COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: VENANGO

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

Date: 6/29/15

Date:

Date: 6/29/15
PART I: COUNTY PLANNING PROCESS

County Planning / Needs Assessment Process:

1. Critical stakeholder groups including individuals and their families, consumer groups, providers of human services, and partners from other systems

See response to question number 2 below.

2. How these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement.

Venango County continues to engage the System of Care model across four life stages (i.e., children and families, emerging adults, adults, and older adults). While the County continues to work within the regulatory parameters of the traditional categorical systems that make up the County Human Services department (i.e., Area Agency on Aging, Children and Youth Services, Mental Health and Developmental Services, the Substance Abuse Program, and a variety of programs collectively managed by the Community Supports Services unit funded through DCED, MATP, HAP, HUD, CSBG), the System of Care Model has provided a more life stage specific structure for gathering vital needs assessment information, quality management and outcome data.

This year the System of Care Steering Committee comprised of representatives from each life stage subcommittee, agreed on a three-fold approach to needs assessment for the 2015-2016 block grant process.

1. Nominal Group Process with System of Care Subcommittees (SOCs) and Standing Committees
2. Key Informant Interviews
3. County Indicator Data

The following narrative describes these processes and the results of the activities conducted.

1. Nominal Group Process

Nominal Group Process sessions were held with the following committees:

- Older Adult SOC Subcommittee conducted 3/12/2015 (7 Participants)
- Emerging Adult SOC Subcommittee conducted 3/30/2015 (10 Participants)
- Adult SOC Subcommittee conducted 3/30/2015 (12 participants)
- Children & Families SOC Subcommittee 4/9/2015 (6 Participants)
The System of Care Committees are comprised of 1/3 consumer/family stakeholders, 1/3 professionals and 1/3 non-traditional partners. This arrangement ensures that all stakeholders have a voice in the planning process. The additional standing committees represent local human service providers, family members/ recipients of services and community partners. This cross section of stakeholders also crossed the four life stages and proved to be an effective method of outreach and engagement.

2. **Key Informant Interviews**

Key informant interviews are in-depth interviews with stakeholders who know what is going on in the community but do not typically participate in County planning activities. The purpose of key informant interviews is to collect information from a wide range of people—including community leaders, professionals, or residents—who have first-hand knowledge about the community. These community experts, with their particular knowledge and understanding of their respective system of care life span provided insight on the nature of services and gaps and in some cases gave recommendations for strategies to address areas of need. Key Informants were identified by the System of Care facilitators. Below is the list of Key Informants interviewed for this process:

<table>
<thead>
<tr>
<th>Name/ Organization:</th>
<th>System of Care</th>
<th>Date Interview Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Haag, Guidance Counselor at Franklin High School</td>
<td>Children &amp; Families</td>
<td>4/14/2015</td>
</tr>
<tr>
<td>Stacy Peeples, Foster Parent</td>
<td>Children &amp; Families</td>
<td>6/1/2015</td>
</tr>
<tr>
<td>Dr. Charles Romero, Psychiatrist</td>
<td>Children &amp; Families Emerging Adult Adult Older Adult</td>
<td>5/30/2015</td>
</tr>
<tr>
<td>Robert Daugherty, Court Supervision</td>
<td>Emerging Adult</td>
<td>4/6/2015</td>
</tr>
<tr>
<td>Stan Benvin, Program Director Home and Community Habilitation</td>
<td>Children &amp; Families Emerging Adult Adult Older Adult</td>
<td>4/27/2015</td>
</tr>
<tr>
<td>Stephanie Coston, Program Director Community Voices, Community Services</td>
<td>Children &amp; Families Emerging Adult Adult</td>
<td>4/1/2015</td>
</tr>
<tr>
<td>Donna Kalamajka, Community Member</td>
<td>Older Adult</td>
<td>6/3/2015</td>
</tr>
<tr>
<td>Colleen Breene, Licensed Psychologist</td>
<td>Children &amp; Families Emerging Adult</td>
<td>6/7/2015</td>
</tr>
</tbody>
</table>

The following questions were selected by the System of Care Steering Committee for use in the nominal group and key informant exercises:
1. What kinds of services/supports do you think we need more of in Venango County? (Identification of gaps in system/service delivery)

2. What services/supports have proven to be the most effective in meeting the needs of individuals/families?

3. What services/supports have proven to be the least effective in meeting the needs of individuals/families, and why?

The data received from the nominal group process and key informant interviews were reviewed with the MH/DS, CYS Advisory Board and Substance Abuse Executive Commission on May 20, 2015; The Venango County Human Service Management/Leadership team on June 2, 2015 and the System of Care Steering Committee on June 4, 2015. Upon analysis of all input from groups & key informants, the following trend responses were identified: They are listed by System of Care Life Stage below.

**Children & Families:**

- Need for more flexible transportation for those with small children/ enhance the RIDE Program
- Need for increased summer programming
- Continue Family Based Mental Health In-Home Programs – Programs that treat both the child and family creating positive healthy values
- Need for more skills based programs and aftercare for those aging out of foster care.
- School-based Mental Health Programs (PREP & HEIGHTS) are very effective
- Increase integrated Mental Health/Substance Abuse programming in schools
- More venues for appropriate socialization across all life stages. Bring back socialization option for parent and children.

**Emerging Adults (18- 25 years old):**

- Need for Budgeting/Life Skills Classes
- Continued focus on employment outcomes and programs which support this, (i.e. OVR/ CareerLink, Job Support Program and The Transitions Program)
- Need increased supports for young adults in navigating systems (i.e. medical and cash assistance, SSI and SSDI)
- Housing -Emergency Housing needs for teens/young adults (not a priority if they do not have children). Need for increased housing stock for those with county HUD vouchers.
- Increased transportation with more flexibility around appointment times/Keep the RIDE Program going.
- Need for more programs/supports that result in skill attainment; (i.e. AmeriCorps, GED, Certificate Programs, Post-Secondary Education opportunities)
• Need for places for this age group to socialize; the local MH Drop In center is not good at outreach to emerging adults.

**Adults:**

• Need more jobs/Employers willing to hire
• More focus on Budgeting/Benefits Counseling for those who receive SSI, SSDI and Assistance
• Services that go into the home (i.e. Home & Community Habilitation work well).
• Transportation – staying on the GOBus (local public transportation) for hours to get to an appointment.
• Programs that provide training/skills development
• Need increased collaboration/programs developed with the criminal justice system as a whole, especially State Probation
• More Substance Abuse and Mental Health evidence based and integrated programs.
• D&A Outpatient – limited success, not focused on recovery. Substance abuse programs are not treating the underlying psychological issues behind the addiction.

**Older Adults:**

• Need for services for those above the 133% poverty level including medication assistance; Services should not be based on income but rather need
• Need for Medical supports for Older Adults i.e. Medication Management, Medical Professional visits to homes in severe situations when older adult is unable to come to office and report back to Dr.
• More Assisted Living options
• Parker Place Program for older Adults is great – services that integrate older adults in a socially positive manner.
• Home Delivered Meals, APPRISE, Life Line, RSVP Transportation meet many needs for Older Adults
• Mental Health- Once 60 yrs. or older MH issues seem to become dementia.
• The long wait for services through Waiver because the state takes so long to approve them.

3. **County Tracked Indicator Data**

Venango County Human Services, through its ongoing quality improvement process, tracks numerous indicators across its life stages and traditional categorical systems. Following are indicators tracked by the county quality assurance process. They either fall into the category of “problem indicators,” indicators that have been tracked on an ongoing basis for performance improvement efforts, or indicators that reflect new trends in the Human Services system. This data was considered as the county worked to identify service gaps and create strategies for correction.
Mental Health:

- Incarceration of individuals in the Venango County Prison known to the County MH system remained unchanged from 2013 to 2014 with 43% known to the MH system and 28% of those known having a serious mental illness (SMI).
- Follow-Up after hospitalization rates (PA Specific): CY 2013 49% within 7 days of discharge/ 70% within 30 days of discharge (VBH 56%- 7days / 75%- 30 days)
- Inpatient Hospitalization Re-Admission w/in 30 days: CY 2013 – 9.6% / CY 2014 11.2% - VBH Annual Summary
- Involuntary vs. Voluntary Rates: CY 2013: 83% Voluntary/ 17% Involuntary; CY 2014: 87% Voluntary/ 12.9% Involuntary – VHB Annual Summary
- 95% were able to get help when they needed it; 100% were able to make their own treatment decisions; 96% report treatment has improved their quality of life. CFST State Questions Report -1st Qtr. 2015
- Number of open MH consumers working competitively full or part-time.: May 2013 - 88; May 2014 – 101. Marks an increase of 12 consumers POMS and MH BSU internal Tracking Reports

Intellectual Disabilities:

- Number of individuals in Life Sharing – FY 2014-15 ytd: 10, increase by 4 since FY 2013-14. Meeting the AE QM Plan goal of 2 additional individuals choosing this option.
- Individual to Individual Abuse: Meeting 5% QM reduction goal. April- September 2012: 13 reported incidents / April – September 2014: 2 reported incidents
- Medication Errors: CY 2013: 53 /CY 2014: 35. This marks a decrease of 34% over the two years.
- Restraint Reports: 28 reported restraints in October -March 2013 / 13 reported restraints in October- March 2014. Marks a reduction of 53%.
- IM4Q: 100% of people surveyed reported that their supports coordinator talks with them about services to make sure everything is OK (state finding 98%, regional 98%). 2014 Venango County IM4Q Report

Substance Abuse:

(667 Adults/ 38 Adolescents): 62% referred by Criminal Justice System with an additional 18% DUI referrals (80% Total)

- Total number of DUI arrests: 188 in CY 2013; 212 in CY 2014
- Number of individuals who are institutionalized (incarcerated) vs. Number SAP assessments completed: FY 2012-13: 110 or 17%; FY 2013-2014: 130 or 18%
- Top Three Self-Reported Primary Drugs of Choice: FY 2013-14: Alcohol-40%, Marijuana-25%, Heroin & Other Opiates-28%
- Number of individual who received Alcohol, Tobacco and Other Drugs (ATOD) prevention services: FY 2012-13: 5,717; FY 2013-14: 6,321
- PAYS Survey 2013: 53.4% of Venango Youth surveyed used alcohol in their lifetime (46.9% statewide); 11.4% engaged in binge drinking (9.7% statewide); 6.7% reported using synthetic drugs in their lifetime (3.4% statewide).

**Children, Youth and Family Services:**

- Exposure to Threats of Harm improved to by 10% in the 2014 QSR to 100% compared to 2012 QSR rating of 90%.
- 2014-2015 ytd: 36 CYS cases received a CANS (Child and Adolescent Needs and Strengths) assessment
- 2014-2015 ytd: 90 CYS cases received a FAST (Family Advocacy Support Tool) assessment
- 2014-2015 ytd: 52 CYS cases received an ASQ (Ages and Stages Questionnaire)
- 2014-15 ytd: 23 children discharged from care: 6- adopted; 2- SPLC; 10-reunified with parents; 3- aged out; 2- transferred to another county
- Clinical Support Meetings: 4 Individual Coaching; 49 Case Reviews; 13 Group Staffings; 10 Special Case Reviews of these 76 meetings 73 referrals for clinical support came from the CYS system.
- **Additional tracked indicators referenced in Children and Youth Services Section**

**Aging:**

- Number served in Options Programs per FY: 2012-13: 674; 2013-14: 988 2014-15 ytd: 1337
- Number of Emergency Shelter Days utilized per FY: 2012-13: 42 days; 2013-14 201 days; 2014-15 ytd : 116
- Number of AAA Assessments- FY 2013-2014: 1070; 2014-15 ytd: 1035
- Number on waiting list for services including those waiting for Intensive In-Home Supports: FY 2012-2013: 64; 2013-2014: 16; 2014-15 ytd: 0

**Housing:**
- Number Served Housing Case Management: FY 2013-14: 296; 2014-15 ytd: 308
- Number Served by Chore Program: 2014-15 ytd: 87 Households
- Households in Poverty 2012: Venango 17.5% vs. PA 13.7%, National 15.9%

**Other Data Sources:**
- 2013 Pennsylvania Youth Survey
- HCSIS and DHS Data Warehouse Reports
- CFST and IM4Q Survey Data
- Community Action Association of Pennsylvania – Community Needs Assessment
- Value Behavioral Health Annual Summary
- Venango HS Advisory Board Reports / Provider Monitoring
- Pennsylvania County Data Book

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;

*Venango County intends to continue to fund all of the programs and initiatives funded with Block Grant funding in Fiscal Year 2014-15.* These services are represented below and/or on the Service Maps included as Attachment A.

In addition to continuing the existing array of services, Venango County intends to initiate additional services and efforts, as outlined below.

1. **Service System Paradigm Shift**

Venango County intends to continue to move away from an illness focused System of Care, to one focused on ages/life stages. The County also plans to continue its internal integration efforts. And finally, the County is working towards integrating natural supports into its service planning efforts. Specific plans are bulleted below:

- Continue to Refine the County Human Services Web Site.

- Develop materials/Web site to present natural support options to Human Services Staff (both county staff and community partner staff).

- Develop and implement integrated training on natural community supports by life stage for all human services staff. Extend training to community providers.
• Develop transition plan format to implement in collaboration with individuals “graduating” from the human services system. Ensure that individuals are linked to natural community supports.

• Continue to move away from categorical affiliation among managers and more towards System of Care Orientation.

• Work with managers to develop “life stage” focus strategies that are integrated into service development and case staffing reviews.

• Implement one or more pilots to integrate case management service delivery within the Human Services system.

• Restructure internal meetings to give more focus on System of Care Orientation

2. Service Additions

Although the Governor’s budget includes a 3% increase in Block Grant related funds, it is not known if this increase will be supported by the PA Legislature. However, the County has identified a few additional services that will be added to the range of services currently available to County residents. These services include the following:

• Funding in the amount of $30,000 will be allocated for the development of a scholarship program to address the wide variety of skills and supports needed by residents that already exist, but are geared to a different target population. Individuals presenting with needs in the areas listed below will be considered for funding support. A scholarship application process will be developed to allow individuals to apply for funding support.
  o Like Skills Acquisition
  o System Navigation Support
  o Summer Activity Programming
  o Employment/Vocational Training (after other options are exhausted)
  o Educational Training (after other options are exhausted)

• Pilot of a 12 session skill building program (The Listen Program) in the Prison setting. The program will be repeated up to 3 additional times if funds are freed up from underutilization and if the pilot produces outcomes that are favorable.

• Support the development of an adult socialization “café” through the auspices of the POINTe (a non-profit organization directed and managed by consumers with a mental illness)
• Development of an additional small enhanced personal care home, in partnership with Crawford and Mercer County, to take one additional person out of Warren State Hospital.

• Collaborative planning with UPMC, to include startup funding support from the County, to open two 15 bed enhanced personal care homes for individuals with a mental illness. Building is scheduled to be completed in May of 2016.

3. Human Services Recruitment and Retention

Because of the ongoing turnover of caseworkers, especially among those who support the child welfare system, a Recruitment and Retention Program has been developed and will be implemented in Fiscal Year 2015/16. Components of the Plan are as follows:

• Up to six paid intern positions will be available for any given semester. Interns targeted will be those expected to graduate at the conclusion of the internship.

• Up to two temporary case worker I positions will be created to hire interns that show promise. These positions will provide support during periods when there are case worker vacancies as well as case workers out on Family Medical Leave. These workers will have a one year period to compete for vacancies that open up within the County.

• An additional supervisor will be added to the Protective, Intake and Crisis Unit (PIC) to afford additional management oversight. All supervisors will be reclassified to more accurately reflect the complexity of their positions and liability they manage on behalf of the county.

4. Continuation of Initiatives Launched in 2014/15

All initiatives launched in FY 2014-15 with Block Grant funds will be continued in FY 2015-16. These include the following:

• Continuation of the Chore program, a home repair service offered to seniors and disabled individuals in the Human Services System.

• Continuation of the RIDE program, a highly successful transportation support program offered to individuals who live outside the reach and/or timeframes of the public transpiration system.

• Continuation of the Parker Place pilot, a socialization program for senior citizens that includes intergenerational programing with youth.

• Continuation of emergency shelter and increased emergency housing support for individuals who are homeless or at risk of homelessness.
Continuation of the Clinical Manager position, designed to bring clinical direction to the development of service plans.

Continuation of the various employment skill building pilots implemented with Prison imamates (with MH or SA concerns) and other individuals involved in the overall Human Services System.

Continuation of specialized in home support services for disabled individuals, seniors, and families.

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

No substantial programmatic or funding changes are planned at this time.

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.

Two public hearings were conducted as required. One was held on June 17th in Franklin, PA and the other on June 18th in Oil City, PA. Proof of publication is provided below. Three individuals attended the first hearing and 15 attended the second. A handout summarizing the plan was distributed to attendees. Comments received during the hearings reflected the comments heard during the needs assessment phase of the Block Grant Plan development. Following the hearing on the 18th an article was published in the Oil City Derrick and Franklin News Herald. Copies of the public hearing hand out, the sign in sheets and the newspaper article are included herein as Attachment B.
Proof of Publication in The Derrick
UNDER ACT NO. 587, APPROVED MAY 16, 1929

STATE OF PENNSYLVANIA

ss:
COUNTY OF VENANGO

Carla Sheatz, of Venango Newspapers, of the County and State aforesaid, being duly sworn, deposes and says that THE DERRICK, newspaper of general circulation published at Oil City, Pa., County and State aforesaid was established in 1871, since which time THE DERRICK has been regularly issued in said county, and that the printed notice or publication attached hereto is exactly the same as printed in the regular edition and issue of the said THE DERRICK on the following dates, viz:

15th of June, 2015

Affiant further deposes that she is authorized by VENANGO NEWSPAPERS, agent for said THE DERRICK to verify the foregoing statement under oath, and affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statements as to time, place and character or publication are true.

COPY OF NOTICE OF PUBLICATION

PUBLIC NOTICE

The Venango County Human Services will hold public hearings on Wednesday June 17th, 2016, starting at 4:30 p.m. to 5:30 p.m. in Conference Room 465 at the Troy A. Wood County Human Services Complex located at One Dale Avenue, Franklin, PA 16323 and on Thursday June 18th, 2016 from 4:30 p.m. to 5:30 p.m. at The Point building, 806 Grandview Rd, Oil City, PA. The hearings are to present and review the Human Services Block Grant plan.

MICHELLE M SCHWAB, NOTARY PUBLIC
OIL CITY, VENANGO COUNTY

STATEMENT OF ADVERTISING COST

VENANGO NEWSPAPERS, Dr.
Agent for The Derrick
For publishing the notice or publication attached hereto on the above dates

Probating same

Total

Publisher's Receipt for Advertising Costs

VENANGO NEWSPAPERS, agent for THE DERRICK hereby acknowledges receipt of the aforesaid notice and publication costs, and certifies that the same have been duly paid.

By ________________
Proof of Publication of Notice in THE News-Herald
UNDER ACT NO. 557, APPROVED MAY 16, 1929

STATE OF PENNSYLVANIA

COUNTY OF VENANGO

Carla Sheatz, of Venango Newspapers, of the County and State aforesaid, being duly sworn, deposes and says that

The NEWS-HERALD, newspaper of general circulation publishing at Franklin, Pa., County and State aforesaid, was established in 1879, since which time THE NEWS-HERALD has been regularly issued in the said County, and that the printed notice of publication attached hereto is exactly the same as printed in the regular edition and issue of the said THE NEWS-HERALD on the following
dates, viz:

15th of June, 2015

Affiant further deposes that she is authorized by VENANGO NEWSPAPERS, agent for said THE NEWS-HERALD to verify the foregoing statement under oath, and affiant is not interested in the subject matter or the aforesaid notice of advertisement, and that all allegations in the foregoing statements as to time, place and character of publication are true.

COPY OF NOTICE OF PUBLICATION

Sworn to and subscribed before me this 15th day of June, 2015

MICHELLE M SCHWAB, NOTARY PUBLIC
OIL CITY, VENANGO COUNTY
MY COMMISSION EXPIRES DECEMBER 6, 2016

STATEMENT OF ADVERTISING COST

Venango Co. Mental Health
1 Dole Avenue
Franklin PA 16323

To VENANGO NEWSPAPERS, Dr.
Agent for THE News-Herald
For publishing the notice or publication attached
hereto on the above dates

134.82

Probating same

11.00

Total

145.82

Publisher’s Receipt for Advertising Costs

VENANGO NEWSPAPERS, agent for THE NEWS-HERALD hereby acknowledges receipt of the aforesaid notice and publication costs, and certifies that the same have been duly paid.

______________________________
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.

Venango County does not request a waiver of minimum expenditures for any categorical fund in the Block Grant.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

(a) Program Highlights: Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system.

- To date 35 Venango County Human Services staff completed the Applied Suicide Intervention Skills Training (ASIST) that will increase suicide intervention skills and build community networks.
- 10 Venango County Human Services staff, crossing all System of Care Life Stages, have been trained in the evidence based practice of QPR (Question, Persuade, Refer) suicide prevention.
- The Venango Recidivism/ Re-entry Subcommittee partnered with Venango Technology Center to design and implement a pilot employment skills training program for County Prison inmates.
- The Annual 5K Run-Walk “Cross Train your Body and Brain” supporting Mental Health and Wellness took place on May 17, 2014 with great attendance and community participation.
- In collaboration with the Northwest Behavioral Health Partnership, Venango County has contracted with a local provider to implement an Acute Children’s Partial program with a projected start date of August 2015.
- Community Support Program (CSP) in partnership with Venango County mental health sponsored a rally in a local park with speakers to celebrate Mental Health Recovery Month in May. CSP also sponsored a panel discussion on 302 procedures which was very well attended and received.
The Job Readiness Employment Pilot graduated 5 consumers with an MH diagnosis. Outcomes included: Receipt of PA Contractor License; 2 participants accepted in Post-Secondary Education/ CNA Course; Increase dedication to job searching with updated resumes and honed interview/ employability skills.

In partnership with the Children’s Round Table and the North West Behavioral Partnership Venango County MH/DS has made a concerted effort to ensure that behavioral health service providers are “trauma informed” in the delivery of their services. Towards this end, three webinars, a day long training symposium, and various other trauma focused trainings have been carried out this fiscal year. Additionally, 8 county clinicians have/will receive training/certification in Trauma Focused Cognitive Behavioral Therapy.

(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: Venango County Area Agency on Aging continues to utilize 6 APPRISE counselors who provide counseling for older adults on their Medicare issues. This includes older adults with a mental health diagnosis. Home and Community Habilitation services continue to assist with in home care for the older adult population. Parker Place is a community socialization center that has been implemented in the past year to assist with the isolation of the elderly. Parker Place offers a meal, natural supports and socialization with middle/ high school aged students.

Needs: More services are needed that will go into the home to help with medication management, both medical as well as behavioral health, on a consistent basis. The Older Adults system of care committee has asked for additional help/training in the area of understanding dementia and depression.

Adults (ages 18 and above)

Strengths: The flexibility of the Block Grant provides Venango County with the opportunity to implement needed services across all life stages and systems. The Adult Life stage committee has identified the RIDE program as one of the greatest strengths. The RIDE Program was implemented last year to help those with a mental illness go to appointments, to work, or to an identified need to maintain their recovery when no other means of transportation is available. Venango County Human Services continues to re-organize into a Systems of Care Model centered on life spans rather than categorical. Venango County passed a Land Bank Ordinance in 2014. This allows the purchase of properties which are refurbished and made available for Section 8 HUD recipients and supports other housing needs in the county. The Adult Systems of Care and other key informants identified Home and Community Habilitation and other services that go into a home as a particular strength to the mental health system. The increased collaboration between service providers and OVR is a key to a successful
employment program. The employment pilot was identified as a strength for both the re-entry program as well as MH/ID.

**Needs:** The Systems of Care steering committee has identified the need for leisure/natural supports for adults. The committee and the county mental health system are working collaboratively to design a user friendly website to help individuals link to these supports. The need for more jobs and employers willing to hire individuals on a flexible schedule to accommodate a person’s recovery was also identified. More focus is needed on budgeting and benefit counseling for those receiving or in need of applying for SSI, SSDI and other public assistance. Individuals receiving or applying for assistance need to understand how employment may affect their benefits, most importantly their medical benefits. Programs that provide training and skill development to help advance in the job market is an identified need as well as the need for increased collaboration and programs developed with the criminal justice system as a whole, especially in the area of re-entry. Also identified is the need for more Substance Abuse and Mental Health evidence based and co-occurring programs.

**Transition-age Youth (ages 18-26)**

**Strengths:** A strength in Venango County is the continuation of the Transitions Program provided by a local mental health provider who continues to strive to help individuals achieve independence, move towards recovery, and maintain a healthy adult life style with permanent, safe affordable housing and employment. Other strengths that have been identified include AmeriCorps which has been an asset with helping emerging adults build physical labor skills, valuable employment skills, team building and collaborative work techniques. The other program which was identified as a positive strength is WIA/Career Link/OVR which assists this population to become connected with supports and resources available in the area of employment.

**Needs:** The needs of the county’s transition age youth revolve around budgeting and employment. The group identified that there is a significant gap in services to assist them in finding linkage to job training programs and then in obtaining a job using those acquired skills. The proposed solution from the group would be to have some type of “life coach” that could focus on assisting youth with skill building and acquiring employment. There was a tie between the next two identified needs. They are the need for a court advocate and someone who can help an individual navigate the systems and find housing. Transition age youth that have been involved in the legal system are often lost in how to complete all requirements in order to eliminate further involvement with the court system. Court involvement in turn is a barrier to employment as well as to finding permanent housing. The county does have Section 8 Housing Choice vouchers available however the barrier is housing stock.

**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:** During the past year, a major highlight for the county has been the reinstitution of CASSP. In addition to being strength-based, CASSP has provided a venue for the county to analyze multi-system cases that are complex with children that are at-risk for out-of-home placement. Through CASSP, the county is given the opportunity to identify root causes of issues within the family dynamics and to complete better assessments which results in getting consumers the most appropriate services that will be of aid to them. This, in turn, affords the county an opportunity to achieve desired outcomes. Additional benefits of the utilization of CASSP are the increased collaboration and cooperation with Juvenile Justice, the provider community and natural supports. School based programming remains strong as outcomes continue to be firm in regards to recovery. These outcomes are best evidenced through the areas of academics and school attendance. In the various school districts, programming continues to be displayed through mental health services for K-12 which covers prevention, intervention and treatment; the incorporation of a full-time high school classroom for at-risk students with serious mental health concerns; and utilization of pre-assessments for K-12 pupils. The Student Assistance Program continues to execute the evidence based program, CAST, as well as SOS, the suicide prevention program at the junior high level. In addition, other programs that have been beneficial include family based mental health, complex care review team, PCIT, and the Children’s Round Table.

**Needs:** School districts have identified the need for a local children’s partial program to fill the void for a K-12 mental health school based program in the area. In the past, students who were referred to such programs had to be transported out of county which created great barriers for home districts as well as families in collaborating with the partial programs for the benefit of the child. Currently, the county is in the process of establishing a local children’s partial program, which will eliminate these obstacles that have previously existed and impeded possible desired outcomes with the children and their families. This program will commence at the beginning of the 2015-2016 school year. While the County supplements the Student Assistance Program through the flexibility of Block Grant funding, there continues to be additional need for staff time and availability. This need has been identified by the school districts and is also reflected in the PAYs survey data which suggests that Venango County youth have indicator rates relating to depression and suicidal ideation. Although strides have been made to increase awareness and knowledge related to Trauma and its effects on children and adults, continued education needs to occur in this area across all systems. A symposium is scheduled for this summer targeted at educators and an additional TF-CBT certification program is in the planning stage.

**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:** Venango County received funding for 3 CHIPP slots in FY 2014-15. The funding is being used to support one person live independently and two in an enhanced
personal care home. Notification of an additional CHIPP slot has been received and the County plans to partner with Crawford and Mercer Counties to develop another community home with 24 hour staffing for three individuals (one from each county). In addition, Venango County continues to work very closely with staff at the state hospital to ensure that consumers experience a seamless discharge. Those being discharged from the state hospital do have timely access to psychiatric appointments following discharge and if agreeable, receive blended case management immediately following discharge.

**Needs:** There continues to be a need for more housing options, ranging from supported independent living to the 24 hour staffed units. There is also a need for more specialized placements for older adults who have mental health concerns as they often have to be placed out of county because no local nursing homes will take them.

- **Co-occurring Mental Health/Substance Abuse**

**Strengths:** Through the efforts of the PIC unit, Venango County consumers can have “dual” intakes so that they are opened into both systems based on a single combined intake.

**Needs:** There continues to be no true dual diagnosis providers locally due to the licensing requirements. Additionally the Block Grant assessment effort unscored the need for treatment providers to address the underlying causes of addiction.

- **Justice-Involved individuals**

**Strengths:** Venango County has a very strong Criminal Justice Advisory Board comprised of various leaders of justice involved agencies as well as county human service staff. The CJAB is chaired by the County MH/DS Administrator. The Board has several subcommittees that deal specifically with issues relative to individuals with mental illness who are justice involved. One example is the MH Procedures Committee which is comprised of first responders, jail staff, the sheriff’s department, and mental health staff. The primary purpose of the committee, which meets quarterly, is to discuss procedural issues relative to crisis intervention and delegate work. Many policies and procedures have been developed as a result of the collaborative work of the committee.

A newer CJAB subcommittee is the Recidivism Reduction Workgroup. Over the past year, 3 distinct groups of inmates have attended certificate programs at the local vocational/technical school. The first 2 groups focused on maintenance skill development. The training programs consisted of 45 hours of classroom time, plus additional on the job training as the students were paired with county maintenance workers at various locations. There were approximately 14 individuals who completed that training. The first class ended in August of 2015 and the second ended in November of 2015. We know that to date, none of the individuals who attended either class have been re-incarcerated. We are working to gain data on who has gained employment. Recently, our 3rd class graduated from the food prep and service class.
Of the 12 individuals in the class, 10 were able to pass the Serve Safe certification test, which should help them gain employment.

We are also working to address some of the other needs identified last year. We have trained county human service staff to complete LSIRs. We are planning to use that tool to assess incarcerated individuals to determine which jail training programs they would most benefit from. We have also engaged a local provider who is going to do a 12 week living skills group in the jail. Finally, work is being done to create a family visitation room in the jail so that incarcerated individuals may have contact visits with their minor children.

**Needs:** Identified needs include better methods for tracking outcomes of those completing classes and/or those who have MH/SA needs given it is difficult to locate them and have continued contact after their release, and the need for more classroom space in the jail.

- **Veterans**

**Strengths:** During the past year, the Veterans’ Affairs office has been proactive in performing outreach in the community. Each quarter, regular presentations have taken place at various locations to increase awareness and to inform families and community members about the various benefits that are available to individuals in the county with military service. Through these presentations, appointments have been scheduled which has resulted in an increase in the number of people served in Venango County. In 2013-2014, out of 930 people served through Community Support Services (CSS), 33 were veterans. In 2014-2015, 1,191 people were served by CSS, 47 of which were veterans. Additional work in the area of outreach has been done as well as the Veteran’s Affairs office has reached out to Human Services to train and educate staff on veterans’ related issues. One challenge that has been an obstacle has been the ability to identify this group and their needs. Previously, the veteran’s status was not known unless that person initiated contact with Veteran’s Affairs themselves. To modify this, collaboration has occurred within the county to update the intake forms utilized by Human Services agencies to include a veteran’s status box for them to check. The Community Based Outreach Clinic (CBOC) has been a positive outlet for veterans as it has decreased the amount of travel for individuals seeking mental health and medical care services. Rather than traveling to the Erie VA Medical Center, local residents are able to visit the facility to receive mental health counseling and physical care. Also available to the veterans are home health care nurses. On staff at the CBOC are two medical doctors, numerous nurses, a licensed psychologist and mental health counseling staff.

**Needs:** The veteran population in the county is currently 5,500 with the majority of those people aged 65 and over. An area of need that has been noted with this group is housing for male homeless vets. Currently, with no local resources available, these
individuals have to travel out of county with the closest shelter being located in Meadville, Pa. (Crawford County).

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex**

**Strengths:** The student assistance team has adapted the screening tool to begin to assess the needs and services for LGBTQI. At this point no needs have been identified but the area will continue to be monitored.

**Needs:** None identified at this time based on the student assistance screening.

- **Racial/Ethnic/Linguistic minorities**

**Strengths:** The county system has instituted an integrated training to address cultural competency.

**Needs:** The County currently has not identified any needs in the area of racial/ethnic linguistics. When needed the county does request an interpreter.

- **Other, if any (please specify)**

**Strengths:**

**Needs:**

**(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

Venango County Human Services has identified Recovery Orientated Initiatives (ROI) as its focus for the 2015-16 Block Grant year. The ROI selected also incorporates the following priorities:

- Consumer/ Family participation and advocacy (Drop-In Center)
- Peer Support Services (Certified Peer Specialists and Warm line)
- Cross-System Collaboration (Partnerships with community and providers)
- Quality Management (On-going data collection and analysis)
- Other Community Services (Community Outreach)

The POINTE Mental Health Drop-In Center has been in operation for the past 4 years. This consumer operated agency is in the process of expanding its Recovery Outreach services. The agency is re-locating to a new site which will increase their capacity to serve more individuals with mental health needs as well as those with co-occurring disorders. Their current location is outside the city limits and lacks easy accessibility to
community supports. The new setting is centralized in downtown Oil City in the former Northwest Saving Bank. This is within walking distance to businesses, resources and is on the public transportation route. CareerLink is located directly opposite the site. Services will expand to include a “community café” through a partnership with Second Harvest Foundation, a local food bank. This outreach effort will improve the face of the drop-in center within the community and spotlight leadership of the members. In addition, the POINTE Director will continue to serve on the County System of Care Steering Committee as well as the Adult System of Care Subcommittee.

- A time line to accomplish the transformation priorities

The POINTE Drop-In will change physical location during July and August 2015. The site will be renovated to accommodate not only the drop-in center but also the recovery oriented services i.e. Warm line, the café and meetings such as DBSA and Peer Specialist. It is projected that expanded services will begin in the fall of 2015.

- 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).

State block grant funds as well as fundraising by the POINTe will support the project. The agency is a 501 3(c) and receives county block grant funding for sustainability.

- A plan/mechanism for tracking implementation of priorities.

The MH County Coordinator will work with the POINTE Director will to track indicators and outcomes related to expansion efforts as noted above. This data will be reviewed monthly with the POINTE Board of Directors and with County MH/DS management staff. If, after analysis, areas for improvement are identified a Performance Improvement Plan with associated action steps will be implemented.

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.
Venango County Human Services’ Intellectual Disability (ID)/Administrative Entity (AE), is committed to a diverse system of supports and services that meet the individual needs of those served, ensures health and safety, and promotes quality of life. The ID/AE strives to provide freedom of choice and support to the individuals and their families to identify and utilize available supports, both natural and paid, in a way that is meaningful and life enhancing. A continuum of paid services are available to individuals based on assessed need. The most utilized services include:

- Home and Community Habilitation
- Community Residential Supports  
  - Community Homes  
  - Respite  
  - Lifesharing
- Supports Coordination
- Day Program Supports  
  - Community Habilitation  
  - Older Adult Daily Living Centers
- Vocational Services  
  - Supported Employment/Job Finding  
  - Transitional Work  
  - Pre-Vocational Services  
  - Supports for Volunteerism

A person’s needs are identified during the intake and Individual Support Plan process by the Interdisciplinary team (IDT). The IDT is comprised of the individual with an intellectual disability, their family member(s), Supports Coordinator, service providers, and others identified by the individual.

- The person’s needs continue to be reviewed annually at the person’s Individual Support Plan meeting, as well as during contacts throughout the year by the Supports Coordinator. Should a change in need occur throughout the year, the Prioritization of Urgency of Needs (PUNS) is updated to reflect that need. Should a need be identified and funding is available, a Critical Revision to the ISP can occur at any time of year.

<table>
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<tr>
<th>Service</th>
<th>Estimated Individuals served in FY 14-15</th>
<th>Projected Individuals to be served in FY 15-16</th>
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<td>Life sharing (6500)</td>
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<tr>
<td>PDS/AWC</td>
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<td>20</td>
</tr>
</tbody>
</table>
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.

The Venango County Intellectual Disability (ID) system provides services and supports for supported employment for transition-aged youth, as well as adults served by the ID system. For the past eight fiscal years, the Venango County AE has utilized ODP Employment Pilot funds specifically targeted for youth aged 16 to 26. This funding permits targeted youth to access employment supports with ODP funding. In fiscal year 2014-15, there were 2 people served using this funding stream; and this funding stream will continue to be offered to any person meeting the criteria that is interested in obtaining community employment.

The AE continues to collaborate with the local Transition Coordinators of area school districts via meetings, presentations, and transition focused groups. Both the AE and SCO (Supports Coordinator Organization) are members of the County Employment Analysis Workgroup. This group is comprised of contracted Supported Employment service providers, consumers of service, and representatives from the Office of Vocational Rehabilitation (OVR). The group’s focus is on identifying obstacles to community employment, and working towards elimination of these barriers.

Base Funded Supports Coordination: Describe the services provided and changes proposed for the current year.

Upon receipt of a new referral the SCO schedules the initial Individual Support Plan (ISP) plan meeting. Meeting attendees include the individual and others that are in their circle of supports. The ISP that is developed by this group of people identifies the needs of the individual so that a person centered plan that covers all aspects of the person’s life can be developed. The Interdisciplinary team (IDT) identifies both the potential informal and formal supports that may be available to meet the identified needs of the person. Once the initial plan is developed the Supports Coordinator (SC) meets with the individual and their IDT a minimum of once a year to review and update information on the plan. This team includes the individual and anyone in their informal support system as well as formal service providers. The SC’s continue to work with each person on their caseload to identify potential informal supports that can assist with meeting the person’s identified needs.

The SCO supervisors meet a minimum of once a year with people in ICF/ID facilities and offer them the opportunity to receive supports in the community. If a person identifies that they would like to move into the community the SCO and AE work together to identify the need and transition the person to the community if funding is
available. Generally speaking base funding is not sufficient to meet and sustain these people’s needs. The waiver application is completed identifying the person’s choice of community living versus ICF/ID and the AE communicates the need to ODP in anticipation of the need for increased capacity. Once the need is identified and funding is secured the SC works with the facility IDT to determine how this person can be best served in the community and a transition plan is developed. Venango County is currently in the process of working to develop supports in the community for one individual currently in an ICF/ID facility can be transitioned into the community. Once the individual moves into the community the SC will monitor their living situation closely to assure that the transition plan is being followed and that the person is satisfied with the move. Both formal and informal support systems explored to provide supports to the person.

An SCO supervisor regularly meets with one individual currently in a State Hospital. Venango County is currently working to transition this person into the community. Once this person moves into the community, their living situation will be monitored closely as well.

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

Venango County offers Lifesharing as an option to everyone at intake and annually thereafter. Lifesharing is offered as the first option whenever a person identifies that they are in need of residential supports. The SCO has developed a policy regarding the importance of providing Lifesharing options when someone identifies the need for residential supports. In an effort to assure that this information addressed by the SCO the following is incorporated in the SCO policy manual:

- Lifesharing information is shared through county events such as provider fairs, forums, media opportunities, TV ads, radio spots, and websites.
- Supports Coordinators are trained on Lifesharing policies through The Office of Developmental Programs, the Supports Coordination Organization, State Lifesharing Subcommittee meetings, and through available local trainings.
- In addition a list of talking point on Lifesharing has been developed and is reviewed with all people at intake as well as at annual and quarterly ISP meetings. This is also reviewed with a person when there is a need for residential supports identified. Lifesharing is always the first residential option given to a person and their families if they are seeking residential supports. A Lifesharing brochure has also been developed and this is shared with the person each time Lifesharing is discussed.

If a person identifies that they are interested in the Lifesharing option the SC provides assistance finding the individual the supports needed to address the request. If the individual is currently receiving residential supports the SC advises the AE of the identified need and potential providers will be contacted in attempts to secure the requested residential change. If the person is currently receiving services through the
consolidated waiver the SC will notify the AE and potential providers will be identified. Arrangements will be made for the person to meet with each potential provider; this enables the person to choose the provider that will best meet their needs. If an individual identifies the need for residential supports and does not have funding through consolidated waiver the need is identified through the Priority Urgency Needs (PUNS) process.

If sufficient base dollars are not available and the individual falls in the emergency PUNS category the AE will alert the region capacity coordinator of the identified need. Generally the base funds available are not adequate to support someone with this need for an extended period of time. If emergency supports are needed, the AE will approach the region waiver capacity manager and attempt to secure funding following the unanticipated emergency process. The AE will advise the Block Grant administrator of the identified need and explore all avenues in an attempt to secure emergency housing supports pending the receipt of additional consolidated waiver capacity.

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.

Venango County is currently in the process of integrating all human service programs. All services have been integrated during the intake process with the implementation of a unit specifically addressing Protective Services, Intake and Crisis management areas for all disciplines (PIC). All workers in this unit have received ID training from the Health Care Quality Unit (HCQU) so that they are better able to assess the needs of people with an ID diagnosis. This training will continue as additional staff is hired. In addition the AE purchased nine training DVD’s that were developed by the HCQU in an effort to provide training to staff on site as time permits. The PIC team assures that each person’s specific needs are identified and addressed at intake rather than the previous “silo” thinking of ID diagnosis. This unit also provides emergency supports to people after hours and on weekends. The PIC unit provides county residents with access to county delivered and funded services though “one door” and they no longer have to present as a person with an ID Diagnosis or other disorder. In essence, they can knock on the door as a person/family that needs support, and the PIC unit staff can work with them holistically from there.

The AE monitors all ISP’s and Incidents through the Home and Community Service Information System (HCSIS) system. In reviewing this information the AE is able to ascertain when an individual may be in or is near a crisis state. If a person is identified as being “at risk,” a risk assessment is completed and a plan is developed in an effort to assure that the person can continue to live in the least restrictive environment and avoid hospitalization or ICF placement. If an individual is found to be at risk, the SCO and AE work together to develop a plan that will meet the person’s needs. The HCQU is contacted and an intensive technical assistance review is requested. This may include the development of a biographical timeline to assist the people that are working with the person with a better understanding of their needs. If there is multi-system involvement,
a CASSP or Adult CASSP referral is made to the county Clinical Manager. If additional assistance is needed, the issue is presented to the county (Critical Case Review Team) CCRT which includes members of the individuals IDT as well as community providers that have experience with supporting individuals in similar circumstances. The AE also requests the assistance of the ODP and OMHSAS, PPRT committee if the plans developed through the other processes are not successful in assuring the individuals safety in the least restrictive environment.

**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.

Outside of normal work hours, the emergency needs of individuals are met by the PIC unit. Should the need require additional direction or assistance, the PIC unit has after-hours contact information for both the AE and the SCO supervisors. This information is also provided to Liberty Healthcare for the purpose of Adult Protective Services (APS).

Base funds will be used to provide supports to the extent possible. The AE will notify the Block Grant Administrator of the identified need. The submitted information will be reviewed to determine if there are funds available within the Block Grant to meet the identified need. Concurrently, the AE will follow the unanticipated emergency procedure and notify ODP of the emergency need requesting an increase in waiver capacity. The AE will also contact service providers to locate a provider able to meet the need.

**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.

Venango County will remain the Administrative Entity (AE) for waiver programs and funding for AE efforts will continue at historic funding levels. Adherence to the operating agreement is assured through the Administrative Entity Oversight Monitoring Process. An annual self-assessment is conducted by the AE to identify compliance with ODP standards and requirements of the Operating Agreement. The AEOMP Data Base is utilized and remediation efforts are conducted on all areas of non-compliance. Additionally, ODP conducts oversight monitoring in the fall of each year also using the AEOMP data base and required procedures. Remediation and Corrective Action Plans based on regional ODP findings are submitted and progress on plans are validated. The Venango AE does not delegate functions to another organizations and has adequate staffing to assure all required activities/ responsibilities
are completed. Services are provided to people based on identified needs. If a person is identified on emergency PUNS the identified need is presented to the Block Grant administrator to determine if funding is available within the Block Grant. The person’s health and safety is always considered when decisions are made on the supports that can be provided.

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.

During the 2013-14 FY Venango County fully integrated its housing programs into one cohesive unit inclusive of the Venango County Housing Authority. This integration provides individuals with access to all low income housing services available within the Human Services Systems. Housing supports have once again been identified in the annual needs assessment process this year. The structure of the housing unit better ensures that individual’s needs are identified and that the most appropriate housing supports can be accessed in a timely manner.

Housing services range from the minimum service of a one time – one month rental assistance to prevent an eviction to the more supportive services of the Shelter + Care Program (SPC) funded through the Office of Housing and Urban Development. The SPC housing program assists those who are chronically homeless with a severe mental illness or chronic substance abuse by providing rental assistance and supports to help individuals move toward recovery. All consumers that come in contact with housing intake are advised of the HUD Section 8 Housing Choice Voucher program and Public Housing programs that are overseen by the County of Venango for the Venango County Housing Authority. None of the above described programs are funded with HAP funding.

For individuals who come to the Housing Department and are literally homeless, the Housing Department is able to assist them with a 2-3 day stay at a hotel at a minimum or provide for a week-long stay at the Sugar Valley Lodge - VTECH rooms if they are open for services through the County (mental health, substance abuse, and aging). These services would be paid for by the categorical funding associated with the individual. Human service case-managers work closely with the individuals to assist them with obtaining permanent housing.

A great achievement accomplished during the fiscal year of 2014-2015 was the acquisition of a residential home located at 808 Elk St. Franklin, Pa. This property was donated by Wells Fargo Bank after foreclosure and was in need of significant repairs. The County worked collaboratively with a faith based volunteer organization, the
Mustard Seeds Mission (MSM), to rehabilitate the home. The MSM donated 256 hours of administrative/planning time and 1424 hours of labor to make the necessary repairs to the property to convert it to a residential duplex. This duplex is now used as a family shelter. The shelter became operational in March of 2015 having its first family of 4 reside for approx. 8 weeks. A family shelter was a gap that the County previously was unable to fill. While staying at the family shelter the adults are able to work with their human service case managers to improve their quality of life and enable them to become self-sufficient. Knowing the family has a warm place to stay and a roof over their heads allows them to concentrate on the services needed to enable them to succeed rather than worrying where their children will lay their heads that night. The cost of operating the shelter will be applied categorically based upon the family involved which could include Aging and Child Welfare. The Venango County Human Services Housing unit will continue to work with the Mustard Seed Mission to renovate properties that are acquired. Human Services block grant funds (HSDF) will purchase materials and supplies, with the Mustard Seed Mission providing the man power.

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<th>Estimated Individuals served in FY 14-15</th>
<th>Projected Individuals to be served in FY 15-16</th>
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<tr>
<td>Other Housing Supports</td>
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</tr>
</tbody>
</table>

For each of the following categories, 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**
  Currently the Venango County Human Services is not requesting HAP funding to provide bridge housing, but the Department does assist homeless residents through other means. Venango County contracts with Sugar Valley Lodge to place homeless individuals in temporary shelter beds and can often assist with acquiring permanent housing through various housing programs apart from the block grant. These programs may include Shelter + Care, HOME, and through the HUD with both Section 8 Housing Choice Vouchers and Public Housing alternatives.

- **Case Management**
  The housing department currently has one case manager that oversees the Shelter + Care program (SPC), rental assistance programs, and emergency shelter – hotel stay. While the Housing Dept. case manager only sees a consumer once a month, their Human Service Case Manager provides the more intensive support and linkage to service. The SPC program partners with Human
service case managers to assist the participant. Evaluation of case management and program efficacy is based on the audits conducted either through DCED or HUD as well as the ability of the consumer to become self-sufficient without further need for housing services and to improve the quality of life for themselves and family members. The Housing Case Manager conducts 6 month follow-up contact to gage continued progress and self-sufficiency. Changes in the current year will be to ensure those who are in the family shelter are receiving needed services. The County has entered partnership with a local service provider to offer budget classes and quality of life improvement classes to those in need. Increased collaboration with PA CareerLink will also benefit in employment skill attainment. The County is requesting HAP funding to support the Housing Case Manager who will assist approximately 320 individuals with support and service linkage.

Rental Assistance – This program offers one month rental payment to prevent evictions by the landlord based upon HAP regulation. The ORS data base is used to enter consumer/landlord information and track effectiveness of this service. There are no changes proposed for the current year. HAP funding is requested to provide rental assistance to approximately 130 Venango County consumers.

Emergency Shelter – Emergency Shelter may include either a 2-3 day hotel stay or up to a week stay for individuals at the Sugar Valley Lodge – VTECH Rooms. Venango County Human Services, through other funding streams beside HAP, pays a fee for each day the individuals are occupying a VTECH bed. The addition to the emergency shelter program for 2015-2016 will be the ability for families to stay long term (approx. 6 weeks) at the 808 Elk Street Family Shelter. All individuals which use the emergency shelter program have Human Service case managers. Efficacy of this program is monitored by the Service Director and Housing Manager. Outcomes such as obtaining permanent housing, linkages to programs i.e. CareerLink, linkage to mental health/substance abuse services, and linkage to public assistance should they qualify, are tracked. The County is requesting HAP funding to assist approximately 30 individuals obtain emergency shelter when no other funding source can be identified.

Other Housing Supports added in the spring of 2014 was the official management and oversight by the County Housing Department of the Housing Authority of Venango County. Through the management of the public housing and Section 8 Housing Choice vouchers, the County is better able to assist those individuals who use Human Services programs to obtain long term housing assistance. Through this integration, the Human Service case managers often bring their consumers to the housing department and obtain public housing applications and set up appointments for intake processing. No HAP funding is being utilized for Other Housing Supports.

Describe the current status of the county’s Homeless Management Information System implementation
Currently the County uses the Homeless Management Information System (HMIS) when then Housing Department case manager adds a client into either the SPC or ESG program. Reports are run either quarterly or annually as required by either DCED or
HUD to enable the County to track enrollments, exits and client information. The HMIS system will begin to be used for the 808 Elk Street family shelter.

**CHILDREN and YOUTH SERVICES**

***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.

**SUCCESSES**

Venango County continues to be a county that is focused on improving child welfare outcomes of permanency, safety and well-being of children and families. Venango is entering its’ third year of participation in the Pennsylvania Child Welfare Demonstration Project. The CWDP has been beneficial to Venango County as a means for practice to be re-shaped and driven by family engagement, assessments, and linkage to services and evidence based practices that meet an assessed need. Venango County Children, Youth, and Family Services’ CWDP initiated the practice of offering Family Group Decision Making as the key component of engagement with families in 2013. It has also initiated the utilization of the Family Advocacy Support Tool and Child and Family Needs and Strengths Assessment to determine the needs and strengths of families in the child welfare system, and link them to appropriate services. Venango County offers an array of services which includes evidence based practices of varying levels of care to address varying degrees and types of needs. Family Group Decision Making, Parent-Child Interaction Therapy, and Triple P Positive Parenting and Parents as Teachers are part of the Venango’s CWDP and are funded by a combination of funding streams. Additional programming that has successfully impacted the children and families of the county to improve permanency, safety, and well-being is the Truancy Outreach Program, Housing Supports Program, and Clinical Support.

The Truancy Outreach Program offers additional supports in the home and school environment to aid families in eliminating truancy. A total of 656 students were supported by the Truancy Outreach Program at Truancy Elimination Plan Meetings. Of those students that were supported at Truancy Elimination Meetings, over half rectified there attendance issues and did not progress to receiving citations. The Housing program allows families to remain intact and safe by offering funding to prevent utility shut off, eviction, housing and utility deposits, and short- term rental
assistance. A total of 38 families were assisted and 66 placements of children were prevented as a result of this support in 15-16.

A Clinical Manager was implemented to assist with analysis of multi-system cases in need of coordination or at risk for placement out of the home. The support was implemented in March of 2015 and at the conclusion of the first quarter 92 families had been referred for clinical review and support.

Venango County is also part of the Pennsylvania In Depth Technical Assistance Team, which was developed at a state level to improve the relationships and successful partnerships between Child Welfare and Substance Abuse agencies. As a result of the county’s participation on this team an analysis of the county data between the two systems has occurred, System collaboration and processes were examined regarding Child Welfare and Substance Abuse. Meaningful, viable conclusions were drawn from the analysis regarding the collective strengths and gaps in this area. As a result, methods for clinical review were implemented, such as CASSP, additional training regarding drugs and alcohol were offered, and Motivational Interviewing training was offered to improve client engagement and critical thinking skills for staff.

**CHALLENGES**

Venango County Children, Youth, and Family Services faced two significant challenges in the past year that has impacted the processes for conducting daily business; the transition of a change in software from ACYS to CAPS and the implementation of CWIS, which has occurred simultaneously. The implementation of these two data systems simultaneously has been challenging due to the learning curve of learning new business processes and modifying daily practice. During the conversion of data from ACYS to CAPS staff have had to utilize two data systems to conduct daily business. Staff have to utilize ACYS to retrieve prior history on cases while entering new data into CAPS. Ongoing cases continue to be managed in ACYS and new referrals are managed in CAPS, which makes case management and oversight more challenging. The implementation of features in CAPS is not yet complete and features to download CANS/FAST assessments is not available yet, therefore staff have had to complete them by hand and submit them to Quality Assurance who has been manually tracking data for submission for the CWDP.

Perhaps the most significant of challenges to the Child Welfare System of the last year has been recruitment and retention. Frequent turnover has created a very new team of caseworkers and supervisors that are learning their job duties along with new systems. While Venango has developed and implemented a Recruitment and Retention Committee to address the issue and the work force is stabilizing, it was an additional trial that was faced in the previous year.

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.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Measurement and Frequency</th>
<th>All Child Welfare Services in HSBG Contributing to Outcome</th>
</tr>
</thead>
</table>
| Safety                    | 1. Children are protected from abuse and neglect.  
                             2. Children are safely maintained in their own home whenever possible and appropriate.                                                                                                                                   | FGDM, Triple P, MST, Housing                                |
| Permanency                | 1. Children have permanency and stability in their living arrangement.  
                             2. Continuity of family relationships and connections are preserved for children.                                                                                                                                         | FGDM, Truancy Outreach, Triple P, MST, Housing             |
| 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.                                                                                                                          | FGDM, Triple P, MST, Housing                                |
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.

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>Multi-Systemic Therapy</th>
</tr>
</thead>
</table>

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

Multi-Systemic Therapy addressed the needs children and families by improving caregiver discipline techniques for challenging adolescent behaviors, increasing the child’s ability to avoid negative peer associations, improving school performance, and developing a family and community support network for encouragement and reinforcement. Ascertaining these skills and relationships will meet the needs of support and socialization needed to reinforce and maintain changes to oppositional behaviors and habits of the child and harsh discipline tactics of the parent. Stabilizing the home environment will allow the child to have relationship permanency and avoid disruption to caregivers. Additionally the intervention is provided in the home treatment can be provided without placement. The expected outcomes of MST are decreases in long-term arrest rates, improved family relationships, decrease in days of care for out of home placements, increased school attendance, and decreased psychiatric symptoms and substance abuse. Children ages 0-5 are opened for services most frequently in Venango County; however children ages 13-18 are very close behind. Children ages 12-18 rating high on the CANS/FAST indicators for oppositional, natural supports, residential stability, community supports or are presenting with identified needs of community supports, positive socialization, or chronic negative behaviors that place them at risk for placement, they may be referred for MST. Referrals may also be made if the parent of the child is using inappropriate discipline or conduct that places that child at risk to manage the child behaviors.

- 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.
  N/A

- 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.

<table>
<thead>
<tr>
<th>Description of Target Population</th>
<th>FY 14-15</th>
<th>FY 15-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children displaying conduct behaviors who are at risk for placement aged 12-18</td>
<td>23</td>
<td>30</td>
</tr>
<tr>
<td># Successfully completing program</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>Cost per year</td>
<td>$157,875</td>
<td>$159,413</td>
</tr>
<tr>
<td>Per Diem Cost/Program funded amount</td>
<td>65.00</td>
<td>65.00</td>
</tr>
<tr>
<td>Name of provider</td>
<td>MHY</td>
<td>MHY</td>
</tr>
</tbody>
</table>

*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 × 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.

Program Name: Housing

Please indicate the status of this program:

<table>
<thead>
<tr>
<th>Status</th>
<th>Enter X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funded and delivered services in 2014-2015 but not renewing in 2015-2016</td>
<td></td>
</tr>
<tr>
<td>Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)</td>
<td>x</td>
</tr>
</tbody>
</table>

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.

It is expected that the Housing Program will impact families’ abilities to remain together and united in their homes. Many families who have inadequate shelter find themselves in complex situations that are not easily resolved, and can balloon into additional problems quickly. Many of the poor housing conditions are financially driven. Families rent subpar properties that are in need of repair; but landlords are not responsive, leaving families in unsafe and unhealthy living situations. They are not financially capable of relocating so they are forced to contend with inadequate shelter. The Housing Program can repair the homes with permission from the landlord so that families can remain intact. Funding can be offered for security deposits, utilities, and short-term rental assistance. It can also be utilized to help purchase food and utilities for those receiving short-term housing in lieu of homelessness. Assessment of data regarding general protective service referrals and the number of families that have accessed housing supports in the past year indicate that this continues to be an area of need for children and families in Venango 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.
  An additional $35,000.00 funding is provided in the Needs Based Budget for families with homes in need of repair that are causing safety concerns for children. The funding is paired with labor provided from Mustard Seed Mission to make repairs, alleviate safety concerns, and prevent placement of children.

- 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.
  N/A

Complete the following chart for each applicable year.

<table>
<thead>
<tr>
<th>Description of Target Population</th>
<th>FY 14-15</th>
<th>FY 15-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families with children at risk for homelessness or having inadequate shelter</td>
<td>Families with children at risk for homelessness or having inadequate shelter</td>
<td></td>
</tr>
<tr>
<td># of Referrals</td>
<td>38</td>
<td>60</td>
</tr>
<tr>
<td># Successfully completing program</td>
<td>38</td>
<td>60</td>
</tr>
<tr>
<td>Cost per year</td>
<td>$24,257</td>
<td>$29,967</td>
</tr>
<tr>
<td>Per Diem Cost/Program funded amount</td>
<td>$24,257</td>
<td>$29,967</td>
</tr>
<tr>
<td>Name of provider</td>
<td>Venango County Human Services</td>
<td>Venango County Human Services</td>
</tr>
</tbody>
</table>
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 × 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.

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>Truancy Outreach</th>
</tr>
</thead>
</table>

Please indicate the status of this program:

<table>
<thead>
<tr>
<th>Status</th>
<th>Enter X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funded and delivered services in 2014-2015 but not renewing in 2015-2016</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)</td>
<td>☑ New Continuing Expanding</td>
</tr>
</tbody>
</table>

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.

The Truancy Outreach Program is a program developed for children with identified school attendance issue grades K-12. An Outreach caseworker is located in each of the county’s school districts and works with children to identify and resolve the barriers that are causing attendance and educational issues. The Outreach worker meets with the student in the school and the families at homes to identify any underlying causes to truancy. They attend Truancy Elimination Plan Meetings, Court Hearings, and conduct group sessions and activities. The program is housed within the county but is delivered in partnership and located in the school districts. The program allows truancy to be addressed holistically; looking at all of the contributing factors and developing a plan to address the whole child, rather than only the presenting problem of truancy. The Truancy Outreach Program continues to be sustained in all school districts in the county. The number of eligible students for this program has shown an increase over the past year. This is attributed to being the first full school year with the program in
every school in the district. It is anticipated that the number of students eligible for the program will level off in the next school year with a very slight decrease. In previous years the program did not operate to full capacity and all positions were not occupied. All positions are currently staffed for the upcoming year which translates to additional costs for staffing. This reflects why the anticipated costs for the 15/16 FY are higher than the previous year despite a slight decrease in children anticipated to be served. The anticipated decrease in children served is to account for attrition. It is anticipated that the program will be offered at the same rate as the previous year, but that some families will decline to participate or drop out.

- 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.
  N/A

- 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.
  N/A

Complete the following chart for each applicable year.

<table>
<thead>
<tr>
<th></th>
<th>FY 14-15</th>
<th>FY 15-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Target Population</td>
<td>School age children K-12 identified as having attendance issues</td>
<td>School age children K-12 identified as having attendance issues</td>
</tr>
<tr>
<td># of Referrals</td>
<td>1539</td>
<td>1500</td>
</tr>
<tr>
<td># Successfully completing program</td>
<td>1479</td>
<td>1440</td>
</tr>
<tr>
<td>Cost per year</td>
<td>$317,992</td>
<td>$338,470</td>
</tr>
<tr>
<td>Per Diem Cost/Program funded amount</td>
<td>$317,992</td>
<td>$338,470</td>
</tr>
<tr>
<td>Name of provider</td>
<td>Venango County Human Services in partnership with Venango County School Districts</td>
<td>Venango County Human Services in partnership with Venango County School Districts</td>
</tr>
</tbody>
</table>

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Were there instances of under spending or under-utilization of prior years’ funds?
☐ 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.

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>Family Group Decision Making</th>
</tr>
</thead>
</table>

Please indicate the status of this program:

<table>
<thead>
<tr>
<th>Status</th>
<th>Enter X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funded and delivered services in 2014-2015 but not renewing in 2015-2016</td>
<td>x</td>
</tr>
<tr>
<td>Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)</td>
<td>x</td>
</tr>
<tr>
<td>New</td>
<td>Continuing</td>
</tr>
</tbody>
</table>

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.

Family Group Decision Making is a strength based, family centered model for empowering and engaging families for planning on difficult life situations. It allows families to draw on their own natural supports and to discover new supports to assist them in their planning through a facilitator led meeting. Family Group Decision Making is unique from other team approaches to planning because of the unique component of family time; which allows the family and natural supports to meet without the presence of professionals to come up with their own plan to address the critical concerns that have been presented. Family Group Decision Making is utilized as the key component of family engagement for Venango’s CWDP. Since the implementation of the CWDP, FGDM has been offered to families for development of their Family Service Plans and Reviews. Beginning this FY, FGDM will also be offered for the development of Child Permanency Plans when a child is placed outside of the home. The increase in the number of referrals anticipated for the FY 15-16 is attributed to the addition of meetings to develop Child Permanency Plans and Reviews.

In the previous FY, the development of Child Permanency Plans via FGDM was not fully implemented. In July 2015 this component of the Concurrent Planning Bulletin for Child Welfare went into effect. The projected number of plans accounts for all children who are placed outside of the home and will need a plan within 30 days of placement and every 6 months thereafter. The number of Family Service Plans being developed in FGDM meetings is anticipated to remain steady; the anticipated increase in families
served is due to the implementation of FGDM meetings for the development of the Child Permanency Plans. We anticipated offering it to an additional 50 families, based off of the trends for children in out of home placement. However, families who are offered this service for plan development may decline. Additionally, not all children who are placed out of the home remain placed long enough to need a plan.

- 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.
  N/A

- 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.
  N/A

Complete the following chart for each applicable year.

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<thead>
<tr>
<th>Description of Target Population</th>
<th>FY 14-15</th>
<th>FY 15-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families with cases that</td>
<td>Families with cases that are opened</td>
<td>Families with cases that are opened</td>
</tr>
<tr>
<td>are opened for services</td>
<td>for services</td>
<td>for services</td>
</tr>
<tr>
<td># of Referrals</td>
<td>132</td>
<td>182</td>
</tr>
<tr>
<td># Successfully completing</td>
<td>112</td>
<td>152</td>
</tr>
<tr>
<td>program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost per year</td>
<td>$219,145</td>
<td>$220,620</td>
</tr>
<tr>
<td>Per Diem Cost/Program funded</td>
<td>$219,145</td>
<td>$220,620</td>
</tr>
<tr>
<td>amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of provider</td>
<td>Child to Family Connections</td>
<td>Child to Family Connections</td>
</tr>
</tbody>
</table>

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Were there instances of under spending or under-utilization of prior years’ funds?
☐ 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.
DRUG and ALCOHOL SERVICES

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

Venango County Substance Abuse Program (VCSAP) provides a broad array of services to the county. VCSAP provides prevention services to all local county school districts as well as to the general population. The program makes every effort to only implement evidence programming which follows fidelity. The prevention programs that are offered are: Too Good for Drugs, Project Alert, On Applebee Pond, Lead & Seed, Tobacco Education Group, Tobacco Awareness Program just to mention a few. The student assistance program is also monitoring by VCSAP and this program offers intervention services such as: team consultation, pre-assessments for substance abuse as well as mental health, parent contact and evidence based groups such as CAST.

The county provides screening and assessment through the Protective Intake and Crisis unit which is an integrated unit for mental health, children and youth services, aging and substance abuse. There are two licensed drug and alcohol outpatient clinics in the county that can serve any age group. It should be noted both outpatient providers do attempt to implement evidence based programming such Relapse Prevention Therapy.

Case management service is offered either through case coordination for those who need more time and assistance and resource coordination for those who need less time. The county also offers two Intensive Outpatient Programs and one of the two programs did have a wait list for a brief period of time. The most intensive service the county can offer is non-hospital detox and rehab services. The local detox/rehab provider did report a wait list and capacity issues for the last three months, April-June.

Funds are also available to help people in recovery for a short period of time for emergency shelter for reasons of homelessness and domestic abuse situations.

VCSAP does have a Together We Can Prevention Coalition who teams with the DUI Advisory Board who is active in identifying the needs of the community as well as sponsoring community events. VCSAP also implemented an Overdose Drug Task Force which will begin to evaluate the needs of the county.

This overview should include:

1. **Access to services:** All county residents have access to services following the intake and assessment process through the Protective Intake Unit in the county. An assessment can be conducted on the same day if needed, especially when an emergent care need has been identified. The county has a relationship with the local provider to begin emergent services as necessary. Adults who come in will have a PCPC assessment and a level of care determination. Adolescents will have the ASAM and a level of care will be determined.

2. **Waiting list issues:** At times throughout the year there has been a waiting list for detox, inpatient and IOP services. The Detox program wait was no longer than 2-3 days. The inpatient and IOP wait could be up to a week. Emergent
care needs were evaluated with every person and if interim services were needed they were put into place with the priority populations as identified by DDAP.

3. **County Limitations:** The county limitations of substance abuse services are in two areas: funding for halfway houses and medicated assisted treatment. There are no funds available to serve individuals for these two levels on the continuum. The county also has to limit outpatient appointments to ten sessions per year. (On occasion those numbers can be increased.)

4. **Coordination of care across systems:**

   With the advent of the Block Grant, the Venango County Human Services system has moved from the siloed categorical systems of Children and Youth Services, Mental Health and Developmental services, Area Agency on Aging, the Office of Economic Opportunity and the Substance Abuse Program, to an integrated system organized around life stages. This has been described in detail in previous Block Grant Plans. While the County continues to work within the regulatory parameters of the traditional categorical systems that make up the County Human Services system the focus on the local level is on integration and collaboration among the entire human services system, including the substance abuse system. Additionally, Venango County is one of several counties involved in the IDTA pilot which is focused on increased collaboration between the Substance Abuse and Children and Youth Services systems.

5. **Any emerging substance use trends that will impact the ability of the county to provide substance use services:** Alcohol, marijuana, and opiates continue to be the drugs of choice in Venango County. These three categories once again made up 93% of all assessments completed last fiscal year. There have only been a limited number of clients reporting use of synthetic drugs such as Spice and Bath Salts. The use of these new synthetic drugs will continue to be monitored.

**Target Populations**

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

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

   VCSAP served an estimated 34 older adults in the last fiscal year. Venango County serves the Older Adults by offering an array of prevention services as well as treatment options. In regards to prevention there is a significant effort to conduct presentations to area facilities on Gambling Addiction. A presentation is given about types of gambling and defining gambling addiction. The prevention program also provides prescription drug abuse presentations to the local senior
centers that discuss drug abuse as well as safe handling of non-used prescriptions. Outreach is also given during these presentations in regards to where to find help with gambling but also substance abuse concerns. Older adults also have access to all screening/assessment, treatment options as well to case management and recovery specialist.

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

  VCSAP served an estimated 430 adults in the last fiscal year. VCSAP offers an array of prevention activities as well as treatment options to the adult population of Venango County. Options include: Screening and assessment, Inpatient Non-Hospital, Outpatient, Intensive Outpatient, Emergency housing, Case management, Partial hospitalization and Recovery Services. Funding is tied to all of the above services and is dictated by the person’s ability to pay and base dollars available. Block grant funding would be used for Older adults, adults and transition age youth to support housing assistance. Funds are made available for emergency housing in a local homeless shelter as well as the Domestic Violence Shelter. Other block grant funds will assist with the traditional treatment needs of the county such as detoxification, inpatient services, partial etc.

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

  VCSAP served an estimated 203 transition age youth in the last fiscal year. In addition to the above programs mentioned, VCSAP also works with a local mental health provider who operates a Transitional Age program who regularly consults with the office. The mental health program uses a team approach to working with a transition age youth not only on mental health issues but also substance abuse, housing, and vocational.

- **Adolescents (under 18)**

  VCSAP served 38 adolescents in the last fiscal year. In addition to the above mentioned prevention and treatment services, VCSAP also coordinates the Student Assistance Program through this office. Adolescent services include: in school services to help assist with substance abuse education, family issues, barriers to academics and prevention. The student assistance program liaisons have reported an increase in depression and suicidal ideation. This is supported by the 2013 Pennsylvania Youth Survey (PAYS). In Venango County, 37.3% of students reported that they felt depressed or said most days in the past 12 months. In addition, 20.4% reported that they considered suicide. Due to the strong correlation between depression and substance abuse we will continue to collaborate to address this issue. Venango County Court Supervision Services also provides underage drinking classes for those adolescents referred by the court system.
There has been an increase need for Student Assistance Programing in the local school districts, the numbers have increased significantly in the past two years. The number of screenings completed increased from 161 in 2013 to 260 in 2014.

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

  VCSAP served 8 co-occurring clients in the last fiscal year. However, this seems to be a current trend for Venango County. VCSAP has seen an increase in need for services for co-occurring psychiatric and substance use disorders. Block grant funds will be needed to enhance these particular programs in the year to come as the trend tends to be indicative of co-occurring demands.

- **Criminal Justice Involved Individuals**

  VCSAP served 615 individual who were involved with the criminal justice system last fiscal year as well as 182 DUI offenders. These two sources accounted for 80% of all referrals. The majority of the offenders were referred on to services that included outpatient to residential programming. A specialized committee known as the re-entry committee which is a subset of the Criminal Justice Advisory Board has been working extensively on how to reduce recidivism into the county prison. The committee has identified several key areas such as lack of employment skills and drug and alcohol use as a common denominator. The committee will be working in the next year to identify programs to address these needs.

- **Veterans**

  On July 1, 2014 the SCA started to track data to analyze current trends or needs for Veterans with Substance Abuse concerns. Between July 2014 and May 2015 a total of 44 (6.7%) of completed assessments identified themselves as veterans.

**Recovery–Oriented Services:**

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

VCSAP has access to one recovery house known as Oxford House which is independently operated by the Oxford Foundation. Oxford started in the last fiscal year and currently houses 5 individuals who are in Substance Abuse Recovery. There is a choice of two Recovery Specialists with two different providers. However, one of the providers has not been able to successfully employ a full time specialist. The greatest challenge in supporting recovery–oriented systems comes down to the lack of funding to support any new initiatives and/or evidence based programming. There is a need in
Venango County to have medication assisted treatment with some type of therapy support but the budget cannot handle the current need as stated.

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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated Individuals Served in FY 14-15</th>
<th>Projected Individuals to be Served in FY 15-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Services</td>
<td>650</td>
<td>655</td>
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<tr>
<td>Aging Services</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Children and Youth Services</td>
<td>92</td>
<td>368</td>
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<tr>
<td>Generic Services</td>
<td>252</td>
<td>285</td>
</tr>
<tr>
<td>Specialized Services</td>
<td>47</td>
<td>133</td>
</tr>
</tbody>
</table>

**Adult Services:** Please provide the following:

1. Program Name/ Description: **Home Delivered Meals** – Home Delivered Meals are provided to homebound adults between the ages of 18 and 59 who are physically unable and have no other means of support to prepare meals. This service assists in meeting the individual's nutritional needs, improves overall health, and fosters independence by enabling the individual to remain independent in the community. It is estimated that 5 homebound individuals will be served.

   Changes in Service Delivery from Previous Year: None

   Specific Service(s): Home Delivered Meals

   Planned Expenditures: $3,350

2. Program Name/Description: **Information and Referral:** Information and referral services for adults to include services available throughout the Human Services system including transportation, housing, publicly funded programs, Section 8
Voucher program, and services provided by local agencies in the community. The County will also continue to develop and refine its Human Services Website.

Changes in Service Delivery from Previous Year: None
Specific Service: information and referral
Planned Expenditures: $73,500

**Aging Services:** Please provide the following:

Program Name/ Description: **Personal Assistance.** Through the needs assessment process, it was determined that many older adults who are living independently in the community do not have anyone to accompany them to medical appointments and other community based services where they need extra support. A program was designed based upon the home and community habilitation model to assist older adults to live independently while seeing that their health and safety is maintained. It is estimated that 4 individuals will benefit from this service.

Changes in Service Delivery from Previous Year: None
Specific Service(s): Personal Assistance Service
Planned Expenditures: $10,000

**Children and Youth Services:** Please provide the following:

Program Name/ Description: **Clinical Director Services.** It was determined that a clinical director was needed to provide clinical support to Child Welfare staff in their efforts to develop clinically sound service plans for the consumers and families they support. This individual will ensure that clinical assessment drives service planning and referral efforts for all categoricals/systems within Human Services and will meet routinely with identified teams to review consumer cases and recommend an appropriate clinical course of action. They will review assessment tools utilized by county staff and/or make recommendations to implement tools that are reflective of best practices for each population served. It is estimated that 368 individuals will benefit from the clinical director service.

Changes in Service Delivery from Previous Year: None
Specific Service(s): Service Planning
Planned Expenditures: $64,320

**Generic Services:** Please provide the following:

1. Program Name/ Description: **The CHORE Program:** The County Housing Department will provide a Home Repair Chore Service (CHORE) program to approximately 80 individuals/families across all ages. This service will assist handicapped, disabled individuals, or elderly individuals who are in need of minor home repair. The provided services could include health and safety repairs,
wheel chair ramps, porch/step/handrails, etc. The County will work closely with the Mustard Seed Mission, a faith based volunteer organization, who will be providing the labor for larger projects, i.e. wheelchair ramps, porch repair, etc. Specialized projects will be bid out through the County competitive bid process to local contractors. This program will service adults and older adults.

Changes in Service Delivery from Previous Year: None
Specific Service(s): CHORE
Planned Expenditures: $25,000

2. Program Name/ Description: **RIDE PROGRAM**: The County will continue to fund the RIDE Transportation Program. This program provides transportation to residents served in the Human Service systems by partnering with volunteers, public transportation, and provider agencies. Transportation includes after hour employment transportation, medical appointments when no other third party reimbursement are available, and activities funded by the County such as D&A prevention activities, Fatherhood Initiative activities, senior center participation for those under the age of 65, and family support groups such as Safe Parenting. A projected 150 individuals will access the RIDE Program in FY 2014-15.

Changes in Service Delivery from Previous Year: None
Specific Service(s): transportation and employment
Planned Expenditures: $149,000 of which $74,000 is funded through the required match dollars.

**Specialized Services**: Please provide the following:

1. **Program Name/ Description: Employment Pilot Skills Training** - The Venango Recidivism/Re-entry Subcommittee partnered with Venango Technology Center to design and implement a pilot employment skills training program for County Prison inmates. The program will include 30 to 40 hours of training in the area identified by local employers as needed in the community such as maintenance, food service, lawn care, general auto maintenance, etc. A certificate of completion and on-the job training will assist individuals in finding permanent employment. This program was very successful in fiscal year 14-15 having 12 individuals complete the maintenance program with no one returning to jail. A training program in food service including the completion of the ServSafe food safety program saw successful completion for 11 individuals.

Changes in Service Delivery from Previous Year: None at this time unless classes in different areas can be developed such as landscaping, auto maintenance, etc.
Planned Expenditures: $12,000
2. **Program Name/Description:** Specialized Supports for Disabled Adults – It has been determined that many disabled adults in the county are in need of assistance while attending medical appointments and community activities that enable them to live in the community as independently as possible. A program was developed to assist these individuals in meeting their health and safety needs. It is estimated that 25 individuals will be assisted by this program. 

**Changes in Service Delivery from Previous Year:** None  
**Planned Expenditures:** $80,000 of which $50,000 is funded through required match dollars.

3. **Program Name/Description:** Scholarship Program: Venango County will make available to individuals served within the Human Services system scholarship opportunities to existing services in the County when funding from all other options is exhausted. Opportunities could include classes at the local vocational technical school to assist in employment readiness, life skills education, and opportunities for young people such as attendance at camp and other existing educational and recreational activities. Participation in the Skills Training program will be by referral and with review and approval of committee. 

**Changes in Service Delivery from Previous Year:** This program will be implemented in fiscal year 2015-16.  
**Planned Expenditures:** $27,000.

4. **Program Name/Description:** The LISTEN Program: The listen program is a group-based living skills program that is designed to help participants make better life decisions through the development of skills and supports in their lives. This 12 week program will be offered in the Venango County Jail and will include finances and budgeting, and household management as indicated in the LSIR Crosswalk.  

**Changes in Service Delivery from Previous Year:** This is a new program in fiscal year 2015-16.  
**Planned Expenditures:** $3,000

**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.

The County funds several positions that serve all human services categorical departments with block grant funds added to the HSDF budget. These include the HIPAA/Compliance Officer/Fraud, Waste, Abuse position, and a half time quality manager position, Additionally, cross system trainings and provider functions/meetings are funded out of the HSDF fund. The overlay of these positions across all categorical systems facilitates more effective collaboration between and among the units.
ADDITIONAL ATTACHMENTS:

ATTACHMENT A: SERVICE MAPS

ATTACHMENT B: PUBLIC HEARING HAND/OUT, SIGN IN SHEETS, AND NEWS ARTICLE

APPENDIX C-1
VENANGO COUNTY HUMAN SERVICES BLOCK GRANT PLAN

Fiscal Year 2015-2016
COUNTY NEEDS ASSESSMENT

The 2015-2016 Block Grant Needs assessment process was developed in collaboration with the Block Grant Steering Committee. This year the Steering Committee agreed on a three-fold approach to the needs assessment process.

1. Nominal Group Process with System of Care Subcommittees (SOCs) and Standing Committees
2. Key Informant Interviews
3. County Indicator Data

Nominal Group and Key Informant Interviews:

The following questions used in the nominal group and key informant exercises were selected by the System of Care Steering Committee.

1. What kinds of services/supports do you think we need more of in Venango County? (Identification of gaps in system/service delivery)

2. What services/supports have proven to be the most effective in meeting the needs of individuals/families?

3. What services/supports have proven to be the least effective in meeting the needs of individuals/families, and why?

The data received from the nominal group process and key informant interviews was reviewed with the MH/DS, CYS Advisory Board and Substance Abuse Executive Commission on May 20, 2015; The Venango County Human Service Management/Leadership on June 2, 2015 and the Block Grant Steering Committee on June 4, 2015. Upon analysis of all input from groups & key informants, the following trend responses were identified: They are listed by System of Care Life Stage below.

Children & Families:
- Need for more flexible transportation for those with small children/ enhance the RIDE Program
- Need for increased summer programming
- Continue Family Based Mental Health In-Home Programs – Programs that treat both the child and family creating positive healthy values
- Need for more skills based programs and aftercare for those aging out of foster care
- School-based Mental Health Programs (PREP & HEIGHTS) are very effective
- Increase integrated Mental Health/Substance abuse programming in schools
- More venues for appropriate socialization across of all stages. Bring back socialization option for parent and children.
Emerging Adults (18-25 years old):

- Need for Budgeting/ Life Skill Classes
- Continued focus on employment outcomes and program which support this, i.e. OVR/ CareerLink, Job Support Program and The Transitions Program
- Need increased supports for young adults in navigating systems i.e. medical and cash assistance, SSI and SSDI
- Housing -Emergency Housing needs for teens/young adults (not a priority if they do not have children) /Need for increased housing stock for those with county HUD vouchers.
- Increased transportation with more flexibility around appointment times/ Keep the RIDE Program going.
- Need for more programs/supports that result in skill attainment; i.e. AmeriCorps, GED, Certificate Programs, Post-Secondary Education opportunities
- Need for placed for this age group to socialize; The local MH Drop In is not good at their outreach to emerging adults.

Adults:

- Need more jobs / Employers willing to hire
- More focus on Budgeting / Benefits Counseling for those of SSI, SSDI and Assistance
- Services that go into the home ie. Home & Community Habilitation work well.
- Transportation – staying on the GOBus (local public transportation) for hours to get to an apt.
- Programs that provide training/ skills development
- Need increased collaboration/ programs developed with the criminal justice system as a whole, especially State Probation
- More Substance Abuse and Mental Health evidence based and integrated programs.
- D&A Outpatient – limited success, focused not on recovery. Substance abuse programs are not treating the underlying psychological issues behind the addition.

Older Adults:

- Need for services for those not at 133% poverty including medication assistance; Services not based on income but rather need
- Need for Medical supports for Older Adults i.e. Medication Management, Medical Professional visit to home in severe situation when older adult is unable to come to office and report back to Dr.
- More Assisted Living options
- Parker Place Program for older Adults is great – services that integrate older adults in a socially in a positive manner.
- Home Delivered Meals, APPRISE, Life Line, RSVP Transportation meet many needs for Older Adults
- Mental Health- Once 60 yrs. or older MH issues seem to become dementia
• The long wait for services through Waiver because the state takes so long to approve them.

**County Tracked Indicator Data**

Venango County Human Service, through its ongoing quality improvement process tracks numerous indicators across its life stages and traditional categorical systems. Following are indicators tracked by the county quality assurance process. They either fall into the category of “problem indicators,” indicators that have been tracked on an ongoing basis for performance improvement efforts, or indicators that reflect new trends in the Human Services system. This data was considered as the county worked to identify service gaps and create strategies for correction.

**Mental Health:**

• Incarceration of individuals known to the County MH system remained unchanged. 43% in 2013/2014 FY with 28% of those known to MH having a serious mental illness (SMI). Vs. 43% known/ 28% w/SMI in FY 2012/2013.
• Follow-Up after hospitalization rates (PA Specific): CY 2013 49% within 7 days of discharge/ 70% within 30 days of discharge – VBH Annual Summary
• Inpatient Hospitalization Re-Admission w/in 30 days: CY 2013 – 9.6% / CY 2014 11.2% - VBH Annual Summary
• 2014 Involuntary vs. Voluntary Rates: 87% Voluntary/ 12.9% Involuntary – VHB Annual Summary
• 95% were able to get help when they needed it; 100% were able to make their own treatment decisions; 96% report treatment has improved their quality of life. CFST State Questions Report -1st Qtr. 2015
• Number of open MH consumers working competitively full or part-time.: May 2013 - 88; May 2014 – 101. Marks an increase of 12 consumers – POMS and MH BSU internal Tracking Reports
• 14 individuals graduated in the newly initiated re-entry employment pilot. As of 6/17/15 none of these individuals have returned to Prison. An additional 10 individuals recently earned Safe Serve Certification for Food Preparation/Service industry employment.

**Intellectual Disabilities:**

• Priority and Urgency of Need (PUNS) Report -5/27/2015: 39 individuals in Emergency / 18 individuals in Critical status
• Number individuals receiving ODP funded Employment Supports: FY 2012: 15; FY 2013: 22; FY 2014 ytd: 21 Steady increase in accessing employment services exceeding AE 2013-15 QM Plan goal of 10% increase or 17 individuals.
• Number of individuals in Life Sharing – FY 2014-15 ytd: 10 increase by 4 since FY 2013-14. Meeting the AE QM Plan goal of 2 additional individuals choosing this option.
• Individual to Individual Abuse: Meeting 5% QM reduction goal. April- September 2012: 13 incidents vs. April – September 2014: 2 reported incidents
• Medication Errors: CY 2013: 53; CY 2014: 35. This marks a decrease of 34% over the two years.
• IM4Q : Individuals reporting getting service/ supports they need 2012-13: 83% vs 2013-14: 84% 2014 Venango County IM4Q Report
• Restraint Reports: 28 reported restraints in October -March 2013 vs 13 reported restraints in October- March 2014. Marks a reduction of 53%.
• IM4Q: 100% of people surveyed reported that their supports coordinator talks with them about services to make sure everything is OK (state finding 98%, regional 98%). 2014 Venango County IM4Q Report

Substance Abuse:

• Total Substance Abuse Assessment Completed FY 2013-14: 705 (667 Adults/38 Adolescents): 62% referred by Criminal Justice System with an additional 18% DUI referrals (80% Total)
• Total number of DUI arrests: 212 in CY 2014
• Number of individuals who are institutionalized (incarcerated) vs. Number SAP assessments completed: FY 2013-2014: 130 or 18%
• Top Three Self - Reported Primary Drugs of Choice FY 2013-14: Alcohol-40%, Marijuana- 25%, Heroin & Other Opiates- 28%
• Number of individual who received Alcohol, Tobacco and Other Drugs (ATOD) prevention services: 6,321 FY 2013-14
• 2013 PAYS Survey: 53.4% of Venango Youth surveyed used alcohol in their lifetime vs. 46.9% statewide; 11.4% engaged in binge drinking vs. 9.7% statewide; 6.7% reported using synthetic drugs in their lifetime vs. 3.4% statewide.

Children, Youth and Family Services:

• Exposure to Threats of Harm improved to by 10% in the 2014 QSR to 100% compared to 2012 QSR rating of 90%.
• 2014-2015 ytd: 36 CYS cases received a CANS (Child and Adolescent Needs and Strengths) assessment
• 2014-2015 ytd: 90 CYS cases received a FAST (Family Advocacy Support Tool) assessment
• 2014-2015 ytd: 52 CYS cases received an ASQ (Ages and Stages Questionnaire)
• 2014-15 ytd: 23 children discharged from care: 6- adopted; 2- SPLC; 10- reunified with parents; 3- aged out; 2- transferred to another county
• Clinical Support Meetings: 4 Individual Coaching; 49 Case Reviews; 13 Group Staffings; 10 Special Case Reviews of these 76 meetings 73 referrals for clinical support came from the CYS system.
• Additional tracked indicators referenced in Children and Youth Services Section

Aging:

• Number served in Options Programs: FY 2012-13: 674 vs. 2013-14 FY: 988 2014-15 ytd 1337
• Number of Emergency Days utilized 2013-14 FY: 201 days vs. 42 days in 2012-13 FY. 2014-15 ytd 116
• Number of AAA Assessments- FY 2013-2014: 1070; 2014-15 ytd 1035
• Number on waiting list for services including those waiting for Intensive In-Home Supports: 64 in FY 2012-2013, 16 in FY 2013-2014, and 0 for 2014-15 ytd
• Out of County Transportation through RSVP Program: 61 in 2012-13 FY, 2013-2014 FY: 82, 2014-15 ytd 92
• Number of Reports of Need completed FY 2013-1014: 47, 2014-2015 ytd: 67
• Number of Protective Services Assessments completed FY 2013-2014: 51 2014-2015 ytd: 65

Housing:

• Number served CSBG – Rental Assistance: 2013-14 FY: 147 2014-15 ytd: 156
• Number served DPW Emergency Shelter: 2013-14 FY: 20 2014-15 ytd: 28
• Number served DPW Rental Assistance: 2013-14 FY: 129; 2014-15ytd: 124
• Number Served Housing Case Management: 2013-14 FY: 296; 2014-15 ytd: 308
• Number Served Weatherization Crisis & Non-Crisis: 2013-14 FY: 88; 2014-15 ytd: 112
• Number Served by Chore Program: 2014-15 ytd: 87 Households
• Households in Poverty 2012: Venango 17.5% vs. PA 13.7%, National 15.9%

Other Data Sources:

2013 Pennsylvania Youth Survey
HCSIS and DHS Data Warehouse Reports
CFST and IM4Q Survey Data
OVERVIEW OF BLOCK GRANT PLAN

Venango County intends to continue to fund all of the programs and initiatives funded with Block Grant funding in Fiscal Year 2014-15. These services are represented below and/or on the Service Maps included as Attachment A.

In addition to continuing the existing array of services Venango County intends to initiate additional services and efforts, as outlined below.

1. Service System Paradigm Shift

Venango County intends to continue to move away from an illness focused System of Care, to one focused on ages/life stages. The County also plans to continue its internal integration efforts. And finally, the County is working towards integrating natural supports into its service planning efforts. Specific plans are bulleted below:

- Continue to Refine the County Human Services Web Site.

- Develop materials/Web site to present natural support options to Human Services Staff (both county staff and community partner staff)

- Develop transition plan format to implement in collaboration with individuals “graduating” from the human services system.

- Implement one or more pilots to integrate case management service delivery within the Human Services.

- Restructure internal meetings to give more focus on System of Care Orientation

- Continue to move away from categorical affiliation among managers and more towards System of Care Orientation.

2. Service Additions

Although the Governor’s budget includes a 3% increase in Block Grant related funds, it is not known if this increase will be supported by the PA Legislature. However, the County has identified a few additional services that will be added to the range of services currently available to County residents. These services include the following:
• Funding in the amount of $30,000 will be allocated for the development of a scholarship program to address the wide variety of skills and supports needed by residents that already exist, but are geared to a different target population. Individuals presenting with needs in the areas listed below will be considered for funding support. A scholarship application process will be developed to allow individuals to apply for funding support.
  - Like Skills Acquisition
  - System Navigation Support
  - Summer Activity Programming
  - Employment/Vocational Training (after other options are exhausted)
  - Educational Training (after other options are exhausted)

• Pilot of a 12 session skill building program (The Listen Program) in the Prison setting. The program will be repeated up to 3 additional times if funds are freed up from underutilization and if the pilot outcomes are favorable.

• Support the development of an adult socialization “café” through the auspices of the POINTe (a non-profit organization directed and managed by consumers with a mental illness)

• Development of an additional small enhanced personal care home, in partnership with Crawford and Mercer County, to take one additional person out of Warren State Hospital.

• Collaborative planning with UPMC and as warranted, funding support to open two 15 bed enhanced personal care homes for individuals with a mental illness. Building is scheduled to be completed in May of 2016.

3. Human Services Recruitment and Retention

Because of the ongoing turnover of caseworkers, especially among those who support the child welfare system, a Recruitment and Retention Program has been developed and will be implemented in Fiscal Year 2015/16. Components of the Plan are as follows:

• Up to six paid intern positions will be available for any given semester. Interns targeted will be those expected to graduate at the conclusion of the internship.

• Up to two temporary case worker I positions will be created to hire interns that show promise and to provide support for case worker vacancies and case workers out on Family Medical Leave. These workers will have a one year period to compete for vacancies that open up within the County.

• An additional supervisor will be added to the Protective, Intake and Crisis Unit (PIC) to afford additional management oversight. All supervisors will be
reclassified to more accurately reflect the complexity of their positions and liability they manage on behalf of the county.

4. Continuation of Initiatives Launched in 2014/15

All initiatives launched in FY 2014-15 with Block Grant funds will be continued in FY 2015-16. These include the following:

- Continuation of the Chore program, a home repair service offered to seniors and disabled individuals in the Human Services System.

- Continuation of the RIDE program, a highly successful transportation support program offered to individuals who live outside the reach and/or timeframes of the public transpiration system.

- Continuation of the Parker Place pilot, a socialization program for senior citizens that includes intergenerational programing with youth.

- Continuation of emergency shelter and increased emergency housing support for individuals who are homeless or at risk of homelessness.

- Continuation of the Clinical Manager position, designed to bring clinical direction to the development of service plans.

- Continuation of the various employment skill building pilots implemented with Prison imamates (with MH or SA concerns) and other individuals involved in the overall Human Services System.

- Continuation of specialized in home support services for disabled individuals, seniors, and families.

---

**FISCAL YEAR 2015-16 ESTIMATED BLOCK GRANT ALLOCATION**

<table>
<thead>
<tr>
<th>Categorical:</th>
<th>Amount:</th>
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<tr>
<td>Children’s Special Grants</td>
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<tr>
<td>Housing Assistance Program</td>
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<td>Human Services Development Fund</td>
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<td>Intellectual Disabilities</td>
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<td>County Match</td>
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**Estimated total allocation:** $5,469,821
Block Grant Public Meeting 6/17/15

1. #1
2. Pastor #2 1st Capt. / MSM
3. #3 #4 CDC, Inc.
4.
5.
Human Services Block Grant Public Mtg
6/18/15

Name:
Mickey May
Susan Lawson
Enrique Lopez
Geoff Gage
Keith Ward
P.O. O
Randy Novack
Thomas Powers
John D. 0
Ray H. Hultz
Michael Bold
Dave Granns
Billy Martin
Sheila Boyoughner
The Neerick
Will Ladin
Block grant money will provide more human services for Venango

By SHEILA BOUGHNER
Newscom/TheDerrick@gmail.com
Staff Writer

Additional human services are on the way for Venango County thanks to flexible funding under a state block grant.

County human services administrator Jayne Romero presented the county’s 2015-16 block grant plan in a public meeting Thursday at the Pointe drop-in center in Oil City.

Venango was one of 20 counties selected by the state in 2012 for participation in a pilot program testing out block grant funding for human services previously funded strictly by category.

Since then, the county has integrated its human services departments—Mental Health & Developmental Services, Substance Abuse, Area Agency on Aging, Children and Youth Services and the Office of Economic Opportunity—into a unified human services delivery system with a single point of entry.

It has also integrated its housing programs from those previous departments into a single unit, which now manages the Venango County Housing Authority.

The county has also been working to shift its approach away from the traditional disability/diagnosis model to one focused on the populations served—children and families, youth in transition (ages 18 to 25), adults and older adults.

Romero provided a map of the numerous services provided by age group, ranging from prevention programs to intensive interventions.

See VENANGO, Page 8
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.
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<tr>
<th>County: VENANGO</th>
<th>1. ESTIMATED INDIVIDUALS SERVED</th>
<th>2. HSBG ALLOCATION (STATE AND FEDERAL)</th>
<th>3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</th>
<th>4. NON-BLOCK GRANT EXPENDITURES</th>
<th>5. COUNTY MATCH</th>
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<td></td>
<td>Children's Psychosocial Rehabilitation Services</td>
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<td>Community Employment &amp; Emplmt Rel Svcs</td>
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<td>Consumer-Driven Services</td>
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<td>Family Based Mental Health Services</td>
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<td>Family Support Services</td>
<td>35</td>
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<td>Other</td>
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<td>Outpatient</td>
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<td>Peer Support Services</td>
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<td>Psychiatric Inpatient Hospitalization</td>
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<td></td>
<td>Psychiatric Rehabilitation</td>
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<td>Social Rehabilitation Services</td>
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<td>117,000</td>
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<td>Targeted Case Management</td>
<td>150</td>
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<td></td>
<td>Transitional and Community Integration</td>
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<td>TOTAL MH SERVICES</td>
<td>2,068</td>
<td>2,089,320</td>
<td>2,143,250</td>
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## Appendix C-1 - Block Grant Counties

### Human Services Block Grant Proposed Budget and Individuals Served

<table>
<thead>
<tr>
<th>County: VENANGO</th>
<th>1. ESTIMATED INDIVIDUALS SERVED</th>
<th>2. HSBG ALLOCATION (STATE AND FEDERAL)</th>
<th>3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</th>
<th>4. NON-BLOCK GRANT EXPENDITURES</th>
<th>5. COUNTY MATCH</th>
<th>6. OTHER PLANNED EXPENDITURES</th>
</tr>
</thead>
</table>

### Intellectual Disabilities Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Estimated Individuals</th>
<th>HSBG Allocation</th>
<th>HSBG Planned Expenditures</th>
<th>Non-Block Grant Expenditures</th>
<th>County Match</th>
<th>Other Planned Expenditures</th>
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<tbody>
<tr>
<td>Administrator's Office</td>
<td>511,814</td>
<td></td>
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<td>Case Management</td>
<td>147</td>
<td>116,671</td>
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<td>Community-Based Services</td>
<td>146</td>
<td>674,820</td>
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<td>Community Residential Services</td>
<td>1</td>
<td>70,803</td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td><strong>Total ID Services</strong></td>
<td><strong>294</strong></td>
<td><strong>1,575,801</strong></td>
<td><strong>1,374,108</strong></td>
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### Homeless Assistance Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Estimated Individuals</th>
<th>HSBG Allocation</th>
<th>HSBG Planned Expenditures</th>
<th>Non-Block Grant Expenditures</th>
<th>County Match</th>
<th>Other Planned Expenditures</th>
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</thead>
<tbody>
<tr>
<td>Bridge Housing</td>
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<tr>
<td>Case Management</td>
<td>320</td>
<td>27,500</td>
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<tr>
<td>Rental Assistance</td>
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<tr>
<td>Emergency Shelter</td>
<td>30</td>
<td>8,800</td>
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<tr>
<td>Other Housing Supports</td>
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<tr>
<td><strong>Total HAP Services</strong></td>
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<td><strong>56,300</strong></td>
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### Child Welfare Special Grant Services

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<th>Estimated Individuals</th>
<th>HSBG Allocation</th>
<th>HSBG Planned Expenditures</th>
<th>Non-Block Grant Expenditures</th>
<th>County Match</th>
<th>Other Planned Expenditures</th>
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<tbody>
<tr>
<td>Evidence Based Services</td>
<td>170</td>
<td>380,033</td>
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<td>Promising Practice</td>
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<td>Alternatives to Truancy</td>
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<td>338,470</td>
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<td>Housing</td>
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<td><strong>Total CWSG Services</strong></td>
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<td><strong>1,106,946</strong></td>
<td><strong>748,470</strong></td>
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### County: VENANGO

<table>
<thead>
<tr>
<th></th>
<th>1. ESTIMATED INDIVIDUALS SERVED</th>
<th>2. HSBG ALLOCATION (STATE AND FEDERAL)</th>
<th>3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</th>
<th>4. NON-BLOCK GRANT EXPENDITURES</th>
<th>5. COUNTY MATCH</th>
<th>6. OTHER PLANNED EXPENDITURES</th>
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<tbody>
<tr>
<td><strong>DRUG AND ALCOHOL SERVICES</strong></td>
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<tr>
<td>Case/Care Management</td>
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<td>Inpatient Non-Hospital</td>
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<td>Other Intervention</td>
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<td>Outpatient/Intensive Outpatient</td>
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<td>Recovery Support Services</td>
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<td><strong>TOTAL DRUG AND ALCOHOL SERVICES</strong></td>
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<td><strong>HUMAN SERVICES AND SUPPORTS</strong></td>
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<td>Specialized Services</td>
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<td>Interagency Coordination</td>
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<td>68,800</td>
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<td><strong>TOTAL HUMAN SERVICES AND SUPPORTS</strong></td>
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<td><strong>68,900</strong></td>
<td><strong>391,970</strong></td>
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<td><strong>7. COUNTY BLOCK GRANT ADMINISTRATION</strong></td>
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</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>8,031</strong></td>
<td><strong>5,174,462</strong></td>
<td><strong>5,174,462</strong></td>
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<td><strong>295,359</strong></td>
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## VENANGO COUNTY: CHILDREN & FAMILIES

### Service Map

### PREVENTION

<table>
<thead>
<tr>
<th>Service</th>
<th>Agency</th>
<th>Brief Desc.</th>
<th>Age Group</th>
<th>Capacity</th>
<th>Service Type</th>
</tr>
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<tbody>
<tr>
<td>Food Pantry</td>
<td>Salvation Army - Oil City &amp; Franklin, Community Services of Venango County, Associated Charities, Clintonville Food Pantry, Venango County CSS</td>
<td>Food Distribution, Christmas vouchers</td>
<td>All Pregnant Females</td>
<td>unlimited</td>
<td>Mental Health, Intellectual Disabilities, Substance Abuse, Children Youth and Family Services, Aging</td>
</tr>
<tr>
<td>Doula</td>
<td>Community Services of Venango County</td>
<td>Prenatal childbirth and early childhood support for at risk pregnancies</td>
<td>Expectant Mothers/New Born</td>
<td>3 to start</td>
<td>Children Youth and Family Services</td>
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<tr>
<td>Welcome Every Child</td>
<td>Community Services of Venango County</td>
<td>Home delivered baskets of infant resources and supplies for newborns</td>
<td>Under 5</td>
<td>230</td>
<td>Children Youth and Family Services</td>
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<tr>
<td>Ages and Stages Questionnaire</td>
<td>Salvation Army</td>
<td>Screening tool for children under 5 that detects early childhood delays</td>
<td>Ages 8-12</td>
<td>unlimited</td>
<td>Children Youth and Family Services</td>
</tr>
<tr>
<td>Grace Learning Center</td>
<td>Child Development Center</td>
<td>After school programs provide homework assistance, snacks, skill development activities</td>
<td>Grades K-6</td>
<td>118</td>
<td>Children Youth and Family Services</td>
</tr>
<tr>
<td>Outer Limits</td>
<td>Youth Alternatives</td>
<td>After school programs provide homework assistance, educational, and recreational activities</td>
<td>Ages 12+</td>
<td>12</td>
<td>Children Youth and Family Services</td>
</tr>
<tr>
<td>Alternative for Youth</td>
<td>Youth Alternatives</td>
<td>Attendance improvement program for Oil City Middle School</td>
<td>Grades 5-12</td>
<td>30</td>
<td>Children Youth and Family Services</td>
</tr>
<tr>
<td>After School Program</td>
<td>Youth Alternatives</td>
<td>Transportation to school for children attending daycare before and after school</td>
<td>Grades 5-8</td>
<td>15-20</td>
<td>Community Support Services</td>
</tr>
<tr>
<td>Skill Builders</td>
<td>Youth Alternatives</td>
<td>Lice checks in school; provides the child with the supplies to treat lice.</td>
<td>Working parents with Children</td>
<td>unlimited</td>
<td>Children, Youth and Family Services</td>
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<tr>
<td>Child Development Center</td>
<td>Youth Alternatives</td>
<td>In Home Lice Treatment</td>
<td>Parents with Children</td>
<td>5</td>
<td>Community Support Services</td>
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<tr>
<td>Center Transportation</td>
<td>Youth Alternatives</td>
<td>Provides family interaction with emphasis on growing to live income population</td>
<td>Parents with Children</td>
<td>20-30</td>
<td>Community Support Services</td>
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<tr>
<td>Help Eradicate Lice (H.E.L.P.)</td>
<td>Youth Alternatives</td>
<td>Youth-volunteer time in exchange for stipends; coordinated through the Oil City YMCA</td>
<td>Grades K - 12</td>
<td>12-15</td>
<td>Community Support Services</td>
</tr>
<tr>
<td>In Home Lice Treatment</td>
<td>Family Services and Children’s Aid Society</td>
<td>Day camp in the summer for children from low income families with working parents</td>
<td>Grades K - 5</td>
<td>30-35</td>
<td>Community Support Services</td>
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<tr>
<td>Family Literacy</td>
<td>Franklin School District</td>
<td>Week long summer camp experience</td>
<td>Grades K - 6</td>
<td>15-20</td>
<td>Community Support Services</td>
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<tr>
<td>Youth Volunteer Program</td>
<td>Child Development Center</td>
<td>Summer day camp for low income children</td>
<td>Grades K - 7</td>
<td>40-45</td>
<td>Community Support Services</td>
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<td>Camp F uniquely</td>
<td>Youth Alternatives</td>
<td>Field trips for low income at risk youth</td>
<td></td>
<td>12-15</td>
<td>Community Support Services</td>
</tr>
<tr>
<td>Youth Alternatives Resident Camp</td>
<td>Camp Coffman</td>
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<td>Camp Coffman</td>
<td>Youth Alternatives</td>
<td></td>
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<tr>
<td>Youth Alternatives Field Trips</td>
<td>Youth Alternatives</td>
<td></td>
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<tr>
<td>Drug and Alcohol Prevention</td>
<td>Fatherhood Initiative</td>
<td>Family Group Decision Making</td>
<td>Primary Care Outreach</td>
<td>Parents as Teachers</td>
<td>Early Head Start</td>
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<td>-----------------------------</td>
<td>-----------------------</td>
<td>-----------------------------</td>
<td>-----------------------</td>
<td>---------------------</td>
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<tr>
<td>Family Service and Children's Aid Society</td>
<td>Family Service and Children's Aid Society</td>
<td>Child to Family Connections</td>
<td>Venango County</td>
<td>Venango County CPS</td>
<td>Community Services of Venango County</td>
</tr>
<tr>
<td>Workshops and activities aimed to strengthen and develop healthy relationships between children and fathers</td>
<td>Engagement practice for involving families in the service planning process</td>
<td>Four brief parenting sessions on basic parenting to address low level behaviors</td>
<td>Training parents working with the students in the school, in the home, and community</td>
<td>Home-Service addressing parenting, education, engagement, nutrition, health safety and development</td>
<td>Home Service addressing early childhood development and learning</td>
</tr>
<tr>
<td>No Age Restrictions</td>
<td>No Age Restrictions</td>
<td>No Age Restrictions</td>
<td>Ages 0 - 12</td>
<td>Grades K - 12</td>
<td>Ages 0 - 5</td>
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<tr>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>12</td>
<td>Unlimited</td>
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<tr>
<td>Substance Abuse Program</td>
<td>Children, Youth and Family Services</td>
<td>Children, Youth and Family Services</td>
<td>Children, Youth and Family Services and Mental Health</td>
<td>Children, Youth and Family Services</td>
<td>Children, Youth and Family Services</td>
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## Venango County: Children & Families Service Map

### Moderate

<table>
<thead>
<tr>
<th>Independent Living</th>
<th>Early Intervention</th>
<th>Family &amp; Individual Counseling</th>
<th>Anger Management</th>
<th>Parent-Child Interactions Therapy (PCIT)</th>
<th>Offender and Victim Services</th>
<th>Community Abuse Response Team (CART)</th>
<th>Effective Safe Parenting (ESP)</th>
<th>Supervised Visitation</th>
<th>Bonding Assessment</th>
<th>Family Behavioral Health (FBI)</th>
<th>Standard Level Triple P</th>
<th>BHRS</th>
<th>Multi-Systemic Therapy</th>
<th>Family Based Mental Health</th>
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</thead>
<tbody>
<tr>
<td>Venango County</td>
<td>Venango County</td>
<td>III-6</td>
<td>Julie LeGullion</td>
<td>Hand in Hand Christian Counseling</td>
<td>Regional Counseling Center</td>
<td>Project Point of Light</td>
<td>Parkeide Psychological</td>
<td>Venango County CPS</td>
<td>Erie Homes for Children &amp; Adults and Family Services and Children’s Aid Society</td>
<td>Dr. Ryan</td>
<td>Family Service of NAWPA</td>
<td>Venango County</td>
<td>PA VetStar, Touchstone, St. Anthony’s Point, Community Alt. Vocational &amp; Psychological Services, Youth Adv. Programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Early intervention services to address developmental delays in young children</td>
<td>Early intervention services to address developmental delays in young children</td>
<td>Office based counseling</td>
<td>Individual or group counseling for 6 weeks</td>
<td>Office based treatment program aimed at improving child/parent relationship</td>
<td>Office based individual victim and offender treatment and groups, assessments and polygraphs</td>
<td>Office based individual victim and offender treatment and groups for sexual abuse</td>
<td>In home drug and alcohol education, support/advocacy for families open to CYS with D&amp;A issues</td>
<td>Visits supervised in home, community, or office setting</td>
<td>Assessment to determine the nature and quality of an attachment to a caregiver or parent for reunification or adoption</td>
<td>In home family counseling, education, skill development, and case management for parenting, health and safety</td>
<td>10 week intensive in home parenting program for moderate to severe child behavioral/ emotional problems</td>
<td>Therapeutic Staff Support, Behavioral Support Consultant, Mobile Therapist; wraparound services</td>
</tr>
<tr>
<td>Ages 16-21</td>
<td>Ages 0 - 5</td>
<td>Adolescents and Adults</td>
<td>Ages 16+</td>
<td>Ages 2 - 7</td>
<td>Ages 3+</td>
<td>Adults</td>
<td>Ages 0 - 18</td>
<td>Ages 0 - 18</td>
<td>Ages 0 - 18</td>
<td>Ages 2 - 12</td>
<td>Ages vary by provider</td>
<td>Ages 12-18</td>
<td>Ages 0 - 21</td>
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</tbody>
</table>

- **Transitional support services for children in child welfare system**
- **Early intervention services to address developmental delays in young children**
- **Office based counseling**
- **Individual or group counseling for 6 weeks**
- **Office based treatment program aimed at improving child/parent relationship**
- **Office based individual victim and offender treatment and groups, assessments and polygraphs**
- **Office based individual victim and offender treatment and groups for sexual abuse**
- **In home drug and alcohol education, support/advocacy for families open to CYS with D&A issues**
- **Visits supervised in home, community, or office setting**
- **Assessment to determine the nature and quality of an attachment to a caregiver or parent for reunification or adoption**
- **In home family counseling, education, skill development, and case management for parenting, health and safety**
- **10 week intensive in home parenting program for moderate to severe child behavioral/ emotional problems**
- **Therapeutic Staff Support, Behavioral Support Consultant, Mobile Therapist; wraparound services**
- **Intensive in home treatment, team delivered for families and children with severe/ social/ conduct behaviors**
- **Intensive in home team delivered family therapy for children with mental illness**
<table>
<thead>
<tr>
<th>HIGH</th>
<th>VERY HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Based Substance Abuse Team</td>
<td>Detox and Rehab</td>
</tr>
<tr>
<td>Partial</td>
<td>Residential Treatment Facilities</td>
</tr>
<tr>
<td>Venango County Foster Care</td>
<td>Family Service and Children's Aid Society</td>
</tr>
<tr>
<td>Foster Care</td>
<td>Venango County CYS</td>
</tr>
<tr>
<td>Therapeutic Foster Care</td>
<td>Family Care for Children and Youth, MARS Home for Youth, Bair Foundation, Betheda</td>
</tr>
<tr>
<td>Group Homes</td>
<td>Northwestern Human Services</td>
</tr>
<tr>
<td>Intensive in home team delivered family therapy for families affected by substance abuse</td>
<td>Crossroads, Keystone Adolescent Center, Pathways, George Junior, Hermitage House, Perseus House, Betheda</td>
</tr>
<tr>
<td>Intensive structure day long mental health treatment</td>
<td>Sharon Regional Dubois Hospital, Meadville Medical Center</td>
</tr>
<tr>
<td>Child placement in licensed family setting homes</td>
<td>White Deer Run, Cave Forge, Outside In, Pyramid, Gateway</td>
</tr>
<tr>
<td>Child placement in licensed family setting homes with therapeutic counseling component</td>
<td>George Junior, Southwood, Adelphi Village, Hermitage House, MARS Home for Youth, Globe Run, various others through Health Choices Network</td>
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<tr>
<td>Child placement in licensed family setting with 24 hours supervision</td>
<td>Stabilization on Secure Unit</td>
</tr>
<tr>
<td>Stabilization on Secure Unit</td>
<td>Inpatient rehab &amp; detox</td>
</tr>
<tr>
<td>Treatment focused congregate living setting with 24 hours supervision</td>
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</tr>
<tr>
<td>Ages 0 - 21</td>
<td>Ages Vary by Provider</td>
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<tr>
<td>Ages 0 - 21</td>
<td>Ages Vary by Provider</td>
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<tr>
<td>Ages 0 - 21</td>
<td>Ages Vary by Provider</td>
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<td>Ages Vary By Provider</td>
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<td>Ages Vary by Provider</td>
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<td>6</td>
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<td>unlimited</td>
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<td>varies by provider</td>
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<td>varies by provider</td>
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<tr>
<td>Mental Health</td>
<td>Children Youth and Family Services</td>
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<tr>
<td>Children, Youth and Family Services</td>
<td>Children, Youth and Family Services</td>
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<td>Children, Youth and Family Services</td>
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<td>Mental Health</td>
<td>Substance Abuse Program</td>
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<td>Substance Abuse Program</td>
<td>Children Youth and Family Services, Mental Health</td>
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### Venango County: Transition Age

**Service Map**

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<th>Very High</th>
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<tr>
<td><strong>Support</strong></td>
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<tr>
<td><strong>Families &amp; Youth</strong></td>
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<tr>
<td><strong>Community</strong></td>
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<td><strong>Support</strong></td>
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<td><strong>Families &amp; Youth</strong></td>
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<tr>
<td><strong>Services</strong></td>
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*See VHSN website for full list of service providers.*

**Notes:**
- See VHSN website for full list of service providers.
- See VBSN website for list of participating providers.
<table>
<thead>
<tr>
<th>SERVICE TYPE</th>
<th>PREVENTION</th>
<th>LOW</th>
<th>MODERATE</th>
<th>HIGH</th>
<th>VERY HIGH</th>
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</thead>
<tbody>
<tr>
<td>SUBTYPE</td>
<td>Chronic Care: Children &amp; Youth, Intellectual Disabilities, Mental Health, Tobacco Prevention</td>
<td>Children's Medical Clinic, Children's Hospital, UPMC Urgent Care, Children's Hospital</td>
<td>Children's Medical Clinic, Children's Hospital, UPMC Urgent Care, Children's Hospital</td>
<td>Children's Medical Clinic, Children's Hospital, UPMC Urgent Care, Children's Hospital</td>
<td>Children's Medical Clinic, Children's Hospital, UPMC Urgent Care, Children's Hospital</td>
</tr>
<tr>
<td>SUBTYPE</td>
<td>Substance Abuse Programs, Children, Youth, and Family Services</td>
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<td>SUBTYPE</td>
<td>Substance Abuse: Children, Youth, and Family Services</td>
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<td>SUBTYPE</td>
<td>Substance Abuse: Mental Health</td>
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<tr>
<td>SUBTYPE</td>
<td>Substance Abuse: Mental Health, Intellectual Disabilities, Children, Youth, and Family Services</td>
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<tr>
<td>SUBTYPE</td>
<td>Substance Abuse: Mental Health, Intellectual Disabilities, Children, Youth, and Family Services</td>
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<tr>
<td>SUBTYPE</td>
<td>Substance Abuse: Mental Health, Intellectual Disabilities, Children, Youth, and Family Services</td>
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<tr>
<td>SUBTYPE</td>
<td>Substance Abuse: Mental Health, Intellectual Disabilities, Children, Youth, and Family Services</td>
<td>Children</td>
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<tr>
<td>SUBTYPE</td>
<td>Substance Abuse: Mental Health, Intellectual Disabilities, Children, Youth, and Family Services</td>
<td>Children</td>
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</tr>
<tr>
<td>SUBTYPE</td>
<td>Substance Abuse: Mental Health, Intellectual Disabilities, Children, Youth, and Family Services</td>
<td>Children</td>
<td>Children</td>
<td>Children</td>
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</tbody>
</table>

*See VCS/30 Work Site for a list of participating providers.*

**See VCS/30 Work Site for a list of participating providers.*
## VENANGO COUNTY: OLDER ADULTS

### Service Map

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>SERVICE</th>
<th>PREVENTION</th>
<th>LOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Food Pantry</td>
<td>Senior Center</td>
<td>Care Management</td>
</tr>
<tr>
<td></td>
<td>Support Groups</td>
<td>Congregate Meals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug and Alcohol Prevention</td>
<td>Legal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family Group Decision Making</td>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Salvation Army - Oil City &amp; Franklin, Community Services of Venango County, Associated Charities, Clintonville Food Pantry, Venango County CSS</td>
<td>AA/NA, VNA Prevention, AAA</td>
<td>Nutrition, Inc.</td>
<td>Venango County, RSVP, Mustard Seed, Hand to Hand, CATA Shared Ride, Community Ambulance</td>
</tr>
<tr>
<td></td>
<td>Family Service and Children’s Aid Society</td>
<td>Rich Winkler</td>
<td>VNA, CRI, Care Unlimited</td>
</tr>
<tr>
<td></td>
<td>Child to Family Connections</td>
<td></td>
<td>Medicine Shoppe, BDS</td>
</tr>
<tr>
<td></td>
<td>Creekside, Srubgrass, 4 Satellite</td>
<td></td>
<td>Nutrition Inc</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Venango County AAA, BSU</td>
</tr>
<tr>
<td>BRIEF DESC.</td>
<td>Food Distribution, Free lunches Program</td>
<td>Informal support in community; Grandparents raising grandchildren &amp; Family Caregiver Support group</td>
<td>Community based information dissemination, education, and activities</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>AGE GROUP</td>
<td>All</td>
<td>60+</td>
<td>60+</td>
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</tbody>
</table>

* See HCSIS Web Site www.hcsis.state.pa.us for providers of this service

**See Value Behavioral Health (VBH) website for list of participating providers www.vbh.pa.com/vbh counties/venango.htm
<table>
<thead>
<tr>
<th>The Pointe</th>
<th>Venango County</th>
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</thead>
<tbody>
<tr>
<td>DBSA &amp; Apprise</td>
<td>Personal Emergency Response Systems</td>
</tr>
<tr>
<td>Lifeline, Connect America, and VRI</td>
<td>Paoletta, Regional Counseling Center, Rural MH, Independent Therapists; Family Services &amp; Children’s Aid Society</td>
</tr>
<tr>
<td>** County Mental Health Agencies &amp; Independent Therapists</td>
<td>Family Service and Children’s Aid Society &amp; Turning Point</td>
</tr>
<tr>
<td>Mobile Meds</td>
<td>Psychologist/Independent Prescribers</td>
</tr>
<tr>
<td>Regional Counseling Center</td>
<td>Family Care Giver Support Program</td>
</tr>
</tbody>
</table>

Family chooses provider and they are reimbursed based on cost cap. State funding is $200 and Federal funding is $300. Can get a total of $500 a month if dual eligible.
<table>
<thead>
<tr>
<th>Support group for depression and bi-polar</th>
<th>Information and referral</th>
<th>Medically needy, fragile</th>
<th>Counseling on a weekly or monthly basis; Psychiatric services</th>
<th>Individualized counseling services</th>
<th>Counseling as needed for substance abuse</th>
<th>Assistance in home helping with medications</th>
<th>Testing, Evaluation Referral</th>
<th>Financially needy, medically fragile, can’t be left alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+</td>
<td>60+</td>
<td>60+</td>
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## VENANGO COUNTY: OLDER ADULTS

### Service Map

<table>
<thead>
<tr>
<th>Home Health Care</th>
<th>Adult Day Care</th>
<th>Housing/ Permanent &amp; Supports</th>
<th>Emergency Housing/ Overnight Stay</th>
<th>Home and Community Habilitation</th>
<th>Short-Term Behavioral Health Hospitalization</th>
<th>Rep Payee</th>
<th>Ombudsman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting Nurses Association, Community Resources for Independence, Care Unlimited</td>
<td>Tracey Jo’s, VTDC</td>
<td>CSS, Oxford House, FWL/VTDC, Sugar Valley Lodge, HUD, * Residential Group Homes</td>
<td>V-Tech bed at Sugar Valley Lodge, PPC Violence Free Network, Family Services &amp; Children’s Aid Society</td>
<td>Family Services and Children’s Aid Society</td>
<td>UPMC, Sharon Regional</td>
<td>Regional Counseling Center/BSU</td>
<td>Venango County AAA, PEER Program, Volunteers</td>
</tr>
<tr>
<td>Nursing facility clinically eligible, medically fragile</td>
<td>Caregiver unable to care for consumer during day hours of 9 am - 3 pm, unable to be at home alone during the day</td>
<td>Permanent housing, rental assistance supports</td>
<td>Unmet needs, inappropriate housing, unsafe living situations</td>
<td>Assist guardianship with medical and social needs</td>
<td>Stabilization on Secure Unit</td>
<td>Manage monies on behalf of a person</td>
<td>Nursing home neglect and abuse. Nursing home residents complaints.</td>
</tr>
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<td>--------------------------------------------------------</td>
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<tr>
<td>PDA Waiver</td>
<td>Protective Services/ Competency Evaluations</td>
<td>Detox and Rehab</td>
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<tr>
<td>Personal Assistance Services</td>
<td>Medical Equipment</td>
<td>New Directions, Dr. Romero</td>
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<tr>
<td>Care Unlimited, Inc</td>
<td>Great Lakes Home Health Care Services</td>
<td>Turning Point</td>
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<td>Caring Heart Companions</td>
<td>Home Care Delivered, Inc.</td>
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<td>Superior Health, Inc.</td>
<td>Home Wellness, Inc.</td>
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<td>Community Resources for Independence</td>
<td>Med Way Medical Supply</td>
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<tr>
<td>Help Mates, Inc</td>
<td>Promise Direct from MSI</td>
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<td>Interim Health Care</td>
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<td>Home Delivered Meals (HDM’S)</td>
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<td>VNA Private Duty</td>
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<td>Voices for Independence</td>
<td>Mom’s Meals</td>
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<td>Alama Health DBA Medstafferes</td>
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<td>Public Partnerships, LLC</td>
<td>Sheridan C Kirkpatrick</td>
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<td>Emergency Response System</td>
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<td>American Medical Alert Corporation</td>
<td>Clarion Forest Adult Daily Living Center</td>
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<td>Automated Security Alert</td>
<td>Tracey Jo’s Adult Day Care</td>
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<td>Critical Signal Technologies, Inc.</td>
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<td>Guardian Medical Monitoring, Inc</td>
<td>Supports Coordination of Northwest PA</td>
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<td>Phillips Lifeline Service Co.</td>
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<td>Network Emergency Alert Systems, LLC</td>
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<td>Valued Relationships, Inc.</td>
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<td>Casey Bell Support Coordination LLC</td>
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<td>Nursing home clinically eligible</td>
<td>Guardianship</td>
<td>Inpatient stay to detox and rehab</td>
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