



*Recovery on the Horizon*

**YORK/ADAMS  
DRUG and ALCOHOL  
COMMISSION  
(YADAC)**

**2012-2013 ANNUAL REPORT**

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# MISSION STATEMENT

*The mission of the York/Adams County Drug and Alcohol Commission is to serve, with respect, individuals in our community with substance abuse problems; in order to enhance their quality of life and provide an opportunity to reach their fullest potential in York/Adams County, PA.*

## LOCATION AND STAFF

### Location:

100 West Market Street  
Suite B04, York, PA 17401  
Telephone: 717.771.9222  
WWW: YCD-A.Org

### County Commissioners

#### York Commissioners:

Hon. M. Steve Chronister, Chairperson  
Hon. Doug Hoke  
Hon. Christopher Reilly

#### Adams Commissioners:

Hon. Randy L. Phiel, Chairperson  
Hon. James E. Martin  
Hon. Marty Karsteter Qually

### Staff:

Steve Warren, MH-IDD/ D&A County Administrator

Shawn Anne McNichol, MA, CACD, CCDPD  
YADAC Administrator

Lisa Ahmed, Chief Fiscal Officer  
Ellen Baer, Fiscal Technician

Cynthia Dixon, Prevention Program Specialist

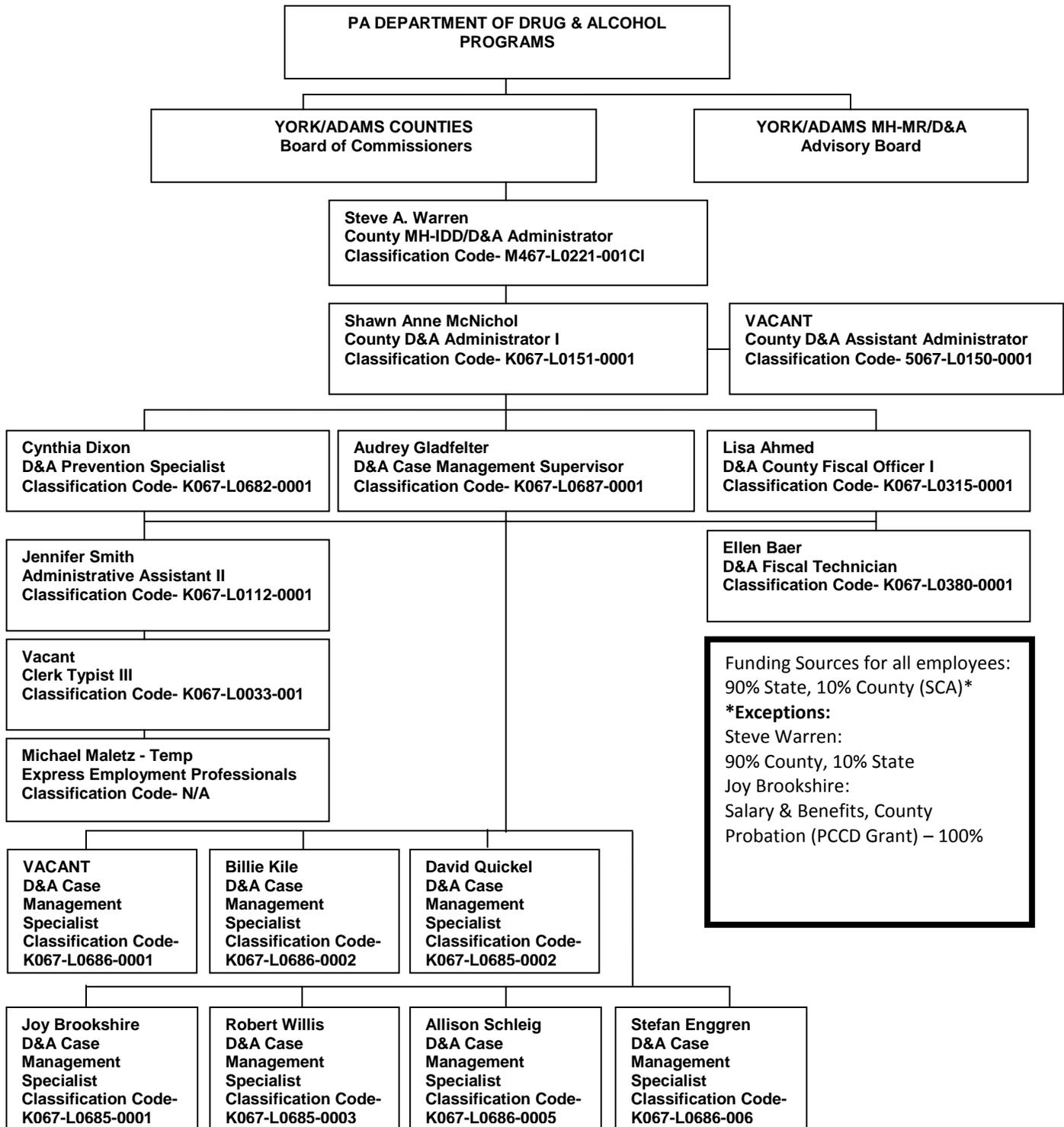
Audrey Gladfelter, Case Management Supervisor

Billie Kile, Drug & Alcohol Case Management Specialist  
David Quickel, Drug & Alcohol Case Management Specialist  
Joy Brookshire, Drug & Alcohol Case Management Specialist  
Bob Willis, Drug & Alcohol Case Management Specialist  
Allison Schlegel, Drug & Alcohol Case Management Specialist  
Stefan Enggren, Drug & Alcohol Case Management Specialist

Jennifer Smith, Administrative Assistant  
Michael Maletz, Clerical Support Temp.

# ORGANIZATIONAL CHART

## APRIL 2013 YORK/ADAMS DRUG & ALCOHOL COMMISSION Table of Organization



## BACKGROUND

In order to combat the rising substance use problems of the 60's and 70's, the federal government enacted laws, which enable states to receive federal dollars by implementing statewide drug and alcohol programs. Pennsylvania responded by establishing a governor's council on drug and alcohol abuse. The State then authorized County commissioners to establish a Single County Authority (SCA) as a means to address the growing substance use problems. In 1973, the York/Adams Drug and Alcohol Commission (YADAC) was established to serve the needs of the two County areas by planning, implementing and evaluating local drug and alcohol services with funds provided by the PA Department of Health, the Office of Mental Health and Substance Abuse Services, and the Commissioners of York and Adams Counties.

YADAC has been designated by the York and Adams County Commissioners to fulfill the outlined responsibilities of the signed grant agreement between the York and Adams County Commissioners and the Department of Drug and Alcohol Programs (DDAP) (formerly the Bureau of Drug and Alcohol Programs (BDAP)). As a means to accomplish this task, the York and Adams Commissioners joined forces and adopted the Planning Council Option as its model for the SCA. Hence, YADAC is a "joinder County SCA" that adheres to the Planning Council model. Under the Planning Council model, DDAP contracts directly with the Adams County and York County Board of Commissioners to approve contracts, purchase services, and disburse funds for the drug and alcohol services of the joinder counties. In turn, the York and Adams Commissioners look to the YADAC Administrator to fulfill the responsibilities of said grant agreement with assistance from the County Mental Health/IDD/Drug and Alcohol Administrator.

Essentially, it falls to the YADAC Administrator and the County MH/IDD/D&A Administrator to ensure that the planning, administering, funding and evaluation of substance abuse services in the joinder counties are executed successfully according to the DDAP grant agreement. YADAC determines the breadth, depth, and type of drug and alcohol services from an ongoing assessment of community needs. As a means to fulfill the planning/implementing portion of the grant agreement, YADAC contracts with local agencies to supply the community with various drug and alcohol services that are needed. These contracted services are monitored and evaluated by the YADAC staff on an ongoing basis. Though the specific drug and alcohol contracted services differ, they generally fall within the initiatives of prevention, intervention, and treatment. The 2012/2013 YADAC budget is approximately three million dollars.

YADAC is a Planning Council model where the Drug and Alcohol Planning Council functions as an advisory body, independent from the Mental Health and Mental Retardation Board or other County Human Service Department Board. The Drug and Alcohol Program Administrator and the Drug and Alcohol Planning Council are responsible for planning, coordinating and administering funds for drug and alcohol services. The agency is a branch of the York County government.

Responsibilities of YADAC:

- Complies with the requirements of DDAP, for programs such as prevention, intervention and treatment systems;
- Appoints a citizens' group (Advisory Board) consisting of eleven to fifteen members, which meet requirements to advise in the planning, coordinating and administering of these services;
- Designates a full-time person to plan, coordinate and administer these services;
- Executes appropriate agreements for services for the receipt of departmental funds.

Advisory Board Members:

Wayne Lunger  
Samiah Slusser  
Sherri DePasqua, Vice President  
Don Fennimore  
Sheryl Dahlheimer

Dr. Karen Kennedy, Secretary  
Kendra Kakos, President  
Commissioner Christopher Reilly  
Mary McGrath, Ex Officio  
Dr. David Turkewitz  
David Cook, Esquire

The YADAC Advisory Board is composed of fifteen (15) volunteer members appointed by the York and Adams County Commissioners to represent varying individuals within the community. York County is represented by seven (7) members and Adams County by five (5). There is currently one (1) vacancy.

The Advisory Board, which meets nine (6) times annually, is responsible to provide support and recommendations to the York and Adams County Commissioners and program staff with regard to the comprehensive planning, implementation, and evaluation of drug and alcohol services. Board membership includes representation from criminal justice, education, health care, and human services. In addition, one member is a recipient of drug and alcohol services and at least two members represent minority populations.

If you would like further information about becoming a member of the York/Adams Drug and Alcohol Program Advisory Board, please call the Drug and Alcohol Administrator at (717) 771-9222.

## ADMINISTRATION

Administration is the provision of planning, organizing, funding, and control of the SCA's drug and alcohol program. This activity includes general managerial functions that are supportive to, but not an intrinsic part of, the provision of direct services. Services include plan development and program implementation, budgeting, financial and data management, project and service monitoring, and evaluation. Personnel costs, including salaries and associated fringe benefits, are considered administrative if those costs are not incurred in the direct provision of prevention; intervention; treatment; and treatment-related services, to include case management services.

### Major Accomplishments

Cross trainings were held among partner agencies to further educate systems about YADAC services, roles, and responsibilities.

Administrative Assistant position created in order to support administration.

YADAC initiated Quality Assurance reviews and monitoring in an attempt to maintain contract compliance throughout the year and strengthen relationships with providers.

YADAC expanded the distribution listing (mail and email) for trainings, funding information, notices, etc.

The concepts of the Sanctuary Model were introduced to YADAC staff.

Administration updated policies and procedures for employees and treatment providers in an effort to clarify and formalize process/procedure. Along with these changes to written policies, the administration also updated provider contracts, billing process, staff job descriptions, the organizational chart, and forms to include fillable and non-fillable fields as well as electronic versions for access through the YADAC website.

The YADAC training registration process was streamlined.

The YADAC website was restructured to be more user friendly, including an abundance of resources, and it is consistently updated.

The contract process at YADAC changed from a Request for Proposal to a Request for Information; in addition, meetings were initiated with proposed contracted providers prior to the beginning of the fiscal year.

YADAC provided support to other agencies through regular attendance at case review meetings. Additionally, YADAC met regularly with community partners throughout the area to establish new resources and connections and to maintain existing relationships.

YADAC coordinated with Community Care Behavioral Health (CCBH) to backdate treatment funding to the beginning of MA eligibility by utilizing Expedited Plus Plus.

The YADAC Prevention and Treatment Needs Assessment data was made public, which has been instrumental in guiding the decisions of YADAC, as well as providing evidence for current issues and the need for collaboration of systems.

Regularly Attended Meetings by YADAC

- Adams County Integrated Children Service Plan (ICSP)
- Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA)
- Adams County Criminal Justice Advisory Board (CJAB) Sub Committee
- York County DUI Expansion Committee
- Child Abuse Prevention Outreach Committee (CAPOC)
- York County Recovery Event Committee
- Children, Youth & Family (CYF) Preventative Placement Meetings
- CYF Reach Meetings
- CYF MDT Reviews
- F Troup
- Systems of Care (SOC) Meetings
- Drug and Alcohol Intensive Case Managers Organization (DAICO)
- Child and Adolescent Service System Program (CASSP) Meetings

# PREVENTION

## Summary

Prevention incorporates education/information activities and programs that are aimed at increasing knowledge and understanding about drugs, tobacco and alcohol and their effects on youth, family and community. Prevention activities are targeted at the total population with emphasis on reducing the possibility of alcohol, tobacco and substance abuse before it occurs.

YADAC contracts out for prevention services through licensed prevention provider agencies located in the two county areas. A Prevention Program Specialist on staff at the YADAC office provides coordination of the contracted prevention services. The YADAC prevention program specialist meets with the providers from both counties once a month to review service plans and discuss areas of improved community relations. The contracted provider's prevention specialists provide services to schools, social service agencies and other community organizations in need of education and alternative prevention "Best Practices" strategies using a reporting system titled Performance Based Prevention System (PBPS) software program that evaluates the effects prevention is having on the communities served.

The YADAC Prevention Program Specialist ensures the contracted prevention providers utilize measureable, evidence-based collaborative, and culturally relevant strategies to preclude or reduce the negative impact substance-use has for those individuals living with and/or in some way associating with those persons/entities that are directly involved with and/or associated with substance-use and/or distribution in order to retain and/or enhance the possibility of achieving optimum functioning at home, in school, at work, and in the community at large by increasing self-understanding, improved interpersonal and human relations skills, enhanced ability to relate to social institutions, and effective coping behaviors to deal with the naturally occurring physical, mental, and/or social consequences caused-by/related-to/created- by the presence of substances.

## Major Accomplishments

A presentation on the Student Assistance Program (SAP) was held to explain the referral process and assistance available to children in the school.

The National 3D Drunk and Drugged Driving month event was held in December 2012 at the York County Youth Development Center and featured the drunk driving simulator as the main attraction.

Legislation was developed for prescription drug monitoring to monitor how much is actually being prescribed per city.

Prevention providers provided a gamut of family-oriented programs that are applicable to adults who are in recovery. These programs also act as a form of relapse prevention. Some of the programs include:

- Strengthening Families Program
- Club Ophelia

- Girls Circle
- Boys Council

Prevention contracts were updated to clarify the contracted provider’s responsibilities and prevention billing documents were created to clarify the services provided.

The contracted provider’s prevention specialists provided information and resources obtained from the DDAP’s Clearinghouse of Publications, National Institute of Drug and Addiction (NIDA), Substance Abuse and Mental Health Services Administration (SAMHSA) and resource catalogues to parents, area middle/high school students, teachers, college students, police department, coalitions, and social service agencies in the communities throughout the year.

The focus of this fiscal year was to become more involved with community events such as health fairs, health promotions, awareness events, and other public events that would cast a wide net involving more people in the community.

The four YADAC contracted prevention providers provided 3,004 services to residents and other community groups in York and Adams counties. These services were provided within the six federal strategies listed below.

- |                                       |                |
|---------------------------------------|----------------|
| • Information Dissemination           | 492 services   |
| • Education                           | 962 services   |
| • Alternative Activities              | 85 services    |
| • Problem Identification and Referral | 1,229 services |
| • Community-Based Process             | 227 services   |
| • Environmental                       | 9 services     |

# INTERVENTION

## Summary

Intervention involves the provision of services aimed at assisting the client in coping with a specific crisis or other situation in his or her life whereby his or her customary modes of adaptation have proven inadequate. Intervention also assists in decision-making and supporting the client until he or she can cope with the situation independently. Referral is provided if the need for a structured treatment regimen or other service is indicated.

## Major Accomplishments

Intervention Services such as the Student Assistance Program (SAP) and Outreach provided services to area school districts and communities with intravenous drug users (IDU) and other substance users.

YADAC contracted with providers to provide SAP D&A liaisons to assist core teams in each school district as a vehicle to maintain a program to provide appropriate counseling and support services for students who experience problems related to the use of drugs, alcohol and dangerous substances. The SAP core teams in the school districts of York and Adams counties attended 1,089 meetings, provided 1229 services and referred 301 students to services.

YADAC began holding regular, quarterly SAP provider meetings.

The Outreach provider, Alder Health Services met with 1,297 individuals in York County with the largest age group being 20-29, second largest 30-39 and third largest 40-49.

# TREATMENT

## Summary

Treatment involves the activities aimed at the systematic application of social, psychological or medical service methods to assist individuals to deal with patterns of drug and alcohol use or abuse. YADAC only contracts with licensed treatment providers and is committed to providing a full continuum of licensed and evidenced based drug and alcohol treatment options, including providing access to drug-free or medication assisted outpatient and residential care. While our treatment system has been designed to expedite detox placement for all populations, it is the policy of YADAC that pregnant women receive preferential treatment in all levels of care, regardless of funding source, throughout the drug and alcohol treatment continuum.

## Major Accomplishments

YADAC began revising the Request for Funding Authorization process to make it more streamlined for the new fiscal year.

The treatment courts secured a service dog named Buster to support clients during their treatment court experience.

Veteran's Treatment Court Track Two began working with their first client.

The Methadone Death and Incident Review Act was signed into legislation in October, 2012. The purpose of this Act is to review the number of occurrences of methadone overdose in PA.

The White Deer Run York facility began dual diagnosis treatment.

Gaudenzia held their 20<sup>th</sup> Annual Women's Conference on March 21<sup>st</sup> and 22<sup>nd</sup>, 2013.

Adams Hanover Counseling Services changed their name to TrueNorth Wellness Services. This was a significant event as they have had the same name since 1974.

TW Ponessa's York city office began running a women's group called Seeking Safety.

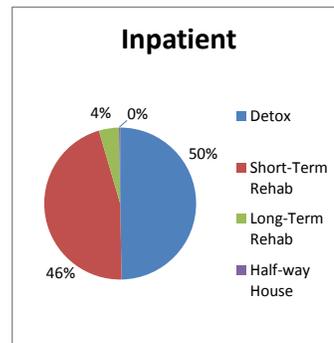
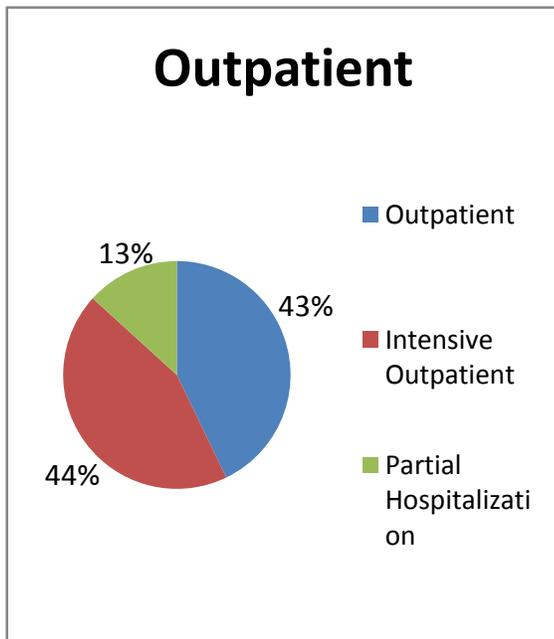
YADAC issued a Confidentiality and Written Communication Memo to cross-systems to remind individuals and agencies of the confidentiality regulations surrounding interactions with individuals involved with and/or seeking information about and/or receiving information about individuals who have applied for drug and alcohol services, participated in or received services.

YADAC recognized the increased need for bi-lingual services and secured a contract with a provider to provide outpatient treatment with case management core functions for the Spanish-speaking population of York and Adams counties. Services can be provided for:

- Adults (Male and Female)
- Pregnant Female
- Women With Children
- Adolescents
- Intravenous Drug Users

YADAC contracted with twelve (12) detox providers, thirty-five (35) inpatient providers, twelve (12) halfway house providers, three (3) partial hospitalizations providers, eight (8) intensive outpatient providers, nine (9) outpatient providers, and one (1) Methadone maintenance provider. Over the course of 2012-2013 YADAC provided:

- 13,080.25 hours of Outpatient services
- 13,404.50 hours of Intensive Outpatient services
- 4,048.50 hours of Partial Hospitalization services
- 2,567 days of detox
- 2,363 days of short-term rehab
- 221 days of long-term rehab
- 13 days of Half-way house placement



# CASE MANAGEMENT

## Summary

YADAC's case management includes the three primary functions of: screening, assessment and case coordination. Screening is the first function of case management and consists of evaluating the individual's need for a referral to emergent care such as detoxification, prenatal, perinatal, and psychiatric services. It can also be used to motivate and refer, if necessary, for a level of care assessment or other services, such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). A screening may be conducted by telephone or in person.

The second function of case management is assessment. This includes a Level of Care Assessment (LOCA) and placement determination. During the assessment, all aspects of the individual's involvement in the drug and alcohol service delivery system are coordinated. The LOCA and placement determination utilize the Pennsylvania Client Placement Criteria (PCPC). A TB screening and referral to appropriate services is also completed at this time in conjunction with assessment of the individual's non-treatment needs.

The third function of case management is case coordination. Through case coordination, the individual's non-treatment needs are addressed. Non-treatment needs are needs that the individual may have in the following areas: education/vocation, employment, physical health, emotional/mental health, family/social, living arrangements/housing, legal status, basic needs (food, clothing, transportation) and life skills. Resources are made available to the individual at the time the needs are identified. Case coordination facilitates the identification of services offered and utilized by the individual.

The case management core functions of screening, level of care assessment, and case coordination are integrated into the contracted service agreements at the provider level. Additionally, YADAC employs seven drug and alcohol case management specialists (DACMS) and one case management supervisor. All DACMS have the skill-set and proficiency to execute the tasks associated with the core functions of case management.

## Major Accomplishments

YADAC staff continued an active role with the York County Adult Probation programs including quarterly meetings with coordinators. These include the York County treatment courts (that is: Drug Treatment Court; DUI Treatment Court; Mental Health Treatment Court; Veterans Treatment Court) the Day Reporting Center, as well as the state parole re-entry program. The continued communication and collaboration between the agencies have helped to ensure that the case management services provided to these specialty programs continue to meet the needs of the D&A population within the community and court systems.

YADAC secured a pass-through, cost-reimbursed contract with an outpatient provider for case management services for Intermediate Punishment Program.

YADAC assured coordination of services at the Adams County Adult Correctional Complex during the absence of the DACMS assigned to the prison. This was done by securing a contract for case management services with a contracted treatment provider.

YADAC clarified the LOCA process, completion time frames, and requirements for payment with all providers.

Suboxone/Bupenorphrine case coordination began to be offered to York and Adams county residents through the RASE program in Harrisburg. YADAC provided space for the RASE Project coordinator to meet with clients.

# RECOVERY SUPPORT

## Summary

Recovery support services are the non-clinical services (that is: education/vocation; employment; physical health; emotional/mental health; family/social; living arrangements/housing; legal status; basic needs of food, clothing, and utilities; life skills; child care; and transportation) that assist individuals in their attempt to recover from substance-use related problems. These services compliment the focus of treatment, outreach, engagement and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain, and sustain long-term recovery.

YADAC has contracted with its licensed drug and alcohol treatment providers in York and Adams counties to provide the case coordination of recovery support services as part of the client's treatment episode. Linking/coordinating a client to the available support services for the identified non-clinical treatment-related needs at the provider level as part of the treatment episode increases the probability that a recovery-oriented, self-sufficient life-style may occur during the treatment episode. The staff of the contracted treatment providers are, therefore, considered "case managers at the provider level".

## Major Accomplishments

There is a movement in the drug and alcohol field from an acute care model of treatment to a recovery management model. DDAP and YADAC support this concept of a Recovery-Oriented Systems of Care (ROSC) and the shift from an acute care model to a recovery management model. As such, YADAC persists in its effort to incorporate the ROSC philosophy into all of its endeavours. CCBH presented on ROSC to YADAC staff, thus furthering this endeavor and transformation through continued collaboration and education. YADAC has continued implementing the ROSC philosophy through the office and client interaction.

There has been an increased awareness of recovery resources available, as well as increased knowledge of 12 step support groups. YADAC has had several in-house presentations from Alanon and Naranon. YADAC disseminates materials for these self-help support groups and makes it a point to discuss these programs with family members, friends, and allies who contact this office and/or members of community-based coalitions, teams, task forces, etc. YADAC continues to identify and educate those individuals (family, friends, professionals, etc.) involved with individuals affected by the disease of addiction on available supports and 12 step support meetings.

YADAC has continued dialogue with Health Choices about the possibility of using reinvestment monies for Recovery Support Peer/Certified Recovery Support Specialists and to establish reimbursement funds for the drug and alcohol case coordination services provided to CCBH funded clients by the YADAC DACMS.

The Recovery Event Committee organized the 3<sup>rd</sup> Annual Recovery Day event held at the York Revolution Stadium in September, 2012. The Committee raised monies to donate bus passes for clients in recovery to attend interviews, appointments, etc.

# **BARRIERS**

## System Barriers:

Misinformation and stigma associated with substance-related issues remains a constant and ever present barrier. Misinformation and stigma permeates and resides within the substance using population as well as the population impacted by substance related issues. Misinformation and stigma can be heard amongst all veins of the substance using population, the recovering population, human services professionals, in homes, in schools, in churches, and within the community at large. Misinformation and stigma regarding substance use, recovery, and the impact of substance use on individuals, families, and community detrimentally impacts support for the needed recovery support services.

While it seems that the members of the community-at-large (both professionals and the lay-people populations) have become better educated and speak with a larger substance related vocabulary, the ability to truly understand and practically manage individuals with substance related disorders remains elusive. Contributing to this disconnect seems to be the ever present stigma associated with individuals with substance related disorders. *Stigma* refers to negative attitudes (prejudice) and negative behavior (discrimination) toward people with substance use problems. Stigma includes: having fixed ideas and judgments—such as thinking that people with substance use problems are not normal or not like them; that they caused their own problems; or that they can simply get over their problems if they want to; fearing and avoiding what is not understood. These attitudes and judgments covertly and overtly permeate the systems with which the individual is involved and can counter an intended healthy impact. YADAC persists in its endeavors to further educate the members of the community at large in an effort to reduce substance-related misinformation and stigma.

## Fiscal Barriers:

A notable barrier faced this fiscal year was lack of availability of treatment services to clients. This was caused by a myriad of factors, including decreased funding from DDAP, coupled with an increased number of individuals seeking to engage in services. As a result of the continued and significant increase in the demand for funding for drug and alcohol inpatient treatment, it became necessary for YADAC to limit funded services to include only priority populations.

As a result of the diminishing inpatient funds and resulting restrictions, the YADAC staff along with the staff at all treatment levels in the continuum of care are devoting more time with those clients who are assessed as needing an inpatient level of care yet are not of the priority populations. Additional time is required to find an “alternative treatment approach” and/or funding opportunity. The time required is not reimbursable and is costly to all involved on many different levels. The impact of this situation is definitely being felt in the short-term with a negative long-term impact anticipated. This is compounded by the fact that many of our OP providers were unable to service clients due to capacity issues as well as staffing concerns. YADAC has begun to keep a list of which OP providers are able to accept clients. At times, over half of the YADAC contracted OP providers were not accepting clients. YADAC recognizes the enormity of this barrier and has been collaborating closely with the Department of Public Welfare as well as utilizing Expedited Plus Plus to secure funding for eligible clients. Alternative treatment approaches and funding are ever sought.

## Treatment Barriers:

The level of care assessment (LOCA) episode is an activity reimbursable only with YADAC funds as it is not a recognized treatment activity by any other funding source. Moreover, it is understood through the outpatient contractual language that all individuals located in York and/or Adams counties are eligible to obtain a LOCA at no cost to the individual. (The only population required to pay for a LOCA are those individuals who have been arrested for a DUI and the LOCA is a requirement of their DUI offense.) The number of individuals requesting a LOCA has been steadily increasing. LOCAs are being completed by clinicians at the provider level. The clinicians employed by the contracted outpatient providers meet the licensing staffing requirements, which far exceed the staffing requirements of civil service and/or those outlined in the DDAP treatment manual. However, these same clinicians are required to obtain specific trainings BEFORE conducting a LOCA. Moreover, the amount of time and how the LOCA must be completed is incompatible with the time format of all other outpatient treatment activities. Bottom line, the cost absorbed by contracted outpatient providers far exceeds the reimbursement rates for a LOCA episode.

All of the YADAC contracted outpatient providers maintain a full drug and alcohol outpatient license issued through the DDAP licensing department. This license is renewed yearly following an exhaustive monitoring site visit. The licensed outpatient provider is then contractually required to further increase what licensing requires with the YADAC mandates. Essentially, the already burdensome treatment mandates become almost unbearable when working with a YADAC funded client, again, forcing the contracted outpatient treatment provider to absorb the true cost of a YADAC funded client for time that is not considered reimbursable from YADAC.

The contractual obligations imposed on the outpatient treatment providers seem to be eroding the very system it seeks to support. The providers are working more for less. The YADAC funded clients are getting less treatment time during their allotted hour and more paperwork. The YADAC office staff is spending more and more time monitoring and editing paperwork and contractual over-site and/or misinterpretations.

YADAC will persist in its endeavors to interface the requirements of the YADAC contractual mandates with those of licensing. YADAC will continue to work side-by-side with the contracted treatment providers as a means to better streamline the requirements set forth in the SCA grant agreement into practical application.

## Prevention Barriers:

There are many issues associated with providing prevention service. York County's size with its' many boroughs, townships, and cities, limits the community services our prevention providers can deliver in any given year. The request for speakers at private schools, church groups, social service agencies and other service groups cannot always be provided because of the lack of staff and materials to handout to participants in these groups.

The SCA and prevention providers will need to become more involved with residents and local organizations in Adams County. In the past there were two (2) prevention providers, but the loss of the YWCA of Adams County in the last several years has decreased involvement and services. The lack of

funding to increase staff for both Adams as well as York County has created situations where services cannot be provided by prevention staff. This lack of staff and funds will be an issue in the future as well as at present.

The agencies and groups listed below did not receive services due to a lack of staff, time and/or funding to present programs. Prevention has not had an increase in funding for a number of years making it unlikely that services will be provided in the future.

Requests that have come from York County that have not been fulfilled:

- Lincoln Charter School – Community Event
- Healthy York County Coalition
- National Night Out Event
- Victim Assistance Program Community Event
- Community Progress Council Parent Committee
- Women Infant and Child Program – WIC
- Bible Tabernacle Church – Community Event

Requests have come from Adams County that has not been fulfilled:

- Adams Coalition to Prevent Teen Pregnancy – Women’s Health
- LIU Migrant Education Afterschool Program
- National Lights On Afterschool
- 21<sup>st</sup> Century/Migrant Education
- Upper Adams Community Team
- Cannerval (Community Event)
- National Guard Youth Leadership Camp
- Healthy Adams County
- Youth Providers Resource Network
- YMCA of Littlestown
- YWCA of Gettysburg
- Littlestown – back to school nights
- African American Community Events

The lack of prevention staff and funding for staff, along with office equipment needed in both York and Adams counties, short changes the residents in both counties. The costs of effective evidence-based programs are expensive, but effective for the groups who are fortunate to become involved in the programming. Program cost continues to increase year after year and the provider agency must end up absorbing those costs. These agencies can no longer absorb costs because of the loss of revenue and requirements that limit availability for prevention providers to offer programs to the districts. Some districts are resistant to focus on the issues of substance abuse in their community. African American residents and low income residents have not been approached for services in Adams County. No one wants to harm the image of the community; however, issues are already present and must be addressed before they become major problems.

YADAC has found ways to draw people to events by having useful items, as well as playful items to handout to youth and adults. Items such as flash drives with agency information and drug and alcohol quizzes are important. Disseminating coloring books and crayons to elementary school students is also important as it brings parents to the tables displaying drug and alcohol information. YADAC has handed out sunglasses with the YADAC name, phone number and web address on them, as well as calendars for residents involved in prevention programs to keep appointments and remember the program times. Food has also been appealing to families for drug and alcohol related programs, such as the Strengthening Families Program. This program is for youth ages 10 – 13 years old and a requirement of the program is for the family to have dinner together.

Better outreach is needed to the residents listed above to improve prevention services.

### SAP Barriers:

The Student Assistance Program (SAP) has noticed a lack of follow through by student and parent(s) after referral to services in SAP. There has also been a lack of parental involvement for students in the program.

In order to address this barrier, it is key that school policies be reviewed and schools enforce the policies to get services to the students. It is important that in-school services to families be provided. It's been identified that SAP D&A liaisons and school personnel are unaware of outcomes for students who participated in SAP. This indicates a need for improvement of the follow-up process by all involved. Records must be kept regarding the outcome of the students' progress so that no student referred to services is missed. Ideally, parenting programs provided in the schools coincides with students' return to school. Students and parent(s) must participate in programming in order for it to be effective.

### Outreach/Intervention Barriers:

There is lack of funding for the outreach worker in Adams County because it's a smaller population and the community denies problems in Adams County. There is only one (1) outreach worker in York County who covers the Southwest portion of city. In order to address this barrier, we must review areas of concern and map out where services are needed to seek additional funding from the state. Additionally, a solution includes promoting outreach services for IDU users in all areas of the county and listing contact information for outreach workers on the YADAC web site.

## TRENDS

Trends for York and Adams Counties are showing an increase in cleared offenses of drug possession, sale and manufacturing. These increases can possibly be attributed to an increase of use by residents. One could also infer that these increases may be a result of decreased funding for prevention and treatment.

\*The figures below show only the cleared offenses in the top cities or townships in both York and Adams counties which may include YADAC and non-YADAC funded clients. Actual offense numbers may be higher.

### \*Uniform Crime Reporting System - Offenses Cleared (Processed) 2012

*(York County reported offenses by city and township)*

Northern York Regional

Drug Possession/Sale/Mfg	14 - 2012	11 – 2011	+27.27%
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- Marijuana, Other and Opium/Cocaine

York Regional

Drug Possession/Sale/Mfg	9 - 2012	7 – 2011	+28.57%
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- Marijuana

Penn Township

Drug Possession/Sale/Mfg	16 - 2012	6 – 2011	+166.67%
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- Marijuana and Other

Springettsbury Township

Drug Possession/Sale/Mfg	39 - 2012	13 – 2011	+200.00%
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- Opium/Cocaine and Marijuana

York City

Drug Possession/Sale/Mfg	30 - 2012	17 – 2011	+76.47%
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- Marijuana, Opium/Cocaine and Other Possession

*(Adams County reported offenses by city and township)*

Gettysburg PSP

Drug Possession/Sale/Mfg	6 – 2012	7 – 2011	-14.29%
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- Marijuana and Opium/Cocaine

Coupled with the trends noted above, which show a possible increase in the amount of use by York and Adams county residents, YADAC has also noted a trend in the increase in the number of level of care assessments (LOCA) conducted. As evidenced by the data listed on page 23 of this report, there has been a notable increase of 338.00 LOCA units from the previous year. The most notable increase in units consumed occurred at an outpatient provider who re-located their facility in April, 2012 to the center square of York County. One can infer from the increase in units consumed, that more individuals are seeking out treatment services and that more systems are recognizing the need to address substance abuse in the populations they serve, and encouraging and/or requiring these individuals to have their substance abuse assessed. The accessibility of a central downtown provider may also be contributing to this increase.

This increased need for assessments, coupled with funding, capacity and staffing issues at the outpatient and inpatient levels, is subsequently reflected in the units and days consumed by outpatient and inpatient providers, as evidenced by data on pages 23 & 24 of this report. Both outpatient and inpatient units consumed decreased from the previous year. Outpatient saw a decrease of 2,915.00 units consumed, while intensive outpatient saw a decrease of 2,160.00 units consumed. Outpatient providers in the downtown central York area remained steady or increased. Notably, partial hospitalization units consumed spiked sharply from the previous year with an increase of approximately 50%. Numbers remained consistent for the Hanover area partial program, while the Lemoyne and Williamsport partial with housing component programs noted the most increase in units consumed. The increase of partial hospitalization treatment being utilized can possibly be attributed to diminishing inpatient funds and resulting funding restrictions. Partial hospitalization treatment, particularly with a housing component, may be sought in the event that inpatient funding is not available.

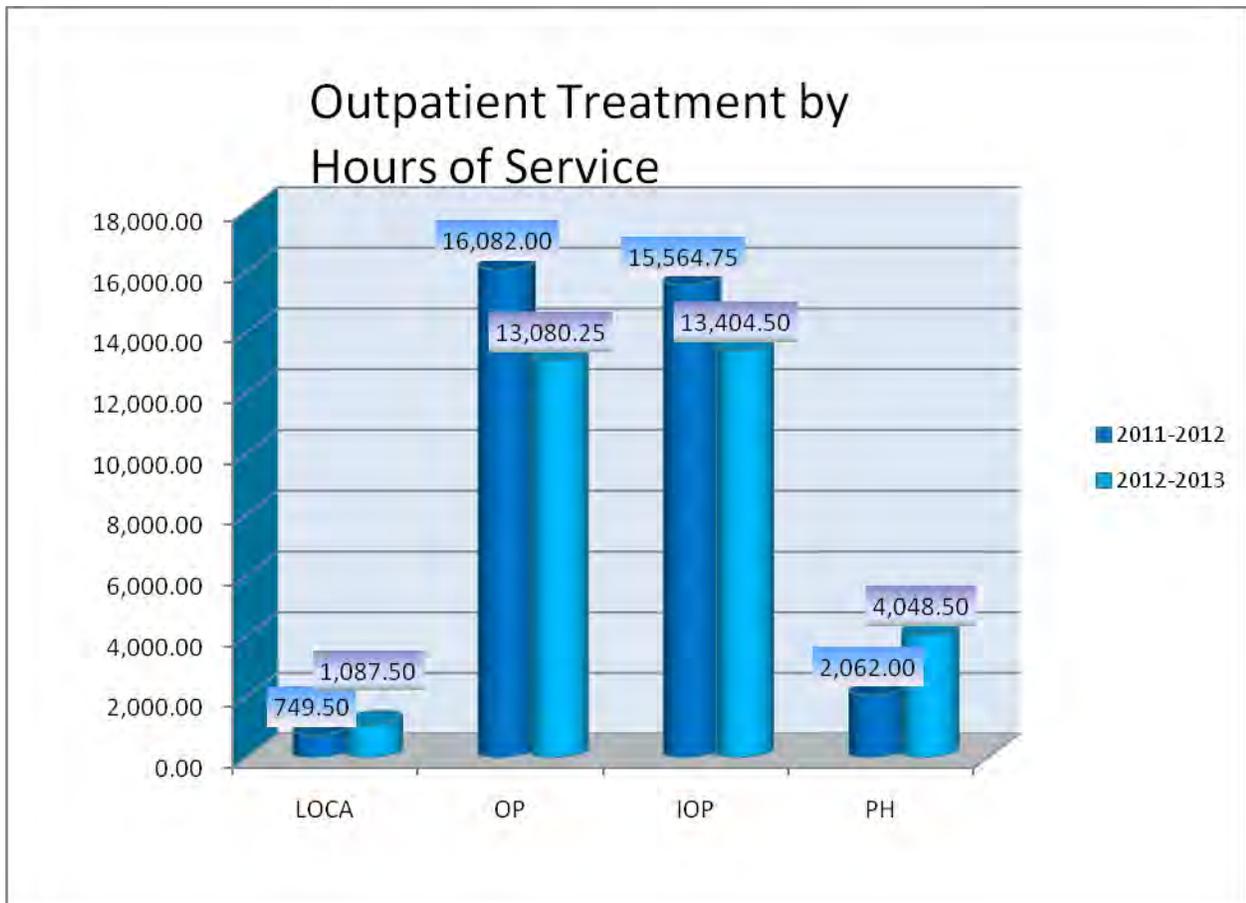
As evidenced by data on page 24 of this report, trends for this year saw marked decreases in the amount of inpatient and halfway house days consumed. Inpatient days consumed decreased significantly, with approximately a 43.4% decrease of short- term rehab days consumed, over 67% decrease of long-term rehab days consumed, and a decrease of over 98.6 % of half-way house days consumed. Due to the diminished inpatient funding, which resulted in funding restrictions throughout the year, the trend towards decreased rehab days, and possible decreased admission and/or shorter stays appears to be steady across the board. These decreases appear to impact all residents of York and Adams counties, no matter where they reside.

While inpatient and half-way house days consumed decreased, detox days consumed saw an increase of 7% (172 days). While this is not a significant increase, compared to the decrease in rehab days, this data is significant. Detox services are often required prior to a rehab admission. YADAC has noted that in cases where rehab funding is not available due to restrictions resulting from diminished funding, individuals utilized detox services recurrently throughout the year. YADAC is aware of this emerging trend. A lack of detox bed availability across the state compounds this trend.

YADAC continues to observe any emerging trends not only in York and Adams counties, but the across the State and nationally, in order to discuss possible reasons and how to address these trends.

The following shows an increase OR decrease in services by the level of care from 2011/2012 to 2012/2013:

The following shows an increase OR decrease in services by the level of care from 2011/2012 to 2012/2013:



# Inpatient Treatment by Days of Service



Please note: The data contained in this report is only reflective of YADAC funded clients unless otherwise noted.

# TRAINING

YADAC has recognized that in order to continue to address the barriers and trends identified in this report, as well as support our providers and the community, more education is needed. Areas in which more education and training would be beneficial are listed below:

## Treatment Related Trainings:

- Evidence-based treatment approaches;
- How to capture outcome measures;
- Interfacing licensing regulations with DDAP mandates;
- ROSC 101;
- Case coordination 101;
- How to provide clinically sound, ethically sound, and legally sound treatment to clients involved in the criminal justice system;
- Using the PCPC as a therapeutic tool;
- Early Recovery 101;
- Developmental stages 101;
- Personalized Recovering Programs 101: Past and Present;
- Co-Addiction of the Professionals 101;
- Working with the families 101;
- Signs and symptoms of a system that has been negatively impacted by the disease of addiction;
- Disease of Addiction 101;
- Early, Middle, Late Stages of Recovery;
- Remaining true to the drug and alcohol profession;
- Professionals: Importance of working your own recovering program;
- How to be an advocate of the drug and alcohol field;
- Appropriate use of the DSMIV;
- Recovery Support Specialist.

## Prevention Related Trainings:

- Child Abuse Report;
- Domestic Violence Issues;
- Cross Training: Housing assistance, Child care referral, Food assistance referral – How to make referrals to other services.

Other Trainings:

- Basic Group Counseling;
- Current Drug Trends;
- FASD Training;
- Mentoring Programs (those that train mentors).

*Annual Report 12/13*