



Annual Report

FY 2020-2021

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 funded by the Lancaster County Drug and Alcohol Commission, in the fiscal year July 1, 2020 to June 30, 2021. This report gives you the details on how my office utilized the tax dollars to fund education and prevention programs in the Lancaster community, along with the treatment services we purchase for low-income citizens who do not have Medicaid or private health insurance.

These services were provided through local and regional agencies and facilities, not through our small office of ten staff in Lancaster County government. We contract these services and programs out to the private and public sectors in our county and region.

It is sad to say that our overdose deaths in 2020 increased by 40%, which I believe is a result of the pandemic requiring social distancing, modifications in our programs, and a shutdown in many parts of our community. Social isolation is an enemy of a healthy recovery lifestyle. Lancaster lost 146 lives to overdose deaths in 2020.

With vaccines available and our community beginning to reopen, I believe these numbers will begin to drop in 2022. We are creating new services and programs with Medicaid reinvestment grants, and our treatment network is slowly getting back to face to face services. Medication assisted treatment is being offered in all of our treatment facilities, and recovery houses will soon be licensed by the state, which will help with early recovery housing needs.

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

All the best from the Lancaster County Drug and Alcohol Commission office. Please stay healthy.

Regards.....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 (LCDAC), 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 substance use disorder 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 each year and provides public input and advice to the LCDAC staff. 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 LCDAC Executive Director and case management staff meet with the contracted treatment service 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 LCDAC administrative unit consists of an Executive Director, Administrative Assistant, Fiscal Officer/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 provides funding to service providers to deter the onset of substance use 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 use disorders, 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 use 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 use.
6. Environmental - Establishes or changes written and unwritten community standards, codes, and attitudes which influence the incidence and prevalence of ATOD use.

Prevention/education programs are available in all 16 school districts in Lancaster County. A variety of school and community-based services, including parent/family education, are provided by a network of seven non-profit organizations.

LCDAC Case Management Services

The Case Management Unit of the Lancaster County Drug & Alcohol Commission (LCDAC) is comprised of three full-time staff (Case Management Supervisor and two Case Managers). The direct Substance Use Disorder (SUD) case management services are conducted through contracts with the community-based treatment service providers. The LCDAC Case Management unit monitors the case management services provided through the contracted treatment facilities, clinically verifies the level of care data for placement into residential programs, screens requests for treatment, identifies gaps in service, and helps incorporate new treatment and recovery support programs into the service network. The Case Management Unit also participates on Lancaster County's various treatment court teams: drug court, veterans court, and mental health court and oversees the Door-to-Door Placement Project which is coordinated by the RASE Project and assists citizens who are returning to the community from Lancaster County Prison in obtaining placements into SUD inpatient treatment programs. Moreover, they assist individuals, supporting agencies, and referral sources in navigating the network of SUD services available throughout Lancaster County.

Case management services such as liability determination, screening, and level of care assessments are subcontracted to and provided by the licensed outpatient treatment providers and withdrawal management units. All treatment services, which include withdrawal management, residential rehabilitation, halfway house, outpatient, Medication for Opioid Use Disorder (MOUD), intensive outpatient, and partial services are purchased at Department of Drug and Alcohol Program (DDAP) licensed treatment programs and PA licensed pharmacies.

LCDAC has also been purchasing recovery support services from The RASE Project for the past 14 years. This includes the development of a Recovery Oriented System of Care (ROSC) model. These are not licensed treatment services, but rather they assist professional services and family and consumer members by providing recovery support and a warm hand-off to treatment. RASE employs Recovery Support Specialists using HealthChoices and LCDAC funding, to assist individuals 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 substance use disorder evaluation, level of care assessment, and provides referrals into other modalities of treatment.

If the individual currently has Medical Assistance (MA), also known as Medicaid, or is eligible for MA, they should be referred to a Lancaster County-contracted outpatient facility. These same outpatient providers also accept MA to fund SUD treatment.

If the individual has medical insurance that will cover the entire treatment service, these procedures need not be followed. However, many insurance companies do not fund all services, e.g., very few companies reimburse

for SUD halfway house services. If this is the case, and the person may eventually seek LCDAC funds, then the above procedure must be followed. Simply put, if even one dollar of LCDAC funds are involved, the person must be referred to an LCDAC contracted outpatient provider or to a contracted withdrawal management unit.

With Health Management Organizations (HMO), the person must be referred through their own HMO physician for the HMO to reimburse the approved HMO treatment provider. LCDAC 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, LCDAC funding will **NOT** be available.

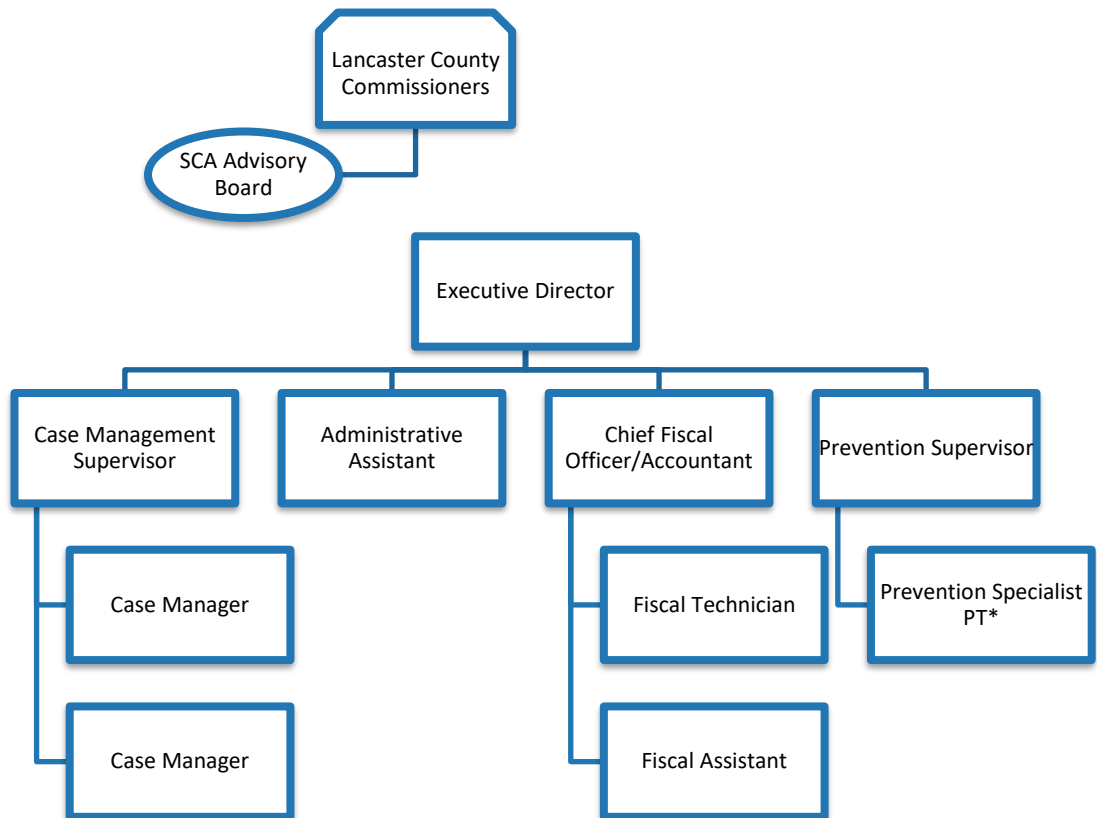
If an individual is in Lancaster County Prison and is not involved with the prison's pre-parole unit or the Door-to-Door Placement Project, they must first complete all legal obligations (in other words, serve out their sentence). Upon release, the person may make an appointment with an outpatient clinic for a level of care assessment and funding eligibility determination. If an individual is in a facility outside of Lancaster County (e.g., a state or county prison, a mental health unit, a withdrawal management unit, an SUD rehab program, etc.) and the facility is not contracted with the Lancaster County Drug and Alcohol Commission, the person must be referred to a contracted outpatient program in Lancaster County for LCDAC SUD 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 SUD funds/services to be available.

The in-house Case Management Unit reviews the level of care material that is gathered by the outpatient clinics and withdrawal management units and verifies the placement into a particular level of treatment. After this clinical review takes place at LCDAC, the fiscal unit of LCDAC 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. The person is placed into treatment and the provider is given a written authorization of service.

Individuals who have met the following qualifiers are eligible to receive Lancaster SCA funding:

- Low-income persons with no insurance coverage
- Person with who have exhausted their private insurance coverage. Factors are involved so that calculations must be made with each case to determine if LCDAC funding applies.
- Individual has insurance but insurance does not pay for a level of care. The insurance company must adhere to Act 106 minimum coverage for the person to be eligible for LCDAC funding.
- Person is an uninsured veteran or a veteran with only VA medical coverage. Veterans can choose to use the VA system for services if they qualify but, they can also choose to use LCDAC funded services if they prefer.
- 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 2020-21:

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 funding for FDA approved medication (Suboxone) as part of the treatment episode for individuals with an opioid use disorder (OUD).
- Successfully completed the Quality Assurance Assessment review by the Dept. of Drug and Alcohol Programs (DDAP).

- Established residential per diem rates with seven other SCA programs in the region.
- Provided oversight of the managed care system, HealthChoices, for Medical Assistance clients. This is a \$300 million project, in partnership with four other counties. Lancaster County residents with an SUD received over 19 million dollars of treatment, funded by HealthChoices, each year.
- Hosted five 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 Coalition for inmates 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.
- Initiated the first steps in transforming the LCDAC webpage to a useful, interactive tool for service providers and the general public.

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. Maintained contact with all providers during COVID-19 isolation period.
- Provided technical assistance to Providers on the PA WITS, the state's web-based data collection system.
- Worked with Providers to implement a comprehensive, data-driven countywide prevention plan, informed by the needs assessment and resource assessment process.
- Provided cross training to family and children's service agencies on Fetal Alcohol Spectrum Disorder and Neonatal Abstinence Syndrome.
- Provided additional funding to COBYS to support the Kinship Navigators Program, a program that helps grandparents who are temporarily or permanently raising their grandchildren due to a parent's addiction.
- Continued to contract with GOAL, a non-profit agency, to provide educational seminars and workshops to clergy and laypersons on addiction and the family.
- Coordinated SAP Services and purchased 766 SAP student assessments in local elementary, middle and high schools, using Master's level clinicians.
- Participated in SAP District Council meetings and SAP management team meetings.
- Provided additional funding to Elizabethtown Area Communities that Care for them to increase school-based prevention services to the Elizabethtown Area School District.
- Assisted Compass Mark in planning and expanding the Positive Change Conference, collaborating with Millersville University to include social work students.
- Assisted Compass Mark in providing mini-grants to local community coalitions so that they could provide prevention services specifically aimed at addressing needs in their community.
- Continued to fund and expand Compass Mark's Prevention Community Mobilizer.
- 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 monthly peer sharing conference calls.
- Active membership with Commonwealth Prevention Alliance.

Treatment/Case Management

- The CM unit worked cooperatively with Lancaster County Prison (LCP), the Court, Probation, and the rehabs during the COVID-19 crisis to continue safely transitioning inmates from LCP to rehab.
- Assisted LCP in obtaining tablets to complete telehealth assessments and RASE Door-to-Door interviews.
- Participated in Lancaster County Adult Probation and Parole Service's (APPS) Sequential Intercept Model (SIM) workshop on mapping community resources.
- Attended Stop/Start meetings on domestic violence and sexual assault.
- Collected Government Performance and Results Act (GPRA) surveys for all individuals who were eligible for State Opioid Response (SOR) funding.
- Completed the annual monitoring of the treatment providers during the COVID-19 crisis.
- Continued the process, along with the rest of the substance use disorder (SUD) field, of adapting to the transition to the American Society of Addiction Medicine (ASAM) standards.
- 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.
- 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 SUD service providers to facilitate the expedient processing of medical assistance (MA) applications for individuals with SUD.
- Worked with Lancaster County 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 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 substance use disorder and homelessness within our community.
- Supported Lancaster County Behavioral Health and Development Service's' (BHDS) CASSP (Child and Adolescent Service System Program) clinic to help identify issues and provide services to adolescents in crisis.
- Participated on the Lancaster County Re-entry Coalition (LCRC) Steering Committee and Recovery Impact Group.
- Participated on the Lancaster County Court of Common Pleas Adult Drug Court, Veterans Court, and Mental Health Court teams.

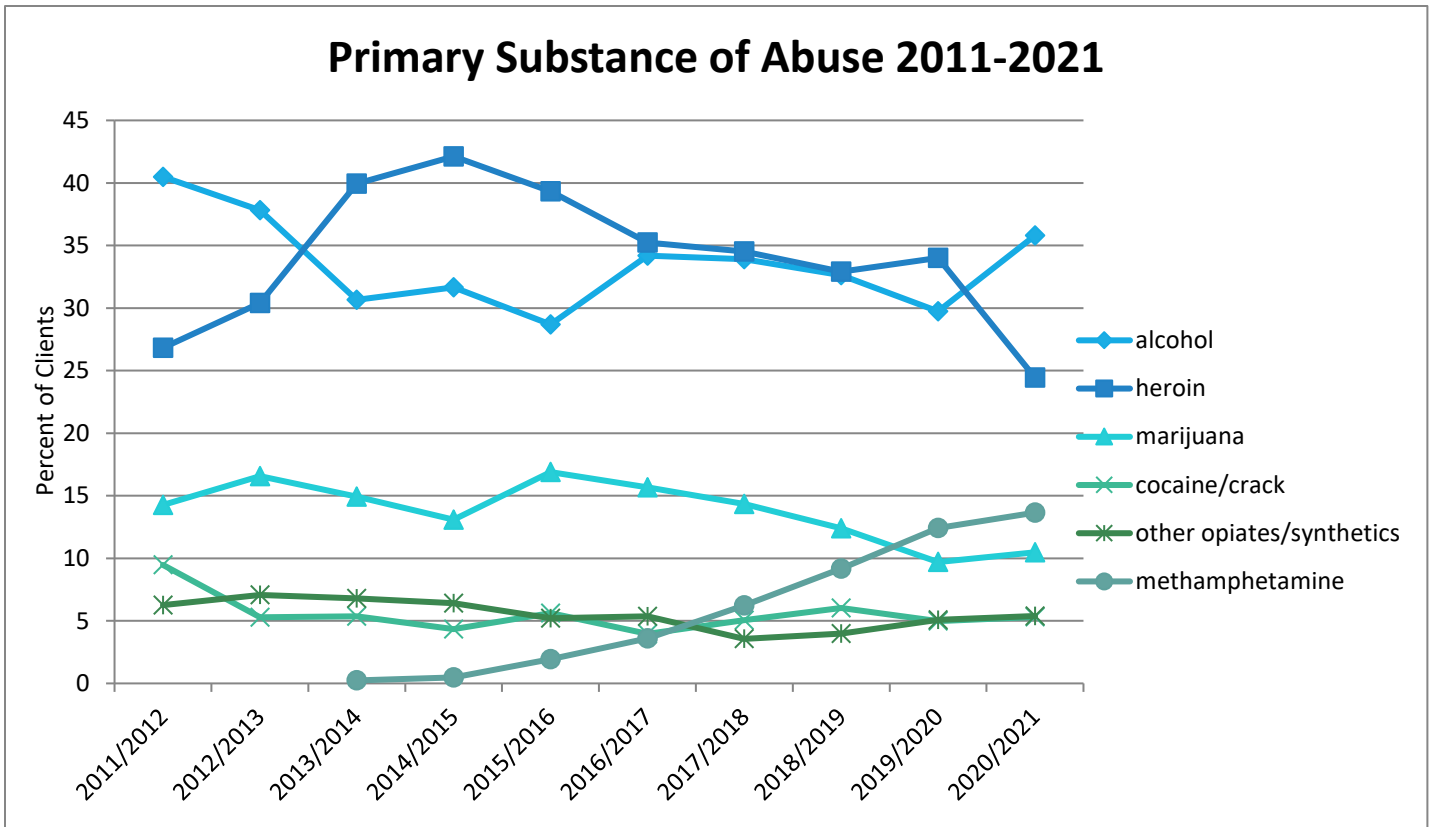
- Worked with CABHC, helping individuals obtain financial assistance to enter a recovery house.
- Networked with CMs from other counties, to share ideas on how to better serve persons with a substance use disorder in our community.
- Participated in PerformCare’s Reduce Recidivism and Readmission Project Workgroup.
- Participated in the Binn’s Park Congregant meetings.
- Attended Veterans Court weekly.
- Conducted seven Outpatient Provider meetings.
- Participated on the ReNew Steering Committee.
- Monitored Individuals who were prescribed suboxone and methadone funded by LCDAC.
- Continued to provide technical assistance to providers on the PA WITS system.

Recovery Support Services

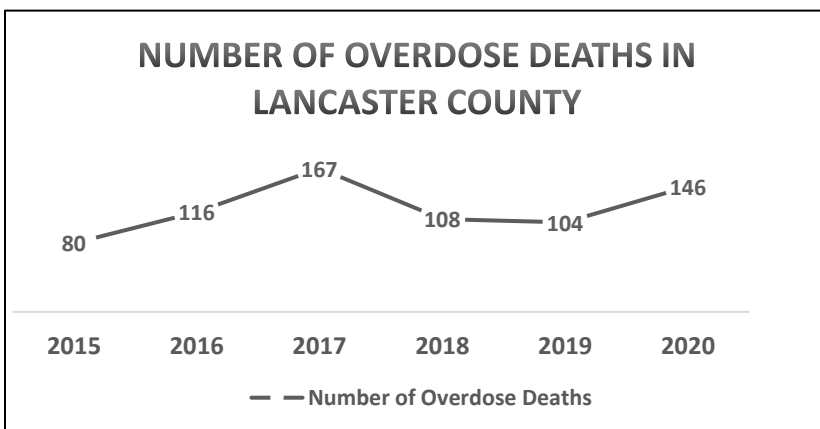
- Continued to work with RASE Project in the warm hand-off of overdose survivors’ program, bridging the gap for overdose survivors from emergency care to SUD treatment.
- Worked with RASE and the Pre-parole Unit at the Lancaster County Prison, to have specific inmates identified to go “door to door” from prison to SUD treatment. Used HealthChoices funding to create a prison door-to-door project.
- Participated in a scholarship program for recovery houses in the region.
- Worked with Lancaster County Prison and RASE to create a Vivitrol Program in the prison.
- Funded and supported the Donegal Substance Abuse Alliance in Mount Joy.
- Funded and supported the 521 Club.
- Funded the Second Chance Police Diversion Program.

II. SUD Trends

- There has continued to be an increase in the use of non-traditional 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 the primary substance use trends among individuals with SUD funded by the LCDAC over the past ten years. The social isolation that took place due to the covid-19 pandemic seems to have contributed to substance availability and use. Overdose deaths rose, following a decline during the previous year.



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



Data source: Lancaster County Coroner's Office

III. Demographics

Lancaster County SCA funded a total of 1,260 individuals between July 1, 2020 and June 30, 2021, with 981 being discharged by the period end. It should be noted that this is about 60% of the usual number served. Admissions were greatly reduced during the past fiscal year due to the Covid-19 pandemic. During this time, the LCDAC has allowed treatment services to continue. The following charts detailing age, race, sex, primary substance of abuse, referral source, education, and special population reflect the demographics of these individuals:

Race	Total number	Percent
White	871	69.13
Black	109	8.65
Asian/ Pacific Islander	4	≤1
Alaskan Native	3	≤1
Native American	3	≤1
Other	21	1.67
Unknown	95	7.54

Primary Substance of Abuse	Total number	Percent
Alcohol	451	35.79
Cocaine/Crack	67	5.32
Marijuana/Hashish	132	10.48
Heroin	308	24.44
Other Opiate/Synthetics	68	5.4
Methamphetamine	172	13.65

Sex	Total number	Percent
Male	949	75.32
Female	311	24.68

Age Range	Total number	Percent
18 and under	3	≤1
19 to 24 years	147	11.67
25 to 39 years	650	51.59
40 to 64 years	414	32.86
65 and above	46	3.64

Special Population	Total number	Percent
Pregnant women	2	≤1
Women with Dependent Children	92	7.3

Referral Source	Total number	Percent
Self	296	23.49
D&A Provider	125	9.92
Court/Criminal Justice	645	51.19
Family/Friend	14	1.11
Hospital/Physician	20	1.59
Community Service Provider	55	4.37
Other Voluntary	91	7.22
Other Involuntary	3	≤1
Employer/EAP	1	≤1
School/SAP	6	≤1
Clergy/Faith leader	4	≤1

Education	Total number	Percent
Under 12 Years	313	24.84
High school diploma	546	43.33
GED	146	11.59
Some college	134	10.63
Associates degree	45	3.57
Bachelors degree	61	4.84
Graduate degree	15	1.2

Fiscal Information

Net Expenditures by Service Category

July 1, 2020 – June 30, 2021

Service Category	Net Expenses	Units
Inpatient Non-hospital Detoxification (823A)	\$211,104	715
Inpatient Non-hospital Short-term Rehabilitation (823B)	\$582,041	2,127
Inpatient Non-hospital Long-term Rehabilitation (823C)	\$13,660	17
Inpatient Hospital Detox (834A)	\$2,947	5
Inpatient Hospital Rehab (834B)	\$2,947	5
Partial Hospitalization (852A)	\$45,892	2,303
Halfway House (852B)	\$2,389	16
Outpatient (861A)	\$226,682	10,029
Intensive Outpatient (861B)	\$53,076	1,838
Physician and Pharmacy (8900)	\$287,721	NA
Case Management (9100)	\$411,708	NA
Case Management Evaluation (9101)	\$128,763	1,694
Recovery Support Services (930R)	\$ 2,981	NA
Totals	\$1,971,911	18,749

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

Fiscal Information

Schedule of Applied Expenses by Funding Source

July 1, 2020 – June 30, 2021

Activity	State Base	Federal	Gambling	DDAP	BHSI, Act 152	Health Choices	HSDF	County Match	Other Funds*	Total
Administration 5100	\$342,434	0	0	\$342,434	\$62,825	\$69,895	0	\$128,713	\$6,797	\$608,664
Special Projects	0	\$75,000	0	\$75,000	0	0	0	0	0	\$75,000
Information 6100	\$58,245	\$47,261	\$115,751	\$221,258	\$238,174	0	0	\$26,847	0	\$486,279
Education 6200	\$115,162	\$153,527	\$35,375	\$304,064	\$53,654	0	\$45,693	0	0	\$403,410
Alt. Activities 6300	\$13,991	\$90,548	0	\$104,539	\$9,621	0	\$38,307	0	0	\$152,467
Problem ID 6400	\$132,218	\$47,364	\$10,354	\$189,937	\$9,385	0	0	0	0	\$199,321
Comm. Based 6500	\$59,962	\$87,367	\$13,057	\$160,386	\$12,849	0	0	\$6,399	0	\$179,634
Environmental 6600	\$5,396	\$3,300	0	\$8,696	\$10,208	0	0	0	0	\$18,904
Other Prev 6700	0	0	0	0	0	0	0	0	0	0
Detox (non-hosp) 823A	\$20,646	\$172,105	\$18,353	\$211,104	0	0	0	0	0	\$211,104
Rehab (short term) 823B	\$48,985	\$401,754	\$97,856	\$548,596	\$33,445	0	0	0	0	\$582,041
Rehab (long term) 823C	0	\$4,012	0	\$4,012	\$9,648	0	0	0	0	\$13,660
Detox 834A	0	0	0	0	\$2,947	0	0	0	0	\$2,947
Rehab 834B	0	0	0	0	0	0	0	0	0	0
Partial hosp. 852A	0	\$43,992	0	\$43,992	\$1,900	0	0	0	0	\$45,892
Halfway House 852B	0	0	0	0	\$2,389	0	0	0	0	\$2,389
Outpatient 861A	\$64,685	\$162,177	0	\$226,862	0	0	0	0	0	\$226,862
Intensive Outpatient 861B	\$17,956	\$35,120	0	\$53,076	0	0	0	0	0	\$53,076
Physician/Pharmacy 8900	0	0	0	0	\$26,504	0	0	0	\$261,216	\$287,721
Case Management 9100	\$2,447	\$273,336	0	\$275,783	\$151,928	\$102,306	0	0	0	\$530,057
CM Evaluation 9101	\$11,932	\$116,659	\$20	\$128,611	\$152	0	0	0	0	\$128,763
Recovery Housing 920R	0	\$22,168	0	\$22,168	0	0	0	0	0	\$22,168
Other Recovery Support (930D)	0	\$49,938	0	\$49,938	0	0	0	0	0	\$49,938
Recovery Support 930R	0	\$541,004	0	\$541,004	\$395,674	0	0	0	0	\$936,677
Totals:	\$894,059	\$2,326,631	\$290,766	\$3,511,456	\$1,021,302	\$172,201	\$84,000	\$160,000	\$268,014	\$5,216,973

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