

State Fiscal Year 2004 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 Addiction Services Board for Fiscal Year 2004. The accomplishments of the ADAS Board are a reflection of the collaboration we enjoy with a network of fifteen organizations skilled in the provision of alcohol and other drug treatment and prevention, as well as gambling treatment, and with other county and state government departments and human service/health organizations in our communities.

The magnitude and ramifications of alcohol, tobacco and drug abuse in recent years are overwhelming as well as the losses experienced by gambling addiction. The stories of lives ruined or ended prematurely by the use of substances or by gambling are so common and so disturbing that it's easy to lose sight of the progress we have made.

Ohio, and county alcohol/drug boards such as ours, continued to experience financial difficulties in this fiscal year and nonprofit organizations have found it increasingly difficult to maintain basic services, as well as implement innovation, as public funds have decreased. The ADAS Board, with our partners, track the outcomes of services in our effort to show the public and policy makers the value of what we do and convince them that such services are cost effective and contribute to a healthier community. Some of these results are contained in this report. We will continue to monitor the quality and outcomes of service and provide reports to the community. We know that prevention and treatment contribute to a safer and healthier community and will continually strive to assure all people know this.

We all have something at stake in the fight against alcohol, tobacco, drug abuse and gambling addiction. 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, drugs and gambling. 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

Eugene Johnson
Chairperson, Board of Trustees
2003-2004

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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 and gambling 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 and gambling addiction prevention and treatment provider agencies. Additional funds are provided for special initiatives.



Founded in 1990

Hamilton County ADAS Board of Trustees

Gene Johnson, Executive Committee Chair	White Bourland
Gerardo Torres, Vice Chairperson/Treasurer, Finance & Facilities Committee Chair	Dick Duval
Carol Gibbs, Vice Chairperson	Deidra Hair
Gina Moore, Vice Chairperson	Sofia Kleckner
Mary Allen, Secretary	John O'Connor
Bill Baldwin, Nominating & Education Committee Chair	Eric Ruffin
Rob Cantlon, Program Committee Chair	Jim Slattery
Diana Harris, Planning Committee Chair	Gwendolyn Womack
Frank Welsh, Legislative & Advocacy Committee Chair	

Hamilton County ADAS Board Staff

Sherry L. Knapp, PhD, CBHE, Chief Executive Officer	Newana Hill, MACSIS Administrator through Jan 2004
Francine Lopomo, RN, MHA, Director of Program Operations	Shawnitra McCants, MACSIS Administrator from Jan 2004
Mark Campolongo, Director of Financial Operations	Tim Lawrence, MA, Coordinator of Evaluation Services
Jeff Vogt, Director of Information Services	Ralph Lawson, Fiscal Officer
Marcia Brooks, Fiscal & Human Resources Assistant	Tony Martinez, Med, OCPS II, Coordinator of Planning and Development
Kathy Erb, MEd, CCDCCIII-E, Coordinator of Contracting Services through Oct 2003	Jennifer Springer, Administrative Assistant
Donna Saunders, Coordinator of Contracting Services from Dec 2003	Gay Vincent, Program Services Analyst
Theresa Giglio, Office Manager	

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 or gambling addiction.

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

ADAS System Treatment Providers

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

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 2004

- Issued contracts to local nonprofit organizations for provision of treatment, education and prevention services totaling over \$18 million.
- Added a bilingual/bicultural Hispanic clinician at the Recovery Health Access Center.
- Approved funding to hire a full time coordinator for SAMI services in Hamilton County.
- Published Sourcebook on Alcohol and Drug Abuse Trends in Hamilton County—a 50 page reference on local data intended for use by social service planners and researchers.
- Actively marketed RHAC through public speaking, publications, and public service messages.
- Maintained and expanded ADAS website grants matrix.
- Submitted 13 grant proposals (3 developed and submitted solely by ADAS; 10 developed collaboratively with ADAS providers.) Additional, non-ADAS agencies involved in grant collaboration included: U.C. Criminal Justice, Ham. Co. Probation, S.W. OH. Parole, River City Corrections, U.C. Psychology Dept., Ham. Co. Mental Health Bd., University Hospital Neonatal Program, CCHP Adolescent Medicine, U.C. Med. Psychiatry Dept., Parent Advocates, OH. Citizen Advocates, Bienestar/Santa Maria.
- Adopted implemented services proposals on LEP/Hispanic clients. Initiated meetings with neighboring ADAS/ADAMH boards regarding collaboration on LEP/Hispanic initiative.
- Analyzed first full year of treatment outcome data.
- Developed and approved two-year Strategic Plan. Developed mechanism for tracking objectives and related action steps.
- Developed and approved Community Plan, utilizing key informant interviews and a Provider Satisfaction Survey to obtain feedback from community on ADAS priorities.
- Coordinated planning and execution of National Alcohol and Drug Addiction Recovery Month events, including a recovery rally on Fountain Square.

ADAS Board Accomplishments for State Fiscal Year 2004 (Continued)

- Revised ADAS Services Brochure.
- Secured national publicity for local NADARM events.
- Participated as a lead organizer in the successful launch and execution of a regional Southwest Ohio prevention training and preceptor program.
- Organized an ADAS Prevention Planning Committee and developed a prevention services grid for Hamilton County.
- Participated in multiple community planning activities: Cover the Uninsured Week; All Hazards Behavioral Health Planning; Cincinnati Police Forfeiture Fund Planning; Cincinnati Public Schools Safe and Drug Free Schools Advisory Committee; OACBHA Prevention Committee; NIMH Adult Cross-training.
- Participation in the Behavioral Health (BH) Focus Group as well as a BH sub-group for report development.
- Continued to meet the BH reporting requirements of 70% or more of file submission.
- Converted the provider's existing UFMS files to the HIPAA Procedure Coding, eliminating the need for re-entering all existing data to meeting the new format.
- Improved Financial and CMHC information communication with the provider network, decreasing the amount of time needed to reconcile FY 04 accounts.
- Developed system for ODADAS Pass-Thru providers to submit claim and minimum data set information to the Board for State submission, causing minimal impact on these provider's resources.
- Created a Medicaid Manual for agencies interested in Medicaid Contracting only. Manual includes Uniformed Financial Management System (UFMS) information as well as ODADAS Standards, MACSIS Claim, Behavioral Health and Medicaid Application materials.
- Provided over-site and consultation to decrease the amount of open but inactive cases in the provider's CMHC systems over the past year compared to previous years.

ADAS Board Accomplishments for State Fiscal Year 2004 (Continued)

- Created and submitted HIPAA 837P claim files for most provider agencies through CMHC.
- Developed program to efficiently authorize and manage services for the IMPACT program, improving accuracy of expenditures authorizations. (Developed in-house using Visual Basic and SQL),
- Collaborated with Cincinnati Police and the Coalition for a Drug-Free Greater Cincinnati to produce and summarize data for the Office of National Drug Control Policy's 25 Cities Initiative. Participated in local 25 Cities planning and leadership.
- Reduced the burden of data entry for providers by combining ADAS Outcomes and BH discharge information using the same database and definitions. This revision ensures that all ADAS clients will be measured at intake and discharge from SFY 2005 onward, and it greatly simplifies data entry and data management for providers.
- Published revised, complete outcomes data collection guidelines and trained providers on outcomes data collection.
- Provided data analysis and consultation for Drug and Poison Information Center research grant on enhanced prevention services in Cincinnati and Toledo. (The ADAS Board was compensated for this service.)
- Participated in the Homeless Management Information System leadership committee. HMIS will provide the community with unprecedented service coordination and data on the local homeless population. Cincinnati is a national leader in the development of secure, confidential, practical HMIS implementation. It will also allow better outcomes tracking and planning for ADAS funded programs that work with the homeless.
- Implemented CMHC reporting requested by providers. Reports allow monitoring of entry dates of claims, monitoring of entry date of client registrations and discharges, summation report of the minimum data set information, and files open with no activity in 30 days.

Service Delivery

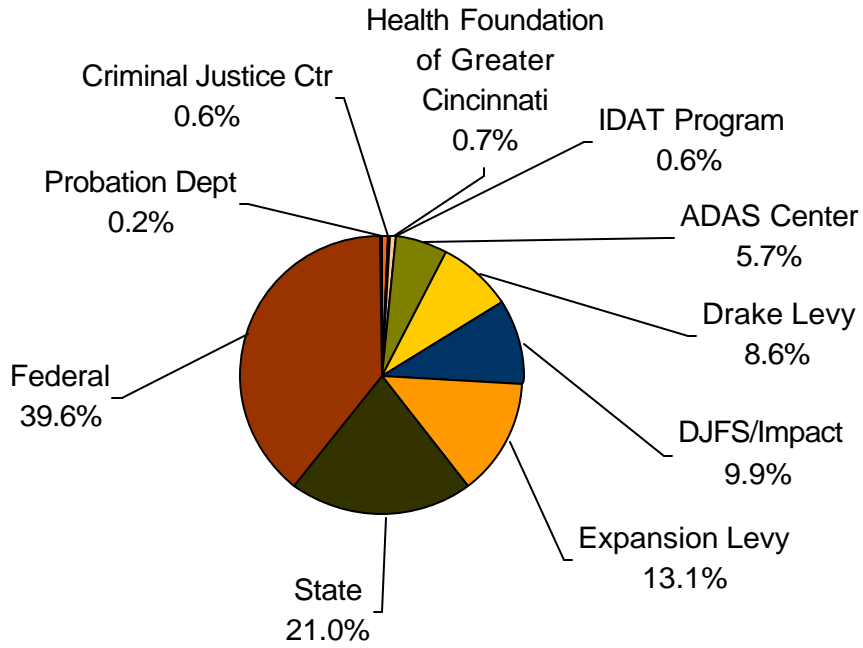
A total of 763,623 units of service were provided in State Fiscal Year 2004. Services were distributed as follows.

Treatment Services	Units
Assessment -H0001	15,546
Case Management -H0006	21,367
Crisis Intervention -H0007	373
Family Counseling -T1006	2,042
Group Counseling -H0005	353,175
Individual Counseling -H0004	52,787
Intensive Outpatient -H0015	32,712
Laboratory Urinalysis -H0003	7,792
Medical/Somatic -H0016	3,341
Methadone Administration	43,564
Non-Medical Community Res TX -A1220	13,593
Room and Board -A0740	97,173
Sub Acute Detoxification -H0012	5,157
Total	648,622
Prevention Services	
Alternatives -A0660	4,559
Community Based Process -A0630	5,100
Education -A0620	20,556
Environmental -A0640	1,230
Information Dissemination -A0610	2,743
Problem Identification and Referral -A0650	1,041
Total	35,229
Community Services	
Hotline -H0030	43,909
Intervention -H0022	364
Outreach -H0023	6,976
Referral & Information -H0510	2,788
Training -H0021	1,678
Total	55,716
Adjunctive Services	
AOD Services Not Otherwise Classified -H0047	23,166
Other	890
Total	24,056
Grand Total	763,623

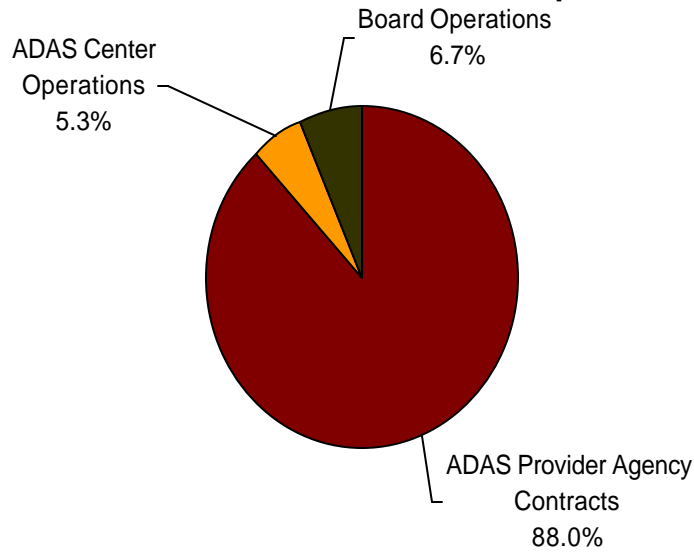
Data obtained from the State Fiscal Year 2004 Year-end Actual Uniform Financial Management System (UFMS) 047 Agency Expense Reports.

Fiscal Summary

State Fiscal Year 2004 Operating Revenue



State Fiscal Year 2004 Actual Expenses



ADAS Core Clinical Outcomes SFY 2004

The Hamilton County ADAS Board, in collaboration with its treatment providers, tracks five core clinical outcomes, based on the outcomes areas under development nationally at the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration. A data set reflecting these outcomes is incorporated in CMHC (the ADAS MIS system, also used for billing and client demographics). Providers collect this data set on all clients at admission, and again at discharge. This year we have complete outcomes data on a sample of 1,912 individuals— nearly triple last year's number. Below are highlights of the data.

- Treatment Completion: 37% of all treatment clients discharged in SFY 2004 had completed treatment. This is 3% more than last year.
- Frequency of Drug Use: There was a statistically significant decrease in frequency of use among clients in the sample of 1,912. The number of clients who reported daily use decreased from 664 at intake to 526 at discharge. Thirty-seven percent of clients in the sample reported no use at all at the time of discharge.
- Legal Involvement (arrests): Data collection for legal involvement has been revised to correct problems that made past data unusable. Unfortunately, the benefits of this improvement will not be seen until next year. We do know, however, that among Drug Court graduates, 12-month felony re-arrest rates have been 2% or less for three years in a row, and have been in the single digits since 2000.
- Living Situation (stable housing): From intake to discharge there was a 65% reduction in the number of clients who were homeless, and a 13% increase in the number living in their own home or apartment. (See chart for client counts.)
- Employment: There was a 36% increase from admission to discharge in the number of clients working full time, and a 24% decrease in the number of clients who were unemployed. (See chart for client counts.)

The following chart gives the numbers of clients in various situations, before and after treatment, out of a total sample of 1,912:

	Admission	Discharge	% Change
Living in own home or apartment	781	879	13
Homeless	230	81	-65
Employed (full time)	357	484	36
Unemployed	865	657	-24

Summary of Treatment Services Data

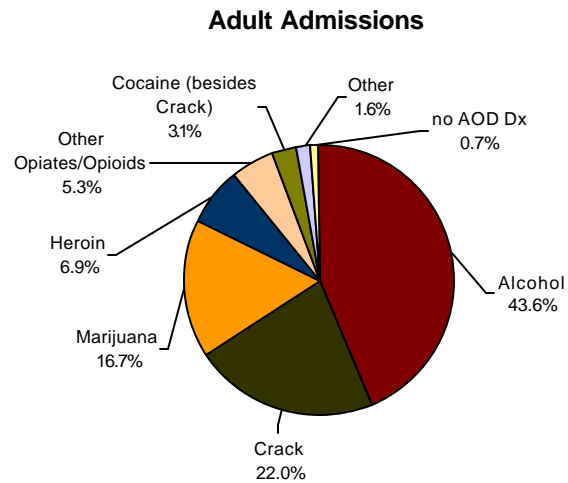
Hamilton County ADAS treatment service providers register and track treatment clients using an automated system called CMHC that is administered by ADAS Board staff. Data summaries presented on the following pages are based on data pulled from provider CMHC systems by ADAS Board staff. Please note:

- This data includes information on clients who received any billable service, including assessment, case management, and any level of treatment from detox to aftercare.
- It is possible for a client to be registered in more than one system or for more than one treatment episode in one year. Therefore the numbers on the following pages refer to registrations into the system, not unduplicated counts of individuals.
- Individuals served this year but who were registered last year are not counted in these demographics; they were counted in last year's demographics.

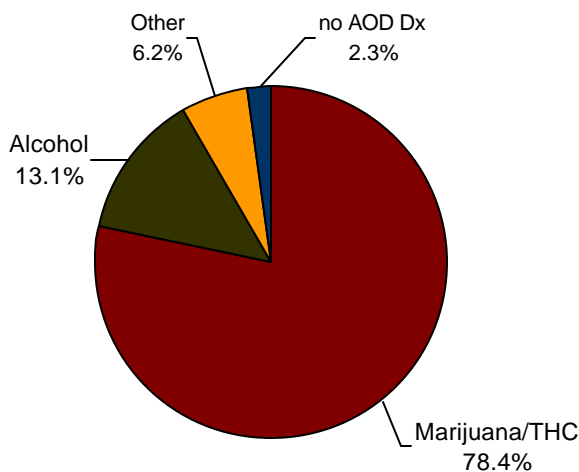
Summary of Treatment Services Data (Continued)

There was a total of 5,553 new adult admissions registered in the CMHC system in SFY 2004, down 11.6% from 2003. Much of this drop may be attributable to the cessation of "orientation" groups by one large provider. In the past, these groups triggered admissions, even though as many as half of the clients never returned for treatment. Thus the orientation groups were artificially inflating the admission numbers by several hundred per year. Note that Cocaine admits actually rose by 10%, despite the overall drop in admits.

The ADAS-funded methadone program was full and unable to accept new clients for most of SFY 2004. The program has continued to receive weekly inquiries, so it is reasonable to conclude that the heroin and opiate admissions would have been much higher if the system had had the capacity to serve all clients seeking opiate/opioid treatment.



Adolescent Admissions



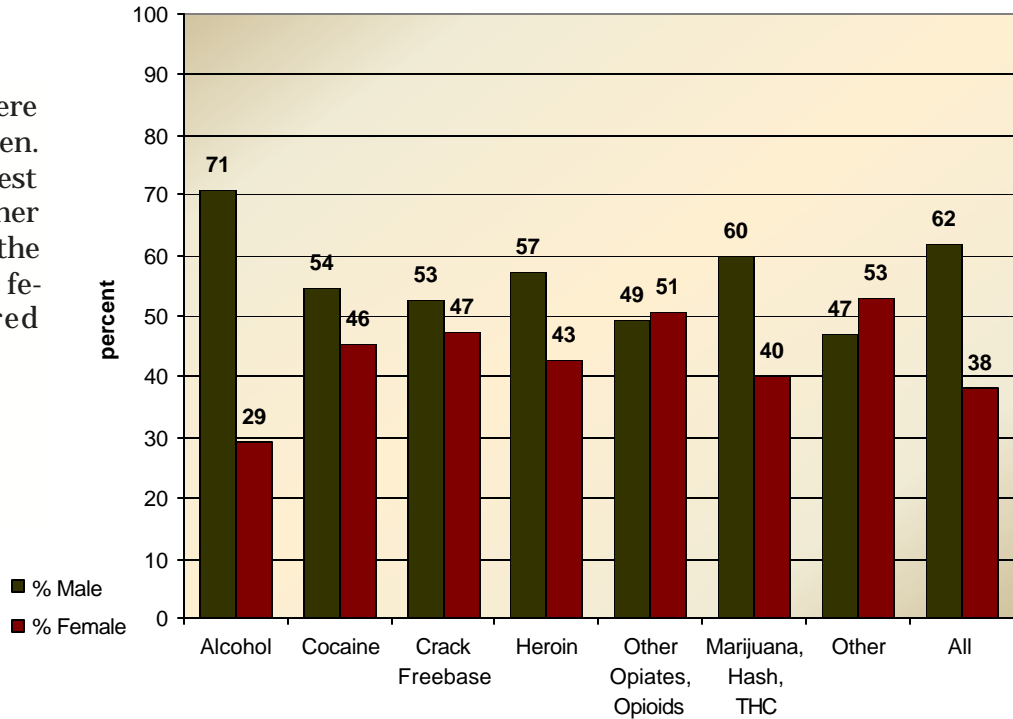
There was a total of 923 new adolescent admissions registered in the CMHC system in SFY 2004, up 34% from 2003. This increase is primarily the result of the inclusion of juvenile TASC admits, which were not available for stats in previous annual reports.

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

Summary of Treatment Services Data (Continued)

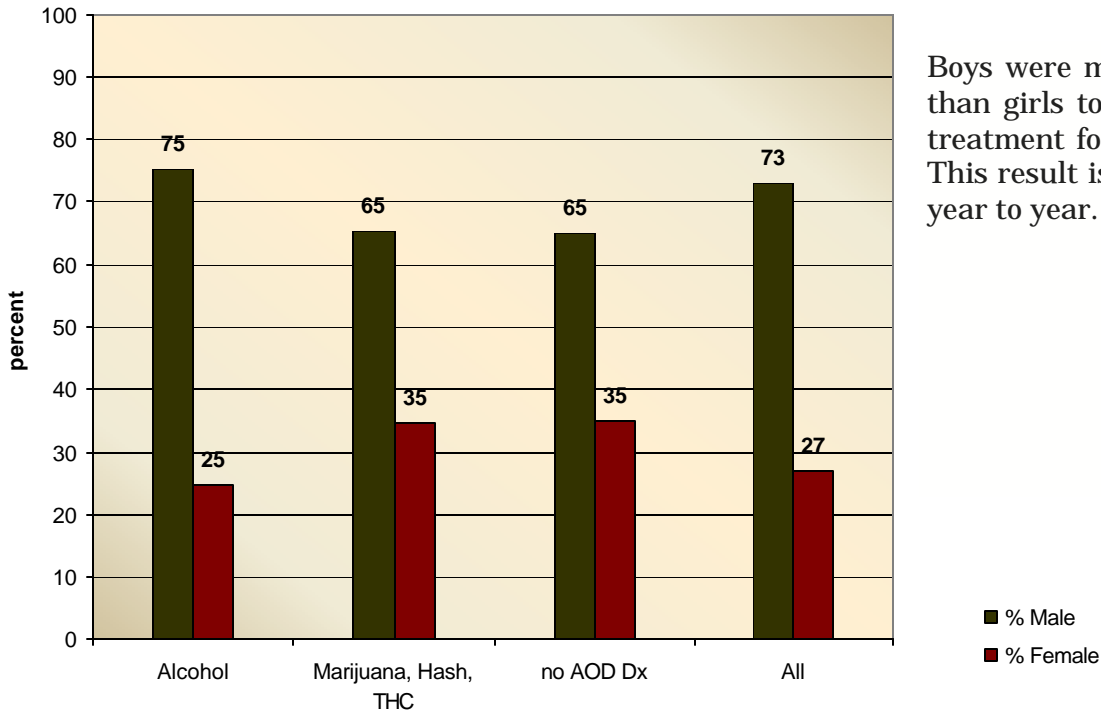
Adult Client Gender by Primary Substance

Overall, more men were admitted than women. This contrast is greatest among alcoholics. Other Opiate users were the only category where females outnumbered males.



Adolescent Client Gender by Primary Substance

Boys were much more likely than girls to be admitted for treatment for all substances. This result is consistent from year to year.

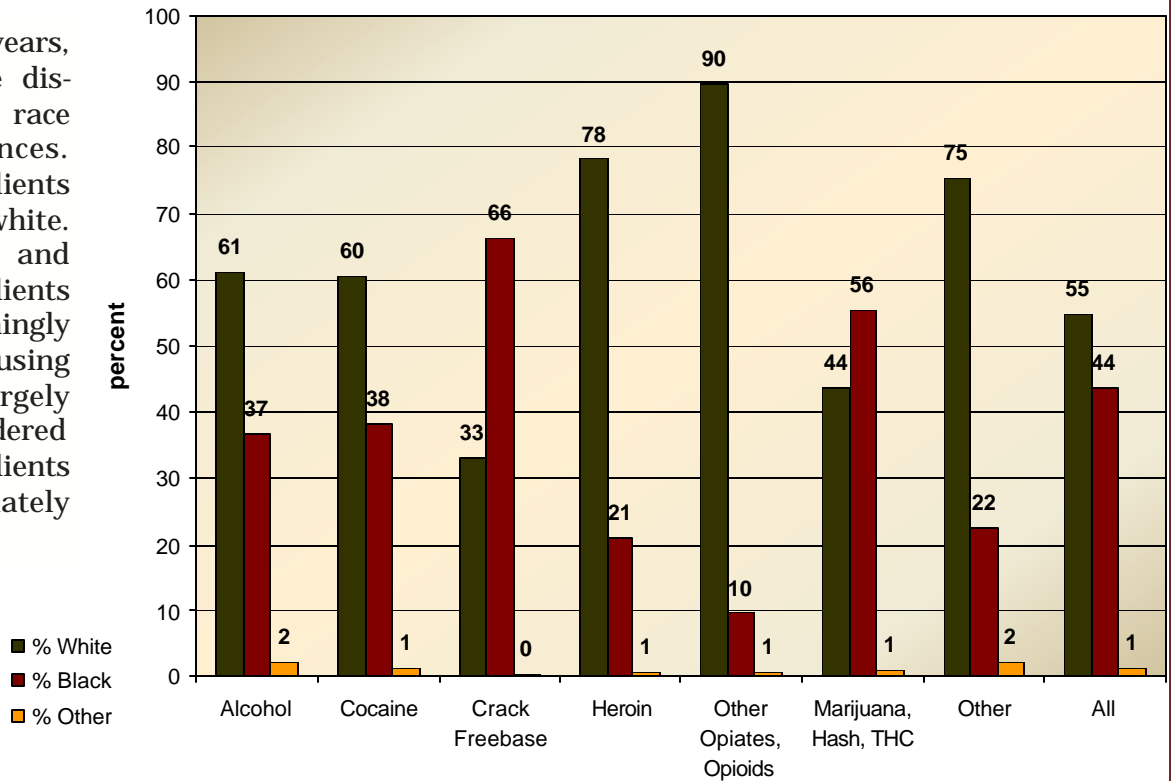


Characteristics for adolescent clients in the "other" category displayed on page 10 are not summarized in this or subsequent adolescent client charts due to the small number of clients in this category.

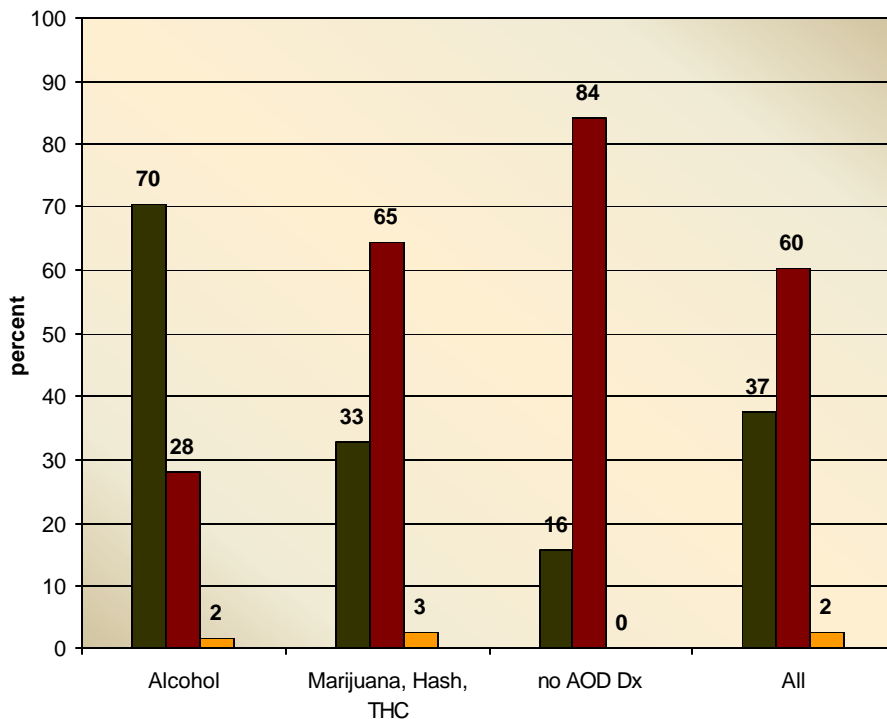
Summary of Treatment Services Data (Continued)

Adult Client Race by Primary Substance

As in previous years, there were large discrepancies in race among substances. Heroin using clients were largely white. Other opiate and opioid using clients were overwhelmingly white. Crack using clients were largely black, while powdered cocaine using clients were predominately white.



Adolescent Client Race by Primary Substance

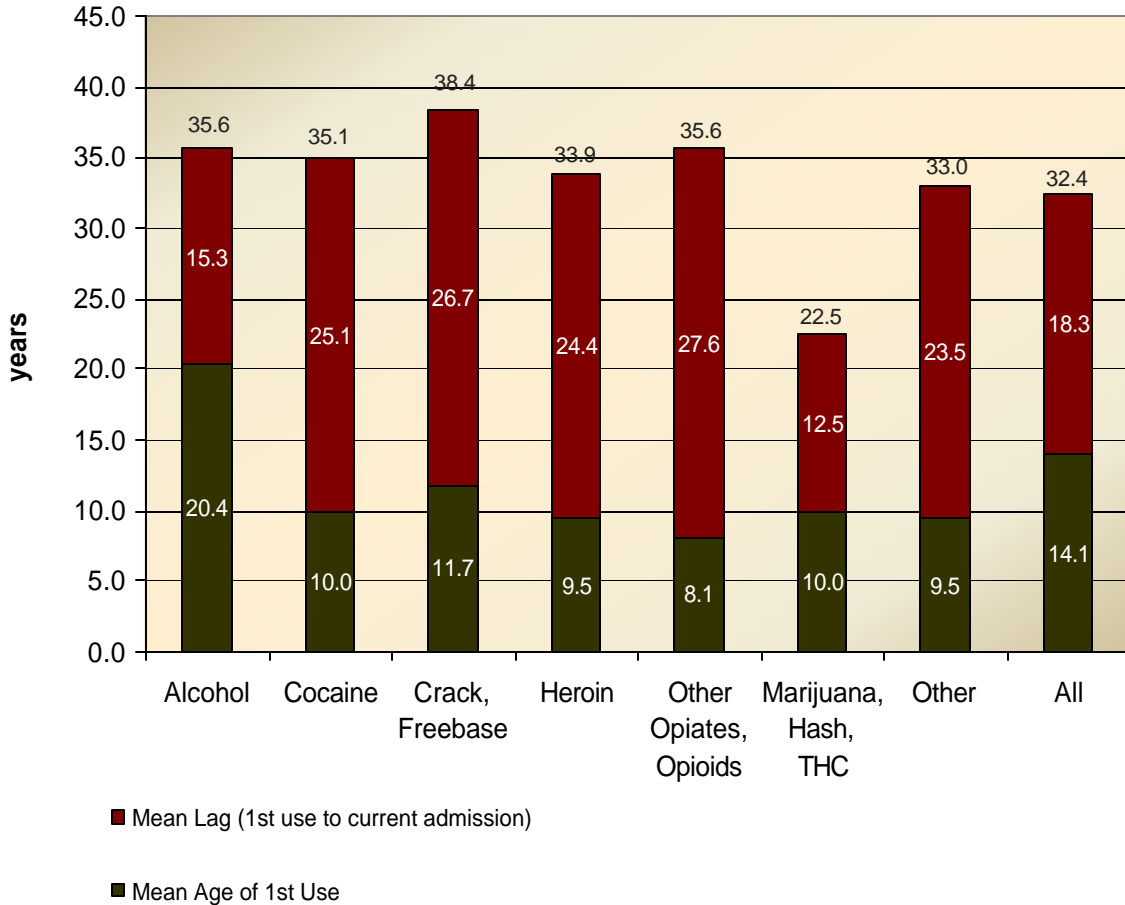


White adolescent clients were more likely than black adolescent clients to have been admitted for alcohol abuse. Black adolescent clients were more likely than white adolescent clients to have been admitted for marijuana abuse. These differences by race were consistent with those seen in previous years.

■ % White
 ■ % Black
 ■ % other

Summary of Treatment Services Data (Continued)

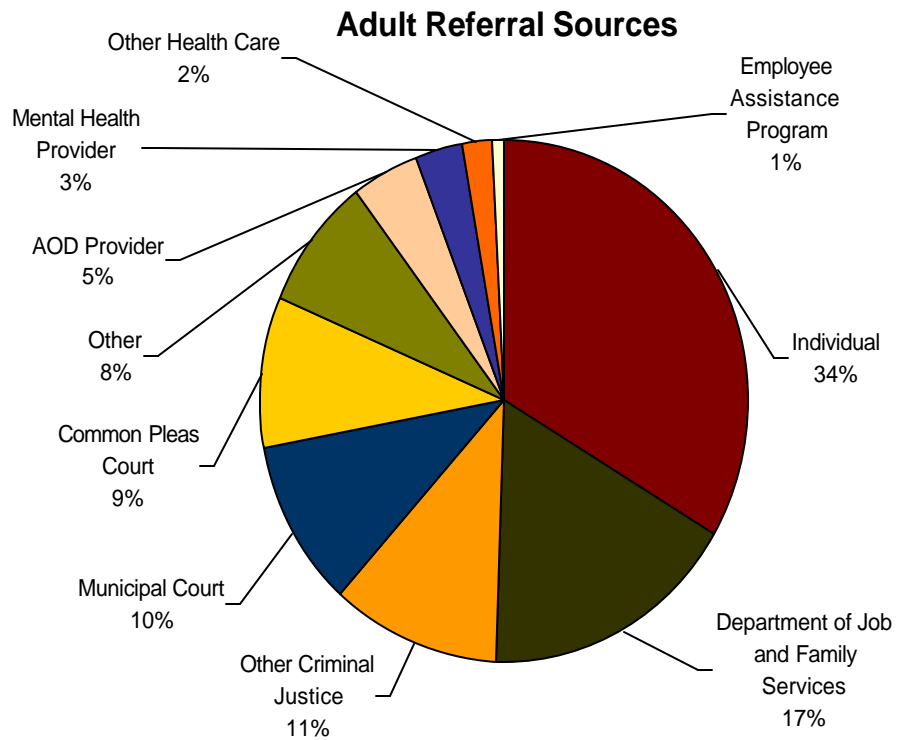
Age at First Use, Lag, and Age at Admission by Substance (Adults and Adolescents)



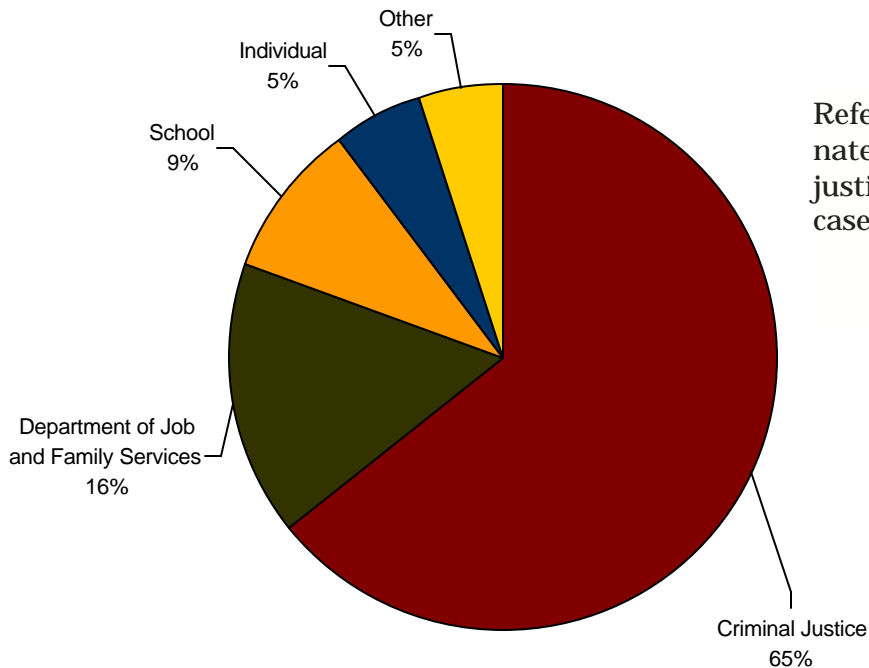
Alcohol use and marijuana use typically begin earlier than use of other substances. Alcohol abusers wait much longer to enter treatment than other drug abusers. Marijuana users in the ADAS system tend to be younger. In fact, they make up the bulk of adolescent admits each year, but not because marijuana abuse is more prevalent among youth than alcohol abuse. Alcohol abuse is actually somewhat more prevalent than marijuana abuse, according to national and regional surveys. However, our referral sources for adolescents, especially the court system, appear to favor identifying young marijuana abusers over young alcohol abusers.

Summary of Treatment Services Data (Continued)

Thirty-four percent of referrals for adults were “self” referrals, up from 26% last year. Criminal justice referrals dropped from 38% to 30%, and DJFS referrals from 24% to 17%. *ADAS community outreach through RHAC may be increasing the relevance of self-referral in our system.* It may be less costly overall for the community if clients refer themselves, rather than passing through the courts or social services.



Adolescent Referral Sources



Referrals for adolescents originated primarily in the criminal justice system, as has been the case in previous years.

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

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substance abuse and addiction.*