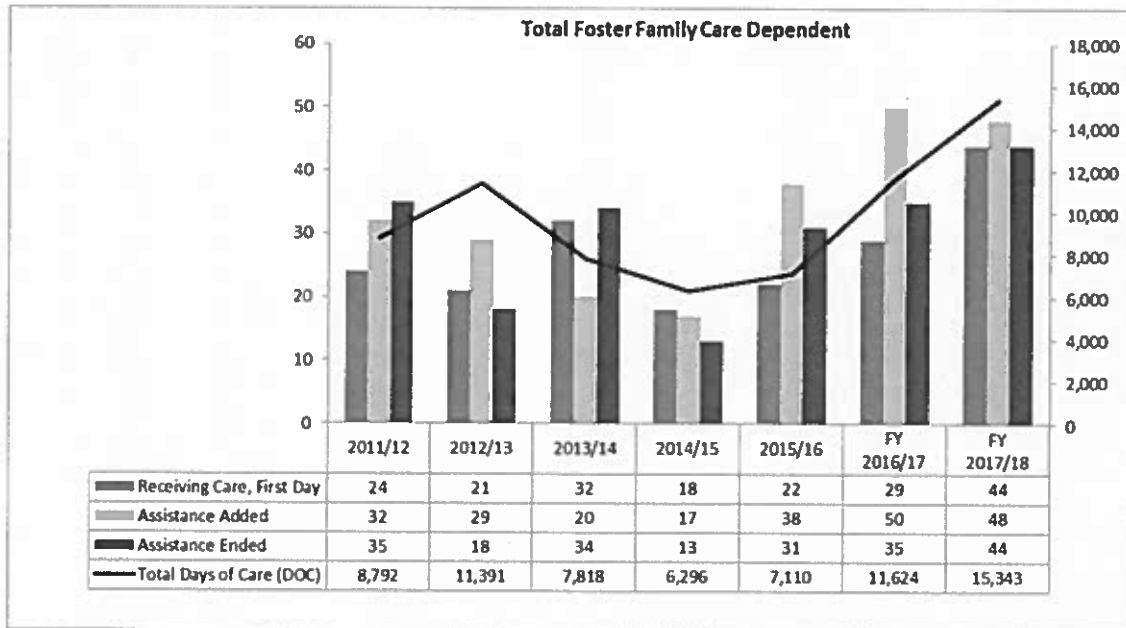


Lycoming Children and Youth Services

Lycoming County has been hit hard by the heroin epidemic spreading across the state and nation. It is the leading underlying factor responsible for the Agency's recent placement increases. A review of current caseloads show's that of the 47 open accepted for service in-home cases (excluding SCR and IL cases) 31 cases have at least one parent identified as having D&A issues. Fifteen of the 31 cases involved heroin/opioid related issues. Further, out of the 37 children currently in placement, 21 children have at least one parent struggling with D&A issues, 11 of the 21 are heroin/opioid related.

Dependent foster care days-of-care reached an all-time low of 6,296 days in 2014-15 with only 17 children entering placement that year. This number doubled in 2015-16 with 38 children entering care, most within the last three months of the fiscal year. This trend continues; between 7/1 and 8/10/2016, fifteen children entered care, of which six were able to be returned home or are living with other relatives. The Agency expects to see more placements as families struggle to keep their children safe while battling their heroin addiction which frequently impacts their ability to provide stable housing, appropriate supervision, and/or appropriate medical care for their children.

The chart below shows the Agency's 5 year placement history and projections for the current and next fiscal year. (We certainly hope we don't experience the projected increases but need to have the resources available within our budget if recent trends continue.)



Lycoming County Prison

Lycoming County is a fifth class county. For perspective purposes, the inmate population of the Lycoming County Prison is one of the largest fifth class county facilities in terms of commitments/population. The chart referencing the average daily population for the past three years will be referred to. In addition the total population charts for the years 2012, 2013, 2014 will be reviewed with particular attention to the overcrowding numbers for each timeframe. The age profile chart for the past three years clearly indicates the largest age group increase as the 25-34 year olds. The chart referencing prescription drug costs will be discussed to show increased costs over the past three years. It also provides a current perspective on what a small county prison spends on pharmaceuticals. The impacts of heroin use on prescription medication costs will involve future monitoring. There is a potential concern these costs will continue to grow due to the increase of IV drug use.

The various charts involving detox observations and commitments per month will be highlighted. Please note the detox observations are self-report data obtained by medical staff upon commitment. It is perhaps the clearest indicator the prison system records show that speaks to an increase in opiate use amongst this offender population.

Pregnancies of opiate addicted offenders present special challenges and often times additional costs. The potential future impact of the prevalence of Hepatitis C and other infectious diseases due to the increase of IV use is extremely concerning. It is reported an 8-16 week treatment regimen for Hepatitis C could cost in excess of \$100,000. We defer to Warden Stewart of Bradford County for additional comments.

The Lycoming County Single County Authority (SCA) West Branch Drug and Alcohol was consulted to obtain some data as it relates to the Criminal Justice System. Their records indicate over the past two years 67% of the referrals for treatment originated from the Criminal Justice System. Additionally, Lycoming County is part of an initiative involving the Department of Drug and Alcohol and the Department of Public Assistance known as the Medical Assistance Pilot Project. This project allows for referrals directly from the prison system to an inpatient drug/alcohol treatment program. From the timeframe of 07/01/13 – 03/31/14 the prison system referred twenty-one (21) individuals to the MA Pilot Project. The Bail/Release Program was recently expanded to assist with the high inmate population. The County Prison Bail/Release Program utilizes a treatment component as part of the supervision. It is reported by the Bail/Release Program Supervisor an effective tool in monitoring and supervising the drug/alcohol problem clientele is the sweat patch. These patches are costly to maintain and administer. The Bail/Release Program staff continue to initiate multiple referrals to inpatient/outpatient treatment programming. It is imperative, from the prison system perspective, that there is a continued focus on funding allocations by the legislature as well as associated decision makers and stakeholders in order to address this crisis. Enhanced funding allocations would provide greater access to prevention and treatment programs (inpatient/outpatient) for the applicable incarcerated individuals.

An outline.....

- Commitment/Population Numbers
 - Age Profile
 - Prescription Medication Costs

- Future Monitoring for Impacts of Heroin Use

- Medical

- Detox Cases
- Opiate Detox #s Twelve Months
- Pregnancies
- Hepatitis C
- Extremely Costly
- Future Impacts
- Comments – Defer to Warden Stewart for additional comments.

- Treatment (Prison)

- Pilot Study (Inpatient) #s – MA Program
- Counseling Programs
- Costs – Supervision (Sweat Patches – Effective)
- Outpatient Services
- Bail/Release Program

- West Branch Drug & Alcohol Data

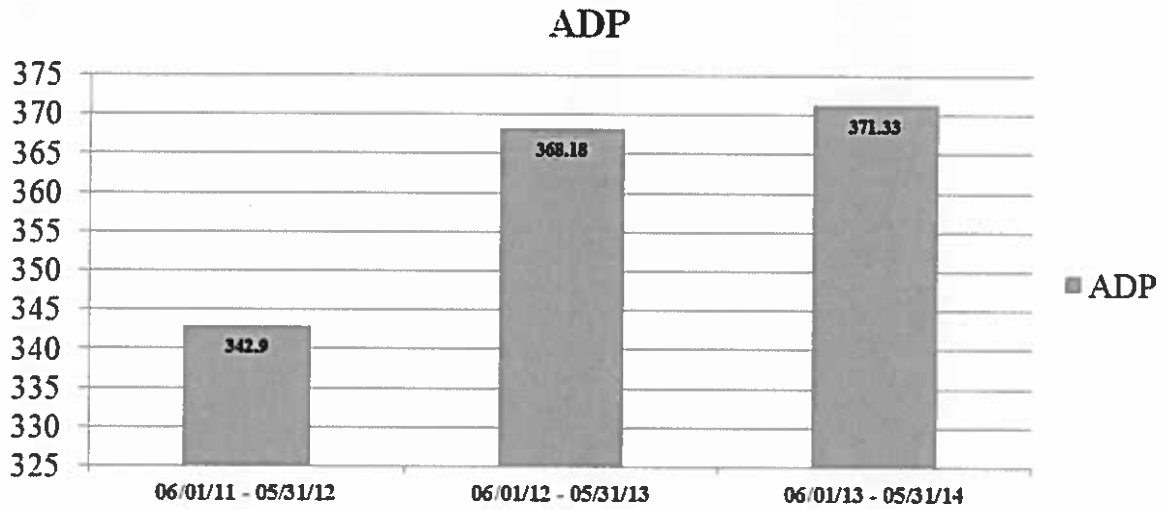
- 2009-2014 – Clients tripled
- 67% involved in criminal justice system

- Suggestions

- Focus on allocation of funding and funding utilization.
- Expand access to prevention and effective treatment programs (outpatient/inpatient).

Total Population

06/01/11 – 05/31/12	06/01/12 – 05/31/13	06/01/13 – 05/31/14
342.90	368.18	371.33



Total Population

2012

	In-House Population	Overcrowding Transfers			Total
		Male	Female	Male/ Female	
January	335.68	0.00	0.00	0.00	335.68
February	343.31	0.00	1.03	1.03	344.34
March	332.97	0.00	0.00	0.00	332.97
April	330.77	0.00	0.00	0.00	330.77
May	364.50	1.94	0.00	1.94	366.44
June	373.80	17.40	1.93	19.33	393.13
July	370.35	20.10	1.84	21.94	392.29
August	370.03	23.53	3.68	27.21	397.24
September	370.77	37.86	3.73	41.59	412.36
October	376.68	21.12	3.61	24.73	401.41
November	375.43	19.90	11.10	31.00	406.43
December	362.77	5.68	6.07	11.75	374.52
Yearly Average	358.92	12.29	2.75	15.04	373.97

* Total includes overcrowding transfers.

Total Population

2013

	In-House Population	Overcrowding Transfers		Male/ Female	Total
		Male	Female		
January	362.23	0.00	0.00	0.00	362.23
February	360.89	5.57	0.00	5.57	366.46
March	350.55	1.13	0.00	1.13	351.68
April	368.47	0.00	0.00	0.00	368.47
May	376.16	7.90	0.23	8.13	384.29
June	378.80	15.80	0.73	16.53	395.33
July	377.35	30.23	0.00	30.23	407.58
August	377.58	16.65	0.00	16.65	394.23
September	375.80	0.80	0.00	0.80	376.60
October	363.55	0.00	0.77	0.77	364.32
November	373.57	0.00	2.27	2.27	375.84
December	370.74	0.00	0.19	0.19	370.93
Yearly Average	369.64	6.51	0.35	6.86	376.50

* Total includes overcrowding transfers.

Total Population

2014

	In-House Population	Overcrowding Transfers		Male/ Female	Total
		Male	Female		
January	369.71	3.48	1.65	5.13	374.84
February	369.64	16.86	0.00	16.86	386.50
March	364.32	15.26	0.00	15.26	379.58
April	367.07	9.70	0.20	9.90	376.97
May	367.77	7.77	2.13	9.90	377.67
June					
July					
August					
September					
October					
November					
December					
Yearly Average	367.70	10.61	0.80	11.41	379.11

* Total includes overcrowding transfers.

West Branch Drug & Alcohol

Here are some local statistics. Our Single County Authority (SCA) covers both Lycoming and Clinton Counties. SCAs serve as local administrative entities for a catchment area that includes one or more counties. Currently, there are 47 SCAs serving the 67 counties in the commonwealth. It is the SCAs' responsibility to determine the needs of their catchment area and engage providers to deliver the appropriate services. The statewide system of SCAs have the responsibility of assisting the Department of Drug & Alcohol Programs in planning for community-based drug and alcohol services, to include: assessing needs; managing and allocating resources; and evaluating the effectiveness of prevention, intervention, treatment and treatment-related programming, including case management services.

I compared 2015 to 2010 so you can see the changes. If you are interested in other years please let me know. As you can see race and gender remained stable. Alcohol remains the primary drug of choice. Opiate use (heroin and prescription narcotics) has more than doubled going from 16% in 2010 to 36% in 2015. The number of substance abuse screenings increased almost 19%.

Purposes of screening include:

1. To obtain information to ascertain if emergent care is needed in the following areas:
 - a. Detoxification
 - b. Prenatal Care
 - c. Perinatal Care
 - d. Psychiatric Care
2. To motivate and refer, if necessary, for a Level of Care assessment or other services.
3. To identify individuals being referred by an emergency room or urgent care facility following an overdose.

- In 2015 the SCA conducted **2590** screenings.

Screenings by race

86% Caucasian
10% African-American
4% other

Screenings by gender

67% male
33% female

Screenings by drug of choice

42% alcohol

24% heroin
12% opiates
3% cocaine
15% marijuana
4% other

Screens by age

7% 0 to 18
44% 19 to 29
25% 30-39
13% 40-49
8% 50-59
3% over 60

- In 2010 the SCA conducted 2119 screenings.

Screenings by race

88% Caucasian
9% African-American
3% other

Screenings by gender

71% male
29% female

Screenings by drug of choice

58% alcohol
10% heroin
6% opiates
7% cocaine
12% marijuana
7% other

Screenings by age

10% 0-18
39% 19-29
22% 30-39
19% 40-49
9% 50-59
1% over 60

- I was cutting and pasting this chart so if it doesn't make sense let me know.

Estimates of the Prevalence of Substance Abuse Disorders (Dependence or Abuse) of Illicit Drugs or Alcohol
Pennsylvania, Single County Authorities and State
Based on 2012-2013 National Survey on Drug Use and Health (NSDUH)

Total 2013 Population	Age 12+		Age 12-17		Age 18-25	
	Population	Prevalence (Rate= 8.28%)	Population	Prevalence (Rate= 5.74%)	Population	Prevalence (Rate= 19.1%)

LYCOMING/CLINTON	156,708	135,534	11,222	10,819	621	31,497
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- This report contains statewide data on the prevalence of substance abuse:

<http://store.samhsa.gov/shin/content//SMA15-4895/BHBarometer-PA.pdf>

Juvenile Probation Office (JPO) info on D&A issues – 2016

- During the weeks of 6/7 – 21/2016, all active JPO youth were given urine screens for illegal/banned substances. Of the 110 samples taken, 10 were positive. Of those 10 positive tests, 7 were THC, 2 were acid and 1 was cough syrup.
- To date, JPO has received 189 referral from law enforcement or District Justices. Of these 189, 39 were related to drugs and alcohol. Of those 40, 34 were charged with possession of drugs or paraphernalia, 4 were charged with DUI and 2 were charged with Possession with Intent to Deliver (PWID).
- Juvenile Probation facilitates a Juvenile Drug Treatment Court. Criteria for entry on our Drug Court is an elevated Youth Level of Service (YLS) assessment in the D&A section, recommendation for Drug Court placement from a West Branch D&A evaluation and D&A impacting youth's daily, normal functioning. There are currently 3 youth involved in our Drug Court

Adult Probation Office

As of this date, Opiate use is still the second most popular drug of choice among defendants on probation and parole, Marijuana being first. Due to the heroin/opiate epidemic, caseloads have increased dramatically. We have seen an increase in the out of county offenders which come to Lycoming Co. specifically Williamsport to buy heroin. With that said, the Lycoming Co. Adult Probation Office now has 452 out of county individuals in which we are responsible for. These individuals primarily are opiate addicted individuals and if they violate (new arrest, or test positive) their supervision is returned to Lycoming Co. thus taking up valuable prison space. As of August 2016, the Lycoming Co. Adult Probation Office has seen 7 defendant over doses resulting in death.