

Crawford County Drug & Alcohol Executive
Commission, Inc.

920 Water Street, Downtown Mall

Meadville, PA 16335

Fiscal Year: 2023/2024 Annual Report

COUNTY COMMISSIONERS

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- Treasurer/Secretary - Christopher R. Seeley

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- Dr. Greg Richards
- Vicki Lynne Stonebraker

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

STAFF AS OF JUNE 30, 2024

- Executive Director - Anita Robinson, MBA (retired June 30, 2024)
- Executive Director – James I Glatch (effective July 1, 2024)
- 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 - Julia Peters, BS
- Addictions Counselor - Brittany Glass-Moran, MA, LPC, NCC, CAADC
- Addictions Counselor - Morgan Force, BS
- 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 - Amanda Pearce, BS
- Case Manager – James Beck, BS, CAAP
- Case Manager - Taylor Coon, BS
- Case Manager - Shayne Lantz, BS
- Case Manager – Kara Clingerman, BA
- Case Manager – Melanie Keas BS
- Case Manager – Megan Nies BA

- Recovery Specialist Supervisor - Lisa McFarren, BSW, CCSM
- Recovery Specialist - Rebecca Smith, CRS
- Recovery Specialist - Raymond Gerhart, CRS, CFRS
- Recovery Specialist – Kaitlyn Dingle, CRS

- 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
- Community Liaison – Julie Brooks, BA, CFRS

- Medical Director (Contract) - Jill Miller, DO

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Fiscal Year 2023-2024

A few words from the Director...

This year marked a change in leadership along with some new additions to support the Crawford County Community. After 29 years of service, the last 5 as Executive Director, Anita Robinson retired. Her years of service and incredible contributions to the organization will carry on, assuring the agency continues to shine as a beacon of excellence in our community as we bring new opportunities to the table each year.

This year we added a CRNP to our staff to assist with the fight against OUD and offer MAT's. Currently open two days per week, the idea is to continue to grow the program and eventually in the next year move this to a full-time position. CCDAEC also had the honor of hosting DDAP Secretary Dr. Latika Davis- Jones for a countywide round table. Her message to the community was about the fight against OUD and how the state is assisting each county. Dr. Latika Davis-Jones then went on visits to Stepping Stones and then our facility where she had an opportunity to interact with staff and how we do art therapy.

As the new Executive Director, I was amazed at the teamwork of the staff and their attention to detail. During the time I arrived we were able to fill open positions and at the same time maintain our level of excellence in serving the community. Our staff take pride in how they accomplish their tasks, and it has been a real pleasure getting to know and work with such incredible professionals.

Moving into the next year, there are several projects that stand out and have roots in this year. The first being the Bridge Program. It is an integrated pilot program combining resources from all areas of CCDAEC staff. The initial phase partners Treatment and Case Management staff working with a shared client list to assure that all needs are met and to consistency to the client's journey through recovery. This model has also given us the opportunity to change funding to an APA for Treatment that mirrors what has already been done in Case Management. The Center of Excellence (COE) program will be moving into a more permanent form of programing by adding a new Case Manager whose whole job will be to grow this program. With these changes, I felt that moving staff into a more strategic location based on their department made sense. The move will put Treatment and Case Management in the same location for the first time in years. This should hopefully open the communication process and help develop a team atmosphere. The CRS Accompaniment Program (CAP) Collaboration is being developed to help support all community agencies when they may need assistance in SUD situations. It will be the start of what I hope will be many collaborations within the Crawford County Community.

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 FY23/24, 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 2023/2024 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 ten 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 \$45,548 to eligible clients who qualified for the Restrictive Intermediate Punishment program.

CCDAEC received \$61,515 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 \$196,242 in FY 23/24.

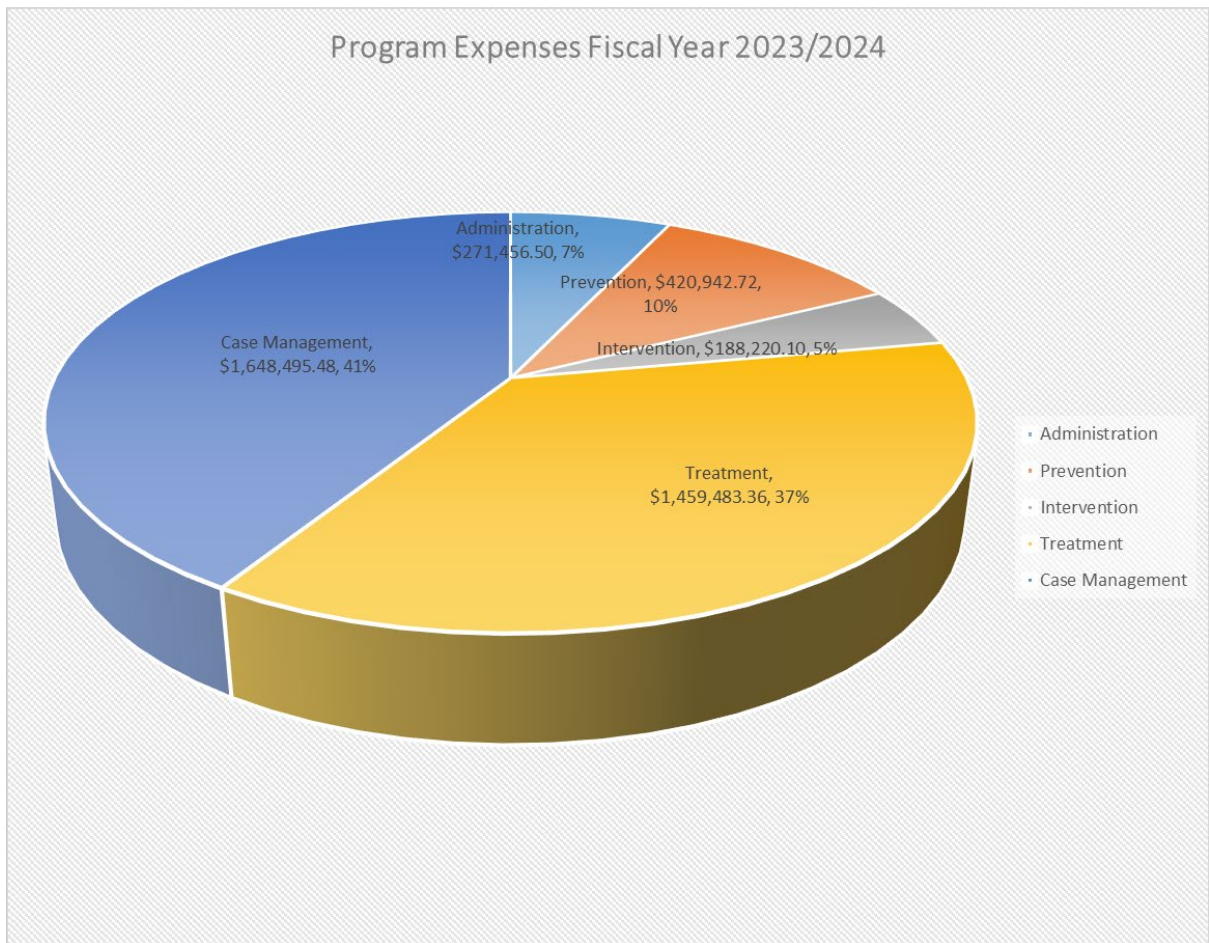
In addition to the SOR dollars mentioned above, CCDAEC received SOR Housing dollars to spend on eligible clients with emergent needs. CCDAEC spent \$360,453 in FY 23/24.

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.

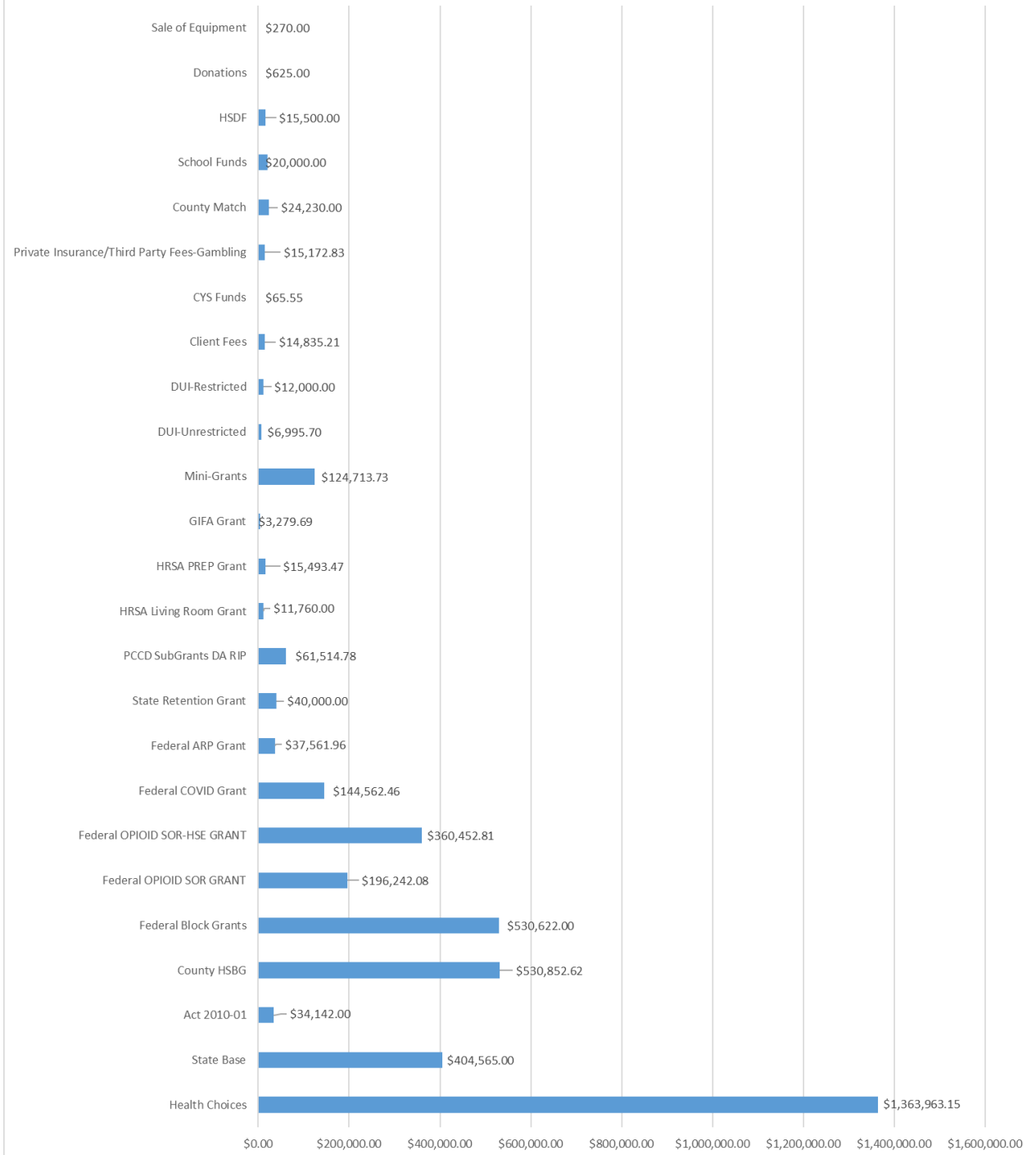
Fiscal regulations and budget constraints affect all agency departments. Each department has different needs and goals for any given year. Communication between the Supervisors of the various departments and the Fiscal Department is most important in order for the department needs and goals to be considered 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 2023/2024



INFORMATION TECHNOLOGY



SOC 1 Type II and SOC 2 Type II Compliance Certification

In an email to all counties from Southwest Six, we learned that county programs such as SCA, MH/ID, OCYF and others will be required to obtain System and Organization Controls (SOC) compliance, as stated by Pennsylvania Department of General Services Bureau of Procurement – IT Contract Terms and Conditions. Southwest Six employs a full-time IT Compliance Lead, and the IT team hosted webinars in December 2023 to address SOC requirements and the amount of work needed to achieve SOC Compliance. In general, any party that receives State data must use either an IT vendor (an external party that does your IT) certified under the Systems of Control or SOC or, if done internally, your entity must be SOC certified. SBHM is nearing full SOC certification.

An SOC 1 Type II audit evaluates a service provider’s internal controls over financial reporting that may impact its customers’ financial statements and reports. Examples of internal controls would be policies and procedures designed to prevent, mitigate, and detect accounting errors and fraud. Physical and environmental security, data backup, computer network and system monitoring are all part of an SOC 1 Type II audit.

The SOC 2 Type II audit examines the service providers internal controls relative to security, availability, and processing integrity of the systems used to process users’ data in the cloud and the confidentiality and privacy of the information processed by the systems. Personal information must be used, retained, disclosed, and disposed of properly.

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:

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 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 2023/2024, 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 600 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 distributions. As one of the 48 Centralized Coordinating entities in the state who distributes Narcan to first responders, we have distributed 419 kits in 2023 and 823 kits in 2024. The increase can be contributed to our community vending machine that was introduced in February. 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; 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. Gambling grant has been applied for, for the 24-25 year.

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. Four UDP classes were held in the last year for 8 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 2023 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 2023 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. 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 62 SAP Core Team Meetings in the 2023-2024 school year. Prevention staff screened about 144 students within the 2 school districts. Of the 144 students screened, 68 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 600 youth. The Prevention Department works with our Regional Tobacco/Nicotine educator to advocate for Clean Air initiatives, and more stringent procedures for school nicotine violations, as well as community education about the risks of tobacco and nicotine vaping. Staff tried to hold Sticker Shock once again but struggled to get youth to help with the project as well as finding multiple distributors that were willing to allow us in their facilities to sticker.

TREATMENT AND INTERVENTION

Outpatient level of care was available at CCDAEC outpatient, Stepping Stones (Meadville Medical Center), and Family Services and Children’s Aid Society (FSCAS) in Titusville. Intensive outpatient care was exclusively provided at CCAEC. Adolescent outpatient treatment was offered by CCDAEC and Family Services and Children’s Aid Society of Titusville.

As a functional unit, the in-house treatment continuum offers a range of services, such as assessment, interim services, orientation, personalized treatment planning, individual counseling, client and family sessions, group counseling, criminal justice-specific services, consultation, referrals, discharge planning, follow-up sessions, and more. Additionally, CCDAEC maintains numerous referral agreements with other county service agencies. The daytime and/or evening groups provided by CCDAEC include:



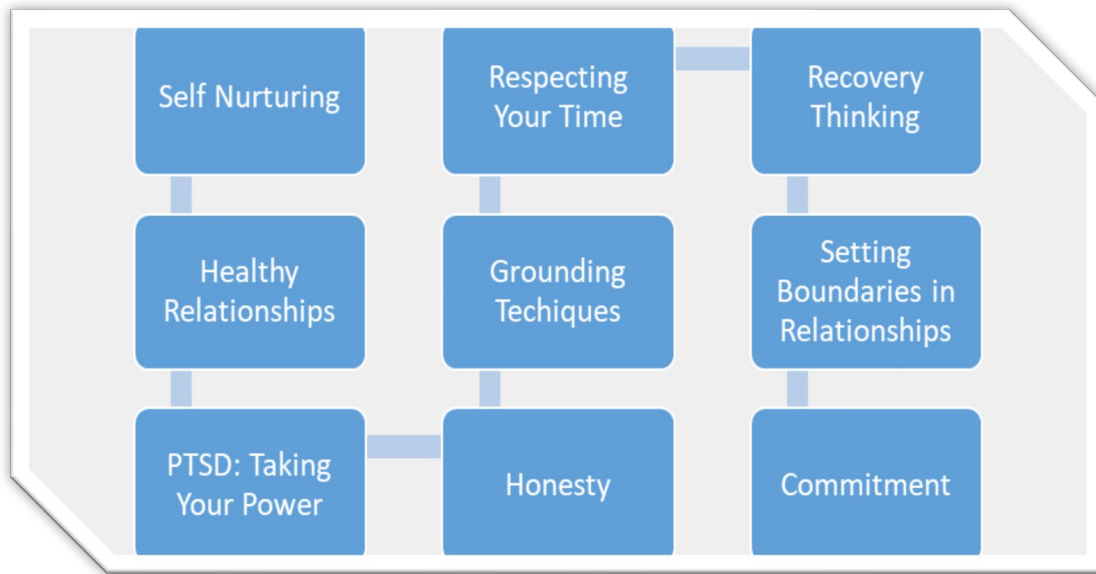
Matrix Model IOP

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

The Seeking Safety program is offered in both group and individual sessions. It prioritizes establishing safety while addressing underlying trauma and substance abuse. Participants learn practical skills to manage distress and enhance daily functioning, including techniques like grounding. The program also includes psychoeducation, providing information about PTSD, substance abuse, and their interconnection, helping participants better understand their experiences. Additionally, it promotes a sense of empowerment and control over the recovery process.



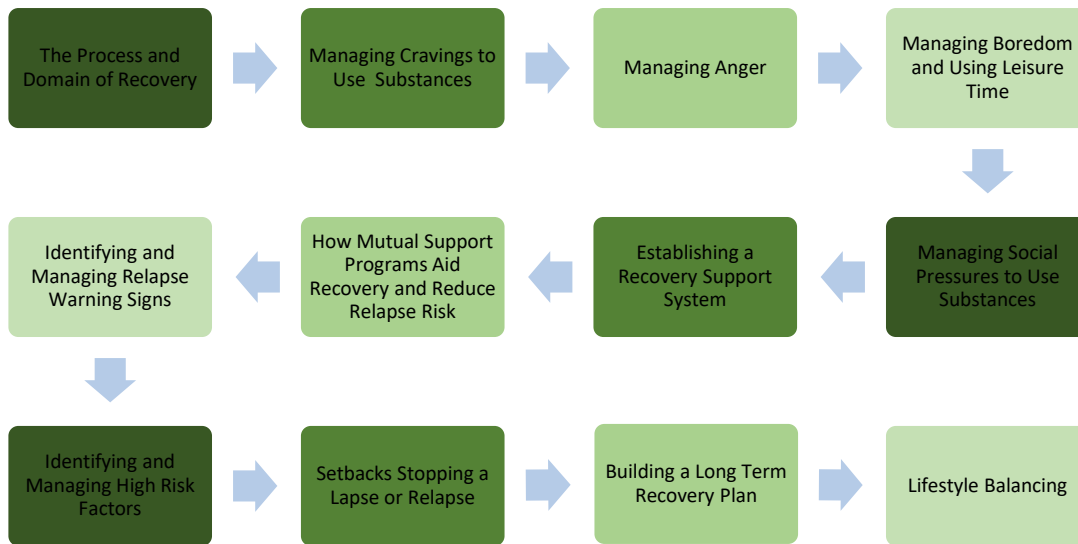
Expressive Process

This group provides clients with the chance to explore alternative forms of expression to convey their thoughts and feelings while addressing topics crucial to their recovery and overall well-being. These alternative methods include writing, music, drumming, and art materials, allowing participants to express their concerns, challenges, and aspirations for positive change. No prior artistic or musical experience is required to join. While art directives are primarily used in our expressive activities, these techniques and interventions have proven beneficial in both individual and group therapy settings.

Dee Foll, a certified art therapist, led 32 weeks of art therapy, offering individuals a creative and enriching experience.

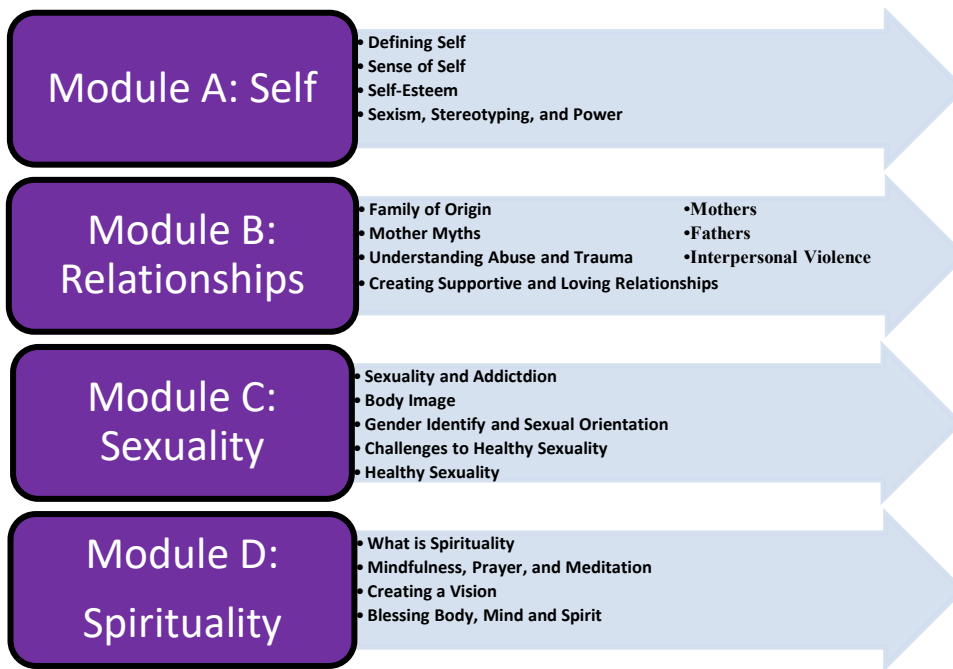
Relapse Prevention Program

The Relapse Prevention Program helps clients recognize high-risk situations, develop responses and coping skills, and examine lifestyle factors that may heighten their vulnerability. Additionally, relapse prevention groups cover topics related to available recovery programs, building sober support networks, achieving balance in recovery, and creating a self-directed recovery plan. Our Relapse Prevention curriculum is conducted in group and individual setting.



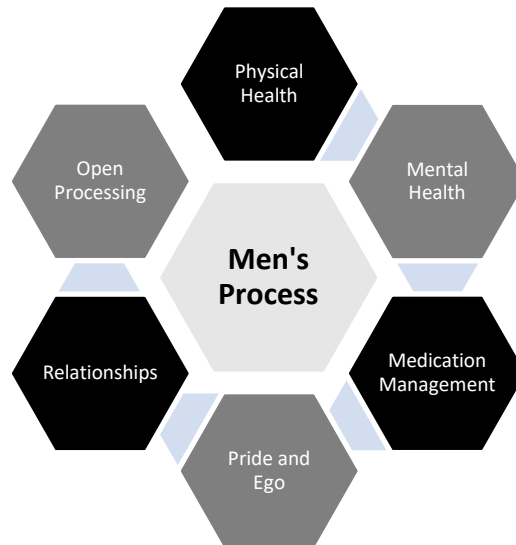
Helping Women Recover

The Helping Women Recover program by Stephanie Covington is our latest evidence-based initiative. This program enhances self-esteem and self-worth by providing women with coping skills and strategies to manage day to day living. It fosters the development of healthier relationships with themselves and others while promoting introspection and personal growth. This program is conducted in group and individual sessions.



Men's Process Group

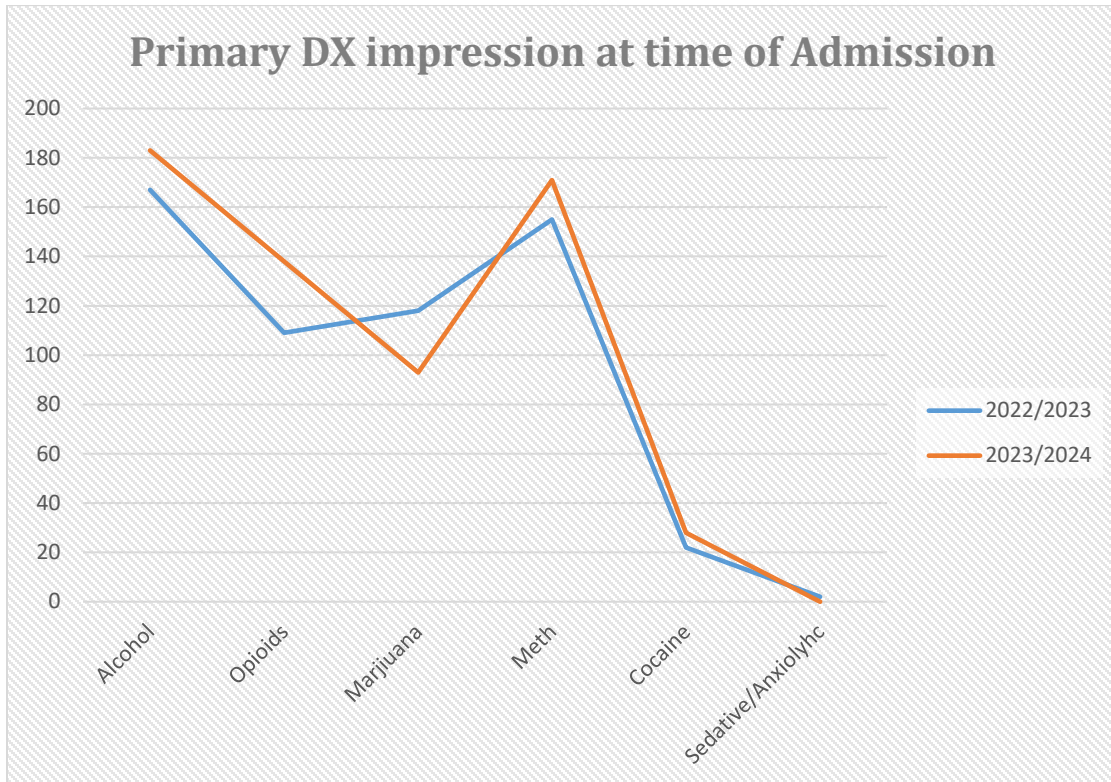
The power of process groups lies in the unique opportunity to receive multiple perspectives, support, encouragement and feedback from other individuals in a safe and confidential environment. These interpersonal interactions can provide group members with an opportunity to deepen their level of self-awareness 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.



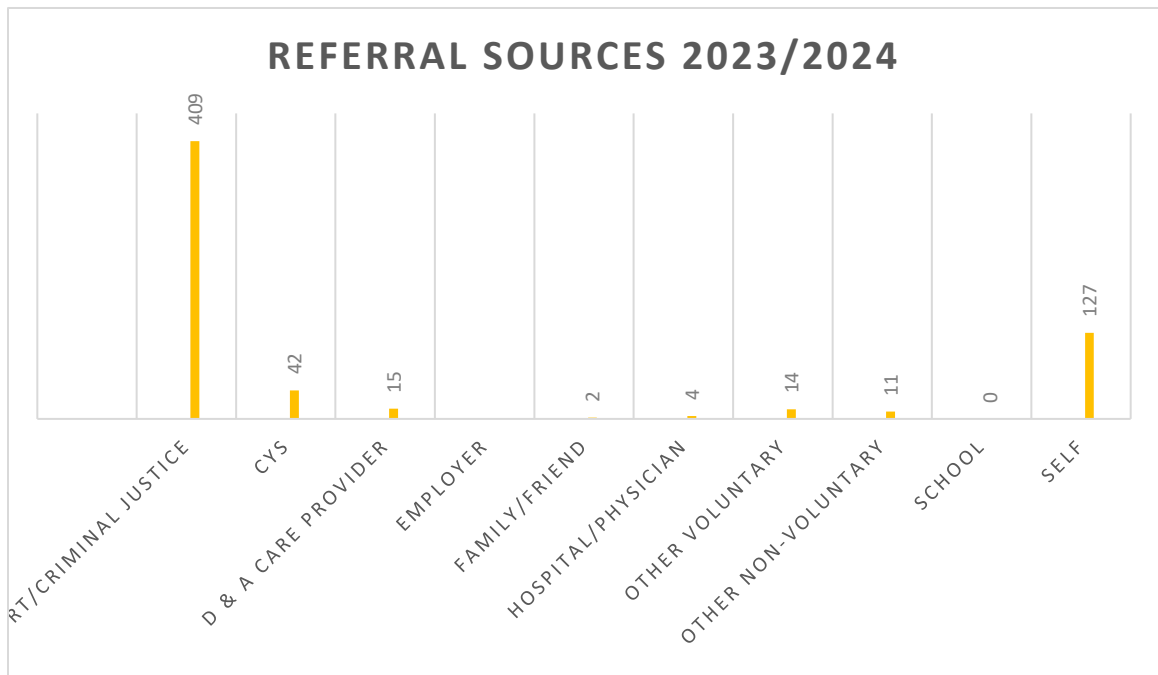
Treatment Data

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 624 Admissions were conducted this past year.

Age Group	Count
Less than 18	40
19 to 29	133
30 to 39	184
40 to 49	150
50 to 59	88
60 to 69	29



	2022/2023	2023/2024
Alcohol	167	183
Opioids	109	138
Marijuana	118	93
Meth	155	171
Cocaine	22	28
Sedative/Anxiolytic	2	0



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.

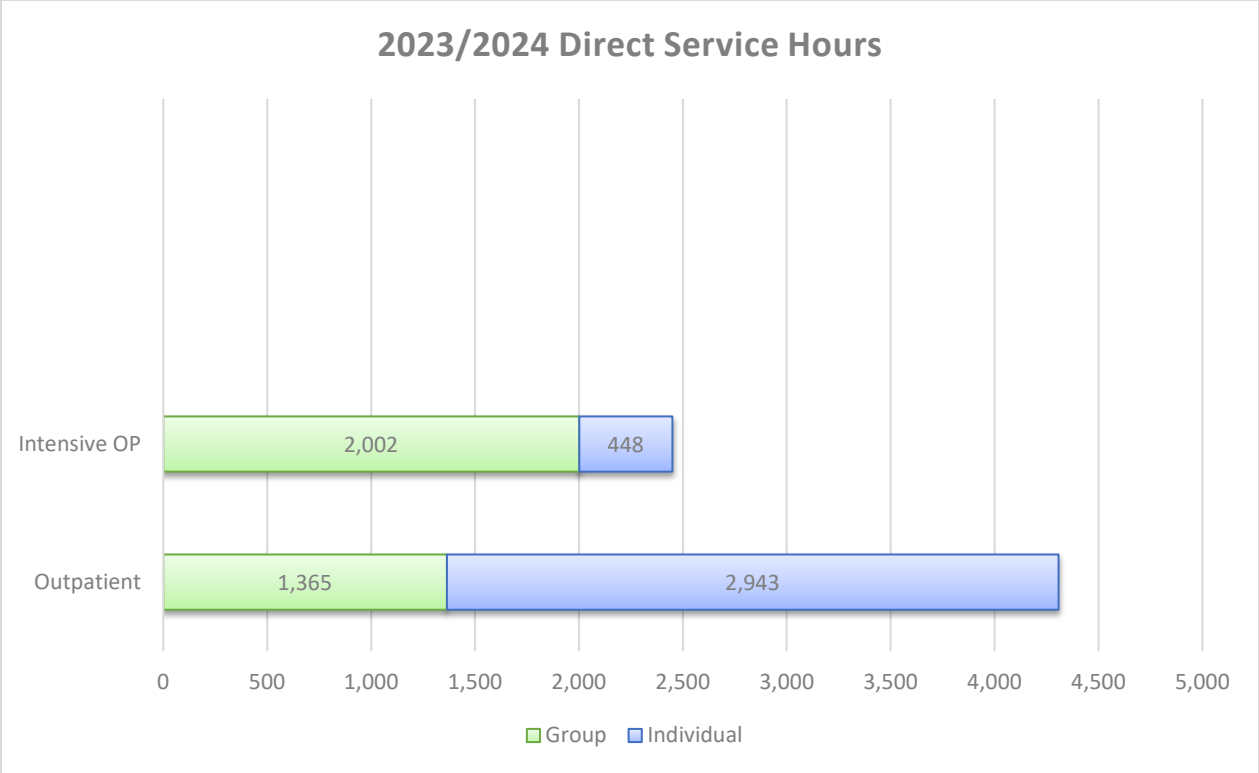
The jail program primarily targets inmates who are in the pre-contemplation or contemplation stages of recovery. It offers intervention services through an outpatient care model, which includes a series of process and topical process groups. These groups run on a cycle of approximately every four months and are available in all major housing units, allowing any interested inmate to participate voluntarily. Over the past fiscal year, 163 unique individuals took part in these group intervention services. Additionally, individual counseling is provided as needed, incorporating art techniques and skills. A total of 117 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.

Once involved in the program staff coordinate with case management, CRS, the courts, and probation to build a support network that helps facilitate referrals to external treatment facilities. Over the past year, CCDAEC completed 122 initial jail assessments and 23 assessment updates. By enabling case managers to perform these assessments, individuals can promptly access the recommended care level as soon as they are released.

The program supports longer-term inmates serving county sentences by helping them develop effective parole plans that align with their recovery goals. It offers education and information about local Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups. Inmates are encouraged to adopt the twelve-step programs as a permanent component of their ongoing, self-directed recovery journey. Treatment plans and goals are customized to meet the needs of each inmate who voluntarily seeks 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 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.

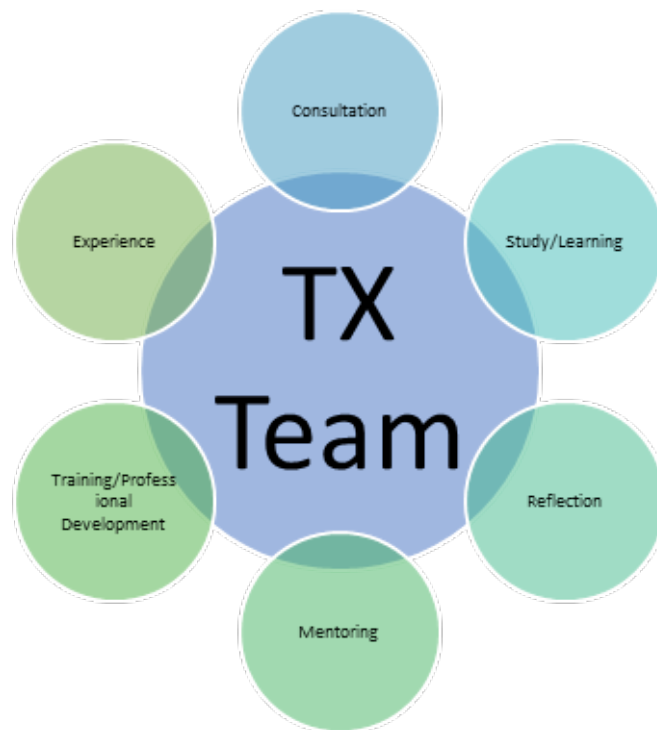
CCDAEC staff is represented on two essential committees: The Quality Management Committee of Carelon and the Provider Advisory Council. The Quality Management Committee provides a systematic method of improving the efficiency, quality, and effectiveness of all behavioral health services provided to all 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:

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

- STD/Hep C training
- Motivational Interviewing: Advancing the Practice
- CPR/First Aid
- Crisis Prevention Training (CPI)
- Co-Occurring Conditions: Promising Practices and Approaches
- Several treatment staff attended the Pennsylvania Counseling Board Conference held in Harrisburg.

Over the past year, treatment staff participated in a mix of in-person and virtual training sessions, accumulating a total of 395 training hours (185.75 hours unduplicated) for this fiscal year.



Treatment Outcomes

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%

Citation:

“Treatment Episode Data Set (TEDS) 2021: Admissions to and Discharges from Substance Use Treatment Services Reported by Single State Agencies | SAMHSA Publications and Digital Products.” *Samhsa.gov*, 29 Nov. 2023, store.samhsa.gov/product/treatment-episode-data-set-teds-2021/pep23-07-00-004. Accessed 20 Sept. 2024.

Highlights and Accomplishments from 2023/2024

December 2023: Jonathan Luster completed his Geriatric Competent Clinician Training Series.

March 2024: Brittany Glass-Morgan attended the CCGP 2024 Statewide Conference West.

April 2024: Several Treatment Team staff attended the Pennsylvania Certification Board Conference.

May 2024- Licensure site inspection - no citations.

May 2024: Morgan Force BS joined our treatment team.

June 2024: Dee Foll completed her Level 1 and Level 2 EMDRIA Training Program.

July 2024: Jennifer Burton MSW, LSW joined our treatment team.

The Living Room

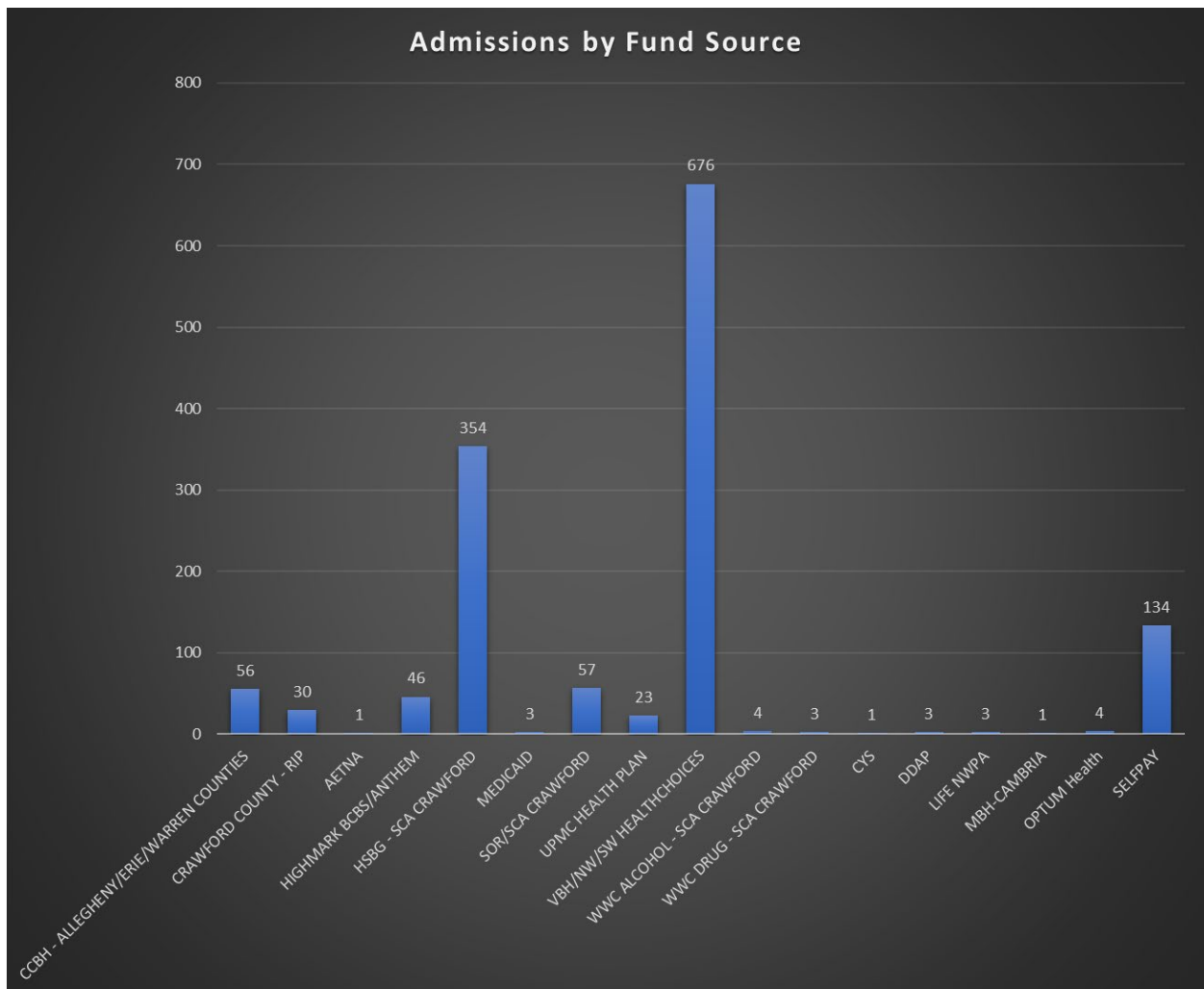
CCDAEC's newest addition as of the beginning of May is the Living Room. It is our new space dedicated for people in recovery. The Living Room is by far the most relaxing place in the CCDAEC agency. The space is equipped with a full kitchen, washer and dryer, computer and printer, a large screen TV with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

We look forward to many more fun, sober, and successful events in the Living Room. Our team in the Living Room meet regularly to discuss how we can improve attendance and membership. The entire CCDAEC staff have been helpful in increasing the amount of 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 23/24

<i>0.5 Intervention</i>	11	+/- 0
<i>1.0 Outpatient</i>	819	+132
<i>2.1 Intensive Outpatient</i>	304	+81
<i>3.5 Clinically Managed Med. Intensity Residential</i>	121	-11
<i>3.7 Medically Managed High Intensive Inpatient</i>	47	+7
<i>4.0 Medically Managed Intensive Inpatient</i>	9	+3
<i>No Treatment/Refused</i>	132	+33
<i>Total Initial LOC Referrals</i>	1,443	+245

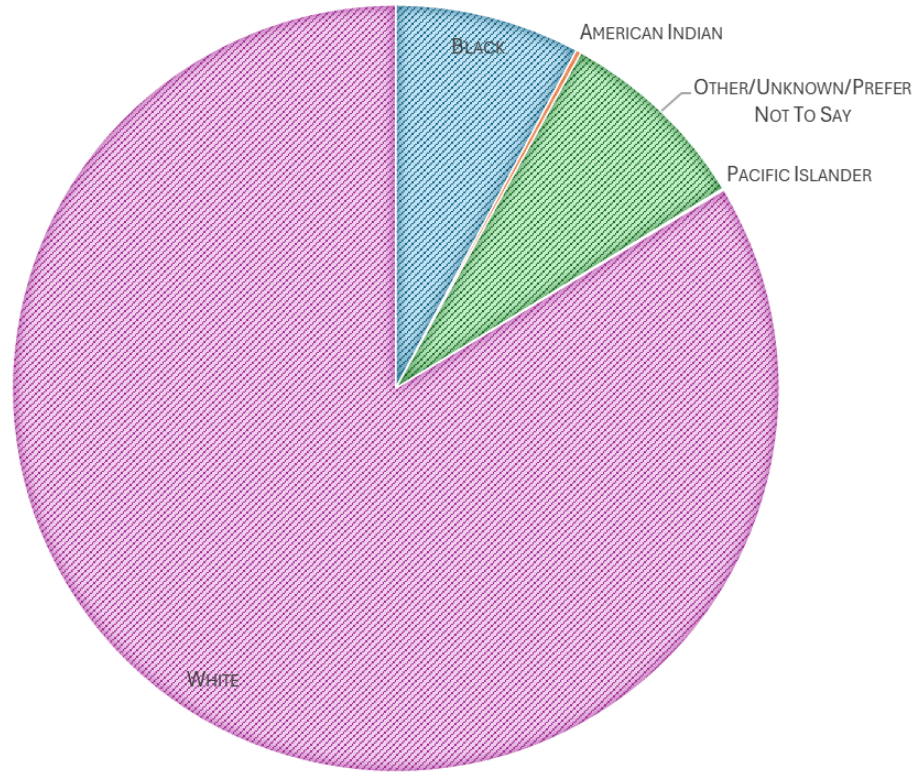
Levels of care were based on ASAM (American Society of Addiction Medicine). The 3.7 level of care was added in 19/20. 3.7 Withdrawal management occurred shortly thereafter along with 4.0 Withdrawal Management.

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

Sex: % based on LOC Referrals	
63.8%	Males
35.9%	Females
.3%	Transgender

REFERRED BY RACE

■ Black ■ American Indian ■ Other/Unknown/Prefer Not To Say ■ Pacific Islander ■ White



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 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 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 which include 6 hours of ethics training and 3 hours of confidentiality training. These credentials follow state and Carelon Health of Pennsylvania requirements.

The Recovery Supports Department lost an integral member of its team during the 23-24 fiscal year with the retirement of Certified Recovery Specialist, Judith Stine in October 2023. Having started her journey with CCDAEC in October 2010 as one of the first CRSs in Pennsylvania, Judith was awarded “CRS of the Year” the following year by a cohort of her peers. Her 14 years of experience providing compassionate recovery care to her clients is missed.

Just prior to Judith’s retirement, Recovery Supports hired a CRS to work as a part-time CRS in the Emergency Department (ED) of Meadville Medical Center (MMC) as part of the Peer Recovery Expansion Project (PREP). A collaboration of sixteen consortium members across five Pennsylvania counties designated as HRSA rural service areas, PREP aims to improve access to, and the quality of, treatment for substance use disorder (SUD) and other behavioral health conditions. Through a partnership between MMC and CCDAEC, hospital staff will refer SUD patients and any accompanying recovery alliances to PREP CRSs who will provide support services before, during, and after treatment to bridge the gap often experienced after discharge from the hospital. The

PREP CRS will also assist with the warm hand-off process from the hospital to the CCDAEC Case Management Department.

As the PREP CRS worked part-time in the hospital and part-time in the office, another CRS was hired to fulfill the 40 hours per week PREP requirements. This CRS also worked part-time in the office. While neither of these positions were successful during this fiscal year, the department remains optimistic about the program and for its success next year.

The departure of the two PREP CRSs, and the retirement of Judith, left the RS department once again short-staffed. Raymond Gerhart continued his second year as a part-time CRS and Rebecca Smith was hired September 9, 2023, as a full-time CRS, having successfully completed a CRS Training hosted by CCDAEC in August 2023.

With DDAP funding, CCDAED 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.

During the 23-24 Fiscal Year, the CCDAEC Recovery Supports Program received a total of 183 referrals. Sixty-five 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 22. Fourteen referrals came from Alpine Springs Recovery Center and sixteen from the Oil Regional Recovery Center in Franklin, PA. Other referrals came from the CCDAEC Prevention Department (1); CCDAEC Screening (1); the Crawford County Correctional Facility (4); Gaudenzia Crossroads, Erie (1); Resolutions Recovery Center, Farrell (1); Family Services & Children's Aid Society, Titusville (3); Gage House, Erie (1); Stepping Stones, Meadville (1); and George Junior Republic, Grove City (2).

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.

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 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 third 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, we enrolled 21 individuals in the COE program.

In fall 2020 we were awarded a Housing Grant through DDAP to assist individuals with OUDs or Stimulant Use Disorders obtain and maintain housing, employment, child custody and/or anger management services. We have been successful this year in placing 34 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 three new Case Managers this year. 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 41 clients this fiscal year. 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.

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 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. 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. This changed in January of this year and the new GPRA tool was available in WITS and we were successful in entering all the data required that we had been tracking internally in order to maintain compliance

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.