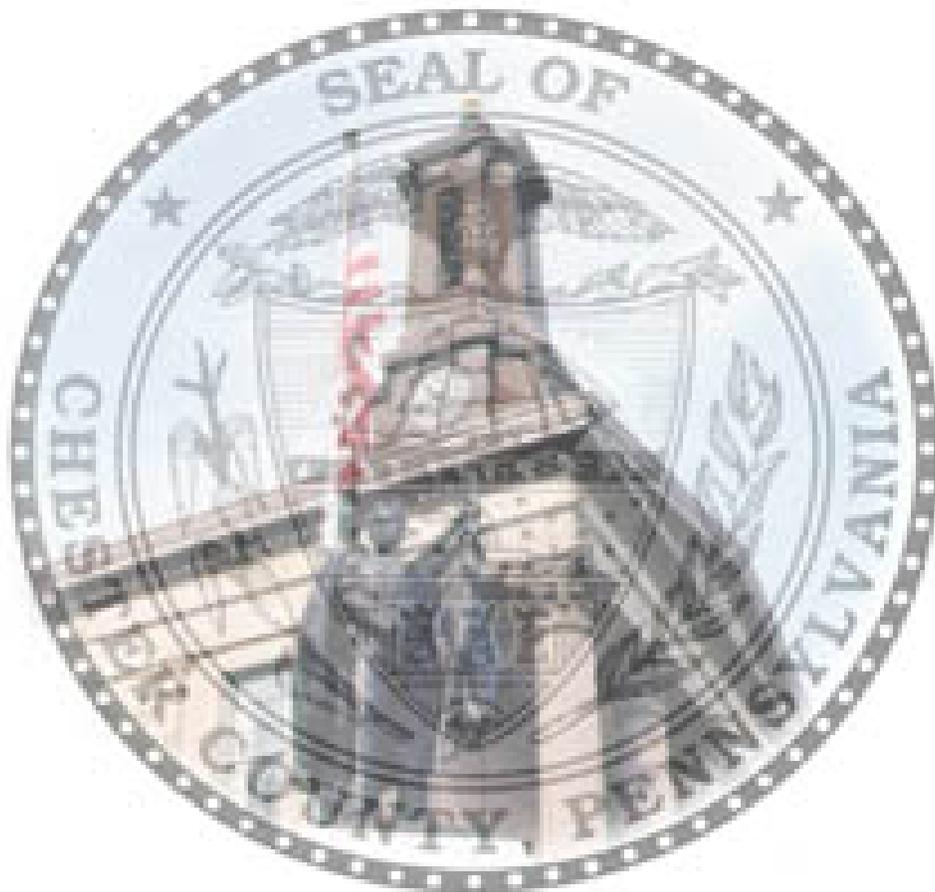


CHESTER COUNTY

DEPARTMENT OF DRUG AND ALCOHOL SERVICES



**ANNUAL REPORT
FY 2012/13**

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
(610) 344-6620

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 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 that 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 ensure that they are accessible, high quality, effective, cost efficient and best meet the needs of the citizens of Chester County.

BACKGROUND

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. The Department also provides case management services.

The work of the Department is accomplished with the assistance of the Chester County Advisory Council, whose members are appointed by the Commissioners. Members are community volunteers who advise the Department on community needs, planning and management of resources and services. FY 2012/13 Advisory Council membership was:

Elizabeth Anne Redmond, Chairperson
Douglas J. Dunne, Vice Chairperson
A. Joe Benjamin, Secretary
Elizabeth Walls, Health Department Representative
Gwenn Knapp, Member-At-Large
Jason R. Young, Member-At-Large
Karen Levin, Member-At-Large
Mary Lyness, Member-At-Large
Eileen Hershman, Member-At-Large
Darlene Whenry, Member-At-Large

The three (3) persons Board of Commissioners is the governing entity responsible for oversight of the Department. The Department is part of Chester County's human services departments, overseen by Human Services Director, Ruth Kranz-Carl.

The majority of prevention, intervention and treatment services are provided via subcontracts developed and monitored by the Department. The Department also conducts regular needs assessments and develops plans for services.

In addition to planning and administrative activities, the Department also provides some direct case management and prevention services. Case management services include initial assessment for incarcerated individuals and ongoing case management for all residential clients. Prevention services include, but are not limited to, information dissemination and environmental strategies. The staff of the Department is:

Vincent H. Brown, Executive Director
Jamie Johnson, Deputy Director

Administrative Unit

Todd Bender, Program Specialist II
Kathy Collier, Prevention Specialist
Sharon Ingraham, Fiscal Officer II
Blythe Moehrle, Fiscal Officer II
Mary Jo Nickel, Fiscal Technician
Meg Polvino, Program Specialist II
Cathy Vault, Program Specialist II
Betty Wade, Administrative Officer I

Case Management Unit

Crystal Anderson, Data Entry Operator
Roslyn Cannie, Case Management Supervisor
Megan Dunn, Case Manager
Richard Eline, Case Manager
Rebecca Harkins, Case Manager
Crystal Robertson, Case Manager
Joanne Rubel, Treatment Court Specialist

SCA CASE MANAGEMENT SYSTEM

Striving to ensure ease of access, Chester County has a decentralized system for entry to funded treatment, regardless of level of care needed. The primary points-of-entry for funded treatment are our five (5) subcontracted outpatient providers located in Coatesville, Exton, Kennett Square, Phoenixville and West Chester. Each of these providers will screen for emergent needs upon initial contact and then see the individual to conduct an assessment to determine, with the individual, the type of treatment (level of care) most appropriate.

For those individuals in need of residential treatment, the program will work with our Case Management Unit to determine the most appropriate program and arrange for treatment funding. Following admission to residential treatment, our Case Management Unit will follow the individual to assist with case management needs and ensure continuity of care.

In addition to entry via our outpatient providers, individuals can be assessed at the Chester County Prison with recommendations for level of care made to the presiding criminal justice agency.

For individuals in need of emergency care, detoxification admission can happen prior to assessment as appropriate. While in detox, the individual will be assessed to determine the appropriate treatment referral.

DEPARTMENT ACCOMPLISHMENTS

In addition to the ongoing management of prevention, intervention and treatment system for Chester County, some of the Department's other accomplishments include the following:

Administrative

- ❖ Chester County was selected as one of 20 Counties to participate in the State's Human Services Block Grant pilot project. Department Directors, including Drug and Alcohol, and other relevant staff from the Department of Human Services held monthly meetings to review the expenses and status of each funding stream included in the Block Grant. The Department of Drug and Alcohol Services received over \$600,000 in reallocated funds to address the shortage of funds for treatment services. Additionally, planning for the 2013/14 Block Grant submission occurred during the year, which included meetings with stakeholders to review the FY 12/13 plan, priorities and outcomes and determine if priorities and/or outcomes need to be revised for FY 13/14.
- ❖ The Department was awarded funding in the amount of \$493,427 by the Pennsylvania Commission on Crime and Delinquency for our Restrictive Intermediate Punishment (RIP) program. The funding was used to continue the existing RIP program.
- ❖ The Department was awarded funding for the third and final year of our Federal grant, Leading Everyone to Achieve Potential (LEAP). This grant provides funding for "enhancements" to the County's treatment courts, including such things as vocational and education testing and placement, trauma and mental health screening, and treatment referrals. A group of stakeholders met on a monthly basis to monitor the progress of the project and initial discussions have begun about applying for another grant next year.

- ❖ The Department implemented, on a pilot basis, the use of the Medicaid Expedited Enrollment process to fund residential (“rehab”) treatment services for eligible clients. This was done in collaboration with staff from the Department of Human Services and Community Care Behavioral Health (CCBH), the medical assistance behavioral health managed care company for Chester County. The process allows funding for rehab services to be transitioned to CCBH retroactive to a client’s date of admission, thereby allowing Department funds to be used for other clients and services.

Treatment

- ❖ The Department has maintained and utilized the full continuum of treatment through its multiple contracted providers. These services include: outpatient, intensive outpatient, partial hospitalization, non-hospital and hospital detox and residential treatment and halfway houses. The various contracted providers, totaling over 50, met a wide array of client needs which includes, but is not limited to: serving clients diagnosed with HIV/AIDS, women with children, co-occurring individuals, adolescent (residential and non-residential), methadone maintenance and bilingual counseling (residential and non-residential).
- ❖ Department staff continued participation in a workgroup to review and identify “best practice” standards for methadone services. The workgroup consists of staff from several counties and their respective behavioral health managed care companies. A methadone provider, with locations in two of the Counties, has also been participating in the group more recently. A draft document has been produced and plans for implementation, on a pilot basis at the provider sites, are being finalized.
- ❖ Avoided the implementation of waiting lists for any treatment services despite insufficient funding available at the beginning of the fiscal year. Department staff worked with our contracted providers, utilized “contingency beds”, and identified and utilized additional funding, including Block Grant funds, throughout the year to ensure that clients in need of drug and alcohol services received the appropriate level of care and length of stay.
- ❖ Added to our contract with Today, Inc. their new treatment program. This is a short and long-term residential program for young female adults, ages 18 – 26.

Case Management

- ❖ Staff has continued our extensive interdepartmental and intersystem collaboration. This has included: working with the County’s Probation Office and criminal justice system with regards to Treatment Court clients, working with the Restrictive Intermediate Punishment (RIP) team, participation in the System of Care (SOC) project, participation on the Housing Action Team (HAT) and participation in the Mental Housing Action Team (MHOT), among others.
- ❖ The number of Prison Assessments has increased approximately 20% from fiscal years 2009/2010 to 2012/2013; Case Management staff has completed a total of 1,130 Prison Assessments in that time.

Recovery Support

- ❖ Successful continuation of the use of the System of Care practice model when working with complex, challenging and/or multi-systems involved clients. This includes working with other County departments, such as Children, Youth and Families, Mental Health/Intellectual and Developmental Disabilities, Human Services, Adult and Juvenile Probation and the Department of Aging, as well as with treatment providers. Additionally we assisted in the development and presentation of a System of Care overview to our in-county treatment providers, to familiarize them with this Human Services' Practice Model and encouraged its implementation in their individual programs.
- ❖ Proclamation presented by the County Commissioners supporting the National Drug and Alcohol Recovery Month in Chester County.
- ❖ In September, 2012 the Department hosted a local National Drug and Alcohol Awareness month by providing informational literature, program brochures, and 12 Step meeting lists to the public.
- ❖ The Department began planning for a cross-system 12 Step Training with the goal for the training to be held in the fall of 2013.

Prevention/Intervention

- ❖ The Department saw significant increases in the percentage of Hispanic and Latino individuals receiving prevention services between FY 11/12 and 12/13; 11% and 20% respectively. Services ranged from material dissemination to curriculum-based prevention education for all age groups, pre-school through adult, and were inclusive of alcohol, tobacco and other drug programming and problem gambling.
- ❖ Using data from the 2011 Chester County, Pennsylvania Youth Survey, the Department met or exceeded the following two goals under the Public Safety priority area, established by the Commissioners, for the 2012 Strategic Plan:
 - Goal 1: 75% of children and adolescents in Chester County will not use alcohol in the past 30 days.
Result: **77%** children and adolescents did not use alcohol in past 30 days.
 - Goal 2: 94% of youth will not use illicit drugs, excluding marijuana in the past 30 days.
Result: **94%** of youth did not use illicit drugs, excluding marijuana in past 30 days.
- ❖ Over 11,000 Chester County residents were provided current, factual and culturally sensitive information about the nature and extent of substance abuse and addiction and its effects on individuals, families and communities through the following activities: health fairs, presentations and telephone information and referral line. Also provided knowledge and awareness of the publically funded prevention, intervention and treatment systems available to county residents.

- ❖ Prevention Department staff was invited to present “Best Practices in Community Coalition Development” at the 22nd Annual Commonwealth Prevention Alliance Conference.
- ❖ Utilized problem gambling funds, awarded by the state, to increase Student Assistance Program (SAP) services as follows: trained 19 teachers and administrators, from nine (9) districts, in the commonwealth approved SAP model; funded an additional 1.5 hours per month for professionally trained SAP liaisons to provide consultation services to 38 SAP Teams across Chester County.
- ❖ Six (6) Communities That Care (CTC) trainings were conducted by department staff reaching over 70 community members. Trainings provided coalition members with the skills and knowledge necessary to enhance their efforts to address adolescent substance use issues specific to their own communities.

CHALLENGES/OPPORTUNITIES FOR ENHANCEMENTS

In addition to the many accomplishments achieved by the Department there were also various challenges faced throughout the year. Following is a list of the “greater” challenges faced and steps taken to address them, or suggestions for addressing those not resolved.

- ❖ Funding: The Department began this fiscal year with insufficient funds to meet the projected demand for treatment services.

Implemented/Suggested Resolutions: Various strategies were utilized to ensure clinically appropriate treatment services were available, including: the use of “contingency beds” for residential services; utilization of available Block Grant funds; implementation of medical assistance expedited enrollment and others. It is anticipated we will face the same scenario for next year. Two suggested resolutions would be an increase in State and other appropriations for drug and alcohol services, and continue the Department’s efforts to explore other funding opportunities through grants and other options.

- ❖ Staffing: The Department experienced an unusually high number of staff position changes, primarily due to two (2) resignations, including the Director. Additionally, as a result of County related reorganization and other projects staff was assigned new/additional tasks and responsibilities. (Note: during this time all services continued, uninterrupted, to clients).

Implemented/Suggested Resolutions: The Department has advertised and filled vacancies as appropriate, and training and supervision have been/are being provided to staff regarding new roles and responsibilities.

- ❖ New State Data Tracking System: The implementation of a new state data tracking system created unique challenges for the Department and our contracted treatment provider system. This included the collection, input, communication, reporting and utilization of data; and the tracking, invoicing and payment for services, among others.

Implemented/Suggested Resolutions: Department staff has, and continue to, attend relevant trainings and forums provided by the Department of Drug and Alcohol Programs (DDAP). Additionally, staff is participating in State level committees to help inform the modifications and changes that are needed to the system and have been in communication with contracted providers to assist in the proper use and data entry into the system.

- ❖ Prison Assessments: There has been a 20% increase in Prison assessments (completed by the Department’s case managers) over the last four years, with a 55% increase over the first six months of this calendar year. This has occurred without an increase in staff.

Implemented/Suggested Resolution: Department Administrative staff met and/or communicated with relevant court related departments to explore reasons for the increase and discuss ways to meet the demand. Discussions included prioritizing requests for assessments, conducting assessments at “alternative” times (evening, weekends) at the prison, and other options.

- ❖ Cross-system Communications: A need was identified to address communication between staff in the contracted Drug and Alcohol treatment system, Juvenile Probation (JPO), and the Department of Children, Youth and Families (CYF).

Implemented/Suggested Resolutions: Staff from our Department, JPO and CYF reviewed the protocol previously established and implemented, and provided numerous trainings to the relevant County departments and treatment providers. Continued trainings will need to be offered and management level staff will need to ensure utilization of the protocols. Routine communications (such as: phone, email, etc.) between the systems' staff is also needed.

- ❖ Detoxification Services: Availability of detoxification level of care was periodically, insufficient throughout the year; demand exceeded available beds.

Implemented/Suggested Resolutions: When sufficient beds were not available, referral sources were instructed to refer clients to local hospital emergency rooms for stabilization and referral to detox from there, as appropriate. Also, throughout the year the Department monitored the availability of additional detox providers with which to contract.

TRENDS

Following are some Countywide trends identified through data related to Department funded and/or contracted services.

- ❖ The Department Case Management Unit has experienced approximately a 20% increase in Prison assessments in the past four years. Contributing to this trend is: the increase use in opiates and subsequent illegal activities; the increase in the County's criminal justice system efforts towards having appropriate clients referred to treatment instead of incarceration, or reducing lengths of incarceration; other changes to criminal justice related protocols, such as an increase in urine testing.
- ❖ Over the past four fiscal years (09/10 to 12/13), the percentage of non-hospital residential admissions with heroin/other opiates as the primary substance of choice increased from 36% to 50% while alcohol dropped from 44% to 35%.
- ❖ Over the past four fiscal years (09/10 to 12/13), approximately one-third of clients admitted to residential treatment received dual diagnosis services from a qualified and approved co-occurring provider; and in the 2012-2013 fiscal years the number of clients who received those services increased by more than 10% from previous years.
- ❖ Based on a comprehensive review and analysis of 10 year-trend data from the Chester County Pennsylvania Youth Survey (2005 through 2011), with the exception of marijuana and inhalants, overall prevalence rates for past 30-day use of alcohol, tobacco and other drugs, by youth in grades 6, 8, 10 and 12, has decreased. Of significant note, the 10-year trend data showed the percentage of 12th graders reporting driving after drinking decreasing from 24.1% in 2005 to 15.4% in 2011.

CLIENT STATISTICS

- ❖ Included below , are client statistics for the 2012 – 2013 fiscal year:
 - Number of unduplicated clients who received funded drug and alcohol services for all levels of care and activities: 2,244
 - Number of unduplicated assessments: 1,431
 - Number of unduplicated admissions to detoxification: 338
 - Number of unduplicated admissions to residential treatment: 454
 - Number of unduplicated admissions to halfway house: 91
 - Number of unduplicated clients funded in outpatient, intensive outpatient and partial hospitalization treatment: 1,349

TRAININGS

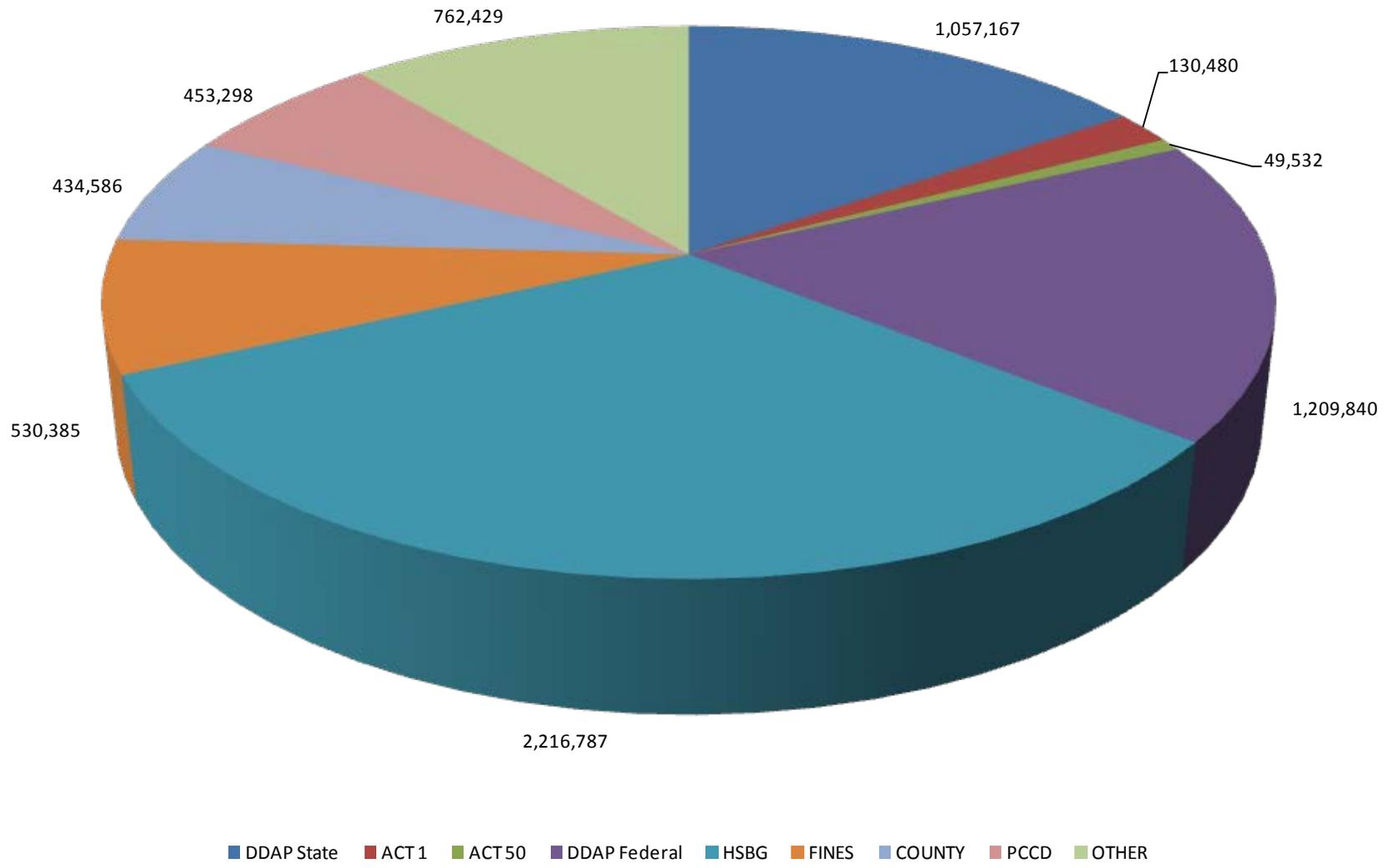
Below is a list of training needs identified by the Chester County SCA in collaboration with its stakeholders. These topics will be prioritized in planning for Department sponsored training in the coming year, and other opportunities will be explored/shared with staff and providers.

- ❖ Co-Occurring Disorders
- ❖ Resistant Client Training
- ❖ 12 Step Training
- ❖ Juvenile Act/Act 126
- ❖ Chester County Assessor Training
- ❖ Crisis Training

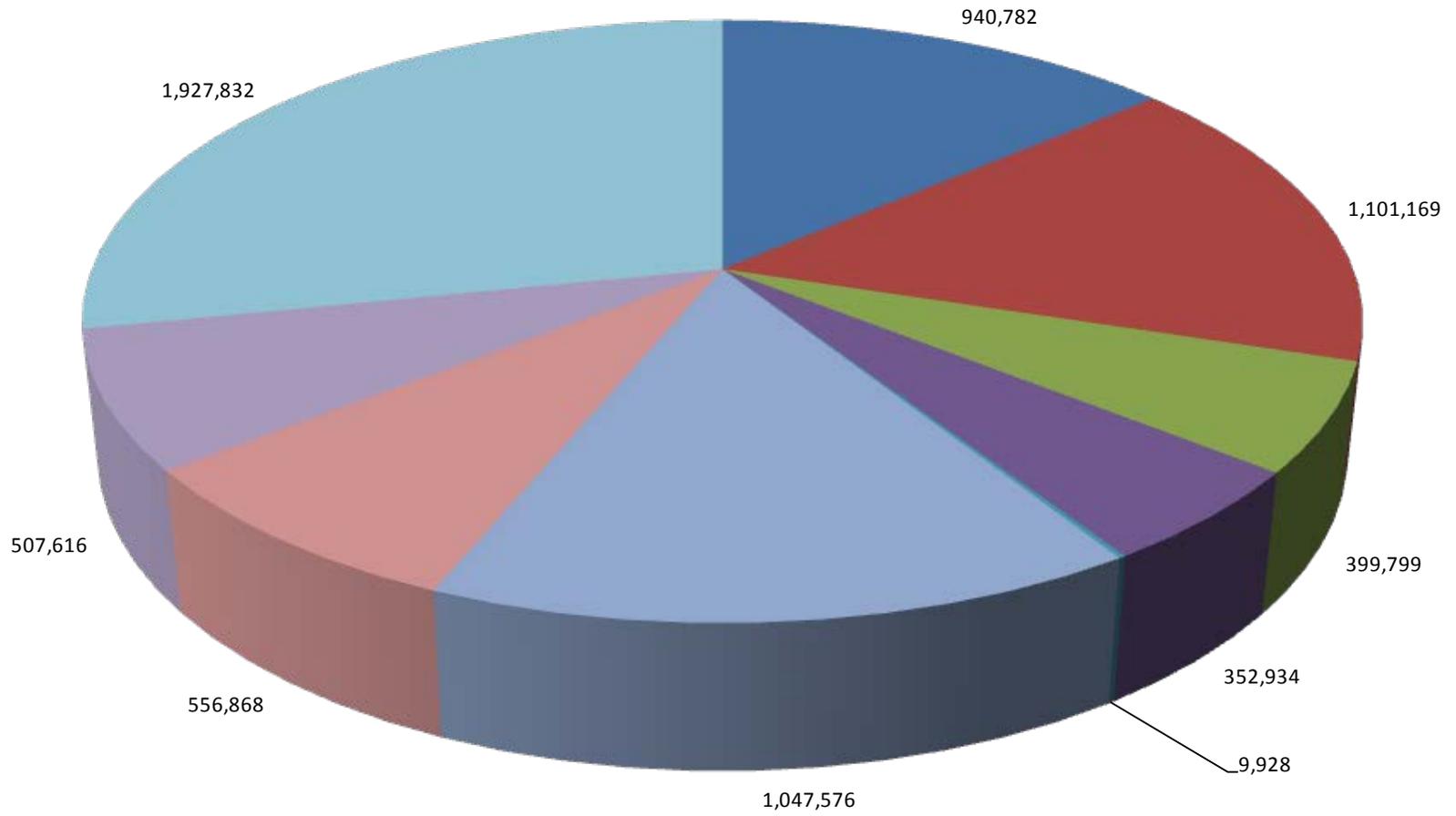
FISCAL INFORMATION

Total revenue for the Chester County Department of Drug and Alcohol Services for FY 2012/13 was **\$6,844,504**. Revenue sources include federal funding streams, PA Department of Public Welfare funding, PA State Base, PA Commission on Crime & Delinquency (PCCD), Chester County matching funds and other miscellaneous sources (Interest, OMBH, Drug Court, Criminal Justice, SAMSHA & Children, Youth and Families, Department of Community Development funding).

REVENUE

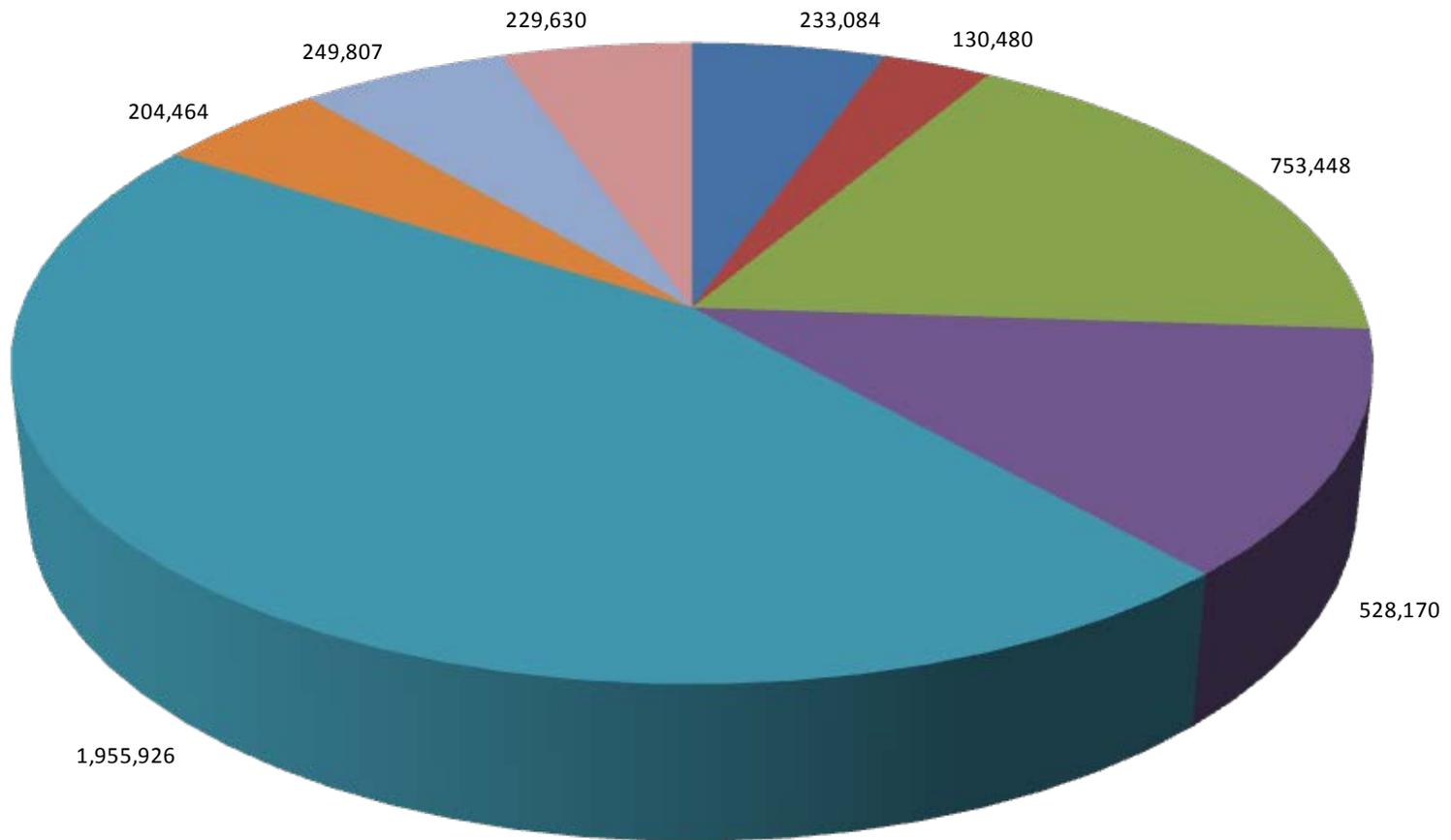


EXPENDITURE



■ Administration ■ Case Management ■ Detox ■ Halfway House ■ Intervention ■ Outpatient ■ IOP ■ Prevention ■ Rehabilitation

FUNDS USED FOR TREATMENT



■ DDAP State ■ ACT 1 ■ DDAP Federal ■ FINES ■ HSBG ■ COUNTY ■ PCCD ■ OTHER

CHESTER COUNTY COMMISSIONERS 2013

*Ryan Costello, Chairperson
Kathi Cozzone
Terence Farrell*

These services are made possible by the Chester County Commissioners, Pennsylvania Department 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 Department of Drug and Alcohol Programs. The Pennsylvania Department of Drug and Alcohol Programs specifically disclaims responsibility for any analysis, interpretations, or conclusions therein.

*Tom Corbett, Governor
Commonwealth of Pennsylvania*

*Gary Tennis
Department of Drug and Alcohol Programs*

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