**DRUG & ALCOHOL IN-DEPTH ANALYSIS:**

**PROGRESS REPORT FOR LUZERNE COUNTY**

Complete a Progress Report from your involvement in the Pennsylvania Drug & Alcohol In-Depth Analysis and include the following:

1. **Partners:** Who were your key partners involved in this process?
2. **Advancing Practice**: Describe how you are, or plan to advance practice in your county to better address the needs of child welfare involved families with substance use disorders (e.g. improved knowledge, new methods or tools, improved collaboration…)
3. **Accomplishments**: List accomplishments to date and the key mechanisms that enable you to accomplish these goals/objectives.
4. **Challenges and Barriers**: Describe major challenges or barriers you have faced. Are they ongoing, or have they been addressed/resolved? If so, how?
5. **Outcomes**: What led to these changes and what outcomes to expect to achieve as a result?
6. **Sustainability**: What do you need to sustain what you are now doing?
7. **Lessons Learned**: What lessons did you learn from this process?
8. **Contact Information**: Name and contact information should any counties have questions about your experience in the PA D&A IDA process.

**PARTNERS**

* The Honorable Jennifer L. Rogers
* Luzerne County Children and Youth
* Luzerne County Drug and Alcohol Department
* Luzerne-Wyoming Counties System of Care
* Luzerne County Office of Human Service

**ADVANCING PRACTICE**

* The Luzerne County Drug and Alcohol Department will complete Drug and Alcohol, Level of Care assessments for families identified through the Children and Youth system. This provides families a non-biased, easier accessed, Level of Care assessment to better meet the needs of the family.
* The County Drug and Alcohol Department is in the process of exploring new Electronic Medical Record (EMR) technology for better tracking of clients served. This EMR will provide an enhanced mechanism for tracking consumers identified through the Children and Youth system.
* The Office of Human Services (OHS) initiated a new employee on-boarding process. This process includes a cross-training component which allows new employees an opportunity to get a fifteen (15) minute introduction to each of the four (4) departments housed in our physical location. Another component of the on-boarding process includes building tours. This allows new employees an opportunity to meet all Department Heads, meet department staff, and connect a face to a name.
* The OHS Program Director also sits in on the four (4) departments’ individual provider meetings, Executive Committee Boards, and Advisory Committees. This allows an opportunity to identify potential service area gaps, or areas of overlap that have gone previously unaddressed. This has also allowed opportunities for advanced learning opportunities between agencies. This has led to increased collaboration between Children and Youth, and the Drug and Alcohol Department on issues pertaining to: Confidentiality, Release of Information, Harm Reduction Model, and streamlining questions that Children and Youth staff can ask of Substance Use Disorder (SUD) providers.

**ACCOMPLISHMENTS**

To date we have:

* The Department of Drug and Alcohol Programming (DDAP) 2020-2025 Grant agreement allowed for the expansion of the County Drug and Alcohol Programs Case Management program. As a result, the Luzerne County Drug and Alcohol Program was able to take on an additional two (2) Case Managers. One (1) Case Manager is assigned to work specifically with Children and Youth families.
* The OHS on-boarding initiative provides a foundation for integration between the Children and Youth, and Drug and Alcohol Departments. Using this as an avenue to further that integration, Children and Youth is now invited to participate in monthly Drug and Alcohol Provider meetings to gain additional information on trends and updates within the Drug and Alcohol network. Additionally, the Drug and Alcohol Department has been invited to participate in Children and Youth ACT 33 meetings to lend their voice and expertise in the increasing prevalence of substance abuse and misuse identified during these meetings.

**CHALLENGES AND BARRIERS**

* A continued challenge is staff turnover within departments. Upon beginning the steps of the Drug & Alcohol In-Depth Analysis (D&A IDA), we have had turnover in the two key Departments involved. This caused minimal delay in our Drug and Alcohol program involvement, but had a more significant impact in the Children and Youth Agency. As our staff compliment evolves, the need to explain and re-explain our D&A IDA work plan exists.
* The COVID 19 pandemic started during the implementation of the D&A IDA and delayed the completion of some of the tasks.

**OUTCOMES**

* Prior to initiating the D&A IDA work plan, the County Children and Youth Department had an agreement in place with one (1) contracted Drug and Alcohol service provider to complete Level of Care (LOC) Assessments. This provider does not provide a full continuum of care and may not assess consumer’s at the most appropriate level of care to meet their needs. The County Drug and Alcohol Department met with Children and Youth and proposed an alternative arrangement, but had little formal discussion in follow-up.
* After agreeing to participate in the D&A IDA the partners involved regrouped and discussed what it would look like with the County Drug and Alcohol, Case Management unit completing all LOC assessments. Children and Youth assessed an approximate number of referrals that could be expected by the Case Management department, and the County SCA determined that the number of referrals could be accommodated by one (1) Case Manager with assistance from the Case Management department as needed.
* It is expected that utilizing the County Drug and Alcohol Case Management unit to complete the LOC assessments, will create an easier transition; or ‘one stop’ source of referral for a family to access their services. With a Case Manager assigned to, and co-located in the Children and Youth office, LOC referrals can be completed in a more efficient and effective manner for the families that we serve.
* Utilizing a new Electronic Monitoring Record (EMR) purchased by our County Drug and Alcohol program, we can begin more effectively tracking our shared cases to identify trends and determine opportunities or areas to utilize our network of county partners to effect change.

**SUSTAINABILITY**

* The 2020-2025 DDAP Grant agreement allowed our Drug and Alcohol Department the opportunity to hire additional staff for co-location in our Children and Youth Department. The large majority of these families are funded through Medical Assistance. Our Drug and Alcohol Case Management Department is in the MA, Managed Care network of providers and can bill for assessments completed. Once we can identify an accurate number of referrals that are completed annually, this may help offset cost for adding an additional Case Manager if the need exists.
* The County Drug and Alcohol Department identified the need for an EMR to more effectively monitor consumer data. With the implementation of an EMR comes a variety of cost related to licensing and maintenance. Utilizing the Case Management department to complete LOC assessments, additional revenue realized can be utilized to continue funding the EMR system.

**LESSONS LEARNED**

* While the prevalence for Substance Use Disorders is high among many of CYS cases, the monitoring of cases originally identified, or opened as a result of substance misuse can be misrepresented.
* The day to day requirements of Children and Youth employees are very strenuous and it is difficult to remain up-to-date on the various changes amongst sister agencies. While many staff have indicated the need for a cross-training type of education, “silos” remain an issue within the day to day workforce. Using examples from our D&A IDA work plan we have improved on our delivery of training to educate staff across OHS agencies.

**CONTACT INFORMATON**

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