

Lancaster County Drug and Alcohol Commission

2016 Treatment Needs Assessment Summary

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Lancaster County Drug and Alcohol Commission (LCDAC) Treatment Needs Assessment Summary

This document is a summary of the Lancaster County Treatment Needs Assessment that was completed and submitted to the PA Department of Drug and Alcohol Programs (DDAP) in February 2016. This assessment is completed periodically in order to:

1. Estimate the prevalence of addiction and substance abuse disorder in Lancaster County.
2. Identify trends and patterns in substance use.
3. Assess the need for additional resources to intervene and treat addiction.
4. Identify and eliminate barriers experienced by those seeking help.
5. Help the LCDAC develop a treatment system that is responsive to the unique needs of the Lancaster County community.

I. Estimate of the Prevalence of Substance Abuse Disorder in Lancaster County

The prevalence estimate is reached by taking the population count for each age group from the US Census and calculating a percentage based on the 2012-2013 National Survey on Drug Use and Health (NSDUH). This yields an estimate of the number of persons in that age group who may be in need of substance abuse treatment at any given time.

Age group	Population	Estimated rate of prevalence for this age group	Prevalence
12+	444,709	8.28%	36,822
12-17	43,552	5.74%	2,500
18-25	94,092	19.66%	18,498
26+	343,753	6.68%	22,963

In addition, the prevalence of addiction is estimated among several special population groups. These estimates are based on current research and provide an opportunity to plan for additional resources for Lancaster County residents who have an increased risk of substance abuse or co-occurring disorders.

Special Population Category and Source of Data	Number for Lancaster County	Estimated Percent of these persons who have substance use problems	Estimated number who have substance use problems
Drug Possession Arrests: 18E-Drug Possession - Opium – Cocaine;18F-Drug Possession – Marijuana;18G-Drug Possession – Synthetic; 18H-Drug Possession - Other (Total Arrests Adult & Juvenile) according to the Pennsylvania Uniform Crime Reporting Program.	864	100%	864
Arrests for 210-Driving Under the Influence; 220-Liquor Law; 230-Drunkenness (Total Adult & Juvenile Arrests) according to the Pennsylvania Uniform Crime Reporting Program	2,833	100%	2,833
Number of Adults being served by County Probation and Parole according to the Pennsylvania Board of Probation and Parole	8,791	70% (DOC estimate)	6,154
Current County jail population according to the Lancaster County Prison	1,060	70% (DOC estimate)	742
Number of Persons on state probation or parole in county according to the Pennsylvania Board of Probation and Parole	650	70% (DOC estimate)	455
Number of Reported Substantiated Child Abuse & Neglect Cases according to the Pennsylvania Department of Human Services	94	50 % (National Center on Substance Abuse and Child Welfare)	47
Number of Domestic Violence (PFA) according to the Administrative Office of Pennsylvania Courts	204	25% (SAMHSA Substance Abuse Treatment & Domestic Violence TIP 25)	51
		Total	11,146

The first chart indicates approximately 36,822 adolescents and adults in Lancaster County have a substance abuse disorder. When the data from the chart of special populations is added, another 11,146 citizens would be added to this prevalence estimate, for a total of 47,968 addicts and alcoholics in Lancaster County. If 10% of this population admitted to having a substance use problem, then 4,797 people would be seeking treatment at any given time.

II. Trends and Emerging Problems

An “emerging substance use problem” is a situation which is qualitatively different from what came before, and which could not have been fully anticipated and planned for. The implication is that a new problem confronts the community and it may need to be addressed. The new problem may be an isolated event that requires immediate action or it may take the form of a gradual pattern change that was initially anecdotal information, tracked over time, and now requires a response impacting service delivery.

A “trend” is a prevailing tendency or information relating to the economy, government, legal issues, technological and medical advances, or socio-culture patterns that may influence how the LCDAC conducts business and plans for the future.

Identifying and analyzing trends and emerging problems helps the LCDAC anticipate qualitative and quantitative changes in the demand for services.

1. Heroin/Opiate Overdose and Synthetic Drug Abuse

As is the case throughout the state and nation, opioid use and overdoses have been on the rise in Lancaster for the past few years. With the purity of the drug, many more overdoses and deaths are occurring. Recent data indicates that 63 people died of an overdose in Lancaster County in 2013, and 80 died in 2014, many of which was caused by opioids. Young people are also getting involved with K-2 and synthetic drugs, finding creative ways to abuse these drugs and having unpredictable behaviors as a result.

2. Medicaid Expansion

The best news for the LCDAC in the past 20 years is the expansion of Medicaid coverage for low income citizens. Now that many more patients are having mental health, physical health, and substance use disorder services covered by Medicaid HealthChoices, LCDAC treatment funding can be used on other client services. This has created a surplus in the Lancaster county treatment budget, which has never occurred in the history of the agency. The SCA is moving into areas that have not been adequately funded in the past, such as assisting with high deductibles, hiring Recovery Support Specialists/Peer Support Specialists, hiring Vivitrol Coordinators, and additional education/prevention services for young people.

3. Recovery Support/Use of Non-Professional Services

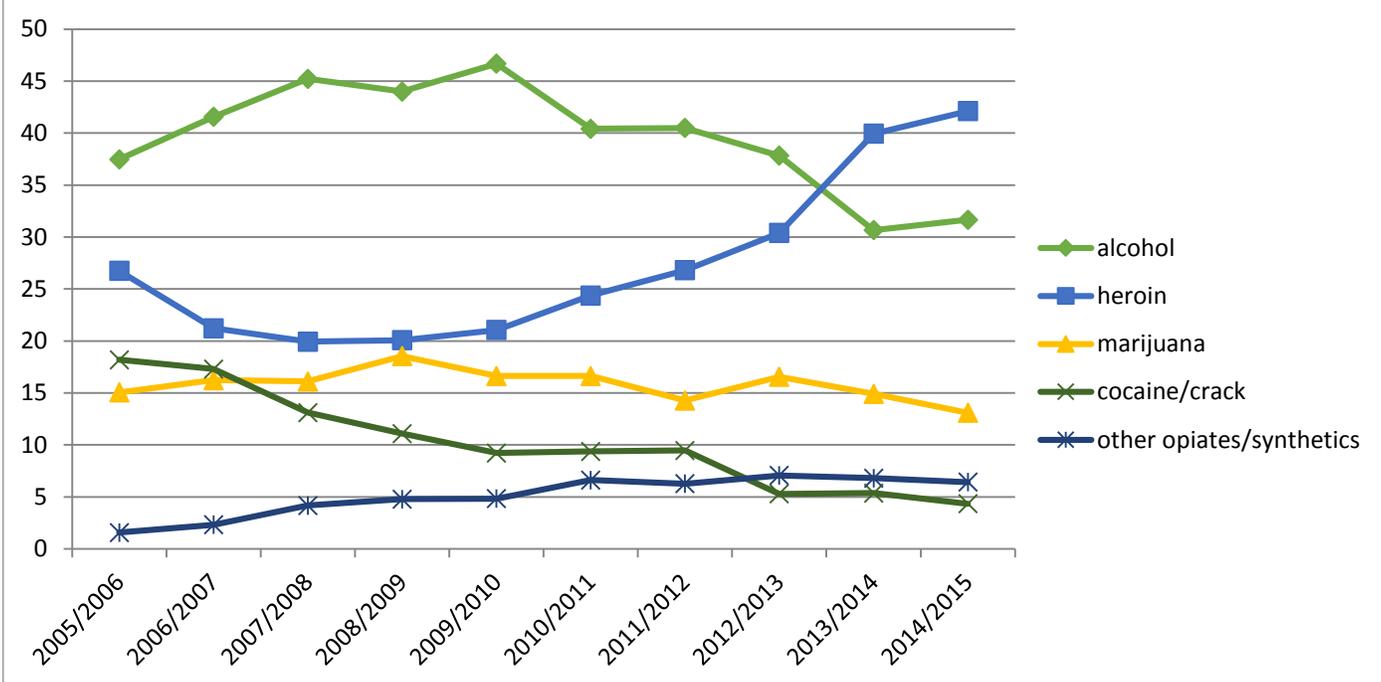
There has been an increase in the use of non-professional recovery support, such as recovery houses. Thanks to a HealthChoices initiative, there are now eleven CABHC-approved recovery house facilities in Lancaster County.

4. Workforce Development

With the increase in people accessing treatment, there are now waiting lists for detox and residential rehab placements. There is a need for additional facilities, along with hiring qualified and trained staff. It will take several years for the D&A field to fully resolve this workforce issue.

The following charts help illustrate the changing trends in primary substance of abuse and the demographics of the clients served by the LCDAC.

Primary Substance of Abuse 2005-2015



FY 2014-15 Demographics for Lancaster County Clients

Sex	Number of Clients	Percent
Male	2,083	79.26
Female	545	20.74

Special Population	Number of Clients	Percent
Pregnant women	5	≤1
Women with Dependent Children	203	7.72

Age Range	Number of Clients	Percent
18 and under	32	1.22
19 to 24 years	501	19.06
25 to 39 years	1,425	54.22
40 to 64 years	649	24.7
65 and above	21	≤1

Race	Number of Clients	Percent
White	2,023	76.98
Black	256	9.74
Asian/ Pacific Islander	17	≤1
Alaskan Native	1	≤1
Native American	13	≤1
Other	231	8.79
Unknown	87	3.31

Primary Substance of Abuse	Number of Clients	Percent
Heroin	1,107	42.12
Alcohol	832	31.66
Marijuana/Hashish	344	13.09
Other Opiate/Synthetics	173	6.42
Cocaine/Crack	114	4.34
Other drugs	55	2.08

Referral Source	Number of Clients	Percent
Self	1,142	43.46
D&A Provider	201	7.65
Court/Criminal Justice	1,098	41.78
Family/Friend	21	≤1
Hospital/Physician	48	1.83
Community Service Provider	56	2.13
Other Voluntary	28	1.07
Other Involuntary	17	≤1
Employer/EAP	4	≤1
School/SAP	7	≤1
Clergy/Faith leader	6	≤1

III. Addressing System Barriers

1. Workforce Issues and Inadequate Treatment Resources Due to Medicaid Expansion

The recent expansion of Medicaid has been a two edge sword. The good news is that more people have health care coverage, which includes mental health and substance use disorder treatment. This has taken the pressure off of the Lancaster SCA treatment budget, and has created a surplus, which will be used for underfunded programs and new services. The bad news is that it has created a waiting list in many detox and rehab facilities, since many more clients have access to treatment. Clients are either waiting to get into a facility, or they are forced to enter a program that is located far from their home, making family participation and aftercare services more challenging.

The HealthChoices project, known as the Cap Five, or CABHC, has been expanding programs in the past few years. Common Ground is scheduled to increase its detox beds, and a start- up grant for additional detox beds will soon be released. Also, a new Latino halfway house is being developed, along with another halfway house for non- Spanish speaking clients. Many recovery houses have been created using start up grants from CABHC, five of which were created in Lancaster. Many other CABHC initiated services are being created. The Lancaster SCA is also developing additional residential contracts with facilities in the state, to give the client more options, if waiting lists occur.

It will take a few years for the D&A field to expand the residential facilities to meet all of the demand facing the state. Facilities need to be built or expanded, staff must be hired and trained, start-up dollars need to be available, etc. Workforce issues are occurring, since the typical salary in the D&A field is on the low end of the scale, and the work can be very challenging and frustrating. The Lancaster D&A Commission pays the outpatient clinics \$30 per hour, per employee, when the employee is attending a training for certification credits. Since the employee or counselor is attending the training, and not seeing clients which generates income, the D&A Commission provides this “stipend” to encourage staff training and increased skills.

2. Social Stigma of Addiction

Stigma is a never ending battle of the recovering person. This will continue for decades, but recently progress has been made. The Lancaster SCA has been involved with the creation of the Lancaster Recovery Alliance, which is a coalition of programs and people in recovery. This Alliance is becoming very large and active in Lancaster, and is addressing the public stigma of addiction. In September of 2015, the organization sponsored a community awareness event in conjunction with a professional baseball game, which included a nationally known speaker and a successful “recovery walk” event.