

Appendix A
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN

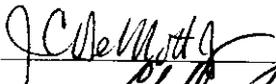
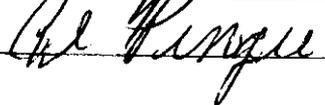
ASSURANCE OF COMPLIANCE

COUNTY OF: McKean

- 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>	
	Joe DeMott, Chair	Date: 7/23/14
	Cliff Lane	Date: 7-23-14
	Al Pingie	Date: 7-23-14

Appendix B County Human Services Plan

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

The McKean County Planning Team is the core team for the Human Services Block Grant. The Department of Human Services Advisory Board, McKean County Collaborative Board, and the McKean County Criminal Justice Advisory Board also contribute to planning and collaboration necessary to the McKean County Human Services Block Grant (HSBG).

The McKean County Planning Team meets quarterly to guide the focus of the HSBG and is comprised of the Directors of each block grant category, stakeholders in the provider community, and a business/community representative. During County Planning Team meetings the DHS Administrator provides programmatic and policy updates and the team reviews emerging trends and needs. County Planning members participated in public hearing, focus groups and planning meetings in preparation for the HSBG plan. Members are:

- Cliff Lane, County Commissioner
- Bob Esch, Vice President of External Affairs, American Refining Group
- Lee Sizemore, Department of Human Services Administrator
- Melissa Kirk, Adult Mental Health Director
- Mandy Reese, Children's Mental Health Director
- Linda Gault, Intellectual Disabilities Director
- Dan Wertz, Children and Youth Director
- Russ Linden, DHS Fiscal Director
- Heidi Stahlnecker, Alcohol and Drug Abuse Services Executive Director
- Amy Pierce, YMCA Executive Director
- Nate Gressell, Director of Residential Services, Beacon Light Behavioral Health Systems
- Edward Mialky, Executive Director, The Guidance Center
- Debbie Price, Executive Director, Evergreen Elm
- Bill Leven, Executive Director, Futures Rehabilitation Center

The McKean County Department of Human Services Advisory Board meets six times per year and reviews county programs, expenditures, trends and needs. Members are liaisons representing the interests and needs of the communities they represent, and provide feedback service gaps. Members include representation from the Mental Health Drop-In Center, Psychiatric Services, Mental Health Case Management, Alcohol and Drug Abuse Services, Victims Resources, MH Residential Services, Children and Youth Services, Intellectual Disabilities, CASSP, Inpatient Hospitalization, and the business community. Members reviewed the HSBG plan and participated in the overall planning of HSBG goals.

The following activities throughout the 2013-14 Fiscal Year helped the McKean County DHS staff, Advisory Board and the McKean County Planning Team gain feedback from those who receive services and their families.

<u>Date</u>	<u>Opportunity</u>	<u>Topics Addressed</u>	<u>Those present</u>
<u>January 4, 2013</u>	<u>Community Support Program Meeting</u>	<u>Problem-solving in order to avoid many admissions to inpatient, intensive outpatient and Warren State Hospital admissions.</u>	<ul style="list-style-type: none"> • <u>7 consumers, Drop-In Center Coordinator and two CCBH representatives.</u>
<u>August 2013</u>	<u>Community Support Program Meeting</u>	<u>Wellness and how the Patient-Centered Outcomes Research Institute Project (PCORI) could also interface with events and projects at the Drop-In Center.</u>	<ul style="list-style-type: none"> • <u>2 consumers, 1 BCM, 1 CCBH representative.</u>
<u>September 27, 2013</u>	<u>Mental Health Fair</u>	<u>Mental Health Wellness and attention to physical health needs.</u>	<ul style="list-style-type: none"> • <u>Approximately 60 consumers.</u>
<u>October 4, 2013</u>	<u>Community Support Program Meeting</u>	<u>Prevention of cancer.</u>	<ul style="list-style-type: none"> • <u>10 consumers, Drop-In Center Coordinator, American Cancer Society representative.</u>
<u>February 7, 2014</u>	<u>Community Support Program Meeting</u>	<u>Barriers to housing and public transportation.</u>	<ul style="list-style-type: none"> • <u>10 consumers and the County Mental Health Director.</u>
<u>March 13, 2014</u>	<u>Drop-In Center Advisory Board meeting</u>	<u>Creating more opportunities for consumer feedback</u>	<ul style="list-style-type: none"> • <u>8 consumers, Drop-In Center Coordinator, BCM Program Director, DHS Administrator</u>
<u>March 19,</u>	<u>Intellectual</u>	<u>Dental, Stress, Smoking</u>	<ul style="list-style-type: none"> • <u>100 consumers and</u>

<u>2014</u>	<u>Disabilities Awareness Day</u>	<u>Cessation, Women's Health, Traffic Safety</u>	<u>various support/provider staff, ID Director and DHS Administrator.</u>
<u>April 4, 2014</u>	<u>Community Support Program Meeting</u>	<u>Smoking Cessation and the development of a class. Developing a new walking group.</u>	<ul style="list-style-type: none"> • <u>5 consumers, BCM Program Director, Drop-In Coordinator, 1 Alcohol and Drug Abuse representative.</u>
<u>May 14, 2014</u>	<u>Youth Feedback Interview</u>	<u>Interview with youth consumer to gather feedback on youth mental health and transition needs.</u>	<ul style="list-style-type: none"> • <u>High School Independent Living (IL) Program and MH consumer, Child Welfare Resource Center representative, DHS Administrator, IL staff</u>
<u>June 6, 2014</u>	<u>Community Support Program Meeting</u>	<u>Starting a community gardening program and positive interfacing with the local Housing Authority</u>	<ul style="list-style-type: none"> • <u>5 consumers, Drop-In Center Coordinator and a Housing Authority representative.</u>
<u>June 20, 2014</u>	<u>Northwest Health Connections Picnic</u>	<u>Relaxation, recreation, gardening, dental hygiene</u>	<ul style="list-style-type: none"> • <u>75 consumers in addition to 20 provider and support staff, ID Director and DHS Administrator.</u>

Independent Monitoring for Quality relies on trained independent monitoring teams to interview people receiving services and their families about the quality of their services. Interviews are conducted with people who live with their family, live independently or in residential settings. McKean County DHS contracts with Community Services of Venango County to support independent monitoring teams, McKean and IM4Q locally have a "closing the loop" process, which ensures that the individual/family issues and concerns are referred to ID Program Director and staff to take appropriate action. Reports generated from Independent Monitoring for Quality interviews are shared with our office for the purposes of quality improvement.

As part of the broader strategy for implementing the Human Services Block Grant in 2014-15, DHS will be adding additional consumer and family members on the DHS Advisory Board and County Planning Team. Turnover in these positions occurred in

2013-14. Currently broad-based representation from consumer groups, providers, advocates, community representatives, DHS staff, and members of existing and statutorily required boards are at the table. Membership on both groups were selected to reflect the diversity of the populations served by DHS and our commitment to creating an accessible, culturally competent, integrated and comprehensive service system.

The McKean County Collaborative Board is the largest and most diverse coalition in the county. Meetings occur monthly and various sub committees carry out special initiatives. Stakeholders represent a broad array of human service, health, education, criminal justice, faith-based and business representatives, and there are 52 members. This group served as a focus group for block grant planning purposes. The Chair of the Collaborative Board also sits on the County Planning team in order to provide continuity across both groups.

The McKean County Criminal Justice Advisory Board (CJAB) meets six times per year to plan initiatives around reentry, diversion, technology, prevention, and justice related interventions. Members represent law enforcement, criminal justice, university, human services and county government. Justice related goals for the HSBG originated from CJAB strategic planning. Many members are also Collaborative Board members.

The McKean County Collaborative Board and the McKean County Criminal Justice Advisory Board have identified truancy prevention as an urgent need. To contribute toward collaborative efforts to improve truancy, CYS evidence-based strategies will promote school attendance. Additionally, a newly formed truancy improvement coalition has been formed to develop a McKean County Truancy Protocol that will be implemented in the 2014-15 school year.

The McKean County Department of Human Services organizational structure encompasses Children and Youth Services, and administrative direction of Intellectual Disabilities/Infant Toddler Early Intervention, Human Service Development Fund, and Mental Health. The DHS management Team meets monthly to review HSBG goals, expenditures and initiatives. Monthly meetings with providers occur to facilitate communication across the service community. Every other month the DHS Administrator meets with the Executive Director of the Area Agency on Aging, to carefully collaborate and address the needs of the elderly.

McKean County DHS intends to utilize Block Grant funding across the following categories.

Intellectual Disabilities Services: Community Habilitation, Community Residential Services, Employment Services, Family Support Services, Home and Community Services, Pre-Vocational Services, Respite Services, Supports Coordination, and Transportation Services.

Community Mental Health Services: Adult Developmental Training, Administrative Management, Community Employment & Employment Related Services, Community Services, Day Treatment (Partial Hospitalization), Emergency Services, Family Based

Mental Health Services, Family Support Services, Housing Support Services, Intensive Case Management (Targeted Case Management), Outpatient Services, Community Residential Services, Social Rehabilitation Services, and Facility Based Vocational Rehabilitation.

Housing Assistance Service: Case Management, Rental Assistance, and Emergency Shelter Services.

Alcohol and Drug Abuse Services: Prevention/Education, Outpatient, Intensive Outpatient, Partial Hospitalization, Detox, Short and Long-Term Rehabilitation, Case Coordination and Recovery-Oriented Services.

Children and Youth Services: Alternatives To Truancy (Big Brothers Big Sisters), Multi-Systemic Therapy, and Family Group Decision Making.

Human Services Development Funds: homemaker, housing, life skills education services, personal care services, mentoring, Drug and Alcohol Programs, School-Based Mental Health Services, and Drop-In Center Services.

No substantial programmatic and/or funding changes are anticipated in FY 14/15 as McKean County enters the second year of the Human Services Block Grant.

An assessment of needs is as follows:

Mental Health – In examination of Community Care Behavioral Health data on high-end users of inpatient psychiatric beds, it was found that there is over-utilization by the most severely dually diagnosed population. A need was identified to decrease “high-end user” utilization of psychiatric bed days, and increase community-based service options for this population.

Intellectual Disability – Based on HCSIS PUNS report of 06/13/2014, Sixty two (62) individuals are waiting for services in McKean County, which is an increase from previous fiscal year. Twenty nine (29) individuals are in the emergency category. Twenty two (22) individuals are in the critical category (services needed within two years) and eleven (11) are in the planning category. McKean received one PFDS slot and fortunately was able to obtain one Consolidated Waiver slot due to an unanticipated emergency.

Drug and Alcohol Services – In examination of outpatient and intensive outpatient data in 2013-14, alcohol treatment was the highest admitting reason (128 people), followed by Marijuana (55) and prescription opiates (45). To continue to deter high cost services, the full continuum of Drug and Alcohol services are essential. This continuum includes recovery oriented service and expands to inpatient treatment. Specific outcomes include supporting the continuum of service options with enough funding to reach the entire 14-15 fiscal year.

Homeless Assistance – In order to deter homelessness and near homelessness in McKean County, a strong base of case management support is needed. According to

data provided by the Bradford YWCA, around 118 individuals access homeless assistance case management per year. Around 80 of these individuals in case management go on to also utilize rental assistance and emergency shelter. Front-end case management will continue to be utilized as the most cost efficient strategy.

Children and Youth – Utilization of evidence-based programming for Family Group Decision Making, Multi-Systemic Therapy and Big Brothers Big Sisters (Truancy Prevention) is widely endorsed as a sound investment. The County Planning Team identified the need for this kind of array of services. Additionally, more professional training around trauma-informed care and more effective truancy protocols will be utilized through the efforts of the Truancy Roundtables group.

For further description of needs see Part II and Part IV, Human Service Narrative, Mental Health Services—Section b. Strengths and Unmet Needs.

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;***
- 2. Actual date(s) of public hearing(s);***
- 3. A summary of each public hearing.***

A hearing was held during the McKean County Collaborative Board meeting on July 2, 2014 at 1:00 at the Hamlin Memorial Library in Smethport, PA. An overview of the McKean County HSBG was presented by the Human Services Administrator and members provided feedback on the needs of the populations served.

Additionally, two public hearings, at 3:00 pm and again at 5:00 pm were held on July 3, 2014. Public Notice was put in two area newspapers—the Kane Republican and Bradford Era. The Public Notice included hearing dates, ability to provide public comments, period of public viewing of the draft plan, and ability to also provide written comments to the DHS Administrator.

A summary of comments received at hearings are as follows:

Mental Health

- Often older adults with mental illness are restricted with medications in residential treatment facilities in order to maintain the safety of other residents. There is a need for more specialized RTFs. One creative solution is that Bradford Manor has a contract with Deerfield for onsite psychiatric services.
- If there was an increase in the SSI Supplement for Licensed Personal Care Homes we would see a lot of decrease in mental health crises in these facilities.

- Families of older adults with mental illness need more family support services and support groups. There are some Specialized Adult Day Programs, but more socialization resources are needed for older adults.
- A barrier mentioned was that the “state” has said that senior citizen buddies services provided at Senior Centers are Adult Day Center services and cannot be provided.
- It might be helpful for professionals from mental health and alcohol and drug abuse to attend trainings together. For the most part, professionals are well-versed in co-occurring disorders.
- More services for justice involved re-entry services are needed.
- More young children with extremely aggressive behaviors are being identified and will likely need service supports their whole life. Some parents do not want to seek service because of embarrassment or fear they may be viewed as a bad parent.
- Citizens may not have private transportation to get to services. The cost of getting a license and maintaining a vehicle is prohibitive for many. Public transportation is limited. A suggestion was to have the ATA representative, Bill Keesler, come speak at a Collaborative Board meeting, and continue with regular ATA-Provider meetings on an annual basis.

Intellectual Disabilities

- Autistic youth aging out of school populations are underserved.
- Transition for 18-23 is an underserved area. Many are not college ready, work ready or life ready.
- The provider system for this population is an asset.

Homeless Individuals

- One faith-based member mentioned that January and February are very bad months as churches run out of their housing funds.
- Area churches, non-profits, YWCA and Destinations all work together to make sure needs are met and not duplicated.
- The 18-24 year old populations excluded from public housing are underserved. While there is bridge housing options, these programs run at capacity.
- A suggestion was made for the community boards to get more information on available Prepared Renter Programs.

Individuals with Drug and Alcohol Service Needs

- Alcohol is the number one reason for Outpatient and Inpatient admissions, followed by marijuana, then prescription opiates.
- There is more of a demand for service in Bradford, often with a six week wait time for Outpatient Services.
- There is a need for specialized youth services.
- There are challenges in funding with detox and inpatient services.
- There are not enough sober social activities in our area and alcohol use is a norm supported by too many adults.

- Women involved in the justice system and veterans have specific needs that are unmet.
- More Certified Recovery Specialists are needed to establish more individuals in the recovery community and to provide forensic support for individuals prior to release from prison.

Children, Youth and Families Vulnerable to Child Abuse and Neglect

- There is a need for more professional and community training on trauma-informed care practices.
- Foster parents need specialized training and more networking opportunities.
- The community needs training on the new changes related to Child Protective Service Laws.

Proof of publication and participation log is located in Attachment 1.

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.

McKean County DHS is not requesting any waivers at this time.

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.

a) Program Highlights:

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

McKean County is a small, rural sixth class county that has a well-connected array of supports for children, adults and families. Services are contracted out to different providers within the county, with our largest mental health agency being The Guidance Center. Services for adults include outpatient therapy, crisis services, acute partial hospitalization program, peer support, drop-in center, mobile medication management, supported living services, and supportive housing options. In partnership with Community Care Behavioral Health, many of these services are now covered under the CCBH member umbrella. As a complement, mental health base dollars contribute to the maintenance of services.

There are 2,652 users of behavioral health services in McKean County. An overview of Distinct Authorized Users from July 2012-March 2013 provided by Behavioral Health Alliance of Rural PA shows that non-partial Outpatient Mental Health was the most utilized (2,270 users). This number is followed by Community Support (508 users), "other" (418 users), Behavioral Health Rehabilitative Services (318 users), Outpatient D & A (275 users), Inpatient (128 users), Non-Hospital (64 users), RTF JCAHO (26 users), Inpatient D & A (8 users), and RTF Non-JCAHO (6 users).

With HealthChoices reinvestment dollars, a Dual Diagnosis Treatment Team (DDTT) based out of NHS Human Services continues to provide all-inclusive, intensive services to adults with a behavioral health diagnosis and intellectual disability. The goal of DDTT is to reduce psychiatric inpatient hospitalization stays. In 2013-14, there was one discharge from this program. The individual gained valuable skills, and although readmitted into psychiatric inpatient once, this was a dramatic decrease in utilization prior to DDTT involvement. Another individual is making remarkable progress with coping skill development, and there has been a decline in hospital admissions, with this individual also being discharged from the program soon. McKean County has had positive experiences with the DDTT approach in reducing recidivism. In sum in 2013-14, there were six individuals in the DDTT initiative.

The Guidance Center continues to implement the Patient Centered Outcomes Research Institute (PCORI) Initiative, and has experienced many side benefits of the program. Doctors, case managers and consumers report that wellness is embraced and carried over more than anticipated. Individuals are incorporating healthy practices at the STEPS Mental Health Drop-In Center. In May, in association with Mental Health Awareness Month, members introduced a weight loss program called "Let Go of the Weight"; healthy snacks now replace traditional chips and candy bars; and smoking cessation classes were offered on site.

Not unlike other Pennsylvania counties, McKean County continues to identify gaps in services related to transportation and housing. The local Consumer Support Program (CSP), providers, individuals, and stakeholders cite many transportation frustrations. Bus routes through the transportation provider called the Area Transportation Authority (ATA) and private vehicles are the only modes of transportation in the county.

ATA provides three fixed bus routes that run multiple times a day. One runs within the City of Bradford six to seven days per week. Another Bradford to Smethport route runs three days a week; and a Bradford to Kane route runs five days per week. Bus fare is nominal and generally affordable for most. Bus fare for senior citizens is free. Within the City of Bradford it is \$1.25 for the public, \$.65 for children, and free for children less than five years. Bus fare for Bradford routes running to Kane or Smethport range from \$2.25 to \$2.75 for the public, and \$1.15 to \$1.40 for youth. Additionally, ATA honors the person with disabilities program with a reduced rate for bus route fare.

The primary complaint from public transportation customers is that while there are bus route options, appointments must conform to fixed locations and times, and many

appointments do not. For medical appointments, the Medical Assistance Transportation Program (MATP) is available.

However, due to a large amount of customer complaints about fixed routes and MATP, McKean County DHS was prompted to facilitate meetings in January and February between ATA and providers. Consumer complaints focused on inadequate amount of fixed bus routes; some inflexibility with Waiver transportation scheduling; and MATP concerns about wait times, suspension rules for no-shows, low vehicle mileage reimbursement rates, inability to switch from vehicle to bus modes, ATA scheduling hardships, confusion surrounding rights to appeal suspension decisions, and limited out-of-town scheduling options.

Annual meetings with McKean County customers and the ATA will now occur. Outcomes of 2013-14 meetings increased communication and established these guidelines:

- Providers are now aware of the MATP appeal process.
- ATA will adapt to the medical needs of those transported out-or-town if the needs are medically recommended.
- Customer complaints should be called into Customer Service. 1-866-282-4968.
- Waiver transportation can be flexibly scheduled. Even though authorization may be for a weekly frequency, if not used in a set week, the rides can be deferred to another week.
- ATA will provide a copy of the MATP Guidebook and other documentation that is given to riders. These materials provide an explanation of the suspension policy and the right to appeal. There is an appeal process.
- There are currently around 4 McKean County residents on MATP suspension, and the assumption was there were many more. This fact helped all understand the suspension policy in perspective.
- MATP out-of-town scheduling is very limited due to budget constraints. Meth clinic bus runs to Clearfield take place daily and is mandated as medically necessary. This route cuts into other needs of consumers. To make runs most cost effective, a more condensed schedule has been required in the last few years.

Housing in the county remains a concern for consumers due to lack of affordable housing options, substandard housing, and wait lists for public housing and Section 8 vouchers.

Housing individuals with a mental illness can be challenging at times; however, McKean County is fortunate that through reinvestment funds a housing contingency fund is available to assist with security deposits, first month's rent, utility bills, and/or damages incurred to rental units. McKean County has also been involved with the Northwest Nine (NW9) Master leasing and bridge subsidy program. The program is designed to assist individuals experiencing housing barriers such as criminal background or poor landlord references, in re-entering rental arrangements. Vouchers and responsible rental practice/policies are available for these individuals. While this has been an invaluable asset, the program is running at maximum capacity and there is now a wait list for the program.

Community/Hospital Integration Projects Program (CHIPPS), a state initiative in partnership with McKean County, has enabled the discharge of residents from Warren

State Hospital (WHS) back to the community. Continuity of Care meetings continue with WSH regularly. The McKean County Liaison also works closely with CHIPP-identified residents, the treatment teams at WSH and Beacon Light Behavioral Health Systems, and the DHS Mental Health Director in an effort to provide the supports the individual needs and wants in the community. In 2013-14 Beacon Light Behavioral Health Systems secured a five-person, male CRR home. The home has been licensed, Beacon Light's staff has met the individuals that are targeted for the house, and two males have been returned to community. The men have made the transition into the community successfully and the intent is to bring the remaining out by the end of summer.

In collaboration with the McKean County Criminal Justice Advisory Board (CJAB), a Mental Health Matters grant was secured. In partnership with the local Health Care Quality Unit (HCQUI) called Northwest Health Connections, who conducted the training, an adult Mental Health First Aid training was held in May. Populations targeted were first responders and law enforcement. Thirteen local police officers attended. Because the first training was such a success, another is planned for late 2014.

Finally, another exciting initiative is beginning called Disaster Crisis Outreach and Referral (DCORT). DCORT is a team approach to assisting citizens impacted by crisis or disaster. McKean County DHS worked closely with the Emergency Management Department and Regional DCORT Coordinator on an implementation plan. Potential team members are currently being recruited for the first training called Psychological First Aid, which will be offered late 2014. Participants from Psychological First Aid training will be recruited to join a DCORT Response Team that will be responsible for developing response protocols and participating in further training. With a Bioterrorism Hospital Preparedness grant through the PA Department of Public Welfare, "Go Kits" were purchased which include various items that can be used in assisting the team members when the team is activated.

Related to youth under the age of 18, McKean County provides a continuum of services for children in their home and community. For the most part, services are implemented by contracted providers within the county. Core services are CASSP, Outpatient, Student Assistance Program (SAP), and Family-Based Mental Health (FBMH). Services are designed around CASSP principles of child-centered, family-focused, community-based, multi-system, culturally competent and least restrictive. Monthly CASSP meeting with a core structural team help providers trouble-shoot different cases. The core members include the DHS Administrator, MH Director, ID Director, Children's MH Director, CYS Director, a Juvenile Probation Officer, an Alcohol and Abuse Services representative, and a school representative. Barriers to learning are removed through utilization of the Student Assistance Program (SAP) so that student academic achievement will be enhanced through collaborative prevention, intervention, and post-intervention services. SAP is designed to assist school personnel in identifying issues including alcohol, tobacco, other drugs, and mental health issues. The SAP Team is comprised of school staff and liaisons from community alcohol and drug and mental health agencies. SAP team members are trained to identify problems and determine

appropriate recommendations for treatment or resources to assist the parent, student or school.

Respite Services are provided within DHS through contracted respite homes in order to provide short-term temporary relief to those caring for youth who might otherwise require out-of-home placement. Respite Services continue to be identified as a priority need in the county. In fiscal year 2013-14, McKean County DHS was able to utilize funding to meet the needs of approximately nine (9) youth in our county. It is anticipated that this level of respite service will continue to be needed in 2014-15.

Parent-Child Interaction Therapy (PCIT), while not county funded, is a service that helps families keep children in the home and community. PCIT has expanded in 2013-14 through the efforts of committed providers—The Guidance Center and Beacon Light Behavioral Health Systems. Parents completing the program are more engaged and confident in their parenting practices. A goal targeted for 2014-15 is to increase referrals to PCIT from Children and Youth Services. This step will help in prevention of out-of-home placement. CYS has traditionally under-referred, therefore resource sharing and referral protocols need to be enhanced.

In order to reduce the wait time for services, McKean County Department of Human Services has traditionally paid for Family Based Mental Health Services for individuals while they wait for medical assistance eligibility. In 2013-14, DHS worked together with providers to reduce some of the costs associated with county payment of this kind of uncompensated care. DHS's goal is to continue to provide funding to providers that offer FBMH, however, a new review and authorization process is now in place in order to make a wiser investment. The CASSP Program Coordinator now authorizes/reauthorizes county payment of FBMH when the family does not have CCBH-member medical assistance (MA) or Health Insurance Premium Payment (HIPP-MA), which is for medical assistance recipients who are eligible for employment-based medical insurance. For families with HIPP-MA, the county pays a match for up to 24 weeks, and authorizations are made every 12 weeks. Additionally, protocols were put into place at the provider level. Prior to intake the parent is asked to allow the provider to manage the MA Loophole application. If the parent agrees, the provider has 10 calendar days to submit the MA application; otherwise the services go on hold. If the parent does not agree to the MA application, services do not start until the parent provides proof that they applied for MA on their own.

McKean County DHS is a learning community in the PA Systems of Care model to improve youth outcomes and service approaches. In 2013-14 the DHS Administrator participated in learning community conference calls as a first step. As a complement, McKean County DHS spearheaded the first in a series of three Truancy Roundtables in January to focus on improvements in school truancy. Forty-nine (49) justice systems, schools and human service representatives came together to review current practices in schools, district justice offices and Children and Youth Services. The three domains then broke off as work groups and are now tasked with developing and implementing a new countywide Truancy Protocol in the 14-15 school year. The next Truancy Roundtable in September will kick off the new protocol. Progress will be evaluated and

prevention efforts developed at the January 2015 Truancy Roundtable. Systems of Care principles will be utilized throughout the Roundtable process in order to bring youth and systems leaders together to plan for change.

b) Strengths and Unmet Needs:

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

Older Adults (ages 60 and above)

Strengths:

- The Office of Human Services, Area Agency on Aging offers a full continuum of services and supports for older adults that include Aging Waiver Services, Options for In-Home Services, six Senior Centers, Protective Services, Public Guardianship, Dom Care, Family Caregiver Support, Information and Referral, Senior Volunteer Program and Nutrition Services.
- In comparison to other Pennsylvania Counties, there are more generational supports for older adults and a higher percentage of Seniors belonging to religious organizations in McKean County.

Needs:

- Community awareness and education about the availability of mental health treatment is needed in order to reduce stigma. Collaborative activities during Mental Health Awareness month are an opportune time.
- Prescription medication overuse and abuse is a common problem. More individuals with substance abuse issues are residing in skilled care facilities and personal care homes, in addition to the first generation of HIV/AIDS. Some facilities are not always willing to serve older adults with challenging behaviors.
- Screenings conducted at Senior Citizens on mental health symptoms would be helpful in addition to education on awareness of sudden changes in behavior and the difference between dementia and depression. Public education is needed to inform seniors and their families that untreated dementia can lead to depression. Collaborative activities during Dementia Awareness Week in May are an opportune time.
- Approximately half of all McKean County elder abuse reports are for self-neglect. Dementia and depression greatly contributes. There is also more of a shortage of Medicare reimbursed services for this population as only licensed clinical social workers and licensed psychologists are credentialed with Medicare. This leads to a shortage of treatment options for older adults. Seniors are also a lot less likely to seek treatment due to mobility and transportation barriers.
- More Dom Care Homes are needed.
- A high percentage of Protective Service cases in McKean County (approximately 40%) involve issues of substance use disorders either with the victim or perpetrator. Prevention should focus on educating older adults on SUD health promotion, self-protection, and positive choice of caregivers.

Adults (ages 18 and above)

Strengths:

- Peer support is one of the more effective and mutually beneficial mental health services.
- There is a strong provider system to serve the adult population.

Needs:

- Increased opportunities for peer specialist available to work with those involved in the justice system, with veterans and transitioning youth.
- More resources statewide for the new Adult Protective Service System.
- There is an ongoing need to reduce stigma and discrimination through positive events and messaging. Mental Health Awareness month is an opportune time for these efforts.

Transition-age Youth (ages 18-26)

Strengths:

- There is strong collaboration among youth serving organizations. The Youth Consortium/Transition Council is a valuable resource for this collaboration.

Needs:

- Housing support services are needed for those sanctioned from public housing and on a waiting list for bridge housing.
- More case management services to help youth obtain independent living skills.

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:

- CASSP and SAP are available to help families, schools and organizations find and navigate appropriate services.

Needs:

- More trauma-informed care needed across all providers.
- More evidence-based programs and adequate funding for these programs are needed to help youth and families.
- Schools have varying models of school-based mental health supports and there is a need to clarify what countywide resources are available.

Individuals transitioning out of state hospitals

Strengths:

- Beacon Light Behavioral Health Systems opened a new home on their campus to integrate five adult male residents of Warren State Hospital back into the community.

Needs:

- Resources from all mental health systems and other community partners will be needed to maintain the five CHIPPS men in the community.

Co-occurring Mental Health/Substance Abuse

Strengths:

- For the most part, professionals are trained in co-occurring disorders and work together collaboratively.

Needs:

- More co-occurring evidence based practice ideas are needed, as well as more training to increase co-occurring competent professionals.

Justice-involved individuals

Strengths:

- Collaborative practices have been put into place through efforts of the McKean County Criminal Justice Advisory Board.
- Pennsylvania Commission on Crime and Delinquency funds were requested for a new re-entry program that will focus on inmates from the McKean County Prison re-entering the community.
- McKean County has a strong Community Service Gardening Program that serves as a diversion program.
- McKean County jail has a full-time mental health therapist on staff.

Needs:

- Peer Support Services for individuals that are justice involved is needed.
- Specialized support for women with mental health disorders that are justice involved is also needed.
- Expedited medical assistance eligibility programs are needed so that individuals released do not have a wait time for services.

Veterans:

Strengths:

- There is a full-time director of Veteran's Affairs in the County that links veterans to needed resources.
- There is a primary care clinic in Bradford for Veterans, and a Vet Clinic in Smethport and Bradford for combat Veterans.

Needs:

- Increased public awareness and education on veterans' issues with mental health disorders, addictions, and PTSD, as well as re-entry or orientation services for returning veterans is needed.
- Services for families of veterans are needed.

Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers

Strengths:

- There is a strong support system for LGBTQI consumers through providers, friends and family.
- Self-view and acceptance is generally strong. Faith-based community acceptance is limited but growing.
- Providers such as Psychiatric Rehabilitation have sponsored LGBTQI speakers in order to highlight challenges and wise choice of partners.

Needs:

- More speakers and training are needed as well as support groups, and faith-based opportunities.

Racial/Ethnic/Linguistic minorities

Strengths:

- Racial and ethnic diversity that was once only in the largest population center of the county, the City of Bradford, is now seen countywide.
- Translation services can readily be secured are neighboring colleges and universities.
- The University of Pittsburgh Bradford offers educational, public awareness and promotion of the value of racial and ethnic diversity through events, programs, and community outreach activities.

Needs:

- Cultural competence is an area in need of ongoing attention in professional development activities.
- Culturally competent practices in center and office-based settings also require constant attention so that diversity is respected and environments where people are served are welcoming and inviting.

Other, if any (Dual Diagnosis)

Strengths:

- Individuals are served in the least restrictive setting.
- Professional staff are caring and skilled in serving individuals in the area of need.

Needs:

- Better cross-training between MH and ID staff through shared community trainings.
- Dual diagnosed persons with justice involvement are very difficult to serve. Increased coordination and collaboration continues to be a focus area of the CJAB.
- Public awareness and education to reduce stigma is needed.
- Advocacy and case management services are critical since this population is hard to house when restricted from public housing options.

c) 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.*

The following plan was adopted by the McKean County Planning Team and will be monitored by this team. The priorities contained in chart format will be reviewed at each County Planning Team meeting in order to track progress.

1. Increase the use of trauma-informed care and practices.

Description: To provide service for children who have experienced trauma, several mental health providers have added personnel with trauma-focused training to their staff complement. There is now a need to imbed trauma-informed care practices in every child-serving organization.

Timeline: In September a cross-sharing event will be planned and providers in Allegany County, NY will be invited to a roundtable to discuss how they have implemented a system of trauma-informed care.

Resources Needed: The University of Pittsburg, School of Social Work will sponsor the event in partnership with the McKean County Collaborative Board.

Plan/Mechanism for Tracking Implementation: This priority was targeted in the 2014 McKean County Collaborative Board's Strategic Plan and will be evaluated in November. Post-test evaluations of the event will also occur.

2. Increase the use of peer specialists for individuals involved in the justice system, for veterans and/or youth.

Description: Peer support is one of the more effective and mutually beneficial mental health services. Peer Specialists are needed for re-entry purposes, veterans and youth.

Timeline: By February 2014 options for expanding peer support will be explored.

Resources Needed: Recruitment of individuals willing to provide peer support is needed. Buy-in from providers and various planning groups are needed to work toward this goal.

Plan/Mechanism for Tracking Implementation: The County Planning Team will track the implementation of this priority.

3. Increase staff competencies and cross-competencies through cross-trainings and networking opportunities.

Description: During focus group discussions, providers, County Planning Team members and Collaborative Board members indicated that more training and networking opportunities were needed. Staff turn-over, few local training options, lack of time to network, and lack of a networking system/venue were mentioned as barriers.

Timeline: A cross-training/networking plan and timeline will be developed at the next County Planning Team meeting in July 2014.

Resources Needed: Participation of the County Planning Team. County Government, Private Providers or Business Partners willing to rotate responsibilities in hosting networking opportunities and training.

Plan/Mechanism for Tracking Implementation: The County Planning Team will develop ideas and an activity timeline.

4. Reduce discrimination and stigma.

Description: With resources such as the STEPS Drop-In Center, Futures, Evergreen Elm activities, Peer Specialists Programs, and the PCORI Initiative, self-stigma is greatly reduced through recovery practices. Social stigma still exists and there is a need to reduce prejudicial attitudes and discriminating behaviors directed toward individuals with mental health disorders and intellectual disabilities. Events

that encourage social contact between individuals with and without mental health and intellectual disabilities will help improve attitudes and promote community anti-stigma engagement. These events will be planned during Mental Health Awareness month, Intellectual Disabilities Awareness Month, and Leadership McKean classes.

Timeline: Events will be planned for Intellectual Disabilities Awareness Month in March, and Mental Health Awareness Month in May and/or World Mental Health Day in October. In November, Leadership McKean will host a class focused on dialogue about recovery and acceptance between individuals with mental health and intellectual disabilities and a class of emerging McKean County leaders.

Resources Needed: Participation from STEPS Drop-In Center, Futures and Evergreen Elm participants, Case Managers, Rays of Hope Committee and Leadership McKean Steering Committee.

Plan/Mechanism for Tracking Implementation: The County Planning Team will track progress of this priority.

5. Collaborate to increase referral between CYS and PCIT, a service that helps families keep children in the home and community.

Description: Parent-Child Interaction Therapy (PCIT) is a resource that both The Guidance Center and Beacon Light Behavioral Health Systems offer. Parents completing the program are more engaged and confident in their parenting practices, yet the resource remains under-utilized by Children and Youth Services. More cross-training and resource sharing will occur between organizations in order to increase referrals.

Timeline: An October cross training will be planned.

Resources Needed: CYS and PCIT staff.

Plan/Mechanism for Tracking Implementation: The County Planning Team will track this priority.

6. Improve school attendance and a cross-systems response to truancy through a newly developed McKean County Truancy Protocol.

Description: In 2000, then President Judge John Cleland implemented a countywide truancy response policy. Since that time practices between systems that respond to truancy has become fragmented. The more predominant use of cyber and alternative school settings has complicated the communities' ability to implement truancy consequences and promote school attendance.

Timeline: A McKean County Truancy Protocol will be implemented for the 2014-15 School Year. Progress of three assigned work groups (School, District Justice, and Human Services) will be monitored at September 2014 and January 2015 Truancy Roundtable meetings. Implementation progress will be evaluated at the January 2015 meeting and prevention practices will be planned and added.

Resources Needed: Leadership from the Judges and County Commissioners and participation of Roundtable and Work Group members.

Plan/Mechanism for Tracking Implementation: The Truancy Roundtable Steering Committee will track implementation. Members include the Judges, Chief Juvenile Probation Officer, Children and Youth Services Director, Department of Human Services Director, Youth Specialist through CareerLink, and the Director of Alcohol and Drug Abuse Services.

1. Increase the use of trauma-informed care and practices.		
Steps?	Who is doing it?	By what target date?
Trauma-informed care training by Allegany County NY team	University of Pittsburg's' School of Social Work	October, 2014
Provide foster parents an overview of trauma-based care.	Children and Youth Services	Winter 2015
Beacon Light is part of a trauma learning collaborative and will share resources and training when available.	Beacon Light Behavioral Health Systems	When available.

2. Advocated for the increase use of Peer specialist for individuals involved in the justice system, veterans, and/or youth or other specialized populations.		
Steps?	Who is doing it?	By what target date?
Advocate with CCBH for increase resources and expanded eligibility criteria for Peer Specialists.	DHS Administrator and MH Director	October 15, 2014
Recruit veterans to be Peer Specialist that meet CCBH Peer Specialists criteria.	The Guidance Center Beacon Light Behavioral Health Systems	Spring 2015

3. Increase staff competencies and cross-competencies through cross-trainings, Lunch and Learns, and networking opportunities.		
Steps?	Who is doing it?	By what target date?
Hold the 2 nd Truancy Roundtable meeting to train stakeholders in use of the new Truancy Protocol.	Truancy Roundtable Steering Committee	September 17, 2014
Self-train organizations on Human Trafficking.	Juvenile Probation Intern	September -October
Hold "Aging/MH/ID: Lunch and Learn"	Area Agency on Aging, The Guidance	October 30, 2014

to network and problem-solve.	Center, Department of Human Services	
Hold Transition “Business After Hours” or “Lunch and Learn” event to share resources involved in youth transition to adulthood.	Beacon Light Behavioral Health and Department of Human Services	Target: November-December 2014
Host an “ATA Transportation: Lunch and Learn” to network and problem-solve.	Area Transportation Authority and Department of Human Services	Target: January 2015
Hold a “Veterans Issues: Lunch and Learn”.	McKean County Veteran’s Affairs Office and Department of Human Services	Target: February-March 2015

4. Reduce discrimination and stigma.		
Steps?	Who is doing it?	By what target date?
Intellectual Disabilities Awareness Month Activities	ID Committee	March 2015
Mental Health Awareness Month and World Mental Health Day Activities	Rays of Hope Committee	May and October 2015
Leadership McKean Dialogue	Leadership McKean Steering Committee	November 14, 2014
Special Olympics	Special Olympics Committee	Year round

5. Collaborate to increase referral between CYS and PCIT.		
Steps?	Who is doing it?	By what target date?
Develop a user-friendly referral form for CYS staff to use.	The Guidance Center	July 2014

Cross-training CYS staff on appropriate referral to PCIT.	PCIT providers	November 2014
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6. Improve school attendance and cross-systems response to truancy.		
Steps?	Who is doing it?	By what target date?
Establish a new Truancy Protocol and train stakeholders in use of the protocol.	Truancy Roundtable Steering Committee and Truancy Roundtable membership	September 17, 2014
Host a local training on Truancy Elimination Planning	School (Truancy) Work Group	October-November 2014
Truancy Roundtable Work Groups meet and work on tasks.	School Work Group Human Services Work Group Magisterial District Justice Work Group	October 2014 to January 2015
Monitor progress and plan for prevention steps	Truancy Roundtable	January 28, 2015

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.

Two hundred ninety five (295) McKean County residents are enrolled in the intellectual disability system. All individuals enrolled have a choice of supports coordination and the majority of individuals have chosen The Guidance Center. Of the total number, eighty (80) individuals are enrolled in PFDS waiver (one individual is in the intent to enroll status) and sixty-one (61) people are enrolled in the Consolidated Waiver Program. As of the end of Fiscal Year 2013/2014, twenty-three (23) individuals are funded with base dollars. The remaining individuals are either supported in a state center, private ICF/ID facility or receive Supports Coordination Services only.

McKean County continues to provide a continuum of services, based on the assessed needs of the individuals. Supports include a range—from home and community habilitation and respite for individuals, to individuals residing in licensed 6400 residential habilitation and private and state ICF/ID settings. McKean County DHS works closely with the following providers to provide this array of services to the community:

- Futures Rehabilitation Center– Community Habilitation, Home/Community Habilitation, Supported Employment and Pre-vocational Services
- Evergreen Elm – 6400 and 6500 Licensed Residential Settings, Home/Community Habilitation and Respite
- Beacon Light Behavioral Health Systems’ Ramsbottom Center– 6400 Licensed Residential, Behavioral Support
- Community Links and YWCA of Bradford – Home and Community Habilitation
- Dickinson Center Inc. – Home & Community Habilitation, Community Habilitation
- Erie Homes for Children and Adults, Lakeshore, TTSR, Point of Caring, Martha Lloyd – Licensed 6400 Residential Homes
- Area Transportation Authority (ATA) – Travel
- Potter County Human Services – Travel
- Pediatric Services of America – Nursing
- ARC of Crawford County and PA Mentor – Licensed 6500 Homes and Respite
- Goodwill Industries – Supported Employment

Transportation services continue to be limited in McKean County. DHS, the identified Administrative Entity (AE) works with the local Area Transportation Authority who provides services to and from day programming. For those individuals living near a fixed route, transportation is affordable and convenient. However, for a great number of McKean County residents, transportation is problematic. Travel outside of the fixed

routes into Bradford, which is the largest town and where day programming and medical services are located, is often cost prohibitive.

Individuals/families have not yet chosen to use the Financial Management service delivery model. Another service which is available is companion services. At this point, individuals and families have not chosen this service.

Respite options are limited in McKean County. McKean County AE will work with the Western Region Capacity Manager and other county program directors if the need for respite occurs and the service needs to be delivered in a residential setting. Two residential agencies have agreed to provide emergency respite, if needed.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	0	0
Sheltered Workshop	8	8
Adult Training Facility	4	4
Base Funded Supports Coordination	27	27
Residential (6400)	4	4
Lifesharing (6500)	0	0
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	19	20

Twenty three (23) individuals receive services funded with state dollars. Services funded include licensed residential habilitation, community habilitation, home and community habilitation and transportation.

In addition, McKean AE contracts with a local organization to operate Family Support Services (FSS) program, using a small pot of base ID dollars. As of June 16, 2014, nineteen (19) individuals have received small amounts of funding this fiscal year. FSS continues to provide funds for emergency situations, especially funding for emergency respite and health and safety concerns. For example, funds could be utilized if a family living needed some assistance to remain in their home; to have a contractor deep clean and remove items for a family with hoarding issues; or to help children and young adults with intellectual disabilities attend camp. McKean DHS intends to contract with our Supports Coordination Organization for Fiscal Year 2014/2015 to operate this flexible program. The target number of individuals to be served will remain consistent with previous years, assisting approximately twenty (20) individuals.

McKean County DHS has always been a strong supporter of our local Health Care Quality Unit, Northwest Health Connections. Sponsored in part with FSS program funds, an annual event is held at Wild Cat Park, in Ludlow, PA. This year's theme was *A Day in the Park*. Consumers from multiple counties got together for a day of fun and

learning activities. Last year, volunteerism was a focus and this year's focus on gardening was well-received. In previous years, up to 400 individuals have attended this popular event.

Supported Employment: *Describe the services provided, changes proposed for the current year, and identify a proposal for supporting growth of this option. Please add specifics regarding the Employment Pilot if your County is a participant.*

In McKean County, there continues to be barriers to employment for individuals with intellectual disabilities. McKean County continues to focus on increasing employment opportunities, especially for those enrolled in the Waiver Program. The recently employed Individualized Support Plan (ISP) checklist is a tool used to engage discussion regarding pre-vocational activities and the move to community employment. Supports Coordinators have been instructed to use this checklist to promote conversation with the individuals funded with base dollars, as well. At the present time, no individual utilizing pre-vocational services is ready and willing to pursue community employment.

Recipients of waiver funded services have the option to work with two supported employment agencies—Goodwill Industries and Futures Rehabilitation Center. Another agency pulled their supported employment program out of McKean County in FY 2013/2014. Goodwill Industries is now established in McKean County, and Futures remains a provider of this service.

Futures, Inc. has developed a program to assist individuals with gaining needed skills in preparation to work in the food industry. Weekly, the individuals and staff open their “Sweet Deals Café” which provides coffee, home-made breakfast treats and also special luncheon selections. Participants and staff from the workshop have a chance to purchase goodies and the participants gain skills in food preparation, food delivery, clean-up and money handling. This has proven to be an enjoyable experience for all.

In order to maximize opportunities for individuals with intellectual disabilities in the workforce, more Supported Employment providers will be recruited in the 2014-15 year.

Base Funded Supports Coordination: *Describe the services provided, changes proposed for the current year, and how transition services from the ICF/ID and other facility based programs will be supported.*

Twenty seven (27) individuals receive base funded supports coordination. Supports coordinators make contact yearly for individuals residing in state centers, out of county ICF/ID facilities and state hospitals. Five (5) McKean County residents continue to reside in state centers and fourteen (14) individuals resident in private ICF/ID settings. McKean County has not been notified by the Office of Developmental Programs (ODP) whether or not any of our state center residents have been targeted for community placement based on recent lawsuits. At a minimum, Supports Coordinators conduct a yearly ISP meeting and follow-up for individuals living in the community. More contact or services may be delivered, based on the needs of the individual.

The Administrative Entity and the Supports Coordination Unit work together on the plan of service delivery and also review the costs associated with delivering supports

coordination paid for with base dollars. This step is in place in order to make wise block grant investments. At present no transition out of ICF/ID and other facility based programs are anticipated. If transition services need to be developed, the AE and The Guidance Center, (SCO) would work cooperatively to determine what and how many services will be requested.

Lifesharing Options: *Describe the services provided and identify how you propose to support growth of this option.*

Lifesharing, also known as Family Living, supports individuals with intellectual disabilities to live with qualified unrelated adults who provide support in their home. Lifesharing matches have remained stable. McKean County approves and authorizes Waiver funding for five (5) individuals. Increasing Lifesharing opportunities remains a quality management focus. The new Act 22 Regulations outlines a process to discuss Lifesharing for all individuals interested in and/or currently residing in 6400 licensed homes. The required ISP checklist procedure promotes discussion regarding a shift from traditional residential settings to a model of living with, and sharing family experiences. Supports Coordination staff are required by the AE to use the ISP checklist to promote the discussion for the four (4) individuals currently living in licensed 6400 facilities and funded with state dollars. At this point, the individuals supported in those homes are not candidates to move to the less restrictive setting.

Waiting List for Services

Based on HCSIS PUNS report of 06/13/2014, Sixty two (62) individuals are waiting for services in our county, which is an increase from previous fiscal year. Twenty nine (29) individuals are in the emergency category. Twenty two (22) individuals are in the critical category (services needed within two years) and eleven (11) are in the planning category. McKean received one PFDS slot and fortunately was able to obtain one Consolidated Waiver slot due to an unanticipated emergency.

Cross Systems Communications and Training: *Describe your current efforts and changes proposed for the current year. Explain how collaboration incorporates risk management and avoidance of State Center and/or State Hospital admissions.*

McKean County takes advantage of the resources available, especially resources to support individuals with both intellectual disabilities as well as struggling with mental illness. McKean County has a formal meeting process in place to discuss intake and treatment planning, or to problem solve concerns. Other professional development and networking opportunities are available include Northwest Health Connections (HCQU). This agency provides training to residential providers as well as technical assistance to teams who are struggling to support an individual, without concern to funding streams. McKean County AE also has training and technical assistance support from the Positive Practices Resource Team, an entity that brings together experts from ODP and OMHSAS.

A more recent support service available is the Dual Diagnosis Team, funded through Community Care Behavioral Health and delivered by NHS. This service was made available to seven (7) individuals who are dually diagnosed. Of those seven, four are also enrolled in a waiver and have a dedicated funding stream. Any person struggling

with dual diagnosis issues and in-patient hospitalizations could be referred to this new program, which does ease the burden of local ID and MH base allocations.

The Administrative Entity and mental health staff forward any information on trainings to the providers in our geographic region. Opportunities are generally provided through HealthCare Quality Units, WPIC, Community Care or BHARP. The McKean County ID Program Director also participates in Cameron, Elk, McKean, Potter and Forest Warren Counties Aging and Intellectual Disabilities Team. A small amount of base funded **aging** dollars is awarded yearly to this group which is used to support trainings. Examples of training include the following topics: *Dual Diagnosis, Stress and Burnout* and *Hoarding*. Upcoming professional development will focus on *Incident Management* and *Adult Protective Services*. This group also sponsored our May 2014 Intellectual Disabilities Awareness Event with featured speaker, Professor Christopher Dubble, from Temple University.

McKean County DHS staff attend regional and statewide meetings as necessary and share information to the provider, supports coordination, blended case management staff and other stakeholders. DHS staff also actively collaborate with partnering organizations through the McKean County Collaborative Board and LINK to Aging and Disabilities.

Emergency Supports: *Describe how individuals will be supported in the community if no waiver capacity is available within the County capacity commitment. Provide details on your County's emergency response plan including: how your County meets emergency needs of individuals outside of normal work hours; does your County "reserve" any base dollars to meet emergency needs; what is your County's emergency plan in the event an individual needs emergency services, residential or otherwise, whether identified during normal work hour or outside of normal work hours.)*

As a human services organization, our past practice is to support emergency situations as best as we are able by shifting funds, depending on the individual. Our ID program DOES NOT have any available waiver capacity.

A current barrier in accessing emergency supports is the lag time in getting a new service entered by ODP/OMAP into the HCSIS reporting system. McKean had a residential provider that graciously provided respite to an individual in crisis; however the provider waited several months for payment since it was a new service. Additionally, a provider recently agreed to develop a new program for an individual with significant mental health concerns. The individual remained in the local psychiatric unit for an extended period of time until the HCSIS/PROMISE process was completed. The lack of payment for long periods of time will be a deterrent to providing services such as emergency respite, going forward. It is promising that ODP is exploring a new process to expedite service approval in order to offer crisis-oriented services.

The provider community in McKean County is small but has always been willing to go the extra mile. Historically, wise investments in service and collaborative relationships across ID partners have resulted in averted crisis.

Administrative Funding: *Describe the maintenance of effort to support the base or block grant funded services, as well as the functions of the Administrative Entity Operating Agreement.* Both the ID and MH Program Director share responsibilities for approval of services, based on consultation with the DHS Fiscal Officer. Requests for base funded services primarily come through Supports Coordination or MH Blended Base Management. McKean County has a formal meeting process to collaboratively discuss needs of individuals. The commitment and processes to serve those funded with base dollars are the same as those funded with waiver dollars.

The Human Services Director and ID Program Director have the overall responsibility to meet the requirements of the Administrative Entity Operating Agreement. McKean County AE has the capability and capacity to continue to meet the responsibilities outlined in the agreement.

The ID Program Director has overall responsibility for Service Delivery Preference, Level of Care, Financial Eligibility, Statewide Needs Assessment, Fair Hearing, Provider Recruitment and Enrollment, Waiver Participant Records, Access to Waiver Records, Waiver Capacity and Waiver Residential Vacancy management, Temporary and Permanent Vacancies, Unanticipated Emergencies, PUNS, Consolidated and PFDS Waiver Enrollment, Choice of Qualified and Willing Providers, Financial Management Services, Approval and Authorization of ISPs, Service Requests, Fair Hearing, Incident Management, Annual Administrative Review and IM4Q. The ID Director also acts as the Infant/Toddler Early Intervention Coordinator.

The DHS Quality Manager coordinates the day to day activities of Quality Management, as well as IM4Q activities. She is also the certified investigator for the county.

The DHS Administrator takes the lead and coordinates the provider qualification and provider monitoring process for the Intellectual Disabilities Program. In addition, she works with our in-house counsel to develop and coordinate the signing and monitoring of all the Department of Human Services contracts.

The DHS Fiscal Officer and Fiscal Supervisor are responsible for Desk Reviews and Claim Resolution Support.

Quality Management Activities

McKean County DHS has a written QM plan to implement the ODP's Quality Management Strategy related to methodology, accountability, responsibility, and ongoing review of quality management activities. Our plan includes outcomes relating to Departmental Priorities, Results from AE Oversight process, Incident Management Data, IM4Q data, and Administrative Entity and identified local need.

The plan also contains measurable objectives relating to identified goals and outcomes, performance measures, data sources and persons responsible for Quality Management improvement.

For Calendar Year 2014 and forward, McKean County Administrative Entity has targeted the following areas for improvement:

- Reduction of restraints.
- Reduction of incidents of individual-to-individual abuse.
- Increase Lifesharing opportunities.
- Increase in Community Employment opportunities.
- Identify individuals newly enrolled the Waiver Program, as well as those individuals who are funded with base dollars, who may have a communication need.
- Based on recommendations through IM4Q data, provide individuals with information on how to obtain an ID card.
- Maintain 100% compliance with AE incident management responsibilities
- Completion of Provider Monitoring Activities.
- Develop ISP Outcome Statements are that are measurable.
- Work collaboratively with the HCQU and providers to celebrate “Intellectual Disabilities Awareness Month”.

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.

The YWCA Bradford is the lead organization in McKean County for the provision of services to the homeless and near homeless. The YWCA has been a homeless provider for 20 years and has been in the McKean County community for nearly 100 years providing effective outreach and delivery. The YWCA is responsible for administering the Homeless Assistance Program (HAP) services as well as other programs for the homeless and near homeless. Services available in the county include emergency shelter, comprehensive case management, life skills education, and rental assistance.

YWCA carefully coordinates HAP with other resources in the community that address homelessness and housing stability. This includes area churches, Destinations Bradford (a new organization that provides concrete support), the Salvation Army, and local human service programs. To further collaborative efforts around homelessness, the YWCA participates on coalitions and joint projects through the McKean County Planning Team, McKean County Collaborative Board, Local Housing Options Team (LHOT), and the Consortium Housing Committee. Through this collaborative approach, the housing needs of men have been identified as a service gap.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing		
Case Management	148	152

Rental Assistance	33	35
Emergency Shelter	100	110
Other Housing Supports		

Bridge Housing: *(describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)*

Bridge Housing is not provided through the YWCA’s Homeless Assistance Program. This resource is available through HealthChoices reinvestment dollars however, the program has reached capacity and there is a wait list for services.

Case Management: *(describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)*

Case management services are provided to all homeless and near homeless individuals who reach out to the YWCA for help or who are referred by another organization. The case management process includes a needs assessment and the development of a housing stabilization plan. All plans include an assessment of areas of strength, need, resources, and barriers to housing stability. Goals are established and tracked regularly and new goal plans are developed on a continual basis. Referrals are made to mainstream resources, in addition to a variety of services offered at the YWCA. Case management services are provided to all individuals residing in the emergency shelter and to all individuals receiving other services from the YWCA, including rental assistance, financial assistance, life skills education, and emergency shelter vouchers. Case management and the emergency shelter portion of the program are done in accordance to DPW HAP guidelines. Program participants’ income must be at or below 200% of the federal poverty guidelines, with the exception of victims of domestic violence and emergency shelter clients. These cases are based on need. The disbursement of funds are not restricted, however, due to county need, the primary focus is on case management and emergency shelter.

Rental Assistance: *(describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)*

Emergency Solutions Grant funds are used primarily for rental assistance, with HAP dollars used more sparingly for rental assistance. The YWCA has found that HAP dollars are used more effectively for case management needs. Nonetheless, each case is considered individually.

Emergency Shelter: *(describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)*

Emergency shelter portion of the YWCA Homeless Assistance Program are allocated in accordance to DPW HAP guidelines. Program participants’ income must be at or below 200% of the federal poverty guidelines, with the exception of victims of domestic violence and emergency shelter clients. Because not all households or individuals achieve housing stabilizations at the same rate, those that need services beyond the

traditional 30 days are accommodated when possible with additional time to find permanent housing.

Other Housing Supports: *(describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)*

No other housing supports are provided with HAP funds because dollars are utilized for Case Management and Emergency Shelter services.

Describe the current status of the county's HMIS implementation:

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. All services provided to the homeless and near homeless by the YWCA in McKean County are tracked through the HMIS system.

CHILDREN and YOUTH SERVICES

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.

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.

Human Services Block Grant for Special Initiatives will be utilized in conjunction with funding within the Needs Based Budget to provide an array of services addressing permanency, safety and well-being of children. Careful collaboration with the McKean County Collaborative Board will ensure that CYS is addressing trends within the most vulnerable populations. Truancy and high use of youth residential options has prompted various groups working on the HSBG to target initiatives that will enhance CYS's ability to respond and protect children and families.

For the past decade, McKean County has lost ground in addressing truancy in a collaborative manner. Interventions were not consistent or coordinated across the child welfare system, school districts and magisterial district justices. Assessment for root causes of truancy and prevention steps have not been adequately addressed. In

response, new approaches such as a McKean County Truancy Protocol will be implemented in 2014-15. The protocol was developed by the McKean County Truancy Roundtable, and outlines a process in which schools, Children and Youth Services, and Magisterial District Justices cooperate in a series of intervention steps. Prevention steps will continue with utilization of the Big Brothers Big Sisters Program and through the addition of Family Group Decision Making's additional focus on truancy in two targeted school districts of Kane and Port Allegany.

To address the growing number of adjudicated youth needing alternates to placement, MST will continue to be implemented as an alternative.

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
Child & Family Well-being: Children receive appropriate services to meet their educational needs.	Improved school attendance evidenced by a decrease in habitual truants from 70 in the 2012-13 school year to 65 in 2014-15. (Data source: Safe School LEA Reports)	Alternatives to Truancy (Big Brothers Big Sisters) and Family Group Decision Making
Permanency: Children have permanency and stability in their living arrangement and continuity of family relationships and connections.	Reduced out-of-home placements from 126 in 2013-14 to 113 in 2014-15. (Data source: CYS records.)	Multi-Systemic Therapy (MST) and Family Group Decision Making(FGDM)
<u>Permanency: To reduce the length of Out-of-Home Placement Stay.</u>	<u>The goal for children ages 5 years and older (8 to 18 years old) is to reduce the average length of stay to 24 months by the end of FY 16/17.</u>	<u>Multi-Systemic Therapy (MST) and Family Group Decision Making(FGDM)</u>

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.

Please indicate the status of this program.

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.

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

Program Name:	Alternative To Truancy: Big Brothers Big Sisters
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Status	Enter Y or N			
Continuation from 2013-2014	x			
New implementation for 2014-2015				
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

	13-14	14-15
Target Population	5-18	5-18
# of Referrals	65	65
# Successfully completing program	60	60
Cost per year	\$50,000 CYS portion	\$50,000 CYS portion
Per Diem Cost/Program funded amount	\$51.67 per hour/\$2000 per child	\$51.67 per hour/\$2000 per child
Name of provider	The Guidance Center	The Guidance Center

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 Pennsylvania Department of Education Safe Schools Report indicated in 2012-13 that there were 70 students habitually truant in McKean County. An outcome of the One of the outcomes will be to reduce the overall number identified as habitually truant and to lower the dropout rate. These measurements will be obtained from the Pennsylvania Department of Education Safe Schools, and participant results will be monitored by The Guidance Center and McKean County Children and Youth Services via the tracking attendance records of those individuals referred to the program. Individuals identified as having attendance issues via the school districts or through our involvement will be referred for these services.

Through these referrals, the youth will have overall improved confidence, better decision making skills, and the ability to set goals.

Evaluation and monitoring of the Big Brothers Big Sisters Program will utilize data to assess the quality of program implementation. Process data is reviewed on an individual level at program weekly staff meetings and on a composite level at BBBSA Task Force Meetings. The information is used to drive improvements in recruitment,

marketing, and program delivery. Process data tracked and reviewed includes application yield rate, processing time from application to match, number of matches made, number waiting, match retention, closures, and rematches. Attendance and participation in group match activities and mentor training is also tracked. BBBS Casework contact with match parties, number of mentor and youth outings, duration of visits, and nature of the activities that matches participate in is reviewed monthly. Customer Satisfaction Surveys are also an important measure of the quality of service. Post-enrollment Satisfaction Surveys are administered to the mentor and parent at the time of intake. Post-match Satisfaction Surveys are administered to the mentor, parent, and child at 6 and 12 months post match, annually thereafter, and at match closure. In addition, the Strength of Relationship Survey is administered to the mentor and child at 3 and 12 months post match during the first year and annually thereafter.

The BBBSA National Organization also monitors program quality and fidelity of affiliate agencies. Agencies are required to submit periodic performance reports and to complete an in-depth Annual Agency Self-Assessment. The purpose of the affiliate self- assessment and review is to determine the organization's level of compliance with the BBBSA Standards of Practice for One-to-One Service. The Annual Agency Self- Assessment includes assessment of operational standards, program standards, and agency compliance. Affiliates must submit a corrective action plan for areas in which it is out of compliance.

Intermediate outcomes relate to internal improvements in the life of the targeted children measured using the Program-Based Outcome Evaluation Model or POE. The POE is administered to the mentors and the parent/guardian of served children at the six and twelve month mark during the first year of the match and annually thereafter. Three areas related to changes in the young person are surveyed – confidence, competence, and caring. The confidence area measures self-confidence, ability to express feelings, decision-making, expanded interests or hobbies, improved personal hygiene and positive view of personal future. Competence is defined by use of community resources, bonding to school, use of school resources, academic performance, homework completion, classroom participation, behavior in school, and development of restraint/resistance skills towards substance use, delinquency and early parenting. Caring is defined as developing trust towards the mentor and parent, cultural competence and interpersonal competence evidenced by improved relationships with peers, family members, and other adults.

Long-term outcomes anticipated are based on research of the model. It is anticipated that by maintaining quality and fidelity to the model similar outcomes will be realized among McKean County youth who are matched with a mentor through BBBS and for at least one year. Compared to control groups of children with similar risks matched youth are 46% less likely to initiate drug use, 27% less likely to initiate alcohol use and 32% less likely to be involved in anti-social behaviors such as fighting. Matched youth miss 52% fewer days of school, skip 37% fewer classes, and show marked gains in grade point averages and increased confidence in academic efficacy. Finally, served youth have better quality relationships with family members and peers, thus leading to safety and permanency for youth.

The Big Brothers Big Sisters will coordinate truancy prevention efforts through the McKean County Collaborative Board where the Program Director is a member. Further collaboration will take place through agency representation on the McKean County Planning Team and the DHS Advisory Board.

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

	13-14	14-15
Target Population	8-18	8-18
# of Referrals	3	3
# Successfully completing program	3	3
Cost per year	\$2700	\$2700
Per Diem Cost/Program funded amount	\$2700 Program Funded	\$2700 Program Funded
Name of provider	Beacon Light	Beacon Light

- *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.*

Historically McKean County has had a high utilization rate for psychiatric residential treatment. To reverse this trend, referrals will be made to this program based on exhibited behaviors and youth who are most at risk for out-of-home placement. Beacon Light Behavioral Health Services will be a contracted provider for this service. Most of the youth will be Medical Assistance eligible but McKean County has reserved slots for three youth that do not meet those criteria to be served. Outcomes will be based on reduced rates of residential treatment facility placement.

Reduction in the usage of alternative education settings is also an anticipated outcome of this program. Evidence has shown that the usage of MST services reduces the necessity of some children to be placed in alternative educational settings for behavioral modification. Again, tracking outcomes will be determined by the result of the service provided and the lack of or usage of alternative education.

Utilization of MST has proven results in reducing recidivism relating to

delinquent acts. Youth currently involved in Juvenile Probation will be referred to this service in an effort to decrease the rate of recidivism. Outcomes will be monitored by the provider, McKean County Juvenile Probation, and McKean County Children and Youth Services. The MST Program Director is an active participant on the Truancy Roundtables in McKean County, and will coordinate programmatic efforts with this group as well as the McKean County Collaborative Board, County Planning Team and DHS Advisory Board where there is also Beacon Light Behavioral Health representation.

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

	13-14	14-15
Target Population	0-18	0-18
# of Referrals	40	40
# Successfully completing program	30	30
Cost per year	\$100,000	\$100,000
Per Diem Cost/Program funded amount	DPW Rate	DPW Rate
Name of provider	McKean County Department of Human Services	McKean County Department of Human Services

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.

Family engagement approaches such as Family Group Decision Making, Team Conferencing, and Truancy Elimination, have long been upheld as an evidence-based practice. The

collaborative climate is ripe for focused efforts to decrease placements, truancy, and dependency through FGDM.

To reduce truancy within (5) five school districts in the County and decrease placements, FGDM will be utilized as a tool to help families establish rules and boundaries at home and in school. The program Director of FGDM is an active participant on the Truancy Roundtables and will carefully coordinate efforts with schools, District Magistrates, CYS Intake Department, human service programs, and Juvenile Probation.

The Coordinator may utilize a variety of plans to collaborate onto a master plan for the family to follow, such as Transition Plans, Juvenile Probation Single Plans, Child Permanency Plan, Family Service Plan, Family Group Decision Making Plan, Safety Plan, Court Orders, Concurrent Plans and Truancy Elimination Plan.

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.

This overview should include:

- 1. Information regarding access to services;*
- 2. Waiting list issues;*
- 3. Coordination with the county human services system;*
- 4. Any emerging substance use trends that will impact the ability of the county to provide substance use services.*

Alcohol & Drug Abuse Services, Inc. (ADAS) is the Single County Authority (SCA) responsible for facilitating the provision of a comprehensive and balanced system of quality substance abuse, prevention, intervention, treatment, case management and recovery oriented services for Cameron, Elk and McKean Counties.

Client entry into the Cameron, Elk, and McKean County drug and alcohol treatment system occurs primarily through the **Care Management Department**. The client is given an appointment with the Care Manager in one of the five outpatient facilities (three in McKean County).

ADAS provides for the full continuum of D&A services, including: Prevention/Education, SAP services, Intervention, Outpatient, Intensive Outpatient, Partial Hospitalization, Detox, Short and long-Term Rehab, Halfway House, Case Coordination, and Recovery Oriented Services.

Act 152 funding, which provides non-hospital residential substance abuse services, and Behavioral Health Services Initiative (BHSI) funding for treatment services are utilized by ADAS through the Human Service Block Grant. Act 152 funds are reserved for

Medical Assistance clients aged 18 and over for options such as Detox, Rehab and Halfway House services. BHSI funds are utilized for individuals who have no insurance, whose insurance doesn't cover the recommended level of care, or who cannot obtain Medical Assistance benefits. BHSI funds may be utilized for any level of treatment including Case Coordination/Management services.

A Care Manager assesses the level of care needed through tools such as the Pennsylvania Client Placement Criteria (PCPC), Addiction Severity Index (ASI) and the American Society of Addictive Medicine (ASAM) criteria.

Since ADAS also provides Outpatient, Intensive Outpatient, and Short-term Residential treatment, clients are typically able to enter the appropriate level of care immediately. If a client is under the age of eighteen and requires inpatient care, or has special needs requiring referral to levels of care not provided by ADAS, or requests services outside the catchment area, the Care Manager contacts the Executive Director to arrange the services and secure appropriate funding.

ADAS assures the availability of the full continuum of care for all residents of McKean County, including: criminal justice, veterans, racial, ethnic and linguistic minorities for all ages. The full continuum of care includes: Inpatient, Outpatient, Prevention, Case Management, and Recovery Oriented Services. Additional services, including Detox, Halfway House, Partial Hospitalization – as well as additional choices for outpatient, IOP and residential services – are made available via contract with other area Providers.

ADAS carefully collaborates with various partners in McKean County through meetings and board participation. Quarterly meetings between the ADAS Executive Director and the Human Services Administrator occur in order to share emerging trends, professional development opportunities and to troubleshoot problems. Furthermore, ADAS sits on the County Planning Team for purposes of the development of the Human Services Block Grant plan.

ADAS also sits on two collaborative boards in order to partner with community agencies and leaders. The McKean County Collaborative Board and the McKean County Criminal Justice Advisory Board conduct joint projects, assess needs, fill gaps, and promote collaborative projects. In 2013-14, the McKean County Collaborative Board developed a subcommittee on Positive Messaging. ADAS staff provided the leadership for this committee and positive messages based on data from the McKean County PAYS (Pennsylvania Youth Survey) were publicized in local media. In 2014-15, ADAS will be taking a leadership role on the Collaborative Board, helping them understand 2013 PAYS data. At the November Collaborative Board annual meeting, strategic planning will occur in order to address needs from the PAYS surveys. The ADAS Executive Director also sits on the Steering Committee for a new initiative focused on improving the truancy intervention process in McKean County by developing a countywide protocol.

Target Populations

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

Older Adults (ages 55 and above) - *describe the current services for this population and how funding from this plan will support services for this population.*

In SFY 2013-14, approximately 20 individuals representing this population were served in Outpatient and 2 in Short-term residential. (McKean County only.) There is a growing need for addiction related services for older adults as 40% of Older Adult Protective Service cases identify either the older adult or caregiver in need of services.

Adults (ages 18 to 55) - *describe the current services for this population and how funding from this plan will support services for this population.*

In SFY 2013-14, approximately 295 individuals representing this population were served in Outpatient, 10 in Intensive Outpatient, and 47 Short-term residential. (McKean County only.) Services through HSBG contribute to core services for this population.

Transition-Age Youth (ages 18 through 26) - *describe the current services for this population and how funding from this plan will support services for this population.*

In SFY 2013-14, approximately 92 individuals representing this population were served in Outpatient, 3 in Intensive Outpatient, and 14 in Short-term residential. (McKean County only.)

Adolescents (under 18) - *describe the current services for this population and how funding from this plan will support services for this population.*

In SFY 2013-14, approximately 22 individuals representing this population were served in Outpatient, and none in Short-term residential. (McKean County only).

Individuals with Co-occurring psychiatric and substance use disorders - *describe the current services for this population and how funding from this plan will support services for this population.*

All Outpatient sites are staffed by staff that has been certified as Co-occurring competent. Maple Manor, in Port Allegany, is also staffed with certified co-occurring staff and the SCA maintains contracts with residential treatment providers who offer specialized care for this population.

Criminal Justice involved individuals - *describe the current services for this population and how funding from this plan will support services for this population.*

ADAS provides evaluations for inmates at the McKean County Jail to assess level of care. Outpatient Therapists provide men and women's groups in the jail setting.

Veterans - *describe the current services for this population and how funding from this plan will support services for this population.*

All Outpatient sites offer assessments and outpatient counseling to veterans. Case Managers work with veterans to find inpatient care and link them to veteran services covered by their health benefits. Additionally, veterans are referred to Recovery Support Services when applicable.

Racial/Ethnic/Linguistic minorities - describe the current services for this population and how funding from this plan will support services for this population.

ADAS offers the same services to minorities that are available to all McKean County residents. In SFY 2013-14, approximately 5 individuals representing this population were served in Outpatient, and 1 in Short-term residential. (McKean County only)

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.

In promoting and developing a Recovery-Oriented System of Care in our communities, ADAS works with individuals in recovery, community collaborative boards, and human service system partners to identify and prioritize local needs. Housing consistently ranks high among needs. For those impacted by behavioral or addiction related problems, establishing Recovery Housing options has been identified as a top priority. In response to this, the SCA submitted and received approval for Recovery Housing Program services. This project created financial start-up support for an Oxford House to serve adults in McKean County. The Oxford House model is a self-governed, self-supported recovery house and system of operation for individuals recovering from alcoholism and drug addiction. Oxford Houses assure an alcohol and drug-free, supportive living environment. The House, located in Bradford, is able to accommodate seven (male) adults.

The SCA has also implemented Certified Recovery Specialist (CRS) services. We currently employ one part-time CRS in our Bradford office location. A second position is currently unfilled due to budgetary constraints. While direct service hours are billable to Medical Assistance (CCBH), ADAS was unable to bill for travel and only allowed to bill for extremely limited phone contact, both of which are part and parcel to providing service in a rural environment.

The primary function of the CRS is to help individuals gain access to needed resources in the community by assisting them in overcoming barriers and helping them bridge gaps between their needs and available resources. Types of services offered include mentoring, connecting with the AA community, securing a sponsor, etc. Core functions and activities include: recovery capital needs assessment; recovery education and coaching; recovery resource development and mobilization; linkages to and navigation within addiction treatment services and other human services; and companionship and modeling of recovery lifestyles.

ADAS is encouraged with the results of CRS services such as reduced recidivism. Individuals remain engaged in treatment longer, are more successful at accessing community resources, and are more established in the recovery community. The SCA considers the underfunding of this service a significant gap in our service delivery area. Ideally, the County would be best served by two full time CRS staff, which would also allow the extra flexibility of providing forensic support for individuals prior to release from prison.

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	14	14
Aging Services	10	10
Generic Services		
Specialized Services	85	101

Adult Services: *Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.*

Homemaker, Housing and Life Skills Education: Services provided by the Life and Independence for Today (LIFT) will allow adults with disabilities to receive homemaker, housing and life skills education services. Individuals in danger of eviction due to poor housekeeping will be able to remain in their home with the help of light housekeeping services. Additionally, Homemaker services will help consumers attain the knowledge and skills to maintain their home in a safe and sanitary manner. LIFT staff will maintain cooperative relationships with agencies, landlords, including those subsidized housing, and the district justice as referral source for this service so that those with the most critical needs are prioritized for service.

Housing support services will also be provided by LIFT. Assessments of an individual's accessibility needs in their home, referrals to housing service agencies and/or providers, assistance in locating and applying for suitable housing (rental of both private and subsidized), and providing information about/referral to low income homeownership/rehab, and mortgage assistance programs. Other assistance may also be provided under this cost center as needs are identified through the LIFT consumers individual goal plans.

Life skills education will also be offered and will involve group and individualized instruction in those skill areas necessary in managing one's own life and becoming an active participant in the day to day affairs of the community. Skill areas focus on the needs of each individual consumer as established in their individual goal plan.

Twenty service units at a cost of \$55.00 per hour will be provided to an estimated 14 consumers for a total of \$1,100. A service unit is equal to an hour of service, which includes direct service to consumers and travel time.

Aging Services: *Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.*

Personal Care Services provided by the Office of Human Services—Area Agency on Aging will include Personal Care to teach or assist in activities of daily living to older adults that cannot independently provide this for themselves. The service is provided in accordance with a care plan that is monitored monthly to ensure the consumer is getting the level of care needed to safely stay in their home. Supplemental housekeeping service can include washing dishes, making beds, shopping, laundry, light housekeeping, preparing meals, and assistance with money management.

An estimated amount of 10 older adults will be served for a proposed expenditure of \$5,000.

Specialized Services: *Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.*

Big Brothers Big Sisters: of The Guidance Center will provide a supervised mentoring relationship between an adult and a child to help them deal with life challenges such in school, home or the community. Annual program fundraisers predominately fund the community-based matches. Financial support of this program is needed to help maintain the professional case management staff that assesses and screens the volunteers and monitors matches as required by the National Big Brother Big Sister standards. An estimated 10-16 matches will be maintained with this funding for a total of \$14,050.

Drug and Alcohol Programs: Group education aimed at prevention of drug and alcohol use; programs involve building self-esteem, conflict resolution, peer pressure, and parent education. Alcohol and Drug conduct these programs in conjunction with the McKean County Family Centers, area school districts, and Senior Centers. A total of 127 units of service will be provided at rate of \$74.80 per hours for a total cost of \$9,500.

School-Based Mental Health Services (Community Service): Group counseling would be offered to each High School in McKean County aimed at helping youth build skills to more adequately handle aggressive behaviors. The Aggression Replacement Training (ART), an evidence-based model, will be utilized for these 10-week programs, which would be operated by two staff persons. Each professional would be certified in the ART treatment model. 245 units of service would be provided at \$55 per hour for a total of \$13,480.

STEPS Drop-In Center (Mental Health—Community Services): Drop-In Centers provide mental health consumers with an opportunity to interact socially and to enhance their independence. The facility in Bradford, which is open five days a week, and the part-time center in Kane encourage consumers to define their needs and to work together to develop relevant activities. This kind of program helps reduce the need for more intensive treatment efforts. \$9,020 will support 70 active memberships.

Interagency Coordination: *Describe how the funding will be utilized by the County for planning and management activities designed to improve the effectiveness of county human services.*

No services are proposed under this category.

If you plan to utilize HSDF funding for other human services, please provide a brief description of the use and amount of the funding.

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

<i>County:</i>	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						
Administrator's Office			170,425	20,500	40,898	
Administrative Management	240		79,817		8,869	
Adult Developmental Training			0			
Children's Evidence Based Practices			0			
Children's Psychosocial Rehab			0			
Community Employment	4		3,145		350	
Community Residential Services	8		753,198			
Community Services	78		78,022		8,669	
Consumer Driven Services			0			
Crisis Intervention			0			
Emergency Services	155		232,395		7,950	
Facility Based Vocational Rehab	21		129,011		989	
Family Based Services	23		46,275			
Family Support Services	10		4,390		488	
Housing Support	45		175,138		980	
Other			0			
Outpatient	260		621,892		44,245	
Partial Hospitalization	5		7,000			
Peer Support			0			
Psychiatric Inpatient Hospitalization			0			
Psychiatric Rehabilitation			0			
Social Rehab Services	12		118,952		5,089	
Targeted Case Management	225		86,029			
Transitional and Community Integration			0			
TOTAL MH SERVICES	1,086	2,505,689	2,505,689	20,500	118,527	0

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

<i>County:</i>	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			273,036	1,700	4,586	
Case Management	37		63,184		6,318	
Community Residential Services	4		264,695		0	
Community Based Services	21		170,372		20,919	
Other						
TOTAL ID SERVICES	62	771,287	771,287	1,700	31,823	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management	152		31,432			
Rental Assistance	35		3,500			
Emergency Shelter	110		1,260			
Other Housing Supports						
TOTAL HAP SERVICES	297	36,192	36,192		0	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	33		97,565		5,135	
Promising Practice						
Alternatives to Truancy	60		45,000		5,000	
Housing						
TOTAL C & Y SERVICES	93	142,565	142,565		10,135	0

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

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<i>DRUG AND ALCOHOL SERVICES</i>						
Inpatient non hospital	39		96,579			
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP	201		20,706			
Medication Assisted Therapy						
Recovery Support Services						
Case/Care Management	43		6,746			
Other Intervention						
Prevention						
TOTAL DRUG AND ALCOHOL SERVICES	283	124,031	124,031		0	0
<i>HUMAN SERVICES AND SUPPORTS</i>						
Adult Services	14		1,100			
Aging Services	10		5,000			
Generic Services						
Specialized Services	101		46,050			
Children and Youth Services						
Interagency Coordination						
TOTAL HUMAN SERVICES AND SUPPORTS	125	54,135	52,150		0	0
COUNTY BLOCK GRANT ADMINISTRATION			1985		0	
GRAND TOTAL	1,946	3,633,899	3,633,899	22,200	160,485	0