

# York / Adams Drug & Alcohol Program\*

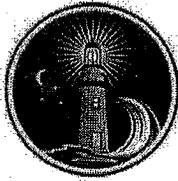


## 2010—2011 Annual Report

YADAP\*  
3410-B EAST MARKET STREET  
YORK, PA 17402

PHONE: 717.840.4207 FAX: 717.840.4135

\* Please see advisory notice on next page.



**YORK/ADAMS  
DRUG & ALCOHOL COMMISSION**  
*Recovery on the Horizon*

100 West Market Street, Suite B04, York, PA 17401  
Phone: 717-771-9222; Fax: 717-771-9709

● **Administrator** ●

Shawn Anne McNichol MA, CACD, CCDPD

● **York County Commissioners** ●

M. Steve Chronister; Chris Reilly; Doug Hoke

● **Adams County Commissioners** ●

George Walkert; R. Glenn Snyder; Lisa A. Moreno

Bureau of D&A Programs  
Division of Program Monitoring  
Attn: Jocelyn Meriwether,  
Program Representative  
02 Kline Kline Plaza  
Harrisburg, PA 17104

December 27, 2011

Dear Ms. Meriwether:

  
As per BDAP requirements, enclosed please find three (3) copies of the York / Adams Drug Alcohol Commission's 2010 – 2011, Annual Report.

Please note that in November of 2011, the York / Adams Drug & Alcohol Program's or YADAP's, name changed to the York / Adams Drug & Alcohol Commission or YADAC. For the purpose of this report, efforts were made to refer to the Commission as the Program, as this change took place in FY 2010-2011. However, should the reader come across an instance where the Program was referenced, or referred to, as the Commission or vice versa, the reader can assume they are the same entity. A notice has been included in the report reflecting the same.

Should you have any questions regarding this report or its submission, please don't hesitate to contact me at 717.771.9222, or via email.

Best regards,



Shawn Anne McNichol, Administrator  
MA, CACD, CCDPD

## **Advisory Notice:**

In November of 2011, the York / Adams Drug & Alcohol Program's or YADAP's, name changed to the York / Adams Drug & Alcohol Commission or YADAC. In addition to that change, the Commission's offices moved to the York County Human Services Bldg., 100 West Market Street, Suite B04, York, PA 17401. Further, the phone numbers and facsimile number changed as well to: Phone, 717.771.9222; Fax, 717.771.9709.

In FY 2011 – 2012, the Commission will be updating all logo's, letterhead, forms and contact information.

For the purpose of this report, efforts were made to refer to the Commission as the Program, as this change took place in FY 2010-2011. However, should the reader come across an instance where the Program was referenced, or referred to, as the Commission or vice versa, the reader can assume they are the same entity.

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## **A Message from the YADAP Administrator: Shawn Anne McNichol, MA, CACD, CCDPD**

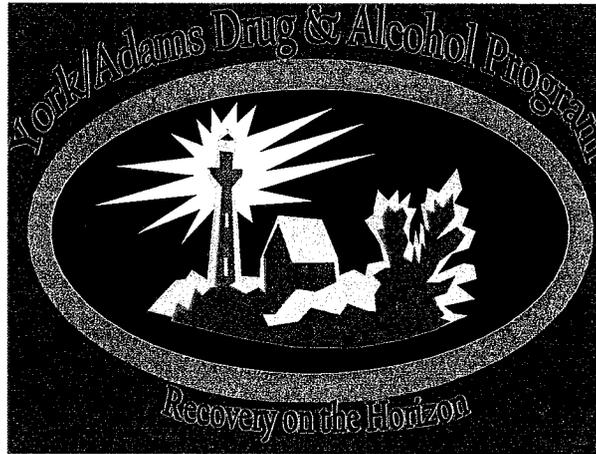
*It is my belief that “we do together what we cannot do alone” and, therefore, together, as individuals, families, communities, agencies, organizations, towns, municipalities, townships, et al, we can thwart the negative impact that substance related disorders has had within our homes and communities. The plan is to keep doing the next right thing until we recognize progress and then to just keep doing the next right thing. Shawn McNichol, 2009/2010 Annual Report Message from the YADAP Administrator*

If the above quote looks familiar, it's because it is. The core of the above quote is the quote that I shared with you last year. I believe that a solid core provides a sturdy foundation upon which we can build and grow. With that in mind, recognizing that one cannot give something that one does not have and to uphold the adage of “attraction versus promotion”, we, the YADAP staff, in FY 2010-2011, were focused on reconnecting to the identified mission, expectation, and intention of a single county authority (SCA). Essentially, we went back to the basics governing a SCA, embracing the philosophies, regulations, and official guidelines of this bureaucratic entity. In doing so, we were reminded that our ultimate responsibility is to the residents of York and Adams counties, and that, with purposeful execution of our governmental mandates, we can accomplish this task, fulfilling our commitment to those we serve.

Over the course of the past year, we learned that we cannot expect others to do that which we are not willing to do ourselves; nor, can we hold others accountable for those actions to which we are not willing to hold ourselves accountable. That said, this past year has been one of internal transformation both for our program and our staff. It has also been a year of growth and progress. By doing the next right thing, we have built a foundation of substance and one, upon which we can continue to build. Through this transformation, we have become a more integrated team, with a coordinated system, demonstrating that we can do together, what we alone could not do previously. Our system has become healthier, and as such, better able to carry the message of hope, that together we can thwart the negative impact that substance related disorders has had within our systems, homes, and communities.

I look forward to working with you and our provider partners for the emergence of health/common good of the York and Adams counties.

# YORK/ADAMS DRUG AND ALCOHOL PROGRAM



## MISSION STATEMENT

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

# The York/Adams Drug and Alcohol Program Single County Authority (SCA)

## Governance / Staff

### York Commissioners:

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

### Adams Co. Commissioners:

Hon. George Weikert  
Hon. R. Glenn Snyder  
Hon. Lisa A. Moreno

### YADAP Location\* & Staff:

3410-B East market Street, York, PA 17402

Steve Warren

County Administrator, M/H-M/R, Drug & Alcohol, Heath Choices Programs

Shawn Anne McNichol, MA, CACD, CCDPD

Administrator, York/Adams Drug & Alcohol Program

Audrey Snyder  
Case Management Supervisor

Cynthia Dixon  
Prevention Program Specialist

Brenda Bupp  
Fiscal Officer

Billie Charin Kile  
Drug & Alcohol Case Management  
Specialist

Jason Walker  
Drug & Alcohol Case Management  
Specialist

David Quickel  
Drug & Alcohol Case Management  
Specialist Trainee

Joy Brookshire  
Drug & Alcohol Case Management  
Specialist

Lisa Ahmed  
Fiscal Technician

Carolyn Tilford  
Clerk Typist III

\* Please see the Advisory Notice following the title page of this document.

# The York/Adams Drug and Alcohol Program Advisory Board

## **Members:**

### **Adams County:**

Mr. Donald Fennimore, President  
Mr. Wayne D. Lunger  
Ms. Judith M. Butterfield

Mr. Ronald G. Ebbert , Vice President  
Ms. Sherri DePasqua

### **York County:**

Dr. Karen Kennedy, Secretary  
Attorney David Cook  
Ms. Marlene Corcoran

Ms. Kendra Kakos, MSW  
Hon. Christopher Reilly, Commissioner

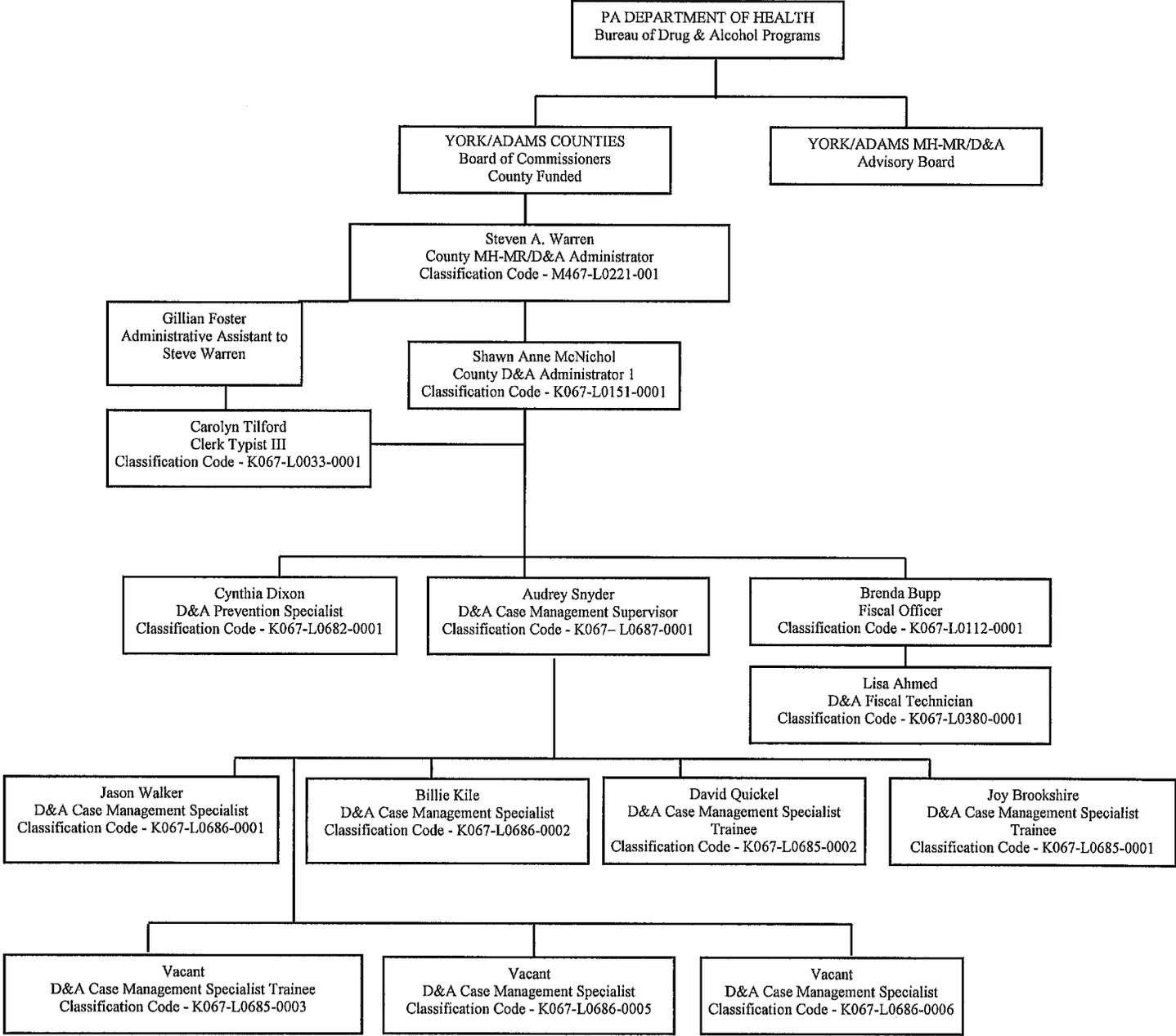
### **Ex-Officio Member:**

Ms. Mary McGrath  
Representing the York/Adams Drug and Alcohol Providers Association

The York/Adams Drug and Alcohol Program Advisory Board is composed of eleven (11) volunteer members appointed by the York and Adams County Commissioners to represent varying individuals within the community. York County is represented by six (6) members and Adams County is represented by five (5) members. There are (2) vacancies.

The Advisory Board, which meets six (6) times annually, is responsible to provide support and recommendations to the York and Adams County Commissioners and Program staff with regard to the comprehensive planning, implementation, and evaluation of drug and alcohol services. Board membership includes representation from criminal justice, education, health care, and human services.

**YORK/ADAMS DRUG & ALCOHOL PROGRAM**  
**Table of Organization**  
**As of June 30, 2011**



Funding Sources for all employees: 90% State & 10% County (SCA)  
 Exception: Joy Brookshire & Jason Walker: **Salaries & Benefits**, County Probation (PCCD Grant) 100%

# **Program Administration**

## **Description**

As a result of Title 4 Administration, Part XI. Governor's Council on Drug and Alcohol Abuse, Chapters 251-265, the York and Adams county governments were given the opportunity to oversee the drug and alcohol services within their geographic regions through a "single county authority" (SCA) agency. As such, YADAP was formed to be the designated agency to plan and to coordinate the drug and alcohol prevention; intervention; treatment; and treatment related services in the York and Adams counties.

As a means to this end, YADAP is modeled according to the Planning Council SCA design option. As such, YADAP is the designated single county authority responsible for implementing operational policy in regard to the planning, organization, direction, and administration of the array of services within the drug & alcohol prevention, intervention, and treatment continuums within the joinder counties. The YADAP Administration reviews and evaluates said D&A services, projects and special problems in relation to the incidence and prevalence of drug and alcohol abuse. Preparation of the annual comprehensive drug and alcohol treatment and prevention plan provides the interactive blueprint while the annual review and scheduled amendments allow for the needed adjustments for best practice methodology.

Paramount to the YADAP Administration responsibility for the development and oversight of a comprehensive drug and alcohol service delivery system, is the assurance by the administration that the quality of the services provided to the York and Adams residents is maintained (while vying to remain progressive) and that the philosophical approach that emphasizes the benefit of multiple agencies working collaboratively for the benefit of the client is upheld. Consequently, the Administration is responsible for reading AND understanding the DOH/SCA Grant Agreement & the

Bureau of Drug and Alcohol Manuals (that is: Operations Manual; Fiscal Manual; Treatment Manual; Prevention Manual; & Gambling Manual).

The Administration ensures compliance with the requirements, policies, and procedures delineated in the aforementioned documents at all times. Moreover, the YADAP Administration ensures that the state funds that are provided by the General Assembly and the Federal grant funds that awarded to the Pennsylvania Department of Health are utilized for the implementation of a full array of drug and alcohol prevention, intervention, treatment, and treatment related services (to include case management services) to the citizens residing in York and Adams counties.

Conjointly, the YADAP Administration develops and implements written policies and procedures governing the manner in which business is conducted. The Administration reviews and assesses the need for drug and alcohol treatment and prevention, as well as gambling treatment and prevention services through a community wide needs assessment process. The YADAP Administration ensures the presence and availability for a full array of drug and alcohol prevention, intervention, and treatment services by contracting with approved prevention providers and licensed treatment providers. Moreover, the Administration assesses the compliance and performance of its contracted providers through yearly provider monitoring activities.

Moreover, the YADAP Administration ensures compliance with all applicable state and federal regulations and laws governing the drug and alcohol prevention, intervention, treatment, and treatment related services. Likewise, the YADAP Administration must comply with all requirements defined in the Grant Agreement between the Department of Health, YADAP, and the PA State Civil Service Commission.

Ultimately, it is the responsibility of the Administration to assist the Department of Health to protect the health of the people of the Commonwealth and to determine and employ the most efficient and practical means for the prevention and suppression of the disease of addiction.

## **Accomplishments**

YADAP has remained steadfast in making available all levels of care on the drug & alcohol treatment continuum with the following contracted licensed treatment providers: detox =11; inpatient =27; halfway houses =16; partial hospitalization = 3; intensive outpatient = 6; outpatient = 8; and methadone = 1. We have contracted with four (4) prevention providers and three (3) contracted student assistant providers (SAP). Moreover, our fiscal component is responsible for managing several supplemental funding sources above and beyond those monies allotted through the DOH Grant Agreement. These supplemental treatment monies include and are not limited to criminal justice PCCD grants, health choices, and medical assistance.

The YADAP Administration persists to effectively monitor the prevalence of the substance use disorders and subsequent impact of said substance use disorders upon and within the joinder-counties. We persist in our quest to collect and share statistical data amongst the county government systems (that is: MH/MR; county prisons; probation & parole; treatment courts; etc.), the YADAP contracted prevention/intervention/treatment providers, and the communities at large. We regularly scrutinize our attempts to stay vigilant with how the data and information compares to that on the statewide and/or national level. The gathering, discussing, sharing, and analyzing of the aforementioned data, affect a natural occurrence of increased sharing, collaborating, and processing within the YADAP components.

With the YADAP being an integral part of the York County Government system and its plethora of coalitions and sub-committees, the availability and ready access of the data collected by the YADAP contracted providers, the involvement in the state-wide committees and organizations, and the growing presence of YADAP in the York/Adams counties' coalitions and task forces; the YADAP office is able to remain abreast of emerging/changing substance use problems by type of chemical, route of administration, population, availability and cost, etc. The YADAP prevention staff, intervention staff, treatment services staff, administrative staff, and fiscal staff have a network of reliable contacts. Collectively and collaboratively the information gathered,

shared, and processed assists us in our efforts to remain abreast of the substance use trends and impact of said trends within the joinder counties. Most recently, the presence of bath salts and K-2 has resulted in the need for scheduled trainings.

Interest by families and other-allies seems to be on the rise as evidenced by the number of individuals seeking information on support groups/trainings/education. The YADAP staff has have stepped up their endeavors to increase their knowledge and understanding of the addiction/recovery process as it relates to the individual, the families, and the community at large. Staff is encouraged to attend Alanon and Naranon meetings. YADAP has included trainings pertaining to progression and recovery for those individuals (family, friends, professionals, etc.) involved with individuals who have the disease of addiction. The YADAP staff have attended and/or re-attended the core trainings, attend 12 step meetings as a part of their 40 hour work week, include AA/NA/Alanon/Naranon speakers as part of their supervision meetings, invite recovering individuals to speak at their supervision meetings; and, most importantly, generalize this information to the teams, coalitions, task forces, and community gatherings they attend. Moreover, YADAP now maintains materials on the self-help support groups for the family and friends and have made it a part of the screening process to introduce these resources to those family members, friends, allies who contact this office.

The change of the PA State administration this year coupled with the national, state, and local expectation that all drug and alcohol service providers and related service providers will adapt and utilize only evidenced programming has had an impact on the YADAP office. Enter the need for outcome measures and evidenced based treatment programming. That said, YADAP has collaborated with the contracted treatment providers and the York County Treatment Courts to inspire allegiance to this cause. Two of our providers have now incorporated evidenced based treatment approaches into their treatment modality.

The YADAP office presented a cross-training to the York County Government employees regarding the function and procedures of the office. The power-point has

since been utilized as a teaching tool to assist with colleagues in understanding the function and role of the YADAP office.

The YADAP website continues to be a work in progress. It is hoped that this work will continue in the next fiscal year. It is hoped that these changes will allow users to more quickly find data and needed information thus making site more user friendly and easier to use.

The York County Treatment Courts continue to thrive AND to expand. The Drug Treatment Court received the status of a "mentoring court". While this was an honor, it has also required the team to be evaluated by an objective third party for constructive feedback purposes. Fortunately, and prior to the review, the YADAP office had initiated case coordination changes based on the ROSC philosophy.

Several emerging treatment needs have been recognized: lack of local treatment services for women with children and lack of local integrated services for co-occurring clients. YADAP office met with Health Choices administrators to discuss using the reinvestment monies for a residential program for women with children. YADAP office is currently speaking with providers to request the creation of an IOP and/or partial program specific to clients with co-occurring conditions.

Providers have been awarded permission to increase methadone capacity and suboxone capacity. YADAP office spoke to Health Choices administrator about possibility of using reinvestment monies for Recovery Support Peers for those individuals in the medication assisted treatment modalities.

In order to fulfill our mandate to ensure that services are available, providers have been notifying the YADAP when they are filled to capacity. Additionally, in order to better serve the needs of our communities, providers persist in their attempts to expand their staff as well as their office space to keep up with the demands of treatment.

The YADAP office staff has maintained and expanded (literally and figuratively) its involvement with the existing community based committees/coalitions/task forces. The YADAP staff has generalized its increased knowledge base to those teams/committees/coalitions within the community at large on a professional and

layperson level. The YADAP office staff has strengthened its intra office relationships to allow for shared information. Staff has attended an array of cross-trainings within the York County Government system. The YADAP office is forwarding the plethora of information it receives from SAMSHA; PACCDA; NIDA; etc within the York County Government system and with its contracted treatment providers. The YADAP website continues to expand its ability to house an array of valuable information. We persist in our attempts to actively apply the philosophical principles of the ROSC in all of our affairs.

Complementing the YADAP administrative quest to fully integrate the office internally, as well as externally, amongst the vast array of professional systems and communities at large, is the 2012 scheduled YADAP office move to the Human Services building. The plan is to move the YADAP office physically, in order to be housed with the other county Human Services agencies. Furthermore and intentionally synchronized with this move, is the unveiling of the YADAP name change to York/Adams Drug & Alcohol Commission (YADAC).

# Prevention / Intervention Services

## Prevention

This level involves a proactive process that empowers individuals and systems to deal constructively with potentially difficult life situations, to keep healthy people healthy and to bolster the strength of those at risk. It requires that a measurable, risk-based series of collaborative and culturally relevant strategies be employed to preclude or reduce those uses of drugs and alcohol that have a negative impact on the individual, the family, and the larger society. Negative impact includes the physical, mental, or social consequences that result in the reduction of optimum functioning at home, in school, at work, or in the community. Positive behaviors are defined as those which include increased self-understanding, improved interpersonal and human relations skills, enhanced ability to relate to social institutions, and effective coping behaviors to deal with stress. Prevention activities are targeted at the total populations, with an emphasis on delivering appropriate services prior to the manifestation of inappropriate behaviors. Prevention activities can be delivered through schools, media, family or community agencies and groups.

The four prevention agencies provided services to 17,450 residents (single/recurring) in York County and Adams County. These services were provided in the six federal strategies: Information Dissemination, Education, Alternative Activities, Problem Identification and Referral, Community-Based Process and Environmental.

- Information Dissemination - 285 services
- Education - 731 services
- Alternative Activities - 14
- Problem Identification and Referral - 346 services
- Community-Based Process - 94 services
- Environmental services

The total of these services were 1,478, with 747 single services and 731 recurring services.

Prevention Specialist provided information and resources obtained from the Department of Health Bureau of Drug and Alcohol Program Clearinghouse, National Institute of Drug Addiction, SAMHSA to parents, area middle/high school students, teachers, college-aged students, police department, coalitions, and social service agencies.

Other sources of funding were sought by Memorial Hospital Education Department and Family-Child Resources, Inc. Memorial Hospital's prevention program received funding

from York County Child and Family Services while Family-Child Resources, Inc. received funding from community groups.

The focus for this fiscal year was to increase recurring services with residents in evidence-based programming. It is to assist in determining the effects of the programs within the communities being service. Prevention providers are doing follow-up contact with some if not all of the participants in at least two of the evidence-based programs.

There was staff change in one of the provider agencies and cancelation of programs in many of the other prevention provider agencies making it difficult for programming to occur in some communities.

All prevention provider agency staff was trained in the KIT Solution web-based software program. New staff will take the online training offer by Kit Solution as needed by current providers.

### **Student Assistance Program Drug and Alcohol Treatment Services:**

There were 346 students referred for drug and alcohol assessment recorded in PBPS and 336 recorded in the PA SAP web site program from the 22 school districts in York and Adams Counties. These students were referred to various treatment levels if found to need treatment. Referrals were made to other services if students were not found to have drug and alcohol issues.

### **SAP refferals**

Outpatient	Intensive Outpatient		Partial Hospitalization
41	1		0
Inpatient	Other	Hospital Rehab	None
0	86	1	23

### **Intervention**

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

## **Outreach Services**

Outreach services were provided by the Alders Health Services, Inc., formerly AIDS Community Alliance. As part of this initiative, the outreach worker met with individuals in various community neighborhoods and social service agencies. In addition to new contacts, efforts were made to build upon existing relationships through recurring contacts.

York County: 1841 contacts (some recurring)

We are continuing our efforts to provide these services in Adams County for IDU Abusers.

## **Prevention Provider Accomplishments**

The YADAP program as a SCA is unique. Because of its adherence to the Planning Council SCA Model, no direct treatment, prevention, nor intervention services occur on site. Rather the SCA contracts with and oversees a network of providers to serve the drug and alcohol prevention, intervention treatment needs of the residents of York and Adams Counties. The following highlights some of the prevention provider's accomplishments in the previous year.

### **It Takes A Village, Inc. – Eileen Grenell, Prevention Specialist**

\*PDOH/BDAP grant application approved and award received by SCA for new programming in Adams County – Gambling Prevention Program; the grant award has brought the addition of one full time staff member, Ashley Walton, to the ITAV prevention team, and the beginning of new school and community based services in Adams County; complete relocation of ITAV, from Gettysburg to Biglerville

\*Expanded school based programming to Vida Charter School, Gettysburg (a dual immersion public school for elementary aged children) – a new location for service delivery: Parent Advocacy Council presentation; Too Good For Drugs curriculum implementation, grades K-5 (seven groups total)

\*Persistence and hard work have paid off, with the acceptance of the grant application submitted by the Center for Youth & Community Development/CFY board to PCCD for the community based implementation of Strengthening Family Program (SFP), to expand, specifically, in partnership with ITAV, SFP delivery in Adams County, two additional full session through September 2012, and four additional session during the federal FYI 2012-2013

\*Increased Sticker Shock Project (environmental strategy) implementation from one site Lil' Debi's High Street Brews/Gettysburg to two: Lil' Debi's and Tommy's Pizza/Gettysburg; increase youth and adult participation from two school district areas of the county = Gettysburg & Upper Adams, to four school district areas = Gettysburg, Upper Adams, Fairfield and Conewago Valley

\*First time proclamation "3 D" month ("Drunk And Drugged Driving") became "4 D" month = "Drunk, Drugged and Distracted Driving Awareness Month" (December); partnered with the Adams County Commissioners to bring awareness to county residents; extended campaign during two Sticker Shock Project events; information dissemination throughout the county

## **Memorial Hospital Education Center – Helen Gyimesi, Prevention Education Specialist**

Major Accomplishments for 2010-2011:

1. Held two SFP facilitator trainings and graduated 25 individuals to become SFP youth and parent facilitators.
2. First time ever: had two SFP classes going at the same time! No, I haven't learned how to be in two places at once, but ... Finally after such a long time...Memorial Hospital's SFP program has established 2 teams of SFP facilitators; and we are moving forward to have more!
3. Received another contract with Children and Youth enabling SFP to continue and grow.
4. SFP has it's very own website. It's awesome in that there's a lot of good information available for parents and folks can register on-line. Check us out at:  
[www.yorkcountystrengtheningfamiliesprogram.com](http://www.yorkcountystrengtheningfamiliesprogram.com)
5. Increased our SFP base at the following locations:
  - a. Dallastown Intermediate School
  - b. Temple of Grace Ministries
  - c. Smith Middle School
  - d. Lincoln Charter Schools
  - e. Logos Academy (planning for 2011-2012)

- f. New Hope Academy (planning for 2011-2012)
6. Developing a youth base at Centro Hispano
7. Numbers graduated through SFP program during this time: 65 parents, 64 youth and 74 families.
8. Made and delivered 22 balloon bouquets to local non-profits for Red Ribbon. Bouquets consisted of several balloons, a box full of Red Ribbon goodies, and the story of Mr. Camarero.
9. Participated in the York/Adams Drug and Alcohol Prevention Program Logo Contest in concert with the York City Police Department.

### **Family Child Resources, Inc. – Marie Bell, Program Director Family Life Services**

1. FCR received a grant from PLCB for the 2010/11 school year – these funds enabled us to expand our TGFD program to 2 new school districts, Northeastern and Southern - 497 total youth participated in the program (K thru 3<sup>rd</sup> grade and 6<sup>th</sup> grade).
2. Added one new site for Club Ophelia: Northeastern Middle School
3. Along with other YADAP providers, partnered with York City Police Dept's Underage Drinking Prev. Program Poster Contest

### **Adams-Hanover Counseling Services, Inc.**

Despite a transition in staff in the middle of the program year, the program was able to implement recurring groups at the York County Youth Development Center / Shelter and begin utilizing the evidenced-based program, Girl's Circle. This was one of two weekly group offerings provided at the center / shelter. Prevention staff also was able to collaborate with other SCA providers in various projects, including Red Ribbon Celebration and a poster project regarding underage drinking in conjunction the York City Police Department.

# Case Management

## Description

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

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

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

## Major accomplishments

One of the major accomplishments of Case Management during fiscal year 2010-2011 has been the employment of the recovery-oriented system of care approach in all Case

Management functions. This system involves supporting a recovery management model that is highly individualized and supports person-centered and self-directed approaches to care, that builds on strengths and resilience. In keeping with this philosophy, all Case Management staff have been granted the opportunity to attend 12 step meetings as part of their 40 hour work week and have had several in-house presentations from Alanon and Naranon in order to increase their knowledge and understanding of addiction and the recovery process as it relates the individual, the family system and the community.

Many of the major accomplishments of Case Management have been internal this year, with a focus on all Case Management Specialist/Specialist Trainees. This involved staff returning to core trainings, re-reading the BDAP manuals and becoming proficient in each of the Case Management functions, rather than focusing on one area.

The unique make-up of York County allows for Case Management representation as part of the Drug Treatment Court, Mental Health Court, DUI Court, Re-Entry Program, and Day Reporting Center, with the possibility of a Case Management Specialist dedicated to the Adams County Adult Correctional Facility in the near future. These external accomplishments require dedicated staff to each of these specialty programs. With the internal goal of building a strong foundation and proficiency in each of the Case Management functions, YADAP has been able open these opportunities to all staff which has proven invaluable in keeping skills sharp and ensuring all Case Management Specialists are able to perform all functions and requirements of the YADAP office.

## **Accessing Treatment in York & Adams Counties**

Treatment is the systematic approach to address problems caused by addiction. In York and Adams Counties, clients seeking drug and alcohol services can access services and treatment in several ways.

The process begins with individuals being screened for emergent care needs. It should be noted that clients are not required to access services through YADAP's offices. Screening can be completed by SCA staff, a subcontracted provider, or by Crisis Intervention. The approaches to treatment differ in setting, number of sessions and length of stay. As with other illnesses or diseases, treatment varies by individual need. If the client has emergency needs, those needs are addressed first. If the client is in need of detoxification while at the SCA or Provider office, the screener must call the White Deer Run Call Center, 1-866-769-6822, for a screening for admission if indicated. If other emergent care needs are present, the client is to be referred to an appropriate agency for assistance. Once the emergency needs have been addressed, the client can arrange an appointment for a level of care assessment. This includes assessments for liability, level of care, and non-treatment needs. The assessment process can be completed by the SCA or by a sub-contracted outpatient provider.

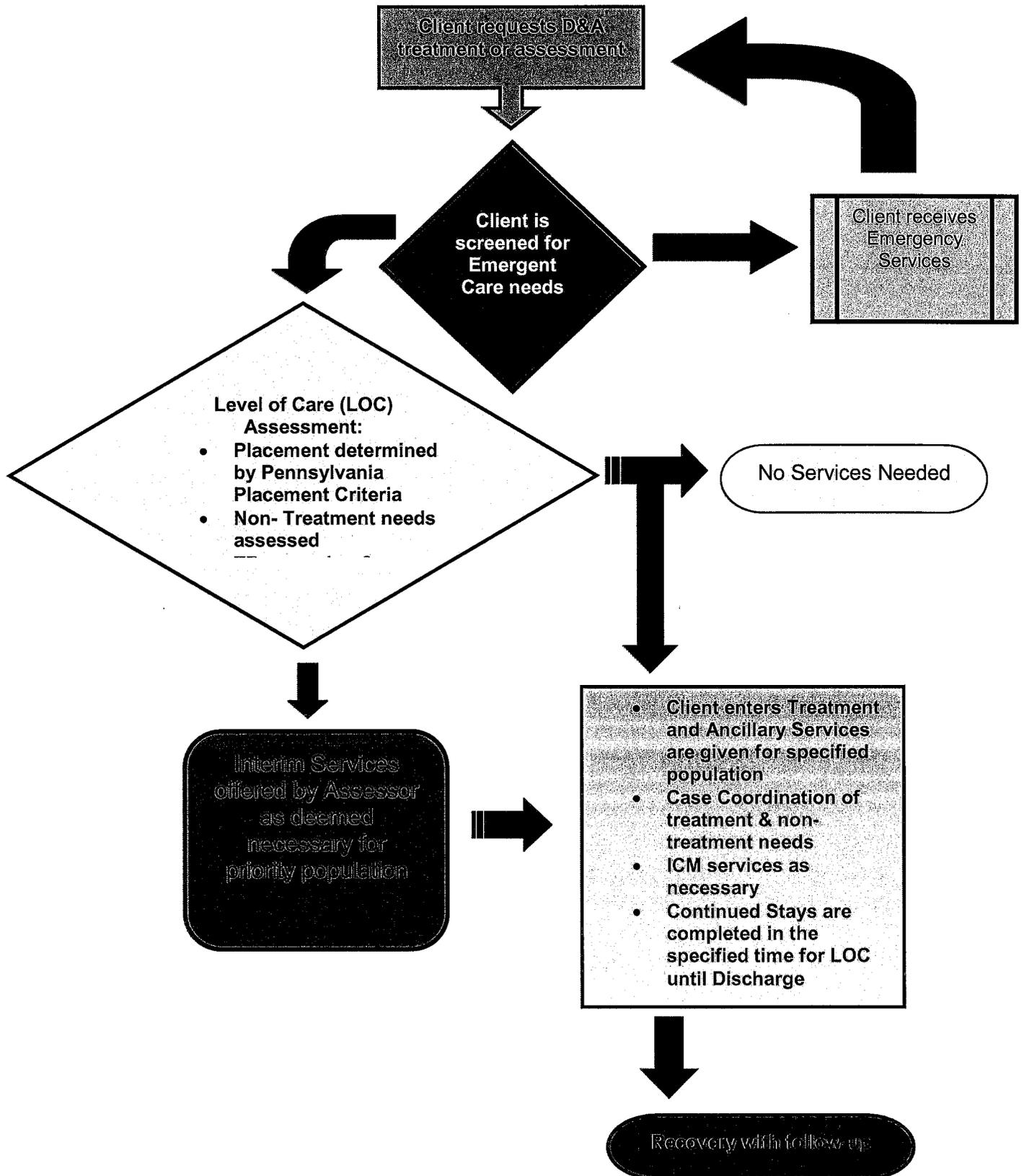
After the assessment is completed and the appropriate level of care is determined, the provider assists the client in applying for Medical Assistance and sends a request for authorization to the SCA to access funding for treatment services. Upon receipt of a request for authorization at the SCA, a Case Management Specialist reviews the referral for appropriateness of the requested level of care and ensures that all necessary paperwork is in place. The Case Management Specialist may

also coordinates with the local County Assistance Office to facilitate the application for Medical Assistance. Once the client has complied with the necessary requirements and documentation for Medical Assistance, the SCA notifies the referral source and the requested treatment provider that the client is approved for funding and a date for admission to treatment is scheduled.

While the client is in treatment, the SCA Case Management Specialist monitors treatment progress and appropriateness within the specified timeframes according to the level of care. Prior to discharge, the SCA Case Management Specialist and the treatment provider may work together to arrange aftercare services for the client. Clients may require multiple courses of treatment and/or treatment approaches to attain and sustain recovery.

While YADAP is not a treatment provider, through our contracted licensed treatment partners, we are committed to providing a full continuum of licensed and evidenced based drug and alcohol treatment options, including providing access to drug-free or medication assisted outpatient and residential care. While our treatment system has been designed to expedite detox placement for all populations, through all funding sources, it is the policy of YADAC, that pregnant woman receive preferential treatment in all levels of care, throughout the drug & alcohol treatment continuum.

# Treatment Process Flowchart, 2010 – 2011



# **Recovery Support Services**

## **Description**

YADAP persists in its quest to shift its approach and understanding to that of disease management (that is: a chronic care approach). To this end, for the past year we have been in process to internally adopt the SAMHSA national Summit on Recovery's working definition of recovery into all aspects of YADAP with the objective to generalize this understanding to the York/Adams service system to a chronic care approach. Ultimately, the long-term plan is to transform the approach and understanding of the York/Adams Human Services & communities at-large to that of a chronic care approach model.

The YADAP staff remains in the process to align the ROSC model to any pre-existing recovery-oriented models or models that have similar philosophies/concepts being utilized by the community-organizations/coalitions of which we are members. The YADAP staff persists to work with these groups to identify the pre-existing ROSC principals and to supplement additional ROSC principals as appropriate.

The YADAP staff has begun to research into what recovery support services are naturally occurring in the York and Adams. This task has been simplified with the use of the non-treatment needs case coordination report. The YADAP staff has assumed the conduit role with these naturally occurring support services as well as taking the opportunity for education of the ROSC philosophy. Needless to say, we remain in the beginning stages of this assignment.

The present York/Adams service system (that is: Human Services) contains functional components for a successful shift. The ISCP model is a mirror the ROSC model on several levels. The recent development of the MH Recovering model also reflects similarities to the aforementioned models. One or several of these models presently exist within YADAP's sister's systems. It will be a matter of combining the systems to make the ROSC model successful.

## **Accomplishments**

In the past year and paramount to our quest has been the education of the YADAP staff on the Recovery Oriented System of Care (ROSC). Understanding the ROSC philosophy has been prioritized in order to better understand the purpose and essence of the recovery support services. From this, the YADAP staff continues to read about, discuss, and to attend trainings on the ROSC philosophy. There exists a folder on the

internal YADAP computer system devoted solely to ROSC documents and reading materials. YADAP staff meetings and supervisions have been devoted to reviewing the ROSC papers and discussing the practical application of such. Sub-groups were created within the office to discuss further how to apply the ROSC philosophy to the case management aspect. The ROSC philosophy was shared with the treatment courts and diversionary programs to include in their grant proposals. Several staff attended trainings devoted to the ROSC philosophy and met William White.

The incorporation of the ROSC philosophy within the YADAP office has initiated generalization of this philosophy into the contracted treatment providers, the coalitions, treatment courts, etc with whom the YADAP staff is involved. The case coordination conducted with the treatment court clients is driven by this philosophy thereby providing teaching moments within the criminal justice system.

Research into some of the possible recovery support services included those of the RASE Program. This program is designed specifically for the opioid dependent individual. Equally, we hope to decrease the stigma attached to the opioid dependent individual on agonist therapy.

YADAP persists in the quest to expand the knowledge about and the involvement with the Alanon, Naranon, NAMI, & Tough Love Groups. YADAP staff have become better educated in the benefits of these support programs & will continue to carry this message to the committees, coalitions, contracted providers, families of clients, and the staff of our Human Services sister programs. As a means to this end, the YADAP staff has been granted permission to attend 12 step meetings as part of their 40-hour workweek in hopes of getting firsthand knowledge of the inner-workings of these support groups as viable recovery support services.

# Fiscal

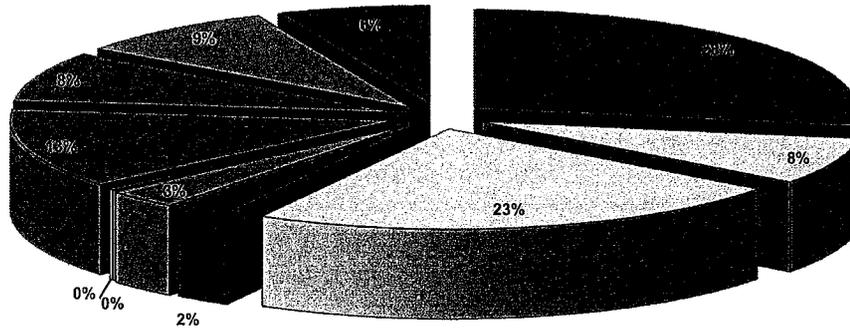
The York/Adams Drug and Alcohol Program, is the County Government agency, also known by its state name of Single County Authority (SCA), responsible for the distribution of funding to support drug and alcohol services in York and Adams Counties.

Within the SCA, the Fiscal Department's duties and responsibilities include the following: Budget preparation; operation, programming and maintenance of the ClientSuite system for fiscal/client data; serving as a liaison with all provider agencies offering technical assistance when necessary. Further, the department works jointly with the court system through various projects, using pass-through funding and SCA funding in order to provide the residents of York and Adams counties with the needed treatment services. Working with various agencies and providers requires the separation and tracking of a multitude of State, Federal, local, and pass-through funding designated for drug and alcohol treatment, intervention, and prevention services.

The YADAP has been working with the new STAR data system since its inception with the program's fiscal technician attending all trainings and weekly conference call updates. We are constantly authorizing, tracking, monitoring, invoicing, approving, posting, and recording fund usage. Given the multitude of systems we work with, a great deal of time is spent problem solving in order to overcome issues encountered when invoicing and securing information regarding outgoing funds within our day-to-day operation. We continue to work with the program's administration and others, in order to find ways to provide additional funding and cost effect means of providing additional services to the residents of York and Adams Counties.

We have listed just some of the functions of our "Planning Council Option" that the SCA performs on a daily basis. This page provides a high level summary of what the Fiscal Department does. For more detailed information, please feel free to contact our Fiscal Technician, Lisa Ahmed, who has developed a comprehensive fiscal manual. This document contains over 400 pages of interesting facts, and detailed instructions, all relating to work performed within the fiscal department.

### Total Program Income Revenue

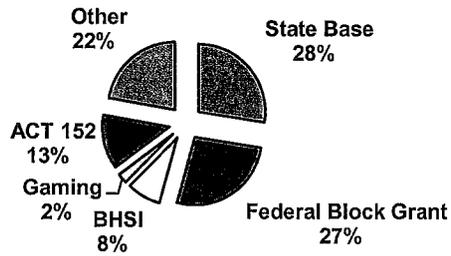


■ State Base	■ Prevention Block Grant	■ Treatment Block Grant	■ Gaming
■ Rental Income	■ Checking Account Interest	■ Training Income	■ Act 152
■ BHSI	■ DUI	■ Probation Funds	

#### Amounts:

State Base	\$905,750
Prevention Block Grant	\$246,997
Treatment Block Grant	\$748,858
Gaming	\$78,881
Rental Income	\$100,000
Checking Account Interest	\$4,681
Training Income	\$5,838
Act 152	\$423,313
BHSI	\$268,038
DUI	\$282,389
Probation Funds	\$212,002
<b>Total</b>	<b>\$3,276,747</b>

## Funds Utilized To Pay For Treatment

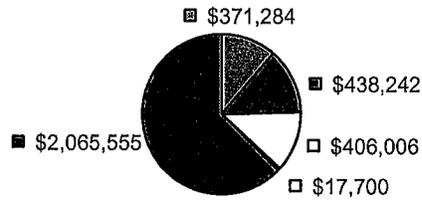


■ State Base	■ Federal Block Grant
□ BHSI	□ Gaming
■ ACT 152	■ Other

### Income Source:

State Base	\$905,750
Federal Block Grant	\$885,289
BHSI	\$268,038
Gaming	\$78,881
ACT 152	\$428,625
Other	\$732,204
<b>Total</b>	<b>\$3,298,787</b>

## INCURRED COST BY CATEGORY 2010/2011



■ Administration	■ Case Management
□ Prevention	□ Intervention
■ Treatment	

### Category:

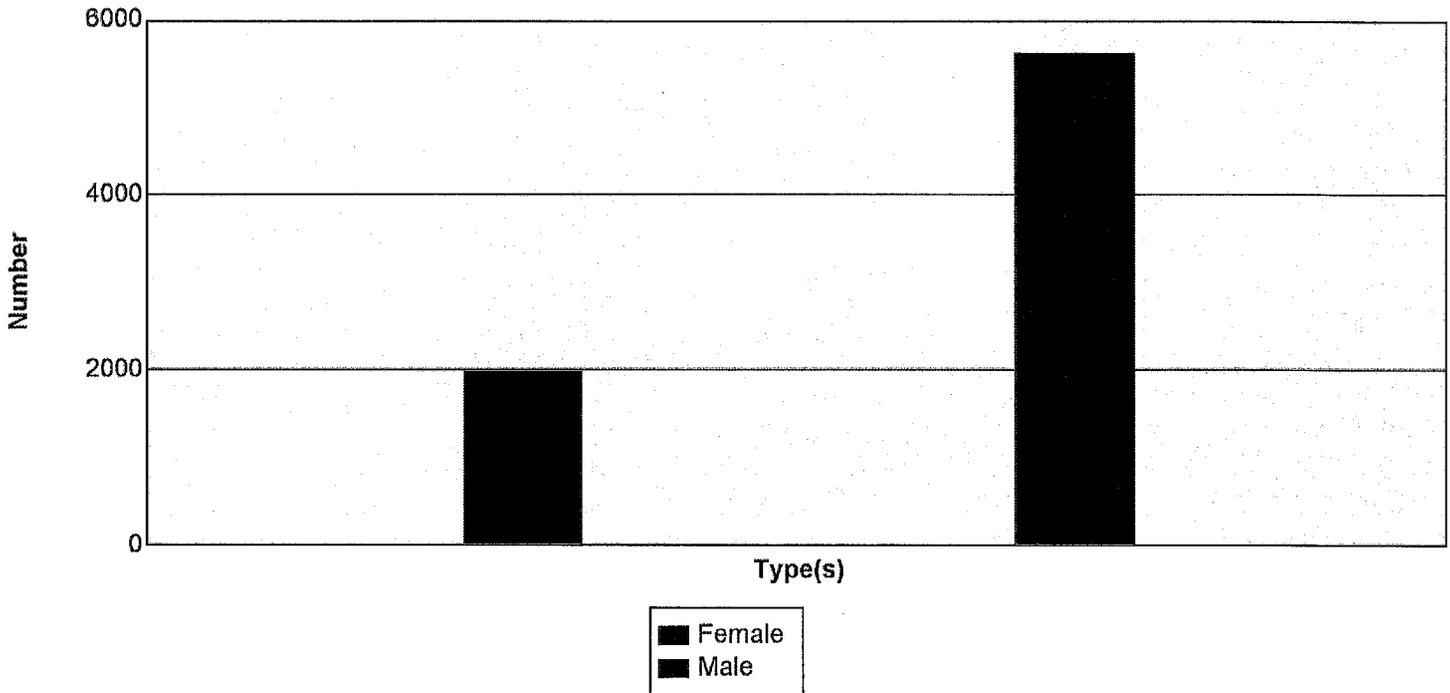
Administration	\$371,284
Case Management	\$438,242
Prevention	\$406,006
Intervention	\$17,700
Treatment	\$2,065,555
<b>Total</b>	<b>\$3,298,787</b>

# **YADAP Demographic Information**

# York/Adams Drug & Alcohol Program

## Client Gender Breakdown

Clients with Admission/Discharge Date Range Overlapping Between 7/1/2010 thru 6/30/2011



Client Gender	# of Treatment Episodes
Female	1977
Male	5614
<b>York/Adams Drug &amp; Alcohol Program Totals:</b>	<b>7591</b>

**Report Selection Criteria**

Company Name: York/Adams Drug & Alcohol Program

Date Range Type: Admission/Discharge Date  
Range Overlapping

Begin Date: 7/1/2010

End Date: 6/30/2011

Distinct Client: No

Age: 0 - Up

State: N/A

County: N/A

Zip: N/A

Group By: Payer

Employment Status: N/A

Target Group: N/A

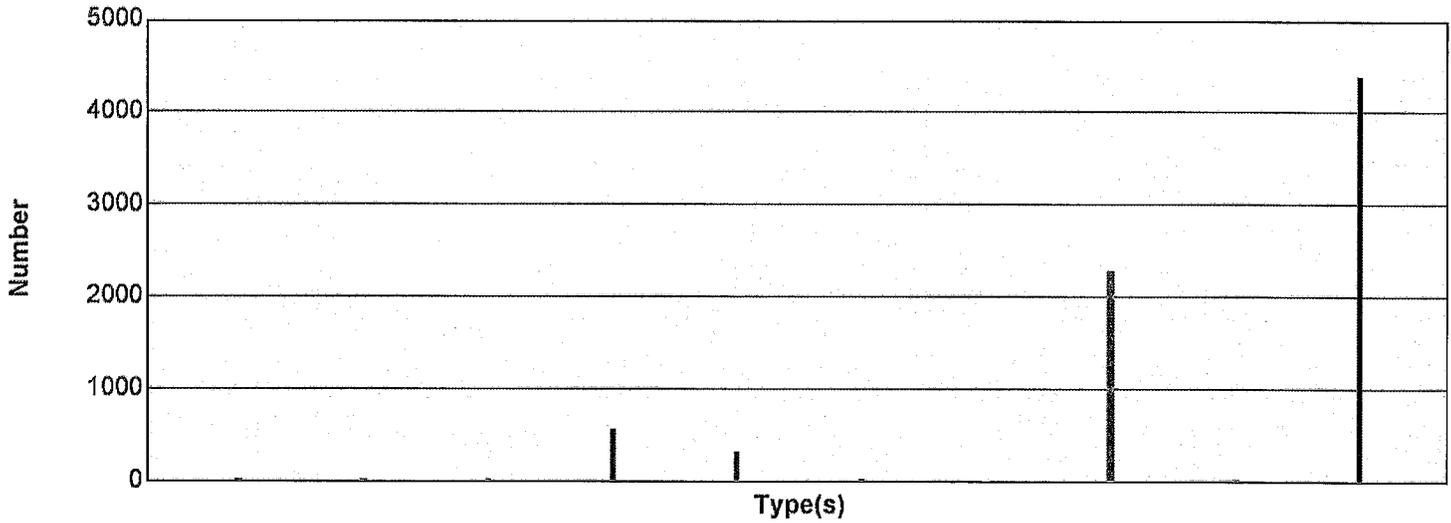
Diagnosis: N/A

Level of Care: Outpatient, Intensive Outpatient, Partial Hospitalization, Halfway House, Medically Monitored Inpatient Detoxification, Medically Monitored Short-term Residential, Medically Monitored Long-term Residential, Medically Monitored Outpatient Detoxification, Medically Managed Inpatient Detoxification, Medically Managed Inpatient Residential, Maintenance

York/Adams Drug & Alcohol Program

Client Race Breakdown

Clients with Admission/Discharge Date Range Overlapping Between 7/1/2010 thru 6/30/2011



American Indian or Alaskan	Hispanic	Other
Asian Pacific American	Native American	White
Asian/Pacific Islander	Not Applicable	
Black	Not Provided	

Client Race	# of Treatment Episodes
American Indian or Alaskan	11
Asian Pacific American	4
Asian/Pacific Islander	19
Black	563
Hispanic	302
Native American	6
Not Applicable	4
Not Provided	2276
Other	26
White	4380
<b>York/Adams Drug &amp; Alcohol Program Totals:</b>	<b>7591</b>

### Report Selection Criteria

Company Name: York/Adams Drug & Alcohol Program

Date Range Type: Admission/Discharge Date  
Range Overlapping

Begin Date: 7/1/2010

End Date: 6/30/2011

Distinct Client: No

Age: 0 - Up

State: N/A

County: N/A

Zip: N/A

Gender: N/A

Pregnant: N/A

Group By: Payer

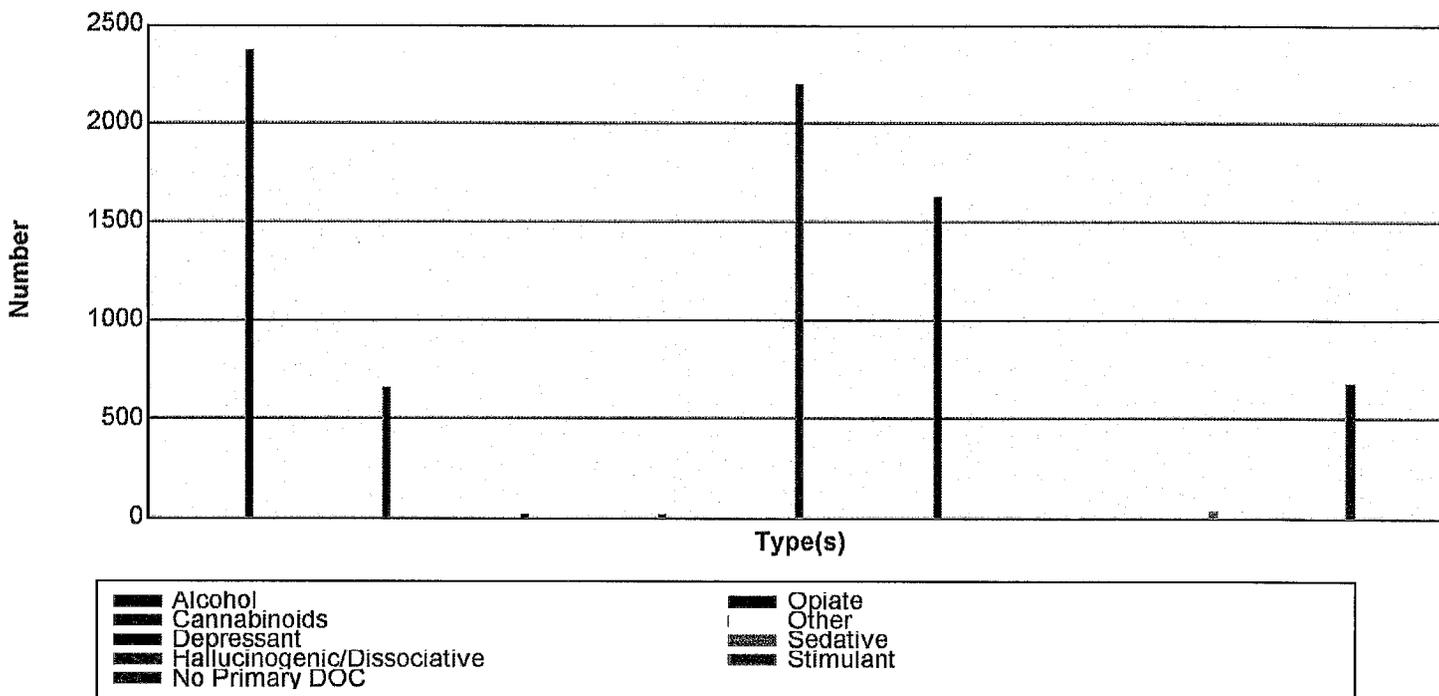
Employment Status: N/A

Target Group: N/A

Diagnosis: N/A

Level of Care: Outpatient, Intensive Outpatient, Partial Hospitalization, Halfway House, Medically Monitored Inpatient Detoxification, Medically Monitored Short-term Residential, Medically Monitored Long-term Residential, Medically Monitored Outpatient Detoxification, Medically Managed Inpatient Detoxification, Medically Managed Inpatient Residential, Maintenance

**York/Adams Drug & Alcohol Program**  
**Client Primary Drug Type of Choice Breakdown**  
 Clients with Admission/Discharge Date Range Overlapping Between 7/1/2010 thru 6/30/2011



Client's Primary Drug Type of Choice	# of Treatment Episodes
Alcohol	2368
Cannabinoids	657
Depressant	1
Hallucinogenic/Dissociative	5
No Primary DOC	2192
Opiate	1630
Other	24
Sedative	31
Stimulant	683
<b>York/Adams Drug &amp; Alcohol Program Totals:</b>	<b>7591</b>

### Report Selection Criteria

Company Name: York/Adams Drug & Alcohol Program

Date Range Type: Admission/Discharge Date  
Range Overlapping

Begin Date: 7/1/2010

End Date: 6/30/2011

Distinct Client: No

Age: 0 - Up

State: N/A

County: N/A

Zip: N/A

Gender: N/A

Pregnant: N/A

Group By: Payer

Employment Status: N/A

Target Group: N/A

Diagnosis: N/A

Level of Care: Outpatient, Intensive Outpatient, Partial Hospitalization, Halfway House, Medically Monitored Inpatient Detoxification, Medically Monitored Short-term Residential, Medically Monitored Long-term Residential, Medically Monitored Outpatient Detoxification, Medically Managed Inpatient Detoxification, Medically Managed Inpatient Residential, Maintenance

**York/Adams Drug & Alcohol Program**  
**Client Primary Drug Name of Choice Breakdown**  
 Clients with Admission/Discharge Date Range Overlapping Between 7/1/2010 thru 6/30/2011

<b>Client's Primary Drug Name of Choice</b>	<b># of Treatment Episodes</b>
Amphetamines	5
Ativan	1
Beer	1509
Cocaine	408
Codeine	2
Crack	254
Ecstasy	3
Fentanyl	2
Heroin	1245
Klonopin	4
Librium	1
Liquor	347
LSD	1
Marijuana	657
Methadone/Dolophine	20
Methamphetamine	11
Morphine	4
No Primary DOC	2192
Other	21
Other Alcohol	510
Other Barbiturate	1
Other Benzodiazepine	19
Other Hallucinogens	3
Other Opiate	268
Other Stimulants	2
Over-The-Counter Meds	3
Oxycontin	66
PCP/Angel Dust	1
Perocet/Percodan	16
Valium	1
Vicodan	7
Wine	2
Xanax	5
<b>York/Adams Drug &amp; Alcohol Program Totals:</b>	<b>7591</b>

### Report Selection Criteria

Company Name: York/Adams Drug & Alcohol Program

Date Range Type: Admission/Discharge Date  
Range Overlapping

Begin Date: 7/1/2010

End Date: 6/30/2011

Distinct Client: No

Age: 0 - Up

State: N/A

County: N/A

Zip: N/A

Gender: N/A

Pregnant: N/A

Group By: Payer

Employment Status: N/A

Target Group: N/A

Diagnosis: N/A

Level of Care: Outpatient, Intensive Outpatient, Partial Hospitalization, Halfway House, Medically Monitored Inpatient Detoxification, Medically Monitored Short-term Residential, Medically Monitored Long-term Residential, Medically Monitored Outpatient Detoxification, Medically Managed Inpatient Detoxification, Medically Managed Inpatient Residential, Maintenance