The Dauphin County Drug and Alcohol Department Dauphin County Department of Drug and Alcohol Services is the Single County Authority (SCA) for the County of Dauphin. The network consists of 51 Treatment Contracts.

Dauphin SCA provides screening and referral services 24 hours a day, 7 days a week. Access to assessments for outpatient treatment services can occur either at our offices or at any of our contracted outpatient treatment providers; additionally, outpatient providers are able to screen and assess for all levels of care. Dauphin County offers admission and funding to all levels of care across the ASAM continuum. The SCA facilitates a "No Wrong Door" philosophy. Screening and assessment services are embedded within all treatment contracts. This allows an individual entry into services whether they are going straight to a residential provider, being assessed by an outpatient provider, or being seen by SCA staff. The SCA communicates to all their providers that funding will not be denied for priority populations or individuals that are determined to need withdrawal management services. Providers are encouraged to admit individuals based on their needs and determine funding on the back end. Currently, our department is struggling to place individuals as follows.

- Lack of treatment services for adolescents. Currently there are 2 male solely D&A treatment centers in Pennsylvania for adolescents, there are zero female solely D&A treatment centers. (Barriers: Funding. Lack of treatment providers for adolescents. Not profitable services for providers.)
- 2. Lack of medical treatment providers. Currently all individuals needing a hospital level of care while in-patient for a substance use disorder must be taken out of county to one of two facilities. These facilities have stopped transporting due to their lack of staff and priorities. As a result, the Drug and Alcohol staff sometimes will spend an entire day transporting an individual to hospital-based treatment. This, in-turn, puts stress on the other already strained case managers back at the office. (Barriers: Lack of widespread transportation. Funding. Staff time and resources. Difficulty for providers to transport after hours or on short notice.)
- 3. Lack of transportation is an issue for all providers across Dauphin County. Many times, the Case Management Unit at Drug & Alcohol spend valuable time transporting clients to and from treatment (all levels of care) as most treatment centers have either stopped or limited transportation to their facility. (Barriers: Lack of medically managed treatment providers in the catchment and surrounding areas.
- 4. Lack of D&A providers that are able to handle individuals with an addiction and serious mental illness, traumatic brain disorders and/or intellectual disabilities. (Barriers: Lack of specific population treatment providers in catchment and surrounding area to manage individual with mental capacity issues.)

- 5. Overdose numbers still at a high rate. According to the Dauphin County Coroner's report, there had been significant increases in Drug-Related Overdose deaths. Six year-yar data shows 90 in 2016,104 in 2017, 128 in 2018, a decrease in 2019 of 105 deaths. 2020 rose to 119 and a slight decrease in 2021 of 112. Funding is desperately needed to embed full-time Certified Recovery Specialists into the Emergency Rooms. In Dauphin County that would be a minimum of 3 Specialists in each of the three hospitals to cover the 24/7 schedule. (Barriers: Lack of funding. Lack of employees willing to work overnight hours with minimal compensation).
- 6. Lack of safe and affordable housing. Currently there is funding to secure housing but there are no suitable places to rent or buy. If a place is secured, the rent will be inflated to a point that it is not feasible to pay without assistance.

 (Barriers: Not in my backyard" mentalities, Stigma, Physical space/locations.)
- 7. Work force issues. Since the Covid-19 pandemic, staff retention and recruitment has been at an all-time low. We are half staffed at best on most days. Rigid funding streams make it difficult to leverage dollars for staff. Significant staff retention strategies are needed that are viable for years to come. (Barriers: Funding. Qualified staff are not being compensated well enough to reduce staff turnover. Not enough staff leading to burn out issues.)
- 8. Lack of bi-lingual services. (**Barriers:** Lack of qualified candidates interested in these positions, lack of pay for the additional services. Not enough individuals of populations seeking services to make language specific groups profitable to providers, Stigma.).
- 9. Lack of family supports to understand the recovery process. Many times, a family member's progress is disrupted by a well-intentioned family member or loved one. As a result, the person with the SUD may relapse due to the unintentional actions of supportive friends and family. A regional recovery center for family members to learn how to support a person with a SUD is vital. Support, trainings, advocacy, and guidance would be given as well as additional programming or the individual with the SUD. (Barriers: funding, community buyin, physical location).
- 10. Stigma is a barrier in understanding SUD. Funding for trainings, increasing media presence, and expanding treatment options is needed. When the disease concept is failed to be recognized, people then view addiction as a moral failing. If this occurs, opportunities for individuals with a SUD are minimized. (Barriers: funding, community buy-in)

- 11. The following are the 6 fastest growing trends which need to be addresses with additional funding to create new programs, specialized case managers and targeted certified recovery specialists.
 - 1. Geographic Issues. Population is spread out in Northern Dauphin region. Harder to place services where they are easily accessible by all.
 - 2. Alcohol Use in the Criminal Justice Population.
 - 3. Increase overdoses/Warm Hand Off referrals
 - 4. Fentanyl use in Adults
 - 5. Vaping in Adolescents
 - 6. Complexity of population