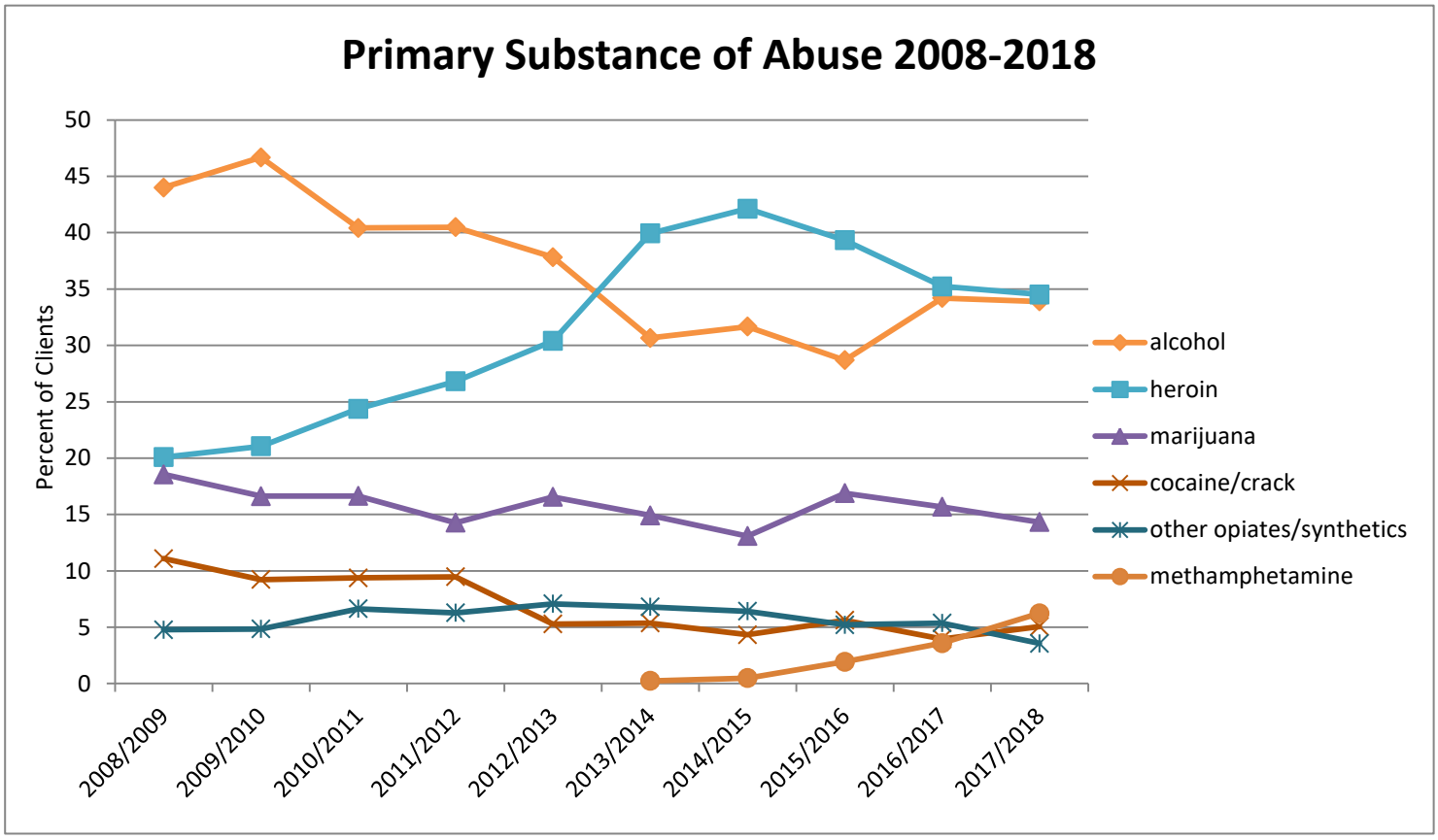
- Continued to work with RASE Project in the warm hand-off program, bridging the gap for overdose survivors from emergency care to addictions treatment.

- Worked with RASE and the Pre-parole Unit at the Lancaster County Prison, to have specific clients identified to go "door to door" from prison to D&A treatment. Used HealthChoices funding to create a prison door-to-door project.
- Participated in a scholarship program for recovery houses in the region.
- Participated on the Lancaster County Recovery Alliance.
- Worked with Lancaster County Prison and RASE on Vivitrol Program.

II. Trends

- There has been an increase in the use of non-professional recovery support services, such as recovery houses. Thanks to a HealthChoices initiative, there are now 24 CABHC-approved recovery house facilities in Lancaster County.
- The following chart shows trends in Lancaster SCA clients' primary substance of abuse over the past ten years. Although the rapid increase seems to have leveled off, heroin remains the number one primary substance of abuse. Death by overdose continues to be a major public health concern. More than 100 Lancaster County citizens died in 2016 as the result of an overdose, and 168 in 2017. Methamphetamine has continued to rise, almost doubling each year for the past four years.

Note: This chart only represents clients funded by the Lancaster County D&A Commission.



III. Training

Service provider training needs are assessed by Compass Mark, with the assistance of the D&A Commission, and a schedule of trainings is developed. These are offered free of charge. Topics include:

- Addictions 101
- Confidentiality/Ethics
- Case Management Overview
- Problem Gambling
- TB/STD/Hepatitis C
- ASAM Criteria
- Motivational Interviewing
- Prevention Conference
- Basic HIV
- Ethics

Also, the Lancaster SCA participates in the Lancaster Association of Chemical Dependency Providers, which offers monthly one hour educational presentations on topics of interest for both treatment and prevention service providers. To assist service providers in finding continuing education opportunities, Compass Mark offers a searchable database of D&A-related trainings in the Central Pennsylvania area on its website.

Client Demographics

Lancaster County SCA admitted a total of 2,136 clients between July 1, 2017 and June 30, 2018, with 1,593 being discharged by the period end. The following charts detailing: age, race, sex, primary substance of abuse, referral source, and special population reflect the demographics of these clients:

Sex	Number of Clients	Percent
Male	1,632	76.4
Female	504	23.6

Special Population	Number of Clients	Percent
Pregnant women	0	0
Women with Dependent Children	213	9.99

Age Range	Number of Clients	Percent
18 and under	17	≤1
19 to 24 years	340	15.92
25 to 39 years	1,167	54.63
40 to 64 years	571	26.73
65 and above	41	1.92

Referral Source	Number of Clients	Percent
Self	598	28
D&A Provider	178	8.33
Court/Criminal Justice	870	40.73
Family/Friend	117	5.48
Hospital/Physician	27	1.26
Community Service Provider	105	4.92
Other Voluntary	119	5.57
Other Involuntary	102	4.77
Employer/EAP	1	≤1
School/SAP	16	≤1
Clergy/Faith leader	3	≤1

Race	Number of Clients	Percent
White	1,376	64.42
Black	186	8.71
Asian/ Pacific Islander	12	≤1
Alaskan Native	0	0
Native American	0	0
Other	3	≤1
Unknown	314	14.7

Primary Substance of Abuse	Number of Clients	Percent
Alcohol	715	33.49
Cocaine/Crack	108	5.06
Marijuana/Hashish	306	14.33
Heroin	737	34.52
Other Opiate/Synthetics	76	3.56
Methamphetamine	133	6.23

Net Expenditures by Service Category

July 1, 2017 – June 30, 2018

Service Category	Net Expenses	Clients	Units
Inpatient Non-hospital Detoxification (823A)	$349,666	313	1,462
Inpatient Non-hospital Short-term Rehabilitation (823B)	$1,098,527	300	4,657
Inpatient Non-hospital Long-term Rehabilitation (823C)	$247,178	19	450
Inpatient Hospital Detox (834A)	$2,629	1	5
Partial Hospitalization (852A)	$43,825	27	1,135
Halfway House (852B)	$309,088	9	343
Outpatient (861A)	$440,960	631	10,431
Intensive Outpatient (861B)	$71,422	137	2,640
Physician and Pharmacy (8900)	$12,949	17	NA
Case Management (9100)	$202,882	NA	NA
Case Management Evaluation (9101)	$139,348	1,142	2,308
Recovery Support Services (930R))	$445,837	1,790	NA
Totals	**$2,715,592**	**4,386**	**23,431**

Note: This chart contains an unduplicated client count by service category. Centers of Excellence funding is not reflected.

Fiscal Information

Schedule of Applied Expenses by Funding Source

July 1, 2017 – June 30, 2018

Activity	State Base	Federal	Gambling	DDAP	BHSI, IGT, Act 152	Health Choices	HSDF	County Match	Centers of Excellence	Other Funds*	Total
Administration 5100	$278,536	0	$12,460	$290,996	$87,350	$94,462	0	$85,014	0	0	$557,823
Information 6100	$81,003	$87,912	$42,338	$211,254	$87,838	0	0	0	0	0	$299,092
Education 6200	$44,837	$123,548	$72,495	$240,880	$69,429	0	$43,588	$391	0	0	$354,288
Alt. Activities 6300	$14,954	$36,255	0	$51,209	$29,915	0	$40,412	0	0	0	$121,536
Problem ID 6400	$100,008	$77,853	$22,143	$200,004	$66,913	0	0	0	0	0	$266,917
Comm. Based 6500	$25,548	$45,171	$63,916	$134,635	$47,729	0	0	0	0	0	$182,364
Environmental 6600	$547	$529	0	$1,076	$926	0	0	$1,205	0	0	$3,207
Other Prev 6700	0	0	0	0	0	0	0	0	0	0	0
Intervention 7200	$7,500	0	0	$7,500	0	0	0	$2,500	0	0	$10,000
Detox (non-hosp) 823A	$38,144	$286,324	$21,951	$346,419	$456	0	0	$2,791	0	0	$349,666
Rehab (short term) 823B	$74,273	$824,027	$76,549	$974,849	$11,358	0	0	$12,746	0	$99,574	$1,098,527
Rehab (long term) 823C	$8,922	$99,765	0	$108,687	$18,806	0	0	0	0	$119,685	$247,178
Detox 834A	0	0	0	0	$2,629	0	0	0	0	0	$2,629
Rehab 834B	0	0	0	0	0	0	0	0	0	0	0
Partial hosp. 852A	$2,987	$35,500	0	$38,487	$5,338	0	0	0	0	0	$43,825
Halfway House 852B	$3,957	$52,785	0	$56,742	$27,346	0	0	0	0	$225,000	$309,088
Outpatient 861A	$70,081	$251,604	0	$321,685	$119,240	0	0	$35	0	0	$440,960
Intensive Outpatient 861B	$5,371	$65,906	0	$71,277	$145	0	0	0	0	0	$71,422
Physician/Pharmacy 8900	0	0	0	0	$12,949	0	0	0	0	0	$12,949
Case Management 9100	0	$10,867	0	$10,867	$127,001	$63,477	0	$1,537	0	0	$202,882
CM Evaluation 9101	$27,706	$107,627	$3,217	$138,550	$798	0	0	0	0	0	$139,348
Recovery Housing 920R	0	0	0	0	0	0	0	0	0	0	0
Recovery Support 930R	$191,364	0	0	$191,364	$254,473	0	0	0	$670,000	$49,683	$1,165,519
Totals:	$975,738	$2,105,673	$315,069	$23,396,480	$970,641	$157,939	$84,000	$106,219	$670,000	$493,941	$5,879,220

** Other includes interest, refunds, and DUI funds.*