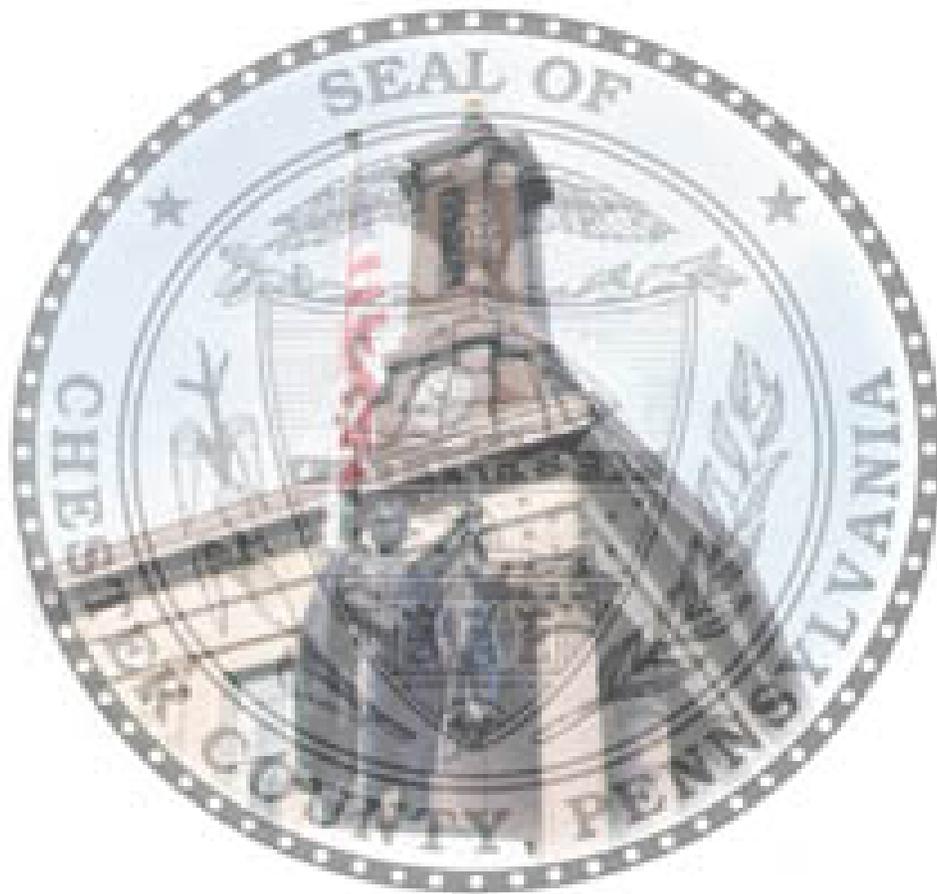


# ***CHESTER COUNTY***

## **DEPARTMENT OF DRUG AND ALCOHOL SERVICES**



## **ANNUAL REPORT FY 2014/15**

# **Chester County**

## **Department of Drug and Alcohol Services**

Government Services Center, Suite 325  
601 Westtown Road, P.O. Box 2747  
West Chester, PA 19380-0990  
(610) 344-6620

### **VISION**

Promote alcohol and other drug policies and programs that improve the quality of life and reflect the cultural and economic diversity of the community.

### **MISSION**

Ensure that quality alcohol and other drug intervention and treatment, as well as alcohol, tobacco and other drug prevention programs are provided for citizens in an efficient and cost-effective manner.

### **GOALS**

The service delivery system for county residents has been designed to provide comprehensive and accessible care for both adolescents and adults in need of treatment or intervention services and assistance to communities trying to prevent addiction. There are several overriding goals that the Department tries to achieve in the design and delivery of prevention, intervention, case management, and treatment services as listed below:

- Assist communities in becoming their own change agents.
- Increase community recognition of alcohol and tobacco as drugs.
- Prevent the continuation of intergenerational family dysfunction due to substance abuse.
- Promote understanding of the disease concept and the hereditary risk factors associated with addiction.
- Assist clients in creating self-sufficient lives.
- Continuously evaluate the services provided to ensure that they are accessible, high quality, effective, cost efficient and best meet the needs of the citizens of Chester County.

## **BACKGROUND**

The Department of Drug and Alcohol Services was established by the Chester County Commissioners as a Public Executive Commission. The Department serves as the Single County Authority (SCA) for Chester County, responsible for the planning, coordination, and administration of community alcohol and other drug prevention, intervention, and treatment services. The Department also provides case management services.

The work of the Department is accomplished with the assistance of the Chester County Advisory Council, whose members are appointed by the Commissioners. Members are community volunteers who advise the Department on community needs, planning and management of resources and services. FY 2014/15 Advisory Council membership was:

Elizabeth Anne Redmond, Chairperson  
Douglas J. Dunne, Vice Chairperson  
Darlene Whenry, Secretary  
Elizabeth Walls, Health Department Representative  
Gwenn Knapp, Member-At-Large  
Jason R. Young, Member-At-Large  
Karen Levin, Member-At-Large  
Mary Lyness, Member-At-Large  
Eileen Hershman, Member-At-Large  
Andrew Gray, Member-At-Large

The three (3) persons Board of Commissioners is the governing entity responsible for oversight of the Department. The Department is part of Chester County's human services departments, overseen by Human Services Director, Kim Bowman.

The majority of prevention, intervention and treatment services are provided via subcontracts developed and monitored by the Department. The Department also conducts regular needs assessments and develops plans for services.

In addition to planning and administrative activities, the Department also provides some direct case management and prevention services. Case management services include initial assessment for incarcerated individuals and ongoing case management for all residential clients. Prevention services include, but are not limited to, information dissemination and environmental strategies. The staff of the Department is:

Vincent H. Brown, Executive Director  
Jamie Johnson, Deputy Director

### **Administrative Unit**

Todd Bender, Program Specialist II  
Kathy Collier, Program Specialist II  
Sharon Ingraham, Fiscal Officer II  
Blythe Moehrle, Fiscal Officer I  
Mary Jo Nickel, Fiscal Technician  
Cathy Vault, Program Specialist II  
Betty Wade, Administrative Officer I

### **Case Management Unit**

Crystal Anderson, Data Entry Operator  
Megan Dunn, Case Manager  
Joanne Dzus, Treatment Court Specialist  
Richard Eline, Case Manager  
Rebecca Harkins, Case Manager  
Katherine Kinsley, Case Management Supv.  
Crystal Robertson, Case Manager  
Sheila Romero, Case Manager

## **SCA CASE MANAGEMENT SYSTEM**

Striving to ensure ease of access, Chester County has a decentralized system for entry to funded treatment, regardless of level of care needed. The primary points-of-entry for funded treatment are our five (5) subcontracted outpatient providers located in Coatesville, Exton, Kennett Square, Phoenixville and West Chester. Each of these providers will screen for emergent needs upon initial contact and then see the individual to conduct an assessment to determine, with the individual, the type of treatment (level of care) most appropriate.

For those individuals in need of residential treatment, the program will work with our Case Management Unit to determine the most appropriate program and arrange for treatment funding. Following admission to residential treatment, our Case Management Unit will follow the individual to assist with case management needs and ensure continuity of care.

In addition to entry via our outpatient providers, individuals can be assessed at the Chester County Prison with recommendations for level of care made to the presiding criminal justice agency.

For individuals in need of emergency care, detoxification admission can happen prior to assessment as appropriate. While in detox, the individual will be assessed to determine the appropriate treatment referral.

## **DEPARTMENT ACCOMPLISHMENTS**

In addition to the ongoing management of prevention, intervention and treatment system for Chester County, some of the Department's other accomplishments include the following:

### **Administrative**

- ❖ Initiated and co-chair a multi-system County/community Overdose Prevention Task Force with a goal of developing strategies to address the opiate and overdose epidemic in the County.
- ❖ The SCA has partnered with Good Fellowship Ambulance service to provide trainings on effectiveness of Narcan in preventing fatalities from opiate overdoses as well as the proper manner in which to administer the medication to first responders, treatment providers and the general population.
- ❖ Collaborated with Adult Probation on a proposal submission to the Pennsylvania Commission on Crime and Delinquency (PCCD) for a Restrictive Intermediate Punishment (RIP/IP) continuation grant, which was awarded.
- ❖ Maintained over 50 provider contracts for prevention, intervention and treatment services, and enjoyed a strong working relationship with contracted providers to ensure quality service provision.
- ❖ Participation in various multi-system Homeless Planning Initiatives which included drug and alcohol and mental health providers, homeless shelters and Community Care Behavioral Health.

- ❖ Continued work with the Chester County Departments of Human Services, Mental Health/Intellectual & Developmental Disabilities (MH/IDD) and Community Cares Behavioral Health (CCBH) on the implementation of a recovery oriented system of care principles and services throughout the behavioral health systems.
- ❖ Ensured the continuation of prevention and problem gambling services following the retirement of the Department's long-time prevention supervisor; and successfully filled that position with a very qualified and dedicated person.
- ❖ Conducted two (2) separate internal workforce development teams to review SCA policy and procedures and to improve the overall workflow and forms for the case management unit.

### **Treatment**

- ❖ Applied for and received a \$40,000 grant, awarded through the Department of Community Development for funding of Halfway House Services.
- ❖ Opiates: Initiated and continue to work in coordination with various County and community stakeholders in the development of strategies to identify and educate relevant stakeholders on the new Good Samaritan Act and Narcan laws.
- ❖ Ensured timely client access and admission to treatment and appropriate lengths of services despite insufficient funds and increasing demand for treatment.
- ❖ Provided a full continuum of treatment services through our over 50 contracted providers throughout Pennsylvania, to meet the individual needs of our clients.
- ❖ Provided regular coaching calls to contracted outpatient treatment provider in order to enhance and improve their Maternal Dependency Program (MDP).

### **Case Management**

- ❖ Initiated plans for the implementation of a Jail Pilot Project, assisting County prison inmates obtain medical assistance immediately upon parole into a residential drug and alcohol treatment program.
- ❖ Utilized the Medicaid Retroactive enrollment process to obtain Medicaid managed care coverage to pay for over \$350,000 in-service reimbursement for eligible clients in residential treatment.
- ❖ Completed over 550 assessments in the Chester County Prison and facilitated the referral and placement of over 200 inmates in residential treatment.

### **Recovery Support**

- ❖ Received approval for a reinvestment plan and began implementation to provide Recovery Support services to targeted populations in Chester County, with a goal of supporting individuals in the community, thereby reducing their need for residential treatment.

## Prevention/Intervention

- ❖ Over 16,000 Chester County residents were provided current, factual and culturally sensitive information about issues surrounding substance abuse and addiction and how it affects individuals, families and communities. Additionally, knowledge and awareness of the publically funded prevention, intervention and treatments systems available to county residents was provided. This information was disseminated through the following activities: health fairs, presentations and the information and referral line.
- ❖ Ten Communities That Care (CTC) trainings were conducted by department staff, reaching over 200 community members. Trainings provided coalition members with the knowledge and skills necessary to conduct thorough community assessments, develop comprehensive community action plans to address adolescent substance abuse issues specific to their own communities and implement strategies to address these issues.
- ❖ Prevention Department staff participated on a state-wide advisory board looking at best practices in community coalition development. Prevention Program Specialist presented the group's proposed white paper at the Commonwealth Prevention Alliance conference.
- ❖ Working with the District Attorney's office and community partners, continued efforts to increase awareness of the Medication Collection boxes (19 as of the end of the fiscal year) located throughout the County. Over 10,000 brochures were distributed to local pharmacies, health care providers, hospitals and community members.

## **CHALLENGES/OPPORTUNITIES FOR ENHANCEMENTS**

In addition to the many accomplishments achieved by the Department there were also various challenges faced throughout the year. Following is a list of the "greater" challenges faced and steps taken to address them, or suggestions for addressing those not resolved.

- ❖ Funding: As of November, the Department had insufficient funds to meet the demand for treatment services.

Implemented/Suggested Resolutions: Various strategies were utilized to ensure clinically appropriate treatment services were available, including: prioritization of services; the use of "contingency beds" for residential services; utilization of available Block Grant funds; continued use of the medical assistance expedited enrollment process, and others.

Note: Two resolutions for future consideration include an increase in State and other appropriations for drug and alcohol services, and continued efforts by the Department to explore other funding opportunities, through grants and other options.

- ❖ Staffing: The Department was faced with understaffing in several positions throughout the year but was able to manage the needs of its client base, Prison Assessments, and other tasks and functions.

Implemented/Suggested Resolutions: The Department advertised and filled vacancies as appropriate, and training and supervision have been/are being provided to staff regarding new roles and responsibilities.

- ❖ New State Data Tracking System: The County and its contracted providers continued to face the unique challenges of the State's STAR client tracking system throughout the course of the fiscal year. This included the collection, input, communication, the lack of reports and utilization of data; and the tracking, invoicing and payment for services, among others.

Implemented/Suggested Resolutions: During the first half of the fiscal year, Department staff continued to attend relevant trainings and forums provided by the Department of Drug and Alcohol Programs (DDAP). Additionally, staff participated in State level committees to help inform the modifications and changes needed to the system and were in communication with contracted providers to assist in the proper use and data entry into the system. However, in the second half of the fiscal year, DDAP did not offer any updated training on the use of STAR, nor did it convene its State-wide advisory board for the entire fiscal year. As a result, the SCA continued with utilizing only the basic components of the program and works to ensure that its contracted providers complete the minimum requirements of the system for SCA-funded clients.

- ❖ Prison Assessments: There continued to be an increase in the number of referrals and assessments for inmates. There has been a 44% increase in Prison assessments (completed by the Department's case managers) over the last three (3) years. During FY 2014/15 the County completed 554 separate Prison assessments in comparison to 314 Prison assessments conducted during FY 2012/13. This has occurred without an increase in staff.

Implemented/Suggested Resolution: The Department will continue its communications with relevant criminal justice-related departments and the court system in Chester County and continue to review the options to meet the growing number of Prison Assessment referrals (e.g. hiring additional case management staff at the County or Prison level, modification of forms and processes).

- ❖ Detoxification Services: Availability of detoxification level of care was periodically, insufficient throughout the year; demand exceeded available beds.

Implemented/Suggested Resolutions: When sufficient beds were not available, referral sources were instructed to refer clients to local hospital emergency rooms for stabilization and referral to detox from there, as appropriate. Also, throughout the year the Department monitored the availability of additional detox providers with which to contract.

## **TRENDS**

Following are some Countywide trends identified through data related to Department funded and/or contracted services.

- ❖ Over the past six (6) fiscal years (09/10 to 14/15), the percentage of non-hospital residential admissions with heroin/other opiates as the primary substance of choice increased from 36% to 62% while alcohol dropped from 44% to 21%.
- ❖ The opiate abuse and overdose epidemic continues in the County, as does the efforts to respond to this crisis. Our Department is involved in numerous activities, many of which focus on public awareness and education on overdoses/deaths and the availability of Naloxone; ensuring clients can access appropriate treatment services; and participation in various collaborations with other community agencies and organizations, including the development of an Overdose Prevention Task Force.
- ❖ During the 2014/15 fiscal year, approximately 25% of the clients admitted to residential treatment received dual diagnosis services from a qualified and approved co-occurring provider.
- ❖ The Department's Case Management Unit has experienced a 44% increase in Prison assessments in the past three years. Contributing to this trend is: the increase use in opiates and subsequent illegal activities; the increase in the County's criminal justice system efforts towards having appropriate clients referred to treatment instead of incarceration, or reducing lengths of incarceration; other changes to criminal justice related protocols, such as an increase in urine testing.

## **CLIENT STATISTICS**

- ❖ Included below, are client statistics for the 2014/15 fiscal year:

*\*\*As a result of the Affordable Healthcare Act, the Medicaid Expansions and older children remaining on their parents' health insurance the client numbers for the '14-'15 fiscal year are down from prior years.\*\**

- Number of unduplicated clients who received funded drug and alcohol services for all levels of care and activities (all funding types included): **2,308**
- Number of unduplicated assessments: **1,210**
- Number of unduplicated admissions to detoxification: **285**
- Number of unduplicated admissions to residential treatment: **453**
- Number of unduplicated admissions to halfway house: **62**
- Number of unduplicated clients funded in outpatient, intensive outpatient and partial hospitalization treatment: **1,004**

## **TRAININGS**

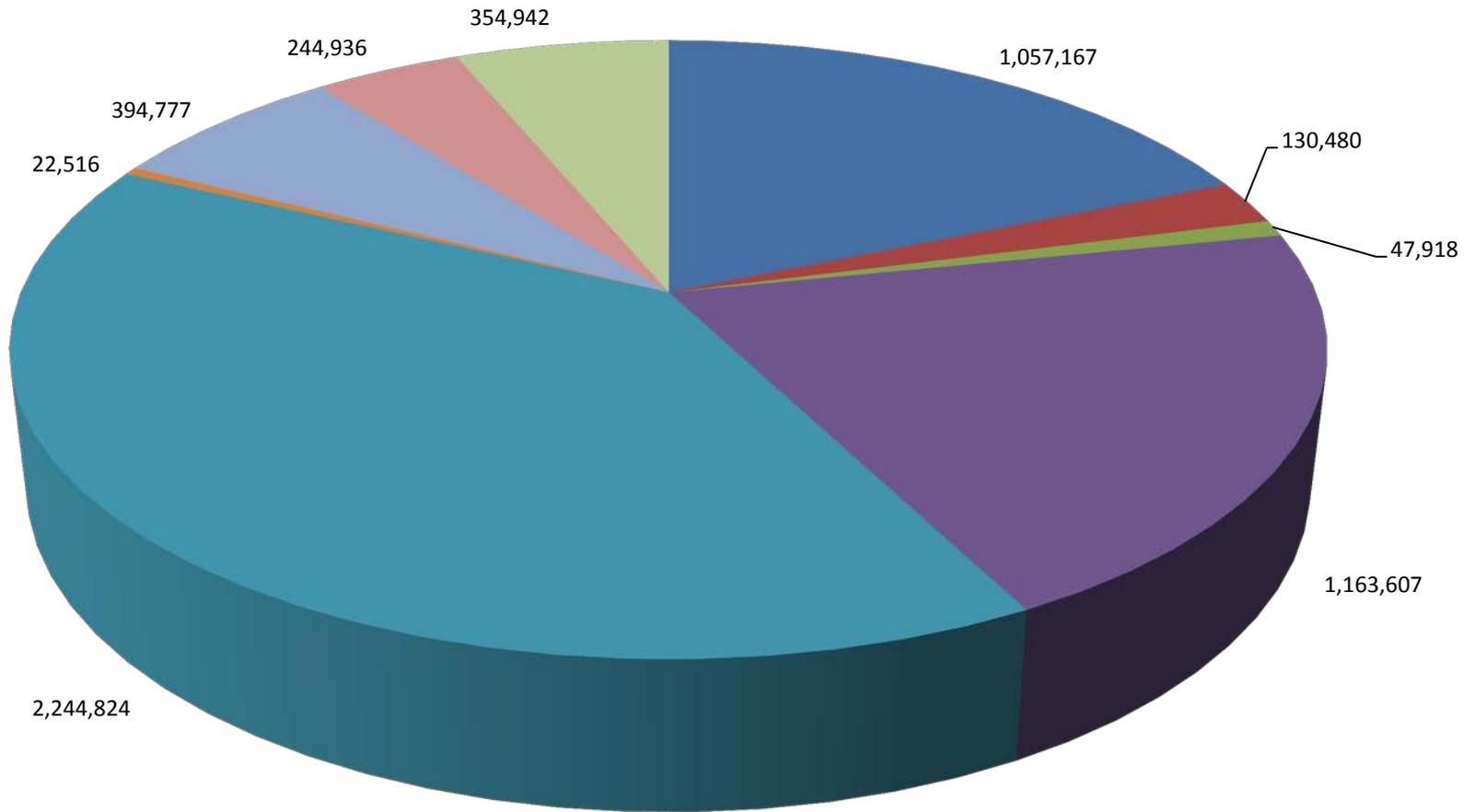
Below is a list of training needs identified by the Chester County SCA in collaboration with its stakeholders and provided by Chester County SCA for FY 2014/15.

- ❖ Opiate Past, Present and Future
- ❖ Overview of Addiction for Chester County Departments and Agencies
- ❖ Assessor Training for Chester County
- ❖ 12 Step Training, Parts I and II
- ❖ Prescription Drug Abuse
- ❖ Case Management Overview
- ❖ Overview of Narcan and Proper Administration
- ❖ Medication Assisted Therapy: A Pharmacologic and Medical Overview for Non-Medical Professionals

## **FISCAL INFORMATION**

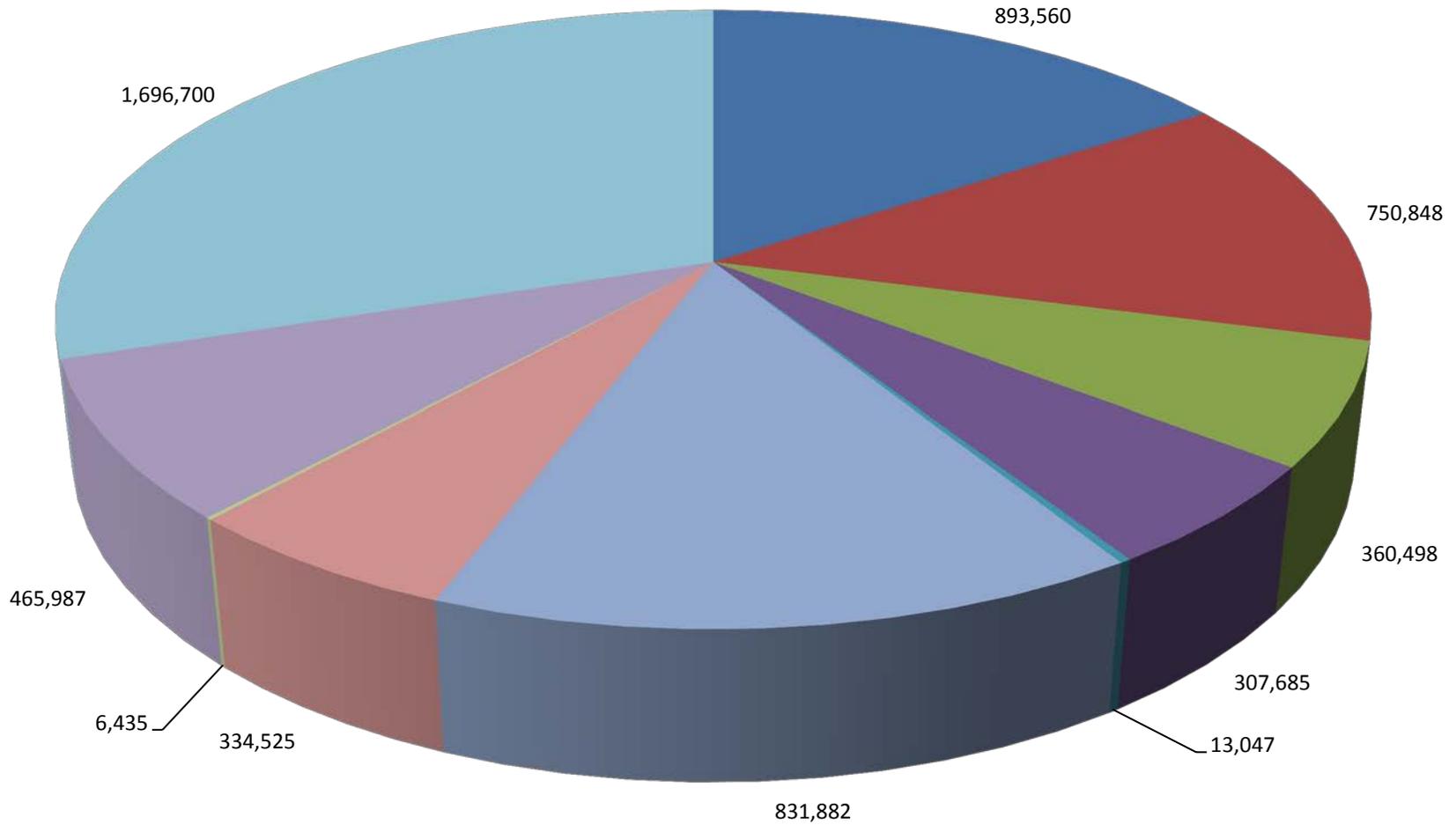
Total Revenue for the Chester County Department of Drug & Alcohol for FY 2014/15 was **\$5,661,167**. Revenue Sources included federal funding streams, PA State Base, PA Commission on Crime and Delinquency (PCCD), Human Service Block Grant Fund (HSBG), Chester County matching funds, and other miscellaneous sources (Interest, OMBH, Drug Court, Criminal Justice, SAMSHA & Children, Youth and Families Funding).

# REVENUE



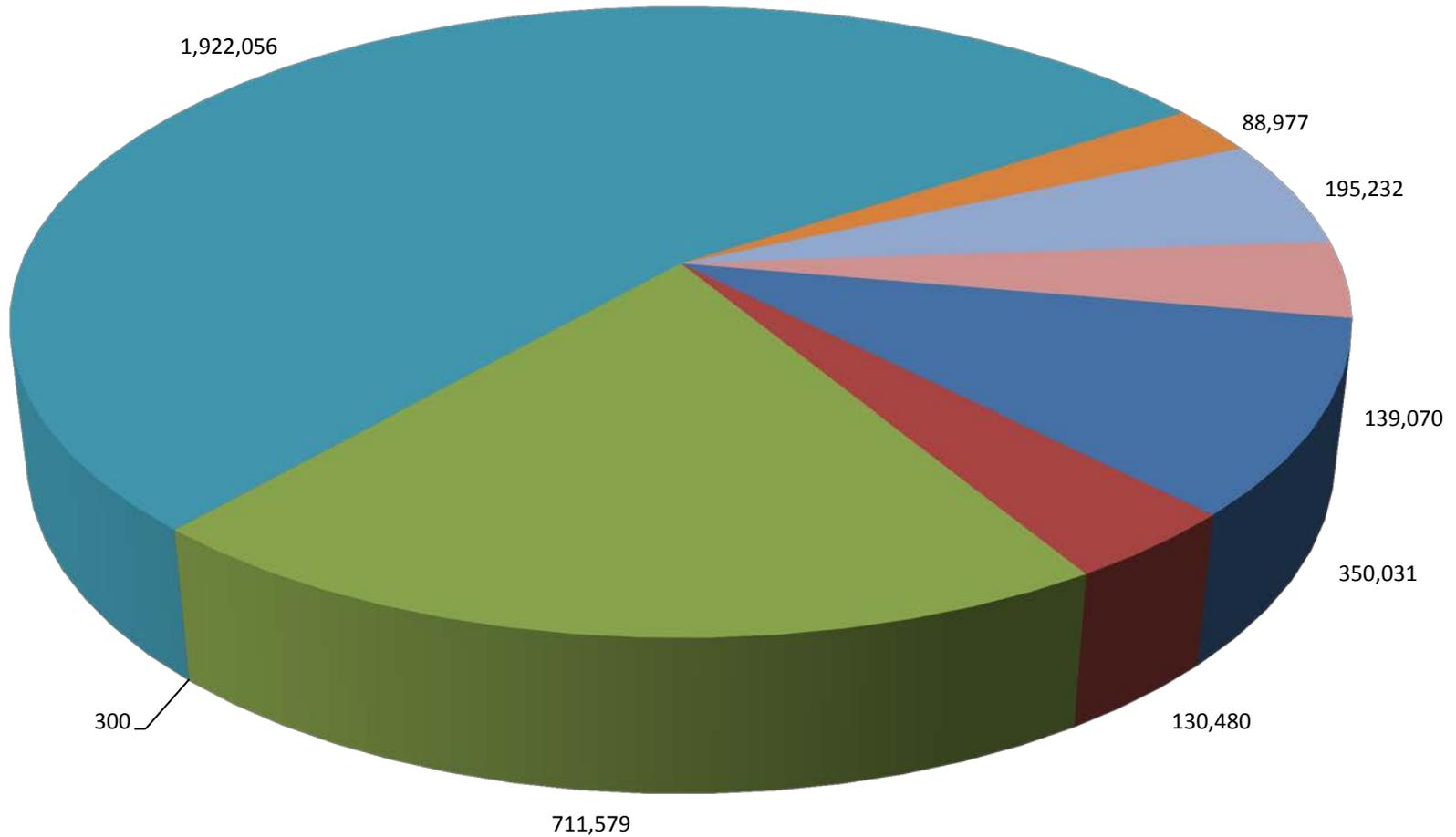
■ DDAP State   ■ ACT 1   ■ ACT 50   ■ DDAP Federal   ■ HSBG   ■ FINES   ■ COUNTY   ■ PCCD   ■ OTHER

# EXPENDITURE



■ Administration ■ Case Management ■ Detox ■ Halfway House ■ Intervention ■ Outpatient ■ IOP ■ Partial ■ Prevention ■ Rehabilitation

# FUNDS USED FOR TREATMENT



- DDAP State
- ACT 1
- DDAP Federal
- FINES
- HSBG
- COUNTY
- PCCD
- OTHER

# CHESTER COUNTY COMMISSIONERS 2015

*Terence Farrell, Chairperson  
Kathi Cozzone  
Michelle Kichline*

These services are made possible by the Chester County Commissioners, Pennsylvania Department of Drug and Alcohol Programs, and the United States Department of Health and Human Services. Some data for use in this report were obtained through the county's contract with the Department of Drug and Alcohol Programs. The Pennsylvania Department of Drug and Alcohol Programs specifically disclaim responsibility for any analysis, interpretations, or conclusions therein.

*Tom Wolf, Governor  
Commonwealth of Pennsylvania*

*Gary Tennis  
Department of Drug and Alcohol Programs*

Subcontracting agencies also receive contributions from local United Way chapters, foundations, and private donations.