

State Fiscal Year 2002 Annual Report

Hamilton County ADAS Board

Executive Summary

Our Mission:

The Hamilton County Alcohol and Drug Addiction Services Board plans, funds, and evaluates public alcohol and drug treatment, prevention and education services for the citizens of Hamilton County.

Our Vision:

No individual should suffer from the impact of substance abuse and addiction.

We are proud to present this report from the Hamilton County Alcohol and Drug Addictions Services Board for Fiscal Year 2002. The accomplishments of the ADAS Board are a reflection of the collaboration we enjoy with a network of seventeen organizations skilled in the provision of alcohol and other drug treatment and prevention, and with other county and state government departments and human service/health organizations in our communities.

Alcohol and other drug abuse and addiction ruin lives and contribute to increased crime, violence, unemployment, emotional/behavioral problems, family dysfunction, child abuse/neglect, and medical problems. We can't forget these facts as we determine our priorities as parents, caregivers, educators, taxpayers, citizens, and community leaders.

Fortunately, private citizens and public officials have become more aware and more willing than ever to attempt to reduce the problems associated with alcohol, tobacco, and other drugs. A growing body of knowledge has helped us understand why these problems occur in the first place, and what strategies are most effective in treating and preventing them.

We all have something at stake in the fight against alcohol, tobacco, and other drug abuse. Many people and organizations have supported the Hamilton County Alcohol and Drug Addiction Services Board in our mission to decrease the negative effects of alcohol and other drugs. This annual report will provide a summary of our work, the people served, and accomplishments of the Board working in partnership with others in the community. Together, we are making a difference.



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Sherry Knapp, Ph.D., CBHE
Chief Executive Officer

H. Richard Duval
Chairperson, Board of
Trustees

Hamilton County Alcohol and Drug Addiction Services Board
830 Main Street, Suite 300
Cincinnati, Ohio 45202
(513) 621-7202 FAX (513) 621-4116

ADAS Board Responsibilities

The Hamilton County Alcohol and Drug Addiction Services (ADAS) Board was established by the Hamilton County Commissioners in 1990. Under Ohio law, the Board is responsible for assuring that high quality services are available to those in need of alcohol and other drug addiction treatment, prevention, intervention, and education in Hamilton County.

The Board, in partnership with the Ohio Department of Alcohol and Drug Addiction Services, and the Hamilton County Commissioners, administers funds for local programming. Federal, state, and local funds are distributed annually through contracts with a comprehensive network of seventeen (17) alcohol and other drug addiction prevention and treatment provider agencies. Additional funds are provided for special initiatives.



Founded in 1990

Hamilton County ADAS Board of Trustees

H. Richard Duval, Chairperson	William D.G. Baldwin, Esq.	Dee Gettler
Eugene Johnson, Vice Chairperson, Treasurer	White Bourland	Carol Gibbs
Mary Allen, Vice Chairperson	Thomas E. Brackmann	Connie Hinitz
Frank Welsh, M.D., Vice Chairperson	Robert J. Cantlon	Sofia Kleckner
Angela Robinson, Secretary	Jermane Enoch	Gina Moore
	Louis Olin Gentry	Marsha Straus
	John J. Getgey	

Hamilton County ADAS Board Staff

Sherry L. Knapp, PhD, CBHE, Chief Executive Officer	Marcia Brooks, Fiscal & Human Resources Assistant
Francine Lopomo, RN, MHA, Director of Program Operations	Bonnie Dinkelacker, Executive Assistant
Mark Campolongo, Director of Financial Operations 10/01- present	Kathy Erb, MEd, CCDCIII-E, Coordinator of Contracting Services
Fred Lohman, CPA, Chief Financial Officer to 10/01	Paul Flaughner, PhD, Coordinator of Evaluation Services
Jeff Vogt, Director of Information Services	Newana Hill, MACSIS Administrator 3/02- present
	Marcia Applegate, MACSIS Administrator to 3/02
	Ralph Lawson, Fiscal Officer
	Nina E. Lewis, MSW, MHSA, Coordinator of Quality Improvement
	Nadine Sweet, Clerical Assistant
	Gay Vincent, Program Services Analyst

ADAS System Provider Agencies

Recognizing that alcoholism and other drug dependencies are preventable and treatable illnesses, the Hamilton County Alcohol and Drug Addiction Services (ADAS) system provides services and facilities for residents of Hamilton County in need of alcohol or other addiction treatment, prevention, intervention and education.

Serving those in need, the ADAS system consists of a comprehensive network of provider agencies whose common goal is to ensure that no individual suffer from the impact of substance abuse.

“Assuring that high quality services are available to those in need”

ADAS System Treatment Providers

Alcoholism Council of the Cincinnati Area	First Step Home
Lighthouse Youth Services	NORCEN Behavioral Health Systems
Center for Chemical Addictions Treatment (CCAT)	Prospect House
Hamilton County TASC	Talbert House
Central Community Health Board (CCHB)	
Crossroads Center	

ADAS System Prevention Providers

Alcoholism Council of the Cincinnati Area	Crossroads Center
Coalition for a Drug-Free Greater Cincinnati	Drop Inn Center
Central Community Health Board (CCHB)	Wyoming Youth Services Bureau
Drug and Poison Information Center (DPIC)	Mallory Center for Community Development
G.L.A.D. House (Giving Life a Dream)	
Talbert House	
Urban Minority Alcohol and Drug Abuse Outreach Program (UMADAOP)	

ADAS Board Accomplishments for State Fiscal Year 2002

- The Board of Trustees began a review of board structure and functioning to assure the effort devoted by trustees is utilized in ways that are useful, efficient and rewarding.
- Designed plan for Coordinated System Access (CSA) with significant input from treatment and prevention provider system. A pilot implementation of the CSA project is expected to begin in March 2003.
- Implemented Outcome Management Plan for providers through the annual application process, and began electronic collection of outcome data for treatment services. The goal of the Outcome Management Plan is to identify performance targets and positive client outcomes for the services the Board funds.
- Supported the planning process and provided financial support for the June 2002 Addictions Summit.
- Presented at the annual Hamilton County Inter-System Training Workshop
- Hosted workshops on ODADAS Youth Clinical Protocols and on Adult Clinical Protocols.
- Participated in local planning for the PRIDE World Drug Conference held in Cincinnati.
- Continued the IMPACT program, which provides alcohol and other drug assessment, referral, and care management for individuals referred through the Department of Job & Family Services.
- Partnered with the Mental Health Board and Department of Job & Family Services to develop and publish a Request for Proposals to manage mental health treatment services for DJFS clients, and to manage a computer software system for DJFS and the ADAS Board.
- Collaborated with the Hamilton County Juvenile Court to assess adolescent residential treatment services, recommend changes, and design plan to implement program improvements.
- Participated in planning with Juvenile Court and Department of Job and Family Services for development of a Family Drug Court and obtained funds from state to hire a Coordinator so we can implement this court in summer 2002.
- Conducted a Peer Review process for Adolescent Services Providers.
- Participated an intersystem planning project to coordinate services to SAMI clients.
- Collaborated in the development of the proposal for a SAMHSA funded Substance Abuse and HIV/AIDS Capacity Expansion Initiative.
- Obtained 40% increase in funds from the Health and Hospital Tax Levy for next five years.
- Payments from ADAS Board to providers being distributed two weeks faster.
- Successfully converted to fee for service payment mechanism for treatment services.
- Developed and published the Hamilton County ADAS Board Strategic Plan for 2002-2003.
- Received significant increase in print and broadcast media coverage of ADAS Board and ADAS funded services.
- Held first system wide "breakfast forum", bring together leadership of the Board and the provider system to develop priorities for the coming year.
- Implemented Behavioral Health reporting (required by the State) for CMHC.

ADAS Board Accomplishments (Continued)

- Hired a new Director of Financial Operations, Coordinator of Contracting Services, Coordinator of Evaluation Services, and Program Services Analyst.
- Passed the annual ODADAS contract compliance audit.
- ADAS staff served on numerous national, statewide, regional, and countywide governing, advisory, and planning workgroups focused on issues relevant to public policy, effective service delivery, efficient fund allocation, and development of community priorities.
- Have undertaken various administrative changes to move agency towards full compliance with federal HIPPA guidelines.
- Created ADAS website: <http://www.hamilton-co.org/ADAS/>.
- Purchased ADAS Center— see below.

The Hamilton County ADAS Board purchased the ADAS Center on Burnet Avenue, a 135,000 square foot facility used for alcohol and drug services.



Dr. Sherry Knapp, Richard Duval, and Senator Richard Finan at the ADAS Center purchase ceremony.

Service Delivery

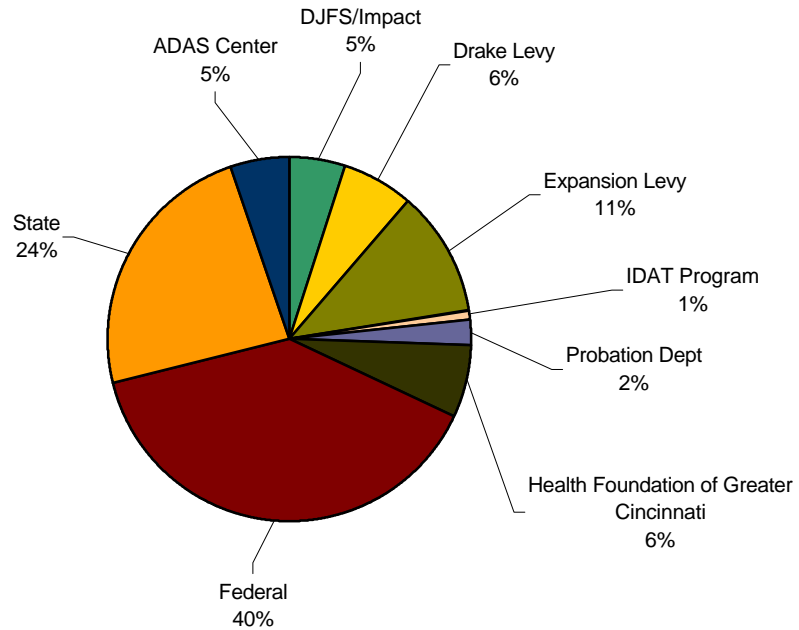
A total of 538,073 units of service were provided in State Fiscal Year 2002. Services were distributed as follows.

Treatment Services	Units Provided in SFY 2002
Assessment	14,373
Screening Analysis	7,585
Case Management	18,392
Crisis Intervention	898
Group Counseling	200,793
Individual Counseling	18,197
Intensive Outpatient	13,072
Medical/Somatic	4,330
Methadone Administration	33,022
Short Term Residential	13,746
Long Term Residential	88,578
Detoxification	5,819
Total	418,805
Community Services	
Referral and Information	2,520
Intervention	31,915
Outreach	3,953
Training	2,117
Total	40,505
Prevention Services	
Alternatives	1,007
Community Based Process	5,728
Information Dissemination	47,116
Environmental	3,396
Education	17,897
Problem Identification and Referral	2,257
Total	78,763
Other Alcohol and Drug Services	1,362
Total	538,073

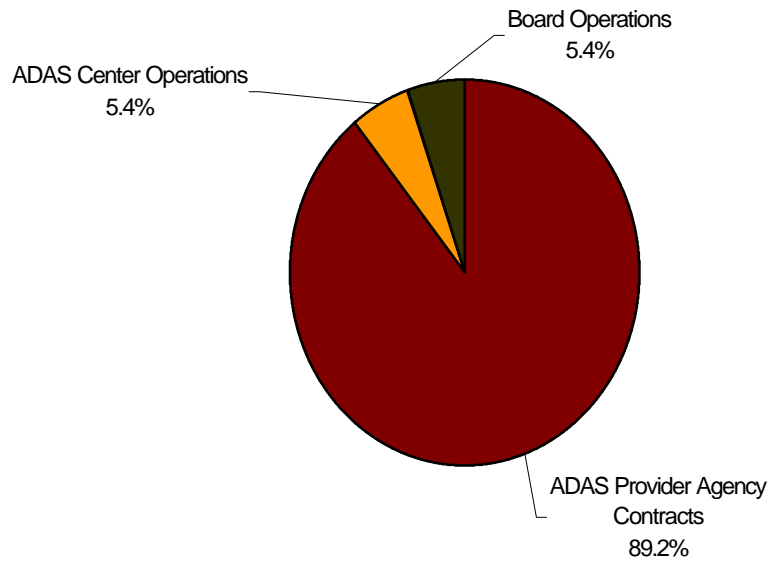
Data obtained from the State Fiscal Year 2002 Year-end Actual Uniform Financial Management System (UFMS) 047 Agency Expense Reports.

Fiscal Summary

State Fiscal Year 2002 Operating Revenue



State Fiscal Year 2002 Actual Expenses

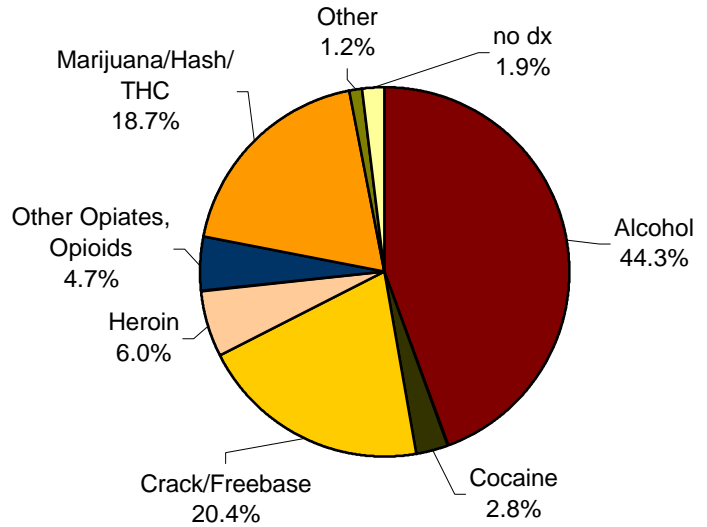


Summary of Treatment Services Data

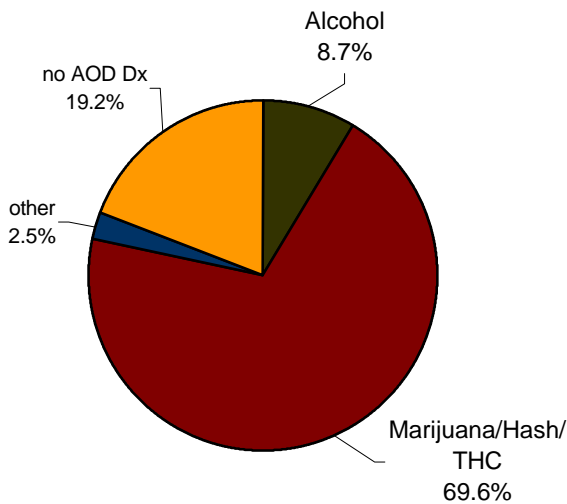
There was a total of 5374 new adult admissions registered in the CMHC system in SFY 2002.

Alcohol, crack cocaine, and marijuana remain the most abused substances among clients in ADAS funded agencies. Admissions for opiates and opioids were up 9%, and intravenous/intramuscular heroin admissions were up 42% from SFY 2001. Admissions in all other substance categories were down slightly from SFY 2001.

Adult Admissions



Adolescent Admissions



There was a total of 1069 new adolescent admissions registered in the CMHC system in SFY 2002.

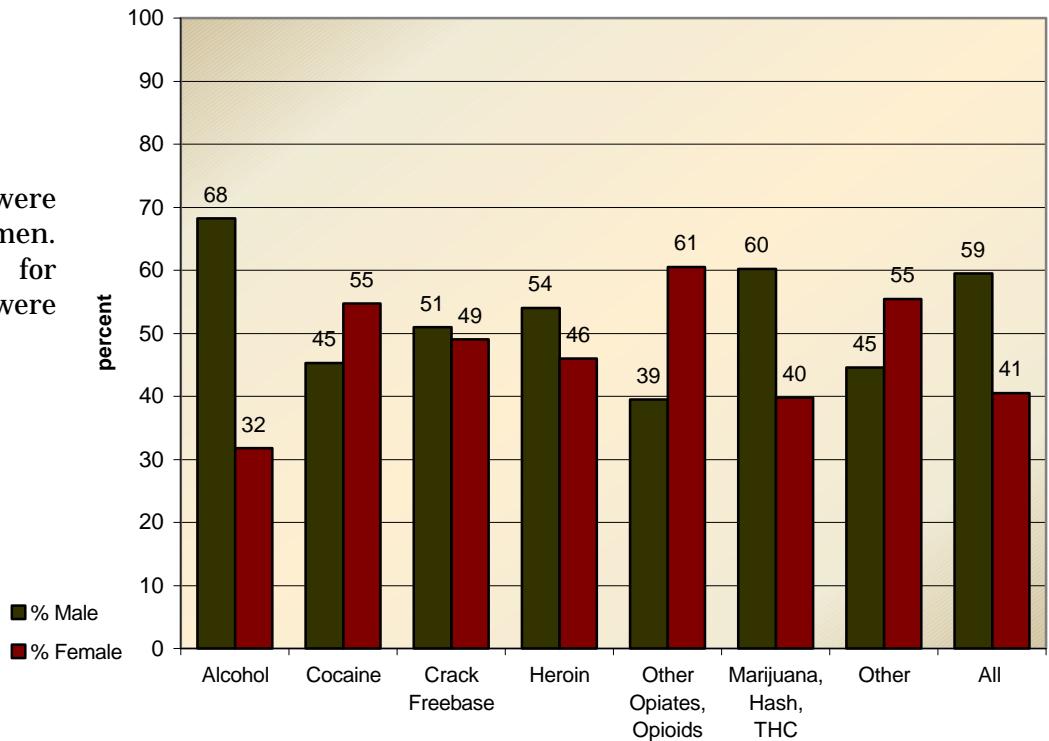
Figures for adolescents were similar to those in SFY 2001. The large “no AOD Dx” category consists of somewhat younger clients referred through Juvenile Court. These clients tended to receive mental health diagnoses, rather than alcohol or drug diagnoses.

All treatment services data in this report were obtained from the CMHC system.

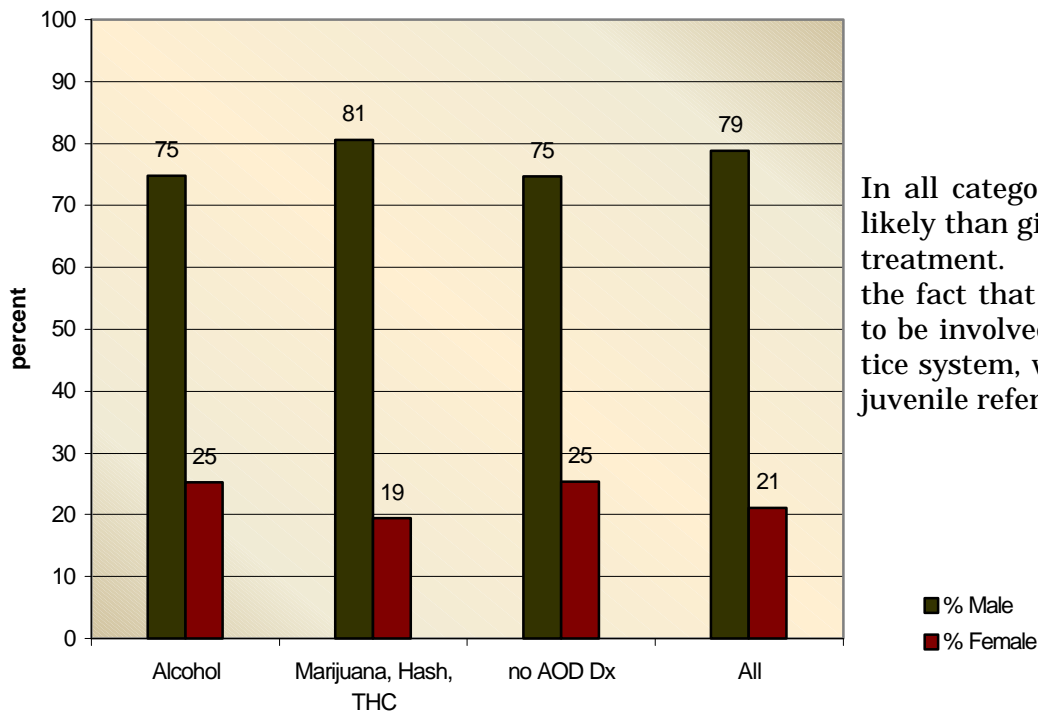
Summary of Treatment Services Data (Continued)

Adult Client Gender by Primary Substance

Overall, more men were admitted than women. However, admissions for opiates and opioids were more often female.



Adolescent Client Gender by Primary Substance

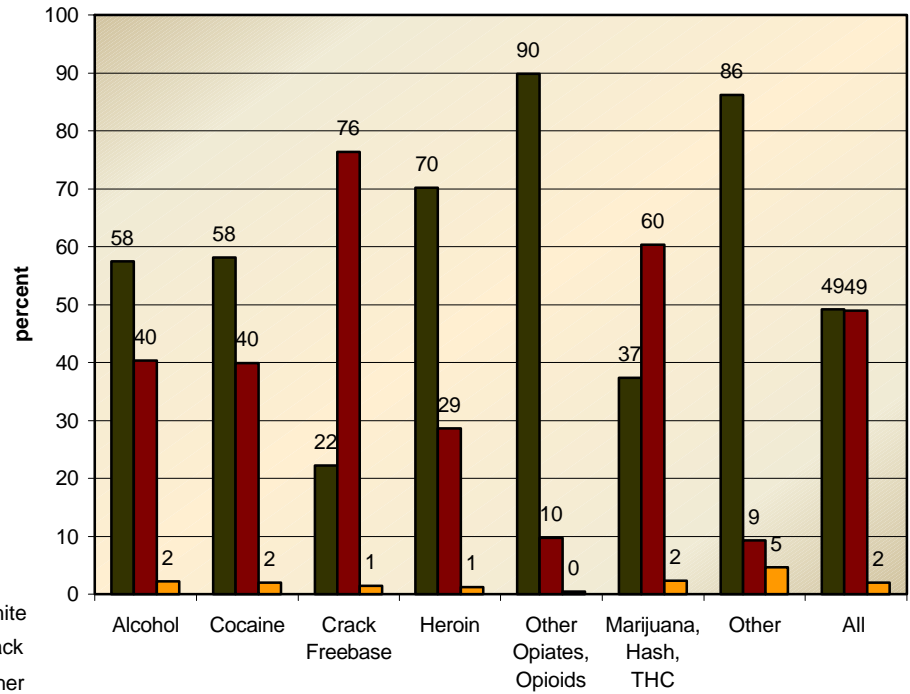


In all categories, boys were more likely than girls to be admitted for treatment. This may be due to the fact that boys are more likely to be involved in the criminal justice system, which produces many juvenile referrals to treatment.

Characteristics for adolescent clients in the "other" category displayed on page 7 are not summarized in this or subsequent charts due to the small number of clients in this category.

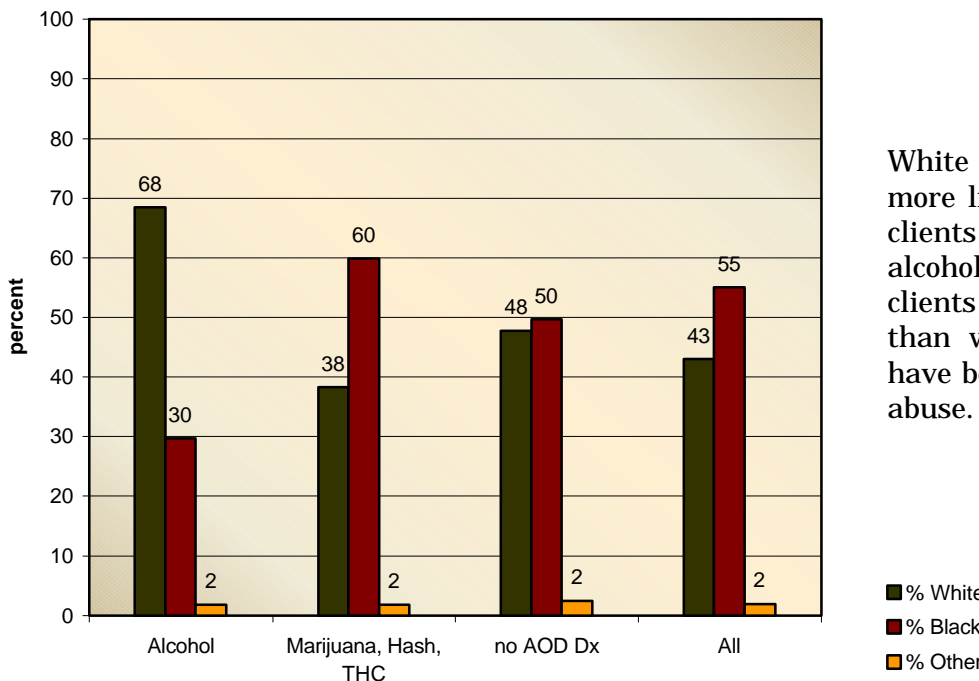
Summary of Treatment Services Data (Continued)

Adult Client Race by Primary Substance



Although overall admissions were equally divided among white and black clients, there were large discrepancies in race among substances. Other opiate and opioid using clients were overwhelmingly white. Taken together with the gender data, this suggest that white adult women are the group of County residents among which opiate use is growing. Heroin using clients were also largely white, and crack using clients were largely black.

Adolescent Client Race by Primary Substance

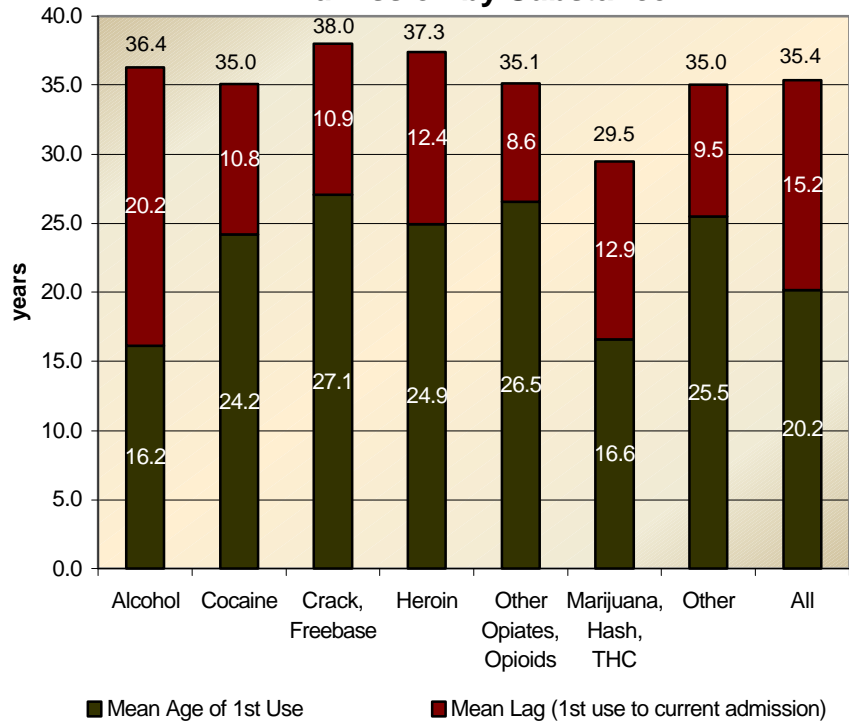


White adolescent clients were more likely than black adolescent clients to have been admitted for alcohol abuse. Black adolescent clients were somewhat more likely than white adolescent clients to have been admitted for marijuana abuse.

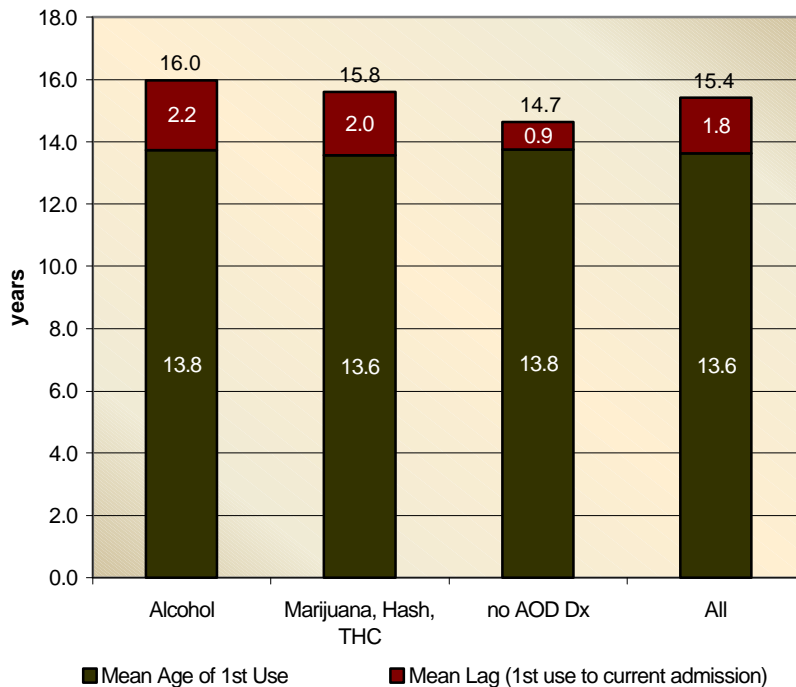
Summary of Treatment Services Data (Continued)

Alcohol use and marijuana use typically begin earlier than use of other substances. Alcohol abusers waited much longer to enter treatment than other drug abusers.

Adult Client Age at First Use, Lag, and Age at Admission by Substance



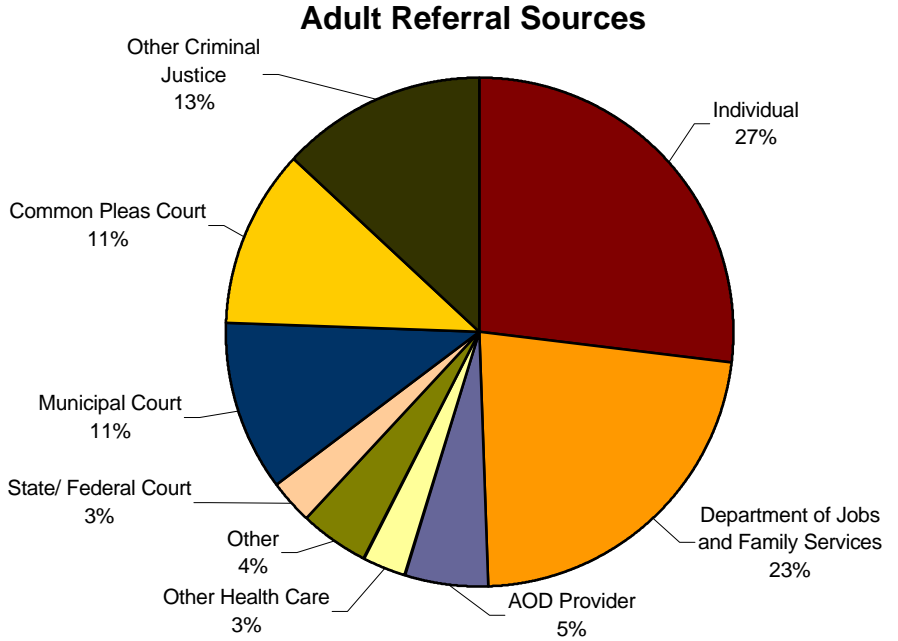
Adolescent Clients Mean Age at First Use, Lag, and Age at Admission by Substance



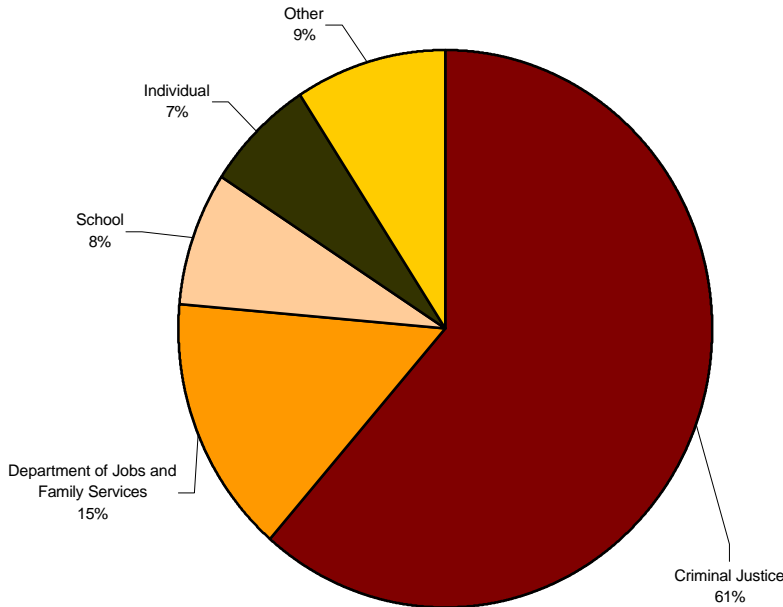
Clients in the “no AOD Dx” category tended to be younger and to have been using for a shorter period of time, and were not likely to receive an alcohol or drug related diagnosis. This category might represent clients who received intervention before use became severe, or for whom alcohol and drug use was secondary to other behavior problems. Most were referred through juvenile court and received mental health diagnoses such as Attention Deficit/Hyperactivity Disorder or Impulse Control Disorder.

Summary of Treatment Services Data (Continued)

Thirty Eight percent of referrals for adults originated in the criminal justice system. Self referrals and human services referrals constituted most of the rest.



Adolescent Referral Sources



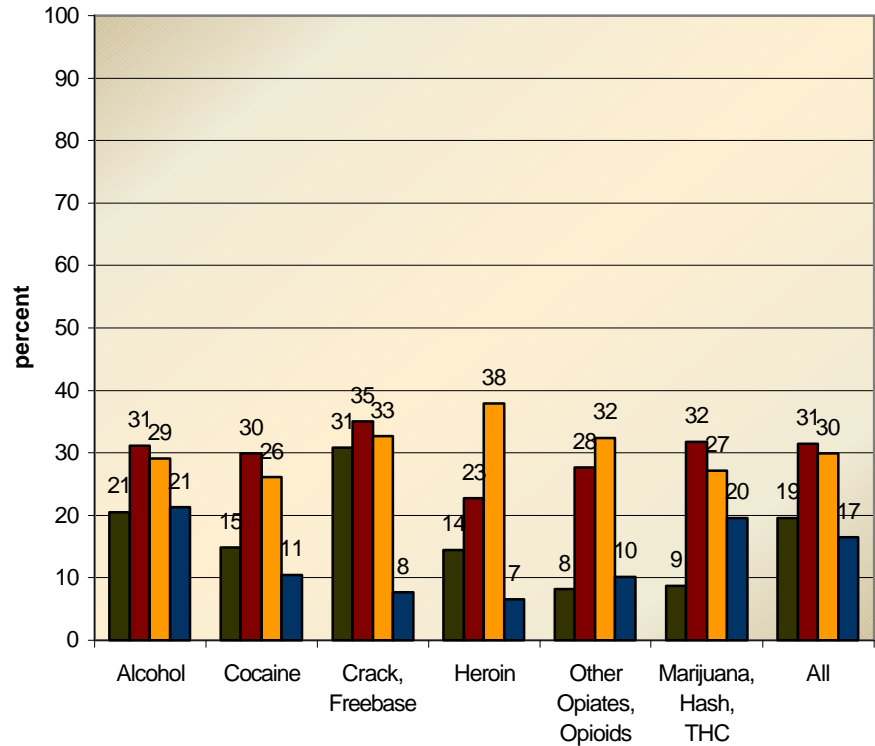
Referrals for adolescents originated primarily in the criminal justice system.

Summary of Treatment Services Data (Continued)

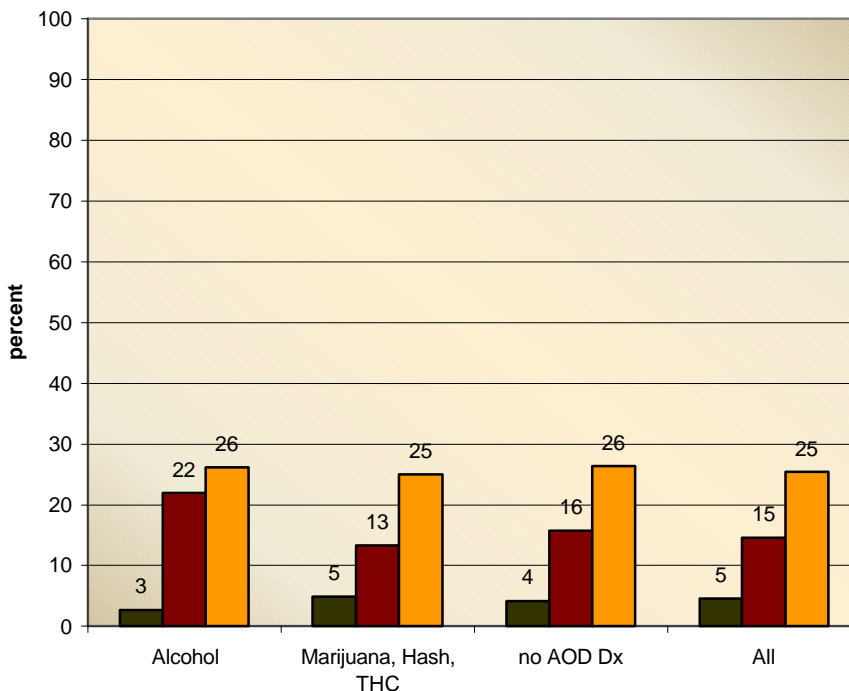
Adult Client Psychosocial Indicators by Substance

Note that heroin users were the least likely to be employed and the most likely to report that their parents had a history of substance abuse. Crack users were also rarely employed, were likely to report history of substance abuse, physical abuse and sexual abuse in their families, and were most often homeless.

- % Homeless
- % w/ Hx of Domenstic Violence or Physical or Sexual Abuse
- % Reporting Parent w/ SA
- % Employed



Adolescent Client Psychosocial Indicators by Substance



Adolescents admitted for alcohol abuse were more likely to report a history of domestic violence or physical or sexual abuse in their families.

- % Homeless
- % w/ Hx of Domenstic Violence or Physical or Sexual Abuse
- % Reporting Parent w/ SA

**HAMILTON COUNTY ALCOHOL AND DRUG
ADDICTION SERVICES BOARD**

830 Main Street, Suite 300
Cincinnati, Ohio 45202

Phone: 513-621-7202
Fax: 513-621-4116



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substance abuse and addiction.*