CLEARFIELD/JEFFERSON COUNTY OLMSTEAD PLAN IMPLEMENTATION
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In June 2012 Community Connections of Clearfield Jefferson Counties (CCC-J) developed their Olmstead Plan to reflect and support the "Olmsted Plan for the Pennsylvania State Mental Health System" of January 2011. Through this plan Clearfield and Jefferson Counties supported the goal to end the unnecessary institutionalization of adults who have a serious and persistent mental illness. In February 2013 the county plan was supplemented with their "Housing First Addendum". In August and September of 2016 CCC-J reviewed progress and updated the goals of those plans using the template in the May 2016 update of the "Olmsted Plan for the Pennsylvania State Mental Health System".

I. OLMSTEAD PLANNING PROCESS:

Clearfield and Jefferson Counties' public mental health needs are met and managed by CCC-J. The area is also served by the behavioral health managed care organization, Community Care Behavioral Health (CCBH). In 2015 the population of the two counties was 125,424 (a decrease of 1,418 from 2010). At any given time approximately twenty to twenty five residents from Clearfield or Jefferson Counties are receiving treatment at the institution of Warren State Hospital (WSH). In March of 2016, 27,550 residents were enrolled as members of CCBH and an additional 190 individuals were receiving behavioral health services funded by CCC-J.

In 1997, the Clearfield/Jefferson and the Cameron/Elk/McKean MH/MR Programs formed the first and only Community Hospital Integration Program Project (CHIPP) Consortium in the Commonwealth. The Consortium expanded in 1998, 2002, and 2014 respectively with the addition of the Forest/Warren, Potter, and Clarion Programs.

When an individual is identified as a CHIPP and is returned to the community, their bed is closed at WSH. The funds to treat the individual are transferred to the county program to support the individual in the community or develop programs to divert the individual or others from being admitted to the state hospital.

There is a bed capitation for each Program in a state hospital's Service Area. The Consortium has a cap of fifty three beds. As of September 23, 2016, the Consortium's census at WSH was thirty five, eighteen under its bed cap. Also, the Consortium has never exceeded its bed cap.

Since the implementation of behavioral health managed care clinical services have expanded and flourished in the counties and the full array of traditional clinical and nonclinical services including community inpatient, outpatient, partial hospitalization, intensive outpatient, psychiatric rehabilitation, blended case management, telephone and mobile crisis, medication management, and certified peer support services are available.

This plan was developed in conjunction with the annual Counties' Human Service Plans and sought to be inclusive of individuals with mental illness, their family members, advocates, the behavioral health managed care organization, providers, other stakeholders, and the community at large. The Behavioral Health Department (the Department) of CCC-J regularly meets with contracted providers to monitor service delivery and identify gaps in the system. The Department is represented at each Community Support Program meeting and the county plan is discussed throughout the year to update the Community Support Program on progress and identify new needs. Our consumer driven

Consumer/Family Satisfaction Team (C/FST) service has proven invaluable in obtaining data on what services and supports are vital to our adults and their families. We worked closely with the counties in the CHIPP Consortium served by WSH. The Department regularly participates in the meetings of the Behavioral Health Alliance of Rural PA (BHARP) which represents the twenty three counties in their Health Choices contract. And the Department participates in the Regional Service System Transformation (RSST) meetings hosted by CCBH. Input into planning is ongoing throughout the year.

The primary forums for obtaining input and planning include:

- CCC-J participation in the Community Support Plan formulation of individuals admitted to WSH and cumulative review of those plans. CCC-J reviewed the service and housing needs of the completed Community Support Plans for the individuals currently at WSH. Service and Housing needs of the individuals in WSH include:

Recommended Services (Many individuals need multiple services thus the total is greater than 25)	**Number of Individuals**
OP	25
ICM/BCM	25
Peer Support Services	14
Drop In	14
Psychosocial Rehab Program	8
OVR	8

Housing Choice	**Number of Individuals**
Own Home/Apt	8
Shared Home/Apt	3
Personal Care Boarding Home	4
Nursing Home	6
Enhanced Personal Care Boarding Home	4

- Participation at the quarterly Community Support Program meetings. Included on the agenda of each Community Support Program meeting is input into county planning and how to solve problems as a community. Community social service agencies including the Area Agency on Aging, mental health providers, CCBH, individuals with mental illness, and family members of individuals with mental illness regularly participate in the Community Support Program meetings.

- Stakeholder input was solicited for the Olmstead plan at a special presentation and listening session at the September 20, 2016 Community Support Program meeting. At this meeting one of the consumer members pointed out the recent closing of the DuBois Business College has left their dormitories vacant and suggested they be considered as housing for the disabled. CCC-J has presented this idea to some providers and is waiting to see if there is support for the idea.

- Participation at the CCC-J Advisory and Governing Boards meetings to inform them of the activities of the Department and garner their input on the direction and goals of the Department.

- Participation in the WSH Service Area Plan Committee, Continuity of Care Committees, and the regional CHIPP Consortium to identify regional needs and develop regional services.

- Participation at the monthly BHARP Executive and Central Governing Board meetings and BHARP Certified Peer Support, Dual, Reinvestment, and Recovery subcommittees to identify regional needs and develop regional services.

- The Department participates in both the Clearfield and Jefferson County Criminal Justice Advisory Boards (CJAB) that are comprised of the County Judges, Commissioners, Probation and Parole Directors, County Jail Wardens, D&A Director, District Justices, Children and Youth, Emergency Management Directors, and other stakeholders. The JCABs actively work toward strategic planning for services, including behavioral health and substance abuse, for inmates and parolees. Together the CJABs have established the Right Turn subcommittee comprised of MH, D&A, Probation, the Jail and Victim-Witness members to address diversion of individuals with mental illness from the criminal justice systems.

- The Department regularly participates in the Department of Human Services Risk Management Team meeting held twice a year to monitor issues at our Counties' Personal Care Boarding Homes. The next meeting will be November 8, 2016.

- CCC-J participates in the Clearfield/Jefferson Consortium quarterly meetings along with the D&A Commission, CCBH, providers, Penn Highlands Hospital, and the local PA State Health Nurse. Local issues and needs are discussed at these meetings.

- The Department regularly meets with representatives from both county Area Agencies on Aging to review existing joint ventures, monitor and revise the MOUs, and develop new services.

- The Department monitors the housing needs and homeless population's needs through participation in each County's Local Housing Options Team (LHOT) specifically: the Clearfield County Homeless Prevention Task Force and the Jefferson County Shelter Task Force

II. SERVICES TO BE DEVELOPED:

CCC-J has sought to be inclusive of all stakeholders in developing our Counties' goals. Though an inventory of available housing and services is extensive we have identified the following needs:

a) Prevention and early intervention: the counties have licensed telephone and mobile crisis available 24/7 to all ages and all areas of the counties provided by Universal Community Behavioral Health. In 2015 they provided 6,285 initial telephone crisis services and responded to 3,822 mobile crisis requests. Face-to-face behavioral health evaluations are also available at the ER of Penn Highlands DuBois Campus.

   Penn Highlands is working to expand the capacity of their face-to-face service for all ages to their Clearfield and Brookville ERs through the use of video conferencing technology between campuses and has commenced operations in the Brookville ER and hopes to expand to Clearfield in 2017. The provider has not provided an estimate of the numbers of individuals that will be served.

b) Non-institutional housing options: The counties have a wide variety of supported housing options particularly for chronically homeless individuals and families. We also have homeless shelters and interim apartments available for emergency housing for adults. And, we have a Fairweather Lodge and Fairweather Training Lodge programs for adults.

   CCC-J will continue to explore options to provide more supported housing to disabled individuals that are not experiencing chronic homelessness including Sec 811 properties. We are also working with supporting services to assist individuals in accessing Sec 8 to open up more slots in the existing supported housing program for individuals that may not be eligible for Sec 8.

c) Non-residential treatment services: Clearfield and Jefferson Counties have providers offering most traditional clinical and non-clinical mental health supports for all ages including outpatient, intensive outpatient, telephone and mobile crisis, mobile therapy, administrative and blended case management, site based and mobile psychiatric rehabilitation, and medication management. We have explored utilizing Assertive Community Treatment and Multi-Systemic Therapy and found them to be cost prohibitive given our small population and the vast geography of the counties.

   With the implementation of Managed Care, the Counties have reduced utilization of Residential Treatment Facilities (RTF) the most restrictive/institutional after inpatient treatment for children and adolescents. From July to December 2010 the counties had 58 distinct individuals placed in RTFs and from July to September 2016 the number was reduced to 25. To meet the needs of those children that would have utilized RTFs in the past the Counties have expanded the availability of Individualized Residential Treatment/Community Rehabilitation Residential Host Home (IRT/CRRS), Family Based Mental Health (FBMH), and Community and School Based Behavioral Health (CSBBH) services. Before a child or adolescent is considered for an RTF or IRT/CRRS referral CCC-J will host a CASSP meeting or CCBH will host an Interagency Service Planning Team (ISPT) meeting to explore lesser restrictive services and confirm the medical necessity.

   During the time we participated in a Department of Justice Second Chance Act Grant to reduce Recidivism of adults with Co-Occurring Mental Health and Drug and Alcohol Disorders we had access to funding for transportation for both treatment and non-treatment needs of the participants. We found transportation to be one of the key determinants to the success of individuals in the program. Though initially eligible for Medical Assistance Transportation

Program (MATP), many individuals with behavioral health issues disqualify themselves for MATP through their living arrangements or repeated cancellations/no shows. Also, the limited services in many of our communities and the distances between communities make transportation to non-medical supports a necessity that cannot be met by MATP.

CCC-J will continue to explore options to provide transportation especially easing the transition back to the community after long term inpatient or incarceration or as a diversion to more restrictive living arrangements. We have recently revised our internal P&P regarding transportation services we fund using our CHIPP resources and are considering ways to provide additional transportation. This need will be addressed annually as allowed through our budgeting process.

d) Peer support and peer run services: There are three licensed certified peer specialist programs in our counties. In October of 2016 they employed 108 Peer Specialists and served 357 individuals. Additionally, Peerstar is contracted by CCC-J to provide CPS to inmates in both county jails and follow up in the community with those inmates upon release; included in the total above, Peerstar had 2 Peer Specialists providing services in our county jails and 12 Forensic Peer Specialists serving 46 individuals in our communities. In December 2015 A Few Good Leaders started a CPS program specifically to work with our counties' veterans. This program is still under development but has recently begun to serve their first individuals. Both Peerstar and Cen Clear plan to serve youth between ages 14 and 17 per the December 2016 OMHSAS Bulletin "OMHSAS-16-12". Both providers are waiting for further guidance from OMHSAS and CCBH before providing a timeline of implementation or an estimate of the number of individuals to be served.

   Clearfield County is the home of Roads to Recovery, the Consumer and Family Satisfaction Team (C/FST) contracted by CCBH to conduct satisfaction surveys through Health Choices. They are a 501(c)3 nonprofit that is peer run. In addition to providing C/FST surveys for CCBH, they also conduct surveys for CCC-J and operate a CPS program in Clarion County.

   CCC-J supports the operation of two Drop In Centers for adults. The Cove Drop In Center in DuBois and the Clearfield Wellness and Recovery Center, formerly known as the Dream Team Drop In Center, in Clearfield. The Cove is operated by Venango Training and Development Center (VTDC). The Clearfield Wellness and Recovery Center is operated by the Clearfield Jefferson Drop In Centers, Inc., a 501(c)3 with a majority consumer member board of directors. The Center recently relocated to a new facility and changed their name to emphasize their focus on recovery.

   Though robust, CCC-J would support our existing peer support providers in implementing programming geared towards special populations like the aging or individuals dually diagnosed with an intellectual disability.

e) Supported employment services: CCC-J supports the employment goals of the individuals in our program through a limited sheltered workshop operated by VTDC and started transitioning our employment efforts to a program of employment assessment and training last year operated by Goodwill Industries. We have budgeted to fund up to 8 individuals per year through Goodwill using CHIPP/Base funds. We also fully fund the 12 slot Fairweather Lodge and 4 slot Fairweather

Training Lodge Programs operated by VTDC. Members of the Lodges all seek independent employment.

CCC-J will continue to transfer funding from the sheltered workshop to other supported employment options. Additionally, CCC-J continues to support VTDC in identifying a business they can operate internally through the Fairweather Lodges to train and employ their members.

III. HOUSING IN INTEGRATED SETTINGS:

a) Housing inventory: CCC-J has secured funding through the Western Region Continuum of Care (COC) and the US Department of Housing and Urban Development to fund our "Housing First" permanent supported housing program for chronically homeless disabled individuals and families. Housing First is not merely the name of our program, it is the philosophy that guides our mission and day-to-day operation. Housing First approaches are based on the concept that a homeless individual or household's first and primary need is to obtain stable housing, and that other issues that may affect the household can and should be addressed once housing is obtained. Housing First is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness. Also through neighboring counties in the COC we have permanent supported housing slots available in our counties. This chart identifies the COC programs managed by our Housing Program and the current (October 2016) number of individuals/families served:

Name of Program	Grantee	# of individuals housed in C/J	# of families (individuals) housed in C/J
Housing First	CCC-J	8	2 (4)
Home Again	Cameron Elk MH/IDD/EI	3	
Northwest Regional Housing Alliance (NWHRA)	Lawrence County Community Action	6	2 (5)

Starting in 2012, Clearfield, Jefferson, Cameron, Elk, McKean, Potter, Clarion, Forest, and Warren Counties joined in a Health Choices Reinvestment Project: the Northwest Nine (NW9) Bridge and Master Leasing Program. In the Program individuals receive supported housing for either one year (Master) or two years (Bridge) until they can transition to Sec 8. Currently we have 27 individuals receiving this support. Unfortunately, the project is scheduled to end in September 2017 so no additional referrals are being made.

Clearfield County has two Housing Authorities, the DuBois Housing Authority and the Clearfield Housing Authority; and, Jefferson County has the Jefferson County Housing Authority. All of these programs offer Sec 8 and site based housing programs. Additionally, the DuBois Housing Authority has a COC Shelter + Care Program for the chronically homeless which benefits many of our residents with mental illness.

Other supported housing programs in our counties offering housing include Central PA Community Action (Clearfield County), Community Action, Inc. (Jefferson County Community Action), CenClear Services, and some private development companies.

In addition to supported housing, individuals with serious and persistent mental illness that want to and are able to work may be eligible to live in the CCC-J Fairweather Lodges operated by VTDC. There are three 4-bedroom homes operating as Fairweather Lodges and one 4-bedroom home operating as a Training Lodge.

b) Progress towards integration of housing services: As reported above, there are many supported housing opportunities available to our residents. All of the units are scatted sites in the community identified by the individuals using them so they can access natural supports; physical and behavioral health treatment; and community resources like groceries, work, and transportation. We also have a robust system of behavioral health services to assist individuals in maintain their tenancy including Blended Case Management, Administrative Case Management, peer specialist, site based and mobile psychiatric rehabilitation, Dual Diagnosis Treatment Team (more later), and Drop In Centers. We also have a Health Choices supplemental mobile medication management service provided by Beacon Light.

c) CRR Conversion: Clearfield Jefferson successfully converted their CRR Program to Supported Housing back in 2000 and no longer has a CRR Program.

d) Maximize resources

1. LLA: The counties currently don't have properties participating in the PHFA Section 811 Rental Assistance Demonstration Project. The BHARP Housing Coordinator is currently acting as the Local Lead Agency. If Projects are developed in Clearfield or Jefferson County CCC-J will consider becoming the LLA.

2. Partnerships: Both Counties have active LHOTs supporting collaboration between housing programs. The CCC-J Housing Specialist currently chairs the Clearfield Homeless prevention Task Force (LHOT) and CCC-J is an active member of the Jefferson County Shelter Task Force (LHOT). The LHOTs regularly share information on vacancies and solicit referrals from member programs.

   CCC-J also participates in meetings of the Western PA COC, Northwest PA Regional Homeless Advisory Board (RHAB), the Western Region Housing Options Committee (WRHOC), the Consortium Housing Committee from our CHIPP Program, and the BHARP Housing Workgroup.

IV. SPECIAL POPULATIONS:

a) Individuals with dual diagnosis: Clearfield Jefferson is fortunate to participate in the BHARP Dual Diagnosis Workgroup and helped develop and now has access to the Dual Diagnosis Treatment Team (DDTT) (similar to an ACT) for adults provided by Northwest Human Services and the Community Stabilization and Reintegration Unit (CSRU) (an Adult RTF) provided by Beacon Light for individuals with co-occurring intellectual/developmental disabilities and mental illness. Our SCO and BCM providers regularly consult with CCC-J and BSU staff on complex dual diagnosis cases to assure access to services from both the IDD and MH systems as needed. CCC-J regularly consults with Western Region ODP and OMHSAS through "Complex Case" referrals and

meetings. CCC-J has also utilized the OMHSAS/ODP Positive Practices Resource Team (PPRT) to provide state level complex case consultation in the past.

b) Individuals with co-occurring disorders: Two providers, the Community Guidance Center and Cen-Clear Services provide both licensed mental health outpatient and drug and alcohol counselling services. Both programs strive to train all their staff according to the OMHSAS-06-03 Bulletin in Co-Occurring Competency. Both providers participated in the BHARP Co-occurring Learning Collaborative, an 11 – part training series culminating in CCCDPD or CCBP accreditation. CCC-J provides a full time case-coordinator to transition individuals with co-occurring disorders from incarceration in our county jails back into the community. She closely follows and monitors the services of these individuals for at least two years post release to assure they engage in needed services and can access resources they are eligible for.

c) Individuals with both behavioral health and physical health needs: In 2013 and 2014 the UPMC Center for High-Value Health Care received two Patient-Centered Outcomes Research Institute (PCORI) grants to promote the health, wellness and recovery of adults with serious mental illness. Through these grants GCG and CenClear have been able to employ physical health "wellness" nurses to monitor the physical health needs of individuals enrolled in their behavioral health programs. Also in 2014 GCG relocated their Punxsutawney offices into Primary Health Network's Federally Qualified Health Center giving their members access to one-stop BH/PH services. CCBH conducted presented the "Whole Health Recovery" learning collaborative in 2010 and 2011 that CGC and CenClear participated in. Also, CenClear Services was selected by the PA Department of Human Services as one of ten locations in the state to participate in a demonstration grant as a Certified Community Behavioral Health Clinic (CCBHC). CCBHCs will allow individuals to access a wide array of services at one location and remove the barriers that too often exist across physical and behavioral health systems. For the adults and children with serious mental illnesses and substance abuse disorders that will primarily be served by these community clinics, the increase in coordination and individualized care has the potential to greatly improve the quality of life for those served and loved ones.

d) Individuals with traumatic brain injury (TBI): Outpatient neurology is available in our communities through Penn Highlands Healthcare. CCC-J and our BSU are available to staff complex cases involving TBI with outpatient provides and case management to assure individuals have access to all available community supports. In July of 2013 CCC-J partnered with Penn Highlands to provide clinical training on TBI with an emphasis on our veteran population at our annual "Returning Veterans and Their Families" Conference.

e) Individuals with criminal justice/juvenile justice history: In 2011 and 2012 both counties Criminal Justice Advisory Boards participated in Cross System Mapping and Action Planning exercises presented by the Pennsylvania Mental Health and Justice Center of Excellence. As a result, Clearfield County chose to focus on helping individuals return to the community after incarceration. Clearfield County applied for and was awarded a Department of Justice Second Chance Act Grant totaling $496,031, to develop a reentry program for individuals with co-occurring substance abuse and mental health disorders. The grant was shared with Jefferson County to supplement drug and alcohol treatment pre and post incarceration in the county jails, to provide housing supports post release, and to coordinate care pre and post release. Though the grant funds have been expended, CCC-J continues to employ a full time case coordinator as highlighted above for individuals with co-occurring disorders.

Jefferson County's goal was to establish Crisis Intervention Team (CIT) training for police, corrections, and probation officers. Since 2012 the Right Turn CIT Program has held six week-long training and has trained eighty-four officers in both Jefferson and Clearfield Counties. Since the spring of 2014 the classes have incorporated Mental Health First Aid and Question, Persuade, Refer (QPR) suicide prevention certification. This CIT training will continue to be offered on an annual basis.

CCC-J also funds mental health counseling, county intakes, certified peer specialist, and blended case management services to individuals incarcerated in the county jails.

f) Individuals who are deaf or hearing impaired: CCC-J contracts with a certified interpreter to help providers communicate with individuals that are deaf or hard of hearing. CCBH also provides interpreters for their members as well.

g) Individuals who are experiencing homelessness: Though rural, homelessness is a growing issue in Clearfield and Jefferson Counties. We are fortunate to have multiple providers offering homeless shelters including: Haven House in DuBois, the Good Samaritan Center (men) in Clearfield, Crossroads (DV) in DuBois and Punxsutawney, Passages (Sexual assault) in discrete locations, and Just for Jesus (will house SVPs) in Brookville and Brockway. CCC-J participates in a regional Pennsylvania Transition to Home (PATH) program administered by the Cameron Elk MH/IDD Program to work with adolescents between the ages of 17-30, diagnosed with a serious mental illness that are homeless or at risk of being homeless. The PATH Liaison assists individuals in accessing safe affordable housing and identify as well as attempt to address gaps in services. Career Link also offers assistance to homeless youth by maintaining a list of resources and making referrals. Those that meet criteria will be evaluated and then can relocate to shelters in the area. They will also assist in getting them into workshops/programs to obtain an income to remain housed. CCC-J also uses CHIPP funding to maintain two "interim" apartments for individuals transitioning from long term inpatient or incarceration back into the community or as diversion from restrictive placement for up to 30 days. Supported Housing resources were described in section IIIa above including the CCC-J administered Housing First program, a permanent supported housing program for chronically homeless individuals with mental illness and their families.

h) Older adults: CCC-J has been working with both County Area Agencies on Aging (AAA) to improve mental health services available to older adults. The Department has current Memorandums of Understanding (MOU) with each County Office of Aging which are regularly revised to reflect the changes in services.

In 2006 CCC-J and the Jefferson County AAA recognized inconsistencies in access to and delivery of emergency services for older adults in the County. Mental health mobile crisis and aging protective services were not versed in the others services leading to a lack of cooperation between the programs and poor service delivery. Leaders from the CCC-J, the crisis service provider, and Jefferson AAA developed and implemented a Joint Older Adult Crisis Team (JOACT). This involves two full days of training for the mobile crisis and protective service workers on the clinical issues of older adults and operational procedures of the JOACT. Both the mobile crisis provider and the AAA protective services have committed to working on joint cases to resolution. This has resulted in better and faster emergency services for this population and

fewer complaints about services. In 2008 the JOACT program expanded to Clearfield County. This innovative project has been recognized by the PA Behavioral Health and Aging Coalition as a potential EBP.

CCC-J, CJ Crisis, and both county AAAs participated in the PA Behavioral Health and Aging Coalition Cross System Collaborative Technical Assistance Calls in 2015-16 and also presented on the JOACT at the 2016 Behavioral Health and Aging Best Practices Forum June 20, 2016.

i) Individuals who are medically fragile: Clearfield Jefferson has six individuals being treated at WSH that may be appropriate for Nursing Home care. In 2015 the CCC-J CHIPP Coordinator met with 4 local nursing homes. She explained the population at WSH that are medically fragile that may benefit from being returned to our counties. She took staff from two nursing homes to WSH to tour and meet the individuals. Although the nursing homes expressed interest, they have not accepted any of our individuals yet. In addition to the individuals medical and mental health needs discharges of these individuals are also complicated by the fact that some of the individuals are incompetent and will need guardian or power of attorney in the community.

   Further information on the medically fragile population is included in the physical health and behavioral health description above.

j) Individuals with limited English proficiency: The population of Clearfield and Jefferson Counties are homogenous. Only 4.3% of Clearfield County households and 3.4% of Jefferson County households reported using a language other than English in the home during 2010-14 according to the US Census. If non English Speaking individuals are encountered in the behavioral health system they are accommodated through the use of interpreters as needed. Historically, local colleges and universities have been used to access interpreters.

k) Transition age youth including young adults: Historically Clearfield and Jefferson Counties have intensively utilized Residential Treatment Facilities (RTF) having an average annual placement (prior to 2014) rate of about 65 youth. In 2015 the placement rate decreased to about 30 and in June 2016 only 15 children were in RTF placement. This number is volatile and we will continue to monitor it and work closely with referral sources to divert from placement and with RTF's to plan discharges as soon as treatment begins.

   Efforts to reduce the utilization of RTFs were described in Sec II c above.

   The PATH program described in Sec. IV g above is also used to divert transition age youth from institutional placement. The PATH coordinator has been successful in helping individuals achieve safe living situations and to help them get connected to the supports within other systems that can help them move on with their lives – especially education and vocation.