

Appendix A  
Fiscal Year 2017-2018

COUNTY HUMAN SERVICES PLAN  
ASSURANCE OF COMPLIANCE

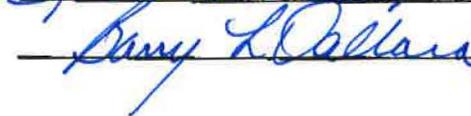
COUNTY OF:           BEDFORD          

- 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 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 disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
  - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

*Signatures*

*Please Print*

	Josh Lang	Date: <u>6/6/17</u>
	S Paul Crooks	Date: <u>6/6/17</u>
	Barry L. Dallara	Date: <u>6/6/17</u>

**PUBLIC NOTICE**  
Human Services Block Grant  
Public Meeting

A public meeting will be held on Friday, June 2, 2017, from 9:30 AM - 10:00 AM in the Conference Room of Center for Community Action, 195 Drive In Lane, Everett, PA 15537. The purpose of the meeting is to receive public comment on the Bedford County Human Services Block Grant Plan. The plan will address Human Services Block Grant services.

# PROOF OF PUBLICATION

**State of Pennsylvania,**

**Bedford County**

**ss:**

Joseph A. Beegle, being duly sworn, deposes and says: That the Bedford Gazette was established in 1805 and that it is a daily newspaper of general circulation, published every morning except Sunday, as defined by the Act of Assembly approved May 16, 1929, P.O. 1929, page 784. That its place of business is Bedford Borough, Bedford County, Pennsylvania, and that the attached printed notice is a copy of the Public Notice advertisement exactly as printed in the said publication in its issue of..... May 25, 2017 .....

That the affiant is not interested in the subject matter of the advertisement or advertising and that he, Joseph A. Beegle is the Publisher of the Bedford Gazette and that all allegations of the statement as to the time, place and character of publication are true.

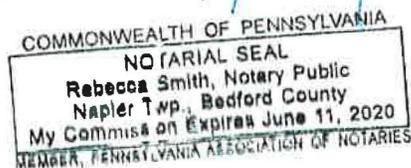
Joseph A. Beegle

Sworn and subscribed to before me this 25.....

Day of May..... A.D. 2017.....

Rebecca Smith

(SEAL)





**BEDFORD COUNTY BOARD OF COMMISSIONERS MEETING**

June 6, 2017

The Bedford County Board of Commissioners held their regular meeting in Room 101 of the Bedford County Government Building, 200 South Juliana Street, Bedford, PA on Tuesday, June 6, 2017. Commissioner Lang called the meeting to order at 10:00 a.m. Commissioner Dallara gave the prayer of invocation and led the pledge to the flag.

**ROLL CALL OF MEMBERS:**

Present: Commissioner Josh Lang, Commissioner Barry L. Dallara, and Commissioner S. Paul Crooks. Others present: Debra Brown, Chief Clerk/Director of Elections, Melissa Cottle, Treasurer, Terry Stacey, CDBG Administrator, David Cubbison, Director of Emergency Services, county residents and the press.

**APPROVAL OF MINUTES:**

The minutes of May 23, 2017, were approved as presented.

**EXPENDITURES:**

A motion was made by Commissioner Crooks and seconded by Commissioner Dallara to approve the following expenditures:

Payroll	\$242,306.39	CK#:183014-183022
General	\$392,237.98	
Commissary	\$3,757.19	
CDBG	\$3,956.19	

Commissioner Crooks reported on the following large expenditures from the General accounts: quarterly expenses for the Library, BCDA and MHMR at \$120,000.00; second payment on the jail roof at \$44,000.00; blacktop services at the District Justice office at \$12,600.00; general maintenance at \$19,000.00; and a process fee for the demolished vehicle at \$19,000.00. The motion was approved as presented.

**OLD BUSINESS:**

There was nothing to report.

**NEW BUSINESS:**

A motion was made by Commissioner Dallara and seconded by Commissioner Crooks to approve the hire of James Fey, Bedford, PA as a part time Correctional Officer effective June 7, 2017. This is based upon the recommendation of Troy Nelson, Warden at the Bedford County Correctional Facility. The motion was approved as presented.

A motion was made by Commissioner Crooks and seconded by Commissioner Dallara to approve to hire of the following persons as a part time Correctional Officers effective June 12, 2017. This is based upon the recommendation of Troy Nelson, Warden at the Bedford County Correctional Facility. The motion was approved as presented.

1. Brittany Norris, Schellsburg, PA
2. Billy White, Roaring Spring, PA

A motion was made by Commissioner Dallara and seconded by Commissioner Crooks to approve the promotion of Sarah Hawkins from part time Correctional Officer to full time Correctional Officer effective June 7, 2017. This is based upon the recommendation of Troy Nelson, Warden at the Bedford County Correctional Facility. The motion was approved as presented.

A motion was made by Commissioner Crooks and seconded by Commissioner Dallara to approve the appointment of Susan Ramirez of Juniata Township to fill the position in Community #2 Area (Manns Choice and Schellsburg Boroughs; Harrison, Juniata and Napier Townships) to the Planning Commission Board for the

remainder of the current term, expiring on December 31, 2019. This is based upon the recommendation of Don Schwartz, Director of the Bedford County Planning Commission. The motion was approved as presented.

A motion was made by Commissioner Dallara and seconded by Commissioner Crooks to designate Center for Community Action to be Lead Agency for the Bedford County State Food Purchase Program (SFPP), The Emergency Food Assistance Program (TEFAP) and the Emergency Food Assistance Program (EFSP). This motion includes a directive that the administration needs to be a local agency that will be responsive to the food pantries and respecting of their independence; the need to maintain the current central system for registering participants in the food distribution programs through the pantries; that there be an advisory committee established to have regulatory oversight and provide ongoing recommendations to the Commissioners. Phyllis Johnson thanked the community, county and state for their support throughout her tenure. Commissioner Crooks thanked Ms. Johnson for all of her efforts and hopes that she enjoys her retirement. Commissioner Lang also expressed his thanks. Sue Speicher also thanked Ms. Johnson and stated they have worked together over the years in various capacities. Ms. Speicher noted that Center for Community Action will be taking over as the lead agency and that there are no upcoming changes to report at this time. The effective date of the change-over will be July 1, 2017. A question was presented as to why the change and Commissioner Crooks explained that Ms. Johnson was retiring and that Center for Community Action was stepping in to take over the program. The motion was approved as presented.

A motion was made by Commissioner Crooks and seconded by Commissioner Dallara to approve the promotion Jon Imgrund of Bedford, Pa. as a full time Telecommunicator for The Bedford County Department of Emergency Services, beginning June 5, 2017. Funding will come from the 9-1-1 surcharge funds. This is based upon the recommendation of David E. Cubbison, Director of Emergency Services. The motion was approved as presented.

A motion was made by Commissioner Dallara and seconded by Commissioner Crooks to approve the Change of Assessment Notices for May 2017. This is based upon the recommendation of Joyce Hillegass, Director of Tax Assessment. Commissioner Dallara gave a brief report on the changes for the month. Commissioner Crooks also stated that a part time Data Collector has been hired to work in getting more properties recorded. The motion was approved as presented.

A motion was made by Commissioner Crooks and seconded by Commissioner Dallara to approve the hiring of Aaron Zembower for summer employment under the liquid fuels program, effective June 5, 2017. This is based upon the recommendation of Dale Gates, Director of Maintenance. The motion was approved as presented.

A motion was made by Commissioner Dallara and seconded by Commissioner Crooks to approve Resolution No. 06 06 2017 on behalf of the Center for Community Action. The resolution was read by Sue Speicher.

**Resolution of the County of Bedford on Behalf of  
Center For Community Action  
Authorizing the filing of a proposal for funds with the  
Department of Human Services, Commonwealth of Pennsylvania.**

**WHEREAS**, The Human Services Block Grant (HSBG) established in Act 80 of 2012, for the purpose of allocating funds to county governments to provide locally identified county-based human services that will meet the needs of county residents; and

**WHEREAS**, The Department of Human Services has developed the process and content of a consolidated Plan, and is committed to continuing efforts to streamline the planning and reporting requirements for county human service programs; and

**WHEREAS**, The Commonwealth of Pennsylvania through the Department of Human Services has received HSDF program funds and is making these funds available to units of local governments for eligible transportation, home maker services, and homeless assistance services; and

**WHEREAS**, The Bedford County Commissioners have identified the Center for Community Action the Human Services Program for Bedford County; and

**WHEREAS**, the County of Bedford desires to submit application to The Department of Human Services on behalf of Center For Community Action for HSDF funds; and

**NOW, THEREFORE BE IT RESOLVED AND IT IS HEREBY RESOLVED** by the County of Bedford on behalf of the Center for Community Action that:

1. The proposed projects: Homeless Case Management/Service Planning/Interagency Coordination, Substance Use Disorder Services, Protective Payee Case Management, Specialized Services: Adult Transportation, Homemaker Services for Adults, Jail Based GED Instruction/Literacy & Financial Literacy.
2. The County of Bedford and Center for Community Action is authorized and directed to execute an HSDF Program application in the amount of \$178,537 to the PA Department of Human Services.
3. The County of Bedford on behalf of Center for Community Action is authorized to provide such assurances, certificates, and supplemental data or revised data that The Department of Human Services may request in connection with the application.

**ADOPTED** by the Board of Commissioners of the County of Bedford, the Commonwealth of Pennsylvania, this 6th day of June 2017. The motion was approved as presented.

**COMMENTS/APPOINTMENTS:**

Commissioner Lang reported on the Health & Resources Fair, June 2, 2017. He stated that it was a great event with over 50 vendors and he thanked all that helped make it a success.

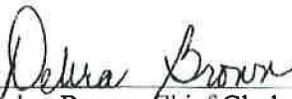
Sue Speicher of Center for Community Action gave a brief overview of Human Services Development Fund (HSDF) Grant Proposal for 2017-2018.

**ADJOURNMENT:**

A motion was made by Commissioner Crooks and seconded by Commissioner Dallara to adjourn the meeting. The meeting was adjourned at 10:19 a.m.

The next Commissioners Meeting will be on June 20, 2017 at 10:00 a.m. in Room 101 unless called sooner by the Board of Commissioners.

**ATTEST:**

  
Debra Brown, Chief Clerk

  
S. Paul Crooks, Secretary

**Appendix B**  
**County Human Services Plan Template**

**PART I: COUNTY PLANNING PROCESS**

Bedford County assembled a Human Services Planning Team on Monday, May 15, 2017. Those individuals invited to participate consisted of representatives from Bedford County Commissioners, Mental Health and Intellectual Disability, Drug and Alcohol, Children and Youth, Area Agency on Aging and Center for Community Action, Bedford County's Community Action agency. Individuals from these agencies also represent their agencies at the Human Services Council, Unified Family Services System, Emergency Food and Shelter Board, Head Start Policy Council and various program specific advisory boards. Those actually attending the Planning Meeting were representatives from Children and Youth and Center for Community Action.

Notice of the meeting was posted on the agency's website, announced at various agency councils and boards, and through e-mails. The planning team met on Monday, May 15, 2017 to discuss the needs of Bedford County residents, to determine the areas of greatest need, and how those needs can be met with the limited funding available. The planning team continuously communicates through telephone and e-mail. Individuals attending the planning meeting were: Lisa Cairo representing Bedford County Children and Youth, Wendy Melius representing low-income, Tiffany Jones representing the county's homeless, and Susan Speicher Center for Community Action., Jill Bardell DBHS Sharon Stiffler, DBHS and Dawn Housel Personal Solutions. Absent from the meeting were Connie Brode, Area Agency on Aging and Bedford County Commissioners.

During the initial meeting, the needs of the community were discussed, the cost for the provision of various services, the dwindling funding and increased demand, leveraging funding and how Bedford County agencies can meet that demand and continue to provide quality services to the individuals of Bedford County. There was a review of the current Needs Assessment and the Client Surveys.

Topics of discussion during the Planning Team meeting included: Fiscal Year 2016-2017 outcomes, lack of employment opportunities, transportation issues, homeless families, lack of affordable housing, lack of non-traditional child care, need for adult literacy, children aging out of the foster care system, school truancy, increased drug problems, increase in metha- amphetamine labs, capacity issues with D &A treatment programs, increased placements by CYS due to drug addiction, school drug prevention, as well as limited funding and the expectation of continued provision of quality services.

The Bedford County Planning Team will continue to communicate throughout the fiscal year to assess the services being provided and to assure the individuals in Bedford County are receiving necessary services to promote individual and family growth and attainment of self-sufficiency. The Planning Team meetings are announced at Human Service Council meetings and are posted on Center for Community Action's web site for anyone interested in joining.

Bedford County intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. The Planning Team allows for flexibility in the Human Services funds to meet the local needs of the community. Decisions are made at the County level for the best use of the Human Service funds. All categorical agencies have ADA compliant office locations within the County and all are at locations convenient to County residents.

Client intake is completed at a centralized location in the County, however, when clients are not able to travel or have transportation issues, intakes can be mailed or staff can meet clients at a location and time that is convenient to them.

Center for Community Action tracks outcomes using Outcome Results Management (ORS) and Housing Management Information Systems (HMIS) software. There are no substantial changes at this time.

## **PART II: PUBLIC HEARING NOTICE**

A public hearing was held on Friday, June 2, 2017 at 10:00 a.m. in the conference room at Center for Community Action, 195 Drive In Lane, Everett, PA for the purpose of receiving public comment on the County Human Services Plan. The public meeting was advertised in the Bedford Gazette, the County's local newspaper and on Center for Community Action's website.

Those in attendance at the public hearing were S. Paul Crooks, Bedford County Commissioner, Commissioner, Susan Speicher and Wendy Melius representing Center for Community Action. The content of the plan was discussed.

## **PART III: CROSS-COLLABORATION OF SERVICES**

*For each of the following, please provide a description of how the county administers services collaboratively across categoricals and client populations. In addition, please explain how the county intends to leverage funds to link residents to existing opportunities and /or to generate new opportunities.*

Bedford County Human Services Development Fund (HSDF) is administered by Center for Community Action (CCA). CCA administers multiple programs and participates in multiple consortiums and collaborations to ensure that county programs are integrated into basic human services. These include the Bedford County Human Services Council, Bedford County Housing Partnership, LINK, Supportive Services for Veteran's Families (SSVF), Your Safe Haven, Bedford County Food Bank, Bedford County Drug & Alcohol Coalition, and Unified Family Services . Participation in these groups allows CCA to not only distribute information and educate community stakeholders about CCA resources but also allows CCA to know about other resources in the county. The major programs administered by CCA in concert with HSDF include: Community Services Block Grant (CSBG), HOME Investment Partnership Housing Rehabilitation Program, Adult Literacy /HiSET Tutoring, Representative Payee Services, State Food Purchase Program (SFPP) and The Emergency Food Assistance Program (TEFAP), and the Program.

Specifically related to employment, CCA administers the Employment Advancement Retention Network (EARN), Work Ready, and Pre-Employment Training Services for the Office of Vocational Rehabilitation. As a provider of these programs, CCA participates on multiple levels with the Southern Allegheny Planning and Development Corporation (SAP&DC) Work Force Investment Board to coordinate and development employment opportunities for populations with multiple barriers. This involvement includes Local Management Team, WIOA participation as a mandated partner, as well as belonging to WIOA Management Board. Specifically related to housing, CCA administers the Homeless Assistance Program (HAP) for Bedford County. Local dollars from the Forum of Church's provides additional funding for housing and heating emergencies. HSBG dollars and HAP dollar are leveraged with HSDF to bring Emergency Solutions Grant Dollars (ESG) and Continuum of Care (COC) and Supportive Services for Veteran's Families (SSVF) dollars in to the county. CCA currently has a Continuum of Care direct funding of \$98,875 per year and COC funding for homeless Rapid Rehousing and supportive services. CCA also receives Department and Community Services Emergency Solutions Grant (ESG) funding which varies by year but has been as high as \$75,000. CCA is expecting to start

a new COC program in late summer of 2017 in the amount of \$276,483 for homeless assistance in Bedford County as well as surrounding counties. CCA works closely with other homeless providers in the area since there is no shelter in the area.

CCA has a variety of Housing and Urban Development (HUD) grants which make us acutely aware of local efforts to ensure the coordination of services not only in the county but in the region and also compliance with federal Affirmative Fair Housing Laws and Equal Opportunity laws that include Limited English Proficient accommodation requirements. CCA staff regularly attend trainings to make sure the all clients are treated fairly and have complete access to programs. In 2017, CCA hosted a Housing Symposium that leveraged CCA dollars including HSDF along with sponsorships through other organizations to provide a training and forums for local housing issues that include Fair Housing, Hoarding, Landlord tenant rights, cross systems issues with aging, mental health and disabilities.

CCA will use our community needs assessment to determine what GAPS in services exist and apply for competitive grants like the CSBG Discretionary funds. In the past CCA has used CSBG discretionary funds to develop a Mobile HiSET Lap to reinstate the Commonwealth High School Diploma (generally referred to as the GED) in paper based and computer based form. CCA has also received Dollar General Literacy Funds to develop local Financial Literacy Councils and promote Adult Literacy programs. Future leveraging opportunities include CCA's continued commitment to compete for ESG dollars and COC funding for our service area.

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

### **MENTAL HEALTH SERVICES**

The Mental Health and Intellectual Disabilities information can be found in Somerset County's Plan and Bedford County agrees with Somerset County's Plan.

### **INTELLECTUAL DISABILITY SERVICES**

The Mental Health and Intellectual Disabilities information can be found in Somerset County's Plan and Bedford County agrees with Somerset County's Plan.

### **HOMELESS ASSISTANCE SERVICES**

#### **HAP BRIDGE HOUSING**

Bridge Housing is not provided with HSDF Non Block Grant Funds.

#### **HAP CASE MANAGEMENT**

HAP Case Management is the component for coordination of all the activities needed by the client from the service provider agency and other community resources to achieve the goal of self-sufficiency. Case Management involves the establishment of the ongoing client/caseworker relationship. Case Management services are available to all clients applying for homeless assistance services. As a prerequisite to receiving Emergency Shelter and/or Rental Assistance, clients are required to participate in Case Management services.

Individuals who are seeking any type of housing assistance and appear to qualify for Homeless Assistance are required to complete a formal intake interview conducted by the Housing Intake Specialist, as soon as it can be arranged. The Housing Intake Specialist determines whether the client meets any existing HAP requirements

for eligibility, documents the reason (s) for needing services, identifies other services the client may benefit from and checks to see if the client has received homeless assistance in the past 24 months. The Housing Intake Specialist makes every effort to interview the applicant on the day he or she applies to determine eligibility at the application interview.

The client's role in HAP is a voluntary one, however, once the client receives HAP assistance; they are required to participate in at least one Financial Literacy workshop. Once clients complete the written intake process and their housing need (s) are identified, a written Housing Service Plan is completed by the client with the assistance of the Housing Intake Specialist. The Housing Service Plan establishes expected client outcomes and is signed by the client. Copies of pertinent written forms such as Intake, Housing Service Plan, consent to Release Information, Legal Rights to appeal, etc. are issued to the client during this meeting. The Housing Intake Specialist reviews the Housing Service Plan and updates the plan when necessary, in order to insure applicants are successfully networked into appropriate community and supportive services and are eventually able to obtain the services needed to maintain their housing.

The involvement of a network of community referral resources is imperative in assisting clients toward attaining housing stability. Clients are referred to any number of resources as deemed necessary throughout their program participation. Most direct coordination of services between the Housing Intake Specialist and significant community agencies occur when the client is present and able to participate. All referrals are documented.

Following the intake and Housing Service Plan reviews, all meetings between clients and the Housing Intake Specialist take place based on household need (s) and are documented in the case notes. Case notes are maintained to track client progress and are located in the individual client files.

The Housing Intake Specialist contacts the landlords to verify their willingness to rent to the client. Clients are first referred to the Bedford County Assistance Office to see if that agency can be a source of assistance. If the client is a TANF client and/or receives cash, the County Assistance Office will make the determination of whether and by what amount that agency will assist. Clients who have been approved for Emergency Housing Assistance through the County Assistance Office will be referred to HAP to determine eligibility. In most cases, clients will be eligible for the balance of funds the Assistance Office does not provide.

In most cases, eligibility is determined immediately following the intake interview. The Housing Intake Specialist provides the client with a written decision approving or denying the request for assistance.

When a client is determined eligible for HAP assistance, the Housing Intake Counselor contacts the landlord regarding payment of rent and/or security deposit. Prior to any financial assistance, the Housing Intake Specialist will inspect the housing unit to assure it meets habitability standards. The client signs a Service Plan and agrees to notify the Housing Intake Specialist of any changes within a twenty-four month period. The landlord signs an agreement to accept HAP funding. Follow-up contact is made at the end of one month, six months and twelve months.

The Housing Intake Specialist uses collateral contacts to verify homelessness and/or near homelessness, the amount necessary to resolve the crisis, the landlord's agreement to rent and follow-up with written documentation.

Homeless Assistance Program Case Management services include, but are not limited to, the following:

- ▶ Intake and assessment for individuals and families who are in need of supportive services and who need assistance in accessing the service system
- ▶ Assessing service needs and eligibility and discussion with the client of available and acceptable service options
- ▶ Preparation and review of written service plans, with measurable objectives and expected client outcomes, developed in cooperation with and signed by the client
- ▶ Coordination services of clients and referrals for the provision of necessary supportive services
- ▶ Providing support to ensure the satisfactory delivery of requested services and support for homeless or near homeless families in search of permanent housing
- ▶ Establishing linkages on behalf of homeless children and with housing authorities and local housing programs for low income housing opportunities
- ▶ Housing inspection to assure the client is in a habitable rental unit
- ▶ Follow-up to evaluate the effectiveness of services and outcomes
- ▶ Maintaining client confidentiality

### **Evaluation**

CCA integrates the HAP funding with other housing programs including Emergency Solutions Grant, Supportive Services for Veteran's Families, Continuum of Care and referral to other local providers. At intake, the client's circumstances are reviewed to determine which program and funding source is most appropriate so all dollars are leveraged to maximum benefit for both the household and the community. All HUD funded programs use a Housing First Model that involves the supportive services as described above and do not have an income requirement.

Case Management services is tracked in Outcome Results Management System (ORS) and Homeless Management Information Services database (HMIS) Both systems track the client/household from intake to exit. The reports pulled from the system include: number of individuals/households received an intake, case management, financial assistance, type of financial assistance, program client received service from, length of stay in the program, did they achieve their goal(s) identified in the housing first plan, did they exit into permanent housing, did they receive employment or increase in income. The reports that are evaluated on a quarterly basis by the Housing Coordinator and Deputy Director to identify success, trends, gap in services and number served in each service. The year end reports are also compared to previous years for trend analysis. The reports are also part of our reporting requirements to both the State and HUD.

### **Proposed Changes**

While there are no specific changes to the services provided through HAP, there is a significant systems change that will occur in January of 2018 being driven by HUD's directive on Coordinated Entry. All clients that are requesting services through HUD funded programs will require screening through the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). While the details of how the Coordinated Entry will occur have not been completely determined, CCA will be involved in the process to the greatest extent possible to ensure the county and the clients served through HSDF funds are able to access the right services with no additional barriers. How HAP funds are coordinated with HUD dollars will be part to the discussion moving forward with Coordinated Entry.

### **HAP RENTAL ASSISTANCE**

Rental Assistance is the payment for rent, security deposit and/or utilities made on behalf of clients to prevent and/or end homelessness or near homelessness by maintaining clients in their own residences and, as appropriate, case management services. Utility payments will be made on behalf of client not eligible for payment from the Department of Human Service's Low Income Home Energy Assistance Program (LIHEAP),

when LIHEAP funds are not available, or when all LIHEAP funds have been exhausted. Rental assistance includes assistance to prevent homelessness or near homelessness by intervening where an eviction is imminent. The program is also used to expedite the movement of individuals out of shelters into existing housing.

Rental Assistance is provided to those applicants who are near homeless or homeless county residents, are eighteen (18) years of age or older and meet HAP requirements. An individual seventeen (17) years of age and younger who is married, separated from a spouse, or has children is considered an emancipated minor and is able to receive services.

HAP Rental Assistance funds are used for the following:

- ▶ first month's rental payment
- ▶ one-time security deposit
- ▶ no more than three current months rental arrearage and only when any balance has been paid
- ▶ the lesser of three current months utility arrearage or the amount on the shutoff notice and only when any balance has been paid
- ▶ utility connection/hook-up
- ▶ trailer lot rental payment.

Rental Assistance funds are not used for mortgage assistance and arrearage, assistance towards the purchase of a home, payment of liens or payments for equipment.

Clients for Rental Assistance must be homeless or near homeless as defined by HUD and have an agreement with the landlord to rent to them and have sustainable income sufficient to pay rent in the future or have no income but have reasonable expectations for sufficient income in the next ninety days to maintain rental agreements and have an income at or below 100% of the Federal Poverty Guidelines. Services will not be provided to clients with no income, except for individuals and families escaping domestic violence. Domestic violence families do not need to meet the income guidelines and will be automatically eligible for Homeless Assistance.

The target populations for family households trying to maintain/obtain housing are the elderly, those who have children, who make an effort to pay their bills with limited income and who display a sincere desire to stabilize/enhance their housing situations.

During a twenty-four (24) month period, clients may receive up to \$1,000 and will attend budget counseling. Returning clients, within the twenty-four (24) months, will receive intensive case management. The client will be referred to other services in an effort to cease repetition, i.e. CareerLink (for job training and job search), Drug and Alcohol (for D&A assessment), and budget counseling and money management courses.

The Housing Intake Specialist will establish written agreements with all clients receiving assistance which describes the client's obligation in the service plan and the distribution of the rental assistance payments. All payments are made directly to the landlord and/or utility vendor. Under no circumstances do clients receive direct payment.

When determining client eligibility, the agency does not ascertain whether or not the client has received assistance from another county in the past twenty-four (24) months.

HAP does not fund clients who are moving from the county into another county. Clients are instructed to seek assistance from the county into which they are moving. However, HAP may assist homeless clients from another area who are moving into a permanent residence in the county.

When Rental Assistance funds are used for a security deposit and at a later time the client moves elsewhere, the Housing Intake Specialist attempts to recoup the security deposit from the landlord. All recouped deposits are used in the same fiscal year they are returned.

All clients determined eligible for Rental Assistance are requested to contribute at least ten (10%) percent of the funding required to stabilize their housing crisis. The Housing Intake Specialist appraises each case to determine whether the client is capable of contributing. If the Housing Intake Specialist determines the client will suffer further hardship by attempting to contribute toward their rental assistance, the contribution is waived.

Restrictions to the Rental Assistance component are as follows:

- ▶ funding is limited to \$1,000 for rental arrearages and/or utility arrearages
- ▶ payment for heating fuel is non-allowable
- ▶ utility assistance is available to the extent that it meets the objective of preventing homelessness
- ▶ utilities shall be defined as electric, water, sewage and propane not used for heat
- ▶ clients requesting utility assistance will be required to have a shut-off notice
- ▶ clients facing eviction must have written documentation that the landlord will drop the eviction and be willing to continue to rent to the client after rental assistance is granted
- ▶ payments to clients already receiving Section 8 subsidized housing will be limited to either security deposit or first month's rent

### **Evaluation**

CCA integrates the HAP funding with other housing programs including Emergency Solutions Grant, Supportive Services for Veteran's Families, Continuum of Care and referral to other local providers. At intake, the client's circumstances are reviewed to determine which program and funding source is most appropriate so all dollars are leveraged to maximum benefit for both the household and the community. All HUD funded programs use a Housing First Model that involves the supportive services as described above and do not have an income requirement.

Rental Assistance, Utility and Security Deposit amounts per household is tracked in our Outcome Results Management System (ORS) and Homeless Management Information Services database (HMIS) Both systems track the client/household from intake to exit. The type of financial assistance a household/individual receives is pulled through both ORS and HMIS systems and cross referenced for accuracy. The reports that are evaluated at a minimum on a quarterly basis by the Housing Coordinator and Deputy Director to identify success, trends, gap in services, number served in each service and financial assistance received by each household/individual. The year end reports are also compared to previous years for trend analysis. The reports are also part of our reporting requirements to both the State and HUD.

### **Proposed Changes**

While there are no specific changes to the services provided through HAP, there is a significant systems change that will occur in January of 2018 being driven by HUD's directive on Coordinated Entry. All clients that are requesting services through HUD funded programs will require screening through the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). While the details of how the Coordinated Entry will occur have not been completely determined, CCA will be involved in the process to the greatest extent possible to ensure the county and the clients served through HSDF funds are able to access the right services

with no additional barriers. How HAP funds are coordinated with HUD dollars will be part to the discussion moving forward with Coordinated Entry.

### **EMERGENCY SHELTER**

Emergency Shelter is defined as refuge and care to persons who are in immediate need and are homeless. Services include mass or individual shelter in congregate settings and individual shelter paid to house clients in hotels or motels.

Eligibility for Emergency Shelter is based solely on need and need is determined by the Executive Director. There are no financial guidelines for emergency shelter services.

Shelters that receive HAP Emergency Shelter funds will meet applicable fire and panic regulations and local health and safety requirements.

Emergency Shelter funds used for mass shelter or motel/hotel stays will not exceed three (3) consecutive days. Emergency Shelter funds are used for emergency only and any subsidy for consistent overnight shelter will not benefit the client in achieving self-sufficient, permanent living arrangements. The majority of HAP funds will be targeted toward prevention and intervention services. Emergency Shelter funds represent less than one half percent of the total HAP allocation.

### **Evaluation**

CCA integrates the HAP funding with other housing programs including Emergency Solutions Grant, Supportive Services for Veteran's Families, Continuum of Care and referral to other local providers. At intake, the client's circumstances are reviewed to determine which program and funding source is most appropriate so all dollars are leveraged to maximum benefit for both the household and the community. All HUD funded programs use a Housing First Model that involves the supportive services as described above and do not have an income requirement.

Emergency Shelter services are rarely used. All Clients receiving emergency shelter services are tracked in our Outcome Results Management System (ORS) and Homeless Management Information Services database (HMIS) Both systems track the client/household from intake to exit. Case Managers pull reports relating to the number of individuals receiving emergency shelter financial services. This is only done in the ORS program. The report is pulled quarterly and at the end of the year is compared to past years to see if there is an increase in emergency shelter needs. The reports pulled from the system also include the timeline it takes for an individual to receive housing and other supportive services. The reports are also part of our reporting requirements to both the State and HUD.

### **Proposed Changes**

While there are no specific changes to the services provided through HAP, there is a significant systems change that will occur in January of 2018 being driven by HUD's directive on Coordinated Entry. All clients that are requesting services through HUD funded programs will require screening through the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). While the details of how the Coordinated Entry will occur have not been completely determined, CCA will be involved in the process to the greatest extent possible to ensure the county and the clients served through HSDF funds are able to access the right services with no additional barriers. How HAP funds are coordinated with HUD dollars will be part to the discussion moving forward with Coordinated Entry.

## **OTHER HOUSING SUPPORTS**

Other Housing Supports are coordinated through Center for Community Action (CCA) as the agency that administers the HAP portion of the HSDF funds. As stated above, Case management includes the assessment of the client and the creation of a Service Plan. This assessment includes identification of barriers to stable housing including barriers to full employment such as transportation, child care, and educational attainment. The Assessment also determines the need for behavior health or addiction services. Mental Health, Intellectual Disability and Addiction Services needs are referred to local providers. In the case of employment or transportation needs, CCA administers CCIS in Bedford County. Transportation is an ongoing need for Bedford County residents and CCA has worked with other programs such as a Vehicle Assistance Program, local transportation provider, to assist homeless or near homeless clients in addressing these needs as funding and programs are available.

Additional Services provided through housing supports include Adult Literacy provided through CCA. This includes one on one or group tutoring for successful completion of the Commonwealth Secondary School Diploma, generally referred to as the GED. CCA administers the HiSET option for the CSSD and all HSDF clients are eligible for free testing through HiSET as well as tutoring.

Financial Literacy is also offered beyond the basic budgeting that occurs through Case Management. CCA offers to all clients financial literacy workshops that include information on predatory lending, saving, spending plans, banking practices, and increasing assets and income.

### **Achievements**

CCA has assisted 1311 families with housing and other supportive services. Other supportive services include GED, employment and training, weatherization, utility, day care and referrals to other agencies for assistance. From July 1, 2016 to June 20, 2017 CCA has assisted the following with other housing services programs: 151 families that were at risk of homelessness through the Emergency Solutions Homeless Prevention Grant, and Homeless Assistance Program. CCA also assisted 108 families that were homeless according to HUD guidelines through HUD Rapid Re-housing program and the Emergency Solutions Grant Rapid Re-housing program. In addition CCA assisted 18 veteran families in the homeless program. Each program provides case management to assist the family/individual with barriers to self-sufficiency. For example the “Smith “ Household consisted of an unemployed male, with no High School Diploma, an underemployed female that was pregnant and no family supports. This family was housed with the goal of the male obtaining his CSSD before the female delivered the child so he could support the family. The couple was stably housed during the pregnancy. The male received his CSSD and obtained employment at a warehouse at a living wage. CCA worked with this family for twelve months and at the 90 day follow-up they were still employed and stably housed.

CCA has provided extensive opportunities for Housing Intake Specialists to be trained in order to provide better Case Management. These trainings include:

- Housing First
- Strength Based Family Worker
- Mental Health First Aide
- Fair Housing
- Hoarding Behaviors
- Bridges Out of Poverty

CCA is transitioning from an outputs model where success is determined by the number of people served to an outcomes model where success is determined by the number of people that achieve stable housing. Case management and follow-up with households is integral to this model. Efficacy of Housing Supports is done through gains that the client makes through the service plan. Each domain in the service plan is determined to be either in-crisis, vulnerable, safe, stable or thriving. If a household is either in-crisis or vulnerable, they are in need of services in that domain. If they are safe, stable, or thriving, then services are not immediately needed. It is our goal to move households to be safe and stable in all domains, but this takes time and commitment by the household and service providers. Success is movement to stable in housing with a plan and service options in the other domains.

### **Evaluation**

CCA integrates the HAP funding with other housing programs including Emergency Solutions Grant, Supportive Services for Veteran's Families, Continuum of Care and referral to other local providers. At intake, the client's circumstances are reviewed to determine which program and funding source is most appropriate so all dollars are leveraged to maximum benefit for both the household and the community. All HUD funded programs use a Housing First Model that involves the supportive services as described above and do not have an income requirement.

All Clients are tracked in our Outcome Results Management System (ORS) and Homeless Management Information Services database (HMIS) Both systems track the client/household from intake to exit. The reports pulled from the system include: number of individuals/households received an intake, case management, financial assistance, type of financial assistance, program client received service from, length of stay in the program, did they achieve their goal(s) identified in the housing first plan, did they exit into permanent housing, did they receive employment or increase in income. The reports that are evaluated on a quarterly basis by the Housing Coordinator and Deputy Director to identify success, trends, gap in services and number served in each service. The reports are also part of our reporting requirements to both the State and HUD.

### **Proposed Changes**

While there are no specific changes to the services provided through HAP, there is a significant systems change that will occur in January of 2018 being driven by HUD's directive on Coordinated Entry. All clients that are requesting services through HUD funded programs will require screening through the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). While the details of how the Coordinated Entry will occur have not been completely determined, CCA will be involved in the process to the greatest extent possible to ensure the county and the clients served through HSDF funds are able to access the right services with no additional barriers. How HAP funds are coordinated with HUD dollars will be part to the discussion moving forward with Coordinated Entry.

### **HMIS**

The county utilizes HMIS for Homeless Assistance and other housing program clients. All HAP clients are entered and tracked using HMIS.

### **Evaluation**

CCA integrates the HAP funding with other housing programs including Emergency Solutions Grant, Supportive Services for Veteran's Families, Continuum of Care and referral to other local providers. At intake, the client's circumstances are reviewed to determine which program and funding source is most appropriate so

all dollars are leveraged to maximum benefit for both the household and the community. All HUD funded programs use a Housing First Model that involves the supportive services as described above and do not have an income requirement.

All Clients are tracked in our Outcome Results Management System (ORS) and Homeless Management Information Services database (HMIS) Both systems tracks the client/household from intake to exit. The reports pulled from the system include: number of individuals/households received an intake, case management, financial assistance, type of financial assistance, program client received service from, length of stay in the program, did they achieve their goal(s) identified in the housing first plan, did they exit into permanent housing, did they receive employment or increase in income. The reports that are evaluated on a quarterly basis by the Housing Coordinator and Deputy Director to identify success, trends, gap in services and number served in each service. The reports are also cross referenced for accuracy. The reports are also part of our reporting requirements to both the State and HUD.

### **Proposed Changes**

While there are no specific changes to the services provided through HAP, there is a significant systems change that will occur in January of 2018 being driven by HUD's directive on Coordinated Entry. All clients that are requesting services through HUD funded programs will require screening through the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). While the details of how the Coordinated Entry will occur have not been completely determined, CCA will be involved in the process to the greatest extent possible to ensure the county and the clients served through HSDF funds are able to access the right services with no additional barriers. How HAP funds are coordinated with HUD dollars will be part to the discussion moving forward with Coordinated Entry.

### **SUBSTANCE USE DISORDER SERVICES**

This section should describe the entire substance use disorder 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.

#### **Waiting list information (time frames, number of individuals, etc.) for:**

- Detoxification services
- Non-hospital rehabilitation services
- Medication Assisted treatment
- Halfway House Services
- Partial Hospitalization
- Outpatient

A screening and Level of Care assessment is met within a 7 day time period. The appropriate level of care recommendation and initial length of service for the client is determined by using the American Society of Addiction Medicine (ASAM) Criteria for adolescents and the Pennsylvania Client Placement Criteria (PCPC) for adults. Upon completing the assessment, including the signing of all required forms, the client is referred to the provider of their choice. Based on SCA admission data, there is a wait time beyond a 14 day standard and

often 30 days for outpatient services. The number of individuals at any given time waiting for outpatient services is about 20. The ability to get a detoxification bed immediately rarely occurs. The goal is to get the individual admitted to treatment the same day as the screening or assessment. The demand for detoxification beds far outweighs the availability. Detox bed wait is between 7 and 14 days. The list of individuals at any given time waiting for the seems to be about 2- 3 individuals. Once an individual is admitted into Detox, the transition to rehab services seem to occur in a timely manner. Based on the SCA Case Management experience, Medicated Assisted treatment is available within a 7 day period, however individuals in Bedford County are needing to travel sometimes as far as a 75 mile trip for some MAT. Partial Hospitalization and Halway House services have been available when SCA Case Management staff are referring individuals to those levels of care.

### **Barriers to accessing any level of care.**

There are limited treatment resources and recovery support services located within Bedford County. The county has two local outpatient/intensive outpatient treatment providers, with limited hours and capacity, and a few recovery support meetings (NA/AA/Al-Anon). Due to these limited resources, clients often have a wait (either due to the provider or client choice) in order to begin to receive services. Clients seeking Medication Assisted Treatment (MAT) programs are required to travel outside the county to receive services. Some of the reasons include lack of motivation, transportation issues, work hours, lack of available treatment provider evening hours, or treatment capacity and workforce development issues. There are clients that are referred by the court system (Probation, Parole, Judge, and Attorney) and there is no internal motivation to attend or complete treatment. This lack of motivation shows also when the treatment provider attempts to contact the client to schedule an appointment and get no response from the client. Another barrier that residents face is the lack of community and social support. Many misconceptions are still prevalent. The image of a drug or alcohol user remains that of an individual in trouble with the law or lacking the right moral values. The community as a whole appears to be in denial of the drug and alcohol issues in Bedford County. In addition, the community stigma attached to individuals who are in need of drug and alcohol services clearly prevents individuals from actively seeking services

### **Narcan resources available in the county.**

The enactment of ACT 139 - "David's Law"- provides first responders, friends and families access to naloxone in Bedford County. Act 139 is a law that allows first responders (law enforcement, fire fighters, EMS) acting at the direction of a health care professional authorized to prescribe naloxone, to administer the drug to individuals experiencing an opioid overdose. The law also provides immunity from prosecution for those responding to and reporting overdoses. Additionally, individuals such as friends or family members, who may be in a position to assist a person at risk of experiencing an opioid related overdose may receive a prescription for naloxone. Members of the community, family members, friends, and bystanders may be prescribed naloxone and can lawfully administer the drug to someone who is experiencing an overdose. Pennsylvania's Physician General has written standing orders for the general public to be able to obtain naloxone without a prescription from their doctor. Although not necessary in order to obtain the medication it is recommended that individuals receive training to recognize the signs and symptoms of an overdose and to learn how to properly administer naloxone. In addition for those individual who do not have a means to purchase Naloxone can request help from the SCA to purchase this medication from participating pharmacies. Most school districts in Bedford

County have approved policies in the use of Naloxone in schools. In addition, all local police departments and the state police have Naloxone available to them.

**Resources developed to address the opioid epidemic such as warm hand-off protocols:**

Warm hand-off policies are in place and services are coordinated with the local emergency room department of the local hospital. In addition, reports of overdose incidences are made between the hospital and the SCA every two weeks. This information is used to monitor existing services and monitor the need to development additional or enhanced services.

**Treatment Services expansion including the development of any new services or resources to meet local needs.**

The stigma issues of the substance abuse issues in the county are being addressed in order to help support the development of new and expanded services, such as recover community support and family support services.

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

The horrific trend of the opioid devastation has created a huge impact to the county, which is difficult to address until the stigma and education issues are addressed. In addition, financial resources for prevention education as well as case management and treatment and recovery support are very limited.

There is a state and national trend of heroin/opiate use and overdoses. In 2014, according to the American Society of Addiction Medicine (ASAM) Opioid Addiction 2016 Facts and Figures, of the 21.5 million Americans 12 years of age or older that had a substance use disorder in 2014, substance use disorder involved heroin. From 1999 to 2008, overdose death rates and substance use disorder treatment admissions related to prescription pain relievers increased in parallel. According to the Centers for Disease Control and Prevention, data from the National Vital Statistics System, from 2000 to 2013, the age-adjusted rate for drug – poisoning deaths involving heroin nearly quadrupled from 0.7 deaths per 100,000 in 2000 to 2.7 deaths per 100,000 in 2013. Based on the state and national trends related to heroin/opiate overdoses there is a need to develop policies and procedures to address overdoses. The impact on the County system first requires working with key stakeholders to make systematic changes to address this issue. This begins with the education of the issue, specifically in Bedford County using data to reveal this issue. Although this epidemic has not peaked in Bedford County, preparation and education of this epidemic will serve to help prevent and effectively address the issue. The SCA continues to work with the local hospital ER and first responders to develop procedures in order to be notified of overdoses. The SCA can then offer services and track the frequency of overdoses within the County.

Driving Under the Influence (DUI) and Heroin or other opioid uses are ongoing issues where resources are not enough to cover the needs of both intervention and prevention. In addition, with the legalization of both medical and recreational marijuana use in many states and the recent legislation in Pennsylvania, it is apparent that the “social norm” regarding marijuana use is apparent with adults and even among the youth of Bedford County, as self-reporting reflects a stable or reduced “perception of risk” regarding the use of marijuana. As more and more states legalize recreational marijuana, it is probable the “perception of harm” from marijuana

use will continue to drop, as using marijuana becomes our new “social norm”. This drop in “perception of harm” will increase the likelihood of more Bedford County Youth using marijuana and lowering the age of first use. Each of the above stated risk factors become more problematic given the correlation between the risk factors and need for addiction treatment.

Another emerging trend is Methamphetamine, as seen by the number of arrests for the operation of Meth Labs within the County. While the number of clients seeking services for the use of Meth is low, there have been numerous Meth Lab arrests within the past year in Bedford County.

The State is currently focusing on overdoses and has made this a priority population. The SCA has developed an overdose policy in an effort to help ensure expedient and appropriate care for an individual who has overdosed.

### **Target Populations**

Please identify the county resources to meet the service needs for the following populations:

- Adults (including older adults, transition age youth, ages 18 and above)

Adults 18 and older and Transition Age Youth (18- 26) the services provided are outpatient, individual and group sessions, and/or just group sessions. Family sessions are also encouraged and offered when the client is ready. Detox and inpatient rehab services are made available to this population. Information on the 12 step support groups are provided. If they do not have a Primary Care Provider, treatment provider staff work with them to secure one and also to apply for medical assistance. Office Vocational Rehabilitation shares info with them, as well as important medical lectures on HIV and Hepatitis are also provided. Unmet needs or gaps with this population is with private insurance and high copays and the individual not being able to afford the co-pay and eventually leaving treatment because of financial stressors.

- Adolescents (under 18)

Adolescents under age 18, services are offered mainly individual sessions due to the number of adolescents in treatment. Family sessions are also encouraged. Detox and Inpatient Rehab services are available to this population. Unmet needs/gaps for this population is transportation due to parents or guardians working and afterschool activities preventing them from attending appointments.

- Individuals with Co-Occurring Psychiatric and Substance Use Disorders

Individuals with Co-occurring Psychiatric and Substance Use Disorders- receive one on one counseling and group counseling. Referrals are made and concurrent care is arranged with mental health service providers. WRAP is also another service provided and the BASIC Curriculum is incorporated into their treatment plans and sessions. Unmet needs/gaps for this population are wait time to be seen by a psychiatrist and education of the mental health disorders for the individual and their supports.

- Women with Children

Women with Children: A full continuum of care to women with dependent children (including women who are attempting to regain custody of their children), is made available to those in need of Drug and Alcohol treatment services.

Women with dependent children will be referred to interim (within 48 hours) and ancillary services as necessary. Drug and Alcohol case management staff will work with outpatient and inpatient providers to assure that providers treat the family as a unit and shall admit both women and their children into treatment services if appropriate. Provisions for childcare will be made on a case-by-case basis.

- Overdose survivors

Overdose Survivors: Process by which an overdose survivor will be offered a 24/7 direct referral from the ED to Treatment includes the following: During SCA business hours Monday –Friday 8:30AM through 4:30PM the local hospital UPMC Bedford Memorial Hospital Emergency Department(ED) will contact the SCA to notify the SCA of an overdose survivor. At that time the SCA Case management staff will go to the ED to complete a Level of Care (LOC) assessment. When the LOC assessment has been completed a referral to treatment will be made.

- County’s identified priority populations

The SCA is currently developing policies and practices to address on-call services for evening and weekend hours. Parties responsible for this services include, both the Bedford SCA Case Management staff and Bedford UPMC Memorial Hospital Emergency Department staff.

Time line for meeting with the Overdose Survivor will be dependent on the condition of the overdose survivor. Case Management staff will be in contact with the ED staff to determine when the individual is medically stable to complete an assessment or be referred directly to treatment.

Priority Populations: Access to substance abuse treatment is given to Priority Populations as follows:

- Pregnant IDU
- Pregnant Substance Abusers
- IDU
- Overdose Survivors
- Veterans
- Others

**Recovery –Oriented Services:**

The BedfordSCA is working with several recovery groups, such as Save our Town and Remembering Robbie to help develop Recover oriented communities and services.

In interviews conducted between September 2016 and January 2017, Personal Solutions Inc utilized the Community Readiness Model to determine how ready Bedford County is to strengthen and expand their understanding of addiction, treatment services, and recovery community support. Bedford County's overall score was Vague Awareness. The community climate and levels of knowledge about the issues tended to score a bit lower, indicating there is a tendency to try to deny or resist these issues. Leadership and resources tended to score a bit higher, indicating there are beginning efforts to collaborate in determining an appropriate course of action. The average score of vague awareness brings recommendations designed to meet the community where it is, while moving it to further readiness. Meeting the community where it is at is critical to the success of any public health improvement effort. For most people, change is uncomfortable and therefore unwelcome. Asking too much too quickly leads to failure of the effort. For example, asked what people in the community know about addiction and treatment in Bedford County, it was said, "People just don't think we're doing anything. It's a criminal thing rather than a health issue." Also, "People don't know how relevant the problem is to everybody." To present a community such as this with a plan to expand treatment services would likely result in failure right now, simply because the community isn't ready. Interviewees discussed that for the most part, Bedford County residents prefer to take care of themselves. As a middle class, blue collar, family-oriented community, they are burdened with issues of keeping their own homes together. Community involvement comes in traditional ways and events, especially through schools and faith communities. Also, people tend to see addiction as something that affects people of lower class, and they are unsure of what role government, and their tax dollars, should play in treating addiction. Overall, Bedford County prefers to address substance abuse and addiction as a criminal justice issue rather than a public health or medical issue. Treatment may be viewed as a way to avoid going to jail, and recovery is not a concept that is recognized. At the extreme, one interviewee said, 'People say addicts are the lowest of lowlives, that there is nothing we can do to help, and if not in prison they will be dead soon and better off.'

Regardless of the community's attitude, Bedford County is experiencing the consequences of addiction in a full jail, overdose deaths, drug-exposed births, drunk driving crashes, and abuse and neglect. Leaders are beginning to question if there could be more and better ways to address substance abuse and addiction. Most are looking to partnerships to do this. Three primary recommendations emerged from this process about how to increase readiness.

Since it is a medical condition – a disease – addiction can be treated. Just as with diabetes and heart disease, community education can improve knowledge, reduce stigma, and move people to action. The disease will likely develop in some people (addiction has about a 5% population rate), but the effects can be minimized or reduced for both the person and the community. Resources aren't just money – they are people, time, space and visions. With improvement in readiness and a planning process that helps the community get ready and support recovery, Bedford County could see improvement in the effects of addiction on the community.

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

### **ADULT SERVICES**

**Program Name:** Adult Case Management

**Description of Services:** Case management services will be provided to homeless and near homeless 18 – 59 year old residents of the county. Case Management will be provided for those clients needing case management services that are not funded by any means other than HSDF. Case Management will also be used to provide follow-up services. Clients are followed up at the end of the first month, at the end of six months, and at the end of twelve months. This follow-up assures that clients are able to maintain their present housing expenses. Case Management will provide ongoing support for individuals who face barriers to maintaining permanent housing.

**Service Category:** Case Management

**Planned Expenditures:** Case Management will serve an anticipated 100 unduplicated individuals using \$12,420 of HSDF funding. The 100 individuals in HSDF Homeless Case Management are over and above those counted under HAP. This is an unduplicated count the does not count in HAP clients.

**Allowable Adult Services Categories:**

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

**Program Name:** Adult Transportation

**Description of Services:** Area Agency on Aging operates a demand/responsive shared ride transportation program referred to as CART. Although CART is open to the public the target population tends to be 60 years of age and older. The Agency will provide affordable Adult transportation to consumers 18 – 59 years of age under the HSDF program. Eligibility will be determined by Center for Community Action. HSDF allowable trips include pharmacy, social service and medical appointments not covered by Medical Assistance Transportation.

**Service Category:** Transportation

**Planned Expenditures:** Adult Transportation will serve an anticipated 10 unduplicated individuals using \$4,700 of HSDF funding.

**Allowable Adult Services Categories:**

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

**Program Name:** Adult Homemaker

**Description of Services:** The Homemaker Service for Adults is the type of service that First Choice In Home Care currently provides to consumers. Caregivers are experienced, trained and supervised to provide non-medical personal care services and basic care and management of the home to ensure safe and sanitary conditions. Homemaker services are non-medical services that can include housekeeping, laundry, meal preparation, and/or personal care. Services are provided in the client's home. The target group will be for Bedford County residents 18 to 59 years of age with a disability preventing them from managing homemaking tasks independently. Individuals requesting homemaker services will meet income criteria set by HSDF.

Clients typically are referred to First Choice In Home Care by other service providers, family members, friends or health care providers. Initial contact is usually by telephone, where basic information is obtained about the person's situation and need for in-home non-medical care such as homemaker services. If the person meets the

age criteria and need for homemaker services, the potential client is referred to Center for Community Action for completion of the HSDF eligibility. Once financial eligibility is determined, the Care Manager will arrange for a home visit to complete the assessment, care plan and emergency plan. Assessment and care planning are done with the client and/or family members as appropriate. A meeting is arranged for the client to meet the caregiver prior to services starting to make sure the match is appropriate. Clients have the final determination on who will be their caregiver.

Ongoing contact by telephone is made with clients and caregivers to assure services are acceptable. Services are terminated when the client is no longer in need for the service or funds through HSDF have been exhausted.

**Service Category:** Homemaker

**Planned Expenditures:** Adult Homemaker will serve an anticipated 5 unduplicated individuals using \$5,880 of HSDF funding

**Allowable Adult Services Categories:**

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

**SPECIALIZED SERVICES**

**Program Name:** Financial Literacy Program

**Description of Services:** Center for Community Action will provide Financial Literacy for individuals 18 – 59. The Financial Literacy curriculum will consist of the following:

Introduction to banking	Opening and maintaining a checking account
Budgeting	Opening and maintaining a savings account
On-time-bill paying	Bank reconciliation
Money Management	Loans and interest
Payroll and predatory lending	Investments
Retirement accounts	Tax Credits
Understanding credit	Goal Setting/Reasons for saving
Creating a financial plan	Introduction to Family Savings Account program

**Planned Expenditures:** Financial Literacy will serve an anticipated 70 unduplicated individuals using \$12,420 of HSDF funding.

**Program Name/Description:** BCCF GED, Literacy and Community Re-integration

**Description of Services:** This project will focus on inmates and parolees from the Bedford County Correctional Facility (BCCF). Inmates and parolees will receive GED preparation and instruction, as well as, remediation. The program is designed to provide GED education in preparation for the GED test and assist in assessing the opportunities open to inmates upon attainment of the GED and release from the correctional facility. Inmates will also receive instruction in workforce development, career planning, employment skills, financial stability, family supports and stabilization and basic life skills they will need to transition into the community.

Clients will be Bedford County jail inmates and individuals receiving probation who are 18 – 59 years of age.

Adult Literacy and GED instruction are being offered to these individuals aged 18 to 59 since there is no Literacy or GED instruction offered in Bedford County for this particular group. Individuals must have

withdrew or been expelled from the school system, have no other means of obtaining instruction toward passing and obtaining their GED and be Bedford County jail inmates or receiving probation. A waiver is not necessary since there is no similar program offered in Bedford County.

**Planned Expenditures:** BCCF GED, Literacy and Community Re-integration will serve an anticipated 25 unduplicated individuals using \$1,500 of HSDF funding

### **INTERAGENCY COORDINATION**

Interagency Coordination allows the coordination of planning, management and delivery of services provided within the county's human service system. This includes all adult and categorical programs, as well as other government and private agencies that provide social services or funding for social services within the county.

Interagency Coordination is used to build partnerships through collaboration within and without the categorical agencies to find solutions to community problems and/or to improve the effectiveness of the service delivery system. It is used for meetings to coordinate housing and other identified human service needs and to develop a county wide needs assessment and evaluate the needs of the county.

Interagency Coordination funds allow for coordination and collaboration with the following agencies in Bedford County: Housing Authority, Children and Youth, CareerLink, Food Pantries, Your Safe Haven, County Assistance Office, Area Agency on Aging, MH/ID, Drug and Alcohol, Catholic Social Services, Human Service Council, Community Development, Chamber of Commerce, Emergency Food and Shelter Board, Continuum of Care Board, Homeless Task Force, Veteran's Affairs, Planning Commission, Weatherization Planning Commission, Head Start Policy Council, Salvation Army, Domestic Relations, Workforce Investment Board, Love, INC and various agency specific boards.

**APPENDIX C-2 : NON-BLOCK GRANT COUNTIES  
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.
<b>Bedford</b>	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES

**MENTAL HEALTH SERVICES**

ACT and CTT					
Administrative Management					
Administrator's Office					
Adult Developmental Training					
Children's Evidence Based Practices					
Children's Psychosocial Rehabilitation					
Community Employment					
Community Residential Services					
Community Services					
Consumer-Driven Services					
Emergency Services					
Facility Based Vocational Rehabilitation					
Family Based Mental Health Services					
Family Support Services					
Housing Support Services					
Mental Health Crisis Intervention					
Other					
Outpatient					
Partial Hospitalization					
Peer Support Services					
Psychiatric Inpatient Hospitalization					
Psychiatric Rehabilitation					
Social Rehabilitation Services					
Targeted Case Management					
Transitional and Community Integration					
<b>TOTAL MENTAL HEALTH SERVICES</b>	-	\$ -	\$ -	\$ -	\$ -

**INTELLECTUAL DISABILITIES SERVICES**

Administrator's Office					
Case Management					
Community-Based Services					
Community Residential Services					
Other					
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	-	\$ -	\$ -	\$ -	\$ -

**APPENDIX C-2 : NON-BLOCK GRANT COUNTIES  
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.
<b>Bedford</b>	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>HOMELESS ASSISTANCE SERVICES</b>					
Bridge Housing					
Case Management	100		\$ 12,816		
Rental Assistance	65		\$ 14,906		
Emergency Shelter	3		\$ 450		
Other Housing Supports					
Administration					
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	168	\$ 28,172	\$ 28,172		\$ -
<b>SUBSTANCE USE DISORDER SERVICES</b>					
Act 152 Inpatient Non-Hospital	27		\$ 40,068		
Act 152 Administration			\$ 9,900		
BHSI Administration			\$ 10,150		
BHSI Case/Care Management	80		\$ 22,643		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	2		\$ 3,000		
BHSI Medication Assisted Therapy					
BHSI Other Intervention					
BHSI Outpatient/IOP	30		\$ 15,000		
BHSI Partial Hospitalization					
BHSI Recovery Support Services					
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	139	\$ 100,761	\$ 100,761	\$ -	\$ -
<b>HUMAN SERVICES DEVELOPMENT FUND</b>					
Adult Services	115		\$ 23,000		
Aging Services					
Children and Youth Services					
Generic Services					
Specialized Services	95		\$ 13,920		
Interagency Coordination			\$ 8,080		
Administration			\$ 5,000		
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	210	\$ 50,000	\$ 50,000		\$ -
Please note any utilization of HSDF funds in other categoricals and include: categorical and cost center, estimated individuals, estimated expenditures.					
<b>GRAND TOTAL</b>	517	\$ 178,933	\$ 178,933	\$ -	\$ -