Prevention/Treatment Needs Assessment

Bureau of Drug and Alcohol Programs

York/Adams Drug & Alcohol Commission
5/31/2012

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General Information/Instructions

Read all directions before completing this needs assessment.

It is the intent of the Bureau of Drug and Alcohol Programs (BDAP) to further enhance and improve substance abuse prevention, intervention, treatment, and recovery policies and practices throughout the commonwealth. This work is carried out in conjunction with Single County Authorities (SCAs), their contracted providers and the community at large. As a result, the SCAs have flexibility to develop their service delivery system in response to community needs. The SCA has the role of planning and coordinating all substance abuse services in the county(ies) it serves. In order to effectively plan and coordinate services, a needs assessment is required.

This needs assessment combines the former Prevention Needs Assessment and Treatment Needs Assessment into one comprehensive needs assessment. The process involves the identification, collection, analysis, and synthesis of data to define problems within a geographic area. This needs assessment will be the foundation for your Prevention/Treatment Comprehensive Strategic Plan. Many of the issues/needs/resources you identify here will become the focus of your plan. Although your needs assessment will be used in planning, keep in mind that issues/needs/resources that you identify need to be discussed regardless of whether they will be something you plan to address. This is particularly important because BDAP will use the information from these needs assessments to help guide the State Plan. The needs assessments will also be used by BDAP to identify common or unmet needs across SCAs, and determine possible avenues for addressing these issues at the state level.

This needs assessment should utilize a data driven decision-making process. Areas of need/problems that are discussed in this needs assessment report must be identified using the best available data sources. The needs assessment team that you assemble should work to identify and collect the data necessary to determine the needs of your population. The needs assessment team should also work to determine what resources are currently available to meet identified needs. When reviewing data it is important the needs assessment team thinks about factors that may be skewing or biasing the data and how representative the data may (or may not) be for certain populations. Suggested and required data sources have been provided to you throughout this document. These are by no means an exhaustive list of possible data sources. Feel free to seek out and discuss data other than what has been noted in this document when responding to the questions and objectives within the document.

The SCA shall submit the combined Prevention/Treatment Needs Assessment to BDAP in accordance with the BDAP Report Schedule. The SCA must submit the Prevention/Treatment Needs Assessment in the template provided. Do **not** delete the headings, questions, objectives and sub-objectives from the template; insert the corresponding narrative where directed. Directions are provided for the completion of each section. These directions provide essential information to be able to respond correctly to each section. **Please read all directions before completing any section, appendix, question, or objective.** Clarifying examples and definitions have been provided as a guide. Appendices have also been provided for your reference to assist in the completion of each section. **There are no requirements regarding length of responses for any question or objective. It is understood that SCAs**

cannot discuss every relevant data finding or other piece of information. SCAs are expected to use their best judgment to determine the appropriate length of each response needs.

Included with this template document is a copy of the *BDAP Key Representative Survey on Alcohol, Tobacco and Other Drugs* and the *BDAP Convenience Survey on Alcohol Tobacco and Other Drugs* along with directions for these surveys. You are required to administer the Key Representative Survey, but the Convenience Survey is optional. Information about how you administered these surveys must be recorded on Appendix A. *Please note that review and analysis of secondary data sources (i.e. data collected by someone other than the SCA) must take place before starting the process of primary data collection through the Key Representative Survey. Analysis of secondary data sources will provide the information needed to identify the "high risk" communities where they Key Representative Survey should be administered.*

It may also be necessary to collect additional data (beyond the Key Representative and Convenience Surveys) from focus groups, public forums, interviews, etc. Remember to cite the source of all data or other findings that you refer to in your responses.

Please make sure your needs assessment addresses the entire county (ies) you serve. Even though you may not be able to address all the issues identified through this needs assessment, this should be a comprehensive process in which you examine all communities in each county you serve. While completing this needs assessment include discussion of needs, resources, etc. for not just the SCA but the county(ies)/communities as a whole.

* Note to Joinders – SCAs who are joinders must address each element of the SCA/County Information section for each county. If information is the same for multiple counties be sure to note that. When completing the objectives each county must also be addressed. Be sure to cite data and other findings for each county.

York and Adams County Information

Reminder:

Please provide the requested information about each of the counties served by your SCA. Enter your responses into the following template. Please note the source of any data you provide in your responses.

SCA Information:

a. Please describe how your SCA functions in terms of what services (e.g. prevention programming, screenings, assessments, case management, treatment) are provided/conducted by the SCA and which are contracted out to providers.

(Use space provided below. Add additional space as needed.)

The York/Adams Drug & Alcohol Commission (YADAC) was established in 1973 to serve as the Single County Authority (SCA) for the joinder counties of York and Adams. As such, YADAC has been responsible for overseeing the administrative aspects of planning, funding, and evaluating the local drug & alcohol prevention services, treatment-related services, and treatment programming services within the joinder counties.

All services (that is: prevention programming; the case management core functions of screening, level of care assessment, and case coordination; and treatment services) for the York and/or Adams County community residents are conducted through contracted providers as indicated in the following:

- **<u>Prevention</u>: YADAC has contracts with four providers to execute prevention services and two providers to execute the student assistance program (SAP) services in the joinder counties. Three of the four prevention providers serve York County with the remaining prevention provider serving Adams County. Each SAP provider has assigned schools and/or school districts. The larger of the SAP providers conduct SAP services throughout the schools in York County as well as schools in Adams County. The smaller SAP provider is assigned two Adams County schools. The YADAC office employs a Prevention Specialist to oversee the prevention programming and SAP programming in York and Adams counties. The Prevention Specialist ensures the contracted providers utilize measureable, evidenced-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.**
- **<u>Treatment</u>: YADAC has service agreements with 11 detox providers, 27 inpatient providers, 16 halfway providers, 3 partial hospitalizations providers, 6 intensive outpatient providers, 8 outpatient providers, and 1 methadone maintenance provider available to the residents of**

York and Adams counties. Moreover, while these providers are located throughout the state of Pennsylvania, many of the services are available locally. More specifically, York County houses one detox, two short-term residential programs, one methadone maintenance program, two adolescent intensive outpatient programs, two adult intensive outpatient programs, and seven outpatient programs. Adams County contains two outpatient programs, one adolescent intensive outpatient program, and one adult outpatient program. In York County there exist only two licensed drug & alcohol programs that are not contracted with YADAC with none existing in Adams County.

The case management core functions of screening, level of care assessment, and case coordination are integrated into the treatment service agreements at the provider level. The role of screening and the level of care assessment are designed to expedite client placement at the provider level. Moreover, the design of case coordination allows the treatment provider to supplement their approved rehabilitative clinical approach designated by their issued license. The provision of the treatment related service activity of case coordination during the treatment episode assists the client in meeting other deficiencies inherent in their life, and ultimately aids them in securing recovery and a self-sufficient lifestyle. Linking/coordinating a client to the available support services at the provider level and as part of the treatment episode increases the probability that a recovery-oriented, self-sufficient life-style may be initiated during the treatment episode. The case coordination of linking/coordinating to recovery support services in tandem to the licensed clinical methodology is to be executed throughout the continuum of care and during each level of care treatment episode.

YADAC employs seven drug & alcohol case management specialists (DACMS) and one case management supervisor. Five of the seven DACMS are assigned to the York County treatment court programs (that is: drug treatment court; DUI treatment court; MH treatment court; veterans treatment court) and/or the York County court diversionary programs (that is: Day Reporting Center). One DACMS is assigned to the Adams County Adult Correctional Facility. The remaining DACMS is relegated to the YADAC office to process funding authorization request paperwork. Regardless of the DACMS assignment, all DACMS have the skill-set and proficiency to execute the tasks associated with the core functions of case management. As such, the DACMS can conduct screenings, level of care assessments, and case coordination for those individuals within their prospective assigned court/prison programs as needed AND, as warranted, transmit/ transpose/infuse/inject these completed case management core functions to our contracted treatment providers as a means to enhance/expedite/supplement the client treatment episode.

Population Trends and Demographics:

a. List trends in population growth/movement and demographics (i.e. rapid population growth, changes in demographics such as an aging population or new populations coming in or leaving area) – List only trends that are impacting substance use/abuse and the prevention, intervention, treatment of and recovery from substance abuse for the county(ies) you serve.

(Use space provided below. Add additional space as needed)

YORK COUNTY

Population

- **1990-2010: population growth of 28%**
- **2000-2010: population growth of 14%; 4%>national population growth of 10%; 11%>than state of PA population growth of 3%**
- **2009 total population = 428,937**
- **2010 total population = 434,972**
- **2009 Median age of residents: 39**
    - **Males median age: 38**
    - **Females median age: 41**
    - **White residents median age: 42**
    - **Black residents median age: 29**
    - **American Indian residents median age: 25**
    - **Asian residents median age: 33**
    - **Hispanic or Latino residents median age: 23**
    - **Residents with other races median age: 27**
- **2010 Median age = 40.1years as compared to 2000 median age of 37.8years**
- **2010 female population = 50.7%**
- **2010:**
    - **white persons= 88.5%; % change 2000-2010=62.8%;**
    - **black persons= 5.6%; % change 2000-2010=62.8%**
    - **American Indian/Alaska Native=.2%;**
    - **persons of Hispanic or Latino origin= 5.6%; % change 2000-2010=116%**
- **2006-2010 language other than English spoken: 6.7%**
- **2006-2010 Number of Veterans: 37003 as compared to the state of PA=1,034,976**
- **2009 Urban Population = 71%**
- **2009 Rural Population= 29%**

Employment

- **Average hourly wage: $18.90 < state of PA at $21.53**
- **Average annual wage: $39,312 < state of PA at $44,772**
- **2006-2010 median household (of 2.52) income: $57,494 > state of PA at $50,398**

- **Average weekly wage: $756< state of PA at $861**
- **2010 Unemployment rate: 8.7% < state of PA at 9.0%**
- **2009 Seasonally Adjusted Unemployment Rate: 7.1%**
- **2010 Seasonally Adjusted Unemployment Rate: 9.4%**
- **2011 Seasonably adjusted Unemployment Rate: 7.6%**
- **2009 City of York unemployment rate: 16%**
- **2009 a total of 227, 519 civilians were employed in York County jobs; equivalent to 53% of the York population**
- **2009 Ranking of industries providing employment:**
    - **Manufacturing: 23.9%**
    - **Educational, health and social services: 16.7%**
    - **Retail trade: 12.4%**
- **2011 Total Population in Civilian Labor Force: 51.6%**
- **Average commute time to work: 26 minutes**

Poverty

- **2006-2010: 9% below poverty level < 12.4% for state of PA**
- **2009 Population with income below poverty level: 7.2%**
- **2009 Total poverty rate: 8.9%**
    - **7.1% for White Non-Hispanic residents**
    - **24.5% for Hispanic or Latino residents**
- **2009 poverty rate for children under 18 years old: 12.3%**
- **Most acute rates: York City = 37% residents live in poverty with 50% of those under 18 living in poverty**
- **2010 Population eligible for Medical Assistance: 12.9%**
- **2010 Population receiving cash assistance: 1.3%**
- **2010 Population receiving food stamps: 9.9%**
- **2010 Population receiving WIC program: 1.6%**
- **2010 % students eligible for free & reduced school lunches: 32.4%**
- **2010 % of Children enrolled in CHIP: 6.9%**
- **Population eligible for medical assistance:**
    - **2008: 12.1%**
    - **2009: 12.9%**
    - **2010: 13.7%**

Health

- **Adult behavioral risk factors**
    - **2007-2009: 8% reported no health insurance(ages 18-64); 4% reported heavy drinking**
    - **2006 – 2008: 11% reported no health insurance (ages 18-64); 5% reported heavy drinking**

- **According to the *Healthy York Health Adams Behavioral Risk Factor Survey, November 2011 York/Hanover respondents only:***
    - **One in five resident have a depressive disorder**
    - **Health conditions are most strongly associated with age and poverty**
    - **Poor and low income respondents are more likely to have anxiety or depressive disorders**
    - **Women are more likely than men to have depressive disorder**
    - **The rates of having poor mental health days are increasing in York County and are above the state average**
    - **The likelihood of being a binge drinker tends to decline with age**
    - **Poor & low income respondents are much less likely to have health care coverage or a personal physician than higher income respondents**
    - **Poor respondents are most likely to have skipped health care due to costs and to have experienced one or more economic hardships in the past year**
    - **Recent trends is for higher rates of insurance coverage and makes the insured rate in York County higher than the state average**
    - **The trend for poor mental health days is increasing**
    - **Respondents over 55 are less likely to have poor mental health days or money worries AND are more likely to visit the doctor for routine checkups and to get health screenings**

ADAMS COUNTY

Population

- **1990-2010: population growth of 30%**
- **2000-2010: population growth of 11%; 1% >national population growth of 10%; 8%>than state of PA population growth of 3%**
- **2009 total population = 102,323**
- **2010 total population= 101,407**
- **2009 Median age of residents= 40**
    - **Males median age= 39**
    - **Females median age= 41**
    - **White residents median age: 42**
    - **Black residents median age: 41**
    - **American Indian residents median age: 52**
    - **Hispanic or Latino residents median age: 20**
    - **Other race residents median age: 22**
- **2010 Median age = 41.3 years as compared to 2000 median age of 37.0 years**
- **2010 female population = 50.8%**
- **2010:**
    - **White persons = 93.7%;**

  - **Black persons = 1.5%**
  - **American Indian/Alaska native = .2%**
  - **Persons of Hispanic or Latino origin= 6.0%**
  - **Asian Persons = .7%**
- **2006-2010 language other than English spoken: 6.3%**
- **2006-2010 Number of Veterans: 9,489 as compared to York=37,003**
- **2009 Urban Population = 40%**
- **2009 Rural Population = 60%**

Employment

- **Average hourly wage: $15.35 < state of PA @ $21.53**
- **Average annual age: $31,928 < state of PA at $44,772**
- **2006-2010 median household (of 2.53): $56, 529 > state of PA @ $50,398**
- **Average weekly wage: $614 < state of PA @ $861**
- **2010 Unemployment Rate: 7.8% < state of PA at 9.0%**
- **2010 Seasonally Adjusted Unemployment Rate: 8.8%**
- **2009 Seasonally Adjusted Unemployment Rate: 6.8%**
- **2011 Seasonally Adjusted Unemployment Rate: 6.6%**
- **2009 a total of 55,163 civilians were working in Adams County jobs; equivalent to 53.9% of the total population**
- **2009 Ranking of industries providing employment:**
  - **Manufacturing: 22.6%**
  - **Educational, health and social services: 18.7%**
  - **Retail trade: 11.7%**
- **2011 Total Population in Civilian Labor Force: 54%**
- **Average commute time: 25.1 minutes**

Poverty

- **2009 Percentage of residents living in poverty: 5.7%**
- **2009 Population with Income Below Poverty Level: 7.2%**
- **2009 Poverty rate for children under 18 years of age: 10.4%**
- **2010 Population receiving cash assistance: .5%**
- **2010 Population eligible for medical assistance: 10.4%**
- **2010 Population participating in WIC Program: 2.2%**
- **2010 Students eligible for Free & Reduced School Lunches: 33.0%**
- **2010 % of Children enrolled in CHIP: 8.1%**
- **Population with Income Below Poverty Level:**
  - **2008: 7.4%**
  - **2009: 7.8%**
  - **2010: 7.2%**

Health

- **Adult behavioral risk factors (data comprised of Adams, Franklin, and Fulton Counties)**
  - **2007-2009: 16% reported no health insurance (ages 18-64); 4% reported heavy drinking**
  - **2006 – 2008: 13% reported no health insurance (ages 18-64); 3% reported heavy drinking**
- **According to the *Healthy York Health Adams Behavioral Risk Factor Survey, November 2011 Adams County respondents only:***
  - **The trend on health insurance has weakened over the past ten years and these rates are equivalent to the state rates;**
  - **Overall insurance coverage trend is towards less insurance coverage; this seems especially true of adults 18-64**
  - **Residents above 55 years of age are more likely to have health care coverage and a personal physician**
  - **Poor and low income respondents are much less likely to have health care coverage or a personal physician than higher income respondents**
  - **Poor respondents are most likely to have skipped health care due to costs and to have experienced one or more economic hardships in the past year**
  - **The likelihood of being a binge drinker tends to decline with age**
  - **One in five residents has a depressive disorder**
  - **Health conditions are most strongly associated with age and poverty**
  - **Residents over 55 are less likely to report an anxiety or depressive disorder**
  - **Poor and low income respondents are more likely to have anxiety or depressive disorders**
  - **Women are more likely than men to have a depressive disorder**

b. Outline cultural/religious/ethnic groups in your county(ies) that may be important subpopulations or communities that need to be addressed as you plan prevention, intervention, treatment, and recovery services. Cultural groups can be defined as groups of people that share common ties of language, nationality, practices, or some other set of shared experiences.

(Use space provided below. Add additional space as needed.)

YORK

Recovery Houses: At this time, there is an inability to quantify the extent of Recovery Houses within York County. The challenge in how to "investigate" into these establishments persists, as no recovery houses are offering treatment services that would necessitate licensure by the state. Moreover, the zoning laws of York County do not necessitate registration or monitoring of these establishments. The number of these residences can only be estimated and these estimates vary according to the source. At times, the number of these residences is estimated in the hundreds. Not only is it unclear as to

what parameters are instituted in these homes, there exists no information pertaining to the individuals housed in these structures. Therefore, the population served by these establishments remain undocumented.

Minority populations: These populations remain underserved and unrepresented in the data.

ADAMS
Migrant populations: At this time, there is an inability to quantify the migrant population. Therefore, this population remains unrepresented in the data. It is public knowledge that this population exists, however, capturing an accurate picture of this population remains elusive. As such, this population remains underserved, as well as being unrepresented in this needs assessment.

Community Changes:

a. List any significant changes in your county (ies) in the last five years. This could include social and economic conditions, new businesses or loss of businesses, a new school or school closing, new places of worship or closing of places of worship, etc. This could also include changes to law enforcement including changes to local laws, ordinances, funding, etc. – List only trends that are impacting substance use/abuse and the prevention, intervention, treatment of and recovery from substance abuse for the county (ies) you serve.

(Use space provided below. Add additional space as needed)

YORK COUNTY

- **YADAC**
  - **12/6/2006 - 6/22/2008 YADAC Administrator position vacant**
  - **6/23/2008 – 12/31/2009 YADAC Administrator position filled**
  - **1/1/2010 – 5/2/2010 YADAC Administrator position vacant**
  - **5/3/2010- present YADAC Administrator position filled**

- **Recovery Houses:**
  - **numbers have steadily increased;**
  - **these establishments persist with "flying under the radar" of any laws or regulations for monitoring purposes;**
  - **inability to quantify at this time;**
  - **present estimates are in the hundreds**

- **Criminal Justice System**
  - **2010 Crisis Intervention Team Training was completed by a group of York County Police officers**
  - **2010 Expanded Existing Treatment Courts to include DUI Treatment Court**

- **2010 York County Drug Treatment Court was chosen as a mentoring court in the state of PA**
- **2011 DUI Treatment Court Procedures revamped to expedite processing/evals/treatment at the front end; In an email dated 5/14/12 this has resulted in an increase of approximately 272 DUI cases as compared to the number of cases filed last year as of May 11, 2012**
- **2011 Expanded Treatment Courts to include Veterans Court**
- **2011 the selling of bath salts was criminalized**

ADAMS COUNTY

- **Historically underserved by YADAC**
  - **Two outpatient providers;**
  - **2011 Assigned DACMS to Adams County Adult Correctional Complex**
  - **Laggard YADAC committee participation and committee follow-through**

- **Recovery Houses:**
  - **two are currently known to exist**

YORK CITY

C. Kim Bracey was elected the first African-American Mayor of the City of York on November 3, 2009 and was sworn-in as the 24th Mayor, January 4, 2010. As the City's chief executive officer, she is responsible for all aspects of the general management of the City and for enforcement of all laws and ordinances for the city and its residents. Previously she was the appointed Director of the Department of Community Development for the City of York from June 2003 until January 2009 under Mayor John S. Brenner.

During Kim's first two years in office, she has worked on professionalizing all aspects of local government in York, and engagement with residents, business leaders, nonprofit executives, members of the faith community and the city school district. She has provided state and federal testimony on subjects ranging from fiscal modernization of local government, economic and community development, and education reform. Locally, as Mayor, Kim has launched such initiatives as Job One Citywide Customer Service, Zero Tolerance for Blight, Community Policing, Mentor York, Take Ten on Tuesday a Beautiful York Initiative and Faith Net. She continues the arduous task of uniting segments of the community to develop novel and innovative new partnerships among the public, private and not-for-profit sectors.

History and Traditions:

a. Describe how the history of the county (ies) influences how people feel about the county(ies), and how people view substance use/abuse and the prevention/treatment of substance abuse.

Note traditions and celebrations that are relevant to substance use/abuse and the prevention, intervention, treatment of and recovery from substance abuse.

(Use space provided below. Add additional space as needed)

JOINT AGREEMENT

Since on or about 1972, York County and Adams County have jointly operated and administered the York/Adams Drug & Alcohol Commission, pursuant to and in accordance with the Pennsylvania Drug and Alcohol Abuse Control Act. Moreover, the York County and Adams County had been jointly operating and administered the York/Adams Mental Health & Mental Retardation since 1966 and pursuant to and in accordance with the Pennsylvania's Mental Health/Mental Retardation Act of 1966. Hence the Joinder Governing Board of Commissioners of Adams County and York County Board of Commissioners oversee the operations of the MH/MR programs and the operations of YADAC.

The York County and Adams County Board of Commissioners have appointed an Administrator who serves as the overall administrator of the York/Adams MH-MR/D&A Programs. The individual appointed to this position has maintained this position uninterrupted for over 25 years. This individual has ensured that: the services required by the Pennsylvania Drug and Alcohol Abuse Control Act are available; the annual plan and budget for the provision of services, the establishment and operation of facilities, and related matters are submitted in a timely manner for review and approval by the Joinder Governing Board with a follow-up transmittal to the Department of Public Welfare; the review and evaluation of facilities occurs; there exists cooperation with the Department of Welfare in the maintenance of established standards; reports are submitted to DPW as required; effective liaison with governmental and private community health and welfare agencies, organizations and State operated facilities is maintained; analysis and evaluation of mental health and mental retardation needs and services; and recommended improvements and such other actions as necessary for the proper discharge of duties occurs.

YADAC HISTORY

The York/Adams MH-MR/D&A Program Administrator position has retained the same individual for over 25 years. The YADAC Fiscal Officer has remained in her same position since 1974. Likewise, the YADAC Prevention Specialist has persisted in her position for the past 10 years after spending an additional seven years prior to her prevention specialist transfer in the YADAC Case Management component. The YADAC Administrator position, however, has had the disadvantage of a piecemeal experience with a history of short term employment periods followed by interim periods of vacancy. From 2004 to the present, the account of the YADAC Administrator position history is as follows:

- **6/1/2004 – 12/5/2006 YADAC Administrator position filled (2.5 years);**
- **12/6/2006 - 6/22/2008 YADAC Administrator position vacant (1.5 years);**
- **6/23/2008 – 12/31/2009 YADAC Administrator position filled 1.5 years);**
- **1/1/2010 – 5/2/2010 YADAC Administrator position vacant (4 months);**
- **5/3/2010- present YADAC Administrator position filled (2 years +).**

The remaining positions within the YADAC Drug & Alcohol Case Management compliment also reflect consistent turnover and vacancies. Presently, two staff has been employed with YADAC since 2004. One of these staff, a DACMS, returned to YADAC in 1997 to work with the York County Drug Court. This DACMS continues with YADAC and the York County Drug Court since that time. The other long-term YADAC staff is the current Case Management Specialist was promoted in 2008 from her DACMS position that she took in originally in 2005.

The DACMS compliment has ebbed and flowed from a low of five to its capacity of seven. Presently, the DACMS employment roster is at its capacity of seven. Five of the seven DACMS have been hired within the past two years. In 2010, all DACMS were required to meet the DACMS skill set & thereby became proficient in the DACMS core functions of: screening; level of care assessments; and case coordination. This change in skill-set proficiency was a direct result of the DACMS involvement with the York County Treatment Courts and/or Diversionary Programs and to prepare for the long awaited expansion of increased involvement in the Adams County Judicial system. Simultaneously occurring in 2010, the responsibility of case coordination was officially recognized as that of the YADAC contracted treatment providers, and as such, was included in the outpatient treatment contract.

The Administrative Assistant position has been vacant since 2007. The full time clerk typist III of eight years transferred to clerk typist II position in MH/MR rendering YADAC with a temporary clerk typist.

Historically, Adams County has been underserved by the YADAC office. As a result, the number of Adams County services related to substance-use disorders is few. Moreover, the presence of YADAC in Adams County in any capacity has been limited and sporadic at best.

YORK COUNTY TREATMENT COURTS/DIVERSIONARY PROGRAMS

- **1997 the York County Drug Treatment Court was started. One DACMS was assigned to this court. Shortly after the initiation of the York County Drug Court, as second YADAC DACMS was requested and assigned full time. Presently, two YADAC DACMS are assigned to the Drug Treatment Court.**
- **2005 the York County Mental Health Treatment Court was developed and continues to utilize the YADAC DACMS assigned to the Drug Court as needed for the MH court participants identified as having possible substance use disorders.**
- **2003 the York County Day Reporting Center was initiated. One DACMS was assigned. Presently, one YADAC DACMS is assigned full time to the Day Reporting Center.**
- **2010 the York County DUI Treatment Court was founded. One YADAC DACMS was assigned full time. A second YADAC DACMS is shared with the DUI Court & as needed for the Drug Treatment Court.**
- **2012 York County initiated a Veterans Treatment Court. YADAC assigned a DACMS as an honorary member of the Veterans Court Team.**

- **Presently, 5 of the 7 full time YADAC DACMS are assigned full time to one or more of the York County Treatment Courts/Diversionary Programs with an additional YADAC DACMS assigned as an honorary member.**

ADAMS COUNTY JUDICIAL SYSTEM

- **2011 a YADAC DACMS was assigned full time to the Adams County Adult Correctional Facility Complex.**

YADAC NAME CHANGE

In November 2011 the York/Adams Drug & Alcohol Program name was officially changed to the York/Adams Drug & Alcohol Commission (YADAC). While the Adams County and York County Joint Board of Commissioners approved the name change October 2010, an executive decision was made to delay the unveiling to coincide with the move of the office to downtown.

The rationale for the name change was a direct result of the ongoing confusion within the community at large regarding WHAT drug & alcohol services/activities were available through YADAC and, more importantly, HOW to access these services. It seemed that the majority of the residents, as well as YADAC colleagues/associates/sister-programs/etc, had the misunderstanding that YADAC provided direct services of treatment, prevention, student assistance programming, and outreach. Moreover, it was a public misconception that funding and/or a referral to treatment could be secured by contacting the YADAC office directly. The community seemed to associate the word "program" with those agencies with a drug & alcohol license from the PA DOH Office of Drug & Alcohol Program Licensure. In addition, the word "program" seemed to perpetuate the misconception that the YADAC office provided some sort of direct service or procedure on site. Ironically, no direct service or procedure is available on site as all treatment services, treatment related services, and prevention services are made available at by contracted providers. Hence, including the word "commission" in the YADAC name has assisted in re-educating the community at-large of the responsibility of YADAC to adopt a comprehensive strategy in overseeing the administration, prevention, and treatment or deal with substance abuse, substance use, and substance dependence problems in York and Adams Counties.

RECOVERY EVENTS

- **Recovery Events**
  - **September 2010: 1st Annual Recovery Day @ York Revolution Stadium**
  - **September 2011: 2nd Annual Recovery Day @ York Revolution Stadium**

PREVENTION ACTIVITIES

- **York County**
  - **Prom/Graduation Awareness Campaign**

  - **Red Ribbon Week**
  - **Family Day Appreciation**
  - **Strengthening Families Program**
- **Adams County**
  - **Prom/Graduation Awareness Campaign**
  - **Red Ribbon Week**
  - **Family Day Appreciation**
  - **TAKE BACK Adams County**
  - **Parents Who Host Lose the Most**
  - **Project Sticker Shock**
  - **Social Norms Marketing**
  - **Gettysburg Alternative Sports Park**
  - **Across Ages Intergenerational Mentoring**
  - **Cannerval**
  - **Project Venture**
  - **Strengthening Families Program**
  - **Functional Family Therapy**

Educational Institutions:

a. Describe how engaged schools in your county (ies) are in prevention/intervention programming. Also note if any schools offer on-site treatment services. Include public, private, and charter schools in your discussion. Describe to what extent schools are willing to cooperate in providing prevention, intervention, and treatment programs and services. Are schools unwilling to provide any such programming? Are schools willing to work with the SCA and providers to implement needed programs and services even if barriers such as lack of time exist?

(Use space provided below. Add additional space as needed)

The No School Left Behind philology has created situations were schools are focused on academics to improve the scores in the basic elements of education which gives no time to work on social issues that affect students in their day to day lives. The majority of programs in schools are the Student Assistance Programs were students are referred by guidance counselors, teachers, parents and other students. These programs assess students for mental health disorders and substance abuse issues. Prevention programs are the last to be introduced to students.

Many schools participate in the PA Youth Survey (PAYS) to gather information to assistance with aiding the student who may be in distress. The purpose of the PAYS is to provide a benchmark for alcohol, tobacco, and other drug (ATOD) use and delinquent behavior among young people in the school districts in York County and Adams County. It also helps indicate whether prevention and treatment programs are achieving their intended results. Secondly the survey assesses risk factors that are related to negative behaviors and look at protective

factors that guard against these behaviors. The information collected allows the community, schools, local government, and agencies to direct resources to areas that would benefit and have the greatest impact.

b. Pennsylvania Youth Survey (PAYS) and Youth Risk Behavior Survey (YRBS) Participation – Please list the school districts you are aware of that are participating in PAYS and/or YRBS. For each school district also note the school buildings and grades in which the surveys are administered.
(Use space provided below. Add additional space as needed)

The information from PAYS is not always given to the SCA or its prevention staff so that effective planning could benefit areas impacted by negative risk factors. Some coalitions refuse to assist the SCA with the information by stating schools do not want anyone else to review their information. The surveys may shed negative light on how some issues such as substance abuse and mental health disorders will show delft within the districts. Others felt putting their attention to meeting the academic goals were more important.

In York County the school districts who participated:

York County School Districts (2009)

Central School District

- **Central York High School, grades 10 and 12**
- **Central York Middle School, grade 8**
- **North Hills Elementary School, grade 6**

Dallastown Area School District

- **Dallastown High School, grades 10 and 12**
- **Dallastown Middle School, grade 8**
- **Leaders Heights Elementary School, grade 6**
- **Loganville-Springfield Elementary School, grade 6**
- **Ore Valley Elementary School, grade 6**
- **York Township Elementary School, grade 6**
- **Dallastown Area Intermediate School, grade 6**

Dover Area School District

- **Dover Area High School, grades 10 and 12**
- **Dover Intermediate School, grades 6 and 8**
- **North Salem Elementary School, grade 6**

Eastern York School District

- **Eastern High School, grades 10 and 12**
- **Eastern Middle School, grades 6 and 8**

Hanover Public School District

- **Hanover High School, grades 10 and 12**

- **Hanover Middle School, grades 6 and 8**

Northeastern York School District

- **Northeastern High School, grades 10 and 12**
- **Northeastern Middle School, grade 8**
- **Shallow Brook Intermediate School, grade 6**
- **Spring Forge Intermediate School, grade 6**

Red Lion Area School District

- **Red Lion High School, grades 10 and 12**
- **Red Lion Middle School, grade 8**
- **Clearview Elementary School, grade 6**
- **Larry J. Macaluso Elementary School, grade 6**
- **Locust Grove Elementary School, grade 6**
- **Mazie Gable Elementary School, grade 6**
- **North Hopewell-Winterstown Elementary School, grade 6**
- **Windsor Manor Elementary School, grade 6**

South Eastern School District

- **Kennard-Dale High School, grades 10 and 12**
- **South Eastern Middle School-East, grade 8**
- **South Eastern Middle School-West, grade 6**

South Western School District

- **South Western High School, grades 10 and 12**
- **Emory H. Markle Intermediate School, grades 6 and 8**

Southern York County School District

- **Susquehannock High School, grades 10 and 12**
- **Southern Middle School, grade 8**
- **Friendship Elementary School, grade 6**
- **Shrewsbury Elementary School, grade 6**
- **Southern Elementary School, grade 6**

Spring Grove Area School District

- **Spring Grove Area High School, grades 10 and 12**
- **Spring Grove Area Middle School, grade 8**
- **Spring Grove Area Intermediate School, grade 6**

West Shore School District

- **Red Land High School, grades 10 and 12**
- **Crossroads Middle School, grades 6 and 8**

West York Area School District

- **West York Area High School, grades 10 and 12**
- **West York Area Middle School, grades 6 and 8**

York City School District

- **William Penn Senior High School, grades 10 and 12**
- **Edgar Fahs Smith Middle School, grades 6 and 8**
- **Hannah Penn Middle School, grades 6 and 8**

York Suburban School District

- **York Suburban High School, grades 10 and 12**
- **York Suburban Middle School, grades 6 and 8**

(Northern did not participate in the PAYS)

PAYS data from 2009 where York County students reported the highest lifetime prevalence-of-use rates for alcohol (44.6%), cigarettes (22.2%) and marijuana (16.7%) as well as inhalants (11.3%). Students have reported "any illicit drug", excluding marijuana, 14% of surveyed students lifetime use. The overall, 8.4% of York County students reported the use of any illicit drug, other than marijuana, in the past 30 days.

The County of York has added charter schools and private school in York County PAYS survey for 2011. Those participating schools are listed below.

The County of York has added charter schools and private school in York County PAYS survey for 2011.

2011 PAYS Participating Schools:

Central York School District
Dallastown Area School District
Dover Area School District
Eastern School District - should be noted that due to paperwork errors, only 6th/8th were surveyed in Eastern this year, rather than 6th, 8th, 10th, and 12th.
Hanover Public School District
Lincoln Intermediate Unit #12
New Hope Academy
Northeastern York School District
Red Lion Area School District
South Eastern School District
Southwestern School District
Southern York School District
Spring Grove Area School District
West Shore School District
West York Area School District
York City School District
York Suburban School District
***new*York County School of Technology**
***new*Freedom Academy**

***new* Manito Academy**
***new* York Catholic**
***new* Christian School of York**
***new* Youth Build Charter School**

Adams County School Districts

Bermudian Springs School District
Conewago Valley School District
Fairfield Area School District
Gettysburg Area School District
Littlestown Area School District
Upper Adams School District

These were the PAYS participants for 2009 in all but one school district in York County. Adams County schools participated in the PAYS but that information was not shared with York Adams Drug and Alcohol Commission upon request. The PAYS for 2011 has Littlestown School District opting out of the survey.

In the York City School District and York County School Districts many of the high schools and middle schools, as well as a few of the private schools are involved in the Student Assistance Program (SAP). Adams County School Districts high schools and middle schools are also involved with the Student Assistance Program. Those school districts are listed below:

York County School Districts

Central School District
Dallastown Area School District
Dover Area School District
Eastern York School District
Hanover Public School District
Northeastern York School District
Northern York County School District
Red Lion Area School District
South Eastern School District
South Western School District
Southern York County School District
Spring Grove Area School District
West Shore School District
West York Area School District
York City School District

Adams County School Districts

Bermudian Springs School District
Conewago Valley School District
Fairfield Area School District
Gettysburg Area School District
Littlestown Area School District
Upper Adams School District

Lincoln Intermediate Unit 12

York-Adams-Franklin Counties

York Suburban School District

Private – Charter

York County
Crispus Attucks Youthbuild Charter (Not currently)
York Catholic High School
York County High School
York Country Day School

Adams County
Delone Catholic High School

Resources:

a. List all sources of additional grant funding for prevention, intervention, treatment and recovery coming to the SCA (do not include pass through funding or funding that goes directly to your contracted providers).

*(Complete table below. **Add rows to table as needed**.)*

Name of Funding Source	Brief Description of Grant	Start Date	End Date
State Base	BDAP-Dept. of Health	7/1/2010	6/30/11
SAPT Alcohol Prevention	BDAP-Dept. of Health	7/1/2010	6/30/11
SAPT Alcohol Intv./TX	BDAP-Dept. of Health	7/1/2010	6/30/11
SAPT Drug Prevention	BDAP-Dept. of Health	7/1/2010	6/30/11
SAPT Drug Intv./TX	BDAP-Dept. of Health	7/1/2010	6/30/11
Act 2010-01	BDAP-Dept. of Health	7/1/2010	6/30/11
ACT 152	OMHSAS-Dept. of Welfare	7/1/2010	6/30/11
BHSI	OMHSAS-Dept. of Welfare	7/1/2010	6/30/11
DUI	Adams and York Counties		
Rental Income	York County	7/1/2010	6/30/11
Checking Account Interest		7/1/2010	6/30/11
Training Funds		7/1/2010	6/30/11
Probation Department-York	Case Mgr. Salary/Benefits	7/1/2010	6/30/11

b. Note whether the SCA had to return (to BDAP, the Hub, or other entity) any unused funds for State Fiscal Year 2010/2011 for any of the sources of funding coming to the SCA for prevention, intervention, treatment, and recovery (e.g. BHSI Funds, Act 152 Funds). List the name of the funding sources and the amount that was unused or had to be returned. In instances where unused funds had to be returned, please discuss the barriers to efficiently utilizing these funds (i.e. what if anything hinders the SCA's ability to expend these funds within their required timeframe).

(Use space provided below. Add additional space as needed)

YORK/ADAMS DRUG AND ALCOHOL COMMISSION RETURNED FEDERAL BLOCK GRANT FUNDS TO BDAP-DEPT. OF HEALTH FOR FISCAL YEAR 2010-2011, IN THE AMOUNT OF $110,566.43. IF ALL OF OUR TREATMENT PROVIDERS (85-86) COULD/WOULD ACCEPT FEDERAL DOLLARS NO FUNDING WOULD HAVE BEEN RETURNED FOR THE FISCAL YEAR IN QUESTION. ONE PROVIDER IS BEING REIMBURSED WITH STATE BASE, DUI, AND RENTAL INCOME DOLLARS BECAUSE SAID PROVIDER IS NOT ELIGIBLE TO RECEIVE MA/HEALTH CHOICES FUNDING.

WE SHARED $65,000 OF OUR ACT 152 FUNDS WITH THE HUB (WEST BRANCH DRUG AND ALCOHOL COMMISSION).

Objectives

1 To obtain a.) information regarding use of ATOD and b.) an estimate of the prevalence of substance use disorder in the total population of an SCA.

Definitions

Estimate: A quantitative description of the current or past situation, based on data from known sources relating to the same time period using a known method which can be replicated.

Prevalence: The number with a diagnosable condition at a given time.

Substance use disorder: A condition of substance abuse or dependency as defined by DSM IV-TR.

Total Population: All people who are located in the geographic region of the SCA.

Directions for 1a.

Utilizing a variety of data sources, discuss the use of ATOD for the counties you serve. Information regarding substance use would include age at first use, past 30 day use, and other rates of use for various populations. The goal is to determine what substances are being used, at what rate, where, and by whom. Focus your response on issues and populations that the data suggest may be the biggest concerns. Note any gaps in available data that you believe may be obscuring to what extent certain issues/problems exist. Examples of data gaps include: the ER department at the regional hospital was unable to provide any data regarding ER visits and two school districts in your county have not participated in PAYS, which has limited your ability to assess patterns of use for that population. Where possible, list not only county level data but also community level data. (The term community can have many different meanings and can carry different connotations. It can mean town, township, borough, certain number of blocks within a city, or even a specific demographic group.)

Sources of this data include arrest reports, Uniform Crime Reporting System (UCR), emergency room admissions, and surveys such as Pennsylvania Youth Survey (PAYS) and Youth Risk Behavior Survey (YRBS). Data from AOPC (Administrative Office of Pennsylvania Courts) on offenses charged for crimes such as DUI, drug-related offenses, and underage drinking for the county (ies) you serve has been provided to you in tables posted to the BDAP Communicator. You are required to discuss this provided AOPC data in your response. You are also required to include data you have entered into PBPS such as NOMs surveys and pre/post tests in your response. Utilize service location information in PBPS to link this data to specific communities. Please compare local data to state and national data. Other local data you have collected can also be discussed in response to this objective.

Response to 1a.
(Insert response below.)

CASE MANAGEMENT RESOURCE REPORT (CMRR) DATA

RAW DATA

This admissions data was provided by the Data Section of BDAP. The CMRR data was collected for fiscal year 2010-2011. The CMRR data is collected only for those York and Adams County clients utilizing YADAC funding for the level of care assessment episode. Moreover, the data is not separated by County.

- **Total assessments scheduled: 3,161**
- **Total assessments completed: 2,469**
  - **Number of institutionalized assessments completed: 592**
  - **24% of the total assessments completed were prison population**
- **Total number of assessments resulting in treatment recommendation: 2,043 or 82%**

CIS DATA

RAW DATA

This admissions data was provided by the Data Section of BDAP. The CIS data was collected for the past three years (that is: 2007-2008; 2008-2009; 2009-2010). The CIS data is collected only for those York and Adams County clients utilizing YADAC funding AND the data is not separated by County. Additionally, the categoricals within each section were not always captured for each year. Moreover, the CIS data is a cumulative total of the joinder County residents who utilized YADAC funding for treatment services.

Given that York County is the significantly larger County of the two counties, it can be inferred that the CIS data trends are reflective of the York County treatment population. Unfortunately, the same cannot be inferred of the data collected for the Adams County population. The only data that can be teased out of the CIS data that would most likely be Adams County resident specific is the number of Outpatient Admissions into the YADAC Adams County Outpatient Providers. This information is as follows:

ADAMS COUNTY OUTPATIENT ADMISSIONS

- **2007 – 2008**
  - **Adams Hanover- Hanover: 55**
  - **Adams Hanover -Gettysburg: 88**
  - **PA Counseling-Gettysburg: 188**
  - **Cornerstone: 325**
    - **TOTAL: 656**
- **2008-2009**
  - **Adams Hanover – Hanover: 40**

    - **Adams Hanover - Gettysburg: 70**
    - **PA Counseling - Gettysburg: 200**
    - **Cornerstone: 269**
        - **TOTAL: 579**
- **2009-2010**
    - **Adams Hanover -Gettysburg: 10**
    - **Adams Hanover – Hanover: 72**
    - **PA Counseling - Gettysburg: 88**
    - **Cornerstone: 123**
        - **TOTAL: 293**
- **2010-2011**
    - **Adams Hanover -Gettysburg: 24**
    - **Adams Hanover – Hanover: 58**
    - **Cornerstone: 113**
    - **PA Counseling - Gettysburg: 235**
        - **TOTAL: 430**

YORK COUNTY OUTPATIENT ADMISSIONS

- **2007 – 2008**
    - **New Insights (partial): 7**
    - **PA Counseling York: 34**
    - **Adams Hanover – Shrewsbury: 76**
    - **Colonial House OP: 93**
    - **Adams Hanover – York: 150**
        - **TOTAL: 360**
- **2008-2009**
    - **Adams Hanover – Delta: 1**
    - **Pyramid OP: 12**
    - **New Insights (partial): 22**
    - **Adams Hanover – Shrewsbury: 50**
    - **PA Counseling –York: 84**
    - **New Insights York: 87**
    - **TW Ponessa: 89**
    - **Adams Hanover – York: 114**
    - **Wellspan: 270**
        - **TOTAL: 729**
- **2009-2010**
    - **Adams Hanover – Delta: 4**
    - **New Insights (partial): 15**
    - **Pyramid OP: 19**
    - **Adams Hanover –Shrewsbury: 38**

- PA Counseling –York: 40
- Adams Hanover –York: 42
- New Insights – York: 107
- TW Ponessa: 144
- Wellspan: 163
- Colonial House OP: 222
  - TOTAL: 794

- 2010 – 2011
  - Adams Hanover – Delta: 2
  - New Insights (partial): 21
  - Adams Hanover – Shrewsbury: 39
  - TW Ponessa: 59
  - Adams Hanover – York: 72
  - Pyramid OP: 83
  - PA Counseling – York: 87
  - New Insights – York: 91
  - Wellspan: 222
  - Colonial House OP: 291
    - TOTAL: 967

YORK/ADAMS COMBINED ADMISSIONS FOR RESIDENTIAL PLACEMENTS

- 2007-2008: 609
  - WDR York: highest admissions @ 178
  - WDR Allenwood: second highest @ 84
- 2008-2009: 688
  - WDR Allenwood: highest admissions @ 156
  - WDR York: second highest admissions @ 154
- 2009-2010: 418
  - WDR York: highest admissions @ 118
  - WDR Allenwood: second highest @ 54
- 2010-2011: 642
  - WDR York: highest admissions @ 199
  - WDR Allenwood: second highest @ 123

The following information is the average synopsis of the CIS data for YADAC funded clients from the York and Adams counties from 2007-2011. Each of the categorical is the average of the years for which was required to be recorded:

- Clients by gender
  - Males: 71%
  - Females: 29%
- Clients by race
  - White: 85%

  - **Black: 9%**
  - **Other: 5%**
  - **Unknown: 1%**
  - **Alaskan Native: 0%**
  - **American Indian: 0%**
  - **Asian or Pacific Islander: 0%**
- **Clients by Ethnicity**
  - **Not of Hispanic origin: 69%**
  - **Unknown: 25.6%**
  - **Puerto Rican: 4%**
  - **Other Hispanic: .75%**
  - **Mexican: .5%**
  - **Cuban: .15%**
- **Admissions by Employment Status:**
  - **Unemployed: 82.5%**
  - **Full-time: 8.5%**
  - **Inmate: 2.5%**
  - **Student: 2.5%**
  - **Part-time: 2.2%**
  - **Unknown: .98%**
  - **Disabled: .25%**
  - **Other: .25%**
  - **Leave of Absence: .03%**
  - **Retired: 0**
  - **Homemaker: 0%**
- **Admissions by Marital Status**
  - **Never married: 71.72%**
  - **Divorced: 12.21%**
  - **Married: 9.65%**
  - **Separated: 5.63%**
  - **Widowed: .79%**
- **Admissions by referral source:**
  - **Court (Judge): 39.47%**
  - **County Probation: 17.71%**
  - **D&A Abuse Care Provider: 16.21%**
  - **Self: 11.18%**
  - **Other Voluntary: 5.29%**
  - **Hospital/physician: 4.71%**
  - **State Parole: 1.54%**
  - **State Probation: 1.54%**
  - **Family/Friend: 1.02%**

- **Community Service Agency/Indivd: .80%**
- **County Parole: .68%**
- **Other Non-Voluntary: .62%**
- **School: .38%**
- **Employer/EAP: .13%**
- **County Parole: .68%**
- **Federal Probation: .04%**
- **Diversion Programs: .04%**
- **Federal Parole: .03%**
-

- **Admissions by Service**
  - **Outpatient/Drug Free: 69.72%**
  - **Inpatient Non-Hosp/Detox: 19.36%**
  - **Inpatient Non-Hosp/Drug Free: 8.36%**
  - **Outpatient/Maintenance: 1.19%**
  - **Partial Hosp/Drug Free: 1.15%**
  - **Inpatient Hosp/Detox: .05%**
  - **Outpatient detox: .04%**
  - **Outpatient/other Chemo: .04%**
  - **Shelter Detox: .04%**
  - **Inpatient Hosp/Drug Free: .03%**
  - **Correctional Institute/Drug Free: .01%**
  - **Shelter Drug Free: .01%**
- **Admissions by Drug of Choice**
  - **Alcohol: 53.47%**
  - **Heroin: 17.16%**
  - **Cocaine/crack: 11.89%**
  - **Marijuana/Hashish: 11.22%**
  - **Other Opiates/Synthetics: 4.54%**
  - **Other: .65%**
  - **Benzodiazepine: .33%**
  - **Non Prescribed Methadone: .20%**
  - **Methamphetamine: .06%**
  - **Other Stimulants: .06%**
  - **Inhalants: .05%**
  - **Over-the-counter: .05%**
  - **Hallucinogenics: .03%**
  - **PCP: .02%**
  - **Other Amphetamines: .01%**
  - **Other Tranquilizers: .01%**
  - **Non-Prescribed Methadone:**
  - **Other Hallucinogens:**

- **Admission by age**
  - **25-34: 32.40%**
  - **15-24: 27.82%**
  - **35-44: 22.19%**
  - **45-54: 14.49%**
  - **55 and older: 2.88%**
  - **14 and under: .23%**
- **Admissions by Pregnant**
  - **No: 99.6%**
  - **Yes: .4%**
- **Admissions by Veterans**
  - **No: 98%**
  - **Yes: 2%**
- **Admissions by Primary Source of Income:**
  - **Wages/Salary: 61.4%**
  - **None: 15%**
  - **Unknown: 14%**
  - **Public Assistance: 2%**
  - **Other: .05%**
  - **Disability: .01%**
  - **Retirement/Pension: 0**
- **Number of DUI arrests in past 24 month**
  - **0: 94%**
  - **1: .05%**
  - **2: 0**
  - **3:0**
  - **5:0**
  - **6:0**

CIS TABLE DATA FOR SFY 09/10

These tables are listed in Appendix E, Appendix F, and Appendix G.

- **CIS Patterns of Referrals: The most poignant data appears to be 70.7% of the first admissions of the YADAC paid clients were referred by the Criminal Justice System compared to the percentage statewide at 36%. The second highest referral source for the YADAC funded client was listed as "self/friends" at 11%, compared to the statewide percent of 21%.**
- **CIS: Treatment Admissions by Type of Service: The highest percent of YADAC funded clients were to the outpatient level of care (29.7%) while the statewide percentage is listed at 45%. The percent of YADAC funded clients referred to intensive outpatient is 35.9%, compared to 9% statewide. The percent of YADAC funded clients referred to non-hospital detox was 24.3%, compared to 13% statewide.**

- **CIS: SCA Paid Admissions by Primary Substance of Abuse (Under 18): The ranking order of the primary substance for the YADAC funded client is alcohol (26.3%), marijuana/hashish (52.6%), with heroin (5.3%), and other opiates/synthetics (5.3%), and other stimulants (5.3%), and over-the-counter (5.3%) ranked evenly as third highest. While the statewide percentage for alcohol was slightly lower at 18% and slightly higher for marijuana/hashish at 67%, these two substances were the same in the ranking order as first and second choice of substances. The latter statewide substance choices in order were other opiates/synthetics at 5%, heroin at 2.9%, other at 2.6%, and cocaine/crack at 1.4%.**
- **Demand for Service by Primary Substance of Abuse (Age 18+): The ranking order of substance preference for the YADAC funded client is alcohol (44.4%), heroin (12.5%), marijuana/hashish (12.5%), cocaine/crack (9.1%), and other opiates/synthetics (8.7%). The ranking order of statewide percentages varies slightly with alcohol (38.3%); heroin (22.4%), other opiates/synthetics ((12.7%), marijuana/hashish (12.5%)), and cocaine/crack (10%).**

DOH CIS Drug & Alcohol Statistics

YORK

- **2008-2009 Ranking order of substances for individuals receiving YADAC funded treatment:**
  - **Alcohol; heroin; cocaine/crack; marijuana; other opiates/synthetics; benzodiazepines**
- **2009/2010 Ranking order of substances for individuals receiving YADAC funded treatment:**
  - **Alcohol; heroin; marijuana; cocaine/crack; other opiates/synthetics; other**

ADAMS

- **2008/2009 Ranking order of substances for individuals receiving YADAC funded treatment:**
  - **Alcohol; marijuana; cocaine/crack; heroin; other opiates/synthetics; other**
- **2009/2010 Ranking order of substances for individuals receiving YADAC funded treatment**
  - **Alcohol; heroin; marijuana; other opiates/synthetics; cocaine/crack**

HEATLH CHOICES DATA

Health Choices raw data for the fiscal years 2008-2009 and 2009-2010 was made available. The raw data provided was specific to each of the joinder counties and included level of care, race of client, age group, and the diagnosis of the client. The data required manual calculations, and as such, reflect a best-effort-analysis. Given the numbers were significantly higher for the York County residents and the fact that the diagnoses were in a listed format, it was not feasible to do the prevalent substance diagnosis percentages for the York County data.

ADAMS COUNTY

- **2008-2009**
  - **Total clients served: 333**
  - **Race breakdown: 95.1% Caucasian; 3% African American; 1% other; .9% Asian**

- **Treatment level of care breakdown: 22 detox; 12 halfway house; 22 IOP; 2 partial; 81 rehab; 13 methadone; 183 outpatient**
- **Prevalent substance diagnosis for each level of care: detox=60% opioids related with 40% alcohol related; halfway house= 66% combination diagnosis with 33% opioids; partial= 50% alcohol related & 50% opioids related; rehab= 50% opioids related with 25% alcohol related; outpatient= 31% alcohol related, 21 % opioids related; 17% cannabis related**
- **Prevalent age group for each level of care: detox = 63% age 21-44; halfway house = 50% age 21-44; IOP = 64% age 21-44; Partial = 50% age 21-44; rehab = 46 % age 21-44; methadone = 69% age 21-44; outpatient = 54% age 21-44**
- **Service levels with age group 11-17 recorded: detox = 4%; IOP = 4%; rehab= 14%; outpatient = 15%**

- **2009-2010**
  - **Total clients served: 361**
  - **Race breakdown: 94.5% Caucasian; 3% African American; 2% other; .5% Asian**
  - **Treatment level of care breakdown: 37 detox; 14 halfway house; 25 IOP; 25 methadone; 175 outpatient**
  - **Prevalent substance diagnosis for each level of care: detox = 73% opioids related with 27% alcohol related; halfway house=40% cannabis related with 20% alcohol related, 20% cocaine related, and 20% opioids related; rehab = 36% opioids related, 27% alcohol related, 14% combination, 13% cannabis related, 5% cocaine related; outpatient = 38% mixed general behavioral health; 26% opioids related; 14% cannabis related**
  - **Prevalent age group for each level of care was age group of 21-44: detox = 80%; halfway house = 78%; IOP = 52% ; rehab = 64%; Methadone = 72%; outpatient = 56%**
  - **Second highest age group seeking services in each level of care was 18-20: detox = 18%; halfway house = 33%; IOP = 22%; rehab = 27%; methadone = 15%; partial = 50%; outpatient = 54%**
  - **Service levels with age group 11-17 recorded: detox = 2%; IOP = 4%; outpatient = 11%**

YORK COUNTY

- **2008 – 2009**
  - **Total clients served: 2370**
  - **Race breakdown: Caucasian 73%; 4% African American; 12% other; .2% Native American; .04% Asian**
  - **Treatment level of care breakdown: detox = 217; halfway house = 74; IOP = 201; partial = 11; rehab = 468; methadone = 180; outpatient = 1,219**
  - **Prevalent age group for each level of care was 21-44: detox = 68%; halfway house = 78%; IOP= 68%; partial = 64%; rehab = 66%; methadone = 80%; outpatient = 50%**
  - **Second highest age group seeking services in each level of care was 45-64: detox = 22%; halfway house = 17.5%; IOP = 20%; partial = 18%; rehab = 18%; methadone = 17%; outpatient = 18%**

- **Service levels with age group 11-17 recorded: detox =1%; IOP = 3%; rehab = 7%; outpatient= 11%**
- **Service levels with age group 6-10: outpatient = 9%**

- **2009-2010**
  - **Total clients served: 2803 (excluding suboxone = 28)**
  - **Race breakdown: Caucasian 75%; African American 13.6%; other 11%; .3% Native American; .2% Asian**
  - **Treatment level of care breakdown: detox = 360; halfway house = 99; IOP = 277; partial = 21; rehab = 653; methadone = 221; outpatient = 1,174 (suboxone = 28)**
  - **Prevalent age group for each level of care was 21-44: detox = 72%; halfway house = 68%; IOP = 71%; Partial = 71%; rehab= 65%; methadone = 83%; outpatient = 66%; suboxone = 89.5%**
  - **Second highest age group seeking services in each level of care was 45-64: detox = 19%; halfway house = 25%; IOP = 18%; partial = 19%; rehab = 16/%; methadone = 13%; outpatient = 20%; suboxone = 7 %**
  - **Service levels with age group 11-17 recorded: IOP 5%; Partial 5%; rehab 9%; outpatient 4%**

Court Reporting Network CRN DATA

All individuals arrested for a DUI in York County must complete a CRN screening. The CRN is comprised of four principle instruments: Mortimer Filkens Scale; Quantity/Frequency Index (Beverage Index); Alcohol Impairment Index; and Controlled Substance Scale. The CRN is a uniform screening tool that provides an individual summary of each DUI offender. The CRN tool can determine if individuals are "problem drinkers" or have drug use. Statistical reports are generated from this data of which are provided to the police and to Penn DOT. The CRN is used to determine if a comprehensive drug and/or alcohol assessment is required.

ADAMS COUNTY

	2008	2009	2010	2011
Ignition interlock	86	71	77	59
Total CRNS	410	433	418	453
Male	78.5%	78.8%	Unavailable	75.9%
Female	21.5%	21.2%	Unavailable	24.1%
Average Age	35	35	Unavailable	36
Prevalent age grp	35-44	35-44	Unavailable	35-44
Prevalent marital status	Single/never married	Single/never married	Unavailable	Single/never married
Average income	$34,418	$38,042	Unavailable	$30,878
Number one Reason for	Moving violation	Crash	Unavailable	Crash

stopping				
Average Educational Status	HS grad	HS grad	Unavailable	HS grad
Employment status	Employed 74.1%	Employed 73.0%	Unavailable	69.5%
Typical Occupation	Skilled	Skilled	Unavailable	skilled
Average BAC	.17	.18	Unavailable	.17
BAC above .2	29%	24.2%	Unavailable	22.7%
Indicate Problem Drinker	52.7%	57.7%	Unavailable	56.5%
Use of additional controlled substance	34.9%	31.9%	Unavailable	32.7%
1 or more additional traffic violations	68.3%	76%	Unavailable	72.6%
1 additional DUI violation	14.1%	17.8%	Unavailable	4.9%
2 additional DUI violations	4.9%	5.1%	Unavailable	1.1%
3+ additional DUI violations	1.07%	2.8%	Unavailable	.9%

The collected information regarding most commonly utilized illicit substance was cannabis for each year. The reported most commonly prescribed controlled substance was anti-depressants and/or narcotics.

YORK COUNTY

	2008	2009	2010	2011
Ignition interlock	208	228	266	319
Total CRNS	2405	2658	2307	2440
Male	75%	75.9%	74.95	73%
Female	24.7%	24%	25%	26.9%
Average Age	34	34	34	34
Prevalent age grp	35-44	35-44	35-44	35-44
Prevalent marital status	Single/never married	Single/never married	Single/never married	Single/never married
Prevalent race	White 87.4%	White 87%	White 85.2%	White 85.6%
Average income	$28,529	$30,825	$28,420	$27,778
Number one Reason for stopping	Moving violation	Moving violation	Crash	Moving violation
Average Educational Status	HS grad	HS grad	HS grad	HS grad
Employment status	Employed 73.3%	Employed 64.2%	Employed 65.7%	Employed 65.1%

Typical Occupation	Skilled	Skilled	Skilled	Skilled
Average BAC	.17	.16	.16	.16
BAC above .2	25%	21%	21.3%	20.6%
Indicate Problem Drinker	59%	57.3%	55.5%	57.5%
Use of additional controlled substance	77.8%	77.6%	79.5%	77.3%
1 or more additional traffic violations	77.8%	77.6%	79.5%	77.3%
1 additional DUI violation	17.2%	18.6%	19.2%	18.7%
2 additional DUI violations	6.3%	5.2%	6.5%	5.7%
3+ additional DUI violations	4.4%	3.8%	3.7%	3.5%

The collected information regarding most commonly utilized illicit substance was cannabis for each year. The reported most commonly prescribed controlled substance was anti-depressants.

MISC DUI STATISTICS

YORK

- **DUI Court Cases**
  - **As of May 12, 2012 the Clerk of Courts office filed 1,243 DUI cases.**
  - **Same time last year, May 11, 2011, 971 cases had been filed.**
  - **Increase of cases by 272.**
- **2011 DUI arrests (PA Uniform Crime Reporting System)**
  - **Three highest rates: Springettsbury 180; West Manchester 163; York City 129**
- **Criminal Justice Trends Reports – 2010 Summary**
  - **Court of Common Pleas Criminal Case Dispositions, 2020: 20% of cases where a public defender was assigned were related to a DUI charge; 30% of the DA's Office's caseload was related to a DUI charge. About 65% of offenders in ARD were there on a DUI charge**
  - **2005-2007 through the present: York has ranked 5th in numbers of DUI arrests statewide**
  - **The most common specific Part 2 offenses in 2010 were: disorderly conduct, DUI, and simple assault**
  - **Liquor law violations, possession of marijuana, drunkenness, and vandalism were also common in Part 2 offenses**

OFFENSES OCCURRING FROM January 1, 2008 – December 31, 2010

BY MAGISTERIAL DISTRICT OF OFFENSE OCCURANCE

This report was created from the Administrative Office of Pennsylvania Courts dataset. This report counts offenses that occurred within each magisterial district. YADAC ranked each reported categorical. YADAC also correlated each magisterial district to the assigned school district with which it is located.

ADAMS COUNTY

Adams County has a total of four Magisterial District Court Offices. Each Magisterial District Office covers two or more of the Adams County School Districts and/or may overlap school districts. YADAC included the school districts for each Magisterial District Court Office to better understand what substance related activities were occurring within the school district perimeters.

	2008	2009	2010
Alcohol related DUI	51-3-04=Upper Adams, Fairfield, Gettysburg 51-3-02=Littlestown, Conewago Valley 51-3-03=Conewago Valley, Bermudian Springs	51-3-04= Upper Adams, Fairfield, Gettysburg 51-3-02=Littlestown, Conewago Valley 51-3-01=Conewago Valley, Gettysburg	51-3-04= Upper Adams, Fairfield, Gettysburg 51-3-02=Littlestown, Conewago Valley 51-3-01=Conewago Valley, Gettysburg
Alcohol & Substance related DUI	3-way tie: 51-3-02= Littlestown, Conewago Valley 51-3-03= Conewago Valley, Bermudian Springs 51-3-04= Upper Adams, Fairfield, Gettysburg	51-3-04 =Upper Adams, Fairfield, Gettysburg 51-3-03= Conewago Valley, Bermudian Springs Tie: 51-3-01= Conewago Valley, Gettysburg 51-3-02= Littlestown, Conewago Valley	51-3-05= Upper Adams, Fairfield, Gettysburg 51-3-02=Littlestown, Conewago Valley 51-3-01=Conewago Valley, Gettysburg
DUI of minors	51-3-04= Upper Adams, Fairfield, Gettysburg 51-3-03= Conewago Valley, Bermudian Springs Tie: 51-3-02= Littlestown, Conewago Valley 53-3-01= Conewago Valley, Gettysburg	51-3-04= Upper Adams, Fairfield, Gettysburg 51-3-01= Conewago Valley, Gettysburg 51-3-03= Conewago Valley, Bermudian Springs	Tie: 51-3-04 51-3-01= Conewago Valley, Gettysburg 51-3-03= Conewago Valley, Bermudian Springs 51-3-02= Littlestown, Conewago Valley
Substance Related DUI	51-3-02= Littlestown, Conewago Valley 51-3-03= Conewago Valley, Bermudian Springs Tie: 51-3-04= Upper Adams, Fairfield, Gettysburg 51-3-03= Conewago Valley, Gettysburg	3-way tie: 51-3-04= Upper Adams, Fairfield, Gettysburg 51-3-03= Conewago Valley, Bermudian Springs 51-3-01= Conewago Valley, Gettysburg NA NA	51-3-04= Upper Adams, Fairfield, Gettysburg 51-3-01= Conewago Valley, Gettysburg 51-3-02= Littlestown, Conewago Valley
Aggravated assault or homicide while DUI	3-way tie: 51-3-04= Upper Adams, Fairfield, Gettysburg 51-3-02= Littlestown,	Tie: 51-3-04= Upper Adams, Fairfield, Gettysburg 51-3-01= Conewago Valley, Gettysburg	0 0 0

	Conewago Valley 51-3-01= Conewago Valley, Gettysburg 0 0	51-3-02= Littlestown, Conewago Valley 0	
Drug sales/ Distribution/ Manufacturing offenses	51-3-02= Littlestown, Conewago Valley 51-3-01= Conewago Valley, Gettysburg 51-3-04= Upper Adams, Fairfield, Gettysburg	51-3-02= Littlestown, Conewago Valley 51-3-01= Conewago Valley, Gettysburg 51-3-04= Upper Adams, Fairfield, Gettysburg	51-3-02= Littlestown, Conewago Valley 51-3-03= Conewago Valley, Bermudian Springs 51-3-01= Conewago Valley, Gettysburg
Public Drunkenness	51-3-03= Conewago Valley, Bermudian Springs 51-3-04= Upper Adams, Fairfield, Gettysburg Tie: 51-3-02= Littlestown, Conewago Valley 51-3-01= Conewago Valley, Gettysburg	51-3-02= Littlestown, Conewago Valley Tie: 51-3-01= Conewago Valley, Gettysburg 51-3-04= Upper Adams, Fairfield, Gettysburg 51-3-03= Conewago Valley, Bermudian Springs	51-3-05=Upper Adams, Fairfield, Gettysburg 51-3-02=Littlestown, Conewago Valley 51-3-03= Conewago Valley, Bermudian Springs 51-3-04=Conewago Valley, Bermudian Springs
Underage Drinking	51-3-04= Upper Adams, Fairfield, Gettysburg 51-3-02= Littlestown, Conewago Valley 51-3-03= Conewago Valley, Bermudian Springs	51-3-01= Conewago Valley, Gettysburg Tie: 51-3-02= Littlestown, Conewago Valley 51-3-03= Conewago Valley, Bermudian Springs 51-3-04= Upper Adams, Fairfield, Gettysburg	51-3-04= Upper Adams, Fairfield, Gettysburg 51-3-03= Conewago Valley, Bermudian Springs 51-3-02= Littlestown, Conewago Valley

2008

District Court 51-3-04 ranked the highest in the majority of recorded substance related offenses. This Magisterial District covers the school districts of Upper Adams, Fairfield, and Gettysburg. In 2008, this area ranked the highest in the following substance related offenses:

- **Alcohol related DUI's**
- **DUI of Minors**
- **Driving while license suspended due to a DUI offense**
- **Drug possession offense**
- **Furnishing alcohol to minors**
- **Underage drinking**

District Court 51-3-02 (covering Littlestown School District and Conewago School District) ranked the highest in:

- **Substance related DUI's**
- **Drug sales/distribution/manufacturing offenses**

District Court 51-3-03 (covering Conewago Valley School District and Bermudian Springs School District) ranked the highest in:

- **Other drug related offenses**

- **Public drunkenness**

2009

District Court 51-3-04 ranked the highest in the majority of recorded substance related offenses. This Magisterial District covers the school districts of Upper Adams, Fairfield, and Gettysburg. In 2009, this area ranked the highest in the following substance related offenses:

- **Alcohol related DUI's**
- **Alcohol and substance related DUI's**
- **DUI of Minors**
- **Driving while license suspended due to a DUI offense**
- **Furnishing alcohol to minors**

District Court 51-3-02 (covering Littlestown School District and Conewago School District) ranked the highest in:

- **Drug possession offenses**
- **Drug sales/distribution/manufacturing offenses**
- **Public drunkenness**

District Court 51-3-03 (covering Conewago Valley School District and Bermudian Springs School District) ranked the highest in:

- **Other drug related offenses**

District Court 51-3-01 (covering Conewago Valley and Gettysburg School Districts) shows up for the first time as ranking highest in:

- **Underage drinking**

2010

District Court 51-3-04 ranked the highest in the majority of recorded substance related offenses. This Magisterial District covers the school districts of Upper Adams, Fairfield, and Gettysburg. In 2010, this area ranked the highest in the following substance related offenses:

- **Alcohol related DUI's**
- **Alcohol and substance related DUI's**
- **DUI of Minors (51-3-01)**
- **Substance related DUI's**
- **Driving while license suspended due to a DUI offense (tied with 51-3-03)**
- **Public drunkenness**
- **Underage drinking**

District Court 51-3-02 (covering Littlestown School District and Conewago School District) ranked the highest in:

- **Drug possession offenses**
- **Drug sales/distribution/manufacturing offenses**
- **Other drug related offenses**
- **Furnishing alcohol to minors**

District Court 51-3-03 (covering Conewago Valley School District and Bermudian Springs School District) ranked the highest in:

- **Driving while license suspended due to a DUI offense (tied with 51-3-04)**

District Court 51-3-01 (covering Conewago Valley and Gettysburg School Districts) ranking highest in:

- **DUI of minors (tied with 51-3-04)**

YORK COUNTY

York County has a total of 19 Magisterial District Court Offices. Each Magisterial District Office typically covers one school district; however several cover two or more of the York County School Districts and/or may overlap school districts. YADAC included the school districts for each Magisterial District Court Office to better understand what substance related activities were occurring within the school district perimeters.

The table contains the top three ranked Magisterial District Court Offices (with correlating school districts) for the recorded substance related offenses

	2008	2009	2010
Alcohol related DUI	19-2-04 = central York; 19-2-01= Suburban 19-3-09 = West Shore & Northeastern	19-2-04=central York; 19-2-01= Suburban; 19-2-02=Dallastown	19-2-04=central York; 19-2-01= Suburban; 19-2-02=Dallastown
Alcohol & Substance related DUI	19-2-04=central York 19-2-03=West York 19-2-01=Suburban	19-2-02=Dallastown 19-3-03=Southeastern & Red Lion 19-2-04=Central York	19-2-01=Suburban 19-2-02=Dallastown 19-3-01=Red Lion & Eastern
DUI of minors	19-3-04=Dallastown & Southern York 19-2-04=Central York 19-2-02=Dallastown	19-2-04=Central York 19-2-02=Dallastown 19-3-05=Southwestern	19-2-04=Central York 19-3-07=Northeastern & Dover 19-3-09=West Shore & Eastern
Substance Related DUI	19-2-01= Suburban 19-1-05=York City 19-3-09= West Shore & Northeastern	19-2-01=Central York 19-1-05=York City 19-2-03=West York	19-2-01=Central York 19-1-01=York City 19-1-05=York City
Aggravated assault or homicide while DUI	19-1-01: York City 19-1-05: York City 19-1-04: York City	19-1-05: York City 19-1-01:York City 19-2-04: York City	19-1-01:York City 19-1-04:York City 19-2-01: Suburban
Drug sales/ Distribution/ Manufacturing offenses	19-1-01: York City 19-1-05:York City 19-1-04: York City	19-1-05: York City 19-1-01: York City 19-1-04: York City	19-1-01: York City 19-1-04:York City 19-2-01: Suburban
Public Drunkenness	19-3-09: west shore & north eastern 19-1-03: Hanover Public Tie 19-2-02: Dallastown	19-1-03: Hanover Public 19-3-01:Red Lion & Eastern 19-3-09: West Shore &	19-2-05: west York, Suburban, Central York 19-2-01:Suburban Tie 19-1-01: York City and 19-3-09: West

	and 19-3-05: South Western	North Eastern	Shore & Northeastern
Underage Drinking	19-3-04:Dallastown & Southern 19-2-03: West York 3-way tie 19-3-03: South Eastern & Red Lion and 19-2-04: Central York and 19-3-05: South Western	19-3-03: South Eastern & Red Lion 19-2-02: Dallastown 19-3-05: South Western	19-3-03: South Eastern & Red Lion 19-3-09: West Shore & North Eastern 19-3-07: North Eastern & Dover

According to the Criminal Justice Trends Report – 2010 Summary, the jurisdictions with the highest rates of drug offenses were as follows:

- Drug sale & manufacturing: York City; Springettsbury; West York, Carroll, and Hellam.
    - Arrests made most often for: opium/cocaine, then marijuana.
- Drug Possession: West York; York City; Penn; Springettsbury; and West Manchester
    - Arrests made most often for marijuana by far (2x the number of arrests for all other drugs combined).

OFFENSES OCCURRING FROM January 1, 2000 – December 31, 2010 BY ZIP CODE OF OFFENDER

This zip-code-analysis report was created from the Administrative Office of Pennsylvania Courts dataset. This report counts offenses in each zip code based on the zip code of the offender (not the location that the offense took place). The intention of this report was to help determine if there was specific zip codes that house large number of offenders as well as to help identify areas offenders live and the associated offenses they have been charged with. YADAC printed out all of the information sheets for each of the joinder counties, taped the corresponding County sheets together, manually recalculated the data, and developed spread sheets with totals for each categorical. The three highest ranked zip codes for each categorical were identified. The three highest zip codes were correlated with the school district of which they exist.

	YORK COUNTY	ADAMS COUNTY
Alcohol related DUI	17404= Central York, Dallastown, North Eastern, Northern, York City, West York 17403=York Suburban, York City, Dallastown 17331=Spring Grove, South Western, Hanover Public	17325=Upper Adams, Littlestown, Gettysburg, Conewago Valley 17331=Conewago Valley, Littlestown 17350=Littlestown, Gettysburg, Conewago Valley, Bermudian Springs
Alcohol & Substance related DUI	17404= Central York, Dallastown, North Eastern, Northern, York City, West York 17315=North Eastern,	17325= Upper Adams, Littlestown, Gettysburg, Conewago Valley 17350= Littlestown, Gettysburg, Conewago

	Dover, Spring Grove 17331= Spring Grove, South Western, Hanover Public	Valley, Bermudian Springs 17331= Conewago Valley, Littlestown
DUI of minors	17404= Central York, Dallastown, North Eastern, Northern, York City, West York 17331= Spring Grove, South Western, Hanover Public 17402=Eastern York, York Suburban, York City, Red Lion, Central, Dallastown	17325= Upper Adams, Littlestown, Gettysburg, Conewago Valley 17350= Littlestown, Gettysburg, Conewago Valley, Bermudian Springs 17340=Littlestown, Conewago Valley, Gettysburg
Substance Related DUI	17403= York Suburban, York City, Dallastown 17331= Spring Grove, South Western, Hanover Public 17404= Central York, Dallastown, North Eastern, Northern, York City, West York	17325= Upper Adams, Littlestown, Gettysburg, Conewago Valley 17350= Littlestown, Gettysburg, Conewago Valley, Bermudian Springs 3-way Tie: 17320=Fairfield; 17331= Conewago Valley, Littlestown 17340= Littlestown, Conewago Valley, Gettysburg
Aggravated assault or homicide while DUI	17404= Central York, Dallastown, North Eastern, Northern, York City, West York 17331= Spring Grove, South Western, Hanover Public Tie: 17356=Dallastown, Red Lion and 17403= York Suburban, York City, Dallastown	17325= Upper Adams, Littlestown, Gettysburg, Conewago Valley NA NA
Drug sales/ Distribution/ Manufacturing offenses	17403= York Suburban, York City, Dallastown 17404= Central York, Dallastown, North Eastern, Northern, York City, West York 17401=York City	17235= Upper Adams, Littlestown, Gettysburg, Conewago Valley 17331= Conewago Valley, Littlestown 17350= Littlestown, Gettysburg, Conewago Valley, Bermudian Springs
Public Drunkenness	17403= York Suburban, York City, Dallastown 17404= Central York, Dallastown, North Eastern, Northern, York City, West York 17331= Spring Grove, South Western, Hanover	17325 =Upper Adams, Littlestown, Gettysburg, Conewago Valley 17331= Conewago Valley, Littlestown 17320= Fairfield

	Public	
Underage Drinking	17404= Central York, Dallastown, North Eastern, Northern, York City, West York 17331= Spring Grove, South Western, Hanover Public 17403= York Suburban, York City, Dallastown	17325= Upper Adams, Littlestown, Gettysburg, Conewago Valley 17331= Conewago Valley, Littlestown 17340= Littlestown, Conewago Valley, Gettysburg

Drug Sales & Possession Charges
(from the PA Uniform Crime Reporting System)

YORK

	2009	2010	2011
Drug sale: opium-cocaine	366	306	314
Drug sale: marijuana	191	209	233
Drug sale: synthetic	13	26	29
Drug sale: other	14	18	24
Possession: opium-cocaine	184	212	93
Possession: marijuana	795	857	972
Possession: synthetic	27	39	41
Possession: other	217	216	347

ADAMS

	2009	2010	2011
Drug sale: opium-cocaine	24	40	15
Drug sale: marijuana	14	10	8
Drug sale: synthetic	1	1	0
Drug sale: other	5	2	1
Possession: opium-cocaine	13	8	7
Possession: marijuana	73	76	82
Possession: synthetic	2	2	3
Possession: other	30	20	22

ESTIMATES of the PREVALENCE of SUBSTANCE USE DISORDERS IN THE TOTAL POPULATION

These numbers were provided by the Department of Health and can be found in Appendix B. The data for York and Adams Counties is based on surveys which are reported to yield estimates of the prevalence of substance abuse disorders. The data is derived from the National Survey on Drug use and Health (NSDUH). NSDUH is an annual survey conducted by SAMHSA's Office of Applied Studies. NSDUH is the primary source of statistical information on the use of illicit drugs by the civilian population aged 12 or older, based on face-to-face interviews at their place of residence. The State level estimates are based on survey-weighted hierarchical Bayes estimation approach.
The following data is York/Adams counties combined:

- **2009 total population: 531,260**
- **Age 12+**
  - **Population: 451,332**
  - **Prevalence (rate = 7.7%): 34,753**
- **Age 12-17**
  - **Population: 43,457**
  - **Prevalence (rate = 7.1%): 3,085**
- **Age 18-25**
  - **Population: 53,915**
  - **Prevalence (rate = 20.4%): 10,999**
- **Age 26+**
  - **Population: 353,960**
  - **Prevalence (rate = 5.7%): 20,176**

2009 PENNSYLVANIA YOUTH SURVEY REPORT (PAYS)

YORK COUNTY
The 2009 York County Pennsylvania Youth Survey (PAYS) was funded by the York County Human Services Department with supplemental funding assistance from the York County District Attorney's Office. The PAYS was conducted throughout York County from September 15 through November 13, 2009 to assist in identifying the priority risk and protective factors. The PAYS was administered in collaboration with 15 of York's 16 school districts. Also participating in the survey, were New Hope Academy Charter School and two of the Lincoln Intermediate Unit (LIU) Schools. All together, 11,923 students in grades 6, 8, 10 and 12 participated in the survey.

This survey was sponsored by the Pennsylvania Commission on Crime and Delinquency (PCCD), of which contracted with SmartTrack, Inc. to conduct the survey. The final PAYS report was prepared by Rothenbach Research and Consulting, LLC. The York County Human Services Department willingly

and graciously provided copies of the 2009 York PAYS to the YADAC office. The YADAC staff then painstakingly reviewed the final report.

Of the 11,923 respondents, 49.8% were female and 49% were male. The race breakdown of the respondents is as follows: 70.5% White; 5.7% African American; 4.2% Latino; and 1.3% Asian. 95.1% of the surveyed students reported English as the language they most often speak at home.

According to the survey, alcohol is the most used drug among students in York County. While this finding parallels the adolescent research conducted on a more global scale, what is interesting is that there appears to be only one alcohol related trend specific to York County. According to the data results, the 8th graders have a higher rate of lifetime use than their National cohorts. With the exception of this data, all other York County 2009 PAYS data specific to student alcohol use is similar to, the same as, or lower than the National and Statewide trends for each measured grade categorical.

In contrast, compared to the National trends of 8th grade use of inhalants in the past 30 days at 3.8%, York is significantly higher with 8.9%. Moreover, and ironically, the collective rating percentage for the York students regarding the "willingness to try or use inhalants" was low at 3.7% with an overall lifetime use reported at 11.3%. Also noteworthy regarding inhalant use is that while the prevalence rates for the use of most substances increase as students enter higher grades, inhalant use patterns differ. Inhalant use seems to peak during the latter portion of middle school or early high school. This trend may be a result of the easy-access of inhalants (that includes and is not limited to: whippets; butane; paint thinner; glue) by the younger students.

With the exception of the aforementioned inhalant use comparisons and the one alcohol related trend, York County had the same, similar, or lower percentages for all other substance related categoricals as compared to the National and Pennsylvania Statewide numbers. Likewise, the tallied collective percentages of York County youth reporting any occasion of driving under the influence of alcohol or marijuana is lower than the Statewide percentages. Also, the collective percentage of York County students who have been offered, given or sold an illegal drug on school property is lower than the statewide percentages.

The following ranks the calculated age of onset of ATOD and other anti-social behaviors in chronological order for the York County students:

- **Join a gang: 13**
- **Attack someone with the intent to harm: 13.1 and**
  Carry a hand gun: 13.1
- **Suspension from school: 13.3**
- **Cigarette use: 13.9**
- **Try Alcohol: 14.2**
- **Try marijuana: 14.7**
- **Arrested: 14.8**

The results of the collective percentages of York County youth reporting symptoms of depression as compared to the statewide trends were higher for the statements: "in the past year, felt depressed or sad most days" and "sometimes I think that life is not worth it". The York County collective percentages were lower than the statewide percentages for the statements: "At times I think I am no good at all" and "all in all, I am inclined to think that I am a failure"

ADAMS COUNTY

The 2009 Pennsylvania Youth Survey (PAYS) was funded by the Adams County Collaborating for Youth (CFY). CFY is a non-profit organization under the name Center for Youth and Community Development (CFYCD). As such, specific procedures were required to obtain a copy of the final 2009 Adams County PAYS. Moreover, the following information was reviewed for approval by the CFY Executive Director.

This survey was sponsored by the Pennsylvania Commission on Crime and Delinquency (PCCD), of which contracted with SmartTrack, Inc. to conduct the survey. The survey was administered in the fall of 2009. The final PAYS report was prepared by Rothenbach Research and Consulting, LLC.

Collectively, 3,008 students in grades 6, 8, 10, and 12 participated in the survey. Females represented 48.7% of the responses with males comprising 47.7% of the responses. The race breakdown of the respondents is as follows: 76.9% White; 7.3% Latino; 2.5% African American; 1.2% Asian; and .8% American Indian. 92.7% of the respondents indicated that English is spoken at home.

Alcohol seems to be the most used drug among the students in Adams County. Overall, Adams County students have a higher average level of lifetime use of alcohol as compared to the National numbers. Compared to Statewide trends, the Adams County 10th graders report higher binge drinking episodes. The 12th graders are recorded as the Adams County student group with the highest use of alcohol in the past 30 days at 41.8%. The calculated average age of an Adams County student for "trying alcohol" is 12.8 with the age of 14.6 identified as the average age of "drinking alcohol regularly". The percentage of Adams County youth reporting any occasion of driving after alcohol use is higher for all categorical as compared to the Statewide percentages.

Collectively, Adams County students report higher than average inhalant use for the past 30 days than their National cohorts. Noteworthy to these numbers are the higher percents for the collective Adams County student body than their National cohorts regarding the use of smokeless tobacco and cigarettes in the past 30 days as well as higher than average levels of lifetime use of smokeless tobacco. Ironically, the collective Adams County student body has lower than average numbers for use of marijuana in their lifetime as compared to the National trends. Likewise, the percentage of Adams County youth reporting any occasion of driving after marijuana use is lower in all measured categorical as compared to the Statewide percentages. The calculated average age for "smoking marijuana" for an Adams county student is 14.

Overall, the Adams County 8th graders and 10th graders seemed to present with the most striking statistics. The following is a synopsis:

- **8th graders**
  - **Lifetime use of alcohol is higher when compared to the National numbers**
  - **Use of alcohol in the past 30 days is higher than the National and Statewide numbers;**
  - **Lifetime use of inhalants is higher than the National and Statewide numbers;**
  - **Use of inhalants in the past 30 days is higher than the National and Statewide numbers.**
- **10th graders**
  - **Lifetime use of alcohol is higher when compared to the National and Statewide numbers;**
  - **Binge drinking is higher than the National numbers;**
  - **Use of inhalants in the past 30 days is higher than the National numbers**
  - **Lifetime use of cocaine is higher than the National numbers**
  - **Lifetime use of stimulants is higher than the Statewide numbers**
  - **Lifetime use of pain relievers is higher than the Statewide numbers**
  - **The percentage of students being offered, given or sold an illegal drug on school property is higher than the Statewide percentage**
  - **The percentages for the symptoms of depression are notably higher than the State percentages**

Collectively, the overall percentage of youth that reported that they had been offered, given, or sold an illegal drug on school property is higher in Adams County than the statewide percentages. Ironically, the percentages for the Adams County 6th, 8th, and 12th graders were lower than their statewide equivalents. Because of the high Adams County 10th grade percentage, it made the collective student body overall percentage for Adams County higher than the State.

The percentage of youth reporting symptoms of depression in Adams County reflect higher numbers than the State percentages with the exception of the Adams County 8th graders who scored lower percentages in the following two statements: "in the past year, felt depressed or sad most days" and sometimes I think that life is not worth it".

When the Adams County students answered the question regarding use in the past 30 days, the following are the substances listed in ranking order:

- **Alcohol: 23.8%**
- **Any illicit drug other than marijuana: 16.5%**
- **Binge drinking: 12.1%**
- **Marijuana: 9.7%**
- **Inhalants: 8.4%;**
- **Cocaine: 7.2%**
- **Hallucinogens: 1.4%**

MISC JUVENILE/YOUTH DATA

YORK

- **2010 Court Delinquency Disposition (PA Partnership For Children Data)**
  - **Of the 1633 total dispositions, the 15-17 year old age group had the highest number at 1,201.**
  - **The 12-14 year old age group had the second highest amount at 145**
- **School students who graduated from High School 3 Years After 9th Grade (PA Partnerships For Children Data)**
  - **2009 Lowest Ranked Schools: Crispus Attucks YouthBuild 41.4%; York City 70.5%; School of Technology 72.6%; Dover Area 78.6%; Hanover Public 78.1%**
  - **2010 Lowest Ranked Schools: (While no percentages were recorded for :Crispus Attucks, York City, & School of Technology all schools had the equal percentages for both years): Hanover Public 78.1%; Dover Area 78.6%; Southwestern 83%; Northeastern 83.5%**
- **Foster Care Placement Reasons for Out-Of-Home Placement April 2010-March 2011 (PA Partnerships For Children Data)**
  - **Top 5 ranked reasons: child behavioral problems; caretaker inability to cope; inadequate housing; parent drug abuse; neglect**
  - **Parent alcohol abuse is ranked 7th out of 14**
  - **Child drug abuse is ranked 10th out of 14**
- **Public School Drop-Out Rate (Department of Education)**
  - **2008/2009 Schools with Highest Drop-Out Rates in Ranking Order: York City 11.5%; West Shore 4.5%; Hanover 3%; Eastern 2.6%; Northern 2.3%; Northeastern 2%**
  - **2009/2010 Schools with Highest Drop-Out Rates in Ranking Order: York City 11.09%; West Shore 4.38%; Hanover 3.47%; Red Lion 1.76%**
- **Criminal Justice Trends Report – 2010 Summary**
  - **2010 Drug Sale/Mfg Arrests of Juveniles: total= 69; 25 for opium/cocaine; 22 for marijuana**
  - **2010 Drug Possession Arrests of Juveniles: total=221; 172 for marijuana; 36 for other**
  - **2010 Most Common Felony Charge: manufacture, deliver or possession with intent to manufacture or deliver**
  - **2010 Most Common Misdemeanor Charge: possession of a small amount of marijuana**
- **Per the 2010 Criminal Justice Trends Report: The most common misdemeanor charge by far against juveniles in 2010 was non-payment of fines, followed by possession of marijuana and possession of drug paraphernalia. The most common felony charges related to dealing of drugs and theft.**
- **Juvenile Probation has two programs that accept juveniles involved with drug usage: Juvenile drug Court for those who are chemical dependent and Fast Track Drug Court for substance abusers. Per Michael Webb, Juvenile Probation Supervisor: *"From what I could pull out of our Drug Court database regarding our clients in our Juvenile Drug Court Program; 67.68% of our***

clients indicate the marijuana is their first drug of choice, followed by alcohol at 17.17%, followed by pills at 7.58%. So, those appear to be our top three drugs of choice by our Juvenile Drug Court participants. Anecdotally, though clients are not indicating K2/spice as there drug of choice, we are definitely seeing a lot of use among our participants."

ADAMS

- **2010 Court Delinquency Disposition (PA Partnership For Children Data)**
  - **Of the 325 total dispositions, the 15-17 year old age group had the highest number at 230.**
  - **The 12-14 year old age group had the second highest amount at 58**
- **School students Who graduated from High School 3 Years After 9th Grade (PA Partnerships For Children Data)**
  - **2009 Lowest Ranked School: Gettysburg 86.1%; Fairfield 87%; Littlestown 89.4%**
  - **2010 Lowest Ranked Schools: Gettysburg 86.1%; Fairfield 87%; Littlestown 89.4%**
- **Foster Care Placement Reasons for Out-Of-Home Placement April 2010-March 2011 (PA Partnerships For Children Data)**
  - **Top 5 ranked reasons: caretaker inability to cope; child behavior problems; inadequate housing; incarceration of parent; neglect**
  - **Parent alcohol abuse is ranked 6th out of 14**
  - **Parent drug abuse is ranked 7th out of 14**
  - **Child drug abuse is ranked 9th out of 14**
- **Public School Drop-Out Rate (Department of Education)**
  - **2008/2009 Schools with Highest Drop-Out Rates in Ranking Order: Gettysburg 2.9%; Conewago 1.8%; Fairfield 1.5% & Littlestown 1.5%**
  - **2009/2010 Schools with Highest Drop-Out Rates in Ranking Order: Upper Adams 2.84%; Conewago 1.7%; Littlestown 1.66%; Gettysburg 1.41%**

COUNTY PRISONS

YORK COUNTY PRISON

York County has one County prison. The York County Prison (YCP) falls within the scope of the York County Government umbrella and, as such, is governed by the York County Commissioners. Michael Cuti from the York County Prison Records provided the YADAC office with the 2011 Quarterly Reports prepared for the Warden of YCP.

The daily average population was approximately 1,533 inmates. The consistent ranking breakdown of the inmate population according to their gender and race was White males, Black males, other males, White females, Black females, and other females. The White male population is consistently the largest population (47%). The Black male population averaged at approximately 23%, the male population of "other" (11%), followed by the population of White females (9%), Black females (3%), and the female population of "other" (1.5%).

The largest age group housed at the prison in 2011 fell between the ages of 25-34 at almost a third of the entire population. The second leading population fell between the ages of 18 to 24 and averaged 27% of the population. The third highest population was the age group of 35-44 years at approximately 19% of the total population.

The number one reason for the inmate's incarceration was listed as "probation violation" at 33%. Unfortunately, the vastnesses of the behaviors that constitute a probation violation make it impossible to tease out those transgressions that are substance use related. However, the second highest grouping of inmates (at approximately 11%) constitutes drug related offenses. Individuals incarcerated for DUI related offenses can be found anywhere from the fifth highest percentage of inmates to the seventh highest percentage.

ADAMS COUNTY PRISON
No data was made available to the YADAC office.

MISC CRIMINAL JUSTICE DATA

YORK

- **Drug Treatment Court (information obtained from DTC Court Supervisor)**
  - **2010: Referrals: 230; Admissions: 67; Graduated: 44; Drug-free babies born: 50 (since inception of DTC in 1998)**
  - **2011: Referrals: 214; Admissions: 95; Graduated: 39; Drug-free babies born: 3**
- **DUI Court (information obtained from DUI Court Supervisor)**
  - **2010: Total participants: 70**
  - **2011: First number of graduates: 3**
- **Supervised Bail (statistics obtained from Supervised Bail Supervisor and cover the 6 month period between 7/1/11-12/31/11)**
  - **415 offenders interviewed;**
  - **202 eligible and entered program;**
  - **137 referred for drug & alcohol assessment;**
  - **96 assessments completed;**
  - **59 offenders completed drug & alcohol treatment**
  - **67% of the bail revocations were related to drug & alcohol use**

ADAMS

- **December 31, 2011 Adult Probation/Parole Data**
  - **Total adults under supervision: 1,930**
    - **Total number under supervision with drug law violations: 175**
    - **Total number under supervision with driving under the influence of alcohol and/or drugs: 658**

- **Total number on parole: 274**
    - **Number on parole with drug law violations: 27**
    - **Number on parole with driving under the influence of alcohol and/or drugs: 67**
- **Total number on probation: 1657**
    - **Number on probation with drug law violations: 148**
    - **Number on probation with driving under the influence of alcohol and/or drugs: 591**

CORONERS REPORT

YORK

2009

- **Vehicle Deaths= 55; alcohol related= 9 with a .129 average BAC**
- **Drug related deaths=37; 33 were related to heroin or schedule II narcotics; 8 were in York City**
- **Alcohol related deaths= 2**

2010

- **Vehicle Deaths=46; alcohol related=15 with a .202 average BAC**
- **Drug related deaths=46; 45 were related to heroin or schedule II narcotics; 12 were in York City**
- **Alcohol related deaths= 1**

2011

- **Vehicle Deaths= 50; alcohol related= 15 with a .181 average BAC**
- **Drug related deaths=467; 43 were related to heroin or schedule II narcotics; 10 were in York City**
- **Alcohol related deaths= 11**

According to the Criminal Justice Trends Report – 2010 Summary, 80% of overdose patients admitted to York Hospital were related to prescription drugs.

ADAMS

2009 Vehicle Deaths=14; 9 were alcohol related

2010 Vehicle Deaths=12; 6 were alcohol related

2011 Vehicle Deaths=14; 4 were alcohol related

National Outcome Measures (NOMS)

Alcohol continues to be the substance abused by youth and adults when reviewing the NOMS surveys and pre and post tests results. In the Too Good for Drugs program there were mark increases in awareness on how to handle stressful situations, as well as how to say no to peers who want to

pressure the individual into poor decision making activities. In the Strengthening Families Program there appeared to be an increased in family bonding for many families participating in the program.

The NOMS surveys were gathered from Adams County groups. In this small survey of the NOMS for adults a third drank alcohol within the last 30 days. More than two thirds of the respondents were under the age of 18 when they starting drinking alcohol. A third had tried marijuana or hashish before the age of eighteen. In the NOMS for youth half of the respondents had their first drink by the age of fourteen. The Strengthening Families Program was held in various locations throughout York County as well as in the west end of York City. The Too Good for Drugs program was held in the Northern part of York County and in various parts of Adams County.

Directions for 1b.

Appendix B provides a table showing the prevalence of substance use disorders in the total population. Appendix C provides a table of the prevalence of substance use disorders by local special populations. The table in Appendix B has been completed for you, but you must complete the table in Appendix C. Instructions for the completion of the table in Appendix C have been included with the table. Certain special populations have been defined for you, but you may include other special population categories (e.g. co-occurring) as desired. If you add special populations, the additional populations must be added as new rows in the table. After completing the table in Appendix C and reviewing the information in Appendix B and C, briefly describe the extent of substance use disorders in the county(ies) you serve. You are not limited to only the data sources provided to you in Appendix B and C. You may also collect and/or discuss other local data sources that provide additional information regarding the extent of substance use disorders in the county(ies) you serve.

Response to 1b.
(Insert response below.)

YORK
Coincidentally, the following excerpts were included in an article in the York Daily Record May 23, 2012:

"York County's criminal justice planner told the commissioners … that four patterns emerged from an analysis of data in a new report that studies the County's criminal and court trends. The one that absolutely jumps to the forefront ... is that DUIs in the County are a significant strain,… a summary of the report, which largely used data from 2010…. that DUIs made up one-third of the criminal caseload in 2010. And the summary of the report says that 64 percent of offenders in the County's Accelerated Rehabilitative Disposition program were there for DUI in 2010…
that an analysis of the data showed other patterns. Treatment courts are effective, and the three treatment courts that were in place in 2010 saved 13,900 jail days and more than $300,000 that year. "

It is common knowledge within the community at-large that the York County criminal justice system has a large population of individuals with substance use disorders and substance dependence disorders. The statistics from the components making up the gamut of the York County adult and juvenile criminal justice components provide validation. Moreover, the statics regarding the number of individuals receiving substance use disorder treatment indicate that the largest number of referrals come from the criminal justice system. Ironically, compared to the statewide criminal justice referrals, York County has double the amount of criminal justice referrals than the state average.

York County is home to approximately four adult treatment courts, two juvenile treatment courts, and one adult diversionary program specific to offenders with a substance abuse/substance dependence disorder. The York County Prison houses a large inmate population with substance use/substance dependence disorders and as such, has two programs designed specifically to address the needs of this population.

The York County student population has evidence of a substance use population, as well as a population reflective of substance abuse disorders. It can be inferred that also within the student population is a group of students that meet the diagnosis of substance dependence. Of the number of students that would qualify for substance related treatment, from the provider numbers, it does not appear that these students are seeking out and/or obtaining said services.

The number of Recovery Houses is unknown at this time. While approximately seven recovery houses are utilized by the Adult Treatment Court, it is a well known fact that eight to ten times as many more are in existence. It is the recovery houses in the latter group that pose the greatest concern.

With the overall inferred number of individuals with substance abuse and/or substance dependence disorders, the number of available recovery support meetings pales in comparison. Moreover, for each of the identified/probable individual with a substance use disorder there are family members who have been impacted by the individual's disease. The recovery support meetings for these individuals are virtually non-existent.

ADAMS

While the prevalence of substance use within the general population, as well as amongst the special populations, seems to be rising incrementally, substance use is present. There are no adult criminal justice treatment courts for the offenders with substance abuse/substance dependence disorders. One juvenile diversionary court program may be in existence for alcohol related offenses. The prison system has no established substance related treatment programming.

2 To identify risk and protective factors, in regard to the prevention of substance abuse, that are present in the communities served by your SCA.

Definitions

Risk Factor: Risk factors are individual characteristics and environmental influences associated with an increased vulnerability to the initiation, continuation, or escalation of substance use.

Protective Factor: Protective factors include individual resilience and other circumstances that are associated with a reduction in the likelihood of substance use.

Directions for 2

Please use data such as Key Representative Surveys or focus groups to support your claims. See Appendix D for a list of risk and protective factors. Risk factors can increase a person's chances for substance use/abuse, while protective factors can reduce the risk. For the risk and protective factors you identify also remark on their changeability, i.e. how possible or difficult would it be to change these factors.

Reminder: Please complete Appendix A – Key Representative and Convenience Survey Administration Information.

Response to 2
(Insert response below.)

The data gathered from Key Representative Surveys and Convenience Surveys gave a limited view of the communities in both York County and Adams County. Individuals and organizations did not represent many groups that were missing in the demographic break down for these counties.

There were time restrains that affected the gathering of surveys for both counties. Many surveys were not returned of the 510 sent to the community roles selected by the State. Twenty-seven Key Representative Surveys were completed while 236 Convenience Surveys were completed by individuals and organizations.

The data that was gathered indicated:

Age Group Most Impacted by Use/Abuse of Substances in the Community

York County	Adams County
16-17	13-15
18-20	16-17
21-25	18-20

In Adams County 36% of the participants viewed use/abuse of substances as "Somewhat of a Problem" where as in York County 41% of participants viewed use/abuse of substances as "Somewhat of a Problem".

Alcohol use was the number one issue in both counties followed by marijuana use by residents. Survey participants in both counties selected the comment "Neither agree nor disagree" on community viewing tobacco use as a problem. Prescription drugs for non-medical reasons were third of those listed for substances abuse in the counties. This information comes from the Convenience Surveys collected by the SCA and Provider Agency.

York County
Protective Factors

There were nine percentile scores for protective factors ranging from a low of 40 to a high of 67, with the average score of 53. The three lowest overall scores were for the following protective factors: Community Opportunities for Prosocial Involvement (40), Religiosity (41), and Community Rewards for Prosocial Involvement (46). The three highest overall scores for the following protective factor scores for protective factors are School Rewards for Prosocial Involvement (67), School Opportunities for Prosocial Involvement (64) and Belief in the Moral Order (60). In the family domain the protective factors are as follows: Family attachment (56), Family Opportunities for Prosocial Involvement (53) and Family Rewards for Prosocial Involvement (52).

Risk Factors

The three highest overall scores for the following risk factors are Community Disorganization (66), Perceived Availability of Handguns (56) and Parental Attitudes Favorable toward Antisocial Behavior (56). The four lowest scores for risk factors are Early Initiation of Drug Use (38), Friends' Use of Drugs (39), Friends' Delinquent Behavior (43) and Poor Academic Performance (43).

The domains for York County indicated by the PAYS are family, school and peer/individual for protective factors. The domains in risk factors are community and family.

Adams County
Protective Factors

There were nine percentile scores for protective factors ranging from a low of 35 to a high of 64, with the average score of 51. The three lowest overall scores were for the following protective factors: Community Opportunities for Prosocial Involvement (35), Religiosity (40), and Community Rewards for Prosocial Involvement (47). The three highest overall scores for

the following protective factor scales: School Rewards for Prosocial Involvement (64), School Opportunities for Prosocial Involvement (61) and Belief in the Moral Order (60).

Risk Factors

The three highest risk factors overall scores: Community Disorganization (69), Perceived Availability of Handguns (57) and Parental Attitudes Favorable toward Antisocial Behavior (56). The three lowest overall scores were for the following risk factors: Friends' Delinquent Behavior (40), Early Initiation of Drug Use (41) and Friends' Use of Drugs (41).

The domains indicated by the PAYS for Adams County are for school and peer/individual in protective factors. The domains in the risk factors are community and family.

In order to develop healthy positive behaviors, young people must be engaged in environments that consistently communicate healthy beliefs and clear standards for behavior as well as nurture strong bonds to members of their family, school and community.

Young people are more likely to form positive peer connections when they participate in activities and organizations that nurture healthy development. Community involvement also provides the opportunity to bond with adult role models who can give moral guidance and emotional support. Problems arise for some young people when they return to dysfunctional homes that provide unstable support because of family conflict and poor family management.

The family as a whole should be provided programs that teaches them how to strengthen their bonds; which includes educating on how to develop positive relationships, setting boundaries that don't include harassing punishment; develop positive family time together and parents who work towards being positive role models. Families can learn to give positive feedback to their family members to develop close bonds which in turn improves self-esteem in each member.

Schools can offer after school programs that assist the working parents who are often times working two jobs to support the family. Work with employers to give parents time to sit with their children in the classroom to become familiar with teachers and counselors who could assist with issues that would distract the student from his or her studies and prevent success in the classroom. Schools could provide referrals to appropriate organizations to assist the family in need. The results can be greater bonding to the school from the youth and parent.

Students and families who are involved with religious institutions that provide activities and services can develop firm prosocial beliefs that will help deter antisocial behaviors. Prevention providers can connect to these institutions to deliver prevention activities at no

cost. Young people, who have developed a positive belief system, and a clear sense of right and wrong, are less likely to become involved in problem behaviors.

York Adams Drug and Alcohol Commission and provider agencies will focus prevention planning as it relates to the risk factors and protective factors surveyed in both the 2009 PAYS Report and the Key Representative Survey as well as the Convenience Survey data gathered for York County and Adams County. This data will allow us to plan effective prevention and intervention strategies for fiscal year 2012-2013.

3 To identify local, state, and national trends that may impact the SCA and may influence prevention, intervention, treatment and recovery efforts.

Definitions:

Local, state, and national trends: A prevailing tendency or information relating to the economy, government, legal issues, technological and medical advances, or socio-cultural patterns that may influence business practices of the SCA.

Intervention: Intervention focuses on providing individuals who engage in hazardous substance use services to develop the skills necessary to reduce their risk. Intervention services may also be provided for individuals who need substance use disorder treatment but are unable to access treatment. The goal of intervention is to enhance and maintain the individual's motivation to access and engage with appropriate substance use services. Intervention also includes Early Intervention, which is defined as follows: **Early Intervention** is a term generally used to describe those early efforts to intervene where an individual is seen as being at risk. An early intervention is often brief, designed to assess and provide some initial feedback to the individual about his or her alcohol or other drug (AOD) use and its consequences. Early Intervention takes place prior to a Level of Care Assessment. Examples: Student Assistance Program, Underage Drinking Program, DUI Offender Program.

Directions for 3

Describe local, state, and national trends that may impact the SCA and may influence prevention, intervention, treatment and recovery efforts. Examples of local, state, or national trends may include a move to integrated health/behavioral health care, local unemployment rates, aging of "baby boomers," electronic medical records, implementation of evidence-based/promising practices, focus on special initiatives (i.e., Underage Drinking, offender re-entry, co-occurring), medication management, political priorities, changes in laws or local ordinances, school policies and federal education requirements, etc.

Response to 3
(Insert response below.)

The single most influential entity of the substance use disorder treatment field has been that of the PA DOH Office of drug and Alcohol Program Licensure. Second in command to this licensing powerhouse, is that of the Bureau of Drug & Alcohol Programs (BDAP). However, it cannot be inferred that this is common knowledge amongst the professionals working within these entities and/or the professionals licensed/contracted with these entities. As such, it remains a necessity for the YADAC staff to be familiar with the licensing regulations of the contracted treatment providers. Germane to this understanding, is how to practically interface the licensing laws/regulations with the regulations/mandates identified in the Grant Agreement between the York/Adams Commissioner's

and BDAP. While the Office of Program Licensure carries the most clout in the provision of treatment, BDAP heavily influences how the providers engage in said services for those individuals funded with BDAP monies. Hence, the critical importance of the YADAC staff in understanding licensing laws/regulations and BDAP regulations/mandates as it ultimately impacts client services in the York and Adams Counties.

Complicating matters further has been the growing influence of the Treatment Courts/Problem Solving Courts. The essence of this programmatic approach has sparked and advanced enduring principles that not only have changed how justice is delivered in the courtroom to those who need help, it has also impacted the substance-use service continuum philosophy and approach. For instance, the National Drug Court Institute (NDCI) is a Professional Services Branch of NADCP. Since commencing operation in 1998, NDCI has emerged as the preeminent source of research-driven training and technical assistance for Drug Court and Problem Solving Court professionals. In turn, the treatment courts expectations of the treatment providers include research a driven approach with measurable outcomes. Moreover, some of the BDAP case management core functions disparage the licensed treatment activities thereby promulgating the misappropriation of the core functions and/or misuse of the purpose of the core functions and/or inappropriate expectations of the skill-set of the individuals proficient only in the execution of case management core functions.

Germane to the aforementioned is that in the past several years, the behavioral health field has adopted the recovery verbiage from the substance use field while assigning completely different definitions. The words traditionally associated with substance-related recovery are now being touted by a different community and used in a context foreign to their origins. This in itself has created confusion within the professional communities as well as within the substance related recovering clients and communities. It can no longer be inferred that when a professional or lay-person speaks of "recovery" that it is substance-related.

The attempt to marry the substance related field with the behavioral health field through joint co-occurring licensing has only further muddied the proverbial waters of treatment and client accountability. As such, it remains difficult to acquire an accurate number of individuals with substance related disorders if they also have a behavioral health diagnosis and are receiving treatment through behavioral health funding. This was evident in Health Choices data. Moreover, many clients seeking services for a behavioral health condition also may have a substance related disorder. In the behavioral health field, many clinicians do not have the skill-set to identify nor treat individuals with substance related disorders resulting in a miscalculation of individuals in treatment with a substance related disorder. Failure to identify substance related disorders within the behavioral health field persists, thereby contributing to the misrepresentation of the true number of individuals impacted by the disease of addiction, let alone how this condition has impacted the family members and thereby the community at-large.

While it seems that the members of the community-at-large (both professionally and in the lay-person population) have become better educated and speak with a larger substance related vocabulary, the ability to truly understand and to 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 permeate covertly and overtly the systems with which the individual is involved and can counter the intended healthy impact.

Unfortunately, and in tandem to the aforementioned, is the fact that no research exists on how the disease of addiction has detrimentally impacted the systems with which the individuals with substance use disorders have been assigned as a means of help. The individuals of the system and the collective system (to include community) have been negatively impacted by the long-term exposure of active addiction. Hence, the approach of the systems seems to perpetuate that of the dysfunctional family system: if the person with the problem would change than our family would be fine. Failing to realize the importance of addressing how the individuals of the collective system have become unhealthy is critical. Encouraging the individuals of the collective systems designed to help the individuals with substance use disorders is the next step. Creating and sustaining a healthy system with a collection of healthy individuals will promote a healthy society. A healthy society is better equipped to deal with substance related issues than an unhealthy society. Moreover, a healthy society comprised of healthy individuals has a better chance of preventing the disease of addiction from perpetuating. A healthy society will be better able to truly understand: ***Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Addiction is characterized by inability to consistently abstain, impairment in behavioral control, and craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death. (American Society of Addiction Medicine, Short Definition of Addiction Adopted April 12, 2012.***

The role of YADAC in relation to the County Government and within the community at large has traditionally been misunderstood. As such, and historically, YADAC has been part of the problems above-mentioned. This in part is due to the fact that the YADAC Administrator position has had the disadvantage of a piecemeal experience with a history of short term employment periods followed by interim periods of vacancy. Intermingled with the Administrative position interruptions was the growth and acquisition of grant monies by the treatment courts. The combination of this equation has resulted in the current staffing of seven Drug & Alcohol Case Management Specialists (DACMS) and one Case Management Supervisor. Five of the seven DACMS are assigned to the York County treatment court programs (that is: drug court; DUI court; MH court; veterans court) and/or the York County court diversionary programs (that is: Day Reporting Center). All of these positions were initially PCCD or treatment court grant-funded positions. All DACMS have the skill-set and proficiency to execute the tasks associated with the core functions of case management. As such, the DACMS can conduct screenings, level of care assessments, and case coordination for those individuals within their prospective assigned court/prison programs as needed AND, as warranted, transmit/ transpose/infuse/inject these completed case management core functions to our contracted treatment providers as a means to enhance/expedite/supplement the client treatment episode. The grant monies for these positions, as well as the grant monies for the treatment court participants,

have since expired. YADAC is now responsible for these positions and all treatment funding for those treatment court participants meeting the BDAP eligibility requirements.

4 To identify **emerging** substance use problems by type of chemical, route of administration, population, availability and cost, etc.

Definitions:

Emerging substance use problems: This implies that there is a situation which is different from what came before, and which could not have been fully anticipated and planned for. For the purposes of this needs assessment consider emerging to be something that arose within the last two years or since your last plan was completed. The difference may be the population of users, the type of substance, the nature of the substance or the rate of increase. The implication is that a new problem confronts the community and it may need to be dealt with. The new problem may be an isolated event that requires immediate action or it may take the form of a gradual pattern change that was initially anecdotal information, tracked over time, and now requires a response impacting service delivery.

Directions for 4

Discuss any emerging substance use problems. These may have been problems you discussed in Objective 1, but please note them again here in regard to their emerging nature. For example: you may describe new substances such as synthetic drugs that have taken off in popularity or you may note the growing use of heroin in a specific population such as children of middle/upper class.

Also identify in your response any indicators of emerging treatment needs for the SCA. Note that only those indicators of an emerging treatment need should be included in your discussion. Examples of changes that may indicate a growth in the need for treatment are: an increase in DUI offenders based on reduction of BAC level to .08, an increase in methamphetamine labs, identification of new drugs of abuse, or an increase in the number of inmates released from state/county probation and parole. Be sure to note the data and source of the data that is evidence of the emerging substance use problems you discuss in your response. Sources of data may include: Client Information System (CIS), Case Management Resource Report (CMRR), anecdotal information obtained from treatments providers, police, probation/parole officers or human service staff, emergency room data, arrest data, and Student Assistance Program (SAP) data, or any other local data sources you have.

Response to 4
(Insert response below.)

YORK

The CIS data and Health Choices data indicate that Caucasian males between the ages of 21-44 and the outpatient level of care treatment service are at the highest numbers than any other recorded race, gender, age group or any other treatment service level of care. The CRN data adds validation to

these findings while providing additional characteristics. It seems that the majority of the Caucasian males that completed the CRN was single/never married and reported use of controlled substances in conjunction to their alcohol use. Validating this finding is the CIS drug of admission ranking order for individuals over 18 as: alcohol, heroin, crack/cocaine, cannabis, and other opiates two years in a row.

Interfacing the data by Magisterial District of offense occurrences with the data from the offenses occurring by zip code of offender, it seems that specific school district areas house large number of offenders as indicated by the following:

- **York City: highest number of aggravated assaults or homicides by DUI and highest number of drug sales and distribution;**
- **South Eastern and Red Lion: highest underage drinking;**
- **Central York, Dallastown, North eastern, Northern, York City, West York: highest alcohol related DUI's; alcohol/substance related DUI's; DUI of minors; aggravated assault or homicide by DUI; and underage drinking;**
- **York Suburban; York City, Dallastown: highest substance related DUI; drug sales/distribution; public drunkenness**

The data from the PA Uniform Crime Reporting System verifies arrests for selling opium-cocaine as the second ranked drug related arrest. The first ranked drug related arrest, of which seems to be on the rise, is that of possession of marijuana. It is difficult to speculate if this indicates a trend. Of interest, is the recent recognition of the cannabis dependence diagnosis by the treatment courts as a qualifying substance related disorder for entry into treatment court. Prior to this, cannabis dependence was not a qualifying substance related diagnosis for entry into the treatment courts.

The PAYS data verifies alcohol as the on-going drug of choice trend amongst the students participating in the survey. More alarmingly is the data indicating that the 8th grade population seems to be using alcohol at a higher rate that their National cohorts as well as using inhalants at a higher rate than their National cohorts. The irony associated to the latter inhalant data is the fact that their attitude toward inhalant use was measured as that of being unacceptable, while their use indicated the exact opposite. The CIS data for SFY 09/10 for individuals under the age of 18 indicate that alcohol is listed as the primary substance at the time of first admissions, followed by cannabis use. Per Michael Webb, Juvenile Probation Supervisor, according to the statistics in the Drug Court database regarding the clients in Juvenile Drug Court Programs: 67.68% indicated marijuana is their first drug of choice; followed by alcohol at 17.17%; followed by pills at 7.58%; with an antidotal mention of the presence of K2/spice as a suspected substance of choice. So while the trend for individuals 18 years of age and under persists as alcohol use followed by cannabis use; the use of pills seem to be on the rise, as well as a growing presence of K2/spice.

ADAMS

While there was less available data for Adams County, the inspiring news is that there seems to be an emerging trend of increased trust regarding the staying power of YADAC in Adams County. Given the historical neglectful relationship between YADAC and Adams County, the systems within the County seem rightfully hesitant to respond to our requests for information. Systems, like individuals, require the tincture of time to heal and to establish a trusting relationship. YADAC persists in its quest to establish a trusting, collaborative relationship in Adams County anticipating that data available from Adams County would be scarce. YADAC compensated with dispensing and collecting over 200 Convenience Surveys.

The CIS data and Health Choices data indicate that Caucasian males between the ages of 21-44 and the outpatient level of care treatment service reflect the highest numbers than any other recorded race, gender, age group or any other treatment service level of care. The CRN data adds validation to these findings while providing additional characteristics. It seems that the majority of the Caucasian males that completed the CRN were single/never married. The number of completed CRN's indicate a there may be a trend of increased number of DUI arrests.

Also, the CIS data seems to indicate that the number of YADAC funded clients admitted into outpatient level of care is on the rise again. According to the Health Choices data, alcohol and opioids use are the two primary substances of the adult individuals who sought treatment in all levels of care. This seems to indicate that opioids use may be on the rise in Adams County. The 2009/2010 CIS data reflects this apparent trend of which shifted from the 2008/2009 CIS data indicating cannabis as the second ranked drug-of-choice of those individuals seeking treatment.

Interfacing the data by Magisterial District of offense occurrences with the data from the offenses occurring by zip code of offender, it seems that specific school district areas house a large number of offenders as indicated by the following:

- **Upper Adams, Littlestown, Fairfield, Conewago, and Gettysburg: highest number of alcohol related DUI's; DUI of minors; driving while license suspended due to a DUI offense; drug possession offense; furnishing alcohol to minors; underage drinking; substance related DUI's; drug sales/distribution/manufacturing offenses; other drug related offenses; and public drunkenness**

The PAYS data seems to indicate that the 8th grade students and more so, the 10th grade students that participated in the survey presented with the most striking trends regarding substance related issues. Collectively, the entire student body reported that they had been offered, given, or sold an illegal drug on school property. Similarly, the percentage of the students reporting symptoms of depression may indicate an upward trend.

5 To identify demand.
   a. Identify demand for prevention services.
   b. Identify demand for intervention services.
   c. Identify demand for treatment services.
   d. Identify demand for recovery support services.

Definitions

Prevention Demand: Organizations or individuals seeking specific prevention services or programming.

Intervention Demand: Organizations or individuals seeking specific intervention services or programming.

Treatment Demand: The number of people who will seek treatment for a substance use disorder.

Recovery Demand: The number of people who will seek recovery support services.

Directions for 5a.

Discuss the number of organizations or individuals that requested specific prevention services or programs from the SCA and your contracted providers for the past state fiscal year (2010/2011). Identify who the requests came from, and the number of requests received. Note whether you have been able to meet this demand or if there are requests for prevention services that you are unable to address due to a lack of resources. Resources can be money, staff, time, etc. Example: A local school district has requested that you provide Project Northland, but you do not currently have the funding to do so. It is understood that you may not have been formally tracking these types of requests. In this case please provide, based on any informal records you may have, information regarding requests for prevention services or programs. You will be required in your Prevention/Treatment Comprehensive Strategic Plan to describe your plan for how you will track this information.

Response to 5a.
(Insert response below.)

Prevention

The issues associated with providing prevention services are many. The size of York County with its' many boroughs, townships, and cities limits the community services our prevention providers can delivered 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 and residents in these groups.

We have found that to draw people to your event it helps to have 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. Coloring books and crayons to give out to elementary age residents is important to draw parents to tables with other drug and alcohol information. We have handout sunglasses with our name, phone number and web address on them as well as calendars for residents involved in prevention program to keep appointments and remember the program times. Food has also been a draw to programs especially the Strengthening Families Program for 10 – 13 year olds which is a requirement of the program to have family dinner together.

Schools have asked for this program as well as mentoring programs and girl's programs such as Girls Circle and boy's programs such as Boys Council. These programs cost but are effective and parents, schools, juvenile justice services and Children Families and Youth Services are requesting these types of program. These programs need staff that is trained to provide the services, facilitators, trainers to train the facilitators, and at times space to provide the service.

Requests have come from York County that has 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**
- **Jewish Community Center – Youth services**
- **YWCA – Community Event**
- **YMCA – Community Event**
- **Lehman Center – Speaking Engagement**
- **York City Back to School Event – Ferguson Elementary School and Goode Elementary School**

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

- **Tobacco Prevention Task Force Wellspan-Gettysburg Hospital**
- **Adams Coalition to Prevent Teen Pregnancy – Women's Health**
- **Child and Youth Services - Independent Living**
- **LIU Migrant Education Afterschool Program**
- **National Lights On Afterschool**
- **21st Century/Migrant Education**
- **Upper Adams Community Team**
- **Cannerval (Community Event)**

- **Gettysburg Community Team**
- **Community Engagement Team - Gettysburg College**
- **Collaborating For Youth County Board**
- **Youth Coalition**
- **National Guard Youth Leadership Camp**
- **Annual Kids' Day event in Hanover/area**
- **Healthy Adams County**
- **School based programming – New Oxford**
- **Conewago Valley School District evening program for parents/adults**
- **Youth Providers Resource Network**
- **YMCA of Littlestown**
- **YWCA of Gettysburg**
- **Harbaugh-Thomas Library**
- **Bermudian Springs – Hanover Hospital**
- **Littlestown – back to school nights**
- **Adams County Probation Services (Juvenile)**
- **African American Community Events**

These agencies and groups did not receive services for lack of staff, time and cost 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.

Intervention

York Adams Drug and Alcohol Commission have contracted with Alders Health Care to provide intervention services. These outreach services focuses on the IV drug user and HIV/AIDS residents. We have found that Adams County has a small percentage of IV drug users and smaller number of those with HIV/AIDS.

Directions for 5b.

Discuss the number of organizations or individuals that requested specific intervention services from the SCA and your contracted providers for the past state fiscal year (2010/2011). Identify who the requests have come from, and the number of requests received. Note whether you have been able to meet this demand or if there are requests for intervention services that you are unable to address due to a lack of resources. Resources can be money, staff, time, etc. Please address this objective in regard to intervention and early intervention as defined in Objective 3. Example: A Boys & Girls Club would like to start an underage drinking program for adolescents who have related charges against them. The Boys & Girls Club contacts a local provider to see if they could provide such a program. The provider is unable to provide the program because they would need additional qualified staff in order to make the program available. It is understood that you may not have been formally tracking these types of requests. In this case please provide, based on any informal records you may have, information

regarding requests for intervention services. You will be required in your Prevention/Treatment Comprehensive Strategic Plan to describe your plan for how you will track this information.

Response to 5b.
(Insert response below.)

The Crispus Attacks Community Center's program Youth Build is interested in having a Student Assistance Program provider come to their agency to provide services to the students enrolled in the program. Many are unsuited for regular school or any other alternative school setting. Some of the students have been found to have drug and alcohol problems which the Youth Build Program wants to address. At this time they will need to apply for licensing to operate a Student Assistance Program at their location.

Directions for 5c.

Tables with information needed to address this objective have been provided to you in Appendix E, F, and G. These tables provide a description of treatment demand for the SCA.

Data from the CMRR can be used to identify demand for both assessment and treatment services. It will show where the gaps are in the availability of specific levels of care. There are three specific questions you must respond to in regard to your CMRR data. The three questions have been provided to you in the response section below. Please enter your response below each question (bullet).

Appendix E provides a table with data from CIS on the pattern of referrals. Review this table and discuss the pattern of referrals (i.e. why a particular referral source is the most or least common.) Also highlight where your percentages differ greatly from the state percentages and the reason(s) why those differences exist.

Appendix F provides a table with CIS data on treatment admissions by type of service. Review this table and discuss to which level of care individuals are most commonly or least commonly admitted and why. Also highlight where your percentages differ greatly from the state percentages and the reason(s) why those differences exist.

Appendix G provides two tables with CIS data on admissions by primary substance of abuse for ages under 18 and 18 and over. Review these tables and compare SCA percentages to state percentages. Discuss possibilities for why your percentages differ from state percentages (e.g. alcohol is higher due to inappropriate court-stipulated treatment for person arrested for DUI).

To the extent that CIS data in Tables E, F, and G are rendered invalid by reporting issues, describe the issues and what the SCA is doing to correct them. Include concerns about the validity of your CIS data in the discussion of the aforementioned tables (i.e. note that

differences between SCA percentages and state percentages may be due to CIS data reporting issues.) <u>If the SCA collects data it deems to be more accurate than CIS data, the SCA may use such data to respond to Objective 5c. However, the alternate data must be included as a table and attached in the corresponding appendix. It is also permissible for the SCA to discuss CIS data along with other local data that speaks to demand if it is determined that CIS data may not be invalid but is still not sufficient to get a clear picture of demand.</u>

Response to 5c.

(This response has multiple components. Enter your response below each bulleted item.)

- Enter below for state fiscal year 2010/2011 the number of individuals waiting longer than 7 days for an assessment, and discuss/explain why individuals had to wait longer than 7 days for an assessment.

Of the 2469 assessments completed by the contracted providers and/or the YADAC DACM staff, 50 (2%) of the individuals had to wait longer than 7 days to schedule the assessment. Of the 50 individuals who had to wait longer than 7 days, 25 were individuals housed in prison and 25 were individuals residing in the community. The 1% of the community-based individuals who had to wait longer than 7 days for their scheduled assessment can be contributed to client preference and provider capacity.

- Enter below for state fiscal year 2010/2011 the number of individuals recommended for treatment that did not receive the recommended level of care, and provide reasons why individuals recommended for treatment did not receive the recommended level of care. (Your response should provide as much detail as possible, to elaborate on responses already provided in the monthly CMRR reports.)

Of the 2469 completed assessments, 2043 individuals (82%) were recommended for treatment. Approximately 90 (4%) of the clients recommended for treatment did not receive the recommended level of care. The following is the breakdown of the aforementioned 90 individuals who did not receive the recommended level of care: 4 funding; 3 capacity issues; 1 lack of appropriate service; 39 legal issues; 41 client choice; and 2 other. Essentially, 80 individuals did not receive the recommended level of care due to legal issues or client choice.

- Enter below for state fiscal year 2010/2011 the number of individuals recommended for treatment that had to wait longer than two weeks to access the recommended level of care, broken down by level of care. Discuss the reasons why individuals had to wait longer than two weeks to access treatment.

Of the 1953 individuals who received the recommended level of treatment, 55 (2%) had to wait longer than two weeks to access said treatment service. Approximately 47 (85%) of these individuals could not access service in a timely manner due to legal issues (that is: they were being detained in prison). Funding issues accounted for 2 of the individuals not accessing treatment in two weeks, 5 could not access treatment in two weeks due to capacity issues, and 1 individual chose not to access treatment.

- Enter below your discussion on the table in Appendix E.

It is common knowledge within the community at-large that the York County criminal justice system has a large population of individuals with substance use disorders and substance dependence disorders. Moreover, the statics regarding the number individuals receiving substance use disorder treatment indicate that the largest number of referrals come from the criminal justice system. Ironically, compared to the statewide criminal justice referrals, York County has a smaller percentage of criminal justice referrals than the state average. However, given that the individuals are "voluntarily" seeking services, these individuals are being statistically captured under the guise of "social service agencies".

Five of the seven DACMS are assigned to the York County treatment court programs (that is: drug treatment court; DUI treatment court; MH treatment court; veterans treatment court) and/or the York County court diversionary programs (that is: Day Reporting Center). All of these positions were initially PCCD or treatment court grant-funded positions. All DACMS have the skill-set and proficiency to execute the tasks associated with the core functions of case management. As such, the DACMS can conduct screenings, level of care assessments, and case coordination for those individuals within their prospective assigned court/prison programs.

In total, York County is home to approximately four adult treatment courts, two juvenile treatment courts, and one adult diversionary program specific to offenders with a substance abuse/substance dependence disorder. The York County Prison houses a large inmate population with substance use/substance dependence disorders and as such, has two programs designed specifically to address the needs of this population, as well as an arrangement with a few providers to conduct level of care assessments in the prison.

Moreover, many of the individuals requiring YADAC funding are referred by the York County Human Services system. This includes: MH/MR; Children, Youth, & Families Services; Veterans Affairs; etc. The small number of juveniles seems relative to the fact that most juveniles referred for treatment do not need funding through YADAC, as they have alternate funding options.

- Enter below your discussion on the table in Appendix F.

YADAC made a concerted effort to educate the community- at-large to utilize the White Deer Run Call Center to access detox services. It seems that the percentage of YADAC funded non-hospital detox admissions indicate this effort was successful. Equally impressive, is that the YADAC non-hospital detox admissions are almost double that of the state. In fiscal year 2009/2010, as a means to conserve inpatient funds, the pattern of referring an individual to intensive outpatient from detox persisted. Contributing to the higher YADAC percentage of intensive outpatient admissions was the treatment court recommendations for participants to reside in a Recovery House while attending treatment with an intensive outpatient level of care provider.

- Enter below your discussion on the tables in Appendix G.

The total number of individuals under age 18 that had YADAC paid admissions was 19. Given that this number is relatively small, it is difficult to actualize the percentages to those percentages across the state. However, in reading these percentages after compiling the data in the needs assessment, it does seem accurate that the joinder counties of York and Adams have a higher number of individuals using marijuana/hashish than their cohorts statewide, as well as heroin and over-the-counter medications.

The table that compares the YADAC paid admissions for the individuals age 18 and over as compared to the state appears unremarkable. As such, no discussion is warranted.

- Enter below your description of CIS data reporting issues and what the SCA is doing to correct them.

Historically, the CIS data has always seemed questionable at best. This is a direct result of the lack of provision of appropriate directions with definitions of categories. Many responses are "best guessed" responses thereby resulting in lack of uniformity amongst providers. The CIS system is only required for those individuals funded with YADAC dollars, however, some providers include all publically funded individuals when entering CIS data. Needless to say, the system is flawed.

The County Government Information System department has banned the use of the DOS. As such, we are now relegated to gather and compile the required data in a more round about method. The providers continue to send information via email and/or on a floppy disc of which is then transferred to another electronic storage unit to be sent to BDAP.

YADAC has been involved with the STAR system since its inception. Moreover, YADAC has recently contracted with a billing provider that can also develop systems to assist YADAC in capturing accurate data.

Directions for 5d.

Discuss the number of individuals in need of recovery support services. While it is understood that this may be difficult to assess, provide your best estimate based on any data you may have available. The estimate of the prevalence of substance use disorders provided in Appendix B may be your best estimate of the number of individuals in need of recovery support services. If you have other data available that provides information about the potential demand for (i.e. number of people in need of) recovery support services, please discuss it below. Recovery Support Services (RSS) are non-clinical services that assist individuals and families to recover from alcohol and other drug problems. These services complement 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. Services may include Mentoring Programs, Training & Education Programs, Family Programs, Telephonic Recovery Support, Recovery Planning, Support Groups, Recovery Housing, Recovery Centers, Childcare, and Transportation.

Response to 5d.
(Insert response below.)

Recovery Houses: At this time, there is an inability to quantify the extent of Recovery Houses within York County. The challenge in how to "investigate" into these establishments persists, as no recovery houses are offering treatment services that would necessitate licensure by the state. Moreover, the zoning laws of Your County do not necessitate registration or monitoring of these establishments. The number of these residences can only be estimated and these estimates vary according to the source. At times, the number of these residences is estimated in the hundreds. Not only is it unclear as to what parameters are instituted in these homes, there exists no information pertaining to the individuals housed in these structures. Therefore, the population served by these establishments remains undocumented.

Support Meetings: With the overall inferred number of individuals with substance abuse and/or substance dependence disorders, the number of available recovery support meetings pales in comparison. Moreover, for each of the identified/probable individual with a substance use disorder there are family members who have been impacted by the individual's disease. The recovery support meetings for these individuals are virtually non-existent.

	York	Adams
AA	86	37
AL-Anon	13	6
NA	34	13
12 Step	1	
Nar-anon	2	2

6 To identify assets or resources available in the county(ies) or region.
   a. Identify assets or resources available to prevent substance abuse.
   b. Identify intervention services that are currently available.
   c. Indentify assets or resources available to help respond to treatment demand.
   d. Identify recovery support services that are currently available.
   e. Please list the trainings you and your providers have had to prepare for addressing the issues and problems identified in Objectives 1-4.

Reminder: These lists should not be limited to assets and resources of only the SCA and its contracted providers but should include any applicable/relevant assets and resources within the entire county (ies).

Directions for 6a.

List and describe the assets or resources available to prevent substance abuse. Assets and resources are many and varied (e.g. financial, social, human, organizational). Please consider the wide range of assets and resources that may be available and discuss those that will be most important to preventing substance abuse. Examples of assets/resources are: numerous after-school programs, supportive law enforcement, engaged elected officials, active coalitions, local company/business foundations that have made drug and alcohol prevention a priority, good public transportation system, all schools willing to share PAYS data, most licensed establishments have had Responsible Alcohol Management Program (RAMP) training, good relationships with media, numerous volunteers for mentoring programs, community is willing and able to pull together to address problems, community is willing to change, and recovery community is involved in prevention efforts. Also note resources respondents to the Key Representative and Convenience surveys marked in question 5 of these surveys.

Response to 6a.
(Insert response below.)

The prevention providers have gathered volunteers for many of their evidence-based programs to assist with them as they work with participants. Two of the prevention providers have saw out grants to fund more programs for the York community. Church groups have been approached to offer dinner to participant families in the Strengthening Families Program for 10-13 year olds. While donations of gift cards, gas cards, games, movie tickets, etc., were gathered for this program and others.

As listed before there was one school district that did not participate in the PAYS surrey. The Adams County prevention provider has been trained in the RAMP program.

The respondents in question 6 of the survey answered as followed:

- **Faith-based support 72.92%**
- **Employee Assistance Programs 62.50%**

- **Information about how to get help for a substance use/abuse problem 58.33%**
- **School based drug and alcohol prevention programs for youth 62.50%**
- **Job training programs 54.17%**
- **Crisis counseling 56.25%**
- **Individual counseling 64.58%**
- **Group/Family counseling 60.42%**
- **Access to medical services/pharmacy 81.25%**
- **Public transportation 81.25%**

They believe these services are available in the community where they live. Being able to afford these services is another matter.

Directions for 6b.

List and describe the intervention and early intervention services that are available in the county(ies) served by your SCA. Examples of intervention services could be DUI programs, Student Assistance Programs, Employee Assistance Programs, or a provider run substance use education group for individuals who are waiting to access treatment services.

Response to 6b.
(Provide response in the space below. Add space as needed.)

The SCA currently fund SAP providers in York County and Adams County to provide services to students of each school district along with some Charter Schools and private schools. There are six school districts in Adams County and 19 school districts in York County that receive SAP services.

Outreach services are contracted to Alders Health Care Services by York Adams Drug and Alcohol Commission.

Directions for 6c.

List and describe the assets or resources available to help respond to treatment demand. Resources include money, staff, assessment and treatment capacity, capacity to serve acute and chronic need, the capability to provide various types, level, and intensities of care, funds and/or services available through other systems (i.e. Children, Youth & Families, Office of Vocational Rehabilitation, HealthChoices, PA Commission on Crime & Delinquency, Liquor Control Board, federal grants, Centers for Disease Control, Department of Education, private industry), regional or local partnerships, other service systems that are meeting part of the treatment demand, etc. **Complete the table below by listing the number of treatment (inpatient and outpatient) providers and the number of licensed and unlicensed case management providers in the county(ies) you serve and the number with whom the SCA contracts.**

	Total # in the County(ies) Served by the SCA	# SCA Contracts with
Licensed Inpatient Treatment Providers	3	2
Licensed Outpatient Treatment Providers	9	11
Licensed and Unlicensed Case Management Providers	0	0

Response to 6c.
(Insert response below.)

Presently, YADAC contracts with one non-hospital detox and two non-hospital rehabs in York County with a total of 9 outpatient providers serving the York and Adams County residents. Combined, the outpatient providers have 15 licensed office sites and include one methadone maintenance program. The following is a breakdown of the sites and service levels provided for each of the joinder counties:

- **YORK=**
  - **1 detox program;**
  - **2 short term non- hospital rehabs;**
  - **8 outpatient office sites;**
  - **4 intensive outpatient programs;**
  - **1 partial program;**
  - **1 methadone maintenance program**
- **ADAMS=**
  - **2 outpatient office sites;**
  - **1 intensive outpatient program;**
  - **1 partial program.**

Only one of the outpatient providers offers actual evidenced based programming. All other providers incorporate a treatment approach that is client driven. The providers are underfunded for the needed required trainings to become evidenced based proficient. The York County outpatient providers work closely with the York County Treatment Courts. Unfortunately, while the Treatment Courts are requesting the providers to become proficient in evidenced based treatment approaches, there exist no available finances to back this endeavor. Hence, the providers continue to offer treatment that is client driven and evidence-based piecemeal at best.

YADAC has service agreements with 11 detox providers, 27 inpatient providers, 16 halfway providers, 3 partial hospitalizations providers, 6 intensive outpatient providers, 8 outpatient providers, and 1 methadone maintenance provider available to the residents of York and Adams counties. Moreover, while these providers are located throughout the state of Pennsylvania, many of the services are available locally. More specifically, York County houses one detox, two short-term residential programs, one methadone maintenance program, two adolescent intensive outpatient programs, two adult intensive outpatient programs, and seven outpatient programs. Adams County contains two

outpatient programs, one adolescent intensive outpatient program, and one adult outpatient program. In York County there exist only two licensed drug & alcohol programs that are not contracted with YADAC with none existing in Adams County.

The case management core functions of screening, level of care assessment, and case coordination are integrated into the treatment service agreements at the provider level. The role of screening and the level of care assessment are designed to expedite client placement at the provider level. Moreover, the design of case coordination allows the treatment provider to supplement their approved rehabilitative clinical approach designated by their issued license. The provision of the treatment related service activity of case coordination during the treatment episode assists the client in meeting other deficiencies inherent in their life, and ultimately aids them in securing recovery and a self-sufficient lifestyle. Linking/coordinating a client to the available support services at the provider level and as part of the treatment episode increases the probability that a recovery-oriented, self-sufficient life-style may be initiated during the treatment episode. The case coordination of linking/coordinating to recovery support services in tandem to the licensed clinical methodology is to be executed throughout the continuum of care and during each level of care treatment episode.

YADAC employs seven drug & alcohol case management specialists (DACMS) and one case management supervisor. Five of the seven DACMS are assigned to the York County treatment court programs (that is: drug treatment court; DUI treatment court; MH treatment court; veterans treatment court) and/or the York County court diversionary programs (that is: Day Reporting Center). All of these positions were initially PCCD or treatment court grant-funded positions. The grant monies for these positions, as well as the grant monies for the treatment court participants, have since expired. YADAC is now responsible for these positions and all treatment funding for those treatment court participants meeting the BDAP eligibility requirements. Regardless of the DACMS assignment, all DACMS have the skill-set and proficiency to execute the tasks associated with the core functions of case management. As such, the DACMS can conduct screenings, level of care assessments, and case coordination for those individuals within their prospective assigned court/prison programs as needed AND, as warranted, transmit/ transpose/infuse/inject these completed case management core functions to our contracted treatment providers as a means to enhance/expedite/supplement the client treatment episode.

In 2010, YADAC sponsored the complete Recovery Support Specialist training package at no cost to the 25 participants. YADAC also covered the cost of the required test for certification. At this time, 20 of the 25 participants took and passed the test. To date, none of the 20 certified recovery specialists have acquired employment related to their certification.

Directions for 6d.

List and describe recovery support services that are currently available. Resources include money, staff, recovery centers, recovery houses, transportation, tutoring, volunteers, community agencies, support groups, etc. Examples of recovery resources may include, but are not limited to the following: mentoring programs in which individuals newer to recovery are paired with more experienced people in recovery to obtain support and advice on an individual basis and to assist with issues potentially impacting recovery (these mentors are not the same as 12-step sponsors), training and education utilizing a structured curriculum relating to addiction and recovery, life skills, job skills, health and wellness that is conducted in a group setting, family programs utilizing a structured curriculum that provides resources and information needed to help families and significant others who are impacted by an individual's addiction, telephonic recovery support (recovery check-ups) designed for individuals who can benefit from a weekly call to keep them engaged in the recovery process and to help them maintain their commitment to their recovery, recovery planning to assist an individual in managing their recovery, and support groups for recovering individuals that are population focused (i.e. HIV/AIDS, veterans, youth, bereavement, etc.). **Please list the number of recovery support providers in the county(ies) you serve and the number of recovery support providers with whom the SCA contracts.**

Response to 6d.
(Insert response below.)

Number of YADAC recovery support provider contracts: 0

Recovery Houses: At this time, there is an inability to quantify the extent of Recovery Houses within York County. The challenge in how to "investigate" into these establishments persists, as no recovery houses are offering treatment services that would necessitate licensure by the state. Moreover, the zoning laws of Your County do not necessitate registration or monitoring of these establishments. The number of these residences can only be estimated and these estimates vary according to the source. At times, the number of these residences is estimated in the hundreds. Not only is it unclear as to what parameters are instituted in these homes, there exists no information pertaining to the individuals housed in these structures. Therefore, the population served by these establishments remains undocumented.

Support Meetings: With the overall inferred number of individuals with substance abuse and/or substance dependence disorders, the number of available recovery support meetings pales in comparison. Moreover, for each of the identified/probable individual with a substance use disorder there are family members who have been impacted by the individual's disease. The recovery support meetings for these individuals are virtually non-existent.

Recovery Support Specialists: In 2010, YADAC sponsored the complete Recovery Support Specialist training package at no cost to the 25 participants. YADAC also covered the cost of the required test for certification. At this time, 20 of the 25 participants took and passed the test. To date, none of the 20 certified recovery specialists have acquired employment related to their certification.

Directions for 6e.

List the trainings that you and your providers have had to prepare for addressing the issues and problems indentified in Objectives 1-4. You do not need to list every training that you and your providers have had. Instead, list trainings you and your providers have had that directly relate to the issues and problems you identified in Objectives 1-4. For example if you found upon examination of various data sources that prescription drug abuse has grown dramatically in the past two years among teens throughout the County, then list a training you attended about prescription drug abuse treatment and prevention.

Response to 6e.
(Insert response below.)

The trainings that have been helpful for the prevention providers and SCA prevention are as follows:

- **Confidentiality**
- **Ethics for the Addiction Professional**
- **Making the Connection: Prevention Program Services, Fidelity/Adaptations and Minimum Data Sets (MDS) Service Codes**
- **Hispanic/Latino Issues and Addiction**
- **Family Healing: The Importance of Family Involvement**
- **Islam an Overview**
- **Integrated Prevention/Treatment Needs Assessment Training**
- **Prevention 101**
- **Prescription Drug Abuse**
- **Addictions 101**
- **FASD: Optimizing Outcomes for Individuals and Families by Recognizing Underlying Fetal Alcohol Spectrum Disorders and Tailoring Interventions for Success**
- **Cultural Competency**
- **Conflict Management**
- **County Drug & Alcohol Prevention Profile, Part Three: Comprehensive Strategic Plan**
- **SAP Leadership Training**
- **Performance Based Prevention System Training (Provider)**
- **Goal and Objective Evaluation**

Abuse of alcohol and prescription drugs appears to be prevalence among the youth and adults in York County as well as Adams County. The DUI arrests along with current substance abuse arrest that include prescription drugs are on the increase in both counties.

7 To identify and quantify the resources needed/necessary.

a. Identify the resources needed to effectively prevent the issues/problems/trends identified in Objectives 1-4.
b. Identify the resources needed to provide effective intervention services for issues/problems/trends identified in Objectives 1-4.
c. Identify and quantify the resources necessary to meet the estimated treatment demand and any trends identified in Objectives 3, 4 and 5 that impact this demand.
d. Identify recovery support services that the SCA needs in developing a Recovery Oriented System of Care (ROSC).
e. Identify any areas where training for staff would be needed, given issues/problems/trends identified in Objectives 1-4.

Definitions:

Needed Resources: Needed resources are resources that the SCA, its providers, the community, etc. do not already have. Needed resources would not be those assets/resources that are currently available and were discussed in Objective 6.

Recovery Oriented System of Care: A recovery management model of care, also known as a chronic care approach to recovery. The foundation of this approach includes: accessible services; a continuum of services rather than crisis-oriented care; culturally competent care that is age and gender appropriate; and where possible, is embedded in the person's community and home using natural supports. Creating a ROSC requires a transformation of the service system as it shifts to becoming responsive to meet the needs of individuals and families seeking services. Recovery-oriented systems support person-centered and self-directed approaches to care that build on strengths and resilience. Individuals, families, and communities take responsibility for their sustained health, wellness, and recovery from alcohol and other drug related issues through the various life phases of recovery. This system refers to the larger cultural and community environment in which long-term recovery is nested and offers a complete network of formal and informal resources that support long-term recovery of individuals and families.

Directions for 7a.

Identify the resources needed to effectively prevent the issues/problems/trends identified in Objectives 1-4. Only discuss the resources needed to address issues you identified in Objectives 1-4. In your response note what issue/problem/trend the resource is needed to address. Please discuss more than just needs in terms of funding and staff. For example, a needed resource that you do not currently have may be strong relationships with school district administrators or support from district justices.

Response to 7a.
(Insert response below.)

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 prevention providers but the lost of the YWCA of Adams County in the last several years has decrease involvement and services. The lack of funding to increase staff for both Adams County 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.

Directions for 7b.

Identify the resources needed to provide effective intervention and early intervention services for issues/problems/trends indentified in Objectives 1-4. Only discuss the resources needed to address issues you identified in Objectives 1-4. In your response note what issue/problem/trend the resource is needed to address. Resources that may be needed include money, staff, providers, etc.

Response to 7b.
(Provide response in the space below. Add space as needed.)

The lack of prevention staff and funding for staff, prevention providers along with office equipment needed in both York County and Adams County 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 costs continue to increase year after year but the County agency must eat those costs, which it no longer can because of loss of revenue.

Directions for 7c.

Identify and quantify what specific resources are needed to address the demand for assessment and treatment services and any trends identified in Objectives 3, 4 and 5 that impact this demand. Explain the basis for any estimates provided. Resources that may be needed include money, staff, providers, Drug Courts, Buprenorphine eligible physicians, intersystems collaboration, SCA policies & procedures, assessment and treatment capacity, capacity to serve acute need and chronic need, the capability to provide various types, levels, and intensities of care, etc.

Response to 7c.
(Insert response below.)

According to the assessment data collected and analyzed, of the 2469 assessments completed by the contracted providers and/or the YADAC DACM staff, 50 (2%) of the individuals had to wait longer than 7 days to schedule the assessment. Of the 50 individuals who had to wait longer than 7 days, 25

were individuals housed in prison and 25 were individuals residing in the community. The 1% of the community-based individuals who had to wait longer than 7 days for their scheduled assessment can be contributed to client preference and provider capacity. It seems, therefore, that the demand for YADAC funded assessments is being met within a 2% deficit margin.

Similarly, of the treatment data collected and analyzed, the 1953 individuals who received the recommended level of treatment, 55 (2%) had to wait longer than two weeks to access said treatment service. Approximately 47 (85%) of these individuals could not access service in a timely manner due to legal issues (that is: they were being detained in prison). Funding issues accounted for 2 of the individuals not accessing treatment in two weeks, 5 could not access treatment in two weeks due to capacity issues, and 1 individual chose not to access treatment. Therefore, it seems that the demand for YADAC funded treatment is being met.

In terms of the trends identified within the juvenile populations, two York County outpatient providers have recently included adolescent IOP services to their existing adolescent outpatient treatment service line-up. In Adams County, adolescent services are available at an outpatient level. YADAC is working with HealthChoices to incorporate school based services as a line item so providers can execute services on-site during the school day.

Directions for 7d.

Identify what specific recovery services would be necessary to support the development of a ROSC.

Response to 7d.
(Insert response below.)

Essential to this endeavor would be the creation of a planning group of stakeholders to include, yet not be limited to: systems professionals; treatment providers; people in recovery; recovery support service providers; research and evaluators; mutual aid groups; and recovery advocates. The planning group can review existing strengths, best practices, and opportunities for growth. Moreover, this group can:

- **Review an inventory of current programs and practices to determine strengths and gaps from a recovery –oriented perspective;**
- **discuss research strategies and formulate in integrated research agenda;**
- **use the development of the "social connectedness: national Outcomes Measures domain as an opportunity to further align NOMS with the guiding principles of recovery and elements of recovery-oriented systems of care;**
- **conduct outreach with other national organizations whose support for recovery-oriented systems of care will be instrumental;**
- **convene a series of regional meetings on recovery-oriented systems of care to encourage their development within the joinder counties;**

- **develop a working definition of recovery that can be used across systems, programs, and stakeholder groups;**
- **provide education and technical assistance about recovery-oriented approaches to care;**
- **facilitate the development of an ethical framework for peer recovery support services, building on current standards;**
- **develop new financing models what will permit the treatment and recovery field to support recovery-oriented systems of care;**
- **continue to ensure that individuals in recovery and recovery organizations are represented**
- **create an advocacy group to educate and promote an understanding and acceptance of the working definition of recovery, the guiding principles of recovery, and the elements of recovery-oriented systems of care.**

The impetus of creating/identifying/funding/organizing recovery services to promote a recovery oriented system of care within the joinder counties will most likely fall to YADAC. Given the recent funding cuts, we will need to look to how we can reconfigure what currently exists into recovery services resources. This means identifying the available/existing recovery resources within YADAC and within the County Human Services organization at-large. Presently, a viable option within YADAC would be to incorporate a recovery coach program into the current YADAC case management requirements. Moreover, it most likely requires the YADAC DACMS to expand their focus to all YADAC funded clients regardless of the individual's involvement with the treatment courts.

The recovery coach program is an intensive, community-based care management program for people who have entered treatment. The program is designed as an integrated component of a comprehensive addiction treatment program. The primary purpose of the recovery coach program is to help individuals in addiction treatment gain access to needed resources, services, or supports that will help them achieve recovery from the substance use disorder. Recovery coaches can help individuals address multiple domains in the their life that have been impacted by their substance use disorder, but are difficult to address within the structure of most addiction treatment programs, such as returning to employment or finding stable housing. Recovery coaches can also help individuals transition through the continuum of addiction treatment. Finally, recovery coaches can help individuals sustain their recovery after the formal addiction treatment component has been completed through consultation, skills training and of course, coaching.

Using the existing recovery houses, YADAC may consider (funding permitting) contracting for housing. Included in said contracts would be requirements of the Recovery House staff to acquire the Certified Recovery Support Certification. Moreover, specific parameters for the residents can be included to ensure that involvement in a personal recovery program is occurring.

Directions for 7e.

Given issues/problems/trends identified in Objectives 1-4, list any areas where training for staff would be needed. Only list trainings you and your providers need that directly relate to the

issues and problems you identified in Objectives 1-4. For example if you found upon examination of various data sources that substance abuse among the elderly in your county has been increasing for the past four years, then list training you need about treatment and prevention of substance abuse among the elderly.

Response to 7e.
(Insert response below.)

Needed Treatment Related Trainings:

- **Evidenced based treatment approaches;**
- **How to capture outcome measures;**
- **Interfacing licensing regulations with BDAP 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 & Present;**
- **Co-Addiction of the Professionals 101**
- **Working with the families 101**
- **Signs & 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**

Needed Prevention Related Training:

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

8 To identify barriers to addressing the needs that have been identified.

a. Identify barriers that would impede the ability to meet the prevention needs of your communities.
b. Identify barriers that would impede the ability to meet the intervention needs of your communities.
c. Identify barriers that would impede the ability to meet the assessment and treatment demand in the SCA.
d. Identify barriers that would impede the ability to meet the recovery support services demand in the SCA.

Directions for 8a.

Identify barriers that would impede the ability to meet the prevention needs of your communities. Be sure to note barriers specific to the issues/problems identified in Objectives 1-4 and reflect on their changeability. Barriers may be not having those items you stated were needed in Objective 7 or there may be other barriers, for example: strong community beliefs of underage drinking as a harmless rite of passage or schools and parents will not accept certain prevention programming because they do not want the school's issues with drug use known to the general public. There is no need to repeat your response to Objective 7; instead, use this space to discuss the changeability of these barriers. How easy or difficult will it be to remove or get over these barriers? Where possible, cite data such as data from Key Representative surveys that provides evidence of the barrier.

Response to 8a.
(Insert response below.)

Barriers to prevention services are those with school districts needing to meet educational requirement that limit the available time for prevention providers to offer programs to the districts. Some districts do not want the focus to be on the issues of substance abuse in their community. The communities that have not been approached for services in Adams County are the African-American residents and low income residents.

No one wants to harm the image of a community. At the same time issues are already present and must be address before they become major problems; if they have not become already.

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

Directions for 8b.

Identify barriers that would impede the ability to meet the intervention and early intervention needs of your communities. Barriers may be not having those items you stated were needed in

Objective 7, or there may be other barriers such as stigma associated with identifying oneself as someone with a potential substance use problem. There is no need to repeat your response to Objective 7; instead, use this space to discuss the changeability of these barriers. How easy or difficult will it be to remove or get over these barriers? Where possible, cite data that provides evidence of the barrier.

Response to 8b.
(Provide response in the space below. Add space as needed.)

Provide SAP services such as counseling in the school while the student is accessible and available. Provide in school group counseling if possible. Provide drug and alcohol education services to students referred to counseling.

Directions for 8c.

Describe the barriers that impede or prevent the SCA from meeting assessment and treatment demands. Barriers may be not having those items you stated were needed in Objective 7 or there may be other barriers. Examples of barriers include lack of access, quality and appropriateness of care, insurance denials, childcare, transportation, location, language, zoning restrictions, payment for co-occurring services outside of managed care, parental resistance to permitting SAP assessments, interface with county systems, to include confidentiality issues (i.e., courts, CY&F), length of time from application to acceptance for HealthChoices, restrictions of available funds, ineffectual tracking of individuals between payers, varied perceptions of medical necessity criteria, SCA protocols/policies & procedures, etc. There is no need to repeat your response to Objective 7; instead, use this space to discuss the changeability of these barriers. How easy or difficult will it be to remove or get over these barriers? Provide any objective data that is evidence of the barrier. For example if lack of childcare is a barrier, cite data such as the length of the waiting list for state subsidized child day care.

Response to 8c.
(Insert response below.)

YADAC was established for the planning and evaluation of community drug and alcohol prevention, intervention, and treatment services. Moreover, its powers and duties were:

(1) To review and evaluate drug and alcohol services, projects and special problems in relation to the incidence and prevalence of drug and alcohol abuse.
(2) To prepare the annual Comprehensive Drug and Alcohol Treatment and Prevention Plan.
(3) To review and amend, on an annual basis, the Comprehensive Drug and Alcohol Treatment and Prevention Plan.
(4) To recommend approval of projects and any other matters related to drug and alcohol services in the County.

(5) To assist the Council in the evaluation of drug and alcohol treatment, intervention and prevention projects through the implementation of the UDCS in all projects in the County.
(6) To conduct unique evaluation of SCA funded projects in accordance with guidelines approved by the Council.
(7) To prescribe, amend, and repeal bylaws governing the manner in which business is conducted and the manner in which the powers granted to it are exercised.
(8) To submit the Annual Plan to the County commissioners for approval.
(9) To monitor compliance/performance of service providers relative to uniform policies, regulations, contractual obligations, and goals/objectives.

That said, with all of the daily labor-intensive responsibilities thrust upon the YADAC office related "*To monitor compliance/performance of service providers relative to uniform policies, regulations, contractual obligations, and goals/objectives*", it has become virtually impossible to fully and appropriately execute the following:

(1) To review and evaluate drug and alcohol services, projects and special problems in relation to the incidence and prevalence of drug and alcohol abuse.
(2) To recommend approval of projects and any other matters related to drug and alcohol services in the County.
(3) To assist the Council in the evaluation of drug and alcohol treatment, intervention and prevention projects through the implementation of the UDCS in all projects in the County.
(4) To conduct unique evaluation of SCA funded projects in accordance with guidelines approved by the Council.
(5) To prescribe, amend, and repeal bylaws governing the manner in which business is conducted and the manner in which the powers granted to it are exercised.

Consequently, it presents as a challenge to write a realistic and accurate Comprehensive Drug and Alcohol Treatment and Prevention Plan that is based on properly gathered and analyzed data, of which is then updated on an annual basis, culminating in an Annual Plan for the Commissioners.

Ultimately, in order for YADAC to fulfill all of the required detailed reporting as mandated by BDAP, YADAC spends most of its time focused on creating said reports, correcting said reports, updating the requirements, rewriting policies, passing the changes onto the providers, ensuring that the providers are adhering to the most current updates, entering data into a gamut of systems, correcting data that was entered, contacting BDAP for technical assistance, fielding questions from providers regarding entering data, and so on. The day in and day out report-related activities has required YADAC to become more absorbed with itself than with the community at large. Essentially, YADAC has evolved into a high maintenance system and thus its own barrier.

Like all high maintenance systems, YADAC can seem preoccupied with itself and thereby unable and/or unwilling to acknowledge the needs outside of itself. It is a challenge to remain right-sized

when the system requires daily grooming and maintenance to survive. Ultimately, this also gives an exaggerated sense of the power of the system or for the system to acknowledge how it fits within a larger system. Perspective becomes disoriented and as such, the system becomes confused with its true purpose. The good news is that YADAC has discovered that no situation is really hopeless and that it is possible for YADAC to find its way back to its true origins whether the requirements of BDAP change or not.

As a result of the aforementioned, it is a challenge to objectively describe the barriers that impede or prevent the residents of the joinder counties to acquire assessments and/or treatment services beyond those funded by YADAC. Fortunately, the assessment data and the treatment data seem to support that the demands for said services funded by YADAC are being met. And while this manually recorded data may not be an accurate generalization for those individuals seeking said assessments and treatment services as the data only captures a portion of the true image of the demand for assessment and treatment services, it is good news none the less.

Directions for 8d.

Describe the barriers that impede or prevent the SCA from meeting recovery support services demand. Barriers may be not having those items you stated were needed in Objective 7 or there may be other barriers. Examples of barriers include: limited understanding of recovery support services and ROSC, lack of community and family involvement, need to mobilize the recovery community, concern that recovery support services will take the place of clinical services, need to expand and develop new linkages in the community, conflicting priorities and limited funding. There is no need to repeat your response to Objective 7; instead, use this space to discuss the changeability of these barriers. How easy or difficult will it be to remove or get over these barriers? Provide any objective data that is evidence of the barrier.

Response to 8d.
(Insert response below.)

Substance use requires a framework that can incorporate a wide range of biological, psychological, social and cultural factors. Substance use can be understood only by recognizing the contributions of the substance itself, the individual who uses it, and the environment in which the substance is taken. It is critically important to understand the continuum of substance use as it incorporates those engaged in use and/or abuse and/or dependence as well as those who witness and/or who are exposed to the substance use, substance abuse, and/or substance dependence.

Substance use/abuse/dependence is associated with problems beyond those experienced by the individual utilizing said substances and poses considerable harm to the wider community-at-large. Research indicates that for every one person meeting the criteria for substance dependence, four other people are negatively impacted. Substance dependence has a major impact on families, the work environment, the professionals assigned to help, and ultimately the community at large. As such, comprehensive, multi-faceted prevention and treatment approaches must be adopted that

acknowledge the complexity of human behavior in relation to the substance use continuum, as well as addressing the associated risk and protective factors.

As such, misinformation regarding the aforementioned remains a barrier. In tandem to this barrier is the perpetuating stigma associated with substance related issues. The misinformation and stigma permeates and resides within substance using population as well as population impacted by substance related issues. Misinformation and stigma can be heard amongst all veins of the substance use population, the recovering population, the 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.

Treatment providers are struggling to transform into a chronic care approach/disease management approach. Lagging even further behind is the transformation of the entire human services systems. Confusion surrounds the language, culture, and spirit of recovery throughout the system. Services to engage and retain people seeking recovery are discussed and acknowledged as a need yet not made accessible. At times, natural supports are discarded for the more "traditional" supports and/or subjectively determined supports. There is limited recognition or support that there are many pathways to recovery. Even less support seems to be given to the guiding principles that: recovery is self-directed and empowering; recovery exists on a continuum of improved health and wellness; recovery involves a personal recognition of the need for change and transformation; recovery is holistic; recovery emerges from hope and gratitude; recovery involves a process of healing and self-redefinition; recovery is supported by peers and allies; recovery involves rejoining and rebuilding a life in the community; recovery is a reality and recovery does and can happen. Magnifying the enormity of this created barrier is that with the current available funding options come attached funding parameters, regulations, mandates, etc.

The good news is that there is always hope. Ere go, YADAC's intention is to overcome these and all other most negative aspects standing in the way of creating a recovery oriented system of care in the joinder counties.

Appendix A

Key Representative and Convenience Survey Administration Information

BDAP Key Representative Survey on Alcohol, Tobacco and Other Drugs

a. Total Number of Surveys Given Out: **_510____**

b. Total Number of Surveys Completed: **_27____**

c. Explain how the Key Representative Survey was administered and provide justification regarding the total number administered.

(Use the space below. Add additional space as needed.)

The convenience survey was administered to residents and group leaders of both York County and Adams County.

The Key Representative Survey was administered to the community roles assigned by the Bureau of Drug and Alcohol Programs. Those roles are as follows:

- **DA=Drug and Alcohol Professional (treatment, prevention, case management, etc.)**
- **ED=Education (school administrator, board member, teacher, counselor, etc.)**
- **LE=Law Enforcement**
- **SS=Social Service Agencies (Aging, MH/MR, CYS, social worker, etc.)**
- **BI=Business and Industry**
- **CL=Clergy/Faith-based Organizations**
- **CC=Community Coalition Member/Community Volunteer**
- **CO=Community Organization (PTA, PTO, Lions Club, Elks, etc.)**
- **JU=Judge/District Magistrate**
- **LW=Lawyer**
- **LG=Local Government Official**
- **ME=Media**
- **MD=Medical (Doctor, Nurse, EMT, etc.)**
- **RS=Recovery Support Entity (Advocate, Community Recovery Organization, Support Group Member, CRS, etc.)**
- **RP=Person in Recovery or Family Member of person in treatment or recovery**

d. If you were unable to obtain a survey from a Key Representative for one of the defined community roles (see list of roles on page 3 of survey instructions), please provide explanation/justification for why you were not able to get a Key Representative for the particular community role.

(Use space below. Add additional space as needed.)

The surveys that were returned for the key representative surveys were 44 returned but only 27 were enter. The lack of time available to enter all of the surveys along with other requirements from the Bureau of Drug and Alcohol Programs limited the SCA. Of the surveys not entered were for ME=Media, RS=Recovery Support Entity, and RP=Person in recovery.

BDAP Convenience Survey on Alcohol, Tobacco and Other Drugs *(The use of this survey is optional. If you did not utilize this survey, please check "did not use convenience survey" below.)*

___ Did not use convenience survey

a. Total Number of Surveys Completed: __**236**___
b. Explain how the Convenience Survey was administered and discuss to whom it was administered.

(Use the space below. Add additional space as needed.)

The Convenience Surveys were given to residents, community leaders and organizations in both York County and Adams County. It was felt that a larger sampling of the community would provide the SCA and prevention providers with a better picture of the needs of each County.

Appendix B

Prevalence of substance use disorders in the total population

The Department of Health has provided data for each SCA (see table below) based on surveys which yield valid estimates of the prevalence of substance abuse disorders. Only 7% to 10% of the estimated number of dependent people presented in this table would admit to having a substance abuse problem, but the larger number may be thought of as those whose behavior is creating personal consequences and affecting their associates. They are also the pool of people, who eventually, under the right circumstances, may present for treatment services.

These numbers may be used by SCAs to describe need (as distinguished from demand) and the extent of the problem. They show the potential for demand for services.

Estimates of the Prevalence of Substance Use Disorders (Dependence or Abuse)[1]
Pennsylvania, Single County Authorities and State
Based on 2009 National Survey on Drug Use and Health (NSDUH)[2]

SCA	Total 2009 Population	Age 12+		Age 12-17		Age 18-25		Age 26+	
		Population	Prevalence (Rate = 7.7%)	Population	Prevalence (Rate = 7.1%)	Population	Prevalence (Rate = 20.4%)	Population	Prevalence (Rate = 5.7%)
Allegheny	1,218,494	1,056,102	81,320	96,210	6,831	138,863	28,328	821,029	46,799
Armstrong / Indiana / Clarion	194,780	169,075	13,019	15,548	1,104	28,849	5885	124,678	7,107
Beaver	171,673	149,425	11,506	13,196	937	16,516	3,369	119,713	6,824
Bedford	49,579	42,538	3,275	3,893	276	3,972	810	34,673	1,976
Berks	407,125	340,836	26,244	34,635	2,459	45,561	9,294	260,640	14,856
Blair	126,122	108,639	8,365	9,615	683	13,182	2,689	85,842	4,893
Bradford / Sullivan	67,271	57,660	4,440	5,800	412	5,728	1,169	46,132	2,630
Bucks	626,015	534,091	41,125	50,892	3,613	55,477	11,317	427,722	24,380
Butler	184,694	157,576	12,133	15,615	1,109	19,535	3,985	122,426	6,978
Cambria	143,998	126,079	9,708	10,581	751	15,517	3,165	99,981	5,699
Cameron / Elk / McKean	80,370	69,956	5,387	6,691	475	7,302	1,490	55,963	3,190
Carbon / Monroe / Pike	290,749	251,929	19,399	25,487	1,810	32,850	6,701	193,592	11,035
Centre	146,212	131,607	10,134	10,562	750	47,366	9,663	73,679	4,200
Chester	498,894	417,709	32,164	44,572	3,165	52,889	10,789	320,248	18,254
Clearfield / Jefferson	126,958	110,700	8,524	9,222	655	11,699	2,387	89,779	5,117
Columbia / Montour / Snyder /	164,905	144,692	11,141	13,011	924	27,097	5,528	104,584	5,961
Crawford	88,521	75,681	5,827	7,559	537	9,781	1,995	58,341	3,325
Cumberland / Perry	277,985	240,735	18,537	22,274	1,581	38,036	7,759	180,425	10,284
Dauphin	258,934	218,333	16,812	20,557	1,460	24,124	4,921	173,652	9,898
Delaware	558,028	474,502	36,537	46,980	3,336	67,139	13,696	360,383	20,542
Erie	280,291	239,642	18,452	23,736	1,685	36,270	7,399	179,636	10,239
Fayette	142,605	123,708	9,526	11,184	794	12,638	2,578	99,886	5,693
Forest / Warren	47,413	41,632	3,206	3,686	262	4,600	938	33,346	1,901
Franklin / Fulton	159,846	134,315	10,342	12,336	876	16,370	3,340	105,609	6,020
Greene	39,245	34,528	2,659	2,851	202	4,527	923	27,150	1,548

Estimates of the Prevalence of Substance Use Disorders (Dependence or Abuse)[1]
Pennsylvania, Single County Authorities and State
Based on 2009 National Survey on Drug Use and Health (NSDUH)[2]

SCA	Total 2009 Population	Age 12+		Age 12-17		Age 18-25		Age 26+	
		Population	Prevalence (Rate = 7.7%)	Population	Prevalence (Rate = 7.1%)	Population	Prevalence (Rate = 20.4%)	Population	Prevalence (Rate = 5.7%)
Huntingdon / Mifflin / Juniata	114,450	98,040	7,549	8,954	636	11,370	2,319	77,716	4,430
Lackawanna	208,801	180,978	13,935	16,111	1,144	23,854	4,866	141,013	8,038
Lancaster	507,766	425,089	32,732	44,976	3,193	59,163	12,069	320,950	18,294
Lawrence	90,160	77,969	6,004	7,414	526	9,575	1,953	60,980	3,476
Lebanon	130,506	111,593	8,593	9,881	702	14,744	3,008	86,968	4,957
Lehigh	343,519	292,542	22,526	28,229	2,004	39,934	8,147	224,379	12,790
Luzerne / Wyoming	340,653	296,823	22,855	25,159	1,786	37,815	7,714	233,849	13,329
Lycoming / Clinton	153,637	133,102	10,249	12,111	860	19,556	3,989	101,435	5,782
Mercer	116,071	100,033	7,703	9,885	702	12,847	2,621	77,301	4,406
Montgomery	782,339	662,286	50,996	60,854	4,321	72,413	14,772	529,019	30,154
Northampton	298,990	255,549	19,677	25,688	1,824	36,285	7,402	193,576	11,034
Northumberland	91,311	79,049	6,087	7,056	501	7,538	1,538	64,455	3,674
Philadelphia	1,547,297	1,296,728	99,848	133,480	9,477	222,703	45,431	940,545	53,611
Potter	16,714	14,223	1,095	1,365	97	1,592	325	11,266	642
Schuylkill	146,952	128,818	9,919	10,626	754	13,103	2,673	105,089	5,990
Somerset	76,953	67,581	5,204	5,570	395	6,731	1,373	55,280	3,151
Susquehanna	40,646	35,421	2,727	3,446	245	3,670	749	28,305	1,613
Tioga	40,875	35,091	2,702	3,883	276	5,489	1,120	25,719	1,466
Venango	54,183	46,544	3,584	4,482	318	4,467	911	37,595	2,143
Washington	207,389	179,262	13,803	15,708	1,115	22,316	4,553	141,238	8,051
Wayne	51,337	45,247	3,484	3,478	247	4,381	894	37,388	2,131
Westmoreland	362,251	316,496	24,370	27,572	1,958	32,608	6,652	256,316	14,610
York / Adams	531,260	451,332	34,753	43,457	3,085	53,915	10,999	353,960	20,176
Pennsylvania	12,604,767	10,781,486	830,174	1,026,078	72,852	1,451,954	296,199	8,303,454	473,297

1. Past year dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

2. The National Survey on Drug Use and Health (NSDUH), formerly known as the National Household Survey on Drug Abuse (NHSDA), is an annual survey conducted by SAMHSA's Office of Applied Studies. NSDUH is the primary source of statistical information on the use of illicit drugs by the U.S. civilian population aged 12 or older, based on face-to-face interviews at their place of residence. The survey covers residents of households, non-institutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as prisons and long-term hospitals.

State level estimates are based on a survey-weighted hierarchical Bayes estimation approach.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2008 and 2009, Table 5.4B.

Population Data Source: Penn State Data Center 2009 Population Estimates.
County-level estimates prepared by the Division of Statistical Support, Pennsylvania Department of Health. Estimates may not sum to totals due to rounding.

Use of the data: These estimates may be used to describe the need for treatment services (as distinguished from demand) and the extent of the problem. They show potential for demand for services.

Appendix C

Prevalence of substance abuse dependency disorders in special populations

Each SCA will be responsible for developing prevalence estimates of substance abuse disorders (for its service area) for the special population groups listed in the table below. These numbers may be used by the SCA to describe the possible need (as distinguished from demand) and the extent of the problem. The special population groups listed in column 1 are the minimum requirements for this needs assessment. SCAs may include other special population groups, as desired. Add these other special populations as rows in the table below. Be sure to list the source of the data in column 2.

The Department of Health will provide appropriate web links for county level population data for the criminal justice and family court categories in column 2 (items 1-3, 6, and 7). The SCA is then responsible for adding the statistical information relevant for each category.

Based on Department of Corrections (DOC) and national estimates, approximately 70% of all inmates are substance dependent and require some form of treatment. This information will be used to provide the estimates needed for columns 4 & 5, where appropriate (items 3-5). Based on The National Center on Substance Abuse & Child Welfare, approximately 50% of substantiated child abuse cases have an underlying substance abuse issue and require some level of treatment. This information will be used to provide the estimates needed for columns 4 & 5, where appropriate (item 6). Based on SAMHSA Substance Abuse Treatment & Domestic Violence TIP 25, approximately 25% of Protection From Abuse (PFA) orders issued by the court have an underlying substance abuse issue and require some level of treatment. This information will be used to provide the estimates needed for columns 4 & 5, where appropriate (item 7).

To get similar estimates for County Jail Population and Persons on State Probation or Parole in the county, phone calls should be made to local contacts to ask: What is the annual caseload (Column 4)? Based on Department of Corrections (DOC) and national estimates, approximately 70% of all inmates are substance dependent and require some form of treatment.

Local Special Population Need Data
As reported by York/Adams Drug & Alcohol Commission

Special Population Category (Column 1)	Source of Data and web link (Column 2)	How to Locate Data (Column 3)	(Column 4) Enter Total Number from Column 1	(Column 5) Percent of these persons who have substance abuse problems.	(Column 6) Estimated number who have substance abuse problems =Col 4 x Col 5 for each category
1. Drug Possession Arrests: 18E-Drug Possession - Opium – Cocaine;18F-Drug Possession – Marijuana;18G-Drug Possession – Synthetic;18H-Drug Possession - Other (Total Arrests Adult & Juvenile) YORK: 2009=1223; 2010=1324; 2011=1471 Total=4018; ADAMS: 2009=108; 2010=106; 2011=115 Total=329	Pennsylvania Uniform Crime Reporting Program http://ucr.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp	1) Select Arrests by Age & Sex 2) Select Year 3) Select Month (December) 4) Select YTD 5) Select County 6) Select Appropriate UCR Codes 7) Click Submit 8) Record Total	4018+329 = 4347	100%	**4347**
2. Arrests for 210-Driving Under the Influence; 220-Liquor Law; 230-Drunkenness (Total Adult & Juvenile Arrests) York: 2009=2,471; 2010=2,236; 2011=2,523 TOTAL= 7230 ADAMS 2009=397; 2010=365; 2011=379 TOTAL=1141	Pennsylvania Uniform Crime Reporting Program http://ucr.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp	1) Select Arrests by Age & Sex 2) Select Year 3) Select Month (December) 4) Select YTD 5) Select County 6) Select Appropriate UCR Codes 7) Click Submit 8) Record Total Arrests	7230+1141= 8371	100%	**8371**
3. Adult County Probation and Parole York: 2009=9,306; 2010=10,189 Total=19495 Adams: 2009=1914; 2010=1866 Total=3780	Pennsylvania Board of Probation and Parole http://www.pbpp.state.pa.us/portal/server.pt/community/reports_and_publications/5358/county_adult_probation_and_parole_information/502401	1) Open "2009 CAPP Report" and go to Table 1 on Page 7 – "Caseload Information 2009" 2)Locate the county or counties 3)Record the Total Caseload.	19495+3780=23,275	70% (DOC estimate)	**16292**

4. County jail population ADAMS: 2011=2003 YORK: 2011= 3,748	SCA to provide from local contacts	Contact Local Source	2003+3748= 5751	70% (DOC estimate)	**4,025**
5. Persons on state probation or parole in County YORK: 2011=9939 ADAMS: 2010=1866	SCA to provide from local contacts	Contact Local Source	9939+1866= 11,805	70% (DOC estimate)	**8,263**
6. Reported Substantiated Child Abuse & Neglect Cases (Total) YORK: 2009=147; 2010=128; 2011=122; TOTAL=397 ADAMS: 2009=45; 2010=62; 2011=44; TOTAL=151	Pennsylvania Department of Public Welfare http://www.dpw.state.pa.us/publications/childabusereports/index.htm	1) Select Annual Report Year 2) Locate status of evaluation, rates of reporting and substantiation by county Table 3) Locate your County 4) Record Total Substantiated Cases	397+151= 548	50 % (National Center on Substance Abuse and Child Welfare—April 2005)	**274**
7. Domestic Violence (PFA) YORK : 2008=227 ; 2009=372 ; 2010=348 ; TOTAL=947 ADAMS : 2008=95 ; 2009=86 ; 2010=73 ; TOTAL=254	Administrative Office of Pennsylvania Courts http://www.pacourts.us/T/AOPC/ResearchandStatistics.htm Then click on 2007 AOPC Caseload Statistics	1) Select the Caseload Statistics Year 2) Click on Common Pleas 3) Click on Family Court 4) Click on Filings & Dispositions 5) Click on Protection From Abuse 6) Locate County or Counties 7) Record Total Number of Final	947+254= 1201	25% (SAMHSA Substance Abuse Treatment & Domestic Violence TIP 25)	**300**

8. Other Categories * Juvenile Criminal Justice System YORK : Drug Sales= 59; Drug Possession= 221; Driving Under the Influence= 23; Liquor Law=262; Drunkenness=5; Felony Drug Charges=78; Misdemeanor Drug Charges= 283; Summary Drug Charges=45 ADAMS: unavailable			975		**975**
9. Other Categories 12 Step Meetings York: AA=86; NA=34; Other 12 Step=1;TOTAL=121 Al-Anon=13; Nar-Anon=2; TOTAL=15 Adams: AA=37; NA=13; Oter 12 Step=0; TOTAL=50 Al-Anon=6; Nar-Anon=2; TOTAL= 8					**AA/NA=170** **Other 12 Step=1** **Alanon= 18** **Nar-Anon=4**
10. Other Categories Recovery Houses York: Estimate 60 Adams: Estimate 2			62	Estimate that each house maximum capacity of 8	**496**

* SCAs should include other special population categories that are identified, e.g. co-occurring. Other special populations that are discussed elsewhere in the needs assessment must be included in this table.

Appendix D

BDAP Risk & Protective Factors

Risk Factors:

Low Neighborhood Attachment
Community Disorganization
Availability of ATOD
Laws and Norms Favorable To Substance Abuse
Lack of Clear Healthy Beliefs and Standards from Parents, Schools and Communities
Perceived Availability
Lack of Clear, Enforced Policy on the Use of ATOD
Availability of ATOD in School
Laws and Norms Favorable to Substance Abuse
Perceived Risk/Harm of Substance Abuse
Favorable Attitudes Toward Substance Use
Family Management Problems
Lack of Monitoring/Supervision
Favorable Parental Attitudes Toward ATOD Abuse

Protective Factors

Community Bonding
Healthy Beliefs and Clear Standards
Community Supported Substance Abuse Prevention Efforts and Programs
Availability of Constructive Recreation
High Monitoring of Youth Activities
Strong Classroom Management
Norm of Positive Behavior
Pro-Social Opportunities
Social Bonding
Social Skills Competency
Academic Achievement
Regular School Attendance
Social Competence
Autonomy
Sense of Purpose and Belief in a Bright Future
Problem Solving Abilities
Consistency in Rule Enforcement
Reinforcement for Pro-social Involvement
High Parental Monitoring
Strong Parental Bonding
Strong Family Bonding
Positive Family Dynamics
No ATOD Use/Abuse
Extended Family Networks

Appendix E

CIS Pattern of Referrals for SCA

This table will present the number and percentage of all first admissions for SCA-paid clients (referring SCA) for the previous year, which came from each referral source (except juveniles, which would be identified by age and total number from all referral sources). The percentages for the individual SCA and the state as a whole will be displayed side by side for comparison.

SFY 09/10			
CIS Pattern of Referrals for SCA (York/Adams) SCA Paid Unique Clients			
Referral Source for New Clients	**Number of Clients**	**Percentage of SCA Clients**	**Percentage of Statewide**
Criminal Justice/Non-Voluntary	154	10.2%	24%
Social Service Agencies	1065	70.7%	36%
Drug & Alcohol Abuse Providers	73	4.8%	13%
Employers	1	0.1%	1%
Religious Organizations	0	0%	0%
Self, Friends	166	11%	21%
Primary Care (Physicians,	48	3.2%	5%
Total:	1507	100%	100%
Below is the percentage for juveniles only			
Juveniles	18	1.2%	6.4%

Appendix F

CIS: Treatment Admissions by Type of Service

This table is slightly different from the referral source tables and will be specific for each SCA. Sample SCA data is provided in this example. Again, the table is limited to SCA clients as defined by the Referring SCA item in CIS. However, what are counted are treatment admissions which began during the year, rather than individual clients. We would expect to see differences in the pattern of services provided by individual SCAs, compared to the statewide data, since we know that some SCAs simply do not utilize certain levels of care.

SFY 09/10			
Service Strategy for SCA (York/Adams)			
Level of Care Usage for Treatment Admissions	**Number of Admissions**	**Percentage of SCA**	**Percentage of Statewide**
Hospital Detox	1	0%	1%
Hospital Rehab	0	0%	0%
Non-Hospital Detox	494	24.3%	13%
Short-term Non-Hospital Rehab (30 days or less)	97	4.8%	15%
Long-Term Non-Hospital Rehab	34	1.7%	8%
Halfway house	14	0.7%	2%
Partial Hospitalization	28	1.4%	5%
Intensive Outpatient	732	35.9%	9%
Outpatient drug free	605	29.7%	45%
Methadone Maintenance	32	1.6%	2%
Total Admissions paid by SCA	**2037**	**100%**	**100%**

Appendix G

CIS: SCA Paid Admissions by Primary Substance of Abuse

These two tables are also limited to SCA clients as defined by the "Referring SCA" (paying SCA) item in CIS. It shows the treatment admissions that began during the year, rather than individual clients, based on the primary drug of choice at admission. The percentage of admissions attributed to each substance is compared with the percentage of statewide admissions for that substance for age categories: under 18 and age 18+.

SFY 09/10 Demand for Service by Primary Substance of Abuse			
SCA Paid Admissions (Under Age 18) for:	**SCA (York/Adams)**		
Primary Substance of Abuse	**Number of Admissions (Under Age 18)**	**Percentage of SCA Admissions (Under Age 18)**	**Percentage of Statewide Admissions (Under Age 18)**
Marijuana / Hashish	5	26.3%	18.0%
Alcohol	0	0%	1.4%
Cocaine / Crack	10	52.6%	67.0%
Heroin	1	5.3%	2.9%
Other Opiates / Synthetics	0	0%	0.2%
Other	1	5.3%	5.0%
Benzodiazepine	0	0%	0.0%
Other Sedatives / Hypnotic	0	0%	0.3%
Inhalants	0	0%	0.3%
Methamphetamine	0	0%	0.3%
Over-the-Counter	1	5.3%	0.0%
Other Hallucinogens	0	0%	1.0%
Other Amphetamines	0	0%	0.1%
Barbiturates	0	0%	0.0%
Non-Prescription Methadone	0	0%	0.3%
Other Stimulants	0	0%	0.3%
PCP	1	5.3%	0.3%
Other Tranquilizers	0	0%	2.6%
Total paid by SCA	**19**	**100%**	**100%**

SFY 09/10 Demand for Service by Primary Substance of Abuse			
SCA Paid Admissions (Age 18+) for:	**SCA (York/Adams)**		
Primary Substance of Abuse	**Number of Admissions (Age 18+)**	**Percentage of SCA Admissions (Age 18+)**	**Percentage of Statewide Admissions (Age 18+)**
Alcohol	924	44.4%	38.3%
Heroin	190	9.1%	10.0%
Cocaine / Crack	260	12.5%	12.5%
Marijuana / Hashish	489	23.5%	22.4%
Other Opiates / Synthetics	5	0.2%	0.3%
Benzodiazepine	180	8.7%	12.7%
Other	1	0%	0.3%
Methamphetamine	4	0.2%	0.2%
PCP	5	0.2%	0.3%
Non-Prescription Methadone	1	0%	0.1%
Other Sedatives / Hypnotic	3	0.1%	0.1%
Other Amphetamines	8	0.4%	1.0%
Other Hallucinogens	0	0%	0.1%
Barbiturates	0	0%	0.1%
Over-the-Counter	2	0.1%	0.2%
Other Tranquilizers	0	0%	0.1%
Other Stimulants	0	0%	0.1%
Inhalants	8	0.4%	1.2%
Total paid by SCA	**2080**	**100%**	**100%**