
# Pennsylvania Drug & Alcohol Abuse Prevention & Treatment Plan 1980



THE HONORABLE DICK THORNBURGH, Governor — GARY F. JENSEN, Executive Director

# THE PENNSYLVANIA PLAN FOR DRUG AND ALCOHOL ABUSE PREVENTION AND TREATMENT 1980

Submitted to
THE NATIONAL INSTITUTE ON DRUG ABUSE

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P.L. 92-255, as amended

and

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by

THE GOVERNOR'S COUNCIL ON DRUG AND ALCOHOL ABUSE
Harrisburg, Pennsylvania

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*COMMONWEALTH OF PENNSYLVANIA*

*1979*

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## EXHIBITS

*GLOSSARY*

*Act 63 - Pennsylvania Drug and Alcohol Abuse Control Act*
*Act 64 - The Controlled Substance Drug, Device and Cosmetic Act*
*APL - Addictions Prevention Laboratory*
*ARD - Accelerated Rehabilitative Disposition*
*BVR - Bureau of Vocational Rehabilitation*
*Council - Governor's Council on Drug and Alcohol Abuse*
*DAWN - Drug Abuse Warning Network*
*DPW - Pennsylvania Department of Public Welfare*
*DUI/DWI - Driving Under the Influence (While Intoxicated)*
*D&A Specialists - Administrators of drug and alcohol programs in counties operating under a Planning Council*
*ENCORE - Educational Needs Clearinghouse for Outreach, Research and Emergency*
*Executive Directors - Administrators of drug and alcohol programs in counties operating under an Executive Commission*
*FY 79/80 - The period from July 1, 1979 to June 30, 1980*
*GCDAA - Governor's Council on Drug and Alcohol Abuse*
*Governor's Council - Governor's Council on Drug and Alcohol Abuse*
*HSA - Health Systems Agency (regional health planning agency)*
*Intensity - Amount of drugs taken by an individual within a given period*
*JCAH - Joint Commission on Accreditation of Hospitals*
*MA - Medical Assistance*
*MIS - Management Information Systems*
*NIAAA - National Institute on Alcohol Abuse and Alcoholism*
*NIDA - National Institute on Drug Abuse*
*NPERN - National Prevention Evaluation Resource Network*
*Prevalence - Percentage of persons who use drugs or alcohol*
*RFP - Request for Proposal. An invitation to contractors to submit a detailed plan for accomplishing a stated objective.*
*RTC - Regional Training Council(s)*
*SCA - Single County Authority - local administration and planning council or commission for drug and alcohol abuse programs*
*SHCC - Statewide Health Coordinating Council*
*SHPDA - State Health Planning and Development Agency*
*SRS - Social Rehabilitation Services*
*SSA - Single State Agency - The State Agency appointed to administer public funds for the Commonwealth's drug program. In Pennsylvania this is the Governor's Council on Drug and Alcohol Abuse*
*State Plan - The State Plan for the Prevention, Treatment and Control of Drug and Alcohol Abuse, March 1975, as amended. (Chapter 251 to 263 PA Code)*
*UDCS - Uniform Data Collection System (the Council's management information system)*

*ACKNOWLEDGEMENTS*

*The time and effort of the members of the Drug Advisory Task Force and Alcohol Advisory Task Force in the development of this Plan are greatly appreciated, especially their recommendations regarding Council Goals and Objectives for the coming fiscal year.*

*Recognition is also given to: the Bureau of Statistics Research and Planning of the Pennsylvania Department of Commerce for data obtained from the 1978 Pennsylvania Abstract which was prepared by that Office; to the Bureau of Health Research of the Pennsylvania Department of Health for the data furnished on the estimated number of alcoholics in Pennsylvania based on the Brenner Formula; and to the Bureau of Research and Development of the Pennsylvania State Police for data selected from Crime in Pennsylvania (Uniform Crime Report) prepared by that Office.*

# *INTRODUCTION*

*The most recent estimates indicate that there are more than one hundred thousand persons in Pennsylvania who are drug abusers and almost nine hundred thousand who are abusers of alcohol. Since the Governor's Council on Drug and Alcohol Abuse was established in 1972 and a statewide system of drug and alcohol abuse programming was developed, effective impact has been made on the personal and social problems caused by substance abuse in Pennsylvania. During the past six years, forty-two Single County Authorities have been established throughout the Commonwealth to provide for local planning and administration of drug and alcohol abuse prevention and treatment programs. Through the efforts of these Authorities and statewide direction provided by the Council continued progress can be expected in services available to those affected by drug and alcohol abuse.*

*The purpose of the Pennsylvania Drug and Alcohol Abuse Plan is to describe what has been accomplished during the past twelve months and what is planned for the next year by the Governor's Council on Drug and Alcohol Abuse at the state level and the Single County Authorities at the local level to provide prevention, intervention and treatment services for those residents of Pennsylvania who are in need of such services.*

*This 1980 Plan is written in conformity with guidelines issued July 1978 by the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA). The guidelines were developed jointly by the staffs of NIDA, NIAAA and NIMH and provide for the preparation of a plan encompassing alcohol, drug and mental health services. In Pennsylvania mental health programs are planned and administered by the Office of Mental Health of the Department of Public Welfare. While there is a cooperative effort at the state and local level between drug and alcohol and mental health programs, autonomy is maintained by both agencies. For this reason, in the preparation of this Drug and Alcohol Plan, the provision in the guidelines for inclusion of mental health activities in each section of the Plan could not be effected. A Mental Health Plan is prepared and submitted annually by the Office of Mental Health to the National Institute on Mental Health.*

*The 1978 ADAMHA guidelines require that a System Description (Part I of the Plan) be submitted with the first Plan only. Since a system description was included in the 1979 Pennsylvania Drug and Alcohol Plan, it is not included in this Plan. Condensed information from the systems description regarding management, planning, support, monitoring, budget, grants and contracts management and service delivery is a part of the resource assessment in Part III of this Plan. If more detailed information is desired reference should be made to the 1979 Plan.*

*In addition to the annual statewide plan, County Plans are also prepared annually. These Plans - 42 in all - are prepared by Single County Authorities (SCAs) and submitted to the Governor's Council each year in accordance with guidelines issued by the Council. These County Plans contain projections regarding services to be delivered in drug and alcohol prevention, intervention and treatment and estimated costs of these services. Since County Plan Guidelines issued by the Governor's Council are based on federal guidelines for preparation of the statewide plan there is a coordination of planning at the federal, state and local level.*

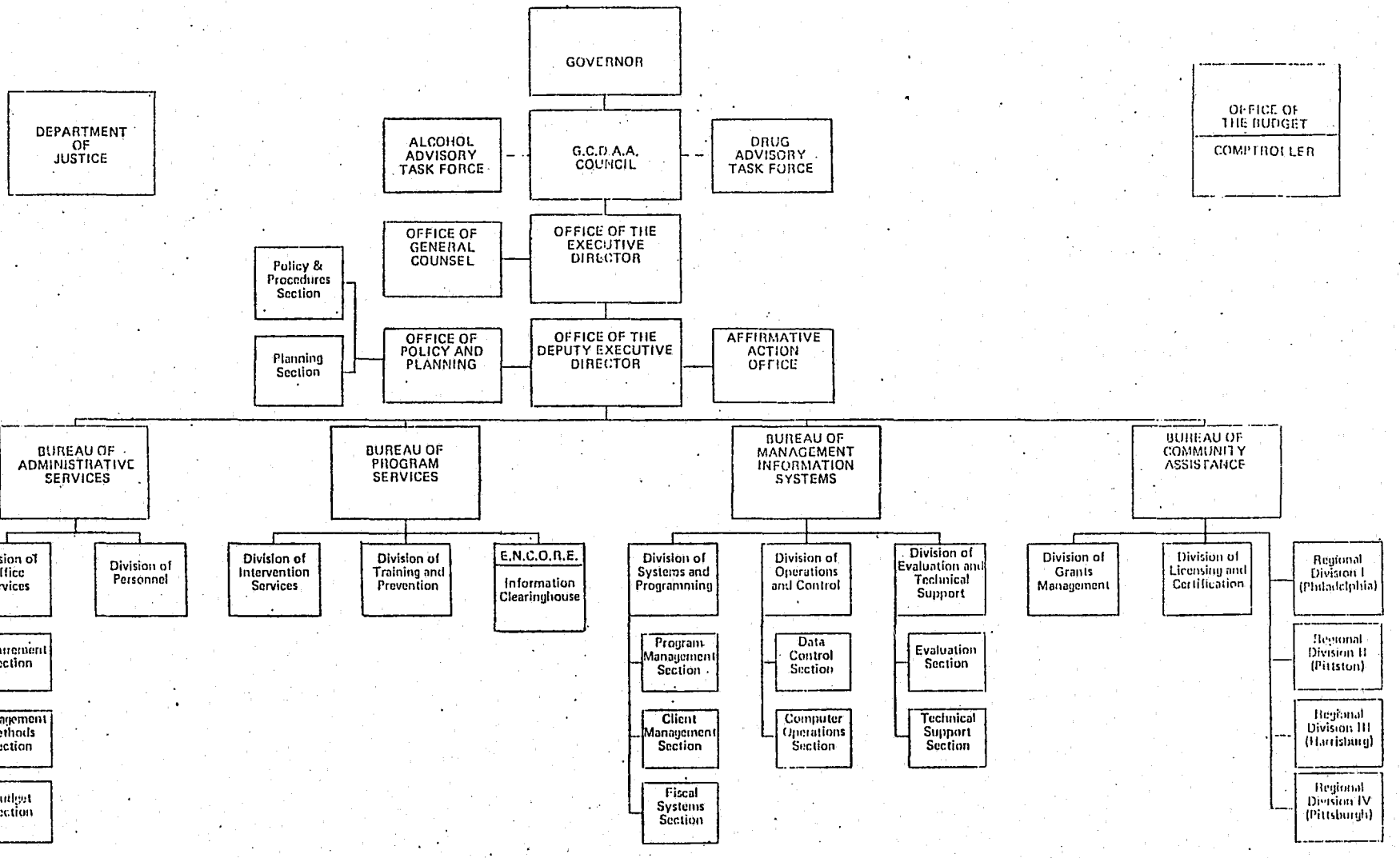
*Reference copies of County Plans and the Pennsylvania Drug and Alcohol Abuse Prevention and Treatment Plan are available at the Executive Offices of the Single County Authorities listed herein in Appendix B. They are also available at the offices of the Governor's Council at 915 Corinthian Avenue, Philadelphia; 43 Main Street, Pittston; 2101 North Front Street, Harrisburg; and, Room 501 Pittsburgh State Office Building, Pittsburgh.*

*EXHIBIT 1*

March, 1979

**GOVERNOR'S COUNCIL ON DRUG AND ALCOHOL ABUSE**

**ORGANIZATION CHART**



# I. PERFORMANCE REPORT
## FY 1978/79

## A. INTRODUCTION

The 1979 Drug and Alcohol Abuse Prevention and Treatment Plan set forth a series of objectives and activities directed toward maintaining and improving the statewide drug and alcohol services system developed during the past six years. This section of the 1980 Plan is a report on the progress of the Council toward achieving the objectives proposed in last year's plan.

Many of the objectives planned for completion during the period July 1978 to June 1979 were accomplished. Due to unforeseen problems, some objectives were only partially accomplished or were eliminated as priority considerations. Overall, however, much progress was made and the system for delivering drug and alcohol services has been improved.

This performance report does not include those goals and objectives that were geared primarily to internal agency activities and were not specifically directed at improving drug and alcohol services. While some activities are essential for effective functioning, such as personnel services, supply services, etc., and some services are mandated, e.g., equal employment opportunity, these activities are somewhat alike in all agencies. It is felt that the omission of such activities in this report will concentrate attention on those objectives that are directed toward reducing problems caused by drug or alcohol abuse. It should also be noted that those objectives involving only staff time have not been assigned a cost due to the difficulty in estimating percent of time allocated by staff members having multiple assignments.

B. *ADMINISTRATION, PLANNING AND COORDINATION, MANAGEMENT INFORMATION SYSTEM*

1. *Administration*

*Goal:*

*To provide for effective and efficient management of the Commonwealth's drug and alcohol program at the state and local level.*

*Objective #1*

*To update the State Plan (GCDAA rules and regulations for drug and alcohol programs) and revise corresponding policies, procedures and guidelines.*

*Status:*

*Partially accomplished. An amendment to the State Plan was prepared and published in the PA Bulletin as final regulation. This amendment included: A revised drug and alcohol services categorization matrix; standards for partial hospitalization, shelter, education/information and alternative activities; revisions to the prevention/education/training sections; fiscal revisions; rules on governing body changes; Planning Council/Executive Commission meeting changes; and revisions to licensing and certification standards. Proposed regulations were disseminated to Council staff, SCA administrators, project personnel, and Drug and Alcohol Advisory Task Force members for comment. All pertinent recommendations were incorporated into the proposed standards prior to publication in the PA Bulletin as final regulations. Cost was limited to staff time.*

2. *Planning and Coordination*

*Goal:*

*To provide needed drug and alcohol abuse prevention, intervention and treatment services throughout the Commonwealth as effectively as possible with the resources available.*

*Objective #1*

*To provide support for a comprehensive decentralized community-based prevention, intervention and treatment system. (Service projections and estimated costs are contained in Appendix H of 1979 D&A Plan). Total estimated cost: $30,549,000.*

*Status:*

*Accomplished. All specified fiscal resources, which included State budget appropriations, SRS funds and federal grant funds were allocated through contract procedures to appropriate service providers during the first or second quarter of the fiscal year. Contracts included provision for basic prevention, intervention and treatment services in all SCAs, demonstration public inebriate programs, demonstration polydrug programs, statewide service contracts for supplemental drug abuse service in areas of greatest need and prevention education by the Addiction Prevention Laboratory at Pennsylvania State University. Cost: $30,456,000.*

*Objective #2*

*To develop and prepare a statewide drug and alcohol abuse prevention, intervention and treatment plan for FY 1979/80 based on maximum use of available sources of information.*

*Status:*

*Accomplished. Drafts of the Needs Assessment Section and Performance Report were circulated for comment in January and March 1979. A first draft of the proposed Plan was circulated statewide to more than one hundred persons in April 1979 and comment was requested. The Needs Assessment section included data from a Prevalence and Intensity survey; treatment admissions trend analysis on substance of abuse, age, sex and race; Drug Abuse Warning Network statistics; and a ranking of need based on substance abuse indicators and social indicators. The objectives and activities for the upcoming year were based on experiences during the current year and needs as perceived by agency directors and staff. A final draft of the Plan which included recommendations on goals and objectives by reviewers within and outside the Council was completed in June and the Plan was distributed throughout the state. Cost was limited to staff time.*

*Objective #3*

*To develop, prepare and disseminate guidelines for the preparation of 1979 SCA County Plan updates based on maximum utilization of available sources of information.*

*Status:*

*Accomplished. Guidelines for 1979/80 County Plans based on the integration of federal, state and local planning needs were prepared in September 1978 and circulated internally and outside the Council for comment. Finalized guidelines were distributed in November 1978 and a preplan conference was held on November 15 to discuss guidelines with SCA representatives. Written responses to questions raised at the conference were prepared and distributed in December 1978. County Plans for 1979/80 were received by the Council in April 1979. Cost was limited to staff time.*

*Objective #4*

*To coordinate planning with the State Health Planning Development Agency (SHPDA).*

*Status:*

*Accomplished. Regular contact was made with staff of SHPDA to discuss planning needs. A copy of the proposed Needs Assessment section for the 1979/80 Drug and Alcohol Plan was sent to SHPDA. Council comments on the Preliminary State Health Plan (Substance Abuse Section) were prepared and sent to SHPDA in March 1979. Copies of the Substance Abuse Section were distributed to Single County Authorities and other drug and alcohol constituents and their comment to SHPDA was requested. A copy of the 1979/80 Drug and Alcohol Plan was sent to SHPDA and copies sent to SHCC in June 1979. Cost was limited to staff time.*

*Objective #5*

*To develop with the Human Services Management Council plans and strategies for common human services management at the county level.*

*Status:*

*Not accomplished. The Human Services Management Council was established by the Governor's Office during the final quarter of his administration and did not assume a strong leadership role. Problems in direction surfaced early in attempts to develop coordinated programming and since these problems were not resolved the attempt to develop demonstration programs was unsuccessful. Cost was limited to staff time.*

3. *Management Information System*

*Goal:*

*To design, implement and maintain information systems which provide data to satisfy information requirements of the agency.*

*Objective #1*

*To process the data necessary to satisfy State reporting requirements.*

*Status:*

*Accomplished. All automated UDCS systems were converted to accept and process the revised Activity/Approach (categorization of services) matrix adopted by the Council early in 1978.*

*Client and program data from these systems is being used as a part of the Agency's planning, monitoring and licensing process. The systems are being used to prepare reports for the Governor's Office, the legislature, and various parts of the Council. These reports are designed to provide continuing information about Drug and Alcohol Programs and the clients they are treating. Cost was limited to staff time and computer time.*

*Objective #2*

*To process data required for meeting federal reporting schedules.*

*Status:*

*Accomplished. Reporting requirements from both Institutes (NIAAA and NIDA) were met. NIDA changes in forms were incorporated with the Council's change in matrix to maintain compatibility. During the months of May and June, the annual NDATUS (National Drug Abuse Treatment Unit Survey) project was completed. Cost was limited to staff time.*

*Objective #3*

*To complete a study of the Council's management information system and implement the most effective approaches for supplying data processing services.*

*Status:*

*Accomplished. The Office of Administration of the Governor's Office made a study of the Council's Uniform Data Collection System and submitted a report to GCDAA. Recommendations included in the report were analyzed and changes were made in the UDCS to improve processing of reports through realignment of staff. Cost $16,000*

*Objective #4*

*To develop and implement an automated fiscal reporting system.*

*Status:*

*Partially accomplished. Due to the extended period of time required to define the overall needs that an automated fiscal system must meet and the necessity to redesign the current system to meet these needs, it was necessary to revise the implementation schedule for this objective. The revised schedule calls for the introduction of one or two basic reports in April with the rest of the effort to be targeted toward redesigning the system for phase-in during fiscal 1979-80. Cost was limited to staff time.*

*Objective #5*

*To process necessary data and provide reports requested by SCAs and service providers.*

*Status:*

*Accomplished. Quarterly client profile reports which include information on admissions, readmissions, transfers, sources of referral, primary substance of abuse, age, sex and race of clients were prepared and distributed to SCAs. Technical assistance in analysis and use of these reports was given throughout the year to SCA, facility and Council staff. Cost was limited to staff and computer time and services.*

## C. TREATMENT, REHABILITATION AND CRIMINAL JUSTICE INTERFACE

### 1. Treatment and Rehabilitation

*Goal:*

*To make available to all residents of Pennsylvania drug and alcohol abuse treatment, rehabilitation and diversion programs that are responsive to their needs.*

*Objective #1*

*To establish criteria for acceptable levels of utilization rates for certain treatment environments.*

*Status:*

*Not accomplished. At the time this objective was formulated it was believed that sufficient information was or would be readily available to develop a rational criteria for the establishment of acceptable utilization rates. Review of information from other states, as well as data validated within the Commonwealth's treatment delivery system, have proven to be inadequate. For this reason, this Agency is requiring all SCAs through the County planning process to submit standardized information relevant to the specific information necessary to achieve this objective during the forthcoming Plan Year. Cost limited to staff time.*

*Objective #2*

*To establish a decentralized statewide case management system that will facilitate the planning and coordination of client treatment.*

*Status:*

*Accomplished. In 1977, regulations for Case Management activities were promulgated as part of Chapter 257.4 of the State Plan. These regulations described: (1) the role and responsibilities of the SCA; (2) functional responsibilities of case management service providers; (3) records content requirements; (4) confidentiality requirements; (5) client rights. GCDAA Guidelines for 1978/79 County Plans required that Single County Authorities include a Case Management Plan as part of their 1978 County Plans. During the past year all SCA Case Management Plans were analyzed and it was decided that flexibility in the establishment of local case management systems is essential at present. To date, all 42 SCAs have either an approved case management system currently in operation or an approved plan which includes a time table for the implementation of such a system. In order to clarify issues regarding case management programming, approximately forty-five percent of the SCAs were consulted and a report was prepared which contained information based on an analysis of the SCA case management plans and information derived from discussions with County Drug and Alcohol administrators. Cost limited to staff time.*

*Objective #3*

*To update the State methadone regulations where necessary in order to comply with federal requirements and to maintain quality of treatment in Pennsylvania.*

*Status:*

*Not accomplished. Action to complete this objective is contingent on the publication of finalized federal methadone regulations. Upon receipt of the finalized version, State regulations will be revised.*

*Objective #4*

*To implement revised BVR/GCDAA Interagency Agreement.*

*Status:*

*Accomplished. A meeting was held in September with the Drug and Alcohol County Administrators to discuss their role. Training was given to 42 BVR staff members concerning drug and alcohol treatment. An Information Bulletin was disseminated to clarify SCA and District BVR Office Agreements. As assessment of training was made and discussion held with BVR regarding effectiveness of the training. Cost limited to staff time.*

*Objective # 5*

*To update the Ambulatory Detox Protocol to be consistent with the latest research and knowledge regarding this method of treatment.*

*Status:*

*Not accomplished. Action to complete this objective is contingent on the publication of finalized federal methadone regulations. Upon receipt of the finalized version, State regulations will be revised.*

*Objective #6*

*To maximize utilization of public and private third party funding resources available for drug and alcohol treatment.*

*Status:*

*Partially accomplished. Liaison was maintained with Blue Cross to expedite the approval of eligible facilities for hospital insurance payments. Legislation containing a requirement for the inclusion of the provision of insurance coverage for drug and alcohol outpatient and residential services in medical insurance contracts was not acted on during 1978. Legislation in this regard will be reintroduced in 1979. Cost limited to staff time.*

*Objective #7*

*To assure that alcoholics and drug addicts are provided with equitable services in hospitals.*

*Status:*

*Accomplished. Liaison was maintained between GCDAA Office of Legal Counsel and the Hospital Association of Pennsylvania to assure that hospitals do not discriminate in the delivery of services to those afflicted by substance abuse in either admissions or treatment. Cost limited to staff time.*

*Objective # 8*

*To facilitate the coordination of treatment for clients having both psychiatric and substance abuse problems..*

*Status:*

*Partially accomplished. The development and implementation of case management systems in each SCA have assisted in insuring that clients with both psychiatric and substance abuse problems receive all appropriate treatment. No single case management system, however, has been totally successful in this respect and no viable statewide model has emerged. Additional impediments have been encountered in providing such integrated services due to the categorical and restricted nature of many funding sources. Cost limited to staff time.*

*Objective # 9*

*To provide resources for adequate treatment and referral capacity for physically and socially debilitated alcoholics and drug addicts.*

*Status:*

*Partially accomplished. Agreements have been negotiated with this States's Bureau of Vocational Rehabilitation to provide limited supplementation of rehabilitative services for physically and socially debilitated alcoholics and drug addicts. The drug and alcohol treatment delivery service system has also been augmented by services available for reimbursement under this Agency's social and rehabilitative services (Title XX) contract with the State's Department of Public Welfare. Long-range planning, however, has proven impossible as this Agency has been notified by the Department of Public Welfare that it will not be eligible for participation in the SRS Program beyond the end of the current contract period; i.e., June 30, 1979. All steps are being taken to attempt the restoration of our participation in the Title XX Program. Cost limited to staff time.*

*Objective #10*

*To influence to the extent possible major federal categorical drug and alcohol funding sources to permit treatment programs to provide services to those individuals who suffer from a drug, alcohol or polydrug problem.*

*Status:*

*Partially Accomplished. Preliminary work has begun with NIAAA in examining the feasibility of establishing a statewide cooperative funding agreement which would allow the State greater discretion in the integrating of funds available from that source with the existing statewide comprehensive treatment delivery system. Preliminary work has also begun jointly with the State Planning Agency (SPA) for Law Enforcement Assistance Administration (LEAA) funds which would permit referral tracking services for the offender population, including juveniles, addicts, alcoholics and drug addicts. Substantial state and federal legislative and regulatory impediments still exist, however, to prevent the establishment of a treatment delivery system utilizing major sources of funding without regard to the categorical nature of their associated appropriations. Cost limited to staff time.*

2. *Special Populations*

*Goal:*

*To assure that appropriate services are available to meet the needs of special target populations.*

*Objective #1*

*To further define what special target populations the Council can best impact on and develop appropriate planning and program resources for these populations. In addition to the special target populations listed below, the needs of the following target populations will be considered during FY 78/79 (Elderly, Handicapped, Sexual Minorities and Rural/Urban Populations).*

*Status:*

*Accomplished. Analysis of the number of special populations that need unique services and the resources that are available indicate that those populations on which the most cost effective programming could be directed are women, youth, blacks and hispanics. The elderly and rural populations are also a priority, however, unless additional funding becomes available special programming for these populations will be restricted. The Chief of Region II of the Bureau of Community Assistance was assigned as liaison to the Rural Task Force to function as a Council representative, resource person and communicator to assist the SCAs and the Council in identifying and responding to rural needs. Technical assistance was given to a private contractor in the development of a federal demonstration grant application program for the elderly and liaison was established with the Pennsylvania Department of the Aging to coordinate needs determination and perceived program needs. Cost was limited to staff time.*

*Objective #2*

*To develop technical assistance and resources to assist SCAs and projects in responding to identified needs of women.*

*Status:*

*Partially accomplished. In response to a need expressed at hearings held in April 1978 by the Pennsylvania Task Force on Women and Addiction a Directory of Services available for women in Pennsylvania was developed by that task force. The first draft of this directory containing a listing of human service agencies in Pennsylvania providing services for women was circulated for comment in May 1979. The final draft of the directory is expected to be available in October of 1979. Cost was limited to staff time.*

*Objective #3*

*To determine the extent of need for drug and alcohol prevention, intervention and treatment services and assess available resources for Pennsylvania youth.*

*Status:*

*Partially accomplished. Proposals were solicited by the Division of Intervention Services for youth oriented DWI programs. Two projects are in operation in Philadelphia and Schuylkill Counties and proposals from Bucks and Chester counties are being considered for implementation. Testimony on the needs of youth was submitted as part of the hearings held by the Women's Task Force on Women and Addictions. Stated in the testimony as some of the unmet needs for some geographic areas were: recreational centers and activities; outreach aimed at children of alcoholic parents; funding for shelters for dependent children; public education directed to youth regarding: treatment, counseling, alternatives to use; peer counseling; training for teachers, police, school counselors and other individuals in contact with youth; establishment of youth service bureaus; and, provision for children whose problems reflect parental alcoholism. Cost was limited to staff time.*

*Objective #4*

*To determine the extent of need for drug and alcohol prevention, intervention and treatment services and assess available resources for the ethnic minority.*

*Status:*

*Partially accomplished. Support was provided by the Council for expansion of an inpatient non-hospital treatment program for Spanish speaking persons in the Southeastern section of the state where 90% of the Hispanic population is located. Information packets on Hispanic substance abusers were updated and distributed upon request. Cost: staff time plus $43,176.*

*Objective #5*

*To develop a series of guidelines for the care of the alcohol abuser or alcoholic in various phases of treatment.*

*Status:*

*Accomplished. The Physician's Task Force prepared a comprehensive set of guidelines for the care of alcoholic inpatients in general hospitals. These were submitted to hospitals, the Hospital Association of Pennsylvania, Pennsylvania Medical Society and the Secretary of Health for comment. Upon approval, these guidelines were distributed to hospitals for incorporation with the approved guidelines previously distributed for care of alcoholics in emergency services. Plans were also made to develop guidelines for outpatient care and office treatment. Cost limited to staff time and copy costs (of guidelines).*

*Objective #6*

*To assist Religious leaders through educational programs, workshops and seminars to become more aware of the methods for identification of alcohol and drug problems and to learn about the coping mechanisms.*

*Status:*

*Partially accomplished. A clergy seminar was held at Ursinus College in July 1978 as part of the Eastern Pennsylvania Institute for Alcohol Studies (EPIAS) which is conducted each year by the GCDAA Division of Intervention Services. As an outgrowth of the seminar, a three session community program was scheduled in January 1979 in the Cheltenham area of Philadelphia by the Church Women of Christ Lutheran Church. A clergy seminar will again be included as part of EPIAS in July 1979. Cost was limited to staff time as seminar was self-funded.*

3. *Criminal Justice Interface*

*Goal:*

*To coordinate efforts with criminal justice agencies to enhance the drug and/or alcohol treatment and rehabilitation capacity of the criminal justice system.*

*Note:*

*Nine objectives and a multitude of activities to accomplish these objectives were planned for the 1979 fiscal year. It became apparent at a late point during the year that, due to other major assignments, staff members responsible for criminal justice efforts were unable to devote sufficient time to those activities designed to accomplish criminal justice interface objectives. It was decided, therefore, to designate one staff member to coordinate and implement criminal justice efforts. This designation will be effective during the upcoming fiscal year.*

*Objective #1*

*To develop policy criteria relevant to the role of the Single County Authorities with regard to drug and alcohol programming for the local correctional system.*

*Status:*

*Partially accomplished. An analysis was made of laws, regulations and policies relating to the criminal justice system and the drug and alcohol system. Information gathered through the survey questionnaires distributed by the Governor's Justice Commission (now Commission on Crime and Delinquency) to prisons and by the Council to SCAs (see objective #2) was reviewed. Programmatic and fiscal issues that require policy clarification were determined. Further activity was postponed pending appointment of criminal justice coordinator. Cost was limited to staff time.*

*Objective #2*

*To develop a statewide policy and protocol establishing criteria for appropriate emergency medical services and detoxification capability for clients with substance abuse problems in the state and county.*

*Status:*

*Partially accomplished. A survey was conducted by the Governor's Justice Commission of county prisons to determine the availability and utilization of drug and alcohol services and the existence of service gaps. A survey was conducted by the Council of SCAs to determine their relationship with correctional facilities within their areas, services provided to such facilities by the SCAs, contractual nature of service provision, and sources of funding. Data from these surveys will form the basis for future interface of the drug and alcohol and correctional systems. Cost was limited to staff time.*

*Objective #3*

*To coordinate efforts with Juvenile Justice agencies.*

*Status:*

*Partially accomplished. The Executive Director of GCDAA was appointed as a member of the Juvenile Justice and Delinquency Prevention Advisory Committee and participates in the development of interagency planning and coordination. Cost was limited to staff time.*

*Objective #4*

*To assist state and county correctional system to assure that persons with a prior history of substance abuse are afforded the opportunity for rehabilitative counseling.*

*Status:*

*Partially accomplished. Circulation of the survey questionnaire (see objective #2) increased perception of the need for close coordination between the substance abuse services system and the correctional system. Cost was limited to staff time.*

*Objective #5*

*To increase the utilization of community treatment resources by county and state correctional institutions.*

*Status:*

*Partially accomplished. Circulation of the survey questionnaire (see objective #2) increased perception of the need for close coordination between the substance abuse services system and the correctional system. Cost was limited to staff time.*

*Objective #6*

*To insure the compatibility of Council confidentiality regulations with those under development by the Governor's Task Force on Criminal Justice Information Systems, the Department of Justice.*

*Status:*

*Partially accomplished. Meetings were held with representatives of the Governor's Justice Commission (now Commission on Crime and Delinquency) and proposed legislation developed pertaining to the storage of criminal records. This will correct the conflict between the Criminal Justice Information Plan and the Drug and Alcohol Abuse Control Act (Act 63). The proposed legislation is under consideration by the General Assembly. Cost was limited to staff time.*

*Objective #7*

*To encourage the use of options provided by ARD and criminal justice programs.*

*Status:*

*Partially accomplished. Discussions were held with the Insurance Department in an effort to regulate the surcharges placed on individuals arrested for DUI to comply with the regulations which provide that surcharges can only be placed onto the policy if the person was convicted and not when the person is in DUI-ARD. The Insurance Department is to take action to remedy this situation. Cost was limited to staff time.*

*Objective #8*

*To provide an interim funding source for selected demonstration areas for county and state correctional institutions until a combined interagency comprehensive treatment and rehabilitation plan has been developed and implemented.*

*Status:*

*Partially accomplished. Support was given to SCAs submitting grant applications to the Governor's Justice Commission for funding of substance abuse treatment, education and resocialization programs. Cost was limited to staff time.*

*Objective #9*

*To encourage modification of the LEAA/SPA program funding categories and funding policies that are now exclusionary to drug and alcohol programs.*

*Status:*

*Partially accomplished. LEAA has recently announced the reinitiation of Treatment Alternatives to Street Crimes (TASC) programs. Staff from the GJC and the GCDAA have completed participation in a week long workshop on this subject. A joint agency report is being prepared along with recommendations for future activities. Decisions reached by the Agencies' Supervisory and Policy Board's efforts to have LEAA reverse its position on eligibility of program earned income from match have been unsuccessful. Cost was limited to staff time.*

## D. QUALITY ASSURANCE AND EVALUATION

### 1. Licensing

*Goal:*

*To insure that all projects and facilities within the Commonwealth that offer drug and alcohol services operate in accordance with minimum program and client management standards.*

*Objective #1*

*To implement a system for the licensure of drug and alcohol projects in the Commonwealth.*

*Status:*

*Partially accomplished. The Council prepared proposed regulations for the licensure of drug and alcohol projects in the Commonwealth. Project approval procedures, standards and corresponding interpretations were revised and recomposed to accommodate licensing. A series of training sessions for SCA, service provider and Council staff were conducted regarding licensing standards, procedures and forms. The process of licensure site visits is now ongoing. Cost was limited to staff time.*

*Objective #2*

*To develop and promulgate as final regulations minimum standards for the following environments: education/information and alternative activities; central intake and/or records; and, partial hospitalization.*

*Status:*

*Accomplished. Minimum standards for these environments were developed and promulgated as final regulations during FY 1978-79. Council staff reviewed standards and/or information provided by JCAH, Federal Funding Criteria, other Pennsylvania agencies and other states. Proposed standards were then developed and disseminated to Council staff, SCA personnel, project personnel, and Drug/Alcohol Advisory Task Force members for review and comment. All pertinent recommendations were incorporated into the proposed standards prior to publication in the PA Bulletin as final regulations. Cost was limited to staff time.*

*Objective #3*

*To improve the capability of GCDAA and SCA staff to assist projects in meeting applicable standards.*

*Status:*

*Partially accomplished. A competitive RFP to secure the training required to meet this objective was developed and issued and a qualified contractor was selected to deliver that training. Human Services Horizons, Inc. presented an eight day training session, which consisted of four days of lecture and discussion and four days of actual site visits to drug and alcohol facilities. This contractor, in conjunction with licensing and evaluation staff, reviewed the current licensing process to identify methods to better utilize personnel and current resources. Cost was $11,200.*

*Objective #4*

*To develop and promulgate as final regulations minimum standards for the correctional institution environment.*

*Status:*

*Not accomplished. Due to anticipated changes in the Pennsylvania criminal justice system, it was necessary to revise the implementation schedule for this objective. The revised schedule calls for the accomplishment of this objective during FY 1979-80.*

*2. Monitoring*

*Goal:*

*To assure SCA and project compliance/performance relative to uniform policies, regulations, contractual obligations and goals/objectives.*

*Objective #1*

*To fully implement a system for monitoring compliance of all SCA's and projects relative to uniform policies, regulations and contractual obligations.*

*Status:*

*Accomplished. During the preceding year, the Council developed and distributed to each SCA guidelines and corresponding forms for monitoring the delivery of drug and alcohol services throughout Pennsylvania. Comprehensive training in the use of these guidelines and forms was provided to SCA and Council personnel. Regulations were finalized in FY 1978/79 which delegated to SCAs the responsibility and authority to monitor compliance/performance of service providers in accordance with the guidelines that were issued by the Council.*

*The first series of quarterly monitoring review sessions were held in February 1979. Separate review sessions were held with each SCA and were attended by administrators of county drug and alcohol programs, GCDAA regional office staff and a committee composed of representatives from appropriate Bureaus of the Governor's Council. These sessions will be held each quarter to review monitoring reports, material obtained through GCDAA licensing visits and computerized reports relative to services provided to clients and funds expended for these services. Cost was limited to staff time.*

*Objective #2*

*To develop and implement a system for assessing SCA and project programmatic and fiscal performance relative to goals and objectives that are identified in the annual comprehensive SCA plan.*

*Status:*

*Accomplished. A system for assessing performance relative to goals and objectives that are identified in the annual SCA plans has been integrated into the comprehensive quarterly monitoring review process (refer to objective #1). The Council also uses monitoring reports and computerized client and fiscal data during the annual review and approval of SCA drug and alcohol plans and compliance with the monitoring process and reporting requirements are a consideration in the allocation of funds to local programs. Cost was limited to staff time.*

*Objective #3*

*To develop policy for appropriate action to be taken based upon assessment of SCA and project performance.*

*Status:*

*Partially accomplished. While individual SCA Performance Plans and utilization data are now available for monitoring purposes, changes in the SSA's service matrix classification have impeded the integration of fiscal data with performance data. Changes in SCA planning requirements for State FY 79/80 have been designed to allow total achievement of the objective during the forthcoming Plan Year. Cost was limited to staff time.*

3. Evaluation

Goal:

To evaluate the effectiveness of the prevention, intervention and treatment service delivery system and promote evaluation and needs assessment activities of high quality.

Objective #1

To implement uniform evaluation of the drug and alcohol treatment network (outpatient - drug free).

Status:

Partially accomplished. The final stage of development for this project was implemented during the fourth quarter of this year. This included computer programming activities, the selection of control variables and planning the distribution and utilization of reports for outpatient drug free facilities. The uniform evaluation report system will increase the attention given to effectiveness of treatment by providing SCAs and facilities an opportunity to compare the achievements of their clients at time of discharge with the achievements of similar clients in the remainder of the state. Cost was limited to staff and computer time.

Objective #2

To implement a strategy for improving the quality of evaluation activities in the drug and alcohol service delivery system.

Status:

Partially accomplished. The Governor's Council published a basic evaluation manual which was distributed to every SCA. The manual was designed to provide SCA and facility personnel with a description of the various types of evaluations one may use. Several evaluation workshops were conducted with staff at the Addictions Prevention Lab, and guidelines were completed for use by SCAs when planning an evaluation at the local level. While the above projects were being carried out, Council staff was also able to provide direct assistance to a number of SCAs in the design of an evaluation plan for their use. Cost was limited to staff time and $3,000 for the evaluation workshops.

Objective #3

To complete the final reports on the demonstration post-treatment follow-up system.

*Status:*

*Accomplished. A pilot post-treatment follow-up study was conducted in FY 1977-78 to gather information on client outcomes after discharge and to explore the feasibility of implementing a statewide system for uniform reporting of such information. The final management and statistical reports for this project were completed during FY 1978-79. Much was learned from this study, but it was found that a statewide system for reporting follow-up information is not feasible at this time. Cost was limited to staff time.*

*E. PREVENTION AND INTERVENTION*

*1. Education and Alternative Activities*

*Goal:*

*To reduce the incidence of drug and alcohol abuse by providing statewide preventive education.*

*Objective #1*

*To take responsibility for assuring that minimum quality prevention program standards exist and are adhered to as a basis for local projects receiving state funds.*

*Status:*

*Accomplished. Specific standards for Prevention Programs were developed and published as Regulations during the current fiscal year. Council staff responsible for licensing and certification received training which included a general orientation to the prevention field as well as a critical analysis of the new licensing standards. In addition, staff from the Division of Prevention and Training accompanied Licensing field staff on site visits to further enhance the implementation of the new standards. Cost was limited to staff time.*

*Objective #2*

*To construct and test a data collection system for substance abuse prevention programs in Pennsylvania.*

*Status:*

*Partially accomplished. A prevention data collection instrument was constructed. The form was designed to meet the needs of the quarterly fiscal monitoring process and to furnish a data base regarding prevention service delivery patterns. Implementation of the data collection system was delayed due to unanticipated work priorities in MIS. Cost was limited to staff time.*

*Objective #3*

*To upgrade the ability of prevention programs to establish evaluation criteria and conduct appropriate program evaluations.*

*Estimated Cost: $180,000*

*Status:*

*Accomplished. Six evaluation workshops were conducted during the third quarter of FY 78/79. Approximately 120 project administrators and project and SCA personnel responsible for evaluation participated in the three day sessions. The manual used in these workshops was refined and disseminated as a companion volume to the Council's Evaluation Mongraph. In addition, to the above activities, the Governor's Council participated in the key state functions of NIDA's "National Prevention Evaluation Resource Network" (NPERN), designing the components and the operational system of the project, submitting a collective sample of evaluations of Pennsylvania prevention projects to the consortium states responsible for NPERN and identifying prevention projects to be involved in a pilot test of the system during FY 79/80. Cost was $150,000.*

*Objective #4*

*To continue to support the Locally Based Training System (LBT) for sixty trainer teams in order to provide high quality prevention training services throughout the Commonwealth.*

*Estimated cost: $210,000*

*Status:*

*Accomplished. In the past fiscal year 29 replacement LBT's received intensive training in the 4 original course modules and 40 LBTs and TAs already proficient in those modules received basic and follow-up training in a new course module, "Positive Peer Influence". Through the Locally Based Training System over 700 parents and teachers were trained in one or more of the five modules. In order to provide a unified approach to the delivery of all training services the Regional Training Councils will provide training for prevention practitioners during the next fiscal year. The Locally Based Training System will be incorporated into the Department of Education's Intermediate Unit System. Cost was $210,000.*

*Objective #5*

*To devise a referral system for connecting identified community and program prevention needs to existing resources.*

*Estimated cost: $2,000*

*Status:*

*Accomplished. The Governor's Council published a Directory of Prevention practitioners and modalities titled "The Spectrum", which was distributed to Single County Authorities, prevention programs and key state and local agencies. The directory, is cross-referenced by SCA and prevention approach and will enable SCAs and local service providers to identify potential sources of additional expertise available to assist them in designing and implementing quality prevention programs. Cost was $2,000.*

*Objective #6*

*To provide leadership to the field in high priority prevention program areas and in meeting the needs of underserved populations.*

*Status:*

*Not accomplished. Evaluation of existing prevention demonstration projects funded by the Council indicates that funding of demonstration projects is not the most effective method of accomplishing this objective, the one year grant period does not allow a project sufficient time to become fully operational and demonstrate its value. The Governor's Council will address this objective in FY 1979/80 by identifying the varying levels of prevention programming within Pennsylvania counties;(including programming for women, youth, ethnic minorities, sexual minorities and the elderly) and by providing technical assistance and evaluation services in order to upgrade the quantity and quality of such programming.*

*Objective #7*

*To upgrade the level of program information and knowledge available to the field regarding model prevention projects approaches in Pennsylvania.*

*Estimated cost: $2,500*

*Status:*

*Partially accomplished. The process of implementing this objective provided the Governor's Council with a more realistic conception of the state of the prevention field. The Council had intended to hold a models conference in which a number of prevention projects demonstrating excellence in the utilization of selected prevention approaches would share information with the rest of the field. Eighteen prevention projects applied as models, but few of these were of sufficiently high quality to justify the statewide models conference originally planned. The majority of prevention projects in Pennsylvania have not attained the level of organization and sophistication previously assumed. This information proved invaluable in planning a technical assistance conference which was held in the fourth quarter of FY 78/79 and was attended by approximately 100 prevention practitioners. Cost was $900.*

*Objective #8*

*To foster interagency cooperation through joint state agency funding of prevention effort.*

*Estimated cost: $30,000*

*Status:*

*Partially accomplished. A final interagency protocol agreement was established with the Department of Education and a committee was formed to work on long term plans for implementing the agreement. The interagency Prevention of School Disruption demonstration grant project was completed. The Council was responsible for monitoring four of the twelve grantee sites and participated in the in-depth evaluation of selected demonstration grants with the Department of Education and the Governor's Justice Commission. The substance abuse prevention project developed in coordination with the Department of Health - The Cottage Program in Philadelphia - was not approved for funding by NIAAA. Due to the recent change in administration the decision was made to postpone the pursuit of an interagency protocol with the Department of Public Welfare Office of Mental Health until a new administration becomes established there. Cost was $30,000*

*Objective #9*

*To develop information and alternative credentialing models for prevention practitioners consistent with the values of adopted prevention philosophy.*

*Estimated cost: $15,000*

*Status:*

*Accomplished. An outline of the necessary core skills and functions of prevention practitioners was formulated from data produced by the Prevention Practitioner Registry and a contract let with the Commonwealth Prevention Alliance to develop alternative models of credentialing prevention practitioners. Regional meetings were held to generate input from the prevention field. A working group was formed which submitted a report to the Council on the viability of different approaches to a credentialing process for the prevention field. Cost was $15,000*

*Objective #10*

*To provide the prevention field with background information regarding concepts, issues and research which currently define the state of the art in primary prevention.*

*Estimated Cost: $15,000*

*Status:*

*Accomplished. A survey report reviewing all of the Addictions Prevention Laboratory applied research efforts over the past five years was produced for distirbution to the entire prevention field. A quarterly periodical, Commonground, was started and two issues were disseminated to the field and to SCAs. A packet of materials presenting current prevention activities in Pennsylvania was sent to members in the Drug Abuse Communications Network and feedback was received on the development of prevention programs in other states. The School Drug Policy Guidelines were revised and will be disseminated after approval by the Department of Education. Cost was $15,000.*

2. *Public Information*

*Goal:*

*To increase public knowledge of prevention and treatment of drugs and alcohol throughout the Commonwealth.*

*Objective #1*

*To continue and complete a statewide multi-media campaign to increase public awareness of the nature and extent of drug and alcohol abuse and the availability of services throughout the Commonwealth.*

*Status:*

*Accomplished. As part of the 1978 Prevention campaign sponsored by the National Institute on Drug Abuse, the Governor's Council distributed campaign materials and assisted SCAs in establishing relationships with local media. Campaign materials including television and radio public service announcements, information packets and posters were designed to raise awareness of youth-oriented prevention concepts, strategies and programs among those who have the greatest influence on youthful behavior, primarily peers, family members and adults who work with youth. An evaluation of the effect of the campaign in Erie County was part of the national evaluation effort. Based on data from the nationwide survey it is estimated that the 1978 Campaign had an impact on over half a million persons in Pennsylvania. Cost was limited to staff time.*

*Objective #2*

*To inform the drug and alcohol service system of any pertinent information relevant to the administration or provision of services via Information Bulletins.*

*Status:*

*Accomplished. The process of developing and distributing Information Bulletins was reassessed during FY 78/79 and changes were made in the method of distribution. The Council disseminated approximately 40 Information Bulletins to over three hundred persons in the Drug and Alcohol field during the year. Informations Bulletins were developed on subjects relevant to the administration or provision of drug or alcohol service including proposed standards for program activities, amendments to the State Drug and Alcohol Plan, copies of interagency agreements and substance abuse related sections of the Preliminary State Health Plan. Cost was limited to staff time.*

*Objective #3*

*To provide information and specialized packets designed to address special target populations.*

*Status:*

*Accomplished. During the past year brochures and information packets were developed on the problems treatment needs and resources available for women substance abusers. Specialized packets on elderly, youth, rural, Spanish speaking and Black substance abusers were updated. More than 200 calls and letters per month are received from citizens requesting literature, films, treatment referrals or general information regarding drug and alcohol abuse. "Women and Addiction" and "Adolescents and Alcohol" were the two most frequently requested brochures on special populations, distributed to approximately 300 persons during the course of the year. Cost was limited to staff time.*

*Objective #4*

*To provide a central referral source for persons needing prevention, intervention or treatment information.*

*Status:*

*Partially accomplished. This has been an ongoing objective since the establishment of ENCORE in 1973. In addition to establishing a statewide clearinghouse, ENCORE has been instrumental in establishing and maintaining a system of local clearinghouses and information centers throughout Pennsylvania. A directory of drug and alcohol information centers and clearinghouses in the Commonwealth has been developed based on a survey of SCAs. This directory will be automated to facilitate the dissemination of new drug and alcohol information to local clearinghouses and information centers. Cost was limited to staff time.*

*Objective #5*

*To continue to disseminate public information through Agency newsletter.*

*Status:*

*Accomplished. The Council publishes a bimonthly newsletter titled, "Inside Dope", describing new developments in the drug and alcohol field, and providing information on upcoming training events, workshops, conferences and meetings. Each issue contains a review of films, videotapes and informational literature available through ENCORE and a plebiscite soliciting opinions from the field on subjects such as primary prevention, special populations and the National Health Alliance. During*

*the past year the newsletter was published with a revised format and contained articles on the Health Systems Agencies, Women and Alcoholism, Prevention for the Elderly, Counselor Certification, Paraquat treated marijuana, Educational Quality Assessment and other issues relevant to the drug and alcohol field. Cost was limited to staff time.*

*Objective #6*

*To produce a more efficient mechanism for information sharing.*

*Status:*

*Partially accomplished. In order to coordinate the Council's Public Information Service with those of other Human Service Agencies, Council staff have continued to meet with representatives from Federal, local and other state agency clearinghouses. In addition, Council staff appeared at conferences, workshops and seminars to inform the public of services available through the clearinghouse. Cost was limited to staff time.*

3. *Occupational Alcohol Program*

*Goal:*

*To increase the number of Occupational Alcoholism Programs throughout the State.*

*Objective #1*

*To implement a State Employee Assistance Program.*

*Estimated cost: To be developed.*

*Status:*

*Partially Accomplished. Policies and Procedures for a State Employee Assistance Program were developed by a joint labor-management committee. An Evaluation and Referral Unit will be established in each of the four Regions of the state to provide assessment and referral services to state employees with alcohol, drug and other related problems. A pilot Evaluation and Referral Unit was established in Region III (where 37% of State employees are located) and a preliminary evaluation of the unit was conducted. Cost was $23,000.*

*Objective #2*

*To create an Occupational Alcoholism Steering Committee to have input into the State Occupational Program for planning purposes.*

*Status:*

*Accomplished. A steering committee was formed and met on a quarterly basis in FY 78/79. This committee made a number of recommendations regarding the support services needed to promote the Occupational Program in Pennsylvania. These include needs assessment, training for program consultants, development of a program manual, establishment of pilot programs, extensive public relations and coordination with other state agencies. The committee also pointed out the need to evaluate the extent to which existing outpatient programs are appropriate for the type of client identified by Occupational Programs. Cost was limited to staff time.*

*Objective #3*

*To increase the awareness of alcoholism among the work force through development of information and educational programs, and to develop additional methods of offering technical assistance to field personnel.*

*Status:*

*Partially accomplished. During the past year approximately twenty-four SCAs conducted seminars and orientation sessions to acquaint local employers with the Occupational Alcoholism Program. An Occupational Program borchure was developed and information was distributed to the field via the GCDAA newsletter "Inside Dope". Training was provided for new Occupational Program Coordinators and technical assistance was provided to field personnel in more than 30 counties. An Occupational Programming Questionnaire was distributed to all SCAs to assess additional Technical Assistance needs of the field. Cost was limited to staff time.*

4. *Alcohol Highway Safety Program*

*Goal:*

*To reduce the alcohol related fatalities and accidents on the Highways of the Commonwealth.*

*Objective #1*

*To provide a coordinated program of alcohol highway safety counter-measures in all counties.*
*Estimated Cost: $157,000*

*Status:*

*Partially Accomplished. Six new county Alcohol Highway Safety Programs were established in counties with high accident rates, including Lawrence, Blair, Franklin/Fulton and Lehigh. Two DUI programs for youth were developed in Philadelphia and Schuylkill counties and programs to serve the Spanish-Speaking population were established in Lancaster and*

*Philadelphia. A State Association of DUI Project Directors was formed. The Association meets on a monthly basis and publishes a DUI newsletter in conjunction with the International Alcohol and Mental Health Associates Inc. (IAMHA). Through contract with IAMHA, nine additional DUI programs have been brought into compliance with the standards of the Governor's Traffic Safety Council; seven previously certified programs were evaluated; and, fourteen awareness seminars were held for judicial and law-enforcement personnel throughout the State. Cost was $157,000.*

*Objective #2*

*To systematize the reporting mechanism to show the impact of the countermeasures program in reducing alcohol related highway accidents. Estimated Cost: $98,000.*

*Status:*

*Partially accomplished. A client reporting system was piloted in four counties representing metropolitan, suburban and rural areas of the state. Extensive field testing was conducted and the system was refined. A manual was produced to provide directors of county Alcohol Highway Safety Programs with an overview of the functional components of the Client Reporting Network and describing methods for effectively utilizing the data produced by the system. Cost was $98,000.*

*Objective #3*

*To strengthen case finding efforts in the DUI program to refer offenders with detectable alcohol problems into the treatment system.*

*Status:*

*Partially Accomplished. The majority of DUI programs within the state are now using the Mortimer-Filkens test as a method of assessing the need for treatment. Judicial and Law Enforcement personnel were instructed in the use of the Mortimer-Filkens test and kept aware of available treatment facilities through a series of seminars conducted through a contract with the International Alcohol and Mental Health Associates, Inc. (See objective #1). More than 60% of the estimated 1200 persons referred to DUI programs each month were subsequently referred to treatment programs. In the future, case finding efforts will be further strengthened with data provided by the statewide computerized client reporting network. Cost was limited to staff time.*

## *F. MANPOWER AND TRAINING*

*Goal:*

*To improve the quality of drug and alcohol abuse prevention, intervention and treatment services throughout the state by providing training for persons in the drug and alcohol abuse and related fields.*

*Objective #1*

*Redesign the current decentralized training system based on its performance and experience of the GCDAA during FY 77/78.*

*Estimated cost: $40,000.*

*Status:*

*Accomplished. The decentralized training system was restructured and contracts were awarded to four new Regional Training Councils. The new RTCs share geographic boundaries with the Council's administrative system and provide training to the full range of service delivery personnel in their regions. Registries of approved trainers and training packages were developed, providing a mechanism for assuring that RTC training is of consistent quality and compatible with credentialing requirements. Cost was $60,000.*

*Objective #2*

*Develop and pilot test assessment tools for identified basic level counselor functions.*

*Estimated cost: $25,000*

*Status:*

*Accomplished. Through a contract with GKS, Inc., the list of counselor core skill areas and critical job functions generated by the field and the Regional Training Councils in FY 77/78 was utilized to form portfolio assessment packages. The assessment packages will be used to assess counselor competency for the purpose of certification and will also outline the limits of generic counselor skills training for the training registries. Cost was $30,000.*

*Objective #3*

*Compile and disseminate an assessment of counselor training needs.*

*Estimated cost: $2,000*

*Status:*

*Accomplished. A training needs assessment questionnaire was developed and sent to 2,200 counselors and related service delivery personnel throughout the state. Data from this assessment process was utilized by the Regional Training Councils to plan training services for FY 1979/80 and will be further analyzed when computer services become available early in FY 79/80. Cost was $2,000.*

*Objective #4*

*Provide training in basic and advanced counseling skills for 400 counselors.*

*Estimated cost: $180,000*

*Status:*

*Accomplished. The RTC's provided training to more than twice the projected number of counselors in FY 78/79. Approximately 1,000 counselors received training in basic and advanced counseling skills. Preliminary data indicates that the average course lasted 3 days although individual courses ranged from 1 day to 1 week in duration. Specific demographic and evaluative information on all completed courses will be provided through MIS. This analysis will reveal whether the large numbers trained is reflective of a decline in the intensity of training or a more efficient use of available training dollars. Cost was $180,000.*

*Objective #5*

*Provide training in clinical supervision skills to 70 supervisors.*

*Estimated cost: $45,000*

*Status:*

*Accomplished. Through a contract with GKS, Inc. clinical supervision training was conducted on a regional basis to make it accessible to supervisors throughout the state. The training was completed by approximately 70 supervisors and the curriculum will form the basis for a package to be included in the training package registry. Cost was $45,000.*

*Objective #6*

*Assist in developing a privately based credentialing mechanism for substance abuse counselors.*

*Status:*

*Accomplished. Technical Assistance was provided to the 33 member Certification Board to facilitate the coordination of training with credentialing. Persons in the drug and alcohol field who have counseled for at least two of the past five years are eligible for certification through a grandfathering provision. The credentialing mechanism is based on assessment of counselor competence in core skill areas utilizing the portfolio assessment packages developed through contract with GKS Inc. (See Objective #2). Cost was limited to staff time.*

*Objective #7*

*Provide women-in-treatment training for 200 counselors.*

*Estimated cost: $45,000*

*Status:*

*Accomplished. Women-in-treatment training was provided to approximately 200 counselors during the course of the year. The Women's Training and Support Program was contracted to conduct the training utilizing a training package developed during FY 77/78 which focuses on issues generic to counselors treating women clients. Cost was $40,000.*

*Objective #8*

*Develop, pilot test and evaluate training packages for counselors in the areas of minorities in treatment and criminal justice system interface.*

*Estimated cost: $40,000*

*Status:*

*Accomplished. After assessing the need for additional training package development and inventorying existing state and national package resources the Council contracted with the Women's Training and Support Program to develop pilot training packages in Women in Management situations and Women in the Criminal Justice system. The courses were field tested during the year and will form the basis for training packages to be included in the training package registry. Cost was $20,000.*

*Objective #9*

*Provide training to SCA staff to meet identified training needs.*

*Estimated cost: $4,000*

*Status:*

*Partially accomplished. An assessment of SCA and project director training needs was conducted in coordination with the counselor needs assessment described in Objective #3. The results of this needs assessment were utilized to plan training for SCAs for FY 79/80. In addition, Central Region SCA personnel participated in a training event on unit costing procedures and methods of training project directors to implement a unit cost accounting system. Cost was $2,000.*

*Objective #10*

*Develop and maintain relationships with other state and federal agencies consistent with legislative and contractual mandates.*

*Estimated cost: $2,000*

*Status:*

*Accomplished. Interagency training events were developed and conducted in cooperation with the Bureau of Vocational Rehabilitation pursuant to interagency agreement with them and training for juvenile probation officers was conducted through the Juvenile Court Judges Association. Proposals were submitted to NIDA to continue State Training Support Program activity in the next fiscal year and to NIAAA to develop a manpower and training oriented state delivery system. Cost was $4,000.*

*Objective #11*

*Explore alternate mechanism for obtaining academic credit for GCDAA approved training courses.*

*Status:*

*Partially accomplished. Alternate mechanisms were reviewed, a liaison was established with a program at Alvernia College offering a B.A. in Alcohol and Drug Abuse Counseling/Administration and a liaison continued with the Lincoln Eagleville Masters Program in Human Services in which a majority of the students are from the drug and alcohol field. As training packages become solidified and the system develops during the coming fiscal year the need to systematize credit granting statewide will become more apparent. Cost was limited to staff time.*

# *II. NEEDS ASSESSMENT*

## A. INTRODUCTION

The Needs Assessment contained in this section provides information on the nature and extent of drug and alcohol problems in Pennsylvania. A description is given of the types of indicators and sources of data used in the analysis of the substance abuse problem and these are discussed in terms of:

(1) The size of the drug and alcohol involved population in Pennsylvania.
(2) The location of the drug and alcohol involved population.
(3) Characteristics of the drug and alcohol involved population.
(4) Consumption patterns and preferences.
(5) Trends.
(6) The extent to which needs are currently being met.

In order to identify the Commonwealth's drug and alcohol problem a broad selection of drug and alcohol specific indicators have been used. These include: a household survey (prevalence and intensity study); treatment admissions data; alcohol related motor vehicle operator deaths; deaths from cirrohosis of the liver (Brenner formula estimates); alcoholic beverage sales; hospital emergency room data (DAWN); and drug and alcohol related criminal justice statistics. Comparison of the data was made and the information analyzed and summarized on a local, regional and statewide basis.

In addition to direct indicators, a number of social and economic indicators that are associated with drug and alcohol abuse problems have been utilized. These indicators include: unemployment statistics; suicides; illegitimate births; school enrollment; public assistance statistics; and minority populations.

A primary factor in the allocation of funding and other resources by the Governor's Council is the need of each Single County Authority. These needs are identified and prioritized by SCAs in their annual County Plans. Thus, in addition to the statewide needs assessment which is included in this Plan, a needs assessment is conducted by every SCA and becomes part of each County Plan.

## B. SUMMARY OF MAJOR CONCLUSIONS

### 1. Size of the Drug and Alcohol Involved Population in Pennsylvania

The Prevalence and Intensity Survey conducted for the Governor's Council in 1976 indicated that there were more than five million persons in Pennsylvania who used alcohol and more than one million persons who were abusers of alcohol. The number of drug abusers was estimated at 108,000 persons and the number of persons abusing both drugs and alcohol was estimated at 121,000.

*The Brenner Formula estimates of alcohol abusers based on deaths from cirrohosis of the liver for the combined period of 1975/76/77 indicated that there are 881,000 alcohol abusers in Pennsylvania. This reflects a 7% decrease from estimates from this source in 1975.*

*Statistics on admissions to treatment show a reported 55,790 admissions to treatment facilities during FY 1977 (7/77-6/78). Of these admissions 16,090 were for drug abuse and 35,709 were for alcohol abuse. There were an average 4650 admissions per month - 1340 for drug abuse and 2976 for alcohol abuse. There has been an increasing trend in the number of admissions during the last three quarters of the fiscal year.*

*A review of coroner's reports of motor vehicle operator accidental deaths where the Blood Alcohol content of the operator was .10% or more shows that for the first seven months of 1978 there were 221 such deaths reported or 49% of the total driver deaths for the period. Projected for the balance of the year at this rate there would be 388 driver deaths during 1978 which would be an eleven percent increase over the 351 such deaths in 1977.*

*DAWN data on drug related hospital emergency room episodes in the Philadelphia Standard Metropolitan Statistical Area indicates a steady increase in drug use between 1975 and 1977. Total drug mentions went from 11,029 in 1974 to 11,931 in 1977, a 7.5% increase. Heroin mentions, however, are declining. Ranked 5th in 1974 and 3rd in 1975 and 1976, heroin was listed 10th in emergency room mentions in the Philadelphia SMSA in 1977.*

*Uniform Crime Report statistics compiled by Pennsylvania State Police show a total of 15,188 arrests for violation of drug laws in 1977. This was a decline of 9.5% from such arrests in 1976 and a 13% decline from 1975. Of these violations 4822 were for sale or manufacture of drugs and 10,306 were for possession of drugs. During 1977, violations of alcohol statutes included 17,906 arrests for Driving Under the Influence (compared to 17,940 in 1976 and 17,976 in 1975); 49,425 arrests for drunkenness (compared to 51,678 in 1970 and 51,498 in 1975); and 33,186 arrests for Liquor Law violations (compared to 34,393 in 1976 and 31,855 in 1975).*

*2. Geographic Location of the Drug and Alcohol Involved Population*

*Population statistics show that 32% of Pennsylvania's population lives in the southeast area of the state (5 counties); 16% live in the northeast (15 counties); 20% live in the central counties (24 counties); and 32% live in the western part of the State (23 counties).*

*The Household Survey and Brenner Formula indicate that 52% of all drug abusers and 35% of all alcohol abusers reside in the southeast (Region I); 13% of all drug abusers and 16% of all alcohol abusers live in the northeast (Region II); 10% of all drug abusers and 15% of all alcohol abusers are residents of the central area (Region III); and 24% of all drug abusers and 34% of all alcohol abusers live in the western part of the State (Region IV).*

*A comparison of admissions to treatment by region shows that during the past fiscal year (7/77-6/78) the percent of total admissions to treatment and drug and alcohol admissions were: Region I total admissions 50%, drug admissions 69%, alcohol admissions 44%; Region II total admissions 14%, drug admissions 9%, alcohol admissions 16%; Region III total admissions 9%, drug admissions 6%, alcohol admissions 11%, Region IV total admissions 27%, drug admissions 16%, alcohol admissions 28%.*

*The number of motor vehicle operator accidental deaths attributable to alcohol abuse is proportionately higher in rural areas when compared to heavily urban and moderately urban areas. The eleven heavily urban SCA areas with 54% of the state population had 34% of the driver deaths with a high blood alcohol content in the first seven months of 1978. The thirteen moderately urban SCA areas with 26% of the state population had 33% of such deaths and the eighteen rural SCAs with 20% of the population had 33% of the total high blood alcohol accidental deaths. There were a total of 221 such deaths during the period - more than one every day.*

*A review of cirrhosis of the liver deaths as related to alcoholism (Brenner Formula) shows that of the counties having the highest rate of such deaths four are heavily urban counties, two are moderately urban counties, and four are rural counties. The central part of the State (Region III) had the lowest rate of cirrhosis deaths with only four of the twenty-four counties having an estimated alcoholic rate in excess of 6%. Three of the five counties in the southeast (Region I), seven of fifteen counties in the northeast (Region II), and seventeen of twenty-three counties in the west (Region IV) had estimated alcoholism rates in excess of 6% based on this indicator.*

*Arrest statistics show a positive relationship between the extent of urbanization and the prevalence of drug and alcohol abuse law violations. Of the 15,188 drug abuse law violations in 1977 a total of 11,276 (74.2%) were in highly urban or in the top three moderately urban counties. Driving under the influence offenses were highest in the highly urban counties - of 17,906 total offenses, 11,351 (63.3%) were in 8 of the 11 highly urban counties. Violations of Liquor Laws were highest in 6 of the top seven highly urban counties and 4 of the top five Moderately Urban counties. These ten counties accounted for 59.4% of all Liquor Law Violations. Drunkenness offense rates were highest in seven highly urban counties, two moderately urban counties and one rural county. However, these three counties have higher Drunkenness offense rates per 100,000 population than all but two of the highly urban counties.*

3. Characteristics of the Drug and Alcohol Involved Population

According to the 1976 Household Survey the highest percentage of opiate abusers were between 14-25 years of age and proportionately more likely to be blacks than whites. Use of sedatives, stimulants, composite pills and marijuana was heaviest among persons 14-24. Blacks and males used these substances more frequently than whites or females respectively. The highest percentage of alcohol users were found among persons aged 20-24 years, followed closely by persons 25-34 years. Blacks, compared to whites, were more likely to be both abstainers and heavy drinkers. Males were more likely to be drinkers and heavy drinkers than females.

The percent of admissions to treatment by age has remained fairly constant during the 1977 fiscal year with persons under 35 accounting for most of the opiate admissions and persons 35 and over accounting for most of the alcohol admissions. The highest number of admissions during 1977 was in the 25-34 age group (16,079 - 29%). Of these admissions, 45 percent were for alcohol abuse and 43 percent for opiate abuse.

Male admissions to treatment during 1977 totaled 45,129. Female admissions during that period totaled 12,642. Of the male admissions 72 percent were for alcohol, 15 percent were for opiates, 12 percent were for the abuse of other drugs and 2 percent were for family counseling. Of the female admissions 42 percent were for alcohol, 15 percent were for opiates, 23 percent were for family counseling and the balance (20%) were for other drugs. During 1977, 69 percent of those admitted to treatment were white, 29 percent were black and 2 percent were Spanish speaking. Of 39,580 white admissions 67 percent were for alcohol, 9 percent were for opiates, 16% were for other drugs and 8 percent were for family counseling. During that period of 16,820 black admissions, 62 percent were for alcohol, 27 percent were for opiates, 9% were for other drugs and 2 percent were for family counseling. Of the 1,242 Spanish speaking admissions, 41 percent were for alcohol, 45 percent were for opiates, 12 percent were for other drugs and 2 percent were for family counseling.

All of the indicators suggest that drug abuse declines after age 35. However, while the 1976 Household Survey found the highest percentage of drug use among 15-19 year olds, followed by 20-24 year olds, Drug Arrests, DAWN data and Treatment Admissions for 1977 indicate that the average drug abuser is between the ages of 20 and 34. This age group accounts for 67% of all dependence related emergency room episodes (DAWN), 65% of all drug violation arrests and 66% of all drug treatment admissions.

*Combined indicators show that drug abusers are most likely to be white and male. DAWN data and the Household Survey indicate that women compose 40% of the total drug abusing population. Treatment admissions statistics show that 28% of drug abuser admissions are women, while arrest data show that women account for only 16% of arrests for drug violations. Most indicators show that blacks comprise about 40% of the drug abusing population. Minorities other than blacks comprise 2-4% of the drug abusing population.*

*Alcohol Abuse is a significant problem for persons under the age of 25. The 1976 Household Survey and Alcohol Arrest data indicate that almost one fifth (18%) of the alcohol abusing population is between the ages of 20 and 24. Persons aged 21 and under account for almost 27% of alcohol related Motor Vehicle operator deaths. After age 25 alcohol abuse begins declining very slowly, levels off between age 35 and 55, and declines again after age 55. Alcohol Treatment Admissions reflects a somewhat older population than do the other indicators, with persons under the age of 25 accounting for only 11% of alcohol admissions. Seventy-five percent of persons admitted for alcohol treatment are between the ages of 25 and 54, each ten year cohort accounting for about 25% of alcohol treatment admissions.*

*Alcohol abusers are most likely to be white and male. There is some discrepancy between the indicators in estimating the percentage of women and black alcohol abusers. The 1976 Household Survey estimates a somewhat lower percentage of blacks and higher percentage of females than do treatment and arrest data. However, according to the data approximately 20-30% of alcohol abusers are black and 10-20% are women. Minorities other than blacks account for 1-2% of alcohol abuse.*

*4. Consumption Patterns and Preferences*

*Alcohol is the most commonly used drug in Pennsylvania, accounting for 93% of arrests for drug and alcohol violations*, 70% of Treatment Admissions and, according to the 1976 Household Survey, 80% of all substance abuse. In addition, DAWN data for the Philadelphia SMSA indicates that Alcohol-in-combination with other drugs accounts for more drug related emergency room admissions than any other substance except Valium.*

**excluding Liquor Law Violations*

*Marijuana is used by 12.4% of the population according to the 1976 Household Survey and accounts for 16% of all arrests for drug and alcohol violations. However, marijuana users represent only 4% of treatment admissions and 3.5% of all drug-related emergency room episodes (DAWN).*

*Opiates are the third most commonly used drug in Pennsylvania. Four percent of the population admitted to opiate use in the 1976 Household survey. Opiates account for 3.2% of arrests for drug and alcohol violations, 3% of drug related emergency room mentions and 15% of admissions to treatment.*

*The Household Survey found that drugs other than Alcohol, Marijuana and Opiates are used by about 14% of the population. The most common were sedatives (4%). Other drugs mentioned were stimulants, psychedelics, composite pills, cocaine and inhalants. These drugs account for 11% of all treatment admissions and 2% of arrests for drug and alcohol violations.*

*5. Trends*

*All of the indicators show a continuing decline in the use of opiates. Admissions to treatment for opiate use were down 27% in the first half of 1978 from the first half of 1977 and arrests for opiate sale/possession in 1977 declined 33% from 1976. DAWN data also indicates a decrease in the number of heroin-related emergency room episodes. The use and abuse of alcohol is apparently leveling off. Arrest data, Brenner formula estimates and Treatment admissions indicate a slight decline in alcohol abuse. This is not supported by DAWN data, however. In addition, alcohol-related motor vehicle operator deaths increased by 11% in 1978 over 1977. The use of non-opiate drugs is increasing. Treatment admissions for non-opiate drugs went up 19% in the first half of 1978. DAWN data and arrest statistics also provide evidence of this trend.*

*6. The Extent to Which Needs are Currently Being Met*

*Program planning and implementation of proposed services based on determined needs is the responsibility of each Single County Authority. The Governor's Council analyzes needs on a statewide basis and determines the extent to which SCA planning reflects statewide planning. Some observations made in this section are tentative and will be taken into consideration in the analysis of SCA Plans and monitoring of such plans by the Council's Regional Offices. A primary factor to be considered in programming based on perceived need is the extent to which proposed programs can or will be utilized by populations for whom they are intended.*

*The Drug and Alcohol Treatment System in Pennsylvania has the capacity to provide services in a given period of time to only a limited number of the estimated 1,000,000 alcohol abusers and 200,000 drug abusers in the state. In order to assure the equitable distribution of limited resources the Council has assessed the extent to which the present treatment population is demographically representative of the population in need.*

*In this section, the extent of statewide programming is analyzed based on geographic location (heavily urban, moderately urban, rural); substance of abuse (drugs, alcohol); and special populations (racial and ethnic minorities, women, youth, elderly).*

*a. Geographically*

*The Geographic distribution of drug and alcohol treatment services appears to be fairly consistent with need. Residents of urban and rural SCAs accounted for 83% and 5.7%, respectively, of the drug treatment admissions in FY 1977/78 while comprising of 81% and 4% of the drug abusing population as reflected in the 1976 Household survey. Eleven percent of drug treatment admissions in FY 1977/78 were residents of Moderately Urban SCAs while the Household Survey estimated that residents of such SCAs account for fifteen percent of the drug abusing population. Generally, it would seem that residents of Urban and Rural SCAs are more likely to receive drug treatment services than are residents of Moderately Urban SCAs. (This is partly attributable to the arbitrary classification of SCAs between Moderately Urban and Rural designations.) The analysis of SCA needs based on a combination of drug indicators, social indicators and economic indicators tends to support this conclusion. This analysis reveals only 1 (of eleven) urban SCA, Erie, and two of 18 rural SCAs, Fayette and Mercer, in which the rate of admissions to drug treatment programs is not consistent with apparent need. In fact, four Rural SCAs - Armstrong/Indiana, Clarion/Forest/Venango/Warren, Carbon/Monroe/Pike and Crawford - deliver a greater proportion of the available drug treatment services than a needs analysis would predict. In contrast, there are three Moderately Urban SCAs, York/Adams, Lycoming/Clinton and Blair, in which drug treatment admissions are not proportionate with indicated need.*

*Indicators of the geographic distribution of the Alcohol abusing population differ regarding the percent of abusing populations attributed to Urban SCAs, with Brenner Formula data predicting a much greater portion of this population residing in urban SCAs than does the Household Survey. A comparison of Household Survey estimates with Alcohol Treatment Admissions indicates that Urban residents receive a greater amount of available alcohol treatment services, accounting for 71% of alcohol treatment admissions while comprising only 57% of the alcohol abusing population. This conclusion is not supported however, by Brenner Formula estimates or by the analysis of SCA needs based on combined alcohol, social and economic indicators. Brenner Formula estimates based on cirrhosis of the liver deaths indicate that 69% of the alcohol abusing population resides in Urban SCAs, 17% reside in Moderately Urban SCAs and 13.8% reside in Rural SCAs. The Alcohol Treatment population corresponds closely to Brenner estimates - 71% Urban, 15% Moderately Urban and 13.5% Rural.*

*An analysis of individual SCAs reveals four Urban SCAs - Allegheny, Montgomery, Bucks and Luzerne/Wyoming - and five Moderately Urban SCAs - Westmoreland, Chester, Northampton, Lycoming/Clinton and Blair - that have a significantly lower rate of alcohol treatment admissions than would be predicted by the needs indicators, while only two rural SCAs - Washington/Greene and Fayette - seem to have lower than expected rates. Notably, however, there are six rural SCAs - Clarion/Forest/Venango/Warren, Columbia/Montour/Snyder/Union, Clearfield/Jefferson, Somerset/Bedford, Bradford/Sullivan/Tioga and Huntingdon/Mifflin/Juniata, that account for a comparatively large share of alcohol treatment admissions.*

*Indicators show that Rural SCAs, on the whole, have fewer unmet alcohol treatment needs than do Urban or Moderately Urban SCAs. However, it would seem that additional intervention services are needed in rural SCAs, particularly Alcohol Highway Safety Programs. Rural SCAs account for a disproportionate number of alcohol related motor vehicle operator deaths. Thirty-three percent of such deaths occur in rural SCAs which represent only 20% of the State's population. The percentage of DWI arrests occurring in rural SCAs - 14.9% - is also low considering the number of deaths resulting from this offense in rural areas.*

*A more intensive analysis of SCA programming conducted through the monitoring process will reveal whether the discrepancies noted reflect actual inequalities in the distribution of resources or differences in the extent to which SCAs utilize available treatment resources.*

*b. Racial and Ethnic Minorities*

*The utilization of drug treatment services by racial and ethnic minorities appears to be generally proportionate to need. Blacks account for 40% of the arrests for drug violations (excluding marijuana violations) and 43% of drug dependence related emergency room episodes while comprising 37% of admissions to treatment for drug abuse. Persons of Puerto Rican birth or parentage account for 3% of the arrests for drug violations, 4% of drug dependence related emergency room episodes and 4% of drug treatment admissions statewide. The majority of Hispanics admitted to drug treatment were residents of Philadelphia although five other SCAs - Northampton, Dauphin, Lancaster, Huntingdon/Mifflin/Juniata and Berks - report that Hispanics represent over 4% of their drug treatment admissions.*

*By contrast, the results of the 1976 Household Survey indicate that only 21% of drug abusers are Black and 2% are from other minorities. This discrepancy reflects the acknowledged limitations of the Household Survey. Based on 1970 census data, inner city Black males between the ages of 14 and 40, were under represented in the sample and migrant workers and persons with no housing unit were excluded from the study. Therefore the survey tended to underestimate the prevalence of drug and alcohol abuse in these groups.*

*According to the Household Survey, Blacks and Hispanics constitute 9% and 1%, respectively, of the Alcohol abusing population. Again, this is an underestimate. Blacks account for 36% of arrests for Drunkenness and Driving While Intoxicated and Hispanics account for 2% of such arrests. It appears that Blacks and Hispanics comprise a slightly smaller portion of Alcohol Treatment admissions than would be predicted by the needs indicators with Blacks accounting for 28% of alcohol admissions and Hispanics accounting for 1%.*

*As with drug admissions the majority of Spanish speaking persons admitted to alcohol treatment are residents of Philadelphia although Hispanics account for more than 2% of alcohol treatment admissions in Northampton, Lancaster, Huntingdon/Mifflin/Juniata, Clearfield/Jefferson, Cambria and Berks County.*

*The fact that drug and alcohol abuse is so prevalent among Black persons, who represent 30-40% of the drug and alcohol abusing population but only 10% of the statewide population suggests that additional preventive efforts must be directed toward Blacks, particularly Black youth. Further, it appears that Black drug and alcohol abusers are more likely to be arrested than are white Drug and Alcohol Abusers, and once arrested they are more likely to be incarcerated than whites.*

*This seems to indicate the need for additional Criminal Justice Diversionary projects in areas of the state with a large Black population. It also seems to indicate the need to develop additional criminal justice alternative programs and to assure that such programs are accessible to Blacks in proportion to need.*

*In order to accurately assess the treatment needs of the Spanish speaking population in Pennsylvania, more recent data on the geographic location of this population is required. Drug and Alcohol treatment admissions data on the Hispanic population suggests some Western migration since 1970. Three SCAs - Clearfield/Jefferson, Cambria and Huntingdon/Mifflin/Juniata - which did not have an identifiable Hispanic population in 1970, reported relatively high percentages of Hispanics admitted to treatment and four SCAs in the Southeast quadrant - Delaware, Bucks, Montgomery and Lebanon - which had 400 or more Spanish speaking persons in 1970, had fewer than 2% Hispanics admitted to treatment in FY 77/78.*

*c. Women*

*All of the indicators suggest that women account for a greater percentage of the drug abusing population than of the alcohol abusing population. Women constitute 16% of drug violation arrests but only 6% of alcohol violation arrests; 28% of drug treatment admissions and 13% of alcohol treatment admissions. In addition the Household Survey indicated that women account for 39% of the drug abusing population but only 19% of the alcohol abusing population. DAWN data also shows that 37% of the self-admitted drug dependent persons involved in drug-related emergency room episodes are women.*

*It appears that the drug abusing population is more reflective of the lessening of differences between the sexes in younger age groups than is the alcohol abusing population which tends to be older. It also appears that drug and alcohol abuse among women is concealed by the women themselves, by their families and by society. While the young drug-abusing woman is perhaps less sheltered than the older alcoholic woman, the discrepancy between the percent of women admitted to drug treatment (28%) and the percent of women involved in drug-related emergency room episodes (37%) suggests that substance abuse among women does not become apparent until it reaches the crisis stage.*

*This data substantiates testimony presented at public hearings held in 1978 by the Task Force on Women and Addictions. A notable part of the testimony was information on the considerable number of teenage females in need of intervention or treatment services.*

*Participants felt that the problems encountered by women and hindering their seeking out or accepting treatment for substance abuse required additional halfway houses specifically designed for women, child care services for mothers seeking treatment, shelters for victims of domestic violence and specialized training for staff of residential facilities. Increased Education/Information services are needed to make women more aware of the services available and to reduce the stigma attached to the female drug or alcohol abuser. In addition, close coordination with other state agencies such as the Department of Public Welfare and the Department of Health is needed to assure the provision of adequate supportive services for women and to provide education and improve prenatal care for the pregnant substance abuser.*

*d. Youth*

*According to the 1976 Household Survey, persons in the age group fourteen to nineteen had the highest percentage (compared to other age groups) of opiate use (8.5%), sedative use (7.6%), inhalant use (2.2%) and psychedelic use (8.1%) and had the second highest percentage use of stimulants (6.7%), composite pills (4.6%), marijuana and hashish (27.7%) and cocaine (3.4%). This survey also indicates that this age group constitutes 40% of the drug abusing population. DAWN data shows that persons nineteen and under account for 8.4% of drug dependence related emergency room episodes. Arrest statistics show 26% of drug law violations arrests (excluding marijuana) are of persons nineteen years of age or less. A review of drug treatment admissions for 1977 shows 23% of such admissions to be of persons less than nineteen which would indicate that the utilization of drug treatment services by youth is relatively consistent with indicated need.*

*The under twenty alcohol abuser is estimated by the Household Survey to comprise 8.7% of the alcohol abusing population. Arrest statistics for 1977 show that persons nineteen and under accounted for 4.7% of all arrests for Drunkenness and for Driving While Intoxicated. A significant percentage of alcohol related motor vehicle operator deaths (27%) are of persons under 21 years of age.*

*Compared to the estimated number of alcohol abusers, persons nineteen years of age and younger comprise only 3.7% of admissions to treatment for alcohol abuse. This discrepancy is not unexpected. The younger alcohol abuser is less likely to be physically addicted to alcohol and is, therefore, less likely to seek or be referred to treatment.*

*It would appear that there is a need to focus additional prevention and intervention services on youth and to increase the knowledge of those within the criminal justice system, particularly the courts and law enforcement officers, in order to increase the number of youthful offenders referred for treatment.*

*Coordination with other agencies that are youth oriented or that have youth service components such as the Department of Education, the Department of Welfare and the Department of Health is also important in order that comprehensive programs for adolescents may be developed and implemented.*

e. Elderly

According to the 1976 Household Survey only 2.3% of persons between the ages of 55 and 65 reported any illicit drug use; of these persons, 190 reported opiate use and none reported using opiates at abusive levels. In 1977,23 persons in this age group were arrested for drug violations and 113 were admitted to drug treatment programs. DAWN data indicates that persons age 50 and over constitute 4% of drug dependence related emergency room episodes. Persons between 55 and 65 account for less than 1% of drug violation arrests and drug treatment admissions. It would appear that the portion of drug treatment services utilized by the elderly is generally consistent with indicated need. There is, however, evidence in the DAWN data that elderly persons may be using prescription or other drugs improperly. This would indicate a need for prevention programs directed at older age groups.

It was estimated through the 1976 Household Survey that persons between the ages of 55 and 65 comprise 11.5% of the alcohol abusing population. Persons aged 55 and over also account for 10.5% of arrests for Drunkenness and for Driving While Intoxicated. These two Alcohol Violations are the most common criminal offenses committed by the elderly, accounting for 65% of all arrests of persons over the age of 54. This age group constitutes 14.6% of Alcohol Treatment Admissions while persons aged 60 and over account for 7.5% of admissions to treatment for Alcohol Abuse. While the data indicates that the utilization of Alcohol Treatment Services by the elderly is fairly consistent with need, close coordination with the Department of Aging will be maintained to assess the extent of alcohol related problems among persons over the age of 65 to assure that services are designed to meet determined needs.

C. POPULATION CHARACTERISTICS AND TRENDS

Pennsylvania's estimated population for 1977 was 11,785,000. Pennsylvania is the fourth most populated state and is the home of 5.5 percent of the U.S. resident population. According to 1970 census figures, 33.3% of Commonwealth citizens reside in urban areas of 100,000 or more; 11.9% live in areas with 25,000 to 100,000 inhabitants; and 54.8% reside in areas that have 25,000 or less residents.

Philadelphia, with a population of 1.8 million, is the largest city in Pennsylvania and the fourth largest in the U.S. Pittsburgh, located in southwestern Pennsylvania, is the state's second largest city, with a population of about one-half million. In addition to these large metropolitan areas, Pennsylvania has five additional cities with a population of 75,000 or more. These include Allentown, Bethlehem, Erie, Reading and Scranton.

According to the U.S. Bureau of Census, Pennsylvania's population decreased 17,000 or 0.1 percent from 1976 to 1977. This decrease compares to 0.8 percent gain for the nation. The lack of growth in Pennsylvania reflects the slowdown in population growth in metropolitan areas (actually a loss in the Philadelphia and Pittsburgh areas.)

*By historical standards, Pennsylvania has not had excessive rates of net out-migration recently. Pennsylvania's average rate of out-migration was 0.3 percent per year from 1970 through 1975; excessive rates are considered to be over 1.0 percent per year. But the cushion of natural population increase (births less deaths) which protected Pennsylvania in the past from losing population, no longer exists because of declining birth rates.*

*This decrease in the birth rate is reflected in the age group statistics presented in Table 4. The most rapid decline in the last seven year period appears for those under 16 years of age. There was a net change of -496,961 persons. However, the youthful population (those 24 years of age and under) still represent 41.2% of the total population. The median age for 1970 was 30.7 years and has raised to 31.2 years in 1977. This includes persons 60 years of age or older. (See Table 4 for percentages of the population by Age Groups)*

*In Pennsylvania 26 out of 30 cities for which estimates were made lost population between 1970 and 1975. Philadelphia had the largest volume loss (-132,900) and Harrisburg had the greatest percentage loss (-14.4 percent). Generally, in 1975, the population of the cities was proportionally older, poorer and had more blacks than in 1970. In contrast, 54 out of 67 counties gained population between 1970 and 1975. Bucks had the largest volume gain (+41,000).*

*Pennsylvania's estimated black population grew by approximately 34,100 or 3.4 percent between 1970 and 1976 in contrast to a 0.01 percent rise in the total population. In 1976, Blacks numbered 1,051,000 or 8.9 percent of the total population. Pennsylvania has the tenth largest black population among all states. As a percent of total population Pennsylvania ranks fourteenth among all states.*

*The U. S. Bureau of Census states that they have not found any technique of preparing reasonably reliable estimates of the coverage of the Spanish ancestry population. However, their 1970 census data does indicate that 96% of Pennsylvanians of Puerto Rican birth or parentage live in the Philadelphia, Allentown/Bethlehem/Easton, Reading and Lancaster SMSA's. The Philadelphia SMSA alone accounts for 75.0% of this population. Based on the 1970 census data, Pennsylvania counties with 400 or more persons of Puerto Rican birth or parentage include: Berks, Bucks, Chester, Dauphin, Delaware, Lancaster, Lebanon, Lehigh, Montgomery, Northampton and Philadelphia. All of these counties are located in the Southeastern quadrant of the Commonwealth.*

*TABLE 2*

RESIDENT POPULATION OF UNITED STATES, PENNSYLVANIA AND BORDERING STATES: 1970, 1976 & 1977

(Resident Population includes estimated Armed Forces residing in each State)

(In thousands)

| Area | July 1, 1977 (Provisional) | July 1, 1976 | April 1, 1970 (census) | Change from 1976 to 1977 (1970 to 1977) | |
|---|---|---|---|---|---|
| | | | | Number | % |
| United States | 216,332 | 214,669 | 203,304 | +1,663 (+13,028) | +0.8 (+6.4) |
| Pennsylvania | 11,785 | 11,802 | 11,801 | -17 (-16) | -0.1 (-0.1) |
| Bordering States | 42,534 | 42,621 | 42,285 | -87 (+249) | -0.2 (+5.9) |
| Delaware | 582 | 582 | 548 | 0 (+34) | 0 (+6.2) |
| Maryland | 4,139 | 4,125 | 3,924 | +14 (+215) | +0.3 (+5.5) |
| New York | 17,924 | 18,053 | 18,241 | -129 (-317) | -0.7 (-1.7) |
| New Jersey | 7,329 | 7,339 | 7,171 | -10 (+158) | -0.1 (+2.2) |
| Ohio | 10,701 | 10,690 | 10,657 | +11 (+44) | +0.1 (+0.4) |
| West Virginia | 1,859 | 1,832 | 1,744 | +27 (+115) | +1.5 (+6.6) |

Source: U.S. Department of Commerce, Bureau of Census

## ESTIMATES OF THE 1977 POPULATION OF PENNSYLVANIA COUNTIES AND COMPONENTS OF CHANGE 1970–77

TABLE 3

| | July 1977 Provisional | April 1970 (Census) | Change Number | 1970-77 Percent | Components of Change 1970-77 Births | Deaths | Net Migrants |
|---|---|---|---|---|---|---|---|
| Adams | 62,800 | 56,937 | 5,900 | 10.3 | 6,500 | 4,000 | 3,300 |
| Allegheny | 1,493,600 | 1,605,133 | −111,400 | −6.9 | 132,000 | 123,100 | −120,400 |
| Armstrong | 75,400 | 75,590 | −100 | −.2 | 7,800 | 6,100 | −1,700 |
| Beaver | 207,400 | 208,418 | −900 | −.5 | 19,700 | 14,300 | −5,300 |
| Bedford | 43,000 | 42,353 | 700 | 1.5 | 5,000 | 3,200 | −1,000 |
| Berks | 302,100 | 296,382 | 5,700 | 1.9 | 27,300 | 22,700 | 1,100 |
| Blair | 134,200 | 135,356 | −1,000 | −.9 | 14,200 | 12,000 | −3,200 |
| Bradford | 60,700 | 57,962 | 2,700 | 4.7 | 7,200 | 4,300 | −100 |
| Bucks | 468,400 | 416,728 | 51,700 | 12.4 | 47,400 | 21,700 | 26,000 |
| Butler | 141,200 | 127,941 | 13,300 | 10.4 | 14,100 | 8,800 | 8,000 |
| Cambria | 187,800 | 186,785 | 1,000 | .5 | 19,100 | 15,000 | −3,000 |
| Cameron | 8,800 | 7,090 | −200 | −3.5 | 700 | 500 | −400 |
| Carbon | 52,200 | 50,573 | 1,700 | 3.3 | 4,900 | 4,800 | 1,600 |
| Centre | 109,700 | 99,267 | 10,500 | 10.5 | 10,100 | 4,500 | 4,900 |
| Chester | 298,200 | 277,746 | 20,400 | 7.3 | 28,900 | 16,000 | 7,500 |
| Clarion | 41,600 | 38,414 | 3,200 | 8.4 | 4,200 | 2,800 | 1,800 |
| Clearfield | 78,900 | 74,619 | 4,300 | 5.7 | 8,700 | 6,600 | 2,200 |
| Clinton | 37,600 | 37,721 | −100 | −.4 | 3,900 | 2,900 | −1,100 |
| Columbia | 59,400 | 55,114 | 4,300 | 7.7 | 5,500 | 4,600 | 3,400 |
| Crawford | 85,200 | 81,342 | 3,900 | 4.7 | 9,300 | 6,400 | 1,000 |
| Cumberland | 171,900 | 158,177 | 13,700 | 8.7 | 15,700 | 9,400 | 7,400 |
| Dauphin | 223,500 | 223,713 | −100 | −.1 | 23,300 | 17,500 | −5,900 |
| Delaware | 583,700 | 603,456 | −19,600 | −3.3 | 53,200 | 41,200 | −31,600 |
| Elk | 36,400 | 37,770 | −1,200 | −3.5 | 4,200 | 2,700 | −2,800 |
| Erie | 271,600 | 263,654 | 8,000 | 3.0 | 32,200 | 18,000 | −5,200 |
| Fayette | 156,400 | 154,867 | 1,700 | 1.1 | 16,500 | 14,200 | −500 |
| Forest | 5,300 | 4,926 | 400 | 7.9 | 400 | 400 | 400 |
| Franklin | 106,200 | 100,833 | 5,400 | 5.3 | 11,600 | 6,900 | 600 |
| Fulton | 11,600 | 10,776 | 800 | 7.5 | 1,400 | 800 | 200 |
| Greene | 39,100 | 36,090 | 3,100 | 8.5 | 4,200 | 3,400 | 2,300 |
| Huntingdon | 39,800 | 39,108 | 700 | 1.7 | 4,400 | 3,000 | −600 |
| Indiana | 87,000 | 78,451 | 7,600 | 9.5 | 8,800 | 5,700 | 4,500 |
| Jefferson | 47,200 | 43,695 | 3,500 | 8.0 | 4,800 | 4,000 | 2,800 |
| Juniata | 18,300 | 16,712 | 1,600 | 9.6 | 2,000 | 1,300 | 900 |
| Lackawanna | 232,400 | 234,504 | −2,000 | −.9 | 20,400 | 21,900 | −500 |
| Lancaster | 347,900 | 320,079 | 27,800 | 8.7 | 38,300 | 21,800 | 11,200 |
| Lawrence | 106,400 | 107,374 | −900 | −1.0 | 10,200 | 8,400 | −2,700 |
| Lebanon | 104,800 | 99,665 | 5,200 | 5.2 | 11,100 | 7,000 | 1,100 |
| Lehigh | 263,600 | 255,304 | 8,300 | 3.3 | 23,900 | 18,600 | 2,900 |
| Luzerne | 338,600 | 341,956 | −3,200 | −1.0 | 29,800 | 32,100 | −700 |
| Lycoming | 113,200 | 113,296 | 0 | −.1 | 13,000 | 9,000 | −4,000 |
| McKean | 52,000 | 51,915 | 100 | .2 | 5,600 | 4,400 | −1,000 |
| Mercer | 126,500 | 127,225 | −600 | −.6 | 12,600 | 9,400 | −3,800 |
| Mifflin | 44,500 | 45,268 | −700 | −1.8 | 5,000 | 3,300 | −2,400 |
| Monroe | 57,700 | 45,422 | 12,300 | 27.0 | 5,000 | 4,000 | 11,300 |
| Montgomery | 628,200 | 624,080 | 4,200 | .7 | 54,300 | 40,900 | −9,100 |
| Montour | 16,600 | 16,508 | 100 | .9 | 1,600 | 1,300 | 0 |
| Northampton | 225,700 | 214,545 | 11,100 | 5.2 | 19,400 | 15,700 | 7,400 |
| Northumberland | 98,800 | 99,190 | −300 | −.4 | 9,700 | 9,300 | −700 |
| Perry | 33,500 | 28,615 | 4,900 | 17.0 | 3,600 | 2,100 | 3,400 |
| Philadelphia | 1,784,500 | 1,949,996 | −165,400 | −8.5 | 198,700 | 163,700 | −200,400 |
| Pike | 14,300 | 11,818 | 2,500 | 20.9 | 1,200 | 1,200 | 2,500 |
| Potter | 16,800 | 16,395 | 400 | 2.3 | 2,100 | 1,400 | −200 |
| Schuylkill | 157,600 | 160,089 | −2,400 | −1.6 | 14,600 | 16,200 | −900 |
| Snyder | 31,100 | 28,269 | 1,900 | 6.4 | 3,300 | 1,900 | 500 |
| Somerset | 79,900 | 76,037 | 3,800 | 5.0 | 8,300 | 6,300 | 1,800 |
| Sullivan | 6,000 | 5,961 | 0 | .1 | 600 | 500 | 0 |
| Susquehanna | 37,100 | 34,344 | 2,800 | 8.1 | 4,200 | 2,800 | 1,400 |
| Tioga | 41,200 | 38,691 | 1,500 | 3.8 | 4,400 | 2,900 | 0 |
| Union | 30,900 | 28,603 | 2,300 | 7.9 | 2,900 | 1,900 | 1,300 |
| Venango | 63,200 | 62,353 | 800 | 1.3 | 6,700 | 5,200 | −600 |
| Warren | 46,900 | 47,682 | −700 | −1.7 | 4,900 | 3,700 | −2,000 |
| Washington | 213,600 | 210,676 | 2,700 | 1.3 | 20,800 | 16,700 | −1,200 |
| Wayne | 34,100 | 29,581 | 4,000 | 15.4 | 3,400 | 2,700 | 3,900 |
| Westmoreland | 379,900 | 376,935 | 2,900 | .8 | 35,400 | 26,100 | −6,300 |
| Wyoming | 24,400 | 19,082 | 5,300 | 27.7 | 2,900 | 1,600 | 3,900 |
| York | 289,000 | 272,603 | 18,400 | 6.0 | 29,500 | 18,400 | 5,200 |
| Pennsylvania | 11,785,200 | 11,800,756 | −15,500 | −.1 | 1,166,500 | 886,500 | −285,500 |

SOURCE: Office of Pennsylvania State Planning & Development

TABLE 4

POPULATION BY AGE AND SEX: PENNSYLVANIA, 1970 and 1977

| Age Group | Both Sexes | | Male | | Female | |
|---|---|---|---|---|---|---|
| | 1977 Estimated Population | 1970 Enumerated Population | 1977 Estimated Population | 1970 Enumerated Population | 1977 Estimated Population | 1970 Enumerated Population |
| All Ages | 11,785,200 | 11,793,909 | 5,644,900 | 5,665,414 | 6,140,300 | 6,128,495 |
| | % | | % | | % | |
| Under 1 year | 1.2 143,700 | 181,583 | .62 73,500 | 92,564 | .58 70,200 | 89,019 |
| 1-4 years | 4.9 578,300 | 744,604 | 2.5 295,300 | 379,566 | 2.4 283,000 | 365,038 |
| 5-9 years | 7.5 888,500 | 1,082,755 | 3.8 453,700 | 552,052 | 3.7 434,800 | 530,703 |
| 10-14 years | 8.5 1,003,300 | 1,168,554 | 4.3 511,500 | 595,276 | 4.2 491,800 | 573,278 |
| 15-19 years | 9.2 1,086,700 | 1,075,430 | 4.7 552,900 | 538,043 | 4.5 533,800 | 537,387 |
| 20-24 years | 8.6 1,013,300 | 852,425 | 4.3 504,800 | 395,243 | 4.3 508,500 | 457,182 |
| 25-29 years | 7.8 927,000 | 705,823 | 3.8 449,500 | 343,228 | 4.0 477,500 | 362,595 |
| 30-34 years | 6.6 784,000 | 609,374 | 3.2 375,600 | 293,437 | 3.4 408,400 | 315,937 |
| 35-39 years | 5.2 624,500 | 626,266 | 2.5 298,900 | 300,488 | 2.7 325,600 | 325,778 |
| 40-44 years | 5.0 600,500 | 741,521 | 2.4 286,900 | 355,351 | 2.6 313,600 | 386,170 |
| 45-49 years | 5.8 690,500 | 776,574 | 2.8 327,600 | 370,011 | 3.0 362,900 | 406,563 |
| 50-54 years | 6.0 712,400 | 738,751 | 2.8 334,700 | 351,050 | 3.2 377,700 | 387,701 |
| 55-59 years | 5.8 686,700 | 658,686 | 2.7 318,500 | 312,904 | 3.1 368,200 | 345,782 |
| 60-64 years | 5.2 614,200 | 559,437 | 2.4 278,800 | 259,432 | 2.8 335,400 | 300,005 |
| 65-69 years | 4.0 472,800 | 441,329 | 1.8 207,000 | 194,556 | 2.2 265,800 | 246,773 |
| 70-74 years | 3.0 365,100 | 348,786 | 1.3 152,000 | 146,346 | 1.7 213,100 | 202,440 |
| 75-84 years | 3.5 419,000 | 390,427 | 1.4 160,800 | 153,618 | 2.1 258,200 | 236,809 |
| Over 84 years | 1.4 174,700 | 91,584 | .5 62,900 | 32,249 | .9 111,800 | 59,335 |

Source: "Pennsylvania Natality and Mortality Statistics, 1977, Pa. Department of Health, July 1, 1978.

TABLE 5

PENNSYLVANIA'S POPULATION BY RACE
(Percent Distribution Parenthesized)

1850 THRU 1977

| YEAR | TOTAL | WHITE | BLACK | OTHER RACES [1] |
|---|---|---|---|---|
| 1977 | 11,735,00 | N/A | N/A | N/A |
| | (100.0) | | | |
| 1976 | 11,802,000 | 10,691,000 | 1,051,000 | 60,000 |
| | (100.0) | (90.6) | (8.9) | (0.5) |
| 1970 | 11,800,800 | 10,753,400 | 1,016,900 | 30,500 |
| | (100.0) | (91.1) | (8.6) | (0.3) |
| 1960 | 11,319,366 | 10,454,004 | 852,750 | 12,612 |
| | (100.0) | (92.4) | (7.5) | (0.1) |
| 1950 | 10,498,012 | 9,853,848 | 638,485 | 5,679 |
| | (100.0) | (93.9) | (6.1) | (0.0) |
| 1940 | 9,900,180 | 9,426,989 | 470,172 | 3,019 |
| | (100.0) | (95.2) | (4.7) | (0.0) |
| 1920 | 8,720,017 | 8,432,726 | 284,568 | 2,723 |
| | (100.0) | (96.7) | (3.3) | (0.0) |
| 1900 | 6,302,115 | 6,141,664 | 156,845 | 3,606 |
| | (100.0) | (97.5) | (2.5) | (0.0) |
| 1880 | 4,282,891 | 4,197,016 | 85,535 | 340 |
| | (100.0) | (98.0) | (2.0) | (0.0) |
| 1850 | 2,311,786 | 2,258,160 | 53,626 | |
| | (100.0) | (97.7) | (2.3) | |

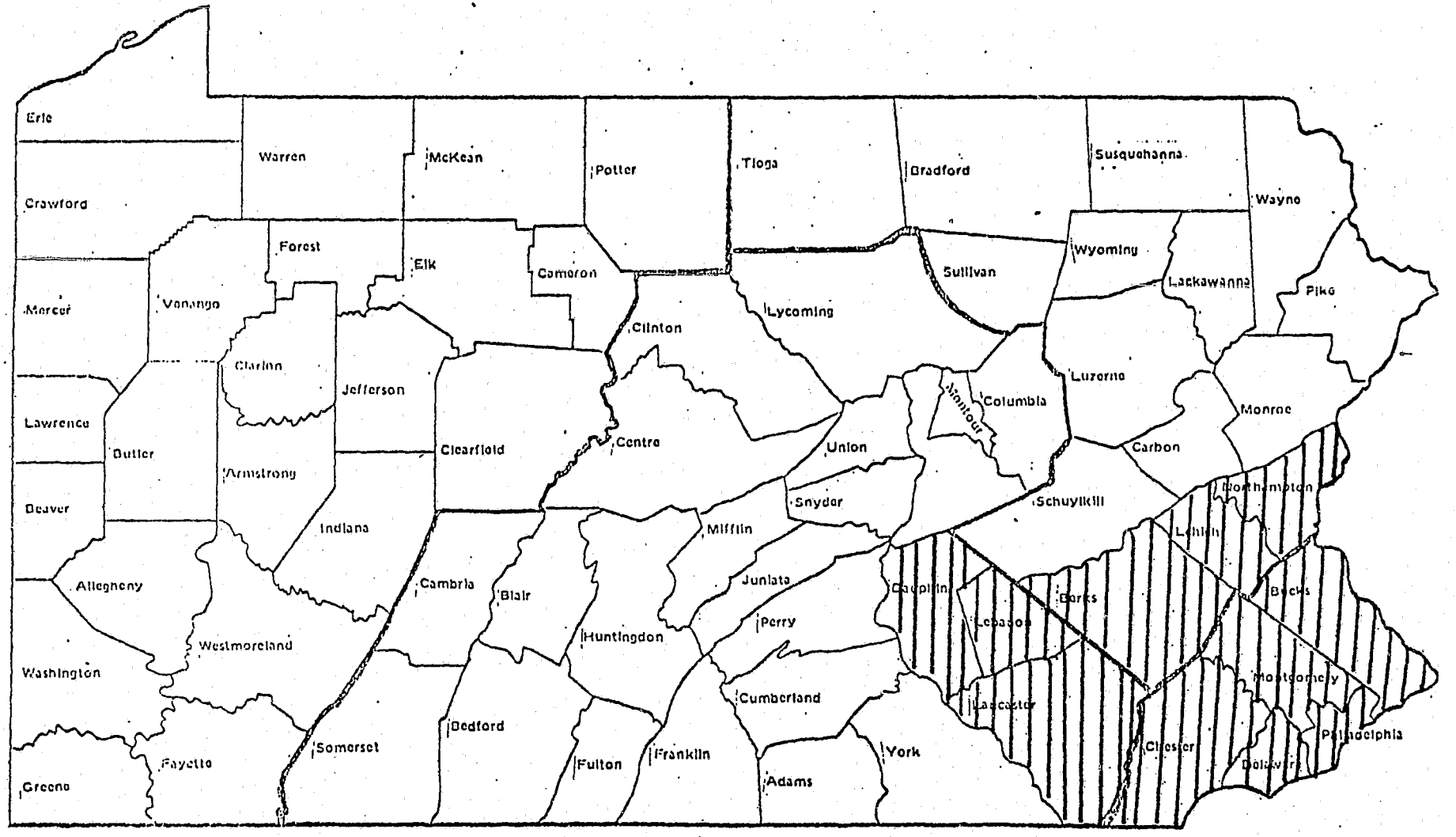
N/A = Not available

[1] Other races comprised principally of American Indians, Asian Americans and Pacific Islanders.

Source: U.S. Department of Commerce, Bureau of Census

*MAP 6*

**COUNTIES WITH 400 OR MORE PERSONS OF PUERTO RICAN BIRTH OR PARENTAGE*




**Based on 1970 Census*

*Source: U. S. Department of Commerce, Bureau of Census*

## D. HOUSEHOLD SURVEY

During the summer and fall of 1976, 1,961 Pennsylvanians were interviewed in a statewide household survey commissioned by the Governor's Council on Drug and Alcohol Abuse. A multistage probability sampling design was adopted, intended to provide a representative view of alcohol and illicit drug use among Pennsylvanians between the ages of 14-65 years who were members of housing units. Since this was a household survey, individuals living in non-household units, e.g. military barracks, state hospitals, prisons, etc. were not included in the sample. There was one exception - persons living in college dormitories were included. This does mean, however, that migrant workers (if housed in a group, incarcerated individuals, persons in communes or quasi-communes, persons in treatment for substance abuse and unattached persons (persons with no housing unit)) were excluded from the study. Traditionally, these people average higher levels of substance use when compared to the household population. Accompanying this is the acknowledged undercounting of the population by the U.S. Census. Approximately 2-3 percent of the population is not enumerated in the census, and these persons are most generally inner-city black males between the ages of 14-40 years. It is reasonable to assume these persons would also be missed in the household survey. This is important since these individuals experience high rates of substance use. These limitations should be considered in reviewing the findings.

### 1. Substance Abuse by Age and Urbanization

As is shown in Table 7 substance abuse is highest in the younger age groups. Use of opiates, sedatives, inhalants and psychedelics peaks in the 14-19 age group and declines thereafter. Use of stimulants, composite pills, marijuana, hashish, cocaine and alcohol peaks in the 20-24 age group. Use of alcohol declines less markedly among all age groups than does the use of other drugs.

TABLE 7

PERCENTAGE OF DRUG USERS BY SPECIFIC AGE CATEGORY ACCORDING TO THE SUBSTANCE(S) OF USE

| Substance | Age | | | | | | Average Use |
|---|---|---|---|---|---|---|---|
| | 14–19 | 20–24 | 25–34 | 35–44 | 45–54 | 55–65 | |
| OPIATES | 8.5 | 6.2 | 3.9 | 2.5 | 2.2 | 1.0 | 4.0 |
| SEDATIVES | 7.6 | 6.6 | 5.5 | 2.1 | 1.5 | 1.0 | 4.0 |
| STIMULANTS | 6.7 | 7.2 | 3.3 | 1.4 | 0.1 | 0.0 | 2.9 |
| COMPOSITE PILLS | 4.6 | 4.9 | 1.5 | 0.4 | 0.1 | 0.0 | 1.8 |
| MARIJUANA & HASHISH | 27.0 | 36.8 | 14.8 | 2.4 | 0.7 | 0.0 | 12.4 |
| INHALANTS | 2.2 | 1.2 | 1.4 | 1.0 | 0.0 | 0.3 | 1.0 |
| PSYCHEDELICS | 8.1 | 2.7 | 0.8 | 0.0 | 0.0 | 0.0 | 1.9 |
| COCAINE | 3.4 | 4.1 | 2.8 | 0.4 | 0.0 | 0.0 | 1.7 |
| ALCOHOL | 74.4 | 83.8 | 82.8 | 71.2 | 74.2 | 54.1 | 73.2 |

*The second table reveals that the use of all drugs (with the exception of inhalants) is proportionately higher in highly urban areas than anywhere else. The most glaring example of this is in the case of marijuana and hashish, where the percentage of users in highly urban areas was about twice that of users in other areas. This means that the total number of drug users was much higher in highly urban SCA's than in moderately urban or rural SCA's. What is perhaps surprising is the relative closeness in rates between moderately urban and rural SCA's. If opiate, stimulant, and composite pill use were to be disregarded, the two areas would be about equal. Alcohol use is greatest in the Highly Urban areas and is about equal in Moderately Urban and Rural areas.*

TABLE 8

PERCENTAGE OF DRUG USERS BY LEVEL OF URBANIZATION ACCORDING TO THE SUBSTANCE(S) OF USE

| Substance | Urbanization | | | Average Use |
|---|---|---|---|---|
| | Highly Urban | Moderately Urban | Rural | |
| OPIATES | 5.3 | 2.7 | 0.8 | 4.0 |
| SEDATIVES | 5.2 | 2.4 | 2.1 | 4.0 |
| STIMULANTS | 3.6 | 2.7 | 0.2 | 2.9 |
| COMPOSITE PILLS | 2.3 | 1.4 | 0.2 | 1.7 |
| MARIJUANA & HASHISH | 16.4 | 6.8 | 8.5 | 12.4 |
| INHALANTS | 0.8 | 1.4 | 1.0 | 1.0 |
| PSYCHEDELICS | 2.2 | 1.7 | 1.0 | 1.9 |
| COCAINE | 2.3 | 1.2 | 0.2 | 1.7 |
| ALCOHOL | 78.1 | 66.9 | 67.3 | 73.2 |

TABLE 9

TOTAL ABUSE BY URBANIZATION

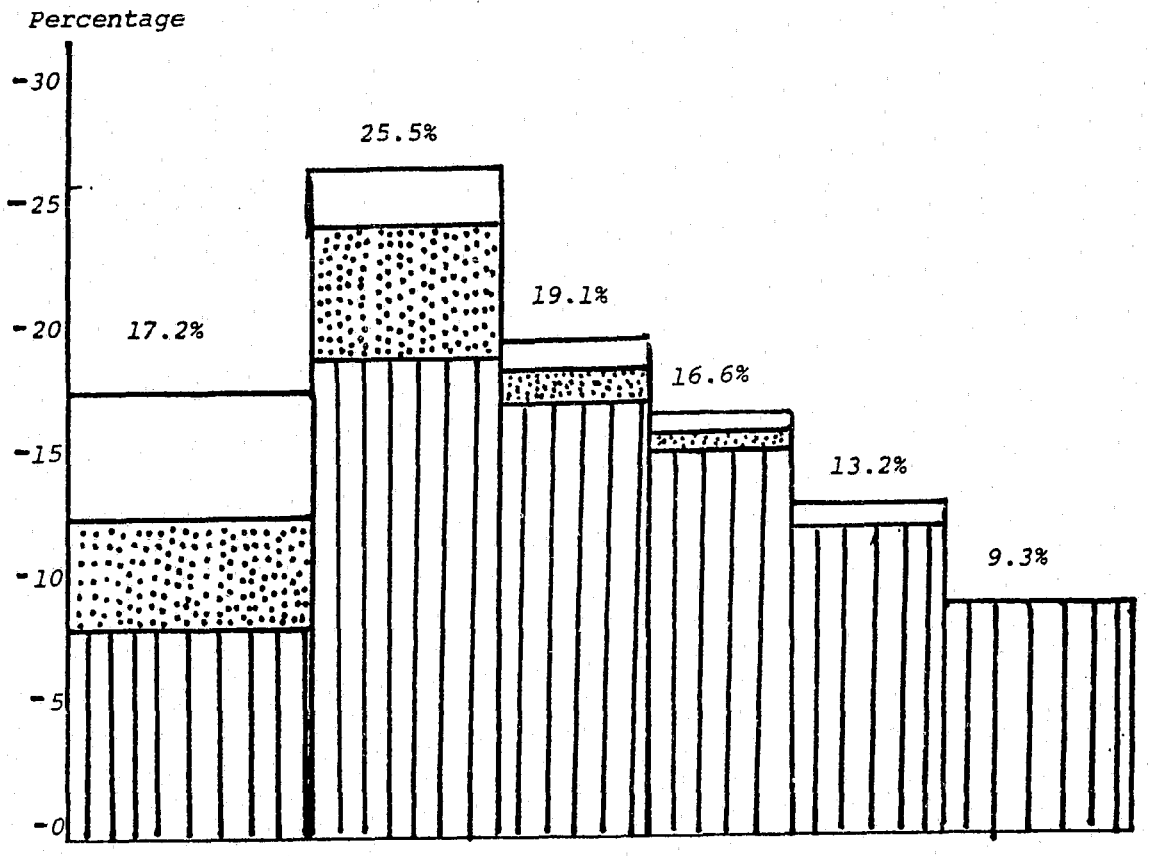
| Types of Abuse | Urbanization | | | Total Sample |
|---|---|---|---|---|
| | Heavily Urban | Moderately Urban | Rural | |
| 1. Only Drug Abuse | 2.2% | 0.6% | 0.6% | 1.5% |
| 2. Drug and Alcohol Abuse | 2.0% | 1.7% | 0.2% | 1.7% |
| 3. Only Alcohol Abuse | 14.1% | 11.8% | 12.2% | 13.2% |
| 4. No Abuse | 81.7% | 86.0% | 87.0% | 83.7% |
| TOTAL PERCENT | 100.0% | 100.1% | 100.0% | 100.1% |
| Weighted N | (2552) | (1447) | (516) | (4515) |
| Estimated Number of Substance Abusers* | 747,569 | 324,266 | 107,023 | 1,178,858 |

The most noticeable finding is the relatively close level of overall abuse between areas as is apparent on the above table. Heavily urban SCA's had higher percentages of use on all substances, so it is not surprising that they should also have the highest percentage of persons with substance abuse (18.3 percent). However, rural SCA's (with 13.0 percent) and moderately urban SCA's (with 14.0 percent) also had comparatively high levels of total abuse.

*The estimated number of drug abusers only by extent of urbanization was 91,050 for highly urban areas, 12,779 for moderately urban and 4,792 for rural areas. The corresponding figures for drug and alcohol abusers was 81,466, 38,337 and 1,597 respectively; with 575,953, 273,150 and 100,634 respectively being the estimated number of only alcohol abusers.

TABLE 10

TOTAL ABUSE BY AGE



The comparative use of drugs by age groups is shown in Table 10 One of every four persons aged 20-24 was abusing some drug(s), and that ranges down to one of every ten persons 55-65 abusing some drug(s). Alcohol abuse was the predominant form of abuse, accounting for 49 percent of all abuse for persons aged 14-19 and increasing steadily until it accounted for 100 percent of all abuse for persons aged 55-65 years. Alcohol abuse, and drug and alcohol abuse were more frequent with persons aged 20-24 and then decreased steadily as the age of the respondents increased. It is interesting that only the extreme young (14-19 years) and old (55-65 years) persons in the sample had below 10 percent saying they were abusing alcohol.

2. Substance Abuse by Race and Sex

TABLE 11
TOTAL ABUSE BY RACE AND SEX

| Type of Abuse | Race | | | Sex | | TOTAL |
|---|---|---|---|---|---|---|
| | Black | White | Other | Male | Female | Sample |
| 1. Only Drug Abuse | 4.8% | 1.1% | 14.8% | 1.2% | 1.8% | 1.5% |
| 2. Drug and Alcohol Abuse | 2.4% | 1.6% | 0. | 2.9% | 0.6% | 1.7% |
| 3. Only Alcohol Abuse | 14.2% | 13.0% | 22.2% | 22.3% | 5.1% | 13.2% |
| 4. No Abuse | 78.5% | 84.2% | 63.0% | 73.6% | 92.5% | 83.7% |
| TOTAL PERCENT | 99.9% | 99.9% | 100.0% | 100.0% | 100.0% | 100.1% |
| Weighted N | (372) | (4106) | (27) | (2120) | (2395) | (4515) |

As is shown by Table 11 black respondents had a higher percentage of abusers than whites (21.4 percent as compared to 15.7 percent). This held true for all three areas of abuse, with the largest difference being in the area of drug only abuse (4.8 percent versus 1.1 percent).

As is also shown by Table 11 twenty-six percent of all males admitted to some level of substance abuse, of which most was related to alcohol only problems and 7.5 percent of the female respondents indicated an abuse problem. As was the case for their male counterparts, most of the females with substance abuse dealt with alcohol only.

3. Summary

Opiates. Four percent of those surveyed indicated some illicit use of opiates during the past year; however, most of those persons (74 percent) said their use was infrequent. The largest percentage of opiate users were in highly urban areas. Users were young (the highest percentage of users were between 14-25 years of age), and proportionately more likely to be blacks than whites. The study projected an estimate of 11,182 persons between the ages of 14-65 years who were abusing opiates during 1976 in Pennsylvania.

Sedatives. Four percent of the sample indicated illicit use of sedatives in 1976, with the highest percentage of reported users being in highly urban areas. Use was heaviest among persons aged 14-24 years, with a sharp drop off in use for persons aged 35 years and over. Blacks and males used sedatives more frequently than whites or females respectively. An estimated 20,766 persons abused sedatives.

Stimulants. Nearly three percent of the sample acknowledged illicit use of stimulants, with highly urban areas reporting the highest percentage of use. The highest percentage of use was reported by persons aged 20-24 years with a precipitious decline for persons above that age. Blacks were much more likely to use stimulants than whites, with males slightly more likely to use stimulants than females. An estimated 39,934 persons were abusing stimulants.

Composite Pills. Most of the composite pill users (users of both sedatives and stimulants) were between the ages 14-24 years, with blacks and males slightly more likely to be composite pill users than whites or females respectively. A total of 19,168 persons are estimated to be composite pill abusers.

Marijuana and Hashish. Except for alcohol, this was the most used substance in the study. More than twelve percent of the sample admitted to the use of the substance during 1976, with two-thirds of the users saying their use was either moderate or abusive. This is important because this was the only drug for which the majority of users did not report light (experimental) use. One interpretation of this phenomenon is that marijuana has a high degree of acceptance and is freely available. Again, the highest percentage of users are in highly urban areas. Persons aged 20-24 years reported the highest use (36.8 percent were users), with a severe drop off among respondents over 34 years of age. Men and blacks were much more likely to use marijuana than were women and whites respectively. There are about 186,892 abusers of marijuana.

*Inhalants. These substances were the least used, for, according to the survey, only one percent of the persons used inhalants in 1976. Interestingly, all three levels of urbanization had similar levels of inhalant use. Again, males and blacks were the more likely users, when compared to females and whites. About 1,597 Pennsylvanians were inhalant abusers.*

*Psychedelics. The use of psychedelics was strongly related to age. They were not used by persons over 34 years of age and the vast majority of the users were teenagers. Blacks were more likely to use psychedelics than whites (but the number of black users was too small to permit generalizations). Females were almost as likely as males to use psychedelics. There were an estimated 7,987 abusers of psychedelics.*

*Cocaine. Very few people claimed to have used cocaine in 1976 (1.7 percent of the sample), and they tended to be young. Males and blacks were definitely more likely to be users. As with most other substances, the highest percentage of users were in highly urban SCA's. There were an estimated 7,987 cocaine abusers.*

*Alcohol. Nearly three of every four persons in the sample admitted to some alcohol use in 1976. The highly urban areas had the highest level of users. The highest percentage of drinkers were found among persons aged 20-24 years, followed closely by persons 25-34 years. The most striking pattern was evident in the racial comparison. Blacks, compared to whites, were more likely to be both abstainers and heavy drinkers. That is to say, blacks tended to polarize either at heavy drinking or abstinence, while whites tended to be more evenly distributed throughout the consumption spectrum. Males were much more likely to be drinkers and heavy drinkers than females, who were more likely to be abstainers. An estimated 1,070,237 Pennsylvanians were heavy alcohol users in 1976.*

## *E. BRENNER FORMULA*

*The Brenner Formula is a statistical method that estimates the number of alcoholics by using data based on the number of reported deaths due to cirrhosis of the liver. The formula provides a fairly reliable estimate of alcoholism when based on a population of 300,000 or more. Therefore, deaths due to cirrhosis of the liver were averaged for the period 1975-1977 in order to develop a more accurate estimate of the number of persons with an alcohol problem within each county in Pennsylvania. The resulting Brenner Formula estimates are presented in Table 12 and 13. According to the Formula*

TABLE 12

NUMBER OF ALCOHOLICS AND PERCENT OF ALCOHOLISM BY COUNTY*
1960, 1973, 1974, 1975-77

| | Number of Alcoholics Based on Brenner Formula | | | | Percent of Alcoholism | | | |
|---|---|---|---|---|---|---|---|---|
| | 1960 | 1973 | 1974 | 1975-77 | 1960 | 1973 | 1974 | 1975-77 |
| State Total | 646,907 | 1,013,005 | 1,046,050 | 881,438 | 5.7 | 8.5 | 8.8 | 7.4 |
| **Region I** | | | | | | | | |
| Bucks | 4,711 | 17,439 | 20,400 | 11,431 | 1.5 | 4.0 | 4.6 | 2.4 |
| Chester | 6,047 | 12,801 | 15,354 | 10,849 | 2.9 | 4.5 | 5.4 | 3.7 |
| Delaware | 29,462 | 53,129 | 49,177 | 48,901 | 5.3 | 8.8 | 8.2 | 8.3 |
| Montgomery | 20,602 | 47,096 | 42,584 | 39,147 | 4.0 | 7.4 | 6.8 | 6.2 |
| Philadelphia | 188,376 | 246,163 | 241,497 | 215,181 | 9.4 | 12.8 | 12.8 | 11.8 |
| **Region II** | | | | | | | | |
| Berks | 10,547 | 16,899 | 16,530 | 16,499 | 3.8 | 5.6 | 5.4 | 5.4 |
| Bradford | 633 | 689 | 233 | 2,309 | 1.2 | 1.2 | .4 | 3.8 |
| Carbon | 2,742 | 3,277 | 3,679 | 2,048 | 5.2 | 6.4 | 7.1 | 3.9 |
| Lackawanna | 25,032 | 28,934 | 31,797 | 26,923 | 10.7 | 12.1 | 13.4 | 11.4 |
| Lehigh | 12,586 | 18,929 | 17,517 | 15,532 | 5.5 | 7.3 | 6.7 | 5.9 |
| Luzerne | 39,447 | 42,297 | 43,897 | 37,651 | 11.4 | 12.2 | 12.7 | 10.9 |
| Monroe | 984 | 5,189 | 4,942 | 4,967 | 2.5 | 10.8 | 10.0 | 8.9 |
| Northampton | 6,961 | 14,010 | 15,574 | 14,778 | 3.5 | 6.4 | 7.0 | 6.6 |
| Pike | 1,125 | 1,747 | 1,254 | 2,616 | 12.3 | 13.5 | 9.7 | 18.0 |
| Schuylkill | 19,759 | 21,028 | 24,276 | 18,938 | 11.4 | 13.2 | 15.0 | 11.9 |
| Sullivan | 0 | 318 | 323 | 45 | 0 | 5.1 | 5.4 | 0.8 |
| Susquehanna | 1,899 | 1,314 | 1,775 | 2,450 | 5.7 | 3.7 | 4.8 | 6.5 |
| Tioga | 1,055 | 1,429 | 1,637 | 1,609 | 2.9 | 3.4 | 3.9 | 3.8 |
| Wayne | 633 | 1,735 | 2,599 | 1,117 | 2.2 | 5.6 | 8.0 | 3.2 |
| Wyoming | 0 | 1,325 | 1,010 | 743 | 0 | 6.5 | 4.7 | 3.1 |
| **Region III** | | | | | | | | |
| Adams | 3,447 | 470 | 1,347 | 1,260 | 6.6 | .8 | 2.3 | 2.0 |
| Bedford | 0 | 980 | 23 | 886 | 0 | 2.1 | .1 | 2.0 |
| Blair | 2,461 | 10,857 | 12,519 | 7,276 | 1.8 | 7.8 | 9.1 | 5.4 |
| Cambria | 9,774 | 14,587 | 11,014 | 19,292 | 4.8 | 7.7 | 5.8 | 10.2 |
| Centre | 0 | 0 | 596 | 2,095 | 0 | 0 | .6 | 1.9 |
| Clinton | 352 | 1,932 | 1,240 | 1,550 | .9 | 5.0 | 3.2 | 4.1 |

* Based on Brenner Formula
0 Indicates that based on cirrhosis of the liver, the number of alcoholics is estimated to be nil.

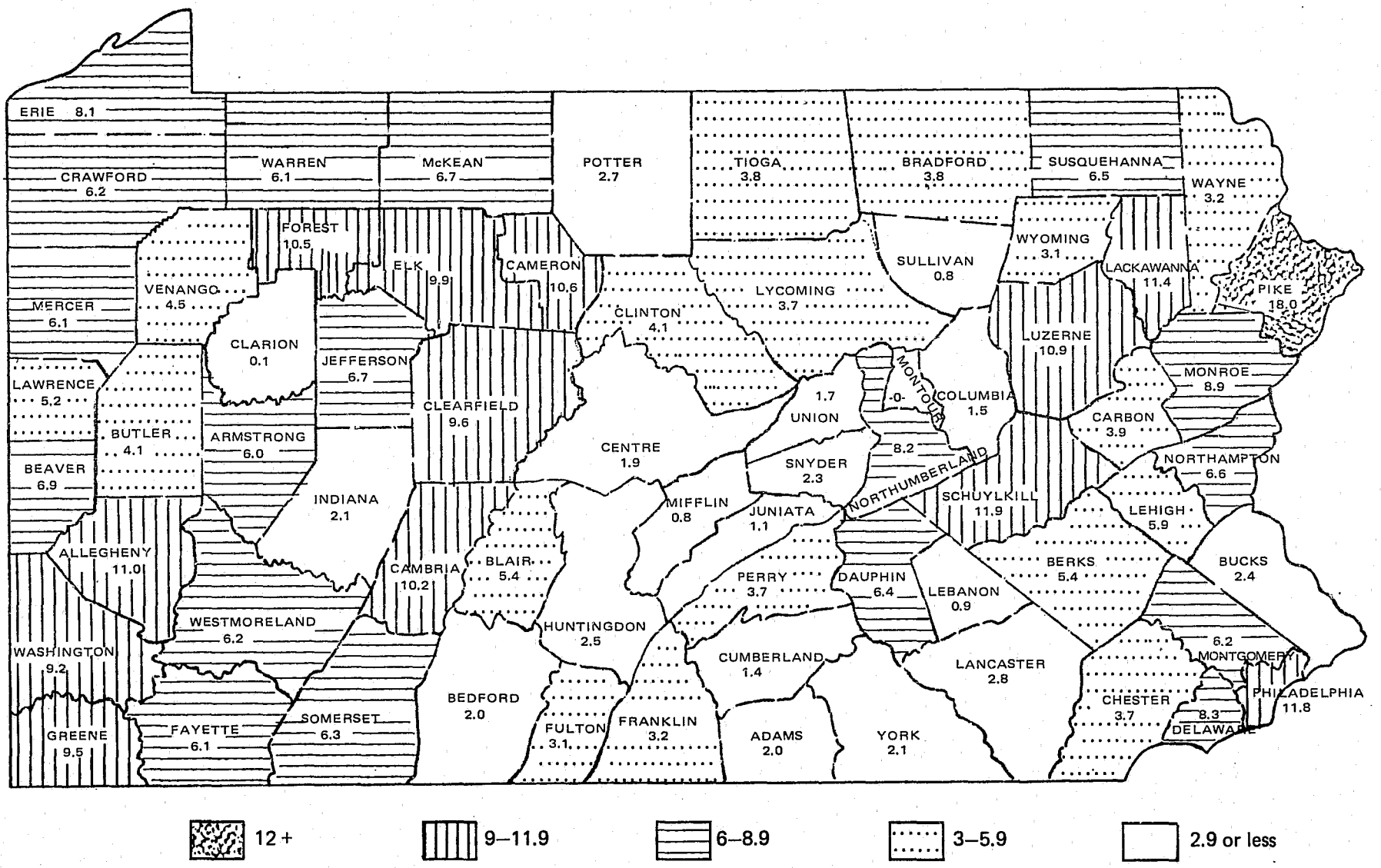
TABLE 13

| | Number of Alcoholics Based on Brenner Formula | | | | Percent of Alcoholism | | | |
|---|---|---|---|---|---|---|---|---|
| | 1960 | 1973 | 1974 | 1975-77 | 1960 | 1973 | 1974 | 1975-77 |
| **Region III, continued** | | | | | | | | |
| Columbia | 2,742 | 1,032 | 1,409 | 908 | 5.1 | 1.8 | 2.5 | 1.5 |
| Cumberland | 1,477 | 774 | 1,426 | 2,422 | 1.2 | .5 | .9 | 1.4 |
| Dauphin | 9,985 | 17,315 | 18,727 | 14,283 | 4.5 | 7.6 | 8.3 | 6.4 |
| Franklin | 351 | 2,039 | 3,460 | 3,482 | .4 | 2.0 | 3.4 | 3.2 |
| Fulton | 0 | 183 | 177 | 366 | 0 | 1.7 | 1.6 | 3.1 |
| Huntingdon | 984 | 2,419 | 1,876 | 990 | 2.5 | 6.2 | 4.6 | 2.5 |
| Juniata | 0 | 917 | 203 | 194 | 0 | 5.3 | 1.1 | 1.1 |
| Lancaster | 2,039 | 6,945 | 7,260 | 9,768 | .7 | 2.1 | 2.2 | 2.8 |
| Lebanon | 281 | 695 | 1,619 | 999 | .3 | .7 | 1.5 | .9 |
| Lycoming | 2,531 | 5,009 | 7,785 | 4,281 | 2.3 | 4.4 | 6.7 | 3.7 |
| Mifflin | 1,547 | 368 | 1,305 | 371 | 3.5 | .8 | 2.8 | .8 |
| Montour | 0 | 712 | 906 | 6 | 0 | 4.1 | 5.1 | 0 |
| Northumberland | 6,188 | 9,167 | 7,732 | 8,390 | 5.9 | 9.3 | 7.7 | 8.2 |
| Perry | 633 | 352 | 290 | 1,198 | 2.4 | 1.2 | .9 | 3.7 |
| Snyder | 0 | 1,038 | 1,024 | 728 | 0 | 3.4 | 3.3 | 2.3 |
| Somerset | 2,039 | 5,743 | 5,530 | 5,051 | 2.6 | 7.3 | 7.1 | 6.3 |
| Union | 703 | 0 | 0 | 534 | 2.7 | 0 | 0 | 1.7 |
| York | 6,680 | 6,911 | 6,835 | 6,151 | 2.8 | 2.5 | 2.4 | 2.1 |
| **Region IV** | | | | | | | | |
| Allegheny | 136,413 | 227,686 | 247,446 | 165,698 | 8.4 | 14.3 | 15.9 | 11.0 |
| Armstrong | 562 | 6,289 | 6,759 | 4,647 | .7 | 8.2 | 8.8 | 6.0 |
| Beaver | 11,040 | 12,556 | 14,623 | 14,513 | 5.3 | 5.9 | 6.9 | 6.9 |
| Butler | 5,344 | 7,541 | 9,754 | 5,696 | 4.7 | 5.7 | 7.2 | 4.1 |
| Cameron | 0 | 0 | 290 | 723 | 0 | 0 | 4.0 | 10.6 |
| Clarion | 0 | 779 | 1,454 | 34 | 0 | 2.0 | 3.6 | .1 |
| Clearfield | 1,899 | 4,666 | 3,673 | 7,617 | 2.3 | 6.1 | 4.8 | 9.6 |
| Crawford | 3,445 | 3,108 | 3,941 | 5,342 | 4.4 | 3.8 | 4.6 | 6.2 |
| Elk | 3,867 | 5,701 | 4,323 | 3,668 | 10.4 | 14.3 | 11.1 | 9.9 |
| Erie | 9,141 | 24,200 | 27,258 | 22,290 | 3.6 | 8.9 | 10.0 | 8.1 |
| Fayette | 9,352 | 14,044 | 18,789 | 9,473 | 5.5 | 8.9 | 12.0 | 6.1 |
| Forest | 0 | 1,049 | 563 | 554 | 0 | 20.2 | 11.3 | 10.5 |
| Greene | 281 | 4,360 | 4,337 | 3,668 | .7 | 11.6 | 11.3 | 9.5 |
| Indiana | 2,109 | 4,233 | 2,562 | 7,794 | 2.8 | 5.2 | 3.1 | 2.1 |
| Jefferson | 773 | 3,697 | 4,849 | 3,125 | 1.6 | 8.5 | 10.8 | 6.7 |
| Lawrence | 1,758 | 5,671 | 5,594 | 5,485 | 1.6 | 5.3 | 5.2 | 5.2 |
| McKean | 2,672 | 4,824 | 5,344 | 3,465 | 4.9 | 9.0 | 10.2 | 6.7 |
| Mercer | 7,664 | 8,486 | 8,326 | 7,853 | 6.0 | 6.5 | 6.5 | 6.1 |
| Potter | 914 | 425 | 703 | 447 | 5.5 | 2.4 | 4.0 | 2.7 |
| Venango | 1,688 | 3,139 | 4,340 | 2,897 | 2.6 | 5.0 | 6.9 | 4.5 |
| Warren | 843 | 2,832 | 2,624 | 2,891 | 1.8 | 5.7 | 5.3 | 6.1 |
| Washington | 10,738 | 18,988 | 17,365 | 19,773 | 5.0 | 8.7 | 8.1 | 9.2 |
| Westmoreland | 11,833 | 22,937 | 21,466 | 23,728 | 3.4 | 6.0 | 5.7 | 6.2 |

0 Indicates that based on cirrhosis of the liver, the number of alcoholics is estimated to be nil.

*MAP 14*

## ESTIMATED PERCENT OF ALCOHOLISM IN PENNSYLVANIA BY COUNTY
## 1975/76/77 AVERAGE
**(Based on Brenner Formula)**



*there were approximately 881,438 Pennsylvanians (7.4% of the total population) with an alcohol problem during this period. Between 1960 and 1973, there was a 60 percent increase in the number of individuals having an alcohol problem. There was a slight increase (3%) in this number from 1973 to 1974 and a 15 percent decrease between 1974 and the 1975-77 period.*

*Approximately 70 percent of Pennsylvanians having an alcohol problem reside in the 11 counties which are classified as urban; 17 percent reside in moderately urban counties; and, 13 percent reside in rural counties.*

*The percent of alcoholism ranges from a high of 18.0 percent in Pike County to .8 percent in Mifflin County. Nine counties have an alcoholism rate above 10 percent. Twenty-six counties have a rate between 5 percent and 10 percent and thirty-two counties have a rate below 5 percent.*

*F. TREATMENT ADMISSIONS DATA*

*1. Treatment Admission Trends by Age, Sex, Race and Substance Abuse*

*An analysis of admissions to treatment for the three year period from July 1975 through June 1978 (Table 15) shows an increase during the period in the number and percent of admissions for alcohol abuse and a decrease in the number and percent of admissions for drug abuse. Data for the quarterly periods beginning January 1977 were affected by the inclusion of reports of short term detoxification admissions which had not been available previously and which resulted in a disproportionate change in the percent of drug vs. alcohol admissions between the last quarter of 1976 and the first quarter of 1977.*

*Alcohol admissions began to level off in the last quarter of 1977 after reaching a peak of 67% of total admissions in the third quarter of that year. For the most recent four quarter period admissions for alcohol problems have averaged 65%. Opiate admissions peaked in the first quarter of 1976 at 34% of total admissions and have declined since that time to a current rate of about 15%. Admissions for drugs other than opiates have increased during the past four quarters from 12% to the present 15% of admissions.*

*The age of persons admitted for treatment has remained relatively constant during the past year. Only the 45-54 grouping and 15-19 grouping varied more than 1% during the period, with the former declining from 18% to 15% during the first three quarters and increasing to 17% in the last quarter and the latter increasing from 8% to 11% for the first three quarters and declining to 9% in the last quarter.*

## TABLE 15
## TREATMENT TRENDS BY SUBSTANCE OF ABUSE 7/75 to 6/78 (by percent)

| Primary | 1975 | | 1976 | | | | 1977 | | | | 1978 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Substance | J-S | O-D | J-M | A-J | J-S | O-D | J-M | A-J | J-S | O-D | J-M | A-J |
| Opiates | 30 | 32 | 34 | 30 | 29 | 25 | 20 | 17 | 16 | 16 | 14 | 13 |
| Alc. | 54 | 51 | 50 | 53 | 56 | 56 | 63 | 66 | 67 | 64 | 64 | 65 |
| Barb. | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Amph. | 3 | 4 | 4 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 4 | 4 |
| Mari. | 5 | 5 | 4 | 3 | 3 | 4 | 4 | 3 | 3 | 4 | 5 | 4 |
| Other | 1 | 1 | 2 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 5 | 5 |
| | 10,095 | 9,789 | 12,069 | 12,904 | 13,288 | 12,460 | 15,517 | 14,996 | 14,303 | 13,678 | 14,687 | 15,103 |

## TABLE 16
## TREATMENT TRENDS BY AGE 7/75 to 6/78(by percent)

| | 1975 | | 1976 | | | | 1977 | | | | 1978 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | J-S | O-D | J-M | A-J | J-S | O-D | J-M | A-J | J-S | O-D | J-M | A-J |
| Under 15 | 1 | 1 | 2 | 1 | 0 | 2 | 2 | 2 | 1 | 2 | 2 | 2 |
| 15 to 19 | 9 | 4 | 11 | 9 | 7 | 10 | 9 | 8 | 8 | 9 | 11 | 9 |
| 20 to 24 | 19 | 21 | 21 | 19 | 18 | 17 | 15 | 14 | 14 | 15 | 15 | 14 |
| 25 to 34 | 30 | 31 | 31 | 30 | 31 | 30 | 29 | 28 | 29 | 29 | 29 | 29 |
| 35 to 44 | 18 | 17 | 17 | 18 | 19 | 19 | 20 | 21 | 20 | 20 | 20 | 20 |
| 45 to 54 | 14 | 13 | 12 | 14 | 15 | 15 | 17 | 18 | 18 | 16 | 15 | 17 |
| Over 54 | 8 | 7 | 7 | 8 | 9 | 8 | 10 | 10 | 10 | 10 | 9 | 10 |
| | 10,095 | 9,789 | 12,069 | 12,904 | 13,288 | 12,460 | 15,517 | 14,996 | 14,303 | 13,678 | 14,687 | 15,103 |

TABLE 17

TREATMENT TRENDS BY SEX 7/75 to 6/78 (by percent)

| | 1975 | | | 1976 | | | | 1977 | | | 1978 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | J-S | O-D | J-M | A-J | J-S | O-D | J-M | A-J | J-S | O-D | J-M | A-J |
| Male | 76 | 77 | 77 | 78 | 79 | 78 | 79 | 79 | 79 | 78 | 79 | 77 |
| Female | 24 | 23 | 23 | 22 | 21 | 22 | 21 | 21 | 21 | 22 | 21 | 23 |
| | 10,095 | 9,789 | 12,069 | 12,904 | 13,288 | 12,460 | 15,517 | 14,996 | 14,303 | 13,678 | 14,687 | 15,103 |

TABLE 18

TREATMENT TRENDS BY RACE 7/75 to 6/78 (by percent)

| | 1975 | | | 1976 | | | | 1977 | | | 1978 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RACE | J-S | O-D | J-M | A-J | J-S | O-D | J-M | A-J | J-S | O-D | J-M | A-J |
| W | 64 | 65 | 61 | 61 | 63 | 65 | 65 | 67 | 68 | 68 | 69 | 68 |
| B | 34 | 32 | 37 | 36 | 34 | 32 | 32 | 31 | 29 | 29 | 29 | 30 |
| Sp | 2 | 2 | 2 | 3 | 3 | 3 | 2+ | 2+ | 2+ | 2+ | 2 | 2 |
| | 10,095 | 9,789 | 12,069 | 12,904 | 13,288 | 12,460 | 15,517 | 14,996 | 14,303 | 13,678 | 14,687 | 15,103 |

*As the data presented in Table 17 indicates, the percent of admissions by sex has remained rather constant since July 1975 with male admissions varying between 76% and 79% and female admissions varying between 21% and 24%. In FY 77/78 there were 45,129 male admissions (78%) and 12,642 female admissions (22%). During that period 32,238 (72%) of the male admissions were for alcohol, 6,635 (15%) were for opiates, 5,255 (12%) were for non-opiate drugs and 1,001 (2%) were for family counseling. In the same period 5,321 (42%) of the female admissions were for alcohol, 1,942 (15%) were for opiates, 2529 (20%) were for non-opiates, and 2,850 (23%) were for family counseling where the spouse, parent or child was the substance abuser.*

*As can be seen in Table 18, from July 1975 to June 1978 there was an increase in the percent of white admissions (from 64% to 68%) a decrease in the percent of black admissions (from 34% to 30%) and the percent of Spanish speaking admissions remained constant at 2%. In FY 77/78 of 39,580 white admissions, 26,482 (67%) were for alcohol, 3,484 (9%) were for opiates, 6115 (15%) were for non-opiate drugs and 3,499 (9%) were for family counseling. During that period 10,476 (62%) of the 16,820 Black admissions were for alcohol, 4,521 (27%) were for opiates, 1,501 (9%) were for non-opiate drugs and 322 (2%) were for family counseling. Of the 1,242 Spanish speaking admissions 509 (41%) were for alcohol, 555 (45%) were for opiates, 178 (12%) were for non-opiate drugs and 24 (2%) were for family counseling.*

*2. Comparison of Populations and Treatment Admissions*

*A comparison of statewide, regional and SCA populations with SCA resident admissions to treatment for the period July 1977 to June 1978 is shown on Table 19. This table also shows the estimated number of drug and alcohol abusers compared with admissions to treatment for drug abuse and alcohol abuse during that period. (The comparisons do not include persons who are not themselves substance abusers but who are admitted for treatment as members of households of drug and alcohol abusers) The regions are numbered in descending order with Region I being at the top of the table.*

*Statewide there were 55,790 total SCA resident admissions to treatment (including household members) and 51,799 admissions to treatment of drug or alcohol abusing persons during FY 1977 (7/77-6/78). Of the drug and alcohol admissions, 16,090 (31%) were for drug abuse and 35,709 (69%) were for alcohol abuse. This reflects a decrease in drug abuser admissions of 1343 (7.7%) compared to the period 10/76-9/77 and a decrease of 202 (0.0%) in alcohol abuser admissions compared to that twelve month period. There were an average of 4650 admissions each month - 1340 for drug abuse and 2976 for alcohol abuse.*

*Region I with 31.9% of the total state population had 50% (27,831) of the resident admissions to treatment during the fiscal year (FY). Of those admitted to treatment from this region 41% (11,057) were for drug abuse and 59% (15,824) were for alcohol abuse. Of the total statewide admissions for drug abuse (16,090), 69.8% were from this region and of the total statewide admissions for alcohol abuse (35,709), 44% were from this region. An estimated 52% of the total statewide drug abusers and 35% of the total statewide alcohol abusers and reside in this region.*

*Region II has 15.7% of the total state population and had 14% (7655) of the resident admissions to treatment during the fiscal year. Of those admitted to treatment from this region 19.9% (1461) were for drug abuse and 80.1% (5894) were for alcohol abuse. Of the total statewide admissions for drug abuse 9.1% were from this region and of the total statewide admissions for alcohol abuse 16.5% were from this region. An estimated 13% of the total drug abusers and 16% of the total alcohol abusers reside in this region.*

*Region III with 20.3% of the total state population had 9% (5220) of the resident admissions to treatment from this region. Eighteen point eight percent (941) were for drug abuse and 81.2% (4073) were for alcohol abuse. Of the total statewide admissions for drug abuse 5.9% were from this region and of the total statewide admissions for alcohol abuse 11.4% were from this region. An estimated 10.3% of the total statewide drug abusers and 15% of the total statewide alcohol abusers reside in this region.*

*Region IV with 32% of the total state population had 27% (14,763) of the resident admissions to treatment during the fiscal year. Of those admitted to treatment from this region 20.8% (2601) were for drug abuse and 79.2% were for alcohol abuse. Of the total statewide admissions for drug abuse 16.2% were from this region and of the total statewide admissions for alcohol abuse 27.8% were from this region. An estimated 24.1% of the total statewide drug abusers and 34% of the total statewide alcohol abusers reside in this region.*

# CONTINUED

1 OF 4

*TABLE 19*

COMPARISON OF POPULATIONS AND ADMISSIONS FOR THE PERIOD JULY 1977 TO JUNE 1978 BY REGION AND BY SCA

| | Population* | % Total Population | SCA Residents Admt. Stwd. | Rank Population | Rank Admission | Estimated Drug Abuse# | Drug Abuser Adm. 7/77-6/78 | Estimated Alcohol Abusers Brenner @ | Estimated Alcohol Abusers P&I # | Alcohol Abuser Adm. 7/77-6/78 |
|---|---|---|---|---|---|---|---|---|---|---|
| Bucks | 468,400 | 3.97 | 1,490 | 5 | 10 | 6,337 | 465 | 11,431 | 29,923 | 817 |
| Chester | 298,200 | 2.53 | 1,562 | 11 | 8 | 4,215 | 470 | 10,849 | 20,077 | 891 |
| Delaware | 583,700 | 4.95 | 3,172 | 4 | 3 | 8,085 | 913 | 48,901 | 39,122 | 1,971 |
| Montgomery | 629,200 | 5.33 | 2,162 | 3 | 4 | 8,456 | 748 | 39,147 | 41,673 | 1,381 |
| Philadelphia | 1,784,500 | 15.14 | 19,445 | 1 | 1 | 29,574 | 8,461 | 215,181 | 120,669 | 10,764 |
| | 3,764,000 | 31.93 | 27,831 (50%) | | | 56,667 (52.2) | 11,057 (68.8) (41.1) | 325,509 (36.7) | 251,464 (33.4) | 15,824 (44.3) (58.9) |
| Berks | 302,100 | 2.56 | 2,082 | 10 | 5 | 1,416 | 377 | 16,499 | 18,793 | 1,666 |
| Bradford-Sullivan-Tioga | 107,900 | .92 | 465 | 35 | 23 | 226 | 57 | 3,963 | 6,417 | 377 |
| Carbon-Monroe-Pike | 124,200 | 1.05 | 473 | 30 | 21 | 217 | 68 | 9,631 | 6,679 | 393 |
| Lackawanna | 232,400 | 1.97 | 1,490 | 14 | 9 | 2,786 | 115 | 26,923 | 14,045 | 1,358 |
| Lehigh | 263,600 | 2.24 | 816 | 13 | 13 | 3,296 | 285 | 15,532 | 16,811 | 505 |
| Luzerne-Wyoming | 363,000 | 3.08 | 1,006 | 7 | 11 | 4,252 | 211 | 38,394 | 22,096 | 774 |
| Northampton | 225,700 | 1.91 | 497 | 15 | 20 | 1,074 | 213 | 14,778 | 14,118 | 208 |
| Schuylkill | 157,600 | 1.34 | 679 | 21 | 17 | 718 | 115 | 18,938 | 9,394 | 505 |
| Susquehanna-Wayne | 71,200 | .60 | 147 | 42 | 35 | 128 | 20 | 2,567 | 3,908 | 108 |
| | 1,847,700 | 15.68 | 7,655 (14%) | | | 14,113 (13.0) | 1,461 (9.1) (19.9) | 147,225 (16.6) | 112,261 (14.9) | 5,894 (16.5) (80.1) |
| Blair | 134,200 | 1.14 | 110 | 27 | 39 | 631 | 18 | 7,276 | 8,093 | 83 |
| Cambria | 187,800 | 1.59 | 442 | 19 | 25 | 771 | 19 | 19,292 | 11,214 | 421 |
| Centre | 109,700 | .93 | 98 | 34 | 41 | 301 | 16 | 2,095 | 8,179 | 68 |
| Columbia-Montour-Snyder-Union | 138,000 | 1.17 | 283 | 26 | 32 | 293 | 62 | 2,176 | 8,681 | 192 |
| Cumberland-Perry | 205,400 | 1.74 | 410 | 18 | 27 | 1,042 | 124 | 3,620 | 13,066 | 260 |
| Dauphin | 223,500 | 1.90 | 1,568 | 16 | 7 | 2,822 | 223 | 14,283 | 14,124 | 1,321 |
| Franklin-Fulton | 117,800 | 1.00 | 112 | 32 | 38 | 212 | 22 | 3,848 | 7,238 | 90 |
| Huntingdon-Juniata-Mifflin | 102,600 | .87 | 191 | 39 | 33 | 212 | 34 | 1,555 | 6,368 | 146 |
| Lancaster | 347,900 | 2.95 | 691 | 9 | 15 | 1,723 | 177 | 9,768 | 21,031 | 509 |
| Lebanon | 104,800 | .89 | 115 | 37 | 37 | 214 | 28 | 999 | 6,549 | 84 |
| Lycoming-Clinton | 150,800 | 1.28 | 151 | 24 | 34 | 764 | 37 | 5,831 | 9,512 | 103 |
| Northumberland | 98,800 | .84 | 83 | 40 | 42 | 237 | 16 | 8,390 | 5,866 | 63 |
| Somerset-Bedford | 122,900 | 1.04 | 402 | 31 | 28 | 237 | 37 | 5,937 | 7,181 | 327 |
| York-Adams | 351,800 | 2.98 | 564 | 8 | 19 | 1,697 | 128 | 7,411 | 21,668 | 406 |
| | 2,396,000 | 20.33 | 5,220 (9%) | | | 11,156 (10.3) | 941 (5.9) (18.8) | 92,481 (10.4) | 148,770 (19.8) | 4,073 (11.4) (81.2) |
| Allegheny | 1,493,600 | 12.67 | 7,170 | 2 | 2 | 15,222 | 1,541 | 165,698 | 100,474 | 4,683 |
| Armstrong-Indiana | 162,400 | 1.38 | 349 | 20 | 29 | 340 | 86 | 12,441 | 9,689 | 221 |
| Beaver | 207,400 | 1.76 | 906 | 17 | 12 | 2,655 | 199 | 14,513 | 13,195 | 584 |
| Butler | 141,200 | 1.20 | 463 | 25 | 24 | 294 | 61 | 5,696 | 8,356 | 317 |
| Cameron-Elk-McKean-Potter | 112,000 | .95 | 321 | 33 | 30 | 177 | 26 | 8,303 | 6,676 | 286 |
| Clarion-Forest-Venango-Warren | 157,000 | 1.33 | 595 | 22 | 18 | 327 | 102 | 6,376 | 9,576 | 479 |
| Clearfield-Jefferson | 126,100 | 1.07 | 472 | 29 | 22 | 228 | 46 | 10,742 | 6,842 | 405 |
| Crawford | 85,200 | .72 | 412 | 41 | 26 | 175 | 70 | 5,324 | 5,126 | 277 |
| Erie | 271,600 | 2.30 | 2,099 | 12 | 6 | 3,581 | 159 | 22,290 | 16,671 | 1,310 |
| Fayette | 156,400 | 1.33 | 99 | 23 | 40 | 303 | 14 | 9,473 | 9,026 | 53 |
| Lawrence | 106,400 | .90 | 148 | 36 | 36 | 537 | 36 | 5,485 | 6,738 | 99 |
| Mercer | 126,500 | 1.07 | 679 | 28 | 16 | 281 | 51 | 7,853 | 8,085 | 435 |
| Washington-Greene | 252,700 | 2.14 | 746 | 13 | 14 | 230 | 127 | 23,441 | 15,370 | 580 |
| Westmoreland | 379,900 | 3.22 | 304 | 6 | 31 | 1,852 | 83 | 23,728 | 24,064 | 189 |
| | 3,778,400 | 32.06 | 14,763 (27%) | | | 26,202 (24.1) | 2,601 (16.2) (20.8) | 321,363 (36.3) | 239,889 (31.9) | 9,918 (27.8) (79.2) |
| | 11,786,100 | 100.00 | 55,790 | | | 108,621 | 16,090 (31.1) | 881,438 | 752,383 | 35,709 (68.9) |

* July 1977 Estimates of County Population by Age, Sex and Race (10/78) Office of State Planning and Development
@ Aggregate 1975-6-7 Pa. Dept. of Health #1976 Prevalence and Intensity Survey – GCDAA

## G. MOTOR VEHICLE OPERATOR ACCIDENTAL DEATHS

The Governor's Council maintains a record of coroner's reports of motor vehicle operator accidental deaths where the Blood Alcohol Content (BAC) was.10 percent (the legal level at which intoxication was presumed) or greater. This data is furnished to the Bureau of Highway Safety, PennDOT, for accidents analysis and is used by the Governor's Council as an indicator of the prevalence of alcohol abuse.

Data for 1976, 1977 and the first seven (7) months of 1978 (January through July) is presented in Table 20. Of the 447 Motor Vehicle operator deaths occurring in the first seven months of 1978, 221 (49%) were alcohol related. In 1977, intoxication was presumed in only 45% of the Motor Vehicle operator deaths and in 1976 only 40% of the deaths were judged to be alcohol related.

In urban areas, intoxication was presumed in 54% of the Operator Deaths occurring from January through July 1978. This is an increase from 1976 (39%) and 1977 (40%).

In Moderately urban areas the percentage of Operator Deaths in which intoxication was presumed decreased to 48% in the first seven (7) months of 1978 from 53% in 1977.

In rural areas there has been a steady increase in the percentage of operator deaths in which intoxication was presumed: 37% in 1976, 42% in 1977 and 46% in 1978.

The ten Single County Authorities within whose areas there were the largest number of Blood Alcohol (.10+) operator deaths for January - July 1978 are shown below:

| SCA | No. of Deaths | % Statewide Total | BA Deaths per 100,000 Pop. |
|---|---|---|---|
| Allegheny | 22 | .099 | 1.4 |
| York/Adams | 17 | .076 | 4.8 |
| Chester | 13 | .058 | 4.2 |
| Montgomery | 11 | .049 | 1.7 |
| Westmoreland | 10 | .045 | 2.6 |
| Delaware | 9 | .040 | 1.5 |
| Luzerne/Wyoming | 9 | .040 | 2.4 |
| Berks | 9 | .040 | 2.9 |
| Lycoming/Clinton | 9 | .040 | 5.8 |
| Clarion/Forest/Venango/ Warren | 8 | .036 | 5.0 |
| Total | 117 | .529 | |

*As the totals show, more than half of the deaths (52.9%) occurred within these 16 counties. Four of these SCAs are classified as urban, 5 are classified as moderately urban and 1 is classified as rural. The highest absolute (22) number of deaths occurred in Allegheny County. However, the Lycoming/Clinton area had the highest number of deaths relative to population, with a rate of 5.8 Blood Alcohol (.10+) operator deaths per 100,000 population. Other SCAs with high rates for the first 7 months of 1978 are: Clearfield/Jefferson (5.6), Franklin/Fulton (5.2), Clarion/Forest/Venango/Warren (5.0), Carbon/Monroe/Pike (4.9) and York/Adams (4.8).*

*The percentage of Blood-Alcohol (.10+) deaths where the driver was age 21 or under is also presented in Table 20. This age group accounted for 59 of the 221 Blood-Alcohol (.10+) operator deaths in Pennsylvania for the first seven months of 1978. This is 26.6% of the statewide total of alcohol related motor vehicle operator deaths while persons aged 16-21 comprise only 10.4% of the state's population.*

*The SCAs with the largest absolute number of B-A (.10+) deaths where the operator was age 21 or under are presented below:*

| SCA | # B-A (.10+) Deaths Operator age 21 or under | % of SCA Total BA (.10+) Deaths |
|---|---|---|
| Allegheny | 6 | 27% |
| Berks | 6 | 67 |
| Bucks | 5 | 83 |
| Franklin/Fulton | 4 | 67 |
| Fayette | 3 | 60 |
| Westmoreland | 3 | 30 |

*As the Table indicates Blood-Alcohol (.10+) operator deaths where the driver was age 21 or under represent a significant portion of the total B-A (.10+) operator deaths in all but Allegheny and Westmoreland Counties.*

*Of the remaining *58 counties, 9 had two B-A deaths (.10+) with operators age 21 or under, 15 counties had only 1, and 34 counties had no B-A (.10+) operator deaths of persons age 21 or under.*

**2 counties did not report.*

*TABLE 20*

*MOTOR VEHICLE OPERATOR BLOOD ALCOHOL RELATED DEATHS*

| | | 1976 | | 1977 | | Jan. thru July 1978 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| URBAN | Pop. Rank | Dri. Dths. | %BA .10+ | Dri. Dths. | %BA .10+ | Dri. Dths. | #BA .10+ | %BA Dths. | %Un. 21 | Rank |
| Philadelphia | 1 | * | * | * | * | * | * | * | *(1) | (2) |
| Allegheny | 2 | 78 | 28 | 75 | 40 | 52 | 22 | 42 | 27 | 6 |
| Montgomery | 3 | 33 | 42 | 39 | 31 | 17 | 11 | 65 | 18 | 4 |
| Delaware | 4 | 20 | 30 | 24 | 42 | 11 | 9 | 82 | 22 | 5 |
| Bucks | 5 | 21 | 33 | 33 | 54 | 17 | 6 | 35 | 83 | 7 |
| Luzerne/Wyoming | 6 | 23 | 43 | 15 | 60 | 12 | 9 | 75 | 22 | 2 |
| Erie | 7 | 22 | 41 | 26 | 38 | 6 | 6 | 100 | 33 | 3 |
| Lehigh | 8 | 8 | 38 | 25 | 28 | 5 | 2 | 40 | 50 | 8 |
| Lackawanna | 9 | 13 | 69 | 16 | 50 | 11 | 5 | 45 | 40 | 3 |
| Dauphin | 10 | 8 | 62 | 10 | 30 | 9 | 6 | 67 | 33 | 1 |
| Beaver | 11 | * | * | * | * | * | * | * | * | * |
| Total | | 216 | 39 | 263 | 40 | **140 | **76 | 54 | 32 | |
| MODERATELY URBAN | | | | | | | | | | |
| Westmoreland | 1 | 37 | 30 | 38 | 45 | 18 | 10 | 56 | 30 | 6 |
| York/Adams | 2 | 35 | 54 | 43 | 72 | 29 | 17 | 59 | 12 | 2 |
| Lancaster | 3 | 17 | 47 | 27 | 37 | 5 | 1 | 20 | | 9 |
| Berks | 4 | 39 | 28 | 26 | 65 | 18 | 9 | 50 | 67 | 4 |
| Chester | 5 | 20 | 65 | 23 | 39 | 20 | 13 | 65 | 15 | 3 |
| Northampton | 6 | 13 | 46 | 10 | 50 | 5 | 0 | 0 | | |
| Cumberland/Perry | 7 | 12 | 50 | 21 | 67 | 16 | 6 | 38 | 16 | 4 |
| Cambria | 8 | 12 | 33 | 13 | 54 | 6 | 2 | 33 | | 8 |
| Schulykill | 9 | 20 | 50 | 11 | 45 | 2 | 0 | 0 | | |
| Lycoming/Clinton | 10 | 14 | 50 | 13 | 69 | 17 | 9 | 53 | | 1 |
| Blair | 11 | 16 | 62 | 17 | 41 | 5 | 2 | 40 | | 7 |
| Lawrence | 12 | 5 | 60 | 7 | 28 | 5 | 3 | 60 | 33 | 5 |
| Northumberland | 13 | 7 | 28 | | | 3 | 0 | 0 | | |
| Total | | 247 | 44 | 254 | 53 | **149 | **72 | 48 | 21 | |
| RURAL | | | | | | | | | | |
| Washington/Greene | 1 | 16 | 31 | 22 | 45 | 10 | 6 | 60 | 17 | 12 |
| Armstrong/Indiana | 2 | 11 | 27 | 10 | 40 | 6 | 3 | 50 | | 14 |
| Clarion/Forest/Venango/Warren | 3 | 26 | 42 | 27 | 48 | 13 | 8 | 62 | 25 | 3 |
| Fayette | 4 | 6 | 50 | 6 | 33 | 6 | 5 | 83 | 60 | 9 |
| Columbia/Montour/Snyder/Union | 5 | 19 | 31 | 6 | 16 | 5 | 3 | 60 | 67 | 13 |
| Butler | 6 | 11 | 54 | 10 | 40 | 8 | 5 | 62 | | 8 |
| Mercer | 7 | 4 | 25 | 4 | 75 | 2 | 0 | 0 | | |
| Clearfield/Jefferson | 8 | 22 | 14 | 20 | 45 | 20 | 7 | 35 | 28 | 1 |
| Lebanon | 9 | 12 | 33 | 12 | 50 | 7 | 5 | 71 | | 6 |
| Somerset/Bedford | 10 | 14 | 43 | 14 | 36 | 19 | 5 | 26 | 40 | 6 |
| Carbon/Monroe/Pike | 11 | 19 | 53 | 24 | 46 | 12 | 6 | 50 | 33 | 4 |
| Franklin/Fulton | 12 | 11 | 27 | 14 | 14 | 12 | 6 | 50 | 67 | 2 |
| Cameron/Elk/McKean/Potter | 13 | 14 | 36 | 11 | 27 | 3 | 3 | 100 | | 11 |
| Centre | 14 | 10 | 20 | 13 | 15 | 4 | 0 | 0 | | |
| Bradford/Sullivan/Tioga | 15 | 16 | 62 | 16 | 25 | 7 | 4 | 57 | 25 | 7 |
| Huntingdon/Mifflin/Juniata | 16 | 12 | 42 | 20 | 55 | 7 | 3 | 43 | | 10 |
| Crawford | 17 | 12 | 25 | 16 | 69 | 9 | 1 | 11 | | 15 |
| Susquehanna/Wayne | 18 | 9 | 56 | 9 | 78 | 8 | 3 | 38 | 33 | 5 |
| Total | | 244 | 37 | 254 | 42 | 158 | 73 | 46 | 27 | |
| Statewide | | 707 | 40 | 771 | 45 | **447 | **221 | 49 | 27 | |

*Data not available

**Data represents a 7 month period

(1) % of BA deaths, where driver was age 21 or under

(2) Blood-Alcohol deaths compared to SCA population

## H. HOSPITAL EMERGENCY ROOM ADMISSIONS (DAWN)

The Drug Abuse Warning Network (DAWN) is a Nationwide data gathering system sponsored by the Federal Drug Enforcement Administration and the National Institute on Drug Abuse to monitor drug use patterns. DAWN collects data from 24 standard Metropolitan Statistical Areas (SMSAs) throughout the U.S. SMSAs are integrated economic and social units with a large population nucleus composed of a relatively large core city or cities and the geographic area adjacent. One type of information collected by DAWN is hospital emergency room visits that stem from drug use complications.

Table 21 presents DAWN data on drug related emergency room episodes in the Philadelphia Standard Metropolitan Statistical Area for 1974 through 1977. The data indicates a steady increase in drug use over the period. Total drug mentions went from 11,029 in 1974 to 11,931 in 1977, a 7.5% increase. Heroin mentions, however, are declining. Ranked 5th in 1974 and 3rd in 1975 and 1976, heroin is now the 10th leading drug of abuse in the Philadelphia SMSA according to DAWN data.

TABLE 21

RANK OF SELECTED LEADING DRUGS OF ABUSE FROM EMERGENCY ROOMS IN THE PHILADELPHIA SMSA 1974 to 1977

| | 1974 | 1975 | 1976 | 1977 |
|---|---|---|---|---|
| Diazepam (Valium) | 1 | 1 | 1 | 1 |
| Alcohol-in-Combination | 2 | 2 | 2 | 2 |
| Aspirin | 3 | 4 | 6 | 3 |
| d-Propoxyphene (Darvon | 4 | 5 | 4 | 5 |
| Heroin | 5 | 3 | 3 | 10 |
| Chlordiazepozide (Librium) | 6 | 6 | 7 | 9 |
| Secobarbital/Amobarbital (Tuinal) | 7 | 8 | 8 | 7 |
| Flurazepam (Dalmane) | 8 | 7 | 5 | 4 |
| Secobarbital (Seconal) | 9 | 11 | 18 | 20 |
| Methaqualone (Quaalude) | 10 | 9 | 11 | 11 |
| Phenobarbital | 11+ | 16 | 12 | 14 |
| Amitryptyline (Elavil) | 11+ | 10 | 9 | 8 |
| Marijuana | 13 | 15 | 10 | 6 |
| LSD | 16 | ++ | | |
| Methadone | 17 | 14 | ++ | ++ |
| Clorazepate (Tranxene) | 20 | | | 18 |
| Chlorpromazine (Thorazine) | | 12 | 17 | |
| Etchlorvynol (Placidyl) | | 13 | 16 | 12 |
| Thioridazine (Mellaril) | | 17 | 13 | |
| PCP | 25 | | | 13 |
| Acetaminophen (Tylenol) | | | ++ | 16.5 |
| Diphenylhydantoin Sodium(Dilantin) | | 20 | 15 | |
| TOTAL MENTIONS | 11,029 | 11,746 | 11,830 | 11,931 |

++ below top 20 drugs

*Heroin is ranked 10 or below in twelve of the other SMSAs from which DAWN gathers data but continues to be one of the 5 most frequently mentioned drugs in the remaining 11 SMSAs. Philadelphia is the only SMSA with a population over 2,000,000 in which heroin mentions have declined so sharply. Heroin still ranks between one and five in New York, Los Angeles, Chicago, Detroit, San Francisco, Washington, D.C. and Boston.*

*Valium, Alcohol-in-combination, Aspirin and Darvon have consistently ranked in the top 5 over the four year period in the Philadelphia SMSA. Dalmane, Marijuana, Elavil and PCP mentions are increasing and Seconal, LSD and Methadone mentions are decreasing, as are heroin mentions.*

*Age, Sex and Racial chacteristics associated with DAWN Emergency Room episodes are not available for the Philadelphia SMSA. However, a national breakdown is presented in Table 22.*

*When episodes motivated[1] by suicide (predominantly women) are omitted from the analysis, women account for 49% of the emergency room episodes. However, when episodes in which the patient admits to drug or alcohol dependence as the motivation are analyzed separately the percent female declines to 37%. This data still tends to suggest that women represent a larger proportion of the drug abusing population than treatment admissions would indicate.*

*An analysis by Race indicates that 57% of the persons involved in Emergency Room episodes are White, 27% are Black and 5% are "other". Once again the distribution changes, however, when dependence related episodes are analyzed separately. Blacks account for almost as many dependence related episodes (43%) as whites (47%), while they represent only 11.5% of the U.S. population.*

*The age group most frequently identified in emergency room episodes is the 20-29 year age group. This is the case when total episodes are analyzed (43%) and when suicide-motivated episodes are excluded (45%) but it is most noticeable when dependence-motivated episodes are analyzed separately. While representing 19% of the U.S. population, this group accounts for over 56% of all dependence related emergency room episodes.*

*Persons aged 10-19 and 30-39 are also frequently identified in emergency room episodes (22% and 18% respectively) although these percentages are not remarkable when one considers that persons aged 10-19 represent 20% of the U.S. population and persons aged 30-39 represent 14%. When dependence-related episodes are analyzed, however, it appears that the 10-19 year age group is significantly under represented (8.4%) and the 30-39 year age group is over represented, accounting for almost 23% of dependence related emergency room episodes.*

[1] *DAWN presents data on motivation i.e. Psychic effects, Dependence, Suicide Attempt/Gesture, Other or No response.*

TABLE 22

AGE, RACE AND SEX CHARACTERISTICS ASSOCIATED WITH DAWN
1977 EMERGENCY ROOM EPISODES FOR 24 SMSAS

| | NO. OF EPISODES* | % DISTRIBUTION | DEPENDENCE RELATED ** | % DISTRIBUTION |
|---|---|---|---|---|
| **Sex** | | | | |
| Male | 36,500 | 50.8 | 10,567 | 62.7 |
| Female | 35,197 | 48.9 | 6,237 | 37.0 |
| Unknown/No Response | 141 | .1 | 44 | .2 |
| **Race** | | | | |
| White | 40,744 | 56.7 | 7,898 | 46.8 |
| Black | 19,518 | 27.1 | 7,227 | 42.8 |
| Other | 3,320 | 4.6 | 741 | 4.3 |
| Unknown/No Response | 8,256 | 11.4 | 982 | 5.8 |
| **Age** | | | | |
| 6-9 | 200 | .2 | 1 | .0 |
| 10-19 | 15,727 | 21.8 | 1,432 | 8.4 |
| 20-29 | 32,599 | 45.3 | 9,493 | 56.3 |
| 30-39 | 13,038 | 18.1 | 3,831 | 22.7 |
| 40-49 | 5,421 | 7.5 | 1,252 | 7.4 |
| 50 and over | 4,124 | 5.7 | 703 | 4.1 |
| Unknown/No Response | 729 | 1.0 | 136 | .8 |
| TOTAL | 71,838 | 100.0 | 16,848 | 100.0 |

SOURCE: Drug Abuse Warning Network, Phase VI Report May 1977 - April 1978. Drug Enforcement Administration, National Institute on Drug Abuse

*Episodes where suicide attempts/gestures were specified as the motivation were eliminated from the analysis.

**Episodes in which dependence was cited as the motivation.

TABLE 23

DRUG OR ALCOHOL VIOLATIONS KNOWN TO THE POLICE BY OFFENSE, 1977

| OFFENSE CLASSIFICATION | NO. OF OFFENSES 1977 | RATE PER 100,000 POPULATION* 1976 | 1977 |
|---|---|---|---|
| Drug Abuse Violations | 15,188 | 140.4 | 126.9 |
| Sale/Manufacture | 4,882 | 49.4 | 40.8 |
| Opium Cocaine | 1,136 | 14.4 | 9.5 |
| Marijuana | 2,712 | 26.5 | 22.7 |
| Synthetic | 405 | 3.4 | 3.4 |
| Other | 629 | 5.6 | 5.2 |
| Possession | 10,306 | 90.5 | 86.1 |
| Opium-Cocaine | 1,010 | 12.4 | 8.4 |
| Marijuana | 7,964 | 68.2 | 66.5 |
| Synthetic | 619 | 4.5 | 5.2 |
| Other | 713 | 5.4 | 6.0 |
| Alcohol Violations | | | |
| Driving under the influence | 17,906 | 150.1 | 149.6 |
| Liquor Laws | 33,186 | 287.7 | 277.3 |
| Drunkenness | 49,425 | 432.4 | 413.0 |

Source: Crime in Pennsylvania: Uniform Crime Report, Bureau of Research & Development, Pennsylvania State Police, 1977.

*Based on Pennsylvania population of 11,968,000

TABLE 24

*DRUG OR ALCOHOL VIOLATIONS KNOWN TO THE POLICE BY OFFENSE, 1975, 1976 & 1977

| OFFENSE CLASSIFICATION | 1975 NO. OF OFFENSES | 1976 NO. OF OFFENSES | 1977 NO. OF OFFENSES |
|---|---|---|---|
| Drug Abuse Violations | 17,447 | 16,779 | 15,188 |
| Opium-Cocaine | 2,733 | 3,201 | 2,146 |
| Marijuana | 12,148 | 11,321 | 10,676 |
| Synthetic | 1,168 | 945 | 1,024 |
| Other | 1,398 | 1,312 | 1,342 |
| Driving Under the Influence | 17,976 | 17,940 | 17,906 |
| Liquor Laws | 31,855 | 34,393 | 33,186 |
| Drunkenness | 56,498 | 51,678 | 49,425 |

*Prior to 1976 Drug Abuse Violations were not categorized in the Uniform Crime Report by Sale/Manufacture and possession.

Source: Crime in Pennsylvania: Uniform Crime Report, Bureau of Research and Development, Pennsylvania State Police, 1975, 1976 and 1977.

1. Drug Abuse Violations

During 1977, drug abuse violations totaled 15,188, a decrease of 9.5 percent from the 1976 figure of 16,779. About two-thirds of these offenses - 10,306 or 67.9 percent - involved the possession of narcotic or dangerous non-narcotic drugs; the remaining 4,882 offenses (32.1 percent) related to the sale or manufacture of these drugs.

About three-fourths of the 10,306 offenses of possession - 7,964 or 77.3 percent - involved marijuana. The balance was distributed among opium/cocaine, 1,010 offenses (9.8 percent), other drugs, 713 (6.9 percent); and synthetic drugs, 619 (6.0 percent). Slightly more than half of the 4,882 sale/manufacture offenses, 2,712 or 55.6 percent involved marijuana, with the remainder opium/cocaine, 1,136 (23.3 percent); other drugs 629 (12.9 percent); and synthetic drugs 405 (8.3 percent).

The ten counties ranking highest in reported drug abuse violations are shown in the following table.

TABLE 25
TEN COUNTIES RANKING HIGHEST IN REPORTED DRUG ABUSE VIOLATIONS, 1977

| County | Number of Offenses | Percent Distribution | Rate per 100,000 Population |
|---|---|---|---|
| State Total | 15,188 | 100.0 | 126.9 |
| Philadelphia | 5,838 | 38.4 | 302.9 |
| Allegheny | 1,611 | 10.6 | 101.1 |
| Montgomery | 856 | 5.6 | 131.3 |
| Delaware | 631 | 4.2 | 104.1 |
| Bucks | 501 | 3.3 | 109.0 |
| Erie | 477 | 3.1 | 175.6 |
| Lancaster | 371 | 2.4 | 109.9 |
| Lehigh | 351 | 2.3 | 132.3 |
| Westmoreland | 330 | 2.2 | 85.9 |
| York | 310 | 2.0 | 108.1 |

These ten counties accounted for 11,276 offenses or 74.2 percent of the drug abuse violations reported. Philadelphia County reported more than a third of these offenses - 5,838, or 38.4 percent. Of note is that all of the 10 counties were urban counties found within Standard Metropolitan Statistical Areas.

The statewide rate for this offense was 126.9. Individual county rates ranged from Philadelphia County (302.9) to Juniata County (11.5).

2. Driving Under the Influence

Driving under the influence offenses reported totaled 17,906 during 1977, a decrease of 0.2 percent from last year's 17,940.

The ten counties ranking highest in reported driving under the influence offenses are shown in the following table.

TABLE 26
TEN COUNTIES RANKING HIGHEST IN REPORTED DRIVING UNDER THE INFLUENCE OFFENSES, 1977

| COUNTY | Number of Offenses | Percent Distribution | Rate per 100,000 Population |
|---|---|---|---|
| State Total | 17,906 | 100.0 | 149.6 |
| Philadelphia | 5,902 | 33.0 | 306.2 |
| Allegheny | 2,101 | 11.7 | 131.8 |
| Montgomery | 905 | 5.1 | 138.8 |
| Bucks | 795 | 4.4 | 173.0 |
| Erie | 498 | 2.8 | 183.3 |
| Lancaster | 422 | 2.4 | 125.1 |
| Luzerne | 396 | 2.2 | 116.6 |
| Dauphin | 395 | 2.2 | 174.2 |
| Chester | 381 | 2.1 | 125.2 |
| Delaware | 359 | 2.0 | 59.2 |

These ten counties accounted for 12,154 offenses or nearly seventy percent of the State total. Philadelphia County alone reported 5,902 offenses, 33.0 percent of the State figures.

The statewide driving under the influence rate per 100,000 population was 149.6. Philadelphia County had the highest rate, 306.2, Union County the lowest, 10.0.

3. *Liquor Law Violations*

*There were 33,186 liquor law violations reported this year, a decrease of 3.5 percent from last year's total of 34,393.*

*The ten counties ranking highest in reported liquor law violations are shown in the following table.*

*TABLE 27*
*TEN COUNTIES RANKING HIGHEST IN REPORTED LIQUOR LAW VIOLATIONS 1977*

| County | Number of Offenses | Percent Distribution | Rate per 100,000 Population |
|---|---|---|---|
| State Total | 33,186 | 100.0 | 277.3 |
| Allegheny | 4,277 | 12.9 | 268.4 |
| Montgomery | 2,756 | 8.3 | 422.6 |
| Bucks | 2,661 | 8.0 | 579.0 |
| Delaware | 2,583 | 7.8 | 426.2 |
| Lancaster | 1,718 | 5.2 | 509.1 |
| Westmoreland | 1,339 | 4.0 | 96.7 |
| Chester | 1,184 | 3.6 | 389.0 |
| Luzerne | 1,095 | 3.3 | 322.4 |
| Erie | 1,087 | 3.3 | 400.2 |
| York | 1,006 | 3.0 | 350.9 |

*These ten counties accounted for 19,706 liquor law violations, 59.4 percent of the State total. The first four, Allegheny, Montgomery, Bucks, and Delaware, reported a total of 12,277 offenses or 37.0 percent of the State total.*

*The Liquor Law Violation Offense Rate was 277.3. The highest county rate was Bucks (579.0), the lowest, Susquehanna (48.7).*

4. Drunkenness

A total of 52,390 offenses of drunkenness were reported this year, an increase of 1.4 percent over last year's total of 51,678.

The ten counties ranking highest in reported offenses of drunkenness are shown in the following table.

TABLE 28
TEN COUNTIES RANKING HIGHEST IN REPORTED DRUNKENNESS OFFENSES 1977

| County | Number of Offenses | Percent Distribution | Offense Rate Per 100,000 Population |
|---|---|---|---|
| State Total | 52,390 | 100.0 | 437.7 |
| Philadelphia | 32,389 | 61.8 | 1,680.5 |
| Allegheny | 8,866 | 16.9 | 556.3 |
| Chester | 687 | 1.3 | 225.7 |
| Washington | 613 | 1.2 | 292.1 |
| Lehigh | 573 | 1.1 | 216.0 |
| Erie | 546 | 1.0 | 201.0 |
| Luzerne | 538 | 1.0 | 158.4 |
| Blair | 529 | 1.0 | 391.9 |
| Delaware | 529 | 1.0 | 87.3 |
| Montgomery | 529 | 1.0 | 81.1 |

A total of 41,255 offenses of drunkenness, nearly four-fifths (78.7 percent) of the State total were reported from the counties of Philadelphia and Allegheny. Philadelphia County alone accounted for 32,389 of these offenses, over three-fifths of the total (61.8 percent). After Philadelphia and Allegheny, drunkenness offenses in the remaining eight highest ranking counties declined sharply. None of the eight individual county totals was more than 1.3 percent of the State total and their total of 4,544 was only 8.7 percent of all offenses of drunkenness reported this year.

The statewide Drunkenness Offense Rate per 100,000 population was 437.7. Rates in the sixty-three counties which reported this offense varied from 1,680.5 in Philadelphia to 6.0 in Carbon.

*5. Arrests for Drug Abuse Violations*

*There were 16,229 arrests for drug abuse violations this year, a drop of 9.5 percent from last year's 17,938. Almost two-thirds of the arrests - 10,159 or 62.6 percent - were made for drug possession, with the remaining 6,070 arrests (37.4 percent) made for drug sale or manufacture.*

*Drug possession arrests by type were as follows: marijuana, 8,008 (78.8 percent); opium-cocaine, 1,010 (9.9 percent); other drugs, 697 (6.9 percent); synthetic drugs, 444 (4.4 percent). The distribution of arrests for sale/manufacture was marijuana, 3,773 (62.2 percent); opium-cocaine, 1,475 (24.3 percent); other drugs, 479 (7.9 percent); synthetic drugs, 343 (5.7 percent).*

*Persons arrested for drug abuse violations were predominantly young adults and juveniles: overall 74.9 percent of all arrestees were under 25 years of age, and 32.1 percent were under 18. The ages of persons arrested for each kind of drug abuse violation roughly paralleled the above percentages, with the exceptions of sale/ manufacture opium-cocaine, where 858 individuals (58.2 percent) were 25 or older and only 61, (4.1 percent) were under 18, and possession opium-cocaine, with 516 persons arrested (51.1 percent) 25 or older and only 77 (7.6 percent) under 18.*

*Overall arrests by race for the offense were as follows: Whites 11,060 or 68.1 percent, and Blacks 4,817 or 29.7 percent. Whites predominated in arrests for all types of drug abuse violations, with the exception of sale/manufacture opium-cocaine and possession opium-cocaine, where Blacks comprised 59.0 and 62.4 percent of the arrestees, respectively.*

*The great majority of persons arrested for drug abuse violations were males - 14,029 or 86.4 percent. Individual male percentages of arrestees for each type of drug abuse violation were all above 80 percent except for possession of synthetic drugs (75.5 percent).*

*TABLE 29*

## DRUG AND ALCOHOL ABUSE VIOLATIONS, ARRESTS, BY AGE, SEX, RACE, 1977

| OFFENSE CHARGED BY TYPE AND SEX | | AGE | | | | | | RACE | | | Total By Violation |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Under 18 | 18–24 | 25–34 | 35–44 | 45–54 | Over 54 | White | Black | Other | |
| **DRUG ABUSE VIOLATIONS** | | | | | | | | | | | |
| Sale/Manufacturer | | | | | | | | | | | |
| Opium-Cocaine | Male | 52 | 435 | 513 | 151 | 48 | 12 | 424 | 714 | 73 | 1,211 |
| | Female | 9 | 121 | 94 | 32 | 5 | 3 | 88 | 156 | 20 | 264 |
| Marijuana | Male | 988 | 1,566 | 661 | 92 | 20 | 10 | 2,279 | 960 | 82 | 3,327 |
| | Female | 138 | 194 | 86 | 19 | 7 | 2 | 302 | 133 | 11 | 446 |
| Synthetic | Male | 45 | 141 | 71 | 14 | 5 | 4 | 241 | 36 | 3 | 280 |
| | Female | 14 | 33 | 11 | 3 | 1 | 1 | 57 | 6 | 0 | 63 |
| Other | Male | 47 | 199 | 116 | 21 | 10 | 7 | 307 | 83 | 10 | 400 |
| | Female | 8 | 45 | 16 | 7 | 2 | 1 | 63 | 15 | 1 | 79 |
| Possession | | | | | | | | | | | |
| Opium-Cocaine | Male | 60 | 373 | 347 | 96 | 36 | 0 | 303 | 587 | 22 | 912 |
| | Female | 17 | 44 | 27 | 9 | 1 | 0 | 54 | 43 | 1 | 98 |
| Marijuana | Male | 2,828 | 3,079 | 880 | 165 | 33 | 11 | 5,136 | 1,747 | 113 | 6,996 |
| | Female | 619 | 281 | 84 | 22 | 6 | 0 | 857 | 149 | 6 | 1,012 |
| Synthetic | Male | 86 | 156 | 75 | 17 | 0 | 1 | 289 | 45 | 1 | 335 |
| | Female | 45 | 41 | 21 | 1 | 1 | 0 | 99 | 10 | 0 | 109 |
| Other | Male | 186 | 215 | 138 | 24 | 4 | 1 | 449 | 110 | 9 | 568 |
| | Female | 60 | 43 | 20 | 5 | 1 | 0 | 112 | 17 | 0 | 129 |
| DRUG TOTALS | Male | 4,292 | 6,154 | 2,801 | 580 | 156 | 46 | 9,428 | 4,288 | 313 | 14,029 |
| | Female | 910 | 802 | 359 | 98 | 24 | 7 | 1,632 | 529 | 39 | 2,200 |
| TOTAL | | 5,202 | 6,956 | 3,160 | 678 | 180 | 53 | 11,060 | 4,817 | 352 | 16,229 |
| **ALCOHOL VIOLATIONS** | | | | | | | | | | | |
| Driving Under Influence | Male | 305 | 4,652 | 4,312 | 2,912 | 2,520 | 1,692 | 12,701 | 3,385 | 307 | 16,396 |
| | Female | 45 | 284 | 294 | 245 | 171 | 66 | 924 | 177 | 4 | 1,105 |
| Liquor Law | Male | 14,835 | 22,424 | 278 | 188 | 159 | 139 | 36,998 | 984 | 41 | 38,023 |
| | Female | 3,442 | 2,466 | 57 | 38 | 44 | 23 | 5,880 | 182 | 8 | 6,070 |
| Drunkenness | Male | 482 | 10,548 | 11,360 | 8,811 | 8,068 | 6,983 | 26,496 | 18,769 | 987 | 46,252 |
| | Female | 106 | 725 | 850 | 673 | 525 | 294 | 1,611 | 1,527 | 35 | 3,173 |
| ALCOHOL TOTALS | Male | 15,622 | 37,624 | 15,950 | 11,911 | 10,747 | 8,814 | 76,195 | 23,138 | 1,335 | 100,668 |
| | Female | 3,593 | 3,475 | 1,201 | 956 | 740 | 383 | 8,415 | 1,886 | 47 | 10,348 |
| TOTAL | | 19,215 | 41,099 | 17,151 | 12,867 | 11,487 | 9,197 | 83,610 | 25,024 | 1,382 | 111,016 |
| % Female | | 18.6 | 8.4 | 7.0 | 7.4 | 6.4 | 4.1 | 10.0 | 7.5 | 3.4 | 9.3 |

Source: Crime in Pennsylvania: Uniform Crime Report, Bureau of Research and Development, Pennsylvania State Police, 1977.

6. Arrests for Driving Under the Influence

This year, 17,498 arrests were made for the offense of Driving Under the Influence. This was 2.9 percent under last year's total of 18,025.

A total of 12,212 or 69.8 percent of the arrestees were 25 years of age or older.

Arrestees by race were 13,625 Whites (77.9 percent), 3,562 Blacks (20.4 percent). Only 1,105 females were arrested for this offense, 6.3 percent of the total and the lowest proportion of female arrestees for any Part II Offense except sex offenses.

7. Arrests for Liquor Law Violations

This year, 44,093 arrests were made for liquor law violations, 2.0 percent below last year's total of 45,012. The arrest total was the equivalent of a rate per 100,000 population of 368.4. Liquor law violations accounted for 11.2 percent of all arrests in 1977.

Liquor law violations are essentially youth-oriented offenses, i.e., most liquor law violations in reality are instances of drinking by youths under the age of twenty-one. This year, 42,727 of the arrestees, or 96.9 percent were under twenty-one years of age.

A total of 42,878 arrestees (97.2 percent) were White.

By sex, 38,023 or 86.2 percent of the total were male.

8. Arrests for Drunkenness

This year, 49,425 arrests were made for the offense of drunkenness, a decrease of 5.0 percent from last year's figure of 52,002. The Arrest Rate per 100,000 population was 413.0. Drunkenness accounted for 12.6 percent of all arrests in 1977.

The majority of arrestees for this offense were adult males. Only 1.2 percent were under 18 years of age, and 24.0 percent were under 25. However, 37,564 (76.0 percent) were 25 and over, with 20,268 or 41.0 percent, 40 years of age or older. Slightly more than half, 28,107 or 56.9 percent were White, and the remainder were Black, 20,296 (41.1 percent).

Males comprised 46,252 arrestees, or 93.6 percent of the total.

Alcohol related offenses (Driving Under the Influence, Liquor Law Violations and Drunkenness) accounted for 28.2 percent of all arrests in Pennsylvania in 1977.

TABLE 30
ARRESTS FOR DRUG AND ALCOHOL VIOLATIONS COMPARED TO TOTAL ARRESTS BY AGE AND SEX 1977

| | Number of Arrests | | | Percent Distribution | | |
|---|---|---|---|---|---|---|
| AGE | Alcohol Violations | Drug Violations | Total Arrests | Alcohol Violations | Drug Violations | All Arrests |
| Under 18 | 19,215 | 5,202 | 152,642 | * 12.5 | 3.4 | 100 |
| Male | 15,622 | 4,292 | 125,185 | 12.4 | 3.4 | 100 |
| Female | 3,593 | 910 | 27,457 | 13.0 | 3.3 | 100 |
| 18 to 24 | 41,099 | 6,956 | 123,430 | ** 33.2 | 5.6 | 100 |
| Male | 37,624 | 6,154 | 105,967 | 35.5 | 5.8 | 100 |
| Female | 3,475 | 802 | 17,463 | 19.8 | 4.5 | 100 |
| 25 to 34 | 17,151 | 3,160 | 54,699 | ***31.0 | 5.7 | 100 |
| Male | 15,950 | 2,801 | 47,103 | 33.8 | 5.9 | 100 |
| Female | 1,201 | 359 | 7,596 | 15.8 | 4.7 | 100 |
| 35 to 44 | 12,867 | 678 | 26,929 | 47.7 | 2.5 | 100 |
| Male | 11,911 | 580 | 23,127 | 51.5 | 2.5 | 100 |
| Female | 956 | 98 | 3,802 | 25.1 | 2.5 | 100 |
| 45 to 54 | 11,487 | 180 | 19,267 | 59.7 | .9 | 100 |
| Male | 10,747 | 156 | 16,988 | 63.2 | .9 | 100 |
| Female | 740 | 24 | 2,279 | 32.4 | 1.0 | 100 |
| Over 54 | 9,197 | 53 | 14,096 | 65.0 | .3 | 100 |
| Male | 8,814 | 46 | 12,764 | 69.0 | .3 | 100 |
| Female | 383 | 7 | 1,332 | 28.7 | .5 | 100 |
| Total | 111,016 | 16,229 | 391,063 | 28.3 | 4.1 | 100 |
| Male | 100,668 | 14,029 | 331,134 | 30.4 | 4.2 | 100 |
| Female | 10,348 | 2,200 | 59,929 | 17.2 | 3.6 | 100 |

*12% Liquor Law Violations, .5% other Alcohol Violations
**27.6% Liquor Law Violations, 5.6% other Alcohol Violations
***.6% Liquor Law Violations, 30.4% other Alcohol Violations

Table 30 presents number and percent distribution of Drug, Alcohol and Total arrests by age and sex. As the table indicates drug violations never account for more than 6% of the arrests in any age group. This peak is reached between the ages of 25-34 and drops sharply thereafter Alcohol violations however, become increasingly significant with age. Only 12.5% of the arrestees under age 18 were arrested for Alcohol Violations while 44% of arrestees age 25 and over were arrested for Alcohol Violations. Most significant, however, is the fact that of the 14,096 arrestees over the age of 54, 9197 (nearly two-thirds) were arrested for alcohol violations, predominantly Driving Under the Influence and Drunkenness.

## J. NEED RANKING BASED ON SUBSTANCE ABUSE INDICATORS AND SOCIAL INDICATORS

To help in the determination of the geographic distribution of need for drug and alcohol programming the forty-two (42) Single County Authorities (some including two to four counties) in Pennsylvania were ranked on four (4) indicators of drug and alcohol abuse and six (6) indicators of social problems. The Social Indicators and the ranking procedure utilized 1/ were those suggested by NIDA in a publication titled Needs Assessment Approaches for Drug Abuse Treatment Agencies. These ranks provide only rough estimates of need but the procedure is a first step in the Council's plan to consider the use of Social Indicators in the needs assessment process.

The Drug related indicator used was Drug Violation Arrest rates per 100,000 population. The Alcohol related indicators include:

*Per Capita State Liquor Store Sales ($ amount).
Brenner Formula Estimates of Alcoholism (percent).
Arrests for Alcohol Violations (rate per 100,000 population)
-DWI
--Liquor Law Violations
-Drunkenness

The Social Indicators include the following:

*Minority Population (percent of total population)
*School Enrollment (percent of total population)
*Unemployment (percent of total population)
*Public Assistance (percent of total population)
**Illegitimate Births (percent of total births)
**Suicide (rate per 100,000 population)

These ranks are presented in Tables 31 and 32.

SCA ranks on the Drug Indicator and the Alcohol Indicators were combined separately with social indicator ranks to form a Drug Index that reflects the level of need for Drug Programming in each SCA and an Alcohol Index that reflects the level of need for Alcohol Programming in each SCA relative to the rest of the state. (See Table 33) Alcohol related indicators were weighted more heavily because they are more directly related to the alcohol problem than are social indicators. However, as data on only one drug related indicator was available - Arrest rates for drug violations - and variation in arrest rates among SCAs may reflect the extent of police activity in the area or local priorities rather than an actual variation in the drug problem, this indicator was not weighted more heavily than the Social Indicators.

1/ Needs Assessment Approaches for Drug Abuse Treatment Agencies, Division of Scientific and Program Information, NIDA, September 1977. (Contract No. 271-71-5605)

* Source: Pennsylvania Statistical Abstract, 1978. Department of Commerce,

** Source: Pennsylvania Natality and Mortality Statistics 1977. Health Data Center, Bureau of Health Data Systems. July 1, 1978

*The ten highest and ten lowest ranking SCAs on the Drug and Alcohol Index are presented below:*

| SCA (Highest) | Drug Index(*) Rank | SCA | Alcohol Index (@) Rank |
|---|---|---|---|
| Philadelphia | 1 | Philadelphia | 1 |
| Erie | 2 | Allegheny | 2.5 |
| Delaware | 3 | Delaware | 2.5 |
| Allegheny | 4 | Erie | 4 |
| Chester | 5 | Chester | 5 |
| Montgomery | 6 | Montgomery | 6 |
| Northampton | 7 | Luzerne/Wyoming | 7 |
| Dauphin | 8 | Dauphin | 8.5 |
| Bucks | 9 | Washington/Greene | 8.5 |
| Lehigh | 10 | Bucks | 10 |
| (Lowest) | | | |
| Armstrong/Indiana | 42 | Lebanon | 42 |
| Northumberland | 41 | Columbia/Montour/ | |
| Franklin/Fulton | 40 | Snyder/Union | 41 |
| Susquehanna/Wayne | 39 | Centre | 40 |
| Columbia/Montour/ | | Somerset/Bedford | 39 |
| Snyder/Union | 37.5 | Huntingdon/Mifflin/Juniata | 37.5 |
| Cambria | 37.5 | Franklin/Fulton | 37.5 |
| Centre | 36 | York/Adams | 36 |
| Huntingdon/Mifflin/ | | Lancaster | 34.5 |
| Juniata | 34.5 | Armstrong/Indiana | 34.5 |
| Lawrence | 34.5 | Susquehanna/Wayne | 33 |
| Lebanon | 33 | | |

*To compare need for programming, urban, moderately urban and rural SCAs are grouped separately in Table 33 . The data indicates that urban SCAs have the greatest need for both drug and alcohol treatment. Seven of the eleven urban SCAs rank between 1 and 10 on both the drug and alcohol index. Only one non-urban SCA - Chester County (Moderately urban) - ranks above ten on both indices. All of the urban SCA's except Lackawanna and Beaver Counties rank in the top ten on at least one index, and all but Lackawanna rank in the top 20 on both the drug and alcohol indices.*

*Moderately Urban SCAs tend to rank lower than the urban SCAs but higher than the rural SCAs on both the drug index and the alcohol index. Only 2 of the thirteen Moderately Urban SCAs rank in the top ten on at least one index. However, eight of these SCAs rank in the top 20 on at least 1 index and, while seven of the Moderately Urban SCAs rank in the bottom ten on at least one index, none rank in the bottom ten on both indices.*

*(*) Combined social and drug indicator*
*(@) Combined social and alcohol indicator*

*With the exception of Washington/Greene and Mercer Counties, all of the eighteen rural SCAs rank in the bottom 20 on either drug or alcohol need and seven of the rural SCAs rank in the bottom ten on both the drug index and the alcohol index.*

*Treatment admission rates per 100,000 population were calculated for each of the 42 SCAs. Drug, Alcohol, Other and Total admission rates were calculated separately and the SCAs were then ranked according to admission rate. The results are presented in Table 34.*

*When treatment admission ranks are compared with Drug and Alcohol Index ranks it appears that the distribution of treatment slots is appropriate to the distribution of need throughout the state. Eighty percent of the SCAs that rank in the top fifteen on the Drug Index also rank in the top fifteen on drug treatment admissions. Similarly, eighty percent of the SCAs that rank in the bottom fifteen on the drug index also rank in the bottom fifteen on drug treatment admissions. Almost seventy percent of the SCAs that rank in the top fifteen on the Alcohol Index also rank in the top fifteen on Alcohol treatment admissions and eighty percent of the SCAs ranking in the bottom fifteen on the Alcohol Index also rank in the bottom fifteen on Alcohol Treatment admissions.*

*In the upcoming year as part of program monitoring, special attention will be given by the Bureau of Community Assistance to those SCAs whose programming does not appear to reflect indicated needs.*

*TABLE 31*

## SCA RANK ON 6 INDICATORS OF SOCIAL PROBLEMS

| | Minority Population | Public Aid | School Enrollment | Unemploy. Rate | Suicide | Illigitimate Births | Total of Columns 1-6 | Rank — Social Indicators |
|---|---|---|---|---|---|---|---|---|
| Bucks | 13 | 20.5 | 3 | 12.5 | 38 | 30.5 | 117.5 | 17 |
| Chester | 5 | 17 | 9 | 12.5 | 14.5 | 7.5 | 65.5 | 2 |
| Delaware | 4 | 19 | 26 | 12.5 | 16 | 7.5 | 85 | 5 |
| Montgomery | 7 | 41 | 10 | 12.5 | 9 | 37 | 116.5 | 15.5 |
| Philadelphia | 1 | 1 | 34 | 12.5 | 6 | 1 | 55.5 | 1 |
| | | | | | | | | |
| Berks | 15.5 | 27.5 | 19.5 | 38 | 4 | 5 | 109.5 | 13.5 |
| Bradford-Sullivan-Tioga | 39 | 5 | 1 | 29.5 | 2.5 | 15 | 92 | 9 |
| Carbon-Monroe-Pike | 28 | 37 | 36 | 12.5 | 29.5 | 30.5 | 173.5 | 37 |
| Lackawanna | 31 | 17 | 39 | 3.5 | 26.5 | 33.5 | 150.5 | 30 |
| Lehigh | 21 | 35 | 40 | 31.5 | 2.5 | 16.5 | 136.5 | 27 |
| Luzerne-Wyoming | 30 | 15 | 37 | 2 | 17 | 23 | 124 | 21 |
| Northampton | 17 | 25.5 | 18 | 27.5 | 10.5 | 10 | 108.5 | 12 |
| Schuylkill | 39 | 33 | 38 | 12.5 | 36 | 27.5 | 186 | 40 |
| Susquehanna-Wayne | 33 | 25.5 | 5 | 26 | 23 | 29 | 141.5 | 25 |
| | | | | | | | | |
| Blair | 33 | 13 | 12 | 31.5 | 1 | 10 | 100.5 | 10 |
| Cambria | 19 | 31 | 30.5 | 33 | 8 | 22 | 143.5 | 26 |
| Centre | 15.5 | 40 | 42 | 41.5 | 14.5 | 41 | 194.5 | 41 |
| Columbia-Montour-Snyder-Union | 28 | 35 | 24.5 | 5.5 | 26.5 | 35.5 | 155 | 32 |
| Cumberland-Perry | 23.5 | 42 | 4 | 39.5 | 7 | 33.5 | 149.5 | 29 |
| Dauphin | 2 | 3 | 33 | 39.5 | 37 | 2 | 116.5 | 15.5 |
| Franklin-Fulton | 21 | 38 | 16 | 37 | 25 | 21 | 158 | 34 |
| Huntingdon-Juniata-Mifflin | 26 | 7 | 22.5 | 3.5 | 39 | 20 | 118 | 18 |
| Lancaster | 18 | 31 | 32 | 41.5 | 40 | 18 | 180.5 | 38 |
| Lebanon | 33 | 39 | 27 | 35 | 41 | 27.5 | 202.5 | 42 |
| Lycoming-Clinton | 25 | 10.5 | 16 | 1 | 10.5 | 6 | 69 | 3 |
| Northumberland | 42 | 31 | 24.5 | 20 | 34 | 32 | 183.5 | 39 |
| Somerset-Bedford | 39 | 20.5 | 13.5 | 20 | 28 | 40 | 161 | 36 |
| York-Adams | 13 | 29 | 22.5 | 36 | 19.5 | 16.5 | 136.5 | 23 |
| | | | | | | | | |
| Allegheny | 3 | 4 | 35 | 24 | 18 | 3 | 87 | 7 |
| Armstrong-Indiana | 28 | 24 | 21 | 17.5 | 29.5 | 39 | 159 | 35 |
| Beaver | 6 | 22.5 | 19.5 | 24 | 21 | 12.5 | 105.5 | 11 |
| Butler | 36 | 35 | 16 | 7.5 | 12.5 | 42 | 149 | 28 |
| Cameron-Elk-McKean-Potter | 39 | 14 | 6.5 | 7.5 | 42 | 14 | 123 | 20 |
| Clarion-Forest-Venango-Warren | 35 | 17 | 8 | 34 | 22 | 24 | 140 | 24 |
| Clearfield-Jefferson | 39 | 27.5 | 2 | 29.5 | 24 | 35.5 | 157.5 | 32 |
| Crawford | 23.5 | 10.5 | 41 | 5.5 | 19.5 | 19 | 119 | 19 |
| Erie | 9.5 | 6 | 6.5 | 20 | 31 | 4 | 77 | 4 |
| Fayette | 9.5 | 2 | 30.5 | 22 | 12.5 | 12.5 | 89 | 8 |
| Lawrence | 13 | 8 | 28.5 | 17.5 | 32.5 | 25.5 | 125 | 22 |
| Mercer | 8 | 9 | 13.5 | 12.5 | 32.5 | 10 | 85.5 | 6 |
| Washington-Greene | 11 | 12 | 28.5 | 27.5 | 5 | 25.5 | 109.5 | 13.5 |
| Westmoreland | 21 | 22.5 | 11 | 24 | 35 | 38 | 151.5 | 31 |

*TABLE 32*

## SCA RANK ON 4 DRUG AND ALCOHOL RELATED INDICATORS

| | Liquor Sales | Brenner Formula | Alco. Viol. Arrest Rate | Total of Columns 1, 2, & 3 | Rank – Alcohol Indicators | Rank – Drug Indicators * |
|---|---|---|---|---|---|---|
| Bucks | 6.5 | 36 | 4 | 46.5 | 10.5 | 8 |
| Chester | 10.5 | 32 | 6 | 48.5 | 12 | 15 |
| Delaware | 5 | 9 | 8 | 22 | 3 | 5 |
| Montgomery | 2 | 19 | 9 | 30 | 6 | 4 |
| Philadelphia | 1 | 2 | 1 | 4 | 1 | 1 |
| | | | | | | |
| Berks | 17.5 | 24.5 | 40 | 82 | 30.5 | 21 |
| Bradford/Sullivan/Tioga | 40 | 33 | 36 | 109 | 41 | 27 |
| Carbon/Monroe/Pike | 4 | 12 | 22 | 38 | 7 | 13 |
| Lackawanna | 8.5 | 3 | 35 | 46.5 | 10.5 | 23 |
| Lehigh | 6.5 | 23 | 23 | 52.5 | 15 | 3 |
| Luzerne/Wyoming | 12 | 5 | 12 | 29 | 5 | 19 |
| Northampton | 15 | 16 | 39 | 70 | 24 | 10 |
| Schuylkill | 26.5 | 1 | 37 | 64.5 | 20 | 14 |
| Susquehanna/Wayne | 24 | 27 | 42 | 93 | 36.5 | 41 |
| | | | | | | |
| Blair | 29.5 | 24.5 | 3 | 57 | 18 | 36 |
| Cambria | 24 | 6 | 20 | 50 | 14 | 39 |
| Centre | 20.5 | 38 | 33 | 91.5 | 35 | 22 |
| Columbia/Montour/Snyder/Union | 35 | 40.5 | 32 | 107.5 | 40 | 33 |
| Cumberland/Perry | 17.5 | 39 | 31 | 87.5 | 33 | 17 |
| Dauphin | 10.5 | 17 | 12 | 39.5 | 8 | 7 |
| Franklin/Fulton | 42 | 34 | 14 | 90 | 34 | 35 |
| Huntingdon/Juniata/Mifflin | 41 | 40.5 | 38 | 119.5 | 42 | 42 |
| Lancaster | 35 | 35 | 12 | 82 | 30.5 | 9 |
| Lebanon | 38.5 | 42 | 15 | 95.5 | 38 | 16 |
| Lycoming/Clinton | 22 | 29 | 24 | 75 | 27.5 | 34 |
| Northumberland | 35 | 10 | 30 | 75 | 27.5 | 31 |
| Somerset/Bedford | 37 | 28 | 28 | 93 | 36.5 | 20 |
| York/Adams | 38.5 | 37 | 26 | 101.5 | 39 | 12 |
| | | | | | | |
| Allegheny | 3 | 4 | 2 | 9 | 2 | 6 |
| Armstrong/Indiana | 33 | 13 | 41 | 87 | 32 | 37 |
| Beaver | 13.5 | 15 | 27 | 55.5 | 17 | 24 |
| Butler | 31.5 | 30 | 7 | 68.5 | 22.5 | 11 |
| Cameron/Elk/McKean/Potter | 20.5 | 14 | 34 | 68.5 | 22.5 | 30 |
| Clarion/Forest/Venango/Warren | 28 | 31 | 17 | 76 | 29 | 25 |
| Clearfield/Jefferson | 31.5 | 8 | 10 | 49.5 | 13 | 18 |
| Crawford | 13.5 | 19 | 21 | 53.5 | 16 | 28 |
| Erie | 8.5 | 11 | 5 | 24.5 | 4 | 2 |
| Fayette | 26.5 | 21.5 | 25 | 73 | 25 | 40 |
| Lawrence | 29.5 | 26 | 18.5 | 74 | 26 | 38 |
| Mercer | 24 | 21.5 | 18.5 | 64 | 19 | 32 |
| Washington/Greene | 17.5 | 7 | 16 | 40.5 | 9 | 29 |
| Westmoreland | 17.5 | 19 | 29 | 65.5 | 21 | 26 |

*** The Drug related indicator used was Drug Violation Arrest Rates.**

Table 33

SCA Rank by Level of Need for Drug and Alcohol Treatment

| URBAN | Index of Need | | Rank on Need Index | |
|---|---|---|---|---|
| | Drug 1. | Alcohol 2. | Drug | Alcohol |
| Philadelphia | 2 | 3 | 1 | 1 |
| Allegheny | 13 | 11 | 4 | 2.5 |
| Montgomery | 19.5 | 27.5 | 6 | 6 |
| Delaware | 10 | 11 | 3 | 2.5 |
| Bucks | 25 | 38 | 9 | 10 |
| Luzerne/Wyoming | 40 | 31 | 18 | 7 |
| Erie | 6 | 12 | 2 | 4 |
| Lehigh | 30 | 57 | 10 | 18 |
| Lackawanna | 53 | 51 | 29 | 15 |
| Dauphin | 22.5 | 31.5 | 8 | 8.5 |
| Beaver | 35 | 45 | 12.5 | 12 |
| MODERATELY URBAN | | | | |
| Westmoreland | 57 | 73 | 32 | 24.5 |
| York/Adams | 35 | 101 | 12.5 | 36 |
| Lancaster | 47 | 99 | 22.5 | 34.5 |
| Berks | 34.5 | 74.5 | 11 | 27 |
| Chester | 17 | 26 | 5 | 5 |
| Northampton | 22 | 60 | 7 | 22 |
| Cumberland/Perry | 46 | 95 | 20.5 | 32 |
| Cambria | 65 | 54 | 37.5 | 17 |
| Schuylkill | 54 | 80 | 30 | 28 |
| Lycoming/Clinton | 37 | 58 | 15 | 20 |
| Blair | 46 | 46 | 20.5 | 13 |
| Lawrence | 60 | 74 | 34.5 | 26 |
| Northumberland | 70 | 94 | 41 | 31 |
| RURAL | | | | |
| Washington/Greene | 42.5 | 31.5 | 19 | 8.5 |
| Armstrong/Indiana | 72 | 99 | 42 | 34.5 |
| Clarion/Forest/Venango/Warren | 49 | 82 | 25 | 29 |
| Fayette | 48 | 58 | 24 | 20 |
| Columbia/Montour/Snyder/Union | 65 | 112 | 37.5 | 41 |
| Butler | 39 | 73 | 17 | 24.5 |
| Mercer | 38 | 44 | 16 | 11 |
| Clearfield/Jefferson | 50 | 58 | 27 | 20 |
| Lebanon | 58 | 118 | 33 | 42 |
| Somerset/Bedford | 56 | 109 | 31 | 39 |
| Carbon/Monroe/Pike | 50 | 51 | 27 | 15 |
| Franklin/Fulton | 69 | 102 | 40 | 37.5 |
| Cameron/Elk/McKean/Potter | 50 | 65 | 27 | 23 |
| Centre | 63 | 111 | 36 | 40 |
| Bradford/Sullivan/Tioga | 36 | 91 | 14 | 30 |
| Huntingdon/Mifflin/Juniata | 60 | 102 | 34.5 | 37.5 |
| Crawford | 47 | 51 | 22.5 | 15 |
| Susquehanna/Wayne | 66 | 98 | 39 | 33 |

1. Drug related and Social Indicator ranks were given equal weight
2. Alcohol related indicators were given a weight of 2, Social Indicators were given a weight of 1.

TABLE 34
ADMISSIONS TO TREATMENT 7/77 - 6/78

| URBAN | Rates per 100,000 pop. | | | | Ranks | | | |
|---|---|---|---|---|---|---|---|---|
| | D | A | O | T | D | A | O | T |
| Philadelphia | 474.1 | 603.2 | 12.3 | 1089.6 | 1 | 1 | 23 | 1 |
| Allegheny | 103.2 | 313.5 | 63.3 | 480.0 | 7 | 13 | 5 | 10 |
| Montgomery | 118.9 | 219.5 | 5.2 | 343.6 | 5 | 22 | 37 | 17 |
| Delaware | 156.4 | 337.6 | 49.3 | 543.3 | 3 | 8 | 8 | 6 |
| Bucks | 99.3 | 174.4 | 44.3 | 318.0 | 9 | 25 | 9 | 20 |
| Luzerne/Wyoming | 58.1 | 213.2 | 5.8 | 277.1 | 17 | 23 | 36 | 24 |
| Erie | 58.5 | 482.3 | 232.0 | 772.8 | 16 | 5 | 1 | 2 |
| Lehigh | 108.1 | 191.6 | 9.9 | 309.6 | 6 | 24 | 27 | 21 |
| Lackawanna | 49.5 | 584.3 | 7.3 | 641.1 | 23 | 3 | 33.5 | 5 |
| Dauphin | 99.8 | 591.0 | 10.7 | 701.5 | 3 | 2 | 25.5 | 3 |
| Beaver | 95.9 | 281.6 | 59.3 | 436.8 | 10 | 16 | 7 | 11 |
| Average | 129.3 | 362.9 | 45.4 | 537.6 | | | | |
| MODERATELY URBAN | | | | | | | | |
| Westmoreland | 21.8 | 49.7 | 8.4 | 79.9 | 35 | 41 | 31 | 41 |
| York/Adams | 36.4 | 115.4 | 8.5 | 160.3 | 27 | 32 | 30 | 33 |
| Lancaster | 50.9 | 146.3 | 1.4 | 198.6 | 21 | 27 | 40 | 30 |
| Berks | 124.8 | 551.5 | 12.9 | 689.2 | 4 | 4 | 20 | 4 |
| Chester | 157.6 | 298.8 | 67.4 | 523.8 | 2 | 15 | 4 | 8 |
| Northampton | 94.4 | 92.2 | 33.7 | 220.3 | 11 | 34 | 11 | 26 |
| Cumberland/Perry | 60.4 | 126.6 | 12.7 | 199.7 | 15 | 31 | 22 | 29 |
| Cambria | 10.1 | 224.2 | 1.1 | 235.4 | 41 | 21 | 41 | 25 |
| Schuylkill | 73.0 | 320.4 | 37.4 | 430.8 | 13 | 11 | 10 | 13 |
| Lycoming/Clinton | 24.5 | 68.3 | 7.3 | 100.1 | 33 | 37 | 33.5 | 36 |
| Blair | 13.4 | 61.8 | 6.7 | 81.9 | 40 | 40 | 35 | 40 |
| Lawrence | 33.8 | 93.0 | 12.2 | 139.0 | 28 | 33 | 24 | 34 |
| Northumberland | 16.2 | 63.8 | 4.0 | 84.0 | 37 | 38 | 38 | 39 |
| Average | 55.2 | 170.2 | 16.4 | 241.8 | | | | |
| RURAL | | | | | | | | |
| Washington/Greene | 50.3 | 229.5 | 15.4 | 295.2 | 22 | 19 | 19 | 22 |
| Armstrong/Indiana | 53.0 | 136.1 | 25.9 | 215.0 | 19 | 30 | 15 | 27 |
| Clarion/Forest/Venango/Warren | 65.0 | 305.1 | 8.9 | 379.0 | 14 | 14 | 29 | 15 |
| Fayette | 9.0 | 33.9 | 20.5 | 63.4 | 42 | 42 | 17 | 42 |
| Columbia/Montour/Snyder/Union | 14.9 | 139.1 | 21.0 | 175.0 | 38 | 29 | 16 | 32 |
| Butler | 43.2 | 224.5 | 60.2 | 327.9 | 24 | 20 | 6 | 18 |
| Mercer | 40.3 | 343.9 | 152.6 | 536.8 | 25 | 7 | 2 | 7 |
| Clearfield/Jefferson | 36.5 | 321.2 | 16.7 | 374.4 | 26 | 10 | 8 | 16 |
| Lebanon | 26.7 | 80.2 | 2.9 | 109.8 | 32 | 35 | 39 | 35 |
| Somerset/Bedford | 30.1 | 266.1 | 30.9 | 327.1 | 30 | 17 | 12 | 19 |
| Carbon/Monroe/Pike | 54.8 | 316.4 | 9.7 | 380.9 | 18 | 12 | 28 | 14 |
| Franklin/Fulton | 18.7 | 76.4 | | 95.1 | 36 | 36 | 42 | 37 |
| Cameron/Elk/McKean/Potter | 23.2 | 255.4 | 8.0 | 286.6 | 34 | 18 | 32 | 23 |
| Centre | 14.6 | 62.0 | 12.8 | 89.4 | 39 | 39 | 21 | 38 |
| Bradford/Sullivan/Tioga | 52.8 | 349.4 | 28.7 | 430.9 | 20 | 6 | 13 | 12 |
| Huntingdon/Mifflin/Juniata | 33.1 | 142.3 | 10.7 | 186.1 | 29 | 28 | 25.5 | 31 |
| Crawford | 82.2 | 325.1 | 76.3 | 483.6 | 12 | 9 | 3 | 9 |
| Susquehanna/Wayne | 28.1 | 151.7 | 26.7 | 206.5 | 31 | 26 | 14 | 28 |
| Average | 37.6 | 208.8 | 29.3 | 275.7 | | | | |

D = Drug Admissions
A = Alcohol Admissions
O = Significant others related to substance abuser
T = Total admissions

# *III. PROGRAM ACTION PLAN*
# *FY 1979/80*

*A. INTRODUCTION*

*This section of the Plan includes a resource assessment and problem analysis reflecting experience during the past year within the drug and alcohol abuse services system; goals and objectives for the 1980 fiscal year (7/79 - 6/80) directed toward maintaining or improving needed services (with a rationale for each objective); and action steps for achieving each objective.*

*Goals for each program area (Administration, Treatment, etc.) are directed toward achievement of the Council's five principal goals, which are:*

*(1) To facilitate the recovery of drug and alcohol dependent persons.*

*(2) To decrease the probability of drug and alcohol experimenters becoming dependent.*

*(3) To assist this generation and future generations in avoiding drug and alcohol dependence.*

*(4) To assist society in becoming fully informed about drugs and alcohol.*

*(5) To develop open lines of communication between the Council, the SCA's and the service providers.*

*Objectives are based on Council philosophy and policy; the Needs Assessment and other research; experience during the past year as noted in the performance report; local and regional needs; gubernatorial and legislative mandates; and federal mandates.*

*Action steps to achieve objectives are based on past experience for activities continued from year to year or are estimates for those activities that are new. Costs are included for objectives and activities that are contracted and thus have an established cost or for objectives where staff time can readily be determined and estimated.*

**B.** *ADMINISTRATION, PLANNING AND COORDINATION, MANAGEMENT INFORMATION SYSTEM*

*1. Resource Assessment*

*a. Administration, Planning and Coordination*

*In Pennsylvania, policies for the administration of comprehensive drug and alcohol services are determined by the seven members of the Governor's Council on Drug and Alcohol Abuse and policies are implemented by staff under the direction of the Executive Director. Forty-two Single County Authorities (SCAs) have been delegated the responsibility for determining local needs in 67 counties and planning and administering services to meet those needs in accordance with Council policies. The Drug and Alcohol Advisory Task Forces along with a number of other statewide associations and advisory bodies provide input into the development and implementation of drug and alcohol services and advise the Council on the impact of those services.*

*Delivery of services is effected through annual contracts negotiated between the Council and Single County Authorities or other service providers. Detailed information describing this system is contained in the 1979 Plan* (p. 16 ff), In brief, the funding of prevention, intervention and treatment services is at two levels - base and supplemental. The annual County Plans submitted by Single County Authorities describe a need for base funding for the local comprehensive drug and alcohol abuse prevention, intervention and treatment programs and they also describe additional needed services that require supplemental funding from the GCDAA through special augmentation grants and special contracts such as Public Inebriate, Polydrug and Statewide Services. These supplemental funds are for the purpose of supporting additional services in the areas of greatest need. Special funding is also provided by the Law Enforcement Assistance Administration by the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and PennDOT (NHTSA funds for Driving While Intoxicated Programs). Management of these grants is described in the above reference.*

*Funding of drug and alcohol services by the Council through contract with Single County Authorities is based on a last source financing concept whereby the funding received from the Council can only be utilized to finance the cost of authorized services for which there are no other financial resources available. Due to a leveling off of support from some funding sources and a decline in support from others, service providers are experiencing a need to increase third party funding to their programs. Third party payments for treatment services come primarily from SRS (Social Security Act - Title XX) through the Department of Public Welfare,*

*Pennsylvania Drug and Alcohol Abuse Prevention and Treatment Plan 1979

*Medical Assistance payments and from some private insurance carriers. SRS funds are contracted for between the Department of Public Welfare and the Council and are subcontracted by the Council to Single County Authorities. (The Council has been notified that drug and alcohol services will not receive SRS funds in the upcoming year). Medical Assistance payments and private insurance payments are billed by treatment providers to the payment source and reported as an offset in monthly consolidated billing by the SCA to the Council. Single County Authorities monitor contracted providers to assure their pursuance of direct client payments and third party funds before reimbursement is provided for services to clients unable to pay. SCAs also provide technical assistance to service providers to help them maximize third party funding sources.*

*With respect to funding sources, drug and alcohol providers are in a period of transition. Initially most drug and alcohol programs received funding directly from federal sources. Although this continues, it is much more limited and specific; direct federal grants are no longer a major funding source for most drug and alcohol providers. In addition, the Federal legislation which established the National Institute on Drug Abuse and that which established the National Institute on Alcohol Abuse and Alcoholism both specifically limit their funding to categorical grants for state drug or alcohol programs. The State legislation which established the Governor's Council on Drug and Alcohol Abuse recognized the relationship between drug and alcohol abuse and dependency and authorized the Council to use State monies for projects which treat drug and alcohol clients together. Drug and alcohol projects, and more importantly, clients have responded favorably to this comprehensive approach.*

*Currently, most federal and state monies are channelled through the Governor's Council on Drug and Alcohol Abuse to Single County Authorities and then allocated to service providers. These funds are leveling off or decreasing (as is in the case of SRS and state funds). Consequently, the expansion of drug and alcohol services based on specialized funding is severely restricted. Providers must increasingly rely upon other funding sources such as client fees, medical assistance and private health insurance.*

*Providers are having difficulties in gaining access to third-party funding sources. Outpatient facilities which meet state licensing and medical assistance standards receive medical assistance reimbursement for services provided to eligible clients. Services offered within hospital settings are eligible for medical assistance reimbursement without obtaining Governor's Council on Drug and Alcohol Abuse approval. However, regardless of their licensing status, services provided in residential non-hospital settings are*

*not eligible for medical assistance reimbursement under the Department of Public Welfare regulations. Yet services provided in residential non-hospital settings are often clinically more appropriate and less expensive than the provision of the same services in hospitals. In some instances, general hospital acute care treatment settings cost from over two to three times as much as settings in specialized addiction treatment facilities.*

*Although the drug and alcohol field has been encouraged by the private health insurance industry's increased sensitivity to the needs of individuals affected by substance abuse, the majority of policies which currently cover addiction limit the benefits to treatment in accredited general hospitals, thus excluding more economical treatment programs. Because of the lack of insurance compensation for addiction, persons are very frequently diagnosed and treated under the guise of accompanying physical disorders related to the addiction, rather than the addiction being identified as the primary diagnosis. Not only is the individual receiving treatment under an inappropriate diagnosis in the highest possible cost setting, but the underlying addiction will not be improved. The addicted individual usually returns to the hospital for repeated visits and runs a high risk of developing cirrhosis of the liver and other disorders which will require increasing medical attention. Many employers have demonstrated that when a comprehensive addiction treatment benefit is offered dramatic decreases in sickness disability, absenteeism, accidents and lost time result. The actual experiences in more than 20 states having legislated insurance coverage in this area illustrates that health insurance plans and employee substance abuse programs, when well-structured and coordinated, contribute to the rehabilitation of addicted employees and the reduction of insurance costs.*

*Determination of needed services, analysis of available resources and provision of coordinated services is a product of an integrated planning system at the state, regional and local level. During the past two years liaison has been established between the Council and the State Health Planning and Development Agency in order to coordinate drug and alcohol planning efforts at the state level. An agreement providing for an interchange of information and planning effort was developed between the two agencies and entered into in 1977 (Appendix C). There also are representatives of the Governor's Council on Drug and Alcohol Abuse who are members of the Statewide Health Coordinating Council and provide input to the overall planning process of the State Health Plan and review of the annual drug and alcohol services plan. Initial experience in joint planning efforts is reflected in the State Health Plan on which public hearings were held in April 1979.*

*Planning efforts of the Council are greatly aided by the Drug Advisory Task Force and the Alcohol Advisory Task Force. These are twenty member groups selected from throughout the Commonwealth which act as advisory bodies for the Council. These Task Forces advise the Council on regulations and policy, assist the Council in the development and implementation of the Drug and Alcohol Abuse Prevention Plan, assist the SCAs in the development and implementation of county plans, advise the Council on the impact of drug and alcohol programs provided for by the State Plan, and promote better public understanding of the objectives and the programs as promulgated by the Governor's Council. A representative from the Statewide Health Coordinating Council is a member of both the Drug and Alcohol Advisory Task Forces. (See Appendix D for a current listing of the Drug and Alcohol Advisory Task Force membership, a copy of the Task Forces' Bylaws, a schedule of the Task Forces' meetings for the previous year as well as the current year and a list of both Task Forces' accomplishments during FY 78/79). Additional information on the Task Forces is included in the 1979 Plan (p. 9 FF).*

*During the past year, supportive efforts by the Alcoholism and Addiction Association of Pennsylvania (AAOP) have served to increase the effectiveness of statewide substance abuse programming. Established in January 1978, this organization has served as a catalyst to effect a statewide coordination of various organizations throughout the Commonwealth and has measurably increased communications within the substance abuse field. Much input for the State Health Plan was provided through this agency.*

*The Council has also entered into agreements for information interchange and provision of service with the Office of Mental Health of the Department of Public Welfare and the Bureau of Vocational Rehabilitation of the Department of Labor and Industry. These agreements are contained in the appendices E and F of this Plan. During the past year liaison was established with the Department of the Aging. It was decided that initial efforts should be made at the local and regional levels in order to interchange information regarding functions and resources at that level. Future efforts will involve coordination of planning at the local, regional and state level and the development of prevention and treatment resources and techniques.*

*At the local and area level efforts are being made to assure drug and alcohol representation on Health System Agency bodies and several Health Systems Plans reflect excellent input in this regard. Guidelines for 1979/80 County Plans required that such plans include an objective specifying how the Single County Authority intended to coordinate its efforts with those of the regional health systems agencies. A review of county plans shows effective efforts in this regard.*

*The structure of the drug and alcohol system is such that each Single County Authority (SCA) is responsible for the planning and implementation of drug and alcohol services within their area. In accordance with this structure each SCA has developed an independent planning process and a system of community-based services has been established for each SCA.*

*There is an increased need for more coordination of planning efforts among the SCA's within each Health Services Area or region. This need can be illustrated by the fact that residents from one SCA utilize services in another SCA because those services are more accessible or because the specific services they require are not available in their own SCA. In addition, certain drug and alcohol services such as those provided in residential settings may best be utilized, particularly in terms of cost effectiveness, on an intercounty shared basis. Currently each SCA has attempted to develop a comprehensive drug and alcohol treatment system. This, of course, is limited by available funds. The development of an "ideal" comprehensive treatment model for a Health Services Area or region would be useful because it could be used to aid SCA's in determining what services are needed and it could be used to identify which services can be shared among SCA's. Such a model could also be used by the HSA in its review and approval process.*

*Currently, each SCA conducts its own needs assessment by surveying relevant hospital and police data, reviewing various social indicators, and examining information from the UDCS and other collection systems. The Governor's Council on Drug and Alcohol Abuse conducts a statewide needs assessment based on similar information and has conducted a household survey to determine the prevalence and intensity of drug and alcohol abuse. A consistent and reliable needs assessment methodology based on current and accurate data that can be used on an HSA or regional basis remains to be developed. Each HSA and the SCA's within the corresponding Health Services Area should share data, evaluative efforts and other resources to most effectively determine the needs of those persons affected by substance abuse.*

*At the present time there is no procedure which ensures the coordination of the drug and alcohol planning efforts of the SCA's within each Health Services Area or region. The establishment of an HSA or regional Drug and Alcohol Abuse Committee would enable providers, planning agencies, and consumers to address formally drug and alcohol issues and problems common to the HSA or region.*

*b. Management Information System*

*A primary goal of the Governor's Council is to make policy and funding decisions based on maximum effective use of available information. In order to meet that goal the Council established the Uniform Data Collection System (UDCS) to obtain information on both drug and alcohol clients and services.*

*The UDCS is comprised of three facets: Client Management, Program Management and Fiscal Management. The Client Management facet was introduced in FY 73/74 and the Fiscal Management facet in FY 74/75. In both cases, various pilots were tested prior to implementation throughout the state, and several changes have been made since their initiation. The Program Management facet is implemented through the facility/project identification and licensing system.*

*The Client Management facet of the UDCS provides data on the demography, characteristics and problems of those persons receiving drug and alcohol treatment services. Information on persons receiving drug and alcohol treatment services is obtained through the use of Client Admission, Client Discharge and Facility Summary forms. Information obtained through the use of these forms is validated through validation control and error correction procedures initiated in 1976.*

*A wide variety of research reports can be produced based on Client Management data such as discovering patterns of substance use and studying the effect of various treatment modalities on different types of substance uses. In addition, data from the client management forms is used in the Executive Trend Report which describes treatment populations, reveals trends that may affect the treatment delivery system and identifies situations requiring special attention or further study.*

*The Program Management facet of the UDCS provides basic information on the characteristics of each facility and identifies them by types of services provided and budgeted capacity. This data is used in the development of the Drug and Alcohol Facility/Service Directory. The Directory serves as a reference guide for individuals seeking information about drug and alcohol services and facilities in the state.*

*Information obtained through the Program Management facet is used to validate information obtained through the Client Management and Fiscal Management facets of the UDCS as well as federal information collected on federally funded facilities. The Program Management facet data is also used by Council staff as a management tool for licensing, determination of eligibility for medical assistance reimbursement and the planning and monitoring of drug and alcohol prevention and treatment services.*

*The fiscal management facet of the UDCS is composed of fiscal management guidelines and a fiscal management reporting system.*

*The fiscal management guidelines serve as the basis for any fiscal reporting or accountability system designed by the Council. The guidelines include a uniform chart of accounts, expenses eligible for reimbursement with Council funds, ownership rights and responsibilities for fixed assets, funding and contracting guidelines, encumbering and expenditures guidelines, deficit spending guidelines, liability and abatement guidelines and guidelines for fiscal audits.*

*The fiscal management reporting system is designed to provide statewide uniform fiscal accountability and reporting of drug and alcohol funds.*

*During the past year initial effort was made to design and implement an automated fiscal reporting system which will produce fiscal reports to satisfy the needs of planning, monitoring and contract management. This effort will continue during the upcoming year and will eventually result in a system whereby much of the routine bookkeeping and reporting information will be machine produced and fiscal specialists will direct most of their effort to auditing and analysis of fiscal information.*

*Progress has also been made during the past year toward a total integration of client, program and fiscal data in order to provide reports for monitoring, management and planning analysis of projected and actual performance by service providers who are under contract with the Council. When completed, this system will make available to managers, needed data in a concise, easily useable form.*

*Presently in the planning development state is a revision of the UDCS system to collect information on prevention and intervention projects. Most of the data presently collected by the Council is limited to treatment services. Since the Council is also responsible for planning and monitoring education, information and intervention services, agency systems must be revised to provide needed information. Effort in this regard will continue until the system becomes functional.*

*Of continual importance to the Council is its relationship with federal agencies regarding mutual information needs. Monitoring of alcohol programs is provided through the State Assistance Profile Information System (SAPIS). The system was designed to assess the impact of NIAAA funding on State alcoholism programs, and furnish information useful to both State and Federal Agencies. A workbook received annually from NIAAA detailing funding, client reporting and program data is completed and returned to NIAAA in the second quarter of each Fiscal Year.*

*The National Institute on Drug Abuse's information system has a client management facet (CODAAP), a program management facet (NDATUS) and a fiscal management facet (FMIS). NIDA's client management needs are incorporated into the Council's client management system.*

*The Council gathers data from all treatment facilities in the Commonwealth and provides NIDA with the client information that it needs for the facilities receiving NIDA funds. The Council asks each facility to complete the NDATUS forms which are then returned to NIDA. The Council relies on information obtained from its own program management system rather than the NDATUS since the Council's data is updated throughout the year.*

*The federal fiscal management system (FMIS) was still being developed when the Council implemented its own system. Therefore, the Council has depended upon its own fiscal management system rather than the federal system.*

*The Drug Abuse Warning Network (DAWN), which is jointly sponsored by the Drug Enforcement Administration and the National Institute on Drug Abuse, provides information on drug abuse obtained through emergency room data. The data furnished includes types of substances abused and prevalence of abuse and is used as an indicator of Drug and Alcohol problems and need for services. In order to improve the needs assessment capacity of the Council an effort is planned for the upcoming year to implement, through the use of a contractor, a hospital reporting system to provide information on emergency room episodes in eight Pennsylvania cities. This will provide information on the use of drugs on a statewide basis (DAWN data is restricted to the Philadelphia area).*

2. *Fiscal Year 1979/80 Goals, Objectives and Action Strategy*

a. *Administration*

*Goal I: To provide for effective and efficient management of the Commonwealth's drug and alcohol program at the State, SCA and program levels.*

*Objectives: (In order of priority)*

1. *To prepare the necessary fiscal and programmatic data required by the Office of the Budget for the Governor's Council on Drug and Alcohol Abuse's 1980/81 Budget Request, which is the Agency's financial plan for the next fiscal year.*

*Explanation:*

*It is anticipated that the Council will have completed and received approval from the Office of the Budget relative to its 1979/80 Rebudget by the end of July 1979. The Rebudget reflects the appropriations passed by the General Assembly for the 1979/80 Fiscal Year. Once the Rebudget has been approved, the Bureau of Administrative Services will begin the gathering of the necessary input for the 1980/81 Fiscal Year budget. The accomplishment of this objective will require a multi-Bureau effort.*

*Action Steps:*

*(a) Issue general instructions and guidelines to those Offices/ Bureaus of the Governor's Council concerning the necessary budget and program information required for the 1980/81 Budget Request. Included in the data required will be program measures and program analyses for each agency sub-category; fiscal data for county grants for the forthcoming fiscal year in addition to direct provider contracts to be funded. July 15, 1980*

*Responsibility: Director, Bureau of Administrative Services*

*(b) Begin the preparation and gathering of historical fiscal data relative to both the General Government Operations Appropriation and Assistance to Drug and Alcohol Programs Appropriation for Fiscal Year 1979/80 in addition to begin the process of developing budgetary projects and requirements for Fiscal Year 1980/81 in all program areas. August 30, 1980*

*Responsibility: Director, Bureau of Administrative Services, Chief, Division of Grants Management, Bureau of Community Assistance*

(c) *Upon receipt of necessary data, begin the process of analyzing the Agency's Program Measures from a quantitative standpoint and the Program Analyses narrative material supporting the Council's Program, Planning and Budgeting (PPB) material. August 15, 1980*

*Responsibility: Director, Bureau of Administrative Services*
*Chief, Division of Evaluation and Technical Support, Bureau of Management Information Systems*
*Executive Assistant to Executive Director*
*Director, Bureau of Program Services*

(d) *Finalize all material relating to Program Measures and Program Analyses by translating the quantitative and qualitative data onto the proper budgetary forms. October 15, 1980.*

*Responsibility: Director, Bureau of Administrative Services*

(e) *Finalize all the forms and schedules required for the submission of the 1980/81 Budget Request; i.e., Departmental Summary, Departmental Statements, Detail of Federal Appropriations, Summaries by Fund and Appropriation, Complement Schedules, etc., for submission to the Office of the Budget by the deadline established for this Agency by the Secretary of Budget and Administration. October 15, 1980*

*Responsibility: Director, Bureau of Administrative Services*

*Cost: Staff time* *Type: Continuation*

*Responsibility: Director, Bureau of Administrative Services*

2. *To revise the Agency's regulations to reflect more accurately current drug and/or alcohol programming.*

*Explanation:*

*Current regulations were published in March of 1975. The regulations need to be assessed for their relevance to the Council's current structure, functions, priorities and philosophies. Preliminary assessment has identified ten chapters that require revision. Three of these chapters were updated during FY 1978/79. Three chapters are scheduled for revision by December 1979 and the remaining four by June 1980. The following action steps will be followed in the revision of each chapter. Time frames for the completion of each action step will be dependent upon the specific chapter being revised.*

*Action Steps:*

*(a) Assess each chapter to identify specific areas that require updating.*

*(b) Solicit specific programmatic input from the individuals who are responsible for implementing the regulations as set forth in each chapter.*

*(c) Draft proposed revisions for each chapter.*

*(d) Distribute proposed regulations to Council staff and to field personnel to solicit comments and additional input.*

*(e) Incorporate pertinent comments and recommendations.*

*(f) Present proposed changes to Executive Council.*

*(g) Initiate process for promulgation of regulations in accordance with Commonwealth Documents Law.*

*3. To assess the Council's Policy and Procedures Manual, revise its format and update its content.*

*Explanation:*

*The Policy and Procedure Manual is a document utilized by the Council to issue official policies and procedures. The policies and procedures further define and clarify the agency regulations. Both documents are designed in the same format. However, the present Manual does not include policies and procedures for all chapters of the Council's regulations. Also there are present policies that require revision. Therefore, the entire Manual should be assessed for its relevancy to current functions.*

*Action Steps:*

*(a) Assess present format of the Policy and Procedures Manual and revise to facilitate its use. July 1979*

*(b) Review existing policies and procedures by chapter to determine need for revision. August 1979*

*(c) Process all revised policies and procedures and disseminate for incorporation into the Manual. September 1979*

*(d) Compare existing policies and procedures with the revised chapters of the Council's regulations to identify areas that require a formal policy and procedure. (The initiation and completion of this task will correlate with the dates for revision of individual chapters in the State Plan.)*

(e) *Discuss suggested additions with persons who are programmatically responsible for each area; and, assist in the development of any new policies and procedures. (The initiation and completion of this task will correlate with the dates for revision of individual chapters in the State Plan).*

(f) *Continue to develop and disseminate policies and procedures as per request.*

*Cost: Staff time* *Type: Continuation*

*Responsibility: Director, Office of Policy and Planning*

4. *To refine, promulgate and implement amended Governor's Council Fiscal Management Guidelines that include clarification of policies and procedures, an expanded uniform Work Statement for annual audits and reporting requirements.*

*Explanation:*

*To facilitate financial monitoring and increase our ability to provide technical assistance to SCAs, Contractors and Projects, it is necessary to refine and promulgate GCDAA Fiscal Management Guidelines and related policies and procedures. In addition, to offset the Council's limited internal audit capability independent annual fiscal audits are required of each SCA and Service Provider. Since many of these reports contain insufficient fiscal information and do not include an opinion or recommendations regarding internal controls and management practices, the audit scope will be redefined and expanded.*

*Action Steps:*

(a) *Assess present guidelines, policies and procedures and identify areas needing refinement and/or addressing.*

*Deputy Director, Bureau of Community Assistance*
*Chief, Grants Management Division* *September 30, 1979*
*Director, Office of Policy and Planning*

(b) *Draft refined package and circulate to appropriate staff for review.*

*Deputy Director, Bureau of Community Assistance*
*Chief, Grants Management Division* *November 30, 1979*

(c) *Draft audit scope criteria and circulate for review and comment.*

*Deputy Director, Bureau of Community Assistance*
*Chief, Grants Management Division* *December 3, 1979*

(d) *Initiate process for the Office of Policy and Planning to develop and distribute related policies, procedures and audit requirements.*

*Chief, Grants Management Division*
*Director, Office of Policy and Planning* — *January 31, 1980*

*(e) Publish as Regulation in accordance with Commonwealth Documents Law*

*Director, Office of Policy and Planning* — *February 28, 1980*

*(f) Complete new guidelines and distribute to SCAs, Contractors and Projects.*

*Deputy Director, Bureau of Community Assistance*
*Chief, Grants Management Division*
*Director, Office of Policy and Planning* — *April 30, 1980*

*Cost: Staff time* — *Type: New*

*Responsibility: Director, Bureau of Community Assistance*

*5. To develop and promulgate as regulations both the requirements for annual SCA and service provider audit and to establish more uniform audit report criteria which must be met.*

*Explanation:*

*At the present time the basis for requiring annual SCA and service provider fiscal audits rests only in the General Terms and Conditions of each individual grant or contract awarded by the Governor's Council. The minimal fiscal audit guidelines, as set forth in this Agency's Financial Management Guidelines, can be met through the submission of fiscal audit reports prepared in various formats which do not always contain any opinion or recommendations regarding the audited agency's accounting system, internal controls and financial management practices.*

*Action Steps:*

*(a) Develop draft audit scope criteria in concert with the Deputy Executive Director and Comptroller's Office to include the minimal financial management information required by this Agency.*

*Deputy Director, Bureau of Community Assistance*
*Chief, Grants Management Division* — *November 30, 1979*

*(b) Circulate draft audit criteria to other relevant staff members and representatives of the field for review and comment.*

*Deputy Director, Bureau of Community Assistance*
*Chief, Grants Management Division* — *December 31, 1979*

(c) *Publish audit scope criteria as regulations in conformance with the Commonwealth Documents Law.*

*Director, Office of Policy and Planning* *February 28, 1980*

(d) *Incorporate audit report information into the system's monitoring procedure and funding requests review and recommendation process.*

*Deputy Director, Bureau of Community Assistance*
*Chief, Grants Management Division*
*Coordinator, Monitoring* *April 30, 1980*

*Cost: Staff time* *Type: New*

*Responsibility: Director, Bureau of Community Assistance*

*Goal II: To assure that drug and alcohol programs are funded at a level which allows them to provide quality prevention, intervention and treatment services.*

*Objectives: (In order of priority)*

1. *To continue exploration into methods for the provision of adequate insurance coverage for services provided by licensed drug and alcohol outpatient and residential facilities.*

*Explanation:*

*Although the drug and alcohol field has been encouraged by the private health insurance industry's increased sensitivity to the needs of individuals affected by substance abuse, the majority of policies, which currently cover addition limit the benefits to treatment in accredited general hospitals, thus excluding more economical treatment programs.*

*Action Steps:*

(a) *Undertake a critical search and review of the existing data on insurance coverage of addiction.* *March 1980*

(b) *Identify limitations of existing data and to design a research project to address targeted areas of critical concern.* *March 1980*

(c) *Utilize data gathered to identify some additional criteria of "quality" treatment and to inform insurance carriers, policy formulation and planning agencies, drug and alcohol professionals and the general public regarding the efficacy of treatment in this context.*

*Ongoing*

(d) *Develop the framework for a continuing long-range study addressing targeted areas of concern, as identified by a critical search of existing literature, and through dialogue with insurance providers and planning agencies.* *June 1980*

(e) *Pursue direct meetings with insurance carriers in order to increase the extent of coverage provided for drug and alcohol services.* *Ongoing*

*Cost: $6,000 and staff time* *Type: Continuation*

*Responsibility: Deputy Executive Director*

2. *To influence to the extent possible the acceptance by funding sources of the most appropriate and cost effective treatment modes for persons affected by substance abuse.*

*Explanation:*

*Providers are having difficulty in gaining access to third-party funding sources. Without extensive development of access to third party funds, drug and alcohol service providers will have difficulty in providing quality care to those in need of these services.*

*Action Steps:*

(a) *Support efforts to achieve medical assistance reimbursement for services provided in drug and alcohol partial hospitalization and residential programs.* *Ongoing*

*Deputy Executive Director*

(b) *Assure that appropriate vocational rehabilitation services are available to eligible drug and alcohol clients in accordance with the agreement between the Governor's Council and the Bureau of Vocational Rehabilitation.* *Ongoing*

*Deputy Executive Director*

(c) *Maximize utilization of public and private third party funding resources available for drug and alcohol treatment through the provision of technical assistance to SCAs.* *Ongoing*

*Director, Bureau of Community Assistance*

*Cost: Staff time* *Type: Continuation*

*Responsibility: Deputy Executive Director*

3. *To influence to the extent possible major federal categorical drug and alcohol funding sources to permit programs to provide services to those individuals who suffer from a drug, alcohol or polydrug problem without undue emphasis on the primary diagnosis.*

*Explanation:*

*The Federal legislation which established the National Institute on Drug Abuse and that which established National Institute on Alcohol Abuse and Alcoholism both specifically limit their funding to categorical grants for state drug or alcohol programs. The State legislation which established the Governor's Council recognized the relationship between drug and alcohol abuse and dependency and authorized the Council to use State monies for projects which treat drug and alcohol clients together. Drug and alcohol projects, and more importantly, clients have responded favorably to this comprehensive approach.*

*Action Steps:*

*(a) Develop plans and strategies in conjunction with various national associations. Ongoing*

*Cost: Staff Time* *Type: Continuation*

*Responsibility: Executive Director*

*b. **Planning and Coordination***

*Goal I: To provide needed drug and alcohol abuse prevention, intervention and treatment services throughout the Commonwealth as effectively as possible with the resources available.*

*Objectives: (In order of priority)*

*1. To provide support through the distribution of fiscal resources to the Single County Authorities for a comprehensive, decentralized community-based prevention, intervention and treatment system.*

*Explanation:*

*Persons who are experiencing problems or are incapacitated due to drug and alcohol abuse should have adequate prevention, intervention and treatment services available as close to their residence as reasonable so they may be aware of, and encouraged to utilize such service. The Council will continue to place emphasis on the establishment of community-based drug and alcohol services.*

*Action Steps:*

*(a) Review SCA Plans and establish contractual obligations based on acceptability and availability of state appropriated funds.*

*September 1, 1979*

*(b) Develop, issue and review Proposals for redistribution of SWSC slots based on demand utilization and projected need. Establish contractual obligations based on acceptability and available slots and funds.*

*September 1, 1979*

(c) *Review Proposals and establish contractual obligations to allocate federal funds realized from drug and alcohol formula monies.*

*September 1, 1979*

*Cost: $30,500,000* *Type: Continuation*

*Responsibility: Director, Bureau of Community Assistance*

2. *To develop and prepare a statewide drug and alcohol abuse prevention, intervention and treatment plan for FY 1980/81 based on maximum use of available sources of information.*

*Explanation:*

*State and Federal laws require the submission by the Single State Agency for drug and alcohol abuse programs of an annual plan for carrying out its mandate of providing statewide drug and alcohol abuse prevention, intervention and treatment programming. During the past several years increased effort has been directed at improving data sources for needs determination and toward increased involvement of service providers and advisory groups in plan development. This effort will be continued and expanded where practicable.*

*Action Steps:*

(a) *Determine information needs and sources and obtain needed data. Coordinate with SHPDA on preparation of Plan.*

*September - December 1979*

(b) *Review Plan outlines with Drug and Alcohol Advisory Task Forces. Determine program area input needed from Task Forces. Establish time table for coordination of task force input.*

*October 1979*

(c) *Develop statistical data for preparation of needs assessment; prepare supportive and descriptive material and complete needs assessment section.*

*December 1979*

(d) *Prepare Performance Report based on completed activity and anticipated accomplishments.*

*February 15, 1980*

(e) *Review all input received from: County Plans - due April 1, 1980, Drug and Alcohol Advisory Task Forces - position paper due March 15, 1980, Agency Bureaus and Offices - action steps to implement objectives due April 1, 1980, and Statewide Health Planning and Development Agency - due April 1, 1980.*

(f) *Prepare draft of proposed Plan including Proposed 1980/81 Action Plan for comment.*

*April 15, 1980*

(g) *Prepare revised Plan incorporating comments received and fiscal data and submit to Executive Director.*

*June 15, 1980*

(h) *Submit Plan to ADAMHA, NIDA, NIAAA, SHCC, and State Clearinghouse (A-95).*

*June 30, 1979*

(i) *Attend state and federal reviews of Plan.*

*July - September 1980*

*Cost: Staff Time* *Type: Continuation*

*Responsibility: Director, Office of Policy and Planning*

3. *To develop, prepare and disseminate Guidelines for the preparation of 1980/81 SCA Plan updates based on maximum utilization of available sources of information.*

*Explanation:*

*Council Regulations require the annual submission of Plans by Single County Authorities as a condition of funding by the Governor's Council. In order to provide for a standard format including all state and federal requirements, Plan Guidelines are needed. These guidelines have been refined during the past three years to implement a statewide Management by Objective approach to drug and alcohol programming. Increased effort is being directed at providing standard needs indicators that can be updated annually and which will show trends in substance abuse.*

*Action Steps:*

(a) *Prepare draft of proposed 1980/81 guidelines and circulate for comment.*

*September 1979*

(b) *Prepare revised guidelines based on comment received.*

*October 1979*

(c) *Mail guidelines to SCAs and schedule pre-plan conference.*

*October 1979*

(d) *Conduct pre-plan conference.*

*November 1979*

(e) *Prepare responses to questions raised at pre-plan conference and mail to SCAs.*

*December 1979*

(f) *Provide technical assistance to SCAs in Plan preparation.*

*January, February, March 1980*

(g) *Receive 1979/80 County Plans.*

*April 1980*

*Cost: Staff Time* *Type: Continuation*

*Responsibility: Director, Office of Policy and Planning*

4. *To coordinate planning with the State Health Planning Development Agency to assure that the drug and alcohol abuse efforts within the boundaries of each Health Service Area are based on coordinated planning and programming.*

*Explanation:*

*To assure effective planning of health needs, the maximum utilization of data and the provision of technical assistance, cooperative interagency planning is necessary. Therefore the Council will continue to coordinate its planning efforts with the State Health Planning Development Agency and the Statewide Health Coordinating Council and will encourage the Single County Authorities to coordinate their planning with the Health Systems Agencies.*

*Action Steps:*

*(a) Meet with appropriate personnel in SHPDA to propose a survey of the needs assessment process and data collection activities planned by SHPDA and agencies having proposals subject to review through HSAs.*

*Director, Office of Policy and Planning*
*Chief, Division of Evaluation and Technical Support*

*(b) Develop plans/strategies for better coordination of HSA and SCA needs assessment and MBO processes.*

*August - September 1979*

*(c) Incorporate relevant strategies for coordination of HSA and SCA needs assessment/MBO processes into FY 1980/81 SCA Plan Guidelines.*

*October 1979*

*(d) Provide the State Health Planning Development Agency with a copy of the ADAMHA FY 1980/81 Plan Guidelines and the Council's time frame for the development of its FY 1980/81 Plan.*

*(e) Provide the State Health Planning Development Agency with a copy of Needs Assessment developed for inclusion in 1981 Pennsylvania Drug and Alcohol Abuse, Prevention and Treatment Plan.*

*January 1980*

*(f) Provide the State Health Planning Development Agency and the Health Systems Agencies with a copy of the 1980 Statewide Drug and Alcohol Abuse Plan.*

*June 1980*

*Cost: Staff Time* *Type: Continuation*

*Responsibility: Director, Office of Policy and Planning*

*5. To continue to encourage and support the development of a statewide voluntary association for alcoholism and drug addiction prevention and treatment efforts.*

*Explanation:*

*The Alcoholism and Addiction Association of Pennsylvania (AAOP) serves as a statewide voluntary association for alcoholism and addiction prevention and treatment efforts. The purpose of AAOP is to coordinate and facilitate communication between*

*the diverse individuals, private and voluntary groups and professional organizations interested in prevention and treatment issues, the scope and prevalence of substance abuse and how government initiatives affect these concerns, to serve as an information and assistance resource to professionals and volunteers in the field and to the larger communities, to foster greater public awareness of addiction, and to advocate the further development of a comprehensive, responsive quality drug and alcohol service delivery system.*

*Action Steps:*

*(a) Contract with AAOP to coordinate statewide voluntary efforts in accordance with negotiated work statement.*

*July 1979*

*(b) Monitor contract to assure delivery of services.*

*Ongoing*

*Cost: $25,000* *Type: Continuation*

*Responsibility: Deputy Executive Director*

*6. To assure that agency policies are reflective of the unique needs of the Hispanic population affected by substance abuse.*

*Explanation:*

*Current Council regulations and policies do not include specific provisions for serving the bi-lingual client. Preliminary data reveals significant numbers of Spanish speaking persons in several counties within the Commonwealth. This situation should be assessed to identify the unique needs of Spanish speaking populations and to develop policy to insure that appropriate services are available.*

*Action Steps:*

*(a) Review agency policies to assess the extent to which existing requirements are reflective of programming needs for the Hispanic population.*

*September 1979*

(b) *Assess current demographic and treatment data to determine areas of need.*

*October 1979*

(c) *Solicit input from SCAs which have a significant Spanish speaking population to discuss current methodoligies and to solicit input for future efforts.*

*November 1979*

(d) *Develop policy that is reflective of the programmatic needs of the Hispanic population.*

*January 1980*

(e) *Review grant applications for Hispanic programs to assess the appropriateness of the programmatic aspects (upon request).*

(f) *Assist the Division of Training and Prevention in the assessment of potential training resources that address the Hispanic clients (upon request).*

*Cost: Staff Time* *Type: New*

*Responsibility: Director, Office of Policy and Planning*

*Goal II:* *To assure that a coordinated system of human services is provided for persons affected by substance abuse.*

*Explanation:*

*The following objectives are directed toward assuring that human services planning, which includes persons affected by substance abuse, is integrated and consolidated at the state level. Specific action steps are not included for each objective due to presently unspecified time frames for coordination with other agencies. Since coordinated planning with all agencies is essential the objectives are not prioritized. It should also be noted that agencies not included here are included in other sections of the Plan.*

*Objectives:*

1. *To coordinate efforts with the newly created Department of Aging to assure that appropriate drug and alcohol prevention, intervention and treatment services are available for the elderly citizens of the Commonwealth.*

2. *To coordinate efforts with the Department of Health to: promote education, prevention and early intervention to reduce the prevalence of fetal development and neonate problems resulting from drug and alcohol abuse; assure that prevention approaches which are common to all diseases are jointly planned and coordinated; assure that hospital and emergency room personnel are made aware of the special needs of individuals suffering from a substance abuse problem.*

3. *To coordinate efforts with the Office of Mental Health to assure that the provisions of the interagency agreement are effectively implemented. During the 1979/80 fiscal year emphasis will be placed on joint planning and coordination of common prevention approaches and coordination of treatment for clients having bothpsychiatric and substance abuse problems.*

4. *To coordinate efforts with the Office of Social Services to explore potential inclusion of drug and alcohol programs for youth under the social service funding provided through Act 148.*

*Cost: Staff Time* *Type: Continuation and New*

*Responsibility: Deputy Executive Director*

*c. Management Information Systems*

*Goal: To design, implement, and maintain automated information systems which provide data to satisfy the information requirements of the Agency.*

*Objectives: (In order of priority)*

1. *To define the user requirements for a fiscal management system to support the budgeting, financial performance monitoring and service costing activities of the Agency.*

*Explanation:*

*In order to improve the Council's ability to effectively manage the funds it is responsible for, it is necessary to have accurate, complete fiscal data from SCAs and contractors. This information must be available in various reports for use in monitoring performance, making funding decisions, and planning. This data must also be available for use with other data systems to produce combined management reports for use by the Agency.*

*The responsibility for requirements definition of this system will be with a project steering committee comprising Executive Office, Bureau of Community Assistance and Bureau of Management Information Systems staff and the assistance of consultants.*

*Action Steps:*

*(a) Describe the existing fiscal system and determine preliminary user requirements of a proposed system.*

*Deputy Executive Director*
*Director, Bureau of Community Assistance*
*Director, Bureau of MIS* — *June 16, 1979*

*(b) Define the conceptual design and technical approach of a proposed fiscal management system.*

*Deputy Executive Director*
*Director, Bureau of Community Assistance*
*Director, Bureau of MIS* — *June 30, 1979*

*(c) Evaluate and describe the costs and benefits from proposed system designs and implementation strategies.*

*Deputy Executive Director*
*Director, Bureau of Community Assistance*
*Director, Bureau of MIS* — *July 7, 1979*

*(d) Select a system design and implementation approach and formalize the implementation plan.*

*Deputy Executive Director*
*Director, Bureau of Community Assistance*
*Director, Bureau of MIS* — *July 21, 1979*

*Cost: Staff Time* — *Type: New*

*Responsibility: Deputy Executive Director*
*Director, Bureau of Community Assistance*
*Director, Bureau of Management Information Systems*

*2. To develop the proposed fiscal management system.*

*Explanation:*

*Refer to Objective #1.*

*Action Steps:*

*(a) Design system technical specifications including: Finalize system design (system inputs and outputs); Revise development plan; and, Approve development plan.*

*Deputy Executive Director*
*Director, Bureau of Community Assistance*
*Director, Bureau of MIS* — *September 30, 1979*

*(b) Develop installation standards for: Technical specifications; Programming; Program testing; Documentation; and, Training and select additional software.*

*Chief, Systems and Programming* — *September 30, 1979*

*(c) Complete application programming and user procedures.*

*Chief, Systems and Programming*
*Project Team* — *December 30, 1979*

*(d) Conduct SCA, program and GCDAA training.*

*Project Team* — *December 30, 1979*

*(e) Conduct systems test of the complete system (one phase must include a pilot implementation).*

*Project Team* — *February 28, 1980*

*(f) Review system test and approve implementation plan.*

*Deputy Executive Director*
*Director, Bureau of Community Assistance*
*Director, Bureau of MIS* — *February 28, 1980*

*Cost: Will be determined through the accomplishment of objective #1*

*Type: New*

*Responsibility: Deputy Executive Director*
*Director, Bureau of Community Assistance*
*Director, Bureau of Management Information Systems*

*3. To implement the fiscal management system.*

*Explanation:*

*Refer to Objective #1.*

*Action Steps:*

*(a) Conduct final SCA training and revise implementation plan.*

*Deputy Executive Director*
*Director, Bureau of Community Assistance* — *March 28, 1980*

(b) *Convert UDCS files, confirm integrity and develop additional conversion procedures.*

*Director, Bureau of MIS* — *May 30, 1980*
*Chief, Systems and Programming*

(c) *Revise procedures, forms and application software based on systems test.*

*Project Team* — *June 30, 1980*
*Chief, Systems and Programming*

(d) *Convert system and terminate old system.*

*Project Team* — *June 30, 1980*
*Chief, Systems and Programming*

(e) *Monitor the conversion.*

*Deputy Executive Director* — *October 1980*
*Director, Bureau of Community Assistance*
*Director, Bureau of MIS*

(f) *Revise procedures and software based on findings from the conversion.*

*Project Team* — *November 30, 1980*

*Cost: Will be determined through the accomplishment of objective #1*

*Type: New*

*Responsibility: Deputy Executive Director*
*Director, Bureau of Community Assistance*
*Director, Bureau of Management Information Systems*

4. *To revise the UDCS system to collect performance and program data on prevention and intervention projects.*

*Explanation:*

*Most of the perfomance data currently collected by the Council is limited to treatment. However, the Agency is responsible for planning and monitoring the activities of prevention and intervention projects that it funds. Therefore, the Agency's systems must be revised to accommodate this need.*

*To accomplish this task will require a coordinated effort between Community Assistance, Program Services, and MIS.*

*Action Steps:*

*(a) Finalize the user requirements for data to monitor prevention and intervention activities.*

| | |
|---|---|
| *Deputy Executive Director*<br>*Director, Bureau of Program Services*<br>*Director, Bureau of Community Assistance*<br>*Director, Bureau of MIS* | *June 30, 1979* |

*(b) Finalize the input document and user procedures to be used to collect data for monitoring prevention and intervention services.*

| | |
|---|---|
| *Deputy Executive Director*<br>*Director, Bureau of Program Services*<br>*Director, Bureau of Community Assistance*<br>*Director, Bureau of MIS* | *July 15, 1979* |

*(c) Write technical specifications and plan the implementation of the summary prevention and intervention UDCS data sheet.*

| | |
|---|---|
| *Chief of Prevention*<br>*Chief of Intervention*<br>*Chief, Systems and Programming* | *July 30, 1979* |

*(d) Provide training to Council staff, SCA and facility personnel in the use of the new form.*

| | |
|---|---|
| *Director, Bureau of Program Services*<br>*Chief of Prevention*<br>*Chief of Intervention*<br>*Chief, Systems and Programming* | *September 1, 1979* |

*(e) Complete the programming and systems changes necessary to support the new summary form.*

| | |
|---|---|
| *Chief, Systems and Programming* | *October 30, 1979* |

*(f) Implement the collection and processing of summary prevention and intervention data.*

| | |
|---|---|
| *Chief of Prevention*<br>*Chief of Intervention*<br>*Chief, Systems and Programming* | *September 30, 1979* |

(g) *Define user requirements and plan the implementation of program data to collect planning information on prevention and intervention services.*

| | |
|---|---|
| *Director, Bureau of Program Services*<br>*Director, Bureau of MIS*<br>*Chief of Prevention*<br>*Chief of Intervention*<br>*Chief, Systems and Programming* | *November 30, 1979* |

*(Further action steps will be added after the planning phases of this objective are completed).*

*Cost: Staff Time and $3,000 for printing* *Type: New*

*Responsibility: Director, Bureau of Management Information Systems*

5. *To maintain and improve the automated systems necessary to produce reports to satisfy federal and local needs by a predetermined schedule.*

*Explanation:*

*There are several reporting requirements imposed by NIDA and nIAAA which must be satisfied each year. In addition, the SCAs have requested the provision of certain reports to assist them in monitoring and managing their facilities. As a result of these needs, we have built into our existing systems the ability to satisfy them. During the course of each year some changes in these requirements are made, precipitating necessary systems changes.*

*It is also our intention to improve this area by adding additional components thereby reducing the necessity for duplicate reporting.*

*Action Steps:*

(a) *Produce and send to CODAAP a monthly admission/discharge/summary tape for those facilities having NIDA funds.*

| | |
|---|---|
| *Chief, Operations and Control*<br>***Chief, Systems** and Programming* | *Monthly (28th of each month)* |

(b) *Produce and forward to each SCA and facility the Active Clients List and Client Profile Reports.*

| | |
|---|---|
| *Chief, Operations and Control*<br>*Chief, Systems and Programming* | *Quarterly (2nd month following the end of a quarter)* |

(c) *Complete the programming and implementation of the statewide services contract monitoring system.*

*Chief, Systems and Programming* — *September 1, 1979*

(d) *Define the changes necessary to modify the statewide services contract monitoring system to include direct contracts (polydrug, PI, etc.).*

*Deputy Director, Bureau of Community Assistance*
*Chief, Systems and Programming* — *January 1, 1980*

(e) *Additional action steps will be added after the planning phase for (d) above.*

(f) *Complete and submit to NIAAA the SAPIS workbook for alcohol programs.*

*Director, Bureau of MIS*
*Director, Bureau of Community Assistance*
*Director, Bureau of Program Services* — *January 15, 1980*

(g) *Collect and forward to NIDA the annual NDATUS worksheets for drug and alcohol programs.*

*Director, Bureau of MIS*
*Chief, Systems and Programming* — *June 15, 1980*

*Cost: Staff Time* *Type: New*

*Responsibility: Director, Bureau of Management Information Systems*

6. *To develop and implement systems to monitor, support and enforce completeness and accuracy in reporting on the client facet of the Uniform Data Collection System.*

*Explanation:*

*Current and anticipated use of the client management facet of the UDCS requires that client files are current, complete and accurate.*

*Action Steps:*

(a) *Reach agreement on a statement of the requirement for client management reporting based upon Council funding.*

*Deputy Executive Director*
*Director of Community Assistance*
*Director of MIS* — *July 15, 1979*

(b) *Develop a statement of the requirements for completeness, accuracy and timeliness, which must be met by facilities having a client management reporting requirement.*

*Director of MIS* — *July 30, 1979*
*Director of Community Assistance*
*Deputy Executive Director*
*Chief, Division of Evaluation and Technical Support*

(c) *Develop procedures for identifying the facilities having a client management reporting requirement.*

*Director of MIS* — *September 30, 1979*
*Director of Community Assistance*
*Chief of Division of Systems and Programming*

(d) *Automate the random selection of client cases to be reviewed by the Division of Licensing and Certification in the course of site visits.*

*Chief, Division of Systems and Programming* — *October 1, 1979*

(e) *Develop a control file for client reporting based upon funding streams controlled by the Governor's Council.*

*Director of MIS* — *November 1, 1979*
*Chief, Division of Systems and Programming*

(f) *Implement a system of monitoring and enforcing compliance with client management reporting requirements.*

*Director of MIS* — *March 30, 1979*
*Director of Community Assistance*

(g) *Provide technical assistance to facilities and SCAs management reporting based upon quarterly reviews of client reporting performance.*

*Review #1: August, 1979*
*Review #2: November, 1979*
*Review #3: February, 1980*
*Review #4: May, 1980*

*Leader, Technical Support Section*

*Cost: Staff Time* *Type: New*

*Responsibility: Director, Bureau of Management Information Systems*

7. *To develop and implement on a pilot project basis (limited to SWSC clients and contractors) an automated system for reporting changes in client status reflecting the effectiveness of the treatment process.*

*Explanation:*

*At the current time routine, automated feedback reports are not generated which objectively demonstrate relative changes in client status which may be attributable to the treatment process. This information is needed to provide Project Managers, SCA Administrators, Governor's Council staff, and federal contracting/grantor agencies the mechanisms to more precisely determine those treatment process variables positively or negatively impacting on treatment outcomes.*

*Action Steps:*

(a) *Develop, in concert with MIS and NIDA, criteria for selecting the status variables to be collected.*

*Deputy Director, Bureau of Community Assistance*
*Director, Management Information Systems*

*September 30, 1979*

(b) *Develop and implement, in concert with MIS and TA consultants available through NIDA, an appropriate automated client status reporting system.*

*Deputy Director, Bureau of Community Assistance*
*Director, MIS* *November 30, 1979*

(c) *Integrate client status reports into the comprehensive SWSC service delivery system.*

*Deputy Director, Bureau of Community Assistance*
*Director, MIS* ***December** 31, 1979*

(d) *To explore expanding client status reporting system to include other components of the service delivery system.*

*Cost: Staff Time* *Type: New*

*Responsibility: Director, Bureau of Community Assistance*

## C. TREATMENT, REHABILITATION AND CRIMINAL JUSTICE INTERFACE

### 1. Resource Assessment

#### a. Treatment and Rehabilitation

The Governor's Council is not a direct provider of treatment services. Such services are community based and are planned and delivered through Single County Authorities (SCA). The Governor's Council provides supportive funding to SCAs which are the local governmental bodies in each county established to administer drug and alcohol services. While some SCAs provide services directly through functional units (the primary responsibilities of the SCA are administrative), most services are contracted for with independent service providers. Many processes affect the quality of treatment services; accreditation, licensure, standards, credentialing, monitoring and training are some of the most important of these. These systems are described in detail under Quality Assurance and Evaluation and Manpower and Training. This particular section of the Plan focuses on the provision of treatment and rehabilitation services.

In many areas State and Federal concerns and priorities for treatment are integrated. The Governor's Council has developed and implemented Public Inebriate programs, Driving While Intoxicated and Occupational programs (while these are primarily intervention, they are a means of outreach when alcoholism is acknowledged). In the area of drug abuse, the Council has developed and implemented Polydrug and opiate addiction treatment programs. All of these alcohol and drug abuse treatment programs receive funding from NIDA and NIAAA. Priorities for treatment in the Commonwealth are established annually through the development of the statewide drug and alcohol prevention and treatment plan. Included in this process is the issuance of County Plan Guidelines which include state and federal priorities and in accordance with which SCA plans are prepared. Included in current programming priorities are the special needs of women, youth, minorities, elderly and rural populations. The Council's review process includes assurance of response to priorities. As is shown on the trend report (SCA Funds Budgeted for Treatment Table 36 page 130 ) heavily urban SCAs allocate more funds for treatment (median 78%) then do moderately urban SCAs (median 69%) or rural SCAs (median 59%). This is reflective of the higher number of substance abusers in the urban areas as is shown in the Prevalence and Intensity survey (see page 52).

The Council's Facility/Service Directory (See Addendum G ) lists 374 treatment environments throughout Pennsylvania as of January 1979. These include: Case Management and Support; Inpatient Non-Hospital; Inpatient Hospital; Correctional Institution; Daycare and Outpatient. Of these, 43 are drug specific, 77 are

*alcohol specific, and 254 serve both drug and alcohol clients. The Southeast Region (Region I) with 32% of the total population has 36% of the total treatment environments and 65% of the drug specific treatment environments. The Western Region (Region IV) with 32% of the total population has 32% of the total treatment environments and 24% of the drug specific treatment environments. The Northeast Region (Region II) has 15% of the population and 13% of the treatment environments and the Central Region (Region III) has 20% of the population and 18% of the treatment environments.*

*Of the total service delivery activities, 504 (63%) are at the treatment level, 112 (14%) are at the intervention level, and 140 (18%) are at the prevention level (see Tables 37, 38 and 39).*

*A detailed analysis of admissions to treatment by quarter from July 1975 to June 1978 is contained in the Needs Assessment section of this Plan (pp 62-3). The highlights of this analysis are as follows:*

- *During the period July 1977 to June 1978 there were 55,790 admissions to treatment, a slight decrease (471) from the previous twelve month period.*

- *Of the admissions, 16,090 were for drug abuse (compared to 19,003 during the previous twelve month period) and 35,709 were for alcohol abuse (compared to 34,367 previously).*

- *Of the total statewide admissions for drug abuse 69.8% were from Region I; 9.1% were from Region II; 5.9% were from Region III; and 16.2% were from Region IV.*

- *There were an average of 4650 admissions per month, 1340 for drug abuse and 2976 for alcohol abuse.*

- *Admissions for opiate abuse continue to decline from a high in the first quarter of 1976 of 4098 to 1716 in the third quarter of 1978.*

*A review of the availability of intake and referral, detoxification and outpatient facilities was made during the past year. From this analysis it was determined that there are few, if any, residents of the Commonwealth who are more than twenty-five miles from a point of intake into treatment services. It was also determined that more than ninety percent of all residents live within twenty-five miles of a drug or alcohol detoxification facility and more than ninety-five percent live within twenty*

*miles of a drug or alcohol outpatient facility. It should be kept in mind, however, that this accessibility is based primarily on the availability of private means of transportation (see maps on pages 134 through 138). The lack of public transportation is a major consideration in programming of services for rural areas since allowance must be made for long distance telephone communication, staff and client transport to and from service points and staff time spent in travel. As can be seen on the maps, there are gaps in accessibility to detoxification services in the northeastern, north central and southwestern sections (which are all classed as rural areas). The most heavily populated of these sections is the southwestern. A staff member of the Council has been appointed as liaison for rural programming and will coordinate with the Rural Task Force to help maintain emphasis on rural programming needs.*

*In accordance with the structure of the statewide drug and alcohol system each Single County Authority is responsible for the planning and implementation of substance abuse services in their area. In order to assure an equitable distribution of services and cost effective programming coordinated efforts between Health Systems Agencies and Single County Authorities will be required at the local and regional level. Determinations must be made as to needed treatment services at the local level and the extent that other services are required at the area and regional levels. In addition to intake and referral services at the local level a continuum of care should be assured by establishing a system of linkages between direct drug and alcohol treatment providers and other providers of human services. This is the basis of an effective case management system. In response to County Plan Guidelines requirements, Case Management Plans were included as part of 1978/79 County Plans by all Single County Authorities. The Case Management Plans were written in accordance with regulations contained in the State Plan (Section 257.4) which provide for continuity of service, continued appropriateness of service and utilization of available resources. Now that each SCA has established a case management system, emphasis will be placed on monitoring these systems to assure close coordination and planning for clients who are physically and socially debilitated, experiencing psychiatric problems or involved with the criminal justice system. To serve as an advisory group on treatment service needs and developments, a treatment committee is being formed by the Council with the assistant to the Executive Director serving as the chairman. It is anticipated that this group will provide needed input to the Council and important liaison with the treatment field.*

*The table on page 128 shows client capacities and utilization rates by activity/approach for the period April 1978 to March 1979. Statewide the activity/approach delivering the largest volume of services is that of Outpatient Drug Free*.*

**See p. 129 for service activity definitions.*

*which averaged 15,482 clients on a monthly basis (it should be noted that many clients are in treatment for more than one month). The second largest volume of services were delivered in Outpatient Maintenance which averaged 2823 clients per month. The third largest volume of services was that of Inpatient Non-Hospital Drug Free which averaged 1368 clients per month. During the period, 91.8% of all treatment services were delivered in these three activity/approaches and 86.6% of all treatment services were delivered as outpatient services which is ordinarily the least costly method of service delivery. Policy is presently being developed which will permit funding decisions based on established criteria for acceptable utilization rates and slot cost ranges for treatment level services. Included in County Plan Guidelines for the 1979/80 fiscal year were requirements for the inclusion of negotiated utilization rates and slot costs for all facilities that are program funded. This information will be used in the development of acceptable utilization rates and slot costs.*

*The overall quality of statewide treatment programs is enhanced by the utilization of clinical expertise provided by two medical consultants who are special consultants to the Council. At the local level, Single County Authorities are required to have professional medical and social services personnel as members of their Planning Councils. A group of medical doctors has formed a Physician's Task Force whose goal is the provision of informed care by medical personnel for substance abusing individuals. This group has prepared a comprehensive set of guidelines for the care of alcoholic inpatients in general hospitals and plans to develop guidelines for outpatient care and office treatment.*

*Standards for outpatient environments require that to be eligible for Medical Assistance reimbursement outpatient projects must comply with applicable federal and state regulations. These requirements provide that a physician must sign and approve the initial client treatment plan within fifteen days and re-evaluate it at least every sixty days. He must also certify in writing the clients diagnosis; supervise the persons directly providing services and sign all medication orders.*

*A report on the results of treatment services entitled "Client Outcomes As A Measure of Treatment Success" was prepared by the Governor's Council in January 1978 (See Addendum J ) for the period January to June 1977. Both long term and short term treatment environments are reviewed for clients treated for alcohol, opiates and other drugs. The rates of completion of short term treatment for the period were: opiates - drug free 22%; opiates - methadone maintenance 12%; alcohol 35%; non-opiates 26%. It is important that the complete report be read for an adequate interpretation of this data.*

*During the past year the Council continued its support of the existing statewide treatment network by supportive funding of the Single County Authorities. In addition to base service contracts with SCAs, special contracts were negotiated for Public Inebriate, Polydrug and Statewide (Drug) Services programs. There were also contracts for SRS (Title XX) reimbursements. Supervision of the overall treatment system was strengthened through development and pilot implementation of a monitoring system and monitoring report forms. (See Quality Assurance, p 148 ). Technical assistance was provided to SCAs by Regional Offices staff but this was hampered somewhat by staff turnover and delays in obtaining replacement staff.*

*Both the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse have identified women, youth, ethnic minorities and the aged as groups for which special needs determinations should be made and appropriate programs developed and implemented. During the past year, the Governor's Council has made some progress toward determining needs for specialized services for women and youth and providing supportive funding for a program for Spanish speaking clients.*

*Factors contributing to the problems encountered by women and youth and hindering their seeking out or accepting treatment for substance abuse were presented at public hearings held by the Task Force on Women and Addictions in March and April of 1978. Perceived treatment and related needs included additional halfway houses specifically designed for women, child care services for mothers seeking treatment, shelters for victims of domestic violence and specialized training for staff of residential facilities. A notable part of the testimony was information on the considerable number of teenage females in need of intervention or treatment services. Most participants were of the opinion that not all specialized service needed to be furnished locally but that they should be available and accessible for women and youth in need.*

*An analysis of UDCS client admission reports shows six facilities in Bucks, Montgomery, Philadelphia and Erie counties that are oriented to serving the needs of female substance abusers. These facilities are: Libertae (Bucks); Eagleville Women's Program (Montgomery); Horizon House Women's Residence (Philadelphia); Family Center Program of Thomas Jefferson University (Philadelphia): Interim House (Philadelphia); and, Hospitality House for Women (Erie). In addition to these, there were three facilities with a female admission ratio of 50% or more: Butler "A" Center (Butler) (65%); Mon-Yough Drug Program (Allegheny) (60%); and Endeavor, Incorporated (Northampton) (50%).*

*An analysis of facilities admissions data for the period July - September 1978 shows fourteen facilities throughout the state with a 50% or more admission ratio of persons nineteen years of age or younger. These are shown on the chart on the next page:*

| FACILITY AND SCA | TYPE FACILITY | ADMISSIONS 7/78-9/78 | % OF CLIENTS 19 or YOUNGER |
|---|---|---|---|
| TODAY, Inc. - Bucks | D&A | 45 | 50% |
| Prevention Rehab for Youth Development - Bucks | D&A | 31 | 70% |
| HIPID - Delaware | D&A | 19 | 60% |
| BRIDGE Family and Youth Service Center - Philadelphia | D | 64 | 67% |
| CORA Services - Philadelphia | D&A | 40 | 90% |
| Therapeutic Center at Fox Chase - Philadelphia | D | 53 | 90% |
| Individual and Family Redevelopment - Cumberland/Perry | D&A | 26 | 60% |
| Boy's Club Youth Counseling Center - Dauphin | D&A | 10 | 90% |
| D/A Rehabilitation Center - Lancaster | D | 14 | 70% |
| Mon-Yough MH/MR Drug Program - Allegheny | D&A | 33 | 50% |
| Homewood Brushton YMCA Spectrum - Allegheny | D&A | 24 | 50% |
| AMICUS House - Allegheny | D&A | 47 | 100% |
| Horizon - Butler | D&A | 20 | 60% |
| ABRAXAS I - Clarion/Forest/ Venango/Warren | D&A | 37 | 60% |

*In addition to the above, eight facilities in six areas had a 40% or more youth clientle admission ratio during the period. These were: Gaudenzia (Chester), PPCDTP Westminster Clinic (Philadelphia), Berks Youth Counseling Center (Berks), Endeavor (Northampton), South Hills Manada Project (Allegheny), Families Together (Allegheny) Chartiers Drug Program (Allegheny), and Drug Counseling Service of Erie County (Erie).*

*A demonstrated need that was recognized and met during the year was supportive funding by the Council for expansion of a treatment program for Spanish speaking persons. Casa Nueva Vida, which is located in Chester County, was able to add a ten-bed inpatient non-hospital environment to its existing case management and outpatient services. An unofficial estimate of Spanish speaking populations in Pennsylvania indicates that 90% of such individuals are in that section of the State (Southeastern) in which this facility is located.*

*Problems encountered by Spanish speaking persons in many existing treatment facilities include a scarcity of multilingual staff members and difficulty in cultural adaptation particularly in the group therapy approach. These problems are more evident in the treatment environments but they obviously also exist at the prevention and intervention levels.*

*During the past year an analysis of treatment data and other needs indicators was made. This showed that at least some of the problems of Special Populations were being addressed and that more resources were necessary if greater attention was to be given to these populations. An effort was made to give greater attention to special populations by designating the Bureau of Program Services, Division of Intervention as the lead section of the Council for addressing problems and needs of these groups. It is anticipated that this designation will focus greater attention in this program area.*

*During the upcoming year attention in the area of special populations will be directed at women, youth and ethnic minorities. The capability of existing programs to meet the needs of special populations will be assessed and additional needed resources will be developed if possible. A directory of treatment and information resources for women will be compiled and distributed to public and private human services agencies.*

TABLE 35

GOVERNOR'S COUNCIL ON DRUG AND ALCOHOL ABUSE

Report ID: PMS 304
Client Capacity and Utilization by Activity/Approach*
for the period April 1978 through March 1979

| Activity/Approach | (1) Budg Cli Cap | (2) % Tot Cap | (3) Av Util Per Mo | (4) % Tot Serv | (5) % Util |
|---|---|---|---|---|---|
| Inpatient/Non-Hospital | | | | | |
| Drug Free | 2152 | 7 | 1368 | 6.3 | 64 |
| Inpatient/Hospital | | | | | |
| Detoxification | 439 | 1.4 | 285 | 1.3 | 65 |
| Correction Institution | | | | | |
| Drug Free | 736 | 2.3 | 580 | 2.7 | 79 |
| Partial Hospitalization | | | | | |
| Drug Free | 449 | 1.4 | 137 | .6 | 31 |
| Outpatient | | | | | |
| Maintenance | 3574 | 11.3 | 2823 | 13.2 | 79 |
| Drug Free | 21,654 | 68.5 | 15,482 | 72.3 | 71 |
| Experimental | 586 | 1.9 | 231 | 1.1 | 39 |

*Includes those A/A's delivering more than 1% of total services

(1) Budgeted Client Capacity - the number of persons who can be served in an approach at any one time.
(2) The percent of total capacity reflected in this approach.
(3) The average number of persons treated per month.
(4) The percent of total services delivered by this approach.
(5) The average percent of utilization.

## *DEFINITIONS*

*Treatment Activities:*

*Inpatient Non-Hospital: The provision of services 24 hours a day. The client resides at the facility.*

*Inpatient Hospital: The provision of medical and nursing services 24 hours a day in a hospital licensed by the Department of Health as a hospital and accredited by the Joint Commission on the Accreditation of Hospitals as an acute care or general hospital. The client resides in the hospital setting.*

*Correctional Institution: The provision of drug or alcohol services within or under the jurisdiction of a State or county correctional facility.*

*Partial Hospitalization: The provision of services, managed client activity and supervised work functions on a regular and predetermined scheduled basis for part of a twenty-four hour period, for weekend, overnight, evening or day care.*

*Outpatient: The provision of services of short duration (less than three hours a session) on a regular and predetermined schedule. The client resides outside the facility. Outpatient differs from Partial Hospitalization in that the outpatient client receives services less frequently and does not have regularly assigned and supervised work functions.*

*Approaches:*

*Detoxification: A treatment approach that provides services during the period of planned withdrawal from substance dependency. If methadone is being used, detoxification cannot exceed twenty-one days. When methadone detoxification exceeds twenty-one days, the treatment modality becomes maintenance. However, there are other types of detoxification which may exceed twenty-one days, such as sedative/hypnotic detoxification, which may last six weeks or longer.*

*Maintenance: A treatment approach which utilizes the prescription of methadone or l - Alpha Acetyl methadol (LAAM) to achieve stabilization. Detoxification from maintenance or slow methadone withdrawal is included in this category.*

*Drug Free: A treatment approach that does not include any chemical agency or medication as the primary part of the treatment. Temporary medication may be prescribed in a drug-free modality; i.e., short term use of tranquilizers, but the primary treatment method is not chemotherapy.*

*Experimental: A treatment approach not generally used for treatment of drug and alcohol clients and innovative in nature. Such approaches must be disignated as eligible for funding by the Governor's Council.*

TABLE 36

SCA FUNDS BUDGETED FOR TREATMENT: PERCENT OF BUDGET

| URBAN FY | 1975 /76 | % | 1976/77 | % | 1977/78 | % |
|---|---|---|---|---|---|---|
| Philadelphia | 20,180,175 | 82 | 26,908,373 | 87 | 29,651,725 | 87 |
| Allegheny | 6,883,175 | 86 | 7,118,309 | 88 | 6,711,215 | 87 |
| Montgomery | 5,074,375 | 76 | 6,927,405 | 83 | 8,420,335 | 90 |
| Delaware | 1,267,581 | 78 | 1,292,747 | 80 | 1,281,518 | 78 |
| Bucks | 452,800 | 67 | 724,490 | 75 | 693,696 | 69 |
| Luzerne/Wyoming | 309,563 | 68 | 616,426 | 78 | 676,119 | 84 |
| Erie | 902,417 | 65 | 600,883 | 58 | 614,667 | 53 |
| Lehigh | 518,498 | 76 | 805,783 | 81 | 835,195 | 74 |
| Lackawanna | 369,519 | 61 | 418,596 | 61 | 393,698 | 60 |
| Dauphin | 754,316 | 66 | 954,875 | 80 | 1,179,103 | 82 |
| Beaver | 188,794 | 67 | 245,785 | 68 | 285,333 | 67 |
| MODERATELY URBAN | | | | | | |
| Westmoreland | 532,111 | 80 | 483,215 | 76 | 403,206 | 69 |
| York/Adams | 424,715 | 79 | 639,500 | 89 | 693,000 | 84 |
| Lancaster | 373,605 | 77 | 284,967 | 70 | 333,473 | 77 |
| Berks | 697,732 | 74 | 601,658 | 70 | 683,810 | 72 |
| Chester | 506,438 | 56 | 599,066 | 72 | 701,945 | 74 |
| Northampton | 305,249 | 62 | 469,273 | 80 | 452,968 | 79 |
| Cumberland/Perry | 70,931 | 23 | 52,905 | 25 | 63,912 | 26 |
| Cambria | 160,990 | 44 | 181,068 | 51 | 221,880 | 56 |
| Schuylkill | 133,942 | 62 | 213,802 | 68 | 269,778 | 62 |
| Lycoming/Clinton | 64,852 | 47 | 141,881 | 66 | 161,617 | 67 |
| Blair | 105,263 | 59 | 139,803 | 68 | 144,167 | 62 |
| Lawrence | 86,404 | 54 | 103,000 | 61 | 117,250 | 63 |
| Northumberland | 56,530 | 52 | 47,982 | 41 | 112,433 | 55 |
| RURAL | | | | | | |
| Washington/Greene | 318,856 | 55 | 306,532 | 58 | 347,846 | 58 |
| Armstrong/Indiana | 142,753 | 58 | 185,488 | 63 | 199,202 | 59 |
| Clarion/Forest/Venango/Warren | 129,903 | 54 | 83,518 | 40 | 85,822 | 39 |
| Fayette | N/A | | N/A | | N/A | |
| Columbia/Montour/Snyder/Union | 123,867 | 53 | 107,656 | 48 | 128,941 | 50 |
| Butler | 183,919 | 50 | 208,169 | 53 | 207,382 | 53 |
| Mercer | 391,541 | 89 | 620,195 | 88 | 702,019 | 86 |
| Clearfield/Jefferson | 129,830 | 64 | 153,297 | 69 | 192,260 | 70 |
| Lebanon | 82,000 | 63 | 92,200 | 68 | 165,468 | 74 |
| Somerset/Bedford | 202,377 | 70 | 275,074 | 68 | 257,889 | 67 |
| Carbon/Monroe/Pike | 194,246 | 70 | 204,472 | 66 | 231,170 | 68 |
| Franklin/Fulton | 136,259 | 70 | 163,966 | 74 | 172,469 | 71 |
| Cameron/Elk/McKean/Potter | 297,485 | 64 | 257,861 | 61 | 296,602 | 67 |
| Centre | 64,114 | 35 | 66,813 | 40 | 74,248 | 40 |
| Bradford/Sullivan/Tioga | 98,539 | 60 | 111,202 | 54 | 119,382 | 56 |
| Huntingdon/Mifflin/Juniata | 80,129 | 50 | 50,140 | 32 | 78,017 | 43 |
| Crawford | 146,392 | 57 | N/A | | N/A | |
| Susquehanna/Wayne | 62,500 | 47 | 63,094 | 44 | 64,256 | 44 |

TABLE 37
Treatment Facilities by SCA

| | Drug | Alcohol | Drug & Alcohol | Total |
|---|---|---|---|---|
| Bucks | | 5 | 10 | 15 |
| Chester | | 2 | 10 | 12 |
| Delaware | 3 | 9 | 6 | 18 |
| Montgomery | 1 | 2 | 12 | 15 |
| Philadelphia | 24 | 22 | 30 | 76 |
| | 28 | 40 | 68 | 136 |
| Berks | | | 8 | 8 |
| Bradford-Sullivan-Tioga | | 1 | 5 | 6 |
| Carbon-Monroe-Pike | | | 6 | 6 |
| Lackawanna | | | 6 | 6 |
| Lehigh | 1 | 3 | 3 | 7 |
| Luzerne-Wyoming | | | 7 | 7 |
| Northampton | | 1 | 2 | 3 |
| Schuylkill | 1 | | 2 | 3 |
| Susquehanna-Wayne | | | 4 | 4 |
| | 2 | 5 | 43 | 50 |
| Blair | | | 4 | 4 |
| Cambria | | 1 | 6 | 7 |
| Centre | | | 4 | 4 |
| Columbia-Mountour-Snyder-Union | | | 6 | 6 |
| Cumberland-Perry | | | 5 | 5 |
| Dauphin | 1 | 2 | 5 | 8 |
| Franklin-Fulton | | | 4 | 4 |
| Huntingdon-Jumiata-Mifflin | | | 5 | 5 |
| Lancaster | 1 | 1 | 4 | 6 |
| Lebanon | | 1 | 1 | 2 |
| Lycoming-Clinton | | | 2 | 2 |
| Northumberland | | | 4 | 4 |
| Somerset-Bedford | | 1 | 2 | 3 |
| York-Adams | 1 | 2 | 6 | 9 |
| | 3 | 8 | 58 | 69 |
| Allegheny | 8 | 15 | 20 | 43 |
| Armstrong-Indiana | | | 3 | 3 |
| Beaver | | 1 | 4 | 5 |
| Butler | | | 3 | 3 |
| Cameron-Elk-McKean-Potter | | | 8 | 8 |
| Clarion-Forest-Venango-Warren | | 1 | 7 | 8 |
| Clearfield-Jefferson | | | 10 | 10 |
| Crawford | | | 3 | 3 |
| Erie | 2 | 5 | 7 | 14 |
| Fayette | | | 3 | 3 |
| Lawrence | | | 3 | 3 |
| Mercer | | 2 | 6 | 8 |
| Washington-Green | | | 4 | 4 |
| Westmoreland | | | 4 | 4 |
| | 10 | 24 | 85 | 119 |
| Statewide | 43 | 77 | 254 | 374 |

Aggregated from GCDAA Drug and Alcohol Facility/Services Directory (1/79)

*TABLE 38*

## SERVICE ACTIVITIES BY SCA AND REGION

| | Cent. In./Records | | | Inpat. Non-Hosp | | | Inpat. Hospital | | | Corr. Instit. | | | Partial Hosp. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A | D | D&A | A | D | D&A | A | D | D&A | A | D | D&A | A | D | D&A |
| Bucks | | | 4 | 3 | | 1 | 1 | | | | | 1 | | | |
| Chester | | | 2 | 1 | | 2 | | | 1 | | | 1 | | | |
| Delaware | 1 | 1 | 2 | 3 | | | 1 | | | | | | 1 | 1 | |
| Montgomery | | 1 | 4 | | | 5 | 1 | | 3 | | | | | | 2 |
| Philadelphia | 2 | 1 | 3 | 9 | 6 | 6 | 2 | 2 | 1 | | 2 | | 1 | 3 | 2 |
| | | | | | | | | | | | | | | | |
| Berks | | | 3 | | | 1 | | | | | | 1 | | | |
| Bradford-Sullivan-Tioga | | | 1 | | 1 | 1 | | | | | | 2 | | | |
| Carbon-Monroe-Pike | | | 3 | | | 2 | | | | | | | | | |
| Lackawanna | | | 2 | 1 | | | | | | | | | | | |
| Lehigh | | | 1 | 1 | | 1 | 1 | | | | | | | | |
| Luzerne-Wyoming | | | 1 | | | 3 | | | | | | 1 | | | 1 |
| Northampton | 1 | | 2 | | | | | | | | | | | | |
| Schuylkill | | | | | | | | 1 | | | | | | | |
| Susquehanna-Wayne | | | 3 | | 1 | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Blair | | | 1 | | | | | | 1 | | | | | | |
| Cambria | | | 1 | 1 | | | 1 | | 1 | | | 1 | | | 1 |
| Centre | | | 1 | | | 1 | | | 2 | | | | | | |
| Columbia-Montour-Snyder-Union | | | 1 | | | | | | 2 | | | | | | |
| Cumberland-Perry | | | 2 | | | | | | 1 | | | 1 | | | 1 |
| Dauphin | | | 2 | 2 | | 2 | 2 | | | | | | | | |
| Franklin-Fulton | | | 1 | 1 | | | | | 1 | | | | | | |
| Huntingdon-Juniata-Mifflin | | | 3 | | | | | | 2 | | | | | | |
| Lancaster | | | 2 | 1 | 1 | | | | 1 | | | | | | |
| Lebanon | | | | 1 | | | 1 | | | | | | | | |
| Lycoming/Clinton | | | 1 | | | | | | | | | | | | |
| Northumberland | | | 1 | | | | | | | | | | | | |
| Somerset-Bedford | | | | 1 | | 1 | | | | | | | | | 1 |
| York-Adams | | | | 1 | | 3 | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Allegheny | 1 | 1 | | 2 | 1 | 4 | 2 | | 1 | | | 1 | | | 2 |
| Armstrong-Indiana | | | 2 | | | 1 | | | 1 | | | | | | |
| Beaver | 1 | | 1 | 1 | | 1 | | | | | | | | | |
| Butler | | | 1 | | | 1 | | | | | | | | | |
| Cameron-Elk-McKean-Potter | | | 4 | | | 1 | | | 2 | | | | | | 1 |
| Clarion-Forest-Venango-Warren | | | 3 | | | 2 | | | | | | | | | |
| Clearfield-Jefferson | | | | | | 1 | 1 | | 4 | | | | | | 1 |
| Crawford | | | 1 | | | 1 | | | 1 | | | | | | |
| Erie | 3 | | 1 | 3 | | 1 | | | 1 | | | | | | |
| Fayette | | | 1 | | | | | | | | | | | | |
| Lawrence | | | 1 | | | 1 | | | 1 | | | | | | |
| Mercer | 1 | | 1 | | | 2 | 1 | | 2 | 1 | | | | | 1 |
| Washington-Greene | | | 3 | | | 2 | | | | | | | | | |
| Westmoreland | | | 1 | | | | | | | | | 1 | | | |
| | 10 | 4 | 67 | 32 | 10 | 47 | 12 | 3 | 29 | 1 | 2 | 10 | 2 | 4 | 13 |
| | – 81 – | | | – 89 – | | | – 44 – | | | – 13 – | | | – 19 – | | |

D&A Facilities/Services Directory 1/79

*TABLE 39*

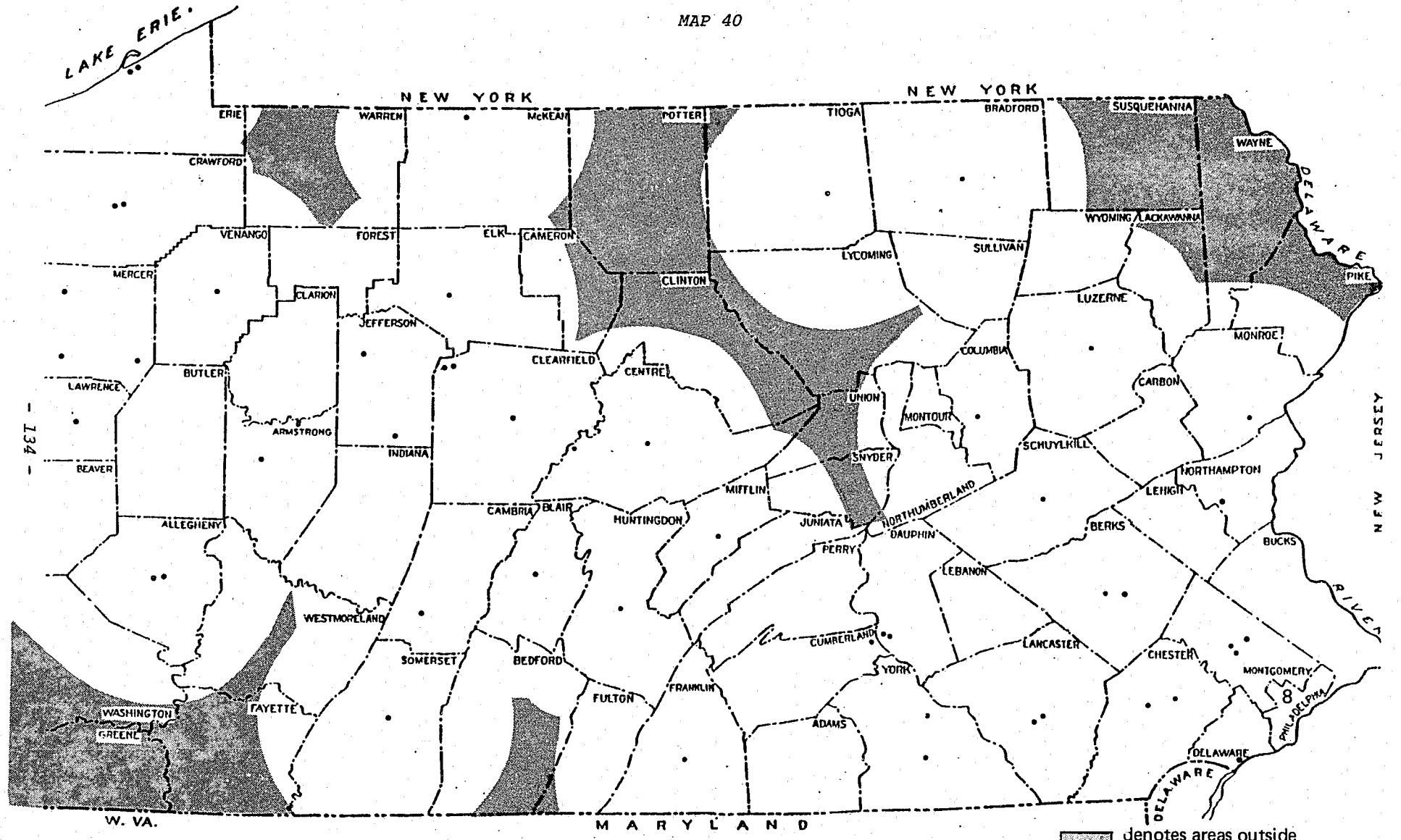
## SERVICE ACTIVITIES BY SCA AND REGION

| | Outpatient | | | Shelter | | | Educatn./Informtn. | | | Drop-In | | | Hotline | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A | D | D&A | A | D | D&A | A | D | D&A | A | D | D&A | A | D | D&A |
| Bucks | 3 | | 6 | | | | 1 | | 2 | | | 1 | | | 1 |
| Chester | 1 | | 8 | | | 1 | | | 2 | | | 2 | | | |
| Delaware | 5 | 2 | 5 | | | | | 1 | 3 | 1 | | 1 | 2 | | 2 |
| Montgomery | 1 | 1 | 8 | | | | 1 | | 5 | | | 8 | | | 11 |
| Philadelphia | 15 | 16 | 24 | | | | 2 | 1 | 9 | | | 2 | 1 | | 1 |
| | | | | | | | | | | | | | | | |
| Berks | | | 5 | | | | 1 | | 3 | | | 2 | | | 1 |
| Bradford-Sullivan-Tioga | | | 4 | | | | | | 3 | | | 1 | | | |
| Carbon-Monroe-Pike | | | 5 | | | 1 | | | 3 | | | 1 | | | 3 |
| Lackawanna | | | 4 | | | 1 | | | 4 | | | 4 | | | 3 |
| Lehigh | 1 | 1 | 1 | | | | | | 2 | | | | | | 1 |
| Luzerne-Wyoming | | | 3 | | | | | | 2 | | | 1 | | | 1 |
| Northampton | 1 | | 1 | | | | | | 1 | | | | | | 1 |
| Schuylkill | | | 2 | | | | | | 1 | | | 1 | | | 2 |
| Susquehanna-Wayne | | | 4 | | | | | | 4 | | | 2 | | | 2 |
| | | | | | | | | | | | | | | | |
| Blair | | | 2 | | | 1 | | | 1 | | | 1 | | | 2 |
| Cambria | 1 | | 3 | | | 1 | | | 2 | | | 2 | | | 2 |
| Centre | | | 1 | | | | | | 1 | | | 1 | | | 1 |
| Columbia-Montour-Snyder-Union | | | 4 | | | | | | 6 | | | 4 | | | 1 |
| Cumberland-Perry | | | 4 | | | | | | 4 | | | 3 | | | 4 |
| Dauphin | | | 3 | | | | | | 2 | | | 1 | | | 2 |
| Franklin-Fulton | 1 | | 1 | | | | | | 1 | | | 1 | | | 1 |
| Huntingdon-Juniata-Mifflin | | | 3 | | | | | | 3 | | | | | | |
| Lancaster | | | 3 | | | | | | 1 | | | 2 | | | 1 |
| Lebanon | | | 1 | | | | | | 1 | | | | | | |
| Lycoming/Clinton | | | 2 | | | | | | 1 | | | | | | |
| Northumberland | | | 4 | | | | | | 2 | | | | | | |
| Somerset-Bedford | | | 2 | | | 1 | | | 2 | | | 2 | | | 1 |
| York-Adams | 2 | 1 | 2 | | | | | | 3 | 1 | | | | | |
| | | | | | | | | | | | | | | | |
| Allegheny | 11 | 7 | 17 | 1 | | | 9 | 3 | 9 | | | 2 | | | 4 |
| Armstrong-Indiana | | | 2 | | | | | | 3 | | | 2 | | | 2 |
| Beaver | | | 2 | | | | | | 4 | | | | | | |
| Butler | | | 2 | | | | | | 4 | | | 1 | | | |
| Cameron-Elk-McKean-Potter | | | 5 | | | | | | 4 | | | 1 | | | 1 |
| Clarion-Forest-Venango-Warren | 1 | | 4 | | | | | | 6 | | | | | | 1 |
| Clearfield-Jefferson | | | 5 | | | | | | 3 | | | | | | 1 |
| Crawford | | | 2 | | | | | | 1 | | | | | | |
| Erie | 2 | 2 | 4 | | | 1 | | 1 | 3 | 1 | 1 | | | | |
| Fayette | | | 3 | | | | | | 1 | | | | | | |
| Lawrence | | | 2 | | | | | | 1 | | | | | | 1 |
| Mercer | | | 4 | | | | | | 1 | | | 1 | | | |
| Washington-Greene | | | 3 | | | 1 | | | 2 | | | 1 | | | |
| Westmoreland | | | 4 | | | | | | 4 | | | | | | 1 |
| | 45 | 30 | 174 | 1 | | 8 | 14 | 6 | 120 | 3 | 1 | 50 | 3 | | 55 |
| | – 249 – | | | – 9 – | | | – 140 – | | | – 54 – | | | – 58 – | | |

D&A Facilities/Services Directory 1/79

# DRUG DETOXIFICATION FACILITIES IN PENNSYLVANIA
## (25 MILE RADIUS)

*MAP 40*

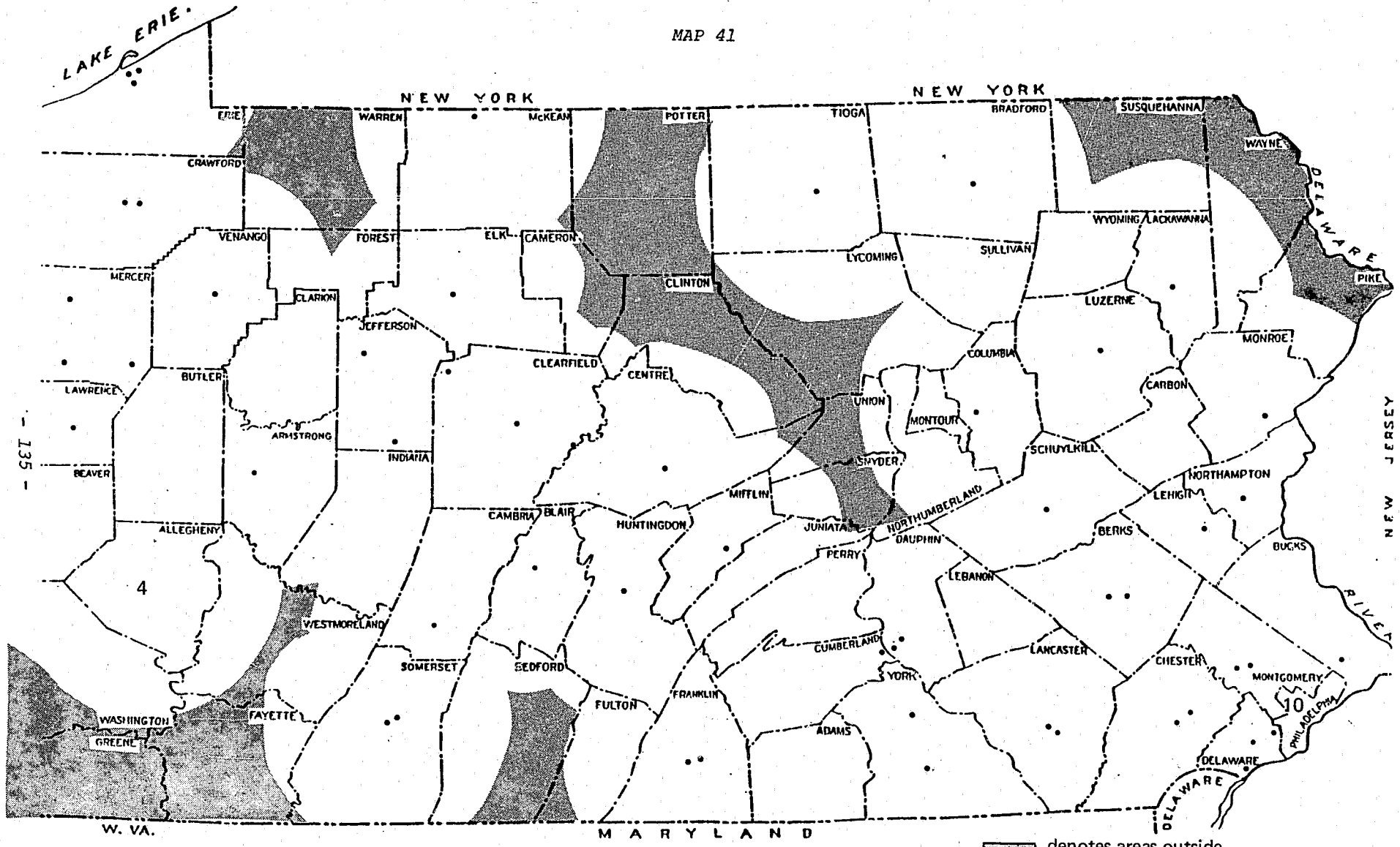



Source: GCDAA Facility/ Services Directory, January 1979

denotes areas outside the 25 mile radius

# ALCOHOL DETOXIFICATION FACILITIES IN PENNSYLVANIA
## (25 MILE RADIUS)

*MAP 41*

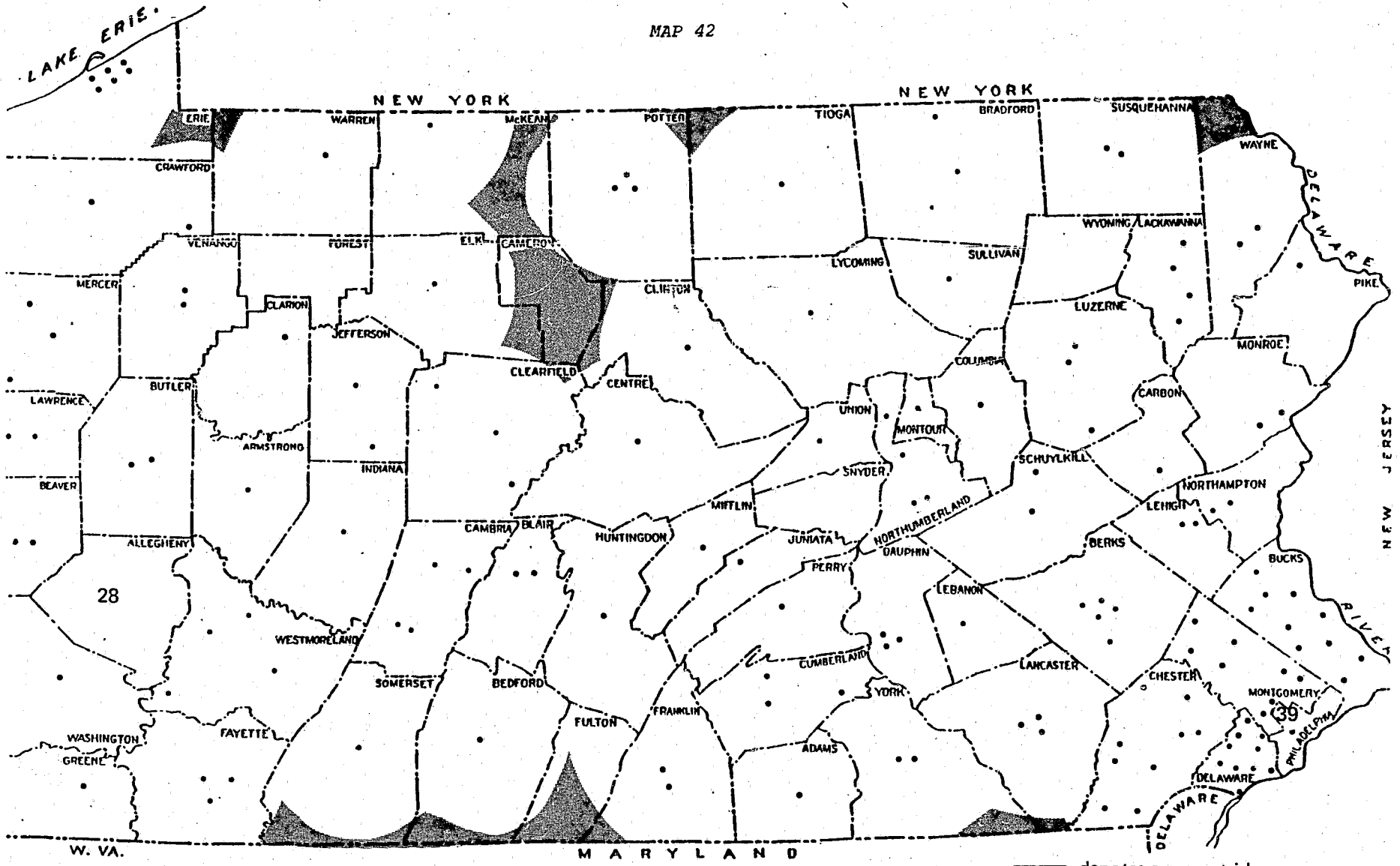



denotes areas outside the 25 mile radius

Source: GCDAA Facility/Services Directory, January 1979

# ALCOHOL OUTPATIENT FACILITIES IN PENNSYLVANIA WITHIN A 20 MILE RADIUS

*MAP 42*

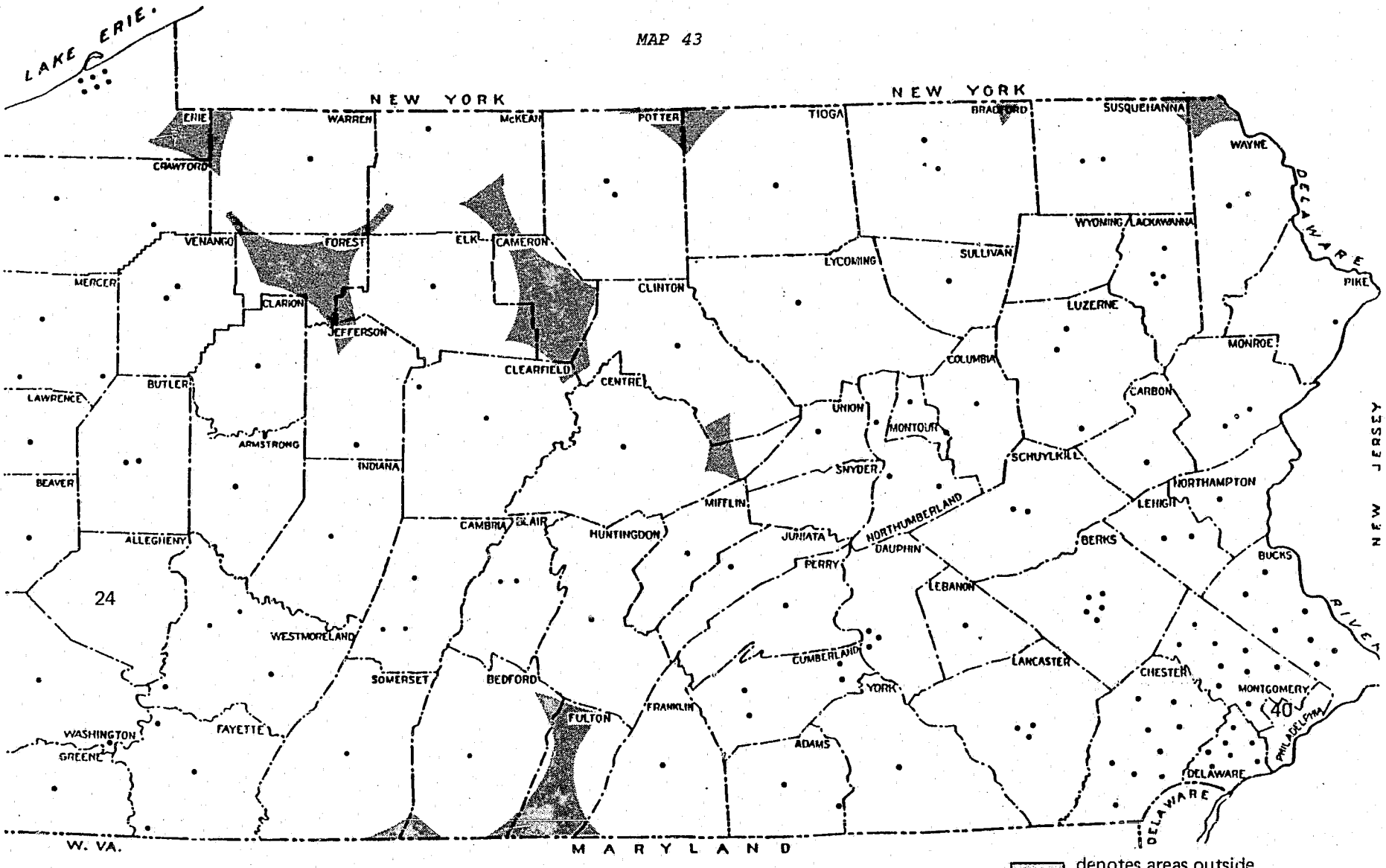



denotes areas outside the 20 mile radius

Source: Drug and Alcohol Facility/Services Directory, GCDAA, January 1979

# DRUG OUTPATIENT FACILITIES IN PENNSYLVANIA WITHIN A 20 MILE RADIUS

*MAP 43*

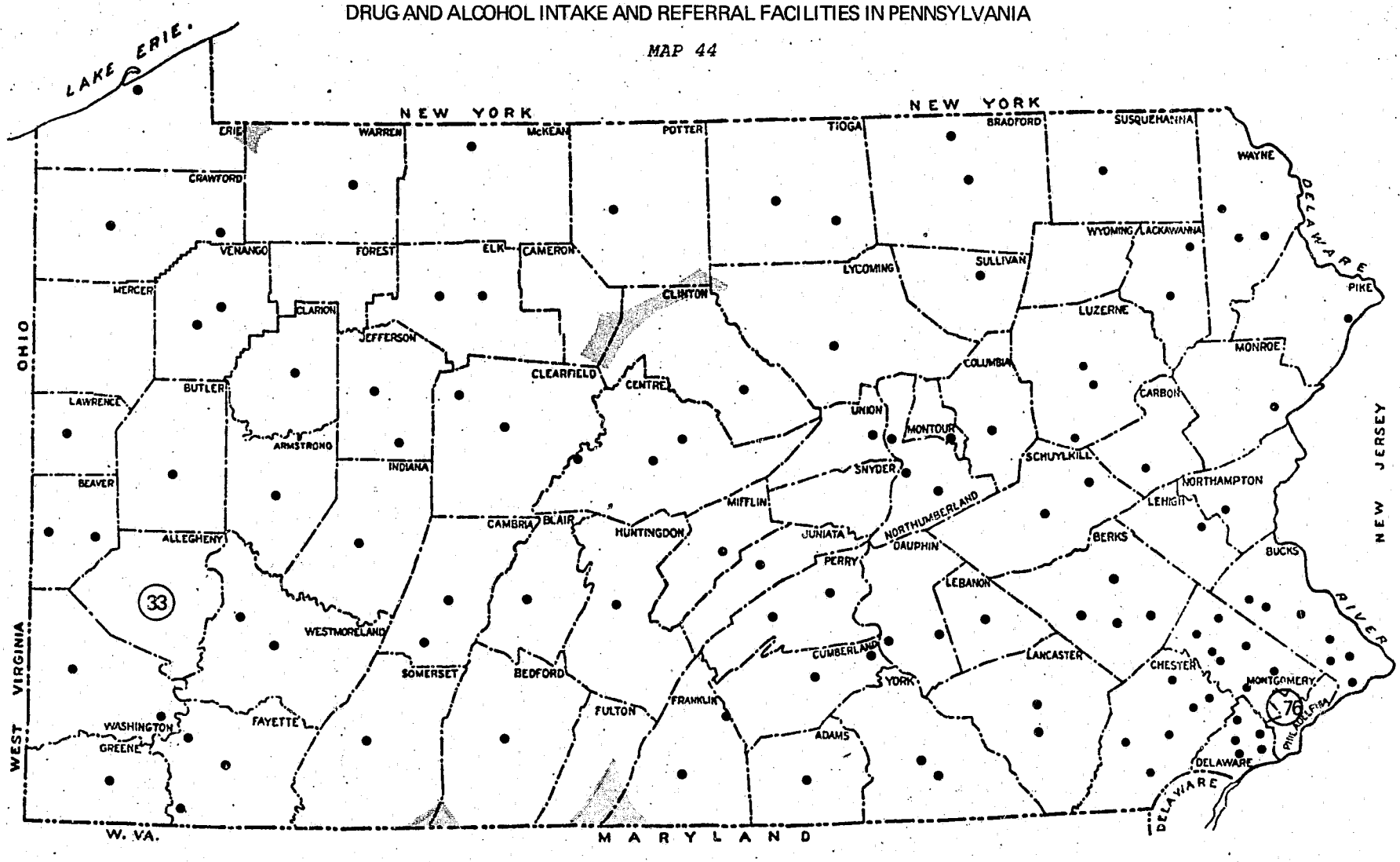



denotes areas outside the 20 mile radius

Source: Drug and Alcohol Facility/Services Directory, GCDAA, January 1979

DRUG AND ALCOHOL INTAKE AND REFERRAL FACILITIES IN PENNSYLVANIA

*MAP 44*




Shaded areas are more than 25 miles from facility.

*b. Criminal Justice Interface*

*Due to the complexity of the criminal justice system in Pennsylvania a strong coordination of effort among all agencies is required if effective services are to be provided to the drug and alcohol offender. The Bureau of Correction of the Department of Justice, Board of Probation and Parole, the Commission on Crime and Delinquency and the Governor's Council on Drug and Alcohol Abuse are involved in coping with statewide problems caused by abuse of drugs and alcohol. Sixty-seven county court systems and local law enforcement agencies and the Single County Authorities for drug and alcohol abuse are involved in coping with local problems caused by abuse of drugs and alcohol.*

*A survey conducted within Pennsylvania's state and county prisons indicates that of the 7,300 inmates in state prisons and the 6,600 in county prisons across the Commonwealth, approximately 40% had used heroin and more than 50% admitted to using amphetamines at some point in their lives. The study further indicates that the vast majority of individuals included in this study are in the criminal justice system as a direct result of drug or alcohol related crimes. Since it is estimated that at least 50% of criminal offenses are caused by or related to abuse of drugs and/or alcohol this data would reflect a population of almost 7,000 offenders in need of drug and alcohol treatment and rehabilitation services.*

*During the two year period, July 1976 through June 1978 over 16% of all admissions to treatment in Pennsylvania were referred from some point within the criminal justice system either at the state or local level. Sixteen percent represents 18,367 admissions out of 114,793 total admissions to treatment for that two year period.*

*Criminal justice diversion programs serving as alternatives to incarceration have been implemented throughout the Commonwealth to provide police officers and judges with the flexibility to refer or sentence individuals to treatment rather than imprisonment if circumstances warrant. A program located in the Western part of Pennsylvania was established in 1973 to serve as an alternative to incarceration for young drug and alcohol offenders. Since its beginning, more than 500 young persons from 48 counties have been admitted to this therapeutic community. Four similar programs offer services in the southeast and central portions of the State to more than 400 drug and alcohol offenders. One of these programs, provides treatment for 170 juveniles who are court adjudicated as drug or alcohol offenders. There are currently several diversion programs throughout the State specifically designed to provide treatment rather than incarceration to the public inebriate. These programs are able to serve more than 200 clients with detoxification and counseling services during a stay of 4 to 7 days.*

*The Department of Justice and the Governor's Council on Drug and Alcohol Abuse coordinate efforts in the provision of treatment and rehabilitation services for drug and alcohol offenders incarcerated in state correctional facilities through a therapeutic community located at the State Correctional Institution at Camp Hill. Eligible offenders from the statewide system of correctional institutions receive services at this therapeutic community which has a 72 person capacity. A few county prisons have general drug and alcohol detoxification services and some others are in the process of developing such services. Overall about half of the county prisons provide minimal drug and alcohol services or contract with community resources to provide such services.*

*The Board of Probation and Parole coordinates with the Governor's Council in the development of appropriate services for Board clients who have histories of drug and alcohol abuse. The Board purchases services for its clients from the community drug and alcohol programs administered by Single County Authorities.*

*The Commission on Crime and Delinquency and the Governor's Council have established a formal policy or agreement for coordinated planning and funding of drug and alcohol projects. The Commission limits funding of drug and alcohol projects to those established within the criminal justice system or those diverting offenders with drug or alcohol problems from the criminal justice system. The Council reviews all drug and alcohol abuse related grant applications to the Commission and makes recommendations on their need in the system. There are more than twenty projects in eleven counties supported by LEAA funds through the Commission on Crime and Delinquency.*

*At the planning level, the Governor's Council has designated a specific staff member as Criminal Justice Coordinator to interface with planning staff of the Commission on Crime and Delinquency, the Bureau of Correction and the Board of Probation and Parole. At the local level, treatment and rehabilitation needs of persons guilty of law violations are considered by SCAs in preparation of annual County Plans. The Criminal Justice Coordinator is also responsible for providing assistance to Single County Authorities in the area of criminal justice liaison and program planning.*

*Despite these efforts, there are still many unresolved problems. There are a substantial number of persons in state and county correctional facilities who at present receive a minimum of care for their addiction and who will, in many cases, return to a life style of drug and alcohol abuse or criminal activity upon their release from prison. Perhaps the most critical problem is the lack of a uniform approach to the drug and alcohol programming needs of the county correctional system. Presently, each Single County Authority is approaching the problem from their own perspective. There is a need for specific criteria regarding drug and alcohol programming for local correctional systems. Also training should be provided for those who are in contact with both juvenile and adult offenders in order to increase the number of drug and alcohol offenders referred to treatment. However, before system-wide improvements can be realized a broad based Plan, based on a comprehensive needs assessment, must be developed and implemented.*

2. *Fiscal Year 1979/80 Goals, Objectives and Action Strategy*

a. *Treatment and Rehabilitation*

*Goal: To make available to all residents of Pennsylvania drug and alcohol abuse treatment and rehabilitation programs that are responsive to their needs.*

*Objectives: (In order of priority)*

1. *To improve the capability of GCDAA and SCA staff to make management decisions by developing policies based on established criteria for acceptable utilization rates and slot cost ranges for treatment level services.*

*Explanation:*

*To insure greater accountability and service delivery, mechanisms are required that will allow for further analysis of service costs and a uniform process for the reallocation of funding when funding awarded is not supporting the level of projected and contracted service. Although the primary responsibility for this objective rests in Community Assistance, the accomplishment of this objective will require a multi-Bureau effort.*

*Action Steps:*

*(a) Review and analyze present slot cost and utilization information presented in SCA Plans and Contract Proposals, including criteria for developing cost and service projections and negotiated utilization rates.*

*Deputy Director, Bureau of Community Assistance*
*Chief, Grants Management Division* — *October 31, 1979*

*(b) Analyze and correlate Plan and Proposal information with MIS, SCA and facility utilization data.*

*Deputy Director, Bureau of Community Assistance*
*Director, Management Information Systems* — *November 30, 1979*

*(c) Establish and implement fiscal monitoring process to gather service information relative to slot cost extremes as plotted on a continuum.*

*Deputy Director, Bureau of Community Assistance*
*Chief, Grants Management Division*
*Coordinator, Monitoring* — *December 31, 1979*

(d) *Circulate pertinent findings and criteria recommendations to appropriate GCDAA staff and advisory bodies for review and comment.*

*March 1, 1980*

(e) *Develop final recommendations based on reviews and present to Council for approval to implement for FY 80/81.*

*March 31, 1980*

*Cost: Staff time* *Type: Continuation*

*Responsibility: Director, Bureau of Community Assistance*

2. *To assist Single County Authorities in the establishment and operation of a decentralized case management system that will facilitate the coordination of treatment and treatment resources for substance abuse clients.*

*Explanation:*

*Now that each SCA has established a case management system, special emphasis will be placed on monitoring these systems and providing technical assistance to insure close coordination and planning for clients who are physically and socially debilitated, experiencing psychiatric problems or involved with their local criminal justice system. It should be noted that the accomplishment of this objective is dependent not only on internal efforts, but on the level of cooperation developed by each SCA with local community-based resources.*

*Action Steps:*

(a) *Extend current case management capabilities, with emphasis on interface with local resources by providing training and assistance to SCAs and Case Managers.*

*Director, Office of Policy and Planning*
*Coordinator, Monitoring*
*Coordinator, Criminal Justice*
*Director, Bureau of Program Services* *December 31, 1979*

(b) *Develop T.A. process and format to further encourage cooperation and greater interface between SCA case management system and relevant local resources.*

*Director, Office of Policy and Planning*
*Coordinator, Monitoring*
*Coordinator, Criminal Justice*
*Region Chiefs* *July 1, 1979*

*(c) Continue T.A. and monitoring efforts.*

*Cost: Staff time* *Type: Continuation*

*Responsibility: Director, Bureau of Community Assistance*

*3. To assess and enhance the treatment systems ability to respond to the unique needs of special populations.*

*Explanation:*

*The SSA and local planning units are cognizant of the need to provide specialized services to meet the unique treatment needs of target populations such as women, youth, hispanics, blacks and sexual minorities. These special populations are listed as subobjectives and the delineated Action Steps apply to all Subobjectives.*

*Subobjective A*

*To assess and support the capability of the treatment system to respond to the needs of women.*

*Subobjective B*

*To assess and support the capability of the treatment system to respond to the needs of youth.*

*Subobjective C*

*To assess and support the capability of the treatment system to respond to the needs of hispanics.*

*Subobjective D*

*To assess and support the capability of the treatment system to respond to the needs of blacks.*

*Subobjective E*

*To assess and support the capability of the treatment system to respond to the needs of sexual minorities.*

*Action Steps:*

*(a) Continue to assess treatment needs of special populations and evaluate resources and provide appropriate information to relevant groups. Ongoing.*

*(b) Encourage awareness of the unique treatment needs of these specialized populations through case management, subregional training, the RTC's and Regional Offices. Ongoing.*

*(c) Provide specialized assistance and support to projects seeking alternative funding and/or program redesign to meet the unique needs of this population.*

*Cost: Staff time* *Type: New*

*Responsibility: Director, Bureau of Community Assistance*

*4. To identify some of the unique administrative and treatment issues of rural programs and provide liaison services to support and facilitate the interface with the GCDAA.*

*Explanation:*

*The SSA recognizes that there are a variety of unique administrative and treatment issues in rural areas and has appointed a liaison to meet on an ongoing basis with the rural Task Force and insure communication between GCDAA and the Task Force.*

*Action Steps:*

*(a) Meet with the Rural Task Force and assist them in identifying significant rural issues that Council should address.*

*Rural Liaison* *Ongoing*

*(b) Facilitate Task Force information and suggestions to Council Staff and make recommendations relative to modifying administrative procedures and funding considerations.*

*Rural Liaison* *Ongoing*

*Cost: Staff time* *Type: New*

*Responsibility: Director, Bureau of Community Assistance*

*5. To identify and support both a core of basic services to be provided within specific SCA boundaries and services which lend themselves to boundryless treatment and/or subregional planning.*

*Explanation:*

*At this point the majority of SCA's are delivering a fairly comprehensive range of services but expansion and/or the implementation of additional services is not likely in light of the present fiscal parameters. On this basis Council staff proposes to identify both those core services which should exist in each SCA and those services which can be effectively delivered on a subregional basis. In line with this objective the Council will provide special technical assistance and support to subregional units and/or comparable bodies seeking to provide boundryless treatment. While the primary responsibility for this objective rests with the Bureau of Community Assistance, the accomplishment of the objective is a multi-Bureau effort.*

*Action Steps:*

*(a) Assess present SCA service systems and determine core services.*

*Director, Office of Policy and Planning*
*Director, Bureau of Community Assistance*
*Director, Bureau of Program Services* — *December 30, 1979*

*(b) Define services which best lend themselves to subregional planning or boundryless treatment.*

*Director, Office of Policy and Planning*
*Director, Bureau of Community Assistance*
*Director, Bureau of Program Services* — *March 30, 1980*

*(c) Provide Technical Assistance and support to units exploring or actually delivering services on a subregional basis.*

*Region Chiefs* — *Ongoing*

*Cost: Staff time* — *Type: New*

*Responsibility: Director, Bureau of Community Assistance*

*6. To update the Ambulatory Detox Protocol to be consistent with the latest research and knowledge and insure maintenance of quality treatment in Pennsylvania.*

*Explanation:*

*The current Ambulatory Detox Protocol was developed several years ago. Changes in treatment methodology require that the Protocol be reviewed and updated where appropriate.*

*Action Steps:*

*(a) Review current Protocol in light of present conditions and methadone treatment policies and prepare draft incorporating changes or necessary updates.*

*Director, Office of Policy and Planning*
*Deputy Director, Bureau of Community Assistance*
*Chief, Licensing and Certification Division* — *September 30, 1979*

*(b) Circulate draft to appropriate staff and field for review and comment.*

*Director, Office of Policy and Planning* — *October 31, 1979*

*(c) Finalize Protocol and submit to Council for review and approval.*

*Director, Office of Policy and Planning* — *November 30, 1979*

*(d) Issue to the field.*

*December 31, 1979*

*Cost: Staff time* — *Type: Continuation*

*Responsibility: Director, Bureau of Community Assistance*

*b. Criminal Justice Interface*

*Goal: To coordinate efforts between GCDAA, the State Criminal Justice System, the Single County Authorities, and the appropriate components of the respective county criminal justice systems to meet the D&A treatment needs of the substance abusing offenders.*

*Objective:*

*1. To develop and begin implementation of a three year plan to meet the substance abuse related needs of the criminal justice system and its clientele.*

*Explanation:*

*The criminal justice interface components which are currently operational are highly fragmented, in that they tend to address only a specific issue in a given area. A broad based Plan, based on a comprehensive needs assessment, must be developed and implemented if system-wide improvements are to be realized. A contract proposal has been prepared and*

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*submitted to NIDA requesting funds for a State Criminal Justice Support Program. In addition, a subgrant application has been prepared and submitted to the Pennsylvania Commission on Crime and Delinquency (the State Planning Agency for funds channeled through the Law Enforcement Assistance Administration) to augment the resources anticipated from the NIDA contract. This augmentation will allow for the inclusion of correctional facilities and alcohol related activities excluded from the NIDA proposal. The following action steps will occur in the event that the proposals referenced above are approved for funding.*

*Action Steps:*

*(a) Establish a Criminal Justice Support project with a full time staff complement of two professionals and one clerical support position. November 1979.*

*(b) Establish and convene a Criminal Justice - Drug and Alcohol Treatment Planning Task Force comprised of appropriate representatives of both systems. The Task Force will meet no less than quarterly. November 1979*

*(c) Establish and maintain regular liaison with Criminal Justice and Drug Treatment systems agencies and individuals. Ongoing.*

*(d) Develop on the basis of needs assessment activities and recommendations of the Joint Task Force final draft of the three year plan incorporating all areas specified in the NIDA RFP #271-79-4716. June 1980.*

*(e) Develop linkage models and provide necessary technical assistance for implementation through either direct technical assistance from project staff or through technical assistance brokerage from NIDA's Project Connection. Ongoing.*

*(f) Develop evaluative methodologies and begin implementation of the Plan upon their approval. June 1980.*

*(g) Ensure that the proper degree of expertise is developed by project staff through specialized in-house and out-service training. Ongoing.*

*Cost: $94,000* *Type: New*

*Responsibility: Deputy Director, Bureau of Community Assistance*

## D. QUALITY ASSURANCE AND EVALUATION

### 1. Resource Assessment

During the past eight years increasing attention has been given at both the state and federal level to drug abuse and alcoholism as a major health problem. The willingness of many prominent individuals to permit their personal struggles with substance abuse to be widely publicized has helped greatly to increase public understanding of the problem. However, if further progress is to be made to control problems related to substance abuse state and federal governments must promote the acceptance of drug and alcohol services in the mainstream of health care. In order to gain this acceptance there must be an assurance that the care provided for persons in need of drug and alcohol services is of the highest possible quality.

Since 1973 a number of statewide systems have been designed and implemented to improve and assure the quality of drug and alcohol prevention, intervention and treatment services in Pennsylvania. Standards for most activities have been established and published as regulations. A licensing system has been implemented to assure compliance by service providers with established standards. A monitoring system has been developed and implemented to assess the extent of delivery of contracted services by Single County Authorities and service providers. An evaluation system that will provide for a periodic analysis of systems effectiveness is being implemented. Finally, a privately designed system of credentialing drug and alcohol services personnel is being developed. (The credentialing system is described in the Manpower and Training section of this Plan.)

#### a. Licensing

The authority to license drug and alcohol facilities in Pennsylvania was transferred to the Governor's Council in 1977 (see Reorganization Plan No. 2 of 1977, Addendum D). Licensing is required on an annual basis for all facilities operating in part or in whole with funds administered by the Governor's Council. Approximately 450 facilities are involved. Any drug or alcohol facility requesting medical assistance or food stamps must also be licensed by the Governor's Council. However, licensure by the Governor's Council is not a guarantee that the project will be funded by either the Governor's Council or the SCA. Licensing is also mandatory for facilities offering drug and alcohol services which do not receive GCDAA administered funds.

*These facilities may be scheduled for a licensing site visit upon the request of the project director. Licensing is based on a facility's conformance with standards developed and promulgated by the Governor's Council. The licensing system enables the Governor's Council on Drug and Alcohol Abuse to certify that facilities meet certain minimum requirements imposed by federal and state regulations.*

*The Council has completed initial licensing inspections on nearly all publicly funded prevention, intervention and treatment programs within the Commonwealth. The licensing visit affords the Governor's Council the opportunity to assess all drug and alcohol efforts on a statewide basis. This process not only aids programs by identifying problem areas in which improvement is necessary for compliance with statewide standards, but it also aids the Council in identifying particular programmatic areas for which better planning and technical assistance efforts might be needed.*

*To date, standards have been promulgated as regulations for all treatment activities with the exception of Correctional Institutions. General standards for prevention and intervention activities and specific standards for Education/Information, Alternative Activities, Drop-In Centers and Hotlines have also been adopted. (see State Plan, Chapter 262, Addendum E ) A major objective of the Council for FY 1979/80 is the promulgation of specific standards for drug and alcohol treatment services provided within Correctional Institutions. In addition, the Governor's Council will continue to assess and revise, where necessary, the existing licensing standards and corresponding interpretations and procedures.*

*The Governor's Council is attempting to secure the endorsement of its standards by other state agencies and private insurance companies in order to insure that Council licensed facilities will be eligible for reimbursement by these agencies. To date, outpatient facilities which meet state licensing and medical assistance standards are eligible to receive medical assistance reimbursement for services provided to eligible clients.*

*b. Monitoring and Technical Assistance*

*The Council's monitoring system was developed for the purpose of assuring accountability and improving the quality and effectiveness of the drug and alcohol service delivery system. The monitoring system is based on a quarterly review and assessment of grants and contracts between the Governor's Council and Single County Authorities and of the subcontracts between the SCA's and local drug and alcohol service providers. The monitoring system includes a process for reviewing client utilization information and fiscal data, which therefore allows for a review of clients served in relation to dollars expended. The Governor's Council also uses monitoring reports and computerized client and*

*fiscal data during the annual review and approval of county drug and alcohol plans. Compliance with the monitoring process and reporting requirements in GCDAA grant agreements will be a consideration in the allocation of funds to local programs.*

*The first series of quarterly monitoring review sessions were held in February 1979. Separate review sessions were held with each SCA and were attended by administrators of county drug and alcohol programs, GCDAA regional office staff, and a committee composed of representatives from appropriate Bureaus of the Governor's Council. These sessions will be held each quarter to review monitoring reports, material obtained through GCDAA licensing visits and computerized reports relative to services provided to clients and funds expended for these services. Governor's Council staff will thus be able to examine the range of slot costs for various activities in order to identify extremes at either end of the continuum. This information will be crossed with FY 79/80 county plan slot cost data and used as a basis for further evaluation around defining acceptable slot cost ranges.*

*The contract monitoring system has improved the capability of the Governor's Council to assure the accountability of funds expended for drug and alcohol services; assess compliance with Federal regulations, standards and reporting requirements; identify areas for which technical assistance efforts might be needed; and, collect reliable information for the purpose of making management and policy decisions. During the 1979-80 fiscal year, the Governor's Council will expand the capacity of the monitoring manual (see Monitoring Manual, Addendum L ) relative to prevention and intervention services and the inclusion of procedures for assessing the SCA's case management systems. This will allow for a more in-depth review of program performance and quality of client care.*

*c. Evaluation*

*The Council's evaluation efforts are designed to make an important contribution to decisions directed toward the improvement of the quality of services provided to drug and alcohol clients. Limited resources, however, make it necessary to select a specific portion of the service delivery system for special emphasis each year. Treatment, and the treatment facility - Single County Authority relationship have been selected for special emphasis in FY 1979/80.*

*Progress has been made during the past year in the development of a uniform evaluation system for treatment activities in Pennsylvania. (see Uniform Evaluation: Status Report March, 1979 Addendum M ). Uniform evaluation is the appraisal of treatment programs in accordance with a set of treatment objectives developed by the Council. The purpose of uniform evaluation is to provide information, aggregated at the facility, Single County Authority and state levels, on the percentage of clients who are discharged from treatment having achieved the Council's treatment goals.*

*The treatment goals to be measured by uniform evaluation are: 1) completion of treatment, 2) reduction of drug (including alcohol) use for the major drug at admission, 3) a reduction in arrests, 4) employment at discharge, and 5) productive activity at discharge. The last goal was added to take into account the circumstances that employment is not necessarily a treatment goal for students and homemakers.*

*The final stage of development took place during the fourth quarter of FY 1978/79. This included computer programming activities, the selection of control variables, and planning the distribution and utilization of reports for outpatient drug free facilities. During the 1979/80 fiscal year, computer reports and associated procedures will be issued, first to a pilot group, then to the entire state. Technical assistance will be provided to assist SCAs and service providers in the use of the system.*

*At the statewide level, uniform evaluation will be used to identify the treatment philosophies that are most effective in meeting the goals established by the Council, provide information on what type of clients do best in each type of treatment modality, and identify facilities and SCAs which may need special assistance to improve services. At the SCA level, uniform evaluation may be used to decide what type of client should be sent to which facility, and to identify facilities that may need special assistance through additional training or resources to better meet the needs of their clients. At the facility level, uniform evaluation will be useful in identifying program areas, and types of clients that may need special efforts. It will also provide a yardstick with which the facility staff may measure success in achieving their program goals. At all three levels, uniform evaluations may be used to provide time series information on the changing patterns of treatment success.*

*In addition to the development of the uniform evaluation system, the Council's long range plan for the use of evaluative data in improving the quality of treatment and rehabilitation includes a strategy for improving the quality of evaluation activities in the drug and alcohol service delivery system. During the past year a basic evaluation manual was distributed to every SCA. The manual (see Evaluation Manual: An Introduction to Drug and Alcohol Program Evaluation, Addendum N ) was designed to provide SCA and facility personnel with a description of the various types of evaluations one may use. Several evaluation workshops were conducted with staff at the Addictions Prevention Laboratory and guidelines were completed for use when planning an evaluation at the local level.*

*Additional workshops and other forms of technical assistance are planned for the 1979/80 fiscal year. Also, each SCA has included in their 1979/80 Plan information on each evaluation planned for the 1979/80. This information includes the name of each program being evaluated, type of evaluation, methodology, time frame, costs, and names of those responsible for performing the evaluation.*

2. *Fiscal Year 1979/80 Goals, Objectives and Action Strategy*

*a. Licensing*

*Goal: To insure that all projects and facilities within the Commonwealth that offer Drug and Alcohol services operate in accordance with minimum program and client management standards through the development and implementation of a statewide licensing system.*

*Objectives: (In order of priority)*

*1. To conduct an annual licensing inspection of all drug and alcohol facilities in Pennsylvania*

*Explanation:*

*To assure that all projects and facilities in Pennsylvania operate in accordance with a minimum set of program and client management standards. The Division of Licensing and Certification will complete the present site visit schedule in the fall and initiate a new cycle by October 24, 1979. The emphasis for this fiscal year will be on the components which relate to insuring quality service.*

*Action Steps:*

*(a) Finalize a monthly management status report which will identify all facilities and their licensing status according to the needs of the licensing staff.*

*Chief, Division of Licensing* — *September 30, 1979*
*Director, Bureau of MIS*

(b) Complete present licensing cycle.

Chief, Division of Licensing October 23, 1979

(c) Initiate new licensing cycle October 24, 1979

Chief, Division of Licensing

Cost: Staff time Type: Continuation

Responsibility: Director, Bureau of Community Assistance

2. To finalize and implement a viable set of licensing regulations for use by the drug and alcohol system.

Explanation:

In June of 1977, the Legislature approved Reorganization Plan #2 of 1977 which transferred to the Council the functions, powers and duties of the Department of Public Welfare with regard to the licensing of all drug and alcohol facilities. In line with this Reorganization, it is necessary to finalize and promulgate a viable set of licensing regulations.

Action Steps:

(a) Complete draft regulations and circulate to staff and field for review and comment.

General Counsel
Director, Office of Policy and Planning
Chief, Division of Licensing July 31, 1979

(b) Incorporate pertinent comments and present to Council for review and approval.

General Counsel
Director, Office of Policy and Planning September 30, 1979

(c) Initiate process for promulgation of Regulations according to Commonwealth Documents Law

Director, Office of Policy and Planning October 31, 1979

(d) Issue to field as State Plan update.

Director, Office of Policy and Planning December 31, 1979

Cost: Staff time Type: New

Responsibility: Director, Bureau of Community Assistance
Director, Office of Policy and Planning

3. *To develop and promulgate as final regulations minimum standards for the correctional institution activity.*

*Explanation:*

*Presently the Council has no minimum standards for the correctional institution activity. Therefore, licensing of this particular activity is not possible at this time. Since the Council plans to enhance coordination efforts with the criminal justice system these standards will be developed with input from criminal justice agencies in the State. Correctional institution is the only treatment activity that does not have standards at this time.*

*Action Steps:*

(a) *Assess current status of Council efforts to develop Correctional Institution Standards. December 1979.*

(b) *Review efforts by other states and other correctional organizations. December 1979.*

(c) *Dependent upon status, meet with appropriate persons with correctional expertise to solicit basic input. January 1980.*

(d) *Draft proposed correctional institution standards. February, 1980*

(e) *Distribute proposed standards to Council staff and to field personnel to solicit input. March 1980*

(f) *Incorporate pertinent comments and recommendations. April 1980.*

(g) *Present proposed standards to Executive Council. Incorporate any necessary changes. April 1980.*

(h) *Submit to Legislative Reference Bureau to be published in Pennsylvania Bulletin as proposed standards. April 1980.*

(i) *Re-issue to staff and to field for additional comment. May 1980*

(j) *Prepare finalized standards and publish in Pennsylvania Bulletin. June 1980.*

(k) *Issue Correctional Institution Standards as State Plan Update. June 1980.*

*Cost: Staff time* *Type: Continuation*
*Responsibility: Director, Office of Policy and Planning*

4. *To assess and revise where necessary the Council's existing licensing standards and corresponding interpretations to more adequately reflect present prevention, intervention and treatment activities in Pennsylvania.*

*Explanation:*

*In an attempt to continuously insure the applicability of the standards and incorporate further mechanisms addressing quality of treatment, an indepth review of the present standards and interpretations will take place for the purpose of updating, expanding and/or clarifying.*

*Action Steps:*

(a) *Review present standards and interpretations and identify areas to be addressed.*

*Chief, Division of Licensing*
*Director, Office of Policy and Planning* — *August 31, 1979*

(b) *Draft material addressing changes and circulate to staff and field for review and comment.*

*Chief, Division of Licensing*
*Director, Office of Policy and Planning* — *September 30, 1979*

(c) *Incorporate pertinent comments and present to Council for review and approval.*

*Chief, Division of Licensing*
*Director, Office of Policy and Planning* — *October 31, 1979*

(d) *Initiate process for promulgation of changes in the standards and publish according to Commonwealth Documents Law.*

*Director, Office of Policy and Planning* — *November 30, 1979*

(e) *Issue to field.*

*Director, Office of Policy and Planning* — *January 31, 1980*

*Cost: Staff time* *Type: Continuation*
*Responsibility: Director, Bureau of Community Assistance*
*Director, Office of Policy and Planning*

5. *To amend the Council's categorization of drug and alcohol services to include supportive housing as a separate grouping and to develop appropriate standards for each activity included.*

*Explanation:*

*Field and Council personnel have expressed a concern that the current categorization does not provide for supportive housing activities. Therefore, this categorization should be reassessed for its consistency with current programming. Standards should then be developed for any major activities identified.*

*Action Steps:*

*(a) Define supportive housing and determine what activities should be included in the supportive housing area. September 1979*

*(b) Distribute proposed changes to Council's categorization of drug and alcohol services to Council staff and to field personnel to solicit input. October 1979*

*(c) Incorporate pertinent comments and recommendations. December 1979.*

*(d) Present proposed changes to Executive Council. January 1980*

*(e) Initiate process for promulgation of changes to agency regulations. February 1980*

*(f) Finalize agency regulations incorporating changes in Council's categorization of drug and alcohol services. July 1, 1980.*

*(g) Required changes in Council's fiscal, management information, planning and related systems as well as the development of program standards for each new activity will be completed in FY 1980/81.*

*Cost: Staff time* *Type: New*
*Responsibility: Director, Office of Policy and Planning*

*6. To improve the capability of GCDAA Licensing staff to assist projects in meeting applicable Licensing requirements.*

*Explanation:*

*A comprehensive training program, coupled with the in-house development of a technical assistance manual, should enhance the efficiency and effectiveness of the Licensing staff and system and ultimately result in an improved service delivery system.*

*Action Steps:*

*(a) Develop a technical assistance manual corresponding to general and specific standards to be used by Licensing staff.*

*Chief, Division of Licensing* *September 30, 1979*

(b) *Train Licensing staff in use of the Technical Assistance Manual.*

*Chief, Division of Licensing* *October 31, 1979*

(c) *Identify and facilitate additional training for Licensing staff in areas impacting on quality and effectiveness.*

*Chief, Division of Licensing* *Ongoing*

*Cost: Staff time* *Type: Continuation*
*Responsibility: Director, Bureau of Community Assistance*

*b. Monitoring and Technical Assistance*

*Goal: To assure SCA and project compliance/performance relative to uniform policies, regulations, contractual obligations and goals and objectives*

*Objectives: (In order of priority)*

1. *To monitor the performance of all SCAs, contractors and selected providers and provide assistance in meeting state and federal requirements and contractual obligations.*

*Explanation:*

*In 1978 the Governor's Council established a procedure to monitor the delivery of drug and alcohol prevention, intervention and treatment services throughout Pennsylvania. The monitoring process is conducted quarterly and includes procedures for GCDAA monitoring of SCAs and SCA monitoring of projects and facilities.*

*Action Steps:*

(a) *Develop a schedule for performance reviews and FY 79/80 site visits that will address quarterly and semi-annual responsibilities.*

*Coordinator, Monitoring*
*Region Chiefs* *August 31, 1979*

(b) *Distribute schedule to staff and conduct training as necessary.*
*Coordinator, Monitoring* *September 30, 1979*

(c) *Initiate site visits and performance review process.*

*Coordinator, Monitoring* *September 30, 1979*

(d) *Continue implementation of process.* *Ongoing*

*Cost: Staff time* *Type: Continuation*
*Responsibility: Director, Bureau of Community Assistance*

2. *To develop criteria and policy for appropriate action to be taken based upon assessment of SCA and project performance.*

*Explanation:*

*A primary objective of the Council's monitoring process is to develop a system of accountability from which fiscal and programmatic policies can be derived. Therefore, it is necessary to refine the criteria to facilitate management decisions based on the assessment of SCA and project performance.*

*Action Steps:*

(a) *Identify and agree upon parameters to be used for funding criteria and policy.*

*Deputy Executive Director*
*Bureau Directors*
*Deputy Director, Bureau of Community Assistance*

*November 30, 1979*

(b) *Analyze fiscal and program data currently being produced to determine whether present programmatic and fiscal information is sufficient and/or identify additional performance needs.*

*Director, MIS*
*Chief, Grants Management Division*
*Director, Program Services* *December 31, 1979*

(c) *Draft criteria and policy based on information gathered and circulate to appropriate staff for review and comment.*

*Coordinator, Monitoring* *February 28, 1980*

(d) *Make changes necessary in system based on input and promulgate criteria and policy.*

*Coordinator, Monitoring* *March 31, 1980*

*Cost: Staff time* *Type: Continuation*
*Responsibility: Director, Bureau of Community Assistance*

3. *To develop as effective a monitoring system as possible by continually assessing and refining the present system.*

*Explanation:*

*Several ideas and concerns have been identified over the past year which need to be addressed by refining and expanding sections of the monitoring package. The accomplishment of this directive is dependent on a multi-Bureau effort.*

*Action Steps:*

*(a) Review present system and identify gaps in the packages and areas to be revised.*

*Coordinator, Monitoring*
*Director, MIS*
*Director, Bureau of Program Services July 30, 1979*

*(b) Draft, review and circulate to appropriate staff for review and comment.*

*Coordinator, Monitoring August 15, 1979*

*(c) Make the changes necessary in the system that reflect the revised information.*

*Coordinator, Monitoring September 30, 1979*

*Cost: Staff time Type: Continuation*
*Responsibility: Director, Bureau of Community Assistance*

*4. To design and develop a financial monitoring system that includes a preaudit and technical assistance function.*

*Explanation:*

*In order to improve the SCA accounting and reporting process and increase the capability of Council staff to analyze the utilization and expenditure of funds the Council will be developing a financial monitoring system which will interface with the present monitoring package. The development of this system will follow the refinements of the Fiscal Management Regulations.*

*Action Steps:*

*(a) Following the drafting of refined Fiscal Management Guidelines and the Work Statement for the audit scope, a preaudit and technical protocol and schedule will be developed by Grants Management.*

*Deputy Director, Bureau of Community Assistance*
*Chief, Grants Management Division December 31, 1979*

*(b) Concurrent with the above, a financial monitoring checklist will be developed and incorporated into the monitoring package.*

*Deputy Director, Bureau of Community Assistance*
*Chief, Grants Management Division*
*Coordinator, Monitoring* *February 28, 1980*

*(c) Financial monitoring of the SCAs will be assumed by the Regional staff as part of their regular third quarter monitoring site visits.*

*Coordinator, Monitoring*
*Region Chiefs* *March 31, 1980*

*(d) nts Management will initiate their Preaudit and technical istance schedule based on the developed protocol.*

*Chief, Division of Grants Management*
*Deputy Director, Bureau of Community Assistance*

*March 31, 1980*

*Cost: Staff time* *Type: New*
*Responsibility: Director, Bureau of Community Assistance*

*5. To support and assist SCAs and Projects to comply with State and Federal regulations and policies governing the use of drug and alcohol treatment and prevention funds.*

*Explanation:*

*A primary function of the Regional Offices is to site visit and provide technical assistance to SCAs and projects to insure compliance and function as communicators between the field and Central Office. All of the Action Steps listed below are ongoing.*

*Action Steps:*

*(a) Provide technical assistance and guidance to SCAs through the regular attendance at monthly Drug and Alcohol Council/ Commission meetings.*

*Region Chiefs*

*(b) Assist the SCA staff in the development of annual County Plans that meet GCDAA criteria and review and abstract them to insure adherence to guidelines.*

*Region Chiefs*

*(c) Provide technical assistance to SCAs to resolve any general and special conditions of Grant Agreements and Contracts.*

*Region Chiefs*

(d) *Assist SCAs and service providers to develop and secure Third Party reimbursement funding.*

*Region Chiefs*

(e) *Serve as Regional advocate for the concerns of the SCAs and their service providers.*

*Region Chiefs*

(f) *Conduct monthly Regional meetings for the purpose of disseminating information from the Governor's Council to the SCAs and to solicit the input of the SCAs for information that affects the decision-making process of the Governor's Council.*

*Region Chiefs*

(g) *Participate in local, state and regional conferences to improve drug and alcohol program administration, treatment and prevention services.*

*Region Chiefs*

(h) *Provide technical assistance and support to the regional training centers to enable them to offer training in the various methods employed in the implementation of drug and alcohol programming.*

*Region Chiefs*

(i) *Assist SCAs and Health Systems Agencies with the development of review guidelines and criteria that encourage interservice cooperation.*

*Region Chiefs*

(j) *Arrange and participate in county and regional training conferences that foster and promote an interdisciplinary approach to human service.*

*Region Chiefs*

(k) *Arrange technical assistance by functioning as a liaison or resource identifier between SCA's and other bureaus to facilitate prevention/intervention, training and evaluation activities.*

*Cost: Staff time* *Type: Continuation*
*Responsibility: Director, Bureau of Community Assistance*

*c. Evaluation*

*Goal: To assist facilities, Single County Authorities and agency units in developing evaluation processes and needs assessments.*

*Objectives: (In order of priority)*

*1. To assist facilities, Single County Authorities and agency units in developing evaluation processes.*

*Explanation:*

*All parts of the drug and alcohol system need to be reviewed periodically in order to assess the adequacy of the evaluation processes in place, and to improve those processes where necessary. Limited resources, however, make it necessary to select a specific portion of the system for attention each year. Treatment, and the treatment facility -- Single County Authority relationship has been selected for special attention in 1979/80. Only a small proportion of the services of the evaluation section, therefore, are directed toward agency units and programs not providing treatment.*

*The accomplishment of this objective will require a multi-Bureau effort.*

*Action Steps:*

*(a) Reach agreement with the Executive Office and the Bureaus of Program Services and Community Assistance with regard to the philosophy behind uniform evaluation, the uses to be made of the reports, and the supports to be provided in the implementation of the system.*

*Director of MIS*
*Director of Community Assistance*
*Director of Program Services*
*Director, Office of Policy and Planning*
*Deputy Executive Director*

*July 16, 1979*

*(b) Identify and compile fiscal and program information available in Harrisburg to support uniform evaluation.*

*Director of MIS* *July 30, 1979*

*(c) Release uniform evaluation reports (outpatient drug free) for a field test of procedures, training, and other supporting materials with selected facilities and SCAs.*

*Director of MIS* *August 13, 1979*

(d) *Release 1978/79 uniform evaluation reports (outpatient drug-free) statewide.*

*Director of MIS* — *October 29, 1979*

(e) *Visit 15 facilities or SCAs to determine the causes of extreme variations in outcomes and investigate the reliability and validity of the data.*

*Director of MIS*
*Director, Bureau of Community Assistance*

*December 14, 1979*

(f) *Visit 10 facilities or SCAs to assist in the use of uniform evaluation reports for evaluation.*

*Director of MIS* — *January 11, 1980*

(g) *Complete a report on treatment services evaluation, including the uses made of the first round of the uniform evaluation data, the problems encountered with uniform evaluation, recommendations with regard to the future of uniform evaluation, and recommendation for a treatment services evaluation program.*

*Director of MIS* — *January 29, 1979*

(h) *Explore with possible consultants and the Bureaus of Community Assistance and Program Services, the possibility of providing various workshops:*

(1) *Workshops in the uses of existing Council-mandated reports to meet accountability needs at the local level;*

(2) *A workshop presenting models of facility-level formative evaluations;*

(3) *Workshops in basic evaluation similar to those conducted by the Addictions Prevention Laboratory in 1978/79; and,*

(4) *A workshop on measurement techniques applicable to the diagnosis of the problems, and the assessment of the progress, of clients in prevention and treatment programs.*

*Director of MIS* — *August 31, 1979*

(i) *Develop an evaluation design for the Employee Assistance system.*

*Director of Program Services*
*Director of MIS*
*Chief, Division of Evaluation and Technical Support*

*December 31, 1979*

(j) *Report on the technical assistance activities of the Evaluation Section.*

*Director of MIS*

*October 1, 1979*
*December 31, 1979*
*March 31, 1980*
*June 30, 1980*

(k) *Report on the activities of the evaluation section in reviewing and/or abstracting proposals, grant applications or studies and preparing proposals, RFPs or reports, and the impact of such work on the other tasks of the section.*

*Director of MIS*

*October 1, 1979*
*December 31, 1979*
*March 31, 1980*
*June 30, 1980*

*Cost: Staff Time - Computer time at Central Management Information Center*
*Training in facility-level evaluation techniques*
*Consultants (if workshops materialize*

*Type: New-continuing*

*Responsibility: Director of Management Information Systems*

2. *To improve the needs assessment capacity of the agency and Single County Authorities.*

*Explanation:*

*Wise use of scarce resources requires that decisions regarding the type of services to be provided and the distribution of those services be made with appropriate regard to information relevant to the need for services. Such information can be generated from program data, indirect indicator data, and data generated through other needs assessment techniques.*

*The accomplishment of this objective will require a multi-Bureau effort.*

*Action Steps:*

(a) *Prepare needs indicators and treatment measures for the agency budget submission.*

*Director of MIS*
*Chief, Evaluation and Technical Support*

*Preliminary Report August 15, 1979*
*Final Report - October 15, 1979*

(b) *Issue quarterly Executive Trend Reports.*

*Director of MIS*
*Chief, Evaluation and Technical Support*

*July 15, 1979*
*October 14, 1979*
*January 15, 1980*
*April 15, 1980*

(c) *Complete a new needs indicator*

*Director of MIS*
*Director Office of Policy and Planning*

*January 1, 1980*

(d) *Implement, through the use of a contractor, a hospital reporting system to provide information on emergency room episodes involving a substance, or substances, in eight (8) Pennsylvania cities.*

*Director of MIS*
*Executive Director, GCDAA*

*March 3, 1980*

(e) *Develop an automated report system to monitor and project trends in the delivery of treatment services.*

*Director of MIS*
*Chief, Evaluation and Technical Support*

*June 30, 1980*

*Cost: Staff and Consultant Time Tupe: Continuation and New*
*Responsibility: Director, Bureau of MIS*

## E. PREVENTION AND INTERVENTION

### 1. Resource Assessment

Comprehensive programming which deals with the problems of drug and alcohol abuse must include services for the non-user (prevention), the experimental or casual user (intervention) and the chronic or dysfunctional user (treatment). The decentralized drug and alcohol service delivery system in Pennsylvania has delegated to local county authorities the responsibility for determining the degree of program effort relative to prevention, intervention and treatment needs and services. While treatment needs are clearly the priority in terms of overall effort, there has been a gradually increasing emphasis on prevention and intervention services at the local level.

Prevention services are aimed at the total population and are designed to promote skills, attitudes and behaviors characteristic of a lifestyle which excludes substance dependency. Prevention activities include Education/Information and Alternative programs which enhance the development of self-esteem, decision making and communication skills. Intervention services are directed toward early detection of persons using drugs or alcohol in a manner that is harmful to themselves or others. These include hotlines, drop-in centers, Alcohol Highway Safety Programs and Occupational Alcoholism Programs.

The Council's Prevention and Intervention efforts are coordinated by the Bureau of Program Services through its three divisions: the Division of Training and Prevention, the Division of Intervention Services, and the Educational Needs Clearinghouse for Outreach Research and Emergency (ENCORE) which serves as a statewide clearinghouse for informational and audiovisual material.

#### a. Prevention

In order to reduce the incidence and decrease the prevalence of drug and alcohol abuse, the Governor's Council is committed to prevention efforts which include the promotion of life skill building processes, information dissemination and the utilization of activities which act as alternatives to the use of drugs.

There are two professional staff members within the Council's Bureau of Program Services who have full time responsibility for statewide prevention efforts, one of whom is the State Prevention Coordinator. As of January 1979, there were 140 local prevention programs providing education, information and alternatives to drug and alcohol abuse to approximately 139,000 persons in Pennsylvania. (Information on the number of Prevention Programs, services and costs projected for FY 1979/80 by SCA is contained in the Service Plan Summaries in Appendix G ). In addition to the 140 local programs, a statewide network of 60 Locally Based Training teams

*(LBTs) provide training in prevention models and techniques to approximately 1200 parents, teachers and community leaders each year. There are more than 133,000 teachers and other professional personnel in Pennsylvania's school districts, who are in daily contact with more than two million children in primary and secondary schools.*

*The Locally Based Training (LBT) System was instituted by the Addiction Prevention Laboratory. However, during the coming fiscal year the management functions of the LBT system will be incorporated into the Department of Education's Intermediate Unit System. In order to provide a unified approach to the delivery of all training services Regional Training Council's will provide staff development training for prevention practitioners. (See Manpower and Training section of this Plan)*

*It is the policy of the Governor's Council that prevention approaches which are generic to ameliorating the causes of destructive behaviors should be jointly funded with other agencies at all levels of service delivery where feasible. In order to facilitate coordinated prevention efforts in Pennsylvania a Prevention Committee was formed in 1977, with representatives from the Governor's Council, the Department of Education, the Office of Youth Services, the Office of Mental Health and the Commission on Crime and Delinquency. Coordinated prevention efforts with other state agencies have included the Development of School Drug Policy Guidelines with the Department of Education and the completion of an interagency Prevention of School Disruption demonstration grant project with the Department of Education and the Commission on Crime and Delinquency. During FY 1979/80 a working task force of Governor's Council and Department of Education staff will be formed to facilitate implementation of the Interagency Protocol Agreement.*

*There are approximately 200 prevention practitioners in Pennsylvania. As the quality and quantity of prevention service delivery has increased during the past five years in Pennsylvania, prevention practitioners have formed a professional association and a civil service testing and appointment series has been devised for prevention service delivery personnel. However, at present no recognized professional standards exist for prevention practitioners at the state or national level. Core skills and functions of prevention practitioners have been identified and alternative methods for assessing competency levels of prevention practitioners*

*have been examined. A major objective of the Council for FY 1979/80 will be to assist the prevention field in the development of a credentialing model consistent with the values of adopted prevention philosophy.*

*Publicly funded Prevention Programs are monitored on a quarterly basis by the Bureau of Community Assistance and licensed annually to assure that the newly published standards for Prevention Programs are maintained as a basis for funding. The Prevention Data Collection Instrument developed during FY 1978/79 will meet the needs of the quarterly fiscal monitoring process and furnish a data base regarding prevention service delivery patterns. Current needs indicators utilized by the Council tend to be more reflective of intervention and treatment needs rather than prevention needs. The Guidelines for preparation of 1979/80 County Plans required SCAs to describe their plan for developing a needs assessment process for prevention programming. In addition, the Prevention Data Collection Instrument will provide a foundation for the establishment of a prevention needs assessment by enabling the Council to identify counties with a low level of prevention activity and provide them with technical assistance, information and resources to upgrade local prevention programming.*

*Resources currently available to local prevention planners include "The Spectrum", a directory of prevention practitioners and modalities, a quarterly prevention periodical, "Commonground", and an evaluation manual designed to assist Single County Authorities and projects to conduct appropriate program evaluations. In the coming year a technical assistance conference will be conducted for prevention project directors and SCA prevention planners, a monograph on selected model prevention projects will be prepared and disseminated to the field and accountability in the drug and alcohol prevention field will be improved through Pennsylvania's participation in the National Prevention Evaluation Resource Network pilot test.*

***The Governor's Council primary resource for public information is ENCORE (Educational Needs Clearinghouse for Outreach, Research and Emergency).** As the statewide information*

*clearinghouse, ENCORE collects, updates, catalogs and distributes information related to the prevention, intervention and treatment of substance abuse ranging from curriculum materials for teachers and informational leaflets for the general public to scientific research data about drugs and alcohol. ENCORE has also been instrumental in establishing and maintaining a system of local clearinghouses and information centers throughout Pennsylvania providing them with technical assistance and regularly updated informational materials. In addition, ENCORE maintains a toll free hotline providing 24 hour information services to the public and to persons in the drug and alcohol field.*

*Information is distributed in response to individual requests (ENCORE receives more than 200 per month) and through the agency newsletter, "Inside Dope", published on a bi-monthly basis. However, the effort which has the largest impact on public knowledge about drug and alcohol is the statewide multi-media Prevention Campaign. Sponsored by NIDA, the 1978 campaign was estimated to have had an impact on over half a million persons in Pennsylvania. The 1979 campaign will be primarily directed toward young people ages 12-14, and women ages 18-24, with ethnic minority audiences incorporated within both target groups. Campaign activities, including television and radio public service announcements, will take place during May and June and August through December, 1979.*

*b. Intervention*

*The Governor's Council promotes the development of intervention services throughout Pennsylvania which are aimed at assisting individuals in coping with a specific crisis or other situation in their lives for which their customary modes of adaptation have proven inadequate. Intervention programs focus on 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.*

*The primary resources for intervention in Pennsylvania are: a statewide system of hotlines and drop-in centers, Alcohol Highway Safety Programs (DWI) and Occupational Alcoholism Programs. Hotlines and Drop-In Centers provide information, referral and non-directive aid through a telephone answering service or on a walk-in basis. Driving While Intoxicated (DWI) programs are aimed at the reduction of alcohol related motor vehicle offenses through education and identification of individuals in need of treatment and referral to other resources. Occupational Alcoholism Programs identify employees with behavioral/medical problems which adversely affect job performance and refer them to the proper resource for treatment.*

*The Governor's Council provides supportive funding and technical assistance to Single County Authorities in the establishment and maintenance of a community based intervention network. There are fifty-eight facilities providing hotline services and fifty-four drop-in centers listed in the Drug and Alcohol Facilities/Services Directory (1/79). More than one hundred thousand contacts were made for these services during the year. At present fifty-four counties operate or have access to a Driving While Intoxicated Program providing educational courses to approximately 1200 persons each month who are arrested for Driving While Intoxicated. Publicly funded Occupational Alcohol programs exist in thirty-five counties in Pennsylvania and serve an estimated 33,000 employed persons. In addition, a number of businesses and industries have instituted private Employee Assistance Programs. (Information on the number of Intervention programs, projected number of services and costs for FY 79/80 by SCA is contained in Appendix G ).*

*All intervention services are monitored quarterly. Hotlines and Drop-In Centers are licensed annually based on the facility's conformance with standards developed and promulgated by the Governor's Council.*

*DWI programs are evaluated for compliance with the standards of the Governor's Traffic Safety Council. Thirty SCA Driving While Intoxicated programs are fully operational with certified instructors and six additional SCAs have DWI programs which have not yet been brought into compliance with certified instructors and programs. Eight counties have been identified as having high accident rates and no DWI program. These counties are in need of technical assistance and training to establish a DWI program which will be in compliance with the standards of the Governor's Traffic Safety Council. The effectiveness of DWI programs and instructors is evaluated by means of a pre and post education test which measures changes in knowledge and attitudes of the offender. The statewide computerized Court Reporting Network piloted in four counties in FY 78/79 will also provide data on the effectiveness of DWI programs. This system was designed to provide judges with information which assists them in determining appropriate dispositions for DWI offenders. The Court Reporting Network will be fully implemented in FY 1979/80.*

*The average number of DWI arrests per police officer in Pennsylvania (.5/year) is well below the national average (2/year). There are undoubtedly many DWI offenders in Pennsylvania who are either not arrested or charged with another offense. Awareness seminars are conducted in counties with established DWI programs to gain the acceptance and support of local judicial and law enforcement personnel and to increase referrals to DWI programs and subsequent referrals to treatment. In FY 79/80 the content of these seminars will be broadened to include the special needs of women, youth and ethnic and language minorities.*

*For the past several years the Council's major efforts in the area of Occupational programming have been directed toward the establishment of a State Employee Assistance Program to serve the 120,000 employees of the Commonwealth of Pennsylvania. During the past year policies and procedures for the program were developed by a joint labor-management committee and a pilot Evaluation and Referral Unit was established to provide assessment and referral services to state employees in Region III (where 37% of State employees are located). This unit is presently offering consultation to local programs and responding to requests from individual state employees in need of services. Full implementation of this program will be dependent on the experience of the pilot program.*

*The Governor's Council provides information, technical assistance and training to local Occupational Program consultants and receives input from the statewide Occupational Alcoholism Steering Committee and Pennsylvania Chapters of the Association of Labor-Management Administrators and Consultants regarding support services needed to promote Occupational Programming in the state. The majority of Pennsylvania's Single County Authorities provide funding for Occupational programs and guidelines for FY 1979/80 County Plans requested each SCA to designate a person responsible for coordinating Occupational Programming in their area. At present there are no standards or criteria for assuring the quality of the services provided by these programs. In FY 1979/80 a major effort will be made to explore the need for and feasibility of guidelines and standards for occupational programs.*

2. Fiscal Year 1979/80 Goals, Objectives and Action Strategy

a. Education and Alternative Activities.

Goal I: To provide the prevention field with information and resources to upgrade the state of the art in prevention programming.

Objectives: (In order of priority)

1. To identify and make recommendations to the Council regarding the level of prevention activity at the county level throughout Pennsylvania .

Explanation:

Information available by August 1979 should make policy considerations possible regarding the varying levels of prevention program activity at the county level.

Action Steps:

(a) Review and critique the prevention sections of the County Plans by May 1979.

(b) Analyze data accumulated by Community Assistance from the quarterly monitoring process by August 1979.

(c) Make recommendations to the Council regarding options for assuring minimum acceptable limits for prevention program activity at the SCA level by November 1979.

(d) Offer technical assistance to counties with an identified low level of prevention activity by March 1980.

Cost: Staff time Type: New

Responsibility: Director, Bureau of Program Services
Director, Bureau of Management Information Systems

2. To provide technical assistance to prevention project directors and SCA prevention planners.

Explanation:

The model prevention project effort undertaken last year identified a number of specific areas in which local programs need assistance, and for which no suitable mechanism exists at the State level for offering technical assistance.

*Action Steps:*

*(a) Develop a needs assessment survey of technical assistance needs by July 1979, including areas of unmet needs in target audiences of women, youth, ethnic minorities, sexual minorities, and the elderly.*

*(b) Plan and conduct a conference for 100 participants by September 1979.*

*(c) By RFP process, develop a mechanism for the delivery of short and long term on-site technical assistance to communities and prevention projects by July 1979.*

*(d) Create a prevention consultant technical assistance pool for use by the field by February 1980.*

*Cost: Staff time plus $100,000 Type: New*

*Responsibility: Director, Bureau of Program Services*

*3. To publish a prevention project model mongraph for dissemination to the field.*

*Explanation:*

*The prevention project models effort attempted last year fell short of its original goal. It should be repeated this year, based on the information gained and on new incentives to the field to participate.*

*Action Steps:*

*(a) Collect summaries of project goal statements, program content and evaluation designs from proposals submitted by model applicants by November 1979.*

*(b) Edit, print and distribute model project summaries to the prevention field by February 1980.*

*Cost: Staff time and publishing costs Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

*4. To produce and disseminate four issues of the prevention periodical, Common Ground.*

*Explanation:*

*The prevention field lacks a regular forum reflecting advances in prevention philosophy and research. The reading audience is rapidly expanding; and has specific needs met by this periodical.*

*Action Steps:*

*(a) Plan and edit issues quarterly in cooperation with the Bureau of Administrative Services.*

*(b) Disseminate each issue to Common Ground mailing list including prevention practitioners and other agencies in related disciplines.*

*(c) Update Common Ground mailing list quarterly.*

*Cost: Staff time and publishing costs* *Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

*Goal II: To increase accountability in the drug and alcohol prevention field.*

*Objectives: (In order of priority)*

*1. To evaluate prevention activity at the project level.*

*Explanation:*

*Program evaluation and technical assistance services have been identified, through the models efforts and the evaluation workshops held during FY 78/79, as of critical importance to projects. Of particular significance will be the evaluation of projects delivering services to target audiences in suggested areas such as women, youth, ethnic minorities, sexual minorities and the elderly.*

*Action Steps:*

*(a) Prepare and disseminate a Request for Proposal which will provide a mechanism to evaluate specific programs and models by July 1979.*

*(b) Select contractor by August 1979.*

*(c) Monitor contractor's progress in the evaluation of specific projects and models. Ongoing.*

*Cost: Staff time plus $100,000* *Type: New*

*Responsibility: Director, Bureau of Program Services*

*2. To provide technical assistance to the Commonwealth Prevention Alliance efforts to develop prevention practitioner certification standards and procedures.*

*Explanation:*

*Prevention practitioners are gradually founding a new professional field and need assistance in their attempt*

*to solidify and formalize their professional identity in order for prevention services to stabilize and become accountable.*

*Action Steps:*

*(a) Review Commonwealth Prevention Alliance report and recommendations by July 1979.*

*(b) Obtain key informant feedback on Commonwealth Prevention Alliance report by August 1979.*

*(c) Assist Commonwealth Prevention Alliance in accessing federal resources for the development of a credentialing model by September 1979.*

*(d) Maintain liaison to the Commonwealth Prevention Alliance Board to facilitate communication regarding prevention, professional manpower, development issues and the certification process on an ongoing basis by June 1980.*

*Cost: Staff time and $20,000* *Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

*3. To participate in the National Prevention Evaluation Resource Network pilot test.*

*Explanation:*

*The National Prevention Evaluation Resource Network contract calls for a pilot test of the prototype system. Pennsylvania will participate as one of the key states in the National Prevention Evaluation Network design process.*

*Action Steps:*

*(a) Disseminate information on service accountability by July 1979.*

*(b) Carry through developed plan by February 1980, utilizing identified Pennsylvania prevention projects.*

*Cost: Staff time plus $5,000* *Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

*Goal III: To plan and develop interagency resources for prevention and education service delivery.*

*Objectives: (In order of priority)*

*1. To begin a planning process with the Department of Education leading to the implementation of the Interagency Protocol Agreement.*

*Explanation:*

*The Interagency Protocol Agreement will enable the Governor's Council on Drug and Alcohol Abuse and the Pennsylvania Department of Education to work together with the 505 school districts in the state on a variety of common concerns.*

*Action Steps:*

*(a) Finalize Interagency protocol by July 1979.*

*(b) Form a working task force with GCDAA and PDE staff by August 1979.*

*(c) Submit a short and long range planning position paper to both agency heads by November 1979.*

*(d) Begin implementation of short range plan by January 1980.*

*(e) Coordinate activities of Locally Based Training System with Pennsylvania Department of Education (See Training, Goal 3, Objective 1).*

*Cost: Staff time* *Type: Continuation*

*Responsibility: Director, Bureau of Program Services in conjunction with the Pennsylvania Department of Education*

*2. To convene and staff monthly meetings of a broad based interagency prevention committee.*

*Explanation:*

*The Prevention Committee is the only officially approved group in the state with interagency memberships meeting on a regular basis to discuss prevention issues and policy.*

*Action Steps:*

*(a) Review and update committee membership on an ongoing basis.*

*(b) Review and update the committee's work, including recommendations for interagency cooperation, on a quarterly basis.*

*Cost: Staff time* *Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

*b. Public Information*

*Goal:*

*To increase public knowledge of the prevention, intervention and treatment of substance abuse and its relationship to other human services.*

*Objectives: (In order of priority)*

*1. To continue and complete an annual Statewide multi-media campaign to increase public awareness of substance abuse, available treatment services and prevention activity.*

*Explanation:*

*Each Single State Authority has been asked by NIDA to coordinate and contour the "1979 Drug Abuse Prevention Campaign" to more effectively reach those individuals who have a mutual interest in drug abuse prevention in order to increase public awareness of the need to help prevent and reduce the inappropriate use and abuse of drugs, particularly among women, youth and ethnic minorities. Media campaign is dependent on Federal Release of Campaign Materials.*

*Action Steps:*

*(a) Coordinate Single State Authority receipt of campaign materials and distribute these materials to the field in May and July 1979.*

*(b) Coordinate activities of the campaign with other agency bureaus, May through December 1979.*

(c) Coordinate activities of annual campaign with on-going public relations/public information efforts of ENCORE and through the news media.

(d) Promote cooperative effort with other agencies involved with public information needs in general and women/ youth specifically. Ongoing.

Cost: Staff time and NIDA support Type: Continuation

Responsibility: Director, ENCORE

2. To provide drug and alcohol information for the general population as well as specialized packets designed to address special target populations.

Explanation:

In order to continue quality public relations/public information ENCORE's material distribution covers a broad spectrum ranging from drug and alcohol curricula, description of state drug and alcohol facilities and accurate scientific data about drugs and alcohol.

Action Steps:

(a) Based on requests for information from the public and other agencies, develop resources for target populations designated as priorities. Ongoing.

(b) Examine need for public information strategies based on research and/or new developments in the drug and alcohol field. Ongoing.

(c) Develop appropriate forms for the collection and analysis of data relative to public information requests in conjunction with BMIS. December 1979.

(d) Continue the maintenance of the literature library by storing journals and other periodicals focusing on drugs and alcohol. Ongoing.

(e) Collect and disseminate requested resources to the agency and the field. Ongoing.

Cost: Staff time Type: Continuation

Responsibility: Director, ENCORE

3. To provide a central information and referral source for persons needing prevention, intervention or treatment information.

*Explanation:*

*This has been an on-going function of ENCORE since 1973. ENCORE provides the public with one central resource for information and referral and lessens the chance for duplication thus permitting better coordination between the Single State Agency and the field.*

*Action Steps:*

*(a) Continue to maintain necessary referral information in the ENCORE clearinghouse by using the Drug and Alcohol Facility/Services Directory for Pennsylvania and directories of other States. Ongoing.*

*(b) Maintain and/or offer technical assistance for the establishment of local clearinghouses or information centers. Ongoing.*

*(c) Continue the "800" line for 24 hour coverage of public information services to public and the drug and alcohol field. Ongoing.*

*(d) Continue distribution and promotion of information, such as pamphlets and other printed matter, through initial mailings to the public and the field. Ongoing.*

*Cost: Staff time* *Type: Continuation*

*Responsibility: Director, ENCORE*

*4. To continue to disseminate public information through agency newsletter.*

*Explanation:*

*"Inside Dope" describes new developments in the drug and alcohol field, and provides information on upcoming training events, workshops, conferences and meetings. Each issue contains a review of films, videotapes and information literature offered through ENCORE. It provides a plebiscite soliciting opinions from the field on subjects such as primary prevention, special populations and the National Health Alliance.*

*Action Steps:*

*(a) Publish bi-monthly newsletter, "Inside Dope",*
*January/February 1979, Vol. 7, No. 1*
*March/April 1979, Vol. 7, No. 2*
*May/June 1979, Vol. 7, No. 3*
*July/August 1979, Vol. 7, No. 4*
*September/October 1979, Vol. 7, No. 5*
*November/December 1979, Vol. 7, No. 6*

*Cost: Staff time and printing cost* *Type: Continuation*

*Responsibility: Director, ENCORE*

5. *To inform the drug and alcohol service system of any pertinent information relevant to the administration or provision of services via Information Bulletins.*

*Explanation:*

*The Council developed Information Bulletins as a means of informing Council and field personnel of anything pertinent to the drug and alcohol field. These bulletins are disseminated to approximately 300 persons.*

*Action Step:*

*(a) Develop and disseminate Information Bulletins upon request.*

*Cost: Staff time* *Type: Continuation*

*Responsibility: Director, Office of Policy and Planning*

*c. Intervention Services*

*Goal: To assure the provision of appropriate intervention services to the population at risk.*

*Objectives: (In order of priority)*

1. *To coordinate those intervention services aimed at meeting the needs of those target populations designated as priority groups - women, elderly, clergy, nurses, and physicians.*

*Explanation:*

*The Council has determined that the specific target populations at which intervention services will be aimed are women, elderly, clergy, nurses and physicians. Materials and resources packets for these groups will be coordinated with ENCORE while training programs for them will be coordinated with the Division of Training and Prevention.*

*Action Steps:*

*(a) Provide ongoing technical assistance and support to various special populations' advisory task forces to the Council. Ongoing.*

*(b) Comment on grants and proposals for intervention services for special populations and provide technical assistance to applicants. Ongoing.*

*(c) Provide specialized workshops at the Eastern Pennsylvania Institute on Drug and Alcohol Studies July-August 1979 and the Annual Pennsylvania Drug and Alcohol conference. November 1979.*

*(d) Examine the need for intervention strategies with other special population groups. Ongoing.*

*Cost: Staff time and $1,000 and Volunteer Time* *Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

2. *To develop a mechanism to monitor intervention services.*

*Explanation:*

*Intervention services have not been previously monitored. It is, therefore, necessary to work with the Bureau of Community Assistance and the Bureau of Management Information Systems in developing reports that will satisfy our planning and monitoring needs. The Council also plans to work with other agencies, such as the Department of Aging in order to jointly monitor services.*

*Action Steps:*

*(a) Coordinate with the Bureau of Community Assistance to review intervention data from quarterly monitoring reports (D.U.I., Occupational, Hotline, Drop-In). Ongoing*

*(b) Develop appropriate reporting forms for intervention services to demonstrate the relationship of intervention with the sources of referral to treatment in conjunction with the Bureau of Management Information Services by July 1979.*

*(c) Coordinate with other agencies which address the needs of target populations. Ongoing*

*Cost: Staff Time* *Type: New*

*Responsibility: Director, Bureau of Program Services*
*Director, Bureau of Community Assistance*
*Director, Bureau of Management Information Systems*

*d. Occupational Alcohol Program*

*Goal: To improve the quality of and assure the continued availability of occupational alcohol programs in Pennsylvania.*

*Objectives: (In order of Priority)*

1. *To provide State Employees in the Central Region access to the State Employee Assistance Program.*

*Explanation:*

*The State Employee Assistance Program is designed to provide information services to State Employees with alcohol, drug or other related problems. There are approximately 120,000 persons employed by the Commonwealth and 44,500 are working in the Central Region. When the Management Directive is signed by the Governor, extensive services will be started in the Central Region. This service will include a professional assessor, a WATTS line, and intensive consulting services to the Central Offices of all State agencies.*

*Action Steps:*

*(a) Continue contract for Evaluation and Referral Unit. July, 1979*

*(b) Continue role of Evaluation and Referral Unit as professional assessor for employees in traveling distance of the Harrisburg area. July 1979 - June 1980.*

*(c) Continue role of Evaluation and Referral Unit as referral agent for all State employees calling 800 number. July 1979 - June 1980.*

*(d) Continue development of material and systems to be used on State Employee Assistance Program. July 1979 - June 1980*

*(e) The Evaluation and Referral Unit and the State Employee Assistance Program Coordinator will assist with training of supervisors in participating State agencies as needed. Ongoing*

*(f) State Employees Assistance Program Coordinator will plan publicity of program to encourage increased referrals to unit. Ongoing*

*(g) Increase the number of State agencies utilizing the State Employees Assistance Program. Ongoing*

*Cost: $59,000* *Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

*2. To provide all State employees with access to the State Employees Assistance Program.*

*Explanation:*

*Employee Assistance Services through the ERU system, were projected for all four regions in FY 78/79. To date, one ERU exists in the Central Region. Implementation of the full program will be dependent upon approval by the Governor's Office of an appropriate Management Directive to all State Employees.*

*Action Steps:*

*(a) Increase the availability of a professional assessor for State employees outside of the Central Region. February 1979 - June 1980.*

*(b) Prepare and issue Request for Proposal for Evaluation and Referral Units in at least one other Region July 1979 - June 1980.*

*Cost: $50,000* *Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

3. *To assure the continued provision of appropriate technical assistance to occupational alcohol programs through the Governor's Council on Drug and Alcohol staff and regional Evaluation and Referral Units.*

*Explanation:*

*As the number of public and private occupational program consultants increases in the field, it is necessary to provide technical assistance. The Evaluation and Referral Units funded for State Employees, can also serve as a focal point for the analysis and delivery of appropriate technical assistance.*

*Action Steps:*

(a) *Supervise Evaluation and Referral Units through monthly meetings, in the provision of technical asssistance to occupational consultants in the field. Ongoing*

(b) *Analyze data collected by Evaluation and Referral units on the numbers and types of occupational programs in their areas. January 1980.*

(c) *Develop supportive materials and brochures in cooperation with ENCORE for the Evaluation and Referral Units - June 1980*

(d) *Provide Evaluation and Referral Units with training and technical assistance in conjunction with the Division of Training and Prevention. Ongoing*

(e) *Develop and issue a technical quarterly information series to be sent to all Pennsylvania consultants. September, December, 1979 - March and June, 1980.*

*Cost: Staff time and contracted Evaluation and Referral Units time*

*Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

4. *To assure quality occupational alcohol programming among Council, industries, Single County Authorities and treatment programs.*

*Explanation:*

*With the growth and development of Employee Assistance programs in both the public and private sector, coordination and standardization are necessary to provide quality services in Occupational programming.*

*Action Steps:*

*(a) Review Single County Authority plans on occupational programs. July 1979*

*(b) Assist in the development of Single County Authority plan guidelines and monitoring reports for occupational alcohol programs. October 1979*

*(c) Develop an evaluation design for the Employee Assistance Program in conjunction with the Division of Evaluation and Technical Support. December, 1979*

*(d) Coordinate needs surveys taken by Evaluation and Referral Units regarding programs funded or sponsored by Single County Authorities. March 1980*

*(e) Explore the need for and feasability of guidelines and standards for occupational programs. June 1980*

*(f) Serve as liaison to Occupational Alcohol Steering Committee which will provide direction to occupational programming in Pennsylvania. Ongoing*

*(g) Maintain contact with ALMACA Chapters throughout State. Ongoing*

*(h) Monitor State and Federal legislation relating to occupational alcohol program. Ongoing*

*(i) Comment on grants for occupational alcohol programs. As Needed*

*Cost: Staff Time* *Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

*e. Alcohol Highway Safety Program*

*Goal: To affect the knowledge, attitudes and practices relating to Driving Under the Influence of alcohol or controlled substances.*

*Objectives: (In order of priority)*

*1. To provide access for all counties to a coordinated program of Alcohol Highway Safety Countermeasures.*

*Explanation:*

*Currently 54 of the 67 counties have access to approved Driving Under the Influence Programs. During the coming year, the Council will work with the remaining counties to establish needed programs.*

*Action Steps:*

(a) *Develop Driving Under the Influence programs in 8 counties with high accident rate and no Driving Under the Influence programs (Huntingdon, Blair, Susquehanna, Carbon, Luzerne, Sullivan, Lackawanna, Wyoming). July 1980*

(b) *Provide technical assistance to counties developing grants for Driving Under the Influence programs on an as needed basis.*

(c) *Review grant applications to PennDOT for Driving Under the Influence programs and monitor approved grants for a projected 8 to 10 counties. Ongoing*

(d) *Provide ongoing liaison and technical assistance to State Association of Driving Under the Influence Programs.*

(e) *Encourage the wider use of breathalyzers in arrests for Driving Under the Influence. Ongoing*

(f) *Compile Blood Alcohol Count and Traffic Accident Statistics on a semi-annual basis.*

*Cost: $100,000 National Highway Traffic Safety Authority Funds and Staff Time*

*Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

2. *To bring all active Driving Under the Influence programs into compliance with the standards of the Governor's Traffic Safety Council.*

*Explanation:*

*The Council shall continue to provide workshops to train Driving Under the Influence instructors in use of the approved curriculum for Driving Under the Influence educational sessions. The Council shall also site visit and monitor those instructors to determine if they have implemented all phases of curriculum. There will also be re-certification workshops to update instructors and to review curriculum.*

*Action Steps:*

(a) *Provide 6 certification training workshops for Driving Under the Influence instructors and project directors during the fiscal year. (Schedule available by September 1979)*

(b) Measure changes in attitudes as a result of pre and post tests administered in Driving Under the Influence schools. Reports on pre and post tests measuring change in attitudes and knowledge will be required on a semi-annual basis, to include all offenders processed during that period.

(c) Conduct 42 on-site visits to Driving Under the Influence programs to monitor instructors and course curriculum. Ongoing.

Cost: $75,000 National Highway Traffic Safety Authority Funds

Type: Continuation

Responsibility: Director, Bureau of Program Services in conjunction with the Pennsylvania Department of Transportation.

3. To increase the number of referrals to Driving Under the Influence programs.

Explanation:

Many Driving Under the Influence offenders have not been referred to educational programs in the past. Through use of pre-sentencing screening devices such as the Mortimer-Filkens Test, courts will be informed of the extent of an individuals's alcohol impairment. Thus courts will have a basis on which to refer offenders to Driving Under the Influence educational components. Also, the provision of awareness seminars will increase police and judicial use of the Driving Under the Influence program as an alternative to prison.

Action Steps:

(a) Increase efforts to implement the use of the Mortimer-Filkens Test in all Driving Under the Influence programs as a method for assessing treatment need. Ongoing

(b) Instruct judicial and law enforcement personnel in the use of the Mortimer-Filkens Test. Ongoing

(c) Provide 10 awareness seminars to judicial and law enforcement personnel in counties demonstrating a need for this assistance. July 1980

(d) Assist in designing training programs for treatment facility personnel. Ongoing

*Cost: $100,000 National Highway Traffic Safety Authority Funds*

*Type: Continuation*

*Responsibility: Director, Bureau of Program Services*
*Director, Bureau of Community Assistance in conjunction with the Pennsylvania Department of Transportation*

4. *To increase Awareness Seminars and Driving Under the Influence programs for women, juveniles and ethnic and language minorities.*

*Explanation:*

*Very few women are being arrested for Driving Under the Influence offenses. Through Awareness Seminars it is hoped that the police will arrest women and judges will send them to Driving Under the Influence education, thus intervening at an early state in their problem drinking. Current Driving Under the Influence curriculum is geared to middle-aged, middle-class, white males and emphasis will be placed on developing specialized curriculum for other audiences.*

*Action Steps:*

*(a) Broaden the content of Awareness Seminars to include the special needs of women, juveniles and ethnic and language minorities. Ongoing.*

*(b) Provide technical assistance to counties or regions for the development of Driving Under the Influence educational programs to meet the needs of special populations. Ongoing*

*(c) Develop additional Awareness Seminars for new audiences - Legislators. Ongoing*

*Cost: Staff Time* *Type: New*
*$50,000 National Highway Traffic Safety Authority*

*Responsibility: Director, Bureau of Program Services*

5. *To monitor the development of the uniform, computer-assisted information system that will upgrade and integrate county Driving Under the Influence programs with law enforcement and treatment issues.*

*Explanation:*

*The Court Reporting Network (CRN) will be funded and managed by PennDOT with the Council providing program monitoring. The Court Reporting Network will be pilot tested for statewide implementation early next year. Council will also be part of an interagency review of the impact of confidentiality on the Drug and Alcohol system.*

*Action Steps:*

*(a) Review the Client Intake Form in cooperation with Bureau of Management Information Systems. Ongoing*

*(b) Assist in statewide implementation of the information system. Ongoing*

*(c) Review statistical data from the information system as it relates to the effectiveness of the Driving Under the Influence programs. Ongoing*

*(d) Ongoing monitoring of client confidentiality issues.*

*(e) Prepare and distribute program development information and current status reports. Ongoing*

*(f) Make available training in use of information system for program managers and clinical evaluators. Ongoing*

*Cost:* Governor's Council and Pennsylvania Department of Transportation staff time

*Type:* Continuation

*Responsibility:* Deputy Executive Director
General Counsel
Director, Bureau of Management snformation Systems
Director, Bureau of Program Services in conjunction with the Pennsylvania Department of Transportation

## F. MANPOWER AND TRAINING

### 1. Resource Assessment

In order to support quality drug and alcohol prevention, intervention and treatment services in Pennsylvania, the Governor's Council has established a comprehensive competency based statewide drug and alcohol training system. It is the Council's policy to use local resources for training whenever possible and existing training projects when available rather than creating new projects.

In 1975, a system of eight Regional Training Councils (RTCs) was developed with the support of Public Health Trust Funds. These RTCs were responsible for assessing the training needs of drug and alcohol counselors in their area and developing and implementing programs to meet those needs. By 1977 the RTCs were providing training to approximately 800 counselors each year. During FY 78/79 the system was redefined and restructured to simplify administration and improve coordination. The Governor's Council contracted with four Regional Training Councils the boundaries of which are in geographic alignment with those of the four GCDAA Regional Divisions (and of Statewide human service agencies). These RTCs have the responsibility to continue the training activities initiated in 1976 and to continue to respond to the diverse training needs of the drug and alcohol field.

The variety of training needs to be addressed by the new training system is greater than the original mandate of the RTCs to train counselors. The new training system offers training to meet the needs of the full range of professionals working within the drug and alcohol field, including project administrators, clinical supervisors, volunteers, prevention specialists, and SCA personnel as well as counselors.

Drug and alcohol training for persons in allied professions such as physicians, nurses, clergy and others is accomplished through the Eastern Pennsylvania Institute for Drug and Alcohol Studies coordinated each year by the GCDAA Division of Intervention Services. Additional training is also provided by NIDA's Northeast Regional Support Center. During the past year Governor's Council, SCA and Project staff received training in Family Therapy Communications skills and Confidentiality through the support center.

Minimum skills and knowledge requirements for counselors have been analyzed and 114 critical job functions identified. The list is currently being further refined to reflect the highest priority functions in terms of frequency of occurrence and essentially to the counselor job role. The Pennsylvania Alcoholism and Drug Counselors Certification Board will use the validated units of work generated from this list as a basis for assessing counselor competency. Counselors applying for certification will be required to submit structured portfolios to be reviewed by the Certification Board. The Certification process will be field tested during the first half of FY 79/80. A first draft of critical job functions for clinical supervisors has been produced and this list will be utilized to develop standards for clinical supervisors during FY 79/80.

*An outline of the necessary core skills and functions of prevention practitioners was formulated during the past year and alternative models of credentialing prevention practitioners have been developed. The Regional Training Councils will provide training for prevention practitioners and it is projected that the number of participants in prevention training courses will increase by 25% with the restructuring of the prevention training system.*

*In order to assure that RTC training is of consistent quality and compatible with credentialing requirements, registries of trainers and training packages endorsed by the Governor's Council have been developed. All training sponsored through the state training system must utilize registered trainers. At present there are more than 250 experienced trainers in Pennsylvania who are participating in the registration process. Information on registered trainers is available through the Division of Prevention and Training which maintains completed applications and supporting information on each trainer along with feedback from trainees and Governor's Council staff, course evaluations and RTC recommendations. This information is reviewed annually and trainers can be removed from the registry for specified reasons.*

*The Registry divides training skills into two areas, core counseling skills and allied skills. Core counseling skills are the basis for counselor certification in Pennsylvania. It is in these 12 skill areas that counselors will be required to demonstrate minimal competency levels in order to be certified. Therefore, these core skills represent Pennsylvania's primary training emphasis.*

*The Governor's Council assists the RTCs in developing new training packages to meet needs for advanced training and training for counselors who serve special populations. A Women in Treatment training package was developed during FY 77/78 and presented to 200 counselors during 78/79. The package was designed for treatment system personnel of both sexes to increase their sensitivity to women's needs and enhance their overall awareness of the issues regarding sexism as these issues relate to the professional conduct of treatment service delivery. A special training package dealing with substance abuse and the elderly will be developed and pilot tested during FY 79/80.*

*During FY 78/79 a training needs assessment questionnaire (See Addendum K ) was disseminated to approximately 2200 Drug and Alcohol service personnel including project and SCA Administrators. Seven hundred and fifty questionnaires were completed and highlights of the data extracted from these questionnaires are presented in Table 45 . Recommendations emerging from the analysis of this data will be used to guide the RTCs training activity for FY 79/80 and to assist the Governor's Council in long range planning for training resource development. The data in Table also provides some indication of the rate of staff turnover in the Drug and Alcohol field in Pennsylvania. More than thirty-eight percent of the respondents have less than one year of service in their present position. This rate is almost identical with the turnover rate among Single County Authority Administrators (Drug and Alcohol Specialists/Executive Directors) which was 40% between January and December 1978.*

TABLE 45
ASSESSMENT OF TRAINING NEEDS

| | Statewide | Regional Training Councils I | II | III | IV | Male | Female | White | Black | Hispanic |
|---|---|---|---|---|---|---|---|---|---|---|
| Total Number of Responses | 753 | 134 | 144 | 154 | 250 | 411 | 340 | 657 | 77 | 5 |
| Percent Distribution | 100% | 17.8% | 19.9% | 20.5% | 33.2% | 54.6% | 45.2% | 87.3% | 10.2% | .6% |
| Percent with less than one year of service in Drug and Alcohol Field * | 21.8% | 14.9% | 26.0% | 20.1% | 23.6% | 16.8% | 27.9% | 23.0% | 11.7% | 0% |
| Percent with less than one year of service in present position * | 38.4% | 31.3% | 45.3% | 39.6% | 37.6% | 33.1% | 45.0% | 40.2% | 24.7% | 40.0% |
| Percent indicating additional training would be "very useful". | | | | | | | | | | |
| Individual Counseling | 63.2% | 65.7% | 51.3% | 68.2% | 68.0% | | | | | |
| Group Counseling | 62.8% | 65.7% | 58.7% | 61.0% | 67.2% | | | | | |
| Drug and Alcohol Knowledge | 62.7% | 68.7% | 54.7% | 64.3% | 64.4% | | | | | |
| Communication Skills | 61.4% | 69.4% | 58.7% | 57.1% | 61.6% | | | | | |
| Client Assessment | 61.0% | 67.9% | 53.3% | 62.3% | 62.0% | | | | | |
| Percent indicating need for training in dealing with Special Populations. | | | | | | | | | | |
| Adolescents | 75.3% | 73.1% | 74.0% | 83.8% | 77.6% | | | | | |
| Women | 73.8% | 76.1% | 76.0% | 72.1% | 76.8% | | | | | |
| Criminal Justice | 68.9% | 64.2% | 74.0% | 81.2% | 68.0% | | | | | |
| Sexual Minorities | 58.7% | 64.2% | 50.0% | 65.6% | 62.0% | | | | | |
| Black | 55.5% | 65.7% | 47.3% | 57.8% | 56.0% | | | | | |
| Elderly | 55.1% | 51.5% | 66.0% | 53.2% | 56.4% | | | | | |
| Hispanic | 41.6% | 56.0% | 42.7% | 46.1% | 31.6% | | | | | |

* These percentages provide preliminary estimates of staff turnover rates. However, as only 32% of the questionnaires were returned, the rates should be interpreted with caution.

*A major objective of the Council for the next fiscal year is the development of the agency's manpower and training policy analysis capabilities through the formation of an agencywide manpower policy task force comprised of key Governor's Council staff from the Bureau of Administrative Services (Personnel), the Bureau of Community Assistance (Treatment, funding and monitoring), Bureau of Management Information Systems (Data collection and analysis) and coordinated by the Bureau of Program Services (Division of Training and Prevention). The efforts of the task force will be directed toward identifying specific manpower shortages, assessing minority manpower needs in the state and developing a better understanding of the problem of staff turnover within the drug and alcohol field.*

*2. Fiscal Year 1979/80 Goals, Objectives and Action Strategy*

*Goal: I.* ***To develop manpower and training system resources in order to*** *continue the process of refining and upgrading the system's training capabilities.*

*Objectives: (In order of Priority)*

*1. To assure that the Regional Training Council System will offer training opportunities for at least 1,000 persons.*

*Explanation:*

*The Regional Training Council system has been reorganized to more effectively represent the needs of the entire drug and alcohol field. The system will address the manpower, training and development needs of all aspects of the field including prevention, evaluation, management, new treatment populations, as well as basic counselor skills training.*

*Action Steps:*

*(a) Let an RFP for FY 79/80 RTC system by May 1979, and finalize new RTC contracts by July 1, 1979.*

*(b) Monitor RTC contracts and subcontracting procedures on a monthly basis.*

*(c) Continue implementation and commence updating of Trainer and Training Package Registries on a bi-monthly basis.*

*(d) Disseminate a calendar of statewide training events and courses quarterly - June 1979 - June 1980.*

*Cost: Staff time plus $300,000* *Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

2. *To assist RTC's in developing new training packages to meet needs for advanced training and training for counselors who serve special client populations.*

*Explanation:*

*The RTCs are responsible for choosing appropriate vendors of training services. They need to be aware of existing training packages and, where no adequate packages exist, arrange for the development of appropriate training materials and courses. The State will provide information on available state and federal resources. Development of new packages will be coordinated throughout Pennsylvania.*

*Action Steps:*

*(a) Orient RTC Chairpersons and Boards to Training Package Registry requirements by July, 1979.*

*(b) Provide technical assistance to RTC's and their subcontractors in the development of specifically identified package areas on a monthly basis.*

*(c) Review Training Package submissions for inclusion in the Registry on a bi-monthly basis.*

*(d) Assure development of new training packages in areas of need, such as women, youth, ethnic and sexual minorities, the elderly, prevention training, and evaluation/management by examination of other resources and/or RFP process.*

*Cost: Staff time and RTC funds Type: New*

*Responsibility: Director, Bureau of Program Services*

3. *To evaluate the effectiveness of the statewide training system.*

*Explanation:*

*While on-going process evaluations of RTC training events have indicated a high level of trainee satisfaction, no impact evaluation of training on job performance has occurred. In order to refine the training delivery system, the state will evaluate training package impact, trainee evaluations, and general effectiveness of the training delivery system itself.*

*Action Steps:*

*(a) Analyze and report on the ongoing trainee evaluations of the training delivery system on a quarterly basis.*

*(b) Conduct three day orientation sessions for clinical supervisors on the assessment of counselor competency in core skill areas (as defined by the portfolio assessment process). April 1980. ($20,000)*

(c) *Evaluate RTC system and make recommendations to the Governor's Council for refinements in the training delivery system by April 1980. ($25,000)*

(d) *Conduct a six month evaluation study of counselors trained in core skills packages through the RTC system by June 1980. ($25,000)*

*Cost: Staff time plus $70,000* *Type: New*

*Responsibility: Director, Bureau of Program Services*

4. *To develop manpower policy analysis capabilities to identify specific manpower shortages, assess minority manpower needs and develop a better understanding of the problem of staff turnover within the drug and alcohol field.*

*Explanation:*

*Pennsylvania is becoming increasingly sophisticated in the analysis of training needs and training delivery. However, overall manpower analysis and trends data need to be coordinated to facilitate long range strategy and planning. This effort is an NIAAA priority in FY 1979/80 through the State Manpower Development Program.*

*Action Steps:*

(a) *Form an agencywide manpower policy analysis task force by October 1979.*

(b) *Develop realistic goals and objectives for the task force by November 1979.*

(c) *Execute agreed upon objectives by September 1980.*

*Cost: Staff time plus NIAAA funding (proposed)* *Type: New*

*Responsibility: Director, Bureau of Program Services*

*Goal: II To provide uniform and meansingful standards for core counselor skills training based on a practitioner analysis of job functions.*

*Objectives: (In order of priority)*

1. *To finalize and field test a critical job functions portfolio assessment process for drug and alcohol counselors.*

*Explanation:*

*Basic counselor skill levels will be assessed using a structured portfolio process through a cooperative relationship with the Pennsylvania Alcoholism and Drug Counselors Certification Board. The assessment process will be directly linked to training packages and trainers provided through the RTC system.*

*Action Steps:*

(a) *Provide three days of training to members of the Pennsylvania Alcoholism and Drug Counselor's Certification Board enabling them to assess counselor's competence through reviewing structured portfolios by August 1979.*

(b) *Provide one day orientation sessions in each Region to familiarize counselors with the portfolio assessment process by February 1980.*

(c) *Review sample portfolios of counselors applying for certification to evaluate the effectiveness of the assessment criteria and process by January 1980.*

(d) *Report to the Governor's Council on the adequacy of the assessment process by March 1980.*

*Cost: Staff time plus $30,000* *Type: Continuation*

*Responsibility: Director, Bureau of Program Services*

2. *To develop core skill area training packages from units of work reflecting critical job functions.*

*Explanation:*

*Regional Training Councils are responsible for the delivery of core skills training packages. The Registry of Training Packages will analyze core skills packages in terms of the necessary units of work required by the certification process.*

*Action Steps:*

(a) *Using units of work developed during FY 78/79 form between three and six core skill training packages by July 1979.*

(b) *Organize the packages for inclusion in the Training Package Registry by August 1979.*

*Cost: Staff time* *Type: New*

*Responsibility: Director, Bureau of Program Services*

3. *To orient and monitor Core Skill Trainers in the delivery of and assessment methods for the core skill area training packages.*

*Explanation:*

*The State and the RTC's will orient trainers, identified in the Registry of Trainers to the core skill packages. The State will monitor the content and delivery of these packages, to ensure quality of delivery and appropriate interface with the certification process.*

*Action Steps:*

*(a) Recruit Core Skill Trainers from the Trainers Registry for the orientation sessions by August, 1979.*

*(b) Conduct two 2-day orientation sessions for Core Skill Trainers, one in the eastern part of the state and one in the western part of the state by September, 1979.*

*(c) Review the content and quality of core skill training through spot checking at least four course deliveries by February, 1980.*

*Cost: Staff time and STSP funds* *Type: New*

*Responsibility: Director, Bureau of Program Services*

*Goal: III To develop and make available new training approaches for prevention practitioners, and restructure state prevention training resources.*

*Objectives: (In order of priority)*

*1. To restructure the current LBT system to increase by 25% the number of course participants and improve quality of training as reported on GCDAA Form 626 by LBT's.*

*Explanation:*

*The prevention training efforts of the Locally Based Training System can be more effectively managed by restructuring it to parallel the overall educational service delivery system. During FY 1978/79 the GCDAA developed a plan for transfer of LBT system from private contractor to the Pennsylvania Department of Education structure.*

*Action Steps:*

*(a) Develop criteria and select four intermediate units to function as regional coordination sites for the LBT system. June, 1979*

*(b) Coordinate and monitor new system operation on an on-going basis. Ongoing*

*(c) Assess and evaluate progress of system with Pennsylvania Department of Education, Intermediate Unit and Governor's Council on Drug and Alcohol staff. Ongoing*

*Cost: Staff time plus $150,000* *Type: New*

*Responsibility: Director, Bureau of Program Services in conjunction with the Pennsylvania Department of Education*

2. *To develop prevention practitioner training resources in cooperation with the RTCs and the Commonwealth Prevention Alliance.*

*Explanation:*

*Coordination between the treatment training and prevention training delivery systems is a priority. Since unmet needs in treatment training for counselors are included in the planning process, so must new areas of unmet need for prevention training be addressed. Need for specific module development will be analyzed.*

*Action Steps:*

*(a) Pilot test existing federal prevention packages through RTCs by November, 1979.*

*(b) Identify needs for new prevention training resources by December, 1979.*

*(c) Develop new training packages on identified needs on an ongoing basis.*

*Cost: Staff time and contractors input Type: New*

*Responsibility: Director, Bureau of Program Services*

## *IV. SUMMARY OF FINANCIAL SUPPORT*

DRUG FORMULA GRANT
1979 Budget Narrative

| | | | |
|---|---|---|---|
| A. | Indirect Administrative Cost | | $ 50,000.00 |
| B. | Planning and Coordination | | 102,000.00 |
| C. | Plan Implementation | | |
| | 1. Statewide Information Center (ENCORE) | | 75,000.00 |
| | 2. School Services Prevention Training Center (APL) | | 93,000.00 |
| | 3. Technical Assistance and Monitoring of County Plans | | |
| | a. Region I | $ 72,000.00 | |
| | b. Region II | 69,000.00 | |
| | c. Region III | 61,000.00 | |
| | d. Region IV | | 202,000.00 |
| | 4. Polydrug Programs, Criminal Justice Alternative Treatment Center, Other Treatment Programs | | 1,277,753.00 |
| | 5. Research and Evaluation | | 38,000.00 |
| | 6. Licensure, Project Approval and Standards | | 146,000.00 |
| | TOTAL | | $1,933,753.00 |

*ALCOHOL FORMULA GRANT*
*1979 Budget Narrative*

| | | | |
|---|---|---|---|
| A. | *Administrative Cost* | | $ 50,000.00 |
| B. | *Plan Implementation* | | |
| | 1. *Planning* | | 102,000.00 |
| | 2. *Statewide Information Center (ENCORE)* | | 75,000.00 |
| | 3. *School Services Prevention Training Center (APL)* | | 66,315.00 |
| | 4. *Technical Assistance and Monitoring of County Plans* | | |
| | a. *Region I* | $ 72,000.00 | |
| | b. *Region II* | 69,000.00 | |
| | c. *Region III* | 61,000.00 | |
| | d. *Region IV* | 69,000.00 | 202,000.00 |
| | 5. *Emergency Services* | | 98,000.00 |
| | 6. *Public Inebriate Programs and Inpatient Non-Hospital Services* | | 2,367,555.00 |
| | 7. *Research and Evaluation* | | 38,000.00 |
| | 8. *Licensure, Project Approval and Standards* | | 146,000.00 |
| | | *TOTAL* | $3,094,870.00 |

FORM I

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Form Approv
O.M.B. No. 68-R16

# STATE APPROPRIATIONS AND FINANCIAL SUMMARY

*(Completion of this form is mandatory)*

ITEM 1.

ANNUAL PERFORMANCE REPORT
EXPENDITURE SUMMARY FOR YEAR COMPLETED 1979
(7/78 - 6/79)

| | |
|---|---|
| STATE REVENUE FUNDS | $ 10,212,000 |
| FEDERAL FUNDS: ALL SOURCES | $ 7,431,000 |

ITEM 2.

ANNUAL UPDATE OF STATE PLAN
EXPENDITURE SUMMARY FOR PROGRAM YEAR 1980
(7/79 - 6/80)

| | |
|---|---|
| STATE REVENUE FUNDS | $ 10,262,880 |
| FEDERAL FUNDS: ALL SOURCES | $ 7,797,667 |

ITEM 3.

STATE APPROPRIATION REPORT
FOR PROGRAM YEAR 1980

| NAME OF CONTRIBUTING AGENCY *(Enter name of each Dept. in blank space)* | SINGLE STATE AUTHORITY | Dept. Public Welfare | Board of Probation and Parole | | | |
|---|---|---|---|---|---|---|
| TOTAL FUNDS ALLOCATED FOR DRUG ABUSE | 10,262,880 | 3,874,080 | 276,094 | | | |

TOTAL STATE DRUG ABUSE APPROPRIATION: $ 14,413,054

STATE Pennsylvania

ADM 540-1
1-78

1. *Single State Authority* - *Agency budget for drug and alcohol program for FY 79/80 is $21,381,000. Most recent data shows 48% will be spent on drug services.*

2. *Department of Public Welfare* - *State Medicaid payments for drug and alcohol programs is $8,071,000. Of this amount, 48% is apportioned for drug services as per #1 above.*

3. *Board of Probation and Parole* - *P&P budget for substance abuse services is $276,094. All clients served have a primary drug abuse problem.*

## CATEGORICAL ALLOCATION OF FUNDS*
## FY 1979/1980

| CATEGORY | STATE | FEDERAL | TOTAL | PERCENT |
|---|---|---|---|---|
| ADMINISTRATION | 1,938,395 | 100,000 | 2,038,395 | 6.3 |
| PLANNING AND COORDINATION | 704,500 | 1,058,000 | 1,762,500 | 5.5 |
| INFORMATION SYSTEMS | 551,000 | | 551,000 | 1.7 |
| RESEARCH AND EVALUATION | 74,940 | 76,000 | 150,940 | .5 |
| PREVENTION, INTERVENTION, EDUCATION | 2,786,815 | 379,315 | 3,166,130 | 9.8 |
| TRAINING | 243,675 | 276,685 | 520,360 | 1.6 |
| TREATMENT AND REHABILITATION | 15,081,675 | 8,912,000 | 23,993,675 | 74.6 |
| TOTAL | 21,381,000 | 10,802,000 | 32,183,000 | 100.0 |

* Includes federal and state funds administered by SSA. Does not include an estimated additional $53,000,000 in Medical Assistance, client fees, federal funds, county funds and other funds received at the local level but not allocated by the SSA.

# *V. APPENDICES*

## *APPENDICES*

*APPENDIX A*

*ASSURANCES*

*Assurances*

*The Governor's Council on Drug and Alcohol Abuse assures that:*

1. *All services provided under the State plan will be made available without discrimination on account of sex, creed, duration of residence, or ability or inability to pay for such services. In addition, Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d; 78 Stat. 252), which provides that no person shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any activity receiving Federal financial assistance, is applicable to services and programs provided under the State plan.*

2. *Drug and alcohol abusers and alcoholics who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their drug abuse or drug dependence, alcohol abuse or alcoholism, by any private or public general hospital, or outpatient facility which receives support in any form from any programs supported in whole or in part by funds appropriate to any Federal department or agency.*

3. *All services provided under the State plan, are publicized as to be generally known to the population to be served, and are available and responsive to the needs of those to be served, and are so located as to be readily accessible to the population to be served.*

4. *The State agency has developed and will maintain, to the extent feasible, a current and complete inventory of all public and private resources available in the State for the purpose of drug and alcohol abuse prevention, intervention and treatment and including but not limited to programs funded under State and local laws, occupational programs, voluntary organizations, education programs, military and Veteran's Administration resources, and available public and private third party payment plans. This inventory will be available at Single County Authority executive offices and at central and regional offices of the Governor's Council.*

5. *The State agency will coordinate its planning with local planning agencies and with other State and local health planning agencies. Proposed use of formula grant funds in a Health Service Area will be reviewed by the appropriate Health Systems Agency in accordance with regulations and guidelines for implementation of the National Health Planning and Resources Development Act, P.L. 93-641.*

6. *Federal funds will not supplant State, local and other non-Federal funds otherwise available for providing the services and carrying out the activities under the plan, and such funds will, to the extent practical, be used to increase the level of funds otherwise available for such services and activities.*

7. *For the administration of the State plan the State agency will establish and maintain a system based on merit standards for the selection of employees of the State agency.*

8. *Equal opportunity is assured in the State merit system and affirmative action provided in its administration.*

9. *Prevention, treatment and rehabilitation projects or programs supported by formula grant funds have provided to the State agency proposed performance standards to measure, or research protocol to determine, the effectiveness of such programs.*

10. *State certification, accreditation or licensure requirements, applicable to alcohol abuse and alcoholism treatment facilities and personnel will take into account the special nature of such programs and personnel, including the need to encourage the development of non-medical modes of treatment and the need to acknowledge previous experience when assessing the adequacy of treatment personnel.*

11. *The State agency has included in its survey an identification of the need for prevention and treatment of alcohol abuse and alcoholism by women and by individuals under the age of eighteen. Prevention and treatment programs within the State will be designed to meet such need.*

*APPENDIX B*

*GOVERNOR'S COUNCIL ON DRUG AND ALCOHOL ABUSE*
*REGIONAL DIVISIONS AND SINGLE*
*COUNTY AUTHORITY OFFICES*

## *DIVISION I (Southeastern Region)*

*Governor's Council on Drug and Alcohol Abuse*
*Division I Office*
*915 Corinthian Avenue*
*Philadelphia, PA 19130*
*(215) 232-5550*

*BUCKS COUNTY*

*William Torrance, Executive Director*
*Bucks County Executive Commission*
*Neshaminy Manor Center*
*Doylestown, PA 18901*
*(215) 343-2800*

*CHESTER COUNTY*

*James D. Bruce, Drug and Alcohol Specialist*
*Chester County MH/MR Program*
*24 South New Street*
*West Chester, PA 19380*
*(215) 431-6265*

*DELAWARE COUNTY*

*Osborn Shamberger, Drug and Alcohol Specialist*
*Delaware County Drug and Alcohol Council*
*280 North Providence Road*
*Media, PA 19063*
*(215) 565-4300*

*MONTGOMERY COUNTY*

*Klara Williams, Drug and Alcohol Specialist*
*Montgomery County Drug and Alcohol Council*
*Montgomery County Courthouse*
*Swede and Airy Streets*
*Norristown, PA 19404*
*(215) 275-5000*

*PHILADELPHIA COUNTY*

*Nicholas Piccone, Executive Director*
*Coordinating Office for Drug and Alcohol Abuse Programs*
*1405 Locust Street*
*Philadelphia, PA 19102*
*(215) 686-7153*

## *DIVISION II (Northeastern Region)*

*Governor's Council on Drug and Alcohol Abuse*
*Division II Office*
*43 South Main Street*
*Pittston, PA 18640*
*(717) 655-6801*

*BERKS COUNTY*

*George Vogel, Executive Director*
*Berks County Council on Chemical Abuse*
*631 Washington Street*
*Reading, PA 19601*
*(215) 376-8669*

*BRADFORD/SULLIVAN/TIOGA COUNTIES*

*James Hoag, Executive Director*
*Bradford/Sullivan/Tioga Counties Drug and Alcohol Executive Commission*
*419 South Main Street*
*Athens, PA 18810*
*(717) 888-6657*

*CARBON/MONROE/PIKE COUNTIES*

*Mike Cleveland, Drug and Alcohol Specialist*
*Carbon/Monroe/Pike Counties Drug and Alcohol Council*
*1410 Spruce Street*
*Stroudsburg, PA 18360*
*(717) 421-3669*

*NORTHAMPTON COUNTY*

*John Stoffa, Executive Director*
*Northampton County Drug and Alcohol Commission*
*Westgate Medical Center, Suite 12B*
*2710 Schoenersville Road*
*Bethlehem, PA 18017*
*(215) 865-4448*

*SCHUYLKILL COUNTY*

*Marylou Yankoski, Executive Director*
*Schuylkill County Drug and Alcohol Executive Commission*
*739 East Norwegian Street*
*Pottsville, PA 17901*
*(717) 628-5468*

*LACKAWANNA COUNTY*

*Andrew Wallace, Executive Director*
*Lackawanna County Commission on Drug and Alcohol Abuse*
*Lackawanna County Office Building*
*200 Adams Avenue*
*Scranton, PA 18503*
*(717) 343-3573*

*LEHIGH COUNTY*

*Annabelle Dittbrenner, Executive Director*
*Lehigh County Drug and Alcohol Commission*
*Lehigh County Courthouse*
*435 Hamilton Street, Room 607*
*Allentown, PA 18101*
*(215) 820-3092*

*LUZERNE/WYOMING COUNTIES*

*Rose Tucker, Drug and Alcohol Specialist*
*Luzerne/Wyoming Counties Drug and Alcohol Council*
*85 East Union Street*
*Wilkes-Barre, PA 18701*
*(717) 822-7121*

*SUSQUEHANNA/WAYNE COUNTIES*

*Jane Studer, Executive Director*
*Susquehanna/Wayne Counties Drug and Alcohol Commission*
*28½ Maple Street*
*Montrose, PA 18801*
*(717) 278-3338*

## DIVISION III (Central Region)

Governor's Council on Drug and Alcohol Abuse
Division III Office
2101 North Front Street, Building #2
Harrisburg, PA 17120
(717) 783-8307

### BLAIR COUNTY

JoEllen Steinbrunner, Drug and Alcohol Specialist
Blair County Drug and Alcohol Planning Council
PO Box 537
Hollidaysburg, PA 16648
(814) 695-7514

### CAMBRIA COUNTY

Justin Roberts, Drug and Alcohol Specialist
Cambria County Drug and Alcohol Planning Council
Second Floor Masonic Building
Center and High Streets
Ebensburg, PA 15931
(814) 472-6422

### CENTRE COUNTY

Michael Barrett, Drug and Alcohol Specialist
Centre County Drug and Alcohol Council
Temple Court Building
116 South Allegheny Street
Bellefonte, PA 16823
(814) 355-4759

### COLUMBIA/MONTOUR/SNYDER/UNION COUNTIES

Drug and Alcohol Specialist
Columbia/Montour/Snyder/Union Counties Drug and Alcohol Council
Box 219
Danville, PA 17821
(717) 275-5422

### CUMBERLAND/PERRY COUNTIES

Alan Ferm, Drug and Alcohol Specialist
Cumberland/Perry Counties MH/MR Program
19 South Hanover Street
Carlisle, PA 17013
(717) 249-1119

### DAUPHIN COUNTY

James Leake, Executive Director
Dauphin County Drug and Alcohol Executive Commission
128 State Street
Harrisburg, PA 17101
(717) 238-8166

### FRANKLIN/FULTON COUNTIES

William McClaine, Drug and Alcohol Specialist
Franklin/Fulton Counties Drug and Alcohol Council
67 North Main Street
Chambersburg, PA 17201
(717) 264-5387

### HUNTINGDON/MIFFLIN/JUNIATA COUNTIES

Patricia Fleck, Executive Director
Juniata Valley Tri-County Drug and Alcohol Commission
22 North Brown Street
PO Box 207
Lewistown, PA 17044
(717) 242-1446

### LANCASTER COUNTY

J. S. Patterson, Drug and Alcohol Abuse Program Director
Office of Mental Health/Mental Retardation
Lancaster County
50 North Duke Street
Lancaster, PA 17602
(717) 299-8023

### LEBANON COUNTY

Jack E. Vogelsong, Drug and Alcohol Specialist
Lebanon County MH/MR Program
PO Box 418
590 South Fifth Avenue
Lebanon, PA 17042
(717) 274-3415

## *DIVISION III (Central Region)*
*(continued)*

*LYCOMING/CLINTON COUNTIES*

*Michael Felix, Executive Director*
*West Branch Drug and Alcohol Abuse Commission*
*Williamsport Building*
*Room 222*
*460 Market Street*
*Williamsport, PA 17701*
*(717) 323-8543*

*NORTHUMBERLAND COUNTY*

*John Snook, Drug and Alcohol Specialist*
*Northumberland County MH/MR Program*
*230-A Market Street*
*Sunbury, PA 17801*
*(717) 286-0527*

*SOMERSET/BEDFORD COUNTIES*

*R. Wayne Shipley, Associate Drug and Alcohol Specialist*
*Somerset/Bedford Drug and Alcohol Council*
*780 North Center Avenue*
*Somerset, PA 15501*
*(815) 443-3639*

*YORK/ADAMS COUNTIES*

*Paul Gunning, Drug and Alcohol Specialist*
*York/Adams Drug and Alcohol Planning and Implementation Council*
*25 North Duke Street*
*York, PA 17401*
*(717) 846-9144*

## *DIVISION IV (Western Region)*

*Governor's Council on Drug and Alcohol Abuse*
*Division IV Office*
*Third Floor, 3406 Fifth Avenue*
*Pittsburgh, PA 15213*
*(412) 565-5765*

*ALLEGHENY COUNTY*

*Charles Peters, Drug and Alcohol Specialist*
*Allegheny County MH/MR Program*
*901 Allegheny Building*
*429 Forbes Avenue*
*Pittsburgh, PA 15219*
*(412) 355-4272*

*ARMSTRONG/INDIANA COUNTIES*

*Alvin Ames, Executive Director*
*Armstrong/Indiana County Drug and Alcohol Commission*
*20 South Sixth Street*
*Office 1*
*Indiana, PA 15701*
*(412) 349-3351*

*BEAVER COUNTY*

*Frank Dileo, Executive Director*
*Beaver County Drug/Alcohol Commission*
*Beaver County Courthouse*
*697 State Street*
*Beaver, PA 15009*
*(412) 728-5700 ext. 410*

*BUTLER COUNTY*

*Terrence Kopp, Executive Director*
*Commissioner's Council on Drugs and Alcohol*
*Fifth Floor, Lafayette Building*
*Main Street*
*Butler, PA 16001*
*(412) 285-4541*

*CAMERON/ELK/MCKEAN/POTTER COUNTIES*

*Daniel Mikanowicz, Drug and Alcohol Specialist*
*Cameron/Elk/McKean/Potter Counties MH/MR Program*
*52 Boylston Street*
*Bradford, PA 16701*
*(814) 362-4601*

*CLARION/FOREST/VENANGO/WARREN COUNTIES*

*Michael Anderton, Acting Drug and Alcohol Specialist*
*Clarion/Forest/Venango/Warren Counties MH/MR Program*
*Room 11, Seneca Building*
*107 Center Street*
*Oil City, PA 16301*
*(814) 676-5607*

*CLEARFIELD/JEFFERSON COUNTIES*

*Mary Lash, Executive Director*
*Clearfield/Jefferson Counties Drug and Alcohol Commission*
*220 South Brady Street*
*DuBois, PA 15801*
*(814) 371-9002*

*CRAWFORD COUNTY*

*William Auell, Executive Director*
*Crawford County Drug and Alcohol Executive Commission*
*204 Spring Street*
*Meadville, PA 16335*
*(814) 724-4100*

## *DIVISION IV (Western Region)*
*(continued)*

*ERIE COUNTY*

*John D. Petulla, Executive Director*
*Erie County Commission on Drug and Alcohol Abuse*
*459 West Sixth Street*
*Erie, PA 16501*
*(814) 459-3059*

*FAYETTE COUNTY*

*Paul Sandusky, Executive Director*
*Fayette County Drug and Alcohol Commission*
*250 South Mt. Vernon Avenue*
*Uniontown, PA 15401*
*(412) 438-3576*

*LAWRENCE COUNTY*

*Dale Paglia, Drug and Alcohol Specialist*
*Lawrence County Council on Chemical Abuse*
*425 South Mill Street*
*New Castle, PA 16101*
*(412) 658-2696*

*MERCER COUNTY*

*Ralph Pidcock, Executive Director*
*Mercer County Drug and Alcohol Commission*
*One East State Street*
*Room 304*
*Sharon, PA 16146*
*(412) 981-6550*

*WASHINGTON/GREENE COUNTIES*

*William Carl, Executive Director*
*Washington/Greene Drug and Alcohol Planning Commission*
*70 East Beau Street*
*Room 110 East Beau Building*
*Washington, PA 15301*
*(412) 228-0388*

*WESTMORELAND COUNTY*

*Tom Nega, Executive Director*
*Mon Valley Health and Welfare Council*
*Eastgate Eight*
*Monessen, PA 15062*
*(412) 684-9000*

*APPENDIX C*

*AGREEMENT BETWEEN STATE*
*HEALTH PLANNING AND DEVELOPMENT*
*AGENCY AND GCDAA*

# GOVERNOR'S COUNCIL ON DRUG AND ALCOHOL ABUSE
# STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

## STATEMENT OF AGREEMENT

**Preamble**

1. WHEREAS, P.L. 93-641 §1521 provides for the designation of a State Health Planning and Development Agency, hereafter referred to as "Agency;" and

2. WHEREAS, P.L. 93-641 §1523 authorizes the Agency to conduct the health, manpower, and medical facilities planning of the State and to ascertain the need for new and the appropriateness of existing health services in the state; and

3. WHEREAS, P.L. 93-641 §1522(b)(7)(a) provides for the coordination by the agency with the cooperative system for health data collection for the collection, retrieval, analysis, reporting and publication of statistical and other information related to health and health care; and

4. WHEREAS, P.L. 93-641 §1513 requires that the Agency shall review and comment on all applications for federal funds which are rejected by a local health systems agency when the applicant requests a review of the agency decision by the Secretary of HEW; and

5. WHEREAS, P.L. 94-641 §1523 provides that the State Agency shall administer the State Certificate of Need Program; and

6. WHEREAS, 71 P.S. §1690.103 provides that the Governor's Council on Drug and Alcohol Abuse, hereafter referred to as Governor's Council, shall develop, adopt, and coordinate the implementation of a comprehensive health, education, and rehabilitation program for the prevention and treatment of drug and alcohol abuse and dependence; and

7. WHEREAS, 71 P.S. §1690.104 provides for coordination of the efforts of all State agencies in the control prevention, treatment, rehabilitation, research, education, and training aspects of drug and alcohol abuse and dependence problems.

**Article I Memorandum of Agreement**

A. Parties to the Agreement

We, the undersigned duly authorized representatives of the State Health Planning and Development Agency and the Governor's Council on Drug and Alcohol Abuse do hereby enter the following agreement in order to promote coordinated planning for the health needs of the people of the Commonwealth of Pennsylvania, the exchange of data and technical assistance between the two parties to the agreement, and effective interaction between the two parties to the agreement.

B. **Terms of Agreement**

1. In furtherance of this agreement, the Agency agrees that it will consult with the Governor's Council in the establishment of the State Health Systems Plan and the Medical Facilities Plan.

2. The Agency agrees to utilize the expertise of the Governor's Council in its review of the appropriateness of drug and alcohol abuse services and to make mention of Governor's Council disagreement with its findings in its report to SHCC and the public on the appropriateness of drug and alcohol abuse services.

3. The Agency agrees to notify the Governor's Council of any proposed studies which might be duplicative of efforts expended or underway by such Council.

4. The Agency agrees to negotiate with the Governor's Council to establish a common, desirable data base to insure that information gathered or generated by one will be in form compatable with that of the other.

5. The Agency agrees to solicit from the Governor's Council review and comment on applications for federal funding when the funds would be used for services related to drug and alcohol abuse. The Agency agrees to include the Governor's Council review and comment in the report the Agency forwards to the Secretary of DHEW and recommend inclusion of such comments which may be made by the Pennsylvania Statewide Health Coordinating Council to which the Agency provides staff support.

6. The Agency agrees to notify the Governor's Council when applications for Certificate of Need that relate to drug and alcohol abuse services are received in the Agency Office. The Agency further agrees to consider the recommendations of the Governor's Council, if any, when approving or disapproving the application.

7. The Agency agrees to apprise the Governor's Council of research findings that relate to drug and alcohol abuse.

Council Agreements:

8. In furtherance of this agreement, the Governor's Council agrees that it will consult with the Agency in the establishment of the Pennsylvania plan for drug and alcohol abuse services.

9. The Governor's Council agrees to notify the Agency of any proposed studies which might be duplicative of efforts expended or underway by the Agency.

10. The Governor's Council agrees to negotiate with the Agency the establishment of a common, desirable data base to insure that information gathered or generated by one will be in a form compatable with that of the other.

11. The Governor's Council agrees to apprise the Agency of research findings that relate to the health system.

12. The Governor's Council agrees to review and comment on drug and alcohol related applications for funding and Certificate of Need when so requested by the Agency.

13. The Governor's Council agrees to aid the Agency in its review of the appropriateness of institutional services related to drug and alcohol abuse.

14. The staff of the Governor's Council and the Agency agree to inform on an annual basis the Governor's Council on Drug and Alcohol Abuse and Statewide Health Coordinating Council respectively of coordinative activities under this agreement. The report shall include, but not be limited to, an evaluation of the effectiveness of the linking mechanism, a listing of the joint activities and their statis - i.e. continuing, completed and suggestions for improving and/or expanding the coordinative effort.

C. Liaison

1. One representative from the Staff of the Governor's Council and one representative from the staff of the Agency shall consult regularly with each other over matters outlined in this agreement and investigate other areas of cooperative action.

Staff representatives shall report to their respective agencies any coordinative activities that have transpired between the two agreeing parties.

If deemed necessary by the staff representatives and their Councils, a liaison committee, consisting of such members of such organizations as are appropriate to the topic under consideration shall be appointed and convened to study matters of mutual concern to the two organizations and to make suggestions to the advisory groups or agencies in regard to those matters.

Nominees for membership on the Statewide Health Coordinating Council shall be solicited from the Governor's Council on Drug and Alcohol Abuse.

**Article III**

Nothing in this agreement shall preclude the establishment of other contracts or agreements between the two parties or between either of the parties and other agencies or organizations.

**Amendment**

Amendment to this agreement may be proposed by either part and must be ratified by each with a majority of the organization's governing body voting in favor of the amendment. Ratification must take place within sixty days of receipt of the proposed amendment.

**Termination and Amendments**

This agreement may be terminated or amended by either party upon sixty (60) days written notice stating reasons for the termination and/or amendment notice shall be sent to the Statewide Health Coordinating Council, Drug and Alcohol Abuse Council, the Governor, and to the Secretary, Department of Health, Education and Welfare (DHEW, Washington, D.C.).

*APPENDIX D*

*DRUG AND ALCOHOL ADVISORY TASK FORCES*

*ByLaws, Membership Lists, Schedule of Meetings and Accomplishments for FY 78/79*

*STANDARD OPERATING PROCEDURES*
*FOR*
*ALCOHOL ADVISORY TASK FORCE*

*Statement of Purpose:*

*In accordance with Section 4573.(a)3 of the PL 91-616, Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act, the Alcohol Advisory Task Force has been established to serve in a consultive capacity to the Governor's Council to carry out the annual Federal Alcohol Plan by:*

1. *providing and insuring statewide representation on the Task Force of informed and interested individuals in the field of Alcohol Abuse Treatment and Prevention;*

2. *providing advice and input on issues and policy matters deemed appropriate by the Governor's Council; and*

3. *selecting and developing various issues deemed important to the Task Force for submission to the Governor's Council.*

*Since the Task Force is an advisory body to and for the Governor's Council on Drug and Alcohol Abuse, all official policy recommendations suggested by the Task Force shall be directed to the Governor's Council for its consideration and approval prior to any further action.*

*Number, Time and Location of Meetings*

*The Task Force will meet 1 (one) day per month or 12 days per year depending upon availability of funds. Each meeting will be from 10:00 AM until 4:00 PM in Harrisburg, Pennsylvania, unless otherwise agreed upon by the Task Force and the Governor's Council.*

*Membership*

*Task Force membership will be no more than 20 active members and will depend upon the availability of funds.*

*Selection of Membership*

*Selection of membership will occur on an annual basis at the September meeting of the Task Force with recommendations forwarded to the Governor's Council for appointment. Orientation of new members will occur at the October Task Force meeting.*

*During the course of the year, if membership, through attrition, falls below an acceptable operating level, new members may be recommended to the Council on an "as need" basis.*

*Term of Appointment*

*All new members of the Task Force will be appointed for a term of 1 (one) year. After completing the first year, individuals may thereafter be recommended for appointment by the Task Force for terms of up to 3 (three) years.*

*Replacement of Membership*

*Any member of the Task Force who misses three or more meetings per year will be asked to resign. Any exceptions to this rule will be handled by the Executive Committee of the Task Force.*

*Selection and Term of Officers*

*The Task Force shall elect a Chairperson, a Vice Chairperson, and a Secretary at its September meeting. The term of these officers shall be for 2 (two) years with immediate reelection as the need arises.*

*Executive Committee*

*The Chairperson, the Vice Chairperson, the Secretary, and the Chairperson of the preceding term shall make up the Executive Committee. The officers and the Executive Committee shall have such duties and responsibilities deemed appropriate by the membership.*

*ALCOHOL ADVISORY TASK FORCE*

*REGION I*

*Marian Colcher*
*Project Director*
*Valley Forge Medical Foundation*
*1033 West Germantown Pike*
*Norristown, PA 19401*
*(215) 539-8500*

*John Kessler*
*902 Painters Crossing*
*Chadds Ford, PA 19317*
*(215) 696-5067*

*Berardo Rosario*
*Casa Nueva Vida, Inc.*
*10 North Church Street*
*West Chester, PA 19380*
*(215) 696-1315*

*Irving W. Shandler*
*President*
*Diagnostic and Rehabilitation Center*
*229 Arch Street*
*Philadelphia, PA 19106*
*(215) 625-8002*

*Clara Synigal*
*6100 Henry Avenue*
*Philadelphia, PA 19128*
*(215) 483-3125*

*REGION II*

*Melanie Jacoby*
*1212 Howard Avenue*
*Pottsville, PA 17901*
*(717) 622-8479*

*Dr. Robert Stein*
*Health Center*
*Lafayette College*
*Easton, PA 18042*
*(215) 258-0262*

*REGION II (continued)*

*William Davison*
*Government Center*
*Room 202*
*7th and Walnut Streets*
*Easton, PA 18042*
*(215) 253-4111 extension 231*

*Edward Carvalho*
*Director*
*Addictions Treatment Center*
*St. Joseph's Hospital*
*PO Box 316*
*Reading, PA 19603*
*(215) 376-4901 extension 550*

*REGION III*

*Luceille Fleming*
*Alcoholism and Addiction Association of Pennsylvania*
*Suite 128*
*4751 Lindle Avenue*
*Harrisburg, PA 17111*
*(717) 939-9821*

*Richard Esterly*
*Executive Director*
*Alcoholism Services, Inc.*
*2835 North Second Street*
*Harrisburg, PA 17102*
*(717) 233-5729*

*Muriel Rice*
*60 West Broadway*
*Gettysburg, PA 17325*
*(717) 334-8154*

*Joseph G. Skelly, Esq.*
*511 North Second Street*
*PO Box 1108*
*Harrisburg, PA 17108*
*(717) 232-8731*

*REGION III (continued)*

*Judith W. Hochman*
*610 Cobb Avenue*
*Scranton, PA 18505*
*(717) 961-1129*

*REGION III/SHCC*

*Judith R. Vicary*
*564 Brittany Drive*
*State College, PA 16801*
*(814) 234-1414*

*REGION IV*

*Leo M. Herrmann*
*Director*
*Comprehensive Substance Abuse Program*
*St. Vincent Health Center*
*232 West 25 Street*
*Erie, PA 16512*
*(814) 459-4000 extension 467*

*Kenneth Ramsey*
*Executive Director*
*Gateway Rehabilitation Center*
*Aliquippa, PA 15001*
*(412) 766-8700*

*Dale E. Boyer*
*RD #1*
*Box 159*
*Rural Valley, PA 16249*
*(412) 783-6188*

*Cynthia Avery*
*5721 Pebble Creek*
*Apartment 2203*
*Bethel Park, PA 15102*
*(412) 381-3232*

*ALCOHOL ADVISORY TASK FORCE*
*1978-79 Meetings*

| *Date* | *Time* | *Place* |
|---|---|---|
| *July 13, 1978* | *10 AM - 4 PM* | *Host Inn*<br>*Harrisburg, Pennsylvania* |
| *September 14, 1978* | *10 AM - 4 PM* | *Host Inn*<br>*Harrisburg, Pennsylvania* |
| *October 16, 1978* | *10 AM - 4 PM* | *Hershey Motor Lodge*<br>*Hershey, Pennsylvania* |
| *November 9, 1978* | *10 AM - 4 PM* | *Jolly Fisherman Restaurant*<br>*Harrisburg, Pennsylvania* |
| *December 21, 1978* | *10 AM - 4 PM* | *Host Inn*<br>*Harrisburg, Pennsylvania* |
| *January 11, 1979* | *10 AM - 4 PM* | *Host Inn*<br>*Harrisburg, Pennsylvania* |
| *February 15, 1979* | *10 AM - 4 PM* | *Host Inn*<br>*Harrisburg, Pennsylvania* |
| *March 8, 1979* | *10 AM - 4 PM* | *Host Inn*<br>*Harrisburg, Pennsylvania* |
| *April 19, 1979* | *10 AM - 4 PM* | *Howard Johnson Motor Lodge*<br>*Harrisburg, Pennsylvania* |
| *May 10, 1979* | *10 AM - 4 PM* | *Howard Johnson Motor Lodge*<br>*Harrisburg, Pennsylvania* |
| *June 14, 1979* | *10 AM - 4 PM* | *Host Inn*<br>*Harrisburg, Pennsylvania* |

*During FY 1979/80 meetings of the Alcohol Advisory Task Force will be held on the second Thursday of each month from 10 AM to 4 PM at the Host Inn, Harrisburg, Pennsylvania.*

ALCOHOLISM ADVISORY TASK FORCE
to the
GOVERNOR'S COUNCIL ON DRUG AND ALCOHOL ABUSE

June 20, 1979

Mr. George Taylor
Governor's Council on
Drug and Alcohol Abuse
2101 North Front Street
Harrisburg, Pennsylvania 17120

Dear George:

Again, it is my pleasure to report to you on the activities this past year of the Alcoholism Advisory Task Force to the Governor's Council on Drug and Alcohol Abuse. In many ways our "report" is less spectacular than in the past, but we believe that it is more meaningful in our efforts to meet the mandate directed to us by the Council.

Our principal effort this year was to start early on our focus of assisting in the preparation of the State Alcohol and Drug Plan submitted to the National Institute on Alcoholism and Alcohol Abuse and the National Institute on Drug Abuse. Accordingly, we met a number of times with the Drug Advisory Task Force and your office to develop a mechanism that would be both most productive and most helpful. We then augmented a series of joint AATF - DATF committees to review last year's plan, comment on progress made and then submit a new set of goals and objectives. The committees operated in five basic areas:

1) Administration
2) Treatment and Rehabilitation (including interface with the criminal justice system)
3) Prevention
4) Quality Assurance
5) Manpower and Training

In all the years the AATF has worked on the State Plan this was by far the most rewarding for us and hopefully the most productive for you.

In addition, there were a number of ancilliary activities that should be noted.

1) The AATF, through its representatives continues to be a major force in the development and operation of the Pennsylvania Alliance of Drug and Alcohol Organizations (PADAO).

2) The AATF played a major role in the setting up of the First Annual Drug and Alcohol Conference in Hershey, Pennsylvania.
3) The Task Force directed me on several occasions to write to the Council's Executive Director raising questions and/or making comments about actions of the Council. While we periodically criticized a particular posture of the Council we were, I like to think, equally gracious with our praise and support.
4) Representatives of the AATF periodically offered testimony before the Council.
5) Representatives of the AATF periodically offered testimony before various State Senate and House Committees.
6) When invited by the Council we also reviewed and forwarded comments on selected peices of legislation, regulations, etc.

Generally it was a good year. The AATF takes seriously its position and responsibility to represent the alcoholism field in its broadest sense. While periodically we may disagree/or challenge the Council on a particular issue it is always with the best interest of the field as our point of reference. We appreciate the Council's support in giving us full license to play out our role. From our joint experiences we have all learned and moved together to improve the quality of care to those suffering from alcoholism in Pennsylvania.

With personal thanks for your special interest and cooperation.

Sincerely,

IRVING W. SHANDLER
Chairman

IWS:kas

cc: AATF Members

*STANDARD OPERATING PROCEDURES*
*FOR*
*DRUG ADVISORY TASK FORCE*

*Statement of Purpose*

*In accordance with Section 1176.(e)3, the PL 92-255, Drug Abuse Office and Treatment Act of 1972, the Drug Advisory Task Force has been established to serve in a consultive capacity to the Governor's Council to carry out the Federal Drug Plan by:*

1. *providing and insuring statewide representation on the Task Force of informed and interested individuals in the field of Drug Abuse Treatment and Prevention;*

2. *providing advice and input on issues and policy matters deemed appropriate by the Governor's Council; and,*

3. *selecting and developing various issues deemed important to the Task Force for submission to the Governor's Council.*

*Since the Task Force is an advisory body to and for the Governor's Council on Drug and Alcohol Abuse, all official policy recommendations suggested by the Task Force shall be directed to the Governor's Council for its consideration and approval prior to any further action.*

*Number, Time and Location of Meetings*

*The Task Force will meet 1 (one) day per month or 12 days per year depending upon availability of funds. Each meeting will be from 10 AM until 4 PM in Harrisburg, Pennsylvania unless otherwise agreed upon by the Task Force and the Governor's Council.*

*Membership*

*The Council shall be responsible for funding 20 active members depending upon the availability of funds and that any additional, necessary, or desired designees may be added, however, the Council will not be responsible for any additional designees beyond 20.*

*Selection of Membership*

*Selection of membership will occur on an annual basis at the September meeting of the Task Force with recommendations forwarded to the Governor's Council for appointment. Orientation of new members will occur at the October Task Force meeting.*

*During the course of the year, if membership, through attrition, falls below an acceptable operating level of 20, new members may be recommended to the Council on an "as need" basis.*

*Term of Appointment*

*All new members of the Task Force will be appointed for a term of 1 (one) year. After completing the first year, individuals may thereafter be recommended for appointment by the Task Force for terms of up to 3 (three) years.*

*Replacement of Membership*

*Any member of the Task Force who misses three or more meetings per year will be asked to resign. Any exceptions to this rule will be handled by the Executive Committee of the Task Force.*

*Selection and Term of Officers*

*The Task Force shall elect a Chairperson, a Vice Chairperson and a Secretary at its September meeting. The term of these officers shall be for 1 (one) year with immediate re-election as the need arises.*

*Executive Committee*

*The Chairperson, the Vice Chairperson, the Secretary and the Chairperson of the preceding term shall make up the Executive Committee. The officers and the Executive Committee shall have such duties and responsibilities deemed appropriate by the membership.*

# DRUG ADVISORY TASK FORCE

## REGION I

Benjamin Cuebas
251 West DeKalb Pike
Apartment C-608
King of Prussia, PA 19406
(215) 574-3505

Brenda Mitchell
5204 Overbrook Avenue
Philadelphia, PA 19131
(215) 546-6672

Peter Quinn
Director
The Bridge
8400 Pine Road
Philadelphia, PA 19111
(215) 342-5000

Paul B. Henry
Executive Director
TODAY, Inc.
PO Box 98
Newtown, PA 18940
(215) 968-4713

## REGION II

Michael A. Barbieri
Director
Berks Youth Counseling Center
631 Washington Street
Reading, PA 19601
(215) 373-4281

Robert C. Csandl
Director
Confront, Inc.
1130 Walnut Street
Allentown, PA 18102
(215) 433-0148

John F. O'Neill
PO Box 685
114 North 9 Street
Allentown, PA 18105
(215) 432-2228

## REGION II (continued)

Daniel J. West, Jr.
Alcoholism and Drug Counseling Center
Good Samaritan Hospital
727 East Norwegian Street
Pottsville, PA 17901
(717) 622-5898

## REGION III

John Cammerata
Coordinator
Crisis Intervention Unit
Community Mental Health Center
Conemaugh Valley Hospital
1093 Franklin Street
Johnstown, PA 15905
(814) 536-6671 extension 167

Janet Darr
1412 Emmet Drive
Johnstown, PA 15905
(814) 255-5489

Stanley S. Goehring
Clinical Director
Woodland Lodge
7560 Allentown Boulevard
Harrisburg, PA 17112
(717) 652-4239

Theresa O'Malley
Gaudenzia House
PO Box 471-A
RD #1
Palmyra, PA 17078

## REGION IV

Daniel J. Heit
Executive Director
ABRAXAS
Bank Tower
Suite 1550
307 Fourth Avenue
Pittsburgh, PA 15222
(412) 562-0105

*REGION IV (continued)*

*John Kostik*
*Executive Building*
*Suite 303-C*
*Fifth and Locust Streets*
*McKeesport, PA 15134*
*(412) 673-8283*

*Emery Troy*
*Mercer County Drug Council, Inc.*
*1055 North Hermitage Road*
*Sharon, PA 16146*
*(412) 981-5155*

*Sala Udin*
*Director*
*House of the Crossroads*
*2012 Center Avenue*
*Pittsburgh, PA 15219*
*(412) 281-5080*

*REGION III/SHCC*

*Judith R. Vicary*
*564 Brittany Drive*
*State College, PA 16801*
*(814) 234-1414*

*DRUG ADVISORY TASK FORCE*
*1978-79 Meetings*

| Date | Time | Place |
|---|---|---|
| July 13, 1978 | 10 AM - 4 PM | Host Inn<br>Harrisburg, Pennsylvania |
| September 14, 1978 | 10 AM - 4 PM | Host Inn<br>Harrisburg, Pennsylvania |
| October 16, 1978 | 10 AM - 4 PM | Hershey Motor Lodge<br>Hershey, Pennsylvania |
| November 9, 1978 | 10 AM - 4 PM | Jolly Fisherman Restaurant<br>Harrisburg, Pennsylvania |
| December 21, 1978 | 10 AM - 4 PM | Host Inn<br>Harrisburg, Pennsylvania |
| January 11, 1979 | 10 AM - 4 PM | Host Inn<br>Harrisburg, Pennsylvania |
| February 15, 1979 | 10 AM - 4 PM | Host Inn<br>Harrisburg, Pennsylvania |
| March 8, 1979 | 10 AM - 4 PM | Host Inn<br>Harrisburg, Pennsylvania |
| April 19, 1979 | 10 AM - 4 PM | Howard Johnson Motor Lodge<br>Harrisburg, Pennsylvania |
| May 10, 1979 | 10 AM - 4 PM | Howard Johnson Motor Lodge<br>Harrisburg, Pennsylvania |
| June 14, 1979 | 10 AM - 4 PM | Host Inn<br>Harrisburg, Pennsylvania |

*During FY 1979/80 meetings of the Drug Advisory Task Force will be held on the second Thursday of each month from 10 AM to 4 PM at the Host Inn, Harrisburg, Pennsylvania.*

THE BRIDGE *

* a human service agency providing services to youths and their families.

Peter P. Quinn
Executive Director



May 23, 1979

Mr. George B. Taylor
Office of Policy and Planning
Commonwealth of Pennsylvania
GOVERNOR'S COUNCIL ON DRUG ABUSE
2101 North Front Street
Harrisburg, Pa. 17120

Dear George:

In response to your request for data pertinent to the activities of the State Drug Advisory Task Force during this past year, the Task Force has participated in the following activities/relationships:

The principal, mandated activity of the DATF was to work in concert with the Alcohol Advisory Task Force to review the PENNSYLVANIA STATE PLAN to ADAMHA in terms of the Governor's Council staff implementation of the goals and objectives contained in the Plan.

The second principal activity of the DATF was to structure sub-committees in combination with the AATF to develop Position Papers on:

ADMINISTRATION, PLANNING AND COORDINATION, MANAGEMENT INFORMATION SYSTEMS

TREATMENT, REHABILITATION AND DIVERSION

QUALITY ASSURANCE AND EVALUATION

PREVENTION AND INTERVENTION

MANPOWER AND TRAINING

In addition to its regional mandated responsibility, the DATF maintained relationships with the following groups:

CONTINUED

3 OF 4

Pennsylvania Alliance of Drug and Alcohol Organizations (PADAO)

Alcoholism and Addiction Association of Pennsylvania (AAOP)

Pennsylvania Alcoholism and Drug Counselors Certification Board

Therapeutic Communities of Pennsylvania (TCPa)

SCHK

Minority Drug Caucus of Pennsylvania

Pennsylvania Task Force on Women

The DATF has also participated in the following activities:

The National Conference on Women in Crises

Preparation and participation in the Pennsylvania State Conference on Drug and Alcohol

Review of third-party insuror legislation

Review and recommendations for development of public policy on drugs and alcohol

Review of marijuana decriminalization legislation

Review and recommendations of the State training and prevention activities

Review and participation in the development of Governor's Council and Criminal Justice interface

Recommendations for the development of State inter-agency working agreements:

Review and participation in the development of replacement funds for Title XX support of drug and alcohol programs.

Re-opening of the review of the concept of regionalized drug treatment.

Prioritization of the treatment of Hispanic minorities in Pennsylvania.

Review and recommendations for the development of a Fiscal Component to the State Management Information System.

This should serve to provide you with a sufficient survey of the activities of the State Drug Advisory Task Force in 1978/1979. If I can provide further information, please feel free to contact me.

Sincerely,

Peter P. Quinn
Chairman
DRUG ADVISORY TASK FORCE

PPQ:cag

*APPENDIX E*

*AGREEMENT BETWEEN THE OFFICE OF MENTAL HEALTH AND THE GCDAA*

OFFICE OF MENTAL HEALTH
GOVERNOR'S COUNCIL ON DRUG AND ALCOHOL ABUSE

STATEMENT OF AGREEMENT

A. Parties to the Agreement

We, the undersigned duly authorized representatives of the Office of Mental Health of the Pennsylvania Department of Public Welfare [Office] and the Governor's Council on Drug and Alcohol Abuse [Council] do hereby enter into the following agreement in order to promote coordinated planning for the health needs of the people of the Commonwealth of Pennsylvania, the exchange of data and technical assistance between the two parties to the agreement, and effective interaction between the two parties to the agreement.

B. Terms of Agreement

Office Agreements:

1. In furtherance of this agreement, the Office agrees that it will consult with the Council in the establishment of the State Mental Health Plan as provided in P.L. 94-63.

2. The Office agrees to notify the Council of any proposed studies which might be duplicative of efforts expended or underway by such Council.

3. The Office agrees to negotiate with the Council to establish a common, desirable data base to insure that information gathered or generated by one will be in a form compatible with that of the other where feasible.

4. The Office agrees to obtain from the Council review and comment on drug and alcohol related applications for funding when pertinent.

5. The Office agrees to apprise the Council of research findings that relate to drug and alcohol abuse.

6. The Office agrees that it will consult with the Council regarding legislative and funding issues common to both program areas.

Council Agreements:

1. In furtherance of this agreement, the Council agrees that it will consult with the Office in the establishment of the Pennsylvania plan for drug and alcohol abuse services.

2. The Council agrees to notify the Office of any proposed studies which might be duplicative of efforts expended or underway by the Office.

3. The Council agrees to negotiate with the Office the establishment of a common, desirable data base to insure that information gathered or generated by one will be in a form compatible with that of the other where feasible.

4. The Council agrees to apprise the Office of research findings that relate to the mental health system.

5. The Council agrees to review and comment on drug and alcohol related applications for funding when so requested by the Office.

6. The Council agrees to aid the Office in its review of the appropriateness of institutional services related to drug and alcohol abuse.

7. The Council agrees that it will consult with the Office regarding legislative and funding issues common to both program areas.

C. Liaison

The Executive Director of the Governor's Council and the Commissioner of the Office of Mental Health shall regularly consult with each other over matters outlined in this agreement and investigate other areas of cooperative action.

Staff representatives shall report to their respective agencies any coordinative activities that have transpired between the two agreeing parties.

If deemed necessary, a liaison committee, consisting of such members of such organizations as are appropriate to the topic under consideration shall be appointed and convened to study matters of mutual concern to the two organizations and to make suggestions to the advisory groups or agencies in regard to those matters.

D. General

Nothing in this agreement shall preclude the establishment of other contracts or agreements between the two parties or between either of the parties and other agencies or organizations.

This agreement may be amended by mutual consent between the Council and the Office.

In witness whereof, the parties have duly executed this agreement.

THE OFFICE OF MENTAL HEALTH
DEPARTMENT OF PUBLIC WELFARE

by _____
Robert M. Daly, M.D.
Commissioner and Deputy Secretary
for Mental Health

GOVERNOR'S COUNCIL ON DRUG
AND ALCOHOL ABUSE

by _____
Gary F. Jensen
Executive Director

*APPENDIX F*

*AGREEMENT BETWEEN THE BUREAU OF VOCATIONAL REHABILITATION AND GCDAA*

AGREEMENT FOR COOPERATION

between the

GOVERNOR'S COUNCIL ON DRUG AND ALCOHOL ABUSE

and the

PENNSYLVANIA BUREAU OF VOCATIONAL REHABILITATION

I. PURPOSE

The purpose of this cooperative agreement is to outline the responsibilities of the agencies represented in order to coordinate the services available to drug and alcohol abusers throughout the Commonwealth who would have or are having difficulty in entering substantial employment. Concerted efforts will be made to prevent as much as possible duplication or improper use of services. This will be accomplished by:

A. Working together on an individual case basis on evaluation, planning and guidance;

B. Developing a rehabilitation program with the vocationally handicapped individual which will include services needed;

C. Initiating and supervising such recommended services as are mutually agreed upon between the cooperating agencies and the individual;

D. Exchanging information regularly on the status of each case in order to insure the maximum benefits to each referred client;

E. Insuring a continuity of rehabilitation services that will prepare the handicapped individual to enter selective job placement at the earliest possible time; and

F. Providing direction for the implementation of this agreement.

II. PROGRAM RESPONSIBILITIES AND FUNCTIONS

A. Bureau of Vocational Rehabilitation (BVR)

1. To accept referrals of persons who have attained the age and maturity where there can be a reasonable assumption that a

vocational goal may be established and who has a physical or mental disability which constitutes a substantial handicap to employment within the meaning of governing laws and regulations and for whom there is reasonable expectation that the provision of rehabilitation services will benefit the individual in terms of employability.

2. To secure the necessary information from the individual, the referral agency and other appropriate sources to make an adequate diagnostic study to determine the services necessary for formulation of an Individualized Written Rehabilitation Program (IWRP).
3. To determine the extent of the disability and the resulting functional limitations, possible hidden or secondary disabilities, and the functional capacities by physical and/or mental diagnostic examinations.
4. To provide vocational rehabilitation services to vocationally eligible drug and alcohol abusers to the extent determined necessary by case evaluation in order to achieve employability including:
   a. Physical restoration and supportive services, including hospitalization as needed, to correct or reduce a stable impairment which is a substantial handicap to employment;
   b. Individual counseling and guidance to develop a rehabilitation program with an employment goal compatible with client's physical capacities, interests, and abilities;
   c. Other training and benefit sources will be considered before the Bureau of Vocational Rehabilitation will provide necessary training to meet the objectives of the vocational goal stated in the individual's rehabilitation program;
   d. Selective placement in a suitable job within applicable laws and regulations: and

e. Post-employment services after placement to assure that the rehabilitated worker has adjusted to his/her job satisfactorily and to the satisfaction of the employer.

B. GOVERNOR'S COUNCIL ON DRUG AND ALCOHOL ABUSE (GCDAA)

1. The Governor's Council through the Single County Authorities (SCA's) will provide a Central Intake and/or Records system for all drug and alcohol abusers referred to or from the Bureau of Vocational Rehabilitation (BVR). Such a system includes the provision of intake, referral and/or record keeping by a facility designated to perform those services for clients of treatment service providers.

2. The GCDAA will insure that the following case management services are provided to all drug and alcohol abusers:

a. Development of a comprehensive confidential personal history, including any significant medical, social, occupational and family information;

b. Arrangement for the provision of needed medical, functional, psychological, psychiatric, social or vocational diagnostic assessments;

c. Thorough exploration of service needs and discussion with the client concerning options to which he/she may be referred;

d. Preparation of a written services plan utilizing all appropriate available service resources and listing the enviroments; e.g., inpatient treatment, outpatient treatment, half-way house, etc., to be provided. This plan shall be developed in cooperation with and agreed to by the service provider and the client. The service plan shall also include referral for any other services not specifically drug and alcohol related; for example, BVR or legal services for which the client may be eligible;

e. Prompt arrangement for delivery of the requested services;

f. To promote client satisfaction and continued delivery of services

to clients referred for services, liaison, follow-up or advocacy as appropriate;

g. Case consultation as appropriate;

h. Assignment of a client number or Uniform Data Collection System (UDCS) reporting forms and the completion of UDCS forms and intake forms as appropriate; and

i. Determination of liability and preparation of abatement requests for those cases where liability payment cannot be collected.

3. The GCDAA will provide appropriate treatment including detoxification and counseling for drug and/or alcohol abusers prior to referral for BVR services. The Governor's Council shall retain responsibility for the provision of such treatment should it be required subsequent to acceptance of an abuser for services by BVR.

4. When an individual is referred to BVR by a drug/alcohol agency or is referred to a drug/alcohol agency by BVR, the referring agency must make available all pertinent medical or para-medical information to the receiving agency. All such information must remain confidential and cannot be released without the consent of both agencies and client as per the attached qualified service agreement.

5. The GCDAA shall provide BVR with periodic lists of Council-approved/licensed drug and alcohol facilities. Should any facility fail to maintain continued compliance with Council standards and be subsequently disapproved, the Governor's Council shall notify BVR.

6. GCDAA will develop and implement a training program in drug abuse and alcoholism for the regional offices of BVR. Such a training program would include a discussion of the disease concept of substance abuse and the various types of treatment approaches utilized.

7. The Governor's Council in conjunction with BVR will develop and implement a training package to be presented jointly to drug and alcohol facilities and assigned BVR counselors. It would be the intent of

such a program to familiarize both agencies with the policies and practices of the GCDAA and BVR and to insure an effective referral process between both agencies.

III. REFERRAL AND REFERRAL INFORMATION

A. The responsibility for accepting or rejecting a referral to BVR rests only with the Bureau of Vocational Rehabilitation and the converse similarly stated for the Governor's Council.

B. Only those individuals will be referred to the Bureau of Vocational Rehabilitation whose disabilities are stabilized and who retain a residual loss of function which would interfere with entry into employment.

C. Specific identifying information; such as Social Security Number, psychological and medical data, classification summaries, including hospital reports, when available, will be included for each referral.

D. Social information, work history, educational achievement, psychological reports and other diagnostic information will be exchanged between the cooperating agencies under this agreement.

E. This mutual exchange of information between the respective agencies will be identified as classified and kept confidential in keeping with each agency's policy, and will not be forwarded without the expressed written consent of the originating agency and the individual.

F. It shall be the responsibility of the Governor's Council on Drug and Alcohol Abuse and the Bureau of Vocational Rehabilitation to arrange a joint initial interview to orient the referred individual to a rehabilitation program and to explain the scope of services available through vocational rehabilitation.

G. Services will be provided without regard to race, national origin, age, sex, religion or handicap.

IV. REHABILITATION PROGRAM

A. The Bureau of Vocational Rehabilitation and the Governor's Council will

discuss individual cases as to each agency's responsibility in order to assure maximum benefits from rehabilitation and to prevent duplication of effort.

B. The Bureau of Vocational Rehabilitation Counselor will develop jointly with the handicapped individual a suitable Individualized Written Rehabilitation Program (IWRP) which will specify the services recommended, their cost, and the person or facility that will provide the services, a copy of such program will be sent to the referring agency with the consent of the individual.

C. The Bureau of Vocational Rehabilitation will review the IWRP, when necessary, with the GCDAA and client regarding the services provided and their effectiveness.

V. IMPLEMENTATION OF THE AGREEMENT

A. The Bureau of Vocational Rehabilitation and the Governor's Council shall take such actions as may be appropriate to carry out the intent of this agreement. As conditions and needs arise, each of the above agencies will issue statements of clarification to the other, such statements to be approved before release by the originating agency.

B. This statement of cooperation shall remain in effect until amended, changed or terminated by either party with sixty days' notice by either party. This agreement will be subject to periodic review and revision as is deemed necessary by the Governor's Council on Drug and Alcohol Abuse and the Pennsylvania Bureau of Vocational Rehabilitation.

PENNSYLVANIA GOVERNOR'S COUNCIL ON DRUG AND ALCOHOL ABUSE

_____, Executive Director
Gary F. Jensen

PENNSYLVANIA BUREAU OF VOCATIONAL REHABILITATION

_____ Director
John A. Hagan

DATE June 16, 1978

ADDENDUM I

QUALIFIED SERVICE ORGANIZATION AGREEMENT

Whereas, the Bureau of Vocational Rehabilitation provides vocational rehabilitation services to the Governor's Council on Drug and Alcohol Abuse; and, whereas, the Bureau of Vocational Rehabilitation needs the following information: Social Security Number, psychological and medical data, classification summaries, including hospital reports, social information, work history, educational achievement, psychological reports and other diagnostic information, in order to provide its services to the program; and, whereas, the disclosure of this information is governed by the Federal Regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records 42CFR Part 2, therefore, the Bureau of Vocational Rehabilitation and the Governor's Council on Drug and Alcohol Abuse enter into a qualified service organization agreement whereby the Bureau of Vocational Rehabilitation:

1. Acknowledges that in receiving, storing, or otherwise dealing with any information from the program about the patients in the program that it is fully bound by the requirements of 42CFR Part 2 and any relevant state laws;
2. Agrees that it will institute appropriate procedures for safeguarding such information, particularly patient identifying information; and
3. Agrees that it will resist in judicial proceedings any effort to obtain access to any information pertaining to patients otherwise than expressly provided for in 42CFR Part 2 and any relevant state laws.
4. THE Bureau of Vocational Rehabilitation RECOGNIZES
   service organization
   THAT ANY UNAUTHORIZED DISCLOSURE OF PATIENT INFORMATION IS A

Addendum I
(con'd.)

FEDERAL CRIMINAL OFFENSE PUNISHABLE BY A FINE OF NOT MORE THAN $500.00 IN THE CASE OF A FIRST OFFENSE AND NOT MORE THAN $5,000.00 IN THE CASE OF EACH SUBSEQUENT OFFENSE.

Executed this 16 day of JUNE 1978

Signature of Service Organization Representative

Signature of Authorized Program Representative

*APPENDIX G*

*PERFORMANCE PLAN SUMMARIES*

*Performance Plan Summaries*

*The Performance/Plan Summaries on the following pages contain information from 1979/80 County Plans submitted by Single County Authorities to the Governor's Council. The service and cost data set forth in these summaries is planning data and is subject to change depending on the quantity and cost of services for which the Council will contract with the SCAs. The data does reflect as accurate an estimate as could be made by the SCAs at the time of preparation.*

*REGION I*

PERIOD [illegible]

## PERFORMANCE PLAN SUMMARY

Bucks County SCA

| ALCOHOL SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | 49,200 | 2.1 |
| TRAINING | 6 | 24 | 700 | 1.5 |
| RESEARCH | | | 800 | |
| EVALUATION | 18 | | 20,000 | |
| EDUCATION INFORMATION | 46,196 | 1075 | 67.090 | 5.2 |
| ALTERNATIVE ACTIVITIES | 50,000 | 1000 | 51,000 | |
| DROP-IN | | | | 4.1 |
| HOTLINE | 8,500 | | 28,490 | |
| DRIVING WHILE INTOXICATED | 500 | | 37,500 | |
| OCCUPATIONAL PROGRAMS | 227 | 26,971 | 26,647 | |
| CENTRAL INTAKE AND/OR RECORDS | 1100 | | 9,000 | 87.1 |
| INPATIENT NON-HOSPITAL | 697 | 21 - 28 | 1,596,251 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | 87 | 45 | 4,340 | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 1270 | | 328,871 | |
| SHELTER | 226 | 12 | 42,714 | |
| TOTAL COST | | | 2,262,603 | |

| DRUG SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | 32,800 | 2.4 |
| TRAINING | 6 | 12 | 300 | 1.6 |
| RESEARCH | | | 1,200 | |
| EVALUATION | 18 | | 20,000 | |
| EDUCATION INFORMATION | 40,000 | 800 | 40,000 | 6.9 |
| ALTERNATIVE ACTIVITIES | 50,000 | 1000 | 51,000 | |
| DROP-IN | | | | 1.3 |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | 227 | 17,980 | 17,764 | |
| CENTRAL INTAKE AND/OR RECORDS | 220 | | 3,000 | 87.8 |
| INPATIENT NON-HOSPITAL | 277 | 60 - 180 | 964,256 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | 203 | 45 | 10,660 | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 675 | | 174,333 | |
| SHELTER | 35 | 12 | 6,615 | |
| TOTAL COST | | | 1,321,928 | |

PERFORMANCE PLAN SUMMARY

Delaware SCA

ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 57,543 | 6.1 |
| TRAINING | 27 | 57 | 1,500 | |
| RESEARCH | | | 0 | |
| EVALUATION | 8 | | 0 | 0.1 |
| EDUCATION INFORMATION | 5,250 | 650 | 43,407 | |
| ALTERNATIVE ACTIVITIES | | | 0 | 4.6 |
| DROP-IN | | | 0 | |
| HOTLINE | 1,550 | | 16,683 | |
| DRIVING WHILE INTOXICATED | 200 | | 8,000 | |
| OCCUPATIONAL PROGRAMS | | | 0 | 2.6 |
| CENTRAL INTAKE AND/OR RECORDS | 1,241 | | 14,526 | |
| INPATIENT NON-HOSPITAL | 1,233 | | 167,304 | |
| INPATIENT HOSPITAL | | | 0 | |
| CORRECTIONAL INSTITUTION | 75 | | 7,800 | |
| PARTIAL HOSPITALIZATION | | | 0 | |
| OUTPATIENT | 1,241 | | 633,594 | |
| SHELTER | | | 0 | 86.6 |
| TOTAL COST | | | 950,357 | |

DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 48,207 | 5.2 |
| TRAINING | 27 | 57 | 12,371 | |
| RESEARCH | | | 0 | |
| EVALUATION | 8 | | 20,098 | 3.5 |
| EDUCATION INFORMATION | 7,850 | 2,650 | 79,003 | |
| ALTERNATIVE ACTIVITIES | | | 0 | 8.4 |
| DROP-IN | | | 0 | |
| HOTLINE | 1,500 | | 16,683 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | 1.8 |
| CENTRAL INTAKE AND/OR RECORDS | 1,152 | | 14,525 | |
| INPATIENT NON-HOSPITAL | 14 | | 18,895 | |
| INPATIENT HOSPITAL | | | 0 | |
| CORRECTIONAL INSTITUTION | 75 | | 7,800 | |
| PARTIAL HOSPITALIZATION | 16 | 365 | 31,440 | |
| OUTPATIENT | 1,152 | | 686,682 | |
| SHELTER | | | 0 | 81.1 |
| TOTAL COST | | | 935,704 | |

PERIOD 7/1/79 TO 6/30/80

## PERFORMANCE PLAN SUMMARY

Montgomery (133000) SCA

### ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 141,162.50 | 2% |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 8,770 | 2,368 | 84,250.00 | 1% |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | 955 | | 20,995.00 | 4% |
| HOTLINE | 3,590 | | *86,669.00 | |
| DRIVING WHILE INTOXICATED | 456 | | 10,400.00 | |
| OCCUPATIONAL PROGRAMS | 2,500 | 200 | 189,500.00 | |
| CENTRAL INTAKE AND/OR RECORDS | 725 | | 55,733.00 | 93% |
| INPATIENT NON-HOSPITAL | 416 | 486 | 688,200.00 | |
| INPATIENT HOSPITAL | 2,841 | 1,766 | 6,168,616.00 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 1,123 | | 494,000.00 | |
| SHELTER | | | | |
| TOTAL COST | | | 7,939,525.50 | |

*includes $65,358.00 for Telehelp other (24,000 services)

### DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 141,162.50 | 4% |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 8,769 | 2,368 | 84,250.00 | 2% |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | 1,045 | | 22,345.00 | 1% |
| HOTLINE | 3,350 | | 20,631.00 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | 575 | | 42,937.00 | 93% |
| INPATIENT NON-HOSPITAL | 375 | 655 | 701,590.00 | |
| INPATIENT HOSPITAL | 630 | 691 | 1,887,014.00 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 899 | | 745,810.00 | |
| SHELTER | | | | |
| TOTAL COST | | | 3,645,739.50 | |

*REGION II*

PERIOD 07-01-79 TO 06-30-80

## PERFORMANCE PLAN SUMMARY

Berks SCA

### ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 24,233 | 5.8 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | 2 | | 1,600 | .4 |
| EDUCATION INFORMATION | 2,815 | 1;194 hrs. | 29,207 | |
| ALTERNATIVE ACTIVITIES | | | | 7.0 |
| DROP-IN | 365 | | 7,928 | |
| HOTLINE | 730 | | 7,929 | |
| DRIVING WHILE INTOXICATED | 300 | | 47,395 | |
| OCCUPATIONAL PROGRAMS | 40 | 20,000 | 20,639 | 20.2 |
| CENTRAL INTAKE AND/OR RECORDS | 172 | | 10,889 | |
| INPATIENT NON-HOSPITAL | 850 | 5 days | 118,913 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 720 | | 123,422 | |
| SHELTER | 100 | 7 days | 23,782 | 66.6 |
| TOTAL COST | | | 415,937 | |

### DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 41,560 | 9.0 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | 3 | | 2,400 | .5 |
| EDUCATION INFORMATION | 2,857 | 1,285 hrs. | 32,283 | |
| ALTERNATIVE ACTIVITIES | | | | 7.0 |
| DROP-IN | | | | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | 40 | 20,000 | 4,128 | .9 |
| CENTRAL INTAKE AND/OR RECORDS | 248 | | 17,000 | |
| INPATIENT NON-HOSPITAL | | | | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | 350 | 4 months | 31,107 | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 567 | | 332,746 | 82.6 |
| SHELTER | | | | |
| TOTAL COST | | | 461,224 | |

PERIOD 7/1/79 TO 6/30/80

# PERFORMANCE PLAN SUMMARY
## BRADFORD-SULLIVAN-TIOGA
## D&A ABUSE PROGRAM --SCA

### ALCOHOL SERVICES

| | ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|---|
| 51 | ADMINISTRATION | | | $ 64332.07 | 21.04 |
| 52 | TRAINING | | | | |
| 53 | RESEARCH | | | | |
| 54 | EVALUATION | 10 | | 240.00 | 0.08 |
| 61 | EDUCATION INFORMATION | 2077 | 224 | 13488.00 | 4.41 |
| 62 | ALTERNATIVE ACTIVITIES | | | | |
| 71 | DROP-IN | 295 | | 3984.00 | |
| 72 | HOTLINE | 494 | | 4169.00 | |
| 73 | DRIVING WHILE INTOXICATED | 185 | | 5234.00 | |
| 74 | OCCUPATIONAL PROGRAMS | 3100 | | 8000.00 | 7.0 |
| 81 | CENTRAL INTAKE AND/OR RECORDS | 300 | | 9000.00 | |
| 82 | * INPATIENT NON-HOSPITAL * | Q.V. 153/E.M. 49 | Q.V. 7/E.M. 28 | 97703.00 | |
| | INPATIENT HOSPITAL | | | | |
| 84 | CORRECTIONAL INSTITUTION | | | | |
| | PARTIAL HOSPITALIZATION | | | | |
| 863 | OUTPATIENT | 261 | | 99563.83 | |
| | SHELTER | | | | 67.47 |
| | TOTAL COST | | | 305713.90 | |

### DRUG SERVICES

| | ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|---|
| 51 | ADMINISTRATION | | | 23433.37 | 25.32 |
| 52 | TRAINING | | | | |
| 53 | RESEARCH | | | | |
| 54 | EVALUATION | 10 | | 240.00 | 0.26 |
| 61 | EDUCATION INFORMATION | 1598 | 224 | 5497.00 | 5.94 |
| 62 | ALTERNATIVE ACTIVITIES | | | | |
| 71 | DROP-IN | 132 | | 1667.00 | |
| 72 | HOTLINE | 186 | | 1745.00 | |
| 73 | DRIVING WHILE INTOXICATED | | | | |
| 74 | OCCUPATIONAL PROGRAMS | | | | 3.69 |
| 81 | CENTRAL INTAKE AND/OR RECORDS | 100 | | 3000.00 | |
| 82 | * INPATIENT NON-HOSPITAL * | Q.V. 51/E.M. 16 | Q.V. 7/E.M.28 | 32297.00 | |
| | INPATIENT HOSPITAL | | | | |
| 84 | CORRECTIONAL INSTITUTION | | | | |
| | PARTIAL HOSPITALIZATION | | | | |
| 363 | OUTPATIENT | 71 | | 24653.00 | 64.78 |
| | SHELTER | | | | |
| | TOTAL COST | | | 92532.37 | |

* Q.V.= Quo Vadis Detox/Halfway House
E.M.= Endless Mts. Treatment Center

Grand Total: $398246.27
(Includes $130,000.00 Grant
For Public Inebriate Program)

PERIOD 7/1/79 TO 6/30/80

## PERFORMANCE PLAN SUMMARY

Carbon, Monroe, Pike SCA

### ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 31,828.00 | 8 |
| TRAINING | 16 | 480 | 6,172.00 | |
| RESEARCH | | | | |
| EVALUATION | | | | 2 |
| EDUCATION INFORMATION | 8,010 | 801 | 44,150.00 | |
| ALTERNATIVE ACTIVITIES | | | | 11 |
| DROP-IN | 105 | | 3,282.00 | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | 130 | | 31,845.00 | |
| OCCUPATIONAL PROGRAMS | 30 | 4,350 | 5,503.00 | 10 |
| CENTRAL INTAKE AND/OR RECORDS | 240 | | 10,657.00 | |
| INPATIENT NON-HOSPITAL | 140 | 360 | 103,277.00 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 250 | 720 | 149,959.00 | 69 |
| SHELTER | 25 | 3 | 7,461.00 | |
| TOTAL COST | | | 394,134.00 | |

### DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 10,000.00 | 3 |
| TRAINING | 20 | 570 | 7,171.00 | |
| RESEARCH | | | | |
| EVALUATION | | | | 2 |
| EDUCATION INFORMATION | 5,340 | 534 | 29,435.00 | |
| ALTERNATIVE ACTIVITIES | | | | 8 |
| DROP-IN | | | | |
| HOTLINE | 125 | | 3,915.00 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | 1 |
| CENTRAL INTAKE AND/OR RECORDS | 240 | | 10,657.00 | |
| INPATIENT NON-HOSPITAL | 350 | 189 | 89,699.00 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 250 | 1,085 | 196,677.00 | |
| SHELTER | 5 | 3 | 1,500.00 | 86 |
| TOTAL COST | | | 349,054.00 | |

PERIOD 7/1/79 TO 6/30/80

PERFORMANCE PLAN SUMMARY

Lackawanna SCA

ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 19,705 | 4% |
| TRAINING | 30 | 5 | 750 | |
| RESEARCH | | | | |
| EVALUATION | | | | 1% |
| EDUCATION INFORMATION | 9,235 | 2,434 | 50,395 | |
| ALTERNATIVE ACTIVITIES | 1,215 | 718 | 5,711 | 12% |
| DROP-IN | 11,105 | | 25,501 | |
| HOTLINE | 2,123 | | 10,554 | |
| DRIVING WHILE INTOXICATED | 30 | | 6,835 | |
| OCCUPATIONAL PROGRAMS | 20 | 4,000 | 9,500 | 11% |
| CENTRAL INTAKE AND/OR RECORDS | 1,400 | | 16,298 | |
| INPATIENT NON-HOSPITAL | 610 | 4.5 days | 179,736 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 450 | | 138,230 | |
| SHELTER | | | | 72% |
| TOTAL COST | | | 463,215 | |

DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 19,704 | 10% |
| TRAINING | 30 | 5 | 750 | |
| RESEARCH | | | | |
| EVALUATION | | | | 1% |
| EDUCATION INFORMATION | 9,235 | 2,434 | 50,395 | |
| ALTERNATIVE ACTIVITIES | 1,215 | 718 | 5,711 | 28% |
| DROP-IN | 11,105 | | 25,501 | |
| HOTLINE | 1,942 | | 6,138 | |
| DRIVING WHILE INTOXICATED | 5 | | 1,486 | |
| OCCUPATIONAL PROGRAMS | 5 | 1,000 | 2,500 | 18% |
| CENTRAL INTAKE AND/OR RECORDS | 600 | | 6,985 | |
| INPATIENT NON-HOSPITAL | 20 | (28-45) | 18,457 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 117 | | 57,495 | |
| SHELTER | | | | 43% |
| TOTAL COST | | | 195,122 | |

PERIOD 7/1/79 TO 6/30/80

## PERFORMANCE PLAN SUMMARY

Lehigh SCA

### ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 31,718 | 4 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 1,360 | 612 | 37,294 | |
| ALTERNATIVE ACTIVITIES | | | | 4 |
| DROP-IN | | | | |
| HOTLINE | 1,525 | | 30,134 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | 30 | 90 | 12,544 | 5 |
| CENTRAL INTAKE AND/OR RECORDS | 378 | | 19,761 | |
| INPATIENT NON-HOSPITAL | 120 | 120 | 165,300 | |
| INPATIENT HOSPITAL | 444 | 10 | 464,100 | - |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | 87 |
| OUTPATIENT | 253 | | 128,186 | |
| SHELTER | | | | |
| TOTAL COST | | | 889,037 | |

### DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 47,578 | 7 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 1,360 | 612 | 37,293 | |
| ALTERNATIVE ACTIVITIES | | | | 6 |
| DROP-IN | | | | |
| HOTLINE | 1,525 | | 30,134 | |
| DRIVING WHILE INTOXICATED | | | | 5 |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | 522 | | 27,289 | |
| INPATIENT NON-HOSPITAL | 150 | 180 | 286,850 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | 82 |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 270 | | 219,524 | |
| SHELTER | | | | |
| TOTAL COST | | | 648,668 | |

# PERFORMANCE PLAN SUMMARY



Luzerne-Wyoming SCA

## ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 41,222 | 8% |
| TRAINING | | | 100 | |
| RESEARCH | | | | |
| EVALUATION | | | 2,000 | .5% |
| EDUCATION INFORMATION | 46 | 552 | 1,200 | |
| ALTERNATIVE ACTIVITIES | | | | .3% |
| DROP-IN | | | | |
| HOTLINE | 245 | | 576 | |
| DRIVING WHILE INTOXICATED | | | | .2% |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 742 | | 211,180 | |
| INPATIENT HOSPITAL | 6 | | 4,800 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 1,480 | | 250,874 | 91% |
| SHELTER | | | | |
| TOTAL COST | | | 511,952 | |

## DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 41,221 | 19% |
| TRAINING | | | 100 | |
| RESEARCH | | | | |
| EVALUATION | | | 2,000 | 1% |
| EDUCATION INFORMATION | 46 | 552 | 1,200 | |
| ALTERNATIVE ACTIVITIES | | | | .5% |
| DROP-IN | | | 384 | |
| HOTLINE | 160 | | | |
| DRIVING WHILE INTOXICATED | | | | .2% |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 214 | | 59,563 | |
| INPATIENT HOSPITAL | 4 | | 3,200 | |
| CORRECTIONAL INSTITUTION | | | | 79% |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 636 | | 107,518 | |
| SHELTER | | | | |
| TOTAL COST | | | 215,186 | |

PERIOD 7/1/79 TO 6/30/80

# PERFORMANCE PLAN SUMMARY

NORTHAMPTON BCA

## ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICE | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 37,447.50 | 12 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 2 350 | 450 | 50 348.50 | |
| ALTERNATIVE ACTIVITIES | 25,000 | 225 | 2,500.00 | 17 |
| DROP-IN | | | | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | 10 | 2 000 | 22 136.00 | 7 |
| CENTRAL INTAKE AND/OR RECORD | 160 | | 21 365.00 | |
| INPATIENT NON-HOSPITAL | 10 | 90 | 21 900.00 | |
| INPATIENT HOSPITAL | 120 | 5 | 75,000.00 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 138 | | 78 344.00 | |
| SHELTER | | | | 64 |
| TOTAL COST | | | $309,041.00 | |

## DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICE | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 37,447.50 | 11 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 1 100 | | 41 848.50 | |
| ALTERNATIVE ACTIVITIES | | | | 12 |
| DROP-IN | | | | |
| HOTLINE | 120 | | 3,284. | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | 1 |
| CENTRAL INTAKE AND/OR RECORDS | 40 | | 5,341.00 | |
| INPATIENT NON-HOSPITAL | 14 | 150 | 72,976.00 | |
| INPATIENT HOSPITAL | 10 | 7 | 5,000.00 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 308 | | 176,135.00 | 76 |
| SHELTER | | | | |
| TOTAL COST | | | $342,032.00 | |

PERFORMANCE PLAN SUMMARY

Supplement

Susque/Wayne SCA

ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 4705 | 5 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 1500 | 450 | 21754 | 42 |
| ALTERNATIVE ACTIVITIES | 1500 | | 21165 | |
| DROP-IN | | | | 1 |
| HOTLINE | 750 | | 563 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | 104 | | 28415 | 52 |
| INPATIENT NON-HOSPITAL | | | | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 104 | | 24218 | |
| SHELTER | | | | |
| TOTAL COST | | | 100820 | |

DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 4705 | 7 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 1500 | 450 | 21755 | 65 |
| ALTERNATIVE ACTIVITIES | 1500 | | 21166 | |
| DROP-IN | | | | |
| HOTLINE | 250 | | 187 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | 36 | | 9828 | 28 |
| INPATIENT NON-HOSPITAL | | | | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 36 | | 8377 | |
| SHELTER | | | | |
| TOTAL COST | | | 66018 | |

*REGION III*

PERIOD 7/1/79 TO 6/30/80 (4)

## PERFORMANCE PLAN SUMMARY

Bedford-Somerset SCA

### ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 36,855.00 | .08 |
| TRAINING | 7 | 52 | 2,275.00 | |
| RESEARCH | | | .00 | |
| EVALUATION | | | .00 | .01 |
| EDUCATION INFORMATION | 10,038 | 3,500 | 21,631.00 | |
| ALTERNATIVE ACTIVITIES | 50 | | 15,558.00 | .08 |
| DROP-IN | 230 | | 6,533.00 | |
| HOTLINE | 1,200 | | 4,453.00 | |
| DRIVING WHILE INTOXICATED | 35 | | 2,835.00 | |
| OCCUPATIONAL PROGRAMS | 27 | 80 | 3,938.00 | .04 |
| CENTRAL INTAKE AND/OR RECORDS | 335 | | 35,148.00 | |
| INPATIENT NON-HOSPITAL | 300 | 4,500 | 128,797.00 | |
| INPATIENT HOSPITAL | 3 | 19 | 1,967.00 | |
| CORRECTIONAL INSTITUTION | 0 | | .00 | |
| PARTIAL HOSPITALIZATION | 85 | 2,500 | 14,571.00 | |
| OUTPATIENT | 2,300 | 4,000 | 26,102.00 | .45 |
| SHELTER | 30 | 150 | 3,655.00 | |
| TOTAL COST | | | 304,318.00 | |

### DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 19,845.00 | .04 |
| TRAINING | 3 | 28 | 1,225.00 | |
| RESEARCH | | | .00 | |
| EVALUATION | | | .00 | .00 |
| EDUCATION INFORMATION | 5,016 | 1,700 | 11,648.00 | |
| ALTERNATIVE ACTIVITIES | 25 | | 8,378.00 | .04 |
| DROP-IN | 115 | | 3,518.00 | |
| HOTLINE | 600 | | 2,398.00 | |
| DRIVING WHILE INTOXICATED | | | .00 | |
| OCCUPATIONAL PROGRAMS | 13 | 40 | 2,121.00 | .02 |
| CENTRAL INTAKE AND/OR RECORDS | 165 | | 18,927.00 | |
| INPATIENT NON-HOSPITAL | 100 | 2,200 | 69,352.00 | |
| INPATIENT HOSPITAL | 2 | 6 | 1,059.00 | |
| CORRECTIONAL INSTITUTION | | | .00 | |
| PARTIAL HOSPITALIZATION | 40 | 1,258 | 7,847.00 | |
| OUTPATIENT | 1,200 | 2,000 | 14,056.00 | .24 |
| SHELTER | 10 | 170 | 1,968.00 | |
| TOTAL COST | | | 162,342.00 | |

PERIOD budget TO _____

## PERFORMANCE PLAN SUMMARY

Blair SCA

### ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICE | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 32,735.00 | 15 |
| TRAINING | | 00 hours | 1,919.00 | |
| RESEARCH | | | | |
| EVALUATION | 1 | | 778.00 | 2 |
| EDUCATION INFORMATION | | 1 024 hours | 23,369.45 | |
| ALTERNATIVE ACTIVITIES | | | 520.00 | 20 |
| DROP-IN | | | | |
| HOTLINE | | | 1 574.00 | |
| DRIVING WHILE INTOXICATED | | | 15,000.00 | |
| OCCUPATIONAL PROGRAMS | 6 | 4,000 employees | 8,000.00 | 20 |
| CENTRAL INTAKE AND/OR RECORDS | 480 | Case Management | 17,066.00 | |
| INPATIENT NON-HOSPITAL | 20 | Residential | 8,178.00 | |
| INPATIENT HOSPITAL | | | 15,598.00 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | 368.00 | |
| OUTPATIENT | 480 | | 50,530.40 | |
| SHELTER | | | | 43 |
| TOTAL COST | | | 208,635.85 | |

### * DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICE | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | Admin. | 8,184.00 | 16 |
| TRAINING | 2 | 100 hours | 480.00 | |
| RESEARCH | | | | |
| EVALUATION | 1 | | 195.00 | 2 |
| EDUCATION INFORMATION | 22,300 | 256 hours | 5,842.00 | |
| ALTERNATIVE ACTIVITIES | 8 | | 4 630.00 | 23 |
| DROP-IN | | | | |
| HOTLINE | 180 | | 4,144.00 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | 2 | 1 000 em loyees | 2,000.00 | 12 |
| CENTRAL INTAKE AND/OR RECORD | 120 | Casemanagement | 4,266.00 | |
| INPATIENT NON-HOSPITAL | 5 | Re idential | | |
| INPATIENT HOSPITAL | | | 3 900.00 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | 1 | | 92.00 | |
| OUTPATIENT | 120 | | 12 632.00 | |
| SHELTER | | | | 47 |
| TOTAL COST | | | 48,409.40 | |

*Since all Blair County services combine the treatment of drug and alcohol services together, all the figures on this sheet are a percentage of the clients seen by treatment facilities utilizing primary diagnosis. Ther percentage for the 1979-80 County Plan is 80% alcohol abuse/20% drug abuse.

PERFORMANCE PLAN SUMMARY

PERIOD 7/1/79 to 6/30/80

Cambria SCA

| ALCOHOL SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | $ 30,495.50 | 6% |
| TRAINING | 20 | 250 | 10,000.00 | |
| RESEARCH | | | | |
| EVALUATION | 6 | | --- | 2% |
| EDUCATION INFORMATION | 475 | 475 | 8,816.00 | |
| ALTERNATIVE ACTIVITIES | 250 | | 1,250.00 | 2% |
| DROP-IN | 100 | | 1,500.00 | |
| HOTLINE | 200 | | 1,667.00 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | 30 | 15,000 | 15,120.00 | 3% |
| CENTRAL INTAKE AND/OR RECORDS | 636 | | 20,671.00 | |
| INPATIENT NON-HOSPITAL | 45 | 80 | 56,618.00 | |
| INPATIENT HOSPITAL | 250 | 6 | 270,000.00 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | 15 | 100 | 52,500.00 | |
| OUTPATIENT | 328 | | 33,686.00 | |
| SHELTER | 60 | 5 | 29,610.00 | 87% |
| TOTAL COST | | | $531,933.50 | |

| DRUG SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | $ 30,495.50 | 14% |
| TRAINING | 20 | 350 | 10,000.00 | |
| RESEARCH | | | | |
| EVALUATION | 5 | | -- | 5% |
| EDUCATION INFORMATION | 475 | 475 | 8,816.00 | |
| ALTERNATIVE ACTIVITIES | 250 | | 1,250.00 | 5% |
| DROP-IN | 100 | | 1,500.00 | |
| HOTLINE | 100 | | 833.00 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | 1% |
| CENTRAL INTAKE AND/OR RECORDS | 194 | | 7,249.00 | |
| INPATIENT NON-HOSPITAL | | | | |
| INPATIENT HOSPITAL | 15 | 14 | 46,200.00 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | 20 | 114 | 63,700.00 | |
| OUTPATIENT | 377 | | 37,179.00 | |
| SHELTER | 15 | 5 | 9,652.00 | 75% |
| TOTAL COST | | | $216,874.50 | |

PERIOD 7/1/79 TO 6/30/80

# PERFORMANCE PLAN SUMMARY

Centre SCA

## ALCOHOL SERVICES

| ACTIVITY | | NO. OF SERVICES/ CLIENTS | TYPE OF SERVICE/ TREATMENT DAYS | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|---|
| Administration | 51 | | | 17,811 | 14.9% |
| Training | | | | | |
| Research | | | | | |
| Evaluation | | | | | |
| Education Information | 61 | 2,000 | 585 hrs. | 9,695 | 8.1% |
| Alternative Activities | | | | | |
| Drop-In | 71 | 100 | --- | 2,166 | 5.2% |
| Hotline | 72 | 400 | | 4,022 | |
| Driving While Intoxicated | | | | | |
| Occupational Programs | | | | | |
| Central Intake and/or Records | 81 | 225 | --- | 29,749 | 71.8% |
| Inpatient Non-Hospital | 82 | 6 | --- | 7,453 | |
| Inpatient Hospital | | | | | |
| Correctional Institution | | | | | |
| Partial Hospitalization | | | | | |
| Outpatient | 86 | 170 | --- | 48,525 | |
| Shelter | | | | | |
| TOTAL COST | | | | 119,421 | |

## DRUG SERVICES

| ACTIVITY | | NO. OF SERVICES/ CLIENTS | TYPE OF SERVICE/ TREATMENT DAYS | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|---|
| Administration | 51 | | | 12,377 | 14.8% |
| Training | | | | | |
| Research | | | | | |
| Evaluation | | | | | |
| Education Information | 61 | 2,000 | 585 hrs. | 9,695 | 11.6% |
| Alternative Activities | | | | | |
| Drop-In | 71 | 900 | --- | 19,491 | 66.7% |
| Hotline | 72 | 3,600 | --- | 36,196 | |
| Driving While Intoxicated | | | | | |
| Occupational Programs | | | | | |
| Central Intake and/or Records | 81 | 25 | --- | 3,305 | 6.9% |
| Inpatient Non-Hospital | 82 | 2 | --- | 2,418 | |
| Inpatient Hospital | | | | | |
| Correctional Institution | | | | | |
| Partial Hospitalization | | | | | |
| Outpatient | | | | | |
| Shelter | | | | | |
| TOTAL COST | | | | 83,482 | |

PERIOD 79 TO 80

PERFORMANCE PLAN SUMMARY

C.M.S.U. SCA

ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 27,375 | 14 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 395 | 1,150 | 16,250 | 8 |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | | | | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | 70 | 305 | 10,500 | 5 |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | 225 | | 16,123 | |
| INPATIENT NON-HOSPITAL | 924 | 28 | 40,125 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | 75 | 3 | 1,800 | |
| OUTPATIENT | 250 | 9.5 | 81,749 | |
| SHELTER | | | | 73 |
| TOTAL COST | | | 193,922.00 | |

DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 9,125 | 12 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 395 | 1,150 | 16,250 | 21 |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | | | | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | 75 | | 5,577 | |
| INPATIENT NON-HOSPITAL | 414 | 34.5 | 17,875 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | 25 | 1 | 600 | |
| OUTPATIENT | 75 | 9.5 | 27,251 | |
| SHELTER | | | | 67 |
| TOTAL COST | | | 76,478.00 | |

PERFORMANCE PLAN SUMMARY

FY 79/80

Cumberland/Perry SCA

2 ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 39,902 | 21 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 4,021 | 485 | 17,367 | 9 |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | 2,000 | -- | 23,448 | 25 |
| HOTLINE | 255 | -- | 15,990 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | 18 | 854 | 7,738 | |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 27 | 7 | 26,033 | 45 |
| INPATIENT HOSPITAL | 200 | 3 | 21,519 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 2,383 | 1,312 | 37,689 | |
| SHELTER | 43 | 9 | 1,088 | |
| TOTAL COST | | | 190,774 | |

DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICE | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | | 5 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 2,853 | 460 | 24 765 | 14 |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | 2,000 | --- | 23,448 | 23 |
| HOTLINE | 255 | --- | 15,990 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | 6 | 285 | 2,534 | |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 200 | --- | 21,519 | 58 |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 587 | ---- | 81,395 | |
| SHELTER | 17 | 9 | 3,096 | |
| TOTAL COST | | | 182,723 | |

PERIOD 7-1-79 TO 6-30-80

## PERFORMANCE PLAN SUMMARY

Dauphin County Executive Commission on Drugs & Alcohol, Inc.

### ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 22292 | 2% |
| TRAINING | | | | |
| RESEARCH | | | 26043 | |
| EVALUATION | | | | 2% |
| EDUCATION INFORMATION | 13450 | 304 -RapSessions | 102052 | |
| ALTERNATIVE ACTIVITIES | 150 | 1000 | 4250 | |
| DROP-IN | | RapSessions-24 | 725 | |
| HOTLINE | 250 | | 2305 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | 135 | 6375 | 62302 | 13% |
| CENTRAL INTAKE AND/OR RECORDS | | | 25597 | |
| INPATIENT NON-HOSPITAL | 26304 | 252 | 873931 | |
| INPATIENT HOSPITAL | 16107 | | 176180 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 135 | | 35955 | |
| SHELTER | 703 | | 7304 | 83% |
| TOTAL COST | | | 1338936 | |

### DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 22293 | 5% |
| TRAINING | | | | |
| RESEARCH | | | 26044 | |
| EVALUATION | | | | 5% |
| EDUCATION INFORMATION | 4750 | 101-RapSessions | 43017 | |
| ALTERNATIVE ACTIVITIES | 150 | 1000 | 4250 | |
| DROP-IN | 250 | RapSessions-24 | 725 | |
| HOTLINE | 250 | | 2306 | |
| DRIVING WHILE INTOXICATED | 633 | | 47490 | |
| OCCUPATIONAL PROGRAMS | 45 | 2125 | 20768 | 25% |
| CENTRAL INTAKE AND/OR RECORDS | | | 25596 | |
| INPATIENT NON-HOSPITAL | 75 | 90 | 153456 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 565 | | 142218 | |
| SHELTER | 210 | 9 days | 2182 | 65% |
| TOTAL COST | | | 490345 | |

PERIOD 7/1/79 TO 6/30/80

## PERFORMANCE PLAN SUMMARY

FRANKLIN-FULTON SCA

### ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | - | - | 15,518 | 13% |
| TRAINING | - | - | 0 | |
| RESEARCH | - | - | 0 | |
| EVALUATION | - | - | 0 | 0% |
| EDUCATION INFORMATION | 1,550 | 107 | 8,814 | |
| ALTERNATIVE ACTIVITIES | 1,700 | - | 9,886 | 16% |
| DROP-IN | 2,338 | - | 14,386 | |
| HOTLINE | 170 | - | 2,903 | |
| DRIVING WHILE INTOXICATED | 150 | - | 17,035 | |
| OCCUPATIONAL PROGRAMS | - | - | 0 | 29% |
| CENTRAL INTAKE AND/OR RECORDS | 110 | - | 8,899 | |
| INPATIENT NON-HOSPITAL | 20 | 30 | 23,900 | |
| INPATIENT HOSPITAL | - | - | 0 | |
| CORRECTIONAL INSTITUTION | - | - | 0 | |
| PARTIAL HOSPITALIZATION | - | - | 0 | |
| OUTPATIENT | 80 | - | 8,949 | |
| SHELTER | 60 | 30 | 7,500 | 42% |
| TOTAL COST | | | 117,790 | |

### DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | - | - | 15,518 | 19% |
| TRAINING | - | - | 0 | |
| RESEARCH | - | - | 0 | |
| EVALUATION | - | - | 0 | 0% |
| EDUCATION INFORMATION | 1,550 | 107 | 8,814 | |
| ALTERNATIVE ACTIVITIES | 1,700 | - | 9,886 | 23% |
| DROP-IN | 2,237 | - | 14,386 | |
| HOTLINE | 170 | - | 2,902 | |
| DRIVING WHILE INTOXICATED | 10 | - | 1,893 | |
| OCCUPATIONAL PROGRAMS | - | - | 0 | 23% |
| CENTRAL INTAKE AND/OR RECORDS | 40 | - | 8,898 | |
| INPATIENT NON-HOSPITAL | 8 | 90 | 10,877 | |
| INPATIENT HOSPITAL | - | - | 0 | |
| CORRECTIONAL INSTITUTION | - | - | 0 | |
| PARTIAL HOSPITALIZATION | - | - | 0 | |
| OUTPATIENT | 20 | - | 8,948 | |
| SHELTER | - | - | 0 | 35% |
| TOTAL COST | | | 82,123 | |

PERIOD 7/1/79 TO 6/30/80

PERFORMANCE PLAN SUMMARY
JUNIATA VALLEY TRI-COUNTY
DRUG & ALCOHOL COMMISSION SCA

| ALCOHOL SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | 31,554.00 | 16.6 |
| TRAINING | 6 | | 2,101.00 | |
| RESEARCH | | | | |
| EVALUATION | | | | 1.0 |
| EDUCATION INFORMATION | 3,150 people | 332 hours | 7,000.00 | |
| ALTERNATIVE ACTIVITIES | | | | 3.7 |
| DROP-IN | | | | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | 53 people | | 7,000.00 | |
| OCCUPATIONAL PROGRAMS | | | | 3.7 |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 92 people | 28 days | 20,344.00 | |
| INPATIENT HOSPITAL | 6 people | 5 days | 1,400.00 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | 6 people | 60 days | 1,400.00 | |
| OUTPATIENT | 840 people | | 62,359.00 | |
| SHELTER | | | | 44.9 |
| TOTAL COST | | | 133,158.00 | |

| DRUG SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICE | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | 13,522.00 | 7 |
| TRAINING | 6 | | 899.00 | |
| RESEARCH | | | | |
| EVALUATION | | | | .5 |
| EDUCATION INFORMATION | 1 250 eo le | 133 hours | 00 00 | |
| ALTERNATIVE ACTIVITIES | | | | 1.6 |
| DROP-IN | | | | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | | | 3,000.00 | |
| OCCUPATIONAL PROGRAMS | | | | 1.6 |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 38 people | 42 days | 8,718.00 | |
| INPATIENT HOSPITAL | 3 people | da s | 600.00 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | 3 People | 60 days | 600.00 | |
| OUTPATIENT | 360 people | | 26,723.00 | |
| SHELTER | | | | 19.3 |
| TOTAL COST | | | 57,062.00 | |

PERIOD 7/1/79 TO 6/30/80

# PERFORMANCE PLAN SUMMARY

Lancaster SCA

## ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 52,000 | 15 |
| TRAINING | | | | |
| RESEARCH | | | 637 | |
| EVALUATION | 1 | | 1,000 | .5 |
| EDUCATION INFORMATION | 1,500 | 119 | 16,233 | |
| ALTERNATIVE ACTIVITIES | 240 | | 6,310 | 6.6 |
| DROP-IN | | | | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | 400 | | 31,770 | 10.8 |
| OCCUPATIONAL PROGRAMS | 1 | 1,600 | 5,200 | |
| CENTRAL INTAKE AND/OR RECORDS | 430 | | 51,527 | |
| INPATIENT NON-HOSPITAL | 112 | 21 | 111,750 | |
| INPATIENT HOSPITAL | 7 | 7 | 6,183 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | 66.5 |
| OUTPATIENT | 445 | | 57,107 | |
| SHELTER | | | | |
| TOTAL COST | | | 340,217 | |

## DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 17,500 | 7.8 |
| TRAINING | | | | |
| RESEARCH | | | 213 | .5 |
| EVALUATION | 1 | | 1,000 | |
| EDUCATION INFORMATION | 500 | 61 | 8,119 | |
| ALTERNATIVE ACTIVITIES | 140 | | 11,310 | 8.7 |
| DROP-IN | | | | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | 364 | | 44,064 | |
| INPATIENT NON-HOSPITAL | 37 | 90 | 37,250 | |
| INPATIENT HOSPITAL | | | | 83 |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 112 | | 102,219 | |
| SHELTER | | | | |
| TOTAL COST | | | 221,675 | |

## PERFORMANCE PLAN SUMMARY

Lycoming/Clinton SCA

### ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | $13,060 | 11% |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | 2 | | 497 | 0.5% |
| EDUCATION INFORMATION | 1685 | 690 | 7,241 | |
| ALTERNATIVE ACTIVITIES | 400 | | 7,242 | 12.5% |
| DROP-IN | | | | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | 150 | | 26,340 | |
| OCCUPATIONAL PROGRAMS | | | | 23% |
| CENTRAL INTAKE AND/OR RECORDS | 86 | | 33,788 | |
| INPATIENT NON-HOSPITAL | | | | |
| INPATIENT HOSPITAL | 89 | 7 | 8,432 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 86 | | 19,070 | |
| SHELTER | | | | 53% |
| TOTAL COST | | | $115,670 | |

### DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | $ 13,061 | 15% |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | 1 | | 496 | 0.5% |
| EDUCATION INFORMATION | 1685 | 690 | 7,241 | |
| ALTERNATIVE ACTIVITIES | 400 | | 7,241 | 16% |
| DROP-IN | | | | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | 0% |
| CENTRAL INTAKE AND/OR RECORDS | 87 | | 33,788 | |
| INPATIENT NON-HOSPITAL | | | | |
| INPATIENT HOSPITAL | 88 | 7 | 8,432 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 87 | | 19,071 | |
| SHELTER | | | | 68.5% |
| TOTAL COST | | | $89,330 | |

PFRIOD 7-1-79 TO 6-30-80

PERFORMANCE PLAN SUMMARY

York/Adams SCA

| ALCOHOL SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | $60,000 | 6.4% |
| TRAINING | | | 3,000 | |
| RESEARCH | | | 1,000 | 0.4% |
| EVALUATION | 6 | | | |
| EDUCATION INFORMATION | 90 | 3,950 hours | 33,500 | 3.5% |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | 15,560 visits | | 66,240 | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | 250 | 750 classes | 20,000 | 17.5% |
| OCCUPATIONAL PROGRAMS | 600 referrals | 40 industries | 78,000 | |
| CENTRAL INTAKE AND/OR RECORDS | 1,200 | | 32,000 | |
| INPATIENT NON-HOSPITAL | 305 | 5,800 days | 255,000 | |
| INPATIENT HOSPITAL | 125 | 600 days | 65,000 | 72.2% |
| CORRECTIONAL INSTITUTION | 200 | 200 sessions | 10,000 | |
| PARTIAL HOSPITALIZATION | 40 | 1,200 days | 40,000 | |
| OUTPATIENT | 1,230 | 5610 sessions | 278,000 | |
| SHELTER | | | | |
| TOTAL COST | | | 941,740 | |

| DRUG SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | 18,000 | 6.9% |
| TRAINING | | | 1,000 | |
| RESEARCH | | | 1,000 | 0.8% |
| EVALUATION | 1 | | | |
| EDUCATION INFORMATION | 14 | 820 hours | 6,500 | 2.5% |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | 3,890 visits | | 16.560 | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | | | 9,000 | 9.8% |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | 240 | | 8,000 | |
| INPATIENT NON-HOSPITAL | 15 | 1,400 | 15,000 | |
| INPATIENT HOSPITAL | 20 | 100 days | 10,000 | 80.0% |
| CORRECTIONAL INSTITUTION | 20 | 20 sessions | 2,000 | |
| PARTIAL HOSPITALIZATION | 10 | 300 days | 10,000 | |
| OUTPATIENT | 435 | 4,170 sessions | 164,000 | |
| SHELTER | | | | |
| TOTAL COST | | | 261,060 | |

*REGION IV*

PERIOD 7/1/79 TO 6/30/80

## PERFORMANCE PLAN SUMMARY

Allegheny SCA

### ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 189,346 | 4.3 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 12,653 | 10,067 | 294,256 | 6.7 |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | | | | |
| HOTLINE | 280 | | 13,552 | 4.6 |
| DRIVING WHILE INTOXICATED | 1,200 | | 188,137 | |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 2,918 | 3-274* | 908,633 | 84.4 |
| INPATIENT HOSPITAL | 2,410 | 5-6* | 1,632,807 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | 177 | 21-90* | 143,105 | |
| OUTPATIENT | 3,605 | | 1,052,233 | |
| SHELTER | | | | |
| TOTAL COST | | | 4,422,069 | |

### DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 198,499 | 4.7 |
| TRAINING | | | | |
| RESEARCH | | | 105,055 | 2.5 |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 14,345 | 9,210 | 254,621 | 6.3 |
| ALTERNATIVE ACTIVITIES | 1,000 | | 14,585 | |
| DROP-IN | 750 | | 30,555 | 12.7 |
| HOTLINE | 420 | | 20,329 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 277 | 21-274* | 482,785 | 73.8 |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | 170 | 270 | 93,842 | |
| PARTIAL HOSPITALIZATION | 176 | 21-120* | 167-008 | |
| OUTPATIENT | 3,557 | | 2,888,140 | |
| SHELTER | | | | |
| TOTAL COST | | | 4,255,419 | |

* Variable: range of lengths-of-treatment displayed.

PERIOD 7/1/79 TO 6/30/80

PERFORMANCE PLAN SUMMARY

Armstrong-Indiana SCA

ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 29,863 | 10 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 630 | 862 | 15,815 | 5 |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | 652 | | 11,424 | 10 |
| HOTLINE | 2,754 | | 18,319 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORD | 402 | | 48,952 | 75 |
| INPATIENT NON-HOSPITAL | 100 | 28 | 94,138 | |
| INPATIENT HOSPITAL | 2 | 4 | 1,341 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 248 | | 67,840 | |
| SHELTER | | | | |
| TOTAL COST | | | 287,692 | |

DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 29,862 | 21 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 630 | 862 | 15 815 | 11 |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | 204 | | 4,467 | 8 |
| HOTLINE | 918 | | 6,765 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | 177 | | 18,981 | 60 |
| INPATIENT NON-HOSPITAL | 50 | 28 | 40,345 | |
| INPATIENT HOSPITAL | 2 | 4 | 1,341 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 101 | | 24,077 | |
| SHELTER | | | | |
| TOTAL COST | | | 141,653 | |

PERIOD 7/1/79 TO 6/30/80

# PERFORMANCE PLAN SUMMARY
## NO SRS DOLLARS

BEAVER SCA

### ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 17,343 | 4% |
| TRAINING | | | 2,477 | |
| RESEARCH | | | | |
| EVALUATION | 6 | | 4,956 | 2% |
| EDUCATION INFORMATION | 1,200 | 880 | 27,000 | |
| ALTERNATIVE ACTIVITIES | | | | 6% |
| DROP-IN | | | | |
| HOTLINE | 120 | | 10,500 | |
| DRIVING WHILE INTOXICATED | 150 | | 11,250 | |
| OCCUPATIONAL PROGRAMS | 30 | 30,000 | 14,706 | 9% |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 31 client slots | 4,250 treatment | 131,250 | |
| INPATIENT HOSPITAL | | days | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 106 client slots | 4,466 counseling units | 138,862 | 79% |
| SHELTER | 6 client slots | 2,190 treatment days | 62,000 | |
| TOTAL COST | | | 420,344 | |

### DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 17,343 | 7% |
| TRAINING | | | 2,477 | |
| RESEARCH | | | | |
| EVALUATION | 6 | | 4,955 | 3% |
| EDUCATION INFORMATION | 1,200 | 880 | 27,000 | |
| ALTERNATIVE ACTIVITIES | | | | 11% |
| DROP-IN | | | | |
| HOTLINE | 120 | | 10,500 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | 30 | 30,000 | 14,705 | 11% |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 20 client slots | 2,590 treatment | 78,750 | |
| INPATIENT HOSPITAL | | days | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 62 client slots | 2,574 counseling | 83,288 | |
| SHELTER | | units | | 68% |
| TOTAL COST | | | 239,018 | |

PERFORMANCE PLAN SUMMARY

Cameron, Elk, McKean Counties
Drug & Alcohol Abuse SCA
~~Program~~

ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 50,045.00 | |
| TRAINING | | | -0- | |
| RESEARCH | | | -0- | |
| EVALUATION | | | 8,267.00 | |
| EDUCATION INFORMATION | 2,468 | 678 | 33,340.00 | |
| ALTERNATIVE ACTIVITIES | | | -0- | |
| DROP-IN | 352 | | 8,906.00 | |
| HOTLINE | 202 | | 6,091.00 | |
| DRIVING WHILE INTOXICATED | | | -0- | |
| OCCUPATIONAL PROGRAMS | 26 | 612 | 5,691.00 | |
| CENTRAL INTAKE AND/OR RECORDS | 684 | | 65,786.00 | |
| INPATIENT NON-HOSPITAL | 86 | 60 | 83,810.00 | |
| INPATIENT HOSPITAL | 1 | 6 | 1,100.00 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | 144 | 120 | 6,048.00 | |
| OUTPATIENT | 1,550 | | 62,375.00 | |
| SHELTER | | | | |
| TOTAL COST | | | 331,459.00 | |

DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 5,560.00 | |
| TRAINING | | | -0- | |
| RESEARCH | | | -0- | |
| EVALUATION | | | 918.00 | |
| EDUCATION INFORMATION | 288 | 96 | 8,035.00 | |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | 123 | | 2,553.00 | |
| HOTLINE | 23 | | 677.00 | |
| DRIVING WHILE INTOXICATED | 20 | | 2,976.00 | |
| OCCUPATIONAL PROGRAMS | 26 | 88 | 26,688.00 | |
| CENTRAL INTAKE AND/OR RECORDS | 75 | | 7,105.00 | |
| INPATIENT NON-HOSPITAL | 21 | 60 | 20,800.00 | |
| INPATIENT HOSPITAL | 1 | 6 | 900.00 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | 16 | 120 | 672.00 | |
| OUTPATIENT | 185 | | 8,098.00 | |
| SHELTER | | | | |
| TOTAL COST | | | 84,982.00 | |

PERIOD 7/1/79 TO 6/30/80

## PERFORMANCE PLAN SUMMARY

Clarion, Forest, Venango, Warren SCA

| ALCOHOL SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | 24,628 | 8 |
| TRAINING | 1 | 15 | 100 | |
| RESEARCH | | | 0 | - |
| EVALUATION | | | 0 | |
| EDUCATION INFORMATION | 3,148 | 2,596 | 51,480 | |
| ALTERNATIVE ACTIVITIES | | | 0 | 16 |
| DROP-IN | | | 0 | |
| HOTLINE | 375 | -- | 13,611 | |
| DRIVING WHILE INTOXICATED | 80 | -- | 8,003 | 7 |
| OCCUPATIONAL PROGRAMS | 4 | 1,800 | 2,496 | |
| CENTRAL INTAKE AND/OR RECORDS | 167 | -- | 1,483 | |
| INPATIENT NON-HOSPITAL | 400 | 37 | 137,956 | |
| INPATIENT HOSPITAL | 8 | 2 | 1,600 | 69 |
| CORRECTIONAL INSTITUTION | 15 | 35 | 8,512 | |
| PARTIAL HOSPITALIZATION | 18 | 180 | 12,600 | |
| OUTPATIENT | 306 | -- | 59,611 | |
| SHELTER | | | | |
| TOTAL COST | | | 322,080 | |

| DRUG SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | 8,209 | 9 |
| TRAINING | 1 | 15 | 100 | |
| RESEARCH | | | 0 | - |
| EVALUATION | | | 0 | |
| EDUCATION INFORMATION | 2,687 | 1,968 | 33,474 | |
| ALTERNATIVE ACTIVITIES | 150 | -- | 2,790 | 39 |
| DROP-IN | | | 0 | |
| HOTLINE | 125 | -- | 4,537 | |
| DRIVING WHILE INTOXICATED | | | 0 | 8 |
| OCCUPATIONAL PROGRAMS | 4 | 1,800 | 2,496 | |
| CENTRAL INTAKE AND/OR RECORDS | 64 | -- | 570 | |
| INPATIENT NON-HOSPITAL | | | 0 | |
| INPATIENT HOSPITAL | | | 0 | |
| CORRECTIONAL INSTITUTION | 25 | 35 | 14,186 | 44 |
| PARTIAL HOSPITALIZATION | 2 | 180 | 1,400 | |
| OUTPATIENT | 108 | -- | 24,536 | |
| SHELTER | | | | |
| TOTAL COST | | | 92,298 | |

PERIOD 7-1-79 TO 6-30-79

PERFORMANCE PLAN SUMMARY

Clearfield-Jefferson SCA

| ALCOHOL SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | 36,825 | 17 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 200 | 18 hrs. | 1,650 | 2 |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | | | | 7 |
| HOTLINE | 300 | | 2,700 | |
| DRIVING WHILE INTOXICATED | 150 | | 10,717 | |
| OCCUPATIONAL PROGRAMS | 16 | 10,000 | 2,468 | |
| CENTRAL INTAKE AND/OR RECORDS | | | | 74 |
| INPATIENT NON-HOSPITAL | 30 | 90 day | 86,582 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 440 | 90 days | 69,440 | |
| SHELTER | | | | |
| TOTAL COST | | | 210,382 | |

| DRUG SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | 12,275 | 19 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 100 | 8 hrs. | 813 | 2 |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | | | | 8 |
| HOTLINE | 30 | | 300 | |
| DRIVING WHILE INTOXICATED | 50 | | 5,279 | |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | | | | 71 |
| INPATIENT NON-HOSPITAL | 10 | 90 days | 28,861 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 110 | 90 days | 15,863 | |
| SHELTER | | | | |
| TOTAL COST | | | 63,391 | |

PERIOD 7/1/79 TO 6/30/80

# PERFORMANCE PLAN SUMMARY

Crawford SCA

## ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICE | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | - | - | 23,727 | 12.6 |
| TRAINING | | 900 | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 798 | 600 | 41,532 | |
| ALTERNATIVE ACTIVITIES | 510 | 2,138 | 20,058 | 32.5 |
| DROP-IN | | | | |
| HOTLINE | 98 | 98 | 5,276 | |
| DRIVING WHILE INTOXICATED | | | | 9.5 |
| OCCUPATIONAL PROGRAMS | 18 | 7,200 | 12,730 | |
| CENTRAL INTAKE AND/OR RECORDS | | - | 14,427 | |
| INPATIENT NON-HOSPITAL | 35 | 7 days | 9,219 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 241 | - | 62,524 | |
| SHELTER | | | | |
| TOTAL COST | | | 189,493 | |

## DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | - | - | 23,728 | 31.9 |
| TRAINING | 20 | 900 | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 266 | 200 | 13,844 | |
| ALTERNATIVE ACTIVITIES | 170 | 712 | 6,686 | 27.3 |
| DROP-IN | | | | |
| HOTLINE | 32 | 32 | 1,724 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | 2 | 800 | 1,414 | 4.2 |
| CENTRAL INTAKE AND/OR RECORDS | 65 | | 4,778 | |
| INPATIENT NON-HOSPITAL | 4 | 7 days | 1,024 | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | 36.6 |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 84 | - | 21,748 | |
| SHELTER | | | | |
| AL COST | | | 74,946 | |

PERIOD 7-1-79 TO 6-30-80

## PERFORMANCE PLAN SUMMARY

Erie SCA

### ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | 0 | 0 | 68219 | 5% |
| TRAINING | 4 | 34 | 750 | |
| RESEARCH | 0 | 0 | 2250 | |
| EVALUATION | 8 | 0 | 32078 | 2% |
| EDUCATION INFORMATION | 2775 | 290 | 73060 | |
| ALTERNATIVE ACTIVITIES | 250 | 0 | 1500 | 6% |
| DROP-IN | 3913 | 0 | 18300 | |
| HOTLINE | 0 | 0 | 0 | |
| DRIVING WHILE INTOXICATED | 0 | 0 | 0 | |
| OCCUPATIONAL PROGRAMS | 15 | 21700 | 25530 | 4% |
| CENTRAL INTAKE AND/OR RECORDS | 0 | 0 | 0 | |
| INPATIENT NON-HOSPITAL | 1145 | 245 | 686182 | |
| INPATIENT HOSPITAL | 561 | 4109 | 0 | |
| CORRECTIONAL INSTITUTION | 0 | 0 | 0 | |
| PARTIAL HOSPITALIZATION | 0 | 0 | 0 | |
| OUTPATIENT | 1065 | 0 | 260075 | |
| SHELTER | 720 | 5 | 82890 | 83% |
| TOTAL COST | | | 1250834 | |

### DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | 0 | 0 | 22739 | 5% |
| TRAINING | 2 | 11 | 250 | |
| RESEARCH | 0 | 0 | 750 | |
| EVALUATION | 3 | 0 | 10693 | 2% |
| EDUCATION INFORMATION | 4955 | 935 | 89679 | |
| ALTERNATIVE ACTIVITIES | 3750 | 0 | 50736 | 35% |
| DROP-IN | 1025 | 0 | 24619 | |
| HOTLINE | 100 | 0 | 6000 | |
| DRIVING WHILE INTOXICATED | 0 | 0 | 0 | |
| OCCUPATIONAL PROGRAMS | 15 | 21700 | 8510 | 10% |
| CENTRAL INTAKE AND/OR RECORDS | 0 | 0 | 0 | |
| INPATIENT NON-HOSPITAL | 0 | 0 | 0 | |
| INPATIENT HOSPITAL | 135 | 1213 | 0 | |
| CORRECTIONAL INSTITUTION | 35 | 0 | 6000 | |
| PARTIAL HOSPITALIZATION | 0 | 0 | 0 | |
| OUTPATIENT | 460 | 0 | 189725 | |
| SHELTER | | | | 48% |
| TOTAL COST | | | 409701 | |

*PERFORMANCE PLAN SUMMARY*

Fayette *SCA*

| *ALCOHOL SERVICES* | | | | |
|---|---|---|---|---|
| *ACTIVITY* | *NO. OF SERVICES* | *TYPE OF SERVICES* | *COST OF SERVICE* | *% TOTAL* |
| *ADMINISTRATION* | - | - | 49,076 | 24 |
| *TRAINING* | | | | |
| *RESEARCH* | | | | |
| *EVALUATION* | | | | |
| *EDUCATION INFORMATION* | 3,130 | 275 | 14,658 | 07 |
| *ALTERNATIVE ACTIVITIES* | | | | |
| *DROP-IN* | | | | 17 |
| *HOTLINE* | | | | |
| *DRIVING WHILE INTOXICATED* | 120 | - | 33,612 | |
| *OCCUPATIONAL PROGRAMS* | | | | |
| *CENTRAL INTAKE AND/OR RECORDS* | 101 | - | 41,253 | 52 |
| *INPATIENT NON-HOSPITAL* | 31 | 20 | 23,751 | |
| *INPATIENT HOSPITAL* | 25 | 5 | 10,417 | |
| *CORRECTIONAL INSTITUTION* | | | | |
| *PARTIAL HOSPITALIZATION* | 2 | 30 | 2,300 | |
| *OUTPATIENT* | 121 | - | 28,515 | |
| *SHELTER* | | | | |
| *TOTAL COST* | | | 203,582 | |

| *DRUG SERVICES* | | | | |
|---|---|---|---|---|
| *ACTIVITY* | *NO. OF SERVICES* | *TYPE OF SERVICES* | *COST OF SERVICE* | *% TOTAL* |
| *ADMINISTRATION* | - | - | 9,815 | 20 |
| *TRAINING* | | | | |
| *RESEARCH* | | | | |
| *EVALUATION* | | | | |
| *EDUCATION INFORMATION* | 3,130 | 275 | 14,658 | 30 |
| *ALTERNATIVE ACTIVITIES* | | | | |
| *DROP-IN* | | | | |
| *HOTLINE* | | | | |
| *DRIVING WHILE INTOXICATED* | | | | |
| *OCCUPATIONAL PROGRAMS* | | | | |
| *CENTRAL INTAKE AND/OR RECORDS* | 27 | - | 11,028 | 50 |
| *INPATIENT NON-HOSPITAL* | 6 | 20 | 4,597 | |
| *INPATIENT HOSPITAL* | 5 | 5 | 2,083 | |
| *CORRECTIONAL INSTITUTION* | | | | |
| *PARTIAL HOSPITALIZATION* | | | | |
| *OUTPATIENT* | 27 | - | 6,362 | |
| *SHELTER* | | | | |
| *TOTAL COST* | | | 48,543 | |

PERIOD July 1 TO June 30, 1980

PERFORMANCE PLAN SUMMARY

Lawrence County SCA

| ALCOHOL SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | $26,776.00 | 25 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 1365 | | 10,255.00 | 10 |
| ALTERNATIVE ACTIVITIES | 1365 | | 15,341.00 | |
| DROP-IN | | | | |
| HOTLINE | 682 | | 9,437.00 | |
| DRIVING WHILE INTOXICATED | 53 | | 4,921.00 | 19 |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 32 | | 39,137.00 | 37 |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 243 | | 4,620.00 | 8 |
| SHELTER | | | | |
| TOTAL COST | | | $110,487.00 | |

| DRUG SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | $13,388.00 | 25 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | 683 | | 5,127.00 | 10 |
| ALTERNATIVE ACTIVITIES | 683 | | 7,671.00 | |
| DROP-IN | | | | |
| HOTLINE | 342 | | 4,718.00 | |
| DRIVING WHILE INTOXICATED | 27 | | 2,460.00 | 19 |
| OCCUPATIONAL PROGRAMS | | | | |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 16 | | 19,599.00 | 37 |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 122 | | 2,310.00 | 8 |
| SHELTER | | | | |
| TOTAL COST | | | $55,273.00 | |

PERIOD 07/01/79 TO 06/30/80

PERFORMANCE PLAN SUMMARY

MERCER SCA

ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | -- | -- | 28,873 | 8% |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | | | | |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | | | | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | 112 | -- | 7,168 | |
| OCCUPATIONAL PROGRAMS | 70 | -- | 3,205 | 3% |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 300 | 7 DAYS/28 DAYS | 173,109 | |
| INPATIENT HOSPITAL | 25 | 5 DAYS | 4,970 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 465 | -- | 119,929 | |
| SHELTER | | | | 89% |
| TOTAL COST | | | 337,254 | |

DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | -- | -- | 28,874 | 7% |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | | |
| EDUCATION INFORMATION | | | | |
| ALTERNATIVE ACTIVITIES | | | | |
| DROP-IN | | | | |
| HOTLINE | | | | |
| DRIVING WHILE INTOXICATED | 13 | -- | 1,023 | |
| OCCUPATIONAL PROGRAMS | 70 | -- | 3,205 | 2% |
| CENTRAL INTAKE AND/OR RECORDS | | | | |
| INPATIENT NON-HOSPITAL | 62 | 28 DAYS/150 DAYS | 144,246 | |
| INPATIENT HOSPITAL | 25 | 5 DAYS | 4,970 | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | 50 | 150 DAYS | 85,371 | |
| OUTPATIENT | 359 | 150 DAYS | 140,684 | |
| SHELTER | | | | 91% |
| TOTAL COST | | | 408,373 | |

PERIOD 7/1/79 TO 6/30/80

PERFORMANCE PLAN SUMMARY

Washington/Greene SCA

ALCOHOL SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 32,331. | 6.6 |
| TRAINING | | | 300. | |
| RESEARCH | | | | |
| EVALUATION | | | 300 | 0.1 |
| EDUCATION INFORMATION | 7805 | 635 | 36,266. | |
| ALTERNATIVE ACTIVITIES | | | | 7.3 |
| DROP-IN | 8729 | | 49,645. | |
| HOTLINE | 210 | | 5,880. | |
| DRIVING WHILE INTOXICATED | 264 | | 37,163. | |
| OCCUPATIONAL PROGRAMS | 20 | 100 | 2,000. | 19.1 |
| CENTRAL INTAKE AND/OR RECORDS | 492 | | 62,025. | |
| INPATIENT NON-HOSPITAL | 132 | | 110,767. | |
| INPATIENT HOSPITAL | 16 | | 8,000. | - |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 403 | | 150,420. | |
| SHELTER | | | | 66.9 |
| TOTAL COST | | | 495,097. | |

DRUG SERVICES

| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
|---|---|---|---|---|
| ADMINISTRATION | | | 32,331. | 15.3 |
| TRAINING | | | 200. | |
| RESEARCH | | | | |
| EVALUATION | | | 200. | 0.2 |
| EDUCATION INFORMATION | 7805 | 635 | 36,266. | |
| ALTERNATIVE ACTIVITIES | | | | 17.2 |
| DROP-IN | 970 | | 5,516. | |
| HOTLINE | 210 | | 5,880. | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | | | | 5.4 |
| CENTRAL INTAKE AND/OR RECORDS | 162 | | 20,764 | |
| INPATIENT NON-HOSPITAL | 28 | | 23,055. | |
| INPATIENT HOSPITAL | 3 | | 2,000. | |
| CORRECTIONAL INSTITUTION | | | | |
| PARTIAL HOSPITALIZATION | | | | |
| OUTPATIENT | 192 | | 84,646. | |
| SHELTER | | | | 61.9 |
| TOTAL COST | | | 210,768. | |

July 1, 19 June 30, 1980

PERFORMANCE PLAN SUMMARY

Westmoreland SCA

| ALCOHOL SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | 49,927 | 9 |
| TRAINING | | | | |
| RESEARCH | | | | |
| EVALUATION | | | 20,388<br>11,759 | 6 |
| EDUCATION INFORMATION | 2731 | 1610.75 | 66,649 | |
| ALTERNATIVE ACTIVITIES | | | | 12 |
| DROP-IN | | | | |
| HOTLINE | 780 | 2593 | 26,255 | |
| DRIVING WHILE INTOXICATED | 240 | - | 40,496 | |
| OCCUPATIONAL PROGRAMS | 20 | 2680 | 24,120 | 17 |
| CENTRAL INTAKE AND/OR RECORDS | 433 | 4364 | 71,379 | |
| INPATIENT NON-HOSPITAL | | | 20,876 | |
| INPATIENT HOSPITAL | | | 6,958 | |
| CORRECTIONAL INSTITUTION | 42 | 1442 | 31,947 | |
| PARTIAL HOSPITALIZATION | 7 | 210 | 8,400 | |
| OUTPATIENT | 597 | 8077.75 | 159,420 | |
| SHELTER | | | | 56 |
| TOTAL COST | | | $538,574 | |

| DRUG SERVICES | | | | |
|---|---|---|---|---|
| ACTIVITY | NO. OF SERVICES | TYPE OF SERVICES | COST OF SERVICE | % TOTAL |
| ADMINISTRATION | | | 49,926 | 17 |
| TRAINING | | | 20,387 | |
| RESEARCH | | | | |
| EVALUATION | | | 11,759 | 11 |
| EDUCATION INFORMATION | 2,531 | 1671.5 | 71,441 | |
| ALTERNATIVE ACTIVITIES | | | | 25 |
| DROP-IN | | | | |
| HOTLINE | 696 | 2518 | 24,155 | |
| DRIVING WHILE INTOXICATED | | | | |
| OCCUPATIONAL PROGRAMS | 10 | 1320 | 11,880 | 12 |
| CENTRAL INTAKE AND/OR RECORDS | 112 | 1037.5 | 19,315 | |
| INPATIENT NON-HOSPITAL | | | | |
| INPATIENT HOSPITAL | | | | |
| CORRECTIONAL INSTITUTION | 18 | 618 | 13,692 | |
| PARTIAL HOSPITALIZATION | 3 | 90 | 3,600 | |
| OUTPATIENT | 255 | 2845 | 65,245 | |
| SHELTER | | | | 35 |
| TOTAL COST | | | $291,400 | |

END