

Annual Report 2014-2015

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.

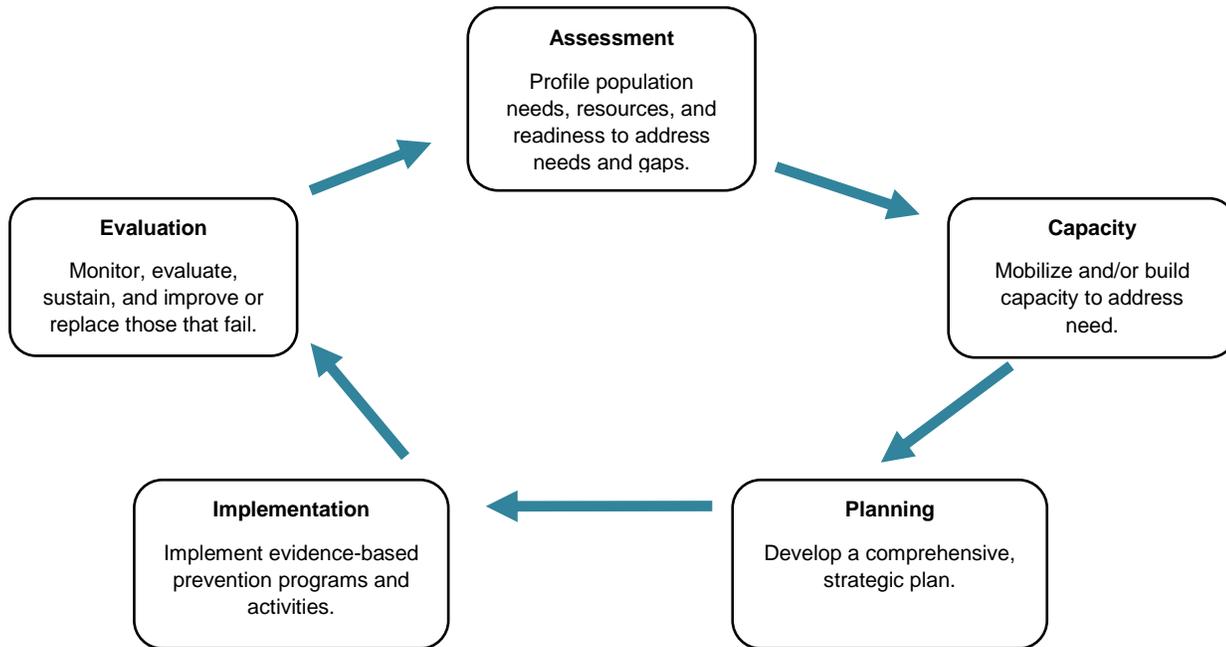
Three times each year, the SCA Executive Director and case management staff meets with the contracted treatment providers to review essentially the same topics as the SCA advisory board. Also, policies and procedures are reviewed, modified, and changed at these provider meetings. Since the provider network 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 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 services of the Prevention Unit 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 also provides services through the Lancaster County Drug and Alcohol Commission. It includes one supervisor and three (3) case management positions. The unit provides case coordination for clients, monitors the contracted treatment facilities, participates on the CASSP clinical team, 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.

Since 2005, the Lancaster County D&A Commission has been purchasing advocacy services and recovery based peer support services from RASE, Inc. The Lancaster SCA also purchases Buprenorphine Coordinator services from RASE, primarily funded by Health Choices dollars. RASE has developed a drop-in center office in Lancaster City, for consumers in recovery to meet and organize events.

The contracted outpatient providers are the "gatekeepers" of the County Drug and Alcohol 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 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 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, 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.

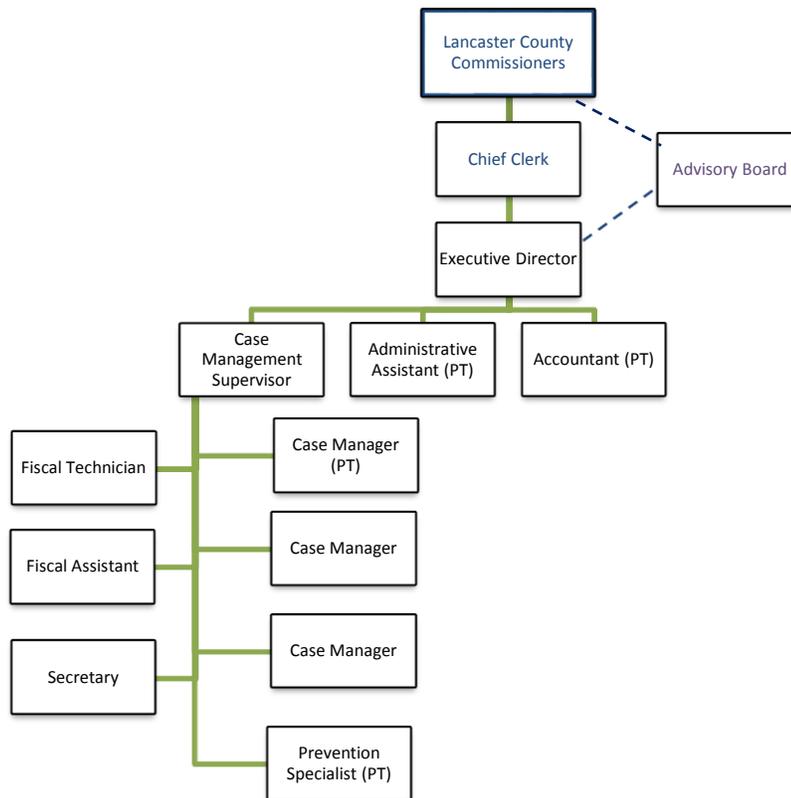
The in-house Case Management Unit reviews the clinical assessment and level of care material that is gathered at the outpatient clinics and detox unit, and verifies the placement into a particular level of treatment. After this clinical review takes place at the Lancaster SCA, the fiscal unit of the SCA determines if the funding is available, and if so, which funding stream applies. The case management unit approves of the clinical 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.
- If a client is convicted of DUI, the Lancaster SCA will not pay for the assessment, but the client may still be eligible for treatment services.

Organizational Chart



I. Major Accomplishments for 2014--2015:

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 the services in 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 \$200 million project, in partnership with four other counties. Lancaster County drug and alcohol clients received over ten million dollars of treatment funded by HealthChoices.
- Utilized all DDAP funding for the delivery of treatment and prevention services in Lancaster County.
- Hosted three meetings with local providers, to increase communication and networking.
- Elected as an executive committee member of the PA Association of County Drug and Alcohol Administrators (PACDAA).
- Participated in a scholarship program for recovery houses in the region.
- Member of Recovery Management Organization for prisoners returning to the community.
- Member of the Youth Intervention Center Board of Managers.
- Member of the Lancaster Health Improvement Project.
- Used HealthChoices funding to create an adolescent outpatient clinic.
- Developed a plan to place addicts directly into treatment from prison.
- Participated in the Mayors' Task Force to address the opioid epidemic.

Prevention/Intervention

- Provided funding and technical assistance to eight non-profit organizations for community-based prevention projects. Monitored them for compliance with state and federal requirements.
- According to the PBPS reports, 2,100 participants were served in recurring prevention programs.
- According to the PBPS percent of services delivered by program report, 66.55% of Lancaster County's 2014--2015 prevention programs were state approved and evidence-based programs, a ten percent increase from the previous fiscal year.
- Purchased 956 SAP student assessments in local middle and high schools.

- Provided assistance to Elizabethtown CTC in their successful reapplication process for the Federal Drug Free Communities Grant, which is a 5 year grant for \$125,000 per year.
- 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.

Treatment/Case Management

- Continued working with the Department of Human Services 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 facilities contracted with the D&A Commission.
- Participated on the Prison Re-entry Committee.
- Worked with the Community Homeless Outreach Center (CHOC) assisting homeless men and women in obtaining D&A treatment.
- Participated on the Lancaster County Court of Common Pleas Adult Drug Court and Mental Health Court teams.
- Worked with 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.
- 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 consumers of drug and alcohol and mental health services.
- Worked with Consumer Satisfaction Surveys.
- Participated on the Homeless Service Provider Network.
- Assisted Veterans Court as needed.
- Conducted an Outpatient Provider Focus Group.
- Served on the PA State Supreme Court's Drug Court Accreditation Advisory Committee.

Recovery Support

The Lancaster County Drug and Alcohol Commission has been purchasing recovery support services from RASE, Inc. for the past ten years. This includes the development of a Recovery Oriented System of Care (ROSC) model. These are not professional treatment based services, but rather they assist family and consumer members in recovery based peer support services. RASE employs Recovery Support Specialists using HealthChoices funding, to assist clients in their early recovery, and is also creating a recovery house.

RASE is a non-profit agency that is operated and staffed by people in substance abuse recovery. Specifically, RASE provides advocacy services and recovery based peer support services; provides a voice and body to represent the recovery community in publications and newsletters; sits on various Boards and committees to represent the local Lancaster recovery community; provides trainings, such as the Act 106 training, Elements of Recovery, Addiction and Recovery 101, Addiction and Family, etc.; receives numerous advocacy calls from consumers and their families; speaking engagements at elementary and secondary schools; provides transportation to AA and NA groups for people in early recovery; In My Own Words speakers bureau; and recovery support services.

The D&A Commission also participates on the Lancaster County Recovery Alliance (LCRA), a countywide consortium of lay and professional people and organizations working to support recovery.

II. Barriers

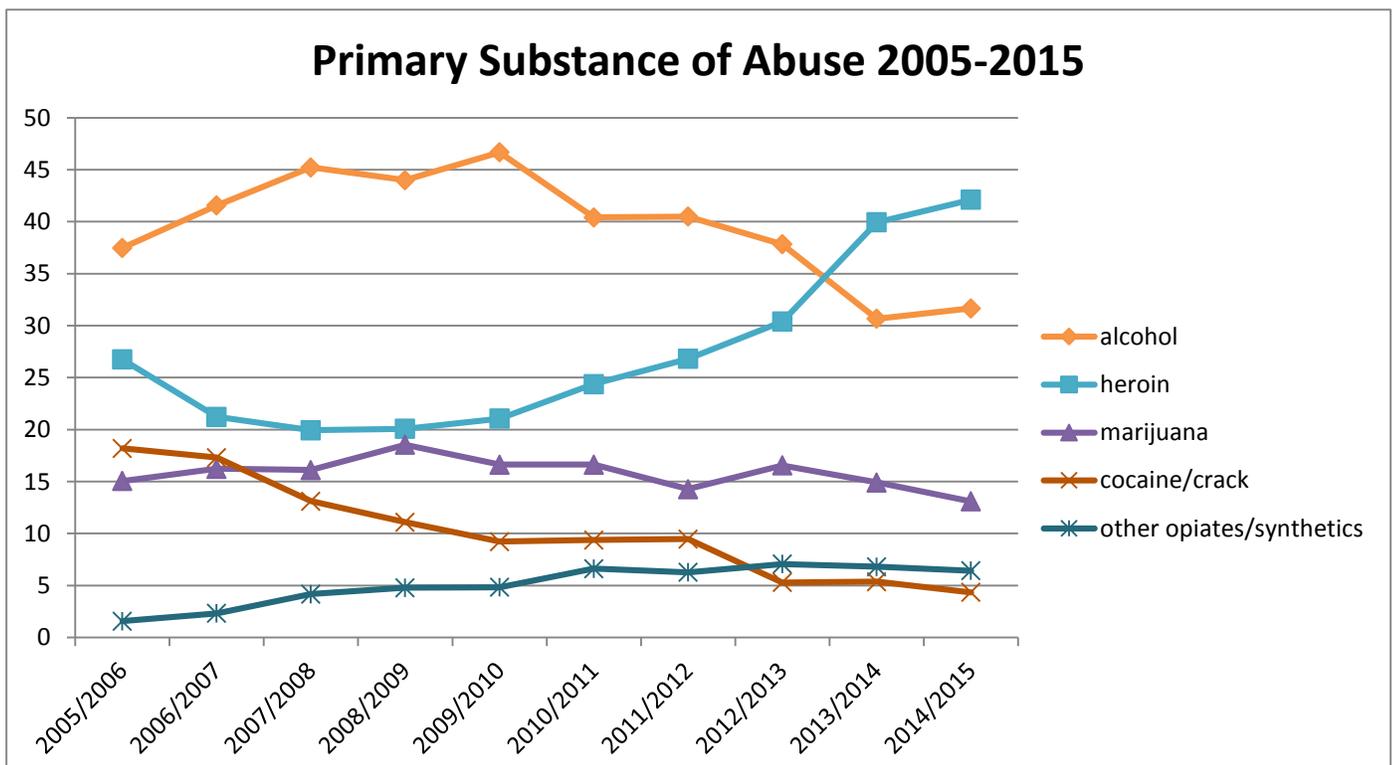
- The Lancaster SCA staff meets with the provider network three times each year. Barriers that impede client treatment are discussed and solutions are suggested during these meetings. The greatest barrier is the lack of adequate funding for SCA clients. The D&A field's public allocations rarely keep up with inflation. The field has less spending power each year, both in Lancaster and across the state. More recently, additional funding for treatment has been available through Medicaid expansion.
- Transportation for clients in outpatient treatment and partial hospitalization programs is a barrier. The Lancaster SCA has programs throughout the county, but obviously not in walking distance for every citizen. Public transportation is limited in the rural areas of the county and does not exist in some communities. MA pays for public transportation, but has its limits too. All residential programs provide transportation, which is a contract requirement with the Lancaster SCA.
- Many insurance companies still try to deny treatment, but the Lancaster SCA has provided training in Act 106 and mandates that the providers use this tool in order to access insurance funding. But roadblocks and barriers placed by the insurance companies and managed care organizations still cost the providers time, money and frustration.
- Paperwork requirements continue to be a barrier for clients and providers. Facilities that provide both mental health and substance abuse treatment report that the mandatory paperwork requirements for the D&A client are at least ten times greater than what the mental health field must submit. In Lancaster, one program that provides treatment for behavioral health dropped the D&A license and kept the mental health services, because of the disparity in requirements.
- Mandated education and training requirements for D&A counselors are keeping some very experienced clinicians from working in the field. The Lancaster SCA is attempting to help with this barrier by paying the fee-for-service

clinics when the counselor is attending continuing education. This is a small stipend of \$30 per hour, for a maximum of 25 hours per year for each counselor.

- Finding culturally diverse staff is a barrier, even for the two local Latino treatment programs. Culturally diverse, experienced, bilingual personnel are hard to find. Recruitment has occurred in places like Puerto Rico, but the need is still present.
- The need in finding qualified nursing staff and psychiatrists is also a barrier. The detox units and co-occurring programs report difficulty in filling positions. Salaries have been increased, but the need is still great.
- Cost shifting from other human service systems is a barrier that must be addressed. As funding cuts occur in other systems, more and more clients are referred into the D&A provider network, and the costs of treatment that was previously born by other systems.

III. Trends

- Heroin use is on the rise, and many more clients are dying from overdoses due to the purity of the drug and other substances, such as fentanyl, being added to the heroin.
- 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.
- The following chart shows trends in Lancaster SCA clients' primary substance of abuse over the past ten years. The percentage of cocaine/crack users has decreased, while heroin use continues to rise, following a five year decline.



IV. 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:

- January- Addictions 101
- February- Confidentiality
- March- Case Management Overview
- April- Online Gambling Addiction
- May- Ethics
- June- Confidentiality
- September- PCPC
- November- Basic HIV
- December- Ethics

In addition, an annual conference is offered free of charge for prevention providers. 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 2,628 clients between July 1, 2014 and June 30, 2015, with 2,190 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:

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

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

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

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

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

Fiscal Information

Net Expenditures by Service Category

July 1, 2014 – June 30, 2015

Service Category	Net Expenses	Clients	Units
Inpatient Non-hospital Detoxification (82A)	\$413,724	428	1,990
Inpatient Non-hospital Rehabilitation (82B)	\$764,221	327	3,736
Inpatient Non-hospital Halfway House (82C)	\$121,078	15	226
Inpatient Hospital Detoxification (83A)	\$2,478	1	5
Partial Hospitalization (85)	\$42,274	39	1,688
Outpatient Drug Free (86A1)	\$403,145	964	10,370
Outpatient Maintenance (86A2)	\$39,071	34	4,008
Intensive Outpatient (86B)	\$87,917	155	3,404
Case Management (88A)	\$190,711	NA	NA
Case Management Evaluation (88A1)	\$133,351	1,155	2,342
Recovery Support Services (88C)	\$199,193	NA	NA
Case Management Other Approved (88D)	\$28,050	NA	NA
Totals	\$2,425,212	1,963	27,768

Note: This chart contains an unduplicated client count by service category.

Fiscal Information

Schedule of Applied Expenses by Funding Source

July 1, 2014 – June 30, 2015

Activity	State Base	Federal	Gambling	DDAP	BHSI, IGT, Act 152	Health Choices	HSDf	County Match	Other Funds*	Total
Administration	\$148,139	0	\$11,674	\$159,814	\$191,034	\$84,956	0	\$30,000	0	\$465,804
Prevention:										
Information	\$66,076	\$61,824	\$35,850	\$163,749	\$39,480	0	0	\$4,401	\$11,620	\$219,251
Education	\$45,481	\$176,753	\$88,269	\$310,503	\$149,815	0	\$40,533	\$9,714	\$12,889	\$523,453
Alt. Activities	\$5,369	\$60,037	\$71,250	\$136,656	\$203,161	0	\$43,467	\$4,723	\$33,062	\$421,069
Problem ID	\$173,333	\$26,673	\$6,152	\$206,158	\$31,289	0	0	\$12,043	0	\$249,490
Comm. Based	\$3,094	\$8,232	\$12,958	\$24,285	\$455	0	0	\$694	\$75,913	\$101,347
Environmental	0	\$1,974	0	\$1,974	0	0	0	0	\$6,712	\$8,686
Other Prev	0	0	0	0	0	0	0	0	0	0
Intervention:										
Other Intervention	\$8,800	\$39,304	0	\$48,104	0	0	0	\$1,200	0	\$49,304
Inpatient Non-Hosp:										
Detox	\$53,189	\$121,588	\$28,602	\$203,379	\$210,345	0	0	0	0	\$413,724
Rehab	\$152,812	\$222,055	\$72,034	\$446,901	\$317,320	0	0	0	0	\$764,221
Halfway House	\$5,301	\$6,789	0	\$12,090	\$8,988	0	0	0	\$100,000	\$121,078
Inpatient Hospital:										
Detox	0	0	0	0	\$2,478	0	0	0	0	\$2,478
Rehab	0	0	0	0	0	0	0	0	0	0
Partial hosp	\$15,910	\$25,908	0	\$41,818	\$456	0	0	0	0	\$42,274
Outpatient:										
Drug Free	\$29,884	\$325,619	0	\$355,503	\$46,438	0	0	\$1,204	0	\$403,145
Maintenance	\$2,585	\$29,510	0	\$32,095	\$6,976	0	0	0	0	\$39,071
Intensive	\$4,646	\$65,907	0	\$70,553	\$17,364	0	0	0	0	\$87,917
Case Management	\$132,523	0	0	\$132,523	\$54,933	\$3,255	0	0	0	\$190,711
CM Eval.	\$2,350	\$97,292	\$1,081	\$100,723	\$32,628	0	0	0	0	\$133,351
Recovery Support	0	0	0	0	\$102,005	0	0	0	\$97,188	\$199,193
CM Other	\$28,050	0	0	\$28,050	0	0	0	0	0	\$28,050
Totals:	\$877,542	\$1,269,465	\$327,871	\$2,474,878	\$1,415,164	\$88,211	\$84,000	\$63,979	\$337,384	\$4,463,616

* Other includes interest, refunds, DUI funds, and Maximum Participation Project (MPP).