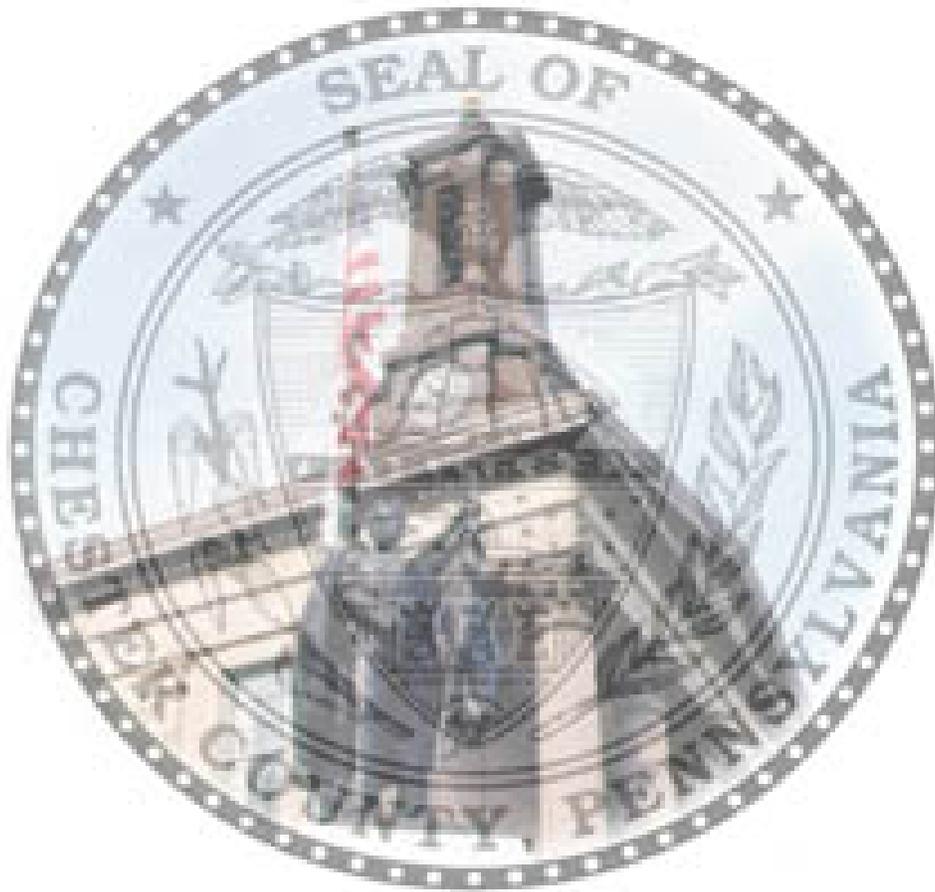


# ***CHESTER COUNTY***

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



## **ANNUAL REPORT FY 2016/17**

# **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 2016/17 Advisory Council membership was:

Mary Lyness, Chairperson  
Andrew Gray, Vice Chairperson  
Darlene Whenny, Secretary  
Gwenn Knapp, Member-At-Large

Margaret Adams, Member-At-Large  
Kim Gallagher, Member-At-Large  
Ethan Healey, Member-At-Large  
Barbara Dery Paul, 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  
Kaitlyn Genthert, Prevention Specialist  
Mary Jo Nickel, Fiscal Technician  
Nora Perrone, Fiscal Officer III  
Leomarys Torres, Fiscal Officer II  
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  
Kathryn Kinsley, Case Management Supv.  
Crystal Robertson, Case Manager  
Sheila Romero, Case Manager  
Amy Swider, 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**

- ❖ Continued the 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. Additionally, Good Fellowship Ambulance has taken the lead to train and distribute Naloxone to County and community agencies.
- ❖ 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 Care Behavioral Health (CCBH) on the implementation of a recovery oriented system of care principles and services throughout the behavioral health systems.
- ❖ Provided basic addiction and medication assisted treatment trainings to other Departments within Chester County and to the general public at various venues.

## **Treatment**

- ❖ Provided a full continuum of treatment services through our over 50 contracted providers throughout Pennsylvania, to meet the individual needs of our clients.
- ❖ In order to maintain our level of client access to services, Chester County SCA contracted with Creative Health Services, Inc. to replace the prior outpatient provider in the Phoenixville area.
- ❖ To meet the growing demand of inpatient beds, the County was able to add 1 new detoxification program, 3 short-term residential programs, and 1 long-term provider specializing in services such as dual diagnosis, trauma, and adolescent services.
- ❖ Maintained Intervention Services at each of our contracted Outpatient locations.
- ❖ Worked with contracted treatment providers to develop and implement Vivitrol administration prior to discharge from residential treatment and continued at the outpatient level free of charge to clients and reimbursing the providers.
- ❖ Continued to support Creative Health Services in the development of their Maternal Dependency Program (MDP) and assisted Gaudenzia Coatesville Outpatient in the creation of their MDP.

## **Case Management**

- ❖ Continued utilization of the Jail Project, assisting over 70 County prison inmates obtain medical assistance and gain admission into a residential drug and alcohol treatment program immediately upon parole.
- ❖ Utilized the Medicaid Retroactive enrollment process to obtain Medicaid managed care coverage to pay for over \$38,211 in-service reimbursement for eligible clients in residential treatment. Furthermore, completed over 530 assessments in the Chester County Prison and facilitated the referral and placement of approximately 250 inmates in residential treatment.
- ❖ Developed and implemented a cost reimbursement plan to institute Administrative Case Managers at each of the five (5) contracted outpatient points of entry providers to the Administrative Case Managers assisting with Medical Assistance applications, collateral contacts, development of life skill building goals and other case management duties,

thereby, allowing the clinical staff to offer more direct treatment and assessment services.

## **Recovery Support**

- ❖ In partnership with the Department of Human Services and Community Care Behavioral Health, the SCA completed a competitive selection process to select The Council of Southeastern Pennsylvania as the provider of Certified Recovery Specialist (CRS) services in Chester County. The Council located an office in Malvern, PA, hired a staff complement and began providing services in September 2016. To date the data reflects 25 different referral sources; 147 individuals referred to CRS services and 113 clients engaged with Council staff. The SCA and the provider continue to reach out to community resources to assist the individuals they are working with.

## **Prevention/Intervention**

- ❖ Over 18,000 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.
- ❖ Working with the Health Department, Good Fellowship Ambulance and community partners, continued efforts to increase awareness of the availability of Narcan® and training to use it. Over 50,000 brochures were distributed to local pharmacies, health care providers, hospitals and community members.
- ❖ The Overdose Prevention Task Force provided more than 20 trainings to schools, community groups, provider agencies and other key stakeholders. Trainings were conducted in conjunction with the Health Department, District Attorney's Office and other community partners, reaching over 600 community members, professionals, first responders, and students. Trainings provided participants with information on current issues, ways the problem is being addressed and how they can access services for themselves or others.
- ❖ Opiates: Continued work in coordination with various County and community stakeholders in the development of strategies to identify and educate relevant stakeholders on the Good Samaritan Act and Narcan® laws. The SCA was able to purchase and distribute Narcan® to various providers and stakeholders in the County.

## **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.

- ❖ Staffing: The Department was faced with understaffing in several positions throughout most of 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 was actively hiring during this fiscal year.

- ❖ Prevention/Intervention: Increased pressures on school partners regarding academic standards and testing reduces availability of classroom time for Evidence-based programs to be delivered.

Implemented/Suggested Resolutions: Creating new relationships with community partners and leveraging existing ones will be necessary to continue to provide these services.

- ❖ Prison Assessments: During FY 2016/17 the County completed 536 separate prison assessments which are slightly less than the number of assessments completed in FY 2015/16.

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). The Department will continue to utilize Holcomb Behavioral Health Systems to assist in conducting prison assessments.

- ❖ Residential Treatment Services: Trending in the decrease in availability of residential treatment beds began which has continued into the New Year. The demand is constantly exceeding available beds.

Implemented/Suggested Resolutions: When sufficient beds were not available, referral sources were instructed to refer clients, in need of detox, to local hospital emergency rooms for medical stabilization and referral to detox from there, as appropriate. Providers will also need to offer interim services for those that cannot enter any treatment. The Department continued to monitor the availability of additional detox and rehab providers with which to contract.

- ❖ Drug and Alcohol Treatment System (DARTS): The County began the process of converting its outdated DOS-based client data system to a new and updated database program. The conversion process has been difficult and slow in order to ensure that all client-related information was successfully migrated to the new system and that all staff members are competent in its use.

Implemented/Suggested Resolutions: All staff will be trained in the proper use of DARTS throughout its implementation process with support from the Human Services Area Manager and the contracted programmer. The DOS-based system will run concurrently with the new program until it has been determined that all client-related and fiscal information has been successfully transitioned into the new database.

## A YEAR IN REVIEW

### TRENDS

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

- ❖ Over the past seven (7) fiscal years (09/10 to 16/17), the percentage of non-hospital residential admissions with heroin/other opiates as the primary substance of choice increased from 36% to 52% while alcohol dropped from 44% to 26%.
- ❖ 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.
- ❖ The Department's Case Management Unit has continued to conduct a large number of prison assessments. 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 2016/17 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 '16-'17 fiscal year continue their downward trend 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) : **1,845**
- Number of unduplicated assessments: **797**
- Number of unduplicated admissions to detoxification: **147**
- Number of unduplicated admissions to residential treatment: **243**
- Number of unduplicated admissions to halfway house: **12**
- Number of unduplicated clients funded in outpatient, intensive outpatient and partial hospitalization treatment: **1,709**

## **TRAININGS**

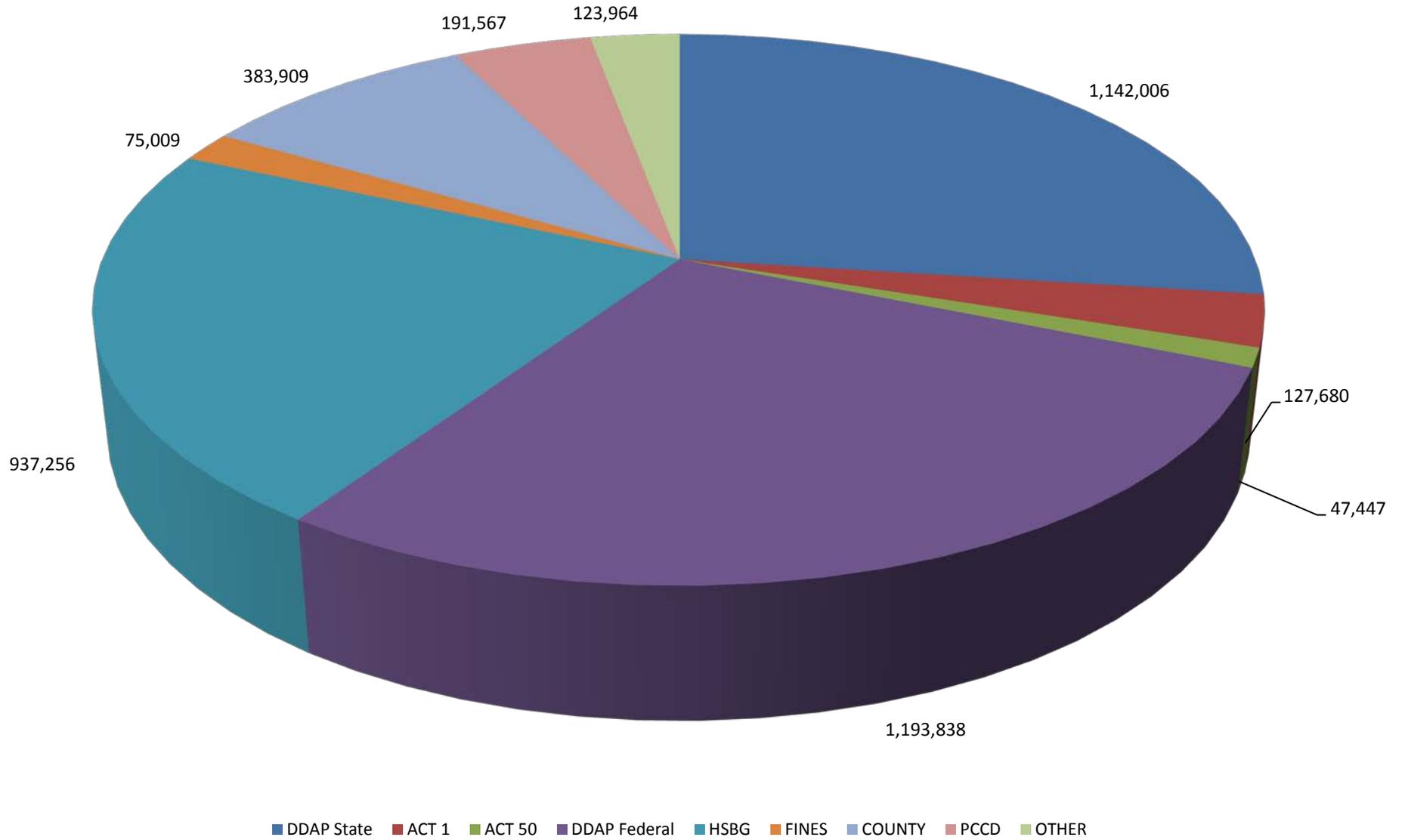
Below is a list of training needs identified by the Chester County SCA in collaboration with its stakeholders and provided by Chester County SCA for FY 16/17.

- ❖ Assessor Training for Chester County
- ❖ Addictions 101
- ❖ Medication Assisted Treatment

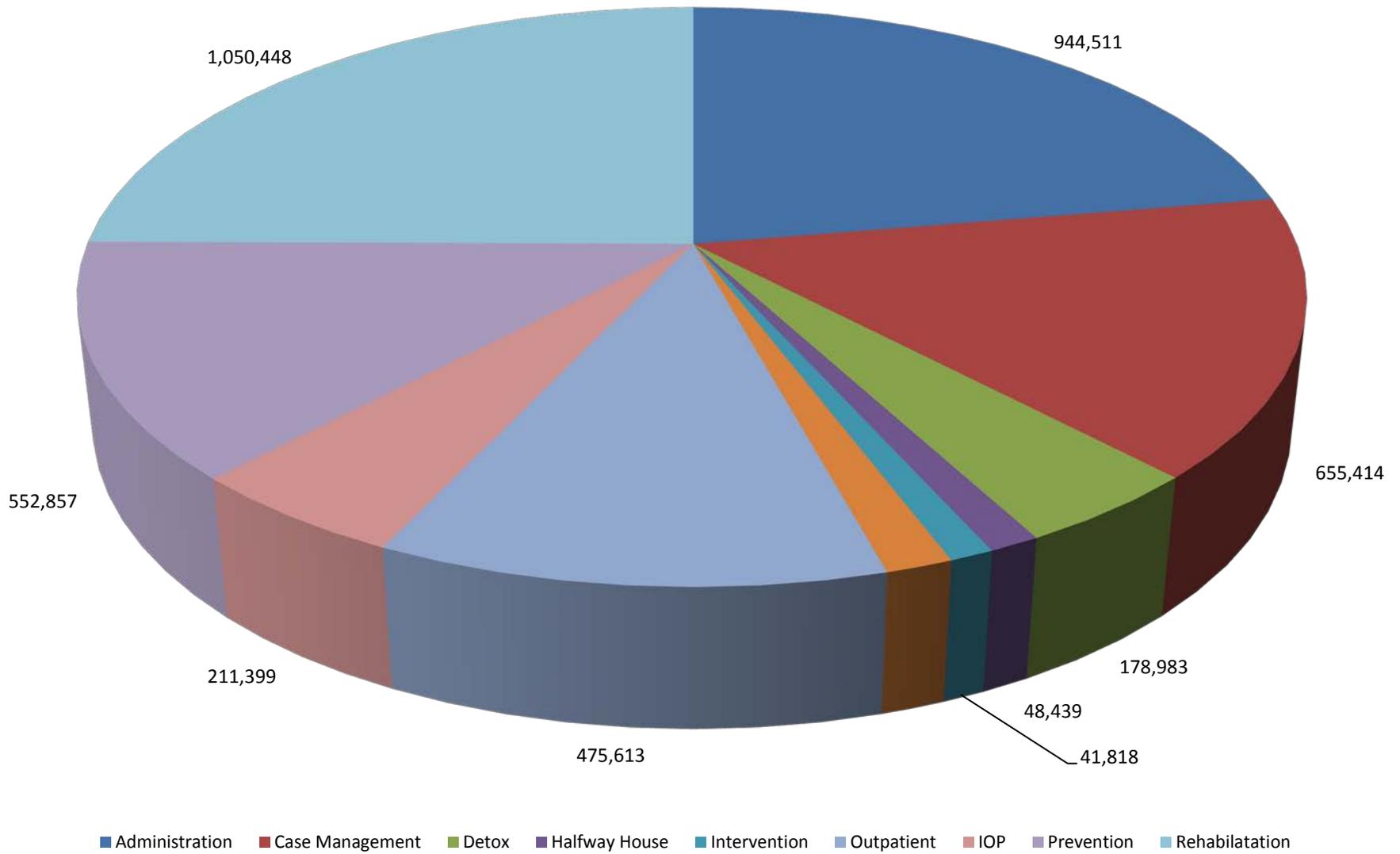
## **FISCAL INFORMATION**

Total Revenue for the Chester County Department of Drug and Alcohol Services for FY 2016/17 was **\$4,222,676**. Revenue Sources included federal funding streams, PA State Base, PA Commission on Crime & Delinquency (PCCD), Human Service Block Grant Fund (HSBG), Chester County matching funds, and other miscellaneous sources (Interest, OMBH, Drug Court and Criminal Justice).

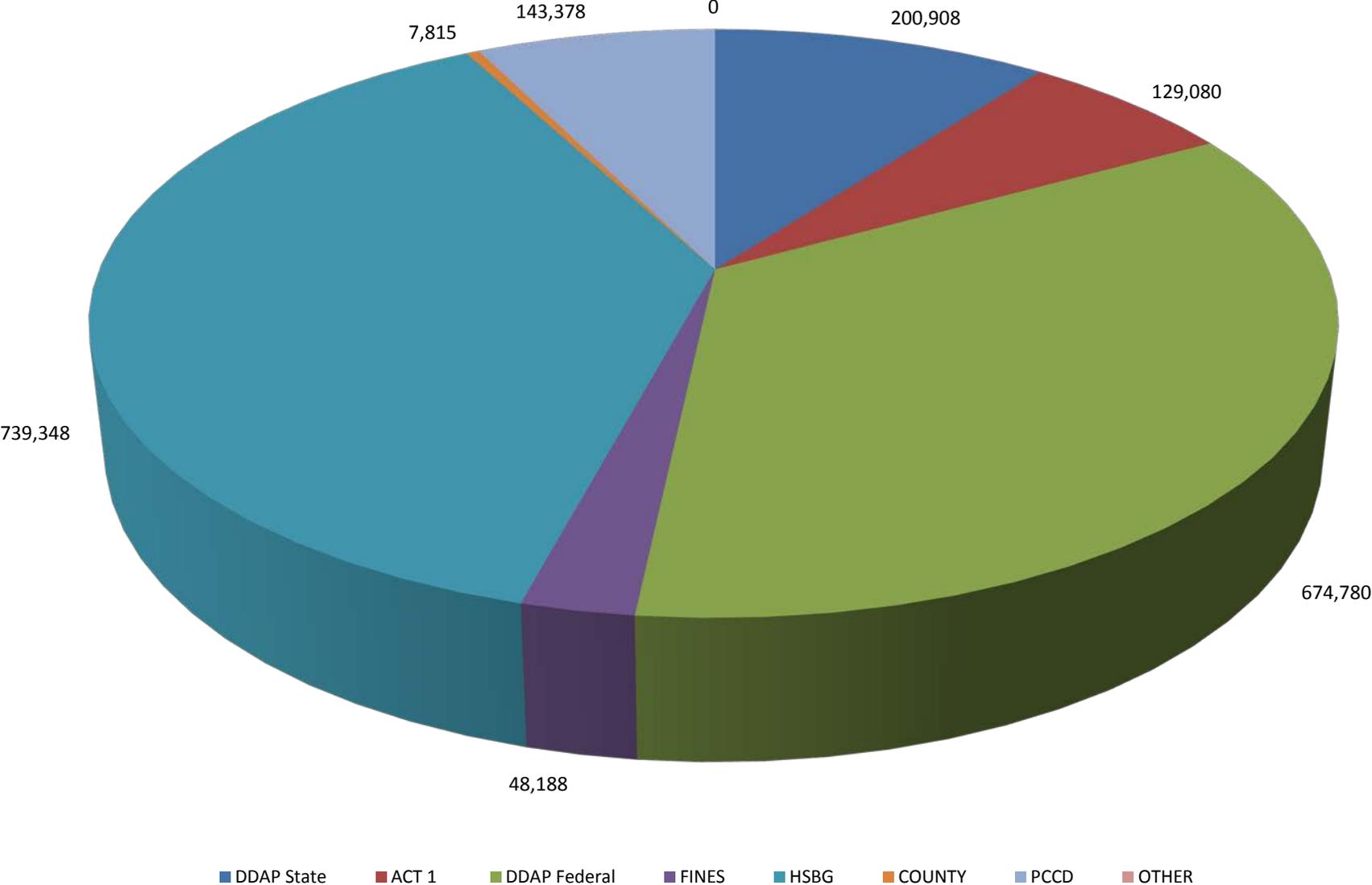
# REVENUE



# EXPENDITURE



# FUNDS USED FOR TREATMENT



# CHESTER COUNTY COMMISSIONERS 2016

*Michelle Kichline, Chairperson  
Kathi Cozzone  
Terence Farrell*

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*

*Jennifer Smith  
Department of Drug and Alcohol Programs*

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