



Annual Report

FY 2018-2019

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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, 2018, and ended on June 30, 2019. 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.

The overdose deaths decreased from 168 Lancaster County citizens lost in 2017, to 108 in 2018. The decrease was 37%, which is twice the decrease in rate from the state average. 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.

Other drugs are increasing in use, such as methamphetamines, cocaine, and alcohol. Although opioid addiction remains a priority, these other drugs are causing havoc in our communities.

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 person's ongoing recovery from addiction. Recovery houses will be licensed by the state soon, and medication assisted treatment (MAT) will be the norm in most D&A facilities.

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.

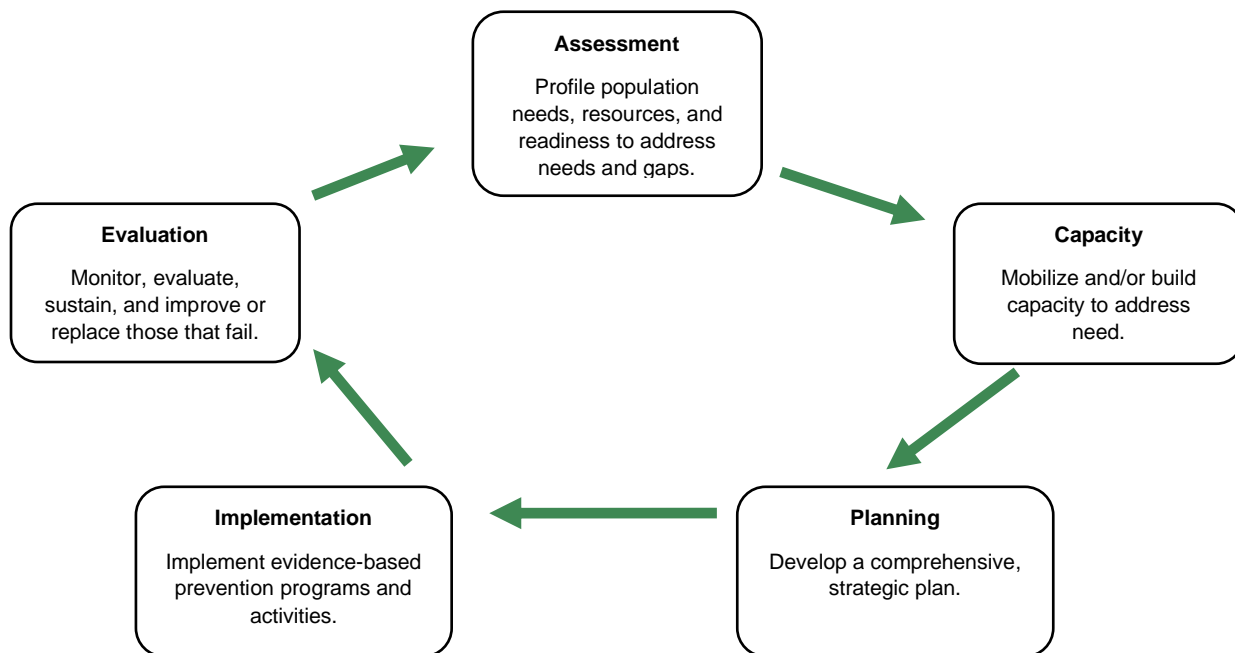
The Lancaster SCA administrative unit consists of an Executive Director, part-time Administrative Assistant, part-time Accountant, Fiscal Technician, and two support staff. The unit develops the annual plan and annual report, develops and monitors the contracts, collects outcome data, creates new services, 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 two employees. 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 14 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.

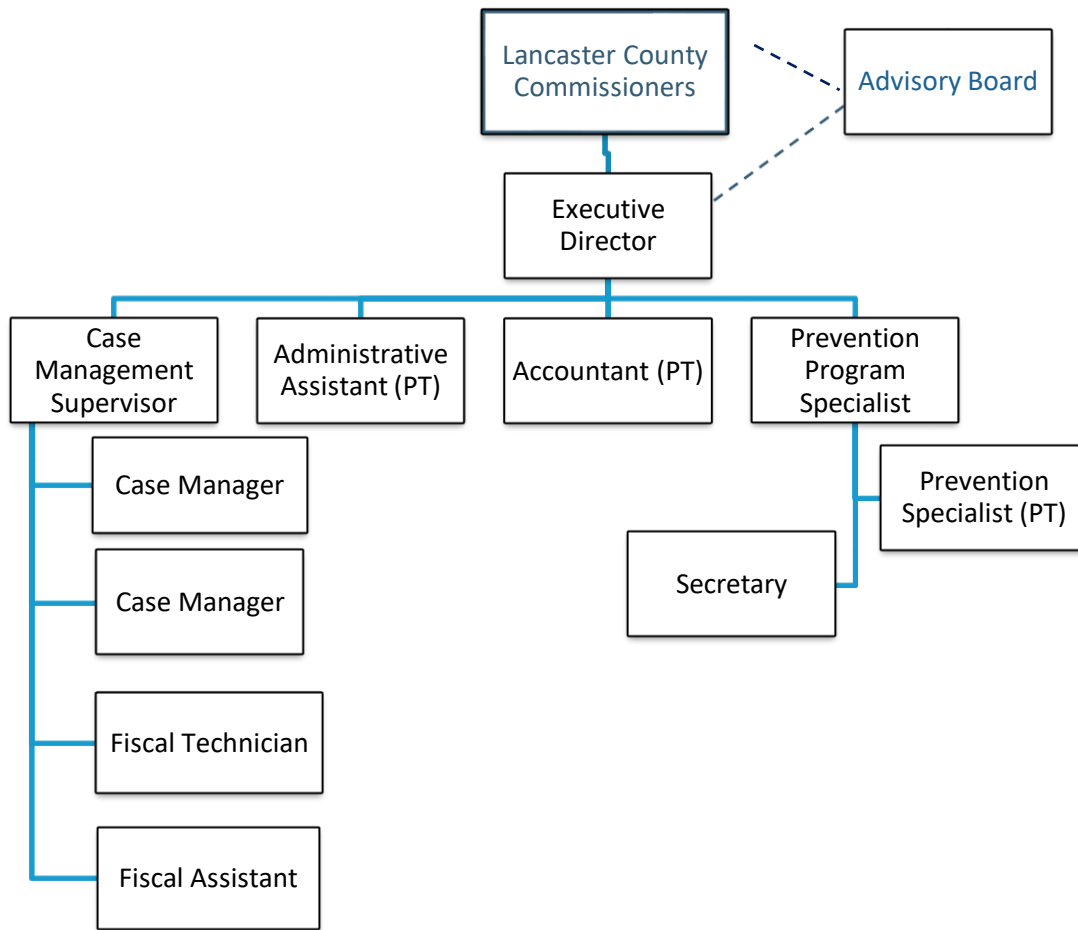
If a client is in the Lancaster County prison, and is not involved with the prison's pre-parole unit or the prison's Door to Door Project, he/she must first complete all legal obligations (in other words, serve out their sentence). Upon release, the client may make an appointment at an outpatient clinic 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 for County D&A funds/services to be available.

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 2018--2019:

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 \$240 million project, in partnership with four other counties. Lancaster County drug and alcohol clients received over 19 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 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.
- Provided funding to Gatehouse to establish two new recovery houses in Lancaster.

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 complete a comprehensive, data-driven countywide needs assessment and resource assessment process.
- 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 1,180 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

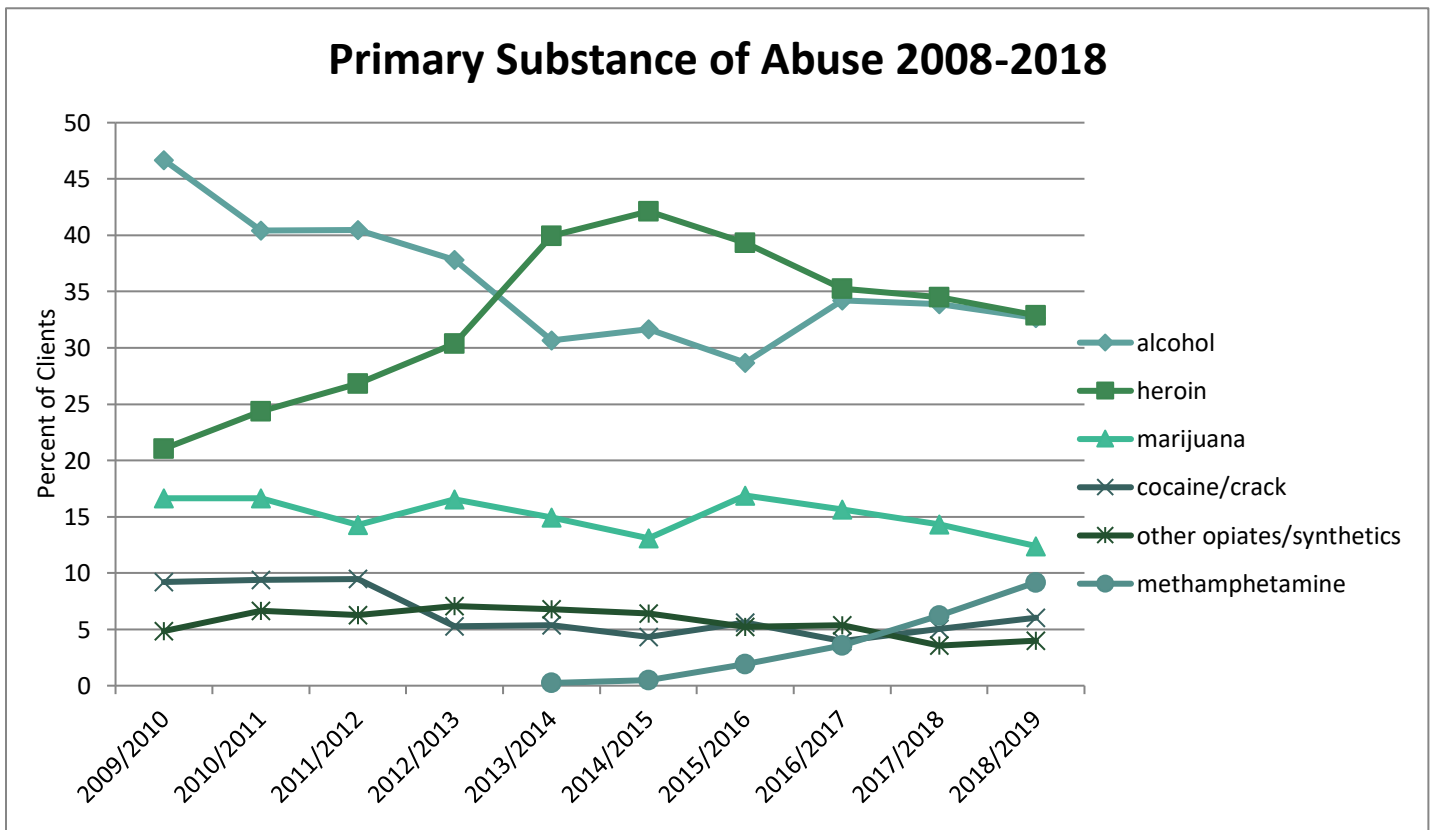
- Collaborated with local officials and providers to create trauma-informed care community.
- Funded Narcan kits for low income community members and participated in public Narcan trainings.
- Collaborated with BHDS, CYS, Probation and Parole, and IU-13 to create the Youth Systems Review.
- Participated 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 CMs 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.
- Participates on SAP District Council.
- Participates on the ReNew Steering Committee.
- Approved/monitored pre-parole prison clients.
- Monitored suboxone and methadone clients.
- Helped service providers learn the PA WITS system.

Recovery Support

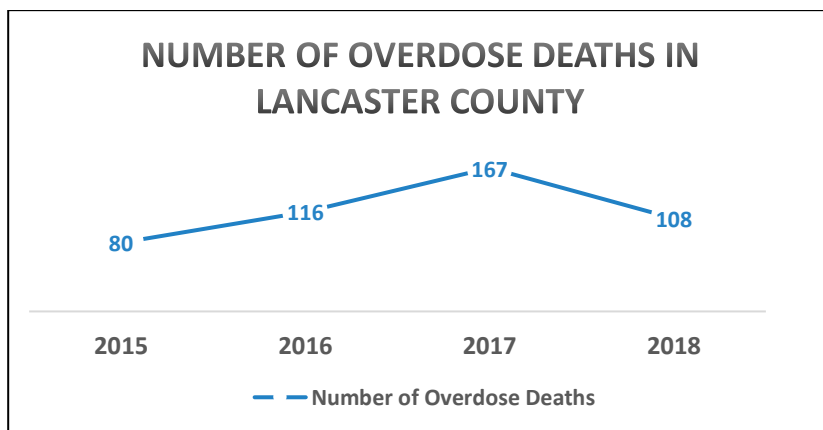
- Continued to work with RASE Project in the warm hand-off program, bridging the gap for overdose survivors from emergency care to addictions treatment.
- Worked with RASE and the Pre-parole Unit at the Lancaster County Prison, to have specific clients identified to go “door to door” from prison to D&A 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 houses in Lancaster County.
- The following chart shows trends in Lancaster SCA clients' primary substance of abuse over the past ten years. Following a five-year increase, heroin use has begun to decline. It is tied with alcohol for number one primary substance of abuse. Overdose deaths have also leveled off and begun to decline, after a five-year pattern of increase. Toxicology reports usually show the presence of multiple substances, with fentanyl and heroin as the most often identified substances in decedents. Methamphetamine has continued to rise.



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



Data source: Lancaster County Coroner's Office

III. Client Demographics

Lancaster County SCA admitted a total of 2,234 clients between July 1, 2018 and June 30, 2019, with 1,725 being discharged by the period end. The following charts detailing age, race, sex, primary substance of abuse, referral source, legal status, and special population reflect the demographics of these clients:

Race	Number of Clients	Percent
White	1,610	72.07
Black	160	7.16
Asian/ Pacific Islander	16	≤1
Alaskan Native	0	0
Native American	2	≤1
Other	30	1.34
Unknown	242	10.83

Primary Substance of Abuse	Number of Clients	Percent
Alcohol	729	32.63
Cocaine/Crack	135	6.04
Marijuana/Hashish	277	12.4
Heroin	735	32.9
Other Opiate/Synthetics	89	3.98
Methamphetamine	205	9.18

Sex	Number of Clients	Percent
Male	1,696	75.92
Female	538	24.08

Age Range	Number of Clients	Percent
18 and under	21	≤1
19 to 24 years	295	13.21
25 to 39 years	1,211	54.21
40 to 64 years	660	29.54
65 and above	47	2.1

Special Population	Number of Clients	Percent
Pregnant women	3	≤1
Women with Dependent Children	187	7.02

Referral Source	Number of Clients	Percent
Self	712	31.87
D&A Provider	353	15.8
Court/Criminal Justice	858	38.41
Family/Friend	84	3.76
Hospital/Physician	38	1.7
Community Service Provider	23	1.03
Other Voluntary	89	3.98
Other Involuntary	65	2.92
Employer/EAP	4	≤1
School/SAP	7	≤1
Clergy/Faith leader	1	≤1

Legal Status	Number of Clients	Percent
No Involvement	608	27.22
County Probation/Parole	886	39.66
Prison	264	11.82
DUI/DWI	72	3.22
Drug or Other Treatment Court	16	≤1
Other or Unknown	388	17.36

Fiscal Information

Net Expenditures by Service Category

July 1, 2018 – June 30, 2019

Service Category	Net Expenses	Clients	Units
Inpatient Non-hospital Detoxification (823A)	\$455,215	375	1,769
Inpatient Non-hospital Short-term Rehabilitation (823B)	\$1,178,204	380	5,329
Inpatient Non-hospital Long-term Rehabilitation (823C)	\$141,871	13	507
Inpatient Hospital Detox (834A)	0	0	0
Partial Hospitalization (852A)	\$13,153	11	254
Halfway House (852B)	\$12,074	8	102
Outpatient (861A)	\$289,398	645	11,392
Intensive Outpatient (861B)	\$63,431	134	2,524
Physician and Pharmacy (8900)	\$105,705	1	NA
Case Management (9100)	\$199,781	NA	NA
Case Management Evaluation (9101)	\$137,835	1,077	2,269
Recovery Support Services (930R))	\$680,456	NA	NA
Totals	\$3,277,123	2,644	24,146

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, 2018 – June 30, 2019

Activity	State Base	Federal	Gambling	DDAP	BHSI, Act 152	Health Choices	HSDF	County Match	Centers of Excellence	Other Funds*	Total
Administration 5100	\$261,641	0	\$12,460	\$274,101	\$2,755	\$90,807	0	\$131,620	0	\$100	\$557,823
Information 6100	\$141,042	\$100,287	\$42,308	\$284,637	\$14,394	\$36,870	0	\$26,011	0	0	\$299,092
Education 6200	0	\$123,312	\$73,487	\$196,799	\$195,877	\$24,830	\$43,588	\$708	0	0	\$354,288
Alt. Activities 6300	0	\$14,956	0	\$14,956	\$86,814	\$27,327	\$40,412	\$786	0	0	\$121,536
Problem ID 6400	\$101,585	\$72,451	\$22,626	\$196,662	\$55,305	\$5,918	0	0	0	0	\$266,917
Comm. Based 6500	\$30,586	\$72,232	\$64,281	\$167,098	\$7	\$3,698	0	\$110	0	0	\$182,364
Environmental 6600	\$1,254	\$5,323	0	\$6,577	0	0	0	0	0	0	\$3,207
Other Prev 6700	0	0	0	0	0	0	0	0	0	0	0
Detox (non-hosp) 823A	\$23,633	\$406,578	\$8,891	\$439,102	\$16,113	0	0	0	0	0	\$349,666
Rehab (short term) 823B	\$105,979	\$899,281	\$81,431	\$1,086,691	\$91,513	0	0	0	0	0	\$1,098,527
Rehab (long term) 823C	0	\$111,911	\$8,120	\$120,031	\$21,840	0	0	0	0	0	\$247,178
Detox 834A	0	0	0	0	0	0	0	0	0	0	\$2,629
Rehab 834B	0	0	0	0	0	0	0	0	0	0	0
Partial hosp. 852A	0	\$9,578	0	\$9,578	\$3,575	0	0	0	0	0	\$43,825
Halfway House 852B	0	\$10,358	0	\$10,358	\$1,716	0	0	0	0	0	\$309,088
Outpatient 861A	\$46,420	\$210,063	0	\$256,483	\$31,300	0	0	0	0	\$1,615	\$440,960
Intensive Outpatient 861B	\$6,501	\$49,841	0	\$56,342	\$6,459	0	0	0	0	\$630	\$71,422
Physician/Pharmacy 8900	0	0	0	0	\$22,840	0	0	0	0	\$82,866	\$12,949
Case Management 9100	1,823	0	0	\$1,823	\$130,003	\$67,191	0	\$765	0	0	\$202,882
CM Evaluation 9101	\$23,969	\$104,312	\$3,275	\$131,556	\$6,248	0	0	0	0	\$31	\$139,348
Recovery Housing 920R	0	0	0	0	0	0	0	0	0	0	0
Recovery Support 930R	\$230,280	0	0	\$230,280	\$276,916	0	0	0	\$125,000	\$48,280	\$910,756
Totals:	\$974,712	\$2,190,483	\$317,879	\$3,483,074	\$963,674	\$256,641	\$84,000	\$160,000	\$125,000	\$133,422	\$5,614,457

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