

DELAWARE COUNTY

OFFICE OF BEHAVIORAL HEALTH

DIVISION OF DRUG AND ALCOHOL



FY 15/16

Treatment Plan

May 31, 2016

**DELAWARE COUNTY OFFICE OF BEHAVIORAL HEALTH,
DIVISION OF DRUG AND ALCOHOL
TREATMENT PLAN FY 2015/16**

MAY 31, 2016

I. Background

The Delaware County's 15/16 Treatment Plan was designed and implemented by the County's D&A Administrator, Assistant D&A Administrator, Case Management Supervisor, and Prevention Program Specialist and Fiscal Officer. The process began with the distribution of the Single County Authority (SCA) Treatment Plan directions to all SCA staff. This was followed up by a unit meeting of all relevant staff which included a review of the guidelines and discussion on narrative assignments. Additional meetings were held with key staff to discuss particular parts related to this plan. The SCA is a division in a larger department known as Delaware County's Office of Behavioral Health (OBH).

The primary opportunities for input were to review the current needs assessment and comment on the status of each individual objective. The SCA staff were assigned the task of updating the narrative sections of the plan. The final version of this Treatment Plan was reviewed by the OBH Administrator, D&A Administrator, and placed on the Department of Human Services webpage for public review. The D&A Planning Council will receive a copy of this finalized plan.

This Treatment Plan consists of a narrative that reflects information that was gathered through our provider network, community meetings, OBH Quality Improvement (QI) staff, Heroin Task Force (HTF) Coalitions, and Delaware County's Problem Solving Courts. Additional collaborations include the Department of Human Services, first responders, hospitals, and probation officers. The narrative explains how the SCA and stakeholders have analyzed the data and developed a plan to address the trends that were identified in the needs assessment.

II. Executive Summary

Delaware County (Delco) is located in the Southeastern region of Pennsylvania. There are 12 colleges and universities as well as 15 school districts and 49 municipalities within its borders. According to the census bureau, Delco is the fifth most populous county in Pennsylvania, and the third most compact. Delco is categorized as a Second Class (2-A) County with a population ranging from 500,000 to 799,999.

The SCA has identified trends, resources, and system barriers that impact the SCA's ability to respond to the demand for substance use disorder (SUD) treatment. Delco is using every resource in its reach to keep up with the volume

of people seeking treatment services. Below are the areas that were identified in our current needs and our plan to address the demand for treatment.

- Heroin and Prescription drug use
- MA Expansion
- Specialty Courts
- Increase provider contracts to address the demand for services
- Heroin Task Force/Coalitions
- Affordable housing
- Reinvestment Plans/Grants
- Integrated care and recovery supports

Delco identifies heroin use (injected and intranasal) as one of the largest substance use trends, particularly in the 18-30 age category. There is also an increase of prescription drugs which includes opioids and benzodiazepines among this population. Delco is also seeing an increase of cocaine use as well. Heroin uses has reached epidemic proportions and this trend has resulted in an increase of drug overdoses.

This population is encouraged to use the full continuum of care, which starts at detox, continues with residential treatment, and halfway house placement, and ends with completion of an outpatient (OP) program.

Overdose survivors are considered a priority population and restrictions including residency does not apply to this population. It is the policy of the Delco SCA to provide priority access to assessment, referral, and treatment services to overdose survivors. Through the Certified Recovery Specialist Model, these services will be provided to overdose survivors when they present to one of the seven emergency rooms, which are located within our county.

There is increase use of spice (K2) and waxing among our adolescent population. Wax is a highly potent form of THC that is smoked or vaporized. Vapor pens are the most popular smoking device use to inhale wax.

Delco realizes the importance of collaborating with existing resources and offering comprehensive strategies toward treatment and recovery.

Since the beginning of 2015, Medicaid expansion has brought more residents into the substance use treatment system. This has created an influx of individuals seeking services who are in need of a detoxification level of care. This statewide initiative has created issues and system barriers that impedes the SCA's ability to meet the treatment demands but continues to strategized on ways to expand services. Delco has a valued partnership with Magellan, our BH-MCO and together we collaborate on ways to address the opiate epidemic that plagues our county.

Delco maintains a strong working relationship with its provider network. Many of these providers participate with OBH and Magellan in ongoing coalitions, task forces, committees, and workgroups. These groups are vital to ongoing system development initiatives and planning processes. Having solid provider relationships enables the county to proactively plan for the development of needed services, often resulting in those services being developed collaboratively with leveraged, inter-system funding. These relationships are critical to the maintenance and future enhancement of a comprehensive public behavioral health system. Our goal remains to provide the highest quality of services to the residents of Delco

In discussion with local providers, the SCA has learned that not only has the demand for services increased substantially but also the individuals seeking assessment have more complex issues than in the past.

Several providers report that approximately 15% of individuals receiving treatment for opiates also experience medical issues, such as Hepatitis C, and approximately 25% who receive methadone treatment report having other medical complications, such as diabetes, obesity, and cardiovascular problems.

OBH will continue to work very closely with criminal justice partners in the county to provide jointly planned and funded services to the forensic population. OBH is very active in the local Criminal Justice Advisory Committee, as well as the related Behavioral Health Subcommittee that looks at inter-system planning and service development and coordination for mutual cases involved in both systems.

Delco's Court of Common Pleas currently offers three specialty problem solving courts to help reduce criminal offending through therapeutic and interdisciplinary approaches that address addiction and other underlying issues without jeopardizing public safety and due process.

- Drug Treatment Court (Inception 2008)
- Veteran Court (Inception 2012)
- Mental Health Court (Inception 2014)

These specialty Courts are in operation and working effectively to divert offenders from incarceration by offering them an array of service to address their addiction and co-occurring disorders.

Delco's OBH and Adult Probation/Parole jointly fund four behavioral health liaisons at the George W. Hill prison to coordinate treatment in the prison and in the community at release.

In order to keep up with the demand for services, Delco continues to execute additional contracts which has increased our access to detox beds and additional

levels of care. Last month, the SCA executed two additional provider contracts which increased our detox access by 54 beds.

Additionally, there has been an identified gap of adolescent services on the eastern side of the county. To address this demand, the SCA has encouraged a specific provider to expand their services. At this time, they are currently looking at real estate to help meet this need for adolescent services.

The Delco Heroin Task Force (HTF) was formed by our District Attorney, Jack Whelan and Delco Council to increase the community collaboration amongst parents, educators, youth, healthcare and business professionals, law enforcement, and community leaders. The HTF continues to provide a comprehensive community coalition that responds to the complex issues related to the alarming impact opioid abuse and misuse has on the community. The Task force goals include:

- Reduce the demand for heroin and illegally used prescription drugs;
- Educate citizens about the resources available to prevent and treat addiction;
- Reduce drug-related crime in the community through public education and law enforcement.

Local providers continue to report that the lack of safe/affordable housing is causing a huge barrier for individuals to remain sober and continue working on their recovery. Individuals in treatment are also reporting home environments often consist of others who are using which jeopardize their sobriety. This often leads to relapse and the need for another assessment to a higher level of care (if in outpatient) or leads to the individual discontinuing their recovery and/or treatment services.

The Recovery Houses located in the county provide some housing options to the D&A population, including persons with co-occurring disorders and forensic involvement.

Delco continues to use reinvestment plans to expand access and has also received additional funding to combat the opioid epidemic by expanding case management services and allocating funds for the purchasing of Naloxone. Our reinvestment funds will be allocated to local providers to increase capacity/access in our community as defined below:

- Adding 7 additional detox beds (approximately serve 300 additional individuals per year)
- Opening a second Halfway house (accommodate 16-24 Co-Occurring women)

In addition, Delco has another provider that is going to expand their continuum of care to include Inpatient Treatment. They will be offering both hospital based and non-hospital based services. (45-50 bed unit)

Delco embraces the initiative on the Integration of Health Care. The Integration of Care approach is used to assist recovering substance users with positive outcomes both clinically and fiscally.

OBH Quality Improvement Department conducts ongoing administrative meetings, learning collaborative, training and/or technical assistance for Dialectical Behavioral Therapy (DBT), Illness Management & Recovery (IMR), as well as PH/BH Integrated Health Care Approach (IHC). Administrative meetings are attended by OBH Quality and D&A Departments, provider program/administrative staff and Magellan, when applicable. Administrative meetings cover EBP updates, referrals, staffing, clinical reviews, and training.

The SCA strongly supports the developing of a Recovery Oriented System of Care (ROSC). Delco's SCA has developed and implemented a Contingency Fund Policy. Monies have been set aside to help with transportation and non-treatment needs of the individual living within the community.

Coordination of Services is a function of case management through which the individual's treatment and non-treatment needs are being addressed throughout the recovery process. This collaborative process includes engagement, sharing information, and occurs regularly with case management and/or provider staff serving the individual within and between agencies in the community.

The Intensive Case Management (ICM) providers respond to the individuals' tangible needs, such as food, shelter, and clothing. The SCA will ensure that these units will have current information on locations of food banks, shelters, and community clothing shops. Individuals, who accept services to address their non-treatment needs, will be referred to one of the ICM units.

Case management and substance use treatment are presented as separate and distinct aspects of the treatment continuum, in reality, they are complementary and, at times, thoroughly blended.

In conclusion, Delco continues to utilize every available resource and explores new initiatives to address the heroin/opioid epidemic which has grown out of control.

III. Needs Assessment Results and Corresponding Plans of Action

Objective 1: Obtain an estimate of the prevalence of substance use disorder in the total population of an SCA.

Table 1									
SCA Estimates of the Prevalence of Substance Abuse Disorders (NSDUH) 2013									
Single County Authority	Population 2013	Prevalence Age 12+ NHSDA 2013		Prevalence Age 12-17 NHSDA 2013		Prevalence Age 18-25 NHSDA 2013		Prevalence Age 26+ NHSDA 2013	
		Population	Prevalence (Rate= 8.28%)	Population	Prevalence (Rate= 5.74%)	Population	Prevalence (Rate= 19.66%)	Population	Prevalence (Rate= 6.68%)
Delaware	561,973	479,621	39,713	45,250	2,597	107,169	21,070	368,872	24,641
Statewide	12,773,801	11,009,587	911,594	954,034	54,762	2,254,981	443,329	8,647,732	577,668

According to the 2013 National Survey on Drug Use and Health (NSDUH), Delco had a total population of 561,973 and the total number of substance misuse and abuse for ages 12-26+ was 88,021.

County residents aged 12 and older with substance use disorders was 39,713. The prevalence rate of substance use disorders among youth ages 12-17 in this population was 5.74%, for a total of 2,597. The prevalence rate of substance use disorders among young adults age 18-25 was 19.66%. The estimated number of residents in this age range with substance use disorders was 21,070. The number of Delco residents aged 26 and older equaled 368,872. The prevalence rate of substance use disorders in this population was 6.68% and the estimated number of residents in this age range with substance use disorders was 24,641.

Based on the data presented the SCA's goal in addressing the prevalence of use among 12-17 year olds will be to provide more evidence based prevention educational services and outreach providers to add more adolescent and young adult treatment services. Identifying the communities needs in order to increase community awareness around ATOD misuse and abuse. Continue to provide SAP training to school social workers, counselors, and teachers.

For those among the ages of 18-25 the SCA will utilize the resources available in the community as well, provide education to colleges and universities, add prevention and intervention education, and provide alternative activities and implement evidence based trainings on signs and symptoms of substance use disorders to community members, case managers, teachers, college professors, and emergency responders. Our county will also provide Narcan information sessions to help intervene at the site of an opioid overdose and following this life saving measure (emergency room, referral for Substance Use Disorder (SUD) assessment, SUD treatment, and family support) with the goal of reducing future opioid overdoses and deaths while increasing moving the client along a continuum of care

The number of Delco residents aged 26 and older equaled 368,872. The prevalence rate of substance use disorders in this population was 6.68% and the estimated number of residents in this age range with substance use disorders

was 24,641. We have added more detox beds, as well contracted with two out of county treatment facilities.

The initial phase of treatment generally begins with detoxification. Medically monitored non-hospital detox specializes in opiate withdrawal. A variety of pharmacological interventions including vivitrol, buprenorphine, and methadone are utilized to help mitigate withdrawal symptoms. Also, all clients will undergo a thorough assessment, and evaluation (medical & psychological) during this phase of treatment.

Our Base Service Units utilize a PCPC/ASAM, certified physician who supervises this highly specialized medical team which includes a psychiatrist, RNs, LPNs, physician's assistant and ancillary staff.

All screening and assessments will be completed by staff at a licensed D&A residential non-hospital treatment and rehabilitation facility located in a freestanding or health care-specific environment. Also, the use of pharmacological interventions will be used to mitigate the withdrawal symptoms such as Detox protocols include: vivitrol, methadone-to-abstinence, buprenorphine, and methadone maintenance.

Our providers offer buprenorphine as part of the detox protocol for Opiate Dependent patients. Detoxification with buprenorphine requires a face-to-face evaluation with a specially licensed physician. Buprenorphine is a partial opiate receptor agonist which does not produce euphoria but provides relief from mild to moderate opiate withdrawal.

As stated in the Pennsylvania Client Placement Criteria 3rd Edition (PCPC 2014) for clients receiving 3C level of care, the increased need for medically monitored long term residential beds for the substance use/abuse disordered populations will be applied to assist the clients who have chronic problems associated with chemical dependency including emotional and behavioral conditions, criminal justice involvement, and/or socioeconomic deficiencies such as occupational, educational, economic skills, and impairments. With the assistance of a Certified Recovery Specialist, and or other Peer Supports this person will assist clients with accessing funding from the County Assistance Office (CAO) from application to follow-up.

One provider offers adolescent treatment for youth aged 14-18. There is currently no waiting for treatment. They also participate in a pilot youth offender diversion project with Juvenile Court for non-violent offenders. This program has grown to three groups especially for youth identified by Juvenile Court for treatment. These youth participate in an 18-month treatment program and can have their record expunged upon successful completion of treatment.

Another provider offers adolescent treatment for youth aged 14-18. There is currently no waiting list for treatment. In addition to adolescent treatment, a parent group is mandatory for all youth enrolled in Intensive Outpatient.

We have a provider offering adolescent treatment to youth aged 12-18. Twelve and 13 year olds are typically served in individual outpatient due to their age. There is currently no waiting list for the program.

The adolescent provider also offers a specialized track for individuals aged 18-24. There is no waiting list for this program.

Based on Delco's 2013 Pennsylvania Youth Survey (PAYS) data, students recorded the highest lifetime prevalence-of-use of illicit drugs, summarized by the indicator "any illicit drug" with 4.9% for prescription drugs and 0.4% for heroin.

The overall prevalence rate for the past 30 day use ranges from 1.6% for prescription drugs and 0.1% for heroin. The prescription drug most frequently used by students in this county were narcotics.

The next most frequently used substance were prescription stimulants (2.6%), compared to a state rate of 3.7%.

The most common gateway substance used in this county was alcohol. Overall, 42.6% of students in this county used alcohol in their lifetime. Marijuana, with 18.5% of students reporting lifetime use, compared to the state (18.9%).

Youth who are arrested for underage drinking or minor drug possession and are referred to Youth Aid Panel are referred to Rewind at Holcomb Behavioral Health Systems. Rewind is a three session harm reduction model that educates youth about the dangers of alcohol and drug misuse and abuse as well as the consequences associated with continued use. Two sessions occur with the youth and the third session is a youth and parent session.

We have chosen to look at the school districts to determine our targeted community in Delco from July 2015 to June 2020. The targeted community will receive the following evidence-based programming: Beginning Awareness Basic Education Studies (BABES), Keep A Clear Mind, Media Straight Up, and Safe Dates.

According to the Pennsylvania Board of Probation and Parole, there were 18,347 residents supervised by probation and parole in Delco in 2014. It is estimated that 70% of those persons had substance use problems for a total of 12,843.

The Pennsylvania State Probation and Parole, Chester District estimates that 51.4% of their district's caseload resides in Delco. There were 1,676 persons who were supervised by State Probation/Parole during 2014 in Delco. It is

estimated that 70% of those persons had substance use disorders for a total of 1,173.

OBH will continue to be active in the local Criminal Justice Advisory Committee, as well as the related Behavioral Health Subcommittee that looks at inter-system planning and service development and coordination for mutual cases involved in both systems.

The SCA shall continue to be part of Delco Treatment Court Team and will offer technical support and work on system issues that may arise.

Objective 2: Identify emerging substance use problems by type of chemical, route of administration, population, availability and cost, etc.

Opiate use seems to be the most abused substance for individuals in Delco. The population varies, but a high percentage is among young adults between the ages 20-28. Of all the adult admissions into treatment facilities in Delco, 73.8% of them are opiate users. Treatment providers report that Heroin is easily accessible and is low cost in Delco.

The SCA has also noticed an emerging trend among adolescents, who have easy access to cheap or homemade drugs via the internet. There has been an increase in the use of K2 and waxing.

As of April 2016, the SCA has added two additional treatment facilities to our provider network. The SCA has solidified contracts with these treatment providers to meet the demand for substance use disorders in Delco. These providers will deliver more services to assist individuals in the need of hospital and non-hospital based amenities. These services include but are not limited to detox and rehabilitation levels of care.

Objective 3: Identify local, state, and national trends that may impact the SCA.

Delco's Court of Common Pleas currently offers three specialty problem solving courts to help reduce criminal offending through therapeutic and interdisciplinary approaches that address addiction and other underlying issues without jeopardizing public safety and due process.

The Drug Treatment Court program is a program to help address addiction, make positive lifestyles changes, and avoid serving lengthy jail sentences. This program consists of three tracks of offenders.

TRACK I: Level 1/ Level 2 Offenders: Targets non-violent offenders with substance addiction and/or co-occurring disorders who have been arrested on new criminal charges and/or violation of county probation/parole.

TRACK II: Level 3/ Level 4 Offenders:

The Prison Alternative Drug and Alcohol Program (PADAP) offers non-violent level 3 and 4 offenders the opportunity to undergo treatment and relapse prevention instead of incarceration.

TRACK III: Young Adult Offenders:

Targets first time young adult offenders that are currently charged with a felony marijuana drug case. The young offenders program was recently established in March 2016.

This Treatment Court currently has 116 participants; 20 of which are young adult offenders and has held 15 commencements.

The Veterans Treatment Court is a program that serves defendants who have served in a branch of the military. This court assists veterans who are struggling with addiction, mental illness, or co-occurring disorders and come in contact with the criminal justice system. This court currently has 26 participants and has held three graduations.

The Mental Health Court Program is a program that serves offenders with a serious mental illness (SMI) diagnosis (schizophrenia, major mood disorder, psychoses NOS, borderline personality disorder, substance use) which is related to their current criminal justice involvement. This court currently has 24 participants and has held one graduation.

Delco's specialty courts provide intense supervision totaling a minimum of 18-30 months. The length of time in the program depends on how well participants progress. The demand for services continues to grow as this population comes with complex issues that need to be addressed. Despite this challenge, these courts continue to produce positive outcomes towards recovery.

In August 2014, The National Drug Early Warning System (NDEWS) was established to provide data on national trends across the United States. A few trends identified in 2014 by NDEWS which impact the SCA include 1) increased admissions to treatment citing Heroin as drug of choice, 2) increased deaths due to drug overdose, and 3) increased usage of Synthetic drugs and the inability of SA providers to test new strains as they surface.

In response to the spike in prescription drug misuse and abuse, Delco was awarded the federal Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grant. Under this grant our primary prevention provider, in partnership with the Delco Heroin Task Force, has created the Partners for

Success Coalition. The Coalition facilitates the following programs: Prescription Takeback, Community Day–Celebrating Prevention and Information Dissemination.

Under the SPF-PFS grant, Nurse Family Partnership and Drug Free Communities each facilitate education around prescription drug misuse and abuse, data collection and focus groups.

Additionally, under this grant, Crozer Community Hospital addresses prescription drug misuse and abuse through speaking engagements and the evidence based program Too Good for Drugs.

The SPF-PFS grant also addresses underage drinking. Holcomb Behavioral Health Systems facilitates the following evidence based programs: Power of Parents, Parents Who Host Lose the Most, and Project Sticker Shock.

Through the SPF-PFS grant, Upper Darby Weed & Seed facilitates education on underage drinking and prescription drug misuse and abuse with the following state approved strategies: Anthony Becht Football Camp, Upper Darby Cheerleading Camp, Upper Darby Summer Stage, Upper Darby Sunshine Arts, and Upper Darby Library Program.

Objective 4: Identify the demand for substance use disorder treatment.

Delco has had a significant increase in heroin abuse, which has reached epidemic proportions. Throughout the 2012/13 fiscal year, 716 individuals were admitted to a 3A detox level of care. Additionally, 593 individuals were admitted for inpatient non-hospital 3B level of care.

Delco's only inpatient facility has been tracking deflections from the admissions department, due to the facility's lack of detox bed availability. In 2014, the Admissions Department documented 654 "no detox bed" deflections. The 2015 data shows this rate has almost doubled to 1230 with "no detox bed" deflections.

There is a high demand for inpatient as well as outpatient treatment services, especially for those individuals using heroin. Several treatment providers report that there has been a waitlist to obtain these services in need. Delco's only inpatient treatment provider has added seven additional detox beds to their facility, which will increase our capacity of available detox beds. The SCA plans on solidifying more contracted providers to address the demand in this area.

Additionally, there has been an identified gap of adolescent services on the Eastern side of Delco. There has been a demand for treatment for adolescents which includes individuals who are court stipulated. Providers also report an increase in school recommendations for adolescent treatment services, in an

effort to assist students to remain in school. Along with education objectives and initiatives, providers report that there continues to be an increase in self-referrals with adolescents, through parental stipulation.

To address this demand, the SCA has encouraged a specific provider to expand their services. At this time, they are currently looking at real estate to help meet this need for adolescent services.

Objective 5: Identify issues and systems barriers that impede the ability to meet the assessment and treatment demand in the SCA.

The SCA shall continue to meet with providers and collaborate on ways to address barriers that impede Delco resident's access to behavioral health services within the county.

There are three areas of concern that present as barriers for individuals who seek treatment. The barriers to treatment are lack of detox beds, lack of outpatient services on the Eastern side of the county, and housing.

Delco's providers report the lack of available detox beds has created a barrier for getting people into treatment. The need for the detox beds to meet the individuals request for treatment at the time of assessment is imperative in order to continue to meet the treatment demands and ensure the individual is receiving adequate treatment when they are interested in being referred to a treatment facility. In order to keep up with the demand for services, Delco will continue to execute additional contracts which will increase our access to detox beds and additional levels of care.

The biggest barrier/ gap in providing service to substance abusers in Delco is the cost of opioid treatment. Commercial insurance and Medicaid currently pay for buprenorphine. There are also high copays associated with accessing treatment. If a client loses their Medicaid then they often turn to the county for funding which historically have been extremely limited. Also, some of our providers do not accept cash or commercial insurance, therefore it must be county funded and/or paid for our MCO's.

There is also a need to increased outpatient treatment providers in the eastern part of the county, as most of the outpatient providers are located on the western side of the county, creating a barrier for individuals living quite a distance away. A local provider is currently exploring real estate options to expand their services on the Eastern side of the county.

Delco's providers report that the lack of safe/affordable housing is causing a huge barrier for individuals to remain sober and continue working on their recovery. Individuals in treatment are reporting home environments that often

consist of others who are using, or triggers that jeopardize their sobriety. This often leads to relapse and the need for another assessment to a higher level of care (if in outpatient) or leads to the individual discontinuing their recovery and/or treatment services. This barrier is hard to meet because so many of the individuals that receive services from the SCA have criminal backgrounds that preclude them from Housing Authority options.

Delco shall continue collaborations with the Office of Adult Services and the Delco Housing Authority to obtain current program initiatives and regulations. The SCA will continue representation on the Program Advisory Board for Supportive Housing. The role of this committee has four main functions:

- Selection of clients for subsidized housing slots
- Corrective Action measures to be placed upon non-compliant clients
- Maintain and update the programs policies and procedures
- Case reviews

The program Advisory Board meets regularly to review supportive housing dispositions to fill available slots.

Delco plan of action is to use reinvestment plans to expand access and use additional funding to combat the opioid epidemic by expanding case management services and allocating funds for the purchase of Naloxone. Our reinvestment funds will be allocated to local providers to increase capacity/ access in our community.

Objective 6: Identify assets or resources in the county or region to help respond to treatment demand.

The SCA will continue to collaborate with Magellan in the development of new programs that will have an impact on the delivery of D&A services in Delco. There are a number of programs/services that are the result of collaborative efforts and that were specifically created to address the multisystem needs of the homeless or near homeless, the forensic population (including treatment courts), the dually diagnosed, those with co-occurring disorders, and individuals with comorbid physical health disorders.

Delco's SCA continues to have a positive relationship with the liaisons at the CAO to ensure and assist with the expedited enrollment process for clients seeking treatment. Collaboration between both offices has proven very helpful to the residents that this SCA serves. Through the Federally-Facilitated Marketplace (FFM), Pennsylvania began offering health coverage in 2015 which has expanded Medicaid coverage to low income adults. With the new Medicaid Expansion, individuals have been flipping over to Managed Care quicker. This

collaboration between offices continues to provide understanding of the medical assistance protocol to expedite eligibility for clients in need.

Delco's OBH and Adult Probation/Parole jointly fund four behavioral health liaisons at the GW Hill prison to coordinate treatment in the prison and in the community at release. Another resource that is available to the SCA is a specialized unit, Diagnostic Services, which operates out of the County Courthouse and within the court system budget, to provide all the adult criminal justice D&A assessments and CRN evaluations for DUI offenders in the county.

The Delco Council and the Department of Human Services, OBH, secured a grant of \$125,000 from the Pennsylvania Commission on Crime and Delinquency (PCCD) to focus on overdose prevention. The Certified Recovery Specialist (CRS) Program launched Friday, April 1, 2016. Delco Council approved the hiring of two certified recovery specialists (CRSs) who have been notified when an overdose victim is taken to a hospital. The goal of the program is to continue to work with the county's seven emergency room teams to reach overdose survivors and connect them with a recovery specialist to obtain treatment.

The D&A Mobile Engagement Specialist (ES) continues to provide service to individuals who are in residential levels of care needing assistance with the transition to outpatient treatment. The Engagement Specialist Program benefits individuals in residential facilities who have are not enrolled in Intensive Case Management (ICM) services through another agency. In addition to discussing the benefits of D&A ICM services, the Engagement Specialist continues to be responsible for facilitating the transportation of individuals to their initial aftercare appointment following discharge from residential treatment. Currently, Delco's partner, Magellan Behavior Health, provides funding to have an ES at two of the SCA's assessment sites.

As of January 2016, Motivation Vitality Perseverance (MVP): Men's Recovery House has added its sixth house to their facilities. MVP is a Recovery Community that continues to offer a safe, sober, and structured living environment for individuals who want to embrace a life of Recovery, free from the use of alcohol and other drugs.

Objective 7: Identify evidence-based programs and practices in the county or region to help respond to emerging trends and treatment demand.

As of 2015, Delco law enforcement officers have administered approximately 200 doses of naloxone. In response to the Pennsylvania Physician General's standing order for naloxone, Holcomb Behavioral Health Systems has developed a community naloxone training for family members and provider staff who know someone who experiences an opiate addiction.

The training provides information regarding the history of the opiate epidemic, signs and symptoms of an opiate overdose, how to intervene if an overdose has occurred, how to administer naloxone, and treatment options available. Holcomb Behavioral Health Systems has partnered with Delco emergency medical services personnel for the monthly training. Holcomb has the capacity to train 25 people every month. If a waiting list occurs and a specific community has several members on the waiting list, Holcomb will travel to that community to deliver the training.

For example, a local business had six staff on the waiting list for training so Holcomb worked with the restaurant to host the training and have it be open to members of the community who were interested. In addition to the monthly community-based training, Holcomb also delivers the training to D&A provider agencies.

Illness Management and Recovery (IMR) is a step-by-step program that helps people set meaningful goals for themselves, acquire information and skills to develop more sense of mastery over their illness, and make progress towards their own personal recovery. Enhanced- IMR (E-IMR) is based on a combination of two EBP's: Integrated Dual Disorder Treatment (IDDT) and IMR. E-IMR addresses the needs of members with co-occurring disorders and focuses on self-management skills and education around both MH and SUD. Currently, Delco has three providers utilizing this program model.

Dialectical Behavioral Therapy (DBT) is a cognitive behavioral treatment that was originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder (BDP) and it is now recognized as an effective psychological treatment for co-occurring disorders as well. DBT is conducted individually and in a group setting. The curriculum is skills based and can address trauma as well. Individuals are given homework to reinforce skills learned in individual sessions. Group sessions are used as a vehicle to share and learn from peers. Currently, Delco has three providers offering this service.

Objective 8: Identify and quantify the resources necessary to meet the estimated treatment demand (identified in Objective 4) and any emerging trends that impact demand.

The Heroin/opioid epidemic continues to place a high demand for detox beds in our county as well across the commonwealth.

Delco continues to use reinvestment plans to expand access to combat the opioid epidemic. Our reinvestment funds will be allocated to local providers to increase capacity/access in our community as defined below:

- Adding seven additional detox beds up to \$154,960 for start-up costs (approximately serve 300 additional individuals per year)
- Opening a second Halfway House up to \$102,156 for start-up costs (accommodate 16 Co-Occurring women)

Delco's Assessment/Outpatient and Methadone provider will be expanding their continuum of care to include Inpatient Treatment. They will be offering both hospital based and non-hospital based services to combat the heroin epidemic. These funds will be designated for building expenses to expand their facility to include these levels of care. (45-50 bed unit)

To address this demand, the SCA will continue to use every available resource including expanding our provider network by adding additional contracts to increase access and capacity. Last month, Delco executed two additional provider contracts which increased our detox access by 54 beds.

IV. Fiscal Impact

Delco contracts for support services as well as outpatient services through cost-reimbursed contracts with capped allocations. These allocations are based on prior year usage and can be negotiated as necessary throughout the fiscal year. Having set allocations for these services helps to plan accordingly for the remaining residential based-treatment.

Delco SCA D&A maintains an internal residential client authorization/payment database which tracks the total funding by source to accurately maximize all dollars to meet the needs of our county residents. The client's point of entry into the system is through being assessed at one of our three contracted anchor providers. The client's county residence is verified along with their funding eligibility. Once a client is determined to be eligible for county funding, the anchor providers will ensure that the client applies for Medical Assistance and in turn will, if eligible, have access to Managed Care benefits.

The anchor provider submits a request for approval for treatment and at that time, the County Case Manager based on the client details provided, determines all funding sources the client is eligible for and enters that information as well as the treatment approval into the SCA's client database.

The provider who administers the treatment will submit an invoice for payment. At that time, the fiscal department, using the database funding tracking and the client eligible funding data, decides which funding source is applicable and available. By entering the paid funding source used for each treatment stay into the internal system, it will update the fiscal allocation remaining totals for that funding source. This allows the fiscal officer to avoid incurring any deficits and manage the flexible funding streams to provide the most effective treatment within the overall drug and alcohol total allocation.

In recent years, Delaware County has been proactive in acquiring additional funding by applying for supplementary grants through DDAP such as Gambling Prevention and SPF-PFS as well as outside opportunities through PCCD for Naloxone and Overdose Prevention. We are fortunately a block-grant county and that allows us to have some flexibility in supplementing our allocations with surplus funds from other departments.

As Fiscal Year 2015/2016 concludes, we are beginning to see the benefits of MA expansion and are evaluating all of our programming and funding allocations from all sources to establish a plan that will bring the most comprehensive effective services to combat the initiatives mentioned above in section III and to meet the needs of our county residents.

V. Quality Assurance and Outcome/Performance Measures

A quality management process should provide a framework to operationalize a data driven, outcome-focused approach to the SCA planning process. This section should summarize the SCA's quality management initiatives. Describe how, if at all, the SCA evaluates the quality of services provided. Describe how, if at all, the SCA is utilizing outcome and performance measures (i.e. policy formation, performance based contracting, client satisfaction surveys, etc.). Also, identify what type of strategies the SCA will use to ensure that its providers will be able to meet state and national outcome measures.

The Quality Management Program in Delco is dedicated to the immediate and ongoing evaluation of all SCA funded Substance Abuse programs. In order to maintain a high fidelity evidenced based model of outpatient programming within the continuum of care the SCA collaborates with the OBH Quality Improvement Department to develop and monitor current practices in Delco. As discussed, in the needs assessment Delco has two evidence based outpatient models (DBT, IMR) across seven SCA funded providers, two of which are base service providers and a Physical Health/Behavioral Health Integrated Care Approach across our most at risk populations through our Blended Case Management Units,

OBH Quality Improvement Department conducts ongoing administrative meetings, learning collaborative, training and/or technical assistance for Dialectical Behavioral Therapy (DBT), Illness Management & Recovery (IMR), as well as PH/BH Integrated Health Care Approach (IHC). Administrative meetings are attended by OBH Quality and D&A Departments, provider program/administrative staff and Magellan, when applicable. Administrative meetings cover EBP updates, referrals, staffing, clinical reviews, and training.

The Learning Collaborative model is utilized on a quarterly rotation to allow providers the opportunity to share best practices, update on programming, obtain

regulatory updates, grant opportunities, piloting opportunities as well as training related to evidence based practice. Individual provider technical calls supplement the quarterly Learning Collaborative in that this is an opportunity to ask targeted questions as well as feedback regarding EBPs. These technical assistance calls occur in the interim of the Learning Collaborative.

Technical assistance calls and/or trainings are utilized to allow contracted consultants, OBH QI and program staff, provider administrators as well as identified front line staff the opportunity to obtain/share national data trends, access the most current and innovative models and best practices in order to maintain high fidelity to the chosen model.

OBH QI implements a Continuous Quality Improvement process in order to evaluate providers implementing the EBP models on an, at minimum, annual basis. Site visit and audits are conducted by OBH QI, Magellan and contracted consultants, if applicable. Site visit may include member and staff interviews, chart reviews and observations. Immediately following each site visit program administrators are given a snap shot summary of visit. Within 30-60 days provider results are emailed to the provider with feedback regarding strengths and opportunities for improvement. OBH, SCA, and Magellan are always a resource as needed for technical assistance.

Finally, OBH QI monitors program impact through collection of quarterly data and analysis of data to determine trends and outliers. Identification of outcomes to monitor impact over time as well as comparison studies occur as a result of continuous data collection. Utilization reviews occur monthly and quarterly to reinforce focus on access, increase/decreases in utilization and network needs. Delco's Consumer/Family Satisfaction Teams conduct annual "Specialized" surveys in order to obtain feedback on new and existing EBP programs. Specialized surveys are developed in conjunction with county staff, provider program/admin staff as well as C/FST staff in order to create a tool that is user friendly, recovery oriented, and questions that will result in meaningful data for all stakeholders involved.

VI. Eligibility and Access

Delco provides D&A treatment services for adolescent and adults, primarily through contracts with six in-county provider agencies. Services include: screening and assessment; outpatient counseling for adolescents and adults; opioid treatment, including methadone maintenance; continuous treatment team programs for individuals with long-term disabling alcohol and drug dependence disorders; less intensive case management services offered through the outpatient counseling agencies; detoxification; and residential services.

Delco residents have three access points that allow quick entry into the D&A treatment system. The SCA subcontracts with three providers, at convenient

locations throughout the county, who are responsible for screening, assessment, and placement determination for individuals seeking treatment. All three anchor providers operate during usual business hours with the exception of Delco's detox provider, which delivers services after hours and weekends. The anchor providers offer walk-in access for assessments during business hours of operation.

The County's anchor providers publicized their locations, hours of operation, and program services on brochures which are made available through various locations in the county.

Delco's OBH, Division of Drug and Alcohol will make available two residential treatment stays per rolling calendar year for all uninsured and eligible Delco residents. In addition, the Delco SCA will make available a maximum of 14 days of detox treatment per rolling year.

Private/Commercial Insurance-

Documentation that an individual's private/commercial insurance plan does not cover the requested level of care and/or the individual has used their allotted days provided by their coverage carrier, will be needed at time that the referral packet request is sent to SCA case management staff for review.

PCPC Review Dates/Authorization Request Approvals-

All residential requests for services and documents are received and reviewed by CM staff. Letters of approval and/or denial will be sent out to the provider. Delco does not provide approval letters for outpatient treatment. Providers will complete all DDAP-EFM forms and retain them in the individuals' chart. The SCA's fiscal officer receives invoices from providers and services are verified through authorization before payment is rendered. All providers are monitored annually by the SCA staff to ensure compliance with the Department of Drug and Alcohol Programs (DDAP) treatment manual. This process evaluates the efficiency and effectiveness of the overall delivery of services and to gauge the impact to individuals receiving these services.

The table below shows the approval time frames according to the PCPC 3rd edition guidelines. The SCA will utilize these guidelines when approving treatment. Inpatient continued stay PCPC's are due according to the below table. Providers will contact SCA for additional time approvals on any inpatient level of care, as each individual will be reviewed on a case to case basis.

PCPC Level	Service Level	Timeframes/ Total days	Initial Approval	Additional Approval
1A	Outpatient	60-180 days	N/A	N/A
1B	Intensive Outpatient	30-120 days	N/A	N/A
2A	Residential Partial	60 days	30	30
2B	Halfway House	120 days	30	30
3A	Medically Monitored Detox	7 days	4	3
3B	Medically Monitored Short Term Rehab	28 Days	14	Every 7
3B	Short Term Rehab (Dual)	28 Days	14	Every 7
3C	Medically Monitored Long Term Rehab	90-180days	30	30
3C	Long Term Rehab (Dual)	90-180 days	30	30
4A	Medically Managed Detox	6	4	2
4B	Medically Managed Residential	14 Days	7	7
4B	Medically Managed Residential (Dual)	14 Days	7	7

NOTE: The SCA expects all providers to request only the clinically appropriate amount of care needed for each individual case and that the provider is adhering to the PCPC 3rd edition guidelines. Continued stay PCPC's and authorization request forms are due to Case Management staff according to these guidelines.

All individuals need to be substance free at least 72 hours prior to any psychiatric evaluation when requesting a dual diagnosis level of care.

Waiting Period

There is a 60 day waiting period for another inpatient assessment once an individual discharges from an inpatient level of care. This is 60 days from date of discharge. **Please note this restriction does not apply to priority populations. Priority populations are defined as pregnant injection drug user; pregnant substance users; injection drug users; overdose survivors; and veterans.**

Off Hours Admission Guidelines-

Delco residents are informed of the SCA's after hour access via voice message on the office's answering service. During after hours, Delco's Anchor Providers use an answering service, voice mail. Individuals who call these providers are informed of hours of operation and that all calls will be returned on the next business day. Individuals who are experiencing a Psychiatric or a Substance Use Emergency will be referred to the County's 24 Hour Detox Provider or the County's Crisis Centers. The Crisis Centers also have all the information needed to refer a client, who may be in need of Detox during afterhours.

For **Detox only** admissions outside of regular OBH office hours, providers may admit and receive authorization for individuals under the following guidelines:

- Follow additional level of care approval guidelines beginning on the next business day following admission
- The patient has proper identification and proof of residency (please refer to the Residency Policy)

Please note - if an individual discloses they have had inpatient treatment within the past year, they may have used their allotted SCA funding for the rolling year, and may only be eligible for detox funding for this admission. **This restriction does not apply to priority populations.**

If a determination is made that an individual is in need of emergent care the needs must be addressed at the time they are identified. Specifically, if an individual is in need of detoxification the individual should be admitted within 24 hours. If this timeframe cannot be met, the reason will be documented in the individual's file.

To assure that the system is working efficiency, SCA receives bed availability from residential service providers. This allows the SCA to have a clear picture of the system as authorization request come in during the day.

Conclusion

The heroin/opioid user continues to access the majority of treatment services and funding resources. Heroin and prescription drugs continue to overwhelmingly be the drugs of choice. Although, the SCA continues to contract with several providers for detox services, tracking shows that approximately 97% of available detox beds are occupied on a daily basis. Delco continues to utilize every available resource and explores new initiatives to address the heroin/opioid epidemic which has grown out of control.