

Tioga County
Department
Of
Human Services
FY 16/17
Block Grant

Appendix A
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN

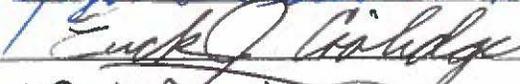
ASSURANCE OF COMPLIANCE

COUNTY OF: Tioga

- 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>	
	ROGER C. BUNN	Date: JUNE 29 2016
	Erick J. Coolidge	Date: 6/29/2016
	MARK HAMILTON	Date: 6/29/2016

Appendix B

County Human Services Plan Template

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

PART I: COUNTY PLANNING PROCESS

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

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

The Tioga County Department of Human Services (TCDHS) Administrator, Tioga County's Administrative Officer, and Service Access and Management, Inc. (SAM) are the core of the County Planning Team for the Block Grant. The TCDHS Advisory Board and Planning Council guide the planning process. The TCDHS Advisory Board and Planning Council meet ten times per year. During these meetings, the TCDHS Administrator provides an update on Tioga County's human service programs/needs and raises any areas of programmatic/service concerns. The County Planning Team does not view the needs assessment process as a fixed process that occurs annually, but rather a fluid process that evolves as the constituent's and County's needs change.

The Tioga County Board of Commissioners oversees all aspects of the process and grant final approval of the County's Human Services Plan. The TCDHS Administrator, Tioga County's Administrative Officer and SAM meet regularly to discuss the status of Tioga County's Human Service system, review Tioga County's business practices/policies/ regulations, provide updates across all categoricals, review service trends/needs and identify future needs.

The TCDHS Administrator provides direct management of the Tioga County Single County Authority (SCA), Child and Adolescent Service System Program (CASSP) and Forensic Services. The Tioga County Board of Commissioners entered into a contract with SAM to

provide management and oversight services for Children and Youth (C&Y), Mental Health (MH), Intellectual Disabilities (ID), Early Intervention (EI), Homeless Assistance Program (HAP), Human Services and Supports (HSS), Contract Services and Fiscal Services. The TCDHS Administrator and Tioga County's Administrative Officer are tasked with providing oversight and monitoring of the contract with SAM.

Additional Stakeholders include: consumers, family members, the Tioga County National Alliance for the Mentally Ill (NAMI), Drop-in Center members, community employers, landlords, mental health providers, drug and alcohol providers, intellectual disability providers, dual diagnosis providers, advocates, the Area Agency on Aging, veterans services, the Tioga County Housing Authority, Tioga County Homeless Initiative, Community Support Program, court staff, law enforcement, Tioga County Prison staff, Domestic Relations staff, the Local Housing Options Team (LHOT), area hospital staff, students and teachers, managed care staff, Behavioral Health Alliance of Rural Pennsylvania (BHARP) staff, the Partnership for Community Health, faith based organizations, Peer Specialists, Certified Recovery Specialists, the Single County Authority (SCA) staff, the CASSP Coordinator, the case management staff, local grass root organizations and the local school district staff

Throughout the fiscal year, stakeholders regularly have an active role in the planning for local services. This occurs through ongoing meetings with the various stakeholders. These meetings may occur on a scheduled basis (i.e., school-to-work transition meetings, Student Assistant Program (SAP) meetings, Member Advisory Council (MAC) feedback, Family Advisory Council (FAC) feedback, Regional Service System Transition (RSST), quarterly Provider Meetings, Tioga County Partnership of Community Health board meetings, consumer satisfaction surveys), or on an as needed (i.e., a school district experiencing difficulties, local grass roots organizations, such as Seeds of Hope or Recovery Revolution and individuals/families raising concerns). Throughout these meetings, the primary focus is how to best meet these needs in a community based environment while reducing the need for higher levels of intervention.

The Advisory Board and Planning Council met on April 13, 2016 and focused on the community needs identified by Stakeholders throughout the Fiscal Year (FY). Areas of need identified were: transportation, continuum of care for sex offenders and non-offending caretakers, additional staff for effective safe parenting, an individual in the Family and Criminal Court courtrooms to help families navigate the MH and D&A system, family assessment tools (ANSA), establishment of a drug court, a rural café system planning process, additional mental health first aid training, employment opportunities for individuals with disabilities(MH/IDD), psychiatry in the Tioga County Prison, additional staff to help with the location out of home placement options for children, drug testing for individuals, community education on opiates, mental health outreach to the aging population and family profile assessments.

The following data is used by the County Planning Team in the development a comprehensive plan for human service delivery, which maximizes service delivery in the community while ensuring the health, safety and welfare of Tioga County residents:

- Planning Team reviews of C&Y placements, MH placements, ID placements and D&A placements on a monthly basis. These reviews includes the number of individuals being served, any waiting lists, projected needs, anticipated needs, service gaps and available funding for those needs.

- All home and community based services are reviewed monthly. This is accomplished through home/community visits with Case Management, Pennsylvania Client Placement Criteria (PCPC) continued stay reviews, Prioritization of Unmet Needs (PUNs) review, Regional Service System Transformation (RSST) data and contract review/billings. These reviews include the number of individuals being served, any waiting lists, projected needs, anticipated needs, service gaps and available funding of those needs. Communication of this information is provided by SAM to the Administrator and/or the Tioga County Administrative Officer via a monthly status report and/or regular meetings.
- Provider meetings are held the first three quarters of the fiscal year. These provider meetings provide the opportunity for SAM, Contract Management, Case Management and Providers to meet and review not only the existing contract and individuals being served, but also discuss impending needs, service gaps and provider capacity. Communication of this information is provided by SAM to the Administrator and/or the Tioga County Administrative Officer via provider meeting minutes, with discussion occurring as requested.
- At this time every case open for service with Case Management is reviewed upon opening for services by a Service Planning Team. This team consists of a Licensed Social Worker, a Licensed Psychologist, representation from C&Y, MH, ID, EI and D&A, a Casework Supervisor, representation from the Management Team and the Case Manager presenting. The purpose of this team is to not only review the assessed needs of the individual/family, but to also review the appropriateness of the service plan and identify any service gaps that are preventing the individual/family from progressing. However, due to the increase of complex cases, Tioga County is looking to redefine the cases presented at this team, to cases that the worker is not making progress on, are complex in nature and cross categorical, or present a risk to individual/family that cannot be reduced via traditional services. Any information from this team is available to the Administrator and the County Administrative Officer.
- Meetings between the MH Director and the Forensic Worker. These meetings outline what the prison identifies as its needs, service gaps between the two, and current expenses associated with providing services. The purpose of the meetings is to review the current Forensic Services being provided, determine if they are meeting the needs of the Incarcerated population and to identify any service gaps during incarceration or the reintegration into the community upon release.
- Meetings with the Probation Office, the SCA and the TCDHS Administrator. These meetings review not only services being provided through the various funding streams, but also the unmet needs. The purpose of the meetings is to provide coordinated service delivery while streamlining funding and removing duplication. These meetings also serve as cross functional education that provides time to focus on existing services that may be able to meet the unmet needs with minimal changes to programming, rather than invest in all new programming that is difficult to sustain financially.

- Meetings with the Tioga County President Judge, the Children and Youth Solicitor, the Administrator and SAM. These meetings focus on the quality of service delivery, the availability of services, the safety of the staff and worker turnover.
- The Planning Team has members that sit on the Tioga County Partnership for Community Health Board of Directors and Finance Committee. This participation enables the Planning Team to participate in discussions regarding, current workgroup activities, and service gaps identified by the workgroups, the planning process, and potential solutions to the identified service gaps.
- Participation in the Housing Development process of the St. James apartment complex. This complex houses the Bridge Housing Program, Residential Supportive Housing, Independent Living Program and apartments, a MH Outpatient Clinic, the Drop-in Center, Psychiatric Rehabilitation, Social Rehabilitation, ID Day Programing and Provider Office Space. This process will involve tearing down the existing complex and building a new complex. All current tenants, with the exception of IDD programs, plan on relocating to the new complex. If the grant is approved (we will not know until the end of July), all programs will be relocated to another site in October/November of 2016. The rebuilding process is expected to take 12 to 18 months. During the period of relocation, it is planned that the Bridge Housing program will be downsized to 9-10 apartments, the two Independent Living apartments will run vacant and the MH Residential Supportive Housing apartments will run at capacity. Tioga County will be closely monitoring the needs across all populations and shift the use of the available apartments based upon need at the time.

In addition to this information, the TCDHS Administrator and/or the SCA Assistant Administrator review per member/per month utilization information provided by Community Care Behavioral Health (CCBH), and information obtained through the Regional Service System Transformation Meetings. The Planning Team reviews information from the Consolidated Community Reporting System (CCRI), Children and Youth Data Package information provided by the State, information obtained through Independent Monitoring for Quality (IM4Q) data on the local and statewide level, and any other data planning information created locally or provided by the State.

All information is reviewed to identify outliers, (one time spikes due to a unique need) prior to any trending or projections. Tioga County is fortunate in that, in most circumstances, outliers can be easily identified and reviewed on an individual basis to determine their impact on the whole human service system and if there will be a continuing need.

The information gathered from stakeholders and the public hearings are incorporated throughout the discussions above, and in some cases, set the agenda for the meetings.

The Tioga County Planning Team has identified the following “needs” through the FY 15/16 assessment process. If the need has been targeted for funding, the amount and location in the HSBG is indicated in the narrative of each bullet. Any proposed funding has been reviewed to ensure that the service will be provided in the least restrictive setting or support the individuals so they can remain in a less restrictive setting.

1. Transportation

- Throughout FY 15/16 the Tioga County Planning Team and Stakeholders continued to explore options to help address the issue of transportation across all categoricals and populations. In coordination with the Tioga County Partnership for Community Health (TCPCH), the team believes that it has developed a solution. The TCPCH will be contracted to address transportation needs and will be responsible for all aspects of service provision, except for the actual transport. The TCPCH will work directly with local and existing transportation providers to develop various options and maximize available funding while ensuring all other revenue sources are exhausted, as well as, work to recruit volunteer drivers. Targeted areas of need identified by the team include transportation to: CAO, Food Banks, Trehab, Visitations with children, Court Hearings, Drug Testing, D&A Treatment, AA/NA meetings, Methadone Clinic appointments (this is at least 50 miles one way), to and from school for children in foster care, and out-of-County medical appointments for services that cannot be provided in county. It is anticipated that the availability of transportation will free up Human Services workers time so they can work with additional families, assist the family in gaining self-sufficiency and remain in the community, reduce higher level of care by ensuring they can access the local community based services, and help to reunify families in a timely manner. Budgeted under HSS-Generic: \$90,000

2. Continuum of Care for Non-Offending Caretakers

- During this past year it has become increasingly evident that one of the primary barriers to reuniting families is the non-offending caretaker's capacity to protect the child(ren). Members of the Planning Team, through planning team meetings, have identified a provider that is working to put together a series of group sessions for non-offending parents to help educate them on offender traits, self-protection activities, identification of triggers, how to call for help and provide overall general support through the family reunification process. Tioga County has identified approximately 15 active families and five recently closed families that could benefit from this service. Funding for the service will be requested through the Children and Youth Needs Based Planning Process.

3. Additional Effective Safe Parenting (ESP) Staff

- With the dramatic increase in opioid use, the number of referrals to the ESP program has increased, thus creating the need for a waiting list. Tioga County has adjusted to meet this need through the reassignment of trained staff from other programs and implementing a field drug patch testing kit to reduce the amount of workers time spent in transporting. Additionally, Tioga County is currently piloting a "Drug Court" on a Family Court case. In this particular case, ESP workers started services while the parents were incarcerated and remained with them through their D&A Inpatient stays. Upon discharge from D&A inpatient, services started immediately in their home. Follow up drug testing, increased family visitation, and more frequent appearances before the Judge to review their progress was conducted. It is hoped that, through intensive and enhanced services, that family reunification can occur much quicker than traditional in-home services. Tioga County would like to expand this pilot utilizing ESP staff. However, utilization of existing staff is insufficient to meet the growing demand. Funding for this

expansion will be requested through the Children and Youth Needs Based Planning Process.

4. Family Assessment Tools

- The Planning Team recognizes the need for a standardized assessment tool that can be used across all categoricals to help support individual intervention planning, monitor progress and evaluate and improve service. The Planning Team is exploring the Adult Needs and Strength Assessment (ANSA) along with the Child and Adolescent Strength and Needs (CANS). These integrated tools look at mental health, developmental disabilities, juvenile justice and child welfare to provide a comprehensive multi-system assessment. Funding for potential implementation is budgeted under HSS-Interagency Coordination: \$5,000

5. Drug Court

- With the increase in opioid use, Tioga County is exploring the possibility of developing a Criminal Drug Court, in accordance with National models. Funding for this will be budgeted through the County Court system.

6. Employment Barriers

- Tioga County continues to meet and discuss barriers to employment for individuals with disabilities. The Planning Team has identified the primary barriers as public perception and provider engagement. The team believes that, if the public perception could be altered, employment opportunities for individuals may improve. However, on the provider side, oversight is seen as income generating service. Therefore it is very difficult to reach team concurrence on appropriate level of employment support, thus creating an ongoing additional expense. Tioga County's Quality Assurance (QA) Team will focus on public service announcements and informational meetings to help overcome these barriers. Funding for this will be located under Interagency Coordination: \$3,000.

7. Employment Supports for Individuals in Recovery.

- A local grassroots organization recently received funding to enable 30 individuals to become Certified Recovery Specialists. This organization is now working with these individuals to assist them in locating employment opportunities in Tioga and surrounding counties. Assistance is needed in the areas of: obtaining proper identification documents, transportation, and continued skill development necessary for employment. Close coordination will occur between all existing entities and services to prevent duplication. Funding for this will be located in the D&A Section of the HSBG. \$6,000

8. Placement Developer Position

- During calendar year 2015, Tioga County experienced an increase of 23 children in placement. In January 2015, there were 52 children in placement. Sixty-seven children entered placement, and 44 children exited placement. In December 2015, there were 75 children in placement. The majority of these children remained in Tioga County. It is anticipated that this type of movement through the system will remain constant throughout FY 2016/2017. Tioga County would like to hire an additional Placement Developer position. This position will not only work to recruit new homes, but will also coordinate all placements through the Foster Care office in conjunction with the C&Y program. This will be a change in that the C&Y Program will call the office and request the placement of a youth. The Foster Care

office will then locate the placement, either in county or through a contracted provider. This will remove the location of a home from the C&Y Program. Funding for this position will be requested through the C&Y Needs Based Budget Process.

9. IDD Base Funded Placement

- In an effort to prevent the placement of an individual in a State Center, Tioga County has been working with Office of Developmental Program's (ODP) Northeast Regional Office (NERO) on securing funding for a base funded placement. At the time of this writing, Tioga County is planning on setting aside \$42,000 in the event that it is needed, and ODP NERO is working on securing the remaining funding. Should the above amount not be necessary, Tioga County will divert this funding to other IDD Program needs. Funding will be located in the Intellectual Disabilities section of the plan. \$42,000

10. Psychiatry Services in the Tioga County Prison

- The need for Psychiatric Services in the Prison continues to remain constant. Tioga County will once again explore the possibility of establishing a contract for Psychiatric services to become available on site in the Prison. It is anticipated that \$11,000 will be needed for FY 16/17 should a Provider be identified. Funding for this will be located in the Mental Health section of the plan. \$11,000

11. Base Service Unit (BSU) Caseworker Position.

- Tioga County's President Judge, the BSU, the SCA, Probation and Children and Youth have all identified that a Caseworker's presence in the Court Room would be beneficial to the individuals appearing as well as all of the service systems. It is reported that when an individual is ordered into treatment they are hesitant to enter the "system", and therefore delay and/or avoid seeking treatment services. It is felt that if a Caseworker were present in the courtroom, they could conduct an intake with individual after their hearing, engage them in the "system" and alleviate this barrier to treatment. When not in court, this position would assist with Administrative Delegate work, Representative Payee functions, Student Assistance Program participation and Mental Health Intakes. Tioga County recently created a Mental Health Director position. Since the creation of this position, Tioga County has seen an increase in MH intakes. The past two months the BSU is averaging about 29 new intakes per month. Additionally, Representative Payee work has been increasing with an average of two to three new individuals per month and is currently serving 52 individuals. Funding for this would be located in the Mental Health section of the plan. \$50,700

12. C&Y Hearing Officer

- The SCA and the Children and Youth system have collaborated and established a process to help reunify families quicker. This process is currently being piloted on one case. Tioga County would like to expand this process to assist more families. If a family has lost custody of their children primarily due to drug and/or alcohol issues; children and youth case management, SAM, Inc. (C&Y Provider), the SCA and Tioga County Court, all come together to establish a plan in conjunction with the family. Immediate, intensive intervention services are put into place and court hearings are held more frequently. However, due to the increase in children and youth dependency cases, we have only been able to schedule hearings on a bi-monthly basis. It is felt that through the use of a Hearing Officer, the families would be able to appear in court and provide more frequent updates (bi-weekly) on their

progress or barriers they are encountering, and it would expedite reunification of the family. This position and its purpose will be further discussed throughout the FY with a formal proposal being presented to the Tioga County Board of Commissioners and the President Judge.

13. Base Funded Peer Specialist Services

- Tioga County's BSU is seeking to utilize Peer Specialists to help engage individuals in MH Treatment upon intake. Many times individuals are seeking help but are hesitant to accept it due to fear of navigating the array of services or the stigma that is often times associated with mental illness. Tioga County is hoping that through the use of a Peer Specialist these barriers will be more easily overcome. Tioga County is looking to fund six individuals for a period of three months each in FY 16/17. The program will then be reviewed to see if this is accomplishing the intended goals. Funding will be located in the MH Section of the HSBG. \$10,000

14. Aging Outreach

- Tioga County will reinstate outreach services to the aging population through visits to the five senior centers and low income housing complexes. Outreach services/activities are designed to teach or improve self-care, personal medicine, personal behavior and social adjustment to Aging constituents. These services will be determined based on the needs of the individuals within the Senior Center or housing complex population. Additionally work will be done with other Aging groups that exist within the County. This will be done by hiring a part time person who will work up to 20 hours a week visiting the various sites. Funding is located in the HSS- Aging section. \$20,800.

When determining funding priorities, the County Planning Team used the following guidelines, established by the Team:

- Continuation of identified FY 15/16 services. Funding for these services will be based upon the FY 15/16 projected actual expenses + annualization costs (if appropriate)
- Prioritized needs will be funded based upon funding availability
- Continue to explore maximizing the flexibility of funding and reclassification of services to HSS to reduce duplication created by traditional categorical funding and to continue to pursue all avenues of administrative and service entrance simplification.
- MH Partial and MH Inpatient are budgeted for in this plan. Tioga County has not incurred expenses in this program for a number of years. However, should the need arise, set aside funding is located in MH-Partial. \$27,500 is budgeted under Mental Health Partial Hospitalization.

The Tioga County Planning Team concurs that all services/programs/individuals, which were funded in FY 15/16, will be funded in FY 16/17. Social rehabilitation service funding will be moved from HSS-Specialized to Mental Health. Transportation Coordination/Service has been added under HSS-Generic. Housing Coordinator services will be funded 100% through PHARE Funding and removed from HSS-Generic.

Even though Tioga County maximizes the flexibility offered by the Human Services Block Grant (HSBG), it also seeks to utilize all informal community based services and uses HSBG funding as a last resort.

The Tioga County Planning Team concurs that the following will not be funded in FY 16/17:

- o Electronic Record System

PART II: PUBLIC HEARING NOTICE

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

Please provide the following:

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

Tioga County held two public hearings. The first hearing was held on May 11, 2015, and the second meeting was held on June 8, 2015. See Attachment 1 for Public Hearing documentation.

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

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

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

Tioga County has not eliminated any categorical funding streams. There has been a shifting of funding out of the categoricals to support HSS Generic – Transportation.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

Tioga County will continue to fund all services that were provided in FY 15/16 and annualize any services that were implemented mid-year.

Tioga County will continue to work on accessible psychiatric services for all individuals in need, accessibility to transportation so individuals can participate in services, the addition of a BSU Case Management position (to work with the court, provide representative payee services, mental health intakes, Student Assistance Program (SAP) participation and administrative delegate services), employment opportunities for individuals with mental illness, expanding the "in school" MH OP services to a second district within Tioga County and refocusing on outreach services to the aging population.

Provider capacity continues to be an issue for outpatient services. For psychiatric services there is a three- to six-month wait at two of the three providers, psychological services has a three month wait at one provider, counseling services are two- to three-weeks out at two providers. This increase in wait time corresponds to the increase in the number of referrals being received. Additionally, the BSU and SCA are working closely as there seems to be a correlation between the increase in request for MH services and the increase of opioid use.

Tioga County will reinstate outreach services to older adults through visits to the five senior centers and low income housing complexes. This is located in HSS–Aging.

a) Program Highlights:

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

In FY 15/16:

- Tioga County hired a Mental Health Director. This position was filled in March. Since it has been filled, Tioga County has seen a steady increase in mental health intakes, closer coordination with the SCA, and the Forensic Case manager, and an increase in the number of children receiving services.
- The planned transition of individuals from base funded social rehabilitation services to psychiatric rehabilitation services was completed. This transition has enabled base funded individuals to receive site based, as well as mobile services.
- Tioga County privatized the Social Rehabilitation Program. The provider who was selected also provides Psychiatric Rehabilitation and Peer Support Services, as well as runs the Drop-In Center. This has enabled a smooth transition within the continuum of care as an individual's needs change, and has enabled them to remain in the community. Funding has been moved from HSS-Specialized to Mental Health.
- Tioga County continues to support Physical Health/Behavioral Health (PH/BH) Coordination and implementation. Three Providers are currently practicing this model to ensure that individuals have close coordination, education and needed support to aide them in their recovery.

b) Strengths and Needs:

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

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

- Strengths:

- Tioga County will continue collaborating with the Area Agency on Aging. With the privatization of the Social Rehabilitation Program, Social Rehabilitation services were not provided for the full year in the five Senior Centers throughout the County. However, Tioga County plans to reinstitute this site based service and outreach. This service will enable us to provide services to a population in a non-threatening manner that was otherwise underserved due to transportation issues and this generation's perception of services.

- Needs:

- Transportation
- Psychiatric time
- Training on the Adult Protective Services Act
- Reinstating Senior Center services

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

- Strengths:

- Residential Supportive Housing apartments
- Transition of community based supportive services to recovery oriented Psychiatric Rehabilitation.
- Continued support of the PH/BH model by three service providers
- Base funded Psychiatric Services

- Needs:

- Psychiatric time
- Housing
- Transportation
- Employment support

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

- Strengths:

- Independent Living Apartments. The apartments are not being filled in anticipation of the relocation of the program. However, prior to accepting anyone into the Bridge Housing, Residential Supportive Housing apartments, all applicants (including transitioning youth) will be reviewed and prioritized based on emergency status.
- Strong coordination with Children and Youth staff on youth reentering care until age 21.
- Strong relationship between the Independent Living Program and the BSU.
- Independent Living Program contracting with a driving school to assist participants in obtaining their driver's license.

- Needs:

- Housing
- Transportation
- Employment support

- **Children (under 18).** Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.
 - **Strengths:**
 - All three school districts in the County participate in the Student Assistance Program (SAP)
 - Respite services have been moved to HSS funding so individuals in need can receive immediate services to alleviate the situation leading to the need for respite with follow up intake/paperwork to occur.
 - The CASSP Coordinator continues to participate in all MH placement meetings, and keeps the Administrator informed of their status, including transitioning from a residential placement or a behavior health rehabilitative service (BHRS).
 - Availability of Parent Child Interactive Therapy (PCIT)
 - Request from a second district to have an “In school” licensed OP clinic to help reduce the admissions and length of stay in the partial program as well as make services more accessible.
 - Development of a MH assessment and evaluation process, including bonding assessments, to assist in faster reunification or permanency for children.
 - **Needs:**
 - Increase of BCM services
 - Greater understanding among peers to help reduce stigma and instill a sense of community.
 - Full participation from the SAP Team to increase referrals for students in need.
 - Increased accessibility to services county-wide during after school hours.

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

- **Individuals transitioning out of state hospitals**

Strengths:

 - When individuals are preparing for discharge there is close coordination among all county providers in an effort to meet their need.

Needs:

 - Housing
 - Transportation
 - Psychiatric Time
 - Community based services
- **Co-occurring Mental Health/Substance Abuse**

Strengths:

 - Strong coordination with the SCA
 - Active participation with BHARP subcommittees
 - Two providers have Counselors trained in Co-occurring service
 - Two providers are dual licensed.

- Needs:
- The provision of Community Based Drug and Alcohol services
 - Continued training for Case management/Case Coordination/Caseworker Staff.
 - Funding to purchase Certified Recovery Specialist services for non-MA/CCBH individuals.
 - Increased utilization of Case Coordination

- **Justice-involved individuals**

Strengths:

- Strong collaboration between MH, D&A, C&Y, Tioga County Prison and Tioga County Probation office.
- Forensic Coordination services located in the Prison.
- Counseling services located in the Prison.
- Agreement among all Stakeholders on identified needs

Needs:

- Psychiatric time
- Sexual Offender Counseling
- Non–Offender Counseling and services

- **Veterans:**

Strengths:

- The Bath Veterans Affairs Office location in Wellsboro shares space with the County Veterans Office. This places them on the same campus as a licensed D&A and MH Outpatient Provider.

Needs:

- At this time, the needs for veterans are reflective of all populations, with psychiatric time, choice of providers and transportation being the primary areas.

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

Strengths:

- Tioga County has not been notified of any complaints of discrimination or limited access for this population
- Increased awareness due to previous years training and ongoing training.

Needs:

- Continuing cultural diversity training to ensure all DHS staff and Provider staff understands the terminology and persons behind the descriptive words.
- The primary needs of LGBTQI consumers are reflective of all other populations with psychiatric time, choice of providers and transportation being the primary areas. Tioga County has not tracked this population or statistics separately.

- **Racial/Ethnic/Linguistic minorities**

Strengths:

- TCDHS and providers currently have access to translations services.
- TCDHS has utilized a sign language interpreter service as needed and shares this information with providers.

- All Case Managers have access to language accessibility training.
- Staff are trained on the limited English proficiency policy, services and translation cue cards.
- The Tioga AE is available to assist MH workers in obtaining or maintain communication devices.

Needs:

- Numbers reflect that minority populations seeking treatment are proportionate to non-minority populations seeking treatment. Therefore, continued and ongoing training is necessary since utilization of the available resources is not routine.
- Bi-lingual staff.

- **Other, if any (co-occurring MH/IDD)**

Strengths:

- The Behavioral Health Alliance of Rural PA dual Diagnosis Workgroup and Community Care Behavioral Health, through the HealthChoices program, has developed a Community Stabilization and Reintegration Unit (CSRU) which is licensed as a RTF-A. The focus is on crisis intervention, stabilization and acute state hospital diversion for individuals that present with co-morbidity specific to an intellectual and developmental disability (documented prior to age 18) and an Axis I diagnosis or qualifying Axis II diagnosis. Other Admission criteria must be met as well. Beacon Light Behavioral Health is the provider. The program opened 7/1/14.
- The availability of the Dual Diagnosis Treatment Team (DDTT) to work with individuals in the community to prevent and/or reduce hospitalizations.
- Coordination between the Tioga AE and BSU regarding Dual Diagnosis training provided by the Health Care Quality Unity (HCQU) to Tioga County. All providers are interested in attending this training if made available.

Needs:

- Tioga County's local provider network is unable to meet the residential and/or programmatic needs of individuals exhibiting difficult behaviors due to co-occurring MH/ID issues. This results in the majority of Tioga County residents relocating to other counties in order to receive the necessary supports

c) Recovery-Oriented Systems Transformation:

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

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

In FY 2015/16 the Planning Team, in conjunction with stakeholder feedback and discussions during public hearing, has identified five system transformation priorities to focus on in FY 16/17. They are as follows:

- Peer Specialist Services.
- Mobile Medication Management
- Parent Child Interaction Therapy
- Supported Employment opportunities
- Illness Management and Recovery.

Peer Specialist Services

Peer Specialist Services have become an integral part of the continuum for individuals in recovery. Tioga County currently has one provider that provides Peer Specialist Services. The increase in need and increase in service is monitored through quarterly meetings with the Provider during the first three quarters of the FY, through CCBH reports and through RSST meetings including a review of any wait lists. As planned, this provider moved into the Physical Health/Behavioral Health (PH/BH) arena and is utilizing a Nurse Navigator in conjunction with the Peer Specialists. The provider is willing to continue to expand this service to meet the need. The Provider has worked with CCBH on an enhanced rate to sustain the program. Timeline is not necessary as it is completed but we continue to review the progress with the Provider to ensure that capacity continues to remain available to meet the need. Tioga County has budgeted \$10,000 to purchase this service for base funded individuals in need.

Mobile Medication Management

Tioga County is currently working with the Tioga County Partnership for Community Health (TCPCH) on exploring the possibility of having this become available within Tioga County. The Planning Committee of the Partnership will be discussing this. In addition, the Partnership will be reaching out to a provider that has a Nurse Navigator to see if they would be interested in an expansion of service into this arena. At this point in time, it is only in the exploratory phase. It is anticipated that by 12/2016 this should be completed and discussion would start with the BHAU and CCBH, if the results reflect that there is an identified need. If pursued, funding would be provided through CCBH, and additional funding would be necessary for base funded individuals. Progress on this priority will be tracked by the TCPCH and monitored by Tioga County.

Parent Child Interaction Therapy

Parent Child Interaction Therapy is currently operating in Tioga County. However, the Planning Team does not believe that it is being utilized to its maximum benefit. Quarterly conversations with the provider indicate that they have capacity to serve additional individuals. The Mental Health Director will be working with the provider and all categoricals to assist in outreach and education regarding the program. This will be monitored through three Quarterly meetings with the providers. In July the Mental Health Director will work with the provider to review the number of individuals served in FY 15/16 and use this number as a baseline to see if outreach efforts are proving effective. At this time funding is provided through CCBH. Additional base funding would be necessary to serve base funded individuals.

Supported Employment Opportunities

The Mental Health Program will be coordinating with the IDD Program on this priority. The primary barriers to increasing this service, (beyond the actual job development), are the cost of the service and the provider/employer perception. The programs will focus on education of individuals, providers and businesses about integrated employment. This will be accomplished through stronger outreach and informational meetings. It is hoped that the outreach activities will generate additional and new employment opportunities, while the informational meetings will help educate the providers and individuals that ongoing, continual support may not be necessary, thus allowing Tioga County to increase opportunities without a substantial increase in necessary funding. The first quarter of the year the BSU, the AE and Providers of service will meet to establish a plan for outreach/training. It is projected that events will occur quarterly. The type of event and the topic will be dependent upon what is identified in the first quarter of the year. Since this is part of Tioga County's IDD QA Plan, tracking will occur on through that avenue. Funding for this outreach will come from the HSBG. At this time it is not anticipated that additional funding is needed. Additionally, Tioga County has budgeted \$20,000 to expand supportive employment opportunities for those in recovery.

Illness Management and Recovery

The planning team has identified this as a priority. It is believed that it is currently being practiced, but there is no specific documentation as to how it is being implemented. Tioga County will be meeting with providers to discuss this and start to gather information. Upon receipt of the information, a comprehensive assessment will be completed, and a plan developed to expand this practice and share current practices among providers. Meetings, and the assessment, will occur within the first six months of the fiscal year, with planning/sharing meetings occurring in the last six months of the fiscal year. The goal is to establish what is currently in practice and to share that information with the local provider network. Assistance will be sought out from the BHAU. At this time no funding is planned, as it can be absorbed in the existing HSBG budgets.

Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	no							
Supportive Housing	yes	11						EBP practices not used
Supported Employment	no							EBP practices not used.
Integrated Treatment for Co-occurring Disorders (MH/SA)	yes	330	Clinical Supervision, Treatment Plans	MCO County Provider	Ongoing throughout 60 day Clinical Reviews	Yes for one provider. No for one provider.	yes	2 Providers are reported in these numbers. One Provider does not use the EBP toolkit but reports the general principles of the model are integrated into agency treatment practice.
Illness Management/ Recovery	no							
Medication Management (MedTEAM)	no							
Therapeutic Foster Care	yes			County	Ongoing throughout placement			Out of County purchased
Multisystemic Therapy	no							
Functional Family Therapy	no							
Family Psycho-Education	Yes	45	NAMI Family to Family Treatment Plans	County Provider	1/4ly Provider meetings 60-day reviews	No	Yes	12 week course General Principles of the model are integrated into agency treatment practice This information reflects two providers.

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

To access SAMHSA's EBP toolkits:

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

Recovery Oriented and Promising Practices Survey: Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	yes	22	This number includes both individual and families C/EST
Family Satisfaction Team	yes		Please see the above comment.
Compeer	no		
Fairweather Lodge	no		
MA Funded Certified Peer Specialist	yes	165	95 Peer Specialist – 70 Recovery Specialist
Other Funded Certified Peer Specialist	yes	20	Certified Recovery Specialist
Dialectical Behavioral Therapy	yes	20	
Mobile Services/In Home Meds	no		
Wellness Recovery Action Plan (WRAP)	yes	20	WRAP planning is offered in all of our programming; Peer Support, Psych Rehab and in our Drop-in.
Shared Decision Making	yes	95	Shared decision making and decision support are used in Peer Support Services
Psychiatric Rehabilitation Services (including clubhouse)	yes	112	61 mobile – 51 group/site
Self-Directed Care	no		
Supported Education	no		
Treatment of Depression in Older Adults	yes	70	
Consumer Operated Services	yes	188	Drop In Center
Parent Child Interaction Therapy	yes	5	
Sanctuary	no		
Trauma Focused Cognitive Behavioral Therapy	yes	85	2 Providers
Eye Movement Desensitization And Reprocessing (EMDR)	yes	11	2 providers
Other (Specify) Attachment Therapy	Yes	25	

CBP	Yes	280	
Relapse Prevention	Yes	250	

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

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

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

INTELLECTUAL DISABILITY SERVICES

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

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

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

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

	<i>Estimated Individuals served in FY 15-16</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 16-17</i>	<i>Percent of total Individuals Served</i>
Supported Employment	5	25%	4	21%
Pre-Vocational	7	9%	6	9%
Adult Training Facility	5	14%	3	9%
Base Funded Supports Coordination	53	32%	45	29%
Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	10	38%	10	42%

PDS/VF	0	0	0	0
Family Driven Family Support Services	0	0	0	0

Tioga County will continue to offer services to Intellectually Disabled (ID) individuals based upon their identified need and to ensure the health, safety and well-being of the individual. The services offered will follow the approved base funded service definitions as well as the services that have been approved in the Consolidated and P/FDS waivers or any approved amendments. The Services Supports Directory (SSD) is made available to the individual and their families at the time of enrollment, during the initial team meeting and at each review of their plan. At this time, Tioga County does have a waiting list of individuals. When funding becomes available the Administrative Entity (AE) will meet with the Supports Coordination Organization (SCO) and review the Prioritization of Unmet Needs (PUNs) report to prioritize the needs of the individuals and work to eliminate any emergencies or barriers that may be creating the emergency.

There are no new services being implemented in FY 16/17 that will impact HSBG funded services for individuals with a diagnosis of ID. However, Tioga County will continue to access the Community Stabilization and Reintegration Unit (CSRU) and the Dual Diagnosis Treatment Team (DDTT) for individuals that are dual diagnosed and decompensating, thus placing them, their services, and/or their housing, at risk. In FY 15/16 Tioga County's realized the full financial impact of obtaining additional waiver capacity for two individuals in base funded placements (one 6400 and one 6500). Tioga County reinvested this funding, as well as retained earnings, into services for individuals in need of Employment supports. Two individuals were able to increase their services, and seven additional individuals were able to obtain competitive employment with supports

Provider capacity/choice continues to be an issue. It is becoming increasingly difficult to meet the needs of individuals requesting services within the county. Tioga County AE will continue to seek outside providers to expand service delivery options and choice within the County. Additionally the AE continues to work with local providers to educate them on anticipated needs to provide them time to develop and train staff to meet the anticipated needs. However, this approach does not seem to be effective in expanding options or enabling individuals to receive services (especially residential or employment options) in their home communities. Tioga AE will be reaching out to ODP for Technical Assistance (TA) in this area. In FY 15/16 Tioga County contracted with one provider in New York State.

Tioga County's continuum of service starts with enrollment into the program and the assignment of the SCO. The SCO then works to engage the individual and their support team and clarifying the information from the intake. The SCO focuses on the individual's needs, wants and willingness to participate in various community options while remaining safe. Both self-directed and formal support options are presented and reviewed in a manner that will support existing informal supports. Tioga County offers an array of services. The primary focus is to provide all options/choices to the individual, and their team, based upon a thorough assessment of the individual's needs, while ensuring their health/safety in the least restrictive, independent setting possible. This approach is discussed monthly and reviewed with the SCO during AE/SCO meetings. Tioga AE and SCO Provider focus on community involvement and remaining in the community prior to reviewing any type of services or alternative living arrangement. If the safety of the individual comes into question the AE is contacted immediately and various options are

discussed to alleviate the circumstances creating the safety risk in the least restrictive manner possible.

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

Tioga County has been working with the SCO during monthly AE/SCO meetings and with Providers during quarterly meetings to focus on individual skill sets and employment opportunities. Employment options and service levels are discussed during this meeting. Questions are asked about employment readiness, supports needed and service reviews of individuals receiving employment supports.

Overall employment opportunities in Tioga County are an issue, and two major employers will be closing down during the fiscal year. This will create an influx of individuals seeking employment, thus giving a whole new meaning to the phrase competitive employment. However, Tioga County has decided to focus on what is within their control – public perception of employability and provider perception that continual support is necessary.

Increasing employment is part of Tioga’s Quality Management Plan. In FY 16/17 Tioga’s QM Team will focus on education of individuals, providers and businesses about integrated employment. This will be accomplished through stronger outreach and informational meetings. It is hoped that the outreach activities will generate additional and new employment opportunities, while the informational meetings will help educate the providers and individuals that ongoing, continual support may not be necessary, thus allowing Tioga County to increase opportunities without a substantial increase in necessary funding. Tioga County will likely reach out to ODP in obtaining and/or developing materials for the meetings and outreach activities.

In FY 15/16 Tioga’s objective was to increase employment by 100% from two individuals to four. Tioga is happy to report that seven new individuals obtained competitive employment, and two individuals increased their working hours. Currently, 15 individuals are receiving supported employment services, and nine individuals are competitively employed without supports.

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

From the time of intake through SCO assignment, a great deal of time is spent engaging the family and assessing existing services/supports, needs, wants and goals. Once assigned to the SCO, the SCO then works with the family on clarifying the above, as well as discussing all options and choices available to them. It is throughout this process that the SCO explores the possibility of reinforcing existing natural supports rather than supplanting them.

Tioga AE meets monthly with the SCO. ISP review is a standard topic for the agenda and natural support options are discussed. Additionally, during the ISP review process, the AE reviews for natural support inclusion specifically and will seek clarification if none are identified. The primary focus is to identify what informal supports the individual already has in place and what is being offered to support them in maintaining those supports rather than identifying new formal supports. The AE understands that this is difficult to do as formal supports are much easier to maintain. However, the AE believes that helping the individuals and their families sustain the informal support network is critical in enabling the individual to remain in the least restrictive setting, be an active part of their community and empower them to make choices.

The PUNs is reviewed monthly to clarify what services are needed to remove an individual from an emergency status and if those services can be provided through natural supports.

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

Tioga County reviews Lifesharing options on all individuals who are in need of additional supports and can no longer reside on their own or in their current environment. When speaking with providers, the two largest barriers are being able to meet the needs of individuals in a Lifesharing setting and locating individuals that are willing to become Lifesharing providers. Tioga County has been reviewing the individuals entering placement to try and determine if the lack of Lifesharing opportunities is due to the providers assessment of whether or not they can find a home to meet the individuals needs rather than the actual person's needs. This review has revealed that it is a mix of both. Tioga County will continue to work with providers and provide as much lead time as possible for individuals who may need a Lifesharing option. At this time, if an individual is identified as possibly needing a Lifesharing option within a one-year period, the SCO and the AE work together to reach out to providers to start the recruitment process to avoid the use of an out of county placement, or a CLA placement, due to the lack of Lifesharing homes.

If a local provider cannot meet the individual's needs in a Lifesharing option, Tioga County has sought out-of-County providers to see if they can meet their needs, if the individual is willing to relocate.

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

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

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

Tioga County continues to hold discussions with providers on the “changing” and “multiple” needs of individuals, and to ask what additional supports they may need to help serve these individuals within the County. The Dual Diagnosis population does present some unique challenges, but it is also a growing population that should have the option to have their needs met locally. Thus far providers have been willing and able to serve the majority of the individuals referred through the use of Supplemental Habilitation/Additional Individualized Staffing (SH/AIS) or higher level of services in order to meet the needs.

The SCO sits on the transition team meetings at each of the schools within the County. Their participation not only provides education to the schools but also enable them to remain current on future referrals. The SCO shares this information with the AE during monthly meetings. Additionally, the SCO has reached out to the schools to let them know what services and supports are available to individuals and their families. This was done through phone calls, meetings and the distribution of flyers.

In FY 15/16, Tioga County AE was unable to Plan and request onsite training from the Health Care Quality Unit (HCQU) on the Dual Diagnosis Training curriculum. Providers remain interested in participating in the training and are willing to commit staff to attend the full series.

Tioga County will continue to follow the applicable requirements and participate in planning and training activities for individuals identified as leaving a State Center/State Hospital, RTF or C&Y placement. This coordination will occur with the State, the Managed Care Organization (MCO), and Behavioral Health Administrative Unit (BHAU), providers throughout the state, the individuals/families involved, the court system, the SCO, the CASSP Coordinator and other identified individuals. The SCO will continue to be informed and trained on the various initiatives being developed with CCBH and the BHARP. These initiatives include the Community Stabilization and Reintegration Unit (CRSU) and Dual Diagnosis Treatment Team (DDTT), both of which have been developed for individuals with ID that also have an MH diagnosis whose services/placements may be in jeopardy. In all cases, the full array of eligible services will be offered to the individual within the budget.

The Tioga County AE maintains consistent contact with Tioga County’s Forensic Coordinator in the event that an individual with an intellectual disability is incarcerated and unknown to the AE. This coordination ensures that appropriate services and advocacy can be offered to the individual.

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

Provide details on your county’s emergency response plan including:

Does your county reserve any base or block grant funds to meet emergency needs?
What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
Please submit the county 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

The SCO provides a formalized after hours call system in the event of an emergency. This number is provided to all individuals enrolled in the ID Program. Should an emergency arise after hours, the on-call worker will contact any necessary individuals to alleviate the emergency, including the AE. Additionally, the ODP's NERO and the Providers have the cell phone number of the AE so they may contact the AE directly for individuals that may not currently be enrolled in the Program.

In all emergency cases, informal supports are first explored. If informal supports cannot be put into place immediately or are not available, the SCO will contact the AE and seek verbal authorization for funding to alleviate the emergency with follow up eligibility and paperwork occurring the next business day. If the individual should prove to be ineligible for ID services, other funding will be utilized.

The Tioga County Planning Team has requested that \$45,000 remain set aside for unanticipated emergencies that may arise throughout the FY, and an additional \$42,000 set aside for the potential of a base funded residential placement. If this funding is not utilized by April 30, 2017, it may be reallocated to cover one time or short-term needs for individuals with ID, initial funding for graduates awaiting PFDS initiative capacity or deficits in other areas of the Block Grant. Additionally, Tioga County AE projects budgets throughout the FY based upon year-to-date actual expenditures and projected expenditures based upon utilization of each individual. (The only exceptions to using the utilization are for individuals that are new to service or changes in services in the last quarter of the FY, which are projected at 100% utilization.) This process automatically picks up any "add backs" of unused funds and any increases in projected utilization, thus providing the AE with a realistic picture of unencumbered funds that can be accessed at any time for emergencies.

If the above two actions prove insufficient to cover any unanticipated emergencies until waiver capacity becomes available, Tioga County will look to maximize the flexibility provided by the Block Grant and shift funding to the ID budget through a re-budgeting process.

The \$42,000 set aside for a base funded residential placement is new for FY 16/17. Tioga County is currently working with the Northeast Regional office on diverting a State Center Placement. It was hoped that this case would be resolved this FY. However, at the time of writing this plan, we do not believe it will be. Therefore, Tioga County has opted to set this funding aside in the event it is needed to alleviate an emergency situation related to this case.

See Attachment 2 for Tioga County's 24-hour Emergency Response Plan.

Administrative Funding: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are Person Centered Thinking trainers. **Describe how the county will utilize the trainers with individuals, families, providers and county staff.**

Tioga County will request that PA Family Network trainers come to Tioga County to present at two open meetings. Upon the establishment of a date, time, and location, notifications will be provided to Individuals enrolled in service, their families, people that support individuals, providers, Tioga County's QA Council, educators, law enforcement, housing, and other community resources. Additionally, Public Service Announcements will also be run.

Tioga County will meet with the QA Council after the trainings to process the information received and discuss how to best reinforce it in the community.

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

Tioga County currently uses the transition team meetings to provide information and education on how to connect and navigate it. However, the planning team is exploring various options and considering adopting and/or modifying the strategies used by the early intervention program.

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

Tioga County will be requesting that the HCQU provide the dual diagnosis training series in Tioga County. This training would be open to professionals, family members, QA council members, as well as the community at large. Additionally, in FY 15/16, the HCQU provided individual case consultation and training for staff. Training topics included Nutrition and Professionalism. In FY 16/17, Tioga County plans to continue to access the HCQU for case consultations and trainings.

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

The IM4Q data is reviewed with the Tioga County Department of Human Services Advisory Board and the QA Council. Based upon the outcome of the surveys, one to two items will be selected to focus on and work to improve. In the past these items have included such things as ensuring all individuals with communication devices have access to them and that the devices are working. Tioga County has also focused on individuals being able to access community resources such as trips to the mall, church, or community events such as Laurel Festival, Pro Rally, Hamilton Gibson plays, or outdoor events in the local state parks. This past fiscal year, Tioga AE has been discussing choice with the SCO and the providers on a regular basis. Much of this discussion also revolves around the changes in the ISP's and ensuring the outcomes reflect what is identified throughout the individual's support plan.

Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging,

physical health, behavioral health, communication, etc. How can ODP assist you with your support efforts?

This is an ongoing challenge. Individuals who do not require the higher levels of need are choosing to become more involved in their community and utilizing self-direction. This has created a shift in the population being served by providers who have more formalized and restrictive settings (i.e. pre-voc, residential placements). To compound this problem, the staff being hired to meet the needs of individuals that present, have to have a larger skill set and more experience. Unfortunately, the wages being offered are for entry level staff. By the time this staff person gains the experience and training, they are either promoted or seek employment elsewhere.

Tioga County understands the issues the providers are experiencing and will seek technical assistance from ODP. At this time Tioga is exploring options of opening informational sessions/trainings to all providers. However, the need for staffing coverage during the day time, or paying overtime for evening sessions, makes it difficult to reach the intended population.

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

Tioga County contracts with the Advocacy Alliance for Incident Management. However, the AE checks all incidents on a regular basis, as well as reviews incidents during each Provider meeting which occur three times per year. When the AE reviews the incidents, patterns and frequency are reviewed for each individual and incident as well as any corrective action that is to be taken as a result of the investigation. The AE tracks that the corrective actions or safety plans are entered into the ISP. This is a part of Tioga County's QM Plan. The QM Plan is reviewed with Tioga County's Department of Human Services Advisory Board.

The AE/SCO meet to discuss a case if a case presents as high risk, or if a case is deemed to become high risk. This meeting may include other individuals, including ODP, for the review to ensure that all areas are reviewed. Other individuals that have been involved in case reviews include, the Director of MH Services, Fiscal Personnel, Providers, other SAM site personnel, or SAM corporate staff that may have encountered a similar situation.

Additionally, Tioga County works closely with ODP-NERO on high risk cases. ODP has been very helpful on these cases. Regular discussions and updates provide Tioga County the opportunity to review the case for what we may be missing and seek guidance on how to proceed.

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

Tioga County's Housing Coordinator is used for all residents of the County and is funded through HSS-Generic so all populations are served. At any time an individual, their family or support network may contact the Housing Coordinator and request assistance in the location of housing, completion of paperwork, application for Reinvestment Contingency funds or

application for PHARE funds to assist in emergency situations (to prevent eviction/utility shut off) or initial costs associated with housing (deposits, relocation expenses).

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

Tioga County will seek clarification from ODP on this area and the expectations and add it to the FY 16/17 Provider quarterly meeting agendas.

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

All individuals are informed of PDS services upon enrollment and during each review. The AE monitors this through monthly record reviews, AE/SCO meetings and review of the ISP signature pages.

Tioga County strongly believes in the PDS process, as it is a great complement to enabling the individual to retain their natural supports and not supplant them with paid supports. The flexibility and individual choice it provides the individual has proven key in meeting needs in the least restrictive setting possible.

Tioga's individuals seem to gravitate towards the Agency with Choice (AWC) model. In discussion with the families, this seems to be due to the assistance and support AWC provides through the co-employer relationship. The largest barrier with utilizing this model is the location of staff to hire. Some individuals come with many options and others have very limited options and a recruitment campaign must be done. The largest barrier to VF/EA model is that the majority of the responsibility rests with the individual and/or their family. Although this offers a great deal of freedom and choice for the individual, the responsibility is also significant and many chose the AWC for the support. The second largest barrier for VF/EA model is the location of staff. VF/EA experiences the same issue as AWC in this area.

ODP provides a great deal of support in this area. They help educate us as we work through cases on what options we have to meet individual needs. We believe, as new individuals become enrolled in the program, and Person Directed Support (PDS) becomes standard practice, this option will continue to grow. Individuals who have been enrolled for some time have a difficult time with any change in how their service is delivered.

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

Tioga County reviewed the data provided by ODP. All but one of the individuals is residing in a four person Intermediate Care Facility. These facilities are located in homes throughout the community. The SCO continues to prepare ISP's for all these individuals. During this review process and throughout the year, the underlying theme is, can their needs be met in a less

restrictive setting. At this time, all individuals are in need of the level of care in which they are residing.

One individual is residing in a nursing home in Levittown. The AE, the family and the SCO are working together on a plan to enable this person to return home in the month of August. This individual is currently receiving hospice services and home renovations are necessary in order for her to return home safely. The family is in process of completing the necessary renovations. The family has appealed this case, so Tioga County is currently holding P/FDS capacity pending her return to the community.

HOMELESS ASSISTANCE SERVICES

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

The Housing Coordinator, funded through PHARE, is the first point of centralized contact for all individuals facing homelessness or near homelessness. This individual will work with the person and assess what the immediate needs are and help the individual address those needs. This may be through accessing PHARE funding, Reinvestment funding, TREHAB, (for utility, foreclosure, rental assistance), or referral to the housing authority, the Bridge Housing Program, MH Residential Supportive Housing, the Homeless Shelter, and/or various landlords. Tioga County does have access to “housing vouchers” from local organizations if there is an immediate need for shelter. These “housing vouchers” will usually cover up to three days of a hotel stay. Use of the “housing vouchers” is a last resort and are only requested if the health/safety of the individual/family is at imminent risk and no other options remain available.

The following statistics, from 7/1/15-3/31/16, demonstrate the continual need for housing services in Tioga County:

- Bridge Housing: 34 Adults and 30 children have been served. 54 applications have been received.
- Residential Supportive Housing: 11 adults have been served. 37 applications have been received.
- Housing Coordinator has received 74 calls from individuals that are either homeless or near homeless.
- The Housing Authority reports that 21 individuals meet the homeless preference status.
- United Christian Ministries reports that 12 individuals have been served.
- The Tioga County Homeless Initiative reports that 34 individuals have been served through the shelter.

As discussed in the needs assessment portion, the Bridge Housing and Independent Living apartments are being downsized in anticipation of a temporary relocation due to a new facility being built. It will not be known until July 2016 whether or not this the funding for the new facility

is approved. For this reason, Tioga County is fully funding all existing apartments in the event that funding is not realized. This will enable Tioga County to immediately fill any vacancies and bring the program back up to capacity. If funding is realized for the new facility, Tioga County Planning Team, in conjunction with the Tioga County Board of Commissioners, will review the HSBG underfunded or unfunded needs and transfer any excess funding to meet the identified need(s).

Emergency Shelter Care has been identified as an unmet need in Tioga County. The Housing Coordinator, Bridge Housing Staff and the Program Directors have been discussing this. It is understood that to pay rent on an apartment in the event it is needed is cost prohibitive. However, through collaboration of all programs, it is felt that the apartment could remain at capacity. The Housing Coordinator would manage the apartment and review the applicants. At this time the criteria for using the apartment is being discussed and will be tracked throughout FY 16/17 to obtain a full assessment of need and potential funding sources. The criteria being discussed include: Homeless and all other housing options have been exhausted, Individual in recovery and being discharged from a facility and temporarily has no other resources, Children and Youth overnight visitation apartment for family members who are located through Family Finding or FGDM and reside out of the area, Temporary Housing option for an IDD individual to assess capacity of residing independently and an overnight visitation apartment for children in an in-county residential treatment program.

For each of the following categories, describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided:

- **Bridge Housing**
 - A reduction of capacity is in process. The average length of stay of an occupant is eight to 12 months. For this reason, the temporary downsizing of the program needed to occur in FY 15/16 in order to ensure housing for all residents during the relocation process.
 - For FY 15/16 the Bridge Housing program operated at 75% occupancy. This program provides housing to families and individuals who are homeless or facing homelessness, victims of domestic violence, working with individuals on reunification whose children are in care, or families who are at risk of losing their children due to having unstable housing. This is a transitional setting where they may stay up to one year. Residents in the Bridge Housing program are provided with services such as obtaining permanent housing, employment skills, obtaining their GED, budgeting, parenting, MH and D&A Counseling, if needed. There are six apartments designated as Residential Supportive Housing Apartments. Individuals residing in these apartments meet Bridge Housing eligibility guidelines as well as "Reinvestment" guidelines. Tioga County used reinvestment monies to restore and furnish the apartments. The Block Grant will continue to be used to make up the difference that the original HAP grant amount, client fees and program income do not cover.

- **Case Management**
 - Every individual or family that resides in Bridge Housing, Residential Supportive Housing or Independent Living programs are assigned a case

worker to assist them in achieving their identified goals and obtaining stable affordable housing. These individuals/families are either assigned to the BH caseworker, the Housing Coordinator and/or a caseworker in another categorical, if they are open for service. Prior to intake there is a team meeting held, which includes the individual and family, to identify the goals targeted to be achieved during their involvement with the BH program and establish a comprehensive service plan.

- The Housing Coordinator also provides short-term case management functions with individuals who call in and request assistance in locating housing. This may include, assisting in completing applications, determining eligibility, making referrals to available resources and assisting the individual in accessing all available resources.

- **Rental Assistance**

- In FY 15/16 Tioga County assisted two individuals through BHAU managed contingency reinvestment funding.
- In FY 15/16 Tioga County exhausted the reinvestment contingency funding. In anticipation of the loss of this funding, Tioga County applied and received a PHARE grant which enables Tioga County to continue to assist individuals with rental assistance. In FY 15/16, 97 individuals received financial assistance through PHARE funding. Seventy-six received rental assistance, twenty received utility assistance and one received financial hardship assistance to treat for bed bugs.

- **Emergency Shelter**

- Tioga County does not provide emergency shelter. However, the Tioga County Homeless Initiative and local community organizations are accessed to help meet this need. This has been identified as an unmet need above.

- **Other Housing Supports**

- Tioga County has an established Local Housing Options Team (LHOT). This team is made up of our Regional Housing Coordinator, Tioga County Housing Coordinator, MH providers, consumers, ministries, landlords, C&Y Agency, providers and family members. They meet monthly to discuss housing needs and possible resolutions.
- Tioga County does employ a full-time housing coordinator. This position is funded through PHARE and HSS-Generic.

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

The Homeless Prevention and Rapid Re-housing Funding (HPRP) expired in October 2012. Since that time, Tioga County has not utilized the HMIS system.

CHILDREN and YOUTH SERVICES

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

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

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

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

Tioga County’s full array of services to improve the permanency, safety and well-being of children and youth in the County is fully outlined in the C&Y Needs Based Plan and Budget (NBPB). During the planning process for both the NBPB and the HSBG, Tioga County measured the services against the established goals and principles of the Pennsylvania Child Welfare Program (child safety, reduced placement, child permanency, and reduced re-entry into placement), “Family Connections”, the “Adoption and Safe Families Act”, “Families 4 Children” and the projected impact of the new Child Welfare Acts being passed by the legislature.

Service Access & Management, Inc. (SAM) continues to provide management and oversight of the Children & Youth Program. This past year, focus has remained on the continued safety of the children and families in Tioga County, as well as staff safety and retention.

Tioga County continues to experience a high turnover among the C&Y Case Management staff. From July 2015- March 2016 the turnover rate was 45%. Although this is a vast improvement over the past two years there is still an ongoing effort to reduce this rate, SAM, the Tioga County Board of Commissioners and a worker retention workgroup were able to implement several changes which is believed will have a positive impact on worker safety, worker retention, and therefore the safety and well-being of the individuals receiving service. Some of these changes include: the approval of an Alternative Work week for employees; a \$0.50/hour increase for all Case Managers, Supervisors and corresponding starting salaries; implementation of a performance based salary scale increase (in addition of their annual increase); a departmental restructuring to accommodate the increase in caseloads, provide additional support to the staff, and reduce the shifting of caseloads when vacancies occur; development and provision of a skill based Field Safety Training; development of a Master Case management Program to further develop the skills of the caseworkers, allow them an opportunity to specialize in an area of interest within the field of Children and Youth as well as provide a salary increase for completion; development and implementation of a dispatching system and double teaming of cases for high risk cases; issuance of safety kits to all staff, certification and implementation of the use of the drug patch in the field to reduce worker transport times; collaboration with a local MH/D&A Provider to develop and contract for specific reports to the court including bonding assessments and recommendations; implementation of an electronic scheduling program for vehicles so staff can have immediate access from the field for scheduling when necessary and

consolidation of staff from five buildings to two buildings to improve communication and efficiency and enable us to shift funding to services and invest in staff .

Tioga County continues to see an increase in referrals. Although this has slowed down from Calendar year 2015, there is still an increase. Tioga County continues to see an increase in placements. Much of this increase is related to the use of drugs/alcohol by the parents. However, staff turnover does have somewhat of an impact on this as well. The combination of the above two items has placed stress on all service providers as the demand for service has grown faster than the provision of funding to increase services.

Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

	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 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 health needs. 	
Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
Children are maintained in their own home whenever possible and appropriate	# of placements per month Ongoing through continuous case status review and a placement	C&Y-FGDM

	alternative committee	
Continuity of family relationships and connections are preserved for children	# of Successful FGDM Meeting	C&Y - FGDM
Children receive adequate services to meet their physical and behavioral health needs	# of adolescents authorized for D&A/MH services. Monthly off of services rendered and 1/4ly off of CCBH data reports.	C&Y- FGDM

Please note: The total C&Y allocation in the HSBG is \$78,070. In the above chart, only child welfare funded services were requested. Therefore, Tioga County does not address any of the above outcomes as a categorical issue. For example, access to services to meet physical/behavioral health needs cannot be resolved by just C&Y.

Therefore, Tioga County offers that all services, program enhancements/expansions, and programmatic changes described in the HSBG will have a positive impact on the above outcomes as well as other identified needs for children, youth and families that reside in Tioga County.

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

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

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

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

activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

The FGDM and Family Finding Programs continue to work with the C&Y Program to maximize the capacity of these two programs to ensure that natural resources and family connections are maximized and youth connections and family relationships are preserved. Tioga County continues to see an increase in placements. It is believed that through successful FGDM meetings either informal supports or kinship homes can be located which will help reduce the length of time in placement or enable the child to connect with family members.

Regular meetings are held between the C&Y Director and Children and Youth Provider to discuss referrals, waiting lists and capacity across all programs. Additionally, the President Judge is now requiring regular updates on both Family Finding and FGDM during hearings. In FY 15/16 the C&Y Program was looking to refer many families upon intake in hope of finding informal supports, so fully opening the case will not be necessary. However, the turnover in the department, and the increase in referrals made it difficult to stay on top on this.

- **If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.**
 - There is no additional funding being provided for this service through the Needs Based Budget and/or Special Grants.

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

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	C&Y GPS/CPS/Delinquent	C&Y GPS/CPS/Delinquent
# of Referrals	23	30
# Successfully completing program	14	18
Cost per year	\$65,655 (projected)	\$103,995
Per Diem Cost/Program funded amount		
Name of provider	SAM, Inc.	SAM, Inc.

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

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

X Yes No

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

The FY 15/16 allocation for Children Welfare Services (10266) was \$78, 070. \$80,142 was budgeted for Child Welfare Services. Total FY 15/16 expenditures are projected to come in at \$67,057. Of this amount, The FGDM program was budgeted at \$78,740. \$65,655 is the FGDM projected expenditures. This under expenditure was due to staff vacancies in the first six months of the FY. The positions have since been filled are reflected in the FY 16/17 budget.

Program Name:	Transition Youth
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Please indicate the status of this program:

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

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

Transitioning youth in need of funding for items other than housing will continue to be served under the C&Y Section of the HSBG and services will remain the same as previous FY's. This includes providing financial assistance to transitioning youth through the age of 21. This could include providing money for transportation, buying an outfit(s) for their job, training/educational expenses, or helping them with onetime expenses due to moving to independence.

Youth who may request funding were reviewed and projected costs were determined based upon their anticipated needs. Costs are projected at \$500-\$750/youth. We then looked at available funding and divided the cost per youth into the available funding. If a youth requests assistance for funding under this amount and the funding is available, then the request will be honored, and additional youth can be served. However, we erred on the conservative side and

projected two youth as it is difficult to anticipate what requests will be received and what alternative funding may become available.

- **If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.**
 - There is no additional funding being provided for this service through the Needs Based Budget and/or Special Grants.

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

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	C&Y GPS/CPS/Delinquent	C&Y GPS/CPS/Delinquent
# of Referrals	4	10
# Successfully completing program	4	10
Cost per year	\$1,402 (projected)	\$7,010
Per Diem Cost/Program funded amount		
Name of provider	TCDHS	TCDHS

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

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

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

The FY 15/16 allocation for Children Welfare Services (10266) was \$78, 070. \$80,142 was budgeted for Child Welfare Services. Total FY 15/16 expenditures are projected to come in at \$67,057. Of this amount, The Transition Youth services were budgeted at \$1,402 and are forecasted to expend the full amount.

DRUG and ALCOHOL SERVICES

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

Tioga County offers D&A services to individuals based upon their identified need and to ensure the health, safety and well-being of the individual. All services provided in FY 15/16 will continue to be offered as well as Community Based Drug and Alcohol (CBDA) for Adolescents through HealthChoices funding and Recovery Oriented Services, as described in that section of the HSBG. Additional services may be offered based upon individual need. Services to be provided include, but are not limited to: non-hospital detoxification, inpatient, halfway house, outpatient, intensive outpatient and partial hospitalization services.

Tioga County SCA contracts with several inpatient facilities. Tioga County has not experienced any difficulty with access to these services. However, access to detoxification services is very difficult and the average wait time for an opening is three days. The Tioga County Human Services Administrator and the D&A Assistant Administrator have both expressed these difficulties during Regional Service System Transformation meetings with CCBH and during BHARP meetings. A new provider has opened in the northern part of the County so it is anticipated that the expanded capacity for non-hospital detoxification will assist in reducing the waiting time.

Tioga County now has three outpatient providers located within the County. All providers have stated that they are not at capacity and are accepting referrals. The SCA is in process of developing a contract with the new provider in the northern section of the county.

The Tioga County Board of Commissioners continue to be very cognizant of the D&A issues throughout the County and have provided ACT 13 funding as necessary to eliminate any waiting lists for service. Discussion with the Commissioners in planning for FY 16/17 regarding continued funding were met with support and openness.

The SCA is very involved in the planning of the HSBG. The SCA is actively participating with C&Y, MH, Court Personnel and a private provider in establishing a partnership between a local C&Y residential provider and a local D&A outpatient provider to meet the needs of Tioga County's youth locally. The SCA Assistant Administrator participates on the integrated Service Planning Team.

It is expected that Drug and Alcohol Case Coordination will continue to increase in utilization in FY 16/17. This is due to the Forensic Coordinator, the SCA partnering more closely with the Probation office and the implementation of a BSU worker in the courtroom.

FY 15/16 was the first full year of CBDA services available to Tioga County residents. We have seen a positive impact from the program thus far. Eleven children and their families across Tioga County have been served. Two have successfully completed the program and the provider is currently at eight (capacity). The program has been utilized by probation, C&Y, as well as higher levels of care, like inpatient centers. In addition, three youth received psychiatric services. Out-of-home placement has been prevented on all but one child, and the program has

been able to address many barriers. The SCA feels, without this program, it is not likely we would have reached many of these youth.

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

1. Waiting list for each level of care;

The Tioga SCA has not had waiting lists for any outpatient or intensive outpatient services. Detoxification and inpatient waiting list information as follows:

Detox – 8

Inpatient short term – 18

Inpatient long term - 6

2. Barriers to accessing treatment services

Other than waiting lists for inpatient services, the biggest barrier we have seen to accessing treatment services is transportation. In this large, rural county, it is difficult for some people to get to Wellsboro for outpatient treatment, where both providers are located. To address this, we have purchased gas cards and bus tokens to assist people. Harbor Counseling is opening a satellite office in Blossburg, and Mt. Laurel Recovery Center has opened a facility in Westfield that provides both inpatient and outpatient services, and should be able to work with some Tioga County people. In FY 16/17 Tioga County will be contracting with a provider to coordinate transportation services for human services programs. This contract will include not only location and coordination of transportation services but will also work with existing transportation providers to help maximize the various funding options.

3. Capacity issues

In 2015/16, the SCA has not been presented with capacity issues as far as funding for treatment. With Medicaid Expansion, most individuals in need of treatment have become CCBH eligible, to cover the cost of treatment.

Since we've had the forensic coordinator, and we are working more closely with the Tioga County jail, the number of people we are providing case management for has increased, and we have hired a second SCA case manager. As of June 10, 2016, one case manager has 31 active people on her case load, and the other has 19 active people on her caseload.

4. County limits on services

The only limit on services in place for the Tioga SCA involves people in jail. A policy has been established that states we will fund services for inmates in the jail within 60 days of release. Initially it was 30 days prior to release. However, due to Medicaid Expansion and the closer working relationship with the jail due to the forensic case manager, we increased it to 60 so people can receive treatment earlier. This 60 day timeline is not

always utilized for inpatient services; if the court wants someone to go inpatient, and they meet PCPC criteria, we will send people prior to 60 days of release.

Although we now have two outpatient providers, both are centrally located in the County and are difficult for some people to access. Public transportation is limited in Tioga County. As mentioned above, one provider is preparing to open a satellite office in the southern section of the County, and a new provider is opening in the northern part of the County; this should help more people access services.

Although there has been some increase in providers of medically assisted treatment, this is a difficult service for residents of Tioga County. We have assisted two pregnant women to get to daily appointments in Williamsport through provision of transportation and giving them gas cards. We are pursuing a contract with Positive Recovery Solutions, a Vivitrol provider.

5. Impact of opioid epidemic in the county system

Tioga County has seen an increase in referrals for service related to opioid use in the community as well as the prison. As noted above, Medicaid Expansion has kept us from being forced to put waiting lists for treatment in place due to using all county funding available, as has happened in years' past. The availability of funding for treatment has proven critical as this epidemic is impacting all categoricals of service and the court system. The SCA is working closely with C&Y, MH, IDD, Probation and the court system to expedite treatment and lessen the financial impact on those services.

6. Any emerging substance use trends that will impact the ability of the county to provide substance use services

Emerging trends identified are some increase in marijuana and methamphetamine reporting as drug of choice, but that is not seen as impacting the ability of the County to provide substance use services. Numbers have increased and will likely continue to increase with the heroin epidemic. In addition, the County is putting a drug court in place, which is a positive step, but may increase numbers of people referred for treatment and case coordination, increasing case load sizes.

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

Target Populations

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

- **Adults**

- Specific services provided to adults include assessment, referral for services, funding for inpatient and outpatient services, and case coordination. Case coordination, which is offered to all individuals receiving services through the SCA, involves putting a plan in place to meet non-treatment as well as treatment needs, assisting the individual in accessing needed services and supports through awareness and referrals, as well as helping them to develop goals and aiding in follow through, for stability in their lives.
- **Transition Age Youth (ages 18 to 26)**
 - Transition age youth are considered adults as far as the SCA is concerned, and are provided with the same services as adults. The majority of individuals served by the SCA are in this age group. The SCA has a good relationship with the C&Y Independent Living Program in the event any service needs are identified for youth transitioning out of the “system”.
- **Adolescents (under 18)**
 - Specific services include assessment, referral for services, funding for inpatient and outpatient services, and case coordination. Tioga County SCA gets very few referrals for adolescents. However, CBDA is proving to be a valuable resource in meeting this populations recovery needs as well as other categoricals. In FY 15/16 the SCA has continued to participate on SAP Teams and educate individuals on those teams of available services.
- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**
 - Specific services include assessment, referral for services, funding for inpatient and outpatient services, and case coordination. Both outpatient providers in Tioga County provide co-occurring treatment services.
- **Criminal Justice Involved Individuals**
 - Specific services include assessment, referral for services, funding for inpatient and outpatient services. We have a forensic case manager who works in the jail, and assists inmates with preparation for release. Case coordination can be provided prior to release in preparation for release. In FY 16/17 Tioga County will be funding an individual from the BSU to be present in the court room to assist any individual in need of treatment navigate the “system” and conduct intakes and referrals at that time. It is anticipated that this will eliminate some of the barriers that individuals may experience in accessing services and expedite access to treatment.
- **Women with Children**
 - Specific services include assessment, referral for services, funding for inpatient and outpatient services, and case coordination. Tioga SCA contracts with inpatient providers that serve women with children.

Recovery–Oriented Services

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

A local grassroots organization, Recovery Revolution, recently received funding from a local gas company to enable 30 individuals to become Certified Recovery Specialists. This organization is now working with these individuals to assist them in locating employment opportunities in Tioga and surrounding counties. Close coordination will occur between all existing entities and services to prevent duplication. Additionally, this organization met with community groups, schools, providers, and legislative representatives to discuss and provide education, awareness, resources and support to those suffering from the disease of addiction and to help reduce the stigma and isolation associated with addiction.

A second local organization, Westfield Area Alcohol and Drug Education, is working to provide awareness, education, prevention and support through meetings and activities throughout the County.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

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

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

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

Adult Services: Please provide the following:

Program Name: (e.g. Meals on Wheels....)

Description of Services: (“Provides meals to...”)

Service Category: (Please select one from allowable categories below.)

Planned Expenditures:

In FY 16/17 Tioga County will be funding the following programs with HSBG-HSS-Adult funding:

1. TREHAB

Will provide case management for housing services to eligible adults throughout Tioga County. Services will include assistance in completing applications for Homeowners Emergency Mortgage Assistance, mediation with utility companies through enrollment in customer assistance programs, utility shut-off and payment of utility bills.

- Service Category: Housing
- Proposed Funding: \$5,000

2. Wellspring

Wellspring Men Overcoming Violence Program (MOVE) will provide a psycho-education group program for men who have been determined to be abusive in a domestic relationship, whether physically, emotionally, or sexually abusive. They will provide one weekly two-hour group session for the men and confidential routine contracts are made with the partner when possible and/or permitted.

- Service Category: Counseling
- Proposed Funding: \$16,000

Allowable Adult Service Categories:

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

Aging Services: Please provide the following:

Program Name: (e.g. Meals on Wheels....)

Description of Services: (“Provides meals to...”)

Service Category: (Please select one from allowable categories below.)

Planned Expenditures:

In FY 16/17 Tioga County will be funding the following programs with Aging Services Funding:

1. Outreach Services

- Tioga County will reinstate outreach services to the aging population through visits to the five senior centers and low income housing complexes. Outreach services/activities are designed to teach or improve self-care, personal medicine, personal behavior through socialization and recreational activities for older adults. These services will be determined based on the needs of the individuals within the Senior Center or housing complex population. Additionally work will be done with other Aging groups that exist within the County. This will be done by hiring a part time person who will work up to 20 hours a week visiting the various sites.
- Service Category:
 - Socialization/Recreation
- Planned Expenditure: \$20,800

Allowable Aging Service Categories:

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

Children and Youth Services: Please provide the following:

Program Name: (e.g. YMCA...)

Description of Services: (“Before and after school child care services provided to ...”)

Service Category: (Please select one from allowable categories below.)

Planned Expenditures:

In FY 16/17 Tioga County will be funding the following programs with Children and Youth Services Funding:

1. School Based Brief Intervention

School Based Brief Intervention is a close partnership between the Southern Tioga School District, a MH Provider, Tioga County and CCBH. This partnership was formed in an effort to address severe behavioral problems of children in the elementary school that were placing themselves and others at risk of physical harm. To address the identified need, an MH provider has opened an onsite MH outpatient facility, the CASSP Coordinator has a laptop, printer and mi-fi for meetings with the parents to assist them in applying for assistance, the school is inviting the CAO to meetings, and Tioga County set aside funding to meet immediate needs of youth and families for brief intervention while other funding is being sought. This joint venture has proven successful in meeting the needs of the youth in a timely manner and reducing the immediate risk to those interacting with the youth, engaging the parents in an environment they are familiar with, and assisting with the transition of youth out of the Partial program. Throughout FY 16/17 Tioga County will be looking to expand this partnership to a second school district that has requested assistance. It is anticipated that 15 youth will be able to receive immediate assistance while funding, program eligibilities and consents are worked out. The number of youth is not counted anywhere in the plan due to being unknown what intervention services will be provided to alleviate whatever immediate problems may arise.

- Service Categories:
 - Counseling/Intervention
 - Service Planning
- Planned Expenditures: \$4,000

Allowable Children and Youth Service Categories:

Adoption Service; Counseling/Intervention; Child Care; Day Treatment; Emergency Placement; Foster Family Care (except Room & Board); Homemaker; Information & Referral; Life Skills Education; Protective; Service Planning.

Generic Services: Please provide the following:

Program Name: (e.g. Information and Referral...)

Description of Services: (“A service that connects individuals...”)

Service Category: (Please select one from allowable categories below.)

Which client populations are served?: (e.g. Adult and Aging)

Planned Expenditures:

In FY 16/17 Tioga County will be funding the following programs with HSBG-HSS-Generic Services Funding:

1. Help Line – Centralized Information and Referral

a) Help Line is a 24/7 telephone information & referral and after-hours crisis first responder program that serves the residents of Tioga County. Services range from assessing client needs and referral to resources designed to alleviate those needs, to assessment for crisis services. Help Line's taxonomy of needs consists of over 500 need categories.

- Service Category:
 - Centralized Intake and Referral
- Population to be served:
 - Adult, Aging, Transitioning Youth, IDD, MH, D&A, Homeless, Near Homeless, all Tioga County Residents
- Proposed Funding: \$5,500

2. Partners in Progress (PIP) Camp-Transportation

Transportation to PIP's Camp will be provided. This camp serves a wide range of youth with disabilities (mental retardation, mental health, physical disabilities, autism, learning disabilities and multi-handicapped) alongside their non-disabled peers. The camp provides secure, structured recreational and academic activities for youth age's five to twelve.

- Service Category:
 - Transportation
- Population to be served:
 - Children & Youth, IDD, MH
- Proposed Funding: \$6,200

3. Area Agency on Aging (AAA)

The AAA will provide a hot, nutritious noon-time meal to eligible consumers in their homes. The meal will meet the one-third recommended daily allowance criteria established by the US Department of Agriculture. The need for the Home-Delivered Meals will be determined by an Aging Care Manager

- Service Category:
 - Home Delivered Meals. Tioga County left this service under Generic rather than splitting out between Adult and Aging to simplify the record keeping/contracting process and to ensure that the funding would be available based upon identified need.
- Population to be served:
 - Adult, Aging
- Proposed Funding: \$10,000

4. Integrated Service/Case Planning Team

Currently, every case open for service with Case Management is reviewed upon opening for services, prior to closure of service and on an annual basis by an Integrated Service Planning Team (SPT). The SPT meets two times per week. This team consists of a Licensed Social Worker, a Licensed Psychologist, representation from C&Y, MH, ID, EI

and D&A, a Casework Supervisor, representation from the Management Team and the Case Manager presenting. The purpose of the team is to review the assessed needs of the individual/family and the appropriateness of the service plan and identify any service gaps that are preventing the individual/family from progressing. This information is presented to the Administrator via the representation from Administration on the SPT. In FY 16/17 Tioga County is considering changing one of team meetings to “high risk” case reviews or cases that are presenting a challenge to the “system”. This will enable the assigned worker to obtain input from multiple categoricals and ensure the safety of the individual in the least restrictive setting.

- Service Category
 - Service planning
- Population to be Served:
 - Adult, Aging, Transitioning Youth, IDD, MH, D&A, Homeless, Near Homeless
- Proposed Funding \$15,600

5. Intake Worker

This individual will respond to all requests for service, whether face-to-face or via telephone for MH/C&Y/ID/D&A and conduct all initial screenings for service. Additionally, this individual will provide information and referral services if necessary.

- Service Category:
 - Service Planning/Case Management
 - Information & Referral
- Population to be served:
 - MH, IDD, C&Y, D&A, Adult, Aging,
- Proposed Funding: \$13,967

6. Transportation

Throughout FY 15/16 the Tioga County Planning Team and Stakeholders continued to explore options to help address the issue of transportation across all categoricals and populations. In coordination with the Tioga County Partnership for Community Health (TCPCH), the team believes that it has developed a solution. The TCPCH will be contracted to address transportation needs and will be responsible for all aspects of service provision, except for the actual transport. The TCPCH will work directly with local and existing transportation providers to develop various options and maximize available funding while ensuring all other revenue sources are exhausted, as well as work to recruit volunteer drivers. This will include them contracting with the providers, arranging transportation for individuals, monitoring the service delivery and paying the providers for the provision of service. Targeted areas of need identified by the team include transportation to: CAO, Food Banks, Trehab, visitations with children, Court Hearings, Drug Testing, D&A Treatment, AA/NA meetings, Methadone Clinic appointments (this is at least 50 miles one way), to and from school for children in foster care, and out of County medical appointments. It is anticipated that the availability of transportation will free up Human Services workers' time so they can work with additional families, assist the family in gaining self-sufficiency, remain in the community, reduce higher level of care

by ensuring they can access the local community based services, and help to reunify families in a timely manner.

- Service Category:
 - Transportation
- Population to be served:
 - Adult, Aging, Transitioning Youth, IDD, MH, D&A, Homeless, Near Homeless
- Proposed Funding: \$90,000

Allowable Generic Service Categories:

Adult Day Care; Adult Placement; Centralized Information & Referral; Chore; Counseling; Employment; Homemaker; Life Skills Education; Service Planning/Case Management; Transportation.

Specialized Services: Please provide the following:

Program Name: (e.g. Big Brothers/Big Sisters)

Description of Services: (“A youth mentoring program...”)

Planned Expenditures:

In FY 16/17 Tioga County will be funding the following programs with HSBG-HSS-Specialized Services funding:

1. TCDHS Supervision Program

TCDHS Supervision program provides an independent observer/evaluator to oversee visits between children and their parents who are not open for Children and Youth services. A sliding fee scale is used for these families as they often have the inability to pay the full cost related to this service.

- Proposed Funding: \$8,000

2. Tioga County Partnership for Community Health

Educational program with age appropriate activities to increase knowledge about poverty. This program will attempt to reduce the stigma, increase sensitivity and create a sense of connectivity among students. It will help motivate students to participate in projects and activities that aid others in need. The long-term goal is for students to internalize learning and incorporate knowledge into their perceptions of their families and communities

- Proposed Funding: \$4,750

3. Respite Services

Respite services are provided to adults and children who are experiencing an emergency or crisis situation. Respite is provided to ensure the immediate health, welfare and safety of the individual either in their home or out of their home. It can be provided for part of a day or the whole day. This allows Tioga County to provide immediate relief for the individual. Ongoing services and funding extend beyond the use HSBG funding. All

funding options are looked at, including but not limited to, IDD, C&Y, PHARE, 811, Housing Authority, AAA, informal supports, other Family Members, etc. This has been designed to enable Tioga County to address the immediate needs of individuals and hopefully divert a crisis or placement situation for any individual in need.

- Proposed Funding: \$11,500

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

1. Family Assessment Tools

- The Planning Team recognizes the need for a standardized assessment tool that can be used across all categories to help support individual intervention planning, monitor progress and evaluate and improve service. The Planning Team is exploring the Adult Needs and Strength Assessment (ANSA) along with the Child and Adolescent Strength and Needs (CANS). These integrated tools look at mental health, developmental disabilities, juvenile justice and child welfare to provide a comprehensive multi-system assessment. Funding will be utilized for planning and educational meetings, trainings and costs associated for potential implementation

- Proposed Funding: \$5,000

2. Employment Barriers

- Tioga County continues to meet and discuss barriers to employment for individuals with disabilities. The Planning Team has identified the primary barriers as public perception and provider engagement. It is believed by the team, if the public perception could be altered and providers could be further trained, employment opportunities for individuals **throughout the County** may improve and team concurrence on the appropriate level of employment support may be achieved. Funding will be used **for the development of an inter-agency workgroup**, public service announcements and informational meetings to help overcome these barriers **and ensure that the Employment First initiative is adopted for all populations across the categoricals.**

- Proposed Funding: \$3,000.

Other HSDF Expenditures – Non-Block Grant Counties Only

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

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

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

Appendix D Eligible Human Services Cost Centers

Mental Health

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

Administrative Management

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

Administrator's Office

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

Adult Development Training (ADT) – Adult Day Care

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

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

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment Related Services

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

Community Residential Services

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

Community Services

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

Consumer-Driven Services

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

Emergency Services

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

Facility Based Vocational Rehabilitation Services

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

Family-Based Mental Health Services

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

Family Support Services

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

Housing Support Services

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

Mental Health Crisis Intervention Services

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

Other Services

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

Outpatient

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

Partial Hospitalization

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

Peer Support Services

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

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disability

Administrator's Office

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

Case Management

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

Community Residential Services

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

Community Based Services

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

Other

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

Homeless Assistance

Bridge Housing

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

Case Management

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

Rental Assistance

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

Emergency Shelter

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

Other Housing Supports

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

Child Welfare Special Grants (Services relevant to HSBG only)

Promising Practice

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

Housing

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

Alternatives to Truancy

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

Evidence Based Programs

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

communities. A list of EBP registries, which can be used to select an appropriate EBP, can be found at the Child Information Gateway online at: <https://www.childwelfare.gov/topics/>.

Drug and Alcohol

Care/Case Management

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

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

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

Inpatient Non-Hospital Detoxification

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

Inpatient Non-Hospital Halfway House

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

Inpatient Hospital

Inpatient Hospital Detoxification

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

Inpatient Hospital Treatment and Rehabilitation

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

Outpatient/ Intensive Outpatient

Outpatient

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

Intensive Outpatient

An organized non-residential treatment service providing structured psychotherapy and stability through increased periods of staff intervention. Services are provided in regularly

scheduled sessions at least three (3) days per week for at least five (5) hours (but less than 10)

Partial Hospitalization

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

Prevention

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

Medication Assisted Therapy (MAT)

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

Recovery Support Services

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

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Human Services Development Fund / Human Services and Supports

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

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

Children and Youth

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

Generic Services

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

Specialized Services

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

Attachment 1

Public Hearing Documentation

**Tioga County Department of Human Services Advisory Board
and the
Tioga County Drug and Alcohol Planning Council Meetings
May 11, 2016**

12:00 Noon

Attendance: Mike Bernard, Jim Bodine, Debbie Borden, Jen Bowen, Commissioner Roger Bunn, Doug Candelario, Commissioner Erick Coolidge, Jack Eckman, Kristi Fisher, Commissioner Mark Hamilton, Barbara Kelly, Linda Martin, Jane Palmer, Sara Rice, Jim Schu, David Stager, Sue Sticklin, Seth Watkins, Bob Wirth

Call to Order: Chairman Barbara Kelly called the meeting to order, at 12:05, with the Pledge of Allegiance and a moment of silence. Then stated:

The Tioga County Department of Human Services Advisory Board will facilitate the Public Hearing regarding the 2016/2017 Human Services Plan from 12:00 noon to 1:00 p.m. The purpose of these hearings is to inform the public and solicit stakeholder input. During the Public Hearings any member of the public is invited to provide testimony, verbally or in writing, regarding the plan. Simultaneously, when the public is not making comments regarding the Plan, the monthly Advisory Board/Planning Council meeting will be conducted.

As there were several guests, Dr. Kelly asked everyone to introduce themselves. In addition to the Board members, those present were Ashley Wagner, Partners in Progress; Marlea Hoyt, Area Agency on Aging; Patrick Dietrich, TREHAB/Housing; Tom Foley, Family Services Association of NE PA; Apryl Tubbs, Recovery Revolution; and Linda Martin, Director of CORE for SAM, Inc. TC.

Tioga County Advisory Board

Secretary's Report: Barbara Kelly

After a review of the minutes, Jim/Dave made a motion to accept as presented. Motion carried.

Treasurer's Report: Barb Kelly

The treasurer's report was unavailable. In referring to last month's treasurer's report concerning the prom gown, Barb stated that Miss Addie, from North Penn/Mansfield HS, has prom gowns at the school that are available for anyone that is in need.

Old Business:

- DHS Administrator Update - Sara Rice, TC Administrative Officer

Interviews were held by members of this board – Mike and Sue; Casey Zuchowski – HR for the Courthouse; Derek Williams, Chief Clerk; and Sara. Three individuals were interviewed. Those names were sent to the commissioners for review. It is for them to discuss, and possibly by the next Advisory Board, there will be a new administrator.

New Business:

- HSS Proposals – Nancy Kreger

Nancy stated that the visitors were to make presentations that will be requesting funding from the Block Grant. They will present a brief overview of their program, the dollar amount you are requesting, and the number of people that they anticipate serving. This program, a lot of times, is able to fund programs that don't fit into other funding sources.

1) Sue Sticklin, Tioga County Partnership for Community Health

Sue said the Partnership is requesting \$4,750 for an educational awareness program for the schools to address Poverty Awareness. They meet with the guidance counselors in the schools and some of the private schools; play a modified Monopoly game with students which shows that not everyone has the same standard of living. The funds are requested for the 2016/17 school year. The program is held in the private schools as well as public schools. They have also presented to 4H groups, girl scouts & boy scouts. In 2015, 5429 students were reached in the three school districts. The proposal is to reach about 2,700 students. Question – is this a new program or a continuation? The program has been in place for two years.

2) Linda Martin, CORE, SAM, Inc. of Tioga County

Linda said she is presenting a request for the TC Supervision program. This program is for court ordered visitation. The Judge orders visits for people not directly involved with C&Y. A unit is an hour, and intending to provide 300 private units a year. She is requesting \$11634. Families are charged a sliding fee. The amount requested would cover the balance of the fee families are not able to pay. Visits are held throughout the county unless there is a security issue. Then they are held at the Agency.

3) Marlea Hoyt, Area Agency on Aging

They cover four counties – Bradford, Susquehanna, Sullivan and Tioga. AAA is requesting \$10,000 for home delivered meals. The meals traditionally have been for 60+ folks. Typically, as folk's age, their nutrition is not as good. Last year the age was expanded to include 18 to 59 year olds who are disabled. The meals provided will benefit the older person, who is the care giver, and the disabled child. It is a win-win situation. Traditionally they have served five to seven people; over 1500 home delivered meals. Volunteers deliver the meals, giving social contact to folks as well as making safety checks. Case management determines eligibility. The focus is to keep older people in their homes as long as possible.

4) Apryl Tubs, Recovery Revolution

Apryl was presenting for Certified Recovery Specialist funding. These folks are recovery addicts who are trained to assist others to with job interviews, e. g. gift cards for gas or clothing, getting driver's licenses, teach them hygiene. If there are funds left over, then other people will be trained as CRS'. They are asking \$20,000. This is a new program and are projecting to serve 30 people.

Question – what is the total amount of funding that is available? Nancy said there is \$50,000 this year. It may not be possible to fund all the requests presented here today; possibly a portion instead. Question – is the total funding amount lower than in recent years? Yes, \$50,000 is the minimum amount that is received.

Question – is this the first time requesting funds for the CRS project? And is it 501C3? Yes. How will you have physical control the gas cards, gift cards, etc? Apryl said nothing will be allotted to anyone without prior approval by their Board. And the person receiving the card would not be going alone to spend it. There is a system of checks and balances in place.

5) Tom Foley, Family Services Association of NE PA

The Association is an information and referral service to 17 counties in PA. It also provides a free phone service to the homebound and elderly. The service has received 700 calls through Tioga County. They are open 24/7. Tom noted, that County offices, as well as other offices with phone systems, are unable to call 211 for assistance without having the number programmed into that system. The program for the elderly is a telephone insurance program. It is a program where they check up on individuals to make sure they are ok. If the person has a need, or doesn't answer, a designated family member is notified. One person in Tioga County participates in this service. Most referrals are for basic needs, such as utility payment needs/rental assistance. Those calls are made to agencies within the counties where the person resides that can assist. They are asking for \$6,000. Most calls received are for basic needs – rental assistance, utility assistance – purpose is to give information to offices where they can get the assistance that they need.

6) Ashley Wager, Partners in Progress

Ashley presented a requested for the Camp Partners program. This is an included camp, which means it is a camp that includes disabled kids. They are requesting \$8,000 for transportation as this is a huge issue. The total budget for Camp Partners is \$40,000. The program includes some academics, arts and crafts, swimming, and physical education. The theme this year is the Wild West. It is the 18th year of operation. The expectation is to have 70 campers, with a ratio of 50/50 of able to disabled children. Most of the children are from Tioga County. Some campers are from Bradford County. Only camp of its kind in the area. Some funding comes from school districts; some from the county; and some from the private sector. Question – where is the program held? Ashley said it is at the Island in Blossburg. Question – do you usually contract the transportation? Ashley said they have done different things, but contracting has worked best. They are contracting with Benedict's.

7) Patrick Dietrich, TREHAB/Housing

Patrick said he is requesting \$6,000 for a program where TREHAB contracts with Penelec and UGI to assist lower income homeowners with their utility bills. With Penelec, lower income families can save \$80 per month for non-electric/\$160 for electric heat. If the homeowner has arrears, over a three year period, that will be paid with no cost to the customer. For UGI the deferred arrears works the same. A person can receive up to \$800 for arrears. HMAPS is a foreclosure assistance program. PFH in Harrisburg will pay back taxes and mortgage, and it's a small payment amount. From July 2015 to March 30th of this year, 217 households were served. A total of 346 individuals; 233 between PCAP and UGI; 8 through HMAPS; 8 dollar energy grants. Wellsboro Electric is also involved with this program. They are very easy to work with. Question – do you have any brochures? Patrick said he could bring some for the next meeting.

Nancy said Marcie Reese asked her to extend her apologies that she was unable to attend the meeting today. She reiterated that there is a limited amount of money. The team will review the requests and set the funding.

- HSBG update on needs assessment – Jane Palmer

Some identified needs are transportation costs for families, continuum of care for sex offenders and non-offend caretakers, additional ESP staff, a courtroom staff to assist families to navigate the MH system, family assessment tools, ANSA, a drug court, a rural café system planning meeting – interagency coordination, more mental health first aid for family members – classroom based, ID/MH employment barriers, placement locator position, vehicles, IDD Woods placement, family assessment for the court-looking at Crossroads, and psychiatry in prison, which is a need.

For the narrative, the C&Y discussion will include the increase of placements and the demands on special grant programs; increase in visitation which takes up staff time; drug testing for families – they are now using a patch which can be applied by certified staff; double teaming of cases for safety for workers; trial run of a drug court for families – meet more frequently with the Judge, services would start before entering prison; IL relocation – moving to Wellsboro; program of Housing Assistance relocation – need information from the Judge as to whether he wants the program expanded or not; set up of the MH base service unit, hire of MH director to focus on needs; increase of BC management, consumers, and strong outreach and coordination with C&Y; outreach for the aging population, either here or the Human Services and Supports. It's no longer provided through Social Rehabilitation; the change of Social Rehabilitation to MH and the private sector; D&A – increase in opioid use, drug court, non-traditional provider, such as Recovery Revolution, using a warm handoff, which is required, from the hospital to treatment; HSS - proposals, transportation coordinator, and a screening coordinator position, which would be Shawn Mayo; ID - Woods placement, employment initiative & what are we going to do; any patterns in IM4Q findings and Quality Management Plan, need to review annual targets. Please hold questions for next month, or email one of us. Question – what is the timeline for the block grant – it is due mid-June.

The Advisory Board was adjourned at 12:45 p.m.

Tioga County Drug and Alcohol Planning Council

The meeting was called to order immediately following the Advisory Board meeting.

Old Business – Jane Palmer

There are copies of the D&A Treatment plan on the entrance table for you to pick up and review. Last month a question was asked on how many beds were at Mountain Laurel Recovery Center– 14 detox, 23 residential rehabilitation, 10 partial and 10 intensive outpatient. Jane said they will be pursuing a contract with them.

Drug and Alcohol Provider Association – Jane Palmer

Crossroads, Family Services, and Harbor Counseling met on 4/12 and discussed the Treatment Plan. Also discussed mobile vivitrol and how that may be used in the future. They also set a schedule for future meetings.

Mike/Jack made a motion to adjourn the Public Hearing and the Planning Council at 1:00. Motion carried.

Submitted by,

Jack Eckman

Secretary
Tioga County Advisory Board

**Tioga County Department of Human Services Advisory Board
and the
Tioga County Drug and Alcohol Planning Council Meetings
June 8, 2016**

12:00 Noon

Attendance: Bobbie Banks, Mike Bernard, Debbie Borden, Commissioner Roger Bunn, Kristi Fisher, Commissioner Mark Hamilton, Tim McBride, Marcie Reese, Sara Rice, Jim Schu, Sue Sticklin, Seth Watkins

Call to Order: Vice-Chair Seth Watkins called the meeting to order with the Pledge of Allegiance and a moment of silence. Then stated:

The Tioga County Department of Human Services Advisory Board will facilitate the second Public Hearing regarding the 2016/2017 Human Services Plan from 12:00 noon to 1:00 p.m. The purpose of this hearing is to inform the public and solicit stakeholder input. During the Public Hearing any member of the public is invited to provide testimony, verbally or in writing, regarding the plan. Simultaneously, when the public is not making comments regarding the Plan, the monthly Advisory Board/Planning Council meeting will be conducted.

Tioga County Advisory Board

Secretary's Report: Seth

Mike/Tim made a motion to accept the report as presented. Motion carried.

Treasurer's Report: Seth

The April and May reports were presented. The beginning balance in April was \$2,814.96. A check was voided, and replaced, in the amount of \$45.22; a check was written to Wal-Mart for \$13.00 for medicine; to Little League for \$105; interest for May was \$.12; Little League check was voided; interest of 4.12 for June for an ending balance of \$2,802.20. Mike/Tim made a motion to accept the report as presented. Motion carried.

Old Business:

- Introduction of New Administrator – Sara Rice

Sara stated she had reported last month that interviews had been held and candidate names had been forwarded to the Commissioners. The Commissioners reviewed the selections and chose Nancy Clemens from those candidates. Nancy stated her start date is June 13th. The official date will be June 14th. Nancy said she is grateful for the opportunity that has been presented. She has met with Marcie and representatives from SAM. She has already attended CPS and placement meetings; has met with the solicitor and caseworkers. She said she is excited to work with caseworkers, SAM, and wants to get everyone working on “the same page”, to look at the culture and wants to work at improving communication. She told the Board they are to feel free to contact her.

- HSBG Review – Marcie

This is the second Public Hearing for the Block Grant. This meeting will be to review the requested services. They take the needs assessment and look at funds available, and then prioritize the service needs

for Tioga County. This is FY 15/16 BG allocations and have meetings with the Judge, solicitors, the advisory board, the Partnership for Community Health, the Drop-in Center, consumers, etc.

Priorities are:

- 1) Transportation services are always a need. The Partnership for Community Health is willing to take this need on, by hiring a transportation coordinator, to see that residents are able to get to the destinations they need to be, i.e., doctors' appointments, meetings, CAO appointments, whatever EMTA is unable to do. Every year transportation is an issue. This has been indicated in each plan. Sue has written a grant on this issue which has solved this issue. The hope is now, that our staff will be available for other tasks.
- 2) Continuum of Care for non-offender care takers – Non-offender caretakers don't have the protective capacity for her children; she doesn't know how to stand up to the offender. She doesn't know how to stand up to the offender. Looking at developing a series of meetings, a continuum of care for help the parents develop those protective capacities. There needs to be a plan for the safety of the children. This is to assist in to reunification of the family. Question – would you explain a little bit more? In a family with domestic violence, and the children have been abused, and dad's been a sexual predator, mom has lived with a predator, and he has moved out. But sometimes he moves back in; mom can't say no. Often there are no restrictions in place, even with Megan's Law in place. Usually there are triggers to indicate when a situation will arise. Teaching mom to anticipate these triggers might help abuse from getting started again.
- 3) Effective Safe Parenting –With the increase of opioids, additional staff have been required. This is an Evidence Based Program. If the priority is on a drug abusing family, the case is shifted in that direction. The program also utilizes the nurse going into the home. Right now staff has been shifted to meet the needs. We have not been able to meet the existing need. So, we are asking for another staff that will help with this program.
- 4) Family Assessment Tools – The planning team recognized there is a need to have standard tools to assess families across all categoricals that will help support individual intervention planning, monitoring progress, and evaluate and improve services. The team is exploring the Adult and Strength Assessment (ANSA) and the Child Adolescent Strength and Needs (CANS). They are working getting that into the service delivery system and case management systems to provide a more consistent method of reporting.
- 5) Drug Court – With the increase of opioids again, looking at developing a drug court through the Tioga County court system.
- 6) Employment barriers – PA is an Employment First State. Employment is a “very large and hot topic” across all categoricals. Two primary areas the planning team have identified. One is the barriers – two are within our controls: public perception and provider engagement. The public perception with individual with disabilities is that the job needs to be altered. People are unaware of the supports that are available to the individual to complete the tasks assigned. We have over 22 individuals in the community. We will work with ODP and Quality Assurance Team for IDD. This is a priority for them. We will try to do outreach through public meetings, brochures, town halls, going to providers. The other is provider engagement. Supportive employment services is very expensive, approximately \$40,000 for a full year. Providers tend to not want to back away from support as it is very hard to manage. As the person learn the job, and the provider is only needed a few hours off and on during the day, it is difficult for the employer. What has worked in the past is an enclave. Such as in Wal-Mart, there are several people working, and one person assists each at different times.
- 7) Employment supports for people in recovery – There is a local grassroots organization, Recovery Revolution, obtain various funding to train 30 certified recovery specialists. They are now looking

to find employment for these individuals. Transportation for interviews; asking for help with clothing, meals for prepare for interviews, and ongoing assistance. Marcie said she doesn't think meals and clothing can be funded. The request is minimal, but further research will have to be done.

- 8) Placement Developer Position – C&Y has requested a position for a person to make calls to providers when a child needs to be placed. This position would streamline funding.
- 9) IDD Base Funding Placement – We have an individual that may or not be placed in White Haven. If they are not placed there, and need to go elsewhere, the State is asking for assistance with the cost, which would be around \$480,000. Marcie said that \$30,000 has been set aside.
- 10) Psychiatry Services in the prison – This is still an issue. A Base Services Unit (BSU) caseworker for MH unit, through meetings with Judge, the solicitor and others, have requested that someone is the Family Court Courtroom to start services when they are ordered. That way services are not delayed. When not in the Courtroom, the individual will accept screening calls for all service categoricals, conduct intakes for the BSU and also work as the MH Delegate in emergencies. Question – “Marcie, may I ask a question. You said, in family court, I was under the impression we’re looking at that at many different levels of court. Like criminal court, I mean, that’s where we’re seeing the lag time, is when somebody is ordered into services. And we tell them they need a mental health evaluation, they don’t even know where to start. So we were thinking of expanding that into, not only dependency court, but criminal court as well.” Marcie said, “Ok, thank you.”
- 11) C&Y Hearing Officer – This year C&Y worked with the solicitor and the Judge in Family Court piloted a program with family to start reunification quicker. Services started while the individual was incarcerated and followed into drug rehab program. When they were released, the same workers were with them. Visitation started immediately. The original intent was for the Judge to see them monthly. Because of back log, it is every six- to eight- weeks. Asking for an Administrative Law Judge who would have the same kind of authority as the Judge. This person would report directly to the Judge. This would allow the family to present their case much more frequently and reunification could occur anytime within the three month period.
- 12) Base Funded Peer Specialist – Looking at funding six individuals with specific goals. Currently, Specialists aren’t funded through base funds. But there is a definite need and population for it. When people come in requesting help, they are not always willing to accept help it even though they know it’s a need. The Peer Specialists would assist them navigate the services and system available to avoid the crisis calls. This would be a time limit of three-months as the individual may become available for funding through CCBH.

Those are the requests that are going into the Block Grant. Not all will be funded by the Block Grant. Some are funded by the Court system; NBPB; CCBH. These are needs set for the course for next year. If these are not funded, they will be moved to the next section down. Which states: “We’ve identified these needs, but we unable able to fund them in this year due to insufficient funding. Tioga County Planning Team received requests for information for funding for the following programs. However, the Planning Team concurs the following will not be funded. The decisions on what are and what are not funded are made with the Administrator and the Commissioners.” The last meeting was the public hearing was on the Human Services and Supports. That section is not in here. Those requests are completely different with the exception of the employment of recovery people. That didn’t fit under the HSS. That ultimate decision to exclude isn’t based by the people doing the reviews. It’s based upon what goes to the commissioners.

HSBG Funding – Bobbie

The instructions were to prepare the budget using FY 15/16 allocations. The Block Grant allocation is about \$2.75M this year. This is approximately 20% of the overall DHS budget. We received a one-time allocation of \$7200, which will be disbursed by June 30th. Bobbie and Marcie will meet and try to fit all the services needed into the remaining amount. Hopefully all the services will fit with the same level of service that are currently received, and new initiatives that are needed in the county. Once numbers are entered, a budget will be presented. We are planning for the Plan to go on display on June 17th. It has to be submitted to the state by July 8th. We are optimistic that we will have it submitted by the Fourth of July. If anyone would like a copy of the final document, please notify Marcie.

New Business:

- IM4Q – Marcie

Independent Monitoring for Quality for IDD folks. This has been around since 1997. This cycle of monitoring has just been completed. Tioga County will receive its results as well as what Tioga County looks compared to the rest of the state. IM4Q is difficult in that it doesn't measure compliance. It measures quality of life. The surveys are done on about 1/3 of the people living in licensed settings. These are merged, by the state, with surveys done with individuals in licensed or unlicensed settings, individuals, or in families. The information focuses on their satisfaction, dignity, rights, respect, their relationships, their choice and control, their inclusion. The impression of the IM4Q team is taken into consideration, as well as, family and friends. The first two sections are answered by the people themselves – satisfaction, dignity and rights and control. Generally 44 – 63% were able to respond. In 2014 there were 5341 interviews completed. The case managers sometimes get feedback called considerations. There are two types of considerations: a caseworker goes to the home and something is dramatically wrong. The people's safety is at risk. There isn't any communication – email isn't working, no phone calls. Only one time in all the years Marcie has worked has a case worker been sent and that wasn't for a health issue. It was for a communication device not working. Marcie said sent a work in case this was the only method of communication for the individual.

The other consideration is something that is needed to follow up on. For instance, something that individuals want to do or need. An individual wanted to go skydiving, and wanted to know if it was possible; a person wanted to go to church and didn't have a ride; somebody wanted to learn sign language even though they didn't need it. When all this isn't compiled, a report will be sent.

Items learned from last year's survey. The rate of employment for people in the IM4Q survey is much lower than all the national stats received;

- 1) People with jobs in the community have a significantly higher level of choice;
- 2) People in life-sharing have the highest level of satisfaction;
- 3) People in the state intermediary facilities had the lowest level of satisfaction;
- 4) Those in their own homes had the highest level of choice;
- 5) People living in ICF's with more than five people had the lowest level of choice;
- 6) People living in life-sharing or living in their own homes had the highest level of community participation;
- 7) And state, or private ICF's, had the lowest community participation.

Five recommendations from the review:

- 1) They want people to work and be self-sufficient,
- 2) People want greater influence on where they live and what they do during the day;
- 3) They want greater control over their resources;
- 4) They want to be included in their communities;
- 5) They want their homes, and bedrooms, to reflect their tastes.

The results will probably be received in September or October. Wanted to give overview, because employment is a large part of the Block Grant. And the Quality Management Plan is reviewed annually. These are things that help set priorities for Tioga County. Question – do you get a number crunch, or consideration crunch, on how Tioga County looks with the rest of the state? Yes, we have it for last year. It is in a consumer-friendly format. Question– there is more case worker one-on-one interaction, as there are fewer clients? Marcie said that isn't always the case. It is based on need. Someone may only need one-on-one, but someone else may need more of a team approach.

- Bureau of Financial Operations' Waiver Approval – Marcie

Every year a request is made to pay the managed care rate instead of the Medical Assistance rate. The reason is because the managed care rate is higher, and helps us retain qualified and willing providers. The waiver has been submitted, and approval received for this year. Another waiver has been submitted for this year. CCBH has raised the rate for D&A case coordination and BCM. So the waiver is to increase the rate for base funded services. This is our third or fourth year requesting these waivers.

- ACE Program Start Up Numbers – Marcie

ACE program started this week. There are 23 children in Wellsboro; 21 in Elkland. They meet Monday, Tuesday, Thursday and Friday. Wednesday's are spent doing home visits, paperwork, measuring the goals and outcomes the kids have set for themselves for the summer. Since they are just starting, they are still conducting intakes as people are requesting services. We are fully anticipating both programs to have 30 children.

Mike/Tim made a motion to close the public hearing. Motion carried.

Tioga County Drug and Alcohol Planning Council

The meeting was called to order immediately following the Advisory Board meeting.

Old Business

Jane is not able to be here, but she said they are still working on accumulating the information needed to complete a contract with the Mt. Laurel Recovery Center.

Tim/Mike made a motion to adjourn. Motion carried.

Submitted by,

Jack Eckman

Secretary
Tioga County Advisory Board

Attachment 2

24-Hour Emergency Response Plan

**Administrative Entity
Tioga County**

Policy: Emergency Services

Date: 6-1-2016

Revised:

Background:

Article III, Section 301 (d) (4) of the Mental Health and Intellectual Disability Act of 1966, states it shall be the duty of local authorities to insure that Emergency Services twenty-four hours per day shall be provided by, or available within at least one of the types of services specified in this paragraph. The services specified in paragraph (5) are: Short-term inpatient services other than those provided by the State, Outpatient services, Partial hospitalization services, Consultation and education services to professional personnel and community agencies, Aftercare services for persons released from State and County facilities, Interim care of Intellectually Disabled individuals who have been removed from their homes and who having been accepted, are awaiting admission to a State operated facility, Unified procedures for intake for all County services and a central place providing referral services and information.

Policy:

The Administrative Entity will ensure that that at least one of the types of services identified above are available twenty-four hours per day.

Procedure:

- Upon enrollment in to the ID Program and assignment of an SCO, the individual is provided with the SCO's Urgent Need phone number that is available after normal business hours and on weekends.
- Each Fiscal Year, the AE provides a cell phone number to all providers, the Base Service Unit, the Single County Authority and Children and Youth. This number can be used after normal business hours or on weekends.
- If an emergency arises, the SCO is contacted by the individual, their family, the provider or the AE. The SCO will complete an assessment to identify the emergent need.
- The AE, SCO, individual, family and the provider will work together to set up an emergency plan for the individual to ensure their health, welfare and safety. Tioga AE has set aside base funding for emergency situations and will authorize access after normal business hours or weekends if necessary.
- The emergency plan will remain in effect until the next business day, at which time the case will be reviewed by the individuals team and a determination will be made as to whether or not the current emergency plan needs to remain in effect or if a new plan needs to be put into place.

References:

- MH/ID Act of 1966

Appendix C

FY 16/17 Block Grant Budget

**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 <u>not</u> 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: TIOGA	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	0					
Administrative Management	125		193,139		12,721	
Administrator's Office		<i>(Includes CASSP)</i>	150,695		10,546	26,490
Adult Developmental Training	0					
Children's Evidence-Based Practices	0					
Children's Psychosocial Rehabilitation	0					
Community Employment	3		18,692		1,308	
Community Residential Services	0					
Community Services	25	<i>(SAP, DCORT, NAMI)</i>	37,326		2,612	
Consumer-Driven Services	0					
Emergency Services	5		32,459		2,271	
Facility Based Vocational Rehabilitation	8		60,499		3,709	
Facility Based Mental Health Services	0					
Family Support Services	2		8,598		602	
Housing Support Services	11		19,003		1,330	6,542
Mental Health Crisis Intervention	39		13,192		923	
Other	0					
Outpatient	7		86,577		6,058	50,000
Partial Hospitalization	3		16,355		1,145	
Peer Support Services	8		9,346		654	
Psychiatric Inpatient Hospitalization	0					
Psychiatric Rehabilitation	12		97,152		6,798	
Social Rehabilitation Services	14		123,087		5,223	
Target Case Management	21		44,861		3,139	
Transitional and Community Integration	43		162,620		11,380	
TOTAL MENTAL HEALTH SERVICES	326	1,335,649	1,073,601	-	70,419	83,032

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

County: TIOGA	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		<i>(Includes TSM, IM4Q)</i>	560,393		24,320	1,190
Case Management	45		32,711		2,289	
Community-Based Services	18		338,896		22,663	
Community Residential Services	1		39,253		2,747	
Other	10	<i>(ISO)</i>	14,019		981	
TOTAL INTELLECTUAL DISABILITIES SERVICES	74	1,049,308	985,272	-	53,000	1,190
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	58		171,090		11,972	9,475
Case Management	0					
Rental Assistance	0					
Emergency Shelter	0					
Other Housing Supports	0					
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	58	103,031	171,090	-	11,972	9,475
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	30		103,995		7,277	
Promising Practice	0					
Alternatives to Truancy	0					
Housing	10		7,010		490	
TOTAL CWSG SERVICES	40	78,070	111,005	-	7,767	-

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

County: TIOGA	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	27		32,711		2,289	
Inpatient Hospital	0					
Inpatient Non-Hospital	15		21,496		1,504	21,461
Medication Assisted Therapy	0					
Other Intervention	0					
Outpatient/Intensive Outpatient	25		35,515		2,485	64,384
Partial Hospitalization	0					
Prevention	0					
Recovery Support Services	100		17,757		1,243	
TOTAL DRUG AND ALCOHOL SERVICES	167	122,188	107,479	-	7,521	85,845
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	289		22,898		1,602	
Aging Services	120		19,440		1,360	
Children and Youth Services	8		3,738		262	
Generic Services	1,567		153,524		10,743	
Specialized Services	2,728		22,749		1,592	
Interagency Coordination			7,477		523	
TOTAL HUMAN SERVICES DEVELOPMENT FUND	4712	50,000	229,826	-	16082	0
7. COUNTY BLOCK GRANT ADMINISTRATION			59,973		4,197	
GRAND TOTAL	5,377	2,738,246	2,738,246	-	170,958	179,542