

# **Chester County Drug and Alcohol Advisory Board Fiscal Year 2000/01**

An advisory board of community volunteers is appointed by the County Commissioners to advise them on the most effective management of services to prevent addiction in the County and to intervene and treat addicted county residents.

## **Advisory Board Members**

Mary Louise Bell, Chairperson  
Jerry Haas, Vice Chairperson  
Denise Bivens, Secretary/Treasurer  
Michele Tucker  
Ralph Burton  
Elizabeth Dean  
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Kim P. Bowman, Executive Director  
Vince H. Brown, Deputy Director

### **Administrative Unit**

Linda Morris Zonetti, Fiscal Director  
Geri Thomas, Administrative Officer  
Larry Harrison, Program Analyst  
Meg Polvino, Prevention Specialist/Program Monitor  
Betty Wade, Administrative Assistant  
Carolyn Desmond, Accountant  
Connie Jones, Fiscal Technician  
Gloria Anderson, Secretary

### **Case Management Unit**

Jamie Johnson, Case Management Supervisor  
Marce Battle, Case Manager  
Todd Bender, Case Manager  
Gene Suski, Case Manager  
Donna Clark, Case Manager  
Rebecca Harkins, Case Manager  
Lee Edmonds, Secretary  
Sheila Thomas, Secretary

# **Chester County**

## **Department of Drug and Alcohol Services**

Government Services Center, Suite 325  
601 Westtown Road, P.O. Box 2747  
West Chester, PA 19380-0990

### **VISION**

Promote alcohol and other drug policies and programs that improve the quality of life and reflect the cultural and economic diversity of the community.

### **MISSION**

Ensure that quality alcohol and other drug intervention and treatment, as well as alcohol, tobacco and other drug prevention programs are provided for citizens in an efficient and cost-effective manner.

### **GOALS**

The service delivery system for county residents has been designed to provide comprehensive and accessible client care for both adolescents and adults in need of treatment or intervention services and assistance to communities trying to prevent addiction. There are several overriding goals which the Department tries to achieve in the design and delivery of prevention, intervention, case management and treatment services, as listed below:

- Assist communities in becoming their own change agents.
- Increase community recognition of alcohol and tobacco as drugs.
- Prevent the continuation of intergenerational family dysfunction due to substance abuse.
- Promote understanding of the disease concept and the hereditary risk factors associated with addiction.
- Assist clients in creating self-sufficient lives.
- Continuously evaluate the services provided to insure that they are accessible, high quality, effective, cost-efficient and best meet the needs of the citizens of Chester County.

# DESCRIPTION OF THE DEPARTMENT'S SERVICES

## PREVENTION

Prevention services focus on decreasing the risk factors and increasing the protective factors associated with the development of unhealthy behaviors. During the 2000/01 fiscal year, the Chester County Department of Drug and Alcohol Services supported alcohol, tobacco and other drug (ATOD) prevention efforts in the six federal prevention strategies (Information Dissemination, Education, Alternative Activities, Problem Identification & Referral, Community Based Process and Environmental) via contracts with licensed prevention providers.

By sharing knowledge and providing technical assistance, the community prevention provider assists individuals and neighborhoods in strengthening their resistance to alcohol and other drug usage by using a variety of strategies, including the Communities That Care model. The provider subcontracted as a community based prevention resource was:

The Coad Group  
Exton, PA

(610) 363-6164

Another subcontracted prevention provider specializing in interacting with young children in the context of their home communities in order to establish a foundation for building refusal skills later in life was:

Holcomb Behavioral Health Systems  
Exton, PA

(610) 363-1488

The following prevention provider conducted a peer leadership program for youth, ages 13 to 19. Program participants were trained in a variety of topics including, HIV/AIDS, addiction, co-dependency, sexuality, team building and unity techniques. Upon completion of the training component, youth were responsible for developing and presenting monthly programs to the community. Topics covered in the community programs included: healthy relationships, domestic violence, refusal skills, teen pregnancy and drugs/alcohol and teen violence.

Community, Youth and Women's Alliance  
Coatesville, PA (formerly Coatesville YWCA)

(610) 384-9591

Additionally, a variety of mini-grants were awarded to community based coalitions in the following areas: alternative activities, community development, peer leadership and alcohol, tobacco and other drug education.

## **INTERVENTION**

Intervention services are designed to identify individuals abusing alcohol or other drugs and support their engagement in treatment. Intervention services may seek to identify early symptoms of substance abuse and intervene to prevent progression, or they may be designed to utilize a crisis or problem an individual is experiencing to engage them in needed treatment. The Department, via subcontractors, provides two types of intervention:

**Student Assistance Programs (SAP)**: SAP programs identify middle and high school students experiencing problems in school which may be due to the use of alcohol or other drugs. The SAP program provides a point of intervention, assessment and referral to treatment.

**Treatment Alternatives for Safer Communities (TASC)**: Individuals who may enter the criminal justice system as a result of abuse of alcohol and/or other drugs are identified, assessed, referred to treatment and provided with case management services during their treatment involvement. Spanish speaking persons can be seen by a bilingual case manager.

The subcontracting agency for the SAP and TASC programs in Fiscal Year 2000/01 was:

The Coad Group  
Exton, PA

(610) 363-6164

## **CASE MANAGEMENT**

The Department's Case Management Unit provides two forms of case management services: Administrative Care Management and Intensive Case Management.

Administrative Care Management is responsible for coordinating and managing funding resources for the most intensive levels of addiction treatment. Administrative care managers insure that appropriate levels of care and lengths of stay are authorized for clients in non-hospital and inpatient treatment services. They follow the client throughout the county funded treatment system to insure that services are appropriately provided, that there is continuity of care and that aftercare planning is completed.

Intensive Case Management is a direct service designed to assist identified drug and alcohol clients in determining and obtaining needed support services. This could include, but is not limited to, housing, employment, education and medical services. Intensive case management may assist clients both during their treatment involvement as well as when they are not in treatment. They also act as client advocates when necessary.

The Case Management Unit is part of the Department and has offices in West Chester, at the Government Services Center. The phone number is listed below:

Department of Drug and Alcohol Services Case Management Unit (CMU):

West Chester, PA

(610) 344-5630

## **TREATMENT**

Treatment services provide assistance to people whose lives have been negatively affected by their own or another's use of alcohol and/or drugs. The majority of the County's drug and alcohol funds are utilized to purchase treatment services for addicted clients to begin the path of recovery and self-sufficiency. During Fiscal Year 2000/01 a full continuum of care was made available to address different client needs.

### **Assessment:**

The addiction treatment system uses several "points of entry" for clients seeking treatment. Each of these sites uses a standard procedure and instruments to assess the severity of addiction and determine the level of care needed. The points of entry during Fiscal Year 2000/01 are listed below:

Northwestern Human Services (NHS) Kennett Square, PA	(610) 444-0555
Northwestern Human Services (NHS) West Chester, PA	(610) 436-5388
Northwestern Human Services (NHS) Phoenixville, PA	(610) 933-0400
Center for Addictive Diseases (CAD), Exton, PA	(610) 648-1130
Riverside Care, Coatesville, PA	(610) 383-9600
Advanced Treatment Systems, Thorndale, PA	(610) 466-9250
Department of D&A Services CMU, West Chester, PA	(610) 344-5630

After assessment, the client is referred to the most appropriate level of care in the continuum, which could be one or more of those listed below:

**Detoxification:**

Detoxification provides clinical supervision and assistance in the management of withdrawal for drug or alcohol dependent or intoxicated persons. Detoxification can be medically monitored or medically managed. Fiscal Year 2000/01 subcontractors located in the county are listed below; a complete list of subcontracted detoxification resources is available at the Department office.

Bowling Green Brandywine, Kennett Square, PA	(610) 268-3588
Malvern Institute, Malvern, PA	(610) 647-0330

**Residential Non-Hospital:**

Often called "rehab", this is an intensive live-in therapeutic environment. The specific program and length of stay (varying from 14 to 180 days) is based on individual needs. Treatment subcontracts include a variety of programs, ensuring that clients' special needs will be met, whether they are adolescents, women, women with children, Spanish speaking only, have co-occurring drug and alcohol and mental health disorders, or are involved in the criminal justice system. The complete list of Fiscal Year 2000/01 subcontracted agencies is available at the Department office. Following are those located in Chester County:

Bowling Green Brandywine, Kennett Square, PA	(610) 268-3588
Gaudenzia House, West Chester, PA	(610) 399-6929
Samara House, Coatesville, PA	(610) 384-9591
Gaudenzia, Kindred House, West Chester, PA	(610) 399-6571
Malvern Institute, Malvern, PA	(610) 647-0330

**Halfway House:**

This live-in combination of therapy and support is offered to recovering person(s) having completed prior treatment, who may be homeless or near homeless and unemployed or in need of intensive support for successful transition to sober independent living. Self-sufficiency is the goal. While there are no halfway houses located in the county, the Department contracts with a number of halfway houses outside of Chester County. The Fiscal Year 2000/01 halfway house subcontractor list is available at the Department office.

### **Partial Hospitalization:**

Partial hospitalization is intensive treatment provided on an outpatient basis for clients with serious addiction problems that have sufficient supports to engage in treatment in the community. Services are provided according to a planned regimen consisting of regularly scheduled sessions at least 3 days per week with 10 or more therapeutic hours per week. Following is a list of Fiscal Year 2000/01 subcontracted providers:

NHS Kennett Square, Kennett Square, PA	(610) 444-0555
NHS West Chester, West Chester, PA	(610) 436-5388
Center for Addictive Diseases, Exton, PA	(610) 648-1130
NHS Phoenixville, Phoenixville, PA	(610) 933-0400
Riverside Care, Coatesville, PA	(610) 383-9600

### **Outpatient Drug Free:**

Counseling is provided one or two hours per week and may be primary care, aftercare from rehab, or utilized as an intervention to encourage individuals to enter more intensive services. Initial assessment to determine referral to the appropriate level of care is also provided. Treatment is also provided for family members effected by another's alcohol or drug abuse. The outpatient subcontractors in Fiscal Year 2000/01 are listed below:

NHS Kennett Square, Kennett Square and Oxford, PA	(610) 444-0555
NHS West Chester, West Chester, PA	(610) 436-5388
NHS Phoenixville, Phoenixville, PA	(610) 933-0400
Center for Addictive Diseases, Exton, PA	(610) 648-1130
Riverside Care, Coatesville, PA	(610) 383-9600

Spanish speaking services are available by a bilingual and bicultural therapist at NHS Kennett Square.

### **Outpatient Methadone Maintenance:**

Methadone, a medication to ward off withdrawal associated with opiate dependence, is provided in conjunction with individual and group therapy. The subcontractor for this service was:

Advanced Treatment Systems, Thorndale, PA	(610) 466-9250
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## **RENTAL ASSISTANCE/LIFE SKILLS**

Rental assistance and counseling in budgeting, job seeking, and related skills are provided to recovering homeless or near homeless persons who are actively involved in treatment. The goal is to assist these individuals in obtaining stable housing. The subcontractor for this service was:

Coatesville CYWA, Coatesville, PA

(610) 384-9591

# FISCAL YEAR 2000/01 ACCOMPLISHMENTS AND SIGNIFICANT EVENTS

## ADMINISTRATION

- ❖ Managed 14 revenue sources, 34 subcontractors and 8 agreements encompassing over 93 programs to insure that a comprehensive prevention, intervention and treatment system was available to county residents.
- ❖ Implemented an SCA Quality Improvement plan to insure ongoing quality assurance of all activities.
- ❖ Trained 169 persons in the following topics: History of Addiction Treatment and Self-Help Recovery Groups; Case Management of Publicly Funded Clients; Treating Young Heroin Users; Administration of the Adolescent Problem Severity Index and Adolescent ASAM level of care determination tools.
- ❖ Implemented an ombudsman service to assist clients in fully utilizing their insurance benefits for drug and alcohol treatment.
- ❖ Continued partnership with Chester County Courts in the ongoing operation of Drug Court.
- ❖ In collaboration with the County Adult Probation/Parole Department developed a plan for the treatment and supervision of level 3 and 4 offenders via a Restrictive Intermediate Punishment (RIP) sentence and were successful in receiving funding from the Pennsylvania Commission on Crime and Delinquency for this program.
- ❖ For system planning and assessment purposes conducted 17 focus groups representing all areas of the treatment spectrum, and other stakeholders including consumers, representatives from referral agencies, and other systems (e.g. courts, mental health).
- ❖ Participated in the management of the County HealthChoices program via the Behavioral Health Management Team and various work groups.
- ❖ Participated in the County Human Services "Master Client Index" project, which seeks to develop a database that integrates data from all of the different human service agencies to enable improved systems planning.
- ❖ Began the process for competitive selection of outpatient/partial treatment providers for implementation in 2002/03.
- ❖ Began transfer of management/oversight responsibility for the Communities That Care (CTC) project from the County Human Services Office to this Department. This includes CTC programs operating in 6 different communities. See community based process under the Prevention section.

- ❖ Began a comprehensive assessment of the Treatment Alternatives for Safer Communities (TASC) program, which includes surveys of referral sources.
- ❖ Continued routine assessment of client satisfaction with services via quarterly surveys facilitated by the Chester County Client Satisfaction Team.
- ❖ Continued client treatment outcome system, enabling review and ongoing monitoring of overall system outcome as well as outcome at specific levels of care.
- ❖ Continued participation in the Bureau of Drug and Alcohol Programs (BDAP) Single County Authorities (SCA) Monitoring Tool Work Group.

## **CASE MANAGEMENT**

- ❖ Continued participation in a work group (Act 126) involving the Departments of Juvenile Probation/Parole, Children, Youth and Families (CYF) and Drug and Alcohol, which resulted in the development of protocols for inter-systems communications and referrals of joint clients. Training was provided to key staff from each system, including drug/alcohol service providers.
- ❖ Provided in-service training to staff in the CYF and Mental Health (MH) Departments.
- ❖ Began participation in the multi-disciplinary team meeting held by Chester County Assistance Office to begin implementation of the “Maximizing Participation Project” for Temporary Assistance for Needy Families (TANF) clients approaching the time limit on benefits.
- ❖ Began participating in monthly meetings with County correctional center and adult probation/parole staff regarding the operation of the Prison Recovery Program, which is modeled after therapeutic community treatment programs.
- ❖ In September 2000 hosted local version of the National Drug and Alcohol Awareness month by providing literature, brochures, and meeting list information to the public.
- ❖ Participated in the Dependency & Delinquency Health Care Services Work Group with the Bureau of Drug and Alcohol Programs (BDAP), Office of Mental Health and Substance Abuse Services (OMHSAS) and Children, Youth and Families (CYF).
- ❖ Provided Intensive Case Management services to 51 Chester County residents.
- ❖ Managed a total of 510 unduplicated clients in residential treatment, including detox, rehab and halfway house. Also, managed an additional 208 clients in partial hospital treatment services from July 2000 through December 2000 across a continuum of care ranging from intensive outpatient to residential treatment. The number of duplicated clients using any combination of services totaled 706.

- ❖ In mid-year discontinued pre-certification of partial hospitalization services, which was originally mandated as a condition of BHSI funding.

## **TREATMENT**

- ❖ Provided treatment-funding assistance for an unduplicated total of 2,578 Chester County residents.
- ❖ Non-hospital treatment admissions consistently exceeded detoxification admissions.
- ❖ Participated in the Pennsylvania Clinical Standards Committee.
- ❖ The Center for Addictive Diseases, a longtime fixture in Paoli, began planning a move of the main office to Exton.
- ❖ Treatment providers continued to submit client information gathered at the point of discharge, and at six and twelve months after discharge for County use for the evaluation project.
- ❖ Maintained minimum standards for therapists employed as assessors of clients; i.e. bachelor's degree, one year of drug/alcohol experience, certified in the use of ASI/PSI and PCPC/ASAM, and trained on SCA case management procedures.
- ❖ In conjunction with the County Mental Health Office, maintained a drop-in support group in the West Chester area for individuals with coexisting mental illness and addictive disorders.
- ❖ Added a PA rehab designed exclusively for Spanish speaking only clients to subcontracted provider list (previously only had this available in Newark, NJ).
- ❖ A high percentage of outpatient/intensive outpatient/partial survey respondents expressed satisfaction with their experience: 95% believed their therapist knew what they were doing; 92% believed coming to their therapist was helpful; and 91%, if they had it to do all over again, would return to the agency for services.
- ❖ Experienced waiting lists and decreased utilization at two of the largest subcontracted outpatient clinics due primarily to workforce development issues.

## **PREVENTION**

### **Information Dissemination**

- ❖ Maintained a toll free telephone information line that provided County residents with substance abuse prevention, intervention and treatment information. A total of 634 requests for information were handled.

- ❖ Approximately 24,000 pieces of alcohol, tobacco and other drug (ATOD) prevention literature, designed to increase the general population's awareness of substance use/abuse issues, were distributed in varied settings.
- ❖ Participated in 60 health fairs and speaking engagements in the community, business and school settings; reaching approximately 6,500 individuals.
- ❖ Developed and distributed 4 issues of the Department's newsletter, "The Exchange." The newsletter is targeted to an audience of professionals and nonprofessionals and imparts current, factual and culturally relevant prevention, intervention and treatment information. Each issue of the newsletter reaches over 1,000 individuals.
- ❖ A monthly newsletter, specific to professionals involved in the Student Assistance Program (SAP), was initiated. The newsletter contains information pertinent to those professionals working with students and their families for which substance abuse may be interfering with school performance.

## **Education**

- ❖ Twelve volunteer presenters delivered the Beginning Alcohol and Addictions Basic Education Studies (BABES) program to 1,836 children, ages 3 to 8, in seventeen different school/community settings. The BABES program uses puppets, songs and story telling to introduce children to decision making and coping skills.
- ❖ Recruited and trained fifteen adolescents as peer educators. The youth, after receiving training in leadership skills, also attended workshops on contemporary issues facing adolescents today (i.e.; drug and alcohol use/abuse, peer pressure, self-esteem, teen pregnancy and HIV/AIDS, etc.). Peer Educators developed monthly presentations from the trainings they attended. Presentations were open to the community as well as targeting "high risk" adolescent populations.
- ❖ Conducted three cycles of Elementary School Support Groups addressing the following topics: Changing Families, Anger Management and Socialization.

## **Alternative Activities**

- ❖ 11 community groups received funding and technical assistance to support post prom activities that specifically excluded the use of alcohol, tobacco and other drugs. Over 3,500 high school students attended and participated in these events.
- ❖ 12 ATOD Mini Grant Awards supported community based efforts to provide youth with a variety of social and recreational activities that specifically excluded the use of ATOD's while promoting pro-social behaviors. Activities included dances, trips, intergenerational social activities, community service opportunities, art mural, drill team, teen clubs, etc. Mini grant recipients included community coalitions, schools, faith-based organizations, YMCAs and YWCAs.

## **Problem Identification and Referral**

- ❖ Supported monthly meetings of school district personnel and other professionals involved in the Student Assistance Program (SAP). Meetings provided a venue for information sharing, problem solving and in-service trainings designed to support and strengthen the County's 35 SAP Teams.
- ❖ A total of 40 SAP professionals and interested individuals attended a daylong workshop on pharmacology.

## **Community Based Process**

- ❖ The Communities That Care (CTC) initiative, a "framework" for developing a comprehensive, research-based ATOD prevention plan for designated geographic areas was supported by the Department via technical assistance and financial resources. The following areas (defined by school district boundaries): Phoenixville, West Chester, Great Valley, Downingtown, Kennett and Octorara have successfully written and received grant awards from the Pennsylvania Commission on Crime and Delinquency (PCCD). Grant awards, administered by the Department, support the development and implementation of ATOD prevention plans that are based on community specific risk and resource assessments. Prevention programming supported by these grants target identified risk factors, utilize scientifically sound prevention strategies and contain an evaluation component. Sites, identified above, are at varying stages in the CTC process.
- ❖ Provided resources and technical assistance to a total of 22 community coalitions in a concentrated effort to enhance the ability of these coalitions to more effectively provide ATOD prevention activities within their communities. Services included information dissemination, team building exercises, community mobilization techniques, networking opportunities and training.
- ❖ Via a competitive selection process, 18 community organizations/coalitions were awarded ATOD prevention mini grants. The mini grant awards enabled these organizations to implement or enhance ATOD prevention activities in their communities. Award recipients, activities/programs and target populations varied. Mini grant award amounts ranged from \$500 to \$4,000. A total of \$45,000 was distributed. Activities included:
  - Peer Leadership Programs
  - Peer Mediation Training
  - Tobacco Use Prevention Activities
  - ATOD Prevention Assemblies/Motivational Speakers
  - Parenting Classes
  - After School Programs
  - Recognition Activities
  - Students Against Destructive Decisions (SADD) Conference
  - Alternative Activities
  - Puppet Shows

- ❖ Supported the Chester County Tobacco Free Youth Coalition (CCTFYC) in its mission to address tobacco use and addiction among our youth. Provided resources to the Coalition which supported/funded the following initiatives:

- CCTFYC web site
- Tobacco Retailer/Merchant Education Campaigns
- 100% Smoke Free Dining Initiative
- Tobacco Territory Teacher Resource Kits
- Parent/Student Work Permit Flyers
- Media Campaign: Information Dissemination  
Health Fairs/Health Promotion  
Resource Directory  
Speaking Engagements

## **Environmental**

- ❖ Collaborative efforts with the state and local health departments to reduce tobacco sales to minors. Activities included: tobacco compliance checks, recruitment/engagement of law enforcement personnel for countywide tobacco coalition, technical assistance to local law enforcement agencies for tobacco compliance checks and tobacco retailer education campaigns.

## **INTERVENTION**

### **Student Assistance Program**

- ❖ A total of 1,279 secondary school students, grades 6 through 12, were referred to the Student Assistance Program (SAP). Of these, 240 students were referred to an ATOD Intervention Group; 94% of these students successfully completed this service. A total of 127 students, assessed as needing a higher level of service, were referred to either outpatient or residential drug and alcohol treatment. The majority of these students, 71%, were actively engaged in the recommended level of care.

### **Treatment Accountability for Safer Communities**

- ❖ A total of 825 individuals, involved in the criminal justice system, were assessed/evaluated for substance abuse treatment needs and eligibility for the Treatment Accountability for Safer Communities (TASC) program. Of these, 304 (37%) became active clients and received the full array of TASC services, ranging from case management to urinalysis monitoring. 218 clients were discharged throughout the year, with 131 (60%) successfully completing all TASC requirements.
- ❖ The Intermediate Punishment Program (IPP) completed a total of 283 assessments on multiple Driving Under the Influence (DUI) offenders; 280 (99%) of those assessed were accepted into the IPP program and referred for addiction treatment.

# Services Provided

## INTERVENTION

### SAP:

The SAP program continued to assess, refer to addiction treatment and other services, and monitors students from middle, junior, and high schools throughout Chester County. Following are statistics showing assessments and drug and alcohol referrals for FY 95/96 – 2000/01.

FISCAL YEAR	# SEEN FOR ANY REASON	# AND % REFERRED RESIDENTIAL TREATMENT		# AND % REFERRED OUTPATIENT TREATMENT	
95/96	683	24	4%	104	15%
96/97	1,107	18	2%	132	12%
97/98	821	25	3%	97	12%
98/99	661	13	2%	77	12%
99/00	1,281	16	1%	76	6%
00/01	1,279	17	1%	127	10%

### TASC:

The TASC program continued to evaluate, refer to addiction treatment, monitor and case manage criminal justice clients. Following are statistics showing activity for FY 95/96 – 2000/01.

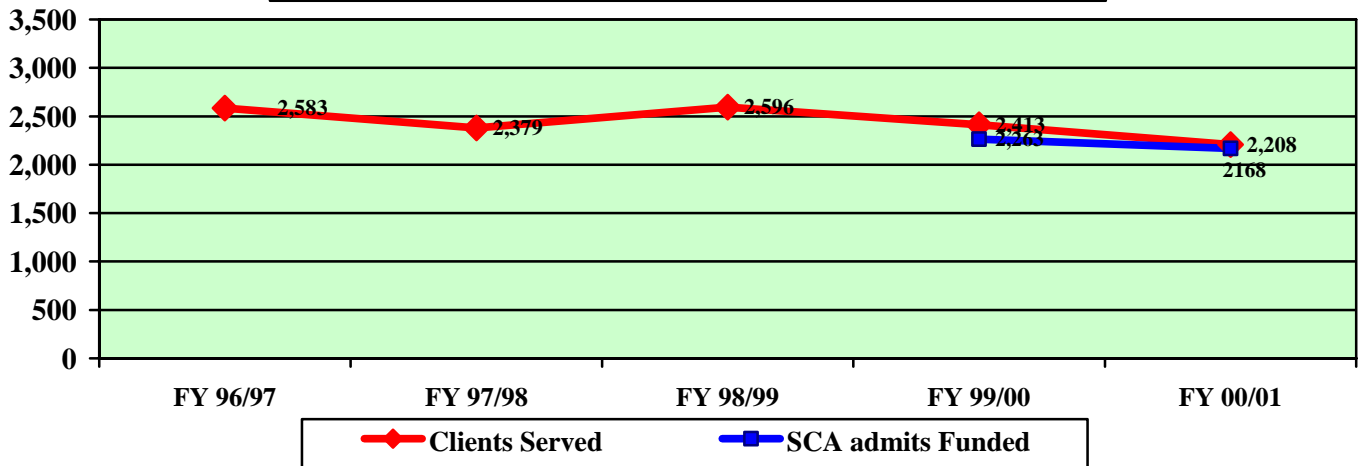
FISCAL YEAR	# EVALUATED	# REFERRED TO TREATMENT	# AND % SUCCESSFUL	
95/96	396	210	83	40%
96/97	375	201	90	42%
97/98	401	220	101	45%
98/99	499	314	85	44%
99/00	421	257	88	49%
00/01	739*	218	131	60%

\* Increase attributed to change in intake procedures.

# Treatment

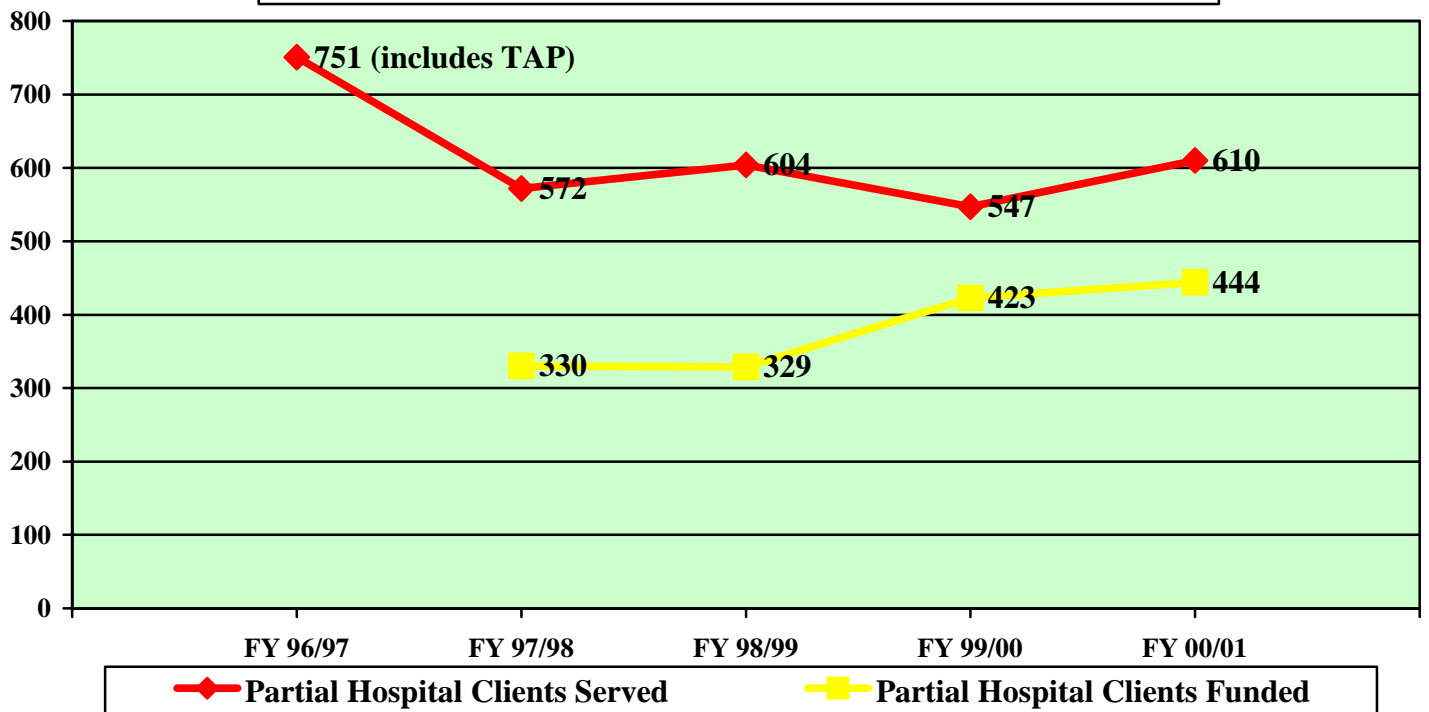
**Outpatient:** 2,208 clients were served in the county contracted outpatient system of care during Fiscal Year 2000/01. This was 205 less than in the previous fiscal year. Of those admitted, 2,168 or 98% were funded to some degree by the SCA. See chart below for five-year trend data.

Outpatient Clients Served FY 96/97 - 00/01 (Unduplicated)



**Partial Hospitalization:** 610 clients were served in the county contracted partial system of care during Fiscal Year 2000/01. This was 63 more than in the previous fiscal year. 444 or 73% of admits were funded to some degree by the SCA. See chart below for five-year trend data.

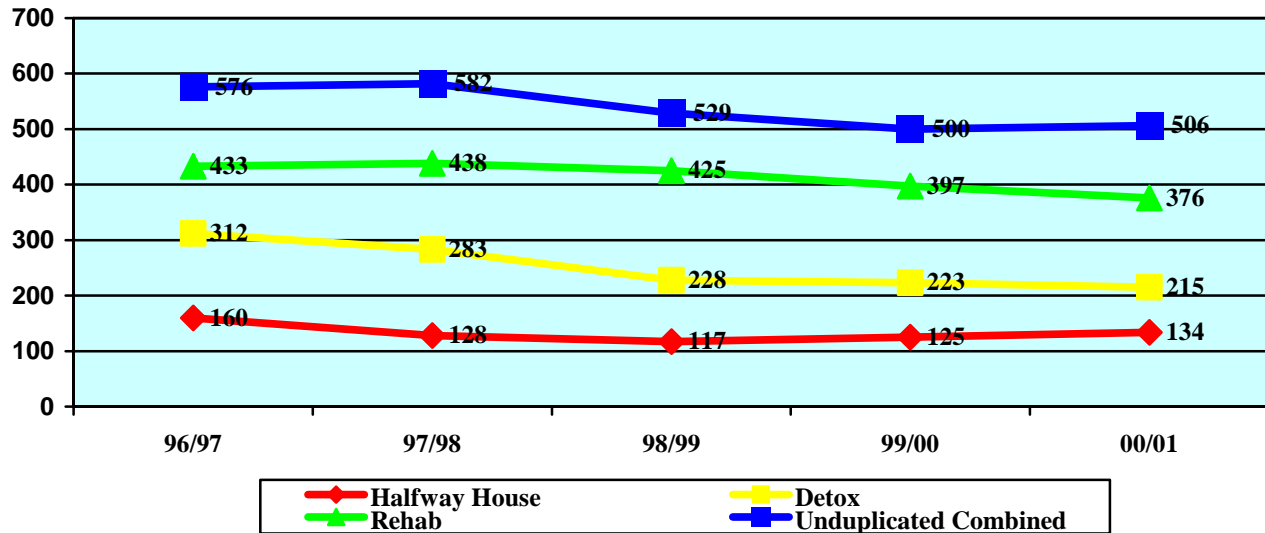
Partial Hospital Clients Served FY 96/97 - 00/01 (Unduplicated)



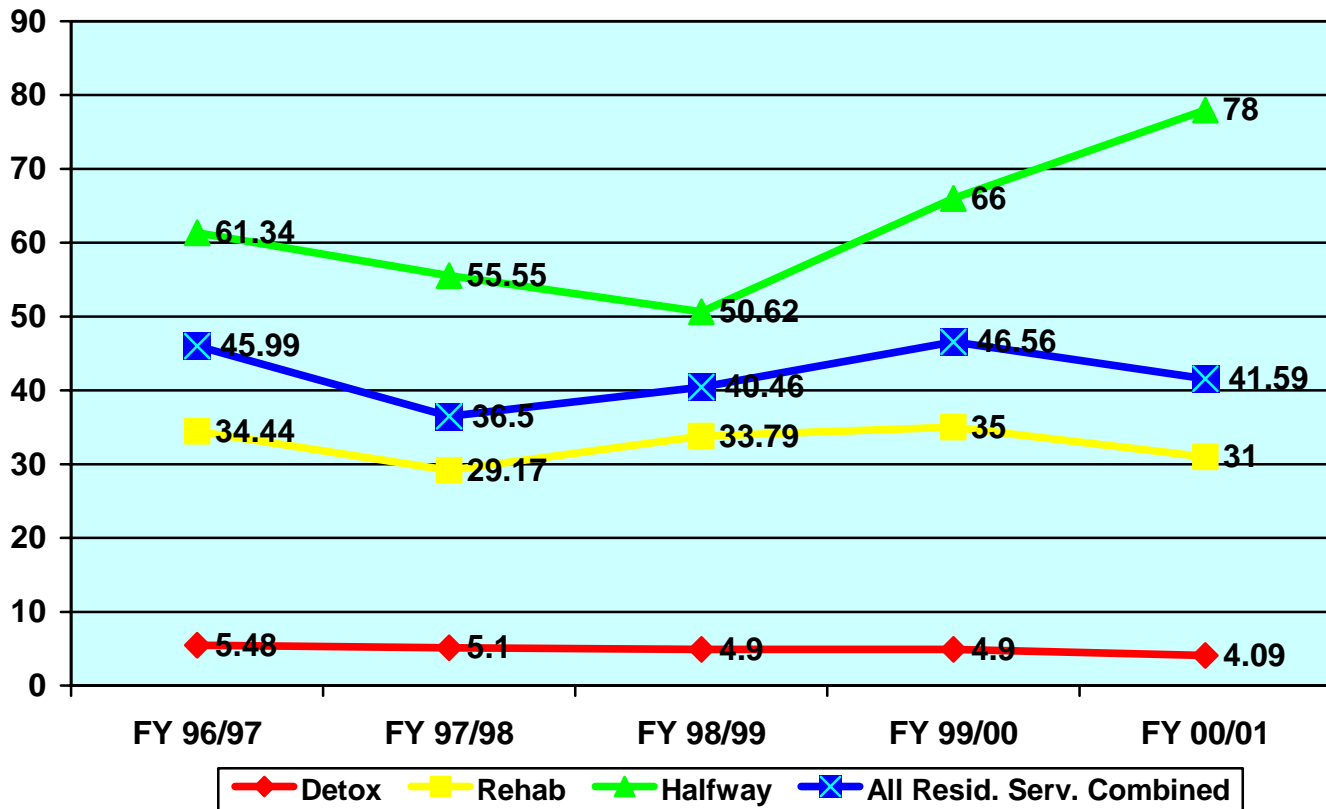
## Residential:

A total of 506 unduplicated citizens participated in SCA funded residential treatment services during Fiscal Year 2000/01. While there have been small changes in detox and rehab average lengths of stay, halfway house has shown a considerable increase.

### Residential Services Over Time



### Average Length of Stay - Residential Services



## Special Populations and Services

### HIV Testing & Counseling:

HIV prevention counseling/testing continued at the six existing drug and alcohol outpatient clinics sites (Northwestern Human Services Phoenixville, Kennett Square, and West Chester; Riverside Care and Community Youth and Women's Alliance (both in Coatesville); and Advanced Treatment Systems in Thorndale. The number of clients receiving prevention counseling and testing services is as follows:

FISCAL YEAR	# PRE-TEST COUNSELED	# TESTED	# AND % TESTING POSITIVE	
95/96	232	136	1	1%
96/97	154	86	1	1%
97/98	70	41	0	--
98/99	65	51	1	2%
99/00	100	99	0	--
00/01	148	140	2	1%

### Injection Drug Users (IDUs):

A change in the way statistics were collected prevents a comparison of straight numbers to the prior fiscal year.

FISCAL YEAR	TOTAL CLIENTS ADMITTED	NUMBER OF IDUS ADMITTED	% OF CLIENTS ADMITTED
95/96	2,959	183	6%
96/97	3,137	206	7%
97/98	2,890	245	8%
98/99	3,079	211	7%
	Clients Served*	IDUs Served	% of Clients Served
99/00	3,460	163	5%
00/01	3,487	192	6%

\*Prior year numbers included only those admitted during the fiscal year. Due to a change in data management, we are now reflecting all clients served which includes clients admitted to treatment during the fiscal year plus those carried over from the preceding year.

### **Pregnant Women/Women with Children:**

Overall the number of women served in treatment in FY 2000/01 decreased slightly from the prior fiscal year. The number of women served who were pregnant or parenting decreased significantly. (See the following chart):

FISCAL YEAR	TOTAL ADMITS	WOMEN ADMITTED TO TREATMENT		PREGNANT WOMEN OR WOMEN WITH CHILDREN ADMITTED TO TREATMENT	
		#	%	#	%
95/96	2,959	753	25%	312	41%
96/97	3,137	855	27%	316	37%
97/98	2,890	755	26%	341	45%
98/99	3,079	801	26%	237	30%
	Total Served*	Women Served	% of those served	Pregnant, Parenting Served	% Served
99/00	3,460	898	26%	275	31%
00/01	3,487	851	24%	113	13%

\*Prior year numbers included only those admitted during the fiscal year. Due to a change in data management, we are now reflecting all clients served which includes clients admitted to treatment during the fiscal year plus those carried over from the preceding year.

### **Rental Assistance/Life Skills:**

The Life Skills/Rental Assistance program continued in operation by the Coatesville CYWA and provided services to homeless substance abusers located throughout the county. There were 58 families/individuals served; sixteen of these received rental assistance. The average amount of assistance was \$573.00.

# SERVICES DESIGNED SPECIFICALLY FOR TARGETED POPULATIONS

## **Latinos:**

One outpatient subcontractor (NHS Kennett Square) provides bilingual, bicultural treatment services for Latino clients. This also includes outreach into the Latino community to encourage entry into treatment. Additionally, the TASC program and the Department's Case Management Unit both have bilingual, bicultural case managers. Residential services for Latinos were available through contracts with Roxbury, Nuestra Clinica, and CURA in Newark, New Jersey.

## **Women with Children/Pregnant Women:**

Two residential treatment programs for pregnant women/women with children are located in Chester County. Samara House, a program of the Coatesville CYWA, and Kindred House, a Gaudenzia program, both provide specialized treatment services for pregnant women and women with children. In addition to the treatment services for the women, on-site prevention programming occurs for the children. Chester County also contracted with 4 additional agencies located outside of the County for residential treatment for pregnant women and women with children.

All subcontractors give intake priority to pregnant women. Outreach targeting pregnant women/women with children is required of all ambulatory care subcontractors.

## **Children and Adolescents:**

All outpatient providers serve children and adolescents on site. NHS Kennett Square, CAD, and NHS Phoenixville also provide treatment at the public schools in their geographic areas.

NHS West Chester assesses and treats juvenile offenders at the Detention Center in Lima.

There are also various subcontracted agencies for residential treatment, which exclusively serve adolescents. These programs include short-term, long-term and halfway house services.

## **Elderly:**

Center for Addictive Diseases, a subcontracting agency, operates an outpatient group therapy program specifically for the elderly person experiencing problems with alcohol and/or drugs.

### **Criminal Offenders:**

The SCA continues to be involved in the Chester County Drug Court both as a member of the management team and through contracts for treatment services. These include treatment representation in Court by NHS of West Chester and Riverside Care.

NHS of West Chester provides ongoing group and individual counseling to male and female prison inmates at the County Prison. In collaboration with the prison, the SCA also participated in the monitoring of a non-D/A contracted service provider, CiviGenics, at the Correctional Center (Work Release) treatment program.

The TASC program is the Department's central point of assessment, referral, and case management for the addicted offender. The SCA continued to work with the Adult Probation Department to insure that both TASC and treatment services were provided to Criminal Justice clients, including Intermediate Punishment sentenced offenders.

### **Homeless:**

The Rental Assistance/Life Skills Program provides these services to homeless or near homeless persons who are involved in addiction treatment.

### **Injection Drug Users:**

All treatment providers give intake priority to injection drug users. In the event of a waiting list, a plan is in place to insure that interim services are provided to the addict.

### **Mentally Ill:**

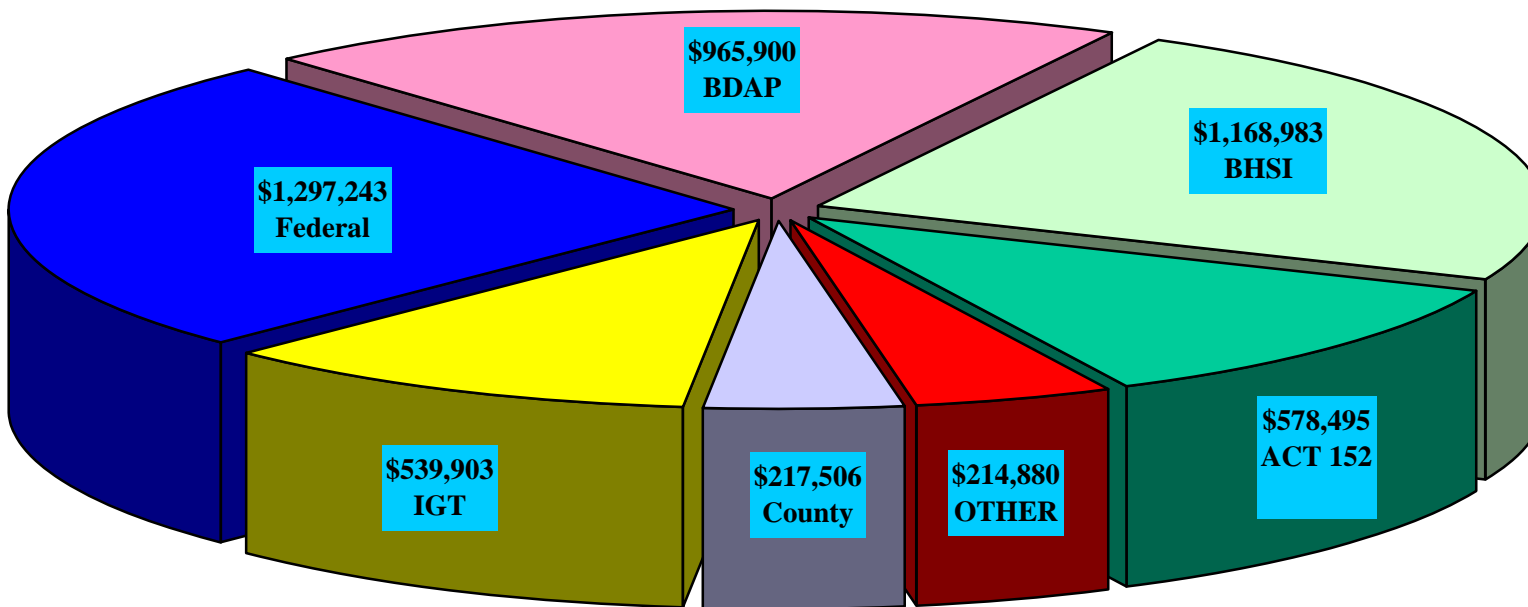
NHS provides supportive group therapy on an open ended "drop-in" type basis to client's diagnosed with both drug/alcohol dependence and mental illness. This service is available in West Chester. Additionally, contracts for short-term inpatient non-hospital treatment are in place for mentally ill substance abusers (MISA).

## FISCAL INFORMATION

Total Revenue for the Chester County Department of Drug and Alcohol Services for FY 2000/01 was \$ 4,982,910.00. Revenue Sources Included State Funds (Base, Intergovernmental Transfer, and Behavioral Health Special Initiative), Federal Funds (Block Grant), DUI Fines, Interest Income, HSDF, Children, Youth and Families Funding, ACT 152 Administrative Carry-over, Federal Drug Court Funding, and Funding From the Pennsylvania Commission on Crime and Delinquency.

A Chart showing the breakdown of these funding sources can be found below.

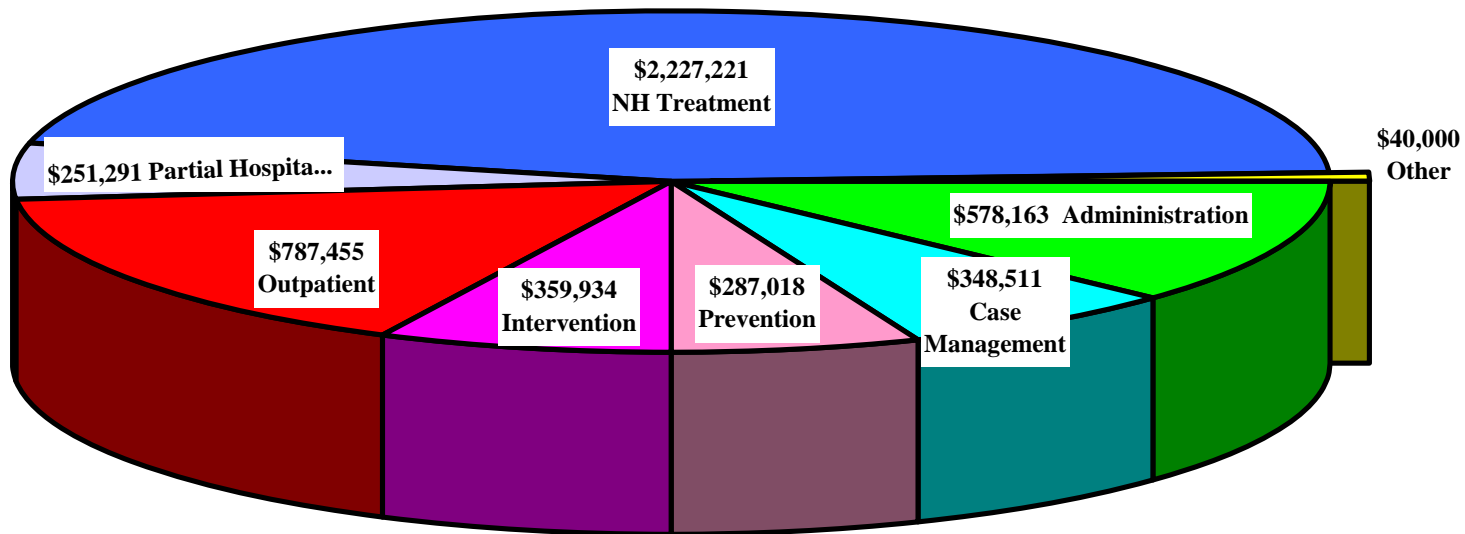
### Total Revenue FY 00/01 - \$4,982,910



County \$217,506	IGT \$539,903	Federal \$1,297,243	BDAP \$965,900
BHSI \$1,168,983	ACT 152 \$578,495	OTHER \$214,880	

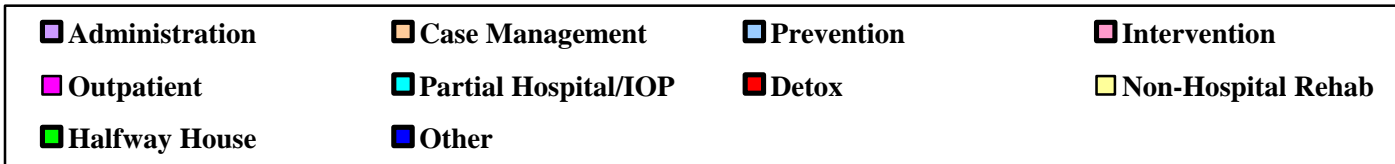
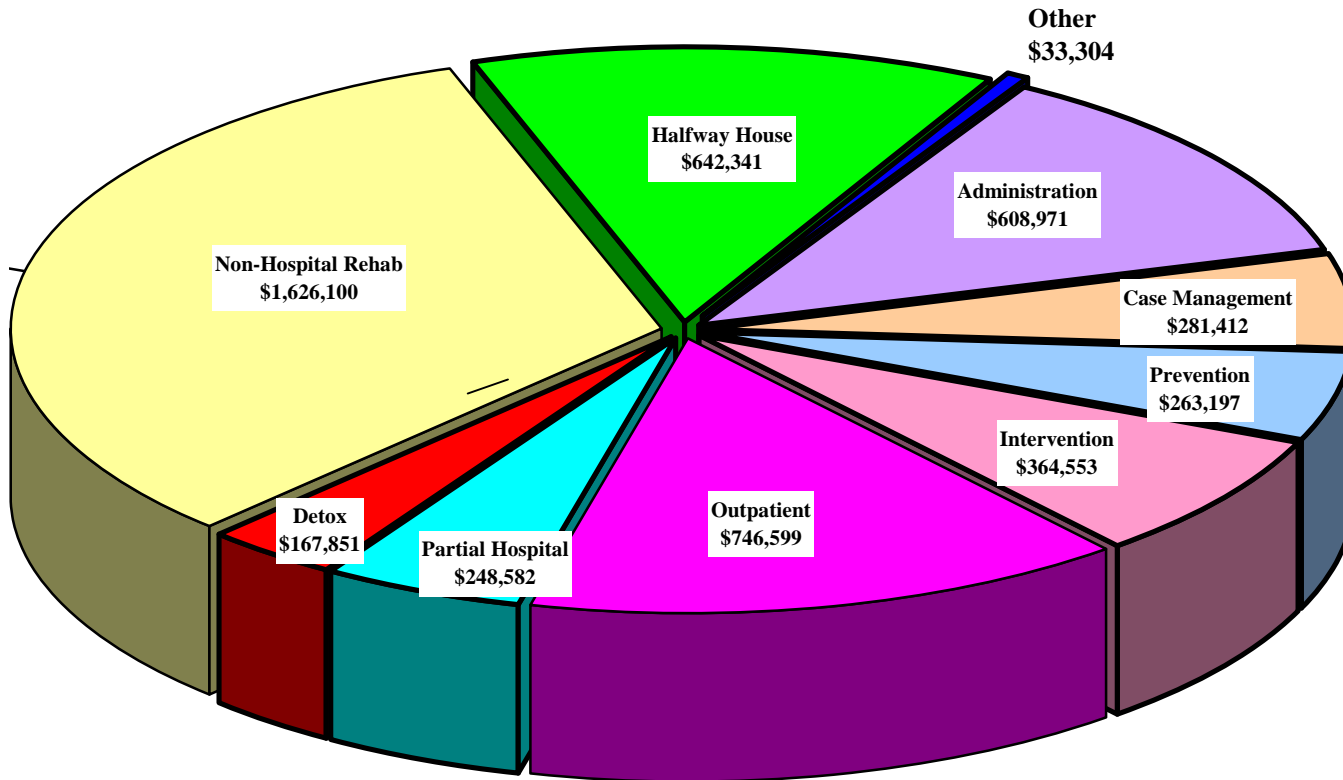
# Budgeted Cost of Service Fiscal Year 2000/2001

## \$4,879,593



■ Administration \$578,163	■ Case Management \$348,511	■ Prevention \$287,018
■ Intervention \$359,934	■ Outpatient \$787,455	■ Partial Hospital/IOP \$251,291
■ NH Treatment \$2,227,221	■ Other \$40,000	

**Actual Cost of Services Fiscal Year 2000/2001 \$4,982,910**



# DEMOGRAPHIC DATA FOR FUNDED CLIENTS

## **Treatment Client Profile:**

The typical client admitted to outpatient treatment in Fiscal Year 2000/01 was a Caucasian male who primarily abused or was addicted to alcohol. Forty-six percent of these clients fell between the ages of 18-34; another thirty-eight percent fell between the ages of 35 and 54.

The typical client admitted to partial hospitalization treatment was also a male Caucasian, with the largest group falling into 35 - 54 age range (50%). This client also primarily abused or was addicted to alcohol; however, a higher percentage of partial clients (26%) were using cocaine, crack, and/or heroin than outpatient clients (20%). The percentage of African Americans was 28% for partial compared to 24% for outpatient.

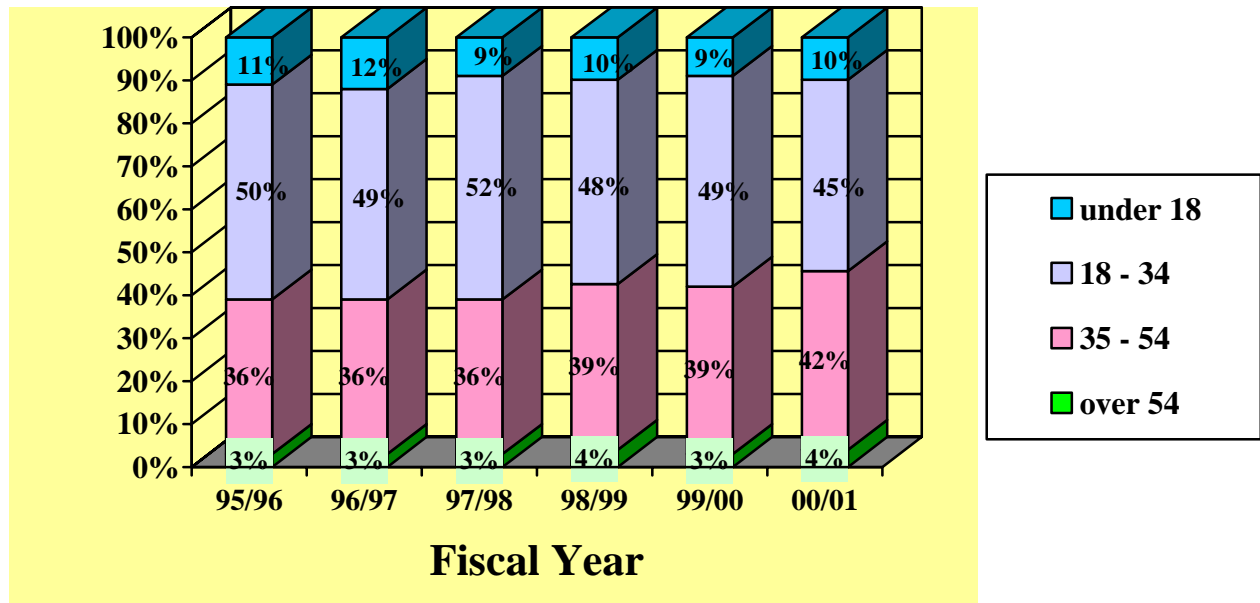
The typical client admitted to county-funded residential treatment was again a male Caucasian; African Americans and Latinos as a combined percentage represented 38% of residential clients. A smaller proportion of residential clients primarily used alcohol and a higher proportion (49%) primarily abused cocaine, crack, and heroin when compared to partial. Residential clients also tended to fall more heavily into the 35 to 54 age range (50%).

## **CHARTS:**

The charts on the following pages illustrate the overall demographic nature of the clients treated in county funded programs, as well as the primary sources of client referral. The data includes all clients served at funded outpatient/IOP and partial hospitalization treatment providers regardless of funding source, and only clients funded at residential treatment providers (i.e. detoxification, rehab, and halfway house).

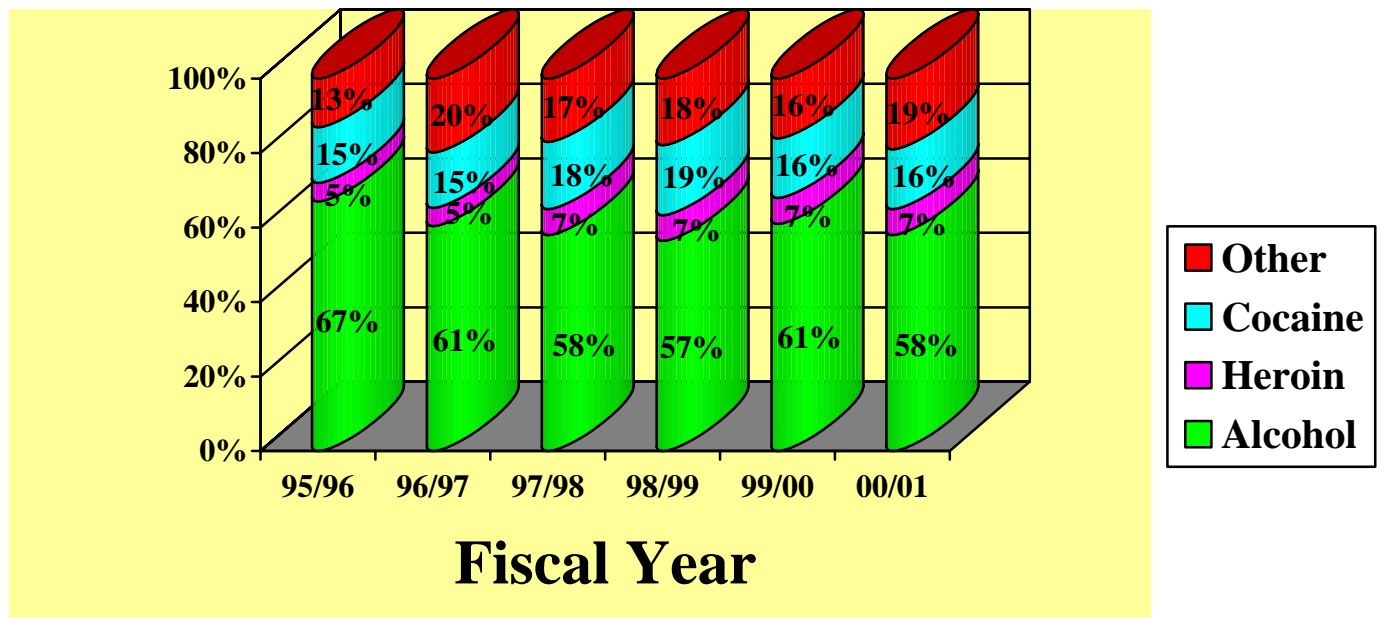
"Clients Served" includes all clients active in treatment at the beginning of the fiscal year, as well as those admitted during the subsequent twelve months to county funded facilities. The client count is unduplicated within each activity (i.e., outpatient, residential).

## Age Over Time - Fiscal Years 95/96 - 00/01



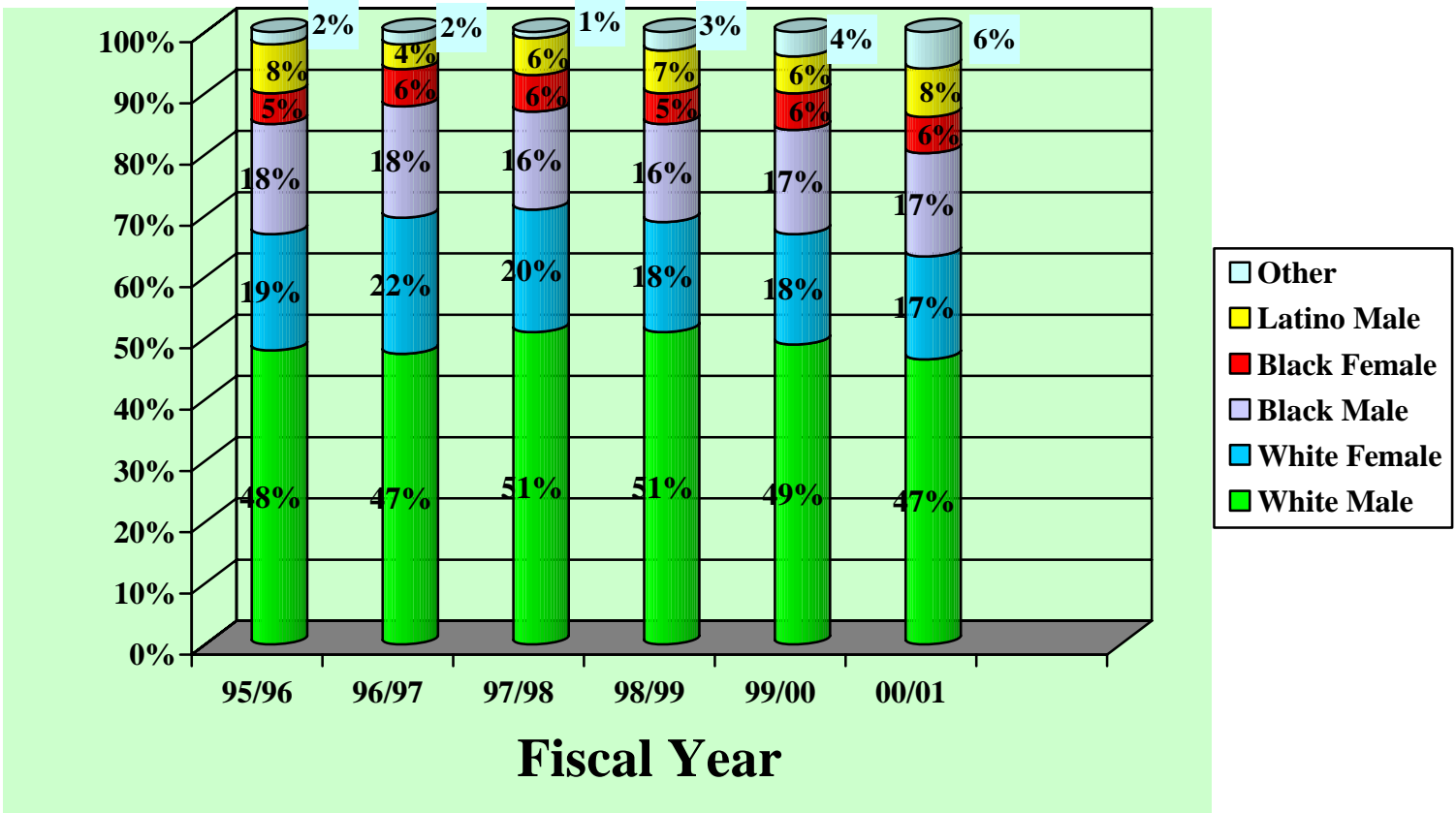
The age grouping of clients has remained stable.

## Primary Drug at Admission FY 95/96 - 00/01



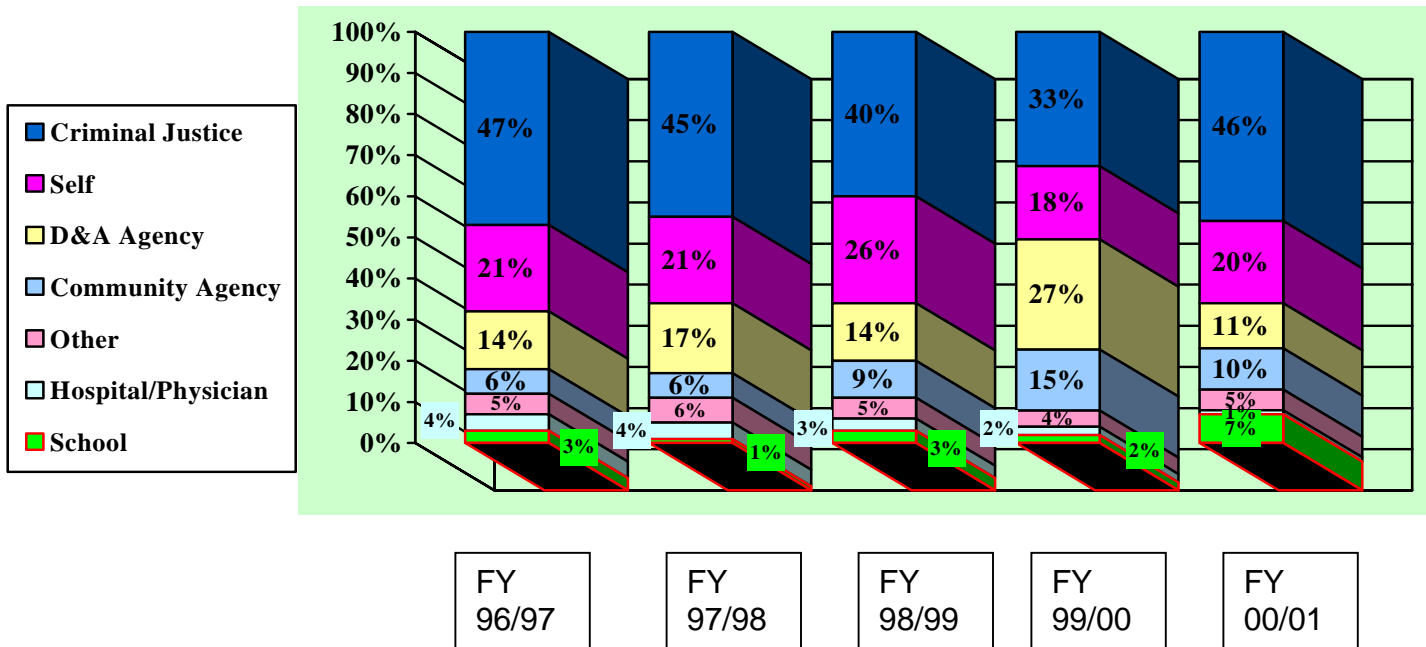
Alcohol remains the most frequent primary drug of abuse.

## Gender and Race/Ethnicity of Clients FY 95/96 - 00/01



Client demographics have remained stable.

## Referral Sources FY 96/97 - 00/01

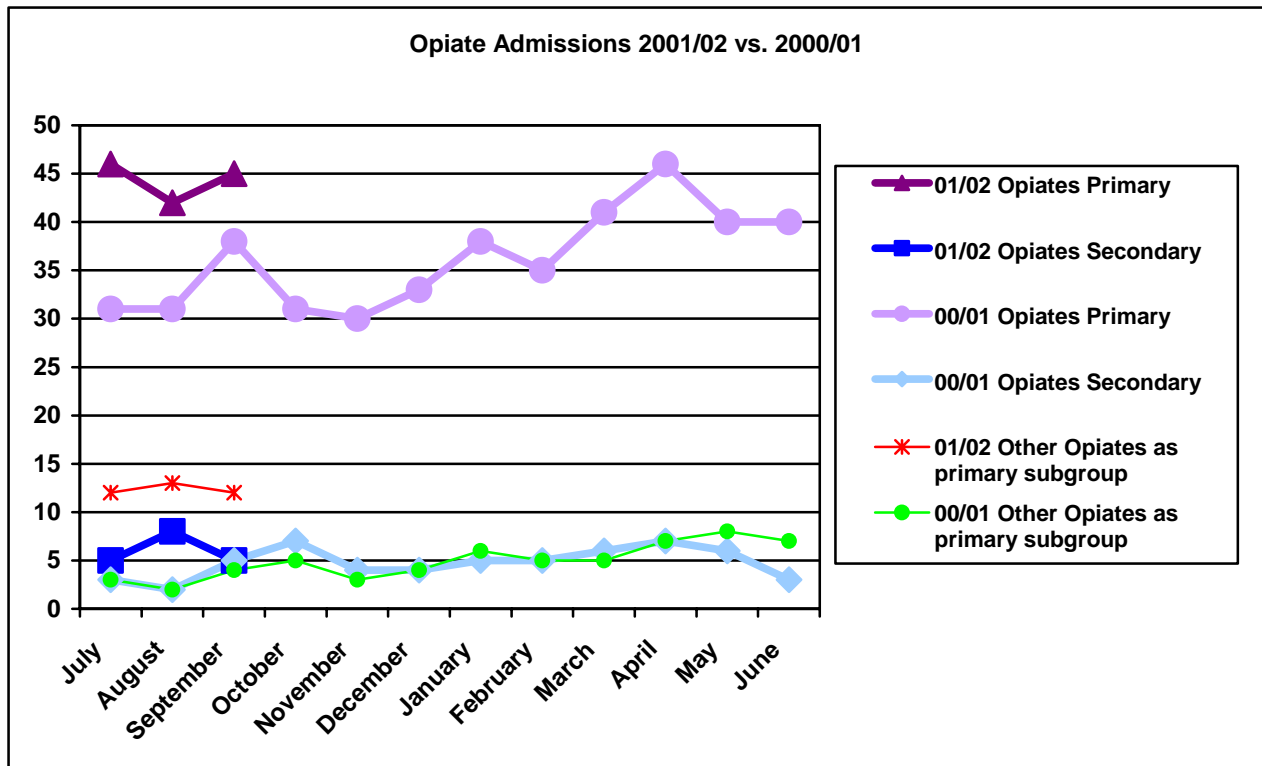


Criminal justice referrals increased and D/A agency referrals decreased since the prior fiscal year.

# EMERGING NEEDS

## Opiate Admissions

Opiate admissions by month gradually increased as fiscal year 00/01 continued. There has been significant growth in the “Other Opiates” as a primary drug; this category would include Oxycontin.



## Outpatient Services

We are concerned about the ongoing health of our outpatient system. They are experiencing productivity and financial difficulties. Workforce issues, as well as excessive administrative requirements are significant contributing factors. We have witnessed our outpatient/partial providers struggling both financially and with productivity.

### O.P/P.H. PERFORMANCE 7/1/2000 – 6/30/2001

Outpt. and Partial Providers	Yearly Budget	Yearly Actual Expenses	Yearly Actual Rev/Inc.	Rev/Inc Over/ (Under)	Yearly Budgeted OP/PH Units	Yearly Actual OP/PH Units	Units Over/ (Under)
<b>5 SITES COMBINED</b>	<b>\$1,822,584</b>	<b>\$2,027,947</b>	<b>\$1,796,950</b>	<b>(230,997)</b>	<b>23,132</b>	<b>19,778</b>	<b>(3,354)</b>

# CHESTER COUNTY COMMISSIONERS 2001

*Colin A. Hanna, Chairman*

*Karen L. Martynick*

*Andrew E. Dinniman*

These services are made possible by the Chester County Commissioners, Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs, and the United States Department of Health and Human Services. Some data for use in this report were obtained through the county's contract with the Pennsylvania Department of Health. The Pennsylvania Department of Health specifically disclaims responsibility for any analysis, interpretations, or conclusions therein.

*Mark Schweiker, Governor  
Commonwealth of Pennsylvania*

*Robert Zimmerman, Secretary  
Department of Health*

Subcontracting agencies also receive contributions from local United Way chapters, foundations, and private donations.