

Annual Report
2019/2020
Clearfield Jefferson Drug & Alcohol Commission



CLEARFIELD-JEFFERSON
**DRUG & ALCOHOL
COMMISSION**

Pointing the way to a drug free community.

*“Though no one can go back and make a brand-new start,
anyone can start from now and make a brand-new ending.”*

– Carl Bard

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SINGLE COUNTY AUTHORITY (SCA)

The Clearfield-Jefferson Drug and Alcohol Commission (CJDAC) was organized in 1977 as the local Single County Authority (SCA) for alcohol and other drug systems. The CJDAC is an independent, non-profit corporation authorized by the Pennsylvania Department of Drug and Alcohol Programs (DDAP) to plan, coordinate, and implement community alcohol and other drug and gambling prevention, intervention, treatment and recovery services in the two-county area.

The main administrative office of the Commission relocated to 480 Jeffers Street, DuBois, PA in June of 2019. A satellite office was added during the 17/18 FY and is located at 476 Jeffers Street, DuBois, PA. Formal hours of operation are 8:30 a.m. and 4:30 p.m. Monday through Friday. The phone number is (814) 371-9002 or toll-free 800-892-9002. The Commission's website address is www.cjdac.org.

The Commission operates under a Governing Board of Directors made up of no fewer than eleven and no more than fifteen representatives of the population of the two-county area. Monthly public meetings are advertised on the Commission website and are held on the fourth Tuesday of each month at 6:30 p.m. The Board of Directors maintained eleven (11) members in the 2019/2020 fiscal year. The makeup of the Board of Directors includes a Chair, a Vice-Chair, and a Secretary/Treasurer. Each member serves a term of office for three years and may serve consecutive terms. The role of the Board of Directors is to manage the business affairs of the Commission. This includes executing contracts on behalf of the Commission, to include the PA Department of Drug and Alcohol Programs.

The main responsibilities of the Single County Authority are:

- To review and evaluate drug and alcohol services, projects, and special problems in relation to the incidence and prevalence of drug and alcohol abuse.
- To ensure that a full continuum of treatment services is available to the residents of Clearfield and Jefferson Counties.

- **To efficiently and effectively manage financial resources allocated for drug and alcohol prevention, intervention, treatment, and recovery services.**
- **To leverage outside resources, monetary and in-kind, to enhance the current drug and alcohol prevention, intervention, treatment, and recovery system.**
- **To prepare, review and amend the annual Comprehensive Drug and Alcohol Treatment and Prevention Plans as directed by the DDAP.**
- **To recommend approval of projects and any other matters related to drug and alcohol services in the county.**
- **To serve and participate on local county boards and committees representing the field of drug and alcohol.**
- **To assist the DDAP in the evaluation of drug and alcohol treatment, intervention, prevention, case management and recovery projects.**
- **To conduct unique evaluation of SCA funded projects in accordance with guidelines approved by the DDAP.**
- **To monitor compliance/performance of service providers relative to uniform policies, regulations, contractual obligations, and goals/objectives.**

The Clearfield-Jefferson Drug and Alcohol Commission provides several in-house services, including the following:

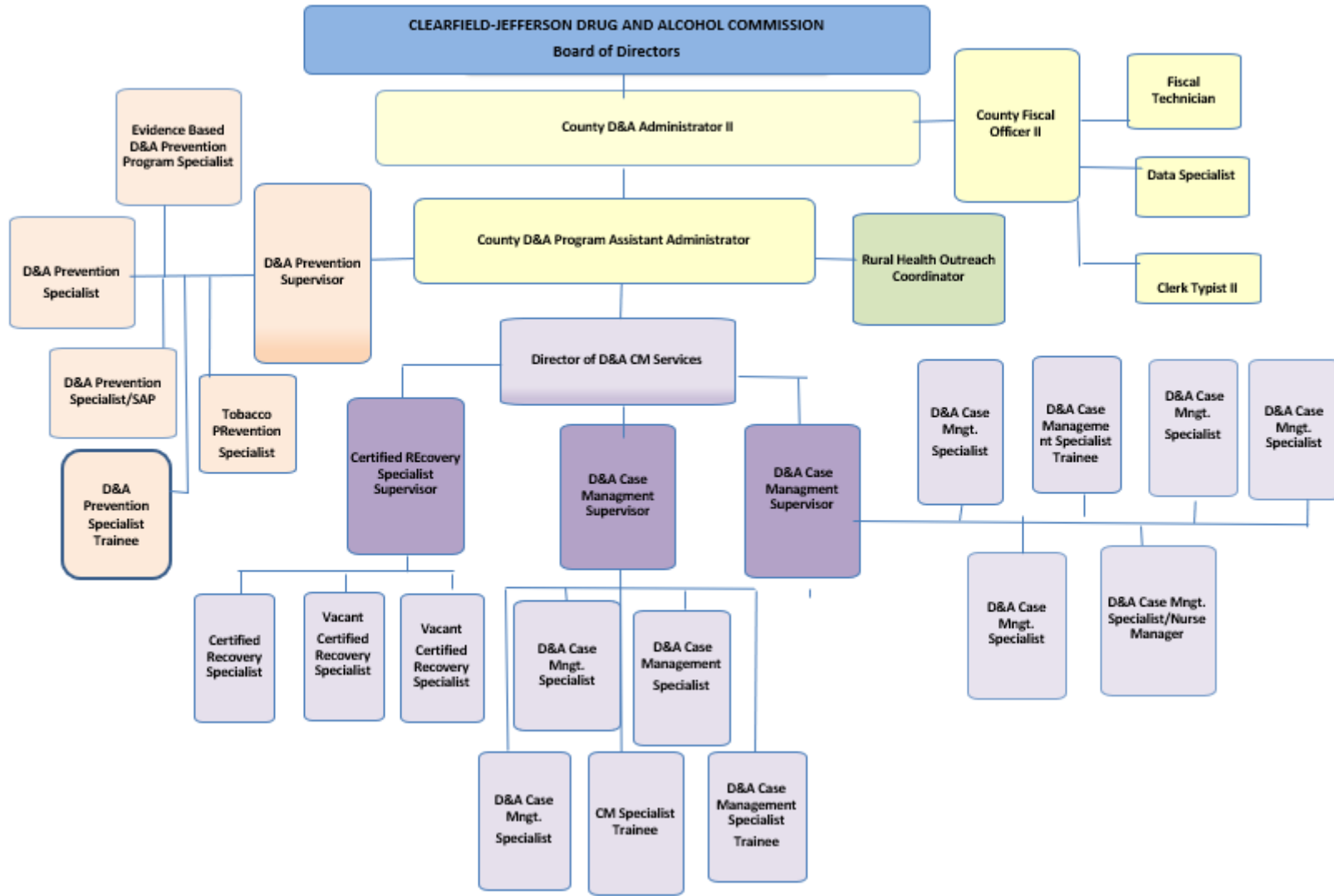
- **Administrative Unit: The Administrative Unit is responsible for direct oversight, planning, and management of all day-to-day business affairs, ensuring compliance with all funding organizations, and developing partnerships with other organizations on a local, county, state, and federal level when necessary, to meet the needs of Clearfield and Jefferson County residents.**
- **Prevention Unit: The Commission maintains a functional Prevention Unit and is responsible for the direct delivery of all drug and alcohol prevention services within Clearfield and Jefferson Counties. This Unit oversees the planning, implementation and evaluation of all evidence-based drug and alcohol prevention programs, along with non-evidence-based program delivery. The Unit oversees the Jefferson County Communities that Care activities and Drug Free Communities Coalition activities.**

- **Intervention Services: The Hepatitis C Screening Program is responsible for direct implementation of the Hepatitis C Screening Program maintained by the Commission. Services include Hepatitis C Screening and follow up services. In addition, the Student Assistance Program functions as a component of Intervention Services and is responsible for providing participation in SAP Core Team meetings, student screenings, Level of Care Assessments and Student Assistance Program training.**
- **Case Management Unit: The Case Management Unit is responsible for all client related services in the SCA including Level of Care Assessments and Case Coordination services. The Center of Excellence Medication Assisted Treatment Program is also a function of the Case Management Unit and is responsible for provision of quality care managers for all individuals receiving Medication Assisted Treatment through the CJDAC/COE and contracted Medication Assisted Treatment Providers.**
- **Treatment: The Clearfield-Jefferson Drug and Alcohol Commission contracts with fifteen providers for all level of care treatment services. This includes three in-county outpatient providers which includes two drug-free facilities and one methadone facility.**
- **Recovery Support: The SCA continues to promote a Recovery Oriented System of Care (ROSC) philosophy in all aspects of SCA programming, both in-house and with contracted providers. A ROSC is a coordinated network of community-based services and supports that are person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems. The CJDAC Certified Recovery Specialist Program employs full-time Certified Recovery Specialists to meet the needs of members. In addition, the SCA contracts with local providers for Certified Recovery Specialist services.**

2019-2020 CJDAC BOARD OF DIRECTORS

- Ruthanne Barbazzeni, Chair.....Clearfield County
Brookville Area School District, Jr/Sr High School Principal
- Denise Katchmarchi, Vice-Chair.....Jefferson County
Physician Educator, UPMC Health
- Dick Magolis, Secretary/Treasurer.....Jefferson County
Retired, Liquor Control Enforcement, PA State Police
- John Welsh.....Jefferson County
Retired, U.S. Census Bureau and Supervisor, Rockwell Manufacturing
- Debra Thomas, RN, BSN, MHA.....Clearfield/Jefferson County
Vice-President of Patient Care Services/Chief Nursing Officer, Penn Highlands Brookville
- Cheryl Craft.....Jefferson County
Homeless Services Coordinator, Community Action Inc.
- John Yargar.....Clearfield County
Retired Funeral Director, Mohney-Yargar Funeral Home
- Ashley Asti.....Clearfield County
Community Outreach/Events Coordinator, Domtar
- Thomas Novario.....Clearfield County
Semi-Retired, Loan Officer, Deposit Bank/Bartender
- Kristen Vida.....Clearfield County
Human Resource Manager, Atlas Pressed Metals
- Bobbie Johnson.....Clearfield County
Director of Mission Advancement/PR, Clearfield County Area Agency on Aging

ORGANIZATIONAL CHART



STAFF MEMBERS JULY 1, 2019 – JUNE 30, 2020

Administrative:

- **Susan M. Ford, Executive Director**
- **Kelly Turner, Deputy Director**
- **Bonne Buck, Fiscal Officer**
- **Lora Welsh, Fiscal Technician**
- **Laura Thompson, Clerk Typist**
- **Brea Troutman, Data Specialist**

Prevention:

- **Karen Orner, Supervisor**
- **Prevention Specialists: Marsha Emhoff, Kristen Nesbit, Jamie Long, Malissa Martino**

Case Management:

- **Carol Jackson, Case Management Director**
- **Tammy Vinglas-Oaks, Case Management Supervisor**
- **Summer Nulf, Case Management Supervisor**
- **Case Management Specialists: Aimee Craft, Tara Blakley, Destiney Cowder, Cassandra McAninch, Grace Earle, Melissa Stuart, Rachel Young, Lauren Charles, Julianna Esposito**

Recovery Support Services:

- **Timothy Clouser, Certified Recovery Specialist Supervisor**
- **Leah Volpe, Certified Recovery Specialist**

ADMINISTRATION OVERVIEW

The Administrative Unit of the SCA is responsible for the assessment of needs, planning, capacity building and implementation of all drug and alcohol prevention, intervention, treatment, case management and other specialized initiatives within the service area. The Commission contracts directly with the PA Department of Drug and Alcohol Programs (DDAP) to implement activities identified on the state and local level.

Accomplishments:

- The Commission successfully executed a five-year contract for continued services with the Pennsylvania Department of Drug and Alcohol Programs (DDAP). Contract monitoring was found to be compliant in all contractual obligations set forth by the DDAP.**
- In addition to primary funding through the DDAP, the Commission retained ongoing specialty funds and initiatives: Restrictive Intermediate Punishment funds through Jefferson County; Act 152 and BHSI funding through the Department of Human Services; Gambling Prevention; Rural Health Opioid Grant through Penn Highlands Healthcare; and State Opioid Response (Prevention, Case Management, Treatment and Recovery Services) through the Substance Abuse Mental Health Services Administration; and Tobacco Prevention funds.**
- The Commission effectively transitioned, with no interruption of services or fiscal instability, from Center of Excellence Grant funding in the 18-19 fiscal year to direct service billing for services in the 19-20 fiscal year.**
- The Commission successfully met the challenge at the end of 19-20 to transition to remote services due to the COVID-19 Pandemic.**

PREVENTION UNIT OVERVIEW

The overall goal of the Prevention Unit is to further the advancement of substance abuse prevention programs, strategies, policies, practices, and procedures throughout the CJDAC service area, based on proven methodologies. Methodologies are based on research, local innovation, and other proven strategies within the substance abuse prevention field. Prevention service delivery is based on the identified needs of communities served and consider both the risk and protective factors present in local communities. The strategic goals and outcomes of the Prevention Unit are completed in collaboration with local and state partners and works with individuals who are identified as “not” in need of treatment services. Services are designed to empower individuals and the community to constructively deal with potential difficult life situations as well as enhance the strengths of at-risk individuals.

Accomplishments

- The Prevention Unit successfully achieved finding new ways to deliver much needed services to schools, families, and community members, in the face of the COVID-19 Pandemic.**
- The Prevention Unit increased agency social media presence through Face Book and Instagram. The Face Book page was instrumental in the sharing of much needed COVID related information, educational materials and activities designed to relieve boredom and stress. Two-hundred forty (240) followers were engaged in the first video message shared with over 25,000 views.**
- The Prevention Unit successfully distributed one thousand information packets filled with recipes, activities and helpful hints for students and families in local school districts during the Pandemic.**
- The Prevention Unit effectively teamed up with the Case Management Unit and the Center of Excellence for Medication Assisted Treatment on the importance and use of naloxone, and the use of the drug take back boxes, trainings information dissemination.**
- The Prevention Unit successfully coordinated the administration of the PA Youth Survey and developed Report Cards for each local school district to share.**

CASE MANAGEMENT UNIT OVERVIEW

The Case Management Unit provides direct care to individuals with a past or present Substance Use Disorder (SUD). Primary case management services include screening, level of care assessment based on American Society of Addiction Medicine III, case coordination, medication assisted treatment, and recovery support services.

Accomplishments

- The Case Management Unit successfully, despite swift capacity expansion, increased the number of individuals seeking services and met the complex needs of those individuals.**
- 537 screens and 407 level of case assessments were completed with case coordination services offered to anyone receiving one of these services. 242 individuals sought acceptance into the SCA's Medicated Assisted Treatment Program.**
- The Case Management Unit effectively accomplished embedding a Case Manager in the Penn Highlands Healthcare Emergency Department to facilitate warm hand offs to treatment services.**
- The Case Management Unit attained the transition of services from on-site and in-community services to remote telehealth services, as the result of the COVID 19 pandemic. Services were maintained in creative ways to provide specialized care and resources to individuals in need, demonstrating a highly adaptable staff.**
- The Case Management Unit successfully, despite many challenges within the treatment system and the rise in Methamphetamine use, provided ongoing services for county residents with increasingly complex needs.**
- The Case Management Unit successfully maintained staff complements, despite the increase noted in the field of drug and alcohol professionals experiencing "Compassion Fatigue".**

RECOVERY SERVICES OVERVIEW

Recovery Services are designed as a supportive peer-led service that engages the SUD individual in recovery activities designed to complement case management and treatment services.

Accomplishments

- **The Recovery Services Program accomplished enrolling and working with 38 individuals during fiscal year 19-20.**
- **The Recovery Services Program effectively provided support to drug court participants in Jefferson County and introduced individuals to the recovery community to seek out sponsors and other recovery supports.**
- **The Recovery Services Program successfully conducted relapse prevention groups in the Jefferson and Clearfield County Jails.**
- **During the COVID-19 shelter in place orders, the Recovery Services program successfully maintained weekly phone contact with clients, provided Zoom meeting information, You Tube videos, online AA and NA meeting information as well as individual phone numbers for recovery supports.**

CENTER OF EXCELLENCE - MEDICATED ASSISTED TREATMENT PROGRAM

The SCA's Center of Excellence (COE) for Medication Assisted Treatment provides access to Medication Assisted Treatment as one of the pathways to recovery.

Accomplishments

- **The SCA realized and managed local service delivery when service delivery was discontinued by an area provider, and expanded care within the SCA network through additional locations and providers.**
- **The SCA successfully offered specialized treatment for pregnant women in conjunction with Life's Journey OB/GYN. Pregnant opiate users were managed effectively on medication to ensure safe deliveries.**
- **The SCA successfully worked with County and State Corrections along with State Parole and the Quehanna Boot Camp to serve those within the criminal justice system.**
- **The SCA effectively maintained the program throughout the COVID 19 pandemic through telehealth services. Contracted physicians prescribed medications and conducted virtual face-to-face follow-ups to engage individuals in their care.**

HEPATITIS C SCREENING PROGRAM OVERVIEW

2019-2020 Hepatitis C Screening Data

Service	Performance Measures	Totals
Outreach	1. Number of non-duplicated contacts	554
	2. Number of clients referred for testing	274
Testing	1. Number of clients given pre-test counseling	498
	2. Number of clients tested	498
	3. Number of clients who tested reactive (positive)	153
	4. Number of clients given post-test counseling	153
Case Management	1. Number of clients referred for medical evaluation (to include follow-up testing)	153
	2. Number of clients who accepted treatment	153
	3. Number of clients who received Hepatitis A & B vaccines	0

Accomplishments

- **The SCA achieved continued collaboration with TruCare Infectious Disease and Dr. Tuesdae Stainbrook, DO, MPH, to conduct Hepatitis C Screens at open walk-in clinics and at numerous community outreach events. This partnership has enabled our testing to reach 498 individuals in the 2019-2020 fiscal year.**
- **The SCA Consortium continued to meet on a quarterly basis throughout the 2019-2020 fiscal year. The largest areas of focus continue to be access to transportation and payment for Hepatitis C treatment. The Consortium continued work with identifying new partners and gaining cooperation from community agencies and businesses regarding Hepatitis C education and screening. Dr. Stainbrook's collaboration with this group has been vital in the restoration of the SCA Hepatitis C program.**

STUDENT ASSISTANCE PROGRAM OVERVIEW

The Commonwealth of Pennsylvania's Student Assistance Program (SAP) utilizes a systematic team approach comprised of professionals from various disciplines within the school district to include, but not be limited to, school counselors, teachers, principals, and SAP liaisons from the Drug and Alcohol and Mental Health Categorical. In addition to being the drug and alcohol representative, the SCA's SAP liaison provides consultation to teams and families regarding the need for referral to community or school-based services and supports or referrals for assessment to determine the need for treatment.

The following provides data on the students referred to the SCA's Liaison's SAP teams for the 2019-2020 school year:

- During the 2019-2020 school year 24 SAP screens were completed by the SCA's SAP Liaison.
- Of 24 SAP Screens it was determined that 17 students would benefit from services outside of the school.
- 15 of the 17 students were referred to services within the mental health system.
- 2 of the 17 students were recommended to complete a drug and alcohol level of care assessment with the SCA's SAP liaison.
- 21 students were referred to SAP for a probation required level of care assessment by their school-based probation officers.
- 21 levels of care assessments resulted in the following treatment recommendations:

Level of Care Recommended	Number of Students Recommended
Early Intervention	2
Outpatient	16
Intensive Outpatient	0
Inpatient/Rehab	1
No Recommendation	2

- **18 of the students followed through with the treatment recommendations. This is a remarkably high level of follow-through and engagement, which reinforces the success and validity of the Student Assistance Program.**

Accomplishments

- **The SCA successfully marked its 35th year for The Student Assistance Program (SAP) in Pennsylvania. The Clearfield-Jefferson Drug and Alcohol Commission employed one of the very first SAP Liaisons in the state and the SCA continues to provide a quality program with efficient use of funds.**
- **The CJDAC successfully maintained its designation as a Pennsylvania Approved Student Assistance Program Training Provider. In the 2019-2020 school year 38 teachers, counselors, and support staff were trained during a local fall training session. The SCA was also contacted by several agencies to provide on-site SAP trainings for their county school district and human services personnel.**
- **The SCA achieved, despite the COVID 19 pandemic, providing SAP Maintenance services for 13 schools, nine of which opted to complete that Maintenance Meeting via Zoom.**

TREATMENT OVERVIEW

It is the responsibility of the Single County Authority to ensure appropriate access to drug and alcohol treatment services for the residents of Clearfield and Jefferson Counties. Individuals in need of assistance are provided a case manager who aids in this process. In addition, the Single County Authority provides funding that may be utilized for drug and alcohol treatment services provided income eligibility guidelines are met.

Accessing Treatment Services

Accessing treatment services occurs in a variety of ways. Self-referral is the primary mechanism of referral; however, the process can begin with a referral from an outside agency or family/friend or a loved one. Drug and alcohol treatment is a voluntary service in Pennsylvania and therefore the process must be self-directed. Individuals who utilize the SCA's Case Management Unit to access treatment are typically in need of funding, in addition to treatment services. Some individuals, who have funding/insurance available find the assistance of a case manager beneficial.

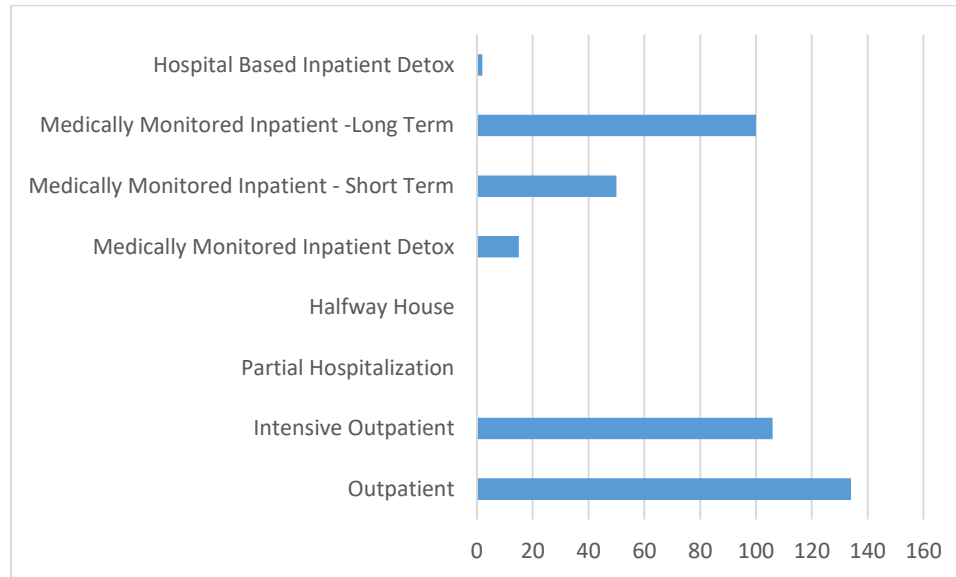
The drug and alcohol treatment system can be difficult to navigate and can create frustration on the part of those seeking services. Understanding the differences between the levels of care and navigating through those requirements can become overwhelming for a person in active addiction and/or people who are unfamiliar with the process. The SCA strives to reduce barriers by encouraging individuals to work with the Case Management Unit. Working through the SCA reduces the length of time between referral and admission to treatment and allows non-treatment needs to be addressed from the onset of engagement. Case Managers are trained in the process of immediate engagement and excel in quickly breaking down barriers to the accessibility of treatment services. As the SCA funds all levels of care, clients find that entering the system through the SCA reduces the number of times that they must repeat their drug and alcohol history and other life information.

Direct referral from the SCA is only one of the ways that an individual may access treatment services. Clients may also present at the provider level for care, as the SCA contract with providers to ensure that the individual can enter directly into a particular level of care. The SCA encourages providers to contact the SCA on behalf of clients regardless of whether the SCA is the payer of record. In this way, the SCA can engage an individual at the onset of the treatment process and begin recovery planning with the individual.

The SCA contracts with outside providers (physicians) to provide Medication Assisted Treatment (MAT) Services. A goal of the program is to facilitate access to MAT in a manner that is easy and comfortable for the individual. The screening and assessment process is identical to other levels of care, with the added request for medication and collection of information that aids the case manager in making appropriate referrals to the various medical models provided through the SCA. If the individual is interested in exploring medication options case management staff collect the necessary information and arrange for an appointment with a contracted provider. The treatment team (Care Management Supervisor, Nurse Manager, Care Manager, CRS's, and the Physician) review motivation, commitment to the treatment process along with attendance at appointments, an adequate support network, a determination is made for entry into the program. The SCA Care and Case Managers assist the individual in system navigation. The only requirement is that the individual must express a level of commitment and acceptance of the treatment recommendation to proceed with the process.

Level of Care Recommendations

All individuals receiving a level of care assessment are provided with a treatment recommendation at the conclusion of the appointment. Case Managers utilize the American Society of Addiction Medicine (ASAM) Criteria III tools to determine the level of care most appropriate for individuals. Below is the breakdown of assessments completed by the SCA from July 1, 2019 through June 30, 2020:



Medication Assisted Treatment

Medications utilized in the SCA's MAT program are methadone, buprenorphine (Brand Name: Suboxone/Subutex) and Naltrexone (Brand Name: Vivitrol). Methadone and Suboxone are opiate based replacement medications administered daily and prescribed under the supervision of a physician. Similarly, Vivitrol must also be administered under a doctor's supervision and requires a prescription. Vivitrol, however, is not opiate based and works by blocking the opiate receptors in the brain. Vivitrol will block the effects of any opiate or alcohol consumed by the individual and is given by injection every 30 days.

All medications are prescribed to individuals who are simultaneously attending drug and alcohol treatment and working with the Center of Excellence, MAT program. During the 2019-2020 fiscal year, 242 individuals were referred for medication-assisted treatment.

Accomplishments

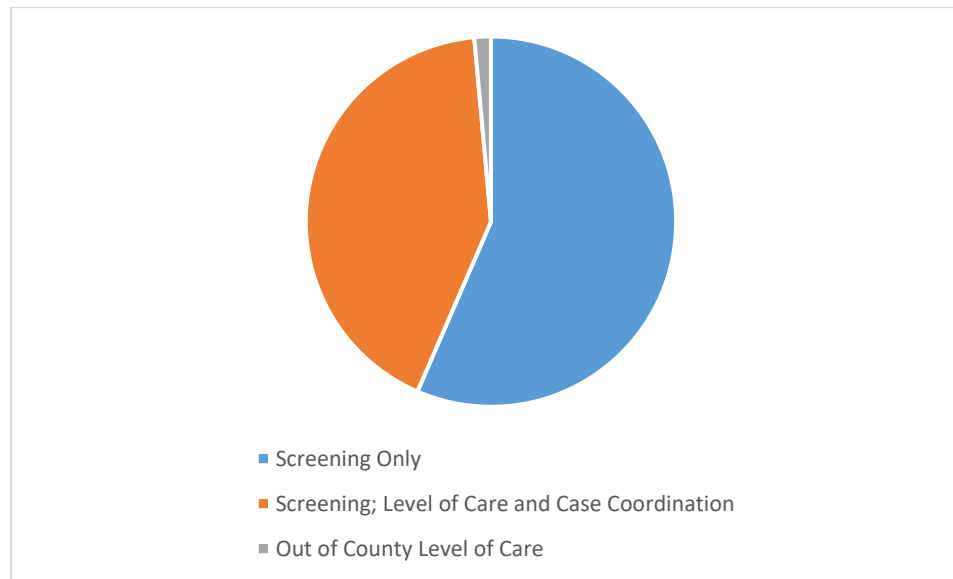
- The SCA successfully maintained contracts with the necessary levels of care to ensure that choice was offered to clients. In addition, the SCA sought out additional providers for levels of care that were difficult to access.**
- The SCA effectively and efficiently transitioned residential contracts in the 2019-2020 fiscal year, to ensure that individuals on Medicated Assisted Treatment may initiate or maintain the medication.**
- The SCA successfully provided funding for individuals with private insurance and high deductibles and co-pays. Additional funds allowed the SCA to divert funds to help this population.**
- The SCA was successful in providing housing funds in emergency situations.**
- The SCA's in-county out-patient providers were able to effectively transition care to telehealth during the COVID 19 pandemic and therefore experienced minimal interruption in services.**

CLIENT DEMOGRAPHICS

This section outlines the data collected on the individuals served by the Case Management Unit. Each graph addresses the primary questions posed to the SCA by community members. The data collected on SCA clients is quite extensive and is available upon request.

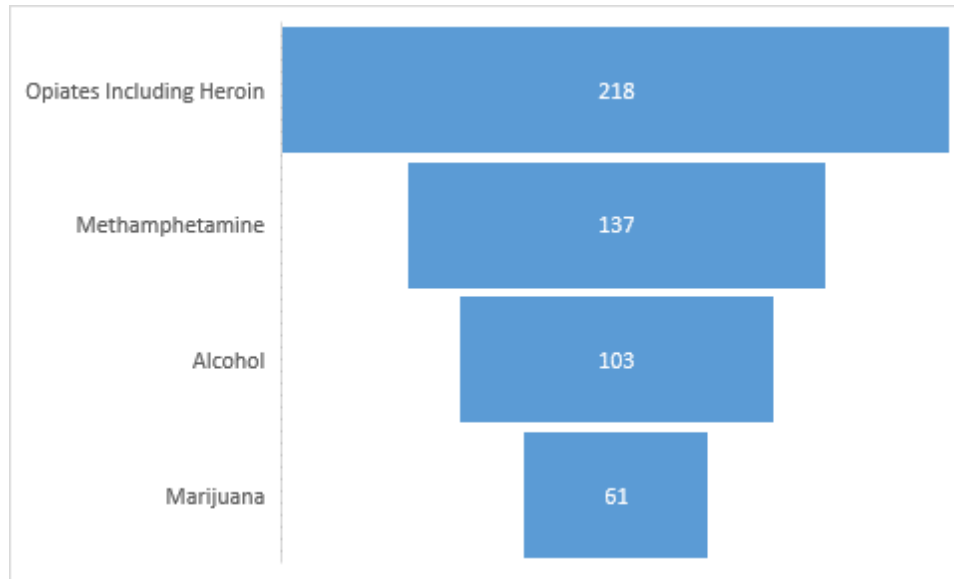
Total Clients Served

This Graph represents all the Individuals who received a case management services during the 2019-2020 fiscal year. The color portions represent all individuals seeking help. Blue indicates the number of individuals who were screened but did not follow through beyond that service. Orange represents those who contacted the agency seeking help with treatment related needs including case coordination services, screens, and level of care assessments. Grey represents those who reside outside of the two-county service area.



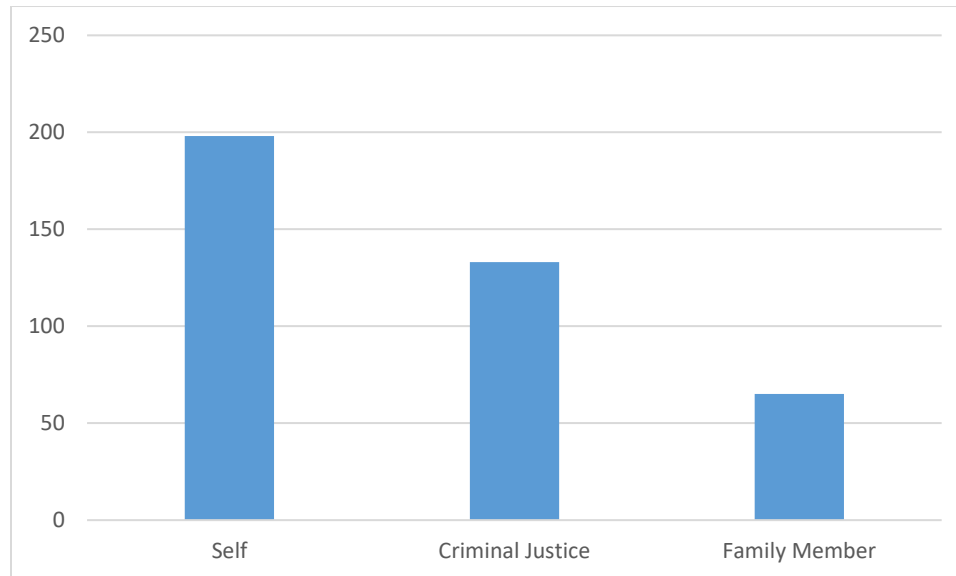
Primary Drug of Choice

All individuals receiving a level of care assessment identify their primary drug of choice. Consistently the top drugs of choice have been opiates, alcohol and marijuana. Over the last couple of years, methamphetamines had been trending up.



Referral Source

Individuals are referred to the SCA through various sources. The SCA maintains a “no wrong door approach”. The top three forms of referral are self-referral, the criminal justice system and family. A self-referral is the preferred method as it tends to show motivation and an acceptance of the need for treatment. The SCA collaborates with the criminal justice system on several programs linking offenders to drug and alcohol treatment. Finally, many referrals originate from phone calls made by a concerned family member.



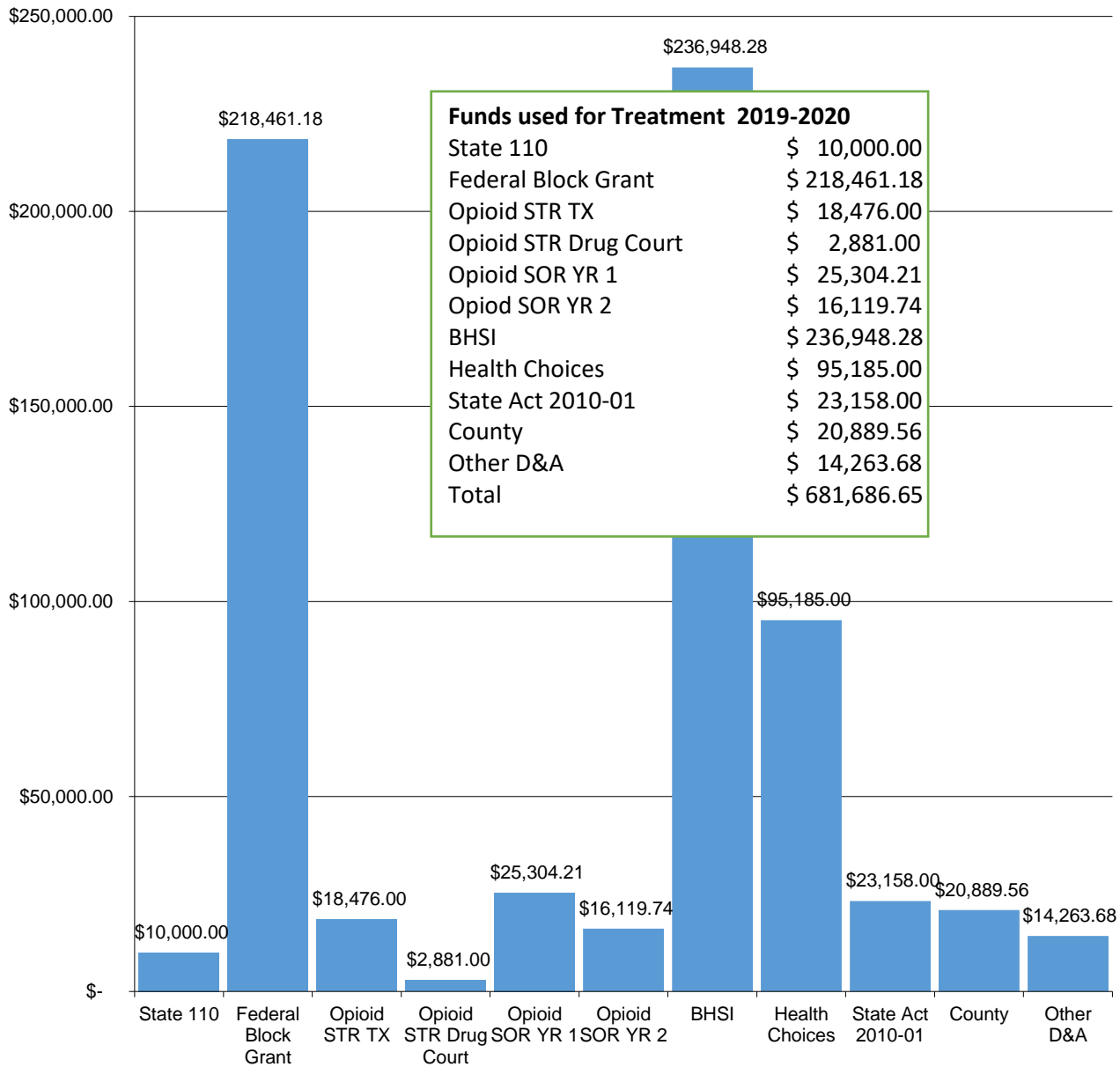
FISCAL OVERVIEW

Revenue

SCA State Revenues	458,964
Heroin SAF	28,380
Federal Revenue Block Grant Prevention	220,157
Federal Revenue Block Grant Treatment	284,719
Federal Revenue Specialty - Alcohol	71,687
Federal Revenue Specialty - Drug	120,348
Race Horse Development	74,757
Gaming Treatment Act 2010-01	23,158
SOR Prevention	68,354
SOR Treatment	144,374
Behavioral Health Special Initiative	161,787
Opioid Use Disorder (OUD)	115,000
Human Services Development Funds HSDF	32,200
DUI Funds	58,629
Strengthening Families (SFP)	37,530
CCBHO	394,507
PCCD Jefferson Co. Grant	80,972
Center of Excellence	109,004
RHOP	51,280
SAEDR	16,752
Other Income	29,040
TOTAL	2,581,599

Expenses	
Administration	150,145
Prevention Services	484,866
Tobacco - Erie Co.	37,530
Hep C	111,953
Race Horse Development	90,244
Center of Excellence	109,004
Case Management	792,993
Gaming Treatment Act 2010-01	23,158
Human Services Development Funds HSDF	32,200
Outpatient Services	246,762
Outpatient Maintenance	192,402
Intensive Outpatient	45,211
Certified Recovery Specialist	109,242
Detox	20,666
Rehab/Inpatient Non-Hospital	117,682
PCCD Jefferson Co. Grant	80,972
Heroin SAF	13,485
Halfway House	805
Non-State/Federal Expenses	64,906
TOTAL	2,724,224

**Clearfield-Jefferson Drug & Alcohol Commission
2019-2020 Treatment Expenses by Funding Stream**



Funds used for Treatment 2019-2020

State 110	\$ 10,000.00
Federal Block Grant	\$218,461.18
Opioid STR TX	\$ 18,476.00
Opioid STR Drug Court	\$ 2,881.00
Opioid SOR YR 1	\$ 25,304.21
Opioid SOR YR 2	\$ 16,119.74
BHSI	\$236,948.28
Health Choices	\$ 95,185.00
State Act 2010-01	\$ 23,158.00
County	\$ 20,889.56
Other D&A	\$ 14,263.68
	\$681,686.65



Drug & Alcohol
Single County Authority