

State Fiscal Year 2003 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 2003. 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.

During this year, county alcohol/drug services boards and service providers fought hard to convince the governor and state legislators of the need to maintain basic funding for services. Despite the economic problems of Ohio, we were able to show a benefit to the service system thus significant cuts were not made. However the future looks bleak as our nation's and state's economy continues to struggle and it has often been far too easy for policy makers to think the services we provide are optional. For this reason we implemented an outcomes initiative to track the success of persons receiving treatment and prevention in the areas of abstinence, employment, residential stability, treatment completion, and avoidance of crime. 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 know that prevention and treatment contribute to a safer and healthier community

The bottom line is, 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

H. Richard Duval
Chairperson, Board of Trustees
2002-2003

Hamilton County Alcohol and Drug Addiction Services Board
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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 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

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Hamilton County ADAS Board Staff

Sherry L. Knapp, PhD, CBHE, Chief Executive Officer	Ralph Lawson, Fiscal Officer
Francine Lopomo, RN, MHA, Director of Program Operations	Tony Martinez, Med, OCPS II, Coordinator of Planning and Development
Mark Campolongo, Director of Financial Operations	Jennifer Springer, Administrative Assistant
Jeff Vogt, Director of Information Services	Gay Vincent, Program Services Analyst
Marcia Brooks, Fiscal & Human Resources Assistant	Bonnie Dinkelacker, Executive Assistant, thru March '03
Kathy Erb, MEd, CCDCH-E, Coordinator of Contracting Services	Nadine Sweet, Clerical Assistant, thru June '03
Theresa Giglio, Office Manager	Nina E. Lewis, MSW, MHSA, Coordinator of Quality Improvement, thru Nov '02
Newana Hill, MACSIS Administrator	
Tim Lawrence, MA, Coordinator of Evaluation Services	

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	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 2003

- Provided UFMS training– (resulting in less calls for assistance than prior year).
- Provided CMHC Report Writing training.
- Brought administration of most aspects of CMHC in-house, saving money and increasing ability to respond quickly and flexibly to provider and system needs.
- Greatly reduced errors in providers claims files to ensure quicker distribution of expenditures .
- Reduced errors in our MACSIS Member screens with new MACSIS enrollment consultant.
- Participated on the ADAS System Information and Technology Committee and IT Reporting Sub-group: Reviewed current IS systems/processes to determine where improvements can occur that will maximize funds being spent on client care.
- Participated in the Governor's Regulation Reduction Workgroup.
- Participated in the Board Association HIPAA Workgroup and attended various trainings on HIPAA Readiness.
- Completed the documentation and processes needed to ensure ADAS HIPAA compliance.
- Created and distributed Quarterly reports for Executives on CMHC Client File Closures and Utilization Reporting.
- Streamlined data entry time for providers by eliminating unneeded data elements.
- Added unique claim numbers to CMHC, and added reporting needed to more accurately reconcile submitted claims.
- Can now bill multiple funds to client concurrently open in two different sites.
- All prevention providers entering services in CMHC in preparation for prevention services being submitted through MACSIS.
- Hamilton County recognized by ODADAS as one of the few boards meeting the BH reporting requirements (70% or more submitted).
- Worked with ADAS providers on the discovery, planning, development and support of eleven grant funding proposals.
- Developed a grant opportunities tracking matrix, now posted on the ADAS website.
- Planned and organized two cultural competency workshops on service for limited English proficient (LEP) Hispanics for the Special Populations Task Force.
- Secured consensus recommendation from Task Force members for ADAS and MH Boards on service approach for LEP Hispanic population.
- Planned and organized a community rally for National Alcohol and Drug Addiction Recovery Month (see pictures next page).
- Began organizing a regional prevention workforce development and preceptorship program with provider agencies, collaborative organizations and interested stakeholders.
- Participated in the Abriendo Puertas sponsored symposium on serving needs of the Hispanic population.
- Completed audit and reconciliation of Performance records for FY03 and prior years.
- Converted Chart of Accounts to Performance format.
- Met compliance requirements for FY02 audit.
- Analyzed pre- and post-tests for provider prevention programs and made recommendations on improving effectiveness of testing procedures.
- Obtained and analyzed data for needs assessment from Ohio Hospital Association, Hamilton County Injury Surveillance System, Hamilton County Court Management System, Hamilton County Coroner's Office and the Ohio Department of Commerce, Division of Liquor Control.
- Provided technical assistance for providers' data entry and collection, including publishing guidelines for outcomes data collection and providing training and ongoing monitoring and feedback to providers.
- Provided technical assistance to providers writing outcome management plans for all ADAS funded services.
- Collaborated with Alcoholism Council to plan data collection, tracking and reporting for RHAC.

ADAS Board Accomplishments (Continued)

Three scenes from the ADAS National Recovery Month Day Celebration

TOP LEFT: Ms. Angie Pepper sings.

TOP RIGHT: Ohio First Lady Hope Taft addresses the crowd.

BOTTOM: The speakers and the crowd enjoy the music of Second Chance, a group of musicians in recovery.



Staff of the new Recovery Health Access Center (RHAC)

Left to right:
 John Kelly, PhD (Clinical Assessor),
 Angela Hudson (clerical support),
 Kamaria A. Tyehimba, PhD (Director),
 Gretchen Steinkamp (Adolescent Assessor),
 Butch England (Clinical Triage Specialist)

Service Delivery

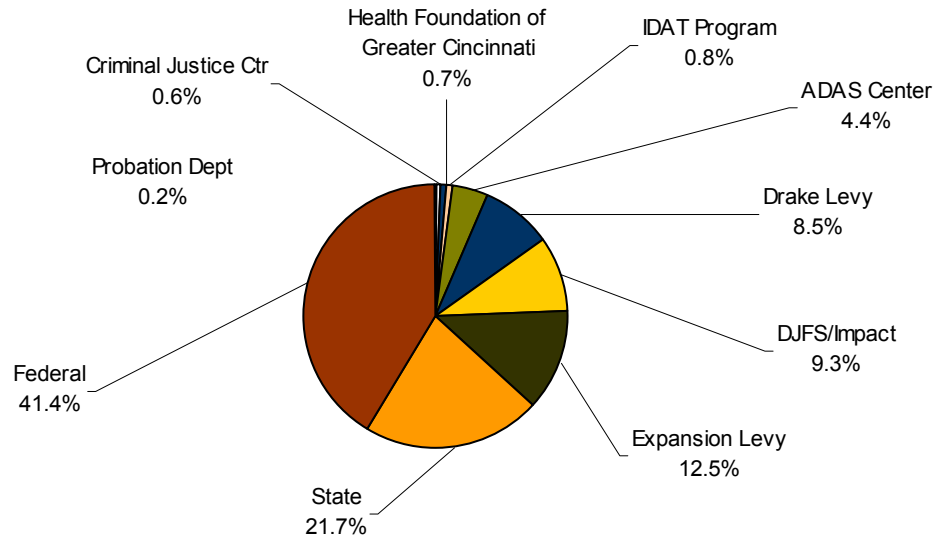
A total of 488,624 units of service were provided in State Fiscal Year 2003. Services were distributed as follows.

Service	Units
Treatment Services	
Assessment	16, 158
Screening Analysis	7, 512
Case Management	23, 412
Crisis Intervention	711
Detoxification - Freestanding Residential	5, 849
Freestanding Short-Term Residential	12, 552
Group Counseling	152, 168
Individual Counseling	16, 834
Intensive Outpatient	20, 448
Long Term Residential	75, 510
Medical/Somatic	4, 523
Methadone Administration	38, 161
Other Alcohol & Drug Services	838
Total	374, 676
Community Services	
Referral & Information	2, 363
Intervention	29, 680
Outreach	4, 493
Training	602
Total	37, 138
Prevention Services	
Alternatives	2, 814
Community Based Process	6, 242
Information Dissemination	49, 034
Environmental	1, 132
Education	15, 882
Problem Identification and Referral	1, 704
Total	76, 808
 Total	 488, 624

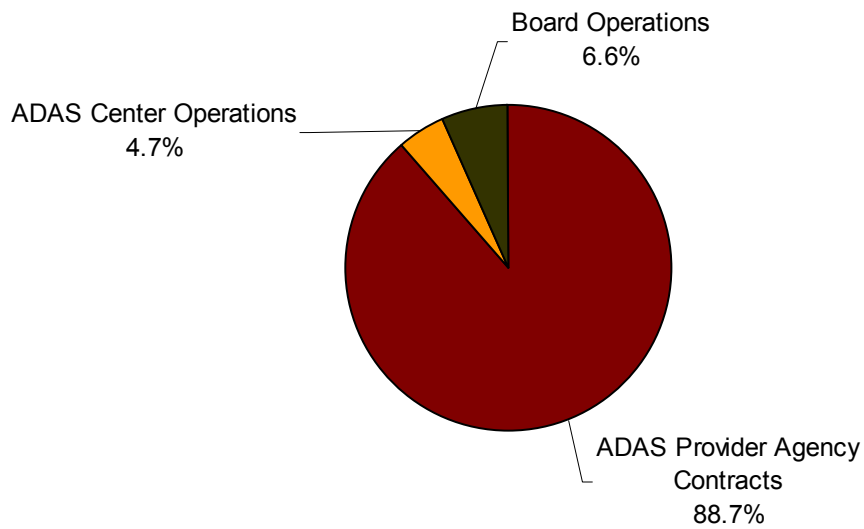
Data obtained from the State Fiscal Year 2003 Year-end Actual Uniform Financial Management System (UFMS) 047 Agency Expense Reports.

Fiscal Summary

State Fiscal Year 2003 Operating Revenue



State Fiscal Year 2003 Actual Expenses



ADAS Core Clinical Outcomes

The Hamilton County ADAS Board, in collaboration with its treatment providers, has selected five core clinical outcomes areas, based on the outcomes areas under development nationally at the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration. As of July 1 2002, ADAS treatment providers have been required to collect data in these five areas for all adult clients. A data set reflecting these outcomes has been incorporated into 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 allows the ADAS Board to track progress in these five areas for every adult client from intake to discharge. The system can be expanded in the future to include long term follow-up after discharge. Following is a summary of initial results in the five core areas.

- **Treatment Completion:** 34% of clients discharged in FY 2003 had completed treatment.
- **Frequency of Drug Use:** Clients showed a statistically significant increase in number of consecutive days of sobriety from admission to discharge. Refinements in data collection should give us a better idea next year of how much sobriety clients are gaining from treatment.
- **Legal Involvement (arrests):** Data collection improvements are needed before results can be obtained.
- **Living Situation (stable housing):** The number of clients living in their own home or apartment doubled from admission to discharge. The number of clients who were homeless dropped 66%. There was also a 50% increase in the number of clients living with a relative or friend. (See chart for client counts.)
- **Employment:** There was a 24% increase from admission to discharge in the number of clients working full time. (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 702:

	Admission	Discharge	% change
<u>Living in own home or apartment</u>	150	303	102
<u>Homeless</u>	158	53	-66
<u>Living with relative or friend</u>	141	209	48
<u>Employed (full time)</u>	225	279	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.

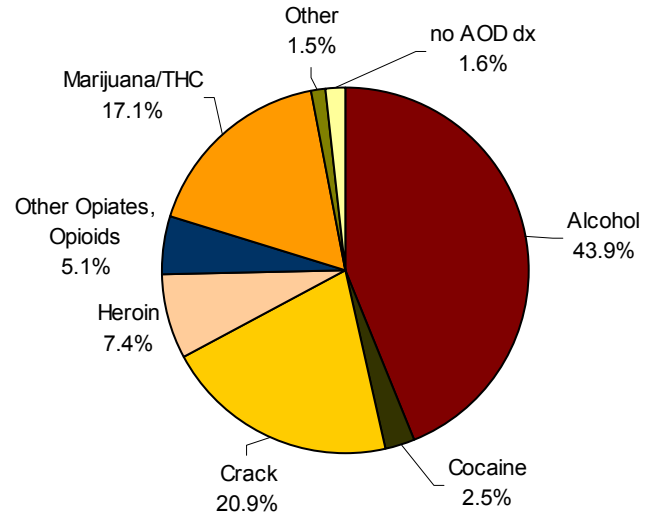
This year ADAS staff conducted an extensive scrubbing of data from fiscal years 2001, 2002 and 2003. We were able to recover data on some clients with incomplete or damaged records in CMHC. The following pages include references to revised SFY 2002 data for the sake of comparison to SFY 2003. These revised 2002 figures are not identical to the figures presented in The ADAS Board's 2002 Annual report, although they are very similar.

Summary of Treatment Services Data (Continued)

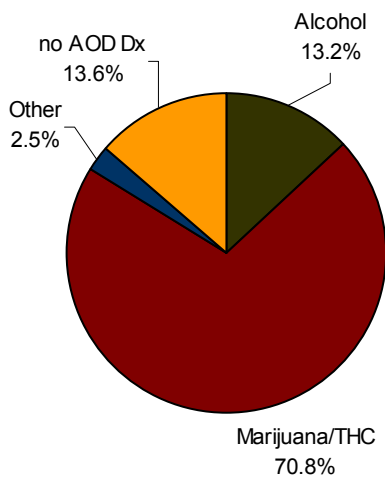
There was a total of 6,168 new adult admissions registered in the CMHC system in SFY 2003, up 4.8% from 2002.

Alcohol, crack cocaine, and marijuana are the most abused substances among clients in ADAS funded agencies. Admissions for opiates and opioids were up 18% from SFY 2002, and admissions for heroin users were up 23%. Admissions for crack cocaine were up 12%, but admissions for powder cocaine were down 38%. Admissions for alcohol were up 4.5%

Adult Admissions



Adolescent Admissions

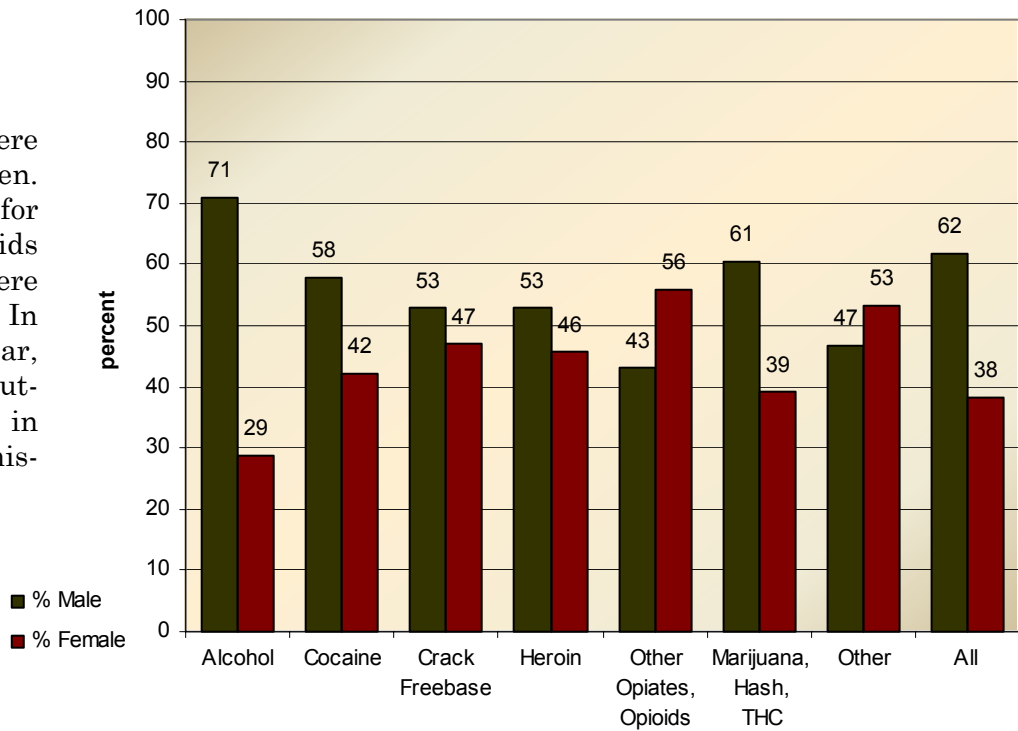


There was a total of 691 new adolescent admissions registered in the CMHC system in SFY 2003, down 34% from 2002. Most of this drop was in admissions for marijuana— down 31% from 2002.

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

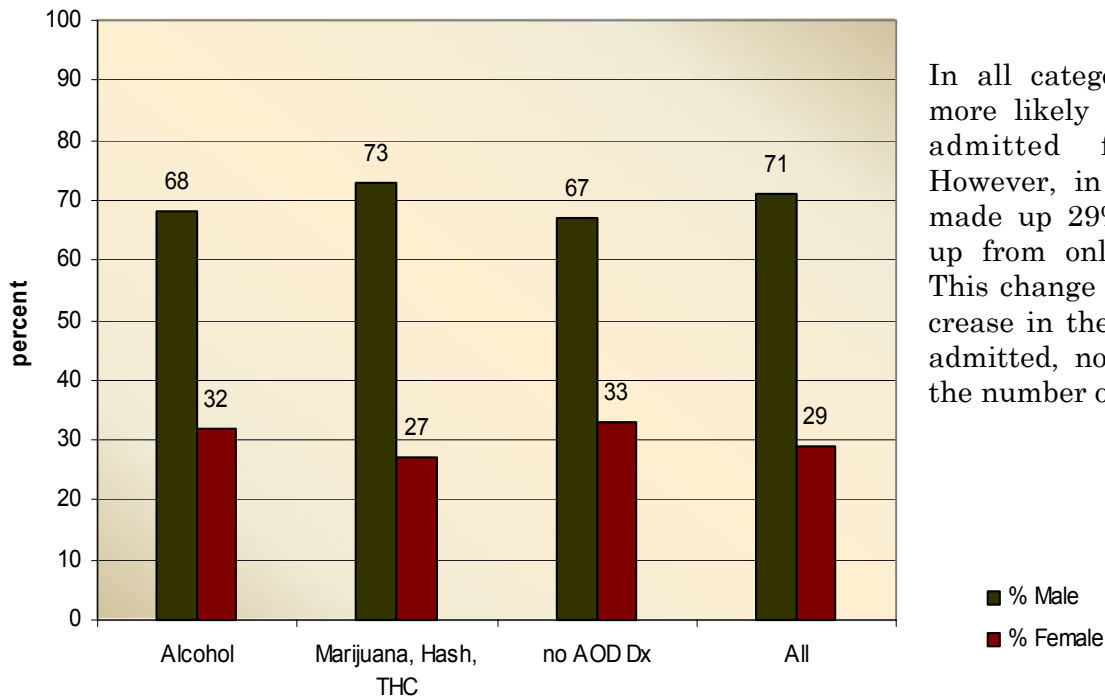
Summary of Treatment Services Data (Continued)

Adult Client Gender by Primary Substance



Overall, more men were admitted than women. However, admissions for opiates and opioids (other than heroin) were more often female. In contrast to last year, men in SFY 2003 outnumbered women in powdered cocaine admissions.

Adolescent Client Gender by Primary Substance



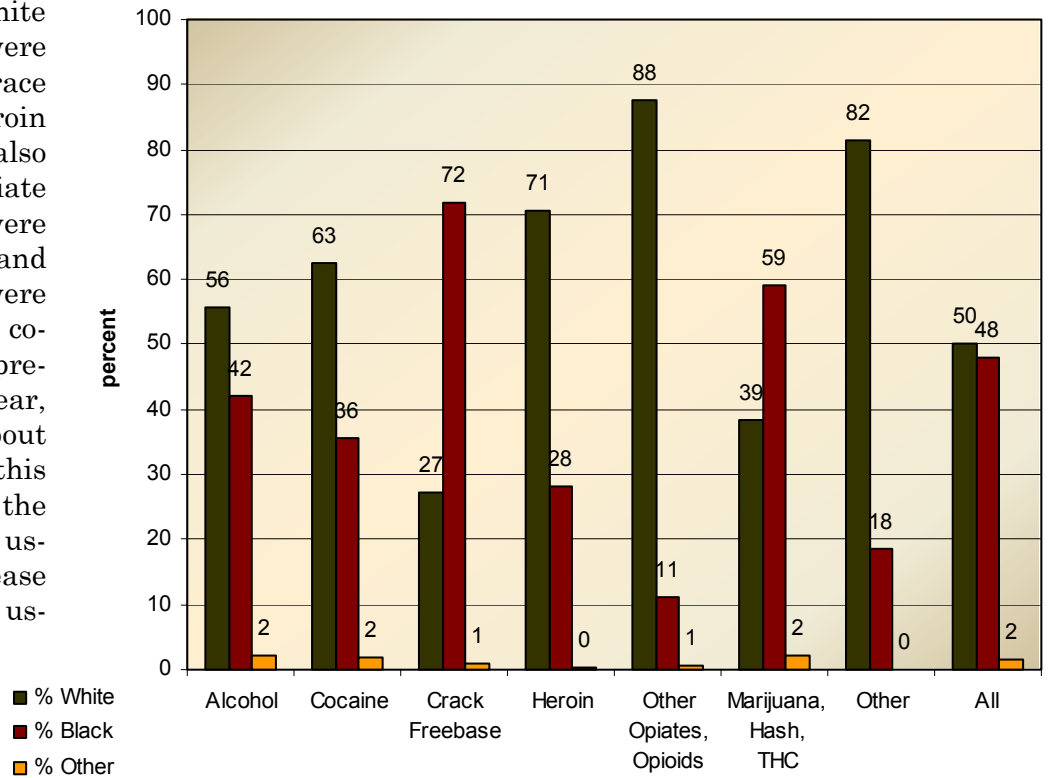
In all categories, boys were more likely than girls to be admitted for treatment. However, in SFY 2003 girls made up 29% of admissions, up from only 18% in 2002. This change was due to a decrease in the number of boys admitted, not an increase in the number of girls.

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

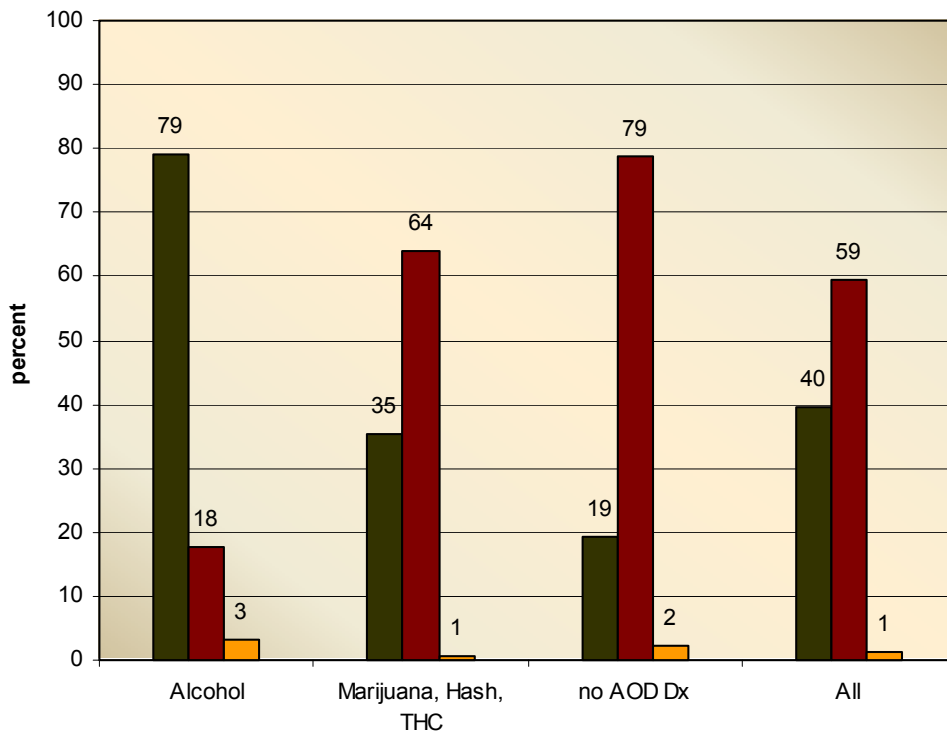
Summary of Treatment Services Data (Continued)

Although admissions were equally divided among white and black clients, there were large discrepancies in race among substances. Heroin using clients were also largely white. Other opiate and opioid using clients were overwhelmingly white, and crack using clients were largely black. Powdered cocaine using clients were predominately white this year, while they had been about evenly split last year; this was due to a decrease in the number of black cocaine using clients, not an increase in the number of white users.

Adult Client Race by Primary Substance



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 even greater than the differences seen last year.

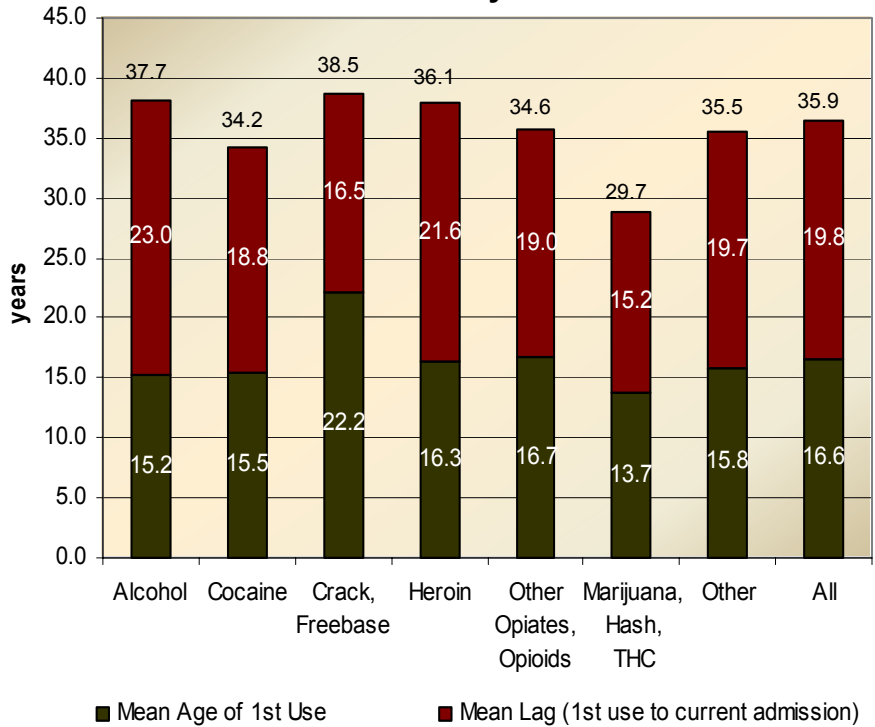
■ % White
 ■ % Black
 ■ % Other

Summary of Treatment Services Data (Continued)

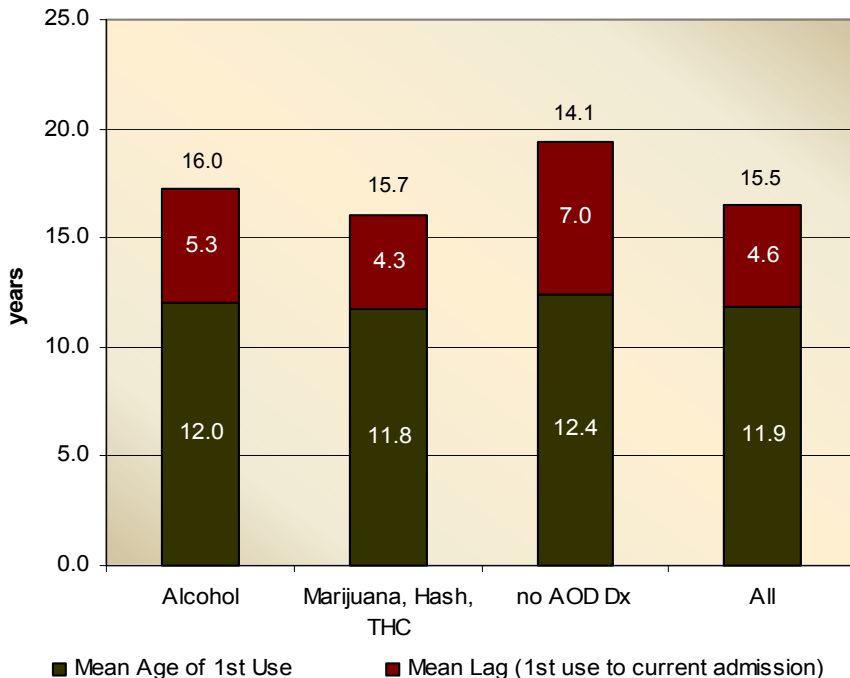
Alcohol use and marijuana use typically begin earlier than use of other substances. Alcohol abusers waited much longer to enter treatment than other drug abusers.

Last year, users of cocaine, heroin and other opiates/opioids reported that they began using in their mid twenties. It is striking this year that users of these substances reported first use in their mid teens, roughly ten years earlier. However, this difference might reflect greater rigor in collecting and recording data on age of first use, and thus should be interpreted with caution.

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



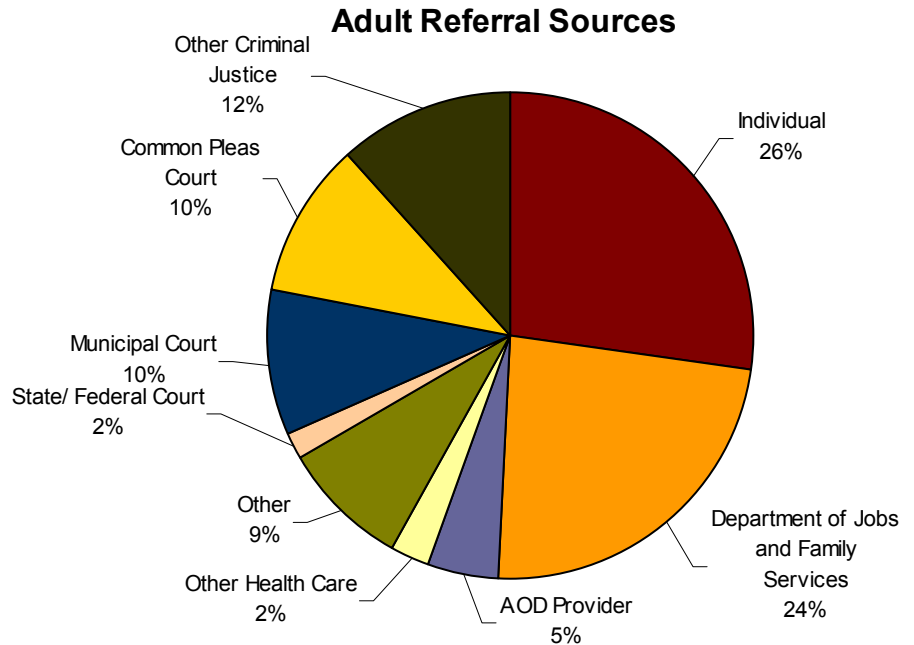
Adolescent Clients Mean Age at First Use, Lag, and Age at Admission by Substance



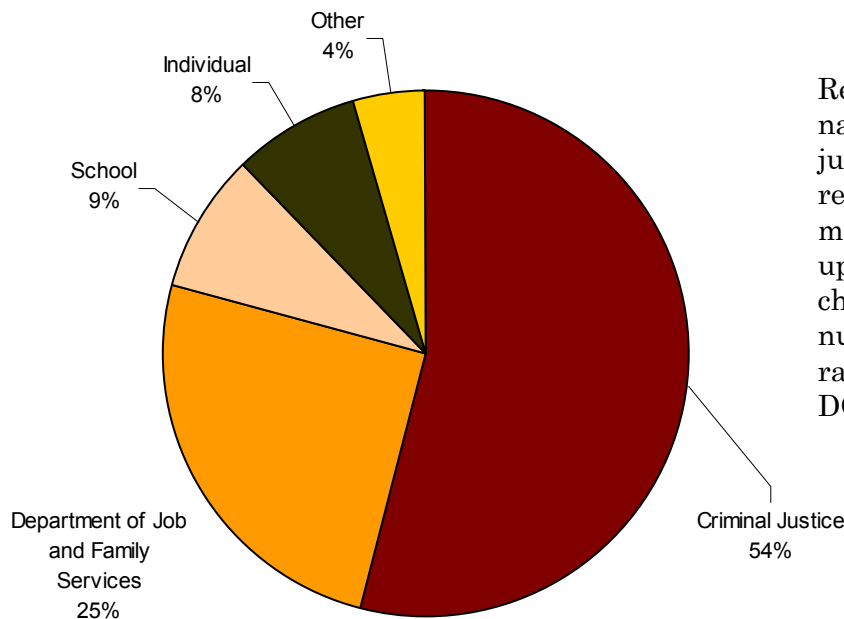
Overall, adolescent clients reported that they began using at a younger age this year than last year's clients. Thus they appeared to have been using for several more years before entering treatment. However, as noted above, this difference might reflect greater rigor in collecting and recording data on age of first use, and thus should be interpreted with caution.

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. The distribution of referrals this year was very similar to last year's.



Adolescent Referral Sources



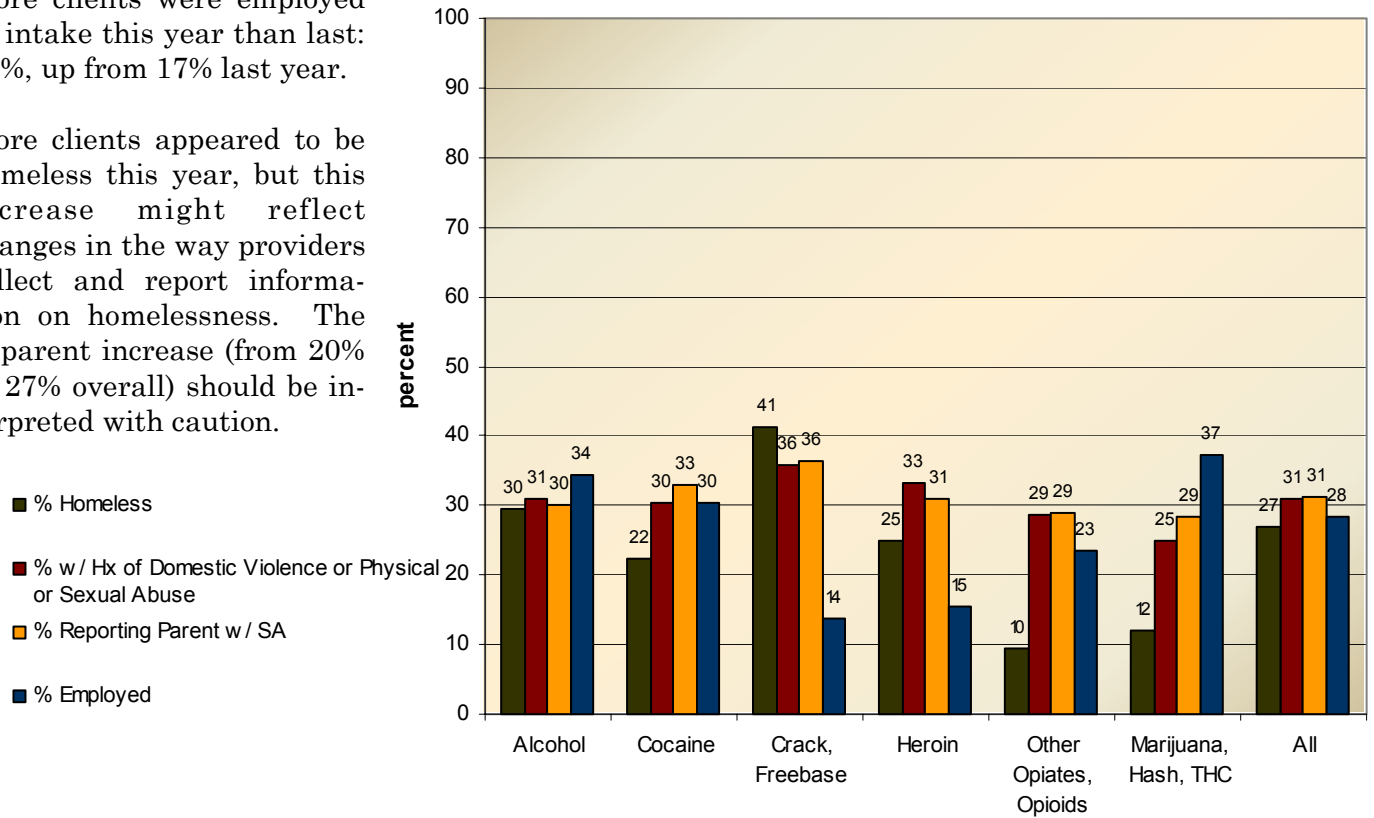
Referrals for adolescents originated primarily in the criminal justice system. However, 25% of referrals came from the Department of Jobs and Family Services, up from 15% last year. This change reflects a decrease in the number of criminal justice referrals, rather than an increase in DOJFS referrals.

Summary of Treatment Services Data (Continued)

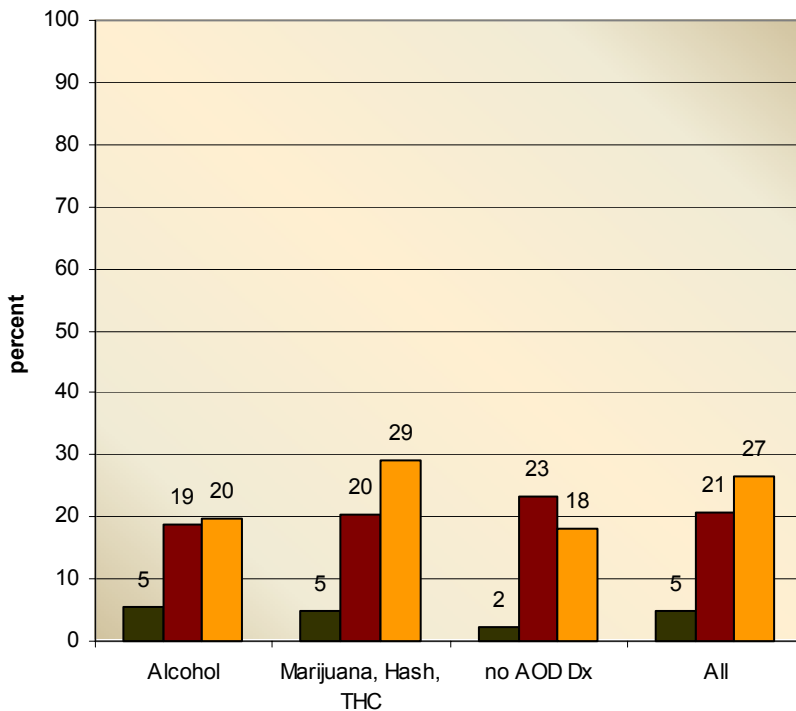
More clients were employed at intake this year than last: 28%, up from 17% last year.

More clients appeared to be homeless this year, but this increase might reflect changes in the way providers collect and report information on homelessness. The apparent increase (from 20% to 27% overall) should be interpreted with caution.

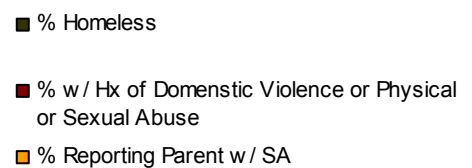
Adult Client Psychosocial Indicators by Substance



Adolescent Client Psychosocial Indicators by Substance



Adolescents admitted for marijuana abuse reported greater occurrence of both abuse history and parental substance abuse than last year.



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

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