

Commonwealth of Pennsylvania

Compulsive and Problem Gambling Annual Report

2010

October 1, 2010

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MISSION

The mission of the Compulsive and Problem Gambling Program is to increase public awareness of services available for problem gamblers and their family members, ensure the widespread availability of treatment programs for problem gamblers and their families and implement evidence-based problem gambling prevention programs throughout Pennsylvania.

COMPULSIVE AND PROBLEM GAMBLING TREATMENT FUND OVERVIEW

Problem gambling is, and will continue to be, a compelling public health concern affecting Pennsylvanians of all ages, races and ethnic backgrounds in communities across the commonwealth. The societal and economic costs can be significant, but they can be countered by targeted treatment and prevention programs aimed at minimizing harm to both the individual and society as a whole. The Department of Health (Department), Bureau of Drug and Alcohol Programs (BDAP) has worked to develop and implement a comprehensive, coordinated and effective compulsive and problem gambling program for the commonwealth since the passage of Act 71 in 2004, which was amended by Act 2010-01. Act 2010-01 was enacted on January 7, 2010 to amend Act 2004-71, “The Pennsylvania Race Horse Development and Gaming Act.”

In continuing to serve the commonwealth, the Department continues to work with the Pennsylvania Gaming Control Board, the Council on Compulsive Gambling of Pennsylvania, relevant stakeholders and others who are committed to helping those with a gambling problem. As required under Act 2010-01, the Department has prepared this document to report on the impact of the programs funded by the Compulsive and Problem Gambling Treatment Fund.

BDAP is designated as the lead agency within the Department for the management of the Compulsive and Problem Gambling Program. The Department is tasked with providing programs for public education, awareness and training regarding compulsive and problem gambling, as well as the treatment and prevention of compulsive and problem gambling. As stated in Act 2010-01, each

year, the sum of \$2,000,000 or an amount equal to .002 multiplied by the total gross terminal revenue of all active and operating licensed gaming entities, whichever is greater, shall be transferred into the Compulsive and Problem Gambling Treatment Fund for the compulsive and problem gambling program.

DRUG AND ALCOHOL TREATMENT

Additionally, Act 2010-01 created a new requirement to transfer dollars in the amount of \$3,000,000 annually from the State Gaming Fund to the Department of Health. The full amount of these funds are allocated to the Single County Authorities (SCAs) solely for financing drug and alcohol addiction assessments, including drug and alcohol addiction assessments associated or related to compulsive and problem gambling, and for the related addiction treatment in non-hospital residential detoxification facilities, non-hospital residential rehabilitation facilities and halfway houses licensed by the Department of Health to provide addiction treatment services. The following report reflects activities and expenditures by each service category. Units of service for Activity 88A Assessments are measured in accordance with each SCA's billing system.

SUPPLEMENTAL PROGRAM ACTIVITY/EXPENDITURE REPORT

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adolescent Clients</u>	<u>Expenditures</u>
88A Assessments	3,274	60	\$318,387
82A Inpatient Detox	499	0	\$338,336
82B Inpatient Short-Term Rehab	836	9	\$1,875,757
82B Inpatient Long-Term Rehab	32	0	\$93,484
82B Inpatient Co-occurring Rehab	165	0	\$342,337
82C Halfway House	24	0	\$31,699
Grand Total Expenditures			\$3,000,000

The utilization of a single fiduciary agent to manage distribution of these funds for State Fiscal Year 2009-2010 was exercised due to the late passage of Act 2010-01 and the subsequent transfer of the initial \$3,000,000 to the Department of Health in March of the same year. Given that the annual availability of these funds is limited to a single state fiscal year, it was considered problematic to amend and execute grant agreements to the 49 SCAs operating during that period and for expenditures to occur by June 30, 2010.

Establishing the West Branch Drug and Alcohol Abuse Commission as fiduciary agent was considered an expedient remedy to

distribute and expend funds on a timely basis prior to expiration of these funds. In the current and future years, these funds will be included in the individual grant agreements with the SCAs.

The Grant Agreement with West Branch Drug and Alcohol Abuse Commission was amended in March 2010 for the SCA to function as a fiduciary agent for these funds and to distribute the funds in accordance with allocation amounts determined by BDAP. In order to access these funds, SCAs with the ability to utilize funds for assessment and placement into non-hospital inpatient treatment invoiced the West Branch Drug and Alcohol Abuse Commission. Although the West Branch Drug and Alcohol Abuse Commission invoiced for the full \$3,000,000 in April 2010, the invoice wasn't paid by Pennsylvania Treasury until August 2010. Given the significant delay in paying the West Branch Drug and Alcohol Abuse Commission invoice, SCAs did not begin receiving these funds until late August 2010.

Under Act 2010-01, BDAP is required to report to the Governor and members of the General Assembly on data and progress of activities associated with these funds. In order to address this mandate, BDAP has implemented specific reporting requirements to identify number of clients served, units of service delivered, actual services provided, identification of providers delivering the services and amount of expenditure incurred by each provider.

SCA Expenditures (Appendix B) for State Fiscal Year 2009/2010 total \$3,000,000.

HELPLINE

In December 2006, within four weeks of receiving notice of the availability of funds, the Department established a Gambling Addiction Information and Referral line: 1-877-565-2112. This Helpline number is solely owned by the commonwealth and, therefore, will remain constant, even as contractors, providers and assistance organizations may change. The Department also made a strategic decision to expand the scope of the referral line to include not only family members, as stated in the legislation, but also individuals who may be in crisis situations or experiencing difficulties as a result of compulsive and problem gambling. By offering an expanded scope of referral, we are able to best serve those experiencing multiple issues, such as an individual with a gambling addiction also battling substance or alcohol abuse.

From July 1, 2007 through January 1, 2010, BDAP contracted with Bensinger, DuPont and Associates, Inc. to provide gambling helpline services across the Commonwealth of Pennsylvania.

In January 2010, BDAP established a contract with the Council on Compulsive Gambling of Pennsylvania (CCGP) to administer the Helpline for crisis counseling and referral services to problem gamblers and their families who may be experiencing difficulty as a result of problem or compulsive gambling. The CCGP provides problem gambling trained operators to take Helpline calls 24-hours a day, seven days a week, in a free and confidential manner. Calls can be answered in English, Spanish and over 60 other languages utilizing the American Telephone and Telegraph (AT&T) language service.

The operators collect as much data from each caller as the context of the call allows. Each call is assessed for the most appropriate referral information, and the caller is given names, phone numbers, descriptors, etc. for the resources being suggested.

Helpline resources include referrals to Pennsylvania gambling treatment providers and all Gamblers Anonymous and Gam-Anon meetings in the commonwealth and those meetings from New Jersey, Ohio, New York, West Virginia and Maryland that may be helpful and convenient for each caller. These meeting lists are updated no less than quarterly and often on a per change basis, meaning that as soon as the CCGP becomes aware of a change in meeting schedule(s), an update is sent to the Helpline. The Helpline also maintains a list of approved providers if other issues are identified. These are licensed/certified behavioral health care specialists (psychiatrists, psychologists, social workers, counselors etc.).

BDAP is confident that callers are getting the attention and information they are seeking. Even those who call for lottery or casino information (mistakenly calling the Helpline) are treated as information seekers and given a brief description of our services.

Some of these individuals have turned into help seekers or thanked us for information they admit they may use at a later date.

There has been a small but consistent flow of callers who call a second time, after having agreed to call and report back on their status and the referrals they have used. These are indicated as “follow-up calls” in the call data.

What appears to be an unavoidable concern is the actual data collection. Since the priority of each call is the need of the caller, data collection comes second. During some calls, there is neither the time nor the opportunity to collect such data. Helpline staff’s

priorities are to establish a relationship with callers, put them at ease, determine their needs, as well as crisis concerns, at risk behavior, etc. and offer immediate assistance.

The CCGP continues to work with the Helpline staff and supervisors to encourage and coach new staff to do the best they can to collect as much of this data as possible. Increasing the consistency of the reported data, especially when callers use different terms to describe gambling preferences, is a priority. For example, slots, video poker and “machines,” although the same thing to some callers, are different things to others. Another example is card games, which may mean blackjack for one caller, poker for another, pai gow, etc. However, each gambler is encouraged to define his/her game, and this information is logged as accurately as possible by the Helpline staff. A small sample of test calls were made by the CCGP and BDAP, and, on each occasion, our test caller was treated with respect, sensitivity, professionalism and kindness. Each operator went an extra step or more to be of assistance. All of the test callers were given correct and current referral information for GA meetings, counseling and types of available services. In order to ensure all referral information is current, updates to the referral list for BDAP providers and private providers are to be made within 30 days of notification. However, the majority of updates have been made within seven days of notification.

The Gambling Helpline Information on the following charts (A through S below) reflects values over a six-month span (January 1st, 2010 through June 30th, 2010). During the previous 2009-2010 state fiscal year, a change in contractors occurred six months into the year and, due to this change, the Helpline data sets were not congruent. Because there was no way to display both in a clear approach, the most measurable data set was selected for these reporting purposes.

Figure A

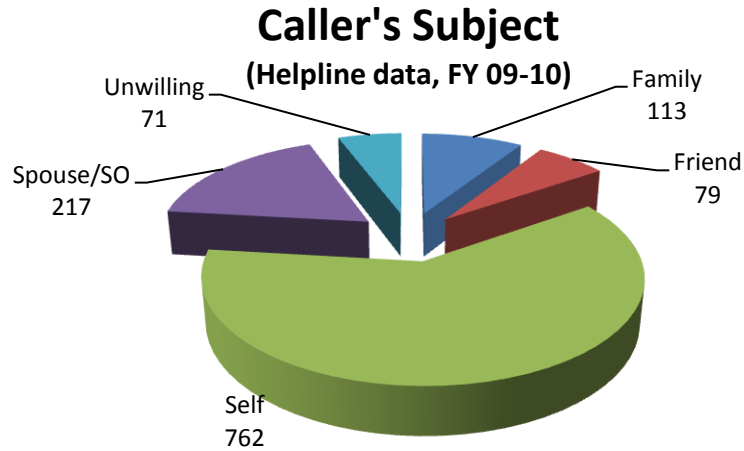


Figure A displays the type of caller who contacted the Gambling Helpline, and the number of calls received.

Figure B, at right, displays the *gender* of the identified problem gambler. A category of *unasked* was included to capture those callers who weren't asked their gender. This graphic does not necessarily reflect the *caller's* gender.

Figure B

Gambler's Gender (Helpline data, FY 09-10)

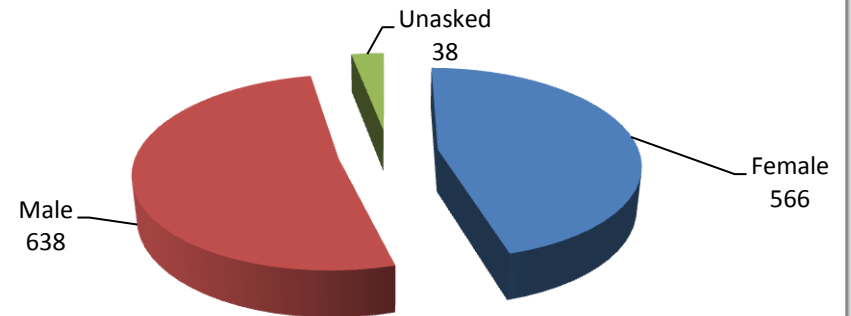


Figure C

Ethnicity of Gambler (Helpline data, FY 09-10)

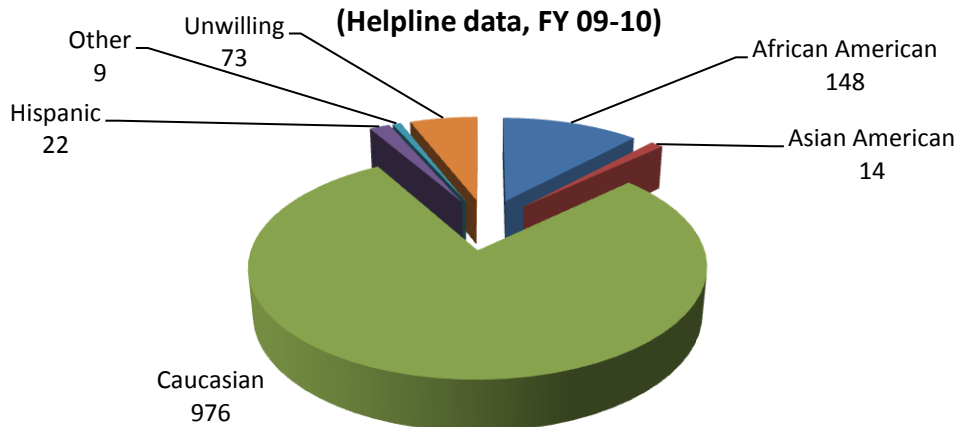


Figure C, left, breaks down the *ethnicity* of the identified problem gambler. This graphic does not necessarily reflect the *caller's* ethnicity.

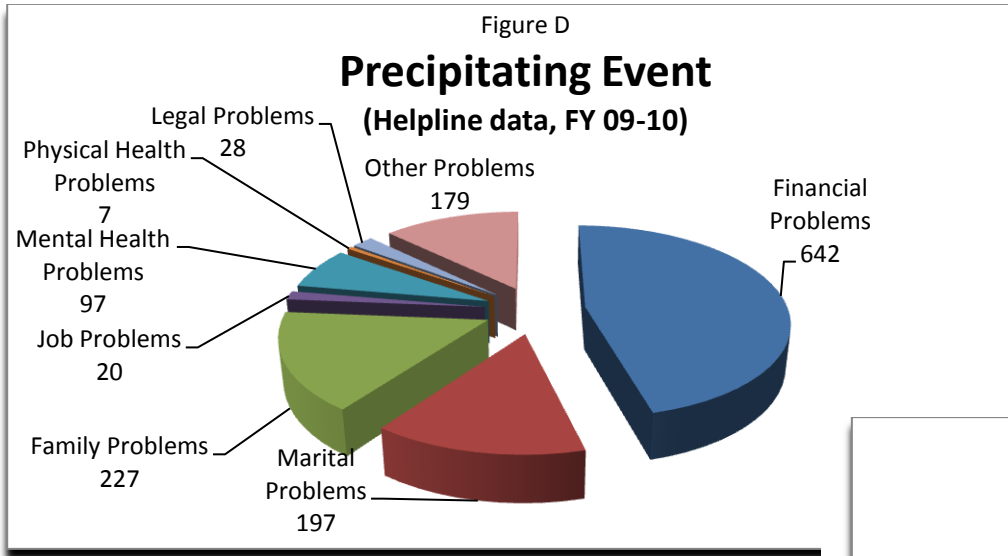


Figure D displays the *precipitating event* of the caller who contacted the Gambling Helpline. At left, you will see a breakdown of each problem which resulted from gambling. Some callers identified more than one event.

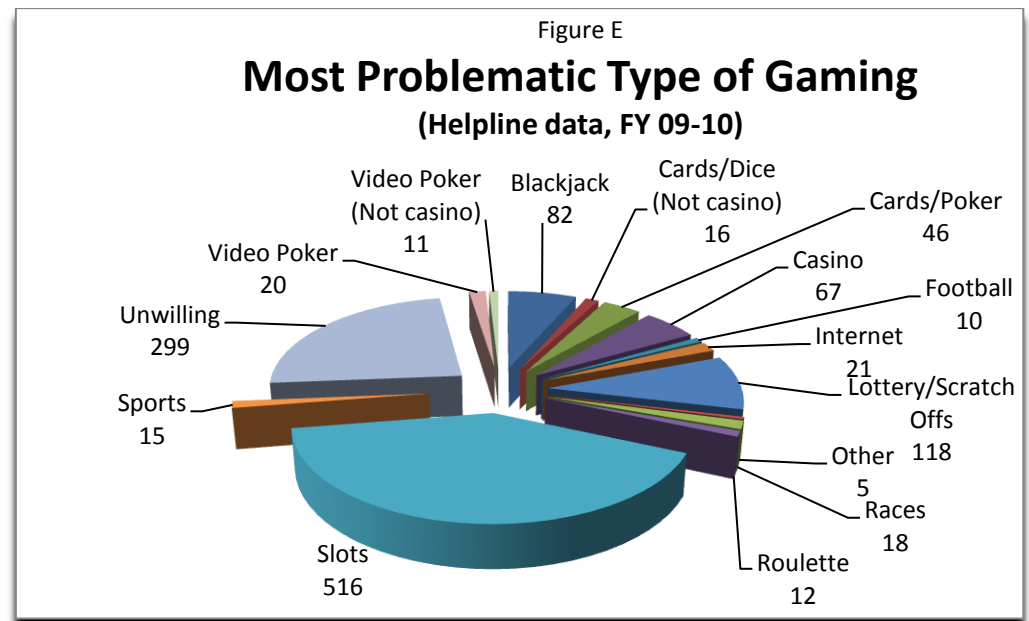


Figure E, at right, displays the *most problematic type of gaming*. This data is gathered to identify games of preference. Some callers identified more than one type.

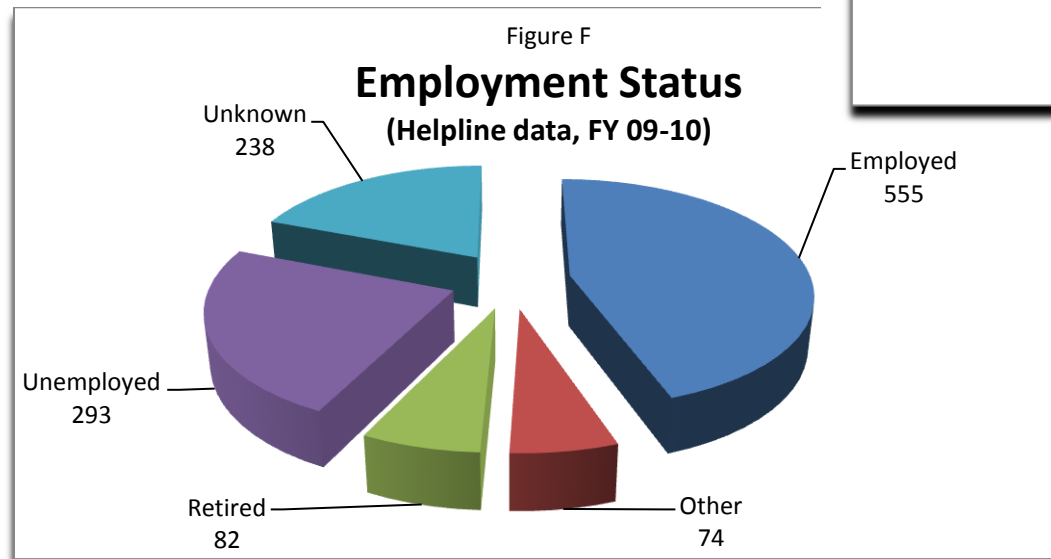


Figure F, left, breaks down the *employment status* of the problem gambler. As seen in the chart, more gamblers claim to be employed at call time than otherwise.

Figure G

Age Group of Gambler

(Helpline data, FY 09-10)

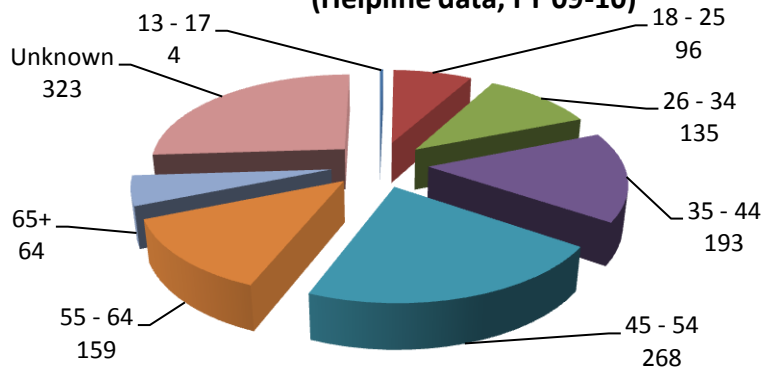


Figure G, left, displays the *age group* of the gambler. The top value is a breakdown of each age group, with the number of calls taken noted below.

Figure H, at right, displays the *number of children* for each gambler. The value is listed in correspondence with the category name.

Figure H

Number of Children

(Helpline data, FY 09-10)

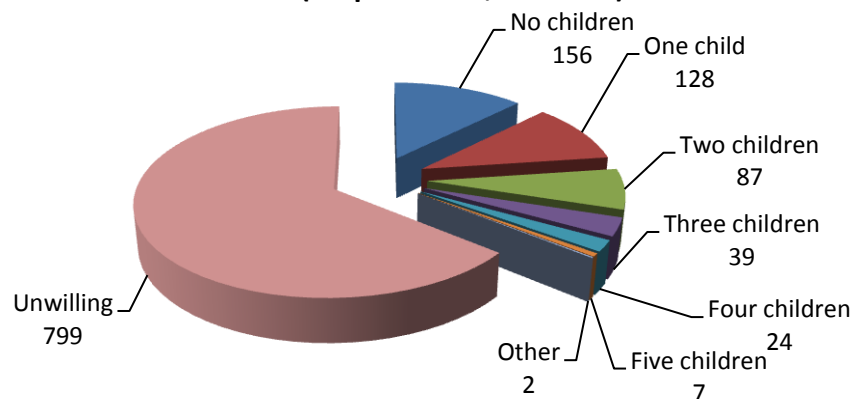


Figure I, left, breaks down the *other problems identified*. The asterisk indicates the possibility of skewed data due to the caller being able to answer "yes" to more than one question. In some cases, the caller may not present other problems.

Figure I

Other Problems Identified*

(Helpline data, FY 09-10)

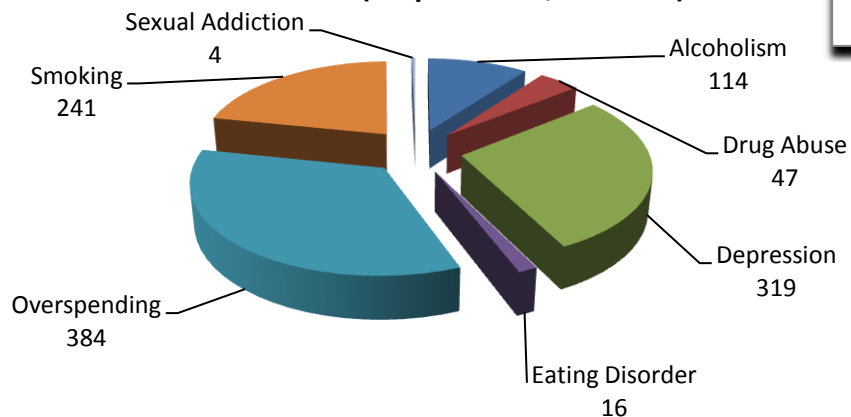


Figure J
Problems Identified in Family*
 (Helpline data, FY 09-10)

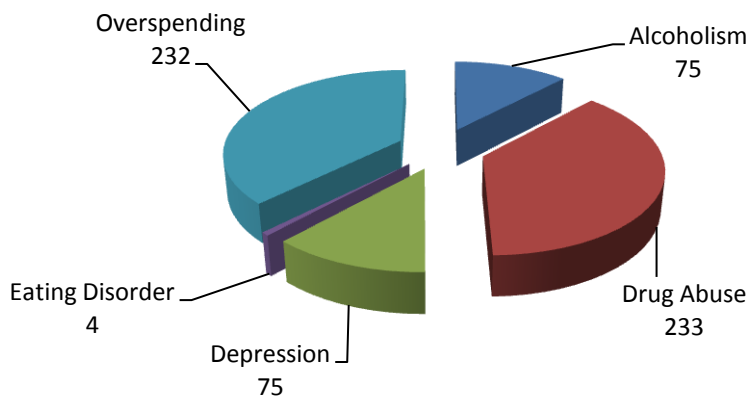


Figure J, left, displays the *problems identified* within the family of the gambler. It should be noted that the respondent may not be aware of problems within the family. Problems within the family may not always exist. The asterisk indicates that a deviation in data is possible.

Figure K, at right, displays *miscellaneous questions* of interest and the number of responses. It is important to note that these questions were not asked of each caller. A response of "No" to any question is not recorded in this chart.

Figure K
Miscellaneous Questions*
 (Helpline data, FY 09-10)

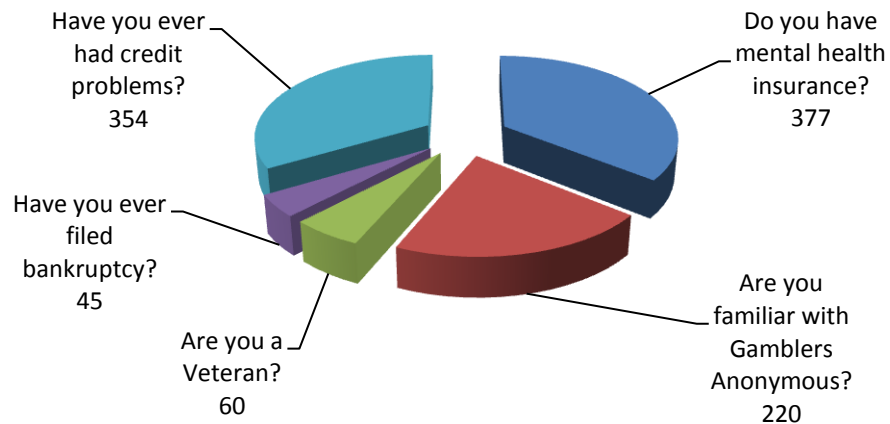


Figure L
Gambling Activity Questions*
 (Helpline data, FY 09-10)

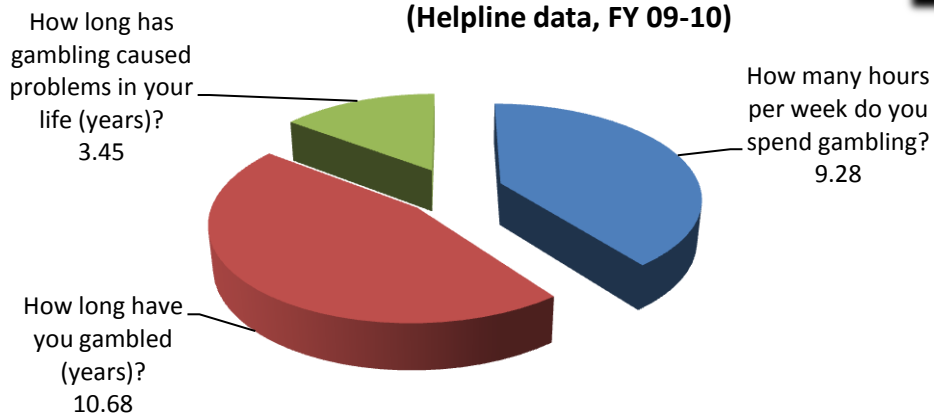


Figure L, left, breaks down *gambling activity questions*. The data found in this chart is calculated as an average based on all responses.

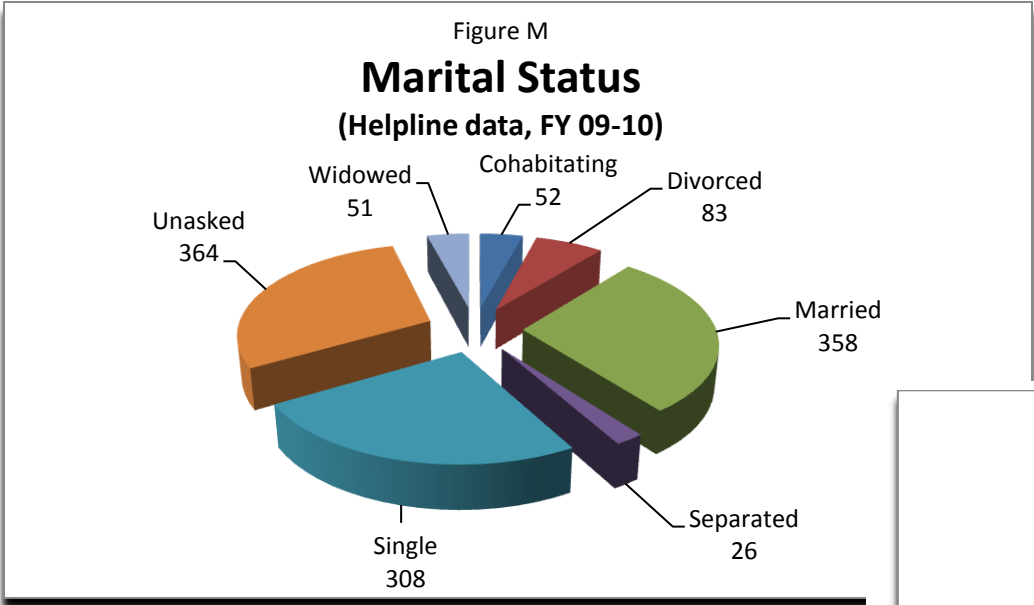


Figure M, left, displays the *marital status* of the gambler. Again, the value listed under category name was the response given by the caller.

Figure N, at right, shows different sources through which the caller was informed of the Helpline. Each response is listed under the corresponding category name.

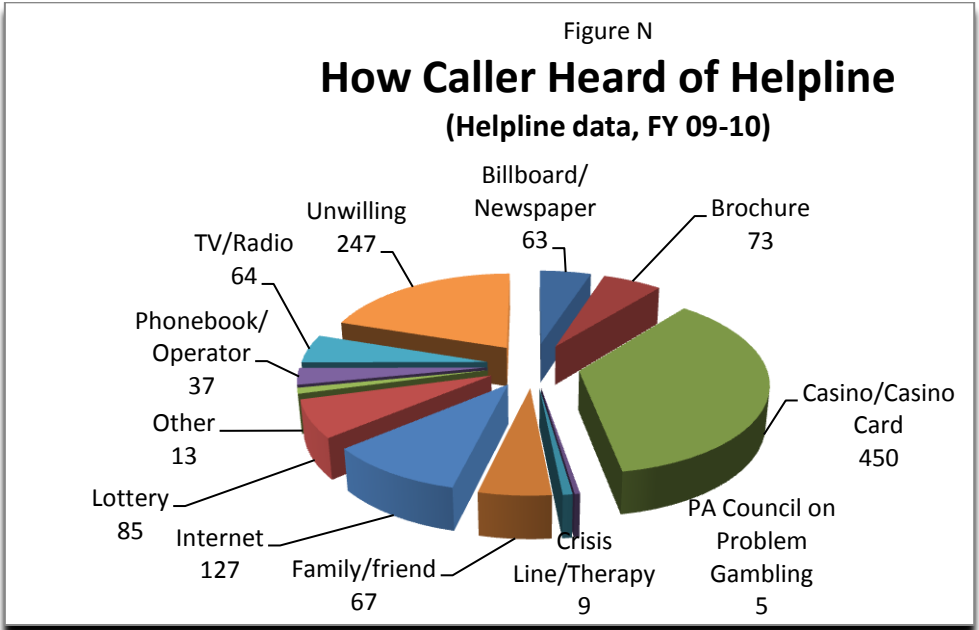


Figure O, left, breaks down the *gambler's salary*. An overwhelming majority of callers were unwilling to provide this information. Therefore, we are considering removal of this data element in future reporting.

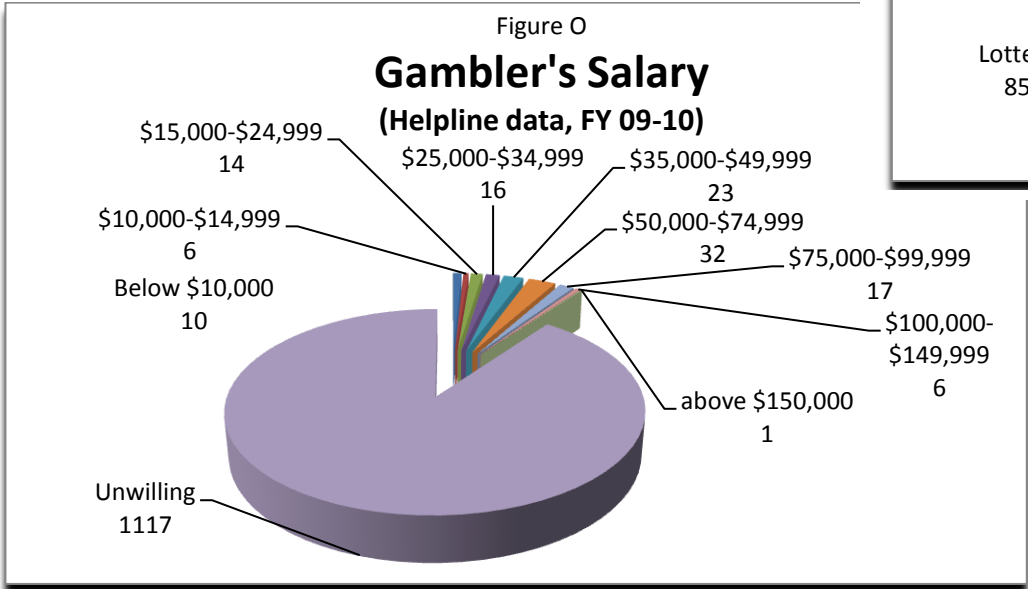


Figure P
Gambler Debt
 (Helpline data, FY 09-10)

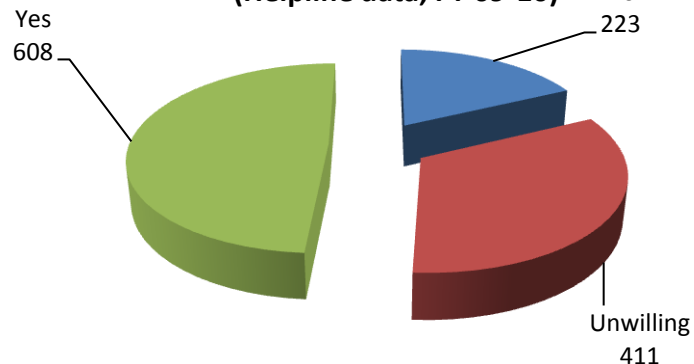


Figure P, left, displays whether or not the gambler has fallen into debt as a result of his/her addiction.

Figure Q, at right, shows the *education level* of the gambler. A large number were unwilling to give a response. Therefore, we are considering removal of this data element in future reporting.

Figure Q
Education Level
 (Helpline data, FY 09-10)

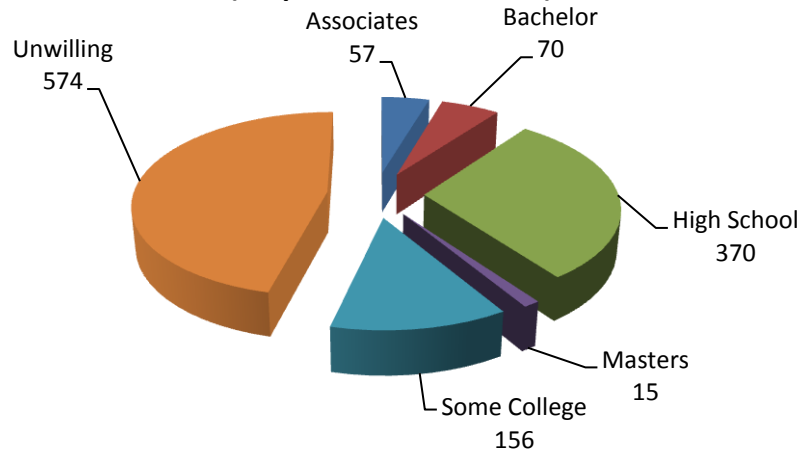


Figure R
Suggested Referrals*
 (Helpline data, FY 09-10)

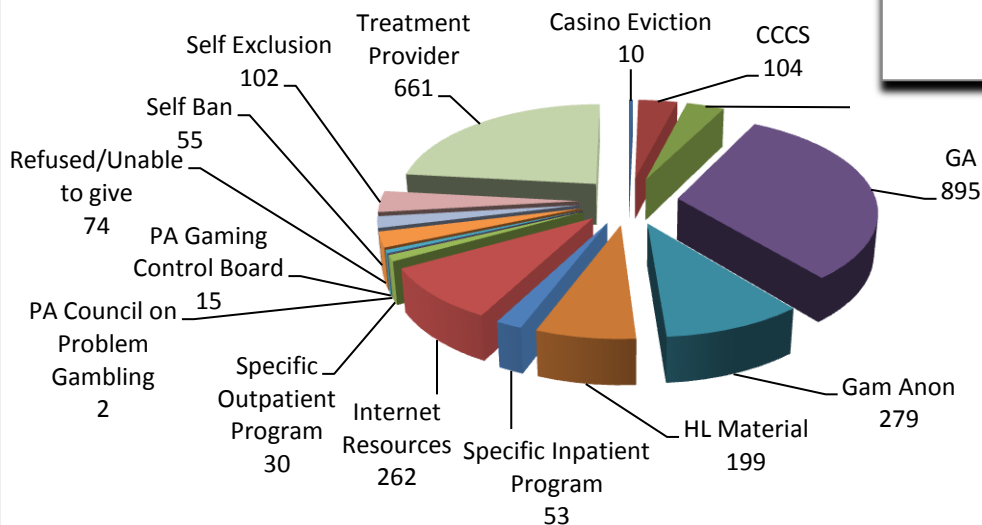
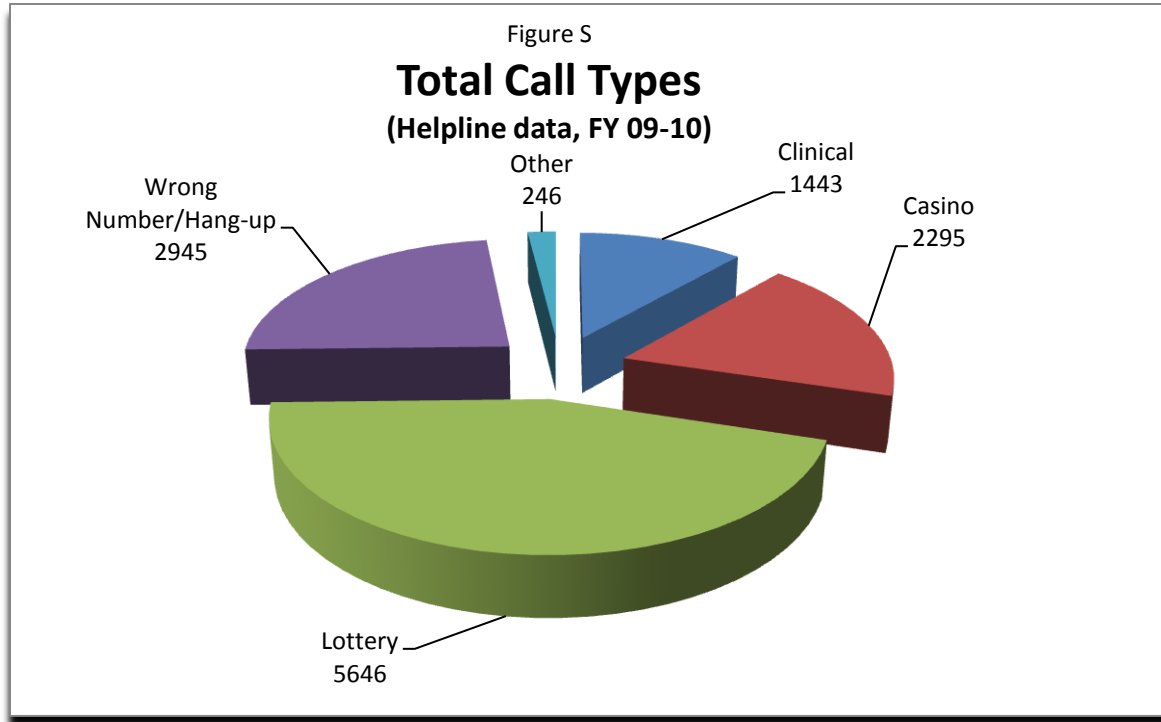


Figure R, left, breaks down the *suggested referrals*. GA had the most referrals at 895. Callers often receive multiple choices of referral information, as indicated by the data shown. Callers may choose more than one category denoted by the asterisk and may sometimes request specific programs.



Listed above in Figure S is the total of all call types. The majority of call types pertained to the lottery.

PREVENTION

In November 2009, the Council on Compulsive Gambling of Pennsylvania (CCGP) received a three-year pilot program grant from BDAP for the “*Smart Choices*” Program. The “*Smart Choices*” Program addresses the potential for problem gambling in elementary school age children through college age students. Research indicates that 80 percent of students between the ages of 12 to 17 have gambled for money in the past year. Adolescents’ problem gambling prevalence rates are at least double that of adults. Adolescent prevalence rates range between 4 to 8 percent with a serious gambling problem and another 10 to 15 percent of youth who are at risk for developing a gambling problem. The “*Smart Choices*” Problem Gambling Prevention Program is a departure from curricula based on information packages. The intention behind the program is to focus on the inherent risks of gambling and emphasize positive decision-making skills. By making the program part of a community/school-based effort, the intent is to build on resiliency skills and teach/reinforce refusal skills critical to today’s youth and their responsible decision making. Research points to early age of initiation as a risk factor for the development of gambling problems. Studies have shown that adults with serious problems started gambling at a very early age (nine or ten), making early education a key to prevention. By understanding the risks of gambling, the “*Smart Choices*” Program strives to avoid giving participating youth any message that “normalizes” gambling in today’s society. Evidence suggests that improved understanding of risk-taking, improved decision-making and support from the environment all enable young people to better use their refusal skills and make much smarter choices with the use of their time, money and relationships with family and friends.

The objectives of the “*Smart Choices*” Program are:

1. To provide participating students with pertinent background information concerning youth gambling issues.
2. To dispel myths and erroneous beliefs concerning gambling.
3. To help provide youth with information on the warning signs associated with problematic gambling.
4. To help reduce the prevalence of gambling problems among youth.

In November of 2009, CCGP (with the assistance of representatives from the International Centre for Youth Gambling Problems and High-Risk Behaviors/McGill University/ Montreal, Canada) trained Shalom, Inc. and Jewish Family and Children Services (BDAP approved prevention providers) prevention specialists, BDAP representatives, Weller Center prevention specialists, Philadelphia School District personnel and a representative from the Pennsylvania Gaming Control Board in the “*Smart Choices*” prevention-oriented curricula. There were a total of 45 participants who attended the training. Also, CCGP developed partnerships with two Philadelphia community prevention and education agencies: Shalom, Inc. and Jewish Family and Children Services. These community partners provide prevention services to Catholic, public, and private schools with elementary through middle and high school grades. The expertise of these community partners includes a wide range of prevention services including drug, alcohol, smoking, bullying and many other high risk youth behaviors. They provide both curriculum-based, classroom and assembly type programs. “*Smart Choices*” provided prevention information and evidence-based programs in the following Philadelphia school districts and Commonwealth of Pennsylvania colleges:

1. Emlen Elementary School – 5th grade

2. St. Richards Elementary School – 5th grade
3. St. Laurentius Elementary School – 5th grade
4. North Catholic High School – 10th grade
5. Motivational High School – 9th grade
6. Lehigh University Student and Community Forum (60 participants)
7. Lehigh Carbon Community College (35 college students)

The number of middle and high school student participants totaled 284, with each student participating in four sessions of the prevention program. Another 44 students participated in three sessions for a total of 328 individual students participating. Each middle and high school student participant was administered a pre- and post-assessment tool. These assessments were evaluated by McGill University, and their findings are included in Appendix A of this Report.

MINI-GRANT PROGRAM

BDAP has also established a mini-grant program for the purpose of increasing public awareness about compulsive and problem gambling. The mini-grants are intended to facilitate a means by which individuals and agencies can educate their local community on issues related to compulsive and problem gambling. The primary objectives are: 1) to establish and enhance collaborative relationships and increase awareness and knowledge in the area of compulsive and problem gambling; 2) work collaboratively on system-wide efforts to increase referral and engagement into treatment for problem gambling and 3) implement activities directed

toward changing individual and community norms regarding problem gambling behaviors. During the period July 1, 2009 through June 30, 2010, BDAP approved eight Problem Gambling Mini Grants totaling \$25,193.42 to fund ten events throughout the commonwealth.

PROBLEM GAMBLING CONSORTIUM

The Problem Gambling Consortium was convened in 2006 by BDAP staff as a method to work in concert with other state agencies involved in gaming, including the Pennsylvania Lottery, the Pennsylvania Gaming Control Board and the Horse and Harness Racing Commissions. Other agencies have been added to include the Governor's Advisory Commission on Asian-American Affairs (GACAAA), the Pennsylvania Commission on Crime and Delinquency (PCCD), and the Council on Compulsive Gambling of Pennsylvania (CCGP). The purpose of this consortium is to share information about their respective organizations as gambling develops across the commonwealth, to learn from each other about the problems the gaming public may face and to provide resources to each other. During National Problem Gambling Awareness Week (NPGAW), held annually in early March, the Problem Gambling Consortium's collaborative efforts educate the general public and health care professionals about the warning signs of problem gambling and raise awareness of problem gambling services locally and nationally. NPGAW is designed to utilize the structure and partnerships of the National Council's 34 state affiliates, corporate members, state agencies involved in problem gambling service administration and other nonprofit organizations. At its January 2010 meeting, the group unanimously selected an appropriate public service announcement to utilize for the "National Problem Gambling Awareness Week" activities during the week of March 7 to 13, 2010. Additionally, the Bureau assisted the Gaming Board with translating problem gambling informational print materials into

several languages, including Simplified and Traditional Chinese, Vietnamese, Korean, Cambodian/Khmer, Russian, French and Spanish. The materials were handed out during “National Problem Gambling Awareness Week” at the Capitol East Wing Rotunda and Strawberry Square. Staff were also available to answer gambling-related questions during this time.

MARKETING AND OUTREACH

The Department provides a wide variety of gambling treatment and prevention materials to the public. The Department’s Public Health Information Clearinghouse includes information about compulsive and problem gambling, substance abuse, HIV/AIDS and several other public health issues. The Department continues to enhance the public education materials and pamphlets regarding problem gambling prevention, identification and treatment. Currently, there are brochures specific to youth, college students, women, those in recovery and older adults that address the recreational activity of gambling and the significant public health risk that it can pose. Another brochure created specifically for Pennsylvania provides information and guidance for family and friends on the recognition of compulsive and problem gamblers’ behaviors and suggestions on how to cope with this. In addition, there is information available through the Department’s problem gambling web site (<http://www.PaProblemGambling.com>). The assortment of educational information can be accessed by contacting the Department, calling the toll free Helpline 1-877-565-2112 or visiting the web site. This site also includes self tests, information on how to access help and a list of problem gambling treatment providers. Additionally, a statewide radio and TV Public Service Announcement (PSA) campaign is being developed to coincide with the launch of table games. Radio spots will run for six weeks (rotating two weeks on and two weeks off, with an additional two weeks free of

charge), and TV spots will run for four weeks (rotating two weeks on and two weeks off). Moreover, the Department is developing billboards, web banners, gas pump toppers, print advertisements, ATM receipts and poster panels. The goal of the campaign is to increase public awareness of compulsive and problem gambling services throughout the commonwealth to assist those having problems associated with gambling addiction.

TRAINING

In order to have quality treatment programs available, the Department identified the need for providers to obtain certification through a recognized accrediting body that includes the requirement to complete gambling-specific training. After extensive research, the Department endorsed the National Council on Problem Gambling Certification and began to offer training opportunities for gambling addiction counselors. The Pennsylvania Certification Board also developed a Certificate of Competency in Problem Gambling for those individuals that already hold a current Pennsylvania Board certification.

In order to develop a cadre of appropriate training opportunities, the Department procured the services of Ms. Joanna Franklin, a nationally recognized expert in problem gambling, to provide two “Training of Trainers” events. The first was held in November, 2006 and the second in April, 2007. These events served as an additional resource for the Department, treatment providers and institutions and have allowed the Department to utilize Pennsylvania trainers who are local and readily available.

BDAP continues to provide problem gambling training through mini-regional training events, as well as through BDAP’s specialized training initiative. BDAP provides trainings, free of charge, to all interested participants in order to increase the number of problem

gambling treatment providers throughout the commonwealth. By providing these trainings, BDAP hopes to increase the number of qualified professionals who are eligible to provide problem gambling counseling services. For State Fiscal Year (SFY) 2009-2010, 59 trainings were held with 583 people completing problem gambling treatment courses.

National certification standards state that certified gambling counselors must have at least four hours of clinical oversight by a board-approved clinical consultant. As such, BDAP has contracted with the Institute on Research, Education and Training in Addictions (IRETA) to coordinate this clinical oversight. Participants partake in one call per month for one hour. In addition, participants have access to a designated learning portal maintained by IRETA. This enables the clinical consultant and/or the participants to post relevant information about counseling problem gamblers and otherwise communicate between sessions.

STATUS OF GAMBLING ADDICTION TREATMENT IN PENNSYLVANIA

Pennsylvania currently has nine casinos, with more yet to be opened. It will be increasingly important to monitor the prevalence and trends of problem gambling in Pennsylvania. In order to do this, Pennsylvania will use quantifiable data to strengthen the quality of the public health system regarding gambling addiction, thereby improving health outcomes for the public.

Outpatient problem gambling counseling services have been made available within the commonwealth since September 2008.

Providers who have been approved under the Department's Participating Provider Agreement (PPA) have been receiving reimbursement for these services since that date. As of September 2010, the Department of Health has PPAs with 67 providers.

During State Fiscal Year 2009-2010, there were 107

BDAP-funded admissions (Figure 1) to these problem

gambling treatment providers. Of these admissions,

63 percent were male and 37 percent were female

(Figure 2). The vast majority (89 percent) were white,

7 percent were black, and the remaining 4 percent were

of other races. The average age of those admitted

to treatment was 41. The total amount invoiced for

services provided in SFY 2009-2010 was \$56,854.00.

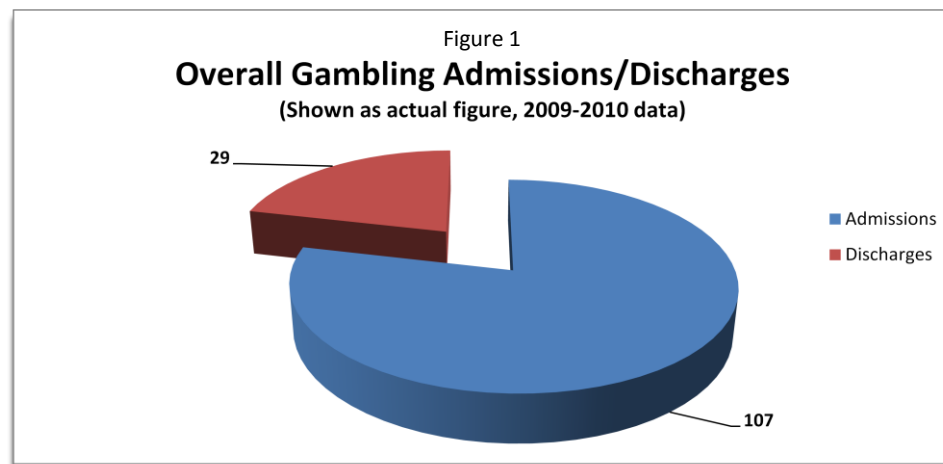


Figure 1.1

Admissions By County

(Shown as actual figure, 2009-2010 data)

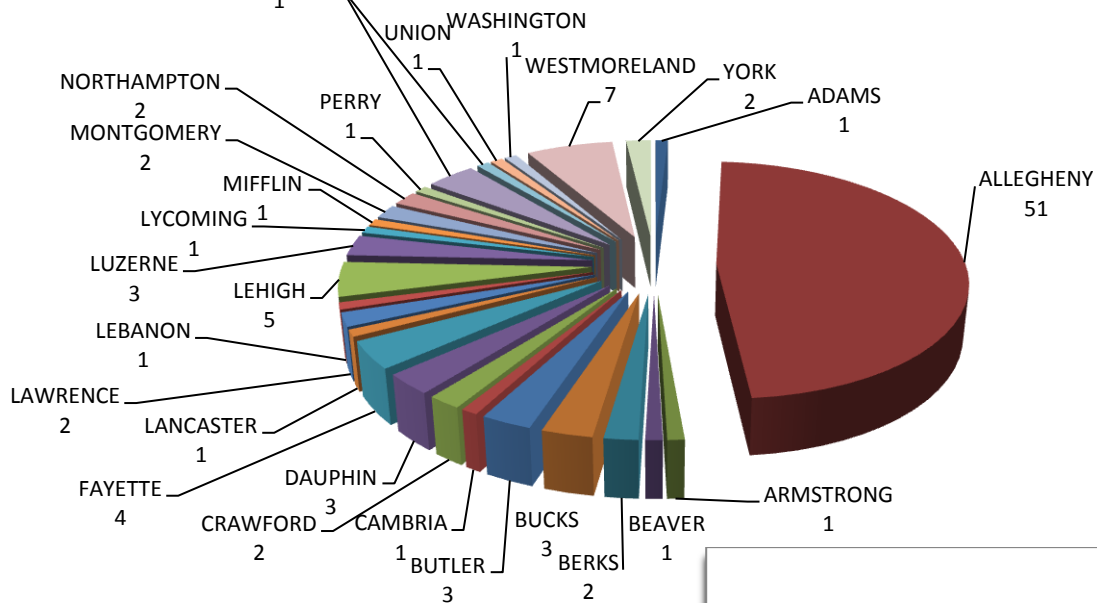
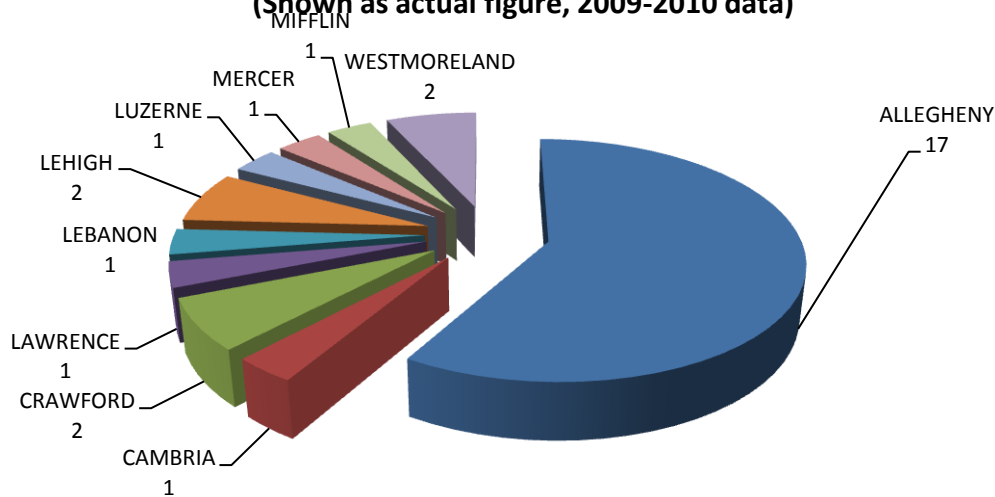


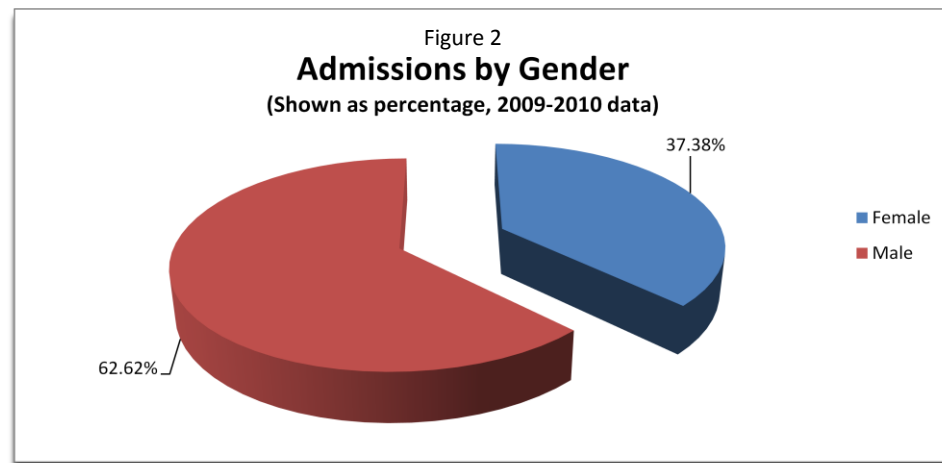
Figure 1.2

Discharges by County

(Shown as actual figure, 2009-2010 data)



The status of gambling addiction in Pennsylvania (Fiscal Year 2009-2010) is presented as novel data and statistics based on the unavailability of trending at this time, and its primary use will be to provide a baseline. This data is reported based on clients presenting for gambling treatment admission and for discharge in our current gambling addiction treatment system.



An admission occurs when a client presents to receive gambling addiction treatment with a provider. Each time a client receives a new type of service or goes to a new provider, he/she is discharged and a new admission occurs. Therefore, each unique client can have multiple admissions. When a client has completed a particular type of treatment or changes providers, a discharge record is submitted with an associated discharge status. Demographic data such as gender (Figure 2), race/ethnicity (Figure 3), income (Figure 4), employment status (Figure 5) and gambling methods (Figure 6) are captured for reporting purposes.

A Problem Gambling Prevention Needs Assessment has been developed to profile population needs, resources and readiness to address needs and gaps. The process involves the collection and analysis of data to define problems within a geographic area. The Single County Authorities (SCAs) shall use problem gambling funding to complete this needs assessment by January 2011.

Figure 3
Admissions by Race/Ethnicity
 (Shown as percentage, 2009-2010 data)

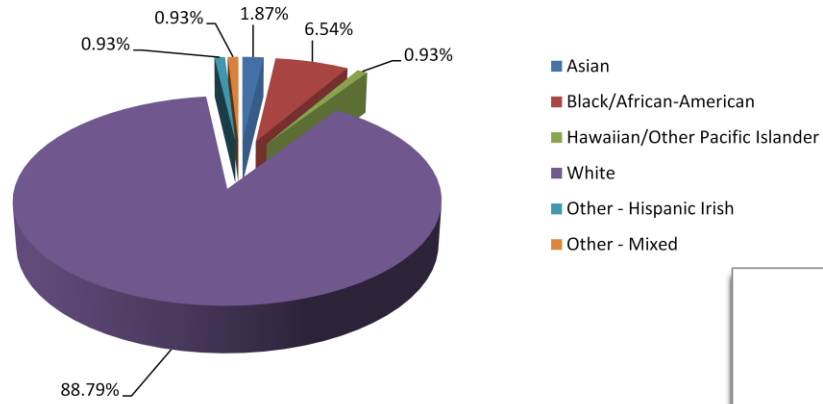


Figure 4

Admissions by Income
 (Shown as percentage, 2009-2010 data)

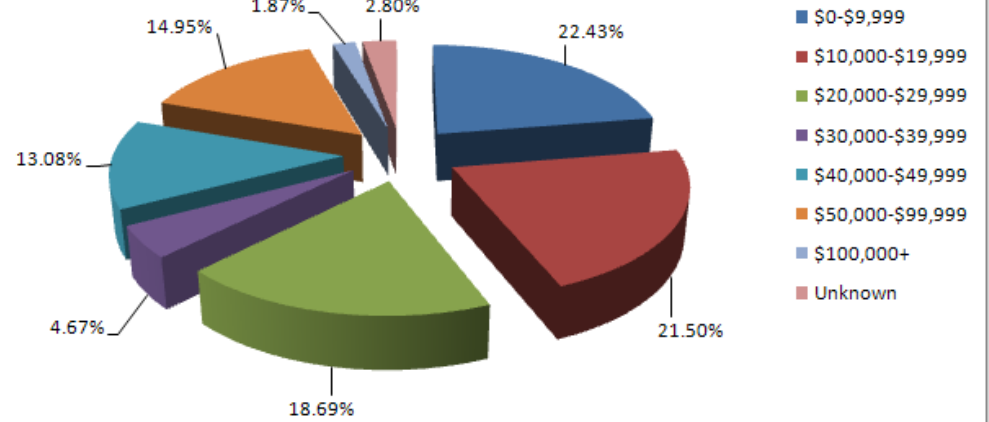
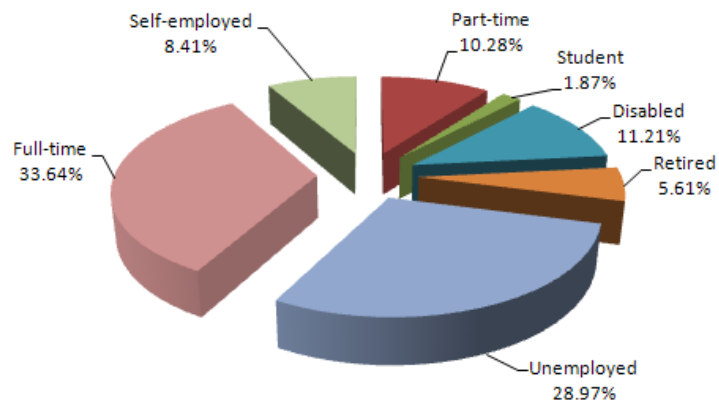
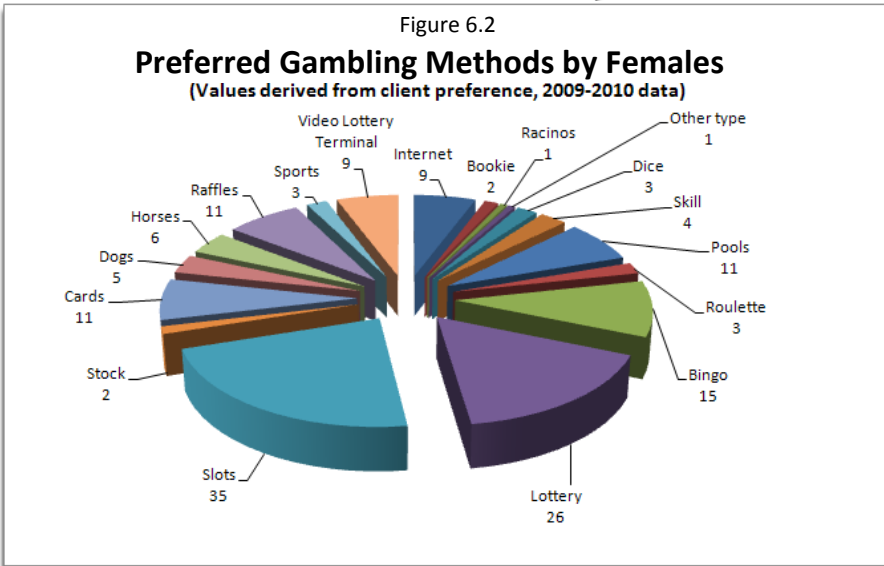
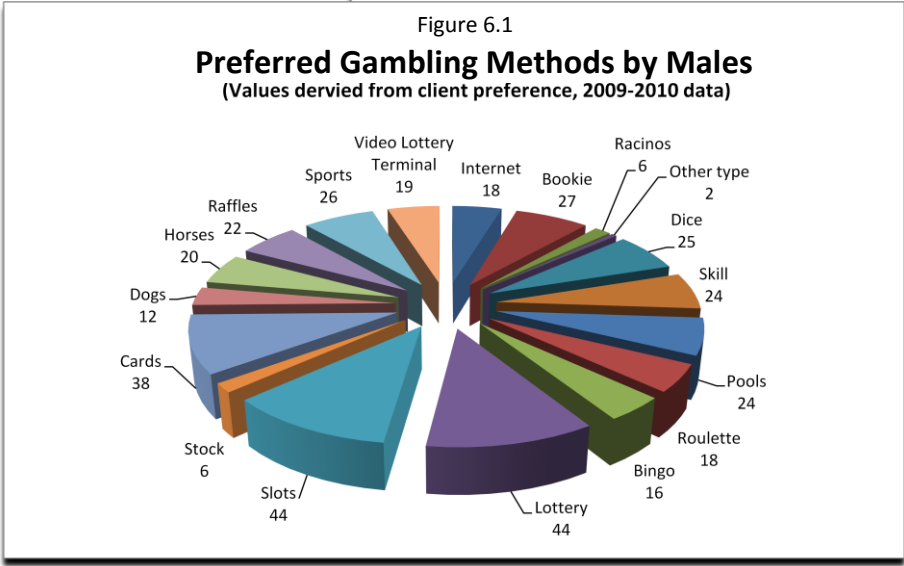
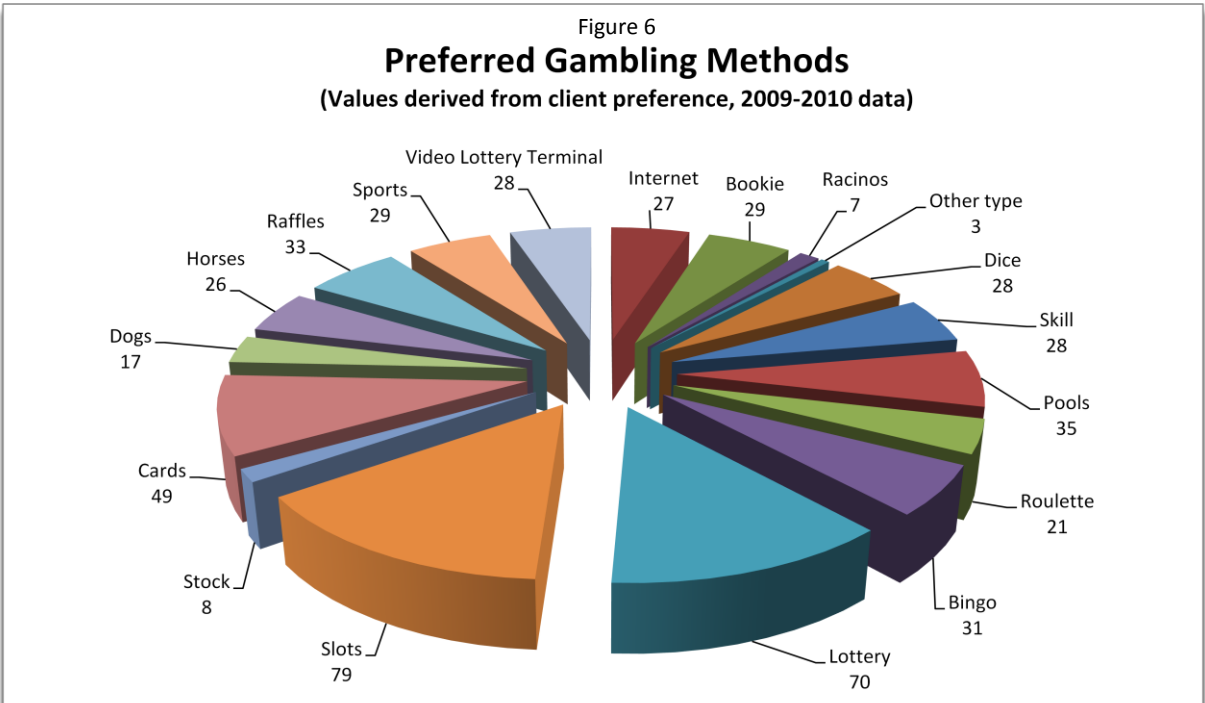


Figure 5

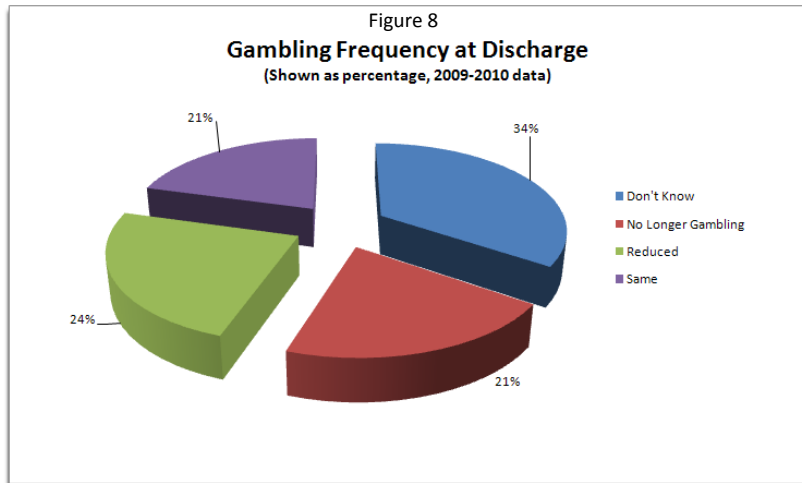
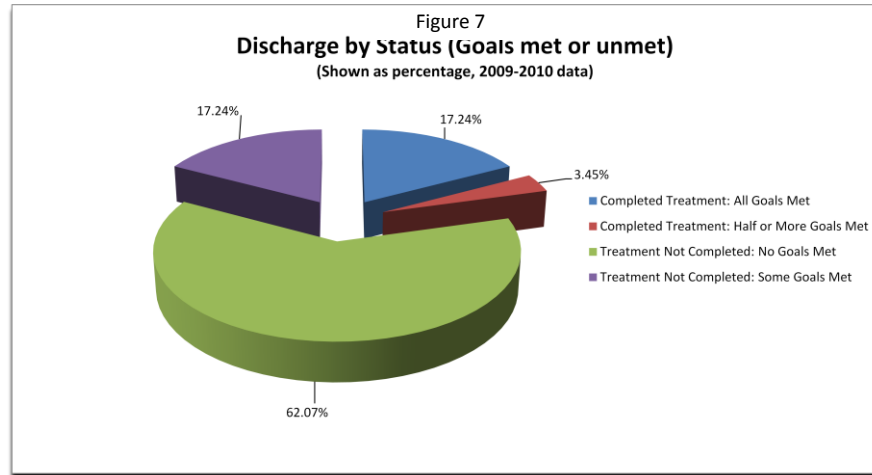
Admissions by Employment Status
 (Shown as percentage, 2009-2010 data)





GAMBLING ADDICTION OUTCOMES

Improving health outcomes (Figures 7 and 8) for the public regarding gambling addiction is an essential part of our strategic plan. When well-supported and appropriately implemented, a performance management process can improve the quality of the health care system over what might be attained by traditional management methods. Our systems will be used to identify areas of exemplary performance, which can lead to sharing information about effective practices by measuring



successful health outcomes and fiscal trends from year to year. Public accountability is enhanced by ongoing efforts to monitor data to improve services. Outcome measures will continue to expand as more data is collected and analyzed throughout the state. For instance, at this time, employment status (Figure 5) is collected. However, “change in employment status” at discharge is inconclusive. We look to add this as an additional outcome measure. As better and more outcomes are developed, BDAP will be able to set forth new, more effective strategies for addiction treatment.

LOOKING TO THE FUTURE

The commonwealth has begun building a new web-based substance abuse treatment data system. This application will allow the state to track clients through all levels of care in substance abuse treatment and will eventually include the tracking of clients involved in gambling treatment. This system will allow for the clinical management of clients' data to be centralized and more efficiently validated. Another benefit of this system will be the ability to capture real-time data. This will greatly enhance the state's ability to appropriately plan for disproportionately burdened populations.

Also, BDAP is collaborating with IRETA to develop problem gambling treatment performance measures. This will ensure that objective, valid and verifiable measures are utilized in determining whether positive outcomes have occurred as a result of accessing treatment services.

CONCLUSION

Problem gambling is, and will continue to be, a compelling public health concern affecting Pennsylvanians of all ages, races and ethnic backgrounds in communities across the commonwealth. The societal and economic cost can be significant, but it can be countered by targeted treatment and prevention aimed at minimizing harm to both the individual and society as a whole.

The Department has worked to develop and implement a comprehensive, coordinated and effective compulsive and problem gambling program. In continuing to serve the commonwealth, the Department will continue to work with the Pennsylvania Gaming Control Board, the Council on Compulsive Gambling of Pennsylvania, relevant stakeholders and others who are committed to helping those with a gambling problem.

APPENDIX A

EVALUATION OF THE “*SMART CHOICES*” GAMBLING AWARENESS/PREVENTION INITIATIVE

The following evaluation is based upon a pilot project intervention initiative, the “*Smart Choices*” Program, which included the use of three distinct problem gambling prevention/awareness tools developed by the International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University. These prevention tools are currently being used in a number of different jurisdictions in Canada, the United States, Europe, Southeast Asia and Australasia. More information concerning each of these prevention tools is available at www.youthgambling.com.

A separate evaluation was performed for each tool due to the nature of each of the different programs and the age of the participants.

The programs presented included:

Youth Gambling and Prevention Awareness: Level I

Designed for students in grades four to seven, this PowerPoint workshop aims to educate about the potential hazards associated with excessive gambling. The workshop helps clarify misconceptions, challenge erroneous beliefs, dispel myths associated with gambling and provide students with an opportunity to discuss their concerns. The workshop also contains an administration guide, and additional background information is supplied. The entire presentation takes approximately 50 minutes, with recommendations for teacher follow-ups.

Youth Gambling and Prevention Awareness: Level II-Revised

Similar to the Level I workshop, this PowerPoint program is designed to educate high school students about the risks associated with problem gambling. It provides an opportunity, in an advanced setting, to dispel myths around issues of skill and luck associated with gambling and problem gambling. It also addresses erroneous cognitions and challenges adolescents' attitudes toward gambling. This program takes about 50 minutes to complete.

“Hooked City”

Targeting high school students, the primary objective of this interactive computer-based CD-ROM game is to enable adolescents to make responsible choices by informing them about the nature and risks associated with gambling and about reinforcing social skills and modifying undesirable attitudes and erroneous beliefs related to gambling. The “Hooked City” computer-based educational program is played individually, with performance indicators being readily available to the intervention specialist. Students can stop and save their work at any time. Students also have the capability of printing problem gambling screening tools and other pertinent information.

DETAILED EVALUATION OF LEVEL I, LEVEL-II REVISED, AND “HOOKED CITY” PROGRAMMING

The research methodology included a four-session model. Session I was an overview of the “*Smart Choices*” Program, during which time the pre-test questionnaires were administered and completed. Sessions II and III (typically weeks two and three) included the presentation of the prevention materials, while the post-test was administered in Session IV (week four). There were some minor variations in the timing due to school and class scheduling.

Youth Gambling and Prevention Awareness: Level I

This workshop was presented at three schools, with a total of five groups of grade five children participating. While 109 students received the program, the evaluation is based on 91 students taking the pre-test and 90 students completing the post-tests because of coding problems and pupil absences. The sample consisted of 53 percent girls and 47 percent boys; 43 percent were 10, 52 percent were age 11 and 5 percent were 12 or 13 years of age at time of pre-test and slightly older at time of post-test. The evaluation required students to provide demographic information (grade level, age, gender), past gambling behavior, perceptions concerning skill/luck involved in a number of gambling and non-gambling activities, knowledge of independence of events, definitions concerning gambling, ways to avoid becoming a problem gambler, issues related to responsible gambling and perceptions/attitudes concerning problem gamblers.

Overall, 68 percent of these youth had indicated having gambled for money (81 percent of boys; 57 percent of girls), with the vast majority of these children reporting only gambling occasionally. As can be seen in Table 1, there appears to be a general decrease in the percent of youth reporting gambling after this brief intervention.

Table 1: Gambling Behavior Before and After Intervention: Level I

Gambling Activity	Pre-Intervention	Post-Intervention
Scratch Tickets	13.2 percent	6.7 percent
Lottery Tickets	4.4 percent	2.2 percent
Bingo	9.9 percent	7.8 percent
Poker	5.5 percent	3.3 percent
Sports	23.1 percent	16.0 percent
Games of Skill ²	28.6 percent	16.6 percent
Miscellaneous	15.4 percent	12.2 percent

¹Once or twice per week or daily over the previous 2 week period of time.

² For example, playing video-games, basketball, etc.

Awareness that gambling is, in essence, money risked to win more money increased from 79.1 percent in the pre-test to 83.0 percent in the post-test. Furthermore, a larger percentage of children became aware that there was no skill involved in selecting lottery ticket winnings (44.0 percent at pre-test vs. 63.3 percent at post-test) and that, when choosing a lottery ticket, any combination of numbers is equally likely to occur (27.5 percent for the pre-test vs. 36.0 percent for the post-test). It appears that approximately 16 percent of children still maintain the belief that playing the same number repeatedly and selecting lucky numbers (such as one's birthday) increases one's chances of winning the lottery.

Variable rates of skill were reported for poker playing. When assessing the notion of independence of events (flipping a coin in a head/tail test), an improvement was found between the pre-test (51.6 percent) and post-test (62.2 percent), indicating an increased knowledge that each sequence or flip of the coins is equally likely to occur. A similar lottery task improvement regarding independence of events was found with respect to selecting numbers (e.g., 6/49). After the intervention, a greater number of students reported that all combinations of numbers were equally likely to win (36.6 percent at pre-test vs. 57.8 percent at post-test). In another game, related to principles of roulette, 57.1 percent of children initially thought picking a red or black marble out of a bag with the same number of marbles had an equal chance of winning; after the intervention, 71.1 percent of students reported both results were equally likely to occur.

While 25.3 percent of children initially thought that playing poker or the lottery was a sure way to make money, this was reduced to 18.9 percent after the workshop. Similarly, 54.9 percent of children initially thought that there were more losers than winners when gambling. This increased to 61 percent of children after the workshop.

Children also seemed to grasp the notion that gamblers lose more and more money over time (65.9 percent pre-intervention vs. 81.1 percent post-intervention), with equal numbers of children (between the pre- and post-tests) suggesting that problem gamblers risk losing control. No significant change was reported by children suggesting that problem gamblers should seek help, although there was a slight decrease in children who believe gamblers should wager more in order to relieve their financial problems (7.7 percent vs. 4.4 percent). It is reassuring to know that most children do not perceive the solution to gambling problems is to increase the size and frequency of their wagers (chasing behaviors).

A significant improvement was found in the childrens' realization that gambling outcomes are largely related to chance (54.9 percent pre-intervention vs. 83.3 percent post-intervention) as compared to issues related to magic (2.2 percent vs. 3.3 percent) and skill (42.9 percent vs. 13.3 percent). The notion of randomness of dice and gambling's lack of predictability also improved between pre- and post-intervention sessions.

A significant improvement was found in the childrens' perception that gambling can be an important adolescent issue (57.1 percent at pre-test to 78.7 percent post-intervention). Children had previously recognized that people can become addicted to gambling as they can to drugs. Also, they were well aware that a gambling problem can occur independent of one's socio-economic status and, in general, that superstitious behaviors (e.g., praying, carrying a 'lucky' rabbit's foot, etc.) do not improve one's chances of winning. It is important to note that an increasing number of children continued to view sports wagering as skill-based, with performance being related to one's knowledge of the players.

Unfortunately, no appreciable changes were noted for the relationship between gambling and video-game playing, such that the majority continued to believe that a skilled video-game player means a skilled gambler (78 percent vs. 81 percent). Also of importance was the belief that gambling is only a problem if one loses a considerable amount of money (no change between pre- and post-intervention). Over 50 percent of youth (57.1 percent in pre-intervention and 56.2 percent at post-intervention) think this is true. In the future, both of these aspects should be greater emphasized during workshop administration.

In order to determine the overall impact and effectiveness of the acquisition of knowledge during the intervention program, all accurate responses were coded with a one and summed across all questions. A repeated measures analysis of variance (ANOVA) revealed a statistically significant positive effect for participation in the workshop program ($F=27.77$, $p<.001$). In general, statistical analyses and comparisons of pre-intervention and post-intervention reveal meaningful short-term gains resulting from the intervention.

Youth Gambling and Prevention Awareness: Level II

This program was presented at one school, with a total of five groups of grade 10 adolescent boys participating. The evaluation of this program is based upon 126 students at the pre-test and 121 students completing the post-tests. Overall, 91 percent of the students were ages 15 to 16, with 9 percent being slightly older. In total, 90 percent of the youth had reported some previous gambling for money, this being compared to 68 percent for the younger children in grade five. The evaluation required students to provide demographic information (grade level, age, gender), past gambling behavior, perceptions concerning skill/luck involved in a number of gambling and non-gambling activities, knowledge of independence of events, definitions concerning gambling, ways to avoid becoming a problem gambler, issues related to responsible gambling and perceptions/attitudes concerning problem gambling.

Table 2: Gambling Behavior Before and After Intervention: Level II

Gambling Activity	Pre-Intervention	Post-Intervention
Scratch Tickets	6.4 percent	3.4 percent
Lottery Tickets	1.0 percent	3.3 percent
Bingo	3.2 percent	6.7 percent
Poker	13.6 percent	18.8 percent
Sports	18.4 percent	18.7 percent
Games of Skill ²	20.6 percent	19.6 percent
Internet	4.8 percent	8.3 percent

Table 2: Gambling Behavior Before and After Intervention: Level II (continued)

Gambling Activity	Pre-Intervention	Post-Intervention
Electronic Gaming Machines	4.8 percent	7.4 percent
Casino Games	1.6 percent	5.8 percent
Dice	4.0 percent	8.3 percent
Miscellaneous	8.8 percent	12.4 percent

1 Once or twice per week or daily over the previous 2 week period of time.

2 For example, playing video-games, basketball, etc.

Overall, gaming behaviors appeared to be unchanged or increase in most categories, with only purchasing scratch cards showing a decrease in participation (see Table 2). While it is anticipated that prevention initiatives eventually result in positive behavior change, these changes are expected to occur over time as a result of positive shifts in knowledge and attitudes pertaining to gambling.

Only marginal differences were noted from pre-intervention to post-intervention for the amount of skill required for selecting winning lottery ticket numbers (correct answer being zero) [81.7 percent vs. 84.4 percent]. The amount of skill necessary for winning at poker decreased between pre-intervention and post-intervention (36.8 percent vs. 32.8 percent) with the percentage of luck required to be successful in poker showing a corresponding increase (22.6 percent - 27.9 percent). Unfortunately, a decrease in knowledge concerning independence of events was found for predicting the outcome of tossing a coin (69.6 percent at pre-intervention vs. 62.3 percent at post-intervention), yet knowledge of the randomness of lottery ticket numbers increased from 65.9 percent to 75.4 percent after the intervention. The belief that playing poker is a good way of making money decreased after the intervention (17.5 percent to 11.5 percent).

Following the intervention, an increased percentage of the youth reported that most gambling activities are designed such that the individual is at a disadvantage compared to the 'house' (62.4 percent pre-intervention vs. 70.5 percent post-intervention).

In another observation, 38.9 percent (pre-test) vs. 52.5 percent (post-test) of participants realized that free online gambling sites may have higher payout rates. While this increase is notable, 47.5 percent of adolescents fail to realize that online play/practice/free sites may have differential payout rates for their games, leading youth to believe that they would win significantly should they play with real money.

A gain in knowledge of Internet gambling rules in the U.S. was observed. Pre-intervention, 43.7 percent of youth reported that online games were perfectly legal, whereas, after the workshop intervention, this number decreased to 19.7 percent.

With respect to casino playing, more adolescents reported that casinos always have a winning advantage over the players (increasing from 47.2 percent to 61.3 percent after the intervention). In addition, most individuals understand that, in the long run, the majority of people lose when gambling against the 'house' (64.0 percent pre-intervention vs. 69.7 percent post-intervention). While there was no post-intervention improvement, many adolescents (68.0 percent) realize that individuals may gamble in moderation by setting and maintaining time and money limits. While this is encouraging, approximately 30 percent still did not endorse the concept of moderation and limit-setting post intervention. Further administrations of this workshop should place a greater emphasis on the concept/methods of responsible gambling practices.

An appreciable increase in the percentage of youth who reported that chance is the predominant factor in gambling was observed (62.4 percent pre-intervention vs. 72.1 percent post-intervention). Some reduction of erroneous cognitions were also observed (e.g., having a 'strategy'). While a small percentage of youth report that gambling is a good way to make money (18.2 percent), a much larger percentage of adolescents report that gambling can ultimately lead to problems (76.0 percent). Other increases in knowledge and decreases in belief in skill and superstitious behaviors (e.g., carrying a lucky rabbit foot) with respect to gambling were also observed. Finally, most youth (54 percent) reported that problem gambling is not related to the amount of money one loses. This is an important concept which should continue to be reinforced.

In order to determine the overall impact and effectiveness of the acquisition of knowledge during the intervention program, all accurate responses were coded with a one and summed across all questions. For the repeated measures analysis, specific attention was also made to eliminate youth who indicated different genders on the pre- and post-tests, as well as those reporting significant age discrepancies. Only those who were present for both the pre- and post-test administrations were included. A repeated measures ANOVA revealed a positive effect for participation in the workshop program, reaching statistical significance ($F=7.81$, $p=.006$).

While much of the knowledge and perceptions gained among this sample of youth are in the correct direction, the data suggest that this brief introduction for boys requires further follow-up and likely more intensive prevention initiatives. This is particularly important due to the expansion of gambling in the state and the fact that the youth are approaching the legal age to begin participation in regulated forms of gambling.

“Hooked City”

This program was given to 39 children at one school. The children ranged in age from 14 to 16; 15 were males (38.5 percent) and 24 were females (61.5 percent). The evaluation required students to provide demographic information (grade level, age, gender), past gambling behavior, perceptions concerning skill/luck involved in a number of gambling and non-gambling activities, knowledge of independence of events, definitions concerning gambling, ways to avoid becoming a problem gambler, issues related to responsible gambling and perceptions/attitudes concerning problem gambling.

Overall, 89.5 percent of youth (100 percent males; 82.6 percent females) reported having gambled for money in the past.

As seen in Table 3, there is a general decrease in the percent of youth reporting gambling after the intervention. It is important to view this data cautiously, as the total sample size is limited. Nevertheless, all gambling based upon self-report, even after this short intervention, was found to

have decreased. Only a very small percentage of these children (7.7 percent) reported having received a lottery or scratch ticket as a gift. This is in sharp contrast to the other two groups of youth. The vast majority of these youth (81.6 percent) have a clear understanding of the definition of gambling.

Table 3: Gambling Behavior Before and After Intervention: “Hooked City”

Gambling Activity	Pre-Intervention	Post-Intervention
Scratch Tickets	2.3 percent	0.0 percent
Lottery Tickets	2.6 percent	0.0 percent
Bingo	2.6 percent	0.0 percent
Poker	18.0 percent	15.0 percent
Sports	15.4 percent	7.5 percent
Games of Skill ²	28.2 percent	20.0 percent
Internet	7.7 percent	0.0 percent
Electronic Gaming Machines	7.7 percent	2.5 percent
Casino Games	0.0 percent	0.0 percent
Dice	10.3 percent	5.2 percent
Miscellaneous	10.2 percent	7.5 percent

¹Once or twice per week or daily over a 2 week period of time

² For example, playing video-games, basketball, etc.

The majority of participants still maintained the belief that skill is required for picking winning lottery ticket numbers (60.5 percent vs. 62.5 percent). Nevertheless, these children also reported that the selection of winning tickets was based upon luck (71.1 percent at pre-intervention vs. 77.5 percent at post-intervention). Belief in the amount of skill necessary for poker decreased between pre-intervention and post-intervention (81.0 percent vs. 45.0 percent), with the percentage of luck in poker (80 percent to 100 percent) showing no appreciable change (51.3 percent vs. 47.5 percent). A marginal decrease in knowledge concerning independence of events was found for predicting the outcome of tossing a coin (57.9 percent at pre-intervention vs. 50.0 percent at post-intervention), yet knowledge of randomness of lottery ticket numbers increased, from 48.7 percent to 71.1 percent after the intervention. Endorsing playing poker as a way of making money decreased after the intervention (10.5 percent to 7.7 percent).

Following the intervention, a greater number of youth reported that most gambling activities are designed such that the individual is at a disadvantage, compared to the 'house' (55.3 percent at pre-intervention vs. 74.4 percent at post-intervention).

Before the intervention, 71.1 percent of the children thought gambling was more prevalent among males, which is correct. However, after the intervention, only 27.5 percent of youth thought it was male dominated, with 60.0 percent indicating that both boys and girls gamble equally.

With respect to understanding the 'house advantage' in casino playing, no appreciable change occurred after the intervention. Most individuals understand that, in the long run, people lose when gambling against the 'house' (72.2 percent pre-intervention vs. 90.0 percent post-intervention).

Overall, students seemed to have a better understanding that the signs of a gambling problem included playing for longer periods than intended, ignoring friends and family members to gamble and constantly thinking about gambling. As well, the importance of setting and maintaining time and money limits improved after the intervention (53.8 percent at pre-intervention vs. 67.5 percent at post-intervention).

An appreciable increase in the percentage of youth who reported that chance is the predominant factor in gambling was observed (54.1 percent pre-intervention vs. 89.5 percent post-intervention). Differences were also found in students' perceptions concerning their ability to control the outcome of gambling activities. Overall, 46.2 percent of youth believed, before completing "Hooked City," that one could not control the outcome when gambling, with this number afterward increasing to 75.0 percent of youth reporting belief in an inability to control the outcome of gambling activities. While a small percentage of youth reported in the pre-intervention that gambling is a good way to make money (17.9 percent), only 2.3 percent of youth revealed this was the case after the intervention. Similarly, while a much larger percentage (89.7 percent) of adolescents reported at the pre-test stage that gambling can ultimately lead to problems, this was reduced to 65.0 percent after the intervention for some reason. This may be a result of how the question was worded (i.e., "young people cannot develop a gambling addiction"). Other increases in knowledge and decreases in reliance on skill and superstitious behaviors (e.g., carrying a lucky rabbits foot) with respect to gambling were not found. This may be due to a ceiling effect, with many of these youth already understanding the notions of probability, the importance of skill and luck when gambling and an awareness that superstitious behavior does not increase chances of predicting the outcome of random events. Finally, most youth (53.8 percent at pre-intervention and 77.5 percent at post-intervention) realized that gambling problems were more complex than simply losing a lot of money.

Once again, to determine the overall impact and effectiveness of the acquisition of knowledge during the intervention program, all accurate responses were coded with a one and summed across all questions. ANOVA revealed a statistically significant positive effect for participation in the CD-ROM program ($F=22.84$, $p<.001$). In general, statistical analyses and comparisons of pre-intervention and post-intervention reveal meaningful gains resulting from the intervention, with positive outcomes in acquiring knowledge, changes in attitudes toward gambling and a decrease in cognitive distortions and erroneous beliefs.

General Conclusions

While a number of differences were observed between the groups, there is little doubt that this brief intervention program as part of the “*Smart Choices*” Program enhanced children’s awareness about some of the risks associated with excessive gambling, helped reduce erroneous cognitions and misperceptions and enhanced their knowledge about the risk signs associated with problem gambling. The evaluation of the three distinct programs also highlights where modifications and continued discussions should be directed. The results of the pilot program are indeed promising. Accessibility and availability will continue to grow in Pennsylvania and further widespread intervention and awareness appears warranted.

APPENDIX B

STATE GAMING FUND: SCA SPECIFIC FUNDING FOR DRUG AND ALCOHOL TREATMENT SERVICES

Reporting Period: 1/1/10-6/30/10

SINGLE COUNTY AUTHORITY	Expenditures SFY 2009-2010
Allegheny	\$745,512
Armstrong/Indiana	\$39,352
Beaver	\$43,129
Bedford	\$15,170
Berks	\$133,415
Blair	\$29,857
Bradford/Sullivan	\$11,947
Bucks	\$146,278
Butler	\$46,145
Cambria	\$34,659
Cameron/Elk/McKean	\$22,721
Carbon/Monroe/Pike	\$39,716
Centre	\$23,534
Chester	\$129,175
Clarion	\$6,115
Clearfield/Jefferson	\$22,187
Columbia/Montour/Snyder/Union	\$75,364
Crawford	\$16,354
Cumberland/Perry	\$46,605

Dauphin	\$50,623
Delaware	\$12,904
Erie	\$103,146
Fayette	\$24,901
Forest/Warren	\$9,486
Franklin/Fulton	\$24,567
Greene	\$0
Huntingdon/Mifflin/Juniata	\$22,696
Lackawanna	\$53,109
Lancaster	\$100,700
Lawrence	\$30,032
Lebanon	\$24,770
Lehigh	\$0
Luzerne/Wyoming	\$103,802
Lycoming/Clinton	\$73,298
Mercer	\$25,995
Montgomery	\$0
Northampton	\$58,579
Northumberland	\$0
Philadelphia	\$474,288
Potter	\$3,565
Schuylkill	\$53,510
Somerset	\$17,813
Susquehanna	\$6,702
Tioga	\$7,456
Venango	\$15,855
Washington	\$0
Wayne	\$9,471
Westmoreland	\$65,498
York/Adams	\$0
TOTAL	\$3,000,000

SCA Name: **Allegheny County**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	673	3,968	0	0	\$47,616.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	296	3,733	0	0	\$685,306.54
82B Inpatient Long-Term Rehab	4	74	0	0	\$12,589.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$745,511.54

SCA Name: **Armstrong/Indiana Drug and Alcohol Commission**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	1	8	0	0	\$161.00
82A Inpatient Detox	11	38	0	0	\$8,065.00
82B Inpatient Short-Term Rehab	11	124	0	0	\$19,348.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	1	21	0	0	\$5,166.00
82C Halfway House	1	76	0	0	\$6,612.00
Grand Total Expenditures					\$39,352.00

SCA Name: **Beaver County D&A Planning Council**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	261	261	0	0	\$23,490.00
82A Inpatient Detox	29	99	0	0	\$19,639.00
82B Inpatient Short-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$43,129.00

SCA Name: **Bedford (Personal Solutions Inc.)**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	36	12	0	0	\$436.00
82A Inpatient Detox	4	11	0	0	\$2,104.00
82B Inpatient Short-Term Rehab	3	39	0	0	\$6,103.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	3	27	0	0	\$6,527.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$15,170.00

SCA Name: **Berks County - Council on Chemical Abuse**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	190	380	9	18	\$24,552.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	27	157	6	509	\$108,863.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$133,415.00

SCA Name: **Blair County Drug and Alcohol Program**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments					\$902.00
82A Inpatient Detox	9	22	0	0	\$4,508.00
82B Inpatient Short-Term Rehab	8	96	0	0	\$17,685.00
82B Inpatient Long-Term Rehab	1	30	0	0	\$6,210.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	1	6	0	0	\$552.00
Grand Total Expenditures					\$29,857.00

SCA Name: **Bradford/Sullivan Drug & Alcohol**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent Clients</u>	<u>Adolescent Units</u>	<u>Expenditures</u>
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	3	10	0	0	\$1,999.00
82B Inpatient Short-Term Rehab	3	59	0	0	\$9,948.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$11,947.00

SCA Name: **Bucks County Drug & Alcohol Commission, Inc.**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent Clients</u>	<u>Adolescent Units</u>	<u>Expenditures</u>
88A Assessments	646	685	2	2	\$90,828.00
82A Inpatient Detox	27	109	0	0	\$28,496.00
82B Inpatient Short-Term Rehab	10	61	0	0	\$16,076.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	4	137	0	0	\$10,878.00
Grand Total Expenditures					\$146,278.00

SCA Name: **Butler County**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	21	54	0	0	\$11,146.00
82B Inpatient Short-Term Rehab	20	212	0	0	\$32,956.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	1	9	0	0	\$2,043.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$46,145.00

SCA Name: **Cambria**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	2	21	0	0	\$3,805.00
82B Inpatient Long-Term Rehab	5	62	0	0	\$10,712.00
82B Inpatient Co-occurring Rehab	5	87	0	0	\$20,142.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$34,659.00

SCA Name: **Cameron/Elk/McKean**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	224	269	0	0	\$20,161.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	2	16	0	0	\$2,560.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$22,721.00

SCA Name: **Carbon/Monroe/Pike D&A Commission**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments					\$0.00
82A Inpatient Detox	8	33	0	0	\$6,850.00
82B Inpatient Short-Term Rehab	9	164	0	0	\$31,226.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	1	8	0	0	\$1,640.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$39,716.00

SCA Name: **Centre County Drug and Alcohol**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	3	15	0	0	\$3,200.00
82B Inpatient Short-Term Rehab	5	57	0	0	\$10,260.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	4	43	0	0	\$10,074.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$23,534.00

SCA Name: **Chester County**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	22	445	0	0	\$71,591.00
82B Inpatient Long-Term Rehab	4	59	0	0	\$6,421.00
82B Inpatient Co-occurring Rehab	10	220	0	0	\$49,723.00
82C Halfway House	1	16	0	0	\$1,440.00
Grand Total Expenditures	37	740	0	0	\$129,175.00

SCA Name: **Clarion County Drug & Alcohol**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	42	42	9	9	\$6,115.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$6,115.00

SCA Name: **Clearfield/Jefferson Drug and Alcohol Commission**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	3	12	0	0	\$2,402.00
82B Inpatient Short-Term Rehab	11	124	0	0	\$19,785.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$22,187.00

SCA Name: **Columbia/Montour/Snyder/Union D&A Program**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	22	86	0	0	\$18,176.00
82B Inpatient Short-Term Rehab	15	228	0	0	\$43,768.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	5	58	0	0	\$13,420.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$75,364.00

SCA Name: **Crawford County Drug & Alcohol Exec. Commission. Inc.**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	3	10	0	0	\$2,088.00
82B Inpatient Short-Term Rehab	6	52	0	0	\$7,406.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	2	28	0	0	\$6,860.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$16,354.00

SCA Name: **Cumberland/Perry**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent Clients</u>	<u>Adolescent Units</u>	<u>Expenditures</u>
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	57	236	0	0	\$46,605.00
82B Inpatient Short-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$46,605.00

SCA Name: **Dauphin County**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent Clients</u>	<u>Adolescent Units</u>	<u>Expenditures</u>
88A Assessments	6	6	0	0	\$596.00
82A Inpatient Detox	14	66	0	0	\$13,119.00
82B Inpatient Short-Term Rehab	8	84	0	0	\$15,985.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	5	105	0	0	\$20,923.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$50,623.00

SCA Name: **Delaware County**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	126	298	14	19	\$12,903.75
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures	126	298	14	19	\$12,903.75

SCA Name: **Erie County Office of Drug & Alcohol Abuse**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	216	235	0	0	\$2,115.00
82A Inpatient Detox	77	390	0	0	\$6,240.00
82B Inpatient Short-Term Rehab	41	576	0	0	\$12,672.00
82B Inpatient Long-Term Rehab	6	23	0	0	\$506.00
82B Inpatient Co-occurring Rehab	89	1,175	0	0	\$76,672.00
82C Halfway House	12	549	0	0	\$4,941.00
Grand Total Expenditures					\$103,146.00

SCA Name: **Fayette County Drug & Alcohol Commission, Inc.**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	193	0	0	0	\$16,405.00
82A Inpatient Detox	5	12	0	0	\$2,320.00
82B Inpatient Short-Term Rehab	7	34	0	0	\$6,176.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$24,901.00

SCA Name: **Forest/Warren Human Services**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	6	53	0	0	\$7,791.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	1	7	0	0	\$1,695.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$9,486.00

SCA Name: **Franklin/Fulton County**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	341	341	26	26	\$24,567.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$24,567.00

SCA Name: **Greene County**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$0.00

SCA Name: **Huntingdon/Mifflin/Juniata**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent Clients</u>	<u>Adolescent Units</u>	<u>Expenditures</u>
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	2	8	0	0	\$2,599.00
82B Inpatient Short-Term Rehab	10	130	0	0	\$20,097.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$22,696.00

SCA Name: **Lackawanna County**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent Clients</u>	<u>Adolescent Units</u>	<u>Expenditures</u>
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	8	30	0	0	\$6,163.00
82B Inpatient Short-Term Rehab	20	230	0	0	\$41,450.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	1	24	0	0	\$5,496.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$53,109.00

SCA Name: **Lancaster County Drug & Alcohol Commission**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent Clients</u>	<u>Adolescent Units</u>	<u>Expenditures</u>
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	53	233	0	0	\$46,955.00
82B Inpatient Short-Term Rehab	19	257	0	0	\$45,067.00
82B Inpatient Long-Term Rehab	1	29	0	0	\$6,641.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	1	21	0	0	\$2,037.00
Grand Total Expenditures					\$100,700.00

SCA Name: **Lawrence County Drug and Alcohol Commission, Inc.**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent Clients</u>	<u>Adolescent Units</u>	<u>Expenditures</u>
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	4	12	0	0	\$2,516.00
82B Inpatient Short-Term Rehab	8	123	0	0	\$19,326.00
82B Inpatient Long-Term Rehab	1	65	0	0	\$8,190.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$30,032.00

SCA Name: **Lebanon**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	8	39	0	0	\$7,503.00
82B Inpatient Short-Term Rehab	5	82	0	0	\$12,930.00
82B Inpatient Long-Term Rehab	1	8	0	0	\$992.00
82B Inpatient Co-occurring Rehab	1	15	0	0	\$3,345.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$24,770.00

SCA Name: **Lehigh County**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$0.00

SCA Name: **Luzerne/Wyoming**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	38	120	0	0	\$25,802.00
82B Inpatient Short-Term Rehab	14	168	2	56	\$42,204.00
82B Inpatient Long-Term Rehab	2	38	0	0	\$6,577.00
82B Inpatient Co-occurring Rehab	7	111	0	0	\$25,584.00
82C Halfway House	3	39	0	0	\$3,635.00
Grand Total Expenditures					\$103,802.00

SCA Name: **Lycoming/Clinton**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	37	156	0	0	\$32,307.00
82B Inpatient Short-Term Rehab	11	88	0	0	\$17,015.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	8	103	0	0	\$23,976.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$73,298.00

SCA Name: **Mercer County Behavioral Health Commission, Inc.**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	28	28	0	0	\$2,569.00
82A Inpatient Detox	3	8	0	0	\$1,680.00
82B Inpatient Short-Term Rehab	6	63	0	0	\$10,061.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	2	49	0	0	\$11,685.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$25,995.00

SCA Name: **Montgomery County**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$0.00

SCA Name: **Northampton County**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	245	245	0	0	\$37,972.00
82A Inpatient Detox	1	5	0	0	\$1,075.00
82B Inpatient Short-Term Rehab	1	39	1	4	\$6,657.00
82B Inpatient Long-Term Rehab	4	103	0	0	\$12,875.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$58,579.00

SCA Name: **Northumberland**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$0.00

SCA Name: **Philadelphia**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	190	2,367	0	0	\$452,517.00
82B Inpatient Long-Term Rehab	3	126	0	0	\$21,771.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$474,288.00

SCA Name: **Potter**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	27	54	0	0	\$3,565.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$3,565.00

SCA Name: **Schuylkill County Drug & Alcohol**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	7	28	0	0	\$5,865.00
82B Inpatient Short-Term Rehab	7	97	0	0	\$17,959.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	7	128	0	0	\$29,686.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$53,510.00

SCA Name: **Somerset SCA for Drug and Alcohol**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	7	22	0	0	\$4,887.00
82B Inpatient Short-Term Rehab	4	54	0	0	\$8,180.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	1	21	0	0	\$4,746.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$17,813.00

SCA Name: **Susquehanna County**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	4	35	0	0	\$6,702.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$6,702.00

SCA Name: **Tioga**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	2	8	0	0	\$1,667.00
82B Inpatient Short-Term Rehab	2	32	0	0	\$5,789.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$7,456.00

SCA Name: **Venango County Substance Abuse Program**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	9	30	0	0	\$6,300.00
82B Inpatient Short-Term Rehab	6	65	0	0	\$9,555.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$15,855.00

SCA Name: **Washington**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>		<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$0.00

SCA Name: **Wayne County Drug & Alcohol Commission**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent Clients</u>	<u>Adolescent Units</u>	<u>Expenditures</u>
88A Assessments	17	136	0	0	\$3,433.00
82A Inpatient Detox	2	10	0	0	\$2,090.00
82B Inpatient Short-Term Rehab	1	21	0	0	\$3,948.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$9,471.00

SCA Name: **Westmoreland Drug & Alcohol Commission, Inc.**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent Clients</u>	<u>Adolescent Units</u>	<u>Expenditures</u>
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	22	68	0	0	\$13,969.84
82B Inpatient Short-Term Rehab	16	164	0	0	\$26,989.80
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	11	86	0	0	\$22,934.00
82C Halfway House	1	27	0	0	\$1,604.07
Grand Total Expenditures					\$65,497.71

SCA Name: **York/Adams**

Reporting Period: 1/1/10-6/30/10

<u>Activity Name and Number</u>	<u>Adult Clients</u>	<u>Adult Units</u>	<u>Adolescent</u>	<u>Adolescent</u>	<u>Expenditures</u>
			<u>Clients</u>	<u>Units</u>	
88A Assessments	0	0	0	0	\$0.00
82A Inpatient Detox	0	0	0	0	\$0.00
82B Inpatient Short-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Long-Term Rehab	0	0	0	0	\$0.00
82B Inpatient Co-occurring Rehab	0	0	0	0	\$0.00
82C Halfway House	0	0	0	0	\$0.00
Grand Total Expenditures					\$0.00