

DELAWARE COUNTY
OFFICE OF BEHAVIORAL HEALTH
DIVISION OF DRUG AND ALCOHOL



FY 18/19
Treatment Needs Assessment
May 2018

DELAWARE COUNTY SCA TREATMENT NEEDS ASSESSMENT

SCA TREATMENT NEEDS ASSESSMENT

Delaware County (Delco) is located in the Southeastern region of Pennsylvania. Delco runs from the town of [Chester](#) to the suburban neighborhoods of [Radnor](#) and [Newtown](#) along the wealthy Main Line to the north. There are 13 colleges and universities, as well as 15 school districts within Delco’s borders. This county is part of the Delaware Valley area and borders Philadelphia.

Delco’s estimated population for 2017 according to the census bureau is 564,696 (V2017) The vintage year (e.g., V2017) refers to the final year of the series (2010 thru 2017). There are 49 municipalities spanning 191 square miles. Delco is categorized as a Second Class (2-A) County with a population ranging from 500,000 to 799,999. It is the fifth most populous county in Pennsylvania, and the third most compact.

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

Data sources: National Survey on Drug Use and Health (NSDUH) data, Prescription Drug Monitoring Program (PDPM) data, and Pennsylvania Health Care Cost Containment Council (PHC4) data, and Uniform Crime Reports (UCR) data for each SCA (Table 1 consist of the 4 data charts below)

Treatment Needs Assessment
 Estimates of the Prevalence of Substance Abuse Disorders (Dependence or Abuse)
 Pennsylvania, Single County Authorities and State
 Based on 2015&2016 National Survey on Drug Use and Health (NSDUH), 2016 County Population Estimates
www.samhsa.gov

Single County Authority	2016 NSDUH	Age 12+		Age 12-17		Age 18-25		Age 18+		Age 26+	
		Population	Prevalence Rate=7.44%	Population	Prevalence Rate=3.55%	Population	Prevalence Rate=16.61%	Population	Prevalence Rate=7.80%	Population	Prevalence Rate=6.42%
Delaware	563,402	481,487	35,823	43,904	1,559	103,570	17,203	437,583	34,131	374,012	24,012
Statewide	12,784,227	11,041,700	821,502	930,549	33,034	2,186,151	363,120	10,111,151	788,670	8,748,097	561,628

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*Prevalence Rate estimates are state-wide point estimates from the 2015&2016 NSDUH State Estimates of Substance Use and Mental Disorders then applied to SCA populations.

Table 22 Substance Use Disorder in the Past Year, by Age Group and State: Percentages, Annual Averages <https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2016/NSDUHsaePercents2016.pdf>

The illicit drug use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own. Prescription psychotherapeutics do not include over-the-counter drugs.

Substance abuse and dependence is a significant problem in Delco. According to the 2016 National Survey on Drug Use and Health (NSDUH), Delco had a total population of 563,402. The number of residents aged 12 and older totaled 481,487. The survey indicates that the prevalence rate of Substance Use Disorders (both dependence and abuse) in the total population is 7.44%. The estimated number of Delco residents aged 12 and older with substance use disorders was 35,823.

The total population of Delco residents aged 12 to 17 was 43,904 and the prevalence rate of substance use disorders in this population was 3.55%, for a total of 1,559. The number of Delco residents aged 18-25 equaled 103,570. The prevalence rate of substance use disorders in this population was 16.61%. The estimated number of residents in this age range with substance use disorders was 17,203.

The number of Delco residents aged 26 and older equaled 374,012. The prevalence rate of substance use disorders in this population was 6.42% and the estimated number of residents in this age range with substance use disorders was 24,012.

Prescription Drug Monitoring Program Reported Syndromic Surveillance				
Rate of Emergency Department Visits for Opioid Overdose per 1,000 County Residents				
2016 4th Quarter - 2017 3rd Quarter				
County Name	2016 Q4	2017 Q1	2017 Q2	2017 Q3
Delaware	0.3692	0.3443	0.5378	0.4704
Pennsylvania	0.1546	0.1848	0.2316	0.2235

[Source: PDMP Interactive Report, Emergency Department Section](#)

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www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/Interactive-Data-Report.aspx

The overdose data presented represents data collected through syndromic surveillance. Not all overdose victims go to an emergency room and not all emergency departments in the Commonwealth report overdoses through syndromic surveillance. Data from this report is from Pennsylvania's syndromic surveillance system, EpiCenter, which collects data from 155 of the 171 Emergency Departments in PA. Opioid overdoses is defined as any opioid substance, including prescription and illicit opiates, such as heroin and illicitly manufactured fentanyl. The interactive data report represents a snapshot of PDMP and overdose data as of the date they were analyzed and is subject to change.

Pennsylvania Health Care Cost Containment Council (PHC4) Inpatient Utilization Report Extracts									
CY2016									
Discharges, Financial Charges, and Length of Stay for Utilization for County Residents under the Major Diagnostic Category of "Alcohol/Drug Use & Induced Organic Mental Disorder"									
County Name	2016 Quarter	Discharges	% of Total Discharges	Charges	% of Total Charges	Avg. Charge	Days of Stay	% of Total Days	Average LOS
Delaware	1	252	1.4%	\$7,722,174	0.6%	\$30,644	1,447	1.6%	5.7
Delaware	2	289	1.6%	\$8,353,546	0.7%	\$28,905	1,595	1.9%	5.5
Delaware	3	259	1.5%	\$5,937,145	0.5%	\$22,923	1,332	1.6%	5.1
Delaware	4	276	1.6%	\$7,941,277	0.6%	\$28,773	1,479	1.8%	5.4
Pennsylvania	1	5,574	1.3%	\$105,355,271	0.5%	\$18,901	31,638	1.6%	5.7
Pennsylvania	2	6,019	1.5%	\$117,994,247	0.6%	\$19,604	32,888	1.7%	5.5
Pennsylvania	3	5,905	1.4%	\$117,629,130	0.6%	\$19,920	31,408	1.6%	5.3
Pennsylvania	4	5,311	1.3%	\$111,224,050	0.5%	\$20,942	29,140	1.5%	5.5

Source: PHC4 - <http://www.phc4.org/reports/utilization/inpatient>

- Data includes hospitalizations from the following facility types: acute care, long-term acute, rehabilitation, and psychiatric. Skilled nursing services are not included.
- Data includes Pennsylvania residents only. Data for each county includes all county residents, even if they were admitted to a hospital located in another Pennsylvania county.

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- Due to rounding, percentages may not always sum to 100%, and the total charges may not always sum to the total line.
- For the purposes of calculating charges and length of stay (LOS), cases with invalid or outlier values are imputed with the statewide average value.
- Total Cases: The number of patients discharged from the hospital.
- Percent: The percentage of the total.
- LOS: LOS is calculated by subtracting the admission date from the discharge date. (Displayed as an average.)
- Total Charges: The total charge for a given inpatient admission, excluding physician charges, as billed by the hospital. In almost all cases, hospitals are not reimbursed the full charge amount from insurance carriers. Hospitals typically receive actual payments that are considerably less than the listed charge amount.
- MDC (Major Diagnostic Category): A broad classification of diagnoses that are typically grouped by body systems. A case is assigned to a single mutually exclusive MDC based on the principal diagnosis.

Uniform Crime reports: Arrests by Age/Sex YTD December 2017, Pulled 2/9/18

[Source: http://www.paucrs.pa.gov/UCR/ComMain.asp](http://www.paucrs.pa.gov/UCR/ComMain.asp)

YTD December 2017, Pulled 2/9/18		2017	2016	Pct	2017	2016	Pct	2017	2016	Pct	2017	2016	Pct	2017	2016	Pct
County Name	Classification Of Offenses	YTD	YTD	Chg	YTD	YTD	Chg	YTD	YTD	Chg	YTD	YTD	Chg	YTD	YTD	Chg
DELAWARE	18A-Drug Sale/Mfg - Opium - Cocaine	257	322	-20.19%	211	260	-18.85%	46	62	-25.81%	250	310	-19.35%	7	12	-41.67%
DELAWARE	18B-Drug Sale/Mfg - Marijuana	175	304	-42.43%	150	255	-41.18%	25	49	-48.98%	155	284	-45.42%	20	20	0.00%
DELAWARE	18C-Drug Sale/Mfg - Synthetic	54	74	-27.03%	45	51	-11.76%	9	23	-60.87%	50	74	-32.43%	4	0	N/A
DELAWARE	18D-Drug Sale/Mfg - Other	100	160	-37.50%	76	129	-41.09%	24	31	-22.58%	94	160	-41.25%	6	0	N/A
DELAWARE	18E-Drug Possession - Opium - Cocaine	503	473	6.34%	367	349	5.16%	136	124	9.68%	502	469	7.04%	1	4	-75.00%
DELAWARE	18F-Drug Possession - Marijuana	1,223	1,144	6.91%	1,023	988	3.54%	200	156	28.21%	1,057	1,020	3.63%	166	124	33.87%
DELAWARE	18G-Drug Possession - Synthetic	96	95	1.05%	67	76	-11.84%	29	19	52.63%	89	90	-1.11%	7	5	40.00%
DELAWARE	18H-Drug Possession - Other	480	529	-9.26%	361	392	-7.91%	119	137	-13.14%	461	518	-11.00%	19	11	72.73%
DELAWARE	210-Driving Under the Influence	1,445	1,775	-18.59%	1,058	1,340	-21.04%	387	435	-11.03%	1,438	1,754	-18.02%	7	21	-66.67%
DELAWARE	220-Liquor Law	570	566	0.71%	332	360	-7.78%	238	206	15.53%	333	344	-3.20%	237	222	6.76%
DELAWARE	230-Drunkenness	1,280	1,436	-10.86%	997	1,153	-13.53%	283	283	0.00%	1,257	1,416	-11.23%	23	20	15.00%

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YTD December 2017, Pulled 2/9/18		2017	2016	Pct	2017	2016	Pct	2017	2016	Pct	2017	2016	Pct	2017	2016	Pct
County Name	Classification Of Offenses	YTD	YTD	Chg	YTD	YTD	Chg	YTD	YTD	Chg	YTD	YTD	Chg	YTD	YTD	Chg
PENNSYLVANIA	18A-Drug Sale/Mfg - Opium - Cocaine	9,536	9,786	-2.55%	8,007	8,097	-1.11%	1,529	1,689	-9.47%	9,170	9,444	-2.90%	366	342	7.02%
PENNSYLVANIA	18B-Drug Sale/Mfg - Marijuana	4,490	4,183	7.34%	3,936	3,586	9.76%	554	597	-7.20%	4,222	3,921	7.68%	268	262	2.29%
PENNSYLVANIA	18C-Drug Sale/Mfg - Synthetic	1,407	1,300	8.23%	1,147	1,004	14.24%	260	296	-12.16%	1,375	1,267	8.52%	32	33	-3.03%
PENNSYLVANIA	18D-Drug Sale/Mfg - Other	1,672	1,642	1.83%	1,245	1,224	1.72%	427	418	2.15%	1,625	1,574	3.24%	47	68	-30.88%
PENNSYLVANIA	18E-Drug Possession - Opium - Cocaine	12,406	11,841	4.77%	9,134	8,782	4.01%	3,272	3,059	6.96%	12,264	11,684	4.96%	142	157	-9.55%
PENNSYLVANIA	18F-Drug Possession - Marijuana	22,762	20,269	12.30%	17,765	16,192	9.71%	4,997	4,077	22.57%	20,477	18,140	12.88%	2,285	2,129	7.33%
PENNSYLVANIA	18G-Drug Possession - Synthetic	2,538	2,235	13.56%	1,901	1,730	9.88%	637	505	26.14%	2,492	2,187	13.95%	46	48	-4.17%
PENNSYLVANIA	18H-Drug Possession - Other	7,044	6,765	4.12%	4,848	4,656	4.12%	2,196	2,109	4.13%	6,779	6,424	5.53%	265	341	-22.29%
PENNSYLVANIA	210-Driving Under the Influence	44,550	46,758	-4.72%	33,087	34,918	-5.24%	11,463	11,840	-3.18%	44,204	46,371	-4.67%	346	387	-10.59%
PENNSYLVANIA	220-Liquor Law	10,576	11,001	-3.86%	6,893	7,144	-3.51%	3,683	3,857	-4.51%	8,082	8,626	-6.31%	2,494	2,375	5.01%
PENNSYLVANIA	230-Drunkenness	20,606	21,490	-4.11%	16,055	17,205	-6.68%	4,551	4,285	6.21%	20,409	21,299	-4.18%	197	191	3.14%

There are a number of Special Populations which have been identified by NSDUH as having a higher proportion of persons with substance use disorders compared to the general population. The total number of persons arrested for possession of controlled substances in Delco in 2017 was 2,302 according to the Pennsylvania Uniform Crime Reporting Program. There were 3,295 arrests for offenses including Driving under the Influence, Violation of Liquor Law, and Drunkenness also in 2017. It is estimated that 100% of persons arrested in these categories had substance abuse concerns. According to the Pennsylvania Board of Probation and Parole CAPP report, there were 19,695 residents supervised by County Adult Probation and Parole (CAPP) in Delco in 2017. It is estimated that 70% of those persons had substance abuse problems for a total of 13,787.

According to the administrative department of the George W. Hill Correctional Facility, the average daily county jail population in 2017 was 1,801 with 9,873 commitments. Out of the 9,873 commitments, there were 7,763 males and 2,110 female who were incarcerated during 2017. Out of the 9,873 commitment, there were 1,768 self-reported drug & alcohol, 567 self-reported mental health, and 1,158 self-reported co-occurring.

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

Directions for the SCA

- Provide a concise narrative that identifies emerging treatment needs in the SCA.
(For example: increase in heroin use and/or deaths, increase in prescription drug use, identification of new drugs of abuse)

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- Include a succinct description of the information relied upon to identify the emerging need, and include supporting data.
(For example: Review WITS and SCA data; anecdotal information obtained from treatment providers, police, probation/parole officers, human service staff, MH case managers, or children & youth case workers; other data source information such as emergency room deaths, increase in HIV/AIDS cases, substance use-related arrests, student assistance program data, hepatitis C data, etc.)

As no surprise, heroin use and fentanyl use, especially among the young adult population, has been on the rise. This continues to be one of the largest substance use issues Delco is facing, both IV and intranasal. This trend is seen among the young adult population (18-25 years old) and male and female adolescents. As reported by individuals seeking treatment, heroin and fentanyl is readily available across the county and is relatively inexpensive (\$10/bag). Heroin and fentanyl is also available in the surrounding counties, making it even more accessible to individuals. Often times, individuals seeking treatment have been saved by Narcan numerous times and the rate of recidivism with this population is extremely high.

However, recent trends are also pointing to an increase in usage of methamphetamine, as well as a combination usage pattern of alcohol along with a stimulant such as cocaine or meth. Additionally, Delco is seeing an increase in individuals who have been abusing Suboxone, which presents a more complicated and protracted detox protocol for provider facilities.

To date the number of people struggling with heroin and prescription drug addiction in Delco and across the country has increased. As more people become addicted to prescription painkillers, they turn to cheaper and readily available heroin. Last year, there were 247 overdose related deaths in Delco.

According to Table 7 below (under Objective 4), 49.9% of individuals over the age of 18 who entered drug and alcohol treatment in 2017, had primary substance abuse of heroin. There were a total of 552 admissions for the year 2017 for county funded treatment services. Of those 552, 12.7% or 376 had a primary substance abuse of opiates. This is approximately 2.9% more than the state average for admissions ages 18 and older with a primary diagnosis of opiates.

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

Definitions:

Local, state, and national trends: A prevailing tendency or information relating to the economy, government, legal issues, technological and medical advances, or sociocultural patterns that may influence business practices of the SCA.

Examples of local, state, or national trends may include a move to integrated health/behavioral health care, implementation of the Affordable Care Act, local unemployment rates, aging of baby boomers, electronic medical records, implementation of evidence-based/promising practices, focus on special initiatives (e.g., underage drinking, offender re-entry, co-occurring disorders), medication management, political priorities, etc.

Directions for the SCA

- Complete Table 3, checking off all items that apply. Additional items may be added to the chart as needed. Provide a concise narrative response to expand on the information provided in Table 3 and include any data to support these trends. Include Table 3 in the treatment needs assessment so that the information is part of the document submitted to DDAP.

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

Delco's Problem-Solving Treatment Courts

Delco's Court of Common Pleas currently offers four specialty 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.

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The Mental Health Court is a program that serves offenders with a serious mental illness (SMI) diagnosis (schizophrenia, major mood disorder, psychoses NOS, borderline personality disorder) which is related to their current criminal justice involvement.

Mental Health Court Participants 2014-2017: 51

Graduates: 32

Terminations: 20

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.

Veterans Court Participants 2013-2017: 55

Graduates: 32

Terminations: 22

The Second Chance Court is a program that serves defendants aged 18 and older who have been arrested for possession of drugs or some other minor offense arising out of drug addiction, such as minor theft. The requirements for Second Chance Court are: (1) Delco resident, (2) with opioid abuse/addiction, and (3) charged with a low-level, non-violent offense related to opioid abuse/addiction.

Since the inception 2017, there were 483 people reviewed for eligibility.

- 421 were denied due to various reasons such as violent priors, out-of-county residents, state parole detainees, etc.
- 49 have been accepted into the program.
 - Of those 49 people, 20 have completed the program (15 were sentenced and 5 accepted Drug Treatment Court)
 - 29 participants are currently enrolled.
- 13 are pending.

The Treatment Court is a program to help address addiction, make positive lifestyles changes, and avoid serving lengthy jail sentences. This is a fast-track court program targeting three different types of non-violent offenders:

Track I- Targets level 1 & 2 offenders with new charges and /or violation of probation/parole.

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Track II- Targets the Prison Alternative Drug and Alcohol Program (PADAP) also known as State Intermediate Punishment (SIP) level 3 & 4 offenders to undergo treatment and relapse prevention instead of incarceration. Offenders enter a guilty plea and are sentenced to a term of intermediate punishment, offering then the opportunity to be rehabilitated and avoid re-offending.

Track III- 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. (Young Offenders 18-26 year olds)

Treatment Court Participants 2008-2017

Total Track I Participants: 168

Total Track II Participants: 360

Total: 528

Terminations: 2008 to 2017

Total Track I: 88

Total Track II: 121

Total Terminated: 209

20 Graduations/217 Graduates: Of the 217 who have graduated, 30 have been arrested. (14% Recidivism) 86% success rate.

Young Offenders 2016-2017

Track III: 29 current participants, 9 terminations, 17 graduates

DUI

In the first quarter of 2018, Delco completed 195 DUI evaluations. Of those, 43 were drug related and 39 were both problem alcohol and control substance related. Delco comprises approximately 2% of the total State DUI evaluations for this quarter.

Heroin Use

The heroin/opiate user continues to access the majority of treatment services and funding resources. Heroin and prescription drugs continue to be the overwhelmingly drugs of choice. Although, the SCA continues to contract with several providers for detox services, daily tracking shows that approximately 94% of available detox beds are occupied on a daily basis.

Unemployment Rate

In March 2018, Delco had an unemployment rate of 4.1%. This is consistent with the national average and is a decrease of .4% from 2017.

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Increase in Overdose Deaths

In 2017, there were 247 overdose deaths in Delco with 47 cases still pending. This is an increase of 20 from 2016.

Underage Alcohol and Drug Use

In 2017, Delco saw a decrease in underage liquor law and drunkenness offenses, 6.75% and 15% respectively. Per the 2017 PAYS, 30-day alcohol use has increased among Delco youth by 4% (17.3% from 13.8%). However, there has been a significant increase in marijuana and synthetic possession offenses, 33.9% and 40% respectively. Per the 2017 PAYS, 30-day marijuana use has increased by almost 2% (11.4% from 9.2%). These increases in underage use could be attributed to a higher rate of participation in PAYS among Delco schools in 2017.

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

Definitions:

Demand: Demand for treatment is the number of people who will seek treatment for a substance use disorder.

Data sources: WITS data, SCA data, and other data resources can be used to identify demand for both assessment and treatment services. This will show where the gaps are in the availability of specific levels of care.

DDAP will prepare and provide the following WITS data (Tables 4-7) for each SCA to review and respond to:

- **Table 4: SCA Pattern of Referrals** – Table 4 presents the number and percentage of all first admissions for SCA-paid adult clients for the previous year, broken down by each referral source. The percentages for each individual SCA and the state as a whole will be displayed side by side, for comparison.
- **Table 5: Clients Not Referred by a Provider (Criminal Justice/Non-Voluntary Proportion)** – Table 5 provides an example based on WITS criminal justice referrals (not referred by a provider) to show the differences among SCAs in strategies for identifying and engaging criminal justice clients in need of treatment.
- **Table 6: Admissions by Modality** – Table 6 is slightly different from the referral source tables. It is limited to SCA clients as defined by the “Submit to SCA” item in WITS. It counts treatment admissions that began during the year, rather than individual clients. This report identifies differences in the pattern of services provided by each SCA, compared to the statewide pattern.

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- **Table 7: Adult/Youth Admissions by Substance** – Table 7 is also limited to SCA admissions as defined by the “*Submit to SCA*” item in WITS. It counts treatment admissions that began during the year, rather than individual clients, based on the primary drug of choice at admission. The percentage of admissions attributed to each substance is compared with the percentage of statewide admissions for that substance for age categories: under age 18 and age 18 and older.

Directions for the SCA

Review data and discuss any issues identified in a narrative response that addresses the items listed below. Include Tables 4-7 (for your county only) in the treatment needs assessment, so that the information is part of the document submitted to DDAP.

- The number of individuals waiting longer than 7 days for an assessment.
- The number of individuals recommended for treatment that did not receive the recommended type of service.
- The reasons why individuals recommended for treatment did not receive the recommended type of service.
- The number of individuals recommended for treatment that had to wait longer than two weeks to access the recommended type of service, and the reasons why individuals had to wait longer than 2 weeks to access treatment.
- A concise narrative discussing the SCA Pattern of Referral into Treatment data, the SCA Service Strategy data, and Demand for Services by Primary Substance data, as reflected in the data in Tables 4-7 (use the categories in the tables), referencing the following:
 - Nature of the need and demand for the most prominent and least prominent categories of referral sources, and the levels of service utilized by the SCA, as reflected by the data.
 - Activities of other service systems in the SCA, such as private pay providers and criminal justice providers not connected with the SCA, and juvenile services.
 - Issues for the management of your program which may be associated with demand for services from users of specific substances.
 - The most critical areas of need into which new resources are needed, or would be applied. Examples include need for medication-assisted treatment services, inappropriate court-stipulated treatment for persons arrested for DUI, a specific problem with youth, specific enforcement/interdiction issues, etc.

Delco has had a significant increase in heroin abuse, which continues to reach epidemic proportions. According to Table 6 below, there were 250 individuals admitted to a detox level of care. This is 43.6 percent of admissions needing to stabilize in a detox level of care prior to being admitted to a 3B level of care. There were 86 admission for inpatient non-hospital 3B

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level of care. In 2017, there were a total of 7464 Delco residents who received public funds for treatment services. This number includes both County funded and Magellan funded individuals (741 County, 6723 MBH).

Although demand for services has increased, the shift toward a young adult population has led to an increase of individuals leaving treatment prior to completion. Additionally, efforts among this population to bring contraband into the provider facilities has warranted changes in search and safety protocols to offset these efforts.

Wait times for assessments extending past 7 days has not been an issue. On average, individuals are assessed within a few hours of presentation.

The biggest reason that individuals recommended for treatment do not receive service is bed availability. The path into treatment in most cases is through the detox level of care, and despite expansion of detox beds in 2016, bed availability is still a barrier. Additionally, in cases where provider sites do not have available beds, bed searches at other facilities do not always result in placement.

Table 4: SCA Pattern of Referrals

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Table 4 : SFY 2016-2017			
Pattern of Referrals for SCA (Delaware)			
SCA Unique Clients			
Referral Source for New Clients	Number of Clients	Percentage of SCA Clients	Percentage of Statewide
Clergy/Religious	0	0.0%	0.0%
Court/Criminal Justice	54	9.8%	31.9%
D&A Abuse Care	20	3.6%	8.2%
Employer/EAP	0	0%	0.3%
Family/Friend	2	0.4%	1.4%
Hospital/Physician	7	1.3%	3.3%
Other Non-Voluntary	1	0.2%	
Other Voluntary	1	0.2%	1.1%
SCA	197	35.7%	31.6%
PDMP	0	0.0	0.0%
School/SAP	3	0.5%	2.0%
Self	203	36.8%	13.6%
Unknown	55	10.0%	3.6%
Total:	552	100.0%	100.0%
Below is for juveniles (17 or younger) only			
Juveniles	25	4.5%	4.4%

**Table 5:
Clients Not Referred by a Provider**

Unique Clients Not Referred by a Provider (CJ / Non-Voluntary Proportion)			
SCA	Criminal Justice / Non-Voluntary Client Count	Total Clients	Percent Non-Voluntary
DELAWARE	55	552	10.0%

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**Table 6:
Admissions by Modality**

Admissions by Modality SCA (Delaware)			
Level of Care Usage for Treatment Admissions	# of Admissions	% of SCA	% of State
810-Intake, Evaluation, and Referral	0	0.0%	0.2%
821-Adolescent Inpatient Non-Hospital Detoxification (III.5D)	1	0.2%	0.1%
821-Inpatient Non-Hospital Detoxification (3A)	250	43.6	16.8
823-Adolescent Inpatient Non-Hospital Drug-free (III.5)	0	0.0%	0.1%
823-Adolescent Inpatient Non-Hospital Drug-free (III.7)	1	0.2	0.1%
823-Inpatient Non-Hospital Drug-free (2B)	28	4.9%	1.5%
823-Inpatient Non-Hospital Drug-free (3B)	86	15.0	10.7
823-Inpatient Non-Hospital Drug-free (3C)	29	5.1%	3.4%
831-Adolescent Inpatient Hospital Detoxification (IV)	0	0.0%	0.0%
831-Inpatient Hospital Detoxification (4A)	5	0.9%	0.9%
833-Inpatient Hospital Drug-free (4B)	0	0	0.1%
853-Adolescent Partial Hospitalization Drug-free (II.5)	0	0.0%	0.0%
853-Partial Hospitalization Drug-free (2A)	0	0.0%	1.9%
861-Outpatient Detoxification (1B)	0	0.0%	0.0%
862-Adolescent Outpatient Maintenance (I)	0	0.0%	0.0%
862-Adolescent Outpatient Maintenance (II.1)	0	0.0%	0.0%
862-Outpatient Maintenance (1A)	6	1.0%	2.9%
862-Outpatient Maintenance (1B)	7	1.2%	0.8%
863-Adolescent Outpatient Drug-free (I)	0	0.0%	1.9%
863-Adolescent Outpatient Drug-free (II.1)	23	4.0	0.7%
863-Outpatient Drug-free (1A)	6	1.0%	39.9
863-Outpatient Drug-free (1B)	72	12.5	17.3
864-Adolescent Outpatient Other Chemotherapy (II.1)	0	0.0%	0.0%
864-Outpatient Other Chemotherapy (1A)	0	0.0%	0.5%
864-Outpatient Other Chemotherapy (1B)	0	0.0%	0.3%
Total SCA Admissions	574	100%	100%

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**Table 7:
Admissions by Substance**

Demand for Service by Primary Substance of Abuse			
SCA Admissions (Age 18+)	SCA (Delaware)		
Primary Substance of Abuse	Number of Admissions (Age 18+)	Percentage of SCA Admissions (Age 18+)	Percentage of State Admissions (Age 18+)
Alcohol	87	15.8%	31.0
Barbiturates	0	0.0%	0.0%
Benzodiazepines	5	0.9	0.8%
Cocaine/Crack	24	4.4%	5.0%
Hallucinogens		0.0%	0.2%
Heroin	274	49.9	35.9%
Inhalants	1	0.2%	0.0%
Marijuana/Hashish	31	5.6%	12.3%
Methadone	0	0.0%	0.2%
Methamphetamine/Speed	7	1.3%	2.4%
None	5	0.9%	0.4%
Other Amphetamines	1	0.2%	0.4%
Other Drugs	0	0.0%	0.3%
Other Opiates and Synthetics	376	12.7%	9.8%
Other Sedatives or Hypnotics		0.4%	0.1%
Other Stimulants	0	0.0%	0.1%
Other Tranquilizers	0	0.0%	0.4%
Over the Counter	0	0.0%	0.1%
PCP	2	0.4%	0.4%
Unknown		6.9%	0.5%
Total	549	100%	100%

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

Definitions:

Systems barriers: All aspects of the institutions and the communications involved in identifying and serving treatment demand, which do not fully contribute to providing effective services to everyone as promptly as necessary. Systems barriers should be barriers other than the resources discussed in Objective 5.

Examples of systems barriers include lack of access, quality and appropriateness of care, insurance denials, childcare, transportation, language, zoning restrictions, parental resistance to permitting SAP assessments, interface with county systems, length of time from application to acceptance for HealthChoices, restrictions of available funds, ineffectual tracking of individuals between payers, varied perceptions of medical necessity criteria, SCA protocols/policies and procedures, etc.

Directions for the SCA

Complete Table 8, checking off all items that apply. Additional items may be added to the chart as needed. Provide a concise narrative response to expand on the information provided in Table 8 and include any data to support these trends. Include Table 8 in the treatment needs assessment so that the information is part of the document submitted to DDAP.

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

One of the system barriers that arises most often is placement of an individual who presents for an assessment after-hours. Delco lacks the capability to complete after-hours assessments on the weekends. Delco has 3 anchor providers that complete assessments for inpatient level of care. Two of these assessment centers are outpatient providers and have walk-

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in hours for appointments. These sites are reporting long lines of individuals waiting to be seen for an inpatient assessment when their doors open for the day. Often times, this causes outpatient assessments to be delayed, in order to ensure priority population individuals as well as inpatient level of care assessments are seen. It is becoming difficult for our assessment sites to meet the demand for the amount of individuals seeking assessments and referral to inpatient level of care for drug and alcohol treatment.

Delco's providers are reporting that the lack of available detox beds is creating a barrier for getting people into treatment. Often times, a person is waiting 3 to 5 days for a detox bed to become available. In some cases, the individual does not return when the bed does become available, summarizing that the need for the detox bed 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.

According to Table 4 above, the majority of referrals, 203, were reported as self-referral. 197 individuals reported the SCA had referred them for assessment and referral to treatment, which accounted for the second largest amount of referrals reported. SCA individuals referred accounted for 35.7% of all referrals. 1.3% of referrals were from a hospital/physician.

Another system barrier is the amount of available resources for MAT post-discharge. The vast majority of individuals in need of halfway/recovery housing will not be accepted if they are receiving Suboxone maintenance. Related to this, the recovery community still lacks acceptance of MAT as an option as part of meaningful behavior change. This can also be seen in the lack of safe and affordable housing, which 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 needing another assessment to a higher level of care or to the person not continuing with their recovery and/or treatment services.

Delco also has a need of an increase in number of Partial Hospital Program (PHP) level of care to align with American Society of Addiction Medicine (ASAM) Criteria. Given the increased demand for drug and alcohol treatment services, there also is an increase in need of available resources for aftercare, follow up, and additional services to individuals in recovery. Delco would benefit from increased outpatient treatment providers in the eastern part of the county, as most of the outpatient providers are located on the other side of the county, creating a barrier for individuals living quite a distance away.

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

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

Delco SCA and the contracted providers have a multitude of experienced staff. Many staff have been employed in the substance abuse field for two years or more.

Delco has contracted with Magellan Behavioral Health of Pennsylvania for 20 years. This long-term contract has led to a highly collaborative relationship

One of Delco's MAT Providers, SOAR, is in the process of expansion. This expansion will increase access to methadone and Suboxone. In the near future, SOAR intends to also add access to Vivitrol once their new facility is fully operational.

Delco SCA utilizes Human Services Block Grant Funds and DUI funds to fund additional programs in Alcohol, Tobacco, and Other Drug Prevention, Case Management, Inpatient Hospital and Non-Hospital, Outpatient, and Recovery Support Services.

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Delco SCA currently contracts with MVP Recovery and Myra's Place for Recovery House for Delco residents. An additional provider, SOAR, has expressed interest in opening Recovery Houses that will accept individuals who are currently utilizing medication assisted treatment modalities.

Delco SCA currently contracts with two Intensive Case Management providers, Prospect Crozer and Merakey. In addition to Intensive Case Management, both providers also provide Engagement Specialist services for individuals currently in treatment who need assistance accessing treatment upon discharge. Delco SCA also contracts with Prospect Crozer to provide Certified Recovery Specialist services to individuals who have experienced an overdose as part of the warm handoff initiative. These six CRS' will engage any individual who experiences an overdose, with prioritized focus on individuals with an Opiate Use Disorder, as well as aid individuals and families who call the 24-hour hotline for assistance in accessing treatment.

Delco SCA currently facilitates a community coalition focused on decreasing overdose and stigma surrounding substance abuse called Delco STOP (Delco Substance Treatment and Overdose Prevention) Coalition. This coalition includes stakeholders from Child Welfare, Juvenile Justice, Criminal Justice, Substance Abuse Prevention and Treatment, Mental Health Treatment, Recovery Housing and Supports, Emergency Services, Law Enforcement, and community members. These stakeholders informed our mission and vision and have assisted in creating and achieving the goals of the Coalition.

Delco enrolled in System of Care (SOC) in 2014. Delco SOC has focused on increased collaboration between all system partners and increasing trauma informed care initiatives in all systems and levels of care.

Prospect Crozer Chester Medical Center runs Delco's Behavioral Health Center of Excellence. Crozer launched their COE programming in January 2017 and met the grant requirement of engaging 300 unique individuals by June 2017. As of February 2018, Crozer has engaged 900 individuals since the inception of the program.

Delco's was awarded Opioid State Targeted Response (STR) funds from DDAP. These dollars are intended to assist uninsured and underinsured individuals with an opioid use disorder (OUD) and may include the delivery or enhancement of outreach, treatment, case management and recovery support services to both categories of recipients

Delco SCA and Adult Probation and Parole employ two individuals who serve as Forensic liaisons in Delco's prison, George W. Hill. These two staff assist individuals in applying for insurance prior to release and accessing drug and alcohol treatment services upon release from prison.

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

Definitions:

Evidence-based program (EBP): Interventions that have shown through program evaluation using accepted scientific methods that an observed effect is the consequence of the intervention.

Evidence-based practice: A treatment practice or approach that is backed by a strong body of research evidence.

Directions for the SCA

Implementing evidence-based programs is important to ensure that resources are spent on programs that have a high probability of achieving desired, long-term outcomes and that incorporate principles of effective programming that bring about positive results.

The SCA must identify providers who utilize evidence-based programs or evidence-based practices, and provide a comprehensive listing of such programs or practices. To avoid duplication, the SCA is only required to report this information for contracted providers within its geographical boundaries.

Complete Table 10, checking off all items that apply. Additional items may be added to the chart as needed. Provide a concise narrative response to expand on the information provided in Table 10 and include any data to support these trends. Include Table 10 in the treatment needs assessment so that the information is part of the document submitted to DDAP.

TABLE 10: EVIDENCE-BASED PROGRAM UTILIZATION					
Anger Management	X	Medication-Assisted Treatment	X	Other (please list)	X
Assertive Adolescent and Family Treatment	X	Motivational Enhancement Therapy (Motivational Incentives)		Illness Management and Recovery	X
Behavioral Couples Therapy		Motivational Interviewing		Teen Intervene	X
Brief Intervention/SBIRT		Multidimensional Family Therapy		Certified Recovery Specialist Program	X
Cognitive Behavioral Therapy	X	Multisystemic Therapy		Trauma Informed	X
Community Reinforcement Therapy		Relapse Prevention	X	Seeking Safety	X

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TABLE 10: EVIDENCE-BASED PROGRAM UTILIZATION					
Contingency Management		Therapeutic Community		Solution Focused Brief Therapy	X
Dialectical Behavior Therapy	X	Twelve-Step Facilitation	X	Naloxone Trainings	X
Matrix Model	X			Psychodrama	X
				EMDR	X

Delco has had continued success with law enforcement officers administering naloxone. The current number of admirations by law enforcement since 2015 reached 924, in which 870 of those resulted in a reversal. In response to the growing rate of overdose in Delco and the Pennsylvania Physician General’s standing order for naloxone, two of Delco’s contracted treatment providers facilitate ongoing Narcan education and demonstration seminars. The trainings offered by Crozer-Keystone Recovery Center and Key Recovery provide information on addiction and how to properly use the lifesaving medication in and event of an overdose; both providers offer each participant a free Narcan kit when training is completed. Crozer-Keystone Recovery Center offers these trainings monthly; Key Recovery offers them every other month.

In 2016, Delco’s Certified Recovery Specialist (CRS) program began. The purpose of the program is to provide 24/7 warm hand off engagement to all 7 emergency rooms in the county for a person who has experience and overdose from substances. If engaged, the CRS will work to assist the individual in accessing D&A services. Since inception, the CRS has engaged 1,277 individuals, and has helped 419 individuals gain access to treatment and initiate that process.

Two countywide two-day Dialectical Behavior Therapy (DBT) training was held in April 2018 for treatment professionals. With the increase of treatment admissions into county facilities it was necessary for more therapists and clinicians to be trained in DBT. This training was funded by the Delco Office of Behavioral Health and hosted by Prospect Crozer-Keystone Recovery Center.

Child and Family Focus Inc. is now offering Teen Intervene, a mild intervention evidence-based program that helps teens self-identify a substance use disorder, provides a brief plan for intervention, and guides the referral to treatment if necessary. It has a specific focus on ATOD teen use and is proven to reduce the use of both alcohol and marijuana when measured at six and twelve months past intervention.

Keystone Center provides the following EBP on an inpatient basis that include Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Trauma Informed and Seeking Safety. For Keystone’s outpatient track they provide Enhanced Illness Management and Recovery, DBT, Trauma Informed Anger Management, and THC and CBT.

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Merakey provides the following EBP at their site which include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Medication-Assisted Treatment, and Relapse Prevention. Merakey also offers Solution Focused Brief Therapy.

SOAR Corp. Inc. in Chester offers a few different categories within the Evidenced Based Program Utilization Table. SOAR is a Methadone Maintenance Program and now offers CBT therapy. Counselors at SOAR Corp. have been trained in CBT and can utilize this in groups and individual sessions. Relapse prevention is also offered at this provider with counselors that have been trained in this category. SOAR also utilizes the Matrix Model criteria. Twelve Steps are discussed at their program, and there are counselors that have experiences to carry out the Twelve Steps. It should be noted, SOAR has 5 counselors that are trained in Illness Management and Recovery (IMR) which is used in at least one IOP group on a weekly basis and counselors are encouraged to use IMR in individual sessions as well.

Mirmont Outpatient Services offers a variety of programs and services. The provider offers both an adult and adolescent Substance Use Disorder Intensive Outpatient Program (IOP), as well as an Outpatient Substance Use Disorder Aftercare group. Mirmont offers the following Evidence Based Programs:

- Medication-Assisted Treatment is offered by the provider, as well as Vivitrol maintenance. When a patient enters the IOP group they are referred to see psychiatry. The psychiatrist can make a referral for them to start Naltrexone and/or Vivitrol. The patient must be involved in group services in order to continue receiving the shot at the facility. Once IOP and aftercare group services are complete, Mirmont offers a Vivitrol Maintenance group. This helps the patient stay connected in a group setting and continue receiving their shot.
- Assertive Adolescent and Family Treatment is offered during adolescent IOP. This IOP group meets four times a week. One of those sessions is a family group that the adolescent attends with a parent and/or caregiver. This group discusses the family aspects of addiction, communication styles within the family, and family dynamics. This group encourages an active family role in the treatment of the adolescent.
- Cognitive Behavioral Therapy/ Dialectical Behavioral Therapy. Both models of therapy are used in all substance use disorder programming at Mirmont Outpatient Services. Various skills are taught within the group setting such as distress tolerance, interpersonal effectiveness, and identifying/disputing cognitive distortions. Mindfulness Based Stress Reduction (MBSR) is a vital part of our treatment here. Patients are encouraged to participate in yoga and meditation that is offered as a part of every group.
- Relapse Prevention is offered and is a major part of Mirmont's IOP groups. Group members are given psycho-education on the stages of relapse, the relapse cycle, and relapse prevention skills. Group members are encouraged

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to gain an understanding of their own personal warning signs and triggers. Group members fill out relapse prevention plans before the completion of IOP.

- Twelve-Step Facilitation is offered to all groups. Groups are provided an introduction to 12-step programs and offered resources to 12-step meetings in the community. They are also provided information on sponsorship and meaning behind each of the steps.

The Crozer-Keystone Health System Recovery Center uses modern, culturally sensitive therapeutic techniques and promotes a traditional 12-step method in the healing process. This is achieved by offering therapeutic practices through the following evidence based programs including, DBT, IMR, Eye Movement Desensitization Reprocessing (EMDR), CBT, Relapse Prevention, and Psychodrama. All treatment programs include individual and group therapy.

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

Definitions:

Resources: Money, staff, providers, drug courts, medication-assisted treatment providers, inter-systems collaboration, HealthChoices initiatives, SCA policies and procedures, assessment and treatment capacity, capacity to serve acute need and chronic need, the capability to provide various types, levels, and intensities of care, etc.

Directions for the SCA

Complete Table 11, checking off all items that apply. Additional items may be added to the chart as needed. Provide a concise narrative response to expand on the information provided in Table 11 and include any data to support these trends. Include Table 11 in the treatment needs assessment, so that the information is part of the document submitted to DDAP.

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

The Department of Drug and Alcohol Programs (DDAP) has awarded Delco \$576,812 and an additional \$108,783 specifically to be used for Drug Treatment Court.

General STR funds:

- Covered all levels of care for Opioid Use Disorders (OUD)
- Certified Recovery Specialist (CRS) Training
- Dialectical Behavior Therapy (DBT) –therapy designed to change patterns of behavior
- Expanding our warm handoff by adding a mobile assessor to local provider site
- Expanding our assessment hours by adding a second shift assessor.
- Additional \$9575.00 for Student Assistance Program(SAP)training

Treatment Court Specific STR Funds Program Enhancements

- Enhanced Peer Panel -Added a Full Time Certified Recovery Specialist (CRS) to engage with any new participants at the point of admission through completion.
- Enhanced Alumni/Family Program -Added Master’s Level Social Worker that would have the primary role of supporting the participants enrolled in the Delco Drug Treatment Court Program and their families

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Delco was awarded Heroin Opioid Crisis funds from the Department of Drug and Alcohol Programs in the amount of \$206,703. These funds will be utilized in conjunction with reinvestment funds (pending approval from OMHSAS) to expand a local provider's capacity/access in our community. Allotted funds will be used to expand case management services, as well additional access to inpatient Treatment services. This program expansion will be offering non-hospital, outpatient, and assessment services. Suboxone and Vivitrol treatment will be an adjunct to OP and IOP services. The prescribing of Suboxone and Vivitrol will be monitored by the psychiatrist, Nurse Practitioner or Registered Nurse along with the treatment team which will include a psychiatrist, director, supervisor, and counselor.

Block Grant funds are utilized to assist with treatment and non-treatment related costs due to expansion.