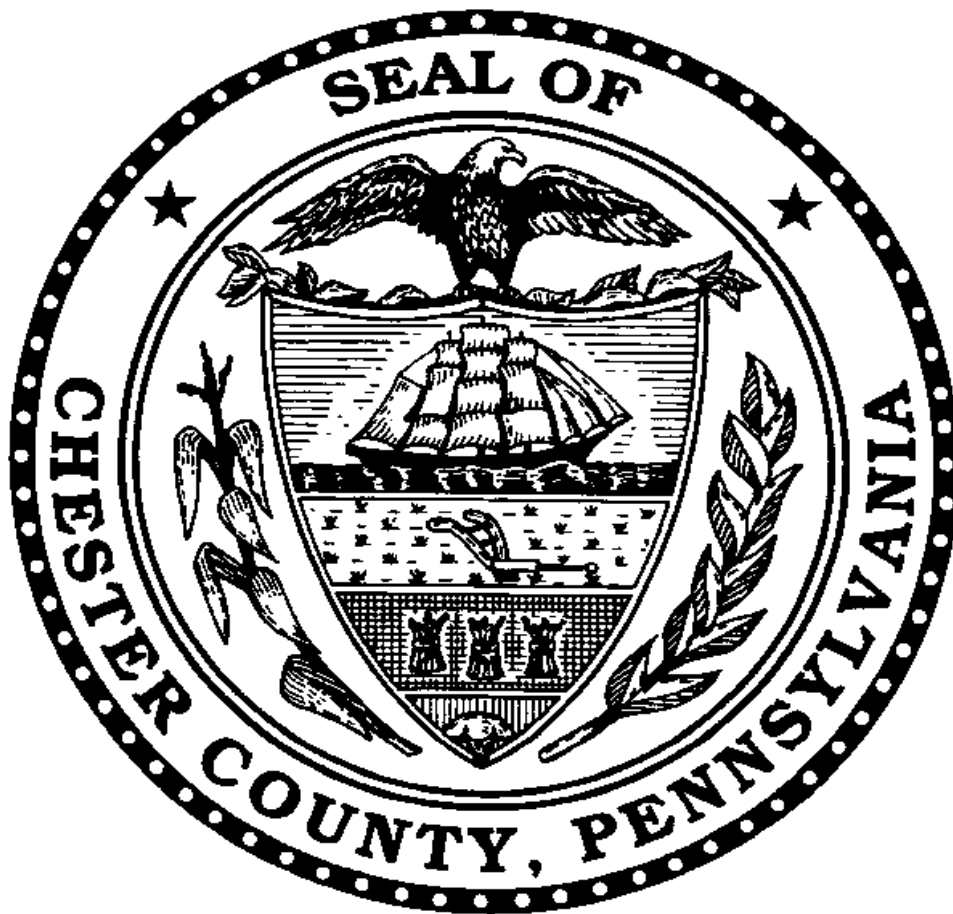


CHESTER COUNTY

DEPARTMENT OF DRUG AND ALCOHOL SERVICES



**ANNUAL REPORT
FY 2001/02**

Chester County Drug and Alcohol Advisory Board Fiscal Year 2001/02

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 L. Tucker
Ralph J. Burton
Joyce Lundquist
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Vince H. Brown, Deputy Director

Administrative Unit

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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
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Case Management Unit

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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 2001/02 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
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Two other subcontracted prevention providers 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 were:

Holcomb Behavioral Health Systems Exton, PA	(610) 363-1488
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The Lincoln Center Bridgeport, PA	(610) 277-3715
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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
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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. Spanish speaking persons can be seen by a bilingual case manager.

The subcontracting agency for the SAP and TASC programs in Fiscal Year 2001/02 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 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 2001/02, 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 2001/02 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 (ATS), Coatesville, 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 2001/02 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 2001/02 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 2001/02 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 2001/02 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 2001/02 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 prevent withdrawal associated with opiate dependence, is provided in conjunction with individual and group therapy. The subcontractor for this service in FY 2001/02 was:

Advanced Treatment Systems, Coatesville, 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 in FY 2001/02 was:

Coatesville CYWA, Coatesville, PA

(610) 384-9591

FISCAL YEAR 2001/02 ACCOMPLISHMENTS AND SIGNIFICANT EVENTS

ADMINISTRATION

- ❖ Conducted competitive selection process for providers for outpatient, partial, prison, and juvenile detention center treatment services for implementation in 2002/03.
- ❖ Worked in partnership with Corrections and Adult Probation/Parole to evaluate and modify prison-based treatment services.
- ❖ In addition to routine semi-annual monitoring, staff completed focused reviews at two treatment clinic sites. Focused reviews are part of a new initiative to provide a more in-depth review of a specific aspect of the service delivery system.
- ❖ Developed and implemented a uniform client financial liability determination process for outpatient and partial treatment services.
- ❖ Trained 205 persons in the following topics: Use of the PA Client Placement Criteria; Confidentiality Law; Creating Emotional Safety for Women in Treatment; Don't Be An Ostrich; Women and Addictions-Removing the Walls; Addictions and the Family System; Effective Strategies for Client Engagement; Relapse Prevention, and Case Management of Publicly Funded Clients.
- ❖ Continued partnership with Chester County Courts in the ongoing operation of Drug Court.
- ❖ Requested and received continuation funding for the Restrictive Intermediate Punishment (RIP) program.
- ❖ Participated in the management of the County HealthChoices program via the Behavioral Health Management Team and various work groups.
- ❖ Completed a comprehensive assessment of the Treatment Alternatives for Safer Communities (TASC) program, which included surveys of referral sources, and undertook planning process in partnership with provider to improve program effectiveness.
- ❖ 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; implemented draft state monitoring tool during the winter/summer monitoring cycles.

- ❖ The Chester County Department of Drug and Alcohol Services (CCDDAS) Quality Assurance provider survey process showed a 95% satisfaction rate with CCDDAS performance.
- ❖ Managed 17 revenue sources, 32 subcontractors, and 9 agreements encompassing over 97 programs to insure that a comprehensive prevention, intervention, and treatment system was available to county residents.
- ❖ Developed and processed 41 contracts/agreements and 15 contract amendments for prevention, intervention, and treatment services.
- ❖ Received and approved 31 provider audits after implementation of 26 corrective action plans.

CASE MANAGEMENT

- ❖ Managed a total of 501 unduplicated clients in residential treatment, including detox, rehab and halfway house.
- ❖ Provided Intensive Case Management (ICM) services to 79 Chester County residents.
- ❖ Case Management staff participated in a total of 251 training hours through training offered by the State, County and various other organizations. The training included such topics as Respectful Workplace, Preventing HIV Disease, Understanding Dual Diagnosis, Confidentiality, Relapse Prevention, and Pharmacology.
- ❖ Continued participation in the multi-disciplinary team meeting held by Chester County Assistance Office for the “Maximizing Participation Project” for Temporary Assistance for Needy Families (TANF) clients approaching the time limit on benefits.
- ❖ Participated in monthly meetings with County Correctional Center and Adult Probation/Parole staff regarding the operation of the Prison Recovery Program (PRP), a treatment program in the prison, modeled after therapeutic community treatment programs.
- ❖ Participated in the National Alcohol Screening Day by providing an Alcohol Problems Screening Questionnaire. Provided direction and guidance to treatment services, if appropriate. Also, provided literature and brochures.
- ❖ In September 2002, hosted local National Drug and Alcohol Awareness month by providing literature, brochures, and 12-step meeting list information to the public.
- ❖ Continued participation 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).

- ❖ Participated in a multi-disciplinary meeting for the homeless population to coordinate client services and identify client barriers. Participants included the Departments of Community Development (DCD), Safe Harbor shelter, Drug and Alcohol, Mental Health, Salvation Army shelter, Friends Association shelter.
- ❖ Participated in a multi-disciplinary work group to develop a training program for new County, Human Services employees on how to “Access Child-Serving Systems”; work group included Children, Youth & Families, Juvenile Home, Juvenile Detention, Drug and Alcohol, and Mental Health.
- ❖ Participated in a work group for Limited English Proficiency (LEP) whose goal was to increase availability of services for non-English speaking County residents. Work group participants included the Departments of Community Development, Maternal & Child Health Consortium, Children Youth & Families, Juvenile Detention, Human Services, Drug and Alcohol, Aging, and Mental Health.
- ❖ Participated in a work group regarding Deaf and Hard Hearing Clients to develop a list of Certified Interpreting/Translating services and identify and develop referral information, treatment services and other resources for County residents. Work group participants included the Departments of Community Development, Maternal & Child Health Consortium, Children Youth & Families, Juvenile detention, Human Services, Drug & Alcohol, Aging, and Mental Health.
- ❖ Participated in the “Weed & Seed” project coordinated by Coatesville Community Development to revitalize the targeted areas in Coatesville, resulting in safe, secure and stable neighborhoods.

TREATMENT

- ❖ Collaborated with the Juvenile Detention Center to significantly enhance drug and alcohol services at the Center via braided funding.
- ❖ Provided treatment-funding assistance for an UNDUPLICATED total of 2,641 Chester County residents.
- ❖ Participated in the Pennsylvania Clinical Standards Committee.
- ❖ The Center for Addictive Diseases, a longtime fixture in Paoli, completed the moving of its main office to Exton.
- ❖ Treatment providers continued to submit client outcome information gathered at the point of discharge, and at six and twelve months after discharge for use in ongoing quality assurance.
- ❖ Maintained minimum credentialing standards for therapists providing level of care assessments.

- ❖ 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.
- ❖ Participated in Countywide work group to develop a joint treatment model for MISA (mentally ill, substance abusing) clients.
- ❖ Added a Pennsylvania rehab specifically for Spanish speaking only clients to subcontracted provider list .
- ❖ A high percentage of outpatient/intensive outpatient/partial survey respondents expressed satisfaction with their experience: 96% 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.
- ❖ Demand for treatment outstripped resources resulting in the suspension of admissions to residential rehab from April through June.

PREVENTION

Information Dissemination

- ❖ Expanded toll-free telephone information line to 24 hours per day, seven days per week. Information line provided County residents with substance abuse prevention, intervention and treatment information. A total of 525 requests for information were handled.
- ❖ Approximately 33,000 pieces of alcohol, tobacco and other drug (ATOD) prevention literature were disseminated. Materials were designed to increase the general population's awareness of substance use/abuse issues and were distributed in varied settings.
- ❖ Participated in 57 health fairs and speaking engagements in the community, business and school settings; reaching approximately 5,619 individuals.
- ❖ Developed and distributed quarterly 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 1,500 individuals.
- ❖ Eleven issues of "The Guideline", a newsletter targeting professionals involved in the Student Assistance Program (SAP), were written and distributed to approximately 400 individuals per publication. The newsletter contains information pertinent to those professionals working with students.

Education

- ❖ Nine (9) trained teaching/professional staff and four (4) trained volunteer presenters delivered the Beginning Alcohol and Addictions Basic Education Studies (BABES) program to 1,177 children, ages 3 to 8, in twelve school or community settings.

Recruited and trained an additional six volunteers in the BABES curriculum and purchased four program kits. The BABES program uses puppets, songs and story telling to introduce children to decision making and coping skills.

- ❖ Recruited and trained thirteen 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, HIV/AIDS, etc.). Peer Educators developed programming based on the trainings they attended and conducted community-based presentations targeting both their peers and community members.
- ❖ Conducted nine (9) cycles of Elementary School Support Groups reaching 67 students. Topics included: Changing Families, Anger Management, Self-Esteem, Children of Addicts, and Socialization Skills.
- ❖ Mini grants supported four (4) community and school based parent education programs/activities took place. Programming included training of trainers for a Boy Scout drug prevention curriculum, Families and Schools Together (FAST), a school presentation, and parent education curriculum conducted by a faith based organization. Over 400 individuals were served.

Alternative Activities

- ❖ Eleven community groups received funding and technical assistance to support post prom activities that specifically excluded the use of alcohol, tobacco and other drugs. Over 3,300 high school students attended and participated in these events.
- ❖ Sixteen ATOD Prevention 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 intergenerational social activities, community service opportunities, art mural, dances, trips, 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 62 SAP professionals and interested individuals attended a daylong workshop entitled: "Current Trends in Adolescent Substance Use."
- ❖ Attended monthly school based meetings to assist with problem identification and referral of students and/or their families for whom substance abuse may be interfering with their ability to perform in the school, community or family settings.
- ❖ Educated various child-serving systems on issues relating to substance abuse and its' effects, as well as disseminating information regarding available prevention, intervention and treatment services in both the public and private settings.

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 in the following areas (defined by school district boundaries): Phoenixville, West Chester, Great Valley, Downingtown, Kennett, and Octorara. Each community has Alcohol, Tobacco, and Other Drug (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 15 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, 28 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 \$50,000 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
 - Resource Directory
 - Speaking Engagements

- ❖ Conducted a survey of over 21,000 students, in grades 6, 8, 10 and 12, representing twelve school districts and two Centers for Arts and Technology, regarding the students' use of, and perspective on, ATOD use in Chester County. Countywide report generated data and statistics on risk and protective factors, behavioral outcomes, as well as ATOD use.
- ❖ Awarded mini grants to four Students Against Destructive Decisions (SADD) groups to provide school-based ATOD prevention activities. Activities included awareness campaigns, alternative activities, literature dissemination, etc.

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 1,059 secondary school students, grades 6 through 12, were referred to the Student Assistance Program (SAP). Of these, 126 students were referred to an ATOD Intervention Group; 61% of these students successfully completed this service. A total of 119 students, assessed as needing a higher level of service, were referred to either outpatient or residential drug and alcohol treatment.

Treatment Accountability for Safer Communities

- ❖ A total of 690 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, 138 (20%) became active clients and received the full array of TASC services, ranging from case management to urinalysis monitoring.
- ❖ The Intermediate Punishment Program (IPP) conducted a total of 274 assessments on multiple Driving Under the Influence (DUI) offenders; 270 (99%) of those assessed were accepted into the IPP program and referred for addiction treatment.

Services Provided

INTERVENTION

Student Assistance Program (SAP)

The SAP program continued to assess, refer to addiction treatment and other services, and monitor students from middle, junior, and high schools throughout Chester County. Below is a chart that shows statistics in 5-year intervals since FY 1991/92.

FISCAL YEAR	# SEEN FOR ANY REASON	# AND % REFERRED RESIDENTIAL TREATMENT		# AND % REFERRED OUTPATIENT TREATMENT	
		#	%	#	%
91/92	707	19	3%	100	14%
96/97	1,107	18	2%	132	12%
01/02	1,059	13	1%	119	11%

Treatment Accountability for Safer Communities (TASC)

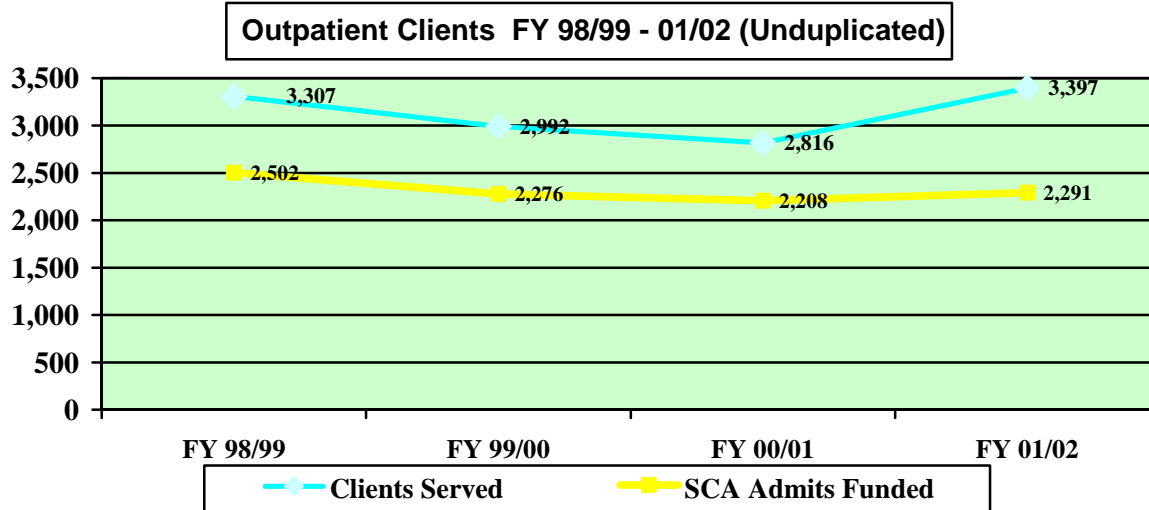
The TASC program continued to evaluate, refer to addiction treatment, monitor and case manage criminal justice clients. Below is a chart that shows statistics at 5 year intervals beginning in FY 1991/92.

FISCAL YEAR	# EVALUATED	# REFERRED TO TREATMENT	# AND % SUCCESSFUL	
91/92	291	149	76	52%
96/97	375	201	90	42%
01/02	690*	138	85	49%

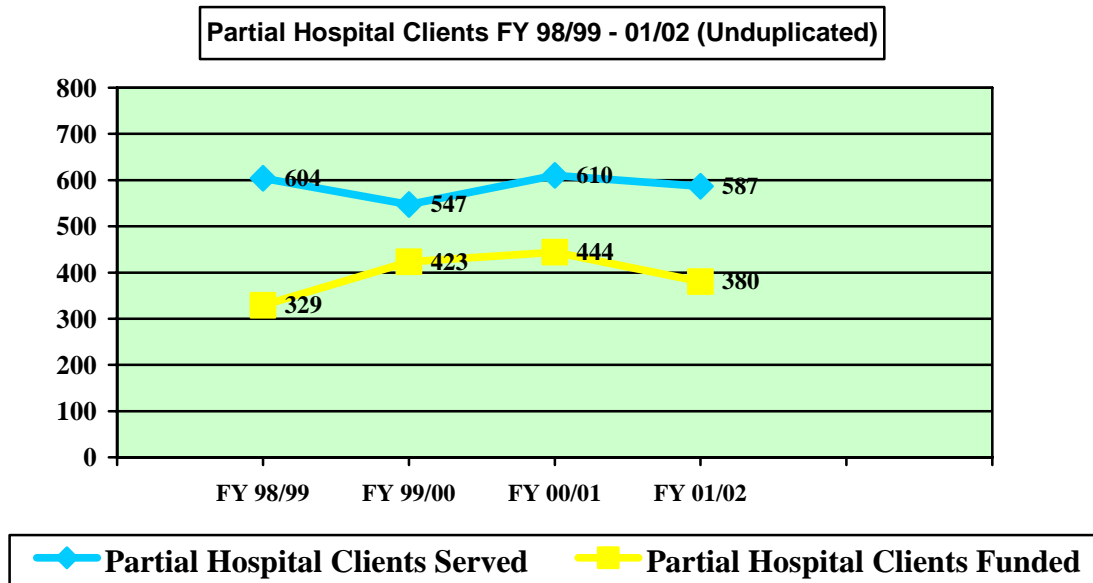
* Increase attributed to change in intake procedures.

Treatment

Outpatient: 3,397 clients were served in the county contracted outpatient system of care during Fiscal Year 2001/02. This was 581 more than in the previous fiscal year. Of those admitted, 2,291 or 67% were funded to some degree by the SCA. Private health insurance clients account for most of the increase in clients served over the previous fiscal year.



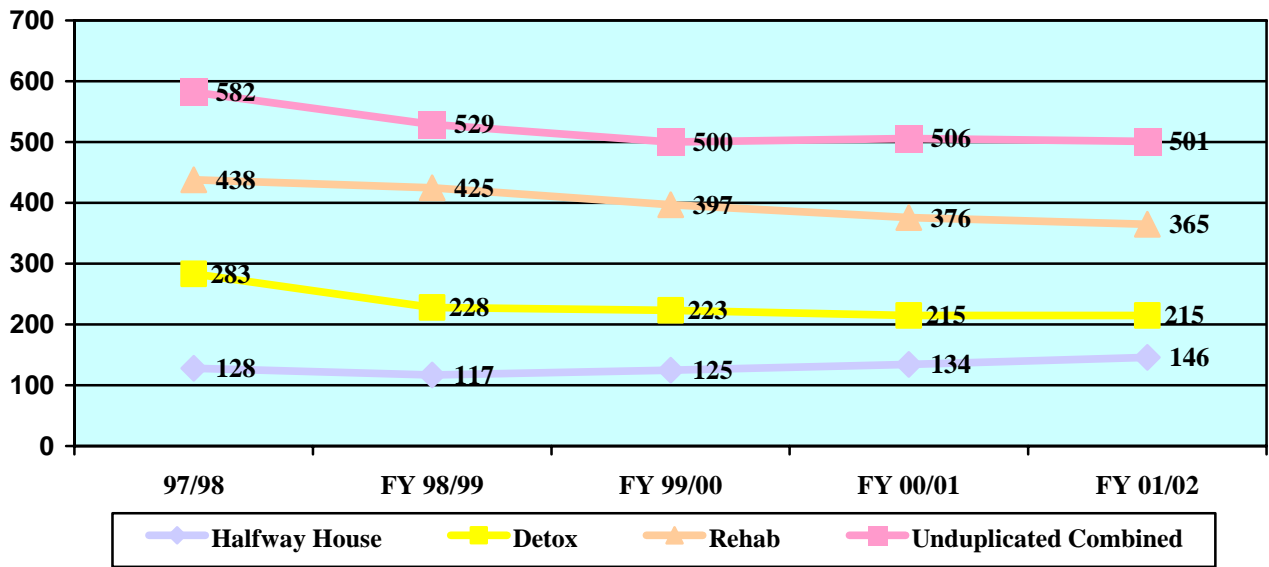
Partial Hospitalization: 587 clients were served in the county contracted partial system of care during Fiscal Year 2001/02. This was 23 less than in the previous fiscal year. 380 or 65% of admits were funded to some degree by the SCA.



Residential:

A total of 501 unduplicated citizens participated in SCA funded residential treatment services during Fiscal Year 2001/02.

Residential Services Over Time



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 chart below provides statistics for this program at 5-year intervals since FY 1991/92.

FISCAL YEAR	# PRE-TEST COUNSELED	# TESTED	# AND % TESTING POSITIVE	
91/92	272	132	4	3%
96/97	154	86	1	1%
00/02	131	119	0	0

Injection Drug Users (IDUs):

Injection Drug users as a percent of the Chester County client population have remained stable.

Fiscal Year	Clients Served	IDUs Served	% of Clients Served
99/00	3,460	163	5%
00/01	3,487	192	6%
00/02	3,380	190	6%

Pregnant Women/Women with Children:

Overall the number of women served in treatment in FY 2001/02 increased slightly from the prior fiscal year. The number of women served who were pregnant or parenting decreased significantly. (See the following chart):

	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%
01/02	3,384	885	26%	62	7%

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 53 families/individuals served; fifteen of these received rental assistance. The average amount of assistance was \$625.00.

SERVICES DESIGNED SPECIFICALLY FOR TARGETED POPULATIONS

Latinos:

One outpatient subcontractor (NHS Kennett Square) provides bilingual, bicultural treatment services for Latino clients and another (NHS Phoenixville) recently acquired this capability. 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 had bilingual, bicultural case managers. Residential services for Latinos were available through contracts with Nuestra Clinica in Pennsylvania 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/Oxford and NHS Phoenixville also provide treatment at public schools in their geographic areas.

NHS West Chester assessed and treated juvenile offenders at the Detention Center in Lima.

There are also various subcontracted agencies for residential treatment, which exclusively serve adolescents.

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 other 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. In FY 2001/02, this included treatment representation in Court by NHS of West Chester and Riverside Care.

During FY 2001/02, NHS of West Chester provided 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 treatment program located in the Correctional Center (Work Release).

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 operated by the Coatesville Community Women & Youth Center provided these services to homeless or near homeless persons 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:

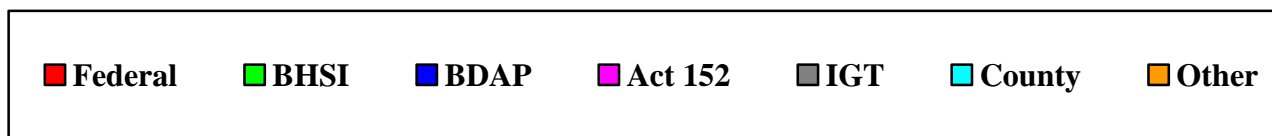
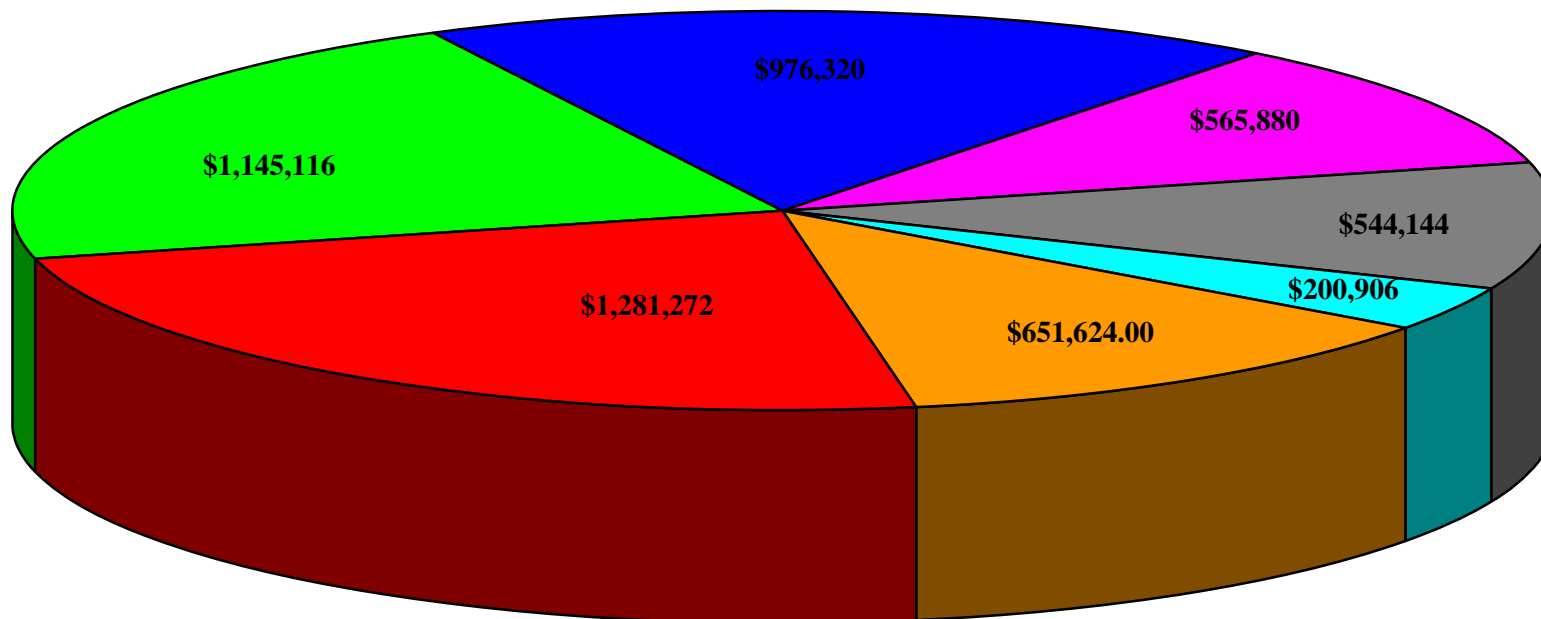
The SCA jointly funded with the County Mental Health Office supportive group therapy service, which operated on an open ended "drop-in" type basis to clients' diagnosed with both drug/alcohol dependence and mental illness. This service was co-facilitated by Northwestern Human Services Drug/Alcohol Division and Human Services, Inc. Additionally, contracts for short-term inpatient, non-hospital treatment are in place for mentally ill substance abusers (MISA).

FISCAL INFORMATION

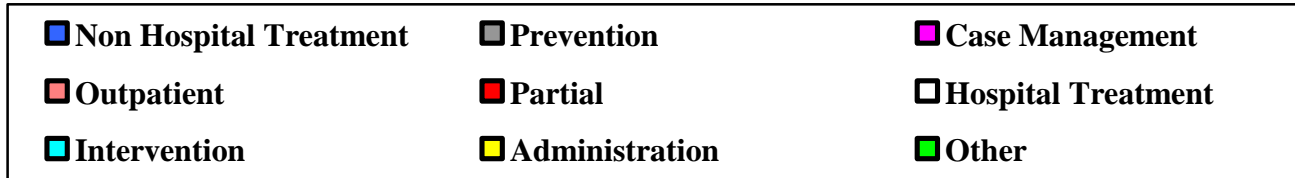
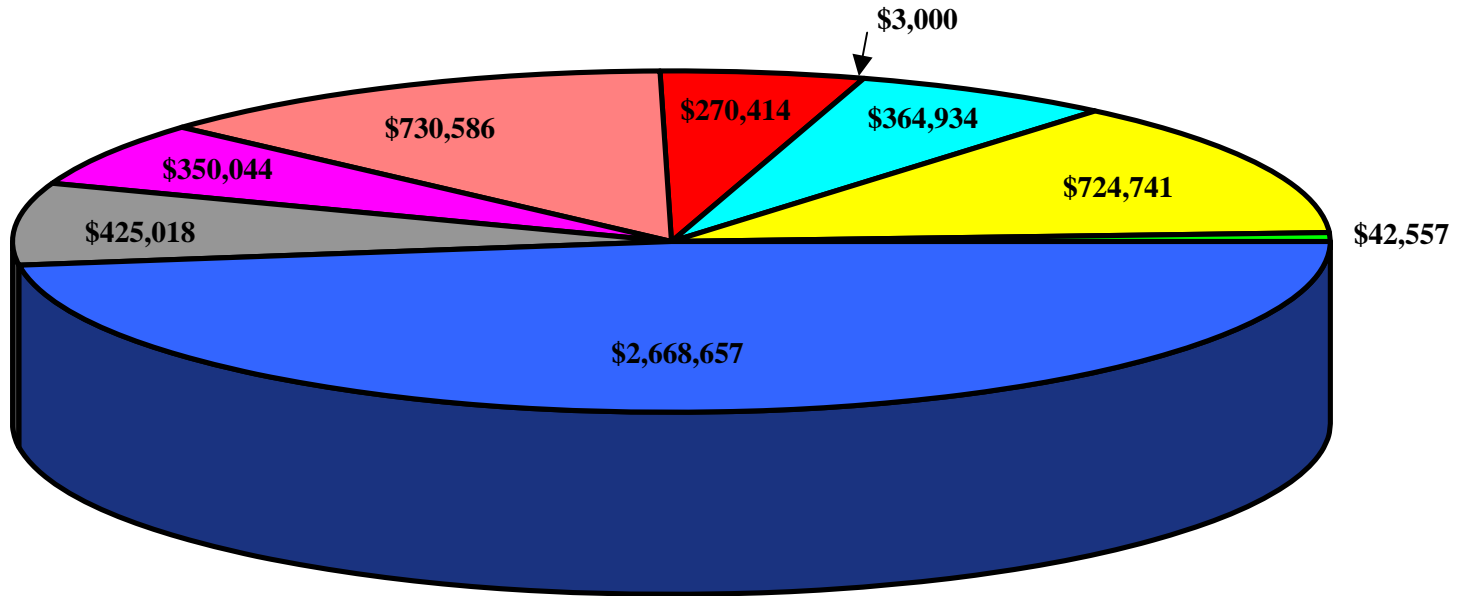
Total Revenue for the Chester County Department of Drug and Alcohol Services for FY 2001/02 was \$5,365,262 . Revenue Sources Included State Base, Intergovernmental Transfer (IGT), Act 152, and Behavioral Health Special Initiative (BHSI), Federal Block Grant, DUI Fines, Interest Income, Human Services Development Fund (HSDF), Children, Youth and Families Funding, 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.

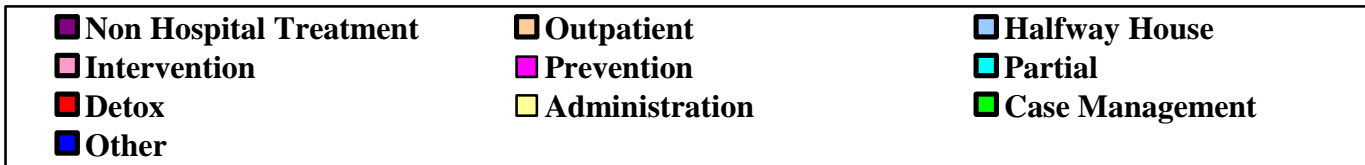
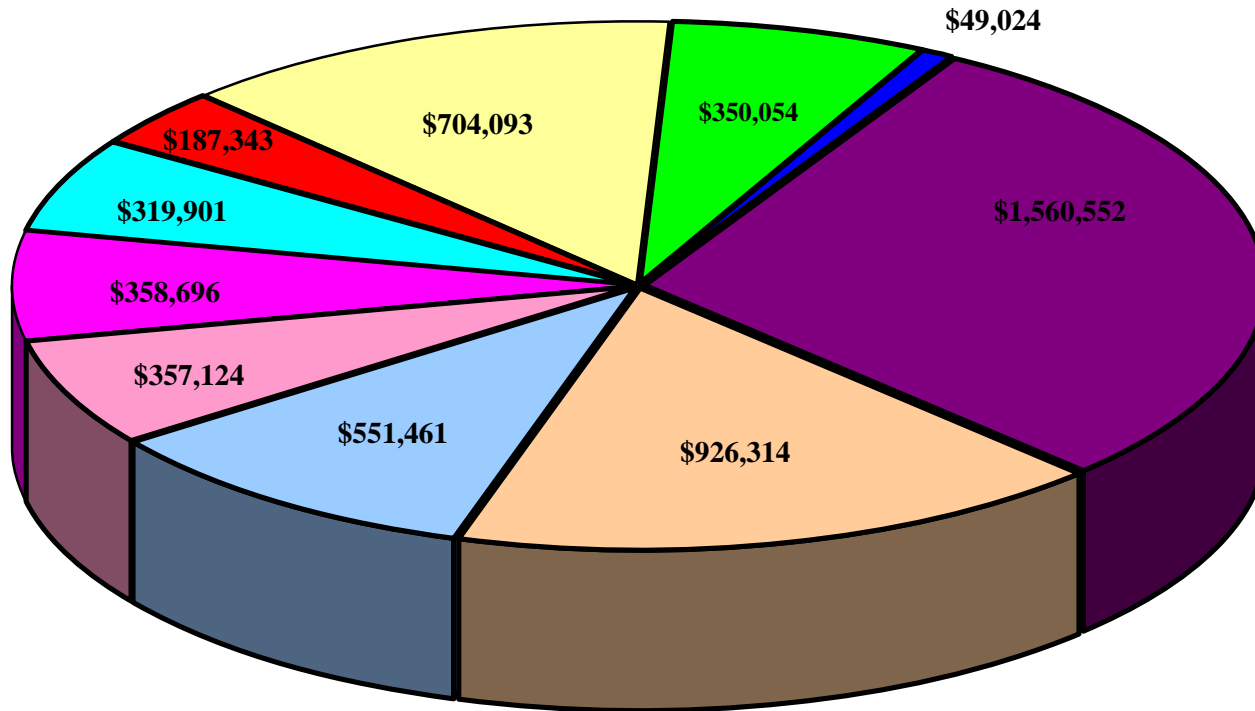
Total Revenue FY 01/02 - \$5,365,262



Budgeted Cost of Service Fiscal Year 2001/2002 \$5,579,951



Actual Cost of Services Fiscal Year 2001/2002
\$5,365,262



DEMOGRAPHIC DATA FOR FUNDED CLIENTS

Treatment Client Profile:

The typical client admitted to outpatient treatment in Fiscal Year 2001/02 was a Caucasian male who primarily abused or was addicted to alcohol. Forty-nine 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 the 35 - 54 age range (49%). While the primary substance used by the largest percentage of partial clients was alcohol, there was a greater percent of other drug use (cocaine, crack, heroin) for partial clients (32%) than for outpatient clients (19%). The percentage of African Americans served in partial was 34% compared to 18% served in outpatient.

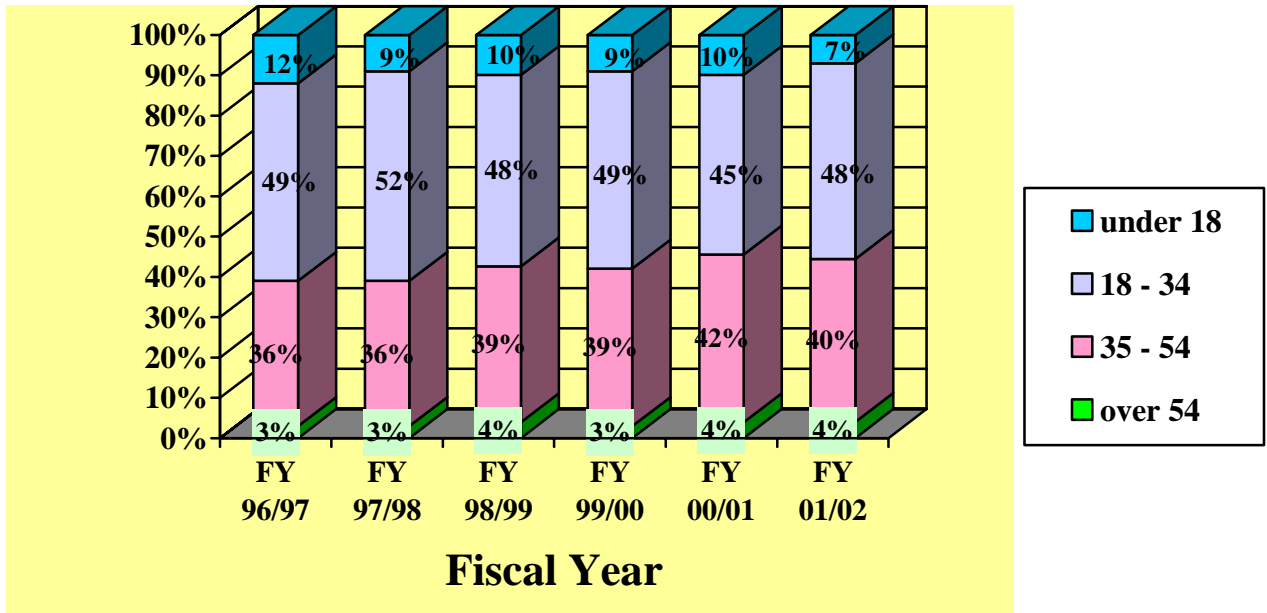
The typical client admitted to county-funded residential treatment was again a male Caucasian; African Americans and Latinos as a combined percentage represented 27% of residential clients. A smaller proportion of residential clients primarily used alcohol and a higher proportion (49%) primarily abused cocaine, crack, and heroin when compared to partial. Residential clients also tended to fall more heavily into the 35 to 54 age range (52%).

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).

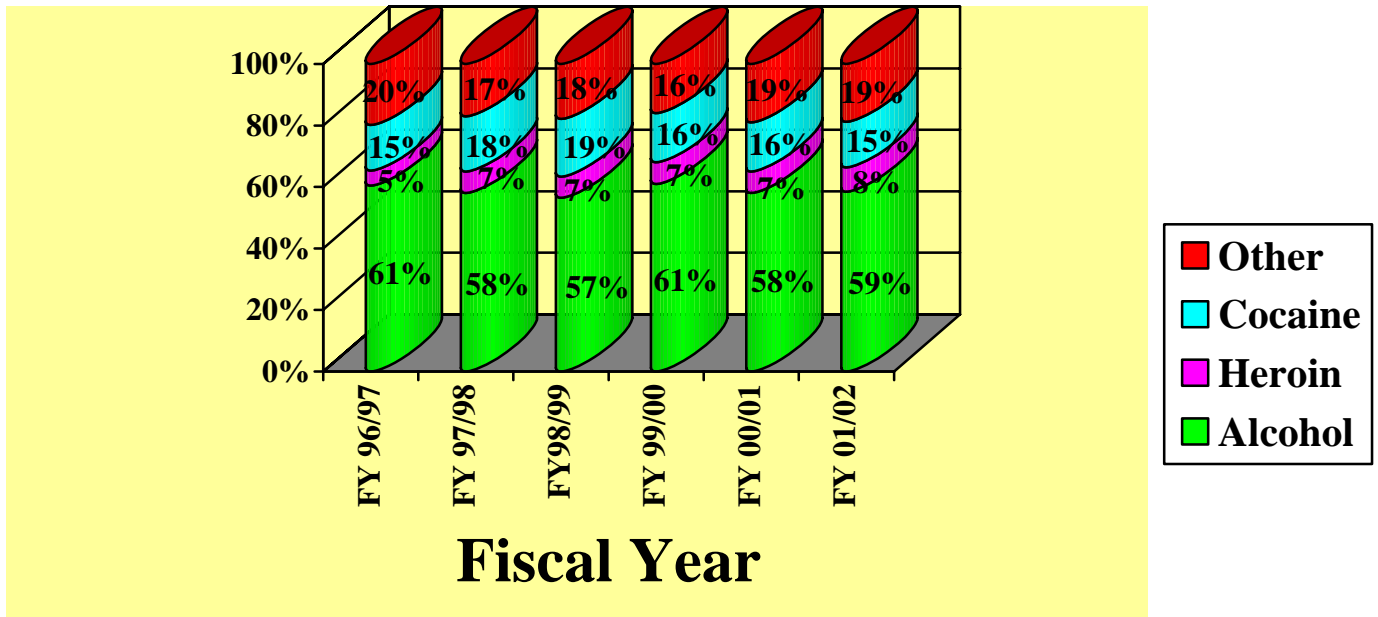
"Clients Served" includes all clients active in treatment at the beginning of the fiscal year, as well as those admitted during the subsequent twelve months to county funded facilities. The client count is unduplicated within each activity (i.e., outpatient, residential).

Age Over Time - Fiscal Years 96/97 - 01/02



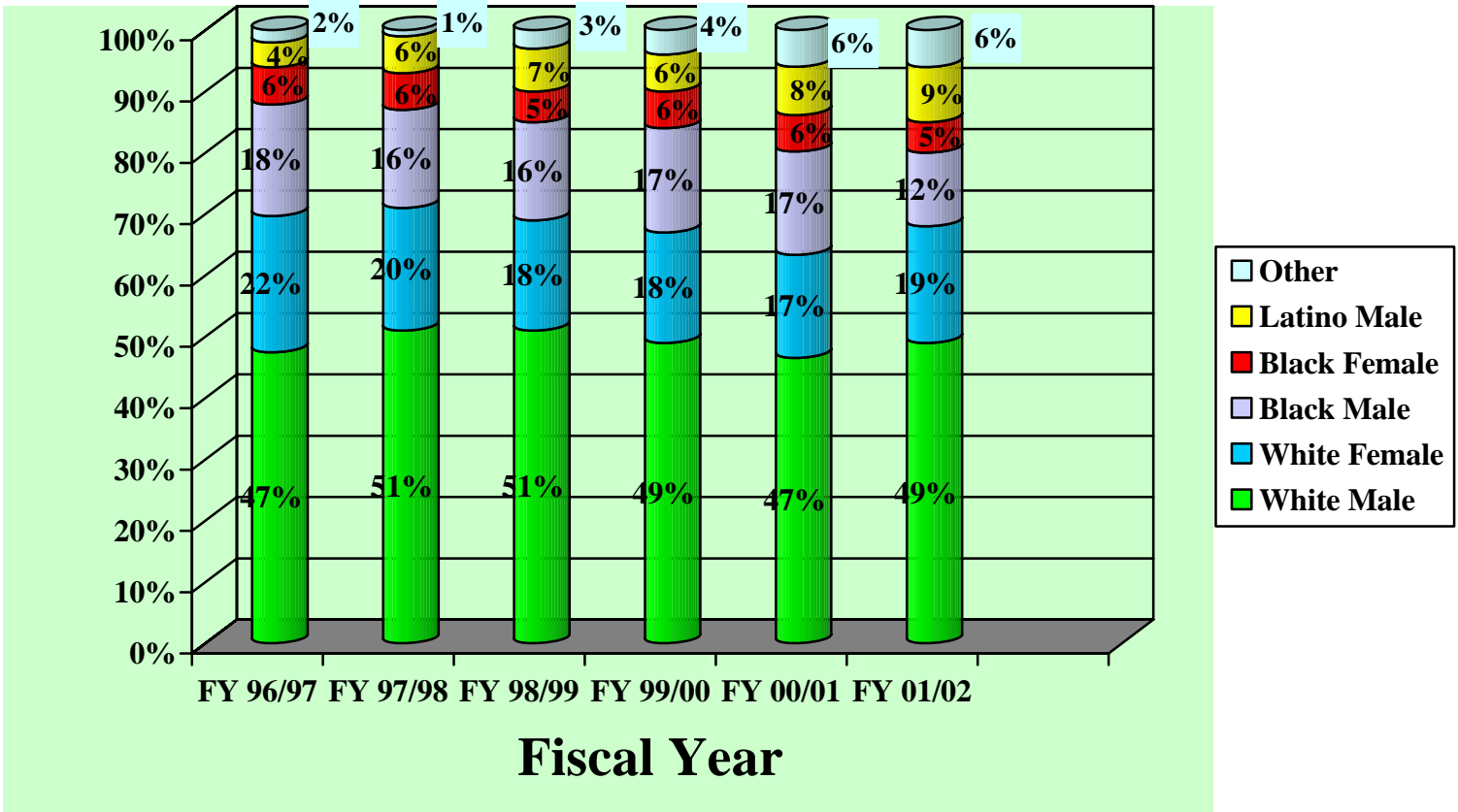
The age grouping of clients has remained stable.

Primary Drug at Admission FY 96/97 - 01/02



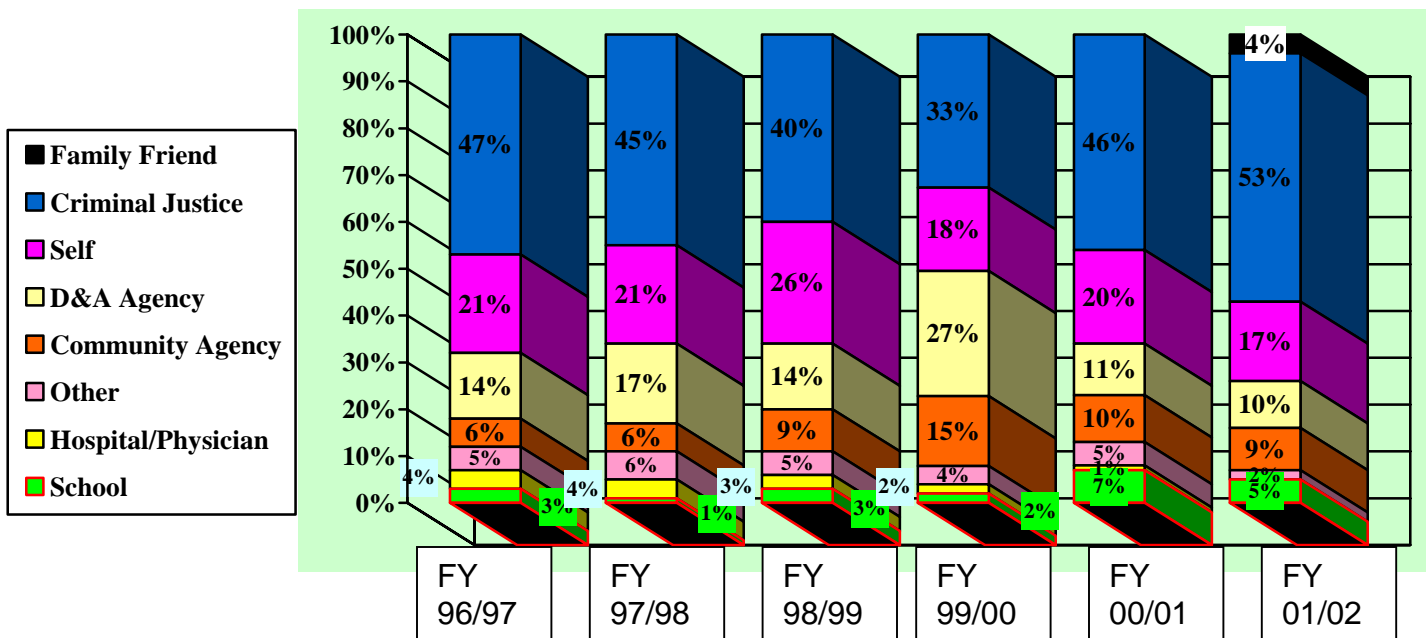
Alcohol remains the most frequent primary drug of abuse.

Gender and Race/Ethnicity of Clients FY 96/97 - 01/02



Client demographics have remained relatively stable.

Referral Sources FY 96/97 - 01/02



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

EMERGING NEEDS

A major concern is the impact of commercial managed care on treatment availability, particularly for youth. We have witnessed extensive problems at the individual level in regard to access, as well as appropriate level of care and length of stay. We have also begun to experience a loss of resources for youth. We are very concerned that unless there is enforcement of Act 106, we will continue to see services erode as well as increases in the consequences of untreated addiction (crime, dependency, family dissolution, school difficulties, and increased health problems with associated costs)

We also continue to be concerned about the ongoing financial health of our outpatient/partial providers. They have been experiencing income/revenue and cost control difficulties. Workforce issues, as well as excessive administrative requirements, are significant contributing factors. We have witnessed our outpatient/partial providers struggle to avoid massive deficits.

OUTPATIENT/PARTIAL PERFORMANCE 7/1/2001 – 6/30/2002

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)
5 SITES COMBINED	\$2,078,118	\$2,723,003	\$2,095,708	(\$627,295)	29,803	26,160	(1,759)

CHESTER COUNTY COMMISSIONERS 2002

Karen L. Martynick, Chair

Colin A. Hanna

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.