Appendix A
Fiscal Year 2015-2016

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: McKEAN

A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,

B. The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.

C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.

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

Signatures	*Please Print*	
J C DeMott Jr	Joseph C. DeMott, Jr.	Date: 7-7-15
Al Pingie	Al Pingie	Date: 7-7-15
		Date:

Appendix B
County Human Services Plan Template

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

PART I: COUNTY PLANNING PROCESS

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

1. Critical stakeholder groups including individuals and their families, consumer groups, providers of human services, and partners from other systems;
2. How these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement;
3. How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. **For those counties participating in the County Human Services Block Grant,** funding can be shifted between categorical areas based on the determination of local need and within the parameters established for the Block Grant;
4. Substantial programmatic and/or funding changes being made as a result of last year's outcomes.

The McKean County Planning Team for the Fiscal Year 15-16 Block Grant planning consists of McKean County Department of Human Services administrative staff and representation from every human services program utilizing block grant funds. The County Planning Team is chaired by a business representative who is also the Chair of the McKean County Collaborative Board. While the McKean County Planning Team is the core team for the Human Services Block Grant, other groups also contribute to planning. These groups include the Department of Human Services Advisory Board, McKean County Collaborative Board, McKean County Criminal Justice Advisory Board, McKean County Truancy Roundtable, and McKean County Housing Coalition. Representation from consumer groups, providers, advocates, community representatives, DHS staff, and members of existing and statutorily required boards are at the table. Membership on planning groups reflect the diversity of the populations served by DHS and a commitment to creating an accessible, culturally competent, integrated and comprehensive service system.

The **McKean County Planning Team** met four times to finalize this year's plan, and will continue meetings to monitor activities in the plan. During County Planning Team meetings the DHS Administrator provides programmatic and policy updates and the team reviews emerging trends and needs. County Planning members participated in public hearing, focus groups and planning meetings in preparation for the HSBG plan. Members represent the McKean County Board of Commissioners; American Refining Group/PA Governor's Early Learning Investment Partnership; McKean County Department of Human Services Administration inclusive of Adult Mental Health, Children's Mental Health, Intellectual Disabilities, Children and Youth Services, and Fiscal; Alcohol and Drug Abuse Services; Beacon Light Behavioral Health Systems; The Guidance Center; Evergreen Elm; Futures Rehabilitation Center; and McKean County Redevelopment and Housing Authority.

Additional planning that contributed to the block grant occurred at other levels as well.

- The **McKean County Department of Human Services Advisory Board** meets six times per year and reviews county programs, expenditures, trends and needs. Members are liaisons for their community and provide feedback about service gaps, reviewed the HSBG plan and participated in the overall planning of HSBG goals. Members include representation from the Mental Health Drop-In Center, Psychiatric Services, Mental Health Case Management, Alcohol and Drug Abuse Services, Victims Resources, MH Residential Services, Children and Youth Services, Intellectual Disabilities, CASSP, Inpatient Hospitalization, and the business community.
- The **McKean County Collaborative Board** is the largest and most diverse coalition in the county. Meetings occur monthly and various sub committees carry out special initiatives. Stakeholders represent a broad array of human service, health, education, consumer groups, criminal justice, faith-based and business representatives. There are 52 members. This group served as a focus group for block grant planning purposes. The Chair of the Collaborative Board also sits on the County Planning team in order to provide continuity across both groups.
- The **McKean County Criminal Justice Advisory Board (CJAB)** meets six times per year to plan initiatives around reentry, diversion, technology, prevention, and justice related interventions. Members represent law enforcement, criminal justice, university, human services and county government. Justice related goals for the HSBG originated from CJAB strategic planning. Many members are also Collaborative Board members. Truancy and housing of justice involved individuals with mental illness and/or co-occurring substance use disorders were two goals from this group that are addressed in the block grant.
- The **McKean County Truancy Roundtables** met three times this year, while subcommittees met four times. The group is comprised of 49 representatives of school, business, family court, district justices, human services, and McKean County Department of Human Services/Children and Youth Services. A more effective Truancy Prevention Protocol was implemented this year and progress was monitored by the group. Subgroups met and established new truancy prevention strategies. This planning was incorporated into the block grant.
- The **McKean County Housing Coalition** met five times this year, while subgroups assigned to projects also met regularly. The group is comprised of all mainline churches, faith-based organizations, human service agencies, and housing related partners. Goals focus on retooling McKean County's response to homelessness and housing. Planning from this group contributed to all sections of the block grant.
- **Independent Monitoring for Quality** relies on trained independent monitoring teams to interview people receiving services and their families about the quality

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

- **Community Support Program and Consumer/Family Satisfaction Teams** provide consumers and family members the opportunity to provide feedback on services. Recovery-Oriented Systems Indicators (ROSI) meetings provide opportunities to provide feedback on the vision and intent of services.
- **Quality Monitoring** is completed by an internal reviewer within the McKean County Department of Human Services. On site provider reviews are conducted annually, and results are shared with the provider and DHS Administration for continuous quality improvement purposes.

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

Mental Health Services: Administrative Management, Community Employment & Employment Related Services, Community Residential Services, Community Services, Emergency Services, Family Based Vocational Rehabilitation, Family Based Mental Health Services, Family Support Services, Housing Support Services, Outpatient Services, Partial Hospitalization, Social Rehabilitation Services, and Targeted Case Management.

Intellectual Disabilities Services: Case Management, Community-Based Services, and Community Residential Services.

Housing Assistance Service: Case Management and Rental Assistance.

Child Welfare Special Grant Service: Evidence-Based Services and Alternatives To Truancy.

Drug and Alcohol Services: Case/Care Management, Inpatient Non Hospital, and Outpatient/Intensive Outpatient.

Human Services and Supports: Adult Services, Aging Services and Specialized Services.

No substantial programmatic and/or funding changes are anticipated in FY 15/16 as McKean County enters the third year of the Human Services Block Grant.

PART II: PUBLIC HEARING NOTICE

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

Please provide the following:

1. Proof of publication;
2. Actual date(s) of public hearing(s);
3. A summary and/or sign-in sheet of each public hearing.

The Block Grant hearing announcement was distributed to McKean County Department of Human Services staff, McKean County Planning Team, McKean County Department of Human Services Advisory Board, and the McKean County Collaborative Board. The announcement was made in two major newspapers, The Bradford Era and Kane Republican. The Public Notice included hearing dates, ability to provide public comments, period of public viewing of the draft plan, and ability to also provide written comments to the DHS Administrator. A hearing was held during the McKean County Collaborative Board meeting on July 1, 2015 at 1:00 at the Hamlin Memorial Library in Smethport, PA. An overview of the McKean County HSBG was presented by the Human Services Administrator and members provided feedback on the needs of the populations served. Additionally, two public hearings were held on July 1 at the McKean County Department of Human Services at 3:00 pm and again at 5:00 pm. Attached are Proof of Public Notices.

During these hearings and presentations, there were 29 people in attendance. The Humans Services Administrator discussed the challenges and successes of the FY 14-15 Block Grant, innovative ideas generated from planning groups that were incorporated in the FY 15-16 Block Grant, and asked for feedback of the needs of specific populations served. The following summarizes specific feedback on needs generated through the hearings.

- Many older adults age 55-65 lack insurance and are not old enough to receive Medicare.
- Transportation is a major barrier.
- Youth are not engaging in available camps. More creative marketing and programming is needed. Parents are overly taxed and not engaging youth in community activities. This will require providers to be more creative in their outreach.
- Volunteerism is down and there is more required of volunteers (clearances). This impacts the community's ability to respond to needs.
- Lack of emergency shelter services, permanent housing and housing supports is a problem across all populations.

- Education/job readiness, soft skills training, for the 14-21 year old is lacking.
- Parenting services for parents of all age groups is needed.
- Holding a forum on transition age youth is needed in order to share resources.
- More reentry services are needed in our local jail.
- Employment supports and resources are needed for justice involved individuals.
- We are not asking veteran status and need to do so and continue to explore the needs of veterans.
- Erie VA does not provide any mental health outreach in McKean County. And that is too far to travel to receive mental health services.
- More community education and engagement efforts are needed to reduce stigma for LGBTQI, mental health and ID populations.

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

If you are requesting a waiver from the 25% minimum expenditure level for any categorical area, please provide justification for the request. The justification must show that specific circumstances in the county create a local need for services that cannot be met without a waiver, and that adequate and appropriate access to other human services will be available in the county. It must also specify the amount of funds and the human services on which those funds will be transferred and expended.

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

PART IV: HUMAN SERVICES NARRATIVE

McKean County is entering its third year of integrating the Block Grant into our human service delivery model. The block grant has allowed us to develop a comprehensive plan across all programs and spectrums of human and community services.

The planning process for the Block Grant generated innovative ideas and approaches to enhance services and address gaps. Engagement of various groups gave us the opportunity analyze trends, cultures, demographics, and program quality. As one example, working in close partnership with Community Care and BHARP (Behavioral Health Alliance of Rural Pennsylvania) lead to planning the most efficient delivery of services to our HealthChoices populations.

McKean County is approaching FY 15-16 with the following plan. It was carefully integrated with the goals of several stakeholder groups, and responsive to the needs of our consumers.

MENTAL HEALTH SERVICES

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

a) Program Highlights:

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

McKean County is a small, rural sixth class county that has a well-connected array of supports for children, adults and families. The county's mental health program is designed to deliver services that promote respect and responsibility. Residents with mental illness and co-occurring disorders can access individualized services that enhance recovery and resilience. The McKean County Department of Human Services provides administrative oversight of mental health services in the county through the following functions:

- Program contracting and monitoring
- Oversight of the hospital commitment process
- Child and Adolescent Service System Programming
- PA Community Support Program Coordination
- Mental Health Disaster Crisis Outreach and Referral
- Development and monitoring of the Community/Hospital Integration Projects Program
- Mental Health service coordination for transitioning youth and other specialized populations

Services are also contracted out to different providers within the county, with our largest mental health agency being The Guidance Center. Services for adults include outpatient therapy, crisis services, acute partial hospitalization program, peer support, drop-in center, mobile medication management, supported living services, and supportive housing options.

In partnership with Community Care Behavioral Health, many of services are covered under the CCBH member umbrella. As a complement, mental health base dollars contribute to the maintenance of services and enhancement of the behavioral health service system. Covered lives total 2,613 in McKean County for the HealthChoices program. An overview of Distinct Authorized Users from July 2014-December 2014 provided by Behavioral Health Alliance of Rural PA shows that non-partial Outpatient Mental Health was the most utilized (2,354 users). This number is followed by

Community Support (519 users), “other” (382 users), Behavioral Health Rehabilitative Services (280 users), Outpatient D & A (235 users), Inpatient (103 users), Non-Hospital (57 users), RTF JCAHO (23 users), Inpatient D & A (6 users), and RTF Non-JCAHO (0 users).

A number of service enhancements and programmatic improvements were accomplished in 2014-15 through reinvestment funding, new grants, creative use of base dollars and new initiatives. Innovative programming has become necessary in order to meet the needs of residents. The following sections describe progress in 2014-15 and how McKean County intends to utilize resources in the coming year. Use of mental health state based funds along with Federal, County match and grant funds will support an array of service options. Resources and supports will be provided in the least restrictive setting appropriate for residents, and will enhance collaboration and planning among stakeholders involved.

DDTT: With HealthChoices dollars, a Dual Diagnosis Treatment Team (DDTT) based out of NHS Human Services continues to provide all-inclusive, intensive services to adults with a behavioral health diagnosis and intellectual disability. The goal of DDTT is to reduce psychiatric inpatient hospitalization stays. In 2014-15, there have been three discharges from this program and another identified for discharge in July 2015. Thus far all have been discharged with a valuable skill set and able to navigate in the community. DDTT consumers have gained coping skills that have assisted in dramatically decreasing the number of visits to the emergency room and hospital admittance. McKean County has had positive experiences with the DDTT approach in reducing recidivism. In sum in 2014-15, there were nine individuals in the DDTT initiative. This service strategy will continue in FY 15-16 in order to meet the needs of those dually-diagnosed.

PCORI: Patient Centered Outcomes Research Institute (PCORI) is another HealthChoices strategy that will continue in FY 15-16. The Guidance Center implements PCORI and the many side benefits of the program. Doctors, case managers and consumers report that wellness is embraced and carried over across the clinical and community setting. Individuals are incorporating healthy practices at the STEPS Mental Health Drop-In Center. In May, in association with Mental Health Awareness Month, members participated in an art class sponsored by DHS. Members made a collage of something that made them happy, and developed a collective group poem about the art. Consumers also continue to focus on healthy eating. Healthy snacks replace traditional chips and candy bars; and smoking cessation classes were offered on site again this year. A Health Fair was offered in October at the Drop-In Center with 65 consumers in attendance to learn healthy living tips.

AGING/MH/ID Coordination: McKean County DHS continues to develop and expand partnerships with various stakeholders. On October 30, 2014, McKean County DHS organized a case management meeting with all Aging, MH and ID Case Managers and Administrative personnel. Each shared program updates, referral procedures, and eligibility criteria. Additionally, updates were given on the Adult Protective Services, Act 70. Case managers developed ways to collaborate and cross refer. The need for more Dom Care homes was identified. Annual meetings will occur in the future as coordination around APS implementation is an ongoing need. This goal is incorporated into transformation priorities for FY 15-16.

Transportation: The local Consumer Support Program (CSP), providers, individuals, and stakeholders cite many transportation frustrations. Bus routes through the transportation provider called the Area Transportation Authority (ATA) and private vehicles are the only modes of transportation in the county. ATA provides three fixed bus routes that run multiple times a day. One runs within the City of Bradford six to seven days per week. Another Bradford to Smethport route runs three days a week; and a Bradford to Kane route runs five days per week. The primary complaint from public transportation customers, however, is that many of their appointments do not conform to fixed routes. For medical appointments, the Medical Assistance Transportation Program (MATP) is available, however, consumers express concerns about wait times, suspension rules for no-shows, low vehicle mileage reimbursement rates, inability to switch from vehicle to bus modes, ATA scheduling hardships, confusion surrounding rights to appeal suspension decisions, and limited out-of-town scheduling options.

On March 13, 2015, McKean County DHS and the LINK to Aging and Disability Resources offered a community forum on transportation. The audience learned about programs through ATA, Veteran Transportation Resources, Disabilities Transportation Resources and the County Assistance Office. Consumer complaints were presented to ATA during the event and solutions were discussed. Providers are now more aware of scheduling limitations and appeal processes, and the County Assistance Office agreed to work with providers on approving transportation to mental health treatment for medical assistance transportation. In 2015-16, the ATA Liaison will be invited to the McKean County Collaborative Board meeting to continue this kind of dialogue and collaboration.

Veterans Resources: On May 20, 2015, McKean County DHS and the LINK to Aging and Disability Resources hosted a community forum on veteran resources. System partners were invited to learn about resources for citizens. McKean County Veteran Affairs, Supportive Services for Veteran Families Programs, CareerLink, Bureau of Veterans Programs, and the Erie Veterans Affairs Medical Center dialogued about gaps in service. There is very little mental health outreach from the Erie VA Center to

McKean County. According to the US Census there are 4,421 Veterans residing in McKean County. It is estimated that only 3% are seeking mental health treatment through the Veteran's Administration Medical Center provider in Erie, PA. While not all veterans are in need of mental health supports, it is discouraging that our veterans must seek care 116 miles away. As a result of the forum several goals were identified for FY 15-16.

- An MSW Intern will be placed at the CareerLink with the Veterans Employment Representative. She will be focusing on increase outreach from the Erie VA Clinic.
- Peer Support Specialists, groups and outreach activities for mental health consumers will be explored at the provider level.
- An assessment of local mental health providers will occur to gauge if they are paneled for various veteran related insurances. Technical assistance from the Erie Veterans Administration Health Center's Behavioral Health Department has been offered for paneling providers.

Housing and Homelessness: Housing in the county remains a concern for mental health consumers due to lack of enough emergency housing, affordable housing options, and supportive housing services. Additionally, McKean County lost significant ground in FY 14-15 with housing closures and funding losses. A housing complex called Kiwanis Court is in the process of being sold leaving 50 tenants without homes and vulnerable to losing their Section 8 status. Earlier in 2015, the Oxford House closed. Eight men in recovery democratically shared rent and space in this "three-quarter" house that was subsidized with HealthChoices reinvestment dollars. The only emergency shelter service operated in the county just lost Emergency Solutions Grant funding due to provider negligence. The YWCA has traditionally offered shelter services to only women, resulting in the breakup of families when homelessness occurs. It is unclear if the YWCA will continue to operate this vital service in FY 15-16. Churches pitch in to help with solutions, but are frustrated that temporary hotel vouchers they give to individuals and families means a few night's stay in the Holley Hotel, a "petri dish" environment notorious for crime and drugs. Holley House is a rooming house in Bradford that sits above an alcohol establishment. The Ministerium has aptly noticed that if all churches pooled together, perhaps development of shelter services for all populations would be feasible.

Cost effective alternatives to shelter service is limited. Supportive living programs are so valuable they remain at funding capacity. There are 55 residents in Evergreen Elm's Supportive Living Program, 15 Domiciliary Care slots, and 5 CHIPPS funded beds for MH Consumers returning from Warren State Hospital. There are no Personal Care Boarding Homes, long term Residential Rehabilitation Facilities, Halfway Houses, Three quarter Houses, or Fair Weather Lodge options available in McKean County.

The scarcity of assisted housing relative to the demand has the direct consequences of overburdening non-housing public services such as our one emergency shelter, short term rehabilitation, hospitals, and the local jail.

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

A new housing coalition was formed in January by McKean County DHS to replace what was the Local Housing Options Team. The group mobilized around the county's housing crisis. It is technically a committee of the McKean County Collaborative Board. In order to connect work, many members sit on the Collaborative Board as well as the Criminal Justice Advisory Board. Action has focused on recent losses and gaps. The McKean County Housing Coalition is comprised of housing partners, behavioral health organizations, all mainline churches, and local organizations involved in helping residents secure food, shelter and basic services. Since January the group has met monthly and accomplished a great deal of work with urgency. This work will continue in 2015-16.

- Conducted an assessment of homeless from the Winter of 2014-15 to determine amounts vouchered/sheltered and demographics (individuals, families, children, mental health, veteran and substance abuse status). This assessment will be useful in the coming year in retooling shelter services utilizing community resources and grant funding.
- Established a database for churches to coordinate vouchers they distribute. Implementation will begin in the Fall of 2015.
- Mobilized churches and housing partners in assessing models of emergency shelter delivery. Visited Warren PA and Olean NY to research.
- With housing authority dollars, a Homeless Coordinator was hired by the McKean County Redevelopment and Housing Authority. She was previously a mental health housing specialist and now provides centralized intake services for organizations struggling to house specialized populations. The goal is to integrate all housing programs (Shelter Plus Care, HOME, HAP, HUD, ESG, and others) into one unit in the Redevelopment and Housing Authority.

- DHS maximized housing contingency funds by utilizing an internal housing committee to make decisions and quickly allocate resources to families in need in the community. $20,000 within the Needs Based Budget, and MH Contingency Reinvestment funds were utilized as resources.
- McKean County DHS was awarded a Mental Health and Justice Housing grant of $120,000 from the Pennsylvania Commission on Crime and Delinquency to help provide supportive housing to justice involved individuals for two years starting July 1, 2015. According to local service providers, the number of previously incarcerated people with MI/COD returning to the community without stable housing has increased considerably in the last few years. National research from the Urban Institute indicates that over 10 percent of those entering prison and jails are homeless in the months before and after their incarceration. For those with a history of mental illness, the rates are even higher at 20 percent.

CHIPPS: Community/Hospital Integration Projects Program (CHIPPS), a state initiative in partnership with McKean County, has enabled the discharge of residents from Warren State Hospital (WHS) back to the community. Continuity of Care meetings continue with WSH regularly. The McKean County Liaison also works closely with CHIPP-identified residents, the treatment teams at WSH and Beacon Light Behavioral Health Systems, and the DHS Mental Health Director in an effort to provide the supports the individual needs and wants in the community. In 2013-14 Beacon Light Behavioral Health Systems secured a five-person, male CRR home. Since this home has been opened we have successfully discharged eight individuals to this program. We have had three transitions from the home back into the community where they are living independently with services wrapped around them. We have recently submitted for the second CHIPP for FY2015-2016, which would allow use to utilize more services within this home as well within the community. We are still waiting to hear the whether or not we will be approved. McKean County Department of Human staff will continue to work closely with local providers, psychiatrists, and our Base Service Unit to assure the most appropriate level of care is offered to divert residents from entering the State Hospital, and to provide a comprehensive support system upon their discharge back into the community.

Mental Health Matters Grant: In collaboration with the McKean County Criminal Justice Advisory Board (CJAB), a Mental Health Matters grant was secured. In partnership with the local Health Care Quality Unit (HCQUI) called Northwest Health Connections, who conducted the training, youth Mental Health First Aid training was held in May. This training was opened to all service providers, first responders, law enforcement, and school districts. In attendance there were twelve attendees across the fields mentioned above. In 2015-16, further community training will be offered to reduce stigma and increase sensitivity and positive engagement.

Psychiatric Time: Accessing psychiatry has been difficult over the past few years as established psychiatrists retired and new ones were extremely hard to recruit to a rural setting. However, for the time being, McKean County is fortunate to now have three Psychiatrists and two Certified Registered Nurse Practitioners, greatly reducing the wait time for care. This level of care is not county funded; however, it is an essential service for all other levels of care. These dedicated professionals attend to a very high volume of clients, with high acuity due to the degree of illness encountered. Each doctor has several hundred clients, and the costs of maintaining psychiatrists have dramatically increased. A challenge moving forward in FY 15/16 will be to gain adequate funding to maintain services that now exist, and as well as recruit new personnel as the need arises.

Crisis Services: Crisis service is a gateway for many other services and remains a priority. Professional personnel staff walk-in, mobile services, mental health hotline, and mental health delegates as utilized under section 302 of the mental health act. Homelessness is a persistent challenge and requires additional resources on a regular basis. Transportation in this rural setting also possess problems for outpatient services and inpatient mental health treatment. In spite of the current complement of psychiatrist, finding urgent psychiatric time without hospitalization can sometimes be a challenge. Addiction plays a role in presenting for crisis service, and along with homelessness and transportation, will be areas requiring a great deal of collaboration and system partnerships in the coming year. Additionally, in FY 15/16 the state is reviewing and considering changes to protocol related to the mental health act. Crisis personnel will continue to participate in this statewide effort.

DCORT: Another exciting initiative called Disaster Crisis Outreach and Referral (DCORT) will continue in 2015-16. DCORT is a team approach to assisting citizens impacted by crisis or disaster. McKean County DHS worked closely with the Emergency Management Department and Regional DCORT Coordinator on an implementation plan. In FY14-15, eight team members were trained in Psychological First Aid, DCORT protocols and a FEMA course called NIMS (National Incident Management System). With a Bioterrorism Hospital Preparedness grant through the PA Department of Public Welfare, “Go Kits” were purchased which include various items that can be used in assisting the team members when the team is activated. In the coming year the team will practice tabletops drills and develop a toolkit for the team to utilize in the field.

CASSP: CASSP continues to work on collaboration, communication, and connection across all child-serving systems. CASSP Coordinator and staff facilitate 5-8 Team Coordination meetings monthly with providers, families, and schools to address case specific concerns. These meetings come at the request of school personnel, CYS staff, providers, or families. The intent of the meetings is to identify barriers to success and to

outline actions steps needed to overcome the barriers. Through treatment team meetings facilitated by providers, CASSP also provides support to both families and providers within the mental health and behavioral health system. CASSP staff work in collaboration with treatment teams to review community resources and ensure that the CASSP principals are being followed. CASSP is also partnered with CYS under the DHS umbrella. This partnership allows continued collaboration across these two systems. CASSP teams with CYS to improve outcomes for families, increase communication across multiple systems, and advocate for community needs. Whether through internal staffing to monitor case delivery, or collaboration on new programming, the partnership with CYS will continue to be an important means for delivering good services to youth and families.

In 2015, CASSP developed the Children's Resource Team (CRT) which had been meeting monthly. There has been a realization that a change in format was needed to produce better outcomes. As a result, CRT meetings are being moved to quarterly. This will allow for the county to facilitate biweekly Multidisciplinary Team reviews which CASSP assists in preparing and facilitating. MDRT will address case planning on an individual case basis while the Children's Resource Team will meet quarterly to allow for review of system barriers and community obstacles that are identified by the MDRT meetings. The goal is to address both individual and system needs through this multi-level approach.

Respite Services are provided within DHS through contracted respite homes in order to provide short-term temporary relief to those caring for youth who might otherwise require out-of-home placement. Respite continues to be a needed service in McKean. CASSP struggles with finding available respite homes given the increase in placements and the limited availability of respite homes in our rural area. But, this service is a benefit to the county as it assists families in continuing to care for their children in a least restrictive, community based manner. Our goal in McKean County is to work on improving the respite process in an effort to better align respite homes with youth in need. We will be working with the county foster care department on recruiting and identifying potential respite homes that will may also serve as foster homes. In fiscal year 2014-15, McKean County DHS was able to utilize funding to meet the needs of approximately six youth in our county. It is anticipated that this level of respite service will continue to be needed in 2015-16.

Parent-Child Interaction Therapy (PCIT), while not county funded, is a service that helps families keep children in the home and community. Parent/Child Interaction Therapy is an empirically-supported treatment for youth with behavioral disorders by helping improving the quality of the parent-child relationship and changing parent-child interaction patterns. PCIT is provided through The Guidance Center. Parents completing the program are more engaged and confident in their parenting practices.

CYS has traditionally under-referred to PCIT and the service has been underutilized, therefore resource sharing and referral protocols were enhanced in order to increase referrals. Children and Youth Needs Based dollars were utilized to offset PCIT rates in 14/15. This will occur again in FY 15-16.

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

CASSP has been authorizing and reviewing service authorizations with providers since 2010 in an effort to better track the utilization of Family Based services in McKean County. In 2013-14, DHS and providers identified the need to continue to improve upon this authorization process. By creating a timeline for Medical Assistance packets to be completed with families, providers have been working to help move the process ahead in a more efficient manner. Providers and DHS continue to collaborate on the authorization of Family Based to ensure that families are able to access services in a timely and cost effective manner. As the need for intensive community based services increase, the demand on this level of services increase along with it. Our goal with our providers is to continue to offer this level of care through continued efforts to manage the approval process and to continue to assess the needs of our youth. The FBS protocol will continue in 2015-16.

Community and School Based Behavioral Health Team Services (CSBBH): In partnership with Community Care Behavioral Health, BHARP and the Bradford Area School District, planning is underway to start two School Based teams hosted in two Bradford schools. January of 2015 has been targeted for implementation and the planning team is currently in the process of selecting a provider. CSBBH is behavioral health program provided by a team that is based in the school, and therefore a more coordinated approach. It is fully funded with HealthChoices dollars.

Truancy Protocol: McKean County DHS hosted three Truancy Roundtables this year and implemented a new countywide Truancy Protocol. Forty-nine (49) justice systems, schools and human service representatives came together to receive training in the new protocol and review the implementation of the protocol at mid-year and year end. These efforts increased coordination across systems serving youth, and strengthened Truancy Elimination Planning at the education level. In 2015-16, two roundtables are planned to continue the work of this group.

Trauma Informed Care and Practices: Under the auspices of the McKean County Collaborative Board, system and community partners have set goals related to becoming trauma-competent in clinical settings, and trauma-informed in all other community settings. As a first step, a community meeting was held in November 2014 with McKean County and Allegany County NY counterparts to share best-practice models. In April 2015 a community forum was hosted by McKean County DHS as training and planning session on trauma-informed care. Next steps in the coming year include developing a Trauma Taskforce, assessing trauma informed practices, exploring models of care, and continuing community trainings and collaborative learning.

b) Strengths and Needs:

Please identify the strengths and needs for the following target populations served by the behavioral health system:

Older Adults (ages 60 and above)

Strengths:

- McKean County has a very active network of Senior Centers that promote the health, education and wellness of seniors. They proactively promote taking control of health/functioning and avoiding risk.
- The Office of Human Services, Area Agency on Aging offers a full continuum of services and supports for older adults that include Aging Waiver Services, Options for In-Home Services, six Senior Centers, Protective Services, Public Guardianship, Dom Care, Family Caregiver Support, Information and Referral, Senior Volunteer Program and Nutrition Services.
- McKean County DHS is very involved with the LINK to Aging and Disability Resources in order to carefully network resources.

Needs:

- Collaboration with local hospitals and health systems to reduce the need for readmission of elders is needed. Medication management education, clear communication of changes in prescribed medications upon discharge, involvement of family advocates of the hospitalized person so the advocate can better understand the care, making a doctor's appointment with the community physician for the elder before leaving the hospital, leaving the hospital with new

medications in hand, having meds arranged in blister packs or other convenient packaging to increase compliance.
- Collaboration with substance abuse and elder abuse is an area of opportunity. Drug misuse can be at the victim level, or at the caregiver, family and friend levels. An approach to educate elders about how drug and alcohol abuse can impact the wellbeing is needed.
- More Dom Care Homes are needed.
- Elders with Intellectual Disabilities have many physical illnesses as well. There is a need for RNs to help assess clients in residential homes, and adequate reimbursements for this service. Keeping them in their residential home environment is much more desirable then placing them in Long Term Facilities.

Adults (ages 18 and above)

Strengths:
- Peer support is one of the more effective and mutually beneficial mental health services.
- There is a strong provider system to serve the adult population. There is a full complement of psychiatrists and Certified Nurse Practitioners for the high level of need in the county.

Needs:
- Increased opportunities for peer specialist available to work with those involved in the justice system, with veterans and transitioning youth.
- More resources statewide for the new Adult Protective Service System.
- There is an ongoing need to reduce stigma and discrimination through positive events and messaging. Mental Health Awareness month is an opportune time for these efforts.
- More emergency shelter services are needed, especially for men and families.
- There is a need for more supervised 24/7 living options.
- More job support for seriously mentally ill persons is needed.
- More parenting services are needed for parents of all age groups.
- More resources are needed for basic financial literacy/budgeting.

Transition-age Youth (ages 18-26)

Strengths:
- There is strong collaboration among youth serving organizations. The Youth Consortium/Transition Council is a valuable resource for this collaboration.
- There are resources accessible through the CYS Independent Living Program.
- Churches are socially minded and provide opportunities for youth.
- The YMCA and Penn State Cooperative Extension provide many activities to engage youth.

Needs:
- According to the Education for Children & Youth Experiencing Homelessness Program based out the Midwestern Intermediate Unit IV, McKean County had 133 students experiencing homelessness in the 14/15 school year. More housing/homelessness supports for youth are needed.

- Housing support services are needed for those sanctioned from public housing and on a waiting list for bridge housing.
- Centralized intake is needed for housing of all specialized populations.
- More case management services to help youth obtain independent living skills.
- The development of a better continuum of housing options are needed such as Host Home, LIfeSharing (Intellectual Disabilities) and Supervised Independent Living Services.
- More mentoring resources are needed for this population. More funding is needed for our local Big Brothers Big Sisters program.
- PATH is not utilized in McKean County as frequently as it should.
- More supervised housing and employment resources are needed.
- More resources are needed for basic financial literacy/budgeting.

Children (under 18). Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.
Strengths:

- CASSP and SAP are available to help families, schools and organizations find and navigate appropriate services.
- Department of Human Services Family Engagement (Family Group Decision Making) offers assistance developing plans to address concerns related to safety, permanency, and/or the well-being of children in a family.

Needs:

- More trauma-informed care practices are needed across all community partners.
- More evidence-based programs and adequate funding for these programs are needed to help youth and families. This is particularly needed for substance using youth.
- AdagioHeath closed their McKean County office in 2014. Since this time women, especially teens, have not been able to access confidential gynecological care, low cost contraceptives, and free STD/HIV testing. There is a need for this service to resume in McKean County to avoid a spike in teen pregnancy.
- Affordable, safe afterschool/evening/weekend childcare is needed.
- Respite service is needed for parents of this age group.

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

Individuals transitioning out of state hospitals
Strengths:

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

Needs:

- Resources from all mental health systems and other community partners will be needed to maintain the Seriously Chronically Mentally ill in the community.

Co-occurring Mental Health/Substance Abuse

Strengths:

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

Needs:

- Opioid/Drug Abuse is increasing and McKean County has limited access to medication assisted therapies and naloxone.
- More resources are needed for preventative education and community awareness activities.
- More resources are needed for the working poor that may have no insurance or high deductibles.
- More funding sources for naloxone, Vivitrol, etc. are needed.
- There is also limited detox options, greatly contributing to decreased access into residential treatment.
- More co-occurring evidence based practice ideas are needed, as well as more training to increase co-occurring competent professionals.
- More supportive housing resources are needed such as halfway and three quarter houses.
- More resources are needed for basic financial literacy/budgeting.

Justice-involved individuals

Strengths:

- Collaborative practices have been put into place through efforts of the McKean County Criminal Justice Advisory Board.
- McKean County has a strong Community Service Gardening Program that serves as a diversion program.
- McKean County jail has a full-time mental health therapist on staff.
- Expedited medical assistance eligibility programs are in place so that individuals released do not have a wait time for substance abuse treatment services.
- Human service organizations provide some reentry assistance for specialized populations. MI/COD Case Managers through The Guidance Center and Alcohol and Drug Abuse Services, help inmates transition back to the community.
- The McKean County owned and operated jail provides for the maintenance of those pending disposition of charges and those sentence to two years or less. Intake screening includes a mental health and suicide screen. A full time nurse, full time counselor, and a part-time medical doctor join the correctional officer complement.

Needs:

- Peer Support Services for individuals that are justice involved is needed.
- Specialized support for women with mental health disorders that are justice involved is also needed.
- More re-entry services for discharge planning and follow-up from the local jail.
- More case management services are needed for those with Mental Health and ID needs in order to coordinate care and support.
- More supervised work and community service options are needed.
- More resources are needed for basic financial literacy/budgeting.

Veterans:
Strengths:

- There is a full-time director of Veteran's Affairs in the County and a Veteran Employment Representative at CareerLink that connects veterans to needed resources.
- There is a primary care clinic that addresses physical health in Bradford. It is a branch of the Erie VA Medical Center.
- The DuBios Vet Clinic offers mental health treatment for combat veterans in outreach offices in Smethport and Bradford.
- McKean County has three providers that offer Supportive Services for Veteran Families (SSFV): Soldier On, Economic Opportunity Council and Northern Tier Community Action Corporation.

Needs:

- Increased public awareness and education on veterans' issues with mental health disorders, addictions, and PTSD, as well as re-entry or orientation services for returning veterans is needed.
- More mental health outreach service provided by the Erie VA Medical Center is needed. It is over 100 miles to Erie and this is a barrier to accessing care.
- Veterans Peer Support services are needed.
- Providers need to ask consumers their veteran status so that individuals can be linked to resources.
- Providers need assistance on how to get paneled for various veteran insurances.

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

- Self-view and acceptance is generally strong. Faith-based community acceptance is growing.
- Providers such as Psychiatric Rehabilitation have sponsored LGBTQI speakers in order to highlight challenges and wise choice of partners.

Needs:

- More speakers and training are needed as well as support groups, and faith-based opportunities.
- Community awareness to destigmatize is needed. Youth are struggling because they may be bullied and stigmatized.

Racial/Ethnic/Linguistic minorities
Strengths:

- Translation services can readily be secured are neighboring colleges and universities.
- The University of Pittsburgh Bradford offers educational, public awareness and promotion of the value of racial and ethnic diversity through events, programs, and community outreach activities.

Needs:

- Cultural competence is an area in need of ongoing attention in professional development activities.

- Culturally competent practices in center and office-based settings also require constant attention so that diversity is respected and environments where people are served are welcoming and inviting.

c) Recovery-Oriented Systems Transformation:

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

For **each** transformation priority, provide:

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

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

1. **Increase the use of trauma-informed care and practices.**
   Description: To provide service for children who have experienced trauma, several mental health providers have added personnel with trauma-focused training to their staff complement. There is now a need to imbed trauma-informed care practices in every child-serving organization.
   Timeline: In September a McKean County Trauma Informed Taskforce will be created. In April a community forum/training will be offered.
   Resources Needed: The University of Pittsburg, School of Social Work will sponsor the event in partnership with the McKean County Collaborative Board.
   Plan/Mechanism for Tracking Implementation: This priority is also targeted by the McKean County Collaborative Board and will be tracked through both the Collaborative Board and the County Planning Team.

2. **Increase the use of peer specialists for individuals involved in the justice system, for veterans and/or youth.**
   Description: Peer support is one of the more effective and mutually beneficial mental health services. Peer Specialists are needed for re-entry purposes, veterans and youth.
   Timeline: By June 2016 options for expanding peer support will be explored.
   Resources Needed: Recruitment of individuals willing to provide peer support is needed. Buy-in from providers and various planning groups are needed to work toward this goal.
   Plan/Mechanism for Tracking Implementation: The County Planning Team will track the implementation of this priority.

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

Description: During focus group discussions, providers, County Planning Team members and Collaborative Board members indicated that more training and networking opportunities were needed. Staff turn-over, few local training options, lack of time to network, and lack of a networking system/venue were mentioned as barriers. Specific training/networking that has been identified focuses on the Adult Protective Service law, transportation, veterans, trauma, reducing LGBTQI stigma and discrimination, and transition age youth.

Timeline: A cross-training/networking plan and timeline will be developed at the next County Planning Team meeting in July 2015.

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

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

4. **Reduce discrimination and stigma and instill recovery-oriented approaches across McKean County.**

Description: With resources such as the STEPS Drop-In Center, Futures, Evergreen Elm activities, Peer Specialists Programs, and the PCORI Initiative, self-stigma is greatly reduced through recovery practices. Social stigma still exists and there is a need to reduce prejudicial attitudes and discriminating behaviors directed toward individuals with mental health disorders. Events that encourage social contact between individuals with and without mental health and intellectual disabilities will help improve attitudes and promote community anti-stigma engagement. "Recovery dialogues" with community groups and initiatives that challenge common stereotypes and assumptions about mental illness are needed. These events will be planned during Mental Health Awareness month, Intellectual Disabilities Awareness Month, and Leadership McKean classes. These steps are also needed.

- Continue annual training in Mental Health First Aide funded with the Mental Health Matters Grant.
- Assess the needs of the behavioral health system for Veterans with help from an MSW Intern and the University of Pittsburgh School of Social Work.
- Enhance mental health awareness activities in May.
- Provide community sensitivity training around LGBTQI populations.

Timeline: Events will be planned for Intellectual Disabilities Awareness Month in March, and Mental Health Awareness Month in May and/or World Mental Health Day in October. In November, Leadership McKean will host a class focused on dialogue about recovery and acceptance between individuals with mental health and intellectual disabilities and a class of emerging McKean County leaders. And finally, in partnerships with the University of Pittsburg School of Social Work, community training on the needs of LGBTQI will be provided.

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

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

5. **Create a centralized intake and coordination unit for housing of specialized populations in McKean County.**
   Description: The goal is to integrate all housing programs (Shelter Plus Care, HOME, HAP, HUD, ESG, and others) into one unit based at the McKean County Redevelopment and Housing Authority. This unit would serve as a centralized intake department in order to link special populations to specific housing resources. Additionally, considerable effort is needed to create more services:
   - Emergency shelter options for men and for families
   - Financial literacy/budgeting
   - Supported Living options.
   - SOAR (SSI/SSDI Outreach, Access and Recovery) assistance.

   Timeline: by June 2016.
   Resources Needed: McKean County Housing Coalition will be exploring additional public and private funding.
   Plan/Mechanism for Tracking Implementation: The County Planning Team and McKean County Collaborative Board will track this priority.

6. **Improve school attendance and a cross-systems response to truancy through a newly developed McKean County Truancy Protocol.**
   Description: In 2000, then President Judge John Cleland implemented a countywide truancy response policy. Since that time practices between systems that respond to truancy has become fragmented. The more predominant use of cyber and alternative school settings has complicated the communities' ability to implement truancy consequences and promote school attendance. In 2014/15 a new protocol was implemented that coordinated the response of schools, district justices and Children and Youth Services. The protocol resulted in schools implementing more Truancy Elimination Plans and preventative steps. Children and Youth Services increased their response and as a result more children were linked to preventative resources in the community. The Truancy Roundtables will continue to meet and monitor progress.
   Timeline: Two Truancy Roundtables will be held in 2015/16, and a smaller workgroup will continue to work on creating more preventative resources. Implementation progress will be evaluated through the groups and prevention practices will be planned and added.
   Resources Needed: Leadership from the Judges and County Commissioners and participation of Roundtable and Work Group members.
   Plan/Mechanism for Tracking Implementation: The Truancy Roundtable Steering Committee will track implementation. Members include the Judges, Chief Juvenile Probation Officer, Children and Youth Services Director, Department of Human Services Director, Youth Specialist through CareerLink, and the Director of Alcohol and Drug Abuse Services.

1. Increase the use of trauma-informed care and practices.		
Steps?	**Who is doing it?**	**By what target date?**
Create a Trauma-Informed Care Taskforce.	University of Pittsburg's' School of Social Work and the McKean County Collaborative Board	September 2015
Provide Children and Youth Service workers an overview of trauma-based care.	Children and Youth Services	Winter 2016
Assess what trauma informed practices are occurring in schools and organizations.	Trauma-Informed Care Taskforce	Fall of 2015.
Provide a community training.	Child Abuse Prevention Month Committee and McKean County Collaborative Board.	April 2016

2. Advocated for the increase use of Peer specialist for individuals involved in the justice system, veterans, and/or youth or other specialized populations.		
Steps?	**Who is doing it?**	**By what target date?**
Advocate with CCBH for increase resources and expanded eligibility criteria for Peer Specialists.	DHS Administrator and MH Director	June 2016
Recruit veterans to be Peer Specialist that meet CCBH Peer Specialists criteria.	The Guidance Center Beacon Light Behavioral Health Systems	June 2016

3. Increase staff competencies and cross-competencies through cross-trainings, Lunch and Learns, and networking opportunities.		
Steps?	**Who is doing it?**	**By what target date?**
Host two Truancy Roundtables.	Truancy Roundtable Steering Committee	September 2015 and May 2016
Offer a community training on gender identity sensitivity.	McKean County Collaborative Board and University of Pittsburgh School of Social Work.	March 2016
Hold "Aging/MH/ID: Lunch and Learn" to network, problem-solve and learn more about the Adult Protective Service law and response system.	Area Agency on Aging, The Guidance Center, Department of Human Services, and Liberty Heath.	October 2015
Hold Transition Age Youth Forum event to share resources and network.	Department of Human Services and McKean County Collaborative Board	February 2016
Invite Bill Keeler, an ATA Liaison, to talk to the Collaborative Board and address their transportation concerns.	Area Transportation Authority, Department of Human Services and McKean County Collaborative Board	January 2016

4. Reduce discrimination and stigma.		
Steps?	**Who is doing it?**	**By what target date?**
Intellectual Disabilities Awareness Month Activities	ID Committee	March 2016
Mental Health Awareness Month and World Mental Health Day Activities	Rays of Hope Committee	May and October 2016

Leadership McKean Dialogue	Leadership McKean Steering Committee	November 2015
Special Olympics	Special Olympics Committee	Year round

5. Create a centralized intake and coordination unit for housing of specialized populations in McKean County.		
Steps?	**Who is doing it?**	**By what target date?**
Develop a centralized housing resource referral form and protocol.	McKean County Housing Coalition	Winter 2015/16
Assess emergency shelter models and secure funding.	McKean County Housing Coalition	Winter 2015/16
Open an emergency shelter for men and another for families.	McKean County Housing Coalition, DHS and McKean County Redevelopment and Housing Authority.	Winter 2015/16
Explore more resources that will offer basic financial literacy/budgeting.	McKean County Housing Coalition	June 2016
Receive training on SOAR (SSI/SSDI Outreach, Access and Recovery) and implement a small pilot program.	McKean County Housing Coalition and McKean County Redevelopment and Housing Authority	October 2015

6. Improve school attendance and cross-systems response to truancy.		
Steps?	**Who is doing it?**	**By what target date?**
Hold two Truancy Roundtables to coordinate response across Children and Youth Services, Schools and District Justices.	Truancy Roundtable Steering Committee and Truancy Roundtable membership	September 2015 and May 2016
Hire an Educational Liaison at Children and Youth Services	McKean County Children and Youth Services	October 2015
Truancy Roundtable Work Groups meet and work on tasks, specifically around developing preventative resources.	School and Human Services Work Group	Quarterly in 2015/16
Monitor progress and collect data	Truancy Roundtable Steering Committee and the CYS Educational Liaison	June 2016

INTELLECTUAL DISABILITY SERVICES

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

Two hundred ninety eight (298) McKean County residents are enrolled in the intellectual disability system. All individuals enrolled have a choice of supports coordination and the majority of individuals have chosen The Guidance Center. Of the total number, ninety four (94) individuals are enrolled in PFDS waiver and sixty four (64) people are enrolled in the Consolidated Waiver Program. As of the end of Fiscal Year 2014/2015, Thirty (30) individuals are funded with base dollars. The remaining individuals are either supported in a state center, private ICF/ID facility or receive Supports Coordination Services only.

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

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

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

the largest town and where day programming and medical services are located, is often cost prohibitive. Potter County Human Services, over the years, has provided transportation to one consumer funded with waiver dollars. This organization is no longer going to be a provider this service and a new agency will take over for Fiscal Year 2015/2016.

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

Respite options are limited in McKean County. McKean County AE will work with the Western Region Capacity Manager and other county program directors if the need for respite occurs and the service needs to be delivered in a residential setting. Two residential agencies have agreed to provide emergency respite, if needed. These options are limited however. One agency can provide respite if it is a male needing the service and the other agency can serve females in respite only. Both are options only if the agency has staff available to support an additional person in their group homes.

	Estimated/Actual Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Supported Employment	0	0
Sheltered Workshop	9	10
Adult Training Facility	4	4
Base Funded Supports Coordination	29	29
Residential (6400)	4	3
Lifesharing (6500)	0	0
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	22	22

Thirty (30) individuals receive services funded with state dollars. Services funded include licensed residential habilitation, community habilitation, home and community habilitation, pre-vocational services and transportation.

In addition, McKean AE contracts with a local organization to operate Family Support Services (FSS) program, using a small pot of base ID dollars. As of June 10, 2015, twenty two (22) individuals have received small amounts of funding this fiscal year. FSS continues to provide funds for emergency situations, especially funding for emergency respite and health and safety concerns. For example, funds could be utilized if a family living needed some assistance to remain in their home; to have a contractor deep clean and remove items for a family with hoarding issues; or to help children and young adults with intellectual disabilities attend camp. Another example of assistance was to help a young man who became homeless secure housing. The program paid his room and board for a period of time until he was eligible for his monthly benefits. McKean DHS intends to contract with our Supports Coordination Organization for Fiscal Year 2015/2016 to operate this flexible program. The target number of individuals to be served will remain consistent with previous years, assisting approximately twenty two (22) individuals.

McKean County DHS has always been a strong supporter of our local Health Care Quality Unit, Northwest Health Connections. Historically, the county has sponsored in part with FSS program funds, an annual event is held at Wild Cat Park, in Ludlow, PA. This year's theme is *A Day in the Park.* Consumers from multiple counties get together for a day of fun and learning activities. In previous years, up to 400 individuals have attended this popular event.

Supported Employment: ***Describe the services provided, changes proposed for the current year, and identify a proposal for supporting growth of this option. Please add specifics regarding the Employment Pilot if your County is a participant.***
In McKean County, there continues to be barriers to employment for individuals with intellectual disabilities. McKean County continues to focus on increasing employment opportunities, especially for those enrolled in the Waiver Program. The Individualized Support Plan (ISP) checklist is a tool used to engage discussion regarding pre-vocational activities and the move to community employment. Supports Coordinators have been instructed to use this checklist to promote conversation with the individuals funded with base dollars, as well. At the present time, no individual utilizing pre-vocational services funded with base dollars, is ready and willing to pursue community employment.

Over the course of fiscal year 2014/2015, recipients of waiver funded services have the option to work with two supported employment agencies—Goodwill Industries and Futures Rehabilitation Center. Another agency, Dickinson Inc. recently re-established their presence in McKean County. in FY 2014/15. Community Links, another local provider, has just received a rate in PROMISE and is geared to provide supported employment services to individuals interested in community employment.

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

In order to maximize opportunities for individuals with intellectual disabilities in the workforce, our Quality Manager, will work more closely with our contracted providers to develop strategies to increase community employment opportunities for those receiving services in McKean County.

Base Funded Supports Coordination: ***Describe the services provided and changes proposed for the current year.***
Twenty nine (29) individuals receive base funded supports coordination. Supports coordinators make contact yearly for individuals residing in state centers, out of county ICF/ID facilities and state hospitals. At a minimum, Supports Coordinators conduct a yearly ISP meeting and follow-up for individuals living in the community. More contact or services may be delivered, based on the needs of the individual.

The Administrative Entity and the Supports Coordination Unit work together on the plan of service delivery and also review the costs associated with delivering supports coordination paid for with base dollars. This step is in place in order to make wise block grant investments. At present no transition out of ICF/ID and other facility based programs are anticipated. If transition services need to be developed, the AE and The Guidance Center, (SCO) would work cooperatively to determine what and how many services will be requested.

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

Lifesharing, also known as Family Living, supports individuals with intellectual disabilities to live with qualified unrelated adults who provide support in their home. Over the course of the current fiscal year, lifesharing matches have declined. McKean County approved and authorized Waiver funding for five (5) individuals. This past year, one person passed away and another person chose to leave his lifesharing residence and move back with his sister. Increasing lifesharing opportunities remains a quality management focus. Act 22 Regulations outlines a process to discuss lifesharing for all individuals interested in and/or currently residing in 6400 licensed homes. The required ISP checklist procedure promotes discussion regarding a shift from traditional residential settings to a model of living with, and sharing family experiences. Supports Coordination staff are required by the AE to use the ISP checklist to promote the discussion for any person interested in residential services. At this point, the individuals funded with base dollars in residential settings (group homes) are not candidates for the less restrictive setting.

Waiting List for Services

Based on HCSIS PUNS report of 06/10/2015, forty seven (47) individuals are waiting for services in our county, which is decrease from previous fiscal year. Seventeen (17) individuals are in the emergency category. Thirteen (13) individuals are in the critical category (services needed within two years) and fourteen (14) are in the planning category. During this fiscal year, McKean County received 14 PFDS slots to service recent high school graduates and three Consolidated slots for individuals with more intensive needs. Another Consolidated slot was just secured due to an unanticipated emergency.

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

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

A more recent support service available is the Dual Diagnosis Treatment Team, funded through Community Care Behavioral Health and delivered by NHS. This service was made available to nine (9) individuals who are dually diagnosed. Of those nine, six (6) individuals are enrolled in a waiver and have a dedicated funding stream. An additional person just secured a Consolidated Waiver slot and as a result, will free up state dollars when enrolled. Any person struggling with dual diagnosis issues and in-patient hospitalizations could be referred to this new program, which does ease the burden of local ID and MH base allocations.

The Administrative Entity and mental health staff forward any information on trainings to the providers in our geographic region. Opportunities are generally provided through HealthCare Quality Units, WPIC, Community Care or BHARP. The McKean County ID Program Director also participates in Cameron, Elk, McKean, Potter and Forest Warren, Clearfield and Jefferson

Counties Aging and Intellectual Disabilities Team. A small amount of base funded **aging** dollars is awarded yearly to this group which is used to support trainings. This year training topics included: "Signs and Symptoms of Physical Illnesses" and "Common Chronic Health Conditions".

The McKean County Intellectual Disabilities Director is a member of the LINK Oversight Committee. **Link to Aging and Disability Resources serving Cameron, Clearfield, Elk, Jefferson, McKean and Potter Counties** is a collaborative effort between local agencies, businesses, organizations and groups that have a vested interest in the welfare, personal choice and community inclusion of the following populations (regardless of income level): older adults age 60+; individuals of any age living with any kind of disability; individuals of any age living with a behavioral health or adduction issue; the caregivers and family members of these populations. Link sponsored a number of activities in the multiple county catchment areas, including transportation, housing, bullying, veterans resources, stress and burnout and youth and transition conference.

In March 2015, McKean County DHS, Futures Inc., Evergreen Elm and the Link, sponsored an Intellectual Disabilities Awareness Day at Futures. Approximately 175 consumers, staff and invited community members participated in the celebration. Tim Juliano, from Milestones Northwest, discussed bullying to an engaged and interested audience. After a pizza party, the Bradford Fire Department came to visit the consumers and discussed various safety topics. The local newspaper reported on the event and a local reporter interviewed two individuals receiving services in our county. Both were thrilled to be interviewed and the article was published in both the Bradford Era and Olean Times newspapers.

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

Emergency Supports: ***1. Describe how individuals will be supported in the community if no waiver capacity is available within the County capacity commitment. 2. 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.***

At the present time, no waiver capacity is available to serve an individual coming into the system in an unanticipated emergency situation. Therefore, the ID Program Director would be in contact with the Office of Developmental Programs to request assistance, which may include requesting increased waiver capacity. McKean County had to pursue this avenue for funding in fiscal year 2014/2015 for an individual who was in need of services and projected to be homeless.

If no waiver capacity is available and the person needing support can be served with base funds, this is our first approach. McKean's approach has always been to keep funds available for emergency situations throughout the fiscal year; thus the encumbered funds are always less than the allocated amount available. Program Directors in both Mental Health and Intellectual

Disabilities Programs work closely with the Fiscal Officer when requesting funds for emergency needs.

In addition to funds available through the ID funding stream (block grant) McKean DHS contracts with a local provider to operate a Family Services System (FSS) program. The Guidance Center operates this program on behalf of the county. The funds are to be used for emergency and respite situations, primarily.

The Supports Coordination Unit, according to their guidelines, must have a process to address emergency situations which may occur outside of normal work hours. If the unit learns of an emergency situation, their responsibility would also include notifying the Administrative Entity of the situation.

If the need is not immediate, the process used in McKean County to discuss service needs, which can be immediate needs, is referred to our as our "Base Service Unit" process. Weekly, the ID Program Director has scheduled time at our Supports Coordination and Blended Case Management agency to problem solve, develop strategies to assist folks in crisis or in need, approve and authorize services which will need to be funded with county dollars. The Mental Health Program Director also participates in these weekly meetings.

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

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

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

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

The ID Program Director has overall responsibility for Service Delivery Preference, Level of Care, Financial Eligibility, Statewide Needs Assessment, Fair Hearing, Provider Recruitment and Enrollment, Waiver Participant Records, Access to Waiver Records, Waiver Capacity and

Waiver Residential Vacancy management, Temporary and Permanent Vacancies, Unanticipated Emergencies, PUNS, Consolidated and PFDS Waiver Enrollment, Choice of Qualified and Willing Providers, Financial Management Services, Approval and Authorization of ISPs, Service Requests, Fair Hearing, Incident Management, Annual Administrative Review and IM4Q. The ID Director also acts as the Infant/Toddler Early Intervention Coordinator.

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

Our Administrative Officer (Contract Manager) takes the lead and coordinates the provider qualification and provider monitoring process for the Intellectual Disabilities Program. In addition, she works with our in-house counsel to develop and coordinate the signing and monitoring of all the Department of Human Services contracts.

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

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

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

For Fiscal Year 2015/2016 and forward, McKean County Administrative Entity has targeted the following areas for improvement:

- Reduction of restraints.
- Reduction of incidents of individual-to-individual abuse.
- Reviewing and evaluating life sharing opportunities an promote an increase in the number of individuals with an intellectual disability who live in life sharing arrangements
- Achieve compliance with incident management policies and procedures
- Improving results of provider and SCO monitoring reviews
- Improving waiver participant satisfaction with service provision through review of Independent Monitoring for Quality data
- Reviewing and evaluating practices to promote employment
- Reviewing and evaluating practices to ensure each individual is supported in the use of an effective communication strategy
- Reviewing and evaluating practices to ensure each individual receives the most inclusive, least restrictive services and supports
- Diverting individuals from admission to State Centers and State Hospitals
- Continue with our celebration of Intellectual Disabilities Month

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to individuals and families within the county who are homeless or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

HAP dollars for FY 15/16 are being contracted to the McKean County Redevelopment and Housing Authority (MCRHA). With their own agency dollars, MCRHA hired a Housing and Homelessness Coordinator, and improvements are in place to improve McKean County's response to homelessness. HAP doallars will support the continuum of services, and help build housing resources to meet the needs of residents.

McKean County lost significant ground in FY 14-15 with housing closures and funding losses. A housing complex called Kiwanis Court is in the process of being sold leaving 50 tenants without homes and vulnerable to losing their Section 8 status. Earlier in 2015, the Oxford House closed. Eight men in recovery democratically shared rent and space in this "three-quarter" house that was subsidized with HealthChoices reinvestment dollars. The only emergency shelter service operated in the county just lost Emergency Solutions Grant funding due to provider negligence, and it is unclear if the shelter can remain open. The YWCA has traditionally offered shelter services to only women, resulting in the breakup of families when homelessness occurs. It is unclear if the YWCA will continue to operate this vital service in FY 15-16. Even with the YWCA shelter, there is a lack of emergency housing for the most vulnerable. Emergency shelter options are especially needed for men and families. Churches pitch in to help with solutions, but are frustrated that temporary hotel vouchers they give to individuals and families means a few night's stay in the Holley Hotel, a "petri dish" environment notorious for crime and drugs. Holley House is a rooming house in Bradford that sits above an alcohol establishment. The Ministerium has aptly noticed that if all churches pooled together, perhaps development of shelter services for all populations would be feasible.

Cost effective alternatives to shelter service is limited. Supportive living programs are so valuable they remain at funding capacity. There are 55 residents in Evergreen Elm's Supportive Living Program, 15 Domiciliary Care slots, and 5 CHIPPS funded beds for MH Consumers returning from Warren State Hospital. There are no Personal Care Boarding Homes, Recovery Housing, Transitional Living Homes, long term Residential Rehabilitation Facilities, Halfway Houses or Fair Weather Lodge options available in McKean County.

The scarcity of assisted housing relative to the demand has the direct consequences of overburdening non-housing public services such as the YWCA shelter, hospitals, and the local jail. Housing specialized populations such as those with a mental illness, disability or individuals that are justice involvement is challenging. McKean County is fortunate that through mental health reinvestment funds, a housing contingency fund is

available to assist with security deposits, first month's rent, utility bills, and/or damages incurred to rental units. McKean County has also been involved with the Northwest Nine (NW9) Master leasing and bridge subsidy program for those diagnosed with a mental health disorder. The program is designed to assist individuals experiencing housing barriers such as criminal background or poor landlord references, in re-entering rental arrangements. Vouchers and responsible rental practice/policies are available for these individuals. While this has been a valuable resource, the program is running at maximum capacity and there is a wait list for the program.

McKean County DHS formed a new housing coalition in January 2015. The group mobilized around the county's housing crisis. In order to connect work, many members sit on the Collaborative Board as well as the Criminal Justice Advisory Board. Action has focused on recent losses and gaps. The McKean County Housing Coalition is comprised of housing partners, behavioral health organizations, all mainline churches, and local organizations involved in helping residents secure food, shelter and basic services. Since January the group has met monthly and accomplished a great deal of work with urgency. This work will continue in 2015-16.

- Conducted an assessment of homeless from the Winter of 2014-15 to determine amounts vouchered/sheltered and demographics (individuals, families, children, mental health, veteran and substance abuse status). This assessment will be useful in the coming year in retooling shelter services utilizing community resources and grant funding.
- Established a database for churches to coordinate vouchers they distribute. Implementation will begin in the Fall of 2015.
- Mobilized churches and housing partners in assessing models of emergency shelter delivery. Visited Warren PA and Olean NY to research.
- With housing authority dollars, a Homeless Coordinator was hired by the McKean County Redevelopment and Housing Authority. She was previously a mental health housing specialist and now provides centralized intake services for organizations struggling to house specialized populations. The goal is to integrate all housing programs (Shelter Plus Care, HOME, HAP, HUD, ESG, and others) into one unit in the Redevelopment and Housing Authority.
- DHS maximized housing contingency funds by utilizing an internal housing committee to make decisions and quickly allocate resources to families in need in the community. $20,000 within the Needs Based Budget, and MH Contingency Reinvestment funds were utilized as resources.
- McKean County DHS was awarded a Mental Health and Justice Housing grant of $120,000 from the Pennsylvania Commission on Crime and Delinquency to help provide supportive housing to justice involved individuals for two years starting July 1, 2015. According to local service providers, the number of previously incarcerated people with MI/COD returning to the community without stable housing has increased considerably in the last few years. National research from the Urban Institute indicates that over 10 percent of those entering prison and jails are homeless in the months before and after their incarceration. For those with a history of mental illness, the rates are even higher at 20 percent.

- SOAR (SSI/SSDI Outreach, Access and Recovery) is targeted to begin in 2015/16.

The McKean County Redevelopment & Housing Authority (MCRHA) became the lead coordinator for housing and homeless services in the County in March of 2015, shortly after the formation of the new Housing Coalition. A newly created position at MCRHA is responsible for coordinating housing and homeless initiatives. This person works in conjunction with provider agencies, the YWCA homeless shelter, the faith-based community and members of the Housing Coalition for the provision of housing and services for the homeless population. MCRHA is responsible for administering the Homeless Assistance Program (HAP) as well as other programs for the target population. The Housing and Homeless Services Coordinator has a wealth of experience in administering homeless assistance grants; is co-chair of Western PA Continuum of Care (CoC) and co-chair of the North West Regional Homeless Advisory Board (RHAB).

MCRHA will coordinate HAP as part of a larger continuum of housing services to meet the needs of McKean county residences to ensure that they maintain safe, quality and affordable housing. To further collaborative efforts around homelessness, the MCRHA participates on coalitions such as the Housing Stability Coalition (LHOT), the McKean County Collaborative Board and the United Way Emergency Food and Shelter Program board. MCRHA also participates in regional coalitions such as the Consortium Housing Committee, the RHAB and the Western PA COC and its Governance Board. MCRHA is the local contact for 3 regional HUD CoC Permanent Supportive Housing Projects.

A Transformation Priority for FY 15/16 is to create a centralized intake and coordination unit for housing of specialized populations in McKean County. McKean County would like to have a single point of assessment to access referral to programs along a continuum of care. The need for the following services would be assessed:

- Emergency shelter (YWCA for women and children, vouchers, and safe houses)
- Evergreen Elm (ID)
- HUD Permanent Supportive Housing
- HUD Shelter +Care
- Master Leasing and Bridge Housing (Northwest 9)
- Children and Youth Services Homeless Assistance
- McKean County Mental Health Contingency Fuds (MH Consumers)
- MH and Housing Justice Funds (rental assistance, bridge housing and contingency funds)
- Supportive Services for Veteran Families Programs
- Children and Youth Independent Living Program

An additional step in the housing transformation priority for 2015/16 is to implement SOAR. SOAR stands for SSI/SSDI Outreach, Access and Recovery. The program utilizes a Benefits Specialist to assist applicants in accessing benefits. The average wait time for someone seeking SSI is around 2 years with 3 denials. If SOAR is involved, this can speed up the process to an average of 3 months and approval upon first applying. Many of our homeless disabled residents are also without income and a source to help walk them through the application process. As a result they end up cycling through homelessness over and over.

	Estimated/Actual Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Bridge Housing		0
Case Management	148	120
Rental Assistance	33	120
Emergency Shelter	100	0
Innovative Housing Supportive Services		0

Bridge Housing: ***(describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)***
Bridge Housing is not provided through the MCRHA's Homeless Assistance Program. This resource is available through HealthChoices reinvestment dollars however, the program has reached capacity and there is a wait list for services.

Case Management***: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)***
Case management services are provided to all homeless and at risk of homeless households who apply for HAP funding. The case management component includes a needs/barrier assessment and the development of a housing stabilization service plan. All plans include an assessment of areas of strength, need, resources, and barriers to housing stability. Goals are established and tracked regularly. Based on the assessment, referrals are made to mainstream benefit programs as well as support services resources available in the county. Referrals to outside supportive services include School Districts Homeless Education Site Coordinators, Legal Aid, Food banks, Case Management services in the community for MH, ID or Substance Abuse, Salvation Army, Destinations Bradford, CYS Independent Living Program, nutritional supports, disability rights advocates, transportation resources, and many more. All program participants' income must be at or below 200% of the Federal Poverty Guidelines (FPG) with the exception of victims of domestic violence or disaster as defined by the PA Department of Human Services.

Rental Assistance: ***(describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)***
MCRHA will primarily use HAP funds for the provision of rental assistance for households who are at or below 200% of the FPG. Assistance will include homeless prevention activities such as rent and utility arrears for households who are at risk of homelessness. MCRHA will provide rental assistance for homeless households for payment of security deposits and/or first months' rent after all other options are exhausted. HAP will serve households who demonstrate the ability to retain housing after assistance. MCRHA is applying for Emergency Solutions Grant (ESG) funds. If awarded, HAP and ESG will work in conjunction to serve eligible homeless and at risk of homelessness households.

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

No funds are provided for Emergency Shelter through HAP. The YWCA offers emergency shelter for single women/ women with children. The area's faith-based community provides hotel vouchers for males who are homeless. The Housing Coalition is exploring other options for the provision of Emergency Shelter.

Other Housing Supports: ***(describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)***
No other housing supports are provided with HAP funds because dollars are utilized for Rental Assistance and Case Management. Innovative supports are provided through other funding streams.

Describe the current status of the county's HMIS implementation:
The Western PA CoC has chosen PA-HMIS as the provider for the CoC. A Collaborative Participation Agreement and Systems User Agreement with DCED for PA-HMIS is in place. Data is inputted for the HUD Permanent Supportive Housing programs for which MCRHA is the local contact. This individual has 7 years' experience in Agency Manager functions in PA-HMIS. The MCRHA is able to input data for HAP rental assistance and case management when required by PA DHS.

CHILDREN and YOUTH SERVICES

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

"Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2015-2016."

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

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

Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2015-16. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track

progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

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

For the past decade, McKean County has lost ground in addressing truancy in a collaborative manner. Interventions were not consistent or coordinated across the child welfare system, school districts and magisterial district justices. Assessment for root causes of truancy and prevention steps have not been adequately addressed. In response, a McKean County Truancy Protocol was put into place in 2014-15 that triggered a referral to CYS upon the forth illegal absence. The protocol was developed by the McKean County Truancy Roundtable, and outlines a process in which schools, Children and Youth Services, and Magisterial District Justices cooperate in a series of intervention steps. Prevention steps were also refined, and instead of utilizing Big Brothers Big Sisters Program with Alternative to Truancy funds, a new approach for FY 15/16 is being proposed, with the same amount of funds, that will utilize the Nurture Parent Program Truancy Intervention Service. The service will address the complex family, peer and systems issues surrounding truancy, and focus on improving school attendance, youth confidence, decision making skills, goal setting, and collaboration with education and court partners.

Family Group Decision Making (FGDM) addresses truancy through team conferencing and will continue in 15/16. FGDM is an evidence-based practice that will help McKean County reduce placements, truancy and dependency.

Historically, McKean County has had a high utilization rate for psychiatric residential treatment. To reverse this trend, referrals will be made to the Multi-Systemic Therapy program for youth who are most at risk for out-of-home placement.

Outcomes	

Safety	1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children.
Child & Family Well-being	1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs.

Outcome	**Measurement and Frequency**	**All Child Welfare Services in HSBG Contributing to Outcome**
Child & Family Well-being: Children receive appropriate services to meet their educational needs.	Improved school attendance evidenced by a decrease in habitual truants from 70 in the 2012-13 school year to 65 in 2014-15 and 2015-16. (Data source: Safe School LEA Reports)	Alternatives to Truancy (Truancy Intervention Program) and Family Group Decision Making
Permanency: Children have permanency and stability in their living arrangement and continuity of family relationships and connections.	Reduced out-of-home placements from 126 in 2013-14 to 113 in 2015-16. (Data source: CYS records.)	Multi-Systemic Therapy (MST) and Family Group Decision Making(FGDM)
Permanency: To reduce the length of Out-of-Home Placement Stay.	The goal for children ages 5 years and older (8 to 18 years old) is to reduce the average length of stay to 24 months by the end of FY 16/17.	Multi-Systemic Therapy (MST) and Family Group Decision Making(FGDM)

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

Program Name:	Alternative To Truancy: Nurturing Parent Program Truancy Intervention Service

Please indicate the status of this program.

Status	**Enter X**			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)		**New**	**Continuing**	**Expanding**
			x	

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

the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in Conjunction with those funds.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	14-15	15-16
Description of Target Population	5-18	5-18
# of Referrals	65	65
# Successfully completing program	60	60
Cost per year	$50,000 CYS portion	$50,000 CYS portion
Per Diem Cost/Program funded amount		
Name of provider	The Guidance Center	The Guidance Center

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
☐Yes X No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

_____

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

The Family Center proposes to hire one full-time staff person to offer the Nurturing Parenting Program Truancy Intervention Service to families throughout McKean County.

Population

- Children ages 6 to 17 years, who are identified as truant by McKean County Department of Human Services (DHS) Children & Youth Services (CYS)
- Children and families throughout McKean County
- Referral sources: Referrals will primarily come from McKean Co. Dept. of Human Services (DHS). However, other referral sources, such as schools and juvenile probation may refer to the service, if DHS is in agreement.

Program Description: Nurturing Parenting Program Truancy Intervention Service

Nurturing Parenting Program (NPP) is an evidenced-based, family-centered program for the prevention and treatment of child abuse and neglect. It is an intensive parenting program for individuals who are involved in or at risk of becoming involved in the child welfare system. NPP instruction focuses on “re-parenting”, or helping parents learn new patterns of behaviors. Participants develop their awareness, knowledge and skills in five areas: (1) age-appropriate expectations; (2) empathy, bonding and attachment; (3) nonviolent nurturing discipline; (4) self-awareness and self-worth; and (5) empowerment, autonomy and healthy independence. In home-based sessions, parents and children meet separately and jointly during a 90-minute lesson at least once per week for 15 weeks. Length of involvement and frequency of meetings can be individualized to meet the needs of the family.

The Adult-Adolescent Parenting Inventory (AAPI-2) and the Nurturing Skills Competency Scale (NSCS) are built in assessment tools to assess parenting beliefs, knowledge and skills. The impact of the program is measured using pre and post assessments.

The Truancy Intervention Service will be an add-on service or expansion to NPP services delivered in the home. A second staff person, a Family Development Specialist Mentor (FDS Mentor), will work directly with the student to enhance school engagement through relationship building and problem solving. The goal is to foster school completion with academic and social competence.

Two programs, in addition to the NPP Adolescent curriculum, will be utilized by the Family Development Specialist Mentor:

- Check & Connect, a research-based student engagement intervention program
- WhyTry, an evidenced-based intervention model targeting risk factors and issues related to academic engagement

Aspects of both programs will be individualized to support academic success by emphasizing the reduction of maladaptive patterns of behavior that result in truancy. The FDS Mentor will work individually with the child in the school and community, while the NPP Family Development Specialist will address aspects related to parenting and the home environment. Both program staff will work as a team in coordinating their

efforts to build parenting strengths, increase the bond between parent and child and increase school engagement.

The NPP Truancy Intervention Service will coordinate truancy prevention efforts through the McKean County Collaborative Board and the Truancy Roundtables, where the Program Director is a member. Further collaboration will take place through agency representation on the McKean County Planning Team and the DHS Advisory Board.

Program Name:	Multi-Systemic Therapy

Please indicate the status of this program.

Status	**Enter X**			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)		**New**	**Continuing**	**Expanding**
			x	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in Conjunction with those funds.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	14-15	**15-16**
Description of Target Population	8-18	8-18
# of Referrals	3	3
# Successfully completing program	3	3
Cost per year	$2700	$2700
Per Diem Cost/Program funded amount	$2700 Program Funded	$2700 Program Funded
Name of provider	Beacon Light	Beacon Light

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
X Yes ☐ No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Most of the youth served in MST in 2014/15 were Medical Assistance eligible and McKean County did not need to utilize all of the reserved funds for MST.

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

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

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

Program Name:	Family Group Decision Making

Please indicate the status of this program.

Status	**Enter X**			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				

Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)		**New**	**Continuing**	**Expanding**
			x	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in Conjunction with those funds.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	14-15	**15-16**
Description of Target Population	0-18	0-18
# of Referrals	40	40
# Successfully completing program	30	30
Cost per year	$100,000	$100,000
Per Diem Cost/Program funded amount	DPW Rate	DPW Rate
Name of provider	McKean County Department of Human Services	McKean County Department of Human Services

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
☐Yes X No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Due to staff vacancies, underspending did occur within Family Group Decision Making Program. Vacancies are now filled and underspending is not anticipated in FY 15/16.

_____

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

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

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

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

DRUG and ALCOHOL SERVICES

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

This overview should include:

1. Access to services;
2. Waiting list issues;
3. County limits on services;
4. Coordination of care across the system;
5. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

This overview should not include guidelines for the utilization of ACT 152 or BHSI funding streams issued by DHS. The focus should be a comprehensive overview of the services and supports provided by the Single County Authority and challenges in providing services.

Description of the Service System

Alcohol and Drug Abuse Services, Inc. (ADAS, Inc.) serves as the Single County Authority (SCA) for McKean County. Alcohol and Drug Abuse Services, Inc. is a Functional Unit providing direct treatment services.

The comprehensive substance abuse system within McKean County begins with prevention. ADAS, Inc. facilitates evidence based substance abuse prevention programming in the public and private elementary and high schools including Too Good For Drugs, Life Skills Training, and Project Towards No Drug Abuse. The Guidance Center provides evidence based substance abuse prevention programming including

Big Brothers Big Sisters and co-facilitates the Strengthening Families Program with Alcohol and Drug Abuse Services and the McKean County School Districts.

Alcohol and Drug Abuse Services, Inc. facilitates early intervention services through participation in the Student Assistance Program which is delivered within the school setting and intended to identify and address problems negatively impacting student academic and social growth. Student Assistance Program services include assessment, short term education and or treatment for identified youth. In addition, ADAS facilitates a smoking cessation program within the schools for students who violate school policy regarding tobacco use and an early intervention program for first time offenders who have been convicted of DUI, underage drinking, or other violation involving drugs or alcohol, but who do not meet the criteria for a substance use disorder. The First Time Offenders program provides education and promotes addiction awareness.

While the Student Assistance Program generally facilitates youth and adolescent entry into treatment, ADAS, Inc. Case Management staff primarily facilitate adult client entry into treatment. Functions include screening and assessment, placement determination, funding eligibility and continued stay reviews. Once a level of care is determined through an assessment of the client's needs, staff work to ensure that the client is getting the most effective treatment. After the initial assessment, ADAS, Inc. continues to provide ongoing Case Management services in accordance to the Case Coordination model, which provides flexibility to meet the client's needs at any point of their recovery process. Case Management staff work to increase client engagement in treatment, to determine non-treatment issues that may impact recovery, and to facilitate access to services such as primary health care, psychiatric services, housing, positive support networks, vocational training and employment. In 2013, ADAS, Inc. added Recovery Support Services to the Case Management Department. This service offers additional support provided by a peer who has had a "lived experience" with addiction. Recovery Support Specialists facilitate support group meetings, and provide advocacy and outreach services.

In McKean County, ADAS, Inc. provides intensive outpatient services at the Port Allegany office. Bradford Regional Medical Center provides intensive outpatient treatment in Bradford. ADAS Inc., is the only outpatient provider in McKean County. Drug and alcohol outpatient treatment offices are located in Bradford, Port Allegany, and Kane. ADAS, Inc. outpatient staff also deliver individual and group treatment services weekly at the McKean County Prison. Through outpatient treatment services adolescents, adults, and families are exposed to a variety of substance abuse treatment modalities, which may be delivered through individual or group sessions. ADAS, Inc. became a co-occurring competent facility in 2013. As of June of 2014 five therapists are certified to provide co-occurring treatment. In addition, four outpatient counselors have completed the gambling treatment certification training.

Bradford Regional Medical Center provides a buprenorphine program in collaboration with ADAS, Inc. Bradford Regional Medical Center also maintains a two bed medically managed alcohol detoxification unit. ADAS, Inc. operates Maple Manor, a short term (28 day) adult residential treatment facility which is located in Port Allegany in McKean County.

In addition, ADAS, Inc. contracts with a number of out of county providers to provide a wide range of specialized residential services including medically managed and medically monitored detoxification, short term and long term residential treatment, partial hospitalization programming, half-way house services, and methadone services. Contracts also secure specialized programming for adolescents, pregnant and parenting women, and dually diagnosed clients. During FY 14-14 a total of 12 McKean County clients received treatment out of county. One for detoxification, nine for short term residential treatment, one for dual diagnosis residential treatment, and one for half way house.

Information Regarding Access to Services

Adolescents have been identified as an increasingly underserved population in McKean County by both Juvenile Probation and Children and Youth Services limitations. Many youth with substance use disorders are involved in both systems, they account for the most serious truancy cases, and more likely to end up in out of home placement. Currently no specialized drug and alcohol treatment services exist for this population in McKean County. Contracts are in place for specialized adolescent detoxification and residential treatment although options are limited to only a few facilities. Just this past year Clear Brook closed its adolescent facility which further limits availability and options for residential treatment of youth.

Within McKean County, youth are served through ADAS, Inc.'s outpatient treatment. Referrals for outpatient services are typically generated through the Student Assistance Program. School requirements to obtain parent permission to make a referral creates further barriers as over half of those recommended never return the consent form and therefore are not referred, despite the fact the Pennsylvania law does not require parent consent for drug and alcohol treatment. The delivery of programming also creates barriers as adolescents typically do not have a means of transportation to get to outpatient appointments and must rely on parents who may also be experiencing a substance use disorder. Implementation of Multi-dimensional Family Therapy as a home delivered treatment strategy for youth and their caregivers has been identified as a need. The McKean County Children and Youth Service Director is exploring potential funding sources to address this need.

Wait times and distance to medically monitored detoxification, long term residential treatment and halfway houses have limited access to McKean County residents. Bed availability has limited access to medically monitored detoxification and half way house stays for McKean County clients. In addition, nearly half of individuals that meet criteria for long term care actually access that level care. Reasons vary and include insurance that does not cover the care needed, significant distances to access care, reluctance of individuals to go to facilities located in urban areas, and inability for family members to be involved in treatment. In addition, the majority of individuals who are able to access long term care experience shortened stays due to insufficient insurance coverage. The Community Care Behavioral Health network average stay for non-hospital long term residential treatment is 68-70 days.

The Behavioral Health Alliance of Rural Pennsylvania has prioritized expansion and availability of non-hospital detoxification and long term residential treatment services within the North Central area of the state where the most significant gaps exist. BHARP has made this access gap a priority through Reinvestment Funds and ADAS, Inc. has agreed to expand Maple Manor to offer medically monitored detoxification and long term residential treatment within the next year.

In addition, client access and availability of medically assisted treatment options such as Vivitrol, is very limited in McKean County. ADAS, Inc. applied for a grant to cover expenses of Vivitrol for three months for clients who are interested in utilizing this resource.

Finally, McKean County has an increasingly high percentage of working poor who tend to be employed by smaller companies with health insurance plans that have limited coverage and high deductibles. In addition, the Affordable Care Act, which provided measures for parents to cover their children into adulthood, has created additional barriers to treatment access. A growing population of young adults who are chemically addicted, homeless, jobless, without family support and involved in the criminal justice system are unable to access services because they are still on their parent’s private insurance plan which does not cover long term care and they are also are unable to access lower levels of care because of inability to pay significant deductibles.

Waiting List Issues

McKean County residents have experienced wait times for detoxification and half-way house during the past year. In addition, Maple Manor maintained a wait list periodically during the fourth quarter of FY 14-15.

County Limits on Services

The demand for residential and outpatient treatment services for vulnerable populations limits the amount of funding available to support expansion of treatment in the jail, recovery support services, and case management. In addition, the recent increase in the justice system demand for assessments along with expansion of Bradford Regional Medical Center's buprenorphine program has increased the need hire an additional case manager to provide assessments and case coordination services.

Coordination of Care Across the System

ADAS, Inc. works closely with McKean County schools, probation, court system, McKean County Prison, and Children and Youth Services to ensure coordination of care across systems. ADAS, Inc. staff participate on all McKean County school Student Assistance Program teams and also participate on a Multi-Disciplinary Team to address youth involved in multiple systems facilitated by the McKean County Department of Human Services. In addition, management staff participate on the McKean County Department of Human Services Advisory Board, the McKean County Criminal Justice Advisory Board, and the McKean County Collaborative Board.

Improvement in coordination with mental health providers to better serve the co-occurring population has been identified as an area of improvement. In addition, increased coordination and education awareness strategies targeted at physical health providers to reduce drug overdoses and improve access to substance abuse treatment is needed. ADAS, Inc. has identified implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) as one strategy to address identified priority. SBIRT has been proposed in a funding application in response to the statewide opiate initiative along with additional training opportunities, purchase and distribution of Naloxone, and development and distribution of marketing materials targeted at educating physical health and mental health providers about addiction issues.

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care settings, hospital emergency rooms, and community mental health centers provide opportunities for early intervention with at-risk substance users before more severe consequences occur. Outcomes of SBIRT implementation include a 20% reduction in emergency department visits, 33% less nonfatal injuries, a 37% reduction in hospitalizations, 46% fewer arrests and a 50% reduction in motor vehicle crashes. SBIRT increases participation in treatment and decreases severity of drug and alcohol use among individuals not actively seeking treatment.

SBIRT core components are screening, brief intervention and referral to treatment. Screening is used to assess the severity of substance use. The typical screening

process involves the use of a brief questionnaire such as the National Institute on Alcohol Abuse and Alcoholism's single question screen or National Institute on Drug Abuse's quick screen. If a person screens positive on one of these instruments, a more in depth risk assessment tool is administered. Brief Intervention, or intensive intervention depending on the severity of the substance use and risk for adverse consequences, is a time-limited, patient-centered strategy that focuses on changing a patient's behavior by increasing insight and awareness regarding substance use. Topics discussed include how substances can interact with medications, cause or exacerbate health problems, and/or interfere with personal responsibilities. Brief intervention is designed to motivate patients to change their behavior and prevent the progression of substance use. During the intervention, patients are provided with information about their substance use based on their risk assessment score. They are advised to decrease or abstain from substance use. They are encouraged to set goals to decrease substance use and to identify specific steps to reach those goals. Making a referral to treatment for those identified as needing specialty care is the final step in SBIRT. The referral process consists of helping patients access specialized treatment, selecting treatment facilities, and navigation of any barriers such as cost of treatment or lack of transportation.

Emerging Substance Abuse Trends

The PA Department of Health County Health Profiles for 2013 reveal rates of admissions to drug and alcohol state supported facilities that are higher than average in McKean County at a rate of 103.9 (PA 56.7). The rate of admissions for a primary drug addiction rather than alcohol is 32.9 among McKean County residents (PA 23.7). PA Department of Health EPIQMS most recent 2012 data shows that opiate overdose deaths occur at a rate of 6.9 in McKean County (PA 3.8). A review all 67 county PA UCR Are You Aware Profiles for 2013 and the 2013 Statewide Annual Crime Report reveals that McKean County has the highest rate of drug violations in the state at 829.8 (PA 442.7).

In McKean County, 54.1% of individuals who accessed treatment during the first three quarters of FY 14-15 identified alcohol as their primary drug of choice. Alcohol is followed by other opiates identified by 22.1% of clients as their primary drug of choice. A total of 18.3% identify marijuana as their primary drug. Roughly 2.4% identify cocaine, 1.4% identify amphetamines, 1% identify bath salts, heroin and methamphetamines, .7% gambling. This is similar to last year in which McKean County clients identified alcohol, other opiates and marijuana as the top three drugs of choice.

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

During the first three quarters of FY 14-15, a total of 14 individuals ages 55 and older were served in McKean County; 12 were served in outpatient and two received residential treatment at Maple Manor. These numbers represent a slight decrease over FY 13-14 in which 23 individuals ages 55 and older were served throughout the entire year.

Alcohol and Drug Abuse Services engaged in cross training activities with the Office of Human Services Department of Aging program in order to identify treatment needs of this population and to facilitate increased referrals. The Department of Aging staff identified alcohol as a primary drug of abuse among this population. Refusal of treatment services is a significant barrier among this population. In addition, concerns were expressed regarding drug abuse among adult children caring for the elderly, theft of opiate prescriptions by adult children, and an increase in reports of elder abuse and neglect inflicted by adult children.

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

A total of 252 clients' ages 18-55 were served throughout the first three quarters of FY 14-15. Specifically 203 were served in outpatient treatment, 12 were served in inpatient treatment, and 37 received residential treatment at Maple Manor. These numbers represent a slight increase over last year which served a total of 320 clients' ages 18-55 the entire year.

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

Throughout the first three quarters of FY 14-15 ADAS, Inc. served 49 transition age youth in McKean County. This represents a slight decrease over last year which saw 84 clients ages 18-26. Of the 49 transition aged youth served during the first three quarters of FY 14-15, 33 were served in outpatient treatment, 3 were served in intensive outpatient treatment, and 13 were served in residential treatment at Maple Manor.

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

A total of 43 adolescents were served through outpatient treatment during the first three quarters of FY 14-15. Of those, 17 were referred through the Student Assistance Program. The total adolescents served through quarter three represents an increase over last year which saw only 36 youth the entire year.

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

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

Proximity of specialty services is a barrier. Many co-occurring clients are assessed and recommended for long term residential treatment but refuse due to the distance to access the service and opt to go to short term treatment at Maple Manor instead because it is familiar and close to home. As a result of not receiving the level of services that they need, these clients tend to end up back in the system repeatedly. ADAS, Inc. has identified a need to expand services at Maple Manor to add long term treatment to meet the needs of this population. This a goal for the coming year. In addition, co-occurring clients seem to be concentrated in the criminal justice system and are seen more frequently by outpatient staff in the county jail. A need to implement more intensive individual and group jail services to meet the needs of co-occurring clients has been identified. A Cognitive Behavioral Therapy program is being piloted in Elk County through Act 13 funds and is demonstrating significant results in decreasing recidivism and increasing engagement in treatment following re-entry in the community. Funding is a barrier to expansion and sustainability of this pilot.

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

The criminal justice system is a primary referral source for substance abuse treatment services in McKean County. During the first three quarters of FY 14-15, a total of 172 referrals were received from the McKean County Probation Department, the McKean County Court System, and PA State Parole. This represents 59% of all referrals received.

ADAS, Inc. utilizes Cognitive Behavioral Therapy to meet the needs of this population in both the outpatient and inpatient treatment settings. In addition, ADAS, Inc. provides evaluations to inmates at the McKean County Jail to assess level of care needed and facilitates placement into care for individuals who are permitted release to participate in treatment. Outpatient treatment also staff provide men and women’s groups at the jail each week. Groups are designed to educate clients about addiction, the availability of

treatment services, and how to access community supports such as Alcoholics Anonymous. A need to provide more intensive jail services has been identified but ADAS, Inc. is limited by the lack of funding.

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

All Outpatient sites offer assessments and outpatient counseling to veterans. Case Managers work with veterans to find inpatient care and link them to veteran services that their benefits cover. They are referred to Recovery Support Services when applicable.

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

ADAS works to remove barriers to service access to individuals with linguistic barriers. An interpreter is secured when needed. In addition, ADAS, Inc. staff receive ongoing training to support cultural competency. During FY 14-15 ADAS, Inc. provided outpatient treatment to three individuals representing a racial minority.

Recovery-Oriented Services - *describe the current or proposed recovery support services and how the proposed recovery supports will enhance the existing system or address any service gaps identified.*

In promoting and developing a Recovery-Oriented System of Care in our communities, ADAS, Inc. works with individuals in recovery, community collaborative boards, and human service system partners to identify and prioritize local needs. Housing consistently ranks high among needs and, for those impacted by behavioral or addiction related problems, establishing Recovery Housing options and opportunities was a top priority. In response to this, the SCA submitted and received approval for Recovery Housing Program services. This project created financial start-up support for an Oxford House to serve adults in McKean County. The Oxford House model is a self-governed, self-supported recovery house and system of operation for individuals recovering from alcoholism and drug addiction. Oxford Houses assure an alcohol and drug-free, supportive living environment. Unfortunately, during the past year the Oxford House closed due to a lack of utilization. It seemed that many referrals from stakeholders were

not appropriate for a three quarter house but needed a Half-Way House with more structure and professional staff instead.

The SCA has also implemented Certified Recovery Specialist (CRS) services. ADAS, Inc. currently employs one part-time CRS in the Bradford office location which serves all of McKean County. A second position is currently vacant due to budgetary constraints due to limited reimbursement for this service.

The primary function of the CRS is to help individuals gain access to needed resources in the community by assisting them in overcoming barriers and helping them bridge gaps between their needs and available resources. Types of services offered include mentoring, assisting clients in connecting with the Alcoholics Anonymous and Narcotics Anonymous, assisting clients in securing a sponsor, encouraging clients to attend outpatient appointments, and facilitating groups on topics such AA and NA etiquette, connecting to community resources, and engaging in positive recreational activities. The SCA considers the underfunding of this service a significant gap in the system. Ideally, McKean County would be best served by two full time CRS staff, which would allow the extra flexibility of providing outreach and visitation services to individuals placed out of county, those at Maple Manor and also at the McKean County Prison prior to release to facilitate improved transition to lower levels of care among the most vulnerable populations.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of the five categories, Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services, please complete the chart below with current and next fiscal year's individual information. Also for each of the five categories, please explain how allocated funding will be utilized by the county to support an array of services to meet the needs of county residents by providing the following in the format provided:

- The program name (if applicable)
- Changes, if any, in service delivery from previous year
- Specific service(s) - from the list of allowable services under each category in Appendix D, describe how services are provided
- Planned expenditures for each service

Note: Please ensure that the estimated individuals in the chart and planned expenditures in the narrative match what is included on the budget in Appendix C.

	Estimated / Actual Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Adult Services	14	14
Aging Services	10	10

Generic Services		
Children and Youth Services		
Specialized Services	85	101

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

Program Name/ Description: **Homemaker, Housing and Life Skills Education**
Changes in Service Delivery from Previous Year: None
Specific Service(s): Services provided by the Life and Independence for Today (LIFT) will allow adults with disabilities to receive homemaker, housing and life skills education services. Individuals in danger of eviction due to poor housekeeping will be able to remain in their home with the help of light housekeeping services. Additionally, Homemaker services will help consumers attain the knowledge and skills to maintain their home in a safe and sanitary manner. LIFT staff will maintain cooperative relationships with agencies, landlords, including those subsidized housing, and the district justice as referral source for this service so that those with the most critical needs are prioritized for service.

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

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

Planned Expenditures: $1,100 for twenty service units at a cost of $55.00 per unit/hour to an estimated 14 consumers. A service unit is equal to an hour of service, which includes direct service to consumers and travel time.

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

Program Name/ Description: **Personal Care Services**
Changes in Service Delivery from Previous Year: None
Specific Service(s): The Office of Human Services Area Agency on Aging will provide Personal Care to teach or assist in activities of daily living to older adults that cannot independently provide this for themselves. The service is provided in accordance with a care plan that is monitored monthly to ensure the consumer is getting the level of care needed to safely stay in their home. Supplemental housekeeping service can include washing dishes, making beds, shopping, laundry, light housekeeping, preparing meals, and assistance with money management.
Planned Expenditures: $5,000 for service for an estimated amount of 10 older adults.

Children and Youth Services:

No services are proposed under this category.

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

Program Name/ Description: **Big Brothers Big Sisters**
Changes in Service Delivery from Previous Year: None
Specific Service(s): The Guidance Center will provide a supervised mentoring relationship between an adult and a child to help them deal with life challenges such in school, home or the community. Annual program fundraisers predominately fund the community-based matches. Financial support of this program is needed to help maintain the professional case management staff that assesses and screens the volunteers and monitors matches as required by the National Big Brother Big Sister standards.
Planned Expenditures: $14,050 for an estimated 10-16 matches.

Program Name/ Description: **Drug and Alcohol Programs**
Changes in Service Delivery from Previous Year: None
Specific Service(s): Group education aimed at prevention of drug and alcohol use; programs involve building self-esteem, conflict resolution, peer pressure, and parent education. Alcohol and Drug conduct these programs in conjunction with the McKean County Family Centers, area school districts, and Senior Centers.
Planned Expenditures: $9,500 for a total of 127 units of service will be provided at rate of $74.80 per hour.

Program Name/ Description: **School-Based Mental Health Services**
Changes in Service Delivery from Previous Year: None
Specific Service(s): The Guidance Center will offer group counseling to each High School in McKean County aimed at helping youth build skills to more adequately handle aggressive behaviors. The Aggression Replacement Training (ART), an evidence-based model, will be utilized for these 10-week programs, which would be operated by two staff persons. Each professional would be certified in the ART treatment model.
Planned Expenditures: $13,480 for an estimated 245 units of service would be provided at $55 per hour.

Program Name/ Description: **STEPS Drop-In Center**
Changes in Service Delivery from Previous Year: None
Specific Service(s): Drop-In Centers provide mental health consumers with an opportunity to interact socially and to enhance their independence. The facility in Bradford, which is open five days a week, and the part-time center in Kane encourage consumers to define their needs and to work together to develop relevant activities. This kind of program helps reduce the need for more intensive treatment efforts.
Planned Expenditures: $9,020 will support 70 active memberships.

Interagency Coordination: ***Describe how the funding will be utilized by the County for planning and management activities designed to improve the effectiveness of county human services.***
No services are proposed under this category.

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

Appendix D
Eligible Human Services Cost Centers

Mental Health

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

Administrative Management

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

Administrator's Office

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

Adult Development Training (ADT) – Adult Day Care

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

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

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment Related Services

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

Community Residential Services

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

Community Services

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

Consumer-Driven Services

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

Emergency Services

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

Facility Based Vocational Rehabilitation Services

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

Family-Based Mental Health Services

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

Family Support Services

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

Housing Support Services

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

Mental Health Crisis Intervention Services

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

Other Services

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

Outpatient

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

Partial Hospitalization

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

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 1, 2006.

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disability

Administrator's Office

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

Case Management

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

Community Residential Services

Residential habilitation programs in community settings for individuals with intellectual disabilities.

Community Based Services

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

Other

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

Homeless Assistance

Bridge Housing

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

Case Management

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

Rental Assistance

Provides payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or

end homelessness or possible eviction by maintaining individuals and families in their own residences.

Emergency Shelter

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

Other Housing Supports

Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are homeless or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Child Welfare Special Grants

Promising Practice

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

Housing

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

Alternatives to Truancy

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

Evidence Based Programs

Evidence-based programs use a defined curriculum or set of services that, when implement with fidelity as a whole, has been validated by some form of scientific evidence. Evidence-based practices and programs may be described as "supported" or "well-supported", depending on the strength of the research design. For FY 2015-16, the CCYA may select any EBP (including, but not limited to Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care

(MTFC), Family Group Decision Making (FGDM), Family Development Credentialing (FDC), or
High-Fidelity Wrap Around (HFWA)) that is designed to meet an identified need of the population they serve that is not currently available within their communities. A list of EBP registries, which can be
used to select an appropriate EBP, can be found at the Child Information Gateway online at: https://www.childwelfare.gov/topics/.

Drug and Alcohol

Care/Case Management

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

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

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

Inpatient Non-Hospital Detoxification

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

Inpatient Non-Hospital Halfway House

A licensed community based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counseling, employment and other services. This is a live in/work out environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24 hour medically directed evaluation and detoxification of individuals diagnosed with substance use disorders in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

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

Outpatient/ Intensive Outpatient

Outpatient

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

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

Partial Hospitalization
Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 -hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least 3 days per week with a minimum of 10 hours per week.

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

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

Recovery Support Services
Services designed and delivered by individuals who have lived experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance abuse. These services are forms of social support not clinical interventions. This does not include traditional 12 step programs.

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

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

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

Human Services Development Fund / Human Services and Supports

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

Services for older adults (a person who is 60 years of age or older) include: adult day care, assessments, attendant care, care management, congregate meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter/supervision, personal assistance service, personal care, protective services- intake investigation, socialization/recreation/ education/health promotion, transportation (passenger), volunteer services or other service approved by DHS.

Children and Youth

Services for individuals under the age of 18 years; under the age of 21 years who committed an act of delinquency before reaching the age of 18 years or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years and while engaged in a course of instruction or treatment requests the court to retain jurisdiction until the course has been completed and their families include: adoption service, counseling/intervention, day care, day treatment, emergency placement, foster family care (except room & board), homemaker, information & referral, life skills education, protective and service planning.

Generic Services

Services for individuals that meet the needs of two or more populations include: adult day care, adult placement, centralized information and referral, chore, counseling, employment, homemaker, life skills education, service planning/case management, and transportation services.

Specialized Services

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

APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED

Directions: Using this format, please provide the county plan for allocated Human Services expenditures and proposed numbers of individuals to be served in each of the eligible categories.

1). Estimated Individuals – Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.

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

3). HSBG Planned Expenditures – Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation **must equal.**

4). Non-Block Grant Expenditures – Please enter the county's planned expenditures **(MH& ID only)** that are **not** associated with HSBG funds in the applicable cost centers. This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.

5). County Match - Please enter the county's planned match amount in the applicable cost centers.

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

7). County Block Grant Administration - Please provide an estimate of the county's administrative costs for services **not included** in MH or ID Services.

NOTE: Fields that are grayed out are to be left blank.

***Please use FY 14-15 Primary Allocations for completion of the budget.**
***If your county received a supplemental CHIPP allocation in FY 14-15, include the annualized amount in your FY 15-16 budget.**
***The Department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 2015/16 are significantly different than FY 2014/15. In addition, the county should submit a revised budget if and when it determines, at any point in the fiscal year, that expenditures in any cost centers/service categories will change by more than 20 percent.**

APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE AND FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	240		79,817		8,869	
Administrator's Office			170,425	18,750	42,898	
Adult Developmental Training - Adult Day Care						
Children's Evidence Based Practices						
Children's Psychosocial Rehabilitation Services						
Community Employment & Emplmt Rel Svcs	4		3,145		350	
Community Residential Services	8		753,198			
Community Services	78		78,022		8,669	
Consumer-Driven Services						
Emergency Services	155		232,395		7,950	
Facility Based Vocational Rehabilitation	24		129,011		989	
Family Based Mental Health Services	23		46,275			
Family Support Services	10		4,390		488	
Housing Support Services	52		175,138		980	
Mental Health Crisis Intervention						
Other						
Outpatient	310		621,892		44,245	
Partial Hospitalization	5		7,000			
Peer Support Services						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation						
Social Rehabilitation Services	12		118,952		5,089	
Targeted Case Management	250		86,029			
Transitional and Community Integration						
TOTAL MH SERVICES	1,171	2,505,689	2,505,689	18,750	120,527	0

APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE AND FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			273,030	1,700	4,592	
Case Management	29		63,184		6,318	
Community-Based Services	4		264,695		0	
Community Residential Services	35		170,372		20,919	
Other						
TOTAL ID SERVICES	68	771,281	771,281	1,700	31,829	0
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	120		31,432			
Rental Assistance	120		4,760			
Emergency Shelter						
Other Housing Supports						
TOTAL HAP SERVICES	240	36,192	36,192		0	0
CHILD WELFARE SPECIAL GRANT SERVICES						
Evidence Based Services	33		97,565		5,135	
Promising Practice						
Alternatives to Truancy	60		45,000		5,000	
Housing						
TOTAL CWSG SERVICES	93	142,565	142,565		10,135	0

APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE AND FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management	43		6,746			
Inpatient Hospital						
Inpatient Non-Hospital	39		96,579			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient	201		20,706			
Partial Hospitalization						
Prevention						
Recovery Support Services						
TOTAL DRUG AND ALCOHOL SERVICES	283	124,031	124,031		0	0
HUMAN SERVICES AND SUPPORTS						
Adult Services	14		1,100			
Aging Services	10		5,000			
Children and Youth Services						
Generic Services						
Specialized Services	101		46,050			
Interagency Coordination						
TOTAL HUMAN SERVICES AND SUPPORTS	125	54,135	52,150		0	0
7. COUNTY BLOCK GRANT ADMINISTRATION			1985		0	
GRAND TOTAL	1,980	3,633,893	3,633,893	20,450	162,491	0