

# Hamilton County Alcohol and Drug Addiction Services Board

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## State Fiscal Year 2005 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 2005. The accomplishments of the HCADAS Board are a reflection of the collaboration we enjoy with a network of sixteen 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. 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.



Founded in 1990

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

Eugene Johnson  
Chairperson, Board of Trustees  
2004-2005

### ADAS Board Responsibilities

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The Hamilton County Alcohol and Drug Addiction Services (HCADAS) 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 sixteen (16) alcohol and other drug and gambling addiction prevention and treatment provider agencies. Additional funds are provided for special initiatives.

## Hamilton County ADAS Board of Trustees

Eugene Johnson, Chairperson  
 Gerardo Torres, Vice Chairperson/Treasurer, Finance & Facilities Committee Chair  
 Carol Gibbs, Vice Chairperson  
 Gina Moore, Vice Chairperson  
 Mary Allen, Secretary  
 William Baldwin, Nominating & Education Committee Chair  
 Robert Cantlon, Program Committee Chair  
 Diana Harris, Planning Committee Chair  
 Frank Welsh, Legislative & Advocacy Committee Chair

White Bourland  
 LeRoy Birch, began 5/25/2005  
 H. Richard Duval  
 Patrick Fischer, began 11/3/2004  
 Deidra Hair  
 Sofia Kleckner, through 9/23/2004  
 John O'Connor  
 Eric Ruffin  
 James Slattery  
 Gwendolyn Womack

## Hamilton County ADAS Board Staff

Sherry L. Knapp, PhD, CBHE, Chief Executive Officer	Theresa Giglio, Office Manager
Rob Fredericks, Director of Financial Operations	Tim Lawrence, MA, Coordinator of Evaluation Services
Francine Lopomo, RN, MHA, Director of Program Operations	Ralph Lawson, Fiscal Officer
Jeff Vogt, Director of Information Services	Tony Martinez, MEd, OCPS II, Coordinator of Planning and Development
Marcia Brooks, Fiscal & Human Resources Assistant	Donna Saunders, Coordinator of Contracting Services through May 2005
Pradhu Dev, MACSIS Administrator	Jennifer Springer, Administrative Assistant
	Gay Vincent, Program Services Analyst

## ADAS System Provider Agencies

Recognizing that alcoholism, other drug dependencies and gambling addiction are preventable and treatable illnesses, the Hamilton County Alcohol and Drug Addiction Services (HCADAS) 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 HCADAS 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)	Drug and Poison Information Center (DPIC)
G.L.A.D. House (Giving Life a Dream)	Mallory Center for Community Development
Lighthouse Youth Services	Talbert House
Urban Minority Alcohol and Drug Abuse Outreach Program (UMADAOP)	
Wyoming Youth Services Bureau	

## ADAS Board Accomplishments for State Fiscal Year 2005

- Implemented a comprehensive housing program for individuals chronically homeless through a \$1.19 million federal grant award from Housing and Urban Development (HUD).
- ADAS/Provider CQI Committee: 1.) Developed system-wide policy and procedures for waiting list management to reduce the number of individuals who get “lost” during the timeframe between the initial contact and the actual admission into program services; 2.) developed Major Unusual Incident reporting form and guidelines.
- Hired a Project Director for the Substance Abuse/Mental Illness (SAMI) *No Wrong Door Initiative* in collaboration with the Community Mental Health Board, United Way of Greater Cincinnati, and the Hamilton County Sheriff’s Department.
- Developed a competitive bid process for selected treatment and prevention services.
- Partnered with the Ohio Association of County Behavioral Health Authorities and other County Boards to develop a Peer Certification Process for county boards.
- Completed Peer Review of 6 treatment agencies.
- Participated on several local, state and national committees including, United Way of Greater Cincinnati, “Investing for Impact.”
- Provided funding and leadership to a multi-system collaborative to fund services for children with multi-system needs.

## ADAS Board Accomplishments for State Fiscal Year 2005 (Continued)

- Implemented Post Discharge Follow-up through Recovery Health Access Center.
- Published four editions of The ADAS Provider newsletter.
- Worked with the Hamilton County Prosecutor's Office, the Hamilton County Risk Manager, and the funded agencies to revise the HCADAS services contract.
- Provided presentations: Cincinnati Bar Association, Family and Children First Intersystem Training, HCADAS funded providers, the National Guard, prevention practitioners, and University of Cincinnati Sociology Department.
- Funded Cannabis Youth Training, a SAMHSA best practice model for adolescent service providers.
- Joined the Community Preventive Education Committee of the Cincinnati Police Department which distributes criminal asset forfeiture funding for community prevention programs.
- Served as All Hazards Behavioral Health Coordinator in collaboration with the Hamilton County Community Mental Health Board.
- Served on Cincinnati Children's Hospital Medical Center, Juvenile Justice Planning Consortium.

## ADAS Core Clinical Outcomes SFY 2005

The Hamilton County ADAS Board, in collaboration with its treatment providers, tracks five core clinical outcomes, which correspond with the Substance Abuse and Mental Health Services Administration (SAMHSA) National Outcome Measures (NOMs). Providers collect this data set on all clients at admission, and discharge. This year we have complete outcomes data on a sample of 3,195 individuals— a fifty percent increase from last year's data sample. Below are highlights of the data.

- Treatment Completion: 44.86% of all treatment clients discharged in SFY 2005 had completed treatment. This is 7.86% more than last year.
- Frequency of Drug Use: The number of clients who reported daily use decreased from 912 at intake to 799 at discharge. 46.6 % of clients in the sample reported no use at all at the time of discharge.
- Legal Involvement (arrests): In this sample of 3195 clients there was a 10% decrease in arrests within the last thirty days from admission to discharge.
- Living Situation (stable housing): From intake to discharge there was a 82% reduction in the number of clients who were homeless, and a 46% increase in the number living in their own home or apartment.
- Employment: There was a 31% increase from admission to discharge in the number of clients working full time, and a 6% decrease in the number of clients who were unemployed.

## Service Delivery

<b>Treatment Services</b>	<b>Units of Service</b>	<b>Unit Duration</b>
Assessment	13198	hourly
Case Management	19757	hourly
Crisis Intervention	560	hourly
Family Counseling	529	15 minutes
Group Counseling	338064	15 minutes
Individual Counseling	52497	15 minutes
Intensive Outpatient	28989	per diem
Laboratory Urinalysis	7738	event
Medical/Somatic	1154	hourly
Methadone Administration	27822	per dose
Non-Medical Community Res TX	14173	per diem
Room and Board	32557	per diem
Sub Acute Detoxification	3106	per diem
<b>Total</b>	<b>540,146</b>	
<b>Prevention Services</b>		
Alternatives	14815	hourly
Community Based Process	2213	hourly
Education	13481	hourly
Environmental	1492	hourly
Information Dissemination	2385	hourly
Problem Identification and Referral	1194	hourly
<b>Total</b>	<b>35,580</b>	
<b>Community Services</b>		
Consultation	1005	hourly
Hotline	3446	hourly
Intervention	300	hourly
Outreach	803	hourly
Referral & Information	2081	hourly
Training	702	hourly
<b>Total</b>	<b>8,336</b>	
<b>Adjunctive Services</b>		
AOD Services Not Otherwise Classified	607	hourly
<b>Total</b>	<b>607</b>	
<b>Grand Total</b>	<b>584,669</b>	

### Comments

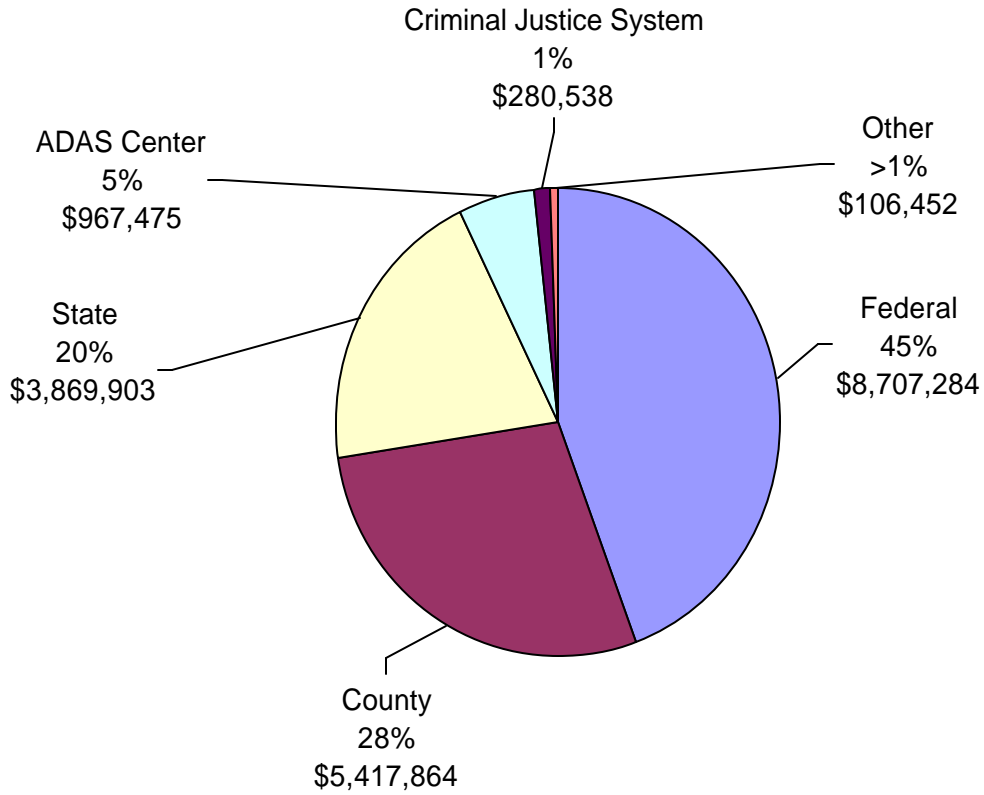
Data obtained from Provider State Fiscal Year 2005 Actual Expense Reports

Current report only reflects ADAS funded services, previous annual reports reflected the total services by ADAS funded providers  
 Claims paid to Providers not in Hamilton County were not included in this report

# Fiscal Summary

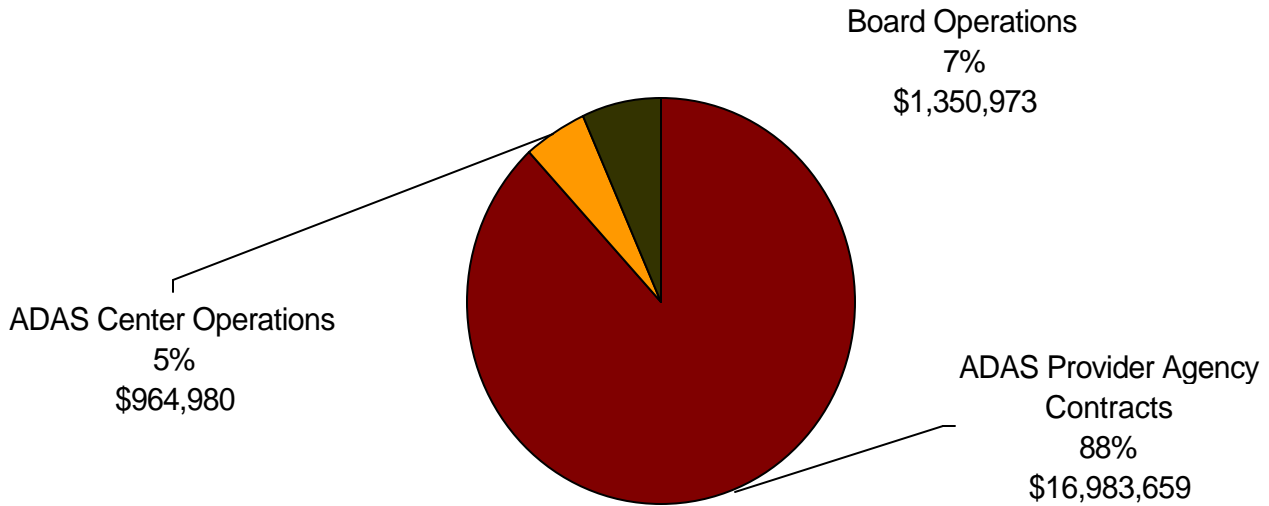
## State Fiscal Year 2005 Annual Revenue

Total \$19,349,516



## State Fiscal Year 2005 Actual Expenses

Total \$19,299,612



## Summary of Treatment Services Data

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

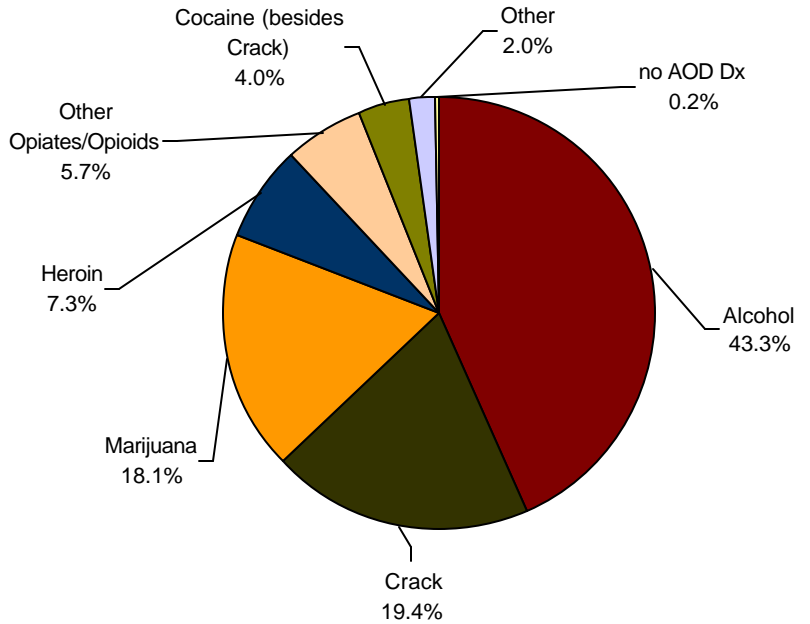
- This data includes information on clients who received any billable service, including assessment, case management, and any level of treatment from detoxification to aftercare.
- It is possible for a client to be registered in more than one system or for more than one treatment episode in one year. 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)

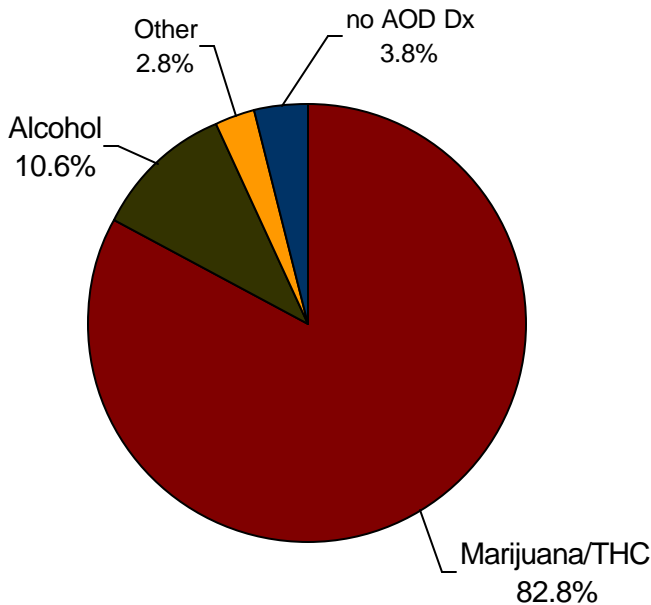
There were 5,276 new adult admissions registered in SFY 2005, down 3.25% from 2004. Crack admissions are down by 2.67% while marijuana, heroin and other opiates increased by 1.42%, 0.6% and 0.44% respectively.

The HCADAS-funded methadone program was full and unable to accept new clients for most of SFY 2005. 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 treatment. There has been an increasing priority to admit pregnant women and the number of those clients is steadily increasing.

**Adult Admissions**



**Adolescent Admissions**



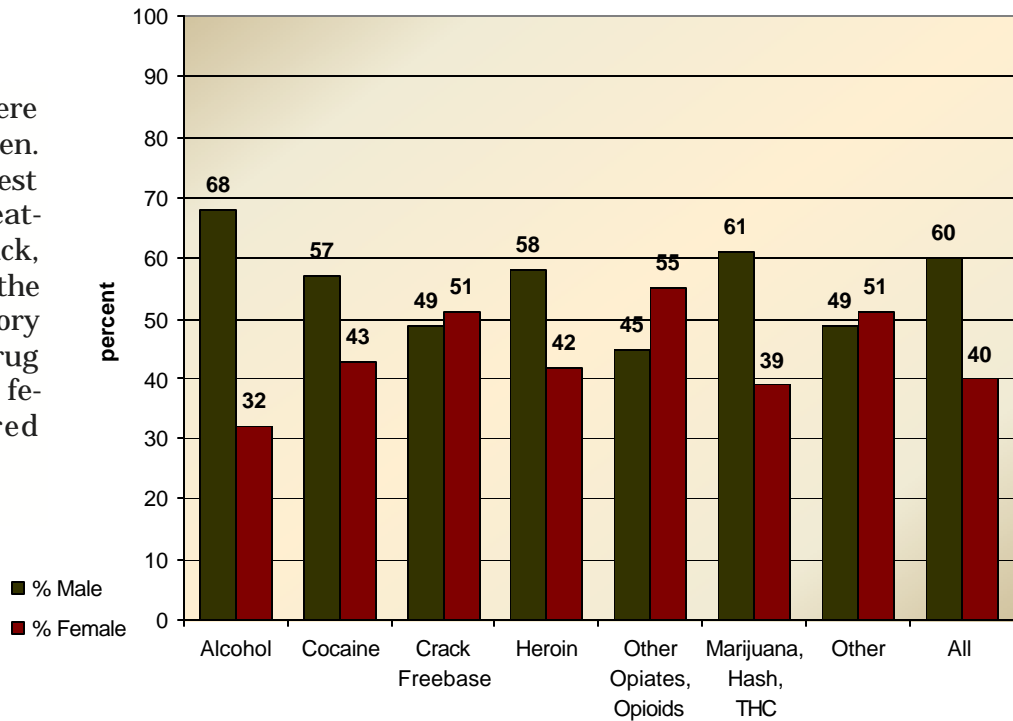
There were 1021 new adolescent admissions registered in SFY 2005, up 10.6% from SFY 2004. Marijuana admissions increased by 4.4% from SFY 2004.

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

## Summary of Treatment Services Data (Continued)

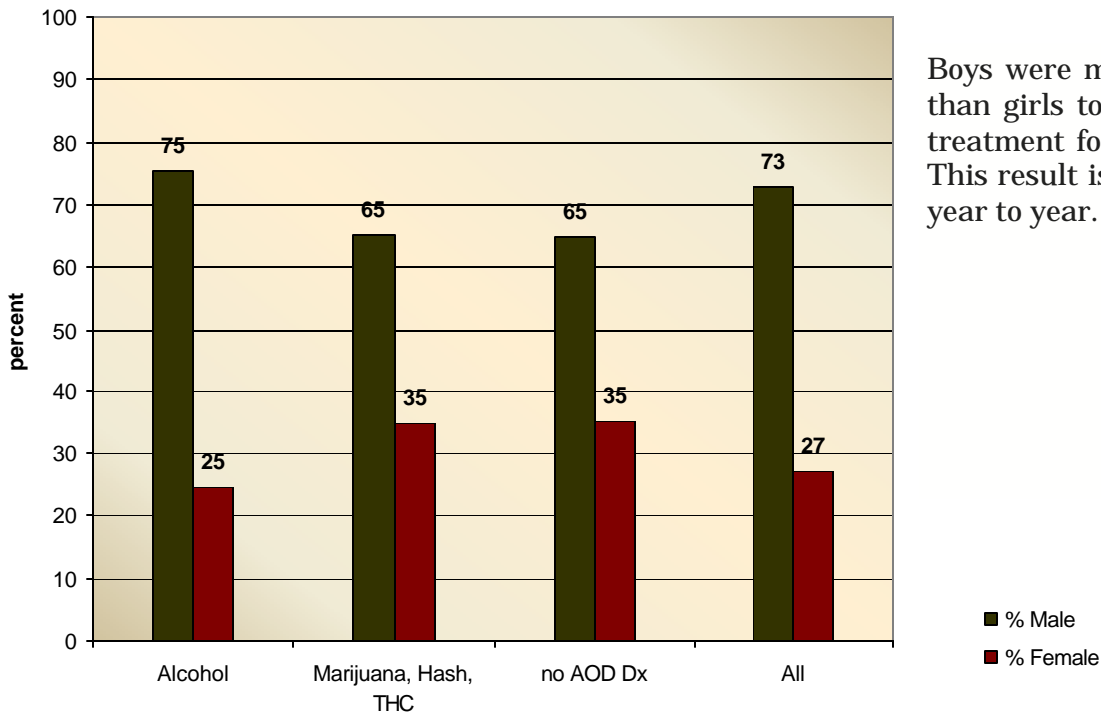
### Adult Client Gender by Primary Substance

Overall, more men were admitted than women. This contrast is greatest among alcohol treatment clients. Crack, Other Opiate and the Other drug category were the only other drug categories where females outnumbered males.



### Adolescent Client Gender by Primary Substance

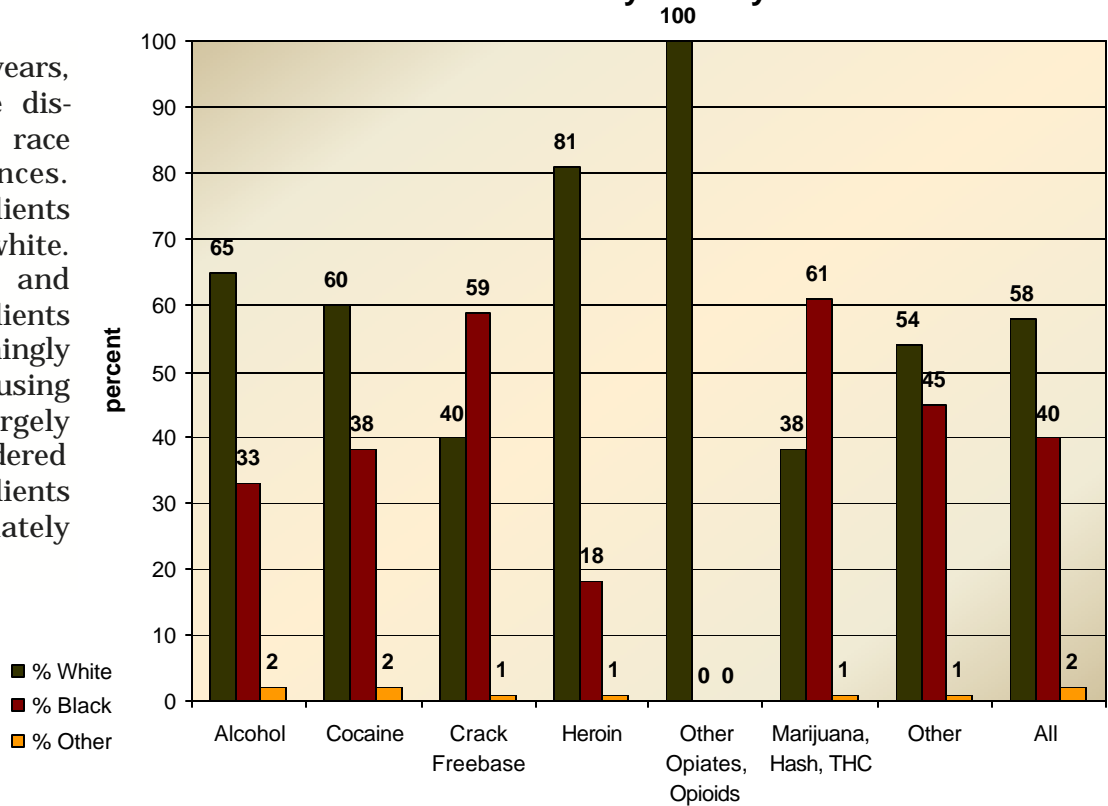
Boys were much more likely than girls to be admitted for treatment for all substances. This result is consistent from year to year.



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

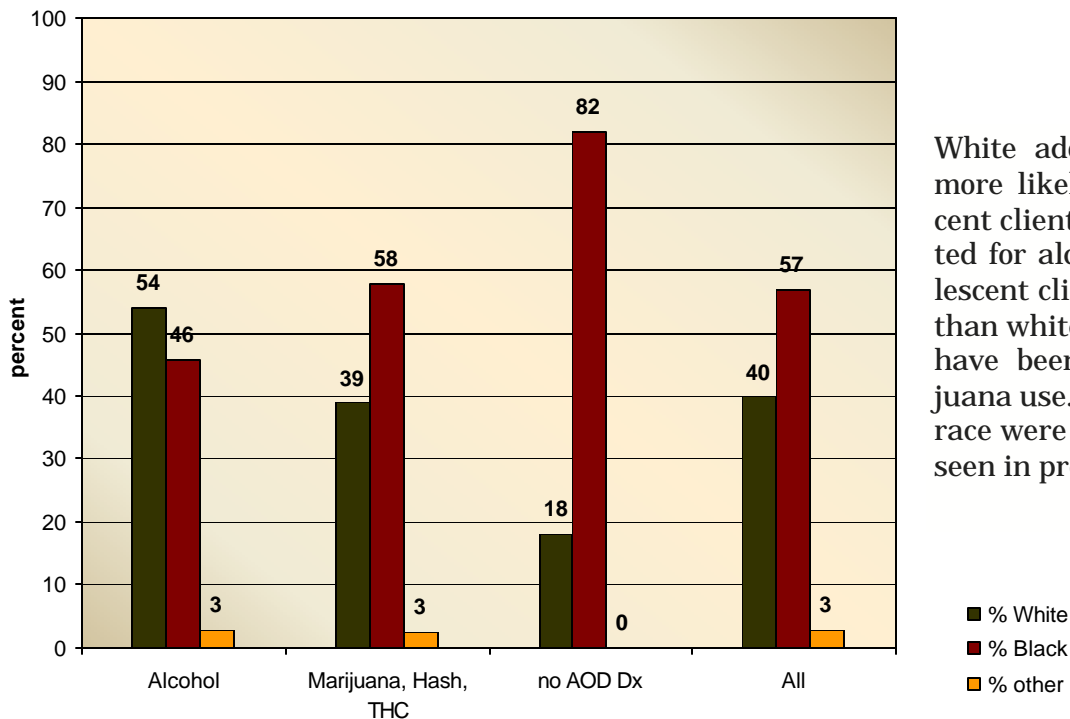
# Summary of Treatment Services Data (Continued)

### 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

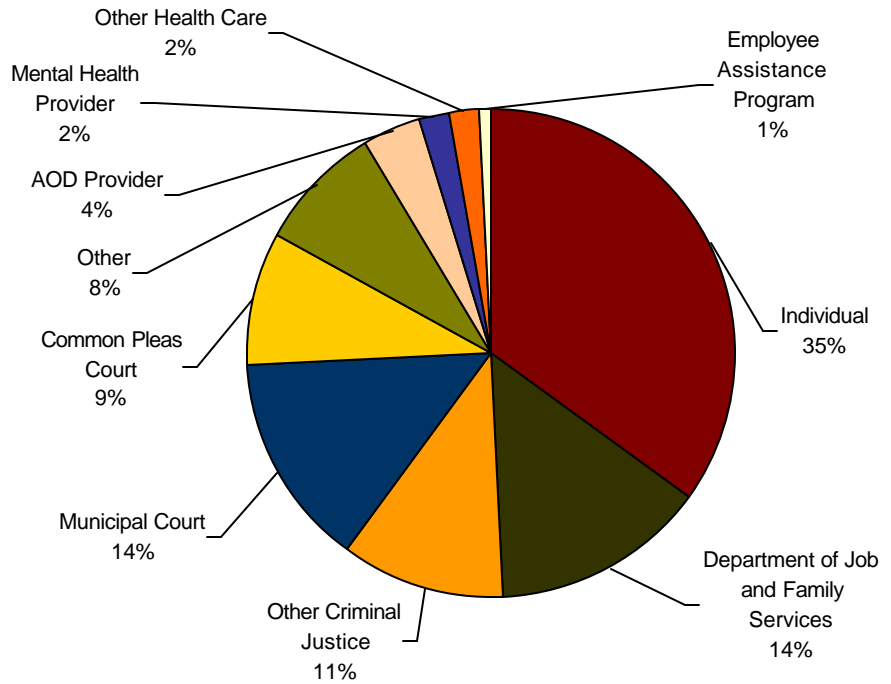


White adolescent clients were more likely than black adolescent clients to have been admitted for alcohol use. Black adolescent clients were more likely than white adolescent clients to have been admitted for marijuana use. These differences by race were consistent with those seen in previous years.

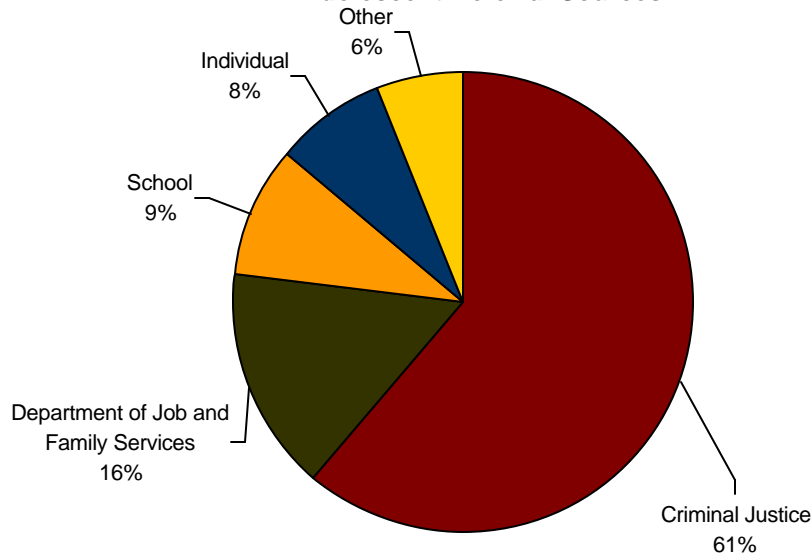
## Summary of Treatment Services Data (Continued)

35% of the referrals for adults were “self” referrals, up from 34% last year. Criminal justice referrals increased from 30% to 33%, and DJFS referrals dropped from 17% to 14%. *HCADAS 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.*

**Adult Referral Sources**



**Adolescent Referral Sources**



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