

ELK COUNTY HUMAN SERVICES PLAN

FY 2017-2018

JUNE 7, 2017

PART I: COUNTY PLANNING PROCESS

In fulfilling the requirement for a coordinated Non-Block Grant, Human Services Plan for FY 2017-2018, Elk County has undertaken a planning process that has provided for input from a number of stakeholders. Again this year, the process has kept at its core, for the purposes of the Planning team, the multi-system partners from other County agencies. This Core Team includes The Commissioners of Elk County, The Commissioners of Cameron County (as the Counties are in a LCA for MH/ID and Drug and Alcohol Services), Alcohol and Drug Abuse Services, Inc., CAPSEA, Inc., and Cameron Elk Counties Behavioral and Developmental Programs. Additionally, The Office of Human Services partnered in planning with The Team as the local agency that both administers and disburses all HSDF funds on behalf of the County Commissioners.

The direction of our Plan was guided by the participation and input of all critical stakeholder groups including individuals receiving services and families of service recipients, as well as the providers of services. As is the case in many rural counties, all members of the Core Planning Team wear many hats. This provides a great opportunity for much broader input as all members of our Team also happen to be board members, and in some situations, officers, of the human services organizations listed below. (This is important to note because it was through these affiliations that the Core Planning Team was able to receive widespread input and participation from very diverse groups. This was especially critical given the very rural geography and huge transportation challenges we face in Elk County.)

- The Community Support Program (CSP)
- The Elk County Family Resource Network (FRN) which also serves as our Communities That Care entity through the Pennsylvania Commission on Crime and Delinquency (our County's Prevention Board). __ agencies/organizations participate on this Board along with several parents of children that receive services.
- Elk County's System of Care Workgroup. This workgroup includes regular participation of all Elk County School Districts as well as broad representation from various Children's Services Systems

The process included face-to-face meetings with all of these organizations in which the various stakeholders were encouraged to discuss their concern, hopes and expectations of the service systems and offer targeted ideas for planning for the fiscal year ahead.

Additionally, members of the Planning Team met with a group of Certified Peer Specialists for a Peer lunch meeting to gain their input and perspectives on the Human Services systems for Cameron and Elk Counties. This meeting occurred on May 31, 2017.

The entire May 24, 2017 Advisory Committee meeting for Cameron and Elk Counties Behavioral and Developmental Programs was dedicated to input into the Human Services Plan. The CAPSEA, Inc. Board was also involved in the planning process.

The program narratives in Part IV summarize and detail how Elk County intends to utilize funding in each of its Human Services reporting categories to provide least restrictive types of services to meet the needs of its residents. The accompanying **APPENDIX C-2 (Template for Non-BG Counties)** will break out the estimated number of individuals to be served and the planned expenditures.

We have no substantial programmatic and/or funding changes being made at this time.

Please note that Elk county is part of a Local Collaborative Arrangement (LCA) with Cameron county for the provision of Mental Health, Intellectual disabilities and Drug and Alcohol Services, therefore the LCA MH/ID and Drug and Alcohol services have been included in Elk County's Plan.

**Cameron-Elk CPS
Luncheon Meeting/HS Plan Input
May 31, 2017**

NAME	ADDRESS	EMAIL/PHONE #
1. Melissa Castro	520 Knarr St Dubois, PA 15801	mcastro@cenclear.org 814-661-3901
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7. Susan Switzer	302 Ash St. Ridgway PA 15855	Susan.Switzer@Dickinson Cancer.org
8. Cliff Gilson	1633 Bidler Hwy Phillipsburg PA 16866	cgilson@cenclear.org
9. Michelle Chubbuck	538 Glen Hazel Rd JBLA PA 15845	mchubbuck@ cenclear.org
10. Michael HANDLEY cps	1979 Kyle Run Run Falls Creek PA 15840	mch_15853@yahoo.com
11. Judy Smith	CE Beh. + Dev. Program	

PART II: PUBLIC HEARING NOTICE

A Public Hearing was held on May 24, 2017 to provide the public with an overview of The Plan requirements and give opportunity for input. See Below for proof of notification and list of attendees. Commissioner Kemmer opened the Hearing at approximately 1:00 p.m. She provided background information regarding the requirement for the Human Services Plan and then asked that each of the system partners discuss their section of The Plan; questions, input and feedback followed. Commissioner Kemmer then closed the Hearing.

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NOTICE

A public hearing will be held for the purpose of gaining input into the Elk County Human Service Agencies Plan for FY 2017-18. The Service Systems included in this Plan are: Behavioral and Developmental Programs, Drug and Alcohol, Housing Assistance Program and Human Services Development Fund. The Hearing will be held on the following date and time:

**WEDNESDAY, MAY 24, 2017 - 1:00 P.M.
ELK COUNTY COURTHOUSE ANNEX
CONFERENCE ROOM # 2
1ST FLOOR
300 CENTER STREET
RIDGWAY, PA 15853**

Written commentary will be accepted. Please submit to the CE B&D Administrative Office, 94 Hospital Street, Ridgway, PA prior to or at the hearing itself.

May 11, adv.

HUMAN SERVICES PUBLIC HEARING

MAY 24, 2017

<u>NAME</u>	<u>AGENCY (if applicable)</u>	<u>PHONE</u>
Kathie Kloeger	CE	772-8016
Bob Mecca	LIFT	781-3050
Angie Eckstrom	ADAS INC	362-4517
Kim Bruggs	EIK Co. HSDF Plan Admin.	776-0418.
Neidi Thomas	DCI	776-0224
Barbara Caggese	CAPSEA	772-1480
Billy Weyant	CAPSEA, Inc.	772-3838
Mary Huskin	CE ID Director	772-8016
Judy Smith	CE	772-8016
TODD TRINIDAD	CENICENR	834-9283
James Lemmer	Ch. Commissioner	776-1153

In addition to the published notices in the area papers, announcements were made on the following Radio Stations as part of the local news:

The River (WQKY), The Hound (97.5 FM), WKBI (1400 AM), WKBI (1394 FM) and WLEM (1250 AM). Additionally, we also posted our public notice on the CAPSEA face book page.

PART III: CROSS COLLABORATION OF SERVICES

HOUSING:

In order to maximize the opportunities for enrolled individuals to access community living in the most integrated setting, in no priority order, the County Program's Intellectual and Developmental Disabilities Program works directly with ODP qualified residential and life sharing providers, both within and outside of Cameron and Elk Counties, to assure appropriate residential or life sharing services to any enrolled individual in need of such support. It is expected that the number of individuals receiving a Life Sharing service will increase due to the allowance for relatives to provide the service. The IDD Program also assists individuals who are living independently or with family members in need of support with maintaining housing by authorizing any appropriate service which is approved in the Waivers and as allowable with Base funding. It will also seek providers of the new Supported Living service as the need arises for anyone in need of assistance with maintaining a community living option and who is enrolled in the Consolidated Waiver. Also the new services, Housing Transition and Tenancy Sustaining Services, and the Family/Unpaid Caregiver Training and Consultation service, will offer new opportunities for training and supporting individuals and/or their caregivers with obtaining and maintaining integrated community living opportunities. Emergency residential needs are addressed via vacancies with qualified residential providers, through the use of Base funding to support temporary safe housing, and by collaborating with the County's Mental Health Housing Coordinator, whose office is maintained in the same location as the IDD administration and the SCO, allowing for easy coordination of efforts in locating and maintaining community housing.

EMPLOYMENT:

The County's IDD Program is supported by two provider agencies, whose headquarters are located in Elk County, and who are both currently licensed prevocational programs as well as being qualified as Employment Support Providers. The county IDD Program Director interacts and collaborates with both agencies on a regular basis individually and in group meetings providing guidance and training for the development and transition of their programs as expected service offerings are evolving with the Waiver renewal applications to CMS. As evidence of this practice, the IDD Program Director as recently as May 25, 2017, gathered together representatives from each of these agencies as well as from local residential programs, the local SCO, and the County Administrator, to emphasize and discuss collaboration between the residential, employment, and community participation providers so that as integrated community employment increases, each provider will have a more complete understanding and be able to meet the needs of the other to make every allowance for movement towards fuller community integration. At the urging of the IDD Program Director, each of the two local employment providers has attended ODP's boot camps for program transformation and is reporting to the IDD Program Director its work as it develops towards the transformation of its facility based

prevocational programs to integrated community supports. The IDD Program Director also places frequent emphasis on the fact that Pennsylvania is an Employment First State, with its Advisory Board, the providers, and SCOs. Some of the Advisory Board members are family members of program enrollees, former Special Educators, and community employers. They have proven to be valuable resources for support with community integrated employment. Individuals and families are informed of employment as a priority objective at all ISP team meetings where any concerns that they may have about movement from facility based to integrated community employment are addressed by SCO and provider staff. All available Waiver and Base funding will be utilized to support these efforts.

Employment:

CE, in collaboration with Cenclear Services, Dickinson Center Inc, and ELCAM Inc. provides employment opportunities for individuals who are able to have employment. Cenclear Blended Case Management assists with employment when it is part of an individual's recovery plan. They also have a TASS program which works on independent living skills that may include employment. The Transition House run by Cenclear has an employment piece as well, since residents are responsible for their own rent. If they do not receive any disability benefits they too are linked to employment or employment based services. Dickinson Mental Health has an Employment Support Program which is supported by MH CHIPP and/or Base dollars when necessary. In addition, Dickinson provides Mobile Psych Rehab that offers employment services as well as BCM and Peer Supports which can assist in securing employment. On site DCI has a supported employment workshop called Elkwood Arts. ELCAM Inc also offers a sheltered workshop as well as a competitive employment side. CE also provides funding for some spots in these programs as well.

CE as well as other MH services can make referrals to any of these programs when openings are available and in the case that the county is funding the employment opportunities; individuals are reviewed and placed in appropriate programs when funding is available. Authorizations are reviewed quarterly by the staff at CE to ensure the program is working for the individual and employment is an attainable goal. In some instances, individuals are reviewed for services other than employment that would best serve his/her needs.

The providers as well as CE continue to explore new options to serve the employment population.

Housing:

CE collaborates with other agencies such as CAPSEA, Cen Clear Services, and DCI to administer housing services through both the County Housing Specialists and the 2 PATH Liaisons. PATH Liaisons work directly with the 18-30 year old population to link them to Housing Programs they are eligible for based on program criteria. The Housing Specialist oversees two on site programs and collaborates with other counties who have regional programs that serve Cameron and Elk Counties under their funding. Both attend local and regional meetings to continue collaboration with other counties and providers to ensure we are doing all we can to house our homeless. The Housing Specialist also attends State Wide Conferences to continue learning about other housing options. We work to both serve our population as to provide other options as they come available.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights

Moving into the 2017-2018 Fiscal year, Cameron-Elk Counties Behavioral and Developmental Programs (CE) will continue to strengthen its collaboration and relationship with its partners. Our focus is to assure individual needs are being met. CE continues to work through any barriers in an effort to fulfill our mission of ensuring a service system is developed that will allow individuals to learn and grow as they continue on their journey toward Recovery. Our planning and development for the future, is committed to transforming our *Recovery Oriented System* into a *Recovery Oriented Community*.

CE remains pro-active in developing services that will allow individuals to remain in the community, as well as, diverting individuals from admissions to more restrictive settings. Recent approval of county funded supportive housing services to CCBH billable Mobile Psych services, has allowed base/CHIPP funding to be “freed up “. This will allow enhancement of current services and development of new programs that can be used to look at additional housing options for our female population (currently transitional living is available only to the male population).

The specific needs identified, along with our priorities include peer delivered services, employment, housing, forensic services, services for the Transition Age and Older Adult population and services that will assist individuals in a successful transition from a restrictive setting (State Hospital/Prison System/Inpatient Psychiatric Unit) to their community, as well as, those that will allow individuals to live successfully in their community. Feedback from a peer group, CSP, Advisory Board and the Public Hearing expressed ongoing concerns regarding transportation. In addition, the strengthening of communication with agencies specific to the co-occurring population was discussed, as well as, developing sub-committees/task forces for the most vulnerable population.

b) Strengths and Needs:

- **Older Adult (ages 60 and above):**
 - **Strengths:**
 - Continued partnership with the Office of Human Services/Area Agency on Aging (AAA), *Generations* Geriatric Inpatient facility.
 - Collaboration with Community Nurses to address the Physical and Behavioral Health (PH/BH) needs of the aging adult. These services include medication management, monitoring of symptoms/side effects and are Recovery Oriented, keeping individuals in their own home/communities.
 - Connection with Dickinson Center's Wellness Program that focuses on a combination of Behavioral and Physical Health.
 - Cenclear's Wellness Program provides a nurse that trains staff on CCBH approved Wellness Coaching. With this, individuals are shown that improving their physical health leads to improvement of their behavioral health.

- **Needs:**
 - Continued attendance at trainings/workshops that target the aging population to assist in determining a primary focus for this program.
 - Provide training for Certified Peer Specialists that targets the Older Adult population and will work closely with *Generations* inpatient Geriatric psychiatric unit.
 - More effective outreach to assure individual needs are being met.
 - Develop stronger relationships with Nursing homes to ensure individuals with a serious mental illness will be considered for admission.

- **Adults (Ages 18 and above):**
 - **Strengths:**
 - Strong Provider network that is committed to the individuals we serve and their Recovery.
 - County Base and CHIPP funding of the following services:
 - Blended Case management for non-CCBH individuals
 - Recovery/Housing Support
 - Medication Management
 - “Wellness” Physical/Behavioral Health Program provided by Dickinson Center, Inc. for non CCBH individuals
 - Transportation
 - COPE drop-in-center
 - Certified Peer Specialist for non- CCBH individuals
 - Voc/Soc Rehabilitation
 - Forensic Program for incarcerated/community individuals
 - Outpatient Services
 - Close collaboration with area inpatient units
 - With the exception of transportation for non-emergency situations, individuals are given the opportunity of Provider choice.
 - **Needs:**
 - Increased Psychiatric time
 - Increased safe/affordable housing for individuals/families
 - Additional funding to assure sustainability of Forensic Program
 - Improved Public Transportation
 - Increase employment opportunities
 - Increased presence of Peer Specialists in the County Prison
 - MH Forensic work release program
 - A local inpatient unit would assist in treatment occurring in a timelier manner, as well as, individuals being able to receive inpatient treatment within their own county. Currently, individuals are transported anywhere from 45 minutes to 3 hours away for an inpatient bed.

- **Transition-age Youth (ages 18-26):**
 - **Strengths:**
 - CE continues to supplement the existing ‘Projects for Assistance in Transition from Homelessness’ (PATH) Grant by funding two PATH Caseworkers that assist the transition age population that are homeless or at risk of homelessness. These caseworkers work with the transition age in finding safe affordable permanent housing. Currently the PATH Program is serving approximately 74 individuals.

- Supported housing program ‘Achieving Housing Employment and Dreams’ (AHEAD) targets transition age youth who are homeless. This program provides housing supports and links to employment. Since its inception, safe and affordable housing and support services have been provided to 14-16 young adults annually.
- Close collaboration with CE’S CASSP Department. This allows the opportunity for a smooth transition into needed adult Mental Health services.
- Outreach to the younger population to connect them to the COPE drop-in-center. Funding to provide transportation to and from COPE which gives more individuals the opportunity to utilize the center.
- Linking with the Collaborative Boards, Advisory Board and Elk County Systems of Care to address needs of the transition age.
- Continued support to CenClear Behavioral Health Services for their ‘Transition Age Support Services Program’. This program was developed to provide assistance to individuals and small groups to strengthen and enhance the transition to successful independent living. The objectives will address education and training, career development, financial literacy, community supports and basic daily living skills. Cenclear (TASS program) has been approved by CCBH to become a mobile psychiatric service provider and is awaiting approval through licensing.
- Accessing contingency funds through reinvestment dollars to assist with security deposits, rent, furnishings, etc.
- Continued strong relationship with local landlords has offered “another chance” to individuals that would have otherwise been denied housing.
- Access to Homeless Housing Grants:
 - AHEAD serving 14-16 CE homeless young adult households annually
 - Northwest Regional Housing Assistance 1(NWRHA) serves 4-5 chronically homeless CE individuals annually.
- **Needs:**
 - The lack of safe, affordable housing has had a negative impact on the transition age group. Wait lists are long, sometimes up to 2 years before housing becomes available. Realizing that this will continue to be a detriment to recovery, CE will work on expanding the already existing housing programs for this very vulnerable population. This expansion will provide housing and needed supports to 8-10 additional individuals. The goal was to have this program up and running by July 2018.

Children (under 18)

▪ **Strengths:**

The major strength of Children’s services in Cameron and Elk Counties continues to be the long history of commitment to the Children’s Program. This commitment is evident in CE’s ongoing support of two, full-time, County-level CASSP staff positions for the purpose of service coordination/collaboration with individual families, providers and other system partners.

CASSP Staff continue to participate in ISPT Meetings with all BHRS, Family Based, and Partial Hospitalization Providers advocating for the least restrictive and most appropriate levels of care for all of

our children and adolescents. They also participate in meetings with all Inpatient Psychiatric Hospitals to assist in coordination of care and discharge planning. Additionally, every child that is referred to higher levels of care (CRR/TFC, RTF, Short-term Diversionary Programs) is followed closely by the CASSP Staff, ensuring completion of packets and Plans of Care, participation in all 28-day meetings and participation in the majority of all ISPTs. Parents and family members continue to look to the CASSP Coordinators on an ongoing basis for support and direction in helping to make decisions about treatment and care for their children. Families are especially supported throughout the child's RTF and CRR stays. CE staff serve as advocates, promoting best-practice principles. The CASSP Department is regularly represented at all local planning forums including Systems of Care and the Family Resource Network, etc.

An additional undertaking of the CASSP Department this year was to take steps to move toward a more formal System of Care planning structure for the Counties. So in addition to offering traditional CASSP Team meetings, CASSP has started facilitating monthly Team meetings whereby systems issues and barriers to treatment can be identified and discussed for purposes of trouble shooting and/or program development. Looking ahead to FY 2017-2018 the next step will be to engage the County-level Systems of Care group as a partner in this process so that when issues cannot be resolved at the monthly meetings, they can be kicked up to the County-level team for further problem solving.

During the past year, the CASSP Department pursued discussions with a regional Therapeutic Family Care (TFC)/(CRR) provider and have been successful in securing this treatment option. This level of treatment now appears to be a viable at this time for our youth. This is a big accomplishment as this has always been a gap in our service system.

Student Assistance Programming for CE Counties continues to be contracted out to a provider agency and is available throughout the four school districts that comprise Cameron and Elk Counties. SAP Liaisons are available for participation on SAP Teams and provide counseling and referral services for all students in need. The CE CASSP Department has begun to play a larger role in the monitoring of this service to ensure that it remains a Prevention Program and does not cross over into a Treatment Program as BHRS as community based services are getting more and more difficult to access.

In addition to the SAP program, CE continues to fund a supportive counseling program in all the Elementary Schools through a LIFE Program (Living in Family Environments).

In terms of program strengths, most importantly is our continued focus on Trauma work and Trauma Informed Care. Multi-system planning and training continues throughout our Counties and our recent accomplishments have been the following trainings:

- *Becoming a Better trauma Informed CASSP Team
- *Advanced trauma Training for Therapists/Counselors
- *Trauma Incidence Reduction for Children

Plans for the coming year include application for additional mini-grant funds through the BHARP's System of Care to provide additional trauma training. Trauma work continues to be a high priority not

only for the local Mental Health system but for our other system partners as well and will remain a priority area in the coming year.

All of the areas described above summarize our efforts toward the development of community alternatives and diversion efforts to residential treatment facilities.

- **Needs:**

Respite Care Services continue to be offered on a small scale through OMHSAS funds. CE supplements this funding when needed using Base Dollars. However, there remain huge barriers to the provision of these services because of the geographic distances between CE and the available providers. CE has reached out to other providers to assess interest in developing local Respite homes but has still not been successful in achieving this goal.

- **Individuals transition out of state hospitals:**

- **Strengths:**

- Since FY 13/14, 4 individuals have been discharged from Warren State Hospital(WSH) under the CHIPP initiative. All 4 are living successfully in the community. Over the past year, none have had an inpatient hospitalization. With their individual plans, each has broken through barriers that at one point caused them their long term stay. It has been enlightening to see each one of them grow in their own Recovery.
- Currently CE has 4 individuals residing at WSH. One is on a pre-discharge leave, to independent living and 2 have been deemed “discharge ready”. These discharges should occur within the next 30-60 days.

CE is committed to actively diverting individuals from admissions to community inpatient units, as well as, any long term stay. CHIPP dollars have made it possible to continue developing supports that will ensure community services are readily available.

- **Needs:**

- Improved communication and discharge planning.
- Ensuring individuals are not only discharge ready but also “community ready” to ensure a smoother transition to the community.
- Community Support Plans need to be targeted toward the individual in a clear and realistic manner while still giving a choice of where and how someone wants to live in their community. They need to be a workable document that can move with them into the community. In addition, they need to be completed in a timelier manner (a recent CSP occurred on the day the individual was scheduled to leave WSH on a pre-discharge leave).

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

- **Strengths:**

- Strong collaboration with Alcohol and Drug Abuse Services(ADAS)
- Forensic Outpatient therapist certified in co-occurring disorders
- Provider Agency staff trained and certified in co-occurring disorders

- Access to contingency funds (re-investment dollars) specifically targeted for the co-occurring population.
- Continue building a strong network that will address all of the needs of individuals with MH/SA
- ADAS has a case manager at DCI available to do assessments.
- **Needs:**
 - Although CE individuals have access to Mental Health and Drug and Alcohol Services, they do not have access to services that specialize in the co-occurring population. CE will continue to work on providing cross system training that will support this population in the upcoming year.
 - More of a presence of a Certified Recovery Specialist(CRS) in Cameron- Elk Counties
- **Justice- involved individuals:**
 - **Strengths:**
 - Open communication occurs between County Prison Staff, Forensic Treatment Team, Probation and CE to address building upon current strengths, barriers that exist, as well as, community re-entry.
 - Collaboration with County Assistance to ensure more immediate access to benefits, psychiatric time and medications after release from prison. CE supports a Forensic Blended Case Manager who assists inmates with the completion of county assistance applications prior to discharge, as well as ensuring appointments are scheduled with County Assistance on the day of release.
 - Commitment of CHIPP dollars to continue supporting the Forensic Program. This is a cooperative Program between Dickinson Center, Inc., Cenclear Services, Beacon Light Behavioral Health and the county prison warden and staff to ensure that incarcerated individuals have access to Mental Health Services, as well as, a choice of Providers.
 - Continued active participation in Criminal Justice Advisory Board (CJAB) meetings.
 - Provided and participated in Cross-System Mapping workshop.
 - Increased presence of Certified Peer Specialists in the county prison.
 - CE support of Outpatient services and medication management provided in the jail to reduce the risk of services being interrupted.
 - CE Housing Specialist availability to County Prison staff for inmates who are at risk of homelessness upon release.
 - **Needs:**
 - Continue to strengthen communication with the State Correctional Facilities. These discussions will assist inmates that may be eligible for parole to have a more successful transition to their community.
 - Lack of immediacy of Social Security benefits once an individual has been released.
 - Enhance housing/supported services to reduce/divert the number of individuals from entering the Criminal Justice System.
 - Strengthening relationships' with and assisting landlords in an effort for them to be more willing to rent to this population.
 - Develop a reentry support group to assist in a more positive transition back to the community.

Veterans/LGBTQI/Racial-Ethnic-Linguistic minorities

- CE will continue to address service gaps, as well as, enhance already existing programs in an effort to reach out to every resident. We continue to be represented at trainings/workshops as they become available. In addition, regardless of population, services are developed and plans are put in place based on each individual needs.
- Although we will continue to provide outreach and community education, Cameron-Elk, in an effort to reduce stigma, will develop plans based on specific needs of individuals.
- CE will support trainings of and encourage line staff to better educate themselves about the diversity of referenced population.
- **Veterans**
 - **Strengths:**
 - Access to the Emergency Solutions grant available through Northern Tier Community Action to veterans facing homelessness or the threat of homelessness.
 - Access to Supportive Services for Veterans and Families which provides Supportive services to low-income Veterans and their families. Assistance may include time-limited financial assistance for rent, utilities and security deposits.
 - Collaboration with the local Veterans office to address specific needs.
 - Outpatient providers offer Eye Movement Desensitization and Reprocessing (EMDR) which has been successful in the treatment of PTSD.
 - **Needs:**
 - Limited housing availability
 - Development of more effective outreach to the Veteran population.
 - Elk and Cameron Counties Housing Authority does not have availability of VASH vouchers.
- **LGBTQI consumers**
 - **Strengths:**
 - Provider Agency staff is trained and keeps current regarding Cultural Competency issues.
 - Plans and services developed are based on individual need.
 - Treatment strategies are utilized to ensure individuals from diverse backgrounds are receiving timely and effective treatment.
 - Provider's "Wellness" Program addresses the Behavioral and Physical needs of this population
 - **Needs:**
 - Development of a support group or small group treatment setting for a population that is vulnerable to the effects of discrimination.
- **RELM (Including Limited English Proficiency)**
 - **Strengths:**
 - Support training when necessary to support cultural competency.
 - Focus on individual needs based on cultural and social characteristics.
 - CE County Assistance offices as a resource to translation services.
 - Utilize, on an as needed basis, *Language Line Solutions*
 - **Needs:**
 - Ensure education and training is readily available to program staff.

Is the county currently utilizing Cultural and Linguistic Competence (CLC) Training? No

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.***

3. Master Leasing (ML) Program for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section. N/A
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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 \$ 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 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

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

	*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

c) Recovery Oriented System Transformation:

1. Peer Delivered Services:

- Utilizing CPS to divert individuals from local Hospital admissions, assisting with individual's admission and discharge planning at WSH, and assisting incarcerated individuals as they work on their Community release plan. CE provides funding to enable a CPS to connect with an individual prior to discharge.
- Putting in place a CPS which will work with Generations Inpatient Geriatric Unit to address the needs of the older adult population.
Currently individuals are given a choice of 3 agencies which provide CPS services. Overall there are 14 employed CPS's serving 93 Cameron-Elk individuals. Of the 93, 16 are county funded.
- ELCAM Housing offers housing stability and independent living skills training. They offer employment opportunities through their Community Center/Workshop as well as working with ELCAM to enhance employment opportunities for competitive employment. The plan was to identify 3-5 individuals by July 2016. Currently, utilizing CHIPP dollars, there are two individuals who have begun work toward developing readiness skills for competitive employment. Moving forward, the goal is to have 4-6 identified individuals transitioned to competitive employment by January 2018.
- A strong interest in a consumer run business has been identified. One idea is to transition the current consumer driven drop-in-center to consumer run. This would open doors for those struggling with employment opportunities such as individuals connected to the criminal justice system. Already existing County CHIPP and Base dollars will continue to be utilized, along with additional funds to assist with start-up costs as well as developing a plan for sustainability. There will be ongoing discussions with the CPS group as well as Stakeholders as we move forward. Workgroups will be established by September 2017 with a target date of September 2018 for it to be completely consumer run.
- Discussion between CE and a group of Certified Peer Specialists, represented by all three providers, noted the continued challenges they face at times in performing their job duties. Their primary concern is the certification training. Although it does address all of the components of the job responsibilities, it does not go into enough detail with some. They noted that required documentation is touched on, but "it doesn't come close to" what is required of them when they become employed. They are able to work through the emotional stress that sometimes is present when working with an individual, however, the required documentation is more of a difficult task. CE will support individuals having difficulty transitioning into employment through the county funded Employment Support Program. This will be ongoing and on an as-needed basis.

2. Strengthening Forensic Services:

- Ongoing commitment to support Outpatient Services, Medication Management, Forensic Blended Case Manager and Certified Peer Specialists during an individual's incarceration. However, based on feedback from CE Advisory Board, a workgroup will be developed to begin discussion of providing services differently in the county prison.
- Attendance at treatment team meetings at the County Prison to discuss immediate needs of the Forensic population. Ongoing meetings occur with County Prison Staff and

Forensic Treatment Team, which include Probation to address building upon current strengths/barriers that exist upon community re-entry.

- Collaboration with County Assistance to ensure more immediate access to benefits, psychiatric time and medications after release from prison. Funding of a Forensic Blended Case Manager to assist inmates with completing county assistance applications prior to discharge, as well as ensuring appointments are scheduled with County Assistance on the day of release.
- Enhance housing/supported services to reduce/divert the number of individuals from entering the Criminal Justice System.
- Commitment of CHIPP Dollars to continue supporting the Forensic Program. This is a cooperative Program between Dickinson Center, Inc and the county prison warden and staff to ensure incarcerated individuals have access to Mental Health Services.
- Continued active participation in Criminal Justice Advisory Board (CJAB) meetings.
- Continue to strengthen communication with the State Correctional Facilities. These discussions will assist inmates that may be eligible for parole in a more successful transition to their community.
- Continuing services to those individuals upon release, utilizing Health Choices and County funds.

Cameron-Elk will utilize already existing dollars targeted for the Forensic population to create and develop a new MH program in the jail. The process will happen in different phases to allow for a smooth transition to inmates. The goal is to ensure that services are wrapped around an individual prior to release and follow them into the community. These services include, but are not limited to, Blended Case Management and Certified Peer Specialists.

Tracking of these individuals will occur through the BSU/authorization process by the CE MH Program Director. This tracking includes the monitoring of goal plans, progress and service outcomes.

The target date for this complete transition is July 1, 2018. While continuing to serve individuals while incarcerated, diverting individuals from entering the Forensic system will be addressed. Discussion surrounds the hiring of a Forensic Diversion Specialist. This individual will work closely with the Criminal Justice system and do Outreach to those individuals that are high risk. The target date to have this in place is June, 2018

3. Housing:

- With housing as a priority we plan to utilize county funding to provide housing support services to enable individuals to access and retain safe affordable housing within the community. We will do this through accessing our contingency funds available through reinvestment dollars for Security Deposits, rent, furnishings, etc. We will continue to work on developing strong working relationships with our landlords to offer individuals a “second chance” who would have otherwise been denied due to criminal background, poor rental history, etc. Moving forward we will also continue collaborating with the local Housing Authorities to increase and improve the number of safe affordable units available. In this process we will also accompany individuals to appeal hearings to allow access into Housing Authority Programs. We will access any and all Homeless Housing Grants/Funding in accordance with funding guidelines and priorities as well as following coordinated entry plans effective in 2018. There will be continued use of the transitional housing program developed by Cen-Clear Services which offers 3-4 male beds as well and housing and community supports to assist in the outcome of independent housing and increased income. We

- plan to apply for any funding which will assist with these goals and outcomes so we can continue to assist individuals with a stable home to improve their mental health and overall quality of life
- The role of housing and the use of funding will be an ongoing priority at this point without an end date because of the lack of affordable housing in Elk and Cameron Counties. Access to contingency funds are available but will continue to utilize them as they are issued until they are expended. Landlord relations are also an ongoing role. We continue to seek new landlords and expose them to our programs and staff to better our access to affordable housing. This role too will be ongoing. Our goal is that most individuals can eventually transition to Housing Choice or Public Housing through our local Housing Authorities so the collaboration here is ongoing as well. We are also using grant/funded programs to their full potential. We have AHEAD serving 10-12 individuals (with a preference for chronically homeless) annually, Northwest Regional Housing Assistance (NWRHA) phase 1 to serve 4-5 chronically homeless individuals annually. NWRHA phase 2 serves 4-5 homeless families with a preference for chronically homeless annually. Home Again is currently serving 18-20 chronically homeless individuals annually across Cameron, Clarion, Clearfield, Crawford, Elk, Forest, Jefferson, Lawrence, McKean, Mercer, Potter, Venango and Warren Counties. This program is leased to capacity so we will fill vacancies as funding allows based on priority and need. Through reinvestment funds and PHARE dollars for sustainability Northwest 9 master leasing program serves 19 households annually, 12 of which are forensic. There are also 75 shared slots in the Bridge Subsidy program across 9 counties. In collaboration with CAPSEA, we were also approved for PHARE dollars to help bridge housing gaps in Cameron County and Elk County. Cameron money will be spent by May 2018 and Elk will be spent by July 2018. Cenclear transitional housing is also at capacity, but we plan to fill these openings as they occur.
 - The fiscal role in housing is to use each programs funding source whether state, federal, or county to its full potential and bridging the housing gaps in funding with county dollars and PHARE dollars where applicable. We are currently at full capacity in all funded housing programs with individuals on waiting lists for housing authority programs. Moving forward we plan to expend all monies allotted to us to continue our plan to House our individuals in safe affordable housing in compliance with Housing First, Program Priorities, and Coordinated Entry policies. Each funding source has a designated tracking method. County funding is tracked by our fiscal department while Grant funding is tracked through HMIS. Contingency is monitored and tracked by the BHAU, PHARE dollars for Cameron Co are tracked by CAPSEA, and Elk County PHARE dollars are tracked on a spreadsheet for reporting by CE. Northwest 9 is tracked through Clarion housing authority and PHARE dollars for sustainability are also tracked through BHAU.
 - We currently track prioritization for each program on site. Beginning January 2018 we will be using the coordinated entry tool to the programs that will apply to our CoC funded programs. This will be monitored by the CoC with Cameron Elk as the lead for Mental Health and CAPSEA as the lead for Domestic Violence participants.

Monitoring of all county funded services are provided by the MH Director or designee. Meetings occur quarterly with all service providers to review goal plans, progress, service outcomes and authorization of services.

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	X	X County X HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	X	<input type="checkbox"/> County X HC <input type="checkbox"/> Reinvestment
Partial Hospitalization	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	X	X County X 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	X	<input type="checkbox"/> County X HC <input type="checkbox"/> Reinvestment
Crisis Services	X	X County X HC <input type="checkbox"/> Reinvestment
Emergency Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	X	X County X HC <input type="checkbox"/> Reinvestment
Administrative Management	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	X	X County X HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	X	<input type="checkbox"/> County X 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	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	X	X County X HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	X	<input type="checkbox"/> County X HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	X	<input type="checkbox"/> County X HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	X	<input type="checkbox"/> County X HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	X	<input type="checkbox"/> County X 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

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	N							
Supportive Housing	Y	93	authorization process	County/MCO	quarterly	no	no	
Supported Employment	Y	44	authorization process	county	quarterly	yes	no	# employed-14 of 44
Integrated Treatment for Co-occurring Disorders (MH/SA)	N							
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	Y	10	authorization process	county	quarterly	no	no	
Therapeutic Foster Care	Y	7				yes		
Multisystemic Therapy	Y	3	Program implementation on review	Adelphi Village		yes	yes	
Functional Family Therapy	no							
Family Psycho-Education	no							

*Please include both county and Medicaid/Health Choices 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:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer Satisfaction Team	Y		#'s not available
Family Satisfaction Team	Y		#'s not available
Compeer	N		
Fairweather Lodge	N		
MA Funded Certified Peer Specialist	Y	96	
Other Funded Certified Peer Specialist	Y	34	County funded
Dialectical Behavioral Therapy	Y	12	
Mobile Meds	Y	10	
Wellness Recovery Action Plan (WRAP)	Y	Unknown	***see below
High Fidelity Wrap Around	N		
Shared Decision Making	N		
Psychiatric Rehabilitation Services (including clubhouse)	Y	54	
Self-Directed Care	N		
Supported Education	N		
Treatment of Depression in Older Adults	N		
Competitive/Integrated Employment Services**			# Provided in (f) EBP survey
Consumer Operated Services	N		
Parent Child Interaction Therapy	Y	6	
Sanctuary	N		
Trauma Focused Cognitive Behavioral Therapy	Y		#'s not available
Eye Movement Desensitization And Reprocessing (EMDR)	Y		#'s not available
First Episode Psychosis Coordinated Specialty Care	N		
Other (Specify)			

Do not include numbers served counted in Supported Employment on Evidenced Based Practices Survey above [table(f)] *every consumer is offered a WRAP at initial strength based assessment and again at 6 month review. Providers are now tracking completed WRAP's with #'s being available for 18/19 planning.

h) Certified Peer Specialist Employment Survey:

“Certified Peer Specialist” (CPS) is defined as:

An individual who has completed a 10-day Certified Peer Specialist training course provided by either the Institute for Recovery and Community Integration or Recovery Innovations/Recovery Opportunities Center.

Please include CPSs employed in any mental health service in your county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- Medicaid-funded peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

Total Number of CPSs Employed	12
Number Full Time (30 hours or more)	5
Number Part Time (Under 30 hours)	7

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SERVICES

Continuum of Services

The Intellectual Disabilities Program of Cameron and Elk Counties provides all services that are defined in ODP’s 2015 ISP Manual to eligible individuals whose needs cannot be met through other community options and will adapt its services to the specifications of the 2017 Waiver Renewals once they are approved and finalized. The Administrative Entity of the Cameron and Elk program used its assigned waiver capacity and its allocated Base funding to support an average of 64 individuals with Consolidated waiver funding, 47 with PFDS waiver funding as well as the provision of services and/or targeted service management with Base funding to 57 individuals living in the community. Those services which the department defines as applicable to waiver funding are the same services that are available to individuals who are supported with allocated base dollars. In addition, a service that is not covered under the waiver definitions, but which is needed to protect the health and/or safety or is designed to meet the unique needs of an individual enrolled in one of the waivers, may also be funded with the Base allocation. Due to the services that the 57 individuals received with Base funding, all were able to continue living in the least restrictive environment of their choice avoiding a more costly, higher level of placement.

Individual Needs Assessment

- Initially and annually thereafter, a *Prioritization of Need for Services (PUNS)* is completed to identify and classify an individual's unmet needs.
- If an individual will be or is already enrolled in one of the ID Waiver programs, a *Supports Intensity Scale Assessment, the SIS*, is conducted initially and every five years afterward to determine needs.
- For both Base and Waiver funded services, an *ISP team* is called together to identify current needs and the most appropriate means of meeting those needs.

	<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	Supported Employment	7	12.2%	15	26.3%
	Pre-Vocational	4	7.0%	4	7.0%
	Adult Training Facility	7	12.2%	15	26.3%
	Base Funded Supports Coordination	57	100%	65	100%
	Residential (6400)/unlicensed	1	1.7%	0	0
	Life sharing (6500)/unlicensed	0	0	0	0
	PDS/AWC	0	0	0	0
	PDS/VF	0	0	0	0
	Family Driven Family Support Services	0	0	0	0

Employment

***Describe current services in the county**

There are two providers of supported employment services whose headquarters are located in Elk County, Elcam, Inc. and Dickinson Center, Inc. There are none in Cameron County; however individuals from Cameron County are supported in community employment by these two providers as well. Goodwill Industries from Falls Creek, Jefferson County, also supports individuals in its collection center and store, which are located in Elk County. Elcam and Dickinson Center both transition individuals from their prevocational programs into supported community employment as well as accepting referrals for individuals who have not first been involved in a prevocational program. Because staff from both programs become very

familiar with the talents and abilities of the individuals in their prevocational programs, they can easily identify and customize the job search to allow for successful integration into community employment. Both also complete job assessments funded by OVR for individuals enrolled in the ID program, who may then move to supported community employment with ID funds.

- The county program and the local SCO are represented at Dickinson Center's annual Employment Disabilities Awareness Event to which enrolled individuals, families, providers, employers, and county commissioners are invited. The intent of the event is to bring to the attention of all involved the possibility of community employment for everyone. Dickinson Center's employment support program is also annually represented at the county program's adult mental health consumer fair, which is attended by individuals with intellectual and developmental disabilities and community members, and at local job fairs sponsored by various school districts and Career Links. With the encouragement of the Director of Dickinson Center's Employment Support Program, county commissions will annually issue a proclamation declaring October as the local Disabilities Employment Awareness month. Last, the Director annually works closely with a local newspaper, which will feature a story about one of our locally enrolled individuals and his/her contribution to his/her local community by working in a community job. Dickinson Center intends to attend more ISP meetings when employment support is being considered so that it can present the benefits of its program in person. Dickinson Center plans to continue these aforementioned activities.
- Elcam, Inc has only been providing employment support since February of 2013, but it has been successful in moving individuals from its prevocational program into community employment. Over the next year it is the intent of the Elcam staff to accept new referrals for supported employment only and no more for its prevocational program in order to transition their services from a sheltered workshop to community integration. Currently enrolled individuals in its prevocational program will also be transitioned to community employment as each is able. Many who are currently enrolled are aging and experiencing physical disabilities that limit their employment opportunities. Elcam, Inc has indicated that it will involve the majority of its enrollees into the community at least 25% of the time and all new enrollees 100% of the time.

***Describe changes in county practices which will promote growth in employment**

- The county program will be closely in touch with both providers, to have formal discussions with them at provider meetings and informal interactions as required. The county program will also disseminate information to the providers regarding ODP's employment initiatives and any trainings and conferences that may become available over the next year.
- The county AE will continue to insist that all ISPs document that community employment as an option has been considered by the ISP team.
- Growth in the number of individuals employed in the community will continue to be a county Quality Management objective.

***Describe how ODP can be of assistance in establishing employment growth activities.**

Ongoing technical assistance and training that includes county staff, SCO staff, and residential, prevocational, day habilitation, and employment support provider staff and individuals and families is needed to encourage a change in cultural perspectives away from shelter workshops and adult day programs to community employment.

Also, both provider agencies mentioned above have struggled with employment support staff retention and believe that part of the answer is for ODP to increase the employment support rate so that the providers can increase the salaries of their staff. Otherwise the provider agencies are losing good staff to other lower paying jobs that have less responsibilities and more hours and benefits.

***Specifics regarding the Employment Pilot.**

The Cameron Elk county program has been a participant in the Employment Pilot Program since its inception. Currently three people receive Employment support services funded by the employment pilot in order to maintain their community jobs. Without that funding they would have to be enrolled into the PFDS Waiver in order to continue to receive services. The Employment Pilot funding not only supports these three people, but also allows three other people to receive support through the Waiver program. The county program looks forward to receiving the pilot funding again in FY 17-18.

Supports Coordination

Describe how the county will assist SCOs with:

***exploring natural supports**

Upon review of ISPs the AE reviewer will assure that all natural supports have been explored by the ISP team and are identified in the ISP. If there is no identification of natural supports in the ISP, the reviewer will explain the need for such discussion and will ask the SCO to review natural supports with the ISP team and include that information in the ISP.

*** planning for individuals on waiting list**

Historically there has not been a waiting list for services in the Cameron/Elk program. However, currently, the Cameron/Elk ID program has a waiting list of two individuals. Both are seeking residential services and there is currently no available consolidated waiver or base funding to support that. It is expected that as the eligibility criteria expands to include people diagnosed with autism, the referrals for services will increase. Unless the number of waiver slots and/or the amount of base funding for services increases, the waiting list

is expected to grow. When either waiver or base funding does become available, the needs of those on the waiting list will be reviewed and a determination as to whose need has the greatest priority will be made by the Administrative Entity.

***developing ISPs that maximize community integration and employment**

Upon review of ISPs, the AE reviewer will expect that all prevocational services will have an employment goal and will only authorize ISPs that indicate that community integration and employment have been considered by the ISP team. The AE will offer guidance and training to SCOs around community integration and employment should that become necessary.

The county program is also developing practices for use of the Life Course planning tools at some point during its intake and enrollment process. As those tools are completed, they will be submitted to the SCO of the individual's/family's choice for consideration during ISP development.

Lifesharing Options

Describe how the county will:

*** support the growth of Life sharing options**

Every enrolled individual who has indicated a desire for life sharing is living in such a situation. Each time that an enrolled individual is in need of a residential situation, Life Sharing will be the first option to be explored.

***what are the barriers**

There are currently no life sharing homes in Cameron or Elk County. Any individual who has been supported in a life sharing situation has resided in a neighboring county.

***what has been successful**

Fayette Resources, Inc. and New Light, Inc., have successfully supported several individuals in life sharing situations in neighboring counties. The county program typically follows the individual's services for more than a year to be certain that his/her life is stable and satisfactory before transferring registration to another county.

***how can ODP assist**

It is expected by the Administrative Entity that with the allowance for biological relatives to become life sharing providers the number of individuals actually receiving life sharing services will increase, although their living situations will not change as they currently are already living with family. However, it is exciting that the possibility of life sharing could be established in Cameron and Elk counties because of this anticipated change with the approval of the Waiver Renewal.

Cross Systems Communications and Training

Describe how the county will:

***use funds to increase the capacity of providers to support individuals with multiple needs:**

The following services will be provided with Waiver and Base funds as required by individuals with multiple needs: Behavior support, therapies that insurance does not fund, environmental and vehicular adaptations, assistive technology, nursing. These are not all inclusive services. As needs arise, the county program will explore means to meet them. New providers of such services continue to be utilized in order to meet all the needs of enrolled individuals. Providers have indicated that an increase in rates would better allow them to develop appropriate services for individuals with multiple needs.

***support communication and collaboration with school districts to engage at an early age.**

A point person designated by the AE attends the local Youth Consortium/Transition Counsel, which is comprised of representatives from the school districts in the two county area, from OVR, from various provider agencies, and the county ID representative. These collaborative meetings afford all parties the opportunity to present information about services, eligibility qualifications and referral processes.

The county staff are also regular members of the local *Systems of Care* and *Family Resource Network boards* where regular discussion of needs occur.

***communicate and collaborate with CYS, AAA, and MH to provide information about access to community resources and formalized supports.**

- **CYS:** The county program receives and follows up on all referrals from the local CYS agency. The AE has made the CYS agency aware of the eligibility criteria and the referral process for services from the IDD program and will review that information with CYS staff as is necessary. The county staff have all been trained in required mandated child abuse reporting criteria and will report as necessary and required.
- **AAA:** The county staff have collaborated as necessary with the local AAA and will continue to do so. The local AAA is aware of the referral process to the county program and has in turn received referrals from the county program.

- **MH:** As the local children's and adult mental health programs are a part of the same county program as is the Intellectual Disabilities program, communication easily occurs between the programs as is needed. The Directors of the three programs are all part of the same administrative team and continue to work collaboratively on a daily basis.

Emergency Supports

Provide details on the county's response plan including:

***how individuals in an emergency situation will be supported in the community regardless of available funding or waiver capacity**

The county program utilizes the support of other community service systems, CASSP, Adult MH, AAA, CYS, and natural supports; i.e., churches, service organizations, medical services, community emergency services and the supports of the ID system should an individual in an emergency situation need immediate support. Should all of the above fail, the county program will contact the western regional office for assistance.

REVISIONS TO THE PLAN (8/21/17):

Provide details on the county's response plan including:

***how individuals in an emergency situation will be supported in the community regardless of available funding or waiver capacity**

The county program utilizes the support of other community service systems, CASSP, Adult MH, AAA, CYS, and natural supports; i.e., churches, service organizations, medical services, community emergency services and the supports of the ID system should an individual in an emergency situation need immediate support. Should all of the above fail, the county program will contact the western regional office for assistance via the emergency request process.

Should a consumer of supports from the IDD program be in an emergency situation, he/she may call 911 for immediate medical or legal attention. Supports coordinators share a means of contact with each consumer they support whether that be by mobile or land line telephones or by text messages or emails. In turn, when becoming aware of an emergency situation supports coordinators would immediately contact their supervisor and/or the SCO Director who could contact the IDD Program Director for review of the emergency situation. Should the SC Supervisor or Director not be able to be contacted the SCs each have the contact information for the IDD Program Director and are encouraged to contact her at any time. The IDD Program Director carries both an agency and a person cell phone on which she can be reached. Together the SCO representative and the IDD Program Director, along with the Agency Administrator if deemed necessary, would plan for resolution to the emergency situation. Such resolution may include authorization to utilize base funding to alleviate the immediate crisis until such time that a more permanent arrangement and long term funding can be determined.

***reservation of base funds to meet emergency needs.**

The county has not felt the need to reserve base funds for emergency needs. All emergency needs have been met in the past with available funding, and we expect to be able to continue to meet emergency needs should the level of base funding remain at current levels or increase.

*** the plan in the event of needing emergency services within or outside of normal working hours**

Within: The county program will collaborate with the appropriate SCO to develop a plan of support and immediately fund all necessary services with available base dollars and will enroll those individuals in waiver funding as capacity becomes available or will request from the western regional office emergency waiver capacity should base funding and/or waiver capacity not be available.

Outside: The agency telephone answering machines reference the mental health hot line, whose staff have been instructed to contact the IDD Program Director, who will in turn communicate with the Agency Administrator, SCO Directors, and/or MH Director as needed to coordinate emergency support until a long term arrangement can be made.

***mobile crisis team**

The Crisis Hotline staff or on call Mental Health county case management staff may contact the Mental Health Program Director and/or the Intellectual/Developmental Disabilities Program Director should a consumer of Intellectual/Developmental Disabilities services be in an emergency situation. The Mental Health Program Director in such a circumstance has the necessary information to contact SCO staff from the Intellectual/Developmental Disabilities Program for assistance if deemed necessary and appropriate.

- *Composition of mobile team:* Adult Mental Health Program Director, county mental health caseworkers, and county IDD Program Director and SCO staff as deemed necessary.
- *Training/Background:* All staff in the mental health and IDD/SCO programs have received training in the Community of Practices/Life Course initiative. The IDD program director and SCO staff have many years of training in Intellectual Disabilities. As the eligibility criteria for the IDD program expands to include individuals with Autism, additional training around Autism will be offered to those staff. As is stated in the emergency response plan below, should an individual with an intellectual and/or autism disability be in crisis, the IDD program director and/or the SCO staff can be contacted to assist with the situation.

***Submit the 24 hour Emergency Response Plan.**

24 HOUR RESPONSE POLICY

The Cameron/Elk Behavioral and Developmental Programs contracts with the Center for Community Resources, Inc. of Butler, Pennsylvania, to provide 24 hour crisis mental health services. Through those services, emergency mental health personnel can be available as needed to anyone in crisis, which includes anyone served in the Intellectual/Developmental Disabilities system. However, staff, including Supports Coordinators of the Intellectual/Developmental Disabilities program, are not “on call” personnel and are not required to respond to an emergency with a consumer of Intellectual/Developmental Disabilities services during off duty hours. The Crisis Hotline staff or on call Mental Health case management staff may

contact the Mental Health Program Director and/or the Intellectual/Developmental Disabilities Program Director should a consumer of Intellectual/Developmental Disabilities services be in an emergency situation. The Mental Health Program Director in such a circumstance has the necessary information to contact staff from the Intellectual/Developmental Disabilities Program if deemed necessary and appropriate. Just as anyone else living in Cameron or Elk counties, a consumer of Intellectual/Developmental Disabilities services has two other options for emergency services besides the mental health crisis hotline, an ambulance service to provide for a medical emergency and police service to respond to any legal/criminal emergency.

Administrative Funding

***How will the county utilize person centered thinking trainers from PA Family Network for individuals, families, providers, and county staff?**

The county program leads a three county/joinder collaborative Quality Management Council. One of the Council's primary purposes is to sponsor training for individuals, families, providers and county staff. The council members look forward to the opportunity to utilize the PA Family Network Person Centered Thinking trainers as a resource for training opportunities.

The county program is aware of the training opportunities that the PA Family Network can provide and will consider utilizing its training modules and workshops as it more fully develops its practices with the Life Course tools.

***Describe other strategies to provide discovery, navigation, connecting, and networking (peer support) for individuals and families:**

The county program has redeveloped its agency website. On that site information for individuals, families, other provider agencies, etc regarding eligibility criteria, the referral process, and the methodology for connecting with the county program is identified. The Advisory Board members consisting of individuals and families will be kept informed of the above information as well, with the expectation that they will communicate it to others as the need arises.

Dually diagnosed individuals continue to utilize the local adult mental health Drop In Center where peer support is available. The local Community Nurses' adult day program is also jointly used by both ID system enrolled individuals and other older adult community members where peer support naturally occurs. A local provider holds dinner/dances for enrolled individuals and any community member who is accompanied by club members. The participants of these activities solely enjoy the companionship of peers with no staff members of any services or family members involved.

Last, the county program is part of a local Communities of Practice collaborative and is also in the process of enveloping the Communities of Practice philosophies into its agency practices across all of its programs; i.e., Intellectual and Developmental Disabilities, Children's and Adult Mental Health and Early Intervention.

***What kind of support is needed from ODP to accomplish these activities?**

Ongoing mentoring of the Communities of Practices' philosophy and the use of the Life Course tools will be needed by the county program.

***Describe how the county will engage with the HCQU to improve the quality of life for individuals in the community.**

The county will continue to participate in quarterly Management Oversight Committee meetings with the HCQU Director, key HCQU staff, a regional representative, and other county ID Program Directors. Referrals for physical and behavioral health evaluations of enrolled individuals in need of such support will be made to the HCQU as necessary. Finally AE and SCO staff, individuals, and families will participate in trainings presented by the HCQU as appropriate.

***Describe how the county will use data generated by the HCQU as part of the QM plan.**

The county will also invite the HCQU director to participate on its Quality Management Council. The county program will take under consideration all data distributed to the county by the HCQU when determining QM objectives.

***Describe how the county will engage with IM4Q to improve the quality of life for individuals in the program.**

The county will work with the SCOs to respond to all considerations developed by IM4Q to a satisfactory conclusion for all involved in the survey process, including individuals, families, and providers and local IM4Q program staff.

*** Describe how the county will use data generated by the IM4Q process as part of the QM plan.**

The program will continue to assess considerations for trends and will include them as Quality Management objectives as deemed appropriate.

It also receives year end data from the local IM4Q program to add another layer to the analysis of patterns in IM4Q considerations. Last, HCSIS data reports are reviewed periodically to determine which trends may be identified that will support QM objectives.

***How can ODP partner with the county to utilize IM4Q data more fully?**

The data that is available via HCSIS reports is not sufficient in determining local trends and patterns. The county program needs HCSIS generated information which ties specific considerations to specific individuals and specific provider agencies.

*** Describe how the county will support providers to increase their competency and capacity to support individuals with higher levels of need.**

The following services will be provided with Waiver and Base funds as required by individuals with multiple needs: Behavior support, therapies that insurance does not fund, environmental and vehicular adaptations, assistive technology, nursing. These are not all inclusive services. As needs arise, the county program will explore means to meet them. New providers of such services continue to be utilized in order to meet all the needs of enrolled individuals.

***How can ODP assist with support efforts?**

Providers have indicated that an increase in rates and funded start up costs would better allow them to develop appropriate services for individuals with multiple needs.

***Describe what Risk Management approaches the county will utilize to ensure a high quality of life for individuals.**

All reported incidents in the EIM system are reviewed by the county program within ODP's required timelines. All follow up deemed necessary occurs individually with the providers and SCOs. Incident data is periodically reviewed with providers as a group at provider meetings held by the AE. Providers have shared their own techniques for responding to specific types of incidents with each other at these meeting in the hope of offering assistance that they can all use to lessen the number of incidents. The county interacts with the SCOs in regards to specific incidents and guides discussions with families and advocates. The county AE will on occasion be part of an ISP or dual diagnosis treatment team in order to fully understand the specific situation and to participate in the development of appropriate supports.

***Describe how the county will engage in Risk Management activities and will interact with individuals, families, providers, advocates, and the community at large in relationship to risk management activities.**

The county will also share with the Advisory Board members, who are comprised of family and community members, the data regarding incidents and will seek their perspective on risk management activities. The county also utilizes the local Dual Diagnosis Treatment Team, the HCQU, and the Community Stabilization and Reentry Unit to manage risk for individuals. Behavior support services are also sought for each individual who is struggling to maintain a high quality of life in their current environment.

***How can ODP assist?**

ODP should provide more intensive training for AEs, SCOs, and providers about the development and implementation of risk management activities.

*** Describe how you will use the county housing coordinator for people with an ID.**

The county housing coordinator is employed as a staff member of the adult Mental Health program, which is part of the same agency as the ID program. The AE and SCO staff easily collaborate with that staff person on a daily basis as a means to meet community housing needs.

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

Because the ODP Bulletin #00-10-02 and the current provider monitoring tool mandates that all providers are required to develop and implement an Emergency Response Plan which addresses the safety and protection of all enrolled individuals, the county program is aware that all of the providers for which it is either the Lead AE or the Reviewing AE have developed such a policy.

The county will make AE staff available to any provider agency who requests technical assistance.

Participant Directed Services (PDS)

***Describe how the county will promote PDS services.**

The option to self manage services is offered by the SCO at each annual ISP meeting and the individual's choice is documented in HCSIS.

***Describe the barriers and challenges to increasing the use of Agency with Choice?**

***and VF/EA?**

The SCs have had little to no experience in managing self directed services and therefore have little understanding of these methods of service provision and their responsibilities around them.

***Describe how the county will support the provision of training to individuals and families.**

The county will request assistance from ODP and its PDS contracted agency whenever it is needed to train individuals and families in the PDS.

***Are there ways that ODP can assist in promoting/increasing PDS services?**

ODP should provide training about each method for AEs and SCOs.

***Describe how the county will enable individuals in congregate settings to return to the community.**

The county supports the philosophy of “community for all.” SCs will be asked by the county program to annually assess these individuals’ and/or families’ level of satisfaction with current residential situations and whether or not they are interested in movement from congregate settings to more community integrated settings. Should any indicate a desire to move, the process of locating an appropriate situation will take place and will include the individual and/or family in the process. The county appreciates all technical assistance that ODP will provide. Evidence of the county’s commitment to transition from congregate settings to community is the fact that one Benjamin litigant was successfully moved out of Polk State Center where she had lived for 68 years to a two person waiver funded apartment during FY 16-17.

HOMELESS ASSISTANCE SERVICES

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

The Elk County HAP program through CAPSEA, Inc. collaborates and coordinates homeless services with the Elk County Dept. of Human Services, Northern Tier Community Action Corp., Elk Co. Children and Youth Services, and Cameron/Elk Behavioral and Dev. Programming. Individuals/families that are homeless and/or facing eviction are referred to one of the above mentioned agencies. The first referral given is to the Elk Co. Dept. of Human Services (DHS). Individuals/families who qualify may receive rental assistance from the DHS at this time and will also be referred to the Elk Co. HAP program for additional assistance/information/referrals. The Elk Co. HAP program assists with the application process, required documentation and case management. As a result the Elk Co. HAP Coordinator may then refer to Northern Tier Community Action Corp. as they are used as a referral for people in Cameron County who inquire about rental assistance; Elk Co. Children and Youth Services can provide, in certain situations rental assistance to families who they actively work with in Elk County. Cameron/Elk Behavioral and Dev. Programming and CAPSEA, Inc. both offer various scattered site housing projects that are also used to provide affordable housing to individuals/families who qualify. Over the years services to homeless/near homeless has improved through regularly scheduled LHOT (Local Housing Options Team) meetings that bring together housing service providers across multiple counties in PA. We have seen a significant increase in homeless/near homeless individuals/families that maintain housing and also maintain/increase their income. Additional funding and safe affordable housing is an unmet need for Elk County. Over the past 12 years the Elk County HAP project has lost approximately \$10,000 and during that time scattered site apartments/housing has diminished. The gas and oil industry in the Elk County area has contributed to this situation. The 2015-16 Budget Impasse fall out continues to affect many individuals, families and human service agencies at some level with extended lines of credit still being paid back and furloughed staff never replaced, which in turn causes job overload for remaining human service staff and forcing many individuals/families to make drastic changes to their lifestyles in order to maintain housing, employment, etc. These factors, plus many others have had a devastating impact on housing in the area and the way we are delivering services. Estimated/Projected individuals to be served remain the same each year that we receive no increase in funding.

REVISION TO PLAN ON 8/21/17:

Please clarify what HAP components are being funded with HSBG funds and ensure the narrative matches the appendix.

0% of HAP Components are being funded by HSBG funds. HAP Components shown in the appendix (rental assistance and case management) are 100% funded with HAP dollars. PA Coalition Against Domestic Violence funding is used towards the HAP Coordinator's salary in the amount of \$4,879.

SEE: " Specialized Services" in HSDF Section below (pg 50-51) for description of HSDF funded services.

Bridge Housing: (N/A) – CAPSEA, Inc. does not receive this funding.

- Please describe the Bridge Housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of Bridge Housing services?
- Please describe any proposed changes to Bridge Housing services for FY 17-18.
- If Bridge Housing services are not offered, please provide an explanation of why services are not offered.

Case Management:

- Please describe the Case Management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of Case Management services?
- Please describe any proposed changes to Case Management services for FY 17-18.
- If Case Management services are not offered, please provide an explanation of why services are not offered.

Case management is essential to the success of the Elk County Homeless Assistance Program (HAP). Effective case management provides a blend of assessment and coordination services. Case management provides in-depth knowledge of available services, referrals and housing, mixed with genuine empathy and respect for the families and individuals seeking assistance. It is also an early opportunity to help a household improve its housing stability during and beyond the period of initial HAP assistance. Each individual/family that receives Elk County HAP is provided with ongoing case management/follow up. The Executive Director of CAPSEA, Inc. evaluates this component of HAP and regularly reviews the program with members of the County of Elk Non Block Grant committee. There are no proposed changes for this program. (HAP Funded).

Rental Assistance:

- Please describe the Rental Assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of Rental Assistance services?

- Please describe any proposed changes to Rental Assistance services for FY 17-18.
- If Rental Assistance services are not offered, please provide an explanation of why services are not offered.

The Elk County Homeless Assistance Program provides 1st month rent/security deposit to qualified individuals and/or families. \$100 towards utilities can be paid with HAP dollars, if an individual/family will be evicted due to loss of utilities. CAPSEA, Inc. shelter guests/recipients of services rely upon HAP to assist them with security deposits/rental assistance as they transition into safe and affordable housing. The Executive Director of CAPSEA, Inc. evaluates this component of HAP and regularly reviews the program with members of the County of Elk Non Block Grant committee. There are no proposed changes for this program. (HAP Funded).

Emergency Shelter:

- Please describe the Emergency Shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of Emergency Shelter services?
- Please describe any proposed changes to Emergency Shelter services for FY 17-18.
- If Emergency Shelter services are not offered, please provide an explanation of why services are not offered.

Emergency shelter services at CAPSEA, Inc., Elk County is supported with local funds and is primarily used for victims of domestic violence and individuals/families who are near homeless. HAP funds are used for shelter recipients who are prepared to move into affordable housing and need help with first month's rent/security deposit. The Elk Co. HAP Coordinator through CAPSEA, Inc. provides that assistance, case management and also coordinates other services throughout the county to reduce the reoccurrence of homelessness/near homelessness. The Executive Director of CAPSEA, Inc. evaluates this component and regularly reviews the program with members of the County of Elk Non Block Grant committee. There are no proposed changes for this program.

Other Housing Supports:

- Please describe the Other Housing Supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of Other Housing Supports services?
- Please describe any proposed changes to Other Housing Supports services for FY 2017-2018.
- If Other Housing Supports services are not offered, please provide an explanation of why services are not offered.

Various housing programs throughout Elk County, including a scattered site permanent housing project through CAPSEA, Inc. and a number of scattered site housing programs through Cameron/Elk Behavioral and Dev. programs. All housing program coordinators meet monthly through a Local Housing Options Team (LHOT) in order to make certain that participants who need housing/rental assistance have access throughout the entire process and that those qualified persons maintain their housing. . The Executive Director of CAPSEA, Inc. evaluates this component and regularly reviews the program with members of the County of Elk Non Block Grant committee. There are no proposed changes for this program.

Homeless Management Information Systems:

- Describe the current status of the county's Homeless Management Information System (HMIS) implementation. Does the Homeless Assistance provider enter data into HMIS?

CAPSEA, Inc. - Elk County HAP clients are entered into the Efforts To Outcomes Data Collection system through the PA Commission on Crime and Delinquency that officially went online and public on October 1, 2013. The E.T.O. system is also used to track domestic violence, sexual violence and crime victims who receive services throughout Pennsylvania. CAPSEA, Inc. is currently working with the PA Commission on Crime and Delinquency, PA Coalition Against Domestic Violence and members of the Northwest Region Rural Housing Advisory Board to finalize and test a reporting procedure through E.T.O. (Efforts To Outcomes) that is comparable to HMIS and maintains victim confidentiality and safety. The Permanent Housing Coordinator and the Executive Director of CAPSEA, Inc., also attend regular meetings with other housing providers and the Northwest Region Rural Housing Advisory Board to discuss updates and attend trainings that pertain to, "coordinated entry/HMIS" for housing projects/services. Other providers have been using HMIS for years, but CAPSEA, Inc. has been exempt from using that data entry program, because we are a comprehensive victim services program/emergency victim shelter. New HUD regulations are mandating that everyone enter data into a comparable system. As mentioned above, PCCD is working with Social Solutions, who developed and manage the ETO system along with other stakeholders as pilot projects are being tested throughout PA to check the comparable software program for victim service programs unable to currently use HMIS. The HMIS comparable data entry system is scheduled to be released across the Commonwealth some time in 2017-18 which will create proposed changes in the way data is collected.

SUBSTANCE USE DISORDER SERVICES

Alcohol and Drug Abuse Services, Inc. (ADAS, Inc.) serves as the Single County Authority (SCA) for Elk and Cameron Counties. ADAS Inc. is a Functional Unit providing direct treatment services.

The comprehensive substance abuse system within Elk/Cameron Counties begins with prevention. ADAS, Inc. facilitates evidence based substance abuse prevention programming in the public and private elementary and high schools including Too Good for Drugs and Life Skills Training. ADAS, Inc. also has a PCCD Grant, Too Good for Drugs that is administered in the Elk County Schools.

Alcohol and Drug Abuse Services, Inc. facilitates early intervention services through participation in the Student Assistance Program which is delivered within the school setting and intended to identify and address problems negatively impacting student academic and social growth. Student Assistance Program services include assessment, short term education and or treatment for identified youth. In addition, ADAS facilitates a smoking cessation program within the schools for students who violate school policy regarding tobacco use and an early intervention program for first time offenders who have been convicted

of DUI, underage drinking, or other violation involving drugs or alcohol, but who do not meet the criteria for a substance use disorder. The First Time Offenders program provides education and promotes addiction awareness.

While the Student Assistance Program generally facilitates youth and adolescent entry into treatment, ADAS, Inc. Case Management staff primarily facilitate adult client entry into treatment. Functions include screening and assessment, placement determination, funding eligibility and continued stay reviews. Once a level of care is determined through an assessment of the client's needs, staff work to ensure that the client is getting the most effective treatment. After the initial assessment, ADAS, Inc. continues to provide ongoing Case Management services in accordance to the Case Coordination model, which provides flexibility to meet the client's needs at any point in their recovery process. Case Management staff work to increase client engagement in treatment, to determine non-treatment issues that may impact recovery, and to facilitate access to services such as primary health care, psychiatric services, housing, positive support networks, vocational training and employment. During the fiscal year 2016-17, the Case Management Department has partnered with Dickinson Mental Health to provide on-site substance use assessments.

In Elk and Cameron Counties, ADAS, Inc. provides intensive outpatient services at the St. Marys, Emporium and Ridgway offices when client numbers allow. Bradford Regional Medical Center provides intensive outpatient treatment in Bradford. ADAS, Inc., is the largest outpatient provider in Elk and Cameron Counties. Through outpatient treatment services adolescents, adults, and families are exposed to a variety of substance abuse treatment modalities, which may be delivered through individual or group sessions. ADAS, Inc. became a co-occurring competent facility in 2013. As of May of 2016 four therapists are certified to provide co-occurring treatment. In addition, five outpatient counselors have completed the gambling treatment certification training.

Bradford Regional Medical Center provides a buprenorphine program in collaboration with ADAS, Inc. Bradford Regional Medical Center also maintains a two bed medically managed alcohol detoxification unit. ADAS, Inc. operates Maple Manor, a short term (28 day) adult non-hospital residential treatment facility which is located in Bradford, PA. This facility recently expanded its services by moving location and since March 31, 2017 provides 16 beds of short term treatment. On July 1, 2017 it will provide eight long term residential beds, a service that has never existed in Elk or surrounding counties. The expansion has already noted a decrease in wait time for non-hospital beds. The average wait time was about a week and a half, since opening wait times have been a few days.

In addition, ADAS, Inc. contracts with a number of out of county providers to provide a wide range of specialized residential services including medically managed and medically monitored detoxification, short term and long term residential treatment, partial hospitalization programming, halfway house services, and methadone services. Contracts also secure specialized programming for adolescents, pregnant and parenting women, co-occurring clients, and veterans. In Cameron and Elk counties during

FY 16-17 as of the end of April, the SCA provided funding for treatment of nine residential treatment experiences, one received outpatient care and two received detox services.

1. Waiting list information by service:

Detoxification services: The SCA utilizes a variety of ways to ensure a timely admission to detoxification services. We utilize two area hospitals, Warren General and BRMC to meet the majority of the needs locally. In addition, we contract with several providers that provide transportation for detoxification services such as White Deer Run, Turning Point and Pyramid Health Care. The SCA has experienced minimal wait time for detoxification services this fiscal year. The majority of the clients served were in detox within 24 hrs.

Non-hospital rehabilitative services: These services continue to run an average of a week to two for services. The SCA utilizes PA Open Beds website to ensure timely admissions for these services. As stated above, the SCA expanded services within the joinder to expedite treatment services, which has reduced waiting times for 3B services. Some clients coming from jail may have longer wait times to accommodate clients coming in from other avenues.

MAT services: The SCA has coordinates a program with BRMC and needs are met for this service within a week. There is also another provider in Elk County that provides MAT services that the SCA refers to. Many of our area clients receive this service from outside the joinder as the requirements are not a stringent and do not require counseling services, so the clients choose to travel a distance instead.

Halfway House services: Halfway House services can be difficult to access throughout the state. The SCA has a Case Manager to help clients access this service and the process often begins the day of admission to a non-hospital residential facility. It is rare that even if the client gets referred 28 days in advance, that they can go directly to a halfway house, which is optimal. The SCA often has to fill the gaps financially and make other arrangements for treatment while the client waits. The average wait is approximately six weeks.

Partial Hospitalization: This is a contracted service through the SCA as this service is not available within the three county joinder. We have an occasional referral to this level of care and have not experienced any notable wait times for the service.

Outpatient: The SCA in Cameron and Elk counties is a functional unit and the primary provider of outpatient care. There has not been any wait time for this service so far this fiscal year.

2. Barriers to accessing any level of care:

Transportation and waiting lists seem to be the most significant barriers this population experiences. Public transportation remains limited in our rural area. Case managers attempt to schedule appointments around the local ATA schedule to better accommodate our clients with limited resources to pay a relative or the ATA to take them to treatment appointments. Waiting lists interfere with treatment because the nature of the disease requires a quick response to willingness to participate in treatment. Often times a client will be placed on a waiting list and will refuse treatment when the bed becomes available. This is usually due to continued use, a thought that they can do it on their own, or reduced family, or other outside pressures to seek treatment. The SCA, as a functional unit has been able to address some of these barriers to treatment by doubling our inpatient capacity and adding long term treatment. As part of the expansion, we are adding a full-time driver to ensure seamless transition from detox to treatment services to help reduce this significant barrier.

3. Narcan resources available in the county:

ADAS, Inc. in partnership with Clearfield Jefferson SCA and Penn Highlands Health Care of DuBois participate in a grant called, Rural Opioid Overdose Reversal (ROOR). Through this grant, the following departments in Elk County have been trained and given free Narcan. The Johnsonburg Police Department, Brockway Police Department, St. Marys Police Department and the Elk County Sheriffs' Office. In addition, the SCA provided free Narcan to Emporium Police Department. Through this grant, the staff at ADAS Inc. were trained as well and developed a program where family, friends or the client themselves can receive free Narcan if they participate in a training with one of our Case Managers. There have been 16 documented reversals with the Narcan distributed through this grant.

4. Resources developed to address the opioid epidemic such as warm hand-off protocols, use of CRS,24/7 Case management services, use of toll free hotline, coordination with local emergency departments, police, EMS, etc.

The SCA participates in the SCA model of the warm hand-off. We have had this procedure in place for many years because we are a functional unit and have a 24 hour inpatient facility that services Elk and Cameron Counties. We participate in the PA Open Beds website and have recently added our own 1-844 number. Case Managers meet with the local hospitals at least once a year to review the warm hand-off policy and see how to work together more efficiently. The SCA is also involved in the Northern Tier Community Health Collaborative. This partnership combines Behavioral and Physical health and is currently working on a "roadmap" of services for the clients served in Cameron County. The Case Managers offer free Narcan to the user of opioids and their families. The SCA has sponsored Town Hall meetings, public question and answer sessions and a teen mock bedroom scene for parents to recognize evidence of substance use. All the public events are to bring awareness to the community in order to

fight the epidemic. Recovery support services were added in Cameron and Elk counties this year to offer additional support in addressing the crisis.

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

As mentioned previously, the SCA has been able to address gaps in local services by expanding short term inpatient services and adding long term treatment for the clients we serve. We are further addressing needs by having a full-time transport person to take clients to the level of care they need in an efficient manner. We have also expanded recovery support services in Cameron and Elk Counties this year by offering the service in every office. In addition, ADAS, Inc. is the treatment provider for the newly developed Drug Court in Elk County.

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

Opioids and alcohol continue to be the primary substances of choice in the area. Marijuana remains the third substance of choice for those seeking treatment. These substances have remained a fairly steady concern. The most disturbing and deadly trend has been the mixing of heroin with other substance such as fentanyl and carfentanil.

Target Populations:

Adults: The services provider in Cameron and Elk counties have three offices to serve this population. Services offered are intake and assessment, case management, recovery support, outpatient and intensive outpatient. The SCA has short term residential and contracts for all other services including detox, long term, halfway house and partial hospitalization.

Adolescents: This population is served in Cameron and Elk counties at the three service locations in the counties as well as all of the county schools. Outpatient and case management services are available at the service locations. Prevention services are available in every school district and the provider is a member of every Student Assistance Program within the schools. Outpatient services are available at the office location or in the schools as well. The SCA contracts all other services including inpatient, partial hospitalization, halfway house and detox services. This year has seen a slight increase in SAP screenings in the schools.

Individuals with Co-occurring Psychiatric and Substance Use Disorders:

The provider in the SCA is staffed with co-occurring competent certified counselors to meet this population's needs in outpatient and short term inpatient. Recovery support and case management services are available within the county. All other services for the population are contracted outside the county. They include long term treatment, halfway house, partial hospitalization and detox services.

Women with Children:

This population is served in the three offices within the two counties. The newly expanded inpatient facility includes a family counseling session that focuses on children of those suffering with addictions. Outpatient, intensive outpatient, prevention, recovery support services and case management are available within the county. The SCA does contract with inpatient and halfway house facilities that allow women to take their children with them to treatment.

Overdose Survivors:

This population is served in all three offices within the counties. Outpatient, Intensive Outpatient, and short term rehabilitation is offered by the county provider. The SCA also offers free Narcan to overdose survivors and their families. All other services are contracted out. They include, long term, halfway house, partial hospitalization and detox services.

County's identified priority populations:

The counties priority populations are as follows: Pregnant injection drug users, pregnant substance users, injection drug users, overdose survivors and veterans. These populations are offered immediate admissions into recommended levels of care.

REVISED SEPTEMBER 25, 2017:

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Adult Services: Please provide the following:

Program Name: Adult Day Service Program

Description of Services: The program offers a safe, comfortable, affordable, loving alternative to homecare. Well trained staff members provide personal care, snacks and a meal and an activity-oriented program from 7:30-5:00

Monday through Friday. A RN monitors the program. There is no medical service provided (including the administration of medications) is not provided.

Service Category: Adult Day Care - Provides a program of activities within a licensed, protective, nonresidential setting to four or more enrolled adults who are not capable of full time independent living.

Adult Services: Please provide the following:

Program Name: LIFT Life Skills Education

Description of Services: Assist and teach consumers to maintain their homes in a clean and sanitary manner. Teach skills necessary to live independently as well as coordinate support services. Empower consumers to stabilize their housing, reduce housekeeping related evictions, achieve/maintain more self-sufficient and productive lives.

Service Category: Life Skills Education - Provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The term does not include job readiness training, instruction in a language, or remedial education.

Adult Services: Please provide the following:

Program Name: In home support

Description of Services: personal care service- provided by a Certified Nurses Aide and the consumer is given assistance with bathing, dressing, personal care needs, feeding and ambulation. Light housekeeping service – assistance with home care needs such as making bed, dusting, vacuuming, laundry, meal preparation, shopping for groceries/prescriptions.

Service Category: Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

Aging Services: Please provide the following:

Program Name: Options Program

Description of Services: Care Manager meets with the older adult and performs an assessment to determine the needs and based on the needs prepares a care plan. The older adult chooses a provider and the Care Manager and Agency manages the provider to ensure the consumer is getting the care requested according to the care plan. The consumer is re-assessed every six months.

Service Category: Care Management - Care Management activities through the Area Agencies on Aging serve as a coordinative link between the identification of consumer needs and the timely provision of services to meet those needs by utilizing all available resources.

Children and Youth Services: Please provide the following:

Program Name: RAPPORT Program

Description of Services: educators meet with youth and provide education, counseling and prevention activities that involve extended family members, fathers of babies and other supportive adults.

Service Category: Life Skills Education - Practical education/training to the child and family, in or outside of the home, in skills needed to perform the activities of daily living, including child care and parenting education, home management and related functions.

Children and Youth Services: Please provide the following:

Program Name: Parents as Teachers

Description of Services: Parents as Teachers is an evidence-based program proven to prevent child abuse and neglect, increase children's school readiness and school success, provide early detection of developmental delays and health issues and increase parent knowledge of early childhood development and improve parenting practices.

Service Category: Counseling/Intervention - Activities directed at preventing or alleviating conditions which present a risk to the safety or well-being of the child, by improving problem-solving and coping skills, interpersonal functioning, and the stability of the family.

Generic Services: Please provide the following:

Program Name: Elkwood Arts Prevocational services

Description of Services: Increase work skills and job readiness for adults with MH and ID disabilities, improve basic tasks of daily living and basic self-care, improve vocational skills with emphasis on obtaining goals of eventually seeking competitive employment.

Service Category: Employment - Activities to enable persons with special needs, including the mentally disabled, who are not adequately served by existing programs, to gain or retain either paid employment or training leading to paid employment.

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

Adult Aging CYS SUD MH ID HAP

Specialized Services: Please provide the following: (Limit of 1 paragraph per service description)

Program Name: ADAS group education and prevention services

Description of Services: provide group education, information including prevention services to school districts, senior centers and involvement with community based organizations to educate on drug and alcohol issues.

Other HSDF Expenditures – Non-Block Grant Counties Only

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	Case Management
Substance Use Disorder	

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	Emergency Shelter
Substance Use Disorder	

Program Name: Citizens Against Physical, Sexual & Emotional Abuse, Inc. Homeless **Assistance Program:** Case Management \$3800 and Emergency Shelter \$8975.

Description of Services: Funds are used to cover the cost of case management (coordinate, collaborate, plan and manage service delivery for shelter recipients), shelter room and board, utilities, and shelter maintenance to the homeless, victims of domestic violence and sexual assault and other serious crime victims.

ORIGINAL NARRATIVE:

HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail).

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

Adult Services: Please provide the following:

Program Name: Adult Day Service Program

Description of Services: The program offers a safe, comfortable, affordable, loving alternative to homecare. Well trained staff members provide personal care, snacks and a meal, medication administration and an activity-oriented program from 7:30-5:00 Monday through Friday. A RN monitors the program

Service Category: Adult Day Care - Provides a program of activities within a licensed, protective, nonresidential setting to four or more enrolled adults who are not capable of full time independent living.

Adult Services: Please provide the following:

Program Name: LIFT Life Skills Education

Description of Services: Assist and teach consumers to maintain their homes in a clean and sanitary manner. Teach skills necessary to live independently as well as coordinate support services. Empower consumers to stabilize their housing, reduce housekeeping related evictions, achieve/maintain more self-sufficient and productive lives.

Service Category: Life Skills Education - Provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The term does not include job readiness training, instruction in a language, or remedial education.

Adult Services: Please provide the following:

Program Name: In home support

Description of Services: personal care service- provided by a Certified Nurses Aide and the consumer is given assistance with bathing, dressing, personal care needs, feeding and ambulation. Light housekeeping service – assistance with home care needs such as making bed, dusting, vacuuming, laundry, meal preparation, shopping for groceries/prescriptions.

Service Category: Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

Aging Services: Please provide the following:

Program Name: Options Program

Description of Services: Care Manager meets with the older adult and performs an assessment to determine the needs and based on the needs prepares a care plan. The older adult chooses a provider and the Care Manager and Agency manages the provider to ensure the consumer is getting the care requested according to the care plan. The consumer is re-assessed every six months.

Service Category: Care Management - Care Management activities through the Area Agencies on Aging serve as a coordinative link between the identification of consumer needs and the timely provision of services to meet those needs by utilizing all available resources.

Children and Youth Services: Please provide the following:

Program Name: RAPPORT Program

Description of Services: educators meet with youth and provide education, counseling and prevention activities that involve extended family members, fathers of babies and other supportive adults.

Service Category: Life Skills Education - Practical education/training to the child and family, in or outside of the home, in skills needed to perform the activities of daily living, including child care and parenting education, home management and related functions.

Children and Youth Services: Please provide the following:

Program Name: Parents as Teachers

Description of Services: Parents as Teachers is an evidence-based program proven to prevent child abuse and neglect, increase children's school readiness and school success, provide early detection of developmental delays and health issues and increase parent knowledge of early childhood development and improve parenting practices.

Service Category: Counseling/Intervention - Activities directed at preventing or alleviating conditions which present a risk to the safety or well-being of the child, by improving problem-solving and coping skills, interpersonal functioning, and the stability of the family.

Generic Services: Please provide the following:

Program Name: Elkwood Arts Prevocational services

Description of Services: Increase work skills and job readiness, improve basic tasks of daily living and basic self-care, improve vocational skills with emphasis on obtaining goals.

Service Category: Employment - Activities to enable persons with special needs, including the mentally disabled, who are not adequately served by existing programs, to gain or retain either paid employment or training leading to paid employment.

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

Adult Aging CYS SUD MH ID HAP

REVISED 9/14/17

Generic Services: Please provide the following:

Program Name:

Description of Services:

Specialized Services: Please provide the following: (Limit of 1 paragraph per service description)

Program Name: Citizens Against Physical, Sexual & Emotional Abuse, Inc. Homeless Assistance Program – Case Management and Emergency Shelter.

REVISED 8/21/17:

Program Name: Citizens Against Physical, Sexual & Emotional Abuse, Inc. Casemanagement and Emergency Shelter.

Description of Services: Funds are used to cover the cost of case management (coordinate, collaborate, plan and manage service delivery for shelter recipients), shelter room and board, utilities, and shelter maintenance to the homeless, victims of domestic violence and sexual assault and other serious crime victims.

REVISION (9/14/17)

Program Name: ADAS group education and prevention services

Description of Services: provide group education and prevention services to school districts, senior centers and involvement in community based organizations to education on drug and alcohol issues.

Service Category: Life Skills Education - Provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The term does not include job readiness training, instruction in a language, or remedial education.

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

Adult Aging CYS SUD MH ID HAP

Interagency Coordination: (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

- how the funds will be spent (e.g. salaries, paying for needs assessments, etc.).
- how the activities will impact and improve the human services delivery system.

Other HSDF Expenditures – Non-Block Grant Counties Only

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

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

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

Appendix A
Fiscal Year 2017-2018

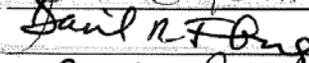
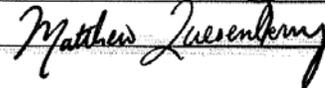
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Franklin

- 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

<i>Signatures</i>	<i>Please Print</i>	Date
		5-24-17
		5-24-17
		5-24-17

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

County:	1.	2.	3.	4.	5.
Elk	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES

MENTAL HEALTH SERVICES

ACT and CTT					
Administrative Management	1,324		\$ 752,981	\$ 10,076	
Administrator's Office			\$ 641,907	\$ 36,144	\$ 11,996
Adult Developmental Training					
Children's Evidence Based Practices					
Children's Psychosocial Rehabilitation					
Community Employment	44		\$ 36,855		\$ 5,804
Community Residential Services	8		\$ 815,001		
Community Services	56		\$ 143,096	\$ 7,373	
Consumer-Driven Services	14		\$ 461,684		
Emergency Services	123		\$ 333,527	\$ 447	
Facility Based Vocational Rehabilitation	38		\$ 165,074		
Family Based Mental Health Services			\$ 50,227		
Family Support Services	24		\$ 43,381	\$ 69	
Housing Support Services	284		\$ 551,246		\$ 168,870
Mental Health Crisis Intervention	394		\$ 64,977		
Other					
Outpatient	139		\$ 136,710	\$ 1,018	\$ 1,544
Partial Hospitalization					
Peer Support Services	36		\$ 183,980		
Psychiatric Inpatient Hospitalization					
Psychiatric Rehabilitation	94		\$ 224,669		
Social Rehabilitation Services	1,119		\$ 643,534	\$ 10,059	\$ 2,556
Targeted Case Management	118		\$ 269,179		\$ 17,777
Transitional and Community Integration	6		\$ 9,810		
TOTAL MENTAL HEALTH SERVICES	3,821	\$ 5,527,838	\$ 5,527,838	\$ 65,186	\$ 208,547

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 283,216	\$ 10,459	
Case Management	70		\$ 63,667	\$ 7,074	
Community-Based Services	57		\$ 320,042	\$ 33,131	
Community Residential Services	1		\$ 74,171	\$ 8,241	
Other					
TOTAL INTELLECTUAL DISABILITIES SERVICES	128	741096	\$ 741,096	\$ 58,905	\$ -

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

County: Elk	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
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HOMELESS ASSISTANCE SERVICES

Bridge Housing					
Case Management (8975 HSDF funds to serve 359 clients)	473		\$ 25,016		
Rental Assistance	114		\$ 11,776		
Emergency Shelter (3800 HSDF funds to serve 152 clients)	152		\$ 3,800		
Other Housing Supports					
Administration					
TOTAL HOMELESS ASSISTANCE SERVICES	739	\$ 27,817	\$ 40,592		\$ -

SUBSTANCE USE DISORDER SERVICES

Act 152 Inpatient Non-Hospital	15		\$ 45,702		
Act 152 Administration			\$ 11,425		
BHSI Administration			\$ 9,673		
BHSI Case/Care Management	15		\$ 2,275		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	8		\$ 15,115		
BHSI Medication Assisted Therapy					
BHSI Other Intervention					
BHSI Outpatient/IOP	100		\$ 17,800		
BHSI Partial Hospitalization					
BHSI Recovery Support Services	20		\$ 3,500		
TOTAL SUBSTANCE USE DISORDER SERVICES	158	\$ 105,490	\$ 105,490	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	13		\$ 10,500		
Aging Services	3		\$ 5,000		
Children and Youth Services	39		\$ 7,000		
Generic Services	1		\$ 5,000		
Specialized Services	200		\$ 7,800		
Interagency Coordination					
Administration			\$ 1,925		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	256	\$ 50,000	\$ 37,225		

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

\$8975 in HSDF will be used in HAP/Case Management to serve 359 individuals & \$3800 will be used in HAP/Emergency Shelter to serve 152 individuals.

GRAND TOTAL	5,102	\$ 6,452,241	\$ 6,452,241	\$ 124,091	\$ 208,547
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