

## **Substance Use Disorder Services, FY 2022-23**

The Lancaster County Drug and Alcohol Commission, known by its state name as Single County Authority (SCA), is a Public Executive Commission model, an independent department within Lancaster County government. The D&A Commission employs eleven staff, including administration, prevention, fiscal, and a small case management unit. Most services are contracted to outside agencies, such as treatment, prevention, education, Student Assistance Program, various case management services, recovery support services, etc.

The Lancaster D&A Commission provides funding for substance use disorder treatment for low income and uninsured clients that are not eligible for Medicaid, along with community-based prevention, education, and intervention services for all citizens in Lancaster.

The D&A Commission also provides management and oversight in the delivery of mental health and substance use disorder (SUD) treatment services for Medicaid recipients, also known as Medical Assistance (MA) covered consumers, in the HealthChoices managed care project. The Executive Director of the D&A Commission is a member of the HealthChoices Board of Directors, managing the Medicaid HealthChoices project in a five-county collaborative called the Cap Five, also known as CABHC.

The HealthChoices project enrolls more than 110,000 Lancaster County Medicaid covered citizens, and a total of 285,000 Medicaid consumers in the five-county Cap Five collaborative. The provider network for the HealthChoices project is the same provider network for the Lancaster SCA, which allows for coordination of client services between SCA and HealthChoices funded treatment and treatment related services. In Lancaster, the SCA purchases approximately two million dollars of substance use disorder treatment each year, and the HealthChoices project provides more than nineteen million dollars of substance use disorder treatment.

The Lancaster County SCA treatment needs assessment and annual plan are created for both the HealthChoices project and for the Lancaster SCA. Committees, which include consumers and family members, assist in the collection of information and provide input into the development of the plan. Committees include Consumer and Family, Provider Network, Clinical, and Fiscal.

Along with these committees, the SCA meets six times each year with a citizen advisory board. These members are appointed by the Lancaster County Commissioners and serve a six-year term. This eleven-member citizen board assists the SCA in prioritizing the services and “steering the ship.” Some of the advisory board members are people in recovery.

The D&A Commission also meets three times each year with the contracted treatment providers. Many of the members of the provider network are also in recovery, thereby providing additional consumer feedback. And new this year, the Lancaster SCA is meeting four times each year with the local outpatient clinics, in an effort to coordinate and organize these doors of entry into Lancaster treatment.

The SCA Executive Director is a member of 25 local and statewide committees and boards, during which he gathers input and shares information regarding the needs of Lancaster County. This includes CJAB, the Reentry Management Organization/RMO, CASSP, PACDAA, SAP Management, Joining Forces, etc.

## 1. Waiting List:

The Lancaster SCA does not keep a “waiting list”, since individuals with a substance use disorder struggle with waiting for days or weeks for a placement into withdrawal management or residential rehab very often. The SCA has two 24/7 withdrawal management services (formerly known as “detox”) call centers for the public to utilize, and beds can be found in this region. Detox beds in the region have increased in the past several years, and the region might now be considered “over bedded” with detox and residential rehab placements. The client or advocate calls the withdrawal management service provider directly, and if a placement cannot be secured within that facility, a search for placement at another withdrawal management facility ensues. But this rarely occurs. The DDAP statewide 24/7 Help Line also places callers directly into Lancaster D&A treatment.

The Lancaster D&A Commission expanded the network of withdrawal management and rehab contracts. It contracted with a withdrawal management service provider and rehab facility in York, and the withdrawal management beds in Dauphin County expanded. There is also a withdrawal management and rehab facility in Berks County that is under contract, called Adult/Teen Challenge, which is providing quick and easy access into withdrawal management and residential rehab. This facility is a second 24/7 detox call center for Lancaster County, along with the existing call center at White Deer Run. There is still active discussion of opening a new detox unit in Lancaster County, for both men and women, in the next three years. Several attempts of creating another detox unit in Lancaster have not gone beyond the planning stage. The current Lancaster based detox unit operated by White Deer Run has a waiver from DDAP, which allows flexibility between the number of rehab beds and the number of detox beds. This allows the detox beds at WDR to increase, depending on the demand for services.

Lancaster is the sixth largest county in the state, with a population of over 553,000 citizens. The SCA annual budget is approximately four and a half million dollars. This allocation has never been adequate to meet the demands for SCA treatment, treatment related, or prevention services. Although Medicaid expansion took the pressure off of the SCA treatment budget, there is still a need for additional treatment, prevention, treatment related, and education funding. Especially prevention and education funding, since Medicaid and private health insurance does not pay for prevention, intervention, or education services.

Using the basic prevalence rate of 8.3% of the county population age 12 and above, there are an estimated 34,000 residents within Lancaster County who have substance use disorder. When the special population data is included, the estimated number of individuals with a substance abuse disorder in the county exceed 45,000. Since only several thousand clients are served in treatment by the SCA and Medicaid HealthChoices funding streams, and private health insurance has limited SUD treatment, there is a large unmet need in Lancaster.

**Withdrawal Management:** Placement availability has increased, and it is rare to have difficulty finding a withdrawal management bed. HealthChoices reinvestment dollars have assisted in expanding the withdrawal management and rehab beds in this region. Adult/Teen Challenge is doing a wonderful job in their withdrawal management and rehab facilities. A withdrawal management program in York County also opened.

**Rehab Services:** No waiting lists are occurring. Many beds are available in this region.

**MAT:** With one large methadone clinic with sufficient capacity, and a second smaller methadone clinic in Ephrata, two Centers of Excellence/COE programs, and doctors dispensing Buprenorphine (also known by its trademark Suboxone) and Vivitrol, there is no waiting list for medication assisted treatment. There is a Vivitrol program in Lancaster County Prison, coordinated by the Lancaster SCA.

**Halfway House:** A male halfway house was created with HealthChoices reinvestment dollars, operated by GateHouse. The GateHouse agency now owns and operates three halfway houses in Lancaster. And a Latino halfway house was opened seven years ago in Lancaster.

**Partial:** No waiting list occurs. Most clients are assessed as needing the intensive outpatient level of care/IOP, as compared to Partial Hospitalization Program. IOP hours have increased with the use of the ASAM criteria. The Lancaster SCA is contracting with three local partial facilities. One of the partial programs provides over \$1.8 million of treatment for Medicaid funded clients.

**Outpatient:** Lancaster County has an SCA network of nine outpatient clinics, at eleven different locations throughout the county. A co-occurring outpatient clinic opened in Columbia, using HealthChoices reinvestment start up dollars. No waiting occurs in the outpatient system.

## **2. Overdose Survivors:**

The Lancaster SCA Warm Hand Off/WHO services are provided by four Recovery Support Specialists/RSS at the non-profit agency RASE, funded by the Lancaster SCA. The staff travel to the three hospitals in Lancaster County, 24/7, to conduct an intervention with the overdose patient. The RSS will also travel to the hospital for non-overdose cases that are substance use disorder related, to provide the service of assisting these individuals into treatment. This project is monitored by DDAP on a monthly basis.

All of the overdose survivors are offered treatment, but many of them refuse. Follow up phone calls occur the next day, if the client was willing to provide their phone number to the hospital. Deaths in Lancaster due to overdoses: 60 in 2014; 80 in 2015; 117 in 2016, 168 in 2017, 108 in 2018, and 104 in 2019. Unfortunately during the year of COVID in 2020, the overdose deaths in Lancaster climbed up to 146. In 2021, the overdose deaths in Lancaster rose to 150.

In fiscal year 2018-19, there were 240 overdose survivors in the Warm Hand Off program, all were referred to treatment but 107 went to treatment, and most were immediately transported to treatment. The number of clients who refused treatment was 114. Nineteen of the clients were unknown, in regards to entering treatment. All are called and tracked for one year, attempting to encourage the client to enter treatment, if they originally refused.

The largest hospital in the county, LGH Penn Medicine, has hired specialized counselors in the Emergency Department, 24/7, to directly provide the warm hand off services, for any client in need of substance use disorder or mental health services. This hospital provides over 60% of the health care services in the county, and therefore the calls to the RASE Project Warm Handoff Recovery Specialist are decreasing. Since the RASE staff are also busy operating the RASE drop-in center and recovery house, this decrease in Warm Handoff services does not decrease the need for the staff at RASE. During COVID and the pandemic, approximately 124 overdose survivors were engaged in the Warm Hand Off.

Another intervention service created in Lancaster is the Police Diversion, Second Chance Program. Recovery Specialists from the partial treatment facility Blueprints are called out into the field by police throughout the county, and conduct an intervention/warm handoff, for impaired clients. The police give the client a choice; either be charged with a crime, or enter treatment. This is funded by the Lancaster SCA, with three Recovery Support Specialists and a Case Manger.

**3. Levels of Care (LOC):**

LOC/ASAM	# of Providers	# of Providers located in-county	Co-Occurring Services
4 WM Medically Manage WM	2	0	2
4 Medically Man. Inpatient	2	0	2
3.7 WM Medically Monitored WM	10	1	2
3.7 Medically Monitored Inpt	8	1	2
3.5 Clinically Managed Resid.	25	4	6
3.1 Clinically Man. Res. Halfway	7	4	1
2.5 Partial Hospitalization	5	3	1
2.1 Intensive Outpatient	9	9	2
1 Outpatient Services	9	9	2

The Lancaster SCA contracts with treatment providers that specialize in many different areas. They include outpatient, rehab, and halfway house services for Spanish speaking clients, adolescent programs, co-occurring facilities, women with children programs, only women programs, etc.

**4. Treatment Needs in Lancaster:**

The greatest barrier to treatment in Lancaster County continues to be the limited SCA funding for clients that have no health insurance, and are ineligible for Medicaid coverage. Due to Medicaid expansion, the Lancaster SCA did not run out of treatment funding since fiscal year 2015-16. But prevention, intervention, and education services are not covered by Medicaid or private insurance, and therefore these services have large funding gaps. When Medicaid discontinues the emergency changes of accessing coverage, and people are no longer covered by Medicaid, the Lancaster SCA funding will once again be stretched to its limit.

The Lancaster based SCA treatment system is well developed, with four halfway houses, nine outpatient clinics, one small detox unit, a Latino rehab for men, a woman with children rehab, a male adolescent rehab, one male rehab, a Latino halfway house, and three local partial programs. The prevention system has eight agencies providing services. These established programs and agencies could expand, if additional SCA dollars were available.

Lancaster has a population of over 553,000 residents, and 111,000 people are on Medicaid. It is the sixth largest county in the state, yet the total SCA allocation is just four million dollars each year.

The HealthChoices Medicaid system provides more than 19 million dollars’ worth of substance use disorder treatment in Lancaster each year, and this continues to grow. But if a person is not eligible for Medicaid coverage, or if Medicaid applications are delayed in processing, the SCA funding must cover

the treatment. High deductible private health insurance plans are preventing some people from accessing treatment.

Another major treatment need is the limited number of male and female withdrawal management beds in the county. The current provider can only accommodate seven male substance use disorder beds, and therefore many clients must receive withdrawal management in an out of county facility. The Adult/Teen Challenge withdrawal management and residential rehab in the nearby county of Berks has filled the gap, and clients can access their program rather quickly. A withdrawal management/rehab facility in York County also opened. Ideally, Lancaster County would have a withdrawal management unit for both men and women, where clients could drop in for an assessment, and if clinically appropriate, be admitted. A local treatment provider in Lancaster was making plans to open such a detox unit in 2022, but the site fell through.

There is a shortage of trained and experienced counselors in the substance use disorder field. Lancaster reimburses the outpatient clinics for the time that their counselors are in training programs, up to 25 hours per counselor per year. But it takes years to develop a seasoned and skilled counselor, and the substance use disorder field has an ongoing shortage of professionals. Due to the demands of the position, many counselors leave the field each year.

The Lancaster SCA also funds and hosts ASAM Criteria training, along with ASAM training provided by the HealthChoices agency, CABHC. The new ASAM Criteria alignment will increase the shortage of certified SUD counselors, since all treatment facilities will be competing for these employees, who meet the new certification standards.

#### **5. Narcan:**

Narcan is available through two grants in Lancaster County. The first is through LGH-Penn Medicine, using a federal grant passing through the Lancaster SCA. The second is through a grant acquired by the Lancaster District Attorney's Office. Police departments, first responders, substance use disorder recovery houses, substance use disorder treatment facilities, etc, have access to these resources for Narcan.

The Lancaster SCA also funds Narcan through the nine outpatient clinic contracts. If a family member, friend, client, etc. would like to have Narcan on hand, and cannot afford the cost, the SCA will reimburse the outpatient clinic for the Narcan, up to \$100 per kit.

The Lancaster SCA also has a contract with Ganse Pharmacy, to provide Narcan to low-income families or clients who make the request to the SCA. The recipient must watch the training video at Ganse before the medication is provided.

#### **6. Warm Hand Off Process:**

The Lancaster SCA funds the non-profit RASE Project, to hire four fulltime Certified Recovery Specialists, to provide the 24/7 warm hand off services in Lancaster. All three hospitals are active in the project. The largest hospital, LGH Penn Medicine, hired their own staff 24/7, to provide the warm hand off intervention services. The Lancaster SCA provides training for these professionals. The RASE Project

continues to provide the services, but the number of calls each week have fallen. The RASE staff also respond to any call from a hospital, for any substance use disorder-related client, not just overdose patients. And since the RASE Recovery Specialists are busy with other services at their facility, the Lancaster SCA continues the funding for the four positions.

The greatest challenge with the warm hand off services, is reminding the hospitals and emergency department staff about the warm hand off services, and getting them to make the call and follow the procedures of the warm hand off. With hospital staff turnover, and hectic events in the hospitals, the RASE staff continue to remind and educate the hospital staff.

Lancaster also has a police diversion into substance use disorder treatment program, provided by Blueprints for Addiction Recovery. Recovery Support Specialists and Case Managers are called by police officers, to conduct an intervention and placement into treatment, in certain cases approved by the County District Attorney's office. All police departments in Lancaster are participating.

The number of individual contacts by RASE staff was 240, and 107 entered treatment, mostly into residential rehab. The RASE staff are attempting to determine how many of these clients completed treatment, but this is unknown at this time. With hospitals hiring their own staff, and with the COVID shutdown, approximately 124 overdose survivors received Warm Hand Off services through the RASE staff in a typical fiscal year.

Additional overview about the Lancaster substance use disorder system:

The Lancaster SCA actively manages the HealthChoices Medicaid project with four other counties, called the Cap Five, via a company called the Capital Area Behavioral Health Collaborative/ CABHC. CABHC has been hosting and funding ASAM criteria trainings for the Cap Five SUD treatment providers. For treatment providers in Lancaster that miss the training, the Lancaster SCA is hosting and paying for ASAM training. This is ongoing CABHC and Lancaster SCA ASAM training. Therefore, all Lancaster treatment providers are ASAM trained. With the COVID 19 shutdown, these trainings are web based. ASAM training can now be provided in person or virtually.

Thanks to Medicaid HealthChoices reinvestment dollars and some new SCA grants, Lancaster has developed many new programs and services to address the opioid epidemic in the past few years. They include the following:

1. Substance use disorder Mobile Assessments. Outpatient clinic counselors in the county are reimbursed when conducting substance use disorder assessments and level of care determinations in locations outside of the substance use disorder clinics, such as in hospitals, mental health units, etc.
2. Latina male halfway house. The Spanish American Civic Association/SACA opened this facility in Lancaster City.
3. Gatehouse, the halfway house operating in the county for the past 50 years, opened a second male halfway house. Gatehouse also operates a female halfway house in the county.
4. A Recovery drop-in center was open at the RASE agency, and it has become an active and helpful resource in the recovering community.
5. Additional withdrawal management beds are being purchased in the region, with new and expanded contracts.

6. Eight new recovery houses were open using both SCA and reinvestment dollars. All are operated by well-established non-profit agencies.
7. Prison door to door project is very active in the Lancaster Prison. A Recovery Support Specialist and the SCA office are processing more than 20 clients each month at the prison, and they are being placed into substance use disorder residential rehab, directly from the prison, utilizing Medicaid.
8. Vivitrol project at the prison. Clients leaving the prison are given the medication Vivitrol, and continuation services are arranged before the client is discharged from the prison.
9. The local methadone clinic is serving more than 850 Medicaid clients each month.
10. Two Centers of Excellence programs are operating; one at a substance use disorder outpatient clinic, and the second at the largest hospital in the county. These have become in-plan Medicaid services.
11. Buprenorphine Coordinators, overseeing the medication assisted treatment called Suboxone, are operating at the RASE agency.
12. The Joining Forces Task Force is active, and the SCA is a key member of this coalition.
13. Substance use disorder training of faith-based leaders and pastors/rabbis are occurring through the GOAL agency.
14. A new Getting Help guide was created by the Lancaster SCA, and more than 34,000 copies have been distributed. This guide is electronically sent to anyone in the county that would like a copy, and agencies are encouraged to place it on their website. It is also sent to EMS agencies and police departments. Two 24/7 withdrawal management call centers are identified on the brochure.
15. Medication Drop Boxes were placed throughout the county. Twenty-three currently exist.
16. The Lancaster Recovery Alliance was created. Anyone working in the recovery field, or any person in recovery, can join this alliance.
17. A co-occurring mental health, substance use disorder clinic was opened in the town of Columbia.
18. Six Recovery Support Specialists were hired at the RASE agency. One is assigned to Children and Youth cases. Case Manager staff are being hired in some of the outpatient clinics.
19. A Vivitrol Coordinator RSS employee was hired at RASE.
20. Recovery events and programs are provided by the RASE agency, the Donegal Substance Abuse Alliance, and the 521 Club. This provides the Recovery Oriented Systems of Care, or ROSC services.
21. The 24/7 Warm Handoff for overdose survivors project at RASE, with four Recovery Support Specialists responding to Emergency Departments and hospitals in the county. All three hospitals are participating. In the largest ED, at LGH Penn Medicine, LGH staff are now facilitating most of the hand offs.
22. The SCA is an active member of the Lancaster Drug Court, established 17 years ago.

From the above list, most of these services and programs were created by Medicaid treatment dollars and reinvestment funding. The Lancaster SCA Executive Director was a member of the team that created the Cap Five and CABHC 22 years ago. The Lancaster SCA partners with nine other CABHC Board members, to manage the \$320 million Cap Five HealthChoices Medicaid project. The SCA Executive Director is the current Treasurer of the Board for CABHC.

If it were not for the Medicaid dollars, the substance use disorder field in Pa would be a shell of what it is today. Therefore, if the Medicaid dollars are cut, or if Medicaid covered services are decreased, or if

Medicaid expansion is not replaced with an equal or better program, or if the counties are not managing the Medicaid carve out, then major cuts will occur, in both mental health and substance use disorder treatment services. Now, the human service field is running on the Medicaid funded services. Even the Medicare coverage for clients offer very little, if any, behavioral health care treatment.

The Lancaster SCA is also training leaders in faith-based organizations through a contract with the non-profit agency GOAL.

Unfortunately, the number of overdose deaths in Lancaster increased in the pandemic of 2020. The isolation of clients and modifications of services are adversely affecting the effectiveness of treatment and treatment related programs, and 146 deaths occurred in Lancaster County in 2020, a 40% increase, and in 2021, the number rose to 150.

Another trend is that other substance use disorders are getting lost in the opioid crisis. Many others who have an alcohol use disorder, a methamphetamine use disorder, a K-2 use disorder, a cannabis use disorder, etc. are getting lost in the hysteria that the opioid epidemic has created in our communities. Many of the limited services and programs are being diverted to programs that address only the opioid epidemic. The pendulum has swung to identifying only one substance (that is: opioids) that causes death, yet people are also in need of treatment, and are dying, due to a myriad of other substances. Currently, a myriad of other substances is causing many problems in the community and first responder network.

Another trend is the use of Recovery Support Specialists in the field. These are people in recovery, trained and certified to provide such services as mentorship, peer support, linking, monitoring, managing type support, transportation, etc. Lancaster has embraced this support service and has hired six RSS at RASE. Three RSS staff are funded by the Lancaster SCA in the Blueprints Second Chance Pa Program. More will be hired through Medicaid dollars, and some RSS are embedded in outpatient clinics.

The large Latino population in Lancaster increases the demand for culturally sensitive treatment. The local Latino outpatient clinic, residential rehab, recovery house, and halfway house can serve many of these clients, if the funding is available through the SCA and Medicaid.

Affordable housing is always an issue for the low income and unemployed in Lancaster. The SCA is expanding housing options, by creating the Latino halfway house, adding a second men's halfway house, and helping four non-profit agencies create ten recovery houses.

**Adults:** Clients in Lancaster County have direct access into treatment by scheduling an appointment in any of the nine contracted outpatient clinics, at eleven locations. Assessments occur within seven days of the request and placements into residential program typically take one or two days, if funding is available. If a person has an urgent need for withdrawal management, the two 24/7 withdrawal management call centers can place the client immediately, if withdrawal management placement is available in the region.

No client ever goes through the SCA or a central intake unit to access substance use disorder treatment in the Lancaster SCA system. There are no barriers, except for limited SCA funding and possibly bed availability.

Another issue is receiving a full course of treatment. With SCA and MA clients, it is best practice to have a full continuum of treatment. These are clients that are typically unemployed or low income, homeless or near homeless, no family ties, few clean and sober friends, and past bridges burned down in every aspect of their lives. Longer term residential services, including medication assisted treatment is available. Social determinants of whole person care are also addressed with the SUD clients.

**Adolescents:** Many adolescents receive a mental health and substance use disorder screening through the Student Assistance Program/SAP. School based treatment and support groups are provided within the school districts, funded by Medicaid. Very few adolescent clients are funded by the Lancaster SCA. Most of these clients are served through the Children and Youth budget, HealthChoices Medicaid funding, or the parent's private health insurance. The SCA created an adolescent outpatient clinic using reinvestment dollars, but unfortunately this program closed due to financial reasons.

Many programs are available in Lancaster County, and many more can be developed if the funding was available. The greatest need is a significant increase in public funding for both treatment and prevention services. The Lancaster SCA goal is to use approximately 50% of its budget for treatment services, and 30% earmarked for prevention, education, and intervention.

**Co-Occurring:** Individuals with severe behavioral health and substance use disorders acquire the Medicaid coverage and therefore are treated using HealthChoices funding. Since Medicaid is an entitlement, the resources are available to provide a significant amount of treatment and support services. Some agencies provide both psychiatric services and substance use disorder treatment, which Medicaid funds. One such program opened in the Columbia community, as an outpatient clinic with psychiatric services. TW Ponessa Counseling also provides co-occurring services.

Most Individuals with substance use disorders have less severe and persistent mental health issues, such as depression, trauma issues, neglect and abuse, PTSD, anxiety, etc., and the licensed substance use disorder treatment programs are trained to serve these clients. Over the past decade, more and more licensed substance use disorder facilities are willing to provide psychiatric medication during the residential stay.

**Women with Children:** Vantage, one of the first substance use disorder residential rehab facilities in the nation for women and their children, was created in Lancaster, with the constant support of the Lancaster SCA. Vantage also has a prevention contract with the SCA.

**Overdose Survivors:** The RASE Warm Hand Off project in Lancaster is funded by the Lancaster SCA. It has four Recovery Support Specialists, who are called by the Emergency Departments when an overdose survivor is admitted. This project costs over \$300,000, even though the state did not provide any new dollars to create the service. It was expanded to serve other situations, beyond opioid overdoses. The largest hospital, LGH Penn Medicine, hired staff to work with overdose survivors in their Emergency Department, and another hospital closed in Lancaster. Therefore, there are fewer calls for the Warm Hand Off service in Lancaster County. The Second Chance Diversion Program also provides warm hand off services.

**Priority Populations:** The DDAP required priority populations are pregnant women who inject drugs, all women who use substances, persons who inject drugs, overdose survivors, and veterans. This plan, along with the DDAP annual plan, identifies the services available to these groups in Lancaster County.

## **Recovery Oriented Services:**

The recovery-oriented services in Lancaster are primarily provided by the non-profit agency RASE. Another non-profit agency, the 521 Club, is working with the Lancaster SCA in providing Recovery Oriented Systems of Care/ROSC services. The Club has been operating in the county for the past 50 years, and has hundreds of people in recovery coming through their door every week. Services and programs include recovery walks, community projects, educational support groups, advocacy efforts, and other positive events.

RASE is a consumer owned and operated non-profit agency, which stands for Recovery, Advocacy, Service, and Empowerment. The mission is to reduce the stigma associated with the substance use disorder, as well as offering support in the process of recovery. RASE organizes a grass roots consortium of persons in recovery, to create a voice for the recovering community in Lancaster County. It conducts target community education efforts, along with professional support services such as Buprenorphine Coordinator, Vivitrol Coordinators, Warm Hand Off, Prison Door to Door, Recovery Support Specialists, and a drop-in recovery center.

Recovery support services are non-clinical services provided by trained and certified Recovery Specialists, who assist individuals and families in recovery from substance use disorders. These services do not replace, but rather augment and compliment the focus of treatment, providing outreach, engagement, and other strategies and interventions. The result is to assist people in recovery, to gain the skills and resources needed to initiate, maintain, and sustain long term recovery.

RASE currently has seven Recovery Support Specialists/RSS in their Lancaster facility, working in the Warm Hand Off project, the Buprenorphine Coordinator project, the recovery drop-in center, the prison door to door program, Children and Youth program, and the Vivitrol project. All staff at RASE either are a RSS or are becoming certified as a RSS.

The HealthChoices project is expanding the use of RSS, and is providing funding for specialists at an outpatient clinic, to determine if imbedding the RSS in the outpatient clinics provide positive outcomes. If the outcomes are strong, this model might be expanded as a Medicaid supplemental service, in all the substance use disorder outpatient clinics. In the next six months, a Recovery Specialist will be funded by the Medicaid project in the local methadone clinic.

A newer program is receiving SCA funding for recovery services. The Donegal Substance Abuse Alliance in Mt. Joy is a non-profit program, focusing on training and education. They have a recovery drop-in center in this community.

All services offered through recovery support services are directed at improving and increasing participants' recovery capital, level of life functioning, and ability to sustain recovery.

Priority goals for fiscal year 2022-23 include expanding the SUD Cas Managers in the outpatient clinics, decrease the number of overdose deaths in Lancaster by 25%, decrease the amount of virtual treatment and support groups by 33%, continue the specialty programs and prevention services that rely on SCA funding, begin to provide some funding for licensed recovery houses, and co-fund a re-entry position for clients leaving the county prison.