

Indiana County Human Services Plan FY 2018-19

Armstrong-Indiana Behavioral and Developmental Health Program
Armstrong-Indiana-Clarion Drug and Alcohol Commission
Indiana Department of Human Services
Homeless Assistance Programs
Human Services Development Fund

Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Indianna

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>
	Date: <u>9/12/18</u>
	Date: <u>9/12/18</u>
	Date: <u>9-12-18</u>

**Appendix B
Indiana County Human Services Plan
FY 2018-19**

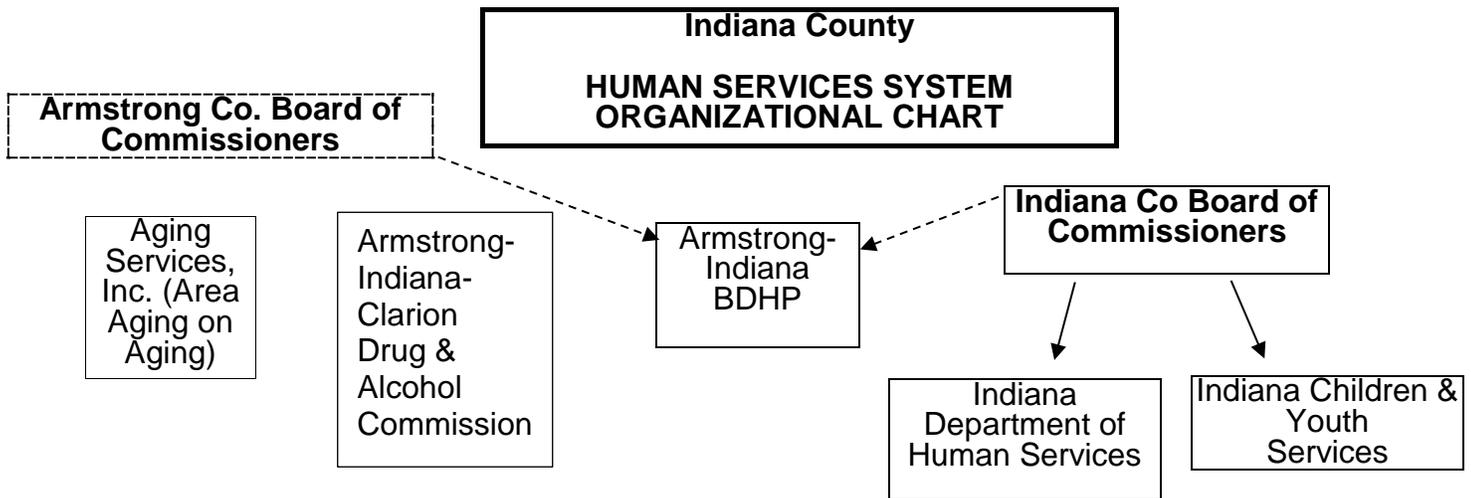
Indiana County Organizational Structure

Indiana County Commissioners have direct authority over Indiana County Department of Human Services (ICDHS) and Indiana County Children and Youth Services; both directors report directly to the Commissioners.

Through a joinder agreement between Armstrong County, Indiana County and the Armstrong-Indiana Behavioral and Developmental Health Program, AIBDHP is governed by the Commissioners of both counties. A commissioner from each county sits on the 13 member AIBDHP Advisory Board.

Aging Services, Inc. (the Area Agency on Aging) is a single county private, non-profit agency.

Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC), the designated Single County Authority, is also a private, non-profit agency serving a three-county joinder.



PART I: COUNTY PLANNING PROCESS (Limit of 3 pages)

Critical Stakeholder Groups and County Human Services System Partners

Indiana County Department of Human Services uses a variety of mechanisms, including the public hearings and Children and Youth’s needs based budgeting hearing to gather information to determine how funds will best be utilized for the human services systems. Every five years, the County conducts a survey of health and human service needs through our “Indiana County Speaks Up” instrument. The survey is distributed to county residents and the results are used to determine priorities and funding for the human services. The last survey was conducted from November of 2017 through January 2018 and 1,106 residents completed the survey. The top priorities indicated by respondents were drug and alcohol issues for youth and adults, affordable housing, suicide prevention, mental health services, and emergency food. The County will conduct a survey again in the fall of 2022.

The county also gathers feedback through different forums, including the Children's Advisory Commission (CAC), Criminal Justice Advisory Board, the Housing Consortium, Community Support Program, Armstrong-Indiana Behavioral and Developmental Health Program Advisory Board, The Children's Round Table, Local Interagency Coordinating Council, Transition Council, Suicide Task Force, Safe Children's Network, Drug Free Communities Coalition, Drug Overdose Task Force, Health and Human Services Subcommittee of the County's Emergency Disaster Planning Committee, Project Change, Project SHARE and other groups. These identify existing resources, analyze statistics and outcomes and determine gaps.

Stakeholders Outreach and Engagement Efforts

All Indiana County residents had an opportunity to complete the on-line "Indiana Speaks Up" instrument. We advertised on the radio, Facebook pages, newspaper, at all meetings we attend, and flyers. Hard copies were mailed to anybody who requested the survey. We extended the survey time to try to get more input from the county residents. In addition, when our office was planning and conducting the Point in Time Count for HAP this past January, we drove around the county in an outreach effort to engage the various community members to see what they thought was needed as far as programming in our county.

Throughout the fiscal year, there are a number of meetings that are held not only to provide information to stakeholders but also to provide opportunities for stakeholders to share concerns and input into improving and shaping the behavioral and developmental health service system for Indiana county. Because two of our human service programs are jointers (AI-BDHP, AICDAC), there will be references to both Armstrong and Indiana Counties throughout this section.

A brief summary of stakeholder engagement meetings follow:

- Monthly Community Support Program (CSP) meetings are held in Armstrong and Indiana Counties. During these meetings consumers discuss relevant topics such as transportation, support needs and system gaps. County representation is present at all CSP meetings to compile this information and to keep abreast of current needs. This information is then used in the planning process.
- In order to solicit feedback from consumers regarding their quality of life needs and their service needs AI-BDHP works with, Paul Freund of Southwestern Pennsylvania NAMI, to conduct a Focus Group in each county. The focus group for Armstrong County was held on April 30, 2018 and in Indiana County on May 2 & 3, 2018. A combined total of 50 people participated in the focus groups. Input from these meetings is reflected in this year's plan.
- Five times per year, the Armstrong-Indiana BDHP Advisory Board meets. This is a published public meeting and time is allotted in each meeting for public comment. Additionally, the Advisory Board initiated a Utilization Review Committee be established to assist the County Administration in identifying gaps in service delivery and for making recommendations regarding the need for new or expanded services. This committee meets every two months and is made up of clinical providers, a peer support provider, a CFST (Consumer, Family Satisfaction Team) representative and the Base Service Units. All provider agencies are invited to attend.

- Semi-annually, AI-BDHP hosts both Behavioral Health and Intellectual Disabilities Provider meetings. At these meetings providers are updated on pertinent program information and given the opportunity to provide feedback regarding service needs.
- Monthly individual ACMH and IRMC hospital meetings with local providers and D&A Commission are held to discuss individual case issues and problem resolution.
- The AIBDHP staff participate in numerous committees where information is exchanged for proposed system changes and providing input in to the plan. Some of these committees are: Suicide Task Force; Office of Vocational Rehabilitation (OVR) Citizens Advisory Committee, Personal Care Home Risk Management Committee, County Criminal Justice Advisory Boards (CJAB); and the Housing Consortium meetings.
- Also, on an ongoing basis, A-I BDHP staff works closely with the CFST teams in each county. CFST feedback helps highlight gaps with services or with system issues in general. This feedback is especially important to our process since this comes directly from consumers and/or family members. The CFST also has the capability of holding focus groups if need be, to discuss trends or ongoing issues in more detail.

In order to get the applicable stakeholders engaged in the previously described meetings, numerous announcements were distributed via email, mail and as specifically identified for the Advisory Board meetings through public notice in the newspaper.

Advisory boards involved in the planning process

Armstrong-Indiana BDHP Advisory Board

Five times per year, the Armstrong-Indiana BDHP Advisory Board meets. There are thirteen members of the AI-BDHP Advisory Board. Seven members are appointed by the board of commissioners from Indiana County and six from Armstrong County. The Board is keep abreast of the activities occurring in all of the BDHP programs as well as regional and state issues impacting our programs. This is a published public meeting and time is allotted in each meeting for public comment.

Services provided to its residents in the least restrictive setting appropriate to their needs.

This year we are going to use part of our HSDF funding to assist Indiana County Children and Youth to provide programming in the home to prevent children from being removed from the home. This will keep children with their families which is the least restrictive setting available. We are also using some of our HSDF funds to partially fund a HAP Homeless Case Manager to work with individuals and families to find affordable, sustainable housing. Hopefully this will keep people out of jail, doubled up with family, group homes, state hospitals, etc.

The behavioral health system utilizes an intake and assessment process to determine the needs of the consumer. Funds are then utilized to meet the individual's needs in the least restrictive appropriate level of care.

Substantial Programmatic and/or Funding Changes

Indiana Becomes a Block Grant County

In July 2018 Indiana County was notified that we were approved to participate in the Human Services Block Grant Program. The Armstrong-Indiana Human Services Block Grant Oversight

Committee will be responsible for providing oversight and monitoring of the block grant for Armstrong and Indiana Counties. The members of the committee will be representatives from the Armstrong-Indiana Behavioral and Developmental Health Program, the Armstrong, Indiana, Clarion Drug and Alcohol Commission, the Indiana Department of Human Services, the Armstrong County Community Action Agency, and representatives from both boards of Commissioners. It was unanimously determined that all the agencies in the block grant will retain their existing allocation levels.

PART II: PUBLIC HEARING NOTICE

Indiana County Two Public Hearings Documentation

Two public hearings were held to present the County Human Service plan. The dates and times of the meetings were August 30, 2018 at 2:00 PM and September 7, 2018 at 2:00 PM.

1. Proof of publication;
 - a. The following copy provides proof of the notice placed in the Indiana Gazette announcing the meetings.
 - b. The notices were published on 8/15, 8/18 and 8/19.

2. Public Hearing Sign in Sheets:
 - a. A copy of the sign in sheet for the August 30, 2018 meeting is attached.
 - b. A copy of the sign in sheet for the September 7, 2018 meeting is attached.



Proof of Publication

State of Pennsylvania
County of Indiana

SS

On this 22nd day of August 2018 A.D.

before me, the subscriber, a Notary Public in and for said County and State, personally appeared:

Shirley McCombs

who being duly sworn according to laws, deposes and says, that (s)he is the Solicitor of the Indiana Gazette, that the said Indiana Gazette is a daily newspaper of general circulation, published in the borough of Indiana, in the County of Indiana, State of Pennsylvania, by the Indiana Printing & Publishing Company, and was established in said Borough on the second day of July 1890, since which date, said daily newspaper has been regularly issued in said Borough and County, that annexed hereto is a true copy of a notice in the above matter exactly as the same was printed in the regular editions and issues of the said daily newspaper on the following dates, viz:

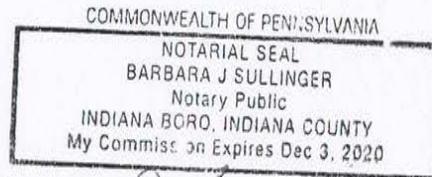
8/15, 8/18, 8/19

Affiant further deposes and says that (s)he is an employee of the publisher of the said daily newspaper and has been authorized to verify the foregoing statement and the (s)he is not interested in the subject matter of the aforesaid notice or publication and that all allegations in the foregoing statement as to time, place, and character of publication are true.

Indiana Printing & Publishing Company

By: Shirley McCombs

Sworn to and subscribed before me the day and year aforesaid.



Barbara J Sullinger
Signature of notarial officer

Notary Public
Title of office

My commission expires: 12/3/2020

Publishing notice attached hereto on above stated dates: \$128.70

Proof of Publication _____ \$5.00

Proof of Intent _____

Total _____ \$133.70

Indiana Printing & Publishing Company, publishers of the Indiana Gazette, a daily newspaper, hereby acknowledges receipt of the aforesaid publication costs, and certifies the same have been fully paid.

Indiana Printing and Publishing Co.
P.O. Box 10, 899 Water Street, Indiana, PA 15701

By _____

NOTICE
NOTICE OF INDIANA
COUNTY HUMAN
SERVICES PLAN FOR
2018-2019
On behalf of the Indiana County Commissioners, staff will be presenting the consolidated County Human Services Plan for fiscal year 2018-2019 at two public hearings on August 30, 2018 at 2:00 p.m. and September 7, 2018 at 2:00 p.m. in the small conference room at 300 Indian Springs Road, Indiana, PA 15701. The Block Plan includes Homeless Assistance Program Funding, Human Service Development Funds, Behavioral and Developmental Health Programs, Intellectual Disability Services, and Drug and Alcohol Programs.
The purpose of this hearing is to provide an opportunity for input into the plan, which will be presented at Commissioner's meeting on September 12, 2018.
For additional information, contact 724-463-8200, extension 4 or icdhsdir@comcast.net.
8/15, 8/18, 8/19

August 30, 2018

Indiana County Human Services Plan Public Meeting

1. Lisa Spencer
2. Kami Anderson
3. Sammy Caldene
4. Lucia Gibson
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

September 7, 2018

**Indiana County Human Services Plan
Public Meeting**

- 1. Lisa Spencer
- 2. Maureen Runds
- 3. Barbara Telthorster
- 4. Sammy Caldune
- 5. Kami Anderson
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____

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

Employment:

The Indiana County Commissioners are continuously working to improve the economic and business opportunities in the county. We have a 5.6% (March 2018) unemployment rate compared to PA rate at 4.8% at this time. Indiana County has decreased its unemployment rate from last year's rate of 6.1%, but these jobs are not the type that provide a good living wage. Therefore, residents of the county have difficulty obtaining employment with decent wages, and those who have barriers of one kind or another (which many of our agency clients have), find themselves struggling even more. The Commissioners are involved heavily with labor and workforce development. All three sit on the Tri-County WIB Board. The Commissioners, the Office of Planning and Development, Center for Economic Operations, and the Chamber of Commerce continue working on growing job opportunities in the county.

Indiana Department of Human Services and PA CareerLink

The human services, schools, and the workforce development services, such as the Indiana County PA CareerLink, and Career T.R.A.C.K., work together to promote job skills, job training and employment opportunities for residents of the county.

ICDHS promotes all of the functions of the PA CareerLink by sharing information on classes, events, etc. through the ICDHS "Informer", an electronic newsletter. The Informer is sent to over 1300 people/two times per month. ICDHS shares information on any Job Fair that is offered through the CareerLink. All information is sent to our local newspapers to be printed in their Human Service Calendars as well.

ICDHS supports Career Track by sharing information on their Youth Programs with all the human service agencies and the public via the same means as mentioned above with the CareerLink activities. The youth programs provide employment, training, and academic enrichment services to young adults from ages 18 to 24 in a program that combines both work and learning. Human service agencies are utilized as training and work sites. Some of those sites include: Evergreen Boys and Girls Clubs of Indiana County, The Housing Authority of Indiana County, Chevy Chase Community Center, local libraries, the Senior Social Centers, Indian Haven (county nursing home), and the County Parks system to name a few. One eligibility requirement for these programs is to possess at least one or more specific barriers to employment. Barriers may be: high school dropout needing a GED, homeless or runaway, pregnant single female, single parent, deficient in basic reading and/or math skills, an individual with a disability, etc.

CareerLink and Veterans

The CareerLink Administrator is actively involved with the local Veterans Providers Group. This group supports veterans and their families in the county by sharing resources and information to help this population. Employment and housing needs are addressed. He also works closely with The Veterans Leadership Program, the Veteran's Affairs, Veterans Administration, Soldier On, and our local Veterans Garden (A permanent housing option for vets in Indiana County.). The Homeless Case Managers link homeless individuals with the CareerLink for their classes, Job Club, and for job search activities.

CareerLink connections to Local Support Agencies

The Career Track collaborates with several human services and their clients. The Director is actively involved and offers Career Track Services to clients of Family Promise of Indiana County (homeless provider for families with children), and with the Family Self Sufficiency Program (A

program that works with individuals in the Section 8 Program at the Housing Authority of Indiana County, to become self-sufficient.). Representatives from our Domestic Violence Shelter, Community Action Program, I&A Residential Services (Provider of housing options for adults with mental health diagnosis), etc. all collaborate on these programs. Career Track staff work closely with the Pregnant and Parenting Teen Program through our local Intermediate Unit, and with the Foster Care Youth through JusticeWorks Youth Care program.

Employment Services for Behavioral Health Consumers

It is widely recognized that having meaningful employment can be a key component in maintaining good mental health. Having programs in place to help build skills and expand employment opportunities are essential. And, in order to provide these opportunities for residents, especially those with behavioral health and physical health challenges, collaboration between services and leveraging existing funds is crucial. In Armstrong and Indiana Counties, funding is leveraged and collaboration exists between the both intellectual disability waiver funding and mental health base and CHIPP funding (provided by the Armstrong/Indiana Behavioral and Developmental Health Program), grant funding (provided from a variety of sources), and funding provided by the Office of Vocational Rehabilitation. The primary employment support services for consumers in Armstrong and Indiana Counties are provided by the Progressive Workshop located in Armstrong County and the ICW Vocational Services located in Indiana County. The programs provided through these agencies/facilities aim at assessing and using the individual's skills and abilities to match them with paid employment opportunities in the community. Through the cross collaboration of funding, the following employment based opportunities currently exist in our two counties:

- Community Participation Support - This service provides opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment. This service may be provided in community locations, community hubs, licensed adult training facilities, licensed Older Adult Daily Living Centers and licensed vocational facilities.
- Small Group Employment Services- Small Group Employment services consist of supporting individuals in transitioning to competitive integrated employment through work that occurs in a location other than a facility. The goal of Small Group Employment services is competitive integrated employment. Small Group Employment service options include mobile work force, work station in industry, affirmative industry, and enclave.
- Supported Employment - Supported Employment services are provided in a variety of community settings for the purposes of supporting individuals in obtaining and sustaining competitive integrated employment. Competitive integrated employment refers to full or part-time work at minimum wage or higher, with wages and benefits similar to workers without disabilities performing the same work, and fully integrated with coworkers without disabilities.

Both agencies are continually searching for new employers and experiences for individuals who wish to become employed. Staff also consistently search for new funding resources such as grants and special initiatives that can be used to further opportunities. The Intellectual Disabilities Employment section of this plan further provides details related to our employment first efforts.

Housing

In Indiana County, cross-collaboration of human service agencies is strong, especially when it comes to providing shelter and safe and affordable housing. The following points highlight these efforts:

Indiana County Housing Consortium

ICDHS and the categoricals are aware of the housing needs throughout Indiana County. Each categorical is represented on the Indiana County Housing Consortium. This is a 35 member coalition whose goal is to work on and address homelessness and housing issues throughout the county. Veterans homelessness, low income housing, affordable and safe housing, fair housing, housing for those with D&A issues and/or for those with mental health issues, and for those who have been incarcerated all have been discussed and have been an issue that the group has focused on, or has collaborated on in the past and/or working on at the present.

A subcommittee of the Housing Consortium was designed to explore unmet housing needs for behavioral health consumers. Representatives from the Indiana County Office of Planning and Development, the Indiana County Housing Authority, the local mental health residential provider, the Family Promise Program, the Indiana County Community Action Program and the Indiana County Department of Human Services met with staff from the Armstrong-Indiana Behavioral and Developmental Health Program. The result was the AIBDHP requesting and receiving funding through a multi-year regional Health Choices Reinvestment Housing Plan that created a Bridge Rental Subsidy Program in Indiana County for behavioral health consumers who are homeless, at risk of becoming homeless, or who want to move into more independent living but could not afford to otherwise. Operated through collaboration between the AI BDHP and ICCAP, the program has successfully assisted six individuals and their families with short-term rental assistance.

Indiana County Veteran's Community Gardens

Indiana County Veterans' Community Gardens is a permanent housing project. This project includes 5 one bedroom apartments and 1 two-bedroom apartment. This facility is currently full.

The Veteran's Providers Group supports veterans and their families in the county by sharing resources and information to help this population of our county. As mentioned above, employment and housing services for Indiana County are part of those needs. The Veteran's Parsonage is used as a "transitional" housing option while the veterans explore other resources. The Parsonage, the VA, as well as the HAP programs have been a referral source to the Veteran's Community Gardens.

Family Promise of Indiana County

Indiana County low-income families, experiencing homelessness, with children under the age of 18, can be referred to Family Promise of Indiana County, an Interfaith Hospitality Network. Family Promise brings the faith community together to help families regain their independence and their dignity. The program provides shelter, hospitality and case management services to their guests. Family Promise also provides transitional housing for qualified families in Indiana County. In addition, Family Promise operates Beyond Shelter where individuals and families are able to purchase common household products, hygiene items, cleaning items, etc. at an extremely low cost. Clients across systems can be referred to the store. To date the store has served 205 households. It has sold 3371 products which includes 32 pieces of furniture that has been added to the expansion of items available. Since January 1, 2018, there has been 267 visits to the store. This has been very successful.

Support for Pathways Homeless Shelter

With recent cuts in federal dollars, the Pathways Homeless shelter was in immediate jeopardy of having to close its doors. The shelter serves many different populations in the county, many being the most vulnerable. Shelter staff provides case management and collaborates with the various human service agencies and housing agencies to find housing for individuals. They also link them to services which can help them overcome and eliminate barriers that lead them to become homeless. The Indiana County Department of Human Services, the Armstrong/Indiana/Clarion Drug and Alcohol Commission, the Armstrong/Indiana Behavioral and Developmental Health Program and the Indiana County Community Action Program met to discuss ways to leverage funding sources to help support the shelter. Agency directors realize the importance of having emergency housing available and appreciate the hard work done by shelter staff to assist those who need their services.

Finally, there are also a number of ways that funding has been leveraged to help residents secure available housing in our communities. The AI BDHP has been able to leverage Health Choices Reinvestment and PATH funding with other resources such as Emergency Solutions Grant money and Section 8 Housing Choice Vouchers to help residents secure housing. Specific examples include:

- Using AI BDHP's Housing Contingency Fund and/or PATH funds to help individuals pay for first month's rent and security deposits when they are not eligible for or have exhausted all other funding resources such as Emergency Solutions Grant funding.
- Using AI BDHP's Housing Contingency Fund to help with household needs so that individuals can move into homes. When apartments are unfurnished, this fund can be leveraged with donations from places such as the Salvation Army, Goodwill, and St. Vincent DePaul's to provide necessary household items such as furniture (beds, chairs, etc.), bedding, cleaning supplies, and linens.
- Using AI BDHP's Housing Contingency Fund and/or PATH funds to pay for first month's rent and security deposits so that individuals can take advantage of their Section 8 Housing Choice Vouchers. Often individuals do not have funds available to help pay for the initial costs of securing housing.
- Using HC Reinvestment funding to provide short-term rental assistance through a Bridge Rental Subsidy Program to help individuals secure housing until they are able to obtain a Section 8 voucher.

On-going and New Housing Projects

- A gap that is identified in the system and is being looked at by Indiana County's Criminal Justice Advisory Board (CJAB) is the need for released inmates to get into stable housing. Representatives from the categoricals sit on the CJAB. Often times criminal records keep people from entering the shelter or obtain housing through the Housing Authority of Indiana County HUD programs. This is to be an on-going effort by the many agencies in attendance at CJAB. Our county has run into roadblocks trying to find funding to purchase and operate this type of housing.
- Another gap that continues is the size of the Emergency Shelter in Indiana County. Some potential clients do remain on a waiting list at times throughout the year particularly when the weather is much colder. The Emergency Shelter staff members try to work with other shelters to find accommodations, but often with little success. Indiana County is participating in Coordinated Entry at this time. The shelter is located about 10 miles outside of Indiana, so transportation can be an issue. We are not in a position in Indiana County to relocate or remodel this existing structure due to lack of funding. Funding the shelter is a concern since

ESG funding went only to domestic violence shelters and not emergency shelters in Western PA. Our Commissioners are committed to helping find a solution.

- With the opioid abuse across the county, the shelter staff are seeing an increase in active drug use among their clients, which of course, is against the rules. This poses risk/danger to the other residents, both adults and children, and to the staff. AICDAC is working the shelter staff to assist individuals wanting Drug and Alcohol services to get connected to a Certified Recovery Specialist or a case manager for follow-up care.
- A Sober Living halfway house with 6 male beds opened in the community of Coral, PA. Another agency, Conewago, has expanded. Its original residential treatment facility in Indiana and it is now the New Way of Life Men's Halfway House, which offers a treatment program for males 18 years and older transitioning from residential treatment to home. A second location opened near Blacklick, PA and offers 72 beds for detox/rehab/short & long term non-hospital residential drug treatment for adults.

PART IV: HUMAN SERVICES NARRATIVE

The narrative for the MENTAL HEALTH SERVICES and INTELLECTUAL DISABILITY SERVICES is included in the Armstrong County Human Service Plan.

HOMELESS ASSISTANCE SERVICES

Indiana County Community Action Program, Inc. (ICCAP) is a vital service provider in Indiana County's Continuum of Care and is designated as the local lead agency for housing in Indiana County. Homeless or near homeless individuals are referred to ICCAP through state or local police, township supervisors, other human service agencies, the faith based community, through the Coordinated Assessment for Homeless Providers and self-referral. From the time ICCAP is notified of a person's homeless or near homeless status, a case manager begins to work with them. An assessment is completed to determine eligibility for programs and to meet the client's immediate needs; food, shelter, rental assistance in the form of security deposits and/or rents to move them out of homelessness or past due rent to resolve an eviction. Supportive services are provided along with information and referral to other agencies that may be able to help. ICCAP also maintains a current database of safe, affordable, rental properties in the county for distribution to clients.

ICCAP provides services to assist homeless individuals or those facing eviction in finding and maintaining permanent housing. Services are provided through Pathway, ICCAP'S emergency shelter, Bridge Housing Program, Rental Assistance and Homeless Case Management services. ICCAP also operates a supportive housing program for the disabled, Project PHD. They are now master leasing three additional apartments for supported permanent housing for the disabled. This program and ESG Rapid Re-housing (permanent housing) are funded through McKinney Vento HEARTH Act funds.

ICCAP is a partner of the Indiana County Housing Consortium, which is made up of 35 housing agencies and organizations that collaborate to combat homelessness. An employee of the Office of Planning and Development is a voting member on the HUD Continuum of Care's Southwest Regional Homeless Advisory Board (RHAB). The ICCAP Executive Director serves on the HUD

Continuum of Care's Southwest Governance Board, as well as, the local homeless advisory board, the Indiana County Housing Consortium (as Vice Chair), the local Veteran's Provider's Group, Hunger Free PA Board of Directors, Emergency Food and Shelter Program Board of Directors, and Health and Human Services Subcommittee, part of the disaster plan for Indiana County. ICCAP staff attends the Southwest RHAB meetings and Marlene Meagher from ICCAP is a voting member of the Southwest RHAB. The Housing Consortium chose two members to represent Indiana County on the Coordinated Entry Committee of the Western COC. They are Marlene Meagher from ICCAP and Roxie Johnston from the Alice Paul House (Domestic Violence Shelter) In addition, ICDHS Director and Assistant Director have been attending meetings for Southwest's RHAB and Western COC. The Veteran's Provider's Group meets monthly to discuss issues and resources pertaining to Veterans, including homelessness. One of the churches in Indiana continues to offer a house to help veterans experiencing homelessness have a place to stay while in transition.

Financial Literacy Classes continue to be held once a month. A collaborative developed the Financial Literacy Classes. The Financial Literacy Classes were organized by staff from:

- ICDHS
- Housing Authority of Indiana County
- Family Promise of Indiana County
- Indiana County Community Action Program
- The Care Center of Indiana County
- Alice Paul House
- PA CareerLink Indiana County
- Project Share
- Indiana County Department of Planning and Development
- 5 local banks

Each bank takes certain months out of the year to provide the training. The collaborative agreed that during 2017-2018 classes would be offered in the morning, afternoon and evening to see if that schedule better met the needs of the clients who were referred to the class. Bank representatives have also agreed to one-on-one sessions with clients to work around work schedules. The class schedule will remain the same for 2018-2019.

Clients residing at our Emergency Shelter and Bridge housing are referred to this class by the Homeless Case Managers. The Rental Assistance Program counselor also refers clients to this class. In addition to this, staff members from the Indiana County Office of Planning and Development is trained in PREP, a course on renter preparedness. This course is offered one time per month. The course has taught clients how to be a good tenant, how to read a rental contract, how to understand basic budgeting, how to decide between wants and needs, and how to pay bills in a timely manner. All things needed in order to avoid situations of losing current housing and potentially at risk for becoming homeless. HAP programs also refer clients to this program. ICCAP is looking into having a case manager trained in PREP to be available more often for clients at the shelter.

HAP programs have been a referral source to Indiana County's Veterans' Community Garden's permanent housing project. This project includes 5 one bedroom apartments and 1 two bedroom apartment. The goal is to fill this with veterans experiencing homelessness. Each apartment is fully furnished and has a private entrance. A community room and laundry facility are on-site.

Indiana County low-income families, experiencing homelessness, with children under the age of 18, can be referred to Family Promise of Indiana County, an Interfaith Hospitality Network. Family

Promise brings the faith community together to help families regain their independence and their dignity. The program provides shelter, hospitality and case management services to their guests. Family Promise also provides transitional housing for qualified families in Indiana County. In addition, Family Promise opened Beyond Shelter February 15, 2017 where individuals and families are able to purchase common household products, hygiene items, cleaning items, etc. at an extremely low cost. To date the store has 205 households registered. It has sold 3371 products! In May of 2018, they added another service out of their Beyond Shelter Initiative. A Furniture Ministry which provides low cost furniture and houseware items that are gently used and are available on a first come, first served basis. To date 32 pieces of furniture have been sold.

A gap that is identified in the system and continues to be looked at by Indiana County's Criminal Justice Advisory Board (CJAB) is the need for released inmates to get into stable housing. Often times, criminal records keep people from entering the shelter or obtain housing through the Housing Authority of Indiana County HUD programs. This is to be an on-going effort by the many agencies in attendance at CJAB. A recent bill signed into law by Gov. Wolf may help lessen the restrictions for convicted criminals to access housing. Time will tell if this is effective.

Another gap that continues is the size of the Emergency Shelter in Indiana County. Some potential clients remain on a waiting list at times throughout the year particularly when the weather is much colder. The Emergency Shelter staff members try to work with other shelters to find accommodations, but often the families or individuals will not leave this area. In January 2018 ICCAP joined the coordinated effort Coordinated Entry, sharing openings across Pennsylvania for people experiencing homelessness. The shelter is located about 10 miles outside of Indiana, so transportation can be an issue. We are not in a position in Indiana County to relocate or remodel this existing structure due to lack of funding.

Pathway has lost funding through the ESG grant starting in July 2018. This is a major concern for our county. The Commissioners are involved at this time. It is crucial that we don't lose the only emergency shelter.

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.

- Bridge Housing assists homeless clients by providing transitional housing, case management, and supportive services, with the goal of empowering clients to attain the highest possible degree of self-sufficiency. The county owns a building with 4 apartments. The primary objective is to work with parents who have children, who are always the priority, but we have opened this up to couples or individuals needing housing on a case by case basis. This program provides up to 18 months transitional housing. Intensive case management assists the client in providing a self-assessment, goal identification, and a service plan. Case managers facilitate community support services and act as an advocate for clients while also assisting clients with maintaining and assuring compliance of house rules. Documentation and reports are completed in Outcomes Results System (ORS) and include client demographic information, contacts, case notes, referrals, development plans, and outcomes.

Clients seeking Bridge Housing are interviewed by the Client Services/Case Management Director who assesses household needs. Clients are assessed through a point system to prioritize. Parents with children under 5 years of age and families who are victims of domestic violence get more points, so they are a higher priority. Comprehensive service

plans are developed, and the case manager provides contact with each client two times monthly and as needed. Continued progress on goals, payment of housing fees, and observance of program standards are the basis for the continued residency. At the conclusion of a client's stay, clients are encouraged to complete an exit interview. A three month, six month and one year follow-up is completed. The ICCAP Board of Directors Program Evaluation Committee annually conducts a comprehensive evaluation of the program, which is used for the basis of annual program review and improvement. Outcomes are measured as follows: 50% of the head of households will obtain/maintain employment or attend educational training, job readiness programs, and/or vocational training and 75% will obtain/maintain permanent housing upon exiting Bridge. The Client Services/Case Management Director completes monthly reports for director of ICDHS who also monitors the program annually. This program continues for the 2018-2019 fiscal year with the goal of assisting up to 12 families or 24 individuals.

How does the county evaluate the efficacy of bridge housing services?

- The ICDHS annual monitoring was completed on April 12, 2018. Bridge had housed 7 families and 18 individuals as of that monitoring. It also increased average length of stay from an average of 5.1 months in 2016-2017 to 6.16 months in 2017-2018. Of the 7 households, 2 were already employed and 3 started employment while living at Bridge. This is 43% success rate. Two out of four families that have exited Bridge have found permanent housing, which is 50% success rate.

Please describe any proposed changes to bridge housing services for FY 18-19.

- Clients are offered the Financial Literacy Class and the PREP (Prepared Renter Program Class). The Client Services/Case Management Director is looking to have a case manager be trained to offer PREP Classes in house to improve participation rates in the upcoming year. This would better meet the needs of the clients with their family/work schedules.

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.

- Homeless Case Management (HCM) is the ongoing coordination with the homeless client or family of all the supportive services needed from the administering agency and other resources in the community to achieve the goal of self-reliance. Objectives include providing HCM to 130 homeless individuals (70 households) and will continue for the 2018-2019 fiscal year. HCM assesses household needs and develops service and action plans in conjunction with the client and household; acts as an advocate on behalf of clients; coordinates services among multiple provider agencies; develops linkages with other agencies to coordinate service plan goals as needed; provides ongoing, intensive case management based on the service plans; directly provides supportive services such as transportation, budget counseling, and other needed services when no alternative exists; maintains regular contact and provides 6 month follow-ups; and completes all necessary documentation and reports as required and utilizes the ORS client database.
- Potential clients are referred by the domestic violence shelter, the emergency shelter staff, housing counselor, or other community agencies. HCM meets with the client to complete a comprehensive needs assessment. Within ten days the goal plan is completed and signed by the case manager and client. This includes individual/family goals and short and long term goals. During the first 30 days, weekly contacts occur. Continual evaluation of progress

towards goals is completed using ORS which includes client demographic information, contacts, referrals, case notes, and development plans. Services are coordinated with the housing staff of ICCAP. Supervision is being done by the Client Services/Case Management Director. In addition to the annual evaluation conducted by the ICCAP Board of Directors Program Evaluation Committee, the Client Services/Case Management Director monitors case files and progress regularly. Client evaluations are anonymously completed, rating usefulness and quality of service. Monthly reports are completed and given to ICDHS director to monitor program.

- Staff turnover was an issue this past year. Case managers needed to be trained on all areas of documentation. This was completed. Linkages to other agencies and coordination was quite successful this past year. 678 referrals made.
- This program continues this next fiscal year with the outcome goal of 65% of households receiving HCM will have achieved permanent housing.

How does the county evaluate the efficacy of case management services?

- The county completes an annual monitoring of these services. The annual monitoring was completed by ICHDS on April 12, 2018. From July 1, 2017 to April 12, 2018, case managers worked with 82 households & 95 individuals. The projection for the entire year was (70 households & 130 individuals. At time of monitoring, 37 of 95 achieved stable housing or 39%). Monthly reports of clients served are given to ICDHS. The case manager positions have turned over multiple times over the past couple of years. During monitoring we were pleased with the current production of the case managers for not even being there for a year. The charts were in very good condition too as far as documentation. This is a very difficult job. Case managers tend to get burned out or leave for a position with higher wages. ICDHS has designated some HSDF funding towards the HCM program to try to help maintain some consistency in staffing. This program is desperately needed to help guide individuals and families back to stable housing.

Please describe any proposed changes to case management services for FY 18-19.

- A few documentation procedures will be changed this upcoming year to allow for more efficient documentation. ICCAP and ICDHS worked together to streamline some of the paperwork and make a quick guide for documentations in ORS.

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.

- This component provides payments for rent and security deposits on behalf of eligible clients to prevent and/or end homelessness or near homelessness. It was projected that 300 individuals would be assisted during fiscal year 17-18. Rental Assistance is provided to individuals or families who meet the criteria (200% poverty level) and are homeless or near homelessness. There is a cap of \$1000 per individual and adult-only families and a cap of \$1,500 for families with children. These caps cover a 24 month period from date of first payment. Client receives budget counseling on intake and is provided information and referral to appropriate services, including the PREP and Financial Literacy classes. A 90

day and a 6 month follow-up is completed. All documentation and reports utilize ORS which includes demographic information, contacts, case notes, referrals, development plans, and outcomes. Individuals are referred to Rental Assistance Program (RAP) through ICCAP's HCM, other county human service organizations, or by word of mouth through friends or relatives. The client is screened as to income verification and information necessary to be eligible for the RAP. The client completes an intake, needs assessment, and a service plan with income verification. A workable budget is developed.

- The Housing Counselor makes a determination of the household's ability to pay rent after the assistance is provided. The Counselor may initiate contact with the prospective landlord to explain the Rental Assistance Program. The client is given forms for the landlord to complete, verifying their agreement to ICCAP's assistance. Client evaluation forms are anonymously completed. Annual monitoring is completed by the ICCAP Board of Directors Program Evaluation Committee. This program continues for the 2018-2019 fiscal year with the outcome goal that 65% of households (72 households) served are able to establish and maintain permanent housing.

How does the county evaluate the efficacy of rental assistance services?

- Monthly reports are given to ICDHS director to monitor program along with an annual monitoring of the program. Monitoring was completed April 12, 2018. During the monitoring ICDHS found that from July 1, 2017 to April 6, 2018 81 households and 165 individuals had been served. As of 1/31/18 49 out of 66 households (74%) were in stable housing. Client Services/Case Management Director developed a new quarterly spreadsheet for the Rental Assistance Program to help track follow-up data. This is very efficient, and the RAP Counselor is able to access data very quickly. The Housing Counselor has been in this position for many years, and he reported that there has been steady need for this program since he has been working in his position. Without this program, clients would be unable to come up with enough money to access stable housing.

Please describe any proposed changes to rental assistance services for FY 18-19.

- ICCAP and ICDHS looked at objectives for number of people served. Looking back over the past few years, we are lowering the number of individuals and/or families served to better reflect actual data.

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

- Pathway, Indiana County's emergency shelter program, provides 30 days of shelter in conjunction with supportive services to homeless individuals and families who are moving towards self-sufficiency. The goal was to provide emergency shelter for up to 30 days for 130 individuals for this fiscal year. It seems that the number of clients served always surpasses 130 individuals. We are going to increase this number for FY 18-19. Support services include information and referral, case management, food, and assistance in obtaining clothing, medical care, and other services as necessary.

- Shelter is provided to individuals who meet the following criteria in addition to the Pennsylvania DHS HAP I&R: due to a situational crisis, must not have any other appropriate place to live; family income must not exceed 200% of FPIG; if a member of the household is a victim of domestic violence then that individual must have a current protection from abuse order; if an individual is chemically dependent that individual must be an active participant in an approved rehabilitation program or self-help; must agree to 30 day maximum stay and must be willing to actively pursue alternative housing and work on goals while at the shelter; at least one adult in the household must have a demonstrated capacity for independent living; and former Pathway residents are considered on a case by case basis. Clients complete an exit interview upon leaving Pathway. ICCAP's Board of Directors Program Evaluation Committee completes an annual evaluation and discusses outcomes with Shelter Director. This program continues will continue in 2018-2019 with the goal of 65% of the 140 individuals assisted are able to locate alternative housing.

How does the county evaluate the efficacy of emergency shelter services?

- Monthly reports are sent to ICDHS director to monitor and an annual monitoring was completed on April 12, 2018. As of that date, 81 households or 95 individuals have been served. 57 out of 85 individuals or 67% of clients have located alternate housing. The shelter usually has a waiting list year all year long, so we know that this is a critical service to our community.

Please describe any proposed changes to emergency shelter services for FY 18-19.

- Pathway has lost its primary funding (ESG) for 18-19. This leaves the future of the shelter unknown. Monies that HAP provides cannot cover all the needs to keep the shelter open. If the shelter closes, this will have a negative impact in Indiana County's housing continuum.

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

- All HAP monies are being utilized for the Bridge, Homeless Case Management, Rental Assistance and the Emergency Shelter programs, leaving no funds available for other housing supports.

Separate from HAP funding and ICCAP, families experiencing homelessness with children under age 18 are able to be referred to Family Promise of Indiana County, part of the Interfaith Hospitality Network. Family Promise works collaboratively with churches in Indiana County to house families weekly at different churches until permanent housing can be obtained.

How does the county evaluate the efficacy of other housing supports services?

- The ICDHS Director provides annual monitoring of each program above (with the exception of The Family Promise Program) with random samplings of charts and documentation, as well as, an on-site visit. The Director speaks to direct line staff and supervisors. A report is compiled about the monitoring and shared with ICCAP. This current year's monitoring was conducted in April 2018. The ICCAP Board of Directors Program Evaluation Committee also shares a copy of its annual evaluation with ICDHS.

Please describe any proposed changes to other housing supports services for FY 18-19. N/A

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?

- ICCAP is using the Homeless Management Information System (HMIS) to enter all data on housing clients served by the following programs: Pathway Emergency Shelter, Bridge Housing, Rental Assistance, ESG Rapid Re-housing, PATH Housing Liaison, and PHD. Indiana County Office of Planning and Development uses the HMIS system to pull reports for funders.
- ICCAP and ICDHS staff have attended Housing First trainings, Fair Housing Trainings, and COC/RHAB trainings/meetings and will continue attending trainings offered in 2018-2019.

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

This section should describe the entire substance use service system available to all county residents regardless of funding sources.

The Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC) is the Single County Authority (SCA) for Armstrong, Indiana, and Clarion Counties. In this role, the Commission is responsible for facilitating the provision of a comprehensive and balanced system of quality substance abuse prevention, intervention, and treatment services for the three-county area.

The **mission** of the Armstrong-Indiana-Clarion Drug and Alcohol Commission is to address the abuse and destructive effects of alcohol, tobacco, and other drugs through prevention, intervention, treatment, and case management. The **vision** of the Armstrong-Indiana-Clarion Drug and Alcohol Commission is to maximize resources that empower change to improve the quality of life for individuals, families, and the community impacted by the abuse and destructive effects of alcohol, tobacco, and other drugs.

The Commission is a 501(c) (3) non-profit corporation and is classified as an Independent Executive Commission that contracts directly with the PA Department of Drug and Alcohol Programs. The Commission is also responsible for assessing substance abuse needs, planning, developing, and coordinating programming to meet service needs, and then monitoring and reviewing the outcomes.

The SCA's Executive Director, Kami Anderson, is a member of the County Planning Team for each of the SCA's three Counties: Armstrong, Indiana, and Clarion. Planning meetings were held in May 2018. Public meetings are being held in compliance with the Public Notice requirements for each of the Counties to review the County plans, as well as this Drug and Alcohol service plan. Documentation regarding the public meetings can be found in each of the County plans.

The delivery of services will remain the same as in past years, with full cooperation and referrals made between all the agencies involved in the County plans. Funds will be used by the SCA to provide services to the residents of the three Counties in the least restrictive setting appropriate to their addiction needs. The total amount of funding for Indiana County for Act 152 and BHSI for drug and alcohol services for the fiscal year 2018/19 is projected at \$284,525. The SCA plans to utilize those funds to provide treatment services and agency administration costs as presented in Appendix C-2 to an estimated total of 220 clients (some may be duplicated between the levels of care). For the FY 18/19, recovery support services will be provided through a combination of federal grants, state grants, and BHSI funding in all three of the Counties.

Below is a description of the administrative and treatment services provided by the SCA in each of the Counties that may be provided with all funding sources.

Administrative staff responsible for insuring contractual compliance, reporting and fiscal operations include the Executive Director (Kami Anderson), Deputy Director (Carrie Bence), Chief Fiscal Officer (Amanda Schroeder), Fiscal Officer (Christina Howells), and Fiscal Assistant (Tracy Stross). Administrative staff monitor the funding and verify that clients are eligible to be funded through the HealthChoices or Medical Assistance Fee for Service program. BHSI funds are used for clients that fall under the eligibility requirements for BHSI. Other sources of funding are also verified, such as private insurance, third party payers, and private income sources. The client liability guidelines issued through the Department of Drug and Alcohol Services are followed strictly for clients not eligible for Medical Assistance. Act 152 Funds are only utilized for clients eligible for Fee For Service Medical Assistance for the non-hospital residential categories of detox, rehabilitation, and halfway house. BHSI funds may be utilized for all categories of care, including residential and outpatient levels of care, as well as case management, recovery support, and administration costs. Since the implementation of the Medical Assistance Expansion, the clients funded under Act 152 and BHSI have dramatically decreased. Therefore, since Indiana County has joined the Human Services Block Grant, these funds may be used for other populations and programs as the SCA and the Planning Team seems fit.

The Commission has a functional Case Management Unit responsible for the provision of case management services which include: screening, assessment, placement, level of care determination and case coordination services. The Case Management Supervisor (Amanda Cochran) oversees a total of ten Case Managers for the three Counties.

For Indiana County, one of the Case Managers (Stephanie Litavish) is employed at 1 FTE as a Criminal Justice Case Manager that works primarily with Level 3 and 4 offenders enrolled in the Indiana County Drug Court Treatment program.

One of the Case Managers in each County serves as the drug and alcohol liaison for the SAP teams in their County, providing consultation and on-site assessments for students referred by the teams and other personnel. That Case Manager is also available to go to the Indiana Regional Medical Center if requested.

The Commission added a Recovery Support Services (RSS) department in 2010. Four full-time Certified Recovery Specialists (CRS) are employed by the SCA. The CRS Supervisor (Michael Krafick) and three CRS staff (Desiree Franey, Shasta Wilkinson, and Kathy Nick) provide recovery support services to any client requesting those services. A recovery plan is developed with the client and progress is evaluated periodically. The CRS staff members provide recovery support in person or over the phone. All of the CRS staff are trained in the Criminal Justice population and are involved in the County Jail and Drug Court programs.

In September of 2015, the Commission added a Warm Hand-Off program in the three area hospitals called the Addiction Recovery Mobile Outreach Team (ARMOT). Two Case Managers (Steven Olish and Barbara Miklos) and four CRS (Mary Beth Conner, Mario Forica, Ryan Hienrichs, and Mike Helsing) are employed by the Commission and are located in the hospitals to see patients referred for substance use disorders. Over 73% of the patients referred by the hospital are sent directly to residential rehab. In 2017, Indiana County had 41 fatal overdoses. As of June 2018, Indiana County only had 6 fatal overdoses. We believe all of our programs are contributing to the sharp decrease in fatalities.

The Service Provider's Advisory Task Force consists of management staff of the local sub-contractors and meets on a quarterly basis with management staff from the Commission. The role of the Task Force is to discuss service planning, current ATOD trends, and any SCA/provider issues that need addressed. Staff training is a major focus of the meeting, as well as contract requirements, service delivery, and fiscal concerns. The President of the Task Force is Vincent Mercuri, Executive Director of the Open Door.

The SCA has offices at the following locations:

Armstrong/Indiana (Administrative Office):

10829 U.S. Route 422
P.O. Box 238
Shelocta, PA 15774

724-354-2746

Clarion County:

1350 East Main Street, Suite 30
Clarion, PA
814-226-6350

Armstrong County:

345 Vine Street
Kittanning, PA 16201
724-545-1614

Indiana County:

665 Philadelphia Street
Indiana, PA 15701
724-463-7860

Case Management

The SCA offers and/or is involved with the following programs to individuals suffering the effects of substance abuse/dependence:

- Level of Care Assessment (LOC)
- Case Coordination
- Restrictive Intermediate Punishment Program (RIP)
- Indiana County Drug Court Treatment Program
- Student Assistance Program (SAP)
- Certified Recovery Specialist (CRS) Support Services
- Addiction Recovery Mobile Outreach Team (ARMOT)

All these programs experience overwhelming demand. Level of Care functions include screening, assessment, placement, and continued stay utilization review. In addition, there are routine crisis calls from individuals, family members and friends in need of information. Case Managers often travel to meet clients at schools, hospitals, jails, and other agencies.

Individuals are screened by the providers and those appearing to be in need of outpatient services are scheduled for an assessment by the provider facility. Each individual is assessed in the areas of medical, legal, family/social, education, employment, mental health, and drug and alcohol. The outpatient providers gather information, apply the PCPC or ASAM, and offer clients an option of appropriate treatment agencies. During the assessment process, each client is offered Case Coordination (CC) services and re-offered CC services during the treatment episode.

The Case Managers of the Armstrong-Indiana-Clarion Drug and Alcohol Commission have offices located at the SCA's satellite offices in Armstrong, Clarion and Indiana Counties. The SCA maintains a close relationship with our providers to ensure that clients receive the most appropriate level of care in a very timely manner. The key to this successful relationship between the Case Managers and the local providers has been the understanding of each other's function, face to face communication, and most importantly, working together on the goal of meeting the needs of the client. Every client is educated on the FDA-Approved Medication Assisted Treatment (MAT) options that are available in the three Counties. In the FY 2018/19, the SCA will also add the new Bridge Device to the MAT options in our three Counties.

The Case Coordination (CC) programs have been a very important part of our client's lives. The CC programs are voluntary for individuals who have been affected by drugs and/or alcohol. In addition to the substance abuse concerns, drug & alcohol clients experience a variety of specialized needs. Some of these needs include housing, transportation, childcare, budgeting skills, and assistance with employment and education.

No waiting lists exist for Case Management or Case Coordination services in any of the three Counties.

Treatment

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with every level of care available to clients. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. There are currently no issues with waiting lists or access to services, other than at times during the year, there may be a shortage of detox, long term residential, and halfway house beds available.

Targeted populations include adolescents, pregnant females, women with children, intravenous drug users, those with co-occurring disorders, overdose survivors, and veterans. The Commission assisted agencies in designing services for these individuals as well as contracted with programs that specialize in these populations.

Co-occurring clients (those with Mental Health and Substance Abuse issues) have the option to be referred to outpatient, intensive outpatient, partial hospitalization, halfway house, and non-hospital residential. Family Services of Western PA, CenClear, ARC Manor and The Open Door, local outpatient providers continue to expand the programs that they offer to co-occurring consumers.

The SCA and the Mental Health Administrators co-chaired the Armstrong-Indiana Co-Occurring Disorders Committee that included staff of all of the Substance Abuse and Mental Health provider agencies in the two-County area. The Committee met bi-monthly to discuss the delivery of Co-Occurring Disorder services, specific complex cases, and methods of improving the system.

The Commission has brought new Outpatient Providers to Armstrong and Clarion Counties. Wesley Family Services of Western PA opened an office in Kittanning in October 2015 that provides Outpatient, Intensive Outpatient, and Partial Services. Cen Clear opened an office in Clarion in September 2015 that provides Outpatient, Intensive Outpatient, and Partial Services. Both of the new facilities also provide treatment in the County Jails and to adolescents in the County school districts. There are no waiting lists for Partial Hospitalization and Outpatient services in the three counties.

Identify the county resources to meet the service needs for the following populations:

Adults (ages 18 to 60):

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the adult population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine and vivitrol) and hospital based residential treatment and detoxification. Outreach for this population is conducted at various locations throughout the three Counties, such as: Social Service agencies, such as Children and Youth; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools; Health Fairs; Various Media outlets; County Hospitals; County Jails; etc.

Transition-Age Youth (ages 18-26):

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the transition-age youth population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital

based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. Outreach for this population is conducted at various locations throughout the three Counties, such as: the Independent Living Groups at Children and Youth Services, Justice Works, and Holy Family Institute; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools; health fairs; other social service agencies; County hospitals; County Jails; etc.

Older Adults (ages 60 and above):

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the older adult population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. Outreach for this population is conducted at the Area Agency on the Aging locations throughout the three Counties, as well as various health fairs, other social services agencies, etc.

Adolescents (under 18):

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the adolescent population. These include outpatient, intensive outpatient, non-hospital based residential treatment and detoxification, and hospital based residential treatment and detoxification residential services.

School-based Outpatient treatment services are now available for adolescents in all three counties. Also, the Commission contracts with Outside In to provide Multi-Dimensional Family Therapy in Armstrong and Indiana Counties. Outreach for this population is conducted at various locations throughout the three Counties, such as: the Independent Living Groups at Children and Youth Services, Justice Works, and Holy Family Institute; schools, health fairs, other social service agencies, etc.

Individuals with Co-Occurring psychiatric and substance use disorders:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for Co-Occurring psychiatric and substance use disorder population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification.

Outreach for this population is conducted at various locations throughout the three Counties, such as: the local drop-in centers; other social service agencies; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; the County Hospitals; County Jails; etc.

Criminal Justice Involved Individuals:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the Criminal Justice Involved population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. Outreach for this population is conducted at the County Jails and Probation Offices.

In December 2012, the SCA started the Medical Assistance County Jail Pilot in Armstrong and Clarion Counties and expanded the program to Indiana County in May 2013. This pilot was started in response to a request from the PA Department of Drug and Alcohol Programs to provide level of care assessments in the County Jails and to help the inmate apply for Medical Assistance while in the County Jail and process COMPASS applications for the inmates within 7 days of their release from Jail, so that they are eligible for HealthChoices on the date of their release from Jail. Clients eligible for the program go directly from the County Jail to a residential rehab facility on the date of their release. Savings realized from the operation of the Medical Assistance Jail pilot have allowed the SCA to hire additional Criminal Justice Case Managers and to sub-contract with area outpatient facilities to provide outpatient therapy in the jails.

Intensive treatment is offered in each County Jail. Inmates are also offered the option of getting a Vivitrol shot prior to their release. Also, the SCA conducts Overdose Prevention classes in each Jail and provides a Narcan kit to every inmate upon release if they have completed the training.

Veterans:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the Veteran adult population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. The Commission staff makes referrals for veterans that qualify for care at the VA. For the Veterans population that need addiction treatment but do not qualify for the VA program or have been dishonorably discharged, their treatment services are paid for by the Commission according to their liability qualifications. Outreach for this population is conducted at various locations throughout the three Counties, such as: Social Service agencies; the Armstrong and Indiana County VA Outpatient Clinics; the Office of Veterans Affairs; Children and Youth; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools such as Wyotech; Health Fairs; Various Media outlets; County Hospitals; County Jails; etc.

Women with Children:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for women with children. These include outpatient, intensive outpatient, non-hospital based residential treatment and detoxification, and hospital based residential treatment and detoxification residential services.

Overdose Survivors:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for overdose survivors. These include outpatient, intensive outpatient, non-hospital based residential treatment and detoxification, and hospital based residential treatment and detoxification residential services. The ARMOT program was developed to provide immediate treatment needs for overdose survivors in a warm hand-off program. A CRS on-call program with 24/7 access is currently in place. Overdose prevention and education programs are provided in the three Counties as well as free Narcan kits to citizens with training certificates. In 2017, Indiana County had 41 fatal overdoses. As of June 2018, the total fatal overdoses were at 6 fatalities.

Recovery-Oriented Services:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC) began Recovery Support Services in March of 2010, within the Case Management Department. Recovery Support

Services enhance clients' recovery through coordination of care, casework activities and aftercare. Recovery Support Services at the Armstrong-Indiana-Clarion Drug and Alcohol Commission include, but are not limited to: recovery planning, assistance transitioning from residential treatment to a client's home community, self-help meeting introduction, assistance with sponsor searches, accessing community resources, interview and resume coaching, connection with Case Managers to access treatment services and providing support groups. The Commission employs four full-time Certified Recovery Specialists (CRS) to provide recovery support services to adults ages 18 and older.

The Commission has been moving steadily toward a Recovery Oriented System of Care (ROSC) over the past few years. The Commission has been active in establishing Recovery Advocacy groups and has sponsored activities promoting the groups. The Advocacy Group (TAG) of Armstrong County identified Recovery Housing as a need in their county and the SCA is working on Permanent Supportive Housing. The Commission worked with TAG to open an Oxford Recovery House for females in Armstrong County in July 2010.

The Commission has established a Recovery Oriented System of Care (ROSC) Committee and meets monthly. They have established a ROSC Action Plan with goals and objectives for the three-county area and are making progress on all of their goals, including establishing more Oxford Recovery houses, additional ROSC trainings for human services and criminal justice staff, and are making plans for a Recovery Center in the future.

The Commission has also worked with SBHM and seven Southwestern PA counties to provide Peer-Based Recovery Support Services. Training is provided annually for the Certified Recovery Specialist (CRS) certification for participants from Armstrong, Indiana, and Clarion counties. Currently, the two-county area has approximately 50-60 persons certified as a CRS. ARC Manor is now requiring all of their Resident Assistants to have the CRS certification.

The Commission's Recovery Support Services department has also started Medication Assisted Recovery support groups in each of the three counties for clients on medication that are not comfortable attending the traditional support groups in the area.

The Commission and seven other Western PA counties collaborated to develop a supplemental service for HealthChoices that allows for the reimbursement of various peer provided CRS services.

Most recently, the Commission has partnered with seven counties to contract with IRETA/Northeast ATTC to provide technical assistance in the development of a recovery-orientation to the provision of methadone maintenance services from the SCAs, and eventually through HealthChoices. The Best Practices for Recovery Oriented Methadone (ROM) have been completed and ROM went into effect in all nine counties on March 1, 2012.

The Commission has established a Family Education and Support Group in Armstrong and Indiana Counties that is funded now through SCA funds. This free program is conducted in each county as an eight-week program for 90 minutes per week. A treatment therapist provides 45 minute sessions each week to family members on addiction subjects, such as Addiction 101, relapse, enabling, local support services, etc. and the other 45 minutes of the session is in a support group format. This program was expanded to Clarion County in December 2012. Unfortunately, a lack of attendance forced the program to close in 2014.

Please provide the following information:

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Detoxification Services	3	5
Non-Hospital Rehab Services	2	5
Medication Assisted Treatment	Rare	0
Halfway House Services	1 per month	4-5 weeks
Partial Hospitalization	2	0
Outpatient	1	0

**Use average weekly wait time

2. Overdose Survivors' Data: Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
401	136	42	100

- These numbers are for Indiana County Only and represent a two year period that Indiana Regional Medical Center was involved in ARMOT. AICDAC is concentrating on improving referrals at IRMC in the future.

The SCA provides a warm hand-off program called the Addiction Recovery Mobile Outreach Team (ARMOT). A Case Manager and a Certified Recovery Specialist are available for the Indiana Regional Medical Center when a person is brought to their Emergency Department for an opioid overdose. Other patients identifying themselves as having a substance use disorder can be screened by the hospital and be referred to the ARMOT team. When the ARMOT team receives a referral from the Indiana Regional Medical Center, they offer to provide a Case Manager to perform a level of care assessment. Recovery Support services are also offered and can be provided with or without the level of care assessment. Many times, the Certified Recovery Specialist is able to discuss treatment options with the patient and/or family members and accept a referral for an assessment to treatment after meeting with the CRS. The SCA also provides a warm call transfer through the crisis program for Armstrong County. If a first responder provides Narcan to an overdose victim and the overdose survivor refuses transport to the hospital or clinic, the first responder calls the County Crisis Line and asks for a CRS. The crisis line operator then connects the first responder with one of the SCA's CRS staff that are on call 24 hours each day. Every SCA keeps open appointments each day at 9:00 a.m. In one particular month, the SCA warm line had 15 calls and 12 of the overdose victims showed up the next day and went to treatment.

3. **Levels of Care (LOC):** Please provide the following information for your contracted providers.

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	1	0	
Inpatient Hospital Rehab	1	0	
Inpatient Non-Hospital Detox	19	2	Adolescents, co-occurring
Inpatient Non-Hospital Rehab	32	2	Adolescents, co-occurring, Pregnant women/women with children
Partial Hospitalization	3	3	Adolescents
Intensive Outpatient	6	3	Adolescents
Outpatient	6	3	Adolescents
Halfway House	17	1	Co-occurring

*** In this section, please identify if there is a specialized treatment track for any specific population in any of your levels of care. For example, a program specific for adolescents or individuals with a co-occurring mental health issue.*

4. **Treatment Services Needed in County:** Provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers or any use of HealthChoices reinvestment funds for developing new services.

Due to the small population of Indiana County, there is only one outpatient treatment center (The Open Door) operating in Indiana County.

As far as Medication Assisted Treatment (MAT) services available, Positive Recovery Solutions (PRS) is a mobile medical unit that comes to Indiana County twice monthly to provide Vivitrol shots. Vivitrol shots are also offered free of charge in the Indiana County Jail within 5 days of the inmate's release. The Open Door provides suboxone services. Med Tech is the only methadone clinic in Indiana County.

The SCA maintains an office on Philadelphia Street that provides Case Management and Recovery Support services. The SCA has contracts with The Open Door and Positive Recovery Solutions. The SCA also provides a Criminal Justice Case Manager that works with the clients in the County Intensive Supervision and Treatment Program. As referenced in Part 3, the SCA has contracts with a variety of providers in other counties that can provide services not offered in the County.

As far as expansion or enhancement plans, there are HealthChoices Reinvestment funds available to Indiana County (as part of the 6 County HC Consortium) to develop new services. Currently, Indiana County is looking at increasing treatment beds.

5. **Access to and Use of Narcan in County:** Include what entities have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

The Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC) is the Central Coordinating Entity (CCE) for the training and distribution of Narcan for Indiana County. All Police Departments, Fire Departments, EMS Agencies, Treatment Providers, School Districts, County Agencies and Human Service Agencies have access to Narcan if they so choose. The public also has access to Narcan through AICDAC as well upon completing a training and receiving a certificate.

AICDAC has collaborated with the following agencies in Indiana County to provide Narcan training and distribution: The Open Door, Indiana Agency on Aging, Indiana County District Attorney, Children and Youth Services, Department of Human Services, Probation, various Fire Departments, and all School Districts. Approximately 468 Narcan kits have been provided to individuals and families served through the AICDAC Case Management office in Armstrong and approximately 230 kits have been distributed to the above agencies and through public trainings.

AICDAC offers on-site training to all area first responders and other groups that may request a formal group training. Each of AICDAC’s four offices have staff that can do an individual training and have the trainee take the test. Once the trainee has the training certificate, AICDAC will give them a free box of Narcan. AICDAC provides incident report forms to each Narcan recipient. People with their training certificate can stop in at any of the offices for their free Narcan kit.

6. **ASAM Training:** Provide information on the SCA plan to accomplish training staff in the use of ASAM. Include information on the timeline for completion of the training and any needed resources to accomplish this transition to ASAM. See below to provide information on the number of professionals to be trained or who are already trained to use ASAM criteria.

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	0	11
Provider Network	46	70

As you can see, Indiana County has been having their professionals trained in the ASAM. The SCA has all of their case managers trained in the ASAM at the current time.

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). ***Dropdown menu may be viewed by clicking on “please choose an item”.***

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: Homeless Assistance Program, Homeless Case Management

Description of Services: ICDHS has a contract with Indiana County Community Action Program (ICCAP) to implement HAP programming. Due to fluctuating funding streams for ICCAP, HSDF funding of \$16,800 will go to assist with costs to continue to stabilize the homeless case management program. Case managers will not work with Bridge clients. Case managers will work with individuals experiencing homelessness in and out of our emergency shelter. The goal for FY 18-19 is to work with 130 individuals and/or 70 households.

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

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: Indiana County Children and Youth Services

Description of Services: \$21,502 designated. HSDF funding will be used to fund programs including parenting, anger management, and budgeting, etc that are used to prevent children from being removed from a home. It is better for the child if provisions can be made to keep the child in a safe home with parents, other relatives, or friends rather than being placed in foster care. Indiana County CYO overspent their budget last year by more than \$30,000 trying to keep children in their homes. ICDHS would like to help bridge this gap in our system. CYO would track income for families to make sure the federal poverty guidelines are met.

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

Generic Services: Please provide the following:

Program Name: Information & Referral

Description of Services: \$2,700 designated. This is decreased from last year's \$3,966. No wages/benefits are paid from this money. Assistant Director is responsible for providing all information and referrals from our office. This includes printing and mailing costs, supplies (paper), travel to disperse information around the county when requested by schools and/or senior centers, etc., all website contacts (can email our department with requests for information), all electronic mailings, website contract, portion of copier contract (split with other grants), and Constant Contact annual fee.

We have a website with an electronic directory for Human Services in our county from A-Z. Assistant Director is responsible for continually keeping this updated. Assistant Director is also responsible to provide feedback for 2-1-1 system for our county to make sure referrals are appropriate. We receive a weekly referral sheet from 2-1-1 for all calls made from Indiana County and a weekly feedback sheet is completed and returned to 2-1-1.

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
- CYO
- SUD
- MH
- ID
- HAP

Specialized Services: Please provide the following: (Limit 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.

\$20,000 Children's Advisory Commission Coordinator

This portion of the HSDF funding will be decreased from the previous year of \$27,300. The county commissioners want this position to continue. As a show of support the county commissioners provided county funding to help offset the cost of this position. This position is critical to coordinate over 46 agencies/businesses/community groups to collectively and efficiently design and deliver family and children programming for residents of our county and across all categoricals (CYS, D&A, MH/MR/ID). I have enclosed the graph to show what the coordinator accomplishes and what programming is provided to the community.

\$23,000 Assistant Director, ICDHS

This funding will offset the cost of this position. The county also contributes to this position's salary. The amount above is the same amount as last year from HSDF funding.

This position is key for compiling volunteer opportunities and events from the categoricals/community agencies. This includes submitting the media listing and the volunteer guide to our local newspapers and marketing through the department Facebook page and newsletters (over 1200 people). Categoricals rely on this dissemination of information to the community.

In addition, this position is responsible for coordinating Project Share. This is a committee comprised of 20 human services/spiritual groups that pulls together all resources available for assistance to families in need. It was necessary to collaborate as resources are not increasing. Assistant Director is responsible to maintain the spreadsheet where all committee members document assistance for individuals and households daily. Because of this committee, Indiana County has been able to greatly reduce fraudulent activity and repetitive requests for assistance.

The assistant director is also responsible to be on many planning and work committees for several of the categoricals and/or human service agencies that continually find ways to improve human services systems. The assistant directors also volunteers at many events and has direct access to potential clients/consumers where she is able to receive direct feedback from community members.

**APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
Indiana	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES submitted with Armstrong County						
ACT and CTT						
Administrative Management						
Administrator's Office						
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment						
Community Residential Services						
Community Services						
Consumer-Driven Services						
Emergency Services						
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services						
Family Support Services						
Housing Support Services						
Mental Health Crisis Intervention						
Other						
Outpatient						
Partial Hospitalization						
Peer Support Services						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation						
Social Rehabilitation Services						
Targeted Case Management						
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	-		\$ -	\$ -	\$ -	\$ -

INTELLECTUAL DISABILITIES SERVICES Submitted with Armstrong County						
Administrator's Office						
Case Management						
Community-Based Services						
Community Residential Services						
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	-		\$ -	\$ -	\$ -	\$ -

**APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
Indiana	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	24		\$ 24,270			
Case Management	205		\$ 57,707			
Rental Assistance	200		\$ 109,485			
Emergency Shelter	140		\$ 30,720			
Other Housing Supports	-		\$ -			
Administration			\$ 17,724			
TOTAL HOMELESS ASSISTANCE SERVICES	569	\$ 223,106	\$ 239,906		\$ -	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	55		\$ 98,056			
Inpatient Hospital	-		\$ -			
Inpatient Non-Hospital	45		\$ 55,527			
Medication Assisted Therapy	5		\$ 10,663			
Other Intervention	15		\$ 7,720			
Outpatient/Intensive Outpatient	62		\$ 26,506			
Partial Hospitalization	3		\$ 2,441			
Prevention	-		\$ -			
Recovery Support Services	35		\$ 55,160			
Administration			\$ 28,452			
TOTAL SUBSTANCE USE DISORDER SERVICES	220	\$ 284,525	\$ 284,525		\$ -	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	-		\$ -			
Aging Services	-		\$ -			
Children and Youth Services	15		\$ 21,502			
Generic Services	50,000		\$ 2,700			
Specialized Services	-		\$ -			
Interagency Coordination			\$ 43,000			
Administration			\$ 4,583			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	50,015	\$ 88,585	\$ 71,785		\$ -	\$ -
GRAND TOTAL	50,804	\$ 596,216	\$ 596,216		\$ -	\$ -

(note \$16,800 added to HAP budget for HCMs)