



Potter County Human Services

***“2016/2017
Block Grant
County Plan”***

For the

***Delivery of State Funded
County Human Services***

July 7, 2016

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MISSION STATEMENT

Potter County Human Services

Our Mission is to serve and strengthen the families and children of Potter County through an accessible social service system that is based upon both the needs and resources of our communities.



Our Vision is that Potter County will be a place where families will be safe, well educated, responsible and productive. Community members will be committed to creating and sustaining an environment where all persons can thrive and contribute. We share the responsibilities for supporting families and communities in the protection and education of our children and in encouraging the development of healthy beliefs, clear standards and each family's potential.

COUNTY PLANNING PROCESS

Pursuant to DPW Commonwealth County Human Services Guidelines, the Potter County Commissioners have appointed Planning Teams to assist in the development of the County plan.

Potter County Human Services Management Team

Team Leader:

James G. Kockler, Human Services Administrator

Team Members:

Douglas C. Morley, Chairman Board of Potter County Commissioners;
Paul W. Heimel, Board of Potter County Commissioners;
Susan S. Kefover, Board of Potter County Commissioners;
Ronda Delfs, Administrative Officer;
Sherry Hoffman, Deputy Administrator Area Agency on Aging;
Joy Glassmire, Director Children & Youth Department;
Kara Johnston, Coordinated Services Department (HSDF);
Colleen Wilber, Drug and Alcohol Services Administrator (SCA);
Bill Hau, Fiscal Operations Officer;
Kenneth Hoffman, Director Intellectual Disabilities;
Melissa Gee, Women's Center and Mental Health Director; and

PCHS Advisory Team

Team Members:

Denise Minderler, Consumer;
Linda Swift, Consumer Advocate;
John Moshier, Chief Adult and Juvenile Probation Officer;
Dr. Victor Brown, Medical Community;
Jessica Eskesen, Volunteer;
Anita Mead, District Attorney's Office;
Norman Weeks, Retired Intellectual Disabilities Supervisor;
LeAnne Brodhun, Volunteer;
Susan Valentine, Retired Principal, Northern Potter High School; and
Charles "Robert" Wicker, Retired Oswayo Valley School District Superintendent

Stakeholder groups participating in the development of the plan:

The following groups were a part of the development of this year's plan.

- Consumers attending the Drop Inn Center;
- Integrated Children's Services Planning committee, which include families, providers, local businesses and consumers;
- PRIDE – People Reaching Independence Dreams and Excellence (consumers);
- Quarterly Provider Meetings, (Dickinson, Guidance Center and Beacon Light);
- The Potter County Human Services Advisory Board (consumers included on board);
- The Systems of Care Advisory Board which is comprised of consumers and families; and
- The Potter County Single County Authority Advisory Board (consumers included on board);

Utilization of Funds in the Least Restrictive Setting Based on Need

Below are the various program commitment to ensuring that residents receive the services based on needs and are provided in the least restrictive setting.

The Potter County Children and Youth Services promotes 'Family Preservation' whenever safely possible, meaning that staff time, resources, services are directed toward 'front-end service delivery' at the time of 60 day assessment cases and into open service planning when necessary. The goal is to resolve any potential dependency issues as efficiently as possible including referrals to other service providers along with CYS Case Management and provision of 'concrete' services to avoid escalation of the problem. When out-of-home placement is necessary, whether short-term or longer, in-formal or formal kinship care is always the first option for providing safe caretaking for children, maintaining youth with familiar extended family members or persons that have close family connections. When kinship care is not available or appropriate, county foster homes are used allowing the child to remain in a family setting and within their own county if not in their home community. Only after these options are exhausted will community-based residential care be considered and regional facilities that are closest in proximity to the family be selected. Unfortunately, there are no residential facilities located in Potter County. Placement youth and their families are provided reunification plans, along with 'concurrent plans', to promote clear guidelines for remedying dependency issues and time lines for correction with the hopes of timely return of the child to his/her own family or to a 'concurrent' home setting when reunification is not safely possible. Permanency is the expected goal for any placement youth.

Within the Potter County Human Services Intellectual Disabilities department Potter County Human Services operates under the core philosophy and framework provided by The Office of Developmental Programs known as Everyday Lives. The fundamental concept of Everyday Lives is that, with the support of family and friends, individuals

with disabilities decide how to live their lives and what supports they need. Everyday Lives is not just a philosophy, it is ODP policy (ODP Bulletin-Principles for the Intellectual Disability System). Both the Consolidated and Person/Family Directed Supports Waivers allow persons with intellectual disabilities to live more independently within their homes and communities, enjoying more enriched and fulfilling lives in the least restrictive environment possible.

In The Potter County Human Services Drug and Alcohol Program (SCA) continually evaluates the needs of Potter County residents through surveys, data evaluation and through our Advisory Board. The SCA provides screening and assessment to any Potter County residents and is required to follow PCPC/ASAM criteria in the placement of clients. The SCA does contract with 3 outpatient providers, 2 intensive outpatient providers and 1 partial hospitalization program in order to provide a least restrictive setting for treatment for individuals meeting that level of care. The SCA provides evidenced based prevention activities in the 5 school districts within Potter County; which works towards educating youth about the dangers of alcohol, tobacco and other drugs and keeping them in school and at home. The SCA is involved with the County's DUI Treatment Court and Drug Treatment Court. The specialty courts provide a lesser restrictive setting for individuals who would have been incarcerated while also providing critical treatment services that will help them in recovery.

After an intake or assessment Potter County Mental Health Department always starts with the least restrictive setting based on need. We also try our best to keep consumers in the community to avoid the next higher level of restriction.

Some examples would be: A voluntary 201 is always offered to consumers before a 302 petition is completed. If consumer refuses a voluntary 201, they are asked to sign a form stating that one was offered. Our department works closely with the local mental health provider. If someone is out of medication and heading towards inpatient hospitalization we will assist the consumer in getting refills or in getting appointment sooner so that medication can be provided. Our staff works closely with the Department of Human Services to ensure timely Medicaid approval so consumer may receive their benefits as soon as possible. This helps them stay in the community to use local resources and avoid hospitalization or placement. Our program also pays for emergency psychiatric medication to avoid hospitalization or placement and for consumers without Medicaid or private insurance to go outpatient, psych rehab or partial hospitalization, which ever level is least restrictive is considered a priority. For children and adolescents we also always start at the least restrictive setting and work way up one level at a time before placement is considered.

There were no programmatic and/or funding changes being made as a result of last year's outcomes

Minimum Expenditure Level:

For Fiscal Year 2016-2017 all categorical program within the block grant will continue to receive the allocations allotted to each program. No block grant line item will be eliminated and monies will only be shifted between programs only after the services from each categorical have been provided and with the approval of the Potter County Human Services Management Team and the Potter County Commissioners.

PUBLIC HEARING NOTICE

Potter County Human Services held two public hearings regarding our plan for the implementation of the Block Grant. The hearings were held as follows:

- Friday, June 17, 2016 from 12:00pm to 1:00pm at Kaytee’s Restaurant in Coudersport, PA.
- Thursday, May 19, 2016 from 7:00pm to 9:00pm at the Potter County Human Services building, Roulette, PA.

Please see below for proof of legal notice in compliance with the Sunshine Act, 65 Pa. C. S. 701-716.

Please see below for sign-in sheets of each public hearing as requested as part of Appendix B of the County Human Services Plan Guidelines.

PROOF OF PUBLICATION FOR PUBLIC HEARINGS

Potter Leader-Enterprise
Proof of Publication in the Potter Leader-Enterprise

(Under Act. No. 587, Approved May 16, 1929)

State of Pennsylvania }
County of Potter } ss:

Jane E. Hugill, Office Manager of the Potter Leader-Enterprise of the County and State aforesaid, being duly sworn, deposes and says that the Potter Leader-Enterprise, a legal periodical published in the Borough of Coudersport, County and State aforesaid, was established in September 1987 since which date the Potter Leader-Enterprise has been regularly issued in said County, and that the printed notice or publication attached hereto is exactly the same as was printed and published in the regular editions and issues of the said Potter Leader-Enterprise on the following dates, vis:

May 11, 2016

Affiant further deposes that she is the Office Manager of the Potter Leader-Enterprise, a legal periodical of general circulation, to verify the foregoing statement under oath, and that neither the affiant nor the Potter Leader-Enterprise is interested in the subject matter of the aforesaid notice or advertisement and that all allegations in the foregoing statements as to time, place and character of publication are true.

PUBLIC HEARING NOTICE
Pursuant to the Sunshine Act, 68 Pa.C.S. 701-716, Potter County Human Services invites all interested parties to attend a public hearing to request input into the development, implementation and approval of the County Human Services County Block Grant Plan 2016-2017. The hearing will be held Thursday, May 19, 2016 at 7:00 PM in the Conference Room at Potter County Human Services, 62 North Street, Roulette, PA 16746. Persons interested in providing input are encouraged to attend and bring written comments or telephone. Accommodations, including requests for special accommodations in order to attend the hearing are to be directed to James G. Kackler, Potter County Human Services, 62 North Street, at 62 North Street, PO Box 241, Roulette, PA 16746. Telephone: 814-542-7315 or 800-900-2560. E-mail: jkackler@pottercountypa.gov or hurnsvs@pottercountypa.gov.
POTTER COUNTY COMMISSIONERS: Douglas G. Morley, Chairman; Paul W. Herfel; Susi S. Kelover; Kathleen H. Major, Chief Clerk.

Jane E. Hugill
Office Manager, Potter Leader-Enterprise
Sworn and subscribed before me this 12th day of May, 2016
George L. Cary, Notary Public

My commission expires 09-10-17

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
George L. Cary, Notary Public
Coudersport Boro, Potter County
My Commission Expires Sept. 10, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SIGNATURE PAGES FOR PUBLIC HEARINGS

**PUBLIC HEARING
FOR
THE DELIVERY OF BLOCK GRANT FUNDS
May 19, 2016**

Printed Name

Signature

JAMES G. KOCKLER

Colleen Wilber

chesney Mulaskei

LeAnne Broadman

Maria O'Wells

Anita Mead

Ronda Delfis

Sherry Harmon

Susan Keyser

Bob Wickon

James G. Kockler

Colleen Wilber

chesney Mulaskei

LeAnne Broadman

Anita Mead

Ronda Delfis

Sherry Harmon

Susan Keyser

Bob Wickon

**PUBLIC HEARING
FOR
THE DELIVERY OF BLOCK GRANT FUNDS**

June 17, 2016

Printed Name

Signature

Colleen Wilber

Crystal Thomas

Linda Swift

William Kras

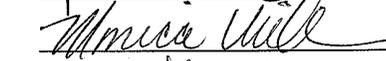
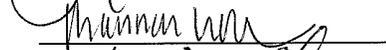
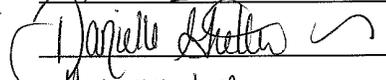
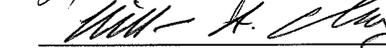
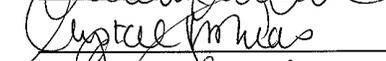
Ronnie Senior

Danielle Gietter Danielle Gietter

Thannon Warr

Monica Williams

Lee Trayer



***COUNTY UTILIZATION OF
STATE FUNDS***

POTTER COUNTY HUMAN SERVICES

MENTAL HEALTH PROGRAM

MENTAL HEALTH SERVICES

Mental Health Program Highlights

Below is the 2015/2016 programs that the Potter County Human Services Mental Health Program began working or continued to develop in order to meet specific needs identified in our public hearings.

Centralized Intake Process

Potter County Human Services has embarked upon a new practice dubbed the “No Wrong Door” philosophy, as part of our integrated Human Services Plan. We will be a model for counties across the state. Our goal is to provide a seamless delivery system that will dramatically improve the way we deliver services by capitalizing on the latest technology, coordination and cooperation.

The way it works is simple; a citizen in need can access any and all county programs by entering at one – and only one – point where he or she can then receive an array of services, including children and youth, early intervention, mental health, drug and alcohol, aging, mental retardation, adult case management, transportation, emergency food and shelter and rental assistance. To maximize client convenience, one common screening tool will be used to assess him or her upfront. In that way, a person seeking help will not be sent from one department to another in search of the specialized services that each provides.

This new, common sense approach fixes a fundamental flaw in a system divided into “silos,” where each silo houses only one source of help. This approach forces a needy client to visit multiple doors to piece together a helpful plan.

Sometimes, like Monty Hall’s legendary “Let’s Make A Deal” TV Show, clients fear that they can only select one door, so they may get help for a crisis issue but not the underlying drug and alcohol or child care issue. Our goal is to assess the symptoms, which we believe will lead to a diagnosis of the existing problem(s), which will ultimately enable our staff to provide comprehensive services to the consumer in order to assist them in being successful.

Under our current Human Services model, intake staff at our one stop shop is cross-trained in the all the various programs and departments. We will also implement a software system that allows us to keep track of clients, referrals and results.

In this high tech age, it is time to implement cutting edge, customer friendly solutions such as this initiative to close the door on enduring problems. Potter County’s Human Services integrated service system and centralized intake is one such way to save dollars in the long run and save lives forever.

Residential Rehabilitation Center

Potter County Human Services continues to operate a residential rehabilitative center which will serve as a post-plea program and an alternative to incarceration for women convicted of non-violent and/or substance abuse offenses. This center provides treatment, education, intensive probation supervision and accountability for residents.

The major deliverable for this project has been a recovery oriented and evidence based treatment, employment, education, family reunification and accountability program for participants. The program also provides additional services including, mental health and drug and alcohol case management, development and implementation of treatment plans, development of an aftercare plan for each participant addressing how they intend to maintain their sobriety, transportation to and from treatment, employment and community service and their housing needs.

Housing Services

The Potter County Human Services Mental Health program has been able to sustain the housing program utilizing block grant funds as a mean for providing case management services. We currently operate 6 apartments and 1, 2 bedroom home as a means to assist people with housing issues.

The program has also been able to utilize funds to provide temporary emergency shelter to individuals and families who are in need of housing. We have developed a working relationship with Northern Tier Children's Home and we have been able to contract with them to utilize one of their housing units to meet this need.

Parents As Teachers Program

This program is to increase parent knowledge of early childhood development and improve parenting practices; provide early detection of developmental delays and health issues; prevent child abuse and neglect; increase children's school readiness and school success.

The program serves expectant mothers and families with infants and provides them with culturally competent, family centered services. Also provides families with developmentally appropriate activities to do with their children both during and after visits. Parent Educators work with the strengths of each family to manage the challenges that each of the families face.

Strengths and Needs

The following are the target service areas that will be priorities for the Potter County Human Service Mental Health program.

Older Adults (ages 60 and above)

The Potter County Mental Health and Intellectual Disabilities program has developed a cooperative agreement with the Area Agency on Aging to provide a collaborative relationship to ensure the cooperation and coordination in the referral and treatment of older adults with a mental health or intellectual disability diagnosis.

Strengths for Meeting the Needs of the Adult Population:

- After hours Protective Services Crisis Intervention services;
- Physical and Behavioral health services through Dickinson Centers, Inc.;
- A coordinated and cooperative relationship between the programs that deliver reliable and unduplicated services; and
- Easy access to services under the Human Services umbrella

Unmet Needs for the Older Adult Population:

- Access to reliable/public transportation;
- Long waiting list for psychiatric evaluations;
- Expensive medications; and
- In-home services, particularly home support (assistance with task such as light housework, laundry, yard work, snow removal, etc.) nursing care within the home, medical equipment/adaptive devices, and personal care assistance

Adults (ages 18 and above)

Adults 18 and older are first processed through the Base Service Unit (BSU) to determine the appropriate frequency and level of care. Once the level of care is determined the individual is referred to the appropriate treatment provider or case manager for follow up care. Those individuals that require multiple service providers and intensive treatment may be referred to the interagency team where a service plan is developed with the input of the individual as well as the rest of the treatment team. Administrative Case Management monitors the necessity of care for at least one year following intake with additional monitoring if necessary.

Strengths for Meeting the Needs of the Adult Population:

- Easy access to services due to the “One Shop Stop” structure of Potter County Human Services;
- Stakeholder, Provider and County collaboration efforts;
- Public Awareness and Education through activities such as Suicide Prevention, Yellow Ribbon, and the Crisis Hotline;
- Housing Specialist services;
- The Potter County and Potter County Human Services websites; and
- The Directory of Human Services publication placed in various areas throughout the county.

Unmet Needs for the Adult Population:

- Employment options;
- More affordable housing options;
- Increase in Co-Occurring and Dual Diagnosis services for individuals with Mental Health, Intellectual Disabilities and Drug and Alcohol issues;
- Lack of medical and dental providers that accept Medical Assistance;
- Long waiting list for psychiatric evaluations; and
- Transportation

Transition-Age Youth (ages 18 through 26)

Transitional age consumers receive the same intake, referral and monitoring of services as the adult population. The Mental Health Department works closely with the Independent Living Program to provide additional supports and services for those that meet the criteria for admission to that program, serving ages 16-21. The Projects for Assistance in Transition from Homelessness (PATH) also provides supports to this population by assessing and referring individuals to meet housing needs.

Strengths for Meeting the Needs of the Transition-Age Youth:

- Homeless Assistance program funded through the McKintey-Vento and county program;
- Independent Living program;
- Temporary Emergency Shelter;
- Easy access to services due to the “One Shop Stop” structure of Potter County Human Services;
- PATH and
- Supportive Employment Services

Unmet Needs for the Transition-Age Youth:

- Employment options;
- More affordable housing options;
- Increase in Co-Occurring and Dual Diagnosis services for individuals with Mental Health, Intellectual Disabilities and Drug and Alcohol issues;
- Lack of medical and dental providers that accept Medical Assistance;
- Long waiting list for psychiatric evaluations; and
- Transportation.

Children Under the Age of 18:

Children and their families receive the same intake, referral and monitoring of services as the adult population. The Mental Health Department works closely with the Children & Youth Program, Potter County School Districts and the local Juvenile Probation Program to provide additional supports and services for those that meet the criteria for admission to that program.

Strengths for Meeting the Needs of Children Under the age of 18:

- Student Assistance Program;
- All schools operate as satellite outpatient offices;
- Suicide Prevention activities and Teen Screen evaluations;
- School Based Case Management program;
- Boys and Girls Club;
- Trailblazers Employment Summer program; and
- Vocational Mentoring program;

Unmet Needs for Children Under the age of 18:

- Lack of medical and dental providers that accept Medical Assistance;
- Long waiting list for psychiatric evaluations; and
- Transportation.

Special/Underserved Populations

Individuals Transitioning Out of State Hospitals

For Individuals Discharged from State Hospitals, the Potter County blended case manager consult with the treatment team at the state hospital prior to an

individual's discharge. Through the Community Support Plan (CSP) development process, the case manager refers individuals to the appropriate community based services including residential, outpatient mental health, employment, representative payee, case management, etc. The goal of the service coordination is to support their transition back into the community and support their ongoing recovery. (1 consumer has been targeted to receive this service)

Strengths for Meeting the Needs of the Individuals transitioning out of the State Hospital:

- Enhanced Psychiatric Rehabilitation (One on One coverage);
- Transportation;
- Medication Management; and
- Supportive Employment Services

Unmet Needs of the Individuals transitioning out of the State Hospital:

- Employment options;
- Lack of a qualified Traumatic Brain Injury provider;
- Lack of specialized treatment for individuals with inappropriate sexual behaviors who have had a brain injury; and
- Limited availability of home nursing services.

Co-Occurring

The county's sole provider, Dickinson Centers, Inc., has one certified co-occurring staff on hand to provide co-occurring services. It is Dickinson's desire to become a co-occurring provider and has the support of the county's managed care organization in this pursuit.

Strengths for Meeting the Needs of the Individuals with Co-Occurring Issues:

- Enhanced Psychiatric Rehabilitation (One on One coverage);
- Onsite, Intensive M.H. and D&A treatment for Women;
- Transportation;
- Housing; and
- Medication Management Program

Unmet Needs of the Individuals with Co-Occurring Issues:

- Employment options;
- Long waiting list for psychiatric evaluations;

- Qualified providers of service and;
- Lack of specialized psychiatric services

Justice-Involved Individuals

This is an area that the Mental Health program has begun focusing on by taking a pro-active approach to service this population. Our program has seen an increase in referrals for service and has prioritized this population and has begun providing an array of services.

Strengths for Meeting the Needs of the Individuals that are involved in the Justice System:

- Inside Out Dad program;
- Developed a county wide Community Service program in conjunction with Probation and the Judicial system;
- Residential Rehabilitation Center;
- Forensic Case Management; and
- Housing Program

Unmet Needs of the Individuals that are involved in the Justice System:

- Employment options;
- Expensive Medications;
- Long waiting list for psychiatric evaluations;
- Affordable Housing options; and
- Transportation.

Veterans

This is an additional population that the Mental Health program has seen an increase in referrals for service and has prioritized this population and has begun looking at the options in an effort to providing services for these individuals.

Strengths for Meeting the Needs of Veterans:

- Strong coordination exists between the VA clinics and the Mental Health Department;
- VA Suicide Prevention services are available;
- Community Outreach; and
- Case management also connects eligible veterans to Social Security benefits, transportation, and other necessary supports.

Unmet Needs of Veteran population:

- Employment options;
- Expensive Medications;
- Long waiting list for psychiatric evaluations;
- Affordable Housing options; and
- Transportation.

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

This is an area that the Potter County Mental Health Department has not received any referrals for service or requests to meet this populations needs, however; our department has made services available if the need does present itself.

Strengths for Meeting the Needs of the LGBTQI consumers:

- Therapy options are available through Dickinson Centers, Inc. and the Guidance Center; and
- Educational activities to reduce the stigma attached to this population in order to have consumers who need services come forward.

Unmet Needs of LGBTQI consumers:

- Employment options;
- Expensive Medications;
- Long waiting list for psychiatric evaluations;
- Affordable Housing options; and
- Transportation

Racial/Ethnic/Linguistic minorities

With the population of Potter County presenting at 98.06% white, there is not a present need for extensive services for this population. However; in an attempt to be culturally competent, Potter County has reached out to several minority populations in an attempt to provide needed services.

Strengths for Meeting the Needs of the Racial/Ethnic/Linguistic minority consumers:

- Potter County Human Services has translators available for individuals who speak Spanish, and Chinese;

- Early Intervention services are being provided to the Amish Community; and
- Outreach services to the minority population providing information and education on the services available to them.

Unmet Needs of Needs of the Racial/Ethnic/Linguistic minority consumers:

- Employment options;
- Affordable Housing options; and
- Transportation

Recovery Oriented System Transformation

Mental Health Recovery-Oriented Priorities, timelines, funding mechanisms, resources and tracking of outcomes:

1. State Hospital Placements:

Narrative: To reduce or eliminate admissions to State Hospital within the next year by providing Case Management, Psychiatric Rehabilitation, Outpatient, Medication Monitoring, Psychiatric Services and Housing.

Time Line: The services will be provided beginning July 1, 2016 with the expected outcome to continue on through the fiscal year;

Fiscal and Other Resources: The aforementioned services will be funded through state allocations and the county match requirement. Housing will be funded through McKinney-Vento while other outpatient services will be covered by CHIPP funds; and

Tracking: Outcome will be completed on a monthly basis by our consortium CHIPP Coordinator and monitored by the county.

2. Inpatient hospitalization:

Narrative: To reduce the frequency and length of stay for hospitalizations within the next year.

Time Line: The services will be provided beginning July 1, 2016 with the expected outcome to be completed by the end of the 16/17 fiscal year by working with OMHSAS and surrounding counties to address the issues that surround the MH Commitment process. State-wide Training for Delegates is now being

offered and staff will take full advantage of this opportunity to effectively assess the need for involuntary commitments.

Fiscal and Other Resources: The aforementioned services will be funded through state allocations and the county match requirement.

Tracking: Administrative Case Management and the Base Service Unit will monitor and refer consumers to alternate community-based services when reduced level of care may be an option. The Base Service Unit maintains records of hospitalizations and reports to OMHSAS yearly by way of Performance Outcome Measurement System (POMS) Reporting.

3. **Forensic Mental Health Consumers:**

Narrative: To reduce the number of inmates diagnosed with Severe Mental Illness within the next year. Certified Peer Specialists, Mental Health and D&A Case Management services will be provided to assist inmates with discharge planning and transitioning into the community.

Time Line: The services will be provided beginning July 1, 2016 with the expected outcome to be completed by the end of the 16/17 fiscal year by working in cooperation with the Mental Health, Drug & Alcohol, Probation Departments and the court system;

Fiscal and Other Resources: Funding from Penn Dot will be utilized for DUI Court as an alternate means of punishment and PCCD grants are being used to assist with the treatment component for Mental Health and Drug & Alcohol services. Also, state allocations, BHSI and Act 152 and the county match funds will provide the aforementioned services;

Tracking: Monthly meetings occur with Case Management, the jail and the Women's Center to track the inmates and residents in the facility and those returning to the community to continue to support them.

4. **Homeless:**

Narrative: To reduce the homeless population in the next year by providing housing for adults and children with the goal being to have individuals go from homelessness to permanent housing. The population served includes MH, Domestic Violence, D&A, Children and Youth consumers and veterans.

Time Line: The Goal is for individuals to obtain permanent housing and income within a two year time frame and monitored by the Federal Housing Authority by means of annual reporting and renewal grant submissions.

Fiscal and Other Resources: This is funded through the McKinney-Vento Grant and Health Choices reinvestment funding. The grant and Health Choices funds also provide food, clothing employment training and case management. Also, state allocations and the county match funds will be utilized; and

Tracking: The Housing specialist will monitor the program and provide the Mental Health department with monthly updates on the number of consumers served within the program.

5. **Recovery Center:**

Narrative: To provide a treatment center as an alternative to incarceration to assist women who are diagnosed with Mental Illness within the next year. This program provides Mental Health Individual Treatment, Group Treatment, Psychiatric Rehabilitation Services, Educational Opportunities, Life Skills, Employment Assistance and a variety of Drug and Alcohol treatment services. Certified Peer Specialists, Mental Health Blended Case Management, and Housing Specialist services will be provided to assist residents with discharge planning and transitioning into the community.

Time Line: The services will be provided beginning July 1, 2016 with the expected outcome to be completed by the end of the 16/17 fiscal year by working in cooperation with the Potter County Mental Health Department, Dickinson Centers, Inc., Probation Departments and the court system;

Fiscal and Other Resources: Funding from Reinvestment Funds and PCCD grants are being used to assist with the treatment component for Mental Health and Drug & Alcohol services. Also, state allocations and county match funds will provide the aforementioned services;

Tracking: Monthly meetings occur with the Blended Case Manager, Dickinson Centers Staff, Recovery Center staff, and Potter County Human Services to track the residents in the facility and those returning to the community to continue to support them.

Evidence Based Practices Survey:

Evidence Based Practices	Is the Service available in the County? (Y/N)	Number served in the county	What Fidelity measure is used?	Who measures Fidelity? (agency, county, MCO, or state)	How often is Fidelity measured?	Is SAMHSA EBP Tool kit used as an implementation guide?	Is staff specifically trained to implement EBP? (Y/N)	Comments
Assertive Community Treatment	No							
Supportive Housing	Yes	11	None	Agency	N/A	No	No	
Supported Employment	No							
Integrated Treatment for Co-Occurring Disorders (MH/SA)	No							
Illness Management Recovery	Yes	10	None	Provider	N/A	No	No	
Therapeutic Foster Care	No							
Multi Systemic Therapy	Yes	2	None	Provider	N/A	No	No	
Functional Family Therapy	No							
Family Psycho-Education	No							

Recovery Oriented Promising Practices Survey:

Recovery Oriented and Promising Practices	Services Provided (Yes/No)	Number Served (Approximately)	Comments
Consumer Satisfaction Team	Yes	14	This is the IM4Q process
Family Satisfaction Team	No		
Compeer	No		
Fairweather Lodge	No		

MA Funded Certified Peer Specialist	Yes	10	Dickinson Centers, Inc. provides this services for the county
Other Funded Certified Peer Specialist	No		
Dialectical Behavioral Therapy	No		The Northwest 9 counties are looking at the potential to provide this service
Mobile Services/In Home Medication	Yes	4	Beacon Light provides this services for the county
Wellness Recovery Action Plan (WRAP)	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services	Yes	60	
Self -Directed Services	No		
Supported Education	No		
Treatment for Depression in Older Adults	No		
Consumer Operated Services	Yes	25	Drop In Center
Parent Child Interactive Therapy	Yes	2 families	Beacon Light provides this service for our C&Y program
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	No		
Eye Movement Desensitization and Reprocessing	No		
Other (specify)			

The following are the additional services that will be paid for through the use of State Funds provided by the Commonwealth:

Administration

The service ensures that the State funds which are received by Potter County are utilized to provide services to Potter County residents who are in need. This includes Base Service Unit (BSU) which has the overall responsibility for ensuring services are available. Through its contracting, the BSU insures that services will be provided regardless of the individual's ability to pay;

Administrative Case Management

Is a function undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance (84 Consumers targeted for services);

Blended Case Management

BCM works with individuals who, due to the severity of their mental health problems, have difficulty in dealing with activities of everyday living. Blended Case Managers in Potter County aid these individuals in dealing with problems through outreach and advocacy, to make sure that they receive services necessary to keep them within the community. BCM caseloads are restricted in size by regulation to insure that there will be sufficient contact with each client to meet their individual needs (33 Consumers targeted for service. 29 Adult and 3 children);

Crisis/Emergency Services

This is a service that is provided by both the County of Potter and through provider contracts with Dickinson Center Inc. and Clarion Psychiatric Center. Our daytime services provider, Dickinson Center Inc., provides walk-in, telephone, and mobile outreach during routine office hours. For after hours services can be accessible through the after-hours crisis hotline number 1-877-724-7142 for weekday evening and weekend support. A crisis worker can respond to the scene of the crisis, and assist the individual through the management of the crisis, and through evaluation and referral. When necessary the Crisis worker can assume the role of a delegate for the purposes of determining need for involuntary commitment for inpatient evaluation and treatment. (93 Consumers targeted to receive services);

Family Based

Is an intense, time limited program which works with the identified child/adolescent within the context of the family home. The Family Based program in Potter County is operated by Dickinson Centers Inc., and has multiple teams which serve families within the global family (8 families targeted for services);

Family Support Services

Within Potter County these are services that are provided on a short term basis to enable an individual to stay in a situation where there is supervision, when the individual

requires short term help but does not require hospitalization (7 individuals targeted to receive services);

Medication Management Program

Medication management is defined as the standard of care that ensures each patient's medications whether they are prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended. Medication management includes an individualized care plan that achieves the intended goals of therapy with appropriate follow-up to determine actual patient outcomes. This all occurs because the patient understands, agrees with, and actively participates in the treatment regimen, thus optimizing each patient's medication experience and clinical outcomes. (31 individuals targeted to receive services);

Outpatient Services

Outpatient and outpatient psychiatric services are provided to Potter County residents through a contractual agreement with Dickinson Center Inc. These services include Outpatient Counseling; Psychiatric and Psychological Evaluations; Medication Monitoring; Individual, Group, and family therapy. Dickinson also provides tele-psychiatry and the availability of a nurse practitioner for consumers needing OP services. (641 consumers targeted to receive services);

Partial Hospitalization

Is an intensive, short-term and high structured treatment program designed to continue gains and to prevent relapse and hospital re-admission. Participants receive individualized, goal-oriented psychotherapeutic and educational treatment to support their recovery efforts, whether from mental illness, addiction, or both. Clients often access the program to transition back to the community after inpatient treatment or instead of hospitalization when an intensive program without 24-hour supervision is needed. (2 individuals are targeted to receive services);

Peer Support Services

For adults in Potter County, peer support services is a program that is provided by someone who is on their own recovery journey and has received training in how to be helpful to others who participate in mental health services This services is provided through a cooperative relationship between Dickinson Center Inc., Beacon Light Behavioral Health services and PCHS allowing consumer the freedom of choice. (10 individuals targeted to receive services);

Psychiatric Inpatient Hospitalization

This service is provided through various service providers within surrounding counties. This may be accessed either voluntarily or through the commitment process and is available for MA and Non-MA (5 clients targeted to receive this service);

Psychiatric Rehabilitation

Is a program that is utilized for individuals who require more intense, structure regimen of treatment than is possible through Outpatient counseling, but do not require hospitalization. Psychiatric Rehabilitation utilizes a group format and is available 6 hours a day. In Potter County, consumers usually attend 2 to 3 times per week, depending on the need and level of functioning (60 consumers targeted for services);

Student Assistance Program

This program provides evaluation and counseling within the elementary and secondary schools within Potter County. This service helps students overcome barriers that interfere with their education. SAP allows students to receive needed services within a safe environment, without missing school to keep appointments (80 students targeted to receive services); and

Transitional Housing

Is a program in Potter County that provides temporary housing at the time of re-entry until permanent housing, employment, and/or benefits can be secured. This program provides housing or rental assistance up to 18 months to 2 years to provide sufficient time for individuals to develop a positive rental history, establish admission eligibility for programs with a criminal history related restrictions and/or move to the top of the Section 8 waiting list (8 families targeted for services).

Intensive Out-Patient

The child and adolescent intensive out-patient services in Potter County commenced in January 2013. The program and its services were designed to provide support for at risk children and adolescents whose previous treatment needs were being addressed through a partial hospitalization day treatment service model. With the transformation in the delivery of health care services, many of these consumers were deemed as no longer eligible for the more intensive day treatment program model. Program development and strategic planning discussions with major payers culminated in the decision to provide a less restrictive level of service – intensive out-patient—which would offer up to 12 hours per week of individual and group therapy as its primary modalities. The intensive out-patient program partners with the Seneca Highlands Intermediate Unit-9 to meet individual’s mental health and educational needs. The two organizations’ staff works together as an inter-disciplinary team to ensure the best quality services for the individuals and families served. (18 children or adolescents targeted for services).

*COUNTY UTILIZATION OF
STATE FUNDS*

POTTER COUNTY HUMAN SERVICES

INTELLECTUAL DISABILITIES PROGRAM

INTELLECTUAL DISABILITIES SERVICES

The services of the Intellectual Disabilities office are available to all intellectually disabled residents of Potter County. Services are provided by Supports Coordinators both in the community and residential settings. The Potter County Intellectual Disabilities program also contracts with service providing agencies for a variety of services for disabled citizens. Eligibility for program services is dependent upon an intellectual evaluation with a resulting diagnosis of mental retardation.

The Administrative Entity (AE) acts as the Office of Developmental Programs' (ODP) business agent for the monitoring and qualification of service providers. Given that the Supports Coordination Organization (SCO) is integrated into Potter County Human Services, ODP is responsible for the monitoring and qualification of the SCO. The AE is responsible for the authorization of base and waiver services and must assure that all services provided meet federal and state guidelines.

The Potter County ID program utilizes funds for individuals needing higher level of care and increased supports and services through the Consolidated and Person/Family Directed Support (P/FDS) waivers. Those whose assessed needs can be met through natural supports and community resources may be served through base funding. Every individual who registers and is eligible for waiver services will have a Prioritization of Urgency of Needs for Services (PUNS) completed and may be placed on a waiting list if waiver funds are not available.

The Potter County AE continues to utilize the Independent Monitoring For Quality (IM4Q) process to assure federal and state quality standards. Ascend administers the Supports Intensity Scale (SIS) assessments to determine what the individual needs are.

Below is a chart of the various programs and the clientele to be served in each.

	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	7	10.6%	7	10.6%
Pre-Vocational	3	4.5%	2	3.0%
Adult Training Facility	21	31.8%	22	33.3%
Base Funded Supports Coordination	16	24.2%	18	27.3%
Residential (6400)/ unlicensed	6	9.1%	6	9.1%
Life Sharing (6500)/ Unlicensed	11	16.7%	11	16.7%
PDS/AWC	11	16.7%	10	15.2%
PDS/VF	0	0.0%	0	0.0%
Family Driven Family Support Services	0	0.0%	0	0.0%

Supported Employment

Supported Employment services are overseen by the AE to assure they provide a full range of services which enable people with disabilities to access and succeed in competitive employment. The program goal is to provide full access to employment through the provision of individual support services for people who have historically been excluded from employment. Services have developed from a philosophy that presumes employability for all given the right supports are provided to the individual. Person-centered planning, meaningful job matches, full inclusion in the Potter County workforce, and creative strategies that broaden employment opportunities are all cornerstone practices of our Supported Employment (7 People targeted for this service).

Supports Coordinators meet with the Individuals and the Supported Employment Provider (Dickinson Centers, Inc.) every six months to assess progress being made toward competitive employment.

The employment provider (Dickinson Centers, Inc.) has established contracts with several of the employers in Potter County that assist in employing our people in a meaningful way.

Supports Coordination

The Intellectual Disabilities department provides funding for consumers to participate in the following programs:

- Day Treatment;
- Home & Community Habilitation;
- Supported Employment;
- Medication Management Services;
- Nursing Services; and
- Transportation

Currently no waiting list exists for consumers needing Intellectual Disabilities services.

Life Sharing Options

Life Sharing through Family Living allows individuals with developmental/ intellectual disabilities to live with the support of a loving and caring family within the community. Through this unique program, Dickinson Centers, Inc., and Potter County Human Services encourage individuals to build relationships with new families while ensuring that each individual maintains strong ties to his or her own family of origin. (11 People targeted for this service).

The programs designs and implements a person centered plans according to individual needs and desires. It also provides socialization via recreational, work, and community involvement and offers therapeutic and health care supports.

Expansion plans:

Currently, Potter County Human Services has no individuals in need of this service; however, if needed we will work with our provider(s) to advertise and recruit new families.

Potter County Human Services is in the process of securing additional Intellectual Disabilities providers who are willing to provide services to the consumers within our county.

Cross Systems Communication Efforts

The Potter County A.E. is a part of the Potter County Human Services Management team that includes the following departments:

Mental Health Services;
The S.C.A. for Drug and Alcohol Services;
Early Intervention Services;
The Office of Children, Youth and Family program;
Adult Case Management Services;
Homeless Assistance Program;
Human Services Development Fund program; and
The Area Agency on Aging

The programs meet on a monthly basis to review their individual programs, provide updates on services and discuss the variety of treatment options available to all system partners.

The A.E. also works cooperatively with the other Potter County Human Services agencies as part of an Inter-Agency team that take a holistic approach to meeting the needs of the individual regardless of the primary system or lead agency involved in the person life.

Plan for Emergency Supports

How will individuals be supported in the community if no waiver capacity is available?

- If existing base dollars are available, the AE will utilize these dollars to support the individual. The A.E. does not make Base dollars available for residential services;
- We can provide supports coordination until funds or a waiver slot becomes available.
- We also look to our provider to see if a family living home is available as an option.
- The A.E. will contact other counties to determine if they have any options that we could explore on a temporary basis.

Provide details on your county's emergency response:

- The Potter County A.E. reviews all reportable incidents in HCSIS on a daily basis including weekends to ensure that the health and safety of the individuals we serve are monitored regularly.
- We also have an emergency on-call system where when a call comes in, it is assessed, and transferred to the appropriate program. Once received, the Supports

Coordination Staff; consulting with the program supervisor and in coordination with the A.E. to determine the most appropriate action plan to meet the individual's needs.

- Those in crisis are supported by based funds and services are provided to meet the individual's needs until the A.E. can obtain additional waiver capacity from O.D.P.
- The Potter County A.E. follows the process that if capacity is full, the AE is to contact ODP requesting an additional Consolidated Waiver slot. Unanticipated Emergencies have strict requirements for ODP to issue additional capacity. The AE will contact the Waiver Capacity Manager at ODP via phone and forward the necessary request forms once details of the emergency becomes available. Outside of normal work hours the AE would contact the Wavier Capacity Manager the following work day to request additional waiver capacity and work with ODP to find residential services, most likely outside of Potter County.

Natural Supports

The SCO and AE operate under similar policy and procedures. The ISP policy and procedures require supports coordinators to explore community and family supports prior to the identification of paid supports to meet the individual's needs.

The Administrative Entity (AE) monitors potential risks to individual's health and safety through the review all ISPs submitted by the SCO to ensure that both SCO and providers are acting to mitigate any health and safety concerns. The AE also reviews all IM4Q Considerations submitted by the SCO to ensure that any health and safety concerns identified by IM4Q are addressed by both the SC and provider. In addition, the AE monitors EIM as required by ODP to ensure that both SCO and provider took appropriate action on any incident reported, and that an appropriate corrective action plan was implemented to prevent further incidents. The AE also has frequent communication with the SCO given the SCO and AE are located in the same building and has periodic communication with all providers of service.

Administrative Funding

The Potter County A.E. has reached out to the Arc of Crawford and Arc of Indiana Counties to see if they would be willing to become an advocate for our consumers in order to assist them with information, education, skill building and peer support.

The Potter County SCO and A.E. utilizes the HCQU mostly to resolve issues for individuals with either medical or behavioral challenges. The CQU is invited to the ISP meetings and is considered a team member for our individuals. The HCQU is also utilized as a resource for training on specific topics related to our individual's needs. Data from the HCQU is reviewed by the SCO and A.E. on a yearly basis to determine if the information indicates a need for action through the quality management process.

The Potter County A.E. contracts with the ARC of Indiana County to provide IM4Q services. The SCO and A.E. review all yearly reports from the IM4Q process to determine if the information requires further action.

The Potter County A.E. has one traditional provider and quarterly meetings are held to ensure effective service provision and communication between the two parties. The A.E. provides training to providers with the assistance of ODP on the Quality Management Process through a collaborative effort by the Northern Tier Quality Management Council. The Council also coordinates trainings to the SCO's in an effort to support providers.

The A.E. and SCO participate in all ODP Risk Management trainings and review all incidents through EIM at the A.E., SCO and ISP team meeting level to address concerns of health and safety for individuals receiving services.

The A.E. utilizes the county housing coordinator through LHOT meetings and referrals to the program through inter agency team meetings.

The Potter County A.E. and SCO have a high number of individuals utilizing PDS through the Arc of Crawford County (ACC). The A.E. and the ACC meet to review all ISP's for FY 2016-2017 to ensure that service utilization is managed at a high standard of quality. The A.E. has also incorporated Support Broker services into plans to ensure that services will not be interrupted by over/under utilization. The A.E. and ACC collaboratively have trained all parties involved in the PDS process.

Potter County does not have any individuals in a congregate setting.

The following are the services that will be funded for through the use of State Dollars provided by the Commonwealth:

Administration/A.E. Functions

An Administrative Entity (AE) is a county or non-governmental entity with an agreement or contract with the Office of Disabilities Programs to perform operational and administrative functions delegated by ODP related to the operations of the Consolidated and Person/Family Directed Support (P/FDS) Waivers.

Assessment/Referral

Each new referral to the program is assessed by an independent entity apart from the AE or SCO to determine the individual's adaptive functioning level and eligibility is determined by the AE. After assessment and eligibility is established, referral is made to a SCO and a service plan is developed based on

the needs of the individual. Many needs of the intellectually disabled are met by linking individuals with appropriate agencies located in the community; for example; HUD, social security; County Assistance Office, and/or medical providers. Supports Coordinators provide follow-up contact after referrals to insure the individuals are receiving the appropriate services. (12 consumers targeted for this services)

Supports Coordination

In Potter County, Supports Coordinators assist the individual in identifying, selecting, obtaining, coordinating and using services and natural supports to enhance the consumer's independence, integration in the community and productivity as specified in the individual's plan of care or individual service plan. Supports Coordination is person centered and shall include, but is not limited to, ongoing assessment of the client's strengths and needs; development, evaluation and revision of the plan of care; assistance with the selection of service providers; educating the client of their rights and responsibilities and the monitoring of the plan of care and initiating individualized correction actions as necessary (66 consumers targeted to receive this services);

Home & Community Habilitation

In Potter County these services to help people acquire, maintain, and improve skills that allow them to live independently in their home and participate in their local community. Examples of habilitation include supporting someone to participate in a church activity, learning to cook safely, or learning to use public transportation independently.

Home and Community Habilitation Services enhance the ability of an individual to lead a self-determined lifestyle by providing the support and information necessary to build self-esteem, assertiveness, create a sense of empowerment and allow an individual to make informed choices (24 Consumers targeted for this service); and

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POTTER COUNTY HUMAN SERVICES

HOMELESS ASSISTANCE PROGRAM

HOMELESS ASSISTANCE PROGRAM (HAP)

The Potter County Human Services Coordinated Services Department makes available a continuum of services to persons at risk of becoming homeless or who are currently homeless.

The continuum of services include the following for individuals who provide written notification that they will be evicted or lose their housing if settlement is not made:

1. Individuals or families who can demonstrate a necessity for housing are provided immediate intake services. This process determines the needs of the individuals or families and what services can be offered;
2. At the intake, the individual or family must present an eviction notice, proof of income and any other additional resources available to them, such as family members, friends or other funds.
3. Residents who meet eligibility requirements and require such services as: Emergency shelter, homeless and rental assistance are provided brief case management or service planning activities in order to alleviate the immediate need for housing. Eligibility is determined by utilizing the Housing and Urban Development (HUD) definition of Homelessness or near homelessness;
4. Through the Brief Case management referral services are provided to individuals to programs such as Mental Health, Drug and Alcohol, Medical Assistance Transportation, and older adult services; and
5. Until such a time as case management can begin, families and/or individuals are housed at local hotels or the Northern Tier Shelter. The case managers work with the individuals and/or families to locate options for safe and affordable housing.

Unmet Needs or Gaps:

Available and affordable housing is still limited. With the gas industry still in operations much of the local housing stock is being offered to these companies because they will pay more in monthly rent than what our program can afford.

Transportation and lack of employment continue to be barriers for individuals and families to receive services and maintain a healthy lifestyle.

There is also very little services available for veterans and those individuals with severe psychiatric issues.

The following graph depicts the priority services and the number of consumers that receive assistance with the funds provided through the Homeless Assistance Program:

	Estimated/Actual Individuals served in FY 15-16	Projected Individuals to be served in FY 16-17
Bridge Housing	2	2
Case Management	9	30
Rental Assistance	40	50
Emergency Shelter	19	20
Other Housing Supports	29	30

The following are the services that will be paid for through the use of State Funds provided by the Commonwealth:

Bridge Housing

PCHS assists the consumer with completing the application and then the application and a referral form is forwarded to the Clarion County Housing Authority. Once the application is completed, the applicant is put on a waiting list for a briefing. All of the briefings have been done at the McKean County Housing Authority in Smethport.

PCHS provides transport to all briefings and assists the consumer in locating a suitable apartment and landlord willing to participate in the program. Once the apartment is located and the landlord completes the paperwork supplied by the program and returns it to Clarion. At that time the consumer is placed on another waiting list for a voucher. (2 individuals/families are targeted for this service)

The program is evaluated through quarterly meetings with the McKean County, Clarion County Housing Authorities and the PCHS Housing Coordinator. At these meeting program evaluation occurs to include the need for additional services. No changes are anticipated at this time.

Case Management Program

The Potter County Human Services Homeless Assistance program is funded to assist individuals or families that are homeless or in danger of becoming homeless. Following the initial intake, the HAP case manger works with the client or family in obtaining adequate housing, provision of rental assistance (if possible in conjunction with Section 8 housing), linkage of participants with

appropriate programs such as PHARE, The Potter County Mental Health Housing program and The Housing Authority. A service plan is then developed which documents goals that the client anticipates successfully achieving during their participation in the program, and completion of an exit interview when the client completes the program (30 individuals and or families targeted to receive this service);

The program is monitored by the PCHS Mental Health Director and all cases are reviewed weekly with the Case Manager. Quarterly meetings are held with the Housing Authority to ensure continuity of care and compliance with cooperative agreement between the agencies. No changes are anticipated at this moment.

Rental Assistance Program

This Coordinated Services program is designed to help low and moderate income families rent privately-owned housing. The rental subsidy known as a housing assistance payment is paid directly to the property owner or designated payee. This program is available to a limited number of families and is a one time, once a year payment, up to \$200 for the initial month rent or to stop an eviction. (50 individuals/families targeted to receive this service)

The program is monitored by the PCHS Coordinated Services Director, Mental Health Director and Human Services Administrator and all cases are reviewed monthly with the Case Manager. No changes in the process are expected.

Emergency Shelter

This Potter County Human Services program is designed to provide short-term assistance for needy individuals in the county if they are homeless or potentially homeless. The individual or family must provide verification of need, including family information, financial status, and other available resources. Case management services are offered to assist clients in obtaining adequate housing by working closely with the housing program and individual landlords in the area. Additional case management assistance is offered for ongoing needs. Referrals to other agencies are made available when appropriate (20 individuals are targeted to receive this service);

This program is reviewed on an as needed basis. When placements are made, the Housing Coordinator, Case Manager, MH Director, C.S. Director and Human Services Administrator meet to review the process to ensure a smooth transition and warm handoff to Northern Tier. No changes are required or recommended.

Other Housing Supports

Adult Case Management

Case Management assists consumers with applying for the Medical Assistance Benefits, help in applying for Social Security Disability Benefits, refers consumers to the HUD Program, assists women in receiving WIC Benefits, provides educational and budgeting services, and works with homeless individuals to secure temporary shelter.

Transportation

Transportation is made available to adults in the case management program if a consumer needs a ride to a medical, mental health, drug and Alcohol or other appointments made in conjunction with their treatment plan. (30 individuals targeted to receive this service);

Homeless Management Information System

Potter County has not implemented a system as of this date. We are first trying to determine if the current system will meet the needs

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POTTER COUNTY HUMAN SERVICES

*OFFICE OF CHILDREN, YOUTH &
FAMILY SERVICES*

CHILD WELFARE (OCYF)

Successes

The statewide safety management process has been established with prompt response to child abuse/neglect referrals, and defined time responses to referrals involving very young children;

A major program goal is to reduce out-of-home placements of delinquent or dependent Potter County youth through the encouragement of strong, stable families, and the delivery of early interventions and/or referrals to the appropriate community-based service providers was realized this fiscal year;

The county C&Y department continued to provide countywide and school-based Youth Mentoring, MH and Student Assistance Programs, School/Community Recreation and Education Programs, and Teen Suicide Prevention, have done much to encourage positive working relationships between Potter County CYS and the five Potter County school districts;

A countywide Child Death Review team has been developed to review all child deaths and those patterns of maltreatment or mishaps resulting in tragedies and determines any actions of correction/prevention for recommendations to and implementations by the Potter County C&Y program; and

All Children & Youth has established a County Wide Truancy protocol that includes the 5 Potter County School Districts, the local magistrates, juvenile probation and the Potter County Court system.

Challenges:

There is a notable increase in CPS number investigation which requires a timely investigation. Because of the increase in numbered reports, workers are spending more time examining the cases and less time actually performing preventive case work services.

High levels of poverty, unemployment, lack of housing and public transportation have led to higher caseloads in an effort to ensure children are safe and living in a suitable environment.

Allocated Funds from the Block Grant are Utilize in Conjunction With other Funding to provide the following array of services:

School Based Intensive Case Management

The Children & Youth program has implemented a program that will provide a school-based approach to breaking the cyclical effects of family dysfunction, through the placement of a full-time, Children, Youth & Families Intensive Case Manager (ICM) in the five (5) Potter County school districts. The ICMs will work in cooperation with the existing school-based services (Student Assistance Program, Yellow Ribbon, and the Suicide Prevention Program and other local agencies) to provide an array of coordinated and comprehensive services to Potter County youth and families.

Case management services provided by the ICMs include: intake; assessment; on-site child abuse neglect investigations; communication with youth and parents of youth who are truant or involved in other status offenses; and information and referral to other appropriate resources. State and federal legal requirements and procedures for obtaining parental consent, mandated reporting, confidentiality, HIPAA, etc. are followed. ICMs also are able to provide some group opportunities for youth, in collaboration with other school-based providers such as the SAP, Teen Suicide Prevention, Youth Mentoring, etc. (approximately 150 youth to be served by this service)

Integrated Children's Service Planning

With this funding stream available for many years, Potter County was able to provide many additional prevention/educational programs including a 2 year dental grant which served approximately 64 children needing "urgent" care; a centralized unit that has evolved into the use of the CANS assessment tool; an established annual Teen Conference for all 7th and 8th graders in the county and start up funds for a "Boys and Girls Club." Programs and initiatives from the ICSP process that remain are the annual signature event, "Family Fun Fair" that provides free educational services within a carnival type atmosphere, that makes available to individuals and families all the services within Potter County that are available to them. Each family has an opportunity to receive prizes, trips, and most importantly educational materials that will assist them in their daily lives. The ICSP/Family Collaborative Council (FCC) Collaborate team is another sustained result of the ICSP funding. This team has close to 50 members with a high participation rate on a quarterly basis.

Trailblazers

The Trailblazers program is a court sponsored, Probation/CYS operated summer work program for at-risk dependent/delinquent youth. The program goals are for these adolescents to learn self-improvement skills, develop positive work experiences, and provides for supervised summer time. (10 children are targeted for this program;

Ages and Stages

Ages and Stages are conducted for all pre-school age children entering the Potter County System and needed referrals are made to the Early Intervention program; (10 children are targeted for this program)

Vocational Mentoring

This practice will focus on youth ages 16-21, delinquent or dependent, that are in placement, Independent Living, After Care or at risk for out-of-home placement and are in need of work experience and vocational planning toward adult independence and well-being. Also work in collaboration with the 5 Potter County School Districts, The Potter County Education Council and Intermediate Unit 9 to provide vocational mentoring to students in grade 6 – 12 to assist them with career and vocational choices. (These programs will serve approximately 600 youth);

Housing

The CYS department provides housing support to identified families through traditional CYS mandates and the Independent Living Program. The first involves categorical funds to be used to assist selective families that are at risk of out-of-home placement of children to receive financial help in maintaining utilities, rental assistance, garbage removal and property clean-up.

Through the Independent Living program, a home has been leased in order to provide “transitional housing” for young adults until they can complete their high school education or find employment and permanent housing or to escape homelessness. (This program serves 4 youth and is projected to assist 6 youth);

Alternatives to Truancy

A county wide truancy program has been developed in conjunction with all five (5) Potter County School District’s, Potter County Juvenile Probation and the District Judges in an effort to provide a consistent and uniform response to illegal absences and excessive legal absences. A 6 hour Parent Truancy Education curriculum has been developed to help educate the parents on the negative affects of excessive school absences. The primary goal or objective of this program is to reduce student absenteeism and drop out rate within all five (5) Potter County school districts.

Boys and Girls Club of Potter County

This is a PA Promising Practices program modeled after the national organization of the Boys and Girls Club of America. It is a proven after-school program for elementary – middle school age youth needing supervision, but in addition gaining academic support, enrichment activities, character building and peer socialization.

Such a program is needed in a rural county of working class families struggling to make ends meet and may not have the financial resources to procure safe and healthy child care and instruction for the hours between 3:00 – 6:00 pm., left unsupervised, a prime time for youth to be exposed to and participate in drug usage and other pre-delinquent/delinquent activities or victimization.

An 8th class county such as Potter, has few after-school, supervised programs in any of the many communities, no YMCA or YWCA’s, no recreation centers, and no extended day-care hours. And with the economy still in a slump, low and middle class families are looking for after school programs to prevent the need for “latch key kids”.

	Outcomes	
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate. 	
Permanency	<ol style="list-style-type: none"> 1. Children have a permanency and stability in their living arrangement. 2. Continuity of family relationships and connections are preserved for children 	
Child & Family Well-Being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children’s needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral needs. 	
Outcome	Measurement & Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
1. Continuity of family relationships and connections are preserved for children	Will be based on the specific program requirements that the children & families are participating in	PCIT; Family Group Decision Making; and Multi-Systemic Therapy

2. Children are protected from abuse and neglect	PCHS C&Y will continue to look at the overall percentages of child abuse with the ultimate goal of a routine (0) re-abuse statistic	Family Group Decision Making; CPS Case Management; School Based Case Management; and PCIT.
3. Children have a permanency and stability in their living arrangement	PCHS C&Y will continue to monitor data and information to ensure children are maintained in their own home and not re-enter into care.	Family Group Decision Making; CPS Case Management; PCIT; Multi-Systemic Therapy; and Court Ordered Paralegal services

Programs being Funded Through the Human Services Block Grant

Multi Systemic Therapy

MST in Potter County is an intensive family and community based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders, their homes and families, schools and teachers, neighbourhoods and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families. MST works with the toughest offenders ages 12 through 17 who have a very long history of arrests (10 children and families are target for this program); and

Program Name:	Multi-Systemic Therapy
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Request Type	Enter Y or N		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017		N	
Requesting funds for 2016-2017 (new, continuing or expanding)	New	Continuing	Expanding
		X	

Program Description:

MST is a proven program for Potter County being responsive to at-risk youth that demonstrate conduct disorder, non-compliant, pre-delinquent type behaviors/personalities destined for out-of-home placements. MST has prevented such placements and even allowed youth to be closed out with the CYS system, being responsive to family needs.

In other cases, MST has assisted with permanency planning, shortened placement. One such example for the past FY was a young man that had been the one re-entry dependent youth in and out and back to emergency shelter because of chronic truancy and overall incorrigibility, living with a legal guardian due to his estranged relationship with bio mom living in Georgia. In the two years that CYJ worked with this family, the boy repeatedly refused to consider living with his mother, first because he didn't want to leave a familiar school which he subsequently didn't attend and then because he 'hated' her, but with no reasons given. Through the confinement of shelter and MST persisting in working with this young man, phone calls took place between he and mom, resulting in reconciliation and he being reunited with his mother in early June. MST reports that both mom and son stay in touch with the MST worker for ongoing support. This reunion may not have happened without this program's assistance.

Additional Funding Provided Through The Needs Based Budget

The Potter County Children & Youth program has requested \$10,000 for the continuation of this program. The HSBG money will be used to offset a portion of the cost of a caseworker to oversee this program.

	15/16	16/17
Target Population	Target Population for MST – Youth 12 -17 years old at risk for out-of-home placement due to antisocial or delinquent behaviors and/or youth involved with the Juvenile Justice or CYJ Systems.	Target Population for MST – Youth 12 -17 years old at risk for out-of-home placement due to antisocial or delinquent behaviors and/or youth involved with the Juvenile Justice or CYJ Systems.
# of Referrals	8	10
# Successfully completing program	8	10
Cost per year	\$10,000	\$10,000
Per Diem Cost/Program funded amount	\$38.00/unit	\$38.00/unit
Name of provider	Beacon Light	Beacon Light

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

Yes

If yes, explain the reason:

Many of the children that were served in this program qualified for Medical Assistance or Community Care Behavioral Health paid for the service.

To ensure that appropriate levels of funding are maximized and effectively allocated, Potter County Human Services is requesting the actual dollar amount in FY 16/17 that was utilized in FY 15/16.

Family Group Decision Making

Family Group Decision-Making (FGDM) provided in Potter County is a meeting with the entire family. FGDM brings together family, friends, the social worker and service providers to work as a team. The service is an option that may be offered to Potter County families by a C&Y case worker, if a child or family has been referred to Child and Family Services. The meeting is about the family taking charge of their lives. The goal is to help each family work out a safety plan to address the care and safety of the children. If families choose a Family Group Decision-Making meeting, they are allowing the important people in their lives to share their knowledge, their concerns, and the strengths they see in each family unit to help all team members in making the best decisions possible for the children (15 families are targeted or this service).

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

Request Type	Enter Y or N		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017		N	
Requesting funds for 2016-2017 (new, continuing or expanding)	New	Continuing	Expanding
		Y	

Program Description:

FGDM is a very practical approach to problem solving and treatment planning. It engages parents/caregivers in making decisions on behalf of their families with the assistance of clearer minds (support persons and service providers), and the assurance from these same people of their support for the determined plan. It also places the CYS facilitators and CW in a more positive role, in most cases, with the Agency providing an opportunity for parents to be an equal partner at the table.

Clearly, FGDM will impact service delivery and family outcomes at all levels of service planning (in-home, placement, permanency planning, transition of aging out youth), etc. The process intends to move families/youth forward to a better place, or perhaps come to grips with difficult decisions that must be made for an intended outcome.

Additional Funding Provided Through The Needs Based Budget

The Potter County Children & Youth program has requested \$5,000 for the continuation of this program. The HSBG money will be used to offset a portion of the cost of hiring a caseworker to oversee this program.

	15/16	16/17
Target Population	Active families with CYS that are at a crossroads in regards to progress toward a FSP/Placement/Permanency Goal and would benefit from the FGDM structure in making a decision/define a goal for forward progress.	Active families with CYS that are at a crossroads in regards to progress toward a FSP/Placement/Permanency Goal and would benefit from the FGDM structure in making a decision/define a goal for forward progress
# of Referrals	15	7
# Successfully completing program	15	7
Cost per year	\$9,550	\$8,608
Per Diem Cost/Program funded amount	\$9,550	\$8,608
Name of provider	P.C. CYS	P.C. CYS

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

Yes

If yes, explain the reason:

Lower than anticipated referrals for the program

Vocational Mentoring

Program Name:	Vocational Mentoring
---------------	----------------------

Request Type	Enter Y or N		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017		N	
Requesting funds for 2016-2017 (new, continuing or expanding)	New	Continuing	Expanding
			Y

Program Description:

Vocational mentoring is a program that is very responsive to Fostering Connections (aging out youth), the previously described PA Academic, Career and Technical Training (PACTT) and the guidelines of Independent Living, to name a few. It provides for a framework to educate and prepare youth realistically for their futures and indirectly affect improved and healthier family living and school retention, not to mention minimal compensation. (600 youth are projected to participate in this program)

Job exposure and experience will be supervised and measured by job supervisor/coach through surveys regarding youth’s performance, job satisfaction and job aptitude. User friendly vocational testing will be made available through employment partners such as Career Link, Educational facilities i.e. intermediate unit and secondary vocational programs and the I.L. Program. Finally, community leaders will be recruited for job shadowing and job coaching and visits made to post-educational programs regarding career choices with feedback from youth being collected by case management.

	15/16	16/17
Target Population	Identified youth, ages 16 -21, either delinquent/dependent youth that are in placement, IL After-Care or at risk for out-of-home placement and are in need of work experience and vocational planning toward adult independence and well-being.	Identified youth, ages 16 -21, either delinquent/dependent youth that are in placement. Also all children in the 5 Potter County schools will be provided with Vocational Mentoring services provided by the Intermediate Unit to assist the child in making informed career choices.

# of Referrals	540	600
# Successfully completing program	540	600
Cost per year	\$30,000	\$38,592
Per Diem Cost/Program funded amount	\$30,000	\$38,592
Name of provider	IL & Ed. Council	Ed. Council

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

No

Parent-Child Interaction Therapy (PCIT)

Parent-Child Interaction Therapy (PCIT) This is a new program being contracted for Potter County families and the requested amount of funding below is needed for expected start-up costs of staffing, physical facility and staff training along with the consumer needs, such as transportation, for non-M.A. families (5 families are targeted or this service).

Program Name:	Parent-Child Interaction Therapy
---------------	----------------------------------

Request Type	Enter Y or N		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017		N	
Requesting funds for 2016-2017 (new, continuing or expanding)	New	Continuing	Expanding
		X	

Program Description:

PCIT is a very practical approach to problem solving and teaching parent proper and appropriate disciplining techniques. PCIT will teach parents to be safe caretakers now and as their children grow coaching good one-on-one communication, appropriate and effective discipline toward behavior management and building on a loving, nurturing relationship between child and parent for a lasting bond.

Subsequently, children vulnerable to abuse or possible removal from the family unit due to his/her unmanageable behaviors can be maintained safely in their own home with parent confident in handling the behaviors.

PCIT will address child safety and re-entry should a child become a placement child as far as benchmarks, and is responsive to all three Federal outcomes, safety, permanency and well-being. Data collection and outcome measurements will be conducted by the provider according to the model’s guidelines, as well as observation by helping agencies regarding family stability. This model has great potential for new adoptive parents or kinship caregivers taking on new caretaker roles for younger children in their homes with concerning behaviors.

Additional Funding Provided Through The Needs Based Budget

The Potter County Children & Youth program has requested \$5,000 for the continuation of this program. The HSBG money will be used to offset a portion of the cost for payment for any non-MA families.

	15/16	16/17
Target Population	Children ages 2.5 to 7 years with disruptive behaviors, ADHD, OD, early signs of conduct disorder and their parents. (Outside referrals from other agencies will be accepted for service as resources are available.)	Children ages 2.5 to 7 years with disruptive behaviors, ADHD, OD, early signs of conduct disorder and their parents. (Outside referrals from other agencies will be accepted for service as resources are available.)
# of Referrals	15	5
# Successfully completing program	3	5
Cost per year	\$10,000	\$5,000
Per Diem Cost/Program funded amount	\$10,000	\$5,000
Name of provider	Beacon Light	Beacon Light

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

No

***COUNTY UTILIZATION OF
STATE FUNDS***

POTTER COUNTY HUMAN SERVICES

***DRUG & ALCOHOL SERVICES
COUNTY SCA***

DRUG AND ALCOHOL SERVICES

The Potter County SCA is designed to promote a healthy community and reduce the harmful effects associated with alcohol, tobacco, and other drug use, while remaining responsive to, and reflective of the diversity among individuals, families and communities.

The Potter County SCA completes screenings and assessments for any resident of Potter County who is seeking Drug and Alcohol treatment. Many of the clients are court ordered to undergo assessments due to legal charges. Clients will receive an initial screening and then be scheduled for an assessment with our Case Management Specialist. The Case Manager will then determine the most appropriate level of care.

Access to Services

To access case management and treatment services through the Potter County Drug and Alcohol program, anyone in need of services can call or walk into the SCA. The Case Manager will also travel to the Potter County Jail, Potter County Probation office, Cole Memorial Hospital, Tioga County Jail, McKean County Jail, Tioga Detention Center and other possible locations. Any person in need of services has to be a Potter County resident; however, if a client is a resident in another county and is without resources to access services in that county, the SCA Director will contact the other county's SCA Director and request verbal approval to complete an assessment on the client. CMs from each county will establish communication regarding the client's needs and the process to facilitate meeting those needs.

Waiting List Issues

Currently the Potter County SCA does not have any waiting list for services. All individuals who have requested services have been able to have their needs met.

County Limits on Services

- If the client leaves residential treatment against facility advice (AFA), referral for re-admission to residential treatment may be restricted for a period of 30 days;
- The SCA will limit the number of inpatient admissions to 1 per year pending the financial state of the SCA and the treatment limitations do not apply to pregnant women who are a priority population;
- Inpatient funding will be authorized for 21 days, Partial Hospitalization will be authorized for 10 days and Intensive Outpatient will be authorized for a maximum of 8 sessions, there are no treatment limitations for Outpatient Treatment except for incarcerated individuals who will receive a maximum of 8 outpatient sessions. The treatment limitations do not apply to pregnant women who are a priority population; and

- Failure to show up for a scheduled ride to rehab may result in a minimum of a two (2) week waiting period before another placement can be arranged.

Coordination of Care Across the Systems

The Potter County SCA's coordination within the county human services system is achieved through active participation in the following committees:

- Child Death Review Team
- Potter County Human Services Advisory Board
- Victim Assistance Policy Board
- Disaster Crisis Outreach and Response Team
- Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA)
- Training Committee through PACDAA
- Local Housing Options Team
- School Based Behavioral Health Committee for BHAU
- Buprenorphine Workgroup for BHAU
- Criminal Justice Advisory Board for Potter County
- Potter County DUI Treatment Court – Data and Evaluation / Assessment
- Student Assistant Program
- Yellow Ribbon Committee
- Pennsylvania Case Management Network
- Disciplinary Board of the Potter County Jail
- North Central District AIDS Coalition

Emerging Substance Use Trends

During the last year the SCA has observed an increase in the use/abuse of synthetic drugs, heroin and prescription medications. Over the past 12 months there have been 10 overdoses reported with 2 resulting in death as per State Police. The treatment demand has increased with the emerging trends and at times has caused the SCA to create a waiting list for inpatient treatment.

The Potter County SCA meets the needs of Individuals with Co-occurring psychiatric and substance use disorders by screening/assessment, outpatient, intensive outpatient, partial, recovery support services, detoxification and non-hospital inpatient. The SCA will use funding from this plan to lift the SCA's current treatment restrictions allowing longer length of stays in intensive outpatient, partial, recovery support services, halfway house, detoxification and non-hospital inpatient. The SCA does not place any treatment limitations on pregnant women seeking treatment. The SCA does not pay for medication assisted treatment due to limited funding but funding from this plan may allow for that in the future.

Comprehensive Overview of the Services, Supports and challenges

Services and Supports

Case Coordination

The Potter County SCA Case coordination is offered to all Potter County residents. Case Coordination is a collaborative process between the client and the case manager that facilitate the access to available resources and retention in treatment and support services, while simultaneously educating the client in the skills necessary to achieve and maintain self-sufficiency and recovery from substance abuse disorders. The two primary goals of case coordination are:

- To increase client retention in and completion of treatment in order to move clients toward recovery and self-sufficiency and
- To increase client access to core services such as primary health care, psychiatric care, stable and secure living environment, positive support network, vocational training and employment.

Case Coordination stresses comprehensive assessments, service planning and resource coordination to address multiple aspects of a client's life (77 clients are targeted for this services);

Inpatient Non-Hospital Treatment

This program is provided through contracted providers and is specifically geared toward individual who have been determined clinically appropriate for inpatient substance abuse treatment. Each client will receive treatment plans tailored to their specific needs (12 individuals are targeted to receive this level of care); and

Outpatient/Intensive Outpatient

Within Potter County this service is provided by Alcohol and Drug Abuse Services, Inc. and emphasizes recovery skills, support and hope in a confidential, safe environment. The goal is to encourage individuals whose lives have been affected by substance abuse and chemical dependency to work on personal life issues related to their individual circumstances (15 individuals are targeted to receive this service).

Drug and Alcohol Case Management

The purpose of the case management program is to provide drug, alcohol and supportive services to Potter County residents with confirmed or suspected substance abuse problems.

The objective is to evaluate strengths and needs, link to services, advocate for client rights and assist the client in achieving their goals (35 clients are targeted to receive this service); and

Challenges

The major challenge in providing services in Potter County is the lack of services within Potter County. The only level of care provided within Potter County is 1A Outpatient, all other levels of care are provided out of county which creates another challenge which is transportation to services.

Another challenge is the small amount of prevention funds the SCA receives. The SCA has 5 school districts that are great distances from each other and we are required to provide SAP and prevention services to the five school districts on very limited funding.

Targeted Populations

Older Adults (ages 55 and above)

Current services available that can be paid for by the SCA are: screening/assessment, outpatient, intensive outpatient, partial, recovery support services, detoxification and non-hospital inpatient. The SCA will use funding from this plan to lift the SCA's current treatment restrictions allowing longer length of stays in intensive outpatient, partial, recovery support services, halfway house, detoxification and non-hospital inpatient. The SCA does not place any treatment limitations on pregnant women seeking treatment. The SCA does not pay for medication assisted treatment due to limited funding but funding from this plan may allow for that in the future.

Adults (ages 18 to 55)

Current services available and paid for by the SCA for this population are: screening/assessment, outpatient, intensive outpatient, partial, recovery support services, detoxification and non-hospital inpatient. The SCA will use funding from this plan to lift the SCA's current treatment restrictions allowing longer length of stays in intensive outpatient, partial, recovery support services, halfway house detoxification and non-hospital inpatient. The SCA does not place any treatment limitations on pregnant women seeking treatment. The SCA does not pay for medication assisted treatment due to limited funding but funding from this plan may allow for that in the future.

Transition-Age Youth (ages 18 through 26)

Current services available and paid for by the SCA for this population are: screening/assessment, outpatient, intensive outpatient, partial, recovery support services, detoxification and non-hospital inpatient. The SCA will use funding from this plan to lift the SCA's current treatment restrictions allowing longer length of stays in intensive outpatient, partial, recovery support services, halfway house detoxification and non-hospital inpatient. The SCA does not place any treatment limitations on pregnant women seeking treatment. The SCA does not pay for medication assisted treatment due to limited funding but funding from this plan may allow for that in the future.

Adolescents (under 18)

Current services available and paid for by the SCA for this population are: screening/assessment, student assistance program, prevention programs, outpatient, intensive outpatient, partial, recovery support services, detoxification and non-hospital inpatient. The SCA will use funding from this plan to lift the SCA's current treatment restrictions allowing longer length of stays in intensive outpatient, partial, recovery support services, detoxification and non-hospital inpatient. The SCA does not place any treatment limitations on pregnant women seeking treatment.

Recovery-Oriented Services

The SCA in cooperation with the Oxford House opened a recovery house in Potter County in July 2014.

The SCA has developed a Recovery Support Services program with Alcohol and Drug Abuse Services, Inc. and started the program on May 19, 2014.

ADAS and the County SCA provide the following:

- After Care Support Groups;
- The establishment of an Oxford House;
- Recovery Support Specialist Services;
- F.A.S.D. Awareness;
- I.D.U Outreach;
- HIV/Aids Coalition Workgroup;
- Participate in the County LHOT for Transitional Housing; and
- Too Good for Drugs Prevention program in the 5 Potter County School Districts.

The SCA continues to work toward implementing a formal ROSC transformation within Potter County. The SCA has added Recovery Oriented Systems of Care (ROSC) language to the provider contracts and is also working with the Senior Director of Substance Use Disorder Initiatives at Community Care Behavioral Health for guidance and assistance with the ROSC process.

The Potter County SCA Provides Services to the Following:

The SCA's targeted population is:

- Pregnant injection drug users;
- Pregnant substance users;
- Injection drug users; and
- Overdose Survivors
- All others.

The SCA provides the targeted population with:

1. Screening and Assessments
2. Emergency Assessments
3. Emergent Care Referrals
4. The SCA provides Interim Services to the pregnant population and the IDU population.
5. Interim Services consist of (but are not limited to) the following:
 - Counseling and education about HIV and TB
 - Counseling and education about risks of needle sharing
 - Counseling and education about risks of transmission to sexual partners and infants
 - Counseling and education about steps that can be taken to ensure that HIV and TB transmission do not occur
 - Referral for HIV and TB treatment services, if necessary:
 - Counseling on the effects of alcohol and other drug use on the fetus
 - Referral for prenatal care
 - Referrals for Emergency Shelter
 - Referrals for Domestic Violence
 - Referrals for Sexual Assault
6. The full continuum of care shall include the following services:
 - Outpatient to include intensive outpatient (adult and adolescent);
 - Partial hospitalization (adult);
 - Halfway house (adult);
 - Medically monitored detoxification (adult);
 - Medically monitored residential (adult, adolescent, and women with children)

- The Potter SCA will contract with a licensed and approved methadone maintenance provider and refer adult clients for its service as indicated by the PCPC for Adults.

Individual with Co-Occurring disorder:

The SCA provides the targeted population with:

1. Screening and Assessments
2. Emergency Assessments
3. Emergent Care Referrals
4. The SCA contracts with OP providers and IP providers who have co-occurring certified therapists.
5. The SCA works with local mental health providers and makes referrals as needed.
6. The full continuum of care shall include the following services:
 - Outpatient to include intensive outpatient (adult and adolescent);
 - Partial hospitalization (adult);
 - Halfway house (adult);
 - Medically monitored detoxification (adult);
 - Medically monitored residential (adult, adolescent, and women with children)
 - The Potter SCA will contract with a licensed and approved methadone maintenance provider and refer adult clients for its service as indicated by the PCPC for Adults.

Criminal Justice Individuals:

The SCA provides the targeted population with:

1. Screening and Assessments
2. Emergency Assessments
3. Emergent Care Referrals
4. The SCA will provide information about the County’s DUI Treatment Court and/or Drug Treatment Court.
5. The SCA contracts with OP providers and IP providers who utilize Cognitive Restructuring Therapy.
6. The SCA provides screening and assessments at the jail and/or probation.
7. The SCA provides screening and assessments at the Potter County Women’s Residential Rehabilitation Center.
8. The full continuum of care shall include the following services:
 - Outpatient to include intensive outpatient (adult and adolescent);
 - Partial hospitalization (adult);
 - Halfway house (adult);

- Medically monitored detoxification (adult);
- Medically monitored residential (adult, adolescent, and women with children)
- The Potter SCA will contract with a licensed and approved methadone maintenance provider and refer adult clients for its service as indicated by the PCPC for Adults.

Veterans:

The SCA provides the targeted population with:

1. Screening and Assessments
2. Emergency Assessments
3. Emergent Care Referrals
4. The SCA will provide Veterans with contact information for local and state Veteran services.
5. The full continuum of care shall include the following services:
 - Outpatient to include intensive outpatient (adult and adolescent);
 - Partial hospitalization (adult);
 - Halfway house (adult);
 - Medically monitored detoxification (adult);
 - Medically monitored residential (adult, adolescent, and women with children)
 - The Potter SCA will contract with a licensed and approved methadone maintenance provider and refer adult clients for its service as indicated by the PCPC for Adults.

***COUNTY UTILIZATION OF
STATE FUNDS***

POTTER COUNTY HUMAN SERVICES

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

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

The following are the services that will be paid for through the use of State Funds provided by the Commonwealth:

Adult Services

Program Name/Description: Funding also assists in providing case management services for individuals under the age of 60. This program provides supportive services to Potter County residents and to evaluate their needs, link to services, and assist the consumer in finding employment, housing and treatment services.

Changes in Service Delivery from Previous Year: New

Specific Services: Adult Case Management Services

Specific Expenditures: \$10,000 for 35 individuals

Aging Services

Program Name/Description: Funding for this service goes to provide Older Adults with congregate meals on a daily basis for those who attend the four (4) Potter County Senior Centers

Changes in Service Delivery from Previous Year: None

Specific Services: Congregate Meals

Specific Expenditures: \$1,235 for 40 individuals

Program Name/Description: PCHS also provides funding for home delivered meals or the “Meals on Wheels” program for those senior adults who qualify for the program.

Changes in Service Delivery from Previous Year: None

Specific Services: Meals on Wheels

Specific Expenditures: \$3,072 for 70 individuals

Program Name/Description: Funding also assists in protective and case management services for individuals over the age of 60. This program provides supportive services to Potter County residents and to evaluate their needs, link to services, and assist the consumer in remaining in their home.

Changes in Service Delivery from Previous Year: None

Specific Services: Protective and Case Management Services

Specific Expenditures: \$20,000 for 35 individuals

Children & Youth Services

None

Generic Services

Program Name: This is a program that is available to the general public and also doubles as an Intake program. Services are provided to walk-ins or by telephone. Information is available on a wide range of subjects. Pamphlets, tax rebates and other social service applications are available. Referrals to other agencies are made when appropriate

Changes in Service Delivery from Previous Year: None

Specific Services: Information and Referral

Specific Expenditures: \$6,384 for 3828 individuals

Program Name: This program funds transportation services for Aging, Mental Health, Intellectual Disabled and Drug and Alcohol consumers to help break the barriers clients have in receiving services. Transportation is offered to assist individuals attend medical appointments, dialysis, and treatment services.

Changes in Service Delivery from Previous Year: None

Specific Services: Transportation

Specific Expenditures: \$15,000 for 10 individuals

Specialized Services

Program Name: The CS program also works with local merchants so that qualifying/needful families have either a turkey or ham and other dinner items for the Thanksgiving and Christmas holidays.

Changes in Service Delivery from Previous Year: None

Specific Services: Holiday Meal Program

Specific Expenditures: \$500 for 225 individuals

Program Name: This program utilized HSDF dollars to ensure needy families and children receive Christmas gifts, clothing and furniture. The funds go to a program called "The Christmas House" and they provide the gifts, clothing and furniture to the consumers.

Changes in Service Delivery from Previous Year: None

Specific Services: Holiday Program

Specific Expenditures: \$1,000 for 50 individuals

Program Name: Potter County Humans Services also works with the Coudersport Ministerium in a transitional housing program to ensure that needy individual and families are provided with a safe environment to live in an emergency situation (3 days or less). This program also will provide rental assistance to individuals and/or families who are in danger of eviction or homelessness. PCHS pays several vendors like, local motels and the Northern Tier Children's Home for temporary housing of referred individuals.

Changes in Service Delivery from Previous Year: None

Specific Services: Transitional Living Program

Specific Expenditures: \$4,392 for 25 individuals

Interagency Coordination:

Additionally, Coordinated Services participates in the following activities:

- County-Wide prevention services that include the 5 Potter County Schools, Potter County Probation, the Potter County Judicial System; Mental Health, Children & Youth, Drug and Alcohol and community providers;
- Assists in the coordination of staff training and development for all Potter County Human Services agencies and their employees;
- Provides supportive services to categorical programs such as Children & Youth, Mental Health, Intellectual Disabilities, Aging and Drug and Alcohol;
- Provides information and referral services to the community; and
- County Wide Transportation.

Administrative/Management Activities:

HSDF is used to meet the needs of individuals between the ages of 19 and 59, who do not qualify for MH/ID/CY/DA services. This program provides information and referral services to consumers so that they are afforded the opportunity to take advantage of any and all services that are available within Potter County. Its purpose is to help residents with Housing, Rental and Energy Assistance. Through this program consumers who do not possess a Medical Assistance Card are offered transportation services for things like medical appointments and grocery and clothing shopping.

These funds also provide an additional Case Management Program designed to meet the needs of individuals who do not qualify for MH/ID services. Case Management assists consumers who are in need, to secure any or all of the following services, help in applying for the Medical Assistance Benefits, help in applying for Social Security Disability Benefits, refers consumers to the HUD Program, assists women in receiving WIC Benefits, provides educational and budgeting services, and works with homeless individuals to secure temporary shelter.

Appendix A

Assurance of Compliance

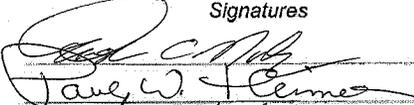
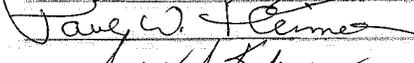
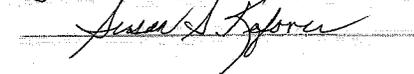
Appendix A
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN ASSURANCE OF COMPLIANCE

COUNTY OF: POTTER

- A.** The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B.** The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C.** The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D.** The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
		Date: 2/7/16
		Date: 7/7/16
		Date: 7/7/16

Appendix B

Eligible Human Service Definitions

Mental Health

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

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

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

Administrator's Office

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

Administrative Management

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

Adult Development Training

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment Related Services

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

Community Residential Services

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

Community Services

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

Consumer Driven Services

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

Crisis Intervention

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

Emergency Services

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

Facility Based Vocational Rehabilitation Services

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

Family-Based Services

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

Family Support Services

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

Housing Support Services

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

Other

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

Outpatient

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

Partial Hospitalization

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

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 01, 2006.

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disability

Administrator's Office

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

Case Management

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

Community Residential Services

Transitional residential habilitation programs in community settings for individuals with chronic psychiatric disabilities. This service is full-care CRRS for adults with mental retardation and mental illness.

Community Based Services

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

Other

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

Homeless Assistance

Bridge Housing

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

Case Management

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

Rental Assistance

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

Emergency Shelter

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

Other Housing Supports

Other supportive housing service for homeless and near homeless persons that are outside the scope of existing HAP components.

Children and Youth

Promising Practice

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

Housing

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

Alternatives to Truancy

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

Evidence Based Programs

Program or activity provided by the county or through a contracted private provider that includes: Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Family Group Decision Making (FGDM), Family Development Credentialing (FDC), or High-Fidelity Wrap Around (HFWA).

Multi-Systemic Therapy (MST)

Intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juveniles. This approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

Functional Family Therapy (FFT)

An empirically grounded, well-documented and highly successful family intervention program applied to a wide range of at-risk youth aged 11-18 and their families, including youth with conduct disorder, violent acting-out, and substance abuse with interventions that range from 8 to 12 one-hour sessions, up to 30 sessions of direct service. These interventions are conducted in both clinic settings as outpatient therapy and as a home-based model.

Multidimensional Treatment Foster Care (MTFC)

Originated as an alternative to institutional, residential and group care placements for boys with severe and chronic criminal behavior, this has been adapted and tested with children with severe emotional and behavioral disorders, girls with severe delinquency, and youth in foster care.

Family Group Decision Making (FGDM)

FGDM is a family-centered practice that maximizes family input and decision making with professional agency support. The family defines its membership, which often extends beyond blood or legal ties. This practice is inclusive because the family is viewed both vertically (including multiple generations) and horizontally (both mother's and father's side even if one parent is not available).

FGDM conferences are culturally relevant, responsive and include an opening ritual selected by the family to emphasize their cultural link and to help participants to focus on the meeting's purpose. The community, as evidenced by agency and other professionals, is also supportive. Safety is the paramount concern. It is important for the family conference to take place in a manner that is conducive to family interactions, safety and privacy. Preparation is critical to address issues that may compromise the creation and support for a family's plan and family alone time is provided when all agency representatives and other professionals leave the room and allow the family to make decisions and craft their plan.

Family Development Credentialing (FDC)

A professional development course and credentialing program for caseworkers (public and private) to learn and practice skills of strength-based family support with families. FDC trainees work with families across the life span including families with young children, teen parents, people with disabilities, and many other groups. Staff must complete 90 hours of interactive classroom instruction and portfolio advisement; prepare a Skills Portfolio with support of a portfolio advisor; and pass a state credentialing exam.

High-Fidelity Wrap Around (HFWA)

The wrap around process is a way to improve the lives of children with complex behavioral health needs and their families. It is not a program or a type of service. Instead, the process is used by communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a youth and family centered team, is individualized based on the strengths and culture of the child and their family, and is driven by strengths and needs, rather than services. Natural supports are a central aspect of the plan for the child and family.

Drug and Alcohol

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

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

Inpatient Non-Hospital Detoxification

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

Inpatient Non-Hospital Halfway House

A licensed community based residential treatment and rehabilitation facility that provides services for individuals in a supportive, chemically free environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24 hour medically directed evaluation and detoxification of psychoactive substance abuse disorder clients in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

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

Outpatient/ Intensive Outpatient Outpatient

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

Intensive Outpatient

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

Partial Hospitalization

Services designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 - hour inpatient care. Services consist of regularly scheduled treatment sessions at least 3 days per week with a minimum of 10 hours per week.

Medication Assisted Therapy (MAT)

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

Recovery Support Services

Services designed and delivered by individuals who have lived experience with substance-related disorders and recovery to help others initiate, stabilize, and

sustain recovery from substance abuse. These services are forms of social support not clinical interventions.

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Human Services Development Fund / Human Services and Supports

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

Services for older adults (a person who is 60 years of age or older) include: adult day care, adult placement, chore, counseling, employment, home delivered meals,

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

Specialized Services

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

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1.	Estimated Individuals: Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2.	HSBG Allocation: Please enter the county's total state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	HSBG Planned Expenditures: Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4.	Non-Block Grant Expenditures: Please enter the county's planned expenditures (MH, ID, and D&A only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.</i>
5.	County Match: Please enter the county's planned match amount in the applicable cost centers.
6.	Other Planned Expenditures: Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	County Block Grant Administration: Please provide an estimate of the county's administrative costs for services not included in MH or ID Services.
NOTE: Fields that are greyed out are to be left blank.	
<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: Potter	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	84		5,868			
Administrator's Office			259,381		49,400	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment						
Community Residential Services						
Community Services			58,225			
Consumer-Driven Services						
Emergency Services	93		46,543			
Facility Based Vocational Rehabilitation						
Facility Based Mental Health Services	8		20,470			
Family Support Services	7					
Housing Support Services	8		56,402			
Mental Health Crisis Intervention			47,424			
Other Drop in/CHIPP	25		61,494			
Outpatient	641		165,526			
Partial Hospitalization	2					
Peer Support Services	10					
Psychiatric Inpatient Hospitalization	5		3,565			
Psychiatric Rehabilitation	60		44,925			
Social Rehabilitation Services			6,710			
Target Case Management	33		48,338	23,671		
Transitional and Community Integration	41		125,466			
TOTAL MENTAL HEALTH SERVICES	1017	880769	950337	23,671	49400	0

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

County: Potter	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			119,276	50	50,000	
Case Management	66		32,590			
Community-Based Services	88		244,403			
Community Residential Services						
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	154	492113	396269	50	50000	0
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	4					
Case Management	10		24,553			
Rental Assistance	45		15,906			
Emergency Shelter	25					
Other Housing Supports	30					
Administration			2,600			
TOTAL HOMELESS ASSISTANCE SERVICES	114	26111	43059		0	0
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	22		23,608			
Promising Practice	600		38,592		1,245	24,427
Alternatives to Truancy						
Housing						
TOTAL CWSG SERVICES	622	59550	62200		1245	24427

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

County: Potter	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management						
Inpatient Hospital						
Inpatient Non-Hospital	12		41,594			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention						
Recovery Support Services						30,741
TOTAL DRUG AND ALCOHOL SERVICES	12	65787	41594	0	0	30741
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	35		10,000		11,000	
Aging Services	145		24,307			
Children and Youth Services						
Generic Services	3,838		21,384			
Specialized Services	300		5,892			
Interagency Coordination						
TOTAL HUMAN SERVICES DEVELOPMENT FUND	4318	50000	61,583		11000	0
7. COUNTY BLOCK GRANT ADMINISTRATION			19288			
GRAND TOTAL	6237	1574330	1574330	23,721	111645	55168