

Appendix A  
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Crawford

- 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

| Signatures  | Please Print               | Date             |
|---|----------------------------|------------------|
|  | FRANCIS F. WEIDERSPAHN, JR | Date: 05/23/2018 |
|  | John M. Amato              | Date: 5-23-18    |
|  | John Christopher Soff      | Date: 5/23/2018  |

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

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

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

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

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

**AND**

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

Crawford County has several planning groups that operate throughout the county. Many of the teams are comprised of individuals who represent other systems. We actively try to recruit stakeholders to participate in planning activities, but are not always successful in getting consumers involved. We have a core group of a few consumers that appear to be vested in planning projects and who tend to routinely volunteer to be a part of groups and meetings. However, efforts to get new individuals involved do not usually result in increased stakeholder input. Crawford County will continue to outreach to consumers within the county to attempt to engage them more in the planning process.

Outlined below are the current Planning Meetings that are held within the county for each human service system. These groups meet regularly to collaborate on identifying unmet needs, brainstorming solutions and monitoring processes within Crawford County.

**Mental Health (MH) Planning Teams** – Crawford County's current Human Services Block Grant (HSBG) Planning Team meets on a monthly basis and is comprised of a variety of planning partners. The goal of these planning meetings is to discuss strengths and needs within our community, and to develop plans for addressing service gaps within our current system of care. The committee consists of representatives from Women's Services, local homeless shelters, Active Aging, housing support programs, counseling agencies, consumers, the local Consumer Satisfaction Team (CST), Drug and Alcohol, Veterans Affairs, Bethesda Children's Home, the local food banks, Meadville Medical Center, Drop-in Center, Family Advocates, Blended Case Management (BCM), Transitional Housing, and the Resource Coordinator from the Titusville area. Over the last year we have added representatives from Intellectual Disabilities (ID), the Read Program, the County Assistance Office (CAO), the Office of Vocational Rehabilitation (OVR) and a representative from one local school district. We would like to expand our team further over the next year.

The committee continues to brainstorm ways of recruiting new stakeholders and consumers that can contribute to our mission of improving supports to individuals in the community. Announcements continue to be made at other county meetings and committee members are encouraged to invite others to attend. We have found that consumers who have the most regular attendance are those on our System of Care (SOC) team who are given a stipend to participate. Within the next year we would like to focus on expanding our committee by adding family advocates/consumers who are committed to participating in the planning process. In turn, this would transition our team to a more typical advisory board by providing a diverse collection of individuals who bring unique knowledge and skills to the meeting in order to more effectively guide HSBG Planning Process.

**Intellectual Disabilities (ID) Planning Teams** - Crawford County utilizes a variety of existing ID committees to review data, usage, and brainstorm ideas for future HSBG use.

Supports Coordination Organization (SCO)/Administrative Entity (AE) Review Committee – AE meets weekly with SCO to review HSBG individual service requests. This meeting is also utilized to discuss programmatic issues, individual/provider trends, individual concerns, and miscellaneous field changes or quality improvement topics. Service Coordinators (SC's) meet regularly with individuals/families to bring their concerns/ideas/thoughts to AE's attention.

HSBG Program Funded Services Review Committee – AE and The Arc have contact on a monthly basis regarding HSBG service usage and individual needs. The Arc submits monthly individualized usage reports for each of their HSBG funded services. Usage reports are reviewed by AE and SCO monthly for monitoring and coordinating purposes.

ID/MH Year-End Projections Committee – AE ID staff, MH staff and fiscal staff coordinate together at least annually to identify potentially available year end HSBG funding. This meeting is designed to prioritize individual/provider need that has not been addressed throughout the fiscal year with HSBG funding, and identify how HSBG funding can possibly assist with requests. Many individuals eligible for ID also utilize MH services. Coordinating ID and MH funding with requests is a collaborative effort between ID and MH.

**Drug and Alcohol (D/A) Planning Teams** – Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) serves on numerous advisory boards, steering committees, and executive boards. CCDAEC has collaborated with various community services with organizations throughout the region; including Crawford County Criminal Justice Advisory Board, Crawford County Children's Advisory Council (CAC), Titusville Coordinated School Health Council, Safe Kids, Near Child Death Review Team, Suicide Task Force, Crawford County and Titusville Community Councils, and Crawford Health Improvement Council (CHIC) associated with State Health Improvement Plan (SHIP) Committee, Systems of Care Board, Peace4Crawford, Volunteer Emergency Medical Services Association of Crawford County (VEMSACC), Not One More (NOM), and Commonwealth Prevention Alliance (CPA). In June of 2016, a Crawford County Overdose Prevention Coalition (CCOPC) was formed and since that time has developed several sub-committees including Faith-based, School-based, First Responder and a specific subgroup to accommodate the participants in the Titusville area.

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

Crawford County's main team that involves system partners in the planning process is our HSBG Planning Meeting. Over the last year we have transitioned our Mental Health Planning Meeting to focus on making members an integral part of our Block Grant Planning Process and include more system partners. This meeting is held monthly and includes members from the county office, community agencies, consumers and others from the professional community. The goal of the meeting is to discuss and plan for how to best meet the needs of the residents of our county. Our professional group members are very active in providing feedback to the group regarding their area of expertise. Over the last year we have attempted to grow our membership in this group. We have been able to do so by adding individuals from the Intellectual Disabilities Program, the local Read Program, the County Assistance Office and the Office of Vocational Rehabilitation. We continue to promote involvement in this group by mentioning it at other county meetings and asking members to invite individuals who they think would be beneficial to the team. We have two family advocates that are a part of the team, and several consumers from a community agency, but their attendance is not regular. We would like to focus on improving stakeholder membership and voice in these meetings over the next year so that it can be more indicative of an actual advisory board.

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

Crawford County is committed to serving community members by attempting to meet individual needs in the least restrictive setting. Being a part of the Human Service Block Grant has been beneficial in this endeavor by providing us with the ability to shift funds within categorical line items and across categoricals. This flexibility with funds allows our county to fund services where the needs are rather than having to return unspent funds that were designated solely for a specific service and/or consumer population. For example, we have identified housing as a significant need for individuals in our community. We have spent time, money and resources on developing increased housing options within the county. We were able to secure a master leased apartment through reinvestment funding through our Manage Care Organization (MCO). This apartment is dedicated to eligible individuals who are also Medicaid recipients. We have also used reinvestment funding to provide contingency funds for individuals who need assistance in maintaining their housing. We believe housing to be least restrictive in that it allows individuals to remain in their community, and avoid homelessness and the use of more restrictive services. Housing is a basic need and when basic needs are not met then individuals are not able to focus on other issues such as mental health treatment and addiction.

Child and Adolescent Service System Program (CASSP) meetings are held with families, providers and schools to work together regarding children who have the most intense needs. The goal of these meetings is to develop a plan to offer least restrictive services in an attempt to avoid out of home placement. The focus is on ensuring that movement along the continuum of care is tried before placement is sought. The format and principle of these meetings are also used in team meetings for adult MH consumers. Our Adult MH Program Specialist and our CASSP Coordinator work collaboratively to help transition age youth to connect and move successfully from the children's system to the adult system.

Crawford County participates in the Community Hospital Integration Projects Program (CHIPP). This has enabled us to develop more community supports which are intended to allow consumers to remain in a home environment while increasing the level of supports they receive. We have creatively used these funds for several individuals over the last year to keep them in the community, which avoided them necessitating a more restrictive level of care.

Crawford County Human Services has partnered with a provider in the community to provide Acute Partial for children ages 5-11. This support was identified as a need during the last planning process. The goal of the program is to keep children in their natural school environment while also allowing providers accessibility to evaluate and make appropriate treatment recommendations.

Crawford County's Titusville School District reported a gap in services for children and families with unmet needs in areas such as housing, unpaid bills and transportation. The county and a community provider created a Resource Coordinator (RC) position to help keep families intact and avoid out of home placements by connecting them to needed services. The support has also been beneficial with reducing truancy rates in the school. Over the last year we have worked closely with the provider and the school district to evaluate the effectiveness of the program. In doing so we were able to identify some key areas that were not being addressed by the person in the RC position. We were able to recently identify the need for a new person to be hired for this position. The provider is currently in the hiring process and we are working closely with the school and provider to ensure that key elements of the program are addressed in an effective manner.

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

The following are changes which have occurred since last year's submission of our Human Services Block Grant Plan: We have increased Bridge Housing by one apartment, utilized reinvestment dollars to secure a Master Lease apartment and provide contingency funds to individuals struggling with housing, and researched the possibility of providing an Enhanced Personal Care Boarding Home through the Permanent Supportive Housing (PSH) program. We have also secured an in-county RTF, a Child Partial Program, MST-PSB services and are finalizing efforts to provide CRR homes within our community. We have a local agency that is in the beginning stages of offering a Transition Age Clubhouse. Our Crisis Provider added one full time staff member. 211 formally launched in Crawford County on 11-20-17 and Pennsylvania was recently awarded SOC Expansion and Sustainability Grant. We have been involved in many community events and projects over the last year, and have provided trainings and conferences as part of our interest in Trauma Informed Care and increasing MH awareness.

All of these changes will be discussed further within the body of our plan.

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

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

1. Proof of publication;
  - a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below). Actual newspaper ads are attached.
  - b. When was the ad published? Ads were published in the Titusville Herald for the first public hearing, which was held 5-7-18. Dates of publication for the first public hearing were 4-30-18, 5-2-18 and 5-4-18.
  - c. When was the second ad published (if applicable)? Ads were published in the Meadville Tribune for the second public hearing, which was held May 8, 2018. Dates of publication were 4-30-18, 5-2-18 and 5-4-18.

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

2. Please submit a summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing.)

The first public hearing was held on May 7, 2018 at 2:00PM at the Senior Center in Titusville. A copy of the summary and sign in sheet for this hearing are attached.

The second public hearing was held on May 8, 2018 at 9:00AM at Crawford County Human Services in the conference room. A copy of the summary and sign in sheet for this hearing are attached.

**NOTE:** The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of all counties. Please ensure that the notice is publicized in each county participating in the LCA.

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

For each of the following, please explain how the county works collaboratively across the human services programs. Please explain how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities. Lastly, please provide any updates to the county's collaborative efforts and any new efforts planned for the coming year.

Crawford County is a Human Services model where both Mental Health and Intellectual Disability programs fall under the county umbrella. This provides us with a unique opportunity to collaborate quickly and efficiently when an area of need is identified. We routinely encourage staff members to engage in cross system team meetings so that information can be shared across systems and efforts of staff are non-duplicative. We also have a Drug and Alcohol employee embedded within our Children and Youth Services (CYS) department, which provides an opportunity for increased collaboration. This employee can be accessed for MH or ID individuals who require assessment and case management services or Drug and Alcohol education. Crawford County Human Services and our Drug and Alcohol Provider co-jointly meet regularly to discuss the utilization of this particular position.

Crawford County values team relationships and collaborative efforts to serve all of the individuals within our county. We continue to look for ways to increase our outreach to an outlying city (Titusville) within our county that has been perceived as underserved. Through collaborative

efforts we are trying to be more inclusive in our planning efforts to ensure that individuals in that area have similar opportunities and membership in meetings as individuals in other areas of the county.

Crawford County has participated in several community events over the last year in an effort to bring awareness to the services available in the county. These have included several community picnics in the park, a pumpkin fest, a winter fest and a county wide Easter egg hunt. These events provided opportunities to interact with families in a non-threatening way. While engaging families in casual, fun activities we were able to talk about services and/or gain trust and break down barriers to communication. We also have participated in a subgroup of System of Care (SOC) called Courageous Conversations. This subgroup was made up of community members who met and were willing to have difficult conversations about issues facing our community such as race issues, drug issues and suicide. Great discussions and networking have resulted with unlikely pairing to address community concerns. Along similar lines, we have also participated in a community project called Film4Thought. This initiative involves monthly showings of movies that are indicative of community issues or concerns. There is generally a meal before the showing of the movie and discussion amongst viewers afterwards. Crawford County has also increased communication and interest from the faith based community. A local church recently hosted a "town hall" style meeting where the Single County Authority (SCA) and President Judge were featured speakers. Faith based representatives participate in our System of Care (SOC) County Leadership Team. SOC is also actively supporting Open Table, a faith based community supports model.

Peace 4 Crawford is a committee that meets regularly to develop and support training, programming and leadership for Crawford County's trauma informed initiatives. Peace 4 Crawford seeks to transform our local communities through education, training on ACE's prevention/advocacy, screening, assessment and intervention. It supports further inquiry and understanding of the multi-dimensional causes of trauma while supporting efforts to build a more restorative resilient community. Peace 4 Crawford is a movement to become a trauma informed community. The aim of the committee is improving the health and wellbeing of communities through trauma informed approaches that foster resilience and speak to interventions and treatment strategies that are more effective. Crawford County SOC, through its trauma informed community committee, and Allegheny College have commenced a countywide crisis data mapping project. The location and related data of crisis and related services calls is being collected and mapped to inform policy and programming decisions in Crawford County.

Under Part 1: County Planning Process we listed planning meetings held specifically to discuss HSBG planning and funding. Below is a list of other planning group meetings where collaboration about county strengths and needs occurs:

**Provider Meetings** - Crawford County holds quarterly Provider meetings where county staff and the Directors and/or staff representatives from all of our Provider agencies are invited to attend. This meeting is used to provide updates to each other on new initiatives or changes to the agency, receive trainings, or discuss and collaborate over mutual issues or potential problems.

**Titusville Housing Coalition Meetings** – Crawford County Human Services attends Housing Coalition Meetings in Titusville. This allows us to keep up to date on the unique

housing issues of this outlying city in our county, and to be involved in collaborative efforts to address their individual needs.

**Crawford County System of Care (SOC) Partnership** - The Crawford County SOC is comprised of representatives from community provider agencies as well as adult family members, youth members and community organization partners. The group is responsible for implementation of the PA SOC Partnership Standards: Youth Driven, Family Driven, Leadership Teams, Integrated Child-Serving Systems, Natural and Community Supports, and Cultural and Linguistic Competence. Pennsylvania was recently awarded a 12 million dollar, four year SAMHSA SOC Expansion and Sustainability grant. Crawford and York County SOC will partner with the state as learning labs to assist new SOC implementation counties.

**Forensic Re-entry Committee** – This committee meets monthly and includes core members from providers within the county. The Committee meets to discuss systemic changes and updates, facilitate communication across disciplines dealing with people coming out of corrections, and to create solutions for identified problems and gaps in services. The Committee sends out minutes to members of the Criminal Justice Advisory Board (CJAB) to keep them informed and updated on issues addressed by the group.

**Provider/Educator Meeting**- Crawford County Human Services CASSP Coordinator holds a Provider / Educator meeting every other month when school is in session. This meeting is designed to collaborate with the BHRS providers and educators in our county in order to share information and to address any issues within the two systems. The meeting has also been instrumental in bringing in community providers to educate members on what services are available, to provide training opportunities and to update the group on upcoming events.

**Crawford County Suicide Task Force** - Crawford County Human Services participates in a community organization known as the Crawford County Suicide Task Force. The committee meets monthly and its mission is to help children, teens and adults at risk for suicide, as well as families and communities affected by suicide, through education, advocacy and support. We also have a Support for Survivors of Suicide Loss (SOS) group in Crawford County. This is a support group for those individuals that have lost loved ones to suicide. The facilitators are peers who have experienced loss by suicide and want to help others cope with the loss of loved ones.

**Local Community Support Program (CSP)** – Our local CSP is a coalition of mental health consumers, family members and professionals who work together to help adults with mental illness live successfully in the community. The goal of CSP is to ensure that consumers and families, in collaboration with professionals, play a major decision-making role in the design, development, implementation, provision, monitoring and evaluation of mental health treatment, services, and supports in Pennsylvania.

**Member Oversight** - The NW3 member's oversight committee is comprised of representation from each of the three county offices as well as various consumer and family voting members. Meetings occur monthly and include a review of statistical data to monitor for outlying trends in the various levels of care. Monthly data is reviewed from each county CST to determine if consumers and families are satisfied with the supports they are

receiving. Committee members are provided with upcoming relevant trainings to share with individuals in their home county who may be interested in attending.

**Provider Program Specialists and SCO Trainings/Meetings** – AE meets with SCO and Provider Program Specialists on an as needed basis to review changing field topics, address misconceptions, discuss improvement strategies, examine current usage of service, and develop ideas for ongoing improvement.

**Crawford County Quality Council** – The Administrative entity (AE) meets quarterly with Crawford County ID providers, Independent Monitoring for Quality (IM4Q), and Health Care Quality Unit (HCQU) representatives to review programming issues, quality trends, miscellaneous field changes, and potential needs for the Crawford County area.

Crawford County Human Services offers extensive training opportunities to the providers in our county. When possible, we invite providers to attend trainings that take place in our office, and we have reached out to provide trainings at their agencies as well. We have staff within our agency that are certified to train on numerous topics. Since Children and Youth Services also falls under the umbrella of Crawford County Human Services and we have a dedicated training supervisor, we have access to numerous outside trainings that we routinely open to outside providers as well.

Crawford County, along with members of provider agencies and the community have joined together in an attempt to become more aware of the effects of trauma on those individuals we serve. As our collective awareness has increased it has impacted the overall way we approach and deal with our consumers. Becoming more trauma informed has allowed us to validate the trauma people have experienced in their past and begin discussions about how it is impacting on their present. It also has given us, as providers and community members, a common language to use when collaborating about our individuals and their needs.

Crawford County SOC co-hosted the Fourth Annual Trauma Informed and resilient Communities Conference Symposium at Edinboro University of Pennsylvania. The highlights included research (ACE's study) and speakers who shared their experiences, offering guidance. Registration for the conference closed in less than 48 hours due to high demand. The planning committee is exploring options for expansion in 2018 due to the high demand.

A Community Wellness and Recovery Symposium was sponsored by the Crawford County Suicide Task Force and Crawford County SOC/Safe Schools-Healthy Students Partnership. Supporting a true community approach, the target audience was anyone who received, currently was receiving or might have been interested in receiving social, mental health, addictions or education services as well as other community supports or who had loved ones who might have been in need of supports. The keynote address featured Kevin Hines, a brain and metal health advocate, award winning speaker and survivor of a life changing suicide attempt. The day also included over 30 community providers offering resource information as well as many afternoon breakout sessions supporting the wellness and recovery focus. The day was a huge success with over 200 people in attendance.

**Employment:** Employment has been the main focus in our Human Services Block Grant Planning meetings over the last year. We started out the year by scheduling speakers from different employment related agencies to come and educate the group on what services they had available for individuals. These included representatives from Career Link, the County Assistance Office,

the Office of Vocational Rehabilitation, Veteran's Affairs, etc. These discussions were very informative and helped guide us towards a need to have a Job Fair where employers, as well as individuals seeking employment, could get together to investigate employment opportunities within our county. A sub committee was formed to develop and plan a Job Fair. This initiative is being headed by our local OVR office. In May 2018 we will complete the first step in this process by providing a forum where employers who currently employ individuals with disabilities can present their experience with working with this population. This will include a panel discussion of questions and answers. Once completed, the focus will then shift to planning a Job Fair where employers can showcase their jobs/positions and individuals can investigate possible jobs that would meet their individual needs.

Within the last year our local offices of Career Link and OVR have become mobile. They no longer have dedicated physical office space. This was challenging in the beginning because individuals seeking services did not know where to go to access these agencies. Both Career Link and OVR have partnered with local agencies to utilize available office space on a weekly basis to be more available to our individuals. This has made accessing services less cumbersome and has brought the services directly to those individuals who are in need of them.

Pennsylvania has been designated as an Employment First state. With this designation we are charged with providing Supported Employment opportunities to ODP and OVR referred individuals. The goal is to provide quality trained staff to support individuals who are seeking competitive integrated employment. We have one local agency, Child to Family Connections that has an individual who has completed the certification through the Association of Community Rehabilitation Educators (ACRE) necessary to provide these services. Program Supervisors and Direct Support Professionals working with individuals in supported employment through PFD/S or Consolidated waiver are required to obtain the ACRE basic employment certification within one hundred and twenty (120) days upon providing the service. Supervision must also be provided by someone who has successfully received the certification. This agency is currently an OVR provider for Pre-Employment Training Services (PETS), Work Based Learning Experience ((WBLE) and Customized Employment. They have submitted application to provide Community Based Work Assessment (CBWA) and Job Coaching and approval is pending. This agency has submitted a Request for Proposal for Human Services Development Funding to provide more high quality and certified staff in this area. They are estimating that by completing further certification they will be able to provide services to twenty plus (20+) individuals over the next year.

**Housing:** Last year CCHS contracted with the Quality Living Center (QLC), a local Personal Care Boarding Home (PCBH), to provide diversion beds for our ID population. We had already been using this facility for diversion beds for MH consumers, but discovered that we were also in need occasionally for this service for ID individuals.

Last year we contracted with a local agency to provide Bridges Housing for MH consumers. Initially we were able to fund three apartments, with one of those being located in Titusville. Within the last year we have been able to add one more Bridges apartment through the use of retained revenue. Crawford County has been part of the Northwest Behavioral Health Partnership's Regional Permanent Supportive Housing (PSH) Program. Through this effort, temporary adult housing has been expanded through the funding of one Master lease apartment and a contingency fund was developed for individuals to help them break down barriers to obtaining or maintaining their own housing. The funds have been dispersed to a local agency and the two United Way agencies in our county. One of the United Way agencies serves the Titusville area. The catalyst

behind this endeavor is to provide these funds so that consumers are able to remain in their homes or secure housing and continue to focus on their mental health treatment. These funds have been used for such things as back rent/utility bills, rental security deposits, furnishings, retrieval of documents such as driver's license/birth certificate, and bed bug extermination.

As part of the PSH Program utilizing reinvestment funds, Crawford County originally planned on developing an Enhanced Personal Care Boarding Home (EnPCBH) as a component of their continuum of housing and support services. The goal was to provide housing and support services for adults struggling with mental health, substance use or co-occurring mental health and substance use disorders who were in need of housing and supports at all stages of the recovery process. The EnPCBH was to be designed to meet state requirements for a PCBH as well as having additional mental health services and supports provided through enhanced psychiatric and psychiatric nursing time, consumer psychoeducation, additional mental health staff training/skills and access to mental health case management, mobile mental health therapy, peer support and community services. The licensed facility was planned to house no more than 15 individuals. During the planning process for this EnPCBH it became evident that the cost of building such a facility was beyond the funds available for this project. As a result, Crawford County has changed the focus from building an EnPCBH to securing a smaller home to use as a PCBH for no more than eight individuals. This is currently in the beginning stages of development.

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

### **MENTAL HEALTH SERVICES**

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

#### **a) Program Highlights:** (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 17-18.

- Crawford County Human Services continues to expand the number of individuals supported in the community with CHIPP funding. In addition to the established provider, we are contracting with new providers to serve these individuals. This permits individuals to have a choice in who they work with.
- Crawford County Human Services contracts with a local agency to provide community education and outreach regarding mental illness and local support to the community. Recently this agency has started to go to the local inpatient mental health unit to provide monthly outreach. This has been such a positive impact, that the inpatient unit is asking to increase the days outreach is given.
- Question Persuade Refer training was provided to the local State Correctional Institute.
- With our re-investment monies, our agency was able to contract with three providers to offer housing contingency funds, a master lease apartment and housing support services to eligible individual in the county. Feedback from the community has been overwhelmingly

positive. The ability to have re-investment housing funds has been able to somewhat fulfill an unmet/underserved need in our communities.

- The county and Southwest Behavioral Health Management (SBHM) have been collaborating to use case conceptualization and other strength based approaches in competing for Residential Treatment Facility (RTF) beds. The county has had difficulties locating appropriate placements for children with complex and multi-system needs, including RTF and Community Residential Rehabilitation (CRR) homes.
- Bethesda continues to work on pursuing an RTF that will work with families and their children to reduce readmittance to RTF placement. Referrals will be accepted once Bethesda receives their Promise ID number.
- SBHM School Based has been working with the County and the providers to develop a summer component to the program to provide treatment within the home and community. The county lacks summer programming due to Summer Therapeutic Activities Program (STAP) not being offered during the summer 2018.
- The county is re-evaluating the Resource Coordinator position that is located out of Titusville. The county will continue to monitor Family Services & Children's Aid Society to re-examine the program model and how it can be more effective to families.
- Family Services of Northwestern Pennsylvania has added Blended Multisystemic Therapy and Multisystemic Therapy/Problem Sexual Behavior (MST/MST-PSB). The intent of the addition is to have therapists and supervisors who are trained to deal with both MST consumers and MST-PSB consumers, thereby maximizing the range of youth that can be served by one team.
- The Block Grant Planning Committee has collaborated with Crawford County School Districts, Office of Vocational Rehabilitation, Child to Family Connections, Crawford County K-12, and Career Education Alliance to put together a fair to help dispel the myths of hiring people with disabilities. This fair will offer employers that have hired those with disabilities to share their stories with employers in the community, to help them understand that those with disabilities can be successful while working.
- Crawford County, with the help of Value Behavioral Health (VBH) and SBHM has continued to review concerns in regards to staffing issues and filling of prescriptions for Behavioral Health Rehabilitation Services (BHRS).
- Crawford County Mental Health Awareness Program (CHAPS) has been working on developing a transitional age Club House Program. This would help our transition age kids learn skills to live independently.

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

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When completing this

assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at <https://www.samhsa.gov/health-disparities>.

- **Older Adults (ages 60 and above)**

- **Strengths:**

- Integrated Intake Unit**

- An Integrated Intake worker has been cross trained to evaluate an individual's need by completing a bio-psychosocial assessment. Appropriate recommendations and referrals to supports are made as a result of this assessment. We have a dedicated Administrative Case Manager (ACM) who is responsible for following the individual through the course of their services and assuring continuity of care.

- Representative Payee service / money management**

- Crawford County contracts with two agencies to offer payee services to individuals who are mandated by the Social Security office to have a Representative Payee or voluntarily want help with money management skills. This program has supported 58 older adults, 106 adults and 22 transition age adults so far this fiscal year. This support is only funded by base funds.

- Psychiatric Rehabilitation (Mobile and Site based)**

- Crawford County contracts with two (2) providers to offer Site Based Psychiatric Rehabilitation (SBR). Of the two (2) contracted providers' one (1) of them also provides Mobile Psychiatric Rehabilitation (MPR). Psychiatric Rehabilitation support service has supported 17 older adults, 98 adults and 39 transition age adults so far this fiscal year. These numbers represent VBH and base funded people.

- Mobile Psychiatric Nursing (MPN)**

- This program assists individuals with becoming more educated about their medications, monitor for side effects and serves as a liaison with the prescribing doctor. Individual need dictates how often the nurse meets with a person. This program has expanded to include wellness checks at each encounter. This program has supported 22 older adults, 64 adults and 14 transition age adults so far this fiscal year. These numbers represent VBH and base funded people.

- Drop In Center (DIC)**

- There are two Drop in Centers in Crawford County. The Drop In Centers has supported approximately 710 older adults, adults and transition age people so far this fiscal year. This support is only funded by base funds.

- Warm Line**

- The Warm-Line is non-crisis telephone support to individuals living with mental illness. The Warm-Line has had 466 more calls this year as compared to last. Please note that this may be a duplicative number as the Warm-Line can be a confidential call. This support is only funded by base funds.

- Certified Peer Specialist (CPS)**

This is a support available to eligible individuals in Crawford County. CPS has supported 19 older adults, 55 adults and 12 transition age so far this fiscal year. These numbers represent VBH and base funded individuals.

### **Community Satisfaction Team (CST)**

CST is an active organization in our community and offers individuals the opportunity to express their opinion about services. CST is also contracted to provide focus groups to the community it serves. Individual surveys have been created to assess the level of satisfaction for individuals utilizing CHIPP funded supports. Consumer Satisfaction Team has interviewed 346 individuals so far this fiscal year. In addition to surveys, 68 Crawford County residents have participated in Consumer Satisfaction Focus Group. These numbers represent VBH and base funded individuals.

### **Community Education and Outreach (CEO)**

This support offers information, speakers, and connections to resources on mental illness, self-advocacy, and other pertinent mental health topics. An essential part of the CEO program includes NAMI Support Groups and Education Programs. Community Education and Outreach has been very active in the community so far this fiscal year. The program has provided 317.5 hours on community outreach so far this fiscal year. This support is only funded by base funds.

### **Blended Case Management (BCM)**

Blended Case Management has supported 12 older adults, 53 adults, 53 transition age adults and 32 children so far this fiscal year. These numbers represent VBH and base funded individuals.

### **Medication support**

Crawford County Human Services has a safety net in place to assist individuals with no way of paying for their medications. This is a short term program that acts as a stop gap needed between an individual returning to the community and the time it takes to activate insurance. Medication support has helped 8 adults and 4 transition age adults and 1 older adult so far this fiscal year. This support is only funded by base funds.

### **Outpatient Medication Management and/or Therapy**

This is an office-based treatment that is provided in an individual, family or group format that can include psychiatric evaluation, psychological evaluation, psychotherapy and medication management. There are many providers that offer this particular service in Crawford County. Our major provider of Outpatient therapy and medication management has supported 294 older adults; 2,643 adults; 642 transition age adults and 1,719 children so far this fiscal year.

### **Crisis services**

Crawford County has crisis support in the form of telephone, walk-in and 24 hour mobile. Crisis services has responded, in some form, to over 1,111 crisis situations so far this fiscal year. These numbers represent VBH and base funded individuals.

### **Inpatient Mental Health (IPMH)**

Crawford County has one Inpatient Mental Health treatment facility in our county. This facility accepts individuals 14 years old and older. Because of the age restriction, our community depends on surrounding Inpatient facilities for treatment options.

### **Long Term Structured Rehabilitation (LTSR)**

Crawford County has contracts with three LTSR's. Our county has found this level of support to be beneficial to individuals who are in need of extra support in order to return to the community and continue to work towards mental health recovery. Our county liaison is very involved at each stage of care, from pre-admission to post-discharge. LTSR has served 1 transition age adult so far this fiscal year.

### **Housing Support**

Housing support focuses on the needs of homeless or near homeless individuals. This is accomplished through housing advocacy, housing development and supportive housing. The program also fosters connections to community supports. Housing Support has supported 22 older adults, 152 adults and 37 transition age adults so far this fiscal year.

### **Transition housing**

This level of care is available to Crawford County adults who are transitioning out of the inpatient unit and have a housing need or are experiencing stress in their current living environment and need extra support. Diversion/transition housing is most often temporary but can be permanent. While the individual is in diversion living, supports are working with the person on locating permanent housing. Transition housing has supported 2 older adults, 18 adults and 35 transition age adults so far this fiscal year.

### **Domiciliary Care Respite (Dom Care)**

Crawford County residents are fortunate to have the Dom Care living option available to them. Although this support is limited in capacity it is recognized as being a vital part of the housing continuum and along with the Dom care, respite for the Dom care provider is also needed. Our county has seen success with people living in Dom Care. The county mental health department would like to see this program expand. Dom care respite has supported 1 older adult, 2 adults and 0 transition age adults so far this fiscal year. This support is only funded by base funds.

### **CHIPP diversionary Housing and Community Supports**

In 2014/2015 Crawford County was able to discharge two (2) individuals from Warren State Hospital to the community utilizing CHIPP funding. These funds created three efficiency apartments, with limited staff support, for the individuals returning to the community as well as an apartment for an individual who needed diverted from a more intensive level of care. Along with the three apartment efficiencies and the individuals living there, the CHIPP funding is also able to support a limited number of individuals in the community. CHIPP Diversionary Housing and Community Supports have supported 1 older adult, 28 adults and 5 transition age adults so far this fiscal year. This program is only funded by base funding.

### **Homeless (Housing) Support Services- Fair Weather Lodge (FWL)**

Fair Weather Lodge allows affordable living to individuals who are eligible. The individuals living in the Lodge become interdependent working agents of the lodge, and can utilize the

support of fellow Lodge members and the staff when and if needed. Besides offering employment to the Lodge members, the FWL in Crawford County also operates a “Satellite Lodge”, which means that individuals not living in the Lodges can be a productive part of the lodge business. This program has supported 10 older adults, 83 adults and 125 transition age adults so far this fiscal year. This support is only funded by base funds.

#### **Projects for Assistance in Transition from Homelessness (PATH)**

Crawford County is a recipient of PATH funding. This is a program that is designed to support the outreach, engagement and delivery of services to eligible persons who are homeless/ near homeless and have serious mental illnesses and/or co-occurring substance abuse disorder. PATH is projected to support 3 older adults, 42 adults and 4 transition age adults so far this fiscal year 16-17. This is a federally funded program.

#### **Emergency Mobile Community Outreach/Crisis**

This support is available to Crawford County residents who may have experienced a trauma or personal loss and are in need of immediate assistance until more formal support can be put into place. This support has been utilized by one family in the current fiscal year.

#### **Companion Care**

This support was modeled after the ID service description of HAB and fits in to the continuum of community supports available to individuals living with a mental illness in our community. Many individuals with mental illness have benefited from this level of support. This program has supported 1 older adult, 3 adults and 0 transition age adults so far this current fiscal year. This support is only funded by base funds.

#### **Housing Re-investment funds**

Through the partnership with our managed care organization, our county was able to create unique supports to help eligible individuals improve or maintain in their living situation. Re-investment monies are being used for housing contingency, master lease and Housing Support Services. These programs have supported 0 older adult, 59 adults and 10 transition age adults so far this current fiscal year.

#### **Emergency Services (Constable)**

Crawford County Human Services has contracts with several PA State Constables to assist the Mobile Crisis team when there is a petition for a 302 evaluation. The constable also assists in transporting when someone is under a 304 or 305 commitment. This program has supported 2 older adult, 16 adults and 1 transition age adults so far this current fiscal year. This support is only funded by base funds.

#### **Drug and Alcohol Case Management**

The Drug and Alcohol counselor imbedded within the Crawford County Human Services office meets with individuals to provide screening and schedule assessments. Goals are established and case coordination is provided to achieve these goals. Case coordination is also provided to support the client in getting admitted to and following through with recommended treatment. The case manager also has the ability to refer to other support agencies in the community.

#### **▪ Needs:**

Crawford County, like other counties in the Commonwealth, is struggling with psychiatric time. According to our contracted and local outpatient providers who provide psychiatric services, wait time to see the psychiatrist for an initial appointment is several months. Lack of psychiatric time is across the life span, from children to older adults.

Crawford County Human Services will be partnering with our local System of Care committee to address the many transportation needs in our community.

Crawford County has seen a decrease in the number of consumers/stakeholders who attend planning meetings. We would like to see an increase in the numbers of individuals involved in the planning process. We would like to ensure that the services we are creating are the actual services that are needed and that will be utilized by the population we are trying to support.

- **Adults (ages 18 and above)**

- **Strengths:**

- **Integrated Intake Unit**

An Integrated Intake worker has been cross trained to evaluate an individual's need by completing a bio-psychosocial assessment. Appropriate recommendations and referrals to supports are made as a result of this assessment. We have a dedicated Administrative Case Manager (ACM) who is responsible for following the individual through the course of their services and assuring continuity of care.

- **Representative Payee service / money management**

Crawford County contracts with two agencies to offer payee services to individuals who are mandated by the Social Security office to have a Representative Payee or voluntarily want help with money management skills. This program has supported 58 older adults, 106 adults and 22 transition age adults so far this fiscal year. This support is only funded by base funds.

- **Psychiatric Rehabilitation (Mobile and Site based)**

Crawford County contracts with two (2) providers to offer Site Based Psychiatric Rehabilitation (SBR). Of the two (2) contracted providers' one (1) of them also provides Mobile Psychiatric Rehabilitation (MPR). Psychiatric Rehabilitation support service has supported 17 older adults, 98 adults and 39 transition age adults so far this fiscal year. These numbers represent VBH and base funded people.

- **Mobile Psychiatric Nursing (MPN)**

This program assists individuals with becoming more educated about their medications, monitor for side effects and serves as a liaison with the prescribing doctor. Individual need dictates how often the nurse meets with a person. This program has expanded to include wellness checks at each encounter. This program has supported 22 older adults, 64 adults and 14 transition age adults so far this fiscal year. These numbers represent VBH and base funded people.

- **Drop In Center (DIC)**

There are two Drop in Centers in Crawford County. The Drop In Centers has supported approximately 710 older adults, adults and transition age people so far this fiscal year. This support is only funded by base funds.

### **Warm Line**

The Warm-Line is non-crisis telephone support to individuals living with mental illness. The Warm-Line has had 466 more calls this year as compared to last. Please note that this may be a duplicative number as the Warm-Line can be a confidential call. This support is only funded by base funds.

### **Certified Peer Specialist (CPS)**

This is a support available to eligible individuals in Crawford County. CPS has supported 19 older adults, 55 adults and 12 transition age so far this fiscal year. These numbers represent VBH and base funded individuals.

### **Community Satisfaction Team (CST)**

CST is an active organization in our community and offers individuals the opportunity to express their opinion about services. CST is also contracted to provide focus groups to the community it serves. Individual surveys have been created to assess the level of satisfaction for individuals utilizing CHIPP funded supports. Consumer Satisfaction Team has interviewed 346 individuals so far this fiscal year. In addition to surveys, 68 Crawford County residents have participated in Consumer Satisfaction Focus Group. These numbers represent VBH and base funded individuals.

### **Community Education and Outreach (CEO)**

This support offers information, speakers, and connections to resources on mental illness, self-advocacy, and other pertinent mental health topics. An essential part of the CEO program includes NAMI Support Groups and Education Programs. Community Education and Outreach has been very active in the community so far this fiscal year. The program has provided 317.5 hours on community outreach so far this fiscal year. This support is only funded by base funds.

### **Blended Case Management (BCM)**

Blended Case Management has supported 12 older adults, 53 adults, 53 transition age adults and 32 children so far this fiscal year. These numbers represent VBH and base funded individuals.

### **Medication support**

Crawford County Human Services has a safety net in place to assist individuals with no way of paying for their medications. This is a short term program that acts as a stop gap needed between an individual returning to the community and the time it takes to activate insurance. Medication support has helped 8 adults and 4 transition age adults and 1 older adult so far this fiscal year. This support is only funded by base funds.

### **Outpatient Medication Management and/or Therapy**

This is an office-based treatment that is provided in an individual, family or group format that can include psychiatric evaluation, psychological evaluation, psychotherapy and medication management. There are many providers that offer this particular service in Crawford County. Our major provider of Outpatient therapy and medication management has

supported 294 older adults; 2,643 adults; 642 transition age adults and 1,719 children so far this fiscal year.

### **Crisis services**

Crawford County has crisis support in the form of telephone, walk-in and 24 hour mobile. Crisis services has responded, in some form, to over 1,111 crisis situations so far this fiscal year. These numbers represent VBH and base funded individuals.

### **Inpatient Mental Health (IPMH)**

Crawford County has one Inpatient Mental Health treatment facility in our county. This facility accepts individuals 14 years old and older. Because of the age restriction, our community depends on surrounding Inpatient facilities for treatment options.

### **Long Term Structured Rehabilitation (LTSR)**

Crawford County has contracts with three LTSR's. Our county has found this level of support to be beneficial to individuals who are in need of extra support in order to return to the community and continue to work towards mental health recovery. Our county liaison is very involved at each stage of care, from pre-admission to post-discharge. LTSR has served 1 transition age adult so far this fiscal year.

### **Housing Support**

Housing support focuses on the needs of homeless or near homeless individuals. This is accomplished through housing advocacy, housing development and supportive housing. The program also fosters connections to community supports. Housing Support has supported 22 older adults, 152 adults and 37 transition age adults so far this fiscal year.

### **Transition housing**

This level of care is available to Crawford County adults who are transitioning out of the inpatient unit and have a housing need or are experiencing stress in their current living environment and need extra support. Diversion/transition housing is most often temporary but can be permanent. While the individual is in diversion living, supports are working with the person on locating permanent housing. Transition housing has supported 2 older adults, 18 adults and 35 transition age adults so far this fiscal year.

### **Domiciliary Care Respite (Dom Care)**

Crawford County residents are fortunate to have the Dom Care living option available to them. Although this support is limited in capacity it is recognized as being a vital part of the housing continuum and along with the Dom care, respite for the Dom care provider is also needed. Our county has seen success with people living in Dom Care. The county mental health department would like to see this program expand. Dom care respite has supported 1 older adult, 2 adults and 0 transition age adults so far this fiscal year. This support is only funded by base funds.

### **CHIPP diversionary Housing and Community Supports**

In 2014/2015 Crawford County was able to discharge two (2) individuals from Warren State Hospital to the community utilizing CHIPP funding. These funds created three efficiency apartments, with limited staff support, for the individuals returning to the community as well as an apartment for an individual who needed diverted from a more intensive level of care.

Along with the three apartment efficiencies and the individuals living there, the CHIPP funding is also able to support a limited number of individuals in the community. CHIPP Diversionary Housing and Community Supports have supported 1 older adult, 28 adults and 5 transition age adults so far this fiscal year. This program is only funded by base funding.

#### **Homeless (Housing) Support Services- Fair Weather Lodge (FWL)**

Fair Weather Lodge allows affordable living to individuals who are eligible. The individuals living in the Lodge become interdependent working agents of the lodge, and can utilize the support of fellow Lodge members and the staff when and if needed. Besides offering employment to the Lodge members, the FWL in Crawford County also operates a "Satellite Lodge", which means that individuals not living in the Lodges can be a productive part of the lodge business. This program has supported 10 older adults, 83 adults and 125 transition age adults so far this fiscal year. This support is only funded by base funds.

#### **Projects for Assistance in Transition from Homelessness (PATH)**

Crawford County is a recipient of PATH funding. This is a program that is designed to support the outreach, engagement and delivery of services to eligible persons who are homeless/ near homeless and have serious mental illnesses and/or co-occurring substance abuse disorder. PATH is projected to support 3 older adults, 42 adults and 4 transition age adults so far this fiscal year 16-17. This is a federally funded program.

#### **Emergency Mobile Community Outreach/Crisis**

This support is available to Crawford County residents who may have experienced a trauma or personal loss and are in need of immediate assistance until more formal support can be put into place. This support has been utilized by one family in the current fiscal year.

#### **Companion Care**

This support was modeled after the ID service description of HAB and fits in to the continuum of community supports available to individuals living with a mental illness in our community. Many individuals with mental illness have benefited from this level of support. This program has supported 1 older adult, 3 adults and 0 transition age adults so far this current fiscal year. This support is only funded by base funds.

#### **Housing Re-investment funds**

Through the partnership with our managed care organization, our county was able to create unique supports to help eligible individuals improve or maintain in their living situation. Re-investment monies are being used for housing contingency, master lease and Housing Support Services. These programs have supported 0 older adult, 59 adults and 10 transition age adults so far this current fiscal year.

#### **Emergency Services (Constable)**

Crawford County Human Services has contracts with several PA State Constables to assist the Mobile Crisis team when there is a petition for a 302 evaluation. The constable also assists in transporting when someone is under a 304 or 305 commitment. This program has supported 2 older adult, 16 adults and 1 transition age adults so far this current fiscal year. This support is only funded by base funds.

#### **Drug and Alcohol Case Management**

The Drug and Alcohol counselor imbedded within the Crawford County Human Services office

meets with individuals to provide screening and schedule assessments. Goals are established and case coordination is provided to achieve these goals. Case coordination is also provided to support the client in getting admitted to and following through with recommended treatment. The case manager also has the ability to refer to other support agencies in the community.

- **Needs:**

Crawford County, like other counties in the Commonwealth, is struggling with psychiatric time. According to our contracted and local outpatient providers who provide psychiatric services, wait time to see the psychiatrist for an initial appointment is several months. Lack of psychiatric time is across the life span, from children to older adults.

Crawford County Human Services will be partnering with our local System of Care committee to address the many transportation needs in our community.

Crawford County has seen a decrease in the number of consumers/stakeholders who attend planning meetings. We would like to see an increase in the numbers of individuals involved in the planning process. We would like to ensure that the services we are creating are the actual services that are needed and that will be utilized by the population we are trying to support.

- **Transition-age Youth (ages 18-26)** - Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.

- **Strengths:**

- Integrated Intake Unit**

- An Integrated Intake worker has been cross trained to evaluate an individual's need by completing a bio-psychosocial assessment. Appropriate recommendations and referrals to supports are made as a result of this assessment. We have a dedicated Administrative Case Manager (ACM) who is responsible for following the individual through the course of their services and assuring continuity of care.

- Representative Payee service / money management**

- Crawford County contracts with two agencies to offer payee services to individuals who are mandated by the Social Security office to have a Representative Payee or voluntarily want help with money management skills. This program has supported 58 older adults, 106 adults and 22 transition age adults so far this fiscal year. This support is only funded by base funds.

- Psychiatric Rehabilitation (Mobile and Site based)**

- Crawford County contracts with two (2) providers to offer Site Based Psychiatric Rehabilitation (SBR). Of the two (2) contracted providers' one (1) of them also provides Mobile Psychiatric Rehabilitation (MPR). Psychiatric Rehabilitation support service has supported 17 older adults, 98 adults and 39 transition age adults so far this fiscal year. These numbers represent VBH and base funded people.

### **Mobile Psychiatric Nursing (MPN)**

This program assists individuals with becoming more educated about their medications, monitor for side effects and serves as a liaison with the prescribing doctor. Individual need dictates how often the nurse meets with a person. This program has expanded to include wellness checks at each encounter. This program has supported 22 older adults, 64 adults and 14 transition age adults so far this fiscal year. These numbers represent VBH and base funded people.

### **Drop In Center (DIC)**

There are two Drop in Centers in Crawford County. The Drop In Centers have supported approximately 710 older adults, adults and transition age people so far this fiscal year. This support is only funded by base funds.

### **Warm Line**

The Warm-Line is non-crisis telephone support to individuals living with mental illness. The Warm-Line has had 466 more calls this year as compared to last. Please note that this may be a duplicative number as the Warm-Line can be a confidential call. This support is only funded by base funds.

### **Certified Peer Specialist (CPS)**

This is a support available to eligible individuals in Crawford County. CPS has supported 19 older adults, 55 adults and 12 transition age so far this fiscal year. These numbers represent VBH and base funded individuals.

### **Community Satisfaction Team (CST)**

CST is an active organization in our community and offers individuals the opportunity to express their opinion about services. CST is also contracted to provide focus groups to the community it serves. Individual surveys have been created to assess the level of satisfaction for individuals utilizing CHIPP funded supports. Consumer Satisfaction Team has interviewed 346 individuals so far this fiscal year. In addition to surveys, 68 Crawford County residents have participated in Consumer Satisfaction Focus Group. These numbers represent VBH and base funded individuals.

### **Community Education and Outreach (CEO)**

This support offers information, speakers, and connections to resources on mental illness, self-advocacy, and other pertinent mental health topics. An essential part of the CEO program includes NAMI Support Groups and Education Programs. Community Education and Outreach has been very active in the community so far this fiscal year. The program has provided 317.5 hours on community outreach so far this fiscal year. This support is only funded by base funds.

### **Blended Case Management (BCM)**

Blended Case Management has supported 12 older adults, 53 adults, 53 transition age adults and 32 children so far this fiscal year. These numbers represent VBH and base funded individuals.

### **Medication support**

Crawford County Human Services has a safety net in place to assist individuals with no way of paying for their medications. This is a short term program that acts as a stop gap needed between an individual returning to the community and the time it takes to activate insurance. Medication support has helped 8 adults and 4 transition age adults and 1 older adult so far this fiscal year. This support is only funded by base funds.

### **Outpatient Medication Management and/or Therapy**

This is an office-based treatment that is provided in an individual, family or group format that can include psychiatric evaluation, psychological evaluation, psychotherapy and medication management. There are many providers that offer this particular service in Crawford County. Our major provider of Outpatient therapy and medication management has supported 294 older adults; 2,643 adults; 642 transition age adults and 1,719 children so far this fiscal year.

### **Crisis services**

Crawford County has crisis support in the form of telephone, walk-in and 24 hour mobile. Crisis services has responded, in some form, to over 1,111 crisis situations so far this fiscal year. These numbers represent VBH and base funded individuals.

### **Inpatient Mental Health (IPMH)**

Crawford County has one Inpatient Mental Health treatment facility in our county. This facility accepts individuals 14 years old and older. Because of the age restriction, our community depends on surrounding Inpatient facilities for treatment options.

### **Long Term Structured Rehabilitation (LTSR)**

Crawford County has contracts with three LTSR's. Our county has found this level of support to be beneficial to individuals who are in need of extra support in order to return to the community and continue to work towards mental health recovery. Our county liaison is very involved at each stage of care, from pre-admission to post-discharge. LTSR has served 1 transition age adult so far this fiscal year.

### **Housing Support**

Housing support focuses on the needs of homeless or near homeless individuals. This is accomplished through housing advocacy, housing development and supportive housing. The program also fosters connections to community supports. Housing Support has supported 22 older adults, 152 adults and 37 transition age adults so far this fiscal year.

### **Transition housing**

This level of care is available to Crawford County adults who are transitioning out of the inpatient unit and have a housing need or are experiencing stress in their current living environment and need extra support. Diversion/transition housing is most often temporary but can be permanent. While the individual is in diversion living, supports are working with the person on locating permanent housing. Transition housing has supported 2 older adults, 18 adults and 35 transition age adults so far this fiscal year.

### **Domiciliary Care Respite (Dom Care)**

Crawford County residents are fortunate to have the Dom Care living option available to them. Although this support is limited in capacity it is recognized as being a vital part of the

housing continuum and along with the Dom care, respite for the Dom care provider is also needed. Our county has seen success with people living in Dom Care. The county mental health department would like to see this program expand. Dom care respite has supported 1 older adult, 2 adults and 0 transition age adults so far this fiscal year. This support is only funded by base funds.

### **CHIPP diversionary Housing and Community Supports**

In 2014/2015 Crawford County was able to discharge two (2) individuals from Warren State Hospital to the community utilizing CHIPP funding. These funds created three efficiency apartments, with limited staff support, for the individuals returning to the community as well as an apartment for an individual who needed diverted from a more intensive level of care. Along with the three apartment efficiencies and the individuals living there, the CHIPP funding is also able to support a limited number of individuals in the community. CHIPP Diversionary Housing and Community Supports have supported 1 older adult, 28 adults and 5 transition age adults so far this fiscal year. This program is only funded by base funding.

### **Homeless (Housing) Support Services- Fair Weather Lodge (FWL)**

Fair Weather Lodge allows affordable living to individuals who are eligible. The individuals living in the Lodge become interdependent working agents of the lodge, and can utilize the support of fellow Lodge members and the staff when and if needed. Besides offering employment to the Lodge members, the FWL in Crawford County also operates a "Satellite Lodge", which means that individuals not living in the Lodges can be a productive part of the lodge business. This program has supported 10 older adults, 83 adults and 125 transition age adults so far this fiscal year. This support is only funded by base funds.

### **Projects for Assistance in Transition from Homelessness (PATH)**

Crawford County is a recipient of PATH funding. This is a program that is designed to support the outreach, engagement and delivery of services to eligible persons who are homeless/ near homeless and have serious mental illnesses and/or co-occurring substance abuse disorder. PATH is projected to support 3 older adults, 42 adults and 4 transition age adults so far this fiscal year 16-17. This is a federally funded program.

### **Emergency Mobile Community Outreach/Crisis**

This support is available to Crawford County residents who may have experienced a trauma or personal loss and are in need of immediate assistance until more formal support can be put into place. This support has been utilized by one family in the current fiscal year.

### **Companion Care**

This support was modeled after the ID service description of HAB and fits in to the continuum of community supports available to individuals living with a mental illness in our community. Many individuals with mental illness have benefited from this level of support. This program has supported 1 older adult, 3 adults and 0 transition age adults so far this current fiscal year. This support is only funded by base funds.

### **Housing Re-investment funds**

Through the partnership with our managed care organization, our county was able to create unique supports to help eligible individuals improve or maintain in their living situation. Re-investment monies are being used for housing contingency, master lease and Housing

Support Services. These programs have supported 0 older adult, 59 adults and 10 transition age adults so far this current fiscal year.

**Emergency Services (Constable)**

Crawford County Human Services has contracts with several PA State Constables to assist the Mobile Crisis team when there is a petition for a 302 evaluation. The constable also assists in transporting when someone is under a 304 or 305 commitment. This program has supported 2 older adult, 16 adults and 1 transition age adults so far this current fiscal year. This support is only funded by base funds.

**Drug and Alcohol Case Management**

The Drug and Alcohol counselor imbedded within the Crawford County Human Services office meets with individuals to provide screening and schedule assessments. Goals are established and case coordination is provided to achieve these goals. Case coordination is also provided to support the client in getting admitted to and following through with recommended treatment. The case manager also has the ability to refer to other support agencies in the community.

▪ **Needs:**

The Human Services Block Grant Committee continues to identify improving supports to the transitional age population as a need. Our local Site Based Psychiatric Rehabilitation provider is exploring the possibility of expanding services to operate a Site Based Psychiatric Rehabilitation specifically tailored to the needs of 16 and 17 year olds. This concept is not without a lot of planning and inclusion of many child serving agencies in the community, most importantly the schools. Because funding for Psychiatric Rehabilitation to individuals under 18 is not recognized by the state and federal government, the ability to fund this support is questionable.

Crawford County, like other counties in the Commonwealth, is struggling with psychiatric time. According to our contracted and local outpatient providers who provide psychiatric services, wait time to see the psychiatrist for an initial appointment is several months. Lack of psychiatric time is across the life span, from children to older adults.

Crawford County Human Services will be partnering with our local System of Care committee to address the many transportation needs in our community.

Crawford County has seen a decrease in the number of consumers/stakeholders who attend planning meetings. We would like to see an increase in the numbers of individuals involved in the planning process. We would like to ensure that the services we are creating are the actual services that are needed and that will be utilized by the population we are trying to support.

- **Children (under 18)-** Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

- **Strengths:**

- **Integrated Intake Unit**

- An Integrated Intake worker has been cross trained to evaluate an individual's need by completing a bio-psychosocial assessment. Appropriate recommendations and referrals to supports are made as a result of this assessment. We have a dedicated Administrative Case Manager (ACM) who is responsible for following the individual through the course of their services and assuring continuity of care.

- **Community Satisfaction Team (CST)**

- CST is an active organization in our community and offers individuals the opportunity to express their opinion about services. CST is also contracted to provide focus groups to the community it serves. Individual surveys have been created to assess the level of satisfaction for individuals utilizing CHIPP funded supports. Consumer Satisfaction Team has interviewed 346 individuals so far this fiscal year. In addition to surveys, 68 Crawford County residents have participated in Consumer Satisfaction Focus Group. These numbers represent VBH and base funded individuals.

- **Blended Case Management (BCM)**

- Blended Case Management has supported 12 older adults, 53 adults, 53 transition age adults and 32 children so far this fiscal year. These numbers represent VBH and base funded individuals.

- **Crisis services**

- Crawford County has crisis support in the form of telephone, walk-in and 24 hour mobile. Crisis services has responded, in some form, to over 1,111 crisis situations so far this fiscal year. These numbers represent VBH and base funded individuals.

- **Inpatient Mental Health (IPMH)**

- Crawford County has one Inpatient Mental Health treatment facility in our county. This facility accepts individuals 14 years old and older. Because of the age restriction, our community depends on surrounding Inpatient facilities for treatment options.

- **Emergency Mobile Community Outreach/Crisis**

- This support is available to Crawford County residents who may have experienced a trauma or personal loss and are in need of immediate assistance until more formal support can be put into place. This support has been utilized by one family in the current fiscal year.

- **Child and Adolescent Service System Program (CASSP)**

- Crawford County utilizes a CASSP Coordinator to improve and develop a comprehensive, coordinated and collaborative system of service to children/adolescents and their families with multi-system needs. There were 39 meetings facilitated by CASSP during the 17/18 FY.

- **Outpatient Mental Health**

This is an office-based treatment that is provided in an individual, family or group format that can include psychiatric evaluation, psychological evaluation, psychotherapy and medication management. There are many providers that offer this particular service in Crawford County.

### **Multi Systemic Therapy (MST)**

This level of care is evidence-based and is able to serve the target population of 10-17 year old incorrigible youth in hopes of keeping them stabilized and out of more restrictive placement. Family Services of Northwestern Pennsylvania served 26 children in the 17/18 FY.

### **Enhanced Mobile Therapy (EMT)**

EMT is a family-focused and community-based service designed to help families cope with significant stressors or problems that interfere with their ability to nurture and care for their child with emotional and behavioral problems. EMT served 12 children and families during the 17/18 FY.

### **Behavioral Health Rehabilitative Services (BHRS)**

This service is meant to help to provide the family and child the needed skills to keep the family together as a unit and to prevent more restrictive services. BHRS can be delivered in the home, school and community. BHRS services were provided to 556 children in the 17/18 FY by nine agencies.

### **Social Skills Group**

Social skills groups provide a safe setting where kids can learn and practice important life skills with the guidance of an experienced clinician. The Achievement Center has had no referrals during the 17/18 FY.

### **Parent Child Interaction Therapy (PCIT)**

PCIT is an evidence-based treatment for young children with emotional and behavioral disorders that place emphasis on improving the quality of the parent-child relationship and changing destructive parent-child interaction patterns. The Achievement Center has served an average of six families during the 17/18 FY.

### **Family Based Mental Health (FBMH)**

FBMH is the most intensive and comprehensive in-home service that is offered to children who are “at risk” of placement. Crawford County has two providers of this service. Family Services of Northwestern Pennsylvania served 35 families and The Achievement Center served 36 families during the 17/18 FY. A total of two of these families were funded through HSBG.

### **Trauma-Focused Cognitive Behavioral Therapy**

Over the past five years, Crawford County has been working to make our community more Trauma Informed. Several agencies in Crawford County offer Trauma Focused Cognitive Behavioral Therapy.

### **Student Assistance Program (SAP)**

The Student Assistance Program is a systematic process composed of professionals from various disciplines within the school districts and liaisons from community agencies. SAP served 245 children during FY 17/18.

### **Summer Therapeutic Activities Program (STAP)**

STAP is a summer program that is designed to help children continue developing strategies and skills to succeed at home, in school and in the community. The Achievement Center served 23 children during the 17/18 FY. Crawford County providers will no longer be providing this service for the summer of 2018.

### **School-Based Mental Health**

School-Based Mental Health programs serve children in grades K-7 who are MA eligible and meet the required medical necessity for behavioral health rehabilitation services. PENNCREST offers two programs (SOAR/ROAR) and Crawford Central offers three programs (SMART) in their school districts. SOAR served 23 children during the 17/18 FY. ROAR served 16 children during the 17/18 FY. SMART served 54 children during the 17/18 FY.

### **School-Based Outpatient**

Outpatient school-based services work with students who may require one or more of the following: Occasional mental health therapy, individual, family and/or group therapy or medication management. Regional Counseling in Titusville served 271 total children (28 HSBG funded) in the Titusville schools during the 16/17 FY. Parkside Psychological Associates served 115 in eight schools in Crawford County to treat Trauma during the 17/18 FY.

### **Community Resources Coordinator**

The Community Resource Coordinator provides supportive casework to children and their families, assists families in gaining access to community resources, collaborates with school personnel, parents, and community services regarding areas that impact the students learning as well as collaborates with community agencies and organizations to help families with their basic needs. Community Resource Coordinator served 110 students and their families during the 17/18 FY.

### **Child and Adolescent Psychiatric Partial Hospitalization**

Treatment received while at partial is comprehensive and includes psychiatric care and individual/family therapy. Bethesda Children's Home served 72 children during the 17/18 FY. Acute served 20 children 17/18 FY.

### **Mental Health Respite**

Crawford County Human Services offers short term respite for families who may need time to unwind from tending to their children with mental health diagnoses. YAP served 7 families and the ARC served one family during the 17/18 FY.

### **Therapeutic Family Care (Community Residential Rehabilitation – CRR)**

CRR is the provision of support services 24 hours a day to children/adolescents in an appropriately licensed home with highly trained adults who have been specifically trained to care for children with serious emotional disorders. There were no children placed in 17/18 FY. This was due to the fact that we did not have a provider of this service over the last year. We are currently in the process of finalizing an agreement for this service.

### **Residential Treatment Facility (RTF)**

This is the most restrictive form of treatment available for children who cannot remain in their home due to severe mental health and behavioral needs. There were a total of six children placed in RFT during the 17/18 FY.

### **Specialized Therapy**

Crawford County offers many different therapy treatment modalities that address specific mental health needs of a child such as RAD (Reactive Attachment Disorder) and Autism Spectrum Disorders.

*\*\*Numbers reported above include multiple funding streams and not just HSBG.*

#### ▪ **Needs:**

Crawford County has seen an increase of children ages 5 – 11 with more complex needs. Parents are struggling to handle the more intense issues of today's society. The county and the Block Grant Planning Committee are advocating for in-home parenting and respite to teach parents the skills to deal with their children's intense needs and to give them time to rejuvenate in order to help these children remain at home with least restrictive services.

The County has a limited number of Psychiatrists in the area who deal specifically with children's mental health issues. There are long waiting lists of up to three months to get a consumer in for an initial psychiatric evaluation and the time frame for a medication check is almost as long. This lack of services puts an undue burden on the consumer and may lead to the need for a higher level of care.

The County continues to see a lack of providers offering services for children/adolescents on the Autism Spectrum. There are times, due to the high level of behavioral problems with this population, that it is difficult to find higher levels of care when children are in crisis. The lack of inpatient hospitalizations, acute hospitalizations and RTFs to stabilize those on the Spectrum limit the options for parents, schools and service providers. We need to not only look at a way to better serve and treat this population, but to also look at giving parents support to continue to keep children in their home.

The need for assisting in preparing transition age children into adulthood continues to be a concern of the county. These children tend to be the ones who have been in the system and have poor relationships with their parents. We have seen that children between the ages of 16-18 years old are lacking the skills needed to transition into adulthood. This is most notable in children who have been placed outside of their home. Crawford County needs to continue to identify these children early and develop needed programs while working with the community providers and Children and Youth Services (CYS) to help this

population be successful adults. The county would like to see more programming in transfer of skills for families, to help in developing skills for parents and children to help assist in this transition.

One of the biggest challenges that the county faces with our children/adolescents is finding placements for those who experience more intense emotional, mental and behavioral issues. It has become a barrier to stabilizing children/adolescents and keeping them and their families safe. Many inpatient hospitals, RTFs, stabilization units and acute partials have had long waiting lists and children/adolescents with more intense needs fall as an outlier for their criteria. This is leading to the children/adolescents having to wait weeks and even months for treatment, while the families feel hopeless and unsafe.

Transportation in the rural areas and outside of Crawford County continues to be a barrier to treatment for those without reliable transportation resources and who do not qualify for MA transportation. This becomes a problem when a parent cannot get their child(ren) to appointments. A family is more likely to engage in treatment when transportation is not an issue.

There is a high need for least restrictive placement options for the children with more difficult behaviors and needs who do not require RTF level of care. CRR homes are a choice for families but, our county has a shortage of CRR homes for children with all levels of need. The CRR agencies need to market specifically for homes that are willing to take on more challenging children, and increase ways of helping natural parents learn the transfer of skills they need to get their child(ren) returned to their home.

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

- **Individuals transitioning out of state hospitals**

- **Strengths**: Crawford County has seen a dramatic increase in the number of individuals being referred and accepted to the state hospital for long term treatment. In spite of this, we are working hard to divert individuals by creating more community programs. This includes expanding the amount of staff hours spent assisting individuals at medication time and throughout the evening and weekends. The county has also recently looked to more providers to provide this support, thus giving individuals a choice in the agency they can work with. According to the current Crawford County census at Warren State Hospital, the average Length of Stay is 463 days. 2 of the 11 individuals' currently receiving care at the state hospital have been there for over two year. This is a dramatic decrease from years past.
- **Needs**: Crawford County Human Services is exploring more supported housing options in the community for individuals who are ready for discharge from the state hospital. Often times when an individual is "flagged" for discharge by the state hospital, there is a disconnect with what is realistic for the community to provide. A stepdown from the state hospital would be beneficial.

- **Co-occurring mental health/substance use disorder**
  - **Strengths:** Because of increase in need for the service, Crawford County Drug and Alcohol Executive Commission employ two Certified Recovery Specialists. A representative from the Drug and Alcohol Executive commission is a member of the Human Services Block Grant planning committee. Many of the treatment staff (minimum of 70%) at the Crawford County Drug & Alcohol Commission are trained to work with individuals who have a dual diagnosis. A few staff are or will be licensed as behavioral health therapists or have a history of employment as mental health therapists. Staff run a dual diagnosis group that addresses patient's addictions, how mental health issues can complicate a person's recovery, and ways to address them.
  - **Needs:** Crawford County Drug and Alcohol Executive Commission staff has a presence in the county jail. There is a need to expand services and supports to the inmate population at the jail.
  
- **Justice-involved Individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.
  - **Strengths:** Crawford County and several community providers have monthly meetings at the local correctional facility to ensure that individuals who have mental illness and are in need of aftercare appointments in the community are connected prior to release. Through this process we have been able to accomplish many things, but much work and collaboration is still to be done
  - **Needs:** Although there is an active CJAB in our community, we need to continue to advocate as much as possible any diversion opportunities.
  
- **Veterans**
  - **Strengths:** There is a veteran representative on our planning committee. He has been able to educate the planning committee on what supports are available to veterans. There seems to be an increase in the number of resources that are available to veterans. These resources include housing support like ECG VA, SSVF and HUD VASH vouchers. Crawford County Human Services has a screening process at intake to identify veterans.
  - **Needs:** Additional assessing and collaborating must occur to better understand the needs of this population and how to best serve their needs.
  
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**
  - **Strengths:** Human Services strives to help all people and treat them as an individual regardless of their sexual orientation. We do not assign labels. All Human Services staff has been trained and practice a Trauma Informed Care approach when helping

individuals. One of the Drop In Centers in our County has a consumer run support group for individuals who identify as Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex. The Human Services Block Grant survey that is distributed throughout the county includes this priority population. The results from the survey are utilized to dictate the planning teams' area of focus in the coming year.

- **Needs:** Ongoing training on the specific needs of individuals who identify themselves as Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex.

- **Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)**

- **Strengths:** Crawford County has a low minority population. With this being said, Human Services strives to help all individual meet their needs while keeping in mind a person's racial, ethnic, cultural and linguistic needs. All Human Services staff has been trained and practice a Trauma Informed Care approach when helping individuals. Crawford County Human Services is a member of the Crawford County System of Care (SOC) Partnership, and a participant in the PA SOC, Cultural and Linguistic Competency (CLC) program. This committee is looking at various ways to implement change in our communities. The Human Services Block Grant survey that is distributed throughout the county includes this priority population. The results from the survey are utilized to dictate the planning teams' area of focus in the coming year
- **Needs:** Continual awareness of the racial, ethnic and linguistic minorities in our county.

- **Other (specify), if any** (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury, Fetal Alcohol Spectrum Disorders)

- **Strengths:** Crawford County Human Services offered training on an Overview of Traumatic Brain Injury. This training was open to contracted providers as well.
- **Needs:** Continued training as needs are identified.

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

Yes     No

If yes, please describe the CLC training being used. Descriptions should include training content/topics covered, frequency training is offered, and vendor utilized (if applicable). If no, Counties may include descriptions of any plans to implement CLC Trainings in the future. (Limit of 1 page)

Crawford County Human Services is a member of the Crawford County System of Care (SOC) Partnership, and a participant in the PA SOC, Cultural and Linguistic Competency (CLC) program. At the training program that was to be implemented last year was postponed and is intended to occur this year. The dedicated members of the committee to develop and implement

the training services are working closely with the PA state Cultural and Linguistic Competency Coordinator.

**Does the county currently have any suicide prevention initiatives?**

Yes     No

If yes, please describe. Counties without current suicide prevention initiatives may also describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

In January 2011, Crawford County Human Services initiated the formation of a community organization known as the Crawford County Suicide Task Force. The mission of the Task Force is to help children, teens and adults at risk for suicide, as well as families and communities affected by suicide, through education, advocacy and support. The Task Force envisions a community where through compassion, open discussion, education, collaboration and support, suicide is prevented and help is available to those in need. The Task Force offers a monthly support group for those individuals that have lost a loved one to suicide. This is an open ended support group that is guided by the needs of the group. It is open to anyone and new members can join anytime. The group meets on the 2<sup>nd</sup> Tuesday of each month. The facilitators are peers who have experienced loss by suicide and want to help others cope with the loss of loved one. The Crawford County Suicide Task Force is comprised of a Steering Committee, which consists of fifteen to twenty individuals who represent a community service agency and/or are a youth or adult community member with lived experience of being impacted by suicide. This Steering Committee meets monthly and organizes outreach, education and support opportunities for our greater community. The Task Force also has a group of individuals that make themselves available to provide support in times of need at the request of the family.

**c) Supportive Housing:**

DHS’ five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation.

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

**SUPPORTIVE HOUSING ACTIVITY** *Includes Community Hospital Integration Projects Program (CHIPPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year FY17-18 is not expected until next year)***

| <b>1. Capital Projects for Behavioral Health</b>   |  |   |   | <input type="checkbox"/> Check if available in the county and complete the section. |   |                             |   |  |                            |
|--|--|---|---|---|---|-----------------------------|---|--|----------------------------|
| <b>Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).</b> |  |   |   |   |   |                             |   |  |                            |
| Project Name   | *Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for FY 16-17<br>(only County MH/ID dedicated funds) | Projected \$ Amount for FY 18-19<br>(only County MH/ID dedicated funds) | Actual or Estimated Number Served in FY 16-17                                       | Projected Number to be Served in FY 18-19 | Number of Targeted BH Units | Term of Targeted BH Units<br>(ex: 30 years) |  | Year Project first started |
| N/A  |  |   |   |   |   |                             |   |  |                            |
| Notes:   |  |   |   |   |   |                             |   |  |                            |

| <b>2. Bridge Rental Subsidy Program for Behavioral Health</b>   |   |                              |                                  | <input checked="" type="checkbox"/> Check if available in the county and complete the section. |   |  |  |   |                            |
|---|---|------------------------------|----------------------------------|--|---|--|--|---|----------------------------|
| <b>Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</b> |   |                              |                                  |  |   |  |  |   |                            |
|   | *Funding Sources by Type (include grants, federal, state & local sources)   | Total \$ Amount for FY 16-17 | Projected \$ amount for FY 18-19 | Actual or Estimated Number Served in FY 16-17  | Projected Number to be Served in FY 18-19 | Number of Bridge Subsidies in FY 16-17 | Average Monthly Subsidy Amount in FY 16-17 | Number of Individuals Transitioned to another Subsidy in FY 16-17 | Year Project first started |
| Child to Family Connections transitional apartments   | County and State  | \$42, 724.46                 | \$56,333.00                      | 7 Actual   | 8   |  |  | 2   | 2016                       |
| CHIPP Diversionary housing  | CHIPP and County  | \$129,327.27                 | \$186,488.64                     | 16 Actual  | 25*                                       |  |  | 2*  | 2014                       |
| Green Street Transitional apartment   | CHIPP and County  | \$12,530.45                  | \$12,530.45                      | 6 Actual   | 7   |  |  | 6   | 2001                       |
| BRIDGES temporary apartments  | County and State  | \$27,790.35                  | \$54,904.50                      | 12 Actual  | 21  |  |  | 9   | 2016                       |
| NW3 CHIPP house   | CHIPP and County  | \$66,768.22                  | \$61, 110.42                     | 1 Actual   | 1   |  |  | 0   | 2015                       |
| Notes:  | *The CHIPP Diversionary housing projects funding amount includes the staff support provided in the diversionary housing as well as to those living in a private residence but still have a need for ongoing support in order to avoid |                              |                                  |  |   |  |  |   |                            |

|  |   |
|--|---|
|  | needing a more restrictive level of care. |
|--|---|

|   |  |
|---|--|
| <b>3. Master Leasing (ML) Program for Behavioral Health</b> | <input checked="" type="checkbox"/> Check if available in the county and complete the section. |
|---|--|

**Leasing units from private owners and then subleasing and subsidizing these units to consumers.**

|   | *Funding Source by Type (include grants, federal, state & local sources) | Total \$ Amount for FY 16-17 | Projected \$ Amount for FY 18-19 | Actual or Estimated Number Served in FY 16-17 | Projected Number to be Served in FY 18 –19 | Number of Owners/ Projects Currently Leasing | Number of Units Assisted with Master Leasing in FY 16-17 | Average subsidy amount in FY 16-17 | Year Project first started |
|---|--|------------------------------|----------------------------------|---|--|--|--|------------------------------------|----------------------------|
| MH re-investment master lease apartment | Re-investment funds from NW Behavioral Health Partnership                | 0                            | \$7,795.00                       | 0   | 5  | 1  | 0  | 0                                  | 2018                       |

|        |  |
|--------|--|
| Notes: |  |
|--------|--|

|   |   |
|---|---|
| <b>4. Housing Clearinghouse for Behavioral Health</b> | <input type="checkbox"/> Check if available in the county and complete the section. |
|---|---|

**An agency that coordinates and manages permanent supportive housing opportunities.**

|     | *Funding Source by Type (include grants, federal, state & local sources) | Total \$ Amount for FY 16-17 | Projected \$ Amount for FY 18-19 | Actual or Estimated Number Served in FY 16-17 | Projected Number to be Served in FY 18-19 |  |  | Number of Staff FTEs in FY 16-17 | Year Project first started |
|-----|--|------------------------------|----------------------------------|---|---|--|--|----------------------------------|----------------------------|
| N/A |  |                              |                                  |   |   |  |  |                                  |                            |

Notes:

**5. Housing Support Services for Behavioral Health**  Check if available in the county and complete the section.

**HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.**

|  | *Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for FY 16-17 | Projected \$ Amount for FY 18-19 | Actual or Estimated Number Served in FY 16-17 | Projected Number to be Served in FY 18-19 |  |  | Number of Staff FTEs in FY 16-17 | Year Project first started |
|--|--|------------------------------|----------------------------------|---|---|--|--|----------------------------------|----------------------------|
| Homeless Support Services                | County and State   | \$78,485.95                  | \$78,485.95                      | 211   | 155                                       |  |  | 2.7                              | 1999                       |
| Diversion beds                           | CHIPP and County   | \$5,240.00                   | \$6,000.00                       | 30  | 30  |  |  | 20                               | 2001                       |
| Dom Care Respite                         | CHIPP and County   | \$5,000.00                   | \$5,000.00                       | 3   | 3   |  |  | .25                              | 2015                       |
| MH reinvestment housing support services | Re-investment funds from NW Behavioral Health Partnership                    | \$0                          | \$5,599.00                       | 0   | 5   |  |  | 3                                | 2018                       |

Notes:

| <b>6. Housing Contingency Funds for Behavioral Health</b>   |  |                              |                                  | <input checked="" type="checkbox"/> Check if available in the county and complete the section. |   |  |  |                                       |                            |
|---|--|------------------------------|----------------------------------|--|---|--|--|---------------------------------------|----------------------------|
| <b>Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.</b> |  |                              |                                  |  |   |  |  |                                       |                            |
|   | *Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for FY 16-17 | Projected \$ Amount for FY 18-19 | Actual or Estimated Number Served in FY 16-17  | Projected Number to be Served in FY 18-19 |  |  | Average Contingency Amount per person | Year Project first started |
| MH re-investment contingency fund for United Way of the Titusville Region   | Re-investment funds from NW partnership                                      | \$0                          | \$32,305.50                      | 0  | 36  |  |  |                                       | 2018                       |
| MH re-investment contingency fund for United Way of Crawford County   | Re-investment funds from NW partnership                                      | \$0                          | \$32,305.50                      | 0  | 84  |  |  |                                       | 2018                       |
| MH re-investment contingency fund for CHAPS   | Re-investment funds from NW partnership                                      | \$0                          | \$7,000.00                       | 0  | 35  |  |  |                                       | 2018                       |
| Housing funds to support (short term) individuals being released from   | CHIPP  | 0                            | \$3,000.00                       | 0  | 4   |  |  |                                       | 2017                       |

|               |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|
| incarceration |  |  |  |  |  |  |  |  |  |
| Notes:        |  |  |  |  |  |  |  |  |  |

|   |  |
|---|--|
| <b>7. Other: Identify the Program for Behavioral Health</b> | <input checked="" type="checkbox"/> Check if available in the county and complete the section. |
|---|--|

**Project Based Operating Assistance (PBOA)** is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); **Fair-weather Lodge (FWL)** is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); **CRR Conversion** (as described in the CRR Conversion Protocol ), **other.**

| Project Name<br>(include type of project such as PBOA, FWL, CRR Conversion, etc.) | *Funding Sources by Type (include grants, federal, state & local sources) | Total \$ Amount for FY 16-17 | Projected \$ Amount for FY 18-19 | Actual or Estimated Number Served in FY 16-17 | Projected Number to be Served in FY 18-19 |  |  | Year Project first started |
|---|---|------------------------------|----------------------------------|---|---|--|--|----------------------------|
| Fair-weather Lodge/PATH   | County, State and Federal   | \$56,944.00                  | \$62,783.00                      | 49  | 56  |  |  | 2003                       |

|        |  |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|--|
| Notes: |  |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|--|

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

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 18-19 at current funding levels. For **each** transformation priority, provide:

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

**1. (Identify Priority)**

**Narrative including action steps:** The lack of psychiatric availability has been a long time problem in Crawford County. The county has a limited number of Psychiatrists to provide evaluation and medication check services for both adults and children. There is a long waiting list of up to three months to get a consumer in for an initial evaluation, and getting them in for a medication check takes almost as long. This lack of services puts a burden on the consumer and may lead to a higher level of care becoming necessary. The county has been working with the providers, SWBHM and Beacon Health Options to come up with a solution to this problem. We do have Providers who are willing to look into the possibility of providing Tele-Psych services. However, we are in the beginning stages of investigating this option.

**Timeline:** The Human Services Block Grant planning committee is looking at Psychiatric services as a goal that can be worked on for this fiscal year. Recruiting psychiatrists is going to need to be an ongoing process to ensure that psychiatric services are available to consumers in a timely manner in Crawford County.

**Fiscal and Other Resources:** No fiscal resources have been identified at this time. If fiscal issues become apparent, Crawford County will work to resolve any barriers.

**Tracking Mechanism:** Crawford County Human Services determined that in order to better understand what constitutes “lack of psychiatric time” we needed to get a baseline of data around the time gap between the time a person is referred to a psychiatrist, has their intake and then actually meets with the psychiatrist. We are reaching out to our contracted psychiatric provider to get a baseline from fiscal year 2017-2018. We will also be tracking the same data on a quarterly basis for FY 2018-2019. We will also be noting any factors that may affect the data, such as new psychiatrists that are hired. The information will be recorded on a spreadsheet and reported periodically to the Human Services Block Grant planning members. Below is a smaller version of the spreadsheets.

FY 2017-2018

| Referral Date | Intake Date | Appointment date with Psych Dr. / Doc's name | comments |
|---------------|-------------|--|----------|
|---------------|-------------|--|----------|

FY 2018-2019

| Referral Date | Intake Date | Appointment with Psych Dr. | comments |
|---------------|-------------|----------------------------|----------|
|---------------|-------------|----------------------------|----------|

## 2. (Identify Priority)

**Narrative including action steps:** The need to assist transition age children from child into adult MH services continues to be a concern of the county. Crawford County has seen that children between the ages of 16-18 years old are lacking the skills necessary to transition successfully into adulthood. Crawford County needs to continue to identify these children early and develop needed programs, in conjunction with community providers and Children and Youth Services, to help this population prepare for this transition. The county would like to see more programming that includes transference of skills to help families assist and prepare these children for a smooth transition into adulthood.

**Timeline:** The Human Services Block Grant committee has begun discussions about services for transition age youth being a goal to work on in the upcoming fiscal year. The committee meets every month and will continue to look at this need to determine the path that we would like to take to address these issues. The adult and child Program Specialists have been teaming these children earlier to help them to successfully transition into adulthood. This teaming process will continue.

**Fiscal and Other Resources:** No fiscal resources have been identified at this time. If fiscal issues become apparent, Crawford County will work to resolve any barriers.

**Tracking Mechanism:** Crawford County Human Services has Blended Case Management, Intellectual Disabilities and the CASSP system of care under our agency umbrella. We determined that looking at and reaching out to these three supports would be the most effective and meaningful way to meet this priority. Blended Case Managers and Intellectual Disability Supports Coordinators are identifying consumers on their caseload that are age 16, 17 and 18. Once identified, the Blended Case Manager/ Supports Coordinator will include the two County Mental Health Program Specialist in any team meetings where transition to adult supports will be discussed. The Program Specialists will also keep track of any factors that may influence that data. The CASSP coordinator will also report any transition team meetings. This information will be shared with the Block Grant planning team members periodically. Below is a smaller version of the tracking spreadsheet. New programs specific to this priority will be reported.

FY 2018-2019

| Name of individual | Age (DOB) | Category (BCM/ID/ CASSP) | Date of meeting | Outcome | Comments |
|--------------------|-----------|--------------------------|-----------------|---------|----------|
|--------------------|-----------|--------------------------|-----------------|---------|----------|

### 3. (Identify Priority)

**Narrative including action steps:** Crawford County is a very rural county and services and supports are generally located in the two main towns in the county. Although many of the supports provided by Crawford County Human Services are mobile, our contracted outpatient clinic is not. This, compounded with the transportation restrictions put upon providers and a limited public transportation system creates a myriad of barriers for individuals. Ways to improve on or build a more realistic transportation infrastructure seems to always dominate any collaborative meeting between community partners. The Mental Health Block Grant planning committee has once again placed transportation on its annual survey to the community. Once the survey is returned and if transportation is identified as one of the top priorities, the Planning committee will address this in the monthly meetings. The County System of Care committee has also identified that they will be looking at transportation and has invited Crawford County Human Services to be part of their ongoing research into improving transportation. This partnership between the two will continue for the remainder of the current fiscal year as well into the new fiscal year.

**Timeline:** The annual survey that was sent to the community to help the Human Services Block Grant planning committee identify a new focus for the coming fiscal year will be collected in June and analyzed by the planning committee. If Transportation becomes the new focus the Planning committee will dedicate monthly meetings to exploring ways to improve or build realistic transportation opportunities. A representative will attend all System of Care meeting regarding transportation.

**Fiscal and Other Resources:** No fiscal resources have been identified at this time. If fiscal issues become apparent, Crawford County will work to resolve any barriers.

**Tracking Mechanism:** Crawford County Human Services recently awarded a grant through the Human Services Development Fund (HSDF) and Systems of Care (SOC) to expand and continue the Crawford Area Transportation Authority (CATA) transportation routes. The expansion and addition of a new route will allow all individuals of the county better access to public transportation. Through the grant, several outcomes will be tracked and reported on when available. Crawford County Human Services is also part of a workgroup through the Southwest Behavioral Health Management (SWBHM) and Northwest Behavioral Health Partnership (NWBHP) that is looking at the root cause analysis of transportation barriers and possible solutions. As requested, transportation options in our County has been reported to the two entities and we are awaiting direction of what the next step is. All information is shared with the Human Services Block Grant committee members.

### 4. (Identify Priority)

**Narrative including action steps:** For several years, Crawford County Human Services has seen a decline in the number of consumers, family members and advocates involved with the Human Services Block Grant planning committee. For this reason, we want to increase their attendance so that we can make sure the supports we are creating are the actual supports that will be utilized by the population we are trying to support. Crawford County Human Services is actively reaching out to consumer groups, family advocates, support groups, individuals and providers to see if there is interest in attending the meetings. We will also be advertising at our regularly scheduled provider meetings and other relevant meetings.

**Timeline:** There is no timeline for completion as this is an ongoing transformation project

**Fiscal and Other Resources:** No fiscal resources have been identified at this time. If fiscal issues become apparent, Crawford County will work to resolve any barriers.

**Tracking Mechanism:** Crawford County Human Services will be placing a flyer in the county newspapers inviting community members to attend the Human Services Block Grant Planning meetings. Flyers will also be distributed to agencies and public places to invite people to the meetings. Finally, we have modified our planning meeting sign in sheet so attendees can indicate if they are attending the meeting as a family member, consumer, agency or other. See an example of the sign in sheet below:

Human Services Block Grant planning meeting

| Name | Family member | Consumer | Agency | Other | Email/phone |
|------|---------------|----------|--------|-------|-------------|
|------|---------------|----------|--------|-------|-------------|

**e) Existing County Mental Health Services:**

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

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

\*HC= HealthChoices

**f) Evidence Based Practices Survey:**

| Evidenced Based Practice                                | Is the service available in the County/ Joinder? (Y/N) | Current number served in the County/ Joinder (Approx) | What fidelity measure is used?             | Who measures fidelity? (agency, county, MCO, or state) | How often is fidelity measured? | Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N) | Is staff specifically trained to implement the EBP? (Y/N) | Additional Information and Comments |
|---|--|---|--|--|---------------------------------|--|---|-------------------------------------|
| Assertive Community Treatment                           | No   |   |  |  |                                 |  |   |                                     |
| Supportive Housing                                      | Yes  | 165   | None                                       | Agency and County                                      | Annually                        | Yes  | No  |                                     |
| Supported Employment                                    | Yes  | 42  | Clubhouse modeled after SAMHSA EBP toolkit | Agency, County and PATH                                | Annually                        | Yes  | Yes   |                                     |
| Integrated Treatment for Co-occurring Disorders (MH/SA) | No   |   |  |  |                                 |  |   |                                     |
| Illness Management/ Recovery                            | No   |   |  |  |                                 |  |   |                                     |
| Medication Management (MedTEAM)                         | No   |   |  |  |                                 |  |   |                                     |
| Therapeutic Foster Care                                 |  |   |  |  |                                 |  |   |                                     |
| Multisystemic Therapy                                   |  |   |  |  |                                 |  |   |                                     |
| Functional Family Therapy                               |  |   |  |  |                                 |  |   |                                     |
| Family Psycho-Education                                 |  |   |  |  |                                 |  |   |                                     |

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

To access SAMHSA's EBP toolkits:

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

**g) Additional EBP, Recovery Oriented and Promising Practices Survey:**

| Recovery Oriented and Promising Practices                 | Service Provided (Yes/No) | Current Number Served (Approximate) | Additional Information and Comments |
|---|---------------------------|-------------------------------------|-------------------------------------|
| Consumer/Family Satisfaction Team                         | Yes                       | 346                                 |                                     |
| Compeer   | No                        |                                     |                                     |
| Fair-weather Lodge  | Yes                       | 12                                  |                                     |
| MA Funded Certified Peer Specialist- Total**              | Yes                       | 75                                  |                                     |
| CPS Services for Transition Age Youth                     | Yes (18-26)               | 11                                  |                                     |
| CPS Services for Older Adults                             | Yes (60+)                 | 11                                  |                                     |
| Other Funded Certified Peer Specialist- Total**           | Yes                       | 11                                  |                                     |
| CPS Services for Transition Age Youth                     | Yes (18-26)               | 1                                   |                                     |
| CPS Services for Older Adults                             | Yes (60+)                 | 8                                   |                                     |
| Dialectical Behavioral Therapy                            | Yes                       | Unable to determine                 |                                     |
| Mobile Meds   | Yes                       | 100                                 |                                     |
| Wellness Recovery Action Plan (WRAP)                      | Yes                       | 6                                   |                                     |
| High Fidelity Wrap Around/Joint Planning Team             |                           |                                     |                                     |
| Shared Decision Making                                    |                           |                                     |                                     |
| Psychiatric Rehabilitation Services (including clubhouse) | Yes                       | 154                                 |                                     |
| Self-Directed Care  |                           |                                     |                                     |
| Supported Education                                       |                           |                                     |                                     |
| Treatment of Depression in Older Adults                   |                           |                                     |                                     |
| Consumer Operated Services                                | Yes                       | 710                                 | 2 Drop In Centers                   |
| Parent Child Interaction Therapy                          |                           |                                     |                                     |
| Sanctuary   |                           |                                     |                                     |
| Trauma Focused Cognitive Behavioral Therapy               |                           |                                     |                                     |
| Eye Movement Desensitization And Reprocessing (EMDR)      |                           |                                     |                                     |
| First Episode Psychosis Coordinated Specialty Care        |                           |                                     |                                     |

|                 |  |  |  |
|-----------------|--|--|--|
| Other (Specify) |  |  |  |
|-----------------|--|--|--|

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

\*\*Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below

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

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

**h) Certified Peer Specialist Employment Survey:**

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

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

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

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

|  |          |
|--|----------|
| <b>Total Number of CPSs Employed</b>       | <b>7</b> |
| <b>Number Full Time (30 hours or more)</b> | <b>1</b> |
| <b>Number Part Time (Under 30 hours)</b>   | <b>6</b> |

**INTELLECTUAL DISABILITY SERVICES**

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

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

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

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

The 2018-2019 Human Service Block Grant (HSBG) will allow Crawford County to provide a continuum of service to meet the needs of our ID population. The Center for Medicaid Services (CMS) approved the Medicaid Waiver Agreement, effective July 1, 2017. Within the Waiver Agreement, the Office of Developmental Programs (ODP) included eligibility criteria to cover ID; Autism Spectrum Disorders (ASD); and Children less than 9 years of age with developmental disabilities with a high probability of being intellectually disabled or on the Autism Spectrum (DD). Individuals, who meet eligibility criteria for ID, and/or ASD, or DD, become eligible for Person/Family Directed Service (PFDS), Consolidated Waiver or the new Community Living Waiver through the Office of Developmental Programs.

It has been Crawford County's intention to open HSBG funded service options to individuals eligible for ID, ASD, and DD. However, it is our understanding that the MH/MR Act of 1966 limits ID categorical state funding to be used for ID only. With the development of the Human Services Block Grant, the MH and ID state funding categoricals are merged. It is Crawford's hope that this merging will allow HSBG funding to be used for both ID and Autism. Until this is confirmed by ODP (question posed by Crawford County/AE via email to the [ra-pwhsblockgrant@pa.gov](mailto:ra-pwhsblockgrant@pa.gov) mailbox), Crawford will continue to follow the MH/MR Act of 1966 and utilize ID state funding to support only individuals eligible for ID. Individuals eligible for DD will NOT be eligible to receive HSBG funding until a confirmed ID or ASD diagnosis is obtained. NOTE: Please see Appendix C-1, Intellectual Disabilities Services, Other – Crawford's five eligible ASD individuals are identified with \$1 associated with the HSBG Planned Expenditures (because a \$0 entry caused an error on the chart.)

HSBG-funded services will provide individuals eligible for ID, regardless of their funding stream, with available support to meet their urgent or emergency health and safety needs as situations arise throughout the year. HSBG-funded support will be used in conjunction with other community-based services and/or financial assistance programs to support individuals experiencing urgent or emergency situations, either temporary or long term, based upon need. Community-based services and/or financial assistance programs to support individuals experiencing urgent or emergency situations, either temporary or long term, will be sought for Individuals eligible for ASD until further clarification regarding the MH/ID Act of 1966 is received.

HSBG funding provides eligible individuals with a sense of belonging, self-worth, and self-improvement by offering a wide variety of service. In turn, individuals have the support they require to be successful within in their homes/communities and are less likely to become involved in other service systems (Judicial, Children and Youth, Mental Health, or Drug & Alcohol.) HSBG-funded services allow individuals to achieve “Everyday Lives” and maintain success in the least restrictive environment possible.

The Crawford County ID program offers a variety of existing services through the HSBG. All HSBG approved service is contingent upon a formal or informal assessed need and is based upon individual need and funding availability. All HSBG-funded services are available to all individuals who are eligible for ID, including but not limited to: children, young adults leaving high school, Early Periodic Screening and Diagnostic Treatment (EPSDT) recipients, inmates, Residential Treatment Facility (RTF) residents, Adult Protective Service placements, Children and Youth recipients, nursing home residents, as well as individuals being discharged from private and state Intermediate Care Facility (ICF)/Intellectual Disability (ID) centers.

Crawford County supports a total of 524 individuals with ID, ASD. This includes individuals partially served in the fiscal year that have since transferred to another county or closed with our services. Closures include individuals who have rejected our service, moved out of state, have been deemed ineligible, or have passed. We anticipated a large influx of new individuals due to the addition of the autism and DD target groups in the waiver renewal. However, we did not see a large increase. As a result, we do anticipate a slight growth in the program for FY 18-19. Since Crawford County has not utilized HSBG funding for individuals with ASD only, these individuals will be captured in the second chart below. The following chart identifies the HSBG-funded services that ODP has identified to help achieve the goal of an Everyday Life for all individuals:

**Individuals Served**

|   | <i>Estimated<br/>Individuals<br/>served in<br/>FY 17-18</i> | <i>Percent of<br/>total<br/>Individuals<br/>Served</i> | <i>Projected<br/>Individuals to<br/>be served in<br/>FY 18-19</i> | <i>Percent of<br/>total<br/>Individuals<br/>Served</i> |
|---|---|--|---|--|
| Supported Employment                                      | 0   | 0%   | 1   | <.1%   |
| CPS at a 2390 licensed facility (formerly pre-vocational) | 5   | <1%  | 4   | <1%  |

|  |    |     |    |      |
|--|----|-----|----|------|
| CPS at a 2380 licensed facility (formerly Adult training Facility) | 0  | 0%  | 0  | 0%   |
| Base Funded Supports Coordination                                  | 38 | 7%  | 40 | 7%   |
| Residential (6400)/unlicensed                                      | 0  | 0%  | 0  | 0%   |
| Life sharing (6500)/unlicensed                                     | 0  | 0%  | 0  | 0%   |
| PDS/AWC  | 0  | 0%  | 1  | <.1% |
| PDS/VF   | 0  | 0%  | 0  | 0%   |
| Family Driven Family Support Services                              | 57 | 11% | 60 | 11%  |

The below chart identifies additional HSBG funded service that is available in Crawford County for eligible ID individuals:

FY17-18 TOTAL UNDUPLICATED ID/ASD/DD INDIVIDUALS SERVED IN CRAWFORD COUNTY: 524

| Service   | Individuals 524 served in FY17-18: |  | Projected 526 Individuals to be served in FY18-19: |  |
|---|------------------------------------|--|--|--|
|   | Individuals served in FY17-18      | % of total individuals served in FY17-18 | Projected individuals to be served in FY18-19      | % of total individuals to be served in FY18-19 |
| In-Home and Community Support (unlicensed)            | 24                                 | 4.5 %                                    | 28   | 5.3 %  |
| **Drop-In Center through The Arc of Crawford County   | 124                                | 24 %                                     | 130  | 25%  |
| **OASIS Club through The Arc of Crawford County       | 124                                | 24 %                                     | 130  | 25 %   |
| Quality Living Center (PCBH) Group                    | 6                                  | 1.2 %                                    | 6  | 1.1 %  |
| Domiciliary Care                                      | 13                                 | 2.5 %                                    | 13   | 2.5 %  |
| Rep Payee Services (via Base Not Otherwise Specified) | 86                                 | 16.4%                                    | 90   | 17.1%  |

|  |    |        |    |        |
|--|----|--------|----|--------|
| Recreation/Leisure Time Activities (camps)   | 30 | 5.7 %  | 35 | 6.7 %  |
| Companion Service  | 2  | < .4 % | 2  | < .4 % |
| Assistive Technology (non-medical)   | 2  | .4 %   | 0  | 0 %    |
| Home Accessibility Adaptation  | 0  | 0 %    | 0  | 0 %    |
| Vehicle Accessibility Adaptation   | 1  | < .2 % | 0  | 0 %    |
| Behavior Support   | 0  | 0 %    | 0  | 0 %    |
| Family Aide  | 1  | < .2 % | 0  | 0 %    |
| Daily Respite  | 0  | 0 %    | 0  | 0%     |
| Support (Medical Environment)  | 8  | 1.5 %  | 5  | <1 %   |
| Transportation (Zone, mile, public)  | 0  | 0 %    | 0  | 0%     |
| Admin Fees for processing purchases of camps, assistive technology, and vehicle modifications, etc.)                   | 8  | 1.5 %  | 5  | < 1%   |
| Determination of Eligibility (testing or obtaining from SS)  | 3  | .6 %   | 3  | .6 %   |
| Court Ordered Competency Evaluations   | 0  | 0 %    | 0  | 0 %    |
| Safety Evaluations   | 0  | 0 %    | 0  | 0 %    |
| Court Hearings   | 0  | 0 %    | 0  | 0 %    |
| Specialized Consultation from Dr. Ruth Ryan/Myers for complicated/challenging individuals                              | 0  | 0 %    | 1  | .2%    |
| Emergency Support (residential or otherwise) due to unanticipated death of caregiver, neglect/abuse/exploitation, etc. | 0  | 0 %    |    | 0 %    |
| Language Translation (American Sign Language & Mandarin Chinese)   | 5  | 1 %    | 10 | 1.9 %  |
| Individuals eligible for ASD but not yet identified as eligible for HSBG funds   |    |        | 5  | 10     |
| Individuals eligible for DD but not eligible for HSBG  | 0  | 0 %    | 0  | 0 %    |
| *HCQU Trainings and Technical Assistance   | 15 | 2.9 %  | 18 | 3.4 %  |

\* *HSBG monies for Health Care Quality Units (HCQU) do not stream through Crawford County Administrative Entity (AE) and are not identified on Crawford AE's HSBG allocation. HCQUs are funded through Butler AE and service 9 Western Region Counties (Butler, Crawford, Mercer, Venango, Clarion, Armstrong, Indiana, Lawrence and Beaver.) The reported count in the above graph includes Crawford County individuals only (individuals may be duplicated.) Provider staff attendance is not captured. Individuals and staff greatly benefit from the HSBG-funded HCQU service and training.*

\*\* *Programs utilize a "use-it or lose-it" philosophy. After an individual has NOT utilized HSBG program funded service for a full year, they lose their authorization for the next fiscal year and must go thru their Supports Coordinator (SC) to request the service again. The numbers represent a duplicated count as individuals may receive more than one of the identified services.*

\*\*\* *Base funding is used for SC travel associated with 519 out of the 524 individuals eligible and active individuals as well as all SC service delivered to individuals in hospitals, temporary nursing home placements (5 out of 524 individual are ASD only.) The number shown in the first graph above shows individuals receiving SC Only service on a long term basis (not eligible for Targeted Service Management (TSM) service - such as long term nursing home, all ICF/ID placements and/or individuals not eligible for medical assistance.)*

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

- Please describe the services that are currently available in your county such as discovery, customized employment, etc.
- Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.
- Please add specifics regarding the Employment Pilot if your county is a participant.

In FY17-18, 26 unduplicated individuals, nearly 5% of all ID eligible individuals, work in a variety of capacities within the community. Out of the 26 individuals, 21 (81%) have been competitively employed and do not require support in order to maintain their competitive employment status. Five of the 26 Crawford individuals (19%) utilized the components of Supported Employment: Career Assessment, Job Find/Development, and Job Support. All five individuals receive waiver funding. Of the five, two individuals used Career Assessment, three Job Find/Job Development, and three Job Support. One of the five is currently competitively employed with no support. The other four individuals have not found employment but continue to receive components of Supported Employment in an attempt to locate employment. Twenty out of the 26 unduplicated individuals currently receive waiver services. The other six individuals are competitively employed and do not require HSBG funding to support their employment

Eligible Crawford County individuals have not presented a need for HSBG-funded Supported Employment within the past year. Crawford County strives first to ensure health/safety with limited HSBG funding. “Employment First” is a crucial part of individual’s lives; however, employment is a secondary concern after health/safety needs. In order to promote growth in competitive employment, Crawford completes a specific process when individuals express a desire for employment. First, OVR referral is submitted to initiate a vocational assessment. If OVR accepts the individual, job training commences with OVR. When OVR fades their support and the individual presents an ongoing need for supported employment, the individual’s Prioritization of Urgency of Needs (PUNS) is updated to reflect the need. HSBG-funded supported employment may be requested to help support the individual in maintaining their employment until long-term waiver funding can be obtained. HSBG funding follows the waiver-funded Supported Employment guidelines in that an individual must follow through with the OVR assessment and OVR training before Crawford County will consider offering HSBG funded Supported Employment.

Many of Crawford County's local providers have become certified to provide Supported Employment (which includes Career Assessment, Job Find/Development, and Job Coaching/Job Support.) In addition, Crawford County's local providers are considering offering Advanced Supported Employment (which includes Discovery, Job Acquisition, and Job retention) but their staff must meet all of ODP's certification and educational standards before this service can be offered. In meeting with our local providers, the recurring request is to have the certification and educational classes provided closer to Western Pennsylvania so that staff are not burdened with excessive travel to meet ODP qualifying standards. To date, seven local providers are eligible to provide Supported Employment and one of our local providers is qualified to provide Advanced Supported Employment. With consideration of the Supported Employment and Advanced Supported Employment state-set reimbursement rates, HSBG funding would be able to offer minimal support. Long term or full-time support would not be able to be sustained using HSBG funding. Crawford County is not an employment pilot but does strive to incorporate "Everyday Lives" and "Employment First" to meet individual's ongoing needs as funding allows.

Through OVR's Early Reach Initiative, OVR meets with all school students to talk about interview skills, how to dress for interviews, job availability, job skills, etc. The Education Department offers the Segway Program which helps prepare students to transition to community employment by offering hands-on practice at a variety of local businesses as a group. They practice job skills as well as have guidance regarding work dress, conduct, responsibilities, communication, etc. Local Crawford County schools also offer Transition Fairs where a variety of local businesses, colleges, providers, and Crawford's Supports Coordination Organization (SCO) attend to meet/greet with soon-to-be Crawford graduates and underclassmen. This allows for ample time to plan for graduate waiver initiatives for individuals aging out of the school programs.

### **Supports Coordination:**

- Describe how the county will assist the supports coordination organization (SCO) to engage individuals and families in a conversation to explore the communities of practice /supporting families model using the life course tools to link individuals to resources available to anyone in the community.
- Describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.  
Describe the collaborative efforts the county will utilize to assist SCO's with promoting self-direction.

Thirty-eight non-duplicated individuals benefit from HSBG-funded Supports Coordination service. SC service includes locating, coordinating, and monitoring services/supports for individuals who are not eligible for waiver services or targeted case management coverage due to their financial resources, or residential placements (i.e. nursing facilities, hospitalizations, jail, state centers, and private ICF/ID centers). Most HSBG funding is utilized during transition times out of facilities and includes SC functions such as planning meetings, community visits with potential providers, and provider review and selection processes. These SC responsibilities will continue to occur as needs arise and will continue to be funded with HSBG monies, as needed. There are occasions when

individuals have not been deemed eligible for medical assistance (MA) upon opening with SC services, and there are periods of ineligibility for individuals due to the lack of individual/family follow-through during the Department of Human Services (DHS) reapplication process. The SC does assist the individual/family with the application/reapplication processes but lapses in coverage still occur and are covered with HSBG funding. Until the individual is deemed eligible for medical assistance, all SC functions are funded by the Human Service Block Grant. The exception to this general rule is individuals eligible for ASD are not currently able to receive state ID funding. Until clarification is obtained regarding the use of state HSBG funds for ASD individuals, Crawford County will continue to follow the MH/ID Act of 1966. All SC Travel, with the exception of SC travel for Crawford's five eligible ASD individuals, for individuals open with ID service is covered by the HSBG. SC Travel on behalf of the 519 eligible individuals is not captured in the above tables. Crawford anticipates that ASD will be covered by the HSBG in FY 18-19. No other changes in SC HSBG-funded service delivery are anticipated for FY18-19. SC services will continue to meet the needs of ID, and hopefully ASD, eligible individuals not eligible for Waiver Supports Coordination or Targeted Service Management (TSM).

Crawford County encourages Supports Coordination Organizations (SCO) to communicate with families about the importance of finding natural supports within the community (churches, businesses, neighborhood events, etc.) rather than relying only on paid supports. When paid supports are needed, SC's are required to ensure individual's needs are identified on Prioritization of Urgency of Needs (PUNS) and updated as needed, at least annually. Crawford County management and Program Specialists meet weekly with local SCO supervisors to identify urgent needs, issues/concerns, and prioritize individuals identified on the PUNS waiting list. As individuals are identified to enroll into waiver vacancies, SCs discuss service options with individuals/families that include traditional agency services as well as Participant Directed Services such as Agency With Choice Financial Management Services and Vendor Fiscal Financial Management Services.

Crawford County has met with SCs and providers on multiple occasions over the past 1 ½ years in order to ensure all staff are focused on being person-centered, community based, and that the new CMS Waiver Agreement, effective July 1, 2017, is being followed accurately. With the release of the new ISP Bulletin effective December 1, 2017, the SCO and Crawford AE have been meeting weekly for "Lunch and Learn" opportunities. "Lunch and Learn" is currently reviewing each section of the ISP Manual (which includes Service Definitions, Everyday Lives Information, Community of Practice Information, daily SC functions, etc.). SCs and providers have been encouraged to promote community integration as well as community integrated employment. Future SC/Provider meetings will be identified and scheduled as new policy or clarification of existing policy arise over the coming year.

Crawford County provides information about Everyday Lives, Community of Practice and a variety of community resources to new individuals/families at intake (such as EPSDT, ASERT, Active Aging, Bureau of Autism, Blind and Deaf Services, Everybody Communicates flyer, MH services, housing services, support groups, READ Program, local events, etc.). The Community of Practice process,

website, and AE expectations for SCs to use the Community of Practice process for new individuals, have all been reviewed with SCs at the “Lunch and Learns.” As SCs meet with new individuals/families assigned, the Community of Practice process is explored, Everyday Lives is reviewed, and the ISP is created. Crawford County encourages SCs to use the Community of Practice process with other individuals as well.

### **Lifesharing and Supported Living:**

- Describe how the county will support the growth of Lifesharing and Supported Living as an option.
- What are the barriers to the growth of Lifesharing/Supported Living in your county?
- What have you found to be successful in expanding these services in your county despite the barriers?
- How can ODP be of assistance to you in expanding and growing Lifesharing/Supported Living as an option in your county?

Eligible Crawford County individuals have not presented a need for HSBG-funded Residential supports within the past year. Out of 524 eligible and unduplicated individuals who were active in the Intellectual Disability department in FY17-18, 123 (24%) are presently supported in a residential setting suited to fit their individualized health/safety needs. All receive Consolidated or PFDS Waiver. Fifty-seven out of 123 (46%) are in group homes of various sizes. This is considered to be the most restrictive residential support. Fifty-three out of 123 (43%) are in lifesharing homes. Thirteen out of 123 (11%) are in Dom Care Settings. Crawford County’s history with lifesharing confirms that individuals requiring lifesharing support also have many other high level needs making them excellent candidates for the waiver program. Therefore, Crawford does not plan to use HSBG funding to create long-term lifesharing placements. HSBG-funded lifesharing would only be considered when an individual’s emergency needs are not able to be met with existing, natural supports, community resources such as Personal Care Boarding Homes (PCBH) or Domiciliary Care placements, or short-term respite support. As need arises, future growth with Lifesharing is encouraged. Crawford County seeks to maintain individuals in the least restrictive environment and, depending upon the situation, will attempt to use a variety of resources to maintain individuals in their own or family homes. When residential emergencies occur, an informal assessment will be conducted, situations reviewed and services will be identified to ensure the individual’s health and safety within the community. If appropriate for an individual’s needs, community resources (i.e. PCBH & Domiciliary Care homes) will be sought. HSBG funding is available to provide temporary relief for emergency situations by providing respite support until long term funding can be located. Existing lifesharing homes are possible respite options that could lead to long-term placements. Only in cases of emergency (abuse/neglect by caregiver), would a more restrictive level of placement be sought.

No individuals in Crawford County currently receive Supported Living. Supported Living is a new service effective July 1, 2017, and no need has arisen to utilize this service to date. HSBG-funded Supported Living would only be considered when an individual’s emergency needs are not able to be met with existing, natural supports, community resources such as Personal Care Boarding Homes

(PCBH) or Domiciliary Care placements, or short-term respite support. Additionally, Supported Living would be considered only if the individual was assessed and deemed to be potentially successful in this type of living situation. Crawford County's HSBG funding would not be able to sustain a long-term Supported Living arrangement. In emergency circumstances, Supported Living could be explored as an option for temporary support while waiver funding was pursued.

HSBG Financial limitations and limited Consolidated waiver capacity are the two greatest barriers to increasing Lifesharing and adding Supported Living residential options.

### **Cross Systems Communications and Training:**

- Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs, especially medical needs.
- Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course /supporting families' paradigm.
- Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access community resources as well as formalized services and supports through ODP.

Thirteen provider agencies currently have offices located in Crawford County and provide ID services to Crawford County individuals. There are 214 unduplicated individuals who are considered to be low/no risk for a higher level of service because they utilize the HSBG-funded programs currently in place. Programs such as unlicensed In-Home and Community Support, CPS in licensed 2390 setting, Domiciliary Care placements, the Arc's OASIS Club, the Arc's Drop-In Center, rep payee program, Support in Medical Environment, all provide support for individuals in safe and structured environments while also increasing skill levels. HSBG-funded In-Home and Community Support serves to provide maintenance and growth opportunities in daily living skills and maintain or increase health levels by encouraging doctor visits, proper nutrition, exercise, appropriate social interactions, being aware of exploitation, etc. This service helps individuals remain active in their community and be successful in their own homes or in their family homes. Without this support, individuals would likely require a higher level of residential support such as lifesharing or licensed community residential placements. CPS in a licensed 2390 setting provides individuals with a means to develop their community employment skills and work towards a higher skill level and ultimately, towards competitive employment. Our Domiciliary Care program works in conjunction with our local Active Aging Office to find homes for individuals who require a less restrictive environment than required in an ODP lifesharing setting. The OASIS and the Drop-In Center programs run weekly, Monday thru Saturday in the evenings. These programs offer social and learning opportunities in a safe and structured environment. Rep Payee support offers the individuals with sound financial advice to help reduce their risk of financial exploitation. Support in medical environments provides assistance to individuals to help them interact/communicate positively with medical personnel and assist the individual during their physical recovery in hospitals

and/or nursing facilities. Support during and following medical procedures aids with the healing process and ensures that individuals understand and appropriately apply medical recommendations safely. Without these crucial social and financial services, individuals may seek social opportunities, entertainment, and advice in dangerous arenas within the community; potentially resulting in police intervention, incarceration, Drug and Alcohol involvement, financial exploitation, and physical/sexual/emotional abuse. Ultimately, the purpose of the above identified services is to improve individual's quality of life, allow them an "Everyday Life" and reduce the risk of higher level facility admissions. Crawford's local providers are willing and able to provide these services in order to fully support individual's multiple needs within the private home and community.

Crawford County Human Services (CCHS) offers a Dialectical Behavior Therapy (DBT) skills group tailored to individuals with an intellectual disability. DBT is designed to help individuals suffering from mood disorders or those who need to change patterns of behavior that are not helpful, such as self-harm, suicidal ideation, substance abuse, etc. The approach works towards helping individuals increase their emotional and cognitive regulation by learning about the triggers that lead to reactive states and helping to assess which coping skills to apply. The series of classes includes active participation, peer/facilitator conversation/feedback, homework, etc. Each class builds upon skills developed in prior classes; the importance of attendance and completion of the program is a crucial part of the program's success. Typically, individuals and their staff attend the program together which has proven to be of great benefit. Skills learned in the DBT class are reiterated by their staff throughout daily routines. Individual's attendance in this program has not been tracked as it is solely a voluntary program.

Crawford County attends the cross systems forum (LINK) at the local area active aging office where regular topics of discussion are scheduled and trainings are shared amongst a variety of service realms and providers (ID, MH, Aging, D&A, APS, Public Transportation, etc.). Crawford County also works closely with Children and Youth (CYS), the Mental Health department and participates in the Transition Council facilitated by our local school districts to ensure ID children transitioning into adulthood and their families are identified, informed and plan for future needs. These meetings help maintain and promote an open dialogue between Crawford County Human Services, school personnel, and families. In addition, SCs encourage families to ask for SC representation at Individual Education Plan (IEP) meetings. SC involvement with the IEP process encourages conversation with teachers and has led to referrals to human services for needed support for families. This year, SCs are presenting the Community of Practice Life Course process to all new individuals/families. Many of the new individuals are school-aged children. As a result, the LifeCourse process is reviewed and developed with the individuals, families and school personnel at IEP meetings which also aids in the overall development of the ISP. All of these forums assist to identify areas of potential risk which are then presented at the Crawford County Quality Council and considered for the Risk Management process.

Crawford County Human Services is comprised of Intellectual Disability Services, Mental Health Services, Children and Youth Services, and Early Intervention Services. Although permission from

the individual/family is required to share specific information across departments, the ease of making referrals and/or brainstorming ideas for a variety of situations has been invaluable. Other Departments such as Drug and Alcohol, Adult Probation, Active Aging, public transportation, etc. are active participants in quality improvement projects, which makes department personnel available and approachable for referrals and/or guidance. This benefits individuals/families in experiencing smooth transitions into requested/needed new services.

Historically, Crawford County has utilized the Positive Practice Resource Team (PPRT) process and has used HSBG funding to bring highly qualified consultants in to assist with complicated individuals. These processes have helped avoid pursuing ICF/ID and/or state hospital admissions. With the exception of SC Service, none of the current ICF/ID individuals utilize HSBG-funded service. The location of state centers is not conducive to the individuals residing there using HSBG-funded programs that are based in Crawford County. However, recent movement of individuals (via the Benjamin Settlement) back into the local community would allow HSBG-funded programs to be accessible for these individuals, too.

### **Emergency Supports:**

- Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Provide details on your county's emergency response plan including:
  - Does your county reserve any base or block grant funds to meet emergency needs?
  - What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
  - Does your county provide mobile crisis?
  - If your county does provide mobile crisis, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?
  - Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
  - Is there training available for staff who are part of the mobile crisis team?
  - If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

In the event of any individual emergency, CCHS does not specifically "reserve" monies for emergency situations. Instead, CCHS has existing contracts/rates with local providers in anticipation of emergency situations. HSBG funding is used when necessary. When emergency situations arise, CCHS's first priority is to ensure the immediate health/safety of the individual within a temporary setting that meets the individual's emergency need. Temporary residential settings may include respite at licensed or unlicensed homes or diversionary/respite beds at licensed personal care boarding homes. After the individual is safe and all health needs are met, research

commences immediately (during normal work hours) to find the most appropriate long-term supports & funding to best fit the individual's long-term needs.

Crawford County does provide Mobile Crisis services to all residents of Crawford County. Mobile Crisis is available 24 hours/day, seven days/week. Their staff are trained to deal with any individual in crisis. Whether the individual has no diagnosis, has an existing mental health diagnosis, has autism, presents with an intellectual disability or is dually diagnosed, the Crisis Team assesses each situation to determine future care and placement. Currently, Mobile Crisis has two full time and three per diem employees. Mobile Crisis hires part time staff that are professionally trained counselors, therapists, or have other similar backgrounds and are actively working full time in the community. Specific staff training includes suggested online or webinar training opportunities that staff can take at their leisure. Structured training is a challenge to schedule for Mobile Crisis staff because of their varied work schedules. In the future, Mobile Crisis has agreed to review trainings offered by the Milestone HCQU and plans to review and make recommendations for their Mobile Crisis staff. Typically, only one mobile crisis staff responds to crisis calls; however, if a situation is known and requires two staff, or multiple people are in crisis, or it is a potential night-time liability, two staff are sent. The Crisis Team evaluates each situation and responds accordingly.

In conjunction with Mobile Crisis, Crawford County Human Services also offers after-hour emergency contact. When emergencies arise, CCHS is available via an on-call process shared with County Control (911), hospitals, crisis, police and Adult Protective Services (APS). Entities call County Control and ask for the CCHS on-call delegate. County Control contacts Crawford County Human Services' on-call personnel to speak directly to the caller. CCHS first ensures emergency health and safety concerns are addressed immediately. Research then follows to find long-term services/funding within all departments (ID, MH, CYS, community, emergency waiver capacity, etc.) as deemed most appropriate, using HSBG funding as needed.

The Crawford County 24-hour Emergency Contact Response Plan (as required under the MH and ID Act of 1966):

**Individuals experiencing an emergency:**

- Call 911 or MH Crisis line at anytime

For Providers, Staff, Businesses, Departments experiencing an emergency requiring contact with a Crawford County Supports Coordinator:

**Regular Business Hours Contact** (Monday – Friday, 8:30am – 4:30pm)

- Call (814) 724-8380 - Main Crawford County Human Services Switchboard
- Ask for ID department or ID staff.

**After-Hours Contact** (Friday after 4:30pm, weekends, and Holidays)

- Call (814) 724-2545 – Crawford County Control

- Ask for Crawford County Human Services On-Call personnel.
- Caller identifies self as provider, staff, business, APS, Bureau of Autism, etc.
- County Control will contact Crawford County On-Call personnel for you.

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

- Describe the county's interaction to utilize the network trainers with individuals, families, providers, and county staff.
- Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.
- What kinds of support do you need from ODP to accomplish the above?
- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.
- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.
- Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc.
- How can ODP assist the county's support efforts of local providers?
- Describe what risk management approaches your county will utilize to ensure a high-quality of life for individuals.
- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?
- Describe how you will utilize the county housing coordinator for people with autism and intellectual disability.
- Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Crawford County will collaborate with local Providers, SC's, and community partners in working together to support the Person Centered Thinking Trainers from PA Family Network. Crawford County will encourage all interested parties to attend trainings offered by the Department of Human Services and/or PA Family Network in order to help individuals and families in our community connect with each other and plan for a full and meaningful life. As more information about PA Family Network is disseminated and trainings scheduled, Crawford County will actively seek provider participation.

Crawford County ensures that discovery information and education about the ID department and associated ID services are presented within our communities at various venues. When Crawford

County (as well as several of the local ID providers) presents at venues such as local school job fairs, Crawford County Fair, local school provider fairs, mental health fair, etc., networking between all commences and brochures and pamphlets are available. Questions from individuals, families and general public are fielded and interested families are directed to contact the Crawford County Human Services office to begin the process to obtain a Supports Coordinator. Past surveys from families indicated little interest in networking with other families or support groups. However, networking is available through local providers.

The HCQU reports approximately 293 Crawford individuals attended HCQU facilitated trainings over the past year. This is a duplicated count as an unduplicated count is not able to be obtained by the HCQU. Crawford County engages with the HCQU to offer trainings and intensive technical support to consumers, provider agencies, and direct care staff on any topic to assist in the improvement of quality of life for our individuals. The HCQU reaches out and offers a multitude of trainings such as “mental health first aide” to emergency responders and community members so they may better understand the individuals we support in a crisis/emergency situation. The HCQU presents group trainings being offered to Crawford County’s Quality Council. Crawford County will gather training topics offered during the year and cross reference them with incidents that have been reported to ensure the Quality Management Plan addresses topics where individuals are most at risk.

Data generated by the Independent Monitoring for Quality (IM4Q) process will be used as part of the quality management plan through considerations reported by the individuals we support. Topics with a high number of considerations will be addressed in the Quality Management Plan and follow-up will occur to ensure the considerations are being addressed in a manner that satisfies the consumer and meets the consumer’s needs. Crawford County will comply with the current IM4Q protocol and guidelines and maintain a written procedure for implementing the IM4Q “closing the loop” process in HCSIS.

Crawford County supports local providers to increase their competency and capacity to support individuals who present with higher levels of need related to aging, physical health, behavioral health, and communication. Crawford County hosts quarterly Quality Council meetings with local providers. Providers are encouraged to discuss any challenges they may be having with individuals as well as successes. The Quality Council/Providers share ideas that may be helpful in providing assistance to all providers when faced with challenges. Crawford County always encourages local providers and SC’s to utilize our HCQU to provide technical assistance as well as training to providers in order to offer the best quality of life to individuals and families in our community. When individuals are faced with significant behavioral challenges, Crawford County offers training/guidance via the Positive Practices Resource Team (PPRT) and/or reaching out to the OCY Complex Case Management Team and/or through specialized consultation with Dr. Ruth Ryan-Myers. These options are voluntary and are not a requirement of our providers.

Crawford County strives to ensure a high quality of life for all individuals. Crawford attends Regional Quality/Risk Management meetings on a quarterly basis and receives new and/or updated

information surrounding prevention and risk mitigation strategies to share with SC's, local Providers and community members. Crawford County will continue to review all incidents entered into the Enterprise Incident Management System (EIMS) and offer technical assistance to any individual, family or Provider as needed in order to address any concerns/issues that may decrease risks to those individuals living in Crawford County. Crawford County continues to engage in all training opportunities offered by ODP, HCQU or local organizations to ensure high quality of life for individuals in our county. On an annual basis, individuals/families are provided with information regarding neglect abuse and exploitation and encouraged to talk about presenting concerns/issues in their lives. In severe Risk Mitigation cases, Crawford County works closely with the Adult Protective Services (APS) in order to ensure health and safety.

A specific "County Housing Coordinator" position does not exist in Crawford County. However, Crawford County utilizes a variety of resources when searching for the housing needs of the eligible ID and ASD individuals whom we serve. We seek first and foremost to provide the least restrictive residential setting to support the individual's needs. We search within their own homes or family homes to determine if non-traditional day program may help and allow the individual to remain in their own/family home. If that is not possible, we reach out to our community providers of independent living programs, Domiciliary Care and Personal Care Boarding Homes to determine the appropriateness of these settings. Typically, in emergency situations where individuals require a higher level of residential support, we seek lifesharing first, followed by licensed community residential placements. In these situations, individuals typically exhibit greater needs that necessitate a higher level of support. Crawford County does seek emergency waiver supports through the Regional ODP Office as Crawford's limited HSBG funding could not fund a residential setting on a long-term basis.

Crawford County has developed a team (membership from – ID, MH, CYS, Probation, Crawford Administration, etc.) to participate in the Pennsylvania Disaster Crisis Outreach and Referral Team (DCORT) for the entire county population. Crawford County members of DCORT provide assistance to the general populous during a crisis, disaster, or emotional trauma. Specifically, DCORT assists individuals who have been impacted by crisis or disaster by providing emotional support and therapeutic activities to ease stress, foster a compassionate presence, and to aid in community resilience. Any person who is willing and able may join DCORT as long as they complete the training requirements and participate in the annual live disaster drills. Provider staff are encouraged to join DCORT but it is not a requirement of providers. Providers are required to have an emergency disaster response plan at their agency in order to address individual safety/protection, communications. All providers have policies/procedures to aide staff in responding to crises as well as individual health and behavioral emergencies. From past review of provider information, all Crawford providers have created an Emergency Preparedness Plan.

Crawford County will adhere to the current AE Operating Agreement conditions regarding the General Scope of the operating agreement, Administrative functions, financial administration

Requirements, meeting the needs of the ID/ASD/DD participants, provider recruitment and enrollment, and training/technical assistance.

**Participant Directed Services (PDS):**

- Describe how your county will promote PDS (AWC VF/EA) services including challenges and solutions.
- Describe how the county will support the provision of training to SCO's, individuals and families on self-direction.
- Are there ways that ODP can assist you in promoting/increasing self-direction?

Crawford County encourages and promotes PDS services via the Supports Coordination Organizations at an individual's ISP creation, annual ISP meetings, and throughout the year as needs arise. There are currently 39 out of 524 (7.4 %) eligible Crawford County individuals utilizing Agency with Choice (AwC) PDS services. Five out of the 39 (13%) also receive one or more HSBG-funded service. All 39 current PDS individuals also receive waiver funding. As a means to further promote PDS services, Crawford County utilized a Supports Broker to work with individuals and/or their designated surrogate with the employer-related functions required of the AwC PDS managing employer. The managing process can be confusing and causes more stress than most individuals/families are willing to take on. In the first year of using Supports Broker Services, Crawford County heard from families using the service that they are relieved and feel less concern regarding their competency to self-direct. Unfortunately, the Supports Broker staff accepted an out-of-state position and another qualified staff has not been identified for replacement. However, to offset this loss of supports broker staff, the AwC provider hosts group family meetings to help facilitate Managing Employer's questions.

Most families utilizing AwC PDS services have existing relationships formed with the staff that they choose to hire and do not express any challenges or barriers. However, over the past several years, a few families have verbally expressed frustration with finding responsible and reliable staff, even with AwC assistance. Finding good staff is a challenge that all providers face and as families begin to identify with this unfortunate fact, a few have chosen to switch back to traditional agency programming for their loved one.

Eligible Crawford County individuals have not presented a need for Vendor/Fiscal PDS Services. When VF PDS is presented, most families express discomfort with being identified as the "employer of record" and also prefer dealing with a local provider.

Crawford County will support Individual and family decisions to self-direct services. Via the individual's Supports Coordinator, a variety of training opportunities available thru the HCQU, PA Family Network, ODP and other local resources will be shared with individuals/families in order to foster structured training opportunities that promote Everyday Lives, Employment First, the Community of Practice LifeCourse process and quality of life. Training opportunities offered are voluntary for PDS participants and not a requirement to self-direct services.

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

- Describe how the county will enable these individuals to return to the community.

Crawford County reviews the Benjamin Settlement site quarterly to ensure all individuals wanting to move into the community are identified for Crawford County. In FY17-18, no individuals left the ICF/ID congregate setting and returned to the community. When individuals are identified via the website to move into the community, Crawford County reaches out to local and state-wide providers to alert and determine provider interest in supporting the identified individual.

### **OTHER HSBG-FUNDED SUPPORTS:**

Crawford County reviews each service request for HSBG funding during our weekly CCHS Review Committee meetings. Priority is given to emergency situations, followed by services requested for individuals with short-term medical recovery needs (in hospitals/nursing homes,) and/or services requested for individuals struggling to live independently or families struggling to keep their loved one at home.

Crawford County plans to maintain the present frequency and duration of all existing services for currently enrolled individuals and programs. With the flexibility of the Human Services Block Grant, Crawford County will expand the number of individuals able to participate in the above-mentioned programs as needs arise. Crawford does anticipate additional need in the area of transitioning from school to adult life for both ID and ASD target groups. Meeting with providers and other interested individuals on an ongoing basis will concentrate on maintaining existing service and identifying future need in the Crawford County area.

With additional eligible target groups (Autism and Children Under Nine with Developmental Disabilities) being added to our program as of July 1, 2017, a known barrier is the inability for Crawford to utilize state funding for either new target group. We anticipate the ASD target group to be high need and could greatly benefit from Crawford County HSBG funded service. It is Crawford County's understanding that the MH/MR Act of 1966 limits ID categorical state funding to be utilized for the ID target group only. With the HSBG, the MH and ID state funds are merged and categoricals no longer exist. It is Crawford's rationale that this will allow HSBG funds to be used for both ID and Autism. However, until ODP confirms Crawford's rationale, Crawford will continue to follow the MH/MR Act of 1966 and utilize the HSBG funding to support only individuals eligible for ID. Crawford understands that HSBG funding will not be utilized for DD individuals as their eligibility has not yet been confirmed as either ID or ASD.

### **HOMELESS ASSISTANCE SERVICES**

Describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction by answering each question below.

An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Families/individuals that are homeless or facing eviction may benefit from case management, rental assistance and emergency shelter services in Crawford County. Bus passes are also available to ensure quality, reliable and safe transportation for persons at or near homelessness who are receiving human services related programming. It is clear that we must do more to discover and address the reasons *why* people are homeless, rather than just continually offer temporary and nominal supports. When the reasons are addressed, people will be more empowered and better capable of seeking and maintaining their own stable housing. For example, the HSBG Planning Group identified lack of employment as one of the barriers to individuals obtaining and maintaining housing. As a result, we focused our planning efforts over the last year on educating ourselves, and each other, on employment options that were available in our community. There was a committee developed that focused on sponsoring a job fair for employers as well as potential employees. In May 2018, our local OVR will be doing a presentation with business owners in our area to advocate for the hiring of individuals with disabilities. Then there will be a panel discussion including businesses that currently have people working for them with disabilities. They will share their experiences and be available to answer questions. The next step for this committee will be to coordinate a Job Fair where potential employers and employees could attend for information and networking.

The unmet needs and gaps in homeless assistance services are a lack of available, affordable housing options in our community and a lack of funding/resources to provide services for everyone who is in need. It seems that the number of individuals who are in need of services has grown significantly, due in part to the impact of drug addiction in our area. As the numbers in need have increased so have the costs of affordable housing and providing case management services. Funding in this area has not grown in an equal proportion to the increase in costs/need for these services. As stated above, we need to continue to investigate the reasons behind the homelessness in our area and what services would be effective in addressing those needs.

### **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.
- How does the county evaluate the efficacy of bridge housing services?
- Please describe any proposed changes to bridge housing services for FY 18-19.
- If bridge housing services are not offered, please provide an explanation.

**Bridge Housing** is provided by the Crawford County Coalition on Housing Needs (CCCHN), Inc. as Liberty House. Liberty House is Crawford County's first and only transitional housing project for homeless families. The housing units consist of four 2-bedroom and two 3-bedroom apartments. Handicap accessible apartments are available for those with special needs. The facility includes a common room, laundry facilities, and a place to meet with counselors as well as the CCCHN offices. Tenants must be income eligible and have at least one dependent child. These families need to demonstrate a willingness to break the cycle of homelessness through

hard work and counseling. This program also targets families who are unable to access other affordable housing options due to barriers such as a poor credit history and lack of landlord references. The maximum length of stay is 18 months. The county monitors these case management services on an ongoing basis, and through an annual audit of program outcomes and fiscal adherence.

Unmet needs and gaps are reported to be related to needing more Bridge Housing and funding for these services. As the only in county shelter that provides services to families, CCCHN also reports that there is definitely a need for additional family shelters in our area.

### **Case Management:**

- Please describe the case management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services?
- Please describe any proposed changes to case management services for FY 18-19.
- If case management services are not offered, please provide an explanation.

**Case Management**, which is partially funded through HAP, is provided by four providers in Crawford County. Women's Services, Inc. provides assistance specifically to women and children by offering programming, education, mentoring, advocacy and other supports to help them reestablish and maintain safe and affordable housing. Crawford County Mental Health Awareness Program, Inc. (CHAPS), the YWCA in Titusville and the Center for Family Services (CFS) offer support to improve living situations for anyone who is homeless or near homeless. The county monitors these case management services on an ongoing basis, and through an annual audit of program outcomes and fiscal adherence.

CFS reports that their use of the HUD approved Home Counselor Online (HCO) program, which was created by Fannie Mae, has been useful to them in terms of collecting client data and obtaining reports regarding the data. In May of 2017 they began using the RX Office portion of the program that was created by the Pennsylvania Housing Finance Agency (PHFA). RX Office reportedly has more options for pulling different reports for tracking and reporting purposes. The program contains a budget program which helps them create realistic household budgets for clients. It can also run an affordability analysis which they have found useful in looking into housing options and getting some clients to understand that accepting subsidized housing may be in their best interest over private landlords. The program also has a feature that allows staff to track client's progress on their action plans and sends reminders to staff when it is time to make follow up contacts. CFS believes that the in depth budgeting and affordability analyzer have been especially helpful in lowering rates of recidivism.

The YWCA in Titusville that receives HAP funding reports that through their case management services they have been better able to ascertain why homelessness has occurred for individuals.

In turn, they are able to work with individuals to take steps towards preventing homelessness in the future by utilizing budget counseling and referrals to other human service agencies.

CHAPS receives HUD funding for homeless case management to employ three homeless case managers who provide valuable resources to homeless individuals and households in Crawford County. One case manager's services are targeted to the Eastern part of the county in the Titusville area.

Our providers report that limited number of staff and available funding are the major unmet need or gap in this area. They report that it is getting harder to meet the high demands for case management services for those who do not qualify for rental assistance. The numbers of adult only households in homeless situations with little to no income have reportedly skyrocketed in the past 1-2 years. Part of this is due to the housing instability that has been caused by drug addiction issues. Case managers struggle to meet the needs that exist in our county, since homelessness is traumatic and the consumer's needs at the onset are intensive and time sensitive.

#### **Rental Assistance:**

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services?
- Please describe any proposed changes to rental assistance services for FY 18-19.
- If rental assistance services are not offered, please provide an explanation.

**Rental Assistance**, which is partially funded through HAP, is provided by two providers in Crawford County. Titusville YWCA and the Center for Family Services screen applicants to ensure that they are homeless or near homeless, and then provide financial help to acquire housing or other related needs. The county monitors these rental assistance services on an ongoing basis, and through an annual audit of program outcomes and fiscal adherence.

Our providers both report that available funding is the major unmet need or gap in this area as well. There appears to be an increase in need above the funding that is available for disbursement. Rent costs are increasing but funding for rental assistance services is not. Thus, this results in fewer people being served under the rental assistance services. These individuals are being shifted to case management services which results in their numbers of people to serve increasing as well.

#### **Emergency Shelter:**

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of emergency shelter services?
- Please describe any proposed changes to emergency shelter services for FY 18-19.

- If emergency shelter services are not offered, please provide an explanation.

**Emergency Shelter**, which is partially funded through HAP, is provided by three providers in Crawford County. Titusville YWCA Saint James Shelter and Women's Services offer emergency shelter to women and children only, while the Crawford County Coalition on Housing Needs, Inc. offers emergency shelter to anyone who is homeless or near homeless. The goal of these programs is to help individuals to become self-sufficient by securing permanent living arrangements and developing a continuum of services to support them after they leave the shelter. The county monitors these emergency shelter services on an ongoing basis, and through an annual audit of program outcomes and fiscal adherence.

The Titusville YWCA Saint James Shelter reports that they have found that women seeking shelter within the last year have fewer resources at their disposal and need much more support (emotional and financial) than in years past. Many of these women are presenting with substance abuse and/or mental health difficulties in addition to their homelessness. They also often have poor credit, back utility bills and no income besides food stamps. They are finding that as a shelter they have to provide more personal care type products and food items to help people meet their basic needs.

Women's Services is finding similar issues and have identified multiple barriers that they are seeing that are negatively impacting women's abilities to obtain permanent housing and reach the goal of self-sufficiency. The barriers they have identified are affordability of housing options, lack of sufficient income, poor rent history, bad credit, poor employment history, lack of job skills, mental health issues, substance abuse issues, criminal history/legal issues, medical issues, religious/cultural issues, fear/safety concerns, past traumas, disengagement/lack of support, transportation, and child care. Of these barriers, they are finding that women who present to their shelter are averaging six of these barriers that they need to overcome.

CCCHN reports that shelters are generally supportive of homeless individuals, but there are times that they are not as accepting when individuals are symptomatic. Also, individuals who work jobs that are 2<sup>nd</sup> or 3<sup>rd</sup> shift cannot be accommodated at certain shelters due to their prospective shelter model. They report there is a need for additional family shelters, as well as housing vouchers for individuals who are experiencing a housing emergency.

All emergency shelters report that the need for shelter services often surpasses the availability of our current shelter services. There are times when waiting lists need to be created because we are unable to meet the needs of everyone who qualifies for these services.

### **Other Housing Supports:**

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

- Please describe any proposed changes to other housing supports services for FY 18-19.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

**Other Housing Supports**, through the Innovative Supportive Housing Services category of HAP, have been used to fund bus passes through our local bus transportation system (CATA). Bus passes are available to ensure quality, reliable and safe transportation for persons at or near homelessness who are receiving human services related programming. The bus service and partner agencies identify those individuals who are not able to access basic life functions due to a lack of transportation. The goal in issuing bus passes is to eliminate the barrier of transportation to help individuals move towards obtaining self-sufficiency. The county monitors these innovative supportive housing services on an ongoing basis, and through an annual audit of program outcomes and fiscal adherence.

### **Homeless Management Information Systems:**

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

The Homeless Management Information System (HMIS) is a state wide information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care (C.o.C.) is responsible for selecting an HMIS software solution that complies with HUD's data collect, management, and reporting standards.

One of our local MH Providers, CHAPS, follows all the C.o.C.'s requirements for maintaining all of their housing programs in the HMIS system. The following is a list of all the housing grants that CHAPS' oversees and inputs into HMIS:

- Fairweather Lodge Program
- CHAPS' PATH Program
- Shelter Plus Care Program
- Housing Now
- Family Housing Program
- McKinney Housing Advocacy Program
- Crawford County H.A.P. Program
- Emergency Solutions Grant (ESG)

CHAPS' also oversees the HMIS program for the Crawford County Coalition on Housing Needs (CCCHN) with the following programs:

- CCCHN Emergency Shelter
- CCCHN Liberty House Program

CHAPS is currently working with the St. James' Men's Emergency Shelter so in the future, their information will be inputted into HMIS as well.

Women's Services also inputs information into HMIS for their shelter services.

The YWCA Saint James Shelter in Titusville and Center for Family Services are not currently using the HMIS system. They have utilized it in the past when they were receiving funding through the Homelessness Prevention and Rapid Re-Housing Program (HPRP).

In addition to HMIS, in order for homeless individuals/households in Crawford County to be eligible for any HUD funded housing programs, their information must be entered into the Coordinated Entry System for a 20 county Continuum of Care region. Coordinated Entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred and connected to housing and assistance based on their strengths and needs. CHAPS began utilizing this process in January 2018 for Crawford County. CHAPS is considered the General Assessment Center for Crawford County, unless the individual is fleeing domestic violence. In that case, Women's Services would be responsible for assessing and entering the person into the system. The use of the Coordinated Entry System is resulting in difficulties with movement through the system. CHAPS is advocating for changes to the current system, which would better help serve the mental health consumers within our county.

### **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.

Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) is the Single County Authority (SCA) and provides directly, or makes available to the public, a full array of drug and alcohol services including prevention, recovery support, outpatient/IOP/intervention, partial hospitalization, inpatient hospital, and inpatient non hospital treatment. Clients seeking treatment may access services at CCDAEC or present directly to a licensed drug and alcohol treatment provider. Protocols are established between the provider and CCDAEC to coordinate care and provide funding of services for eligible clients when needed.

#### **Overview of Drug and Alcohol Services:**

CCDAEC's least restrictive approach to services is through prevention. The Prevention department provides programming in the community, at schools, and onsite and strives to create an environment that supports behavioral health and minimizes societal challenges. Prevention services, especially among youth, can promote resilience and minimize the risk of individuals developing a behavioral health problem. A component of Prevention is the Student Assistance Program which offers screenings and consultations for students and teachers in area schools, and school based follow-up education/intervention for students identified at risk for developing substance abuse problems. Providing intervention services in the schools helps bolster attendance at the sessions and promotes a unified approach to supporting the students.

A community coalition to address targeted substance abuse issues has burgeoned under the direction of the prevention department. The Crawford County Overdose Prevention Coalition meets the second Monday of each month from 9:00 to 10:30 at Vernon Place (second floor). The group's mission is to be a catalyst of change for a healthier community by bridging the gap

between addiction and society, decreasing substance abuse and death caused by overdose through education and action.

In addition to the monthly meetings, the group has formed eight working subcommittees to function effectively and address the multi-faceted needs of the larger group. The subcommittees developed to date are:

- Media and marketing
- Data management and analysis
- Healthcare professionals
- School based
- Faith based
- Youth
- First responders
- Fitness

The group, working with the PA Heroin Overdose Prevention/Reduction Technical Assistance Center (TAC) and Allegheny College has developed a stigma survey. The TAC is based out of the Program Evaluation and Research Unit (PERU) at the University of Pittsburgh's School of Pharmacy. The survey will be conducted by Allegheny College students and other trained personnel. Results of the survey should be available in the summertime and will be shared with this group.

CCDAEC prevention staff coordinate services and collaborate with Meadville Medical Center's *Let's Talk...* campaign to provide outreach and education to the community. The prevention and administrative departments of CCDAEC are currently working with the Department of Health public nurses to bring programming/resources to the county - and western Pennsylvania as a whole - to address the high level of babies born addicted to opioids. NAS (Neonatal Abstinence Syndrome) is a group of problems that affect newborns exposed to drugs in utero. Resources need to be funneled into this area to reduce the number of pregnant women addicted to substances and to minimize the negative effects of the mothers' use on the babies.

Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) employs two Certified Recovery Specialists to provide Recovery Support Services. Two years prior, expansion of the existing program had been requested by treatment programs and system partners. Recovery Support Services (RSS) are non-clinical services which CCDAEC provides to assist individuals and their families to recover from alcohol and other drug problems. These services complement the focus of treatment, outreach, engagement and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain, and sustain long-term recovery. Recovery Support Services are not a substitute for necessary clinical services.

Recovery Support is offered to all persons seeking services through CCDAEC. Recovery support services provide peer support and guidance to adults struggling with addiction issues or co-occurring substance abuse and mental health issues in need of outreach, mentoring and peer support at all stages of the recovery process. Individuals involved with CYS, the criminal

justice system and those re-entering the community after release from jail, especially, can benefit from recovery support. Sixty seven percent of the clients referred are criminally justice involved and 34 percent have a self-disclosed mental health diagnosis. CRS's provide recovery support services at CCDAEC and throughout the county. Recovery Specialists visit local rehabs in an attempt to engage patients prior to their step down in treatment. Coming back to the community engaged with recovery supports can add a welcomed layer of protection for individuals struggling with addiction.

The Case Management Unit services include Assessment and Case Coordination services. Case Management offers Drug and Alcohol Level of Care Assessments and Drug and Alcohol Case Coordination. Drug and Alcohol Level of Care Assessment is a face-to-face evaluation of the client to ascertain treatment needs based upon the degree and severity of alcohol and other drug use, as well as the social, physical, and psychological effects of substance use. The drug and alcohol level of care assessment identifies the strengths and needs of the client in order to determine the appropriate service and/or treatment modality. Drug and Alcohol Case Coordination is an individualized, client-care service designed for individuals with addictive disorders who have ancillary needs. The purpose of Case Coordination is to provide assistance in accessing needed services and resources, as well as support and advocacy. Activities include assessment/evaluation of the client's strengths and challenges, linking/referral to community services and supports and, when appropriate, service planning and goal setting, assisting the client to develop a positive support network, advocating if services and resources are not readily available and following up to ensure the client's needs were adequately addressed. This may be a person's first step in their recovery and it is a critical component of treatment services.

Case Management services are both site and community based and, in addition to providing level of care assessments, assist clients in coordinating client care across systems. The Case Manager helps to navigate the various systems, provides education on the benefits of system collaboration to the client and obtains consents to release information to the appropriate agencies to allow this to occur. Care Coordination is a function of case management through which CCDAEC ensures that the individual's treatment and non-treatment needs are addressed (adult and adolescent). Non-treatment needs are needs the individual may have that do not directly impact level of care and placement decisions; however, they are issues that need to be addressed as part of the individual's recovery process. Non-treatment needs are needs the individual may have in the following areas (Client's non treatment needs may not be limited to these specific needs and may include other non-treatment needs as well.): Education/vocation, employment, physical health, emotional/mental health, family/social, living arrangements/housing, legal status, basic needs (food, clothing, transportation), and life skills development.

In order to assist clients in the management of their recovery, it is necessary to ensure that resources to address the clients' needs are in place, and that those resources are made available to all clients (adult and adolescent) at the time the needs are identified. Case Coordination will facilitate the identification of services offered to and utilized by the client.

Providing funding for Case Management services and treatment, Crawford County has been awarded an Intermediate Punishment/Drug and Alcohol Restrictive Intermediate Program (IP/D&A RIP) PCCD grant. Clients accessing IP/D&A RIP funds are level 3 and 4 offenders court ordered to the program in lieu of incarceration. These dollars supplant Human Service

Block Grant funds for eligible clients. Should the grant not be available to the County, client services would need to be reduced by a minimum of 20%, harming many clients, their families and the community in the process.

Drug and alcohol treatment is provided to clients as determined by their level of care assessments. Treatment may include a full continuum of care from hospital based treatment to outpatient care, and when appropriate will be provided to clients through the SCA (CCDAEC) and its subcontracted providers. The SCA subcontracts with over thirty (30) different licensed treatment providers throughout the state to ensure the diverse clinical needs of these individuals can be met. All outpatient and residential providers are licensed through the Department of Drug and Alcohol.

Treatment providers within the county include Stepping Stones, offering hospital-based detox and rehabilitation (4A and 4B) and outpatient (1A) services. Stepping Stones is a key player in the county's warm hand off process and is located in the central portion of the county. Alpine Springs is in the western portion of the county and provides non-hospital detox and rehab (3A and 3B). Greenfield is a methadone clinic located in the central portion of the county. Family Services and Children's Aid Society is licensed to provide outpatient treatment in the eastern segment of the county.

In addition to the methadone clinic, vivitrol is provided by Positive Recovery Solutions utilizing a mobile van that visits once a month. Historically, many patients accessing suboxone services traveled out of the county or were seen by doctors with limited concern for their patients' recovery. A local federally qualified health clinic is collaborating with CCDAEC to develop a program which provides these services in the county and with a strong emphasis on treatment and recovery.

Despite available services, a large population of substance abusers are incarcerated. In order to address this need, programming at the Crawford County Correctional Facility (CCCF) began in March of 2004 to serve the needs of the county's 200 to 250 inmates. The inmate population is made up of people awaiting bail or trial, inmates serving county sentences of up to 24 months minus one day, inmates awaiting transfer to other correctional facilities, and county probation violators. Inmates can serve as little as a few days or as much as 24 months, less one day.

The target population of the jail program consists of inmates in the pre-contemplation or contemplation stages of recovery. The program provides intervention services and offers an outpatient level of care consisting of a series of process and topical process groups. This series of groups cycles approximately once every four months. Groups are run in all the major housing units and are open to any inmate who wishes to attend on a voluntarily basis. Individual counseling is provided as appropriate. CCDAEC's goal is to provide interventions designed to motivate our jail clients to seek recovery from chemical addiction and by both professional organizations and self-help groups to aid them in becoming productive citizens when they are released back into society.

A counselor, trained as an art therapist is integrating these tools into the jail intervention program. Expressive therapies may be less threatening than traditional therapies (talk) and give the participant a different way to communicate effectively and authentically. Counselors at CCDAEC interested in incorporating drumming techniques into their psychotherapy

sessions will be trained in the proper use of these techniques later this year. Adding the use of drumming techniques to a therapy session can empower an individual to express what words alone may not.

Conversation has begun with the county court system to develop a day reporting center where persons sentenced to this intermediate punishment program would have access the mental health and substance abuse treatment as well as other ancillary services in one location. CCDAEC would play an integral part of this project.

The Drug and Alcohol Case Manager dedicated to serving CYS referrals has increased communication between the two entities. Growth of this program is a correlating indicator of service need for this population.

Please provide the following information:

**1. Waiting List Information:**

|                               | <b># of Individuals</b> | <b>Wait Time (days)**</b> |
|-------------------------------|-------------------------|---------------------------|
| Detoxification Services       | 0                       | 0                         |
| Non-Hospital Rehab Services   | 1*                      | 4                         |
| Medication Assisted Treatment | 0                       | 0                         |
| Halfway House Services        | 0                       | 0                         |
| Partial Hospitalization       | 0                       | 0                         |
| Outpatient                    | 0                       | 0                         |

\*\*Use average weekly wait time

*\*Non-Hospital Rehab Services – for waiting list information, this is relevant only to one long-term, non-hospital episode of care. Regular, short term care has had no waiting lists for admission*

Drug and alcohol treatment services have been made available to individuals in less time than the seven days required by regulations for an assessment and fourteen days required by regulations for treatment (shorter time frames for pregnant women and IDU clients). Clients recommended for detox or residential services are more apt to follow through with entering treatment if they are able to access services when first seeking treatment. Having contracts with a number of facilities has allowed case management staff the ability to locate beds with minimal difficulty when a referral is needed. The client may not always have access to the first choice in facilities in this time frame but an appropriate bed has generally been available. Waiting lists tend to fluctuate from morning to afternoon and from one day to the next. While case management is able to find beds most days, the time commitment to do so is extreme, often 1-2 hours or more.

Medication Assisted treatment (MAT) is usually funded through Medicaid and individuals seeking these services tend to access them directly through the MAT provider and not through the SCA or its sub-contracted providers.

Halfway house treatment is an underutilized level of care, in part because there are no facilities within the county. Partial hospitalization is seldom recommended.

Intensive outpatient and outpatient services have been near capacity. Crawford County Drug & Alcohol added a second intensive outpatient treatment tract less than three years ago and has been able to maintain sufficient capacity with this increased service to date. Family Services and Children's Aid Society opened over two years ago in the eastern part of the county. They have been unable to sustain in intensive outpatient clinic due to lack of need and they are currently operating an outpatient clinic only.

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.

DDAP (Department of Drug and Alcohol Programs) defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol. Specific examples may be seen in the International Classification of Disease (ICD-10) diagnosis codes for substance overdose or poisoning.

It is the policy of Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) to ensure expedient, appropriate and seamless care for an individual (adult or adolescent) who has overdosed. CCDAEC and Meadville Medical Center (MMC)/Stepping Stones (a hospital-based detox and rehab attached to the hospital) provides screening, assessment and referral services to the local area hospital Emergency Departments (EDs) for individual who have survived a recent overdose. CCDAEC has a current MOU (Memorandum of Understanding) with MMC for referrals.

Procedure:

- If an overdose survivor presents in the Emergency Department (ED), the ED will screen for emergent services and address emergent needs immediately. For the individual admitted directly to the ICU/hospital, MMC/ED will request a consultation with Stepping Stones (4A/4B). SS staff will meet with the individuals showing a willingness for further services and offer admission into their program as appropriate. SS will also make direct treatment referrals to non-hospital detox/inpatient as well as call CCDAEC for screening, assessment and referral services with the patient's consent.
- If an overdose survivor presents in the ED and is not admitted to the ICU/hospital, the ED/hospital with patient consent will contact CCDAEC's Case Manager (814-724-4100) to assist with referral to services for the client. This warm hand off process is most typical for persons not needing hospital based care and appropriate for non-hospital treatment. Patients refusing services will be provided with a list of treatment facilities and encouraged to follow through with additional services.
- During regular business hours, an available Case Manager will conduct screening, assessment and referral services to the overdose survivor.
- During after business hours, the agency number will be forwarded to a designated On Call Case Manager. The On Call Case Manager will coordinate a referral from the hospital to a

contracted after-hours provider, if the need for detox has been determined. If no need for detox has been determined, the client will be schedule for a level of care assessment for the following business day.

DDAP counts the number of overdose survivors referred directly from the ED to into a substance abuse treatment program. The majority of persons seen at the ED for an overdose situation are admitted to the hospital's ICU department for close medical monitoring prior to being referred for substance abuse treatment. The treatment facility meets with them in the hospital to arrange a transfer into drug and alcohol treatment; however, these numbers are **not counted** as recipients of warm hand off services since they receive medical treatment first.

The numbers in the chart for the number of overdose survivors, number referred to treatment and number refused treatment is reflective of the period of time from March of 2017 to February 2018. The deaths from overdoses are the number reported by the local coroner for 2017. The numbers collected by the hospital for the first half of the year include individuals that were referred to treatment following admission to the hospital in another level of care prior to being referred for substance abuse treatment. With the method of tracking warm hand off data changing mid-year, the numbers may not be interpreted with 100% accurately.

| # of Overdose Survivors | # Referred to Treatment | # Refused Treatment | # of Deaths from Overdoses |
|-------------------------|-------------------------|---------------------|----------------------------|
| 159                     | 107                     | 52                  | 24                         |

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              | 1                                | Adults, PW  |
| Inpatient Hospital Rehab     | 1              | 1                                | Adults, PW  |
| Inpatient Non-Hospital Detox | 16             | 1                                | Adults, IDU, PW, PW/WWC                               |
| Inpatient Non-Hospital Rehab | 45             | 1                                | Adolescents, Adults, IDU, PW, PW/WWC, Co-occurring MH |
| Partial Hospitalization      | 4              | 0                                | Adults, IDU, PW                                       |
| Intensive Outpatient         | 2              | 2                                | Adults, IDU, PW, PW/WWC                               |
| Outpatient                   | 3              | 3                                | Adults, IDU, PW, PW/WWC                               |
| Halfway House                | 20             | 0                                | Adults, IDU, PW, PW/WWC                               |

**PW = Pregnant Women**

**PW/WWC = Pregnant Women and Women with Children**

**IDU = Injection Drug Users**

**Co-Occurring MH = Individuals with a Co-Occurring Mental Health Issues**

*\*\* 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.

Currently, CCDAEC is in the process of expanding their outpatient/intensive outpatient and case management programs. CCDAEC has been working with a local Federally Qualified Health Clinic to open a Suboxone program that is not only easily accessible to the residents of the county but that emphasizes substance abuse treatment and a life of recovery.

Expansion of the case management program will allow for more community based services. The largest EMS (Emergency Management Service) program in the county will be collaborating with CCDAEC in an attempt to engage individuals that refuse transport to the hospital following an overdose. The case manager will speak with family/friends or, with consent, the overdose survivor. They will provide encouragement and education regarding available treatment services as well as explain how they may be eligible for funding through the SCA or Medicaid.

A non-hospital program opened in the county within the past two years, giving Crawford County patients access to a local rehab, if desired.

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.

CCDAEC is the CCE (Centralized Coordinating Entity) for the distribution of Narcan to first responders in the county. Entities provided Narcan through this program include: Venango QRS/VFD, Bloomfield VFD, West Mead #1 VFD, Titusville Fire Department, Mercy House of Meadville, Inc., Vernon Township VFD, Meadville Area Ambulance Service, Titusville Police Department, Women’s Services, Crawford County Coroner’s office, East Mead VFD, Cambridge Springs Municipal Police, Emergycare Ambulance Service, Summit VFD, CCDAEC, Greenwood VFD, Benson Memorial Library, Hydetown VFD, Titusville Area School District, Cochran VFD, Crawford County Adult Probation. Recipients of the Narcan are taking the online training provided through the Department of Health. The CCE follows up with the entity asking if they have questions or a need for additional training.

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 |
|--|----------------------------------|----------------------------|
|--|----------------------------------|----------------------------|

|                  |    |                |
|------------------|----|----------------|
|                  |    | <b>Trained</b> |
| SCA              | 3  | 15             |
| Provider Network | 21 | 7              |

Crawford County is part of the group of counties in the western portion of the state working with Southwest Behavioral Health (led by Dave McAdoo) to provide training for all providers contracted with the HealthChoices program, all Case Management Units and all Managed Care, Care Management Units.

To date, staff have participated in a one day oversight training for Executive Directors and Program CEOs, a two day skills trainings for treatment providers and case management staff, and a three day Implementation Leader training for supervisors from each provider and case management unit.

Sufficient trainings are being provided for all staff to complete ASAM training by July 1, 2018. Makeup trainings will be made available to those unable to attend the previously scheduled trainings.

**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:

Crawford County does not fund programs that fall specifically under the Adult Services category.

Program Name:  
 Description of Services:  
 Service Category: Please choose an item.

**Aging Services:** Please provide the following:

Crawford County does not fund programs that fall specifically under the Aging Services category.

Program Name:  
 Description of Services:  
 Service Category: Please choose an item.

**Children and Youth Services:** Please provide the following:

Crawford County does not fund programs that fall specifically under the Children and Youth Services category.

Program Name:  
Description of Services:  
Service Category: Please choose an item.

**Generic Services:** Please provide the following:

Crawford County does not fund programs that fall specifically under the Generic Services category.

Program Name:  
Description of Services:  
Service Category: Please choose an item.

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

Adult  Aging  CYS  SUD  MH  ID  HAP

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

**Program Name:** Titusville YMCA – Tiny Footsteps and Round Two Programs

**Description of Services:** The pre-K Tiny Footsteps Program focuses on Pre-school readiness and Round Two focuses on after school and summer enrichment. Both programs are a part of Keystone Stars initiative and have attained a Star 3 rating, and are on schedule to receive a Star 4 rating (the highest) this year. The goal of both the Tiny Footsteps and Round Two programs is to provide services for a high-risk population by offering high quality components to include academic, social, cultural, nutritional and physical well-being. Other components will include technology education, STEM projects and parent engagement through parent workshops and family nights to help minimize the stress that exists in so many family dynamics.

**Program Name:** Titusville Regional Literacy Council (TRLIC)

**Description of Services:** This program consists of three parts. Adult Education includes Adult Literacy, GED and High School Diploma programs. The adult meets with a volunteer or in a small group to work on improving a basic skill and/or prepare for an exam. Family Literacy is available for any adult who wishes to improve a skill or prepare for an exam, but who also requires childcare for children eight years of age or younger. While parents study, the children work on building skills of their own. Family literacy also involves “parenting” and “parent and child together time”. The School Transition Program works with families who have children from birth to age five and the early childhood organizations that serve them. The goal of the program is to work to ensure that all early childhood services and parents in the area know what is expected of children entering into Pre-Kindergarten and Kindergarten. The hope is that children who have the necessary skills to enter the school system will have a smoother transition into and through school and a more positive experience.

School districts in Crawford County do not offer adult education services. The school districts offer diplomas for school-age students who stay in school only. This is not the population that will be

served with this program. Many years ago area school districts lost funding to provide adult GED/Diploma classes. That same year the state of Pennsylvania had more than 150 adult literacy programs cut back to only 50+ programs. This proposal is not a duplication of services. In our hub city of Meadville we have the READ program which provides the opportunity to earn a diploma from Crawford Central in Meadville, and TRLC would provide the opportunity to earn a diploma from any other school districts at Titusville and Maplewood locations. Because transportation is an issue with many of our adult students, traveling to Meadville to receive services just is not feasible. The goal of this program is to bring services back to Saegertown and Conneaut so that the adults needing a diploma in those areas receive the same opportunities as those adults in Meadville, and they are more prepared for employment in a competitive job market.

**Program Name:** Women's Services, Inc, - Child Abuse Awareness Program (CAAP)

**Description of Services:** This program involves in school programming that provides information and presentations to school-age children to prevent and/or encourage reporting of child abuse. Presentations are held in classrooms from September to May and include curriculum that is age appropriate. The CAAP project provides a mechanism in the school system for the early identification of children who are being physically and/or sexually abused. It also teaches children the skills that will enable them to safely respond to potentially dangerous situations. The CAAP program plans to expand services into the Titusville School District and to provide services to special needs students in two current school districts.

**Program Name:** Crawford County Court Appointed Special Advocate Program (CASA)

**Description of Services:** This program provides trained volunteers who are appointed by the court to provide non-vested, guidance and advocacy for children involved with Children and Youth Services and/or Juvenile Probation Services. CASA volunteers are highly trained, caring individuals who give their time and experience to providing advocacy for children involved in dependency actions. They are appointed to represent the best interests of abused and neglected children throughout Crawford County. The length of time that a volunteer is assigned to a case varies depending on the child's situation. A volunteer is assigned until a child has reached permanency, either by returning safely home, being adopted or when another permanent goal has been achieved. The average length of time for a CASA volunteer is 22 months.

**Program Name:** Crawford County Drug & Alcohol Executive Commission, Inc. – D & A Prevention Program

**Description of Services:** This program provides in-school drug and alcohol prevention/intervention programming that provides educational groups and referral services to students initially identified through the Student Assistance Program (SAP). The SAP Liaison completes a screening with the student and possibly the parent. If the student meets criteria for behaviors and/or mental health indicators that put them at risk for potentially harmful consequences due to drug and/or alcohol usage and/or as a child of a substance abuser (COSA) they are referred to the Prevention Specialist group sessions. Many students referred to the D & A Prevention Program have violated their school's policy regarding use of tobacco, alcohol or other drugs on school grounds or coming to school under the influence of a substance.

Program Name: United Way of Titusville/Center for Financial Independence

**Description of Services:** This program designed to help individuals/families get on the road to financial stability and try to lessen their reliance on human service agencies during times of financial crisis. The goal is to help determine the underlying causes of financial crisis so that future stability can be maintained. This is done through helping to guide them through solving the issues that contributed to the emergency situation. This can be done through budgeting, increasing assets, decreasing debt, and referrals to agencies for ongoing support.

**Program Name:** Child to Family Connections

**Description of Services:** This program is requesting funding for staff training/education so that they are able to provide quality trained staff that are able to support ID individuals seeking competitive integrated employment. They are specifically looking at the ACRE training for their staff. With this training they will be able to provide training for staff to work directly with individuals seeking or currently involved in competitive employment opportunities. The target population would be transition age students receiving OVR services for employment and adults receiving OVR services and/or supported employment through waiver 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.

Crawford County does not utilize funds for Interagency Coordination.

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

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

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

**Note: Please refer to Planned Expenditures directions at the top of Appendix C-2 for reporting instructions (non-block grant counties only).**

## **Appendix D**

### **Eligible Human Services Cost Centers**

#### **Mental Health**

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

#### **Administrative Management**

Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

#### **Administrator's Office**

Activities and services provided by the Administrator's Office of the County Mental Health (MH) Program.

#### **Adult Development Training (ADT)**

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

#### **Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)**

SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with serious mental illness (SMI) who have a Global Assessment of Functioning (GAF) score of 40 or below and meet at least one other eligibility criteria (psychiatric hospitalizations, co-occurring mental health and substance abuse disorders, being at risk for or having a history of criminal justice involvement, and a risk for or history of homelessness).

#### **Children's Evidence Based Practices**

Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

#### **Children's Psychosocial Rehabilitation Services**

Activities designed to assist a child or adolescent (e.g., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

#### **Community Employment and Employment Related Services**

Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

#### **Community Residential Services**

Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community based residential program which is a DHS-licensed or approved community residential agency or home.

### **Community Services**

Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

### **Consumer-Driven Services**

Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

### **Emergency Services**

Emergency related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

### **Facility Based Vocational Rehabilitation Services**

Programs designed to provide paid development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality.

### **Family-Based Mental Health Services**

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

### **Family Support Services**

Services designed to enable persons with serious mental illness (SMI), children and adolescents with or at risk of serious emotional disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

### **Housing Support Services**

Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

### **Mental Health Crisis Intervention Services**

Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

### **Other Services**

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

### **Outpatient**

Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

### **Partial Hospitalization**

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents

with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

### **Peer Support Services**

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 1, 2006.

### **Psychiatric Inpatient Hospitalization**

Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

### **Psychiatric Rehabilitation**

Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

### **Social Rehabilitation Services**

Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.

### **Targeted Case Management**

Services that provide assistance to persons with serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (SED) in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

### **Transitional and Community Integration Services**

Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

## **Intellectual Disabilities**

### **Administrator's Office**

Activities and services provided by the Administrator's Office of the County ID Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

### **Case Management**

Coordinated activities to determine with the individual what services are needed and to coordinate their timely provision by the provider and other resources.

### **Community Residential Services**

Residential habilitation programs in community settings for individuals with intellectual disabilities.

### **Community Based Services**

Community-based services are provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

### **Other**

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

### **Homeless Assistance**

#### **Bridge Housing**

Transitional services that allow individuals who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

#### **Case Management**

Case management is designed to provide a series of coordinated activities to determine, with each individual, what services are needed to prevent the reoccurrence of homelessness and to coordinate their timely provision by administering agency and community resources.

#### **Rental Assistance**

Provides payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or possible eviction by maintaining individuals and families in their own residences.

#### **Emergency Shelter**

Refuge and care services to persons who are in immediate need and are homeless; e.g., have no permanent legal residence of their own.

#### **Other Housing Supports**

Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

### **Substance Use Disorder**

#### **Care/Case Management**

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

#### **Inpatient Non-Hospital**

##### **Inpatient Non-Hospital Treatment and Rehabilitation**

A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction

symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning. Rehabilitation is a key treatment goal.

**Inpatient Non-Hospital Detoxification**

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an individual with a substance use disorder.

**Inpatient Non-Hospital Halfway House**

A licensed community based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counseling, employment and other services. This is a live in/work out environment.

**Inpatient Hospital**

**Inpatient Hospital Detoxification**

A licensed inpatient health care facility that provides 24-hour medically directed evaluation and detoxification of individuals diagnosed with substance use disorders in an acute care setting.

**Inpatient Hospital Treatment and Rehabilitation**

A licensed inpatient health care facility that provides 24-hour medically directed evaluation, care and treatment for individuals with substance use disorder with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

**Outpatient/Intensive Outpatient**

**Outpatient**

A licensed organized, non-residential treatment service providing psychotherapy and substance use/disorder education. Services are usually provided in regularly scheduled treatment sessions for a maximum of five hours per week.

**Intensive Outpatient**

An organized non-residential treatment service providing structured psychotherapy and stability through increased periods of staff intervention. Services are provided in regularly scheduled sessions at least three days per week for at least five hours (but less than ten).

**Partial Hospitalization**

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24-hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least three days per week with a minimum of ten hours per week.

**Prevention**

The use of social, economic, legal, medical and/or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

**Medication Assisted Therapy (MAT)**

Any treatment for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or vivitrol.

## **Recovery Support Services**

Services designed and delivered by individuals who have experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance abuse. These services are forms of social support not clinical interventions. This does not include traditional 12 step programs.

### **Recovery Specialist**

An individual in recovery from a substance-related disorder that assists individuals in gaining access to needed community resources to support their recovery on a peer to peer basis.

### **Recovery Centers**

A location where a full range of Recovery Support Services are available and delivered on a peer to peer basis.

### **Recovery Housing**

A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

## **Human Services Development Fund**

### **Administration**

Activities and services provided by the Administrator's Office of the Human Services Department.

### **Interagency Coordination**

Planning and management activities designed to improve the effectiveness of county human services.

### **Adult Services**

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by DHS.

### **Aging**

Services for older adults (a person who is 60 years of age or older) include: adult day service, assessments, attendant care, care management, congregate meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter, personal assistance service, personal care, protective services, socialization/recreation/education/health promotion, transportation (passenger), volunteer services or other service approved by DHS.

### **Children and Youth**

Services for individuals under the age of 18 years; under the age of 21 years who committed an act of delinquency before reaching the age of 18 years or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years and while engaged in a course of instruction or treatment requests the court to retain jurisdiction until the course has been completed and their families include: adoption services counseling/intervention, day care, day treatment,

emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective and service planning.

**Generic Services**

Services for individuals that meet the needs of two or more populations include: adult day care, adult placement, centralized information and referral, chore, counseling, employment, homemaker, life skills education, service planning/case management, and transportation services.

**Specialized Services**

New services or a combination of services designed to meet the unique needs of a specific population that are difficult to meet with the current categorical programs.

# PROOF OF PUBLICATION

## Copy of Notice of Publication

### PUBLIC NOTICE

Crawford County Human Services Department Public Hearing Notice Human Services Block Grant Plan 2018-2019

The Crawford County Human Services Department will hold a public hearing for the FY 18-19 Human Services Block Grant Plan.

A Public Hearing is scheduled for Monday, May 7, 2018 at 2 p.m. at the Titusville Senior Center, Titusville Community in Burgess Park, 714 East Main Street, Titusville, PA 16354.

Contact: Sue Watkins, Associate Director Crawford County Human Services 18282 Technology Drive, Suite 101 Meadville, PA 16335 814-724-8380

Crawford Co Human Services 18282 Technology Dr., Suite 101 Meadville PA 16335

## PROOF OF PUBLICATION OF NOTICE IN Under Act No. 587 Approved May 16, 1929

STATE OF PENNSYLVANIA  
COUNTY OF CRAWFORD, SS

I, Karol Hartley, being duly sworn say that I am the Classified Manager of The Titusville Herald, owned and published by The Titusville Herald, Inc., of the County and State aforesaid, and that The Titusville Herald, a newspaper of general circulation published at 209 West Spring Street, City of Titusville, County and State aforesaid, was established in 1865, since which time The Titusville Herald has been regularly issued in said county and that the printed notice of publication attached hereto is exactly the same as was printed and published in the regular editions and issues of the said Titusville Herald on the following dates,

**30th of April, 2nd and 4th of May 2018**

Affiant deposes that he is an officer duly authorized by The Titusville Herald, Inc. of general circulation, to verify the foregoing statement under oath, and affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statements as to time, place and character of publication are true.

This affidavit is made under and by virtue of a resolution of the Board of Directors of The Titusville Herald, Inc., duly passed on the 29th day of September, 2005, authorizing and directing this affiant to make and verify this and all other proofs of publication of notices and advertisements thereafter to be published in The Titusville Herald which may require such proof according to the requirements of the Act of May, 1929, P.L. 1784.

  
The Titusville Herald, Inc.

Sworn to and subscribed before me this  
**4th of May 2018**

  
My Commission expires March 23, 2021

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Michael D. Sample, Notary Public  
Wayne Twp., Erie County  
My Commission Expires March 23, 2021  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

THE TITUSVILLE HERALD

|  |           |
|--|-----------|
| For publishing the notice of publication attached hereto on the above dates: | \$ 128.00 |
| Affidavit of same:   | \$ 5.00   |
| Total:   | \$ 133.00 |

The Titusville Herald, a newspaper of general circulation, hereby acknowledges receipt of the aforesaid notice and publication costs and certifies that the same have been duly paid.

The Titusville Herald, a newspaper of general circulation

## **CRAWFORD COUNTY HUMAN SERVICES**

### **FY 18-19 HSBG Public Hearings outline**

**Please see sign-in sheet for attendance**

**May 7, 2018**

- **MH Services (Adult):**
  - Monthly planning meetings...Third Thursday of the month at 10 at CCHS. There is also a call in number. Next meeting is June 14. This past year we focused on bringing community agencies to the meeting to talk about what services they provide. We would like to see increased participation from Titusville and consumers for the next year.
  - The Block Grant Planning Committee has collaborated with Crawford County School District, Office of Vocational Rehabilitation, Child to Family Connections, Crawford County K-12, and Career Education Alliance to put together a fair to help dispel the myths of hiring people with disabilities. This fair will offer employers that have hired those with disabilities an opportunity to share their stories with employers in the community, to help them understand that those with disabilities can be successful while working.
  - There is a Survey out to help us narrow down what our focus in the coming year.
  - Increasing the number of people who are receiving CHIPP support in their own homes/apartments. County is looking to expand community housing opportunities for individuals with a mental illness and need support.
  - With re-investment funding through our manage care organization, Crawford County Human Services was able to contract with three providers (United Way of Meadville, United Way of Titusville, CHAPS) to provide housing contingency funding to eligible individuals. We were also able to fund a master leased apartment with housing support services.
  
- **MH Services (Child):**
  - The county and the SBHM have been collaborating to use case conceptualization and other strengths based approaches in competing for RTF beds. The county has had difficulties locating appropriate placements for children with complex and multi-system needs, including RTF and CRR homes.
  - Bethesda continues to work on pursuing a six bed, female RTF that will work with families and their children to reduce readmittance to RTF placement. Referrals will be accepted once Bethesda receives their Promise ID number.
  - SBHM School Base has been working with the County and the providers to develop a summer component to provide treatment within the home and community. One Provider is also looking at providing "family nights" for School Based families. The county lacks summer programming due to STAP not being offered this summer 2018. Summer park programs are also being discussed to bring back to the area this year. There was a discussion about the STAP program and why it is not being offered this year.

- The county is reevaluating the Resource Coordinator position that is located out of Titusville. The county will continue to monitor Family Services & Children's Aid Society to re-examine the program model and how it can be more effective to families.
  - Family Services of NWPA has added Blended Multisystemic Therapy and Multisystemic Therapy Program Sexual Behavior (MST/MST-PSB). The intent of the addition is to have therapists and supervisors who are trained to deal with both MST consumers and MST-PSB consumers, thereby maximizing the range of youth that can be served by one team.
  - Crawford County, with the help of Value and SBHM, have continued to review concerns in regards to staffing issues and filling of prescriptions' for BHRS.
  - CHAPS has been working on developing a transition age Clubhouse/Site Based Rehab model. This would help our transition age kids learn skills to live independently. This program is funded through a grant through CHAPS' insurance program. It is not state or OMHAS approved.
  - Crawford County has seen an increase of children ages 5 – 11 with more complex needs—including those diagnosed with Autism Spectrum Disorders. Parents are struggling to handle the more intense issues of today's society. The county and the Block Grant Planning Committee are advocating for in-home parenting and respite to teach parents the skills to deal with their children's intense needs and to give them time to rejuvenate in order to help these children at home and with least restrictive services.
  - The County has a limited list of Psychiatrists to choose from. There are long waiting lists of up to 3 months to get a consumer in for an initial assessment and getting them in for a medication check is almost as long.
  - Transportation in the rural areas and outside of Crawford county continues to be a barrier in treatment for those without transportation and who do not qualify for MA transportation. This becomes a problem when a parent cannot get their children to appointments. A family is more likely to engage in treatment when transportation is not an issue.
  - A proposal was submitted through HSDF to fund a route from Meadville to Titusville. This program will be funded instead through SOC.
  - A community member commented that CATA in Titusville needs to bring back the Saturday run. She stated there are no CATA or Shared Ride options on the weekends.
  - A Provider noted that they will be starting a parent Café in the Titusville area and that the pool at the high school will be open/free to families three days a week from 1-4PM during the summer.
- **ID Services:**
    - HSBG funding is primarily focused on addressing emergency situations and/or at-risk individuals requiring assistance with day-to-day living and support.
    - Per the CMS Waiver Agreement, effective 07/01/2017, individuals formally diagnosed on the Autism Spectrum are now eligible for SC and waiver services. We are awaiting response from ODP regarding the use of HSBG state funding for eligible individuals on the Autism Spectrum. Currently, it is our understanding that the MH/ID Act of 1966 limits the use of state funding to ID individuals only. If ODP grants the use of HSBG state

funding for individuals on the Autism Spectrum, all HSBG services options will be available for their use.

- We did anticipate an increase in the number of individuals served in the ID department due to the new Autism target group. To date, however, we have not seen a large influx of new individuals requesting Autism services through the ID Department.
- ODP focuses on "Employment First" and encourages individuals to seek competitive employment. ODP encourages counties to utilize the HSBG funding to support need in this area. A continued barrier to offering the Supported Employment service with HSBG funding is a very high reimbursement rate for the service. HSBG funding would not be able to sustain long-term support in this area.
- ODP also focuses on promoting Lifesharing opportunities for eligible individuals. A continued barrier to offering Lifesharing through the HSBG is a high reimbursement rate that the HSBG is not able sustain. Instead, when emergencies arise, we opt to use temporary Respite support while alternative funding streams are sought for the individual.
- There was a question regarding defining Lifesharing. Lifesharing cannot be maintained long term with HSBG funds due to the cost. If Lifesharing is necessary possible waiver options would be investigated.
- ID will continue to fund existing individual services such as rep payee, rec/leisure, In-Home and Community Support, Support (Medical Environment), Community Participation Support, and FSS Sitter/Respite.
- ID will continue to fund existing programs such as The Arc's DIC, OASIS Club, and the QLC Group

#### **Substance Use Disorder Services:**

- Many of the individuals that come through the doors seeking services are not eligible for Medicaid at their point of entry. Previously, D/A services were funded through Act 152 and BHSI. These funds were not flexible enough to augment/allow for expansion of services. HSBG funds help fund treatment and treatment related services that may otherwise be inaccessible. Those that can become eligible are assisted in the process.
- The opioid epidemic continues to be problematic. CCDAEC staffs the Crawford County Overdose Coalition and its seven subcommittees. There are 40+ members on this committee.
- CCDAEC has been working with MMC to develop a pilot Suboxone clinic at one of our rural health clinics.
- CCDAEC has a 24-hour crisis number and staff on call to respond to warm hand offs and other relevant needs. This service is offered in the Titusville area as well but has not been frequently utilized. CCDAEC is working with Titusville Hospital to break down communication barriers and increase usage.

- CCDAEC offers prevention education services to the community to address substance abuse issues.
  - CCDAEC provides intervention services in the jail. Art Therapy techniques are utilized. Staff will soon be trained in drumming and will be able to use this tool during therapy sessions.
  - CCDAEC has employed a staff member with an art therapy background and is looking into possible offering music therapy in the future.
- **Human Services Development Funds:**
    - **Specialized Services:**
      - **Titusville YMCA** offers after –school and summer enrichment programs. Two programs are operated in the Education Center. The pre-K Tiny Footsteps Program focuses on Pre-school readiness and Round Two focuses on after school and summer enrichment. The goal of both the Tiny Footsteps and Round Two programs is to provide services for a high-risk population by offering high quality components to include academic, social, cultural, nutritional and physical well-being. Other components will include technology education, STEM projects and parent engagement through parent workshops and family nights to help minimize the stress that exists in so many family dynamics.
      - **Mercy House of Meadville, Inc** offers a Suboxone Facing Fear Titration and Living Clean Program. This program provides individual counseling and group therapy support for individuals transitioning off of Suboxone due to former opioid dependence. The goal is to build an individual’s mind/body/soul skills to enhance clean living. When adequate skills are operating then the potential for relapse and overdose decrease. Clients are provided with supportive therapy and clean living skills designed to assist them in achieving/maintaining sobriety and preventing relapse. The program also provides opportunities to discuss titration and get professional information regarding how that can occur.
      - **Women’s Services Child Abuse Awareness Program** has plans to expand into the Titusville School District and add programs for special needs students. This program involves in school programming that provides information and presentations to school-age children to prevent and/or encourage reporting of child abuse. Presentations are held in classrooms from September to May and include curriculum that is age appropriate. The CAAP project provides a mechanism in the school system for the early identification of children who are being physically and/or sexually abused. It also teaches children the skills that will enable them to safely respond to potentially dangerous situations.
      - **Crawford County Court Appointed Special Advocate Program (CASA)** provides trained volunteers who are appointed by the court to provide non-vested, guidance and advocacy for children involved with Children and Youth Services and/or Juvenile Probation Services. CASA volunteers are highly trained, caring individuals who give their time and experience to providing advocacy for

children involved in dependency actions. They are appointed to represent the best interests of abused and neglected children throughout Crawford County.

- **Crawford County Drug and Alcohol Executive Commission, Inc. Prevention Program** provides in-school drug and alcohol prevention/intervention programming that provides educational groups and referral services to students initially identified through the Student Assistance Program (SAP). If the student meets criteria for behaviors and/or mental health indicators that put them at risk for potentially harmful consequences due to drug and/or alcohol usage and/or as a child of a substance abuser (COSA) they are referred to the Prevention Specialist group sessions. Many students referred to the D & A Prevention Program have violated their school's policy regarding use of tobacco, alcohol or other drugs on school grounds or coming to school under the influence of a substance.
- **Titusville regional Literacy Council Program** consists of three parts. Adult Education includes Adult Literacy, GED and High School Diploma programs. The adult meets with a volunteer or in a small group to work on improving a basic skill and/or prepare for an exam. Family Literacy is available for any adult who wishes to improve a skill or prepare for an exam, but who also requires childcare for children eight years of age or younger. While parents study, the children work on building skills of their own. Family literacy also involves "parenting" and "parent and child together time". The School Transition Program works with families who have children from birth to age five and the early childhood organizations that serve them. The goal of the program is to work to ensure that all early childhood services and parents in the area know what is expected of children entering into Pre-Kindergarten and Kindergarten.
- **United Way of Titusville/Center for Financial Independence** is a program designed to help individuals/families get on the road to financial stability and try to lessen their reliance on human service agencies during times of financial crisis. The goal is to help determine the underlying causes of financial crisis so that future stability can be maintained. This is done through helping to guide them through solving the issues that contributed to the emergency situation. This can be done through budgeting, increasing assets, decreasing debt, and referrals to agencies for ongoing support.
- **Child to Family Connections** is requesting funding for staff training/education so that they are able to provide quality trained staff that are able to support ID individuals seeking competitive integrated employment. With this training they will be able to provide training for staff to work directly with individuals seeking or currently involved in competitive employment opportunities. The target population would be transition age students receiving OVR services for employment and adults receiving OVR services and/or supported employment through waiver services.

- **Homeless Assistance Services Funds:**

- **Bridge Housing** is provided by the **Crawford County Coalition on Housing Needs (CCCHN), Inc. as Liberty House**. Liberty House is Crawford County's first and only transitional housing project for homeless families. Handicap accessible apartments are available for those with special needs. Tenants must be income eligible and have at least one dependent child. These families need to demonstrate a willingness to break the cycle of homelessness through hard work and counseling. This program also targets families who are unable to access other affordable housing options due to barriers such as a poor credit history and lack of landlord references. The maximum length of stay is 18 months.

Unmet needs and gaps are reported to be related to needing more Bridge Housing and funding for these services. As the only in county shelter that provides services to families, CCCHN also reports that there is definitely a need for additional family shelters in our area.

- **Homeless Case Management**, which is partially funded through HAP, is provided by four providers in Crawford County. **Women's Services, Inc.** provides assistance specifically to women and children by offering programming, education, mentoring, advocacy and other supports to help them reestablish and maintain safe and affordable housing. **Crawford County Mental Health Awareness Program, Inc. (CHAPS), the YWCA in Titusville and the Center for Family Services (CFS)** offer support to improve living situations for anyone who is homeless or near homeless.

Our providers report that limited number of staff and available funding are the major unmet needs or gaps in this area. They report that it is getting harder to meet the high demands for case management services for those who do not qualify for rental assistance. The numbers of adult only households in homeless situations with little to no income have reportedly skyrocketed in the past 1-2 years. Part of this is due to the housing instability that has been caused by drug addiction issues.

- **Homeless Rental Assistance**, which is partially funded through HAP, is provided by two providers in Crawford County. **Titusville YWCA and the Center for Family Services** screen applicants to ensure that they are homeless or near homeless, and then provide financial help to acquire housing or other related needs.

Our providers both report that available funding is the major unmet need or gap in this area as well. There appears to be an increase in need above the funding that is available for disbursement. Rent costs are increasing but funding for rental assistance services is not. Thus, this results in fewer people being served under the rental assistance services. These individuals are being shifted to case management services which results in their numbers of people to serve increasing as well.

- **Emergency Shelter Services**, which is partially funded through HAP, is provided by three providers in Crawford County. **Titusville YWCA Saint James Shelter and Women's**

**Services** offer emergency shelter to women and children only, while the **Crawford County Coalition on Housing Needs, Inc.** offers emergency shelter to anyone who is homeless or near homeless. The goal of these programs is to help individuals to become self-sufficient by securing permanent living arrangements and developing a continuum of services to support them after they leave the shelter.

All emergency shelters report that the need for shelter services often surpasses the availability of our current shelter services. There are times when waiting lists need to be created because we are unable to meet the needs of everyone who qualifies for these services.

- **Other Housing Supports: Other Housing Supports**, through the Innovative Supportive Housing Services category of HAP, have been used to fund bus passes through our local bus transportation system (CATA). Bus passes are available to ensure quality, reliable and safe transportation for persons at or near homelessness who are receiving human services related programming. The bus service and partner agencies identify those individuals who are not able to access basic life functions due to a lack of transportation. The goal in issuing bus passes is to eliminate the barrier of transportation to help individuals move towards obtaining self-sufficiency.

CRAWFORD COUNTY HUMAN SERVICES

FY 2018-2019 Human Service Block Grant Public Hearing

May 7, 2018 at 2PM

NAME/AGENCY

CONTACT INFORMATION

|                              |                              |
|------------------------------|------------------------------|
| Shel Watkins CCHS            | swoathins@co.crawford.pa.us  |
| Mickey Telasco CCHS          | Mztelasc@co.crawford.pa.us   |
| Ashleigh English YWCA        | director@ywca.titusville.org |
| David Crowe @CEDAEC          | dcrowe@cedaec.org            |
| Stephanie Ace CCHS           | Sace@co.crawford.pa.us       |
| JILL M. GILLETTE CCHS        | jgillette@co.crawford.pa.us  |
| TIM SNYDER SOCIAL CONNECTION | tsnyder@goseniors.org        |
| EVELYN KEUE OF ACTIVE AGING  | NOTES 4 LYN@YAHOO.COM        |

[Home](#) [Submit a notice](#)

powered by  **PUBLIC NOTICES**



[All Notices](#)

[Legal Notices](#)

[Public Notices](#)



# Public Notices

[Back](#)

Source **Meadville Tribune**

Category **Public Notices**

Published Date **April 30, 2018**

## Notice Details

**PUBLIC NOTICE CRAWFORD COUNTY HUMAN SERVICES DEPARTMENT PUBLIC HEARING NOTICE HUMAN SERVICES BLOCK GRANT PLAN 2018-2019** The Crawford County Human Services Department will hold a public hearing for the FY 18-19 Human Services Block Grant Plan. A Public Hearing is scheduled for Tuesday, May 8, 2018 at 9AM in the first floor conference room at Crawford County Human Services, 18282 Technology Drive, Suite 101, Meadville, PA. Contact: Sue Watkins, Associate Director Crawford County Human Services 18282 Technology Drive Suite 101 Meadville, PA 16335 Phone (814) 724-8380 04/30/18:05/02,04/18

© Copyright 2018, Public Notices. All rights reserved. Search powered by transpareensee

[About](#) | [Terms of Use](#) | [Privacy Policy](#)

## Mary James

---

**From:** Wendie Bergendahl <wendieb@meadvilletribune.com>  
**Sent:** Wednesday, April 11, 2018 1:54 PM  
**To:** Mary James  
**Subject:** Re: Public Notice

Thanks Mary, runs 4/30, 5/2,4

Regards,

Wendie

Wendie A. Bergendahl  
Classified Manager  
The Meadville Tribune  
947 Federal Court  
Meadville PA 16335  
wendieb@meadvilletribune.com  
814-724-6370 x224  
800-879-0006 x224

A Thought: "Next to power without honor, the most dangerous thing in the world is power without humor." Eric Sevareid

Mary James wrote:

- > Hi Wendie,
- > We would like to place the attached ad in the Meadville Tribune on April 30, May 2, and May 4. If you have any questions, please feel free to contact me.
- > Thank you,
- >
- > Mary James
- > Crawford County Human Services
- >
- > This electronic message and its attachments may include information from Crawford County Human Services that is confidential and may be protected under federal and/or state law. This information is intended to be for the use of the intended and addressee only. The improper use of this information is prohibited. If you have received this email in error, please notify us by telephone at 814-724-8380 immediately, or by email by replying to sender, so that we may arrange for the appropriate retrieval of this document at no cost to you.
- >
- >
- >

## Mary James

---

**From:** Sue Watkins  
**Sent:** Wednesday, April 11, 2018 1:18 PM  
**To:** Mary James  
**Subject:** Newspaper ad-Mdvl

I would like the following ad placed in the Meadville Tribune on 4-30, 5-2 and 5-4. Thanks!

*Non-meal for*

### LEGAL NOTICE

#### Public notice

**Crawford County Human Services Department  
Public Hearing Notice  
Human Services Block Grant Plan 2018-2019**

**The Crawford County Human Services Department will hold a public hearing for the FY 18-19 Human Services Block Grant Plan.**

**A Public Hearing is scheduled for Tuesday, May 8, 2018 at 9AM in the first floor conference room at Crawford County Human Services, 18282 Technology Drive, Suite 101, Meadville, PA.**

#### Contact:

**Sue Watkins, Associate Director  
Crawford County Human Services  
18282 Technology Drive Suite 101  
Meadville, PA 16335  
Phone (814) 724-8380**

*Sue Watkins* | Associate Director  
Crawford County Human Services  
18282 Technology Drive, Suite 101 | Meadville, PA 16335  
Phone 814.373.2662 | Fax 814.336.2956

This electronic message and its attachments may include information from Crawford County Human Services that is confidential and may be protected under federal and/or state law. This information is intended to be for the use of the intended and addressee only. The improper use of this information is prohibited. If you have received this email in error, please notify us by telephone at 814-724-8380 immediately, or by email by replying to sender, so that we may arrange for the appropriate retrieval of this document at no cost to you.

## **CRAWFORD COUNTY HUMAN SERVICES**

### **FY 18-19 HSBG Public Hearings outline**

**Please see sign-in sheet for attendance**

**May 8, 2018**

- **MH Services (Adult):**

- We continue to hold the monthly planning meetings...Third Thursday of the month at 10 at CCHS. There is also a call in number. Next meeting is June 14. We would like to see more consumers attending the meeting. This past year we focused on bringing community agencies to the meeting to talk about what services they provide. Our primary focus this year was expanding employment. Fair on May 10<sup>th</sup> employers who hire individual with a MH or ID need will be talking to other employers.
- Stephanie sent out a survey to help us narrow down what our focus in the coming year should be.
- Increasing the number of people who are receiving CHIPP support in their own homes/apartments. The County is looking to expand community housing opportunities for individuals with a mental illness and need support by creating more personal care boarding homes. The County is currently looking to purchase a residence to support up to 8 people.
- With re-investment funding through our manage care organization, Crawford County Human Services was able to contract with three providers to provide housing contingency funding to eligible individuals. We were also able to fund a master leased apartment with housing support services.
- Lynn from CHAPS noted that Butler County holds a walk in clinic for psychiatric treatment a couple days a week.

- **MH Services (Child):**

- We are seeing more kids with specific needs at a higher level. The county and the SBHM have been collaborating to use case conceptualization and other strength based approaches in competing for RTF beds. The county has had difficulties locating appropriate placements for children with complex and multi-system needs, including RTF and CRR homes.
- Bethesda continues to work on pursuing an RTF that will work with families and their children to reduce readmittance to RTF placement. Referrals will be accepted once Bethesda receives their Promise ID number. This is a 6 bed unit for girls.
- SBHM School Base has been working with the County and the providers to develop a summer component to provide treatment within the home and community. The county lacks summer programming due to no STAP being offered this summer 2018. Titusville is offering a free summer program at the high school pool.
- The county is reevaluating the Resource Coordinator position that is located out of Titusville. The county will continue to monitor Family Services & Children's Aid Society to re-examine the program model and how it can be more effective to families.

- Family Services of NWPA has added Blended Multisystemic Therapy and Multisystemic Therapy Program Sexual Behavior (MST/MST-PSB). The intent of the addition is to have therapists and supervisors who are trained to deal with both MST consumers and MST-PSB consumers, thereby maximizing the range of youth that can be served by one team.
- The Block Grant Planning Committee has collaborated with Crawford County School District, Office of Vocational Rehabilitation, Child to Family Connections, Crawford County K-12, and Career Education Alliance to put together a fair to help dispelling the myths of hiring people with disabilities. This fair will offer employers that have hired those with disabilities to share their stories with employers in the community, to help them understand that those with disabilities can be successful while working.
- Crawford County, with the help of Value and SBHM have continued to review concerns in regards to staffing issues and filling of prescriptions' for BHRS.
- Chaps has been working on developing a transitional age youth clubhouse, which would be a site based psychiatric rehab model. This would help our transitional age kids learn skills to live independently.
- Crawford County has seen an increase of children ages 5 – 11 with more complex needs. Parents are struggling to handle the more intense issues of today's society. The county and the Block Grant Planning Committee are advocating for in-home parenting and respite to teach parents the skills to deal with their children's intense needs and to give them time to rejuvenate in order to help these children at home and with least restrictive services.
- The County has a limited list of Psychiatrist to choice from. There are long waiting lists of up to 3 months to get a consumer in for an initial assessment and getting them in for a medication check is almost as long. This lack of services puts a burden on the consumer and may lead to a higher level of care. We are finding there are a lot of kids in need of services, but there are no services to support them. There was a discussion on how this is true in adult and children's services. A Provider suggested that hiring Nurse Practitioners or PA's be looked into as a solution to this problem. They state that consumers report a more enriching and effective experience when seen by these types of professionals.
- The County continues to see a lack of providers offering services for higher levels of care for children/adolescents on the Autism Spectrum. There are times, due to the high level of behavioral problems with this population, that it is difficult to find higher level of care when children are in crisis. The lack of inpatient hospitalizations, acute hospitalizations and RTFs to stabilize those on the Spectrum cause a burden for parents, schools and service providers. We need to not only look at a way to better serve and treat this population, but to also look at giving parents support to continue to keep children in their home.
- The need for assisting in preparing transitional age Children into adulthood continues to be a concern of the County. These children have a tendency to be the children who have been in the system and have poor relationships with their parents. We have seen that children between the ages of 16-18 years old are lacking the skills needed to transition into adulthood. This is most notable in children who have been placed outside of their home. Crawford County needs to continue to identify these children early and develop needed programs while working with the community providers and Children and Youth to help this population be successful adults. The County would like to see more programming in transfer of skills for families, to help in developing skills for parents and children to help assist in this transition.

- One of biggest challenges that the County faces with our children/adolescents is finding placements for the more intense emotional, mental and behavioral issues. It has become a barrier to stabilizing children/adolescents and keeping them and their families safe. Many inpatient hospitals, RTFs, stabilization units and acute partials have had long waiting lists and children/adolescents with more intense needs fall as an outlier for their criteria. This is leading to the child/adolescent having to wait weeks and even months for treatment, while the families feel hopeless and unsafe.
  - Transportation in the rural areas and outside of Crawford county continues to be a barrier in treatment for those without transportation and do not qualify for MA transportation. This becomes a problem when a parent cannot get their children to appointments. A family is more likely to engage in treatment when transportation is not an issue.
  - There is a high need for least restrictive placement for the more difficult Children that are not at the level of RTF. CRR homes are a choice for families but, our county has a shortage of CRR homes that are willing to take the more difficult children and often times do not have homes at all for our consumers without the more difficult needs. The CRR agencies need to market these homes to families that are willing to take on a more challenging child and to help parents learn the transfer of skills they need to get their child returned to their home. Currently children are going into RTF and are not getting what they need and end up being readmitted.
- **ID Services:**
    - HSBG funding is primarily focused on addressing emergency situations and/or at-risk individuals requiring assistance with day-to-day living and support.
    - Per the CMS Waiver Agreement, effective 07/01/2017, individuals formally diagnosed on the Autism Spectrum are now eligible for SC and waiver services. We are awaiting response from ODP regarding the use of HSBG state funding for eligible individuals on the Autism Spectrum. Currently, it is our understanding that the MH/ID Act of 1966 limits the use of state funding to ID individuals only. If ODP grants the use of HSBG state funding for individuals on the Autism Spectrum, all HSBG services options will be available for their use.
    - We did anticipate an increase in the number of individuals served in the ID department due to the new Autism target group. To date, however, we have not seen a large influx of new individuals requesting Autism services through the ID Department.
    - ODP focuses on "Employment First" and encourages individuals to seek competitive employment. ODP encourages counties to utilize the HSBG funding to support need in this area. A continued barrier to offering the Supported Employment service with HSBG funding is a very high reimbursement rate for the service. HSBG funding would not be able to sustain long-term support in this area.
    - ODP also focuses on promoting Lifesharing opportunities for eligible individuals. Lifesharing places consumers in private homes for services. A continued barrier to offering Lifesharing through the HSBG is a high reimbursement rate that the HSBG is not

able sustain. Instead, when emergencies arise, we opt to use temporary Respite support while alternative funding streams are sought for the individual.

- ID will continue to fund existing individual services such as rep payee, rec/leisure, In-Home and Community Support, Support (Medical Environment), Community Participation Support, and FSS Sitter/Respite.
- ID will continue to fund existing programs such as The Arc's DIC, OASIS Club, and the QLC Group.
- A question was asked if there is any expansion on the horizon for the Autism Waiver. The Bureau of Autism will continue to support adult Autism. A consumer can be on this list and on the county's list for services. There were no extra waiver slots awarded with the Autism Waiver Agreement.

#### **Substance Use Disorder Services:**

- Many of the individuals that come through the doors seeking services are not eligible for Medicaid at their point of entry. HSBG funds help fund treatment and treatment related services that may otherwise be inaccessible. Those that can become eligible are assisted in the process. The Block Grant allows the agency to enhance existing programs and create other new programs.
- The opioid epidemic continues to be problematic. CCDAEC staffs the Crawford County Overdose Coalition and its seven subcommittees.
- CCDAEC has been working with MMC to develop a Suboxone clinic. Anyone can attend as long as they agree to receiving therapy also.
  - A question was asked if this would be available for students who are in recovery and starting to slip but can't get help unless it is in their system. They may be able to receive help at this clinic.
- CCDAEC has a 24-hour crisis number and staff on call to respond to warm hand offs and other relevant needs.
- CCDAEC offers prevention education services to the community to address substance abuse issues.
- CCDAEC provides intervention services in the jail. Art Therapy techniques are utilized. Staff will soon be trained in drumming and will be able to use this tool during therapy sessions.
- David noted that licensing has already been done to bring medical marijuana into Crawford County. There are prohibitions on how it can be used, however the Physician General in PA has allowed for receiving it in a vaped version as opposed to smoked. There are also discussions on using medical marijuana to aid recovering opiate addicts.

- **Human Services Development Funds:**

- **Specialized Services:**

- **Titusville YMCA** offers after –school and summer enrichment programs. Two programs are operated in the Education Center. The pre-K Tiny Footsteps Program focuses on Pre-school readiness and Round Two focuses on after school and summer enrichment. The goal of both the Tiny Footsteps and Round Two programs is to provide services for a high-risk population by offering high quality components to include academic, social, cultural, nutritional and physical well-being. Other components will include technology education, STEM projects and parent engagement through parent workshops and family nights to help minimize the stress that exists in so many family dynamics.
- **Mercy House of Meadville, Inc** offers a Suboxone Facing Fear Titration and Living Clean Program. This program provides individual counseling and group therapy support for individuals transitioning off of Suboxone due to former opioid dependence. The goal is to build an individual’s mind/body/soul skills to enhance clean living. When adequate skills are operating then the potential for relapse and overdose decrease. Clients are provided with supportive therapy and clean living skills designed to assist them in achieving/maintaining sobriety and preventing relapse. The program also provides opportunities to discuss titration and get professional information regarding how that can occur.
- **Women’s Services Child Abuse Awareness Program** has plans to expand into the Titusville School District and add programs for special needs students. This program involves in school programming that provides information and presentations to school-age children to prevent and/or encourage reporting of child abuse. Presentations are held in classrooms from September to May and include curriculum that is age appropriate. The CAAP project provides a mechanism in the school system for the early identification of children who are being physically and/or sexually abused. It also teaches children the skills that will enable them to safely respond to potentially dangerous situations.
- **Crawford County Court Appointed Special Advocate Program (CASA)** provides trained volunteers who are appointed by the court to provide non-vested, guidance and advocacy for children involved with Children and Youth Services and/or Juvenile Probation Services. CASA volunteers are highly trained, caring individuals who give their time and experience to providing advocacy for children involved in dependency actions. They are appointed to represent the best interests of abused and neglected children throughout Crawford County.
- **Crawford County Drug and Alcohol Executive Commission, Inc. Prevention Program** provides in-school drug and alcohol prevention/intervention programming that provides educational groups and referral services to students initially identified through the Student Assistance Program (SAP). If the student meets criteria for behaviors and/or mental health indicators that put them at risk for potentially harmful consequences due to drug and/or alcohol usage and/or as a child of a substance abuser (COSA) they are referred to the Prevention Specialist group sessions. Many students referred to the D & A

Prevention Program have violated their school's policy regarding use of tobacco, alcohol or other drugs on school grounds or coming to school under the influence of a substance.

- **Titusville regional Literacy Council Program** consists of three parts. Adult Education includes Adult Literacy, GED and High School Diploma programs. The adult meets with a volunteer or in a small group to work on improving a basic skill and/or prepare for an exam. Family Literacy is available for any adult who wishes to improve a skill or prepare for an exam, but who also requires childcare for children eight years of age or younger. While parents study, the children work on building skills of their own. Family literacy also involves "parenting" and "parent and child together time". The School Transition Program works with families who have children from birth to age five and the early childhood organizations that serve them. The goal of the program is to work to ensure that all early childhood services and parents in the area know what is expected of children entering into Pre-Kindergarten and Kindergarten.
  - **United Way of Titusville/Center for Financial Independence** is a program designed to help individuals/families get on the road to financial stability and try to lessen their reliance on human service agencies during times of financial crisis. The goal is to help determine the underlying causes of financial crisis so that future stability can be maintained. This is done through helping to guide them through solving the issues that contributed to the emergency situation. This can be done through budgeting, increasing assets, decreasing debt, and referrals to agencies for ongoing support.
  - **Child to Family Connections** is requesting funding for staff training/education so that they are able to provide quality trained staff that are able to support ID individuals seeking competitive integrated employment. With this training they will be able to provide training for staff to work directly with individuals seeking or currently involved in competitive employment opportunities. The target population would be transition age students receiving OVR services for employment and adults receiving OVR services and/or supported employment through waiver services.
- **Homeless Assistance Services Funds:**
    - **Bridge Housing** is provided by the **Crawford County Coalition on Housing Needs (CCCHN), Inc. as Liberty House**. Liberty House is Crawford County's first and only transitional housing project for homeless families. Handicap accessible apartments are available for those with special needs. Tenants must be income eligible and have at least one dependent child. These families need to demonstrate a willingness to break the cycle of homelessness through hard work and counseling. This program also targets families who are unable to access other affordable housing options due to barriers such as a poor credit history and lack of landlord references. The maximum length of stay is 18 months.

Unmet needs and gaps are reported to be related to needing more Bridge Housing and funding for these services. As the only in county shelter that provides services to families, CCCHN also reports that there is definitely a need for additional family shelters in our area.

- **Homeless Case Management**, which is partially funded through HAP, is provided by four providers in Crawford County. **Women's Services, Inc.** provides assistance specifically to women and children by offering programming, education, mentoring, advocacy and other supports to help them reestablish and maintain safe and affordable housing. **Crawford County Mental Health Awareness Program, Inc. (CHAPS), the YWCA in Titusville and the Center for Family Services (CFS)** offer support to improve living situations for anyone who is homeless or near homeless.

Our providers report that limited number of staff and available funding are the major unmet needs or gaps in this area. They report that it is getting harder to meet the high demands for case management services for those who do not qualify for rental assistance. The numbers of adult only households in homeless situations with little to no income have reportedly skyrocketed in the past 1-2 years. Part of this is due to the housing instability that has been caused by drug addiction issues.

- **Homeless Rental Assistance**, which is partially funded through HAP, is provided by two providers in Crawford County. **Titusville YWCA and the Center for Family Services** screen applicants to ensure that they are homeless or near homeless, and then provide financial help to acquire housing or other related needs.

Our providers both report that available funding is the major unmet need or gap in this area as well. There appears to be an increase in need above the funding that is available for disbursement. Rent costs are increasing but funding for rental assistance services is not. Thus, this results in fewer people being served under the rental assistance services. These individuals are being shifted to case management services which results in their numbers of people to serve increasing as well.

- **Emergency Shelter Services**, which is partially funded through HAP, is provided by three providers in Crawford County. **Titusville YWCA Saint James Shelter and Women's Services** offer emergency shelter to women and children only, while the **Crawford County Coalition on Housing Needs, Inc.** offers emergency shelter to anyone who is homeless or near homeless. The goal of these programs is to help individuals to become self-sufficient by securing permanent living arrangements and developing a continuum of services to support them after they leave the shelter.

All emergency shelters report that the need for shelter services often surpasses the availability of our current shelter services. There are times when waiting lists need to be created because we are unable to meet the needs of everyone who qualifies for these services.

- **Other Housing Supports: Other Housing Supports**, through the Innovative Supportive Housing Services category of HAP, have been used to fund bus passes through our local bus transportation system (CATA). Bus passes are available to ensure quality, reliable and safe transportation for persons at or near homelessness who are receiving human services related programming. The bus service and partner agencies identify those individuals who are not able to access basic life functions due to a lack of transportation. The goal in issuing bus passes is to eliminate the barrier of transportation to help individuals move towards obtaining self-sufficiency.

CRAWFORD COUNTY HUMAN SERVICES

FY 2018-2019 Human Service Block Grant Public Hearing

May 8, 2018 at 9AM

NAME/AGENCY

CONTACT INFORMATION

|                  |                               |
|------------------|-------------------------------|
| Mickey Lasco     | m.lasco@co.crawford.pa.us     |
| Jill M. Gillette | kgillette@co.crawford.pa.us   |
| Shel Watkins     | shelwathins@co.crawford.pa.us |
| Mary Jaster      | mjamese@co.crawford.pa.us     |
| FRANK KASPER     | f.kasper@co.crawford.pa.us    |
| David Chue       | dchue@cedaec.org              |
| Lynn McUmber     | lmcumber@chapsinc.org         |
| Sandy Farkas     | sfarkas@chapsinc.org          |
| Ann Knott        | annmknott@gmail.com           |

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

| County: CRAWFORD                                | 1.                              | 2.                                   | 3.  | 4.                              | 5.                | 6.                            |
|---|---------------------------------|--------------------------------------|---|---------------------------------|-------------------|-------------------------------|
| <b>F/Y 18-19</b>                                | ESTIMATED<br>INDIVIDUALS SERVED | HSBG ALLOCATION<br>(STATE & FEDERAL) | HSBG PLANNED<br>EXPENDITURES<br>(STATE & FEDERAL) | NON-BLOCK GRANT<br>EXPENDITURES | COUNTY MATCH      | OTHER PLANNED<br>EXPENDITURES |
| <b>MENTAL HEALTH SERVICES</b>                   |                                 |                                      |   |                                 |                   |                               |
| ACT and CTT                                     | -                               |                                      | \$ -  | \$ -                            | \$ -              | \$ -                          |
| Administrative Management                       | 303                             |                                      | \$ 261,905  | \$ -                            | \$ 14,771         | \$ -                          |
| Administrator's Office                          |                                 |                                      | \$ 367,431  | \$ 74,000                       | \$ 20,723         | \$ -                          |
| Adult Developmental Training                    | -                               |                                      | \$ -  | \$ -                            | \$ -              | \$ -                          |
| Children's Evidence-Based Practices             | -                               |                                      | \$ -  | \$ -                            | \$ -              | \$ -                          |
| Children's Psychosocial Rehabilitation          | -                               |                                      | \$ -  | \$ -                            | \$ -              | \$ -                          |
| Community Employment                            | -                               |                                      | \$ -  | \$ -                            | \$ -              | \$ -                          |
| Community Residential Services                  | 71                              |                                      | \$ 149,572  | \$ -                            | \$ 8,436          | \$ -                          |
| Community Services                              | 2,423                           |                                      | \$ 334,654  | \$ 376,000                      | \$ 18,875         | \$ -                          |
| Consumer-Driven Services                        | -                               |                                      | \$ -  | \$ -                            | \$ -              | \$ -                          |
| Emergency Services                              | 19                              |                                      | \$ 5,476  | \$ -                            | \$ 309            | \$ -                          |
| Facility Based Vocational Rehabilitation        | -                               |                                      | \$ -  | \$ -                            | \$ -              | \$ -                          |
| Family Based Mental Health Services             | 2                               |                                      | \$ 15,280   | \$ -                            | \$ 862            | \$ -                          |
| Family Support Services                         | -                               |                                      | \$ -  | \$ -                            | \$ -              | \$ -                          |
| Housing Support Services                        | 247                             |                                      | \$ 209,780  | \$ 47,087                       | \$ 8,170          | \$ -                          |
| Mental Health Crisis Intervention               | 661                             |                                      | \$ 130,206  | \$ -                            | \$ 7,344          | \$ -                          |
| Other   | -                               |                                      | \$ -  | \$ -                            | \$ -              | \$ -                          |
| Outpatient                                      | 133                             |                                      | \$ 321,462  | \$ -                            | \$ 18,130         | \$ -                          |
| Partial Hospitalization                         | -                               |                                      | \$ -  | \$ -                            | \$ -              | \$ -                          |
| Peer Support Services                           | 17                              |                                      | \$ 20,865   | \$ -                            | \$ 1,177          | \$ -                          |
| Psychiatric Inpatient Hospitalization           | -                               |                                      | \$ -  | \$ -                            | \$ -              | \$ -                          |
| Psychiatric Rehabilitation                      | 148                             |                                      | \$ 278,817  | \$ -                            | \$ 15,725         | \$ -                          |
| Social Rehabilitation Services                  | 1,337                           |                                      | \$ 166,616  | \$ -                            | \$ 7,250          | \$ -                          |
| Targeted Case Management                        | 42                              |                                      | \$ 150,875  | \$ -                            | \$ 8,509          | \$ -                          |
| Transitional and Community Integration          | 38                              |                                      | \$ 315,000  | \$ -                            | \$ 17,766         | \$ -                          |
| <b>TOTAL MENTAL HEALTH SERVICES</b>             | <b>5,441</b>                    |                                      | <b>\$ 2,727,939</b>                               | <b>\$ 497,087</b>               | <b>\$ 148,047</b> | <b>\$ -</b>                   |
| <b>INTELLECTUAL DISABILITIES SERVICES</b>       |                                 |                                      |   |                                 |                   |                               |
| Administrator's Office                          |                                 |                                      | \$ 624,855  | \$ -                            | \$ 21,904         | \$ -                          |
| Case Management                                 | 38                              |                                      | \$ 137,989  | \$ -                            | \$ 7,107          | \$ -                          |
| Community-Based Services                        | 481                             |                                      | \$ 385,055  | \$ -                            | \$ 21,303         | \$ -                          |
| Community Residential Services                  | -                               |                                      | \$ -  | \$ -                            | \$ -              | \$ -                          |
| Other Autism Individuals                        | 5                               |                                      | \$ 1  | \$ -                            | \$ -              | \$ -                          |
| <b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b> | <b>524</b>                      |                                      | <b>\$ 1,147,900</b>                               | <b>\$ -</b>                     | <b>\$ 50,314</b>  | <b>\$ -</b>                   |

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

| County: CRAWFORD<br><br><b>F/Y 18-19</b>     | 1.<br><br>ESTIMATED<br>INDIVIDUALS SERVED | 2.<br><br>HSBG ALLOCATION<br>(STATE & FEDERAL) | 3.<br><br>HSBG PLANNED<br>EXPENDITURES<br>(STATE & FEDERAL) | 4.<br><br>NON-BLOCK GRANT<br>EXPENDITURES | 5.<br><br>COUNTY MATCH | 6.<br><br>OTHER PLANNED<br>EXPENDITURES |
|--|---|--|---|---|------------------------|---|
| <b>HOMELESS ASSISTANCE SERVICES</b>          |   |  |   |   |                        |   |
| Bridge Housing                               | 40  |  | \$ 9,000  |   | \$ 100                 | \$ -                                    |
| Case Management                              | 550                                       |  | \$ 40,000   |   | \$ 1,500               | \$ -                                    |
| Rental Assistance                            | 335                                       |  | \$ 90,000   |   | \$ 5,000               | \$ -                                    |
| Emergency Shelter                            | 175                                       |  | \$ 56,000   |   | \$ 2,765               | \$ -                                    |
| Other Housing Supports                       | 200                                       |  | \$ 3,000  |   | \$ -                   | \$ -                                    |
| Administration                               |   |  | \$ 5,076  |   | \$ 2,088               | \$ -                                    |
| <b>TOTAL HOMELESS ASSISTANCE SERVICES</b>    | <b>1,300</b>                              |  | <b>\$ 203,076</b>   |   | <b>\$ 11,453</b>       | <b>\$ -</b>                             |
| <b>SUBSTANCE USE DISORDER SERVICES</b>       |   |  |   |   |                        |   |
| Case/Care Management                         | 350                                       |  | \$ 90,252   | \$ -                                      | \$ 21,879              | \$ -                                    |
| Inpatient Hospital                           | 2   |  | \$ 12,000   | \$ -                                      | \$ -                   | \$ -                                    |
| Inpatient Non-Hospital                       | 45  |  | \$ 77,750   | \$ -                                      | \$ -                   | \$ -                                    |
| Medication Assisted Therapy                  | -   |  | \$ -  | \$ -                                      | \$ -                   | \$ -                                    |
| Other Intervention                           | 250                                       |  | \$ 8,376  | \$ -                                      | \$ -                   | \$ -                                    |
| Outpatient/Intensive Outpatient              | 175                                       |  | \$ 31,966   | \$ -                                      | \$ -                   | \$ -                                    |
| Partial Hospitalization                      | -   |  | \$ -  | \$ -                                      | \$ -                   | \$ -                                    |
| Prevention                                   | 1,080                                     |  | \$ 105,292  | \$ -                                      | \$ -                   | \$ -                                    |
| Recovery Support Services                    | 50  |  | \$ 25,223   | \$ -                                      | \$ -                   | \$ -                                    |
| Administration                               |   |  | \$ 37,067   | \$ -                                      | \$ -                   | \$ -                                    |
| <b>TOTAL SUBSTANCE USE DISORDER SERVICES</b> | <b>1,952</b>                              |  | <b>\$ 387,926</b>   | <b>\$ -</b>                               | <b>\$ 21,879</b>       | <b>\$ -</b>                             |
| <b>HUMAN SERVICES DEVELOPMENT FUND</b>       |   |  |   |   |                        |   |
| Adult Services                               | -   |  | \$ -  |   | \$ -                   | \$ -                                    |
| Aging Services                               | -   |  | \$ -  |   | \$ -                   | \$ -                                    |
| Children and Youth Services                  | -   |  | \$ -  |   | \$ -                   | \$ -                                    |
| Generic Services                             | -   |  | \$ -  |   | \$ -                   | \$ -                                    |
| Specialized Services                         | 1,936                                     |  | \$ 89,350   |   | \$ 3,039               | \$ -                                    |
| Interagency Coordination                     |   |  | \$ -  |   | \$ -                   | \$ -                                    |
| Administration                               |   |  | \$ 1,696  |   | \$ 2,096               | \$ -                                    |
| <b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b> | <b>1,936</b>                              |  | <b>\$ 91,046</b>  |   | <b>\$ 5,135</b>        | <b>\$ -</b>                             |
| <b>GRAND TOTAL</b>                           | <b>11,153</b>                             | <b>\$ -</b>                                    | <b>\$ 4,557,887</b>   | <b>\$ 497,087</b>                         | <b>\$ 236,828</b>      | <b>\$ -</b>                             |