LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION

TREATMENT NEEDS ASSESSMENT

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Submitted by,

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Objective 1: Estimate of Prevalence of Substance Use Disorder

Table 1 Treatment Needs Assessment

Estimate of the Prevalence of Substance Abuse Disorders (Dependence or Abuse) of Illicit Drugs or Alcohol

SCA	Total 2016 Population	Age 12+		Age 12-17		Age 18-25		Age 18+		Age 26+	
		Population	Prevalence (Rate=7.44%)	Population	Prevalence (Rate=3.55%)	Population	Prevalence (Rate=16.61%)	Population	Prevalence (Rate=7.80%)	Population	Prevalence (Rate=6.42%)
Lancaster	**538,500**	**453,070**	**33,708**	**42,994**	**1,526**	**92,683**	**15,395**	**410,076**	**31,986**	**353,736**	**22,710**

Table 2 Special Needs Populations

Admissions in Categories of Interest SFY 16-17 WITS							
SCA	Total Admissions	Co-Occurring SA/MH Admissions	Percent	Medication Assisted Tx Admissions	Percent	Women With Children Facility Admissions	Percent
Lancaster	**985**	**2**	**0.2%**	**49**	**5.0%**	**0**	**0.0%**

Table One indicates approximately 33,708 people in Lancaster County have a substance abuse disorder. When the data from other sources are added, another 10,000 citizens would be added to this prevalence estimate, for a total of 43,708 addicts and alcoholics in Lancaster County. If 10% of this population admitted to having a substance use problem, then 4,371 people would be seeking treatment at any given time. Since Lancaster County has a population over half a million people, and is the sixth largest county in the state, these prevalence numbers appear reasonable.

The sources of information used in the Lancaster SCA's needs assessments and planning documents include:

1. Lancaster Student Assistance/SAP data
2. HealthChoices and Medicaid data
3. Measure Up Lancaster Report
4. Pa Youth Survey Report
5. Lancaster County Health Data Report
6. Impact Report on Homelessness
7. Pa State Data Center
8. CASSP information
9. Re-entry Management Organization/RMO
10. CJAB Strategic Plan
11. Lancaster SCA data system
12. Lancaster County Joining Forces Strategic Plan; Note: A major resource of info/data, with the Lancaster SCA's active involvement with Joining Forces
13. Youth Intervention Center/YIC data
14. Various Newspaper Articles
15. Mayor's Task Force Against Opioid Addiction
16. D&A Treatment Focus Group
17. D&A Treatment Provider Meetings
18. HealthChoices Consumer Satisfaction Services
19. South Central Pa Opioid Awareness Coalition

The Lancaster SCA staff are involved with over 30 committees, task forces, and boards, keeping the office engaged with many community groups and local data/trends.

Objective 2: **Emerging Substance Use Problems:**

As is the case throughout the state and nation, opioid use and overdoses have been on the rise in Lancaster for the past few years. With the purity of the drug, many more overdoses and deaths are occurring. Data indicates that 60 people died of an overdose in Lancaster County in 2013, 80 died in 2015, 117 in 2016, and 168 died in 2017, many of which was caused by opioids. Young people are also getting involved with K-2 and synthetic drugs, finding creative ways to abuse these drugs and having unpredictable behaviors as a result.

Another emerging trend, which is good news for the Lancaster SCA Commission, is the surplus of SCA treatment dollars, as Medicaid expansion provides substance abuse treatment for many of the former SCA clients. This has created a surplus in the Lancaster SCA treatment budget, which has occurred only once before in the history of the agency. The SCA is moving into areas that have not been adequately funded in the past, such as hiring Recovery Support Specialists/Peer Support Specialists, hiring Vivitrol Coordinators, organizing community groups, and additional education/prevention services for young people.

With the increase in people accessing treatment, there are occasional waiting lists for detox and residential rehab placements. There is a need for additional facilities, along with hiring qualified and trained staff. It will take several years for the D&A field to fully resolve the workforce issue. The greatest treatment need in Lancaster County is a larger detox unit, that can serve both men and women.

The Lancaster County D&A Commission has been an active participant and leader in the Joining Forces coalition, which recently published the Strategic Plan, April 2018. Some of the more compelling statistics from the Plan include:

- Opioid related deaths in the U.S. increased 500% per capita between 1999 and 2016
- Since the late 1990's, there has been a dramatic increase in the prescribing of opioids for chronic, noncancer pain
- Drug overdose is now the leading cause of unintentional injury death in the U.S., and is the leading cause of death among people under age 50
- CDC 2016 reports that there were 63,600 total drug related overdose deaths in the U.S.
- Since 1999, opioid overdose deaths have occurred most often in people 25 to 54 years old
- In 2016, Pa. is currently ranked fourth highest in the nation in the rate of deaths due to drug overdose
- In 2016, the rate of drug related overdose deaths in Lancaster County was ranked the 47 th highest in the state
- In Lancaster, the number of drug related overdose deaths increased 45% from 2015 to 2016
- From 2014 to 2017, the number of drug related overdose deaths has increased 180% in Lancaster County
- Of all drug related overdose deaths in 2016 in Lancaster, about 53% involved heroin, and 40% involved fentanyl

The Lancaster County SCA participated in the STAR data system, but always operated its own data system, that was receiving information from STAR. Therefore, when STAR was discontinued across the state, the Lancaster SCA continued its internal collection of data and information, and continued creating an annual report. Pertinent information from the 2014-15 Lancaster SCA annual report and data system include:

Clients Funded by Lancaster SCA F.Y. 2016-17

Referral Source	Number of Clients	Percent
Self	375	19.43
D&A Provider	292	15.13
Court/Criminal Justice	900	46.63
Family/Friend	39	2.02
Hospital/Physician	37	1.92
Community Service Provider	110	5.7
Other Voluntary	118	6.11
Other Involuntary	42	2.17
Employer/EAP	3	≤1
School/SAP	9	≤1
Clergy/Faith leader	5	≤1

Primary Substance of Abuse	Number of Clients	Percent
Alcohol	657	34.2
Cocaine/Crack	76	3.96
Marijuana/Hashish	301	15.67
Heroin	677	35.24
Other Opiate/Synthetics	103	5.36
Methamphetamine	69	3.59

Sex	Number of Clients	Percent
Male	1,496	77.51
Female	434	22.49

Race	Number of Clients	Percent
White	1,317	68.24
Black	181	9.38
Asian/ Pacific Islander	12	≤1
Alaskan Native	1	≤1
Native American	1	≤1
Other	35	1.82
Unknown	148	7.67

Age Range	Number of Clients	Percent
18 and under	16	≤1
19 to 24 years	340	17.62
25 to 39 years	1,020	52.85
40 to 64 years	529	27.41
65 and above	25	1.29

Special Population	Number of Clients	Percent
Pregnant women	0	0
Women with Dependent Children	143	7.17

Objective 3: **Trends Impacting the SCA:**

TABLE 3: TRENDS IMPACTING THE SCA					
Aging Population		Increase in Overdose Deaths	X	Other (please explain)	
Drug Court Implementation		Prescription Drug Abuse/Addiction			
DUIs		Synthetic Drug Use (bath salts, K2, etc.)	X		
Growth of Latino Population		Workforce Issues	X		
Heroin Use	X	Underage Alcohol Use			
High Unemployment Rate		Underage Drug Use			

Table 3 is completed. The Lancaster SCA continues to be an active member of Drug Court team, and places clients with HealthChoices and SCA funding. The SCA assisted the courts in establishing the Lancaster Drug Court more than nine years ago, and assigns an SCA case manager to the team. The SCA also places clients directly from the Lancaster Prison, through the prison Pre Parole unit, using Medicaid and SCA dollars. Placements from the Lancaster County prison have occurred for the past eight years. SCA dollars are used to fund the placements while the Medicaid application is being processed.

The greatest impact on the SCA is the opioid epidemic, with many people seeking treatment, and overdoses and deaths occurring. This is a local, state, and national trend. Thanks to the expansion of Medicaid, many of these clients have access to D&A treatment. The Lancaster SCA also supported the creation of Bupe Coordinators in 2010, providing support and recovery services to clients on suboxone.

Bath salts and K2 use among young people is a trend in Lancaster County. The unpredictable and dangerous behavior created by these drugs make it a very potent addiction.

The best news for SCA's in the past 20 years is the expansion of Medicaid/Medical Assistance coverage for low income citizens. Now that many more patients are having mental health, physical health, and substance use disorder services covered by Medicaid HealthChoices, SCA treatment funding can be used on other client services.

- 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. Since Medicaid pays for many of the clients, especially opioid addicted clients, the downward trend in heroin only means that the SCA is not paying for as many of the heroin clients.

The primary substance of abuse is indicating a downward trend for opioid addiction, as compared to alcohol, in the below chart. This is a funding trend, and not a trend in primary substance of abuse. Many of the opioid addicts are now immediately covered by Medicaid, and therefore HealthChoices pays for the treatment, not the Lancaster SCA. Medicaid in Lancaster County pays for over $18.5 million of D&A treatment each year, as compared to the $2 million from the Lancaster SCA. This has allowed the Lancaster SCA to place additional resources in the hiring of Recovery Support Specialists at the RASE non0-profit agency.

Since Medicaid/Medical Assistance is funding a large number of the low income population in Lancaster County, with over 85,000 Medicaid covered lives in the county, the SCA client population continues to decrease, as the bar graph indicates from a few years ago. This allows the SCA dollars to be used for recovery support services, such as the hiring of Recovery Support Specialists at RASE.

Objective 4: **Demand For Treatment**:

Table 4: SCA Pattern of Referrals

SCA Pattern of Referrals	Clergy/ Religious	Prcnt	Court/ Criminal Justice	Prcnt	D&A Abuse Care Provider	Prcnt	Employer/ EAP	Prcnt	Family/ Friend	Prcnt	Hospital/ Physician	Prcnt	Other Comm. Agency	Prcnt
Lancaster	1	0.1%	367	42.6%	62	7.2%	0	0.0%	6	0.7%	25	2.9%	38	4.4%

Other Non-Voluntary	Prcnt	Other Voluntary	Prcnt	PDMP	Prcnt	SCA	Prcnt	School/ SAP	Prcnt	Self	Prcnt	Unknown	Prcnt	Total Unique Clients	Unique Juvenile Clients	Pct
3	0.3%	5	0.6%	0	0.0%	294	34.1%	2	0.2%	46	5.3%	13	1.5%	862	6	0.7%

Table 5: 2016-17 Clients Not Referred by A Provider Criminal Justice/Non-voluntary Proportion

Clients Not Referred by a Provider (CJ / Non-Voluntary Proportion)			
SCA	Crim. Justice / Non-Voluntary Client Count	Total Unique Clients	Percent
Lancaster	370	862	42.9%

Table 6: Number of Admissions by Modality

Modality	Lancaster Admissions	Percent
810-Intake, Evaluation, and Referral	47	4.8%
821-Adolescent Inpatient Non-Hospital Detoxification (III.5D)	0	0.0%
821-Inpatient Non-Hospital Detoxification (3A)	289	29.3%
823-Adolescent Inpatient Non-Hospital Drug-free (III.5)	2	0.2%
823-Adolescent Inpatient Non-Hospital Drug-free (III.7)	0	0.0%
823-Halfway House (2B)	9	0.9%
823-Inpatient Non-Hospital Drug-free (3B)	81	8.2%
823-Inpatient Non-Hospital Drug-free (3C)	10	1.0%
831-Adolescent Inpatient Hospital Detoxification (IV)	0	0.0%
831-Inpatient Hospital Detoxification (4A)	3	0.3%
833-Inpatient Hospital Drug-free (4B)	1	0.1%
853-Adolescent Partial Hospitalization Drug-free (II.5)	0	0.0%
853-Partial Hospitalization Drug-free (2A)	5	0.5%
861-Intensive Outpatient Detoxification (1B)	0	0.0%
862-Adolescent Intensive Outpatient Maintenance (II.1)	0	0.0%
862-Adolescent Outpatient Maintenance (I)	0	0.0%
862-Intensive Outpatient Maintenance (1B)	0	0.0%
862-Outpatient Maintenance (1A)	0	0.0%
863-Adolescent Intensive Outpatient Drug-free (II.1)	2	0.2%
863-Adolescent Outpatient Drug-free (I)	2	0.2%
863-Intensive Outpatient Drug-free (1B)	93	9.4%
863-Outpatient Drug-free (1A)	441	44.8%
864-Adolescent Intensive Outpatient Other Chemotherapy (II.1)	0	0.0%
864-Intensive Outpatient Other Chemotherapy (1B)	0	0.0%
864-Outpatient Other Chemotherapy (1A)	0	0.0%
SCA Total	**985**	

Table 7: Adult Admissions by Substance

Modality	Lancaster Admissions	Percent
Alcohol	321	32.8%
Barbiturates	0	0.0%
Benzodiazepines	10	1.0%
Cocaine/Crack	37	3.8%
Hallucinogens	3	0.3%
Heroin	399	40.8%
Inhalants	0	0.0%
Marijuana/Hashish	111	11.3%
Methadone	1	0.1%
Methamphetamine/Speed	27	2.8%
None	2	0.2%
Other Amphetamines	3	0.3%
Other Drugs	2	0.2%
Other Opiates And Synthetics	56	5.7%
Other Sedatives or Hypnotics	3	0.3%
Other Stimulants	1	0.1%
Other Tranquilizers	0	0.0%
Over-The-Counter Medications	1	0.1%
PCP	1	0.1%
Unknown	0	0.0%
SCA Total	**978**	

Table 4 and Table 5 identifies 62% of the referrals into the Lancaster SCA treatment system being referred by the courts and criminal justice system. This is consistent data from previous years, and has always been a high percentage in Lancaster, as compared to the percentage statewide. Since the Lancaster D&A Commission has an open system, which allows any person or any agency to refer clients directly into treatment for an evaluation, the courts and probation and parole have historically referred clients into treatment. Since the courts provide oversight and accountability with their clients, this pattern is viewed as a positive and supportive feature of the Lancaster D&A treatment system. Between the courts monitoring, and the treatment provider therapy, a person can find long term recovery in Lancaster County. And if relapse occurs, the courts and treatment programs usually support a greater level of D&A treatment.

The Lancaster SCA staff have been downsized over the past eight years, with cuts from the state and federal allocations. The office went from 14 employees, down to nine. Since the treatment system is designed for direct referral by anyone seeking services, the SCA encourages people to directly call the detox call center or outpatient clinics. Therefore, referrals by the Lancaster SCA are lower than the statewide average.

The Lancaster SCA contracts with eleven licensed outpatient clinics, at fifteen locations. Clients enter the Lancaster D&A treatment system by either being screened and admitted to detox, or by scheduling an appointment with an outpatient clinic for a level of care determination and an evaluation. There are no roadblocks or hurdles to jump in order to access Lancaster SCA treatment. It is direct access into treatment.

With a large number of outpatient clinics to choose from, delays in accessing an assessment within seven days, or accessing treatment within two weeks, is not very common in Lancaster. A recent barrier is that some of the detox units and residential programs have waiting lists, since many more clients are accessing treatment with Medicaid expansion. Delays are occurring because treatment beds are not available, or the client refuses the treatment, not because the Lancaster SCA could not respond to the assessment or funding request. This has become a statewide issue, and it will take time for the field to increase capacity.

Table 6 identifies most SCA clients receiving detox, residential rehab, or outpatient services. These numbers appear to be accurate when compared to the Lancaster SCA data system. Table 6 identifies category 900, Adult Non Treatment Services, with 2,208 admissions. This category and number of admissions in unknown to the SCA, and appears to be an error.

Table 7a and 7b identify service by primary substance of abuse. These amounts include clients that were both funded, and not funded, by the Lancaster SCA. Therefore, the percentages for Heroin abuse and other Opiates categories is low, compared to looking at the data for clients that were funded by the Lancaster SCA. Forty nine percent of the Lancaster SCA funded clients were admitted for heroin and other opiates addiction.

The Lancaster County SCA has been addressing the opioid epidemic for many years. It has been a very popular drug of choice in Lancaster for decades, and more recently became the primary drug for admissions into treatment, exceeding alcohol. The following is a list of projects, either current or in the process of being created, which the Lancaster SCA initiated with HealthChoices or SCA funding:

A. Buprenorphine/ Bupe Coordinators at RASE.
B. Vivitrol Coordinators at RASE.
C. Created ten recovery houses operated by non- profit agencies.
D. Six Recovery Support Specialists at RASE.
E. Latino halfway house.
F. Warm hand off services in all four county hospitals.
G. Co-occurring outpatient clinic in the town of Columbia.
H. Provides more than 18 million dollars of D&A treatment in Lancaster using Medicaid dollars.
I. Placed more than 200 clients each year from the county prison into D&A rehab.
J. Local methadone clinic increased its licensed capacity to 750 patients.
K. D&A drop in center at RASE.
L. A second men's halfway house owned by Gatehouse.
M. Additional detox beds. In process.
N. Official prison door to door project implementation.
O. Creation of the Lancaster D&A Recovery Alliance.
P. Vivitrol project at the prison.
Q. D&A mobile assessments.
R. Community outreach worker at Compass Mark.

The most critical areas of need, which new resources are needed include:

1. Additional detox beds.
2. Additional qualified and trained staff in the D&A field.
3. Additional evidence based prevention programs and services.

Objective 5: **System Barriers:**

TABLE 8: SYSTEM BARRIERS					
Funding Issues		Lack of Safe/Affordable Housing		Other (please explain)	
Health Insurance		MA Eligibility			
Lack of Childcare		Poor Stakeholder Collaboration			
Lack of MAT availability		Stigma	X		
Lack of Recovery Supports		Transportation			
Lack of Treatment Providers	X	Workforce Issues	X		

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

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

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

Stigma is a never ending battle of the recovering person. This will continue for decades, but progress has been recently made. The Lancaster SCA has been involved with the creation of the Lancaster Recovery Alliance, which is a coalition of programs and people in recovery. This Alliance is becoming very large and active in Lancaster, and is addressing the public stigma of addiction.

Objective 6: **Assets and Resources:**

TABLE 9: ASSETS/RESOURCES AVAILABLE IN COUNTY OR REGION					
ACA Implementation	X	Other Grants (please explain)		Other (please explain)	
CAO Collaboration	X				
Experienced Staff	X				
HealthChoices MCO	X				
MAT Providers	X				
Mental Health Providers					
Non-DDAP Funding	X				
Non-Hospital Rehab Availability					
PCCD Grant					
Recovery Houses	X				
Recovery Supports	X				
SBIRT Utilization					
Stakeholder Involvement	X				
Systems of Care County					
VA Facility					

Lancaster has a history of human service assets, especially in the substance use disorder field. In the past 15 years, many programs have been created using Medicaid HealthChoices funding. Since Lancaster County partnered with the counties of Dauphin, Lebanon, Cumberland, and Perry, known as the Cap Five, this coalition of counties own and operate the HealthChoices project in this region. The Cap Five HealthChoices project currently has 211,000 MA members, with a gross budget of $230 million dollars per year.

The ACA implementation increased the HealthChoices membership by more than 36,000 members; the HealthChoices MCO PerformCare works for the Cap Five; recovery houses have been created with HealthChoices start- up grants; the County Assistance Office/CAO has worked closely with the Lancaster SCA for the past ten years; MAT providers have opened, such as a large methadone clinic and Bupe Project; SCA treatment funds have been saved, since clients are now covered by Medicaid; stakeholder involvement is increasing with the creation of the Lancaster Recovery Alliance and the expansion of the RASE agency; the SCA staff have been employed by the agency for an average of 18 years; and other grants have been acquired by the SCA, such as a federal Communities That Care grant and various HealthChoices grants. The treatment provider network is very strong, with eleven outpatient clinics, a long term residential program for women, a Latino outpatient clinic, rehab, and recovery house, and several private facilities.

Objective 7: **Evidence Based Programs:**

TABLE 10: EVIDENCE-BASED PROGRAM UTILIZATION					
Anger Management	2,5,6,11,12,13	Medication Assisted Therapy	1,4,5,7,810,14,16	Other (please list)	
Assertive Adolescent & Family Treatment		Motivational Enhancement Therapy (Motivational Incentives)	1,6,7,12		
Behavioral Couples Therapy		Motivational Interviewing	1,2,3,4,5,7,8,9,10,11,12,13,14,15		
Brief Intervention/SBIRT	4	Multidimensional Family Therapy	14		
Cognitive Behavioral Therapy	1,2,3,4,5,6,7,8,9,10,12,13,14,15	Multisystemic Therapy	3,7		
Community Reinforcement Therapy	7,14	Relapse Prevention	2,3,4,5,6,7,8,11,12,13,14,15		
Contingency Management	9	Therapeutic Community	5,6,11		
Dialectical Behavior Therapy	2,5,14	12-Step Facilitation	1,3,4,5,7,8,9,13,14,15		
Matrix Model	6				

1 TW Ponessa Outpatient
2 Wellness Outpatient
3 PA Counseling Outpatient
4 Naaman Center Outpatient
5 H.S.A. Outpatient
6 Elsie Shenk Outpatient
7 Lancaster Clinical Outpatient
8 Gatehouse Outpatient
9 Mazzitti & Sullivan Outpatient
10 ARS Outpatient
11 Vantage Residential
12 White Deer Run
13 Nuestra Clinica Outpatient
14 Nuestra Clinica Residencial
15 Gatehouse Halfway House

Table 10 is completed. The Lancaster SCA will be focusing on evidence based treatment during the annual provider monitoring site visits and during the provider meetings. Training will be hosted by the SCA and providers will need to document implementation and fidelity with evidence based treatment.

Objective 8: **Resources Needed:**

TABLE 11: RESOURCES NEEDED TO MEET TREATMENT DEMAND					
Bi-lingual Staff		Increase Treatment Capacity	X	Other (please explain)	
Co-Occurring Capable Providers/Staff		Increase Use of Buprenorphine			
Detox Unit(s)	X	More MAT Providers			
Drug Court		Peer Navigator/Outreach			
Funding Increase		Permanent Supportive Housing			
Healthcare Navigators		Staffing Increase	X		
Improved Stakeholder Collaboration		Training			
Increase of Recovery Housing Availability		Transportation			
Increase of Recovery Supports in Community		Trauma Informed Care Facilities			

Table 11 is completed. By far, the most needed resource is the increase in treatment capacity, which includes the need for more trained and experienced clinicians and the need for more detox and rehab beds. It will take a few years for the field to fully address this issue, but in a capitalistic system, supply will eventually meet the demand.