

Crawford County Drug & Alcohol Executive
Commission, Inc.

920 Water Street, Downtown Mall

Meadville, PA 16335

Fiscal Year: 2021/2022 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, 2022

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

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Treatment Supervisor..... Amy Burlingame, BS, CAADC
Addictions Counselor.....Deirdre Foll, MAAT, CADC
Addictions Counselor..... Samantha Bohr, MA
Addictions Counselor.....Brittany Glass-Moran, MA, LPC, NCC, CAADC
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Addictions Counselor Lisa Hoffman, LSW
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Prevention/Intervention Program Supervisor..... Julia Covert, BS
Prevention Specialist.....Kandy Foote, BA, CPS
Prevention Specialist.....Rebecca Pears, MEd, CPS
Prevention Specialist Leah Endres, B

Case Manager Supervisor.....Kelly Parker, MA, 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 Samuel Glossner, MA

Case Manager.....Amanda Pearce, BS

Case Manager..... Amanda LeSuer, BS

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

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

Recovery SpecialistChristopher Rockwell, CRS

Recovery SpecialistRaymond Gerhart, CRS, CFRS

Medical Director (Contract).....Jill Miller, MD

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Fiscal Year 2021-2022 *A few words from the Director...*

The Vision of Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) is to empower residents of the county to prevent and to recover from the traumas of substance abuse for the purpose of improving their quality of living and their positive involvement with family and community.

As I read through the annual report I am struck by how well we adhered to our vision. We focused on our services and had many accomplishments in spite of it being a year plagued by COVID, nationwide staffing shortages and other constraints. To site a few of these:

- We opened the Living Room, a safe space for those in recovery to mingle and support one another. Modeled after a drop-in center, the Recovery & Supports team has been hosting events and working to generate interest in the space. These types of sober events provide a stigma free place where those in recovery can open up and learn skills that may aid them in succeeding in their own lives. Over the next year we hope to raise more interest in the space by having a group of members form a committee which will host its own events. We may also consider opening the space up for other recovery groups to host meetings which could help bring more people in long term recovery into the space.
- The USDA-funded Telehealth equipment was installed at MMC's emergency department, Stepping Stones and numerous rural health clinics as well as in the treatment and case management department of CCDAEC. The equipment will allow for increased communication and potentially enhance the Warm Hand Off process. It has also provided us with opportunities to provide better treatment and case management services to those who otherwise might not have been able to get it, especially while Covid-19 concerns still linger.

Over the past 3 years we have had to shift focus, become adaptable, grow, and learn new strategies in order to survive and continue providing the best treatment possible to our clients during the pandemic. Part of this has been working to identify the greatest needs of those we serve while also continuing to prioritize finding creative staff retention efforts.

I am grateful for our team and their dedication to our vision as evidenced in this report. With them, I look forward to celebrating CCDAEC's fiftieth year of service in 2023.

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 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 2021-2022 the SCA was awarded a total of \$32,179 for this population to provide Treatment 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. Of the total PWWWC award, \$13,952 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 \$25,750. This is approximately a 50% 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.

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 Beacon 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 \$56,050 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. CCDAEC spent \$113,509 in FY 21/22.

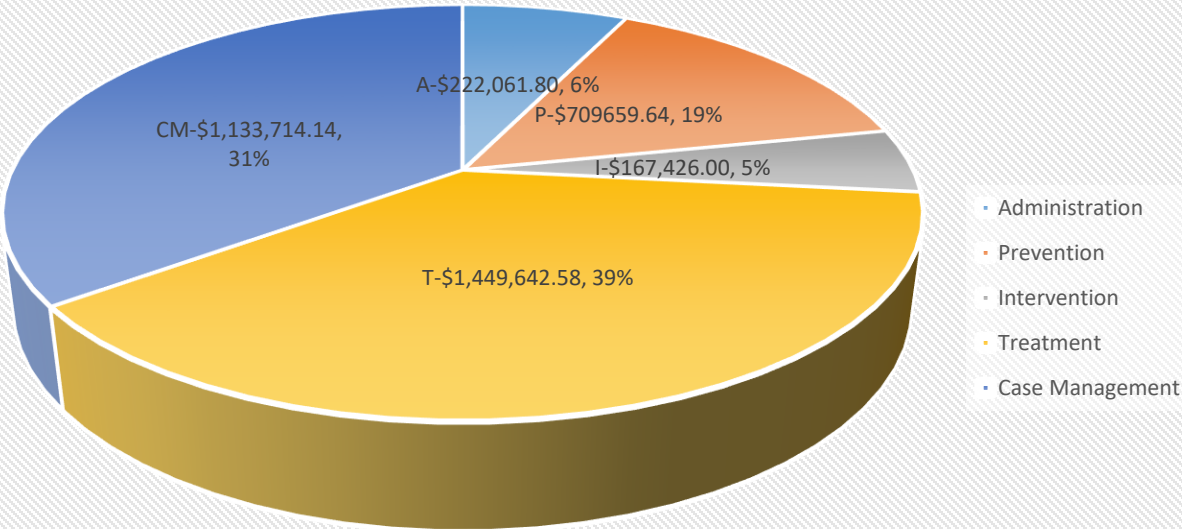
The County School Districts and a small HSDF Grant (now included in the County Block Grant) from the County provided much needed financial support that allowed the agency to maintain the important intervention program of In-School Groups for at-risk students.

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.

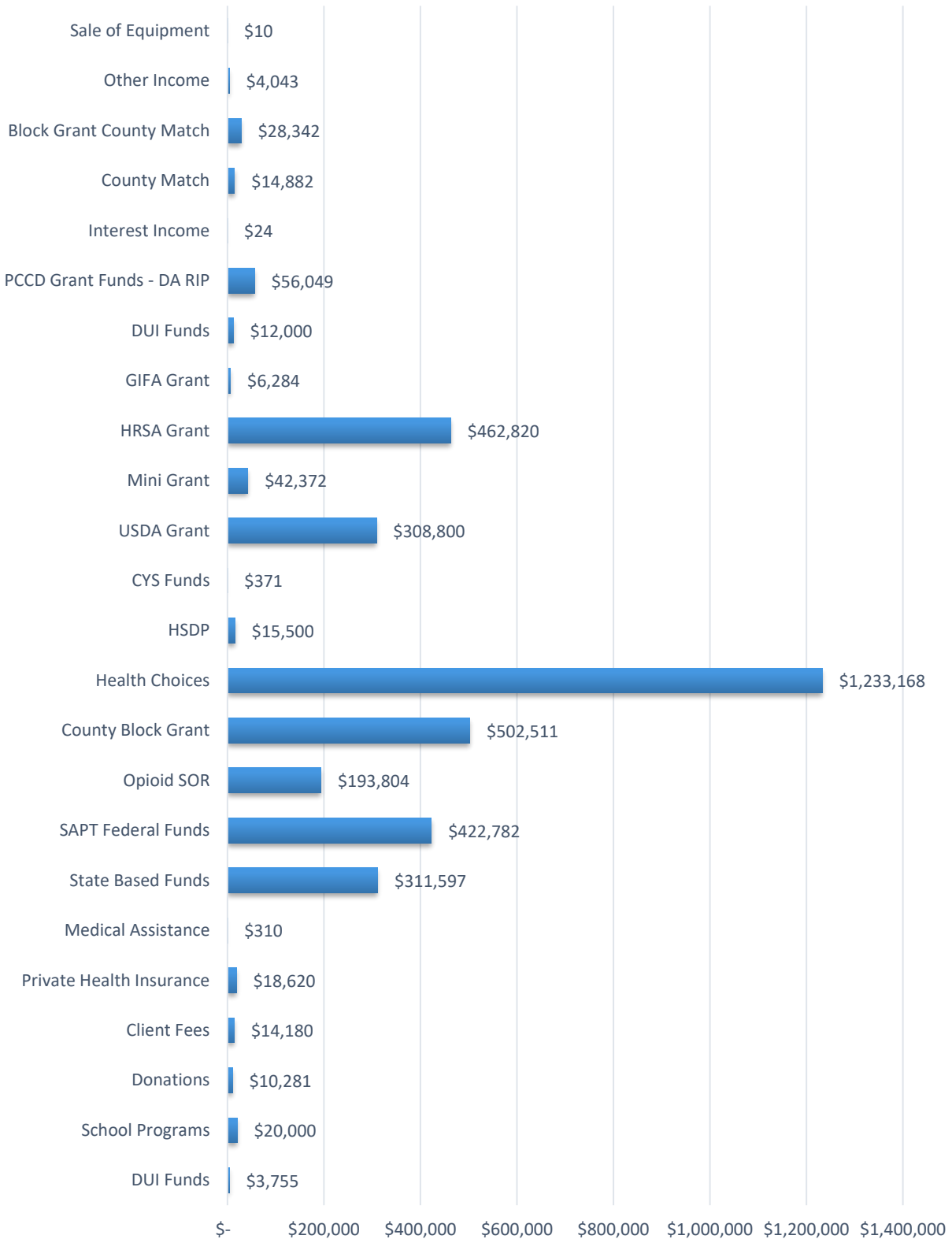
Administrative Costs

Administrative (Activity 51) costs for the agency were a very modest 6.0% 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 2021/2022



PROGRAM REVENUE Fiscal Year 2021/2022



INFORMATION TECHNOLOGY



“You’ve got to start with the consumer experience and work back toward the technology – not the other way around.”-Steve Jobs

We entered the final year of the USDA Distance Learning & Telemedicine Grant. Over the past year, we experienced several setbacks that had delayed the project, including key personnel changes and, of course, the COVID 19 pandemic. In November 2020, Jennifer

Surrena assumed the Grant Coordinator Position and was charged with taking steps to get the project restarted. With the help of a new project consultant, Jennifer was instrumental in reestablishing conversations with MMC leadership regarding the project. After consulting with the agency’s Poly vendor, it was determined that a newer version of the quoted equipment was now available, and the newer version was also designed to specifically meet the needs of the healthcare industry. After determining that we could pursue that equipment line without changing the original scope of the grant, an updated equipment list reflecting the new item numbers was obtained from Poly. The new model equipment information was shared with MMC’s Chief Information Officer to ensure that it was compatible with all hospital systems. The delivery date for all of the equipment was finally set for the second week of April. Onboarding training took place over the following week and the units were up-and-running in each of the 11 locations. CCDAEC and its community partners will be able to use the Poly Telehealth stations in multiple healthcare settings to connect, treat, and respond to client’s needs more swiftly and accurately than ever before; for many years to come.

In March of 2022, CCDAEC was awarded special funding approved by OMHSAS to assist providers in the implementation and enhancement of telehealth services. The equipment and software purchased with this payment will continue to assist our Outpatient clinical staff in providing services to our neediest clients during the most challenging times; should the pandemic force stay-at-home orders again or to reach clients that are medically needy and have no other means to engage in services. There is no time limit to when the funds must be spent, so we developed a multi-year extended plan for telehealth services that included continued engagement with clients via telehealth equipment, as well as the purchase of group room equipment and software to better provide clients with virtual group therapy. Adding this capability to the agency’s group sessions will ensure that clients can continue to receive a continuum of care, even if they are unable to join in person due to quarantining guidelines or mild illness.

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.

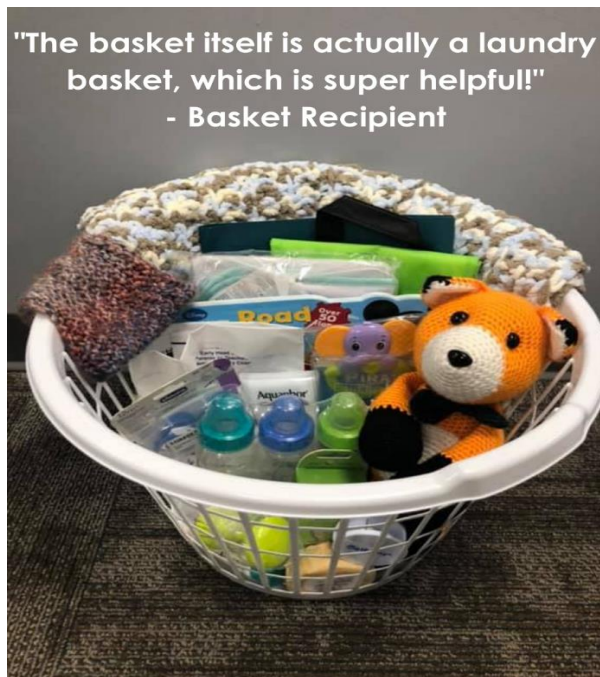
The SCA's Prevention Department contract with DDAP requires the delivery of a minimum of 25% of Prevention services through a combination of EB (evidence-based), and state approved programs. We exceeded the state minimum, implementing 73% EB or state approved programs and provided 27% supplemental programming. We are also required to provide 20% of our services as recurring events. Crawford County's Prevention Department exceeded the minimum requirement, with 47% one-time services, and 53% recurring sessions.

Information Dissemination

Health Promotions, Speaking Engagements, and Information Dissemination

During the Fiscal Year 2021/2022, the Prevention Department attempted to implement community health promotions throughout the county while being constrained by COVID restrictions. The Crawford County Fair provided the largest effort in this area where we passed out over 1700 pieces of information. We were able to reach 542 students who pledged to make “Healthy Choices” in their lives through the fair and at a few other events that opened up as the COVID surge declined. Focus on rural areas of the county offer an opportunity to reach, often-underserved, populations. The Prevention Department also participated in education about Fetal Alcohol Spectrum Disorder (FASD) throughout Crawford County, with two specific FASD activities in the month of September, as required by DDAP including outreach at the open air market in Titusville, and a window display. Educational speaking engagements on ATOD&G (Alcohol, Tobacco, Other Drugs, and Gambling) were provided such as at Active Aging, community events, ELECT, and life skills groups.

Still one of the most exciting ventures that continues is 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. With the pandemic slowly declining, more events and opportunities presented themselves again for prevention staff to engage with the community. However, one thing that was not cut back on was our social media presence with posts thru email, on Instagram, and on our FACEBOOK page.

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 150 students.

Gambling

DDAP Gambling grant funding was utilized for Prevention staff to provide Problem Gambling Education Services Such as Gambling Away the Golden Years which we provided 3 sessions of at the local senior centers. Also we used the Gambling Alternative Program, Know Limits 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 UDP classes were able to be held in the last year for a total of 12 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 partner 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.

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 115 SAP Core Team Meetings in the 2021-2022 school year. Potentially seeing some of the aftermath of COVID, Prevention Staff screened an increasing number of 235 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 group Crawford 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 Face-Book 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

D&A Crisis Line

1-844-643-5766

Warm Line

1-800-951-2055

MH Crisis Line

1-814-724-2732

Suicide Hot Line

1-800-273-8255

LET'S TALK...overcome addiction

814-333-3916

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:

- Matrix Model IOP
- Seeking Safety
- Dual Recovery
- Expressive Process
- Relapse Prevention
- A Healing Journey – Women Specific
- Men's Process
- Cognitive Behavioral Therapy

Included in the treatment structure is the implementation of several evidence-based treatment programs including Relapse Prevention, A Healing Journey, Seeking Safety and Matrix Model IOP. Please reference the descriptions below.

Relapse Prevention Program

The Relapse Prevention Program is an evidence-based approach to help clients identify high-risk situations, work on responses and coping skills, and exploring lifestyle factors that may increase vulnerability. In addition, relapse prevention groups provide concepts related to available recovery programs, building sobers supports, finding balance in recovery and working a self-directed program of recovery. 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

Healing Journey

The Healing Journey curriculum is utilized to assist women as they work to recover from trauma in their lives. The focus is on the kinds of trauma that women are more at risk of experiencing including: childhood abuse, rape, domestic violence and other types of interpersonal violence. This is an integrative approach to treat trauma based on theory, research and clinical experience. This curriculum is a strength based model to help women see the strengths they have and increase their sense of self. Topics include the following:

Topics include the following:	Introduction to the Program
	The Connections between Violence, Abuse and Trauma
	Power and Abuse
	The Process of Trauma and Reactions to Trauma
	How Trauma Affects Our Lives
	Abuse and the Family
	The Connection between Trauma and Addiction
	Grounding and Self-Soothing
	The Mind and Body Connection
	Our Feelings
	Healthy Relationships
	Endings and Beginnings

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

Pilot Program

Much of the past fiscal year was centered on the development of our pilot program. The pilot program focused on providing client-care services designed for individuals with SUD. Integrative services consisted of case coordination, certified recovery services and treatment services. All services are driven by a multi-dimensional assessment and an individualized service plan that utilizes ASAM criteria. The goal is to provide a unified program-seamless approach to our clients and to provide enhances services. Along with integrating case management, treatment and CRS services our outcome was to provide continuity of care without gaps and to address barriers to services. Several groups that are provided under the pilot program are:

Groups currently being conducted:

- Psychoeducational groups
- Skills-development groups
- Refusal Skills/Relapse Prevention groups
- Support Group
- Life Skills Group
 - Vocational rehabilitation
 - Training and employment assistance programs

- Preventive health care; inpatient, outpatient, and community health care services (e.g. specialty programs for HIV/AIDS, hepatitis C, STDs, or tuberculosis [TB]; and prenatal and pediatric care)
- Budgeting
- Technology assist
- Home living skills (clothing care, meal prep, house maintenance)
- Legal (how to prepare, advocacy)
- Community living skills (building one's community, mobility and travel, transportation time management)

As well as H&I meeting which is held weekly on-site for current clients attending treatment.

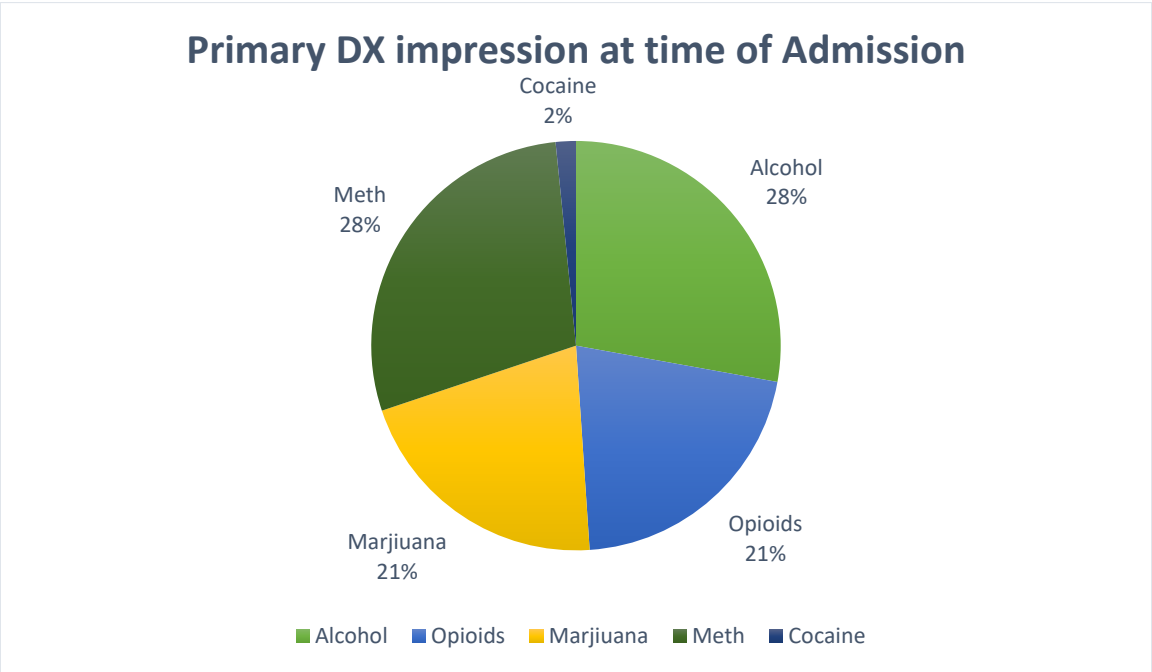
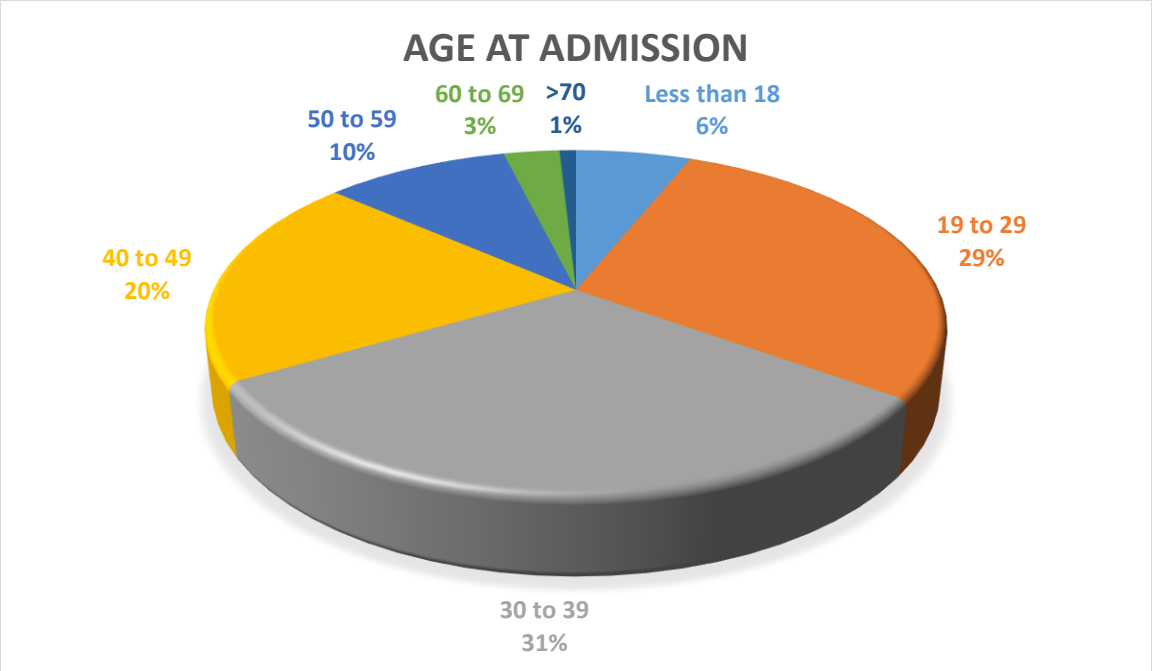
Challenges in Treatment

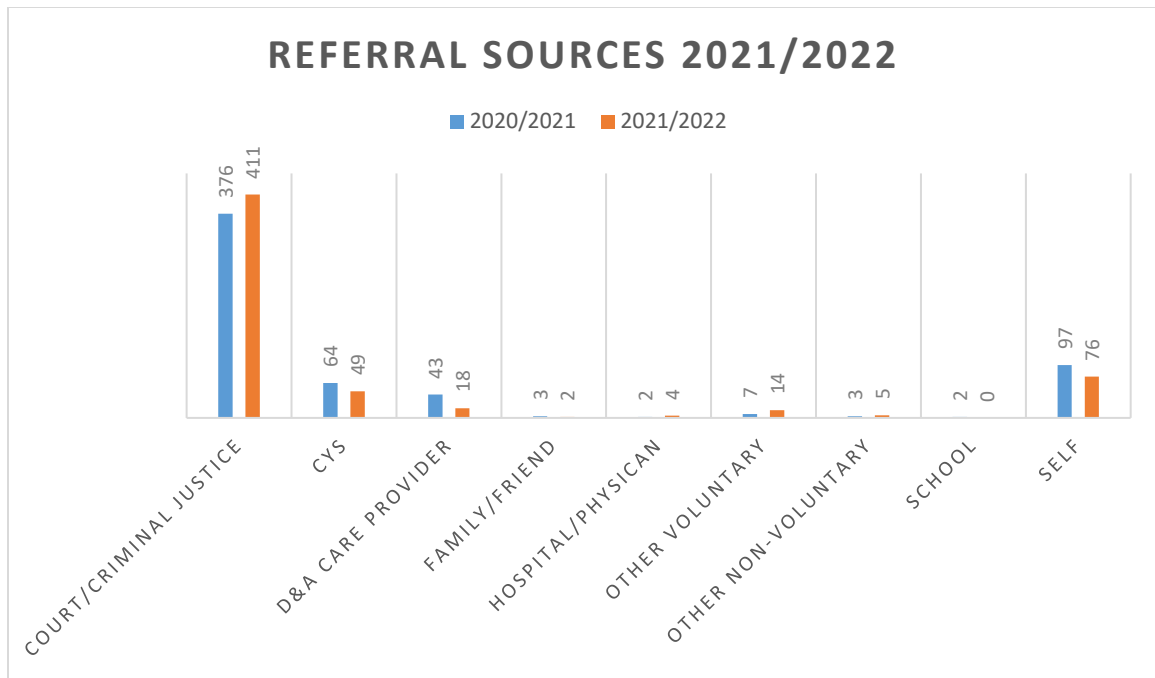
Retention of newer hired staff has been challenging due to many job opportunities providing remote work which has made the human services field a competitive workforce. CCDAEC continues to participate in HRSA Health NHSC Substance Use Disorder Workforce Loan Repayment Program where several clinical staff are currently enrolled. However only credentialed staff are eligible for this program which provides a limitation to other staff members.

Medical Marijuana has created a gray area when treating individuals. Though medical marijuana is legal in PA, it is difficult to have consistent treatment guidelines for staff and clients to adhere to. Referral sources have their own protocol which does not always align with treatment expectations. The inconsistencies have created mixed messages for our clients. Our greatest concern is how medical marijuana is potentially increasing relapse potential for individuals in recovery.

Treatment Data

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.





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.

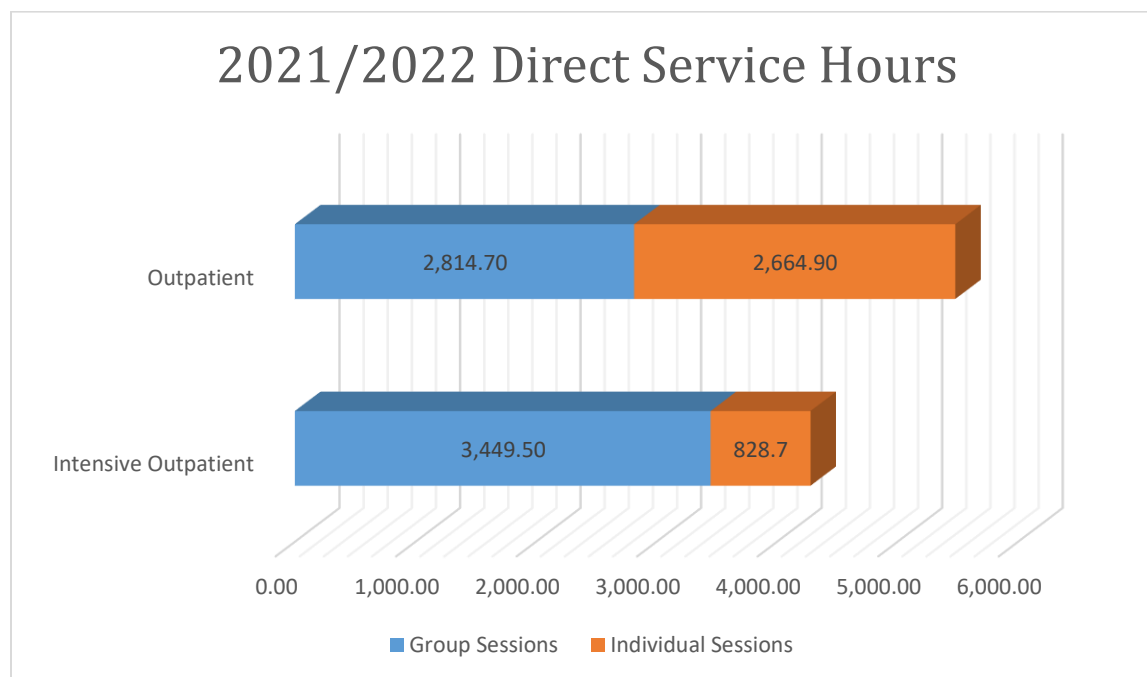
The target population of the jail program largely consists of inmates in the pre-contemplation or contemplation stages of recovery. The program provides intervention services and offers an outpatient level of care consisting of a series of process and topical process groups. This series of groups cycles 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 9,757.8 hours. The graph below illustrates outpatient and intensive outpatient hours provided via group and individual sessions:



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.

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

- Treating Trauma
- Evidenced-Based Intervention Theories and Practices
- LGBT Cultural Competency
- CPR/First Aid

A blend of in-person trainings and virtual trainings were attended this past year. Treatment staff attended a total of 416.25 (247 unduplicated) training hours this fiscal year.

Projected development for 2022

The STAR (Suboxone, Treatment and Recovery Program) collaboration with Meadville Medical Center is currently phasing out. Clients will be transferred to Saegertown Recovery Clinic to receive their MAT medication.

Treatment Manager-Chere' Wyland-Norcross and Case Manager -Supervisor Kelly Parker attended a two-day Nonviolent Crisis Intervention training through the Crisis Prevention Institute to become CPI trainers. For the upcoming 2022 year, all staff will be trained utilizing the CPI model.

Professional Development:

John Force and Brittany-Glass Moran became gambling treatment providers this past fiscal year. With gambling effecting more than 300,000 citizens in Pennsylvania, John and Brittany have expanded their skill-set to provide treatment for individuals with a gambling disorder and their families. Each of them completed 30 hours of Level 1 Gambling training and earned their Gambling Endorsement.

John Force and Samantha Bohr continue to be paneled providers with several private insurances: Highmark Blue Cross and Blue Shield as well as Optum. With continued expansion of getting our providers paneled, this continues to open up the ability to provide treatment to the private insurance sector in our community.

Additional certifications earned:

February 2022: Lisa Hoffman became a Licensed Social Worker

March 2022: Lisa Hoffman obtained her CAADC

April 2022: Samantha Bohr obtained her Clinical Trauma Professional Certification

May 2022: John Force obtained his Clinical Trauma Professional Certification



The Living Room

CCDAEC's newest addition as of the beginning of May is the Living Room. It is our new space dedicated for people in recovery. The Living Room is by far the most relaxing place in the CCDAEC agency. The space is equipped with a full kitchen, washer and dryer, computer and printer, a large screen TV with streaming services, and a Nintendo switch for all the gamers. Our calendar is filled with many weekly activities. From creative crafting to What's the Dish, to taking a journey through recovery, there is something for everyone. Membership currently is close to 85 members. The open house on May 4th was a successful event that also helped collaborate with the area agencies. It has been great to coordinate events with others that serve our community.

We look forward to many more fun, sober, and successful events in the Living Room. Our team in the Living Room meet regularly to discuss how we can improve attendance and membership. The entire CCDAEC staff have been helpful in increasing the amount of the Living

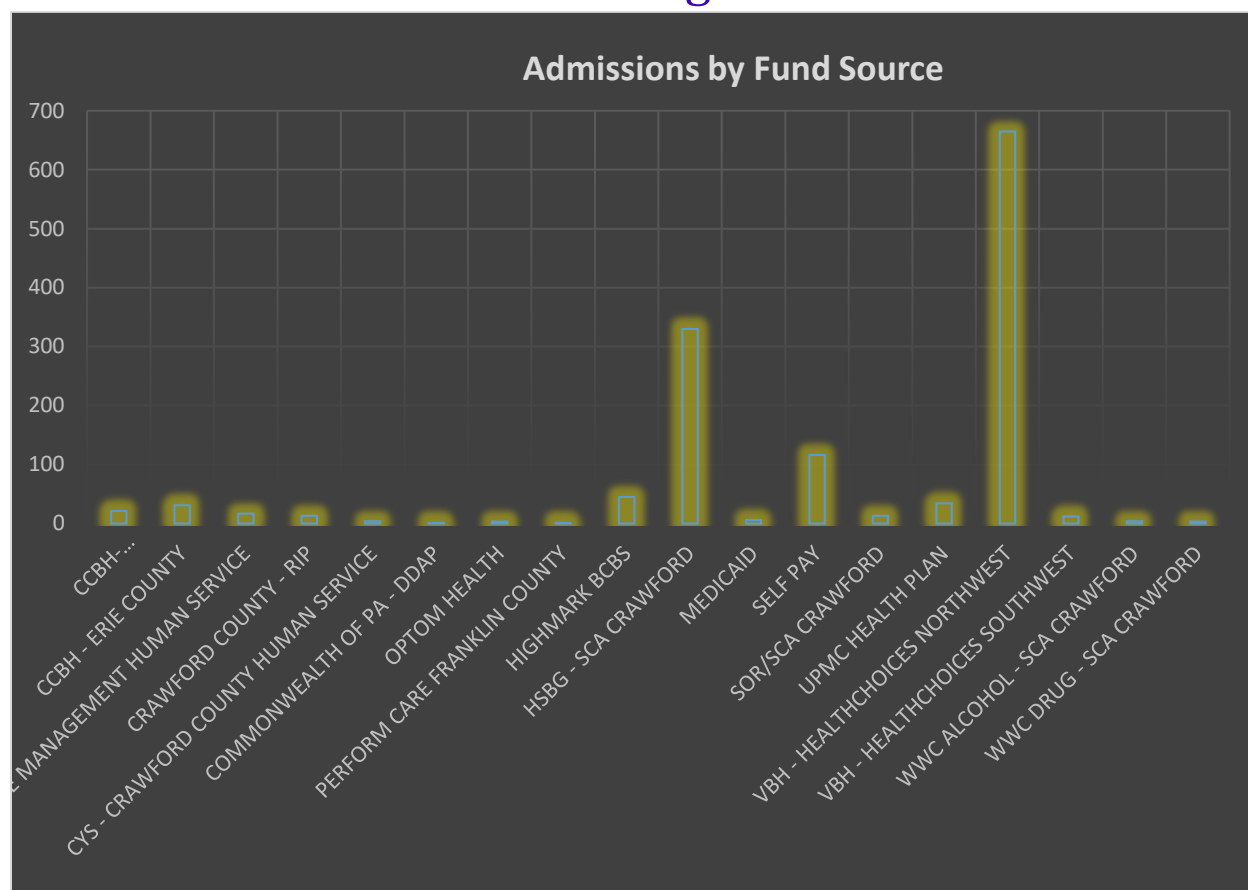
witness
friendships and
systems that
been developed
the members.
anxious to
more sober
activities and
in the upcoming future.



people who want to be a part of Room. It has been wonderful to

support
have
among
We are
provide
events

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 Support Staff and individual case managers. Based on ASAM Level of Care Index for adults and adolescents, 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. We provided Case Coordination Utilization Support for 509 funded clients.

Initial Level of Care (LOC) Referrals Fiscal 21/22

<i>Type of Treatment</i>	<i>Number Referred</i>	<i>+or- From last Fiscal Year</i>
<i>0.5 Intervention</i>	9	-5
<i>1.0 Outpatient</i>	534	-26
<i>2.1 Intensive Outpatient</i>	176	+25
<i>3.5 Clinically Managed Med. Intensity Residential</i>	87	-17
<i>3.7 Medically Managed High Intensive Inpatient</i>	37	-9
<i>4.0 Medically Managed Intensive Inpatient</i>	11	-8
<i>No Treatment/Refused</i>	71	-25
<i>Total Initial LOC Referrals</i>	925	-32

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 remains a critical care component 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, the CRS assists clients to address barriers in their recovery by assisting them with the development of 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. 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.

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.

During the 21-22 Fiscal Year, the CCDAEC Recovery Supports Program received a total of 136 referrals. Down from the previous year of 264, as the department functioned with only one CRS for a significant amount of time during the year. Eighty-one of these were from the CCDAEC Case Management Department and another 31 referrals were from the CCDAEC Outpatient Treatment Program. Eight referrals came from Family Services and Children’s Aid Society Titusville Outpatient office, seven were self-referrals, five were referrals from Oil Region Recovery, three from Stepping Stones Outpatient, and one adolescent from the Juvenile Probation Office.

The three CRSs currently on staff are credentialed by the Pennsylvania Certification Board (PCB) having completed training in three core areas of competency – recovery management, education and advocacy, and professional ethics and responsibilities. As of January 2021, the Pennsylvania Certification Board (PCB) revamped the CRS training hours, increasing the required hours to be certified from 54 to 78. 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, Judith Stine, obtained recertification during the 2021/22 fiscal year in addition to meeting the milestone of her tenth year of employment with CCDAEC.

Having lost two of our three Certified Recovery Specialists (CRSs) during the 2020-21 fiscal year, a primary goal of the Recovery Support department was to fill these vacancies with qualified staff. The COVID-19 pandemic cancelled CRS trainings across the state, creating a nearly vacuous pool of potential applicants. As mentioned previously, the Pennsylvania Certification Board (PCB) revised the CRS training curriculum and credentialing requirements during this time. In addition to increased training hours, a Certified Family Recovery Specialist (CFRS) component was added. Trainings were no longer limited to specific entities, but were opened up to other organizations wanting to host these trainings. As COVID-19 restrictions lifted, CCDAEC took advantage of this by hosting a CRS/CFRS training in early 21-22 fiscal year.

Procuring DDAP funds, trainers from the Pennsylvania Recovery Organizations Alliance (PRO-A) were retained and the course was free to participants. New Beginnings Church of God, graciously donated the training location where classes were held once a week for ten weeks. The course met maximum capacity and graduated twenty-four learners, creating a small, localized pool of candidates qualified to sit for the PCB Certified Recovery Specialist exam. Averting a possible barrier to taking the exam, CCDAEC offered to pay the exam fee for Crawford County residents.

In January 2022, one of these newly certified Recovery Specialists was hired by CCDAEC and a second graduate of this course was hired in March 2022, filling the two vacancies. Shortly after being hired, the later hire also obtained certification as a Family Recovery Specialist. Seeing a need in Northwestern Pennsylvania for not only CRSs, but also for trainings, CCDAEC pronounced a plan to host a second training which was held April through June 2022. Two current employees completed this course and are in the process of applying with the PCB for their certifications, one as a CRS and the other as a CFRS.

Many eligible individuals expressed a desire to take the course, but stated that the weekday class interfered with a work schedule. CCDAEC responded by hosting a third course scheduled to occur next fiscal year during the weekends throughout September 2022. These classes will be facilitated by a trainer with Pennsylvania Peer Support Coalition (PaPSC) and held at CHAPS, Crawford County Mental Health Awareness Programs, in Meadville.

In an effort to engage inmates at the Crawford County Correctional Facility, the recovery support supervisor was granted a meeting with the warden and deputy warden. Although in-person services are still limited, the wardens acknowledged a need for engagement with supports prior to an inmate's release and granted virtual contacts between a CRS and an inmate interested in services. Having survived and conquered the technical challenges imposed by COVID, the Recovery Support Specialists (old and new) were prepared to utilize their newfound skills by providing telehealth services to inmates at the Crawford County Correctional Facility through their secure communications management system, CIDNET. Being able to engage potential clients during their incarceration permits the CRS to support the individual not only in their transition back into the community, but also with their continuum of care. With this engagement, and early rapport building, an individual is more likely to follow through with recommended treatment following their release. More importantly, given an individual's high risk of overdose upon release from incarceration, a CRS's support at this time can significantly decrease their risk. Additionally, CRS services being provided to an incarcerated client

can follow that individual throughout inpatient treatment if that is Case Management's recommended level of care.

In addition to advocating for client services, CRSs have actively resumed providing outreach and information to local social service agencies, community organizations, businesses, and other treatment facilities, including inpatient and outpatient. In doing so, the community gains a better understanding of recovery and that it is possible, and treatment facilities and other organizations are more likely to make referrals for recovery support services.

Recovery services within the community have also resumed with the CRSs meeting clients literally "where they are." This may be meeting a client at a treatment facility, another social service agency, in their home, at a local diner or coffee house, or even in a park. CRSs may also accompany a client to 12-step and other recovery support groups. The goal is to introduce clients to others in the recovery community helping to strengthen their informal support systems, which along with a Certified Recovery Specialist, help them to move into and through the recovery process.

Case Management Accomplishments

As of July 2022, case management was happily able to transition back to total office based work with some minor adjustments when staff or clients were struck with COVID and telehealth appointments were viable. We have been able to work with the County Correctional Facility to integrate telehealth assessments from the jail 100% of the time. This has greatly reduced the wait times for inmates to be assessed, thereby decreasing delayed releases and overcrowding, as well as it better utilizes staff time and efficiency.

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. While our county was relatively successful in enrolling clients in the program, this grant ended in September 2021 due to lack of participation in Erie and Venango Counties

COE-Center of Excellence – around January 2021, we were approved as a Center of Excellence in Crawford County. COEs were designed to engage the community to identify all persons with OUD and make sure every person with OUD achieves optimal health. COEs 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. As of this writing, we have successfully identified and engaged one client to enroll in this programming, however the focus of our annual goal for 2022/2023 is to expand this program.

In fall 2020 we were awarded a Housing Grant through DDAP to assist individuals with OUDs or Stimulant Use Disorders obtain and maintain housing, employment, child custody and/or anger management services. We have been successful this year in placing 13 individuals in this program but continue to find that appropriate, affordable housing in our area is at a premium.

Case Manager transitions: We have said goodbye to our Case Management Supervisor after 26 years of service as well as bid farewell to three other case managers. We welcomed five case managers, some transferring in from other departments, during this time. This significant transition caused our team to pivot and share duties equally rather than designating certain case managers as assessors and others for case coordination. As was last year, each case manager is now responsible for determining and recommending 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) provided 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 served are 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. At the

end of this year we began transitioning from working with MMC for STAR to working with Saegertown Recovery Clinic and Dr. Miller to provide our MAT services at her office, and hopefully eventually in house.

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.

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 Pennsylvania.

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.

July 2021 was the beginning of a collaborative meeting between our outpatient and case management supervisors where we met on a bi-weekly basis to strengthen our communication, collaboration and common goals. These have been expanded to include recovery support and prevention supervisors as well and while our meetings are now monthly, it has been an invaluable experience to strengthen our departments and work together much more holistically for the clients we serve.

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. We offer assistance in these situations, 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.