

Crawford County Drug & Alcohol Executive  
Commission, Inc.

920 Water Street, Downtown Mall

Meadville, PA 16335

# Fiscal Year: 2022/2023 Annual Report

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- Vice Chairperson - Francis F. Weiderspahn, Jr.
- Treasurer/Secretary - John Christopher Soff

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- Tim Rodgers
- Vicki Lynne Stonebraker
- Mycah Quevillon

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

### ***STAFF AS OF JUNE 30, 2023***

- Executive Director - Anita Robinson, MBA
- Assistant Director - John (Jack) Harkless, BA
  
- Administration/Chief Fiscal Office - Don Granda Jr, BS
- Fiscal Technician - Christina Vanderhoof, AA
- Fiscal Technician - Shannon Baron, BA
- Fiscal Technician - Dorothy Adams, AA
  
- IT/Office Manager – Elizabeth Hoskins, SA, A+ Certified
- Clerk Typist III – Sherry Heath
- Clerk Typist III – Rachel Bahle
- Clerk Typist III – Jenifer Pierce
- Clerk Typist III – Emily Little
- Clerk Typist III – Lori Williams
  
- Treatment Program Manager - Cheré Wyland-Norcross, LPC, MA, CADC
- Treatment Supervisor - Amy Burlingame, BSW, CAADC
- Addictions Counselor - Deirdre Foll, MAAT, CADC
- Addictions Counselor - Samantha Bohr, LPC, MA
- Addictions Counselor - Brittany Glass-Moran, MA, LPC, NCC, CAADC
- Addictions Counselor - John Force, MS, LPC, NCC
- Addictions Counselor - Jonathan Luster, MA
- Addictions Counselor - Lisa Hoffman, LSW
- Addictions Counselor - Ed Reagle, BS
- Addictions Counselor - Kelly Griggs, BSW
- Addictions Counselor – Samuel Glossner, MA
  
- Case Manager Supervisor - Kelly Parker, MA, CCSM
- Case Manager Supervisor - Kim Bidwell, BSW, CCSM

- Case Manager - Allison Parker, BS, CCHW
- Case Manager - James Beck, BS, CAAP
- Case Manager - Amanda Pearce, BS
- Case Manager - Taylor Coon, BS
- Case Manager - Julia Peters, BS
- Case Manager - Shayne Lantz, BS
  
- Recovery Specialist Supervisor - Lisa McFarren, BSW, CCSM
- Recovery Specialist - Judith L. Stine, CRS
- Recovery Specialist - Raymond Gerhart, CRS, CFRS
  
- Prevention/Intervention Program Supervisor - Julia Covert, BS, CPS
- Prevention Specialist - Brittany Eiler, BS
- Prevention Specialist - Rebecca Pears, MEd, CPS
- Prevention Specialist - Leah Endres, BS
- Community Liaison – Julie Brooks, BA, CFRS
  
- Medical Director (Contract) - Jill Miller, DO

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## Fiscal Year 2022-2023

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

This year highlights 50 years of service for the Crawford County Drug & Alcohol Executive Commission, Inc. and what a year it was! The agency continues to shine as a beacon of excellence in our community as we bring new opportunities to the table each year.

We held a community celebration for our 50<sup>th</sup> anniversary where many people came to see the agency and hear about our accomplishments. Of the many aspects of the agency we showed to people, the Living Room was an area of interest. It continues to thrive as staff host weekly and monthly sober events for people and families in recovery. In that vein our Community Coordinator also became a Certified Family Recovery Specialist (CFRS) so that we can begin to try and expand our recovery services to include families of those suffering from substance use disorders (SUDs).

Throughout the past year we have fared well with staffing, the few vacant positions that came up we have been hiring for, and though we are down a handful at this time we already have multiple interviews set up. This is partly due to the camaraderie fostered in this agency and to the efforts by both administration and the board to provide retention efforts and remind our staff what an impact they are truly making.

Always looking ahead, we have applied for several grants this past year and were awarded opportunities to provide additional assistance to our county in the coming years. A naloxone expansion grant was awarded to the agency to provide additional education to the county on harm reduction and a unique opportunity to develop harm reduction strategies of our own. One planned avenue is to place

vending machines at various locations that would house harm reduction items. We also received a major award from HealthChoices to open a male halfway house. Finding a suitable location for this time-limited grant has proven difficult and we have been unable to get the wheels moving on getting such a service opened to the county. Additional grants were also applied for, which we are waiting to hear back on.

It is inspiring to see our organization thrive as we continue to look at additional avenues for which we can provide services. While we make a point not to bite off more than we can chew, the prospect of being able to diversify alongside our SUD treatment services could provide needed relief to many people in the county. We are constantly looking for new paths to forge and relationships to expand upon to give Crawford County the best service possible.

Whatever challenges come; I know that we can weather any storm. I am grateful for the dedication of our staff at this agency assisting people when they need it most. The agency's vision is to empower the citizens here to prevent and recover from these issues, and we continue to do that.

Respectfully Submitted,

*Anita Robinson*

Anita 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 2022-2023, the SCA was awarded \$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, \$16,440 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 through 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 of \$17,071. CCDAEC utilized these funds by providing drug and alcohol non-hospital rehabilitation and non-hospital detoxification treatment to nine 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 Carelton Health of Pennsylvania 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 CHP, or to assist with any billing problems between CHP 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 \$45,548 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 SOR (State Opioid Response) funds were used

in Prevention, Treatment, Non-hospital Withdrawal Management/Residential treatment, and Case Management services CCDAEC spent \$192,236 in FY 22/23.

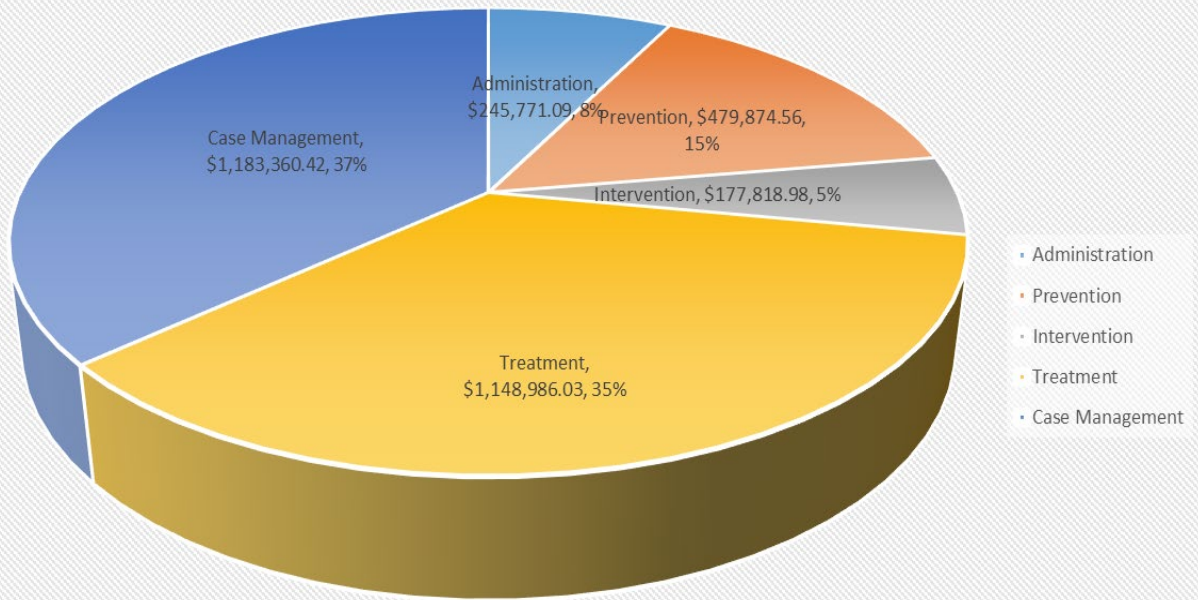
The County School Districts and a small HSDF Grant (now included in the County Block Grant) from the County provided much needed financial support that allowed the agency to maintain the important intervention program of In-School Groups for at-risk students.

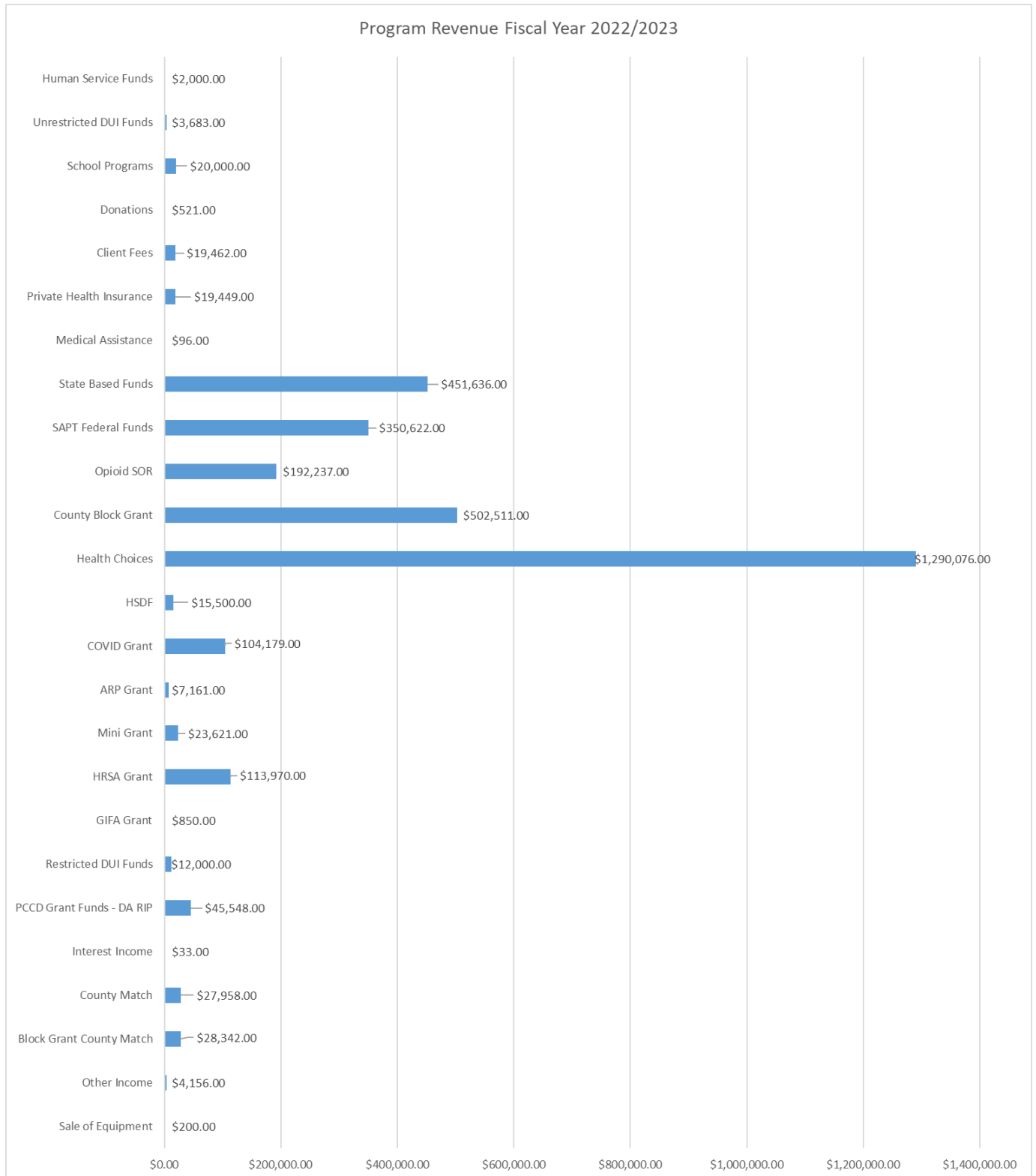
Fiscal regulations and budget constraints affect all agency departments. Each department has different needs and goals for any given year. Communication between the Supervisors of the various departments and the Fiscal Department is most important in order for the department needs and goals to be considered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

### **Administrative Costs**

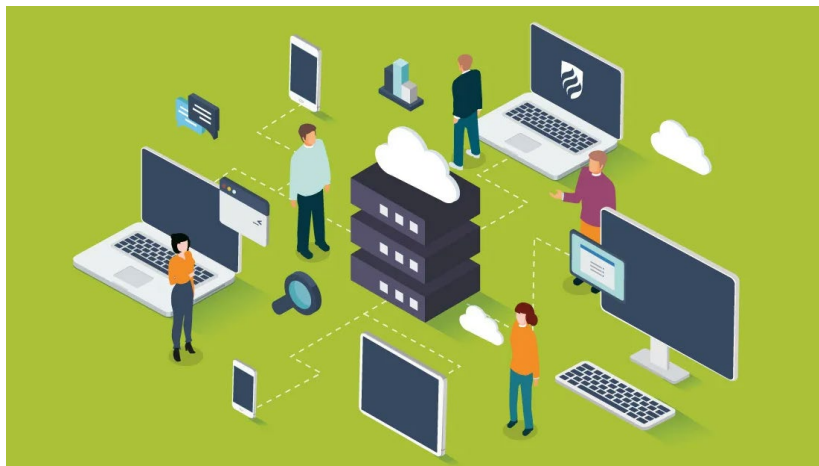
Administrative (Activity 51) costs for the agency were a very modest 7.0% of the total agency costs for the year. The greater portion of revenue was devoted to the provision and purchase of community and client services.

### Program Expenses Fiscal Year 2022/2023





## INFORMATION TECHNOLOGY



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 continue to assist our Outpatient clinical staff in providing services to our neediest clients. In addition to laptops, the grant allowed for the purchase of tablets to create a reserve of loanable equipment for clients who would benefit from telehealth services but lack the required technology to participate. Used in conjunction with the video conferencing equipment purchased under the grant, we can now offer clients the option to virtually participate in group treatment sessions using telehealth technology.

Another project that began in July of 2021 was the development of an agency-wide training database that is used to track employee roles and responsibilities, position training requirements, certification, recertification, and training materials and events. Reports show when training and recertifications are due, reports employee training history, and when clearances are due for renewal. Entry of historical data began in late 2021 and was completed in January of 2023, including a scanned digital archive of staff certificates and evaluations that are easily retrieved for annual licensing and quality reviews.

## 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. Community partnerships with other agencies, businesses, and schools are critical to attaining 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 72% EB or state approved programs and provided 28% 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 44% one-time services, and 56% recurring sessions.

## Information Dissemination

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

During the Fiscal Year 2022/2023, the Prevention Department attempted to implement community health promotions throughout the county. The Crawford County Fair provided the largest effort in this area where we passed out over 1900 pieces of information. We were able to reach over 640 students who pledged to make “Healthy Choices” in their lives through the fair and at a few other events. Focus on rural areas of the county offers 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.

One of the programs that has expanded each year has been our Naloxone distributions. As one of the 48 Centralized Coordinating entities in the state who distributes Narcan to first responders, we have distributed 284 kits in 2022 and 295 kits so far in 2023. Increasing the availability of Narcan along with educating the importance of having Narcan on hand in case of an emergency has been a continuing goal that has been successful thus far.



Health promotions/events: We are fully back with engagement in the community at local events. We have participated in Narcan distribution; FASD information; Titusville Open Air Market; Downtown Mall; Meadville Area Recreation Complex; Fifth Ward HOPE Project and a variety of festivals/carnivals/fairs. We also enjoy hosting events for our clients and their families in coordination with our Living Room/CRS staff.



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, but not as much due to being able to be in the community much more.



## Gambling

DDAP Gambling grant funding had not been utilized at this time due to staffing and lack of updated programming. Education and information on gambling were included in health promotions and available if requested.

## Education

### Underage Drinking Program

The Underage Drinking Program (UDP) is a course for individuals under the age of 21 who receive a charge for 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. Two UDP classes were held in the last year for 3 students.

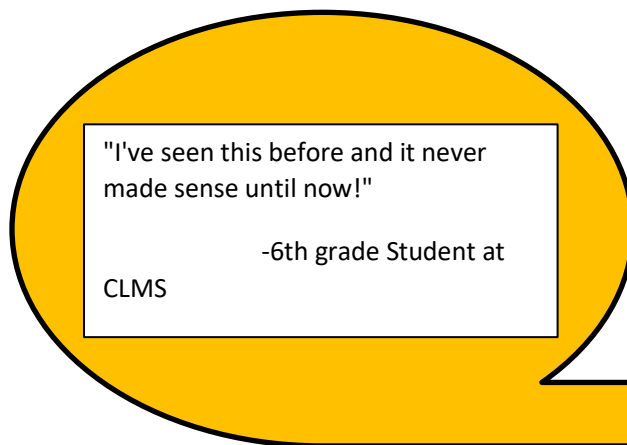


## Alternatives and Community

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

Prevention Supervisor and Staff completed 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 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.



## Problem Identification and Referral

The primary function of the Student Assistance Program (SAP) 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 Student Assistance Program (SAP) provided ongoing screening and intervention services to the eleven secondary schools in all four districts in Crawford County at the beginning of the 2022 school year, as well as Bethesda Children's Home and Titusville School District Alternative Education Programs. Prevention SAP Liaison conducted school-based screening assessments, in two of the four school districts (Conneaut and Crawford Central) from October 2022 throughout the rest of the semester. Liaisons go to the schools when requested by the school SAP Teams and as able through either virtual/phone or in person means. SAP Liaisons meet as requested with each school and, whenever requested, for any additional needs. BH works, an evidence based- tech oriented screening process has been fully implemented and is used for each SAP screening to aid in the process. Prevention staff conduct prevention/intervention groups in all eleven schools and additional alternative education programs.

The SAP focused Prevention Specialists attend SAP Core Team meeting in each school, each month. The SAP staff attended approximately 105 SAP Core Team Meetings in the 2022-2023 school year. Prevention staff screened about 153 students within the 4 school districts. Of the 153 students screened, 88 of them were referred to in-school D&A prevention/intervention services and 3 students were referred for a D&A assessment. Drug and Alcohol Student Assistance Program services continue to be recognized by the schools as essential and effective, with an increase in referrals.

## 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, where this year we were able to reach over 645 youth. 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. Staff tried to hold Sticker Shock on two separate occasions but struggled to get youth to help with the project.

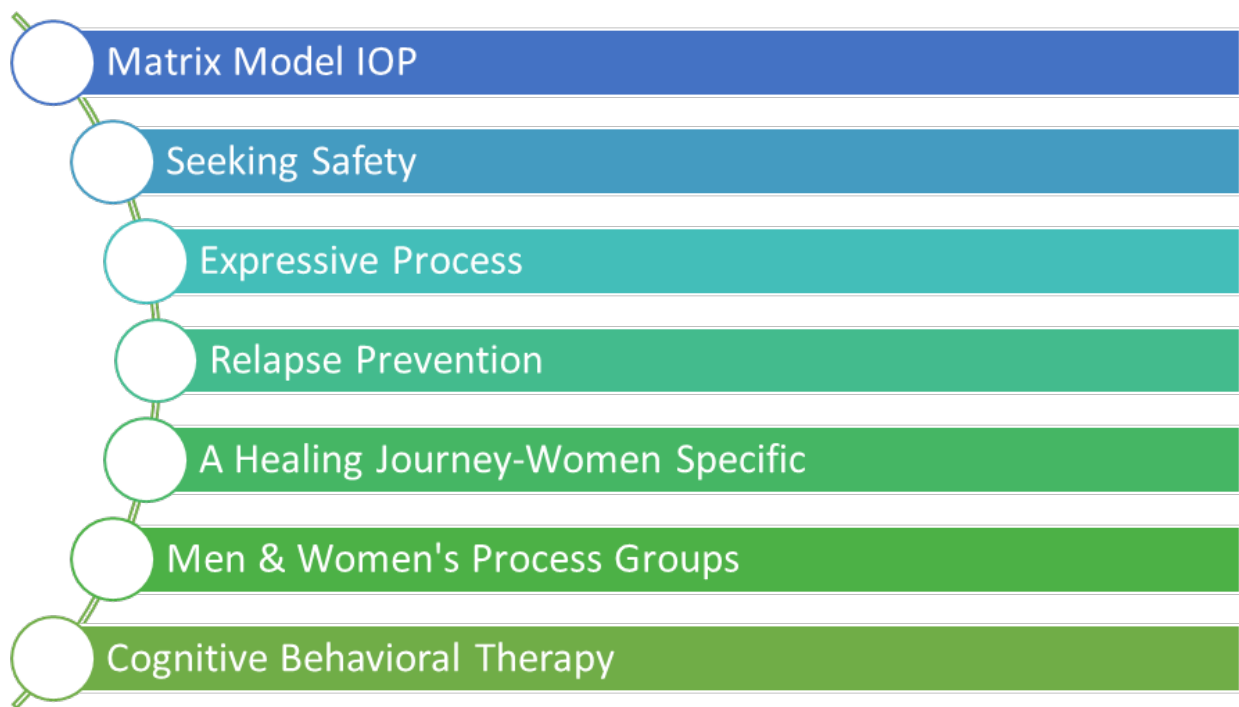
## Nicotine

The Prevention Department does ongoing prevention education on the risks of tobacco and nicotine/vaping, Nicotine prevention and education is an integral part of ATOD educational services and information dissemination as vaping continues to increase within the youth population.

## TREATMENT AND INTERVENTION

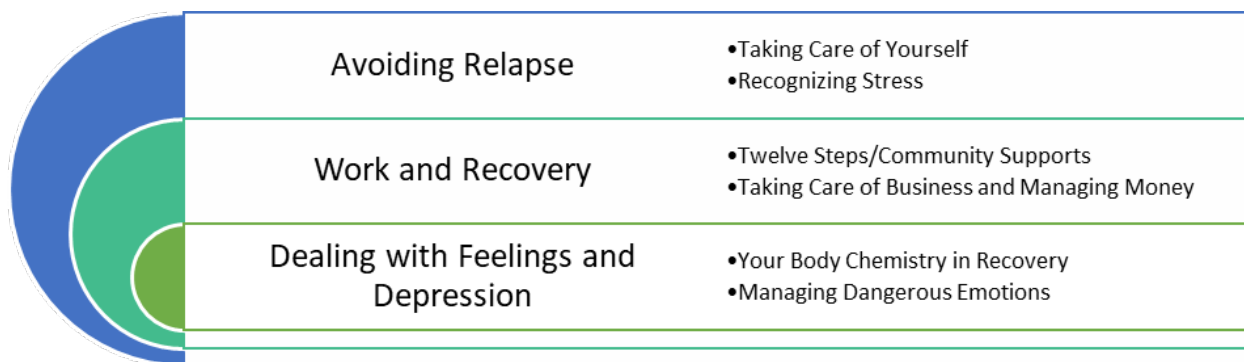
Outpatient level of care treatment was offered at CCDAEC Outpatient office, Stepping Stones (Meadville Medical Center) and Family Services and Children's Aid Society (FSCAS) of Titusville. Intensive outpatient level of care treatment is offered at CCDAEC. Adolescent outpatient treatment was provided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



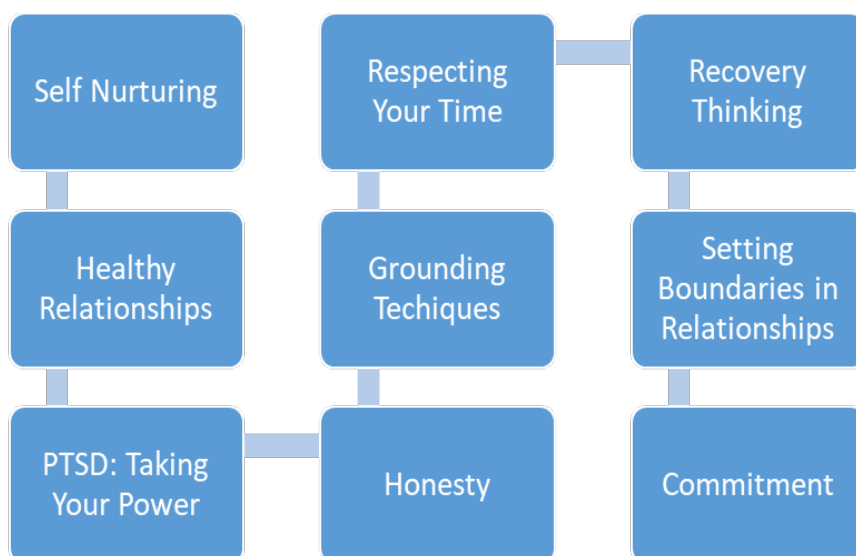
## Matrix Model IOP

An evidence-based treatment for clients who need to achieve abstinence from alcohol and other drugs. It is a structured program that consists 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.



## 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 the 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.



## Expressive Process

This group offers clients the opportunity to use alternative methods of expression to express thoughts and feelings as well as address topics that are important to their recovery and overall well-being. Alternative expressions include writing, music, drumming and using art materials as a means of expression concerns, challenges and to create positive change. Individuals do not need to have any artistic or musical background or abilities to participate.

Dee Foll, our treatment specialist specialized in art therapy, was able to demonstrate a paint pouring technique with staff and guests at our agency anniversary celebration, as demonstrated in pictures on the right.

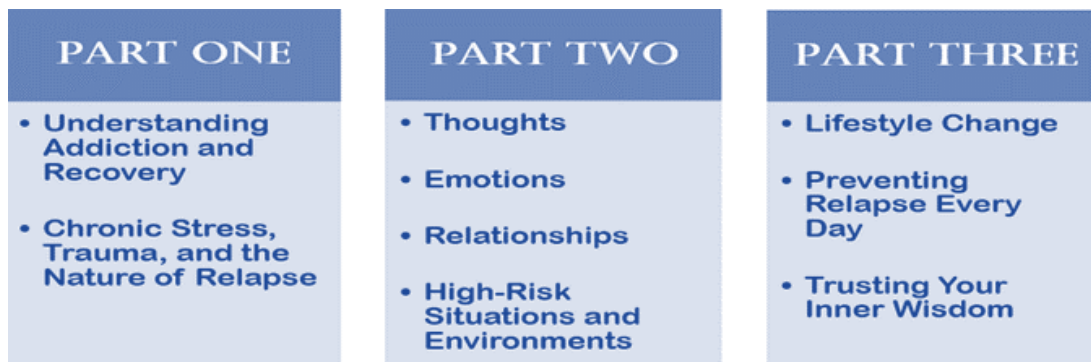
Though art directives are mainly utilized in our expressive process, a 10-week expressive process group was conducted this year where narrative techniques were mainly utilized.

Expressive techniques and interventions have been beneficial in individual and group therapy.



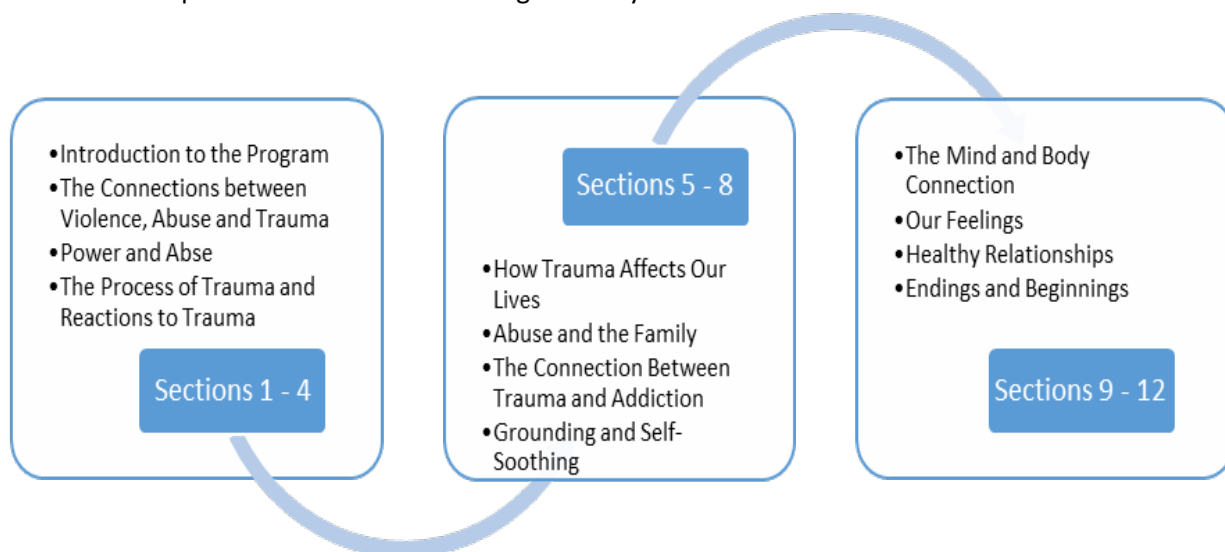
## Relapse Prevention Program

The Relapse Prevention Program is utilized to help clients identify high-risk situations, work on responses and coping skills, and explore 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.



## 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. :



## Men's and Women's Process Groups

The power of process groups lies in the unique opportunity to receive multiple perspectives, support, encouragement and feedback from other individuals in a safe and confidential environment. These interpersonal interactions can provide group members with an opportunity to deepen their level of self-awareness and to learn how they relate to others. Group focuses on connecting thoughts, feelings and actions to increase awareness of how things impact recovery. The topics of process groups are identified by the members and is organic as it develops and meets the needs of the group members.

## Cognitive Behavioral Therapy

Group focuses on connecting thoughts, feelings, and actions to increase awareness of how things impact recovery. CBT strategies such as the ABC model are discussed, clients are able to use these practical tools/strategies and role-play as well. Areas of focus can relate to impulsivity, destructive behaviors, self-esteem, problem solving, stress etc.

## Enhanced Services

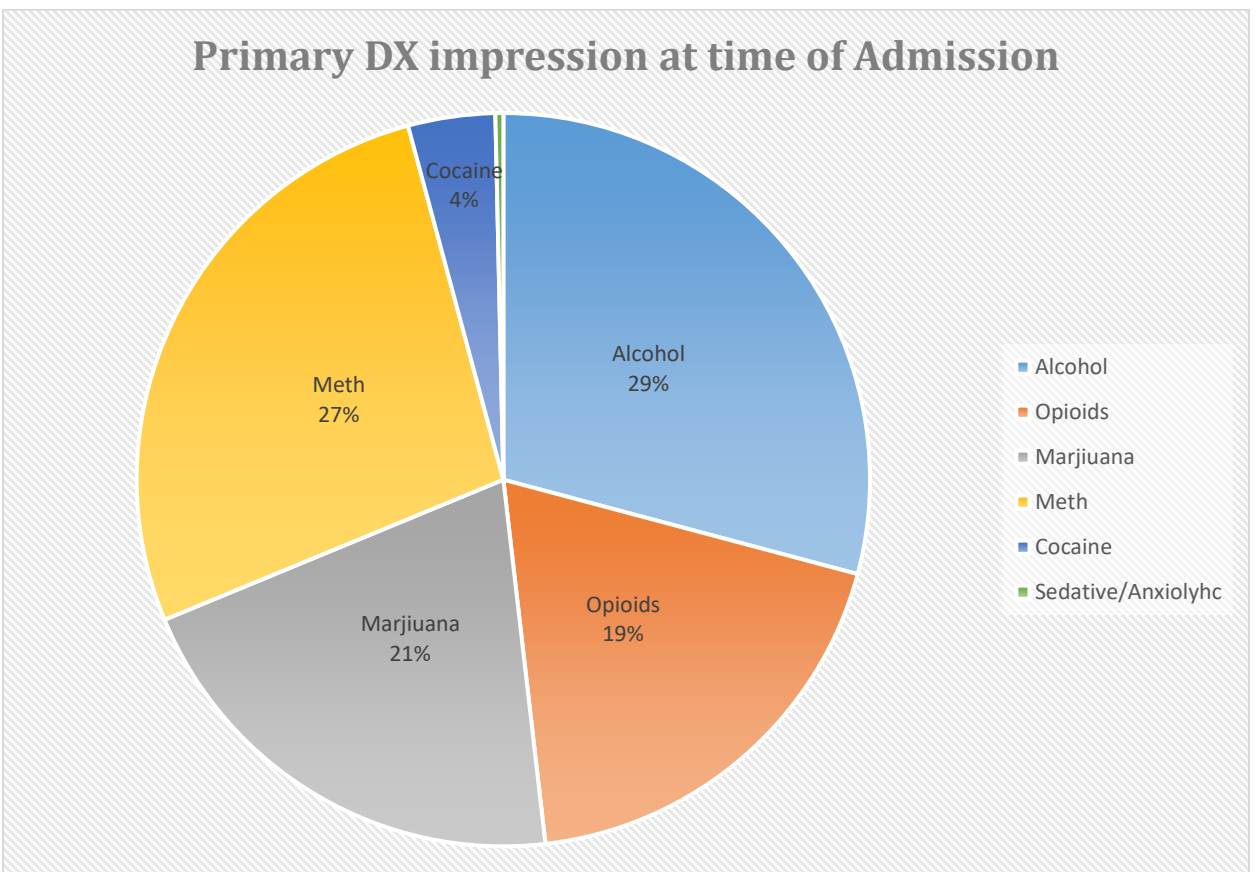
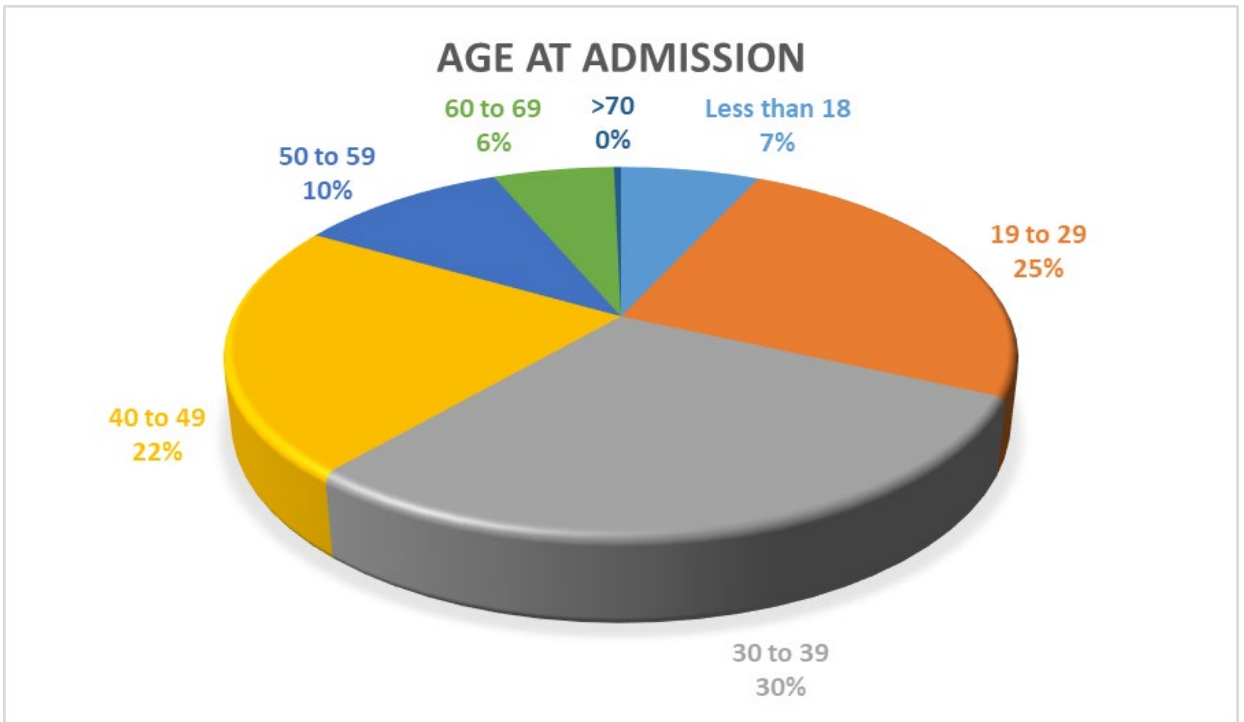
Much of the past fiscal year was centered on the continuation of our enhanced services. The enhanced services focused on providing client-care services designed for individuals with SUD. Enhanced services consisted of case coordination, certified recovery services and treatment services. All services 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 enhanced 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. Groups that are provided under the enhanced services have included:

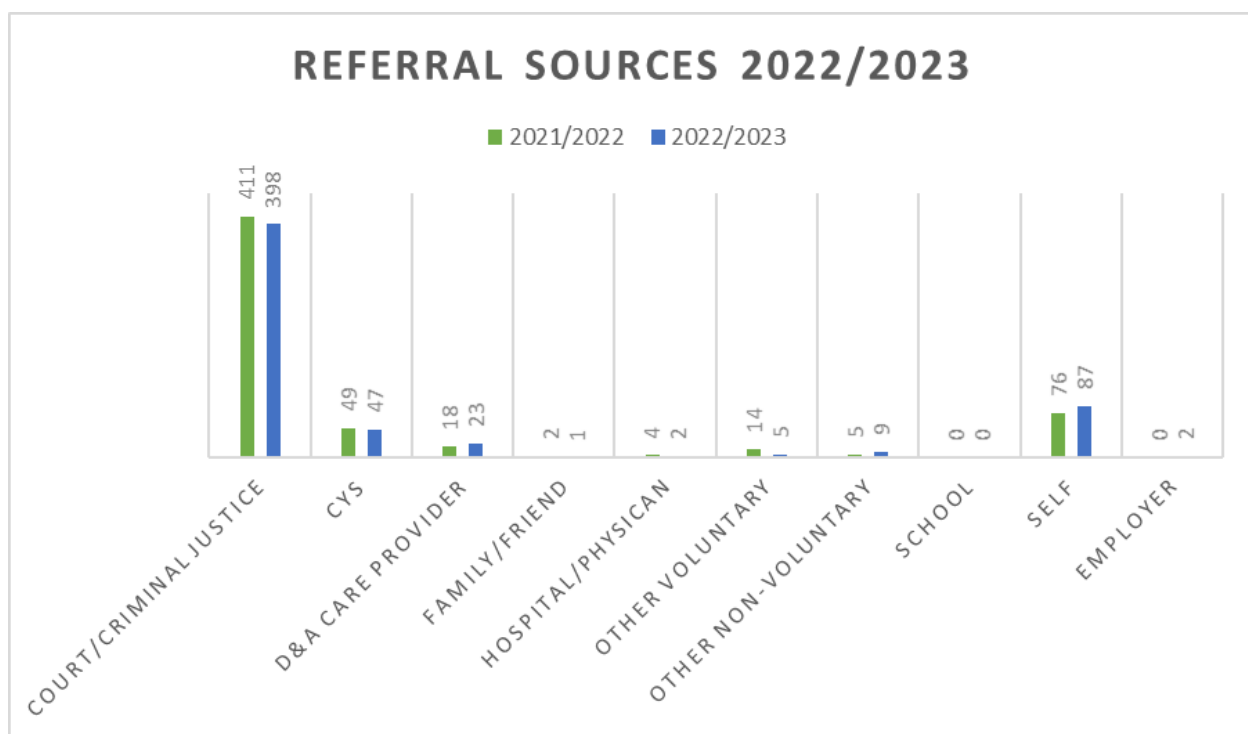


## Treatment Data

The following graphs 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.

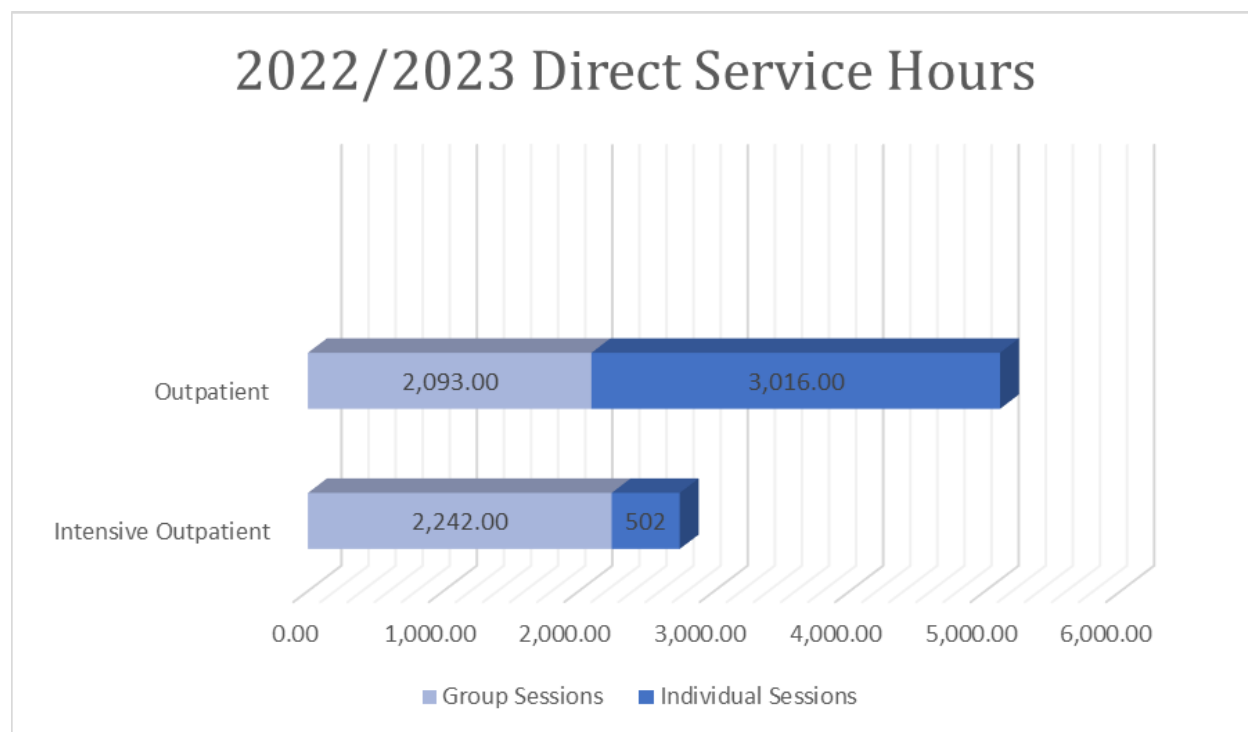
The target population of the jail program largely consists of inmates in the pre-contemplation or contemplation stages of recovery. The program provides intervention services and offers an outpatient level of care consisting of a series of process and topical process groups. This series of groups cycles 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 voluntary basis. In the past fiscal year, a total of 73 individuals (unduplicated) participated in intervention services within the group setting. Individual counseling is provided as appropriate, and art techniques/skills have been utilized in this setting. A total of 125 individuals (unduplicated) participated in individual intervention services. Staff responds to inmate requests individually and in a timely manner. 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.

Once involved in the program, staff create a network between the inmate, case management, CRS, the courts, and probation to assist inmate referrals to treatment facilities on the outside. CCDAEC conducted a total of 120 jail assessments and 28 jail assessments updates throughout the year. With case managers being able to conduct jail assessments, individuals are able to follow through with recommended level of care immediately upon release.

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 Direct Service

Counseling hours provided by the CCDAEC out-patient office treatment staff to each patient (group and individual therapy) totaled 7,853 hours. The graph below illustrates outpatient and intensive outpatient hours provided via group and individual sessions:



Our top priority is to provide effective and efficient treatment for clients however our efforts are hindered by retention and engagement at times which we are not alone in this struggle. This past fiscal year we were able to achieve nearly a 68% attendance rate and 50% direct service, based upon 12,268 scheduled individual and group appointments. Based upon Treatment Episode Data Set (TEDS) 2020 data report, on the national level, 59 days was the median length of stay among treatment completions. Amongst our successful treatment completions, we averaged 111.2 days of length of stay and an overall of 85 days of length of stay for all discharges (successful, non-compliance, incarceration, referred to higher level of care). Between treatment, case management and CRS services, we do our best to provide a holistic wraparound of support to our clients so they engage longer with our services to increase the client's preparedness and ability to develop self-directed recovery.

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. The RIP sentencing is an alternative for repeat drug or alcohol offender who are facing at least one year in jail. With the RIP program, an individual is assigned a primary therapist and case manager. The primary therapist and the case manager collaborate with the assigned probation to develop an individualized treatment plan and supervision plan. In the past year, 35 individuals served in the program, of the 35 a total of 10 individuals successfully completed the RIP program and 22 completed treatment successfully.

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.

## Professional Development:

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

- Ethics
- Working Supportively with Family Members and Significant Others
- CPR/First Aid
- IOP Matrix Model Training
- SafeTALK Suicide Prevention Training

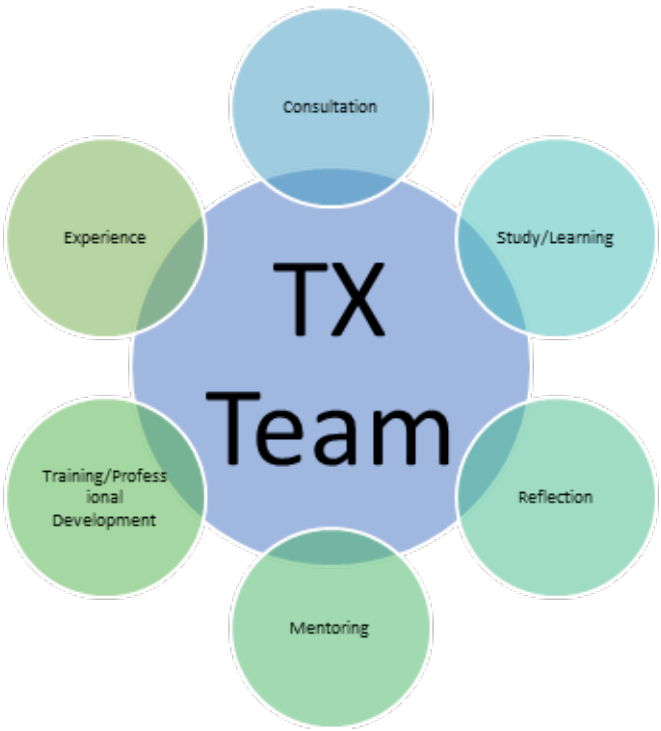
Highlights from trainings:

- Working Supportively with Family Members and Significant Others. Training was conducted by Ken Montrose from Greenbriar.
  - Learned Outcomes: Establishing a framework to work with families, advocacy, boundary setting, balancing family and client needs, interventions, and family education. Harnessing the strength, information, and other resources obtainable from families.
- SafeTALK Suicide Prevention training. Training was conducted by Marie Plumer from LivingWorks Education, INC.
  - Learned Outcomes: How to reach out to someone thinking about suicide, overcome attitudes that act as barriers to help, talk openly about suicide and connect with further support.
- IOP Matrix Model Training: Training conducted by Brian Gibson from Tanner Health System.
  - Training provided specifics regarding implementation of Matrix and review of the fidelity tools to ensure programs are moving as close to fidelity as possible improving program outcomes and treatment completions.
- Treatment staff attended Medical Marijuana training at the Cochran Community Church, presented by Michael Palladini.
  - Learned Outcomes: Training provided information on cannabis for various conditions/populations, status of CBD & THC regarding the conditions treated under state

law and understanding plant constituents, dosing, and administration for appropriate use of the medicine.

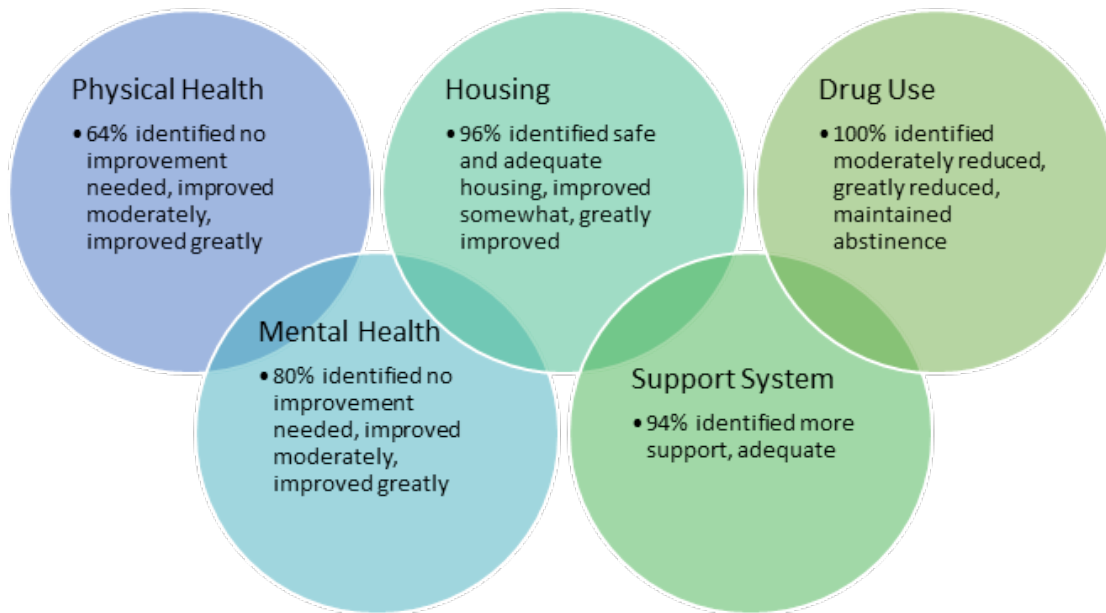
A blend of in-person and virtual trainings were attended this past year. Treatment staff attended a total of 582.5 (162 unduplicated) training hours this fiscal year.

Chéré Wyland-Norcross (Treatment Manager) and Kelly Parker (Case Management Supervisor) became Certified trainers through the Crisis Prevention Institute. Chéré and Kelly conducted a 2-day training of CPI Nonviolent Crisis Intervention training to treatment staff and agency. This training is a non-harmful behavior management approach to assist our staff when managing crisis situations. This training will be conducted with new staff on-boarding as well as renewals for current staff that received this training.



## Pre and Post Treatment Outcomes

A total of 220 successful discharges were achieved. Of the 220 discharges, the following outcomes illustrated below were achieved:



Compared to Treatment Episode Data Set (TEDS) 2020 Discharges from publicly funded substance use treatment facilities, the following graph illustrates “Reason for Discharge” percentage. Through our percentage of non-compliance was above the national and state average, amongst those that were discharge for non-compliance we were successfully able to re-engage 30 individuals that eventually lead to a successful discharge during this year and were able to re-engage 17 individuals that transferred to further treatment/higher level of care. Compared to TEDS 2020 data, “in 26 of 46 states and jurisdiction, treatment completion rates were less than 42%” (TEDS, 2020).

	National (based upon 47 states)	Pennsylvania	CCDAEC
Completed Treatment	42.4%	35.9%	41%
Non-compliance/dropped out	24.5%	24.1%	33%
Transferred to further treatment	22.4%	5%	11.5%

## Barriers to Treatment

Post-discharge follow-ups are critical to understand the benefits from treatment and to continue engaging/receiving feedback from individuals that have received our services. Post-discharge follow-ups are sent 6 months post-discharged. Historically, attempts of calling and mailing post-discharge follow-ups were two of our methods to receive feedback however there has been many limitations with these methods. It is quite often individuals that are receiving our services change phone numbers and addresses. We do provide individuals with a self-addressed stamped envelope to return their discharge follow-up at no cost to the individual. Most recently in June 2023, we developed a QR code that is on each post-discharge follow-up so individuals do not need to send a letter back to the agency rather just need to scan the QR “quick response” code and input their identifying information along with their responses. This has been a favorable response due to 7 individuals in the month of June alone have filled this out compared to the 5 responses we received the other 11 months of the fiscal year. We plan to continue utilizing the QR code method on our letters for the upcoming fiscal year.

Of those 12 responses:

- 85% identified our program has “very helpful”

- 8 identified full-time employment

- 100% identified they did not need any additional services at this time

- 100% identified remaining drug and alcohol free

## Highlights and Accomplishments from 2023

Licensure site inspection was 6/6/2023, no citations.

August 2022: Cheré Wyland-Norcross obtained her Clinical Trauma Professional Certification.

September 2022: Brittany Glass-Moran obtained her Clinical Trauma Professional Certification.



March 2023: Brittany Glass-Moran and John Force participated in Gambling Conference to enhance their certifications as Certified Gambling Treatment Providers.

April 2023: Sam Glossner, a Master's level professional, joined our treatment team.

May 2023: Samantha Bohr completed Level 1 and Level 2 EMDRIA Training Program.

June 2023: Dee Foll became a Licensed Professional Counselor.

Citation:

*2020 TEDS Annual Report.*

[https://www.samhsa.gov/data/sites/default/files/reports/rpt38665/2020\\_TEDS%20Annual%20Report-508%20compliant\\_1182023\\_FINAL.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt38665/2020_TEDS%20Annual%20Report-508%20compliant_1182023_FINAL.pdf). (n.d.).

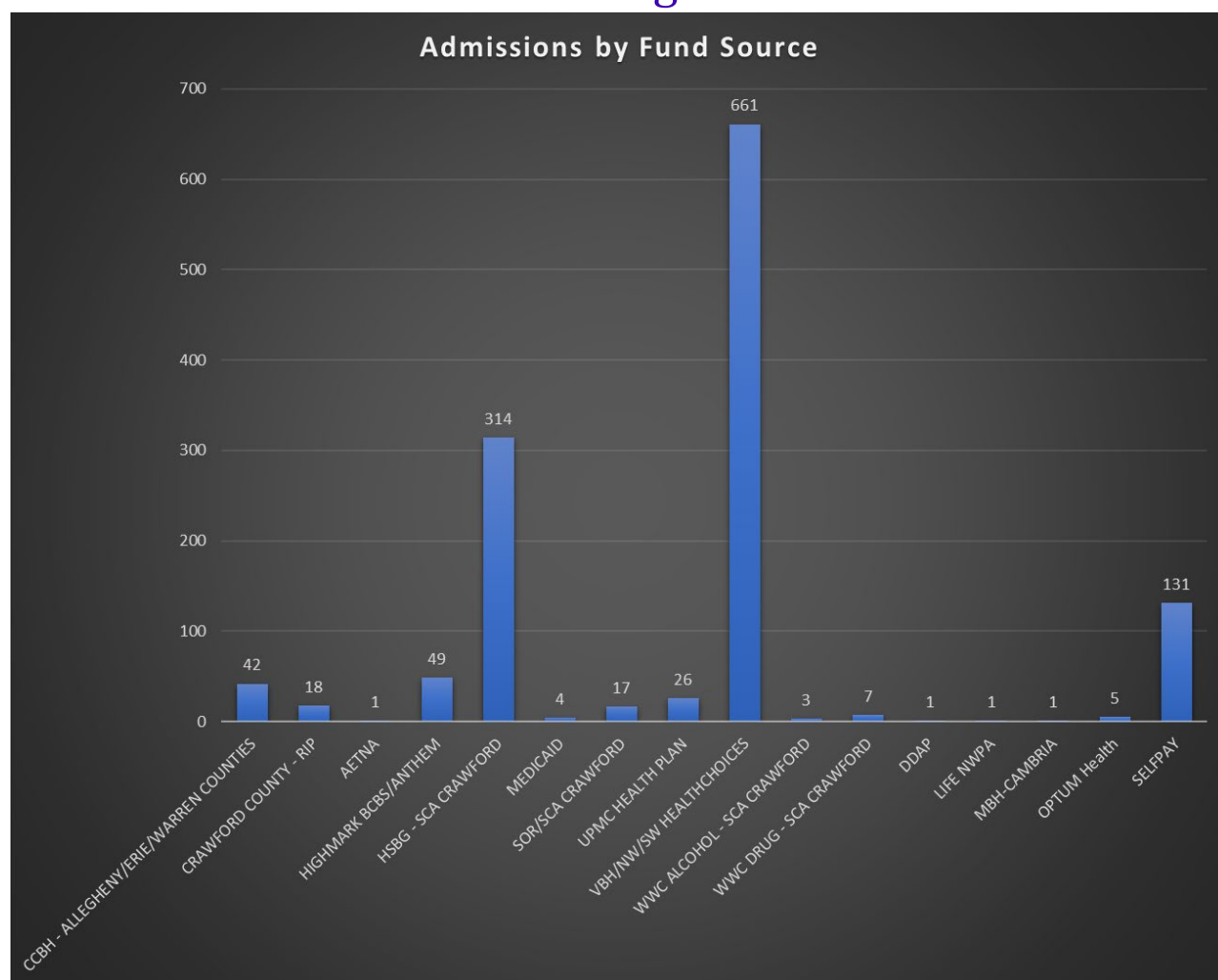
## The Living Room

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 4<sup>th</sup> 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 people who want to be a part of the Living Room. It has been wonderful to witness friendships and support systems that have been developed among the members. We are anxious to provide more sober activities and events in the upcoming future.



## 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.

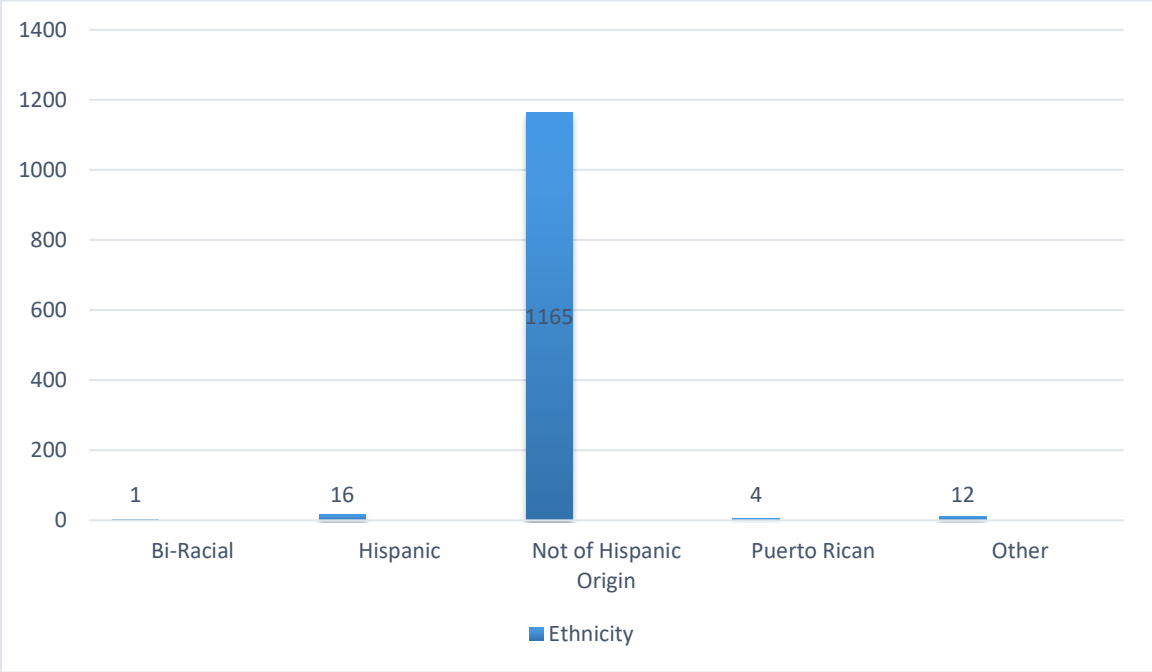
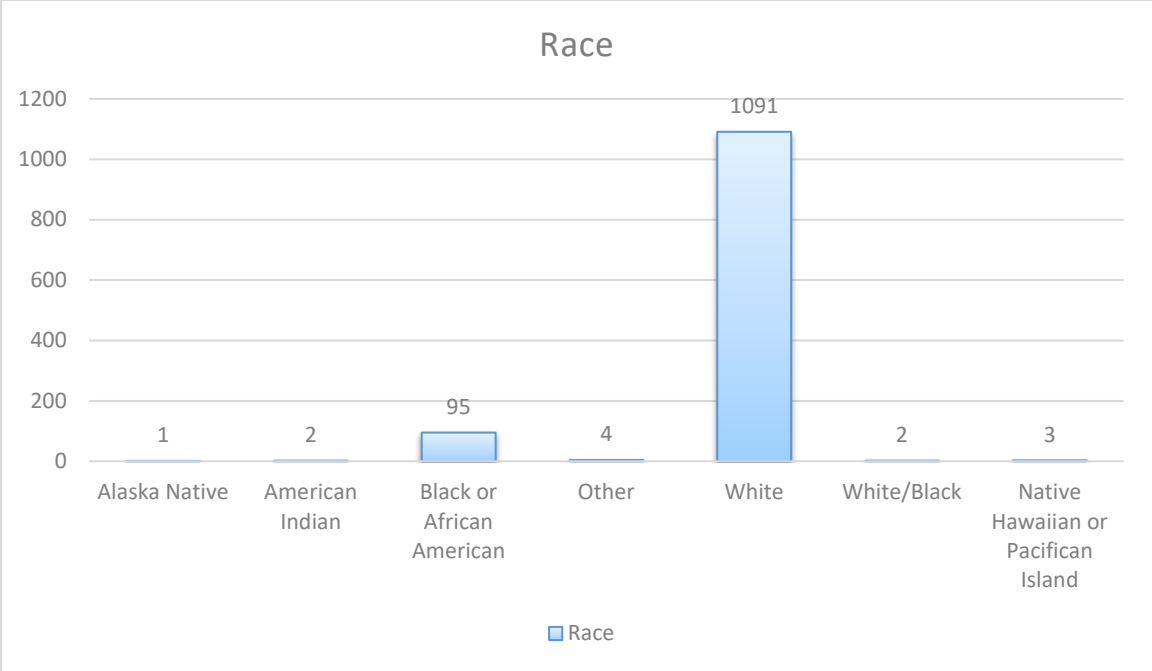
### Initial Level of Care (LOC) Referrals Fiscal 22/23

<i>Type of Treatment</i>	<i>Number Referred</i>	<i>+or- From last Fiscal Year</i>
<b>0.5 Intervention</b>	11	+6
<b>1.0 Outpatient</b>	687	+153
<b>2.1 Intensive Outpatient</b>	223	+47
<b>3.5 Clinically Managed Med. Intensity Residential</b>	132	+45
<b>3.7 Medically Managed High Intensive Inpatient</b>	40	+3
<b>4.0 Medically Managed Intensive Inpatient</b>	6	-5
<b>No Treatment/Refused</b>	99	+28
<b>Total Initial LOC Referrals</b>	1,198	<b>+273</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.

The following are demographics of individuals seeking drug and alcohol services throughout the fiscal year:

Sex: % based from LOC Referrals	
65%	Males
34.7%	Females
.3%	Transgender



## 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.

There were three CRSs employed by CCDAEC, each 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. 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 3 hours of confidentiality training. These credentials follow state and Beacon Health Options and Carelon Health of Pennsylvania requirements.

CRSs Raymond Gerhart and Christopher Rockwell honed their recovery specialist’s skills by attending The Recovery Coach Academy, a week-long training offering a comprehensive overview of the purpose and roles of recovery coaching while providing participants the tools and resources necessary in providing recovery support services. The 30-hour course provided all the training required for their recertification to be obtained during the 23-24 FY.

During the 22-23 Fiscal Year, the CCDAEC Recovery Supports Program received a total of 176 referrals. Ninety-three of these were from the CCDAEC Case Management Department and another 23 referrals were from the CCDAEC Outpatient Treatment Program. Self-referrals made up the next highest number of Recovery Support clients with 20. Eleven referrals came from Alpine Springs Recovery Center and ten from Family Services and Children’s Aid Society Titusville Outpatient office.

One major hurdle facing the Recovery Support Program prior to this past fiscal year, was the inability to provide services inside the Crawford County Correctional Facility. This was due to both remnants of COVID-19 and the facility's policies against approving clearances for persons with a criminal justice background, which many individuals in recovery have, including professional peer supports. Following a meeting with the new Warden and Deputy Warden, the Recovery Specialists began providing telehealth services to incarcerated individuals in early 2023 and eventually began providing in-person services, having served 24 individuals by the end of the fiscal year.

<i>Referral Source</i>	<i>RS Only</i>	<i>Early Intervention</i>	<i>RIP</i>	<i>OP</i>	<i>IOP</i>	<i>IP</i>	<i>Stepdown from IP</i>	<i>Jail</i>	<i>Totals</i>
<i>CICM</i>	6	9	11	36	13	6		12	93
<i>CCDAEC OP</i>	1			15	6			1	23
<i>Self</i>	11		1	3	3			2	20
<i>Stepping Stones</i>						1	1		2
<i>FSCAS OP</i>				11					11
<i>Oil Region</i>						3	3		6
<i>Alpine Springs</i>						10			10
<i>CCCF</i>								7	7
<i>CHAPS</i>	2							2	2
<i>Erie Co. Plans of Safe Care</i>	1								1
<i>Primary Health Network, Oil City</i>	1								1
<b>Totals</b>	<b>22</b>	<b>9</b>	<b>12</b>	<b>63</b>	<b>22</b>	<b>20</b>	<b>4</b>	<b>24</b>	<b>176</b>

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.

With DDAP funding, CCDAEC has been able to continue hosting Certified Recovery Support & Certified Family Recovery Support trainings. The training is for professionals who are interested in applying for the CRS and/or the CFRS through the PCB. Upon completion of 78 instructional hours, learners can then apply for one or both of the certifications. The courses are held in the fall and in the spring and have enrolled an average of 16 individuals per course. The goal is to develop 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 will pay the exam fee for Crawford County residents.

Recovery services continue to be community-based, providing services to clients at a treatment facility, another social service agency, in their home, at a local diner or coffee house, or even in a park. CRSs also accompany clients to 12-step and other recovery support groups, introducing them to others in the recovery community. Helping to strengthen an individual's recovery capital, which along with a Certified Recovery Specialist, helps them to move into and through the recovery process.

## Case Management Accomplishments

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. This year we successfully met our goals in expanding the COE program and enrolled a total of 56 individuals in COE programming.

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 welcomed our newest Case Management Supervisor and bid farewell to four case managers due to resignations or transfers to the Outpatient department. We welcomed three case managers, during this time. Each case manager is 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 is 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

We continue to work with Saegertown Recovery Clinic to assist our clients with obtaining Medication Assisted Treatment and will provide financial assistance for individuals unable to pay for their medication due to a lapse in insurance coverage or an inability to pay their deductible.

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 case managers now assist our clients in completing this application online. This allows our clients to apply for cash assistance, childcare subsidies, 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 18 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.

Kelly Parker was able to attend the Crisis Intervention Team (CIT) Annual Conference in Pittsburgh due to a grant awarded to Crawford County Human Services and she attends the bi-monthly steering committee meetings that are working toward training law enforcement officers on best practices in addressing mental health and/or drug and alcohol related crisis in the community to connect individuals with services prior to, or in lieu of, involvement with the criminal justice system.

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. We have continued to monitor our compliance with these assessments and the required data entry therein. We continue to work toward the expected compliance on the follow up and discharge GPRA evaluations and have been tracking these GPRA internally since January 2023 as the tool had been changed and an updated version was not available via WITS since.

## Licensing and QA Onsite Review

CCDAEC successfully met the requirements of Licensing and had no findings during the Quality Assurance onsite 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. Where possible, we have been utilizing CRS or case management services to provide these much needed supports.

The lack of 'drop in' childcare makes it difficult for some of 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 always meet the needs of our clients who have children. CCDAEC will continue on a case by case need to provide this service and continue to explore viable options to address this need.

Insurance deductibles have been 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. This is a positive trend.

The 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.