

Appendix A
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: VENANGO

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	Date:
	Timothy J. Brooks	6/26/16
		6/30/16
		Date:

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;**

See response to question number 2 below.

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

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

The Venango County System of Care Advisory Board comprised of representatives from each life stage agreed upon a four-fold approach to the needs assessment for the 2016-2017 Block Grant. This process was comprised of the following events/ methods to collect this vital input across all categoricals and life stages. Participating stakeholders included recipients of service, family members, providers, county staff and community partners.

- A. Individual Surveys
- B. Community Forum Nominal Group Process (focused on system wide need)
- C. Internal/ Community Partner Identified Needs
- D. County Indicator Data

Results of the surveys are presented below.

A. Individual Surveys

Surveys were distributed at numerous locations and events across the county. They include the following:

- Children's Day at the Cranberry Mall
- The Community Support Program Meeting
- Scrub Grass Senior Center
- Christ United Methodist Church- Free Meal Fridays event
- The POINTE Drop –In Center/ Center City Café
- Local YMCA's
- Child Development Centers
- The ID Quality Improvement/ Quality Assurance Meeting
- Substance Abuse Program Participants
- Independent Living Program Participants
- MH/DS Program Participants
- Area food banks

A total of 221 *survey responses* were captured. These respondents represented all life stages:

Life stage of self or family member:

Child & Family (birth to 17)	52	31%
Emerging Adult (18-25)	33	20%
Adults (26-59)	91	54%
Older Adults (60+)	45	27%

Survey Question #1: Did you or your family member receive the right service, at the right time, in the right dosage:

94% Yes 6% No

Trended responses across individual surveys:

Services/ Supports that are working well in Venango County:

- Human Services Case Workers
- Food Banks
- Supports Groups and Counseling
- Transportation to work from RIDE
- The Substance Abuse Program & Early Intervention Programs
- Utility Assistance

Services/ Supports do you think are missing:

- More services for single parents
- Increased Transportation supports (better and longer running)
- Housing Case Manager/ Increase Housing Supports/ Emergency Housing
- Services for those with a criminal record / Re-Entry (especially employment and housing)
- Job supports
- More activities for seniors/ Home supports for seniors

Improve individual/ family engagement:

- Social Media /Website
- Public Service Announcements/ Advertisements in newspaper
- Posting information in frequented places (laundry-mat, post office, library, etc.)
- Conduct Community events (Senior Expo, Consumer / Provider fairs,
- Community booth at mall, open houses, etc.)
- Flyers and speakers at senior high-rises
- Word of mouth between individuals/families

Improve community engagement:

- Inform community of what Human Services has to offer, Advertisements/ flyers
- Community Outreach Events (i.e. Recovery Celebrations, rallies, local church events)
- Get out and meet people/ make presence known in the community
- Have a booth at local festivals (Applefest, Oil Heritage, County fair, etc.)

B. Nominal Group Process

Nominal Group Process was conducted on April 20, 2016 as part of the Community Forum. Approximately 100 attendees crossing the life spans participated in the activity. Three questions were asked of stakeholder participants who were broken out by life stage. The following are the common themes and responses.

(Key: OA-Older Adult; A-Adult; EA-Emerging Adult; C/F-Children & Families)

1. How do we assure that our individual/families receive the right service at the right time in the right dosage?

- Improve collaboration on common cases and across all stakeholder groups i.e. share information, come to intake meetings(warm hand-off/ introduction), combined training and committees (A, EA, C/F)
- Make sure staff and stakeholders are knowledgeable of what services and supports are available to meet the individual/family need. (All life stages)
- Identify needs and use them in the planning process/ conduct comprehensive assessments (OA, C/F)
- Increase transportation to/ from essential services (A, EA)
- Improve access to follow-up services/ supports, lessen wait time. Especially for evaluations, medication checks and psychiatric appointments post in-patient stays. (A, EA)

2. How do we do a better job of engaging consumers?

- Be creative and think outside the box (i.e., consider different ways to engage individuals that fit their life stage- Communicate via preferred methods and follow-up as needed) (All life stages)
- Build trusting relationships (i.e. be transparent, show true concern, foster hope and positivity). (All life stages)
- Be more Person-Centered. (i.e. find out what matters, involve individual/family more in planning; don't overwhelm; acknowledge success and allow for failures). (OA, C/F)

3. How do we do a better job at engaging the community?

- More public awareness (i.e. Senior Expos, Community Supports Day/ Resource Fair, phone calls/e-mails, newsletters based on life stage. Be mindful of what technology each life stage uses) . (All life stages)
- Increase multi-generational programs/ activities so all life stages can interact and support each other. (OA)
- Improve transportation to community events after hours. (A, EA)
- Distribute a Resource Directory and Calendar of Events. Put these where each life stage frequents. (All life stages)
- Learn what families like to do in the community, let them know what community services/ activities could best support them/ make it part of their plan. (C/F)

C. Internally and Partner Identified Needs

Internally Identified:

Venango County Human Service Case Work Supervisors identified the need for programs and supports focusing on hoarding behavior. This is a very prevalent issue across all life stages. A point in time count of active cases among the various HS caseworkers was conducted in June 2016. Approximately 20% of active cases were identified as having some degree of hoarding behavior. Screeners in the Protective Intake Crisis Unit (PIC) indicate the calls related to hoarding type issues rank third in frequency. Hoarding is leading to unsafe environment for children, evictions, unsafe and unhealthy living conditions and the inability for older adults to remain in their homes.

Partner Identified:

- The Venango County Focus on Our Future Collaborative Board- Dental Taskforce has identified a significant need for increased transportation supports for children in need of sedation dentistry. The Oil City Salvation Army operates a local dental clinic which accepts both MA and private insurance. Clinic data indicates that in FY 2014-15 approximately 70 children (2-5 years of age) were provided a dental assessment. Of the 70, 45 children were recommended for sedation dentistry procedures. Only 17 children (24%) were able to access and complete the required treatment. The Oil City Salvation Army Dental Clinic does not provide sedation services due to lack of facilities and liability. Clinics that can provide this necessary service are located out of county which presents a

major barrier to transportation. It is projected that upwards of 100 trips would be necessary to meet the need. Expanded transportation support via the RIDE Program is requested.

- The Child Development Center, Inc. (CDC) has identified the need for increased behavior support within its facilities. CDC serves 608 total children across 5 Centers, 87 children were aggressive on a repeated basis (more than 5 acts of aggression during the 2015-2016 school year) and caused interference in the classroom. Of the 87 children who showed repeated aggression, 27 showed more than 20 acts of aggression. 7 were referred for BHRS services including Mobile Therapy and TSS. About 1.15% of our population is referred for BHRS. Specific behaviors of concern include violence toward other children, teachers, or self. For toddlers, those numbers reflect repeated biting, head banging, self-biting, throwing themselves into shelves, hours of tantrums, extreme night terrors, etc. Behaviors for preschool and school-age children include: choking others, stabbing others with objects, pushing, hitting, biting, kicking, punching, scratching, spitting, eloping, breaking objects, throwing objects, tantrum behavior, swearing excessively, verbal threats to self or others, sexually inappropriate behavior, etc. Some of the environmental circumstances that contribute to the needs expressed by these 87 children include, but is not limited to, poverty, domestic violence, neglect, loss of a loved one, divorce, witnessing a violent crime, incarceration of a loved one, exposure to drugs or alcohol prenatally, difficulty attaching to a caregiver, abuse, very long hours away from their families, and having many caregivers and inconsistency.
- The Criminal Justice Advisory Board (CJAB) – Re-Entry Subcommittee supports the need for a Re-Entry Case Manager. Jail statistics indicate that 41% of those incarcerated at the Venango County Jail in 2015 were known to the Mental Health system with 30% of those inmates having a serious mental illness. 84% of Substance Abuse Program referrals came from the Criminal Justice System with 21% of SAP assessments being completed for the inmate population. Over the past three years, the Re-Entry Employment Pilot has provided training for 26 incarcerated individuals. Based on Department of Labor information specific to these participants, 11 (42%) are currently employed and have not reoffended or been re-incarcerated. The training program consists of 45 hours of classroom time at the Venango Technology Center, plus additional on the job training as the students were paired with county workers at various locations. At completion, an individual earns a certificate and in some cases a certification. This positive training experience provides this population with marketable skills and resume enhancement. In addition to the Employment Pilot, the LISTEN Program has provided service in the jail setting conducting 12 week sessions focusing on living skills. Staff has also been trained in completing LSIR's (Level of Service Inventory) This tool is used to assess incarcerated individuals to determine which jail training programs they would most benefit from. Inmates are also assessed on the 8 Criminogenic Risk Factors: History of antisocial behavior; antisocial personality pattern; antisocial cognition; antisocial associates, family and/or marital; school and/or work; Leisure and/or recreation and Substance abuse. The family visitation room is also operational in the jail so that incarcerated individuals may have contact visits with their minor children. CJAB emphasized the need for a Re-Entry Case Manager to complete assessments within the facility and link inmates to the services and programs that best

meet their specific needs. This not only includes the in-house service array, but also community based supports upon release.

- Venango County/ Oil Region Career Link indicated the need to expand its outreach to job seekers, especially those with disabilities and barriers. Career Link staff have approached Venango County Human Services with a request to partner in a Mobile CareerLink program where CareerLink staff will meet individuals on site at the Human Service Complex.

D. County Tracked Indicator Data

Venango County Human Services, through its ongoing quality improvement process, continues to track numerous indicators across its life stages and traditional categorical systems. The volume of indicators tracked would be too lengthy to include herein. However the “problem indicators” for each of the traditional categorical systems are listed below. Problem indicators are those indicators that identify areas where improvement is needed. Overall, the indicator data tracked by the county was considered as the county worked to develop the 2016-17 Block Grant Plan.

Mental Health:

- Incarceration of individuals in the Venango County Prison known to the County MH system remained relatively unchanged from 2014 to 2015 at 41%. Those inmates known to the MH system having a serious mental illness (SMI) increased from 28% in 2014 to 30% in 2015.
- Follow-Up after hospitalization rates (PA Specific): CY 2014 48.2% within 7 days of discharge/ 74.3% within 30 days of discharge (VBH 57.6%- 7days / 76.6%- 30 days).
- As reflected in the 2015 Pennsylvania Youth Survey, 42.8% of Venango County students reported, “at times I think I am no good at all;” 47.2% indicated they felt sad or depressed most days in the past 12 months; and 21.9% indicated they had seriously considered attempting suicide (as compared to the state rate of 16%).

Intellectual Disabilities:

- Priority and Urgency of Need (PUNS) Report -6/6/2016: 30 individuals in Emergency status/16 individuals in Critical status.
- Number of individuals receiving ODP funded Employment Supports: FY 2015-16 ytd: 10. At the end of FY 2014-15, seven individuals “graduated” having built natural supports and no longer needing paid supports to maintain competitive employment.
- IM4Q: IM4Q Venango County Report May 2015 (2013-14 Cycle)
 - 84% of individuals reported getting the services and supports they need (state finding 89%, regional 93%).

Substance Abuse:

- PAYS Survey 2015: 50.0% of Venango Youth surveyed used alcohol in their lifetime (43.9% statewide); 12.8% engaged in binge drinking (7.8% statewide); 6.7% reported using synthetic drugs in their lifetime (2.7% statewide).

Children, Youth and Family Services:

- As reflected in the 2015 Pennsylvania Youth Survey, 16.7% of students worried “they would run out of food at home due to money issues,” 8.6% indicated “they had skipped a meal because their family didn’t have enough money for food;” and 5.8% reported “they had lived away from parents or guardians because they were kicked out, rant away, or were abandoned.”

Aging:

- Number of Emergency Shelter Days utilized per FY: 2014-15: 148; FY 2015-16 ytd: 214
- Number on waiting list for services including those waiting for Intensive In-Home Supports: FY 2014-15 ytd: 0; FY 2015-16 ytd: 52 (32 for core services / 20 for home support)

Housing:

- Households in Poverty 2014: Venango 16.2% vs. PA 13.6% , National 15.5% Poverty rate in Venango County have increased 3.9% from 2000 data,

Other Data Sources:

*2015 Pennsylvania Youth Survey
HCSIS and DHS Data Warehouse Reports
CFST and IM4Q Survey Data
Community Action Association of Pennsylvania – Community Needs Assessment
Value Behavioral Health Annual Summary
Venango HS Advisory Board Reports / Provider Monitoring
Pennsylvania County Data Book*

3. How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. For those counties participating in the County Human Services Block Grant, funding can be shifted between categorical areas based on the determination of local need and within the parameters established for the Block Grant;

Venango County intends to continue to fund all of the programs and services currently funded through the block grant at current or expanded levels. This will include both the traditional service array as well as the wide variety of services that have been launched since the inception

of the Block Grant in fiscal year 2012/13. The County will also add additional services and supports in the upcoming Fiscal Year in order to address needs identified through the annual Needs Assessment. And finally, the County intends to continue to refine its integration efforts and overall shift to a life stage service delivery model. Additional details are presented below.

1. Service Additions

In response to the gaps identified in the annual Needs Assessment, the County has identified several additional services and supports that will be added to the range of services currently available to County residents. These include the following:

- The addition of a housing case worker position. This position will work with the county case management teams to provide direct support to them and their customers who need assistance to acquire safe, affordable, decent housing.
- The County will partner with Emmaus Haven to develop an emergency shelter for homeless individuals. At present there is no homeless shelter in the county and requests for support often cannot be met. Emmaus Haven is a new local non-profit that was developed to address the growing problem of homelessness in Venango County. The county will provide funding support for facility and operational costs. A third partner, Mustard Seed Mission, will provide labor for and renovations that may be needed for the facility, once it is identified. Mustard Seed Mission is a faith based organization that partners with the County to offer the Chore Program and the RIDE program.
- The addition of a re-entry case worker position. This position will carry out assessments with jail inmates to determine appropriate service recommendations for programming offered in the prison as well as linkage to programming following release. Assessments will include substance abuse and mental health assessments as well as the LSIR. They will also schedule appointments for follow-up care when released from prison.
- The County will work with the local Pre-K County Kindergarten School to develop on site behavioral health services. Services planned include access to traditional outpatient mental Health Service, Parent Centered Interactional Therapy, and Mobile Therapy. In addition to this the county plans to hold a community conference in August, in partnership with the Children's Round Table, to promote increased understanding among those working with young children of the services available within the behavioral health system and the process to access them.
- The RIDE program will be expanded to provide out of county transportation to low income families with young children who need sedation dentistry.
- The County will develop a task force to give focused attention to the issue of hoarding. A staff member has been identified to develop the task force and coordinate community wide education on this matter.
- The county will partner with Career Link to bring their services on site to the County Human Services Complex. This is targeted to begin on July 12, 2016. Initially mobile

career link services will be available ½ day every other week. Time available will expand if it is needed.

- The County has recently completed the development of a web site designed to inform the community of the full continuum of services available in the County. Additionally, the County has recently developed a paper resource directory, for jail inmates and others who prefer a paper based reference source. In the upcoming fiscal year the county will step up efforts to alert the community to the availability of these informational sources. The web site address is: www.vencohsnetwork.com.
- The county will hold a community resource fair to further disseminate information between and among stakeholders and other community members about the services available in Venango County.
- In order to enable case workers to more freely communicate with customers using their preferred technology, the County is providing smart phones and light weigh lap top computers for the vast majority of county case workers. This technology will enable case workers to more easily communicate with customers via text or email, ensure that protected health care and case information can be easily erased should an employee loose a device, and allow an employee to access web based case work software from the field, allowing for more efficient use of case worker time.
- County administrators will also continue to review the results of the needs assessment internally and with the various advisory boards to determine if additional activities can and should be undertaken during the fiscal year to address identified needs.

2. Continuation of Initiatives Launched Since the Inception of the Block Grant

All initiatives launched since the inception of the Block Grant fund will be continued in FY 2016-17. These include the following:

- Continuation of the Chore program, a home repair service offered to seniors and disabled individuals in the Human Services System.
- Continuation of the RIDE program, a highly successful transportation support program offered to individuals who live outside the reach and/or timeframes of the public transportation system.
- Continuation of the Parker Place program, a socialization program for senior citizens that includes intergenerational programming with youth.
- Continuation of emergency shelter and increased emergency housing support for individuals who are homeless or at risk of homelessness.
- Continuation of the Clinical Manager position, designed to bring clinical direction to the development of service plans.

- Continuation of the various employment skill building pilots implemented with Prison inmates (with MH or SA concerns) and other individuals involved in the overall Human Services System.
- Continuation of specialized in home support services for disabled individuals, seniors, and families.
- Continuation of the scholarship program to address the wide variety of skills and supports needed by residents that already exist, but are geared to a different target population. Individuals presenting with needs in the areas listed below will be considered for funding support. .
 - Like Skills Acquisition
 - System Navigation Support
 - Summer Activity Programming
 - Employment/Vocational Training (after other options are exhausted)
 - Educational Training (after other options are exhausted)
- Continuation of the 12 session skill building program (The Listen Program) offered in the Prison setting, and originally developed to address gaps in Jail programming
- Continuation of the employment training programs offered in collaboration with the Vocational Technical Institute.
- Support of the adult socialization “café” through the auspices of the POINTe (a non-profit organization directed and managed by consumers with a mental illness).
- Continued funding support to for three 15 bed enhanced personal care homes for individuals with a mental illness.
- Continuation of the Life Coach Program, a service designed to support emerging adults to develop the capacity to navigate their lives independently.
- Continuation of the human services recruitment and retention program, which provides for six paid intern positions in the county case work system in any given semester. Additionally up to two temporary case worker I positions will be continued to hire interns that show promise and to provide support for case worker vacancies and case workers out on Family Medical Leave. These workers have a one year period to compete for vacancies that open up within the County.
- Continuation of efforts to insure that county and behavioral health service providers are either “trauma informed,” or certified in Trauma Focused Cognitive Behavioral Treatment, as appropriate for the position they hold in the County behavioral health system.

3. Service System Paradigm Shift

Venango County intends to continue to move away from an illness focused System of Care, to one focused on ages/life stages. Much has been achieved on this front but continued attention

is needed to fully change the mindset of the various stakeholders. The County also plans to continue its internal integration efforts, focusing more specifically on the development of integrated, case management teams. And finally, the County will continue its work towards integrating natural supports into its service planning efforts. Specific plans are bulleted below:

- Central to the system of care framework for the county will be changes made to the case management system. The first change will be to no longer refer to staff as “case managers” which has a negative connotation. The people who receive services do not wish to be referred to as “cases”. Instead, staff will be referred to as service coordinators, which more clearly defines what they do. Service Management will be provided by service coordinators who receive referrals based on the life stages of those referred. Current service recipients may be re-assigned to service coordinators who specialize in an identified life stage. Additionally the county will develop a three tiered format for the delivery of its case management services. One tier will be for individuals who have a single or very limited set of needs. For example, an older adult who only needs home delivered meals or a family opened for services because of a neglect allegation that only needs support to increase the safety of their living environment. These individuals would require short term support. A second tier will be for individuals who have a single, but long term need. For example, an adult with an intellectual disability or a serious mental illness. The third tier will involve the development of integrated case management teams for individuals/families that have multiple needs that transverse two or more of the traditional categorical systems. For example, a family with a child with behavioral health needs that is also involved in the child welfare process. Or a family with addiction issues that have children or other family members with mental health concerns. Tier 3 service coordinators will work with the individual or family for as long as needed and will be known as core service coordinators or CSCs. The staff designated as CSCs will primarily be staffs that are currently designated as MH case managers or ID supports coordinators. They will continue to provide services within the regulatory requirements of their payment source but will work with specific life stages within those categorical systems. Core Service Coordinators will be responsible to engage other service providers as needed. This may include child welfare, substance abuse, housing, or other community providers. All county service providers will work to integrate service plans so that the service recipients do not have multiple goals for multiple programs. All home visits and other contacts will be coordinated by the CSC and it is encouraged that visits by providers be done simultaneously, whenever possible. Community providers will be encouraged to do so as well and it will be the responsibility of the core service coordinator to serve as the lead worker and help all providers collaborate and work together for the good of the family. Core Service Coordinators and other service management staff will use the locally adapted life domain tool (based on the Charting the Life Course work) as a method to focus on strengths and general needs, versus the disability or disease oriented needs that the human service system traditionally focused on.
- The county will continue to work towards the development of a transition plan to implement in collaboration with individuals “graduating” from the human services system. This was identified as a need last fiscal year but plans for development/implementation did not materialize.

- The county will continue to stabilize and strengthen its System of Care Advisory Board. Additionally, management level staff will begin to meet on a monthly basis to collaborate around the management of the human services system from a life stage perspective.

4. Substantial programmatic and/or funding changes being made as a result of last year's outcomes. There are no substantial programmatic or funding changes in this year's plan. However, as noted above, two new staff positions will be added. One will serve as a housing case manager and the other as a re-entry case manager.

5. Representation from all counties if participants of a Local Collaborative Arrangement (LCA). Not Applicable

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

Proof of publication is included on the following pages.

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)

Two public hearings were originally scheduled, one on June 23rd at 11:00 a.m. at the POINTe (a consumer run drop in center) and the other on June 28th at 5:00 p.m. at the Human Services Complex. Due a printing error, the second hearing was published as occurring on the 23rd at 5:00 p.m. at the Human Services Complex. The paper published a new notice indicating a hearing as also scheduled for the 28th at 5:00 at the Human Services Complex. So, in total, three hearing opportunities were available to the public. Unfortunately, only the hearing held on the 23rd at 11:00 a.m. had community attendees. There was a good bit of discussion between county staff and those present in the "audience" at the meeting, with the majority of the discussion focusing on the unmet needs of homeless individuals. A reporter from the local newspaper was present and published a front page article on the plan the following day. Copies publication notice, the sign in sheets, and the article are included on the following pages.

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

No.....Term, 20.....

**Proof of Publication of Notice in THE News-Herald
 UNDER ACT NO. 587, APPROVED MAY 16, 1929**

STATE OF PENNSYLVANIA

ss:

COUNTY OF VENANGO

William R. Lutz, of Venango Newspapers, of the County and State aforesaid, being duly sworn, deposes and says that The NEWS-HERALD, newspaper of general circulation publishing at Franklin, Pa., County and State aforesaid, was established in 1878, since which time THE NEWS-HERALD has been regularly issued in the said County, and that the printed notice of publication attached hereto is exactly the same as printed in the regular edition and issue of the said THE NEWS-HERALD on the following dates, viz:

24th of June, 2016

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

COPY OF NOTICE OF PUBLICATION



William R. Lutz

Sworn to and subscribed before me this
 24th day of June, 2016

Michelle M Schwab

 NOTARIAL SEAL
 MICHELLE M SCHWAB, NOTARY PUBLIC
 OIL CITY, VENANGO COUNTY
 MY COMMISSION EXPIRES DECEMBER 8, 2018

STATEMENT OF ADVERTISING COST

Venango Co. Mental Health	#4310000
1 Dale Avenue	
Franklin PA 16323	
To VENANGO NEWSPAPERS, Dr.	
Agent for The News-Herald	
For publishing the notice or publication attached hereto on the above dates	35.14
Probating same	0.00
Total	35.14

Publisher's Receipt for Advertising Costs

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

No..... Term, 20.....

**Proof of Publication in The Derrick
 UNDER ACT NO. 587, APPROVED MAY 16, 1929**

STATE OF PENNSYLVANIA

ss:

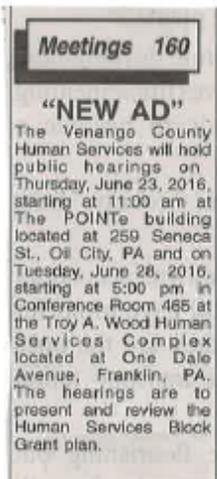
COUNTY OF VENANGO

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

24th of June, 2016

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

COPY OF NOTICE OF PUBLICATION



William R. Lutz

Sworn to and subscribed before me this
 24th day of June, 2016

Michelle M Schwab

NOTARIAL SEAL
 MICHELLE M SCHWAB, NOTARY PUBLIC
 OIL CITY, VENANGO COUNTY
 MY COMMISSION EXPIRES DECEMBER 8, 2018

STATEMENT OF ADVERTISING COST

Venango Co. Mental Health #4310000
 1 Dale Avenue
 Franklin PA 16323

The VENANGO NEWSPAPERS, Dr.
 Agent for The Derrick
 For publishing the notice or publication attached
 hereto on the above dates 35.15

Probating same 0.00

Total 35.15

Publisher's Receipt for Advertising Costs

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

By _____

16 • THE DERRICK / THE NEWS-HERALD Saturday, June 18, 2016

"NEW AD"
The Venango County Human Services will hold public hearings on Thursday, June 23, 2016, starting at 11:00 am at The POINTE building located at 259 Seneca St., Oil City, PA and on Tuesday, June 23, 2016, starting at 5:00 pm in Conference Room 485 at the Troy A. Wood Human Services Complex located at One Dale Avenue, Franklin, PA. The hearings are to present and review the Human Services Block Grant plan.

Publication ERROR

The Pointe 11:00 AM
Public Meeting June 23rd
Ayesa Rupert
Kay Koyack
Sally Bell
Donna King,
William Boston
Amanda Chisholm
Debbie Winger
Dah Winger

Public Meeting - Block grant
6/28/16
5:00 PM
- No one in attendance

Block Grant 5:00 PM
Public Meeting 6/23/16
No One in Attendance

THE DERRICK.

© OIL CITY, PA. FRIDAY, JUNE 24, 2016 (800) 352-1002 (814) 676-7444 www.thederrick.com \$1.00

Venango Human Services eyes grant targets

Staff members identify homelessness, hoarding as key concerns

By **SALLY BELL**
SallyBell.TheDerrick@gmail.com
Staff Writer

Hoarding and homelessness top the list of things that Venango County would like to address with funding from the Human Services Block Grant in fiscal year 2016-2017.

A number of other items are on that list as well, including transportation to dentistry services for children,

job training for inmates and supports for behavior problems in school-age youngsters, to name a few.

County officials got together Thursday for a public meeting on the issue — the first of two — at The Pointe mental health drop-in center in Oil City. At that meeting, officials shared an outline of the county's written plan for the block grant money.

The county expects to receive about \$5.4 million from the state but it

has to identify proposed uses for the money first, explained Jayne Romero, Venango County Human Services administrator, at the public meeting.

The county's plan for the block grant funds aims to preserve the programs that are working in the county but also to fill in gaps in service. The flexibility of the block grant program has allowed for the creation of a few new initiatives in the county and no programs have

been discontinued, Romero noted.

The plan was created using survey data from individuals and groups and with a needs assessment from the human services agency itself and its partners. More than 300 people across all life stages were polled.

Overall, the survey data was overwhelmingly positive in favor of Venango County's Human Services department. Ninety four percent of people surveyed said that they re-

ceived the right services at the right time and in the right amount.

"We were really pleased to see that number," said Kay Koyack, the agency's quality management compliance officer. The majority of respondents said that the county's case workers, food banks, substance abuse programs and transportation all perform well.

See **VENANGO**, Page 8

Venango

Continued from Page 1

As Romero explained, however, the county's outline for block grant funding is intended not just to shore up the things that the county does well but to identify service gaps for clients.

"We track a lot of indicators and the vast majority are pretty favorable," Romero said.

Some other indicators, not so much. For example, 43 percent of Venango County's students have reported, "At times I think I am no good at all." Slightly more than 16 percent of the county's students worried that "they would run out of food at home due to money issues." Fifty percent of Venango County's youth reported using alcohol sometime in their lifetime and 16 percent of the county's households are poverty-stricken. Both of these latter statistics are higher than the state average.

Other county needs were highlighted in the block grant plan.

For one, the county's service coordinators are seeing more hoarding-type behavior across the board. Twenty percent of active cases exhibit some type of hoarding, officials said.

Calls about hoarding rank third-highest among the calls that come in to the county's Protective, Intake and Crisis, or "PIC" Unit, Koyack said. "It is a need and it is something we want to look at."

Homelessness ranks high

on the list of county concerns.

"It's definitely a problem," said William Goodson, director of The Pointe. Just this past month, seven people have visited The Pointe in need of shelter, he said. Those people tell of still more homeless individuals who are sleeping under Venango County's bridges or wooded areas, Goodson added.

"We do recognize there is a homeless problem here," Romero said.

The county's block grant funding proposal calls for the creation of an emergency shelter for the homeless. Currently, there is no such shelter in Venango County, Romero said. The plan proposes that the county partner with new non-profit agency Emmaus Haven for the development of the shelter and with faith-based charity Mustard Seed Missions for necessary labor and renovations.

The plan also aims to protect and build upon the human services that are performing well in the county. For example, the county wants to hire a case manager to continue the success of a job training program for prison inmates.

In that program – which is a three-year-old pilot – 11 out of 26 former inmates, or 42 percent, have kept their jobs during that time and have not returned to jail.

"That's a great statistic," Koyack said.

The county also aims to use some of the block grant money to keep up with the times and to preserve the new direction that the agency is taking.

The plan proposes to set county workers up with smart phones and lightweight laptops to more easily communicate with clients while they are traveling, to save time and to protect sensitive health care data.

In keeping with the agency's goal of reducing stigma, case managers will no longer be referred to as such. Instead, those professionals will be known as service coordinators.

"The people who receive services do not wish to be referred to as 'cases,'" the plan said. As a whole, the human services department is moving away from a stigmatizing systems model toward a life-stages model, Romero said.

All of the things that are working well within the county's human services department will remain intact. The plan aims to educate people of the myriad of services that are available and goes one step further with the development of a transition plan for people once they "graduate" from the human services system.

"We need to be linking people with natural community supports," Romero said.

The county's plan for block grant funding received good marks from those present at the public meeting.

"Bravo. It all sounds wonderful," Goodson said.

In total, the county estimates \$5,444,326 in block grant allocation from the state, said finance director Karen Rupert. This is an estimate because the state has not passed a budget yet, she noted.

While block grant funds are flexible, the state still earmarks them for certain things. A little more than \$2 million of that money is slated for mental health initiatives and that makes up the entirety of the county's budget for mental health care.

Overall, the agency operates on about \$20 million per year. The Human Services Block Grant represents about 25 percent of the department's entire operating budget, Romero said.

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.

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, Health Choices, reinvestment funds, etc.

a) Program Highlights:

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

- Venango County continued to participate in the Human Services Block Grant in 2015-2016. The flexibility of the Block Grant continues to provide Venango with the opportunity to implement needed services across all life stages and systems.
- Venango County Human Services continues to re-organize into a System of Care Model centered on life stages rather than categorical silos. A System of Care Advisory Board to the Venango County Commissioners has been established.
- A curriculum was developed which focuses on natural and community supports for all System of Care Life Stages. This training was made available to county staff through the ongoing Integrated Training Program that was developed several years ago.
- CASSP meetings have been re-instated for all life stages. These meetings are facilitated by the Clinical Manager.
- Venango County Human Services initiated a Recruitment and Retention Program for interns that work across all Human Service Casework teams.
- A day long training symposium focusing on trauma informed service delivery was held on June 19, 2015. Venango staff as well as service providers and community stakeholders attended. In addition, 8 clinicians were provided with the opportunity to receive training and certification in Trauma Focused Cognitive Behavior Therapy.
- Fetal Alcohol Syndrome Disorder (FASD) became a focus during the current year. As a result training was offered during a community forum held on April 20, 2016 by Dr. Renee Turchi and Diana Brocius.

Mental Health Activities/Achievements:

- Venango County in collaboration with Mercer and Crawford Counties opened a small personal care home in Rocky Grove to meet the needs of 3 individuals who were discharged from Warren State Hospital. This endeavor is part of the CHIPP initiative.

- Two enhanced 15-bed personal care homes are under construction in Venango County and are scheduled to open in July of 2016. These homes will replace a large, high capacity facility.
- In December 2015 ASIST training was provided at the Venango County Human Services Complex. This training was a two-day workshop on suicide first aid for community caregivers where the emphasis was on helping a person at risk stay safe and seek further help. In the training participants were educated on invitations to help, reaching out and offering support, reviewing the risk of suicide, and then applying a suicide intervention model. Thirteen individuals attended the training.
- Venango County continues to be part of the In-Depth Technical Assistance (IDTA) process from the National Center on Substance Abuse and Child Welfare. A Pennsylvania On-Site meeting took place June 18, 2015 in Mechanicsburg to share lessons learned, changes made, and families served. Since becoming part of this pilot project, the number of referrals made by Child Welfare to Venango County Substance Program (VCSAP) for Level of Care Assessments has increased by 121%. Increased communication and collaboration between the departments can be attributed to this change.
- Venango County Human Services in collaboration with the Criminal Justice Advisory Board's (CJAB) re-entry committee completed the third round of an employment program for inmates housed in the county jail. The inmates are screened and selected to be part of the educational/training program through the Venango Technology Center. Upon completion, participants received a certificate from both the Technology Center and work site. Some participants also earned their ServSafe credential. Information obtained from the Department of Labor indicates that 11 of the 26 individuals who completed one of the three programs are gainfully employed and have not returned to Prison.
- The Pointe, the consumer-oriented drop-in center, has been functioning at its new location at 259 Seneca St., Oil City, Pa. In addition to its general program offerings, continued work occurred in the preparation of their Center Town Café which had its grand opening January 12, 2016. This café is open to the public and provides free hot meals two days a week from 11:30am-1:00pm. The menu includes hot soup and sandwiches.
- Community Events: The Consumer Support Program held a rally on May 29th at the Franklin Bandstand Park. The rally was in support of mental health awareness month and included local speakers and entertainment.
- In recognition of Children's Mental Health Awareness in May, a movie night was held at the Movies at Cranberry Cinema at the Cranberry Mall. At the event, educational materials were distributed to the attendees in order to raise awareness and education on the importance of positive mental health for children and young adults. Approximately forty-seven (47) people attended the event.

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: Venango County continues to offer the APPRISE program with approximately 8 volunteers who help assist with Medicare options. The Senior Center will be moving to a new centralized location that will offer more community involvement.
 - Needs: According to the needs assessment, older adults are interested in multi-generational programs and activities so all life stages can interact and support each other. Older adults would also like a senior expo and/or newsletter to make them aware of resources available to them in the community.

- **Adults (ages 18 and above)**
 - Strengths: Venango County continues to see the RIDE program as a major strength to the community. The RIDE program continues to help individuals maintain employment as well as maintain their physical wellness by attending appointments. A new small CHIPP house was opened and it serves individuals from three counties which has led to very positive collaboration between counties. Sugar Valley Lodge, a large personal care home will be moving from the large facility to a 2 fifteen and 1 thirty bed home format.
 - Needs: It has been identified in all life stages the need for a full time housing case manager who can assist individuals with finding safe, affordable homes given the scarcity of such in the County. Venango continues the development of their user friendly website to help individuals link to both county and natural supports.

- **Transition-age Youth (ages 18-26)**
 - Strengths: The Life Coach program began in March 2016 with 26 referrals who need assistance in education, housing and employment. The Life Coach program can work outside of the normal parameters of case management to access resources that are barriers to the above three goals. The Transitions program continues to be a success.
 - Needs: A local site-based psych rehab also is using special programming to meet the needs of this very distinct group. Transportation has been improved however this continues to be a barrier to employment after normal working hours.

- **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: The Student Assistance Program works in collaboration with the Student Outreach Truancy program which has provided a streamlined service delivery system for students in need of mental health assessments as well as substance abuse assessments. The Student Assistance program continues to execute CAST, as well as SOS, the suicide prevention program at the junior high level. SAP also works in collaboration with family based mental health, PCIT and the Children's Round table. The SAP program completed 211 pre-assessments in the last calendar year for mental health needs.

- Needs: There were three themes that were consistent from all groups who took part of the needs assessment survey and they were: Educate families with regard to community supports, get to know the family and what they like to do in the community, and involve all stakeholders in county system planning. A recent need that was identified in the children and families group was an immediate assistance with hoarding behavior. The risk of placement due to hoarding is climbing.

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: Venango County currently has two “CHIPP” houses that provide supportive housing for individuals transitioning out of Warren State Hospital. The model, which consists of a 3 bed unit with 24 hour staff plus peer specialist time, has proven very beneficial for the individuals served. The county continues to offer blended case management to all individuals transitioning out of Warren State Hospital and over 90% accept that service.

Venango County also has enhanced personal care beds available for individual coming out of the state hospital. Within the next 60 days, the enhanced personal care provider will be moving from a large facility housing up to 56 individuals into three newly constructed buildings, consisting of a 30 bed unit and two 15 bed units. As a result, Venango County will have a total of three 15 bed enhanced personal care homes serving the needs of individuals with a serious mental illness.

Needs: There is a need for more readily accessible housing, both subsidized and unsubsidized. It is believed that this issue will improve when the county hires an additional housing case manager, whose primary responsibility will be to work with landlords to have current knowledge of available housing.

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

Strengths: Venango County Human Services currently performs integrated intakes so that individuals seeking mental health and substance abuse services only have to attend one appointment.

Needs: Although intake for both systems is completed at one appointment, paperwork for both systems must be completed even though much of it is duplicative. After intake, all services continue to be separate so that individuals with co-occurring disorders could be receiving services from multiple providers.

- **Justice-involved individuals**

Strengths: Individuals who are incarcerated have access to a variety of educational and treatment services while in jail. They are able to have mental health and substance abuse assessments completed by county human service staff. County human service

staff help incarcerated individuals complete the COMPASS applications so that individuals qualify for Medical Assistance soon after release.

Needs: The county Re-Entry Committee has identified the need for a Re-Entry Coordinator to complete mental health, substance abuse, and risk assessments for incarcerated individuals in order to assure that these individuals receive appropriate services while in jail as well as arrange follow up services for when the individuals are released.

- **Veterans:**

Strengths: Veterans make up approximately 10% of Venango County's population. Changes have been implemented to the mental health screening to identify Veterans and their unique needs. The Veterans Affairs office conducts lunch and learn sessions with the human service staff on a quarterly basis to continue the conversation on how to collaborate to ensure mental health needs are met. In 2014-2015, 48 veterans were served through Community Support Services (CSS) and 35 YTD in 2015-16.

Needs: Shelter continues to be identified as one of the strongest needs for the veterans. There are current plans in place to open a FairWeather Lodge in Venango in the next fiscal year specifically for Veterans. Transportation outside of the county continues to be a challenge as well.

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

Strengths/ Needs: The County continues to monitor needs of LGBTQI through assessments in a variety of settings and will implement programming as necessary if a need should arise. During a System of Care meeting the county learned of an instance of alleged discrimination against the LGBTQI community. As a result, the county followed up with the provider in question. Subsequently, the county has changed all its contract language to prohibit discrimination against the LGBTQI population.

- **Racial/Ethnic/Linguistic minorities**

Strengths / Needs: Human services continue to work internally on keeping racial/ethnic/ linguistic minorities in the conversation to assess for needs and strengths. Venango County continues to be fairly homogenous in its ethnic/ racial composition, with a caucasion population of 96.9%. However, the county continues efforts to identify issues affecting this population.

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

Strengths:

Needs:

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:

1. Housing and Residential Supports – Housing Case Manager

- A brief narrative description of the priority: –A theme for the past 3 years continues to be the need for a housing case manager who can assist with finding permanent, stable, and affordable housing across all life stages.
- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion: The anticipated start date to begin a specialized housing case manager will be July 2016.
- 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). Block grant funding will be used to fund this position under the HSDF category.
- A plan/mechanism for tracking implementation of priorities: The County Human Services Administrator facilitates a monthly meeting of all system managers and leadership staff inclusive of County Commissioners, Human Resources and County Fiscal. At each meeting a review of challenges and achievements related to initiatives are reviewed. This format assures communication and accountability for implementation of identified priorities. In regards to the Housing Case Manager, a job description has been drafted and is in the review process.

2. Prison Recidivism - Re-entry Support

A brief narrative description of the priority: Overcrowding at the Venango County jail has led to the transfer of inmates to out of County locations. Approximately 83% of individuals in the county jail are known to the mental health and/or substance abuse systems. Through the efforts of CJAB and the Re-entry committee, a partnership with the local vocational/technical school has been formed to implement the following job training certificate programs: ServSafe, Maintenance, clerical, and other food service programs. In addition to the employment training program, the county will also add a re-entry case manager to conduct assessments and link inmates with a mental illness or addiction disorder to Jail based or community based services.

- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion: There will be at least three sets of new courses offered which will begin the fall of 2016. The Re-entry case manager will be employed September 1, 2016.
- 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): Block grant funds will be used to fund these two items. The training programs will cost approximately \$18,000 and will be funded under the HSDF category while the re-entry case-manager (\$40,650) will be funded through HealthChoices and MH and SAP block grant funds.
- A plan/mechanism for tracking implementation of priorities. The re-entry committee will work with the warden to screen individuals for program appropriateness. The individuals will be tracked while in training and will be followed for one year after release from jail. The hiring of the re-entry case manager will be tracked during the monthly management team meeting, as described in the Housing Case Manger section, above.

3 Community Connections – Community Awareness of Service

- A brief narrative description of the priority: Based on the recent county needs assessment, every life stage identified the need to have more information available to them on resources available in all communities.
- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion: A website was launched in 2015-2016 which has been utilized by county staff to assist in making referrals into the community. The website includes both paid providers as well as natural community resources. A community resource fair will also take place during the 2016-17 year to further communicate available services to providers and other stakeholders. It is in the planning stages. Also, the county is providing smart phones and light weigh laptop computers for the vast majority of county case workers. This technology will enable case workers to more easily communicate with customers via text or email, and ensure that protected health care and case information can be easily erased should an employee loose a device.
- 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): Funding for a resource fair is approximately \$1,500 and is budgeted under the HSDF Category.
- A plan/mechanism for tracking implementation of priorities: The County Human Services Administrator facilitates a monthly meeting of all system managers and leadership staff inclusive of County Commissioners, Human Resources and County Fiscal. At each meeting a review of challenges and achievements related to initiatives are reviewed. This format assures communication and accountability for implementation of identified priorities. Regarding the IT improvements, flip phones have been replaced with Smart phone technology and assessment of needed tablets in underway.

4 Crisis Intervention - Hoarding and Behavior Health needs of young children

- A brief narrative description of the priority: Two significant needs have been identified in this category. They are noted in the following section.

Hoarding- Hoarding is a new development that was identified by mental health, children and youth, and more recently, older adult case managers. The hoarding issue has risen to crisis status due to the threat of placement of older adults as well as children.

Behavioral health needs of very young children- The Child Development Center has identified the need for assistance in their centers due to the high volume of mental health concerns among children between the ages of 3-10. The CDC has reported that they are suspending and/or expelling children due to their violent outburst and/or their inability to follow classroom rules.

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

Hoarding- The mental health coordinator is in the process of researching evidence based programs to determine the type of training that would meet the needs of the local community. A task force will be formed by August 2016. Community training will also be offered by December 2016.

Children- A plan is currently being developed to have a satellite mental health outpatient site on location which will help with identification, referral and treatment of targeted young children. The county Children's Roundtable meeting scheduled for August 12, 2016 will focus on this area. Communication about this event has been sent to the community at large and specific providers serving very young children. Topics of the meeting include: explanation the level of care within the behavioral health system; a review of services available to very you children and mechanism to access these services.

- 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).
- Hoarding- There will be minimal costs associated with starting a task force. However, a community training program is estimated to cost not more than \$1,500 and will be paid for through existing categorical funding.
Children- This service will be funded through HealthChoices funding and existing base funding for outpatient services.
- A plan/mechanism for tracking implementation of priorities: The County Human Services Administrator facilitates a monthly meeting of all system managers and leadership staff inclusive of County Commissioners, Human Resources and County Fiscal. At each meeting a review of challenges and achievements related to initiatives are reviewed. This format assures communication and accountability for implementation of identified priorities.

5. Treatment – Training on Trauma and Reactive Attachment Disorder

- A brief narrative description of the priority: Venango County, for the last year, has been implementing trainings for local providers to become trauma informed treatment specialists. Two certificate training programs have been conducted. One of the trainings is complete while the second is still in progress. Also, the county did invest in a community wide symposium with regard to trauma for all human service workers as well as community members. In the area of Reactive Attachment Disorder, a clinical training has been arranged for clinicians focusing in depth on this disorder. This training will be provided by Dr. Art Becker-Weidman.
- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion: The Trauma Informed course will continue and 8 more individuals will be certified by June 30, 2017. RAD training is in development.
- 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).

Health Choice and block grant funding will be utilized. HealthChoices administrative funding will be used to continue the Trauma training and initiate the RAD training.

- A plan/mechanism for tracking implementation of priorities: The County Human Services Administrator facilitates a monthly meeting of all system managers and leadership staff inclusive of County Commissioners, Human Resources and County Fiscal. At each meeting a review of challenges and achievements related to initiatives are reviewed. This format assures communication and accountability for implementation of identified priorities.

d) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	N							
Supportive Housing	X	6	FWL Service description	agency	Yearly	Yes	Yes	
Supported Employment	N							
Integrated Treatment for Co-occurring Disorders (MH/SA)	N							
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	N							
Multisystemic Therapy	Y	24	MST Service Description	Agency/ County	monthly	yes	yes	
Functional Family Therapy	N							
Family Psycho-Education	N							

*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>

e) Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	X		
Family Satisfaction Team	X		
Compeer			
Fairweather Lodge	X	8	
MA Funded Certified Peer Specialist	X	3	
Other Funded Certified Peer Specialist			
Dialectical Behavioral Therapy	X	4	
Mobile Services/In Home Meds	X		
Wellness Recovery Action Plan (WRAP)	X	26	
Shared Decision Making			
Psychiatric Rehabilitation Services (including	X	38	
Self-Directed Care			
Supported Education			
Treatment of Depression in Older Adults			
Consumer Operated Services	X	219	POINTe Drop In Center
Parent Child Interaction Therapy	X		
Sanctuary			
Trauma Focused Cognitive Behavioral Therapy	X	8	All outpatient providers trained
Eye Movement Desensitization And			
Other (Specify)			

*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.

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

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

A person's needs are identified during the intake and Individual Support Plan process by the Interdisciplinary team (IDT). The IDT is comprised of the individual with an intellectual disability,

their family member(s), Supports Coordinator, service providers, and others identified by the individual.

****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	3	27%	5	38%
Pre-Vocational	20	37%	22	39%
Adult Training Facility	15	13%	18	15%
Base Funded Supports Coordination	147	52%	157	55%
Residential (6400)/unlicensed	1	.02%	0	0%
Life sharing (6500)/unlicensed	0	0%	0	0%
PDS/AWC	14	22%	19	28%
PDS/VF	0	0%	1	50%
Family Driven Family Support Services	37	29%	40	31%

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

Employment services currently available in the County include transitional work and supported employment. Employment Pilot funds for Supported Employment will continue to be utilized when a transition aged individual identifies interest in working. In fiscal year 15-16, base funds

were used to serve three individuals in Supported Employment. In an effort to increase job and learning opportunities, Venango County Human Services has paired with PA Careerlink to offer Careerlink services on site at the Human Services Complex in lieu of having to go to Careerlink for appointments.

ODP could be of assistance in the establishment of employment growth activities by providing training on the OVR/ODP joint initiative surrounding employment.

In addition numerous individuals have utilized the RIDE Program to provide transportation to/from employment after regular Go-Bus hours. Many of those employed, especially at the local Mall or in the Seneca area, could not have successfully maintained competitive community employment without this program. Of interest, a café is operational in the County Human Services Complex and is staffed by individuals who receive services or are in recovery. A number of individuals with an intellectual disability are employed in the food sales and front desk operation of the café.

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.

Venango County Human Services as a whole encourages the use of natural supports. As the human services system is integrated, Venango County Human Services is utilizing the LifeCourse Tools across each life stage: children & families, emerging adults, adults, and older adults. For each life stage, tools have been developed to initiate the conversation between supports coordinators and teams surrounding future planning and individual trajectories.

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

The county will assist the supports coordination organization to develop ISPs that maximize community integration and integrated employment by reviewing this information in its entirety during the course of ISP review. Should the AE reviewer note that the person could benefit from either and is not currently receiving natural or formal supports in a given area, the AE reviewer will inquire with the SCO and encourage them to hold a conversation with the individual/IDT regarding such.

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?

Venango County offers Lifesharing as an option to everyone at intake and annually thereafter. Supports Coordinators will continue to present Lifesharing as an option for residential placement annually at ISP meetings, as well as any time the need for residential services arises. A few barriers to growth of Lifesharing is the lack of available Lifesharing homes, as well as families not wishing to be replaced by another family in their loved ones life. Despite these barriers, Venango County currently has eleven individuals who are residing in Lifesharing homes. A twelfth individual in Lifesharing was transferred to another county over the 15-16 fiscal year. ODP could be of assistance in the area of expansion of Lifesharing by assisting in the identification of potential providers who may be interested in expanding their program into this rural area.

The SCO has developed a policy regarding the importance of providing Lifesharing options when someone identifies the need for residential supports. In an effort to assure that this information is addressed by the SCO the following is incorporated in the SCO policy manual:

Lifesharing information is shared through county events such as provider fairs, forums, media opportunities, TV ads, radio spots, and websites.

Supports Coordinators are trained on Lifesharing policies through The Office of Developmental Programs, the Supports Coordination Organization, State Lifesharing Subcommittee meetings, and through available local trainings.

In addition a list of talking point on Lifesharing has been developed and is reviewed with all people at intake as well as at annual and quarterly ISP meetings. This is also reviewed with a person when there is a need for residential supports identified. Lifesharing is always the first residential option given to a person and their families if they are seeking residential supports. A Lifesharing brochure has also been developed and this is shared with the person each time Lifesharing is discussed.

If a person identifies that they are interested in the Lifesharing option, the SC provides assistance finding the individual the supports needed to address the request. If the individual is currently receiving residential supports or is already enrolled in Consolidated Waiver, the SC advises the AE of the identified need and potential providers will be contacted. Arrangements will be made for the person to meet with each potential provider, enabling the person to choose the provider that will best meet their needs.

If an individual identifies the need for residential supports and does not have funding through consolidated waiver the need is identified through the Priority Urgency Needs (PUNS) process. If sufficient base dollars are not available and the individual falls in the emergency PUNS category, the AE will alert the region capacity coordinator of the identified need.

Generally the base funds available are not adequate to support someone with this need for an extended period of time. If emergency supports are needed the AE will approach the region waiver capacity manager and attempt to secure funding following the unanticipated emergency process. The AE will advise the Block Grant administrator of the identified need and explore all

avenues in an attempt to secure emergency housing supports pending the receipt of additional consolidated waiver capacity.

Cross Systems Communications and Training: Describe 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.

The county will increase the capacity of community providers to fully support individuals with multiple needs by continuing to encourage participation in HCQU trainings. LINK trainings are also available to local provider staff. Behavioral health trainings are regularly provided within the mental health system. This year trainings will focus on trauma, suicide prevention, motivational interviewing, and hoarding. Community ID providers will be informed of trainings as they become available and encouraged to attend.

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.

A supervisor from the SCO will continue to attend and participate in the local area district transition coordinator meetings. During these meetings, the variety of service offerings are described to district transition coordinators. The importance of these children being known to the ID system prior to graduation so that the County can plan for them is also conveyed. In addition, our Intermediate Unit 6 (IU6) identifies students with intellectual disabilities. The SCO is invited to IEP meetings for youth in the transition from high school range. If the individual is open with County services, the supports coordinator makes every effort to attend the meeting. If the identified individual is not currently served by the County MH/DS system, a casework supervisor from the SCO attends the meeting and explains ID services and supports to the IEP team. If the parent/student is interested in opening with the county system, an intake appointment is scheduled.

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.

As the Venango County Human Services system is integrated and all housed in the same building, the Intellectual Disabilities system, Children and Youth Services, Older Adult Services, and Mental Health communicate and collaborate as needed. If an individual is identified as having or potentially having an intellectual disability during the CASSP process, the Clinical Manager invites an ID representative to attend the meeting.

Human Services is also in the process of forming integrated case management units to serve individuals and families with multi-categorical system involvement. The unit will consist of caseworkers and supports coordinators from the categorical, working together to meet the needs of the individual and/or family.

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?

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

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?

When an individual needs emergency services during regular business hours, the individual's supports coordinator initially responds, then notifies either the casework supervisor or the SCO director of the emergency situation. The casework supervisor or the SCO director in turn notifies the Administrative Entity. In the event that an individual needs emergency services outside of normal working hours, the Venango County PIC (Protective, Intake, and Crisis) Unit serves all human services as well as the community at large. Should the need be one that is outside the scope of the PIC Unit and there is a need for ID specific services, the staff have after hours contact information for both the Supports Coordination Organization and the Administrative Entity.

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

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.

The county will utilize Person Centered Thinking trainers to help individuals, families, providers, and county staff gain skills in order to utilize person-centered thinking resources and techniques. Training sessions will be scheduled as needed, with at least one annual training. It is expected that participants in the training will develop skills to create more meaningful Individual Support Plans to help persons with intellectual disabilities obtain an Everyday Life.

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?

At the local level, the county will advertise the use of the human services website. The website includes unpaid services, paid supports, and opportunities for networking. The website can

sorted by choice of ages and stages or categorical based on individual preference, and is available to the community at large. Helpful links to other websites can also be found on the website. In addition to the website information will be distributed at a variety of community events, including provider fairs. Support from ODP is not needed in this area.

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.

The county will continue to engage with the Health Care Quality Unit (HCQU) on an ongoing basis. An AE staff member is an active member of the HCQU's Management Oversight Committee. HCQU staff are regular attendees of the AE Quality Assurance/Quality Improvement meetings which includes AE and provider representatives. When areas for improvement such as individual to individual abuse, or medication errors are identified, the HCQU schedules trainings with local providers. The HCQU also regularly schedules local trainings of need and interest for providers, staff, and individuals who are receiving services. The AE will use HCQU data regarding number of trainings, number of consumer and staff attendees, and number of Intensive Technical Assistances (ITAs) requested in the QM plan.

Actions involving the HCQU are included in three target objectives within the Quality Management Plan. These areas are:

- To reduce the number of Individual to Individual Abuse
- To reduce the number of Medication Errors (all classifications)
- To decrease the number of reported restraints

The Intensive Technical Assistance ITA process is utilized for areas of need at the individual level. This may include the development of a biographical timeline to assist the people that are working with the person with a better understanding of their needs. ITAs will continue to be sought on an as needed basis.

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?

IM4Q data is an essential part of the AE Quality Management (QM) Plan. Results will be reviewed on an annual basis upon release of the County IM4Q Summary Report. The Quality Improvement/Quality Management committee and MH/DS Advisory Board will review indicator data provided by IM4Q, and address any current trends and develop improvement plans based on the information.

The AE 2015-17 Quality Management Plan includes the following IM4Q related performance measure: Percentage of IM4Q participants providing positive responses related to the Satisfaction Scale questions in the IM4Q tool, with the target objective being to increase the percentage on the IM4Q Satisfaction Scale by 3% by June 30, 2017.

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?

The county will support local providers to increase their competency and capacity to support individual with higher levels of need by utilizing the HCQU for trainings in the areas of aging and physical health, and encouraging participation. LINK trainings are also available to local provider staff. Behavioral health trainings are regularly provided within the mental health system. ID providers will be informed of the available trainings and encouraged to attend. ODP could assist the county by encouraging provider expansion of Behavior Support services, as there are very few options for providers of service in this area. An additional area of assistance needed is in depth training in communication.

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?

In Risk Management, the county will utilize the Risk Mitigation Cycle:

- Recognize
- Assess
- Develop Strategies
- Implement
- Evaluate

The county uses Incident Management (IM) data to complete quarterly trend analysis of incident categories, and reviews this data at least every six months with the QA/QI committee. If trends are identified in any area, the committee brainstorms potential reasons for increase and develops an action plan to address the issue. Strategies implemented will be evaluated on an ongoing basis to determine their effectiveness. Should there be an increase in an area where an action plan already exists, the committee will re-evaluate the plan and determine if additional action items are necessary.

At the individual level, potential risk factors are identified during the course of supports coordinator individual monitoring activities. The supports coordinator has the responsibility to promptly identify and address areas of individual risk to mitigate more serious consequences. Supports coordinators will utilize “print issues,” and forward any concerns at the individual level on to the AE. The provider is responsible for developing a solution to the issue, and submitting corrective action to the supports coordinator. The effectiveness will be evaluated at follow up visits. If the provider does not resolve the situation, the AE will intervene and provide direction to the provider.

In addition to monitoring activities, individual risk factors are addressed during ISP process. Once the ISP is submitted, the AE authorizer assures that services identified in the ISP are supported by the content of the plan and appropriate to meet the needs of the individual, as well as their health and safety in the least restrictive way. If the

AE reviewer recognizes additional risks or risk factors, the AE reviewer will communicate that information to the team and request revisions to the ISP.

ODP could assist with risk management by developing trainings geared toward advocates, consumers, and families.

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

Venango County has an integrated human services system; and the housing department is located within the same building as all other county human services programs. Venango County Human Services Housing and ID staff communicate and collaborate to meet the housing needs of persons with ID as needed. The addition of a dedicated Housing Case Manager will benefit the ID population as many may need increased supports i.e. visiting landlords, completing housing paperwork and navigating the housing system, and arranging for needed home repair. Access to the Chore Program for basic home repairs is also a benefit to many of the individuals served.

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

The county will engage providers in the development of an Emergency Preparedness Plan by adding this as an agenda item at an upcoming QA/QI meeting. By holding discussion in this group providers will be able to collaborate with each other, as well as the AE in the development of their individual plans.

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?

The county will continue to promote PDS services by encouraging it as a service option to individuals and families whenever a service need is identified and funding is available. It is also discussed annually at each ISP meeting. The Agency with Choice program is utilized by several consumers of service, with the majority of usage for home & community habilitation, companion, and respite services. One of the challenges of the use of Agency with Choice is the understanding of responsibilities on the part of the managing employer and employees. The current AWC that the county contracts with will be offering the service of Supports Broker in the 16-17 fiscal year to assist individuals or their designated surrogates with employer-related functions in order to be successful in self-directing some or all of the individuals needed services. Supports Coordinators will identify consumers that could potentially benefit from this additional service offering, and will acquaint individuals and teams with the service.

Currently, only one consumer utilizes the VF/EA service delivery option. The challenge with this option is the responsibility of the family to maintain accurate records and track utilization, have complete responsibility for training of staff, and lack of understanding of incident management.

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.

In fiscal year 15-16, one Benjamin Settlement class member left the state center and was placed in the community. The county will continue to make efforts to secure adequate placements as class members are identified as desiring to leave the state center.

Individuals residing in other congregate settings are offered the choice annually during the ISP process to complete the service preference form to apply for Waiver services. Should an individual indicate interest in placement in the community, PUNS will be completed. The county will plan for these individuals by monitoring the PUNS and will pursue placement as Waiver capacity becomes available for these individuals.

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.

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

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

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

Housing services range from the minimum service of a one time – one month rental assistance to prevent an eviction to the more supportive services of the Emergency Solutions Grant (ESG) and Shelter + Care Program (SPC). The ESG Grant encompasses rental assistance, utility assistance and life coaching services for those who qualify under the requirements for homeless prevention and rapid rehousing. The SPC housing program assists those who are chronically homeless with a severe mental illness or chronic substance abuse by providing rental assistance and supports to help individuals move toward recovery. All consumers that come in contact with housing intake are advised of the HUD Section 8 Housing Choice Voucher program and Public Housing programs that are overseen by the County of Venango for the Venango County Housing Authority.

For individuals who come to the Housing Department and are literally homeless, the Housing Department is able to assist them with a 1-3 day stay at a hotel at a minimum or provide for a week-long stay at the Sugar Valley Lodge - VTECH rooms if they are open for services through the County (mental health, substance abuse, and aging). These services would be paid for by the categorical funding associated with the individual. Human service case-managers work closely with the individuals to assist them with obtaining permanent housing.

A great achievement accomplished during FY14-15 was the acquisition of a residential home located at 808 Elk St. Franklin, Pa. This property operated over the current year serving 85 individuals. A family shelter was a gap that the County previously was unable to fill. While staying at the family shelter the adults are able to work with their human service case managers to improve their quality of life and enable them to become self-sufficient. Knowing the family has a warm place to stay and a roof over their heads allows them to concentrate on the services needed to enable them to succeed rather than worrying where their children will lay their heads that night.

Venango County continues to explore possible options to the biggest remaining gap in our homelessness offerings which is an emergency shelter for individuals, both male and female. As previously mentioned, we have operated our family shelter, but we continue to have a need to be able to house individuals that require a solution more than the 1-3 day hotel stay. A committee has been formed in the community which consists of individuals from various faith based groups, concerned citizens, social service providers, and our housing manager. They have already established a non-profit organization and are considering the best solution.

Venango County, led by our Housing Manager continues to facilitate the LHOT. Members are from various social service agencies in addition to county Human Service employees. The team meets to discuss new and or changing housing options that are available in the community and works together to come up with solutions to challenges that members encounter with their clients.

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

Case Management – The housing department currently has one case manager that oversees the ESG, Shelter + Care program (SPC), rental assistance programs, and emergency shelter – hotel stay. While the Housing Dept. case manager only sees a consumer once a month, their Human Service Case Manager provides the more intensive support and linkage to services. The SPC program partners with Human service case managers to assist the participant. Evaluation of case management and program efficacy is based on the audits conducted either through DCED or HUD as well as the ability of the consumer to become self-sufficient without further need for housing services and to improve the quality of life for themselves and family members. The Housing Case Manager conducts 6 month follow-up contact to gauge continued progress and self-sufficiency (ESG Program). Changes in the current year will be to ensure those who are in the family shelter are receiving needed services. The

County has entered partnership with a local service provider in addition to hiring a full time life skills coach to offer budget classes and quality of life improvement classes to those in need. Increased collaboration with PA CareerLink will also benefit in employment skill attainment. The County is not requesting HAP funding to support the Housing Case Manager as this position is paid for in the HSDF category. Approximately 320 individuals will be helped with support and service linkage.

Rental Assistance – This program offers one month rental payment to prevent evictions thus helping to end homelessness. The Housing case manager will work with the individual/family regarding budgeting, job search, Section 8 Housing Voucher Program, etc. to prevent future housing financial issues. The ORS data base is used to enter consumer/landlord information and track effectiveness of this service. There are no service changes proposed for the current year and the County is requesting \$28,000 in HAP funding to provide rental assistance. Venango County housing department will assist approximately 130 Venango County consumers some type of rental assistance.

Emergency Shelter – Emergency Shelter may include either a 2-3 day hotel stay or up to a week stay for individuals at the Sugar Valley Lodge –VTECH Rooms. Venango County Human Services, through other funding streams beside HAP, pays a fee for each day the individuals are occupying a VTECH bed. The addition to the emergency shelter program for 2015-2016 will be the ability for families to stay long term (approx. 6 weeks) at the 808 Elk Street Family Shelter. All individuals which use the emergency shelter program have Human Service case managers. Efficacy of this program is monitored by the Service Director and Housing Manager. Outcomes such as obtaining permanent housing, linkages to programs i.e. CareerLink, linkage to mental health/substance abuse services, and linkage to public assistance should they qualify, are tracked. The County is requesting HAP funding in the amount of \$4,500 to assist approximately 30 individuals obtain emergency shelter when no other funding source can be identified. To address the need for an emergency shelter for individual men and women, the County will partner with Emmaus Haven to develop an emergency shelter for homeless individuals. At present there is no homeless shelter in the county and requests for support often cannot be met. Emmaus Haven is a new local non-profit that was developed to address the growing problem of homelessness in Venango County. Venango County Human Services is not requesting HAP funding at this time to support Emmaus Haven endeavors.

Other Housing Supports The County Housing Department assists families in the Rouseville and Cornplanter area with a HOME grant where on an average of \$20,000 is spent to provide safe and decent housing to low income families in these communities. The County also acts as an agent for the Federal LIHEAP/CRISIS and DOE Weatherization Programs. No HAP funding is being utilized for Other Housing Supports

Many housing programs have been created to help individuals in the county and the need to combine funding in order to accomplish our goals was needed. Because many individuals do not have sustainability, it was difficult to utilize HAP funds to the extent of funding. The county also received an Emergency Solutions grant that can assist individuals with homeless prevention and rapid rehousing and can assist with more than just one month of rent or utility support. By reallocating the HAP funds to HSDF, we are able to expand programs to include

homeless shelter support and create a housing case manager who will work with individuals and landlords to help assist with the location of decent, affordable and safe housing.

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

Currently the County uses the Homeless Management Information System (HMIS) when the Housing Department enrolls a client into either the SPC or ESG program. Reports are run either quarterly or annually as required by either DCED or HUD to enable the County to track enrollments, exits and client information. The HMIS system is being used for the 808 Elk Street family shelter.

CHILDREN and YOUTH SERVICES

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

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

SUCSESSES

Venango County continues to be a county that is focused on improving child welfare outcomes of permanency, safety, and well-being of children and families. Venango is entering its fourth year in the Pennsylvania Child Welfare Demonstration Project. The CWDP has been beneficial to Venango County as a means for practice to be improved and driven by family engagement, assessments, and linkage to services and evidence based practices that meet an assessed need. Venango County Children, Youth, and Family Services' CWDP initiated the practice of offering Family Group Decision Making as the key component of engagement with families in 2013. It has also initiated the utilization of the Family Advocacy Support Tool (FAST) and Child and Family Needs and Strengths Assessment (CANS) to determine the needs and strengths of families in the child welfare system. These assessments and the Ages and Stages Questionnaire (ASQ) are utilized to link children and families to appropriate services. Venango County offers an array of services which includes evidence based practices of varying levels of care to address varying degrees and types of needs. Family Group Decision Making, Parent-Child Interaction Therapy, Triple P Positive Parenting and Parents as Teachers are part of the Venango's CWDP. These services are funded by a combination of funding streams.

Additional programming that has successfully impacted the children and families of the county to improve permanency, safety, and well-being is the Truancy Outreach Program, Housing Supports Program, and Clinical Support.

The Truancy Outreach Program offers additional supports in the home and school environment to aid families in eliminating truancy. A total of 504 students were supported by the Truancy Outreach Program at Truancy Elimination Plan Meetings. Of those students that were supported at Truancy Elimination Meetings, 58 percent rectified their attendance issues and did not progress to receiving citations. 9 families that were involved with the Truancy Outreach Program additionally required Child Welfare ongoing case management involvement.

The Housing program allows families to remain intact and safe by offering funding to prevent utility shut off, eviction, housing and utility deposits, and short-term rental assistance. A total of 38 families were assisted and 66 placements of children were prevented as a result of this support in fiscal year 2015-16. The County was able to provide services to 19 children and 15 adults for a total of 11 families. These families would have otherwise been homeless had the County not had the "Elk Street" housing available. The length of stay ranged from the 10 to 70 days with the average length of stay being 40.6 days. A housing case manager position would be beneficial to assist families in transitioning from the shelter to more stable housing. In addition, they would be able to help families navigate the complexities of the housing authorities and application processes.

A Clinical Manager was implemented to assist with analysis of multi-system cases in need of coordination or at risk for placement out of the home. The support was implemented in March of 2015. During the FY 2015-16, 108 clinical meetings of various levels were conducted by the Clinical Manager with agency staff regarding their cases. Eighteen individual coaching sessions, fifty Clinical Review Team (CRT) meetings, six group staffings, fourteen special case reviews and eighteen CASSP meetings. Ninety-two percent of consultations occurred in the Children and Families System.

During the 15-16 year CASSP was fully operational and available for use in Venango County. Referrals were received from the child welfare agency, mental health agency, various school districts, provider agencies, and hospitals. The availability of CASSP has provided a venue for children and their supports to collaborate, problem solve, and to serve children in a holistic solution focused forum. Participation in the meetings has encompassed hospital social workers, school administration, special education, psychologists, intermediate units, juvenile probation, community providers, mental health professionals, early child education providers, and MCO's. Human Services child and family serving staff from areas of mental health, intellectual disabilities, and child welfare have also attended CASSP meetings. The collaboration that has been able to occur internally in the Human Services System, between external agencies, and between Human Services and external agencies has been priceless in being able to meet children's needs in the most efficient means and least restrictive settings.

A need to collaborate with preschool providers has emerged in the last year. Local preschool providers have identified behavioral health needs that are impeding on children's early education and ability to participate appropriately in classrooms. Venango County has begun to educate the community and preschool community on how to access behavioral health services

for very young children. As part of that process, meetings have occurred to assist the preschool community on understanding CASSP principles and how it could be used to serve complex cases in need of collaboration; to ensure that the child's early education is not disrupted and that they are linked to the appropriate behavioral health services. Additional outreach efforts have been made by attending early childhood forums to ensure that the community is aware of CASSP and how it can be used to help connect, collaborate, and problem solve for children and their families in this age range as well.

Venango County's participation in the Pennsylvania In Depth Technical Assistance Team ended as the two year project concluded this fiscal year. Venango County continues to work towards the issues that were identified during their participation the IDTA process. The IDTA was developed at a state level to improve the relationships and successful partnerships between Child Welfare and Substance Abuse agencies. As a result of the county's participation on this team an analysis of the county data between the two systems has occurred, System collaboration and processes were examined regarding Child Welfare and Substance Abuse. Meaningful, viable conclusions were drawn from the analysis regarding the collective strengths and gaps in this area. The UNCOPE screening tool is being implemented to better identify Child Welfare families with substance abuse issues. The Substance Use Indicators Checklist is being used in conjunction with the UNCOPE. DDAP provided onsite trainings to Child Welfare staff that included: "Adolescent Drug Abuse", "Exploring Current Drug Trends", "Confidentiality," "Motivational Interviewing", and "PTSD and Addiction". In addition, to these trainings, Dr. Mark Fuller, provided a "Medication Assisted Treatment" training to Human Services staff in January of 2016. The number of referrals made by Child Welfare to the Venango County Substance Abuse Program for Level of Care Assessments increased by 127% the first year of the IDTA process. Increase communication and collaboration between the departments have been attributed to this change. Referrals have increased 213% with two months remaining at the time of data collection for the FY 15-16 compared to FY 13-14 (pre-IDTA).

A Supervisor position was created in the Protective Integrated Crisis Unit (PIC) during 2015-16 and funded through the Block Grant. This has permitted each supervisor to provide supervision to four case workers. Venango County Children, Youth and Family Services has continued to see increase referral rates and the additional supervisory support increases the safety, permanency and well-being for the children of the GPS/CPS referrals being assessed and investigated through the PIC unit. This position will be funded by the Needs Based Budget for the fiscal year 2016-17.

CHALLENGES

Venango County Children, Youth, and Family Services continue to struggle with the transition from ACYS to CAPS and implementation of CWIS. In Venango County these system changes occurred simultaneously. This has had a significant impact over the past 18 months on the day to day processes for conducting daily business; the implementation of these two data systems simultaneously has been challenging due the learning curve of learning new business processes and modifying daily practice. During the conversion of data from ACYS to CAPS staff had to utilize two data systems to conduct daily business. Staff continues to have access to ACYS to retrieve prior history on cases while entering new data into CAPS. Initially, ongoing cases continued to be managed in ACYS and new referrals were managed in CAPS. In the fall

of 2015, data conversion occurred and the Ongoing Unit was able to use CAPS to manage their cases. Although not all features were fully functional and it was in the spring of 2016 that FAST/CANS data was able to be entered in the CAPS system. FAST/CANS were completed in hard copy format and submitted to Quality Assurance who maintained the information on a spreadsheet for submission as required by the CWDP. While learning the new CAPS systems, staff have continued to learn the CWIS system and numerous challenges that have occurred in daily business practices. From entering and receiving new referrals to providing determinations (CY48s) to Childline, as well as managing an increasing number of GPS/CPS referrals and an increase in case openings by 23%. General Protective Service (GPS) referrals now require data collection and outcome determination submission, which has resulted in additional paperwork and computer processing responsibilities for the caseworker and supervisors. All open cases, GPS and CPS referrals require ongoing communication with CWIS regarding case progress. Again, placing additional requirements on staff to maintain the information in the CAPS system and be thoroughly trained on the system exchange between CAPS and CWIS.

Recruitment and retention continue to be one of the most significant of challenges to the Child Welfare System. Frequent turnover creates a consistent team of new caseworkers that have increasing caseloads and high training requirements. Supervisory turn over has appeared to stabilize within the Child Welfare System through the 2015-16 year. The Director of Venango County CYFS and the Quality Assurance Program Specialist participated in the State Round Table's efforts to address the caseworker and retention and recruitment issue at the state level. Venango County has developed and implemented an internal Recruitment and Retention Committee to address the issues and the work force is stabilizing. The County has partnered with local colleges to offer up to six paid internships to students and the opportunity to explore positions throughout human services and the agencies the opportunity to recruit future staff. Two temporary case worker I positions were created to hire interns that show potential in human services. These positions will provide support during vacancies as well as assist when case workers may take Family Medical Leave. These workers will have a one year period to compete for vacancies that become available within the County.

Venango County has experienced preschool age children presenting with increased rates of aggression, increased rates of parent incarceration, and high poverty rates at local child care facilities. They are becoming the first interventionist for these children. These facilities are needing to provide increased behavioral support and linkage to the county mental health system and community resources. This will allow parent to maintain employment and children to remain in childcare facilities.

- The Child Development Center, Inc. (CDC) has identified the need for increased behavior support within its facilities. CDC serves 608 total children across 5 Centers, 87 children were aggressive on a repeated basis (more than 5 acts of aggression during the 2015-2016 school year) and caused interference in the classroom. Of the 87 children who showed repeated aggression, 27 showed more than 20 acts of aggression. 7 were referred for BHRS services including Mobile Therapy and TSS. About 1.15% of our population is referred for BHRS. Specific behaviors of concern include violence toward other children, teachers, or self. For toddlers, those numbers reflect repeated biting, head banging, self-biting, throwing themselves into shelves, hours of tantrums, extreme night terrors, etc. Behaviors for preschool and school-age children include: choking others,

stabbing others with objects, pushing, hitting, biting, kicking, punching, scratching, spitting, eloping, breaking objects, throwing objects, tantrum behavior, swearing excessively, verbal threats to self or others, sexually inappropriate behavior, etc. Some of the environmental circumstances that contribute to the needs expressed by these 87 children include, but is not limited to, poverty, domestic violence, neglect, loss of a loved one, divorce, witnessing a violent crime, incarceration of a loved one, exposure to drugs or alcohol prenatally, difficulty attaching to a caregiver, abuse, very long hours away from their families, and having many caregivers and inconsistency.

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 maintained safely in their home whenever possible and appropriate.	This outcome is measured by the # of children placed out of their homes. Decreases to the frequency of the Entry	FGDM, MST, Housing, Outreach Program	

	<p>indicator in the HZA data packages and by acceptable ratings on QSR indicators, Safety-Exposure to Harm and Stability will be used to measure progress.</p>	
<p>Children have permanency and stability in their living arrangement.</p>	<p>This outcome is measured by the length of time to achieve permanency and re-entry. Decreases to the indicator of re-entry and improvements to indicators of reunification and timely permanence in the HZA data packages & improvements to QSR indicators; Efforts to Timely Permanence, Engagement, and Stability will be used to measure progress.</p>	<p>FGDM, Truancy Outreach, MST, Housing</p>
<p>Children receive appropriate services to meet their educational needs.</p>	<p>This outcome is measured by increased attendance and reduction of court or agency active children for educational issues. Successful Referrals to the Truancy Outreach Program and Improvements to Teaming and Resource Availability indicators on the QSR will be used to measure progress.</p>	<p>FGDM, Truancy Outreach, Housing</p>

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:	Multi-Systemic Therapy
----------------------	------------------------

Please indicate the status of this program:

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

Multi- Systemic Therapy addressed the needs children and families by improving caregiver discipline techniques for challenging adolescent behaviors, increasing the child's ability to avoid negative peer associations, improving school performance, and developing a family and community support network for encouragement and reinforcement. Ascertaining these skills and relationships will meet the needs of support and socialization needed to reinforce and maintain changes to oppositional behaviors and habits of the child and harsh discipline tactics of the parent. Stabilizing the home environment will allow the child to have relationship permanency and avoid disruption to caregivers. Additionally the intervention is provided in the home, treatment can be provided without placement. The expected outcomes of MST are: decreases in long-term arrest rates, improved family relationships, decrease in days of care for out of home placements, increased school attendance, and decreased psychiatric symptoms and substance abuse. Of the 34 referrals made to the MST program, 26 have been discharged and 8 remain active. MST currently holds an 84.6% successful discharge rate from the program for Venango County referrals this year. This year, Venango County Child Welfare, has experienced an increase in case openings. Previously, children ages 0-5 were opened for services most frequently in Venango County; however children ages 13-18 were very close behind. During the FY 15-16 these two populations are opening at the same rate. Children ages 12-18 rating high on the CANS/FAST indicators for oppositional, natural supports, residential stability, community supports or

are presenting with identified needs of community supports, positive socialization, or chronic negative behaviors that place them at risk for placement, They may be referred for MST. Referrals may also be made if the parent of the child is using inappropriate discipline or conduct that places that child at risk to manage the child behaviors.

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

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Children displaying conduct behaviors who are at risk for placement age 12-18	Children displaying conduct behaviors who are at risk for placement age 12-18
# of Referrals	34	34
# Successfully completing program	22	22
Cost per year	\$113,735	\$125,000
Per Diem Cost/Program funded amount	\$65.00 Per Day MST	\$65.00 Per Day MST
Name of provider	MHY Family Services	MHY Family Services

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

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

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

Under spending in the MST grant resulted in more children and youth being picked up through Value Behavioral Health than anticipated. It is not always known if a child/youth will be VBH eligible when they are referred to the program.

Program Name:	Housing
---------------	---------

Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	x	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 Housing Program has impacted families' abilities to remain together and united in their homes. Many families who have inadequate shelter find themselves in complex situations that are not easily resolved, and can balloon into additional problems quickly. Many of the poor housing conditions are financially driven. Families rent subpar properties that are in need of repair; but landlords are not responsive, leaving families in unsafe and unhealthy living situations. They are not financially capable of relocating so they are forced to contend with inadequate shelter. The Housing Program can repair the homes with permission from the landlord so that families can remain intact. Funding can be offered for security deposits, utilities, and short-term rental assistance. It can also be utilized to help purchase food and utilities for those receiving short-term housing in lieu of homelessness. General protective service referrals and the number of families that have accessed housing supports in the past year indicate that this continues to be an area of need for children and families in Venango County.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

An additional \$35,000.00 funding is provided in the Needs Based Budget for families with homes in need of repair that are causing safety concerns for children. The funding is paired with labor provided from Mustard Seed Mission to make repairs, alleviate safety concerns, and prevent placement of children.

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

	FY 15-16	FY 16-17
Description of Target Population	Families with children at risk for homelessness	Families with children at risk for homelessness or

	or having inadequate shelter	having inadequate shelter
# of Referrals	58 families	143 family members
# Successfully completing program	N/A	N/A
Cost per year	\$43,459	\$30,500
Per Diem Cost/Program funded amount	\$43,459	\$30,500
Name of provider	Venango County Human Services	Venango County Human Services

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

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

Yes No

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

Program Name:	Truancy Outreach
---------------	------------------

Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	x	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 Truancy Outreach Program is a program developed for children with identified school attendance issue grades K-12. An Outreach caseworker is located in each of the county's school districts and works with children to identify and resolve the barriers that are causing attendance and educational issues. The Outreach worker meets with the student in the school and the families at homes to identify any underlying causes to truancy. They

attend Truancy Elimination Plan Meetings, Court Hearings, and conduct group sessions and activities. The program is housed within the county but is delivered in partnership and located in the school districts. The program allows truancy to be addressed holistically; looking at all of the contributing factors and developing a plan to address the whole child, rather than only the presenting problem of truancy. The outreach staff are also involved in Kindergarten registration, where they begin the engagement process with all new and already existing families an identified goal is to educate parents on the importance of education, social interaction and stability within the home setting. The long term goal is for the number of families/students to decrease over time as the cycle of dysfunction within the home and poor attendance improves. The Truancy Outreach Program continues to be sustained in all school districts in the county and has expanded this year to include all local school districts. In some cases children may live in Venango County but attend school in a neighboring county. In previous years the program did not operate to full capacity and all positions were not occupied. All positions were staffed throughout this FY 15-16. It is anticipated that staff will be maintained in their positions and that program costs will remain constant for the FY16-17. Efforts have been placed in the preventative measures in the program that encourage phone calls, visits, face to face meetings etc. This has demonstrated a decrease in the need for truancy meetings, citations being issued and court hearings. This year reporting definitions were altered from previous years to present the open number of referrals receiving direct services from truancy outreach. Fiscal Year 2016-17 will establish a preventative service count, a direct service count, and those students successfully completing the program without a citation once direct services have begun.

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

•

	FY 15-16	FY 16-17
Description of Target Population	School age children K-12 identified as having attendance issues	School age children K-12 identified as having attendance issues
# of Referrals	265	265
# Successfully completing program	171	170
Cost per year	\$355,170	\$355,200
Per Diem Cost/Program funded amount	Actual Cost \$355,170	Actual Cost \$355,200
Name of provider	Venango County Human Services in partnership with area School Districts	Venango County Human Services in partnership with area School Districts

***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.

Underspending in prior years was due to staff vacancies within the program. The program is currently operating at full staff and has been throughout this fiscal year. In addition, the county has implemented efforts to recruit and retain caseworkers.

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

Please indicate the status of this program:

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

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

From July 1, 2015 through May 31, 2016, 142 family engagement meetings occurred. 41 of those meetings were for the development of a family service planning for case opening with 25 follow up meetings occurring. 69 meetings occurred for family service plan reviews and 7 meetings occurred outside of the Demonstration Project requirements. 4 were referred by the Outreach Program and 3 by the Independent Living Program.

The number of Family Service Plans and Child Permanency Plans being developed in FGDM meetings is anticipated to remain steady; the anticipated increase in referrals is related to the increase in case openings.

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

	FY 15-16	FY 16-17
Description of Target Population	Families with cases that are opened for services	Families with cases that are opened for services
# of Referrals	168	200
# Successfully completing program	138	164
Cost per year	\$229,130	\$275,000
Per Diem Cost/Program funded amount	Structured Scale	Structured Scale
Name of provider	Child to Family Connections	Child to Family Connections

***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.

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.

Venango County Substance Abuse Program (VCSAP) provides a broad array of services to the county. VCSAP provides prevention services to all local county school districts as well as to the general population. The program makes every effort to only implement evidence programming which follows fidelity. The prevention programs that are offered are: Too Good for Drugs, Project Alert, On Applebee Pond, Lead & Seed, Tobacco Education Group, Tobacco Awareness Program just to mention a few. The Student Assistance Program is also monitored by VCSAP. This program offers intervention services such as team consultation, pre-assessments for substance abuse as well as mental health, parent contact, and evidence based groups such as CAST. The county provides screening and assessment through the Protective Intake and Crisis unit which is an integrated unit for mental health, children and youth services, aging, and substance abuse. There are two licensed drug and alcohol outpatient clinics in the county that can serve any age group. It should be noted both outpatient providers do attempt to implement evidence based programming such Relapse Prevention Therapy. Case management service is offered either through case coordination for those who need more time and assistance and resource coordination for those who need less time. The county also offers two Intensive Outpatient Programs and one of the two programs did have a wait list for a brief period of time. The most intensive services the county can offer is non-hospital detox and rehab services. The local detox/rehab provider did report a wait list and capacity issues for the last three months, April-June. Funds are also available to help people in recovery for a short period of time for emergency shelter for reasons of homelessness and domestic abuse situations. VCSAP does have a Together We Can Prevention Coalition who teams with the DUI Advisory Board who is active in identifying the needs of the community as well as sponsoring community events. VCSAP also implemented an Overdose Drug Task Force which will begin to evaluate the needs of the county.

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

Waiting list for each level of care;

Venango County Substance abuse receives regular status updates from local providers and the Northwest 3 Partnership on availability of services. To enter into the Intensive Outpatient level of care, the consumer may have a wait time of up to three weeks.

Non-hospital rehab also has a wait list of up to one week.

Barriers to accessing treatment services:

The greatest barrier to accessing treatment continues to be bed availability. Venango County does have one non-hospital rehab that serves both men and women, but it is not uncommon for there to be a week or more wait time.

Capacity issues: Capacity issues would be the same as noted above.

County limits on services; The current limits to receive substance abuse treatment are the following: 1. An individual who refuses to participate 2. Non-residents of PA

3. Individual is exhibiting aggressive behavior toward staff.
4. Outpatient is limited to 14 sessions during one authorization time period but can be extended if needed.
5. Inpatient is limited to two admissions per year.
6. Emergency shelter is limited to 30 days.

Impact of opioid epidemic in the county system;

Venango County is following the same trends that are happening across the state and the nation. The overdose deaths have climbed by 200% in the last year. The over use of prescription drugs has become an epidemic among all age groups which include the elderly. The EMS/Ambulance service, which is part of the taskforce, reports out monthly on the amount of OD revivals they respond to. Young children have been seen in the emergency room who have ingested methadone and suboxone and need immediate treatment. Venango County is a very rural area however there are more babies born with NAS per capita than Magee's Hospital in Pittsburgh. Homes are being condemned on a regular basis due to the long term residue of meth labs in one particular city. Alcohol and marijuana unfortunately aren't even being acknowledge as a problem due to the abundance of the other drugs mentioned above. The misuse of suboxone is a regular problem as well as methadone. We continue to see individuals receiving methadone treatment driving and causing accidents in the community which has created a stigma towards MAT. Another local trend which has come up in surveys conducted by various employment recruitment agencies are potential employees are not able to pass drug test. A survey was completed with major manufacturing companies in the area and all of them say the same thing, "We have jobs we just don't have people to fill them because they can't pass the drug test."

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:

All answers are based off of survey results:

- Adults –A common gap identified by the survey continues to be the need for after hour's transportation to support individuals in obtaining and maintaining employment. The second common theme would be lack of affordable housing. There is also a need to help individuals re-enter the community from the jail. Substance use is the primary reason for re-incarceration. Jobs, housing, and treatment are needed supports for individuals within the criminal justice system.
- Transition Age Youth (ages 18 to 26) –Transition age youth share identical concerns as the adults however they do report the need for information to be distributed via social media. The general consensus is that the community is not aware of services that are available to them in substance abuse system.

- Adolescents (under 18) – The Venango County Substance Abuse Department is not able to truly evaluate the gaps of this particular age group due to the limited survey responses. It is known that the underage drinking arrest rate is extremely small. Referrals to the Student Assistance Program consisted of 3 total referrals for all four school districts. The under 18 population is not identified as a target population in need, however the county will begin to conduct more focus groups on how to engage this population to gather more information on gaps.
- Individuals with Co-Occurring Psychiatric and Substance Use Disorders- The lack of local treatment options has been identified as the number one gap. There are no dually licensed providers in the county who can treat co-occurring disorders. Individuals are forced to travel at least forty five to sixty minutes to obtain treatment.
- Criminal Justice Involved Individuals- County human service staff help incarcerated individuals complete the COMPASS applications so that individuals qualify for Medical Assistance soon after release. The county Re-Entry Committee has identified the need for a Re-Entry Coordinator to complete mental health, substance abuse, and risk assessments for incarcerated individuals in order to assure that these individuals receive appropriate services while in jail as well as arrange follow up services for when the individuals are released. Venango County recently added a case coordinator to the staffing compliment to help with individuals who are returning back to the community. The case coordinator will also work directly with overdose survivors.
- Women with Children- Although not noted in the surveys, there is a gap with treatment of pregnant women who enter the jail. The Venango County prison does work with the local Single County Authority to ensure treatment is made available however it is often out of the area and transportation must be arranged. A gap that was identified in the survey was a severe lack of affordable and safe housing. The substance abuse program and local children and youth system work collaboratively to secure housing for this identified population but a lot more is needed,

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.

There is a choice of two Recovery Specialists with two different providers; however, one of the providers has not been able to successfully employ a full time specialist. The greatest challenge in supporting recovery –oriented systems comes down to the lack of funding to support any new initiatives and/or evidence based programming. There is a need in Venango County to have medication assisted treatment with some type of therapy support but the budget cannot handle the current need as stated.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of 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:

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.

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

Changes in Service Delivery from Previous Year: None

Service Category: Home Delivered Meals

Planned Expenditures: \$3,350

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:

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.

1. Program Name/ Description: **Personal Assistance**. Through the needs assessment process, it was determined that many older adults who are living independently in the community do not have anyone to accompany them to medical appointments and other community based services where they need extra support. A program was designed based upon the home and community habilitation model to assist older adults to live independently while seeing that their health and safety is maintained. It is estimated that 4 individuals will benefit from this service.
Changes in Service Delivery from Previous Year: None
Specific Category: Personal Assistance Service
Planned Expenditures: \$5,000
2. Program Name/ Description: **Parker Place**. It was determined that older adults were in need of socialization activities in a safe, friendly environment where they would have opportunities to obtain pertinent information on a variety of topics. Parker Place offers a bi-weekly socialization opportunity where approximately 50 individuals at any given time will receive a hot lunch and enjoy guest speakers who will enlighten them on a broad range of subjects. Students from the local school district partner with the service provider to serve meals and interact with the seniors. This intergenerational opportunity has proven to be a benefit to both the students and seniors.
Changes in Service Delivery from Previous Year: This is the first year that funding is being requested from the Human Services Block Grant
Specific Category: Socialization and education
Planned Expenditures: \$8,500

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:

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.

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

Changes in Service Delivery from Previous Year: None
Specific Category: Service Planning
Planned Expenditures: \$67,500

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:

Allowable Generic Service Categories:

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

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

Changes in Service Delivery from Previous Year: None
Specific Category: CHORE
Populations Served: Children and Families, Adults, and Older Adults
Planned Expenditures: \$45,000

2. Program Name/ Description: **RIDE PROGRAM:** The County will continue to fund the RIDE Transportation Program. This program provides transportation to residents served in the Human Service systems by partnering with volunteers, public transportation, and provider agencies. Transportation includes after hour employment transportation, medical appointments when no other third party reimbursement are available, and activities funded by the County such as D&A prevention activities, Fatherhood Initiative activities, and family support groups such as Safe Parenting and Early Head Start Socialization activities. The RIDE program will be expanded to provide out of county transportation to low income families with young children who need sedation dentistry given there are sedation dentistry practices located in Venango County. This was identified as an unmet need evidenced by the fact that only 24% of the children who were identified as needing sedation dentistry received the treatment. The vast majority of the transportation provided by the RIDE Program is for employment. A projected 175 individuals will access the RIDE Program in FY 2016-17.

Changes in Service Delivery from Previous Year: None

Specific Service(s): transportation and employment

Populations Served: Children and Families, Adults, and Older Adults

Planned Expenditures: \$140,000 of which \$100,000 will be supported with County match dollars

3. Program Name/Description: **Service Planning/Case Management** – The housing department currently has one case manager that oversees the Shelter + Care program (SPC), rental assistance programs, and emergency shelter – hotel stay. While the Housing Dept. case manager only sees a consumer once a month, their Human Service Case Manager provides the more intensive support and linkage to service. The SPC program partners with Human service case managers to assist the participant. Evaluation of case management and program efficacy is based on the audits conducted either through DCED or HUD as well as the ability of the consumer to become self-sufficient without further need for housing services and to improve the quality of life for themselves and family members. The Housing Case Manager conducts 6 month follow-up contact to gauge continued progress and self-sufficiency. Changes in the current year will be to ensure those who are in the family shelter are receiving needed services. The County has entered partnership with a local service provider to offer budget classes and quality of life improvement classes to those in need. Increased collaboration with PA CareerLink will also benefit in employment skill attainment. The County is requesting HSDF funding to support the Housing Case Management position who will assist approximately 320 individuals with support and service linkage. It is the intention of Venango County Human Services to create an additional case management position who will assist individuals with finding suitable and affordable housing, assisting with applications, negotiating with landlords, learning how to care for their home, and the importance of money management in order to avoid eviction and homelessness. This position will be funded through HSDF as follows.

Changes in Service Delivery from Previous year: None

Specific Service: Service Planning/Case management

Populations Served: Children and Families, Adults, and Older Adults

Planned Expenditures: \$72,950

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

Changes in Service Delivery from Previous Year: None

Specific Category: information and referral

Populations Served: Children and Families, Adults, and Older Adults

Planned Expenditures: \$103,200

Specialized Services: Please provide the following:

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

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

Planned Expenditures:

1. Program Name/ Description: **Employment Pilot Skills Training** - The Venango Recidivism/Re-entry Subcommittee partnered with Venango Technology Center to design and implement a pilot employment skills training program for County Prison inmates. The program will include 30 to 40 hours of training in the area identified by local employers as needed in the community such as maintenance, food service, lawn care, general auto maintenance, etc. A certificate of completion and on-the job training will assist individuals in finding permanent employment. This program was very successful in fiscal year 14-15 having 27 individuals complete the program. Of those 27 individuals, 11 are currently employed and none of the 27 returned to jail. This program was not offered in 2015-16 due to the state budget impasse but it will be offered again in fiscal year 2016-17 and it is estimated that 24 individuals will benefit.

Changes in Service Delivery from Previous Year: none

Planned Expenditures: \$18,000

2. Program Name/ Description: **Specialized Supports for Disabled Adults** – It has been determined that many disabled adults in the county are in need of assistance while attending medical appointments and community activities that enable them to live in the community as independently as possible. A program was developed to assist these individuals in meeting their health and safety needs. It is estimated that 25 individuals will be assisted by this program.

Changes in Service Delivery from Previous Year: None

Planned Expenditures: \$95,000 of which \$75,000 will be supported with County match dollars

3. Program Name/Description: **Enhanced Personal Care** – Individuals with Intellectual Disabilities are often unable to live independently but do not require group home level of care. These individuals are left without the needed supports necessary to live everyday lives. Just like those with a severe mental illness, these individuals are in Personal Care homes and are in need of enhanced personal care to live successfully. ID funding will not cover this “middle road” level of care. Funding is requested for approximately 5 individuals to have enhanced personal in personal care home settings.

Changes in Service Delivery from Previous Year: None

Planned Expenditures:\$27,000 of which \$20,000 will be supported with County match dollars.

4. Program Name/Description: **Scholarship Program**: Venango County will make available to individuals served within the Human Services system scholarship opportunities to

existing services in the County when funding from all other options is exhausted. Opportunities could include classes at the local vocational technical school to assist in employment readiness, life skills education, and opportunities for young people such as attendance at camp and other existing educational and recreational activities. A minimum of 60 individuals will benefit from the scholarship program.

Changes in Service Delivery from Previous Year: None
Planned Expenditures: \$30,000.

5. Program Name/Description: **The LISTEN Program:** The listen program is a group-based living skills program that is designed to help participants make better life decisions through the development of skills and supports in their lives. This 12 week program will be offered in the Venango County Jail to a minimum of 24 individuals and will include finances and budgeting, and household management as indicated in the LSIR Crosswalk.

Changes in Service Delivery from Previous Year: This program will be expanded to include additional series
Planned Expenditures: \$6,400

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.

The County intends to continue to move away from an illness focused System of Care, to one focused on ages/life states. Much has been achieved on this front but continued attention is needed to fully change the mindset of the various stakeholders. The County also plans to continue its internal integration efforts, focusing more specifically on the development of integrated case management teams. And finally, the County will continue to work towards integrating natural supports into its service planning efforts. The County will continue to stabilize and strengthen its System of Care Advisory Board. Additionally, management level staff will begin to meet on a monthly basis to collaborate around the management of the human services system from a life stage perspective.

The County funds several positions that serve all human services categorical departments with block grant funds added to the HSDF budget. These include the HIPAA/Compliance Officer/Fraud, Waste, Abuse position, and a half time quality manager position (\$58,100). The overlay of these positions across all categorical systems facilitates more effective collaboration between and among the units. Additionally, cross system trainings and provider functions/meetings are funded out of the HSDF fund (\$20,000). The County will hold a community resource fair to further disseminate information between and among stakeholders and other community members about the services available in Venango County (\$1,500 for hall rental and light refreshments). The County has recently completed the development of a web site designed to inform the community of the full continuum of services available in the County.

Additionally, the County has developed a paper resource directory for jail inmates and others who prefer a paper based reference source. The County will develop a task force to give focused attention to the issue of hoarding. A staff member has been identified to develop the task force and coordinate community wide education on this matter. County administrators will continue to review the results of the needs assessment internally and with the various advisory boards to determine if additional activities can and should be undertaken during the fiscal year to address identified needs.

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

Venango County Administrative Entity 24 Hour Emergency Response Policy and Procedure

POLICY:

The Venango County Administrative Entity is available 24 hours/day 7 days/week. This will be accomplished via the use of the Venango County Human Services Protective Intake and Crisis (PIC) Unit during non-business hours and collaboration with the Supports Coordination Organization.

PROCEDURES:

Business Hours:

- Venango County Human Services hours of operation are 8:00 am to 4:30 pm. Monday – Friday excluding County Observed Holidays. During this time, individuals and families may contact the Supports Coordination Organization or Administrative Entity to gain assistance in emergency and/or crisis situations.
- If the individual is currently enrolled in SC services, their assigned Supports Coordinator will assess the situation and take appropriate action. Should the individual's assigned Supports Coordinator be unavailable, the Supports Coordination Supervisor will attend to the individual. Should the individual either not be linked with SCO services or the person is unknown to the County system, the ID Systems Manager will attend to the individual.

Non-Business Hours:

- The Venango County administration (AE) after-hours phone message specifies the number for the PIC Unit to be used in cases of emergency or crisis.
- Venango County PIC Unit will provide initial intervention in all situations that require direct assistance from the Mental Health / Developmental Services Departments. Initial crisis calls are accepted from the community and routed from the Venango County 911 Call Center to the PIC Unit during non-business hours and on all holidays and weekends.
- In the event that the PIC Unit receives an emergency / crisis call from a current or potential consumer with an Intellectually Disability that does not involve a routine mental health intervention, the staff will notify a Supports Coordination Supervisor and/or the SCO Director and/or the MHDS AE representative and/or Administrator.

- The Supports Coordination Supervisor or SCO Director will determine if the PIC Unit staff can proceed with intervention or more specific interventions related to the individual's intellectual disability diagnosis are required. If the individual is not open with the SCO the case will be referred to the Administrative Entity for follow up.
- The Supports Coordination Supervisor and/or SCO Director and/or the MHDS AE representative and/or Administrator will also review the information and determine if a face to face meeting with the consumer is necessary or if phone contact will meet the individual's needs.
- If face to face intervention is required, the Supports Coordination Supervisor and/or SCO Director and/or the MHDS AE representative and/or Administrator meets with the individual/family and takes appropriate action to support.
 - If the need cannot be met without the provision of additional services and supports, The AE representative will notify the Block Grant Administrator of the identified need. The submitted information will be reviewed to determine if there are funds available within the Block Grant to meet the identified need. Concurrently the AE will follow the unanticipated emergency procedure should the situation fit, and notifies ODP of the emergency need requesting an increase in waiver capacity.
- In situations an incident report or investigation is required, the procedure identified in the Office of Developmental Program's Incident Management Bulletin will be followed.

Appendix D

Eligible Human Services Cost Centers

Mental Health

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

Administrative Management

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

Administrator's Office

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

Adult Development Training (ADT) – Adult Day Care

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

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

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment Related Services

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

Community Residential Services

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

Community Services

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

Consumer-Driven Services

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

Emergency Services

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

Facility Based Vocational Rehabilitation Services

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

Family-Based Mental Health Services

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

Family Support Services

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

Housing Support Services

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

Mental Health Crisis Intervention Services

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

Other Services

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

Outpatient

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

Partial Hospitalization

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

Peer Support Services

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

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disability

Administrator's Office

Activities and services provided by the Administrator's Office of the County ID Program. The Administrator's Office cost center includes the services provided relative to the

Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

Case Management

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

Community Residential Services

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

Community Based Services

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

Other

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

Homeless Assistance

Bridge Housing

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

Case Management

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

Rental Assistance

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

Emergency Shelter

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

Other Housing Supports

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

Child Welfare Special Grants (Services relevant to HSBG only)

Promising Practice

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

Housing

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

Alternatives to Truancy

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

Evidence Based Programs

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

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

Drug and Alcohol

Care/Case Management

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

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

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

Inpatient Non-Hospital Detoxification

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

Inpatient Non-Hospital Halfway House

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

Inpatient Hospital

Inpatient Hospital Detoxification

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

Inpatient Hospital Treatment and Rehabilitation

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

Outpatient/ Intensive Outpatient

Outpatient

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

Intensive Outpatient

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

Partial Hospitalization

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 -hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least 3 days per week with a minimum of 10 hours per week.

Prevention

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

Medication Assisted Therapy (MAT)

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

Recovery Support Services

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

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Human Services Development Fund / Human Services and Supports

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

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

Children and Youth

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

Generic Services

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

Specialized Services

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

VENANGO COUNTY

Program Manager – Human Services Quality Management/ HIPAA Compliance Officer

Position Description

Exempt

OVERALL OBJECTIVE OF JOB

The overall objective of this position is to direct the Performance Measurement and Quality Management frameworks of the Venango County Human Service System as determined by the Co-Human Services Administrator. This entails working with both county and provider staff to develop and maintain performance measurement/quality management systems that comply with existing and future federal and state regulations affecting the operation of Human Services within the county. This position also implements and monitors the County's responsibilities under Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and any updates, upgrades, revisions or modifications to those acts.

ESSENTIAL FUNCTIONS OF JOB

1. Establishes county-wide performance measurement and quality management systems that integrate state quality assurance / improvement mandates with county services delivery efforts.
 - a. Works to ensure that each program develops/maintains a quality management framework and quality committees comprised of key stakeholder groups to include consumers, family members, advocates, providers, community partners and County staff.
 - b. Co-Facilitates, along with System Program Managers, meetings of quality committees, i.e., Recovery Implementation Team, QA/QI Council, EI QM Committee, SAP QM Sub-committee.
 - c. Works with stakeholders to identify performance outcomes and indicators, ensuring that the state's priority outcomes are included.
 - d. Develops mechanisms for collecting data consistent with the sources recommended for each indicator.
 - e. Works with stakeholders to develop performance improvement plans and monitors progress of these plans on a regular basis.
 - f. Serves as the primary contact and monitors the contracts of the Consumer-Family Satisfaction Team (C/FST) and the Independent Monitoring for Quality (IM4Q) program. Attends regional and statewide meetings and trainings related to these programs.
 - g. Analyzes data and prepares reports of findings for a variety of audiences including the MHDS Advisory Board.
 - h. Provides technical assistance to contract providers in the development of provider-specific performance measurement and quality management programs.
 - i. Interprets laws, regulations, policies and procedures as related to the management of the county quality management framework.
 - j. Develops program policy related to the county quality management framework and trains/updates same in accordance with new regulations and processes.
 - k. Works in conjunction with County HS Program Managers in conducting annual Advisory Board reviews and provider monitoring, including updating survey tools, writing reports, and monitoring plans of correction if necessary.
 - l. Conducts Provider Qualification for ID providers assigned to Venango County.
 - m. Acts as employment lead for both the ID and MH programs.
 - n. Acts as lead for the Supports Coordination Organization's qualification and monitoring processes.
2. Manages, implements and monitors the County's practices and responsibilities related to the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH).
 - a. Investigates all complaints of HIPAA and HITECH violations.

VENANGO COUNTY

Program Manager – Human Services Quality Management/ HIPAA Compliance Officer

Position Description

Exempt

- b. Investigates all breaches of the county policies regarding those federal regulations.
- c. Reports all findings to the appropriate department head and to the Director of Human Resources for possible disciplinary actions.
- d. Coordinates and facilitates HIPAA training to all county employees within the level of their involvement with this federal legislation/ regulation.
- e. Develops program policy related to HIPAA and HITECH and trains same in accordance with new regulations and processes.
- f. Performs continual policy development and upgrades of that county policy in keeping with Federal regulation changes.
- g. Initiates, facilitates and promotes activities that foster privacy awareness within the county and related entities.
- h. Coordinates with the county offices re: procedures for documenting and reporting self-disclosures of any evidence of HIPAA / HITECH privacy violations.
- i. Conducts annual analysis to HIPAA / HITECH processes for performance improvement purposes.

OTHER DUTIES OF THE JOB

1. Attends and facilitates training, and other meetings as required.
2. Represents Venango County on task force committees and at public meetings.
3. Performs other job-related work as required.
4. Performs specific department functions as assigned.

SUPERVISION EXERCISED

Supervises and trains professionals and sub-professionals in the principles associated with performance measurement, quality management and HIPAA compliance.

SUPERVISION RECEIVED

Receives instruction and guidance from the Co-Human Services Administrator.

WORKING CONDITIONS

1. Works indoors with adequate workspace, lighting, temperatures, and ventilation.
2. Works with average indoor exposure to noise, but subject to frequent disruptions and stress.
3. Normal indoor exposure to dust/dirt.
4. Works in conditions of potential outbursts or disruptive behavior of clients.
5. Travels frequently during all seasons and is exposed to outdoor elements, including snow and icy roadways.
6. Works frequently outside the office and is exposed to above average dust/dirt/odors and smoke.
7. Periodically works beyond normal work hours.

PHYSICAL AND MENTAL CONDITIONS

1. Must possess the ability to record, convey and present information, explain procedures and follow instructions.
2. Must be able to sit and/or drive for long periods throughout the workday, with intermittent periods of standing, walking, bending, twisting and reaching as necessary to carry out essential duties of job.
3. Dexterity requirements range from simple to coordinated movements of fingers/hands, feet/legs, torso necessary to carry out duties of job.
4. Sedentary work, with occasional lifting/carrying of objects with a maximum weight of ten

VENANGO COUNTY

Program Manager – Human Services Quality Management/ HIPAA Compliance Officer

Position Description

Exempt

- pounds.
5. Must be able to cope with the physical and mental stress of the position.
 6. Must be able to physically and mentally react quickly in the event of a disturbance or physical outbreak.
 7. Must be able to pay close attention to details and concentrate on work.

QUALIFICATIONS

EDUCATION/EXPERIENCE

Bachelor's degree in social science or social welfare field and 4 years of related human service experience; **or** Bachelor's degree in an unrelated field that includes at least 18 credits in the social science or social welfare field and 5 years of related human service experience; **or** Master's degree in social science or social welfare and 2 years of related human service experience; **or** Bachelor's degree and at least 2 years of work experience as a Program Specialist; or other combination of education and work experience, related to human services, to meet parallel qualifications.

Clearances:

- Must obtain Act 151 PA Child Abuse History Clearance and Act 34 PA State Police Criminal Clearance within thirty days of employment. These clearances must be updated every two years.
- Must obtain FBI Clearance only once.
- Copies of all clearances will be forwarded within thirty days to the Human Resources Department to be filed in personnel folder.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES

1. Must be able to speak and understand the English language in an understandable manner in order to carry out essential job duties.
2. Must possess considerable knowledge of the principles and practices of performance measurement, quality management and HIPAA regulation/ compliance.
3. Must have considerable knowledge of the principles and methods applied to the collecting, reviewing, analyzing, and interpreting statistical data.
4. Must have considerable knowledge of modern office management methods.
5. Must be able to plan, organize and direct the work of others.
6. Must be able to comprehend program goals, objectives, and operations and to relate them to administrative analysis.
7. Must possess knowledge of the current social, economic, and health problems and resources as they relate to the field of developmental impairment.
8. Must possess knowledge of the basic principles and methods involved in working with mentally disabled adults and children.
9. Must be able to exercise judgment and discretion in applying and interpreting departmental policies and procedures.
10. Must be able to establish and maintain effective working relationships with other administrative officials and the public.
11. Must be able to express ideas clearly and concisely both orally and in written form.
12. Must possess the ability to maintain confidentiality in regard to client information and records.
13. Must have transportation available and a willingness to travel for work-related job duties.

This position description serves as a guideline for communicating the essential functions and other information about the position to the applicant/employee. It is not intended to create a binding

VENANGO COUNTY

Program Manager – Human Services Quality Management/ HIPAA Compliance Officer

Position Description

Exempt

employment contract nor cover every detail of the position and may be changed where appropriate.

I HAVE READ THE ABOVE POSITION DESCRIPTION AND FULLY UNDERSTAND THE REQUIREMENTS SET FORTH THEREIN. I HEREBY ACCEPT THE POSITION OF **PROGRAM MANAGER – HUMAN SERVICES QUALITY MANAGEMENT / HIPAA COMPLIANCE OFFICER** AND AGREE TO ABIDE BY THE REQUIREMENTS AND DUTIES SET FORTH. I WILL PERFORM ALL DUTIES AND RESPONSIBILITIES TO THE BEST OF MY ABILITY.

Printed Name of Employee

Signature of Employee

Date

Signature of Supervisor

Date

In compliance with the Americans with Disabilities Act, the Employer will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective employees and incumbents to discuss potential accommodations with the Employer.

Developed 06/28/13

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1.	Estimated Individuals: Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2.	HSBG Allocation: Please enter the county's total state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	HSBG Planned Expenditures: Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4.	Non-Block Grant Expenditures: Please enter the county's planned expenditures (MH, ID, and D&A only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.</i>
5.	County Match: Please enter the county's planned match amount in the applicable cost centers.
6.	Other Planned Expenditures: Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	County Block Grant Administration: Please provide an estimate of the county's administrative costs for services not included in MH or ID Services.
NOTE: Fields that are greyed out are to be left blank.	
<ul style="list-style-type: none"> ■ 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. ■ 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). 	

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	760		109,500			
Administrator's Office			219,700			
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	5		11,500			
Community Residential Services	70		366,300			
Community Services	50		180,600			
Consumer-Driven Services						
Emergency Services	270		37,800			
Facility Based Vocational Rehabilitation	9		65,000			
Facility Based Mental Health Services	2		5,000			
Family Support Services	35		19,000			
Housing Support Services	12		233,500			
Mental Health Crisis Intervention	260		29,000			
Other						
Outpatient	330		358,000			
Partial Hospitalization						
Peer Support Services						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation						
Social Rehabilitation Services	219		125,000			
Target Case Management	150		395,350			
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	2172	2,079,350	2,155,250	0	0	0

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

County:	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			477,900			
Case Management	180		86,500			
Community-Based Services	180		452,000			
Community Residential Services	0		0			
Other	0		0			
TOTAL INTELLECTUAL DISABILITIES SERVICES	360	1,575,801	1,016,400	0	0	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	0		0			
Case Management	0		0			
Rental Assistance	130		28,000			
Emergency Shelter	30		4,500			
Other Housing Supports	0		0			
Administration			0			
TOTAL HOMELESS ASSISTANCE SERVICES	160	45,179	32,500		0	0

CHILD WELFARE SPECIAL GRANTS SERVICES

Evidence-Based Services	234		400,000			
Promising Practice	0		0			
Alternatives to Truancy	265		355,200			
Housing	143		30,500			
TOTAL CWSG SERVICES	642	1,106,946	785,700		0	0

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

County:	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	778		204,000			
Inpatient Hospital	0		0			
Inpatient Non-Hospital	87		120,500			
Medication Assisted Therapy	0		0			
Other Intervention	26		8,800			
Outpatient/Intensive Outpatient	280		84,200			
Partial Hospitalization	0		0			
Prevention	996		15,000			
Recovery Support Services	12		9,800			
TOTAL DRUG AND ALCOHOL SERVICES	2179	288,316	442,300	0	0	0

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	5		3,350			
Aging Services	124		13,500			
Children and Youth Services	368		67,500			
Generic Services	1,425		261,150		120,000	
Specialized Services	208		81,400		75,000	
Interagency Coordination			79,600			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	2130	68,900	506,500		195,000	0

7. COUNTY BLOCK GRANT ADMINISTRATION			225,812		100,359	
---	--	--	---------	--	---------	--

GRAND TOTAL	7643	5,164,492	5,164,462	0	295,359	0
--------------------	------	-----------	-----------	---	---------	---