

**York County
Commissioners**

M. Steve Chronister
Doug Hoke
Christopher B. Reilly



**YORK/ADAMS
DRUG & ALCOHOL COMMISSION**

Recovery on the Horizon

100 West Market Street, Suite B04, York PA 17401-1332
Phone: 717-771-9222; Fax: 717-771-9709 Web: www.ycd-a.org

Audrey L. Gladfelter, Administrator

**Adams County
Commissioners**

Randy L. Phiel
James E. Martin
Marty Karsteter Qually

PROVIDER WORKING GROUP MEETING

September 15, 2014

9:00am-11:00am

Pleasant Acres Annex, Training Room 1

**** NOTICE: For the purposes of meeting notes, a digital recorder is in use ****

1) Introductions

- a. Providers (Providers may also *BRIEFLY* share any relevant program updates or changes.)
- b. YADAC Staff

Guest Speaker: Cameron Romer, Drug Treatment Court/MH Court Coordinator

Health Choices –

1. Reinvestment Project Updates
2. Crisis
3. Expansion of PWG to include Health Choices

Administration-Audrey Gladfelter, YADAC Administrator

1. FY 14-15 Contract update
 - a. Contracts and LOA were sent out
 - b. Email has gone out to request those missing be returned by 9/19/14
2. 14-15 YADAC Provider Directory
 - a. On website
 - b. Changes to providers
3. IP Treatment Funding Limitation memo distributed
 - a. 3B still limited to Pregnant Substance Users
 - b. Providers encouraged to still send referrals on ALL clients meeting 3B
4. Recovery Month events

- a. White Rose TV Event
- b. Proclamation
- c. Baseball game and Recovery Health Fair on 9/14/14
- d. Listing of all York & Adams County events on website

5. Overdose

- a. York County Heroin Task Force Update
- b. Overdose Free PA website (<https://www.overdosefreepa.pitt.edu/>)
- c. Overdose statistics
- d. New drugs
- e. Pharmacies are now permitted to establish take-back boxes

6. PACDAA updates

- a. Vivitrol - Vivitrol.com & Value Program
- b. Healthy PA has been approved
- c. OMHSAS update
- d. PACDAA Committee priorities
- e. STAR update
- f. State Plan priorities
- g. Bridges to Recovery Initiative
- h. PCPC rollout
- i. State Budget

7. PCPC Clinical Integrity

- a. Gary Tennis letter
- b. DDAP Policy Bulletin No. 3-13

8. SCA Payer of last resort

- a) CCBH denials
- b) Max client benefits
- c) ACT 106

Prevention/SAP/Training-Cynthia Dixon, Prevention Program Specialist

1. Available Grants

Case Management-Billie C. Kile, Case Management Supervisor

1. How to collect MA Eligibility Letters
2. T-1 Policy
3. Maximum Client Benefits
4. T-15 Policy
5. Screening Tool
6. RSC/Screening Concerns
7. General Probation Referrals
8. 12 Step Meetings
9. DRC Memo Review

Fiscal-Lisa Ahmed, CFO

1. Fiscal Updates

Note: Next meeting will be on: December 15, 2014 – Location to be determined.

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9am-11am

Antonette Sacco Colonial House chope2day@gmail.com	Jan Smith Colonial House chope2dayjs@gmail.com
Brittany Nichols - YADAC	Selen Gomez choy
Jesse Pitzer - YADAC	Carole Silles Alder Health Services
Renell Trombley - AA Counseling	Michele Button WDA
Lisa Arred - YADAC	Cameron Naman APO
Bob Willis - YADAC	Chuck Beasley Treatment Trends Inc chuckbeasley@treatmenttrends.org
Bobbee Steyer Inc. North Wellness	Michael McJ... YADAC
Jeri Smith YADAC	Scott Z... Cornerstone
Mimi Bell FCR	Cheer DeLeon-Snyder YADAC

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Introductions

- a. Providers (Providers may also *BRIEFLY* share any relevant program updates or changes.)
No updates shared.
- b. YADAC Staff

Guest Speaker: Cameron Romer, Drug Treatment Court/MH Court coordinator/DRC

Currently seeking providers who would like to attend their meetings. Sarah Hawkins (WDR) is present once/month-Drug Court meeting. DUI Court/MH Court-looking for providers to come in and meet with judge, DA, public defender, case managers, herself and PO. Providers' services are used, but at times unable to get input. Aware of what can/can't be disclosed in court, but if there's a case/client that has been in program or could benefit from higher level of care, the provider could give input. Working with Billie regarding what would be beneficial. Would like to arrange a rotation schedule, if providers would be interested. Not asking for commitment, looking for interest and start email regarding schedule. Billie commented that the programs are looking for clinical advice/expertise on what may be appropriate or inappropriate for individuals. Cameron stated Drug Court is at capacity with 140 clients, MH Court is at capacity with 35 clients, and DUI Court has 115-120 clients. DUI Court meets Tuesdays at 8:30am, Drug Court meets Thursdays at 8:30am, and MH Court meets Thursdays at 2:30pm. How long does the meeting last? 8:30-10:30am (full schedule). Court session begins at 10:30; every case in court that week is reviewed. Providers would sign releases good for one year if attending Treatment Court meetings. Also welcome to stay for court session(s).

DRC- most intensive program in probation; doesn't have a judge that operates weekly court system. Offenders sentenced to DRC are IOP eligible; level 3 or 4 offenders and must be substance abuse dependent. Clients work with PO and Lori and sometimes the employment specialist. Difference with DRC participants-they don't go to court every week and they're already sentenced. If clients fail the program, they're sent to county or upstate. Due to amount of substance abusers, it's beneficial to structure program more like treatment court minus the judge. Recently made (cases) to be similar to Drug Court, DUI Court and MH Court. Clients meet with Lori and check in with PO every day; required to be employed, seek treatment, and participate in CBT groups. The program is relatively new; successful-changes are positive.

Health Choices: Colleen Dwyer

Audrey: Collaborating with Health Choices for D&A Reinvestment Projects

1. Reinvestment Project Updates
 - a. There is 1 completely approved reinvestment project and a few started in the pipeline.
 - b. D&A Halfway House-bid on a property accepted. Waiting to disclose location due to business currently operating there and issues to work through. Property-16 bed unit-males only. Each unit has a private bath and "in-room" suite. Reinvestment proposal had to be completed by 6/30/15;
 - c. hope and expect to open doors before then. Must happen by then; 1 year extension already given and unable to get another extension.
 - d. (Buprenorphine) Coordinating Care
 - i. York/Adams counties. RASE currently provides Buprenorphine coordinating care through a grant; grant is ending. Hoping to time transition with no interruption of service. Meeting with RASE tomorrow to do enrollment with CCBH. Cost to cover a location still in the pipeline. Getting RASE whether or not cost to cover location is received. Requesting funding for start-up cost, to identify location and cover operating



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costs for the first 6 months. Reinvestment to cover what is not covered by revenue. It doesn't cover everything. If staffing not covered by revenue: if revenue is \$13,000 and staffing is \$15,000, reinvestment pays \$2,000. Hoping that will be done shortly. Preliminary application-revisions were requested and submitted. Resubmissions to be voted on next Tuesday.

e. Drop-In Center

- i. For people on Suboxone, Buprenorphine, or methadone. Co-located with RASE location. Also be open with community space, drop-in center, computers for vocational use (resumes, etc). Open to all providers to have groups and meetings there. Looking at any type of life skills classes for people struggling with recovery (to support recovery). Life Skills: gender-specific, 4 nights/week. 12-step meetings: not sure how frequently. Proposal: coffee shop. Space in front on street-view to help sustain the center (funding is for 3 years only). Trying to create a sustainability plan. To be open to the public. Meeting rooms in the back. Entertainment. Drug-Free Zone. RASE present with offices. Open to the community for any D&A related educational programming. Written to include teens if there's a need for life skills or programming.
- ii. Audrey: Cyndy and Dan Roeder(Health Choices) went to the Council of Southeast PA. Similar drop-in center in Philadelphia. Great idea. People getting so much being in the drop-in center, working on non-treatment needs. Audrey feels it's supportive of providers, especially with life skills classes and supplemental services. Colleen doing an excellent job coordinating that.

f. Recovery Homes

- i. Looking at subsidizing 90-day stay in recovery home. Other counties-CAP has 60 days-\$200/month. Would use a sliding scale up to 90 days-hope that by the last month client covers themselves but if they're short \$50, reinvestment would work on it because they believe in having 90 days of support after stepping down from higher level of care. Looking to form a group to help decide what standards would be for recovery homes to authorize for program. Getting and accepting volunteers. Want representation from neighborhood associations and police. Setting community-driven standards so recovery homes are accepted by neighborhood, has curb appeal, and people are welcomed to the neighborhood versus having tension. Hoping to step up the quality of recovery homes and keep clients focused on recovery. So many different recovery homes out there. Proposal includes incentive: if recovery homes focus on dual-\$7500. None focus on MH/medications and recovery; \$7500 if a recovery home wants to establish that. Also no recovery homes (known) that include single parent with child-\$7500 for that service also. Broken up for some renovations and some furnishings. Finally: no recovery homes for people on Suboxone, Buprenorphine, etc; a lot of times recovery homes don't like to have that in there too. Again-\$7500 towards that service.
- ii. Imbedded a rapid rehousing incentive-would give up to \$200/month towards rent for up to 6 months for people ready to move into their own apartment or don't need recovery home. People who do that need to sign a commitment to stay in recovery those 6 months and attend weekly 12-step meetings. Trying to help people who maybe a recovery home isn't the right environment or they have family obligations, have a job, or are ready to go back into apartment. Want to give them a little help but require the commitment letter that they'll participate in recovery program during time receiving funding. That just went in with adjustments; may take a little longer. With all the other things on the horizon, not pushing it although we need it. It's just there are only so many of us who can get things launched. Pretty excited; tried to build a few other things in there while we had the opportunity.
- iii. Getting ready for a new reinvestment proposal submission; every year beginning of March. At this time, major thing to look at is housing; big challenge within our communities. No long-term plan for homelessness and for people with mental health issues. If there's extra funding (so many proposals went in this past year), talking about putting some good money into housing to keep that program sustainable. Open to other ideas.
- iv. Clearly focused on D&A this past year. Haven't been getting a lot of proposals from other system providers. Did imbed money for training in drop-in center. Probation requested moral reconnection therapy training. Hard to get training funding through, unless it includes equipment. Unsure what that means or why it is that way. Can't get evidence-based training through unless it includes equipment. Try to bury it in some of our reinvestment plans so they don't really see it. When we meet with provider during the



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launch, they have to agree that's what we want. We try to throw our weight around a little bit in order to get things we need for our county. Probation department is talking a lot with us about evidence-based practices; they don't want to send people to any kind of provider unless they have clear understanding of what evidence-based practices the parolees/probationers will be participating in. Trying to sneak staff development funding in without putting a label on it.

2. Crisis

- a. Health Choices has meetings with crisis every quarter. At meetings-discuss the type of individuals that came in through crisis in last 3 months. Some attachments in the packet have some preliminary detail that was shared from Wellspan Crisis. Have a True North Crisis that operates out of Gettysburg Hospital and Memorial Hospital. Wellspan operates out of Edgar Square.
 - i. Interjection from Bobbie Hickox: Not correct. True North operates a mobile wellness center-it's a drop-in center that they go out to. Wellspan has their own crisis workers on weekends in Gettysburg. True North doesn't do all of Gettysburg.
- b. Unsure whether information distinguishes everyone that comes in; some may be coming from Gettysburg. There are 2 providers-True North and Wellspan. The information only has Wellspan provider detail. True North has started collecting this information but hasn't sent any yet.
- c. The purpose of the meeting is to discuss any types of challenges that they're having. YADAC was invited to the meetings; attending for almost 1 year. Very helpful-one of the stumbling blocks being encountered over the last year is people that are in these recovery houses who use are kicked out of recovery houses and told they have to clean up and go through detox before they're welcome back. They're even coached that you can get this done at York Hospital if you tell them you're suicidal. So people show up in crisis saying they're suicidal and need detox. It's been doing a number on how we manage psych beds. Find that a lot of psych patients have to be sent 2-3 hours away for a bed. Doing a lot more bed searches; it's becoming a huge problem. The hospital has made some changes as a result of that, but this has been going on for a year. This is one of the reasons the recovery house proposal was started-to try to have standards with recovery houses and manage how information is shared with the people staying there.
- d. Since June 2013, started tracking number of people coming in with substance abuse. Statistics listed. Wellspan crisis averages a little over 300 walk-ins/month; varies between 275 and 350. Almost 1/2 of those people also have a drug problem. The 2nd page has medical assistance statistics. If someone has Medicare as their primary it's on the front page. They may have medical assistance as secondary but it shows up on the 1st page. There's probably a little more medical assistance than what these numbers state.
 - i. Audrey: From taking a glance over statistics, appears alcohol remains #1; 48 in July. Remained somewhat consistent throughout the past year. 2nd is heroin; 39 in July 2014, 37 in 2013. Appears to remain somewhat steady. As far as the disposition, looks like 62 in the month of July have gone to treatment: 7 for medical detox, 32 to Outpatient treatment, and 23 to social detox. Effective Aug 1st- doctors on psych unit @ York Hospital no longer prescribing Buprenorphine. What we want to look at when we get August statistics is if there's a shift in those dispositions to see if less people going to psych unit., as it would be a less comfortable detox if going there, so hopefully start going the correct route for detox from here on out. Unfortunately don't have August statistics tabulated at this time. Definitely something we're going to keep an eye on. Also from crisis meeting- there's a Dr. Lula-private psychiatrist-came into network with CCBH for Buprenorphine. He's on N Beaver St-next to White Rose. Also some information that clients were selling drugs on the unit-now restricted to 48hrs for visits. Clients in Emergency Room for 24hrs due to lack of bed space. That's something we want to look at when we get August statistics-see what the trends are. Something we can bring to quarterly PWG meetings-see how trend is moving.
- e. Looking at these trends because of adding other initiatives to our system-with RASE program, halfway house, and recovery houses. We want to see if any of these things change at all. The one thing that was interesting was that despite the press, seems there's still a steady usage, yet slight uptake of people presenting with heroin, etc. Not quite as dramatic as the vibe makes it feel. The word on the street makes it seem worse, not that it is worse on the street, but we've seen a problem with it for quite a while. It's not tremendously worse right now; crime rate seems



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worse at the moment. The press makes you feel like we're in a high alert versus where we were a year ago, but we're seeing the same numbers. Not sure if providers are seeing anything different.

- i. Audrey: I think that trend is what we're seeing internally in our office. We went back and looked at how many people we were funding for detox treatment within the past 3 years-it's been consistent. It will be interesting once we get statistics to take a look at-it's not exactly what you think it would be based on what we've looked at so far.
- ii. Comment: I think the press is jumping on a bandwagon. We've been seeing this for a while. It doesn't surprise me you don't see a difference in numbers; surprises me that the press thinks this is a new epidemic.
- iii. Audrey: One of the things we're going to be doing is gathering more overdose statistics. Collaborating with Health Choices as far as their numbers because unfortunately we can't pull our statistics from STAR System. Plan to map it out in York/Adams counties by zip codes to see where the majority of individuals are being served and where overdose deaths are occurring. Also requesting information from medical personnel as far as overdoses not resulting in death. Hope to get an accurate perception of what's going on out there.
 - A. Colleen: When I did RASE proposal for Buprenorphine coordinating, researched how many people are on that medication right now. For the last year: there were over 339 unique individuals. 6 months ago (when proposal submitted): there were 177 unique individuals. That's almost a 70% increase. The number of prescribers went from 77 to 131. Interesting changes going on with that. Working together on sharing some of our statistics; trying to come up with what they need. Numbers can be interesting, but you can't automatically make any assumptions about what they mean; have to talk it through and work with people that are connected with what's going on and get a sense of what's going on. Love the idea of geo-mapping where deaths are occurring, where providers are located and where people getting services and certain medications are located.
- f. Questions for Colleen?
 - i. Question asked regarding recovery houses: mentioned potential participants would be using funding when stepping down from higher levels of care; would that include someone coming out of prison? Yes. We're not sure how successful we'll be; we tried to put a sentence in there that was open, that if someone's trying to avoid a higher level of care, we'd consider them. If someone's struggling and felt they needed it but had never gone into higher level of care (not the way it regularly works), we didn't want to close our mind to anything. You have to write a proposal for 5 years and keep it to 4 pages; leave a little latitude that can be adjusted depending on what you see happen. We didn't want to write it so narrow that somebody who truly needed it (in order to avoid more expense or cost), would have to be ruled out. I try to keep it open. Occasionally they throw something in there I can't change; they'll tell me that's the way it has to be.
 - ii. What communities are these recovery houses slotted for? They're already out there. Looking at working with ones that are out there or any new ones. I think there are over 200 in York County, only 1 in Adams County. (Comment: That one closed down; we have none in Adams County.) Funding is for York/Adams County; possibility that people from Adams County stay in York County. Heard Adams County has done a good job of keeping them out of the county; you're really dealing with a county that's not open to recovery houses. We're trying to clean up the ones we have in York and maybe offer small incentives. That \$7500 will go pretty quick for the 3 types of recovery houses that we don't see at all. Hopefully get rid of ones not meeting standards. The probation department is involved too; sit in on meetings. Plan: they'd like to make it that their people on probation/parole must go to a halfway/recovery house that meets those standards. Money is going to help incentivize the ones to stay better and others won't be getting referrals that were commonly accepted before.
 - iii. Crisis meeting; wanted WDR to attend next meeting? Thought WDR was invited/added-will check.
 - iv. Comment by Michele Britton: Misunderstanding about how system works with detox clients that can't get in one. If somebody calls our system and there's no detox bed in our system and can't find bed in someone else's system (99% of time), client expected to call back next day; asked to call every day until



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bed available. Reason: used to keep running waiting list; would get available bed, but client may not be able to fill that bed. Not good for managing beds. Thing being seen regularly: someone calls York line or person only wants to go to York (only 7 detox beds there); trying to get in-taking so long. Employees trained to ask if client would go to another facility. Please make sure clients are really getting the information. They told us they only wanted one facility or coach them to ask for larger facilities. Needlessly waiting sometimes to get into York because they're unwilling to go to other facility; client(s) saying later we didn't ask them about other facility. 99% of time we're asking if they'd go to another facility. Any concern people are waiting too long, they should consider other facility where there's more than just 7 beds-should help the flow of things. Audrey: client can still call daily even if on a waiting list at a specific facility to see if bed opens up somewhere else.

- A. Michele Britton Comment: Have someone trying for a while and they care enough to complain to you-that means they care enough-period. In which case, give them my phone number. Someone playing phone tag a long time-may be able to get through to them about considering another facility. Michelle Britton: 717-968-3640 (not to be given out as 1st point of contact, but if someone is really trying/waiting to get in).
- v. Audrey thanked Colleen/Health Choices for attending. Hope it was beneficial to everyone; wanted to talk to everyone as a group regarding YADAC collaborating with Health Choices. Helpful bringing Health Choices to do a collaborative working group together since topics overlap? Invite to this meeting? Yes.
 - A. Colleen: We can learn a lot from providers; help inform our decisions and inform interactions with community care.
 - B. Comment: Other provider meetings: Health Choices/representatives always welcome to attend.
 - C. May extend PWG meeting to 11:30 due to more information. In favor of idea.

Administration-Audrey Gladfelter, YADAC Administrator

1. FY 14-15 Contract Update
 - a. Contracts and LOA were sent out
 - b. Email has gone out to request those missing be returned by 9/19/14
 - i. Contracts pending: Daystar, Roxbury, Gaudenzia, and PA Counseling
 - ii. LOAs pending: Dover SD, York Country Day School, York County School of Technology
 - c. Reminder: Treatment services and SAP services still continue
2. 14-15 Provider Directory
 - a. On website and disseminated to providers
 - b. Changes to providers
 - i. No longer contracting with Wellspan for D&A; still contracting for crisis
 - ii. No longer contracting with New Insights York or Lemoyne
 - iii. Addition: WDR Lehigh Valley for 3A, 3B, 3B Dual. WDR-YAC relocated.
 - c. Reminder for detox providers: level of care assessment not on grid-still responsible as 1st point of contact for assessment (per last PWG meeting)
3. IP Treatment Funding Limitation memo distributed
 - a. 3B still limited to Pregnant Substance Users
 - i. 3rd year for limitations since 10% funding cuts
 - b. Providers encouraged to still send referrals on ALL clients meeting 3B
 - i. This year: while restrictions regarding D&A IP LOC outlined, imperative to give RFA for anyone needing IP care. OP Providers-submitting RFAs for anyone meeting IP criteria?
 - ii. Clients needing admissions and continued stays: YADAC wants to receive RFAs for individuals; can still make exceptions. Is everyone doing that at this time?
 - iii. Billie: If we receive RFA for detox only, can only assume they don't want inpatient or don't meet criteria for inpatient.
 - iv. Comment: Only getting RFAs from one facility? Always say detox only? Information probably better coming back to us because we think we're doing this correctly. In our system if you saw Lancaster



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always only requesting detox, should let me know (or any other provider). Believe we've coached staff on this, but maybe we're missing something.

- v. Billie: David not here to confirm but believe it's several facilities, not just one; seems to be random. Not consistent or able to be identified. If it was every detox referral, would assume it's not understood. They can request for IP as well. May not get funded, but still want to receive it. Have conversations with providers-they should be requesting both if it's recommended for both.

4. Recovery Month Events

- a. White Rose TV Event
 - i. Lisa did a great job as moderator. 3 individuals in recovery told their story. On TV starting Wednesday this week. Also on YouTube.
- b. Proclamation
 - i. Sept 4th at Cherry Lane with Mayor Bracey, Commissioner Reilly, and Commissioner Hoke. Media coverage/article-YDR/CBS 21. YADAC staff was available to offer access to treatment and community support.
- c. Baseball game and Recovery Health Fair on 9/14/14
 - i. Check presentation-\$5000
- d. Listing of all York & Adams County events on website
 - i. Events not listed-let Michael or Cheryl know (YADAC office). Want to keep adding events.

5. Overdose

- a. York County Heroin Task Force Update
 - i. Up and running-advocating current legislature
 - A. Senate Bill 1180: Letter of support was issued. Bill to pass prescription monitoring legislation/database-"Achieving Better Care". Physicians query database 1st time prescribing patient a controlled substance and includes in patient medical record. Federal and state law enforcement officials also use database with restriction for Schedule 2s. All others can use database with a court order. Huge gap in PA. Will help physicians track if patients are going to multiple physicians for prescriptions.
 - B. House Bill 2090: reconciled other bills such as bill building Naloxone and Good Samaritan laws. Looking to do a media campaign (press conference at some point).
 - ii. Creating website-link with YADAC website-how to access care. Educating D&A services available in community. Presented by Steve.
 - iii. Sammy Slusser, Collaborating for Youth: at last meeting. Task force impressed by CFY prevention.
 - iv. Senator Wagner visited Pyramid; getting an overview of services for priorities.
- b. Overdose Free PA website (<https://www.overdosefreepa.pitt.edu/>)
 - i. Handout in packet
 - ii. Collaboration of PCCD and University of Pittsburgh
 - A. Looking to expand grant to include more SCAs. York was chosen.
 - B. Contains links to SCAs, statistics, resources-community members and professionals.
 - C. Heroin Task Force website linked to this as well.
- c. Overdose Statistics
 - i. Map info: show occurring deaths/non-deaths and gaps in D&A services
 - ii. Agencies/providers seeing ODs since last meeting?
 - A. Previous client-discharged-died of overdose.
 - B. Hope Group: Thursday evenings at Bob Allen's house: N. George Street 7-8pm. For anyone affected by disease of addiction (death, incarceration or institutional). Free service for community.
 - C. Billie: Flyer listed the CHOP office; will be revised. Clients reached out but didn't feel comfortable going into city. Bob Allen's house is well-lit and not intimidating.
- d. New drugs
 - i. Sent information regarding heroin disguised as oxycodone-Delaware County. Unsure if this is closer to York/Adams Counties. Pics. Unsure what people are experiencing when taken.



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- ii. New Hampshire: state of emergency regarding synthetic drug
 - A. Synthetic marijuana-like drug sold in convenience stores as potpourri. Trend or seeing any?
 - B. Comment: Seeing increased K2 synthetic marijuana; not a lot, but it had died down. Older ages-30s, not 20s.
 - C. To Billie: seeing more in treatment courts? No.
 - D. Lori (DRC): Seeing more positives for K2.
 - iii. Wax:
 - A. Seeing in media, not cases; pictures passed.
 - B. Concentrated marijuana/butane hash oil; becoming more popular. Drug panic in CA
 - C. Butane hash oil has been around for a decade; now more available.
 - D. Consumption: vaporized. Popular alternative for cancer patients, elderly, or those not wanting to smoke.
 - E. Delivers potent dose of psychoactive ingredient THC. Ingredient compared 100 proof vs 50 proof; like smoking 20-30 joints of marijuana in one shot.
 - F. Risks: Explosions (making wax recipes/videos on YouTube)
 - G. Easy to conceal: example-lip balm
 - H. Haven't heard of anything nearby
 - e. Pharmacies are now permitted to establish take-back boxes
 - i. Legislation: allowed to mail medication back to pharmacies
 - ii. Comment: Mailing controlled substances?
 - iii. Rite Aid has a program. CVS-prescriptions from their clients.
 - iv. Mailing vs boxes: more anonymous
 - f. Town Hall Meeting at York Vo-Tech 9/30 7pm
 - i. Danny's Story: Charlene Sciarretta. Son died of overdose; prosecuted the person who shot up her son. Filming her story to open the meeting.
6. PACDAA updates
- a. Vivitrol – Vivitrol.com & Value Program
 - i. Website: Which doctors are prescribing. New Insights/Dr. Davis. Other doctors in the area? No.
 - ii. Value Program: individuals with insurance. SCAs funding it: \$800. No limit to number of clients that can be prescribed, unlike Buprenorphine.
 - iii. Can be prescribed by a nurse
 - iv. Bracelet/dog tags- identification/ER awareness
 - b. Healthy PA has been approved
 - i. Waiting for updates
 - ii. Affects YADAC and gap regarding Medical Assistance/PA Marketplace
 - c. OMHSAS update
 - i. State plans amendments for including more services. Psych rehab, certified recovery specialists, 3A, 3B, and 2B included. Health Choices plan as mandatory service.
 - ii. Discussion regarding Medical Assistance/Act 152-Inpatient services/shifts. Next year: cost analysis for services.
 - d. PACDAA Committee priorities
 - i. Priorities set for year.
 - ii. Treatment Committee: new PCPC roll out. Quality assessment process-meets DDAP quality assurance/licensing requirements-one standardized tool. 3B/3C Definition: Additional components of long-term rehab. What's mandatory for each service. Managed care companies and insurance companies have concrete definition.
 - iii. Legislative Committee: Opiate-related policies. Monitoring roll out of state-wide Criminal Justice Initiative/Health Care Reform.
 - iv. Prevention Committee: PBPS: Clear expectations how to collect information.
 - v. Administrative Committee: STAR functionality. SDS implementation. Audrey/Lisa attended training to do fiscal report through there. New DDAP manuals.



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- vi. Training Committee: Looking at case management training; something centralized in the near future.
- e. STAR update
 - i. Over 200 known issues. Usage and amount of data in system increased. Team is working on it.
 - ii. Concrete expectations placed on contractor. Contractor given notice: 3month extension until Sept 30 to get things in order. If expectations/deadlines are met-another contract renewed for 1 year with 4 renewals.
 - iii. DDAP looking at Plan B. All the time and issues-concerned about thought to scrap system. Do everything possible to fix versus going to new system.
 - iv. No information available to feds. Using Dept of Health statistics to meet requirements.
 - v. Information validity: not accurate; removing reports.
 - vi. Billie: Several providers putting PCPCs in STAR. Issue-D&A unable to view; looks like they're not in. Required by D&A to have them in. Now-providers sending screen shot and a paper copy of PCPC.
 - vii. Putting project plan in place: system slow/not functioning-Google Analytics will track. Provider (would) lose money if that's happening.
- f. State Plan priorities
 - i. DDAP discussed State Plan. Meeting to discuss/determine priorities of PACDAA.
 - ii. Share money due to taking clients from other systems (i.e. MH/criminal justice-D&A clients)?
 - A. Every system coming our way-why not use parody laws?
 - iii. Schools: don't have SAP funding-no longer getting federal "Drug Safe/Free School" Grant
 - iv. Lawsuits: revenue from pharmaceutical companies (reference to tobacco lawsuits)
- g. Bridges to Recovery Initiative
 - i. Handout from Secretary Tennis
 - ii. Initiative to saturate medical community. Began with Overdose Task Force-disseminating information into the medical community in regards to overdose and how to access treatment.
 - iii. Grass roots effort: bringing out templates on website. DDAP/recovery information, Professionals/roles, Clients, Friends/Family.
 - iv. Check website before next PWG meeting and discuss ideas.
- h. PCPC rollout
 - i. Original deadline: January 1st. Extended to July 1st per Secretary Tennis. Official announcement coming.
 - ii. Offer webinars and more trainings
 - iii. Makes sense with Point 5-Early Intervention LOC. Contracts redone in July.
- i. State Budget
 - i. Not much information available.
 - ii. Budget came out and is flat-funded.
 - iii. \$1 billion behind from 2013-2014; this was moved into the 2014-2015 budget. If no more revenue received, there will be a deficit of \$3 million for next year.
- 7. PCPC Clinical Integrity
 - a. Handouts: Gary Tennis letter: Referenced Policy Bulletin No. 3-13 in letter
 - b. DDAP Policy Bulletin No. 3-13
 - c. Reminder: As doing PCPC and generating recommendation: if no funding available or client doesn't want that LOC, keep clinical validity of PCPC and recommend LOC. As writing recommendation letters and referring clients to treatment, document what clinical LOC actually was. Referenced in new PCPC-3rd edition (What to do in circumstances. If not received, coming with training).
- 8. SCA Payer of last resort
 - a. CCBH denials
 - i. Requests from providers. Example: client has CCBH. CCBH denying treatment or client has insurance and insurance refusing to fund recommended LOC (important: clinical validity). Encounter situations- if funder denying LOC-is this being appealed? Following through with entire appeal process? Sometimes stopped at ACT 106 (PA Act) and can't use. Companies seem to be getting stricter.



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- ii. Cynthia: Need to know about these issues and report to office (Secretary Tennis)
 - iii. Comment: Provider requests treatment 30-60 days; funded for 14 days. Client had negative experience. Secretary Tennis stated: all that's needed is a doctor (licensed physician or licensed psychologist certification or referral (if treatment qualifies for Act 106)
 - iv. Talking to Health Choice about CCBH denials.
 - v. If denial letter received from funding sources, YADAC wants to see denial letters if funding that exception case.
 - vi. Comment: Problem-what works for most counties: Agreement from SCA to pay if provider receives denial letter as opposed to waiting months to get denial letter.
 - vii. Lisa: Past-if request received from provider (CCBH not paying)-make sure denial letter is in client chart. Allows time as long as in chart for monitoring.
 - viii. Audrey: Internal discussions if prefer to have it sent versus seeing at point in time monitoring to make sure we are payer of last resort. Running into situations-LOC assessments (i.e. someone coming out of prison goes to agency and CCBH denies). Want to make sure providers are following through on entire appeal process. 2nd level appeal-county sits on panel.
 - ix. Comment: clarification through SCA from CCBH regarding client leaving prison. Rumors-in jail more than 1 month, have to do 3C residential. Asked CCBH-replied "individual basis". Doesn't seem to be that way; it's delaying treatment. Previously-precertification. Now-in community, trying to find mobile assessors-not sure of LOC. No clinical confidence in CCBH to distinguish those looking for clarification regarding prison population.
 - x. Colleen/HC: Staff changes at CCBH. Will seek clarification. Dan Roeder will most likely follow up-manages that aspect.
- b. Max client benefits
 - c. ACT 106

Prevention/SAP/Training-Cynthia Dixon, Prevention Program Specialist

1. Available Grants
 - a. PCCD for Communities That Care: if requesting/need funding-apply to CTC for subgrant.
 - b. Other federal grants-human services-coming out in March
 - c. Audrey: keeping grants on the agenda. Cynthia sends grant information as obtained.
 - d. Due to funding limitations-please apply for any additional funds
2. 6 previous policies written-on website.
3. Providers made changes to community plan based on needs of community. Most if not all York/Adams counties being served: implementation and evidence-based programming.
4. Bringing training back for Girls Circle/Boys Council. There have been a number of requests for it-York/Adams

Case Management-Billie C. Kile, Case Management Supervisor

1. How to collect MA Eligibility Letters
 - a. Required-eligibility letter in client chart for monitoring. Tell individual need to be self-pay until letter is returned. Individual's responsibility to apply for MA (provider can assist with application), follow through process, and receive eligibility letter. Timeframe: 45 days? Provider mails application-follow up- DPW has 30 days to process. Letter/Agreement: client agrees to apply for MA and submit denial/eligibility letter. If not: self pay.
 - b. YADAC Payer of last resort/other funding options exhausted: YADAC developed/seeks expedited plus plus funding. CRC only: IP treatment-see the funding from individual at those facilities. Asking provider to have individual sign consent of redisclosure-gives provider consent to give information to YADAC to redisclose to CCBH.
 - c. Lisa: can contact CCBH with consent, but if issue-can't disclose information regarding denial.
2. T-1 Policy
 - a. Emergent care screening policy-posted to website August 7th.
 - b. Created: RSC requested updated protocol regarding incoming calls to RSC.



Audrey L. Gladfelter, Administrator

- c. Detox limits lifted however have discussions with clients about reoccurring detox.
 - d. Try to get consent for RSC to fund consecutive/subsequent detox episodes.
 - e. Not necessary for YADAC to be involved-limits lifted.
 - f. RSC-CRC York-other CRC facilities-other contracted provider facilities
 - g. If RSC isn't placing individual, provider should notify YADAC and get consent.
3. Maximum Client Benefits
- a. Sent to providers/on website
 - b. Terminology changes: client/individual
 - c. Added LOC assessment/OP. Outlines no restrictions.
 - d. Detox section
 - i. Lifted limits per FY.
 - ii. No length of time for residency requirement but must be a resident of York/Adams for detox.
 - iii. Residential rehab: if individual has warrants/detainers-YADAC funding may be denied.
 - iv. General rules: provide document of eligibility for MA. Failure to immediately supply the document may deem individual ineligible for funding.
4. T-15 Policy: Failure to Adhere to T-11 Policy for Funding Authorization for Detox, Rehab/Halfway House LOC and Continued Stay Funding (if T-11 not followed)
- a. Developed due to influx and increase of paperwork issues
 - b. T-11 Policy-refers to paperwork required to request funding for IP treatment, detox treatment, or Halfway House
 - c. SCA has 2 business days to process request for IP, detox, or halfway house LOC. Staff reviews packet and determines if required information is complete and checks STAR for PCPC.
 - d. If not correct: corrections checklist sent to provider. Provider has 2 business days to respond and correct document.
 - e. If not completed: Failure to Adhere Notice sent to provider; 2 more business days given to complete or payment denied.
 - f. PCPCs required to be in STAR at time of episode.
 - g. Sent out 9/11/14; effective 10/14/14
 - h. Audrey: will be signing off on payment denials. If problem with STAR/PCPCs, alert case management specialist immediately to have alternate documentation regarding PCPCs. Once denial is signed, it is assumed communication took place and denials will be final.
5. Screening Tool
- a. Updated; will be on website.
 - b. Wording: RSC. WDR-YAC Information.
 - c. Added: Do you feel safe? Yes/No. Do you have a safe place to stay? Yes/No. Access York phone number and emergency shelters listed.
 - d. Encourage providers/agencies to do also; not mandatory.
 - e. Dealing with populations with domestic violence
6. RSC/Screening Concerns
- a. Discussed-individuals walking into providers, providers calling YADAC,consents, addressing RSC directly
7. General Probation Referrals
- a. Receive general probation referrals.
 - b. Individuals at York County Prison and need LOC assessments to move from prison to next facility (rehab/OP treatment).
 - c. YADAC doing assessments-sometimes recommend OP LOC (very specific facility) based on individual needs, vocation, where client will live after treatment, etc.
 - d. Individuals being released sooner and had assessment-don't want to reassess. Providers: notify YADAC to receive LOC packet (i.e. Colonial House-request individual name after assessment)
8. 12 Step Meetings
- a. Billie/Brittany attended 12 Step Training
 - b. Encourage providers/staff to attend open meetings; better able to explain to individuals about meetings.

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- c. YADAC staff requires 6hrs/yr-12 Step Training
- 9. DRC Memo Review
 - a. Memo sent Feb 2014
 - b. Aware of DRC billing: send to Lisa at YADAC-mail or email
 - c. Submitted 5 business days after last treatment episode of each month
 - d. Lisa reports monthly to probation (prior month's information)
 - e. Memo posted on website

Other/Comment-

Since WDR-YAC moved: no walk-ins. Must call and make appointment. New location: 257 E Market St, York (by library). 717-668-8035 Also listed in YADAC provider directory on website. Joy is the only one there. Refer individuals to call WDR-York 840-2308: Donna can schedule assessment at YAC. If clients call for assessment, they're required to be seen within 7 days.

Fiscal-Lisa Ahmed, CFO

- 1. Fiscal Updates
 - a. Funding limitations-3rd year for funding limitations. No changes except allowing more detox
 - b. Reminder: OP Providers-DDAP mandated info must be entered in STAR (clients, PCPCs, discharges, etc)
 - c. CCBH/ACT 152: Lisa can request retroactive; now being done monthly versus end of year (1/12). Any overage goes to DPW or CCBH.
 - d. Slightly behind on billing

Audrey: Next meeting-December 15, 2014 (Location TBD)

Wellspan Crisis- Substance Abuse Statistics

	<u>Jun-13</u>	<u>Jul-13</u>	<u>Aug-13</u>	<u>Jan-14</u>	<u>Feb-14</u>	<u>Mar 2014</u>	<u>Apr-14</u>	<u>May-14</u>	<u>Jun-14</u>	<u>Jul-14</u>
All Referrals	132	156	141	126	105	110	121	133	129	133
Drug of choice										
Bath Salts	0	0	0	0	1	0	0	0	0	0
Cocaine	3	8	4	7	7	7	5	5	5	3
Coricidin/Cold Medicine	0	0	0	0	0	1	0	0	0	0
EtOH/Alcohol	36	44	31	36	25	33	39	44	37	48
Heroin	30	37	38	31	24	33	36	29	39	39
Marijuana	5	6	5	4	5	3	3	9	13	8
Poly	52	56	53	34	33	31	35	44	34	29
Scripts	4	5	9	0	9	1	3	2	1	5
Synthetic Marijuana	2	0	0	0	0	0	0	0	0	0
Inhalents	0	0	0	1	1	0	0	0	0	
Spice	0	0	0	0	0	0	0	0	0	1
Disposition										
IP/4A	66	82	77	62	59	59	69	72	79	62
Medical admission	3	1	0	0	2	1	0	0	1	0
Medical detox	0	2	0	1	0	1	1	5	3	7
OP SA tx	35	38	32	27	27	29	23	25	28	32
Pending	4	11	7	10	5	4	9	6	2	9
Referral to MD	0	0	0	0	1	0	0	0	0	0
Rehab	1	2	1	0	0	1	1	2	0	0
SA IOP	0	0	0	0	1	1	2	1	0	0
Social/Detox 3A	23	19	24	16	10	14	16	22	15	23

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Audrey L. Gladfelter, Administrator

**MEMORANDUM OF
IMPORTANCE**

DATE: August 22, 2014
TO: All YADAC Contracted Treatment
Providers; York County Treatment
Courts; Adams County Adult
Probation;
Adam County Adult Correctional Complex; and
YADAC Staff
FROM: Audrey Gladfelter, YADAC Administrator - *ALG*
SUBJECT: Fiscal Year 2014-2015 Inpatient Treatment Funding Parameters

Please be advised that, as a result of continued and significant increase in the demand for York/Adams Drug & Alcohol Commission funding for drug and alcohol inpatient treatment level of care (that is: short and long term residential; and halfway house), it has become necessary for the York/Adams Drug & Alcohol Commission to limit these services for the 2014-2015 fiscal year.

Until further notice, the York/Adams Drug & Alcohol Commission's funding protocol is as follows:

1. As determined by the State Department of Drug and Alcohol Programs (DDAP), Pregnant Substance Users are top priority and funding shall always be made available.*
2. The authorization for non-hospital detoxification services will not be limited under this protocol.

* Please note that while restrictions regarding drug and alcohol inpatient treatment level of care are outlined above, it is imperative that the provider request funding for ALL individuals who meet inpatient treatment level of care (that is: short and long term residential; and halfway house.)

For all clients who meet criteria for drug and alcohol inpatient treatment level of care (that is: short and long term residential; and halfway house), and are NOT a Pregnant Substance User, the following shall be taken into consideration:

1. Exceptions to this funding protocol shall be made at the discretion of the YADAC Case Management Supervisor, who will have the authority to approve any request for authorization for inpatient treatment where it can be demonstrated that the individual is in an emergency situation that requires immediate placement regardless of the availability of funding.
2. Clients meeting criteria for drug and alcohol inpatient treatment level of care (that is: short and long term residential; and halfway house) who appear to be eligible for Medical Assistance, may be eligible for funding. Funding approval will be determined on a case-by-case basis. ALL referrals requesting inpatient treatment level of care will be issued a funding approval or denial response. Providers are encouraged to contact YADAC if unsure of Medical Assistance eligibility.

MOREOVER, as a means of ensuring that available funding is utilized to its maximum, contracted providers are reminded of the following requirements as stated in their respective contracts and/or DDAP manuals. Please be aware while these requirements are not new, these requirements will be upheld to the letter:

1. The contracted provider must ensure that the residency requirements for short term residential, long term residential, and halfway house are satisfied prior to submitting the request for authorization for said services and/or attempting to bill YADAC for said services with the understanding that YADAC will not pay for services in which the client has not

satisfied the identified residency requirements.

2. Adherence to the formal written treatment authorization protocol (reference YADAC policy *T-11 Funding Authorization for Detox Rehab Halfway House*) for 3A Medically Monitored Inpatient Detoxification, 3B Medically Monitored Short-Term Residential, 3C Medically Monitored Long-Term Residential, and Halfway House level of care treatment episodes. Failure to adhere to said protocols by the contracted provider may result in a denial of payment from YADAC.
3. The liability amount is the responsibility of the client and the collection of said client liability amount is the responsibility of the contracted provider.
4. The contracted provider is to ensure that all clients receiving YADAC funding submit a complete and accurate DPW MA application. The contracted provider is to obtain a copy of a valid MA rejection letter for the client file and it is to be made available to YADAC upon request. Failure to ensure the MA application was fully executed may result in the forfeiture of YADAC payment of services.
5. The Contracted Provider is to utilize the available MA tracking systems to determine client MA activity status at each client appointment as a means to safeguard YADAC funding as the payer of last resort.
6. It is the contracted providers responsibility to ensure that the YADAC funding is the payment of last resort and as such, must ensure that all other viable funding options have been exhausted (that is: VA; DPW; private insurance; grant monies; HMO; etc.) and as such may be required to produce documentation.

This protocol is effective immediately and shall remain in effect until further notice. Thank you for

your cooperation in this matter and if you have any questions please don't hesitate to contact me.

**Cc: Steve Warren, MH-IDD/D&A Administrator;
Stefanie Mihalcik, DDAP Program Representative**

**York County
Commissioners**

M. Steve Chronister
Doug Hoke
Christopher B. Reilly



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2014 York & Adams County Recovery Events

Please join the York & Adams Drug and Alcohol Commission in recognition of the 25th Annual "Recovery Month"

Recovery Month is a nationwide effort to heighten the awareness of the disease of Addiction and by doing so, educating the public on addiction as well as helping to reduce the stigma of getting help. Through these events, we celebrate with those that have found a pathway to recovery, stand with those who are still working on or seeking their recovery and recall those who have fallen to the disease of addiction.

Addiction knows no racial, ethnic, gender, age or economic boundaries and as recent news articles have highlighted, can impact any family throughout our region.

With proper care and support individuals can and *do* recover, Treatment is effective, Prevention / Intervention works.

Following are events taking place throughout the greater York/Adams region. As appropriate, when we learn of events, we will post them to the Commissions website: www.ycd-a.org

- September 3rd – @ 9 AM - Adams County Kickoff event & Proclamation – YADAC Prevention providers – at the Commissioner's Chambers office at Adams County courthouse
Recovery Month Proclamation, "Join the Voices for Recovery: Speak Up, Reach Out!", Wednesday, September 3rd @ 9 AM, Old Courthouse, Gettysburg, Commissioners' meeting
- September 3rd – White Rose Community TV – WRC –TV - Not a public event but watch for details.
Recorded show which will air in September - No call in, but questions will be posed to a panel of individuals in recovery.
- September 4th @ 11:00 am - York County Kickoff event & Proclamation – Mayor Bracey, City of York & York County Commissioners. 11:00 am, Cherry Lane, York, PA
- September 13th - 3rd Annual Community Recovery & Awareness Conference (Hanover)

Information: GHWH at 717-968-3083 or e-mail advocacymom@embarqmail.com

This conference will bring together experts and professionals from across the state and country to focus on ways to make an impact in the "new recovery movement" and bring awareness to everyone attending. Throughout the conference – keynote speaker, featured speakers, workshops sessions on specific areas from holistic to medicine assisted recovery and recovery options from intervention, treatment and continuous improvement for long term health and wellness. Also to learn new strategies and individualized solutions that create a positive environment for people in recovery.

- September 13th – RASE Project Dinner and Comedy Show (Fund Raiser) featuring Emmy Award Winning Comedian Craig Shoemaker

Details by calling: (717) 232-8535

- September 14th – 5th Annual Recovery event & Health Fair in conjunction with the York Revolution

York Recovery Month is pleased to present the community with its 5th Annual Recovery Day Celebration! Come out on September 14th and enjoy a fun filled day with activities for everyone. From 11am-1pm

there will be **FREE** activities on the Brooks Robinson Plaza for all to enjoy! Gates will then open at 1pm for the Revs game! More information or tickets @ 717-801-4487

- Sept. 15-21, 2014 -Celebrate National Wellness Week,
Various events/locations. See <http://truenorthwellness.org> for details or call 717-632-4900, ext. 1014, with questions.
- September 17th @: 9:00 AM - Medicine Abuse Awareness Month Proclamation
Old Courthouse, Gettysburg, Commissioners' meeting
- September 20th – Life's Beacon Foundation's 2014 Charity Fundraiser, 1:00 pm to 8:00 pm, with a recovery meeting at 8:30 pm.
Information by calling 1-717-577-0553.
- September 25th – “The Anonymous People” - 6:30pm - Penn Cinema, Lititz, \$10
THE ANONYMOUS PEOPLE is a feature documentary film about the over 23 million Americans living in long-term recovery from addiction to alcohol and other drugs. <http://www.penncinema.com/>
Sponsored by Empowering for Life
Planning support from Compass Mark, Lancaster County Drug & Alcohol Commission, and RASE Project
- September 26th Wake Up To Medicine Abuse Kick-Off
Friday, September 26th, 12 noon to 1 PM, Emergency Services, 230 Greenmyer Lane, Gettysburg; this event will be the collaborating for Youth OPEN Board Meeting - all invited - (media, law enforcement, state representatives, collaborative partners, community supporters, etc.)
- September 27th, 10:00 a.m. to 2:00 p.m. - 9th National Medicine Take Back
Collection Sites for Adams County and Greater Hanover Area:
 - ◆ Biglerville: Biglerville Hose & Truck Co. #1, 111 South Main Street, Biglerville - hosted by Biglerville Police Department
 - ◆ Fairfield: Fairfield Fire & EMS Department, 106 Steelman Street, Fairfield - hosted by Carroll Valley Borough and Liberty Township Police Departments
 - ◆ Gettysburg: Gettysburg Area Recreation Park, 545 Long Lane Gettysburg - hosted by Gettysburg Borough Police Department
 - ◆ Gettysburg: Gettysburg Barracks of the State Police, 3033 Old Harrisburg Road, Gettysburg - hosted by Pennsylvania State Police Troop H
 - ◆ Hanover: Giant Pharmacy, 455 Eisenhower Drive, Hanover – Sponsored by Hanover Police
 - ◆ Littlestown: Alpha Fire Co. #1, 40 East King Street, Littlestown - hosted by Littlestown Borough Police Department
 - ◆ New Oxford: Eastern Adams Regional Police Station, 110 North Berlin Avenue, New Oxford – hosted by Eastern Adams Regional Police Department.
 - ◆ York Springs: Bermudian Springs School Complex, 7335 Carlisle Pike, York Springs - hosted by Latimore Township Police Department
 - ◆ GIANT FOOD, 2130 Palomino RD, Dover, 17315 – Hosted by York Area Regional Police Department.
 - ◆ GIANT Food, 3175 Cape Horn Road, Red Lion - Hosted by York Area Regional Police Department.

York County kicks off Recovery Month to combat drug addiction

Thirty confirmed heroin overdoses so far this year pushed officials to do more

By Rebecca Hanlon

rhanlon@ydr.com @mrsbeccahanlon on Twitter

UPDATED: 09/04/2014 10:19:15 PM EDT# COMMENTS

Michael Knaub starting drinking and doing drugs when he was 17 years old.

"I did it for fun," he said. "Or what I thought was fun."

Knaub's story is filled with pain, both physical and emotional, thanks to his addictions. Like many others in York County, he's watched the reports of heroin overdoses double in the past year and he has hope that something can be done.

York County officials declared September Recovery Month during a brief ceremony in York Thursday. The month will be filled with free events throughout the region to help addicts find treatment programs.

The push for the declaration came after 30 confirmed heroin deaths in York County so far this year, a jump from last year's 17, according to the York County Coroner's Office.

Knaub's cocaine and marijuana use, combined with alcohol, got him in trouble, he said. By 18, he was in a recovery program. Wanting to get out of probation and get his driver's license back, he stayed clean until he was 20.

He'd soon go back to drink and using, and the cycle would continue for 23 years.

But as Knaub, now 45, sat in Cherry Lane Court in York Thursday, he is proud to celebrate two years clean on Sept. 11.

"I wake up in the morning and I'm OK with who I am," he said. "I have a purpose in life today."

Knaub was finally able to get help for his drug and alcohol use after he ended up in the Intensive Care Unit for advanced cirrhosis of his liver, a life-threatening buildup of scar tissue.

"Recovering wasn't a good idea until it was my idea. I couldn't be forced in to it," Knaub said. "Pain is a great motivator."

For some, the goal of recovery seems too lofty, and they succumb to the drugs or booze that control them.

"It's a problem we've seen spike the past two years," said Audrey Gladfelter, administrator with the York/Adams Drug and Alcohol Commission.

The jump in overdoses has been a weekly focus of the organization, she added. Regular meetings are held to review news releases and statistics.

In addition to this month's events, the commission has also increased how many times a person can go through detox with their program. It used to be twice a year, she said, but they've made it unlimited.

"We don't want it to be a revolving door, but we know we have to offer more," she said.

While the statistics about heroin have caught people's attention, she said, the office has seen an overall increase in general opium use. Because prescription drugs are often expensive and harder to get, people turn to heroin, she said.

However, alcohol remains the main drug of choice, Gladfelter said.

She hopes this year's Recovery Month will help break the stigma associated with drug abuse.

"Abusers don't seek help because they are fearful of what people think," she said. "People should be able to proudly said they're in recovery."

Contact Rebecca Hanlon at 717-771-2088.

How to get help

To get help for a drug or alcohol addiction, call the York/Adams Drug and Alcohol Coalition at 717-771-9222.

If you go

Events are scheduled throughout the month in Adams, York and Lancaster counties.

A full list is available at www.ycd-a.org.

Events in York County are:

Sept 13: RASE Project Dinner and Comedy Show (fundraiser). For details call 717-232-8535.

Sept. 14 - 5th Annual Recovery event and Health Fair at Santander Stadium in York. Free events will be 11 a.m. to 1 p.m. with a 1 p.m. York Revolution game. Details call 717-801-4487.

Sept. 15 to 21 is National Wellness Week. Various events can be found at truenorthwellness.org.

Also of interest

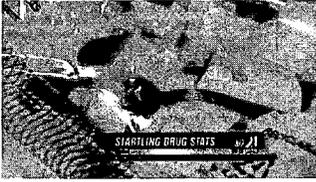
Program to offer support group for families of drug addicts

Task force to tackle heroin, prescription drug abuse in York County

Opinion: The war on drugs doesn't work, and neither do 12-step programs

Pennsylvania looks to curb painkiller abuse

York City recognizes recovery month



Updated: Thursday, September 4 2014, 07:59 PM CDT

Reported by: Christina Butler

YORK, Pa. -- Shocking numbers out of York County. The coroner says so far this there have been more drug related deaths than all of last year.

In York it's Recovery Month. It's a nationwide effort to heighten awareness of addiction and a reminder that the disease can hit any family at any time.

"My life had reached a point where I was helpless hopeless and could not function in society."

Michael Knaum of Dover was an addict for nearly half his life-- until he got help.

"I separated myself from the alcohol and drugs through rehab and I come out of rehab and started working a program of recovery, " says Knaub

He's not alone in York County. Bob Allen is in recovery too.

"It's both a mental and physical situation once a person does the drug it grips him. The mind can create obsession and that aspect I believe it is a disease," said Allen.

Both men could be considered lucky to have survived.

The york County coroner's office says so far this year there have been 66 drug related deaths. That's more than the 64 total for 2012 and 56 in 2013.

Both men say they aren't surprised, especially when it come to heroin, because of the power it has over its abuser.

Recovery month in York features several events to highlight prevention and treatment options.

For a list of events head to: <http://local21news.com//images/Events for Recovery Month.pdf>

If you or someone you know is need of help with addiction, help is out there:

http://www.helpguide.org/mental/drug_substance_abuse_addiction_signs_effects_treatment.htm



University of Pittsburgh

Schools of the Health Sciences Media Relations

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FOR IMMEDIATE RELEASE

Pitt School of Pharmacy Developing an Overdose Prevention Website with Collaborators from Around the State

PITTSBURGH, Aug. 26, 2014 - With funding from the Pennsylvania Commission on Crime and Delinquency, the University of Pittsburgh School of Pharmacy's [Program Evaluation and Research Unit \(PERU\)](#) has launched a statewide overdose prevention website called [OverdoseFreePA](#), which aims to support efforts within participating counties to reduce overdose and overdose deaths. The site's URL is www.overdosefreepa.pitt.edu.

A pilot application is being developed for [OverdoseFreePA](#) that will allow the public to browse close-to-real-time overdose death statistics by categories such as gender, age, race and type of drug. This pilot will begin by using the overdose death statistics from Allegheny County. PERU's collaborators include the Pennsylvania Department of Drug and Alcohol Programs (DDAP), the Allegheny County Medical Examiner's Office, and the Single County Authorities (SCAs) of Allegheny, Butler, Bucks, Blair, Dauphin, Delaware and Westmoreland counties on this important project.

"Data from the National Center for Health Statistics indicate that drug-related deaths have skyrocketed across the nation in recent years, especially in Pennsylvania," said [Janice Pringle, Ph.D.](#), associate professor and director of PERU. "The new website could help show Pennsylvanians the true effect of overdoses within their community and provide resources for increasing public awareness of the overdose risk and strategies for reducing this risk."

"These are deaths that didn't have to happen," she noted. "We can prevent them using compassionate approaches to addiction treatment and education, and by creating a unified front from which to approach the problem."

Dr. Pringle added that every community in the Commonwealth must support those suffering from Substance Use Disorders (SUDs) in the appropriate way. Contributing to the problem is prescription opiate abuse, which has become significantly more prevalent throughout Pennsylvania—including in the suburbs.

[OverdoseFreePA](#) provides presentations and educational curricula that are evidence-based and tailored to a number of target audiences, including the public, SUD treatment professionals, criminal justice system personnel, health care providers and more. The website also will include documents that describe how to effectively link high-risk individuals to SUD treatment and recovery, and strategies for building and maintaining community coalitions that address overdose prevention locally.

"Overdose deaths are rapidly increasing in Pennsylvania and it is critical to have the tools for identifying risks, implementing training and for intervention in evidence-based tools," DDAP Secretary Gary Tennis said. "We applaud PERU for leading this pilot initiative and for their partnership in attacking the overdose issue in Pennsylvania."

"In Pennsylvania, we are focused on a multi-pronged approach to addressing the issue of drug overdose," said project partner Diane W. Rosati, executive director of Bucks County Drug & Alcohol Commission, Inc. "In addition to concentrating on community partnerships, prevention/treatment/recovery strategies, outreach, law

enforcement efforts and family support, the Bucks County Drug & Alcohol Commission is pleased to partner with the Pennsylvania Commission on Crime and Delinquency, the Pennsylvania Department of Drug and Alcohol Programs and the other SCAs to launch the OverdoseFreePA website.”

Ms. Rosati said the website will provide Pennsylvanians with access to useful resources and support, including local statistical data, an Expert Speaker’s Bureau and resources for educating themselves about this important issue.

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About the University of Pittsburgh School of Pharmacy

Chartered in 1878, the School of Pharmacy is the oldest of the University of Pittsburgh’s Schools of the Health Sciences. For over 135 years, the School of Pharmacy has been committed to improving health through excellence, innovation, and leadership in education, research, patient care and service. Today, the School of Pharmacy is a leader in pharmacy education and research, with endeavors ranging from patient health outcomes and human clinical research to research in molecular genetics. The School of Pharmacy is home to four centers: the Center for Pharmacogenetics, the Center for Education and Drug Abuse Research (CEDAR), the Clinical Pharmaceutical Sciences Center, and the Center for Development and Delivery of Pharmaceutical Agents.

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[AlterNet](#) ^[1] / By [Helen Redmond](#) ^[2]



Popular New Marijuana Product Called 'Wax' Is Now the Target of Govt. Drug Panic Propaganda

March 2, 2014 |

A concentrated form of marijuana known as wax or butane hash oil (BHO) is becoming more popular and its production and use increasingly controversial in states across the country.

While Colorado's pot shops are embracing wax as a popular, potent form of newly legal cannabis, the Drug Enforcement Administration is whipping up a drug panic in California. In a Yahoo News article, Gary Hill, assistant special agent in charge at the DEA's San Diego office warned ^[3], “We have seen people have an onset of psychosis and even brain damage from that exposure to that high concentration of THC. Our concern is that this is going to spread before we get it under control.”

Agent Hill offered no studies or data to back up these claims.

But the DEA, once again, is too late. BHO has been around for at least a decade and now it is more available than ever—and the wax is here to stay.

In order to be consumed, wax is vaporized, which makes it a popular alternative for cancer patients, the elderly and others who don't want to smoke.

In Colorado where cannabis is legal for both recreational and medical use, wax is available in marijuana dispensaries. Daniel de Sailles, a partner at Top Shelf Extracts in Denver, explained to *High Times* ^[4]:

“I'm a 100 percent proponent of BHO, because I've seen it make people's pain just evaporate. As medicine, it helps with both harm reduction—it practically cures withdrawal symptoms in people who are alcoholics or addicted to speed or pharmaceuticals—and pain management. It works every single time, and it's easier to regulate your dosage. You

take a fraction of a percent of a gram, and you're fully medicated and exactly where you want to be."

Wax is also sold in the newly opened marijuana shops in Colorado to customers who want a quicker, more intense buzz from pot. Because it is a concentrated form of the oils in marijuana, it delivers a potent dose of the active psychoactive ingredient, THC, to the user. Think of wax like 100 proof vodka vs. 50 proof.

BHO is just another form of cannabis, despite the panic over the wax on the part of drug warriors. The only potential danger, according to experts, is in the manufacturing process. Butane, which is used to make wax, is highly flammable and sparks can set off an explosion. There have been numerous reports [5] of explosions while attempting butane extractions, most likely by do-it-yourself novice chemists.

Some have posed a concern about the health risks of ingesting butane into the lungs, but according to Bob Melamede, associate professor of biology at the University of Colorado and the president/CEO of Cannabis Science Inc., butane is not a significant concern.

"The biggest concern is the quality of the marijuana—who's been growing it and what they used," he said. "If you have contaminants (i.e., pesticides, herbicides, fungi) on your plant, that's going to come off into the extract."

Cannabis activists in Los Angeles have a measure on the ballot [6] that calls for the testing and regulation of wax and a ban on production of any marijuana product that uses flammable products like butane.

William Breathes, a cannabis critic for Denver's Westword newsweekly, samples and reviews a wide array of pot products and said [4] wax is "the same as weed" only stronger.

"There are people using it recreationally, and that's wonderful, but we're looking at it as a new way of medicating," he said. "For somebody who's really sick—battling nausea, for example—maybe choking down a whole joint isn't for them. Vaping one little hit of oil or solventless wax is so potent all at once, it's great medicine. We need to talk about that—that's how we bring it to the public and stop people from being scared of it."

Report typos and corrections to corrections@altnet.org.

[7]

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[AlterNet](#) ^[1] / By [April M. Short](#) ^[2]



DIY Hash Oil Is a Risky Trend Causing Explosions And Deadly Burn Wounds

October 11, 2013 |

A 29-year-old man in Santa Cruz, California was badly burned on Wednesday afternoon when his attempt to make hash oil in the bathroom of his Walk Circle home went up in flames. The explosion also scorched two nearby dogs.

Hash oil—a.k.a. red oil, black oil, Indian oil, honey oil, Afghani and cherry leb—is a sticky, brown and carrot-colored goo extracted from cannabis as a resin. Because it is a condensed extract of the plant's oils, it is higher in potency than regular marijuana and its psychoactive effects tend to last longer. But making it is a delicate process that involves an extractor device and some highly flammable butane gas.

Santa Cruz Police Department officers told the [San Francisco Chronicle](#) ^[3] they “found a large quantity of marijuana and more than a dozen butane canisters in the bathroom,” of the Walk Circle home.

According to the [Santa Cruz Sentinel](#) ^[4], “The man was transported to a Santa Clara County trauma center after the 1:20 p.m. explosion and was in critical condition Wednesday night.”

This week's was the second hash-oil-related accident to occur in ten days in the small, coastal and pot-tolerant City of Santa Cruz. The earlier incident happened in the storage room of an apartment complex at 707 Third St., Santa Cruz on Sept. 29 and sent three men to the hospital with severe burns.

The risky business of homemade hash oil appears to be increasingly in vogue throughout the country, and in the greater San Francisco Bay Area in particular, as recent years have brought a slew of similar blasts.

The [Chronicle](#) article ^[3] notes an incident in Livermore last year that resulted in a murder charge when a man and woman were critically burned in a hash oil explosion, and their third companion was killed. (The defendants ended up accepting plea deals resulting in lesser charges.)

The federal Emergency Management Agency (FEMA) issued a [warning](#) [5] in February to police and fire departments nationwide to alert them to the hash oil trend, and resulting explosions. The warning notes that the blasts might be "misidentified as pipe bombs or methamphetamine lab explosions" because of the tubular instrument used in the extraction process.

A quick Google search of "hash oil" will bring up pages and pages of how-to articles explaining the "[easy](#) [6]," DIY hash oil extraction process.

Santa Rosa police Sgt. Chad Heiser is head of the department's narcotics unit, which has investigated multiple hash oil explosions. He told the [Chronicle](#) [3]:

"It's easy to get the ingredients, and the process itself is not a difficult process," Heiser said. "People think it's easy to do, and they try it and learn, sometimes the hard way, that it's a pretty dangerous process."

Steve Clark, deputy chief of the Santa Cruz Police Department, said home hash oil making has become noticeably more popular.

"[W]hat I think is going on here is there's almost a playful attitude around it, like, 'I can handle it,' " he told the [Chronicle](#). "They're finding that, well, you really can't handle it. They don't fully appreciate the dangers behind it."

Report typos and corrections to corrections@altnet.org.

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[2] <http://www.altnet.org/authors/april-m-short>

[3] <http://www.sfgate.com/crime/article/Rash-of-hash-oil-lab-blasts-prompt-warnings-4885920.php>

[4] http://www.santacruzsentinel.com/santacruz/ci_24277270/police-second-santa-cruz-fire-started-hash-oil

[5] <http://www.usfa.fema.gov/fireservice/emr-isac/infograms/ig2013/6-13.shtm#1>

[6] <http://www.cannabisculture.com/content/2003/12/04/Honey-oil-made-easy>

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

August 7, 2014

Dear Friends,

As you know, nationally and in Pennsylvania, there has been a steady increase of drug abuse involving both illicit and prescription drugs. Understanding the need to reverse this trend, Governor Corbett included in his *Healthy Pennsylvania* plan initiatives to help reduce prescription drug abuse and misuse, including the creation of an enhanced prescription drug monitoring program and the placement of prescription drug take-back boxes within our communities to allow for the secure and safe disposal of unused prescription drugs.

It is sad but not unforeseen that the increase in drug abuse is resulting in an increase in drug overdose deaths. These unfortunate and often unnecessary overdose deaths prompted Governor Corbett to convene a Heroin and Other Opioid Workgroup to make recommendations on how Pennsylvania can effectively combat opioid abuse and the loss of life by drug overdose. The discussions of the Governor's Workgroup have demonstrated that this problem impacts multiple constituencies and requires a multi-disciplinary approach to better educate and develop an understanding of substance use disorders, reduce the stigma associated with the disease, and increase awareness that recovery does indeed occur.

September marks National Recovery Month. In this 25th year of national observance, the Department of Drug and Alcohol Programs (DDAP), in partnership with the Pennsylvania Drug and Alcohol Advisory Council and the Pennsylvania Parent Panel Advisory Council, will be focusing our efforts on ***Building Bridges to Recovery***.

While every avenue of recovery is important to highlight, our initiative this year will focus on outreach to health care professionals. Health care professionals have a powerful opportunity to provide individuals early detection screenings, make appropriate referrals to specialty addiction treatment and help individuals holistically and medically recover from substance use disorders.

Today, I am writing to request your participation, in any way possible, to join us in this recovery month grass-roots campaign.

I am asking you to identify how you might, as an individual or an organization, initiate dialogue with health care professionals to provide information about substance use disorders and recovery. As an individual, this may include simply having a discussion with your physician about your own recovery or taking a supply of informational brochures to be placed in the office

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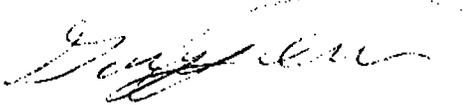
waiting room. For providers or organizations, this may include inviting a local physician to be on a board or agency workgroup, offering to provide training or in-service to office personnel, or informing the medical practice about how to obtain substance abuse services for his or her patients in need. The sky is the limit!

DDAP will be posting resources on our website (www.ddap.pa.gov/recovery) to help facilitate your involvement in Pennsylvania's ***Building Bridges to Recovery***. Hopefully, through this grass-roots campaign, we will not only increase awareness for those serving in a health care profession, but will have taken the first steps to building bridges for increased partnerships within our communities in support of recovery.

In order for us to keep a pulse of the involvement and the various strategies that will be undertaken, I ask that you kindly let DDAP know prior to September, of your intention to participate and then, again after September, report back about the successes of your efforts. You can do this by sending an email to ra-dabridgbl14@pa.gov.

Thank you in advance for your partnership and commitment to reducing substance abuse disorders in Pennsylvania! We are grateful for your efforts in supporting those still suffering with this disease and for presenting living proof that recovery is real. I look forward to working with you in this life-saving work of ***Building the Bridges of Recovery!***

Sincerely,

A handwritten signature in cursive script, appearing to read "Gary Tennis", written in black ink.

Gary Tennis

Secretary



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

August 18, 2014

Dear SCA Administrator:

I recently discussed the critical necessity for clinical integrity relative to assessments and referrals to levels of care under the Pennsylvania Client Placement Criteria (PCPC) during the Membership Meeting of the Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA) held in State College on July 24, 2014.

I fully understand that, as a practical matter, there will be situations where an individual declines the assessed level of care, or the appropriate level of care is unavailable due to fund limitations. However, as prescribed in Policy Bulletin No. 3-13 issued in May of 2013, it remains essential that we at least *document* what each individual actually needs clinically, independent of the level of care they are willing to accept or what the Single County Authority (SCA) can *afford* within the limitations of available funding.

Therefore, it is imperative that the clinically appropriate level of care be documented, that the referred level of treatment due to available funding is identified, and the reason for the difference between recommended level of care and actual placement is documented (e.g., funding, refusal by the individual, etc.). This approach brings two advantages: first, it will ensure clinical integrity in our assessment and referral process and second, it will provide policymakers at all levels of government a truer and more accurate picture of how resources currently allocated for addiction treatment compare with the need presented by individuals seeking relief from the disease of addiction.

As I promised in my presentation at the PACDAA membership meeting, I very clearly informed the county commissioners in my plenary session address at the County Commissioners Association of Pennsylvania (CCAP) meeting that I had *directed* the SCAs to do this and that all responsibility for this policy rests with *me*. I stated to them that if we are going to get to the point that all individuals struggling with drug and alcohol addiction can get the treatment they need, we must have an accurate picture of demand and ensure clinical integrity in our assessments. Although the commissioners seemed very receptive to this message, please be assured that I will be happy to talk to any commissioners within your individual counties that might express reservations concerning this matter.

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If you have questions or concerns regarding this issue, please do not hesitate to contact me at (717) 214-1937. I very much appreciate your cooperation as we work together to ensure clinical integrity in our assessments and referrals for those in need of our services.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Tennis". The signature is written in a cursive style with a prominent horizontal stroke across the middle.

Gary Tennis
Secretary

cc: Michele Denk, Executive Director, PACDAA
Brinda Penyak, Deputy Director of Government Relations, CCAP
Daniel C. Tufano, Executive Director, PACHSA
Deb Beck, President, DASPOP
Lynn Cooper, Senior Policy Specialist, RCPA

Policy Bulletin

Department of Drug and Alcohol Programs

No. 3-13

May 2, 2013

Pennsylvania Client Placement Criteria (PCPC)

In the 2010-2015 Grant Agreement, Treatment Manual Section 9.03 (Assessment), Pages 9.03.1-2 has been revised to read:

Level of Care (LOC) assessment and placement determination:

LOC assessment is defined as a face-to-face interview with the individual to ascertain treatment needs based on the degree and severity of alcohol and other drug use/abuse through the development of a comprehensive confidential personal history, including significant medical, social, occupational, educational, and family information. An LOC assessment must be completed within seven calendar days from the date of initial contact with the individual. If this time frame is not met, the reason must be documented. An LOC assessment must be completed in its entirety in one session prior to referring the individual to the appropriate level of care, except when the individual is in need of detox. The assessor, not the client, must complete the clinical portions of the assessment tool. Any demographic information and/or support data gathered prior to the face-to-face interview must be reviewed by the clinician or case manager with the client during the LOC assessment.

Once an assessment is completed, it will be valid for a period of six months. The six-month time frame does not pertain to active clients. This applies to individuals who have never engaged in treatment after being assessed or who have been discharged and are seeking to reinitiate services. An exception to this timeline may be made for individuals who were incarcerated during this six-month time period. Specifically, time prior to being in the controlled environment may be considered. If an individual requests to reinitiate services prior to the end of the six-month period, the case manager may update the most recent assessment in lieu of completing a new assessment; however, a new PCPC Summary Sheet must be completed.

If the Single County Authority (SCA) limits the number of LOC assessments or admissions to treatment, the limitations must be expressed in written policy, and all individuals must sign off to indicate that they have been notified of the limitations in writing.

In order to determine the appropriate LOC, the individual conducting the LOC assessment must apply PCPC criteria. The PCPC Summary Sheet must be used to record and exchange client information necessary in making or validating placement determinations. The contents of the PCPC Summary Sheet must comply with state and federal confidentiality regulations. Alterations, modifications, or additions to the PCPC Summary Sheet cannot be made, with the exception of the addition of the SCA name, provider name, or client identification number.

The PCPC Summary Sheet must be completed accurately to reflect the recommendation of the assessor based on PCPC criteria. The PCPC must be based on what LOC the client actually needs and not what funding is or is not available for a specific LOC or what LOC the client or the referral source is requesting.

The PCPC Summary Sheet can be found in Appendix D.

This change has been made in the Treatment Manual on the Department's Communicator and is effective immediately.