

Crawford County Drug & Alcohol Executive
Commission, Inc.

920 Water Street, Downtown Mall

Meadville, PA 16335

Fiscal Year: 2024/2025 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, 2025

- Executive Director – James I Glatch (effective July 1, 2024)

- 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

- Treatment Program Manager - Cheré Wyland-Norcross, LPC, MA, CADC
- Treatment Supervisor - Amy Burlingame, BSW, CAADC
- Addictions Counselor - Deirdre Foll, LPC, MAAT, CADC
- Addictions Counselor - Julia Peters, BS
- Addictions Counselor - Morgan Force, MA
- Addictions Counselor - Ed Reagle, MS
- Addictions Counselor - Kelly Griggs, BSW
- Addictions Counselor – Samuel Glossner, LPC, MA, CRS
- Addictions Counselor – Megan Nies, M.Ed.

- Case Manager Supervisor - Kelly Parker, MA, CCSM
- Case Manager Supervisor - Kim Bidwell, BSW, CCSM
- Case Manager - Allison Parker, BS, CCHW
- Case Manager - Amanda Pearce, BS
- Case Manager – Kara Clingerman, BA
- Case Manager – Melanie Keas, BS
- Case Manager – Stacey Teuta, BS
- Case Manager – Jazzmine Harris,

- Recovery Specialist Supervisor - Lisa McFarren, CRSS, BSW, CCSM
- Recovery Specialist - Rebecca Smith, CRS
- Recovery Specialist - Raymond Gerhart, CRS, CFRS

- Prevention/Intervention Program Supervisor - Julia Covert, BS, CPS
- Prevention Specialist - Christine Smith-Rodgers, BS
- Prevention Specialist - Rebecca Pears, MEd, CPS
- Prevention Specialist - Leah Endres, BS
- -Prevention Specialist – Julie Brooks, BA, CFRS

- Medical Director (Contract) - Jill Miller, DO

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Fiscal Year 2024-2025

A few words from the Director...

Having spent a full year navigating Crawford County Drug and Alcohol Executive Commission (CCDAEC) I have continued to be amazed at the positive impact our agency has on the county. Our amazing staff continue to show the dedication that it takes for our clients and county to have the optimal experience and services possible. We maintained a full staff, and when we lost someone were able to fill that position with a new professional.

This year saw the continued success of the Bridge Program. Our integrated pilot program enters its second full year. By combining resources from all areas of CCDAEC staff it has helped make our agency feel more like a team. The initial phase combining Treatment and Case Management staff has worked better than expected. This year we have slowly integrated our Certified Recovery Staff (CRS) into the bridge program. This will help our team atmosphere too and along with this we will move our CRS staff into the same section as our Treatment and Case Management staff. Again, as with last year, I feel that moving staff into a more strategic location based on their department made sense.

Our prevention staff continued to work with the county school districts to build strong relationships through many different programs, including SAP. They also worked with the Titusville community to land a spot for the county's 2nd Harm Reduction Vending Machine. This led to a new board member from Titusville and continued conversations about how we can support the area better. We have also added a monthly newsletter; it is our hope that this will help get the word out along with our social media presence on all of the services we have to offer.

I cannot write this without talking about the great job our Financial Department did under incredibly difficult circumstances. This past year saw many county SCA's struggle with payroll and pay providers. Crawford County never ran into that issue and that is due in large part to how well our Financial Department works with me and the rest of our staff.

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 to assist 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,

James Glatch, 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 FY24/25, the SCA was awarded \$32,179 for this population to provide Treatment services. The SCA made full use of the PWWWC fund in fiscal year 2024/2025 on eligible PWWWC clients in both Treatment and Case Management services.

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 \$34,142. CCDAEC utilized these funds by providing drug and alcohol non-hospital rehabilitation and non-hospital detoxification treatment to seven 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 the services needed. 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 Carelon 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 \$55,421 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 \$406,530 in FY 24/25.

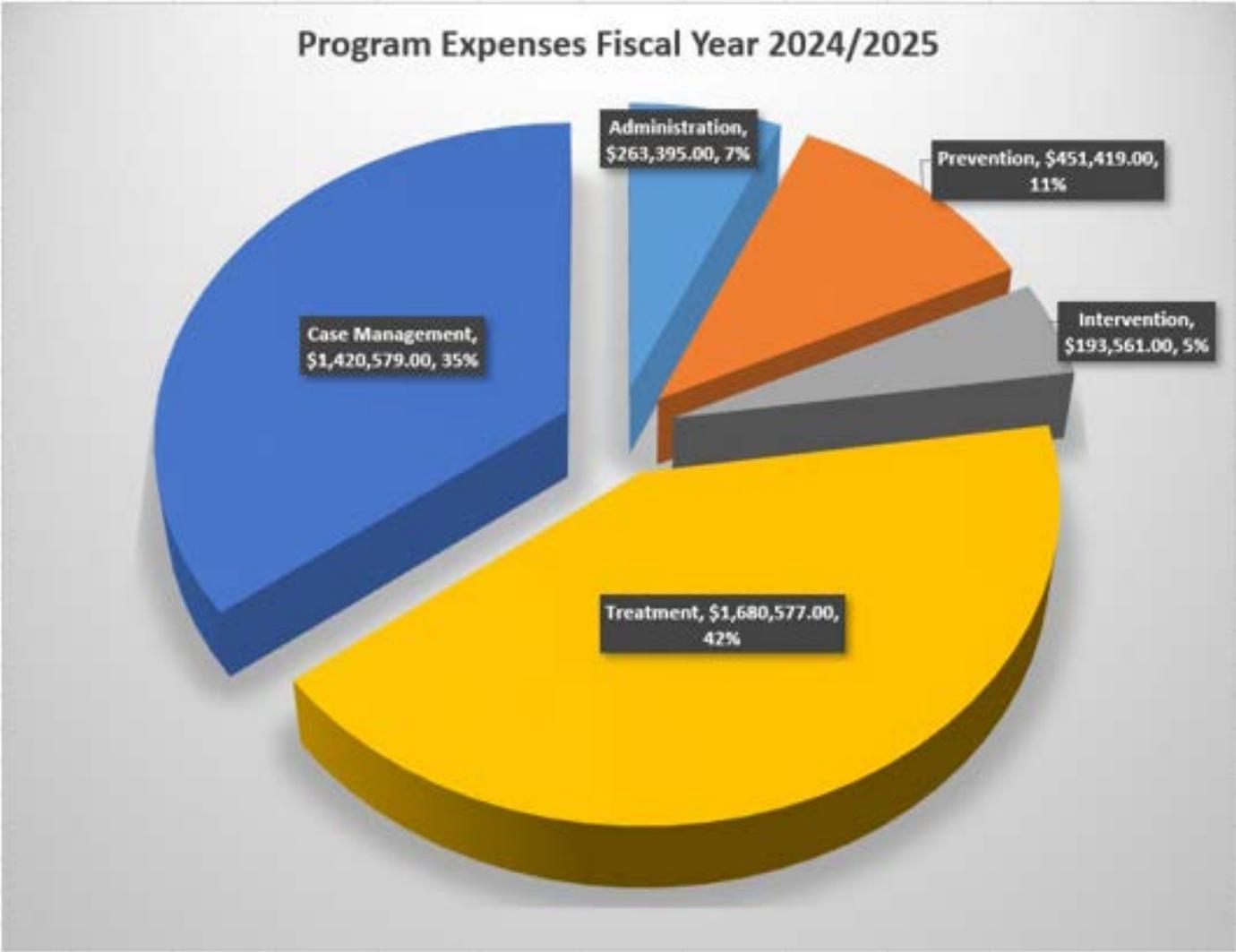
In addition to the SOR dollars mentioned above, CCDAEC received SOR Housing dollars to spend on eligible clients with emergent needs. CCDAEC spent \$113,060 in FY 24/25.

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.

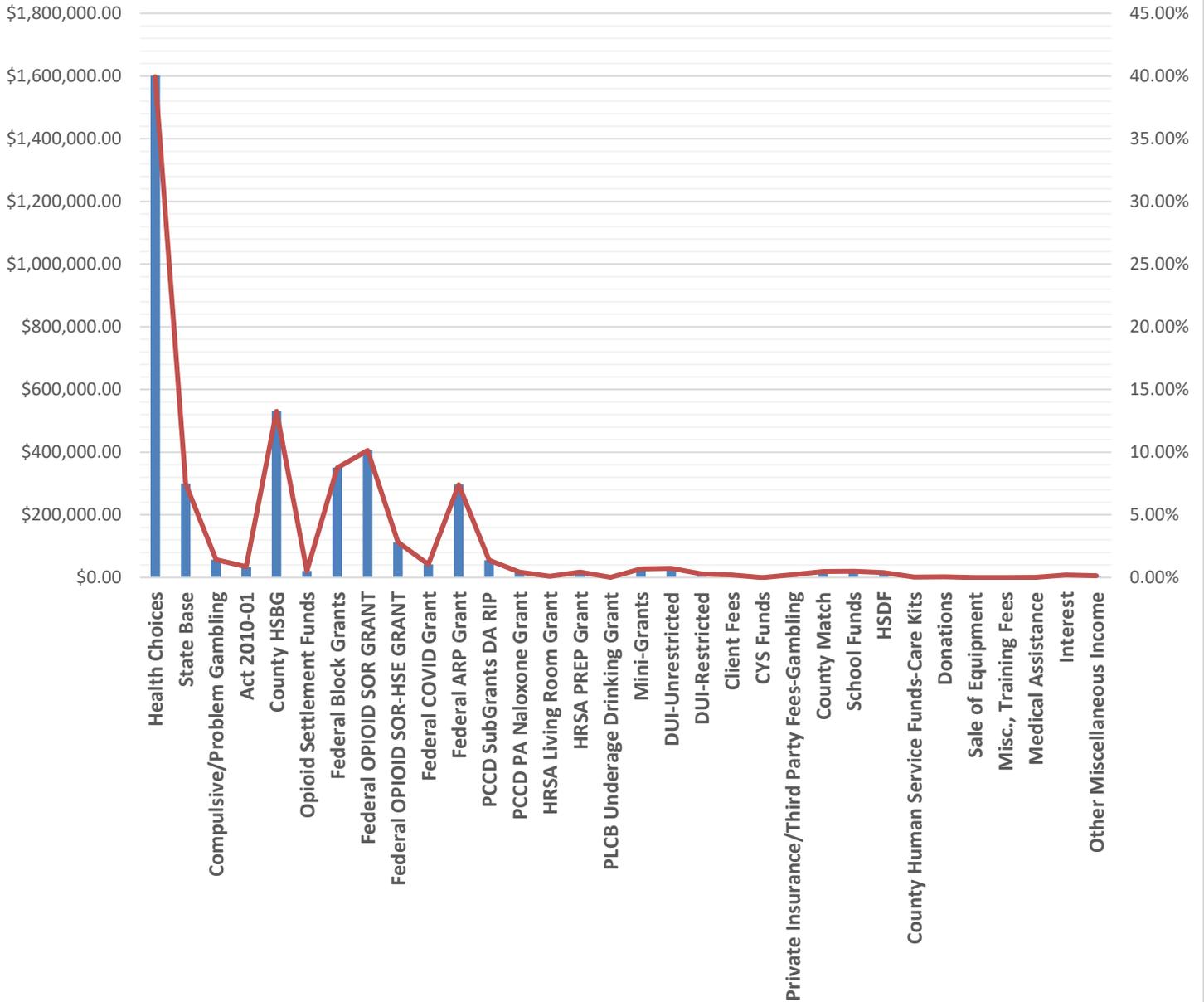
Fiscal regulations and budget constraints affect all agency departments. Each department has different needs and goals for any given year. Communication between the Supervisors of the various departments and the Fiscal Department is most important in order for the department needs and goals to be considered 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 Revenue Fiscal Year 2024/2025



Health Choices	\$1,601,488.71	PCCD SubGrants DA RIP	\$55,420.90	County Match	\$19,638.95
State Base	\$299,565.00	PCCD PA Naloxone Grant	\$17,613.14	School Funds	\$20,000.00
Compulsive/Problem Gambling	\$57,401.00	HRSA Living Room Grant	\$3,920.00	HSDF	\$15,500.00
Act 2010-01	\$34,142.00	HRSA PREP Grant	\$17,378.79	County Human Service Funds-Care Kits	\$1,792.13
County HSBG	\$530,852.62	PLCB Underage Drinking Grant	\$561.98	Donations	\$2,437.99
Opioid Settlement Funds	\$20,993.85	Mini-Grants	\$28,063.86	Sale of Equipment	\$0.00
Federal Block Grants	\$350,622.00	DUI-Unrestricted	\$29,714.28	Misc., Training Fees	\$70.00
Federal OPIOID SOR GRANT	\$406,530.08	DUI-Restricted	\$12,000.00	Medical Assistance	\$575.50
Federal OPIOID SOR-HSE GRANT	\$113,059.94	Client Fees	\$8,353.47	Interest	\$8,303.88
Federal COVID Grant	\$41,653.45	CYS Funds	\$65.55	Other Miscellaneous Income	\$5,555.71
Federal ARP Grant	\$296,874.16	Private Insurance/Third Party Fees-Gambling	\$9,382.53		
				Total Revenue	\$73,874.16

INFORMATION TECHNOLOGY

Cybersecurity threats remain a significant focus area. Phishing attempts, credential-harvesting schemes, and social-engineering attacks continue to rise in both frequency and sophistication. Ransomware activity also persists as a major national concern, with threat actors increasingly targeting public-sector and human-services organizations. In response, CCDAEC implemented multi-factor authentication, continued the practice of timely patching, secure configuration standards, and ongoing user awareness training as core components of our defense strategy.



In October 2024, to stay aligned with emerging best practices, the IT Manager participated in several professional development opportunities, including virtual attendance at the 2024 Cybersecurity Summit hosted by Harrisburg University. The summit highlighted evolving threat landscapes, artificial intelligence–driven attack patterns, and practical strategies for strengthening organizational resilience. Key takeaways reinforced the importance of zero-trust principles, continuous monitoring, and cross-departmental coordination in safeguarding sensitive data.

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 the 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:

Information Dissemination – Provides awareness and knowledge of substance misuse, abuse, addiction, and the influence on individuals, families, and communities; characterized by one-way communication.

Education – Provides training to affect critical life and social skills; characterized by two-way communication.

Alternatives – Encourages participation of targeted groups in constructive and healthy activities, minimizing the attraction to ATOD (alcohol, tobacco, and other drug) use.

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.

Community-Based Process – Enhances the ability of communities and neighborhoods to provide prevention and treatment services more-effectively for substance abuse disorders.

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 81% EB or state approved programs and provided 19% 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 34% one-time services, and 66% recurring sessions.

Information Dissemination

Health Promotions, Speaking Engagements, and Information Dissemination

During the Fiscal Year 2024/2025, 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 2000 pieces of information. We were able to reach over 500 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. Educational speaking engagements on ATOD&G (Alcohol, Tobacco, Other Drugs, and Gambling) were provided such as at Active Aging, community events and organizations, and life skills groups.



One of the programs that has expanded each year has been our Naloxone and test strip distributions. As one of the 48 Centralized Coordinating entities in the state who distributes Narcan to first responders, we have distributed 823 kits, 798 Fentanyl strips, and 286 Xylazine strips in 2024 and 645 kits, 721 Fentanyl test strips, and 313 Xylazine strips in 2025. 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 have increased engagement in the community at local Events. We have participated in Narcan distribution; FASD information; Titusville Open Air Market; Downtown Mall; Fifth Ward HOPE Project, the after-school program and a variety of festivals/carnivals/fairs. We also enjoyed 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. Expanding with Health Rhythms Drumming at multiple facilities including the ARC, YMCA, with staff from community agencies and students during the summer parks program. Prevention staff did agency and service promotion on the radio with Seven Mountains Media and Armstrong Cable Television, but not as much due to the increase in being in the community.



Gambling

DDAP Gambling grant funding was accepted and utilized this past year with one staff fully devoted to increasing responsible gambling and getting help/education for those with problem gambling. Increased health promotions and trainings throughout the county were implemented.

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. In 2024 6 students – 2 females, 4 males; completed the UDP class and in 2025 only 1 student attended an UDP classes but they did not complete.

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, Safe Kids, , Crawford County System of Care, Peace4Crawford, Trauma Informed Initiative, Suicide Task Force, Human Trafficking Task Force, 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 2024 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 2024 throughout the rest of the school year. 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. 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 92 SAP Core Team Meetings in the 2024-2025 school year. Prevention staff screened about 123 students within the 2 school districts. Of the 123 students screened, 48 of them were referred to in-school D&A prevention/intervention services. Drug and Alcohol Student Assistance Program services continue to be recognized by the schools as essential and effective.

TREATMENT AND INTERVENTION

Outpatient services were accessible through several facilities, including the Crawford County Drug and Alcohol Executive Commission (CCDAEC) outpatient center, Stepping Stones at Meadville Medical Center, and the Family Services and Children’s Aid Society (FSCAS) located in Titusville. These centers offered a range of outpatient treatment options tailored to meet the diverse needs of individuals seeking support.

For individuals requiring a more structured level of care, intensive outpatient programs (IOPs) were available exclusively at the CCDAEC. These programs provided comprehensive treatment plans designed to address more severe substance use issues while allowing participants to maintain their daily responsibilities.

Adolescents in need of outpatient treatment services could access specialized programs offered by both the CCDAEC and the FSCAS in Titusville. These programs were specifically designed to address the unique challenges faced by younger individuals dealing with substance use, incorporating age-appropriate therapeutic approaches and family involvement.

Operating as an integrated treatment continuum, the in-house services encompassed a wide array of interventions aimed at supporting clients throughout their recovery journey. These services included comprehensive assessments to determine individual needs, interim services to bridge gaps in care, orientation sessions to familiarize clients with the treatment process, and the development of personalized treatment plans. Clients also had access to individual counseling sessions, family therapy to involve loved ones in the recovery process, group counseling to foster peer support, and specialized services tailored for individuals involved in the criminal justice system. Additional support included consultations, referrals to other necessary services, discharge planning to ensure continuity of care post-treatment, and follow-up sessions to monitor progress and address any ongoing needs.

To enhance the effectiveness of treatment and provide comprehensive support, the CCDAEC maintained numerous referral agreements with various county service agencies. These partnerships facilitated seamless access to additional resources and services beyond the scope of the CCDAEC, ensuring that clients received holistic care addressing all aspects of their well-being.

The CCDAEC offered flexible scheduling options for its group sessions, accommodating clients' varying availability. Daytime and evening group sessions were available, covering a range of topics and therapeutic approaches to support clients in their recovery efforts.

Group/Program	Description
Matrix Model IOP	Intensive outpatient program with structured modules
Seeking Safety	Dual-diagnosis trauma informed group.
Expressive Process	Therapeutic expression through art, journaling.
Dual Recovery	Recovery for co-occurring mental health and substance issues.
Relapse Prevention	Strategies and skills to avoid relapse

Helping Women Recover	Women-focused recovery program.
Helping Men Recover	Men-focused recovery group
Cognitive Behavioral Therapy	CBT-based approach to modify thoughts and behaviors.

Matrix Model IOP

An evidence-based, structured intensive outpatient program tailored for individuals committed to achieving sustained abstinence from alcohol or other substances. Over the course of treatment, participants engage in a comprehensive curriculum including early-recovery skills (such as trigger recognition, coping strategies, and stress management), relapse-prevention planning, and individualized treatment goals. Group sessions foster accountability, peer support, and social reintegration in a safe, structured environment.

Simultaneously, one-on-one counseling provides personalized assessment, motivational feedback, and adaptive strategies to each client’s recovery journey. The program integrates resocialization skill-building, promoting daily functioning and community reintegration. and encourages self-awareness, behavior modifications, and shifts in attitudes through practical application and reinforcement.

Key Elements Include:

- *Structured Curriculum* : Comprehensive modules covering early recovery skills and relapse prevention
- *Group Accountability*: Peer support and social reintegration in a safe, supportive environment
- *Individualized Counseling*: One-on-one sessions for personalized assessment and motivational feedback
- *Skill Building* :Emphasis on daily functioning, coping strategies, and behavior modification
- *Holistic Recovery Focus*: Integration of cognitive, emotional, and social components for sustained abstinence

Seeking Safety

A trauma-informed intervention designed to be delivered through both group and individual formats. The central premise is establishing a foundation of *safety*, psychological, emotional, and physical before addressing trauma or substance use. Clients acquire practical, reinforcing coping skills centered on grounding techniques, emotional regulation, healthy communication, and crisis management. Psychoeducation modules help participants understand the interrelationship between PTSD-related symptoms and substance misuse, demystifying their experiences and cultivating insight. The program emphasizes empowerment, equipping individuals with tools to regain control over their lives while fostering resilience, self-compassion, and a renewed sense of agency in the recovery process.

Key Elements Include:

- *Safety First Approach* : Establishing physical and emotional safety before trauma work.
- *Coping Skills* : Grounding, emotional regulation, and crisis management techniques.
- *Psychoeducation*: Understanding the PTSD-substance use connection.
- *Empowerment Focus* — Building self-compassion, resilience, and personal agency
- *Flexible Delivery* — Available in both group and individual settings

Expressive Process

This therapeutic group leverages the creative arts such as writing, visual arts, drumming, or music as alternative modalities for emotional expression and self-exploration. Without requiring any prior artistic experience, participants are invited to externally process internal experiences through non-verbal channels, which can bypass defense mechanisms and trauma responses. Expressive exercises guided by certified art therapists engage participants in reflective exploration, fostering emotional awareness, meaning making, and insight. The modality is especially potent in enhancing emotional regulation, strengthening self-esteem, and encouraging narrative reframing which is valuable both in group cohesion and individual therapy.

Key Elements Include:

- *Creative Modalities*: Utilizes diverse art forms for emotional expression.
- *Trauma-Sensitive*: Non-verbal expression bypassing defense mechanisms
- *Guided Facilitation*: Led by certified art therapists for safe exploration
- *Emotional Awareness*: Fosters regulation, insight, and self-esteem
- *Therapeutic Integration*: Complements individual therapy and group cohesion

Relapse Prevention Program

Focused on equipping individuals with the foresight and flexibility to navigate high-risk situations, this program combines cognitive-behavioral strategies, experiential scenario rehearsal, and lifestyle balancing. Key components include identifying personal triggers, recognizing maladaptive patterns, and developing personalized coping responses. Participants explore building a sober support system, goal setting, self-care routines, and relapse road-mapping. The curriculum is flexible, offering both group and individual settings to reinforce skill acquisition, foster support networks, and promote sustainable lifestyle changes anchored in long-term recovery maintenance.

Key Elements Include:

- *Trigger Identification* : Awareness of personal relapse risk factors.
- *Cognitive-Behavioral Tools* : Skill-building to change maladaptive patterns.
- *Experiential Practice* : Scenario rehearsals for real-life application.

- *Support Network Development* :Building sober community connections.
- *Lifestyle Management* : Goal setting and self-care routines for maintenance.

Helping Women Recover

An evidence-based, gender-responsive program developed by Stephanie Covington, designed to address the specific needs and social contexts of women in recovery. The curriculum prioritizes rebuilding self-worth, nurturing healthy relational dynamics, and developing adaptive coping strategies to manage stress and daily challenges. Through guided discussions and self-reflective exercises, participants delve into personal narratives, explore patterns of trauma, and engage in restorative practices that cultivate identity, boundaries, and self-compassion. Offered in individual and group formats, the program fosters collective empathy, peer encouragement, and empowerment by supporting women in nurturing resilience and sustainable personal growth.

Key Elements Include:

- *Gender-Responsive Design*: Addresses unique needs of women in recovery.
- *Trauma-Informed Approach*: Focus on healing from trauma and stress.
- *Identity and Boundaries* : Cultivating self-worth and healthy relationships.
- *Reflective Exercises*: Guided self-exploration and narrative work.
- *Peer Support*: Empathy and empowerment through group cohesion.

Helping Men Recover

This updated, evidence-informed program is grounded in the same core principles as Stephanie Covington's *Helping Women Recovery*, but tailored to the experiences and needs of men in recovery. It offers a gender-responsive, trauma-informed framework that supports men in rebuilding self-respect, cultivating emotional resilience, and fostering healthier relationships with themselves and others.

Key Elements Include:

- *Gender-Responsive Design*: Built with an awareness of social conditioning and gender norms, the program creates a supportive space for men to explore identity, vulnerability, and strengths through a lens that honors their lived experience.
- *Trauma-Informed Foundation* : Recognizing the impact of trauma whether experienced directly or indirectly the group promotes safety, mutual support, and pacing that minimizes triggers, while encouraging self-awareness and emotional regulation.
- *Integrated Therapeutic Modalities* : Incorporates reflective dialogue, guided exercises, and peer-sharing to explore themes such as boundaries, relational patterns, emotional expression, and healthy masculinity.

- *Peer Empowerment & Shared Narrative*: Through group cohesion and storytelling, participants develop mutual respect and accountability, affirming their commitment to recovery together.
- *Holistic Personal Growth*: Encourages introspection on values, purpose, coping strategies, self-care, and goal-setting, all in the context of becoming a resilient, authentic version of oneself.

Cognitive Behavioral Therapy (CBT)

A structured, evidence-based psychotherapeutic approach focusing on the interplay between thoughts, emotions, and behaviors. Clients learn to identify and challenge distorted thinking patterns such as black-and-white thinking, catastrophizing, or overgeneralizing and replace them with more adaptive, balanced cognitions. CBT emphasizes goal-setting, behavioral activation, skill rehearsal (e.g., problem-solving), and relapse reduction strategies. The therapy often incorporates homework and real-world application to reinforce learning and ensure skills translate effectively into daily life.

Key Elements Include:

- *Cognitive Restructuring*: Identifying and challenging distorted thoughts
- *Behavioral Activation*: Encouraging positive, goal-directed behaviors
- *Skill Development*: Problem-solving, coping, and relapse prevention
- *Structured & Goal-Oriented*: Clear targets and measurable progress

Our treatment team takes an integrative, client-centered approach, drawing on a wide spectrum of evidence-based counseling theories to meet each person's unique needs. Cognitive Behavioral Therapy (CBT) offers practical strategies for identifying and reframing unhelpful thinking patterns, while Motivational Interviewing (MI) fosters intrinsic motivation through empathetic, nonjudgmental conversation. Dialectical Behavior Therapy (DBT) equips clients with skills for emotional regulation, distress tolerance, and healthy interpersonal communication, and Acceptance and Commitment Therapy (ACT) encourages psychological flexibility, helping clients move toward lives aligned with their values despite difficult emotions or experiences.

Group work often incorporates the interpersonal and process-oriented principles of Irvin Yalom, creating spaces where connection, shared experiences, and mutual support become powerful tools for change. Person-Centered Therapy provides a foundation of empathy, unconditional positive regard, and authenticity, while Trauma-Informed Care ensures that safety, trust, and empowerment guide every interaction. Solution-Focused Brief Therapy (SFBT) builds momentum by helping clients identify strengths and create actionable steps toward their goals.

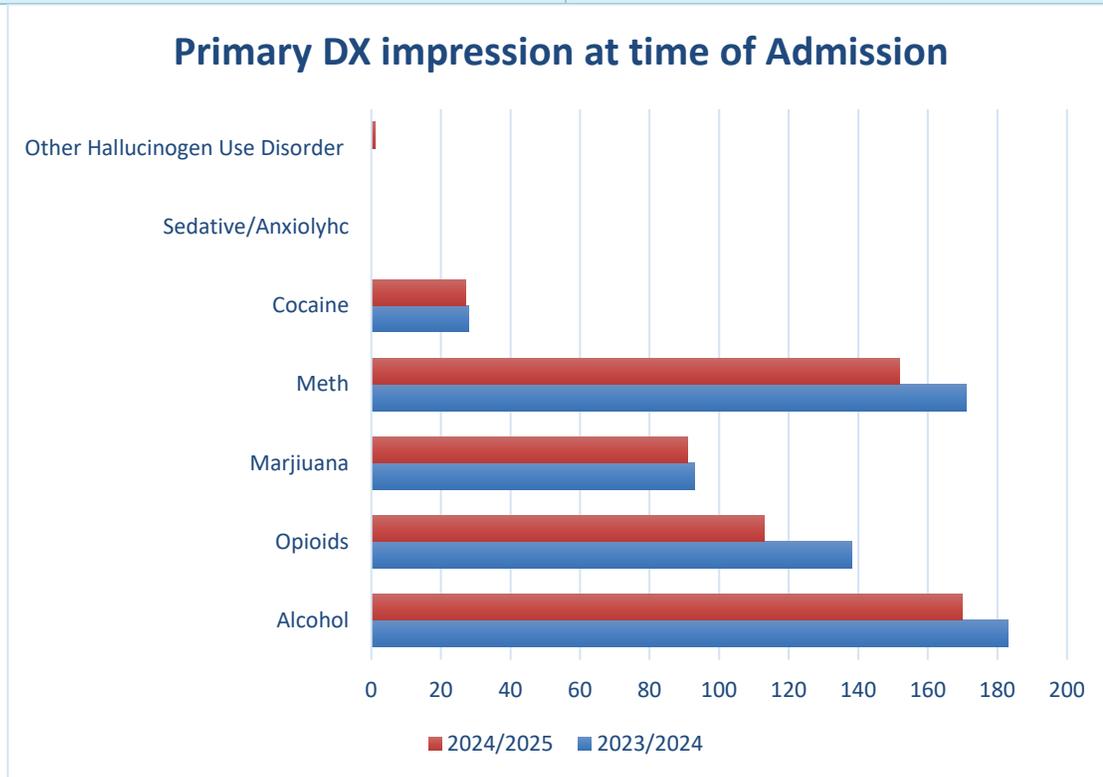
Additional approaches, such as Choice Theory, mindfulness-based practices, and the Stages of Change model, allow our clinicians to tailor interventions, adapting to where the client is and where they aspire to be. This flexible, blended model ensures that treatment is not only evidence-based, but also deeply personal, collaborative, and responsive to everyone's recovery journey.

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.

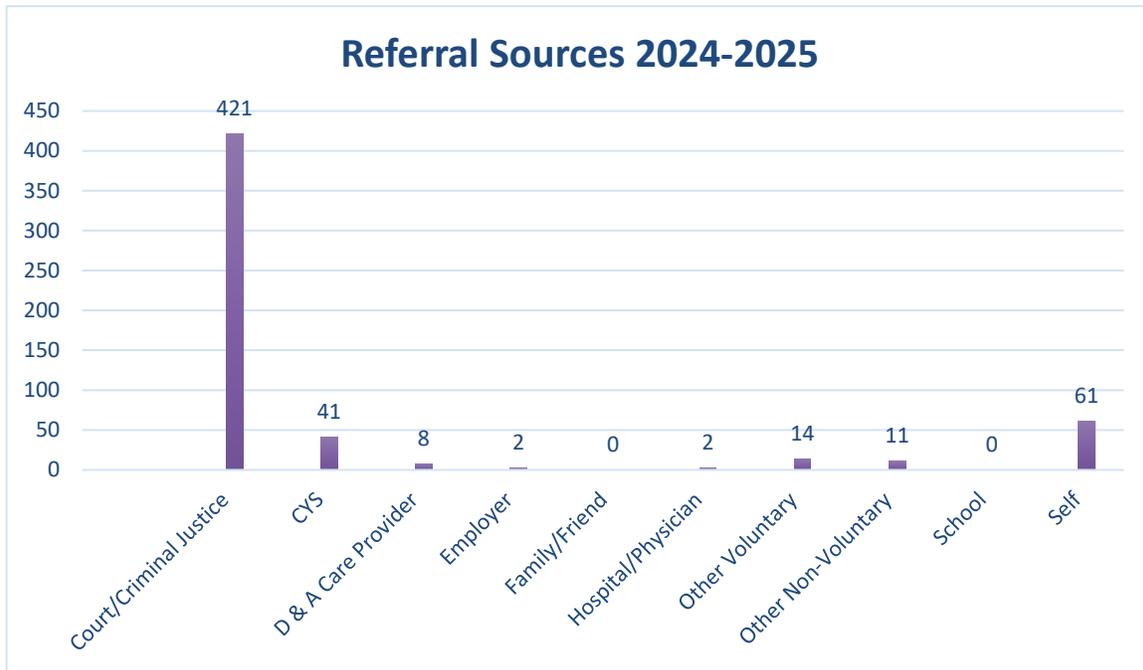
A total of 560 Admissions were conducted this past year.

Age Group	Count
Less than 17	13
18 to 29	109
30 to 39	189
40 to 49	156
50 to 59	66
60 to 69	25
70 to 79	2



	2022/2023	2023/2024	2024/2025
Alcohol	167	183	176
Opioids	109	138	113
Marijuana	118	93	91
Meth	155	171	152
Cocaine	22	28	27

Sedative/Anxiolytic	2	0	0
Other Hallucinogen Use Disorder	0	0	1



Throughout the past few years, fentanyl use has continued to be a significant concern, especially in the context of the ongoing opioid crisis. Pennsylvania continues to see an increase in fentanyl-related overdoses. In response, our agency is enhancing strategies such as medication-assisted treatment (MAT) and expanding access to harm reduction services, including fentanyl test strips and naloxone distribution, to help reduce the risks linked to fentanyl use.

Crawford County Correctional Facility

The program currently operating at Crawford County Correctional Facility (CCCF) was established in March 2004 to address the needs of the county's inmate population, which ranges from 150 to 250 individuals. This population includes those awaiting bail or trial, inmates serving county sentences of up to 24 months minus one day, individuals waiting for transfer to other facilities, and those violating county probation. The length of incarceration can vary from just a few days to a maximum of 24 months minus one day.

The jail program primarily targets inmates who are in the pre-contemplation or contemplation stages of recovery. It offers intervention services through an outpatient care model, which includes a series of process and topical process groups. These groups run on a cycle of approximately every four months and are available in all major housing units, allowing any interested inmate to participate voluntarily. Over the past fiscal year, 111 unique individuals took part in these group intervention services. Additionally, individual counseling is provided as needed, incorporating art techniques and skills. A total of 95 unique

individuals engaged in individual intervention services. The staff ensures that inmate requests are addressed promptly and individually. The goal of the CCDAEC is to deliver interventions that encourage inmates to pursue recovery from chemical addiction and support them through professional and self-help resources, ultimately helping them reintegrate as productive citizens upon their release.

The program currently operating within the Crawford County Correctional Facility (CCCF) was originally established in March 2004 with the primary aim of addressing the unique and varied needs of the county's inmate population. The facility typically houses between 150 and 250 individuals at any given time. This inmate population is diverse and includes persons who are awaiting bail or trial proceedings, those serving county sentences that can last up to 24 months minus one day, individuals awaiting transfer to other correctional institutions, as well as those incarcerated due to violations of county probation conditions. The duration of incarceration within this population is highly variable, ranging from as brief as a few days to the maximum allowable county sentence.

Designed to meet inmates where they are in their recovery journey, the jail program primarily focuses on individuals in the early stages of recovery, specifically those in the pre-contemplation and contemplation phases. The intervention is delivered through a structured outpatient care model that incorporates a comprehensive series of process and topical process groups. These group sessions operate on a recurring cycle of approximately every four months, ensuring continual access and availability. They are offered across all major housing units within the facility, allowing any interested inmate the opportunity to voluntarily engage in these therapeutic groups.

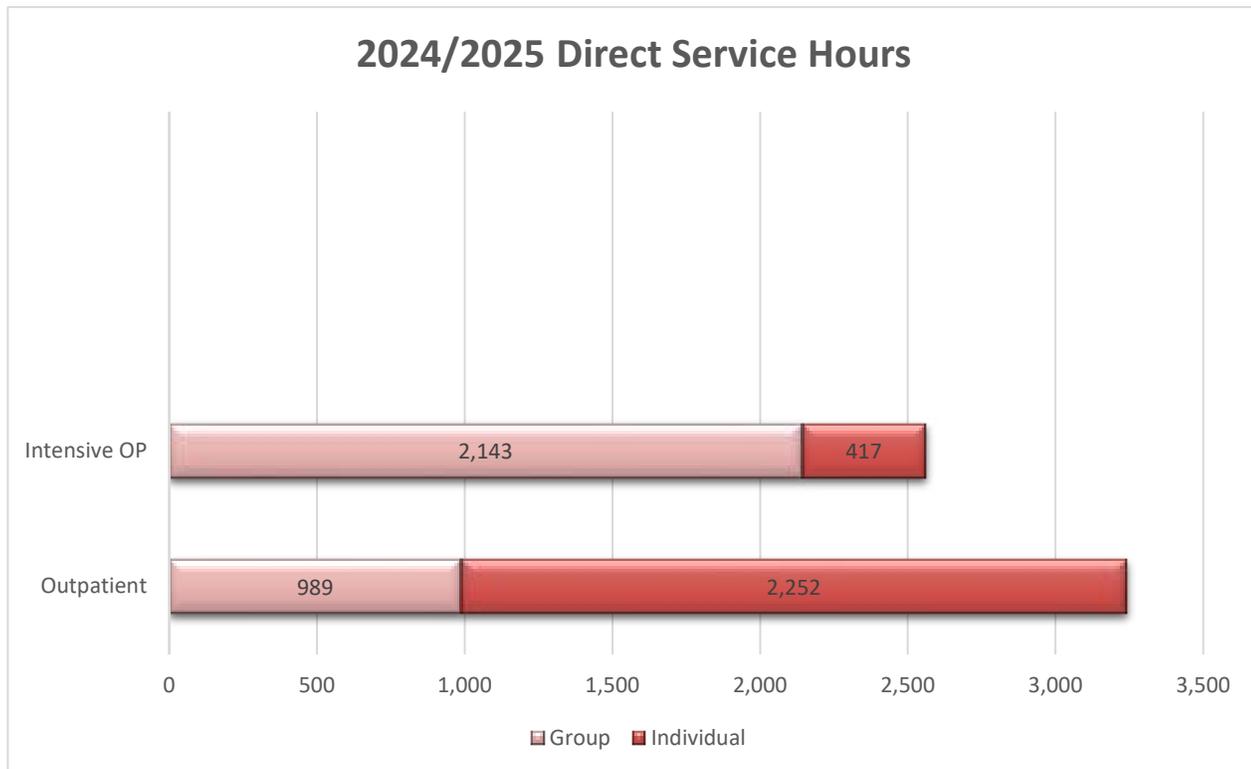
During the most recent fiscal year, the program successfully engaged 111 unique inmates through its group intervention services. In addition to group work, individualized counseling is provided on an as-needed basis, utilizing creative approaches such as art therapy and skills-building exercises. Over the same period, 95 unique individuals participated in these one-on-one intervention services. Unduplicated point of contacts from group and individual interventions totaled 436. Program staff are dedicated to responding promptly and thoughtfully to inmate requests, ensuring personalized attention and support. The overarching mission of the Crawford County Drug and Alcohol Education Center (CCDAEC) is to deliver meaningful and effective interventions that motivate inmates to initiate and sustain recovery from chemical addiction. This is accomplished by providing access to both professional treatment resources and peer-based self-help supports, with the ultimate goal of assisting inmates in their successful reintegration as productive and responsible members of the community upon their release.

As inmates progress through the program, CCDAEC staff work closely with other key stakeholders including case management teams, certified recovery specialist, judicial entities, and probation officers to create a support network. This collaboration facilitates smooth and timely referrals to external treatment programs, ensuring continuity of care beyond incarceration. Over the past year, program staff completed 146 initial jail assessments and 31 reassessment updates. By empowering case managers to conduct these assessments directly, inmates are positioned to promptly access the appropriate level of care immediately following their release.

Additionally, inmates receive education about local community resources, including Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings, and are provided as another resource, these twelve-step programs as enduring components of their ongoing, self-directed recovery journeys.

Treatment Direct Service

Counseling hours provided by the CCDAEC out-patient office treatment staff to each patient (group and individual therapy) totaled 6,758 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.

Our project BRIDGE, launched in June 2024, aims to enhance client engagement and recovery by integrating various departments into a cohesive support system. Through our treatment, case management, and CRS services, we strive to provide comprehensive support to our clients, aiming to extend their engagement with our services and enhance their readiness and ability to pursue self-directed recovery.

The project's goals include:

- **Increasing Treatment Duration:** While the national median length of stay for treatment completions is 59 days (TEDS 2020), our program achieved an average of 147 days for 222 successful completions, up 10% from last year's average of 111 days. The overall average length of stay, considering all discharge types, was 93 days. **Comprehensive Client Support:** We offer an integrated approach through treatment, case management, Certified Recovery Services (CRS), medical professional services, and prevention services.

This includes individualized therapy, community-based care, peer support, medication management, health education, and life skills training.

- **Integrated Team:** Our interdisciplinary team provides coordinated care with a focus on holistic treatment. This involves regular staff consultations, program oversight, client satisfaction measurement, and quality improvement.
- **Evidence-Based Practices:** We utilize evidence-based therapies like motivational interviewing, CBT, and relapse prevention to ensure effective treatment outcomes.

Key features of BRIDGE include:

- **Comprehensive Care:** Tailored services based on multi-dimensional assessments and ASAM criteria.
- **Unified Approach:** Collaborative, holistic treatment addressing physical, mental, and social needs.
- **Seamless Integration:** Streamlined client experience with centralized resources.
- **Enhanced Efficiency:** Optimized use of staff and resources through centralization.
- **Improved Access:** Reduced barriers by consolidating services and improving accessibility.

Studies show that integrated programs improve treatment outcomes, including reduced substance use and enhanced overall well-being.

RIP Program

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, 32 individuals served in the program, of the 32 a total 22 completed treatment successfully.

CCDAEC staff is represented on two essential committees: The Quality Management Committee of Carelon 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 Carelon 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:

Throughout the fiscal year, the Agency prioritized equipping new staff with the knowledge and skills necessary to provide high-quality, compassionate care. Training opportunities blended in-person instruction with virtual learning, ensuring flexibility while maintaining depth and engagement. Staff explored a wide range of critical topics, from understanding and preventing the spread of STDs, Hepatitis C, and HIV, to gaining life-saving CPR and First Aid certification, and completing 6 hours of Ethics training. They also participated in Crisis Prevention Intervention (CPI) to strengthen de-escalation skills and in sessions on stress management and burnout prevention to support personal resilience. In total, treatment staff dedicated 382 hours to professional development this year, with 131.75 hours representing unduplicated participation, this is a demonstration to the agency’s commitment to continual learning and excellence in service delivery. All staff participated in ALICE training, conducted by our local police department.

Treatment Outcomes

When compared to Treatment Episode Data Set (TEDS) 2022 outcomes, our program demonstrates performance that exceeds national benchmarks in key areas. TEDS reports that in 26 of the 46 states and jurisdictions providing data, treatment completion rates were below 44%. CCDAEC ambulatory services/treatment average length of stay across all discharges was 98.7 days, while among the 37% of individuals who completed treatment successfully, the average length of stay was 158.9 days.

	CCDAEC
Completed Treatment	37%
Transferred to further treatment (higher LOC, MH etc)	10.2%

Citation:
“Substance Abuse and Mental Health Services Administration. (2024). Treatment Episode Data Set (TEDS): 2022. Admissions to and discharges from publicly funded substance use treatment. U.S. Department of Health and Human Services. <https://www.samhsa.gov/data/sites/default/files/reports/rpt53160/2022-teds-annual-report.pdf>

Our re-engagement strategies significantly improved outcomes. Specifically, we successfully re-engaged 37 individuals who initially discharged for non-compliance, all of whom subsequently achieved successful completion within the reporting year. These results demonstrate the effectiveness of our engagement model in mitigating the negative impact of early attrition and in driving higher ultimate completion rates than those reflected in national and state averages.

Highlights and Accomplishments from 2024/2025

July 2024: The National Health Service Corps (NHSC) conducted a site visit with the treatment team which concluded with an exemplary assessment/review.

July 2024: Hosted and participated in a roundtable event with DDAP Secretary Dr. Latika Davis-Jones. Treatment staff also conducted an expressive activity, a paint pour, facilitated by counselor Dee Foll.

August 2024: Ed Reagle organized the Recovery 5K run, over 30 participants attended!

October 2024: Hosted DDAP Ethics Training.

December 2024: Morgan Force earned her Master's in Clinical Counseling Degree.

March 2025: Samuel Glossner became a Licensed Professional Counselor (LPC)

April 2025: Hosted DDAP Stress and Burnout Training for staff.

April 2025: Amy and Chere attended Drug Diversion Conference.

May 2025: Licensure site inspection-no citations, demonstrating exemplary regulatory compliance.

May 2025: Megan Nies M. Ed joined our Treatment Team.

June 2025: Dee Foll and Morgan Force completed Level 1 Gambling Training.

The Living Room

Founded in May 2022, The Living Room’s main goal is to provide a safe, non-judgmental, and welcoming space for people at all stages of recovery, including both early and long-term recovery. Membership in The Living Room is open to anyone living in Crawford County who seeks support for their personal recovery; they do not need to be a client of CCDAEC. It is a space where individuals with similar backgrounds come together and work toward recovery. While members are permitted to participate in scheduled activities, anyone in recovery is welcome to use the Living Room resources. By the end of June 2025, there were 110 enrolled members.

The space is equipped with a full kitchen, washer and dryer, computer, printer, a large-screen TV with streaming services, and a Nintendo Switch for all the gamers. The monthly calendar is filled with many activities. From creative crafting to holiday meals to a sober and fun outing into the community, there is something for everyone. While many members come to the Living Room to participate in these activities, many others have made it part of their daily routines, stopping by for a cup of coffee and conversation with staff or other members.

Participating in these activities, is also a way for individuals to connect with one of CCDAEC’s Certified Recovery Specialists (CRS), whose offices are housed in the Living Room. The CRS will use their own lived experience in recovery from substance use to support their clients, Living Room members, and participants in navigating long-term recovery. A CRS also assists those who choose to receive recovery support services with building their personal recovery capital by connecting them with community resources to meet their needs. Sometimes this means connecting or reconnecting them with the CCDAEC treatment department. Other times, staff may just sit with the individual while they wait for transportation to a higher level of care facility.

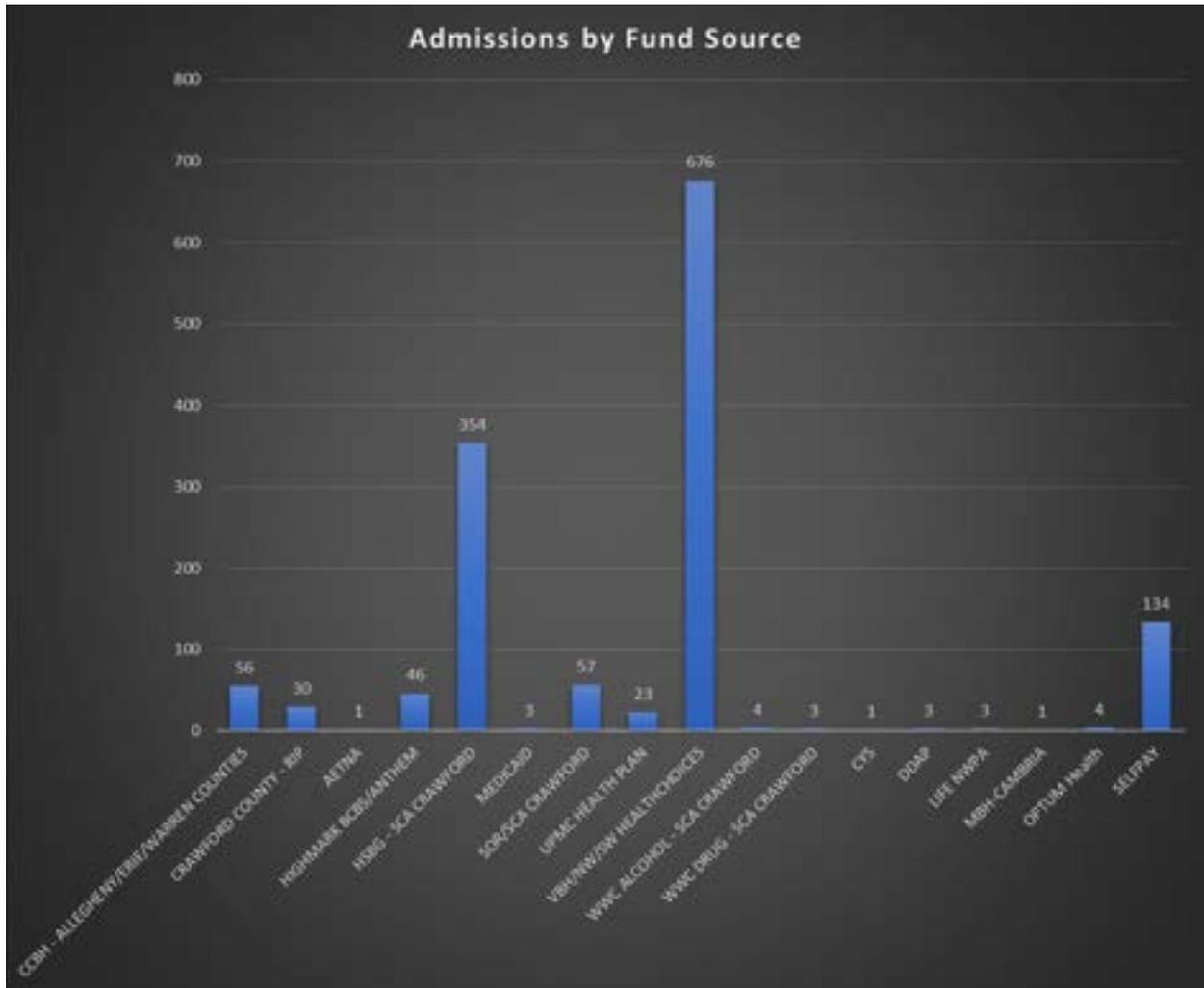




Some individuals have described the Living Room as a “home away from home.” They express gratitude for having a safe place to come when life gets tough. With the support of all CCDAEC staff and members, Living Room is accomplishing the goal it set out to achieve. We look forward to continuing to serve our members, clients, and the community in the 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 24/25

0.5 Intervention	5	-6
1.0 Outpatient	788	-31
2.1 Intensive Outpatient	346	+42
3.5 Clinically Managed Med. Intensity Residential	200	+79
3.7 Medically Managed High Intensive Inpatient	62	+15
4.0 Medically Managed Intensive Inpatient	18	+9
No Treatment/Refused	92	-40
Total Initial LOC Referrals	1,511	+68

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 on LOC Referrals	
56.6%	Males
43.4%	Females
0%	Transgender



RECOVERY SUPPORTS/CASE MANAGERMENTS MAJOR ACCOMPLISHMENTS

Recovery Supports

The Certified Recovery Specialist (CRS) program continues to be an essential component of services offered by Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC). Providing recovery supports to county adults (18 years and older) with substance use disorders (SUD) or co-occurring mental health and SUDs, the CRSs assists clients in addressing barriers in their recovery by helping them develop their own personal recovery plan. Client-identified goals for achieving wellness, along with specific steps to reach those goals, are outlined in the plan. The recovery plan also helps track their progress and identify triggers and ways to manage them. Reinforcing the “no wrong door” approach to treatment, CRSs remain committed to providing outreach, mentoring, and peer support throughout all stages of the recovery process.

Clients who choose to participate in voluntary Recovery Supports but are not enrolled in a treatment program are encouraged to consider this option. If accepted, 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.

All CRSs employed by CCDAEC are required be 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, include 6 hours of ethics training and 3 hours of confidentiality training. These credentials follow the state and Carelon Health of Pennsylvania requirements.

Sixteen consortium members across five Pennsylvania counties designated as HRSA rural service areas, collaborate to develop Peer Recovery Expansion Project (PREP). PREP aims to improve access to, and the quality of, treatment for substance use disorder (SUD) and other behavioral health conditions within the

county Emergency Departments. Through a partnership between MMC and CCDAEC, hospital staff would refer SUD patients and any accompanying recovery alliances to a PREP CRS housed in the MMC ED. The CRS would provide support services before, during, and after treatment to bridge the gap often experienced after discharge from the hospital. The PREP CRS would also assist with the warm hand-off process from the hospital to the CCDAEC Case Management Department. Unfortunately, it has proven difficult during the 24/25 FY to fill this vacancy, primarily because it is a second-shift position.

Adding to one full-time CRS, Rebecca Smith, and one part-time CRS, Raymond Gerhart, Jacob Pittsenbarger, was hired as a second full-time CRS in January 2025. Through unfortunate circumstances, his position ended in May 2025. The position remains unfilled as of the end of the fiscal year.

In an ongoing effort to fill CRS vacancies, CCDAEC has continued 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.

During the 24/25 Fiscal Year, the CCDAEC Recovery Supports Program received a total of 146 referrals. Seventy four of these were from the CCDAEC Case Management Department and another 18 referrals were from the CCDAEC Outpatient Treatment Program. The CCDAEC Prevention Department made 1 referral. Just ahead of the outpatient department were self-referrals with 19. Twenty seven referrals came from the Oil Regional Recovery Center in Franklin, PA. Other referrals came from Family Services & Children's Aid Society, Titusville (1); Stepping Stones, Meadville (1); George Junior Republic, Grove City (1); Arc Manor, Kittanning (1); and Crawford County Human Services (1).

Being able to engage potential clients during their inpatient episodes, as well as during 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 discharge from treatment or release from incarceration, a CRS's support at this time can significantly decrease their risk. Additionally, CRS services being provided to an individual in inpatient care can follow that individual during stepdown to aftercare. They can also continue to provide services to an incarcerated client after release to inpatient treatment if that is Case Management's recommended level of care. CRS, Rebecca Smith is very active in providing monthly outreach to potential clients during their inpatient treatment at Alpine Springs and Oil Regional Recovery. The CRSs have also partnered with Acutec Precision Areospace, a local manufacturer, to provide weekly, on-site recovery support groups for employees. It is hoped that the RS department can partner in this way with other employers.

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 can also accompany a client 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.

In addition to providing traditional recovery support services, the CRSs are highly active in providing sober and supportive activities to members of The Living Room (TLR). Entering its fourth year, The Living Room is a drug and alcohol-free, safe environment designed to support positive connections among members of the recovery community. Individuals in all stages of recovery are welcome, as are family members and other supportive guests of the member. One of the most popular and well-attended events hosted by The Living Room was a trip to Waldameer. Over 100 guests of TLR enjoyed a day of fun at the amusement park. Another popular activity was a self-care event. Members enjoyed facials, manicures, make-up make overs provided by staff. Monthly activities include Donuts and Coffee and lunch with guests from Alpine Springs. These events and activities have contributed to the momentum of The Living Room gaining popularity among the recovery community. More than once, members have been heard to say, "This place is awesome!"

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 new COE fidelity guidelines were released which increased our requirements to meet the needs of our clients and a new policy/procedure was created specific to the COE guidelines that are mandated. One of the requirements is to ensure that we provide access to MAT services/induction within 24 hours of contact. We enrolled 8 individuals in the COE program in 24-25.

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. This program was placed on hold in June 2024 due to funds being exhausted and were able to restart the program Jan 1 2025. We have been successful this year in placing 8 new individuals in this program but continue to find that appropriate, affordable housing in our area is at a premium.

Case Manager transitions: We lost one case manager in a transfer to Outpatient Treatment and welcomed two new Case Managers this year. Melanie Keas transitioned to the Case Management/UR position and she responsible for determining funding for treatment, writing authorizations and tracking admissions, discharges and continued stay reviews for all funded clients. This entails the initial authorization for any Level of Care (LOC), along with Continued Stay Reviews, Transfers in LOCs, and Discharges. The Case Manager assigned to the client assists individuals 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 were able to assist our clients with obtaining Medication Assisted Treatment by employing a CRNP on-site, however she resigned and we will not be filling the position. We have resumed collaboration with Dr. Jill Miller through Meadville Medical Center and were able to make a smooth transition for clients who had been seen on-site at CCDAEC. We continue 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 6 NEW RIP clients this fiscal year, with an average RIP caseload of 12 for the fiscal year. Due to recent Probation Reform the RIP numbers have been steadily declining due to lack of incentive for the client/offender to engage in this longer sentence and higher expectations regarding treatment for their SUD.

Linking clients with community resources and providing for our clients' non- treatment needs is the expertise of all our case managers now. We have become proficient in identifying 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.

Kimberly Bidwell 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 continues to attend the Crisis Intervention Team (CIT) the 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. This committee has been successful in training the entire Titusville PD and several officers from Meadville and other local municipalities and continues to work diligently to train officers and reduce stigma related to mental health and drug and alcohol issues.

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.

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.