

**A**LCOHOL & **D**RUG **A**BUSE **S**ERVICES, **I**NC.

**Annual Report**

**Fiscal Year**

**July 1, 2022 – June 30, 2023**

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**Introduction**

**Mission Statement**

Our mission is to provide quality and compassionate substance use and co-occurring services, empowering individuals to develop responsible, healthy lifestyles.

**Philosophy**

Alcohol and Drug Abuse Services, Inc., (ADAS) provides compassionate treatment for substance using individuals including those with co-occurring disorders.  Recognizing that both these disorders influence other people, ADAS also offers counseling and support for the families of those affected by these disorders.

The program is based upon the understanding that an addiction is a treatable illness – that addiction is the problem, not just a symptom. A recovery program, the lifelong process of total abstinence, begins with an honest assessment of the problem.

At ADAS, the staff provides the finest professional, compassionate care and treats addiction for what it is – a life-threatening disease affecting the entire family. ADAS staff strives to be sensitive to each individual’s needs and understands there may be co-occurring and trauma specific issues which play a significant role in their lives.

Individualized treatment plans are specifically designed for each individual with the goal of restoring the person to a meaningful, productive role in society. The plans are strength-based to empower them to want to make healthy lifestyle changes.

## Background

## Alcohol and Drug Abuse Services, Inc. was initiated as a department of the Cameron, Elk, McKean, and Potter County Mental Health Mental/ Retardation Joinder in 1972 with seed money from the Law Enforcement Assistance Act (LEAA).  Drug and alcohol prevention services, outpatient counseling and the residential treatment facility, Maple Manor, was established at that time through LEAA grant funding.

## In 1987, ADAS separated from the CEMP MH/MR joinder and became incorporated as a separate private non-profit agency. Potter County became its own SCA under the county government. ADAS was contracted by the county commissioners to serve as the Single County Authority (SCA) for Cameron, Elk, and McKean Counties.  ADAS was established as a Private Executive Commission, which is overseen by a Governing Board that is made up of eleven members; three from Cameron County, four from Elk County and four from McKean County.  The appointment of Board Members is approved by the County Commissioners.

## Whereas most SCAs act as an administrative entity providing oversight and contracting for services, ADAS was established as a Functional Unit facilitating direct treatment services. ADAS provides prevention, early intervention, case management, recovery support, outpatient treatment, intensive outpatient treatment, community based treatment and adult residential treatment services for residents of Cameron, Elk, McKean and Potter Counties. Additional contracts are in place with surrounding Single County Authorities for services provided at Maple Manor.

## Additional contracted services offer choice, specialized services, and expand the continuum of services available to clients. ADAS maintains contracts with other providers for outpatient, intensive outpatient, detoxification, residential rehabilitation at all levels of care, halfway house, and partial hospitalization.

## Treatment services are offered on a fee for service basis. ADAS is part of the provider network of most insurance companies. Services are also offered on a sliding scale. As the Single County Authority, ADAS also receives funding to subsidize treatment for low- income, uninsured individuals residing in Cameron, Elk and McKean Counties. Pregnant women who inject drugs, pregnant women who use substances, persons who inject drugs, overdose survivors, and veterans are priority populations for treatment.

**Agency Goals**

* Assess and monitor community needs in relation to the incidence and prevalence of alcohol, tobacco and other drug abuse.
* Provide, or make available through contracted services, a full continuum of drug and alcohol prevention, treatment and support services to meet community needs.
* Review and evaluate the effectiveness of drug and alcohol services.
* Provide training to agency staff and community stakeholders to enhance local knowledge and skills to address drug and alcohol issues.
* Engage in collaborative processes with stakeholders and community members to address substance abuse concerns.
* Expand awareness of programs and services available to reduce and prevent substance abuse.

**Board of Directors**

**Chairperson, Ms. Kathleen Obermeyer - McKean County**

**Vice Chairperson, Mrs. Margaret Johnston - Elk County**

**Secretary, Ms. Judy LeRoy - McKean County**

**Treasurer, Mr. Robert Auman - Elk County**

**Ms. Jamie Colley - McKean County**

**Mr. Joe Fragale - Cameron County**

**Mr. Stephen Mongillo – McKean County**

**Ms. Adria Magnusson – Elk County**

**Ms. Kaci Brown – Cameron County**

**Agency Leadership**

Executive Director – Angela Eckstrom

Medical Director – Dr. George Castellano

Administrative Officer – Tammy Conway

Program Manager: Prevention – Sheri Larson

Program Manager: Case Management, Recovery Support and Community Based – Lisa Cherry

Program Manager: Program Development, Clinical Services and Compliance - Jennifer Greenman

Inpatient Supervisor – Annie Wolfe

Residential Worker Supervisor – Bernard Patrick

Community Based Supervisor - Sarah Cimino

Clerical Supervisor – Krystal Meade

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**Administrative Report**

**Board Development**

* Ms. Kathleen Obermeyer, McKean County, was appointed to the Board of Directors Chairperson in July 2022.
* Mrs. Margaret Johnston, Elk County, was appointed to the Board of Directors Vice Chairperson in July 2022.
* Ms. Judy LeRoy, McKean County, remained the Board of Directors Secretary throughout 2022-2023.
* Mr. Robert Auman, Elk County, was appointed to the Board of Directors Treasurer in July 2022.
* Ms. Margaret Johnson, Elk County, completed her first full three year term in September 2022.
* Ms. Kaci Brown, Cameron County, was appointed in September 2022.
* Ms. Adria Magnusson was appointed in July 2022.
* Ms. Brianna Orner, Cameron County, left the Board in April 2023.

**Staff Recognition**

In 2022-2023, the following staff members and board members were recognized for years of dedicated service to ADAS.

* Tammy Conway: Administrative Officer – 30 years
* Gordon Johnston: Certified Recovery Support Specialist – 5 years
* Daniel Howard: Certified Recovery Support Specialist – 5 years
* Courtney Dunworth: Prevention Specialist -5 years
* Heather Sutherland: Life Skills – 5 years
* Brian Harmon – Board Member – 6 years
* Robert Aversa – Board Member – 6 years
* Kaitlyn Taylor – Board Member – 5 years
* Margaret Johnston – Board Member – 3 years

**Staff Development**

This reporting year we were able to host a mix of in-person and virtual trainings. Since the pandemic, many of the state trainings have moved to a virtual platform.

Trauma, Gambling, Harassment in the Workplace, Narcan, Confidentiality, Suicide Awareness, CPR and First Aid, and Fraud, Waste and Abuse trainings were all provided in-house this year to all employees.

ADAS employees were supported in a total of 2,383 hours of training this year. That was up 408 hours over last year. This is due to staff turnover, as new staff need required hours, more virtual trainings making it more convenient to get hours and an increase of in-house offered trainings this year.

ADAS offered 25.5 hours of virtual and on-site Department of Drug and Alcohol Program and Pennsylvania Certification Board approved trainings this year. The highlights of the trainings the majority of the staff were able to attend this reporting period are as follows:

* Conflict Resolution
* PTSD and Addiction
* Co-Occurring Conditions: Promising Practices and Approaches
* Ethics
* Effective Strategies to Engage Parents Who may be Misusing Alcohol or Other Drugs

We were able to meet all of the identified treatment needs from last year with the combination of in- and out-of-house trainings for all staff members. The option of attending various required state trainings virtually has increased the availability of a variety of trainings for our staff. Our newly hired staff are required to take specified trainings and are able to do so now in a cost effective way. Our inpatient staff utilized our in-house virtual training system this year for their staff development hours as well.

The administrative staff took advantage of our Employee Assistance Program training library by attending a variety of management and human resource trainings throughout the year. There were in-person Fiscal, Prevention, Case Management and PACDAA conferences that the staff all took advantage of this year.

Overall, ADAS was able to host and obtain all trainings for all clinical and non-clinical staff members. The clinical staff were able to obtain all hours necessary to keep their certifications. Our staff members and the clients we serve benefit from our commitment to ensure all staff are properly trained and enough certification hours are provided to obtain and maintain certified staff members.

**Infrastructure Development**

* ADAS added three positions to expand prevention and recovery support services.
* Through grant funding ADAS added a basketball/pickle ball court and upgraded technology at our inpatient facility.

**Collaborative Processes**

* The Executive Director is a member of the PA Association of Drug and Alcohol Administrators (PACDAA) and serves on the Legislative and Policy Committee.
* The Executive Director is a member of Central Governing Board of the Behavioral Health Alliance of Rural Pennsylvania (BHARP).
* The Executive Director is a member of the McKean County Community Engagement Veteran Board.
* The Executive Director is an active member of the Task Force for Community Intervention. The Task Force is comprised of providers, law enforcement and the Mayor and works to raise awareness of substance use and addiction and provide resources for help.
* The Executive Director and the Administrative Officer are Community Benefit Advisors for UPMC Cole.
* ADAS is a member of the Northern Tier Community Collaboration and Substance Use Subcommittee.
* ADAS participates in McKean County Collaborative Board.
* ADAS participates in Cameron County Collaborative Board.
* ADAS participates in Elk County Family Resource Network.
* ADAS participates in the Criminal Justice Advisory Board in Cameron, Elk, and McKean Counties.
* ADAS, Clearfield/Jefferson SCA and Penn Highlands hospital have formed a consortium to address Narcan disbursement efforts and warm hand-off initiatives.
* ADAS is in partnership with Bradford Regional Medical Center to provide the counseling services for their MAT programs.
* ADAS partnered with Northern Tier Community Action on a housing grant process for opioid addicted individuals in need of housing.
* ADAS is a partner in the INSPIRE initiative through Workforce Solutions to assist individuals from recovery to work.
* ADAS is a partner with UPMC Kane to improve health outcomes in our region.

**Program Expansion/Enhancements**

* ADAS was awarded State Opioid Response (SOR) funding to expand MAT supportive services by increasing case management and recovery support services in Cameron County.
* Funding was secured through Cameron, Elk, McKean and Potter County CYS to provide evidence-based family prevention services in these counties.
* ADAS continued a second, three year grant of our Health Resources and Services Administration (HRSA) grant. This grant is in partnership with Clearfield/Jefferson SCA and Penn Highlands Elk Hospital. The three entity consortium work together to bring embedded case managers to the Penn Highlands hospital network, and strengthen the warm hand-off process as well as Narcan distribution. One million dollars was awarded to the second three year grant period beginning October 1, 2021.
* ADAS was awarded another year of the State Opioid Response (SOR) housing grant in partnership with Northern Tier Community Action Corporation. This grant provided housing assistance to many individuals with substance use disorders.
* ADAS was able to offer, through additional SOR funding, scholarships for the educators in our communities to be Student Assistance Program trained.
* ADAS was awarded another year of SOR funding to continue our infrastructure expansion of case management and recovery support services. This funding has allowed for a case coordinator in every county as well as our inpatient unit. We also expanded recovery support services with this funding. The focus of the award has been to expand MAT services and allow for seamless service delivery.
* ADAS received SCA Covid mitigation funding to add outdoor recreation equipment, basketball/pickle ball court, sports equipment and technology upgrades of our inpatient facility.
* ADAS was awarded a grant through the McKean County Community Foundation to provide Strengthening Families Program in McKean County.
* ADAS secured a contract with Erie County Department of Health to provide smoking cessation education in all counties.
* ADAS partnered with Workforce Solutions, INSPIRE Initiative Prosper grant to bring Certified Recovery Support Service training to McKean County and to work with area employers to assist them with hiring individuals in recovery.
* ADAS participates in a workforce recruitment and retention grant through BHARP, this grant allows for employee incentives through December 2024.
* ADAS is awarded money through McKean and Elk County United Way to provide prevention education services.

**2022-2023 Fiscal Year**

The ADAS, Inc. budget reflects a broad range of funding secured through federal, state, county and private sources. Federal legislation provides for block grants distributed through the state, which provides funds for Prevention, Intervention, Inpatient, Outpatient, Intensive Outpatient, Community Based Adolescent Drug and Alcohol, Case Management, Recovery Support, Student Assistance Programs (SAP), and Gambling Services. State Opioid Response (SOR) funded services targeted to special initiative populations (women with children, pregnant women who inject drugs, pregnant women who use substances, persons who inject drugs, overdose survivors, and veterans). SOR, American Rescue Plan (ARP), COVID Block Grant and additional State General Assistance funding allowed ADAS to continue prevention services for the communities, continue treatment services to the uninsured or underinsured, and maintain the increased services in case management and recovery support services.

The Commonwealth of Pennsylvania provides the Base Allocation, Student Assistance Program, Heroin/Opioid Crisis, State Gaming, and Compulsive & Problem Gambling Treatment funding. The Commonwealth also distributes Human Services Development Funds (HSDF) to counties who, in turn, provide ADAS with funding for prevention services in the schools. Cameron, Elk and McKean Counties also provide matching funds for services in individual counties.

Through the Pennsylvania Department of Human Services, Act 152 funds and Behavioral Health Special Initiative (BHSI) funds continued to be available for treatment across the continuum of care. Opioid Use Disorder (OUD) funds continued this year for treatment needs. ACT 152 continues to fund medical assistance eligible individuals needing non-hospital residential treatment. Welfare reform initiatives allowed the use of BHSI monies for all levels of treatment. These funds allowed us to deliver 178 days of inpatient treatment to the uninsured and underinsured individuals in need of care.

McKean is a block grant county, which allocates ACT 152/BHSI monies to ADAS. The allocated Human Service Block Grant (HSBG) funds are used for treatment, case management, recovery support and prevention services. Elk and Cameron Counties continued to be non-block counties, which allows ADAS to receive funding directly from the Pennsylvania Department of Human Services. These funds allowed us to deliver 255 days of inpatient treatment to the uninsured and underinsured individuals in need of care.

ADAS generates revenue from a variety of programming. Fees from clients with public and private health insurance are the primary sources of revenue. There was a CCBH rate alignment and rate increase during this fiscal year. Other sources include: First-Time Offenders Programs, McKean County Jail, Elk and McKean DUI funds, private donations, grant awards, area school districts, and local United Way agencies (Bradford, St. Marys, Port Allegany and Smethport). As a contracted provider for Potter County, funding for outpatient, recovery support, and specialty courts, Potter County Jail and case management assessments were generated. Many counties paid for inpatient treatment services this reporting period including: Potter, Warren, Tioga, Clearfield-Jefferson and Armstrong-Indiana-Clarion counties.

ADAS has made a priority of recruitment and retention of employees with the assistance of BHARP HealthChoices Program Reinvestment Project. This project focused on provider workforce and staffing incentives which will continue through December 31, 2024.

**2022-2023 Prevention and Early Intervention Report**

**Program Manager – Sheri Larson**

**Service Overview:**

**Environmental Strategies:** Establish or change written and unwritten community standards, codes, ordinances, and attitudes to influence the prevalence of substance abuse in the population. An example of an activity would be providing support and technical assistance to a company or organization related to development of drug-free policies and procedures.

* **Services Provided -** 6
* **Individuals Assisted -** 52

**Community Events:** Provide large-scale opportunities to increase awareness and are typically undertaken in collaboration with multiple partners. Examples of community events include activities such as health fairs, gambling awareness community events and resource fairs.

**Health Fairs and Screening Events**

* **Services Provided –** 18 events
* **Individuals Impacted –** 1,532 participants

**Gambling Awareness Community Events**

* **Services Provided -** 14
* **Individuals Impacted –** 3,492 participants

**Community Prevention Partnerships:** Focus on increasing community capacity to provide substance abuse prevention and treatment services. Activities include inter-agency collaboration, coalition building and networking.

* **Elk County Family Resource Network**
* **McKean County Collaborative Board and Steering Committee**
* **Cameron County Collaborative Board and Family Center**
* **Cameron County Children and Youth MDIT Advisory Board**
* **Cameron County Children and Youth Service Advisory Board**
* **Criminal Justice Advisory Boards – Cameron, Elk, McKean Counties**
* **PA LINKS**
* **Bradford YWCA**
* **Elk and McKean County Jails**
* **Cameron, Elk and McKean County Area School Districts**
* **Charles Cole Memorial Hospital**
* **Dickinson Center, Inc.**
* **University of Pittsburg, Bradford**
* **Northern Tier Community Action Corporation**
* **Erie Department of Health**
* **CAPSEA of Cameron & Elk**
* **Workforce Solutions**

**Professional Development Training:** Prevention Department staff are state approved trainers for Student Assistance Program Training.

* **Services Provided -** 2 – (3 day) SAP Training
* **Individuals Impacted -** 53 professionals SAP trained

**Information Dissemination**: Development and distribution of marketing materials such as newspaper articles, brochures, flyers, public service announcements and media campaigns.

* **ATOD Services Provided -** 421 events – 9,702 individuals impacted
* **Gambling Services Provided –** 2,168 pieces distributed
* **FASD Services Provided-** 33

**Alternative Activities:** Provide constructive and healthy social activities to offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs. These activities are provided in conjunction with an educational or skill-building activity around substance abuse prevention/education. Examples include hosting drug-free activities on New Year’s Eve, holding an after-prom party, or providing after school activities.

* **Services provided –** 101
* **Individuals Impacted –** 3,804

**Educational Presentations:** This is typically a one-time speaking engagement that offers specific alcohol, tobacco, and other drug information. Examples include gambling drug and alcohol presentations to business, agencies, and organizations.

* **Gambling Education Presentations (Adults)** – 29/ 111 individuals
* **Gambling Education Presentations (Youth) –** 133/ 201 individuals
* **ATOD Education Presentations** - 105 presentations / 1,419 individuals

**Wanna Bet:** This is a gambling prevention curriculum for students in grades 3-8 that is designed to be integrated into existing units in health, math, and life skills, or used in conjunction with an existing prevention program within the schools. Outcomes include improved critical thinking and problem-solving skills.

* **Sessions Provided -** 0
* **Youth Impacted -** 0

**Too Good for Drugs (TGFD):** Too Good for Drugs (TGFD) is an evidence-based prevention curriculum for students in Kindergarten through 12th grade that is delivered over a series of 10 sessions in the school setting. Too Good for Drugs is designed to reduce the intention to use alcohol, tobacco, and illegal drugs.

* **Classroom Services provided –** 1,457
* **Youth Impacted –** 536

**Student Assistance Program:** Provides intervention service within the school setting intended to identify and address problems negatively impacting student academic and social growth. Services include assessment, consultation, referral and/or small group education for SAP identified youth. The services are provided by cross-disciplinary staff including substance abuse and mental health professionals. Support programs provided to school students who have been identified as being at risk or using substances.

* **SAP Meetings Attended by Prevention Staff –** 254
* **SAP Team Maintenance -**12
* **Number of youths referred for drug and alcohol prevention services through SAP –** 86
* **Number of education sessions provided -** 90
* **Number of youths referred to drug and alcohol treatment though SAP** - 23

**First Time Offenders Program –** This is an early intervention service used to educate those individuals who have been convicted of a DUI or underage drinking violation but who do not meet the criteria for treatment. The First Time Offenders program provides education and promotes addiction awareness.

* **Services provided –** 29
* **Individuals Impacted –** 111

**Responsible Alcohol Management Program (RAMP) -** To help licensees and their employees to serve alcohol responsibly. Ramp explains how to detect signs of impairment and intoxication and effectively cut off service to a customer.

* **Services Provided -** 2 Trainings
* **Individuals Served** - 18

**Strengthening Families Program 10-14 -** SFP is a seven-session program for families with young adolescents that aims to enhance family-protective and resiliency processes and reduce family risk related to adolescent substance abuse and other problem behaviors. Parents are taught how to clarify expectations based on child development norms.

* **Services Provided -** 5/ 7 week sessions
* **Individuals Served -** 64

**2022-2023 Case Management and Recovery Support Report**

**Program Manager – Lisa Cherry**

**Service Overview:**

 Case management staff facilitate client entry into treatment services, determining appropriate levels of care and ensuring access to appropriate services. Functions include screening and assessment, placement determination, funding eligibility and continued stay reviews. Using the ASAM as a placement tool, a level of care is determined through a thorough assessment of the client’s needs. The case management team then works to find the most effective and appropriate treatment to meet the client’s determined placement needs. When residential placement is indicated, every effort is made to arrange treatment as appropriate and convenient to the individual and their families to ensure that all needed support and resources are as close to home as possible. ADAS contracts with a number of out-of-county providers to provide a wide range of specialized services to residents of Cameron, Elk and McKean Counties.

After the initial assessment, ADAS continues to provide ongoing case management services in accordance to the case coordination model, which provides flexibility to meet the client’s needs at any point of their recovery process. A case coordinator is available in each county as part of the efforts of the State Opioid Response (SOR) grant. The primary goals of the case managers is to increase client engagement in drug and alcohol treatment. This is done by identifying and reducing any barriers to treatment, and facilitating access to services such as primary health care, psychiatric services, housing, positive support networks, vocational training and employment. ADAS also provides assessments at the McKean and Elk County jails as well as the Cameron, Elk, and McKean County courthouses.

 Clearfield-Jefferson SCA, Penn Highlands Elk, and ADAS continue to work together as a consortium for a HRSA grant that allows ADAS to have a case manager embedded in Penn Highlands Elk Hospital. This case manager provides assessments to any individual with substance use concerns, facilitates a seamless warm hand-off process, provides representation at the Plan of Safe Care and MDIT meetings, and educates the staff on substance use issues and the importance of Narcan use and dissemination. ADAS continues to partner with UPMC Kane on a HRSA Network planning grant; incorporating several key agencies, including Area Agency on Aging, UPMC Home Health Care, and the Lutheran Home of Kane. This grant is intended to improve health of individuals with chronic illnesses, increase patients on self-directed prevention programs, and achieve greater access to pain management and reduce substance abuse in the target population. ADAS is also in partnership with UPMC Kane, BRMC and Armstrong, Indiana, Clarion (AIC) SCA on a Peer Recovery Expansion (PREP) grant. The PREP grant is intended to provide supportive services to enhance clients’ recovery utilizing Certified Recovery Specialist (CRS) embedded within UPMC Kane and BRMC hospitals. The CRS will facilitate referrals to treatment, assist with connecting clients to community resources and coordinate aftercare for each client involved with the PREP grant.

 ADAS is also a key partner for the INSPIRE initiative through Workforce Solutions, which assists job seekers with customized career planning, coaching, and funding for training through the PROSPER - From Recovery to Career program. ADAS continues to maintain the case managers hired from the Case Management FIA’s, which included two additional case managers, one to provide outreach and engagement services as well as be the liaison to the SCA for client care outside of our three counties and another to handle the significant expansion of individuals participating in recently added MAT services in Cameron County.

Medication Assisted Treatment (MAT) services are important to the individuals we serve with opioid use disorders. ADAS has partnered with Penn Highlands Integrated Recovery and Bradford Regional Medical Center to provide case management services for those involved with these MAT programs.

ADAS case managers have assisted 1,068 individuals with case management and assessment services. We continues to partner with Northern Tier Community Action on a SOR housing grant for individuals with an opioid or stimulant use disorder. During this reporting period, 33 individuals were housed and funded by this program.

Recovery support specialist (RSS) services are part of the case management department. This service offers additional support provided by a peer who has had a “lived experience” with addiction. RSS facilitate support group meetings and provide advocacy and outreach services. RSS services are available in Cameron, Elk and McKean Counties as part of the SOR grant. Our inpatient facility, Maple Manor, has a Certified Recovery Support Specialist working with Bradford Regional Medical Center as part of the overdose/warm hand-off process to provide support and make referrals for treatment. This reporting period, RSS staff have assisted 343 individuals in their recovery efforts.

**2022-23 Community Based Adolescent Treatment Report**

**Project Manager – Lisa Cherry**

**Service Overview:**

ADAS continues to provide Community Based Adolescent Drug and Alcohol (CBDA) services. This program is targeted for adolescents aged 12-18, who are experiencing alcohol/drug problems and are at risk for out of home placement or may be returning home after a residential stay. This program is led by a clinical supervisor, accompanied by a treatment specialist to deliver the service in the home, school and community settings. The average length of stay is 6-8 months with an average of 3-6 hours of therapy per week, including individual and family sessions. The CBDA program has been in operation since December 2017.

**2022-2023 Outpatient Treatment Annual Report**

**Clinical Program Manager – Jennifer Greenman**

The Outpatient Department of ADAS, Inc. provides a variety of services to the communities throughout the three-county area served. Our goal is to provide trauma-informed and clinically appropriate treatment to individuals and their families. To accomplish this, the individuals and their families are exposed to a variety of evidenced-based treatment modalities, which may be composed of individual, group or educational sessions. Other services offered are interventions, assessments, and evaluations which are available in the office, school, or jail settings. We currently provide medical consultation, legal evaluations and treatment when requested. As a co-occurring competent and trauma-informed program, all staff are trained to address the complexities of addiction and are provided enough hours to earn and maintain certifications. This fiscal year approximately 65% of the population we served were co-occurring and approximately 70% identified some type of trauma.

ADAS has four counselors certified to do gambling assessments and treatment. We had no gambling clients in treatment, or in need of an assessment this fiscal year.

This fiscal year we were re-certified and given exemplary status as a trauma-informed site. This certification is valid through January of 2025.

The Outpatient Department completed all the steps to become compliant with DDAP and the ASAM transition which started in July of 2021.

From July 1, 2022 to June 30, 2023, we provided services through offices in the following communities: **McKean County:** Bradford, Port Allegany, and Kane; **Elk County:** St. Marys, Ridgway; **Cameron County:** Emporium; **Potter County:** Coudersport. All offices, with the exception of the Emporium office, maintains a full time staff which provides evening appointments. The Emporium office is by appointment only.

This fiscal year the most prevalent substance individuals were seeking care for was alcohol. Other opiates, marijuana, and methamphetamines were the other substance coming in the top four. The percentage of those in treatment for alcohol was forty-five percent (45%), opiates was eighteen (18%), marijuana was seventeen percent (17%) and methamphetamine was fifteen percent (15%).

Most of the referrals for services were from county and state parole/probation and the court system, with seventy-one percent (71%) of the referrals coming from these sources. The other referrals were from other human services agencies, self, and family members.

Four hundred and twenty-two (422) individuals were served at this level of care this reporting period. The most significant age range was the 26-35 age group, with thirty-seven percent (37%) in that category.

Outpatient therapists continue to provide treatment to the school districts in the three-county area. Our agency served nineteen different schools, which include five in Elk County, seven in McKean County, and one in Cameron County. A total of thirty-one (31) new assessments were completed and approximately one hundred and nine (109) hours of treatment were provided in the schools this fiscal year.

The outpatient department provides treatment services in the McKean and Elk County prisons with one hundred and thirty-two (132) hours of treatment were provided in this setting.

**2022-2023 MAPLE MANOR – INPATIENT TREATMENT REPORT**

**Clinical Program Manager – Jennifer Greenman**

The Maple Manor program is a 24-bed residential facility. The treatment provided centers on the belief that substance use disorder is a primary, chronic, progressive and relapsing disease and when left untreated, can be fatal. Several evidenced-based treatment modalities are used including the 12-step program of Alcoholics Anonymous and Narcotics Anonymous, cognitive behavioral, and motivational interviewing. Treatment is provided by experienced professionals who consider the unique needs of each individual. Therapists use the six dimensions of ASAM to develop an individualized treatment plan which includes family when possible. Trauma-informed and compassionate treatment is provided to those in need of care. We are able to treat individuals with co-occurring needs by making available medical and psychiatric care. The program is under the supervision of the Medical Director. On staff are two case managers who assist clients with all non-clinical needs such as housing, employment, medical and psychiatric referrals. In addition, a certified recovery support specialist is on staff to assist with recovery planning and follow-up support. Coordination between the outpatient case management and recovery support departments occurs weekly. The outpatient counseling department provides follow-up outpatient therapy and the prevention department assists with smoking cessation and parental education.

Referrals for care came primarily from the legal system (50%). We received out-of-county referrals from Warren, Tioga, Potter, Clearfield, Jefferson and Clarion Counties.

Individuals were treated in the inpatient setting for various drugs of choice including: methamphetamines (41%), opiates (31%) and alcohol (24%).

This fiscal year the population of all inpatient clients was sixty-eight percent (68%) male and thirty-two percent (32%) female. The age breakdown was thirty-eight percent (38%) of individuals between the ages of 26-35. Only 6 percent (6%) were over the age of 55. This is consistent with last fiscal year.

R 9/8/2023