

Appendix A
Fiscal Year 2017-2018

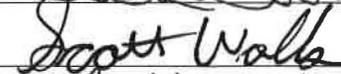
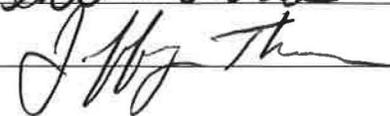
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: HUNTINGDON

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Mark Sather	Date: <u>5-30-17</u>
	Scott Walls	Date: <u>5-30-17</u>
	Jeffrey Thomas	Date: <u>5-30-17</u>

Proof of Publication of Legal Notice

In Accordance with the Provisions of "Newspaper Advertising Act"
approved May 16, 1929, P.L. 1784, as amended

Proof of Publication

vs.

State of Pennsylvania
County of Huntingdon

SS:

Copy of Notice or
Advertisement

Human Services Block Grant Public Meeting
A public meeting will be held on Tuesday, May 30, 2017, from 9:30 AM - 10:00 AM in the Commissioner's meeting room of the Huntingdon County Courthouse, 233 Penn Street, Huntingdon, PA. The purpose of the meeting is to receive public comment on the Huntingdon County Human Services Block Grant Plan. The plan will address Human Services Block Grant services. Huntingdon

JODY HALL, being duly sworn according to law, deposes that she is ADMINISTRATIVE ASSISTANT of The Daily News, a newspaper of general circulation in Huntingdon County, Published at Huntingdon, Pennsylvania, daily established in 1922 and that the legal notice attached hereto and made part hereof was published in said Newspaper May 25, 2017

; that the affiant is not interested in any manner in the subject matter of said notice or advertisement, and that all of the allegations contained herein as to the time, place and character of the said publication are true and correct.

Sworn to and subscribed before me this 30th day of May A.D., 2017.

My Commission expires _____
Carol Ann Gutschall

NOTARIAL SEAL
Carol Ann Gutschall
NOTARY PUBLIC
Huntingdon Boro, Huntingdon County
My Commission Expires 05/30/2019

Statement of Advertising Costs

To Center for Community Action, Wendy Melius
For publishing Notice or Advertisement attached hereto on above
dates May 25, 2017 \$22.62
Probating same PROOF OF PUBLICATION \$5.25

Huntingdon County Commissioners Meeting Agenda

**May 30, 2017
9:30 a.m.**

Meetings are conducted according to Robert's Rules of Order. The meetings will be digitally recorded. The recordings are used by the Chief Clerk to prepare the minutes. The digital recordings are not kept longer than thirty days.

The Commissioner's reserve the right to hold Executive Meetings at any given time prior to the regular meeting as long as reports are given, if any, at the regular meeting.

- I. Call to order - Commissioner Sather
- II. Opening Prayer - Commissioner Walls
- III. Flag Salute - Commissioner Sather
- IV. Additions/corrections to the previous weeks minutes
- V. Approval of the previous weeks public meeting minutes
- VI. Approval of payment of bills
- VII. Additions to agenda
- VIII. Announcements
- IX. Public comments (Subject to meeting rules)
- X. Matters addressed by the Solicitor-
- XI. New business
 - Susan Speicher, Center for Community Action, Presentation of the County's Human Services Plan Guidelines.
 - Jinny Cooper, Register and Recorder of Deeds, requests to hire new Deputy Register /Recorder effective June 1, 2017.
 - Len Hahn, Probation Director, request to hire a Juvenile Probation Officer pending the receipt of pre-employment testing.
 - Nicole Leturgey, CYS Program Specialist, request for Claudia Conrad, Fiscal Supervisor to attend the Pennsylvania Children and Youth Administrators conference in Harrisburg on June 29, 2017.

Appendix B
County Human Services Plan Template

PART I: COUNTY PLANNING PROCESS

Huntingdon County assembled a Human Services Planning Team consisting of representatives from County Commissioners, Mental Health/ID, Drug and Alcohol, and Center for Community Action, Huntingdon County's Community Action agency. Individuals from these agencies also represent their agencies at the Human Services Council, Emergency Food and Shelter Board and various program specific advisory boards.

Notice of the meeting was posted on the agency's website and through e-mails. The planning team met on Wednesday, May 10, 2017 to discuss the needs of Huntingdon County residents, to determine the areas of greatest need, and how those needs can be met with the limited funding available. The planning team communicated through telephone and e-mail. Individuals attending the Planning Meeting were Michelle Barnett, Chief Clerk of Huntingdon County, Mark Sather, representing Huntingdon County Commissioners, Chris Whysocki, JVBDS, Bob Henry JVBDS, Mike Hannon, Tri-County Drug and Alcohol, Susan Speicher, Center for Community Action. Individuals from these agencies also have representation at the Human Services Council, United Way, Emergency Food and Shelter, Local Housing Options Team, Head Start Policy Council, and various program specific boards.

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

Topics of discussion during the Planning Team meeting included: increased drug use, rehab capacity, drug and alcohol prevention, increased children and youth referrals due to increased drug use, crisis intervention training for first responders, need for more drug and alcohol counselors, children aging out of foster care, lack of reliable transportation within the county, lack of safe, affordable housing, supportive services, non-duplication of HSBG funds, need for Planning Team to meet regularly, and the importance of consistent communication by the Planning team.

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

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

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

PART II: PUBLIC HEARING NOTICE

A public hearing was held Tuesday, May 30, 2017 at 9:00 AM in the Commissioner's meeting room at the Huntingdon County Courthouse for the purpose of receiving public comment on the County Human Services Plan. The Huntingdon County Human Services Block Grant public hearing was called to order by Susan Speicher at 9:00 AM. Those in attendance were:

Wendy Melius from Center for Community Action provided a brief overview of the planning process for the grant and the partners that attended the planning session. She explained CCA's portion of the plan that included Homeless Assistance Program and the Human Services Development Funds.

Chris Wysocki from Juniata Valley Behavioral and Developmental Services explained the Mental Health and Intellectual Disability programs and discussed the continued cuts in funding how that has impacts his operations. He also commented that we all work together to identify gap services and identify ways to partner to overcome the gaps.

Additionally, there was discussion regarding the opioid epidemic and the effects on the community with additional CYS placements, D & A treatment capacity issues and the increase involvement of individuals in the criminal justice systems. Other topics of discussion were regarding early intervention with children regarding D & A prevention and education. Another topic discussed evolved out of discussion of transportation and access issues for dialysis. Diabetes diagnosis and need for treatment is increasing and communities are limited in treatment programming. It was noted that some dialysis centers are operating from early in the morning until late at night to meet the needs of patients.

There being no further comment, the public meeting was adjourned at 9:25 AM.

PART III: CROSS-COLLABORATION OF SERVICES

Huntingdon County Human Services Development Fund (HSDF) is administered by Center for Community Action (CCA). CCA administers multiple programs and participates in multiple consortiums and collaborations to ensure that county programs are integrated into basic human services. These include the Huntingdon County Humans Services Council, JC Blair Health and Safety Committee, LINK collaborative team, Regional Homeless Advisory Board, Huntingdon County Prevention Network, EFSP Advisory Board and Head start Policy Council. Participation in these groups allows CCA to not only distribute information and educate community stakeholders about CCA resources but also allows CCA to know about other resources in the county. The major programs administered by CCA in concert with HSDF include: Community Services Block Grant (CSBG), HOME Investment Partnership Housing Rehabilitation Program, Adult Literacy /HiSET Tutoring, Representative Payee Services, State Food Purchase Program (SFPP) and The Emergency Food Assistance Program (TEFAP), and the Emergency Food and Shelter Program. CCA also administers the Retired and Seniors Volunteer (RSVP) program in Huntingdon County and assist the local Veteran's Hospital will transportation services through a VA Van program. Specifically related to employment, CCA administers the Employment Advancement Retention Network (EARN), Work Ready, and Pre-Employment Training Services for the Office of Vocational Rehabilitation. As a provider of these programs, CCA participates on multiple levels with the Southern Allegheny Planning and Development Corporation (SAP&DC) Work Force Investment Board to coordinate and development

employment opportunities for populations with multiple barriers. This involvement includes Local Management Team, WIOA participation as a mandated partner, as well as belonging to WIOA Management Board.

Specifically related to housing, CCA administers the Homeless Assistance Program (HAP) for Huntingdon County. Local dollars from the Forum of Church's provides additional funding for housing and heating emergencies. HSBG dollars and HAP dollar are leveraged with HSDF to bring Emergency Solutions Grant Dollars (ESG) and Continuum of Care (COC) and Supportive Services for Veteran's Families (SSVF) dollars in to the county. CCA currently has a Continuum of Care direct funding of \$98,875 per year and COC funding for homeless Rapid Rehousing and supportive services. CCA also receives Department and Community Services Emergency Solutions Grant (ESG) funding which varies by year but has been as high as \$75,000. CCA is expecting to start a new COC program in late summer of 2017 in the amount of \$276,483 for homeless assistance in Huntingdon County as well as surrounding counties. CCA works closely with other homeless providers in the area since there is no shelter in the area.

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

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

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

a) Program Highlights: (Limit of 6 pages)

Juniata Valley Behavioral and Developmental Services (JVBDS) provides administration of the public mental health system in three rural Central Pennsylvania Counties: Huntingdon, Mifflin and Juniata. With a land area of 1,678 square miles, the Tri-County Area is home to approximately 115,000 people.

JVBDS strives to make available flexible and person-centered services meaning that individuals control their recovery by choosing what works for them. JVBDS supports psychiatric rehabilitation (both site-based and mobile), Clubhouse, Certified Peer Specialist, three drop-in centers, supported living program and a master leasing program. All of these services are offered to provide opportunities for rehabilitation and recovery

from serious mental illness. JVBDS uses a combination of funding streams in order to support the development of recovery-oriented services including state allocations, reinvestment funds, county funds, federal grants and Health Choices. The following highlights the streams of funding used to support services in Huntingdon, Mifflin and Juniata Counties:

- Psychiatric Rehabilitation(mobile and site-based)/Clubhouse: Health Choices/Medical Assistance/County/OVR
- Certified Peer Specialist: Health Choices/County
- Social Rehabilitation Drop-In Centers (3): County
- Projects to Assist Transition from Homelessness (PATH): State/Federal allocations
- Master Leasing: Reinvestment/County/PCCD Grant
- Outpatient Psychiatry and Therapy: Health Choices/Medical Assistance/County
- Mobile and Telephone Crisis: Health Choices/Medical Assistance/County
- Supported Living Program: County
- Advocacy (Advocacy Alliance): County
- Respite: County
- Community Residential Rehabilitation (CRR): County
- Emergency Shelter for SMI: County
- Case Management/Forensic ACM: County/PCCD Grants
- Family Based Mental Health Services: Health Choices/County
- Inpatient Hospitalization: Health Choices/Medical Assistance/Medicare/County (for involuntary commitments)
- Emergency Services (delegate, transportation, mental health review officers): County
- Blended Case Management: Health Choices/Medical Assistance/County
- Transportation: MATP/County
- Student Assistance Program (SAP): County

JVBDS has voting representation on the Criminal Justice Advisory Boards in each county and works with probation, county jails and the courts in order to serve people in this system. Mifflin County is continuing to participate in a PCCD grant to provide re-entry services to individuals in the Mifflin County Correctional Facility. Through this grant, JVBDS continues to provide tele-psychiatry for individuals with mental illness in the jail and forensic case management during and after incarceration. The grant currently supports 6 master leasing units for individuals involved in the criminal justice system who are in need of housing. These units have been consistently full with close to 100% of the participants employed. JVBDS also participates in monthly interdisciplinary team meeting in order to brainstorm about complex cases and collaborate with different systems to provide proper supports to an individual.

b) Strengths and Needs: (Limit of 8 pages)

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at <https://www.samhsa.gov/health-disparities>.

- **Older Adults (ages 60 and above)**
 - Strengths: JVBDS works closely with partners in Area Agency on Aging (AAA) to expand our knowledge of the aging population who experience mental illness.
 - JVBDS recently updated and completed a signed memorandum of understanding with AAA in Mifflin and Juniata Counties (May 2017) and is working through LINK partnership in order to provide trainings to staff relevant to mental health issues in the aging population. Several trainings are in the planning phase to be completed this calendar year including Power of Attorney, Guardianship, and Safety Considerations for home-visiting staff.
 - Point persons in each agency are assigned to facilitate the transfer of information and concerns regarding consumers who can benefit from both mental health and aging systems. Quarterly meetings are held between the two systems to continue planning and address any concerns regarding collaboration amongst agencies.
 - JVBDS will participate (June 14, 2017) in a program called “10 Keys to Healthy Aging” by presenting information regarding maintaining social contact and combating depression. The program is an overall wellness initiative designed to offer information to aging individuals on a variety of topics including physical and emotional health.
 - Needs: The Mental Health and Aging systems continue to work within a gray area regarding adults with dementia. This often presents when an individual’s behaviors result in an emergency response and hospitalization is required. Based on behaviors, the person may become involved in the emergency services/delegate system within the mental health system. This can create difficulties locating appropriate treatment and especially aftercare upon discharge. JVBDS will continue to work with partners at local AAA to improve communications and collaboration regarding these cases. Ideally, with proactive planning, these situations leading to an emergency response may be decreased and steps could be implemented to avoid involuntary commitment.
- **Adults (ages 18 and above)**
 - Strengths: As mentioned in Program Highlights, JVBDS makes accessible services that build on a person’s strengths to promote recovery. Services have moved in a rehabilitation direction in addition to the clinical evidence-based services such as medication management and outpatient services. JVBDS has added Mobile Medication Management program to the service array in January 2017. It is designed to assist individuals who have chronic challenges related to medication organization

and administration. Staffing of the program consists of a psychiatrist, registered nurse, and medication technicians. Services are provided in the home and community and support an individual through a multi-phase process designed to develop the skills necessary to independently follow a medication regimen.

- Needs: Consumers of services in rural counties experience access issues related to a lack of public transportation and the large geographical area being served. This creates challenges for individuals attending appointments and also makes the development of mobile evidence-based practices cost prohibitive. Also, the inability for providers to be reimbursed for transportation/travel costs is detrimental to the individuals being served in case management.
 - There is a lack of funds to meet the housing needs of many individuals with serious mental illness. Permanent, safe affordable housing is one of the most important components of an individual's recovery yet resources are very limited in this area.
 - Rural counties continue to struggle with providing enough psychiatric time to adequately serve the population in need. Waiting lists and delays in providing services are often directly linked to this shortage.
- **Transition-age Youth (ages 18-26)- Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.**
 - Strengths: Adult and children's services work together as an adolescent transitions to adulthood. CASSP-involved individuals and families will begin coordinating with the adult service system and representatives of that system prior to aging out of the CASSP system. Adult services participate in CASSP meetings prior to participating in adult services.
 - Needs: There is a need for case management to focus specifically on this population. Often times, transition-age individuals are aging out of children's service and will need continued support as they transition into the adult system. In other cases, children are aging out of therapeutic foster care or other residential placements and need supported in the development of skills that can help them be successful adults.
- **Children (under 18)- Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.**
 - Strengths: SAP: SAP Liaison Coordination Team Meetings are held monthly. These meetings include providers, school district representation, staff from the IU 11, the CASSP Coordinator, and state participation. Any issues and concerns that schools or providers are experiencing are addressed. A SAP Day is held annually, in which training is offered to SAP team members. This past year the training focused on what trauma can look like in the school setting, and gaming and how it affects adolescents. The number of SAP assessment completed in all 3 counties for the 2016-17 school

year was 151. 81 students participated in SAP supports groups in the schools, which is a total of 232 students served in Huntingdon, Mifflin, and Juniata counties.

- **Respite:** Respite is utilized as a diversion to inpatient hospitalization. HMJ has children/adolescents that have regularly scheduled respite weekends to give families time to recharge and decrease need for crisis services. A second type of respite we provide is in home respite. This service is not an overnight respite, but it allows families to do have extra support when they have a child/adolescent with very high needs.
- **CASSP:** Each of the 3 counties has a collaborative team that includes representation from CYS, JPO, D&A, local school districts, the BSU, CCBHO, and any providers working with the families. Families are encouraged to bring any supports they might have to the meetings. Follow up meetings are held to ensure that the plans are working for the family. Emergency meetings are held on an as needed basis. Over the past year the teams have supported 113 child/adolescents across the 3 counties. At this time there are only 4 child/adolescents placed in RTF in Huntingdon, Mifflin, and Juniata counties. The team works very hard to keep child/adolescents in their homes and communities.
- **Needs:** The Tri-County could always benefit from more funding for respite services. There is also a lack of resources to provide the services. More SAP funding could be utilized to train more team members. With more SAP funding we could offer elementary SAP services in our counties. HMJ is also participating in vicarious trauma training being offered through our BHARP Systems of Care initiative. More trauma training are being planned for the coming year across Huntingdon, Mifflin, and Juniata counties.

Identify the strengths and needs of the county/joinder service system (including any health disparities) specific to each of the following special/underserved populations. If the county does not currently serve a particular population, please indicate and note any plans for developing services for that population.

- **Individuals transitioning out of state hospitals**

- **Strengths:** JVBDS primarily uses two state hospitals, Danville State Hospital for civil commitments and Torrance State Hospital for forensic commitments. The program works with Service Access and Management Base Service Unit (BSU) to manage admissions and discharges. The Tri-County area is currently under the bed cap of 13 that it is allotted. Historically, HMJ is consistently under its bed cap and works to ensure that individuals needing state hospital level of care can be safely discharged back to the community. HMJ currently has a bed cap of 13 and a census of 9 individuals at Danville State Hospital.
 - JVBDS and BSU representatives facilitate Consumer Support Plan (CSP) meetings for all individuals in Danville State Hospital. This process develops a plan of supports for the individual as they work through treatment and toward discharge. The plan follows the individual back to the community so that all supports can be in place upon discharge.

- JVBDS and BSU works closely with local inpatient psychiatric units to assist with admissions to state hospital and whenever possible, put community supports in place to divert the need for state hospital.
 - JVBDS has accessed CHIPP slots for individuals requiring intensive and specialized services in order to remain successful in the community. Specialized housing arrangements have been developed with intensive supported living staff support.
 - Needs: There are some individuals who's discharge from state hospital is not possible due to the lack of supports necessary in the community. JVBDS works with its other county partners in the Behavioral Alliance of Rural Pennsylvania (BHARP) to develop resources through reinvestment opportunities such as an enhanced personal care home in Atlas, PA where one such individual from HMJ is living.
- **Co-occurring Mental Health/Substance Use Disorder**
 - Strengths: JVBDS currently has two employees who serve on the board of the Tri-County Drug and Alcohol Abuse Commission (SCA for Huntingdon, Mifflin and Juniata Counties). JVBDS is a Program to Assist in Transition from Homelessness (PATH) grant recipient. PATH is designed to provide assistance to individuals who are imminently or chronically homeless and experience a substance abuse and/or mental health disorder. Mainstream Counseling in Huntingdon, PA and Clear Concepts Counseling in Lewistown, PA provide assessment, individual and group counseling to participants of the PATH program who have co-occurring diagnoses.
 - Needs: Develop a HIPPA compliant referral process for individuals who need both MH and D&A services.
 - Advocate for true one-stop co-occurring treatment (on-going).
- **Justice-involved individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.
 - Strengths: JVBDS has voting representation on the Criminal Justice Advisory Boards in all three counties within the joinder and works with probation, county jails and the courts in order to serve people in this system. Mifflin County is continuing to participate in a PCCD grant to provide re-entry services to individuals in the Mifflin County Correctional Facility. Through this grant, JVBDS continues to provide telepsychiatry for individuals with mental illness in the jail and forensic case management during and after incarceration. The grant currently supports 6 master leasing units for individuals involved in the criminal justice system who are in need of housing. These units have been consistently full with close to 100% of the participants employed. JVBDS also participates in monthly interdisciplinary team meeting in order to brainstorm about complex cases and collaborate with different systems to provide proper supports to an individual.

- Needs: JVBDS serves many individuals involved in the criminal justice system including people who are transitioning from state correctional facilities and local jails. Housing continues to be one of the most difficult challenges for a portion of this population depending on past charges and convictions. Sexual offenders, violent offenders and persons with a history of arson present a unique challenges in housing and specialized treatment services available. JVBDS continues to work proactively with SCI and local jails to develop appropriate living and treatment modalities upon release.
- **Veterans**
 - Strengths: JVBDS has and currently does support veterans in the public mental health system and providers such as case management do access VA services for individuals who qualify. Case management has worked to access both inpatient and outpatient services at VA facilities. Local Crisis Intervention Team training also incorporates several veteran's sections into the week long training. This enhances police and first responders knowledge of issues that could be facing veterans who have returned from active duty and also a knowledge of the resources available to them.
 - Needs: There are no programs or services targeted specifically to the veteran population. The SAM, Inc. BSU determines if a person is a veteran during the intake process and then this data can alert case management or other service providers that additional resources may be available to the person they are serving.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
 - Strengths: JVBDS ensures that all contractors provide culturally competent services to individuals. Providers are expected to be culturally competent when providing services to individuals and train its staff accordingly. JVBDS sponsors local trainings conducted by Clinical Services and Training entitled Transgender: Best Practices in Mental Health Care. Training dates are June 30, 2016 and October 12, 2016. The program offers 3 ethics continuing education credits for clinicians and is designed to convey the following skills and knowledge:
 - Understand basic transgender language, terminology and concepts
 - Identify and explain differences between the three separate continuums of gender identity, sexual orientation and physical/biological sex
 - Understand the transition process
 - Identify strategies of effective mental health care for transgender clients
 - Understand how to create a transgender friendly agency or practice
 - Incorporate basic knowledge of transgender issues, concepts and concerns into their current professional work
 - Refer to transgender resources and existing programs and materials addressing these concerns

- Needs: There are no programs or services targeted specifically to the LGBTQI population. JVBDS will continue to offer training opportunities for access by local providers to better understand the unique needs that may be present for this population.
- **Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)**
 - Strengths: Contracted providers are expected to utilize interpreters and sign language assistance for individuals who do not speak English or are deaf/hard of hearing. There are several options available in the Tri-County area for interpretation services and those have been utilized by providers when necessary. Contracted outpatient provider accesses certified ASL interpreter services and Spanish speaking interpreter services for individuals who need those resources to participate in effective treatment. The Community Residential Rehabilitation provider currently uses an ASL interpreter to serve a deaf individual in their program as well as a certified ASL interpreter for doctors and therapy appointments.
 - Needs: There are no programs or services targeted specifically to any racial or ethnic group. Interpreter services are accessed on an as-needed basis.
- **Other: People living with chronic health conditions such as heart disease, pulmonary disease and diabetes**
 - Strengths: JVBDS worked with Community Services Group to develop a mobile psychiatric rehabilitation program that addresses both physical health and behavioral health needs. Individuals in the program work on goals related to medication management, illness management, improvement of physical condition, and mental health recovery. The program was developed knowing that there is a strong correlation between mental health diagnoses and certain types of chronic physical illness. It has been shown effective in helping individuals lose weight, smoking cessation and lowering A1C levels all while providing the tools for mental health recovery.
 - Needs: None.

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

Yes No

If yes, please describe the CLC training being used. Plans to implement CLC training may also be included in the discussion. (Limit of 1 page)

c) Supportive Housing:

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

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

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started

3. Master Leasing (ML) Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ 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
	PCCD Grant	\$22,215	\$39,600 (through Dec. 31)	6	6	6	6	\$3,703 (includes utilities)	2014
	Base Funds	\$51,581	\$82,700	8	8	8	8	\$6,448 (includes utilities)	2009

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

5. Housing Support Services for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
Supported Living (Including 1 CHIPP)	Base Funds	\$147,924	\$90,000	43	35			3	2003

6. Housing Contingency Funds for Behavioral Health	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
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Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Average Contingency Amount per person	Year Project first started
	Reinvestment	\$19,941	0	46	0			\$430	15/16
	PATH	\$9,493	\$10,000	25	30			\$380	13/14

7. Other: Identify the program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<p>Project Based Operating Assistance (PBOA) is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL) is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.</p>									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)		Year Project first started
	Emergency Shelter	\$86,940	\$80,000	32	30	N/A	N/A		2000

d. Recovery-Oriented Systems Transformation: (Limit of 5 pages)

1. Community Support Program (CSP)

Narrative including action steps:

The County is committed to re-establishing a strong Community Support Program in the Tri-County Area. Historical, CSP has ebbed and flowed in HMJ due to lack of coordination, leadership, interest, and geographic logistical issues. On October 12, 2016, the County Office outreached to PMHCA and began the process of starting CSP again. Through the technical assistance of PMHCA a local group was established of mental health advocates, drop-in center leadership, Certified Peer Specialists and interested providers. This group discussed and formed a plan to re-establish CSP. Another meeting was held on November 9, 2016 to continue planning for training and a kick-off meeting. Leadership in Recovery Training was provided to 20 individuals on January 18, 2017 to prepare individuals on taking leadership roles within the recovery community and specifically CSP. The group decided that, regardless of covering a three county area, the group should meet monthly at the same time and date and at a single location. There have been three subsequent meetings of the local CSP and the group is in the process of creating structure, protocols, leadership, marketing and a fiscal plan.

Timeline:

10/12/16: First meeting of interested individuals to form a plan
11/09/16: Second planning meeting with technical assistance from PMHCA
01/18/17: Leadership in Recovery Training held for 20 participants w/ TA from PMHCA
02/15/17: CSP Meeting: Continue planning and discussion of adoption of protocols
04/19/17: CSP Meeting: Formation of committee to develop brochures/adoption of protocols
05/17/17: CSP Meeting: Decision to provide 15 scholarships to Recovery Summit in September. Decision to provide \$20 Sheetz gift cards to anyone traveling to meetings from more than a 15 mile radius and bring another person. Final design decisions made on brochure.

Fiscal and Other Resources:

The Mental Health Association of Seven Mountains Region is the finduciary for the local CSP with access to \$3000 of FSS Base Funds from the County Office. Funds will be used at the discretion of the CSP. The CSP will also apply for Education/Empowerment Training Grant funds from Central Region CSP in the 17/18 fiscal year. These funds in the amount of \$500 can help to fund a future resource publication being planned by the group.

Tracking Mechanism: The plan is to meet on the 3rd Wednesday of each month at the Mifflin County Courthouse Annex. Minutes will be generated by the secretary following each meeting and sign-in sheets will be collected. All data and information will be maintained with the MHA of 7 Mountains Region.

2. Decision Support Center

Narrative including action steps:

The County Office plans to assist with implementation of a Decision Support Center in one outpatient clinic in 2017. Work is being done currently with the provider and managed care organization to support implementation early in the next fiscal year. The Decision Support Center (DSC) promotes a partnership with your psychiatrist to include you in the decision making process that affects your mental health. The DSC is staffed by peers who have shared experiences in the mental health

system. Our goal at the DSC is to promote self-advocacy in treatment by providing access to recovery oriented information to make an educated decision regarding your treatment options.

The Decision Support Center will work with you to learn about:

- Personal Medicine:
 - Personal Medicine is an activity that someone does because it helps them feel better. It is not a pill you take, but something that you can do to feel better. Examples could be taking a walk, gardening, or volunteering. This can change your mood and make you feel better.
- Power Statements:
 - You will develop a power statement that describes what you want to work on with your doctor, and why.
- Your Health Report:
 - You complete this report in the DSC before you meet with the doctor. It allows you to guide the conversation with your doctor to make sure you and your doctor are aware of what your concerns and needs are for treatment.
- The Recovery Library:
 - The Library provides you access to articles, videos, and worksheets, all designed to support you on your road to recovery.

Timeline:

07/01/17: Obtain agreement with MCO and provider to establish a DSC in the Yeagertown, PA outpatient clinic.

08/01/17: Obtain capital purchases (computers, software, office furniture)

09/01/17: Have identified, interview, hire and train Certified Peer Specialist(s) to provide the service.

10/01/17: Begin providing service at the outpatient clinic

Fiscal and Other Resources:

The managed care organization already funds a DRC at the UCBH Outpatient Clinic in Bellefonte, PA on a fee-for-service basis. The Yeagertown DSC will be modeled after that clinic. Based on FY 16/17 data, UCBH has billed for 2800 visits to the Bellefonte DRC for a total of \$168,000. Start-up activities and ramping up of consumer usage may see a smaller figure for Yeagertown in the first year.

Tracking Mechanism:

UCBH will work with the managed care organization to establish rates and billing process. Individuals being served through the DSC will be tracked by the provider and MCO. The County will track participation in the program according to this data. C/FST surveys will be completed on the program during the 2018/2019 fiscal year after it has been established and operating.

3. Trauma Learning Collaborative (SAMHSA SOC Grant through BHARP)

Narrative including action steps:

Universal Community Behavioral Health (UCBH), a contracted mental health outpatient provider, is participating in a SAMHSA grant through the Behavioral Health Alliance of Rural Pennsylvania (BHARP) to develop a Trauma Informed Clinic and Trauma Certified Therapists. Currently UCBH has six therapists participating in the learning collaborative with the goal of becoming a Community Care Behavioral Health (CCBH) Trauma Center by December 2017. Each therapist started with 10 hours of on-line Cognitive Behavioral Therapy (CBT) training followed by a two-day conference. They also attended a two-day conference focused toward Cognitive Processing Therapy (CPT). CBT is the modality used to address trauma in children and adolescents while CPT is used to treat adults. Thus far, more than 700 individuals have been screened for trauma at intake and check-in. Currently there are 60 individuals who have been identified as needing trauma informed care and are receiving the service.

Timeline:

- June 2016: Therapist complete on-line training and conference-based training for CBT and CPT. In-house assessment and tracking mechanisms developed.
- Monthly: Therapists participate in monthly consultation calls with learning collaborative.
- On-going: Each patient completes an Outpatient Check-In Self-Evaluation prior to every appointment. Short questionnaire may indicate the need for further assessment related to trauma. If indicated and the individual is willing to participate, further assessment will be completed and trauma informed care will begin.
- On-going: When patient agrees to proceed with trauma informed care, a full-scale PCL assessment is completed and repeated every 90 days throughout treatment.
- December 2017: UCBH Yeagertown Clinic will become a Certified CCBH Trauma Center.

Fiscal and Other Resources:

All training and consultation calls are supported by the SAMHSA grant through the BHARP learning collaborative. On-going treatment of individuals identified as needing trauma informed care are supported through billing to Community Care Behavioral Health.

Tracking Mechanism:

- Patient outcomes are tracked on the full-scale PCL assessment every 90 days which measures efficacy of the trauma-informed care.
- All results are shared with the learning collaborative and therapists do monthly consultation calls with the learning collaborative

e) Existing County Mental Health Services:

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

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

*HC= HealthChoices

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	42	N/A	N/A	N/A	N	N	Supported Living
Supported Employment	Y	25	Clubhouse ICCD Standards	Clubhouse/ICCD	3 Years	N	N	# Employed: 26
Integrated Treatment for Co-occurring Disorders (MH/SA)	N							
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	Y	15	MCO Standards	Provider/MCO		N	N	
Therapeutic Foster Care	Y	8	Visits/Trainings/Meetings	Agency	N/A	Y	Y	
Multisystemic Therapy	Y	35	Outcomes tracked 1 year post dc	MCO/Agency	Weekly	Y	Y	
Functional Family Therapy	N							
Family Psycho-Education	N							

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

To access SAMHSA's EBP toolkits:

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

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	N/A	Surveys completed on at least 6 programs
Family Satisfaction Team	Y	N/A	
Compeer	N		
Fairweather Lodge	N		
MA Funded Certified Peer Specialist	Y	40	
Other Funded Certified Peer Specialist	Y	3	
Dialectical Behavioral Therapy	Y	?	Service takes place with contract provider
Mobile Meds	Y	58	
Wellness Recovery Action Plan (WRAP)	Y	?	Trained CPS staff available for WRAP
High Fidelity Wrap Around	N		
Shared Decision Making	Y	?	CYS function, not related to MH/ID
Psychiatric Rehabilitation Services	Y	110	Site-based, mobile and clubhouse
Self-Directed Care	N		
Supported Education	N		
Treatment of Depression in Older Adults	Y	?	Occurs through individual outpatient providers
Competitive/Integrated Employment	N		Include # employed
Consumer Operated Services	Y	120	3 Drop-in centers
Parent Child Interaction Therapy	Y	0	This program has been available, but not accessed in the past fiscal year
Sanctuary	N		
Trauma Focused Cognitive Behavioral	Y	60	
Eye Movement Desensitization And	N		
First Episode Psychosis Coordinated	N		
Other (Specify)			

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

**Do not include numbers served counted in Supported Employment on Evidenced Based Practices Survey above [table (f)]

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

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

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 organization
- residential settings
- ACT, PACT, or FACT teams

Total Number of CPSs Employed	6
Number Full Time (30 hours or more)	
Number Part Time (Under 30 hours)	6

INTELLECTUAL DISABILITY SERVICES

Juniata Valley Behavioral and Developmental Services (JVBDS), located at 399 Green Avenue, Ext., Lewistown, PA 17044, welcomes the opportunity to respond to the needs of residents of Huntingdon, Mifflin and Juniata Counties, who have an intellectual disability, through the submission of the 2017/2018 Fiscal Year Intellectual Disabilities (ID) Plan.

Individuals with disabilities should receive the services and supports they need in their home communities. Services and supports are coordinated by a team approach, through Service Access & Management, Inc., with approval and authorization oversight by JVBDS.

Local providers offer individuals with disabilities time in their home community to participate in a variety of activities and experiences for their everyday life. Providers work collaboratively to provide day

programming, Hab-aide, companion, supported employment, pre-vocational, residential, life sharing, transportation, and supports coordination services that will support each individual and his/her specific needs to maximize their time available in the community for participation in activities which are important to the individual.

	<i>Estimated Individuals served in FY 16- 17</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 17- 18</i>	<i>Percent of total Individuals Served</i>
Supported Employment	3	100%	3	100%
Pre-Vocational	1	100%	1	100%
Adult Training Facility	3	100%	5	100%
Base Funded Supports Coordination	96	100%	105	100%
Residential (6400)/unlicensed	0	0%	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	8	100%	9	100%

Supported Employment

JVBDS is part of a coalition that focuses on improving employment outcomes through the development of standard practices in collaboration with advocates, local School Districts, provider organizations and the Office of Vocational Rehabilitation. The local supports coordination organization, Service Access & Management, Inc. (SAM, Inc.), serving Huntingdon, Mifflin and Juniata Counties, works with local providers to identify employment opportunities.

Current employment services and supports in Huntingdon, Mifflin and Juniata counties include:

- Supported Employment
 - Job Coaching
- Mobile Work Force
- Vocational Workshops

The JVBDS Advisory Board has a long-standing goal to increase the employment opportunities for individuals with intellectual disabilities.

- Supports Coordinators promote “employment first” approach.
- Employment goals included at IEP meetings.
- Employment goals explored at ISP meetings.

- Providers who focus on creating public awareness for employment opportunities for individuals with developmental disabilities.
 - Partnering with local companies/businesses to ensure that the developmental disabilities community is represented.
- Education for employers on hiring persons with developmental disabilities and identifying positions within each business that could be filled by individuals with developmental disabilities.
- Expanding in-school programming that identifies youth who have a goal of independent employment.
- Adaptive day programs targeting individuals who have a goal of independent living/employment.
- Restructuring of current employment focused programming to ensure that individuals secure meaningful employment.
- Partner through a multisystem approach to support individuals with complex needs to ensure individuals secure meaningful employment through participation in Experience the Employment Connection (EEC) joint training effort.

During FY 2017/2018, supports coordinators will identify those individuals who could benefit from participating in supported employment and link those individuals with providers who offer employment services. JVBDS will seek to participate in additional training opportunities that provide opportunity for cross systems collaboration and to support individuals with complex needs who are seeking meaningful employment. ODP could assist counties with establishing employment growth activities by assisting with information, outreach and support to businesses and industries, encouraging the employment of people with disabilities.

Supports Coordination

Natural supports are utilized for each individual to ensure that they are afforded an Everyday Life. A team approach is used to provide a continuum of services in the least restrictive setting, and as appropriate to meet the needs of those residents with intellectual disabilities in

Huntingdon, Mifflin, and Juniata Counties. Services and supports are coordinated with Service Coordination through SAM Inc., with approval and authorization oversight by JVBDS. Additional training is explored to help Supports Coordinators learn, practice, and replicate the planning process for individuals with complex needs utilizing services and supports across service systems. Services and supports include, but are not limited to: Residential Services, including Community Living Arrangements and Family Living/Life Sharing; Adult Services, including Adult Training Facilitates/Workshops, Habilitation Aide Services, Respite, Transportation, Employment Services, Home/Vehicle Adaptations, Assistive Technology, and Specialized Supplies and generic supports.

JVBDS participates in monthly meetings with SAM, Inc. to explore services and supports that are available in the community to be utilized for each individual prior to accessing paid supports and services. During those same monthly meetings, the PUNS categories are reviewed and all individuals in need of services and supports are assessed according to need and assigned a score based on their level of need. They are then placed on a waiting list and services and supports are accessed when they become available. This waiting list is reviewed each month to ensure that the individuals with the highest level of need are at the top of the list.

JVBDS review all ISPs as part of the approval and authorization process. JVBDS assists SAM, Inc. in developing ISPs that maximize community integration and Community Integrated Employment. Monthly meetings between JVBDS and SAM, Inc. serve to ensure that community integration and Community Integrated Employment remains a primary focus. JVBDS sets aside funding for systematic training to assist

SAM, Inc. with developing ISPs that maximize community integration and Community Integrated Employment. In addition, JVBDS will participate in training that is necessary to help with cross system collaboration to ensure appropriate supports for individuals with complex needs.

Life Sharing Options

The JVBDS Advisory Board has a long-standing goal to ensure that individuals, who can be best served through Life Sharing/Family Living, continue to be identified and afforded that opportunity.

- Life Sharing is presented as the first option when exploring residential options.
- Supports Coordinators, work in tandem with local residential providers to educate families on the benefits of Life Sharing.
- Caseload reviews are completed annually to identify individuals who would benefit from Family Living as opposed to other forms of residential care.
- Life Sharing providers participate in community outreach in order to elicit families who are willing to open their homes and lives to individuals with development disabilities.
- Life Sharing providers work with families to support already existing natural supports for individuals who are willing to open their homes to individuals with developmental disabilities and with whom they currently share other areas of their lives.
- Individual who are aging out of high school and demonstrate a need for residential services, are directed to explore Family Living as a first option for their residential needs.

During FY 2017/2018, Supports Coordinators will identify those individuals who could benefit from participating in Life Sharing/Family Living as an option to their residential needs. The option of Life Sharing will be discussed with these individuals and their families/teams.

The Life Sharing residential option has remained consistent in Huntingdon, Mifflin and Juniata counties. Advertising has seen a slight increase in interested parties but governmental regulations, such as licensing requirements, remain the largest barrier to Life Sharing growth. Additional barriers to Life Sharing include:

- Lack of individuals who are willing to open their homes to individuals with intellectual disabilities.
- Lack of individuals appropriate for Life Sharing placement.
- Additional governmental regulations (i.e.: Licensing, Budgetary restrictions, the inability to provide services to family members, etc.)

JVBDS is hopeful that with the proposed regulation changes, individuals and families willing to open their homes to Life Sharing will increase. It is our hope that the ability to utilize the existing natural relationships of family members, Life Sharing utilization will increase. ODP could assist in growing the Life Sharing option by increasing the reimbursement to families who are willing to open their homes to individuals with intellectual disabilities, as well as follow through with the proposed options to expand regulations of those able to provide life sharing supports. ODP could also assist with reconsideration of the impact of some of the Life Sharing exclusions set to begin July 1, 2017.

Cross Systems Communications and Training

Community outreach and cross systems collaboration is essential to increase the capacity of community providers to more fully support individuals with multiple needs. Base funds are used to provide community outreach activities such as participation in wellness and informational fairs across Huntingdon, Mifflin and

Juniata counties. Base funds are also use for mass mailings and other types of advertisements to engage providers to increase capacity and more fully support individuals with multiple needs in Huntingdon, Mifflin and Juniata counties. JVBDS/SAM, Inc. also provides representation on the following local committees in order to access those providers who are not enrolled in the ID system but who may offer necessary services and supports for individuals with multiple needs:

- CAASP Advisory Board
- CSRU Selection Committee
- Huntingdon County Criminal Justice Advisory Board
- Huntingdon County Human Services Council
- Huntingdon County Prevention Network
- Huntingdon County Systems of Care
- Huntingdon County Transition Council
- Juniata Council of Agencies
- Juniata County Criminal Justice Advisory Board
- Juniata County Transition Council
- Juniata County Systems of Care
- Link to Aging & Disabilities Resource
- Local Housing Options Team
- Mifflin County Children and Youth Services Board
- Mifflin County Criminal Justice Advisory Board
- Mifflin County Systems of Care
- Mifflin County Human Resource Council
- Mifflin County Human Services Development Committee
- Mifflin County Multi-Disciplinary Team
- Mifflin County Transition Council
- Mifflin County Home Visiting Program Stakeholders Committee
- Project YES Steering Committee

JVBDS has developed a systematic plan to identify all persons with an intellectual disability prior to their graduation from high school. In order to see this plan through fruition, JVBDS has partnered with the six core school districts whose service delivery area lies solely within the joinder boundaries. This partnership seeks to ensure that all students with an intellectual disability have the opportunity to access specialized supports and services specific to their needs. In addition, the local Children and Youth agencies and probation departments have been included in this planning process to ensure that all youth are identified. SAM, Inc. is responsible for implementing this plan. Families of individuals, who are not open with SAM, Inc., are encouraged to enroll their family member in the ID system and have their name placed on a waiting list for supports and services that can be accessed after graduation from high school.

JVBDS has developed system collaboration among social service agencies, including local children and youth agencies, local Area Agencies on Aging and the mental health system, in Huntingdon, Mifflin and Juniata Counties. The MH/ID system shares office space and are in communication with each other on a daily basis, allowing for valuable collaboration. This direct collaboration between these two systems is especially effective in avoiding State Center and State Hospital admissions by accessing supports and services immediately, as they are needed. Base funds are utilized to provide cross systems training that identifies strengths and deficits in supports and services, as well as identifies additional supports and services that are needed in order to best support individuals with multiple needs. Base funds are used to support the development and maintenance of a website that links the ID system with other local service systems to

ensure that individuals with multiple needs can access the necessary services and supports. Additional local community outreach activities include:

- School district collaboration to inform about the importance of transition planning to adult services.
 - Participation in IEP meetings to ensure that individuals/families are aware of available supports and services.
 - Participation in Transition Councils to ensure that school districts and individuals/families are aware of available supports and services.
 - Participation in Student Assistance Programs to ensure that school districts and individuals/families are aware of available supports and services.
 - Annual outreach to school districts to ensure that they include the ID system when discussing transition planning with individuals/families.
- Children & Youth collaboration to educate about the importance of a timely registration for transition planning to adult services.
 - Participation in CASSP meetings to ensure that individuals/families are aware of available supports and services.
 - Participation in Transition Councils to ensure that Children & Youth and individuals/families are aware of available supports and services.
 - Participation in Student Assistance Programs to ensure that Children & Youth and individuals/families are aware of available supports and services.
- Probation department collaboration to ensure appropriate community reintegration for offenders and incarcerated individuals.
- MH/ID service systems/providers collaboration.
- Area Agency on Aging collaboration to educate about the importance of a timely registration for transition planning to adult services.
 - Participation on a local AAA Board of Directors to ensure that the AAAs and individuals/families are aware of available supports and services.
 - Regular communication with the AAAs to ensure that the AAAs and individuals/families are aware of available supports and services.
- ISP development and training for families, individuals and direct care staff.
- Information fairs participation in the local community.
- Huntingdon, Mifflin and Juniata ID Provider Showcase participation.
- HCQU outreach.
- ODP publications, agency brochures and training brochures distribution.
- Public speaking/training to provider agencies and family support groups.

Emergency Supports

Individuals, who present as being in an emergency situation, become a priority when discovered. JVBDS maintain close relationships with all social service agencies in Huntingdon, Mifflin and Juniata counties. Collaboration occurs to ensure that each individual, who presents as being in an emergency, is afforded all supports and services needed to ensure that individual's health and safety, regardless of availability of county funding or waiver capacity. JVBDS, SAM, Inc., ID providers, local hospitals, local social service agencies, community and other generic organizations operate as a team to address these emergency needs and ensure the health and safety individuals in emergency need.

JVBDS plans for the emergency needs of residents of Huntingdon, Mifflin and Juniata counties. **Please see MH Emergency line item on budget.*

JVBDS provides a toll-free, 24 hours/day, 7 days/week, crisis line. This line encompasses telephone crisis as well as mobile crisis workers who go out into the community. SAM, Inc. operates an on-call system and is the central point of contact for the crisis line. JVBDS employs two ID program specialists, who are also available 24 hours/day, 7 days/week, in the event that an emergency situation arises.

JVBDS currently contracts with Universal Community Behavioral Health to provide 24 hour mobile crisis. UCBH currently staffs the mobile crisis team with 4 full time staff members and 5 per-diem members, while seeking to hire additional per-diem staff members on a continual basis. The current mobile crisis staff is comprised of individuals who have education and/or direct care experience with individuals with autism and/or Intellectual Disabilities. Training is provided and available to all staff on a regular basis regarding a variety of topics, including ways to support individuals with autism and/or an Intellectual Disability. Training is offered through BHARP, online supports, and other additional supports.

Throughout the course of a year, JVBDS receives notification that emergency services for individuals are needed. JVBDS reserve base funds to meet emergency needs.

An Unanticipated Emergency must meet criteria as defined by ODP. In the event of an emergency the Unanticipated Emergency process is followed:

1. Resources are reviewed
2. Waiver enrollment status reviewed
3. Availability of Base funding is identified
4. ODP Waiver Capacity Manager contacted

Administrative Funding

JVBDS will enlist individuals from PA Family Network's Person Centered Thinking trainers to provide training and education to individuals, families, providers and AE staff to ensure that the entire ID system utilizes a person-centered approach to all supports and services offered to individuals with intellectual disabilities in Huntingdon, Mifflin and Juniata counties. JVBDS will work collectively with The PA Family Network to bring Person Centered Thinking training to individuals, families, providers and county staff.

JVBDS sets aside funding for systematic training, to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families. SAM, Inc. participates in all team meetings for all individuals open for ID services and supports in Huntingdon, Mifflin and Juniata counties. Supports coordinators develop plans for individuals based on need utilizing input from those individuals and family members. Opportunities for connecting and networking are afforded to individuals and families through various social activities sponsored by JVBDS and local ID providers. ODP can be supportive in these efforts by certifying complete and timely funding to ensure activities, supports and services to occur in a timely manner.

JVBDS enlists the HCQU to provide the following services in Huntingdon, Mifflin and Juniata counties:

- Assure that the basic health and safety needs of people in all licensed residential living situations are met.
- Assist in educating caregivers in residential, day program and community settings about health, nutrition, therapies, medications and treatments.
- Gather and analyze information to improve services.
- Provide information about physicians, dentists, and other practitioners, as well as access to other available health providers and support.

- Provide health-related training to individuals, caregivers, support staff, providers, families and community members.
- Assess individual health and systems of care.
- Provide clinical health care expertise to county and day program providers.
- Assist supports coordinators in obtaining better information about health issues.
- Measure individual outcomes.

Juniata Valley Behavioral and Developmental Services reviews aggregate data provided by the HCQU and uses that data to help develop quality management goals to address deficits in health and safety issues. If deficits are noted, improvement goals are developed and included in the annual quality management plan.

JVBDS reviews aggregate data provided by the local IM4Q program and uses that data to address quality in Huntingdon, Mifflin and Juniata counties. Information received from considerations and annual reports, generated by the IM4Q program, are reviewed for quality management purposes, to identify systemic issues. If systemic issues are discovered, they are addressed through quality management goals for the following Fiscal Year. ODP could partner with counties more efficiently by releasing annual reports in a timelier manner in order to ensure that systemic issues are identified and addressed in a timely manner.

A large number of providers who actively serve residents of Huntingdon, Mifflin and Juniata Counties are responsible for ensuring that individuals will have choice regarding residential, day and other support and services. Person-centered planning offers individuals the ability to have greater control over their lives and resources. It allows them to assume responsibility for their decisions and actions. Person-centered planning also helps address issues related to aging, physical health, behavioral health and communication, among other issues. It encourages collaboration with other social service agencies that may have additional services and supports not otherwise available through the ID system. By focusing on each individual's needs, a more comprehensive plan can be developed to ensure that the individual receives all necessary supports and services that are available to them, including community and generic supports. ODP can be instrumental in assisting with this process by continuing to fund and increasing funding to HCQU's and through continuing to provide and increasing administrative dollars to counties to allow for interagency collaboration and training.

JVBDS participates in monthly meetings with SAM, Inc. and Risk Management is part of that agenda. JVBDS interacts with individuals, families, providers, advocates and the community, through aggregate data obtained from the EIM System, HCQU, ID providers, ODP, IM4Q, SAM, Inc., individuals, families, local social service agencies, etc., to ensure that all individuals receive a quality life and to address risk management issues in Huntingdon, Mifflin and Juniata counties. Information received from these sources is reviewed for risk management purposes, in order to identify related concerns. If issues are identified, they are addressed through any means necessary to correct the problem. Systematic issues are addressed through quality management goals for the following Fiscal Year. ODP could partner with counties by ensuring the release of annual reports, such as those from the IM4Q program, in the year that the information is obtained. This would ensure that all issues are identified and addressed in a timely manner.

JVBDS participates on the Housing Task Force that addresses housing issues for individuals with intellectual disabilities who desire to live independently in their community. The ID system is provided the opportunity to utilize the Master Leasing Program, which allows dually diagnosed (MH/ID) individuals to rent a single unit apartment from The Advocacy Alliance for a targeted period of 12 months. Master Leasing is a rental unit owned by a private landlord and the landlord has entered into an agreement with The Advocacy Alliance to be the lessee. The unit is then rented to an individual. Master Leasing Units that are funded by county

base funds or managed care reinvestment funds must develop a housing plan to obtain other subsidy or living arrangements by the end of the 12 month period. Referrals for the Master Leasing Program are completed by the supports coordinator and forwarded to the SAM, Inc. Specialized Housing Specialist. The Housing Specialist reviews the referral packet and coordinates initial face to face meeting with the individual being referred to the program. For those individuals who only carry an ID diagnosis, the Housing Specialist provides access to landlords who are willing to rent to special needs populations.

JVBDS has required providers to develop an Emergency Preparedness Plan as part of their annual Quality Management Plan since 2006. JVBDS has also partnered with local Emergency Management Services in Huntingdon, Mifflin and Juniata counties to ensure that they are aware of individuals with disabilities who reside independently and in residential settings. These partnerships ensure that the needs of the community's most vulnerable citizens are addressed, in the event of a large scale disaster. All residential settings are required to register their addresses in the Special Needs Registry as part of a Hazard Mitigation Plan that was developed in 2010. Individuals who reside with relatives or independently are encouraged to register, as well.

Participant Directed Services (PDS):

The premise behind Participant Directed Services (PDS) is that it is important for individuals with intellectual disabilities to be able to live their lives as they see fit. Several principles of PDS include choice, control and fiscal conservatism. One method of addressing these principles includes offering individuals with intellectual disabilities the ability to funnel services and supports through an Agency With Choice (AWC), therefore fostering choice and control as proactively as possible, while at the same time ensuring fiscal responsibility. Residents of Huntingdon, Mifflin and Juniata Counties are able to access services through the local Agency With Choice (AWC) as well as utilizing the statewide Vendor Fiscal/ Employer Agent (VF/EA). Supports coordinators offer PDS to all individuals during the ISP planning process.

Barriers and challenges to using AWC include:

- Participant choice and control is not inherent. Certain liability and State regulations may prevent this model from being fully participant-directed.
- Agencies may have liability-related concerns about the co-employer relationships.
- Conflicts of interest could arise for AWC who manage budget funds and provide services on which those funds can be spent. Barriers and challenges to using VF/EA include:
- Could cause issues for participants who use a public program for a period of time, then become ineligible for that public program.
- State and Federal tax and insurance regulations can prove challenging for inexperienced VF/EA providers.
- The transition from partly publicly funded services to fully privately funded services can be difficult for a participant.
- Since the VF/EA is not the employer of the participant's workers, the F/EA can provide very little, if any, oversight of the worker.

JVBDS sets aside funding for systematic training for individuals and families. SAM, Inc. will be enlisted as a cooperative partner to ensure that all interested individuals and families are afforded the opportunity to participate in training and educational opportunities with regard to AWC and VF/EA. ODP can assist counties in promoting/increasing PDS by providing training opportunities on a local level and though continuing to provide and increasing funding for training and education opportunities.

Community for All:

According to the data received from ODP, JVBDS currently has 22 individuals in congregate settings. This includes one in Private ICF-MR's, six in a personal care home and 15 in long-term nursing care facilities, due to needing skilled nursing care. Supports coordinators participate in team meeting for all individuals in all of these settings. Services and supports are discussed at these meetings and the needs of the individuals are addressed. Planning occurs for any/all individuals who express a desire to return to their community. Currently, all 22 individuals in congregate settings are happy with their residential placements and supports and services that they receive.

HOMELESS ASSISTANCE SERVICES

HAP BRIDGE HOUSING

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

HAP CASE MANAGEMENT

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

Individuals who are seeking any type of housing assistance and appear to qualify for Homeless Assistance are required to complete a formal intake interview conducted by the Housing Intake Specialist, as soon as it can be arranged. The Housing Intake Specialist determines whether the client meets any existing HAP requirements for eligibility, documents the reason (s) for needing services, identifies other services the client may benefit from and checks to see if the client has received homeless assistance in the past 24 months. The Housing Intake Specialist makes every effort to interview the applicant on the day he/she applies to determine eligibility at the application interview.

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

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

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

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

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

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

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

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

Evaluation

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

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

Proposed Changes

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

HAP RENTAL ASSISTANCE

Rental Assistance is the payment for rent, security deposit and/or utilities made on behalf of clients to prevent and/or end homelessness or near homelessness by maintaining client in their own residences. Utility payments will be made on behalf of client not eligible for payment from the Department of Human Service's Low Income Home Energy Assistance Program (LIHEAP), when LIHEAP funds are not available, or when all LIHEAP funds have been exhausted. Rental assistance includes assistance to prevent homelessness or near homelessness by intervening where an eviction is imminent. The program is also used to expedite the movement of individuals out of shelters into existing housing.

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

HAP Rental Assistance funds are used for the following:

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

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

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

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

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

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

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

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

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

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

Restrictions to the Rental Assistance component are as follows:

- ▶ funding is limited to \$1,000 for rental arrearages and/or utility arrearages
- ▶ payment for heating fuel is non-allowable
- ▶ utility assistance is available to the extent that it meets the objective of preventing homelessness
- ▶ utilities shall be defined as electric, water, sewage and propane not used for heat
- ▶ clients requesting utility assistance will be required to have a shut-off notice

- ▶ clients facing eviction must have written documentation that the landlord will drop the eviction and be willing to continue to rent to the client after rental assistance is granted
- ▶ payments to clients already receiving Section 8 subsidized housing will be limited to either security deposit, first month's rent or one month's arrearages

Evaluation

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

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

Proposed Changes

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

EMERGENCY SHELTER

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

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

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

Emergency Shelter funds used for mass shelter or motel/hotel stays will not exceed three (3) consecutive days. Emergency Shelter funds are used for emergency only and any subsidy for consistent overnight shelter will not benefit the client in achieving self-sufficient, permanent living arrangements. The majority of HAP

funds will be targeted toward prevention and intervention services. Emergency Shelter funds represent less than one half percent of the total HAP allocation.

Evaluation

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

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

Proposed Changes

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

OTHER HOUSING SUPPORTS

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

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

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

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

Achievements

CCA has assisted 370 families with housing and other supportive services. Other supportive services include GED, employment and training, and referrals to other agencies for assistance. From July 1, 2016 to June 20, 2017 CCA has assisted the following with other housing services programs: 109 families that were at risk of homelessness through the Emergency Solutions Homeless Prevention Grant, PHARE and Homeless Assistance Program. CCA also assisted 40 families that were homeless according to HUD guidelines through HUD Rapid Re-housing program and the Emergency Solutions Grant Rapid Re-housing program. In addition CCA assisted 13 veteran families in the homeless program. Each program provides case management to assist the family/individual with barriers to self-sufficiency. For example the "Smith" Household consisted of an unemployed male, with no High School Diploma, an underemployed female that was pregnant and no family supports. This family was housed with the goal of the male obtaining his CSSD before the female delivered the child so he could support the family. The couple was stably housed during the pregnancy. The male received his CSSD and obtained employment at a warehouse at a living wage. CCA worked with this family for twelve months and at the 90 day follow-up they were still employed and stably housed.

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

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

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

Evaluation

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

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

Proposed Changes

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

HMIS

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

Evaluation

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

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and number served in each service. The reports are also cross referenced for accuracy. The reports are also part of our reporting requirements to both the State and HUD.

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SUBSTANCE USE DISORDER SERVICES

The County was included in the planning process for the Drug and Alcohol service category, the complete information can be found in Juniata County's plan and the County of Huntingdon is in agreement with the information.

HUMAN SERVICES AND SUPPORTS / HUMAN SERVICES DEVELOPMENT FUND

ADULT SERVICES:

Program Name: Adult Case Management

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

Service Category: Case Management

Planned Expenditures: Homeless Case Management will serve an anticipated 125 unduplicated individuals using \$15,500 of HSDF funding. The 125 individuals in HSDF Homeless Case Management are over and above those counted under HAP. This is an unduplicated count.

Allowable Adult Service Categories:

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

Program Name: Adult Transportation

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

Service Category: Transportation

Client Population: Adult and Aging

Planned Expenditures: Adult Transportation will serve an anticipated 25 unduplicated individuals using \$3,500 of HSDF funding.

Allowable Adult Service Categories:

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

SPECIALIZED SERVICE

Program Name: Financial Literacy

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

Client Population: Adult, MH, ID, HAP

Introduction to banking	Opening and maintaining a checking account
Budgeting	Opening and maintaining a savings account
On-Time-Bill paying	Bank reconciliation
Money Management	Loans and interest
Payroll and Predatory lending	Investment
Retirement accounts	Tax Credits
Understanding credit	Goal Setting/Reasons for Saving
Creating a Financial Plan	

Planned Expenditures: Financial Literacy will serve an anticipated 75 unduplicated individuals using \$10,500 of HSDF funding.

HSDF INTERAGENCY COORDINATION

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

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

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

HSDF Interagency Coordination will be supported through HSDF funds. This includes staff salaries for coordination, planning and supporting projects like the Huntingdon County State food programs, attending meetings and purchasing outreach materials for events.

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT					
Administrative Management	1,190		\$ 431,111	\$ 53,889	
Administrator's Office			\$ 327,078	\$ 40,885	
Adult Developmental Training					
Children's Evidence Based Practices					
Children's Psychosocial Rehabilitation	87		\$ 76,473	\$ 9,559	
Community Employment					
Community Residential Services	32		\$ 764,000	\$ -	
Community Services	92		\$ 93,333	\$ 11,667	
Consumer-Driven Services					
Emergency Services	86		\$ 10,667	\$ 1,333	
Facility Based Vocational Rehabilitation					
Family Based Mental Health Services	2		\$ 3,000	\$ -	
Family Support Services	5		\$ 9,778	\$ 1,222	
Housing Support Services	38		\$ 172,336	\$ 15,344	
Mental Health Crisis Intervention	412		\$ 270,000	\$ -	
Other					
Outpatient	152		\$ 114,550	\$ -	
Partial Hospitalization					
Peer Support Services	7		\$ 12,320	\$ -	
Psychiatric Inpatient Hospitalization	6		\$ 13,534	\$ -	
Psychiatric Rehabilitation	114		\$ 264,105	\$ -	
Social Rehabilitation Services	301		\$ 348,089	\$ 43,511	
Targeted Case Management	232		\$ 244,100	\$ -	
Transitional and Community Integration					
TOTAL MENTAL HEALTH SERVICES	2,756	\$ 3,154,474	\$ 3,154,474	\$ 177,410	\$ -
INTELLECTUAL DISABILITIES SERVICES					
Administrator's Office			\$ 663,624	\$ -	
Case Management	96		\$ 64,558	\$ 7,173	
Community-Based Services	99		\$ 224,312	\$ 24,924	
Community Residential Services	-				
Other	-				
TOTAL INTELLECTUAL DISABILITIES SERVICES	195	\$ 952,494	\$ 952,494	\$ 32,097	\$ -

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

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

Bridge Housing					
Case Management	145		\$ 10,000		
Rental Assistance	75		\$ 11,570		
Emergency Shelter	3		\$ 497		
Other Housing Supports					
Administration			\$ 2,451		
TOTAL HOMELESS ASSISTANCE SERVICES	223	\$ 24,518	\$ 24,518		\$ -

SUBSTANCE USE DISORDER SERVICES

Act 152 Inpatient Non-Hospital					
Act 152 Administration					
BHSI Administration					
BHSI Case/Care Management					
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital					
BHSI Medication Assisted Therapy					
BHSI Other Intervention					
BHSI Outpatient/IOP					
BHSI Partial Hospitalization					
BHSI Recovery Support Services					
TOTAL SUBSTANCE USE DISORDER SERVICES	-	\$ -	\$ -	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	150		\$ 19,000		
Aging Services					
Children and Youth Services					
Generic Services					
Specialized Services	75		\$ 10,500		
Interagency Coordination			\$ 15,500		
Administration			\$ 5,000		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	255	\$ 50,000	\$ 50,000		\$ -

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

GRAND TOTAL	3,429	\$ 4,181,486	\$ 4,181,486	\$ 209,507	\$ -
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