

2012-2013 ANNUAL REPORT

FRANKLIN/FULTON
DRUG & ALCOHOL
PROGRAM

425 FRANKLIN FARM LANE
CHAMBERSBURG, PA 17202

PHONE (717) 263-1256

FAX (717) 709-2300

TABLE OF CONTENTS

I.	Mission Statement.....	3
II.	Description of Program.....	4
	a. Administrative.....	4
	b. Prevention.....	5
	c. Intervention.....	5
	d. Treatment.....	6
	e. Case Management.....	6
III.	Organizational Chart.....	7
IV.	Major Accomplishments.....	8
	a. Administration.....	8
	b. Prevention.....	9
	c. Intervention.....	9
	d. Treatment.....	9
	e. Case Management.....	10
	f. Recovery Supports.....	10
V.	Barriers.....	11
VI.	Trends.....	12
VII.	Training Needs.....	13
VIII.	Demographics.....	14
IX.	Fiscal Information.....	17
X.	Acronyms.....	18

MISSION STATEMENT

It is the mission of the Franklin/Fulton Drug and Alcohol Program to ensure that the full continuum of locally-based, high quality and effective substance abuse prevention, intervention, treatment and case management services are available and accessible to eligible Franklin and Fulton County residents. Through responsible planning, coordination and administration of funds, our goal is to prevent, reduce or eliminate alcohol, tobacco and other drug problems in our community.



DESCRIPTION OF PROGRAM

Franklin/Fulton Drug & Alcohol Program is a Public Executive Council. Under this structure, the county maintains FFDA as a separate department within county government. FFDA has a five year grant agreement with the PA Department of Drug & Alcohol to oversee and/or carry out the administration, implementation, and completion of treatment and prevention services.

Treatment services and activities include (but are not limited to) inpatient detoxification, inpatient rehabilitation, halfway housing, partial hospitalization, intensive outpatient, and outpatient. Specialists in the field determine who needs treatment and what providers are utilized for these services.

Prevention services and/or activities include programming in schools, communities, businesses, organizations, etc. They are designed to prevent harmful behaviors including: drug & alcohol use/abuse, bullying, tobacco use, and other risk factors that put them in jeopardy of a decreased quality of life. Activities consist of education curriculum, positive/healthy alternative events, information dissemination, speaking engagements, tobacco prevention/cessation, bullying, and many others.

❖ Administrative

FFDA acts as the Single County Authority (SCA) for both Franklin and Fulton counties, operating under the authority of both Franklin and Fulton County Board of Commissioners. FFDA is advised by the Drug & Alcohol Advisory Board and the FFDA Administrator. The FFDA Administrator also works closely with the Fulton County Human Services Administrator.

The primary focus of the administrative unit is to oversee the delivery and ensure the quality of all publicly-funded drug and alcohol services. To achieve this, FFDA administration is responsible for the organizational planning, fiscal management, program administration, inter-departmental coordination, data management, personnel management, and liaison work with the community. FFDA Administration is responsible for provider contract negotiations. This includes the development and execution of all contracts, and allocation of funds for service provision under the authority provided to the SCA.

❖ Prevention

FFDA offers community-wide alcohol, tobacco, and other drug abuse prevention resources to all residents of Franklin and Fulton county. Our program covers all six of the Federal Strategies targeted to address specific problem behaviors as identified through data collection mechanisms developed and implemented throughout the program year. These strategies include the following:

- *Information Dissemination- awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities.*
- *Education- activities which aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages), and systematic judgment abilities.*
- *Alternative Activities- provides for the participation of target populations in activities that exclude substance use.*
- *Problem Identification & Referral- identification of those who have indulged in illegal/age-inappropriate use of tobacco, alcohol or the first use of illicit drugs in order to assess if their behavior can be reversed through education.*
- *Community-Based Process- enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders.*
- *Environmental- establishes or changes written and unwritten community standards, codes, and attitudes; thereby influencing incidence and prevalence of substance abuse in general population.*

❖ Intervention

Student Assistance Program

FFDA contracted with Healthy Communities Partnership to provide Student Assistance Program (SAP) services. SAP Liaisons are placed in every school to be a member of the SAP team. Students are referred to the SAP team based upon negative behaviors that are observed by others. The SAP Liaisons screen youths and make appropriate referrals to services as necessary.

Outreach to Injection Drug Users (IDU)

PA Department of Health reports that injection drug use is the greatest risk factor for HIV/AIDS infection in the state of Pennsylvania. This is based upon the identified risk factors of reported AIDS cases throughout the Commonwealth. With the increased level of injection drug use activity in our region, the awareness and intervention of the spread of this disease is important.

The SCA contracted with Keystone Health to provide IDU outreach services. In addition to outreach, they provide testing, education, and case management for anyone who is at risk of HIV/AIDS.

Crisis Intervention

Emergency crisis services are offered by FFDA through an agreement with White Deer Run, Inc. (a division of CRC Health Corporation). White Deer Run provides an emergency 24-hour hotline that individuals can access for screening for any emergent needs. Depending upon the recommendation determined through the hotline screening, individuals may be referred to the local emergency room, detoxification services (for which transportation is provided), and/or a referral to a local provider for an assessment.

❖ Treatment

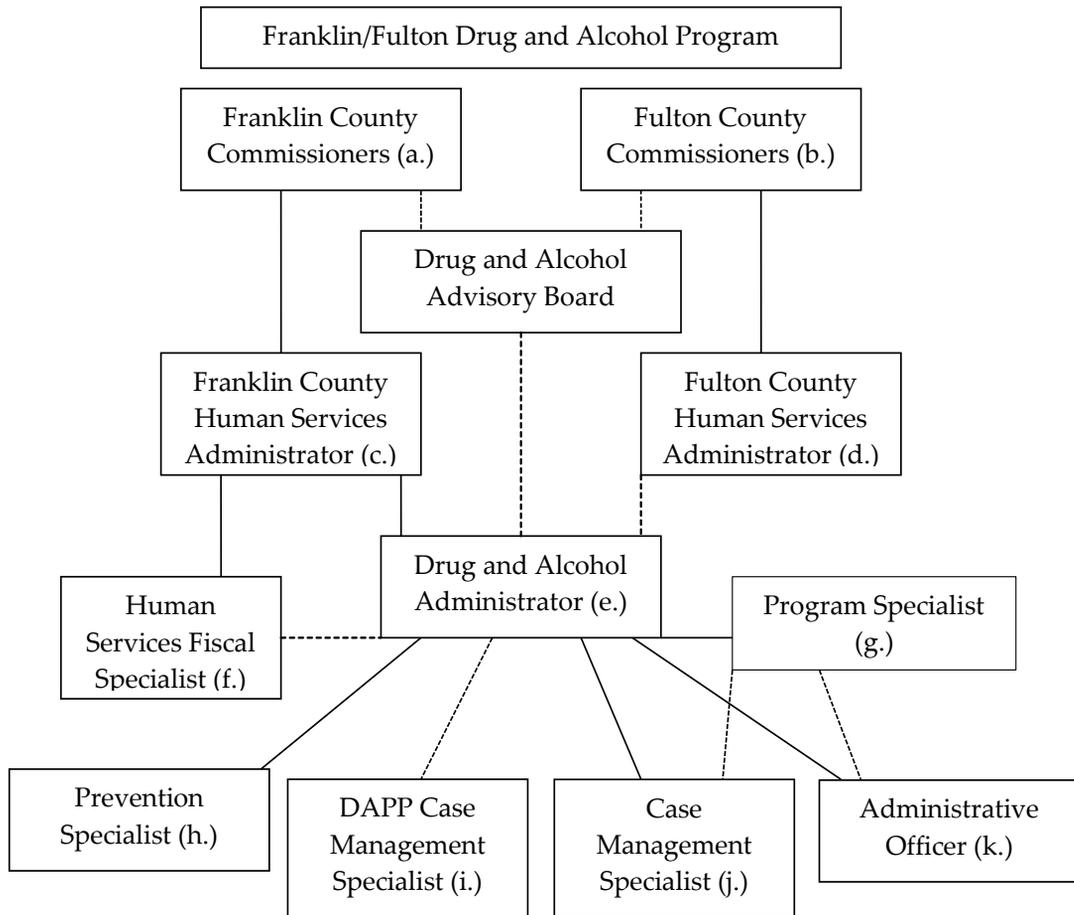
FFDA funds a full continuum of treatment services for eligible Franklin and Fulton county residents:

- Substance Abuse Evaluation/Assessment: level of care determination for substance abuse treatment based upon a complete psycho-social interview.
- Detoxification: the process whereby an intoxicated or dependent individual is assisted through the period of time required to eliminate the presence of the intoxicating substance.
- Residential Treatment: 24-hour professionally or medically directed evaluation, care, and treatment for individuals in acute or chronic distress. There are varying lengths of stay for this LOC.
- Halfway House: includes elements of partial hospitalization, emphasizing protective and supportive elements of family living, encourages and provides opportunities for independent growth and responsible community living.
- Partial Hospitalization: service provision meets all intensive outpatient requirements in addition to individual and group therapy each week, couples and family therapy as appropriate, access to services for employment, literacy, education, and general health education.
- Intensive Outpatient: services are provided according to a planned regimen consisting of regularly scheduled treatment sessions at least 3 days per week for a minimum of 5 hours, but less than 10, along with all the services included with outpatient.
- Outpatient: regularly schedule treatment sessions, that combined are no more than five hours per week. Outpatient services include: bio-psychosocial assessment, specialized professional medical consultation, individualized treatment planning.

❖ Case Management

While FFDA contracts with providers for a majority of the screening assessment, these services can also be performed by the staff at the SCA. Case management staff primarily provide assessments for Children & Youth, Franklin County Jail, Chambersburg Hospital, State Parole, and any of the local juvenile detention centers. Case management duties include screening, assessment, coordination of care, provider monitoring, Medication Assisted Treatment Programming, and networking with community resources.

ORGANIZATIONAL CHART



- a. David Keller (Chair), Robert Thomas, Robert Ziobrowski
- b. Rodney McCray (Chair), Craig Cutchall, Irvin Dasher
- c. Richard Wynn
- d. Jean Snyder
- e. Richard Wynn

- f. Christy Briggs
- g. Katherine Beidel
- h. Lauri Ryder
- i. Karla Shields
- j. Catherine Kase
- k. Jennifer Lipko

MAJOR ACCOMPLISHMENTS

❖ Administration

Networking and partnering with others is a critical focus area for FFDA. Listed below are a few of the committees, groups, and boards that staff participated in:

- Franklin County Criminal Justice Advisory Board
- Fulton County Criminal Justice Advisory Board
- CBHNP-Quality Improvement Utilization Management,/High Risk Members/Steering Committee
- Fulton County Partnership
- Community Coalition for the Prevention of Substance Use & Abuse
- Pennsylvania Association of County Drug and Alcohol Administrators
- Children's Steering Committee
- Child Death Review Team
- Jail-Re-Entry Committee
- CCISC Initiative
- TMCA Steering Committee

Within Franklin and Fulton counties, there is co-occurring initiative that follows the Comprehensive, Continuous, Integrated Systems of Care (CCISC) model. One staff member is on the Executive Committee of the Implementation Team for the initiative. Another staff member is a Change Agent. Each year FFDA completes a self-evaluation tool and action plan. In accordance with our action plan for 12/13, FFDA hosted a DDAP Co-Occurring training for interested individuals. Also, our assessment tool was revised to document stages of change, individual strengths, and have an improved recovery focus. In addition, agency policies were changed to reflect this initiative.

In 2012-2013, Franklin and Fulton County entered into the Human Services Block Grant. ACT152 and BHSI funding are within this grant. Previously programs received their allocations directly from the state. However, when placed in a block grant, all monies were put together and then reallocated by commissioners based on need. This movement allowed for more local control of funds and an improved ability to fund services that met the greatest needs. FFDA was able to present evidence to both counties showing a need for more prevention and treatment funding. An additional \$35,683 was given to FFDA for these services.

❖ Prevention

FFDA has been changing the face of prevention services in Franklin and Fulton counties over the past few years. Previously, FFDA was a functional unit for many years; however, we changed to a contracted providers approach more recently. This method of service delivery has been a good change as we only have one staff member for prevention. By contracting services, we have been able to increase the use of evidence based curriculums and reoccurring services. Prevention activities in 2012/2013 served a total of 28, 204 people through 1630 events, which is quite an accomplishment for such a small office. Programs and services are offered under all six federal strategies and include all three IOM classifications. In 2012/2013, 55% of FFDA's prevention services were reoccurring services.

Franklin county's Human Services Block Grant allocated \$20,495 for drug and alcohol prevention activities. This funding was allotted to HSDF for implementation of proposed programs. In 12/13, Healthy Communities Partnership presented on two programs titled Teen Intervene and Alcohol True Stories. With the allotment of block grant funds, HSDF was able to fund for these programs to be started in schools and other local community organizations.

❖ Intervention

In fiscal year 12/13, FFDA made the decision to contract with a new IDU outreach provider due to a need for improved services within our local community. We chose Keystone Health, a local provider who is already established in the community and is familiar in working with high risk individuals and meeting their individual needs. . In addition to providing outreach, testing, and education, this provider offered case management for all consumers who tested positive for HIV/AIDS. With this new partnership, Keystone was able to make connections with a total of 500 individuals between the two counties. This was a major improvement compared to the numbers of people reached in previous years. This number showed that having a local community provider produced much better results.

After reviewing the PAYS and SAP data, FFDA realized the need to reach kids at the elementary level with intervention services. FFDA contracted with a local provider to run intervention groups with this identified population of kids. Eleven different groups were provided for 76 students (88 sessions in total). The programs offered were evidence based curriculums (The Council for Young Boys and Men, Girl's Circle, Too Good for Violence). These programs were very well received by school personnel, students, and parents. With the pilot being successful, there is room for growth of elementary intervention groups as funding allows.

❖ Treatment

For fiscal year 12-13, FFDA did not deny any services for individuals seeking treatment. All individuals who were deemed eligible received services without interruption. The majority of individuals received at least: 5 days of detox, 21-28 days of rehab, 10 weeks IOP, and 4 months of OP.

The Human Services Block Grant played an instrumental piece in sustaining funding for treatment services through out 12/13. FFDA would have had to deny treatment services if we had not received additional monies. FFDA received an additional \$18,440 from Franklin county block grant and an additional \$10,743 from Fulton county. This money allowed FFDA to continue funding all levels of care for individuals in need of treatment.

FFDA continues its efforts in Medication Assisted Treatment. Over this past year, FFDA continued to work with one individual who was tapering down in the Suboxone Program. FFDA continues to have funding available for individuals who are in need of this service. The Vivitrol Program that was started in 2012 has continued to show positive growth and improved treatment experience. Fourteen individuals have participated in the program thus far. These individuals may have had a different outcome had they not participated in this program.

❖ Case Management

At the beginning of the year, FFDA employed 1.5 Case Managers. FFDA worked vigorously throughout the year to secure funding to restore a vacant case management position. At the end of 12/13, a Case Management Specialist job posting was released and that will provide FFDA with an additional full time Case Manager.

In 2012, FFDA was able to implement a Vivitrol Program after about eleven months of planning. Individuals who are in the program receive case management services and in March of 2013 we successfully discharged our first person from the program.

Case Management has focused this past year on quality improvement and how to better meet the needs of our individuals. Therefore, all case management policies were revised to reduce barriers to treatment and be recovery oriented. In accordance with better serving our individuals, all case management staff completed a training series on Motivational Interviewing. The training not only consisted of staff learning skills, but also having the ability to apply them to real life situations.

❖ Recovery Supports

This year a 12- Step support group was started for individuals with co-occurring disorders. This group was able to get started through the efforts of our local CCISC initiative. The group continues to meet every Tuesday evening in Franklin county.

IDENTIFIED BARRIERS



❖ *Level of Care*

FFDA does not have all levels of care within the two counties. Hospital/Non-Hospital based treatment, Halfway Housing, and Partial Hospitalization are not offered. Therefore, many individuals are moved outside of the counties to receive services. FFDA continuously works to build the provider network.

❖ *Recovery Supports*

Within the local community, there are limited options for recovery supports beyond treatment providers. Other than the traditional 12-Step programs, individuals are very limited to any additional support. FFDA has struggled to build investment around this issue.

❖ *Prevention Funding*

Funding prevention services has been a major obstacle over the past few years. The population and need continues to grow, but the prevention budget has not increased accordingly. It can be difficult at times to offer the quantity of services needed to impact our growing community. FFDA has pursued HS Block Grant Funding as a way to supplement our prevention funding.

❖ *Adolescents Accessing Treatment*

Many of the adolescents identified to be in need of treatment, come through the Student Assistance Program. It appears that we have been successful at identifying those in need of treatment, but not at actually entering them into services. When looking at the barriers we have found that transportation and school-based services are major obstacles. FFDA has placed school-based services as a top priority to be addressed. However, it has been a great struggle to work towards a solution to this issue due to the scope of the problem. Therefore, our adolescents will continue to have unmet needs until we are able to provide this service.

TRENDS

- ❖ The majority of our individuals report alcohol as their substance of choice across both counties. However, individuals using opiates access treatment services at a much higher rate. This continues to give us the conclusion that the public does not always feel that treatment is necessary for alcohol abuse.
- ❖ The number of individuals using opiates has been increasing over the past three years. FFDA continues to see opiate addiction as the number one reason for detox or inpatient admission. Data also shows that individuals who are opiate addicted tend to have a higher recidivism rate than other addictions. This issue was one of the main reasons that FFDA began its Medication Assisted Treatment Program. The implementation of Suboxone and Vivitrol have helped to address this issue.
- ❖ Within Franklin and Fulton county, there are no Methadone Clinics. Over the past year, FFDA has identified a higher number of individuals accessing Methadone services from a clinic in Hagerstown, Maryland. This has caused a transportation issue, as well as a treatment issue. Many individuals who are enrolled in the Methadone Clinic are not participating in treatment with their medication management. FFDA also sees these individuals entering into detox at a higher rate than previous years. It appears that individuals become “non-compliant” with the Methadone program and then no longer receive the medication. Therefore, they then enter into detox for Methadone withdrawal.
- ❖ There are no Suboxone programs within a treatment setting in either counties. Therefore, there are an ever increasing number of individuals who receive the medication from their primary care physician. This means that the majority of individuals are receiving the medication, but are not engaged in treatment. FFDA has seen a sharp increase in the number of individuals who move from one prescribing doctor to the next because of an inability to remain compliant with one physician. Also, this has caused a moderate increase in the number of people going to detox for Suboxone because they can not locate a new prescribing physician before they start experiencing significant withdrawal.

TRAINING NEEDS

Shown here are requested training topics identified by staff and contracted providers. FFDA will be partnering with other entities to schedule trainings around these needs. In addition, FFDA will continue to host all DDAP required trainings on a yearly basis. Educating staff is essential when evaluating performance, therefore, FFDA will continue to address any training needs that may become apparent in the future.



DEMOGRAPHICS

The information presented in the following section is based upon data collected from services performed from July 1, 2012 through June 30, 2013. The data includes residents of both Franklin (582 individuals, 86%) and Fulton (92 individuals, 14%) county.

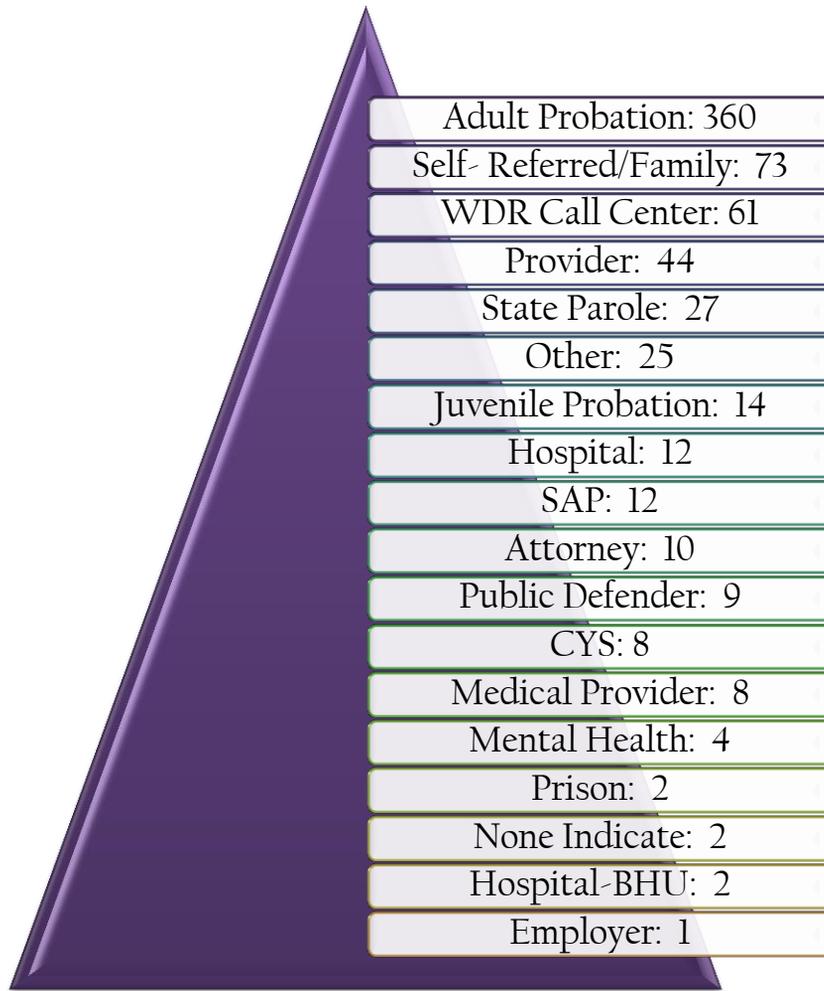
A. Ethnicity

Ethnicity	# of Individuals
American Indian or Alaskan Native	1
Black or African American	68
None Indicated	6
Other or Not Volunteered By Recipient	11
White	588

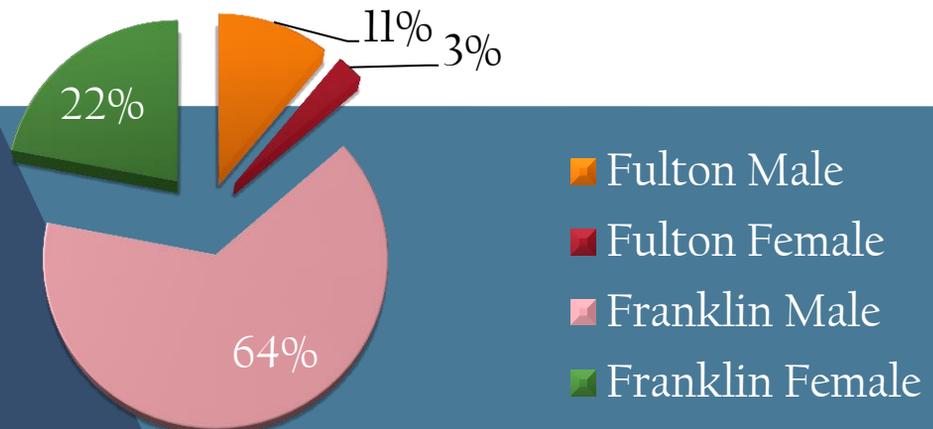
B. Location by Zip Code (Top 10)

Zip Code	# of Individuals
17201- Chambersburg Borough	148
17268- Waynesboro	97
17202- Chambersburg	54
17225- Greencastle	37
17257- Shippensburg	27
17233- McConnellsburg	26
17236- Mercersburg	26
17222- Fayetteville	25
17252- St. Thomas	11
17267- Warfordsburg	9

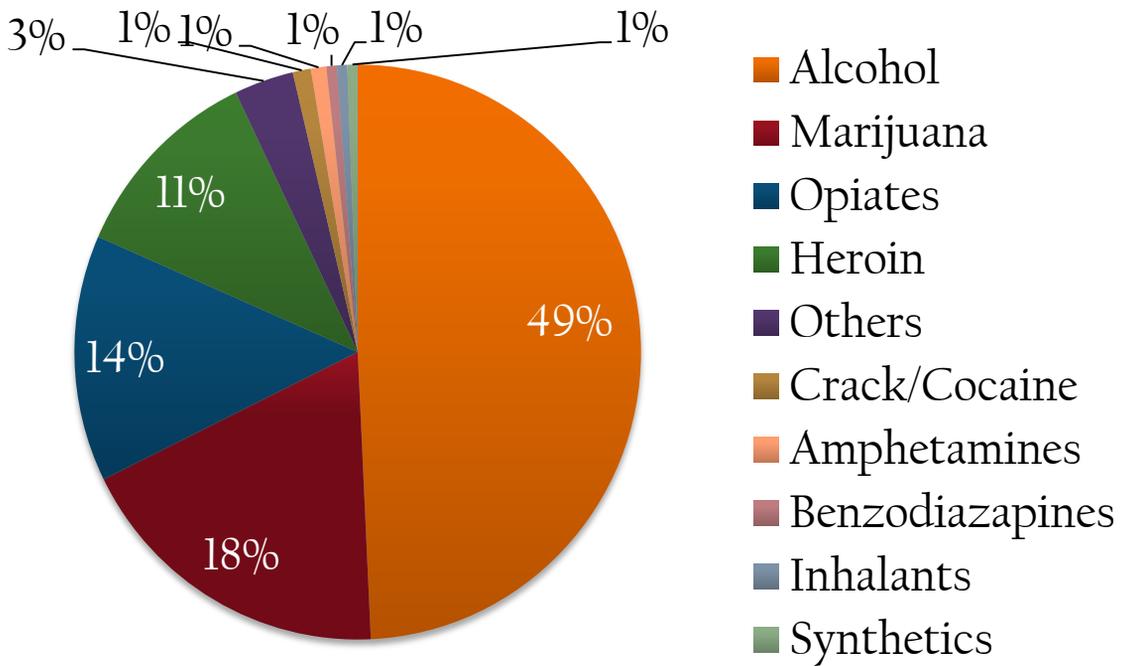
C. Referral Source



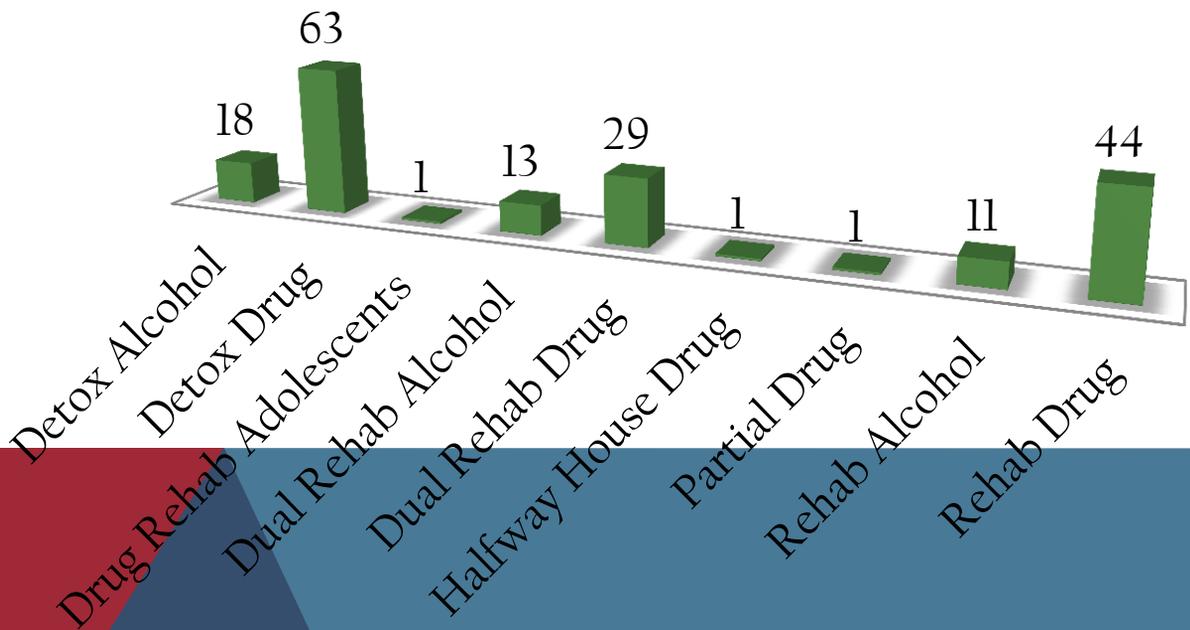
D. Male/Female



E. Primary Substance

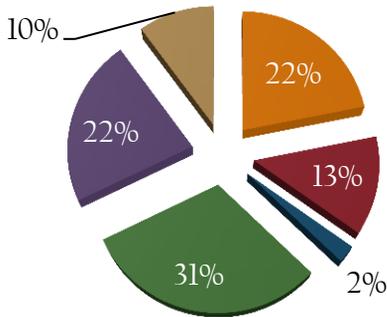


F. Level of Care Recommended



FISCAL INFORMATION

Expenses by Activity & Provider



- Administration
- Prevention / Intervention
- Physicians/Medications
- Inpatient Treatment
- Outpatient Treatment
- Case Management

Prevention/Intervention Service	Expense
Fulton County Center for Families	\$12,500
Healthy Communities Partnership	\$63,277
Waynesboro Communities That Care	\$1,000
Keystone	\$5,000
Total:	\$81,777

Category	Expense
Administration	\$243,556
Prevention / Intervention	\$143,960
Physicians/Medications	\$25,664
Inpatient Treatment	\$342,165
Outpatient Treatment	\$245,472
Case Management	\$112,628
Total:	\$1,113,445

IP Provider	Expense
Bowling Green Inn	\$9,681
Pyramid Healthcare, Duncansville	\$9,197
Pyramid Healthcare, Tradition House	\$3,784
Roxbury Treatment Center	\$780
White Deer Run, Allenwood	\$119,725
White Deer Run, Lancaster	\$6,324
White Deer Run, New Perspective	\$23,706
White Deer Run, York	\$19,522
White Deer Run, Williamsburg Cove	\$146,638
White Deer Run, Williamsport	\$2,808
Total:	\$342,165

CM/OP Provider	Expense
C&S Reed Consulting	\$15,466
Laurel Life	\$2,601
Pennsylvania Counseling	\$47,960
Pyramid, Chambersburg	\$115,314
Roxbury	\$74,024
Total:	\$255,365

ACRONYMS

<u>BHSI</u>	Behavioral Health Services Initiative
<u>CBHNP</u>	Community Behavioral Health Network of Pennsylvania
<u>CCISC</u>	Comprehensive Continuous Integrated Systems of Care
<u>CYS</u>	Children & Youth Services
<u>DDAP</u>	Department of Drug & Alcohol Programs
<u>FFDA</u>	Franklin/Fulton Drug & Alcohol Program
<u>HSDF</u>	Human Services Development Fund
<u>IDU</u>	Injection Drug User
<u>IOM</u>	Institute of Medicine (Prevention Classifications)
<u>IOP</u>	Intensive Outpatient
<u>LOC</u>	Level of Care
<u>OP</u>	Outpatient
<u>PAYS</u>	Pennsylvania Youth Survey
<u>SAP</u>	Student Assistance Program
<u>SCA</u>	Single County Authority
<u>TMCA</u>	Tuscarora Managed Care Alliance
<u>WDR</u>	White Deer Run