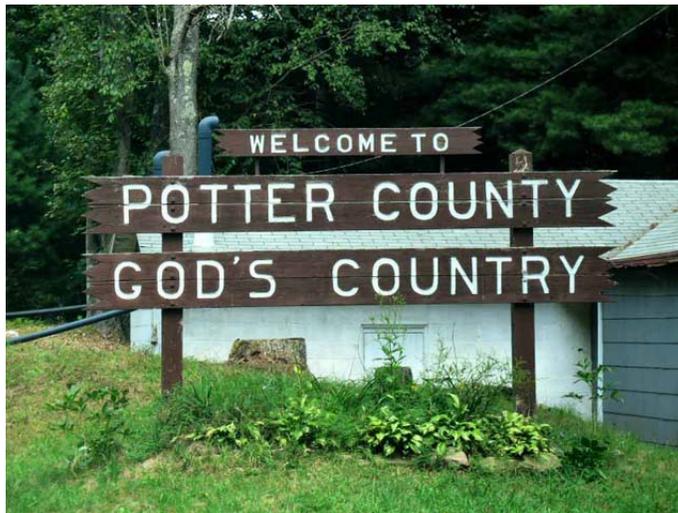


# Potter County Human Services



**“County Plan”**

**For the**

**Delivery of State Funded  
County Human Services**

June 20, 2014

## TABLE OF CONTENTS

<u>Title</u>	<u>Page</u>
Mission Statement	3
County Administrative Structure and History	4
Public Hearing Information	6
Waiver Request	6
County Planning Teams	7
County Needs Assessment	8
County Utilization of State Funds	11
Mental Health Services	11
Intellectual Disabilities	26
Homeless Assistance Program	32
Human Services Development Funds	36
Adult Services	38
Aging Services	38
Generic Services	39
Child Welfare (OCYF)	40
Drug and Alcohol Services	52
Appendix A (Assurance of Compliance)	57
Appendix B (Definition of Terms)	58
Appendix C (Budget)	69
Appendix D (Proof of Publication)	72
Appendix E (Various Hearing Signature Pages)	74

# MISSION STATEMENT

## Potter County Human Services

**“Meeting the Needs  
One Family at a Time”**

**Our Mission** is to serve and strengthen the families and children of Potter County through an accessible social service system that is based upon both the needs and resources of our communities.



**Our Vision** is that Potter County will be a place where families will be safe, well educated, responsible and productive. Community members will be committed to creating and sustaining an environment where all persons can thrive and contribute. We share the responsibilities for supporting families and communities in the protection and education of our children and in encouraging the development of healthy beliefs, clear standards and each family’s potential.

## INTRODUCTION TO POTTER COUNTY HUMAN SERVICES

### Structure and History

*Potter County Human Services* is a coordinated, comprehensive human services system which operates under a single administrative, fiscal and programmatic structure. We offer a wide spectrum of assistance to residents of the county, ranging from families facing many complex problems, to individuals who require brief interventions, or referral to other appropriate resources.

On July 1, 1987, Potter County Human Services (PCHS) was officially designated by the Commonwealth of Pennsylvania and the Potter County Commissioners as Potter County's co-located integrated human services system.

Potter County Human Services (PCHS) includes the following departments:

- Area Agency on Aging;
- Children, Youth and Family Services;
- Early Intervention;
- Emergency Food and Shelter Program;
- Fiscal Operations for all categorical programs, grants and other services;
- Homeless Assistance Program (HAP);
- Housing Program (Grant Funded);
- Human Services Development Fund (HSDF);
- Intellectual Disabilities Services;
- Medical Assistance Transportation Program (MATP);
- Mental Health Services; and
- Single County Authority (SCA)

Before that time, the various departments that came to make up PCHS existed separately and in different locations throughout the county. To form the new system, the Potter County Commissioners had to remove some of the county's social services programs from "joinders" with multiple counties, physically locate all of the agencies that would form PCHS together under one roof and develop a single administrative and fiscal structure.

Potter County Human Services (PCHS) was created to provide a central place where county residents could get easy access to the services they need with as little "red tape" as possible. Having a single administrative structure would also make it possible for agency programs to share various costs and resources, allowing PCHS to provide more services to residents for less money. In addition, it was felt that locating these services under a single Potter County agency made more sense than allowing financial and administrative control of our programs rest with administrators from out of county joinders.

From all over Potter County, mandated social service departments and some miscellaneous programs were brought together at the Maple View Health Center in Coudersport, PA to form our comprehensive human services system.

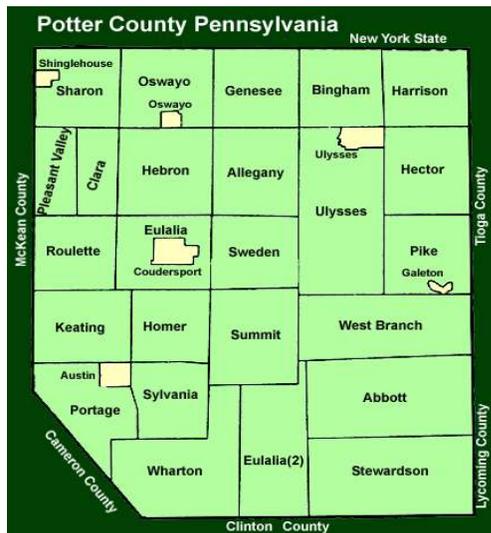
Between 1987 and 1992, Potter County Human Services (PCHS) continued to grow as an agency, making a number of adaptations and changes. However, on May 2, 1992, a fire burned down the Maple View Health Center building. PCHS was temporarily located in downtown Coudersport before being relocated to its current location at 62 North Street in Roulette, PA in 1995.

In addition to the departments listed above, over 6 million dollars in new grants have been brought into Potter County through PCHS staff efforts. Potter County Human Services (PCHS) has been awarded some new program development opportunities including funds for a Mobile Family Center, After School Programs, A Mentoring Program, School Based ICM Program, Teen Suicide Prevention Activities and Advisory Board, Bullying Prevention Services in each School District, and Parent Education Programs.

Since the agency's start in 1987, Potter County Human Services (PCHS) programs have continued to grow and develop in response to the social services needs of the county residents, and are part of county-wide efforts that emphasizes prevention, supporting families and collaboration with other agencies.

### Potter County Demographic Overview

Potter County is located in North Central Pennsylvania along the Pennsylvania and New York boarder and makes up the 55<sup>th</sup> Judicial District of Pennsylvania. Potter County is an extremely rural county with a population, as of 2012 of 17,457 people, 7,005 households, and 5,001 families residing in the county.



The population density was 17 people per square mile (6/km<sup>2</sup>). There were 12,159 housing units at an average density of 11 per square mile (4/km<sup>2</sup>). The racial makeup of the county was 98.06% White, 0.29% Black or African American and 0.22% Native American.

There were 7,005 households out of which 31.50% had children under the age of 18 living with them, 59.50% were married couples living together, 7.60% had a female householder with no husband present, and 28.60% were non-families. 24.70% of all households were made up of individuals and

11.40% had someone living alone who was 65 years of age or older. The average household size was 2.54 and the average family size was 3.02.

In the county, the population was spread out with 26.00% under the age of 18, 6.90% from 18 to 24, 26.10% from 25 to 44, 24.30% from 45 to 64, and 19.80% who were 65 years of age or older. The median age was 39 years. For every 100 females there were 97.40 males. For every 100 females age 18 and over, there were 94.80 males.

The median household income was \$36,349 which is more than \$13,000 less than the Pennsylvania median household income. The total poverty rate was 14.6% which is 3.2% higher than the statewide poverty rate and the poverty rate for children was 24.8% which is 7.7% higher than the statewide rate.

### **Public Hearing Information**

Potter County Human Services held two public hearings regarding our plan for the implementation of the Block Grant. The hearings were held as follows:

- Friday, June 20, 2014 from 12:00pm to 1:00pm at Kaytee's Restaurant in Coudersport, PA.
- Thursday, June 26, 2013 from 10:00am to 12:00 at the Potter County Services building, Roulette, PA.

Please see Appendix D for proof of legal notice in compliance with the Sunshine Act, 65 Pa. C. S. 701-716.

The hearing consist of a presentation by Human Services Administrator James G. Kockler and is followed by a question and answer period. Hearing notes were recorded and are available for public view. The signature sheets for those who participated are attachments 1 and 2.

### **Waiver**

Potter County Human Services is not requesting a waiver on the minimum expenditure requirement for FY 2013-2014.

## COUNTY PLANNING TEAMS

Pursuant to DPW Commonwealth County Human Services Guidelines, the Potter County Commissioners have appointed Planning Teams to assist in the development of the County plan.

### Potter County Human Services Management Team

#### Team Leader:

James G. Kockler, Human Services Administrator

#### Team Members:

Douglas C. Morley, Chairman Board of Potter County Commissioners;  
Paul W. Heimel, Board of Potter County Commissioners;  
Susan S. Kefover, Board of Potter County Commissioners;  
Ronda Delfs, Administrative Officer;  
Sherry Hoffman, Director Area Agency on Aging;  
Joy Glassmire, Director Children & Youth Department;  
Mark Benson, Director Coordinated Services Department (HSDF);  
Colleen Wilber, Director Drug and Alcohol Services (SCA);  
Bill Hau, Fiscal Operations Officer;  
Kenneth Hoffman, Director Intellectual Disabilities; and  
Melissa Gee, Director Mental Health Department



### PCHS Advisory Board Team

#### Team Leader:

James G. Kockler, Human Services Administrator

#### Team Members:

Denise Minderler, Consumer;  
Linda Swift, Consumer Advocate;  
Susan Kefover, County Commissioner;  
John Moshier, Chief Adult and Juvenile Probation Officer;  
William Krog, Housing Coordinator;  
Dr. Victor Brown, Medical Community;  
Norman Weeks, Retired Intellectual Disabilities Supervisor;  
LeAnne Brodhun, Volunteer;  
Susan Valentine, Retired Principal, Northern Potter High School; and  
Charles “Robert” Wicker, Retired Oswayo Valley School District Superintendent and Chairman



POTTER COUNTY HUMAN SERVICES

BLOCK GRANT

NEEDS ASSESSMENT

## COUNTY NEEDS ASSESSMENT

The purpose of utilizing a multiple team approach is to develop and foster greater cooperation and communication among key community entities which provide or impact the provision of services. The team approach assists the County and its Human Services Agency to identifying gaps and/or barriers which negatively impact on desired outcomes and help determine priorities of need for the consumers served by these programs.

The Potter County Human Services management team is responsible for the initial development of the services to be provided throughout the county. It is the Potter County Board of Commissioners who hold the final authority on the services provided and how the funds will be distributed to each of the funding categories.

Although the aforementioned teams are responsible for the initial input, development and completion of the written plan, other groups and survey data play an integral part of the process by providing input into the service gaps, needs and alternative programming ideas. Those resources are as follows:

- Consumers;
- Integrated Children's Services Planning committee;
- PAYS Data;
- Quarterly SAP meetings with all 5 school Superintendents;
- The Potter County LHOT;
- PRIDE – People Reaching Independence Dreams and Excellence (consumers);
- IM4Q Monitoring/Evaluation Process (consumers);
- Quarterly Provider Meetings;
- The Potter County Human Services Advisory Board (consumers included on board);
- The Potter County Single County Authority Advisory Board (consumers included on board); and
- The Potter County Area Agency on Aging Advisory Board (consumers included on board).

There were no programmatic and/or funding changes being made as a result of last years outcomes.

The following are the gaps/needs/recommendations from the public hearings and the meeting conducted with the aforementioned committees:

- Intellectual Disabilities Educational/Recreational Events;
- Transportation;
- More Co-Occurring treatment options MH/ID and MH/DA;
- Bring the Special Olympics program back to Potter County Human Services;

- Provide additional psychiatric time;
- More employment opportunities for individuals with disabilities;
- Provide funding for the continuation of the Boys and Girls Club after-school program;
- Develop more after-school programs for children;
- Transportation for the new Oxford House residents;
- Advertising through the newspaper, pamphlets or other information dissemination product that provides the services available to the citizens of the county through Potter County Human Services;
- Develop a Consumer Run Drop Inn or Recovery Center;
- Develop services for women ages 16 – 26 who are in need of mental health treatment, drug and alcohol services, day care, an education and employment skills;
- Sex Offender Treatment for both the victim and perpetrator;
- PCIT – Parent Child Interactive Therapy for family preservation;
- Recruit and train additional Intellectual Disabilities respite providers;
- After hours transportation for individuals for needs like shopping, recreation, and medical appointments;
- Develop a weatherization program for homes that need new windows, electrical work, heaters, water pumps and other construction to avoid people becoming homeless due to poor housing conditions;
- Provide more Meals on Wheels;
- Provide additional in-home services in order to allow people to remain in their homes;
- Develop in conjunction with the housing authority more affordable housing options or a public housing unit;
- Dental Care, specifically a dentist who accepts Medial Assistance;
- Develop a family center for kids and parent to provide educational programs;
- Develop a parent’s as teachers program;
- Educational programs or information explaining the potential dangers of prescription drugs;
- Educational programs or information related to the potential risks of gambling;
- Bring back the “Bullying” programs within the schools;
- Assist in the funding of the “Teen Suicide Prevention” activities within the county;
- Assist in the funding of the “Yellow Ribbon” activities within the county; and
- More employment opportunities.

COUNTY UTILIZATION OF  
STATE FUNDS

POTTER COUNTY HUMAN SERVICES

MENTAL HEALTH PROGRAM

## **MENTAL HEALTH SERVICES**

Potter County's Mental Health Services are comprised of services delivered by Potter County Human Services and through contracts with other providers. The Potter County Human Services Mental Health programs responsibilities include Program Monitoring, Mental Health Disaster Coordination, Housing and Homeless Assistance, Service Coordination for adolescents and transitioning youth, Student Assistance Programs within the schools and Suicide prevention programs countywide.

Potter County Human Services has many collaborative agreements with partnering counties who work collaboratively to provide services regionally and more economically. Examples of these are as follows:

- Warren State Hospital Service Area Plan,
- The Northwest Nine (9);
- Community Hospital Integration Program Plan (CHIPP) Consortium;
- The Northwest Health Connections contract for Health Care Quality Units (HCQU); and
- The Behavioral Health Administrative Unit (BHAU) that oversees the 23 county Managed Care contract with the Office of Mental Health and Substance Abuse Services (OMHSAS).

The Potter County Mental Health program continues to focus on a recovery-oriented model of change as recommended by the PNFCR and "A Call for Change".

The following tools and information gathering activities are utilized in working to transform the current MH system:

- POMS data;
- Income and Expenditure Reports;
- Stakeholder input with special consideration given to consumers themselves;
- Recommendations from the OMHSAS feedback from previous County Plans;
- Warren State Hospital (WSH);
- Continuity of Care/ Service Area Plan (SAP) meetings;
- Consumer Service Plan (CSP) survey results;
- Western Region Mental Health Coordinators meetings;
- Consumer Family Satisfaction Teams (CFST) Surveys;
- Community Care Behavioral Health Organization (CCBHO) Family Advisory Meeting recommendations;
- Statistics provided by various federal programs including the Department of Corrections; and

## **Mental Health Program Highlights**

Below are the 2013/2014 Initiatives that the Potter County Human Services Mental Health Program has begun working on in order to meet specific needs identified in our public hearings.

### **Inside Out Dad**

The Mental Health program has instituted the “Inside Out Dad Program.” This is a reentry and reduced sentencing program for incarcerated fathers that provides an innovative way to help overcome the physical and psychological challenges that incarcerated fathers face “inside” (while incarcerated) and “outside” (after release). This service is provided through the Blended Case Management program linkage agreement with the Potter County jail.

### **Residential Rehabilitation Center**

Potter County Human Services is in the process of creating a residential rehabilitative center which will serve as a post-plea program and an alternative to incarceration for women convicted of non-violent and/or substance abuse offenses. This center will provide treatment, education, intensive probation supervision and accountability for residents.

Treatment will utilize the Recovery Oriented Systems of Care to address drug and alcohol addiction and mental health issues in order to reduce the likelihood of further offenses. Treating the addiction utilizing evidence based and promising practices will help individuals improve personal quality of life indicators including: health, family relationships, and employment. The program will have all participants apply for Medical Assistance benefits to help with their Physical and Behavioral Health expenses.

A Recovery Oriented System of Care (ROSC) will be an integral part of the Residential Rehabilitative Center. Reducing offenses will improve safety within the community, reduce psychiatric hospital admissions, prison population, and reduce the costs associated with incarcerations. Program year 2014- 2015 will be the first year of operation for the Potter County Residential Rehabilitative Center, and additional funding to support portions of the start-up costs associated with the first 1 - 3 years of this program has been provided by the PA Department of Public Welfare Block Grant program and the County of Potter.

The major deliverable for this project will be creation and implementation of a Residential Rehabilitative Center that provides recovery oriented and evidence based treatment, employment, education, family reunification and accountability for program participants. This will result in additional deliverables including, mental health and drug

and alcohol case management, development and implementation of treatment plans, development of an aftercare plan for each participant addressing how they intend to maintain their sobriety, ROSC, their employment / income needs, and their housing needs.

### **Housing Services**

The Potter County Human Services Mental Health program has been able to sustain the housing program utilizing block grant funds as a mean for providing case management services. We currently operate 6 apartments and 1, 2 bedroom home as a means to assist people with housing issues.

### **Forensic Services**

The Mental Health program has developed a forensic case management program that is being utilized in the Potter County Jail and will be serving the Women's Center when that facility is up and operational.

### **Targeted Services**

The following are the target service areas that will be priorities for the Potter County Human Service Mental Health program.

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

The Potter County Mental Health and Intellectual Disabilities program has developed a cooperative agreement with the Area Agency on Aging to provide a collaborative relationship to ensure the cooperation and coordination in the referral and treatment of older adults with a mental health or intellectual disability diagnosis.

#### **Strengths for Meeting the Needs of the Adult Population:**

- After hours Protective Services Crisis Intervention services;
- Physical and Behavioral health services through Dickinson Centers, Inc.;
- A coordinated and cooperative relationship between the programs that deliver reliable and unduplicated services; and
- Easy access to services under the Human Services umbrella

#### **Unmet Needs for the Older Adult Population:**

- Access to reliable/public transportation;

- Long waiting list for psychiatric evaluations;
- Expensive medications; and
- In-home services, particularly home support (assistance with task such as light housework, laundry, yard work, snow removal, etc.) nursing care within the home, medical equipment/adaptive devices, and personal care assistance

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

Adults 18 and older are first processed through the Base Service Unit (BSU) to determine the appropriate frequency and level of care. Once the level of care is determined the individual is referred to the appropriate treatment provider or case manager for follow up care. Those individuals that require multiple service providers and intensive treatment may be referred to the interagency team where a service plan is developed with the input of the individual as well as the rest of the treatment team. Administrative Case Management monitors the necessity of care for at least one year following intake with additional monitoring if necessary.

### **Strengths for Meeting the Needs of the Adult Population:**

- Easy access to services due to the “One Shop Stop” structure of Potter County Human Services;
- Stakeholder, Provider and County collaboration efforts;
- Public Awareness and Education through activities such as Suicide Prevention, Yellow Ribbon, and the Crisis Hotline;
- Housing Specialist services;
- The Potter County and Potter County Human Services websites; and
- The Directory of Human Services publication placed in various areas throughout the county.

### **Unmet Needs for the Adult Population:**

- Employment options;
- More affordable housing options;
- Increase in Co-Occurring and Dual Diagnosis services for individuals with Mental Health, Intellectual Disabilities and Drug and Alcohol issues;
- Lack of medical and dental providers that accept Medical Assistance;
- Long waiting list for psychiatric evaluations; and
- Transportation.

### **Transition-Age Youth (ages 18 through 26)**

Transitional age consumers receive the same intake, referral and monitoring of services as the adult population. The Mental Health Department works closely with the Independent Living Program to provide additional supports and services for those that meet the criteria for admission to that program, serving ages 16-21. The Projects for Assistance in Transition from Homelessness (PATH) also provides supports to this population by assessing and referring individuals to meet housing needs.

#### **Strengths for Meeting the Needs of the Transition-Age Youth:**

- Homeless Assistance program funded through the McKintey-Vento and county program;
- Independent Living program;
- Temporary Emergency Shelter;
- Easy access to services due to the “One Shop Stop” structure of Potter County Human Services;
- PATH and
- Supportive Employment Services

#### **Unmet Needs for the Transition-Age Youth:**

- Employment options;
- More affordable housing options;
- Increase in Co-Occurring and Dual Diagnosis services for individuals with Mental Health, Intellectual Disabilities and Drug and Alcohol issues;
- Lack of medical and dental providers that accept Medical Assistance;
- Long waiting list for psychiatric evaluations; and
- Transportation.

### **Children Under the Age of 18:**

Children and their families receive the same intake, referral and monitoring of services as the adult population. The Mental Health Department works closely with the Children & Youth Program, Potter County School Districts and the local Juvenile Probation Program to provide additional supports and services for those that meet the criteria for admission to that program.

#### **Strengths for Meeting the Needs of Children Under the age of 18:**

- Student Assistance Program;
- All schools operate as satellite outpatient offices;
- Suicide Prevention activities and Teen Screen evaluations;

- School Based Case Management program;
- Boys and Girls Club;
- Trailblazers Employment Summer program; and
- Vocational Mentoring program;

**Unmet Needs for Children Under the age of 18:**

- Lack of medical and dental providers that accept Medical Assistance;
- Long waiting list for psychiatric evaluations; and
- Transportation.

**Special/Underserved Populations**

**Individuals Transitioning Out of State Hospitals**

For Individuals Discharged from State Hospitals, the Potter County blended case manager consult with the treatment team at the state hospital prior to an individual's discharge. Through the Community Support Plan (CSP) development process, the case manager refers individuals to the appropriate community based services including residential, outpatient mental health, employment, representative payee, case management, etc. The goal of the service coordination is to support their transition back into the community and support their ongoing recovery. (1 consumer has been targeted to receive this service)

**Strengths for Meeting the Needs of the Individuals transitioning out of the State Hospital:**

- Enhanced Psychiatric Rehabilitation (One on One coverage);
- Transportation;
- Medication Management; and
- Supportive Employment Services

**Unmet Needs of the Individuals transitioning out of the State Hospital:**

- Employment options;
- Lack of a qualified Traumatic Brain Injury provider;
- Lack of specialized treatment for individuals with inappropriate sexual behaviors who have had a brain injury; and
- Limited availability of home nursing services.

## **Co-Occurring**

The county's sole provider, Dickinson Centers, Inc., has one certified co-occurring staff on hand to provide co-occurring services. It is Dickinson's desire to become a co-occurring provider and has the support of the county's managed care organization in this pursuit.

### **Strengths for Meeting the Needs of the Individuals with Co-Occurring Issues:**

- Enhanced Psychiatric Rehabilitation (One on One coverage);
- Onsite, Intensive M.H. and D&A treatment for Women;
- Transportation;
- Housing; and
- Medication Management Program

### **Unmet Needs of the Individuals with Co-Occurring Issues:**

- Employment options;
- Long waiting list for psychiatric evaluations;
- Qualified providers of service and;
- Lack of specialized psychiatric services

## **Justice-Involved Individuals**

This is an area that the Mental Health program has begun focusing on by taking a pro-active approach to service this population. Our program has seen an increase in referrals for service and has prioritized this population and has begun providing an array of services.

### **Strengths for Meeting the Needs of the Individuals that are involved in the Justice System:**

- Inside Out Dad program;
- Developed a county wide Community Service program in conjunction with Probation and the Judicial system;
- Residential Rehabilitation Center;
- Forensic Case Management; and
- Housing Program

**Unmet Needs of the Individuals that are involved in the Justice System:**

- Employment options;
- Expensive Medications;
- Long waiting list for psychiatric evaluations;
- Affordable Housing options; and
- Transportation.

**Veterans**

This is an additional population that the Mental Health program has seen an increase in referrals for service and has prioritized this population and has begun looking at the options in an effort to providing services for these individuals.

**Strengths for Meeting the Needs of Veterans:**

- Strong coordination exists between the VA clinics and the Mental Health Department;
- VA Suicide Prevention services are available;
- Community Outreach; and
- Case management also connects eligible veterans to Social Security benefits, transportation, and other necessary supports.

**Unmet Needs of Veteran population:**

- Employment options;
- Expensive Medications;
- Long waiting list for psychiatric evaluations;
- Affordable Housing options; and
- Transportation.

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

This is an area that the Potter County Mental Health Department has not received any referrals for service or requests to meet this populations needs, however; our department has made services available if the need does present itself.

**Strengths for Meeting the Needs of the LGBTQI consumers:**

- Therapy options are available through Dickinson Centers, Inc. and the Guidance Center; and

- Educational activities to reduce the stigma attached to this population in order to have consumers who need services come forward.

**Unmet Needs of LGBTQI consumers:**

- Employment options;
- Expensive Medications;
- Long waiting list for psychiatric evaluations;
- Affordable Housing options; and
- Transportation

**Racial/Ethnic/Linguistic minorities**

With the population of Potter County presenting at 98.06% white, there is not a present need for extensive services for this population. However; in an attempt to be culturally competent, Potter County has reached out to several minority populations in an attempt to provide needed services.

**Strengths for Meeting the Needs of the Racial/Ethnic/Linguistic minority consumers:**

- Potter County Human Services has translators available for individuals who speak Spanish, and Chinese;
- Early Intervention services are being provided to the Amish Community; and
- Outreach services to the minority population providing information and education on the services available to them.

**Unmet Needs of Needs of the Racial/Ethnic/Linguistic minority consumers:**

- Employment options;
- Affordable Housing options; and
- Transportation

The following are the additional services that will be paid for through the use of State Funds provided by the Commonwealth:

### **Administration**

The service ensures that the State funds which are received by Potter County are utilized to provide services to Potter County residents who are in need. This includes Base Service Unit (BSU) which has the overall responsibility for ensuring services are available. Through its contracting, the BSU insures that services will be provided regardless of the individual's ability to pay;

### **Administrative Case Management**

Is a function undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance (96 Consumers targeted for services);

### **Blended Case Management**

BCM works with individuals who, due to the severity of their mental health problems, have difficulty in dealing with activities of everyday living. Blended Case Managers in Potter County aid these individuals in dealing with problems through outreach and advocacy, to make sure that they receive services necessary to keep them within the community. BCM caseloads are restricted in size by regulation to insure that there will be sufficient contact with each client to meet their individual needs (18 Consumers targeted for service. 13 Adult and 5 children);

### **Crisis/Emergency Services**

This is a service that is provided by both the County of Potter and through provider contracts with Dickinson Center Inc. and Clarion Psychiatric Center. Our daytime services provider, Dickinson Center Inc., provides walk-in, telephone, and mobile outreach during routine office hours. For after hours services can be accessible through the after-hours crisis hotline number 1-800-652-0562 for weekday evening and weekend support. A crisis worker can respond to the scene of the crisis, and assist the individual through the management of the crisis, and through evaluation and referral. When necessary the Crisis worker can assume the role of a delegate for the purposes of determining need for involuntary commitment for inpatient evaluation and treatment. (124 Consumers targeted to receive services);

### **Family Based**

Is an intense, time limited program which works with the identified child/adolescent within the context of the family home. The Family Based program in Potter County is operated by Dickinson Centers Inc., and has multiple teams which serve families within the global family (24 families targeted for services);

### **Family Support Services**

Within Potter County these are services that are provided on a short term basis to enable an individual to stay in a situation where there is supervision, when the individual requires short term help but does not require hospitalization (8 individuals targeted to receive services);

### **Medication Management Program**

Medication management is defined as the standard of care that ensures each patient's medications whether they are prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended. Medication management includes an individualized care plan that achieves the intended goals of therapy with appropriate follow-up to determine actual patient outcomes. This all occurs because the patient understands, agrees with, and actively participates in the treatment regimen, thus optimizing each patient's medication experience and clinical outcomes. (16 individuals targeted to receive services);

### **Outpatient Services**

Outpatient and outpatient psychiatric services are provided to Potter County residents through a contractual agreement with Dickinson Center Inc. These services include Outpatient Counseling; Psychiatric and Psychological Evaluations; Medication Monitoring; Individual, Group, and family therapy. Dickinson also provides tele-psychiatry and the availability of a nurse practitioner for consumers needing OP services. (608 consumers targeted to receive services);

### **Partial Hospitalization**

Is an intensive, short-term and high structured treatment program designed to continue gains and to prevent relapse and hospital re-admission. Participants receive individualized, goal-oriented psychotherapeutic and educational treatment to support their recovery efforts, whether from mental illness, addiction, or both. Clients often access the program to transition back to the community after inpatient treatment or instead of hospitalization when an intensive program without 24-hour supervision is needed. (2 individuals are targeted to receive services);

### **Peer Support Services**

For adults in Potter County, peer support services is a program that is provided by someone who is on their own recovery journey and has received training in how to be helpful to others who participate in mental health services This services is provided through a cooperative relationship between Dickinson Center Inc., Beacon Light Behavioral Health services and PCHS allowing consumer the freedom of choice. (17 individuals targeted to receive services);

### **Psychiatric Inpatient Hospitalization**

This service is provided through various service providers within surrounding counties. This may be accessed either voluntarily or through the commitment process and is available for MA and Non-MA (47 clients targeted to receive this service);

### **Psychiatric Rehabilitation**

Is a program that is utilized for individuals who require more intense, structure regimen of treatment than is possible through Outpatient counseling, but do not require hospitalization. Psychiatric Rehabilitation utilizes a group format and is available 6 hours a day. In Potter County, consumers usually attend 2 to 3 times per week, depending on the need and level of functioning (49 consumers targeted for services);

### **Recovery Oriented Services**

Mental Health Recovery-Oriented Priorities, timelines, funding mechanisms, resources and tracking of outcomes:

- State Hospital Placements: To reduce or eliminate admissions to State Hospital within the next year by providing Case Management, Psychiatric

Rehabilitation, Outpatient, Medication Monitoring, Psychiatric Services and Housing. Housing will be funded through McKinney-Vento while other outpatient services will be covered by CHIPP funds. Tracking of outcomes is completed on a weekly basis by our consortium CHIPP Coordinator and monitored by the county.

- Inpatient hospitalization: To reduce the frequency and length of stay for hospitalizations within the next year. Administrative Case Management and the Base Service Unit will monitor and refer consumers to alternate community-based services when reduced level of care may be an option. Continued work with OMHSAS and surrounding counties continue to address the issues that surround the MH Commitment process and the County looks forward to implementing those changes. State-wide Training for Delegates is now being offered and staff will take full advantage of this opportunity to effectively assess the need for involuntary commitments. The Base Service Unit maintains records of hospitalizations and reports to OMHSAS yearly by way of Performance Outcome Measurement System (POMS) Reporting.
- Forensic Mental Health Consumers: To reduce the number of inmates diagnosed with Severe Mental Illness within the next year. Funding from Penn Dot is now being utilized for DUI Court as an alternate means of punishment with plans to develop a Mental Health Court in the near future. Inside Out Dad is being offered to inmates with national statistics providing reduced recidivism rates in over 20 states and 40 institutions, free of charge. Comprehensive Regional Adult Forensic Team (CRAFT) will continue to serve inmates by providing psychiatric time, nurse, individual therapy, Certified Peer Specialists and D&A Case Management by funds provided for by PCCD funds through the US Department of Justice. Monthly meetings occur with Case Management and the jail to track the remaining consumers in the facility and those returning to the community to continue to support them.
- Homeless: To reduce the homeless population in the next year by providing housing funded through the McKinney-Vento Grant. This grant also provides food, clothing employment training and case management. Goals for individuals to obtain permanent housing and income are accomplished within a two year time frame and monitored by the Federal Housing Authority by means of annual reporting and renewal grant submissions. In 2013 the County moved 11 adults and 4 children from homelessness to permanent housing. The population served includes MH, Domestic Violence, D&A, Children and Youth consumers and veterans.

### **Student Assistance Program**

This program provides evaluation and counseling within the elementary and secondary schools within Potter County. This service helps students overcome barriers that interfere with their education. SAP allows students to receive needed services within a safe environment, without missing school to keep appointments (59 students targeted to receive services); and

### **Transitional Housing**

Is a program in Potter County that provides temporary housing at the time of re-entry until permanent housing, employment, and/or benefits can be secured. This program provides housing or rental assistance up to 18 months to 2 years to provide sufficient time for individuals to develop a positive rental history, establish admission eligibility for programs with a criminal history related restrictions and/or move to the top of the Section 8 waiting list (12 families targeted for services).

### **Intensive Out-Patient**

The child and adolescent intensive out-patient services in Potter County commenced in January 2013. The program and its services were designed to provide support for at risk children and adolescents whose previous treatment needs were being addressed through a partial hospitalization day treatment service model. With the transformation in the delivery of health care services, many of these consumers were deemed as no longer eligible for the more intensive day treatment program model. Program development and strategic planning discussions with major payers culminated in the decision to provide a less restrictive level of service – intensive out-patient—which would offer up to 12 hours per week of individual and group therapy as its primary modalities. The intensive out-patient program partners with the Seneca Highlands Intermediate Unit-9 to meet individual’s mental health and educational needs. The two organizations’ staff works together as an inter-disciplinary team to ensure the best quality services for the individuals and families served. In addition to Individual and group therapy, the program offers family therapy coupled with positive behavioral supports in a classroom setting. (15 children or adolescents targeted for services).

COUNTY UTILIZATION OF  
STATE FUNDS

POTTER COUNTY HUMAN SERVICES

INTELLECTUAL DISABILITIES PROGRAM

## **INTELLECTUAL DISABILITIES SERVICES**

The services of the Intellectual Disabilities office are available to all intellectually disabled residents of Potter County. Services are provided by Supports Coordinators both in the community and residential settings. The Potter County Intellectual Disabilities program also contracts with service providing agencies for a variety of services for disabled citizens. Eligibility for program services is dependent upon an intellectual evaluation with a resulting diagnosis of mental retardation.

The Administrative Entity (AE) acts as the Office of Disabilities Programs' (ODP) business agent for the monitoring and qualification of service providers. Given that the Supports Coordination Organization (SCO) is integrated into Potter County Human Services, ODP is responsible for the monitoring and qualification of the SCO. The AE is responsible for the authorization of base and waiver services and must assure that all services provided meet federal and state guidelines.

The Potter County ID program utilizes funds for individuals needing higher level of care and increased supports and services through the Consolidated and Person/Family Directed Support (P/FDS) waivers. Those whose assessed needs can be met through natural supports and community resources may be served through base funding. Every individual who registers and is eligible for waiver services will have a Prioritization of Urgency of Needs for Services (PUNS) completed and may be placed on a waiting list if waiver funds are not available.

The Potter County AE continues to utilize the Independent Monitoring For Quality (IM4Q) process to assure federal and state quality standards. Ascend administers the Supports Intensity Scale (SIS) assessments to determine individual needs and what services will best meet these needs.

### **Cross Systems Communication Efforts**

The Potter County A.E. is a part of the Potter County Human Services Management team that includes the following departments:

- Mental Health Services;
- The S.C.A. for Drug and Alcohol Services;
- Early Intervention Services;
- The Office of Children, Youth and Family program;
- Adult Case Management Services;
- Homeless Assistance Program;
- Human Services Development Fund program; and
- The Area Agency on Aging

The programs meet on a monthly basis to review their individual programs, provide updates on services and discuss the variety of treatment options available to all system partners.

The A.E. also works cooperatively with the other Potter County Human Services agencies as part of an Inter-Agency team that take a holistic approach to meeting the needs of the individual regardless of the primary system or lead agency involved in the person life.

### **Diversiónary Efforts**

For individuals at risk, a system of communication and collaborations has been established between Providers, Supports Coordinators, the Individual and their family or support system, the A.E. and when possible, The Office of Developmental Programs to assess the situation of the individual. The team/group, along with the individual will then determine the best course of action in order to meet the person's needs. Other or additional services are discussed and then provided that allow for the person to remain in the least restrictive setting as possible.

The A.E. also works cooperatively with other Potter County Human Services agencies as part of an Inter-Agency team that take a holistic approach to meeting the needs of the individual regardless of the primary system or lead agency involved in the person life.

The Potter County A.E. also works with the Northwest 9 CHIPP consortium to develop diversionary services for individuals to remain in the community and not have to seek State Hospital or State Center placement.

### **Plan for Emergency Supports**

The Potter County A.E. reviews all reportable incidents in HCSIS on a daily basis including weekends to ensure that the health and safety of the individuals we serve are monitored regularly.

We also have an emergency on-call system where when a call comes in, it is assessed, and transferred to the appropriate program. Once received, the Supports Coordination Staff; consulting with the program supervisor and in coordination with the A.E. determine the most appropriate action plan to meet the individual's needs.

Those in crisis are supported by based funds and services are provided to meet the individual's needs until the A.E. can obtain additional waiver capacity from O.D.P.

The following chart provides an overview of some of the services available to individuals and the number of consumers that currently receive needed assistance in remaining in the community:

	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	9	9
Sheltered Workshop	2	3
Adult Training Facility	24	22
Base Funded Supports Coordination	2	2
	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be Served in FY 14-15
Residential (6400)	5	8
Lifesharing (6500)	11	11
PDS/AWC	5	8
PDS/VF	0	0
Family Driven Family Support Services	0	0

The following are the services that will be funded for through the use of State Dollars provided by the Commonwealth:

**Administration/A.E. Functions**

An Administrative Entity (AE) is a county or non-governmental entity with an agreement or contract with the Office of Disabilities Programs to perform operational and administrative functions delegated by ODP related to the operations of the Consolidated and Person/Family Directed Support (P/FDS) Waivers.

**Assessment/Referral**

Each new referral to the program is assessed by an independent entity apart from the AE or SCO to determine the individual’s adaptive functioning level and eligibility is determined by the AE. After assessment and eligibility is established, referral is made to a SCO and a service plan is developed based on the needs of the individual. Many needs of the intellectually disabled are met by

linking individuals with appropriate agencies located in the community; for example; HUD, social security; County Assistance Office, and/or medical providers. Supports Coordinators provide follow-up contact after referrals to insure the individuals are receiving the appropriate services (12 individuals targeted);

### **Supports Coordination**

In Potter County, Supports Coordinators assist the individual in identifying, selecting, obtaining, coordinating and using services and natural supports to enhance the consumer's independence, integration in the community and productivity as specified in the individual's plan of care or individual service plan. Supports Coordination is person centered and shall include, but is not limited to, ongoing assessment of the client's strengths and needs; development, evaluation and revision of the plan of care; assistance with the selection of service providers; educating the client of their rights and responsibilities and the monitoring of the plan of care and initiating individualized correction actions as necessary (17 consumers targeted to receive this services);

### **Home & Community Habilitation**

In Potter County these services to help people acquire, maintain, and improve skills that allow them to live independently in their home and participate in their local community. Examples of habilitation include supporting someone to participate in a church activity, learning to cook safely, or learning to use public transportation independently.

Home and Community Habilitation Services enhance the ability of an individual to lead a self-determined lifestyle by providing the support and information necessary to build self-esteem, assertiveness, create a sense of empowerment and allow an individual to make informed choices (28 Consumers targeted for this service); and

### **Supportive Employment Services**

Supported Employment services are overseen by the AE to assure they provide a full range of services which enable people with disabilities to access and succeed in competitive employment. The program goal is to provide full access to employment through the provision of individual support services for people who have historically been excluded from employment. Services have developed from a philosophy that presumes employability for all given the right supports are provided to the individual. Person-centered planning, meaningful job matches, full inclusion in the Potter County workforce, and creative strategies that broaden employment opportunities are all cornerstone practices of our Supported Employment (7 People targeted for this service).

Supports Coordinators meet with the Individuals and the Supported Employment Provider (Dickinson Centers, Inc.) every six months to assess progress being made toward competitive employment.

The employment provider (Dickinson Centers, Inc.) has established contracts with several of the employers in Potter County that assist in employing our people in a meaningful way.

### **Life Sharing Program**

Life Sharing through Family Living allows individuals with developmental/ intellectual disabilities to live with the support of a loving and caring family within the community. Through this unique program, Dickinson Centers, Inc., and Potter County Human Services encourage individuals to build relationships with new families while ensuring that each individual maintains strong ties to his or her own family of origin. (11 People targeted for this service).

The programs designs and implements a person centered plans according to individual needs and desires. It also provides socialization via recreational, work, and community involvement and offers therapeutic and health care supports.

### **Expansion plans:**

Currently, Potter County Human Services has no individuals in need of this service; however, if needed we will work with our provider(s) to advertise and recruit new families.

Potter County Human Services is in the process of securing additional Intellectual Disabilities providers who are willing to provide services to the consumers within our county

COUNTY UTILIZATION OF  
STATE FUNDS

POTTER COUNTY HUMAN SERVICES

HOMELESS ASSISTANCE PROGRAM

## HOMELESS ASSISTANCE PROGRAM (HAP)

The Potter County Human Services Coordinated Services Department makes available a continuum of services to persons at risk of becoming homeless or who are currently homeless.

Potter County continues to use HAP dollars to provide case management and service planning activities for Potter County residents who meet eligibility requirements and require such services as: Emergency shelter, homeless and rental assistance. Eligibility is determined by utilizing the Housing and Urban Development (HUD) definition of Homelessness or near homelessness.

Through the Coordinated Services Case management program supports and referral services are provided to individuals to programs such as Mental Health, Drug and Alcohol, Medical Assistance Transportation, and older adult services.

HAP funds are also utilized for emergency stays at local hotels or the Northern Tier Children's Home shelter while case managers work with the individuals and/or families to locate options for safe and affordable housing.

The Potter County HAP program decided it was unable to meet the requirements of the Homelessness Prevention and Rapid Re-housing Program (HPRP) grant and as a result a meeting of the Local Housing Options Team (LHOT) was organized and it was determined that the administration of the funds would be offered to Northern Tier Community Action in Emporium, Pa. Our program works closely with Northern Tier by providing referrals and case management to individuals within the program.

The following graph depicts the priority services and the number of consumers that receive assistance with the funds provided through the Homeless Assistance Program:

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing	2	2
Case Management	15	18
Rental Assistance	45	48
Emergency Shelter	10	10
Other Housing Supports	0	22

The following are the services that will be paid for through the use of State Funds provided by the Commonwealth:

### **Emergency Shelter**

This Potter County Human Services program is designed to provide short-term assistance for needy individuals in the county if they are homeless or potentially homeless. The individual or family must provide verification of need, including family information, financial status, and other available resources. Case management services are offered to assist clients in obtaining adequate housing by working closely with the housing program and individual landlords in the area. Additional case management assistance is offered for ongoing needs. Referrals to other agencies are made available when appropriate (10 individuals are targeted to receive this service);

### **Homeless Assistance Program**

The Potter County Human Services Homeless Assistance program is funded to assist individuals or families that are homeless or in danger of becoming homeless. Following the initial intake, the HAP case manager works with the client or family in obtaining adequate housing, provision of rental assistance (if possible in conjunction with Section 8 housing), linkage of participants with appropriate programs such as PHARE, The Potter County Mental Health Housing program and The Housing Authority. A service plan is then developed which documents goals that the client anticipates successfully achieving during their participation in the program, and completion of an exit interview when the client completes the program (12 families targeted to receive this service); and

### **Rental Assistance Program**

This Coordinated Services program is designed to help low and moderate income families rent privately-owned housing. The rental subsidy known as a housing assistance payment is paid directly to the property owner or designated payee. This program is available to a limited number of families and is a one time, once a year payment, up to \$200 for the initial month rent or to stop an eviction. (48 individuals/families targeted to receive this service)

### **Other Housing Supports**

#### **Adult Case Management**

Case Management assists consumers with applying for the Medical Assistance Benefits, help in applying for Social Security Disability Benefits, refers consumers to the HUD Program, assists women in receiving WIC Benefits, provides educational and budgeting services, and

works with homeless individuals to secure temporary shelter. (18 individuals are targeted to receive this service);

### **Transportation**

Transportation is made available to adults in the case management program if a consumer needs a ride to a medical, mental health, drug and Alcohol or other appointments made in conjunction with their treatment plan. (7 individuals targeted to receive this service);

COUNTY UTILIZATION OF  
STATE FUNDS

POTTER COUNTY HUMAN SERVICES

HUMAN SERVICES DEVELOPMENT FUNDS

## **HUMAN SERVICES DEVELOPMENT FUND**

The Potter County Human Services Coordinated Services Department is a unit within Human Services system which provides for the administration and service delivery of the system's miscellaneous programs. Specifically, the Coordinated Services (C.S.) department offers the following services:

- Case Management Service
- Planning activities for the Medical Assistance Transportation Program;
- Utility Assistance;
- Emergency Food programs;
- The county Food Banks;
- Representative Payee services;
- Serves as the Central Intake unit for Human Services; and
- Human Services Development Fund Adult case management.

Additionally, Coordinated Services participates in the following activities:

- Development of County-Wide prevention services;
- Assists in the coordination of staff training and development;
- Provides supportive services to categorical programs such as Children & Youth, Mental Health, Intellectual Disabilities, Aging and Drug and Alcohol;
- Provides information and referral services to the community; and
- Transportation.

HSDF is also used to meet the needs of individuals between the ages of 19 and 59, who do not qualify for MH/ID services. This program provides information and referral services to consumers so that they are afforded the opportunity to take advantage of any and all services that are available within Potter County. Its purpose is to help residents with Housing, Rental and Energy Assistance. Through this program consumers who do not possess a Medical Assistance Card are offered transportation services for things like medical appointments and grocery and clothing shopping.

These funds also provide an additional Case Management Program designed to meet the needs of individuals who do not qualify for MH/ID services. Case Management assists consumers who are in need, to secure any or all of the following services, help in applying for the Medical Assistance Benefits, help in applying for Social Security Disability Benefits, refers consumers to the HUD Program, assists women in receiving WIC Benefits, provides educational and budgeting services, and works with homeless individuals to secure temporary shelter.

The following outline provides an outline of the priority services and the consumers served by the various programs:

	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	325	9
Aging Services	80	180
Generic Services	50	2042
Specialized Services	25	57

The following are the services that will be paid for through the use of State Funds provided by the Commonwealth:

### **Adult Services**

Programs funded with Commonwealth monies include the following:

#### **Representative Payee**

A Potter County Human Services Case worker is appointed and regulated by the Social Security Administration to receive Social Security and/or SSI benefits for individuals who cannot manage his or her money. These services assist in the financial management responsibilities for the consumer (9 consumers are provided this service at \$20,492);

**\*Note – Drug and Alcohol Case Management was moved into the Drug and Alcohol program as no HSDF funds were used to support this program.**

### **Aging Services**

Funding for this service goes to provide Older Adults with congregate meals on a daily basis for those who attend the four (4) Potter County Senior Centers (50 people are targeted for this service at \$1,296).

PCHS also provides funding for home delivered meals or the “Meals on Wheels” program for those senior adults who qualify for the program. (80 individuals are targeted for this service at \$3,564); and

Funding also assists in protective and case management services for individuals over the age of 60. This program provides supportive services to Potter County residents and to evaluate their needs, link to services, and assist the consumer in remaining in their home. (50 clients are targeted to receive this service).

**\*Note – No HSDF funding was utilized for protective and case management services for individuals over the age of 60.**

## **Generic Services**

Programs funded with Commonwealth monies include the following:

### **Information and Referral**

This is a program that is available to the general public and also doubles as an Intake program. Services are provided to walk-ins or by telephone. Information is available on a wide range of subjects. Pamphlets, tax rebates and other social service applications are available. Referrals to other agencies are made when appropriate (1922 residents are targeted to receive this service at \$4,839).

### **Transportation**

This program also funds transportation services for Aging, Mental Health, Intellectual Disabled and Drug and Alcohol consumers to help break the barriers clients have in receiving services. Transportation is offered to assist individuals attend medical appointments, dialysis, and treatment services. (45 consumers are targeted for this service at \$10,550)

## **Specialized Services**

The Coordinated Services through a cooperative agreement with the local Christmas House program utilized HSDF dollars to ensure needy families and children receive Christmas gifts, assistance with paying their utility bills, clothing and furniture. (50 plus children and families are target to receive these services at \$1,000).

Potter County Humans Services also works with the Coudersport Ministerium in a transitional housing program to ensure that needy individual and families are provided with a safe environment to live until permanent housing can be established. This program also will provide rental assistance to individuals and/or families who are in danger of eviction or homelessness. (7 families are target for this program at \$2,759); and

The CS program also works with local merchants so that qualifying/needy families have either a turkey or ham and other dinner items for the Thanksgiving and Christmas holidays. (75 families are targeted to receive this service at \$500)

COUNTY UTILIZATION OF  
STATE FUNDS

POTTER COUNTY HUMAN SERVICES

OFFICE OF CHILDREN, YOUTH &  
FAMILY SERVICES

## **CHILD WELFARE (OCYF)**

The Potter County Human Services Children & Youth priorities remain constant, placing safety of children of all ages as the first priority. The statewide safety management process has been established with prompt response to child abuse/neglect referrals, and defined time responses to referrals involving very young children.

The program's goal is to reduce out-of-home placements of delinquent or dependent Potter County youth through the encouragement of strong, stable families, and the delivery of early interventions and/or referrals to the appropriate community-based service providers. When out-of-home placements are necessary, a priority is placed on maintaining youth in their home communities/county with Potter County operating their own foster care program or recruiting kinship care. Other community based facilities within our region are considered when foster/kinship care is not available or appropriate. This is an overall response to the federal outcomes of permanency and well-being.

These and other programs such as countywide and school-based Youth Mentoring, MH and Student Assistance Programs, School/Community Recreation and Education Programs, and Teen Suicide Prevention, have done much to encourage positive working relationships between Potter County CYS and the five Potter County school districts.

A countywide Child Death Review team has been developed to review all child deaths and those patterns of maltreatment or mishaps resulting in tragedies and determines any actions of correction/prevention for recommendations to and implementations by the Potter County C&Y program.

All Children & Youth staff has received training in Out-of-Home safety procedures. Each staff also received training in the PA Department of Education Law and the Educational Screen that is now used for all open families and placement youth;

Services are provided to improve the permanency, safety and well being of children within Potter County. With a strong emphasis on prevention and education in this county, Potter County Children & Youth services has historically requested and been approved for both evidence-based programs and promising practices.

Programs that were initially funded as special grants but are now incorporated into the Needs-Based budget include the following:

## **Promising Practice**

### **School Based Intensive Case Management**

The Children & Youth program has implemented a program that will provide a school-based approach to breaking the cyclical effects of family dysfunction, through the placement of a full-time, Children, Youth & Families Intensive Case Manager (ICM) in the five (5) Potter County school districts. The ICMs will work in cooperation with the existing school-based services (Student Assistance Program, Yellow Ribbon, and the Suicide Prevention Program and other local agencies) to provide an array of coordinated and comprehensive services to Potter County youth and families.

Case management services provided by the ICMs include: intake; assessment; on-site child abuse neglect investigations; communication with youth and parents of youth who are truant or involved in other status offenses; and information and referral to other appropriate resources. State and federal legal requirements and procedures for obtaining parental consent, mandated reporting, confidentiality, HIPAA, etc. are followed. ICMs also are able to provide some group opportunities for youth, in collaboration with other school-based providers such as the SAP, Teen Suicide Prevention, Youth Mentoring, etc. (approximately 200 youth to be served by this service)

### **Integrated Children's Service Planning**

With this funding stream available for many years, Potter County was able to provide many additional prevention/educational programs including a 2 year dental grant which served approximately 64 children needing "urgent" care; a centralized unit that has evolved into the use of the CANS assessment tool; an established annual Teen Conference for all 7<sup>th</sup> and 8<sup>th</sup> graders in the county and start up funds for a "Boys and Girls Club." Programs and initiatives from the ICSP process that remain are the annual signature event, "Family Fun Fair" that provides free educational services within a carnival type atmosphere, that makes available to individuals and families all the services within Potter County that are available to them. Each family has an opportunity to receive prizes, trips, and most importantly educational materials that will assist them in their daily lives. The ICSP/Family Collaborative Council (FCC) Collaborate team is another sustained result of the ICSP funding. This team has close to 50 members with a high participation rate on a quarterly basis.

## **Trailblazers**

The Trailblazers program is a court sponsored, Probation/CYS operated summer work program for at-risk dependent/delinquent youth. The program goals are for these adolescents to learn self improvement skills, develop positive work experiences, and provides for supervised summer time. (10 children are targeted for this program)

## **Ages and Stages**

Ages and Stages are conducted for all pre-school age children entering the Potter County System and needed referrals are made to the Early Intervention program; (12 children are targeted for this program)

## **Vocational Mentoring**

This practice will focus on youth ages 16-21, delinquent or dependent, that are in placement, Independent Living, After Care or at risk for out-of-home placement and are in need of work experience and vocational planning toward adult independence and well-being. (Through this program approximately 20 youth will be served);

## **Housing**

The CYS department provides housing support to identified families through traditional CYS mandates and the Independent Living Program. The first involves categorical funds to be used to assist selective families that are at risk of out-of-home placement of children to receive financial help in maintaining utilities, rental assistance, garbage removal and property clean-up.

Through the Independent Living program, a home has been leased in order to provide “transitional housing” for young adults until they can complete their high school education or find employment and permanent housing or to escape homelessness. (This program serves 4 youth and is projected to assist 6 youth);

## **Alternatives to Truancy**

A county wide truancy program has been developed in conjunction with all five (5) Potter County School District's, Potter County Juvenile Probation and the District Judges in an effort to provide a consistent and uniform response to illegal absences and excessive legal absences. A 6 hour Parent Truancy Education curriculum has been developed to help educate the parents on the negative affects of excessive school absences. The primary goal or objective of this program is to reduce student absenteeism and drop out rate within all five (5) Potter County school districts.

## Evidence Based Programs

### Multi Systemic Therapy

MST in Potter County is an intensive family and community based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders, their homes and families, schools and teachers, neighbourhoods and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families. MST works with the toughest offenders ages 12 through 17 who have a very long history of arrests (36 children and families are target for this program); and

Program Name:	Multi-Systemic Therapy
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Request Type	Enter Y or N		
Continuation from 2013-2014		Y	
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)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		X	

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2013-2014; and/or requesting funds for FY 2014-2015. Enter the total amount of state and matching local funds.

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2013-2014	\$30,000		\$30,000
FY 2014-2015			\$25,050

Potter County is requesting no change to the FY 2012/13 approved allocation of \$30,000 and is the amount requested. However, due to a pattern of under-spending for this program which will later be addressed, the County is not requesting an increase for the NB year.

	<b>13/14</b>	<b>14/15</b>
Target Population	34	36
# of Referrals	8	10
# Successfully completing program	6	8
Cost per year	0	0
Per Diem Cost/Program funded amount	\$38.00/unit	\$38.00/unit
# of MA referrals	6	8
# of Non MA referrals	2	2
Name of provider	Beacon Light	Beacon Light

Target Population for MST – Youth 12 -17 years old at risk for out-of-home placement due to antisocial or delinquent behaviors and/or youth involved with the Juvenile Justice or CYS Systems. Outcomes remain constant.

Outcome #1: Targeted Youth will safely remain in their defined home'/residence/ community.

Outcome #2: Targeted Youth will stay out of trouble with the law, no legal charges imposed.

Outcome #3: Targeted Youth will attend school/vocational training regularly and maintain passing grades. High School graduation is the ultimate goal.

The contracted provider, Beacon Light Behavioral Health Services, will be the primary service evaluator and do so according to the MST guidelines. Both 'instrumental outcomes' such as family engagement, improved parenting and behaviors, etc. and 'ultimate; or real-world outcomes' such as the above (3) outcomes will be reviewed and assessed. Subsequent post treatment follow-up will be conducted as agreed upon between County-Provider currently at 12 month intervals.

In addition, the CYS/Juvenile Probation personnel will track youth at the time of participation and after discharge through the routine areas where such youth will show up, or not, in either the CYS or Probation systems in regards to the real

world goals. Therefore, lack of referrals for truancy or criminal charges would all be positive measurements.

As for utilization, Potter County has had a rather consistent number of referrals in a 12- month period, with (7) in FY 10/11 not shown in the above chart, and this number is manageable for one MST Team. However, a few more referrals could be handled and are anticipated. And so far, all youth served have been eligible for M.A./Managed Care Funding, thus, no cost to the County. It should be noted that one youth served in the past FY was initially not eligible for M.A. coverage, and grant monies were expected to be used, but became unnecessary when the young man required emergency shelter services and then became eligible for M.A. coverage.

Toward increased spending for this program, all referrals will be reviewed by both CYS and Probation Administration along with the current treatment team structures such as (CASSP) to identify and select identified youth that could benefit from the program and determine what funding streams are available to assure service delivery. The implementation and NB grant amounts will provide for up to (2) youth, for a four month period at \$945/per unit.

MST is a proven program for Potter County being responsive to at-risk youth that demonstrate conduct disorder, non-compliant, pre-delinquent type behaviors/personalities destined for out-of-home placements. MST has prevented such placements and even allowed youth to be closed out with the CYS system, being responsive to family needs. In other cases, MST has assisted with permanency planning, shortened placement. One such example for the past FY was a young man that had been the one re-entry dependent youth in and out and back to emergency shelter because of chronic truancy and overall incorrigibility, living with a legal guardian due to his estranged relationship with bio mom living in Georgia. In the two years that CYS worked with this family, the boy repeatedly refused to consider living with his mother, first because he didn't want to leave a familiar school which he subsequently didn't attend and then because he 'hated' her, but with no reasons given. Through the confinement of shelter and MST persisting in working with this young man, phone calls took place between he and mom, resulting in reconciliation and he being reunited with his mother in early June. MST reports that both mom and son stay in touch with the MST worker for ongoing support. This reunion may not have happened without this program's assistance.

MST addresses all of the County's benchmarks, assuring safety in whatever residence the youth lives and preventing re-entry into placement and subsequently responding to other Federal outcomes, permanency and well-being.

## Family Group Decision Making

Family Group Decision-Making (FGDM) provided in Potter County is a meeting with the entire family. FGDM brings together family, friends, the social worker and service providers to work as a team. The service is an option that may be offered to Potter County families by a C&Y case worker, if a child or family has been referred to Child and Family Services. The meeting is about the family taking charge of their lives. The goal is to help each family work out a safety plan to address the care and safety of the children. If families choose a Family Group Decision-Making meeting, they are allowing the important people in their lives to share their knowledge, their concerns, and the strengths they see in each family unit to help all team members in making the best decisions possible for the children (35 families are targeted for this service).

Program Name:	Family Group Decision Making
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Request Type	Enter Y or N		
Renewal from 2013-2014		Y	
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)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		Y	

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2013-2014; and/or requesting funds for FY 2014-2015. Enter the total amount of state and matching local funds.

Total Budget Amount	Original/Approved Allocation (Amt. requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2013-2014	\$9,000		\$9,000
FY 2014-2015			\$12,000

Potter County is not requesting any change in the FGDM grant amount for FY 2014/15, and is in fact, the amount requested.

	<b>13/14</b>	<b>14/15</b>
Target Population	30	35
# of Referrals	10	15
# Successfully completing program	7	10
Cost per year	\$9,000	\$12,000
Per Diem Cost/Program funded amount	\$9,000	\$12,000
# of MA referrals	0	0
# of Non MA referrals	10	15
Name of provider	P.C. CYS	P.C. CYS

Target Population for FGDM – Active families with CYS that are at a crossroads in regards to progress toward a FSP/Placement/Permanency Goal and would benefit from the FGDM structure in making a decision/define a goal for forward progress. (Outside referrals from other agencies will be accepted for service as resources are available.)

Outcome #1: Targeted population will improve engagement with any or all of their Service Providers, Support Groups and Agency.

Outcome #2: Targeted population will make forward progress in determining an action Plan in resolving the issue at hand.

Outcome #3: Targeted population will participate in the action plan as their role was defined by the process and accomplish the determined outcome with all outcomes directed toward the safety, permanency and well-being of children.

In regards to CYS families, service outcomes will be measured according to routine/traditional case monitoring and tracking that is inherent of open FSP/ CPP families through regular case management contacts, documentation of progress made in the identified problem area and the length of time to accomplish and the overall safety, permanency and well-being of the children involved. The ultimate measurement of success will be defined by the safe closure of a case, the permanency goal being accomplished for a placement youth, etc. (It should be noted that the FGDM process typically defines an approximate time line for goal(s) to be accomplished and will also be considered in measuring overall progress.)

Even with a slight increase of activity from the previous year, there continues to be both under-spending and under-utilization. However, the three families that participated were very appropriate candidates, two being adolescent placement youth needing direction in permanency planning and the third, an in-home blended family with young children needing to make decisions toward a more consistent, healthy way of life. One youth was reunited with a parent, the other youth stepped down to foster care toward emancipation and the in-home family was closed with CYS.

This is still a relatively new program for both the agency and community, and increased use is anticipated as the program becomes more established and visible. However, limited staff time is a challenge, with existing CYS case management also doing FGDM. Therefore, two additional workers will be trained to help share the work responsibilities and possible referrals to outside providers may be necessary.

FGDM will continue to be an in-house operated program with supervision and oversight provided by the CYS Director and Supervisor. Projected numbers are realistic in that most CYS active families could benefit from this very basic, practical family meeting format. In preparation for concurrent planning, FGDM will be an even more necessary process to accomplish required tasks. Therefore, the goal for both the implementation year and NB year are to use the process on a more routine basis for active families. Families are already being identified for the current FY.

FGDM is a very practical approach to problem solving and treatment planning. It engages parents/caregivers in making decisions on behalf of their families with the assistance of clearer minds (support persons and service providers), and the assurance from these same people of their support for the determined plan. It also places the CYS facilitators and CW in a more positive role, in most cases, with the Agency providing an opportunity for parents to be an equal partner at the table.

Clearly, FGDM will impact service delivery and family outcomes at all levels of service planning (in-home, placement, permanency planning, transition of aging out youth), etc. The process intends to move families/youth forward to a better place, or perhaps come to grips with difficult decisions that must be made for an intended outcome.

FGDM addresses all of the County's benchmarks, working toward family decisions/service plans that will assure child safety and encourage permanency for youth and prevent return to a placement situation. It should be noted, however, that the process that relies a great deal on the concept of support from others can have limitations if a family has a limited support group, or that the support group does not do what they have committed to.

## Vocational Mentoring

Vocational mentoring is a program that is very responsive to Fostering Connections (aging out youth), the previously described PA Academic, Career and Technical Training (PACTT) and the guidelines of Independent Living, to name a few. It provides for a framework to educate and prepare youth realistically for their futures and indirectly affect improved and healthier family living and school retention, not to mention minimal compensation. (25 youth are projected to participate in this program)

Program Name:	Vocational Mentoring
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Request Type	Enter Y or N		
Renewal from 2013-2014		Y	
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)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		Y	

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2013-2014; and/or requesting funds for FY 2014-2015. Enter the total amount of state and matching local funds.

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2013-2014	\$25,000		\$25,000
FY 2014-2015			\$22,500

Potter County is not requesting any change in the Vocational Mentoring grant amount for FY 2014/15, and is in fact, the amount requested.

	<b>13/14</b>	<b>14/15</b>
Target Population	20	25
# of Referrals	10	15
# Successfully completing program	10	15
Cost per year	\$25,000	\$22,500
Per Diem Cost/Program funded amount	\$25,000	\$22,500
# of MA referrals	0	0
# of Non MA referrals	10	15
Name of provider	CYS & IL	CYS &IL

Target Population – Identified youth, ages 16 -21, either delinquent/dependent youth that are in placement, IL After-Care or at risk for out-of-home placement and are in need of work experience and vocational planning toward adult independence and well-being.

Outcome #1: Targeted youth will receive job exposure and experience through the County Summer Work Program and other employment opportunities within their community.

Outcome #2: Targeted youth will become more aware of their strengths and job aptitude toward selecting a future vocation.

Outcome #3: Targeted youth will be familiar with preparation needed in a selected career choice.

Job exposure and experience will be supervised and measured by job supervisor/coach through surveys regarding youth’s performance, job satisfaction and job aptitude. User friendly vocational testing will be made available through employment partners such as Career Link, Educational facilities i.e. intermediate unit and secondary vocational programs and the I.L. Program. Finally, community leaders will be recruited for job shadowing and job coaching and visits made to post-educational programs regarding career choices with feedback from youth being collected by case management, I.L. and other vocational partners.

This Promising Practice will be measured as previously measured and responsive to the re-entry benchmark for after care youth and could be responsive to safety as well depending on the case history of the older youth. In general, such career building will enhance independence, confidence, resiliency, all attributes that empower youth against child abuse and neglect.

COUNTY UTILIZATION OF  
STATE FUNDS

POTTER COUNTY HUMAN SERVICES

DRUG & ALCOHOL SERVICES  
COUNTY SCA

## **DRUG AND ALCOHOL SERVICES**

The Potter County SCA is designed to promote a healthy community and reduce the harmful effects associated with alcohol, tobacco, and other drug use, while remaining responsive to, and reflective of the diversity among individuals, families and communities.

The Potter County SCA completes screenings and assessments for any resident of Potter County who is seeking Drug and Alcohol treatment. Many of the clients are court ordered to undergo assessments due to legal charges. Clients will receive an initial screening and then be scheduled for an assessment with our Case Management Specialist. The Case Manager will then determine the most appropriate level of care.

To access case management and treatment services through the Potter County Drug and Alcohol program, anyone in need of services can call or walk into the SCA. The Case Manager will also travel to the Potter County Jail, Potter County Probation office, Cole Memorial Hospital, Tioga County Jail, McKean County Jail, Tioga Detention Center and other possible locations. Any person in need of services has to be a Potter County resident; however, if a client is a resident in another county and is without resources to access services in that county, the SCA Director will contact the other county's SCA Director and request verbal approval to complete an assessment on the client. CMs from each county will establish communication regarding the client's needs and the process to facilitate meeting those needs.

The Potter County SCA's coordination within the county human services system is achieved through active participation in the following committees:

- Child Death Review Team
- Potter County Human Services Advisory Board
- Victim Assistance Policy Board
- Disaster Crisis Outreach and Response Team
- Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA)
- Training Committee through PACDAA
- Local Housing Options Team
- School Based Behavioral Health Committee for BHAU
- Buprenorphine Workgroup for BHAU
- Criminal Justice Advisory Board for Potter County
- Potter County DUI Treatment Court – Data and Evaluation / Assessment
- Student Assistant Program
- Yellow Ribbon Committee
- Pennsylvania Case Management Network
- Disciplinary Board of the Potter County Jail
- North Central District AIDS Coalition

During the last year the SCA has observed an increase in the use/abuse of synthetic drugs, heroin and prescription medications. Over the past 12 months there have been 10 overdoses reported with 2 resulting in death as per State Police. The treatment demand has increased with the emerging trends and at times has caused the SCA to create a waiting list for inpatient treatment.

The Potter County SCA meets the needs of Individuals with Co-occurring psychiatric and substance use disorders by screening/assessment, outpatient, intensive outpatient, partial, recovery support services, detoxification and non-hospital inpatient. The SCA will use funding from this plan to lift the SCA's current treatment restrictions allowing longer length of stays in intensive outpatient, partial, recovery support services, halfway house, detoxification and non-hospital inpatient. The SCA does not place any treatment limitations on pregnant women seeking treatment. The SCA does not pay for medication assisted treatment due to limited funding but funding from this plan may allow for that in the future.

Services funded in Potter County through Behavioral Health Services Initiative (BHSI) and Act 152 funds are as follows:

### **Case Coordination**

The Potter County SCA Case coordination is offered to all Potter County residents. Case Coordination is a collaborative process between the client and the case manager that facilitate the access to available resources and retention in treatment and support services, while simultaneously educating the client in the skills necessary to achieve and maintain self-sufficiency and recovery from substance abuse disorders. The two primary goals of case coordination are:

- To increase client retention in and completion of treatment in order to move clients toward recovery and self-sufficiency and
- To increase client access to core services such as primary health care, psychiatric care, stable and secure living environment, positive support network, vocational training and employment.

Case Coordination stresses comprehensive assessments, service planning and resource coordination to address multiple aspects of a client's life (77 clients are targeted for this services);

### **Inpatient Non-Hospital Treatment**

This program is provided through contracted providers and is specifically geared toward individual who have been determined clinically appropriate for inpatient substance abuse treatment. Each client will receive treatment plans tailored to their specific needs (12 individuals are targeted to receive this level of care); and

## **Outpatient/Intensive Outpatient**

Within Potter County this service is provided by Alcohol and Drug Abuse Services, Inc. and emphasizes recovery skills, support and hope in a confidential, safe environment. The goal is to encourage individuals whose lives have been affected by substance abuse and chemical dependency to work on personal life issues related to their individual circumstances (15 individuals are targeted to receive this service).

## **Drug and Alcohol Case Management**

The purpose of the case management program is to provide drug, alcohol and supportive services to Potter County residents with confirmed or suspected substance abuse problems.

The objective is to evaluate strengths and needs, link to services, advocate for client rights and assist the client in achieving their goals (35 clients are targeted to receive this service); and

## **Recovery-Oriented Services**

The SCA in cooperation with the Oxford House will open a recovery house in Potter County by July 2014.

The SCA has developed a Recovery Support Services program with Alcohol and Drug Abuse Services, Inc. and started the program on May 19, 2014.

### **ADAS and the County SCA provide the following:**

- After Care Support Groups;
- The establishment of an Oxford House;
- Recovery Support Specialist Services;
- F.A.S.D. Awareness;
- I.D.U Outreach;
- HIV/Aids Coalition Workgroup;
- Participate in the County LHOT for Transitional Housing; and
- Too Good for Drugs Prevention program in the 5 Potter County School Districts.

The SCA continues to work toward implementing a formal ROSC transformation within Potter County. The SCA has added Recovery Oriented Systems of Care (ROSC) language to the provider contracts and is also working with the Senior Director of Substance Use Disorder Initiatives at Community Care Behavioral Health for guidance and assistance with the ROSC process.

## **Additional Drug and Alcohol Services**

### **Older Adults (ages 55 and above)**

Current services available that can be paid for by the SCA are: screening/assessment, outpatient, intensive outpatient, partial, recovery support services, detoxification and non-hospital inpatient. The SCA will use funding from this plan to lift the SCA's current treatment restrictions allowing longer length of stays in intensive outpatient, partial, recovery support services, halfway house, detoxification and non-hospital inpatient. The SCA does not place any treatment limitations on pregnant women seeking treatment. The SCA does not pay for medication assisted treatment due to limited funding but funding from this plan may allow for that in the future.

### **Adults (ages 18 to 55)**

Current services available and paid for by the SCA for this population are: screening/assessment, outpatient, intensive outpatient, partial, recovery support services, detoxification and non-hospital inpatient. The SCA will use funding from this plan to lift the SCA's current treatment restrictions allowing longer length of stays in intensive outpatient, partial, recovery support services, halfway house detoxification and non-hospital inpatient. The SCA does not place any treatment limitations on pregnant women seeking treatment. The SCA does not pay for medication assisted treatment due to limited funding but funding from this plan may allow for that in the future.

### **Transition-Age Youth (ages 18 through 26)**

Current services available and paid for by the SCA for this population are: screening/assessment, outpatient, intensive outpatient, partial, recovery support services, detoxification and non-hospital inpatient. The SCA will use funding from this plan to lift the SCA's current treatment restrictions allowing longer length of stays in intensive outpatient, partial, recovery support services, halfway house detoxification and non-hospital inpatient. The SCA does not place any treatment limitations on pregnant women seeking treatment. The SCA does not pay for medication assisted treatment due to limited funding but funding from this plan may allow for that in the future.

**Adolescents (under 18)**

Current services available and paid for by the SCA for this population are: screening/assessment, student assistance program, prevention programs, outpatient, intensive outpatient, partial, recovery support services, detoxification and non-hospital inpatient. The SCA will use funding from this plan to lift the SCA's current treatment restrictions allowing longer length of stays in intensive outpatient, partial, recovery support services, detoxification and non-hospital inpatient. The SCA does not place any treatment limitations on pregnant women seeking treatment.

# Appendix A

## Assurance of Compliance

DPW Bulletin 2014-1  
County Human Services Plan Guidelines

Appendix A  
Fiscal Year 2014-2015

### COUNTY HUMAN SERVICES PLAN

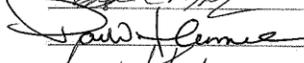
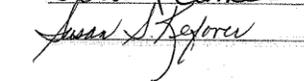
### ASSURANCE OF COMPLIANCE

COUNTY OF: Potter

- 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>	
	Douglas C. Moeley	Date: 6/23/14
	Paul W. Heimel	Date: 6/23/14
	Susan S. Kefover	Date: 6/23/14

## ***Appendix B*** ***Eligible Human Service Definitions***

### **Mental Health**

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

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

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

### ***Administrator's Office***

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

### ***Administrative Management***

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

### ***Adult Development Training***

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

### ***Children's Evidence Based Practices***

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

### ***Children's Psychosocial Rehabilitation Services***

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

### ***Community Employment and Employment Related Services***

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

### ***Community Residential Services***

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

### ***Community Services***

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

### ***Consumer Driven Services***

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

### ***Crisis Intervention***

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

### ***Emergency Services***

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

### ***Facility Based Vocational Rehabilitation Services***

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

### ***Family-Based Services***

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

### ***Family Support Services***

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

### ***Housing Support Services***

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

### ***Other***

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

### ***Outpatient***

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

### ***Partial Hospitalization***

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

### ***Peer Support Services***

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

### ***Psychiatric Inpatient Hospitalization***

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

### ***Psychiatric Rehabilitation***

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

### ***Social Rehabilitation Services***

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

### ***Targeted Case Management***

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

### ***Transitional and Community Integration Services***

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

## **Intellectual Disability**

### ***Administrator's Office***

*Activities and services provided by the Administrator's Office of the County ID Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).*

### ***Case Management***

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

### ***Community Residential Services***

*Transitional residential habilitation programs in community settings for individuals with chronic psychiatric disabilities. This service is full-care CRRS for adults with mental retardation and mental illness.*

### ***Community Based Services***

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

### ***Other***

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

## **Homeless Assistance**

### ***Bridge Housing***

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

### ***Case Management***

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

### ***Rental Assistance***

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

### ***Emergency Shelter***

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

### ***Other Housing Supports***

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

## **Children and Youth**

### ***Promising Practice***

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

### ***Housing***

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

### ***Alternatives to Truancy***

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

### ***Evidence Based Programs***

*Program or activity provided by the county or through a contracted private provider that includes: Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Family Group Decision Making (FGDM), Family Development Credentialing (FDC), or High-Fidelity Wrap Around (HFWA).*

### ***Multi-Systemic Therapy (MST)***

*Intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juveniles. This approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.*

### ***Functional Family Therapy (FFT)***

*An empirically grounded, well-documented and highly successful family intervention program applied to a wide range of at-risk youth aged 11-18 and their families, including youth with conduct disorder, violent acting-out, and substance abuse with interventions that range from 8 to 12 one-hour sessions, up to 30 sessions of direct service. These interventions are conducted in both clinic settings as outpatient therapy and as a home-based model.*

### ***Multidimensional Treatment Foster Care (MTFC)***

*Originated as an alternative to institutional, residential and group care placements for boys with severe and chronic criminal behavior, this has been adapted and tested with children with severe emotional and behavioral disorders, girls with severe delinquency, and youth in foster care.*

### ***Family Group Decision Making (FGDM)***

*FGDM is a family-centered practice that maximizes family input and decision making with professional agency support. The family defines its membership, which often extends beyond blood or legal ties. This practice is inclusive because the family is viewed both vertically (including multiple generations) and horizontally (both mother's and father's side even if one parent is not available).*

*FGDM conferences are culturally relevant, responsive and include an opening ritual selected by the family to emphasize their cultural link and to help participants to focus on the meeting's purpose. The community, as evidenced by agency and other professionals, is also supportive. Safety is the paramount concern. It is important for the family conference to take place in a manner that is conducive to family interactions, safety and privacy. Preparation is critical to address issues that may compromise the creation and support for a family's plan and family alone time is provided when all agency representatives and other professionals leave the room and allow the family to make decisions and craft their plan.*

### ***Family Development Credentialing (FDC)***

*A professional development course and credentialing program for caseworkers (public and private) to learn and practice skills of strength-based family support with families. FDC trainees work with families across the life span including families with young children, teen parents, people with disabilities, and many other groups. Staff must complete 90 hours of interactive classroom instruction and portfolio advisement; prepare a Skills Portfolio with support of a portfolio advisor; and pass a state credentialing exam.*

### ***High-Fidelity Wrap Around (HFWA)***

*The wrap around process is a way to improve the lives of children with complex behavioral health needs and their families. It is not a program or a type of service. Instead, the process is used by communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a youth and family centered team, is individualized based on the strengths and culture of the child and their family, and is driven by strengths and needs, rather than services. Natural supports are a central aspect of the plan for the child and family.*

## **Drug and Alcohol**

### ***Inpatient Non-Hospital***

#### ***Inpatient Non-Hospital Treatment and Rehabilitation***

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

#### ***Inpatient Non-Hospital Detoxification***

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

#### ***Inpatient Non-Hospital Halfway House***

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

***Inpatient Hospital***  
***Inpatient Hospital Detoxification***

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

***Inpatient Hospital Treatment and Rehabilitation***

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

***Outpatient/ Intensive Outpatient***  
***Outpatient***

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

***Intensive Outpatient***

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

***Partial Hospitalization***

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

***Medication Assisted Therapy (MAT)***

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

***Recovery Support Services***

*Services designed and delivered by individuals who have lived experience with substance-related disorders and recovery to help others initiate, stabilize, and*

*sustain recovery from substance abuse. These services are forms of social support not clinical interventions.*

### ***Recovery Specialist***

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

### ***Recovery Centers***

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

### ***Recovery Housing***

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

## **Human Services Development Fund / Human Services and Supports**

### ***Administration***

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

### ***Interagency Coordination***

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

### ***Adult Services***

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

### ***Aging***

*Services for older adults (a person who is 60 years of age or older) include: adult day care, adult placement, chore, counseling, employment, home delivered meals,*

*homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by the Department.*

***Specialized Services***

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

# Attachment C Budget Pages

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

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CIT						
Administrator's Office			141,695		60,283	200
Administrative Management	43		28,010			
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment						
Community Residential Services						
Community Services	24		59,899			
Consumer Driven Services						
Crisis Intervention	124		81,000			
Emergency Services	46		46,100			
Facility Based Vocational Rehab						
Family Based Services	24		19,061			
Family Support Services	7		3,100			
Housing Support	40		22,000			95,885
Other			165,000	CHIPP		
Outpatient	608		229,602		1,779	
Partial Hospitalization						
Peer Support	17		3,257			
Psychiatric Inpatient Hospitalization	7		3,980			
Psychiatric Rehabilitation	5		3,200			
Social Rehab Services	15		3,200			
Targeted Case Management						
Transitional and Community Integration	22		79,960			17,496
<b>TOTAL MH SERVICES</b>	<b>982</b>	<b>829,084</b>	<b>829,084</b>	<b>1,779</b>	<b>60,283</b>	<b>113,611</b>

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

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Admin Office			164,221		42,480	
Case Management	12		72,420			
Community Residential Services						
Community Based Services	16		255,472	649		
Other						
<b>TOTAL ID SERVICES</b>	<b>28</b>	<b>492,113</b>	<b>492,113</b>	<b>649</b>	<b>42,480</b>	<b>0</b>
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	2					
Case Management	18		10,146			
Rental Assistance	48		9,593			
Emergency Shelter	101		969			
Other Housing Supports	22		4,000			
<b>TOTAL HAP SERVICES</b>	<b>100</b>	<b>26,111</b>	<b>24,738</b>		<b>0</b>	<b>0</b>
<b>CHILDREN &amp; YOUTH SERVICES</b>						
Evidence Based Services	96		37,050			
Promising Practice	25		22,500			
Alternatives to Truancy						
Housing	3					
<b>TOTAL C &amp; Y SERVICES</b>	<b>124</b>	<b>69,550</b>	<b>59,550</b>		<b>0</b>	<b>0</b>

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

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>DRUG AND ALCOHOL SERVICES</b>						
Inpatient non hospital	15		29,222			
Inpatient Hospital						
Partial Hospitalization						
Outpatient/OP	5		10,061			
Medication Assisted Therapy/						
Recovery Support Services						
Case/Care Management	73		12,216			
Other Intervention						
Prevention						
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	<b>93</b>	<b>65,787</b>	<b>51,499</b>		<b>0</b>	<b>0</b>
<b>HUMAN SERVICES AND SUPPORTS</b>						
Adult Services	360		15,000			
Aging Services	127		20,000			
Geriatric Services	130		5,000			
Specialized Services	20		5,000			
Children and Youth Services						
Interagency Coordination						
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	<b>637</b>	<b>50,000</b>	<b>45,000</b>		<b>0</b>	<b>0</b>
<b>COUNTY BLOCK GRANT ADMINISTRATION</b>			<b>20661</b>		<b>0</b>	
<b>GRAND TOTAL</b>	<b>1,964</b>	<b>1,522,645</b>	<b>1,522,645</b>	<b>2,428</b>	<b>102,763</b>	<b>113,611</b>

# Attachment D Proof of Publication

## Potter Leader-Enterprise Proof of Publication in the Potter Leader-Enterprise

(Under Act. No. 587. Approved May 16, 1929)

State of Pennsylvania }  
County of Potter } ss:

Jane E. Huggill, Office Manager of the Potter Leader-Enterprise of the County and State aforesaid, being duly sworn, deposes and says that the Potter Leader-Enterprise, a legal periodical published in the Borough of Coudersport, County and State aforesaid, was established in September 1987 since which date the Potter Leader-Enterprise has been regularly issued in said County, and that the printed notice or publication attached hereto is exactly the same as was printed and published in the regular editions and issues of the said Potter Leader-Enterprise on the following dates, vis:

June 18, 2014

Affiant further deposes that she is the Office Manager of the Potter Leader-Enterprise, a legal periodical of general circulation, to verify the foregoing statement under oath, and that neither the affiant nor the Potter Leader-Enterprise is interested in the subject matter of the aforesaid notice or advertisement and that all allegations in the foregoing statements as to time, place and character of publication are true.

**PUBLIC HEARING NOTICE**  
Block Grant Plan  
Pursuant to the Sunshine Act, 65 Pa.C.S. 701-746, Potter County Human Services invites all interested parties to attend a public hearing to request input into the development, implementation and approval of the County Human Services County Block Grant Plan 2014-2015.  
The hearing will be held Thursday, June 26, 2014, at 10:00 a.m. in the Conference Room at Potter County Human Services, 62 North Street, Roulette, PA 16746.  
Persons interested in providing input are encouraged to attend and written comments or telephone.  
All inquiries, including requests for special accommodations in order to attend the hearing are to be directed to James G. Kockler, Potter County Human Services Administrator, at 62 North Street, PO Box 241, Roulette, PA 16746. Telephone 814-544-7315 or 801-600-2560, or e-mail to kockler@pottercountyhumanservices.org.  
**POTTER COUNTY COMMISSIONERS**  
Douglas C. Morley, Chairman  
Paul W. Haimel  
Susan S. Kefover  
Kathleen H. Majot, Chief Clerk

*Jane E. Huggill*  
Office Manager, Potter Leader-Enterprise

Sworn and subscribed before me this 19<sup>th</sup> day of June, 2014

*Beverly B. Trowbridge, Notary*

NOTARIAL SEAL  
Beverly B. Trowbridge, Notary Public  
Westfield Borough, Tioga County  
My Commission Expires November 26, 2017

My commission expires 11-26-17

**THE POTTER LEADER-ENTERPRISE, COUDERSPORT, PA**  
for publication attached hereto on the above stated dates..... \$75.00  
..... 4.50  
..... \$79.50  
Potter Leader-Enterprise, a legal periodical hereby acknowledges receipt of the aforesaid notice and publication costs and certifies the same have been duly paid.

THE POTTER LEADER-ENTERPRISE  
BY: \_\_\_\_\_

# Potter Leader-Enterprise

## Proof of Publication in the Potter Leader-Enterprise

(Under Act. No. 587. Approved May 16, 1929)

State of Pennsylvania }  
County of Potter } ss:

Jane E. Hugill, Office Manager of the Potter Leader-Enterprise of the County and State aforesaid, being duly sworn, deposes and says that the Potter Leader-Enterprise, a legal periodical published in the Borough of Coudersport, County and State aforesaid, was established in September 1987 since which date the Potter Leader-Enterprise has been regularly issued in said County, and that the printed notice or publication attached hereto is exactly the same as was printed and published in the regular editions and issues of the said Potter Leader-Enterprise on the following dates, vis:

June 18, 2014

Affiant further deposes that she is the Office Manager of the Potter Leader-Enterprise, a legal periodical of general circulation, to verify the foregoing statement under oath, and that neither the affiant nor the Potter Leader-Enterprise is interested in the subject matter of the aforesaid notice or advertisement and that all allegations in the foregoing statements as to time, place and character of publication are true.

**PUBLIC HEARING NOTICE**  
**Block Grant Plan**  
Pursuant to the Sunshine Act, 65 Pa.C.S. 701-716, Potter County Human Services invites all interested parties to attend a public hearing to request input into the development, implementation and approval of the County Human Services County Block Grant Plan 2014-2015.  
The hearing will be held Friday, June 20, 2014, at 12:00 p.m. at Kaytee's Restaurant, Port Allegany Road, Coudersport, PA 16915.  
Persons interested in providing input are encouraged to attend, send written comments or telephone.  
All inquiries including requests for special accommodations in order to attend the hearing are to be directed to James G. Kockler, Potter County Human Services Administrator, at 62 North Street

PO Box 241, Roulette, PA 16746 Telephone 814-644-7315 or 800-800-2560, or e-mail to jkockler@pottercountyhuman-services.org  
**POTTER COUNTY COMMISSIONERS**  
Douglas C. Morley, Chairman  
Paul W. Heimerl  
Susan S. Kefover  
Kathleen H. Major, Chief Clerk

Jane E. Hugill  
Office Manager, Potter Leader-Enterprise

Sworn and subscribed before me this 19<sup>th</sup> day of June, 2014

Beverly B. Trowbridge, Notary

NOTARIAL SEAL  
Beverly B. Trowbridge, Notary Public  
Westfield Borough, Tioga County  
My Commission Expires November 26, 2017

My commission expires 11-26-17

**TO POTTER LEADER-ENTERPRISE, COUDERSPORT, PA**

the notice or publication attached hereto on the above stated dates..... \$71.88  
e..... 4.50  
..... \$76.38  
ler-Enterprise, a legal periodical hereby acknowledges receipt of the aforesaid notice and publication costs and certifies the same have been duly paid.

THE POTTER LEADER-ENTERPRISE

BY: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

<b>County: POTTER</b>	<b>ESTIMATED CLIENTS</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT						
Administrator's Office			141,695		60,283	230
Administrative Management	126		28,010			
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						

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

<b>County: POTTER</b>	<b>ESTIMATED CLIENTS</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
Community Employment						
Community Residential Services						
Community Services	29		59,899			
Consumer Driven Services						
Crisis Intervention	141		81,000			
Emergency Services	48		46,100			
Facility Based Vocational Rehab						
Family Based Services	4		19,081			
Family Support Services	8		3,100			
Housing Support	40		22,000			95,885
Other						
Outpatient	607		229,602	1,779		
Partial Hospitalization	2		30,000			
Peer Support	1		3,257			
Psychiatric Inpatient Hospitalization	6		3,980			
Psychiatric Rehabilitation	49		15,200			
Social Rehab Services	1		3,200			
Targeted Case Management	29		79,960			17,496
Transitional and Community Integration	11		63,000			
<b>TOTAL MH SERVICES</b>	<b>1,102</b>	<b>829,084</b>	<b>829,084</b>	<b>1,779</b>	<b>60,283</b>	<b>113,611</b>

**INTELLECTUAL DISABILITIES SERVICES**

Admin Office			164,221		42,480	
Case Management	10		72,420			
Community Residential Services						
Community Based Services	17		255,472	649		
Other						
<b>TOTAL ID SERVICES</b>	<b>27</b>	<b>492,113</b>	<b>492,113</b>	<b>649</b>	<b>42,480</b>	<b>0</b>

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing						
Case Management	173		14,146			
Rental Assistance	37		9,593			
Emergency Shelter	9		999			
Other Housing Supports						
<b>TOTAL HAP SERVICES</b>	<b>219</b>	<b>26,111</b>	<b>24,738</b>		<b>0</b>	<b>0</b>

**CHILDREN & YOUTH SERVICES**

Evidence Based Services	71		37,050			
Promising Practice	25		22,500			
Alternatives to Truancy						

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

<i>County:</i> POTTER	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
Housing						
<b>TOTAL C &amp; Y SERVICES</b>	96	59,550	59,550		0	0

**DRUG AND ALCOHOL SERVICES**

Inpatient non hospital	8		29,222			
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP	15		2,500			
Medication Assisted Therapy						
Recovery Support Services						
Case/Care Management	108		12,216			
Other Intervention						
Prevention	166		7,561			
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	297	65,787	51,499		0	0

**HUMAN SERVICES AND SUPPORTS**

Adult Services	9		20,492			
Aging Services	180		4,860			
Generic Services	1,967		15,389			
Specialized Services	132		4,259			
Children and Youth Services						
Interagency Coordination						
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	2,288	50,000	45,000		0	0

<b>COUNTY BLOCK GRANT ADMINISTRATION</b>			20661		0	
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<b>GRAND TOTAL</b>	4,029	1,522,645	1,522,645	2,428	102,763	113,611
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