



# Prevention/Treatment Needs Assessment

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Bureau of Drug and Alcohol Programs

**SCA Name: Lackawanna Susquehanna**

**Date Submitted: May 31, 2012**

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## General Information/Instructions

### **Read all directions before completing this needs assessment.**

It is the intent of the Bureau of Drug and Alcohol Programs (BDAP) to further enhance and improve substance abuse prevention, intervention, treatment, and recovery policies and practices throughout the commonwealth. This work is carried out in conjunction with Single County Authorities (SCAs), their contracted providers and the community at large. As a result, the SCAs have flexibility to develop their service delivery system in response to community needs. The SCA has the role of planning and coordinating all substance abuse services in the county(ies) it serves. In order to effectively plan and coordinate services, a needs assessment is required.

This needs assessment combines the former Prevention Needs Assessment and Treatment Needs Assessment into one comprehensive needs assessment. The process involves the identification, collection, analysis, and synthesis of data to define problems within a geographic area. This needs assessment will be the foundation for your Prevention/Treatment Comprehensive Strategic Plan. Many of the issues/needs/resources you identify here will become the focus of your plan. Although your needs assessment will be used in planning, keep in mind that issues/needs/resources that you identify need to be discussed regardless of whether they will be something you plan to address. This is particularly important because BDAP will use the information from these needs assessments to help guide the State Plan. The needs assessments will also be used by BDAP to identify common or unmet needs across SCAs, and determine possible avenues for addressing these issues at the state level.

This needs assessment should utilize a data driven decision-making process. Areas of need/problems that are discussed in this needs assessment report must be identified using the best available data sources. The needs assessment team that you assemble should work to identify and collect the data necessary to determine the needs of your population. The needs assessment team should also work to determine what resources are currently available to meet identified needs. When reviewing data it is important the needs assessment team thinks about factors that may be skewing or biasing the data and how representative the data may (or may not) be for certain populations. Suggested and required data sources have been provided to you throughout this document. These are by no means an exhaustive list of possible data sources. Feel free to seek out and discuss data other than what has been noted in this document when responding to the questions and objectives within the document.

The SCA shall submit the combined Prevention/Treatment Needs Assessment to BDAP in accordance with the BDAP Report Schedule. The SCA must submit the Prevention/Treatment Needs Assessment in the template provided. Do **not** delete the headings, questions, objectives and sub-objectives from the template; insert the corresponding narrative where directed. Directions are provided for the completion of each section. These directions provide essential information to be able to respond correctly to each section. **Please read all directions before completing any section, appendix,**

**question, or objective.** Clarifying examples and definitions have been provided as a guide. Appendices have also been provided for your reference to assist in the completion of each section. **There are no requirements regarding length of responses for any question or objective. It is understood that SCAs cannot discuss every relevant data finding or other piece of information. SCAs are expected to use their best judgment to determine the appropriate length of each response needs.**

Included with this template document is a copy of the *BDAP Key Representative Survey on Alcohol, Tobacco and Other Drugs* and the *BDAP Convenience Survey on Alcohol Tobacco and Other Drugs* along with directions for these surveys. You are required to administer the Key Representative Survey, but the Convenience Survey is optional. Information about how you administered these surveys must be recorded on Appendix A. *Please note that review and analysis of secondary data sources (i.e. data collected by someone other than the SCA) must take place before starting the process of primary data collection through the Key Representative Survey. Analysis of secondary data sources will provide the information needed to identify the “high risk” communities where they Key Representative Survey should be administered.*

It may also be necessary to collect additional data (beyond the Key Representative and Convenience Surveys) from focus groups, public forums, interviews, etc. Remember to cite the source of all data or other findings that you refer to in your responses.

Please make sure your needs assessment addresses the entire county(ies) you serve. Even though you may not be able to address all the issues identified through this needs assessment, this should be a comprehensive process in which you examine all communities in each county you serve. While completing this needs assessment include discussion of needs, resources, etc. for not just the SCA but the county(ies)/communities as a whole.

\* Note to Joinders – SCAs who are joinders must address each element of the SCA/County Information section for each county. If information is the same for multiple counties be sure to note that. When completing the objectives each county must also be addressed. Be sure to cite data and other findings for each county.

## SCA/County Information

### Reminder:

Please provide the requested information about each of the counties served by your SCA. Enter your responses into the following template. Please note the source of any data you provide in your responses.

### SCA Information:

- a. Please describe how your SCA functions in terms of what services (e.g. prevention programming, screenings, assessments, case management, treatment) are provided/conducted by the SCA and which are contracted out to providers.

*(Use space provided below. Add additional space as needed.)*

The Lackawanna Susquehanna Office of Drug and Alcohol Programs (LSODAP) is a joinder of the former Lackawanna and Susquehanna SCAs. FY 2010-2011 was the first year of full operation in this capacity. The SCA is a public executive commission with a nine (9) member advisory council appointed by the County Commissioners and responsible to them for oversight of SCA operations. Five (5) members are appointed by the Lackawanna Commissioners and four (4) members are appointed by the Susquehanna Commissioners. The Advisory Council's responsibilities include budget review and allocation of funds, nomination of Advisory Council members, as well as the development and support of local initiatives in conjunction with SCA staff. The members are representative of a broad cross-section of the community, each of whom has proven experience and/or interest in substance abuse issues.

The SCA has management and direct service responsibilities in the following areas:

1. Administration—programmatic and fiscal oversight of the drug and alcohol system within its county jurisdiction. This includes, but is not limited to, planning, development, support and maintenance of a comprehensive d/a system responsive to local community needs, contract negotiation, and provider monitoring, ensuring compliance with state and federal regulations and guidelines. Of primary importance is maximizing the search and procurement of all available monies from diverse funding sources.
2. Prevention—primary source of most school-based and community-based programming in Lackawanna County and oversight responsibility for activity in Susquehanna County. Activities include, but are not limited to, curricula training in substance abuse, violence prevention and tobacco cessation; PDE SAP trainers to northeast school districts; support group facilitation at elementary, middle and high school levels throughout the county; in-service training for school faculties and social service agency staff; community organization

in the development of its *Partners in Prevention* initiative; parenting programs; sponsoring conferences, organizing multi-media campaigns, and presenting diversified education and informational programs to the general public.

3. Intervention – the SCA provides group intervention services within Student Assistance Programs and contracts with local providers for outreach and hotline services. The outreach services are targeted primarily towards the injection drug users’ population. The hotline service provides screening and referral to urgent care services after regular SCA work hours and weekends.
4. Case Management—the point of entry into the drug and alcohol system for clients who are eligible for fee for service medical assistance and the under-insured or uninsured in the county. Services include screening, assessment, level of care determination, referral and placement, care management, case management, case coordination, and recovery support services. Case Management also works closely with and supports Lackawanna County’s system of problem solving courts by providing level of care assessments at the County Prison and CMU office for applicants and existing participants of the County Drug Treatment Court Program.
5. Treatment — responsible for oversight of substance abuse treatment services and systems in both counties. Monitors licensed treatment providers in its geographic jurisdiction. Sets rates for local outpatient providers and as a member of the Northeast Regional SCA Consortium sets rates for inpatient providers throughout the region. The SCA funds those programs which can meet a documented need for service and which demonstrate both fiscal and programmatic responsibility.
6. Recovery Support –Recovery Support Specialists focus on clients who recently completed inpatient treatment and assist these persons with a variety of treatment and non treatment needs critical to successful recovery from drug and alcohol dependence. These include but are not limited to:
  - basic needs (food, clothing, shelter)
  - living arrangements / housing needs
  - drug and alcohol treatment needs
  - employment needs
  - educational / vocational needs
  - family / social needs
  - mental health concerns
  - physical health concerns
  - child care needs
  - legal concerns
  - transportation needs

## Population Trends and Demographics:

- a. List trends in population growth/movement and demographics (i.e. rapid population growth, changes in demographics such as an aging population or new populations coming in or leaving area) – List only trends that are impacting substance use/abuse and the prevention, intervention, treatment of and recovery from substance abuse for the county(ies) you serve.

*(Use space provided below. Add additional space as needed)*

1. Lackawanna and Susquehanna Counties, along with all of Northeastern Pennsylvania, have an increasing aging population with the portion of persons age 65 and older well above state and national averages and the portion of persons 18 years of age or younger significantly below state and national averages. A recent SAMHSA data highlight<sup>1</sup> discussed the phenomena of the Baby Boom cohort, currently reaching retirement age, with a majority of those persons having used illicit drugs sometime in their lives. The implication is that there will be an increase in substance abuse among these older adults. Available research also indicates that it is those aged 65 and over who binge drink most often.<sup>2</sup>
2. Over the last decade the Latino population in Lackawanna County has increased from 1.4% to 5% in Lackawanna County and from .67% to 1.3 % in Susquehanna County. This group of people will require bilingual and culturally sensitive prevention, intervention, and treatment services that are for the most part non-existent in the catchment area.

- b. Outline cultural/religious/ethnic groups in your county(ies) that may be important subpopulations or communities that need to be addressed as you plan prevention, intervention, treatment, and recovery services. Cultural groups can be defined as groups of people that share common ties of language, nationality, practices, or some other set of shared experiences.

*(Use space provided below. Add additional space as needed.)*

The two county SCA is characterized by one mid-sized urban area and multiple rural areas. Lackawanna County was settled mostly by a large wave of Eastern and Southern European immigrants in the years immediately following World War I when it was the hub of a once thriving coal mining industry. Its county seat, Scranton, was once the third most populous municipality in the Commonwealth and along with the cities of Philadelphia and Pittsburgh was important enough to merit special consideration by the PA Constitution. Most of the other population centers in the County lie adjacent to the Lackawanna River which runs a meandering course through the center of the city of Scranton as well as the County.

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<sup>1</sup> Blank, Kristin. SAMHSA NEWS. Older Adults & Substance Use: New Data Highlight Concerns. Volume 17, No. 1

<sup>2</sup> Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report. Vital Signs: Binge Drinking Prevalence, Frequency, and Intensity Among Adults —United States, 2010. Volume 61 No. 1. P. 16-20.

Many of these small towns came into existence as ethnic enclaves where immigrants from a common nation of origin and sharing a common language, culture, and religion. Neither the city nor the county ever recovered from the demise of the deep mining coal industry in the 1950s, and census figures show an ongoing decline in population from that time on<sup>3</sup>. As previously discussed, the same census figures show that the resident population has concurrently grown disproportionately old in comparison with the general population of the US with a mean age being almost 10 years older than the national average. Furthermore, the average educational level of people in the county is significantly low compared to state and national norms with a noticeable deficit at the collegiate level. Not surprisingly, the rate of substance abuse has historically been disproportionately high.

Susquehanna County is more rural than Lackawanna and bears many of the same negative characteristics of its more urban neighbor, but for different reasons. In the past the area was heavily dependent upon lumbering, dairy farming, and agriculture. The general demise of the small family farm and business has resulted in the same negative demographic trends.

### **Community Changes:**

- a. List any significant changes in your county(ies) in the last five years. This could include social and economic conditions, new businesses or loss of businesses, a new school or school closing, new places of worship or closing of places of worship, etc. This could also include changes to law enforcement including changes to local laws, ordinances, funding, etc. – List only trends that are impacting substance use/abuse and the prevention, intervention, treatment of and recovery from substance abuse for the county(ies) you serve.

*(Use space provided below. Add additional space as needed)*

Some of the notable changes in the SCA catchment area over the last five (5) years are as follows:

#### Lackawanna County

- opening of the Commonwealth Medical College in Scranton
- closing of the Scranton State School for the Deaf in Scranton
- closing of Lourdesmont school and residential services
- contraction of the Catholic Church with consolidation of many parishes and elimination of a significant number of local churches as active centers of worship
- contraction of the Catholic school system with consolidation of the two major high schools, consolidation of elementary centers, and elimination of a number of local schools including Lourdesmont School for girls along with its concomitant drug and alcohol programming.

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<sup>3</sup> United States Census Bureau. [State & County QuickFacts for Lackawanna County Pennsylvania](http://quickfacts.census.gov/qfd/states/42/42069.html). Retrieved on December 19, 2011 from: <http://quickfacts.census.gov/qfd/states/42/42069.html>.

- the growth of two (2) Protestant so-called mega churches in the central part of the county
- closing of Marion Community Hospital in the upper part of the county
- consolidation of the previously non-profit hospital system in the rest of the county under the umbrella of for-profit organizations
- contraction of the county government workforce by upwards of 30%
- closing of WEA manufacturing, one of Lackawanna county's largest manufacturers which employed over 1, 500 people

All of these changes contributed to the rate of substance abuse and dependence in the county, impacted on the ability to provide treatment or other interventions for addiction, or potentially altered the prevalent risk and protective factors for abuse.

### Susquehanna County

Over the last five years Susquehanna County has become the epicenter of the Marcellus Shale natural gas boom in the Northeast. This occurrence has been receiving extensive coverage by both local and national news media, and it is difficult to overstate the impact it is having on the county. The county is currently experiencing very negative environmental effects, an influx of persons involved with the drilling industry, severe congestion of local roads, and general strain on the local infrastructure. Furthermore, as a result of these changes much of the current data regarding trends in Susquehanna County have almost overnight become obsolete and are no longer useful in service planning. The increased stressors have started to overwhelm already burdened service systems, and this is very noticeable in the local school system and the county's drug and alcohol treatment services.

### **History and Traditions:**

- a. Describe how the history of the county(ies) influences how people feel about the county(ies), and how people view substance use/abuse and the prevention/treatment of substance abuse. Note traditions and celebrations that are relevant to substance use/abuse and the prevention, intervention, treatment of and recovery from substance abuse.

*(Use space provided below. Add additional space as needed)*

In the early local farming and mining communities of Lackawanna and Susquehanna counties, alcohol was regularly consumed for a variety of reasons and was an integral part of the observance of regular life events such as births, weddings, funerals, religious holidays, etc. The emphasis on ethnicity in the two-county area has previously been discussed under the Population and Demographics section of this narrative. Because of this, alcohol continues to play a conspicuously high role in these events, apparently more so than in most other areas of the Commonwealth and the nation.

Two notable residual ethnic-related festivities in Lackawanna County are the St. Patrick's Day Parade in Scranton and the Race of the Saints on Saint Ubaldo Day in Jessup. Scranton's parade is ranked as the third largest in the United States, surpassed only by the same events in New York City and Boston<sup>4</sup>. The Race of the Saints or La Festa dei Ceri mirrors a spectacle in Gubio, Italy where many of the town's residents emigrated from about a century ago. The population of Jessup was listed at 4,676 at the 2010 census, and the annual pageant attracts tens of thousands of visitors to the community.

One feature that both events have in common is prolific and public alcohol consumption. Another is numerous arrests for underage drinking. The St. Ubaldo celebration was actually cancelled for a few years about a decade ago because of the problem but the event was resumed under community pressure. The Scranton Parade is adjacent to the campus of the University of Scranton and attracts hundreds of students. It also is typically accompanied by numerous arrests for underage drinking. In one of the more notorious incidents associated with the parade, four years ago the cheerleaders from a local high school riding one of the parade floats were visibly intoxicated and charged with underage drinking. In recent years the SCA has been undertaking a major campaign to discourage and curtail underage drinking associated with the Parade and ongoing celebrations.

Many of the local churches, particularly in Lackawanna County, sponsor picnics and other types of gatherings where alcohol sales are promoted to raise funds. The same can be said of volunteer fire companies and civic organizations in the region, most especially in the small towns and rural areas characteristic of both counties. Rather than being viewed as a vice or a problem, the prevailing community attitudes towards alcohol consumption in these venues might be described as, "drinking for a good cause."

#### **Educational Institutions:**

- a. Describe how engaged schools in your county(ies) are in prevention/intervention programming. Also note if any schools offer on-site treatment services. Include public, private, and charter schools in your discussion. Describe to what extent schools are willing to cooperate in providing prevention, intervention, and treatment programs and services. Are schools unwilling to provide any such programming? Are schools willing to work with the SCA and providers to implement needed programs and services even if barriers such as lack of time exist?

*(Use space provided below. Add additional space as needed)*

Lackawanna and Susquehanna Counties are both part of Northeastern Educational Intermediate Unit (IU#19). There are ten (10) public school districts in Lackawanna County and six (6) Susquehanna County. The majority of districts have active and well functioning Student Assistance Programs (SAP) along with allied components. Two notable exceptions, one in

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<sup>4</sup> Retrieved on February 15, 2012 from [wiki.answers.com](http://wiki.answers.com).

Lackawanna County and one in Susquehanna allow just enough activity to meet minimum Department of Education and Department of Health requirements but can in no way be described as supportive and involved.

The situation is similar regarding other prevention programming. In the past the schools in Lackawanna County partnered with the SCA and contributed well over \$ 100,000 annually to help underwrite such activities. With the loss of Drug Free School Dollars and two consecutive years of cutbacks to education in the Commonwealth budget, the districts have been far less supportive and accommodating. During the current fiscal year less than \$ 30,000 in support is anticipated.

- b. Pennsylvania Youth Survey (PAYS) and Youth Risk Behavior Survey (YRBS) Participation – Please list the school districts you are aware of that are participating in PAYS and/or YRBS. For each school district also note the school buildings and grades in which the surveys are administered.  
*(Use space provided below. Add additional space as needed)*

The most recent PAYS Surveys in the SCA catchment area (Northeast Intermediate Unit [NEIU] 19) were conducted in 2009. Students in grades 6, 8 and 10 participated in the survey. The participating school districts in NEIU are as follows:

- |                  |                             |
|------------------|-----------------------------|
| Abington Heights | North Pocono                |
| Blue Ridge       | Old Forge                   |
| Carbondale Area  | Riverside Jr/Sr High School |
| Forest City      | Valley View                 |
| Lackawanna Trail | Wallenpaupack Area          |
| Lakeland         | Wayne Highlands             |
| Mountain View    | Western Wayne               |

There is no information available for the Youth Risk Behavior Survey (YRBS).

**Resources:**

- a. List all sources of additional grant funding for prevention, intervention, treatment and recovery coming to the SCA (do not include pass through funding or funding that goes directly to your contracted providers).

*(Complete table below. Add rows to table as needed.)*

Name of Funding Source	Brief Description of Grant	Start Date	End Date
SPF-SIG	Prevention of Underage Drinking	07/01/08	06/30/12
SAMHSA	Town Hall Meeting Grant	07/01/11	06/30/12
Gambling	Prevention Initiative	07/01/11	06/30/12

- b. Note whether the SCA had to return (to BDAP, the Hub, or other entity) any unused funds for State Fiscal Year 2010/2011 for any of the sources of funding coming to the SCA for prevention, intervention, treatment, and recovery (e.g. BHSI Funds, Act 152 Funds). List the name of the funding sources and the amount that was unused or had to be returned. In instances where unused funds had to be returned, please discuss the barriers to efficiently utilizing these funds (i.e. what if anything hinders the SCA's ability to expend these funds within their required timeframe).

*(Use space provided below. Add additional space as needed)*

The SCA neither had any unspent funds nor returned funds to BDAP or any other source. In fact, last year the SCA drew down an extra \$ 60,000 in Act 152 dollars through the SCA Hub System. The requirement that clients be active Medical Assistance recipients was a barrier to the SCA utilizing even more of these dollars from the Hub. In general, the rigid requirements of the various funding sources provided for treatment services are a significant barrier to utilizing available resources. More often than not the demographics of persons needing treatment do not match the population groups targeted by the funding source.

## Objectives

- 1 To obtain a.) information regarding use of ATOD and b.) an estimate of the prevalence of substance use disorder in the total population of an SCA.

### Definitions

**Estimate:** A quantitative description of the current or past situation, based on data from known sources relating to the same time period using a known method which can be replicated.

**Prevalence:** The number with a diagnosable condition at a given time.

**Substance use disorder:** A condition of substance abuse or dependency as defined by DSM IV-TR.

**Total Population:** All people who are located in the geographic region of the SCA.

### **Directions for 1a.**

Utilizing a variety of data sources, discuss the use of ATOD for the counties you serve. Information regarding substance use would include age at first use, past 30 day use, and other rates of use for various populations. The goal is to determine what substances are being used, at what rate, where, and by whom. Focus your response on issues and populations that the data suggest may be the biggest concerns. Note any gaps in available data that you believe may be obscuring to what extent certain issues/problems exist. Examples of data gaps include: the ER department at the regional hospital was unable to provide any data regarding ER visits and two school districts in your county have not participated in PAYS, which has limited your ability to assess patterns of use for that population. Where possible, list not only county level data but also community level data. (The term community can have many different meanings and can carry different connotations. It can mean town, township, borough, certain number of blocks within a city, or even a specific demographic group.)

Sources of this data include arrest reports, Uniform Crime Reporting System (UCR), emergency room admissions, and surveys such as Pennsylvania Youth Survey (PAYS) and Youth Risk Behavior Survey (YRBS). Data from AOPC (Administrative Office of Pennsylvania Courts) on offenses charged for crimes such as DUI, drug-related offenses, and underage drinking for the county(ies) you serve has been provided to you in tables posted to the BDAP Communicator. You are required to discuss this provided AOPC data in your response. You are also required to include data you have entered into PBPS such as NOMs surveys and pre/post tests in your response. Utilize service location information in PBPS to link this data to specific communities. Please compare local data to state and national data. Other local data you have collected can also be discussed in response to this objective.

### **Response to 1a.**

According to the most recent National Survey on Drug Use and Health (NSDUH) data<sup>5</sup> provided to the SCA, 13,935 individuals in Lackawanna County and 2,727 in Susquehanna County. Treatment data included in the most recent Annual Report<sup>6</sup> shows that the most commonly abused substances by persons from the catchment area engaged in treatment are as follows:

Substance	LACKAWANNA		SUSQUEHANNA		SCA TOTAL	
	Clients	%	Clients	%	Clients	%
Alcohol	1343	47%	77	47%	1420	47%
Cocaine/Crack	177	6%	9	5%	186	6%
Marijuana	657	23%	36	22%	693	23%
Heroin/Opiates	617	22%	37	22%	654	22%
Sedatives	6	0%	1	1%	7	0%
Stimulants	15	1%	2	1%	17	1%
Other	12	0%	3	2%	15	1%
Total	<u>2828</u>		<u>165</u>		<u>2993</u>	

Alcohol historically has been the most abused substance, and this trend is underscored by data from the Administrative Office of Pennsylvania Courts (AOPC) which shows a trend of a steadily increasing number of DUI arrests in both counties over the last seven (7) years. In Lackawanna County the number of DUI arrests with alcohol recorded in 2010 was 862 compared with 32 arrests with Alcohol and Other Substances and 53 for DUI with Substances. In Susquehanna the respective numbers were 212 DUI arrests with alcohol compared with 1 arrest with Alcohol and Other Substances and 5 arrests for DUI with Substances.

A separate analysis of data from the same source (BDAP's Client Information System) for adolescents in Lackawanna County was as follows:

	Male	Female	Total	Percent
Alcohol	40	39	79	31%
Marijuana	98	54	152	60%
Crack/Cocaine	1	1	2	1%
Prescription Opiates	10	7	17	7%
Heroin	0	2	2	1%
Inhalants	1	0	1	0%
Other ( not listed)	1	0	1	0%
TOTAL	151	103	254	

<sup>5</sup> SAMHSA, Office of Applied Studies, "National Survey on Drug Use and Health", 2008 and 2009, Table 5.4B.

<sup>6</sup> Lackawanna Susquehanna Office of Drug and Alcohol Programs. "Annual Report". Fiscal Year 2010-2011.

The prevalence of marijuana abuse among the adolescent treatment population in Lackawanna County is notable and at this point is the only known deviation from the overwhelming prevalence of alcohol as the abused substance of choice in the catchment area.

**Directions for 1b.**

Appendix B provides a table showing the prevalence of substance use disorders in the total population. Appendix C provides a table of the prevalence of substance use disorders by local special populations. The table in Appendix B has been completed for you, but you must complete the table in Appendix C. Instructions for the completion of the table in Appendix C have been included with the table. Certain special populations have been defined for you, but you may include other special population categories (e.g. co-occurring) as desired. If you add special populations, the additional populations must be added as new rows in the table. After completing the table in Appendix C and reviewing the information in Appendix B and C, briefly describe the extent of substance use disorders in the county(ies) you serve. You are not limited to only the data sources provided to you in Appendix B and C. You may also collect and/or discuss other local data sources that provide additional information regarding the extent of substance use disorders in the county(ies) you serve.

**Response to 1b.**

*(Insert response below.)*

It was noted in the last Treatment Needs Assessment that separate CIS data for Lackawanna and Susquehanna Counties indicates that both the level of occurrence and specific substances of abuse are relatively homogenous between the counties. This finding was surprising, given the more rural nature of Susquehanna County. It was further noted that Lackawanna County outside the city of Scranton is largely rural, and any differences between the counties appear to be more than offset by the common ethnic makeup, economic conditions, highway and transportation systems, and other demographics.

The NSDUH prevalence rates for the 18 to 25 cohort shows a typically high occurrence at 20.4% while those of substance use while those aged 26 and older are assumed to show a much lower occurrence rate of 5.7%. SCA treatment data for both counties shows the highest rate of persons accessing treatment is in the age group of 25 to 34, suggesting a commensurately high rate of use in this group. Observations of the local prisons and county probation populations show a correlating high rate of involvement in the justice system by this age group. The CIS treatment data is reasonably congruent with NSDUH data, suggesting that available treatment systems are appropriately targeted.

- 2 To identify risk and protective factors, in regard to the prevention of substance abuse, that are present in the communities served by your SCA.

### Definitions

**Risk Factor:** Risk factors are individual characteristics and environmental influences associated with an increased vulnerability to the initiation, continuation, or escalation of substance use.

**Protective Factor:** Protective factors include individual resilience and other circumstances that are associated with a reduction in the likelihood of substance use.

### **Directions for 2**

Please use data such as Key Representative Surveys or focus groups to support your claims. See Appendix D for a list of risk and protective factors. Risk factors can increase a person's chances for substance use/abuse, while protective factors can reduce the risk. For the risk and protective factors you identify also remark on their changeability, i.e. how possible or difficult would it be to change these factors.

*Reminder: Please complete Appendix A – Key Representative and Convenience Survey Administration Information.*

### **Response to 2**

*(Insert response below.)*

The SCA has identified ALL risk and protective factors as being present in the communities it services. This is not a new determination and reflects the situation as it has existed for a number of years and been duly recorded in the PBPS system. The SCA reviewed the summary of responses on the Key Informant Surveys, ranked them by percentage, and isolated those items having a rate of more than 40%. Virtually all of the risk and protective factors were somehow referenced in this analysis. It is speculated that the significant ethnicity in the catchment area alluded to in the Demographics and History and Traditions section of this Needs Assessment is the primary reason that all of the factors are extant.

- 3 To identify local, state, and national trends that may impact the SCA and may influence prevention, intervention, treatment and recovery efforts.

Definitions:

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

**Intervention:** Intervention focuses on providing individuals who engage in hazardous substance use services to develop the skills necessary to reduce their risk. Intervention services may also be provided for individuals who need substance use disorder treatment but are unable to access treatment. The goal of intervention is to enhance and maintain the individual's motivation to access and engage with appropriate substance use services. Intervention also includes Early Intervention, which is defined as follows: **Early Intervention** is a term generally used to describe those early efforts to intervene where an individual is seen as being at risk. An early intervention is often brief, designed to assess and provide some initial feedback to the individual about his or her alcohol or other drug (AOD) use and its consequences. Early Intervention takes place prior to a Level of Care Assessment. Examples: Student Assistance Program, Underage Drinking Program, DUI Offender Program.

### Directions for 3

Describe local, state, and national trends that may impact the SCA and may influence prevention, intervention, treatment and recovery efforts. Examples of local, state, or national trends may include a move to integrated health/behavioral health care, local unemployment rates, aging of "baby boomers," electronic medical records, implementation of evidence-based/promising practices, focus on special initiatives (i.e., Underage Drinking, offender re-entry, co-occurring), medication management, political priorities, changes in laws or local ordinances, school policies and federal education requirements, etc.

### Response to 3

*(Insert response below.)*

Most current trends at the local, state, and national levels are having negative effects on the SCA. The most portentous development that has the capability of impacting the SCA and influencing prevention, intervention, treatment, and recovery efforts is the depressed economy. Case managers in both counties have observed that significantly more individuals are trying to access care while receiving Unemployment Compensation (UC). As noted in other reports by the SCA, the UC benefits make these persons ineligible for Medical Assistance, and this circumstance further increases the SCA burden of providing care for the underinsured, resource insufficient client.

At the Commonwealth level the Governor is currently proposing to blend a significant amount of treatment dollars into a larger Human Services block grant with a 20% reduction and no specific designation for substance abuse problems. If it is implemented the most likely result would be acute disruption of all drug and alcohol services, particularly over the short term.

The projected reductions in funding to the SCA under the Governor’s proposal is only the culmination of longer range pattern of decreasing resources available to the SCA to maintain basic services. In Lackawanna County alone the income realized by the SCA over the previous decade outlined in the chart below fell by \$ 578,262 for a net decrease of 18% across the decade, as indicated in the chart below.

<b>Funding Sources - FY 7/1/08 - 6/30/09</b>		
<b>Fiscal Year</b>	<b>Income</b>	<b>Change</b>
1999-2000	\$3,201,315	
2000-2001	\$2,805,355	-\$395,960
2001-2002	\$2,820,080	\$14,725
2002-2003	\$2,808,633	-\$11,447
2003-2004	\$2,877,135	\$68,502
2004-2005	\$ 2,871,653	-\$5,482
2005-2006	\$2,776,724	-\$94,929
2006-2007	\$2,754,738	-\$21,986
2007-2008	\$2,649,612	-\$105,126
2008-2009	\$2,623,053	-\$26,559
10 Year Total	<u>- 18%</u>	<u>-\$578,262</u>

2012-2013*	<b>\$2,540,290</b>	
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\* projected

Although the SCA is currently functioning as a joinder, making it impossible to expand these numbers from one county, it is noted that the projected 2012-2013 SCA budget with the proposed Commonwealth cuts would bring the joinder budget below the lowest level of the single county budget over the previous decade. In fiscal 2005-2006 the SCA had a total of 25 staff persons in the two counties. In the current fiscal year this number has been reduced to 13 with two of those out on family medical leave.

At the local level the most notable trends in the SCA are the expansion of problem-solving courts in Lackawanna County and the natural gas boom in Susquehanna County. These trends have been continuing over the last three or four years. In addition to the more well known Adult and Juvenile Drug Treatment Court, Lackawanna County currently operates a total of seven (7) other specialty courts as follows: Adolescent Drug Treatment Court, Adult Drug Treatment

Court, Co-occurring Court, DUI Court, Family Court, Intermediate Punishment Court (IP), Mental Health Court, Remedial Intermediate Punishment Court (RIP), and Veteran's Court.

The SCA continues to receive high numbers of referrals from this system with no sharing of resources to help underwrite assessment or treatment costs. Furthermore, the court programs have also served to identify and engage more persons with problems, further increasing demand on an already overburdened system. The SCA has struggled to achieve a more equitable partnership with the court system in this endeavor but has been unsuccessful.

Three years ago Susquehanna County became the epicenter of the Marcellus Shale natural gas boom in the Northeast as evidenced by a number of articles in local and national newspapers, in particular the *New York Times*<sup>7</sup>. The county has experienced very negative environmental impacts, an influx of persons involved with the drilling industry, severe congestion of local roads, and general strain on the local infrastructure. In 2010 [Gasland](#), a documentary film by Josh Fox, featured a film clip of a homeowner in rural Susquehanna County igniting the natural gas emanating from the water flowing out of the tap in their kitchen sink.

The region has experienced an influx of persons include primarily drilling workers and some family members from Oklahoma, Texas, and other western states. Local authorities have anecdotally cited substance abuse, homelessness, and local economic inflation as results of this migration. Unfortunately, much of the current data regarding trends in Susquehanna County is constantly changing is of little or no use in service planning. It is evident that the increased stressors are overwhelming already burdened systems of care.

A noteworthy ongoing development in Lackawanna County is the emergence of higher education as a significant industry in the local community. The County recently added the Commonwealth Medical College to the University of Scranton, Marywood University, Penn State Worthington Campus, Keystone College, Lackawanna College, and Johnson College of Technology to its assembly of traditional institutions of higher learning. The county also features three for-profit career learning centers, McCann School of Business, ITT Technical Institute, and Penn Foster Career School. There is no question that this trend will affect both the need for services as well as the resources to provide them but the direction and magnitude of change is impossible to determine.

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<sup>7</sup> Mouawad, J. & Krauss, C (2009, December 8). Dark Side of a Natural Gas Boom . *The New York Times*, p. B1.

- 4 To identify **emerging** substance use problems by type of chemical, route of administration, population, availability and cost, etc.

Definitions:

**Emerging substance use problems:** This implies that there is a situation which is different from what came before, and which could not have been fully anticipated and planned for. For the purposes of this needs assessment consider emerging to be something that arose within the last two years or since your last plan was completed. The difference may be the population of users, the type of substance, the nature of the substance or the rate of increase. The implication is that a new problem confronts the community and it may need to be dealt with. The new problem may be an isolated event that requires immediate action or it may take the form of a gradual pattern change that was initially anecdotal information, tracked over time, and now requires a response impacting service delivery.

**Directions for 4**

Discuss any emerging substance use problems. These may have been problems you discussed in Objective 1, but please note them again here in regard to their emerging nature. For example: you may describe new substances such as synthetic drugs that have taken off in popularity or you may note the growing use of heroin in a specific population such as children of middle/upper class.

Also identify in your response any indicators of emerging treatment needs for the SCA. Note that only those indicators of an emerging treatment need should be included in your discussion. Examples of changes that may indicate a growth in the need for treatment are: an increase in DUI offenders based on reduction of BAC level to .08, an increase in methamphetamine labs, identification of new drugs of abuse, or an increase in the number of inmates released from state/county probation and parole. Be sure to note the data and source of the data that is evidence of the emerging substance use problems you discuss in your response. Sources of data may include: Client Information System (CIS), Case Management Resource Report (CMRR), anecdotal information obtained from treatments providers, police, probation/parole officers or human service staff, emergency room data, arrest data, and Student Assistance Program (SAP) data, or any other local data sources you have.

**Response to 4**

*(Insert response below.)*

There appear to be two (2) emerging substance use problems in the area. Data from Appendix G in this template along with local data observed by the SCA in conjunction with its network of SAP services and training indicates that marijuana has supplanted alcohol as the primary drug of choice among persons aged 18 and under. The supporting local data was presented in a table under Objective 1. The beginning of this trend correlates with a spate of abuse of bath salts and synthetic marijuana a little over a year ago and it is highly likely that there is a correlation. Unfortunately there is no statistical data to confirm (or refute) a separate emergence of abuse of these two substances as a trend as the speed of their appearance has outrun available reporting systems.

The second emerging trend in the SCA catchment area is a significant increase in the abuse of prescription opiate drugs. This trend is evidenced in CIS data as well as in anecdotal reports from treatment and case management providers and front line law enforcement officials. Heroin abuse was previously the most obvious emerging trend in both Lackawanna and Susquehanna Counties but the level of abuse appears to have leveled off in the last two years as indicated by CIS data. Information about all of these trends are regularly reported to and discussed by the SCA's Advisory Council.

- 5 To identify demand.
  - a. Identify demand for prevention services.
  - b. Identify demand for intervention services.
  - c. Identify demand for treatment services.
  - d. Identify demand for recovery support services.

#### Definitions

**Prevention Demand:** Organizations or individuals seeking specific prevention services or programming.

**Intervention Demand:** Organizations or individuals seeking specific intervention services or programming.

**Treatment Demand:** The number of people who will seek treatment for a substance use disorder.

**Recovery Demand:** The number of people who will seek recovery support services.

#### **Directions for 5a.**

Discuss the number of organizations or individuals that requested specific prevention services or programs from the SCA and your contracted providers for the past state fiscal year (2010/2011). Identify who the requests came from, and the number of requests received. Note whether you have been able to meet this demand or if there are requests for prevention services that you are unable to address due to a lack of resources. Resources can be money, staff, time, etc.

Example: A local school district has requested that you provide Project Northland, but you do not currently have the funding to do so. It is understood that you may not have been formally tracking these types of requests. In this case please provide, based on any informal records you may have, information regarding requests for prevention services or programs. You will be required in your Prevention/Treatment Comprehensive Strategic Plan to describe your plan for how you will track this information.

#### **Response to 5a.**

*(Insert response below.)*

The SCA does not formally track organizations or individuals that request specific prevention services. However, it is anecdotally observed and can reasonable be stated that the number of such requests is relatively small. There are two probable reasons for this situation. For the first part the SCA has historically placed a high priority on prevention services and directed a considerable portion of its energies and available resources into providing such services. There

were and are a number of other agencies and programs offering similar services including EOTC, the Penn State Cooperative Extension, the Sheriff's Office in Lackawanna County, the Area Agency on Aging in Susquehanna County, the District Attorney's Offices in both counties, etc. Heretofore there have probably been very few unmet needs in the area of prevention.

For the second part the SCA historically has been very aggressive in marketing its services in Lackawanna County and the Trehab Center, the primary prevention provider in Susquehanna County, has functioned with the same approach. Consequently, potential recipients of prevention services in the SCA catchment area were highly likely to have been approached with a proposal for services prior to perceiving any need. This scenario functioned during a period when third party resources to underwrite such activity was more widely available than today. The loss of Drug Free School Dollars, the budget cuts for education and social services at the state level, and the poor economy in the private sector has changed this situation dramatically.

Neither the SCA nor its provider has the resources to provide the level of non targeted school and community based activities that it did in the past. It can reasonably be assumed that outside requests for prevention services and unmet needs will become much more common in the SCA. Starting in the new fiscal year beginning in July, 2012 the Prevention Supervisor will track such requests for services in Lackawanna County including the date, requesting organization/ individual, category of service requested, and specific service requested (if so identified.) The Trehab clinical supervisor will compile the same information in Susquehanna County and forward it on a monthly basis to the SCA Executive Director.

**Directions for 5b.**

Discuss the number of organizations or individuals that requested specific intervention services from the SCA and your contracted providers for the past state fiscal year (2010/2011). Identify who the requests have come from, and the number of requests received. Note whether you have been able to meet this demand or if there are requests for intervention services that you are unable to address due to a lack of resources. Resources can be money, staff, time, etc. Please address this objective in regard to intervention and early intervention as defined in Objective 3. Example: A Boys & Girls Club would like to start an underage drinking program for adolescents who have related charges against them. The Boys & Girls Club contacts a local provider to see if they could provide such a program. The provider is unable to provide the program because they would need additional qualified staff in order to make the program available. It is understood that you may not have been formally tracking these types of requests. In this case please provide, based on any informal records you may have, information regarding requests for intervention services. You will be required in your Prevention/Treatment Comprehensive Strategic Plan to describe your plan for how you will track this information.

**Response to 5b.**

*(Insert response below.)*

The same situation exists for intervention services as does for prevention, and the same influencing factors prevail. The only significant difference to note is the demand in Lackawanna County for intervention services by the adolescent and other specialty courts. Unfortunately the courts have not been willing to underwrite or help defray the cost of such services, and with the SCA's inability to provide them have set up and funded their own specialty programming. Starting in the new fiscal year beginning in July, 2012, the SCA will track the demand for such services as per prevention as discussed above.

#### **Directions for 5c.**

Tables with information needed to address this objective have been provided to you in Appendix E, F, and G. These tables provide a description of treatment demand for the SCA.

Data from the CMRR can be used to identify demand for both assessment and treatment services. It will show where the gaps are in the availability of specific levels of care. There are three specific questions you must respond to in regard to your CMRR data. The three questions have been provided to you in the response section below. Please enter your response below each question (bullet).

Appendix E provides a table with data from CIS on the pattern of referrals. Review this table and discuss the pattern of referrals (i.e. why a particular referral source is the most or least common.) Also highlight where your percentages differ greatly from the state percentages and the reason(s) why those differences exist.

Appendix F provides a table with CIS data on treatment admissions by type of service. Review this table and discuss to which level of care individuals are most commonly or least commonly admitted and why. Also highlight where your percentages differ greatly from the state percentages and the reason(s) why those differences exist.

Appendix G provides two tables with CIS data on admissions by primary substance of abuse for ages under 18 and 18 and over. Review these tables and compare SCA percentages to state percentages. Discuss possibilities for why your percentages differ from state percentages (e.g. alcohol is higher due to inappropriate court-stipulated treatment for person arrested for DUI).

To the extent that CIS data in Tables E, F, and G are rendered invalid by reporting issues, describe the issues and what the SCA is doing to correct them. Include concerns about the validity of your CIS data in the discussion of the aforementioned tables (i.e. note that differences between SCA percentages and state percentages may be due to CIS data reporting issues.) **If the SCA collects data it deems to be more accurate than CIS data, the SCA may use such data to respond to Objective 5c. However, the alternate data must be included as a table and attached in the corresponding appendix. It is also permissible for the SCA to discuss CIS data along with other local data that speaks to demand if it is determined that CIS data may not be invalid but is still not sufficient to get a clear picture of demand.**

**Response to 5c.**

*(This response has multiple components. Enter your response below each bulleted item.)*

- Enter below for state fiscal year 2010/2011 the number of individuals waiting longer than 7 days for an assessment, and discuss/explain why individuals had to wait longer than 7 days for an assessment.

During the fiscal year a total of 34 persons or approximately 3% of persons screened waited longer than 7 days for an assessment. The primary reason for most of these individuals waiting longer than 7 days was for legal considerations. Most of these individuals were involved with one of the specialty courts in Lackawanna County.

- Enter below for state fiscal year 2010/2011 the number of individuals recommended for treatment that did not receive the recommended level of care, and provide reasons why individuals recommended for treatment did not receive the recommended level of care. (Your response should provide as much detail as possible, to elaborate on responses already provided in the monthly CMRR reports.)

A total of 70 persons are recorded as not having received the recommended level of care. The primary reason in most of these cases was personal choice, and the overwhelming majority of these individuals opted for a less restrictive level of care than was recommended. The SCA does not perceive this to be a problem or any indication of a lack of resources.

- Enter below for state fiscal year 2010/2011 the number of individuals recommended for treatment that had to wait longer than two weeks to access the recommended level of care, broken down by level of care. Discuss the reasons why individuals had to wait longer than two weeks to access treatment.

A total of 18 persons are recorded as having had to wait longer than two weeks to access a recommended level of care. A significant number of these individuals were recommended for Level 3B inpatient care and had to be approved for Medical Assistance in order to access Act 152 funds. Another large group who waited this long were persons referred for outpatient care when the local providers, particularly in Lackawanna County, were experiencing extensive waiting lists.

- Enter below your discussion on the table in Appendix E.

The most significant anonymity observed in the data presented is the number and disproportionately high percentage of persons referred to treatment by the criminal justice system. This figure underscores the influence of the specialty courts in Lackawanna County referenced multiple times in this assessment. The number of

persons self referred for treatment is correspondingly low, and this is most probably an offset of high number of justice system referrals.

- Enter below your discussion on the table in Appendix F.

The data in Appendix F indicates that clients in the SCA are admitted to Outpatient Drug Free services at a percentage almost double the state average. The primary factor affecting this trend is again the specialty courts. The relatively low percentage of admissions to virtually all levels of inpatient care is more difficult to explain. As noted in the Resources sub section of SCA/County Information, the SCA utilized additional resources from the HUB, primarily for inpatient services, and has been doing so regularly for the last several years. The most logical conclusion from the data is that the large proportion of admissions to outpatient care diverts resources that might otherwise be available for inpatient placement.

- Enter below your discussion on the tables in Appendix G.

The apparently growing number of persons under age 18 presenting with a primary problem of marijuana abuse was previously discussed under Objective 4 of this assessment. All of the other data appears congruent with observed historical trends in the two counties and does not seem to have any implications for either the prevention or the treatment service systems.

- Enter below your description of CIS data reporting issues and what the SCA is doing to correct them.

The SCA and its providers are currently working together to implement the STAR data system in July of 2012 to replace the CIS. In the interim the SCA perceives no changeable reporting problems with the CIS. The SCA has a staff person who was one of the original trainees on the CIS system in 1992 and has legacy experience with the system. Both the SCA Executive Director and the Deputy Director have significant experience working at the treatment provider level and are aware of potential reporting issues from first-hand experience. Local providers have been encouraged to report all data, including non SCA funded admissions, and almost exclusively have responded positively.

#### **Directions for 5d.**

Discuss the number of individuals in need of recovery support services. While it is understood that this may be difficult to assess, provide your best estimate based on any data you may have available. The estimate of the prevalence of substance use disorders provided in Appendix B

may be your best estimate of the number of individuals in need of recovery support services. If you have other data available that provides information about the potential demand for (i.e. number of people in need of) recovery support services, please discuss it below. Recovery Support Services (RSS) are non-clinical services that assist individuals and families to recover from alcohol and other drug problems. These services complement the focus of treatment, outreach, engagement and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain, and sustain long-term recovery. Services may include Mentoring Programs, Training & Education Programs, Family Programs, Telephonic Recovery Support, Recovery Planning, Support Groups, Recovery Housing, Recovery Centers, Childcare, and Transportation.

**Response to 5d.**

*(Insert response below.)*

The SCA has made the determination that individuals who meet the level of care criteria for inpatient care and Level 3B Non Hospital Short or Long Term Rehabilitation in particular are more likely to be dysfunctional in multiple life areas and present with the most need for support services beyond drug and alcohol treatment. In response to this paradigm the SCA has incorporated a non-elective referral for follow up with a recovery support service worker into its service delivery package for all persons placed in an inpatient level of care. According to figures provided in Appendix F of this document, In fiscal 2010-2011 a total of 257 individuals across both counties were admitted to either short term or long term non hospital rehabilitation and the SCA proposes to use this figure as the estimated number of persons in need of recovery support services on an annual basis.

- 6 To identify assets or resources available in the county(ies) or region.
  - a. Identify assets or resources available to prevent substance abuse.
  - b. Identify intervention services that are currently available.
  - c. Identify assets or resources available to help respond to treatment demand.
  - d. Identify recovery support services that are currently available.
  - e. Please list the trainings you and your providers have had to prepare for addressing the issues and problems identified in Objectives 1-4.

Reminder: These lists should not be limited to assets and resources of only the SCA and its contracted providers but should include any applicable/relevant assets and resources within the entire county(ies).

#### **Directions for 6a.**

List and describe the assets or resources available to prevent substance abuse. Assets and resources are many and varied (e.g. financial, social, human, organizational). Please consider the wide range of assets and resources that may be available and discuss those that will be most important to preventing substance abuse. Examples of assets/resources are: numerous after-school programs, supportive law enforcement, engaged elected officials, active coalitions, local company/business foundations that have made drug and alcohol prevention a priority, good public transportation system, all schools willing to share PAYS data, most licensed establishments have had Responsible Alcohol Management Program (RAMM) training, good relationships with media, numerous volunteers for mentoring programs, community is willing and able to pull together to address problems, community is willing to change, and recovery community is involved in prevention efforts. Also note resources respondents to the Key Representative and Convenience surveys marked in question 5 of these surveys.

#### **Response to 6a.**

*(Insert response below.)*

The SCA's perceived assets and resources available to prevent substance abuse are as follows:

- The SCA has on staff a Prevention Supervisor on staff with more than 20 years experience in the field.
- A school principal from the district in the second largest municipality in the SCA catchment area serves as Chairman of the SCA Advisory Council [Dr. Paul Kaczmarcik].
- Local law enforcement is very supportive and involved in prevention efforts. Chief Dan Duffy of the Scranton Police Department is especially notable in that regard.
- Two up and coming organizations noted under Objective 5, EOTC and the Penn State Cooperative Extension, have becoming progressively more active in providing direct services to the community.

- The majority of licensed establishments in Lackawanna County have had Responsible Alcohol Management Program (RAMP) training
- Schools and communities are perceived to work together on issues and problems that affect the community [68.4%, Key Informant Surveys].
- The media is perceived as providing messages that discourage underage drinking [73.7% Key Informant Surveys].
- Schools in the area are perceived as supporting “no use” messages about tobacco, alcohol, and other drugs [63%, Key Informant Surveys].
- The SPF/SIG initiative in Lackawanna County provided a sound body of information and a well functioning infrastructure to combat underage drinking.

**Directions for 6b.**

List and describe the intervention and early intervention services that are available in the county(ies) served by your SCA. Examples of intervention services could be DUI programs, Student Assistance Programs, Employee Assistance Programs, or a provider run substance use education group for individuals who are waiting to access treatment services.

**Response to 6b.**

*(Provide response in the space below. Add space as needed.)*

- The DUI program in Lackawanna County is managed by the County’s most well established and experienced treatment provider.
- Lackawanna County has an active DUI Specialty Court.
- The DUI program in Susquehanna County is managed by the County’s Adult Probation Office
- The Adolescent Drug Treatment Court provides a specialized Intervention Group as noted under Objective 5.
- ClearBrook, an inpatient treatment provider from Luzerne County, provides pro bono education groups for chemically dependent persons and family members in Lackawanna County.

**Directions for 6c.**

List and describe the assets or resources available to help respond to treatment demand. Resources include money, staff, assessment and treatment capacity, capacity to serve acute and chronic need, the capability to provide various types, level, and intensities of care, funds and/or services available through other systems (i.e. Children, Youth & Families, Office of Vocational Rehabilitation, HealthChoices, PA Commission on Crime & Delinquency, Liquor Control Board, federal grants, Centers for Disease Control, Department of Education, private industry), regional or local partnerships, other service systems that are meeting part of the treatment demand, etc.

**Complete the table below by listing the number of treatment (inpatient and outpatient) providers and the number of licensed and unlicensed case management providers in the county(ies) you serve and the number with whom the SCA contracts.**

	<b>Total # in the County(ies) Served by the SCA</b>	<b># SCA Contracts with</b>
Licensed Inpatient Treatment Providers	<b>2</b>	<b>2</b>
Licensed Outpatient Treatment Providers	<b>7</b>	<b>5</b>
Licensed and Unlicensed Case Management Providers <sup>1</sup>	<b>2</b>	<b>1</b>

<sup>1</sup>The non-contracted Case Management provider is the SCA’s functional Case Management Unit

**Response to 6c.**

*(Insert response below.)*

The SCA has experienced significant difficulty in trying to leverage local support and resources for treatment. Virtually all types of treatment related grants and awards such as PCCD, etc. require partnerships and a cooperative initiative by community stakeholders. The prevailing in both SCA Counties is overwhelmingly supportive of the justice system at the expense of the SCA and treatment services.

**Directions for 6d.**

List and describe recovery support services that are currently available. Resources include money, staff, recovery centers, recovery houses, transportation, tutoring, volunteers, community agencies, support groups, etc. Examples of recovery resources may include, but are not limited to the following: mentoring programs in which individuals newer to recovery are paired with more experienced people in recovery to obtain support and advice on an individual basis and to assist with issues potentially impacting recovery (these mentors are not the same as 12-step sponsors), training and education utilizing a structured curriculum relating to addiction and recovery, life skills, job skills, health and wellness that is conducted in a group setting, family programs utilizing a structured curriculum that provides resources and information needed to help families and significant others who are impacted by an individual’s addiction, telephonic recovery support (recovery check-ups) designed for individuals who can benefit from a weekly call to keep them engaged in the recovery process and to help them maintain their commitment to their recovery, recovery planning to assist an individual in managing their recovery, and support groups for recovering individuals that are population focused (i.e. HIV/AIDS, veterans, youth, bereavement, etc.). **Please list the number of recovery support providers in the county(ies) you serve and the number of recovery support providers with whom the SCA contracts.**

**Response to 6d.**

*(Insert response below.)*

There are two (2) organizations providing recovery support services in the SCA catchment area: Community Intervention Center (CIC) in Lackawanna County and the Trehab Center in Susquehanna County. The SCA contracts with both of them to provide recovery support for persons discharged from inpatient treatment programs, as previously discussed under Objective 5. In addition the SCA underwrites a recovery drop in center at CIC that specifically targets persons who are dually diagnosed and have concurrent mental health and substance abuse problems.

The SCA regards the local HealthChoices system as a potential resource and has been advocating to have substance abuse recovery support services either included as an in plan benefit or added as a reinvestment project.

**Directions for 6e.**

List the trainings that you and your providers have had to prepare for addressing the issues and problems indentified in Objectives 1-4. You do not need to list every training that you and your providers have had. Instead, list trainings you and your providers have had that directly relate to the issues and problems you identified in Objectives 1-4. For example if you found upon examination of various data sources that prescription drug abuse has grown dramatically in the past two years among teens throughout the county, then list a training you attended about prescription drug abuse treatment and prevention.

**Response to 6e.**

*(Insert response below.)*

Two emerging drug abuse trends were identified under objective 4. The SCA underwrote separate trainings in its seminar series with Marywood University on Exploring Current Drug Trends and Medications for the Brain: Psychotropic/Psychiatric Medications. These trainings were provided free to SCA staff and local provider staff from the two counties. SCA staff were also received a specialized in house training on bath salts and designer drugs by the Lackawanna County District Attorney's Office.

The SCA is currently in the planning phase for next years seminar series at Marywood and the infromation from this Needs Assessment is part of that discussion. The University coordinator of that program was included as both a member of the SCA Needs Assessment Team as well as a Key Informant.

- 7 To identify and quantify the resources needed/necessary.
  - a. Identify the resources needed to effectively prevent the issues/problems/trends identified in Objectives 1-4.
  - b. Identify the resources needed to provide effective intervention services for issues/problems/trends identified in Objectives 1-4.
  - c. Identify and quantify the resources necessary to meet the estimated treatment demand and any trends identified in Objectives 3, 4 and 5 that impact this demand.
  - d. Identify recovery support services that the SCA needs in developing a Recovery Oriented System of Care (ROSC).
  - e. Identify any areas where training for staff would be needed, given issues/problems/trends identified in Objectives 1-4.

Definitions:

**Needed Resources:** Needed resources are resources that the SCA, its providers, the community, etc. do not already have. Needed resources would not be those assets/resources that are currently available and were discussed in Objective 6.

**Recovery Oriented System of Care:** A recovery management model of care, also known as a chronic care approach to recovery. The foundation of this approach includes: accessible services; a continuum of services rather than crisis-oriented care; culturally competent care that is age and gender appropriate; and where possible, is embedded in the person's community and home using natural supports. Creating a ROSC requires a transformation of the service system as it shifts to becoming responsive to meet the needs of individuals and families seeking services. Recovery-oriented systems support person-centered and self-directed approaches to care that build on strengths and resilience. Individuals, families, and communities take responsibility for their sustained health, wellness, and recovery from alcohol and other drug related issues through the various life phases of recovery. This system refers to the larger cultural and community environment in which long-term recovery is nested and offers a complete network of formal and informal resources that support long-term recovery of individuals and families.

**Directions for 7a.**

Identify the resources needed to effectively prevent the issues/problems/trends identified in Objectives 1-4. Only discuss the resources needed to address issues you identified in Objectives 1-4. In your response note what issue/problem/trend the resource is needed to address. Please discuss more than just needs in terms of funding and staff. For example, a needed resource that you do not currently have may be strong relationships with school district administrators or support from district justices.

**Response to 7a.**

*(Insert response below.)*

The SCA noted what appeared to be a significant change in the primary drug of choice among persons in the SCA under age 18. A resource needed to address prevention efforts towards this issue is more primary information, particularly concerning patterns of substance use by the non treatment population. This in turn would require engaging a professional and/or an academic institution to conduct research, and a longitudinal approach would be most effective in identifying changing trends in substances of abuse.

**Directions for 7b.**

Identify the resources needed to provide effective intervention and early intervention services for issues/problems/trends identified in Objectives 1-4. Only discuss the resources needed to address issues you identified in Objectives 1-4. In your response note what issue/problem/trend the resource is needed to address. Resources that may be needed include money, staff, providers, etc.

**Response to 7b.**

*(Provide response in the space below. Add space as needed.)*

The same situation exists for intervention services as does for prevention, and the same influencing factors prevail. In addition the situation regarding the Marcellus Shale workers in Susquehanna County and the reported high rates of substance abuse is redolent of a need for Employee Assistance Programming (EAP). Such an initiative would of course require money, staff, and training currently beyond the resources of the drug and alcohol system. However, if the natural gas exploration companies could be engaged in a partnership they have the financial resources to help significantly underwrite such activity.

**Directions for 7c.**

Identify and quantify what specific resources are needed to address the demand for assessment and treatment services and any trends identified in Objectives 3, 4 and 5 that impact this demand. Explain the basis for any estimates provided. Resources that may be needed include money, staff, providers, Drug Courts, Buprenorphine eligible physicians, intersystems collaboration, SCA policies & procedures, assessment and treatment capacity, capacity to serve acute need and chronic need, the capability to provide various types, levels, and intensities of care, etc.

**Response to 7c.**

*(Insert response below.)*

In response to the increase of abusers of non prescription opiate drugs, the SCA estimates that it would need an additional \$ 100,000 for medication assisted treatment to help address this issue along with the generally high level of opiate abuse in the SCA catchment area. This estimate is

based on providing such services to 5% of the opiate abusing population who received inpatient services during a recent fiscal year. A methadone service provider opened in Lackawanna County and began operations less than two months ago, at last making this option feasible. All that is needed now is the funding to pay for care.

**Directions for 7d.**

Identify what specific recovery services would be necessary to support the development of a ROSC.

**Response to 7d.**

*(Insert response below.)*

The most obvious need for recovery related services in Susquehanna County is for transportation, given the lack of any public transportation in the county. This need is further identified in the responses to the Key Informant Surveys from the County. Both Lackawanna and Susquehanna Counties have a need for effective sober housing.

**Directions for 7e.**

Given issues/problems/trends identified in Objectives 1-4, list any areas where training for staff would be needed. Only list trainings you and your providers need that directly relate to the issues and problems you identified in Objectives 1-4. For example if you found upon examination of various data sources that substance abuse among the elderly in your county has been increasing for the past four years, then list training you need about treatment and prevention of substance abuse among the elderly.

**Response to 7e.**

*(Insert response below.)*

The suggested areas for staff training in the near future are as follows:

- Education for Drug and Alcohol Recovery Support Specialists that could lead to certification
- Treatment and prevention of substance abuse among the elderly, given the trending noted in the SCA demographic profile.
- Treatment of opiate dependence including street and prescription drugs and all evidence based treatment approaches.

- 8 To identify barriers to addressing the needs that have been identified.
  - a. Identify barriers that would impede the ability to meet the prevention needs of your communities.
  - b. Identify barriers that would impede the ability to meet the intervention needs of your communities.
  - c. Identify barriers that would impede the ability to meet the assessment and treatment demand in the SCA.
  - d. Identify barriers that would impede the ability to meet the recovery support services demand in the SCA.

**Directions for 8a.**

Identify barriers that would impede the ability to meet the prevention needs of your communities. Be sure to note barriers specific to the issues/problems identified in Objectives 1-4 and reflect on their changeability. Barriers may be not having those items you stated were needed in Objective 7 or there may be other barriers, for example: strong community beliefs of underage drinking as a harmless rite of passage or schools and parents will not accept certain prevention programming because they do not want the school's issues with drug use known to the general public. There is no need to repeat your response to Objective 7; instead, use this space to discuss the changeability of these barriers. How easy or difficult will it be to remove or get over these barriers? Where possible, cite data such as data from Key Representative surveys that provides evidence of the barrier.

**Response to 8a.**

*(Insert response below.)*

Parental and community attitudes are tolerant towards both alcohol and tobacco use. This premise is supported by the SCA's historical experience along with responses to various Key Informant Survey items. Data from the Key Informant Surveys further suggests a strong perception that it is easy for young people to access tobacco, alcohol, marijuana, and other drugs. As noted in the discussion of History and Traditions of the SCA catchment area, these attitudes are linked to strong cultural and religious identity factors and they are likely to be difficult to change.

**Directions for 8b.**

Identify barriers that would impede the ability to meet the intervention and early intervention needs of your communities. Barriers may be not having those items you stated were needed in

Objective 7, or there may be other barriers such as stigma associated with identifying oneself as someone with a potential substance use problem. There is no need to repeat your response to Objective 7; instead, use this space to discuss the changeability of these barriers. How easy or difficult will it be to remove or get over these barriers? Where possible, cite data that provides evidence of the barrier.

**Response to 8b.**

*(Provide response in the space below. Add space as needed.)*

The same situation exists for intervention services as does for prevention, and the same influencing factors prevail. In addition, according to data from the Key Informant Surveys, a majority of persons in the area disagree that alcoholism/addiction is a disease. This is a very serious barrier for anyone who might contemplate seeking help for a problem.

**Directions for 8c.**

Describe the barriers that impede or prevent the SCA from meeting assessment and treatment demands. Barriers may be not having those items you stated were needed in Objective 7 or there may be other barriers. Examples of barriers include lack of access, quality and appropriateness of care, insurance denials, childcare, transportation, location, language, zoning restrictions, payment for co-occurring services outside of managed care, parental resistance to permitting SAP assessments, interface with county systems, to include confidentiality issues (i.e., courts, CY&F), length of time from application to acceptance for HealthChoices, restrictions of available funds, ineffectual tracking of individuals between payers, varied perceptions of medical necessity criteria, SCA protocols/policies & procedures, etc. There is no need to repeat your response to Objective 7; instead, use this space to discuss the changeability of these barriers. How easy or difficult will it be to remove or get over these barriers? Provide any objective data that is evidence of the barrier. For example if lack of childcare is a barrier, cite data such as the length of the waiting list for state subsidized child day care.

**Response to 8c.**

*(Insert response below.)*

As previously noted, the majority of people in the area do not view addiction to alcohol and other drugs as a disease. Furthermore, the SCA has also had to deal with community opposition to treatment programs, the “not in my back yard” (NIMBY) attitude, as evidenced by the unfavorable publicity generated by past and ongoing attempts to establish a methadone clinic in the region. The clinic that recently opened fought a three (3) year legal battle with local authorities before it was able to open its doors. Past experiences lead the SCA to be extremely judicious in its efforts to bring new treatment services into the community.

Contraction of government services has placed barriers to the SCA meeting treatment demands. Previously the SCA had a very efficient working relationship with the County Assistance Offices (CAO) in both Lackawanna and Susquehanna Counties and were able to facilitate clients getting processed expeditiously so that they could access Act 152 funding and/or HealthChoices benefits. Staffing cuts and subsequent internal restructuring, most especially the elimination of the Intake Department in the local CAO, have created additional barriers to Medical Assistance clients accessing 152 funding or Health Choices benefits for treatment.

The justice system, particularly in Lackawanna County, has presented other barriers to the SCA meeting treatment demands. It happens with noticeable frequency that the courts and jail refer persons for assessment and then constrain them from accessing the recommended level of care. The problem of judicial system procedures delaying assessment of clients who have been screened was previously presented in conjunction with the discussion on CMRR data.

**Directions for 8d.**

Describe the barriers that impede or prevent the SCA from meeting recovery support services demand. Barriers may be not having those items you stated were needed in Objective 7 or there may be other barriers. Examples of barriers include: limited understanding of recovery support services and ROSC, lack of community and family involvement, need to mobilize the recovery community, concern that recovery support services will take the place of clinical services, need to expand and develop new linkages in the community, conflicting priorities and limited funding. There is no need to repeat your response to Objective 7; instead, use this space to discuss the changeability of these barriers. How easy or difficult will it be to remove or get over these barriers? Provide any objective data that is evidence of the barrier.

**Response to 8d.**

*(Insert response below.)*

The needs of an effective Recovery Oriented System of care were presented under Objective 7, and these items also reflect the effective barriers to meeting recovery support service demand. The changeability of the transportation deficit in Susquehanna County is very low given the fact that this item is not under the purview of the drug and alcohol system. Furthermore, the general contraction of government services previously alluded to makes it highly unlikely that resources will be made available to augment the transportation system.

Given the projected budget cuts by the Commonwealth for the upcoming fiscal year, the SCA will have difficulty maintaining existing recovery support services, let alone expanding the system.

## Appendix A

### Key Representative and Convenience Survey Administration Information

#### **BDAP Key Representative Survey on Alcohol, Tobacco and Other Drugs**

- a. Total Number of Surveys Given Out: **79**
- b. Total Number of Surveys Completed: **42 (53%)**
- c. Explain how the Key Representative Survey was administered and provide justification regarding the total number administered.

*(Use the space below. Add additional space as needed.)*

The Key Representative Surveys were administered in four (4) target areas, two in each county, that were previously identified in conjunction with a consultant who analyzed data from a number of available sources. (The consultant has worked with the SCA on other projects including Tobacco programming, SPF/SIG, and Gambling and who is otherwise familiar with local demographics.) In addition to the minimum requirements of community role representation, the SCA prioritized education, drug and alcohol (treatment) professionals, law enforcement, and various stakeholders previously involved and supportive of the SCA in other areas.

- d. If you were unable to obtain a survey from a Key Representative for one of the defined community roles (see list of roles on page 3 of survey instructions), please provide explanation/justification for why you were not able to get a Key Representative for the particular community role.

*(Use space below. Add additional space as needed.)*

The response rate to the Key Representative Surveys was disappointingly low in both counties and most especially in Lackawanna County. This was admittedly the most difficult part of the Needs Assessment for the SCA as indicated by the deadline extension requested of the Bureau. The SCA solicited feedback about the process from responders as well as non responders. A significant number of persons advised that they were engaged in various stakeholder groups, community shareholder groups, coalitions, focus groups, etc. outside of the SCA and complained of being overly burdened with “data collection” and “surveys” in general.

**BDAP Convenience Survey on Alcohol, Tobacco and Other Drugs** *(The use of this survey is optional. If you did not utilize this survey, please check “did not use convenience survey” below.)*

\_\_\_ Did not use convenience survey

- a. Total Number of Surveys Completed: **2**
- b. Explain how the Convenience Survey was administered and discuss to whom it was administered.

*(Use the space below. Add additional space as needed.)*

Two (2) surveys were administered SCA Case Managers to include their viewpoint but the Convenience Surveys were not utilized in any statistically meaningful way.

## **Appendix B**

### Prevalence of substance use disorders in the total population

The Department of Health has provided data for each SCA (see table below) based on surveys which yield valid estimates of the prevalence of substance abuse disorders. Only 7% to 10% of the estimated number of dependent people presented in this table would admit to having a substance abuse problem, but the larger number may be thought of as those whose behavior is creating personal consequences and affecting their associates. They are also the pool of people, who eventually, under the right circumstances, may present for treatment services.

These numbers may be used by SCAs to describe need (as distinguished from demand) and the extent of the problem. They show the potential for demand for services.

**Estimates of the Prevalence of Substance Use Disorders (Dependence or Abuse)<sup>1</sup>**  
**Pennsylvania, Single County Authorities and State**  
**Based on 2009 National Survey on Drug Use and Health (NSDUH)<sup>2</sup>**

SCA	Total 2009 Population	Age 12+		Age 12-17		Age 18-25		Age 26+	
		Population	Prevalence (Rate = 7.7%)	Population	Prevalence (Rate = 7.1%)	Population	Prevalence (Rate = 20.4%)	Population	Prevalence (Rate = 5.7%)
Allegheny	1,218,494	1,056,102	81,320	96,210	6,831	138,863	28,328	821,029	46,799
Armstrong / Indiana / Clarion	194,780	169,075	13,019	15,548	1,104	28,849	5885	124,678	7,107
Beaver	171,673	149,425	11,506	13,196	937	16,516	3,369	119,713	6,824
Bedford	49,579	42,538	3,275	3,893	276	3,972	810	34,673	1,976
Berks	407,125	340,836	26,244	34,635	2,459	45,561	9,294	260,640	14,856
Blair	126,122	108,639	8,365	9,615	683	13,182	2,689	85,842	4,893
Bradford / Sullivan	67,271	57,660	4,440	5,800	412	5,728	1,169	46,132	2,630
Bucks	626,015	534,091	41,125	50,892	3,613	55,477	11,317	427,722	24,380
Butler	184,694	157,576	12,133	15,615	1,109	19,535	3,985	122,426	6,978
Cambria	143,998	126,079	9,708	10,581	751	15,517	3,165	99,981	5,699
Cameron / Elk / McKean	80,370	69,956	5,387	6,691	475	7,302	1,490	55,963	3,190
Carbon / Monroe / Pike	290,749	251,929	19,399	25,487	1,810	32,850	6,701	193,592	11,035
Centre	146,212	131,607	10,134	10,562	750	47,366	9,663	73,679	4,200
Chester	498,894	417,709	32,164	44,572	3,165	52,889	10,789	320,248	18,254
Clearfield / Jefferson	126,958	110,700	8,524	9,222	655	11,699	2,387	89,779	5,117
Columbia / Montour / Snyder /	164,905	144,692	11,141	13,011	924	27,097	5,528	104,584	5,961
Crawford	88,521	75,681	5,827	7,559	537	9,781	1,995	58,341	3,325
Cumberland / Perry	277,985	240,735	18,537	22,274	1,581	38,036	7,759	180,425	10,284
Dauphin	258,934	218,333	16,812	20,557	1,460	24,124	4,921	173,652	9,898
Delaware	558,028	474,502	36,537	46,980	3,336	67,139	13,696	360,383	20,542
Erie	280,291	239,642	18,452	23,736	1,685	36,270	7,399	179,636	10,239
Fayette	142,605	123,708	9,526	11,184	794	12,638	2,578	99,886	5,693
Forest / Warren	47,413	41,632	3,206	3,686	262	4,600	938	33,346	1,901
Franklin / Fulton	159,846	134,315	10,342	12,336	876	16,370	3,340	105,609	6,020
Greene	39,245	34,528	2,659	2,851	202	4,527	923	27,150	1,548

**Estimates of the Prevalence of Substance Use Disorders (Dependence or Abuse)<sup>1</sup>**  
**Pennsylvania, Single County Authorities and State**  
**Based on 2009 National Survey on Drug Use and Health (NSDUH)<sup>2</sup>**

SCA	Total 2009 Population	Age 12+		Age 12-17		Age 18-25		Age 26+	
		Population	Prevalence (Rate = 7.7%)	Population	Prevalence (Rate = 7.1%)	Population	Prevalence (Rate = 20.4%)	Population	Prevalence (Rate = 5.7%)
Huntingdon / Mifflin / Juniata	114,450	98,040	7,549	8,954	636	11,370	2,319	77,716	4,430
<b>Lackawanna</b>	<b>208,801</b>	<b>180,978</b>	<b>13,935</b>	<b>16,111</b>	<b>1,144</b>	<b>23,854</b>	<b>4,866</b>	<b>141,013</b>	<b>8,038</b>
Lancaster	507,766	425,089	32,732	44,976	3,193	59,163	12,069	320,950	18,294
Lawrence	90,160	77,969	6,004	7,414	526	9,575	1,953	60,980	3,476
Lebanon	130,506	111,593	8,593	9,881	702	14,744	3,008	86,968	4,957
Lehigh	343,519	292,542	22,526	28,229	2,004	39,934	8,147	224,379	12,790
Luzerne / Wyoming	340,653	296,823	22,855	25,159	1,786	37,815	7,714	233,849	13,329
Lycoming / Clinton	153,637	133,102	10,249	12,111	860	19,556	3,989	101,435	5,782
Mercer	116,071	100,033	7,703	9,885	702	12,847	2,621	77,301	4,406
Montgomery	782,339	662,286	50,996	60,854	4,321	72,413	14,772	529,019	30,154
Northampton	298,990	255,549	19,677	25,688	1,824	36,285	7,402	193,576	11,034
Northumberland	91,311	79,049	6,087	7,056	501	7,538	1,538	64,455	3,674
Philadelphia	1,547,297	1,296,728	99,848	133,480	9,477	222,703	45,431	940,545	53,611
Potter	16,714	14,223	1,095	1,365	97	1,592	325	11,266	642
Schuylkill	146,952	128,818	9,919	10,626	754	13,103	2,673	105,089	5,990
Somerset	76,953	67,581	5,204	5,570	395	6,731	1,373	55,280	3,151
<b>Susquehanna</b>	<b>40,646</b>	<b>35,421</b>	<b>2,727</b>	<b>3,446</b>	<b>245</b>	<b>3,670</b>	<b>749</b>	<b>28,305</b>	<b>1,613</b>
Tioga	40,875	35,091	2,702	3,883	276	5,489	1,120	25,719	1,466
Venango	54,183	46,544	3,584	4,482	318	4,467	911	37,595	2,143
Washington	207,389	179,262	13,803	15,708	1,115	22,316	4,553	141,238	8,051
Wayne	51,337	45,247	3,484	3,478	247	4,381	894	37,388	2,131
Westmoreland	362,251	316,496	24,370	27,572	1,958	32,608	6,652	256,316	14,610
York / Adams	531,260	451,332	34,753	43,457	3,085	53,915	10,999	353,960	20,176
Pennsylvania	12,604,767	10,781,486	830,174	1,026,078	72,852	1,451,954	296,199	8,303,454	473,297

1. Past year dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

2. The National Survey on Drug Use and Health (NSDUH), formerly known as the National Household Survey on Drug Abuse (NHSDA), is an annual survey conducted by SAMHSA's Office of Applied Studies. NSDUH is the primary source of statistical information on the use of illicit drugs by the U.S. civilian population aged 12 or older, based on face-to-face interviews at their place of residence. The survey covers residents of households, non-institutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as prisons and long-term hospitals.

State level estimates are based on a survey-weighted hierarchical Bayes estimation approach.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2008 and 2009, Table 5.4B.

Population Data Source: Penn State Data Center 2009 Population Estimates.

County-level estimates prepared by the Division of Statistical Support, Pennsylvania Department of Health. Estimates may not sum to totals due to rounding.

Use of the data: These estimates may be used to describe the need for treatment services (as distinguished from demand) and the extent of the problem. They show potential for demand for services.

## Appendix C

### Prevalence of substance abuse dependency disorders in special populations

Each SCA will be responsible for developing prevalence estimates of substance abuse disorders (for its service area) for the special population groups listed in the table below. These numbers may be used by the SCA to describe the possible need (as distinguished from demand) and the extent of the problem. The special population groups listed in column 1 are the minimum requirements for this needs assessment. SCAs may include other special population groups, as desired. Add these other special populations as rows in the table below. Be sure to list the source of the data in column 2.

The Department of Health will provide appropriate web links for county level population data for the criminal justice and family court categories in column 2 (items 1-3, 6, and 7). The SCA is then responsible for adding the statistical information relevant for each category.

Based on Department of Corrections (DOC) and national estimates, approximately 70% of all inmates are substance dependent and require some form of treatment. This information will be used to provide the estimates needed for columns 4 & 5, where appropriate (items 3-5). Based on The National Center on Substance Abuse & Child Welfare, approximately 50% of substantiated child abuse cases have an underlying substance abuse issue and require some level of treatment. This information will be used to provide the estimates needed for columns 4 & 5, where appropriate (item 6). Based on SAMHSA Substance Abuse Treatment & Domestic Violence TIP 25, approximately 25% of Protection From Abuse (PFA) orders issued by the court have an underlying substance abuse issue and require some level of treatment. This information will be used to provide the estimates needed for columns 4 & 5, where appropriate (item 7).

To get similar estimates for County Jail Population and Persons on State Probation or Parole in the county, phone calls should be made to local contacts to ask: What is the annual caseload (Column 4)? Based on Department of Corrections (DOC) and national estimates, approximately 70% of all inmates are substance dependent and require some form of treatment.

**Local Special Population Need Data**  
As reported by **the Lackawanna Susquehanna Office of Drug and Alcohol Programs**

<b>Special Population Category (Column 1)</b>	<b>Source of Data and web link (Column 2)</b>	<b>How to Locate Data (Column 3)</b>	<b>(Column 4) Enter Total Number from Column 1</b>	<b>(Column 5) Percent of these persons who have substance abuse problems.</b>	<b>(Column 6) Estimated number who have substance abuse problems =Col 4 x Col 5 for each category</b>
1. Drug Possession Arrests: 18E-Drug Possession - Opium – Cocaine;18F-Drug Possession – Marijuana;18G-Drug Possession – Synthetic;18H-Drug Possession - Other (Total Arrests Adult & Juvenile)	Pennsylvania Uniform Crime Reporting Program  <a href="http://ucr.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp">http://ucr.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp</a>	1) Select Arrests by Age & Sex 2) Select Year 3) Select Month (December) 4) Select YTD 5) Select County 6) Select Appropriate UCR Codes 7) Click Submit 8) Record Total	<b>750</b>	100%	<b>750</b>
2. Arrests for 210-Driving Under the Influence; 220-Liquor Law; 230-Drunkenness (Total Adult & Juvenile Arrests)	Pennsylvania Uniform Crime Reporting Program  <a href="http://ucr.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp">http://ucr.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp</a>	1) Select Arrests by Age & Sex 2) Select Year 3) Select Month (December) 4) Select YTD 5) Select County 6) Select Appropriate UCR Codes 7) Click Submit 8) Record Total Arrests	<b>2,691</b>	100%	<b>2,691</b>
3. Adult County Probation and Parole	Pennsylvania Board of Probation and Parole  <a href="http://www.pbpp.state.pa.us/portal/server.pt/community/reports_and_publications/5358/county_adult_probation_and_parole_information/502401">http://www.pbpp.state.pa.us/portal/server.pt/community/reports_and_publications/5358/county_adult_probation_and_parole_information/502401</a>	1) Open “2009 CAPP Report” and go to Table 1 on Page 7 – “Caseload Information 2009” 2)Locate the county or counties 3)Record the Total Caseload.	<b>3,999</b>	70% (DOC estimate)	<b>2,799</b>
4. County jail population	SCA to provide from local contacts	Contact Local Source <b>LA – 898 SU - 52</b>	<b>950</b>	70% (DOC estimate)	<b>665</b>

**Local Special Population Need Data**  
As reported by the Lackawanna Susquehanna Office of Drug and Alcohol Programs

Special Population Category (Column 1)	Source of Data and web link (Column 2)	How to Locate Data (Column 3)	(Column 4) Enter Total Number from Column 1	(Column 5) Percent of these persons who have substance abuse problems.	(Column 6) Estimated number who have substance abuse problems =Col 4 x Col 5 for each category
5. Persons on state probation or parole in county	SCA to provide from local contacts	Contact Local Source <b>[675 + 80]</b>	<b>755</b>	70% (DOC estimate)	<b>566</b>
6. Reported Substantiated Child Abuse & Neglect Cases (Total)	Pennsylvania Department of Public Welfare  <a href="http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/report/d_00536.pdf">http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/report/d_00536.pdf</a>	1) Select Annual Report Year 2) Click on Table and Charts 3) Locate status of evaluation, rates of reporting and substantiation by county Table 4) Locate your County 5) Record Total Substantiated Cases	<b>89</b>	50 % (National Center on Substance Abuse and Child Welfare—April 2005)	<b>44</b>
7. Domestic Violence (PFA)	Administrative Office of Pennsylvania Courts  <a href="http://www.pacourts.us/T/AOPC/ResearchandStatistics.htm">http://www.pacourts.us/T/AOPC/ResearchandStatistics.htm</a>  Then click on 2007 AOPC Caseload Statistics	1) Select the Caseload Statistics Year 2) Click on Common Pleas 3) Click on Family Court 4) Click on Filings & Dispositions 5) Click on Protection From Abuse 6) Locate County or Counties 7) Record Total Number of Final Order by Stipulation or Agreement	<b>429</b>	25% (SAMHSA Substance Abuse Treatment & Domestic Violence TIP 25)	<b>107</b>
8. Other Categories *					

\* SCAs should include other special population categories that are identified, e.g. co-occurring. Other special populations that are discussed elsewhere in the needs assessment must be included in this table.

## Appendix D

### BDAP Risk & Protective Factors

#### **Risk Factors:**

Low Neighborhood Attachment
Community Disorganization
Availability of ATOD
Laws and Norms Favorable To Substance Abuse
Lack of Clear Healthy Beliefs and Standards from Parents, Schools and Communities
Perceived Availability
Lack of Clear, Enforced Policy on the Use of ATOD
Availability of ATOD in School
Laws and Norms Favorable to Substance Abuse
Perceived Risk/Harm of Substance Abuse
Favorable Attitudes Toward Substance Use
Family Management Problems
Lack of Monitoring/Supervision
Favorable Parental Attitudes Toward ATOD Abuse

#### **Protective Factors**

Community Bonding
Healthy Beliefs and Clear Standards
Community Supported Substance Abuse Prevention Efforts and Programs
Availability of Constructive Recreation
High Monitoring of Youth Activities
Strong Classroom Management
Norm of Positive Behavior
Pro-Social Opportunities
Social Bonding
Social Skills Competency
Academic Achievement
Regular School Attendance
Social Competence
Autonomy
Sense of Purpose and Belief in a Bright Future
Problem Solving Abilities
Consistency in Rule Enforcement
Reinforcement for Pro-social Involvement
High Parental Monitoring
Strong Parental Bonding
Strong Family Bonding
Positive Family Dynamics
No ATOD Use/Abuse
Extended Family Networks

## Appendix E

### CIS Pattern of Referrals for SCA

This table will present the number and percentage of all first admissions for SCA-paid clients (referring SCA) for the previous year, which came from each referral source (except juveniles, which would be identified by age and total number from all referral sources). The percentages for the individual SCA and the state as a whole will be displayed side by side for comparison.

<b>SFY 09/10</b>			
<b>CIS Pattern of Referrals for SCA (Lackawanna/Susquehanna)</b>			
<b>SCA Paid Unique Clients</b>			
<b>Referral Source for New Clients</b>	<b>Number of Clients</b>	<b>Percentage of SCA Clients</b>	<b>Percentage of Statewide Clients</b>
Drug & Alcohol Abuse Providers	644	28.7%	24%
Criminal Justice/Non-	1054	47.0%	36%
Social Service Agencies	304	13.5%	13%
Employers	8	0.4%	1%
Religious Organizations	0	0%	0%
Self, Friends	154	6.9%	21%
Primary Care (Physicians,	80	3.6%	5%
<b>Total:</b>	2244	100%	100%
<b>Below is the percentage for juveniles only</b>			
Juveniles	186	7.7%	6.4%

## Appendix F

### CIS: Treatment Admissions by Type of Service

This table is slightly different from the referral source tables and will be specific for each SCA. Sample SCA data is provided in this example. Again, the table is limited to SCA clients as defined by the Referring SCA item in CIS. However, what are counted are treatment admissions which began during the year, rather than individual clients. We would expect to see differences in the pattern of services provided by individual SCAs, compared to the statewide data, since we know that some SCAs simply do not utilize certain levels of care.

<b>SFY 09/10</b>			
<b>Service Strategy for SCA (Lackawanna/Susquehanna)</b>			
<b>Level of Care Usage for Treatment Admissions</b>	<b>Number of Admissions</b>	<b>Percentage of SCA</b>	<b>Percentage of Statewide</b>
Hospital Detox	1	0%	1%
Hospital Rehab	3	.1%	0%
Non-Hospital Detox	76	2.8%	13%
Short-term Non-Hospital Rehab (30 days or less)	210	7.8%	15%
Long-Term Non-Hospital Rehab	47	1.7%	8%
Halfway house	7	0.3%	2%
Partial Hospitalization	3	0.1%	5%
Intensive Outpatient	146	5.4%	9%
Outpatient drug free	<b>2191</b>	<b>81.2%</b>	<b>45%</b>
Methadone Maintenance	13	0.5%	2%
<b>Total Admissions paid by SCA</b>	<b>2697</b>	<b>100%</b>	<b>100%</b>

## Appendix G

### CIS: SCA Paid Admissions by Primary Substance of Abuse

These two tables are also limited to SCA clients as defined by the “Referring SCA” (paying SCA) item in CIS. It shows the treatment admissions that began during the year, rather than individual clients, based on the primary drug of choice at admission. The percentage of admissions attributed to each substance is compared with the percentage of statewide admissions for that substance for age categories: under 18 and age 18+.

<b>SFY 09/10</b>			
<b>Demand for Service by Primary Substance of Abuse</b>			
<b>SCA Paid Admissions (Under Age 18) for:</b>	<b>SCA (Lackawanna/Susquehanna)</b>		
<b>Primary Substance of Abuse</b>	<b>Number of Admissions (Under Age 18)</b>	<b>Percentage of SCA Admissions (Under Age 18)</b>	<b>Percentage of Statewide Admissions (Under Age 18)</b>
Alcohol	56	24.1%	18.0%
Cocaine/Crack	1	0.4%	1.4%
Marijuana/Hashish	150	64.7%	67.0%
Heroin	2	0.9%	2.9%
Non-Prescript. Methadone	0	0%	0.2%
Other Opiates/Synthetics	17	7.3%	5.0%
PCP	0	0%	0.0%
Other Hallucinogens	0	0%	0.3%
Methamphetamine	0	0%	0.3%
Other Amphetamines	0	0%	0.3%
Other Stimulants	0	0%	0.0%
Benzodiazepine	1	0.4%	1.0%
Other Tranquilizers	0	0%	0.1%
Barbiturates	0	0%	0.0%
Other Sedatives/Hypnotic	0	0%	0.3%
Inhalants	4	1.7%	0.3%
Over-The-Counter	1	0.4%	0.3%
Other	0	0%	2.6%
<b>Total paid by SCA</b>	<b>232</b>	<b>100%</b>	<b>100%</b>

<b>SFY 09/10</b>			
<b>Demand for Service by Primary Substance of Abuse</b>			
<b>SCA Paid Admissions (Age 18+) for:</b>	<b>SCA (Lackawanna/Susquehanna)</b>		
<b>Primary Substance of Abuse</b>	<b>Number of Admissions (Age 18+)</b>	<b>Percentage of SCA Admissions (Age 18+)</b>	<b>Percentage of Statewide Admissions (Age 18+)</b>
Alcohol	1253	48.9%	38.3%
Cocaine/Crack	172	6.7%	10.0%
Marijuana/Hashish	477	18.6%	12.5%
Heroin	349	13.6%	22.4%
Non-Prescript. Methadone	5	0.2%	0.3%
Other Opiates/Synthetics	249	9.7%	12.7%
PCP	0	0%	0.3%
Other Hallucinogens	4	0.2%	0.2%
Methamphetamine	10	0.4%	0.3%
Other Amphetamines	1	0%	0.1%
Other Stimulants	5	0.2%	0.1%
Benzodiazepine	4	0.2%	1.0%
Other Tranquilizers	8	0.3%	0.1%
Barbiturates	1	0%	0.1%
Other Sedatives/Hypnotic	9	0.4%	0.2%
Inhalants	1	0%	0.1%
Over-The-Counter	2	0.1%	0.1%
Other	14	0.5%	1.2%
<b>Total paid by SCA</b>	<b>2564</b>	<b>100%</b>	<b>100%</b>