

Clearfield County Humans Services Plan
2017-2018
Rev October 4, 2017

Introduction

The Clearfield County Human Services Plan is administered by the County Community Development Specialist, located in the County Planning and Community Development Office. Clearfield County has a local collaborative arrangement (LCA) with Jefferson County for mental health, intellectual disability, and drug & alcohol services. Drug and Alcohol services are provided by the Clearfield Jefferson Drug & Alcohol Commission. While Community Connections of Clearfield and Jefferson Counties provide mental health and intellectual disability services.

Both Clearfield and Jefferson Counties are non-block grant counties. Please note that this Clearfield County Human Services Plan includes the LCA information and budget for Mental Health, Intellectual Disability, and Drug & Alcohol completed by each responsible Agency.

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Assurance of Compliance Document

Appendix A Fiscal Year 2017-2018

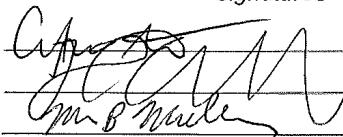
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Clearfield

- 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	
	Antonio Scotto	Date: June 6, 2017
	John Sobel	Date: June 6, 2017
	Mark McCracken	Date: June 6, 2017

Part I Clearfield County Planning Process

Members of the Clearfield County Human Services Planning Team include categorical directors, Jason Hamilton, Director of Clearfield County Children & Youth Services (CYS), Christy Davis, Director of Juvenile Probation, Lisa Kovalick, CDPS Planning & Community Development Office, Susan Ford, Executive Director of Clearfield Jefferson Drug & Alcohol Commission (CJD&AC), Steve Jasper, Administrator of Community Connections of Clearfield and Jefferson Counties(CCCJC), and Kathy Gillespie, Executive Director of Clearfield County Area Agency on Aging (CCAAA). Critical Stakeholder groups include human services staff, directors, and consumers that are members of the CCCJC Community Support Program, CJ Drug Free Communities, CJD&AC & CCCJC Physical Transportation Consortium, The Heroin Task Force, Aging RSVP Board, and CC Human Services Collaborative Board. Last, but not least the Clearfield County Commissioners, John Sobel, Tony Scotto, and Mark McCracken, this group of commissioners attend planning meetings, and participate on many of the advisory groups as listed above.

Due to budgetary restraints, members of the advisory boards noted above do not have the funding to attend every monthly meeting, such as the Human Services Planning Team Meetings. However each member of the planning team is a liaison to and for the advisory groups. For example the CJ Drug Free Communities meetings are attended by Jay Hamilton, Susan Ford and Steve Jasper; Kathy Gillespie attends Aging RSVP Board; Susan Ford, Commissioner Sobel, and Jay Hamilton attend the Heroin Task Force; Kovalick attends the Collaborative Board Meetings. Members of the planning team discuss Clearfield County Human Services planning team meetings and give update of DHS actions and updates at the advisory meetings. Likewise information from the advisory meetings are discussed at the Planning team meeting. This method has proven effect and efficient and has been the basis of creating the most recent consortium of physical transportation.

Customarily, each county office has collected data based on local, state or federal recommendations and/or requirements. Types of data collected includes: number and types of services provided, costs of services, referrals, types and number of services rendered. Individuals who have received services are able to provide feedback during public hearings and by completing customer service surveys. The surveys offer individuals the opportunity to make comments at the time of services, and because they are continually accepted from consumers, it assists with identifying needs and evaluating programs. This along with using the County Human Services needs assessment also helps us to identify gaps and needs in human service and sharing human services agency news and program information.

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The human services planning team meets monthly working to identify, prioritize and evaluate human service needs of Clearfield County residents. We discuss current trends, gaps in services and needs of consumers in order to create a holistic human services needs assessment. This type of communication and coordination has assisted the County SCA with identifying funding for D&A consumers in need of personal items and housing using funding from the County's Affordable Housing Trust Fund. The County has found the assessment useful in priorities programs and services and develop achievable goals and objectives.

In addition, the team evaluates the outcomes, effectiveness and efficiencies of human services programs and services. Together this team of county categorical and human service agencies stress to be proactive regarding the needs and services of their respective consumers, in order for the county to use funds that will provide services in the least restrictive setting. An example of such is provided with this year's funding, we have worked to create much needed funding for transportation for consumers.

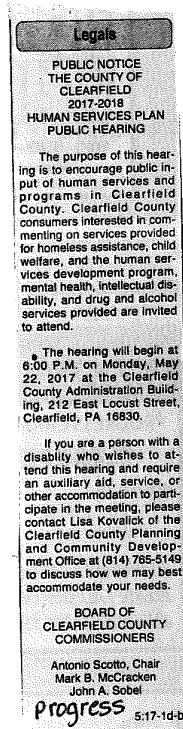
Within each category we found transportation, or accessibility to services, to be of concern to and for the better good of our human services consumers across the board. Lack of public transportation in our rural county has been and continues to be our greatest need. Human Services Organizations work to find funding and solutions to assist residents. We have included transportation assistance, and gas stipends in recent federal grants that assist with human service needs. Since our 2015-2016 fiscal year we have created a small transportation program for D&A, MH, and CYS consumers in need, in this plan under the Human Services Development Fund you will find we included transportation services for consumers of behavioral health and drug and alcohol, children and youth. Transportation is a vital component to both the prevention and recovery of behavioral health and substance abuse consumers.

Please note there have been no substantial programmatic and/or funding changes.

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Part II Public Hearing Notice

Clearfield County held a public hearing for the Human Services Plan on May 22, 2017. The meeting was held in the County Administrative Conference Room at 6:00 p.m.



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Public hearing sign in sheet

Part III Cross-Collaboration of Services

Cross Collaboration of services for Employment:

CCJC consumer's eligible and participating in Housing First, Home Again, and NWRHA supported housing programs receive community based services that support individual goals and needs. The most frequent services utilized are mental health case management and certified peer specialist services, by which both programs offer guidance for stability and independence within their community. Support staff work diligently to assist the participants in securing income through employment and utilizing all possible resources available in Clearfield County. CCJC currently holds a contact with Goodwill Industries for employment. CCJC will continue to explore this contract and other opportunities to increase income and employment for each individual consumer on case by case basis.

Cross Collaboration of services for Housing:

The County Human Services Coordinator and Planning Team have identified the County Act 152 Affordable Housing Trust Fund (AHTF) as means of leveraging funding and services for consumers of CCJC, CJD&AC and CAAA creating three cross collaborations for housing as follows:

First, CCJC operates a Housing First Program, initially funded in full with U.S. Department of Housing and Urban Development (HUD), Continuum of Care (CoC) Funds known as the Housing First Program. Over the past four years CCJC has received funding cuts from the CoC by over 40%. Leaving chronic homeless consumers in Clearfield and Jefferson Counties without housing. Currently Housing First provides rental assistance to families and or individuals residing within Clearfield or Jefferson Counties. The program currently has 8 out 12 households that reside within Clearfield County. These 8 households were without the financial means to stabilize their housing without rental assistance, meaning that they have no income or are significantly below the poverty guidelines. 7 of those 8 household are without transportation, and 6 out of the 8 have located housing with the help of the CCJC housing specialist, but do not have necessary household furniture or items. Consumer's receiving rental assistance from CoC, HUD, and the NWRHA need to have match resources such as security and/or utility deposits.

CCJC developed and administers a program using Clearfield County AHTF dollars to assist consumers with many of the needs identified above. They are now able to assist consumer's supportive housing to aid them in recovery-oriented, community based services that support their individual goals and needs. While CCJC administers the program the cross collaboration of support and services includes: Clearfield County AHTF, Cen Clear Behavioral Health and Housing

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Assistance Programs, Clearfield County CAO, and Services Access and Management, Inc. Case Management.

Second, CJD&AC has an increase in the need for housing and varying leveling of services and need which have increased with opioid epidemic. The need for housing has always been an issue for the substance abuse population. Unfortunately the stigma that surrounds addiction continue to create a barrier in our rural community. Individuals that are in need of housing have difficulty securing appropriate housing for many reasons, including previous felony records; previous unpaid utility bills or rental fees and security deposits; many individuals have burnt bridges and find that no help is available; inability to get into shelters etc. Inmates being released from the County Jail continue to be a challenging population in terms of housing and emergency needs. In order to enter an in-patient residential drug and alcohol facility, clients must bring at least five changes of clothes and toiletries for basic needs.

CJD&AC has requested and received AHTF funding to develop and implement a housing and basic needs program to provide assistance for individuals being released from jail and going into a treatment facility. Likewise for those in recovery seeking housing assistance is provided.

Last, Clearfield County and CCAAA recognizes the need for safe affordable housing is a priority for seniors. As such they have been seeking assistance from the PA Department of Aging (PDA) and Diana T. Myers and Associates, and CCAAA is well on its way to pilot testing the innovative Elder Cottage Housing Opportunity (ECHO) cottage. EHCO cottages enable seniors and their family members to live in physical proximity while also retaining autonomy and privacy of both households. Family members can easily check on their senior, who will live just yards away, on their own property. The benefits of ECHO housing, therefore extends to reducing stress on family caregivers and preserving family cohesiveness, while improving the health of the senior residents.

We find this project clearly meets the goals and objectives of Clearfield County's Housing Needs Assessment and AHTF application priorities. As such the County has committed AHTF funding for the first ECHO unity to be installed in Clearfield County. In prospective this cross collaboration encompasses, at least four partners financially and even more when addressing the emotional and physical well-being of seniors and their families.

Part IV Human Services Narrative

Mental Health Services

a) Program Highlights:

The Behavioral Health Department (the Department) of Community Connections of Clearfield/Jefferson Counties (CCC-J) has developed a robust mental health service system over the years and most traditional services are available through multiple providers. In addition to private insurance and private pay the current mental health needs of our residents are being funded through Medicare, Health Choices (Medicaid and reinvestment), county base and Community Hospital Integration Project Program (CHIPP) dollars, and a federal Housing and Urban Development (HUD) grant. As secure housing and employment are closely linked to successful recovery from mental illness the current needs being addressed in planning by CCC-J focus on exploring services to provide supported housing for individuals returning to the community after inpatient treatment or incarceration or to divert them from more restrictive placement and to develop supported employment programs for individuals with mental illness. CCC-J is monitoring the current system for quality and fidelity to evidence based practices and is developing quality improvement plans internally and with contracted providers.

Some improvements to our system in the past year include the transformation of our providers to becoming Trauma Informed. The Community Guidance Center (CGC) and Cen Clear Services (CenClear) have started the process to become Certified Sanctuary Organizations and have also participated in a Behavioral Health Alliance of PA (BHARP) Health Choices reinvestment Trauma Institute. CenClear has also been selected to host two pilot Certified Community Behavioral Health Clinics through a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to the PA Department of Human Services (DHS). The Department has been preparing for the expansion of the Office of Developmental Programs waivers to include adults with autism by participating in meetings and trainings to better understand autism and by identifying individuals receiving behavioral health services that also have autism that may meet their needs through the waiver programs and working with the CCC-J Intellectual and Developmental Disability program to come up with a referral and prioritization system.

The Behavioral Health budget was developed based on needs assessments conducted through the following forums of various stakeholders including: PA County Administrator Association (PACA) meetings, BHARP, Community Care Behavioral Health (CCBH), our Health Choices Managed Care Organization, stakeholder meetings including the Regional Service System Transformation (RSST) meetings, Warren State Hospital Continuum of Care meetings, provider meetings to monitor current and proposed services; quarterly Community Support Program (CSP) meetings to get input from service recipients and their families, quarterly

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CCC-J Advisory and Governing Board meetings, and quarterly Clearfield/Jefferson Consortium meetings (with the D&A Commission, CCBH, providers, Penn Highlands Hospital, and the local PA State Health Nurse). State, regional, and local issues and needs are discussed at these meetings. The CCC-J Administration meets monthly with its fiscal department to review current spending compared to the budget and makes adjustments to contracts and the portfolio as needed.

b) **Strengths and Needs:**

The following information represents the Strengths and Needs by target population

Older Adults (ages 60 and above)

▪ **Strengths:**

CCC-J has been working with both County Area Agencies on Aging (AAA) to improve mental health services available to older adults. The Department has current Memorandums of Understanding (MOU) with each County AAA which are regularly revised to reflect the changes in services. Since January 2017 the CCC-J Administrator has served on the Board of Directors for the Clearfield County AAA.

In 2006 CCC-J and the Jefferson County AAA recognized inconsistencies in access to and delivery of emergency services for older adults in the County. Mental health mobile crisis and aging protective services were not versed in the others' services leading to a lack of cooperation between the programs and poor service delivery. Leaders from CCC-J, the crisis service provider, and Jefferson AAA developed and implemented a Joint Older Adult Crisis Team (JOACT). This involves two full days of training for the mobile crisis and protective service workers on the clinical issues of older adults and operational procedures of the JOACT. Both the mobile crisis provider and the AAA protective services have committed to working on joint cases to resolution. This has resulted in better and faster emergency services for this population and fewer complaints about services. In 2008 the JOACT program expanded to Clearfield County. This innovative project has been recognized by the PA Behavioral Health and Aging Coalition.

CCC-J, Clearfield Jefferson Crisis, and both county AAAs participate in the PA Behavioral Health and Aging Coalition Cross System Collaborative Technical Assistance Calls.

▪ **Needs:**

Clearfield and Jefferson Counties have patients in Warren State Hospital that could be served by Nursing Homes in our counties but the individuals and their families need to agree to the placements and the facilities may need to develop additional supports to serve those individuals. Those same supports could also be used for older adults with a mental illness that have not been in the state hospital. Also, we need more in-county behavioral health providers enrolled to serve individuals with Medicare. Most older adults have

Medicare as their primary insurer, so they frequently have to travel out of county to find BH providers to serve them.

Adults (ages 18 and above)

▪ Strengths:

An almost full array of outpatient and special services are available to the residents of Clearfield and Jefferson Counties through multiple providers including traditional outpatient, intensive outpatient (IOP), partial hospitalization, psychiatric rehabilitation, certified peer specialist, representative payee, and blended case management. Most outpatient providers incorporate evidence based or promising practicing practices in the services they offer including Trauma Focused Cognitive Behavioral Therapy, Cognitive Process Therapy, Motivational Interviewing, and Dialectical Behavioral Therapy.

The CGC and CenClear are adopting the Sanctuary Model to address trauma. The Sanctuary Model is a whole culture approach that has a structured methodology for creating or changing an organization's culture. Both agencies are also participating in the BHARP Trauma Institute Learning Collaborative a Health Choices reinvestment project that kicked off in September 2016. Through the Trauma Institute both Clinics have built Quality Improvement Teams (QIT). QITs meet regularly to discuss training and education, screening and assessment tools, physical changes to their clinic environments, and changes to their policy and procedures. The Trauma Institute has provided trainings on Seeking Safety, Trauma Focused Cognitive Behavioral Therapy, and Cognitive Processing Therapy to both programs. Both programs also participate in monthly learning collaborative meetings.

One provider, Beacon Light, offers a mobile medication management program funded through Health Choices and CCC-J. This evidence based program is especially effective at transferring medication management skills to individuals returning to the community after state hospitalization or frequent community hospitalizations and significantly reduces the rate of re-hospitalization.

Another innovative service available to adults is Venango Training and Development Corporation's (VTDC) Fairweather Lodge Program funded by CCC-J and the residents that live there. They have three four-person homes available in DuBois for mentally ill individuals to live in while they pursue their employment goals. Using the 2014, CHIPP CCC-J has funded a Fairweather Training Lodge through VTDC to prepare individuals to transition from the community or placement into traditional Lodges. The Training Lodge is staffed around the clock and provides individualized training to help the individuals meet their housing and employment goals.

▪ Needs:

Clearfield and Jefferson Counties do not have access to Assertive Community Treatment (ACT) to provide intensive treatment in homes and the community. Also our counties do not have access to Long Term

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Structured Residence (LTSR) and Community Residential Rehabilitation Services (CRRS) to provide more intensive residential services for individuals not capable of living independently that do not need Personal Care or Nursing Home levels of care. As in many rural area of the Commonwealth, Clearfield and Jefferson Counties do not have many psychiatrists residing in or working in our communities and we rely on telemedicine to access psychiatry. Though our needs are being minimally met, we could use more psychiatrists to provide faster and more personalized access. We also need better and more transportation opportunities. Though most individuals on Medicaid are initially eligible for the Medical Assistance Transportation Program (MATP) the service is conditional and individuals are frequently disqualified by chronically missing appointments or misunderstanding application and reporting requirements.

The CGC and CenClear are continuing to implement the Sanctuary Model throughout their organizations and will participate in the BHARP Trauma Institute through December 2017.

CenClear has a site in Clearfield and another in Punxsutawney selected to participate in the statewide SAMSHA grant as pilot CCBHC. CCBHCs will allow individuals to access a wide array of services at one location and remove the barriers that too often exist across physical and behavioral health systems. CenClear is scheduled to begin CCBHC services July 1, 2017.

Transition-age Youth (ages 18-26)

- Strengths:

Historically Clearfield and Jefferson Counties have intensively utilized Residential Treatment Facilities (RTF) having an average annual placement (prior to 2014) rate of about 65 youth. In 2015 the placement rate decreased to about 30 and in April 2017 only 18 children were in RTF placement. This number is volatile and we will continue to monitor it and work closely with referral sources to divert from placement and with RTF's to plan discharges as soon as treatment is complete.

Since 1997 CCC-J along with three other County MH/ID Programs are members of a CHIPP Consortium. This Consortium was awarded a Project for Assistance in Transition from Homelessness (PATH) Grant. The PATH coordinator has been successful in helping individuals achieve safe living situations and to help them get connected to the supports within other systems that can help them move on with their lives – especially education and vocation.

- Needs:

Transition-age Youth in our communities need more vocational support including training and educational opportunities as well as more employment opportunities. They would also benefit from more residential options including the LTSR and CRRS mentioned for adults, access to residential services for sexually aggressive

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youth, and expanded inpatient services. Many individuals aging out of RTFs also have co-occurring autism or intellectual disabilities and need residential waivers to reside in group homes.

CCC-J continues to expand housing and employment opportunities especially for transition-age youth returning to the community. In 2014-15 the MH Program contracted with Goodwill, Inc. to provide employment assessment and training. Additional transition-age youth will be served as funding permits.

Children (under 18)

- Strengths:

The CCC-J CASSP coordinator and the CCBH high risk care managers work closely with families, inpatient and outpatient facilities, children and youth, drug and alcohol, schools, and probation to secure the least restrictive services to meet the children of our counties' needs.

Services available to children in Clearfield and Jefferson Counties include traditional outpatient, IOP, partial hospitalization, Behavioral Health Rehabilitation (BHRS), Family Based Mental Health (FBMH), Community Residential Rehabilitation (CRR) Host Home, urgent respite, and blended case management. One provider, CenClear, offers evidence based Parent Child Interactive Therapy (PCIT).

In 2012 Health Choices started to offer Community and School Based Behavioral Health Services (CSBBH) in the DuBois and Clearfield School Districts. The service was added in The West Branch School District in 2014-15. The Philipsburg Osceola School District will start a team in the fall of 2017. CCC-J continues to work with CCBH and school districts to explore further expansion of CSBBH teams.

CCC-J participates in both counties' Collaborative boards which have both received Pennsylvania Commission on Crime and Delinquency funding to continue their Communities that Care (CTC) programs. Each county board analyzes the results of the Pennsylvania Youth Surveys (PAYS) and conducts community resource assessments to establish goals – primarily identifying evidenced based programs to address risk factors. Programs supported through the collaborative boards include Big Brothers/Big Sisters, Triple "P" Parenting, Too Good for Drugs, Project Toward no Drug Use, Project Alert, Guiding Good Choices, Parents as Teachers, Safe Haven, and the Strengthening Families Program.

- Needs:

In June of 2016 the remaining in-county Children's Partial Hospitalization Program closed due to low census. That level of care is still geographically available through neighboring counties. CCC-J continues to monitor the need for a replacement program with CCBH, school districts, and the intermediate unit to see if a new provider is needed. Alternatively, CCBH may expand the availability of CSBBH services or traditional outpatient in schools as evidenced by the expansion of CSBBH into the Philipsburg Osceola School District in 2017. Our

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children also need additional access to inpatient mental health services. We have been forced to utilize inpatient services as far away as Ohio because beds were not available locally. Both Counties' Communities that Care (CTC) Boards have identified the need for evidenced based practices to address the following risk factors identified through the CTC Process: Parental Attitudes Favorable Toward Anti-Social Behavior, Perceived Risk of Drug Use, and Depressive Symptoms. Children in our counties will also benefit from Children's' Peer Support Services and Children's' Psychological Rehabilitation as those services become available for them.

Individuals transitioning out of state hospitals

- Strengths:

CCC-J is part of an eight county CHIPP Consortium. Warren State Hospital (WSH) is the hospital in our catchment area. The five county programs in the consortium have reduced our shared bed cap to 53 persons after recent CHIPP projects. The consortium census at Warren has averaged about 34 the past year and the consortium has never reached or exceeded its bed cap. The CHIPP funding was used to develop services and supports to divert persons with a serious mental illness from going to the state hospital and decrease admissions to local hospital psychiatric units. Services include medication monitoring, housing supports including an interim apartment in Clearfield County, and a Psychiatric Registered Nurse. CCC-J also provides representative payee services. These services are not meant to be long-term, but are a bridge to other agencies which specialize in the supports we currently provide.

- Needs:

Many of the individuals discharged from Warren State Hospital require support to maintain outpatient treatment and are recommended to receive additional monitoring through the outpatient commitment process afforded by the Mental Health Procedures Act. As our system has changed over the years, the process of applying the act needs to be updated and revised. CCC-J will work with our contracted providers to effect the needed revisions. Current HB1233 is proposing changes to outpatient commitment process in the state and CCC-J will closely monitor and implement the revisions if adopted.

CCC-J participates in the Service Area Planning (SAP) for Warren State Hospital and has adopted the state-wide SAP goals of 1. Increase the use of permanent supportive housing 2. Expand employment initiatives and 3. Develop access to ACT, Community Treatment Team services, Hospital Based Extended Acute Care capacity, and other services to decrease reliance on state hospital level of care.

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CCC-J is also active in the BHARP workgroup in considering a Health Choices Reinvestment project to train outpatient providers in Dialectical Behavior Therapy (DBT) to help individuals maintain the skills they were working on while inpatient at Warren State Hospital in their DBT unit.

Co-occurring Mental Health/Substance Use Disorder

- Strengths:

Two providers, the CGC and Cen-Clear Services provide both licensed mental health outpatient and drug and alcohol counselling services. Both programs strive to train all their staff according to the OMHSAS-06-03 Bulletin in Co-Occurring Competency. Both Providers participate in the BHARP Trauma Institute described above.

The Clearfield Jefferson Drug and Alcohol Commission has also been selected as a PA Center of Excellence for opioid disorders. Centers of Excellence help ensure that people with opioid-related substance use disorder stay in treatment to receive follow-up care and are supported within their communities. The centers coordinate care for people with Medicaid, and treatment is team-based and “whole person” focused, with the explicit goal of integrating behavioral health and primary care.

Our Right Turn Coordinator described below for Justice-involved individuals also works exclusively with individuals with co-occurring mental health and substance abuse disorders.

- Needs:

Individuals with co-occurring MH and D&A in our counties need access to local detox level of care as well as the services described for individuals with just substance abuse disorders described elsewhere in this plan. Though offered, the capacity of our Certified Recovery Specialist services needs to be increased.

CCC-J will continue to partner with the Clearfield Jefferson Drug and Alcohol to meet the treatment needs of individuals with co-occurring mental illness and substance abuse issues.

Justice-involved individuals

- Strengths:

In 2011 and 2012 both counties Criminal Justice Advisory Boards participated in Cross System Mapping and Action Planning exercises presented by the Pennsylvania Mental Health and Justice Center of Excellence. As a result, Clearfield County chose to focus on helping individuals return to the community after incarceration. Clearfield County applied for and was awarded a Department of Justice Second Chance Act Grant totaling \$496,031, to develop a reentry program for individuals with co-occurring substance abuse and

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mental health disorders. The grant was shared with Jefferson County to supplement drug and alcohol treatment during and post incarceration in the county jails, to provide housing supports post release, and to coordinate care pre and post release. Though the Second Chance Grant has expired, CCC-J has made the Right Turn Coordinator a permanent position. The coordinator works with the courts, county jails, and probation to identify incarcerated individuals at moderate or high risk of recidivism with both mental health and substance abuse disorders. The coordinator then helps the participants to access services during incarceration and establish linkages with community services and resources upon release. The coordinator then follows the individuals for at least two years post release to assure access to services and resources and provide linkages between the multiple justice and treatment providers to reduce compliance issues and splitting.

Jefferson County's goal was to establish Crisis Intervention Team (CIT) training for police, corrections, and probation officers. In 2012 and 2013 twenty-four officers were trained in CIT. The CIT program expanded into Clearfield County in 2014 through an OMHSAS Mental Health Matters Grant, and two classes were offered in the spring of 2014 incorporating Mental Health First Aid and Question, Persuade, Refer (QPR) suicide prevention certification. This CIT training has been offered on an annual basis and will present their 7th class in July and August of 2017.

CCC-J also funds mental health counseling, county intakes, certified peer specialist, and blended case management services to individuals incarcerated in the county jails.

- **Needs:**

Though the Second Chance Grant has expired, CCC-J and our Counties continue to seek additional funding sources to serve this population. Even though most individuals become eligible for Medical Assistance and the Medical Assistance Transportation Program, transportation to treatment and other services remains a high concern for this population. Permanent Supported Housing (PSH)s is also a major need for this population. Most PSH programs focus on chronically homeless individuals but incarceration does not count towards chronic homelessness. Also, criminal records are used to exclude this population from other PSH programs.

Veterans

- **Strengths:**

In 2012 CCC-J established funding for a Veterans Outreach Coordinator through Service Access and Management. The primary role of the coordinator is to work directly as a peer with veterans with a mental illness to recover from their illness by identifying their personal preferences, needs, and goals to achieve the most independent and fulfilling life possible. The coordinator has also developed an array of outreach programs to publicize the program and reduce stigma. Events have included full day clinical trainings, a support program for veterans returning to the DuBois Penn State campus, fishing derby, golf outing, and fall

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picnic/hayride. CCC-J supports VTDC in expanding their Clearfield Jefferson Fairweather Lodge program with a Veterans Lodge to open in DuBois in the summer of 2017.

- Needs:

This population is very difficult to engage in services. The Veterans Outreach Coordinator will continue to endeavor to engage this elusive population.

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

- Strengths:

The Clearfield Jefferson Student Assistance Program (SAP) Coordination Team provided training on assisting LGBTQI students on March 20, 2017 and all 11 school districts, both vocational, and a private school from the Counties participated. The BHARP Trauma Institute provided a similar training for providers to support LGBTQI individuals through services on April 26, 2017 and CCC-J and many of our providers attended. CCC-J reviews the P&P and human resource records of all contracted providers annually to assure training on cultural competence, including LGBTQI issues, is provided to their staff.

- Needs:

Additional training sources need to be identified and developed.

Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)

- Strengths:

Though Clearfield and Jefferson Counties have a homogeneous population CCC-J strives to be culturally sensitive and requires our contracted providers to be as well. As mentioned above for LBGTQI individuals, all contracted providers are surveyed annually to assure they offer their staff training in cultural competence.

- Needs:

Trainings as available.

Other: Dual Mental Health/Intellectual and Developmental Disabilities

- Strengths:

In 2005, CCC-J developed a dual diagnosis program for persons with a serious mental illness and an intellectual disability. The program has worked with BHARP and CCBH to develop their Dual Diagnosis Treatment Team (a clinical home model service for individuals), presented a clinical training in trauma informed care for the providers in our counties, and presented specialty training in assisting individuals with dual diagnosis for certified peer specialists. CCC-J personnel regularly work with our providers as “systems navigators” to assure individuals with both diagnoses are able to access services from both systems to meet their needs.

- Needs:

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Though CCC-J attempts to mitigate individual crisis through active service planning, there are limited crisis resolution services available for this population. CCC-J is an active partner in the Behavioral Health Alliance of Rural PA (BHARP) Dual Diagnosis Workgroup which has developed a Residential Treatment Facility for Adults for individuals with a dual diagnosis in the eastern part of the state and is looking into the possible expansion into western PA for a similar unit or the development of an entirely different resource. Additional inpatient beds dedicated for dual diagnosis individuals would also mitigate common multi-day emergency room interventions while inpatient services are accessed.

Is the county currently utilizing Cultural and Linguistic Competence (CLC) Training?

Yes No

In 2017 training on cultural competence was offered to school and behavioral health providers through the Student Assistance Program and the BHARP.

C: Supportive Housing:

The DHS' five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation. Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. *Include any program activity approved in FY 16-17 that is in the implementation process. Please use one row for each funding source and add rows as necessary.*

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2. Bridge Rental Subsidy Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Short term tenant based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
NW9 reinv estm ent	This bridge housing reinvestment project is managed by the Clarion County Housing Authority on behalf of Community Connections and BHARP. CCHA hold the data for this project. There are currently 17 participants in the program								

3. Master Leasing (ML) Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amo unt for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17 – 18	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
NW9 Reinv estment	This master leasing reinvestment project is managed by the Clarion County Housing Authority on behalf of Community Connections and BHARP. CCHA hold the data for this project. There are currently 2 participants in the program								

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									

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	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
N/A									

5. Housing Support Services for Behavioral Health					<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
CCC-J Housing First	HUD	\$79,683	\$79,683	15	15			1	1998

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6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.								
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18		Average Contingency Amount per person	Year Project first started
BHARP Contingency	Reinvestment	\$9,324.74	\$0.00	28	0		\$333.03	2011
CCC-J Contingency	CCC-J CHIPP	\$38,000	\$38,000	25	25		\$1520.00	1997
Clearfield County AHTF	Clearfield County	\$3,750.00	\$3750	16	16		\$234.38	2015

7. Other: Identify the program for Behavioral Health			<input type="checkbox"/> Check if available in the county and complete the section.					
Project Based Operating Assistance (PBOA is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.								
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA, FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)	Year Project first started
N/A								

d) **Recovery-Oriented Systems Transformation:**

1. Identified Priority Trauma Informed Care

Narrative including action steps: CGC and CenClear are in their second year of implementing the Sanctuary Model in their programs. They have trained all staff in the modules, and implemented most of the concepts at their centers. They have trained their Boards of Directors and Consumer Advisory Committees of the boards. They have updated personnel policies to reflect sanctuary language and have trained staff to implement the concepts with their customers. They are continuing to monitor the use of sanctuary within the departments during calendar year 2017. Some departments at CGC, most notably psych rehab and partial hospitalization, have completely integrated trauma focused care in every day sessions. In calendar year 2018, they will be concentrating primarily on auditing the fidelity of trauma focused care in consumer services, and completing documentation. They will change consumer forms, and remaining policies to reflect Sanctuary language and complete the binders for certification. They hope to achieve certification no later than June 2019. Both CGC and CenClear are also participating in the BHARP Trauma Institute. CCC-J will monitor both programs' progress.

Timeline: CCC-J will continue to monitor both program to assure they keep their QITs in place and continue to progress towards becoming Sanctuary programs. The BHARP Trauma Institute will wrap up in December 2017.

Fiscal and Other Resources: Both Agencies are funding their own Sanctuary implementation and the BHARP Reinvestment Project is funding the Trauma Institute.

Tracking Mechanism: Regularly scheduled annual CCC-J quality monitoring of both outpatient clinics.

2. Community Support Program

Narrative including action steps: The Community Support Program (CSP) Ambassador position at CCC-J is vacant again. The program hosts quarterly meetings which act as a forum to bring stakeholder and their families' concerns to CCC-J regarding service quality and needs. The program also hosts frequent educational events to raise community awareness and erase the stigma of mental illness.

Timeline: CCC-J will hire a new CSP Ambassador by July 30, 2017. In the meantime, the Program Specialist 1 that supervises the program will host the annual CSP picnic in July and continue to meet with the CSP planning group to plan for a CSP awareness/stigma reduction fall event.

Fiscal and Other Resources: The CSP Ambassador and program events are already part of the CCC-J budget

Tracking Mechanism: BH Program Director will work with HR and Program Specialist to assure the position is filled and the planned events are held.

3. Physical Health/Behavioral Health Coordination of Care

Narrative including action steps: CenClear has been selected as pilot CCBHC. As a CCBHC, they will allow individuals to access a wide array of services at one location and remove the barriers that too often exit across physical and behavioral health systems.

Timeline: CenClear is scheduled to commence operations of the CCBHC July 1, 2017.

Fiscal and Other Resources: Funding is provided through a SAMSHA grant to PA DHS.

Tracking Mechanism: Regularly scheduled annual CCC-J quality monitoring of the CenClear outpatient clinic.

e) Existing County Mental Health Services:

Please indicate all currently available services and the funding source or sources utilized.

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

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Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

*HC= HealthChoices

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f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current 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)	Additional Information and Comments
Assertive Community Treatment	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Supportive Housing	Yes	25	N/A	N/A	N/A	No	No	N/A
Supported Employment	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	120	N/A	N/A	N/A	N/A	N/A	N/A
Illness Management/ Recovery	YES	UNKNOWN	N/A	N/A	N/A	N/A	N/A	N/A
Medication Management (MedTEAM)	YES	30	UNKNOWN	MCO	UNKNOWN	UNKNOWN	UNKNOWN	N/A
Therapeutic Foster Care	YES	5	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	N/A
Multisystemic Therapy	NO	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Functional Family Therapy	NO	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family Psycho-Education	YES	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	NO	NO	N/A

*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>

g) Additional EBP, Recovery Oriented and Promising Practices Survey:

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See table on following page

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Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer Satisfaction Team	Yes	Unknown	MCO and County
Family Satisfaction Team	Yes	Unknown	MCO and County
Compeer	No	N/A	N/A
Fairweather Lodge	Yes	16	County
MA Funded Certified Peer Specialist	Yes	357	MCO and County
Other Funded Certified Peer Specialist	Yes	60	County funds for both jails
Dialectical Behavioral Therapy	Yes	Unknown	N/A
Mobile Meds	Yes	Unknown	MCO and County
Wellness Recovery Action Plan (WRAP)	Yes	357	N/A
High Fidelity Wrap Around	No	N/A	N/A
Shared Decision Making	Yes	Unknown	N/A
Psychiatric Rehabilitation Services (including clubhouse)	Yes	Unknown	MCO and County
Self-Directed Care	Yes	Unknown	N/A
Supported Education	Yes	Unknown	N/A
Treatment of Depression in Older Adults	Yes	Unknown	N/A
Competitive/Integrated Employment Services**	Yes	4	Goodwill
Consumer Operated Services	Yes	120	Drop In and C/FST
Parent Child Interaction Therapy	Yes	10	N/A
Sanctuary	Yes	Unknown	CGC and CenClear
Trauma Focused Cognitive Behavioral Therapy	Yes	Unknown	N/A
Eye Movement Desensitization And Reprocessing (EMDR)	No	N/A	N/A
First Episode Psychosis Coordinated Specialty Care	No	N/A	N/A
Other (Specify)	N/A	N/A	N/A

Clearfield County

H. Certified Peer Specialist

There are three licensed certified peer specialist programs in our counties. In October of 2016 they employed 108 Peer Specialists and served 357 individuals. Additionally, Peerstar is contracted by CCC-J to provide CPS to inmates in both county jails and follow up in the community with those inmates upon release; included in the total above, Peerstar had 2 Peer Specialists providing services in our county jails and 12 Forensic Peer Specialists serving 46 individuals in our communities. In December 2015 A Few Good Leaders started a CPS program specifically to work with our counties' veterans. This program is still under development. Both Peerstar and Cen Clear plan to serve youth between ages 14 and 17 per the December 2016 OMHSAS Bulletin "OMHSAS-16-12". Both providers are waiting for further guidance from OMHSAS and CCBH before providing a timeline of implementation or an estimate of the number of individuals to be served.

h) Certified Peer Specialist Employment Survey:

Total Number of CPSs Employed (5/22/17)	91
Number Full Time (30 hours or more)	52
Number Part Time (Under 30 hours)	39

Clearfield County

Intellectual Disability Services

Community Connections of Clearfield/Jefferson Counties provides an array of supports and services. The county contracts with a variety of providers to meet the various needs of individuals in order to offer choice. The County added 2 new providers this past fiscal year. County staffs who review ISP's have training on Principles of Everyday Lives, Positive Practices, and Self Determination. Every effort is made to support individuals in locating natural/informal resources in their communities. If this level of support is unavailable or insufficient, the support coordinators will explore home based and community support options in the least restrictive setting available. During the prior fiscal year the County began actively participating in a regional collaborative to enhance knowledge on the model Communities of Practice. This direction will continue to develop as the system learns ways to support persons through their life span. The County is exploring ways to infuse this approach in order to implement these ideas into our daily practices with contact with individuals, families, and providers. The Program will be inviting the PA Family Network to our area this year to meet with stakeholders.

All individuals are evaluated for eligibility for either Consolidated or Person Family Directed Waiver funds prior to the use of Base funds. Base funds are utilized until waiver funds are available, or if the individual is ineligible for waiver due to their financial assets. Due to increased needs of individuals who were exceeding the PFDS cap and unavailability of consolidated funding. There has been an increase in spending of base funds FY 17/18. The County expects this to continue in the next fiscal year due to the change in service definitions. The Program's fiscal department monitors monthly utilization of base funds to aid in program planning for the fiscal year. In addition, the County program staff monitors individual's utilization of service through reports in HCSIS and holds quarterly meetings with providers and the two SCO entities.

As there are limited financial resources available the County utilizes the Office of Developmental Programs (ODP) Priority of Urgency of Need (PUNS) process. This process identifies the need in three categories: Emergency, Critical and Planning. As of May 9, 2017, the County has 11 individuals in Emergency, 19 in Critical and 24 in Planning Category.

A continuum of services and supports are available to individuals and families based on assessed need and following the ODP Service Definitions. In Clearfield /Jefferson the most utilized services in order are; Home and Community Habilitation, Adult Day Program, Community Homes, Pre-Vocational, Family Support Services, Socialization/Recreation Programs, Companion, Life Sharing, and Agency with Choice. The County adheres to the base service definitions approved by ODP.

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Support Services, Socialization/Recreation Programs, Companion, Life Sharing, and Agency with Choice. The County adheres to the base service definitions approved by ODP.

Please see chart below for data related to base funds that have and will be expended:

	<i>Estimated Individuals served in FY 16-17</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 17-18</i>	<i>Percent of total Individuals Served</i>
Supported Employment	0	0	0	0
Pre-Vocational	4	4%	2	4%
Adult Training Facility	2	2%	2	2%
Base Funded Supports Coordination	106	27.82%	106	27.82%
Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	41	10.76 %	41	10.76%
PDS/VF	0	0	0	0
Family Driven Family Support Services	41	10.76%	41	10.76 %

Clearfield County

Supported Employment

The County meets quarterly with the three Vocational Providers that offer support in Clearfield/Jefferson in order to continue to strategize on future changes. Each provider is looking at a new assessment tool for referrals in order to provide accurate data on a person's abilities focusing on supported employment efforts/strategies, which will assist in transitioning to competitive employment. Each of these three providers are partnering with the DuBois OVR office to collaborate on the new initiatives.

The County program and vocational providers have begun meeting monthly this year with DuBois OVR office to stay abreast of all the changes that are occurring, and support each other in interpreting all the information coming out so stakeholders are receiving needed supports. OVR has met with the support coordination unit to discuss employment opportunities for youth in school and methods to share information and to develop relationships with all the new staff which OVR is hiring.

The County attends the transition council meetings and school fairs to share information with individuals and their families. County staffs are viewing the IDD/Vocational Rehabilitation webinars provided by RCPA as well as the other monthly webinars on employment related topics.

The County's current Quality Management Plan includes an objective related to increasing the number of individuals that are competitively employed. At the present time, there are 52 individuals who are competitively employed in Clearfield/Jefferson Counties and 5 receiving Supported Employment.

One Vocational provider has participated in the Employment First State Leadership Mentor Program in March 2016. One of their staff has become certified in Discovery, and the plan is for more staff to become trained.

The County has identified through the PUNS that approximately 8 students will graduate June 2017. The Program has noted an increase in the number of students choosing to leave school prior to age 21 which could change this calculation.

The County would welcome ODP staff presence at local trainings/meetings on Employment First with consumers, families, Support Coordination Entities, and providers to share information on examples of how other Counties/providers are approaching employment first and interpretation of the new service definitions.

Supports Coordination

Clearfield County

In order to explore natural supports an “Information and Resource Guide” for the communities of Clearfield/Jefferson counties has been developed. The SC will discuss this guide with individuals and families on the initial, annual, bi-annual and quarterly meetings. The County intake and eligibility person utilizes the Information & Referral Tool on the COMPASS system. This information is shared with the family on the initial visit.

The County and SCO will be monitoring the “Important To” section of the ISP this year for information on utilization of community activities. The SCO is providing training to the SC’s to expand their use of this section. Information gathered from the Communities of Practice tools will be included as well.

Clearfield/Jefferson has base contracts with two Support Coordination Entities in order to offer choice to individuals at intake.

During initial intake, which is completed by the County, discussion of natural supports occurs while listening to the expressed needs of the individual/family. Information about AWC is provided at this time for individuals/families to consider. The SCO continues this conversation on their contact, and in development of the initial ISP.

The Support Coordination Entities are receiving training in the Communities of Practice and practical ways to support persons through the Lifespan.

For individuals on a waiting list the County meets weekly with the SCO to review the situation and authorize base funds if needed. The SC continues to maintain contact with the individual/family to determine if there are any critical changes.

The SC is vital in providing information and offering choices to the individual. The County collaborates with the local OVR office monthly and the SCO entity attends these meetings. Locally, we have made a decision that we will continue to meet with Support Coordinators on a regular basis to keep all current with local opportunities for employment and new processes which are changing quickly. The County will be able to monitor this area through review in the employment section of the ISP and discussions at weekly meetings.

Clearfield County

Lifesharing Options

The County has seen great success with Lifesharing. Currently, 32 individuals from Clearfield/Jefferson reside in Lifesharing settings. There are 4 providers who offer this service in Clearfield/Jefferson Counties. There are a number of other persons from other Counties whom also reside in Clearfield/Jefferson due to this option. Clearfield/Jefferson has had an active Lifesharing Program for a number of years. At this time our Quality Management goal is to maintain the current homes. One of the issues we are experiencing is the aging and health concerns of the Lifesharer and the person living with them. In addition, for those persons with behavioral health challenges it is difficult to find Lifesharing options. Possibly ODP or providers could offer specialized training and a higher rate for that support similar to professionally trained/reimbursed Foster Care families. During the ISP process this living option is offered annually and local providers make the County aware of any openings. The County is committed to continuing to support growth as well as to promote efforts to maintain the size of the Lifesharing Program. The County point person attends the Western Region Lifesharing meetings and the Lifesharing Coalition meeting to stay abreast of current information.

Clearfield County

Cross Systems Communication and Training

Staff from the County attends the local Youth Consortium, Transition Councils, and Agency Nights held at the various schools throughout the area. The County is meeting regularly with OVR and other stakeholders in regards to the opportunities with Employment First. We project more students will be identified through OVR, having staff in the classrooms, and working with teachers. The County holds an annual Provider Fair and advertises this in local papers.

The Administrator attends a breakfast meeting with local school Superintendents biannually with a number of Human Service Agencies in order to discuss current trends, issues and local needs.

County staff attends CAASP meetings to coordinate needs of children under the age of 18.

The County conducts monthly tracking of the children in RTF placements. The SCO and County participate in the 30 day calls for youth in RTF placement.

The County is part of the Aging /IDD Network with Cameron/Elk, Warren, McKean, and Potter counties. The group meets periodically and discusses case studies and share information of what is occurring in each system. This group plans a yearly training event in the area on an Aging/IDD topic. The County is in contact with Clearfield and Jefferson counties aging offices regarding OBRA and APS. Beginning January 2017, the Administrator began serving on the Board of Directors of the Clearfield County Area Agency on Aging.

Internally, the County IDD department collaborates with the Mental Health (MH) Director, Children's Mental Health Specialist, Housing Coordinator, Forensic Specialist, Crisis Department, and Psychiatric Nurse in order to coordinate supports.

Clearfield/Jefferson County has an internal dual team which meets as needed in order to collaborate on persons with a dual diagnosis. In doing so we are able to attain the best of both systems to meet the needs of the individual. In addition, there is a local Dual Diagnosis Treatment Team (DDTT). This has been instrumental in supporting persons to remain in their homes and avoid state center/state hospital placement. Local providers have been responsive to the DDTT approach to support.

The County MH/IDD staff participates on a monthly call with Community Care Behavioral Health Organization (CCBHO), the managed care company in our area, for discussion of children and adults who are at high risk. The participants collaborate on ways to support the person to utilize resources of each

Clearfield County

system as needed so they may remain in the community. The ID Program works closely with CCBHO and the MH Program to effectively manage the resources needed for individuals in residential/inpatient settings to return to their communities.

The County utilizes the Health Care Quality Unit (HCQU) to assist with technical assistance review for high need persons for both medical and behavioral health issues. The HCQU has received specialized training in Adult Mental Health First Aid and Children's' Mental Health First Aid. Efforts are coordinated with the local mental health systems and community providers to offer this training.

The County has also realized success for persons whom are dually diagnosed through utilizing the peer support services.

The County has utilized the Crisis Stabilization Reintegration Unit (CSRU) for persons that need more support than what can be provided safely in their community. Once stabilized and ready for transition, the Program has seen success with the DDTT becoming involved to support reintegration into the community whether back to their family or a community home.

Clearfield County

Emergency Supports

Clearfield/Jefferson utilizes the following processes to ensure people are supported in an emergency situation. The SCO makes contacts with family members/relatives/friends of the person to determine if they may be available to support the urgent situation either short/long term. ODP's Unanticipated Emergency Request Process is utilized immediately if the person's health and safety is at risk. If no funding through ODP waiver is available, the team explores if the person is eligible for alternative waivers. Those alternatives include; Office of Long Term Living (OLTL), or services such as Personal Care Boarding Home, Domiciliary Care, Respite in Life Sharing, or Community Home and Autism Waiver. The Program collaborates with Mental Health for persons who are dually diagnosed to determine if any supports offered through this department would meet the needs of the person.

The County crisis system has contact numbers for County IDD staff if emergencies occur after hours. The voice message on phones at the County office and both SCO's have an emergency crisis number to call if needed. Each SCO has after hour/weekend contacts. The Support Coordinator or Supervisor makes contact with the individual immediately to determine what is needed for health and safety of the person. Contact is made with Children and Youth, Area Agency on Aging, or Adult Protective Services if needed.

The County does have base funds in reserve for emergencies .These funds are utilized for support of Home and Community Habilitation in the person's home or placement on a temporary basis for emergencies. The County has a contract with a local Personal Care Home for respite if the individual meets that level of care.

The County 24-hour-emergency response plan provides an OMHSAS licensed telephone and mobile crisis system. The mobile crisis worker who assesses the person face-to-face to evaluate the situation reports to a County Delegate who reviews the situation and makes a recommendation on disposition.

The mobile crisis staff is not trained specifically on ID and or Autism. The education required for this staff is a Bachelor's Degree with major course work in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice theology, nursing, counseling, education or a related field; registered nurse; high school diploma and 12 semester credit hours in sociology, social welfare, psychology, gerontology or other social sciences. Some mobile crisis staff may have experience

Clearfield County

working with BHRS programs and may have experience in ID/and or Autism. It is not a requirement for the position. Mobile Crisis workers have biannual trainings in addition to monthly staff meetings

Working with BHRS programs and may have experience in ID/and or Autism. It is not a requirement for the position. Mobile Crisis workers have biannual trainings in addition to monthly staff meetings

Administrative Funding

Community Connections of Clearfield/Jefferson Counties adheres to the requirements of the ODP Operating Agreement. The County staff review all ISP's and authorize appropriate supports. A monthly review of the PUNS data is discussed at team meetings with the County and support coordination supervisory staff. A monthly fiscal meeting reviews expenditure of all base funds. County staff conducts thorough Provider Monitoring and Provider Qualification. The County is working on development of an updated Quality Management Plan using the new information from ODP.

The County embraces the new PA Family Network concept. As we learn about the Networks roles/responsibilities a local strategic plan can be implemented how to best Utilize this new resource. The County would envision collaborating with the local ARC and other family support groups in the area.

The County has been utilizing the peer support programs in our area for persons whom are dually diagnosed. The County has seen success with this option when a good match is made.

Technical Assistance from ODP would be helpful to share ideas in regards to where other Counties are finding success to enhance networking, education and information sharing.

Clearfield/Jefferson County is the lead County for the Health Care Quality Unit. The Health Care Quality Unit is Milestone HCQU Northwest, located in Warren, PA. There are 9 counties which comprise this HCQU: Cameron/Elk, Forest/Warren, Potter, Erie, McKean, and Clearfield/Jefferson. The total budget for 2017/2018 is \$641,671. It is important to note that there has been no increase to the HCQU funding for the past 14 years since its inception. With no increase in funding, the Counties responsible for oversight of the HCQU hold strategic meetings to recommend the focus of the work of the HCQU. The oversight team has determined that the work of the HCQU staff focus its efforts on technical assistance requests, individual reviews, and increase the number of trainings online in order to stay within the budget allocation and capacity of staff available. In order to focus attention on other areas of concern additional staff would be needed. The HCQU supports all providers in our area with requested training and

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individualized support for a person as needed. The HCQU will have a staff enroll in the Quality Management Certification Program through ODP.

The county reviews the results from the technical assistance reviews in order to determine if there are any systemic issues. The HCQU provides data monthly to the county with the title and number of trainings completed by each provider so utilization can be reviewed. This year with all the changes occurring in the system the HCQU will be meeting with each provider to review opportunities available through the HCQU and determine where a provider may need support. The HCQU will continue to offer a variety of health care topics in community centers. These are open to individuals, families, LifeSharing and Personal Care Home operators.

Independent Monitoring for Quality (IM4Q) is a system of measuring quality that relies on information gathered from individuals receiving services and their families. Interviews are conducted by people in the community who are independent of the services being delivered. The County is engaged in a contract with the ARC of Indiana to provide this service. Reports from IM4Q are reviewed by the AE Quality Assurance staff. ARC Indiana is scheduled to conduct 57 surveys. The County program fiscal year 17/18 receives \$26,568 to conduct these surveys. An area of concern the County is attempting to address is the reason for refusals of the survey. The County has made this one of our Quality Management goals for 2016/2017. The County plans to conduct training/education during fiscal year 17/18 with individuals, families, support coordinators, providers, and Life Sharing providers.

ODP could assist by presenting a local training jointly with the IM4Q team. The County would certainly be interested in technical assistance to assess the data collected and considerations noted by the IM4Q monitors. Also, having ODP share how the new survey questions are developed and how monitors will be trained to ask the questions with regard to the future expected increase in persons with autism being surveyed would be most beneficial for planning.

The County meets quarterly with each of our providers and reviews current/future issues and concerns relative to the individuals supported. The SCO is also present at these meetings. If an area of concern arises around the items mentioned in this forum, providers have the opportunity to brainstorm options. Locally the County utilizes the HCQU, DDTT, CSRU, CCBHO and the County internal dual team as mentioned in the section on Cross Systems communication.

ODP can assist by providing more localized training/technical assistance on topics related to Autism, Dual Diagnosis and Fetal Alcohol. The County program is seeing an increase in referrals for persons with Autism Spectrum Disorder (ASD). The County is struggling to find providers that are well trained in

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this area to provide long term supports in a person's home. IDD and Mental Health staffs are meeting monthly to discuss how the County can address the needs of persons with ASD when the new eligibility criteria are released. The County is looking at local data from the various school districts, CCBHO, and surveying providers who offer support and meeting with the local autism support group.

The County contracts with The Advocacy Alliance to perform Incident Management and Risk Management functions. The Advocacy Alliance provides a bi-annual written report to the County. This report is reviewed by AE staff and results are shared at individual and group provider meetings, Advisory and Governing Board meetings. Areas of concern related to specific providers are discussed directly with their management staff to determine their plan of action. The county yearly provides a 5 day Crisis Intervention Training (CIT) for local law enforcement, jail personnel and other community entities. The attendees learn skills that can be taken back to their agencies and apply them to situations involving persons in the community or in custody who may have a mental illness, dual diagnosis or autism.

The County reviews/discusses provider's quality management plans at quarterly meetings. This fiscal year 17/18 the Counties of Cameron/Elk, Potter and Clearfield/Jefferson sponsored training for providers on writing Quality Management Plans. ODP staff certified in Quality Management provided this training. The above 3 counties have been meeting quarterly for several years to discuss QM/RM areas of concern as we share providers in our area.

ODP could assist the County by providing annually localized training for individuals, families, providers and support coordinators on Incident Management, Quality Management, Outcomes, and Autism and Dual Diagnosis.

Clearfield/Jefferson is fortunate to have a Housing Coordinator on staff. This fiscal year we utilized this support for locating an apartment. The Program was able to utilize a transitional apartment to address her needs for 30 days until permanent housing could be located. This prevented using a homeless shelter. In addition, when there are individuals who wish to live independently the County and SCO access the Housing Coordinator in order to explore all options and the variety of funding sources. The Housing Coordinator also keeps a current list of local options which is useful to the SCO.

Each provider has an Emergency Preparedness Plan per the Chapter 51 regulations. This is reviewed during Provider Monitoring.

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Participant Directed Services (PDS)

The County shares written information on AWC initially on intake. Once referral made to SCO entity of persons choice AWC is reviewed again by SC.

The County sees some of the challenges to increasing the use of AWC/VF are SC explaining this option, geographic distance of AWC provider to offer training and support to the person/family. There are many details to complete to start this support while a family may struggle with locating persons to hire.

Suggest develop explanation of AWC process on a flash drive so SC can take into the family home in order to have a consistent sharing of information. As not all SC's have experience with AWC. This year the AWC held a meeting at the AE office to explain the AWC process for two families and staff they wished to hire. Doing this in person and providing support to explain the paperwork was beneficial to the families. ODP can assist as well by holding Regional meetings with AE's, SCO's and providers of AWC to engage with each other in how to increase the use of this model.

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Community for All

The County makes every effort to provide a continuum of supports for persons to meet various needs. The County focus is on the least restrictive options keeping in mind the health and safety of the person. The AE will continue to actively engage in planning a person's return to the community through available initiatives. The County will also continue our collaborative efforts with other systems; Mental Health, Aging, CAASP, CYS, Housing, Forensics, DDTT, and residential/inpatient settings in order to support a person's desired return to their community.

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Homeless Assistance Program

Due to the high need for Rental Assistance Program (RAP) services and the limited Homeless Assistance Program (HAP) funding, only the RAP component is offered in Clearfield County through HAP. RAP payments are made to prevent or end homelessness. Clients must be homeless or near homeless, have adequate income to pay future rent, and have an agreement with the landlord to rent to them, or the agreement to not foreclose on the home. For each client, a budget worksheet is completed to determine ability to pay future housing and other expenses. Spending within the constraints of available income is discussed. Money management materials and workbooks are made available to clients. When appropriate, referrals and linkages to other services are provided. In order to promote self-sufficiency, which includes stable housing, case management is available.

A recent needs assessment conducted of service providers notes the lack of HAP funding often leaves families coming from a shelter one month's assistance. Because it takes months to recover financially, physically and mentally from the trauma and shock of being left homeless. Clearfield County recognizes that it receives too little of the Departments HAP funding will seek additional HAP funding from the PA Department of Human Services Homeless Assistance Program. Additionally we will continue to leverage funds from the Emergency Solutions Grant from the PA Department of Community and Economic Development.

The continuum of services for consumers and families facing eviction or already homeless are include in an overview of services offered to those with a brief summary of the specific criteria that determines eligibility;

Bridge Housing (No HAP funding)

Bridge Subsidy/Master Leasing (NW9 Rental Assistance Program) -Through this program, funds are utilized to provide rental subsidies to lease units from private landlords, then subleasing, and providing rental assistance to eligible individuals who have no other housing options available. Eligible applicants are MA-eligible adults 18 years of age and older with mental illness and/or drug and alcohol issues that have prevented them from accessing and maintaining safe and affordable housing. Factors considered are criminal history, poor credit and rental

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history, and community instability. During the most recent fiscal year, 48 of our referrals were housed. The projected number of individuals for the fiscal year of 2015-2016 has not as of yet been determined, as the program may be closed by March of 2016.

Case Management

The Clearfield County Affordable Housing Trust fund assist with funding the housing counseling specialist at Cen Clear Child Services. This position assists individuals and families in housing crisis. This type of case management will be implemented into the HAP program for the 2016-2017 fiscal year. Adding the Case Management Component will provide for follow up of consumers, this will help consumers continue to maintain their budgets and implement housing action plans. Success will be evaluated based on consumers maintain budgets and following through with individual and family goals. After evaluating last year's case management hours and costs associated we have lowered the amount in this 2017-2018 program year.

Case Management and Rental Assistance (Federally funded CLIP, Housing First, Home Again, NWHRA) Community Connections of Clearfield-Jefferson Counties administers and provides case management of our grant funded Community Living for Independent Persons (CLIP) and Housing First programs. Both are designed to provide safe and affordable housing for chronically homeless individuals and/or families with a serious mental health diagnosis; documentation required. Applicants are no longer being placed on a waiting list. Both programs are in the process of being combined under the surviving grant, Housing First. In each of these programs, the tenant is referred to as the Subtenant and pays 30% of their income towards rent and the grant pays the remaining. Community Connections is the tenant. The housing department provides on-going case management to monitor each household in each program. Community Connections of Clearfield-Jefferson also refers to and monitors the NWRHA and Home Again Programs. NWRHA is administered through Lawrence County and Home Again is administered through Cameron-Elk Counties, which both programs have allotted available slots for individuals within our two counties. Applicants for each of these must be chronically homeless with a disabling condition. Documentation of homelessness and a disability is required to be provided.

Rental Assistance

Homeless Assistance Program- otherwise known as the rental assistance program, is designed to assist Clearfield County consumers in need of housing assistance in the form of rental, security deposit, and utility assistance. Because of the very limited funding allocation this program is leveraged with ESG funding for case management. Success will be evaluated based on consumers maintain their housing. Because of the need for rental assistance we slightly increased the amount of funding for the 2017=2018 HAP year.

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Administration – again after careful review of the 2016-2017 we have increased the HAP Admin

Costs to help compensate for the oversight, and monitoring of this project, please note we are note at allowable 10% on administration.

Emergency Solutions Grant -this grant assist both consumers with rapid rehousing and homelessness prevention programs. Offering consumers assistance with housing counseling, and payment assistance for rental, security deposits, utilities, moving, and arrearages. This is a temporary program designed to assist consumer to get back on their feet to maintain or gain permeant housing.

Emergency Shelter –No HAP funding

Haven House Homeless Shelter (Public and private funding) - is a homeless shelter located in the City of DuBois. This facility houses individuals as well as families.

Marian House Homeless Shelter (private funding) - this shelter accommodates woman and children and is located in Clearfield Borough.

Good Samaritan Shelter (privately funded) - is a homeless shelter for men only located in Clearfield Borough.

Other Housing Supports (No HAP funding)

(TBRA, BHARP Contingency)-Tenant Based Rental Assistance (TBRA) is administered through Community Connections of Clearfield-Jefferson Counties. This support offers residents in our two counties served, who are experiencing short-term housing crisis, financial assistance. Typical TBRA requests vary from documented back rent/eviction notices, shut-off notices, and security deposits. Eligibility requirements are that there is an income, mental health provider currently working with the individual, and a history of hospitalizations.

DuBois Place (federally funded) – a four unit housing facility that provides transitional housing for victims of domestic violence.

Tomorrows Hope (Federal and private funding) is transitional housing shelter for homeless veterans located in Beccaria Township which is at the southern end of Clearfield County.

PHARE (state) – Clearfield County has applied for and used Act 13 PHARE funds to assist families facing homelessness. This program provides rental assistance, security deposits, utility

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payments, as well as a small home repair program. *Our most recent funding from PHFA PHARE is a joint collaboration between the Public and Private Sectors. A developer is using public funding to rehabilitate a blighted single dwelling property into two 1 bedroom apartments. With one of the apartments being converted into a full ADA accessible unit. These two units will be offered for rent using HUD fair market value. Tenants will be screened as to serve only those with low income using the HUD Section 8 guidelines.*

CYS Special Grants – The County CYS director created a program from special grants that is designed to prevent placement of families in need of housing assistance as well as helping with unification when facing housing needs.

The programs and project listed above as part of the Clearfield County Continuum of Care touches each category listed in the table below. However due to the limit funds received from HAP the County uses them for rental assistance as noted below.

In Clearfield County all of the housing programs utilize the Commonwealths Homeless Management Information System (HMIS) to record data on homelessness with the exception of the privately funded homeless shelters and housing for victims of Domestic Violence.

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Substance Use Disorder Services

As Prepared by:

Clearfield-Jefferson Drug and Alcohol Commission

17-18 County Human Services Plan
Clearfield and Jefferson Counties

The Clearfield-Jefferson Drug and Alcohol Commission is responsible for assessing need, planning, implementation and monitoring of all alcohol and other drug programs for the rural counties of Clearfield and Jefferson. The Commission contracts directly with the Department of Drug and Alcohol Programs and is designated as the Single County Authority (SCA) to provide Prevention, Intervention, Treatment and Recovery Services. The SCA contracts with three (3) local out-patient treatment facilities and twenty-nine (29) out-of-county residential treatment facilities for the provision of all drug and alcohol services. The SCA is contracted by the Department of Drug and Alcohol Programs to monitor all providers for adherence to Drug and Alcohol treatment guidelines and regulations and recommend Corrective Action Plans in light of any findings on behalf of the Department.

OVERVIEW OF SERVICES PROVIDED BY THE CLEARFIELD-JEFFERSON DRUG AND ALCOHOL COMMISSION

Case Management assists clients with the skills necessary to achieve and maintain self-sufficiency and recovery from substance abuse disorders. The Case Management Unit provides Screening and Level of Care Assessments, Intensive Case Management Services, and Case Coordination Services.

In 2016, the SCA was awarded funding through the Department of Human Services to implement a Center of Excellence for Medication Assisted Treatment (MAT). These funds have allowed the Commission to expand its' MAT program for individuals and also to implement Vivitrol to inmates in the Jefferson County Jail, immediately prior to release. The Center of Excellence Medication Assisted Treatment operated out of the SCA is a collaborative team effort between the SCA, local physicians, Penn Highlands Health care, pharmacies and treatment providers. This model serves the rural counties of Clearfield and Jefferson well.

The SCA Case Management Department also works collaboratively with the Jefferson County Courts and Probation Department through a Restrictive Intermediate Punishment Grant through the PA Commission on Crime and Delinquency. In addition, Jefferson County implemented a Regional Drug Court beginning in January of 2017 which has served to strengthen partnerships with local courts and other criminal justice entities. Other collaborative partners include probation, children and youth services, mental health and the county jails. There are four acute care hospital facilities in Clearfield and Jefferson Counties (DuBois, Clearfield, Brookville and Punxsutawney), and the Case Management Unit works closely with each hospital's Emergency Department particularly with regard to individuals who have over-dosed. In October of 2016 the SCA began an On-Call Service that operates 24/7 for local Emergency Departments and the Mental Health Crisis Line. The Commission has fine-tuned its "warm hand-off" services for this population over the course of this fiscal year.

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All services provided directly by the SCA adhere to all federal and state confidentiality laws. The SCA contracts with providers to deliver all Treatment services for Clearfield and Jefferson County residents, thereby placing it in a position to determine the most appropriate level of care and facility placement without bias. The Case Management Unit also determines eligibility for services and, as funding permits, provides funding for clients who meet qualifications. The SCA continues to provide an Early Intervention Level of Care designed for those adolescents and adults that do not meet a formal level of care regarding their use. Early intervention is the provision of educational information including Stages of Change and appropriate decision making skills.

Prevention is responsible for the planning and delivery of alcohol, tobacco and other drug programming, which includes gambling prevention efforts and providing awareness and education on the nature and extent of alcohol, tobacco, drug use and addiction for individuals, families and the overall communities in Clearfield and Jefferson Counties.

The Commission's prevention program plan seeks to reduce risk, and enhance protective factors associated with substance use and abuse within our local area. Staff provide evidence-based prevention programs which include Strengthening Families Program (ages 10-14), Toward No Drug Abuse, K-12; and Too Good for Drugs for high school aged youth. The Commission also provides state approved prevention programming in our schools and to community groups and also in Clearfield and Jefferson County Jails.

The SCA successfully applied for a PA Commission on Crime and Delinquency grant to re-implement a Communities that Care process in Jefferson County. This grant will span two years.

The SCA has been awarded funds for Gambling Prevention through the Department of Drug and Alcohol Programs. Prevention staff have, over the course of the last six years, built gambling prevention programming for Clearfield and Jefferson County residents.

The Commission also receives funds to provide Student Assistance Program services for school districts in conjunction with Community Connections. Trained staff provide screening and Level of Care assessments for students referred by the Student Assistance Team within schools. In addition, the Commission is a Commonwealth Approved Trainer (CAT) and provides multiple trainings throughout the school year for school personnel, so that they may sit on their SAP Team. The Commission has been offering these services since the early 90's and was one of the first CAT's in the state of Pennsylvania.

Other services that the Commission provides, free of charge, include Hepatitis C Screenings and case management services for those individuals who screen positive and/or have an active viral load. The Clearfield-Jefferson Drug and Alcohol Commission is one of four pilot sites in the state of Pennsylvania that operate a Hepatitis C program funded by the Department of Drug and Alcohol Programs. The SCA continues to work with local physicians within the Center of Excellence on Screening, Brief Intervention and Referral to Treatment which is a nationally recognized evidence based identification and referral program utilized by the medical community. The SCA is also partnering with the Department of Human Services and the University of Pittsburgh on a Rural Access to MAT in PA which endeavors to train Primary Care Physicians to prescribe MAT in Rural Communities. The SCA has continued to host a quarterly Consortium chaired by Dr. Tuesdae Stainbrook, DO, MPH, a local Infectious Disease physician. The Consortium addresses Hepatitis C screening and treatment services, access to drug and alcohol treatment, transportation issues in rural communities and over-dose data including the distribution of Narcan.

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This Commission received funds from the Clearfield County Affordable Housing Trust Fund grant for the past two years and this has helped clients acquire and maintain housing so that they may be able to seek treatment services and not worry about a place to live. These funds have proven invaluable to many of our Clearfield County residents.

The Commission was also written into the Clearfield County Needs Based Budget under Special Projects to deliver Strengthening Families (10-14) and was able to do one implementation of the service in Clearfield County during the 16-17 Fiscal year.

Treatment services are funded by the SCA for those individuals that do not have any means to pay for services or meeting eligibility criteria. As stated previously, the SCA contracts with three in-county providers for out-patient drug and alcohol services and approximately 29 out-of-county providers for residential services. Also drug and alcohol services are provided in the Clearfield and Jefferson County Jails, through corrections allocations to out-patient providers.

The SCA continues to receive Substance Abuse Demand Reduction funds from Clearfield County and Marcellus Shale funds from Jefferson County to provide prevention and treatment services. Furthermore, both counties also provide the SCA with the DUI funds that allows the SCA to provide additional services beyond treatment.

The SCA will be partnering with Community Care Behavioral Health Organization and piloting drug and alcohol services in Clearfield Area School District and Jeff Tech for the 17-18 FY. These schools were chosen based on utilization data from CCBHO, PAYS Reports and treatment data from the CJDAC.

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Waiting Lists

The CJDAC has no waiting lists for case management, out-patient services or intensive out-patient services. However when attempting to get folks into levels of care, case management staff encounter wait times and lists. This varies from treatment provider and from day to day. Case management staff have learned to call facilities every day in order to determine bed availability. Currently, the wait time for detox beds can be up to two days; Non-hospital rehab services can take anywhere from 3-4 days for (3B short term) and longer for (3C long term); MAT services has a wait list with our COE only until we bring our physicians up to full complement which should be relatively soon; Halfway House can be a longer wait time, sometimes up to a month due to so few HH in the state; and there are no waiting lists for Partial or Outpatient services.

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Barriers to Accessing Levels of Care

The SCA's Case Management Department and Providers both offer entry points to all levels of care. Historically, those interested in Out-Patient services enter the system at the provider level, and those interested in residential services enter at the SCA level. This has been primarily due to funding issues. Clients are able to access services at any drug and alcohol entry point, however residential services for county funded individuals must be sought through the SCA.

Barriers continue to exist in relation to accessing services:

1. Lack of transportation for individuals to attend out-patient and intensive out-patient treatment services continues to be the main barrier in Clearfield and Jefferson Counties. This is not easily remedied by the SCA. The SCA is working with local and regional transit agencies to come up with alternative transportation sources for our folks.
2. A lack of credentialed therapists has improved at the end of this fiscal year, however, the issue of high deductibles continue to be an issue for Clearfield and Jefferson County residents, making SCA funding a necessity.
3. A stronger Recovery Support Network needs to be established and the SCA is working with a small group of recovery individuals to launch an Advisory Group.
4. Stigma continues to negatively impact client's ability to acquire housing and employment. Last year the SCA was able to provide funds for emergency services for housing, (rent, utilities, arrears etc.), however this year those funds are more limited.

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Narcan Resources Available in the County

The Commission has worked very closely with Penn Highlands Health Care on a federal Rural Opioid Overdose Reversal Grant, which has provided training for First Responders, and also supplied some Narcan for the program. The hospital system has worked out a system for all of those trained that when a dose is used, the First Responder must complete a data sheet and turn it into the hospital pharmacy in order to obtain another dose. This has worked well and to date there have been 6 saves in Jefferson County and 5 saves in Clearfield County. Of the four police departments in Jefferson County, all four are trained and carry Narcan. Of the six departments in Clearfield County, two are currently trained and carry and the SCA is working with the Clearfield County District Attorney to bring the others on board. Both jails are also trained and have a supply of Narcan. The SCA is currently working with the Mental Health Service Unit, Community Connections to provide trainings for Certified Peer Specialists, Drop In Center Staff and any others within the MH system.

The SCA has provided three community events where training is provided and Narcan is disbursed. These trainings have not been well-attended, but for those who did attend, the feedback was very good. Available funds will determine if this practice continues in the 17-18 fiscal year.

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Resources Developed to Address the Opioid Epidemic

The SCA has worked very hard to develop a treatment network and harm reduction tools to combat the Opioid Epidemic in Clearfield and Jefferson Counties:

Medication Take Back Boxes: The SCA applied for a grant on behalf of the Clearfield County District Attorney's office to supply Medication Take Back Boxes in all police departments within Clearfield County. The grant was approved and the SCA performs the role of monitoring and reporting. Jefferson County District Attorney's office applied for the same grant prior to Clearfield County and Medication Take Back Boxes are available at each police department within that county.

Narcan distribution: As stated above, the SCA is partnering with Penn Highlands Health Care which is the umbrella corporation for three in-county acute care hospitals. Trainings have been completed for First Responders and Community Members. The SCA also completes on-line education with clients on an individual basis and provides them with Narcan kits that they may take home.

Warm Hand-Offs: The SCA has developed a Warm Handoff protocol that is utilized by all four Emergency Departments located in the two County area. This protocol allows SCA staff to mobilize immediately when an overdose survivor is identified or individuals in need of emergency treatment services such as detox.

On-Call Services: The SCA instituted an On-Call System that allows local Emergency Departments and MH Crisis to access the SCA on a 24/7 basis. The system has worked smoothly, however, there are many times that there is no bed availability for the client and therefore support services need to be put in place as soon as possible.

Center of Excellence and MAT: The SCA was designated as a Center of Excellence by the Department of Human Services on January 1, 2017. This designation and funding has allowed the SCA to hire a designated Care Manager, a Nurse Manager and a Supervisor for the Center of Excellence. The SCA has been actively recruiting physicians through the University of Pittsburgh's School of Pharmacy and the Department of Human Services RAMP (Rural Access to MAT in PA) grant. Medication Assisted Treatment and the expansion of services is one of the most effective tools that the SCA has at its disposal to combat the opioid epidemic and lower overdose rates in the counties.

Expansion of CRS Services: Certified Recovery Specialist Services have expanded greatly in the Clearfield and Jefferson County region. These services are now considered supplemental services through the Office of Mental Health and Substance Abuse Services and has allowed our rural area to build a network. In addition, the SCA hired a part time CRS to provide service for the Center of Excellence clients, and contract with a provider for two full time CRS positions for the MAT population.

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Treatment Services Expansion

The SCA is currently working with the BHMCO on providing school based drug and alcohol services in two pilot schools in Clearfield County (Clearfield Area School District) and Jefferson County (Jeff Tech) for the 17-18 school year.

In addition the SCA is continually looking for residential treatment options for in-county services. Discussions are on-going. The SCA has been contacted by several community and governmental groups regarding residential services, however, there currently are no facilities interested in taking on this project at the present time.

As stated above, the SCA will continue to work to expand MAT services and CRS services over the next fiscal year.

The SCA is currently working with the Jefferson County Court System on a Regional Drug Court and is hoping to expand the available services through this program for the Criminal Justice population.

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Emerging Trends that Impact on Provision of Services

- Heroin has now replaced Other Opiates and Synthetics as the number two drug of choice for individuals entering treatment in Clearfield and Jefferson counties.
- Heroin and Other Opiates and Synthetics continue as the number two drug of choice for individuals entering treatment in Clearfield and Jefferson counties.
- The Courts and Criminal Justice remain the highest referral source.
- Anecdotally, the SCA is seeing more and more individuals for methamphetamine and also ecstasy.
- Lack of stable housing for drug and alcohol clients has impacted on the individual's ability to remain in the community vs. a residential setting. The SCA can set up many community based services, however if the client doesn't have a place to live, those services are not helpful.
- There is a huge concern that if the government votes to discontinue MA Expansion, the SCA and the Clearfield and Jefferson clients will suffer greatly. This bears close monitoring.
- The SCA with the designation of the Center of Excellence has spent more money this fiscal year than any other on medication for the MAT individuals. Again, this could become problematic down the road unless the SCA can access additional funding streams.

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Target Populations

The SCA, at the direction of the Department of Drug and Alcohol Programs, conducts needs assessments and couples this information with trend analysis to determine the best course of action for the delivery of services and allocation of funds. The SCA needs assessment process involves the identification, collection, analysis, and synthesis of data to define problems within the service area. In addition to this process, the SCA collaborates with County Human Service Planning Teams to share and discuss future planning regarding all human services.

The primary target groups that the SCA serves:

Adults: All available services provided by the SCA are utilized for this population.

Adolescents: The SCA Student Assistance Program; Early Intervention Program and work with MH/MR's CASP team along with a variety of Prevention Programming targets this age group. The full continuum of care for treatment is available for this population.

Co-Occurring: The SCA serves this population through providing Dual Based Treatment Services and making referrals to MH Case Managers to work in cooperation for clients. The SCA also is a partner with the local MH Administrator with the BHMCO which allows both of us to become knowledgeable about services the other has to offer and find additional ways to partner.

Women with Children: All services provided by the SCA are utilized for this population. Women with Children is designated as a priority population with the SCA and the Department of Drug and Alcohol Programs. All requests for service are honored regardless of funding or county of residence.

Overdose Survivors: All services provided by the SCA are utilized for this population. Overdose Survivors are designated as a priority population with the SCA and the Department of Drug and Alcohol Programs. All requests for service are honored regardless of funding or county of residence.

County's Identified Priority Populations:

Criminal Justice Involved Individuals: This population is the primary group on which the SCA receives referrals. In addition the SCA works with the Jefferson County Probation Department on a Restrictive Intermediate Punishment Grant. The SCA provides LOC Assessments and Case Coordination services. In addition the SCA provides out-patient treatment services in both the Clearfield and Jefferson County Jails and is starting the Vivitrol program with the Jefferson County Jail in the next few weeks.

Veterans: All services that the SCA provides are available for this population. This population is considered a priority population regardless of whether the individual was honorably discharged or not. Case Managers coordinate with Veteran's Administration to provide coordinated care.

Through the Department of Drug and Alcohol Programs, the SCA's Special populations include: **Those reporting Overdose, Injection Drug Users, and Pregnant Women.**

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Recovery Oriented Services

Each year the SCA attempts to add services that move the SCA in the direction of a Recovery Oriented System of Care. The SCA recognizes that this is not a strong part of its program and will be working to further develop this area.

1. The SCA's Consortium is working to explore what types of services are needed and how we can make that happen.
2. CRS Services are available through the SCA and through a drug and alcohol provider agency. These services will continually be expanded to the best of the SCA's ability.
3. The SCA is working with a small group of Recovery individuals in an attempt to set up a Recovery Advisory Board for the SCA.

17-18 Year Plans

The SCA plans to continue to work with partners such as the Clearfield-Jefferson Drug Free Communities Coalition and the Clearfield-Jefferson Heroin Task Force in an effort to stay apprised of the prevalence of substance use disorder.

The SCA plans to continue to work with the Consortium, chaired by Dr. Tuesdae Stainbrook, DO, MPH, which includes drug and alcohol representation and local stakeholders. Issues addressed are hepatitis C services and drug and alcohol treatment services, transportation barriers and overdoses.

The SCA will work with the PA Opioid Overdose Task Force to receive Technical Assistance to better address the opioid overdose problem.

The SCA will continue to partner with Community Care Behavioral Health for drug and alcohol services, analysis of trend data and utilization reports. Also in an effort to increase capacity for non-hospital based residential services.

The SCA will continue to participate in the local Criminal Justice Advisory Board meetings in an effort to strengthen relationships with the SCA and law enforcement and the courts.

The SCA will continue to host Superintendent Meetings twice a year in order to obtain information from local school districts on their needs.

The SCA will continue to work closely with other county services in an effort to create a smooth and seamless referral system.

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The SCA will continue to partner with Penn Highlands Healthcare, our local hospital system located in DuBois, Clearfield and Brookville, and the Punxsutawney Area Hospital in an effort to develop better paths of communication and referrals.

The SCA will continue to partner with groups such as the Clearfield-Jefferson Heroin Task Force, Inc. to provide education and awareness to county residents on heroin and other drugs. This will include county wide distribution of information on Act 139 and the use and availability of Naloxone.

The SCA will continue to partner with the Clearfield-Jefferson Drug Free Communities Coalition in an effort to target youth in elementary and secondary grades.

The SCA will continue to implement policies and procedures that allow staff to provide, in conjunction with Penn Highlands Health Care, community education and distribution of Naloxone to family members and clients.

The SCA will work to increase the availability of treatment services, including Medication Assisted Treatment, for target populations along with increasing the number of individuals engaged in case coordination services. This will include Medication Assisted Treatment Program services that targets individuals incarcerated in the Clearfield/Jefferson County Jails. The SCA will continue to offer a more intense level of Case Management services for those being released from jail, to include Certified Recovery Specialist services.

Continue to partner with the Clearfield-Jefferson Heroin Task Force in order to provide community education and awareness.

Work to re-direct funds that were traditionally utilized for treatment services, to Recovery Support Services and Emergency Needs such as housing, clothing etc. for individuals involved in drug and alcohol treatment services.

Continue to refine and the on-call system within the case management unit that creates a smooth hand off from Emergency Departments to the SCA for individuals who have overdosed and any other drug and alcohol issue that presents.

The SCA will continue to increase capacity to provide coordination of care for individuals on Methadone, Suboxone or Vivitrol. This includes increasing the number of local physicians willing to work with the Commission's medicated assisted treatment program.

The SCA plans to increase the number of physicians in Clearfield and Jefferson counties that are trained in Screening, Brief Intervention and Referral to Treatment in an effort to identify individuals at earlier stages of use and intervene with the offer of treatment services.

Continue to work with the Jefferson County Probation on the Restrictive Intermediate Punishment grant through PCCD.

Promote training opportunities for all local county and non-county agencies to improve identification and referral.

Clearfield County

Human Services Development Fund/Human Services Supports

Clearfield County will provide an array of Adult Services, drug & alcohol case management, assessments and treatment, as well as interagency coordination with the Human Services Development Funds.

Adult Services: Please provide the following:

Program Name: *Home Delivered Meals* -

Description of Services: This program provides home delivered meals for approximately 15 individuals. Which are sub-contracted through Clearfield County Area Agency on Aging and prepared in a central location, to homebound individuals, ages 18-59, in their own homes.

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

Program Name: *Information & Referral Services*

Description of Services: Information and referral services assists consumers and their families in removing barriers to self-sufficiency. Clearfield County sub-contracts with Central PA Community Action, Inc. to provide intakes on individual and family's situation when they arrive at the Agency for home delivered meals referral services are provided to programs both internally at CPCA and to other programs and services outside of the agency. Additionally, Clearfield County staff provide Information and referral services for consumers seeking housing and basic needs.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

Generic Services: Please provide the following:

Program Name: *Transportation assistance*

Clearfield County

Description of Services: services will be provided for consumers of Community Connections of Clearfield and Jefferson Counties and Clearfield Jefferson D&A Commission for Clearfield County residents. This program will operate as payer of last resort for consumers in need of transportation to attend social and unpaid medical travel. Additionally, as identified in our human needs assessment, transportation services will be provided to assist behavioral health, drug and alcohol, and children youth consumers as needed. This component is intended to assist individuals and families so that they can attend appointments for case management, treatment, prevention events, work and other necessary travel essential to their recovery and/or unification. Again this services will be payer as last resort, shared between all categorical offices on first come first service basis.

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

Please indicate which client populations will be served (must select at least **two**):

Adult Aging CYS SUD MH ID HAP

Interagency Coordination - Funds will be used for Salary of Clearfield County Community Development Specialist and Administrative Assistant while they manage coordination and collaboration of services and funding across county categorical offices and human services organizations to meet the needs of the most vulnerable adults in need. This includes; monthly human services planning team meetings, troubleshooting, problem solving, encouragement and collaboration among human services to serve those in need, assistance with grant searches and technical assistance as need for human service programs.

The work carried out by the CDS acting as the Human Services Coordinator has proven both cost effective and efficient. The impacts have met with housing and employment cross collaborations as well as identifying new grant funding sources.

Administration - oversight of HSDF programs, office supplies, advertising, postage, travel, association dues, telephone, training, professional services, copier rent and supplies. \$8,120.

Clearfield County

Other HSDF Expenditures

Mental Health: Community Connections of Clearfield and Jefferson Counties for Clearfield BH Consumers in need. Services include but are limited to: discussions and acceptable plans with consumers to include a written service plan, BCM may provide liaison services with providers serving the consumer, personal advocacy, and follow-up case management, provision for necessary medical, social, psychological, psychiatric, and vocational assessments.

The Clearfield-Jefferson Drug and Alcohol Commission utilizes HSDF funds to provide treatment services and corresponding case management services for the population. This population is followed at a high level of intensity, as they are designated as high risk clients. Each client receives anywhere from 4 to 20 units of services (15 minute intervals), depending upon the level of case management services required. In addition, longer lengths of stay are being provided for treatment services.

Category	Allowable Cost Center Utilized
Mental Health	Targeted Case Management
Intellectual Disabilities	N/A
Homeless Assistance	N/A
Drug and Alcohol	Case/Care Management, Outpatient Services/other intervention

Clearfield County \$25,000: The Clearfield Jefferson Drug & Alcohol Commission will utilize HSDF funds for the following activities:

- Case management Services
- CRS Services
- Out Patient Services

Clearfield County

Non-Block Grant Human Services Proposed Budget and Service Recipients

Appendix C2 Attached

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Clearfield County

Clearfield/Jefferson Counties

Clearfield Jefferson
Drug & Alcohol Commission

Community Connections of
Clearfield Jefferson Counties

LCA Contacts

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Clearfield County
Courthouse

Antonio Scotto
John A. Sobel
Mark B. McCracken
County Commissioners

Clearfield County Human Services Contact

Clearfield County Government

Lisa Kovalick, Community Development Specialist
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APPENDIX C-2 : NON-BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County: CLEARFIELD COUNTY	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT					
Administrative Management	31		\$ 737,989	\$ 24,847	\$ 36,864
Administrator's Office			\$ 355,706	\$ 36,084	\$ 318,268
Adult Developmental Training					
Children's Evidence Based Practices					
Children's Psychosocial Rehabilitation					
Community Employment					
Community Residential Services	1		\$ 197	\$ 22	\$ 86,525
Community Services	1,059		\$ 1,047,365	\$ 8,925	\$ 1,606
Consumer-Driven Services	13		\$ 52,664		\$ 349,790
Emergency Services	142		\$ 268,373	\$ 29,819	\$ 134,808
Facility Based Vocational Rehabilitation	12		\$ 39,656	\$ 4,406	\$ 36,632
Family Based Mental Health Services	26		\$ 80,336		
Family Support Services	29		\$ 23,358	\$ 2,263	\$ 68,908
Housing Support Services	25		\$ 117,593	\$ 6,297	\$ 128,258
Mental Health Crisis Intervention	555		\$ 161,703		\$ 6,522
Other					
Outpatient	111		\$ 390,608	\$ 28,274	\$ 20,597
Partial Hospitalization					
Peer Support Services	15		\$ 17,933		\$ 5,542
Psychiatric Inpatient Hospitalization	16		\$ 25,927		
Psychiatric Rehabilitation	10		\$ 18,961		\$ 140,650
Social Rehabilitation Services	260		\$ 2,487	\$ 276	\$ 232,003
Targeted Case Management	392		\$ 234,831		\$ 95,913
Transitional and Community Integration	120		\$ 179,331		\$ 9,810
HSDF Clearfield County			\$		\$
TOTAL MENTAL HEALTH SERVICES	2,817	\$ 3,730,028	\$ 3,739,671	\$ 141,213	\$ 1,672,696
INTELLECTUAL DISABILITIES SERVICES					
Administrator's Office			\$ 1,252,789	\$ 30,652	\$ 15,685
Case Management	115		\$ 195,587	\$ 3,393	
Community-Based Services	106		\$ 284,891	\$ 15,479	
Community Residential Services					
Other					
TOTAL INTELLECTUAL DISABILITIES SERVICES	221	\$ 1,733,267	\$ 1,733,267	\$ 49,524	\$ 15,685

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

County: CLEARFIELD COUNTY	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES					
Bridge Housing					
Case Management	30		\$ 27,709		
Rental Assistance	75		\$ 27,000		
Emergency Shelter					
Other Housing Supports					
Administration			\$ 3,211		
TOTAL HOMELESS ASSISTANCE SERVICES	105	\$ 57,920	\$ 57,920		\$ -
SUBSTANCE USE DISORDER SERVICES					
Act 152 Inpatient Non-Hospital	70		\$ 133,078		
Act 152 Administration			\$ 33,690		
BHSI Administration			\$ 13,997		
BHSI Case/Care Management	26		\$ 30,449		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	30		\$ 63,380		
BHSI Medication Assisted Therapy	21		\$ 29,793		
BHSI Other Intervention					
BHSI Outpatient/IOP	15		\$ 14,038		
BHSI Partial Hospitalization					
BHSI Recovery Support Services	15		\$ 15,000		
TOTAL SUBSTANCE USE DISORDER SERVICES	177	\$ 308,425	\$ 333,425	\$ -	\$ -
HUMAN SERVICES DEVELOPMENT FUND					
Adult Services	50		\$ 19,640		
Aging Services					
Children and Youth Services					
Generic Services	40		\$ 16,300		
Specialized Services					
Interagency Coordination			\$ 2,500		
Administration			\$ 8,120		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	90	\$ 81,203	\$ 46,560		\$ -

Please note any utilization of HSDF funds in other categoricals and include:
 categorical and cost center, estimated individuals, estimated expenditures.

Note: HSDF funds utilized for MH/MR Targeted Case management
 9,643 HSDF funds in the amount of \$25,000 for Care/Care Management
 and MAT cost centers under SUD

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
COMMUNTIY CONNECTIONS OF C-J COUNTIES					
GRAND TOTAL	3,398	\$ 5,910,843	\$ 5,910,843	\$ 190,737	\$ 1,698,024