

Crawford County Drug & Alcohol Executive  
Commission, Inc.

920 Water Street, Downtown Mall

Meadville, PA 16335

# Fiscal Year: 2020/2021 Annual Report

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**A HEARTFELT THANK YOU TO THE BOARD MEMBERS FOR THE SERVICES THEY PROVIDE FOR OUR AGENCY.**

**STAFF AS OF JUNE 30, 2021**

Executive Director.....Anita Robinson, MBA  
Assistant Director/HRSA Project Director .....Jayme Ferry, LSW  
Development Coordinator and Grant Administrator.....Jennifer Surrena, BS

Administration/Chief Fiscal Officer.....Don Granda Jr, BS  
Fiscal Technician.....Christina Vanderhoof, AA  
Fiscal Technician.....Shannon Baron, BA

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Clerk Typist III.....Dorothy Swavey, AA  
Clerk Typist III.....Rachel Bahle  
Clerk Typist III.....Jennifer Pierce  
Clerk Typist III..... Lynne Bach

Treatment Program Manager.....Cheré Wyland-Norcross, LPC, MA, CADC

Treatment Supervisor.....Lora Shrock, MA, CAADC Addictions  
Counselor.....Deirdre Foll, MAAT, CADC Addictions  
Counselor.....Samantha Bohr MA Addictions  
Counselor.....Brittany Glass-Moran, MA, LPC, NCC, CAADC  
Addictions Counselor.....John Force, MS, LPC,  
NCC  
Addictions Counselor.....Joe Laquidara, MA  
Addictions Counselor.....Jen Girty, BA  
Addictions Counselor.....Jonathan Luster, MA

Prevention/Intervention Program Supervisor.....Jayme Ferry, LSW  
Prevention Specialist.....Kandy Foote, BA, CPS  
Prevention Specialist.....Rebecca Pears, MEd, CPS  
Prevention Specialist .....Julia Covert, BS

Case Manager Supervisor.....Cheryl Nelson, BA, CCSM

Case Manager Supervisor.....Kelly Parker, MA, CCSM

Case Manager .....Patricia Armstrong, BA, CCSM

Case Manager.....Kim Bidwell, BSW, CCSM

Case Manager.....Trina Andrews, BA, CAAP

Case Manager.....Allison Parker, BS

Case Manager.....James Beck, BS

Case Manager.....Marlena Thompson, BA

Case Manager..... Jon Piccinini, BS

Case Manager.....Amanda Pearce, BS

Case Manager..... Christine Smith, BS

Recovery Specialist Supervisor.....Lisa McFarren, BSW, CCSM

Recovery Specialist.....Judith L. Stine, CRS

Recovery Specialist .....Thomas Medved, CRS

Recovery Specialist .....Diana Ciniello, CRS

Medical Director (Contract).....Thomas H. Turner, MD

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## Fiscal Year 2019-2020

### *A few words from the Director...*

Fiscal year 2019/2020 was a year of change for Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC). Executive Director, David Crowe, had retired the end of the previous year, causing a shift in responsibilities and leadership. The agency acquired a Department of Drug and Alcohol grant that allowed for the expansion of services and staffing within the Case Management and Recovery Support programs. We were awarded a multi-year HRSA grant to address opioid use through prevention, treatment and recovery efforts and a USDA grant for purchasing telehealth equipment. Collaboration among community partners was on the rise, and then COVID-19 became the focus of our daily lives.

The full staff compliment was retained and moved quickly to providing services via telehealth. There was a whirlwind of activities with the IT manager assessing the need for laptops and phones and equipping staff with the tools they needed either in the office or when working from their homes. Confidentiality remained paramount and was rivaled only by the safety and welfare of our clients and staff. Social distancing, sanitizing surfaces and hands, and wearing masks became part of the daily routine. Staff utilized newly acquired electronic signature software, and policies were developed and disseminated along with best practices for providing services remotely.

Change was far from easy, but staff never lost focus of our agency's mission and the clients we serve. I am very proud of the work the team has done and look forward to positive changes in our future.

Respectfully submitted,

*Anita Robinson*

Anita L Robinson, Executive Director

# *Major Accomplishments of the SCA*

## FISCAL

Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) met the challenge of limited fund allocations while managing ever increasing client needs and Federal and State mandates. Matching client needs with proper funding while satisfying all regulations and requirements is a top priority.

Crawford County is a rural county with few drug and alcohol providers. To further complicate services for those seeking help, some providers limit the category of clients they accept or do not provide services to all ages. This agency has been in operation for decades, serving not only as the Single County Authority (SCA) of Crawford County's Drug and Alcohol funds, but also as a provider of Prevention, Intervention, Case Management, and Outpatient and Intensive Outpatient levels of care. These supportive services are provided with no restrictions to county residents. Client choice is a must and an important part in giving the client a voice in, and control of his or her treatment. Although there may be few providers from which to choose, thanks to the funds we receive as the SCA, clients meeting eligibility criteria can access financial assistance for their treatment no matter where they choose to get that help.

As the Single County Authority, CCDAEC received both State and Federal prevention and treatment funding from the Department of Drug and Alcohol Programs (DDAP) to support substance abuse prevention, intervention, treatment, and case management services to county residents.

The State Base Allocation is the backbone of our funding. Its use is not limited to populations or activities. The State Base funding is utilized in Administration and all other activities. Clients not meeting other funding guidelines can access the State Base dollars to fund their treatment. The County provides a match on a portion of the State Base dollars.

DDAP provided specific funds intended to support services to pregnant women or women with children. The Federal Block Grant for Pregnant Women/Women with Children (PWWWC) provided important funds for this population who met the funding guidelines. In fiscal year 2019-2020 the SCA was awarded a total of \$32,179 for this population to provide Prevention (\$1,297) and Treatment (\$30,882) services. Because the agency anticipated the full PWWWC award could not be utilized as specified in the grant, a waiver

was submitted to DDAP requesting that the agency be permitted to utilize a small portion of the PWWWC allocation to fund general activities and treatment services to clients who did not fit the intended population of the award. Our waiver was granted allowing the SCA to make full use of the funds in the delivery of Treatment Services; however, a total of \$1,205 was returned in Prevention PWWWC funds. Of the total PWWWC award, \$4,379 services fell under the approved waiver.

The Student Assistance Program (SAP) Prevention funds received through DDAP support the mandated and important process of screening and referrals for at-risk or troubled youths identified thru the SAP process. CCDAEC has a strong relationship with the Crawford County School District's SAP Teams, guaranteeing a successful program for the students.

The funds awarded by DDAP included the SCA State Gaming Funds under Act 2010-01 in the amount of \$17,071. This is approximately a 3.3% increase in Act 2010-01 funds from the previous fiscal year. CCDAEC utilized these funds by providing drug and alcohol non-hospital rehabilitation and non-hospital detoxification treatment to eight county residents.

The SCA and its Prevention Department had been awarded a Compulsive and Problem Gambling Treatment Grant for the 2019-2020 State Fiscal Year. The grant totaled \$49,355. The Prevention staff provided many Gambling related activities and services throughout the year. At fiscal year-end, \$20,596 of the allocation had been utilized and the remaining funds were not requested from DDAP.

CCDAEC received \$502,511 from the Human Services Block Grant allocation. These allocations came from the County under the County Block Grant (CBG) process. Through our Assessment, Utilization Review and Authorization process, these funds purchased needed client treatment for all levels of care. The agency staff was diligent in its efforts to utilize the County Block Grant (CBG) funds to maximize cost effectiveness for needed services. At fiscal year-end, all funding had been used.

In association with the County Block Grant process, the SCA received a Match from the County on the CBG Funds we received. The SCA received \$28,341 in Match and used these funds to further provide client services and administration.

Crawford County Drug & Alcohol Executive Commission continued its relationship with Value Behavioral Health of PA (VBH) as its HealthChoices managed care organization. The HealthChoices program offers payment for many of the services provided at the functional unit. As the SCA, CCDAEC's fiscal department maintained direct contact with billing staff of other county providers to keep the providers apprised of changes at VBH, or to assist with any billing problems between VBH and the county providers.

The agency was again involved as a subcontractor with the County's Adult Probation Department on a Pennsylvania Commission on Crime and Delinquency (PCCD) Grant. The funding received through the PCCD sub-grant enabled Crawford County Drug & Alcohol to provide services, transportation and recovery

materials totaling \$90,091 to eligible clients who qualified for the Restrictive Intermediate Punishment program.

CCDAEC received \$23,096 from DDAP to support a Warm Hand-off program where there is a case manager on call after agency hours to respond to any county resident in crisis. Beginning in FY 17/18, CCDAEC received funding to help combat the opioid epidemic. These STR/SOR (State Targeted Response/State Opioid Response) funds were used in Prevention, Treatment, Non-hospital Withdrawal Management/Residential treatment, and Case Management services, including carry over from FY 18/19 totaling \$107,214.67. CCDAEC spent \$353,503.25 in FY 19/20 with no carryover into FY 20/21.

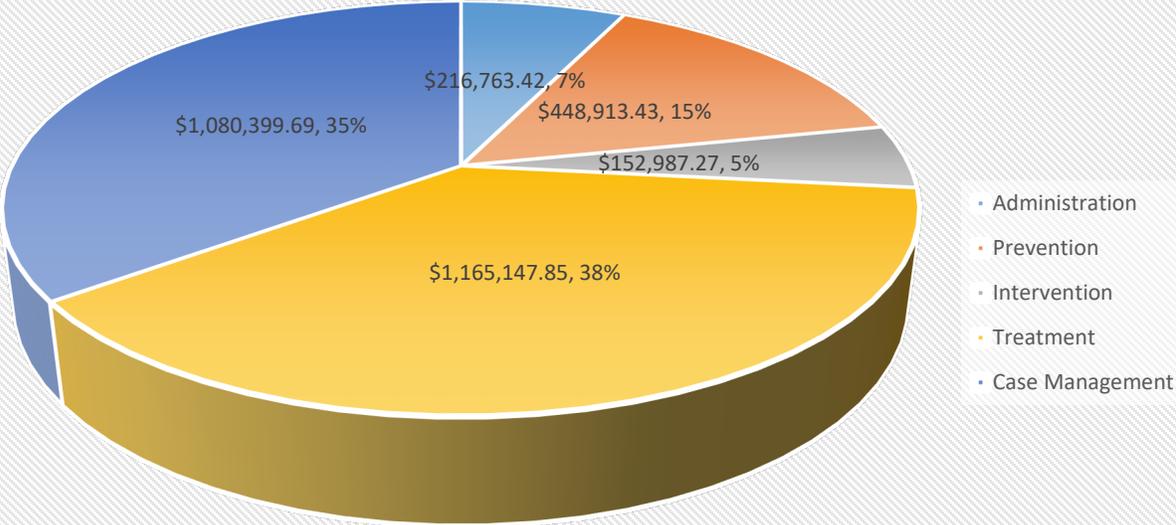
The County School Districts and a small HSDF Grant (now included in the County Block Grant) from the County provided much needed financial support that allowed the agency to maintain the important intervention program of In-School Groups for at-risk students.

Fiscal regulations and budget constraints affect all agency departments. Each department has different needs and goals for any given year. Communication between the Supervisors of the various departments and the Fiscal Department is most important so that department needs, and goals can be considered during the budget process to ensure funds are available where needed.

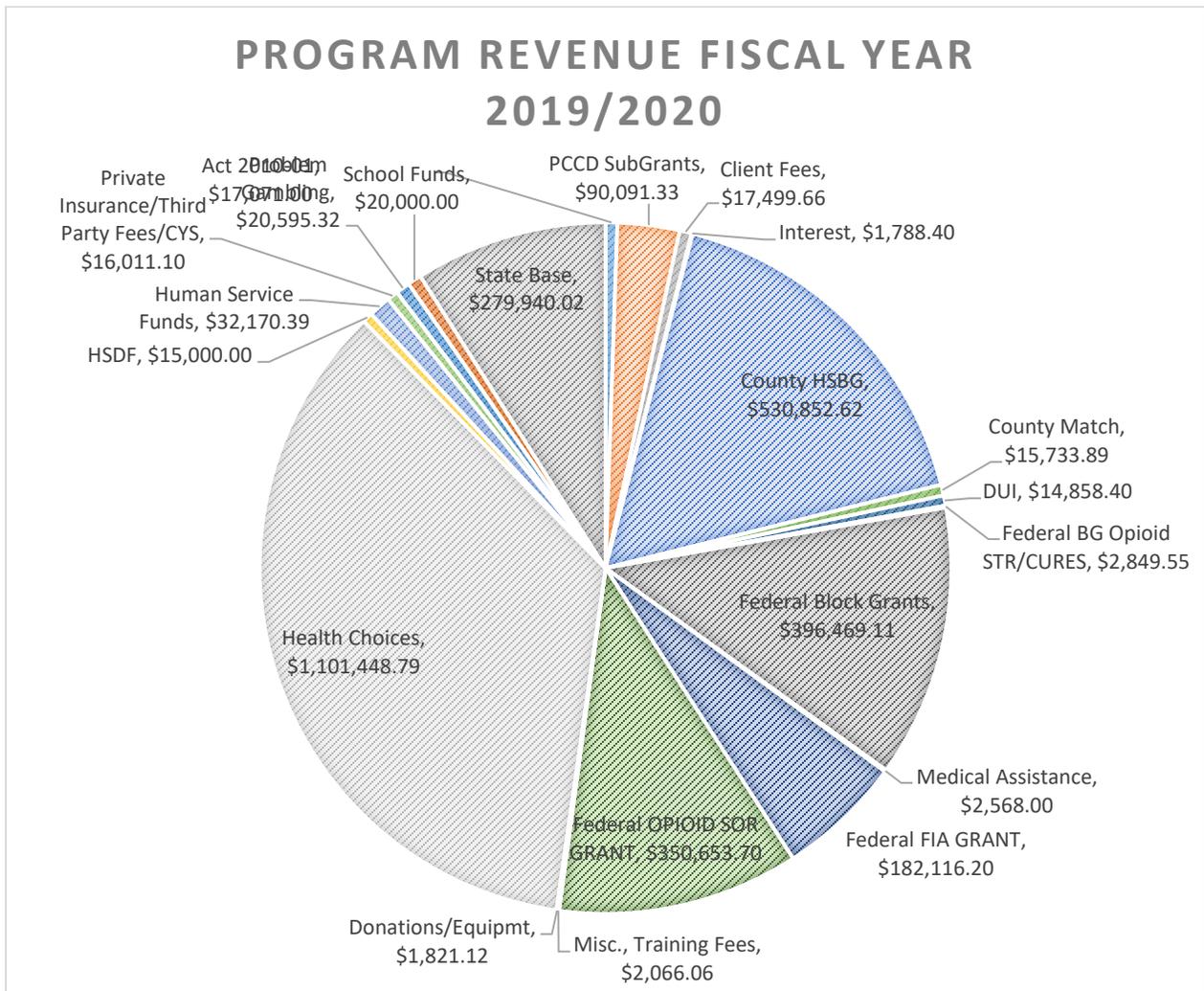
### Administrative Costs

Administrative (Activity 51) costs for the agency were a very modest 6.6% of the total agency costs for the year. The greater portion of revenue was devoted to the provision and purchase of community and client services.

# Program Expenses Fiscal Year 2020/2021



Program Revenue Fiscal Year 2020/2021



## INFORMATION TECHNOLOGY



*"Technology is best when it brings people together."*-  
Matt Mullenweg

As the pandemic continued, much of the staff continued working remotely, treating clients through telehealth platform. As restrictions lessened and clients were able to start coming back into the office, we were able to provide private office space and devices for clients in the office to continue to meet with their counselors who were still

working staggered days in and out of the agency. As the response to the pandemic continues to evolve, we will continue exploring innovative ways to reach out in support of our client's needs.

We entered the third year of the USDA Distance Learning & Telemedicine Grant. This grant will provide telemedicine technology equipment to ten different sites across Crawford County. The IT Department continued working with Administration and other grant awardees on vetting Telemedicine equipment providers and scheduling site surveys for the different locations where the equipment will be utilized. The equipment order was finalized in May and once it's up and running will provide another way for staff and clients to connect.

Ever increasing data reporting requirements to DDAP's PA WITS and many of the grants awarded has challenged us to look at different, more predictive ways to analyze the data that we collect in our Celerity EHR. The importance of data in daily decision-making lies in consistency and continual growth. Over this past year, we have started to learn how to use the data we collect to generate more revenue, predict future trends, optimize current operational efforts, and explore ways to create new business opportunities. As a vital component of strategic planning, our data will continue to be part of our daily decision-making process.

There were a handful of new and notable projects this year – a new training database that will help provide predictive reports of trainings due, digital signage devices that will display news and information in each of our waiting areas and developing hybrid telehealth models to meet the future needs of the people we serve.



## PREVENTION MAJOR ACCOMPLISHMENTS

CCDAEC Prevention Department provides services to address specific priorities determined by the Needs Assessment, facilitated by DDAP. The Needs Assessment has assisted with refinement of our services to address substance related issues specific to Crawford County. Coalition engagement, and community partnerships with other agencies, businesses, and schools are critical to attain our strategic goals, and impact measurable outcomes. Services are provided across a geographically diverse area within Crawford County, in a variety of environments, including schools, community centers, and government facilities. We provide services to a varied demographic, including all age groups, via single sessions, and reoccurring services. Gender, race, ethnicity, and gender identity are all represented in the overall county population.

Staff and contracted services of the Prevention Department use the following Federal strategies as part of a comprehensive program:

1. Information Dissemination – Provides awareness and knowledge of substance misuse, abuse, addiction, and the influence on individuals, families, and communities; characterized by one-way communication.
2. Education – Provides training to affect critical life and social skills; characterized by two-way communication.
3. Alternatives – Encourages participation of targeted groups in constructive and healthy activities, minimizing the attraction to ATOD (alcohol, tobacco, and other drug) use.
4. Problem Identification and Referral – Identifies individuals who have engaged in illegal or early ATOD use, to assess whether their behavior can be altered through education.

5. Community-Based Process – Enhances the ability of communities and neighborhoods to provide prevention and treatment services more-effectively for substance abuse disorders.
6. Environmental – Establishes or changes written and unwritten community standards, codes, and attitudes which influence the incidence and prevalence of ATOD abuse in the general population.

The SCA's Prevention Department contract with DDAP requires the delivery of a minimum of 25% of Prevention services through a combination of EB (evidence-based), and state approved programs. We exceeded the state minimum, implementing 66% EB or state approved programs and provided 34% supplemental programming. We are also required to provide 20% of our services as recurring events. Crawford County's Prevention Department exceeded the minimum requirement, with 56% one-time services, and 44% recurring sessions.

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## Information Dissemination

### Health Promotions, Speaking Engagements, and Information Dissemination

During the Fiscal Year 2020/2021, the Prevention Department attempted to implement community health promotions throughout the county while being constrained by Covid restrictions. The Crawford County Fair usually provides the largest effort in this area however with its cancelation we were only able to reach 21 students who pledged to make "Healthy Choices" in their lives at two other events that opened up as the Covid surge declined. Focus on rural areas of the county offer an opportunity reach often-underserved population. The Prevention Department also participated in education about Fetal Alcohol Spectrum Disorder (FASD) throughout Crawford County, with 3 specific FASD activities in the month of September, as required by DDAP including outreach at the open air market in Titusville, a speaking engagement and a window display. Educational speaking engagements on ATOD&G (Alcohol, Tobacco, Other Drugs, and Gambling) were provided such as Living After Loss, GIFA Life Skills groups and at the ARC. One of the most

exciting ventures that has come into being in the Crawford Baby Basket program. This multi-agency program coordinated thru the Prevention Department baskets containing baby items garnered from the agencies involved, grants, donations and the HRSA grant are distributed to new parents/guardians along with a comprehensive packet of resource information pertinent to newborn, child and parenting including immunization and post-partum depression resources.



Health promotions/events: Narcan distribution; Newsletters; FASD information; Titusville Open Air Market; downtown mall; Meadville Area Recreation Complex; Fifth Ward HOPE Project. During the pandemic, Prevention staff engaged the community specifically through social media with posts on our

website, thru email, and on our FACEBOOK page. We also explored posting on Twitter and Instagram. ,.

**It has been difficult to reach the same groups we typically do with our programming during the pandemic but our team has excelled in finding creative alternatives to reach the public and educate our community!**

**-JC**



## Speakers Bureau and Prevention Resources

The Prevention Department continued to offer alternative types of Prevention/Education in schools and throughout the community. Prevention staff did agency and service promotion on the radio with Forever Media, and Armstrong Cable Television, particularly during the pandemic; ELECT; Recovery Celebration; Suicide Task Force; System of Care; Peace4Crawford; Meadville Area Recreation Complex (MARC); and Titusville Open Air Market. We also were able to provide educational services to 125 students.

## Gambling

DDAP Gambling grant funding was utilized for Prevention staff to provide Problem Gambling Education Services Such as We Know BETter. We also used health promotions on 27 occasions to promote Problem

Gambling information dissemination. The Gambling Alternative Program Know Limits was utilized in SAP groups to address that vulnerable population.

## Education

### Underage Drinking Program

The Underage Drinking Program (UDP) is a course for individuals under the age of 21 who receive a charge of underage drinking. UDP topics include Drinking, Binge Drinking, Nicotine, other categories of drugs, Addiction, Dependency and Abuse Issues, Laws and Penalties, Healthy Coping Skills, Refusal Skills and Communication. Youth are referred through the court system, as an alternative to traditional legal recourse. Four UCP classes were able to be held in the last year for a total of 19 students.

### Alternatives

ATOD (Alcohol, Tobacco, and Other Drugs) Alternative Activities are programs that promote ATOD free alternatives in the community, and school districts. The goal of the program is to provide various ATOD-free recreational and/or social activities, or recognition events. Prevention staff partnerships with the Children's Advisory Council, CHIC and Safe Kids coalitions, as well as various other area providers to promote a unified message and resources for the community.

Prevention Supervisor and Staff continued work on the community Needs Assessment, which is a living document driving each SCA's Prevention Goals. Specific problems identified in Crawford County are vaping/e-cigarette use, heroin/polysubstance use, pregnant women with substance use disorders (potential NAS; neonatal abstinence syndrome), and marijuana use. Each problem area has been assigned specific prevention programs and services to work toward decreasing these issues in our County.

The Prevention Department has continued to promote the unified messages of the Commonwealth Prevention Alliance, on the PaStart/PaStop Campaign. Crawford County joined all the SCA Prevention Departments in the Western Region for a collective media buy to increase opioid awareness, and messages for parents to engage their children in discussions to prevent substance use. Advertising has been limited by the pandemic, having only been via billboards, with anticipated digital, radio, television,

and postcard mailings in the coming weeks. The postcard mailing will promote a PaStart message, as well as CCDAEC services.

**It has been a relief to get back into the community and to see the people that make us proud to do prevention programming!**

**- KK**



## Problem Identification and Referral

The Student Assistance Program (SAP) provided ongoing screening and intervention services to the eleven secondary schools in all four districts in Crawford County, as well as Bethesda Children's Home and Titusville School District Alternative Education Programs thru alternative and virtual means as necessary to abide by Covid restrictions. SAP Liaisons meet as requested with each school and, whenever requested, for any additional needs. Prevention SAP Liaison, in conjunction with the Mental Health SAP Liaison through Crawford County Human Services, also conduct school-based screening assessments when requested by the school SAP Teams and as able thru either virtual/phone or in person means. Early work was also being done on the implementation of BH works, an evidenced based- tech oriented screening process.

The primary function of the SAP Program is early identification and intervention with students who are evidencing academic and behavior problems, and who are at high risk for developing substance abuse problems. Once a school-based screening assessment has been completed with the student, who must have parental permission and preferably be accompanied by a parent, a recommendation for services is made. Students with alcohol or other drug problems or often Children of Substance Abusers are referred to the in-school Drug and Alcohol Prevention Specialist to provide education and information. This includes teaching students how to make healthy decisions, handle the implications for them in dealing with complications of family SUD issues and how to respond to negative peer influence. Those students who manifest problems beyond the scope of our in-school services are recommended for more comprehensive assessment and possible drug and alcohol treatment services.

The SAP focused Prevention Specialist attended as able SAP Core Team meeting in each school, each month. The SAP staff attended approximately 119 SAP Core Team Meetings in the 2020-2021 school year. Overcoming Covid restrictions, Prevention Staff screened 209 students,. Drug and Alcohol Student Assistance Program services continue to be recognized by the schools as essential and effective.

## Community-Based Process

The Prevention Department serves on several advisory boards, steering committees, and other collaborations with community, and regional partners, including: Children's Advisory Council, Community Councils, Crawford County Overdose Prevention Coalition, Safe Kids, NAS regional work groupCrawford Health Improvement Coalition, Crawford County System of Care, Peace4Crawford Trauma Informed Initiative, Courageous Conversations, and the annual Recovery Celebration and 5K..



**Its been extremely rewarding to work closer with our clients to bring different opportunities and practices to them that can benefit not only their lives but their families as well.**

**-JC**

## Environmental

Charged with changing laws and norms making substance abuse less acceptable in our community, the Prevention Department usually does ongoing outreach at the Crawford County Fair with our “Promise Signature” campaign but was unable to this year. The Prevention Department works with our Regional Tobacco/Nicotine educator to advocate for Clean Air initiatives, and more stringent procedures for school tobacco violations, as well as community education about the risks of tobacco and nicotine vaping.



## Tobacco

The Prevention Department does ongoing prevention education on the risks of tobacco and nicotine/vaping, Tobacco prevention and education is an integral part of ATOD educational services and information dissemination. Prevention Staff implemented The Prevention Department coordinated with, and continues to collaborate with the regional Tobacco Educator, to offer nicotine/tobacco cessation to CCDAEC staff and clients, as well as facilitating communication with community partners. Unfortunately, No classes were able to be provided this year.



The first day of Spring, or the Vernal Equinox as it is sometimes called, is the earliest it has been in over one hundred years. This year, Spring begins on Thursday,

March 19th (usually it is on the 20th or 21st of the month).

The word equinox is derived from Latin words that mean "equal night." On that day, the length of the day and night are nearly equal in most places on Earth. Equinoxes happen only two times a year—once in the spring and once in the fall.

In June and December there are solstices; the time period where the Earth's poles have a maximum tilt toward the sun. June 20th or 21st is the Summer Solstice and December 20th or 21st is the Winter Solstice.



**CCOPC meets the second Monday of every month from 9-10:30AM at MMC Vernon Place** in Meadville. Everyone is welcome to attend and become involved.

For more information, please contact CCDAEC at 814-724-4100.

CCOPC has published numerous flyers and informational facts that are available on request or can be seen on the CCOPC Facebook page (*like our FB page!*).

CCOPC supports other opioid resources such as other local support groups, those in recovery and those whose lives are touched by opioid misuse /abuse.

## Prevention is...

- Enhancing protective factors and reducing risk factors related to drugs and alcohol
- Educating and informing people so they can make good decisions and establish healthy habits
- Reaching out to people of all ages and backgrounds
- Interacting with people in a fun, engaging manner
- A long term process of effecting change and improvement in our community

**The Prevention Department of CCDAEC strives to meet the needs of our community by offering a variety of topics, flexible scheduling, and adaptations to age/ability or other considerations. Many of our services are provided at no cost. Call us today to discuss what we can do for you!**

**814-724-4100**

### Important 24-Hour Hotline Numbers

<u>D&amp;A Crisis Line</u>	<u>MH Crisis Line</u>
1-844-643-5766	1-814-724-2732
<u>Warm Line</u>	<u>Suicide Hot Line</u>
1-800-951-2055	1-800-273-8255

**LET'S TALK...overcome addiction**

**814-333-3916**

**[www.letstalkhelps.com](http://www.letstalkhelps.com)**

## TREATMENT AND INTERVENTION

Outpatient level of care treatment was offered at CCDAEC outpatient office, Stepping Stones (Meadville Medical Center) and Family Services and Children's Aid Society (FSCAS) of Titusville. Intensive outpatient level of care treatment is offered at CCDAEC. Adolescent outpatient treatment was provided predominantly by CCDAEC and on a very limited basis by Family Services and Children's Aid Society of Titusville.

As a functional unit, in-house treatment continuum features multiple services including assessment, interim services, orientation, individualized treatment planning, individual counseling sessions, client/family sessions, group counseling, criminal justice-specific services, consultation, referral, discharge planning and follow-up sessions, etc. as well as numerous referral agreements with other county service agencies. CCDAEC's provision of daytime and/or evening groups include the Matrix Model IOP, a Seeking Safety group, adolescent counseling, dual recovery topical process group, a relapse prevention track, a diverse topical process group series, Suboxone groups, a process group that utilizes various art techniques/skills and aftercare groups. Included in the treatment structure is the implementation of several evidence-based treatment programs including Living in Balance and The Relapse Prevention Program-please reference the descriptions below

### Relapse Prevention Program

The Relapse Prevention Program is an evidence-based approach is helping clients identify high-risk situations, work on responses and coping skills, and exploring lifestyle factors that may increase vulnerability. This model is customizable to meet the needs to each client; it is being used in individual and group sessions.

Topics include the following to address relapse prevention plans surrounding the following subjects:	Negative Feelings
	Cravings to Use
	Pleasant Emotions
	Physical Discomfort or Illness
	Testing Personal Control
	Social Pressure to Drink or Use Other Drugs
	Conflict with Others
	Reviewing lapse, relapse, prolapse
	Coping Skills, Healthy Behavior Changes

## Living in Balance

A research based, flexible, practical, and user-friendly substance abuse treatment curriculum that helps patients address issues in lifestyle areas that may have been neglected during addiction. There is a lot of flexibility/customization throughout this program, because there is no beginning or ending session; the parallel treatment model allows patients to start anywhere, end anywhere, and stay current even if they miss a session. We utilize two programs from Living in Balance, core program and supplemental:

12 CORE client sessions to help clients address life issues that are central to achieving successful recovery	Session 1: Definitions, terms, and self-assessment
	Session 2: Alcohol and other drug education
	Session 3: Triggers, cravings and avoiding relapse.
	Session 4: Planning for Sobriety
	Session 5: Alcohol and Tobacco
	Session 6: Spirituality
	Session 7: Sex, Alcohol, and Other drugs
	Session 8: Stress and Emotional Well-Being
	Session 9: Skills for Reducing Stress
	Session 10: Negative Emotions
	Session 11: Anger and Communication
	Session 12: Relapse Prevention Basics

## Seeking Safety

An integrative treatment approach that is a present-focused therapy specifically for post-traumatic stress disorder and substance abuse. CCDAEC has been implementing Seeking Safety program since fall of 2017. This program can be delivered within a group and individual setting. Seeking Safety is the only model endorsed by professional societies as having strong research support for PTSD/substance abuse.

Helps clients attain safety in thinking, emotions , behaviors, and relationships. Topics include the following:	Self-nurturing
	Respecting your time
	Recovery thinking
	Healthy Relationships
	Grounding techniques
	Setting boundaries in relationships
	PTSD: Taking your power
	Honesty
Commitment	

## Matrix Model IOP

An evidence-based treatment for clients who need to achieve abstinence from alcohol and other drugs. It is a structured program that consist of several core areas: Early Recovery skills, relapse prevention skills, treatment-planning accountability with the group, individual and group sessions. This program allows individuals to practice resocialization skills in a safe and familiar environment while providing a greater understanding of a client’s substance use disorder and developing positive changes in one’s behaviors and attitudes.

Program is divided into two sections: Relapse Prevention and Early Recovery topics. Clients create a schedule and mark their schedules throughout the week where they create a 7 day schedule to assist with structure.	Avoiding relapse drift
	Work and Recovery
	Dealing with feelings and depression
	Taking care of yourself
	Twelve step/Community supports
	Your body chemistry in recovery
	Recognizing stress
	Repairing Relationships
	Taking care of business and managing money
	Dangerous emotions

## Suboxone Groups

3 Levels of groups are provided, as illustrated by a portion of our brochure below:

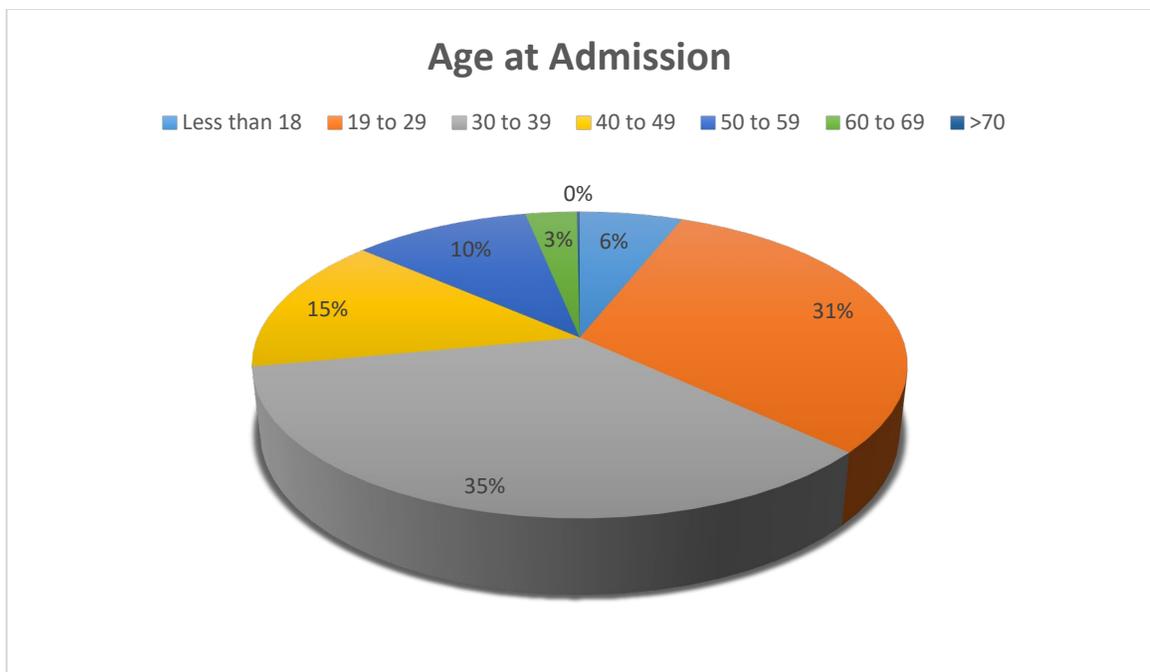
## Challenges in Treatment

With treatment taking on a triage model during the pandemic, most individual sessions were being conducted in-person due to client need. The acuity of care was heightened during individuals struggling during the pandemic. Individuals were sometimes hesitating to come into the office for in-person sessions during this challenging time.

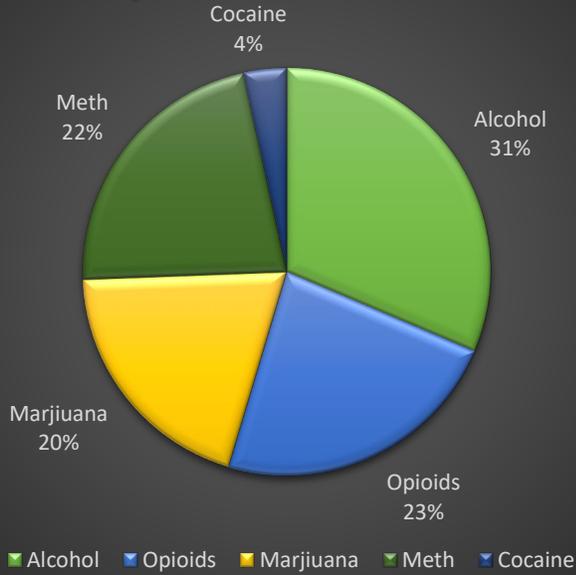
Retention of newer hired staff was a challenge during the pandemic. Newer treatment staff secured remote positions elsewhere which lead to three new hires during the start of January 2021.

Barriers to treatment such as medical issues, transportation issues and other potential barriers to treatment have been alleviated with the delivery of telehealth services. With nearing towards the end of the fiscal year, a hybrid version of treatment where in-person visits combined with telehealth virtual sessions have become the new norm for treatment as we forge ahead through this pandemic.

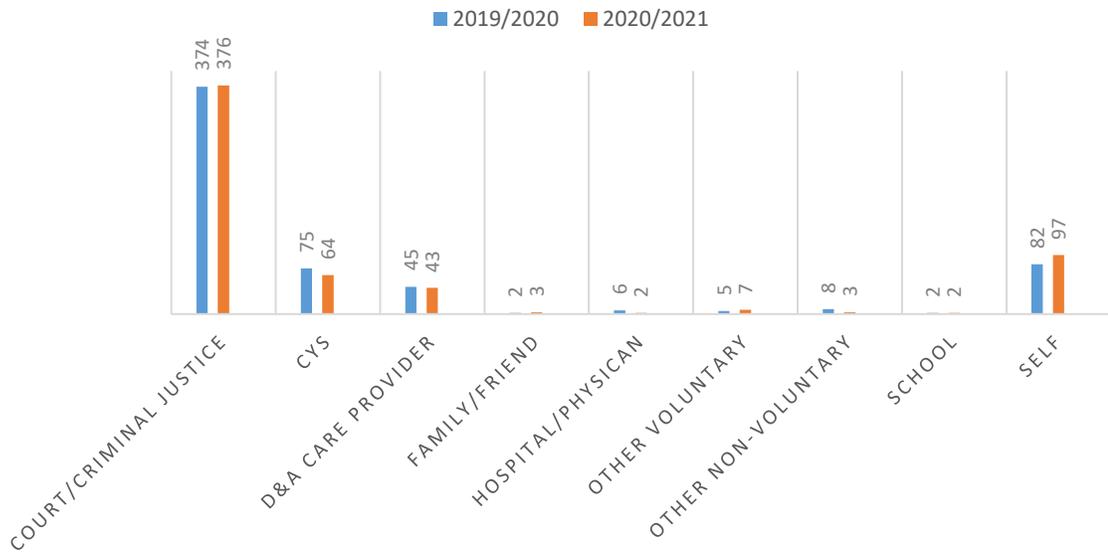
The graphs below demonstrate several areas of data where tracking of trends and patterns are illustrated: Drug of Choice at time of Admission; Referral Sources, and Age of Admission.



## Primary DX impression at time of Admission



## REFERRAL SOURCES 2020/2021



Crawford County Correctional Facility

The current program at the Crawford County Correctional Facility (CCCF) began in March of 2004 to serve the needs of the county's 200 to 250 inmates. The inmate population is made up of people awaiting bail or trial, inmates serving county sentences of up to 24 months minus 1 day, inmates awaiting transfer to other correctional facilities, and county probation violators. Inmates can serve as little as a few days or as much as twenty-four months, less one day.

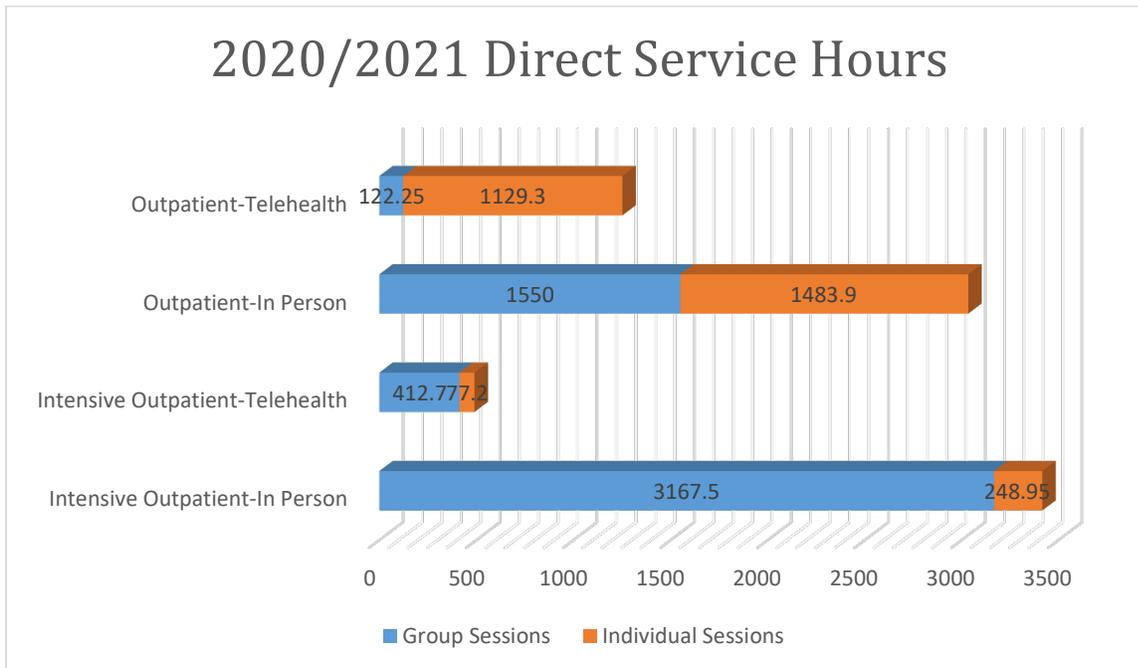
The target population of the jail program largely consists of inmates in the pre-contemplation or contemplation stages of recovery. The program provides intervention services and offers an outpatient level of care consisting of a series of process and topical process groups. This series of groups cycles approximately once every four months. Groups are run in all the major housing units and are open to any inmate who wishes to attend on a voluntarily basis. Individual counseling is provided as appropriate and art techniques/skills have been utilized in this setting as well. Staff responds to inmate requests individually and in a timely manner. Once involved in the program, staff creates a network between the inmate, case management, CRS, the courts and probation to assist inmate referrals to treatment facilities on the outside. CCDAEC's goal is to provide interventions designed to motivate our jail clients to seek recovery from chemical addiction and by both professional organizations and self-help groups to aid them in becoming productive citizens when they are released back into society.

The program assists longer term inmates that serve a county sentence in forming a workable parole plan that is compatible with recovery. The program provides education and information to our inmates about our local Alcoholics Anonymous and Narcotics Anonymous fellowships. Encouragement is given to the inmates to voluntarily use the twelve step programs as a permanent part of an ongoing life-long self-directed program of recovery. Treatment plans and goals are tailored to each individual inmate who desires voluntary drug and alcohol treatment.

## TREATMENT MAJOR ACCOMPLISHMENTS

Counseling hours provided by the CCDAEC out-patient office treatment staff to each patient (group and individual therapy) totaled 8191.8 hours. The graph below illustrates in-person hours provided and telehealth hours provided per level of care:

## 2020/2021 Direct Service Hours



The provision of treatment services for offenders in the successful Drug & Alcohol Restrictive Intermediate Punishment program (RIP) continued throughout this fiscal year. This program is a collaborative effort between the county criminal justice department and a grant through the Pennsylvania Commission on Crime and Delinquency.

CCDAEC treatment staff is represented on two essential committees: The Quality Management Committee of Value Behavioral Health and the Provider Advisory Council. The Quality Management Committee provides a systematic method of improving the efficiency, quality, and effectiveness of all behavioral health services provided to all members of the Northwest Behavioral Health Partnership HealthChoices Program. The Provider Advisory Council exchanges knowledge and concepts between VBH of PA, Inc. and the HealthChoices Provider Network. The Council's goal is to ensure the appropriate delivery of behavioral healthcare services to HealthChoices members and represents the views of the provider community.

Due new staff members trainings attended and/or coordinated by the Agency during the fiscal year, key trainings included:

- Confidentiality
- Ethics
- CPR/First Aid

A blend of in-person trainings and virtual trainings were attended this past year. Treatment staff attended a total of 397.5 (187 unduplicated) training hours this fiscal year.

## STAR Program

CCDAEC continues our collaboration with Meadville Medical Center in a combined approach to MAT therapies. The STAR (Suboxone Treatment and Recovery Program) has been providing individuals with a moderate or severe opioid use disorder and alcohol use disorder, treatment through a combination of Physician prescribed medications. Buprenorphine (commonly called Suboxone) and Naltrexone are prescribed and medically monitored by a Meadville Medical Center Physician.

Case management and recovery supports, and outpatient/intensive outpatient substance abuse treatment are provided by CCDAEC. The population served is adults (18 years of age and older). CCDAEC is providing group therapy to meet the individualized needs of patients who are on MAT therapies. This program consisted of a steady growth with nearing around 40 to 45 clients participating in the STAR program which is 85% of the MAT clients that we service, the remaining receive MAT through other providers

Regardless of what setting MAT is provided, it is more effective when counseling and other behavioral health therapies are included to provide patients with a whole-person.

- 50% of individuals receiving MAT have been engaged with counseling for over two years.

Collaboration with Meadville Medical Center continues to be of discussion as CCDAEC mission is to provide comprehensive services to the citizens of Crawford County.

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Cognitive Behavior Institute collaborated with Department of Drug and Alcohol Programs (DDAP) to deliver Cognitive-Behavioral Strategies for Treatment Substance Use Disorders training. Crawford County SCA was selected as the start of this pilot training. This training consists of 4 Levels which is a model that

encourages participants to learn the foundational elements of CBT at their own pace. Level 1 consisted of online training to learn the foundational information. Level 2 consisted of in-person small groups to practice skills and interventions. Level 3 consisted of in-person small group work where recordings of said skills were practiced and evaluated. Level 4 is an ongoing supervision of videoconferencing to engage in ongoing training and support. A total of 5 clinicians from CCDAEC completed this program.



### Treatment: Professional Accomplishments

April 2021: Dee Foll obtained her certificate as a Registered Art Therapist.

May 2021: Brittany Glass-Moran obtained her licensure as a Professional Counselor (LPC),

May 2021: Alysha Prelog-Clark obtained her certification as a Certified Drug and Alcohol Counselor (CADAC)

May 2021: Lora Shrock obtained her licensure as a Professional Counselor (LPC),

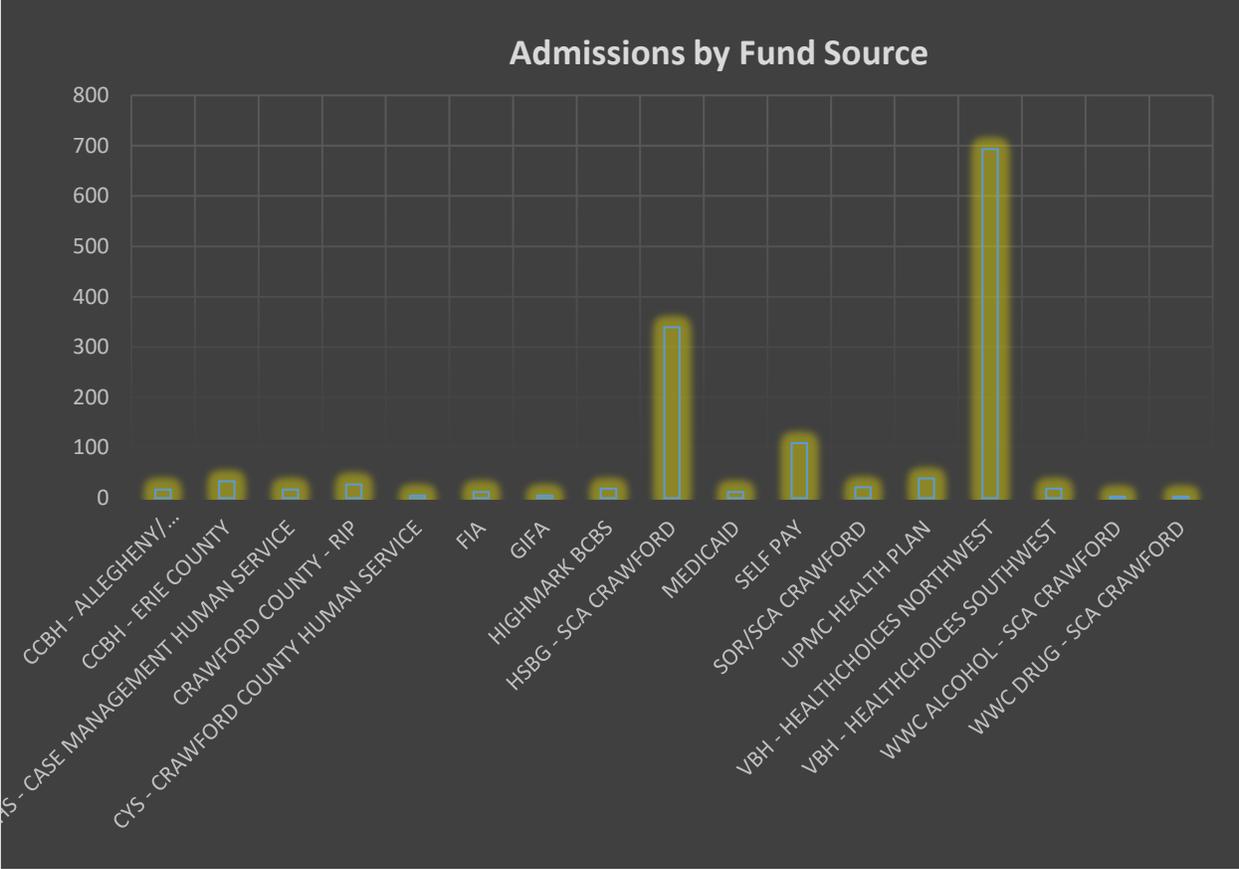
### Treatment: Customer Satisfaction

Based on the results of 16 interviews conducted by the Crawford County Consumer Satisfaction Team:

**100%** identified being given the chance to make treatment decisions.

**100%** identified in the last 12 months they were able to get the help they needed.

## Central Intake and Case Management



Treatment costs were provided through private insurance, on a self-pay basis, and through public and SCA funding – Medicaid, Restrictive Intermediate Punishment funding, Human Service Block Grant, State Base, Women with Children, Children and Youth Services, and State Opioid Response Grant funding as eligible.

Following the initial Level of Care recommendation, clients eligible for funding were referred for monitoring by the Utilization Review department and individual case managers. Based on ASAM Level of Care Index for adults and adolescents, a total of continued stay reviews were processed to review the appropriateness of a client’s continued stay at their current level of care and/or a referral to a more appropriate level of care. However, we provided Case Coordination Utilization Support for funded clients.

**Initial Level of Care (LOC) Referrals Fiscal 19/20:**

<i>Type of Treatment</i>	<i>Number Referred</i>	<i>+or- From last Fiscal Year</i>
<i>0.5 Intervention</i>	21	+17
<i>1.0 Outpatient</i>	679	-81
<i>2.1 Intensive Outpatient</i>	242	+4
<i>3.5 Clinically Managed Med. Intensity Residential</i>	144	+31
<i>3.7 Medically Managed High Intensive Inpatient</i>	50	+26
<i>4.0 Medically Managed Intensive Inpatient</i>	15	+4
<i>No Treatment/Refused</i>	88	-6
<b><i>Total Initial LOC Referrals</i></b>	<b>1,250</b>	<b>-36</b>

Levels of care were based on ASAM (American Society of Addiction Medicine). The 3.7 level of care was added in 19/20. 3.7 Withdrawal management occurred shortly thereafter along with 4.0 Withdrawal Management.

## RECOVERY SUPPORTS/CASE MANAGERMENTS MAJOR ACCOMPLISHMENTS

### Recovery Supports

The Certified Recovery Specialist (CRS) program is a critical component of care offered by Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) providing recovery supports and Early Intervention to county adults (18 years and older) with substance use disorders (SUD) or co-occurring mental health and SUDs. Reinforcing the “no wrong door” approach to treatment, CRSs remain dedicated to providing outreach, mentoring, and peer support in all stages of the recovery journey.

The three CRSs on staff are credentialed by the Pennsylvania Certification Board (PCB) and completed 54 hours of training in three core areas of competency – recovery management, education and advocacy, and professional ethics and responsibilities. Recertification must be maintained every two years with an additional 30 hours of training related to the domains which include 6 hours of ethics training and 6 hours of confidentiality training. These credentials follow state and Beacon Health Options requirements. CRS, Tom Medved obtained recertification August 2020.

During the 20-21 Fiscal Year, the CCDAEC Recovery Supports Program received a total of 264 referrals. The majority of those, 173, were from the CCDAEC Case Management Department and another 45 referrals were from the CCDAEC Outpatient Treatment Program. Fifteen more were self-referrals, 12 referrals came from Stepping Stones inpatient and outpatient programs, and the remaining referrals were from other inpatient and outpatient facilities, and Crawford County Human Services.

Clients choosing to participate in Recovery Supports, but are not enrolled in a treatment program, are encouraged to consider this option. If accepting, they are referred to CCDAEC Case Management for an assessment to determine an appropriate level of care referral. Clients are also often referred to Case Management for case coordination services to address non-treatment needs. Similarly, CRSs work in conjunction with treatment staff to support clients enrolled in outpatient identified as needing a higher level of care.

The transition from the office to telehealth during the COVID-19 pandemic was initially a technical challenge for clients as well as for the CRS staff. With patience and perseverance, this was overcome. Clients learned alongside their CRS to attend online virtual 12-Step recovery meetings as well as to utilize ZOOM for individual meetings. When virtual meetings were not feasible, CRSs connected with clients by telephone. In addition to providing services to their own caseloads, CRSs reached out to clients not already involved with recovery supports, but actively enrolled in the outpatient department, to offer added supports. These telehealth services were also extended to all contracted inpatient treatment facilities.

With the ability to physically meet clients “where they are” being curbed, telehealth became critical to providing supports to overcome barriers to recovery. One obstacle in particular, isolation, became pervasive during the pandemic and many clients expressed appreciation for the ongoing social connection. CRSs address these barriers by assisting clients to develop their own personal recovery plan. Client-identified goals for achieving wellness, and specific steps to reach those goals, are drafted in the plan. The recovery plan also helps to track their progress and to identify triggers and ways to manage them.

Throughout the pandemic, Crawford County Drug & Alcohol remained involved with the #RecoveryIsNWPA program, a DDAP Grant Initiative Funding Application (GIFA) project. This program is a collaboration among Crawford, Erie, and Venango Counties to provide services for women in recovery and their families. Acting jointly, a Prevention Specialist, a Case Manager, and a CRS facilitated weekly virtual groups and events, including individual and family life skills sessions.

A CRS also worked closely with the Prevention department to create opportunities to support individuals in recovery by connecting them to mediums of art, recovery community events, and social inclusion activities. Vouchers obtained from local businesses allowed clients to participate (with social distancing) in creative workshops they otherwise would not have had the opportunity to join.

Other partnered outreach activities were more significantly impacted by the pandemic as direct supports at Women’s Services, Inc. and Living Waters Food Pantry were discontinued. Moving forward, these services are resuming. Additionally, as in-person meetings in the office have returned, so have in-the-community, “meet them where they are” recovery supports.

COVID-19 created an additional problem for Recovery Supports during 20-21 FY in that many CRS training classes were cancelled. This resulted in a significantly limited pool of qualified CRSs from which to fill two vacancies within the program. As the pandemic constraints were lifted, the dilemma was met head on as CCDAEC effected a PCB Certified Recovery Specialist & Certified Family Recovery Specialist Training Program to be held in Meadville. The training began during the final month of the FY on June 18 and will conclude August 20, 2021. The 78-hour course meets the newly revamped curriculum standards per PCB. Having met the maximum capacity of 24 participants, it is hopeful that the training will produce well qualified candidates for the Recovery Support Program.

## Case Management Accomplishments

As of July 2020, case management was still navigating the continuous changes related to COVID protocol. Our department has continued to fluctuate between working in house and working from home, meeting with clients face to face vs. providing for clients via telehealth. Throughout this

pandemic, we continued to provide for our clients and meet their needs by whatever means we were permitted to utilize on any given day.

GIFA-Grant Initiative Funding Application – around July 2020, we were awarded a grant from DDAP to provide case management and recovery support services to women with Opioid Use Disorders (OUD) and their families in Erie, Crawford and Venango counties. We also encourage women and their families who have been impacted by any substance use disorder to participate in this program. These services offer individuals and families more opportunities to enter and maintain recovery. In this endeavor, we have been able to provide life skills groups, support groups for women and their families, sober social events, transportation assistance, virtual connections, resources and more.

COE-Center of Excellence – around January 2021, we were approved as a Center of Excellence in Crawford County. COE's were designed to engage the community to identify all persons with OUD and make sure every person with OUD achieves optimal health. COE's strive to take care of the whole person, including OUD treatment, physical health treatment, mental health treatment and non-treatment needs/social determinants of health. As a COE, we are able to provide even more hand-in-hand support to every person with OUD a peer (case manager and/or recovery specialist) who helps them process all steps in the recovery process and provides every person with a community based case management and/or recovery specialist team who helps the person identify, organize, obtain and sustain treatment/non-treatment resources.

Case Manager transitions: We have said goodbye to three case managers in 2020/2021 and welcomed in two new case managers. This inspired some changes in case managers' roles and responsibilities. We have two case managers designated primarily for assessments, two primarily for Case Coordination follow up to assist clients with non treatment needs. Other case managers are fluctuating between providing assessments and Case Coordination. Additionally, each case manager is now responsible for determining and authorizing funding for their clients' treatment. This entails the initial authorization for any Level of Care (LOC), along with Continued Stay Reviews, Transfers in LOCs, and Discharges. During this funding process, the case manager assists these clients in applying for Medical Assistance Insurance and/or other potential funding, insurance and/or resources, while following that client throughout their treatment process to its completion. If the client gets discharged for lack of attendance or leaves treatment against advice, their case manager works toward re engaging to assist them in getting reestablished in some level of treatment again.

## Collaborative Initiatives

In September 2018, our agency collaborated with Meadville Medical Center to serve individuals with Opioid Use Disorders who wanted a local Medication Assisted Treatment (MAT) option rather than

traveling outside of Crawford County for MAT. This collaborative program, Suboxone Treatment and Recovery Program (STAR) provides for individuals with moderate or severe opioid use disorders and is a combination of Physician prescribed Buprenorphine (Suboxone), medical monitoring, case management, recovery supports and outpatient/intensive outpatient substance abuse treatment. The population to be served is adults (18 years of age and older) excluding pregnant women. However, we have since added the capability to serve pregnant women with Subutex on a case-by-case basis through STAR. This program has allowed us to provide more of a team approach as we work together with MMC to provide a broader support system from the suboxone physician, case manager, recovery specialist and counselor. Our STAR program continues to do well, as we continue all of our collaborative programs with them. The clinic expanded their program to provide Vivitrol as an alternative MAT. We continue to have clients achieve success in their recovery efforts with MAT, where they had historically struggled.

Ongoing work with COMPASS, Commonwealth of Pennsylvania Application for Social Services, provides clients with the ability to apply for Medical Assistance/VBH benefits online by going to the COMPASS website. All of our case managers now assist our clients in completing this application online. This allows our clients to apply for cash assistance, childcare subsidy, energy assistance, food stamps, healthcare benefits and other services. We also continue to complete COMPASS applications with clients who are in the Crawford County Correctional Facility and being released to rehab.

RIP (Restrictive Intermediate Punishment) continues to provide for Level 3 and 4 DUI offenders who are pre-approved for this program through the court. The RIP caseworker monitors these clients more extensively while working with the legal system to help increase client success in treatment, strengthen their stability and lower their recidivism. Our RIP Case Manager provided support for an estimated 35 clients this fiscal year. She also assisted approximately 15 clients in applying for Medical Assistance via COMPASS.

Linking clients with community resources and providing for our clients' non-treatment needs is the expertise of ALL our case managers now. We have begun to identify Social Determinants of Health in our assessments and transfer them to each client's Service Plan in order to better provide follow up and assist our clients with these needs. These include but are not limited to such needs as housing, childcare, transportation, vocational training, and other non-treatment needs. Numerous studies have demonstrated a link between economic status, social factors and physical environment as key influencers in health and recovery outcomes. Therein, we have expanded our non-treatment needs view and service plan needs to include all social determinants of health. Additionally, our case managers continue to provide more services and support to our clients within the community, in their homes, at other facilities and in various locations within the community.

The Case Management Supervisor or other designee attends a bimonthly Multi-Disciplinary Team (MDT) meeting at Crawford County Human Services. This team consists of a variety of professionals from other agencies within Crawford County to review abuse cases from Children and Youth Services to determine if

everything was done appropriately, adequately and efficiently, and to make recommendations for current and/or future cases. The Case Management Supervisor and/or Prevention Supervisor also sits in Act 33 fatality and/or near fatality reviews as needed with Crawford County Human Services, as part of the community team to review such cases in a similar manner.

NIATx partnership took place within this FY. Kelly Parker, Case Management Supervisor and two of our case managers joined in this project. This endeavor joined together other Case Management departments to work on CM Capacity Building projects. It inspired new and creative approaches to lower no show rates and increase client services and retention.

Case Management Round tables were reinstated and Kelly Parker, Case Management Supervisor is now participating in these monthly. It is an insightful collaboration with other D&A Case Management Departments throughout Pa.

GPRA (Government Performance and Results Act): In 2019, we were required by DDAP to complete a GPRA assessment on all clients who have an Opioid Use Disorder and required SOR (State Opioid Response) grant funding. This also requires that case managers complete a 6 month follow up assessment utilizing the GPRA tool and a discharge assessment. All of this data is then entered into the PA WITS (Web Infrastructure for Treatment Services) system. Kelly Parker, Case Management Supervisor and other designees have continued to monitor our compliance with these assessments and the required data entry therein. This entailed monthly technical assistance calls with DDAP to review and comply with these expectations, timelines and troubleshooting problems as they arose. We continue to work toward the expected compliance on the follow up and discharge GPRA evaluations.

## Licensing and QAA

CCDAEC successfully met the requirements of Licensing and had no findings during the Quality Assurance review by DDAP. The annual licensing visit focuses on Administration, Treatment and the licensed portion of Case Management, whereas the Quality Assurance review also includes Care Coordination, Recovery and Prevention Services.

## Barriers and Trends

Geographically, Crawford County is 1,013 square miles and has a population density of 89 per square mile – 65% of the county is classified as rural. This is important to our clients that are without transportation

and living outside the Meadville and Titusville cities and where public transportation is either non-existent or very limited. CCDAEC has been able to provide transportation for eligible clients accessing treatment; however, this service does not include accessing recovery programs or other natural supports.

The lack of 'drop in' childcare makes it difficult for our clients to access formal childcare in order to attend their D&A appointments. CCDAEC offers childcare services to eligible clients while in treatment or receiving case management/recovery support services. There are several childcare facilities in our area who are licensed providers. However, they will not provide this care for just a couple hours a week or bi-weekly. They require full day of childcare or half day care 4-5 days per week. This does not meet the needs of our clients who have children.

Insurance deductibles are a barrier for our clients who have private insurance with high deductibles. These clients are often working in minimum to moderate wage jobs and it is a hardship for the client to pay the required deductible upfront before the insurance begins to pay. Lack of overall enough funding precludes the SCA addressing this gap in funding. However, we have begun to offer some assistance in these situations, case by case In accordance with the DDAP Fiscal Manual Cost sharing Assistance for clients with insurance.

Stigma surrounding persons in recovery continues and can impede individuals from seeking out treatment and recovery services. To help counter this, the SCA hosts an annual recovery celebration in September. CCDAEC also participates in several collaborative efforts with other providers throughout the county. While important, the collaborative efforts require staff dedication and expenses. Our prevention department has developed more collaborative efforts in this, which are in the prevention section of this report.

Currently the process used by DDAP to deliver to the SCAs completed, approved, contract amendments that enable the release of funds often takes a few months. Precious time is lost in which services could have been provided along with the funding that would have supported those lost services. The Compulsive and Problem Gambling Treatment Grant is the most recent example. A good deal of time in which services could have been provided was lost while the SCA's waited for the contract amendment to be finalized and funding released.

One of the most challenging tasks for us this past year was the implementation of the new PA Web Infrastructure for Treatment Services (PA WITS). This continues to be a difficult process, because it requires duplicate data entry for all our case management data from screening to assessment, service plan, ASAM and notes. The little training that has been available to both SCA and Provider users does not sufficiently instruct us in the navigation of the PA WITS system nor the volume of data which needs to be entered. The administrative burden placed on users both at this agency and as the SCA charged with helping our providers learn this new system, continues to be overwhelming at times. We believe that

more in-depth trainings would be a benefit to the users of PA WITS as well as the ability to utilize an upload option, which has not been presented as an option.