

FISCAL
MAY 30 2017

Appendix A
Fiscal Year 2017-2018

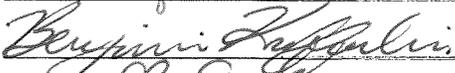
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: WARREN

- 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>	
	CINDY MORRISON	Date: 5/24/17
	BENJAMIN KAFFER	Date: 5/24/17
	Jeff Eggleston	Date: 5/25/17

Appendix B

**WARREN COUNTY
2017-2018**

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. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems, involved in the county's human services system.

Warren county population is estimated at 40,396, the county has a total of 899 square miles of which 884 square miles are land and 15 square miles are water. Notable features are the Allegheny National Forest, Allegheny National Recreation area and Kinzua Dam. The poverty rate for Warren County is approximately 14.1%. The childhood poverty rate by Warren County school district is 46.1% living at 185% below the Federal Poverty Level, the rate collected by the school districts for the federal, free school lunch program.

Forest and Warren counties are operated under a Human Services Model. Forest and Warren counties form a Joinder, Forest-Warren Human Services (FWHS) under the Forest and Warren County Commissioners Governing Board.

FWHS integration includes: Children and Youth (excluding Forest County Children and Youth), Drug and Alcohol, Intellectual Disabilities (Developmental Disabilities), Early Intervention, Intake, CASSP, Mental Health (RTF coordination, Warren State Hospital/Warren General Hospital liaison), Human Services Block Grant (Separate from Forest County Block grant) under the Human Services Administrator.

Monthly phone meetings with CCBH to address high risk/high need consumers – youth and adults. Services gaps and resources are discussed.

Bi-monthly Governing Board meetings with the Forest and Warren County Commissioners. These public meetings alternate between Forest and Warren counties, a standing agenda item is public comment. Providers and concerned citizens are welcome to attend this public meeting.

Monthly Mental Health/Alcohol, Tobacco, and Other Drugs/Developmental Disability/Early Intervention Advisory Board meetings – the board consists of members of Forest and Warren Counties – family, consumers, community members, Certified Peer specialist, President Judge, a Commissioner from each county. The Human Service Block Grant is a

standing agenda item. Board members have requested Drug and Alcohol services in both Forest and Warren county schools and Tidioute charter School and Expansion of Mental therapy in all schools. Discussion with CCBH and school districts for funding – base dollar funding for non CCBH children, MH X children, and HIPP children.

Mental Health Consumer Board – board meets monthly. This consumer board is an advisory board to Forest-Warren Mental Wellness Association, a consumer run organization.

Bi-monthly Criminal Justice Advisory Board meetings (Forest and Warren counties)- cross-system meeting of law enforcement, District Attorney, Commissioners, Mental Health and Drug and Alcohol Providers, Peers, County Commissioners, Judge, District Judges, and family members. Need is for Housing and Forensic services.

Weekly disposition meetings with local psychiatric services. – difficult population to place – Huntington's Korea and elderly mental health consumer.

Quarterly Children's Roundtable – chaired by President Judge of Forest and Warren Counties. Focus of meeting is to reduce out of home placement of children.

Monthly Housing Meetings – Housing provider (Warren-Forest Economic Opportunity Council, County, MH Provider, Jail, System of Care Coordinator, SCA, and local hospital: approve applicants for Transitional Housing and Permanent Housing.

Quarterly CASSP meetings – providers and community members identify community needs and services in the schools. System of Care opportunity – goal completed.

Monthly Elder Council Meetings

All of the above boards have consumer or family members.

Public meeting was held in Forest County on May 18th at the Forest County Courthouse, Tionesta, PA and in Warren County on May 24th at the Warren County Courthouse.

2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.

The development of the plan is ongoing.

At each of the above meetings, needs of the community are discussed.

3. Please list the advisory boards that were involved in the planning process.

The Mental Health/Developmental disabilities/Alcohol, Tobacco and other Drugs Advisory group has a standing agenda item for discussion of needs under the Human Services Block Grant.

The Consumer Advisory Board provides input.

4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.)

Increase the number of Supportive housing units by 3. Explore the option of Cottages for elderly mental health consumers; provide a support person, resulting in an increase in Beacon light's staffing to provide casemanagement.

Additional Housing Specialist to provide support and casemanagement to transitional youth and Forensic transitional youth (18-26 year olds).

Proposed expansion of OP services in the Warren County School district – may result in additional children that are not insured.

Forest-Warren Human Services provides services in the least restrictive setting for consumers, youth, and families. As tier 1, System of Care County, systems are shifting to a coordinated delivery system, blended resources, services in the home; services to families to prevent out of home placement of children. Provide services to divert dependent and delinquent placements. The services (MST, FBMH, Trauma Focused Family Therapy) to build on the strengths of families and youth in partnership in natural supports and professional services.

Aggression Replacement Therapy and Mental Health counseling in the schools – students must be enrolled in or eligible for medical assistance – for students not eligible for services would be paid for through base dollars.

5. Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.

The Forest-Warren Mental Wellness Association (FWMWA) has increased the Recovery Assistance program – increase in the need for a vehicle for transporting our Mental Health consumers and families – resulting in a need to increase the funding for this service. To assist our consumers additional funding is requested to support the Payee program under the FWMWA; with county funding the Consumers income may be utilized to support the consumer's daily living.

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;
 - a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below). [See Attached](#)
 - b. When was the ad published? [5/22/17](#)
 - c. When was the second ad published (if applicable)? [N/A](#)

Please attach proof of publication(s) for each public hearing.

2. 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.) [See Attached](#)

NOTE: The public hearing notice for counties participating in a LCA should be made known to residents of all counties.

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:

Forest-Warren Human Services has been working with local Employment Providers to assist them with service definitions and Employment First. Bollinger Enterprises, Inc. (BEi) established an Adult Training Facility for individuals. The Office of Vocational rehabilitation offers assistance to our consumers/individuals – offering OVR services.

Goodwill Industries offers training and employment opportunities. The Warren Goodwill is located next to The Beacon Light Recovery Center.

Forest-Warren Transitional Council meets monthly with members, which includes: School District, Mental Health Providers, OVR, Juvenile Probation, Bollinger Enterprises, Pattan, Goodwill Industries, information is provided on employment and educational opportunities for transitional youth.

A resource list of employment is maintained by a Community Social Service Aide and distributed to staff of Forest–Warren Human Services to assist consumers/individuals with employment.

Housing:

The Warren County housing Authority provides safe, affordable housing to the elderly, people with disabilities, and low income families in the county. The Warren-Forest Economic Opportunity Council (EOC) provides a continuum of services: Homeless shelter for families and individuals, victims of domestic violence, Transitional housing for Behavioral health consumers, Permanent housing for Behavioral health consumers and families.

Fairweather Lodge – a male and female Lodge – Beacon light and EOC collaborate.

CHIPP housing – two homes – a three person female and a 3 person male home – prior Warren State Hospital individual. Looking to expand the male home – using CHIPP funding to add a male to the male home.

Additional funding for support services in the “cottage” homes for the elderly mental health consumer; requiring collaboration with the local Office of Aging and a “cottage” provider.

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, Health Choices, reinvestment funds, etc.

a) Program Highlights: (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 16-17.

- System of Care Grant – Tier one county. Forest-Warren Mental Wellness Association has provided training: Trauma Informed care, Hearing Voices, purchased the film “Paper Tigers”
- Collaboration of School District, Community, and Beacon Light – trained as Trainers for QPR to meet Act 71 requirements
- Redesign of the Beacon Light Psych Rehab program – classes are provided based on consumer input and need – 12 week sessions.
- Blended Case Management added staff to increase services to children.
- Pat Deagan’s Personal Medicine is offered to all patients.
- Housing assistance offered to behavioral health consumers – reinvestment funds.
- Telepsych services offered in Forest County School.

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

Please identify the strengths and needs of the county/joinder 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:
 - Psychiatrist consults with Area on Aging;
 - Training provided to local nursing home on Mental Health Procedures Act to reduce involuntary commitments.
 - Local Pharmacies provide delivery.
 - Collaboration of Advisory Boards – Director of office of Aging is member of Mental Health/Developmental Disability/Alcohol, Tobacco and Other Drugs; County Administrators attend monthly board meeting of Office on Aging.
 - Supervisor from Administrative Entity and County MH Professional member of local Elder Council.
 - Office on Aging caseworker assist Older adults in completing forms for services.

- Needs:
 - Housing for older mental health consumers – “cottage” living with behavioral health support services.
 - State level to understand population – approval for nursing home level care (if older adult has a diagnosis – consumer should not be denied and suggest state hospital placement)
 - Lack of employees for Home Health care agencies.
 - Medical/financial Guardians – very costly to the older adult and disabled individual
 - Nursing homes to accept our elderly Mental Health consumers

- **Adults (ages 18 and above)**
 - Strengths:
 - Continuum of Adult services – Blended casemangement, Mobile medication, Peer Support, Psych Rehab, Drop-In Center, Housing Support (transportation/daily living skills), Fairweather Lodge, Outpatient therapy – three providers, Psychiatric services
 - Disposition planning with hospitals
 - Needs:
 - Forensic casemanger
 - Forensic Peer specialist
 - Safe and Affordable housing
 - Supportive community employment
 - Housing for sex offenders

- **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:
 - Full-time CYS Independent Caseworker
 - Transitional Council
 - Housing (limited)
 - Local Community college being developed in county
 - Needs:
 - Supportive Housing program for Transitional youth
 - Transitional-age Youth Peer Specialist to assist youth with accessing services and daily living skills training
 - Supportive community employment
 - Transitional Housing for Sex offenders aging out of Juvenile Placement facilities

- **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 provided in 4 High Schools and 1 Middle School
 - Respite provided (Camp scholarships): summer camps registration fees paid for by respite funding: History camp, Lego camp, Horseback riding, etc
 - CASSP provided in all schools in Forest and Warren counties
 - During admission to Psych units-Disposition meetings with hospital social worker, school, providers
 - Family Advocate to ensure needs of children are provided in schools and in the community
 - Diversion services: MST, FBMH, Clinical Home School Based, BCM, Mobile Therapy, BHRS (collaboration with CCBH to meet the needs of our children)
- Needs:
 - Approval of Aggression Replacement Therapy- approved for the 2017-2018 school year
 - Expansion of Short Term Adolescent Recovery units
 - PCIT in the home
 - Treatment providers for youth sex offenders
 - Acute hospital beds – children discharged home due to lack of acute beds
 - Partial program – youth are charged with crimes and are considered a “danger to their school community” resulting in a delinquent placement

Identify the strengths and needs of the county/joiner 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:
 - CHIPP funding – ability to fund services to maintain consumers in their “homes”
 - Diversion meetings with state hospital. County, local psych hospital, consumers, and providers to develop a plan to divert hospitalization
- Needs:
 - Housing with supports; cottage homes; CRR
 - Extended Acute Care units
 - State Hospitals to discharge when consumer is discharge ready – if consumer does not want to leave – hospital will not support discharge
 - The federal and state government to address the Olmstead Act – Olmstead Act reduces institutional beds resulting in consumer of Mental Health

treatment to commit crimes and become incarcerated. The State directive is to divert from hospitalization –lack of placement/housing and services/ treatment available in our communities.

- Use empty state hospital for sex offenders
- **Co-occurring Mental Health/Substance Use Disorder**
 - Strengths:
 - Providers have obtained dual diagnosis trainings/certification
 - Needs:
 - Peer Specialist
- **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:
 - Active Criminal Justice Advisory Board
 - Accredited Treatment Court
 - Psychiatric Services in the jail
 - Needs:
 - Housing
 - Transportation
 - Forensic Peer
 - Forensic BCM
- **Veterans**
 - Strengths:
 - VA Director active in the community and on CJAB board
 - VA Housing coordinator
 - Local VA center
 - Services for incarcerated Veterans
 - Needs:
 - Ambulance service for Mental Health transportation
 - Providers that accept Tri-Care
 - VA Hospitals to accept consumers with criminal/mental health issues
 - Transportation for out of county appointments
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
 - Strengths:

- Monthly community support group
- System of Care offers training
- Student Assistance Program offers support group for LGBTQI youth
- Gay-Straight Alliance – monthly meetings
- High School Proms/Dances supportive of youth
- Needs:
 - Community Awareness
- **Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)**
 - Strengths:
 - Available Spanish Speaking staff at Recovery Center
 - Services offered to Amish Community
 - Needs:
 - Outreach to identify minorities
- **Other (specify), if any (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury)**
 - Strengths:
 - Support from Rural AIDS Alliance for consumers
 - Needs:
 - Services for Traumatic Brain injury – housing, casemangement

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 (CHIPPP), 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 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

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 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

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

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

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

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 17-18 at current funding levels. For **each** transformation priority, provide:

- A brief narrative description of the priority including action steps for the current fiscal year.
- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.
- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, Health Choices, reinvestment funds, etc., and any non-financial resources).
- A plan/mechanism for tracking implementation of priorities.

1. Peer Support and Self-Help

Narrative including action steps:

Forest-Warren Mental Wellness Association (FWMWA) contacts with Forest-Warren Human Services. This organization has established an environment of hope, empowerment, and opportunities that enable consumers to reach their full potential.

The FWMWA is contracted as the System of Care (Tier One) provider for Forest and Warren counties.

The process will focus on consumers, youth and family. A peer (family member) and a youth will be hired to advocate for family and youth. A job description will be developed for each position and training will be provided by System of Care – target date by end of year 2017.

Parents and youth will be members of the System of Care Leadership team and FWMHA – target – 50% of the membership January 2018.

Timeline:

Monitor monthly

Fiscal and Other Resources:

County Contract - \$ 60,000

System of Care - \$100,000

Explore Reinvestment funds

Tracking Mechanism:

Number of family and youth on System of Care Leadership board and FWMWA board

Coordinated services delivery

Reduced number of children and adults in restrictive settings

One case manager per family

One case plan

2. Prison/Juvenile Detention

Narrative including action steps:

The current population of the Warren County jail is inmates known to the mental health, substance abuse or Children and Youth systems. The Criminal Justice

Advisory Board has set goals to address the needs of the inmates. For the Juvenile population the goal is to work with the Public Defenders Office to divert Juveniles from placement.

Timeline:

The Criminal Justice Advisory Board (CJAB) will meet in October 2017 to set goals and priorities

In November, a membership meeting is scheduled to implement the goals and priorities.

November 2017 – meet with Mental Health Provider and Mental Health liason to develop a plan for the Public Defenders office to contact the Base Service Unit to hold a Family group meeting or CASSP meeting prior to the youth being sentenced.

Fiscal and Other Resources:

Information on the fiscal and other resources needed to implement the priorities: funding available from: county funds, reinvestment, grants, non-financial resources

Tracking Mechanism:

The CJAB will work with the Warden and Jail Social worker to screen inmates for program/services available. The goal is to track inmates and services received while in jail, then follow for nine to twelve months after release from jail.

Tracking for Youth will occur montly – contact with Juvenile Probation Department and tracking number of youth placed or opened for services

3. Housing/ Housing Supports

Narrative including action steps:

A need for safe and affordale housing is a need for transitional youth, sex offenders, and forensic population. A Housing specialist is needed To assit the consumers in these homes.

Timeline:

To accomplish this goal – suitable housing needs to be located (November 2017)

Fiscal and Other Resources:

Inforamtion on the fiscal and other resources need to be explored: how much the county plans to utilized from state, County or other funding sources

Tracking Mechanism:

Local Housing Options Team meets montly to review resoucces and housing. New housing will be monitored.

4. Behavioral Healthe Needs of Young Children

Narrative including action steps:

The Local Early Childhood Team has identified an increase in behavioral health concerns among children 3 and above. The local Day cares and School District has reported: suspending children, asking children be removed from the classroom by the parent, or criminally charging the youth. Due to violent outbursts and/or inability to follow classroom rules.

Timeline:

A plan was developed to have satellite mental health outpatient site on location which will help with identification, referral, and treatment of targeted youth. A target date of September 2017.

Fiscal and Other Resources:

The service will be funded by HealthChoices or base funded for children not eligible.

Tracking Mechanism:

The Provider will provide monthly statistics on children served.

5. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input type="checkbox"/>	<input type="checkbox"/> County <input 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 type="checkbox"/>	<input type="checkbox"/> County <input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input 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 type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input 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= Health Choices

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								
Supportive Housing								
Supported Employment								Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)								
Illness Management/ Recovery								
Medication Management (MedTEAM)								
Therapeutic Foster Care								
Multisystemic Therapy	X	9	TAM-R SAM	MST SERVICES	QUARTERLY	N	Y	MST SERVICES MONITORS
Functional Family Therapy								
Family Psycho-Education								

*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	NO		
Family Satisfaction Team	NO		
Compeer	NO		
Fairweather Lodge	YES	5	
MA Funded Certified Peer Specialist	YES	55	
Other Funded Certified Peer Specialist	NO		
Dialectical Behavioral Therapy	NO		
Mobile Meds	YES	21	
Wellness Recovery Action Plan (WRAP)	YES	55	
High Fidelity Wrap Around	NO		
Shared Decision Making	YES	348	
Psychiatric Rehabilitation Services (including clubhouse)	YES	44	
Self-Directed Care	NO		
Supported Education	NO		
Treatment of Depression in Older Adults	YES	77	
Competitive/Integrated Employment Services**	NO		Include # employed
Consumer Operated Services	YES	152	
Parent Child Interaction Therapy	NO		
Sanctuary	NO		
Trauma Focused Cognitive Behavioral Therapy	YES	20	
Eye Movement Desensitization And Reprocessing (EMDR)	YES	10	
First Episode Psychosis Coordinated Specialty Care	NO		
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 organizations
- residential settings
- ACT, PACT, or FACT teams

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

INTELLECTUAL DISABILITY SERVICES

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to ensuring that individuals with an intellectual disability live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals’ teams.

This year, we are asking you to focus more in depth on the areas of the county plan that will help us achieve the goal of an Everyday Life for all individuals.

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

**Please note that under Person Directed Supports, individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.*

Individuals Served

	<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	2	0.9%	4	2%
Pre-Vocational	12	6%	14	6%
Adult Training Facility	1	0.4%	3	1%
Base Funded Supports Coordination	113	56%	133	60%
Residential (6400)/unlicensed	2	0.9%	2	0.9%
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	51	25%	54	24%
PDS/VF	2	0.9%	3	1%
Family Driven Family Support Services	45	22%	65	29%

Supported Employment: “Employment First” is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to Community Integrated Employment for all.

- Please describe the services that are currently available in your county such as discovery, customized employment, etc.
 - Bollinger Enterprises, Inc. (BEi) is the largest, local Employment Provider serving Warren and Forest Counties. In June of 2016, a new Executive Director was hired after the retirement of the previous director who had been with the agency for 37 years. The new director has taken great initiative to meet with the local Business Chamber and Industry to spread the word and educate local businesses about hiring individuals with Intellectual Disabilities. Several industries approached him at that time and agreed to discuss their services further. Since that time, BEi has developed employment opportunities for individuals at two industries and one restaurant through Supported Employment. BEi is currently in the bidding process to clean the building of Forest Warren Human Services. That contract will be awarded in the near future. BEi also has an Art program where the individuals create artwork and wares. The program assists the individuals in creating their pieces, how to use marketing techniques and advertising strategies, and the process of selling their items-the artists keep all income from their sales.
 - Forest Warren Human Services also authorizes services with two other employment providers. Venango Training and Development Center provides services to individuals

in our Forest County area. They provide pre-vocational services and supported employment. Barber National Institute serves the individuals that reside in the northwestern part of the county. They provide community habilitation and supported employment.

- Goodwill Industries works with our individuals and provides Supported Employment to several who are currently working in the community. One individual is doing housekeeping at the Days Inn. Goodwill Industries was just able to fade out the S.E. service.
 - Several individuals are receiving Supported Employment services through Agency with Choice. Two individuals work at a local restaurant serving food. One individual is a photographer/artist.
- Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.
 - BEi also provides the contract through OVR for the PETS (Pre-Employment Transition Services) through our local school district. This program offers independent living skills, self advocacy; work readiness, job shadowing and work based learning to transition age youth. This is a new program offered to youth that provides them an introduction into the world of work.
 - The SCO continues to work with all transition age youth by informing them of employment services, what they mean, and outcomes associated with each service. SC's assist the youth with applying for OVR services and attending meetings.
 - The new "community participation" service definition will allow for individuals to access the community, and potential job opportunities, in a way that the old service definitions may not have allowed them to previously. The hope is that by accessing the community, more individuals will choose community employment in an employment area of their interest.
 - The Employment Point Person continues to attend local and regional meetings surrounding employment, trainings and initiatives. She is also a part of the local Transition Council which includes local providers, the school district, Mental Health providers, OVR, and Juvenile Probation.
 - Please add specifics regarding the Employment Pilot if your county is a participant.
 - N/A

Supports Coordination:

- Describe how the county will assist the supports coordination organization to engage individuals and families in a conversation to explore natural support available to anyone in the community.
 - At the intake meeting, the AE is responsible to discuss the program and how the County looks for natural supports, along with community supports, to best maintain the individual in the least restrictive setting as possible. The County explains that often family, friends, neighbors, church family, etc. are able to assist in a timelier than when placed on a waiting list for paid services. This process continues to be explained and examined during the SCO intake, as well as during quarterly review meetings and annual ISP meetings.

- Describe how the county will assist supports coordinators to effectively plan for individuals on the waiting list.
 - The AE and SCO have an established policy to ensure that a PUNS is completed upon Intake, at every annual ISP meeting, and as individuals needs change throughout the year. A tracking form is kept at the AE level, in conjunction with the report from HCSIS, to determine each person's level of PUNS and how long they have been on the waiting list.
- Describe how the county will assist the supports coordination organizations to develop ISPs that maximize community integration and Community Integrated Employment.
 - The AE and SCO ensure that every transition age person considers community integration and Community Integrated Employment when discussing Every Day Lives and service definitions. When employment services are placed on an ISP, the AE also ensures that this is the appropriate service based on choice, level of support, and desired outcome.

Lifesharing Options:

- Describe how the county will support the growth of Lifesharing as an option.
 - The AE and SCO discuss Lifesharing as an option when presenting residential services. FWHS has offered the opportunity to visit with and talk to other Lifesharing families to discuss their experiences. FWHS has also brought in a Lifesharing provider to talk to families as a group about their experience.
- What are the barriers to the growth of Lifesharing in your county?
 - FWHS has not had great success with this service. Families in general are hesitant to have other families care for their individuals. They feel that group homes provide better staffing and a better continuity of care. All failed Lifesharing situations that the AE experienced were new relationships, even with a lengthy transition period.
- What have you found to be successful in expanding Lifesharing in your county despite the barriers?
 - Lifesharing seems to work better in situations where the individual and family have an established relationship prior to the Lifesharing service being provided. The family and individual are more knowledgeable about each other, which allows for a less awkward transition when moving into the home.
- How can ODP be of assistance to you in expanding and growing Lifesharing as an option in your county?
 - I don't know if there is anything that ODP can do to assist with the expansion and growth of Lifesharing.

Cross Systems Communications and Training:

- Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs.
 - Although local providers are very willing to expand their services to meet the needs of the individuals, they are finding it extremely difficult to locate qualified, willing direct support staff to fill vacant positions in order to staff their current needs. This is preventing the expansion of service. Providers are less willing to expand residential services due to current rates. However, there is hope that this will change with the rate changes that are coming in the near future. The AE also promotes the use of the local

HCQU, the DDTT, the CSRU and local Mental Health providers to better support our individuals with multiple needs.

- Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age.
 - At the beginning of each school year, the ID Dept reaches out to the Special Education Dept to remind them that the AE is available to attend meetings and provide education if necessary to individual schools and teachers. The ID Dept attends IEP meetings to share information with students and parents regarding services they can receive and encourages parents to enroll students at an early age in order to be in the PUNS process and track future Waiver enrollment as they age out of school based services.
- Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access needed community resources as well as formalized services and supports through ODP.
 - The AE is involved in many collaborative meetings with local providers and community agencies where information is shared regarding needed community resources, how to access formalized services and supports, other local community supports, service providers and new and current information. These meetings include the MH/ID/ATOD Advisory Board meeting, CASSP meetings, LICC meetings, CYS Advisory meetings, Quality/Risk Management meetings, Transition Council, IM4Q, Dine and Discuss, and informal modes of communication such as emails.

Emergency Supports:

- Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).

Local agencies will work as a team to support the individual using natural supports or funding that may be available. FWHS houses multiple programs including MH/ID, Drug and Alcohol and Children and Youth and has been successful with the Family Group Decision Making model.
- Provide details on your county's emergency response plan including:
 - Does your county reserve any base or block grant funds to meet emergency needs?
 - FWHS reserves a small amount of base funding to meet emergency needs should they arise.
 - What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
 - FWHS always looks to natural and community supports prior to any paid services, if possible and appropriate. The next step would be to look at existing services to determine if any of those services would be able to assist in the emergency. Finally, if no other services or support are available, the AE would look at what supports and services would be available and determine the cost associated with those services.
 - Does your county provide mobile crisis?
 - Yes.
 - If your county does provide mobile crisis, have the staff been trained to work with individuals who have an ID and/or Autism diagnosis?

- Yes.
- What is the composition of your mobile crisis team?
 - FWHS's Intake Dept makes up the mobile crisis team. These employees are certified CYS and MH workers. They have received training in Developmental Disabilities.
- Do staff who work as part of the mobile crisis team have a background in ID and/or Autism?
 - Staff who work as part of the mobile crisis team have been trained in Developmental Disabilities. If there is an emergency with an ID individual, per the On-Call policy, the ID Director is contacted.
- Is there training available for staff who are part of the mobile crisis team?
 - Yes.
- If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure?
 - N/A.
- Please submit the county 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

POLICY: The on-call system is to be used for emergency situations only. Normal casework activities should not be conducted by staff on-call, such as visitations or general protective services intakes that do not have immediate response times. Staff who are on-call may not be working their regular casework job or any other employment simultaneously while covering on-call. This would jeopardize the integrity of the system and could inhibit response time to an emergency. The chain of command for supervision is the on-call supervisor, Intake supervisor, Intake director, any other C&Y supervisor, C&Y director, ID director, the FWHS director.

PROCEDURE:

- 1.) On-call staff must have with them the appropriate paperwork to carry out the duties required. This paperwork includes:
 - a.) 30-day Voluntary Agreement
 - b.) Emergency Court Order
 - c.) Emergency Contract Form
 - d.) List of the foster parents, placement facilities, C&Y staff, ID staff
 - e.) Required notification for visiting a private home for investigation.
- 2.) On-call staff must carry a pager.
- 3.) On-call workers are responsible for documenting their time on the on-call time sheets and SAL sheets and turning them into the on-call supervisor in a timely fashion.
- 4.) All intakes, reports or contact sheets must be turned into the on-call supervisor for distribution and sign off.
- 5.) Business cards with the appropriate after hour phone numbers will be handed out to all families at the time of Intake as well as the initial ISP meeting, as new SCs take over cases, and as needed thereafter.

Administrative Funding: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person centered

thinking trainers.

- Describe how the county will utilize the trainers with individuals, families, providers, and county staff.
 - The AE will ensure that any training topics, dates, times and locations are provided to individuals, families, providers and county staff once these trainings have been set. Currently, the AE and SCO are working to put together an email list in order to more easily communicate with families.
- Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.
 - FWHS works very closely with service providers and local community providers to connect and network for individuals and families. If possible, we connect families that may have experienced similar situations in order to provide support to others.
- What kinds of support do you need from ODP to accomplish the above?
 - None at this time. If needed, the AE would ask ODP to provide training in certain areas where applicable.
- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.
 - FWHS has the unique situation in having the local HCQU located next door to our office building. This allows for more face-to-face interaction and collaboration. The AE has found the resources of the HCQU to be quite valuable when dealing with our individuals with behavioral issues and medical concerns. Our Quality Manager participates in all Individual Reviews in order to ensure that providers follow up on recommendations.
- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
 - The HCQU was providing data on Incident Management statistics. The AEs involved with this HCQU felt that the time spent for the HCQU to gather and interpret this data was time consuming and not necessary considering most AEs completed this work individually as part of the QM process already. Therefore, the HCQU no longer provides this information to the AEs.
- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.
 - FWHS works closely with the IM4Q program to improve the quality of life for our individuals. Following interviews, the local program writes meaningful considerations discussed during the interview. The AE ensures that the SCO Closes the Loop appropriately on these considerations to improve quality of life.
- Describe how the county will use the data generated by the IM4Q process as part of your Quality Management Plan.
 - Data will be gathered and reviewed to determine if any trends are visible that show systemic issues rather than individual issues. If a consideration is trending to be systemic, changes will be made to improve that specific area. IM4Q surveys will also be used to gauge consumer and family satisfaction. This information will be used in the Quality Management Plan.

- Are there ways that ODP can partner with you to utilize data more fully?

- The AE is always interested in learning better ways to collect and analyze data, monitor trends and track outcomes.
- Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc.
 - FWHS has found local providers willing to serve individuals who present with higher levels of need, to a certain extent. Providers access the local HCQU when individuals present with an illness or diagnosis that is unfamiliar to them. They utilize the Dual Diagnosis Treatment Team to assist in learning new behavioral techniques when dealing with Mental Health issues, as well as, the Community Stabilization and Reintegration Unit. Providers also seek out additional trainings to education administration and frontline staff appropriately. Providers have been hesitant to expand services beyond their current complement of housing. There is hope that with the new rate setting methodology, additional housing will become available.
- How can ODP assist the county's support efforts of local providers?
 - By continuing to offer incentives to providers through the Benjamin Settlement. Start up funding with less restrictions would be an excellent way to support providers.
- Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals.
 - FWHS reviews all incidents filed in EIM on a quarterly basis to identify trends that may be occurring with a particular individual or provider. If a trend is identified, the AE will notify the SC, who will then contact the provider to determine if they have come to the same conclusion. From this point, the SCO, AE, family, individual and provider will determine the best course of action to suit the needs of the individual to mitigate any further potential risk.
- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
 - Risk Management strategies and activities are discussed at the MH/ID/ATOD Advisory Board, QM/RM meetings and other public settings when an area of concern has been found, as well as when a particular strategy is working well in a certain area.
- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?
 - At this time the county works consistently with our providers and other stakeholders to manage risk.
- Describe how you will utilize the county housing coordinator for people with an intellectual disability.
 - The ID Dept has not worked with the housing specialist regularly as it has not been necessary. However, the ID Dept is fully aware that this position is available as a resource for ID individuals when a need for housing arises.
- Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.
 - It is important for all providers to work together to provide their agency's Emergency Preparedness Plan to other providers that may be involved with the same individuals. Utilizing the ideas and concepts from like providers may assist with less confusion amongst providers, individuals, SCOs and the AE in determining how certain events will be handled.

Participant Directed Services (PDS):

- Describe how your county will promote PDS services.
- FWHS has a large percentage of waiver participants utilizing PDS services, 45%. PDS services are discussed at enrollment, every ISP meeting for individuals that are enrolled in waiver, as well as at those for individuals who will become enrolled in waiver.
- Describe the barriers and challenges to increasing the use of Agency with Choice.
 - FWHS does not identify any barriers to increasing AWC services.
- Describe the barriers and challenges to increasing the use of VF/EA.
 - Only one waiver individual utilizes the VF model. FWHS experience has been that families require the added support of the AWC model to assist. Therefore, we have found little expansion with this service.
- Describe how the county will support the provision of training to individuals and families.
 - FWHS will work with families individually in any identified area of concern that is brought forward. If there appears to be an issue that effects many families, FWHS will bring in the appropriate entity to provide training, provide the training directly, and offer any assistance that's needed.
- Are there ways that ODP can assist you in promoting/increasing PDS services?
 - At this time, FWHS does not struggle with promoting this service.

Community for All: ODP has provided you with the data regarding the number of individuals receiving services in congregate settings.

- Describe how the county will enable these individuals to return to the community.
 - FWHS has one individual identified living in a congregate setting. Currently, there are no plans to return this individual to the community due to the fact that he is stable in his living environment. In 2008, this individual had the most restraints in one year in the state of PA. He has had a significant decrease in restraints and behaviors due to the efforts of his team and the provider agency. At this point, he does not want to move and FWHS is very reluctant to move him into the community. This individual also has a guardian that would need to be involved in any decision making process. His current provider is immersed in the community already and therefore it would not make sense to take him away from his community.

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.

- Continuum of services available to Warren County individuals and families experiencing or facing homelessness.

Social service agencies and providers in Warren County have continuously worked toward a true "consumer first" approach which attempts to put traditional approaches aside in an effort to

consistently improve the service delivery to best serve those in our community. Each provider in the area is but one COG in a multi-oriented social service delivery system. The objective in this type of unified approach is ultimately to build a stronger community by helping clients achieve self-sufficiency by overcoming identified barriers. As funding declines, providers continue to seek out ways to meet the ever increasing needs with limited funds.

Individuals and families within the county facing eviction or experiencing homelessness have access to a well-organized continuum of care. Traditionally, the Warren-Forest Counties Economic Opportunity Council has been the most diversified agency which offers services to clients who range from pre-school to the elderly in multiple areas which include housing, education; nutrition, transportation, emergency services, and employment. The EOC, and other area providers, maintain open lines of communication so that clients are able to access the services they need in a timely manner. The services and local providers are further described as follows

Food / Nutrition | The Warren Salvation Army, County Assistance Offices, Saint Joseph Soup Kitchen, First Presbyterian Church Sharing Place, County Ministries, and Sheffield Food Cupboard provide emergency food and food pantry type services. Additionally, the WIC program is available for qualifying families with children under 5 while Meals on Wheels is available for seniors. The Produce Express, offered via the Second Harvest Food Bank, also has several monthly pick up locations in the area. This program, it should be noted; is a first come / first served distribution.

Employment / Job Training | The local PA CareerLink, Warren-Forest Counties Economic Opportunity Council; Warren-Forest Hi-Ed Council, and the County Assistance Office provide assistance/training to individuals aimed at helping clients obtain and/or retain employment.

Education | The Warren County School District provides transitional K-12 services for their respective counties. Early childhood education is well represented where there are over 10 programs, including the Warren Forest EOC Head Start, YMCA, and Jefferson DeFrees Family Center, serving 3 and 4 year olds. Early intervention services are offered for children 0 to 3 while preschoolers who are severely handicapped and/or have intellectual deficiencies are served by the Intermediate Unit 5 and the Don Mills Center in Warren County.

Housing | The Warren County Housing Authority provides safe, affordable housing to the elderly, disabled, and low-income families of the area. The Warren-Forest Counties Economic Opportunity Council provides transitional housing to victims of domestic violence, permanent housing for chronic mental health consumers, and emergency housing for homeless individuals and families. The domestic violence program is offered in partnership with A Safe Place shelter. Forest-Warren Human Services is a partner in housing those with chronic mental health conditions. These are two of many area partners and organizations that provide the complete, true continuum of care for clients who need housing.

Emergency Services | The Warren-Forest Counties Economic Opportunity Council provides a wide range of emergency utility assistance programs. The Salvation Army and County Assistance Offices provide emergency hotel vouchers when necessary. Both the Salvation Army and Warren-Forest Counties EOC manage the county Homeless Assistance Program when funding is available.

Mental Health Service | Beacon Light Behavioral Health, Deerfield Health, and Warren General Hospital all provide case management and related services to the population of clients needing mental health services.

Transportation | The Transit Authority of Warren County provides medical transportation and fixed route schedule transportation, The request for service must be done one working day in advance and the client must also be willing to share the ride with other passengers

Elderly | The Warren Forest Area Agency on Aging (Experience, Inc.) provides services to the elderly including case management and operation of the senior citizen centers throughout the county.

In past years, those facing or experiencing homelessness in Warren County have been able to utilize the various programs and resources to stabilize their situation, The Warren-Forest Counties Economic Opportunity Council operates the only emergency shelter in the area and served 253 individuals in 168 households between September 26,2013 and April 30, 2017. Households received case management and other services offered by agencies within the Warren County Housing Continuum of Care which allowed for 60% to exit the program into permanent housing situations. Further, an additional 225 individuals benefited from funds through the County's Homeless Assistance Program (HAP) in the 2015 to 2016 program year. Of these, the majority received rental assistance while approximately 15% received utility assistance to aid in emergency situations allowable under the HAP guidelines. In the current year, due to high demand for emergency rental assistance, less than 5% have received utility assistance. Each year, the program is in high demand until funding is no longer available.

• **Unmet Needs / Gaps**

Housing is an often cited need continually plaguing the most vulnerable members of our community. Homelessness is one of the most extreme, and largely hidden, challenges for residents. There is a lack of safe, affordable housing which is further compounded by the failure of any meaningful economic recovery to impact the rural area. Social service providers have all experienced significant reductions in program budgets which have resulted in compromised availability of support services. In Warren County, and elsewhere, families are too often faced with an ever widening gap between the cost of housing and the ability to afford it. In rural areas, like Warren, this reality is further compounded by the unemployment rate, the number of people who are under employed, lower levels of educational attainment, generational poverty, the number of persons unable to maintain full time work, and depressed incomes which all continuously widen the affordability gap.

There is a noticeable lack of subsidized and supportive housing options. People struggle to find and keep affordable housing making the possibility of homelessness an ever present worry for some households. Those with additional barriers such as a mental health diagnosis, disability, or addiction are further burdened. A long waiting list for subsidized housing regularly forces low-income individuals and families, regardless or situation, to obtain non-subsidized housing. In Warren, finding suitable housing that meets the needs of the family and remains affordable is a constant struggle. Further, the cost of utility and security deposits consistently poses a challenge to lower-income households. It is not common for an apartment to include utilities in the rental cost and thus, an additional household expense is added to the budget.

All of the aforementioned needs related to housing are well known in the area. Social service providers are continuously seeking out new opportunities and partnerships to further expand on affordable, permanent housing options available to those in need.

Bridge Housing:

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

While HAP funds are not utilized for bridge housing, Warren-Forest Counties EOC offers transitional housing accommodations for those with a mental health diagnosis and / or fleeing a domestic violence situation. Households can stay housed within these units for up to 24 months with active case management and referral services provided in an effort to stabilize the household and assist in successfully moving to permanent housing. Master Leasing and Bridge Housing programs are also offered in Clarion County which extended the application for services to be provided to those in Warren and Forest Counties as well.

The Bridge Housing programs are effective in transitioning homeless or near homeless people into permanent housing by giving them the time needed to improve their situation by actively doing things such as looking for and obtaining better paying jobs, applying for mainstream benefits, and applying for additional services in and around the county without having to worry about rents that they cannot afford due to their current income and resources. Proposals and construction of additional transitional housing units for various cohorts within the homeless and / or vulnerable segments within the population will be very helpful in accommodating all those who are facing homelessness

Case Management:

- Please describe the Case Management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
Under the HAP program, each eligible household receiving rental assistance are provided with case management service. This at a minimum may include providing referrals and actively following up with households at regular intervals to ensure that the household has remained housed and has stabilized their situation. Case management is also offered by other programs in the county such as PATH, Supportive Services for Veteran Families (SSVF), children and youth services, and many others. Case management and follow up ensures that clients are stably housed and moving toward self-sufficiency.

- How does the county evaluate the efficacy of Case Management services?
Case Management allows the County and service providers to collect data and information which is used to evaluate the efficacy of the program. Where deficiencies are made apparent, the providers are able to then make needed adjustments to ensure a better service delivery for clients. Warren County subcontracts with two entities to provide Case Management services, the Warren Salvation Army and the Warren-Forest Counties Economic Opportunity Council. Both agencies provide services which are outlined in the client's service plan. Initiated at intake, the service plan is utilized to assess the client's needs, services required, and timetable for accomplishment. Each plan is constructed specifically to help the client reach the family goals that were mutually agreed upon during the time of intake.

Service coordination, which may include referral to various service providers, budget counseling, employment services, and/or nutrition assistance; is provided. Contact with the client (monitoring) is on-going, with regular face-to-face appointments and telephone conversations on at least a bi-weekly basis (based on individual client's situation) .

- Please describe any proposed changes to Case Management services for FY 17-18.
No proposed changes are anticipated for FY 17-18
- If Case Management services are not offered, please provide an explanation of why services are not offered.
Not applicable

Rental Assistance:

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

The county utilizes Rental Assistance to actively prevent eminent homelessness. One month's rent, security deposits, mortgage arrears, and prevention of utility shutoffs are allowable expenditures. Each household is evaluated based on need and their ability to sustain the living situation thus remaining stably housed once rental assistance ends. If a household is not eligible for rental assistance the household is referred to other services or programs which can best meet their need and situation. An additional program that offers rental assistance is the SSVF program which provides short term and medium term rental assistance for Veterans who have been discharged under any condition except for dishonorable. A Rapid Rehousing program, funded through an Emergency Solutions Grant. is also available which operates in a similar way for eligible clients.

The Homeless Assistance Program has become one of the most reliable rental assistance programs offered within the County. Other agencies are familiar with the program and continuously refer clients to apply for the service. Warren-Forest Counties EOC, the Salvation Army, and other providers work in tandem with the Department of Human Services consistently to assist clients who are homeless or are in eminent danger of being homeless. It is most effective if there is no interruption in the service while waiting for the funds to arrive. The

Salvation Army cannot process rental assistance if they have no confirmation that funding is available. When there is a gap in providing rental assistance, it has been observed that the homelessness situation escalates. In these periods of time it quickly becomes harder for people to get caught up or out of the crisis situation in which they find themselves. It is not uncommon, under this scenario, for people that are temporarily living with another person or persons to place that household in danger of being evicted due to accommodating people not on the lease and overcrowding.

For initial rental assistance, the Salvation Army has set a maximum of up to \$400 and the Warren- Forest Counties EOC has set a maximum of up to \$500 per household. If a combination of monies is necessary, the Salvation Army and Warren-Forest Counties EOC will assist with a maximum of \$900 per individual or \$1500 per family within a 24-month period of time. The level of assistance is determined on a CASE by CASE basis depending on the severity of the need and if previous assistance was given within the 24 month period. The Salvation Army and Warren-Forest EOC staff communicate on a continual basis when funds are available to determine if collaboration is required. If additional assistance is needed within the 24 month period, the Salvation Army and/or Warren-Forest EOC will evaluate the need for continued service and may provide assistance **only up to the maximums stated in the HAP Instructions and Requirement Handbook**. A client contribution may be required for assistance and will be based upon each individual case and circumstance.

- How does the county evaluate the efficacy of Rental Assistance services?

The County ensures that The Salvation Army and Warren-Forest Counties EOC coordinate a system of tracking all assistance provided between both agencies and reviewed on a monthly basis. Phone calls between the two organizations will be made during the month to track current requests for assistance and ensure that there is no unnecessary doubling upon a client

HAP priority will be given for rental assistance or mortgage assistance needs. Please note that all aforementioned limits and dollar amounts refer to the level of rental assistance. The amounts available for utility assistance under this program are lower and can only be used in eligible cases where all other utility assistance program options have been exhausted.

The Salvation Army and EOC will ensure that all clients are referred to all possible programs FIRST prior to utilizing HAP funds for utilities. Programs that can be used prior to HAP funds include: LIHEAP, LIHEAP Crisis, Dollar Energy, EFSP, NFN (National Fuel), Columbia Gas CAP, LIRA (National Fuel), Salvation Army General Fund, Food Pantry, Goodwill, Gas and General Needs Voucher Program, and the State Commodities Program. The Salvation Army and EOC will adhere to the 24 month period guideline limits on rental assistance and utility assistance for these situations. The use of HAP funds for utility assistance will only be given priority toward the end of the program year IF funds are still available, all other utility programs have been exhausted, and the provision of HAP funds will stop a shut off from taking place.

- Please describe any proposed changes to Rental Assistance services for FY 17-18.
No proposed changes for FY 17-18
- If Rental Assistance services are not offered, please provide an explanation of why services are not offered.

Not applicable.

Emergency Shelter:

- Please describe the Emergency Shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps

The Salvation Army operates this aspect of the Homeless Assistance Program. A voucher at a local hotel is provided to individuals facing an immediate need. Vouchers are issued usually for a two night stay. Once the immediate need is rectified, clients automatically receive case management services.

The Warren-Forest Counties EOC operates a 30-day emergency shelter at the Faith Inn for households below 30% of the Area Median Income. The Faith Inn is unique in offering a shelter in an apartment like setting which gives the client a sense of privacy and independence. The shelter is effective in the clients' 30-days to sort out and improve their situation. There is a clear need for more shelters to serve the general homeless population. Between January 1, 2017 and March 31, 2017 only 24 people were able to be served by the shelter and 83 had applied.

- How does the county evaluate the efficacy of Emergency Shelter services?
Services provided are coordinated with Agency services. Correspondence/referrals are utilized to ensure services are appropriate and adequately provided.
- Please describe any proposed changes to Emergency Shelter services for FY 17-18.
No changes anticipated in FY 17-18
- If Emergency Shelter services are not offered, please provide an explanation of why services are not offered.
Not applicable

Other Housing Supports:

- Please describe the Other Housing Supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps

No HAP funds are used for these services. Warren-Forest Counties EOC utilizes other funding sources to offer a wide array of services designed to promote and move households toward self-sufficiency. These include Head Start, weatherization programs) utility assistance, housing, budget, and employment counseling) transitional housing, and supportive housing programs for low-income households. The Salvation Army assists with the food pantry, clothing programs, and utility assistance for household who are in danger of having their utilities shut off and thereby making the home uninhabitable.

These housing supports help immensely in alleviating poverty by addressing ongoing issues faced by area families. Head Start gives low-income families a chance to enroll young children in a steady educational environment. Budget Counseling and Employment and Training

programs are necessary life skills that help individuals be informed about finances and work readiness. They also help move household toward becoming self-sufficient. There should be more housing supports such as basic necessities that can initially help people access items not able to be purchased through SNAP or not available in any agency. Examples include paper products, housing cleaning supplies, and the like, while they are trying to improve their situation financially.

- How does the county evaluate the efficacy of Other Housing Supports services?
Cooperation and referrals to other agencies and their success are documented in Agency files.
- Please describe any proposed changes to Other Housing Supports services for FY 2017-2018.
No changes anticipated for FY 17-18
- If Other Housing Supports services are not offered, please provide an explanation of why services are not offered.
Community partners provide quality services. There is no need for the County to duplicated services already provided.

Homeless Management Information Systems:

- Describe the current status of the county's Homeless Management Information System (HMIS) implementation. Does the Homeless Assistance provider enter data into HMIS?
The HMIS program is implemented completely throughout most all housing programs and those serving homeless populations with the exception of those fleeing domestic violence. These programs include, but are not limited to, the Supportive Services for Veteran Families, Rapid Rehousing, Emergency Shelter program, Permanent Supportive Housing for Chronically Homeless. and PATH programs. Further, the Warren-Forest Counties EOC will be the central intake / assessment location for the Western Pennsylvania coordinated entry system. This assessment is done through the HMIS system and allows the County to potentially access additional resources for clients in need. The aforementioned listing of programs are all exclusively designed to address the needs of the homeless population as well as those facing or at risk of becoming homeless. The HMIS data is updated regularly so that the county has the most efficient information gathering system possible.

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, Health Choices, reinvestment funds, etc.

This overview should include:

1. Waiting list information (time frames, number of individuals, etc.) for:
 - Detoxification services- immediate or next day access is generally available.

- **Non-hospital rehabilitation services-** Access has improved as one of the closer regional facilities has recently expanded capacity. Generally, access is available within a couple days to 1 week. Long term rehabilitation has a 2 month wait at facilities under SCA contract. Access for specialty populations is not immediately available. (co-occurring, women with children...)
- **Medication Assisted treatment-** Methadone Maintenance is available regionally, with immediate access. We have 1 local physician prescribing Buprenorphine, who has an almost 2 year waiting list. Individuals tend to independently go to regional providers. A local outpatient provider is planning for the expansion of Buprenorphine. Vivitrol is available by the local physician, and regional provider. The regional provider is exploring expansion to our SCA. We are working with both of these providers to improve access in our SCA.
- **Halfway House Services-** We utilizes regional Halfway Houses, to meet the needs of our individuals. Individuals are generally sent directly from rehabilitation. The SCA or BH-MCO has occasionally funded additional days in rehabilitation, while waiting for an open bed at a halfway house. Accessing a Halfway house from the community is difficult to accomplish. When a halfway house cannot be found, individuals than discharge to local recovery houses or own home. Waiting list information is not available.
- **Partial Hospitalization-** This level of care is not available locally. We have inquired to a live-in partial several hours away, but have not utilized it, recently. This service was available locally in the past, but needed population could not support the service. Waiting list information is not available.
- **Outpatient-** We have 2 Outpatient providers locally. Our local providers had waiting lists of 1-2 months for the majority of this fiscal year. They prioritize SCA clients and those in most urgent need. One provider recently depleted their waiting list. Currently, the other provider has a waiting list of approximately 15 persons, but admits SCA clients within 2 weeks. The waiting list consists of persons with private insurance or medical assistance. The time frame waiting to receive services is 3-4 weeks.

2. Barriers to accessing any level of care.

- **Treatment for individuals with complex co-occurring disorders.** We have been unsuccessful in finding residential placement for individuals residing at a state psychiatric facility directly to the facility. The severe behaviors the individual has displayed or the combination of medications taken have been reasons for denied access. Even when the psychiatric facility considers the individual's mental illness stable, it can be very difficult to find a residential placement. Additionally long-term dual residential beds are limited and can require individuals to be on a waiting list to access this level of care.
- **Treatment for sex offenders.** Residential facilities that will admit individuals are limited; and scheduling at Outpatient facilities can be challenging.
- **Legal issues affect access.** Individuals that are required to remain in jail for an extended period lost insurance benefits, or insurance denies coverage when admitted for incarceration.

- Residential Bed or Outpatient availability has been a barrier. When immediate access is not available, some individuals lose motivation or return to use resulting in need for re-evaluation and increase case management resources.
 - Transportation is a barrier for individuals living in rural areas of the county, especially those needing Intensive Outpatient, but Outpatient also.
 - Individual circumstances of the individuals in need of treatment can impact access. Lack of support, work schedules, motivation, etc. affect access. Multiple missed appointments which can result in closure in treatment and agency policies related to re-entry can create barriers to future treatment.
3. Narcan resources available in the county.
- Law enforcement is trained in the administration of Narcan in almost all areas of the 2 county SCA. Only two (2) police municipalities officers are not carrying Narcan yet. The SCA funds Narcan to law enforcement and providers, trained in administration.
 - Narcan can be obtained at most pharmacies, within 1 day.
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.
- There is 1 hospital in the SCA. We have developed warm hand off protocol with the emergency room, which utilizes a psychiatric consult to the emergency room to facilitate the hand off. Our hospital has a psychiatric unit and a detox unit. Generally the psychiatric consult will result in admission to one of these areas of the hospital. Since we began tracking opioid admissions to the Emergency Room in January 2017, data indicates that 50% of individuals are transferred to another hospital critical care unit. Admissions average 2 per month.
 - The SCA has 1 trained Certified Recovery Specialist (CRS), employed by an Outpatient treatment provider. The CRS is currently working with the hospital administration to have the CRS having regular contact with individuals on the psychiatric and detox units. We are hoping this will improve individual engagement in treatment upon discharge.
 - We do not have case management services available 24/7 due to the lack of Emergency Room admissions. We will continue to evaluate data for increased need.
5. Treatment Services expansion including the development of any new services or resources to meet local needs.
- As noted above the SCA is supporting a MAT provider to locate a satellite office in the SCA to provide Buprenorphine, Methadone & Vivatrol.
 - The SCA is supporting an Outpatient provider in development of MAT (Buprenorphine).
6. Any emerging substance use trends that will impact the ability of the county to provide substance use services.
- Alcohol, Opiates/Heroin, and Marijuana remain the most highly abused substances in our counties. The increase in opiate abuse is being widely seen across the age span, with the largest in the young adult population. The number of persons in treatment, reporting heroin

use, is small; it has doubled in the last few years. Clients indicate using heroin when synthetics and prescription opiates are unavailable. As access to opiates has reduced, an increase in heroin has occurred. The continuing substance abuse trend in our counties is the use of synthetic drugs, such as “Bath Salts”. Treatment is limited while under the influence of these substances, so we rely on the partnerships with mental health services to assist. Dangerous behaviors displayed present a public safety issue. Fortunately, our local hospital emergency room & psychiatric unit have been willing to evaluate for admission if experiencing psychiatric symptoms. Local law enforcement has been supportive in providing public education and has become trained in dealing with situations. Mental Health Crisis Staff are trained in handling situation involving individuals under the influence of Bath Salts. Evaluation of individuals with long term use of Bath Salts can be a challenge, as symptoms are long lasting and difficult to determine if they require mental health treatment or related to withdrawal.

- Adolescent substances abuse is on the rise with approximately 29% of juvenile probation referrals related to substance use issues. Most adolescent use is alcohol, marijuana, opiates, and other prescription drugs. Youth rarely test positive for cocaine, bath salts or heroin. Our Juvenile Probation department reports approximately 2-4 DUI referrals per year.
- An increase in the use of Medication Aided Treatment (MAT), such as Suboxone is being seen. Case Managers continue to educate individuals requesting this treatment, about the importance of Outpatient treatment in conjunction with the medication. The SCA currently does not fund the medication or doctor visits, but does fund treatment. This will change when we have licensed providers prescribing and treating these individuals.
- An increase in individuals with significant medical issues, who has become addicted to opioids has been seen. Locating the most appropriate treatment for these individuals can be a challenge.
- The opioid epidemic has impacted the county system, by increasing the numbers of individuals needing treatment. Fortunately, the overdose issue has not been alarming in the numbers of deaths, yet. As the use of heroin continues to increase, as it is expected, the SCA plans to continue to educate the community and stakeholders about the use of Naloxone and methods of engagement in treatment.
- As the SCA completes evaluations for DUIs, we have been seeing more controlled substance DUIs. Law enforcement officers have received advance training in identification of controlled substance DUI symptoms, thus can make these arrests.

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.

The Forest-Warren Human Services, Single County Authority (SCA) in Forest and Warren Counties, is responsible to administer public funds, oversee, and monitor providers to ensure access to effective, quality substance abuse services. Oversight of the Forest-Warren SCA is provided by the Governing Board, which consists of the 3 elected Commissioners from each county. The FWHS Director is responsible to oversee the SCA Director. A citizen’s Advisory Board (Planning Council) of 15 members

is appointed by the Governing Board to assist in program planning, development and decision-making. A County Commissioner from each county is a member of the Board.

Access to the SCA treatment and Case Management services can be through the FWHS Alcohol, Tobacco and other Drugs (ATOD) Case Manager or through a contracted treatment provider. The initial screening for ATOD services is completed and when the individual needs ATOD treatment funding is offered an assessment. The SCA does complete evaluations for individuals charged with DUI, and is reimbursed by the individual, individual's insurance, or probation department. Evaluation for State Parolees and provided at no charge to the individual. Individuals that access the treatment provider, follow the same process. No cost evaluations are provided to uninsured persons needing treatment funding and individuals with publically funded insurance, requesting the evaluation.

Evaluations to the criminal justice population while incarcerated are provided at no charge.

Individuals needing evaluations are screened to determine possible insurance funding, which will allow them to be directly referred to a treatment provider. SCA evaluations are primarily reserved for those needing treatment funding. The SCA contracts with the Behavioral Health Managed Care Company to complete level of care evaluations for its members. We assist with coordination of their access to treatment.

Upon completion of the Assessment, a treatment determination is made. The Pennsylvania's Client Placement Criteria (PCPC) for Adults or American Society of Medicine criteria (ASAM) for adolescents are used to determine appropriate level of care placement. The SCA can fund treatment at or below the level of care identified by the PCPC or ASAM. Individuals are offered a choice of providers based on the level of care indicated by this evaluation. Pending the availability of funding, referrals are then made to the treatment facility. Upon acceptance by the provider, Service Authorizations are approved by the FWHS Director and forwarded to the treatment provider. A Case Manager can assist with non treatment needs.

The SCA provides funding for drug and alcohol treatment under contracts with local and regional providers. To access funding for treatment, the individuals must be evaluated by the SCA or SCA Case Management providers. Levels of care available are: Detoxification, Short and long term Rehabilitation, Halfway House, and Outpatient services (Individual, Group, and Intensive Outpatient) and Partial Hospitalization.

The SCA priority populations are: Pregnant Injecting Drug Users, Pregnant Substance Users, Injecting Drug Users, and Individuals who have overdoses due to Drug and Alcohol use, and Veterans. Should funding become limited, populations will be served based on these priorities. Additionally, preferential treatment funding is made available to pregnant women.

The SCA coordinates with other funders (Probation Department, Insurance companies, etc) to ensure that all other funding avenues are exhausted prior to use of SCA dollars. A SCA Case Manager will assist clients in obtaining benefits, which will fund treatment, allowing funding to be used for others in need.

County policy, which all individuals are notified, is that treatment funding is limited to one inpatient treatment episode, or one continuous treatment experience involving 1 or more levels of treatment without interruption per year. Repeat admissions are evaluated on a case-by-case basis.

The SCA provides funding for Certified Recovery Specialist support services to uninsured individuals. These services are provided under contract with a treatment provider. This service is funded by the behavioral health managed care company for its members.

Under contract with a provider, the SCA funds ATOD and Gambling Prevention services and Student Assistance services. All services are provided free of charge to residents of Forest and Warren Counties.

Target Populations

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

All above listed county resources are available to all populations. The SCA does not limit resources to any populations.

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

The majority (90%) of the individuals we see are Adults 21-65, as substance use has caused legal, social, medical and other complications resulting in the need to access treatment, case management, or recovery supports. Although we do not have data to support an increasing numbers of transition age youth, it seems, anecdotally, that we are seeing individuals with advanced use or using more “hard” drugs.

Adolescents (under 18)

Generally adolescents’ treatment needs are met through private or publically funded insurances. In discussing this population with local outpatient providers, they don’t see many adolescents either.

Individuals with Co-Occurring Psychiatric and Substance Use Disorders

The majority of the individuals we serve have a diagnosed or undiagnosed co-occurring psychiatric disorder. During evaluations, we identify these issues, and assist in ensuring these needs are met. The SCA contracts with short and long term rehabilitation that specializes in treating this population. We refer to these facilities as appropriate. We have seen a greater need for long-term dual treatment, which presents a challenge, as the numbers of these beds are very limited. SCA Case Managers communicate with mental health service providers to ensure coordinated treatment for the individuals we support.

Women with Children

We provide case management to this population to assure that they have all the supports and services needed addressed, so they can access treatment.

Overdose survivors

The SCA prioritizes evaluation and case management services to individuals who have suffered an overdose. We attempt to get them an immediate appointment to assist in accessing treatment quickly. Providers prioritize this population in the initiation of treatment.

County’s identified priority populations

The SCA’s identified priority populations are those mandated by DDAP: Pregnant Injection Drug Users; Pregnant Substance Users; Injection Drug Users; Overdose Survivors; and Veterans. Preferential treatment services are made available to pregnant women.

Recovery –Oriented Services

Describe the current recovery support services including CRS 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).

As noted above, Certified Recovery Specialist (CRS) services are available in our SCA, which are funded by the SCA, and behavioral health managed care organization. This service has benefited individuals in recovery by development of a recovery plan with the support of a person that may have experienced some of the same issues.

There are several recovery housing options available in Warren County. One recovery house under the Oxford House model is located in Warren. The house provides a recovery oriented atmosphere to 7 males. A faith based recovery house targeted toward incarcerated females has been operating for about 3 years. Another privately owned recovery house for males is in operation. These homes are generally full or near capacity.

Additionally, individuals with co-occurring disorders, receive housing in the Mental Health funded Transitional and Permanent Housing options.

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: [Home Delivered Meals](#)

Description of Services: [Provides home delivered meals to adult consumers, which allow them to remain in their home.](#)

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

Aging Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Children and Youth Services: Please provide the following:

Program Name: [Child Protective Service](#)

Description of Services: [Warren County Children & Youth Child Protective Services will provide services to protect the health and safety of a child/youth who is without proper parental supervision or who has been neglected, exploited or injured by the parent to an extent not sufficient to be covered under the Child Protective Services Law.](#)

Service Category: Protective (Child Abuse & General) - Services provided to children reported as abused and families under 23 PA CS Ch. 63 or a child without supervision or who has been neglected/exploited/injured by the parents but not covered under 23 PA CS Ch. 63.

Generic Services: Please provide the following:

Program Name: [Centralized Intake Unit](#)

Description of Services: [The Agency Director's supervision of the Centralized Intake Unit which addresses calls that are received by providing information, referrals to other organizations or Programs within our Agency based on the consumer's need. The Centralized Intake Unit improves the effectiveness of our county human services agency.](#)

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

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

Adult Aging CYS SUD MH ID HAP

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

Program Name:

Description of Services:

Interagency Coordination: (Limit of 1 page)

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

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

Other HSDF Expenditures – Non-Block Grant Counties Only

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

[Warren County does not plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance or Substance Use Disorder.](#)

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.

AFFIDAVIT OF PUBLICATION

State of Pennsylvania

County of Warren

City of Warren

Debbie Loomis being duly sworn, deposes and says that sheworks for The Times Observer, a daily newspaper published in the City of Warren, Warren County, State of Pennsylvania, printed in the City of Jamestown, Chautauqua County, State of New York, and that a notice of which the annexed is a published copy, was published in said electronic and print form on the following date(s)

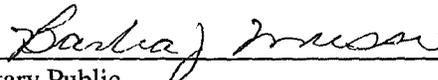
April 22, 2017

Signed



Debbie Loomis, Account clerk

Signed before me this 13th day of June 2017


Notary Public

Public Hearing
Forest-Warren Human Services will hold a public hearing at noon on Wednesday, May 24 at the Warren County Courthouse - Jackson Courtroom in Warren, PA.
In accordance with Act 80, this public hearing will be an opportunity for the public to provide input and/or ask questions regarding the provision and funding of services included within the consolidated planning implemented by the PA Dept. of Human Services.
May 22, 2017-11 WTO0014184

BARBARA J. RUSSO
Notary Public, State of New York
Qualified in Chautauqua County
My Commission Expires 7/4/19

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

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

MENTAL HEALTH SERVICES

ACT and CTT					
Administrative Management	767		\$ 175,205	\$ 19,018	\$ 448,802
Administrator's Office			\$ 171,368	\$ 19,041	\$ 14,223
Adult Developmental Training					
Children's Evidence Based Practices	2		\$ 1,575		
Children's Psychosocial Rehabilitation	1		\$ 1,050		
Community Employment					
Community Residential Services					\$ 735,000
Community Services	59		\$ 189,402	\$ 17,649	
Consumer-Driven Services	6		\$ 137,945		\$ 136,500
Emergency Services	45		\$ 123,647	\$ 13,739	
Facility Based Vocational Rehabilitation	13		\$ 102,548	\$ 8,301	\$ 32,936
Family Based Mental Health Services	5		\$ 26,603		
Family Support Services	16		\$ 4,519		
Housing Support Services	95		\$ 155,825	\$ 10,934	\$ 185,085
Mental Health Crisis Intervention					
Other					
Outpatient	110		\$ 110,410	\$ 8,450	
Partial Hospitalization	3		\$ 9,147		
Peer Support Services	20		\$ 83,766		
Psychiatric Inpatient Hospitalization	6		\$ 35,727		
Psychiatric Rehabilitation	9		\$ 35,175		
Social Rehabilitation Services	74		\$ 48,277	\$ 2,784	\$ 54,060
Targeted Case Management	52		\$ 73,500		
Transitional and Community Integration					
TOTAL MENTAL HEALTH SERVICES	1,283	\$ 1,485,689	\$ 1,485,689	\$ 99,916	\$ 1,606,606

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 461,900	\$ 22,893	
Case Management	133		\$ 286,062	\$ 28,606	
Community-Based Services	143		\$ 477,826	\$ 27,863	
Community Residential Services	2		\$ 159,475		
Other					
TOTAL INTELLECTUAL DISABILITIES SERVICES	278	\$ 1,385,263	\$ 1,385,263	\$ 79,362	\$ -

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

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

HOMELESS ASSISTANCE SERVICES

Bridge Housing					
Case Management	140		\$ 36,058		
Rental Assistance	70		\$ 20,000		
Emergency Shelter	30		\$ 2,000		
Other Housing Supports					
Administration					
TOTAL HOMELESS ASSISTANCE SERVICES	240	\$ 58,058	\$ 58,058		\$ -

SUBSTANCE USE DISORDER SERVICES

Act 152 Inpatient Non-Hospital	15		\$ 46,590		
Act 152 Administration			\$ 10,673		
BHSI Administration			\$ 14,116		
BHSI Case/Care Management	150		\$ 18,391		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	3		\$ 11,312		
BHSI Medication Assisted Therapy	10		\$ 4,600		
BHSI Other Intervention					
BHSI Outpatient/IOP	120		\$ 55,000		
BHSI Partial Hospitalization					
BHSI Recovery Support Services					
TOTAL SUBSTANCE USE DISORDER SERVICES	298	\$ 160,682	\$ 160,682	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	27		\$ 26,304		
Aging Services					
Children and Youth Services	17		\$ 16,576		
Generic Services	164		\$ 3,500		
Specialized Services					
Interagency Coordination					
Administration			\$ 3,620		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	208	\$ 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	2,307	\$ 3,139,692	\$ 3,139,692	\$ 179,278	\$ 1,606,606
--------------------	-------	--------------	--------------	------------	--------------