

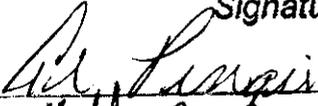
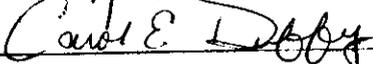
Appendix A  
Fiscal Year 2016-2017

**COUNTY HUMAN SERVICES PLAN**  
**ASSURANCE OF COMPLIANCE**

**COUNTY OF:** McKean

- A.** The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B.** The County assures, in compliance with Act 80, that the 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> |               |
|---|---------------------|---------------|
|  | Al Pingre           | Date: 7-26-16 |
|  | Cliff Lon           | Date: 7-29-16 |
|  |                     | Date: 7-28-16 |

Appendix B  
County Human Services Plan Template

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

**PART I: COUNTY PLANNING PROCESS**

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

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

The McKean County Planning Team for the Fiscal Year 16-17 Block Grant planning consists of McKean County Department of Human Services administrative staff and representation from every human services program utilizing block grant funds. The County Planning Team is chaired by a business representative who is also the Chair of the McKean County Collaborative Board. While the McKean County Planning Team is the core team for the Human Services Block Grant, other groups also contribute to planning. These groups include the Department of Human Services Advisory Board, McKean County Collaborative Board, McKean County Criminal Justice Advisory Board, McKean County Trauma Task Force, and McKean County Housing Coalition. Representation from consumer groups, providers, advocates, community representatives, DHS staff, and members of existing and statutorily required boards are at the table. Membership on planning groups reflect the diversity of the populations served by DHS and a commitment to creating an accessible, culturally competent, integrated and comprehensive service system. **Attachment 1** is a Block Grant Planning Summary outlining the feedback received from various stakeholder groups in developing the block grant plan.

The **McKean County Planning Team** met four times to finalize this year's plan, and will continue meetings to monitor activities in the plan. During County Planning Team meetings the DHS Administrator provides programmatic and policy updates and the team reviews emerging

trends and needs. County Planning members participated in public hearing, focus groups and planning meetings in preparation for the HSBG plan. Members represent the McKean County Board of Commissioners; American Refining Group/PA Governor's Early Learning Investment Partnership; McKean County Department of Human Services Administration inclusive of Adult Mental Health, Children's Mental Health, Intellectual Disabilities, Children and Youth Services, and Fiscal; Alcohol and Drug Abuse Services; Beacon Light Behavioral Health Systems; The Guidance Center; Evergreen Elm; Futures Rehabilitation Center; and McKean County Redevelopment and Housing Authority. Additional planning that contributed to the block grant occurred at other levels as well.

- The **McKean County Department of Human Services Advisory Board** meets six times per year and reviews county programs, expenditures, trends and needs. Members are liaisons for their community and provide feedback about service gaps, reviewed the HSBG plan and participated in the overall planning of HSBG goals. Members include representation from the Mental Health Drop-In Center, Psychiatric Services, Mental Health Case Management, Alcohol and Drug Abuse Services, Victims Resources, MH Residential Services, Children and Youth Services, Intellectual Disabilities, CASSP, Inpatient Hospitalization, and the business community. The mission of the Department of Human Services is to address the needs of McKean County's most vulnerable adults and children through the effective management of county resources. To the highest extent possible, consumers will live in their own community and have access to resources that support choice, individuality, safety, recovery and wellness.
- The **McKean County Collaborative Board** is the largest and most diverse coalition in the county. Meetings occur monthly and various sub committees carry out special initiatives. Stakeholders represent a broad array of human service, health, education, consumer groups, criminal justice, faith-based and business representatives. There are 52 members. This group served as a focus group for block grant planning purposes. The Chair of the Collaborative Board also sits on the County Planning team in order to provide continuity across both groups.
- The **McKean County Criminal Justice Advisory Board (CJAB)** meets six times per year to plan initiatives around reentry, diversion, technology, prevention, and justice related interventions. Members represent law enforcement, criminal justice, university, human services and county government. Justice related goals for the HSBG originated from CJAB strategic planning. Many members are also Collaborative Board members. Truancy and housing of justice involved individuals with mental illness and/or co-occurring substance use disorders were two goals from this group that are addressed in the block grant.
- The **McKean County Trauma Task Force** met three times this year. The group is comprised of representatives from schools, behavioral health organizations, hospital, human services, Area Agency on Aging, University of Pittsburg School of Social Work, and McKean County Department of Human Services/Children and Youth Services. The group focused on sharing common terms, planning a community training in April on Compassion Fatigue, and planning an upcoming community event showing the documentary film, Paper Tigers. This planning was incorporated into the block grant.
- The **McKean County Housing Coalition** met six times this year, while subgroups assigned to projects also met regularly. The group is comprised of all mainline churches, faith-based organizations, human service agencies, and housing related partners. Goals

focus on retooling McKean County's response to homelessness and housing. Planning from this group contributed to all sections of the block grant.

- **Independent Monitoring for Quality** relies on trained independent monitoring teams to interview people receiving services and their families about the quality of their services. Interviews are conducted with people who live with their family, live independently or in residential settings. McKean County DHS contracts with Community Services of Venango County to support independent monitoring teams. McKean County's IM4Q teams have a "closing the loop" process, which ensures that the individual/family issues and concerns are referred to ID Program Director and staff to take appropriate action. Reports generated from Independent Monitoring for Quality interviews are shared with the McKean County Department of Human Services for the purposes of quality improvement.
- **Community Support Program and Consumer/Family Satisfaction Teams** provide consumers and family members the opportunity to provide feedback on services. Recovery-Oriented Systems Indicators (ROSI) meetings provide opportunities to provide feedback on the vision and intent of services.
- **Quality Monitoring** is completed by an internal reviewer within the McKean County Department of Human Services. On site provider reviews are conducted annually, and results are shared with the provider and DHS Administration for continuous quality improvement purposes.

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

- **Mental Health Services:** Administrative Management, Community Employment & Employment Related Services, Community Residential Services, Community Services, Emergency Services, Family Based Vocational Rehabilitation, Family Based Mental Health Services, Family Support Services, Housing Support Services, Outpatient Services, Partial Hospitalization, Social Rehabilitation Services, and Targeted Case Management.
- **Intellectual Disabilities Services:** Case Management, Community-Based Services, and Community Residential Services.
- **Housing Assistance Service:** Case Management and Rental Assistance.
- **Child Welfare Special Grant Service:** Evidence-Based Services and Alternatives To Truancy.
- **Drug and Alcohol Services:** Case/Care Management, Inpatient Non Hospital, and Outpatient/Intensive Outpatient.
- **Human Services and Supports:** Adult Services, Aging Services and Specialized Services.

No substantial programmatic and/or funding changes are anticipated in FY 16/17 as McKean County enters the fourth year of the Human Services Block Grant.

**PART II: PUBLIC HEARING NOTICE**

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

**Please provide the following:**

- 1. Proof of publication;**
  - a. Actual newspaper ad**
  - b. Date of publication**
- 2. A summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing)**

**NOTE: The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of both counties.**

The Block Grant hearing announcement was distributed to McKean County Department of Human Services staff, McKean County Planning Team, McKean County Department of Human Services Advisory Board, McKean County Criminal Justice Advisory Board and the McKean County Collaborative Board. The announcement was made in two major newspapers, The Bradford Era and Kane Republican. The Public Notice included hearing dates, ability to provide public comments, period of public viewing of the draft plan, and ability to also provide written comments to the DHS Administrator. Two hearings were held at the McKean County Department of Human Services in Smethport, PA on June 29 at 3:00 and again at 5:00 PM. An overview of the Block Grant was presented by the Administrative Team at the McKean County Human Services. During these hearings and presentations, there were 12 people in attendance. The Human Services Administrator discussed the challenges and successes of the FY 15-16 Block Grant, innovative ideas generated from planning groups that were incorporated in the FY 16-17 Block Grant, and asked for feedback of the needs of specific populations served.

The following Attachments summarize the hearing process.

- **Attachment 2:** Public Hearing Notice
- **Attachment 3:** Proof of Publications
- **Attachment 4:** Overview of Public Hearing Presentation
- **Attachment 5:** Public Hearing Attendance and Feedback

**PART III: MINIMUM EXPENDITURE LEVEL**  
**(Applicable only to Block Grant Counties)**

**For FY 2016/17, there is no minimum expenditure level requirement; however, no categorical area may be completely eliminated. Please see the Fiscal Year 2016/17 County Human Services Plan Guidelines Bulletin for additional information.**

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

## **PART IV: HUMAN SERVICES NARRATIVE**

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

McKean County is entering its fourth year of the Block Grant, and as such has developed a comprehensive plan across all programs and spectrums of human and community services. Engagement of various groups gave us the opportunity analyze trends, cultures, demographics, and program quality. McKean County is approaching FY 16-17 with the following plan. It was carefully integrated with the goals of several stakeholder groups, and responsive to the needs of our consumers.

### **MENTAL HEALTH SERVICES**

#### **a) Program Highlights:**

**Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 2015-2016.**

McKean County is a small, rural sixth class county that has a well-connected array of supports for children, adults and families. The county's mental health program is designed to deliver services that promote respect and responsibility. Residents with mental illness and co-occurring disorders can access individualized services that enhance recovery and resilience. McKean County Department of Human Services promotes the core values of consumer empowerment, cultural competency, the special needs of citizens, community-based and natural supports, and a system that is flexible, coordinated, accountable and strengths-based, and provides administrative oversight of mental health services in the county through the following functions:

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

Services are also contracted out to different providers within the county, with our largest behavioral health providers being The Guidance Center and Beacon Light Behavioral Health Systems.

Mental Health services for adults in McKean County include outpatient therapy, crisis services, acute partial hospitalization program, psychiatric rehabilitation services, peer support, drop-in

center, mobile medication management, supported living services, and supportive housing options.

Mental Health services for youth and children in McKean County include Case Management, Parent-Child Interaction Therapy, Outpatient Therapy, Family Based Services, Behavioral Health Rehabilitative Services, family support, Partial Hospitalization, Crisis Services, Respite Services, Residential Treatment Facilities, and Hospitalization.

In partnership with Community Care Behavioral Health, many of services are covered under the CCBH member umbrella. As a complement, mental health base dollars contribute to the maintenance of services and enhancement of the behavioral health service system. Distinct membership in McKean County for the HealthChoices program for the calendar year of 2015 was 7,464 individuals (adults and children). An overview of Distinct Authorized Users by service in 2015 was provided by Behavioral Health Alliance of Rural PA.

- **Adults:** Crisis Services (89), ICM/BCM/Resource Coordination (335), IPMH (109), Labs (58), Med Checks (1076), Outpatient Therapy (576), Outpatient Mental Health Services that includes Psych Rehab (805), Partial Hospitalization Programs (3), and Peer Support (53).
- **Children Under age 21:** BHRS that includes Therapeutic Foster Care (362), Crisis Services (42), Family Based Services (119), ICM/BCM/Resource Coordination (42), IPMH (41), Med Checks (557), Outpatient Therapy (467), Outpatient Mental Health Services including Psych Rehab (471), Partial Hospitalization Programs (8), Peer Support (4), RTF (27).

A number of service enhancements and programmatic improvements were accomplished in 2015-16 through reinvestment funding, new grants, creative use of base dollars and new initiatives. Innovative programming has become necessary in order to meet the needs of residents. The following sections describe progress in 2015-16 and how McKean County intends to utilize resources in the coming year. Use of mental health state based funds along with Federal, County match and grant funds will support an array of service options. Resources and supports will be provided in the least restrictive setting appropriate for residents, and will enhance collaboration and planning among stakeholders involved.

## Adults

**Dual Diagnosis Treatment Team (DDTT):** With HealthChoices dollars, a DDTT Team based out of NHS Human Services continues to provide all-inclusive, intensive services to adults with a behavioral health diagnosis and intellectual disability. The goal of DDTT is to reduce psychiatric inpatient hospitalization stays. In 2015-16, there have been four admissions to this program and four discharges. Thus far all have been discharged with a valuable skill set and able to navigate in the community. DDTT consumers have gained coping skills that have assisted in dramatically decreasing the number of visits to the emergency room and hospital admittance. McKean County has had positive experiences with the DDTT approach in reducing recidivism.

**Adult Community Stabilization and Reintegration Unit (CSRU):** The CSRU, recently opened by Beacon Light, is a 16-bed, adult residential facility in McClure, PA. Residents must be over 18 and dually diagnosed with mental illness and intellectual or developmental disability and are

at risk of admission to inpatient units or state hospitals. Since its inception, McKean County has had five participants in the program. Without this valuable resource, these citizens would have been without a residential option and would likely have been hospitalized. Once integrated back into the community or other residential setting, the consumer is able to apply the coping skills learned at the CSRU.

**Hoarding:** Hoarding has become a more common barrier to safe living for our consumers. National estimates say 2-5% of our population (estimate of 848 to 2,121 McKean County residents) suffer from this problem. Hoarding is considered a distinct disorder, often associated with Depression and Obsessive-Compulsive Disorder. Because treatment of the problem is complex and requires cross system collaboration, training by Linda Shumaker, RN was offered on March 31 as a first step. Registration was full within a week of the announcement. Currently an intern working on her Masters of Social Work is working with McKean County DHS on next steps, with the possibility of forming a regional taskforce.

**Behavioral Health Home:** The Guidance Center is designated a Behavioral Health Home, and has participated in a wellness research project with the Patient Centered Outcomes Research Institute (PCORI) to address high rates of premature death among consumers with mental illness. Through this project, clients receiving Blended Case Management are assessed on physical health and prioritized based on risk level. High risk individuals receive services from a wellness nurse including primary care coordination, wellness education, and consultation. Smoking cessation groups and an annual health fair is also facilitated by the nurse. Blended Case Managers are trained as health navigators and incorporate physical health, wellness, and recovery goals into all care plans. The Guidance Center has been able to optimize the overall health and wellness of clients, build on the experience they have been developing in integrated healthcare, and carve out a niche in the evolving healthcare system. They are currently pursuing endorsement as a Certified Community Behavioral Health Clinic through OMHSAS.

**Transportation:** The local Consumer Support Program (CSP), providers, individuals, and stakeholders cite many transportation frustrations. Bus routes through the transportation provider called the Area Transportation Authority (ATA) and private vehicles are the only modes of transportation in the county. ATA provides three fixed bus routes that run multiple times a day. One runs within the City of Bradford six to seven days per week. Another Bradford to Smethport route runs three days a week; and a Bradford to Kane route runs five days per week. The primary complaint from public transportation customers, however, is that many of their appointments do not conform to fixed routes. For medical appointments, the Medical Assistance Transportation Program (MATP) is available, however, consumers express concerns about wait times, suspension rules for no-shows, low vehicle mileage reimbursement rates, inability to switch from vehicle to bus modes, ATA scheduling hardships, confusion surrounding rights to appeal suspension decisions, and limited out-of-town scheduling options. On April 7, an ATA Liaison attended the McKean County Housing Coalition meeting to talk with stakeholders about concerns. An open dialogue occurred at this meeting to discuss scheduling limitations and appeal processes.

**Housing and Homelessness:** Housing in the county remains a concern for mental health consumers due to lack of enough emergency housing, affordable housing options, and supportive housing services. Supportive living programs are so valuable they remain at funding

capacity. There are 55 residents in Evergreen Elm's Supportive Living Program, 15 Domiciliary Care slots, and 5 CHIPPS funded beds for MH Consumers returning from Warren State Hospital. There are no Personal Care Boarding Homes, long term Residential Rehabilitation Facilities, Halfway Houses, Three quarter Houses, or Fair Weather Lodge options available in McKean County.

The scarcity of assisted housing relative to the demand has the direct consequences of overburdening non-housing public services such as our one emergency shelter, short term rehabilitation, hospitals, and the local jail. Housing individuals with a mental illness is challenging. McKean County is fortunate that through reinvestment funds a housing contingency fund through our MCO called the Northwest Nine (NW9) Master Leasing and Bridge Program is available to assist with security deposits, first month's rent, utility bills, and/or damages incurred to rental units. The program is designed to assist individuals experiencing housing barriers such as criminal background or poor landlord references, in re-entering rental arrangements. Vouchers and responsible rental practice/policies are available for these individuals. While this has been a valuable resource, the program is running at maximum capacity and there is a wait list for the program.

A new housing coalition was formed in January 2015 by McKean County DHS to replace what was the Local Housing Options Team. The group quickly mobilized and is focusing on these strategies.

- **Emergency Shelter Services:** Through fundraising and community clean-up days, 10 shelter rooms were refurbished, adding an additional two rooms to the YWCA Bradford Homeless Shelter in order to increase capacity. Additionally, new policy and protocols were developed to include an onsite Resident Assistant in addition to a Shelter Manger, and to serve families that will include males in the family unit.
- **Centralized Intake:** Linda Thompson works as a Housing and Homeless Coordinator at the McKean County Redevelopment and Housing Authority. Three part time case managers were added in 2015-16 and serves as a Centralized Intake Unit so that resources can be more readily accessed.
- **Data Collection:** Homelessness from the Winter of 2014-15 was surveyed and we found that the YWCA sheltered 72 women and children, and area churches and organizations provided an additional 79 vouchers to a local hotel. Going forward, we are implementing a Project SHARE database, a simple excel spreadsheet that will help us not duplicate vouchers and discretionary funds that churches and organizations contribute. We are also focusing on doing a better job with the annual Point in Time (PIT) Surveys.
- **Awareness:** Many of our leaders do not know that homelessness exists and in January the coalition plans an annual awareness activity to coincide with the PIT Surveying. In January 2016, area churches and organizations participated in the Clothesline Project (mittens, hats and housing information hung on a clothesline and given away for free.) This project will occur again in 2017.
- **SOAR (SSI/SSDI Outreach, Access and Recovery):** Linda Thompson and several local case managers have been trained in SOAR and are now helping individuals with SSI applications.
- **Mental Health Justice Involved and Homelessness:** With a two year, \$120,000 grant from the Pennsylvania Commission on Crime and Delinquency ending 3/30/2017, 17 justice involved individuals with mental health and/or substance abuse disorders will receive housing supports such as Master Leasing, Bridge Subsidy and Emergency Housing. The McKean County Housing and Redevelopment Authority is operating the grant via subcontract with McKean County

Department of Human Services. Monthly meetings as the local jail helps inmates with mental illness re-enter the community with housing supports.

- **Veterans:** Organizations have been informed about how important it is to link veterans to resources. A veteran's forum and continual outreach has helped in this effort.
- **Overflow Cold Winter Sheltering:** The American Red Cross trained area volunteers on January 9, 2016 in emergency shelter operations and one church opened up a cold weather shelter. In 2016-17 the goal is to add more churches to this effort.

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

**Mental Health Matters Grant:** In May, in association with Mental Health Awareness Month, consumers were able to attend two different fairs. Use of the Mental Health Matters grant helped fund the events. The first was a health fair where various vendors from the community were present to discuss different aspects of health and 40 members were in attendance. The second was a "Rays of Hope" Resource Fairs with 56 members in attendance and a focus on budgeting, healthy eating, coupons, medication management and smoking cessation. Additionally, and as part of Mental Health Awareness Month, the McKean County Trauma Task Force sponsored training for professionals and parents on Compassion Fatigue. Because of the high demand for the training, it was repeated again in June. In September the Task Force will be sponsoring a community event showcasing the documentary Paper Tigers in order to further the group's mission of reducing stigma and increase sensitivity and positive engagement.

**Psychiatric Services:** Accessing psychiatry has been difficult over the past few years as established psychiatrists retired and new ones were extremely hard to recruit to a rural setting. However, for the time being, McKean County is fortunate to have four psychiatrists and three psychiatric nurse practitioners that also offer specialties in child and adolescent, geriatric and addictions services. All are based in The Guidance Center, who in 2014-15 provided psychiatric care to 3,008 unduplicated individuals. Considering the average nationwide is 8.9 psychiatrists per 100,000 or 11,235 Individuals/Psychiatrist, McKean County is quite fortunate to have 752 Individuals/Psychiatrist.

Psychiatric time is not county funded; however, it is an essential service for all other levels of care. These dedicated professionals attend to a very high volume of clients, with high acuity due to the degree of illness encountered. Each doctor has several hundred clients, and the costs of maintaining psychiatrists have dramatically increased. McKean County experiences a high level of need for child and adolescent psychiatric time. The ongoing need for monitoring and maintaining our youth in the community is a constant battle for our current psychiatrists and Certified Nurse Practitioners to manage. The increase in child and adolescent population mixed with the additional demand for crisis appointments continues to stress the system. McKean County also maintains a high level of out of home placements for our region. With the requirement of a mental health evaluation completed by a psychiatrist for out of home mental health placements, we continue to experience difficulty in being able to secure timely appointments for these kids in need of higher levels of care.

**Crisis Services:** Crisis service is a gateway for many other services and remains a priority. The Guidance Center provides mental health crisis services in McKean County including assessment, brief intervention, stabilization, including voluntary and involuntary admission to a psychiatric hospital, consultation, and connections with other community support services. Crisis services are delivered through operation of a 24-hour emergency telephone hotline, walk in crisis counseling and psychiatric appointments, and mobile crisis counseling. Crisis services are also mobilized upon request, to provide on-site counseling and support at schools, workplaces and other locations, following a critical incident to address the needs of others impacted. Homelessness is a persistent challenge and requires additional resources on a regular basis. A limited rural transportation system is a constant barrier for outpatient services and inpatient mental health treatment. In spite of the current complement of psychiatrist, finding urgent psychiatric time without hospitalization can sometimes be a challenge. Addiction plays a role in presenting for crisis service, and along with homelessness and transportation, will be areas requiring a great deal of collaboration and system partnerships in the coming year. Additionally, Pennsylvania is reviewing and considering changes to protocol related to the mental health act. Crisis personnel will continue to participate in this statewide effort. In 2014, McKean County Department of Human Services collaborated with our local Crisis Services Director to promote better dialogue in working with children and adolescents. The team was able to collaborate on response protocols, and improve dialogue with Beacon Light, one of our largest adolescent mental health providers.

**Mental Health Justice Teaming:** Monthly coordination meetings have been occurring between the county mental health program, Mental Health Justice Housing Grantee (Redevelopment and Housing Authority), and Adult Probation. The history, treatment and re-entry planning for incarcerated individuals with Severe Persistent Mental Illness are reviewed, transition to community is planned, and gaps are addressed. In the future, other stakeholders such as Alcohol and Drug Abuse Services, Public Defenders Office and District Attorney's Office will be invited.

**Disaster Crisis Outreach and Referral (DCORT):** Another exciting initiative called DCORT will continue in 2016-17. DCORT is a team approach to assisting citizens impacted by crisis or disaster. McKean County DHS works closely with the Emergency Management Department and Regional DCORT Coordinator to maintain current information on appropriate response plans. In FY14-15, eight team members were trained in Psychological First Aid, DCORT

protocols and a FEMA course called NIMS (National Incident Management System). With a Bioterrorism Hospital Preparedness grant through the PA Department of Public Welfare, "Go Kits" were purchased which include various items that can be used in assisting the team members when the team is activated. In the coming year the team will continue to practice tabletops drills and promote the use of a toolkit for the team to utilize in the field. This year the DCORT Team was deployed to a fire that displaced 11 men living in a Supported Living setting in an Evergreen Elm home.

## Children

**Child and Adolescent Service System Program (CASSP):** CASSP is facilitated through our Children's Community Services (CCS) Department within McKean County Department of Human Services. The department maintains a Director of Children's Community Services and a Children's Resource Coordinator. The CCS staff support the framework of CASSP throughout the child serving systems by a variety of means. As part of the Interagency Service Planning Team meetings, CASSP services to encourage the collaboration of the systems with the family through consistent collaboration and through thoughtful discussion surrounding the six core CASSP principles. CASSP utilizes a Team Coordination approach to support child and adolescents that are not captured under Community Care required Interagency Service Planning team meetings. CASSP takes the lead in these instances to promote discussion of strengths and needs of a child and their family. CASSP also works in conjunction with Inpatient Hospitals to promote effective discharge planning by assisting with collaborative meetings prior to a child returning to the community.

Through our partnership with CYS, CASSP facilitates biweekly Multidisciplinary Review Team meetings. These meetings bring together professionals working with a family to identify strengths and concerns within a case. The team works to identify available resources, any gaps in the system that are impacting the family, and develop recommendations for next steps related to the professionals responsibilities to the family. This forum has been well received as it promotes our own professional responsibility to collaborate with the systems connected to the children and families we serve. Our Core Team for the Multidisciplinary Team consists of our DHS Administrator, CYS Director, Children's Community Services Director, Adult Mental Health Director, Adult Intellectual Disabilities/Early Intervention Director, Court Appointed Special Advocate Director, Family Engagement Supervisor, Independent Living Supervisor, and our Foster Care Supervisor. The school district that the identified family resides in is invited to attend the meeting, along with every provider that is involved with the family. CASSP continues to work on collaboration, communication, and connection across all child-serving systems. CASSP Coordinator and staff facilitate 5-8 Team Coordination meetings monthly with providers, families, and schools to address case specific concerns. These meetings come at the request of school personnel, CYS staff, providers, or families. The intent of the meetings is to identify barriers to success and to outline actions steps needed to overcome the barriers. Through treatment team meetings facilitated by providers, CASSP also provides support to both families and providers within the mental health and behavioral health system. CASSP staff work in collaboration with treatment teams to review community resources and ensure that the CASSP principals are being followed. CASSP is also partnered with CYS under the DHS umbrella. This partnership allows continued collaboration across these two

systems. CASSP teams with CYC to improve outcomes for families, increase communication across multiple systems, and advocate for community needs. Whether through internal staffing to monitor case delivery, or collaboration on new programming, the partnership with CYC will continue to be an important means for delivering good services to youth and families.

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

**Respite Services** are provided within DHS through contracted respite homes in order to provide short-term temporary relief to those caring for youth who might otherwise require out-of-home placement. Respite continues to be a needed service in McKean. CASSP struggles with finding available respite homes given the increase in placements and the limited availability of respite homes in our rural area. But, this service is a benefit to the county as it assists families in continuing to care for their children in a least restrictive, community based manner. Our goal in McKean County is to work on improving the respite process in an effort to better align respite homes with youth in need. We will be working with the county foster care department on recruiting and identifying potential respite homes that will may also serve as foster homes. In fiscal year 2015-16, McKean County DHS was able to utilize funding to meet the needs of approximately nine youth in our county. It is anticipated that this level of respite service will continue to be needed in 2016-17.

**Parent-Child Interaction Therapy (PCIT)**, while not county funded, is a service that helps families keep children in the home and community. Parent/Child Interaction Therapy is an empirically-supported treatment for youth with behavioral disorders by helping improving the quality of the parent-child relationship and changing parent-child interaction patterns. PCIT is provided through The Guidance Center. Parents completing the program are more engaged and confident in their parenting practices. CYC has traditionally under-referred to PCIT and the service has been underutilized, therefore resource sharing and referral protocols were enhanced in order to increase referrals. Children and Youth Needs Based dollars were utilized to offset PCIT rates in 15-16 and the program served around 30 children. This will occur again in FY 16/17.

**FBS Protocol:** McKean County Department of Human Services continues to utilize our Family Based Protocol with our three local Family Based Providers. Beacon Light Behavioral Health, Dickinson Center Inc., and The Guidance Center have been efficient in working with families that need help seeking medical assistance. The providers notify the Director of Children's Community Services of a recommendation for Family Based services and discussion takes place on next steps. If a child is a HIPP-MA client, the Director of Children's Community Services will authorize the service in 12 week periods. If the child does not currently have Medical Assistance, the provider and Director of Children's Community Services reviews the case to determine if Family Based needs to start immediately or if another level of care can safely maintain the child while a Medical Assistance application is completed. Typically, if a

child does not already have some level of mental health services, i.e., outpatient clinician, Family Based Services will begin. This is done under the parental agreement that a MA application will be completed within the required 10 calendar days. This process has continued to allow the county to help reduce wait times for service and to continue providing this level of service to families that may not already have Medical Assistance. McKean County Department of Human Services also recognizes that this protocol assists us in managing county dollars efficiently so that families can continue to access needed services. The FBS protocol will continue in 2016-17.

**Community and School Based Behavioral Health Team Services (CSBBH):** Beacon Light Behavioral Health Systems has successfully implemented two CSBBH teams in the Bradford Area School District with the support of the school district, McKean County DHS, BHARP, and CCBH. As of April 2016, 16 children were receiving this level of support between the School Street and George G. Blaisdell Elementary buildings in Bradford. The goal will be for the team to reach 20-25 children but the referrals have been staggered to allow for good collaboration as the team builds momentum in the schools. The feedback from the Bradford community and families has been positive. We are grateful to have been able to implement this new level of service for children receiving medical assistance. It has been a great addition to the continuum of services offered within the Bradford School District. CSBBH is behavioral health program provided by a team that is based in the school, and therefore a more coordinated approach. It is fully funded with HealthChoices dollars.

**Truancy Protocol:** McKean County DHS hosted one Truancy Roundtable Meeting this year and continued with the implementation of a countywide Truancy Protocol. Forty-nine (49) justice systems, schools and human service representatives came together to discuss their progress with the protocol. These efforts increased coordination across systems serving youth, and strengthened Truancy Elimination Planning at the education level.

**Trauma Informed Care and Practices:** The McKean County Trauma Taskforce was formed as a subcommittee under the McKean County Collaborative Board. This taskforce has the identified goal of working towards supporting our community's efforts to become trauma informed. In 2015-16, three local providers attended a Trauma Institute sponsored by BHARP and currently seeking the status of endorsed "Trauma Clinics". The work of the taskforce focused on two events for the McKean County community.

A professional development workshop, *Compassion Fatigue: Managing Trauma in Our Programs and Ourselves* was held on April 29<sup>th</sup>, 2016. This workshop was facilitated by Liz Winter, PhD, LSW and focused on the importance of recognizing and responding to our own trauma as professionals. This workshop was so well received that the Trauma Taskforce requested Dr. Winter to return on June 3<sup>rd</sup>, 2016 so that this workshop could be extended to more professionals.

The second event that the Trauma Taskforce has planned is the showing of *Paper Tigers* in September 2016. This award-winning documentary will be shown at our local Bradford's Main Street Movie House in partnership with Dickinson Center Inc.'s Trauma Task Force. The Taskforce has extended invitations to schools, medical professionals/emergency management professionals, parents, and social work/child welfare professionals. The taskforce wants to

reach their efforts out to the entire community by beginning the dialogue of what trauma informed care is and how each of us plays a vital role in the lives of our most vulnerable populations.

**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:

- The Office of Human Services, Area Agency on Aging offers a full continuum of services and supports for older adults that include Aging Waiver Services, Options for In-Home Services, six Senior Centers, Protective Services, Public Guardianship, Dom Care, Family Caregiver Support, Information and Referral, Senior Volunteer Program and Nutrition Services. Mental Health services are available for older adults through The Guidance Center and include Outpatient Counseling, Psychiatric Services, Case Management, and Crisis Intervention.
- McKean County has a very active network of Senior Centers that promote the health, education and wellness of seniors. They proactively promote taking control of health/functioning and avoiding risk.
- McKean County DHS is very involved with the LINK to Aging and Disability Resources in order to carefully network many other community resources.
- Aging is working collaboratively on trauma informed practices, is an active participant on the McKean County Trauma Task Force, and recognizing that trauma can happen anytime in a person's life.

Needs:

- Evidence-based treatment modalities to address the needs of older adults and individuals with co-occurring developmental and cognitive disabilities are needed.
- Collaboration with local hospitals and health systems to reduce the need for readmission of elders is needed. Medication management education, clear communication of changes in prescribed medications upon discharge, involvement of family advocates of the hospitalized person so the advocate can better understand the care, making a doctor's appointment with the community physician for the elder before leaving the hospital, leaving the hospital with new medications in hand, and having medications arranged in blister packs or other convenient packaging to increase compliance.
- Collaboration with substance abuse and elder abuse is an area of opportunity. Drug misuse can be at the victim level, or at the caregiver, family and friend levels. An approach to educate elders about how drug and alcohol abuse can impact the wellbeing is needed.
- Many elders are victims of financial abuse due to declining cognitive function, sometimes accompanied by substance abuse. Senior Citizens need information about financial and legal protection as well as substance abuse prevention. Elder Law education at Senior Centers would be a good first step.
- More Dom Care Homes and Personal Care Homes are needed.
- Elders with Intellectual Disabilities have many physical illnesses as well. There is a need for RNs to help assess clients in residential homes, and adequate reimbursements for

this service. Keeping them in their residential home environment is much more desirable than placing them in Long Term Facilities.

- Specialized skilled care residential options for the aging mentally ill are urgently needed.

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

#### Strengths:

- The continuum of services for adults is available through various providers that include The Guidance Center, Bradford Regional Medical Center, Dickinson Center, Beacon Light, Evergreen Elm and the YWCA of Bradford. The continuum includes Crisis Services, ICM/BCM/Resource Coordination, Inpatient Services, Medication Monitoring, Supportive Living, Outpatient Therapy, Outpatient Mental Health Services that includes Psych Rehab, Partial Hospitalization Programs, Community Residential Rehabilitation Services, State Hospitals, Peer Support and a Mental Health Drop-In Center.
- Peer support is one of the more effective and mutually beneficial mental health services and is available through The Guidance Center and Beacon Light Behavioral Health.
- There is a strong provider system to serve the adult population. There is a full complement of psychiatrists and Certified Nurse Practitioners for the high level of need in the county.

#### Needs:

- Services are needed for high risk individuals who are not eligible for existing case management services such as the forensic population, at-risk youth in transition, or individuals impacted by trauma.
- Inpatient psychiatric admission criteria is sometimes restrictive and hospitals will not admit aggressive or elderly individuals.
- Case management staff need training in the Assertive Community Treatment and Forensic Assertive Community Treatment models.
- More residential options are needed for forensic and SMI populations.
- Increased opportunities for peer specialist available to work with those involved in the justice system and veterans.
- More resources statewide for the new Adult Protective Service System.
- There is an ongoing need to reduce stigma and discrimination through positive events and messaging. Mental Health Awareness month is an opportune time for these efforts.
- More emergency shelter services are needed, especially for men and families.
- There is a need for more supervised 24/7 living options.
- More job support for seriously mentally ill persons is needed.
- More parenting services are needed for parents of all age groups.
- More resources are needed for basic financial literacy/budgeting.

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

#### Strengths:

- There is strong collaboration among youth serving organizations. The Youth Consortium/Transition Council is a valuable resource for this collaboration.
- There are resources accessible through the CYS Independent Living Program.
- Churches are socially minded and provide opportunities for youth.
- A Transition Coordinator from the IU9 carefully transitions youth to adulthood through PDE required transition activities.

- The YMCA and Penn State Cooperative Extension provide many activities to engage youth.

Needs:

- According to the Education for Children & Youth Experiencing Homelessness Program based out the Midwestern Intermediate Unit IV, McKean County had 133 students experiencing homelessness in the 14/15 school year. More housing/homelessness supports for youth are needed.
- Housing support services are needed for those sanctioned from public housing and on a waiting list for bridge housing.
- Increased opportunities for peer specialist available to work with youth are needed.
- Centralized intake is needed for housing of all specialized populations.
- More case management services to help youth obtain independent living skills.
- The development of a better continuum of housing options are needed such as Host Home, LifeSharing (Intellectual Disabilities) and Supervised Independent Living Services.
- More mentoring resources are needed for this population. More funding is needed for our local Big Brothers Big Sisters program.
- PATH is not utilized in McKean County as frequently as it should.
- More supervised housing and employment resources are needed.
- More resources are needed for basic financial literacy/budgeting.

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

Strengths:

- CASSP and SAP are available to help families, schools and organizations find and navigate appropriate services. The continuum of services for children include Behavioral Health Rehabilitation Services, Therapeutic Foster Care, Crisis Services, Family Based Services, ICM/BCM/Resource Coordination, Inpatient Mental Health Services, Medication Checks, Outpatient Therapy, Outpatient Mental Health Services, Parent-Child Interaction Therapy, Psychiatric Rehab Services, Partial Hospitalization Programs, and Residential Treatment Facilities.
- Department of Human Services Family Engagement (Family Group Decision Making) offers assistance developing plans to address concerns related to safety, permanency, and/or the well-being of children in a family.
- There are quality after-school activities available in Bradford and Otto-Eldred School Districts through the YMCA's 21 Century Community Learning Centers.
- AdagioHeath closed their McKean County office in 2014. For two years, men and women, especially teens, were not able to access confidential gynecological care, low cost contraceptives, and free STD/HIV testing. In June 2016, Bradford Regional Medical Center resumed this service through their existing clinic.

Needs:

- More trauma-informed care practices are needed across all community partners.
- More evidence-based programs and adequate funding for these programs are needed to help youth and families. This is particularly needed for substance using youth.
- Affordable, safe afterschool/evening/weekend childcare is needed in all areas of McKean County.

- Some children have no parent available to authorize treatment or educational services. More Education Decision Makers and public guardians are needed.
- Residential inpatient beds are scarce and restrictive admission criteria make it difficult to place those with the most severe disorders.
- Respite service is needed for parents of this age group.
- Increased opportunities for peer specialist for youth are needed.

**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:

- Beacon Light Behavioral Health Systems opened a new home on their campus to integrate adult residents of Warren State Hospital back into the community.
- Coordination meetings with Warren State Hospital assist in planning for successful discharge into the community. Community support plans are made with input from the individual, their treatment team and family/friends. Prior to discharge, this plan is reviewed again by the same group and follows the person into the community.

#### Needs:

- Resources from all mental health systems and other community partners will be needed to maintain the Seriously Chronically Mentally ill in the community.
- There is a need for more CHIPPS funding locally in order to divert individuals from re-admissions.

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

#### Strengths:

- For the most part, professionals are trained in co-occurring disorders and work together collaboratively. The full continuum of services are available for individuals with co-occurring disorders.

#### Needs:

- The Parent-Child Assistance Program, an evidence-based home visitation case-management model for mothers who abuse alcohol or drugs during pregnancy, is needed.
- Opioid/Drug Abuse is increasing and McKean County has limited access to medication assisted therapies and naloxone. The only MAT prescribing psychiatrist at Bradford Regional Medical Center is leaving the area in August 2016, and there is a need for more prescribing doctors.
- More resources are needed for preventative education and community awareness activities.
- Financial support is needed to afford clinicians the time to prepare for and complete various certifications to serve specialized populations.
- More resources are needed for the working poor that may have no insurance or high deductibles.
- Youth are not seeking treatment at the rate adults are. Instead they seem to be seeking help through the mental health system. An Adolescent Community Based Drug and Alcohol program is needed.

- More funding sources, prescribing doctors, and providers willing to operate an MAT program are needed for naloxone, Vivitrol, and medication assisted therapy.
- There is also limited detox options, greatly contributing to decreased access into residential treatment.
- More co-occurring evidence based practice ideas are needed, as well as more training to increase co-occurring competent professionals.
- More supportive housing resources are needed such as halfway and three quarter houses.
- More resources are needed for basic financial literacy/budgeting.

### **Justice-involved individuals**

#### Strengths:

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

#### Needs:

- Funding for Peer Support Services for individuals that are justice involved is needed.
- Specialized support for women with mental health disorders that are justice involved is also needed.
- No comprehensive approach exists to assure that inmates with substance abuse or mental health issues have the supports needed to keep them out of the prison system or to remain out of jail upon release. Formalized pre-trial services are in great need that would ideally encompass a facility that would be available 24/7 to provide assessments for individuals that do not need to go to jail but need some support or diversion.
- More or more intensive case management services (ACT) are needed for those with Mental Health and ID needs in order to coordinate care and support.
- More supervised work and community service options are needed.
- More resources are needed for basic financial literacy/budgeting.
- There is an extraordinarily long wait period for competency evaluations requested through OHMSAS. Reduced access to forensic treatment and evaluation services are a huge barrier.

- Diversionary services are severely strained because of declining state and federal financial support. Expanded capacity within our community mental health and drug and alcohol programs are needed.
- Legislated rapid restoration of public benefits upon release is needed for all incarcerated individuals.
- Crisis Intervention Team training is needed.

**Veterans:**

**Strengths:**

- According to the US Census, there are 4,177 McKean County veterans. There is a full-time director of Veteran's Affairs in McKean County that provides these resources: Overseeing record keeping of veterans' files; reviewing claims; providing information regarding burials and headstones; helping veterans secure rights; and acting as Custodian of veterans' discharge orders.
- There is a Veteran Employment Representative at PA CareerLink McKean County that connects veterans to needed employment and career resources. Services provided includes: Job search assistance, Occupational resources, Counseling, testing and identifying training and employment opportunities, Women veterans resources, Crisis resources, Disabled veterans' outreach programs & services, Apprenticeship & on-the-job training, Referral to Department of Veterans Affairs community based organizations that link veterans with appropriate jobs and training opportunities.
- There is a primary care clinic in Bradford that is a branch of the Erie VA Medical Center. Primary care offered includes: patient assessment, medication management, diabetes management, care planning, nursing services, phlebotomy, patient-family health education, telephone care, and teleconferencing for services in Erie.
- The DuBois Vet Clinic offers mental health treatment for combat veterans in outreach offices in Smethport and Bradford.
- McKean County has three providers that offer Supportive Services for Veteran Families (SSFV): Soldier On, Economic Opportunity Council and Northern Tier Community Action Corporation. Services include homeless assistance and supportive housing.

**Needs:**

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

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

#### Strengths:

- Self-view and acceptance is generally strong. Faith-based community acceptance is growing.
- Providers such as Psychiatric Rehabilitation have sponsored LGBTQI speakers in order to highlight challenges and wise choice of partners.
- The McKean County Collaborative Board and the University of Pittsburgh's School of Social Work recently hosted a workshop on LGBTQI awareness that was helpful for area providers.

#### Needs:

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

### **Racial/Ethnic/Linguistic minorities**

#### Strengths:

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

#### Needs:

- Cultural competence is an area in need of ongoing attention in professional development activities.
- Culturally competent practices in center and office-based settings also require constant attention so that diversity is respected and environments where people are served are welcoming and inviting.

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

**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:**

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

#### **1. Increase the use of trauma-informed care and practices.**

**Description:** To provide service for children who have experienced trauma, several mental health providers have added personnel with trauma-focused training to their staff

complement. There is now a need to imbed trauma-informed care practices in every child-serving organization and across the broader community.

**Timeline:** The Trauma Task Force will develop and implement community awareness, collaborative learning and professional development events in FY 16-17.

**Resources Needed:** The University of Pittsburg, School of Social Work, McKean County Collaborative Board, and trauma partners from behavioral health organizations, physical health organizations, schools and the Area Agency on Aging.

**Plan/Mechanism for Tracking Implementation:** This priority is also targeted by the McKean County Collaborative Board and will be tracked through both the Collaborative Board and the County Planning Team.

**2. Increase the capacity of the mental health, drug and alcohol, housing, and criminal justice systems in McKean County in order to support justice involved individuals with mental illness and substance abuse issues.**

**Description:** Collaborative strategies are needed to divert individuals away from the criminal justice system, and to help inmates re-enter the community. Teaming practices; advocating for rapid restoration of public benefits for all incarcerated individuals; funding for Forensic Peer Support services; sustaining the Mental Health Justice Housing program; and Crisis Intervention Team training are among best practices to pursue.

**Timeline:** Monthly team meetings and quarterly CJAB meetings in 2016-17 will ensure collaborative practices are incorporated.

**Resources Needed:** Collaborative partners (DHS, Adult Probation, Housing Authority, Jail staff, Public Defender's Office, and District Attorney's office).

**Plan/Mechanism for Tracking Implementation:** The County Planning Team will track the implementation of this priority. CJAB will also monitor this.

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

**Description:** During focus group discussions, providers, County Planning Team members and Collaborative Board members indicated that more training and networking opportunities were needed. Staff turn-over, few local training options, lack of time to network, and lack of a networking system/venue were mentioned as barriers. Specific training/networking topics identified are Adult Protective Service law, Crisis Intervention Teaming, transportation, veterans, trauma, and transition age youth.

**Timeline:** A cross-training/networking plan and timeline will be developed at the next County Planning Team meeting in July 2016.

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

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

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

**Description:** With resources such as the STEPS Drop-In Center, Futures, Evergreen Elm activities, Peer Specialists Programs, and the PCORI Initiative, self-stigma is greatly reduced through recovery practices. Social stigma still exists and there is a need to reduce prejudicial attitudes and discriminating behaviors directed toward individuals with mental

health disorders. Events that encourage social contact between individuals with and without mental health and intellectual disabilities will help improve attitudes and promote community anti-stigma engagement. “Recovery dialogues” with community groups and initiatives that challenge common stereotypes and assumptions about mental illness are needed. These events will be planned during Mental Health Awareness month, Intellectual Disabilities Awareness Month, and Leadership McKean classes. These steps are also needed.

- Continue annual training in Mental Health First Aide funded with the Mental Health Matters Grant. Explore replacing Mental Health First Aide training with Crisis Intervention Team training if local law enforcement buy-in is secured.
- Assess the needs of Foster Families with help from an MSW Intern and the University of Pittsburgh School of Social Work.
- Enhance mental health awareness activities in May.
- Provide community sensitivity training around specialized populations.

**Timeline:** Events will be planned for Intellectual Disabilities Awareness Month in March, and Mental Health Awareness Month in May and/or World Mental Health Day in October. In November, Leadership McKean will host a class focused on dialogue about recovery and acceptance between individuals with mental health and intellectual disabilities and a class of emerging McKean County leaders. And finally, in partnerships with the University of Pittsburgh’s School of Social Work and the Bradford Area School District, a Resource Family Retreat will be planned in October.

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

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

##### **5. Create a centralized intake and coordination unit for housing of specialized populations in McKean County.**

**Description:** The goal is to integrate all housing programs (Shelter Plus Care, HOME, HAP, HUD, ESG, Children and Youth Special Grant and others) into one unit based at the McKean County Redevelopment and Housing Authority. This unit would serve as a centralized intake department in order to link special populations to specific housing resources. Additionally, considerable effort is needed to create more services:

- Emergency shelter options for men and for families
- Cold Weather Shelter services
- Financial literacy/budgeting
- Supported Living options.
- SOAR (SSI/SSDI Outreach, Access and Recovery) assistance.

**Timeline:** by June 2017.

**Resources Needed:** McKean County Housing Coalition will be exploring additional public and private funding.

**Plan/Mechanism for Tracking Implementation:** The County Planning Team and McKean County Collaborative Board will track this priority.

| <b>1. Increase the use of trauma-informed care and practices.</b>  |  |                             |
|--|--|-----------------------------|
| <b>Steps?</b>  | <b>Who is doing it?</b>  | <b>By what target date?</b> |
| Continue meetings on a quarterly basis of the McKean County Trauma Task Force as a learning community.                                   | University of Pittsburg's' School of Social Work and the McKean County Collaborative Board | Quarterly through FY 16-17  |
| Hold an event in the community showing the documentary Paper Tigers and hosting a social hour with local trauma experts after the movie. | McKean County Trauma Task Force  | September 2016              |
| Assess what trauma informed practices are occurring in schools and organizations.  | Trauma Taskforce   | Fall of 2016.               |
| Provide a community training.  | Child Abuse Prevention Month Committee and McKean County Collaborative Board.              | April 2017                  |

| <b>2. Increase the capacity of the mental health, drug and alcohol, housing, and criminal justice systems in McKean County in order to support justice involved individuals with mental illness and substance abuse issues.</b> |  |                             |
|---|--|-----------------------------|
| <b>Steps?</b>   | <b>Who is doing it?</b>  | <b>By what target date?</b> |
| Hold monthly teaming meetings to plan re-entry and diversion services for those in the McKean County Jail   | Human Services Administrator, Mental Health Director, Jail Counselor, Juvenile Probation representative, Homeless Assistance Coordinator                         | Monthly in FY 16-17         |
| Advocate for legislated rapid restoration of public benefits for those incarcerated.  | McKean County Department of Human Services, County Commissioner's Association, McKean County Collaborative Board, McKean County Criminal Justice Advisory Board. | FY 16-17                    |
| Advocate for more peer support services for specialized populations.  | McKean County Department of Human Services and BHARP   | FY 16-17                    |
| Sustain the Mental Health Justice Housing Initiative beyond the lifetime of the PCCD grant currently funding it.  | McKean County Housing Coalition, McKean County Department of Human Services, and the McKean County Redevelopment and Housing Authority.                          | FY 16-17                    |
| Consider training a McKean County Crisis Intervention Team.   | McKean County CJAB and McKean County Department of Human Services  | FY 16-17                    |

| <b>3. Increase staff competencies and cross-competencies through cross-trainings, Lunch and Learns, and networking opportunities.</b> |   |                             |
|---|---|-----------------------------|
| <b>Steps?</b>   | <b>Who is doing it?</b>   | <b>By what target date?</b> |
| Hold another annual meeting with Aging/MH/ID case managers to network, problem-solve and learn.                                       | Area Agency on Aging, The Guidance Center, Department of Human Services, and Liberty Heath.   | November 2016               |
| Hold Transition Age Youth Forum event to share resources and network.   | LINK to Aging and Disabilities, Department of Human Services, McKean County Collaborative Board, and the University of Pittsburgh Bradford. | October 26, 2016            |
| Invite Bill Keesler, an ATA Liaison, to talk to the Collaborative Board and address their transportation concerns.                    | Area Transportation Authority, Department of Human Services and McKean County Collaborative Board   | January 2017                |

| <b>4. Reduce discrimination and stigma.</b>                          |                                      |                             |
|--|--------------------------------------|-----------------------------|
| <b>Steps?</b>  | <b>Who is doing it?</b>              | <b>By what target date?</b> |
| Intellectual Disabilities Awareness Month Activities                 | ID Committee                         | March 2017                  |
| Mental Health Awareness Month and World Mental Health Day Activities | Rays of Hope Committee               | May and October 2017        |
| Leadership McKean Dialogue   | Leadership McKean Steering Committee | November 2016               |
| Special Olympics   | Special Olympics Committee           | Year round                  |

| <b>5. Create a centralized intake and coordination unit for housing of specialized populations in McKean County.</b> |  |                             |
|--|--|-----------------------------|
| <b>Steps?</b>  | <b>Who is doing it?</b>  | <b>By what target date?</b> |
| Develop a centralized housing resource referral form and protocol.   | McKean County Housing Coalition  | Winter 2016                 |
| Assess emergency shelter models and secure funding for men's shelter services.                                       | McKean County Housing Coalition  | Winter 2016/17              |
| Open an overflow Cold Weather Shelter model in area churches.  | McKean County Housing Coalition, American Red Cross, and area churches.  | Winter 2016/17              |
| Explore more resources that will offer basic financial literacy/budgeting.   | McKean County Housing Coalition  | June 2017                   |
| Explore one housing development project that will increase housing capacity for specialized populations.             | McKean County Housing Coalition and Housing Development Committee, and the McKean County Redevelopment and Housing Authority | FY 16/17                    |

**d) 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                           | N  |   |                                    |  |   |  |   |          |
| Supportive Housing                                      | Y  | 15  | County Review                      | County   | Quarterly                                     | N  | N   |          |
| Supported Employment                                    | Y  | 14  | County Review                      | County   | Quarterly                                     | N  | N   |          |
| Integrated Treatment for Co-occurring Disorders (MH/SA) | N  |   |                                    |  |   |  |   |          |
| Illness Management/ Recovery                            | Y  | 80  | CCBH Quality Review, County Review | MCO, County  | Quarterly                                     | N  | N   |          |
| Medication Management (MedTEAM)                         | Y  | 95  | CCBH Quality Review, County Review | MCO  | Quarterly                                     | N  | N   |          |
| Therapeutic Foster Care                                 | N  |   |                                    |  |   |  |   |          |
| Multisystemic Therapy                                   | Y  | 18  | Program Implementation Review      | Adelphio Village                                       | Monthly phone, twice yearly formal monitoring | N  | Y   |          |
| Functional Family Therapy                               | N  |   |                                    |  |   |  |   |          |
| Family Psycho-Education                                 | N  |   |                                    |  |   |  |   |          |

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

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

| Recovery Oriented and Promising Practices                 | Service Provided (Yes/No) | Number Served (Approximate) | Comments                         |
|---|---------------------------|-----------------------------|----------------------------------|
| Consumer Satisfaction Team                                | Y                         | 20                          |                                  |
| Family Satisfaction Team                                  | Y                         | 15                          |                                  |
| Compeer   | N                         |                             |                                  |
| Fairweather Lodge   | N                         |                             |                                  |
| MA Funded Certified Peer Specialist                       | Y                         | 42                          |                                  |
| Other Funded Certified Peer Specialist                    | N                         |                             |                                  |
| Dialectical Behavioral Therapy                            | Y                         | 5                           |                                  |
| Mobile Services/In Home Meds                              | Y                         | 155                         |                                  |
| Wellness Recovery Action Plan (WRAP)                      | Y                         | 10                          |                                  |
| Shared Decision Making                                    | N                         |                             |                                  |
| Psychiatric Rehabilitation Services (including clubhouse) | Y                         | 37                          |                                  |
| Self-Directed Care  | N                         |                             |                                  |
| Supported Education                                       | N                         |                             |                                  |
| Treatment of Depression in Older Adults                   | Y                         | 30                          |                                  |
| Consumer Operated Services                                | N                         |                             |                                  |
| Parent Child Interaction Therapy                          | Y                         | 28                          |                                  |
| Sanctuary   | Y                         | 12                          | Outside the county providers     |
| Trauma Focused Cognitive Behavioral Therapy               | Y                         | 36                          |                                  |
| Eye Movement Desensitization And Reprocessing (EMDR)      | Y                         | 20                          |                                  |
| Other (Specify) Pathways                                  | Y                         | 3                           | EBP for adolescent sex offenders |
| Other (Specify) Aggression Replacement Training           | Y                         | 19                          |                                  |

\*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

**ODP in partnership with the county programs is committed to ensuring that individuals with an intellectual disability live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals' team.**

**This year, we are asking you to focus more in depth on the areas of the county plan that will help us achieve the goal of an Everyday Life for all individuals.**

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

***\*Please note that under Person Directed Supports, individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.***

It is the mission of McKean County Department of Human Services' Intellectual Disabilities/ Early Intervention Program to partner with the community to develop and assure the availability of quality services and supports for individuals and families. Through the use of a person-centered planning approach and the utilization of Prioritization of Urgency of Need for Services (PUNS), the ID program assists individuals in accessing services and supports within their community regardless of the funding stream. The PUNS gathers information from the person-centered planning approach to identify current and anticipated needs. Programs support client engagement and provide access to services for employment, training, housing and family support as appropriate.

Two hundred ninety three (293) McKean County residents are enrolled in the intellectual disability system. All individuals enrolled have a choice of supports coordination and all (except one living out of county) have chosen the Guidance Center. Of the total number, 87 individuals are enrolled in PFDS Waiver and 68 individuals are enrolled in the Consolidated Waiver Program. As of May 5, 2016, 32 individuals are funded with base dollars. The remaining individuals are either supported in a state center, private ICF/ID, or receive supports coordination services only.

McKean County continues to provide a continuum of services, based on the assessed needs of the individuals. McKean County DHS works closely with the following providers to offer the following services:

- Futures Inc., - Community Habilitation, Home/Community Habilitation, Supported Employment and Pre-vocational Services
- Evergreen Elm – 6400 and 6500 Licensed Residential Settings, Home/Community Habilitation and Respite
- Beacon Light’s Ramsbottom Center – 6400 Licensed Residential, Behavioral Support
- Community Links – Home/Community Habilitation and Supported Employment
- YWCA of Bradford – Home/Community Habilitation
- Dickinson Center - Home/Community Habilitation and Supported Employment
- Erie Homes for Children and Adults, Training Towards Self Reliance, Point of Caring, Martha Lloyd Inc. – 6400 Licensed Residential Homes
- Area Transportation Authority (ATA) – Travel
- Health Ride Plus., Inc. - Travel
- Pediatric Services of America – Nursing and Home/Community Habilitation
- ARC of Crawford and PA Mentor – 6500 Licensed Homes
- Goodwill Industries – Supported Employment

|                                       | Estimated Individuals served in FY 15-16 | Percent of total individuals served | Projected individuals to be served in FY 16-17 | Percent of total individuals Served |
|---------------------------------------|--|-------------------------------------|--|-------------------------------------|
| Supported Employment                  | 0  | 0%                                  | 1  | 1%                                  |
| Pre-Vocational                        | 12                                       | 4%                                  | 11   | 3%                                  |
| Adult Training Facility               | 2  | 1%                                  | 2  | 1%                                  |
| Base Funded Supports Coordination     | 41                                       | 14%                                 | 41   | 14%                                 |
| Residential (6400)/unlicensed         | 3  | 1%                                  | 3  | 1%                                  |
| Life sharing (6500)/unlicensed        | 0  | 0%                                  | 0  | 0%                                  |
| PDS/AWC                               | 0  | 0%                                  | 0  | 0%                                  |
| PDS/VF                                | 0  | 0%                                  | 0  | 0%                                  |
| Family Driven Family support Services | 24                                       | 8%                                  | 24   | 8%                                  |

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

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

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

Thirty two (32) individuals receive services funded with state dollars. Services funded include licensed residential habilitation, community habilitation, home and community habilitation, pre-vocational services and transportation.

In addition, McKean AE contracts with a local organization to operate Family Support Services (FSS) program, using a small pot of base ID dollars. As of May 2016, Twenty four (24) individuals have or will receive small amounts of funding this fiscal year. FSS continues to provide funds for emergency situations, especially funding for emergency respite and health and safety concerns. For example, funds could be utilized if a family needed some assistance to remain in their home; to have a contractor deep clean and remove items for a family with hoarding issues; or to help children and young adults with intellectual disabilities attend camp. Another example of assistance was to help a young man who became homeless secure housing. The program paid his room and board for a period of time until he was eligible for his monthly benefits. McKean DHS intends to contract with our Supports Coordination Organization for Fiscal Year 2016/2017 to operate this flexible program. The target number of individuals to be served will remain consistent with previous years, assisting approximately twenty four (24) individuals.

See **Attachment 6** for McKean County's Quality Management Plan for 2016-17.

**Supported Employment:**

**“Employment First” is the policy of all Commonwealth executive branch agencies under the jurisdiction of the Governor. Therefore, ODP is strongly committed to Community Integrated Employment for all. Please describe the services that are currently available in your county such as Discovery, customized employment, etc. Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may be of assistance to you with establishing employment growth activities. Please add specifics regarding the Employment Pilot if your County is a participant.**

Employment First promotes community integrated employment and it is the mission of the McKean County ID Program to support this concept in a variety of ways.

Services available in McKean County include OVR, supported employment (job finding and job support). Currently, four providers are able to offer supported employment services in McKean

County. Supported Employment Services include direct and indirect services provided in a variety of community employment work sites and supports individuals in competitive jobs of their choice. In order to maximize opportunities for individuals with intellectual disabilities in the workforce, our Quality Manager works closely with our contracted providers to develop strategies to increase community employment opportunities for those receiving services in McKean County. In the upcoming year, the Quality manager as well as ID Program Director will reach out to OVR in an effort to improve employment outcomes for individuals, especially those recently or ready to graduate from High School.

In McKean County, barriers still exist for employment for individuals with intellectual disabilities. Those barriers include: Family and individual concerns regarding income, finding jobs in the community, and transportation to those jobs. To address concerns regarding income, our Quality Manager has made plans to have McKean County Assistance Office provide MAWD and Social Security trainings for interested parties. To address concerns regarding transportation, LINK provided a one half day conference on travel options in our region. McKean County continues to focus on increasing employment opportunities, especially for those enrolled in the Waiver Program. The Individualized Support Plan (ISP) checklist is a tool used to engage discussion regarding pre-vocational activities and the move to community employment. Supports Coordinators have been instructed to use this checklist to promote conversation with the individuals funded with base dollars, as well. At the present time, there are no individuals, utilizing pre-vocational services funded with base dollars, ready and willing to pursue community employment.

ODP Communication Number: Memo 030-16 was issued 4/29/16 and is another tool supports coordination will be expected to utilize to actively engage individuals and families in discussions about competitive, integrated employment. The McKean County ID Program continues to participate in the Transition Council in order to collaborate with OVT, the Intermediate Unit, School Districts, CareerLink and various other human service partners to promote and support the Employment First Model. McKean County is not an Employment Pilot. McKean County requests technical assistance to engage current providers as well as enrolled participants in the benefits of competitive employment.

**Supports Coordination:**

**Describe how the county will assist the supports coordination organization to engage individuals and families in a conversation to explore natural support available to anyone in the community. Describe how the county will assist supports coordinators to effectively plan for individuals on the waiting list. Describe how the county will assist the supports coordination organizations to develop ISPs that maximize community integration and Community Integrated Employment.**

Base Funded Supports Coordination:

|                                |    |
|--------------------------------|----|
| Nursing homes                  | 2  |
| Community residential settings | 3  |
| ICF/ID settings                | 14 |
| State Centers                  | 4  |
| Other base funded SC           | 18 |

McKean County AE collaborates with the Supports Coordination Organization (The Guidance Center) on a weekly basis to review those individuals on the PUNS lists. If individuals can be effectively served with our limited base dollars and no waiver slots exist, a plan may be developed to serve that person. McKean AE provides technical assistance around effectively engaging individuals and families in conversations regarding natural supports and other needed supports. McKean AE will reach out to ODP for technical assistance when necessary also.

In McKean County, a process has been established to request funding for services. A meeting is held between AE staff, MH staff and supports coordination to discuss request. During those meetings, natural supports, community integration, and community employment are discussed prior to approval. This problem solving process has served us well in McKean County and will continue.

**Lifesharing Options:**

**Describe how the county will support the growth of Lifesharing as an option. What are the barriers to the growth of Lifesharing in your county? What have you found to be successful in expanding Lifesharing in your county despite the barriers? How can ODP be of assistance to you in expanding and growing Lifesharing as an option in your county?**

Lifesharing, also known as Family Living, supports individuals with intellectual disabilities to live with qualified unrelated adults who provide support in their home. The number of matches in McKean County has declined over the past two years. McKean County approved and authorized Waiver funding for three (3) individuals. Increasing Lifesharing opportunities remains a quality management focus. Act 22 Regulations outlines a process to discuss Lifesharing for all individuals interested in and/or currently residing in 6400 licensed homes. The required ISP checklist procedure promotes discussion regarding a shift from traditional residential settings to a model of living with, and sharing family experiences. Supports Coordination staff are required by the AE to use the ISP checklist to promote the discussion for any person interested in residential services. At this point, the individuals funded with base dollars in residential settings (group homes) are not candidates for the less restrictive setting.

McKean County continues to support the growth of Lifesharing and our Quality Manager does reach out to providers on a regular basis to discuss any plans for expansion. We currently have two providers who locally operate a licensed 6500 homes and we have a McKean County resident who is living in a Lifesharing placement in the eastern part of the state.

A barrier to Lifesharing expansion is that individuals who are currently in a residential placement and have been in their homes for many years maintain a high level of satisfaction. Each year this option is discussed, but there is no willingness by individual or their families to seek this alternative.

Another barrier has been the team's recommendation for 24 hour licensed residential services for individuals recently needing placement options. This past year, we have had individuals with dual diagnosis struggles and their teams, as well as family members, feel Lifesharing would not adequately provide the intense support needed for success.

ODP could provide technical assistance, especially to providers, on the benefits and possible financial support which could generate expansion.

**Cross Systems Communications and Training:**

**Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs.**

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

A more recent support service available is the Dual Diagnosis Treatment Team, funded through Community Care Behavioral Health and delivered by NHS. During this fiscal year, seven (7) individuals have been supported by the Dual Diagnosis Treatment Team. Any person struggling with dual diagnosis issues and in-patient hospitalizations could be referred to this program, which does ease the burden of local ID and MH base allocations. The DDTT has provided trainings to the teams supporting these individuals. An example of a training provided by DDTT is an "Overview of Schizophrenia" which was available to one of our residential providers.

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

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

In March 2016, McKean County DHS, Futures Inc., Evergreen Elm, Community Links and the LINK, sponsored an Intellectual Disabilities Awareness Day at Futures. Approximately 200 consumers, staff and invited community members participated in the celebration. Tim Juliano, from Milestones Northwest, discussed "Beating the Blues" to an engaged and interested

audience. In the afternoon, a registered dietician and nutritionist gave an overview of health eating habits.

McKean County DHS Administrative personnel attend regional and statewide meetings as necessary and share information to providers, supports coordination, blended case management staff and other stakeholders. DHS staff collaborate with partnering organizations through the McKean County Collaborative Board, McKean County Housing Coalition, McKean County Criminal Justice Advisory Board, McKean County Trauma Task Force and LINK.

**Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age.**

Our Quality Manager as well as the Human Services Administrator participate in the local transition Council meetings. On October 26, 2016, McKean County DHS, LINK, and the McKean County Transition Council will co-sponsor a full day forum on transition called *Someday is Today: Promoting Partnerships for Successful Transition to Adulthood*.

**Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access needed community resources as well as formalized services and supports through ODP.**

McKean County is a Human Services model, with Children and Youth Services housed in the same complex. Twice a month, core members (Children and Youth, Adult Mental Health, Children's Mental Health and Intellectual Disabilities) meet to review complex cases spanning multiple systems. This has been a work in progress and benefits of coming together to problem solve has been noted. If a family member is over the age of 60, the Area Agency on Aging is also invited to attend. This kind of teaming is technically a CASSP (Child and Adolescent Service System Program) meeting to discuss the supports needed for individuals to be supported in their community and school.

Additionally, McKean participates in the Cameron/Elk, McKean, Potter, Forest Warren, Clearfield/Jefferson Aging/Intellectual Disabilities Team. This group meets quarterly and an objective of these meetings is to share resources, problem solve, review complex cases, as well as plan training opportunities for those supporting individuals who cross both the aging and ID systems. Partners on the McKean County Trauma Task Force also regularly communicate around issues that cross the lifespan and categories of service. McKean County DHS, Aging and Children and Youth are represented on this coalition.

**Emergency Supports:**

**Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).**

**Provide details on your county's emergency response plan including:**

**Does your county reserve any base or block grant funds to meet emergency needs?**

**What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?**

**Please submit the county 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966.**

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

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

The Supports Coordination Unit, according to their guidelines, must have a process to address emergency situations which may occur outside of normal work hours. If the unit learns of an emergency situation, their responsibility would also include notifying the Administrative Entity of the situation. McKean County works closely with The Guidance Center and as such their 24 hour crisis hotline and mobile crisis services are available to all residents in a mental health emergency.

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

Another exciting initiative called Disaster Crisis Outreach and Referral (DCORT) will continue in 2016-2017. . DCORT is a team approach to assisting citizens impacted by crisis or disaster. McKean County DHS worked closely with the Emergency Management Department and Regional DCORT Coordinator on an implementation plan. In FY14-15, eight team members were trained in Psychological First Aid, DCORT protocols and a FEMA course called NIMS (National Incident Management System). With a Bioterrorism Hospital Preparedness grant through the PA Department of Public Welfare, "Go Kits" were purchased which include various items that can be used in assisting the team members when the team is activated. In the coming year the team will practice tabletops drills and develop a toolkit for the team to utilize in the field.

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

**Administrative Funding:**

**ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are Person**

**Centered Thinking trainers. Describe how the county will utilize the trainers with individuals, families, providers and county staff.**

McKean will need to have more information on the PA Family Network prior to making decisions on how to utilize the trainers. At this point, the Network would be asked to first provide an overview to Administrative Entity Staff, Supports Coordination Staff as well as Provider Staff to learn more about this training opportunity. On May 17, 2016, Administrative Entity Staff participated in a two hour overview of ODP's Community of Practice Initiative. The trainer provided a brief overview of the development of a network to support individuals and families. Opportunities to meet as a group in McKean County include our quarterly MH/ID provider meetings, Monthly Service Coordination Meetings and our local quality management/risk management.

**Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families. What kinds of support do you need from ODP to accomplish those activities?**

McKean County participates in several networking meetings, including the McKean County Collaborative Board and the McKean/Potter Early Learning Team. The McKean County Collaborative Board is the largest and most diverse coalition in the county. Meetings occur monthly and various sub committees carry out special initiatives. Stakeholders represent a broad array of human service, health, education, consumer groups, criminal justice, faith-based and business representatives. There are 52 members. This group served as a focus group for block grant planning purposes. The Chair of the Collaborative Board also sits on the County Planning team in order to provide continuity across both groups.

The Early Learning Team (local interagency coordinating council) is meant to ensure that traditionally underserved groups, including minority, low-income and rural families, are provided the opportunity to be active participants in the LICC and parent advisory groups.

McKean DHS may benefit from ODP Technical Assistance focusing on ODP's vision for connecting and networking for individuals and families.

**Describe how the county will engage with the HCQU to improve the quality of life for the individuals in your community. Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.**

McKean DHS, Supports Coordination and our provider community utilize the HCQU for training purposes as well as requesting technical assistance for specific individuals, generally those folks struggling with mental illness or displaying disruptive or challenging behaviors. Our community has great respect for the HCQU staff and their willingness to be part of a team. Mainly, the data generated by the HCQU to county programs has focused on the number of trainings offered in the county as well as the number of participants. At this point, that data would not be part of the quality management process. The HCQUs are being asked to look at data differently, focusing more on outcomes of their trainings. This information may be useful when developing our local QM plan.

**Describe how the county will engage the local IM4Q Program to improve the quality of life for individuals in your program. Describe how the county will use the data generated by the IM4Q process as part of your Quality Management Plan. Are there ways that ODP can partner with you to utilize that data more fully?**

McKean County DHS has consistently reviewed the IM4Q data to determine quality management activities. In the past, our plan has focused on communication needs, obtaining ID cards, voter registration based on the feedback from the IM4Q surveys. We will continue to use the yearly reports as a basis of QM activities.

Our Quality manager attends the quarterly regional IM4Q meetings and every two years McKean County AE participates in a meeting with ODP, our local IM4Q program and other AE's who are served by this program. The objective is to review the strengths, weaknesses of the process, share stories of success and make recommendations for upcoming years. Our local IM4Q program, Community Services of Venango County, also meets yearly for supports coordination training. AE representatives are present for this training.

McKean AE is not requesting technical support for IM4Q.

**Describe how the county will support 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, communication, etc. How can ODP assist you with your support efforts?**

McKean County will utilize the resources available to us, including our HCQU, the Dual Diagnosis Treatment Team, Aging/ID Team, LINK for trainings. The Administrative Entity and mental health staff forward any information on trainings to the providers in our geographic region. Training opportunities are provided by WPIC, Community Care Behavioral Health or BHARP. ODP trainings are forwarded by AE to providers and supports coordination as well. Recently, ODP Risk Manager traveled to Bradford to provide an overview of Incident Management, primarily for staff new to the Intellectual Disabilities System.

**Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals. Describe how the County will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities. How can ODP assist you?**

Our Quality manager attends the quarterly regional Risk Management meetings as well as facilitates our local risk management meeting, held twice yearly. Administrative Entity staff, selected provider staff and supports coordination representation make up our AE risk management team. During the meeting, data for the previous six months is reviewed. Any individual with 6 or more incidents in EIM or any individual with 3 or more of the same category of incidents in EIM are reviewed. Team members review data, problem solve, and make recommendations based on their own experiences.

ODP can offer assistance on how to address individuals families, advocates and the community at large on risk management activities.

**Describe how you will utilize the county housing coordinator for people with an intellectual disability.**

Supports Coordination Staff have an excellent working relationship with the housing coordinator employed by the Redevelopment and Housing Authority of McKean County. The Coordinator has assisted a number of our individuals with housing issues. She successfully helped a family move from an unsafe home to public housing.

The McKean County Housing Coalition meets regularly, while subgroups assigned to projects also met regularly. The group is comprised of all mainline churches, faith-based organizations, human service agencies, and housing related partners. Goals focus on retooling McKean County's response to homelessness and housing, with specific focus in 2016-17 on:

- Strengthening Emergency Shelter Services and Overflow Cold Winter Sheltering;
- Expanding the Centralized Intake Unit at the McKean County Redevelopment and Housing Authority;
- Improving data collection;
- Promoting community awareness of the problem;
- Encouraging the use of SOAR (SSI/SSDI Outreach, Access and Recovery) with all case management units;
- Sustaining the Mental Health Justice Housing project; and
- Focusing on housing development for specialized populations such as ID, MH, Justice Involved, individuals in recovery, and Veterans.

**Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.**

Milestones Northwest (HCQU) provides training on emergency preparedness and this would be the first avenue to explore with our providers. Our HCQU is able to provide trainings to both provider staff, as well as consumers. An emergency preparedness packet has been created by our HCQU and is available.

All of our licensed providers must follow regulations related to emergency evacuation, fire drills, etc. Residential and Day program perform routine drills and work with local emergency responders with this training.

At our annual Intellectual Disabilities Awareness Day, we have focused on safety issues and had police and fire department give presentations to our consumers. This event has historically been well attended and a majority of our consumers have participated in these events. McKean County reviews incident management activities and twice year holds a risk management meeting with our providers. Risk Management is the identification, assessment, and prioritization of risk followed by coordinated and economical application of resources to minimize, monitor and control the probability and/or impact of unfortunate events or to maximize the realization of opportunities.

In McKean County, AE staff analyzes data specific to consumers of service thru Enterprise Incident Management platform. We look at EIM data to analyze incident management reports which potentially could impact the health and safety of individuals receiving ODP funded services. Members involve Administrative Entity staff, supports coordination supervisor, and representatives of two residential provider organizations. This group targets individuals who have had six or more incidents in a six month period of time. In addition, if an individual has been involved in the same category of incident three or more times, a review of data for those individuals is needed. The numbers for review are consistent with ODP recommendations.

**Participant Directed Services (PDS):**

**Describe how your county will promote PDS services. Describe the barriers and challenges to increasing the use of Agency with Choice. Describe the barriers and challenges to increasing the use of VF/EA. Describe how the county will support the provision of training to individuals and families. Are there ways that ODP can assist you in promoting/increasing PDS services?**

ODP can assist by providing training on PDS services to our supports coordination unit. Even though the conversation regarding choice of service delivery is part of intake and plan development, person directed services has not been selected by our families and individuals. The Agency with Choice model has been used in a few circumstances when an ISP calls out for adaptive equipment or home modifications. In those few circumstances, supports coordination has worked well with our Agency with Choice provider, ARC of Crawford County. Within the last month, a representative of ARC of Crawford County has contacted the ID Program Director and has offered to come to McKean County to review the Agency with Choice model with supports coordination. Our plan is to accept this offer. Historically, if a family/individual has expressed a desire to have a particular individual provide services, our agencies have worked with the family to hire that person.

To date, we have not had families express a desire to utilize the vendor fiscal/employer agent model, which provides much more control of service but also requires more oversight by families.

**Community for All:**

**ODP has provided you with the data regarding the number of individuals receiving services in congregate settings. Describe how the county will enable these individuals to return to the community.**

McKean County has not been notified that any person currently at the state ICF/MR is interested in community placement. If a person were identified and funding available, we would work with the state center staff, as well as the individual, his or her family and potential providers. Our numbers of individuals still in centers is low, four (4) are still at Polk Center or White Haven. At the present time, we do not have any one in a nursing home who is able to or wants to return to a community setting. As with the state center individuals, we would work with the team to support the decision if funding is available to do so.

## 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.**

The continuum of services in McKean County who are homeless or near homeless includes Housing Case Management, SSI/SSDI Outreach, Access and Recovery (SOAR), Discretionary Funds, Rental Assistance, Bridge Housing, Master Leasing, Supported Living Arrangements, Homeless Shelter Services, Cold Weather Shelters, Housing Vouchers and Subsidized Housing.

Housing in the county remains a concern for citizens due to lack of enough emergency housing, affordable housing options, and supportive housing services. Additionally, McKean County lost significant ground in FY 14-15 with housing closures and funding losses. McKean County is continuing to recover from these losses and is rebuilding housing and services for this vulnerable population. Kiwanis Court, a project based Section 8 property, was purchased by a private citizen and is maintaining the project based Section 8 status. The McKean County Housing Authority processes the applications and reporting for the owner. The only emergency shelter service operated in the county lost Emergency Solutions Grant funding in late 2014. The YWCA has traditionally offered shelter services to only women, resulting in the breakup of families when homelessness occurs. The YWCA continued to operate this vital service in FY 15-16 with community donations and fundraising, and works closely with the McKean County Housing Coalition to improve quality and capacity.

Churches pitch in to help with solutions, but are frustrated that temporary hotel vouchers they give to individuals and families means a few night's stay in the Holley Hotel, a "petri dish" environment notorious for crime and drugs. Holley House is a rooming house in Bradford that sits above an alcohol establishment, and is not an ideal environment for vulnerable populations. However, this is a very affordable option for many. A shared living home operated by Evergreen Elm with capability of serving 12 mental health consumers was destroyed by a fire in April of 2016. Residents have been relocated temporarily while the provider seeks solutions, with the goal of rebuilding. The McKean County Housing Choice Voucher program is at full capacity so households can only be added to the program as households exit the program due to reaching self-sufficiency or for non-compliance with the program guidelines.

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

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

Housing individuals with a mental illness is challenging. McKean County is fortunate that through reinvestment funds a housing contingency fund is available to assist with security deposits, first month's rent, utility bills, and/or damages incurred to rental units called Northwest Nine (NW9) Master leasing and bridge subsidy program. The program is designed to assist individuals experiencing housing barriers such as criminal background or poor landlord references, in re-entering rental arrangements. Vouchers and responsible rental practice/policies are available for these individuals. A similar fund is available in McKean County for families in the child welfare system.

The housing coalition was formed in January of 2015 by McKean County DHS to replace what was the Local Housing Options Team. The group mobilized around the county's housing crisis. It is technically a committee of the McKean County Collaborative Board. In order to connect work, many members sit on the Collaborative Board as well as the Criminal Justice Advisory Board. Action has focused on rebuilding/retooling after the recent losses and gaps. The McKean County Housing Coalition is comprised of housing partners, behavioral health organizations, all mainline churches, and local organizations involved in helping residents secure food, shelter and basic services. The group meets monthly and accomplished a great deal of work with urgency. This work will continue in 2016-17. A sub-committee of the Housing Coalition formed to write the YWCA Shelter handbook, Policies and Procedures manual and forms to allow for better operations. These changes will begin June 1, 2016.

Goals the Housing Coalition accomplished in 2015-16, that will continue as a focus in 2016-17 are:

- **Emergency Shelter Services:** Through fundraising and community clean-up days, 10 shelter rooms were refurbished, adding an additional two rooms to the YWCA Bradford Homeless Shelter in order to increase capacity. Additionally, new policy and protocols were developed to include an onsite Resident Assistant in addition to a Shelter Manager, and to serve families that will include males in the family unit.
- **Centralized Intake:** Linda Thompson works as a Housing and Homeless Coordinator at the McKean County Redevelopment and Housing Authority. Three part time case managers were added in 2015-16 and serves as a Centralized Intake Unit so that resources can be more readily accessed.
- **Data Collection:** Homelessness Surveying from the Winter of 2014-15 found that the YWCA sheltered 72 women and children, and area churches and organizations provided an additional 79 vouchers to a local hotel. Going forward, Project SHARE database, a simple excel spreadsheet, will be implemented to assist in coordination of vouchers and discretionary funds that churches and organizations contribute. McKean County will also focus on conducting quality Point in Time (PIT) Surveys.
- **Awareness:** Many of our leaders do not know that homelessness exists and in January the coalition plans an annual awareness activity to coincide with the PIT Surveying. In January 2016, area churches and organizations participated in the Clothesline Project (mittens, hats and housing information hung on a clothesline and given away for free.) This project will occur again in 2017.

- **SOAR (SSI/SSDI Outreach, Access and Recovery):** Linda Thompson and several local case managers have been trained in SOAR and are now helping individuals with SSI applications.
- **Mental Health Justice Involved and Homelessness:** With a two year, \$120,000 grant from the Pennsylvania Commission on Crime and Delinquency ending 3/30/2017, 17 justice involved individuals with mental health and/or substance abuse disorders will receive housing supports such as Master Leasing, Bridge Subsidy and Emergency Housing. The McKean County Housing and Redevelopment Authority is operating the grant via subcontract with McKean County Department of Human Services. Monthly meetings as the local jail helps inmates with mental illness re-enter the community with housing supports.
- **Veterans:** Organizations have been informed about how important it is to link veterans to resources. A veteran's forum and continual outreach has helped in this effort.
- **Overflow Cold Winter Sheltering:** The American Red Cross trained area volunteers on January 9, 2016 in emergency shelter operations and one church opened up a cold weather shelter called "16 Degrees and Below". In 2016-17 the goal is to add more churches to this effort.
- **Housing for Specialized Populations:** Housing for mental health, recovery, transition age youth and veteran's will be explored in 2016-17.

The Housing and Homeless Services Coordinator at the McKean County Redevelopment and Housing Authority is considered the central point of contact for homelessness. She was previously a mental health housing specialist and now provides centralized intake services for organizations struggling to house specialized populations. The goal is to integrate all housing programs (Continuum of Care projects, HOME, HAP, HUD, ESG, PHARE and others) into one unit in the Redevelopment and Housing Authority. Funding has been secured to expand the department to include 2¼ Housing case managers to work one on one with families and individuals to prevent homelessness and to rapidly re-house those who become homeless. 1 ¼ case managers are funded through CYS special projects funding in the needs based budget and the other position is funded through ESG and Continuum of Care. Two apartments are being secured with CYS special projects funding to house vulnerable families. The Housing Case managers will work in conjunction with family to identify permanent housing options.

McKean County Redevelopment and Housing Authority has secured funding through ESG for Rapid Re-housing and Homeless Prevention activities; through PHARE for a Bridge Subsidy Program, Continuum of Care funding for Rapid Re-housing across 13 NW PA counties; utilizes PA HMIS for reporting purposes for ESG and Continuum of Care programs; administers the County Homeless Assistance Program; administers United Way funding to offer a Financial Literacy and Savings program; and will begin offering the Family Self-Sufficiency Program for Housing Choice Voucher participants. A growing pool of landlords are available to rent to specialized populations.

DHS maximized housing contingency funds by utilizing an internal housing committee to make decisions and quickly allocate resources to families in need in the community. \$20,000 within the Needs Based Budget, and MH Contingency Reinvestment funds were utilized as resources.

McKean County DHS was awarded a Mental Health and Justice Housing grant of \$120,000 from the Pennsylvania Commission on Crime and Delinquency to help provide supportive housing to justice involved individuals for two years starting July 1, 2015. According to local service providers, the number of previously incarcerated people with MI/COD returning to the community without stable housing has increased considerably in the last few years. National

research from the Urban Institute indicates that over 10 percent of those entering prison and jails are homeless in the months before and after their incarceration. For those with a history of mental illness, the rates are even higher at 20 percent. In the first year of operation 9 individuals were served. During the second year it is intended to serve an additional 10 individuals and sustainability will be developed.

The Housing & Homeless Services Coordinator is the county lead for SSDI/SSI Outreach, Access and Recovery (SOAR) and attended the SOAR Leadership Academy funded through a grant from the United Way of the Bradford Area. Two Benefits Specialists are trained and submitting SSI/SSDI applications using the SOAR model. The Coordinator is also a co-chair for the Western Pa Continuum of Care Governance Board. This connection brings current information and resources to our county.

**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**
- **Case Management**
- **Rental Assistance**
- **Emergency Shelter**
- **Other Housing Supports**

In FY 2015/2016 68 households were served with HAP funds. Three households returned for additional assistance giving a 4.4% recidivism rate. These households were linked to additional supportive services and/or rental assistance programs. The County Department of Human Services also monitors the program to ensure compliance with HAP requirements.

### **Bridge Housing**

HAP funds are not utilized for Bridge Housing. A project through the BHARP called Northwest 9 provides Bridge Housing for individuals with mental health or substance abuse diagnosis. Additionally, through a Pennsylvania Commission on Crime and Delinquency Grant, Bridge Housing for justice involved mentally ill or substance abuser. Efficacies of these services are evaluated through BHARP and the PCCD Egrants system. These funding streams and services will remain in 2016-17.

### **Case Management**

Approximately 20% of HAP funds are utilized for Case Management to process applications and invoices as well as assessment, providing referrals for services, developing a budget and services plan for households to maintain housing. Additional case management is provided through the Housing Case Managers at McKean County Redevelopment & Housing Authority and funded through other funding streams. Service providers in McKean County are very good at collaborating and providing for the unique needs of the households we serve. Case Management will continue in 2016-17 as a HAP funded services and will be monitored by the McKean County Department of Human Services.

### **Rental Assistance**

Approximately 80% of HAP funds are utilized for Rental Assistance for homeless households and homeless prevention services. Rental assistance includes payment of rent/utility arrearages as well as security deposits and limited first month rent payments. HAP coordinates with The County Assistance Office, and faith based organizations to reduce duplication. HAP funds are used to leverage additional rental assistance funding for homeless prevention and rapid re-housing through ESG (\$75,000) and CoC funded programs available in McKean County. Rental Assistance will continue in 2016-17 as a HAP funded services and will be monitored by the McKean County Department of Human Services.

### **Emergency Shelter**

HAP funds are not utilized for Emergency Shelter Services. Emergency Shelter is provided through the YWCA of Bradford. Additionally, hotel vouchers and a cold weather shelter is provided to homeless individuals through the faith-based community. Emergency Shelter Service will continue in this manner in 2016-17 and will be evaluated by the McKean County Housing Coalition.

### **Other Housing Supports**

HAP funds are not utilized for other housing options. Other funding utilized includes Continuum of Care, HOME, HUD, ESG, PHARE and Child Welfare dollars are managed by the McKean County Redevelopment and Housing Authority in order to provide an integrated county housing and homelessness response. Other Housing Supports will continue to be provided in this manner in 2016-17, and will be evaluated by the McKean County Housing Coalition.

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

PA HMIS for reporting purposes for all funding sources that include HAP, ESG and Continuum of Care programs, is provided by the McKean County Housing and Redevelopment Authority. Additionally, the YWCA also reports Emergency Shelter service into the PA HMIS.

**CHILDREN and YOUTH SERVICES**

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

**“Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2016-2017.”**

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

**Briefly describe the successes and challenges of the county’s child welfare system and how allocated funds for child welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget and Special Grants, if applicable) to provide an array of services to improve the permanency, safety, and well-being of children and youth in the county. Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 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.**

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

For the past decade, McKean County has lost ground in addressing truancy in a collaborative manner. Interventions were not consistent or coordinated across the child welfare system, school districts and magisterial district justices. Assessment for root causes of truancy and prevention steps have not been adequately addressed. In response, a McKean County Truancy Protocol was put into place in 2014-15 that triggered a referral to CYS upon the forth illegal absence. The protocol was developed by the McKean County Truancy Roundtable, and outlines a process in which schools, Children and Youth Services, and Magisterial District Justices cooperate in a series of intervention steps. Prevention steps were also refined, and instead of utilizing Big Brothers Big Sisters Program with Alternative to Truancy funds, a new approach was implemented and has been in place for the past year. This approach, the Nurture

Parent Program Truancy Intervention Service, (NPP Truancy Intervention Service) will continue in FY 16/17 to address the complex family, peer and systems issues surrounding truancy, and focus on improving school attendance, youth confidence, decision making skills, goal setting, and collaboration with education and court partners. The NPP Truancy Intervention Service augments the regular NPP service (in the Needs Base Budget) for vulnerable youth and families. In FY 16-17 Needs Based Budget \$91,575 is allocated for the base NPP program.

Family Group Decision Making (FGDM) addresses truancy through team conferencing and will continue in FY16/17. FGDM is an evidence-based practice that will help McKean County reduce placements, truancy and dependency. Funds through the Needs Based Budget for FY16-17 that will also be utilized for FGDB will include \$205,425.

Historically, McKean County has had a high utilization rate for psychiatric residential treatment. To reverse this trend, referrals will be made to the Multi-Systemic Therapy program for youth who are most at risk for out-of-home placement. Funds through the Needs Based Budget for FY16-17 that will also be utilized for MST will include \$2,700.

|  |   | <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>  |  |
| Child & Family Well-being: Children receive appropriate services to meet their educational needs.                                      | Improved school attendance evidenced by a decrease in habitual truants from 60 in the 2014-15 school year to 55 in 2016-17 year. (Data source: Safe School LEA Reports) | Alternatives to Truancy (Truancy Intervention Program) and Family Group Decision Making   |  |
| Permanency: Children have permanency and stability in their living arrangement and continuity of family relationships and connections. | Reduced out-of-home placements from a 3.373 rate per 1,000 children in 2011-16 to a rate of 2.425 in 2016-17. (Data source: CYS records.)                               | Multi-Systemic Therapy (MST) and Family Group Decision Making(FGDM)   |  |
| Permanency: Children are less  | By June 30, 2017, reduced re-   | Multi-Systemic Therapy (MST)  |  |

|                               |   |  |
|-------------------------------|---|--|
| likely to re-enter placement. | entry from 14.26% in 2011-16 to be in line with the national average of 9.9%. (Data source: CYS records.) | and Family Group Decision Making(FGDM) |
|-------------------------------|---|--|

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

|               |  |
|---------------|--|
| Program Name: | Alternatives To Truancy: Nurturing Parent Program Truancy Intervention Service |
|---------------|--|

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) | <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.**
- **If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.**
- **If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.**

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

|                                   | FY 15-16 | FY 16-17 |
|-----------------------------------|----------|----------|
| Description of Target Population  | 5-18     | 5-18     |
| # of Referrals                    | 65       | 65       |
| # Successfully completing program | 60       | 60       |

|                                     |                         |                         |
|-------------------------------------|-------------------------|-------------------------|
| Cost per year                       | \$45,000<br>CYS portion | \$45,000<br>CYS portion |
| Per Diem Cost/Program funded amount |                         |                         |
| Name of provider                    | The Guidance Center     | The Guidance Center     |

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

Were there instances of under spending or under-utilization of prior years' funds?

Yes  No

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

Due to the state budget impasse, the provider did not receive payment for nine months. Services were delayed and underspending therefore was unavoidable. Underspending is not anticipated in the 2016-17 year.

The Pennsylvania Department of Education Safe Schools Report indicated in 2014-15 that there were 60 students habitually truant in McKean County. One of the outcomes to be addressed through this initiative will be to reduce the overall number identified as habitually truant and to lower the dropout rate. These measurements will be obtained from the Pennsylvania Department of Education Safe Schools, and participant results will be monitored by The Guidance Center and McKean County Children and Youth Services via the tracking attendance records of those individuals referred to the program. Individuals identified as having attendance issues via the school districts or through our involvement will be referred for these services.

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

### **Population**

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

**Program Description: Nurturing Parenting Program Truancy Intervention Service**  
**Nurturing Parenting Program (NPP) is an evidenced-based, family-centered program for the prevention and treatment of child abuse and neglect. It is an intensive parenting**

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

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

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

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

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

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

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

|                      |                        |
|----------------------|------------------------|
| <b>Program Name:</b> | Multi-Systemic Therapy |
|----------------------|------------------------|

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<br>(new, continuing or expanding<br>from 2015-2016) |  | <b>New</b> | <b>Continuing</b> | <b>Expanding</b> |
|  |  |            | x                 |                  |

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

|                                     | FY 15-16                 | FY 16-17                 |
|-------------------------------------|--------------------------|--------------------------|
| Description of Target Population    | 8-18                     | 8-18                     |
| # of Referrals                      | 3                        | 3                        |
| # Successfully completing program   | 3                        | 3                        |
| Cost per year                       | \$2700                   | \$2700                   |
| Per Diem Cost/Program funded amount | \$2700<br>Program Funded | \$2700<br>Program Funded |
| Name of provider                    | Beacon Light             | Beacon Light             |

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

Were there instances of under spending or under-utilization of prior years' funds?

Yes  No

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

Most of the youth served in MST in 2015/16 were Medical Assistance eligible and McKean County did not need to utilize all of the reserved funds for MST.

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

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

Utilization of MST has proven results in reducing recidivism relating to delinquent acts. Youth currently involved in Juvenile Probation will be referred to this service in an effort to decrease the rate of

recidivism. Outcomes will be monitored by the provider, McKean County Juvenile Probation, and McKean County Children and Youth Services. The MST Program Director is an active participant on the Truancy Roundtables in McKean County, and will coordinate programmatic efforts with this group as well as the McKean County Collaborative Board, County Planning Team and DHS Advisory Board where there is also Beacon Light Behavioral Health representation.

|               |                              |
|---------------|------------------------------|
| Program Name: | Family Group Decision Making |
|---------------|------------------------------|

Please indicate the status of this program:

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

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

|                                     | FY 15-16   | FY 16-17   |
|-------------------------------------|--|--|
| Description of Target Population    | 0-18   | 0-18   |
| # of Referrals                      | 40   | 40   |
| # Successfully completing program   | 30   | 30   |
| Cost per year                       | \$94,865   | \$94,865   |
| Per Diem Cost/Program funded amount | DPW Rate   | DPW Rate   |
| Name of provider                    | McKean County<br>Department of Human<br>Services | McKean County<br>Department of Human<br>Services |

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

Were there instances of under spending or under-utilization of prior years' funds?

Yes  No

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

Due to staff vacancies, underspending did occur within Family Group Decision Making Program. Vacancies will be filled in the 2016-17 year and future underspending is not anticipated.

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Family engagement approaches such as Family Group Decision Making, Team Conferencing, and Truancy Elimination, have long been upheld as an evidence-based practice. The collaborative climate is ripe for focused efforts to decrease placements, truancy, and dependency through FGDM.

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

The Coordinator may utilize a variety of plans to collaborate onto a master plan for the family to follow, such as Transition Plans, Juvenile Probation Single Plans, Child Permanency Plan, Family Service Plan, Family Group Decision Making Plan, Safety Plan, Court Orders, Concurrent Plans and Truancy Elimination Plan. In the fiscal year 2015-16 there were 81 truancy related referrals to FGDM, and it remains the key strategy for truancy elimination in McKean County.

## DRUG and ALCOHOL SERVICES

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

**This overview should provide the following information based upon data analysis and service system changes from the 15-16 plan narrative:**

- 1. Waiting list for each level of care;**
- 2. Barriers to accessing treatment services**
- 3. Capacity issues**
- 4. County limits on services;**
- 5. Impact of opioid epidemic in the county system;**
- 6. Any emerging substance use trends that will impact the ability of the county to provide substance use services.**

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

### **Description of the Service System**

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

The comprehensive substance abuse system within McKean County begins with prevention. ADAS, Inc. facilitates evidence based substance abuse prevention programming in the public and private elementary and high schools including Too Good for Drugs and Life Skills Training. The Prevention staff co-facilitates with other human service agencies in McKean County to provide The Strengthening Families Program and Children in the Middle.

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

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

In McKean County, ADAS, Inc. provides intensive outpatient services at the Port Allegany office. Bradford Regional Medical Center provides intensive outpatient treatment in Bradford. ADAS Inc. is the largest outpatient provider in McKean County. Clients also have the choice in accessing outpatient treatment with Bradford Recovery Systems, Port Psychological Services, and with Joe Sherry, independent therapist as the SCA is contracted with them. Drug and alcohol outpatient treatment offices are located in Bradford, Port Allegany, and Kane. ADAS, Inc. outpatient staff also deliver individual and group treatment services weekly at the McKean County Prison. Through outpatient treatment services adolescents, adults, and families are exposed to a variety of substance abuse treatment modalities, which may be delivered through individual or group sessions. ADAS, Inc. became a co-occurring competent facility in 2013. As of May of 2016 four therapists are certified to provide co-occurring treatment. In addition, five outpatient counselors have completed the gambling treatment certification training. Bradford Regional Medical Center provides a buprenorphine program in collaboration with ADAS, Inc. Bradford Regional Medical Center also maintains a two bed medically managed alcohol detoxification unit. ADAS, Inc. operates Maple Manor, a short term (28 day) adult residential treatment facility which is located in Port Allegany in McKean County. ADAS, Inc. is currently participating with an initiative with Community Care Behavioral Health to be a Qualified Services Provider (QP Plus). ADAS, Inc., Maple Manor is in the process of purchasing a larger facility in Bradford to increase from 12 to 16 short-term beds. ADAS, Inc. will also expand to add long term level of care (45 to 90 days). There will be eight (8) beds in the new facility for long term treatment.

In addition, ADAS, Inc. contracts with a number of out-of-county providers to provide a wide range of specialized residential services including medically managed and medically monitored detoxification, short term and long term residential treatment, partial hospitalization programming, halfway house services, and methadone services. Contracts also secure specialized programming for adolescents, pregnant and parenting women, dually diagnosed clients, and veterans. During FY 15-16 a total of four (4) McKean County SCA funded clients received treatment out-of-county. All four (4) clients were for short term residential treatment.

### **Waiting List for Each Level of Care**

McKean County residents have experienced wait times for long term and halfway house during the past year. In addition, Maple Manor maintained a wait list of 1 ½ to 2 weeks consistently throughout the second, third and fourth quarters in FY 15-16. All other levels of care did not have a waiting list.

### **Barriers to Accessing Treatment Services**

Transportation appears to be the most significant barrier to accessing treatment. ATA (MA Transportation) is restricted when they transport which further restricts clients from getting to their drug and alcohol appointments. There is no other public transportation available. Wait times and distance to long term residential treatment and halfway houses have limited access to McKean County residents. Bed availability has limited access to halfway house stays for McKean County clients. In addition, nearly half of individuals that meet criteria for longer term care actually access that level of care. Reason vary and include insurance that does not cover the care needed, significant distances to access care, reluctance of individuals to go to facilities located in urban areas, and inability for family members to be involved in treatment. In addition, the majority of individuals who are able to access long term care experience shortened stays due to insufficient insurance coverage. The Community Care Behavioral Health network average stay for non-hospital long term residential treatment is 45-90 days.

There is also a statewide need for long term treatment. Many of our rural clients refuse long term treatment because they are required to leave the area. They are not comfortable in more populated areas. Many times their family members are unable to visit them due to the lack of transportation. When clients refuse the appropriate level of care, their chances of full recovery is compromised. ADAS, Inc. Maple Manor is in the process of expanding our short term beds from 12 to 16 and adding eight (8) long term treatment beds to our existing facility. The Behavioral Health Alliance of Rural Pennsylvania has prioritized expansion and availability of non-hospital detoxification and long term residential treatment services within the North Central area of the state where the most significant gaps exist. BHARP has made this access gap a priority through Reinvestment Funds and ADAS, Inc. has agreed to expand Maple Manor to offer long term residential treatment within the year.

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

### **Capacity Issues**

Maple Manor short term has been operating on an average of 75% occupancy during the first half of the fiscal year 2015-16. The second half of the fiscal year Maple Manor has been averaging a 1 ½ to 2 week waiting list. There were no capacity issues for Outpatient care this fiscal year.

### **County Limits on Services**

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

### **Impact of Opioid Epidemic in the County System**

Lack of quality Medication Assisted Treatment (MAT) providers put a strain on outpatient care. Since many of the patients are not required to engage in treatment as part of receiving the medications, many of McKean County clients are lacking services that would enhance their success rates. There are some clients that are required to participate in counseling because their insurance will pay for their prescription. This presents a challenge because limited counseling is required by the insurance company and the doctors do not encourage counseling. Therefore, clients will minimally participate in services, not attend appointments regularly and do not have the success rates of clients participating in quality MAT programs.

ADAS, Inc. partners with Clearfield Jefferson SCA and Penn Highlands Health Care of Dubois in a Rural Opioid Overdose Reversal Program (ROOR). This was a grant written by Penn Highlands Health Care to aid in the overdose epidemic by training first responders, human services agencies and drug and alcohol staff on the use of Narcan. This has increased awareness and provided help for overdose victims and their families. ADAS, Inc. has also partnered with Charles Cole Memorial Hospital and became part of their Steering Committee. This Steering Committee has recognized the needs of Potter, Cameron and McKean Counties and drug & alcohol was targeted the second largest need in the community. Collaboration with local emergency rooms, when opioid overdose survivors follow up and need referred into treatment, has been a priority of this group. Discussion with Charles Cole Hospital providing non-hospital detox has been ongoing. Non-hospital detox is needed for opioid addicted individuals.

To meet the treatment needs of individuals with opioid addictions, ADAS, Inc. is expanding inpatient services to include long-term treatment. The expansion is needed to meet the needs of the clients, but also comes with a price tag which is difficult for a non-profit agency with resources that continue to be cut for substance abuse treatment.

### **Any Emerging Substance Use Trends That Will Impact the Ability of the County to Provide Substance Use Services**

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

In McKean County, 49% of individuals who accessed treatment during the first two quarters of FY 15-16 identified alcohol as their primary drug of choice. Alcohol is followed by other opiates identified by 31% of clients as their primary drug of choice. A total of 16% identify marijuana as their primary drug. Roughly 2% identify cocaine, 1% identify amphetamines, and 1% identify bath salts, heroin and methamphetamines. This is similar to last year in which McKean County clients identified alcohol, other opiates and marijuana as the top three drugs of choice. It is important to note that opioid use is up 10% from 14-15.

### **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**

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

A total of 144 adult clients were served throughout the first two quarters of FY 15-16. Specifically 125 were served in outpatient treatment and 19 received residential treatment at Maple Manor. These numbers represent a slight decrease over last year which served a total of 345 adult clients the entire year.

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

Throughout the first two quarters of FY 15-16 ADAS, Inc. served 24 transition age youth in McKean County. This represents a slight decrease over last year which saw 70 clients ages 18-26. Of the 24 transition aged youth served during the first two quarters of FY 15-16, 21 were served in outpatient treatment, 0 were served in intensive outpatient treatment, and three (3) were served in residential treatment at Maple Manor.

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

A total of seven (7) adolescents were served through outpatient treatment during the first two quarters of FY 15-16. Of those, two (2) were referred through the Student Assistance Program. This was a significant decrease in adolescents seeking drug and alcohol services in 14-15.

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

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

Proximity of specialty services is a barrier. Many co-occurring clients are assessed and recommended for long term residential treatment but refuse due to the distance to access the

service and opt to go to short term treatment at Maple Manor instead because it is familiar and close to home. As a result of not receiving the level of services that they need, these clients tend to end up back in the system repeatedly. ADAS, Inc. has identified a need and is in the process of expanding services at Maple Manor to add long term treatment to meet the needs of this population. This a goal for the coming year. In addition, co-occurring clients seem to be concentrated in the criminal justice system and are seen more frequently by outpatient staff in the county jail. A need to implement more intensive individual and group jail services to meet the needs of co-occurring clients has been identified in which we continue to provide psycho-educational substance abuse groups in the Elk County Jail.

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

The criminal justice system is a primary referral source for substance abuse treatment services in McKean County. During the first two quarters of FY 15-16, a total of 64 referrals were received from the McKean County Probation Department, the McKean County Court System, and PA State Parole. This represents 44% of all referrals received.

ADAS, Inc. utilizes Cognitive Behavioral Therapy to meet the needs of this population in both the outpatient and inpatient treatment settings. In addition, ADAS, Inc. provides evaluations to inmates at the McKean County Jail to assess level of care needed and facilitates placement into care for individuals who are permitted release to participate in treatment. Outpatient treatment staff also provide men and women's groups at the jail each week. Groups are designed to educate clients about addiction, the availability of treatment services, and how to access community supports such as Alcoholics Anonymous. A need to provide more intensive jail services has been identified but ADAS, Inc. is limited by the lack of funding.

The expansion of Maple Manor to include long term treatment will be advantageous to the jail population as this will increase the long term bed availability in McKean County.

**Women with Children** – In the first two quarter of 15-16, 15 women with children were served using SCA dollars. We have noted a decline in these numbers this year due to women with children accessing our services insured.

**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.).***

In promoting and developing a Recovery-Oriented System of Care in our communities, ADAS, Inc. works with individuals in recovery, community collaborative boards, and human service system partners to identify and prioritize local needs. The SCA has implemented Certified Recovery Specialist (CRS) services. ADAS, Inc. currently employs one part-time CRS in the Bradford office location which serves all of McKean County. A second position is currently vacant due to budgetary constraints due to limited reimbursement for this service.

The primary function of the CRS is to help individuals gain access to needed resources in the community by assisting them in overcoming barriers and helping them bridge gaps between their needs and available resources. Types of services offered include mentoring, assisting clients in connecting with other supports, encouraging clients to attend outpatient appointments,

facilitating groups, and engaging in positive recreational activities. The SCA considers the underfunding of this service a significant gap in the system. Ideally, McKean County would be best served by two full time CRS staff, which would allow the extra flexibility of providing outreach and visitation services to individuals placed out of county, those at Maple Manor and also at the McKean County Prison prior to release to facilitate improved transition to lower levels of care among the most vulnerable populations.

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

**For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the below format to describe how the county intends to utilize HSDF funds:**

- **The program name.**
- **A description of the service offered by each program.**
- **Service category - choose one of the allowable service categories that are listed under each section.**
- **Which client populations are served? (Generic Services only)**
- **Planned expenditures for each service.**

**Note: Please ensure that the total estimated expenditures for each categorical match the amount reported for each categorical line item in the budget.**

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

**Program Name: Homemaker, Housing and Life Skills Education**

**Description of Services:** Services provided by the Life and Independence for Today (LIFT) will allow adults with disabilities to receive life skills education services. Individuals in danger of eviction due to poor housekeeping will be able to remain in their homes when consumers attain the knowledge and skills to maintain their home in a safe and sanitary manner. LIFT staff will maintain cooperative relationships with agencies, landlords, including those subsidized housing, and the district justice as referral source for this service so that those with the most critical needs are prioritized for service. Life Skills education related to housing will involve assessments of an individual's accessibility needs in their home, referrals to housing service agencies and/or providers, assistance in locating and applying for suitable housing (rental of both private and subsidized), and providing information about/referral to low income homeownership/rehab, and mortgage assistance programs. Other assistance may also be provided as identified through the LIFT consumers individual goal plans. Life skills education will also be offered and will involve group and individualized instruction in those skill areas necessary in managing one's own life and becoming an active participant in the day to day affairs of the community. Skill areas focus on the needs of each individual consumer as established in their individual goal plan.

**Service Category:** Life Skills Education

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

**Allowable Adult Service Categories:**

Adult Day Care; Adult Placement; Case Management; Chore; Counseling; Employment; Home-Delivered Meals; Homemaker; Housing; Information and Referral; Life Skills Education; Protective; Transportation.

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

**Program Name:** **Personal Care Services**

**Description of Services:** The Office of Human Services Area Agency on Aging will provide Personal Care to teach or assist in activities of daily living to older adults that cannot independently provide this for themselves. The service is provided in accordance with a care plan that is monitored monthly to ensure the consumer is getting the level of care needed to safely stay in their home.

Supplemental housekeeping service can include washing dishes, making beds, shopping, laundry, light housekeeping, preparing meals, and assistance with money management.

**Service Category:** Personal Care

**Planned Expenditures:** \$5,000 for service for an estimated amount of 10 older adults.

**Allowable Aging Service Categories:**

Adult Day Care; Assessments; Attendant Care; Care Management; Congregate Meals; Counseling; Employment; **Home-Delivered Meals**; Home Support; Information & Referral; Overnight Shelter/Supervision; Personal Assistance Service; Personal Care; Protective Services-Intake/Investigation; Socialization, Recreation, Education, Health Promotion; Transportation (Passenger); Volunteer Services.

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

No services are proposed under this category.

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

No services are proposed under this category.

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

**Program Name:** **Big Brothers Big Sisters**

**Description of Service(s):** The Guidance Center will provide a supervised mentoring relationship between an adult and a child to help them deal with life challenges such in school, home or the community. Annual program fundraisers predominately fund the community-based matches. Financial support of this program is needed to help maintain the professional case management staff that assesses and screens the volunteers and monitors matches as required by the National Big Brother Big Sister standards.

**Planned Expenditures:** \$14,050 for an estimated 10-16 matches.

**Program Name:** **Drug and Alcohol Programs**

**Description of Service(s):** Group education aimed at prevention of drug and alcohol use; programs involve building self-esteem, conflict resolution, peer pressure, and parent education. Alcohol and Drug conduct these programs in conjunction with the McKean County Family Centers, area school districts, and Senior Centers.

**Planned Expenditures:** \$9,500 for a total of 127 units of service will be provided at rate of \$74.80 per hour.

**Program Name:** **School-Based Mental Health Services**

**Description of Service(s):** The Guidance Center will offer group counseling to each High School in McKean County aimed at helping youth build skills to more adequately handle aggressive behaviors. The Aggression Replacement Training (ART), an evidence-based model, will be utilized

for these 10-week programs, which would be operated by two staff persons. Each professional would be certified in the ART treatment model.

Planned Expenditures: \$13,480 for an estimated 245 units of service would be provided at \$55 per hour.

**Program Name/ Description: STEPS Drop-In Center**

Description of Service(s): Drop-In Centers provide mental health consumers with an opportunity to interact socially and to enhance their independence. The facility in Bradford, which is open five days a week, and the part-time center in Kane encourage consumers to define their needs and to work together to develop relevant activities. This kind of program helps reduce the need for more intensive treatment efforts.

Planned Expenditures: \$9,020 will support 70 active memberships.

**Interagency Coordination:** Describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain how the funds will be spent (e.g. salaries, paying for needs assessments, etc.) and how the activities will impact and improve the human services delivery system.

No services are proposed under this category.

**Other HSDF Expenditures – Non-Block Grant Counties Only**

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance or Drug and Alcohol, please provide a brief description of the use and complete the chart below.

| Category                  | Cost Center Utilized | Estimated Individuals | Planned HSDF Expenditures |
|---------------------------|----------------------|-----------------------|---------------------------|
| Mental Health             |                      |                       |                           |
| Intellectual Disabilities |                      |                       |                           |
| Homeless Assistance       |                      |                       |                           |
| Drug and Alcohol          |                      |                       |                           |

**Note:** Please refer to Appendix C -2, Planned Expenditures for reporting instructions.

## Focus Groups

### **MH/ID Providers**

**June 7, 2016**

#### **Futures, Inc., Bradford**

Participants: Jack Golden, Beacon Light Behavioral Health Systems; Pam Fingado, Community Links; Bill Levin, Futures; Ed Mialky, The Guidance Center; Debbie Price, Evergreen Elm; Melissa Kirk, Mental Health, McKean County DHS; Linda Gault, Intellectual Disabilities, McKean County DHS; and Lee Sizemore, Administrator, McKean County DHS.

#### **What are the unmet needs of specialized populations?**

- Justice Involved: Resources/funds to meet needs, re-entry planning, housing, and diversion.
- Youth in Transition: More resources, planning and programs are needed, especially around employment. MH youth do not know about case management. Parents with ID youth assume they will graduate with the same kinds of supports in the community as they received in school with an IEP.
- Veterans: they have trouble accessing local care, and the nearest MH facility is in Erie. Reimbursement under veteran insurance is really poor.

#### **Identify community problems that are a priority. What are some solutions to community/human service problems?**

- Lack of psychiatric beds for kids. Transportation costs to get kids to this level of care are covered by the county and are going up in cost. In order to better understand the drivers of our high RTF use, we should look at data.
- The volume and severity of cases has greatly increased. Specialty care is needed, and providers are shouldering the burden of costs for certification and training.
- Provider capacity is a major worry. Costs for everything have increased and rates have not. Providers are forecasting a very hard financial year ahead with increased employee health insurance costs, effects of the Final Rule related to overtime pay, looming raise to minimum wage.
- Transportation is a huge barrier, with large costs to providers and consumers. Many people cannot access care because they cannot get to appointments. Medical Assistance transportation is problematic outside of the City of Bradford. Uber is greatly needed.
- More residential options are needed such as Dom Care, LifeSharing, Personal Care Boarding Homes and Halfway Houses.

## **ID Focus Group**

**June 10, 2016**

**Futures Inc., Bradford**

Participants: Chris Sancherico, Program Specialist, Futures participants: Margy, Jeff, Amber and Anthony

### **Are you happy with your job?**

- I love my job
- It is easy; I enjoy work
- My friends are here
- I like the paycheck
- I work on Whirley Cups
- I do wicks; Wicks pay well
- I do Zippo Boxes

### **Are you happy with where you live?**

Margy lives at School Street, licensed group home

- I love the staff and the ladies
- We are going camping this week
- I like the activities

Jeff lives in a licensed group home

- I would like to move to my own place and I would need a little help.
- Sometimes housemates behavior bothers me
- I like living in Bradford and working in the Evergreen Elm garden

Amber lives with family in Eldred

Anthony lives with family in Duke Center

### **What services do you receive?**

Pre-vocational services - Jeff, Margy, Amber & Anthony

Licensed group home – Jeff and Margy

ATA transportation – Anthony and Amber

### **Any problems with services?**

Jeff reported sometimes it is hard to have a roommate who has problems

### **Do you know what to do in an emergency?**

- Fire – get out
- Contact 911
- Call Police
- All receiving fire and emergency procedures training annually at Futures
- Group home individuals have regular fire drills

### **What do you do for fun?**

- Pets
- Sports, Buffalo Bills and Buffalo Sabres
- Walking, riding bike, sitting on back porch

**MH Focus Group**  
**June 13, 2016**  
**Psychiatric Rehabilitation, Bradford**

Participants: Chris, Krista, Melissa, Danyelle, Thomas, Heather, Linda, Joan, James, and Eileen

**Are you happy with the current services that you are receiving?**

All participants stated that they were happy with the current services that they receive.

**Are there any newer services you would like to see in the county?**

They were not sure what “newer” services could come into the county.

**Is there anything at all anyone would like to comment on whether it is good or bad?**

Several brought up the dissatisfaction with ATA services indicating that it costs too much to ride for non-medical transportation, the drivers are late picking up people for schedule appointments, bus drivers have gone into the facilities asking where and how much longer the person will be, and they cancel on them the day of their appointments,

They would also like to see more community events but not sure what types with would want to see, they would like a garden, and more job opportunities other than futures.

**MH Focus Group**  
**June 15, 2016**  
**STEPS DROP IN CENTER, Bradford**

Participants: Donald, Brian, Bonnie, Melvin, and Caroline

**Are you happy with the current services that you are receiving?**

All participants stated that they were happy with the current services that they receive.

**Are there any newer services you would like to see in the county?**

They could not think of any services or anything that they would like to see.

**Is there anything at all anyone would like to comment on whether it is good or bad?**

They all enjoy going to STEPS and would like to see STEPS move to a bigger place to hold more activities there. They would also like to see more activities in the community, but not sure what they would want to see or attend.

Attachment 2  
Public Hearing Notice

**NOTICE OF PUBLIC HEARING – McKean County Department of Human Services**

PUBLIC NOTICE is given to all persons in McKean County that public hearings will be held on Wednesday, June 29, 2016 at 3:00pm and again at 5:00 pm, to solicit comments on the proposed Human Service Block Grant plan, a plan required by the PA Department of Public Welfare that addresses services in Intellectual Disabilities, Mental Health, Drug and Alcohol Services, Children and Youth Service's Special Initiative, Housing Assistance Program, and the Human Service Block Grant. Effective June 27 through June 30, 2015, from 8:30 a.m. to 4:30 p.m., the proposed Human Services Block Grant plan will be on file and open for public inspection at the front office of Department of Human Services, 17155 Route 6, Smethport, PA. The plan outlines the use of several funding streams to promote the health and welfare of citizens experiencing mental, intellectual, physical, emotional, or behavioral health conditions. All persons interested are invited to provide feedback and attend one of the hearings. Additionally, written comments may be submitted to: McKean County Department of Human Services Administrator, 17155 Route 6, Smethport, PA.

Attachment 3  
Proof of Publication

Proof of Publication of Notice in The Bradford Era  
Under Act No. 587, Approved May 16, 1929

State of Pennsylvania,  
COUNTY OF MCKEAN

Amy J. Hayden/Bookkeeper being duly sworn deposes and says that  
THE BRADFORD ERA is a daily newspaper published at 43 Main Street, City of  
Bradford, County and State aforesaid, which has established in the year 1877, since  
which date said daily newspaper has been regularly issued in the said County, and  
that a copy of the printed notice or publication is attached hereto exactly as the  
same was printed and published in the regular editions and issues of the said daily  
paper on the following dates, viz:

June 14, 2016

Affiant further deposes that he is an officer duly authorized by publishers of  
THE BRADFORD ERA, a daily newspaper, to verify the foregoing statement under  
oath and also declared that affiant is not interested in the same subject matter of the  
aforesaid notice or publication, and that all allegations in the foregoing statement as  
to time, place and character of the publication are true.

ADVERTISER:           McKean County Dept. of Human Services  
                              Account # 201000  
                              17155 Rt. 6  
                              Smethport, PA 16749

Amy J. Hayden  
BOOKKEEPER  
THE BRADFORD ERA

Sworn to and subscribed before me this 15th day of June 2016

Marcia K. Lindstrom  
NOTARY PUBLIC

My commission expires  
09/23/2017

NEWSPAPER COPY ON BACK

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Marcia K. Lindstrom, Notary Public  
City of Bradford, McKean County  
My Commission Expires Sept. 23, 2017  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

**PROOF OF PUBLICATION OF NOTICE IN THE KANE REPUBLICAN**  
UNDER NEWSPAPER ADVERTISING ACT NO. 587, APPROVED MAY 16, 1929

STATE OF PENNSYLVANIA, }  
COUNTY OF MCKEAN } SS:

Arrian Bealey, the undersigned deponent, of The Kane Republican, of the County and state aforesaid, being duly sworn, deposes and says that The Kane Republican, a newspaper of general circulation published at Kane, County and State aforesaid, was established September 15, 1895, since which date the Republican has been regularly issued in the said County, and that the printed notice of publication attached hereto is exactly the same as printed and published in the regular editions and issues of the said Republican on the following dates, viz.

and the 11  
day of JUNE A.D. 2016

Affiant further deposes that he/she is Publisher of The Kane Republican, a newspaper of general circulation, and duly authorized 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 statement as to time, place and character of publication are true.

Copy of Notice or Publication

**NOTICE OF PUBLIC HEARING**  
- McKean County Department of Human Services

PUBLIC NOTICE is given to all persons in McKean County that public hearings will be held on Wednesday, June 29, 2016 at 3:00pm and again at 5:00 pm, to solicit comments on the proposed Human Service Block Grant plan, a plan required by the PA Department of Public Welfare that addresses services in Intellectual Disabilities, Mental Health, Drug and Alcohol Services, Children and Youth Service's Special Initiative, Housing Assistance Program, and the Human Service Block Grant. Effective June 27 through June 30, 2015, from 8:30 a.m. to 4:30 p.m., the proposed Human Services Block Grant plan will be on file and open for public inspection at the front office of Department of Human Services, 17155 Route 6, Smethport, PA. The plan outlines the use of several funding streams to promote the health and welfare of citizens experiencing mental, intellectual, physical, emotional, or behavioral health conditions. All persons interested are invited to provide feedback and attend one of the hearings. Additionally, written comments may be submitted to: McKean County Department of Human Services Administrator, 17155 Route 6, Smethport, PA.

June 11, ADV.

Sworn to and subscribed before me this 17  
day of JUNE A.D., 2016

My Commission Expires 2016  
NOTARIAL SEAL  
Christina M. Herbstritt, Notary Public  
Ridgway Boro, Elk County  
My Commission Expires July 21, 2019  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

**STATEMENT OF ADVERTISING COSTS**

Dr.  
Attached hereto on the above dates \_\_\_\_\_ \$ 84.30  
\_\_\_\_\_ \$ 5.00  
\_\_\_\_\_ \$ 89.30

Subscriber's receipt for Advertising Costs:

\_\_\_\_\_ hereby acknowledges receipt of the aforesaid notice and publication costs and certifies that the same have been duly paid.

By  
Christina M. Herbstritt

Attachment 4  
Overview of Public Hearing Presentation

**HUMAN SERVICES**

McKean County Department of Human Services  
Block Grant Presentation

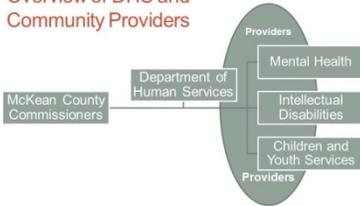
**Background**

- 2016-17 Human Service Block Grant will provide county funding for:
  - Mental Health
  - Intellectual Disabilities
  - Homeless Assistance Program
  - Children and Youth Special Grants
  - Alcohol and Drug Abuse Services
  - Human Service Development Fund Programs
- 2017-18 Children and Youth Needs Based Budget and Plan:
  - Planning for three areas: safety, permanency and well being (investigations, response, and placements)

**Role of McKean County DHS**

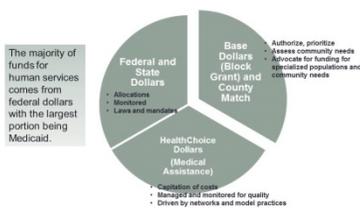
- Program contracting and monitoring
- Oversight of the hospital commitment process
- Oversight of Children and Youth Services
- Child and Adolescent Service System Programming
- Assessing consumer and family member satisfaction and needs
- Service Coordination for specialized populations
- Identifying and planning for needed services in McKean County

**McKean County Overview of DHS and Community Providers**



**Funding**

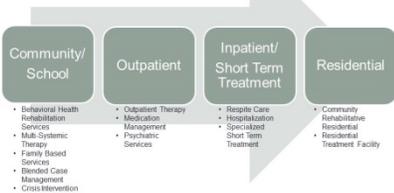
Federal, State and county funding streams cover costs of mandates. Some required shared federal-state funding, and some include county match.



**McKean County Human Service Block Grant Budget and Numbers Served**

|                                    | Budget             | Individuals Served |
|------------------------------------|--------------------|--------------------|
| Mental Health Services             | 2,505,689          | 1,267              |
| Intellectual Disabilities Services | 771,281            | 47                 |
| Homeless Assistance Services       | 36,192             | 138                |
| Child Welfare Special Grants       | 142,565            | 93                 |
| Drug and Alcohol Services          | 99,224             | 283                |
| Human Services Development Fund    | 54,135             | 125                |
| <b>TOTAL</b>                       | <b>\$3,633,893</b> | <b>1,953</b>       |

**Children's Mental Health**



**Drivers**

- High RTF (Residential Placements):** 4<sup>th</sup> highest youth RTF placement rate in PA; McKean County had the fourth highest youth RTF placement rate in the state in 2014 at 3.2 (PA was 1.0)
- Specialty Care:** Trauma Focused Cognitive Behavioral Therapy; Eye Movement Desensitization and Reprocessing (EMDR); Dialectical Behavioral Therapy; Parent-Child Interaction Therapy
- Trauma-Focused and for Specialized Populations**

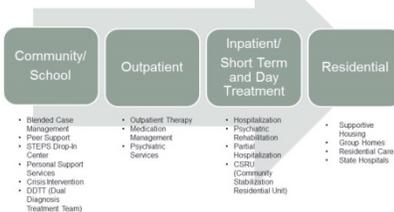
**2015-16 Highlights**

- CASSP/Collaboration:** Improved teaming—89 complex cases; Addressed barriers: Parent Abandonment; Custody Disputes; Generic Use of All Ed for kids in care; Rx Abuse; Hoarding
- Community School Models:** Started January 2016; 2 Master and 4 Bachelor level staff; School Street and GGB Elementary Schools in Bradford; 21 children served this year
- Trauma-Informed Care:** Trauma Task Force; Compassion Fatigue Training; Trauma Clinics; Trauma Institute; Paper Tiger Community Event

**Future Plans**

- Trauma Informed Care**—Increase knowledge and resources
- Residential Treatment**—Assess patterns, address service gaps
- Teaming**—Increase capacity and efficiency

**Adult Mental Health**



**Drivers**

- Severity and Volume:** More adults with more serious mental illness are served; In 2014-15, The Guidance Center provided psychiatric care to 3,008 unduplicated individuals
- Community Integration:** Over 70% decrease of State Hospital Bed in last two decades; 80% of the State budget for Mental Health is spent on community based services; More than 2,500 state hospital beds have been closed since 1982, including the closure of 3 hospitals; Currently, we have 8 McKean County individuals in Warren State Hospital, seven years ago there were 13 McKean County residents in Warren State; Warren State Hospital opened in 1880 and in 1947 there were 2,562 residents. Today there are around 223.
- Incarceration and the Seriously Mentally Ill:** Nationally, approximately 20 percent of inmates in local jails have a serious mental illness; 40.4% of our local jail census is comprised of individuals with mental illness or co-occurring mental illness and substance abuse problems (April 2016: 33 out of 62 census; June 2016: 39 out of 64 census)

### 2015-16 Highlights

**Community Integration**

- Case Management
- CHIPPS (Community Hospital Integration Projects Program)
- Crisis and Diversion
- Supportive Housing
- Teaming practices

**Justice Housing**

- Bridge Housing for 17 individuals
- Re-Entry or Diversion planning by the Housing Team
- Increased landlord awareness

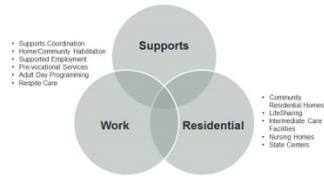
**Specialized Care**

- DOTT (Dual Diagnostic Treatment Team)
- CSRU (Community Stabilization Residential Unit)
- Supportive Housing
- Staff Competencies

### Future Plans

- Specialized Housing
- Increase Community Awareness and Recovery Services
- Teaming and Alternatives to Incarceration

### Intellectual Disabilities



### 2015-16 Highlights

**Waiver Expansion**

- Supportive services for individuals to remain in their home or community
- Received 4 new slots

**Adult Protective Services**

- Local training—attendance 50
- Regional Training—attendance 30
- Investigator assigned to our area
- Around 30 ID reports this year

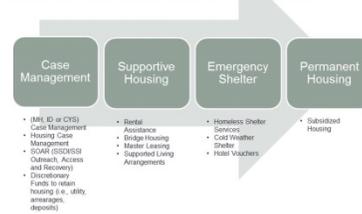
**Awareness**

- ID Awareness Month Celebration—attendance 200
- Special Olympics, community volunteering (Kids First, Kiwanis Club, McKean County Fair)

### Future Plans

- Community Employment
- PA Network
- Increase Respite Care Services

### Homeless Assistance Program



### 2015-16 Highlights

**Centralized Intake**

- Connect citizens to housing resources
- Expanded housing resources

**Justice Housing**

- Housing supports for 17 individuals
- Continue learning around re-entry planning and diversion

**Partnerships**

- Data collection
- Point in Time Survey
- HHS
- Awareness Activities
- Shelter Services Improvements and Expansion

### Future Plans

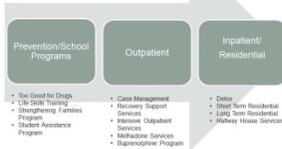
- Centralized Intake and Increase Continuum of Care Resources
- Sustain Justice Housing
- Partnerships

### Children and Youth Special Initiatives

**What is a Special Initiative?** Project funding designed to address the needs of vulnerable populations and locally-targeted problems in McKean County (Truancy and high Residential Treatment Facility use).

|  | Age Range | Targeted Participants |
|--|-----------|-----------------------|
| Nurturing Parent Program—Truancy Intervention Services | 5-18y     | 60                    |
| Multi-Systemic Therapy                                 | 8-18      | 3                     |
| Family Group Decision Making                           | 0-18      | 30                    |

### Drug and Alcohol Services



### 2015-16 Highlights

**Specialized Care**

- Co-occurring Competent
- Trauma Informed

**Opioid Initiatives**

- (ROOR) Rural Opioid Overdose Reversal Initiative
- "Warm Hand" OIP Practices
- BMMT (Buprenorphine Medication Assisted Therapy)

**Focus on Quality**

- QIP Plus
- Focus on Engagement and Retention
- Specialized Technical Assistance

### Future Plans

- Short and Long Term Residential Care Expansion
- Detox and Medication Assisted Therapies
- Partnerships and Teaming

### Human Service Development Funds

What is HSDF? State dollars given to counties to address general needs.

| Service                                       | Organization                           | Targeted Numbers Served |
|---|--|-------------------------|
| Homemaker, Housing, and Life Skills Education | LIFT (Life and Independence for Today) | 14 people               |
| Personal Care Services                        | Area Agency on Aging                   | 10 people               |
| Big Brothers Big Sisters Program              | The Guidance Center                    | 10 Matches              |
| Prevention Education                          | Alcohol and Drug Abuse Services        | 127 Units               |
| School-Based Mental Health                    | The Guidance Center                    | 245 Units               |
| STEPS Drop-In Center                          | STEPS                                  | 70 members              |

#### Discussion

What are the strengths and needs of specialized populations in McKean County?

- Mental Health Illness
- Intellectual Disabilities
- Homeless/Near Homeless
- Drug and Alcohol Service Needs
- Children and Families vulnerable to child abuse and neglect
- Other specialized populations

Attachment 5  
Public Hearing Attendance and Feedback

**June 29, 3:00 pm Public Hearing**  
**McKean County Department of Human Services**

**Attendance:**

Bob Esch, Vice President of American Refining Group  
Lindsey Mapes, Membership and Child Care Director, Bradford Family YMCA  
Vanessa Castano, Executive Director, YWCA  
Melissa Kirk, Mental Health Director, McKean County DHS  
Linda Gault, ID Director, McKean County DHS  
Angela Eckstrom, Executive Director, Alcohol and Drug Abuse Services  
Tammy Conway, Fiscal Director, Alcohol and Drug Abuse Services  
Dan Wertz, Children and Youth Services Director, McKean County DHS  
Cliff Lane, County Commissioner  
Russ Linden, Fiscal Director, McKean County DHS  
Linda Thompson, Homeless Coordinator, McKean County Redevelopment and Housing Authority  
Lee Sizemore, Administrator, McKean County DHS

**June 29, 5:00 pm Public Hearing**  
**McKean County Department of Human Services**  
No attendance

**Feedback:**

Intellectual Disabilities

- There was not an understanding in the group of why community employment would be preferable over pre-vocational employment at the local provider that is top quality— Futures. Explanation of community employment was provided and that prevocational was intended to lead to vocational. Participants pointed out that Futures was well respected, a friends/family type environment, and promoted area businesses as Futures conducts assembly for Zippo lighters.

Mental Health

- Incarcerated seriously mentally ill individuals are an underserved population. Diversion and re-entry planning is needed. There is a community mentality that they should be locked up, so more education/awareness is needed.
- One participant felt that prevention was the best solution and to focus on early learning at the earliest age.

Drug and Alcohol

- We need more doctors that will prescribe Vivitrol or Buprenorphine. There currently are none.
- We need more detox beds.

- Opioid task force planning needs to come together. Seems we are all going in different directions and don't have a strategic plan.
- Youth are not accessing treatment like they should.

#### General

- Do we know unduplicated persons served across all categories of service?
- Seems like there needs to be a more coordinated approach to data collection.

#### Children and Youth Services

- If more resources were put into ID, MH and Drug & Alcohol Services, less would be needed in the CYS category. We need more services to protect kids and families.

Attachment 6  
Intellectual Disability Services Quality Management Plan

| Overview of 2015-17 ID Quality Management Plan   |  |   |  |
|--|--|---|--|
| Focus Area and Outcome   | Baseline or Previous Performance   | Desired Outcome, Targeted Objective, and Performance Measure  | Action Items   |
| <p>FOCUS AREA: Participant Access / OUTCOME: Individuals are able to access <b>communication</b> supports and services if needed.</p>  | <p>Fiscal year 2014 / 15 data reflects that out of 96 Individual Support Plans that were reviewed there were 14 individuals who were identified as having communication needs. All 14 of these individuals had their needs addressed and are using some type of assisted technology device.</p> <p>Fiscal year 2015/16 data reflect current information as outlined in the outcome. Data reflects that McKean County has sent out information on two trainings of communication. McKean County has met with providers a total of 13 times regarding Communication and provides resources 3 times. McKean County has assisted providers with strategies 15 times.</p> | <p>DESIRED OUTCOME: Individuals are able to access communication supports and services if needed. (All individuals should have good expressive and receptive language skills.)<br/>OBJECTIVE: to ensure providers are supported in providing communication support to individuals through their everyday life.<br/>PERFORMANCE MEASURE: we will be writing a quarterly summary on the activities of this outcome.</p> | <ul style="list-style-type: none"> <li>-McKean County will forward training opportunities to providers, individuals, families, and SC's in the area of communication.</li> <li>- McKean County will meet with providers regularly to review strategies and provide assistance in ensuring individuals communication needs are met.</li> <li>- McKean County will provide resources and training contacts through the HCQU and ODP to assist in meeting communication needs of individuals. Some resources could include L.I.F.T. lending library, technical assistance, and interpreters.</li> <li>- McKean County will make sure all providers have a copy of the deaf and hard of hearing bulletin# 00-01-04</li> <li>- McKean County will approve and authorize plans to ensure health and safety.</li> <li>- McKean County will follow the Accessibility of Intellectual Disability Services for Individuals Who Are Deaf Bulletin # 00-01-04</li> </ul> |
| <p>FOCUS AREA: Participant Centered OUTCOME: Service Planning and Delivery-<b>Employment</b> is the expectation for every individual with intellectual disability. Individuals with intellectual disability are able to be employed and McKean County supports improving employment opportunities. ODP has disseminated standard</p> | <p>2014/15 had 11 people in community employment.</p> <p>Currently for the FY 2015/2016, McKean County has 9 people employed in the community 8 of them are part time.</p>   | <p>OBJECTIVE: Support provided to allow individuals to gain community employment.<br/>TARGET OBJECTIVE: McKean County will increase community employment by one.<br/>PERFORMANCE OBJECTIVE: McKean County will increase community employment by one.</p>  | <ul style="list-style-type: none"> <li>- McKean County will work to increase education, to individuals and their families in providing employment options/ education to individuals with intellectual disabilities.</li> <li>- McKean County will meet with the County assistance office to arrange training and information on M.A.W.D. and S.S.</li> <li>- McKean County will</li> </ul>   |

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| <p>practices to ensure that people have access to information on employment options and the opportunity to consider employment as part of their individual supports planning and budgeting process. County MH/ID programs and employment service providers must work in conjunction to maximize available resources.</p> |   |   | <p>continue to participate in the transition council meetings.<br/>         - McKean County will ensure compliance with the OVR process<br/>         - SC's will report employment changes as needed to McKean County QM for tracking.<br/>         - McKean County will look at QM plans for those providers with people in supported employment.<br/>         - McKean County will follow the waiver amendment announcement 039-15. Any participant under the age of 24 may only have prevocational services authorized as a new services un the ISP when the documentation has been obtained that OVR has closed the participants cane or that he participant has been determined ineligible for OVR Services.<br/>         - McKean County will meet regularly with providers for supported employment information and updates</p> |
| <p>FOCUS AREA: participant Centered Service Planning &amp; Delivery-please see first action item listed below<br/>         OUTCOME: Increase awareness of <b>LIFESHARING</b> as a residential option</p>   | <p>For the year 2014 / 15 McKean County had 5 people in Life Sharing settings.<br/>         Currently, for the FY 2015/2016, we have 3.</p> | <p>OUTCOME: Increase awareness of LIFESHARING as a residential option<br/>         TARGET OBJECTIVE: McKean County will increase the number of LIFESHARING placements.<br/>         PERFORMANCE MEASURE: McKean County will increase life sharing by one.</p> | <p>-Family living / Lifesharing should be discussed before a new residential service is included in the ISP. If someone is going into a group home McKean County will assure that lifesharing was discussed. If the following criteria is met, Family Living/ Lifesharing must be considered before residential placement:<br/>         1-No person is willing or able to provide the needed natural supports or paid supports for the participant in a private home.<br/>         2-The participant health, safety and welfare would not be met with a non-residential habilitation service or natural supports in a private home.<br/>         3-Others would be at risk</p>   |

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|  |   |   | <p>of harm if a residential habilitation service was not provided for the participant</p> <p>4-Assessments indicate the participant's needs can only be met through the provision of a residential habilitation service.</p> <p>5-The residential habilitation setting is the least restrictive and most appropriate size to ensure the participant's health and welfare while continuing to meet the assessed need.</p> <p>-Evergreen Elm will continue to advertise "Life sharing" option.</p> |
| <p>FOCUS AREA: participant outcomes and Satisfaction.</p> <p>OUTCOME: To have all those interested in having and <b>Identification (ID) Card</b> to be provided information on how to get one.</p> | <p>2014 / 15 Identification Card information was provided to 264 people. There were 205 individual who already had an ID card. There were 37 Individuals who did not have an id card and wanted one. ID cards through the state of Pennsylvania are good for four years. Our current data is reflective of the current outcome. Currently McKean County has handed out 15 fliers to individuals on information on how and where to get a new ore renewed ID card. McKean County has shared fliers at the March ID Awareness celebration event held at Futures in March 2015 and 2016.</p> | <p>DESIRED OUTCOME: To have all those interested in having and Identification (ID) Card to be provided information on how to get one.</p> <p>TARGET OBJECTIVE: To provide education on how to get an ID card for those who need one 100% of the time.</p> <p>PERFORMANCE MEASURE: this will be a summary of the activities for the quarter to educate people on renewing or getting an ID card.</p> | <p>-McKean will locate posters to be put on display regarding Photo Identification.</p> <p>- Information (pamphlets, fliers) on how to get an ID card will be available at the March ID Awareness month.</p> <p>- Information (pamphlets, fliers) on how to get an ID card will be available at the March ID Awareness month.</p>  |
| <p>FOCUS AREA: Participant Safeguards</p> <p>OUTCOME: <b>Individual to Individual Abuse (I to I)</b> will be reduced in McKean County.</p>   | <p>2014/2015 shows a total of 50 incidents of I to I Abuse.</p> <p>2013/14 FY shows 32 incidents of I to I Abuse.</p> <p>2012 CY shows 8 incidents of I to I abuse, 2011 CY shows 15 incidents of I to I abuse.</p> <p>FY 2015/2016 shows a total of 27 incidents of I to I Abuse.</p>  | <p>DESIRED OUTCOME: Individual to Individual Abuse (I to I) will be reduced in McKean County.</p> <p>TARGET OBJECTIVE: To reduce incidents of INDIVIDUAL to INDIVIDUAL abuse by 5% by July 1, 2017.</p> <p>PERFORMANCE MEASURE: On a quarterly basis McKean County will present data on total numbers of I to I Abuse and make percentage</p>   | <p>-McKean County will make contact with ODP and make arrangements for an Individual to Individual Abuse (I to I) training from Dalila Byrd of ODP.</p> <p>- McKean County will send out information on trainings related to I to I Abuse as they are received.</p> <p>- I to I Abuse data will be reviewed at the Risk Management meetings (risk management reviews individuals with 6 incidents or more OR 3 incidents of</p>  |

DHS Bulletin 2016-1  
County Human Services Plan Guidelines

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|  |  | <p>comparisons to the previous quarter and year for that time frame.</p>  | <p>the same category for a person) (Providers who are on the committee include McKean County A&amp;E, Evergreen Elm, Ramsbottom, Futures, SCO, and the HCQU) McKean County will meet with the providers to discuss the results of the data.</p> <ul style="list-style-type: none"> <li>- McKean County will use incident management data to identify or pinpoint health and safety risks.</li> <li>- The local HCQU will provide trainings as needed on Individual to Individual Abuse to both providers and individuals.</li> <li>- McKean County will utilize Dual Diagnosis Treatment Team (DDTT) as a resource as necessary to assure Health and safety.</li> <li>- McKean County will review provider QM plans on I to I Abuse.</li> </ul>   |
| <p>FOCUS AREA: Participant Safeguards.<br/>OUTCOME: <b>Restraint reduction</b></p> | <p>Fiscal Year 2014/2015 had a total of 80 restraints. FY 2013/ 2014 had a total of 93 restraints. The Calendar year 2012 showed a total of 99 restraints. Currently FY 2015/2016 shows a total of 43 for the first three quarters of the fiscal year and a projected total of 53 for the whole fiscal year.</p> | <p>DESIRED OUTCOME: Restraint Reduction.<br/>TARGET OBJECTIVE: McKean County will reduce restraint incidents by 5% by July 2017.<br/>PERFORMANCE MEASURE: On a quarterly basis McKean County will present data on total numbers of I to I Abuse and make percentage comparisons to the previous quarter and year for that time frame.</p> | <ul style="list-style-type: none"> <li>-McKean County will collect data and review restraints incidents as they occur.</li> <li>-Debriefing is held after each restraint.</li> <li><b>Ramsbottom</b> does a formal debriefing process. Training Towards Self Reliance (<b>TTSR</b>) does a debriefing process on paper and formally if needed. McKean County will work with P.O.C. in developing their debriefing process.</li> <li>- McKean County will review restraints at Risk Management meetings.</li> <li>- McKean County QM attends monthly restraint analysis meetings with Ramsbottom. McKean County reviews data monthly at Point of Caring. McKean County meets with the providers to discuss the results of the data.</li> <li>- McKean County will assist with bringing in trainings to providers to work on trainings for specific issues individuals</li> </ul> |

|   |   |   |   |
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|   |   |   | <p>are experiencing.</p> <ul style="list-style-type: none"> <li>- McKean County will have contact with Individual struggling with restraints and consult with the provider program specialists.</li> <li>- McKean County will also track separately individual rates of aggression to be able to get a more accurate record of restraint use.</li> <li>- McKean County will utilize DDTT as a resource as necessary to assure Health and safety.</li> <li>- McKean County will review provider QM plans on restraint.</li> </ul>  |
| <p>FOCUS AREA: Participant Safeguards<br/>OUTCOME: 100% compliance with ODP policies and procedures as established in <b>incident management</b>.</p> | <p>FY 2014 / 2015 showed a total number of incidents reported in HCSIS to be 395. Of that total 234 were required to be reviewed by the County A&amp;E within 24 hours. McKean County met the criteria. McKean County's investigations of incidents meet ODP standards. McKean County's Incident management investigators certification is current.</p> <p>FY 2015 / 2016 showed a total number of incidents reported to be 338. Of that total 199 were required by the County A&amp;E within 24 hours. McKean County met the criteria. McKean County's investigations of incidents meet ODP standards. McKean County's Incident management investigators certification is current.</p> | <p>DESIRED OUTCOME: 100% compliance with ODP policies and procedures as established in incident management.<br/>TARGET OBJECTIVE: 100% compliance with ODP incident management.<br/>PERFORMANCE MEASURE: Chart indicating action items.</p> | <ul style="list-style-type: none"> <li>- AE will Review all incidents in HCSIS within a 24 hour period.</li> <li>- McKean County will be hosting training for APS guidelines from the Provider of APS – Liberty Health Care.</li> <li>- AE investigations are completed and meet ODP standards.</li> <li>- AE certified investigator certification will stay current.</li> <li>- McKean County will assure the accuracy of incident reports.</li> <li>- McKean County reviews and closes all provider generated incidents.</li> <li>- McKean County reviews and analyzes data.</li> <li>- McKean County will identify and implement individual and systemic changes based on data analysis.</li> <li>- McKean County analyzes and will share information with relevant staff.</li> <li>- McKean County will regularly review trend occurrence data compiled by providers.</li> <li>- Assess provider incident management and investigative process through peer review process.</li> <li>- McKean County will assure provider compliance with plans of</li> </ul> |

|   |   |   |   |
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|   |   |   | <p>correction resulting from incidents and investigations.</p> <ul style="list-style-type: none"> <li>- McKean County will work with ODP to request some technical assistance training. There are many new people working for providers. Incident management training would be beneficial.</li> <li>- AE Risk Management committee will meet regularly to review incidents in HCSIS ( Risk Management Committee reviews individuals in HCSIS with 6 incidents or more OR 3 incidents of the same for a person) (Providers who are on the committee include McKean County A&amp;E, Evergreen Elm, Ramsbottom, Futures, SCO, and the HCQU). McKean County will meet with the providers to discuss the results of the data.</li> </ul> |
| <p>FOCUS AREA: Participant Safeguards.<br/>OUTCOME: McKean County will acknowledge <b>Intellectual Disabilities Awareness Month</b></p> | <p>McKean County has successfully completed Celebrating Intellectual disabilities Awareness month for the FY 2015 / 2016.</p> | <p>DESIRED OUTCOME: McKean County will acknowledge Intellectual Disabilities Month.<br/>TARGET OBJECTIVE: To provide a celebration with education and training on intellectual disabilities.<br/>PERFORMANCE MEASURE: Complete all action steps by March 31, 2017</p>           | <ul style="list-style-type: none"> <li>-Meet with the development team throughout the planning process.</li> <li>-Invite local guest speakers.</li> <li>- Invite local provider participation to include HCQU, County, Futures, Evergreen Elm, and Community Links.</li> <li>- Discuss making contact with the local newspaper to share our event in promoting everyday lives.</li> </ul>   |
| <p>FOCUS: PARTICIPANT SAFEGUARDS<br/>OUTCOME: <b>To Divert individuals from admission to state centers and state hospitals</b></p>      | <p>McKean County had no admissions to state Centers or State Hospitals for FY 2015/ 2016.</p>                                 | <p>DESIRED OUTCOME: To divert individuals form admission to State Centers and State Hospitals.<br/>TARGET OBJECTIVE: Have no admissions to State Hospitals and State Centers.<br/>PERFORMANCE MEASURE: Total number of people admitted to state center and state hospitals.</p> | <ul style="list-style-type: none"> <li>- McKean County will be appraised of all individuals who have the possibility of entering the psychiatric unit or are in the psychiatric unit through the BSU process.</li> <li>- McKean County will respond to this by making referrals to appropriate services for assistance and support including HCQU, DDTT, PPRT.</li> <li>- McKean County will make other referrals as necessary to work with diverting the individual.</li> <li>- McKean County will participate in all team</li> </ul>  |

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|  |  |  | <p>meetings.</p> <ul style="list-style-type: none"><li>- McKean County will assure the development of a cross-system approach between the county mental health and Intellectual disabilities services to support and to treat people.</li><li>- If someone goes into the Psychiatric unit, McKean County will ensure the psychiatric bulletin 00-02-16 is followed. If someone is already in the psychiatric unit or is part of the DDTT team we will reach out to see if the psychiatric questionnaire would be of benefit to complete .</li><li>- Through Incident Management, QM will keep track of anyone going into the Psychiatric Unit.</li><li>- McKean County will send out the Psychiatric Bulletin to providers to ensure they have the bulletin to follow</li></ul> |
|--|--|--|---|

**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.<br>ESTIMATED<br>INDIVIDUALS SERVED | 2.<br>HSBG ALLOCATION (STATE<br>& FEDERAL) | 3.<br>HSBG PLANNED<br>EXPENDITURES<br>(STATE & FEDERAL) | 4.<br>NON-BLOCK GRANT<br>EXPENDITURES | 5.<br>COUNTY MATCH | 6.<br>OTHER PLANNED<br>EXPENDITURES |
|--|---------------------------------------|--|---|---------------------------------------|--------------------|-------------------------------------|
| <b>MENTAL HEALTH SERVICES</b>            |                                       |  |   |                                       |                    |                                     |
| ACT and CTT                              |                                       |  |   |                                       |                    |                                     |
| Administrative Management                | 240                                   |  | 184,290   | 9,936                                 | 20,422             |                                     |
| Administrator's Office                   |                                       |  | 177,369   | 17,596                                | 40,524             |                                     |
| Adult Developmental Training             |                                       |  |   |                                       |                    |                                     |
| Children's Evidence-Based Practices      |                                       |  |   |                                       |                    |                                     |
| Children's Psychosocial Rehabilitation   |                                       |  |   |                                       |                    |                                     |
| Community Employment                     | 14                                    |  | 12,569  |                                       |                    |                                     |
| Community Residential Services           | 8                                     |  | 656,748   |                                       | 11,654             |                                     |
| Community Services                       | 82                                    |  | 157,714   |                                       |                    |                                     |
| Consumer-Driven Services                 |                                       |  |   |                                       |                    |                                     |
| Emergency Services                       | 156                                   |  | 259,221   |                                       | 14,057             |                                     |
| Facility Based Vocational Rehabilitation | 26                                    |  | 130,156   |                                       | 8,598              |                                     |
| Facility Based Mental Health Services    | 23                                    |  | 61,059  |                                       |                    |                                     |
| Family Support Services                  | 23                                    |  | 8,141   |                                       | 1,078              |                                     |
| Housing Support Services                 | 94                                    |  | 218,891   | 963                                   | 7,987              |                                     |
| Mental Health Crisis Intervention        |                                       |  |   |                                       |                    |                                     |
| Other                                    |                                       |  |   |                                       |                    |                                     |
| Outpatient                               | 258                                   |  | 399,492   | 32,895                                | 26,023             |                                     |
| Partial Hospitalization                  | 5                                     |  | 6,500   |                                       |                    |                                     |
| Peer Support Services                    |                                       |  |   |                                       |                    |                                     |
| Psychiatric Inpatient Hospitalization    |                                       |  |   |                                       |                    |                                     |
| Psychiatric Rehabilitation               |                                       |  |   |                                       |                    |                                     |
| Social Rehabilitation Services           | 78                                    |  | 152,770   |                                       | 6,840              |                                     |
| Target Case Management                   | 260                                   |  | 80,769  |                                       | 4,499              |                                     |
| Transitional and Community Integration   |                                       |  |   |                                       |                    |                                     |
| <b>TOTAL MENTAL HEALTH SERVICES</b>      | <b>1267</b>                           | <b>2505689</b>                             | <b>2505689</b>  | <b>61,390</b>                         | <b>141682</b>      | <b>0</b>                            |

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

| County: | 1.<br>ESTIMATED<br>INDIVIDUALS SERVED | 2.<br>HSBG ALLOCATION (STATE<br>& FEDERAL) | 3.<br>HSBG PLANNED<br>EXPENDITURES<br>(STATE & FEDERAL) | 4.<br>NON-BLOCK GRANT<br>EXPENDITURES | 5.<br>COUNTY MATCH | 6.<br>OTHER PLANNED<br>EXPENDITURES |
|---------|---------------------------------------|--|---|---------------------------------------|--------------------|-------------------------------------|
|---------|---------------------------------------|--|---|---------------------------------------|--------------------|-------------------------------------|

**INTELLECTUAL DISABILITIES SERVICES**

|   |           |               |               |              |             |          |
|---|-----------|---------------|---------------|--------------|-------------|----------|
| Administrator's Office                          |           |               | 282,218       | 5,642        | 1,501       |          |
| Case Management                                 | 32        |               | 33,579        |              | 1,619       |          |
| Community-Based Services                        | 12        |               | 184,863       |              | 983         |          |
| Community Residential Services                  | 3         |               | 270,621       | 12,350       |             |          |
| Other   |           |               |               |              |             |          |
| <b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b> | <b>47</b> | <b>771281</b> | <b>771281</b> | <b>17992</b> | <b>4103</b> | <b>0</b> |

**HOMELESS ASSISTANCE SERVICES**

|   |            |              |              |  |          |          |
|---|------------|--------------|--------------|--|----------|----------|
| Bridge Housing                            |            |              |              |  |          |          |
| Case Management                           | 69         |              | 5,519        |  |          |          |
| Rental Assistance                         | 69         |              | 30,673       |  |          |          |
| Emergency Shelter                         |            |              |              |  |          |          |
| Other Housing Supports                    |            |              |              |  |          |          |
| Administration                            |            |              |              |  |          |          |
| <b>TOTAL HOMELESS ASSISTANCE SERVICES</b> | <b>138</b> | <b>36192</b> | <b>36192</b> |  | <b>0</b> | <b>0</b> |

**CHILD WELFARE SPECIAL GRANTS SERVICES**

|                            |           |               |               |  |          |          |
|----------------------------|-----------|---------------|---------------|--|----------|----------|
| Evidence-Based Services    | 33        |               | 97,565        |  |          |          |
| Promising Practice         |           |               |               |  |          |          |
| Alternatives to Truancy    | 60        |               | 45,000        |  |          |          |
| Housing                    |           |               |               |  |          |          |
| <b>TOTAL CWSG SERVICES</b> | <b>93</b> | <b>142565</b> | <b>142565</b> |  | <b>0</b> | <b>0</b> |

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

| County:                                      | 1.<br>ESTIMATED<br>INDIVIDUALS SERVED | 2.<br>HSBG ALLOCATION (STATE<br>& FEDERAL) | 3.<br>HSBG PLANNED<br>EXPENDITURES<br>(STATE & FEDERAL) | 4.<br>NON-BLOCK GRANT<br>EXPENDITURES | 5.<br>COUNTY MATCH | 6.<br>OTHER PLANNED<br>EXPENDITURES |
|--|---------------------------------------|--|---|---------------------------------------|--------------------|-------------------------------------|
| <b>DRUG AND ALCOHOL SERVICES</b>             |                                       |  |   |                                       |                    |                                     |
| Case/Care Management                         | 100                                   |  | 9,615   |                                       |                    |                                     |
| Inpatient Hospital                           |                                       |  |   |                                       |                    |                                     |
| Inpatient Non-Hospital                       | 25                                    |  | 31,288  |                                       |                    |                                     |
| Medication Assisted Therapy                  |                                       |  |   |                                       |                    |                                     |
| Other Intervention                           |                                       |  |   |                                       |                    |                                     |
| Outpatient/Intensive Outpatient              | 500                                   |  | 48,323  |                                       |                    |                                     |
| Partial Hospitalization                      |                                       |  |   |                                       |                    |                                     |
| Prevention                                   | 500                                   |  | 6,918   |                                       |                    |                                     |
| Recovery Support Services                    | 40                                    |  | 3,080   |                                       |                    |                                     |
| <b>TOTAL DRUG AND ALCOHOL SERVICES</b>       | 1165                                  | 124031                                     | 99224   | 0                                     | 0                  | 0                                   |
| <b>HUMAN SERVICES DEVELOPMENT FUND</b>       |                                       |  |   |                                       |                    |                                     |
| Adult Services                               | 14                                    |  | 1,100   |                                       |                    |                                     |
| Aging Services                               | 10                                    |  | 5,000   |                                       |                    |                                     |
| Children and Youth Services                  |                                       |  |   |                                       |                    |                                     |
| Generic Services                             |                                       |  |   |                                       |                    |                                     |
| Specialized Services                         | 101                                   |  | 48,035  |                                       |                    |                                     |
| Interagency Coordination                     |                                       |  |   |                                       |                    |                                     |
| <b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b> | 125                                   | 54135                                      | 54,135  |                                       | 0                  | 0                                   |
| <b>7. COUNTY BLOCK GRANT ADMINISTRATION</b>  |                                       |  | 24807   |                                       |                    |                                     |
| <b>GRAND TOTAL</b>                           | 2835                                  | 3633893                                    | 3633893   | 79,382                                | 145785             | 0                                   |