

Appendix A
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: Crawford

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B. The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to DPW of Public Welfare.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Francis F. Weiderspahn	Date: 6/19/14
	Jack P. Lynch	Date: 6/19/14
	C. Sherman Allen	Date: 6/19/14

Appendix B

Crawford County Human Services Block Grant Plan FY 14/15

The County Human Services Plan Template is to be used to submit the information as outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department, as directed in the Bulletin.

PART I: COUNTY PLANNING PROCESS

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds. Counties should clearly identify:

1. Critical stakeholder groups including individuals who receive services, families of service recipients, consumer groups, providers, and partners from other systems;
2. How these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement;

Crawford County's Human Services Block Grant Planning Team is currently comprised of a variety of planning partners. Many representatives from the following groups serve on multiple planning teams in the County. This allows information to flow across systems in the most natural way possible. Following are a compilation of the groups that collaborate on a regular basis to identify unmet needs, brainstorm solutions and monitor processes within Crawford County:

Crawford County System of Care (SOC) Partnership – The Crawford County SOC is managed by the County Leadership Team comprised of senior representatives from Crawford County Human Services, Juvenile Justice Department, Crawford County Drug and Alcohol Executive Commission, Education and Mental Health services, as well as 5 adult family members, 3 youth members and community organization partners. The group is responsible for implementation of the PA SOC Partnership Standards: Youth Driven, Family Driven, Leadership Teams, Integrated Child-Serving Systems, Natural and Community Supports, and Cultural and Linguistic Competence. The Crawford County SOC has met regularly for the past year and is a natural fit as the core planning group for the Block Grant.

MH Planning Teams - Crawford County's mental health planning team meets at least quarterly to discuss unmet needs of those living with mental illness in the community. Active participants include representation from Crawford County Human Services, Blended Case Management, Active Aging, mental health stakeholders including consumers of mental health services, representatives from the Consumer Satisfaction Team and representatives from Crawford County Drug and Alcohol Executive Commission.

ID Planning Teams – Crawford County utilizes a variety of existing ID committees to review data, usage, and brainstorm ideas for future HSBG use. Some of these include:

- Crawford County Quality Council - AE meets quarterly with Crawford and surrounding county ID providers, IM4Q, and HCQU representatives to review programming issues,

quality trends, miscellaneous field changes, and potential needs for the Crawford County area.

- SCO/AE Review Committee – AE meets weekly with SCO to review HSBG individual service requests, programmatic issues, individual/provider trends, individual concerns, and miscellaneous field changes or quality improvement topics.
- Provider Program Specialists and SCO Trainings/Meetings – AE meets at least annually with SCO and Provider Program Specialists as a group to review changing field topics, address misconceptions, discuss improvement strategies, examine current usage of service, and develop ideas for ongoing improvement.
- HSBG Program Funded Services Review Committee – AE meets annually with HSBG program funded provider, The Arc of Crawford County. AE and The Arc have contact on an ongoing basis regarding HSBG service usage and individual needs. The Arc submits monthly individualized usage reports for each of their HSBG funded services. Usage reports are reviewed by AE and SCO monthly for monitoring and coordinating purposes.
- ID/MH Year-End Projections Committee – AE ID staff, AE MH staff and AE fiscal staff coordinate together at least annually to identify potentially available HSBG funding, prioritize individual/provider need that has not been addressed throughout the fiscal year with HSBG funding, and identify how HSBG funding can assist with requests. Many individuals eligible for ID also utilize MH services. Coordinating ID and MH funding with requests is a collaborative effort between both ID and MH.

Children and Youth Planning Teams – These teams includes the planning committee for the Needs Based Plan and Budget which is comprised of Crawford County Human Services staff and representatives from Juvenile Probation as well as the Child Advisory Council that is made up of the same representatives as above with the addition of a vast array of service providers, community partners, education, law enforcement and local government and the Children’s Round Table which further expands the previously mentioned participants to include court staff.

Drug and Alcohol Planning Teams – Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) serves on numerous advisory boards, steering committees, executive boards and has collaborated with various community services with organizations throughout the region. Included are Crawford County Criminal Justice Advisory Board, Crawford County Children’s Advisory Council, Titusville Coordinated School Health Council, Safe Kids, Child Death Review Team, Suicide Task Force, Children’s Integrated Services Committee, Community Council, Coalition on Housing Needs, and the SHIP (State Health Improvement Plan) Committee. CCDAEC has recently joined the forming Systems of Care Board.

3. How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. ***For those counties participating in the County Human Services Block Grant***, funding can be shifted between categorical areas based on the determination of local need and within the parameters established for the Block Grant;

Crawford County consistently strives to serve our community with the most appropriate and effective services in the least restrictive settings. The enhanced ability to shift Block Grant funds within categorical line items and across categoricals enables our county to

fund services where the needs are rather than having to return unspent funds that were designated solely for a service and or consumer population that simply doesn't exist in our community. This opportunity to "move our own money" has been beneficial. For example, in the mental health section we were able to implement transitional housing units for youth aging out of the child-serving system. This has been an ongoing need in our county for many years.

4. Substantial programmatic and/or funding changes being made as a result of last year's outcomes.

While no *significant* programmatic or funding changes are being planned, Crawford County continues to monitor the use and effectiveness of all BG funded services and make budget shifts as necessary. For instance, we experienced a cost reduction in Admin fees for our Grant Manager position within the HSDF and HAP sections of the 13/14 Block Grant because she was assigned new tasks that were able to be allocated across additional categorical funding streams. This savings in BG Admin costs allowed us to move more funding to the Homeless Assistance Services line item for 14/15, and this will provide additional funds for Rental Assistance.

We also shifted \$38,513 from MST to the PA Promising Practice program - Intensive Family. The projected decrease in needed block grant funding for MST in 14/15 is due to a realized increase of more Value eligible youth participating in MST than youth covered by Base funds during 13/14.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.

Please provide the following:

1. Proof of publication of notice – Please find these attached to the end of the Plan
2. Actual date(s) of public hearing(s) – Public Hearing 1 on June 12, 2014; Public Hearing 2 on July 1, 2014
3. A summary of each public hearing. – The first Public Hearing for FY 14/15 HSBG was held in the Presentation Center at Crawford County Human Services at 10 AM on June 12, 2014, in conjunction with a standing Provider Meeting that occurs quarterly. Mark Weindorf presented information about the 14/15 HSBG. He noted that the block grant allows the county to move a percentage of funds from one program categorical to another if/as needed. The county is not able to request more funds annually than what they were originally granted upon entering the HSBG process in FY 12/13. It was noted that some of this year's funds were used for the CHIPP Diversionary Housing Program which CHAPS (MH categorical) is running and also some Transitional Housing for

Young Adults that Child to Family Connections (CYS categorical) is running. Crawford County Drug and Alcohol also received some additional funds that were transferred from under-spending scenarios in another categorical. This year, the county is be able to move up to 50% of funds from one categorical to another, although Mark reported that he did not anticipate the need to move much at all. Any funds not expended at the end of the year do not go back to the State, so the agency offers funds to providers as available/needed.

The second FY 14/15 HSBG Public Hearing was held on July 1, 2014 at 11:30 am in the Administration Conference Room at Crawford County Human Services. Mark Weindorf presented information about the 14/15 HSBG including a little history and overview of the process. He relayed o the group some of the projects that were able to happen this year as a result of retained block grant funds from last year. These included transitional housing for CHIPP consumers and transitional housing for youth. The cost savings reinvestment of funds back into HAP services and the funding shift from MST to Intensive Family services were also noted. It was asked if the local hospital's Community Health Needs Assessment may come into play with block grant funds in the future. Staff from Crawford County Human Services are on the Community Health Needs Assessment committee so there will continue to be a seamless flow of information.

PART III: WAIVER REQUEST
(applicable only to Block Grant Counties)

If you are requesting a waiver from the minimum expenditure level for any categorical area, provide the justification for the request.

Crawford County is not requesting a waiver as of the submission of the FY 14/15 Human Services Block Grant.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

The discussions in this section should take into account supports and services funded (or to be funded) with all available funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

The Crawford County Mental Health planning team consists of members from three community voices which include mental health consumers/family members, community stakeholders and mental health providers. Since the submission of the 13/14 Block Grant plan, the committee regrouped and decided to create a subcommittee to focus solely on the housing needs of the transitional age population. The team was very instrumental in outlining what the housing program should look like, helping the selected provider anticipate potential needs of the population served and monitoring the success/obstacles of the program. Now that the transitional program has been established, the entire Mental Health committee will start meeting again to determine what unmet or underserved need(s) will be focused on in the new fiscal year.

Program Highlights:

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system.

a) Strengths and Unmet Needs:

Provide an overview of the strengths and unmet needs for the following target populations served by the behavioral health system:

Since the submission of last year's HSBG plan, two new housing supportive housing opportunities have been created for residents in Crawford County who are also involved with Human Services. These new housing opportunities can support up to six individuals at one given time. Human Service will be tracking data on the individuals served and reporting on this in subsequent plans.

- **Older Adults (ages 60 and above)**
 - **Strengths:** Crawford County Human Services is a member of the Crawford County LINK quarterly meetings as well as cross trainings. The local Active Area Agency on Aging representative attends monthly meetings with contracted mental health providers to better case manage and plan for individuals who are involved in both systems. One of the Drop in Centers in our county is affiliated with the Active Aging. This has proven beneficial to the individuals who are active in both supports.
 - **Needs:** Crawford County is very fortunate to have access to domiciliary care homes. We have found that for some individuals Dom Care fits nicely into their spectrum of care. Because of this, Crawford County Human Services will continue to work with the local Area Agency on Aging on exploring the possibility of expanding the program to meet the community living needs of individuals living with a mental illness.
- **Adults (ages 18 and above)**
 - **Strengths:** In this past fiscal year, Crawford County residents were able to access two LTSR (Long Term Structure Residential) facilities. In the past year six individuals have used this support and were essentially diverted from more costly longer term care at Warren State Hospital. Individuals in Crawford County also have access to short term diversion respite beds. The intent of this program is for short term respite care in order to support someone so that they do not escalate to need for an inpatient admission at the local hospital. The diversion beds are also used if someone needs to transition back into the community from an inpatient stay. Twenty one individuals utilized this support during this current fiscal year.
 - **Needs:** LTSR services closer to Crawford County would be advantageous to the continuum care planning.

- **Transition-age Youth (ages 18-26)**
 - **Strengths:** Crawford County Human Services has partnered with a community agency to provide two apartments for the transitional age population living in this county. Individuals living in the transitional apartment are also counseled on Independent Living skills, assisted with vocational goals and social aspirations. This program began in April 2014 and is relatively new. Data will be collected and analyzed periodically and shared with the mental health planning committee that was instrumental in getting the program off the ground.
 - **Needs:** The early identification of youth in need is critical. In Crawford County we are finding that although youth in need may have a plethora of needs, meeting their basic needs and gaining their trust is paramount and must be done first to build rapport.

- **Children (under 18).** Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.
 - **Strengths:** Provider/Educator Committee - The Provider/Educator Committee is a group of professionals representing Behavioral Health and Educational systems with the purpose of collaborating together to improve cross-system issues that have an effect on how families access and follow through with services across settings. The committee is facilitated by the County MH Children's Program Specialist and meets bi-monthly to identify the concerns and barriers and then works to find solutions to meet the needs identified by all participants. Representatives from the Managed Care Organization (VBH) also attend regularly to assist with any access issues that may be occurring within the MCO protocols and procedures. This committee plans to hold meetings at various school districts in order to allow for more participation and direct input from school personnel.

Suicide Task Force - In 2011, after a local suicide of a husband (and father to several young children), a call to action by professional and individual community members alike was acknowledged by CCHS. It became acutely evident that there was a gap in services being offered to people who had suffered the loss of a loved one by suicide. Along with support for surviving loved ones, the need was also evident for increased awareness and outreach opportunities, focusing jointly on the risk factors that may put one at greater risk for suicide as well as protective factors that could reduce the tendency to attempt suicide. With that mission in mind, CCHS supported the development of the Crawford County Suicide Task Force, a community organization initiative incorporating representation from professionals and community members. CCSTF is committed to helping children, teens and adults at risk for suicide, as well as their families and communities affected by suicide through providing opportunities for education, advocacy and support. The Crawford County Suicide Task Force Steering Committee meets monthly and is made up of approximately 15 Steering

Members from a large-cross section of professionals and community members, representing service areas including physical health, outpatient mental health, behavioral health, education, crisis intervention, and surviving family members.

Specialized Therapy/psycho-education – Crawford County Human Services recognizes the need for individualized treatment modalities that address specific mental health needs of a child such as RAD (Reactive Attachment Disorder). However, one of the key components to successful treatment of any diagnosis is parent education. CCHS has allocated funding for psycho-educational interventions with parents/guardians on a case by case basis. The overall goal of parent education to help the caregivers understand the specific symptoms of a child’s diagnosis in order to gain full investment on the parent’s part, which in turn leads to more successful treatment for the child and reduces the risk of higher level of interventions. The County identified a need to work with a consultant to review and identify true RAD cases and diagnoses. This consultant was to look at options and possible program development to help determine most effective treatment for consumers with RAD diagnoses. CCHS will continue to allocate funds for the specific psycho-educational training for parents/caregivers.

Family Based Mental Health - FBMH is the most intensive comprehensive in-home service that is offered to children that are “at risk” of placement. A licensed psychologist, psychiatrist or physician must prescribe services. FBMH services are team delivered with a focus on structural family therapy. The highest priority is to preserve the family unit by creating a safe and healthy family environment, which will prevent psychiatric hospitalization or out-of-home placement of a child or adolescent with emotional disturbances. FBMH is funded by Value Behavioral Health/ MCO; however, there are situations when a family does not have Medical Assistance and therefore, risk delay of service and increase the potential for a more intense level of care to be needed. Consequently, the Crawford County allocates specific funds to be available to initiate this level of care until a family completes the Medical Assistance process.

Student Assistance Program (SAP) - The Student Assistance Program is a systematic process composed of professionals from various disciplines within the school and liaisons from community agencies. These select professionals are trained to use effective and professional techniques to identify and remove or mitigate non-academic barriers to learning; in collaboration with families, to strategize for and/or refer indentified students for assistance to facilitate their school success. When the issue is beyond the scope of in-school services, the team will assist the parent and student with information so that they may access services within the community. A professionally trained SAP mental health liaison provides consultation, education and assessment services to teams and families regarding the need for referral to community and/or school based assessment and intervention services. The SAP core teams do not diagnose, treat, or refer for treatment. Rather they identify and refer for a level of care assessment. Crawford County continues to see an increase in the need for Student Assistant Program services and will continue to support the local SAP Liaison in her role of

collaborating with schools to identify at-risk children. Following are some to date figures for SAP during FY 13/14:

- The Total number of SAP student assessments for 13/14 were 243
 - Total number of MH only assessments were 152
 - Total number of dual assessments (both D/A and MH) were 243
 - Total number of youth referred to in-school MH Intervention services were 153 (This is the number that are actually receiving services. Some of the youth refused services.)
 - Total number of referrals for Out Patient MH services were 46
 - Total number of referrals to the Crawford County BSU were 4
 - Total number of referrals made to other services in the community were 9
- Child and Adolescent Service System Program (CASSP) – Crawford County also utilizes a CASSP Coordinator to improve and develop a comprehensive, coordinated, and collaborative system of service to children/adolescents and their families with multi- system needs. Approximately 71 meetings were facilitated during FY 12/13.

Needs: Crisis Intervention (Acute Mobile Therapeutic Community Outreach intervention) - Crawford County Human Services has realized an increased need within our community to provide Acute Mobile Community Outreach Therapeutic Interventions on an ‘as needed’ or ‘by special request’ basis. This acute therapeutic intervention is in direct response to requests for immediate professional support for individuals within the community such as families, adults, and children across settings, who have been directly affected by an overwhelming tragic event such as sudden death of a family member, peer, coworker or faculty member by suicide or homicide. The intensity of a sudden death not only affects the individuals directly involved with the deceased but in many cases, can affect the community as a whole such as in the case of a death of a student; the entire school community can be mourning en masse.

Since the inception of this new outreach, the request for this level of intervention has continued. Crawford County recognizes the importance of immediate as well as ongoing crisis intervention during stressful events that affect individuals as well as the community as a whole. Based on the continued request for this level of intervention, Crawford County Human Services plans to continue to offer acute support during the most intense time of need; providing the least restrictive support to aid the grieving individual, family, and /or community stabilize until they can be linked with professional, ongoing supports and resources as appropriate. CCHS will continue to collaborate with professional community members during an acute crisis, with the goal to stabilize and then refer to ongoing treatment as appropriate.

School Based Mental Health – School-based outpatient mental health is an unmet level of care identified by local mental health professionals as well as school districts for children in Crawford County. The wide geographical area within our

County is a barrier to accessing treatment for many families. The need for early identification and easy access to treatment, lends itself to making school-based outpatient services an effective way to reach children whose success across settings, including school, is being impeded by untreated mental health issues. Based on referrals and numbers of identified children at risk of higher level mental health interventions, Crawford County plans to continue to support all school-based mental health programs and continues to see the need for increased service expansion into new districts. Following are some of the stats from the current SBMH programs in Crawford County:

- Trauma Focused (Maplewood Elementary) - The need continues to be verified by the number of referrals being made to SBMH OP. The school continues to express the benefit to having an 'on site' MH outpatient services as a way to increase supports and consistency for MH treatment; which then allows for more success overall in the academic setting.
- School-Based Outpatient (Titusville – district-wide) – The Outpatient school based services work with students who are MA eligible and privately insured, and are requiring occasional mental health and/or drug and alcohol counseling, individual, family and/or group therapy or medication management. As of mid-June 2014, 79 kids were involved in this program and another 21 referrals were made, but not served.
- In meeting with the Titusville School District a need for a support person in their school was expressed. They felt that this person could help the families deal with the underlying problems in their home (e.g. homelessness, utilities being shut off, lack of food in the home) which could lead to a decrease in many issues such as truancy and behavioral problems. The school would like to use this person to increase support and consistency for the families in their district who have little help. The County is developing a Resource Coordination position for Titusville School District to help with the problem areas within the family unit that may prevent children from excelling in school. This position will be housed at the school.
- School-Based MH – SOAR program - School Based Mental Health programs serve children, grades K-12, who are MA eligible and meet medical necessity for behavioral health rehabilitation services. An eligible child must present social, emotional or behavioral issues that result in impairment that substantially interferes with or limits the child's role or functioning in a school environment. SOAR has been servicing children in the Penncrest School District in this capacity since 2008 and continues to receive ongoing referrals for children in need of School-based mental Health supports.
- ROAR was implemented in Maplewood Elementary in August of 2013.
- SMART was implemented in Crawford Central in three elementary schools (1st District, 2nd District and Neason Hill) in March of 2014.

Identify the strengths and unmet needs for the following special/underserved populations. If the county does not serve a particular population, please indicate.

- **Individuals transitioning out of state hospitals**
 - **Strengths:** Crawford County participated in a two person CHIPP at warren State Hospital. Through this initiative two very needy individual were able to be discharged from the state hospital and are living in a supported apartment in the community. Also through the CHIPP initiative and funding these individuals are able to have access to unique supports.
 - **Needs:** Since the availability of diversion services like the LTSR, we have found that the local hospital is more agreeable to look at alternatives to long term hospitalization at the state hospital. The bed reduction at the State Hospital will be an adjustment but the county will continue to work closely with the community mental health providers to acclimate to this change. Our county continues to work with the state hospital on clearly defining and preparing individuals to get them “community discharge” ready as opposed to just discharge ready. After being at the state hospital a person becomes accustomed to the routine and predictability of the day and becomes somewhat dependent on the staff for direction and assistance. When a person is discharged to the community it is difficult to adjust to a routine and new, unpredictable expectations. The person is expected to be much more independent compared to what they may be used to in the hospital setting. They also do not have access to the same level of supports that they were used to at the State Hospital (ie. Daily therapy sessions, someone administering medications at every dose, meal preparation, etc.). Individuals transitioning out of the state hospital need to be placed on a “discharge track” while still in the hospital setting to allow them to more gradually and effectively transition into the community.
- **Co-occurring Mental Health/Substance Abuse** – This is discussed within the D & A section.
 - **Strengths:** Case Managers through Crawford County Human Services attend Drug and Alcohol awareness training and work closely with the support staff at Crawford County Drug and Alcohol Executive Commission if they share a case.
 - **Needs:** Traditionally Drug and Alcohol supports has not been pulled into the discharge planning process or ongoing monthly treatment team meetings; they only serve as an aftercare support once the person is already living in the community. In the future, our office will make a more concerted effort to make the Drug and Alcohol Executive Commission aware of individuals who are dually diagnosed with mental illness and substance abuse. With the individuals consent, there will be an opportunity for Substance Support Services to be an active partner in the individuals’ transition into the community which will hopefully allow the individual to become more familiar with available substance abuse supports.
- **Justice-involved individuals**

- **Strengths:** The Crawford County Forensic Planning team continues to meet monthly to discuss upcoming releases from the County Jail and complex cases that need special attention. This group has been able to make significant progress with making sure individuals have the needed services and supports upon re-entry into the community.
- **Needs:** The current focus of supports is a release and post release. More of an effort needs to be placed on the pre-sentencing phase of incarceration.
- **Veterans:**
 - **Strengths:** NAMI has been instrumental recently in Crawford County with bringing attention to veterans and their mental health needs.
 - **Needs:** Continue to better understand the needs of this population and how to best serve their needs.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
 - **Strengths:** Out of the recent CSP (Community Support Program) a member expressed concern that the needs/ideas of this population were not being addressed. The member then started a support group for individuals who identify themselves as LGBTQI.
 - **Needs:** A better understanding of the needs and attributes of this population.
- **Racial/Ethnic/Linguistic minorities** – Not applicable in Crawford County
 - **Strengths:**
 - **Needs:**
- **Other, if any (please specify)** - None
 - **Strengths:**
 - **Needs:**

b) Recovery-Oriented Systems Transformation:

Describe the recovery-oriented systems transformation efforts the county plans to initiate in the current year to address concerns and unmet needs.

For **each** Transformation Priority provide:

- A brief narrative description of the priority
- A time line to accomplish the transformation priorities

- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).
- A plan/mechanism for tracking implementation of priorities.

Crawford County Human Services continues to strive to transform the current system of care into one that is more recovery oriented. Housing is one of the most basic needs all individuals need and want. A safe and stable place to live is an essential component to a person's success. With basic needs met, people are able to turn their attention to the next level of care and supports they need. During this new fiscal year, the mental health planning committee will focus on expanding housing options to individuals within Crawford County. This will include continuing to meet with the Area Agency on Aging to explore the possibility of expanding the current Dom Care program by certifying new homes or by increasing the number of individuals who have access to the current Dom Care providers. The planning committee will also be closely monitoring the new transitional housing program for successes and barriers in the program. The planning committee and county recognize that it is important to keep individuals as close to their home county as possible when they are receiving treatment. In the upcoming year, we will work to contract with an LTSR that is close to our community.

Emphasis will also be placed on forensic services and looking at alternative program to incarceration for individuals who have a mental illness and have a minor criminal offense.

TANSFORMATION PRIORITY 1

*Crawford County Human Services continues to strive to transform the current system of care into one that is more recovery oriented. Housing is one of the most basic needs all individuals need and want. A safe and stable place to live is an essential component to a person's success. With basic needs met, people are able to turn their attention to the next level of care and supports they need.

*During this new fiscal year, the mental health planning committee will focus on expanding housing options to individuals within Crawford County. This will include continuing to meet with the Area Agency on Aging to explore the possibility of expanding the current Dom Care program by certifying new homes or by increasing the number of individuals who have access to the current Dom Care providers. The planning committee will also be closely monitoring the new transitional housing program for successes and barriers in the program. The planning committee and county recognize that it is important to keep individuals as close to their home county as possible when they are receiving treatment.

*This cannot be determined yet as we need to understand the magnitude of the need.

*Tracking of implementation would occur through ongoing planning meetings with consumers and stakeholders.

TRANSFORMATION PRIORITY 2

*Emphasis will also be placed on forensic services and looking at alternative program to incarceration for individuals who have a mental illness and have a minor criminal offense. We

will continue to work with the key players in the criminal justice system to make this priority effective as possible.

*In this upcoming fiscal year the mental health planning committee will continue to work through the local CJAB committee to develop innovative alternatives to incarceration.

*No additional costs are expected for this. The mental health system has a good rapport with a county Judge who is willing to look to look at alternatives to incarceration.

*Tracking of implementation would occur through ongoing planning meetings with consumers and stakeholders.

INTELLECTUAL DISABILITY SERVICES

Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditure should be included for both base/block grant and waiver administrative funds.

The 2014/2015 Human Service Block Grant (HSBG) will allow Crawford County to provide a continuum of service to meet the needs of our ID population. HSBG-funded support services provide individuals with a sense of belonging, self-worth, and self-improvement. In turn, individuals have the support they require to be successful in the community and are less likely to become involved in other service systems (judicial, CYS, MH, or D&A.) HSBG-funded services allow individuals to lead “everyday lives” and maintain success in the least restrictive environment.

The Human Services Block Grant will provide Crawford County individuals eligible for ID services with available support to meet urgent or emergency health and safety needs. Supports will be used in conjunction with other community-based services and/or financial assistance programs to support individuals experiencing urgent or emergency situations, either temporary or long term based upon need.

The Crawford County ID program offers a variety of services through the Human Services Block Grant. All HSBG approved service is contingent upon an assessed need. The following is a listing of available HSBG-funded services in Crawford County and the number of individuals who currently use each service:

TOTAL UNDUPLICATED ID INDIVIDUALS SERVED IN CRAWFORD COUNTY: 503

HSBG Funded Service	Actual # of Individuals served in FY13-14	Projected # of Individuals to be served in FY 14-15

DPW Bulletin 2014-1
County Human Services Plan Guidelines

Home and Community Habilitation	18	20
Prevocational Services (Sheltered Workshop)	10	12
Supported Employment	0	1
Community Habilitation (Adult Training Facility - ATF)	0	0
Supports Coordination Services (SC travel for all)	51	53
Home Rehabilitation services (6400) for emergency situations	0	0
Home Rehabilitation services (6500) for emergency situations	0	0
Participant Directed Services / Agency with Choice	0	0
Participant Directed Services / Vendor Fiscal	0	0
Family Driven Family Support Services Sitter/Respite	63	65
**Drop In Center through the Arc of Crawford	142	144
**OASIS Club through the Arc of Crawford	150	152
Quality Living Center Group Outing through the Arc	8	10
Mentoring Group through the Arc (program ending 06/30/2014 due to lack of growth and participation)	10	0
DOM Care service through the Arc	11	13
Rep Payee services via Base Service Not Otherwise Specified	85	87
Recreation/Leisure Time Activities	43	44
Companion Service for emergency situations	1	1
Assistive Technology	3	3
Family Aide for emergency situations	0	1
Daily Respite Services for emergency situations	1	1
Support in Medical Environment for emergency situations	2	2
Determination of Eligibility	11	13
Court Ordered Competency Evaluations	0	1
Safety Evaluations for Emergency Situations	0	1
Court Hearings	1	1
Specialized Consultation from Dr. Ruth Ryan for Emergency Situations	1 – free	1
*HCQU Trainings and Technical Assistance	Est. 106	Est. 106

* *HSBG monies for HCQU do not stream through Crawford County AE and are not identified on Crawford AE's HSBG allocation. Health Care Quality Units (HCQU) are funded through Butler AE and service 9 Western Region Counties (Butler, Crawford, Mercer, Venango, Clarion, Armstrong, Indiana, Lawrence and Beaver.) Crawford County individuals and providers benefit greatly from the HSBG-funded HCQU service.*

** *Decreased participation is a direct result of utilizing a "use-it or lose-it" philosophy. After an individual has NOT utilized HSBG program funded service for a full year, they lose their authorization to attend and must go thru their SC to request the service again.*

The above listed HSBG-funded services are available for individuals based upon individualized need and funding availability. All HSBG-funded services are available to all individuals who are eligible for ID services, including children age 3 or older, young adults leaving high school, EPSDT, jail, RTF placements, APS placements, CYS services, nursing home placements, as well as individuals being discharged from state centers. Crawford County currently supports a total of 503 individuals with intellectual disabilities. 293 non-duplicated individuals utilize base funding in community-based settings.

Ten individuals reside in state ICF/ID facilities and 2 individuals reside in private ICF/ID facilities. With the exception of SC Service, none of these individuals utilize HSBG-funded service. The location of state centers is not conducive to the individuals residing there using HSBG-funded programs that are based in Crawford County. However, recent movement of individuals (via the Benjamin Litigation) back into the local community would allow HSBG-funded programs to be accessible for these individuals.

Fifty-one non-duplicated individuals benefit from HSBG-funded Supports Coordination service. SC service includes locating, coordinating, and monitoring services/supports for individuals who are not eligible for waiver services or targeted case management coverage due to their financial resources, or residential placements (i.e. nursing facilities, jail, state centers.) Most HSBG funding is utilized during transition times out of facilities and includes SC functions such as planning meetings, community visits with potential providers, and provider review and selection processes. These SC responsibilities will continue to occur as needs arise and will continue to be funded with HSBG monies. There are occasions when individuals have not been deemed eligible for medical assistance upon opening with SC services, and sometimes there are periods of ineligibility for individuals due to the lack of individual/family follow-through with the reapplication process. The SC assists the individual/family with the applying/reapplying processes. Until the individual is deemed eligible for medical assistance, all SC functions are funded by the Human Service Block Grant. All SC Travel for any individual open with IDP service is covered by the HSBG. SC Travel on behalf of individuals is not captured in the non-duplicated count identified.

There are 188 unduplicated individuals who are considered to be low/no risk for a higher level of service because they utilize the HSBG-funded programs currently in place. Programs such as unlicensed home and community habilitation, prevocational services, DOM Care placements, the ARC's OASIS Club, the ARC's Drop-In Center and rep payee program provide support for individuals in a safe and structured environment while also increasing skill levels. HSBG-funded home and community habilitation serves to provide maintenance, and growth opportunities in daily living skills. This service helps individuals remain in their own homes or in their family homes. Without this support, individuals would likely require a higher level of residential support such as family living or group home placements. Prevocational services provide individuals with a means to develop their community employment skills and work towards a higher skill level and ultimately, towards competitive employment. Our DOM Care program works in conjunction with our local Active Aging Office to find homes for individuals who require a less restrictive environment than required in an ODP lifesharing setting. The OASIS and the Drop-In Center programs offer social and learning opportunities in a safe and structured environment. Rep Payee support offers the individuals with sound financial advice to help them reduce their risk of financial manipulation. Without these crucial socialization and financial services, individuals may seek social opportunities and entertainment in dangerous arenas within the community; potentially resulting in police intervention, incarceration, D&A involvement, and physical/sexual/emotional abuse. Ultimately, the purpose of the above identified services is to improve individual's quality of life and reduce the risk of higher level facility admissions.

At consumer request, the Arc's DIC added Saturday hours during FY13-14. Additional needed staff at the Arc DIC were also added Monday – Friday for health/safety purposes. In FY14-15,

the Arc plans to open a DIC site in the Saegertown, Pennsylvania, area to help offer social support for individuals living in the more rural parts of Crawford County. This program’s success will be determined by the FY14-15 attendance at planned activities.

Eligible Crawford County individuals have not presented a need for HSBG-funded Supported Employment, ATF, Residential, or PDS within the past year. When individual’s needs arise or emergencies occur, an assessment will be conducted, situations reviewed and services will be identified to ensure the individual’s health and safety within the community. Crawford County seeks to maintain individuals in the least restrictive environment and will use a variety of resources to maintain individuals in their own or family homes. Only in cases of emergency, would a more restrictive level of placement be sought.

Eligible Crawford County individuals waiting for services utilize the Prioritization of Urgency of Needs (PUNS.) CCHS reviews each service request for HSBG funding weekly during our CCHS Review Committee meetings. First priority is given to emergency situations, services requested by individuals living independently and/or individuals with short-term medical recovery needs.

After-hour emergencies will be handled by CCHS via an on-call process shared with County Control (911), hospitals, crisis, police, and Adult Protective Services. CCHS first ensures emergency health and safety concerns are addressed immediately. Research then follows to find long-term services/funding within all departments (ID, MH, CYS, community, emergency waiver capacity, etc) as deemed most appropriate, using HSBG funding as needed.

Crawford County plans to maintain the present frequency and duration of all existing services for currently enrolled individuals. With the flexibility of the Human Services Block Grant, Crawford County will expand the number of individuals able to participate in the above mentioned programs as needs arise. Meeting with providers and other interested individuals on an ongoing basis will concentrate on maintaining existing service and looking forward to future need in the Crawford County area.

Crawford County strives to meet all eligible individual’s assessed needs in the safest and least restrictive setting. Crawford County will adhere to the current AE Operating Agreement conditions regarding the General Scope of the operating agreement, Administrative functions, financial administration Requirements, meeting the needs of the ID participants, provider recruitment and enrollment, quality management, and training/technical assistance. Crawford County will comply with the current IM4Q protocol and guidelines and maintain a written procedure for implementing the IM4Q “closing the loop” process in HCSIS.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to homeless and near homeless individuals and families within the county. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
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Bridge Housing	45	42
Case Management	500	490
Rental Assistance	400	380
Emergency Shelter	320	300
Other Housing Supports	75	72

Bridge Housing: Bridge housing is supplied by one provider and will serve 42 consumers.

Case Management: Homeless Case Management is supplied by three providers and will serve 490 consumers.

Rental Assistance: Rental Assistance is supplied by two providers and will serve 380 consumers.

Emergency Shelter: Emergency Shelter is supplied by four providers and will serve 300 consumers.

Other Housing Supports: Other Housing Supports is supplied by Crawford Area Transportation Authority providing transportation to individuals in Shelter/Transitional Housing and will serve 72 consumers.

Ongoing efforts are made to allow for the most effective resources based on consumer population and need. Crawford County attempts to serve the greatest number of individuals as possible with a continual decreasing budget.

CHILDREN and YOUTH SERVICES

*****FOR COUNTIES NOT PARTICIPATING IN THE BLOCK GRANT, PLEASE INCLUDE THE FOLLOWING STATEMENT UNDER THE CHILDREN AND YOUTH SERVICES HEADING IN YOUR PLAN:**

“Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2014-2015.”

*****THE BELOW SECTION IS REQUIRED ONLY FOR COUNTIES PARTICIPATING IN THE BLOCK GRANT*****

Briefly describe the successes and challenges of the county’s child welfare system and how allocated funds for Child Welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget) to provide an array of services to improve the permanency, safety and well-being of children and youth in the county.

The agency’s priorities over the past year have been:

- Continual focus on implementing Concurrent Planning and the Continuous Improvement Plan derived from the Quality Service Review.
- Implementation of High Fidelity Wrap Around through Systems of Care
- Crawford County applied for the CAC grant to enhance our policies and procedures surrounding the CAC process and to develop a MDIT that will meet on a regular basis.

The agencies challenges over the past year have been:

- Drug usage among the population that we serve is escalating causing an increase in the number of families opened for ongoing services and children court ordered into substitute placement.
- Turnover in staff generates higher caseloads for experienced caseworkers and is compelling supervision staff to carry caseloads while providing direct and adequate supervision over their unit.
- Children placed in substitute care has slightly increased due the contributing factor of parental drug use.

The agencies successes over the past year have been:

- Crawford County has been accepted as a Child Welfare Demonstration Project county for fiscal year 14/15.
- Crawford County was awarded a grant to implement High Fidelity Wraparound through Systems of Care.
- A truancy protocol was developed and executed between the school districts and Children and Youth Services in a previous fiscal year. This protocol is finalized and utilized among all schools districts. The schools districts are attempting to refer families to truancy services prior to referring to Children and Youth Services.
- Crawford County added a third Family Group Decision Making coordinator to the CYS compliment to enhance family engagement and family role and voice.

Crawford County is operating on a theory of change that:

If families are engaged as part of a team, and if children and families receive comprehensive screening and assessment to identify underlying causes and needs and assessment information is used to develop a service plan, and

If that plan identifies roles for extended family members and various support, including appropriate placement decisions and connects them to evidence-based services to address their specific needs and/or appropriate system changes

Then, children, youth and families are more likely to remain engaged in and benefit from treatment, so that they can remain safely in their homes, experience fewer placement changes, experience less trauma, and experience improved functioning.

This theory of change aligns with the evidenced based services (MST, PPAP-Intensive Family and FGDM) and funding streams of the block grant. Safety, permanency and well-being are interwoven in the services that Crawford County Children and Youth Services has chosen and

this is reflective in the benchmarks provided in this plan. The block grant is supplemented with Needs Based Plan and Budget funding to allow an overall comprehensive in home service base.

Identify a minimum of three service outcomes the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2014-15. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

Safety, permanency and well-being are the three measures that are consistently monitored within the Children and Youth service category. High quality services, processes and providers are utilized to ensure successful outcomes. It is recognized and acknowledged that true evidenced based practices are essential to provide outcomes that meet the states three measures for Children and Youth Services. Careful consideration was taken into choosing the categories where funding has been and will be requested. The first service outcome that Crawford County expects to achieve is safety in which children are safely maintained in their own home whenever possible and appropriate. Crawford County has practices already in place, such as Family Group Decision Making, MST, and Intensive Family services. FGDM submits quarterly reports in which outcomes can be tracked and monitored. MST services are offered through Family Services of NWPA and the fidelity of the program is monitored through Adelphoi Village. The outcomes and data tracking are available annually to the County for review. Intensive Family services are also offered through the service provider, Family Services of NWPA and outcomes are submitted annually to the County for review.

Based on the County Improvement Plan and the action step of “involve all immediate family and all family identified resources in the beginning of a case to be members of the team that assists in the development of the initial FSP and safety plans” (Crawford CIP page 2), Crawford identified of hiring a third FGDM program specialist with the intention of utilizing the third FGDM program specialist to develop “family” driven case plans. With this identified target through Crawford’s CIP and the Child Welfare Demonstration Project, we anticipate seeing a direct correlation with the number of children that are safely maintained in their own home whenever possible and appropriate. This will be achieved by utilizing natural family supports to keep children safe as opposed to paid supports that are designed to be temporary. Data continues to be kept quarterly, for FGDM services in Crawford County.

Crawford County continues to have a high percentage of children placed in congregate care. MST services are utilized in attempting to prevent out of home placement and keep older youth

safe and maintained in the home of origin. With the authorization of a child and family for MST services, it is anticipated that the intervention will lead to the child not having to be placed in out of home care. MST services submit annual reports to the county that detail the outcomes and objectives the service has achieved for the previous year. The review of the data provides the following results:

Fiscal Year 13/14 Outcomes for the First 3 quarters.

1. 80% of clients completing treatment will have met the ultimate outcome of no placement.

First Quarter Update: 100% 8 closed/8met

Second Quarter Update: 71% , 7 closed/5 met

Third Quarter Update: 6 met/7 closed = 86%;

2. 80% of clients completing treatment will have met the ultimate outcome of being in school or working.

First Quarter Update: 8 closed/8met

Second Quarter: Met 100%, 7 closed/7 met

Third Quarter Update: Met 7 met/7 closed = 100%

3. 80% of clients completing treatment will not have incurred additional charges or arrests.

First Quarter Update: 8 closed/8met

Second Quarter Update: 71%, Total = 7 closed/5 met

Third Quarter Update: Met 6 met/7 closed = 86%

4. MST program will remain adherent to the MST model as evidenced by an overall TAM score of 61%

First Quarter Update: .54%; Second Quarter Update: .87%; Third Quarter Update: .71%

Intensive Family, which is offered to families to prevent placement for any open case, works to maintain children safely within their home of origin and educate parents on the necessity of providing for the needs of their children to prevent placement. Intensive Family is offered for 4 to 6 weeks at a high rate of direct service. The review of the data provides the following results:

The outcomes for Fiscal Year 2013-2014 for the First 3 quarters:

1. One of the following will be tracked for each family:

- 75% of families who at intake have their children in their home and participate for at least 4 weeks will stabilize their home to prevent placement of their children.

OR

- 75% of families who at intake are attempting reunification and participate for at least 4 weeks will have reunited with their children or will have a plan in place to do so.

OR

- 75% of CYS clients who are placed out of the home in foster/kinship care will have prevented a change of placement.

First Quarter Update: Y- 2/2 (100%) of the families stabilized their home to prevent placement at end of services.

Second Quarter Update: Y- 4 of 4 (100%) prevented placement

Third Quarter Update: Y- 6 of 6 (100%)

2. 75% of families that complete the Intensive Family program will present an improvement in one or more domains of the NCFAS G+R

First Quarter Update: Y- 2/2 (100%) of the families improved in one or more domains.

Second Quarter Update: Y- 4 of 4 (100%)

Third Quarter Update: Y- 6 of 6 (100%)

Crawford County anticipates that children will have improved permanency and stability in their living arrangement through services identified as being offered through the Block Grant. Crawford County completed Phase III of the Quality Service Review process and the data provided by Hornsby Zeller indicated that Crawford County scored very low in permanency. Crawford County will utilize FGDM services to assist in increasing the likelihood that children will remain in a permanent environment. The data for permanency will be tracked through the next round/phase of QSR that Crawford County completes.

Family Group Decision Making in Crawford County is primarily working towards the following outcomes:

- A. To prevent placement.
- B. To develop a plan for those children coming out of placement.
- C. To assist with the development of the initial Family Service Plan.
- D. Creating visitation plans.
- E. Create permanent connections for those children exiting CYS.

Permanency and stability will likely improve through families and children being offered and participating with MST, FGDM and Intensive Family services. FGDM enables the family to have a role and voice in identifying the area of need that the family is experiencing and this service derives a plan for the family that is reflective of the needs of the children in the home. These programs submit outcomes annually to County for review. Data for the efficiency of these services will be monitored upon the submission of the data.

Crawford County continues to work towards enhancing a family's capacity to provide for their children. Services that attribute to improving this outcome are MST and Intensive Family services. These services target and assess the parent's ability to provide for their children. The well-being of families and/or children is measured through the assessment tools administered

through Family Services of NW PA. The assessment tools utilized are the NCFAS G+R or the FIT assessment at the beginning and ending of services.

Outcomes		
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate. 	
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children. 	
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs. 	
Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Children are safely maintained in their own home whenever possible and appropriate.	<p>Measurement - Quarterly reports through FGDM, data sets provided by service provider to ensure fidelity with the corresponding program.</p> <p>Frequency – FGDM is offered to every family opened for ongoing services. MST is offered to pre-delinquent youth. Intensive Family is offered to high risk cases and cases in which placement is pending.</p>	Intensive Family, Family Group Decision Making, MST
Children have permanency and stability in their living environment.	Measurement - Quarterly reports through FGDM, data sets provided by service provider to ensure fidelity with the corresponding	Intensive Family, Family Group Decision Making, MST

	<p>program.</p> <p>Frequency – FGDM is offered to every family opened for ongoing services. MST is offered to pre-delinquent youth and Intensive Family can be offered to stabilize placement, prevent placement and for reunification purposes.</p>	
<p>Families have enhanced capacity to provide for their children’s needs.</p>	<p>Measurement - data sets provided by service provider to ensure fidelity with the corresponding program.</p> <p>MST is offered to pre-delinquent youth and Intensive Family is offered to prevent placement through high intensity service delivery aimed at educating parents in providing for the needs of their children.</p>	<p>Intensive Family, MST</p>

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

Program Name:	Intensive Family
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
		X		

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

Intensive Family is an intensive in-home service adapted from the Homebuilder's Model that is provided by Family Services of NWPA. (Materials used for this program have been adapted from the Institute for Family Development.) Intensive Family is a rigorous in-home crisis intervention and family treatment program designed to keep children and families safe, prevent unnecessary out of home placement or change of placement and to safely reunify children and families. Crawford County has reduced the number of children placed in substitute care since FY08/09 and continues to strive to keep children in their home of origin. Based upon monthly data collected by this county (re-entry, placement stability and number of children who enter into care), Intensive Family was implemented and executed to address these areas of needs of this county.

The Intensive Family program structure maintains the following standards:

24/7 staff availability

4-6 week service timeline

Caseload consists of 2 families, totaling 8-10 hours of service per week per family.

Services are provided in home and community settings

The expected outcomes of the program are to increase placement stability of children in out-of-home care and to reduce the number of children entering care. There is no age limit for clients to receive this service. The Intensive Family services will work with two families at a time and see each family 8-12 hours per week. There may be instances in which one family is phasing out of the service at which time the worker may take on three families. Crawford County expects 22 referrals made to this service during FY 14/15. The program will cost \$997.59 per family per week. The total cost for Intensive Family will be approximately \$93,773 dollars.

The outcomes for Fiscal Year 2013-2014 for the First 3 quarters:

1. One of the following will be tracked for each family:

- 75% of families who at intake have their children in their home and participate for at least 4 weeks will stabilize their home to prevent placement of their children.

OR

- 75% of families who at intake are attempting reunification and participate for at least 4 weeks will have reunited with their children or will have a plan in place to do so.

OR

- 75% of CYS clients who are placed out of the home in foster/kinship care will have prevented a change of placement.

First Quarter Update: Y- 2/2 (100%) of the families stabilized their home to prevent placement at end of services.

Second Quarter Update: Y- 4 of 4 (100%) prevented placement

Third Quarter Update: Y- 6 of 6 (100%)

2. 75% of families that complete the Intensive Family program will present an improvement in one or more domains of the NCFAS G+R

First Quarter Update: Y- 2/2 (100%) of the families improved in one or more domains.

Second Quarter Update: Y- 4 of 4 (100%)

Third Quarter Update: Y- 6 of 6 (100%)

This program is a continuation from last year. This continuation will afford Crawford County the ability to gather the necessary data to ascertain the continuation of the program through Act 148 monies.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

N/A-Intensive Family is not a new Evidenced-Based Program; it is a continuation from last year.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Families at imminent risk of having children placed out of home, are out of home and need stabilization, or are in need of assistance to reunify.	Families at imminent risk of having children placed out of home, are out of home and need stabilization, or are in need of assistance to reunify.
# of Referrals	20 Referred 18 seen, 2 referral pulled by county due to changes in family	22
# Successfully completing program	16/18 The remaining 2 will not be complete by June 30 and will go into new fiscal year.	Goal is 80%=18 families
Cost per year	\$98,802	\$93,773 HSBG Estimated Cost -

		<u>\$88733.00</u>
Per Diem Cost/Program funded amount	\$997.59 per family per week (worker is averaging 8.6 hours per week)	\$997.59 per family per week (worker to provide average of 8-12 hours per week)
Name of provider	Family Services of NWPA	Family Services of NWPA

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

The funds for this program were not under-utilized.

Program Name:	Multi-Systemic Therapy (MST)
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Please indicate the status of this program:

Status	Enter Y or N			
	Continuation from 2013-2014	Y		
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

Multi-Systemic Therapy is a program provided by Family Services of NWPA. In Crawford County, MST is offered to families as a preventative measure as well as to youth who are already involved with CYS and/or JPO systems. MST has been an integral evidence based program to Crawford County. This program was implemented to work with truant and incorrigible youth who are between the ages of 12 to 17. The service outcomes for MST include: Youth living at home/avoiding placement; youth in school/working and youth with no new arrests. MST has had the following outcomes obtained:

Fiscal Year 13/14 Outcomes for the First 3 quarters.

1. 80% of clients completing treatment will have met the ultimate outcome of no placement.

First Quarter Update: 100% 8 closed/8met

Second Quarter Update: 71% , 7 closed/5 met

Third Quarter Update: 6 met/7 closed = 86%;

2. 80% of clients completing treatment will have met the ultimate outcome of being in school or working.

First Quarter Update: 8 closed/8met

Second Quarter: Met 100%, 7 closed/7 met

Third Quarter Update: Met 7 met/7 closed = 100%

3. 80% of clients completing treatment will not have incurred additional charges or arrests.

First Quarter Update: 8 closed/8met = 100%

Second Quarter Update: 7 closed/5met = 71%

Third Quarter Update: Met 6 met/7 closed = 86%

4. MST program will remain adherent to the MST model as evidenced by an overall TAM score of 61%

First Quarter Update: .54%; Second Quarter Update: .87%; Third Quarter Update: .71%

MST outcomes are tracked at case closure. Outcomes are reported to the MST institute website and the EPIScenter website as well as Crawford County CYS.

MST has been a service provided within Crawford County for approximately 5 years. This service was initially implemented to address the needs of youth who are on the cusp of JPO involvement.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Families with children ages 12-17 year old incorrigible youth with chronic delinquent behavior and/or serious emotional problems.	Families with children ages 12-17 year old incorrigible youth with chronic delinquent behavior and/or serious emotional problems.
# of Referrals	50 referrals 32 seen, 18 were never seen due to various reasons i.e. parental refusal, funding issues, VBH denials and placement.	55 referrals Goal to convert to 45 families seen.

# Successfully completing program	27/30=90% The remaining 2 will not be complete by June 30 and will go into new fiscal year.	Goal is a minimum of 80%=36 families
Cost per year	Total program cost=\$280,873.00	Total program cost=\$331,153.00 <u>HSBG Estimated cost - \$89737.00</u>
Per Diem Cost/Program funded amount	\$51.37 per 15 minute unit	\$51.37 per 15 minute unit
Name of provider	Family Services of NWPA	Family Services of NWPA

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

The funds for this program were not fully expended due to a greater than expected number of youth referrals being or becoming Value eligible. The leftover monies from this service were redistributed into Intensive Family services.

Program Name:	Family Group Decision Making
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
		X		

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

Family Group Decision Making (FGDM) is a process that is provided by Crawford county Human Services and is available to all families that are involved in any service through CYS, JPO or through referrals received from the community. In Crawford County FGDM is offered to every family that is accepted for an assessment with CYS intake as well as families that are accepted for ongoing services.

FGDM is utilized to prevent a family from being open with CYS; to assist in the development of the families FSP/PPP; to prevent a child’s placement; facilitate “First Meetings” by introducing foster families to biological families so they can work together to return the child to permanency; aid in developing a plan to successfully return children home from placement; provide an opportunity to gain permanent connections for children aging out of the child welfare system or Juvenile Delinquency system.

To date in fiscal year 13/14 the number of referrals is as follows. 26 Family Group Decision Making Conferences, 40 Family Team Meetings, 16 First Meetings. The number of successful referrals was 17 Family Group Decision Making Conferences, 33 Family Team Meetings, and 14 First Meetings for fiscal year 13/14.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	#1 Children birth to 5 years old, #2 Children at risk of placement, and #3 those children coming out of placement.	#1 Children birth to 5 years old, #2 Children at risk of placement, and #3 those children coming out of placement.
# of Referrals	26 Family Group Decision Making Conferences, 40 Family Team Meetings, 16 First Meetings	31 Family Group Decision Making Conferences, 48 Family Team Meetings, 19 First Meetings
# Successfully completing program	17 Family Group Decision Making Conferences, 33 Family Team Meetings, 14 First Meetings	20 Family Group Decision Making Conferences, 40 Family Team Meetings, 17 First Meetings
Cost per year	191,000 (includes block grant funds only)	171,000 (includes block grant funds only)
Per Diem Cost/Program funded amount	\$3000.00 – Successful FGDM Conference, \$1000.00 Successful FGDM referral, \$250.00 Unsuccessful FGDM Referral	\$3000.00 – Successful FGDM Conference, \$1000.00 Successful FGDM referral, \$250.00 Unsuccessful FGDM Referral

Name of provider	Crawford County Human Services	Crawford County Human Services
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- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Crawford County Family Group Decision Making has always maximized the total funds allotted to the process since its inception. We plan to use our full complement of funds in the upcoming year.

DRUG and ALCOHOL SERVICES

This section should describe the entire substance abuse system available to county residents incorporating all supports and services provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) provides directly or makes available a full array of drug and alcohol services including prevention, recovery support services, medication assisted therapy, outpatient/IOP/intervention, partial hospitalization, inpatient hospital, and inpatient non treatment.

Older Adults, Adults, Transition-Age Youth and Adolescents- CCDAEC ensures that all individuals have access to available drug and alcohol treatment, and treatment-related services, which are facilitated through the case management system. All individuals, regardless of age, who present for drug and alcohol treatment services are screened, and if appropriate, referred for a level of care assessment.

The functions of case management are:

- Screening and evaluating the individual's need for a referral to emergent care including detoxification (increasing need), prenatal, perinatal, and psychiatric services.
- Assessment, including Level of Care (LOC) assessment and placement determination.
- Care Coordination to ensure that the individual's treatment and non-treatment needs are addressed.

Preference to treatment/services is given to all pregnant women. Special tracks are provided for adolescent, dually diagnosed, forensic and female clients.

Referrals to treatment are made within fourteen days of an assessment. Should treatment services not be available within this time frame, interim services/groups are available to accommodate individuals (day or evening) waiting for admission to treatment. Interim Services are provided to all individuals due to the importance of maintaining the person's engagement in a therapeutic setting while waiting for admission to treatment. The Interim Service list is reviewed weekly to assist these individuals into treatment no later than 120 days post assessment.

Individuals involved in Interim Services are provided with a Resource List of providers who can service clients' needs, at a minimum, for the following:

- Counseling and education about HIV and TB.
- Counseling and education about the risks of needle sharing.
- Counseling and education about the risks of transmission to sexual partners and infants.
- Counseling and education about the steps that can be taken to ensure that HIV and TB transmission do not occur.
- Referral for HIV and TB treatment services, if necessary.
- Counseling on the effects of alcohol (Fetal Alcohol Spectrum Disorder) and drug use on the fetus.
- Referral for prenatal care.

Additionally, CCDAEC has over 65 MOUs (Memorandums of Understanding) in place to define and assist with the referral process for client-needed ancillary services and coordination with the county human services system.

Crawford County has been awarded a Drug and Alcohol Restrictive Intermediate Program (D&A RIP) PCCD grant in recent years and CCDAEC partners with the County to administer services outlined in this grant. (Note: this is changing to an Intermediate Punishment grant in 2014-2015). Clients accessing D&A RIP funds are level 3 and 4 offenders court ordered to the program in lieu of incarceration. These dollars supplant Human Service Block Grant funds for eligible clients. Should the grant not be available to the County, client services would need to be reduced by a minimum of 20%, harming many clients, their families and the community in the process.

A large population of substance abusers; however, are incarcerated in spite of available services. Programming at the Crawford County Correctional Facility (CCCF) began in March of 2004 to serve the needs of the county's 200 to 250 inmates. The inmate population is made up of people awaiting bail or trial, inmates serving county sentences of up to 24 months minus one day, inmates awaiting transfer to other correctional facilities, and county probation violators. Inmates can serve as little as a few days or as much as twenty-four months, less one day.

The target population of the jail program consists of inmates in the pre-contemplation or contemplation stages of recovery. The program provides intervention services and offers an outpatient level of care consisting of a series of process and topical process groups. This series of groups cycles approximately once every four months. Groups are run in all the major housing units and are open to any inmate who wishes to attend on a voluntarily basis. Individual counseling is provided as appropriate. CCDAEC's goal is to provide interventions designed to motivate our jail clients to seek recovery from chemical addiction and by both professional organizations and self-help groups to aid them in becoming productive citizens when they are released back into society. Staff see over 250 individuals annually in the intervention portion of the program.

Injection drug use and prescription drug abuse is on the rise. The SCA is utilizing a greater portion of their funds for residential treatment than was needed historically. To help address this growing need, clients potentially eligible for Medical Assistance are assisted by staff in the Case Management department to complete an application through DPW's Compass program. This

allows for more clients to participate in a full continuum of care and for client to be eligible for other medical services afforded them through the behavior and physical Medical Assistance programs.

Target Populations

Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) serves on numerous advisory boards, steering committees, executive boards and has collaborated with various community services with organizations throughout the region. Included are Crawford County Criminal Justice Advisory Board, Crawford County Children's Advisory Council, Titusville Coordinated School Health Council, Safe Kids, Child Death Review Team, Suicide Task Force, Children's Integrated Services Committee, Community Council, Coalition on Housing Needs, the SHIP (State Health Improvement Plan) Committee, and the Systems of Care Board. CCDAEC completes a needs assessment biannually, with input from stakeholders to steer services currently in place. Data is collected from the State's Uniform Crime Report for Crawford County and from statistics provided through the Department of Drug and Alcohol Programs. Emerging substance use needs are identified via several avenues. These include surveys distributed to criminal justice personnel (police, probation officers), educators, human service and CYS providers, local schools districts, D&A providers, SCA statistics in Central Intake/Case Management and treatment, local treatment data, and County coroner. Each department/agency identifies their perspective on the impact of substance abuse issues within the community, emerging trends and how much of a problem substance use has created. Respondents are located in geographically diverse areas throughout the county.

Annualized data from 2013/2014 was used to project the number of clients to be served in 2014/2015. Clients estimated to participate in a service funded by the Human Service Block is listed first, followed by those projected for funding by the D&A RIP grant program. Should the grant not be awarded, the number of clients needing services would still be relevant. Ninety-one clients are estimated to participate in inpatient non-hospital treatment (84 HSBG; 7 D&A RIP); 8 in inpatient hospital treatment (6 HSBG; 2 D&A RIP); 1 in partial hospitalization (0 HSBG; 1 D&A RIP); 231 in outpatient/IOP/intervention (217 outpatient/IOP HSBG; 14 D&A RIP); 2 in Medication Assisted Therapy (2 HSBG; 0 D&A RIP); 20 in Recovery Support Services (0 HSBG; 20 D&A RIP); 554 in Care/Case Management (400 HSBG; 154 D&A RIP); 250 in Other Intervention (250 HSBG; 0 D&A RIP) and none in prevention.

Provide an overview of the specific services provided and any service gaps/unmet needs for the following populations:

- **Older Adults (ages 60 and above)**

Older adults currently comprise three percent of the population served through CCDAEC. Screening, assessment, intervention, treatment, and other case management services are provided for this population.

- **Adults (ages 18 and above)**

Adults currently comprise 94 percent of the population served through CCDAEC. Screening, assessment, intervention, treatment, and other case management services are provided for this population.

- **Transition Age Youth (ages 18 to 26)**

Transition-age youth currently comprise 32 percent of the population served through CCDAEC. Screening, assessment, intervention, treatment, and other case management services are provided for this population.

- **Adolescents (under 18)**

Adolescents currently comprise six percent of the population served through CCDAEC. Screening, assessment, intervention, treatment, and other case management services are provided for this population.

- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**

Individuals with co-occurring psychiatric and substance use disorders currently comprise 36 percent of the population served through CCDAEC. Screening, assessment, intervention, treatment, and other case management services are provided for this population.

CCDAEC's case management department coordinates referrals for possible mental health counseling, pharmacotherapy, and other support services. Special drug and alcohol counseling tracks are provided for dually diagnosed clients in outpatient or intensive outpatient treatment at CCDAEC. If the client requires a higher level of care, CCDAEC contracts with a number of dually licensed residential treatment facilities throughout the state that eligible clients can be referred to for services.

- **Criminal Justice Involved Individuals**

Criminal justice involved individual comprise 86 percent of the clients served through CCDAEC. Screening, assessment, intervention, treatment, and other case management services are provided for this population. Clients eligible to participate in the Restrictive Intermediate Punishment program or the correctional facility-based intervention program are provided services tailored to this population. Special drug and alcohol counseling tracks are provided for criminal justice involved clients in outpatient or intensive outpatient treatment at CCDAEC.

- **Veterans**

Veterans currently comprise four percent of the population served through CCDAEC. Screening, assessment, intervention, treatment, and other case management services are provided for this population. Individuals with Veteran's benefits are typically referred for services utilizing their Tricare insurance.

- **Racial/Ethnic/Linguistic minorities**

Racial/Ethnic/Linguistic minorities currently comprise eight percent of the population served through CCDAEC. Screening, assessment, intervention, treatment, and other case management services are provided for this population. Translation or deaf services are provided through contractual agreements when needed. The majority (87%) of the minorities served are African-American. Cultural and ethnic sensitivity is observed and matching of clients with counselors of other similar racial origins is made when requested and available.

Recovery –Oriented Services

Describe the current recovery support services available in the county and any proposed recovery support services being developed to enhance the existing system. Address any challenges in moving toward a recovery-oriented system of care in the county.

Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) employs one Certified Recovery Specialist to provide Recovery Support Services. Recovery Support Services (RSS) are non-clinical services which CCDAEC provides to assist individuals and their families to recover from alcohol and other drug problems. CRS services are funded through HealthChoices and base dollars – no Block Grant dollars are utilized. These services complement the focus of treatment, outreach, engagement and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain, and sustain long-term recovery. Recovery Support Services are not a substitute for necessary clinical services.

The Certified Recovery Specialists offers peer support and guidance to Crawford County eligible adults (age 18 or over) struggling with addiction issues or co-occurring substance abuse and mental health issues in need of outreach, mentoring and peer support at all stages of the recovery process. This includes individuals at the pre-contemplative stage and those not yet engaged in any type of treatment and/or services. The target population also includes adults involved with CYS, the criminal justice system and those re-entering the community after release from jail. Recovery Support Services may be provided to any individual prior to, during and/or following treatment. An individual does not have to be involved in treatment to utilize Recovery Support Services; however, RSS should never replace professionally directed treatment as a means of initiating recovery. RSS may serve as an alternative to treatment for individuals with low to moderate problem severity and high levels of personal, family and community recovery capital. Recovery Support Services may also serve as an alternative for relapsed clients with multiple treatment episodes that are unable to sustain recovery within their natural environments following discharge from treatment.

A second Recovery Specialist has been certified and is eligible to provide services in the County. Currently, he remains active within the community on a volunteer basis and participates in CCDAEC’s recovery celebration held each fall.

HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Describe how allocated funding will be utilized by the County to support an array of services to meet the needs of county residents in the following areas:

	Estimated / Actual Individuals served in FY 13- 14	Projected Individuals to be served in FY 14-15
Adult Services	0	0
Aging Services	0	0
Generic Services	0	0
Specialized Services	1760	1736

Adult , Aging, and Generic Services are not utilized in Crawford County.

Specialized Services:

- After school programming that provides tutoring, social interaction, mentoring and exercise for approximately 225 children in a safe environment. Estimated Cost - \$16000.00.
- Child Abuse Awareness information is provided to 1350 school-aged children annually. Estimated Cost - \$6000.00.
- Transportation is provided to 50 Mental Health, ID and/or low income consumers to attend meetings, trainings and interaction opportunities that are not considered medical. Estimated Cost - \$11875.00.
- Crawford County Drug and Alcohol Executive Commission provides an in-school prevention/intervention program for 86 children. Estimated Cost - \$8075.00.
- Individual/family counseling is provided for 25 middle to low income individuals who do not qualify for MA. Estimated Cost – \$12525.00.

Interagency Coordination: Crawford County will utilize the funds within the Interagency Coordination line to cover the cost of training for Human Service personnel.

Appendix D

Eligible Human Service Definitions

Mental Health

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)

SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with serious mental illness (SMI) who have a Global Assessment of Functioning (GAF) score of 40 or below and meet at least one other eligibility criteria (psychiatric hospitalizations, co-occurring mental health and substance abuse disorders, being at risk for or having a history of criminal justice involvement, and a risk for or history of homelessness).

Administrator's Office

Activities and services provided by the Administrator's Office of the County MH Program.

Administrative Management

Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

Adult Development Training

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

Children's Evidence Based Practices

Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

Children's Psychosocial Rehabilitation Services

Activities designed to assist a child or adolescent (i.e., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

Community Employment and Employment Related Services

Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

Community Residential Services

Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community based residential program which is a Department-licensed or approved community residential agency or home.

Community Services

Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

Consumer Driven Services

Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

Crisis Intervention

Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

Emergency Services

Emergency related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

Facility Based Vocational Rehabilitation Services

Programs designed to provide paid development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality.

Family-Based Services

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

Family Support Services

Services designed to enable persons with serious mental illness (SMI), children and adolescents with or at risk of serious emotional disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services

Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

Other

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Outpatient

Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 01, 2006.

Psychiatric Inpatient Hospitalization

Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

Psychiatric Rehabilitation

Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

Social Rehabilitation Services

Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.

Targeted Case Management

Services that provide assistance to persons with serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (SED) in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

Transitional and Community Integration Services

Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

Intellectual Disability

Administrator's Office

Activities and services provided by the Administrator's Office of the County ID Program. The Administrator's Office cost center includes the services provided relative to the

Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

Case Management

Coordinated activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources.

Community Residential Services

Transitional residential habilitation programs in community settings for individuals with intellectual disabilities.

Community Based Services

Community-based services are provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

Other

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Homeless Assistance

Bridge Housing

Transitional services that allow clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

Case Management

Case management is designed to provide a series of coordinated activities to determine, with the client, what services are needed to prevent the reoccurrence of homelessness and to coordinate their timely provision by administering agency and community resources.

Rental Assistance

Provides payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences.

Emergency Shelter

Refuge and care services to persons who are in immediate need and are homeless; i.e., have no permanent legal residence of their own. ***Other Housing Supports***

Other supportive housing service for homeless and near homeless persons that are outside the scope of existing HAP components.

Children and Youth

Promising Practice

Dependency and delinquency outcome-based programs must include the number of children expected to be served, the expected reduction in placement, the relation to a benchmark selected by a county or a direct correlation to the county's Continuous Quality Improvement Plan.

Housing

Activity or program designed to prevent children and youth from entering out of home placement, facilitate the reunification of children and youth with their families or facilitate the successful transition of youth aging out or those who have aged out of placement to living on their own.

Alternatives to Truancy

Activity or service designed to reduce number of children referred for truancy, increase school attendance or improve educational outcome of student participants, increase appropriate advance to the next higher grade level, decrease child/caretaker conflict or reduce percentage of children entering out of home care because of truancy.

Evidence Based Programs

Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity as a whole, has been validated by some form of scientific evidence. Evidence-based practices and programs may be described as "supported" or "well-supported", depending on the strength of the research design. For FY 2014-15, the CCYA may select any EBP (including Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Family Group Decision Making (FGDM), Family Development Credentialing (FDC), or High-Fidelity Wrap Around (HFWA)) that is designed to meet an identified need of the population they serve that is not currently available within their communities. A list of EBP registries, which can be used to select an appropriate EBP, can be found at the Child Information Gateway online at:

Drug and Alcohol

Care/Case Management

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24 hour professionally directed evaluation, care, and treatment for addicted clients in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning.

Inpatient Non-Hospital Detoxification

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an addicted client.

Inpatient Non-Hospital Halfway House

A licensed community based residential treatment and rehabilitation facility that provides services for individuals in a supportive, chemically free environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24 hour medically directed evaluation and detoxification of psychoactive substance abuse disorder clients in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

A licensed inpatient health care facility that provides 24 hour medically directed evaluation, care and treatment for addicted clients with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

Outpatient/ Intensive Outpatient

Outpatient

A licensed organized, non-residential treatment service providing psychotherapy and substance use/abuse education. Services are usually provided in regularly scheduled treatment sessions for a maximum of 5 hours per week.

Intensive Outpatient

An organized non-residential treatment service providing structured psychotherapy and client stability through increased periods of staff intervention. Services are usually provided in regularly scheduled sessions at least 3 days per week for at least 5 hours (but less than 10)

Partial Hospitalization

Services designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 -hour inpatient care. Services consist of regularly scheduled treatment sessions at least 3 days per week with a minimum of 10 hours per week.

Prevention

The use of social, economic, legal, medical and/or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

Medication Assisted Therapy (MAT)

Any treatment for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or vivitrol.

Recovery Support Services

Services designed and delivered by individuals who have lived experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance abuse. These services are forms of social support not clinical interventions.

Recovery Specialist

An individual in recovery from a substance-related disorder that assists individuals gain access to needed community resources to support their recovery on a peer to peer basis.

Recovery Centers

A location where a full range of Recovery Support Services are available and delivered on a peer to peer basis.

Recovery Housing

A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

Human Services Development Fund / Human Services and Supports

Administration

Activities and services provided by the Administrator's Office of the Human Services Department.

Interagency Coordination

Planning and management activities designed to improve the effectiveness of county human services.

Adult Services

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by the Department.

Aging

Services for older adults (a person who is 60 years of age or older) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by the Department.

Generic Services

Services for individuals that meet the needs of two or more client populations include: Adult Day Care, Adult Placement, Centralized Information and Referral, Chore, Counseling, Employment, Homemaker, Life Skills Education, Service Planning/Case Management, and Transportation Services.

Specialized Services

New services or a combination of services designed to meet the unique needs of a client population that are difficult to meet with the current categorical programs.

APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS

Directions: *Using this format for Block Grant Counties, provide the county plan for allocated Human Services fund expenditures and proposed numbers of individuals to be served in each of the eligible categories:*

Estimated Clients – Please provide an estimate of the number of clients to be served in each cost center. Clients must be entered for each cost center with associated expenditures.

HSBG Allocation - Please enter the total of the counties state and federal HSBG allocation for each program area (MH, ID, HAP, C&Y, D&A, and HSDF).

HSBG Planned Expenditures – Please enter the planned expenditures for the Human Services Block Grant funds in the applicable cost centers. The HSBG Planned Expenditures **must equal** the HSBG Allocation.

Non-Block Grant Expenditures – Please enter the planned expenditures for the Non-Block Grant allocations in each of the cost centers. Only MH and ID non-block grant funded expenditures should be included. This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.

County Match - Please enter the planned county match expenditures in the applicable cost centers.

Other Planned Expenditures – Please enter planned expenditures from other sources not included in either the HSBG or Non-Block Grant allocations (such as grants, reinvestment, etc.) in the cost centers. *(Completion of this column is optional.)*

Block Grant Administration - Counties participating in the Human Services Block Grant will provide an estimate of administrative costs for services not included in Mental Health or Intellectual Disability Services.

***Use the FY 13-14 Primary Allocations for completion of the Budget* If your county received a supplemental CHIPP allocation in FY 13-14, include those funds in your FY 14-15 budget.**

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County: Crawford	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	0		0	0	0	0
Administrator's Office			261,238	0	14,838	0
Administrative Management	400		441,183	0	25,059	0
Adult Developmental Training	0		0	0	0	0
Children's Evidence Based Practices	0		0	0	0	0
Children's Psychosocial Rehab	0		0	0	0	0
Community Employment	0		0	0	0	0
Community Residential Services	45		137,080	0	7,786	0
Community Services	315		220,588	0	12,529	0
Consumer Driven Services	0		0	0	0	0
Crisis Intervention	1,330		138,193	0	7,849	0
Emergency Services	50		4,483	0	255	0
Facility Based Vocational Rehab	0		0	0	0	0
Family Based Services	20		47,324	0	2,688	0
Family Support Services	0		0	0	0	0
Housing Support	310		100,660	42,708	2,029	0
Other	0		0	0	0	0
Outpatient	1,665		514,152	0	29,204	0
Partial Hospitalization	0		0	0	0	0
Peer Support	6		19,026	0	1,081	0
Psychiatric Inpatient Hospitalization	0		0	0	0	0
Psychiatric Rehabilitation	130		259,429	0	14,736	0
Social Rehab Services	1,250		158,112	0	6,819	0
Targeted Case Management	105		115,850	0	6,580	0
Transitional and Community Integration	4		210,000	0	11,928	0
TOTAL MH SERVICES	5,630	2,669,238	2,627,317	42,708	143,381	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County: Crawford	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Admin Office	503		647,748	0	24,452	0
Case Management	51		186,197	0	10,577	0
Community Residential Services	0		0	0	0	0
Community Based Services	293		317,405	0	15,741	0
Other	0		0	0	0	0
TOTAL ID SERVICES	847	1,151,350	1,151,350	0	50,770	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	42		11,500		653	0
Case Management	490		63,500		3,607	0
Rental Assistance	380		115,069		6,536	0
Emergency Shelter	300		36,350		2,065	0
Other Housing Supports	72		2,800		159	0
TOTAL HAP SERVICES	1,284	203,076	229,219		13,020	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	154		260,737		14,810	0
Promising Practice	22		88,733		5,040	0
Alternatives to Truancy	0		0		0	0
Housing	0		0		0	0
TOTAL C & Y SERVICES	176	349,470	349,470		19,850	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County: Crawford	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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DRUG AND ALCOHOL SERVICES

Inpatient non hospital	84		103,831		5,898	23,419
Inpatient Hospital	6		15,854		900	8,527
Partial Hospitalization	0		0		0	1,540
Outpatient/IOP	217		179,174		10,177	35,886
Medication Assisted Therapy	2		5,000		284	0
Recovery Support Services	0		0		0	5,800
Case/Care Management	400		36,000		2,045	38,077
Other Intervention	250		11,000		625	0
Prevention	0		0		0	0
TOTAL DRUG AND ALCOHOL SERVICES	959	387,926	350,859		19,929	113,249

HUMAN SERVICES AND SUPPORTS

Adult Services	0		0		0	0
Aging Services	0		0		0	0
Generic Services	0		0		0	0
Specialized Services	1,736		54,475		3,094	0
Children and Youth Services	0		0		0	0
Interagency Coordination			4,121		234	0
TOTAL HUMAN SERVICES AND SUPPORTS	1,736	91,046	58,596		3,328	0

COUNTY BLOCK GRANT ADMINISTRATION			43374		2463	
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GRAND TOTAL	10,632	4,852,106	4,810,185	42,708	252,741	113,249
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