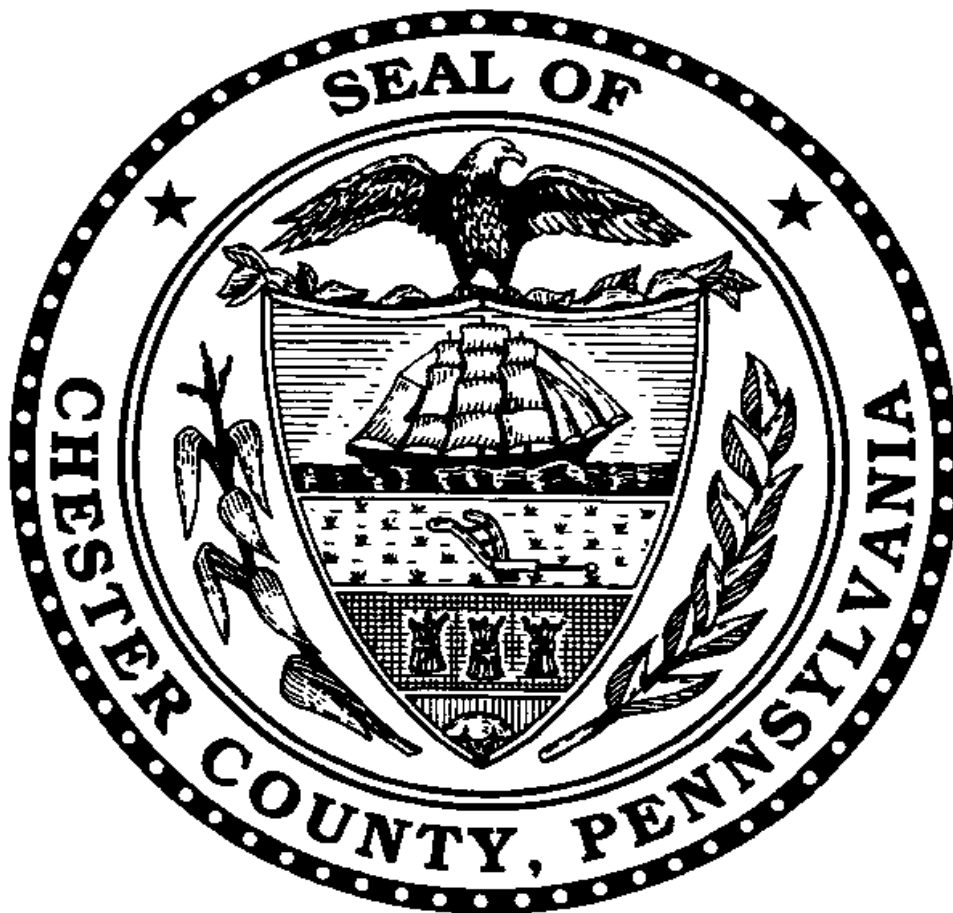


CHESTER COUNTY

**DEPARTMENT
OF
DRUG AND ALCOHOL SERVICES**



**ANNUAL REPORT
FY 2002/03**

The Department of Drug and Alcohol Services was established by the Chester County Commissioners as a public Executive Commission. The Department serves as the Single County Authority (SCA) for Chester County, responsible for the planning, coordination, and administration of community alcohol and other drug prevention, intervention, and treatment services. This is accomplished with the assistance of the Chester County Advisory Board, whose members are appointed by the Commissioners.

Chester County Drug and Alcohol Advisory Board Fiscal Year 2002/03

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

Casey Duffy, Chairperson
Joyce Lundquist, Vice Chairperson
Heidemarie G. Bryan, Secretary/Treasurer
Norman J. Pine, II
Michele L. Tucker
Jeffrey Toalton
Holly W. Acosta
Ralph J. Burton
Elizabeth Dean
Andrew Bruton
Denise Bivens
Elizabeth Walls, Ex-Officio
Angela Linden, Provider Representative
Maureen Neff, Provider Representative

Department Staff

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
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 in 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 2002/03 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 main provider subcontracted as a community-based prevention resource was:

The Coad Group (610) 363-6164
Exton, PA

Two other subcontracted prevention providers specializing in interacting with 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 (610) 363-1488
Exton, PA

The Lincoln Center (610) 277-3715
Bridgeport, PA

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 (610) 384-9591
Coatesville, PA (formerly Coatesville YWCA)

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 (see prevention highlights beginning on page 11).

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, provided two types of intervention in FY 2002/03:

Student Assistance Programs (SAP): SAP programs identify middle and high school students experiencing problems in school that 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 have entered the criminal justice system as a result of abuse of alcohol and/or other drugs were identified, assessed, referred to treatment, and provided with case management services. This was the last fiscal year that this service was provided. The provider agency discontinued these services effective June 30, 2003.

The subcontracting agency for the SAP and TASC programs in fiscal year 2002/03 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 services and 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 2002/03, a full continuum of care was made available to address different client needs.

Assessment:

Assessment is the starting point for treatment, and a goal of our system is to insure that assessment is readily accessible. There are multiple "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 2002/03 are listed below:

Northwestern Human Services (NHS), Kennett Square, PA	(610) 444-0555
Gaudenzia Outpatient, West Chester, PA	(610) 429-1414
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 agency arranges for admission 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 2002/03 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 mental health disorders or physical health concerns, or are involved in the criminal justice system. The complete list of fiscal year 2002/03 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
CYWA 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 2002/03 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 2002/03 subcontracted providers:

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

Intensive Outpatient:

Intensive outpatient consists of group-based therapy provided at least three days a week plus individual counseling once a week totaling 6 – 9 hours of therapy. There was one provider of this service for Fiscal Year 2002/03:

Gaudenzia Outpatient, West Chester, PA	(610) 429-1414
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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 affected by another's alcohol or drug abuse. The outpatient subcontractors in Fiscal Year 2002/03 are listed below:

NHS Kennett Square, Kennett Square and Oxford, PA	(610) 444-0555
Gaudenzia Outpatient, West Chester, PA	(610) 429-1414
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 bilingual and bicultural therapists 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 2002/03 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 2002/03 was:

Coatesville CYWA, Coatesville, PA	(610) 384-9591
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FISCAL YEAR 2002/03 ACCOMPLISHMENTS AND SIGNIFICANT EVENTS

ADMINISTRATION

- ❖ Began contracts July 1, 2002 with new providers for services for incarcerated clients; CiviGenics for adults at Chester County Prison and Correctional Center, and Abonnir Counseling Associates at Juvenile Detention Center. These contracts were the result of competitive selection process begun in Fiscal Year 2001/02.
- ❖ Successfully transitioned outpatient services in the West Chester area based on the outcome of our competitive selection process for these services.
- ❖ Continued partnership with Corrections and Adult Probation/Parole to insure effective provision of prison-based addiction services.
- ❖ In addition to routine semi-annual monitoring, additional staff completed focused reviews at four treatment clinic sites. Focused reviews are part of an initiative to provide a more in-depth review of a specific aspect of the service delivery system.
- ❖ Trained 283 persons in the following topics: Use of the PA Client Placement Criteria; Confidentiality Law; Creating Emotional Safety in Treatment; Ethics, APSI/Adolescent ASAM, Addiction Severity Index, Pharmacology, Use of DSM IV, HIV/TB/STD, and Case Management of Publicly Funded Clients.
- ❖ Continued partnership with Chester County Courts in the ongoing operation of Drug Court.
- ❖ Participated in competitive selection process for the County's subcontracted HealthChoices Managed Care Organization for the new contract period beginning January 1, 2004.
- ❖ Established new procedures for assessment and referral of criminal justice clients following provider decision made to end the Treatment Alternatives for Safer Communities (TASC) program effective June 30, 2003. Program operated in Chester County for over twenty years, but was no longer financially viable. TASC functions were transferred to subcontracted outpatient treatment providers and SCA Case Management Unit.
- ❖ Continued routine assessment of client satisfaction with services via quarterly surveys facilitated by the Chester County Client Satisfaction Team.
- ❖ Was awarded competitive criminal justice assessment/treatment grant of \$208,000 via BDAP. This grant was subsequently rescinded prior to implementation, due to state budget cuts.
- ❖ Began a comprehensive review of data collected for client treatment outcome system, via an IRETA Researcher in Residence program, to determine system's integrity, usefulness, and validity.

- ❖ Began regular use of BDAP's treatment provider monitoring tool, in addition to Chester County tool.
- ❖ The Chester County Department of Drug and Alcohol Services (CCDDAS) Quality Assurance provider survey process showed a 96% satisfaction rate with CCDDAS performance.
- ❖ Managed 14 revenue sources, 34 subcontractors, and 7 agreements encompassing over 104 programs to insure that a comprehensive prevention, intervention, and treatment system was available to county residents.
- ❖ Underwent BDAP QAA review in February 2003. The review also extended to two (2) subcontracted treatment providers.
- ❖ Underwent Department of Health (DOH) Human Resources QAA review in January 2003.
- ❖ Began state budget crisis contingency planning in April 2003, after passage of the Pennsylvania FY 2003/04 budget.

CASE MANAGEMENT

- ❖ Managed a total of 460 unduplicated clients in residential treatment, including detox, rehab, and halfway house.
- ❖ Provided Intensive Case Management (ICM) services to 108 Chester County residents.
- ❖ Case Management staff participated in a total of 152 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 monitoring of "Maximizing Participation Project" for Temporary Assistance for Needy Families (TANF) clients in D/A treatment who were approaching the time limit on benefits.
- ❖ Continued participation in monthly meetings with County Correctional Center and Adult Probation/Parole staff regarding the operation of the Prison Recovery Program (PRP), a drug and alcohol program in the prison.
- ❖ Participated in the National Alcohol Screening Day in March 2003, providing an Alcohol Problems Screening Questionnaire, treatment referrals, and informational literature.
- ❖ In September 2002, developed and maintained National Drug and Alcohol Awareness month exhibit which included informational literature, program 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).
- ❖ Ongoing participation in the Homeless Project, a multi-disciplinary group that works to coordinate client services and identify client barriers to services, for the homeless population. Participants included the Departments of Community Development (DCD), Safe Harbor shelter, Drug and Alcohol, Mental Health, Salvation Army shelter, Friends Association shelter.
- ❖ Continued participation in a multi-disciplinary workgroup to implement trainings 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.
- ❖ Continued participation in the “Weed & Seed” project, coordinated by Coatesville Community Development, to revitalize the targeted areas in Coatesville, resulting in safe, secure and stable neighborhoods.
- ❖ Case Management Supervisor participated on a state workgroup to revamp case management guidelines, which hold implications for treatment providers as well as case managers.
- ❖ Participated in the Juvenile Justice/Mental Health Pilot Project workgroup.
- ❖ Participated in the CASSP Administrative Review Team with CYF, MH/MR, JPO, and Magellan Behavioral Health.

TREATMENT

- ❖ Collaborated with the Juvenile Detention Center to significantly enhance drug and alcohol services at the Center via braided funding.
- ❖ Provided funding assistance for an unduplicated total of 2,228 Chester County residents.
- ❖ Riverside Care relocated its Coatesville clinic from Harmony Street to 10th Avenue in April 2003.
- ❖ Maintained 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 co-occurring mental health and addictive disorders.
- ❖ 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.

- ❖ Subcontracted with Riverside Care to conduct case consultation with County Board of Assistance to jointly work with TANF clients to facilitate recovery and long-term financial independence.
- ❖ Under subcontract with Gaudenzia, arranged for engagement/assessment/referral services for homeless population on-site at the St. Agnes day shelter in West Chester.

PREVENTION

Chester County's planned prevention strategies for FY 2002/03 were developed based on a community wide needs assessment conducted in 1998, and in keeping with the definition of prevention as "planned strategies designed to preclude or reduce the use of drugs and alcohol which have a negative impact on the individual, the family, the community and the society at large." Prevention activities and services were also designed to address the following six (6) federal prevention strategies: Information Dissemination, Education, Alternative Activities, Problem Identification, Community-Based Process and Environmental. Listed below are highlights from programs funded during FY 2002/03:

- Technical assistance in the form of trainings, workshops, strategic planning, community team building, program development, and risk and resource assessments to 29 community groups addressing alcohol, tobacco and other drug prevention issues throughout the County.
- Communities That Care (CTC) – developed and implemented strategies to maintain and support these more "formalized" community coalitions. Funds supported the following: CTC specific trainings/workshops including New Board Member Orientation, Sustaining Future Coalitions (satellite broadcast) and Funders Panel; planning for development of a countywide CTC forum; co-chairing of the southeast Regional CTC Collaborative, attendance at statewide CTC conferences and successful integration of the CTC initiative with countywide prevention programming.
- Via a competitive selection process, provided fiscal and programmatic support for 22 alcohol, tobacco and other drug (ATOD) community-based mini grants. Mini grants were awarded for a variety of programming including:
 - Summer/After School Enrichment Activities
 - Peer Leadership Programs
 - Peer Mediation
 - ATOD Educational Materials
 - Resource Guide
 - Coalition Development
 - Red Ribbon Campaign

Mini grants were awarded to a diverse group of organizations, enabling prevention services to reach a variety of individuals from “all walks of life”. Mini grants were awarded to: parochial and public schools, grassroots community coalitions, faith-based organizations, Migrant Education, community centers, and local government.

- Over 3,800 high school students attended post-prom parties at 11 Chester County high schools. Post-prom committee members gained knowledge of ATOD issues through periodic mailings and attendance at information sharing/networking meetings, workshops and trainings.
- Awarded 4 mini grants to support student led, school based, ATOD prevention groups - Students Against Destructive Decisions (SADD). Activities included peer leadership, pledge drives, assemblies/presentations and countywide SADD Conference. Seven Chester County schools sent 100 student representatives and advisors to participate in the daylong conference. Workshops included: self-esteem, tobacco education, drinking and drugged driving, and motivational speakers.
- Funded services designed to raise the public’s awareness and knowledge of alcohol, tobacco and other drug issues, and increase access to prevention, intervention and treatment services (services were provided to all Chester County residents upon request):
 - Personal and confidential, 24-hour/7 day a week telephone information and referral line - responded to 639 calls
 - Speaking Engagements – 42
 - Health Fair Displays/Booths - 32
 - Resource Library – 35,475 pieces of printed materials were disseminated and 94 audiovisual materials were loaned
 - Insurance Advocacy Service – 70 requests
 - ATOD Quarterly Informational Newsletter – 4,965 copies/4 issues were disseminated
 - Satellite Resource Centers - 7 new sites
 - Bulletin Board Displays – 18 sites
 - National Campaigns – 15 informational booths were set up displaying information in conjunction with Red Ribbon Week, National Inhalants Awareness Week and, Alcohol Awareness Month.
- Training for 13 youth in peer leadership skills, ATOD prevention education and life skills. Program components included: community outreach via youth sponsored program nights and peer-to-peer ATOD information dissemination, tutoring, and recreational/educational alternative activities.
- Beginning Alcohol and Addictions Basic Education (BABES) prevention education program to 1,297 children, ages 4 through 8. This seven (7) session, school-based program addressed the following topic areas: peer pressure, coping skills, decision-making, self-image and ATOD prevention education.

Additionally, the Department was directly responsible for the following:

- Facilitated seven (7) focus groups, gathering input, via a needs assessment, from over 130 individuals and agency representatives on risk factors that contribute to substance use and abuse. Priority risk factors, specific to Chester County, were identified from this process and became the basis for FY 2003/04 Prevention Plan.
- Provided technical assistance to the Chester County Health Department in the planning and implementation of a comprehensive, countywide tobacco prevention, education and cessation plan. Coordinated departmental resources to more effectively provide ATOD prevention education to targeted audiences.
- Ensured program effectiveness for each contracted service by reviewing and analyzing periodic program status reports and year-end program evaluations.

INTERVENTION

Student Assistance Program:

Student Assistance Programs (SAP) link youth and families to behavioral health (drug and alcohol and mental health) resources both in the school and community settings. SAPs identify and refer students, in grades 6 through 12, for whom substance abuse and/or mental health issues are presenting a barrier to learning. County-funded services included the following:

- Monthly networking/information sharing meetings for SAP professionals.
- Technical assistance to 38 SAP Teams throughout the County.
- Two (2) workshops for SAP professionals, “Adolescent Mental Health Issues and Intervention Strategies” and “Club Drugs”.
- Nine (9) newsletters targeting over 400 SAP professionals per issue. Newsletter addressed issues relevant to the SAP process.

SAP Statistics:

Over the past two years, there has been no significant increase in the number of students referred to our subcontracted Student Assistance Program: FY 2001/02 – 1,059 and FY 2002/03 – 1,057. Although these numbers remain stable, the number of students referred to drug and alcohol treatment programs has decreased: FY 2001/02 – 132 (12%) and FY 2002/03 – 88 (8%), while referrals to school-based support groups increased by 9%.

- 1,057 students were seen by County-funded SAP liaisons for problem identification and referral.

- 247 students were assessed for drug and alcohol issues. Of these students assessed,
 - 103 students were referred for school-based ATOD Intervention Groups; 59 (57%) students completed the group;
 - 88 students were referred solely for community-based drug and alcohol treatment; of these, 78 (89%) were referred for outpatient treatment and 10 (11%) were referred for inpatient treatment. Fifty-five students (63%) of those students referred to community-based drug and alcohol treatment services accessed the recommended level of care;
 - The remaining students were referred to other school and/or community based services, e.g., SAP Team monitoring, co-occurring (drug and alcohol/mental health) treatment, Children, Youth and Families (CYF) and Juvenile Probation.

Treatment Accountability for Safer Communities:

Treatment Accountability for Safer Communities (TASC) – was a treatment diversion program for alcohol and drug abusing/addicted individuals who were also involved in the criminal justice system. Program components included: screening, assessment, placement and case management. Funded services were rendered in the community and prison settings.

Following notification from the TASC provider that they would be discontinuing this service, the Department developed a plan to address the treatment needs of the addicted client involved in the criminal justice system. Planning process was completed in FY 2002/03 and implemented July 1, 2003.

TASC Statistics:

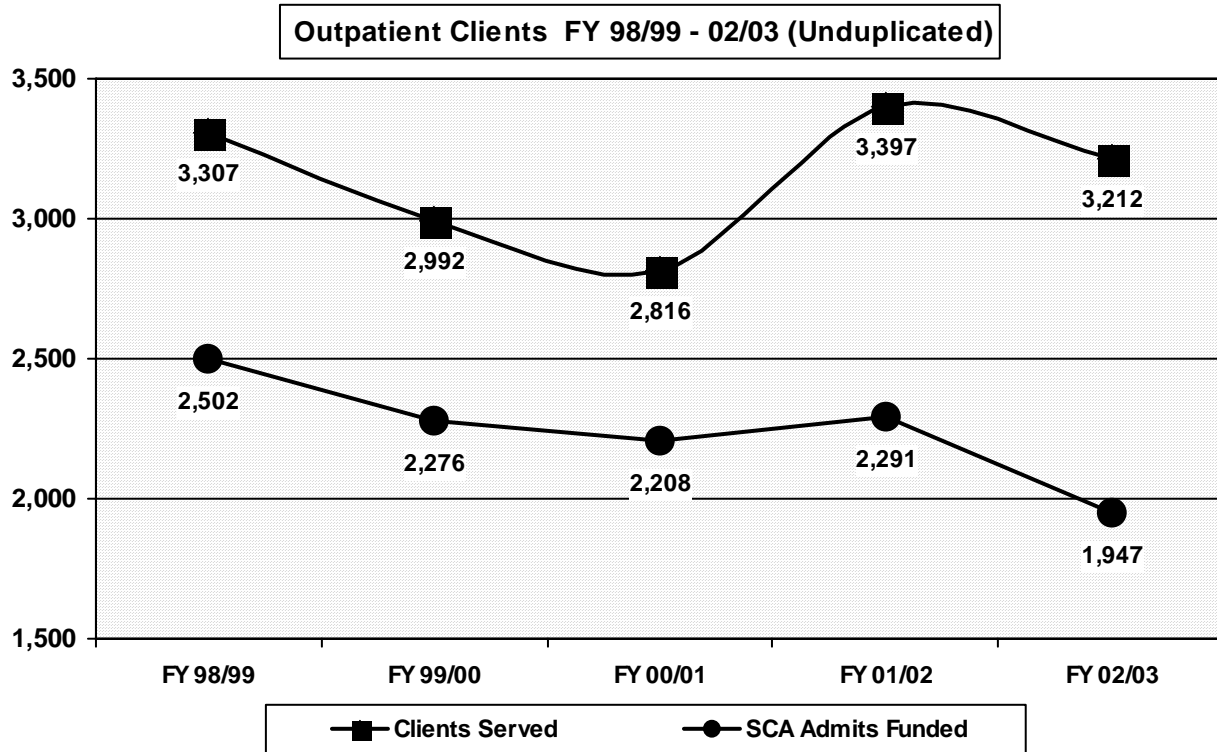
- 792 individuals were referred to TASC through the criminal justice system;
- 520 drug and alcohol assessments/evaluations were conducted;
- 115 individuals were accepted for TASC services;
- 140 individuals were discharged from the TASC program; of these, 89 (63%) met all requirements for a successful discharge;
- 56% of clients were involved with the TASC program for 3 months or more.

Intermediate Punishment Program:

- 149 drug and alcohol assessments/evaluations were conducted for multiple Driving Under the Influence (DUI) offenders.

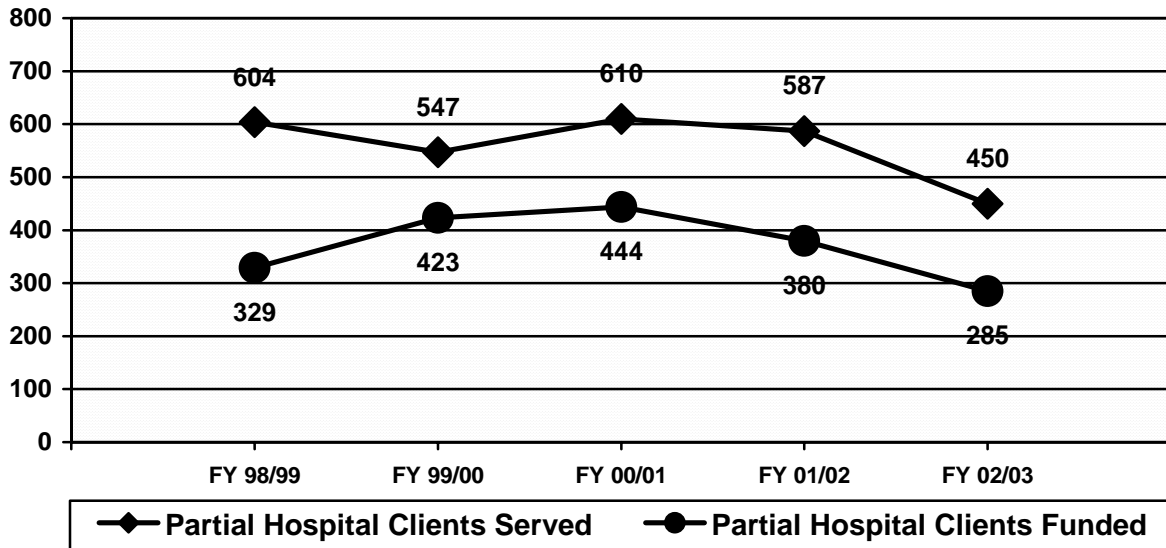
Treatment

Outpatient: 3,212 clients were served in the County-contracted outpatient system of care, during Fiscal Year 2002/03. This was 185 less than in the previous fiscal year. Of those admitted, 1,947 or 61% were funded to some degree by the SCA.



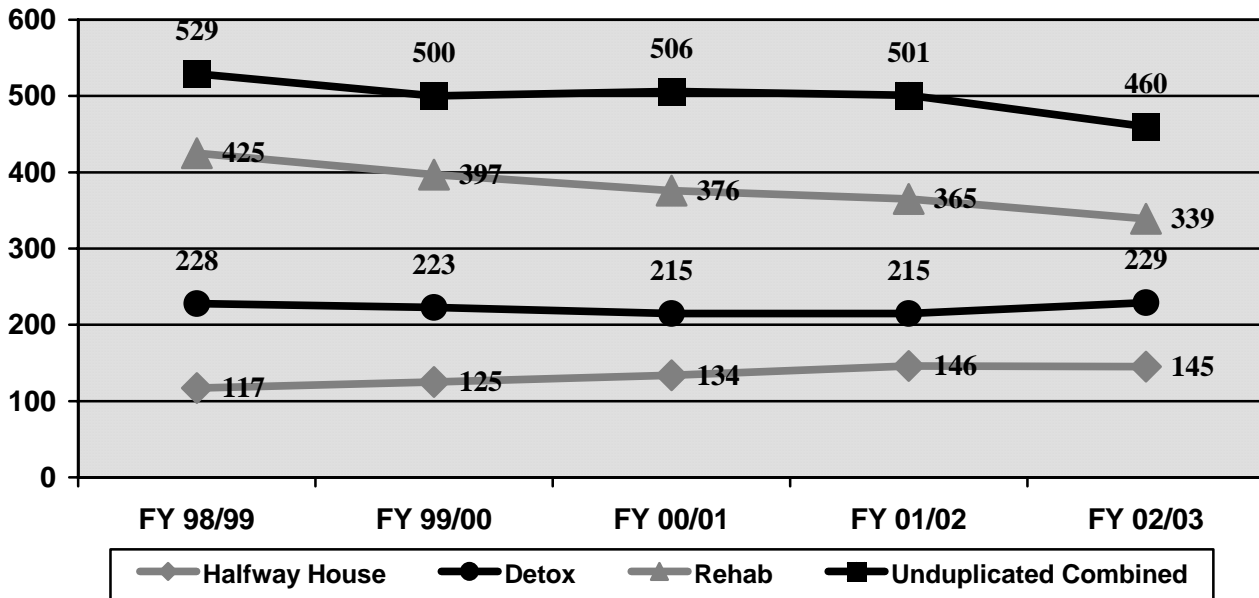
Partial Hospitalization: 450 clients were served in the County-contracted partial system of care during Fiscal Year 2002/03. This was 137 less than in the previous fiscal year. 285 or 63% of admits were funded to some degree by the SCA.

Partial Hospital Clients FY 98/99 - 02/03 (Unduplicated)



Residential: A total of 460 unduplicated citizens participated in SCA funded residential treatment services during Fiscal Year 2002/03.

Residential Services Over Time



Special Populations and Services

HIV Testing & Counseling:

HIV prevention counseling/testing continued at the five (5) existing drug and alcohol outpatient clinics sites: Northwestern Human Services Phoenixville and Kennett Square; Riverside Care, and Community Youth and Women's Alliance (both in Coatesville) and Advanced Treatment Systems in Thorndale.

FISCAL YEAR	# PRE-TEST COUNSELED	# TESTED	# AND % TESTING POSITIVE	
91/92	272	132	4	3%
96/97	154	86	1	1%
01/02	131	119	0	0
02/03	160	127	0	0

Injection Drug Users (IDUs):

Injection Drug users as a percent of the Chester County substance using 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%
01/02	3,380	190	6%
02/03	3,273	173	5%

Pregnant Women/Women with Children:

Overall the raw number of women served in treatment in FY 2002/03 decreased slightly from the prior fiscal year. The number of women served who were pregnant or parenting increased in proportion to female admissions. (See the following chart):

	Total Served	Women Served	% of those served	Pregnant, Parenting Served	% of Women 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%
02/03	3,518	837	24%	152	18%

Life Skills/Rent Assistance:

The Life Skills/Rental Assistance program continued in operation by the Coatesville Community, Youth and Women's Alliance (CYWA) and provided services to homeless substance abusers located throughout the County. There were 51 families/individuals served; ten (10) of these received rental assistance. The average amount of assistance was \$750.00.

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 employed a bilingual, bicultural case manager for most of the fiscal year. Residential rehab services for Latinos were available through contracts with Nuestra Clinica in Lancaster, PA and CURA in Newark, New Jersey, and a Spanish Speaking detox service was added January 1, 2003, via subcontract with Valley Forge Medical Center in Norristown, PA.

Women with Children/Pregnant Women:

Two specialized 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 treatment services specifically 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 four (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 adolescents on site. NHS Kennett Square/Oxford also provides treatment at public schools in their geographic areas.

Abonnir Counseling Associates, based in West Chester, assess and treat 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 older adults 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 2002/03, this included treatment representation in Court by NHS, Gaudenzia West Chester Outpatient, and Riverside Care.

Following our competitive selection process, CiviGenics, based in Reading PA, took over providing ongoing drug and alcohol services to male and female prison inmates at the County Prison in FY 2002/03.

Up until June 30 2003, the TASC program was the Department's central point of assessment, referral, and case management for the addicted offender. This function has been transferred to the 5 sub-contracted outpatient treatment clinics and the County Case Management Unit.

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.

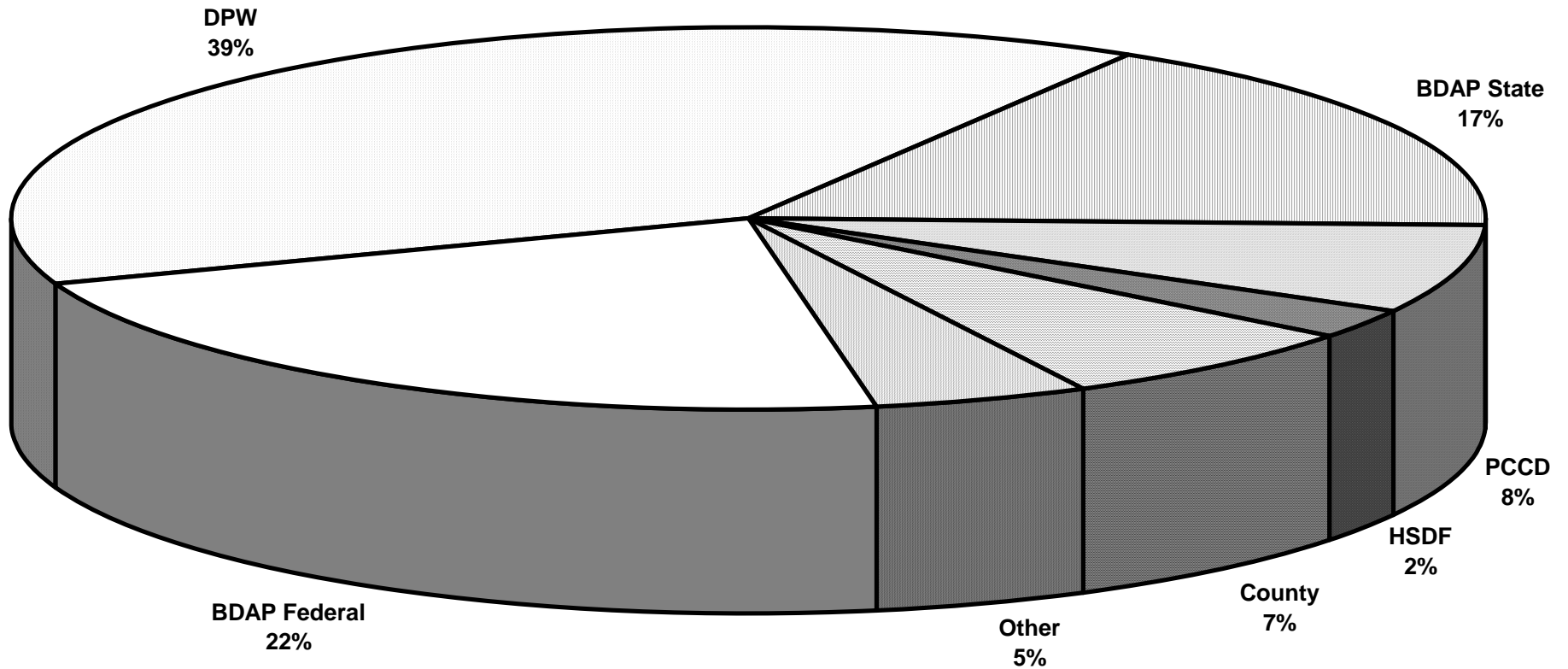
Mentally Ill:

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. Additionally, contracts for short-term inpatient non-hospital treatment are in place for mentally ill substance abusers (MISA).

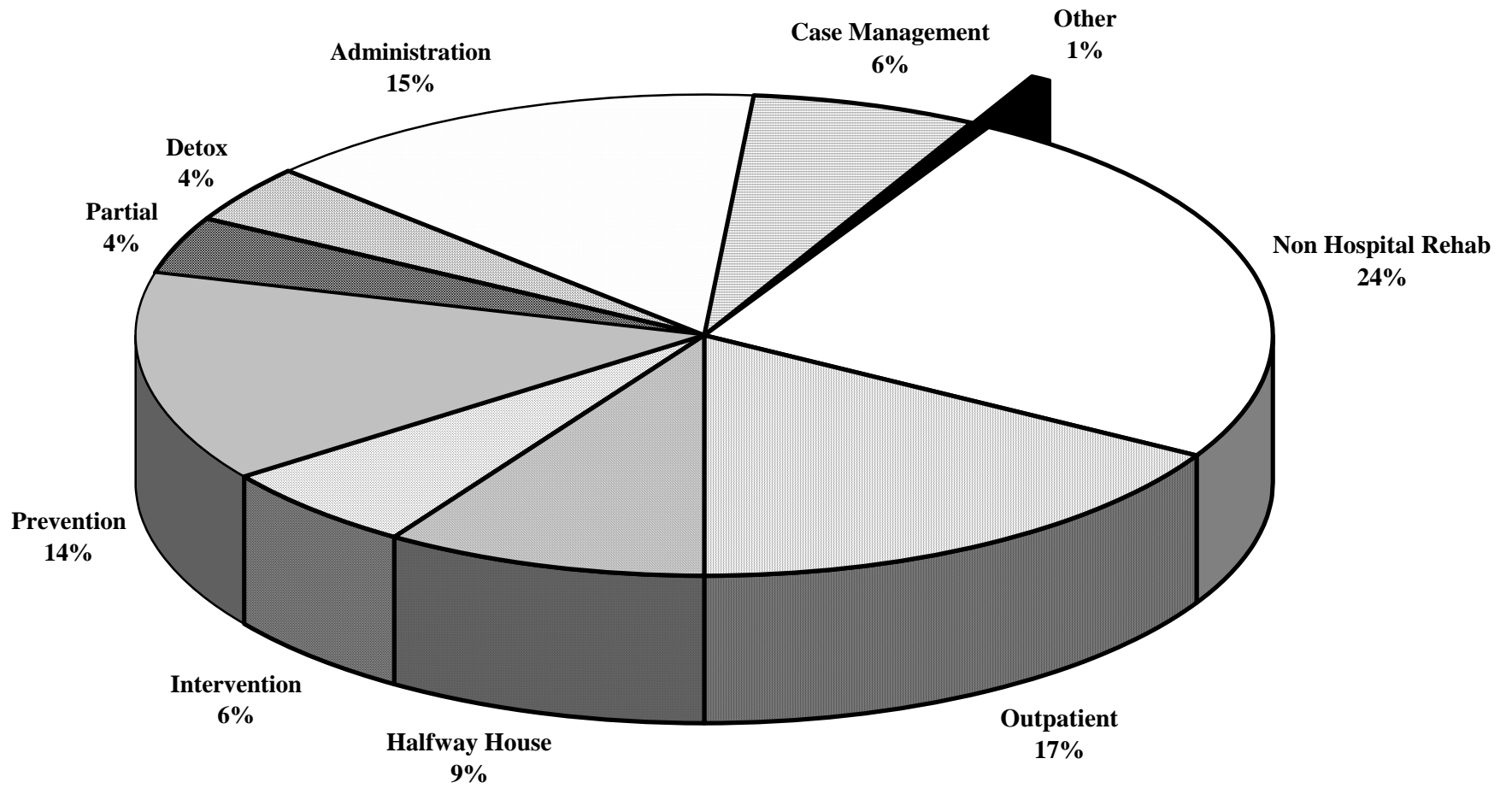
FISCAL INFORMATION

Total Revenue for the Chester County Department of Drug and Alcohol Services for FY 2002/03 was \$5,731,272. Revenue Sources included federal funding streams, PA Department of Public Welfare funding, PA State Base, PA Commission on Crime & Delinquency (PCCD), Human Services Development Fund (HSDF), Chester County matching funds, and other miscellaneous sources (DUI Fines, Interest Income, Reinvestment, Children, Youth and Families Funding).

The chart below shows the breakdown of these funding sources:



Total Revenue Fiscal Year 02/03
\$5,731,272



Total Expenditures Fiscal Year 2002/2003
\$5,731,272

DEMOGRAPHIC DATA FOR CLIENTS FUNDED 2002/03

Treatment Client Profile:

The typical client funded at outpatient treatment in FY 2002/03 was a Caucasian male who primarily abused or was addicted to alcohol. Fifty-two percent of these clients fell between the ages of 18-34; another thirty-seven percent fell between the ages of 35 and 54.

The typical client funded at partial hospitalization treatment was also a male Caucasian, with the largest group falling into the 18 - 34 age range (52%). 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 (21%). The combined percentage of African Americans and Latinos served in partial was 37% compared to 31% served in outpatient.

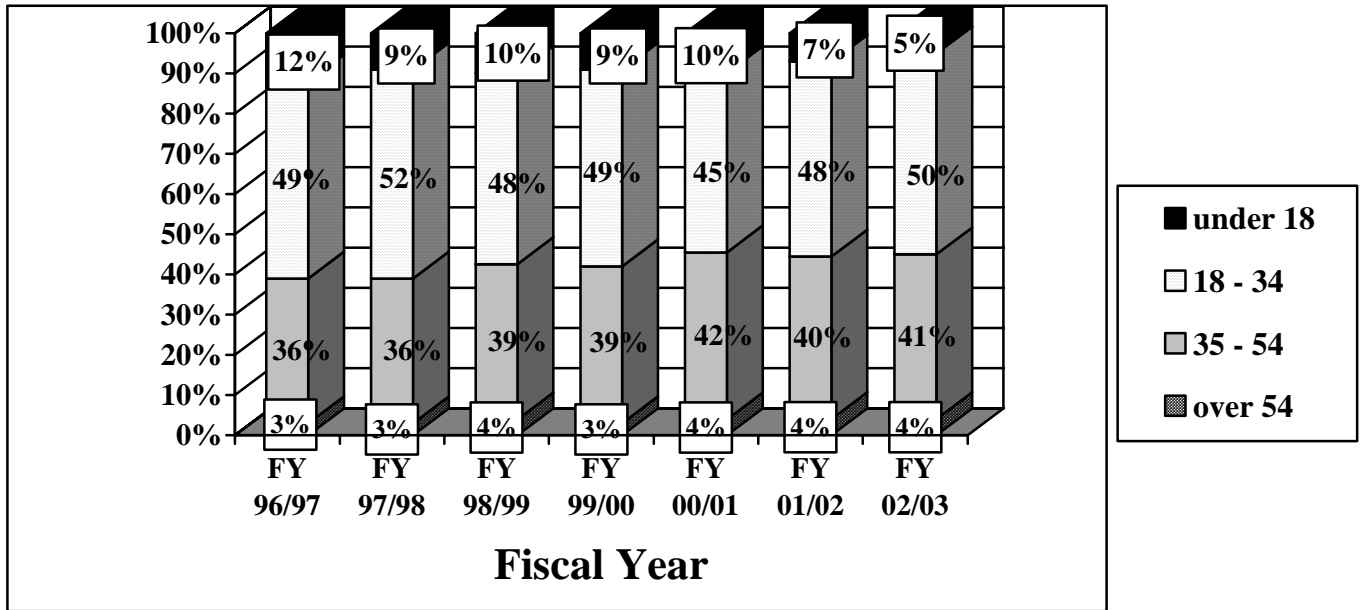
The typical client funded at county-funded residential treatment was again a male Caucasian; African Americans and Latinos as a combined percentage represented 26% of residential clients. A smaller proportion of residential clients primarily used alcohol and a higher proportion (51%) primarily abused 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 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).

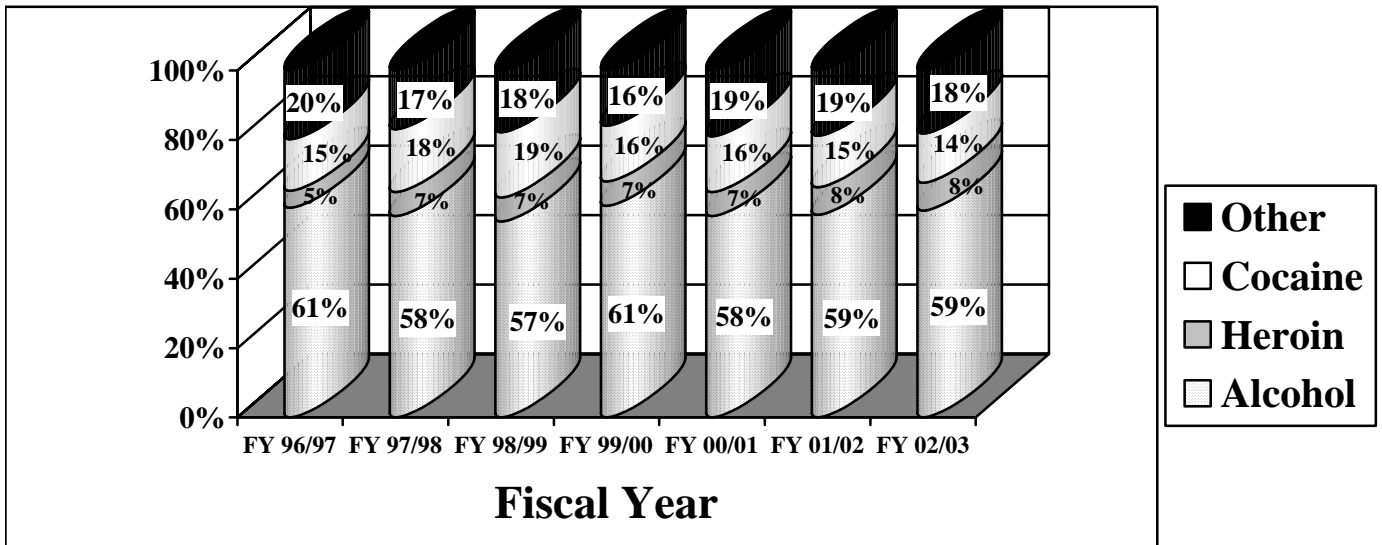
The following statistics includes all clients active in treatment at the beginning of the fiscal year, as well as those admitted during the subsequent twelve months to county funded facilities. The client count is unduplicated within each activity (i.e., outpatient, residential).

Age Over Time - Fiscal Years 96/97 - 02/03



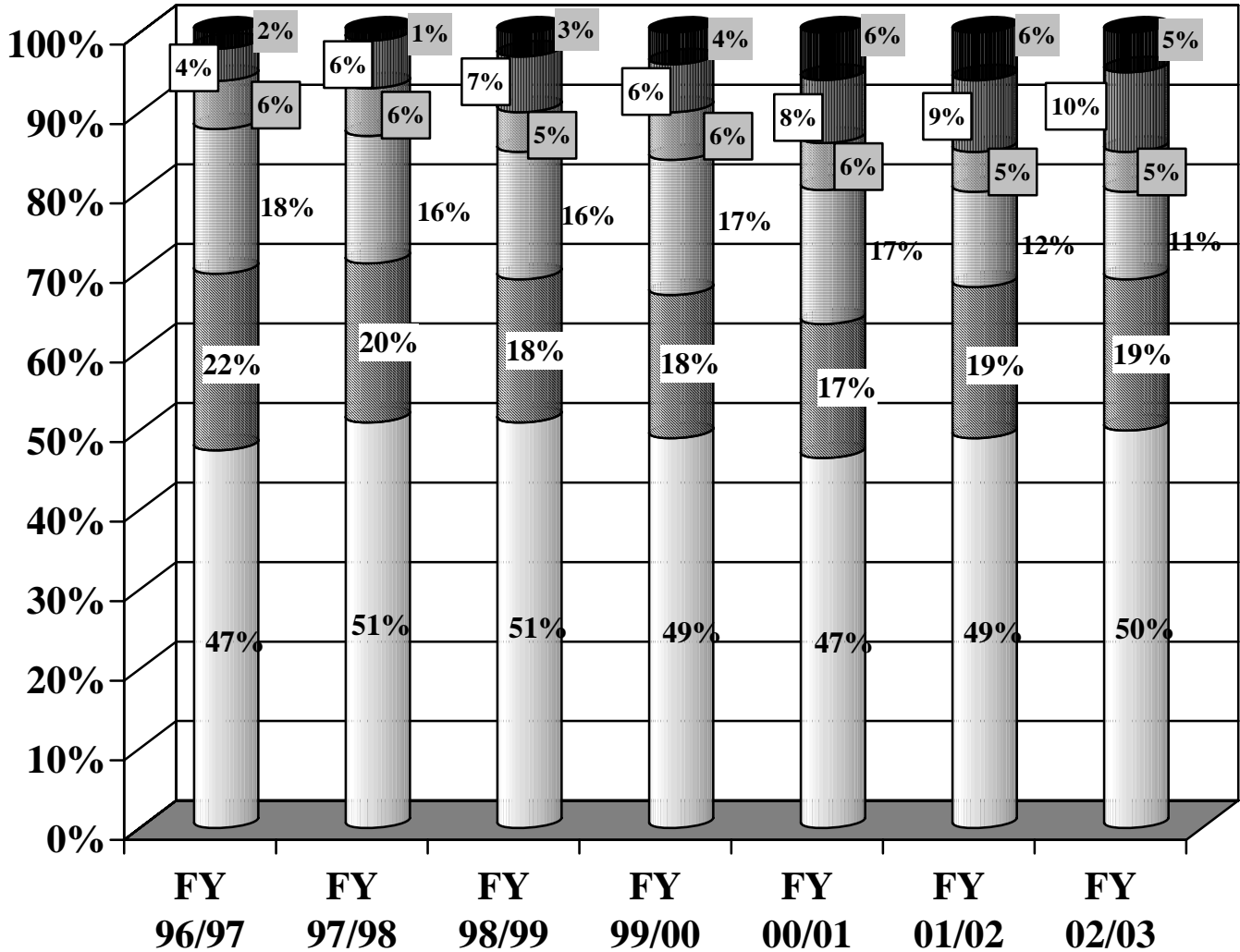
The proportion of youth being served is decreasing over time.

Primary Drug at Admission FY 96/97 - 02/03



Alcohol remains the most frequent primary drug of abuse.

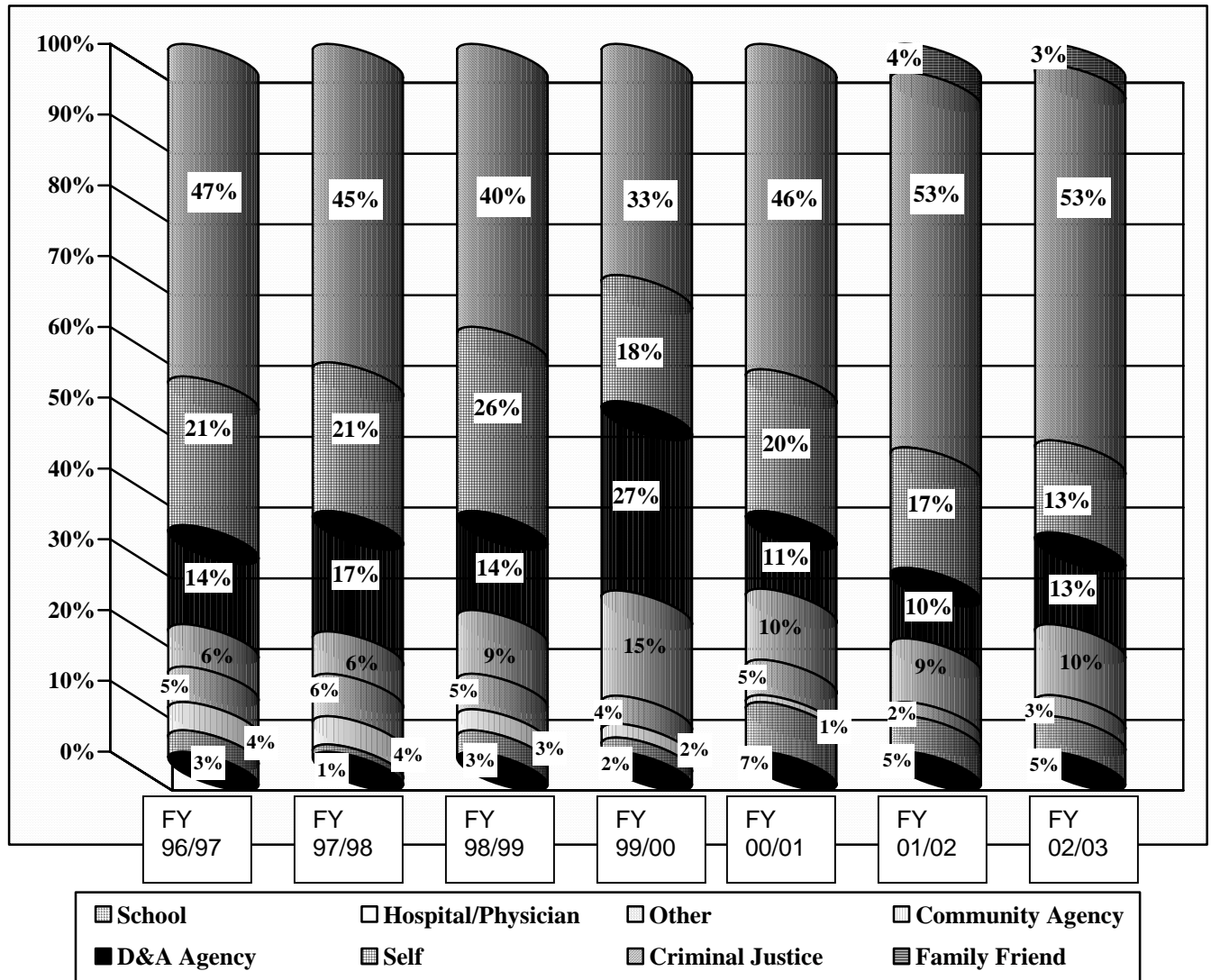
Gender and Race/Ethnicity of Clients FY 96/97 - 02/03



White Male
 White Female
 Black Male
 Black Female
 Latino Male
 Other

These client demographics have remained relatively stable.

Referral Sources FY 96/97 - 02/03



Criminal justice referrals remained the same, self-referrals decreased, and hospital/physician referrals increased compared to FY 2001/02.

CHESTER COUNTY COMMISSIONERS 2003

Colin A. Hanna, Chair

Karen L. Martynick

Andrew E. Dinniman

The Chester County Commissioners, Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs, and the United States Department of Health and Human Services make these services possible. 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.

*Edward Rendell, Governor
Commonwealth of Pennsylvania*

*Calvin B. Johnson, Secretary
Department of Health*

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