

Appendix A  
Fiscal Year 2017-2018

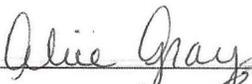
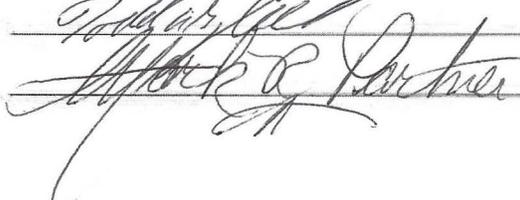
**COUNTY HUMAN SERVICES PLAN**

**ASSURANCE OF COMPLIANCE**

COUNTY OF: Junietta

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

**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

<i>Signatures</i>	<i>Please Print</i>
	Date: JUN 13 2017
	Date: JUN 13 2017
	Date: JUN 13 2017

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

The County Human Services Plan is to be submitted using the Template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as directed in the Bulletin.

**PART I: COUNTY PLANNING PROCESS** (Limit of 2 pages)

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds by answering each question below.

1. Critical stakeholders were involved through quarterly Human Services Development Fund meetings and included representatives from:
  - a. Mifflin Juniata Human Services Department
  - b. Juniata County Commissioners Board
  - c. Tri-County Drug and Alcohol (TDA/SCA)
  - d. Juniata County CYS
  - e. Juniata Valley Behavioral and Developmental Services(JVBDS)
  - f. Regional Services (AAA)
  - g. Juniata County Probation and Parole
  - h. United Way of Mifflin Juniata
  - i. Juniata County School District
  - j. Juniata County Assistance office

Stakeholders met quarterly to review information and provide feedback towards the planning process. Each categorical reached out through letters to their own consumers to invite families/stakeholders to engage in the planning process. Additionally, a public hearing was held to allow comment on the plan. Advertisement attached. Needs Assessment Planning was incorporated into the process through the use of assessments conducted by various agencies for their own use. Additionally, the Mifflin Juniata Human Services Department, in partnership with the United Way of Mifflin Juniata and Geisinger Hospital Lewistown, contracted with Penn State University to conduct a 2 county needs assessment which determined emerging priority areas. This assessment was a part of the discussion at quarterly meetings and helped the team discuss potential gaps in service.

2. The Juniata County HSDF Advisory board met quarterly to develop and review the plan. Please see description in #1.
3. The county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. Stakeholders have met quarterly to determine the best process which includes making certain that residents have access to handicapped accessible properties, that language barriers are addressed through the use of interpreters or Language Line services, and that assessments are conducted to determine ongoing need.
4. No substantial programmatic and/or funding changes are being made as a result of last year's outcomes unless noted in each individual section.

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

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.

1. Proof of publication of notice attached. Public hearing notice was sent to local media and also publicized on the county website.
  - a. newspaper ad is attached
  - b. Date of publication is Wednesday, May 17, 2017 in the Port Royal Times.
2. In attendance were County Commissioners Gray, Graybill and Partner, Allison Fisher, Human Services Director, Michael Hannon, Tri-County Drug and Alcohol Commission, Bob Henry, JVBDS, Jim Bahorik, Chief Administrator, and various media representatives, and Bradley Kerstetter, public. Budget was available for review. There were some questions regarding continuation of services since the state budget had not yet passed and how flat funding really means a budget cut at the county level.
3. Please submit a summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing.) Attached.

## **PART III: CROSS-COLLABORATION OF SERVICES** (Limit of 4 pages)

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

Employment: Employment is addressed through a variety of means across services. Through our quarterly HSDF advisory board meetings, categoricals are able to have conversations about specific training opportunities and specific target groups and utilize the county email system and website to get information out quickly. Additionally, through HSDF service coordination funding, we are able to leverage staff time to attend efforts sponsored by local employment agencies.

Housing: Our local Housing Coalition has representatives from the categoricals who attend to address ongoing and trending housing needs. Utilization of a housing needs assessment (conducted in 2014 by Diana T. Myers Associates) helps provide the catalyst for addressing issues. The HAP Case manager works closely with a local Outreach effort that includes school district personnel, drug and alcohol staff, mental health/ID staff, police, hospital, and other community representatives. Housing opportunities, including emergency shelter, transitional shelter, permanent supportive housing, master leasing, and rental assistance options are all discussed. Again, staff time is leveraged to participate in these meetings.

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

### **MENTAL HEALTH SERVICES**

Mental Health Services are provided to Juniata County through a joinder arrangement with Mifflin, Juniata and Huntingdon Counties by Juniata Valley Behavioral and Developmental Services (JVBDS). JVBDS is submitting their portion of the narrative through Huntingdon County. However, JVBDS has been an active participant in the local planning process in Juniata County.

### **INTELLECTUAL DISABILITY SERVICES**

Intellectual Disability Services are provided to Juniata County through a joinder arrangement with Mifflin, Juniata and Huntingdon Counties by Juniata Valley Behavioral and Developmental Services (JVBDS). JVBDS is submitting their portion of the narrative through Huntingdon County. However, JVBDS has been an active participant in the local planning process in Juniata County.

### **HOMELESS ASSISTANCE SERVICES**

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

#### **Bridge Housing:**

- Service is not provided as need has not been determined to exist and/or adequate provider does not exist.

#### **Case Management:**

- *Services offered:* Case management will be provided through Mifflin Juniata Human Services. Case management services include assistance in identifying needs and barriers. Case management seeks to provide the customer with the tools and skills to prevent homelessness. This may include budgeting, life skills, job prep, and referral to applicable services. MJHS proposes to serve 5 clients with \$15,188.
- *Achievements/improvements and unmet needs/gaps:* We have been able to work with several clients on financial literacy issues during case management meetings and this has proved successful to maintaining budgets for longer than 90 days. Additional funds would allow us to increase the hours we can fund; currently the position is only part-time so we can only serve a limited number of customers.
- *Evaluation of services:* Services will be evaluated by the Mifflin Juniata Human Services Director as part of yearly monitoring and reports reviewed by the HSDF and EFSP Advisory Boards.
- *Changes proposed:* No proposed changes.

**Rental Assistance:**

- *Services provided:* Rental Assistance will be provided through Mifflin Juniata Human Services. Rental assistance will provide payment for rental needs or utility shutoffs that would lead to eviction. Rental assistance funds can also be used for rental payments to move people out of shelters. MJHS proposes to serve 5 customers with \$2000.
- *Achievements/improvements and unmet needs/gaps:* Additional funds would allow us to increase the services we can fund; currently average assistance is about \$500/customer.
- *Evaluation of services:* Services will be evaluated by the Mifflin Juniata Human Services Director as part of yearly monitoring and reports reviewed by the HSDF and EFSP Advisory Boards.
- *Changes proposed:* No proposed changes.

**Emergency Shelter:**

- *Services provided:* Service is not provided as there is no emergency shelter facility/service in Juniata County; services are provided by neighboring county agencies when needed.
- *Changes proposed:* No changes proposed.

**Other Housing Supports:**

- Service is not provided as need has not been determined to exist and/or adequate provider does not exist.

**HMIS Implementation:** County has fully implemented HMIS usage and reports regularly. Central Region CoC and Diana Myers Assoc. have been particularly helpful with this process. HAP provider assists with entering data into HMIS.

**SUBSTANCE USE DISORDER SERVICES** (Limit of 10 pages for entire section)

This section should describe the entire substance use disorder service system available to all county residents that is provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

Overview:

The Juniata Valley Tri-County Drug and Alcohol Abuse Commission is an Independent Executive Commission incorporated in 1976 as a 501 (C) (3) non-profit corporation. As the Single County Authority (SCA), the Commission provides Drug and Alcohol services to residents of Huntingdon, Mifflin, and Juniata Counties.

For the purposes of this document the services outlined will be services specifically funded by The Commission. The Juniata Valley Tri-County Drug and Alcohol Abuse Commission utilize Behavioral Health Special Initiative and Act 152 allocations primarily to fund in-patient non hospital drug and alcohol treatment along with out-patient and student assistant services within the school districts.

Additionally the Commission provides funding for the Commissions Case Management Unit, Buprenorphine Case Coordination, prevention/intervention, as well as administration expenses.

Services are available and are assessable for Inpatient treatment, outpatient treatment, case management services, and student assistant services to our counties residents. Participation in services can be achieved by referrals made directly to the SCA by all social service agencies. Additionally family or friends also often make referrals to the SCA. Ideally, the individual seeking treatment will refer him/her for assessment. Referrals by anyone other than the individual seeking treatment will not be granted an appointment until a screening is completed. SCA staff will complete screenings by phone with the individual seeking treatment. Referrals may be made by phone, letter, or in person.

The SCA will determine the appropriate level of care with the completed PCPC (Pennsylvania Client Placement Criteria). At this time the SCA will facilitate the possible options of placement with Community Care Behavioral Health and client. When authorization by Community Care Behavioral Health is given for placement arrangements will be made for the client to enter treatment.

Prior to all discharges successful or not successful all clients are given an appointment with the SCA staff. Appointments will be granted as soon as possible from the discharge date. In-Patient facility staff will also arrange the initial Out-Patient Treatment appointment prior to discharge. To insure the best environment for success the client will be discharge with no less than two appointments: the first being the appointment with the SCA staff for Case Management Services, and the Second being the initial Out-Patient Treatment appointment.

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

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

The SCA is very pleased that we have been able to avoid any issues with a waiting list. As directed by the Department of Drug & Alcohol any person who seeks services through The Juniata Valley Tri-County Drug & Alcohol Abuse Commission will be subject to an initial screening process. The screening process will identify the clients standing within the Commission's priority population requirements. The Commissions priority populations are:

- Pregnant injection drug users
- Pregnant substance abusers
- Injection drug users
- All others

In the event the SCA needs to create a waiting list for services the above criteria will be the guidelines followed by SCA staff.

2. Barriers to accessing any level of care.

There are several Barriers and/or trends within the three counties that will have a profound impact on all human services being provided within the HMJ boundaries, not just the drug and alcohol system.

Those issues include:

- The absence of public transportation system in the counties of Huntingdon, Mifflin and Juniata has been a barrier and fact of life since the beginning of the Commission's efforts to provide services.
  - The language barrier is becoming more of an issue as the Latino population continues to increase in our three counties.
  - Capacity issues continue to be a problem for individuals seeking in patient drug and alcohol treatment. At this point our outpatient treatment providers are not experiencing capacity issues or concerns.
  - At this time the only limitations the SCA has on services are tied to availability of funding. Any future budget delays will have an impact on Drug and Alcohol services that the SCA provides.
3. Narcan resources available in the county.

Mifflin County currently shares State Police with Juniata County. In addition to the State Police Mifflin County has four borough or township police departments. In addition to the State Police carrying naloxone all four departments are carrying naloxone or in the process of securing the naloxone. All four departments are properly trained as well.

Huntingdon County has one State Police barracks and two borough or township police departments. In addition to the State Police carrying naloxone one township department has officers currently carrying and the other is trained and in the process of securing naloxone.

Juniata County's only police coverage is the State Police. No borough or township departments exist in county.

Because our counties geographic makeup is very rural we are highly dependent on volunteer fire departments and ambulance crews. The SCA is working with county EMS services to train and provide naloxone to all county first responder organizations.

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

**Access to Treatment:**

**Overdose Survivors** Huntingdon, Mifflin, Juniata County SCA will assure 24/7 direct referrals to individuals experiencing an overdose via its current afterhours policy, which utilizes White Deer Runs Call In Center. White Deer Run is a licensed Drug & Alcohol provider that has multiple sites throughout the Commonwealth.

**Standard Business Hours** If an individual presents at Geisinger Lewistown or JC Blair Hospital Emergency Department (ED) during standard business hours having experienced an overdose, is medically cleared for transfer to a non-hospital detoxification services, and is requesting detoxification services, ED staff will contact the SCA and request assistance. Sufficient information will be collected and a referral to detox services will be made. If the individual is sufficiently stable, a full drug and alcohol assessment will be completed. This assures that they can easily make the transition from detox to rehab, if appropriate.

If there is a delay in access to this level of care due to capacity of contract providers to accept the admission, ED staff will be notified so that they can manage the needs of the individual on a medical basis (as appropriate). SCA staff will maintain contact with the individual during the waiting period, while making ongoing phone calls to determine if an opening has come available. If the provider is willing, the SCA will grant approval and allow the provider to proceed with contacting the individual directly when an opening occurs, knowing that the authorization for admission is in place.

#### After Hours/Weekends

If a similar individual presents at the ED after hours or on a weekend, having experienced an overdose, is medically cleared for transfer to a non-hospital detoxification services, and is requesting detoxification services, ED staff will contact White Deer Run Call in Center and request assistance. White Deer Run staff will gather sufficient information to make the referral and will call all approved providers looking for bed availability. White Deer Run has the authority to approve an afterhours non-hospital detox admission until the next business day. Staff will submit copies of all paperwork to the SCA office the morning of the next business day so that follow up can occur with the individual and the detox provider.

If there is a delay in access to this level of care due to capacity of contract providers to accept the admission, White Deer Run staff will notify ED staff so that they can manage the needs of the individual on a medical basis (as appropriate). White Deer Run staff will maintain daily contact with the individual until the next business day when SCA staff will take over.

**Coordination With Local Emergency departments, Police, EMS:** The SCA always had a strong relationship with both of the Hospital Emergency Departments within the three county area. With the surge in overdoses there is a renewed urgency among all players such as the SCA, Hospitals, Police, and EMS Services. SCA staff regularly meets with each of departments to enhance an already effective system. We continue to build on by streamlining services and increasing access for those who suffer from addiction. Examples are revised warm handoff procedure, after hour policy, and increased availability of naloxone with first responder agencies.

Additionally the SCA filled a new Case Management Position in November to assist current staff with the high volume of individuals needing to access treatment. Moving forward the SCA will add a second new position in June to meet the demand for services.

The Departments of Drug and Alcohol Programs toll free number is being utilized in our three county area.

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

As previously mentioned the SCA filled a new Case Management Position in November to assist current staff with the high volume of individuals needing to access treatment. Moving forward the SCA will add a second new position in June to meet the demand for services.

One of the SCAs outpatient providers will be opening an additional office in a high need outlying area. This is very positive because as in most rural counties transportation is often a barrier, expansion will assist in solving that problem.

The SCAs MAT Coordinator continues to enhance and grow Huntingdon Counties suboxone program.

The SCA in partnership with a provider will implement a Jail Vivatrol Program.

The SCA participates in a pre trial diversion program with Mifflin County Probation

The SCA provides Case Coordination services for Mifflin County's re entry program

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

Capacity issues for detox as well in patient treatment beds remain an issue.

Lack of cooperation by local medical facilities continues to be a trend. Assistance with warm handoff and referral of clients afterhours continue to be a problem.

Sadly the SCA has seen an increase in SAP services provided within the area schools. The SCA received multiple requests from a school district to provide SAP services in the elementary schools. The SCA believes this is a direct reflection of the increase in services accessed for prescription drug abuse and heroin use within the counties.

- With the continued decline with the economy we will certainly see an increase in the levels of stress and destructive influences within our families and our communities.
- For many years the rates of unemployment in Huntingdon & Mifflin counties have exceeded the Commonwealth average and the National average. Juniata County experienced a slight decrease of the unemployment rate. Juniata County makes up an estimated 20% of the three county populations. With 80% of the three county populations experiencing a higher than average unemployment rate comes the increased likelihood of increased substance abuse.
- The SCA has always taken pride in the implementation of the Buprenorphine program spearheaded by Family Health Associates which is located in Mifflin County. The Collaboration between the SCA, Out Pt. Providers, and Family Health Associates is primarily responsible for the success of the program. The Buprenorphine Coordinator is responsible for the coordination of services as well as the monitoring of meds to reduce the likelihood of abuse. Reinvestment funding has allowed the SCA to partner with UCBH in implementing a Buprenorphine Program in Huntingdon County. Huntingdon Counties program mirrors the Mifflin County program and is doing very well and is effective in serving clients in need of this service.
- The infrastructure of the drug and alcohol provider network is being stressed further than ever due to what should be considered a benefit but without any increases in funding becomes a liability and that is staff retention and seniority. Moving forward the stressors of the state of the federal, state, and local economy continue to cripple the local human services network in our small rural area. Not only is this a barrier for the SCA but the persons who seek appropriate D&A treatment are being turned away.

This overview should not include the DHS-issued guidelines for the use of Act 152 or BHSI funds. The focus should be a comprehensive overview of the substance use services and supports provided by the SCA and any challenges to providing services.

## Target Populations

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

**Adults (including older adults, transition age youth, ages 18 and above)** Funding from this plan will support services for county residents who are identified as “**Adults**” (**ages 18 and above**) by allowing access to drug and alcohol services. Individuals who are ages 18 and above who qualify for funding under this plan will be provided with the following services:

- **Screening**
- **Assessment**
- **Placement (In-Patient and Out-Patient)**
- **Case Management Services**

**Adolescents (under 18)** Funding from this plan will support services for county residents who are identified as “**Adolescents**” (**under 18**) by allowing access to drug and alcohol services. Individuals who are under the age of 18 who qualify for funding under this plan will be provided with the following services:

- **Screening**
- **Assessment**
- **Placement (In-Patient and Out-Patient)**
- **Case Management Services**
- **Student Assistant Services**

**Individuals with Co-Occurring Psychiatric and Substance Use Disorders** Individuals from this plan will support services for county residents who are identified as “**Individuals with Co-occurring psychiatric and substance use disorders**” by allowing access to drug and alcohol services. Individuals with Co-occurring psychiatric and substance use disorders that qualify for funding under this plan will be provided with the following services:

- **Screening**
- **Assessment**
- **Co-occurring psychiatric and substance use Placement (In-Patient and Out-Patient)**
- **Case Management Services**
- **Student Assistant Services**

**Women with children** Individuals from this plan will support services for county residents who are identified as “**Women and Children**” by allowing access to drug and alcohol services. Individuals with Co-occurring psychiatric and substance use disorders that qualify for funding under this plan will be provided with the following services:

- **Screening**
- **Assessment**
- **Co-occurring psychiatric and substance use Placement (In-Patient and Out-Patient)**
- **Case Management Services**

**Overdose survivors** - Resources that are available to overdose survivors include all level of care including local MAT providers. Within our three county region we have two suboxone programs as well as a vivitrol program starting up in Huntingdon County.

The SCA employees a Case Coordinator who is primarily responsible for linking the individual to appropriate services as needed.

**County's identified Priority populations** - Currently the SCA's identified priority population is those who are opiate addicted or at risk. With this in mind the SCA follows DDAP policy on priority populations.

- 1) Pregnant injection drug users
- 2) Pregnant substance abusers
- 3) Injection drug users
- 4) Overdose Survivors
- 5) Veterans

### **Recovery –Oriented Services**

Describe the current recovery support services available in the county including any proposed recovery support services being developed to enhance the existing system. Do not include information on independently affiliated 12 step programs (AA, NA, etc.).

#### **Recovery Support**

During FY 2010-11 the Commission reported that funding was secured via reinvestment opportunities for the start up of two recovery houses within the Commissions three county area. Through Health Choices and the hard work of the Behavioral Health Alliance of Rural Pennsylvania (BHARP) staff the Commission will be part of a multiple county effort throughout the north central region of Pennsylvania to start up "Oxford houses". The Commission is scheduled for implementation during the second phase of the program. Originally we anticipated the process to begin during FY 2012-13.

Unfortunately the original target date of FY 2012-13 has been pushed back to the spring of 2014. Due to the termination of contract with Oxford House the Commission has partnered with Center County in writing a reinvestment plan for the implementation of two Recovery Houses that are locally operated. At this point we are in the implementation stage of establishing a recovery house in Mifflin County.

The Commissions plan includes the start up of two recovery houses, one in Mifflin County and the second being in Huntingdon County. The Commission will assist Local Provider staff on an as needed basis during the start up process. The provider will be responsible for recruiting a land lord as well as setting up the house. The intensions of the Commission are for each location to house a maximum of five or six residents. The Commissions will be responsible for recruiting individuals who are in the most need of a structured recovery oriented environment.

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

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

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

**Adult Services:** Please provide the following:

Program Name/ Description of Services:

- Shelter Services will provide service planning/case management services to residents at an emergency shelter
  - \* Shelter Services is an emergency shelter that helps the homeless and those at risk of being homeless attain self-sufficiency by offering shelter, housing and services. HSDF funding helps this agency provide life skills case management for an average of 14 days in the shelter. These services help the customer develop a healthy lifestyle that is beneficial to them achieving the highest level of self-sufficiency and maximum independence.
- Clear Concepts Counseling will provide counseling to inmates
  - \* Clear Concepts Counseling provides services to inmates in order to help them identify the severity of their situation and develop a self directed prevention plan.

Service Category:

- Shelter Services - Service planning/Case management – a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.
- Clear Concepts Counseling –Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

Client Population (only if Generic):

Planned Expenditures:

- Shelter Services will provide service planning/case management services to 8 residents at an emergency shelter at \$6160.
- Clear Concepts Counseling will counseling to 10 inmates at \$2000.

**Aging Services:** none planned

**Children and Youth Services:** none planned

**Generic Services:**

Program Name/ Description of Services:

- The Abuse Network will provide case management services to victims of domestic violence
  - \* Abuse Network operates an emergency shelter for battered women and their children. As part of these HSDF services, clients will receive education on personal safety and domestic violence, information on community resources, and systems advocacy.

Service Category:

- Abuse Network – Service Planning/Case management - Service planning/Case management – a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

Client Population (only if Generic): Adult and children

Planned Expenditures:

- The Abuse Network will provide service planning/ case management services to 15 victims of domestic violence for \$3000

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

Adult  Aging  CYS  SUD  MH  ID  HAP

**Specialized Services:**

Program Name/ Description of Services:

- Big Brothers Big Sisters will provide mentoring services

Juniata County experiences a high number of single-parent households, particularly low-income single-parents households. Many children coming from single-parent homes lack the social and relational support necessary to develop strong positive characteristics. Consequently, our schools experience a large percentage of absenteeism, tardiness, lower expectations and desires to complete school work and work up to ones' ability level. Many of these youth also succumb to substance abuse, delinquency, and other types of behavioral problems. The target group of clientele for services is at-risk youth, male and female, between the ages of ten and eighteen. Focus is particularly on children living in single female head of households where the family group is living at or below the poverty level. The child's parent(s) must be willing to accept the services offered. BBBS goals are to establish a one-on-one mentoring relationship to provide additional social and educational support to these youth that will enhance their personal and character development. BBBS provides two programs under this service. The first is a traditional/community based mentoring program that matches children with adult volunteers with similar interests. The second Juniata Valley YMCA Big Brothers Big Sisters (BBBS) is a School Based-mentoring program which matches High School Juniors and Seniors as mentors to 2<sup>nd</sup> – 5<sup>th</sup> grade elementary students at two sites in the community. These matches meet at a predetermined time and place in a group setting supervised by a BBBS designated site supervisor. The programmatic emphasis is changing from the traditional/community based to site or school based mentoring due to liability issues. Each child is given a needs assessment during the initial screening process and every six months thereafter. The BBBS Coordinator makes regular contact with the parents, child, and the big brother or sister. Each adult volunteer and youth has a file. Each contact with the volunteer, youth, or parent/guardian is documented in the file and on the file's cover sheet.

Planned Expenditures:

- Big Brothers Big Sisters will provide mentoring services to 4 clients at \$3000.

**Interagency Coordination:** (Limit of 1 page)

Interagency coordination will be provided by Mifflin Juniata Human Services for a cost of \$30840. Services will include the following:

1. Plan and manage activities and meetings designed to improve the effectiveness of county human services.
2. Keep the County Commissioners informed about Human Services Department activities, plans, and projects.
3. Continue to evaluate the county's human service needs to identify gaps or duplication of services through informal assessment. When gaps in services are identified, the Human Service Director will help to develop and seek funding for program and services that address the unique needs of the local community.
4. Work closely with public and private human services providers within the community. Coordinate services between these agencies whenever possible.

5. Keep informed about political developments and social trends related to the human service field that could potentially impact the local community. This information will be passed along to persons/agencies that would benefit or will be impacted by the information.
6. Attend and/or coordinate training as related to grant funding and activities.
7. Coordinate quarterly meetings with the Juniata County Human Services Planning Advisory Board.
8. Seek additional funding sources through grants for other County Departments and local human service agencies as approved by the County Commissioners.

**Other HSDF Expenditures – Non-Block Grant Counties Only**

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder, please provide a brief description of the use and complete the chart below. Only HSDF-allowable cost centers are included in the dropdowns.

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

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

Public Hearing Notice  
May 10, 2017  
For immediate release

Contact: Allison Fisher  
Human Services Director  
20 North Wayne St.  
Lewistown, PA 17044  
717-242-5452  
[afisher@co.mifflin.pa.us](mailto:afisher@co.mifflin.pa.us)

### **Public Meeting for Review of Human Services Plan**

On May 30, 2017 at 10:30 am in the Juniata County Bousum Building a public meeting will be held after the Juniata County Commissioner's meeting to discuss the submission of the Human Services Non-Block Grant plan to the state Department of Human Service (DHS).

This public meeting will provide an opportunity for citizens to view the proposed budget and make comment.

Any questions can be directed to Allison Fisher at the Mifflin Juniata Human Services Department, 20 North Wayne St. Lewistown, PA 17044. The telephone number is 717-242-5452. Requests can also be emailed to [afisher@co.mifflin.pa.us](mailto:afisher@co.mifflin.pa.us).

## Public Meeting for Review of Human Services Plan

On May 30, 2017 at 10:30 am in the Juniata County Bousum Building a public meeting will be held after the Juniata County Commissioner's meeting to discuss the submission of the Human Services Non-Block Grant plan to the state Department of Human Service (DHS).

This public meeting will provide an opportunity for citizens to view the proposed budget and make comment.

Any questions can be directed to Allison Fisher at the Millin Juniata Human Services Department, 20 North Wayne St. Lewistown, PA 17044. The telephone number is 717-242-5452. Requests can also be emailed to [afisher@co.millin.pa.us](mailto:afisher@co.millin.pa.us).



## News from the Juniata County Library

by Vince Giordano

### Library Legislative Update

Our public library relies on several streams of revenue for operating income. Overdue fines do not cover nearly as much as you'd imagine. Our second largest overall revenue stream is from our state and federal government. Every January we receive \$64,862.52 from the state in a one-time lump sum. Last year we were very nervous because our state had yet to pass a budget in January and we were beginning to consider what cutbacks we would have to put in place until the funding arrived. Luckily an emergency spending bill was passed that dispersed our state funds.

The U.S. government doles out federal funding to all libraries through the Library Services and Technology Act (LSTA). From there funding for plethora of projects and grants trickles down to each library. LSTA funding is administered by the Institute of Museum and Library Services (IMLS). In short we need IMLS to pass down LSTA funding.

President Trump's initial budget proposed to cut 100% of funding for IMLS and significant cuts to LSTA funding. However, we had some good LSTA news recently. The spending bill signed by President Trump on May 5<sup>th</sup> which funds the government for the rest of FY2017 (until the end of September) included \$231 million for the IMLS—a \$1 million increase over FY2016. This means that LSTA funds in Pennsylvania will be intact into 2018. However, the 100% proposed cut in the FY2018 budget is still out there and a very real threat. More advocacy will be needed to prevent those draconian cuts from happening. More information will be forthcoming.

In the meantime, it is great news that we are no longer facing an immediate threat. Around the country, knowledgeable librarians use LSTA funding to help patron's access essential information on a wide range of topics. They offer training on résumé development, help on web searches of



## COMMISSIONERS WEEKLY REPORT

by Paulette Furry

Juniata County Commissioners Alice Gray and Mark Partner met on Tuesday, May 9.

The board recognized the Envirothon Team from East Juniata High School for winning the 2017 competition (see related photo on page 12).

The board accepted the Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) grant award in the amount of \$20,000, for FY2017. Human Services Director Allison Fisher explained that it was a competitive grant through marcellus shale monies and will be used for a re-entry program for released inmates to find housing to remain in the community. She noted that it is a very successful program. She said they work with local landlords to provide a means of assurance. She went on to say that they want to work with the released individuals to help them be responsible and productive, and having stable housing is a component of that.

"We don't want them ending up homeless," she said, adding that it is their home community and oftentimes they have children they are trying to reconnect with. They do not bring in people from outside the area, she stressed.

In another matter recommended by Fisher, the board approved a Memorandum of Understanding designating Millin-Juniata Human Services as the Local Lead Agency for the Section 811 Program. She explained that any developer that wants to get tax credit for housing for those with low income and disabilities, must deal with them as the Lead Agency.

In other matters, the board:

- acknowledged the retirement of Daniel Dreese from his position as Veterans Affairs Director, effective September 29;
- approved a purchase of service agreement between Children & Youth and Benjamin R. Yoffee, Esquire for agency solicitor services at an hourly rate of \$77.25, effective through December 31, 2017;
- ratified CDBG Home Housing Rehab project checks payable to ACB Home Improvements for \$8,550.00 and to Harvey Landis Building & Remodeling for \$9,720.00 and \$7,150.00;
- approved the 3rd quarter Medical Assistance Transportation (MATP) report;
- approved a subgrant agreement between the County and the Richfield Area Joint Authority as it pertains to the FFY2015 CDBG entitlement grant for \$49,681.00, covering new meters, vaults and pump controls;
- reviewed April reports from the Treasurer's Office at the office of MDJ Barb Lyter, and
- approved payment of checks #49157-#49227 in the amount of \$170,840.36.

## Divorces

The following divorces were granted in April at the Juniata County Courthouse, Port Royal, M.

## Marriages

Marriage licenses were



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

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

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

Please enter the MH allocation above (unless your county is a non-submitting joinder county).

**INTELLECTUAL DISABILITIES SERVICES**

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

Please enter the ID allocation above (unless your county is a non-submitting joinder county).

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

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

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing			\$ -		
Case Management	5		\$ 15,188		
Rental Assistance	5		\$ 2,000		
Emergency Shelter			\$ -		
Other Housing Supports			\$ -		
Administration			\$ 1,909		
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>10</b>	<b>\$ 19,097</b>	<b>\$ 19,097</b>		<b>\$ -</b>

**SUBSTANCE USE DISORDER SERVICES**

Act 152 Inpatient Non-Hospital	35		\$ 89,915	\$ -	
Act 152 Administration			\$ 77,000	\$ -	
BHSI Administration			\$ 30,000	\$ -	
BHSI Case/Care Management	233		\$ 46,514	\$ -	
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	15		\$ 46,068	\$ -	
BHSI Medication Assisted Therapy					
BHSI Other Intervention					
BHSI Outpatient/IOP					
BHSI Partial Hospitalization					
BHSI Recovery Support Services					
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>283</b>	<b>\$ 289,497</b>	<b>\$ 289,497</b>	<b>\$ -</b>	<b>\$ -</b>

**HUMAN SERVICES DEVELOPMENT FUND**

Adult Services	18		\$ 8,160		
Aging Services			\$ -		
Children and Youth Services			\$ -		
Generic Services			\$ -		
Specialized Services	19		\$ 6,000		
Interagency Coordination			\$ 30,840		
Administration			\$ 5,000		
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>37</b>	<b>\$ 50,000</b>	<b>\$ 50,000</b>		<b>\$ -</b>

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

<b>GRAND TOTAL</b>	<b>330</b>	<b>\$ 358,594</b>	<b>\$ 358,594</b>	<b>\$ -</b>	<b>\$ -</b>
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