

Appendix A  
Fiscal Year 2016-2017

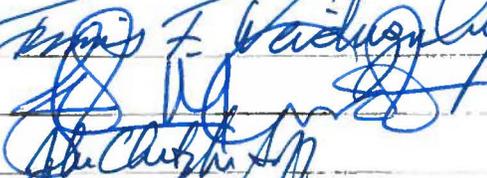
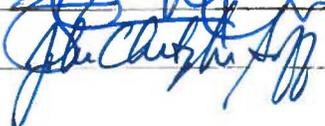
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Crawford

- 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 County Human Services 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

<i>Signatures</i>	<i>Please Print</i>
	Date: <u>06/22/2016</u>
	Date: <u>6/22/16</u>
	Date: <u>6/22/16</u>

**Appendix B**  
**Crawford County's FY 16/17 Human Services Block Grant Plan Narrative**

**PART I: COUNTY PLANNING PROCESS**

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

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

AND

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

Crawford County's Human Services Block Grant Planning Team is currently comprised of a variety of planning partners. Many representatives from the following groups serve on multiple planning teams in the County. This allows information to flow across systems in the most natural way possible. Following are a compilation of the groups that collaborate on a regular basis to identify unmet needs, brainstorm solutions and monitor processes within Crawford County:

Crawford County System of Care (SOC) Partnership – The Crawford County SOC is managed by the County Leadership Team comprised of senior representatives from Crawford County Human Services, Juvenile Justice Department, Crawford County Drug and Alcohol Executive Commission, Education and Mental Health services, as well as 5 adult family members, 3 youth members and community organization partners. The group is responsible for implementation of the PA SOC Partnership Standards: Youth Driven, Family Driven, Leadership Teams, Integrated Child-Serving Systems, Natural and Community Supports, and Cultural and Linguistic Competence. The Crawford County SOC has met regularly for the past two years and is a natural fit as the core planning group for the Block Grant.

MH Planning Teams - Crawford County's mental health planning committee meets monthly to analyze and plan for the mental health needs of people in Crawford County. The County Adult and Child Mental Health Program Specialists facilitate this meeting. Participants in this year's planning group are representatives from Human Services, the local correctional facility, probation office, active aging, community mental health support agencies, housing supports, counseling agencies, consumers and the local Consumer Satisfaction Team. This planning group has been meeting monthly since the beginning of the fiscal year to gather community input into what the needs of our mental health community are and to determine how to best address these needs. This was done through a comprehensive surveying process through Survey Monkey. The results are detailed in the priority section of this plan. The planning committee also identified several ways to make system improvements to the current mental health milieu in our community. The planning committee will continue to reach out to the community to encourage them to join the planning meetings.

The Adult and Children's Program Specialists invited provider recipients of Block Grant funding to attend the 1<sup>st</sup> planning meeting. An invitation was sent out by email. The committee was formed and a list of other consumers and providers was created to help with the planning process. This planning committee has been meeting monthly to gather community input into what the needs of our mental health system are. The team came up with a list of needs, and it was decided that a comprehensive surveying process through Survey Monkey would be completed to pin point the top three needs. The committee broke into sub committees to discuss each need. The committee as a whole decided on the top need and made a plan on how to work to make that need a priority.

ID Planning Teams - Crawford County utilizes a variety of existing ID committees to review data, usage, and brainstorm ideas for future HSBG use.

- Crawford County Advisory Board – Administrative Entity (AE) meets bi-monthly with Board members. Membership is made up of a variety of community members as well as ID family members. The board's purpose is to advise the AE and offer suggestions for future projects and direction.
- Crawford County Quality Council - AE meets quarterly with Crawford County ID providers, IM4Q, and HCQU representatives to review programming issues, quality trends, miscellaneous field changes, and potential needs for the Crawford County area. IM4Q (Consumer Satisfaction Team) staff represent individuals who receive service and/or a family member of a service recipient. Continued outreach for ID consumer volunteer is ongoing.
- Supports Coordination Organization (SCO)/AE Review Committee – AE meets weekly with SCO to review HSBG individual service requests, programmatic issues, individual/provider trends, individual concerns, and miscellaneous field changes or quality improvement topics. SCs meet regularly with individuals/families to bring their concerns/ideas/thoughts to AE's attention.
- Provider Program Specialists and SCO Trainings/Meetings – AE meets with SCO and Provider Program Specialists on an as needed basis to review changing field topics, address misconceptions, discuss improvement strategies, examine current usage of service, and develop ideas for ongoing improvement.
- HSBG Program Funded Services Review Committee – AE meets at least annually with HSBG program funded provider, The Arc of Crawford County. AE and The Arc have contact on a monthly basis regarding HSBG service usage and individual needs. The Arc submits monthly individualized usage reports for each of their HSBG funded services. Usage reports are reviewed by AE and SCO monthly for monitoring and coordinating purposes.
- ID/MH Year-End Projections Committee – AE ID staff, AE MH staff and AE fiscal staff coordinate together at least annually to identify potentially available HSBG funding, prioritize individual/provider need that has not been addressed throughout the fiscal year with HSBG funding, and identify

how HSBG funding can assist with requests. Many individuals eligible for ID also utilize MH services. Coordinating ID and MH funding with requests is a collaborative effort between ID and MH.

- HSBG Annual Budget Meetings – AE meets annually with HSBG-funded provider fiscal/director to review current need, projected need, and potential new programming trends toward future need that would benefit the ID population.

Children and Youth Planning Teams – These teams includes the planning committee for the Needs Based Plan and Budget which is comprised of Crawford County Human Services staff and representatives from Juvenile Probation as well as the Child Advisory Council that is made up of the same representatives as above with the addition of a vast array of service providers, community partners, education, law enforcement and local government and the Children’s Round Table which further expands the previously mentioned participants to include court staff.

Drug and Alcohol Planning Teams – Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) serves on numerous advisory boards, steering committees, executive boards and has collaborated with various community services with organizations throughout the region. Included are Crawford County Criminal Justice Advisory Board, Crawford County Children’s Advisory Council, Titusville Coordinated School Health Council, Safe Kids, Child Death Review Team, Suicide Task Force, Children’s Integrated Services Committee, Community Council, Coalition on Housing Needs, and the SHIP (State Health Improvement Plan) Committee. CCDAEC has recently joined the forming Systems of Care Board.

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;

Crawford County consistently strives to serve our community with the most appropriate and effective services in the least restrictive settings. The enhanced ability to shift Block Grant funds within categorical line items and across categoricals enables our county to fund services where the needs are rather than having to return unspent funds that were designated solely for a service and or consumer population that simply doesn’t exist in our community. This opportunity to “move our own money” has been beneficial. For example, in the mental health section the planning committee determined that housing is the top funding priority for individuals living in our community. This funding priority is considered least restrictive because it would keep individuals in their home community and would prevent homelessness and the need for more restrictive supports. Through the planning process the committee will work with the county ensure that needed funds are allocated to the MH section to support this priority.

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



in the home had a length of stay at Warren State Hospital for more than two years as well as having a prior admission to Warren State Hospital. The house can serve up to three people at a time. The house is staffed 24 hours a day, 7 days a week.

- The Mobile Psychiatric Nursing program in Crawford County has been in existence for a number of years and there has been a positive impact in the community due to the program. In order to expand the program and continue the emphasis on overall wellness, the program has started to offer individuals the option to participate in a monthly wellness check. During the wellness check the nurse tracks blood pressure, pulse, respiration, temperature, weight and abdominal inches. The feedback from individuals who participate in the wellness checks has been positive.
- The Extended Acute Care unit will soon be added to the continuum of care for Crawford County adults in need of Inpatient Care. The Extended Acute Care unit can provide a longer period of inpatient services in a recovery oriented environment allowing an individual to stabilize and return to the community while avoiding unnecessary hospitalizations in a state psychiatric hospital. This unit can also serve as an alternative to long term acute hospital services. The Northwest 3 partnership recognized that this level of care may be beneficial to some individuals. There is no clear timeline on when the service will be available, but the Service Description was reviewed and approved by OMHSAS in March of 2016.
- There are families in Crawford County that provide Domiciliary Care living to individuals with mental illness. The provider that oversees the program has recognized that the families providing this level of care need access to respite funding for their Dom care persons. This is now available.
- This fiscal year, Crawford County was the recipient of a onetime funding allocation through the Community Mental Health Services Block Grant (CMHSBG). This funding was used to purchase household goods for the local shelters, to help people with rental assistance and to purchase household goods for individuals moving into their first place.
- Over the years, Crawford County has recognized that individuals need a little extra support in order to maintain their level of recovery. With the CHIPP funding the county has been able to fill these gaps in supports through creatively planning and developing the personalized supports that a person needs. This is a new support that began early in the fiscal year.
- The Transitional Living Program has recently begun a transitional living course that is a prerequisite for all applicants who are interested in applying for the Transitional Living Program apartments. The purpose of the course is twofold in that staff is able to assess need and readiness for the Program, and the youth has the opportunity to become more aware of their strengths and abilities. A new component to the program is that any youth, whether they intend to apply for the Transitional Living Program apartment or not, can participate in the transitional living course.

- Crawford County put out an RFP for another outpatient facility asking specifically for treatment for children with Autism and children who have experienced Trauma. The Achievement Center opened an outpatient facility this fiscal year after the County found that there was a need for some specialized treatment. They are offering Trauma Focused therapy, PCIT, medication and psychiatric services, general outpatient therapy and Social Skills groups.
- Crawford County has been working with Bethesda Children's Home in regards to the Partial Program to improve quality of treatment crisis stabilization.
- Crawford County has been reviewing School-Based Mental Health programs to determine if any revisions are needed. We have met with each school district that offers School-Based Mental Health to address these needs, and to assess satisfaction with the current Model and the providers that are contracted to provide the program. The County is also asking the schools if there are any other needs that are not being met by School-Based so that the County can look at the need and determine if this need is underserved.
- Family Services of NW PA is going to provide a summer program in 2016. The school-based summer bridge program intends to maintain treatment gains and prevent regression, to reinforce the main components of school-based programming through consistency and structure, and to continue to address the needs of clients and families throughout the summer months.
- Crawford County Human Services hosted a 2<sup>nd</sup> Annual Trauma Informed Care Conference for community members and providers serving individuals impacted by trauma. This training was held at Edinboro University on September 30<sup>th</sup> 2015 and was attended by over 400 people. This training was well received. Plans for the 3<sup>rd</sup> annual TIC conference are already in the works.
- Crawford County organized a Citizens Academy in early Fall 2015. This was an opportunity for general community members to participate in a Q & A session with various staff (representing CYS, MH, ID & EI) from Crawford County Human Services as well as take a tour of the facility. This type of community engagement opportunity is great for fostering a helpful and engaging image with the individuals that receive services at CCHS.
- Crawford County Human Services participated in the annual Mental Health and Wellness Fair during mental health awareness month (May). The Fair provided an opportunity for our agency to interact with the public and educate them on community mental health supports for individuals and their families.

**b) Strengths and Needs:**

Please identify the strengths and needs specific to each of the following target populations served by the behavioral health system:

## Older Adults (ages 60 and above)

### Strengths:

- **Integrated Intake Unit**

Crawford County continues to move towards offering an integrated model to individuals accessing assistance for mental health and/ or children and youth. One way this is achieved is through an Integrated Intake Unit. An Integrated Intake worker has been cross trained in these domains to evaluate an individual's need by completing a bio-psychosocial assessment. Appropriate recommendations and referrals are made as a result of this assessment. The Integrated Intake worker is responsible for following the individual through the course of their services and assuring a continuity of care.

- **Social Security mandated Representative Payee service (RP)**

Crawford County contracts with two agencies to offer payee services to individuals mandated by the Social Security office to have a Representative Payee.

- **Money Management Support Services**

Crawford County contracts with one agency to provide individuals with Money Management assistance. This is a voluntary service that works with people to develop the skills needed to better budget their income.

- **Psychiatric Rehabilitation (PR)**

Crawford County contracts with providers to offer individuals living with a mental illness Site Based Psychiatric Rehabilitation and Mobile Psychiatric Rehabilitation support.

- **Mobile Psychiatric Nursing (MPN)**

The nurses assist individuals with becoming more educated about their medications, monitor for side effects and serves as a liaison with the prescribing doctor. Individual need dictates how often the nurse meets with a person.

- **Drop In Center (DIC)**

There are two Drop in Centers in Crawford County, one in Meadville and the other in Titusville. Drop in Centers are a safe gathering place for those engaged in their mental health recovery where individuals have an opportunity to develop friendships and supports, learn skills, socialize and interact in a positive and safe environment.

- **Warm Line**

Crawford County contracts with our local Drop in Center to provide Warm Line telephone support to individuals living with mental illness. Staff receives thorough training prior to answering phones and is required to attend ongoing training throughout the year.

- **Certified Peer Specialist (CPS)**

This is a support available to eligible individuals in Crawford County. The CPS has personal experience with living with mental illness and the recovery journey.

- **Community Satisfaction Team (CST)**

CST is an active organization in our community and offers individuals the opportunity to express their opinion about services. CST is also contracted to provide focus groups to

the community it serves. Individual surveys have been created to assess the level of satisfaction for individuals utilizing CHIPP funded supports.

- **Community Education and Outreach (CEO)**

This support offers information, speakers, and connections to resources on mental illness, self-advocacy, and other pertinent mental health topics. Educational programs and resources are offered within the community. An essential part of the CEO program includes NAMI Support Groups and Education Programs.

- **Blended Case Management (BCM)**

BCM services are designed to assist adults, adolescents, and children with serious and persistent mental illness or emotional disorders. Blended Case Managers support people to gain access to needed resources such as medical, social, mental health, and other related services. This program involves frequent contact and provides emergency coverage 24 hours a day, 7 days a week. The program is based on individual strengths, and focuses on improving natural supports and independent living. BCM does not replace any existing services, but helps monitor and improve communication.

- **Family Case Management (FCM)**

FCM is a comprehensive service for families involved with CYS and Mental Health services. Frequently child behavior, neglect or abuse concerns that are referred to CYS are related to other needs in the home. Family Case Managers have small caseloads and are specially trained in both CYS and MH. They work as partners with the family to ensure children are safe in the home and that all service needs of the family are met efficiently and with minimal intrusion. The family has one case manager who can help them identify needs and access services that empower them to successfully achieve their goals. This program has established a track record of reducing the amount of time families are open for services and reducing the number of out-of-home child placements.

- **Medication support**

Sometimes individuals arrive in Crawford County without insurance. Crawford County Human Services has contracted with a local pharmacy to pay for an individual's medication for a month in these situations. This allows the individual and their support team to get medical benefits activated or to find an alternative way to pay for medications. The biggest benefit of this program is that the individual does not have to go without medications.

- **Out Patient Medication Management and/or Therapy**

There are several facilities in the county that offer Outpatient counseling and/or medication management.

- **Crisis services**

Crawford County has crisis support in the form of telephone, walk in and 24 hour mobile. The county also contracts with local constables to execute warrants.

- **Inpatient Mental Health (IPMH)**

Crawford County has one Inpatient Mental Health treatment facility in our county. This facility accepts individuals 14 and older. Because of the age restriction, our community depends on surrounding Inpatient facilities for treatment options.

- **Long Term Structured Rehabilitation (LTSR)**

Crawford County has contracts with three LTSR's. Our county has found this level of support to be beneficial to individuals who are in need of extra support in order to return to the community and continue to work towards mental health recovery. Our county liaison is very involved at each stage of care, from pre-admission to post-discharge.

- **Housing Support**

Housing support focuses on the needs of homeless or near homeless individuals. This is accomplished through housing advocacy, housing development and supportive housing. The program also fosters connections to community supports.

- **CHIPP Diversion/Transition housing**

This level of care is available to Crawford County adults who are transitioning out of the Inpatient unit and have a housing need or are experiencing stress in their current living environment and need extra support. Diversion/transition housing is most often temporary but can be permanent. While the individual is in diversion living, supports are working with the person on locating permanent housing.

- **Domiciliary Care**

Crawford County residents are fortunate to have the Dom Care living option available to them. Although this support is limited in capacity it is recognized as being a vital part of the housing continuum. Our county has seen success with people living in Dom Care. The county mental health department would like to see this program expand.

- **CHIPP diversionary Housing and Community Supports**

In 2014/2015 Crawford County was able to discharge two individuals from Warren State Hospital to the community utilizing CHIPP funding. These funds created three efficiency apartments, with limited staff support, for the individuals returning to the community as well as an apartment for an individual who needed diverted from a more intensive level of care. Along with the three apartment efficiencies and the individuals living there, the CHIPP funding is also able to support a limited number of individuals in the community.

- **Housing assistance**

There are a variety of supports under this category including rental assistance, utility assistance, food pantries, clothing assistance, case management and homeowner education.

- **Fair Weather Lodge (FWL)**

Fair Weather housing is an option to individuals who are eligible. This model allows affordable living to individuals who are eligible. The individuals living in the lodge becomes an interdependent working agent of the lodge, and can utilize the support of fellow Lodge members and the staff when and if needed. Besides offering employment to the Lodge members, the FWL in Crawford County also operates a "Satellite Lodge",

which means that individuals not living in the Lodges can be a productive part of the lodge business.

- **Projects for Assistance in Transition from Homelessness (PATH)**

Crawford County is a recipient of PATH funding. This is a program that is designed to support the outreach, engagement and delivery of services to eligible persons who are homeless/ near homeless and have serious mental illnesses and/or co-occurring substance abuse disorder.

- **Emergency Mobile Community Outreach/Crisis**

This support is available to Crawford County residents who may have experienced a trauma or personal loss and are in need of immediate assistance until more formal support can be put in place. This support has been accessed by a community member once this reporting period.

**Needs:**

- There is a need for more housing in Crawford County. This includes public housing, emergency shelters and supportive housing. Crawford County residents face a long wait time for Section 8 housing. There are also limited options for people who need a single person dwelling. Shelters seem to be full and are restrictive in the people they will accept. The mental health planning team would like to see a better tracking and support system for housing applications to limit exclusions due to error or non response on the part of the applicant and/or provider. There is a need for housing options for those individuals with a criminal history. Housing needs to be accessible by public transportation. As a planning team we recognize that homeless families sometimes face more challenges than homelessness. By first addressing the homelessness, we can then move onto secondary issues that need to be addressed.
- The mental health planning group has recognized the need to create a money management program for individuals who want help learning about a budget, want to educate themselves on money management skills or need help to prevent evictions due to unpaid bills. This would be a non-mandated, voluntary support that would provide the individual with the education they desire to improve their quality of life.
- Individuals with a primary diagnosis of Autism are limited in the supports they can receive, especially as an adult. Although the Adult Autism Waiver is available in PA, it is not a realistic or viable option because of the enormous waiting list. Adults with a primary diagnosis of autism do not meet the diagnostic criteria needed for the majority of the traditional mental health supports in our community.
- One of the re-occurring themes in our planning meeting is the lack of transportation to areas outside of the county seat and a lack of transportation to non- medically reimbursed supports. This includes transportation to support groups, community events and recovery supports such as the Drop in Center.

**Adults (ages 18 and above)**

**Strengths:**

- **Integrated Intake Unit**  
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**Needs:**

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- The mental health planning group has recognized the need to create a money management program for individuals who want help learning about a budget, want to educate themselves on money management skills or need help to prevent evictions due to unpaid bills. This would be a non-mandated, voluntary support that would provide the individual with the education they desire to improve their quality of life.
- Individuals with a primary diagnosis of Autism are limited in the supports they can receive, especially as an adult. Although the Adult Autism Waiver is available in PA, it is not a realistic or viable option because of the enormous waiting list. Adults with a primary diagnosis of autism do not meet the diagnostic criteria needed for the majority of the traditional mental health supports in our community.
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**Transition-age Youth (ages 18-26)**

**Strengths:**

- **Integrated Intake Unit**

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achieved is through an Integrated Intake Unit. An Integrated Intake worker has been cross trained in these domains to evaluate an individual's need by completing a bio-psychosocial assessment. Appropriate recommendations and referrals are made as a result of this assessment. The Integrated Intake worker is responsible for following the individual through the course of their services and assuring a continuity of care.

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- **Money Management Support Services**

Crawford County contracts with one agency to provide individuals with Money Management assistance. This is a voluntary service that works with people to develop the skills needed to better budget their income.

- **Psychiatric Rehabilitation (PR)**

Crawford County contracts with providers to offer individuals living with a mental illness Site Based Psychiatric Rehabilitation and Mobile Psychiatric Rehabilitation support.

- **Mobile Psychiatric Nursing (MPN)**

The nurses assist individuals with becoming more educated about their medications, monitor for side effects and serves as a liaison with the prescribing doctor. Individual need dictates how often the nurse meets with a person.

- **Drop In Center (DIC)**

There are two Drop in Centers in Crawford County, one in Meadville and the other in Titusville. Drop in Centers are a safe gathering place for those engaged in their mental health recovery where individuals have an opportunity to develop friendships and supports, learn skills, socialize and interact in a positive and safe environment.

- **Warm Line**

Crawford County contracts with our local Drop in Center to provide Warm Line telephone support to individuals living with mental illness. Staff receives thorough training prior to answering phones and is required to attend ongoing training throughout the year.

- **Certified Peer Specialist (CPS)**

This is a support available to eligible individuals in Crawford County. The CPS has personal experience with living with mental illness and the recovery journey.

- **Community Satisfaction Team (CST)**

CST is an active organization in our community and offers individuals the opportunity to express their opinion about services. CST is also contracted to provide focus groups to the community it serves. Individual surveys have been created to assess the level of satisfaction for individuals utilizing CHIPP funded supports.

- **Community Education and Outreach (CEO)**

This support offers information, speakers, and connections to resources on mental illness, self-advocacy, and other pertinent mental health topics. Educational programs and resources are offered within the community. An essential part of the CEO program includes NAMI Support Groups and Education Programs.

- **Blended Case Management (BCM)**

BCM services are designed to assist adults, adolescents, and children with serious and persistent mental illness or emotional disorders. Blended Case Managers support people to gain access to needed resources such as medical, social, mental health, and other related services. This program involves frequent contact and provides emergency coverage 24 hours a day, 7 days a week. The program is based on individual strengths, and focuses on improving natural supports and independent living. BCM does not replace any existing services, but helps monitor and improve communication.

- **Family Case Management (FCM)**

FCM is a comprehensive service for families involved with CYS and Mental Health services. Frequently child behavior, neglect or abuse concerns that are referred to CYS are related to other needs in the home. Family Case Managers have small caseloads and are specially trained in both CYS and MH. They work as partners with the family to ensure children are safe in the home and that all service needs of the family are met efficiently and with minimal intrusion. The family has one case manager who can help them identify needs and access services that empower them to successfully achieve their goals. This program has established a track record of reducing the amount of time families are open for services and reducing the number of out-of-home child placements.

- **Medication support**

Sometimes individuals arrive in Crawford County without insurance. Crawford County Human Services has contracted with a local pharmacy to pay for an individual's medication for a month in these situations. This allows the individual and their support team to get medical benefits activated or to find an alternative way to pay for medications. The biggest benefit of this program is that the individual does not have to go without medications.

- **Out Patient Medication Management and/or Therapy**

There are several facilities in the county that offer Outpatient counseling and/or medication management.

- **Crisis services**

Crawford County has crisis support in the form of telephone, walk in and 24 hour mobile. The county also contracts with local constables to execute warrants.

- **Inpatient Mental Health (IPMH)**

Crawford County has one Inpatient Mental Health treatment facility in our county. This facility accepts individuals 14 and older. Because of the age restriction, our community depends on surrounding Inpatient facilities for treatment options.

- **Long Term Structured Rehabilitation (LTSR)**

Crawford County has contracts with three LTSR's. Our county has found this level of support to be beneficial to individuals who are in need of extra support in order to return to the community and continue to work towards mental health recovery. Our county liaison is very involved at each stage of care, from pre-admission to post-discharge.

- **Housing Support**

Housing support focuses on the needs of homeless or near homeless individuals. This is accomplished through housing advocacy, housing development and supportive housing. The program also fosters connections to community supports.

- **CHIPP Diversion/Transition housing**

This level of care is available to Crawford County adults who are transitioning out of the Inpatient unit and have a housing need or are experiencing stress in their current living environment and need extra support. Diversion/transition housing is most often temporary but can be permanent. While the individual is in diversion living, supports are working with the person on locating permanent housing.

- **Domiciliary Care**

Crawford County residents are fortunate to have the Dom Care living option available to them. Although this support is limited in capacity it is recognized as being a vital part of the housing continuum. Our county has seen success with people living in Dom Care. The county mental health department would like to see this program expand.

- **CHIPP diversionary Housing and Community Supports**

In 2014/2015 Crawford County was able to discharge two individuals from Warren State Hospital to the community utilizing CHIPP funding. These funds created three efficiency apartments, with limited staff support, for the individuals returning to the community as well as an apartment for an individual who needed diverted from a more intensive level of care. Along with the three apartment efficiencies and the individuals living there, the CHIPP funding is also able to support a limited number of individuals in the community.

- **Housing assistance**

There are a variety of supports under this category including rental assistance, utility assistance, food pantries, clothing assistance, case management and homeowner education.

- **Fair Weather Lodge (FWL)**

Fair Weather housing is an option to individuals who are eligible. This model allows affordable living to individuals who are eligible. The individuals living in the lodge becomes an interdependent working agent of the lodge, and can utilize the support of fellow Lodge members and the staff when and if needed. Besides offering employment to the Lodge members, the FWL in Crawford County also operates a "Satellite Lodge", which means that individuals not living in the Lodges can be a productive part of the lodge business.

- **Projects for Assistance in Transition from Homelessness (PATH)**

Crawford County is a recipient of PATH funding. This is a program that is designed to support the outreach, engagement and delivery of services to eligible persons who are homeless/ near homeless and have serious mental illnesses and/or co-occurring substance abuse disorder.

- **Emergency Mobile Community Outreach/Crisis**

This support is available to Crawford County residents who may have experienced a trauma or personal loss and are in need of immediate assistance until more formal support can be put in place. This support has been accessed by a community member once this reporting period.

- **Transitional Living Program**

This program was created through the HSBG planning process a couple of years ago to address the housing and Independent Living skills of youth 18-26 in our county. The program has two apartments available for youth who have a desire to make their life better. The program works one-on-one with youth to help them build the skills needed to be successful as an adult.

**Needs:**

- There is a need for more housing in Crawford County. This includes public housing, emergency shelters and supportive housing. Crawford County residents face a long wait time for Section 8 housing. There are also limited options for people who need a single person dwelling. Shelters seem to be full and are restrictive in the people they will accept. The mental health planning team would like to see a better tracking and support system for housing applications to limit exclusions due to error or non response on the part of the applicant and/or provider. There is a need for housing options for those individuals with a criminal history. Housing needs to be accessible by public transportation. As a planning team we recognize that homeless families sometimes face more challenges than homelessness. By first addressing the homelessness, we can then move onto secondary issues that need to be addressed.
- The mental health planning group has recognized the need to create a money management program for individuals who want help learning about a budget, want to educate themselves on money management skills or need help to prevent evictions due to unpaid bills. This would be a non-mandated, voluntary support that would provide the individual with the education they desire to improve their quality of life.
- Individuals with a primary diagnosis of Autism are limited in the supports they can receive, especially as an adult. Although the Adult Autism Waiver is available in PA, it is not a realistic or viable option because of the enormous waiting list. Adults with a primary diagnosis of autism do not meet the diagnostic criteria needed for the majority of the traditional mental health supports in our community.
- One of the re-occurring themes in our planning meeting is the lack of transportation to areas outside of the county seat, and a lack of transportation to non- medically reimbursed supports. This includes transportation to support groups, community events and recovery supports such as the Drop in Center.

- The lack of supports for Transitional Age youth continues to be a theme during planning meetings. In the past couple of years the county has slowly been increasing the amount of support for this age group but there is always more that can be done. Early identification of youth who need support as they transition into the adult system of care is a good place to start. The CASSP coordinator and the MH Adult Program Specialist have been collaborating more often to better identify the youth and are proactive with planning for their needs.

### Children (under 18).

#### Strengths:

- **Child and Adolescent Service System Program (CASSP)** - Crawford County utilizes a CASSP Coordinator to improve and develop a comprehensive, coordinated and collaborative system of service to children/adolescents and their families with multi-system needs. This service is very instrumental in preventing placement of the more difficult children with mental health. There were 37 meetings facilitated by CASSP during the 2015 – 2016 Fiscal Year.
- **Outpatient mental health-** This is an office-based treatment that is provided in an individual, family or group format. Services may include psychiatric evaluation, psychological evaluation, psychotherapy and medication management. This is considered to be the least restrictive, least intrusive therapy. There are many providers that offer this particular service in Crawford County. The Achievement Center opened an outpatient facility this fiscal year after the County found that there was a need for some specialized treatment. They are offering Trauma Focused therapy, PCIT, medication and psychiatric services, general outpatient and social skills group.
- **Multi Systemic Therapy (MST)-** This level of care is evidence-based and is able to serve the target population of 10-17 year old incorrigible youth in hopes of keeping them stabilized and out of more restrictive placement. Crawford County works hard at keeping our children out of more restrictive placements and MST helps to achieve this. Family Services of NW PA served 56 children in the 2015 – 2016 Fiscal Year. This service is funded by HSBG funds in the CYS sections, CYS Needs Based funds and/or Value Behavioral Health.
- **Enhanced Mobile Therapy (EMT)** - EMT is a family-focused and community-based service designed to help families cope with significant stressors or problems that interfere with their ability to nurture and care for their child with emotional and behavioral problems. Unlike traditional Mobile Therapy, therapy sessions may be provided to individuals, couples, entire families or any other combination of family members. EMT served 23 children and families during the 2015 – 2016 Fiscal Year. This is a Value Behavioral Health funded service.
- **Behavioral Health Rehabilitative Services (BHRS)** - Services for BHRS must be prescribed by an Independent Prescriber who is a licensed psychologist, psychiatrist or physician. Recommendations for this service can also be made by a psychiatrist in the form of a discharge plan following an inpatient hospitalization stay. Evaluations follow a specific format that assess the strengths and needs of children and adolescents in all the domains of his/her life. Services generally are Mobile Therapy (MT), Behavioral

Specialist Consultant (BSC) and Therapeutic Support Staff (TSS). The goal of this type of treatment is to create an environment in which the child and family can learn and realize transference of skills to achieve optimum success by providing individualized treatment and support. These goals are accomplished through individual therapy with specific outcome-based goals, psycho-education and behavior modification, mentoring and modeling. These services can be delivered in the home, school and community. BHRS is considered one of the least restrictive services. This service is meant to help to provide the family and child the needed skills to keep the family together as a unit and to prevent more restrictive services. There are many providers that offer BHRS services in Crawford County. BHRS services were provided to 745 children in the 2015 – 2016 Fiscal Year. This service is funded through Value Behavioral Health and private insurance/pay.

- **Social Skills Group**- Crawford County found that there was a void in services for children that are on the Autism Spectrum. Children and teens with Autism can often have difficulties with social skills development. Social skills groups provide a safe setting where kids can learn and practice these important life skills with the guidance of an experienced clinician. The Achievement Center in Crawford has started to offer a Social Skills Group for children with Autism, ages 11-13 years old. They may be 14 years of age if they are in the 8<sup>th</sup> grade. The group will run for eight weeks and will meet one evening each week. It is our hope that in the future the Achievement Center will be able to offer this group to both younger and older populations. So far this year the Achievement Center has not held a Social Skills group because they are still working on promoting the program. The Achievement Center has had 3 referrals during the 2015 – 2016 Fiscal Year. This services is funded through Value Behavioral Health.
- **Parent Child Interaction Therapy (PCIT)** - PCIT is an evidence-based treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing destructive parent-child interaction patterns. The ages that are targeted for PCIT are 2-7 years old. The Achievement Center has served 13 families during the 2015 – 2016 Fiscal Year. This service is funded through Value Behavioral Health and private insurance/pay.
- **Family Based Mental Health**- FBMH is the most intensive and comprehensive in-home service that is offered to children who are “at risk” of placement. A licensed psychologist, psychiatrist or physician must prescribe this service. FBMH services are team delivered with a focus on structural family therapy. The highest priority is to preserve the family unit by creating a safe and healthy family environment. In turn, this will prevent psychiatric hospitalization or out-of-home placement of a child or adolescent with emotional disturbances. FBMH is funded by Value Behavioral Health/ MCO. However, there are situations when a family does not have Medical Assistance, and therefore, risk delay of service and increase the potential for a more intense level of care to be needed. In this instance Crawford County allocates specific funds to be available to initiate this level of care until a family completes the Medical Assistance process. Family Services of North West PA served 68 families and The Achievement Center served 21 families during the 2015 – 2016 Fiscal Year. This service is funded through Value Behavioral Health, Medical Assistance and County base dollars.

- **Trauma-Focused Cognitive Behavioral Therapy** - Over the past 4 years, Crawford County has been working to make our community more Trauma Informed. Many agencies in Crawford County offer Trauma Focused Cognitive Behavioral Therapy. We have found that this evidence-based therapy has been beneficial to families and children while working to keep treatment as least restrictive as possible. It is an evidence-based treatment intervention program for children and adolescents 4-18 years of age and their parents with the focus on overcoming the adverse effects of traumatic life events. Crawford County also has outpatient therapy in the schools. This service is funded through Value Behavioral Health and private insurance/pay.
- **Student Assistance Program (SAP)** - The Student Assistance Program is a systematic process composed of professionals from various disciplines within the school districts and liaisons from community agencies. These select professionals are trained to use effective and professional techniques to identify and remove or mitigate non-academic barriers to learning. This is done in collaboration with families in order to strategize for and/or refer identified students to appropriate interventions that will help facilitate their educational success. When the issues are beyond the scope of in-school services, the team will assist the parent and student with information so they may independently access community services. A professionally trained SAP mental health liaison provides consultation, education and assessment services to teams and families regarding the need for referral to community and/or school based assessment and intervention services. The SAP core teams do not diagnose, treat or refer for treatment. Rather, they identify and refer for a level of care assessment. Crawford County continues to see an increase in the need for Student Assistant Program services and will continue to support the local SAP Liaison in the role of collaborating with schools to identify at-risk children. SAP served 215 children during Fiscal Year 2015 -2016. This service is funded through Value Behavioral Health, Medical Assistance and County base dollars.
- **Summer Therapeutic Activities Program (STAP)**- Crawford County has one provider that is providing STAP this fiscal year. STAP is a summer program that is designed to help children continue developing strategies and skills to succeed at home, in school and in the community. The Achievement Center STAP program accepts children with diagnoses of ADHD. The Achievement Center served 42 Children during the 2015 – 2016 Fiscal Year. Family Services, who is not offering STAP this year, served 15 Children in the 2015-2016 Fiscal Year. This service is funded through Value Behavioral Health.
- **School-Based Mental Health** – School-based outpatient mental health continues to be an unmet level of care identified by both local mental health professionals and school districts for children in Crawford County. The wide geographical area within our county is a barrier to accessing treatment for many families. The need for early identification and easy access to treatment lends itself to making school-based outpatient services an effective way to reach children whose success across various settings, including school, is being impeded by untreated mental health issues. Based on the amount of referrals and number of identified children at risk of higher level mental health interventions, Crawford County plans to continue to support all school-based mental health programs. Additionally, we continue to see the need for increased service expansion into new districts. These services are funded through Value Behavioral Health, private

insurance/pay, Medical Assistance and/or county base funds. Following are some of the statistics from the current SBMH programs in Crawford County:

- School-Based Outpatient - Outpatient school-based services work with students who are MA eligible and privately insured. These students may require one or more of the following: Occasional mental health therapy, drug and alcohol counseling, individual, family and/or group therapy or medication management. Regional Counseling in Titusville served 82 children in the Titusville schools during the 2015 – 2016 Fiscal Year. Parkside Psychological Associates served 108 in 8 schools in Crawford County to treat Trauma during the 2015 – 2016 Fiscal Year.
- Community Resources Coordinator - Titusville School District continues to have a need for a Community Resource Coordinator due to its geographical area and underlying barriers (e.g. homelessness, utilities being shut off, lack of food in the home) that may lead to their students not following through or receiving treatment. The Community Resource Coordinator provides supportive casework to children and their families, assists families in gaining access to community resources, collaborates with school personnel, parents, and community services regarding areas that impact the students learning as well as collaborates with community agencies and organizations to help families with their basic needs. Community Resources Coordinator served 196 students and their families during the 2015 – 2016 Fiscal Year.
- School-Based Mental Health – School-Based Mental Health programs serve children in grades K-7 who are MA eligible and meet the required medical necessity for behavioral health rehabilitation services. An eligible child must present social, emotional or behavioral issues which result in impairment that substantially interferes with or limits the child's role or functioning in a school environment.
  - ROAR has been serving children in the Penncrest School District (Maplewood Elementary) in this capacity since August 2013, and continues to receive ongoing referrals for children in need of school-based mental health supports. ROAR served 16 children during the 2015 – 2016 Fiscal Year.
  - SOAR has been serving children in the PENNCREST School District (Cambridge Springs) in this capacity since May 2009, and continues to receive ongoing referrals for children in need of school-based mental health supports. SOAR served 21 children during the 2015 – 2016 Fiscal Year.
  - SMART has served children in Crawford School District (1<sup>st</sup> District, 2<sup>nd</sup> District and Neason Hill schools) in this capacity since March of 2014, and continues to receive ongoing referrals for children in need of school-based mental health supports. SMART served 55 children during the 2015 – 2016 Fiscal Year.

- **Child and Adolescent Psychiatric Partial Hospitalization** - Crawford County offers a school-based Partial Hospitalization Program. The child receives comprehensive services including psychiatric care and individual/family therapy while in Partial Hospitalization. Crawford County has been working with Bethesda Children's Home to improve their Partial program to make sure that children's needs are being appropriately met. The CASSP Coordinator will now be working collaboratively with the school and Partial, starting from the referral process through discharge. Crawford County is also going to begin to look at and monitor other Partial programs that serve Crawford County children. Crawford County is committed to making sure that a child is maintained in the least restrictive treatment so they can return to the community. Bethesda Children's Home served 56 children during the 2015 – 2016 Fiscal Year. Sarah Reed served 8 children during the 2015 – 2016 Fiscal Year. This service is funded by Value Behavioral Health, Medical Assistance and/or private insurance/pay.
- **Mental Health Respite**-Crawford County Human Services is working with the Office of Mental Health and Substance Abuse Services (OMHSAS) to assist families with paying for respite services for their child that has mental health involvement. To be eligible for respite services, the child must be 21 years or younger, be involved with enhanced Mental Health services (BHRS, FBMH, FBH or MST) and not have access to other resources for this type of care. In order to give families a choice, Crawford County contracts with two providers for this service. Services must be approved by the Integrated Intake worker. YAP has had 9 referrals and the ARC has had 2 referrals during the 2015 – 2016 Fiscal Year. This service is funded by county base dollars.
- **Therapeutic Family Care (Community Residential Rehabilitation – CRR)** - CRR is the provision of support services 24 hours a day to children/adolescents in an appropriately licensed home with highly trained adults who have been specifically trained to care for children with serious emotional disorders. The goal is to stabilize the behaviors of the child so that they may be transitioned to their biological family or other less restrictive settings as quickly as possible. Crawford County found that there was a need to put out an RFP for another CRR provider. The current CRR provider was having difficulties being able to place children in Crawford County closer to their families. There was also a need for the CRR homes to be able to serve the more intensive needs of the children. These shortages lead to children having to be open with CYS or placed in Residential Treatment Facilities. The new CRR provider has not gotten up and started this fiscal year. The County continues to contact with NHS. There were 2 children served / placed in CRR in the 2015 – 2016 Fiscal Year. This service is funded by Value Behavioral Health.
- **Residential Treatment Facility** - This is the most restrictive form of care available and must be recommended by a psychiatrist. Crawford County has worked hard in the last year to keep children in their homes and decrease the number of children that are placed in RTFs. The County is dedicated to wrapping families with services in an attempt to decrease the need for children to be placed out of the home. Crawford County has many providers that provide RTF services to children. There were a total of 15 children placed in RFT during the 2015 – 2016 Fiscal Year. This service is funded by Value Behavioral Health, Medical Assistance and/or private insurance/pay.

- **Specialized Therapy**- Crawford County Human Services recognizes the need for individualized treatment modalities that address specific mental health needs of a child such as RAD (Reactive Attachment Disorder) and Autism Spectrum Disorders. We are committed to offering our families least restrictive alternatives with the intent of keeping children in their homes with their families. The County put an RFP out for an outpatient clinic to offer specialized services to address these specialized therapies. This was awarded to the Achievement Center. They will be offering Parent-Child Interactive Therapy (PCIT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Autism Spectrum Disorder Social Skill groups. The County continues to work on getting specialized treatment for the RAD population and continues to search for creative ways to serve the RAD and Autism Spectrum population. The need for skills for families and their children of these populations is rising in all communities and we as a county are working to meet this need. This service is funded by Value Behavioral Health.

**Needs:**

- Crawford County continues to work with Dr. Becker-Weidman to determine the best way to meet the needs, of children with the diagnoses of RAD and their families. There continues to be a high need for treatment of children with RAD diagnoses. These children, without treatment, usually end up in out-of-home placements due to the parent's lack of skills in coping with this diagnosis.
- Crawford County has found that there is a void in services for children that are on the Autism Spectrum. Children and teens with Autism can often have difficulties with social skills development and often times have difficulties transitioning into adulthood. We need to not only look at a way to better serve this population but to also look at giving parents support.
- Transitional age children, those between the ages of 16-18 years old, are lacking the skills needed to transition into adulthood. This is most notable in children who have been placed outside of their home. There are parents that do not want to take their children home when they turn 18. Crawford County needs to identify these children early and develop needed programs while working with the community providers and Children and Youth to help this population be successful adults. The adult Program Specialist and the CASSP Coordinator have been collaborating on children who are transitioning into adulthood. They have been working to identify these children earlier to help support their needs.
- Transportation in the rural areas becomes challenging for families that do not have transportation and do not qualify for MA transportation. This becomes a problem when a parent cannot get their children to appointments, especially if it is for therapy and medication checks. Parents also struggle with getting their children to appointments that are outside of Crawford County. A family is more likely to engage in treatment when transportation is not an issue. This involvement often leads to children remaining in the home.
- The mental health planning group has recognized the need to create a money management program for individuals who want help learning about a budget, want to educate themselves on money management skills or need help to prevent evictions due

to unpaid bills. This would be a non-mandated, voluntary support that would provide the individual with the education they desire to improve their quality of life.

Identify the strengths and needs specific to each of the following special/underserved populations. If the county does not serve a particular population, please indicate and note any plans for developing services for that population.

### **Individuals transitioning out of state hospitals**

#### **Strengths:**

- Crawford County has worked hard over the years to support individuals in the community as opposed to the State Hospital. We have done this by utilizing the current spectrum of supports as well as creating new, individualized supports through our CHIPP funding. Over the past two years, and with the inception of CHIPP funding, Crawford County agreed to reduce the Warren State Hospital bed cap by three. With the funding that was received not only are we able to support the 3 identified CHIPP individuals but we have also been able to support 13 additional individuals in the community. We strongly feel that without this CHIPP support, the individuals would have needed a more intense level of support than what can be offered in the community.
- Community providers and aftercare supports that work with individuals upon their return to the community appreciate the flexibility of the State Hospital to allow multiple leaves of absences for people. This allows the provider and individual to work on rapport building. Community providers are encouraged to attend discharge planning meetings as well.
- The Mental Health Program Specialist attempts to attend monthly team meetings in person or by phone, is involved in the individual's CSP meetings and visits with county residents monthly. All of this has improved rapport, communication and hopefully has had a positive impact on discharge planning.

#### **Needs:**

- Although positive things have been happening in this county in regards to transition individuals out of the state hospital, more work needs to be done. Continued collaboration with professionals and the individual in treatment will continue. As individual needs arise we will continue to address them as best we can.
- As a community we are always struggling on how to bridge the gap between someone being "discharge ready" and "ready to live in the community". Many individuals at the State Hospital rely on the structure that the state hospital can provide and that mandatory structure and routine is simply not available in community.

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

#### **Strengths:**

- Crawford County has one Certified Recovery Specialist, funded through Value Behavioral Health (VBH) and Crawford County Drug & Alcohol, who works closely

with dually diagnosed individuals (D/A and MH). The CRS is involved with the individual's support team and is seen as an integral part of the team. There are currently about 25 individuals in Crawford County benefiting from CRS support, and at times there is a waiting list.

- Thirteen students with a co-occurring substance abuse disorder and a mental illness were supported by the Student Assistance Program this school year.

**Needs:**

- The opiate epidemic is on the rise in our county. This epidemic has led to a sharp increase in the number of reported overdoses.
- During the planning meetings, the Drug and Alcohol subcommittee identified the need for an additional Certified Recovery Specialist.

**Justice-involved individuals**

**Strengths:**

- The local correctional facility's medical provider recently hired a MSW to help individuals who have mental illness. She is responsible for coordination of care, providing counseling and working with community providers to set up aftercare supports.
- Crawford County Human Services provides mobile intakes to individuals at the local jail. This service is important so that individuals being released from the jail can be connected to supports prior to release and supports can begin on the day of discharge. During this intake, paperwork is completed to expedite Department Of Health benefits.
- The County forensic reentry committee team has been in existence for a number of years and has dedicated an enormous amount of time to establishing supports while the person is incarcerated and creating connection prior to release from the jail. The committee is now turning their focus on pre-incarceration by working closely with the local District Justices.
- There is a dedicated team of community providers that meet monthly to discuss the forensic population that lives with a mental illness. The purpose of the team is to improve communication among all attendees, trouble-shoot any systemic issues that may come up and plan for discharges. The jail has a new agency providing their medical care and this person has started to become a part of the core committee that meets.
- The county CASSP coordinator works closely with the Juvenile Probation Office when a youth shares their caseload.

**Needs:**

- Early in the MH planning process, it was identified by the local correctional facility that at any given time, about 30% of the population is on medications for mental illness. As these individuals are preparing for release back to the community, supports need to be ready. The main support that is needed is housing. It is projected that many individuals

will be exiting the State Correctional Institutes and will require supportive services in the community they return to.

- Many times the local jail is limited on the amount of medication that can be released with the person upon release back to the community. Human Services and the jail continue to work to improve upon this process.

**Veterans:**

**Strengths:**

- There is a veteran representative on our planning committee. He has been able to educate the planning committee on what supports are available to veterans.
- There seems to be an increase in the number of resources that are available to veterans. These resources include housing support like ECG VA, SSVF and HUD VASH vouchers.
- Crawford County Human Services has a screening process at intake to identify veterans.

**Needs:**

- Additional assessing and collaborating must occur to better understand the needs of this population and how to best serve their needs.

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

**Strengths:**

- County Human Service employees and providers receive training in regards to LGBTQI needs.
- Crawford County Human Services strives to treat all individuals with dignity and respect, regardless of their sexual identity. Although we recognize that individuals who identify themselves as LGBTQI are living in our county, we do not feel they are an underserved population.

**Needs**

- If a special concern did arise with the LGBTQI population, the county would recognize it and seek out the appropriate needed supports.

**Racial/Ethnic/Linguistic minorities**

**Strengths**

- Crawford County Human Services strives to treat all individuals we serve with dignity and respect.
- County Human Service employees and providers receive training in regards to racial/ethnic and linguistic individuals.

**Needs:**

- If a special concern did arise that relates to racial/ ethnic or linguistic minorities, the county would recognize it and seek out the appropriate needed supports.

### **Youth and adults with Autism**

#### **Strengths:**

- The county and providers are becoming more aware of the needs that individuals with autism have.

#### **Needs:**

- Individuals with an Autism diagnosis are not eligible for most programming through mental health services. These individuals often “fall through the cracks”.
- The Autism Waiver is available to adults but the waiting list is enormously long and restrictive.
- Our community needs to create more supports designed to meet the needs of an individual with Autism.
- Crawford is lacking housing that is specifically designed to best help someone with Autism.

### **c) Recovery-Oriented Systems Transformation:**

Based on the strengths and needs reported above, identify the top five priorities for recovery oriented system transformation efforts the county plans to address in FY 2016-2017. For **each** transformation priority, provide:

#### **Priority #1--Housing**

*A brief narrative description of the priority*

- The Crawford County MH planning team determined that housing was the biggest need for individuals living in Crawford County. Through the continuing planning process, the committee will detail what this proposed housing support will look like. Although we are in the infancy stage of developing the housing model, the team has determined that a master lease is the best option. The housing should be temporary and during an individual’s stay support services will actively work with the individual on permanency.

*The timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.*

- The County and the planning committee will work over the next fiscal year to develop a plan to achieve this priority. Once ready, the committee will develop a Request For Proposal to send to interested community providers. During the monthly planning meeting we will be able to track the progress towards accomplishing this priority.

*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).*

- The County will work with the fiscal department to determine if funds are available and how to best access those funds. .

A plan/mechanism for tracking implementation of priorities.

- The planning committee and County will meet on a regular basis throughout the fiscal year to establish a plan of action for this priority.

**Priority #2—Money Management**

*A brief narrative description of the priority*

- The planning committee has identified that the number two highest priority need in Crawford County is Money Management and or payee. The County and the planning committee will work over the next fiscal year to develop a plan to achieve this priority in the future. This service will be voluntary and available to all block grant recipients.

*The timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.*

- The County will work with the fiscal department to determine if funds are available through the Block Grant or Base Funds.

*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).*

- The planning committee and County will meet on a regular basis throughout the fiscal year to establish a plan of action for this priority.

*A plan/mechanism for tracking implementation of priorities.*

- The intent of the program would be to help families that are facing homelessness or that are behind with bills, and to educate them on how to develop a budget.

**Priority #3—24 hour supportive housing for transitional age individuals (18-26)**

*A brief narrative description of the priority*

- The planning committee identified this area as our 3<sup>rd</sup> priority. There seems to be an increase in children exiting the Children and Youth System of care, Foster care, Residential Treatment Facilities etc. without the needed skills set to live independently. Because this model would be funded under the Human Service Block Grant, it would be available to all populations served by the Block Grant. The committee felt that this support would not only benefit those individuals identified above, but would be a valuable living option for an individual with autism.

*The timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.*

- The County and the planning committee will work over the next fiscal year to develop a plan to achieve this priority. During the monthly planning meeting we will be able to track the progress towards accomplishing this priority.

*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).*

- The planning committee and County will meet on a regular basis throughout the fiscal year to establish a plan of action for this priority.

*A plan/mechanism for tracking implementation of priorities.*

- The planning committee and County will meet on a regular basis throughout the fiscal year to establish a plan of action for this priority.

**Priority #4**—An innovative program at the school to teach Independent Living skills

*A brief narrative description of the priority*

- High school graduates are leaving high school without the skills needed to live independently. The committee feels that if there was more of a robust program in the school to teach these skills, youth would be more successful in the community. They would be less prone to eviction due to unpaid bills because of mis-managing their funds, better suited to live in their own apartment, be more employable and have social skills that are needed to be successful in work and the community. Adult community providers could possibly assist with helping to learn independent skills. This would help build rapport for when the youth enters independently into the community.

*The timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.*

- The County and the planning committee will work over the next fiscal year to develop a plan to achieve this priority. During the monthly planning meeting we will be able to track the progress towards accomplishing this priority.

*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).*

- The planning committee and County will meet on a regular basis throughout the fiscal year to establish a plan of action for this priority.

*A plan/mechanism for tracking implementation of priorities.*

- The planning committee and County will meet on a regular basis throughout the fiscal year to establish a plan of action for this priority.

**Priority #5**—Drug and Alcohol

- Drug and Alcohol was a big discussion at the County Planning meeting that was held by the Adult and Children Mental Health Program Specialist. The subcommittee met and it was felt that having another Certified Recovery Specialist would benefit the rising use of Drug and Alcohol. The subcommittee also suggested that it would be helpful to have a crisis component to Drug and Alcohol. This could possibly be a beeper system that could be rotated within the Drug and Alcohol program.

*The timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.*

- The County and the planning committee will work over the next fiscal year to develop a plan to achieve this priority. During the monthly planning meeting we will be able to track the progress towards accomplishing this priority.

*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).*

- The planning committee and County will meet on a regular basis throughout the fiscal year to establish a plan of action for this priority.

*A plan/mechanism for tracking implementation of priorities.*

- The planning committee and County will meet on a regular basis throughout the fiscal year to establish a plan of action for this priority.



a) **Evidence Based Practices Survey:**

Evidenced Based Practice	Is the service available in the County / Joinder? (Y/N)	Number served in the County / Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	No							
Supportive Housing	Yes	152	Fidelity is modeled after the SAMHSA EBP toolkit	Crawford County Human Services, internal agency monitoring and PATH	Annually	Yes	No	
Supported Employment	No							
Integrated Treatment for Co-occurring Disorders (MH/SA)	No							
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	Yes	2	BHSL Licensing, OCYF	BHSL, OCYF, VBH,	BHSL & OCYF – Annually, VBH – Annually as	No	Yes	N/A

			Licensing, VBH Quality Review, NHS internal Quality and Compliance review	NHS Human Services	requested, NHS Internal – Quarterly			
<b>Multisystemic Therapy</b>	Yes	56	TAM – Therapist Adherence Measurement, CAM – Consultant Adherence Measurement and Program Implementation Review occurs quarterly	The agency Adelphoi Village, our partnerin g MST experts MSTi Institute PA EpisCenter OHMSAS VBH	TAMs at 2 weeks, monthly and at discharge CAM and SAM bi-monthly PIR quarterly PA EpisCenter merges informtaion quarterly Annually/Biannually Can do at anytime as well	Yes	Staff attend a week long MST training and supervisors attend additional supervisory trainings. Receive quarterly booster trainings Receive weekly consultation with Adelphoi’s MST expert	N/A
<b>Functional Family Therapy</b>	No							
<b>Family Psycho-Education</b>	No							

\*Please include both county and Medicaid/HealthChoices funded services.

**To access SAMHSA’s EBP toolkits:**

<http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs>

**b) Recovery Oriented and Promising Practices Survey:**

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	486	Non value and value individuals surveys
Family Satisfaction Team	No		
Compeer	No		
Fairweather Lodge	Yes	14	
MA Funded Certified Peer Specialist	Yes	33	
Other Funded Certified Peer Specialist	Yes	8	
Dialectical Behavioral Therapy	Yes	Unable to determine	
Mobile Services/In Home Meds	Yes	71	This support is provided through our Mobile Psychiatric Nurse program.
Wellness Recovery Action Plan (WRAP)	Yes	5	
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	201	
Self-Directed Care	No		
Supported Education	Yes	92	
Treatment of Depression in Older Adults	No		
Consumer Operated Services	Yes	567	Unduplicated consumers attending the two Drop In Centers in Crawford County
Parent Child Interaction Therapy	Yes	13	
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	242	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	20	This therapy is provided by 1 therapist at Parkside Psychological Assoc.
Other (Specify): Supported Employment	Yes	26	

Other (Specify): Transitional Employment	Yes	8	
Other (Specify): Warmline	Yes	879 Calls	
Other (Specify): Supportive Housing	Yes	152	
Other (Specify): NAMI Support groups	Yes	52	42 Peer to Peer, 10 Family to Family
Other (Specify): County paid medications	Yes	6	
Other (Specify): Parent Support groups	Yes	9	

\*Please include both County and Medicaid/HealthChoices funded services.

**Reference: Please see SAMHSA’s National Registry of Evidenced Based Practice and Programs for more information on some of the practices at the link provided below.**

<http://www.nrepp.samhsa.gov/AllPrograms.aspx>

### **INTELLECTUAL DISABILITY SERVICES**

The 2016-2017 Human Service Block Grant (HSBG) will allow Crawford County to provide a continuum of service to meet the needs of our ID population. HSBG-funded services provide individuals eligible for ID services with available support to meet their urgent or emergency health and safety needs as situations arise throughout the year. HSBG-funded support will be used in conjunction with other community-based services and/or financial assistance programs to support individuals experiencing urgent or emergency situations, either temporary or long term, based upon need.

In addition, HSBG provides ID individuals with a sense of belonging, self-worth, and self-improvement by offering a wide variety of service. In turn, individuals have the support they require to be successful within their homes/communities and are less likely to become involved in other service systems (judicial, CYS, MH, or D&A.) HSBG-funded services allow individuals to lead “everyday lives” and maintain success in the least restrictive environment.

The Crawford County ID program offers a variety of services through the Human Services Block Grant. All HSBG approved service is contingent upon a formal or informal assessed need and is based upon individualized need and funding availability. All HSBG-funded services are available to all individuals who are eligible for ID services, including children age three or older, young adults leaving high school, EPSDT recipients, inmates, RTF placements, APS placements, CYS recipients, nursing home residents, as well as individuals being discharged

from state centers. Crawford County currently supports a total of 504 individuals with intellectual disabilities.

The following chart below identifies the HSBG-funded services that ODP has identified to help achieve the goal of an Everyday Life for all individuals:

**FY15-16 TOTAL UNDUPLICATED ID INDIVIDUALS SERVED IN CRAWFORD COUNTY: 504**

Service	Individuals served 504 in FY15-16:		Projected Individuals to 506 be served in FY16-17:	
	Individuals served in FY15-16	% of total individuals served in FY15-16	Projected individuals to be served in FY16-17	% of total individuals to be served in FY16-17
Supported Employment	0	0 %	1	.2 %
Pre-Vocational	8	1.5 %	10	1.9 %
Adult Training Facility	0	0 %	0	0 %
***Base-Funded Supports Coordination	44	8.7%	46	9 %
Residential (6400)/unlicensed	0	0 %	0	0 %
Life Sharing (6500)/unlicensed	0	0 %	0	0 %
PDS/AwC	10	2%	10	2%
PDS/VF	0	0 %	0	0 %
**Family Driven Family Support Service (Sitter/Respite & Other)	52	10.3 %	54	10.6 %

The below chart identifies additional HSBG funded service that is available in Crawford County for eligible ID individuals:

**FY15-16 TOTAL UNDUPLICATED ID INDIVIDUALS SERVED IN CRAWFORD COUNTY: 504**

Service	Individuals 504 served in FY15-16:		Projected 506 Individuals to be served in FY16-17:	
	Individuals served in FY15-16	% of total individuals served in	Projected individuals to be	% of total individuals to be

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		FY15-16	served in FY16-17	served in FY16-17
Home and Community Habilitation (unlicensed)	30	5.9 %	32	6.3 %
**Drop-In Center through The Arc of Crawford County	145	28.7 %	147	29%
**OASIS Club through The Arc of Crawford County	148	29.3 %	151	30%
Quality Living Center (PCBH) Group	5	.9 %	5	1 %
Domiciliary Care	13	2.5 %	15	3%
Rep Payee Services (via Base Not Otherwise Specified)	92	18.2 %	95	18.7%
Recreation/Leisure Time Activities	35	6.9 %	35	6.9%
Companion Service	0	0 %	0	0 %
Assistive Technology (non-medical)	0	0 %	0	0 %
Home Accessibility Adaptation	1	.2 %	0	0 %
Behavior Support	1	.2 %	0	0 %
Family Aide	2	.4 %	0	0 %
Daily Respite	0	0 %	1	.2%
Support (Medical Environment)	3	.6 %	5	1%
Transportation (Zone, mile, public)	1	.2 %	1	.2%
Determination of Eligibility	10	2 %	10	2%
Court Ordered Competency Evaluations	0	0 %	0	0 %
Safety Evaluations	0	0 %	0	0 %
Court Hearings	0	0 %	0	0 %
Specialized Consultation from Dr. Ruth Myers-Ryan for complicated/challenging individuals	1	.2 %	1	.2%
Emergency Support (residential or otherwise) due to unanticipated death of caregiver, neglect/abuse/exploitation, etc.	0	0 %	1	.2%
*HCQU Trainings and Technical Assistance	244	48.4 %	250	49.4%

\* *HSBG monies for Health Care Quality Units (HCQU) do not stream through Crawford County Administrative Entity (AE) and are not identified on Crawford AE's HSBG allocation. HCQUs are funded through Butler AE and service 9 Western Region Counties (Butler, Crawford, Mercer, Venango, Clarion, Armstrong, Indiana, Lawrence and Beaver.) Crawford County individuals and providers benefit greatly from the HSBG-funded HCQU service. The 244 Crawford individuals is a duplicated count. An unduplicated count is not able to be obtained.*

\*\* *These programs utilize a "use-it or lose-it" philosophy. After an individual has NOT utilized HSBG program funded service for a full year, they lose their authorization for the next fiscal*

*year and must go thru their SC to request the service again. The numbers represent a non-duplicated count in each service.*

*\*\*\* Base funding is used for SC travel for all 504 individuals as well as all SC service delivered to individuals in hospitals and temporary nursing home placements. The number shown in the first graph above shows individuals receiving SC Only service on a long term basis (not eligible for TSM service - such as long term nursing home, all ICF/ID placements and/or individuals not eligible for medical assistance.)*

### **SUPPORTED EMPLOYMENT:**

In FY15-16, thirteen Crawford individuals eligible for ID (2.5%) have been competitively employed and do not require support in order to maintain their employment status. Eleven Crawford individuals (2%) maintain competitive employment with Supported Employment services. All eleven individuals receive waiver funding for Supported Employment.

Additional Eligible Crawford County individuals have not presented a need for HSBG-funded Supported Employment within the past year. Crawford County strives first to ensure health/safety with limited HSBG funding. "Employment First" is a crucial part of individual's lives, however, employment is a secondary concern after health/safety needs. In order to promote growth in competitive employment, Crawford completes a specific process when individuals express a desire for employment. First, an Office of Vocational Rehabilitation (OVR) referral is submitted to initiate a vocational assessment. If OVR accepts the individual, job training commences with OVR. When OVR fades their support and the individual presents an ongoing continued need for supported employment, the individual's Prioritization of Urgency of Needs (PUNS) is updated to reflect the need. HSBG-funded supported employment may be requested to help support the individual in maintaining their employment until long-term waiver funding can be obtained. HSBG funding follows the waiver-funded Supported Employment guidelines in that an individual must follow through with the OVR assessment and OVR training before Crawford County will consider offering HSBG funded Supported Employment. With consideration of the supported employment state-set reimbursement rate, HSBG funding would be able to offer only minimal support. Crawford County is not an employment pilot.

Through OVR's Early Reach Initiative, OVR meets with all school students to talk about interview skills, how to dress for interviews, job availability, job skills, etc. The Education Department offers the Segway Program which helps prepare students to transition to community employment by offering hands-on practice at a variety of local businesses as a group. They practice job skills as well as have guidance regarding work dress, conduct, responsibilities, communication, etc. Local Crawford County schools also offer Transition Fairs where a variety of local businesses, colleges, providers, and Crawford's Supports Coordination Organization attend to meet/greet with soon-to-be Crawford graduates and underclassmen.

### **BASE FUNDED SUPPORTS COORDINATION:**

Forty-Four non-duplicated individuals benefit from HSBG-funded Supports Coordination service. SC service includes locating, coordinating, and monitoring services/supports for individuals who are not eligible for waiver services or targeted case management coverage due to their financial resources, or residential placements (i.e. nursing facilities, hospitalizations, jail, state centers, private intermediate Care Facility/Intellectual Disability (ICF/ID.)) Most HSBG funding is utilized during transition times out of facilities and includes SC functions such as planning meetings, community visits with potential providers, and provider review and selection processes. These SC responsibilities will continue to occur as needs arise and will continue to be funded with HSBG monies. There are occasions when individuals have not been deemed eligible for medical assistance upon opening with SC services, and sometimes there are periods of ineligibility for individuals due to the lack of individual/family follow-through with the reapplication process. The SC assists the individual/family with the application/reapplication processes. Until the individual is deemed eligible for medical assistance, all SC functions are funded by the Human Service Block Grant. All SC Travel for 504 individuals open with ID service is covered by the HSBG. SC Travel on behalf of individuals is not captured in the non-duplicated count identified. No changes in SC HSBG-funded service delivery are anticipated for FY16-17. SC services will continue to meet the needs of ID eligible individuals not eligible for Waiver Supports Coordination or Targeted Service Management (TSM).

Crawford County encourages Supports Coordination Organizations (SCO) to communicate with families about the importance of finding natural supports within the community (churches, businesses, neighborhoods) rather than relying only on paid supports. When paid supports are needed, SC's are required to ensure individual's needs are identified on the waiting list and updated as needed, at least annually. Crawford County management and Program Specialists meet weekly with local SCO supervisors to identify urgent needs, issues/concerns, and prioritize individuals identified on the PUNS waiting list. In addition to the ODP Outcomes training, Crawford County has met with SCs and providers on multiple occasions over the past year in order to ensure ISPs are focused on being person-centered and community based. Similar meetings will be held in FY16-17 to focus on ongoing ISP improvement and maximizing community integration.

### **LIFESHARING OPTIONS:**

Eligible Crawford County individuals have not presented a need for HSBG-funded Residential supports within the past year. Out of 504 eligible and unduplicated individuals active in the Intellectual Disability department, 123 (24.4%) are presently supported in a residential setting suited to fit their individualized health/safety needs. 62 out of 123 (50%) are in group homes of various sizes. This is considered to be the most restrictive residential support. 48 out of 123 (39%) are in lifesharing homes. 13 out of 123 (10.5%) are in Dom Care Settings. Crawford County's history with lifesharing confirms that individuals requiring lifesharing support also have many other high level needs making them excellent candidates for the waiver program. Therefore, Crawford does not plan to use HSBG funding to create long-term lifesharing

placements. HSBG-funded lifesharing would only be considered when an individual's emergency needs are not able to be met with existing, natural supports, community resources such as Personal Care Boarding Homes (PCBH) or Domiciliary Care placements, or short-term respite support. As need arises, future growth with Lifesharing is encouraged. Crawford County seeks to maintain individuals in the least restrictive environment and, depending upon the situation, will attempt to use a variety of resources to maintain individuals in their own or family homes. When residential emergencies occur, an informal assessment will be conducted, situations reviewed and services will be identified to ensure the individual's health and safety within the community. If appropriate for an individual's needs, community resources (ie. PCBH & Domiciliary Care homes) will be sought. HSBG funding is available to provide temporary relief for emergency situations by providing respite support until long-term funding can be located. Existing lifesharing homes are possible respite options that could lead to long-term placements. Only in cases of emergency (abuse/neglect by caregiver), would a more restrictive level of placement be sought.

**CROSS SYSTEMS COMMUNICATIONS AND TRAINING:**

Thirteen provider agencies currently have offices in Crawford County and provide ID services to Crawford County individuals. There are 226 unduplicated individuals who are considered to be low/no risk for a higher level of service because they utilize the HSBG-funded programs currently in place. Programs such as unlicensed home and community habilitation, prevocational services, DOM Care placements, the Arc's OASIS Club, the Arc's Drop-In Center, rep payee program, Support in medical environments, and companion service, all provide support for individuals in a safe and structured environment while also increasing skill levels. HSBG-funded home and community habilitation serves to provide maintenance, and growth opportunities in daily living skills. This service helps individuals remain in their own homes or in their family homes. Without this support, individuals would likely require a higher level of residential support such as family living or group home placements. Prevocational services provide individuals with a means to develop their community employment skills and work towards a higher skill level and ultimately, towards competitive employment. Our DOM Care program works in conjunction with our local Active Aging Office to find homes for individuals who require a less restrictive environment than required in an ODP lifesharing setting. The OASIS and the Drop-In Center programs run weekly, Monday thru Saturday in the evenings. These programs offer social and learning opportunities in a safe and structured environment. Rep Payee support offers the individuals with sound financial advice to help them reduce their risk of financial manipulation. Support in medical environments provides support to individuals to help them interact/communicate positively with medical personnel and support the individual during their recovery process. Companion service assists individuals in their homes following a hospitalization to further aide in the recovery process and the following of medical recommendations. Without these crucial social and financial services, individuals may seek social opportunities and entertainment in dangerous arenas within the community; potentially resulting in police intervention, incarceration, D&A involvement, and physical/sexual/emotional abuse. Support during and following medical procedures aids with the healing process and ensures that individuals understand and appropriately apply medical recommendations safely. Ultimately, the purpose of the above identified services is to improve individual's quality of life and reduce the risk of higher level facility admissions. Crawford's local providers are willing and able to provide these services in order to fully support individual's multiple needs.

Crawford County attends the cross systems forum at the local area Active Aging office where regular topics of discussion are scheduled and trainings are shared amongst a variety of service realms and providers (ID, MH, Aging, D&A, APS, Public Transportation, etc.) Crawford County also works closely with Children and Youth, the Mental Health department and participates in the transitional council facilitated by our local school districts to ensure ID children transitioning into adulthood and their families are identified, informed and plan for future needs. These forums also help identify areas of potential risk which are then presented at the Crawford County Quality Council and considered for the Risk Management process.

Crawford County strives to ensure individual's needs are met within the least restrictive environment. Nine individuals presently reside in state ICF/ID facilities and 2 individuals reside in private ICF/ID facilities. Crawford County strives to support individuals within the local community and has never sought an ICF/ID placement or state hospital placements unless all other viable options have been attempted, failed, and exhausted. Crawford County currently utilizes the Positive Practices Resource Team (PPRT) process and uses HSBG funding to bring highly qualified consultants in to assist with complicated individuals. These processes have helped avoid pursuing ICF/ID and/or state hospital admissions.

With the exception of SC Service, none of the current ICF/ID individuals utilize HSBG-funded service. The location of state centers is not conducive to the individuals residing there using HSBG-funded programs that are based in Crawford County. However, recent movement of individuals (via the Benjamin Litigation) back into the local community would allow HSBG-funded programs to be accessible for these individuals, too.

### **EMERGENCY SUPPORTS:**

In the event of any individual emergency, CCHS does not specifically "reserve" monies for emergency situations. Instead, CCHS has existing contracts/rates with local providers in place in anticipation of emergency situations. HSBG funding is used when necessary. When emergency situations arise, CCHS's first priority is to ensure the immediate health/safety of the individual within a temporary setting that meets the individual's emergency need. Temporary residential settings may include respite at licensed or unlicensed homes or diversionary/respite beds at licensed personal care boarding homes. After the individual is safe and all health needs are met, research commences immediately (during normal work hours) to find the most appropriate long-term supports & funding to best fit the individual's long-term needs.

After-hour emergencies will be handled similarly by CCHS via an on-call process shared with County Control (911), hospitals, crisis, police and Adult Protective Services (APS.) Entities call County Control and ask for the on-call delegate. County Control contacts Crawford County's Human Services on-call personnel to speak directly to the caller. CCHS first ensures emergency health and safety concerns are addressed immediately. Research then follows to find long-term services/funding within all departments (ID, MH, CYS, community, emergency waiver capacity, etc) as deemed most appropriate, using HSBG funding as needed.

The Crawford County 24-hour Emergency Contact Response Plan (as required under the MH and ID Act of 1966):

#### **Individuals experiencing an emergency:**

- Call 911 or MH Crisis line at anytime

For Providers, Staff, Businesses, Departments experiencing an emergency requiring contact with a Crawford County Supports Coordinator:

**Regular Business Hours Contact** (Monday – Friday, 8:30am – 4:30pm)

- Call (814) 724-8380 - Main Crawford County Human Services Switchboard
- Ask for ID department or ID staff.

**After-Hours Contact** (Friday after 4:30pm, weekends, and Holidays)

- Call (814) 724-2545 – Crawford County Control
- Ask for Crawford County Human Services On-Call personnel.
- Caller identifies self as provider, staff, business, APS, Bureau of Autism, etc.
- County Control will contact Crawford County On-Call personnel for you.

**ADMINISTRATIVE FUNDING:**

Crawford County will collaborate with local Providers, SC's, and community partners in working together to support the Person Centered Thinking Trainers from PA Family Network. Crawford County will encourage all interested parties to attend trainings offered by the Department of Human Services and/or PA Family Network in order to help individuals and families in our community connect with each other and plan for a full and meaningful life. As more information about PA Family Network is disseminated and trainings scheduled, Crawford County will actively seek provider participation.

Crawford County ensures that discovery information and education about the ID department and associated ID services are presented within our communities at various venues. When Crawford County (as well as several of the local ID providers) presents at venues such as local school job fairs, Crawford County Fair, local school provider fairs, mental health fair, etc., networking between all commences and brochures and pamphlets are available. Questions from individuals, families and general public are fielded and interested families are directed to contact the Crawford County office to begin the process to obtain a Supports Coordinator. Networking for families is available through local providers, however, this year families had very little interest in attending local support groups. Only 1 family indicated interest in attending. Annual “feelers” will be sent out to families to determine the need for ongoing support groups in our local area.

The HCQU reports 244 Crawford individuals attended HCQU facilitated trainings over the past year. (This is a duplicated count as an unduplicated count is not able to be obtained by the HCQU.) Crawford County engages with the HCQU to offer trainings and intensive technical support to consumers, provider agencies, and direct care staff on any topic to assist in the improvement of quality of life for our individuals. The HCQU has begun to reach out and offer

trainings such as “mental health first aide” to emergency responders and community members so they may better understand the individuals we support in a crisis/emergency situation. Crawford County will gather training topics offered during the year and cross reference them with incidents that have been reported to ensure the Quality Management Plan addresses topics where individuals are most at risk.

Data generated by the IM4Q process will be used as part of the quality management plan through considerations reported by the individuals we support. Topics with a high number of considerations will be addressed in the Quality Management Plan and follow-up will occur to ensure the considerations are being addressed in a manner that satisfies the consumer and meets the consumer’s needs. Crawford County will comply with the current IM4Q protocol and guidelines and maintain a written procedure for implementing the IM4Q “closing the loop” process in HCSIS.

Crawford County supports local providers to increase their competency and capacity to support individuals who present with higher levels of need related to aging, physical health, behavioral health, and communication. Crawford County hosts quarterly Quality Council meetings with local providers. Providers are encouraged to discuss any challenges they may be having with individuals as well as successes. The Quality Council/Providers share ideas that may be helpful in providing assistance to all providers when faced with challenges. Crawford County always encourages local providers and SC’s to utilize our HCQU to provide technical assistance as well as training to providers in order to offer the best quality of life to individuals and families in our community. When individuals are faced with significant behavioral challenges, Crawford County offers training/guidance via the Positive Practices Resource Team (PPRT) and/or through specialized consultation with Dr. Ruth Ryan-Myers. These trainings/meetings are voluntary and are not a requirement of our providers.

Crawford County strives to ensure a high quality of life for all individuals. Crawford attends Regional Quality/Risk Management meetings on a quarterly basis and receives new and/or updated information surrounding prevention and risk mitigation strategies to share with SC’s, local Providers and community members. Crawford County will continue to review all incidents entered into the Enterprise Incident Management System and offer technical assistance to any individual, family or Provider as needed in order to address any concerns/issues that may decrease risks to those individuals living in Crawford County. Crawford County continues to engage in all training opportunities offered by ODP, HCQO or local organizations to ensure high quality of life for individuals in our county. On an annual basis, individuals/families are provided with information regarding neglect abuse and exploitation and encouraged to talk about presenting concerns/issues in their lives. In severe Risk Mitigation cases, Crawford County works closely with the Adult Protective Services (APS) in order to ensure health and safety.

A specific “County Housing Coordinator” position does not exist in Crawford County. However, Crawford County utilizes a variety of resources when searching for the housing needs of the eligible ID individuals whom we serve. We seek first and foremost to provide the least restrictive residential setting to support the individual's needs. We search within their own homes or family homes to determine if non-traditional day program may help and allow the individual to remain in their own/family home. If that is not possible, we reach out to our community providers of independent living programs, Domiciliary Care and Personal Care Boarding Homes to determine the appropriateness of these settings. Typically in emergency situations where individuals require a higher level of residential support, we seek lifesharing first, followed by group home placements. In these situations, individuals typically exhibit greater needs that necessitate a higher level of support. Crawford County does seek emergency waiver supports through the Regional ODP Office as Crawford’s limited HSBG funding could not fund a residential setting on a long-term basis.

Crawford County has developed a team (membership from – ID, MH, CYS, Probation, Crawford Administration, etc.) to participate in the Pennsylvania Disaster Crisis Outreach and Referral Team (DCORT) for the entire county population. Crawford County members of DCORT provide assistance to the general populous during a crisis, disaster, or emotional trauma. Specifically, DCORT assists individuals who have been impacted by crisis or disaster by providing emotional support and therapeutic activities to ease stress, foster a compassionate presence, and to aid in community resilience. Any person who is willing and able may join DCORT as long as they complete the training requirements and participate in the annual live disaster drills. Provider staff are encouraged to join DCORT but it is not a requirement of providers. Providers are required to have an emergency disaster response plan at their agency in order to address individual safety/protection, communications. All providers have policies/procedures to aide staff in responding to crises as well as individual health and behavioral emergencies. From past review of provider information, all Crawford providers have created an Emergency Preparedness Plan.

Crawford County will adhere to the current AE Operating Agreement conditions regarding the General Scope of the operating agreement, Administrative functions, financial administration Requirements, meeting the needs of the ID participants, provider recruitment and enrollment, and training/technical assistance.

**PARTICIPANT DIRECTED SERVICES (PDS):**

Crawford County encourages and promotes PDS services via the Supports Coordination Organizations at individual’s annual ISP meetings and throughout the year as needs arise. There are currently 47 out of 504 (9%) eligible Crawford County individuals utilizing Agency with Choice (AwC) PDS services. 10 out of the 47 (21.2%) also receive one or more HSBG-funded service. All 47 current PDS individuals also receive waiver funding. As a means to further promote PDS services, Crawford County is exploring the use of a Supports Broker to

work with individuals and/or their designated surrogate with the employer-related functions required of the AwC PDS managing employer. The managing process can be confusing and causes more stress than most individuals/families are willing to take on. Crawford County is hopeful that offering Supports Broker services will lessen individual/surrogate concern and increase the individual/surrogate competency to self-direct. Expansion of the AwC PDS program may result.

Most families utilizing AwC PDS services have existing relationships formed with the staff who they choose to hire and do not express any challenges or barriers. However, over the past several years, a few families have verbally expressed frustration with finding responsible and reliable staff, even with AwC assistance. Finding good staff is a challenge that all providers face and as families begin to identify with this unfortunate fact, a few have chosen to switch back to traditional agency programming for their loved one.

Eligible Crawford County individuals have not presented a need for Vendor/Fiscal PDS Services. When VF PDS is presented, most families express discomfort with being identified as the employer of record and also prefer dealing with a local provider.

#### **COMMUNITY FOR ALL:**

Crawford County reviews the Benjamin Settlement site quarterly to ensure all individuals wanting to move into the community are identified for Crawford County. There is currently 1 individual wanting to move from the congregate setting into the community. In May 2016, a provider expressed interest in supporting this individual. The process has been initiated.

When individuals are identified via the Benjamin Settlement to move into the community, Crawford County reaches out to local and state-wide providers to alert and determine provider interest in supporting the identified individual. Crawford County continues to alert providers of the individual wanting to move into the community on a quarterly basis until a provider expresses interest and moves forward with the planning process.

#### **OTHER HSBG-FUNDED SUPPORTS:**

Eligible Crawford County individuals have not presented a need for HSBG-funded Adult Training Facility (ATF) within the past year. Eligible Crawford County individuals waiting for services utilize the Prioritization of Urgency of Needs (PUNS.) Crawford County reviews each service request for HSBG funding weekly during our CCHS Review Committee meetings. First priority is given to emergency situations, services requested by individuals living independently and/or individuals with short-term medical recovery needs.

Crawford County plans to maintain the present frequency and duration of all existing services for currently enrolled individuals and programs. With the flexibility of the Human Services Block

Grant, Crawford County will expand the number of individuals able to participate in the above mentioned programs as needs arise. Meeting with providers and other interested individuals on an ongoing basis will concentrate on maintaining existing service and looking forward to future need in the Crawford County area.

### **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.

- Crawford County families or individuals who are homeless or facing eviction may benefit from case management, rental assistance and emergency shelter services in Crawford County. Over the course of the past year there have been many cross-categorical planning meetings to begin to better address the need for additional safe, stable and affordable housing in Crawford County. For example through the MH planning process, housing was identified as a top priority to address in the coming year. Through planning and discussions it was determined that a “master lease” is the best option, and that intensive support services are going to be necessary to help families and individuals actively work towards housing permanency. It is clear that we must do more to discover and address the reasons *why* people are homeless, rather than just continually offer temporary and nominal supports. When the reasons are address, people will be more empowered and better capable of seeking and maintaining their own stable housing.

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** is provided by the Crawford County Coalition on Housing Needs, Inc. as Liberty House. Liberty House is Crawford County's first and only transitional housing project for homeless families. The housing units consist of four 2-bedroom and two 3-bedroom apartments. Handicap accessible apartments are available for those with special needs. The facility includes a common room, laundry facilities, a place to meet with counselors as well as the CCCHN offices. Tenants must be income eligible, homeless families ready to break the cycle of homelessness through hard work and counseling, and must have at least 1 dependent Child. This program also targets families who are unable to access other affordable housing options due to barriers such a poor credit history and landlord references. The maximum length of stay is 18 months. The county monitors these case management services on an ongoing basis, and through an intensive annual, in-person audit of program outcomes and fiscal adherence.
- **Case Management**, partially funded through HAP, is provided by three providers in Crawford County. Women’s Services, Inc. provides assistance with homeless

and near homeless women and children by offering programming, education, mentoring, advocacy and other supports to help reestablish and maintain safe and affordable housing. Crawford County Mental Health Awareness Program, Inc. (CHAPS) and the Center for Family Services offer support to anyone who is homeless or near homeless in order to improve their living situation. The county monitors these case management services on an ongoing basis, and through an intensive annual, in-person audit of program outcomes and fiscal adherence.

- **Rental Assistance**, partially funded through HAP, is provided by two providers in Crawford County. Titusville YWCA and the Center for Family Services screen applicants to ensure that they are homeless or near homeless, and then provide financial help to acquire housing or other related needs. The county monitors these rental assistance services on an ongoing basis, and through an intensive annual, in-person audit of program outcomes and fiscal adherence.
- **Emergency Shelter**, partially funded through HAP, is provided by two providers in Crawford County. Titusville YWCA offers ER shelter to women and children only, while the Crawford County Coalition on Housing Needs, Inc. offers ER shelter to anyone who is homeless or near homeless. The county monitors these ER shelter services on an ongoing basis, and through an intensive annual, in-person audit of program outcomes and fiscal adherence.
- **Other Housing Supports** are not provided in Crawford County due to consumer needs being greater in other categories. This is a change from prior years.

Describe the current status of the county's Homeless Management Information System implementation.

Crawford County did not implement the Homeless Management Information System (HMIS) because there was no funding available for the HMIS software.

### **CHILDREN and YOUTH SERVICES**

Briefly describe the successes and challenges of the county's child welfare system and how allocated funds for child welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget 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.

Crawford County is striving to provide best practice case management while adapting to the numerous changes that have been set forth through government mandates and county initiatives. Fiscal year 16/17 begins the third year of the Child Welfare Demonstration Project. The demonstration project has generated an additional workload on the case work staff that was not fully anticipated in the implementation of the project. Nevertheless, the demonstration project is beginning to show signs of fruition through the implementation of new evidence based programs.

In addition to the Demonstration Project, Crawford County Children and Youth Services under the umbrella of Crawford County Human Services has partnered with Parkside Psychological to collaborate together with other service systems to become trauma informed. In an effort to

become trauma informed in both the physical and emotional environment, a survey was administered to our staff and consumers to identify the strengths and areas of need to create a trauma informed plan. Subcommittees were created to and the focus areas are: Screen for Trauma at Intake, Consistent Training for Staff, Vicarious Trauma, Reduce Agency Requests for Consumers to Repeat Information, Increase Cultural Competence of Staff, Increase Consumer Input & Participation.

Case management practices have become enhanced to incorporate critical thinking to identify root causes. This practice takes a refined skill set. This skill set coupled with the increased mandates did cause a tremendous amount of turnover for this agency. Turnover while still an impending issue has not been as strenuous this current fiscal year.

A common reason for families opened in child welfare and children being placed continues to be drug usage. It has become an epidemic that is affecting at least 30% of the families that are receiving case management services. Opiates and methamphetamines are the most commonly used drugs that this agency is encountering. The drug usage leads to criminal actions and at times significant jail sentences impacting permanency of children. In an effort to reduce the number of children in substitute care for parental drug usage, Crawford County, through the efforts of the Child Welfare Demonstration Project, has implemented an evidence based program (EBP) called Family Behavior Therapy (FBT). This program began July 1, 2015. Partial funding for this program is obtained through the Block Grant.

Family Behavior Therapy is provided by two agencies, Family Services of Northwestern PA and Child to Family Connections. Both agencies were trained in administering FBT with fidelity. Fidelity is monitored by ongoing and regular oversight in addition to booster trainings that are conducted by an individual who has been certified by the creator of FBT. FBT as any other EBP does have challenges. FBT is a program that provides therapeutic intervention for individuals who abuse drugs and alcohol. Individuals who are ready to treat their drug and alcohol addiction and are vested in treatment are the ones who obtain the most gain from the service. Individuals who are not ready or willing to treat their addiction can be avoidant to treatment even if it is court ordered. Another barrier to FBT is that a person is trained to provide FBT not the agency. If the employee leaves, another individual will need to be trained, which is a costly endeavor. At this time, FBT is not in the Managed Care Organization network. Several meetings have been attempted to start the discussion to no avail.

Other services funded through the block grant are Multi-Systemic Therapy (MST) and Family Group Decision Making (FGDM). These are evidence based programs that have been selected and identified as a need in this county.

Crawford County is operating on a theory of change whereby:

If families are engaged as part of a team, and if children and families receive comprehensive screening and assessment to identify underlying causes and needs, and assessment information is used to develop a service plan, and

If that plan identifies roles for extended family members and various support, including appropriate placement decisions and connects them to evidence-based services to address their specific needs and/or appropriate system changes,

Then children, youth and families are more likely to remain engaged in and benefit from treatment, so that they can remain safely in their homes, experience fewer placement changes, experience less trauma, and experience improved functioning.

This theory of change aligns with the evidenced based services (MST, Family Behavior Therapy, and FGDM) and funding streams of the block grant. Safety, permanency and well-being are interwoven in the services that Crawford County Children and Youth Services have chosen and this is reflective in the benchmarks provided in this plan. Block Grant funding is supplemented with Needs Based Plan and Budget funding to allow for an overall comprehensive in home service base. Additional funding streams are necessary for a variety of reasons. FGDM was enhanced to incorporate a third facilitator. This position allowed for the county to implement the theory and practice of the demonstration project. MST is primarily funded through the County MCO, Value Behavioral Health. In past practice, Value allowed the MST provider to bill Value from the start date of the service once the identified individual was deemed eligible. The MST provider can only bill from the date that the identified individual is deemed eligible. To ensure that families are receiving the necessary services and possibly preventing the ongoing need for Child Welfare involvement, Crawford County has authorized MST as a prevention measure.

As with any EBP there are barriers that Crawford County encounters. EBP's that mandate ongoing oversight from either a specific person or agency ensures that the program is administered with fidelity. However, the oversight is costly and must be incorporated into the unit cost rate. This creates a higher rate especially for a smaller county that does not have the population base to meet the consumer quota established by the EBP.

The other barrier that is encountered with EBP is that a person is certified to provide the treatment not the agency. Turnover in an agency could cause the EBP to falter or not be administered due to lack of certified employees.

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 2016-17. 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.

Safety, permanency and well-being are the three measures that are consistently monitored within the Children and Youth service category. High quality services, processes and providers are utilized to ensure successful outcomes. It is recognized and acknowledged that true evidenced based practices are essential to provide outcomes that meet the state's three measures for Children and Youth Services. Careful consideration was taken into choosing the categories where funding has been and will be requested. The first service outcome that Crawford County expects to achieve is safety in which children are safely maintained in their own home whenever possible and appropriate. Crawford County has practices already in place, such as Family Group Decision Making and MST services. FGDM submits quarterly reports in which outcomes can be tracked and monitored. MST services are offered through Family Services of NWP and the fidelity of the program is monitored through Adelphoi Village. The outcomes and data tracking are available annually to the County for review. Family Behavioral Therapy is offered through Family Services of NWP and Child to Family Connections. Service provider outcomes are submitted annually to the County for review.

Based on the County Improvement Plan and the action step of "involve all immediate family and all family identified resources in the beginning of a case to be members of the team that assists in the development of the initial FSP and safety plans" (Crawford CIP page 2), Crawford hired a third FGDM program specialist for the intention of utilizing the third FGDM program specialist to develop "family" driven case plans. Data continues to be kept quarterly, for FGDM services in Crawford County.

Crawford County continues to have a high percentage of children placed in congregate care and in a more restrictive placement setting than kinship placement. MST services are utilized in attempting to prevent out of home placement and keep older youth safe and maintained in the home of origin. With the authorization of a child and family for MST services, it is anticipated that the intervention will lead to the child not being placed in this level of care or reduce the number of days the child will remain in care. MST services submit annual reports to the county that detail the outcomes and objectives the service has achieved for the previous year.

Crawford County anticipates that children will have improved permanency and stability in their living arrangement through services identified as being offered through the Block Grant. Crawford County completed Phase III of the Quality Service Review process and the data provided by Hornsby Zeller indicated that Crawford County scored very low in permanency. Crawford County will utilize FGDM services to assist in increasing the likelihood that children will remain in a permanent environment. The data for permanency will be tracked through the next round/phase of QSR that Crawford County completes. As a follow up, Crawford County has completed the second QSR. The data is in the preliminary stages at this time.

Family Group Decision Making in Crawford County is primarily working towards the following outcomes:

- A. To prevent placement.
- B. To develop a plan for those children coming out of placement.
- C. To assist with the development of the initial Family Service Plan.
- D. Creating visitation plans.
- E. Create permanent connections for those children exiting CYS.

Permanency and stability will likely improve through families and children being offered and participating with MST, FGDM and Family Behavioral Therapy services. FGDM enables the family to have a role and voice in identifying the area of need that the family is experiencing and this service derives a plan for the family that is reflective of the needs of the children in the home. These programs submit outcomes annually to County for review. Data for the efficiency of these services will be monitored upon the submission of the data.

Crawford County continues to work towards enhancing a family’s capacity to provide for their children. Services that attribute to improving this outcome are MST and Family Behavioral Therapy services. These services target and assess the parent’s ability to provide for their children and assist in the recovery from addiction process. The well-being of families and/or children will be measured through the assessment tools administered through Family Services of NW PA and Child to Family Connections.

	<b>Outcomes</b>
Safety	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>
Permanency	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections are preserved for children.</li> </ol>
Child & Family Well-being	<ol style="list-style-type: none"> <li>1. Families have enhanced capacity to provide for their children’s needs.</li> <li>2. Children receive appropriate services to meet their educational needs.</li> <li>3. Children receive adequate services to meet their physical and behavioral health needs.</li> </ol>

<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome</b>
<p>Children are safely maintained in their own home whenever possible and appropriate.</p>	<p>Measurement will be completed through quarterly reports through FGDM. For contracted providers, data sets and program outcomes will be provided to the county for review. For evidence based models, adherence to the fidelity of the model will measure how successful the service was at keeping children in their home whenever possible.</p> <p>Frequency – FGDM is offered to every family opened for ongoing services. MST is offered to pre-delinquent youth. Services last for 20 weeks. Family Behavioral Therapy will be offered to cases where a caregiver is struggling with addiction issues. FBT services will be delivered for a period of 6 months once a week or until successful completion of the program</p>	<p>Family Group Decision Making, MST, Family Behavioral Therapy</p>
<p>Children have permanency and stability in their living environment.</p>	<p>Measurement will be completed through quarterly reports through FGDM. For contracted providers, data sets and program outcomes will be provided to the county for</p>	<p>Family Group Decision Making, MST, Family Behavioral Therapy</p>

	<p>review. For evidence based models, adherence to the fidelity of the model will measure how successful the service was at ensuring children are provided with a safe and secure living environment.</p> <p>Frequency – FGDM is offered to every family opened for ongoing services. MST is offered to pre-delinquent youth. Services last for 20 weeks. Family Behavioral Therapy will be offered to cases where a caregiver is struggling with addiction issues. FBT services will be delivered for a period of 6 months once a week or until successful completion of the program.</p>	
<p>Families have enhanced capacity to provide for their children’s needs.</p>	<p>Measurement will be completed through quarterly reports through FGDM. For contracted providers, data sets and program outcomes will be provided to the county for review. For evidence based models, adherence to the fidelity of the model and outcomes provided will demonstrate the service’s ability to transfer learned skill sets to the</p>	<p>Family Behavioral Therapy, MST</p>

	<p>caregivers in order to provide for the needs of the children.</p> <p>Frequency – FGDM is offered to every family opened for ongoing services. MST is offered to pre-delinquent youth. Services last for 20 weeks. Family Behavioral Therapy will be offered to cases where a caregiver is struggling with addiction issues. FBT services will be delivered for a period of 6 months once a week or until successful completion of the program.</p>	
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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.

<b>Program Name:</b>	Family Behavior Therapy
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Please indicate the status of this program:

<b>Status</b>	<b>Enter X</b>			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	<b>X</b>	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		<b>X</b>		

- 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 Behavior Therapy (FBT) is an outpatient behavioral treatment aimed at reducing drug and alcohol use in adults along with common co-occurring problem behaviors such as depression, family discord, school and work attendance, and conduct problems in youth. This treatment approach owes its theoretical underpinnings to the Community Reinforcement Approach and includes a validated method of improving enlistment and attendance. Participants attend therapy sessions with at least one significant other, typically a parent (if the participant is under 18) or a cohabitating partner. Treatment typically consists of 15 sessions over 6 months; sessions initially are 90 minutes weekly and gradually decrease to 60 minutes monthly as participants progress in therapy. FBT includes several interventions, including (1) the use of behavioral contracting procedures to establish an environment that facilitates reinforcement for performance of behaviors that are associated with abstinence from drugs, (2) implementation of skill-based interventions to assist in spending less time with individuals and situations that involve drug use and other problem behaviors, (3) skills training to assist in decreasing urges to use drugs and other impulsive behavior problems, (4) communication skills training to assist in establishing social relationships with others who do not use substances and effectively avoiding substance abusers, and (5) training for skills that are associated with getting a job and/or attending school.

Crawford County data was analyzed and submitted in the IDIR-I as part of the Child Welfare Demonstration Project. From January 1, 2013 until December 31, 2013, Crawford County opened for services 85 families and 171 children for ongoing case management. There are a multitude of reasons for families being opened for ongoing Children and Youth Services in 2013. The majority of families in this county were opened based upon parent substance abuse (approximately 30%), conduct by a parent that places a child at risk, inadequate shelter, mental health concerns of the child, lack of supervision, and child behavioral problems.

Of the 171 children opened for ongoing services, 48 children were placed in substitute care. The type of placement that children were placed into was broken down into congregate care setting, foster care, kinship care or MH placement. Of the 48 children, 14 out of the 48 were placed into a congregate care setting or 28%, 14 out of the 48 children were placed into foster care or 28%, 19 out of 48 children were placed into kinship care or 39%. 1 child who came back into care was placed into an IL setting and another child was placed in an RTF setting for treatment.

The children were placed for the following reasons: 34% for parental drugs; 24% child behaviors; 12% caregiver inability; and 10% parent incarceration. The other categories for placing children were under 10%.

Drug and alcohol dependency is the primary factor in which families are accepted for ongoing services and children are placed into substitute care. FBT is broken out by Adolescent (ages 13-18), young adult (18-25) and adult (26-55). This county will focus on the population of young adult and adults.

The purpose of the expected implementation of FBT is to reduce the length of time a child is placed in substitute care that precipitated from parental drug usage. The majority of these children placed are based on immediate safety threats identified early on in the case management process. FBT treatment is used to reduce drug and alcohol usage and therefore is not a preventative therapy.

Based upon the data, it is surmised that an evidenced based program that strategically incorporates drug and alcohol components will enable children to achieve permanency at a higher rate. Therefore reducing the number of days children are in care.

To ensure the quality and fidelity of the program structure and sustainability, an RFP process was used allowing this county to choose the most appropriate service provider to administer the program. Family Services of NWPA and Child to Family Connections were chosen to be the providers of the service. Fidelity is also ensured through the oversight of Kimberly Lee, LSCW. Ms. Lee has worked jointly with the developer of the program, Bradley Donahue, and is credentialed to provide this oversight. Outcomes monitored through the program are: drug usage, alcohol usage, family relationships, depression, and employment/school attendance and conduct disorder symptoms.

Preliminary outcomes from Family Services of NW PA for FY 15/16:

Through the first 3 quarters 6 clients closed. 50% were noncompliant (less than 60 days of service).

3 clients closed with more than 60 days open 33% successful, 66% had no change.

The successful case showed a 14 point reduction in abuse potential on the Child Abuse Potential Inventory (CAPI)

3 more cases will be closing with anticipated success thus far making the successful closing for the year at 57% (4/7 who were open for at least 60 days)

There was difficulty compiling the projected outcomes due to parents not completing initial assessments when asked. A new protocol has been put into place so that those outcomes can be collected for FY16/17.

Preliminary outcomes from Child to Family Connections for FY 15/16:

Total Number of Closed Cases to date: 8  
 6 completed successfully  
 1 discharged due to noncompliance  
 1 CYS closed case

	PRE TREATMENT CAPI	POST TREATMENT CAPI
Client 02	88	169*
Client 03	269*	54
Client 04	109	54
Client 05	86	38

Client 08	178*	148
Client 10	130	53

These are the successfully completed FBT cases to this point. All but one client reported significant lower child abuse potential at discharge compared to pre-treatment. Client 02 reported an increase in potential but her scores were deemed invalid as the “faking good index” was present, giving answers that they feel are socially acceptable. It is hypothesized that Client 02 gave faking good answers at pre-treatment but her answers at post-treatment were closer to being accurate.

\*Denotes those scores that were over the limit for child abuse potential, stating there is high child abuse potential from the individual or they are already shown signs of committing abuse.

83% of all completed cases reported a decrease in child abuse potential from intake to discharge as measured by the Child Abuse Potential Inventory (CAPI).

- 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.

The total cost of FBT is \$272,000 which includes the oversight and training cost of Ms. Kimberly Lee. This cost is split into several funding streams: Block Grant, NBPB Special Grants, IV-E demonstration project funding and Act 148. These funding streams will be used in conjunction to pay for the service.

- 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.

Family Behavioral Therapy is listed as an evidence based program under NREPP SAMHSA’s National Registry of Evidence-based Programs and Practices.

**Complete the following chart for each applicable year.**

	<b>FY 15-16</b>	<b>FY 16-17</b>
Description of Target Population	Families referred by CYS who are struggling with addiction issues that is affecting their ability to provide a safe environment for their children.	Families referred by CYS who are struggling with addiction issues that is affecting their ability to provide a safe environment for their children.
# of Referrals	25	41
# Successfully completing program	10	17
Cost per year	\$188,044	<b>\$113,391</b>

Per Diem Cost/Program funded amount	Program funded	Program funded
Name of provider	Child to Family Connections and Family Services of NW PA	Child to Family Connections and Family Services of NW PA.

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

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

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

Yes, the program was under spent during FY15-16. Under spending is partially attributed to the budget impasse and the inability to start up a new program quickly. Additionally, one of the providers of FBT had a staff person out on FMLA starting around January 2016, and they are just now able to start taking more referrals at this time.

Program Name:	Multisystemic Therapy
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	X	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		X		

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

Multi-Systemic Therapy is a program provided by Family Services of NHPA. In Crawford County, MST is offered to families as a preventative measure as well as to youth who are already involved with CYS and/or JPO systems. MST has been an integral evidence based program to Crawford County. This program was implemented to work with truant and incorrigible youth who are between the ages of 12 to 17. The service outcomes for MST include: Youth living at home/avoiding placement; youth in school/working and youth with no new arrests. MST has had the following outcomes obtained:

Outcomes out of 21 closings 15-16

AT HOME	IN SCHOOL OR WORKING	NO ARREST	MET 100% OF INSTRUMENTAL OUTCOMES
17/21=81%	19/21=90%	19/21=90%	15/21=71%

- 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.

Additional funding for MST was requested through NHPB Special grants for \$20,000. The rationale for funding amount is that MST is primarily funded through the County MCO, Value. In past practice, Value allowed the MST provider to bill Value from the start date of the service once the identified individual was deemed eligible. It was reported that this practice is changing. The MST provider can only bill from the date that the identified individual is deemed eligible. This change will create a delay in service for families and it is theorized that this will create additional families to be referred for CYS and JPO services. The funding will allow for the identified individual to receive services at the time of referral to the determination date of approval through Value.

- 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.

Crawford County Children and Youth selected MST as one of the evidence based programs.

**Complete the following chart for each applicable year.**

	FY 15-16	FY 16-17
Description of Target Population	Families with children ages 12-17 year old incorrigible youth with chronic delinquent behavior and/or serious emotional problems,	Families with children ages 12-17 year old incorrigible youth with chronic delinquent behavior and/or serious emotional problems,

	such as: <ul style="list-style-type: none"> <li>● criminal behavior</li> <li>● aggressive behavior (fighting and property destruction)</li> <li>● drug and alcohol problems</li> <li>● running away</li> <li>● truancy and academic problems</li> <li>● parent-child conflict</li> <li>● serious disrespect and disobedience</li> </ul>	such as: <ul style="list-style-type: none"> <li>● criminal behavior</li> <li>● aggressive behavior (fighting and property destruction)</li> <li>● drug and alcohol problems</li> <li>● running away</li> <li>● truancy and academic problems</li> <li>● parent-child conflict</li> <li>● serious disrespect and disobedience</li> </ul>
# of Referrals	56	60
# Successfully completing program	20	22
Cost per year	\$281,467	\$65,079
Per Diem Cost/Program funded amount	\$51.37/15 min. unit	\$51.37/15 min. unit
Name of provider	Family Services of NW PA	Family Services of NW PA

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

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

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

Underutilization of spending occurs due to the number of individuals that are served by MST. The oversight of MST to ensure the fidelity of the programs is maintained is costly. This cost is offset by the total number of clients that MST serves. Crawford County is a size class 6 County. It is mostly rural and covers a wide area. The clientele served for this service fluctuates every year and only those that fit the model criterion are accepted into the program. This creates an over or underutilization of funding. Both JPO and CYS will continue to screen for cases that could be eligible for MST services.

Program Name:	Family Group Decision Making
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Please indicate the status of this program:

<b>Status</b>	<b>Enter X</b>
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Funded and delivered services in 2014-2015 but not renewing in 2015-2016	<b>N</b>			
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	<b>Y</b>	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>X</b>	

- 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 (FGDM) is a process that is provided by Crawford County Human Services and is available to all families that are involved in any service through CYS, JPO or through referrals received from the community. In Crawford County FGDM is offered to every family that is accepted for an assessment with CYS intake as well as families that are accepted for ongoing services.

FGDM is utilized to prevent a family from being open with CYS; to assist in the development of the families FSP/ CPP; to prevent a child’s placement; facilitate “First Meetings” by introducing foster families to biological families so they can work together to return the child to permanency; aid in developing a plan to successfully return children home from placement; provide an opportunity to gain permanent connections for children aging out of the child welfare system or Juvenile Delinquency system; to devise PAC/ACT 101 plans for the Courts; and to settle custody cases at the discretion of the Court and when the family is open to the FGDM model.

To date in fiscal year 15/16 the number of referrals is as follows:

- 7 Family Group Decision Making Conferences
- 27 Family Team Meetings
- 4 First Meetings
- 137 FSP/ CPP Family Team Meetings
- 1 PAC/ACT 101 Meetings
- 4 Court Custody FGDM Conferences

The number of successful referrals for fiscal year 15/16 is as follows:

- 6 Family Group Decision Making Conferences,
- 26 Family Team Meetings
- 3 First Meetings,
- 113 FSP / CPP Family Team Meetings
- 1 PAC/ACT 101 Meetings
- 4 Court Custody FGDM Conferences

- 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.

Crawford County allocates \$171,000 in Block Grant funds to FGDM, and \$70,000 in funds from the Needs Based Budget. 71 % of FGDM is funded via the Block Grant and 29% is covered by the NBB.

**Complete the following chart for each applicable year.**

	<b>FY 15-16</b>	<b>FY 16-17</b>
Description of Target Population	#1 Children birth to 5 years old, #2 Children at risk of placement, and #3 those children coming out of placement. #4 Developing FSP's for the CYS Caseworker and the families they are working with.	#1 Children birth to 5 years old, #2 Children at risk of placement, and #3 those children coming out of placement. #4 Developing FSP's for the CYS Caseworker and the families they are working with.
# of Referrals	<p>The number of referrals is as follows: 7 Family Group Decision Making Conferences, 27 Family Team Meetings, 4 First Meetings, 137 FSP/CPP Family Team Meetings, 1 PAC/ACT 101 Meetings, and 4 Court Custody FGDM Conferences.</p> <p>The total number of referrals is 180.</p> <p>71% of the 180 total referrals are paid for under the Block Grant.</p> <p><b>The total number of referrals covered under Block Grant is 128 referrals.</b></p>	<p>The projected number of referrals is as follows: 9 Family Group Decision Making Conferences, 31 Family Team Meetings, 6 First Meetings, 151 FSP/CPP Family Team Meetings, 2 PAC/ACT 101 Meetings, and 5 Court Custody FGDM Conferences</p> <p>Total number of referrals is 207</p> <p>71% of the total referrals are paid for under the Block Grant.</p> <p>The total number of referrals covered under the Block Grant is 147 referrals.</p>

<p># Successfully completing program</p>	<p>The number of successful referrals was 6 Family Group Decision Making Conferences, 26 Family Team Meetings, and 3 First Meetings, 113 FSP Family Team Meetings, 1 PAC/ACT 101 Meetings, 4 Court Custody FGDM Conferences.</p> <p>The total number of referrals is 122.</p> <p>71% of the 122 total referrals are paid for under the Block grant.</p> <p><b>The total number of referrals covered under the Block Grant is 87 referrals.</b></p>	<p>The number of projected successful referrals will be: 8 Family Group Decision Making Conferences, 28 Family Team Meetings, 4 First Meetings, 141 FSP/CPP Family Team Meetings, 2 PAC/ACT 101 Meetings, 4 Court Custody FGDM Conferences.</p> <p>The total number of referrals is 187.</p> <p>71% of the 187 total referrals are paid for under the Block Grant.</p> <p>The total number of referrals covered under the Block Grant is 133 referrals</p>
<p>Cost per year</p>	<p>\$171,000.00</p>	<p>\$171,000.00</p>
<p>Per Diem Cost/Program funded amount</p>	<p>\$3000.00 – Successful FGDM Conference, \$1000.00 Successful FGDM referral, \$250.00 Unsuccessful FGDM Referral</p>	<p>\$3000.00 – Successful FGDM Conference, \$1000.00 Successful FGDM referral, \$250.00 Unsuccessful FGDM Referral</p>
<p>Name of provider</p>	<p>Crawford County Human Services</p>	<p>Crawford County Human Services</p>

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

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

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

Under spending is related to the need for more conservative spending than in prior years due to the budget impasse situation.

## **DRUG and ALCOHOL SERVICES**

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

Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) provides directly or makes available to the public a full array of drug and alcohol services including prevention, recovery support, outpatient/IOP/intervention, partial hospitalization, inpatient hospital, and inpatient non hospital treatment. Clients seeking treatment may access services at CCDAEC or present directly to a licensed drug and alcohol treatment provider. Protocols are established between the provider and CCDAEC to coordinate care and provide funding of services for eligible clients when needed.

### **Available Drug and Alcohol Services:**

CCDAEC's least restrictive approach to services is through prevention. The Prevention department provides programming in the community, at schools, and onsite and strives to create an environment that supports behavioral health and minimizes societal challenges. Prevention services, especially among youth, can promote resilience and minimize the risk of individuals developing a behavioral health problem. A component of Prevention is the Student Assistance Program which offers screenings and consultations for students and teachers in area schools, and school based follow-up education/intervention for students identified at risk for developing substance abuse problems. Providing intervention services in the schools helps bolster attendance at the sessions and promotes a unified approach to supporting the students.

The Case Management Unit services include Recovery Support, Assessment and Case Coordination services. Recovery support services offer peer support and guidance to adults struggling with addiction issues or co-occurring substance abuse and mental health issues in need of outreach, mentoring and peer support at all stages of the recovery process. Individuals involved with CYS, the criminal justice system and those re-entering the community after release from jail, especially, can benefit from recovery support. Eighty-five percent of the clients referred are criminally justice involved and 35 percent have a self-disclosed mental health diagnosis. Currently, one certified recovery specialist provides recovery support services at CCDAEC and throughout the county.

Case Management offers Drug and Alcohol Level of Care Assessments and Drug and Alcohol Case Coordination. Drug and Alcohol Level of Care Assessment is a face-to-face evaluation of the client to ascertain treatment needs based upon the degree and severity of alcohol and other drug use, as well as the social, physical, and psychological effects of substance use. The drug and alcohol level of care assessment identifies the strengths and needs of the client in order to determine the appropriate service and/or treatment modality. Drug and Alcohol Case

Coordination is an individualized, client-care service designed for individuals with addictive disorders who have ancillary needs. The purpose of Case Coordination is to provide assistance in accessing needed services and resources, as well as support and advocacy. Activities include assessment/evaluation of the client's strengths and challenges, linking/referral to community services and supports and, when appropriate, service planning and goal setting, assisting the client to develop a positive support network, advocating if services and resources are not readily available and following up to ensure the client's needs were adequately addressed. This may be a person's first step in their recovery and it is a critical component of treatment services.

Drug and alcohol treatment is provided to clients as determined by their level of care assessments. Treatment may include a full continuum of care from hospital based treatment to outpatient care, and when appropriate will be provided to clients through the SCA (CCDAEC) and its subcontracted providers. The SCA subcontracts with over thirty different licensed treatment providers throughout the state to ensure the diverse clinical needs of these individuals can be met. All outpatient and residential providers are licensed through the Department of Drug and Alcohol.

Case Management services are both site and community based and, in addition to providing level of care assessments, assist clients in coordinating client care across systems. The Case Manager helps to navigate the various systems, provides education on the benefits of system collaboration to the client and obtains consents to release information to the appropriate agencies to allow this to occur. Currently, one full time staff person combines the responsibility of a Level of Care Assessor and Case Coordinator to provide services involved through the County's Children and Youth Services' program. This collaboration is in its infancy and is addressing the challenges identified in the previous year's block grant where drug usage among the population is escalating causing an increase in the number of families opened for ongoing services and children court ordered into substitute placement and children placed in substitute care has slightly increased due the contributing factor of parental drug use.

Case Coordination is a function of case management through which CCDAEC ensures that the individual's treatment and non-treatment needs are addressed (adult and adolescent). Non-treatment needs are needs the individual may have that do not directly impact level of care and placement decisions; however, they are issues that need to be addressed as part of the individual's recovery process. Non-treatment needs are needs the individual may have in the following areas (Client's non treatment needs may not be limited to these specific needs and may include other non-treatment needs as well.):

Education/Vocation
Employment
Physical Health

Emotional/Mental Health
Family/Social
Living Arrangements/Housing
Legal Status
Basic Needs (food, clothing, transportation)
Life Skills

In order to assist clients in the management of their recovery, it is necessary to ensure that resources to address the clients' needs are in place, and that those resources are made available to all clients (adult and adolescent) at the time the needs are identified. Case Coordination will facilitate the identification of services offered to and utilized by the client.

Individuals involved in Interim Services are provided with a Resource List of providers who can service clients' needs, at a minimum, for the following:

- Counseling and education about HIV and TB.
- Counseling and education about the risks of needle sharing.
- Counseling and education about the risks of transmission to sexual partners and infants.
- Counseling and education about the steps that can be taken to ensure that HIV and TB transmission do not occur.
- Referral for HIV and TB treatment services, if necessary.
- Counseling on the effects of alcohol (Fetal Alcohol Spectrum Disorder) and drug use on the fetus.
- Referral for prenatal care.

Providing funding for Case Management services and treatment, Crawford County has been awarded an Intermediate Punishment/Drug and Alcohol Restrictive Intermediate Program (IP/D&A RIP) PCCD grant. Clients accessing IP/D&A RIP funds are level 3 and 4 offenders court ordered to the program in lieu of incarceration. These dollars supplant Human Service Block Grant funds for eligible clients. Should the grant not be available to the County, client services would need to be reduced by a minimum of 20%, harming many clients, their families and the community in the process.

A large population of substance abusers in spite of available services is incarcerated. In order to address this need, programming at the Crawford County Correctional Facility (CCCF) began in March of 2004 to serve the needs of the county's 200 to 250 inmates. The inmate population is made up of people awaiting bail or trial, inmates serving county sentences of up to 24 months minus one day, inmates awaiting transfer to other correctional facilities, and county probation violators. Inmates can serve as little as a few days or as much as twenty-four months, less one day.

The target population of the jail program consists of inmates in the pre-contemplation or contemplation stages of recovery. The program provides intervention services and offers an outpatient level of care consisting of a series of process and topical process groups. This series of groups cycles approximately once every four months. Groups are run in all the major housing units and are open to any inmate who wishes to attend on a voluntarily basis. Individual counseling is provided as appropriate. CCDAEC's goal is to provide interventions designed to motivate our jail clients to seek recovery from chemical addiction and by both professional organizations and self-help groups to aid them in becoming productive citizens when they are released back into society. Staff see over 250 individuals annually in the intervention portion of the program.

### **Waiting list/Barriers to access/Capacity issues**

Drug and alcohol treatment services have typically been made available to individuals in less time than the seven days required by regulations for an assessment and fourteen days required by regulations for treatment (shorter time frames for pregnant women and IDU clients). Clients recommended for detox or residential services are more apt to follow through with entering treatment if they are able to access services when first seeking treatment. Having contracts with a number of facilities has allowed case management staff the ability to locate beds with minimal difficulty when a referral is needed. The client may not always have access to the first choice in facilities in this time frame but an appropriate bed has generally been available. Waiting lists tend to fluctuate from morning to afternoon and from one day to the next. While case management is able to find beds most days, the time commitment to do so is extreme, often 1-2 hours or more.

Hospital based treatment (4A and 4B) is available in the county through Stepping Stones and generally without wait. Case managers have utilized this higher level of care for detox needs when a lower level of care, typically 3A, non-hospital detox, is unavailable. Additionally, facilities with available slots may be at a great distance away complicating the medical stability and safety of the client in detox situations and increasing transportation costs.

Halfway house treatment is an underutilized level of care, in part because there are no facilities within the county and lack of bed availability throughout the region. Partial hospitalization is seldom recommended.

Intensive outpatient and outpatient services have been at or near capacity. Crawford County Drug & Alcohol added a second intensive outpatient treatment tract in recent months to accommodate increased referrals. Family Services and Children's Aid Society opened a few months ago in the eastern part of the county to replace Deerfield Behavioral Health that closed its doors May of 2015.

### **County limits on services**

All clients assessed who need drug and alcohol treatment will be offered drug and alcohol treatment, subject to the following criteria:

- All client rights, responsibilities, grievance procedures, etc. will apply the same as an initial assessment and referral
- If a client has received two inpatient treatment episodes funded by the CCDAEC (including detox) within a 12 month period, starting from the date of the first inpatient treatment episode, and is unsuccessfully discharged against facility advice from either, he/she may be unable to access further inpatient treatment for the remainder of the year. A referral to IOP or OP will be made along with appropriate support services, including Case Coordination services. Clients are made aware of this policy by signing a Treatment Funding Form, which explains these possible limitations. This policy/restriction does not apply to pregnant women.
- Failure to comply with appropriate recommendations will result in an inability to access additional SCA funds for 90 days from discharge

The above policy may be negated and funding authorized with the approval of the SCA Director or Assistant Administrator.

At this point in time CCDAEC does not have a policy as to the number of assessments or admissions to treatment that a client may receive. Restrictions apply only to clients' who "no-show" for multiple assessment appointments and/or are discharged against facility advice as described above. It is the goal of CCDAEC to engage the client in services at a level sufficient to remove this barrier to treatment.

### **Impact of opioid epidemic/emerging substance use trends**

CCDAEC completes a periodic needs assessment with input from stakeholders to steer services currently in place. Data is collected from the State's Uniform Crime Report for Crawford County and from statistics provided through the Department of Drug and Alcohol Programs. Emerging substance use needs are identified via several avenues. These include surveys distributed to criminal justice personnel (police, probation officers), educators, human service and CYS providers, local schools districts, D&A providers, SCA statistics in Central Intake/Case Management and treatment, local treatment data, and County coroner. Each department/agency identifies their perspective on the impact of substance abuse issues within the community, emerging trends and how much of a problem substance use has created. Respondents are located in geographically diverse areas throughout the county.

Crawford County, like other counties in the state, has seen a marked rise in opiate and prescription drug abuse. Recently there has been a resurgence of methamphetamine. Clients seeking treatment are on the rise, yet a number of individuals entering residential programs are not completing their recommended lengths of stay. Recidivism plagues this population. CCDAEC is working to increase case management services and provide a warm hand off for individual who have overdosed and presented at the local hospital. This requires additional staffing; however, making these services more readily available to individuals has the goal of improving treatment retention and client recovery.

The SCA is utilizing a greater portion of their funds for residential treatment than was needed historically. To help address this growing need, clients potentially eligible for Medical Assistance are assisted by staff in the Case Management department to complete an application through DPW's Compass program. This allows for more clients to participate in a full continuum of care and for client to be eligible for other medical services afforded them through the behavior and physical Medical Assistance programs.

A Drug and Alcohol Case manager provides dedicated services for County Children and Youth referrals. Due to increase involvement with substances, consideration is being given regularly scheduled on site services at a local women's shelter. Treatment facilities are being challenged to look at their practices to determine if a new approach to services is warranted and how Case Managers and Recovery Support staff can aid these efforts.

CCDAEC has recently contracted with Positive Recovery Solutions to provide Vivitrol injections for eligible clients. This medicated assisted treatment is one more tool to fight against opioid and alcohol abuse.

CCDAEC understands the importance of collaboration to aid in monitoring substance use trends. CCDAEC serves on numerous advisory boards, steering committees, executive boards and has collaborated with various community programs and organizations throughout the region. Included are Crawford County Criminal Justice Advisory Board, Crawford County Children's Advisory Council, Titusville Coordinated School Health Council, Safe Kids, Child Death Review Team, Suicide Task Force, Children's Integrated Services Committee, Community Council, Coalition on Housing Needs, the SHIP (State Health Improvement Plan) Committee, Parkside Psychological, Safe Kids and Healthy Student Core Team, and the Systems of Care Board.

### **Target Populations**

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

- Adults

- Transition Age Youth (ages 18 to 26)
- Adolescents (under 18)
- Individuals with Co-Occurring Psychiatric and Substance Use Disorders
- Criminal Justice Involved Individuals
- Women with Children

CCDAEC ensures that all eligible individuals have access to available drug and alcohol treatment, and treatment-related services, which are facilitated through the case management system. Individuals, regardless of age, who present for drug and alcohol treatment services are screened, and if appropriate, referred for a level of care assessment.

CCDAEC and its providers which serve an injection drug abuse population, as mandated by the Bureau of Drug and Alcohol programs give preference to treatment as follows:

- Pregnant injection drug users;
- Pregnant substance users;
- Injection drug users;
- Overdose survivors; and,
- Veterans.

Special tracks are provided for adolescent, dually diagnosed, forensic and female clients.

- **Adults (ages 18 and above)**  
Adults currently comprise 96 percent of the population served through CCDAEC.

Services provided: Screening, assessment, intervention, treatment, and other case management services are provided for this population.

Gaps/unmet needs: Increased case management services and the ability to provide a call system and warm hand-off by which the case manager introduces services to individuals that have experienced an overdose situation. This initial contact between the client and the case manager is to aid in the referral process and increase the probability that follow through into treatment will occur. Increased availability of recovery support services.

- **Transition Age Youth (ages 18 to 26)**  
Transition-age youth currently comprise 27 percent of the population served through CCDAEC.

Services provided: Screening, assessment, intervention, treatment, and other case management services are provided for this population.

Gaps/unmet needs: The ability to provide more intensive community based services (case management and recovery support).

- **Adolescents (under 18)**

Adolescents currently comprise four percent of the population served through CCDAEC.

Services provided: Screening, assessment, intervention, treatment, and other case management services are provided for this population. The program, Seeking Safety, is being provided collaboratively with Parkside Psychological to address substance use issues and trauma.

Gaps/unmet needs: Increased referrals are needed.

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

Individuals with co-occurring psychiatric and substance use disorders currently comprise 34 percent of the population served through CCDAEC.

Services provided: Screening, assessment, intervention, treatment, and other case management services are provided for this population.

CCDAEC's case management department coordinates referrals for possible mental health counseling, pharmacotherapy, and other support services. Special drug and alcohol counseling tracks are provided for dually diagnosed clients in outpatient or intensive outpatient treatment at CCDAEC. If the client requires a higher level of care, CCDAEC contracts with a number of dually licensed residential treatment facilities throughout the state that eligible clients can be referred to for services.

Gaps/unmet needs: Better collaboration with mental health providers to address dual needs.

- **Criminal Justice Involved Individuals**

Criminal justice involved individual comprise 67 percent of the clients served through CCDAEC.

Services provided: Screening, assessment, intervention, treatment, and other case management services are provided for this population. Clients eligible to participate in the Restrictive Intermediate Punishment program or the correctional facility-based intervention program are provided services tailored to this population. Special drug and alcohol counseling tracks are provided for criminal justice involved clients in outpatient or intensive outpatient treatment at CCDAEC.

Gaps/unmet needs: Increased case management and recovery support services, especially when in and transitioning from jail.

- **Women with Children**

Services provided: Screening, assessment, intervention, treatment, and other case management services are provided for this population. Special drug and alcohol counseling tracks are provided for woman in outpatient or intensive outpatient treatment at CCDAEC. Childcare is provided by referral through the case management department.

Gaps/unmet needs: Increased case management and recovery support services. Stronger treatment programs to treat the family as a whole.

- **Recovery–Oriented Services**

Describe the current recovery support services available in the county including any proposed recovery support services being developed to enhance the existing system. Do not include information on independently affiliated 12 step programs (AA,NA,etc.).

Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) employs one Certified Recovery Specialist to provide Recovery Support Services. Recovery Support Services (RSS) are non-clinical services which CCDAEC provides to assist individuals and their families to recover from alcohol and other drug problems. These services complement the focus of treatment, outreach, engagement and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain, and sustain long-term recovery. Recovery Support Services are not a substitute for necessary clinical services.

The Certified Recovery Specialists offers peer support and guidance to Crawford County eligible adults (age 18 or over) struggling with addiction issues or co-occurring substance abuse and mental health issues in need of outreach, mentoring and peer support at all stages of the recovery process. This includes individuals at the pre-contemplative stage and those not yet engaged in any type of treatment and/or services. The target population also includes adults involved with CYS, the criminal justice system and those re-entering the community after release from jail. Recovery Support Services may be provided to any individual prior to, during and/or following treatment. An individual does not have to be involved in treatment to utilize Recovery Support Services; however, RSS should never replace professionally directed treatment as a means of initiating recovery. RSS may serve as an alternative to treatment for individuals with low to moderate problem severity and high levels of personal, family and community recovery capital. Recovery Support Services may also serve as an alternative for relapsed clients with

multiple treatment episodes that are unable to sustain recovery within their natural environments following discharge from treatment.

A second Recovery Specialist has been certified and is eligible to provide services in the County. Currently, she remains active within the community on a volunteer basis and participates in CCDAEC's recovery celebration held each fall. Expansion of the existing program has been requested by treatment programs and system partners.

## **HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND**

**Adult Services:** Adult Services are not utilized in Crawford County.

**Aging Services:** Aging Services are not utilized in Crawford County.

**Children and Youth Services:** Children and Youth Services are not utilized in Crawford County.

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

Program Name: CATA - Route Guarantee for Meadville to Saegertown Connection

Description of Services: Crawford Area Transportation Authority will continue the operation of the "Saegertown Route" public fixed route that services the communities of Meadville and Saegertown. Bus stops include Bethesda Children's Home, Crawford County Correctional Facility, Quality Living Center and Crawford County Care Center. This program specifically helps offset costs to riders to ensure safe and consistent transportation options between critical services and facilities in the Saegertown and Meadville Communities.

Service Category: Transportation

Which client populations are served?: Adult, Aging, Children and Youth

Planned Expenditures: \$13,000

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

Program Name: Titusville YMCA - After School and Summer Enrichment Pre-K to Grade 8 Program

Description of Services: An after school enrichment program that is open to all youth in kindergarten through fifth grade. The program hours are 3:00 PM until 6:00 PM each day that school is in session in the Titusville Area School District. All students are bussed after school to the YMCA Education Center. Transportation is also available at the conclusion of each day's program to specified drop off points. Program components consist of academic, social, cultural, technology, nutrition, and physical well-being enrichment activities. The staff includes certified teachers, human services professionals and program specialists. All staff have required clearances and all key staff are certified in First-Aid & CPR. The Titusville YMCA is a DPW state licensed facility & a member of the National After School Association and the National Summer Learning Association. The Titusville YMCA participates in the Keystone Stars initiative. The same programming is available during the summer months between 6:00 AM and 6:00 PM.

Planned Expenditures: \$14,500

Program Name: Mercy House of Meadville, Inc. - Suboxone-Facing Fear of Titration and Living Clean Program

Description of Services: Individual counseling and group therapy support for individuals transitioning off of Suboxone due to former opioid dependence.

Planned Expenditures: \$11,370

Program Name: Women's Services, Inc, - Child Abuse Awareness Program

Description of Services: In school programming that provides information and presentations to prevent and/or encourage reporting of child abuse to school-age children.

Planned Expenditures: \$10,000

Program Name: Crawford County Court Appointed Special Advocate Program (CASA)

Description of Services: Trained volunteers appointed by the court to provide non-vested, guidance and advocacy for children involved with Children and Youth Services and/or Juvenile Probation Services.

Planned Expenditures: \$15,000

Program Name: Crawford County Drug & Alcohol Executive Commission, Inc. – D & A Prevention Program

Description of Services: In-school drug and alcohol prevention/intervention programming that provides educational groups and referral services to students initially identified through the Student Assistance Program followed by the Student Assistance Program Liaison screening with the student and possibly the parent. If the student meets criteria for behaviors and/or mental health indicators that put them at risk for potentially harmful consequences due to drug and/or alcohol usage and/or as a child of a substance abuser (COSA) they are referred to the Prevention Specialist group sessions. Students in public middle schools/high schools, and as needed in elementary schools, in Crawford Central, Conneaut, PENNCREST and Titusville School Districts, specifically those identified by the school's Student Assistance Teams as needing Tier 2 or above interventions.

Many students referred to the D & A Prevention Program have violated their school's ATOD policy, including use of tobacco, alcohol or other drugs on school grounds or coming to school under the influence of a substance.

Planned Expenditures: \$12,500

**Interagency Coordination:** Interagency Coordination will not be utilized in Crawford County.

## **Appendix D Eligible Human Services Cost Centers**

### **Mental Health**

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

#### **Administrative Management**

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

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

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

#### **Adult Development Training (ADT) – Adult Day Care**

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

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

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

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

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

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

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

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

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

### **Community Residential Services**

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

### **Community Services**

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

### **Consumer-Driven Services**

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

### **Emergency Services**

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

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

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

### **Family-Based Mental Health Services**

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

### **Family Support Services**

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

### **Housing Support Services**

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

### **Mental Health Crisis Intervention Services**

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

### **Other Services**

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

### **Outpatient**

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

### **Partial Hospitalization**

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

### **Peer Support Services**

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

### **Psychiatric Inpatient Hospitalization**

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

### **Psychiatric Rehabilitation**

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

### **Social Rehabilitation Services**

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

### **Targeted Case Management**

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

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

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

## **Intellectual Disability**

### **Administrator's Office**

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

### **Case Management**

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

### **Community Residential Services**

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

### **Community Based Services**

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

### **Other**

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

## **Homeless Assistance**

### **Bridge Housing**

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

### **Case Management**

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

### **Rental Assistance**

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

### **Emergency Shelter**

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

### **Other Housing Supports**

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

### **Child Welfare Special Grants (Services relevant to HSBG only)**

#### **Promising Practice**

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

#### **Housing**

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

#### **Alternatives to Truancy**

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

#### **Evidence Based Programs**

Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity as a whole, has been validated by some form of scientific evidence. Evidence-based practices and programs may be described as "supported" or "well-supported," depending on the strength of the research design. For FY 2016-17, the CCYA may select any EBP (including, but not limited to Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Family Group Decision Making (FGDM), Family Development Credentialing (FDC), or High-Fidelity Wrap Around (HFWA)) that is designed to meet an identified need of the population they serve that is not currently available within their communities. A list of EBP registries, which can be used to select an appropriate EBP, can be found at the Child Information Gateway online at:

<https://www.childwelfare.gov/topics/>.

### **Drug and Alcohol**

#### **Care/Case Management**

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates,

monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

### **Inpatient Non-Hospital**

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

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

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

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

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

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

### **Inpatient Hospital**

#### **Inpatient Hospital Detoxification**

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

#### **Inpatient Hospital Treatment and Rehabilitation**

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

### **Outpatient/ Intensive Outpatient**

#### **Outpatient**

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

#### **Intensive Outpatient**

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

### **Partial Hospitalization**

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 -hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on

a planned and regularly scheduled basis at least 3 days per week with a minimum of 10 hours per week.

### **Prevention**

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

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

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

### **Recovery Support Services**

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

#### **Recovery Specialist**

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

#### **Recovery Centers**

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

#### **Recovery Housing**

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

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

### **Administration**

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

### **Interagency Coordination**

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

### **Adult Services**

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker,

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

### **Aging**

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

### **Children and Youth**

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

### **Generic Services**

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

### **Specialized Services**

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

# PROOF OF PUBLICATION

Copy of Notice of Publication

PROOF OF PUBLICATION OF NOTICE IN

## THE MEADVILLE TRIBUNE

Under Act No. 587 Approved May 16, 1929

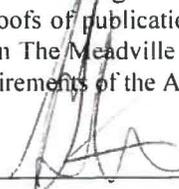
STATE OF PENNSYLVANIA  
COUNTY OF CRAWFORD SS:

I, James Galantis, being duly sworn say that I am Publisher and General Manager of The Meadville Tribune, owned and published by Community Newspaper Holdings, Inc., of the County and State aforesaid, and that The Meadville Tribune, a newspaper of general circulation published at 947-949 Federal Court, City of Meadville, County and State aforesaid, was established in 1884, since which time The Meadville Tribune has been regularly issued in said county and that the printed notice of publication attached hereto is exactly the same as was printed and published in the regular editions and issues of the said Meadville Tribune on the following dates, viz.

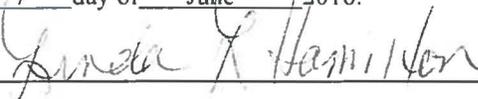
1<sup>st</sup>, 3<sup>rd</sup>, & 7<sup>th</sup> of June 2016

Affiant deposes that he is an officer duly authorized by Community Newspaper Holdings, Inc., publisher of the said Meadville Tribune, a newspaper of general circulation, 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 of publication are true.

This affidavit is made under and by virtue of a resolution of the Board of Directors of Community Newspaper Holdings, Inc. duly passed on the 1st day of February, 1999, authorizing and directing this affiant to make and verify this and all other proofs of publication of notices and advertisements thereafter to be published in The Meadville Tribune which may require such proof according to the requirements of the Act of May, 1929, P.L. 1784.

  
The Meadville Tribune, a Division of  
Community Newspaper Holdings, Inc.

Sworn to and subscribed before me this  
7<sup>th</sup> day of June / 2016.



My commission expires

NOTARIAL SEAL  
LINDA L. HAMILTON, NOTARY PUBLIC  
City of Meadville, Crawford County  
My Commission Expires Sept. 19, 2018

**PUBLIC NOTICE  
CRAWFORD  
COUNTY  
HUMAN SERVICES  
DEPARTMENT  
PUBLIC HEARING  
NOTICE  
HUMAN SERVICES  
BLOCK GRANT  
PLAN 2016-2017**

The Crawford County Human Services Department will hold a public hearing for the FY 16-17 Human Services Grant Plan.

A Public Hearing is scheduled for Thursday, June 9th, 2016 at 10 am in the Presentation Center at Crawford County Human Services, 18282 Technology Drive Suite 101, Meadville, PA.

Contact:  
Mela Calmino,  
Program Analyst  
Crawford County  
Human Services  
18282 Technology  
Drive Suite  
101  
Meadville, PA  
16335  
Phone  
(814) 724-8380  
06/01, 03, 07/16

# PROOF OF PUBLICATION

## Copy of Notice of Publication

Block Grant  
Plan.

A Public Hearing is scheduled for Wednesday, June 22nd at 2 pm in the 1st floor Conference Room at Crawford County Human Services, 18282 Technology Drive, Suite 101, Meadville, PA.

Contact:  
Mela Calomino,  
Program Analyst  
Crawford County  
Human Services  
18282 Technology  
Drive Suite  
101  
Meadville, PA  
16335  
Phone  
(814) 724-8380  
06/15,17,20/16

**PUBLIC NOTICE  
CRAWFORD  
COUNTY HUMAN  
SERVICES  
DEPARTMENT  
PUBLIC HEARING  
NOTICE  
HUMAN SERVICES  
BLOCK GRANT  
PLAN 2016-2017**

The Crawford County Human Services Department will hold a public hearing for the FY 16-17 Human Services

PROOF OF PUBLICATION OF NOTICE IN

## THE MEADVILLE TRIBUNE

Under Act No. 587 Approved May 16, 1929

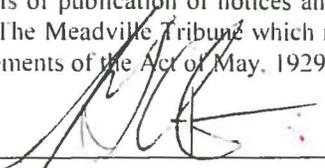
STATE OF PENNSYLVANIA  
COUNTY OF CRAWFORD SS:

I, James Galantis, being duly sworn say that I am Publisher and General Manager of The Meadville Tribune, owned and published by Community Newspaper Holdings, Inc., of the County and State aforesaid, and that The Meadville Tribune, a newspaper of general circulation published at 947-949 Federal Court, City of Meadville, County and State aforesaid, was established in 1884, since which time The Meadville Tribune has been regularly issued in said county and that the printed notice of publication attached hereto is exactly the same as was printed and published in the regular editions and issues of the said Meadville Tribune on the following dates, viz.

15<sup>th</sup>, 17<sup>th</sup> & 20<sup>th</sup> of June 2016

Affiant deposes that he is an officer duly authorized by Community Newspaper Holdings, Inc., publisher of the said Meadville Tribune, a newspaper of general circulation, 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 of publication are true.

This affidavit is made under and by virtue of a resolution of the Board of Directors of Community Newspaper Holdings, Inc. duly passed on the 1st day of February, 1999, authorizing and directing this affiant to make and verify this and all other proofs of publication of notices and advertisements thereafter to be published in The Meadville Tribune which may require such proof according to the requirements of the Act of May, 1929, P.L. 1784.

  
The Meadville Tribune, a Division of  
Community Newspaper Holdings, Inc.

Sworn to and subscribed before me this

21<sup>st</sup> day of June 2016.



My commission expires

NOTARIAL SEAL  
LINDA L. HAMILTON, NOTARY PUBLIC  
City of Meadville, Crawford County  
My Commission Expires Sept. 19, 2018

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**Source** Meadville Tribune

**Category** Public Notices

**Published Date** June 1, 2016 *June 3, 2016, June 7, 2016*

### Notice Details

PUBLIC NOTICE CRAWFORD COUNTY HUMAN SERVICES DEPARTMENT PUBLIC HEARING NOTICE HUMAN SERVICES BLOCK GRANT PLAN 2016-2017 The Crawford County Human Services Department will hold a public hearing for the **FY 16-17 Human Services Block Grant Plan. A Public Hearing is scheduled for Thursday, June 9th, 2016 at 10 am** in the Presentation Center at Crawford County Human Services, 18282 Technology Drive, Suite 101, Meadville, PA. Contact: Mela Calomino, Program Analyst Crawford County Human Services 18282 Technology Drive Suite 101 Meadville, PA 16335 Phone (814) 724-8380 06/01,03,07/16

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**Crawford County's Human Services Block Grant Public Hearing #1  
Fiscal Year 16/17**

Crawford County Human Services – Presentation Center  
Meadville, PA

June 9, 2016

Please Sign In

**Name/Agency:**

**Contact Info.:**

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Ian Biolo / Pathways

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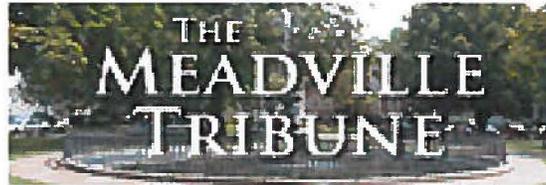
**CRAWFORD COUNTY HUMAN SERVICES**  
**FY 16-17 HSBG Public Hearing #1 Summary**  
**June 9, 2016**

- Block Grant Public Hearing
  - This is a public hearing regarding the final plan for fiscal year 2016-2017. The plan is due back to state on July 6, 2016.
  - The Block Grant funds can be shifted between categories.
  - There have been meetings with the different categoricals to discuss funding and collect data for the plan. Consumers are also involved with the process, in part through the Consumer Satisfaction Team surveys and other ongoing collaboration meetings.
  - MH Services
    - There have been monthly planning meetings to discuss needs in the community. Many providers and also consumers have been involved. Stephanie, MH Program Specialist, would like to see more children providers attending. They will continue to hold monthly meetings to identify the community needs.
    - A survey was developed that providers shared with their consumers. It was discovered that housing is the number one MH need in the community. Other needs were money management skills, 24 hour/7 days a week supported living for 18-26 year old transition consumers, and Drug and Alcohol recovery specialists.
  - ID Services
    - ID is program funded and individual services will remain the same.
    - The main focus is on emergency situations and at-risk consumers who need assistance with day to day living.
    - One barrier they are coming across is that ODP wants them to focus on employment, however the unit rate is so high that the Block Grant can't support it long term.
    - Home and Community Habilitation, the Oasis Club, and Drop-In-Center are other services provided.
  - Housing Assistance
    - Assistance is offered for homeless or near homeless.
    - Agencies funded in the past and that provided proposals for 2016-2017 were all funded at some level.
  - CYS
    - The Block Grant is a supplement to the Needs Based Budget. Needs Based has a section for evidence based programs such as MST and Family Group Decision Making. Family Based Therapy was chosen, which is a therapeutic program for families with drug and alcohol issues.
  - Drug and Alcohol

- The main focus is on the opiate epidemic. Many of their clients are not eligible for Medicaid. These funds are used to assist consumers. Once the consumers are started in the program, they try to help them become eligible for Medicaid.
  - The overdoses in the county have increased.
  - They offer twenty-four hour assistance.
- Human Services Development Funds
  - Generic Services – Crawford Area Transportation Administration (CATA) - Route Guarantee for Meadville to Saegertown Connection
  - Specialized Services - Titusville YMCA - After School and Summer Enrichment Pre-K to Grade 8 Program, Crawford County Coalition on Housing Needs, Inc. – Liberty House, Mercy House of Meadville, Inc. - Suboxone-Facing Fear of Titration and Living Clean Program, Women’s Services, Inc. - Child Abuse Awareness Program, Crawford County Court Appointed Special Advocate Program (CASA), Crawford County Drug & Alcohol Executive Commission, Inc. – D & A Prevention Program
- There will be another public hearing on June 22, 2016 at 2:00 in the Crawford County Human Services first floor conference room.

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**Source** Meadville Tribune

**Category** Public Notices

**Published Date** June 15, 2016 , June 17, 2016, June 20, 2016

### Notice Details

PUBLIC NOTICE CRAWFORD COUNTY HUMAN SERVICES DEPARTMENT PUBLIC HEARING NOTICE HUMAN SERVICES BLOCK GRANT PLAN 2016-2017 The Crawford County Human Services Department will hold a public hearing for the FY 16-17 Human Services Block Grant Plan. A Public Hearing is scheduled for Wednesday, June 22nd at 2 pm in the 1st floor Conference Room at Crawford County Human Services, 18282 Technology Drive, Suite 101, Meadville, PA. Contact: Mela Calomino, Program Analyst Crawford County Human Services 18282 Technology Drive Suite 101 Meadville, PA 16335 Phone (814) 724-8380 06/15,17,20/16

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Crawford County's Human Services Block Grant Public Hearing #2  
Fiscal Year 16/17

Crawford County Human Services – Conference Room  
Meadville, PA

June 22, 2016

Please Sign In

Name/Agency:

Contact Info.:

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Eric Osborne / Stacy Carrara <sup>the</sup> <sub>ARC</sub>

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**CRAWFORD COUNTY HUMAN SERVICES**  
**FY 16-17 HSBG Public Hearing #2 Summary**  
**June 22, 2016**

- **Block Grant Public Hearing**
  - This is a public hearing regarding the final plan for fiscal year 2016-2017. The plan is due back to state on July 8, 2016.
  - The Block Grant funds can be shifted between categories.
  - There have been meetings with the different categoricals to discuss funding and collect data for the plan. Consumers are also involved with the process, in part through the Consumer Satisfaction Team surveys and other ongoing collaboration meetings.
  - **MH Services**
    - There have been monthly planning meetings to discuss needs in the community. Many providers and also consumers have been involved. They will continue to hold monthly meetings to identify the community needs.
    - A survey was developed that providers shared with their consumers. It was discovered that housing is the number one MH need in the community. Other needs were money management skills, 24 hour/7 days a week supported living for 18-26 year old transition consumers, and Drug and Alcohol recovery specialists.
  - **ID Services**
    - ID is program funded and individual services will remain the same.
  - **Housing Assistance**
    - Agencies funded in the past and that provided proposals for 2016-2017 were all funded at some level.
  - **CYS**
    - The Block Grant is a supplement to the Needs Based Budget. The Needs Based Plan has a section for evidence based programs such as MST and Family Group Decision Making. Family Based Therapy was also chosen as a therapeutic program for families with drug and alcohol issues.
  - **Drug and Alcohol**
    - The main focus is on the opiate epidemic. Many of their clients are not eligible for Medicaid. These funds are used to assist consumers. Once the consumers are started in the program, they try to help them become eligible for Medicaid.
    - They offer twenty-four hour assistance. Whenever an individual presents at the local hospital with D & A abuse issues, a D & A case manager will be on call to meet the individual at the hospital and begin steps toward a recovery plan.
  - **Human Services Development Funds**

- Generic Services – Crawford Area Transportation Administration (CATA)  
- Route Guarantee for Meadville to Saegertown Connection
- Specialized Services - Titusville YMCA - After School and Summer Enrichment Pre-K to Grade 8 Program, Crawford County Coalition on Housing Needs, Inc. – Liberty House, Mercy House of Meadville, Inc. - Suboxone-Facing Fear of Titration and Living Clean Program, Women’s Services, Inc. - Child Abuse Awareness Program, Crawford County Court Appointed Special Advocate Program (CASA), Crawford County Drug & Alcohol Executive Commission, Inc. – D & A Prevention Program

**APPENDIX C-1 : BLOCK GRANT COUNTIES  
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

<b>Directions:</b>	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.	<b>Estimated Individuals:</b> 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.	<b>HSBG Allocation:</b> Please enter the county's <b>total</b> state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	<b>HSBG Planned Expenditures:</b> 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.	<b>Non-Block Grant Expenditures:</b> Please enter the county's planned expenditures ( <b>MH, ID, and D&amp;A only</b> ) that are <b>not</b> associated with HSBG funds in the applicable cost centers. <i>This does not include Act 148 funding or D&amp;A funding received from the Department of Drug and Alcohol.</i>
5.	<b>County Match:</b> Please enter the county's planned match amount in the applicable cost centers.
6.	<b>Other Planned Expenditures:</b> Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	<b>County Block Grant Administration:</b> Please provide an estimate of the county's administrative costs for services <b>not included</b> in MH or ID Services.
<b>NOTE: Fields that are greyed out are to be left blank.</b>	
<p>■ Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative for completion of the budget.</p> <p>■ 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 16-17 are significantly different than FY 15-16. In addition, the county should notify the Department via email when funds of 20% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

**APPENDIX C-1 : BLOCK GRANT COUNTIES  
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
Revision 2	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	0		0	0	0	0
Administrative Management	398		436,112	0	24,771	0
Administrator's Office			289,120	0	16,422	0
Adult Developmental Training	0		0	0	0	0
Children's Evidence-Based Practices	0		0	0	0	0
Children's Psychosocial Rehabilitation	0		0	0	0	0
Community Employment	0		0	0	0	0
Community Residential Services	58		126,573	0	7,189	0
Community Services	728		315,580	0	17,925	0
Consumer-Driven Services	0		0	0	0	0
Emergency Services	15		3,367	0	191	0
Facility Based Vocational Rehabilitation	0		0	0	0	0
Family Based Mental Health Services	8		45,413	0	2,579	0
Family Support Services	0		0	0	0	0
Housing Support Services	371		185,199	42,708	6,832	0
Mental Health Crisis Intervention	1,592		137,710	0	7,822	0
Other	0		0	0	0	0
Outpatient	179		348,478	0	19,794	0
Partial Hospitalization	0		0	0	0	0
Peer Support Services	19		28,461	0	1,617	0
Psychiatric Inpatient Hospitalization	0		0	0	0	0
Psychiatric Rehabilitation	102		269,759	0	15,322	0
Social Rehabilitation Services	567		159,625	0	6,905	0
Target Case Management	45		71,920	0	4,085	0
Transitional and Community Integration	16		315,000	0	17,892	0
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>4098</b>	<b>2732317</b>	<b>2732317</b>	<b>42,708</b>	<b>149346</b>	<b>0</b>

**APPENDIX C-1 : BLOCK GRANT COUNTIES  
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
Revision 2	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Administrator's Office			643432	0	24208	0
Case Management	44		115564	0	6562	0
Community-Based Services	460		392355	0	19999	0
Community Residential Services	0		0	0	0	0
Other	0		0	0	0	0
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	504	1151350	1151351	0	50769	0
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	35		5000		284	0
Case Management	353		50000		2840	0
Rental Assistance	390		96250		5467	0
Emergency Shelter	98		38750		2201	0
Other Housing Supports	0		0		0	0
Administration			18076		1027	0
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	876	203076	208076		11819	0
<b>CHILD WELFARE SPECIAL GRANTS SERVICES</b>						
Evidence-Based Services	172		349,470		19,850	0
Promising Practice	0		0		0	0
Alternatives to Truancy	0		0		0	0
Housing	0		0		0	0
<b>TOTAL CWSG SERVICES</b>	172	349470	349470		19850	0

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HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
Revision 2	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>DRUG AND ALCOHOL SERVICES</b>						
Case/Care Management	320		73792	0	4,191	0
Inpatient Hospital	3		15854	0	901	0
Inpatient Non-Hospital	40		88831	0	5,046	0
Medication Assisted Therapy	0		0	0	0	0
Other Intervention	250		15000	0	852	0
Outpatient/Intensive Outpatient	175		152382	0	8,655	0
Partial Hospitalization	0		0	0	0	0
Prevention	0		0	0	0	0
Recovery Support Services	25		5000	0	284	0
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	813	387926	350859	0	19929	0
<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services	0		0		0	0
Aging Services	0		0		0	0
Children and Youth Services	0		0		0	0
Generic Services	200		13000		738	0
Specialized Services	4,403		63370		3600	0
Interagency Coordination			0		0	0
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	4603	91046	76370		4338	0
<b>7. COUNTY BLOCK GRANT ADMINISTRATION</b>			46742		2655	
<b>GRAND TOTAL</b>	11066	4915185	4915185	42,708	258706	0