

Appendix A
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

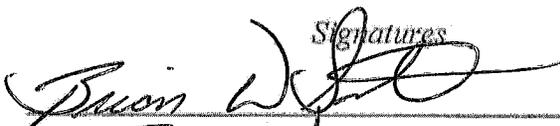
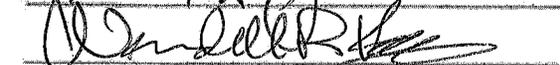
COUNTY OF: Wayne

- 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>	
	Brian W. Smith, Chairman	Date: 07-17-14
	Jonathan A. Fritz	Date: 07-17-14
	Wendell R. Kay	Date: 07-17-14

Appendix B

WAYNE COUNTY SFY 2014-15 HUMAN SERVICE PLAN

PART I: County Planning Process

Background:

The Wayne County Human Services Agency (HSA) is a department of Wayne County government. It was created in 1995. Its function is to administer and to provide general oversight and coordination of service delivery to consumers who have need of and are using multiple services. The HSA accomplishes this using an integrated human service model. Wayne County employs a full-time human services director, in part, to ensure ongoing coordination and collaboration between all human services disciplines.

The directors of the following county categorical units report directly to the human services administrator: Aging, Children & Youth, Drug & Alcohol, Behavioral (Mental) Health/Intellectual Disabilities/ Early Childhood Intervention. These are considered 'functional' units of the HSA. The directors of the following other county-operated social services also report directly to the human services administrator: Transportation, Food Pantry, Dietary Department and Volunteer Bureau.

The HSA has its own administration unit which is shared by all functional units. Centrally located, it includes general administrative oversight, all fiscal functions, IT support, and Personnel functions. Whenever possible and allowed under Commonwealth regulations, County human service programs collaborate and pool monetary and staffing resources in order to address local needs and trends, and meet the needs of consumers shared across systems. Shared or pooled resources occur (a) upon mutual agreement of the HSA administrator and unit directors; (b) consistent with regulations; and (c) directed to a program initiative affecting consumers from varied systems, or one consumer from multiple systems.

The HSA, as a whole, has the capacity and works in concert, to leverage and coordinate multiple resources and services to support consumers/families in all agencies and to other eligible residents. The heightened communication, among the County Commission, the HSA staff (both administration and program), encourages, necessitates, and supports collaboration and coordination, which is on-going and frequent. We act as one human service staff, collectively addressing issues with the needed and appropriate expertise from whatever functional unit, to act as a team to address consumer issues. Those factors, coupled with the flexibility of Block Grant funding gives the HSA the ability to respond quickly and positively to changing environments, and /or to implement new or enhanced programs quickly and effectively.

The HSA has created the Quality Council. Its membership reflects representation from consumers and/or their family members, local officials, all county and community social services agencies, housing entities, schools, private businesses, justice/law enforcement entities, the medical community and others. It is a leadership team for the Block Grant as well as for other initiatives, which works in concert to address social services issues in the community. It is further described below.

A. PW Block Grant Planning and Leadership Team:

1. Membership: The roster of membership and affiliation may be found in Attachment 1. Consumers and their families are among the Council's membership. The Leadership Team resides in the Quality Council.

2. Participation and Planning - Relationship of the Planning Team to the Human Services Quality Council:

- a. Wayne County Human Services has created a “Quality Council.” The mission of the Council is to:
 - 1) Bring the private and public sector (including consumers and families) in Wayne County together to create a healthier community and a better quality of life for Wayne County’s most vulnerable residents;
 - 2) Communicate and work closely with each other to resolve challenges that we, together, face with consumers; and
 - 3) Focus and coordinate efforts to address human services issues in the Wayne County Community.
- b. The Human Services Quality Council meets quarterly on a regularly scheduled, basis. It enjoys large and enthusiastic attendance. The leadership Team therefore enjoys the opportunity to contribute ideas, reflections, alternate views, etc. on a regular basis – not just at ‘Block Grant time.’
- c. It is important to note that the Quality Council forum is a dynamic mechanism and a venue that allows for continuous filtering of information, on-going identification and prioritization of the needs of individuals and families in the Wayne County community.
- d. The dynamic and responsive nature of the Quality Council is in its efforts to continually adjust its goals to reflect real-time events and status of community needs, synthesize opinion, reorder priorities and build consensus to move forward.
- e. The Council has numerous sub-committees that meet continuously all year, and where much work is done by smaller groups who focus exclusively on an issue. The sub-committees bring their deliberations to the council to report and seek consensus at the quarterly meetings, thus informing the decisions that move the Council’s efforts forward. The Quality Council permanent sub-committees include:
 - 1) Community/Agency Education;
 - 2) Positive Practices;
 - 3) Local Housing Options Team (L-HOT);
 - 4) State Mandated Initiatives;
 - 5) Risk Management;
 - 6) Human Rights;
 - 7) Schools/Education;
 - 8) Human Rights

Ad-hoc sub-committees are established as determined by the Council.

3. Use of PW Human Service funding to meet the prioritized needs:

Wayne County intends to use this funding to serve the most vulnerable in its county community by planning with individuals and families in the appropriate and least restrictive venue to meet their unique and individual needs to the extent that funds are available.

The County recognizes that, for some consumers, health and safety factors and/or specialized needs, the consumer's temporary out-of-home or community placement may be the best alternative. However, it the County's view that most individuals/families are best served and have the most chance of success in their own community, where a familiar environment, family, friends and other community supports contribute to their success, self-reliance and independence.

To that end, DPW Block Grant funds for the SFY 2014-15 have been directed to strengthen existing community supports, as well as to create others to meet the needs identified through the Leadership Team. Additionally, the County sought input from the public, formally collected at hearings, and the shared experiences of consumers, families, service providers, schools, the medical community, etc. who all interact closely in this small rural community.

Enhancements and/or creation of community support programs to which SFY 2014-15 PW SSBG funding is specifically directed (along and in conjunction with other funding) include:

- a. Housing to those who are low-income;
- b. Transportation to employment and/or essential services to consumers who are not otherwise eligible for other subsidized transport services;
- c. Employment initiatives directed to those between 18 and 25, in training and employment. We anticipate an increase in efforts to assist these 'transitional youth,' through increased opportunities to train on skills needed by local employers;
- d. Expansion and/or creation of the following Drug and Alcohol services:
 - 1) Prevention Services;
 - 2) Certified Recovery Specialist Service;
 - 3) Adult Half Way and/or Sober House located in Wayne County;
 - 4) Drop-In Recovery Centre where Establishment of a Recovery Drop-In Center where Peer Support and Certified Recovery services will be available.

These above listed efforts reflect identification of community needs, and strategies develop to meet those needs.

4. Assessments and priorities of local need:

General County demographics: According to the Wayne County Planning Commission, there are 5,917 people or 12.1% of the County population whose income is below the poverty level. The median income for the County is \$50,153. Currently, the rate of those unemployed is 5.5%, but will most likely rise at the end of the warm season when tourism and construction wanes. There federal and state correctional facilities account for most of the minority County residents reflected in US Census. There are pockets of the county that are not very populated

and social isolation does exist.

Using the mechanism of the Quality Council (Leadership Team) Wayne County has identified the following priorities for SFY 14-15, and gleaned from publicly generated data (County data set, HUD, Bureau of Labor and statistics, etc):

a. Housing need summary:

- 1) Lack of sufficient affordable and/or handicapped accessible housing;
- 2) Lack of sufficient safe, sanitary housing;
- 3) Homelessness and/or impending homelessness, due to missed rental/utility payments, etc.
- 4) Increase in “couch surfing,” especially among youth 18-21;
- 5) Increase in those eligible, but unable to leave the correctional facility due to no housing available to them.

b. Factors Contributing to Housing Needs:

- 1) There is no emergency shelter located in the Wayne County. The nearest shelters are located 35 to 50 miles from the County seat of Honesdale. Therefore, the homeless are placed in shelters in other counties, resulting in separation from community, and all natural supports. It is estimated that a minimum of 50-60 persons are sent to these out-of-county shelters annually as no housing resources are available at the time of their need in the county.
- 2) The Wayne County Housing Authority documents that:
 - a) The waiting period for housing vouchers is approximately 24 months;
 - b) There is currently a waiting list of 350 persons;
 - c) Availability of additional vouchers is not likely.
- 3) The Wayne County Human Services Agency provides Block Grant funding through the HAP initiative through agreement with a local housing provider. This arrangement provides assistance to the homeless and/or near homeless. Assistance is limited to: one overnight hotel stay, payment of arrears for heat/utilities to the extent that the supplier will deliver service again. Contracted HAP funds are usually gone by March or April of each state fiscal year;
- 4) There is a waiting list of seven (7) persons for the one modest MH four-unit temporary house (FAIR House) that the HSA maintains for those with mental illness;
- 5) The HSA rents a separate 4-unit house for the Seriously Mentally Ill (SMI). While there is no current waiting list, the house is at maximum capacity. There is staff available 24/7. This site was developed as a creative alternative to the more expensive CRR arrangements of the past;

- 6) The Wayne County Adult Probation reports that annually, approximately 15 persons eligible to be discharged from the County correctional facility, are unable to be discharged due to the lack of any housing available;
- 7) Adult Probation also reports that, on its present caseload, there are another 15 persons struggling to find stable residence, who may be remanded back to jail;
- 8) The Wayne County Children and Youth Unit reports that there is an average of five (5) families per month who require emergency housing placement. Some result in overnight stay in motels; some cases are ultimately disposed of by separating family members, or separating children from their parents, in order to assure safety of the children;
- 9) The Wayne County Mental Health Unit reports that eight to twelve (8 to 12) clients a month present to their office needing emergency housing. At present, there is no availability or temporary housing, or even short several-night stays;
- 10) The Wayne County Drug and Alcohol Commission reports that seven to nine (7 to 9) persons are regularly on their caseload at any given time who are in need of emergency housing. Of these, there is a disproportionate number who are women with children, and who are not otherwise eligible for services under the local Women's Domestic Violence Program (VIP);
- 11) Thirty-nine percent (39%) of Wayne County households are spending thirty-five percent (35%) or more of their household income for housing. Therefore, they are burdened by housing costs, thus increasing the risk of their becoming homeless. This, perhaps, is a result of the fact as noted above, that Wayne County does not have an abundance of rental housing. With an 80% owner/occupancy rate, Wayne County has a very tight housing market.
- 12) Youth 18-21, some (a) transitioning from high school into the community, (b) being discharged from correctional facilities; and (c) having other disadvantages are particularly vulnerable to homelessness and/or experiencing housing barriers and thus facing challenges to secure temporary and permanent housing in Wayne County;
- 13) Wayne County Victims' Intervention Program (VIP) maintains a "safe" house; it is full. VIP estimates that, annually, 35-45 persons are turned away due to lack of any appropriate available housing resources.

c. Local strategies to address housing needs:

- 1) It is the intention of the County to enhance current housing and housing related services by utilizing Block Grant funds from all categorical programs in a 'pooled' fashion, and in conjunction and coordination with other housing programs/resources to meet the essential need of housing stability, independence and self-sufficiency among consumers;
- 2) The HSA will continue to utilize the Quality Council's Local Housing Option Team (L-HOT) sub-committee, to develop on-going approaches to the consumer' housing needs, and to advocate for the adoption of Act 137 locally,

as well as for the development of other funding mechanisms to ‘leverage’ federal and state housing funding;

- 3) The L-HOT will also assist the HSA in the reviewing of screening and other data tools, for recommendation of the placement of consumers in current HSA housing resources;
- 4) Wayne County has applied for HUD housing support through the Commonwealth’s Department of Community and Economic Development (DCED). If received, funds will become available for a two year period to provide subsidized temporary housing to homeless or near homeless consumers.

During this time period, it is anticipated that the housing status of these consumers will be stabilized as they move to housing permanency. Participants will be required to comply with programmatic requirements which include intensive Case Management for at least six month beyond the date on which the consumer entered stable housing.

The support of Case Managers in: (a) connecting consumers to mainstream public benefits; (b) acting as an ombudsperson between consumer and landlord to assist in addressing either’s concerns; (c) mentoring, supporting and monitoring consumers’ progress will be the keys to consumers’ achievement of greater independence, self-reliance, and housing permanency. PW Block Grant funding has been projected to be used as part of the potential ‘match’ requirement, of this funding.

- 5) A longer-range strategy suggested by the L-HOT team is to work with neighboring counties to develop joint efforts for housing options, through limited regional agreements.

d. Transportation Need Summary:

- 1) “Wayne Tomorrow” is an on-going planning initiative, led by the Wayne County Commissioners which seeks continual input from all parts of Wayne County Society: Government, “Main Street” Business; Economic Development, Agriculture, Industry, Planning Commissions, public and private industries , education and from those seeking enhanced quality of life. All, without exception, name transportation as one of the biggest challenges to industry, economic activity and even recreation activities ;
- 2) The HSA maintains a County Transportation Advisory Board which informs the application of funding under various transportation grants and also identifies needs. That body, as well as the general public and every agency/entity in every part of the Wayne County community, recognizes the need for transportation in this rural community;

e. Factors Contributing to Transportation Needs:

- 1) The County is about 726 square miles of mountainous, wooded terrain mostly traversed by secondary and tertiary roadways.

- 2) Wayne County has no public “mass transit” transportation system. There is a cab service, which is limited in scope, distance and days/times of operation. Its fares, while justifiable, are often more than consumers can afford.
- 3) Some consumers have bicycles, but that travel is difficult on mountainous terrain, and in inclement weather,;
- 4) The County directly operates a limited-time transportation program funded/subsidized for those “eligible” through the Commonwealth Departments of Aging, Transportation, and Welfare. Trips are limited by funders’ requirements with respect to eligibility, trip purpose, geographic destinations and distances. The ‘general public’ may ride, but general public ridership is not subsidized and general public transport fees, which reflect actual costs, are expensive;
- 5) There is a need for specialized or “niche” transport services tailored so that identified target populations may access needed social services, employment, medical, food shopping and other community activities in order to support their independence and self-sufficiency.

f. Local strategies to address transportation needs:

- 1) It is the intention of the County to enhance current transportation services by continuing to utilize Block Grant funding from all categorical programs in a ‘pooled’ fashion, in conjunction and coordination with existing transportation programs/resources to meet the essential needs of access of consumers who must travel to services and other ‘every day’ activities to fully participate in community life.
- 2) Block Grant Funds are anticipated to be used, to the extent available, to provide specially trained drivers, transporting at days and times specific to meet the needs of, for example, those who have developmental disabilities, autism and other disadvantaged youth who, as part of their independence, need transportation to work places, to essential services, and to participate in community life, etc.

g. Employment Needs Summary:

- 1) Development of local employment opportunities continues to be needed for those who are under-employed, unemployed and/or lack skills/training that are consistent with the needs of local businesses, industry and agriculture. These target populations include:
 - a) Transitional Youth leaving High School;
 - b) Those with Intellectual Disabilities;
 - c) Those with Behavioral Health disabilities;
 - d) Young men (18-25 years of age);
 - e) Those leaving the Wayne County Correctional Facility.

h. Factors Contributing to Employment Need:

- 1) There is a mismatch between traditional job training available and those skills required by local employers;
- 2) Wayne County's economy is based on tourism and recreation, local agriculture, forestry products, summer camps, construction trades, and retail. Training models used by public and private facilities (i.e. sheltered workshops) for some target populations traditionally have been based on a manufacturing model and pre-supposes there will be manufacturing jobs locally. In reality, there are very few manufacturing plants and/or jobs currently located in Wayne County;
- 3) There is no consolidated high school level vocational training center in the county. While the school districts offer some training, it is limited and dispersed, and not always available to those students outside the district; due to distance, additional tuition, transportation needs, etc.
- 4) Changes in the traditional approaches to training, subsidizing and supporting a person with intellectual disabilities to employment independence are necessitating the development of job opportunities for that population to be dispersed within the community, with less reliance on sheltered workshop sites some consider to be segregated and isolated from 'every day' community life;
- 5) Transitional youth may have (a) an intellectual disability; (b) behavioral issues; (c) both; or (d) be otherwise at a disadvantage are often unsuccessful in moving into adulthood and maintaining themselves independently in the community. Evidence of this is seen in their lack of job skills, housing permanency, and unemployment status.

i. Local Strategies for Employment:

- 1) It is our intention to enhance current employment efforts by continuing to utilize Block Grant funding from all appropriate categorical programs, in a 'pooled' fashion, in conjunction and coordination with existing employment programs/resources, to meet the essential needs of access of consumers to become independent, self-sufficient, and participate fully in community life:
 - a) Continuing with the positive movement utilizing last year's Block Grant funding, the HSA will continue to collaborate and co-ordinate with the local school districts, employers, and local farmers, Career Link, Office of Vocational Rehab, etc.
 - b) Initiated in the 2013-14 fiscal year with Block Grant funding, the HSA will continue with the development of employment training and placement opportunities for the target population in farm work, retail, light food processing. Some transitional youth are now independently employed in the community at farms, operating food kiosks at county buildings, preparing and serving food, performing janitorial duties, etc.

- c) It is of note that, as a result of the past two years Block Grant funding flexibility, consumers placed in unsubsidized employment has doubled.
- 2) Future strategies involve the development of additional and varied training and employment opportunities in another collaborative project: the creation of a “market exchange” or “food hub,” at which local produce, forestry and other local agricultural products, together with home craft items, and art work are brought to a local venue for processing, storage, sale and/or wholesale distribution.

This project has gathered initial support of the local Farm Bureau and local restaurants that use niche produce in upscale restaurant offerings. Such a “cooperative” will help the local economy, the farming community and others who live or have settled in the area and are making a living in the creative arts. At the same time, it may offer training and employment opportunities to under-employed youth.

With this goal in mind, Wayne County, through its HSA, has recently applied for a US Department of Agriculture grant to assist local farmers in aggregating product, assuring food safety, and coordinating their product yield sufficient to meet the local institutional demand of schools, the local prison, and the like. The grant was submitted in coordination, with two other grants submitted by a local municipality and a private business all for funding various parts of a Market Exchange and/or Food Hub. These activities, if successful, have great potential in providing opportunity to those with disabilities and other underemployed youth.

- 3) The HSA, with the support and help of the County Commissioners, has developed a kitchen facility in a small area of a county facility. It is soon to be inspected and certified by the PA Department of Agriculture, as a Certified Kitchen”. This will serve as a training space for transitional use, as well as provide an opportunity for school students, transitional youth, etc. to learn and train under professional guidance, to lightly process food, learn food service, etc. which may lead to unsubsidized employment at commercial/tourist restaurants, etc.

j. Addiction Services Needs Summary:

Our elected County Commission, the school districts, the County’s justice system, and the other public systems have recognized the growing abuse of street drugs, alcohol, and prescription drugs. DDAP funding has remained flat for years. However, the flexibility of the Block grant, the support of the Wayne County Commission, and the assistance of grant funding sought and received by the District Attorney through the PA Commission on Crimes and Delinquency, has allowed modest hope for the creation or the enhancement of the following:

- 1) Adult Half Way/Sober House;
- 2) Increased Certified Recovery Support Services
- 3) Drop-In Recovery Centre for those in recovery;

- 4) In-patient treatment for certain of the forensic population who may be diverted from prison;
- 5) Prevention Services.

k. Factors Contributing to Addictive Services Need:

- 1) Those who may progress to either a half-way or sober house must travel far from the county – as much as 200 miles away. This results in a loss of family support interaction, and the positive supports found in their local community;
- 2) There is currently a waiting list for the one Certified Recovery Specialist staff person. This position has proven to be essential in successfully transitioning re-entry into the community from in-patient stays and from prison.
- 3) Those establishing sobriety need the support of a sober venue and other persons in recovery, to avoid being unduly and negatively impacted by their former ‘using’ friends at a very vulnerable period in their early stages of recovery;
- 4) The Chief of the County’s Adult Probation Department estimates that 70% of those remanded to prison or on parole are in that situation due to drug-related crimes;
- 5) Schools and other community family agencies have requested additional prevention programs and education, as has the general public. There are currently two part-time prevention specialists who have had a full work-load for years;

l. Local Strategies for Enhanced/Additional Drug and Alcohol Services:

- 1) It is the intention of the County to enhance current Drug and Alcohol Services by continuing to utilize Block Grant funding, in conjunction and coordination with, existing D&A Services programs/resources, as well as resources from others to meet the needs of those seeking sobriety and/or recovering from addiction.

m. Administration/Coordinative Needs Summary:

- 1) Cross training
 - a) The HSA continues on its journey to strengthen its “no wrong door” approach, by cross-training staff that provides co-case managed services to individuals/families with dual diagnoses, co-occurring diagnoses, and/or are in need of multi-systemic interventions;
- 2) Strengthening Administrative Fiscal Systems:
 - a) The HSA continues to organize its fiscal data and upgrade its fiscal systems, a process begun a year and one-half ago. HSA IT systems interfacing with state IT systems (CRR, HCSIS, Promise, etc.) continue to be refined, but more work is needed;

3) Strengthening Administrative management Systems:

- a) Since the inception of the Wayne County BH/ID/EI services, all efforts have been directed to establishing the core services to meet the core needs of local consumers. This has been accomplished;

Concurrently there have been significant changes in direction at the state level for these services: (i) a complete overhaul of ODP funding approach; (ii) about 80% of Early Intervention approaches have changed; and (iii) mental health service delivery has been transformed through Health Choices.

Our local services are now operating well. It is our view that state and federal mandates will continue to respond to changing environmental needs, particularly as a result of CMS mandates for refinement of service delivery and detailed and accountable reimbursement requirements. Therefore, it is incumbent on us to locally respond by devoting additional administrative resources to place greater emphasis on promoting and achieving quality management. In this way, we may best respond to macro changes, comply with on-going regulatory requirements, and adhere to the principles of best practices.

n. Factors Contributing to Administrative Needs:

- 1) Increased fiscal workloads due to increased State and Federal mandates;
- 2) Difficulty in recruiting certain professional, experienced staff;
- 3) Commitment of the County to strengthen quality management and maintain quality services;
- 4) Preventing burn-out and high turn-over among a very small roster of administrative staff persons who have been stabilizing services, and building new services and service strategies to meet needs, while also performing quality management functions.

o. Strategies for Satisfying Administrative Needs:

- 1) Complete the process of replacing current data base platforms to Microsoft compatible and other state and various internal interactive products;
- 2) Arrange for continued and sustained interagency cross-training.

5. Programmatic and/or Funding Changes as a Result of Last Year's Outcomes:

- a. Creation of a Housing Coordinator Position to address the growing housing/homeless issues in our community:
- 1) This position will be responsible for coordinating housing efforts for all County categoricals, and will closely collaborate with the L-HOT. The position tasks include:
 - 2) Managing homeless related grant and other budgeted program funding;

- 3) Accepting referrals to serve the homeless or near homeless; for emergency housing for the homeless, near homeless and those requiring home modification for health and safety issues (i.e. a ramp);
 - 4) Assisting consumers to with immediate housing placement and /or needs;
 - 5) Referring to and working closely with categoricals Case Managers or other appropriate community assisting agency to assist them and the client in developing a plan for housing stability;
 - 6) Making home visits to consumers requiring accessibility, or housing and safety home modifications to determine scope of work;
 - 7) Assisting homeowners in soliciting licensed contractors approved by the PA Attorney General to perform work based on price and reasonableness; reviewing work prior to payment by categorical
 - 8) Doing on-going housing searches, and recruiting potential landlords for low-income families to develop housing 'stock';
 - 9) Arranging for landlord and tenant training/education events;
 - 10) Tracking trends and completing required reporting.
- b. Strengthening administrative resources directed at expanding employment and training opportunities for transitional youth, who have disabilities, behavioral challenges and/or otherwise at a disadvantage as was done in SFY13-14. Efforts over the past 18 months have resulted in doubling the unsubsidized employment among this population. In the coming year, consistent with the initiatives to have employment alternatives to sheltered workshop settings which less isolated and separated, the HSA will continue to aggressively emphasize inclusion and strengthen efforts in outreach, placement and monitoring of this population;
 - c. Pooling resources to provide subsidized transportation for employment of transitional youth to employment as was done in SFY13-14;
 - d. Creating expanded opportunities and support for those in addiction recovery through increasing personnel to expand Prevention Service and Certified Recovery Specialist services, establishing a Drop-in Recovery Center, and increasing efforts to develop an Adult Half Way or Sober House within the County.
 - e. Strengthening the HSA's system of coordination and collaboration for families experienced multiple system intervention by combining Block Grant funding with the System of Care initiative, new for us in SFY 14-15;
 - f. Increasing staff complement to include higher level administrative staff to assist with administrative and management functions;
 - g. Strengthening fiscal and reporting systems through use of more efficient fiscal and statistical advanced technology to address current issues of timeliness and more labor intensive practices;

PART II: PUBLIC HEARING NOTICES and SUMMARIES

Proofs of Publications:

The News Eagle

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NOTICE
Wayne County, through its County Human Services Agency, is seeking input and comments for the Wayne County Human Services Block Grant Plan (SFY 2014-2015) funded by the PA Department of Welfare. The public is invited to attend public hearings that are being held Thursday, May 15th, 1:30 pm at the Earl J. Simons Senior Action Center of Wayne County, 328 - 10th Street, Honesdale.

MICHELLE HESSLING
being duly sworn, according to law, deposes and says that **SHE** is **PUBLISHER** of **THE NEWS EAGLE**, a newspaper of general circulation, established in 1956, and published twice weekly in the Borough of Hawley, Wayne County, Pennsylvania; and that the advertising notice hereto annexed was published in said newspaper on the following dates:

05/07/2014
05/10/2014

And the affiant further declares that he is not interested in the subject matter of the notice, and that all of the allegations as to the time, place and character of publications are true and correct.

Michelle Hessling
Sworn to and subscribed before me this 13th day of May 2014.
Janice Klunkiewicz

RECEIVED
MAY 15 2014
WAYNE COUNTY
AREA AGENCY ON AGING

COPY

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
JANICE KLUNKIEWICZ, Notary Public
Cherry Ridge Twp., Wayne County
My Commission Expires: June 28, 2017

**WAYNE COUNTY
PENNSYLVANIA**

MICHELLE HESSLING

being duly sworn, according to law, deposes
and says that she is

Notice
Wayne County, through its County
Human Services Agency, is seeking
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day, May 15th, 1:30 pm at the Earl
J. Simons Senior Action Center of
Wayne County, 323 - 10th Street,
Honesdale.

PUBLISHER

of **THE WAYNE INDEPENDENT**, a
newspaper of general circulation, established
in 1878, and published daily in the Borough of
Honesdale, Wayne County, Pennsylvania; and
that the notice hereto annexed was published
in said newspaper on the following dates:

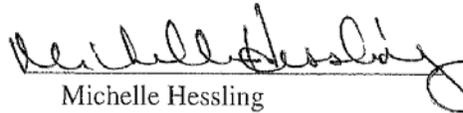
4/30 5/13

and the affiant further declares that she is not
interested in the subject matter of the notice,
and that all of the allegations as to the time,
place and the character of publication are true
and correct.

RECEIVED

MAY 16 2014

WAYNE COUNTY
AREA AGENCY ON AGING


Michelle Hessling

Sworn to and subscribed before me this 14th
day of May A.D. 2014


COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
JANICE KLINKIEWICZ, Notary Public
Cherry Ridge Twp., Wayne County
My Commission Expires June 28, 2017

**WAYNE COUNTY
PENNSYLVANIA**

MICHELLE HESSLING

being duly sworn, according to law, deposes
and says that she is

PUBLISHER

of **THE WAYNE INDEPENDENT**, a
newspaper of general circulation, established
in 1878, and published daily in the Borough of
Honesdale, Wayne County, Pennsylvania; and
that the notice hereto annexed was published
in said newspaper on the following dates:

5/29, 6/3

and the affiant further declares that she is not
interested in the subject matter of the notice,
and that all of the allegations as to the time,
place and the character of publication are true
and correct.

NOTICE
Wayne County, through its County
Human Services Agency, is seeking
input and comments for the Wayne
County Human Services Block Grant
Plan (SFY 2014-2015) funded by
the PA Department of Welfare. The
public is invited to attend public
hearings that are being held Thurs-
day, June 12th, 11:30 am - 1:00
pm at the Park St. Complex large
meeting room (enter by flag pole),
648 Park Street, Honesdale.

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JUN 05 2014

WAYNE COUNTY
AREA AGENCY ON AGING

Michelle Hessling
Michelle Hessling

Sworn to and subscribed before me this 3rd
day of June A.D. 2014

Janice Klunkiewicz

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
JANICE KLUNKIEWICZ, Notary Public
Cherry Ridge Twp., Wayne County
My Commission Expires June 28, 2017

The News Eagle

Serving Hawley, Lake Region & Pike County, PA

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8 Silk Mill Drive, suite 101
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• Fax Numbers •
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NOTICE

Wayne County, through its County Human Services Agency, is seeking input and comments for the Wayne County Human Services Block Grant Plan (SPY 2014-2015), funded by the PA Department of Welfare. The public is invited to attend public hearings that are being held Thursday, June 12th, at 1:30 am - 4:00 pm at the Park St. Complex large meeting room (enter by flag pole), 648 Park Street, Honesdale.

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JUN 20 2014

WAYNE COUNTY
AREA AGENCY ON AGING

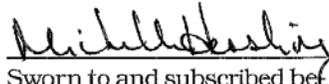
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MICHELLE HESSLING
being duly sworn, according to law, deposes and says that **SHE** is **PUBLISHER** of **THE NEWS EAGLE**, a newspaper of general circulation, established in 1956, and published twice weekly in the Borough of Hawley, Wayne County, Pennsylvania; and that the advertising notice hereto annexed was published in said newspaper on the following dates:

06/07/2014

06/11/2014

And the affiant further declares that he is not interested in the subject matter of the notice, and that all of the allegations as to the time, place and character of publications are true and correct.



Sworn to and subscribed before me this 13th day of June 2014.



COMMONWEALTH OF PENNSYLVANIA

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NOTICE
Wayne County, through its County Human Services Agency, is seeking input and comments for the Wayne County Human Services Block Grant Plan (SFY 2014-2015) funded by the PA Department of Welfare. The public is invited to attend public hearings that are being held Thursday, May 15th, 1:30 pm at the Earl J. Simons Senior Action Center of Wayne County, 328 - 10th Street, Honesdale.

MICHELLE HESSLING being duly sworn, according to law, deposes and says that **SHE** is **PUBLISHER** of **THE NEWS EAGLE**, a newspaper of general circulation, established in 1956, and published twice weekly in the Borough of Hawley, Wayne County, Pennsylvania; and that the advertising notice hereto annexed was published in said newspaper on the following dates:

05/07/2014

05/10/2014

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Michelle Hessling
Sworn to and subscribed before me this 13th day of May 2014.
Janice Klinkiewicz

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
JANICE KLINKIEWICZ, Notary Public
Cherry Ridge Twp., Wayne County
My Commission Expires: June 28, 2017

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MAY 15 2014

WAYNE COUNTY
AREA AGENCY ON AGING

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Public Hearing Summaries:

Both hearings had family and/or consumers present, as well as representatives of providers, all county categorical social services agencies, including the aging agency, law enforcement, Women's Resources, and some general public in attendance.

Similar to comments in the past, participants identified transportation, employment and the need of consumers for safe, affordable housing, emergency housing, transportation and employment. In addition, significant comment was made at one hearing for the establishment of adult day care services. Housing strategies included the suggestion to create a centralized housing focal access point in the community that could be easily identified accessed by those with emergent or near-emergent housing needs. Suggestions were made that a housing position should be created to coordinate housing efforts by all providers and social services agencies, thus avoiding duplication, build housing 'inventory' and collaboratively work with, housing services providers and case managers to meet serious housing need.

The need for affordable transportation was again identified as a barrier to access to employment, training opportunities, medical and social services, and building and maintaining independence of consumers.

Employment and housing needs, particularly for transition age youth, and those young men and women being discharged from correctional facilities was emphasized as an identified need. Participants urged that there should be increased efforts to provide employment and training opportunities for those with developmental disabilities at scattered settings within the community, to ease up on a heavy reliance at sheltered workshop facilities.

The community needs section below more specifically describe a synthesis of comments from the public PW Human Services Block Grant hearings, as well as from other sources and events during the past year.

PART III: WAIVER REQUEST

Wayne County is not requesting a waiver at this time.

PART IV: HUMAN SERVICES NARRATIVE

A. Mental Health Services:

1. Program Highlights:

Wayne County Office of Behavioral and Developmental Programs and Early Intervention has made significant positive advances in:

- a. Expanding the continuum of Mental Health services in our community;
- b. Community awareness of Mental Health issues and Recovery; and
- c. Coordinated planning and development of county wide initiatives affecting its population.

There have been a number of initiatives and successes during the FY 2013-2014, most notable are: the development of an Enhanced Personal Care Home through a CHIPPS initiative, Focus on employment opportunities through the Wayne County Employment Coalition, Expansion of Mobile Crisis, Accomplishments of the Quality Council, establishment of two mobile psych rehab programs, LHOT progress, Rachel's Challenge county wide presentations and Adult and Children's Mental Health First Aid training presentations.

2. Strengths and Unmet needs:

a. Older Adults (ages 60 and older):

1) Strengths:

Wayne County Programs operate under the aegis of the Wayne County Human Services, so communication and awareness of programming among Behavioral Health (BH) and Aging staff is excellent. All staff is cross oriented and/or trained and both programs maintain On-Call (24/7) staff whose function is to mitigate crises and work together to ensure the health and safety of older consumers. The opportunity exists to weave a combination of Behavioral and Aging services to best serve the individual.

As Adults age and their needs change, their BH team often meets to review current services and explore alternative services through the Aging Office that may better meet their new needs. Our sister agency in the HSA, the Aging Office, also has Registered Nurses on staff, whose consultive expertise is available and used as is needed by the BH adult staff. Additionally, a supervisory level departmental review of high risk shared cases has been initiated and now occurs quarterly (or more often, if needed).

Wayne County Office of Behavioral Health/Intellectual Disabilities and Early Intervention has ongoing dialogue through community forums with the Wayne County Coroner, and other law enforcement/justice system personnel, the local hospital and Emergency responders. An ongoing review of County suicide statistics has revealed that over the past few years there has been a significant increase in older adults taking their own lives, particularly males by means of gun. This is part of a larger overall increase in suicides seen within the County. Educational materials are provided with information regarding depression

warning signs and contact numbers for crisis services to the Wayne Information Network, (a group of human service providers within the community associated with LINK, the Wayne County Public Library staff and volunteers and on cable information channels.

2) Needs:

Housing continues to be a pressing issue for individuals of all ages throughout the Wayne County community. As the nuclear family continues to devolve and farms continue to collapse in the current economy, the tradition of multigenerational families sustaining themselves is falling by the wayside. In its place we are observing an increasing number of older adults living alone and isolated from extended family supports. This is believed to be one factor contributing to the increase in Older Adult suicides noted above.

Housing options are limited to this population as many persons, age 60 and over need housing options “in town” so they have access to services and socialization. Housing options also require housing units with few stairs and other accommodations.

Within the State Hospital system, Wayne County has 3 residents over age 60 who are not currently ready for discharge, but whose needs are not expected to be able to be met within the community without creating a program specific to them utilizing either CHIPP, MPP or Block Grant funding.

b. Adults (ages 18 to 60):

1) Strengths:

Wayne County has made significant strides in building a Recovery focused group of services for Adults within the community. These include the following:

New Horizons Drop-In Center with Active CSP Program; Members have taken on an active role with our Agency’s Quality Council, including the Local Housing Options Team (L-HOT) subcommittee. They participated in Wayne County’s Point-In-Time (PIT) Homeless Count. They have hosted a number of Open House events to educate the community about mental illness and eliminate stigma, as well as increase participation in their program. They produced a 2015 Recovery Calendar through the Wellness Project. As a Social Rehab program, this continues to be funded under available State, Federal and Block Grant funds.

Psych Rehab: There are currently two (2) Psych Rehab programs in the County. One program serves 37-58 people monthly. Of these, about 20 annually are served for some period of time under Base funding with the remainder funded by CCBHO. The second Psych Rehab Program served an additional 14 consumers, 3 of whom were served under Base funding. These Programs are in different parts of the County and each has the capacity to provide Mobile Psych Rehab.

Blended Case Management: (BCM): This currently serves approximately 150 Adult consumers annually. Of these, about 10% are funded under the Block Grant due to being ineligible for Medical Assistance. This 10% includes individuals with histories of State Hospital admissions, co-occurring disorders, justice involvement and homelessness. Without BCM Block Grant funded services, they would likely utilize services at other system entry points at greater expense. The use of Block Grant funds for this service is deemed a cost effective and responsible use of monies.

Clark Summit State Hospital Program Integration: Of the 10 residents Wayne County currently has at Clarks Summit State Hospital, 7 are Adults. As of this date, 1 is in the planning process for discharge through the 2013/2014 Wayne County/BHARP CHIPP initiative, the remaining 4 are not deemed ready for discharge. In 2007, Wayne County received 3 CHIPPS allocations and developed a 3 unit Transitional Living Apartment Program as part of its Housing continuum. This has greatly impacted the County's ability to transition residents of the State Hospital back to the community in a timely manner, as well as divert admissions to the State Hospital in cases where an individual may require additional supports and services in the community to achieve and maintain stabilization. Block Grant funding in place of the previous CHIPP allocation now supports this ongoing initiative.

Therapeutic Family Support Services to Adult consumers: In cooperation with the Wayne County Behavioral Health Office, CCBH, BHARP and OMHSAS, Northeast Counseling Associates developed and implemented the TFSS with CCBHO Re-investment funds. This program was modeled after Family Based In-Home services, as the intent of these services was to reduce inpatient admissions, including State Hospital admissions, while strengthening coping skills and building support systems around those individuals who were identified as 'at-risk' in their current environment.

Dually Diagnosed Treatment Team: Another CCBHO Re-investment program that Wayne County residents have benefitted from is the Dually Diagnosed Treatment Team through NHS. This program has enhanced the lives of consumers while minimizing or eliminating hospitalization or other institutional placement. It is important to note the level of cooperation and coordination that occurs on behalf of consumers to address medical, behavioral, health and safety issues. This team has become an integral resource in the continuum of care available to the consumers of Wayne County.

Local Housing Options Team (L-HOT): Wayne County's Quality Council and the Sub-Committee have taken a very active role in addressing housing issues in Wayne County. The Point in Time Count was conducted in January, 2014. Volunteers from the community, provider agencies and consumer groups turned out with State and Local Police support. Donations of blankets, coats, toiletries, food and coffee were received for distribution. The L-HOT continues

to explore ways of partnering with the community, identifying opportunities, includes grants research, the advocacy with the County for the establishment of housing funding under Act 137, and ways to partner with regional and state entities and/or developers involved in public housing development.

Development of a Four-Unit Housing Facility for those with Mental Illness:

Wayne County was able to partner with CCBHO to utilize Re-investment monies to develop a housing program that consists of a 4-unit property. Three of the units have 2 bedrooms; the other is a 1 bedroom unit. All of the units have washers and dryers. The property is on the outskirts of town but still within walking distance to providers, stores, parks, etc. A sub-committee of the L-HOT reviews applications for approval/denial when units are available. Applicants must have a mental health diagnosis and priority is given to: homeless; pregnant women; families with children; those with a physical disability, co-occurring illness or dually diagnosed; those with established ties to Wayne County.

Increased capacity building for training, competence and employment: Under the PW Block Grant, a new Capacity Building Initiative looking at employment opportunities, sustainability and building healthy communities. As a farming community, Wayne County has a rich history of passing down traditions, skills and knowledge. We currently have small family farms that are struggling. A small yet growing group has come together to identify farms and buyers with the intent of developing a clearing house, or exchange.

These efforts have resulted in the following:

- a) Some small farm to fork initiatives within the schools including the use of consumers in washing, preparing home grown produce;
- b) A breakfast and lunch kiosk serving County employees, as well as senior citizens at the Senior Center, offered as a cooperative through Supported Employment and the Aging office;
- c) Some farms hiring identified consumers through the summer to assist with planting and harvesting;
- d) Opportunities for consumer employment at local farm market stands.

The skills attained through these activities range from understanding planting cycles, running mowers, developing computer billing systems, customer service, etc. In addition to Block Grant funding, the County is also looking at a number of private and government grants specifically targeted to these initiatives to supplement available funding.

Enhanced Personal Care Home CHIPPS Project: Wayne County, in cooperation with nine other BHARP counties, has begun a CHIPPS initiative in the form of an Enhanced Personal Care Home. This EPCH is located in the Shamokin area. A Wayne County consumer at the CSSH has been identified for discharge from the hospital and moved to this EPCH. This is a critical

service for Wayne County as there are no CRR or LTSR housing options in our community and several personal care homes in the county have closed due to the recent regulations.

2) Needs:

Housing, cash assistance, transportation, employment and timeliness of access to SSD/I benefits seem to be the overarching issues facing our Adult consumers at this time.

Each of these issues is inter-related to the other:

- a) Consumers are unable to obtain safe, affordable housing due to a 2 year waiting list for Housing Choice Vouchers within our County;
- b) The employment availability for consumers, as well as adults in general within our community is quite limited in the current economy;
- c) Lack of transportation further limits the options available. There is no public/mass transit system in the County. A small County run system funded for seniors and those with MA or persons with Disabilities exists, but the 15% co-pay for those with disabilities is beyond the affordability of many consumers;
- d) For those seeking SSD/I benefits, the process is 18 to 24 months, during which, if they opt to take on even a part time job, they jeopardize being deemed ineligible. During this period, they have no funds for housing, transportation or even basic necessities such as laundry detergent and toilet paper, due to the elimination of cash assistance;
- e) This group has been at increasing risk for substance abuse, homelessness, domestic violence, repeat hospitalizations and a host of other issues. The ability of Wayne County to continue to focus on Housing and Employment related initiatives through the L-HOT, Quality Council and Employment Coalition activities and the Capacity Building Initiative described above will be imperative in assisting to stabilize this population;
- f) More supportive service infrastructure would greatly enhance the opportunity for successful recovery for those struggling in the community and especially for those who may anticipate re-entry into the community from in-patient venues;

As a rural community, Wayne County lacks the capacity to sustain an ACT/PACT Team to support high risk consumers with intensive services where they live. There are currently no CRR, LTSR or similar structured and staffed residential living programs. The needs of several of the consumers currently being served within the State Hospital are such that they will require highly structured programming and supervision in order to return to the community. The addition of such opportunities to provide an extended stabilization period without requiring a State Hospital admission would benefit consumers with a significant mental illness within

our community. These services would enhance the continuum available to support Recovery for all consumers;

- g) Forensic population: The County Correctional Facility has identified a population of young men and women between 18 and 25 who have mental illness and/or are have co-occurring disorders. The County has experienced an increase in women incarcerated for drug use. Currently, BH administrative management, assessment for both BH and D&A is currently in place in the facility, as well as some mental health and drug and alcohol treatment. However, this targeted population has not often experienced successful reintegration into the community, and has re-offended, returning, often multiple times, to the correctional facility;
- h) Working with the District Attorney, the Warden, the Chief of Adult Probation, we have been identifying strategies to assist this population in recovery. These young men and women face all the issues noted above, and have the extra burden of their criminal records to overcome. It is for this reason that the development of community service supports as noted above, are critical to our community's health, and the growth of our employment initiative is critical to start people on worthwhile productive paths.

c. Transition Age Youth:

1) Strengths:

The Behavioral Health Program continues to work closely with Blended Case Management, ID Program, SCO provider, and CYS/JPO and local schools to identify those children who are at-risk for struggling to meet the challenges of becoming successful, productive adults.

While Integrated Children's Services Program (ICSP) funding was discontinued by the Commonwealth, the program initiatives and philosophies continue in Wayne County. The ICSP position has been transitioned to a shared position between Behavioral Health and CYS. The position includes duties of both CASSP coordination and Children's Integrated Team (CIT) coordination. The intent is that with a greater understanding of how the two systems function independent of each other, a more holistic model that best serves the adolescent/young adult while still holding true to the mandates will become possible.

For those adolescents transitioning to Adult services, the CASSP Coordinator has been designated by the County as the individual responsible for maintaining current information on Transition Age Youth initiatives and programs, both locally and across the state, as well as to share any promising practices with Administration so that we can look at the feasibility of duplicating any best practices locally.

School providers and human services agencies are strongly encouraged to utilize the CIT meeting process early on in developing a support team for

transitioning youth and assisting in identifying resources within the family and community that will support his or her success.

2) Needs:

The reluctance of Transition Age Youth and Young Adults to be associated with provider agencies: This continues to be a barrier to their willingness to engage in services. As a result, this agency often becomes re-engaged with this population after they have burned bridges with family, found themselves homeless, become involved with the justice system or otherwise determined that Behavioral Health is one of their last options. The need to make the programming and choices more palatable to this population is as important, if not more important, than any other factor in their willingness to continue needed services through adolescence into adulthood.

In our community lack of safe, affordable housing, transportation and employment opportunities are the primary barriers to success. Continued efforts to focus on Housing and Employment initiatives as outlined in Adult services will be imperative in stabilizing this population, as well.

d. **Children:**

1) Strengths:

CASSP/ICSP: Wayne Co. continues to have a strong CASSP component for children's services. In conjunction with CCBHO, families and providers have been educated regarding least restrictive, community based services as alternatives to out of home placements. The CASSP/CIT meetings explore and discuss all supports and options available when a family or treatment team is moving in the direction of out of home placement.

CASSP meetings continue to be held on children receiving Behavioral Health services each time there is a change in level of care or request for renewal of funding (for those services requiring this). Additionally, County staff and CCBH efforts continue to outreach to each of the hospitals and through our Crisis Services provider to notify all admissions departments that the County expects CASSP meetings to be held on all child/adolescent admissions prior to discharge in order to ensure that services are in place quickly and that readmissions are minimized.

Family Group Decision Making (FGDM): Due to the flexibility allowable in the Block Grant, Wayne County will be utilizing Family Group Decision Making as a tool to assist families in developing strategies and supports to meet the emotional, physical and educational needs of their child while planning for the safety of the child, caregivers and community. This is an especially important tool for children with multiple hospital admissions and those at risk for out of home placement. This will be funded in conjunction with CYS.

Blended Case Management (BCM) Services: BCM services currently serve approximately 90 children/adolescents annually. This includes a small number of those who are ineligible, at least initially, for Medical Assistance and are served under the Block Grant. Because these services facilitate the coordination and communication between treatment, education, medical and social service providers with the child and family, it is essential that this service be funded for at-risk children with multiple providers.

Quality Council: Wayne County continues to be a community that truly cares about its members. Quality Council meetings represent the scope of the community in that schools, provider agencies, Police, community partners, consumers and families have come together to assess and develop action plan for improved services for children. They are willing to participate in solution focused discussions, partner in non-traditional ways and otherwise do whatever it takes to address the problems that face our children.

Rachel's Challenge: The community has recognized School Bullying and the related issues of self-esteem and suicide risk as an area of great concern. The Schools/Education Sub-committee of the Quality Council has facilitated, along with Wayne Memorial Hospital, the Rachel's Challenge to our school districts and the Community at large. Rachel's Challenge is a nationally recognized program, to prevent and/or redirect bullying and its devastating effects. These services are funded under the Community Services cost center.

Student Assistance Program (SAP): The Wayne County Student Assistance Program has been very active in our three school districts. Services have expanded to the elementary level. The SAP liaison is involved in team meetings, prevention programs, facilitates student groups and is the point person for the Rachel's Challenge initiative in the schools.

2) Needs:

- a) Intensive community-based Children's Services: Wayne County continues to have a high number of children and adolescents in out-of-home placements in comparison to other HealthChoices Counties. In looking at Wayne County's statistical data such as age at time of placement, diagnoses, services utilized prior to placement, etc. a pattern has unfolded revealing a need for intensive, community-based services, focused on ASD/Dually Diagnosed children. These services need to be available to children and families prior to age eight in order to address behaviors before they have led to school placement and family safety issues. The Behavior Health Administrator is in the planning stages with a provider to meet this need;
- b) More robust continuum of care services: Wayne County has limited availability of child/adolescent services within the continuum of care. Often, waiting lists for BHRS services mean that a child will be prescribed this service but may not receive it on a timely basis or will wait for months to see a BHRS prescriber. This is not an acceptable if effective remediation is to

occur, and/or may put the child or his siblings at further risk. The KidsPeace SITE program waiting list is often months long. Access to psychiatric care in a rural community continues to be a critical concern. This becomes especially problematic for children who have complex needs such as ASD and/or Dual Diagnosis;

- c) Out-of-Home Placement Facilities: For those children that do require placement outside of their homes, host homes are rarely in our own community and typically are one to two hours away, meaning a significant disruption to the child and family's normal routine to maintain contact and continuity. In addition, Therapeutic Foster Care is the preferred level of care per CCBH but it is often unavailable and training levels for the families are not commensurate with the complex needs of the children being referred to their care.

e. **Individuals transitioning out of State Hospitals:**

1) Strengths:

Wayne County currently occupies 10 of 14 allocated beds at Clark Summit State Hospital (CSSH). There is one discharge pending, through the recent CHIPPS initiative.

The County BH administrators regularly participate in the Service Area Planning process. This process allows for coordinated efforts and shared data in order to best serve the consumers.

The CSSH staff is professional and dedicated to the consumers. There is open and frequent communication between the CSSH staff and the county. The discharge planning includes all sectors of the community and the CSP outlines consumer needs, choice and service availability. The use of the county case management is an integral piece to the transition from state hospital to community.

Wayne County has the CHIPP project that has 3 apartments with 24/7 supervision on site to assist those needing significant community supports. This is a transitional housing option that has been critical for transition from CSSH to the community.

2) Needs:

Loss of Personal Care Boarding Home facilities and lack of supported housing options: Wayne County has worked closely with CSSH, its Blended Case Management, Community Providers and Transitional Living Provider to ensure that lengths of stay are minimized to the greatest extent possible. As of March 1, 2014, a Personal Care home located in Wayne County with a bed capacity of 29 closed. Of these 29 displaced persons, 8 were consumers of behavioral health services.

The transition from the hospital to the community is an extensive process for the consumer, especially for those consumers who have been hospitalized for a long period of time. This process takes the time and skills of the case management unit; however, this time is not billable in any capacity. In order for Wayne County to assist in the transition from CSSH on a level that is truly supportive and meaningful, there needs to be some type of financial compensation for that service

f. Co-occurring Mental Health/ Substance Abuse:

1) Strengths:

Wayne County Office of Behavioral and Developmental Programs and Early Intervention and the Wayne County Drug and Alcohol Commission work closely together as core members of the Wayne County Human Services Agency. Department heads meet monthly and on an ongoing basis if needed. These department heads are also instrumental in the block grant development and planning process.

Wayne County Psych Rehab Program, the Drop In Center and the D&A community worked together on a Recovery Calendar for 2014. The project incorporated art work, prose and reflection of those in recovery. The calendar project raised community awareness of the concept of Recovery and that Recovery is possible. The Wayne County D&A Recovery Specialist and the MH CSP leadership work as a team for cross training, education and support for ALL those working towards recovery.

There is well defined case management coordination between Wayne County BH and Wayne County D&A to assist the consumer to achieve recovery in both areas of need.

2) Needs:

Housing: Wayne County has limited safe, affordable housing. The consumers who need housing that supports their D&A recovery further limits a consumer's housing options.

g. Justice Involved Individuals:

1) Strengths:

There is ongoing treatment team participation for 2 individuals currently served under Act 21.

County Prison inmates are provided risk assessment and psycho-social support services. A mental health administrative case manager provides assessments and consultations for the Wayne County Correctional Facility 12 hours a week. There is an ongoing dialogue with Prison personnel, inmates and the parole department to plan and develop service based, self-sufficient plans for inmates

The County BH Office participates in Enhanced Re-entry Planning for targeted SCI inmates. All services are provided by Behavioral Health Administrative Dept. under Transitional and Community Integration Services.

2) Needs:

Housing: This is the main issue for inmates who are being paroled from both the County and State Prison systems. The lack of housing prevents a number of inmates from being paroled at their first date of eligibility. Although parole planning begins months in advance, the scarce resources, coupled with the fact that many have exhausted all natural supports, make finding safe, affordable housing next to impossible. Housing options left to this population place them with people and in places that are not conducive to recovery and are not in compliance with parole conditions set forth by the Court.

Expanded Behavioral Health Services in the County Prison: The Wayne County Behavioral Health agency provides assessments and consultation for the prison. The County Prison contracts with a Psychiatrist for services twice a month for a total of twelve hours a month. This service is primarily for medication management. There is a GREAT need for ongoing mental health counseling services as a majority of the inmates struggle with stress, anxiety, depression and a host of other serious mental illnesses

h. Veterans:

1) Strengths:

Wayne County interacts with Veterans in a variety of arenas. The American Foundation for Suicide Prevention of Pike and Wayne Counties hosts local support groups each month for suicide survivors. They also host an annual Out of the Darkness Walk and International Survivors of Suicide Day in which the Wilkes-Barre Veteran's Hospital participates. Both of these events are used to raise awareness of risk factors and accessing resources.

Catholic Social Services has been active with housing-related funding for Veterans that are homeless. They have available beds in neighboring Pike County for these individuals.

Recent trainings offered through OMHSAS have been disseminated to providers in order to build capacity within Wayne County to serve the Veteran population.

Wayne Memorial Hospital has worked to offer the VA Hospital in Wilkes-Barre opportunities to bring services to Wayne County in a cost effective manner to alleviate the need for residents to travel an hour for appointments. Wayne County Transportation is available for eligible residents at variable co-pays that do need transportation.

Wayne County houses a Veteran's liaison that assists individuals in navigating through the various systems and services, as well as advocating on their behalf as needed.

2) Needs:

Veteran's willingness to access behavioral health services: OHMSAS has focused on Veteran's issues and services to meet their needs. In this

community, there still seems to be a stigma attached to accessing those services. The identified need is a mechanism to diminish that stigma and provide empower veterans to access mental health services with the same determination that they access other veteran's services.

i. LBGTQI:

1) Strengths:

Agency staff is routinely oriented with pertinent information at time of hire in accordance with OMHSAS regulations.

Agency staff and providers have participated in trainings on this topic.

Language is included in provider contracts as mandated.

Psych Rehab Program staff have participated with consumers in OMHSAS committees regarding this topic.

2) Needs:

Education: The County needs a system wide education program regarding the specific needs of this population and the most appropriate means of treatment and socialization.

j. Racial/Ethnic/Linguistic Minorities:

1) Strengths:

The Wayne County community has very limited culturally diversity at this time. Recent US Census data indicates 3.4% of blacks, 3.5% of Hispanic, and .5% Asian. However, this includes the populations in two large correctional facilities: one Federal, and one State.

Minorities living in and participating in community life reflect lower percentages of the minorities who would request or participate in community social services.

2) Needs:

In the 2013/14 school year, the school districts have reported that there in an increase in the number of students who do not speak English. Moreover, there are no family members with whom the school can communicate who speak English.

Wayne County is currently serving two families who utilize sign language interpreter services. Historically, these services were obtained through Center for Independent Living. This provider is no longer providing that service and other available providers are further away and are somewhat cost prohibitive due to the travel time billed to the Agency with the available providers traveling 2-3 hours each way.

k. Other (if any) Dually Diagnosed Individuals:

1) Strengths:

A CCBHO Re-investment program that has benefitted Wayne County residents is the Dually Diagnosed Treatment Team through NHS. The DDTT is a recovery oriented, person-centered approach to supporting individuals who are diagnosed with serious and persistent mental illness and a developmental disability. This program offers a team approach to service coordination and treatment for individuals who have encountered challenges with more traditional treatment settings. Services are provided where the individual is, at the time of need and may include the home, a local community setting such as a coffee shop, work place or provider office setting. DDTT consists of a team that includes a psychiatrist, Registered Nurse, Pharmacist consultant, Program Director, Behavioral Specialist and Service Coordinator.

This program has enhanced the lives of consumers while minimizing or eliminating hospitalization or other institutional placement. It is hoped that this team will be available to transition additional individuals to less restrictive levels of care and from treatment to home.

2) Needs:

There is an on-going need for competency development for providers who treat dual diagnosis consumers. In Wayne County, there are 7 adult individuals and 13 children who are identified as dual diagnosis. This consumer base has highly specialized needs and does not/cannot benefit from traditional behavioral health interventions. There is a need for competency development on all levels of the treatment continuum; psychiatrists, therapists, behavioral specialists, residential workers, case management staff and family supports individuals.

B. Recovery Oriented Systems Transformation:

Wayne County Office of Behavioral and Developmental Programs and Early Intervention plans to implement five (5) Recovery oriented system transformation projects: 1) Housing; 2) Employment; 3) Systems of Care; 4) Children's Clinical Home; and 5) Dual Diagnosis CSRU.

1. Housing/Supported Housing:

a. L-HOT:

In 2014/15, Wayne County Human Services will hire a Housing Coordinator to guide and lead county wide housing initiatives through the LHOT, to participate in state wide housing informational meetings to keep the County aware of housing programs and regulations and to support all housing related activities in the county.

The L-HOT through the leadership of the housing coordinator will continue to coordinate Wayne County's participation in Point-In-Time Counts. The L-HOT has been tasked with identifying revenue and funding opportunities, as well as brainstorming ways to best manage the limited resources available and maintain databases on homelessness and shelter usage.

Moving forward, it will be necessary for the County to fund this position out of the Block grant or other available funding in order to maintain this momentum. The L-HOT currently meets quarterly with the Fair Ave. Housing subcommittee meeting on an as-needed basis to review applications. It is anticipated that they will participate in the summer and winter Point-In-Time Counts on an on-going basis. The L-HOT will also be active in exploring and advocating for additional support and funding for increased safe and affordable housing for all human services consumers. As such, they will take an active role in the regional efforts to pursue Federal, State and private funding opportunities that match the needs of the County's housing/homeless as identified through the L-HOT. The progress of this initiative will be tracked through housing reports, and county housing statistics.

b. CHIPPS:

Wayne County submitted a CHIPPS project in coordination with 8 other BHARP counties. This CHIPPS project resulted in an Enhanced Personal Care Home located in the Shamokin area. Wayne County has one consumer slated for discharge from Clarks Summit State Hospital for this project. The project is well under way with construction of the home almost complete. It is anticipated the consumer will move to the EPCH by September 30, 2014.

Wayne County has only participated in one CHIPPS initiative in the past, but experience has proven that this is a time-intensive project that requires the commitment of the Hospital, providers, families, CCBHO and the community. While the bulk of the funding for this initiative is provided under CHIPPS, the County will bear the administrative costs associated with development and implementation of the plan, coordination among providers, community outreach, etc. which will fall to Block Grant or other available funding sources. This CHIPPS will be tracked through the CHIPPS reporting system.

c. Step by Step Supportive Housing Provider

Wayne County has been working closely with Step by Step, the contracted Housing Supports provider, since 2006. Initially these efforts were focused on identifying consumer goals and moving the service towards a Recovery Focused Orientation. At this time, the County is moving forward with continuing to transform this service to the SAMHSA EBP model of Supported Housing.

While it is anticipated that this will be an ongoing project, the County will develop a plan with Step By Step for quarterly monitoring strategies utilizing the Fidelity Score sheet and Fidelity Scale to ensure fidelity with the EBP of Supported Housing by the end of FY 2014-2015. Supported Housing services are funded under the Block Grant and CDBG. It is possible that the transformation activities may impact their rate, but this is expected to be minimal. The cost to the County will be under the Administrative contract management costs and should not be impacted by this initiative.

2. Supported Employment:

Since 2006, Wayne County has contracted with The Human Resource Center for Supported Employment services. With the development of the Capacity Building Initiative outlined under Adult Services, it is felt that an additional provider would be beneficial. Additionally, the County is continuing to move forward in transitioning this service to the SAMHSA EBP Supported Employment model. During FY 2014-2015 provider(s) will be expected to develop a plan with the County to participate in quarterly monitoring activities as outlined in the SAMHSA Supported Employment EBP model to ensure fidelity by the end of FY 2014-2015.

The contracts for Supported Employment in previous years have been underutilized as a result of economic factors, ongoing staffing issues with OVR, and transportation. It is hoped that through the Capacity Building Initiative and the transformation to an EBP, consumers will experience success in the workplace.

Costs are expected to increase for this contracted service, due to the Initiative. Some of these costs may be offset by Federal and private grants for which application is being made. The remainder will need to be achieved through the Block Grant and other available funding streams. This may necessitate the prioritizing of Supported Employment over other vocational programming. This program will be tracked through monthly progress reports from HRC.

3. Systems of Care:

Wayne County Human Services has applied for and received funding to implement a Systems of Care Program for the youth and families. This program will allow for Wayne County Human Services to strengthen their philosophy of child and family centered community treatment services, provide youth and family a seat at the county children's services policy development level and utilize the Family Group Decision Making process as a means of treatment plan development. The Systems of Care initiative is an opportunity for the county to designate a staff person to these efforts and build on the progress that has been made in this area through the ICSP process.

The implementation of Systems of Care will begin in the first quarter of the FY 2014-2015. The cost of this initiative will be borne by a Systems of Care Grant and some funds from the Wayne County Behavioral Health and Wayne County Children and Youth. The Systems of Care has built-in reporting criteria. In addition, this program will be continually monitored by the Systems of Care County Leadership team.

4. Children's Clinical Home:

Wayne County Behavioral Health has applied to CCBH to place a Children's Clinical Home Program in the Wayne Highlands School District, Stourbridge and Lakeside Elementary Schools. This program is a conversion of the BHRS Services currently in those schools. It will serve approximately 66 children. It has been documented that this level of service delivered in this manner is an effective method of treatment and family engagement. The data supports this treatment modality as true clinical home to meet the needs of the child in the school setting, at home and in their community. Wayne Highlands School District administrators, CCBH staff and the County BH Administrator have been meeting for the past six months to gather and analyze utilization data and financial considerations. A provider has been chosen and the program will begin at the start of the 2014-2015 school year.

The Children's Clinical Home will be funded through CCBH as a cost conversion from BHRS to CCH. CCBH has developed reporting mechanisms that the provider is required to complete. In addition, the authorization process is also a means of insuring the service is being delivered to the target population in a manner consistent with the service description.

5. Dual Diagnosis Crisis Residential Stabilization Unit (CRSU):

The BHARP 23 County state wide contract group has developed a Dual Diagnosis Crisis Residential Stabilization Unit to address the needs of those persons who have a primary diagnosis of ID and have behavior health issues. This unit is located in Northumberland County and is provided through Beacon Light. This initiative is important to Wayne County because since 2012, Wayne County has had to find psychiatric hospitalize four adult consumers. All four consumers have needed psychiatric hospitalization an average of three times for an estimated length of stay of six days for each hospitalization. This service will treat the consumer with the specific expertise required for this population and build competencies within the community through skill transfer as consumers are being transitioned from that facility into the community. In Wayne County, there are 7 adults who are identified as dual diagnosis, most of whom have been referred to PPRT and the DDTT. This CRSU is another level of care for this population.

The Dual Diagnosis CRSU is expected to open on July 14, 2014. The cost of this program is paid through CCBH and reinvestment funds. This program will be monitored through CCBH quality assurance and progress reports will be submitted by Beacon Light to CCBH and Behavior Health Administrative Unit on a quarterly basis.

C. Intellectual Disability Services:

1. Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream.

- a. Wayne County Developmental Programs are directed to the strategy of "Everyday Lives" for those with Intellectual Disabilities. The philosophy of this strategy is predicated on the concept of Self Determination. Self Determination is for everyone including children, young adults and older adults, without regard to the number of supports need to achieve independence as desired for the consumer to live on his own, and manage self-sufficiency. It means having friends to play with as children, having jobs as young adults, as adults, serving their community in their churches, libraries, and other venues of their choosing, as they grow older, being able to participate in community life, and choosing how to spend their time as they grow older.
- b. Wayne County is committed to build capacity in our community, such that there are appropriate supports available to a person with intellectual disabilities as he/she progresses in the stages of his/her lifetime: a continuum of care for the person's continuation on his life's journey in his community.
- c. Individuals and their families want to have 'everyday lives' that are typical of the general population. Wayne County continues to work to develop services to support options for a person's continuum of care choices, while ensuring their health and safety of this vulnerable population. Strategies include:

- a. Enhancing existing community support services where appropriate for such services as home and community habilitation, companion, respite, family aid, supported employment, support in a medical environment, home rehabilitation and transportation;
 - b. Developing new services and service networks and community resources as appropriate;
 - c. Enhancing access of this population to community resources;
 - d. Assist in building connections between consumers and community resource persons and places;
 - e. Supporting Best Practice Initiatives for those with developmental disabilities.
2. **For the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditure should be included for both base/block grant and waiver administrative funds.**

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	8	10
Sheltered Workshop	1	2
Adult Training Facility	1	2
Base Funded Supports Coordination	35	38
Residential (6400)	0	Unknown
Life sharing (6500)	0	Unknown
PDS/AWC	1	2
PDS/VF	0	unknown
Family Driven Family Support Services	29	32

3. **Supported Employment:**

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

Wayne County continues to support the ODP Employment Initiative, has successfully met Quality management goals and increased the number of consumers competitively employed over the last several years. Most recently we increased the number of disabled individuals

working competitively from 12 in FY 11/12 to a total of 25 individuals as of June 30, 2014. Much of this success is due to the work of the Wayne County Employment Coalition.

The Wayne County Employment Coalition (WCEC) is a community coalition, comprised of local school districts and educators, employment support provider agencies, State Office of Vocational Rehabilitation, State Office of Developmental Programs, community businesses, Wayne Co. Office of Behavioral and Developmental Programs and Early Intervention, Wayne County Employment and Job Training Office, Northeast Innovation Alliance/Workforce Wayne, SCORE – Service Corps of Retired Executives, and interested individuals.

WCEC members work together to create and promote successful employment opportunities, choice of employment opportunities and supports needed for individuals with disabilities in pursuit of an Everyday Life. The Coalition was formed in 2008 and has grown in number and purpose. The WCEC facilitates information sharing, recognizes area employers for employing and recognizing the abilities of individuals with disabilities and serves as a central point of contact. The Coalition meets every other month.

Finally, Wayne County Developmental Programs continues its work as a partner with the County of Wayne. ‘Wayne Tomorrow’. This is a Wayne County Commissioner led initiative which was created in order to develop action steps for the County’s Comprehensive Plan, which in Wayne County, is an ongoing initiative reflecting real time and real time changes, rather than a “point-in-time document. Through the mechanism of Wayne Tomorrow and its subcommittees, the County Commissioners continuously seek guidance and assistance in the development and investment in the future of Wayne County. Its purpose is to connect and engage businesses, industries, quality of life contributors, economic, employment, government and land use and development interests, etc. in better dialogue, information sharing and consensus building to improve and sustain the economic, social and quality of life in the County.

One of the initial projects is a youth targeted project whereby we continue to bring the school population into the Wayne Tomorrow Projects and build mentor programs and work experiences and have youth representation on recommending initiatives. One such initiative is focused on food delivery systems and agriculture development. Wayne County Developmental Programs participates on this Agricultural Subcommittee of the Wayne Tomorrow group and works to re-energize agriculture as a viable economic tool and business venture educate and enforce good eating habits and good health, develop infrastructure to further enhance agriculture opportunities which will result in work opportunities for all.

4. Base Funded Supports Coordination:

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

Wayne County continues to ensure that supports coordination services are available for all consumers with developmental disabilities regardless of funding streams. Base funded supports coordination is instrumental in transitioning of consumers back to community settings since supports coordination services cannot be billed directly to Medical Assistance or Medicaid Waiver.

For those consumers with Developmental Disabilities, who are receiving treatment in state or community hospitals, Skilled Nursing or Intermediate Care Facilities, or Residential Treatment Facilities Base funded Supports Coordination is the mechanism that bridges the gap between the consumer's institutional living status and his reintegration into his community. Specifically, Base funded Supports Coordinators assists the consumer and/or his family in planning for community living, locating housing, locating needed services and supports, and monitoring progress on an on-going basis to assure housing stability, and the consumer's health and safety.

In order to best serve consumers, Supports Coordinators advocate for this population and their individual consumers by participation in both state and local initiatives, the Wayne County Employment Coalition, the Human Services Quality Council and its sub-committees, including the Children's Coalition. They are also participants in the HSA's LINK/Aging and Disabilities Resource Center (ADRC). Finally, Base funding also supports the on-going training of Supports Coordinators enhance their capacity and expertise by increasing quality of service and adhering to and adherence to best practices.

5. Life Sharing Options:

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

Wayne County aggressively supports the ODP Life sharing initiative, which reflects the agency's belief in the concept of 'least restrictive setting', and also that each person deserves a caring family. Currently there are twelve (12) persons in Life Sharing homes.

These Residential Habilitation Services, result in: (1) the protection of the health and welfare of individuals who reside with both licensed and unlicensed families/homes; and (2) the assistance to individuals with developmental disabilities in acquiring, retaining, and improving self-help, socialization and adaptive skills that are necessary to reside successfully in home and community based settings.

Specific services consist of supporting individuals with developmental disabilities with by enhancing self-care, communication, fine and gross motor skills, mobility, therapeutic activities, personal adjustment, relationship development, socialization and the use of community resources.

The Wayne County Administrative Entity for Developmental Programs has a life sharing Strategic Plan that works to continually establish a culture of life sharing. We do this by always considering life sharing first when someone is seeking residential options. Additionally consumers receive information about life sharing and are asked if they are interested in pursuing life sharing at least annually during their Individualized Support Plan meeting. Finally, we participate and attend the Regional Life Sharing Committee and work toward expanding the availability of life sharing options with our provider network.

6. Cross Systems Communications and Training:

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

Individuals with intellectual disabilities and a co-occurring psychiatric diagnosis often struggle with accessing quality community based services that are coordinated and effective to adequately address their specialized needs. Wayne County has been actively and aggressively working toward positive practices and ensuring community inclusive opportunities for those with dual diagnosis.in the following ways:

- a. Working to strengthen competency through the system by raising awareness, advocating for and assisting to create specifically designed curricula, communication and person centered planning to develop sound options for individuals in need of specialized services;
- b. Partnering with ODP and OMHSAS, State, Regional and Local Positive Practices committees, the local Wayne County Quality Council and our provider networks;
- c. Utilizing BH and County AE case review meetings, and County BH/AE/SCO/BSU case reviews to continually identify and refine service delivery consistent with the specialized and individualized needs of those with dual diagnosis, thus engaging many systems to achieve the best service package available to produce the best outcomes possible for the consumer and his/her family.
- d. Working, through the partnership between Through County and through the use of our Wayne County Quality Council's Positive Practices, Risk Management and Human Rights sub-committee meetings, toward building early intervention and system connections;
- e. Utilizing the Statewide Positive Practices Resource Team when necessary;
- f. Having access to the NHS Dual Diagnosis Treatment Team which was created through the partnership between CCBH and BHARP. The utilization of CCBHO reinvestment funding dollars resulted in the creation of this team that specializes in providing service to those with intellectual disabilities and a co-occurring psychiatric diagnosis.
- g. Wayne County strategy to continue provision of services to this specialized population is consistent and complies with:
 - 1) ODP Information Memo 045-12 regarding Admissions to State Operated Intermediate Care Facilities for Persons with Intellectual Disability;
 - 2) Required procedures required through OMHSAS regarding Admissions to State Hospitals;
 - 3) Recent federal legislation mandates regarding least restrictive environment options.

7. Emergency Supports:

Describe how individuals will be supported in the community if no waiver capacity is available within the County capacity commitment. Provide details on your County's emergency response plan including: how your County meets emergency needs of individuals outside of normal work hours; does your County "reserve" any base dollars to meet emergency needs; what is your County's emergency plan in the event an

individual needs emergency services, residential or otherwise, whether identified during normal work hour or outside of normal work hours.)

Effective July 1, 2009 ODP implemented a Waiver capacity management process for the Consolidated and Person/Family directed Supports (P/FDS) waivers. Under the new process Administrative Entities are no longer allocated Waiver service funds to pay for Waiver services. Instead, the AE is provided with a Waiver capacity commitment which identifies the maximum number of individuals the AE may enroll in a specified Waiver at any given point in time during the fiscal year as ODP approves.

Wayne County manages and plans for unanticipated emergencies pursuant to DPW ODP Bulletin: 00-10-03, **Planning and Managing Unanticipated Emergencies and the AE (Administrative Entity) Operating Agreement:**

- a. If Wayne County identifies an unanticipated emergency situation, the AE evaluates the availability of resources (Waiver, base funds, natural and community resources and other service systems) to address the needs of the individual.;
- b. If Wayne County determines that resources are not available to address the unanticipated emergency, the AE processes required paperwork for submission to the Regional Waiver Capacity manager to request emergency Waiver capacity slot to serve an eligible individual;
- c. Wayne County Administrative Entity and Supports Coordination Organization staff is available outside of normal business hours if needed. Wayne County Administrative Entity contracts with a local provider for crisis calls. Wayne County Administrative Entity does strive to have some base funds reserved for emergency purposes.

8. Administrative Funding:

Describe the maintenance of effort to support the base or block grant funded services, as well as the functions of the Administrative Entity Operating Agreement.

Wayne County ensures the activities and services required under the Administrative Entity (AE) Operating Agreement are carried out. These include the Health Care Quality Units, Independent Monitoring for Quality, and Incident Management, all of which are delegated functions, and currently provided under contract with Advocacy Alliance. Pursuant to its obligations under the Operating Agreement, the AE, at a minimum:

- a. monitors for and identifies risk and mitigation of same,;
- b. ISP Review and Authorization;
- c. Service Determination and Rights of Appeal;
- d. Waiver Capacity management and Prioritization of Needs (PUNS); and unanticipated emergencies;
- e. Provider Qualification and Provider Monitoring;
- f. Quality Management;
- g. Assistance in the case management of challenging individuals;
- h. Participant enrollment;

- i. Customer service and complaints;
- j. Monitoring of purchased and delegated functions;
- k. Review of data and service utilization;
- l. Management and analysis of tall fiscal and program data;
- m. Training and technical Assistance;

The PW Block Grant has allowed the AE Office to more fully participate in local initiatives that are closely associated with Waiver initiatives and requirements. This is directly related to the Block Grant's flexibility in applying funds where they are most needed for the local consumers. For example, Block Grant funds have provided the opportunity for AE/ID staff to lead the Wayne County County-wide Employment Coalition, become members of the Wayne County Work Force Investment Board as well as the Pocono Counties Work Force Investments Board. This, in turn has allowed the sharing of financial and human resources to provide increased and/or enhanced services to consumers.

For example:

- a. Unsubsidized employment opportunities for individuals with developmental disabilities has doubled to twenty-five people;
- b. Five persons are currently in training through the Summer Youth Work Experience Program;
- c. The HSA, through its Dietary Unit, has been training (and hiring) persons with ID in food preparation, food services, food packaging, etc. incorporating fresh locally grown produce into meals for the aging. This initiative has recently received an award by the commonwealth;
- d. In conjunction with a County-led initiative to stimulate the local farming community, HSA county categorical social services programs and the County Maintenance Department, a Certified Kitchen is near completion. This kitchen will be used to as a training site for those with ID to learn to prepare and store fresh produce, develop food and customer service skills, and money exchanging proficiency. All these skills coincide with the needs of local employers trading in strong local tourism industry. In addition, other transitional youth (i.e. Children and Youth involved transitioning from high school to the community) will be offered opportunities to learn and enhance skills or to prepare for work in local food-related retail industries.

D. HOMELESS ASSISTANCE SERVICES

	ESTIMATED/ACTUAL INDIVIDUALS SERVED IN FY 13-14	PROJECTED INDIVIDUALS TO BE SERVED IN FY 14-15
BRIDGE HOUSING	0	0
CASE MANAGEMENT	348	370
RENTAL ASSISTANCE	172	194
EMERGENCY SHELTER	14	22
OTHER HOUSING SUPPORTS	103	125

1. Bridge Housing:

This service is not provided at this time in the County due to lack of funding. However, the L-HOT will be researching this service during the SFY 2014-15.

2. Case Management:

It is Wayne County's position that effective and on-going case management and support are the keys to assisting consumers to achieve housing stability. This is true of consumers involved in all categorical systems. The HSA has experience that supports this fact. Based on its experience with the Homeless Prevention and Rapid Re-Housing grant of two years ago, the HSA provided aggressive and intense case management services that resulted in success of housing stability for nearly all participants in the Program.

3. Rental Assistance:

Much of this assistance has been provided by the HSA from HAP funding. The HSA contracts with a housing provider who receives the total amount of HAP funding reflected in the Block Grant. Seven (7%) percent of this HAP funding was expensed for rental and/or first and last month's security deposits. However, C&Y, BH, ID and Aging funds were also used for this purpose.

4. Emergency Shelter

The County continues to experience increase numbers of those seeking emergency housing from the general public, among categorical consumers, from those being released from the County Correctional Facilities, and from hospitals (both MH and medical medical) requesting discharge placements or emergency housing for their patients. There are no emergency shelters in Wayne County. The nearest are 35 to 50 miles away, far from family and natural supports of one's community.

Wayne County had utilized Emergency vouchers for sheltering homeless in the past. During the fall of 2012, the last hotel/motel in the community that was accepting these vouchers closed. Grace Episcopal Church in Honesdale offers a "Warmth in the Night" Shelter from 7pm to 7am on those evenings when the temperature or wind chill drops below zero degrees. Volunteers from the Church and community staff the shelter.

5. Other Housing Supports:

For Wayne County this term often translates into preventing homelessness of individuals and families. While it commonly includes providing limited funding for utility arrearages or assistance with essential repairs (i.e. replacing a broken water well pump).

However, it can also include creative solutions to housing dilemmas, particularly if there are young children involved, who, absent such assistance may be separated from their parents due to the risk of homelessness, subject to living conditions that are sub-standard or unsafe. Assistance may include purchase of a cooking stove, a boiler, basic bedding and furniture. In one case, secure fencing was installed for an autistic child who wandered, was drawn to water, and whose family home was at the edge of a fast flowing river in our community. While a bit unorthodox, that fencing kept the child from potential disaster.

E. CHILDREN and YOUTH SERVICES:

1. The Wayne County Children and Youth Services agency is a functional unit of the Wayne County Human Services Agency, (HSA). The Wayne County Human Services Agency (HSA) is a department of Wayne County government. It was created in 1995. Its function is to administer and to provide general oversight and coordination of service delivery to consumers who have need of and are using multiple services. The HSA accomplishes this using an integrated human service model.
2. The directors of the following county categorical units report directly to the human services administrator: Aging, Children & Youth, Drug & Alcohol, Behavioral (Mental) Health/Intellectual Disabilities/ Early Childhood Intervention. These are considered 'functional' units of the HSA. The directors of the following other county-operated social services also report directly to the human services administrator: Transportation, Food Pantry, Dietary Department and Volunteer Bureau. Personnel are county employees. However, those county employees in the HSA fall under the PA State Civil Service Commission with which the County contracts to meet federal merit system requirements. There is no collective bargaining unit covering the HSA employees.
3. Wayne County Children and Youth Services works with the above mentioned HSA units, as well as the Juvenile and Adult Probation Departments, the Court, schools and private service providers have been successful in working together to develop and expand services to better meet the needs of the county's youth and families. This "team approach" has been and continues to be credited for the positive outcomes that have been realized as the agencies pull together to identify needs and work toward achieving similar goals. One of the greatest benefits of living and working in a small community continues to be the personal and professional relationships that develop resulting in a cooperative effort with respect to response, planning and delivery of services, and also contribute to successful service integration for children and families.
4. Services and providers are somewhat limited in this smaller, rural county. However, through planning and development, a number of valuable purchased service resources are available and shared by both Children & Youth Services and the Juvenile Probation Department. Wayne County is very fortunate that these two departments are not competitive, readily share information and enjoy a positive working relationship in identifying service needs. Services made available through the Needs-Based Budget include Family Preservation Services (CYS)/Family Support Services (JPO), the Placement Stability Program (PSP), SITE (Sexual Issues and Treatment Education) and the PATH After-School Program.
5. A new service, the "Why Try Truancy Prevention Program" has been approved in the Needs-Based Budget and will address the more intense truancy cases referred to CYC or encountered by JPO. All of these services have had a positive impact on the outcomes achieved by CYC and JPO and the departments are confident that they will continue to do so. Child safety, maintaining family units, stability of children for whom placement is necessary and establishing permanency for children who cannot be reunified with their families continue to be priorities of the CYC agency.
6. Initially, funding was made available through the Needs-Based Budget under "Special Grants" for CYC and JPO to add Multi-Systemic Therapy (MST), Family Group Decision

Making (FGDM), both evidence-based initiatives, and the Housing Initiative to their service array. All three of these services, along with the purchased services identified above, have been invaluable during the course of the past year in helping the agency to address its priorities and meet its goals. Additionally, because these services are now funded through the Block Grant, they are potentially available to all departments under the Human Services umbrella, not just CYS and JPO, as had been the case. Because of the HSA's system of integrated services delivery, and high degree of cooperation and collaboration, this has made additional services available to vulnerable consumers in other HSA units, particularly those who are experiencing multi-system intervention.

<u>Outcome</u>	<u>Measurement & Frequency</u>	<u>All Child Welfare Services in HSBG Contributing to Outcome</u>
<p>Safety: 1. Children are protected from abuse and Neglect;</p> <p>Safety 2: Children are safely maintained in their home whenever possible and appropriate.</p>	<p>At least monthly in-home FSP/ CPP review and safety assessments, monthly review meetings with providers, FGDM Conference and plan, successful /unsuccessful case closure, goals and objectives met.</p>	<p>MST, FGDM, Housing Initiative</p>
<p>Permanency: 1. Children have permanency and stability in their living arrangement;</p> <p>Permanency: 2. Continuity of family relationships and connections is preserved for children.</p>	<p>At least monthly in-home FSP/ CPP review and safety assessments, monthly reviews with providers, FGDM Conference and plan, stable child placement, connections identified, case goals and objectives met at time of closure</p>	<p>MST, FGDM, Housing Initiative</p>
<p>Child & Family Well-being:1. Families have enhanced capacity to provide for their children's needs;</p> <p>Child & Family Well-being: 3. Children receive adequate services to meet their physical and behavioral health needs.</p>	<p>Placement reduction and/or stabilization, at least monthly review of compliance with FSP, monthly case reviews with providers</p>	<p>MST, FGDM, Housing Initiative</p>

Program Name	Multi-Systemic Therapy (MST):			
Status			Enter Y or N	
Continuation from 2013-14	Y			
New implementation for 2014-15				
Funded & delivered services in 2013-14 but not renewing in 2014-15				
Requesting funds for 2014-15 (new, continuing or expanding)		New	Continuing	Expanding
			Y	

Description of the program, what assessment or data was used to indicate the need for the program, and descriptions of the populations to be served by the program.

Description: MST is an intensive in-home therapeutic program available to youth ages 12 to 17.5 years of age. The program is a strategy to empower families to provide effective parenting and supervision for the referred youth to prevent abuse/neglect, decrease substance abuse, improve behaviors, improve school attendance/performance, address delinquent behaviors and promote socially acceptable behaviors and attitudes. MST focuses on developing successful parenting strategies, strengthening family relationships, improving youth attitudes and behaviors and preventing out-of-home placement for youth. Objectives related to MST include: Placement prevention; reunification of youth with family; enhancement of parents' capacity to provide for their children; truancy prevention; delinquency and recidivism prevention.

Assessment Data: In FY 2012-13, JPO only made 1 referral which was very successful. JPO made 3 referrals in FY 2013-14 and 2 received the service. The 3rd did not open as the caregiver of the youth refused to cooperate. JPO finds utilization of MST to be challenging as many of the youth involved in that system tend to be older and not appropriate for the service due to age restrictions (over 17.5 years).

Populations served: MST is available to youth, aged 12 -17.5 years of age, and who are open in CYS In-Home or JPO Services or who are in placement through either department and are nearing re-unification with families.

MST	13-14	14-15
Target Population	Youth ages 12-17.5 years old	Youth ages 12-17.5 years old
# of Referrals	15	15
#Successfully completing program	12	12
Cost per year	\$45,290	\$61,330
Per Diem Cost/Program funded amount	\$61.33 per diem.	\$61.33 per diem
Name of provider	Community Solutions	Community Solutions

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

Multi-Systemic Therapy was added to the CYS/JPO service array during the second half of FY 2008-09 through Special Grants in the Needs-Based Budget. This funding was available to pay the per diem for MST for youth who either did not have medical assistance or who did not meet medical necessity. However, many of the youth referred did meet criteria for medical assistance funding and medical necessity. This resulted in under-spending for this service in each year since the program became available in the county.

For example, in FY 2013-14, of the 15 families served through MST, 12 had medical assistance but some could not be funded through that source as they either did not meet the medical necessity or were already receiving another service funded through medical assistance so that two services could not be funded at the same time. Of the 15 youth receiving MST, 8 (or about 50%) were funded in part or whole through medical assistance. However, there is no guarantee that will continue to be the case, making it necessary to ensure funding is in place to provide this service and meet the needs of the population served through MST.

Program Name	Family Group Decision Making (FGDM)			
Status			Enter Y or N	
Continuation from 2013-14	Y			
New implementation for 2014-15				
Funded & delivered services in 2013-14 but not renewing in 2014-15				
Requesting funds for 2014-15 (new, continuing or expanding)		New	Continuing	Expanding
			Y	

Description of the program, what assessment or data was used to indicate the need for the program, and descriptions of the populations to be served by the program.

Description: FGDM is a process which brings together a group of people who are significant to a child and family to assist the family and/or participate in making decisions and developing a plan of action to support the safety, permanency and well-being of the child(ren) and other family members. It is critical to the process that it is family driven. Expected outcomes of this process are to ensure Safety; Prevent Placement; support Reunification efforts; increase Family/Youth Support to help parents/youth to work toward and achieve their family service plan/transition plan goals and objectives; and to increase accountability and oversight of the parents/youth through their support system.

Assessment Data: A huge issue in the county affecting all agencies is the use/abuse of drugs and/or alcohol that have such a strong influence on individual and family ability to function. During FY 2013-14, 49 children entered placement through CYC. Of those, 22 placements (almost half) were made as the direct result of parent(s) drug related activity which diminished their ability to provide care for their children.

Four (4) of those children were infants who experienced withdrawal and were placed directly from the hospital once able to be safely discharged. Ten (10) others were age 2 months–5 years; 2 were age 6–10 years, and the remaining 6 were age 11-17 years. The county Drug & Alcohol Commission has been extremely helpful in providing consultation and general discussions with the CYC staff to discuss the epidemic, provide information regarding addiction issues, what to look for, what to expect to hear, how to effectively communicate with an addict, etc.

Family Group Decision Making conferences have been utilized to bring family members together to plan for care of these children or to develop plans to provide support needed by the parents to help them through treatment and either retain custody of their children or work toward the return of their children to their custody. In some cases, kinship resources have been identified for children during FGDM conferences.

During FY 2013-14, 25 families or youth were referred to FGDM. Of the 25, 2 were carried in from the prior fiscal year and 23 were new referrals. Eleven (11) of the 23 new referrals (or about half) were for Youth Transitional Conferences. Other referrals were made to locate kin to accept placement of related children, offer support to family members, provide needed child care or transportation or whatever else might be needed to provide for safety and stability and either prevent placement or aid in reunification efforts.

As stated above, 25 referrals were processed for FGDM during the prior fiscal year. Of the 25, 18 went to conference; 2 were successful referrals but did not go to conference; 3 were unsuccessful referrals; and 2 carried into FY 2014-15 and are awaiting conference. Of the 3 unsuccessful referrals, 2 were refused Youth Transitional Conferences and the other was a case where the kinship caregiver was arrested for pornography which obviously led to the relocation of the child and negated the need for the conference.

Populations served: Any family or youth who would benefit from a group conference including family, friends, community supports or any significant others to develop a plan to establish a support system, including identified roles, that the identified family/youth can rely upon to provide assistance when needed.

FGDM	13-14	14-15
Target Population	Any family or youth who would benefit from a group conference that the identified family/youth can rely upon to provide assistance when needed.	Any family or youth who would benefit from a group conference that the identified family/youth can rely upon to provide assistance when needed.
# of Referrals	25	30
# Successfully completing program	22	25
Cost per year	\$49,895.	\$49,000
Per Diem Cost/Program funded amount	\$3,000. per successful conference; \$1,000 per successful referral; \$250 per successful referral	\$3,000. per successful conference; 1,000 per successful referral; \$250 per successful referral
Name of provider	Justice Works	Justice Works

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

Family Group Decision Making was added to the service array for CY5 and JPO through the Needs-Based Budget, Special Grants, in FY 2008-09. The outcomes during the first two years were disappointing as the provider strayed from the traditional program model, took too long to move to conferences, and was unable to maintain stable staffing. Problems with the provider continued through FY 2009-10 and successes were minimal to the point that the agency was considering discontinuing FGDM. However, CY5 sought out and contracted with a different provider in FY 2010-11. It was a slow process but gradually the practice was embraced by staff and utilization improved. Nevertheless, under-spending continued until FY 2013-14.

In addition to issues with the initial FGDM provider, challenges were faced due to the reluctance of families to share their problems with others – even their own extended family members – as they desperately want to protect their anonymity. Families would agree to hear about FGDM and sometimes agree to go to conference but would withdraw as the process moved forward and conference time got closer.

JPO has not utilized FGDM other than in cases which are determined to be “Shared Case Responsibility” (case management shared between JPO and CY5). CY5, however, broadened its vision with respect to incorporating FGDM in case plans which resulted not only in increased use but also over-spending in FY 2013-14. Examples of cases referred and outcomes achieved through the use of FGDM include identifying supports for families and children, finding kinship resources for child care and placement when needed, placement prevention, preparation and support for reunification and school refusal/truancy issues.

Although utilized in prior years for planning for youth aging out of care, “Youth Transitional Conferences” were offered to every youth six months prior to their eighteenth birthday. As a result, 11 of the 23 conferences held were related to youth planning for Independent Living and the resulting plan identified where the youth would live, what employment might look like, and who the personal connections and supports would be for the youth (family members, mentors, and other “significants” in the youth’s life). One very positive of outcome of the Youth Transition Plan developed during the conference is that a “Plan A”, “Plan B” and a “Plan C” can be identified in the event that one or more of them cannot be realized. An additional 3 Youth Transitional Conferences were offered but refused by the youth.

As stated above, CY5 is excited to have experienced a great deal of success with FGDM during the past fiscal year. This is attributed to several factors including a dedicated, knowledgeable, accessible and strength-based coordinator/facilitator; conferences are focused and goal driven and more productive; and excited and positive sharing of conference outcomes at staff meetings and through word-of-mouth within the

agency. Also, a variety of locations have been utilized throughout the county – Chambers of Commerce, libraries, community centers, etc. – so that conferences are removed from the CYS agency, thus removing any stigmas associated with location. Successful outcomes speak for themselves.

Program Name	Housing Initiative			
Status				Enter Y or N
Continuation from 2013-14	Y			
New implementation for 2014-15				
Funded & delivered services in 2013-14 but not renewing in 2014-15				
Requesting funds for 2014-15 (new, continuing or expanding)		New	Continuing	Expanding
			Y	

Description of the program, what assessment or data was used to indicate the need for the program, and descriptions of the populations to be served by the program.

Description: The Housing Initiative provides assistance to address safety concerns; maintain intact families; and prevent placement due to safety concerns, homelessness, or other inadequate housing issues. Funds may be directed to families and youth with any issues that may arise with respect to obtaining and maintaining housing and necessary day-to-day living expenses. This assistance provides for housing needs to facilitate reunification of children in placement with their families and to assist aging out youth with securing housing or other appropriate living necessities. The primary outcome expected is to ensure safe and adequate living arrangements for families and youth.

Assessment: Housing issues are huge in the county. There are only two motels that will work with the agency for emergency housing. The Wayne County Housing Authority reports that as of April 2014, there were 240 families in the housing program as compared to 251 families in May 2013. An additional 337 families were on a waiting list as of April 2014 compared to May 2013 when there were 333 families on the Housing waiting list.

Most of those on the housing waiting list continue to be single parents with children. The number of available units and landlords participating in the program continues to be consistent but the availability of the number of units to meet the demand varies. The Housing Authority reported that the average length of time it takes from application to approval for housing is two years, plus or minus, depending primarily on funding but it is influenced as well by the number of applicants and the number of clients going on/off housing. The amount of time spent on a waiting list to get to the point of application was not specified. Vouchers for units are given depending on available funding, not available units.

There was no data available with respect to the number of young adults (transitional youth) who are receiving housing assistance. Given this information it is unlikely that there will be under-spending within the Housing Initiative grant.

Target population: Families known to CYS or JPO who need this assistance in order to keep their families safe and/or intact (placement prevention), to ensure a safe and appropriate living environment for a child(ren) to return home from placement (reunification), and to assist “aging out” youth who are transitioning from placement or home to living on their own.

Housing Initiative	13-14	14-15
Target Population	Families known to CYS or JPO who need this assistance in order to keep their families safe and/or intact	Families known to CYS or JPO who need this assistance in order to keep their families safe and/or intact
# of Referrals	22	22
#Successfully completing program	22	22
Cost per year	\$12,199	\$11,700.
Per Diem Cost/Program funded amount	\$555. per family	\$.532 per family
Name of provider	Wayne County HSA/C&Y	Wayne County HSA/C&Y

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

Beginning in FY 2009-10 and continuing through FY 2012-13, CYS requested and was approved for funding through the Housing Initiative under Special Grants in the Needs-Based Budget. For FY 2013-14, this funding was reassigned to the Block Grant. Although the funding was available to JPO, no requests were made by that department.

CYS utilized the funds for emergency situations to keep children safe, maintain stability for children and their families and prevent out of home placement. Expenditures to date in FY 2013-14 include temporary emergency housing, security deposits, rent assistance, fuel oil or gas, food, clothing, furniture items, appliances, smoke alarms, door locks and alarms and a fence to provide safety for an autistic child. This is the first year that Housing Initiative funds were entirely expended and, in fact, they were over-spent by approximately \$500.

F. DRUG and ALCOHOL SERVICES:

1. Overview of Substance Abuse System

a. General Information:

The Wayne County Drug and Alcohol Commission is the Single County Authority (SCA) for the County of Wayne. The Commission is a functional unit of the Wayne County Human Services Agency, (HSA) which itself is a County government agency. The Wayne County Drug and Alcohol Commission is assisted and informed by its nine (9) member Community Advisory Board, who bring demonstrated experience, knowledge, and/or interest in serving the needs of the substance abusing client. Publicly advertised meetings are held at least six times a year and all meetings are advertised and open to the public. Minutes of each meeting are kept on file.

The SCA is responsible for drug and alcohol prevention, intervention, screening, assessment, placement, case coordination, treatment recovery support services, and medication assisted treatment services for all eligible County residents. In addition, the Court Reporting Networks (CRN's) for all driving under the influence (DUI) offenders, facilitates DUI classes, and conducts underage drinking classes to educate those offenders of the risks of drinking. The Commission provides services regardless of race, creed, color, age, or ability to pay.

The SCA currently contracts with Carbon Monroe Pike Drug and Alcohol Commission and PA Treatment and Healing to provide outpatient and intensive outpatient treatment services and has numerous contracts for the provision of partial hospitalization, medically monitored detox and rehab, and half-way house available to County residents.

b. Access to Services:

Access to all drug and alcohol services in Wayne County typically begins at the Wayne County Drug and Alcohol Commission although for Health Choices clients there can be other points of entry. The SCA serves as an informational hub for Wayne County residents for drug and alcohol related issues and services. The office is centrally located in the county seat of Honesdale, adjacent to the Court, the town Park, nearby schools, other county categoricals and the local hospital. The facility is clearly marked, easily located and well known to residents. In addition, aggressive outreach is accomplished through public meetings/hearings, cross training with other of the HSA's categorical social service agencies, community prevention staff activities, and the D&A s membership on the HSA's Quality Council. The Quality Council has extensive membership and very well attended meetings. The Council serves as a focal point to disseminate D&A service information, as well as a strong referral source to D&A for its consumers

Access to Screenings: Access to the initial step of Drug and Alcohol services is accomplished through a D&A screening. The screening can be done by phone or face-to face, but must be completed directly with the person who is seeking services. The screening is the process by which the SCA determines if drug and alcohol treatment is most appropriate at that given time, potential funding sources, and if there is a need for

an emergent referral. Once emergent needs are ruled out, the individual will be scheduled for a drug and alcohol assessment appointment within 24 hours or less if in need of detoxification services, and within 7 days for all other services. When scheduling an assessment appointment priority will be given to pregnant injecting drug users, pregnant substance users, injecting drug users, and those hospitalized due to overdose. If the call for screening is made after hours, weekends, or holidays, the caller will be prompted to contact Pyramid Healthcare at 1-888-694-9996. Pyramid Healthcare will complete a screening and determine if the caller is in need of emergency detoxification.

Access to Assessment: An assessment is by appointment only, must be done face-to-face. An assessment is the process by which a diagnosis, appropriate level of care, and type of service are determined, funding is verified, consents are obtained, and placement in the most appropriate treatment facility is made.

Access to Treatment: Treatment can be offered in a variety of settings and intensities from outpatient to inpatient and any level in between. What is most important is that an individual follow through with the prescribed course of treatment which may include more than one level of care and should include recovery support services. While there are certain recovery concepts and principals that work best for most, there is no one type of treatment or length of stay that works for everyone. Treatment planning requires an individualized approach. The Wayne County Drug and Alcohol Commission has over 10 treatment service providers in its network, and our professional staff works very closely with those treatment providers each time we make a placement. An added element of access to treatment was the establishment of treatment in a local forensic setting.

In recognition of the steady increase in heroin and other opiate addiction, the unique challenges it presents to some in recovery, and the devastating impact it has on the community, The Wayne County Drug and Alcohol Commission established a Medication Assisted Treatment (MAT) Program. This program got its start as a Health Choices reinvestment project, and is currently sustained in part as a supplemental service program with CCBH. The Wayne County Drug and Alcohol Commission established this program so it has at its disposal an evidenced based alternative to help the individual who has a well progressed opiate addiction and is not realizing positive outcomes from traditional drug-free treatment programming. An individual must meet clinical and medical criteria in order to participate in this specialized program. This program utilizes Suboxone primarily in the sublingual film form in conjunction with drug and alcohol treatment and community recovery supports to include our in-house CRS services. Dr. Gary Good, a member of the Upper Delaware Valley Infectious Disease Practice of Monticello, New York, has contracted with Wayne County Drug and Alcohol Commission to provide Medication Assisted Treatment (MAT). Access to this service is similar to traditional drug-free treatment described above.

During the SFY 13-14, the President Judge, the County Commissioners, The District Attorney, The Adult Probation Office, the HSA Administrator and the Commission

collaborated to design and implement a treatment program in the local correctional facility where it is estimated that about 70% of those incarcerated have committed alcohol and drug related crimes.

Access to Prevention Services: The Wayne County D &A directly provides drug and alcohol prevention services in the community and in the three County school districts. The Commission also provides specialized evidence based classroom programs and training for K-12 such as peer mediation and Life Skills Training, Alcohol, tobacco, and drug education, student support groups, student assistance program core team consultation, teacher trainings and D&A screenings. Access to all prevention services are through the Wayne County Drug and Alcohol Commission. However, referrals come from the school districts as well as other entities in the community.

Through the prevention program, the Commission offers free materials and a lending library to the community from our extensive collection of books and videos on a wide variety of drug and alcohol subjects for every age level. In the community, the Commission presents, or arranges for presentation on specific current topics of drug/alcohol use and/or general information and speakers and programs on various topics such as: signs and symptoms of chemical use, enabling and codependency, children of alcoholics, substance use disorders in the family, substance use disorders in the workplace, and current and emerging drug trends. These are well attended. The Commission also offers evidenced based parenting programs such as Active Parenting and Guiding Good Choices along with Parent support groups.

The requests for presentation from the school districts and for public presentation are growing and current staff does not have the time capacity to meet the demands for these important activities. This is reflected in a need of the Community.

Access to Recovery Support Services:

Wayne County Drug and alcohol Commission also offers Recovery Support Services on premise. These services are accessible to all clients that the SCA screens, assesses and places in treatment. The program is designed to help overcome barriers in an individual's early recovery and increase retention in treatment and a healthy recovery program. Services are provided by a full-time Board Certified Recovery Specialist. (See below – 3. Recovery Support, e. Recovery Center.)

c. Coordination with County Human Service System:

The Wayne County Human Services Agency (HSA) is a department of Wayne County government. Wayne County Human Services maintains an integrated Human Service delivery system in Wayne County, and the Wayne County Drug and Alcohol Commission is a part of that system. Please see the start of Appendix B, "Background" which details the HSA structure and its coordination and collaboration mechanisms.

The Quality Council meets quarterly. Its membership reflects representation from consumers and/or their family members, local officials, all county and community social services agencies, housing entities, schools, private businesses, justice/law enforcement entities, the medical community and others. There are eight (8) standing

committees that concentrate on research and presentation on any number of challenges facing consumers in the community. The Council, together with its committees, provides a mechanism for focusing on issues, prioritizing them, and building consensus for researched solutions. The Quality Council provides is one way in which the needs, relative to those recovering from addictive disease were formed and presented in the body of this Human Services Block Grant submission

During the SFY 13-14, met Commission collaborated with the District Attorney's Office to create a prescription drug collection point, which is easily accessible to all, being located in the grand lobby of the Wayne County Courthouse.

d. Emerging Substance Use Trends:

A substance use trends in Wayne County are similar to those being experienced across the Commonwealth and across the Country. Over the past several years Wayne County has experienced a steady increase in the use of heroin and other opiates, and over the last year heroin laced with Fentanyl which has lead to an increase in overdose deaths. The purity, availability, and low cost of heroin are driving this trend across the County, Commonwealth and Country. Much is being done on the County enforcement side to curtail the supply of this drug into our community. Demand reduction is also a large part of this effort, and this is being accomplished through prevention programming, treatment, and promoting recovery and wellness. The SCA / County Human Services, County law enforcement, and County government are effectively collaborating as we all realize that we have better outcomes working together toward a common goal and attacking the issue from multiple fronts. This has put a strain on the County's ability to provide substance abuse services as far as demand exceeding continually shrinking monetary resources. To this point, because of the integrated human service system described above and the flexibility the human service block grant affords us with resources allocation, Wayne County has been able to rise to the challenge and meet the demand. Innovate / alternative programming such as our Medication Assisted Treatment (MAT) described earlier in this section has helped with this. However, there is substantial concern that we have not yet experienced the full brunt of this heroin crisis.

2. TARGET POPULATIONS

- a. Older Adult (ages 60 and above): This group has available a full range of treatment options for substance use disorders which can be accessed through the SCA along with recovery support services. If there is a need for inpatient treatment, but mobility is an issue, a client may be referred to a medically managed inpatient facility. The SCA in cooperation with Wayne County Human Services also offers some additional programming for this population. Working with the County Aging Office and the District Attorney, the SCA D&A Prevention program facilitates drug take-back events, and educational seminars on safe prescription management. This population is also eligible for County Transportation services to help them get to their appointments. While further funding cuts will threaten these services, there are no identified gaps at this time.

- b. Adults (ages 18 and above) & Transition Age Youth (ages 18 to 26): These groups have available a full range of treatment options for substance use disorders to include medication assisted treatment which can be accessed through the SCA along with recovery support services. For these populations, recovery support services will be tailored more toward housing and employment. Throughout this fiscal year, there have been sporadic gaps in outpatient treatment due to increased need and staff turnover at our largest outpatient provider. These age groups represent our largest population and while the need is being met it is by a slim margin. Further funding cuts would likely create waiting lists for treatment.
- c. Adolescents: These young persons have a full range of treatment, prevention and intervention service options available which are specifically tailored to meet the unique needs of this population. The majority of D&A prevention efforts are targeted toward youth to reduce risk factors for substance use disorders and build protective factors. This is accomplished through the provision of classroom education, a variety of specialized support groups for high risk youth within the school setting, teacher training, and D&A screening. There is much effort concentrated in serving this population as it has been proven that prevention is effective and the sooner appropriate intervention is offered in the lives of high risk youth the better the outcomes.
- d. The Co-Occurring population: This population has a full range of treatment options for substance use disorders which are specifically tailored to meet the unique needs of this population. The SCA works closely with the County Behavioral Health System in referral and case coordination of clients who are involved in both of our systems to ensure common goals and direction for the client we mutually serve.
- e. Forensic population: Criminal justice involved individuals are a large percentage of our population and are represented in all the targeted populations outlined in this section. This population also has available a full range of treatment options for substance use disorders to include medication assisted treatment which can be accessed through the SCA along with recovery support services. The SCA recognizes that for a large part of this population criminal behavior is a symptom of a substance use disorder therefore without proper treatment of the substance use disorder the criminal behavior will repeat itself.
The SCA works very closely with County CJS and tries to get treatment to the individual as quickly as possible. There are several specialized program for this population. In July 2013 the SCA and its County partners started to provide licensed OP and IOP treatment in the Wayne County Correctional Facility (WCCF). Before being placed into treatment, each inmate receives a comprehensive drug and alcohol evaluation provided by the professional staff of the Wayne County Drug and Alcohol Commission. The D&A treatment programming at the WCCF is provided by Carbon Monroe Pike Drug and Alcohol and staffed by one F.T.E Drug and Alcohol Treatment Specialist. The approach used is based on the disease model which promotes the concept of substance use disorders a primary disease marked by the repetitive and compulsive use of any mood-altering drugs in such a way that it results in problems with some aspect of the person's life, be it their health, marriage, interpersonal relationships, career, education, legal, or some other life area.

- f. Veterans: Most Veterans have benefits through the Veterans Administration and therefore access drug and alcohol services through that organization. If for some reason a veteran was not able to access services through the VA the SCA would and has assisted in these cases. If the a veteran presents to the SCA for drug and alcohol services that are not available through the VA such as recovery support services the SCA would provide that service. The SCA also works closely with our County Veterans Affairs Office to coordinate services on behalf of the client.
- g. Racial/Ethnic/Linguistic Minorities: According to the most recent U.S. census data 94.7% of the population in Wayne County is not a Racial/Ethnic/Linguistic minority. Proportionately, minorities represent four percent of the total population served at the SCA in State fiscal year 2012-13. The SCA does contract with impatient providers who offer Spanish speaking programs, and we would make an interpreter available if needed.

3. RECOVERY SUPPORT

- a. Through a reinvestment project with Community Care Behavioral Health the Wayne County SCA partnered with its outpatient provider Carbon-Monroe-Pike D&A Commission and endeavored to create a Certified Recovery Specialist Service Description, and hire a fulltime employee who would become certified through the PA Certification Board. The Recovery Support Services began under reinvestment in September 2012. During the months of September through November, our Recovery Specialist met all the training requirements set forth by the Pennsylvania Certification Board, and earned his Certified Recovery Specialist (CRS) credential.
- b. When the reinvestment funds expired the Carbon-Monroe-Pike D&A Commission decided to discontinue the program. Seeing the value of these services and understanding that this position is the cornerstone of a ROSC conversion in Wayne County, the SCA with support from the County took over the program and hired the CRS:

The full-time Certified Recovery Specialist (CRS) utilizes a client centered approach in the provision of service. Clients/consumers work with the CRS to develop an individualized recovery plan which focuses on the non-treatment needs that can create barriers to their recovery and lead to relapse. The Certified Recovery Specialist meets with clients/consumers both in the office and in the community. Since an individualized approach is employed, services vary based upon client need. Listed below are some of the most common services which have been provided to clients/consumers since the inception of the service.

Assists clients with overcoming potential barriers to accessing 12 step meetings. This can include accompanying clients to their first meetings, until they establish a comfort level with the process and make connections.

Contacts clients prior to their discharge from inpatient treatment to establish a rapport and to ensure they have a CRS appointment close to their discharge date as possible. Educates family members as to their role in the client's recovery and provides information about support services available to them.

Facilitates recovery education groups for clients involved in the SCA's MAT-Suboxone Program.

Accompanies clients to the County Assistance Office who may have difficulty reading or writing in order to assist them with obtaining or renewing benefits.

Offers support and coaching to clients and families who may be accessing inpatient treatment for the first time.

Assists clients with job searches, resume writing and interview preparation.

The Certified Recovery Specialist also provides outreach services in order to increase community awareness of recovery issues and the services that are available to support recovery. Outreach is provided in the following community locations:

- 1) Wayne County Public Library's - GED Program;
- 2) The Wayne County Correctional Facility;
- 3) Drop-In Recovery Center;
- 4) Wayne Memorial Hospital;
- 5) Wayne County Assistance Office;
- 6) Various physicians' offices.

- c. The impact on the target populations was very positive. Overall retention in treatment services has improved as the CRS engaged more individuals during the time period of September 2012- June 2013. Those individuals who were resistant to treatment were able to gain increased support through the CRS and motivation to follow through with treatment recommendations. CRS was also able to engage those at risk of leaving against facility advice, and also provided motivation and support to those individuals struggling with engaging in a 12 step support program.
- d. Through this position the SCA is putting increased emphasis on recovery, and recognizing that treatment is just the beginning of the journey. A dedicated staff person working with clients in this capacity helps to maintain individuals in early recovery when they are most vulnerable, thus reducing re-admission into higher, more costly levels of care. The ultimate goal for our clients is that they build an individualized and self sustaining recovery plan within their community, and become healthy and productive members of that community. The Certified Recovery Specialist position is helping achieve that goal in a cost effective and humane manner.
- e. Recovery Center: The Wayne County SCA hopes to establish a specialized approach for those in D&A recovery to regain confidence, skill building, and training so that they may re-establish themselves in the community. This is based on our belief that many who have experienced severe substance use disorders have lost large chunks of their productive life to this disorder, severing personal and professional and community ties, and even diminished social skills which then become barriers to finding employment and/or reintegrating into the community.

The Recovery Center is not so much bricks and mortar, as it is a concept. Its function

will be to provide a safe, sober place in which those in recovery, (particularly those who have a history of severe or protracted use may access tools to strengthen their skills, find community resources, build confidence, share with their peers find mentors and role models to build confidence and competence. The SCA plans to identify space in its current facility equip it with several computer stations where those in recovery may:

- 1) Conduct job searches;
 - 2) Access resources to gain a GED, continuing education or other training;
 - 3) Attend educational information concerning topics on health and nutrition, rebuilding relationships, mainstream resources (i.e. health insurance, housing assistance, social security, food banks, etc);
 - 4) Share knowledge and non-traditional resources and exchange ideas with their peers;
 - 5) Be mentored by those in industry and others who may build skills, confidence and even social skills.
- f. Sober House: During the SFY 14-15, the SCA will engage in planning for the development housing under the concept of a “sober house.” This will be accomplished through developing housing stock/ participating landlords and identifying recovering consumers who will both agree on leases designed to demand sobriety. Consumers will pay their own rental and utilities, and commit to the terms and conditions of the lease or risk eviction.

G. HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	25	32
Aging Services	35	20
Generic Services	198	530
Specialized Services	0	0

1. Adult Services: Wayne County uses this portion of the HSDF funding to provide in home services in the form of Home Delivered Meals to adults between age 18 and 60 years of age. These residents would not be eligible under any other funding stream. Wayne County seeks to continue to provide this service and has allocated up to \$32,965. to do so. Home delivered meals are provided to 32 disabled adults under 60 who are unable to prepare meals due to physical or mental incapacity. Also, a small amount of case management services are provided to those not specifically identified with any other categorical and who are homeless or near homeless.
2. Aging Services: Case management services are provided to a small number (20) of aging clients. Proposed funding of up to \$15,000 is expected to provide Case-management services to some elderly and to the county's human services consumers who do not meet requirements for these services under other funding streams.
3. Generic Services: These include the WINFO Line, Transportation, and Employment related services.
 - a. The WINFO Line - (Wayne Information), a coordinated, integrated Information and Referral service, which is available on-line and by a toll-free telephone through our website. WINFO is a centralized information and referral service which is utilized by consumers and staff across all county human services and is also accessed by and open to the public. *It is anticipated that the winfo line will serve 500 persons at a cost of \$1,200. It is anticipated that the WINFO line will serve 500 persons at a cost of \$1,200.*
 - b. Transportation services will provide transportation to any age, but will include "niche" transportation to those with specialized needs (i.e. transitional youth) and/or others at non-traditional times and on non-traditional days. *It is anticipated that transportation services will serve 30 persons with 811 trips at a cost of \$24,835.*

(Underlined sections amended on 09-24-14

Italicized highlighted sections amended on 10/31/14

**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.**

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrator's Office			222,075			
Administrative Management	276		148,702			
Adult Developmental Training			0			
Children's Evidence Based Practices			0			
Children's Psychosocial Rehab	10		7,000			
Community Employment	18		35,000			
Community Residential Services	3		120,000			
Community Services	336		55,199		2,892	
Consumer Driven Services	215		22,500			
Crisis Intervention	92		50,000			
Emergency Services	376		59,830			
Facility Based Vocational Rehab	11		40,000			

**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
Family Based Services	3		13,200			
Family Support Services	40		14,000			
Housing Support	61		539,556		1,590	15,000
Other						
Outpatient	34		20,000			
Partial Hospitalization						
Peer Support						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	28		69,400			178,998
Social Rehab Services	78		46,861			
Targeted Case Management	39		88,565			468,238
Transitional and Community Integration	260		16,809			
TOTAL MH SERVICES	1,880	1,593,149	1,568,697	0	4,482	662,236

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

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

Admin Office			298,910			55,451
Case Management	32		130,250		35,000	
Community Residential Services						
Community Based Services	52		263,897			8,000
Other	7		1,441			
TOTAL ID SERVICES	91	708,109	694,498	0	35,000	63,451

HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management						
Rental Assistance	163		27,045			
Emergency Shelter	7		1,424			
Other Housing Supports						
TOTAL HAP SERVICES	170	28,969	28,469		0	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	40		104,813		5,517	
Promising Practice						
Alternatives to Truancy						
Housing	22		9,945		1,755	
TOTAL C & Y SERVICES	62	128,685	114,758		7,272	0

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

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<i>DRUG AND ALCOHOL SERVICES</i>						
Inpatient non hospital	26		63,280			
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP						
Medication Assisted Therapy	7		5,000			
Recovery Support Services	90		20,247		14,169	
Case/Care Management	140		22,844			
Other Intervention					25,142	
Prevention	125		6,174			
TOTAL DRUG AND ALCOHOL SERVICES	388	129,677	117,545		39,311	0
<i>HUMAN SERVICES AND SUPPORTS</i>						
Adult Services	32		32,965			
Aging Services	20		15,000			
Generic Services	530		26,035			
Specialized Services						
Children and Youth Services						
Interagency Coordination						
TOTAL HUMAN SERVICES AND SUPPORTS	582	50,000	74,000		0	0
COUNTY BLOCK GRANT ADMINISTRATION			40622		0	
GRAND TOTAL	3,173	2,638,589	2,638,589	0	86,065	725,687