

Community Guidance Center



Drug & Alcohol Department Annual Report Fiscal Year 2023 - 2024 (July 1, 2023-June 30, 2024)



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EXECUTIVE MANAGEMENT AND BOARD OF DIRECTORS

Table 1

Executive Management Team

Name	Title
Darrin Mikula, CPA, MBA, FHFMA	Chief Executive Officer
Shawn Brisbane, MA	Chief Operations Officer
Reece Rahman, Psy.D.	Chief Clinical Officer
Brittany Toman	Chief Financial Officer
Julie Dunmire	Chief Quality Officer
Kerry Ray	Human Resources Director

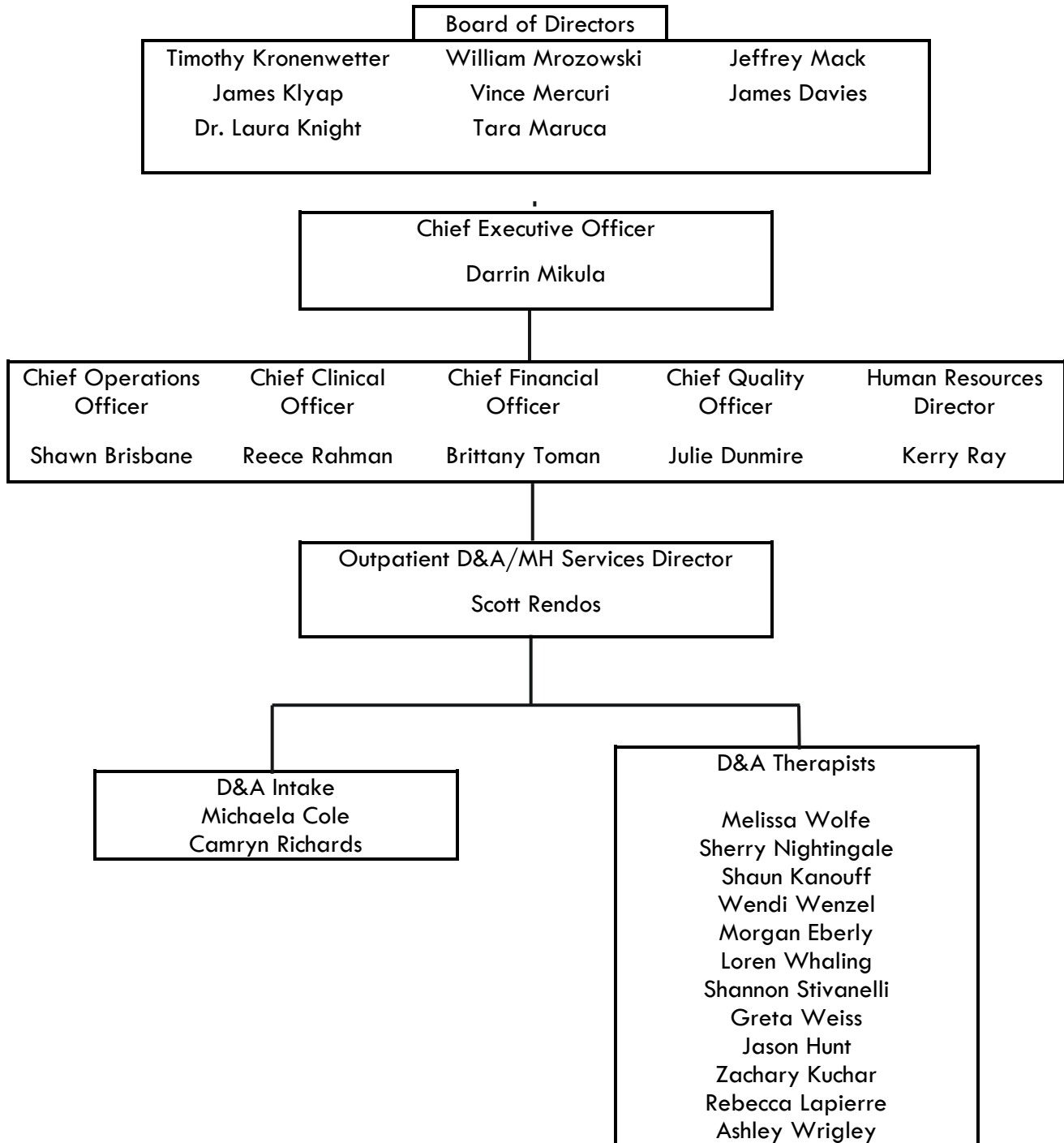
Table 2

Board of Directors

Name	Title
Timothy Kronenwetter	Chairperson
James Klyap	Vice Chairperson
Jeffrey Mack	Treasurer
Tara Maruca	Secretary
Dr. Ralph May	Member
James Davies	Member
Dr. Laura Knight	Member
Vincent H. Mercuri	Member
James Davies	Member

Figure 1

Organizational Leadership Chart: Drug and Alcohol Department



OVERVIEW OF CGC DRUG AND ALCOHOL DEPARTMENT

Community Guidance Center (CGC) is a private, non-profit 501(c)(3) corporation operating an Outpatient Drug and Alcohol Program (D&A). It is the Board of Directors' policy that D&A primarily serves residents of Clearfield, Jefferson, and Cambria Counties. However, consumers from other counties can also be helped by CGC if capacity allows. CGC is contracted with multiple Single County Authorities (SCA) to provide level-of-care assessments, drug and alcohol assessments, and outpatient therapy.

Referrals for D&A will be accepted from any source. There are currently no limitations for taking consumers seeking drug and alcohol treatment. County Probation Offices and the Pennsylvania State Boards of Probation and Parole are CGC's primary D&A referral sources (e.g., a requirement for individuals to meet Act 122 standards to have their driver's license reinstated after a DUI include drug and alcohol evaluation and treatment).

The D&A program serves individuals of any age with clinically identified or observed substance abuse tendencies, patterns, or problems. Along with their significant others and close family members who could benefit from outpatient therapy, these individuals are our primary consumers in this particular program. Furthermore, accepted into the treatment program are individuals who are court-ordered to undergo treatment for drug and alcohol services. CGC has identified the following populations as the highest priority for D&A: pregnant intravenous drug users, pregnant women, intravenous drug users, women with children, consumers with Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), discharges from more intensive treatment D&A programs, MISA patients, persons with co-existing medical conditions, adolescents, and veterans.

CGC D&A OFFICE LOCATIONS AND HOURS

The D&A program operates out of three office locations located in DuBois, Clearfield, and Northern Cambria, Pennsylvania. Each office is open Monday through Friday and closed on Saturday and Sunday. All CGC office locations are closed during most national holidays.

Table 3

CGC Drug and Alcohol Program Office Locations and Hours of Operation

CGC Office	Address	Phone Number	Hours
DuBois	490 Jeffers St DuBois, PA 15801	814-371-1100	Monday and Wednesday: 8 - 8 Tuesday and Thursday: 8 - 6 Friday: 8 - 5 Saturday and Sunday: Closed
Clearfield	600 Leonard St Clearfield, PA 16830	814-765-5337	Monday and Wednesday: 9-6 Tuesday: 9 - 7 Thursdays: 9-5 Friday: 10-5 Saturday and Sunday: Closed
Northern Cambria	4205 Crawford Ave Northern Cambria, PA 15714	814-420-8673	Monday: 11 - 7 Tuesday, Thursday and Friday: 9 - 5 Wednesday: 9 - 6 Saturday and Sunday: Closed

D&A PROGRAM DESCRIPTION

Community Guidance Center offers site-based outpatient drug and alcohol services in our Clearfield, DuBois, and Northern Cambria offices. These services include traditional outpatient therapy and intensive outpatient treatment.

The foundation of the D&A program predicated the belief that people can and do recover from the impacts of substance use. The program design instills hope and empowers consumers to identify valued community roles and gain the skills and resources needed to support sobriety. To this end, the program offers an array of services, including comprehensive evaluations, consultation, person-centered individualized treatment planning, individual, group, and family therapy, and individualized aftercare planning.

Treatment models utilized include Motivational Interviewing (MI), Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), Rational Self Analysis (RSA), and Rational Emotive Behavioral Therapy (REBT).

PROGRAM PHILOSOPHY

Community Guidance Center's D&A outpatient philosophy is that each consumer benefits from individual treatment plans tailored to their specific needs. The ultimate goal for each consumer is to realize and experience a full and rewarding lifestyle without the use of substances. D&A sets firm, realistic expectations for consumers while emphasizing self-accountability as an integral component of effective recovery. The D&A program incorporates family involvement and multi-dimensional healing of the affected consumer to accomplish this.

PROGRAM ACCOMPLISHMENTS

CGC's D&A program experienced several significant changes and important accomplishments during the fiscal year that include the following:

- Management grew the Intensive Outpatient Drug and Alcohol position.
- Relationships were strengthened with our local Drug Courts in Jefferson County.
- Relationships were strengthened with our local Adult Probation in Clearfield County and Jefferson County to ensure quality care.
- The CGC D&A program is attracting Employee Assistance Program referrals from other employers/companies/organizations.
- During this year other licensing bodies accredited these individuals. Camryn Richard LSW, Scott Rendos LPC
- Our Medical Assisted Treatment group is up and running and generating momentum.
- CGC staff continue to attend and are active members of several community-based committees such as the Overdose Task Force, Heroin Task Force, Clearfield/Jefferson County Collaboration and Prevention Board, and Drug Free Coalitions, and Suicide Task Force.
- Implemented Drug testing in the Intensive Outpatient program to assist with relapses and appropriate levels of care being assigned.
- Improved relationships with inpatient treatment providers, like Oil Region recovery and Cove Forge
- CGC staff have assisted with Recovery Simulations in Clearfield/Jefferson, and Armstrong, Indiana, and Clearfield counties

UPCOMING FISCAL YEAR (2023-2024) D&A TRAINING PLAN

As contemporary public health concerns over substance abuse evolve, so too does the D&A program at CGC. New research and treatment methods constantly provide new avenues for successful substance abuse treatment and recovery methodologies that counteract historically common conditions like

alcoholism as well as more recent epidemics such as the opioid crisis. The upcoming fiscal year includes training and expansion items to adapt to these conditions as follows:

- Utilize the newly created training tracking system to ensure all staff complete their required DDAP trainings within the required time frames throughout the 2023/2024 training year.
- Utilize the newly created training tracking system and partner with the Clearfield/Jefferson and Northern Cambria D&A Commissions to locate ASAM approved trainings to train all newly employed staff and ensure previously trained staff remain up to date on ASAM standards for implementation throughout the 2023/2024 training year.
- CGC will identify effective trainings to effectively accommodate working with individuals with stimulant use disorders and to aid them in overcoming concerns through the 2023/2024 training year.
- Identify and implement additional trainings, both internal and external, to ensure the principles of BHARP and the Sanctuary® Model are upheld post-certification. This will be completed throughout the 2023/2024 fiscal year.
- CGC has recently obtained internal certified trainers in Crisis, Prevention and Intervention and CPR/First Aid. CGC will utilize an internal training tracking system to ensure all appropriate staff are trained in the models and demonstrate proper implementation throughout the 2023/2024 fiscal year.
- CGC is engaged in the Heroin Task Force and Overdose Task Force within the community to better serve not only our consumers, but the community as a whole. Through these initiatives, trainings and community projects will be identified to better combat Pennsylvania's rising opiate epidemic. This will occur throughout the 2023/2024 fiscal year.
- CGC will identify trainings and effective resources to improve trauma informed care with those that are currently working in recovery through 2023/2024.

D&A REVENUE AND EXPENSES

Funding and payment sources for D&A services at CGC include state and county-funded programs and resources such as Community Care Behavioral Health (CCBH, Clearfield County), Magellan Managed Care, Medical Assistance and Medicare, personal payments (self-pay), and the Single County Authority Drug and Alcohol (SCA D&A). Table 4 displays the results for revenue for the 2023 fiscal year compared to the 2022 fiscal year. CGC experienced an increase in its D&A revenue during the 2023 fiscal year. CCBH revenue increased from \$219,352 in 2022 to \$269,034 in 2023 in correlation with increased admissions from Clearfield County. This funding source accounts for 80% of department revenue. Medical Assistance and Medicare payments in 2022 were \$1,568 and \$534 in 2023. Self-pay had a significant decrease from \$13,731 to \$8,319 a 2% decrease from the previous year. SCA D&A payments decreased significantly at a drop from \$33,368 to \$25,042. Value Behavioral Health and commercial insurance payments also decreased from \$44,416 to \$27,616. This statistic suggests D&A consumers increasingly rely on state/county-funded resources for D&A treatment.

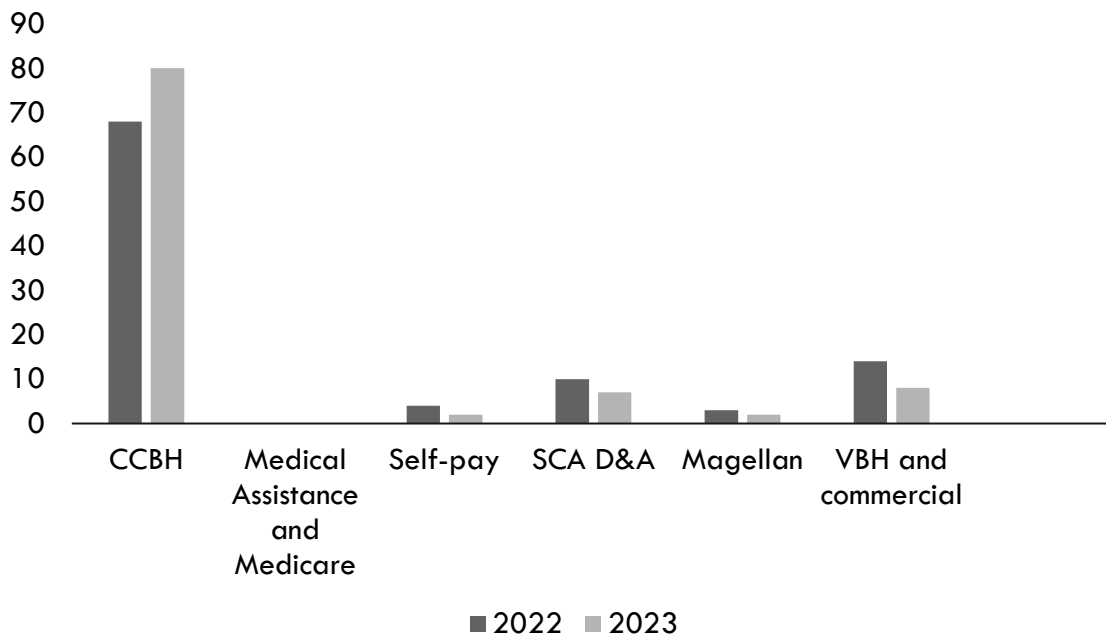
Table 4
Revenue and Payment Sources

	2022	2022%	2023	2023%
CCBH	219,352	68%	269,034	80%
Medical Assistance and Medicare	1,568	0%	534	0%
Self-Pay	13,731	4%	8,319	2%
SCA D&A	33,368	10%	25,042	7%
Magellan	8,818	3%	6,886	2%
VBH and Commercial	44,416	14%	27,616	8%
Total	321,256		337,431	

Note. Values are in whole dollars.

Figure 2

Revenue and Payment Sources Percent



Expenses for the D&A program this fiscal year rose at a similar rate to program revenue (see Table 4), which generated \$16,175 more than the previous year. D&A expenses rose by 2% (\$3,901). As demonstrated in Table 5, expenses were quite similar to the previous year with salaries, wages and employee benefits increasing to 73% of the expended budget and other dropping to 27%.

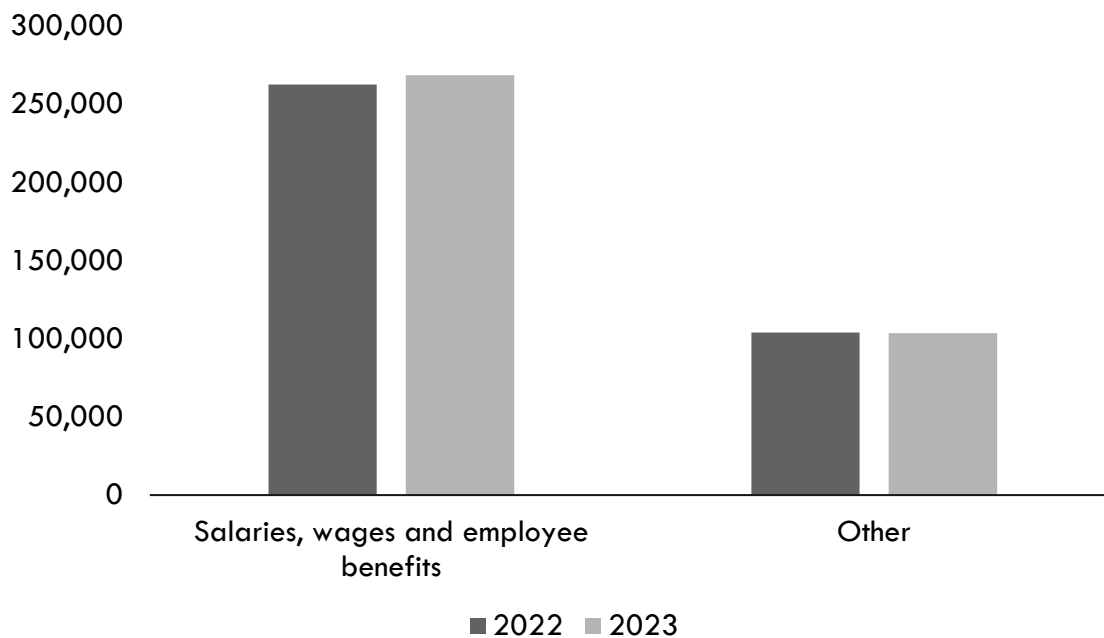
Table 5

D&A Expenses

	2022	2023
Salaries	262,380	268,204
Employee benefits	77,030	75,554
Other	103,957	103,510
Total	443,367	447,268

Note. Values are in whole dollars.

Figure 3

D&A Expenses by Year

D&A ADMISSION STATISTICS

The D&A program saw a decrease in admissions. There were 17 fewer admissions to the CGC D&A program this past year (302), whereas 319 during the previous fiscal year, showing a 5% decrease in admissions. That figure demonstrates (at least in the areas serviced by CGC), substance use disorders decreased, the number of people seeking treatment for substance use disorders decreased, or both conditions existed concurrently. Most likely, populations decreased, fewer people sought treatment due to the pandemic or preferred to seek treatment outside of CGC. The most notable change occurred in Jefferson County, serviced by CGC's DuBois office. There was an 18% decrease in admissions from 104 in the 2022 fiscal year to 85 this past fiscal year. Notably, most counties have shown a slight decline in CGC admissions YOY.

Table 6

D&A Admissions 2022 Fiscal Year and 2023 Fiscal Year

County	2022	2023	Increase	Decrease
Allegheny	0	0		
Armstrong	0	0		
Butler	0	0		
Cambria	13	13		
Cameron	0	1	+1	
Centre	1	0		-1
Clarion	1	0		-1
Clearfield	192	195	+3	
Elk	4	5	+1	
Indiana	2	2		-2
Jefferson	104	85		-19
McKean	0	0		
Unidentified	2	1		-1
Total Admissions	319	302	+5	-24

The distribution of admissions by office stayed the same to the previous year. The DuBois office accounted for 70% of the total program admissions. The remaining D&A admissions were seen at the Clearfield center (22%) and Northern Cambria (5%). Noticeably, the Clearfield center had 3 more admits, the number still represented 22% of total program admissions.

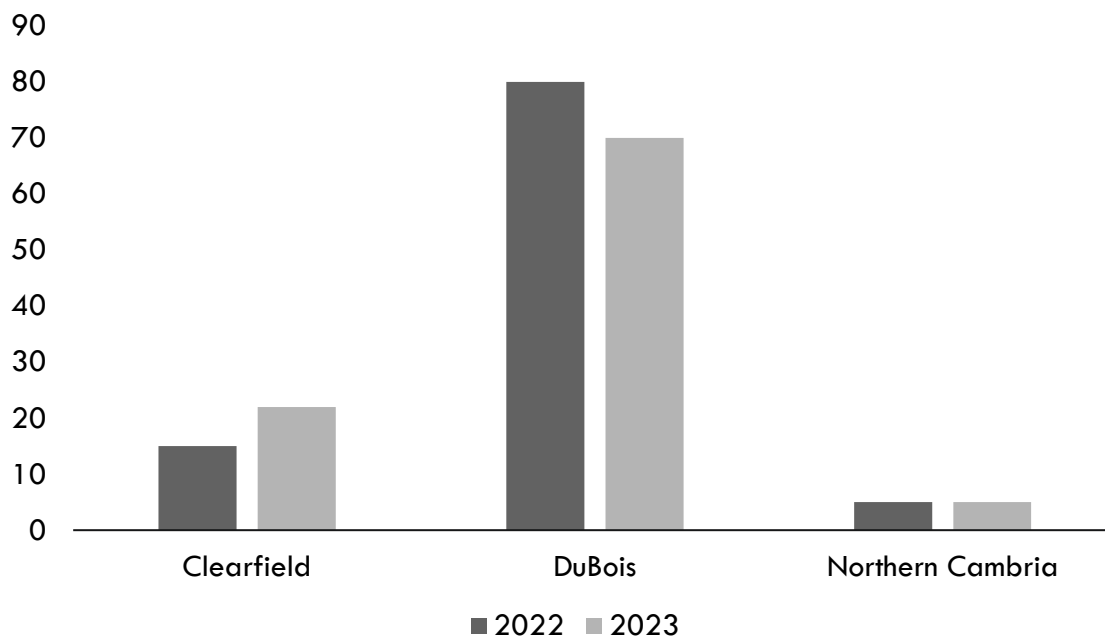
Table 7

Admissions by Office

Office	2022	2021%	2022	2022%
Clearfield	50	15%	69	22%
DuBois	262	80%	212	70%
Northern Cambria	17	5%	16	5%
Total	329		297	

Note. Admissions by office totals can vary from total admissions by county due to dual admissions, transfers and other variables.

Figure 4

Admissions by Office Percent

D&A ADMISSION DEMOGRAPHICS

Consumer demographics from the D&A program provide essential evidence that helps mental and behavioral health professionals effectively identify the groups at highest risk for substance use disorders and conditions. This data further allows these professionals to develop more specific treatment methodologies and approaches to suit the needs of these groups. The following data, tables, and graphs provide a comparative summary of consumer demographics from the last two fiscal years.

Table 8 displays results for admission by gender. The 2023 fiscal year exhibited a substantial difference between males and females. The male was the larger of the two groups.

Males comprised 63% of the serviced population for 2023, while females accounted for 45%.

Table 8

Admission by Gender

Gender	2022	2021%	2023	2022%
Female	128	41%	108	45%
Male	190	59%	193	63%
Unidentified	1	0%	1	<1%
Total	319		302	

Detailed in Table 9 is age distribution. Few notable changes occurred between fiscal years in this demographic. Admissions in all age groups showed a *decline* YoY. Proportionately, however, all age ranges were similarly distributed among the admitted ages as compared to 2022. In 2022 and 2023, individuals aged 25-34 (32%) had the greatest number of admissions while the age group of 35-44 (31%) had the second highest admissions for both years. These negatively skewed results (see Figure 5) demonstrate that substance use disorders are more likely to occur between the ages of 25-44, rather than those typically considered at-risk populations such as 14 years of age and younger. These numbers only come from one agency, but they bear substantial weight for CGC and potentially other institutions and organizations in the same region that provide similar D&A services.

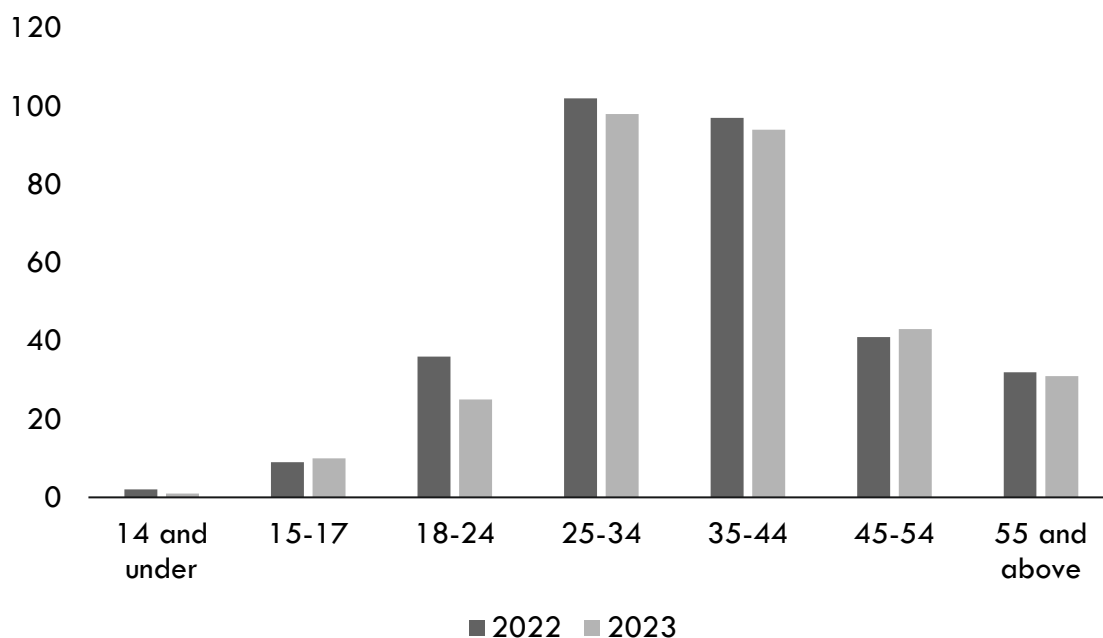
Table 9

Age of Admitted D&A Consumers

Age	2022	2022 %	2023	2023 %
14 and under	2	<1%	1	<1%
15-17	9	3%	10	3%
18-24	36	11%	25	8%
25-34	102	32%	98	32%
35-44	97	31%	94	31%
45-54	41	13%	43	14%
55 and above	32	10%	31	10%
Total	319		302	

Figure 5

Age of Admitted D&A Consumers



Race distribution details in Table 10 show the population served overwhelmingly identifies as White. This group saw a decrease in admissions and still comprised 91% of D&A admissions. Unidentified was the second largest group, increasing from 17 to 19 accounting for 6% of total admissions. All other races documented account for less than 2%. Compared with age data listed in the table above, average D&A consumers tend to be white, mid-middle-aged males.

Table 10

Race of Admitted D&A Consumers

Race	2022	2022%	2023	2023 %
White	297	93%	275	91%
Black/African American	2	1%	5	2%
American Indian/Eskimo/Aleut	0	0%	1	<1%
Asian	0	0%	0	0%
Native Hawaiian/Pacific Islander	0	0%	0	0%
Unknown	1	<1%	0	<1%
Other	2	<1%	2	1%
Unidentified	17	5%	19	6%
Total	319		302	

SPECIAL CONCERN POPULATIONS

There are four consumer categories of special concern whose conditions receive high priority status. They include Hepatitis C referrals, intravenous drug users, pregnant women and women with children. The total number of these cases for the 2023 fiscal year numbered 152. The total number of these special concern admissions increased significantly by (130) from 2022-2023. However, Hepatitis C referrals decreased from 45% in 2022 to 19% in 2023 while pregnant women and women with children (combined) declined from 46% in 2022 to 24% in 2023.

Table 11

Special Concern Population Admissions

Condition	2022	2022%	2023	2023%
Hepatitis C	10	45%	29	19%
Intravenous Drug Users	2	9%	87	57%
Pregnant Women	3	14%	0	0%
Women with Children	7	32%	36	24%
Total	22		152	

PRIMARY DRUG OF CHOICE

The D&A program at CGC identifies five substance groups as consumers' foundational drugs of choice. They include alcohol, opiates (i.e., heroin), marijuana/THC, amphetamines/methamphetamines, and other. Unlike past years Marijuana is the most reported substance, observed is an increase in 2023 (67 admissions) from 2022 (62 admissions). Amphetamines/methamphetamines were the second greatest drug of choice, reduced from 67 in 2022 to 64 in 2023. The Alcohol admissions total accounted for 18% of admissions in 2023. The remainder or the other substances of choice were combined and accounted for 21% of total admissions.

Table 12

Drug of Choice for D&A Consumers

Drug of Choice	2022	2022%	2023	2023%
Alcohol	84	26%	56	18%
Opiates (incl Heroin)	57	18%	51	16%
Marijuana/THC	62	19%	67	22%
Amphetamines/Methamphetamines	67	21%	64	21%
Other (incl opioids, benzodiazepines, suboxone, nicotine, tobacco)	49	15%	64	21%
Total	319		302	

Overall, the drug of choice remained relatively proportionate and similar. While opiates continue to decrease, use of these drugs often coincides with using the other (National Institute on Drug Abuse, 2019). For example, opiate usage from prescription medication can lead to subsequent heroin usage. It is also an interesting finding that the "other" drug of choice (i.e., opioids, benzodiazepines, suboxone, nicotine, tobacco) has increased significantly from 15% in 2022 to 21% in 2023 to offset the decline in the drug of choice.

CONCLUSION

This report's descriptive statistics and analysis can establish some generalized observations. First, the overall size and capacity of the D&A program remained about the same as last year. The vast majority of admissions continue to occur in Clearfield County at the DuBois and Clearfield offices. The Northern Cambria office experienced a decline during 2022 but, as stated in last year's report, is likely to grow in the coming fiscal year. While ranking last in the top 'Drug of Choice for D&A Consumers', the "Other" drug of choice (i.e., opioids, benzodiazepines, suboxone, nicotine, tobacco) has increased significantly YoY.

Lastly, the average age of admitted substance abusers shifted towards the 25-34 demographic this past year. This data suggests that as usage increases in our community, other drugs of choice are becoming a significant contributor to local substance use disorders. Further, this could be a substantial concern with this demographic.

REFERENCES

National Institute on Drug Abuse. (n.d.). Heroin. Retrieved July 28, 2019, from

<https://www.drugabuse.gov/publications/drugfacts/heroin>