
**Medication Assisted Treatment Services
Drug and Alcohol Treatment Services**

**ANNUAL REPORT
2023 – 2024**

**Financial Statement for Substance Use Recovery Division
FY July 2023 – March 2024**

Income: \$ 3,418,130

Expenses: \$ 4,413,571

MISSION & VISION: The Substance Use Recovery Division's mission is to assist all who enter to our programs with the necessary tools to help them obtain their recovery and to ensure that they receive all the behavioral health services needed for substance use disorder and mental health treatment. When we are not able to provide a service, we will connect them to the necessary resources in the community. We strive to always be respectful of an individual's choice as we inspire those, we serve by giving them hope and resources. We strive to be a model of excellence as we advocate for those we serve. We are committed to develop innovative services based on an ongoing assessment of needs within our immediate and extended geographic community.

ANNUAL OVERVIEW: Activities and Accomplishments: Fiscal Year 23-24 saw treatment challenges defined by an increased use of illicit substances, Fentanyl and Xylazine. Due to increased or continued substance use, several cohorts are assigned to additional group services, individual counseling services, daily on-site medication doses, and repetitive referrals to the Inpatient Level of Care for detox. The inpatient placements stay range from 7 days to two months, depending on the member's needs and the insurance approvals. For this referral activity a dedicated Clinical Care Manager facilitates all assessments, placements, and follow-up appointments upon the member's return to the program. The more stable cohorts continue to benefit from take home bottles of medication and psychotherapy services. The program's collaboration with Spectrum Health services for expanded Integrated Care continues as a strong and collaborative. In addition, The Positive Effect Ministry is on-site one day each week to provide HIV/AIDS Testing and treatment resources.

A few adjustments were made to programming as the program adjusted to the tracking and service provision expectations to consistently achieve the case rate requirements for the CBH census. The Drug & Alcohol population continues to be the most challenging members to achieve this requirement for, as they do not always engage immediately and tend to have sporadic compliance with attendance due to re-engagement with education and employment. To assist these members, we have included evening groups four days a week. The program continues to look for different avenues of engagement and have found a modicum of success by including groups facilitated by DBHIDS Core Services Unit to our list of resources. A few cohorts are currently attending Nutritional Groups, Family Engagement Groups, and the Focus on Fathers resource group which ended in April and provided the attendees with a certificate of completion and a \$200 stipend. Other such resource groups are scheduled and will run in six-to-eight-week intervals. Additionally, the program has contracted with a GED provider. This contractor is currently working with 15 members who are receiving either Adult Education classes to prepare them for the GED classes, or GED classes to prepare for GED testing and certification.

We continue to fully engage with the DBHIDS/ CRAFT community outreach initiative. In addition to sending a small engagement team into the Kensington, West Philadelphia, Southwest Philadelphia, and South Philadelphia communities each week to partner with DBHIDS/CRAFT team. Our outreach team was instrumental in motivating them to bring many of the outreach efforts to the West, Southwest, and South Philadelphia area. We have seen a major response to these efforts in the form of new community partnerships with recovery houses and increased admissions. Our program provides resource information, Narcan, Fentanyl Test Strips, and access to assessment appointments for all interested members in the community.

The program is also working closely with our Certified Peer Specialist and the participant on the Community Supports Team, formerly the Consumer Advocacy Group. We were encouraged by these on-site partners to begin cultivating a peer directed culture within the program and help to remove the stigma of “addiction”, which is why we chose a new name for our division. Formerly known as the Addictions Division, the University City Recovery Center is focused on partnering with the program’s participants and our community, city wide, to provide tools and supports to motivate recovery from Substance Use Disorder. We have initiated a few new relationships with community partners to increase our census and expand our cache of supports for participants. During this past year, the University City Recovery Center has participated in multiple community resource events.

The program is seeing much stability and success in treatment for the members who take advantage of our Mental Health services which are provided by a Psychiatrist. The doctor expanded his hours during FY23-24 from two days to four days each week.

The University City Recovery Center made the decision to relinquish the Family Preservation/University City Counseling Center License and combine all DDAP approved activities under one license. Effective April 2024, all approved DDAP activities are covered under License #830314, which was previously assigned only to MAT activities. The program utilizes internal mechanisms from admissions through discharge to track and monitor the census for medicating and non-medicating services.

Medication Assisted Treatment: Approved capacity for this activity is 370.

The program census at the beginning of FY23 was fluctuating between 110 and 140. Currently, the MAT census is 164 members. The increase of Fentanyl and Xylazine use, the minimal efficacy of Methadone dosing for Fentanyl, and the program's current barrier to provide all requests with same day admissions / dose inductions are believed to be the primary reasons for some member's low engagement. The program received a CLIA which will permit on-site urine specimen results to be utilized as proof of Opiate Dependence. Most toxicology submissions are sent out to a lab which takes 2 business days to return. This service line also offers medicated assisted treatment via a prescription for Suboxone and for Vivitrol. Currently, there are 13 Suboxone members enrolled and no current Vivitrol members. The program saw five successful program completions.

D&A non-medication Treatment: Approved capacity for this activity is 160. The beginning of FY23 saw a slight decrease in the census; however, the census has increased from 119 participants to 142 members since the beginning of FY23. The program has continuous referrals, and the census continues to fluctuate between 125 and 142 due to the high rate on discharges due to non-attendance for this population.

Challenges with the programs

1. Between the months of 10/2023 and 4/2024, the programs had a staff turnover of 6 clinical staff. Four of the six vacancies were due to promotions to opportunities within the agency. Obtaining qualified candidates is challenging.

Accomplishments

Continued relationship with Spectrum partnership for Integrated Care
Continued EPIC designation for both CBT and PE treatment
Continued partnership with recovery house network
Outstanding results on all city and state audits
Increased Community engagement and outreach efforts

The Consortium Inc. **Governing Body (Board of Directors)** has authority to approve the development of performance improvement processes and directs the Substance Use Recovery Division.

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