

**Greene County
Human Services
Block Grant Plan
Fiscal Year
2018/2019**

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Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: GREENE

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Blair Zimmerman, Chairman	Date: 5-24-18
	Dave Coder, Commissioner	Date: 5-24-18
	Archie Trader, Commissioner	Date: 5-24-18

Appendix B
Greene County Human Services Plan

PART I: COUNTY PLANNING PROCESS

1. The Greene County Planning Stakeholder team for the FY 18-19 Block Grant consists of Greene County Human Services Administrative staff and Program Directors with representation from each human services categorical program office designated in the Block Grant, the Chief Clerk for the Commissioners Unit; the Chief Probation Officer; two members of the Greene County Human Services Advisory Board, one which is Chair of the Children and Youth Advisory Board, and the other is Chair of the Human Services Advisory Board; a Mental Health/Intellectual and Developmental Disability Provider; an Intellectual and Developmental Disability Provider; a Mental Health Provider staff supervisor; a Mental Health/Drug and Alcohol provider; and the account executive from Value Behavioral Health. In addition to these members, the Community Foundation Director, Greene County PA Department of Health Nurse, a representative from Career Link, a representative from state Representative Pam Snyder's office, a representative from state Senator Camera Bartolotta's office, Superintendents from all 5 school districts and a Court Representative as well as two consumers, the Co-director of the Drop in Center and two mental health consumers also serves on the committee.
2. The group met 2 times to finalize this year's plan. This County Planning Team that has been established will continue to monitor the block grant activities as well as serve as the advisory group for activities. The Greene County Planning Stakeholder team heard at their first meeting the program and fiscal status for the FY 17-18.

At the next meeting the Planning Stakeholders Team participated in discussions of new and enhanced services, focused initiatives of the FY 18-19 Block Grant including:

- Food Security in Greene County.
 - Grandparents raising their grandchildren.
 - Neonatal Abstinence Syndrome.
 - Human trafficking.
 - Postpartum Depression.
 - Traumatic Brain Injury.
 - Suicide prevention.
3. The Drug and Alcohol Sub-committee and the Mental Health/Intellectual Disabilities/Early Intervention Sub-committee of the Human Services Advisory Board were also involved in the planning process.
 4. The mission of Greene County Department of Human Services is to establish relationships with consumers, families, providers and other interested parties, so that the human services needs in Greene County are met in the most effective and cost-efficient manner possible. The Department will accomplish this mission by effectively managing the county's resources and maintaining a service delivery system to improve the quality of people's lives.

The structure and function of the Department of Human Services exists to provide a variety of services meant to assist people develop and maintain an independent and healthy lifestyle. The Department identifies the needs in Greene County and actively pursues public and private resources to meet them. It also improves coordination between and among a variety of services and programs.

Greené County Human Services Department operates on the following core values:

- Individuals have the opportunity to lead full and productive lives within their local community.
- Individuals' points of view and values are respected.
- Individuals have a choice about services, supports and, ultimately, their lifestyle.
- Diversity is valued and respected within the human services delivery system and within the local community as much as possible.
- The authority for planning and managing Human Services service's for our residents is vested within the county program.

The Greene County Department of Human Services provides administrative capability so that the county can properly exercise the management and control responsibilities to assure that public funds are used properly, effectively and efficiently.

Needs assessments are completed by each categorical and are described in each program narrative. The Block Grant Planning Committee looks at all the needs assessments, assisting the Human Services staff in developing the Block Grant Service Delivery Plan. Greene County will continue to use various stakeholder groups established and described in this plan to develop and plan system changes and service delivery enhancements throughout the year and monitor progress.

5. Greene County will maintain the focus on enhancing services already determined by FY 17-18 Block Grant outcomes. Greene County Human Service Department continues to work with a consultant, to enhance a database system for each Block Grant Category. In FY 17-18 a database was created for our Re-entry Program. This database system was developed to better track individuals served and to track trends that are occurring among this population. Outcomes on each block grant categorical will be evaluated on a quarterly basis.

PART II: PUBLIC HEARING NOTICE

The Block Grant Public Hearing announcement was distributed to Greene County Human Service staff, providers, consumers and the general public. The announcement was announced in 3 major newspapers (The Observer-Reporter, The Herald Standard and the Greene County Messenger), and distributed via email to many groups including:

- Drug and Alcohol Providers
- Mental Health Providers
- Intellectual and Developmental Disabilities Providers
- Children and Youth Providers
- Greene County Human Service Advisory Board
- Children and Youth Advisory Board
- Disability Rights Network
- Greene County Community Support Program
- PA Families
- Greene County Housing Options Partnership (GCHOP)
- Regional Office of Mental Health and Substance Abuse Services (OMHSAS)
- School District Administration
- Value Behavioral Health
- Goodwill of Southwestern Pennsylvania
- Pathways SWPA, Inc.

Dates of public hearings:

- Monday, May 21, 2018 at 11:00 AM
- Tuesday, May 29, 2018 at 2:30 PM

Dates of presentations:

- Tuesday May 15, 2018 at 9:30 AM (11th Annual Recovery Conference)

Two advertised public hearings took place at the Greene County Human Services Office. An additional presentation was held during our annual Recovery Conference. This presentation allowed for open discussion with 98 consumers, providers and staff in attendance at the conference. During these hearings/presentations, 135 there were people in attendance, 68 of those who were unduplicated. At each hearing/presentation the Human Services Administrator gave a brief overview of accomplishments and challenges of the FY 17-18 Block Grant, the integration and collaboration of the counties Human Service staff, and how the flexibility of the FY 17-18 Block Grant allowed the Department to serve more persons in an efficient cost effective manner with the flexibility afford by the Block Grant.

The Human Services Administrator then discussed Block Grant FY 18-19. Each Director gave a brief description of their program in relation to the FY 18-19 Block Grant and the programs accomplishments. In addition, each discussed their plans for FY 18-19. Each Director also discussed the benefits of the collaboration of the Human Services staff and the ability the Block Grant has given their program to better serve Greene County residents.

After each presentation on each program, the floor was opened for discussion and questions. Greene County Human Services received feedback from providers and consumers.

Specific feedback from participants at the public hearings were:

1. Greene County Human Services is the best kept secret in the State, they make sure their clients receive quality care.
2. Greene County Human Services continues to focus on the target objectives of the Block Grant.
3. School based programming that is in all 5 Greene County School Districts has seen an increase number of youth that is being served.
4. With the amount of funding the county receives, there is never a lapse in services.
5. Transition-age youth need to have assistance in receiving vital documents such as birth certificates and state identification.

During the presentation at our 11th Annual Recovery Conference, consumers of our county provided Mental Health Services were given the opportunity to give feedback. Specific feedback from participants at the Recovery Conference:

1. "Proud to work at the Drop in Center. It has given me a purpose in life. Good for self-esteem, moral and socialization." – Drop in Center Certified Peer Specialist.
2. "Social Rehab makes me laugh. There are days that I go in there depressed and it changes my mood. The staff there are very important to me." – Consumer
3. "Glad to work at the Drop in Center. We all work together and I can relate from what I've gone through." – Drop in Center Peer Specialist.
4. "Social Rehab staff makes sure all of us can have better lives." – Consumer
5. "My Peer Specialist keeps me going and gets me around other people." – Consumer.
6. "Thank you Partial Program for being very welcoming to me. I use to spend days alone at home, and the program has brought me out of my shell." – Consumer

Greene County Human Service staff, along with the Block Grant Advisory Committee took this feedback and developed the following plan to set forth a document to guide the implementation of the Block Grant to maximize the resources available to Greene County residents and provide quality services that are appropriate, integrated, and accessible.

**Observer-Reporter
122 S. Main Street
Washington, PA 15301**

Phone:(724) 222-2200 Fax:(724) 223-2639
Proof of Publication

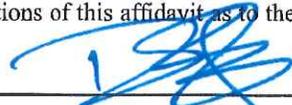
In compliance with the Newspaper Advertising Act of July 9, 1976, P.L. 877, No. 160, as amended
COMMONWEALTH OF PENNSYLVANIA, COUNTY OF
WASHINGTON SS:

Before me, a Notary Public in and for said County and State, personally appeared

David F. Lyle who being duly sworn according to law, deposes and says that he is **CFO** of
Observer Publishing Company, a Pennsylvania corporation, and its agent in this behalf, that the
said company is the owner and publisher of the Observer-Reporter, successor to The Washington
Observer, established September 18, 1871, and The Washington Reporter, established August 15,
1808, a daily newspaper of general circulation, printed and published and having its place of busi-
ness in Washington, Washington County, and Waynesburg, Greene County, Pennsylvania where it
or its predecessors have been established and published continuously for more than six months
prior to the publication of the notice hereto shown: that the printed notice or advertisement hereto
shown is a copy of an official advertisement, official notice, legal notice or legal advertisement
exactly as printed or published in the Observer-Reporter in its regular editions on the following
date or dates:

Observer-Reporter **05/01/18**

that neither the affiant nor the Observer Publishing Company is interested in the subject matter of
said notice or advertising and that all allegations of this affidavit as to the time, place and character
of publication are true.



Sworn to and subscribed before me this 2 day of May 2018

Eleanor B Smith

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Eleanor B. Smith, Notary Public
City of Washington, Washington County
My Commission Expires June 2, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Ad Number: 1638672

Ad Number: 1638672

PUBLIC NOTICE

The Greene County Human Services Department will hold two (2) public hearing to obtain community input for the "Greene County Block Grant Plan Submission" on May 21, 2018 at 11:00 am and May 29, 2018 at 2:30 pm at the Fort Jackson Building, 19 South Washington Street, in the Human Services Program 3rd floor conference room. Written correspondence or a copy of your testimonial may be submitted to the Greene County Human Services Department on or before May 29, 2018. The public is invited to attend.

**Karen Bennett
Administrator**

5-1

HERALD-Standard

8 East Church Street
Uniontown, PA 15401-0848
Phones: 724-439-7510 (Classified) 724-439-7509 (Billing)

PUBLIC ADVERTISING NOTICE

Greene County Human Services
19 S. Washington St.
3rd Floor Fort Jackson Building
Waynesburg, PA 15370

Account Number: L00319
Invoice Date: 4/29/2018
Invoice Number: 1477

PROOF CHARGE IS \$5.00 FOR AFFIDAVIT, \$2.50 FOR CLERICAL FEE

FOR YOUR RECORDS ONLY

ACCOUNT #	INVOICE DATE	DESCRIPTION	LINE	TIMES	PROOF	TOTAL CHARGES
L00319	4/29/2018	PUBLIC NOTICE	13	1	\$7.50	\$82.05
DATES APPEARED						

PROOF OF PUBLICATION

The **HERALD-Standard**
a daily newspaper of general circulation, published by Central Pennsylvania Newspapers, LLC.,
a Pennsylvania corporation, 8 East Church Street, Uniontown, Fayette County, Pennsylvania, was
established in 1907, and has been issued regularly, except legal holidays since said date.

The attached advertisement, which is exactly as printed and published,
appeared in the regular issue

Central Pennsylvania Newspapers, LLC./ Herald-Standard

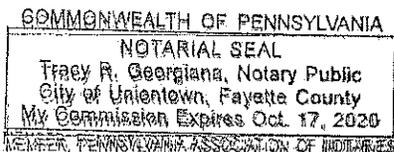
BY: Sharon K. Wallach

STATE OF PENNSYLVANIA,
COUNTY OF FAYETTE,

} SS:

Before me, a Notary Public in and for such county and state, personally appeared
SHARON K. WALLACH, who being duly sworn according to law says that she is
ADVERTISING DIRECTOR of Central Pennsylvania Newspapers, LLC./ Herald-
Standard, that neither affiant nor said corporation is interested in the subject matter of the
attached advertisement; and that all of the allegations of the foregoing statement including those
as to the time, place and character of publication are true.

Sworn to and subscribed before me
this 1 day of MAY 2018



By Tracy R. Georgiana

Central Pennsylvania Newspapers, LLC.

8 East Church Street

UNIONTOWN, PA. 15401-0848

ADNo: 1477 Customer Number: L00319
Customer Name: Company: GREENE COUNTY HUMAN
Address: 19 S WASHINGTON ST 3RD FLOOR FORT JACKS
City/St/Zip: WAYNESBURG ,PA 15370
Phone: (724) 852-5276 Solicitor: SM
Category: 10 Class: 10 Rate: LE-0 Start: 4-29-2018 Stop: 4-29-2018
Lines: 13 Inches: 1.26 Words: 92

Credit Card: Expire:
Order Number:
Cost: 82.05 Adjustments: .00
Payments: .00 Discount: .00
Balance: 82.05

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Karen Bennett
Administrator

**Monday May 21, 2018
Greene County Block Grant Plan 2018-2019
Public Hearing
Protocol**

- (1) Written correspondence or a copy of the testimony needs to be provided for input into needs based planning process.
- (2) Written correspondence or testimony will be limited to needs based planning process.
- (3) Limit of five (5) minutes total for testimony comment per public hearing for needs based planning process

Sign-In

Name	Agency/Member of the Public
------	-----------------------------

1. Debra Chulick

2. Kathryn Barnes

3. Phyllis Wolf

4. Shannon Dulong SPHS

5. Amy Stutts

6. Michelle Rockwell, PA Link

7. Ann Hayes CCI

8. Maureen Pritchard CCI

9. Tracy Berry JBH-PA

10. Jodi Cameron FT

11. Martha Martin

12. Karen Bennett

13. Vicki Monar

14. Susan Fox Pathways of SW Pa Inc

15. Visa Milan GCHS HFV

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Sign-In

Name	Agency/Member of the Public
1.	KIRA SISK / GCHS - DAP
2.	MELISSA EWART - GCHS - Mental Health
3.	Brean Fuller GCHS - MHP
4.	Joe Mahoy - IUJ - Sponsor of Mental Health
5.	Cynthia L. Dias - Greene Arc, Inc.
6.	Rikki Trump - Family Ties Home Care Inc.
7.	Marnbeth Tarpley - GCHS
8.	
9.	
10.	
11.	
12.	

**Tuesday May 29, 2018
Greene County Block Grant Plan 2018-2019
Public Hearing
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Sign-In

Name	Agency/Member of the Public
1. <i>[Signature]</i>	GCHS
2. <i>Bridget Jannison</i>	Blueprints
3. <i>Jill Pirocki</i>	VBH-PA
4. <i>Maribeth Tarpley</i>	CCMS
5. <i>KIRA SISK</i>	GCHS
6. <i>DANNA J. DIRE</i>	HS ADVISORY BOARD
7. <i>Jammy Mandich</i>	CBSD
8. <i>Susan Fox</i>	Pathways of SW Pa
9. <i>JOANNA DRAGAN</i>	SPHS CORE
10. <i>Amy Switalski</i>	GCHS - HP
11. <i>Dancen Chelick</i>	GCHS - ID
12. <i>Eria Cowden</i>	Sen Bartolotta

Tuesday May 29, 2018
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Sign-In

Name	<i>Agency/Member of the Public</i>
1.	<i>Jennifer Campbell - WHSB</i>
2.	<i>Brean Fuller - GCHS MHP</i>
3.	<i>Daren Bennett - GCHSD</i>
4.	
5.	
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PART III: CROSS-COLLABORATION OF SERVICES

Greene County Human Services is established as an integrated model of Human Services delivery. Under the direction of a Human Services Administrator, the administration of Single County Authority Drug and Alcohol, Intellectual Disability, Mental Health, Housing and Family Resources, Children and Youth Services, Early Intervention, Childcare Information Services, Shared Ride Transportation and various other grant and Foundation Projects are under one umbrella. A hallmark of all of the Greene County Human Services Programs is "Cross Systems Integration" within the Department as well as with our providers.

Collaborating partners with the Greene County Human Services Department include Office of Mental Health and Substance Abuse Services, Office of Developmental Programs, Department of Drug and Alcohol Programs, Department of Community and Economic Development (DCED), Department of Health (DOH), Office of Child Development and Early Learning (OCDEL), PA Commission on Crime and Delinquency (PCCD), Area Agency on Aging, Value Behavioral Health, Cornerstone Care (FQHC), Providers of all the Programs within Greene County Human Services Department, Washington Health Systems-Greene, State and Local Criminal Justice Systems, to name a few. Greene County Human Services Department has established work groups to collaborate with our partners that include Criminal Justice workgroup, Crisis Services Workgroup, Co-occurring Disorder Council, Supportive Housing Advisory Team, System of Care Partnership, Intellectual Disabilities Council, Communities that Care Community Board, MAGIC (Making a Great Impact Collectively) County Wide Collaborative Board, with 7 Task Teams, Early Intervention Local Interagency Coordinating Council (LICC), Greene County Children and Youth Advisory Board, Greene County Human Services Advisory Board with sub-committees for Drug and Alcohol, Mental Health, Intellectual Disabilities, Early Intervention, Children and Youth, and Transportation.

A successful collaboration for Greene County Human Services Department for 18 years has been with Value Behavioral Health. Greene County Commissioners opted in 2000 for the State to appoint and monitor Greene County's Managed Care Organization, Value Behavioral Health. For the 18 years, Greene County Human Services has been at the table with the State (Office of Mental Health and Substance Abuse Services) and Value Behavioral Health to plan, develop, and implement an incredible continuum of mental health service delivery that provides access and quality mental health services to our residents. Greene County Human Services Department is involved in Value Behavioral Health's quality management team analyzing and monitoring of the County's service delivery system.

Greene County Human Services philosophy is to address the needs of the individuals and families in a holistic manner. A practice we choose to do these is to facilitate Multidisciplinary Team meetings (MDT). Fortunately our integrated model and the ruralness of our County allows MDT's to be pulled together within 24 hours to assure crisis are dealt with all involved and mutually treatment planning occurs in a timely manner for the Department's complex cases. Also, Hi-Fi Wraparound and Family Group Decision Making Programs depend on system and family participation to develop natural supports to achieve their goals and objectives.

Greene County Human Services Department, to support cross systems interaction, provides many cross trainings to the entire human services delivery system that have included Motivational Interviewing, Autism 101, Addictions 101, Confidentiality, Ethics, Modeling Respect for LGBTQI Youth, to name a few. The Greene County Human Services Department sponsors bi-monthly "Lunch and Learns" that offer information and discussion on mental health, intellectual disabilities and drug and alcohol issues.

Some of the Greene County Human Services planning and coordination occurs through the Greene County M.A.G.I.C. (Making A Great Impact Collectively), the community collaborative board that has served Greene County since 1994. M.A.G.I.C. consists of 250 individuals and diverse organizations coming together to work on common goals that achieve service system improvement and community well-being. Through strategic retreats and needs assessments, task groups are in place to develop programs to address gaps in service. An annual retreat is held to allow the task groups to assess their work, analyze their data, and discuss their outcomes.

The purpose of M.A.G.I.C. is to create an integrated, coordinated, community family-based service delivery system to meet the health, education, and community needs of Greene County residents. This system will be comprehensive in that providers of services will work together in partnership with communities to assure the accessibility and quality of services.

Employment:

As much as Greene County Human Services Department, understands and believes employment is an extremely important piece of recovery and self-sufficiency, Greene County is extremely challenged with job availability and resources to assist our consumers to be trained and/or employed.

Job openings in Greene County are few. In the past two years over 1000 coal miners and persons who work in auxiliary businesses have been laid off. The Shale industry has basically tanked in the county. The local Career Link and other employment providers have had many challenges within this unemployment crisis. Addressing the needs of individuals involved in Human Services is obviously not in their forefront planning.

OVR is very, very ineffective in Greene County. The Human Services Administrator attempted to get a job coach through OVR for a consumer with mental health issues to maintain her job as a Hi-Fidelity Wraparound Youth Support Partner. To her dismay, OVR did not come through with the job coach and the consumer ended up losing her job.

The Human Services Administrator sits on the local OVR Advisory Board. It is told by OVR Administrators in the meetings that OVR has a unique hiring process and they can't replace positions easily. Therefore, because of state OVR mandating the transition age individuals be served, there is zero OVR caseworkers in our county for the other population.

Through collaboration with the Career Link, Southwest Training and Job Training Agency, a "Career Options Group" was developed in 2014 so that criminal justice and housing clients along with their caseworker managers could be educated on the Career Link, how one searches for jobs, etc. So that the case managers can then work with them in the field on a computer.

Southwest Training, which is Workforce Investment Board (WIB) funded is preparing their 3 year strategic plan. Greene County Human Services Department has planning meetings with their Director so planning can occur for their services to address the needs of Greene County Human Services Department clients. The Department is hopeful that such a relationship can create job readiness and job placement options for our clients.

Greene County Human Services would not be able to provide the services we provide without leveraging dollars from Foundations, State funding sources, Federal funding sources, Provider collaborations, the County Commissioners funding streams and our managed care organization.

Greene County Human Services Department would welcome any technical assistance from Department of Human Services to help address our challenges with employment for our vulnerable populations.

Housing:

Greene County Human Services Department collaborates with many entities to progress the housing goals we have established through the block grant planning. Collaboration occurs with DCED, Department of Housing and Urban Development (HUD), the Housing Authority, Department of Human Services – Housing Assistance Program (DHS-HAP), Children and Youth Needs Based Budget, DHS-OMHSAS, PA Housing Finance Agency (PHFA) PA Housing Affordability and Rehabilitation Enhancement Fund (PHARE) dollars, Greene County Housing Trust Fund, Greene County Commissioners (ACT 13 dollars), Greene County Re-development Authority, TRPIL (Transitional Paths to Independent Living) Southwestern PA Human Services (SPHS) Connect Inc. Housing. Personal Care Homes and Private Subsidized Housing.

An example private/public partnership in Greene County Housing was several years ago when Greene County Human Services Department facilitated the rehab of an old house on Main Street, Waynesburg into a 6 unit facility for the homeless. Partners include PHFA, DCED, Federal Home Loan Bank, Value Behavioral Health, OMHSAS, First Federal Savings and Loan Waynesburg, Greene County Commissioners, Greene County Human Services and SPHS Connect Housing. This is an example of how Greene County Human Services Department leverages dollars to achieve our goals.

Through grants from HUD, DCED, PCCD, and the above project, Greene County Human Services Department has 57 individual units available to homeless or near homeless persons in Greene County. Through DHS-HAP, PHARE, and DCED-ESG Emergency Solutions Grant), Greene County Housing has many options for Homeless Prevention and Rapid Rehousing.

Internally Greene County Human Services, combines all the possible housing dollars into one program disbursement. Through HUD's Coordinated Assessment Process, 658 households were served last fiscal year through DHS-HAP, Children and Youth Services Needs Based Budget, Mental Health Contingency funds, PHFA PHARE dollars, DCED-ESG, and PCCD dollars.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

The Mission of the Greene County Human Services Mental Health Program is to assure that all residents with mental illness and/or substance abuse disorders will have the opportunity for growth, recovery, inclusion in their community, have access to culturally competent services and supports of their choice, and enjoy a quality of life that includes family members and friends. The Greene County Human Services Mental Health Program (GCHS-MHP) will accomplish this mission by developing, promoting and assuring that an array of services that are seamless and accessible based on respect, empowerment, recovery and resilience are available.

The Greene County Human Services Department has administrative oversight of mental health services in the county including:

- Program contracting and monitoring.
- Oversight of the hospital commitment process.
- Child and Adolescent Service System Program (CASSP) coordination.
- Pennsylvania Community Support Program (CSP) coordination.
- Diversion from state hospital program infrastructure development and implementation.
- Mental Health Service Coordination for Older Adults, Transition Age Youth, Child/Adolescent, Criminal Justice, Co-Occurring, Veterans, Adults, LGBTQI.
- County funding for treatment and community support services.
- Base Service Unit functions including:
 - Base Service Unit assessment, referral and coordination of Mental Health Base Services for individuals.
 - Behavioral Health Unit Hospital and Community Liaison.
 - Mental Health Assessments within the Criminal Justice System including diversion, pre-sentence, county jail, and re-entry through Probation and Parole.
 - Assessment and referral when mental health services are not indicated.
 - Coordination of licensed crisis services with provider and the community mental health.
 - Emergency Behavioral Health/Disaster Plan Coordination.

The Greene County Human Services Mental Health Program continues to develop and expand partnerships with various stakeholders to gather input on current services, identify any gaps or needs in service, and implement new programs. Our collaborating partners include OMHSAS, Beacon/Value Behavioral Health, Greene County Intellectual Disabilities Program, Greene County Drug & Alcohol Program, Greene County Children and Youth Services, Greene County Housing, community mental health service providers, Area Agency on Aging, the criminal justice system, criminal justice community service programs, individuals with mental health needs and their families, etc. We have developed work groups, committees and teams that address specific areas. Some of those include: Greene County Criminal Justice Work Group, Greene County Crisis Work Group, Greene County Co-Occurring Intervention Program, Supportive Housing Team, System of Care Partnership, among others. GCHS-MHP also continues to participate in the Behavioral Health

Quality Management, Clinical Advisory Meetings, and Discharge Management Planning in collaboration with Beacon/Value Behavioral Health.

GCHS-MHP continues to participate in and facilitate various cross system meetings including Making A Great Impact Collectively (MAGIC) collaborative, MAGIC Older Adult Alliance, bi-monthly Lunch and Learn, Personal Care Home Risk Management, Crisis/Delegate meetings, Communities That Care, Student Assistance Program, Community Support Program, Beacon/VBH Provider meetings, Beacon/VBH Summits, Veteran Stakeholder Team, and Youth and Community Support Group (LGBTQI).

The Greene County Human Services Department practices the Multi-Disciplinary Team (MDT) process across all programs to link all stakeholders together including Drug and Alcohol, Children and Youth Services, Intellectual Disabilities, Mental Health, Housing, Early Intervention, Physical Health and Transportation. Multi-disciplinary teams are made up of a group of professionals from diverse disciplines that come together to provide consultation and coordination of services by identifying gaps and common break downs. A mutual plan is then developed with action steps for assisting in a complex situation.

The MDT process in Greene County includes these structured teams as well as teams called together in crisis:

- CASSP meetings-utilized to address the need of children and families.
- Family Group Decision Making-formed to address issues related to children and families involved with Children and Youth Services.
- Co-Occurring Disorder Intervention Program- developed for individuals who have both MH and D&A needs.
- MH/ID/DA Complex Care meetings-developed to address the needs of individuals crossing those three service systems.
- Hospital/Behavioral Health Unit treatment Team meetings-address the present needs of care and discharge planning for individuals during their inpatient stay.
- High Fidelity Joint Planning Team Meetings-brings together the identified family, their natural supports and service providers to address the family's needs.

Greene County Human Services currently has three trainers in Mental Health First Aid for Youth and two trainers for Mental Health First Aid for Adults, Older Adults, Veterans, Higher Education and Public Safety. This fiscal year 55 people were trained in Mental Health First Aid for Older Adults and 26 were trained in Mental Health First Aid for Youth. Greene County Human Services partnered with UPMC, training all their new Community Health Choices hires in the Mental Health First Aid Older Adult module as part of a mandatory requirement for new employee orientation.

GCHS-MHP continues to employ a Hospital/Community Liaison to work with the hospital behavioral health unit staff along with providers and individuals to assure proper and appropriate level of treatment is available to meet the individual's specific mental health needs upon discharge. The Hospital/Community Liaison works to reduce admissions and readmissions to inpatient behavioral health units by working closely with individual, the BHU staff, providers of Long Term Structured Residence (LTSR), Community Treatment Team (CTT), outpatient services, crisis services, Blended Case Management (BCM) and peer services on the individual's recovery services.

GCHS-MHP continues to operate the High Fidelity Wraparound Services program. Our program is called Family Youth Empowerment and it functions as a team based process for helping youth identify and use their strengths to develop problem solving skills and coping skills so that their families can function successfully in the community. The Family Youth Empowerment program works with all of our system providers involved with the family to encourage the family to work towards completion of all goals set in all of their service and treatment plans. Importance is placed on finding and using natural supports to reduce the reliance on services and allow the youth and family to work independently.

The Greene County System of Care Partnership (SOC) is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs. System of Care is not a program but a philosophy of how care should be delivered. Utilization of the System of Care philosophy ensures that approaches to services recognize the importance of family, school and community. System of Care philosophy seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs. Family members and youth work in partnership with child-serving systems to design mental health services and supports that are effective, that build on the strengths of individuals and that address each person's cultural and linguistic needs.

Greene County Human Services continues to build a continuum of care for individuals that fall into the forensic population. Increased communication between the Criminal Justice System and GCHS has resulted in positive outcomes for services for this population. GCHS has implemented several services to address the needs of these individuals. The GCHS continues to employ a Forensic Re-Entry Specialist. The Forensic Re-entry Specialist assures that assessment, evaluation, service and treatment plans and referrals occur for all Criminal Justice involved clients. The Forensic Re-Entry Specialist coordinates services for offenders who are identified as having a drug and alcohol or mental health need. These individuals may be returning to, or remaining in Greene County. If an individual is referred for re-entry services, the Forensic Re-Entry Specialist conducts mental health and drug and alcohol assessments to determine which level of care that best suits the individual's needs. They conduct ongoing outreach to individuals with drug and alcohol and mental health needs who are diverted from prison who are incarcerated in the county jail or state prison. The Forensic Re-Entry Specialist collaborates with the Probation and Parole Staff, the District Attorney, Defense Attorney and Judge.

GCHS-MHP has continued to enhance our Peer Support Programs. GCHS-MHP has two agencies providing peer services. One provider employs a Certified Peer Specialist (CPS) that works with individuals receiving services through the Community Treatment Team (CTT). This CPS works as a support for an individual that is in crisis. This peer will also be trained as a Forensic Peer Specialist to work with our Forensic population. The second agency employs four CPS staff. The Peer Specialists encourage and support the individuals they serve to become involved in their community by accompanying them to community meetings and other activities. Some of these activities include: Community Support Program meetings and events, participation in wellness events including Health Living/Healthy Choices, Fishing with Friends and Walk Works. GCHS-MHP continues to do Peer Specialist recruitment. As the need for additional Peer Support continues to grow, GCHS-MHP continues to look for additional individuals to inspire hope, support personal

responsibility, promote understanding, offer education and promote self-advocacy and self-determination.

Through collaboration with the Greene County Mental Health Program, Beacon/Value offers the services of an Engagement Specialist. The Engagement Specialist meets with individuals to complete Medical Assistance applications and has the ability to expedite those applications. This has proven incredibly beneficial for school aged children as well as those going from jail to treatment.

During the 2017-2018 fiscal year the GCHS-MHP will be holding our Annual Children's Mental Health Awareness Picnic where individuals attending will be able to gather information from local programs and service providers regarding the services available to them in Greene County. We also held our 11th Annual Community Support Program (CSP) Recovery Conference where 98 individuals were in attendance. The conference allowed the attendees to hear speakers from local providers talk about investing in their recovery and self-advocacy.

The Open Arms Drop in Center continues to operate five days a week in Greene County. Members have the opportunity to be a part of an accepting, non-clinical atmosphere where they can feel that they belong. They are encouraged to take responsibility for their own recovery, gain support in times of turmoil and social isolation, and engage in opportunities to improve social skills and develop and maintain healthy relationships. In October, the Open Arms Drop in Center collaborated with Waynesburg University and started a new music class. The members have the opportunity to play four different instruments, the cow bell, drums, maracas and guiro. This class occurs two days a week. The members continue to participate in Healthy Living/Healthy Choices, Fishing with Friends and Walk Works. The Open Arms Drop in Center has an individual from the library who brings a literacy program to the center, providing a different theme with each visit. One of the members of the center runs a "Sit and Be Fit" program and leads the others in exercise programs every day.

b) Strengths and Needs:

Older Adults (ages 60 and above)

Strengths:

- Service Coordination for clients who have both mental health and aging service needs.
- Due to the implementation of Community Health Choices, older adults have access to more services.
- Senior Bullying training was held on July 17, 2017.
- Gateway Senior Housing-Greene County Human Services offers all levels of housing assistance and case management.
- Continued support of the Greene Cares Program which provides specialized services for adults 55 and over. Currently out-patient services, Community Treatment Team and Crisis services are available. Services are integrated to provide streamlined system of referral and care, minimizing barriers for older adults and their caregivers.
- Greene Cares Program currently provides intervention with individuals trained in best serving the older adult population. This occurs in two of our senior housing developments (Gateway Senior Housing and Bridge Street Commons) and provides educational groups covering topics such as conflict resolution, medication safety, suicide education and depression education. Groups offered the past fiscal year were mindfulness and yoga, senior bullying,

conflict resolution, self-advocacy, depression, anxiety, dating violence, coping skills, problem solving, communication skills and feeling identification. The Greene Cares Program also provides depression screenings at Bridge Street Commons and Senior Centers which serves older adults.

- MAGIC Older Adult Alliance task team was developed as a part of Making A Great Impact Collectively (MAGIC) to be comprised of stakeholders serving older adults to represent older individuals and is used to assure that mental health issues are discussed in a holistic approach. This meeting is attended by several social service agencies that provide services and supports to older adults.
- Five Mental Health First Aid for Older Adults Training were held. This allowed for 55 individuals to be trained in the program.

Needs:

- Mobile Medication Program.
- Grandparents as parents trainings.

Adults (ages 18 and above)

Strengths:

- Full continuum of mental health treatment and community based services for adults age 18 and above.
- Collaboration between MH/ID/DA departments for discussion of complex cases through multidisciplinary team meetings with all departments and service providers involved.
- Seven options of service providers for outpatient/psychiatric services.
- Psychiatric Rehabilitation Program- This program helps the individuals attending to acquire community living skills through a structured program of activities that focus on increasing their level of social competency. Activities focus on, but are not limited to the following areas: living, learning, working, social and dealing with surrounding in everyday life.
- Social Rehabilitation Program- The individuals attending this program are there to increase their independent living skills as well as communication skills. They are taught things like self-care, personal behavior and social adjustment, etc.
- One provider operates an Adult Partial Hospitalization program and has done so successfully for several years. The Adult Partial Hospitalization offers comprehensive, short-term treatment for individuals experiencing mental health symptoms.
- Open Arms Drop in Center is an activity center operated by mental health consumers with provider oversight. It offers an accepting, non-clinical atmosphere where individuals with mental health issues can feel that they belong. It encourages individuals to take responsibility for their own recovery. It provides support and offers social opportunities to improve social skills and to develop and maintain healthy relationships. .
- Currently there are five Certified Peer Specialists working in the county Mental Health system including one that work specifically with those receiving Community Treatment Team services.
- GCHS-MHP has a positive relationship with Behavioral Health Unit at Washington Health Systems-Greene. The Mental Health Director and the Hospital/Community Liaison communicate with the hospital on a daily basis. They are involved with treatment team meetings as well as discharge planning meetings.

- Collaboration with the Intellectual Disabilities Department at Greene County Human Services to develop a plan to meet the needs of those individuals with an Autism diagnosis.

Needs:

- Peer Support Services for the individual with both MH and ID diagnoses.
- Continued collaboration between Greene County Mental Health Program, Washington Health Systems-Greene, the staff of the Behavioral Health Unit at WHSG, the Emergency Department staff, the Mental Health Delegates, the Licensed Crisis Program and Beacon Health Options (VBH) to focus on admissions, readmissions, trends, gaps, diversion/transition along with strong inpatient discharge planning.
- Identify resources to address the needs of individuals with traumatic brain injuries.
- Focus on employment for mental health consumers.
- Increase efforts with Cornerstone Care, a Federally Qualified Health Center to integrate physical health and behavioral health in the county with a focus on the Federally Qualified Health Centers.
- Expand the services and activities of the Open Arms Drop in Center to individuals with a mental illness.
- Encourage peer specialist providers to assist individuals in creating a Wellness Recovery Action Plan (WRAP).
- Restructuring and retraining of the DCORT/Emergency Behavioral Health Team.
- Identify in-county resources for individuals with postpartum depression.

Transition-age Youth (ages 18-26)

Strengths:

- Greene County Human Services continues to employ a Coordinator of Children's Services/CASSP Coordinator/System of Care Coordinator.
- Helping to Overcome Transition-Age Youth Drop in Center (H2O) first opened in February 2015. It is a safe place "youth" can go to socialize with peers, make new friends, and have a positive place to be themselves. They provide the location, free snacks and activities each week. Information is available to all members for linkage to supportive services such as mental health services, drug and alcohol prevention and treatment, housing support, independent living skills, social skills, child care services, education, OVR, LGBT support, etc. They have "educational speakers" each month as requested by youth to learn about supports in our community that can help them. They have art sessions, movie nights, holiday celebrations, etc. This center was designed by Youth in Greene County working with the Greene County System of Care Partnership and it is 100% youth driven. H2O is held the 2nd and 4th Tuesday of each month.
- The use of the Multi-Disciplinary Team Meeting process has proven to be incredibly valuable when working with the complex needs of our transition age youth.
- System of Care Partnership involves the County Youth Leadership Program, representative of a youth on the State Leadership Coalition and the representative of a youth on the Value Behavioral Health/Beacon Transition Age Advisory Group.
- A Blended Case Management staff member has been identified to manage the child/adolescent cases referred to the program that currently are court dependent with Greene County Children and Youth Services. The BCM provides assessment, referral,

linkage and monitoring of the child/adolescent's needs regarding mental health treatment and services.

- Outreach for Community and Provider Education- GCHS-MHP staff along with system partners and consumers attend community events to educate the public on services available to them.
- "Communities That Care" Program that includes youth Involvement.
- GCHS-MHP works collaboratively with the Greene County Housing Program to offer a continuum of services to Transition Age Youth. Referrals come from CYS Independent Living, all five school districts and the CASSP Program.
- Transition Age Youth have been volunteering at the Open Arms and H2O Drop in Centers, Health Living/Healthy Choices programming, monthly Produce 2 People food distribution and Communities That Care events.

Needs:

- Focus on training and employment with the Southwest Training Center and Career Link.
- Transition Age Psych Rehab group that includes peer support.
- Transportation opportunities to events other than appointments with providers.
- Expand the hours of the H2O Drop In Center.
- Development of a Suicide Task Force in Greene County.

Children (under 18)

Strengths:

- Child & Adolescent Service System Program (CASSP)-We continue to utilize this system of care for children and adolescents with severe emotional disturbance. This system ensures that services for children and adolescents with or at risk of having severe emotional disturbance are planned collaboratively with the family and all the agencies involved in the life of that child or adolescent.
- The Greene County Human Services Department practices the Multi-Disciplinary team (MDT) process across all programs to link all stakeholders together including D&A, CYS, ID, MH, and Transportation. Multi-disciplinary teams are made up of a group of professionals from diverse disciplines that come together to provide consultation and coordination of services by identifying gaps and common break downs. A mutual plan is then developed with action steps for assisting in a complex situation.
- Each of the five school districts in Greene County have a school based outpatient program within their districts. We have seen great success with the amount of children and adolescents that have taken advantage of the programs.
- High Fidelity Wrap-Around Program- This is an evidence based, youth guided, and family driven planning process that follows a series of steps to help youth and their families become self-sufficient. The program helps the youth and family achieve the goals that they have identified and prioritized, with assistance from their natural supports and system providers.
- Family Group Decision Making-The PA FGDM process is a strengths-based empowerment model designed to join the wider family group, including relatives, friends, community members, and others, to collectively make decisions to resolve an identified concern.
- Tele-Psychiatry services- This program is designed to provide psychiatric medication management services from a remote clinical location to a child/adolescent in the educational

setting. It is used to enhance the individual's access to outpatient mental health services and to reduce the number of school days missed due to medication management appointments. It is currently offered in all 5 local school districts.

- BCM for Complex CYS Cases- a Blended Case Management staff member has been identified to manage the child/adolescent cases referred to the program that currently are court dependent with Greene County Children and Youth Services. The BCM provides assessment, referral, linkage and monitoring of the child/adolescent's needs regarding mental health treatment and services.
- Respite services are available to children and their families through a provider agency.
- Local provider has a staff member that is being trained to become a Certified Trauma Specialist.
- Held a TUFF (Teaming Up For Families) training to assist family members in coordinating with school staff, mental health professionals and social service agencies.

Needs:

- Social skills groups for children.
- Increase mentoring options for youth to become involved in.
- Empower school aged students to help reduce stigma in the school setting and their community.
- Increase the number of students utilizing school based outpatient services through education of Blended Case Management.
- Increase the collaboration of school based outpatient services with local providers of psychiatric and therapeutic services.

Individuals transitioning out of state hospitals

Greene County does not have access to state hospital placement, therefore we do not have anyone transitioning out. We continue to divert those individuals and maintain them in our community with community based services.

Strengths:

- We continue to provide outreach and education to promote recovery from mental illness through the following initiatives-Annual Community Supports Program Recovery Conference, Monthly CSP meetings and the MAGIC task group for System of Care. Beacon/VBH employs an individual to provide Prevention, education and Outreach (PE&O).
- Licensed Crisis Services which include mobile, telephone and walk-in.
- Greene County residents have access to a Diversion/Stabilization Unit. This is an alternative to Behavioral Health Hospitalization.
- Hospital/Community Liaison that is highly involved during a patient's inpatient stay, discharge planning and transition back into the community.
- Coordination and participation in multi-disciplinary team (MDT) meetings on complex cases to ensure the individual receives the proper least intrusive level of care. All stakeholders are encouraged to attend MDT meetings so that all needs are met for these individuals.
- Complex Care Manager employed through VBH/Beacon that directly works with providers on these mutual complex cases.

Needs:

- Housing and treatment for sex offenders.
- Continued outreach and education that promotes the belief that individuals can and do recover from mental illness.
- Continued active effort to reduce the stigma of having a mental illness.
- Work in collaboration with Beacon/Value, our managed care provider, OMHSAS, the treatment community and individuals receiving mental health services on the development of outpatient, inpatient and residential options to meet the needs of our most complex individuals.

Co-occurring mental health/substance use disorder

Strengths:

- Co-Occurring Disorders Intervention Program- This program utilizes an MDT approach which includes the individual who is in need of services being present at the meetings along with all of the professionals involved with that individual. They come together in one meeting monthly to provide consultation and coordination of services by identifying gaps and common breakdowns. They then develop a cross-systems plan and identify each person's role in that plan.
- Through the collaboration of the Greene County Drug and Alcohol Program staff, the Hospital and Community Liaison, and the Social Work staff, individuals entering the behavioral health unit at Washington Health System-Greene have their co-occurring needs evaluated quickly.
- Referrals to Drug and Alcohol Intensive Case Management and Mental Health Blended Case Management.
- The Human Services Administrator, Mental Health Director and Drug and Alcohol Director are all active members of the Greene County Opioid Task Force.

Needs:

- Continue to work with providers to address the needs of the individual with co-occurring needs.
- Specialized training for providers and other stakeholders serving individuals that have co-occurring drug and alcohol and mental health needs.
- Reevaluate the Co-Occurring Disorders Intervention Program in order to develop a co-occurring philosophy in spite of separate licenses.

Justice-involved Individuals

Strengths:

- Forensic Re-Entry Specialist works collaboratively with the Greene County Court System, County Probation, State Parole and other stakeholders in assisting the justice involved individual in navigating through the Criminal Justice system and gaining access to necessary treatment options and support services.
- Positive relationship with County Probation as well at State Parole.
- Accessing the technical assistance opportunity from Staunton Farms for the Stepping up Initiative.
- Developed a Forensic silo as a part of our Human Services Database where information can be stored for those individuals that the Forensic Re-Entry Specialist is involved with.

- The Mental Health screening process has improved through the utilization of screening tools by the Forensic Re-Entry Specialist and the Corrections staff at the County Prison.
- Proactive approach in meeting the justice involved individual's need by meeting them at Re-Entry hearings and probation violation hearings.
- Recognize the unique needs of the criminal justice clients through special considerations such as court mandated requirements, accommodating the needs of that individual's schedule and transportation circumstances.
- Considering the holistic approach for each individual by addressing their mental health, drug and alcohol, spiritual, physical health, childcare, employment, housing and transportation needs.
- The Greene County Human Services Administrator, Mental Health Director and Drug and Alcohol Program Director are all active members of the Greene County Criminal Justice Advisory Board.

Needs:

- Develop specific policies and procedures for addressing the behavioral health needs of the justice involved individual while they are incarcerated.
- Training for Corrections staff in Mental Health 101, Addictions 101, Trauma-Informed practices.
- Evaluate the outcomes of utilizing the Mental Health Screening Form II within the jail.
- Collaboration with law enforcement to develop protocol and strategies for communications about individuals.
- CIT Training for Corrections staff and first responders.
- Trauma intervention groups in the jail.
- Develop opportunities for diversion from incarceration such as unsecure bail with conditions for completing evaluations and receiving re-entry services.
- Tele-psychiatric services in the jail.

Veterans

Strengths:

- Block Grant program Specialist continues to participate in special projects related to Veterans.
- Held a resource fair for Veterans during the Vietnam Traveling Wall weekend in Greene County.
- Block Grant Program Specialist serves on a committee that is in the implementation stages of building a Veterans Memorial Park in Greene County.

Needs:

- More providers credentialed with Tri-Care insurance.

Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers

Strengths:

- Developed a third GSA for adults over 30 that meets once a month.
- GSA for teens 13-17 year olds continues to meet weekly.

- GSA for 18-29 year olds continues to meet weekly.
- The Greene County Youth and Community Support Group meets on a monthly basis to assess the needs of the LGBTQI population, identify allies, provide information and support to individuals and assist with receiving adequate health care.
- Two local providers have staff who are trained to specialize in LGBTQI therapy.

Needs:

- For the Youth and Community Support Group to be more diverse (we have mostly Human Services professionals)
- More GSA facilitators
- Trainings for school staff
- Trainings for the Justice Professional
- Information dissemination of available resources
- Creation of a website listing available resources
- Grief support
- Group Therapy
- Play Therapy
- Wellness and emotional wellness training for professionals and consumers
- Sexual health trainings

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

Strengths:

- Support services have been implemented for our deaf/blind population.
- Beacon/Value provides interpreters for our non-English speaking community when needed.

Needs:

- Bilingual therapists

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

N/A

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

Yes No

Does the county currently have any suicide prevention initiatives?

Yes No

c) Supportive Housing:

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

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

1. Capital Projects for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.						
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).								
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)	Year Project first started
Avalon Court	Federal- Housing Authority (HUD)			34	34			Rebuilt in 2011

Grandview Apartments	Federal-Housing Authority												

2. Bridge Rental Subsidy Program for Behavioral Health													
Short term tenant based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.													
											<input checked="" type="checkbox"/> Check if available in the county and complete the section.		
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started				
Transitional House	DCED/ESG	\$35,000	\$25,000	6	6								

3. Master Leasing (ML) Program for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.									
Leasing units from private owners and then subleasing and subsidizing these units to consumers.											
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started		

4. Housing Clearinghouse for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.									
An agency that coordinates and manages permanent supportive housing opportunities.											
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started		
Permanent Supportive Housing	HUD	169,159	169,710	11 units	12 units			2			
Shelter Plus Care	HUD	57,516	44,157	11 units	11 units			2			
Rapid Rehousing	HUD	62,753	62,753	12 units	18 units			2			

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

6. Housing Contingency Funds for Behavioral Health									
<input type="checkbox"/> Check if available in the county and complete the section.									
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18		Average Contingency Amount per person	Year Project first started	
Mental Health Contingency Funds	State			3	5				

CYS Contingency Funds	State			5			5					

7. Other: Identify the program for Behavioral Health Check if available in the county and complete the section.

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

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)	Year Project first started
Gateway Senior Housing- Seniors 62 or older				52	52			2016
Carmichaels Arbors- Seniors 62 or older				75	75			1988
Bridge Street Commons- 26 units for seniors and 4 units for				30	30			Unkno wn

d) Recovery-Oriented Systems Transformation:

1. Shatter The Stigma/Mental Health Matters

Narrative/Description: Greene County Human Services Program continues to recognize the importance of shattering stereotypes and eliminating stigma surrounding mental health. Educating the public is very important when combatting the widespread stigma associated with mental disorders. We address the "Shatter the Stigma" concepts in our Children and Transition Age Youth through our System of Care and their community outreach. Staff are present at community events such as the Waynesburg Annual Rain Day event, the Annual Waynesburg University Health Fair, and the Annual Children's Mental Health Awareness Picnic. These concepts are also addressed with our Adults/Older Adults through our Community Support Program meetings and committees, our Annual Recovery Conference, and Older Adult Alliance meetings. We currently have 3 trainers in Mental Health First Aid for Youth and 2 trainers for Mental Health First Aid for Adults, Older Adults, and Public Safety. This fiscal year, 81 people were trained.

It is the goal during this Block Grant year to:

- A. Continue to Offer Mental Health First Aid trainings as an opportunity to educate the public.
- B. Increase the number of individuals in the community who are trained in Mental Health First Aid
- C. Offer a sensitivity training to provider staff who are working with those with Mental Health diagnoses.
- D. Continue to attend community events to bring awareness to Mental Health Stigma through System of Care philosophy.

Timeline: Fiscal Year 2018-2019

Fiscal /Resources: Greene County and Value Behavioral Health

Tracking Mechanism: Quarterly meetings with stakeholders

2. Enhance the services provided to Criminal Justice/Forensic population.

Narrative/Description: Greene County Human Services continues to build a continuum of care for individuals that fall into the forensic population. Increased communication between the Criminal Justice System and The Human Services Program have resulted in positive outcomes for services for this population. The Human Services Department would like to continue to implement services to address the needs of these individuals. The Greene County Human Services Program employs a Forensic Re-Entry Specialist. The Forensic Re-entry Specialist assures that assessment, evaluation, service and treatment plans and referrals occur for all Criminal Justice involved clients. Weekly intervention meetings are held with representatives from Adult Probation, GCHS-MHP, GCHS-DAP, the Greene County Prison and the Forensic Re-Entry Specialist to discuss the individuals being served by each department.

It is the goal during this Block Grant year to:

- A. Offer release and reintegration preparation groups in the jail setting.
- B. Continue to provide intervention services in the jail.
- C. Conduct psychiatric assessments in the jail via tele-psychiatric services.
- D. Provide improved behavioral health discharge planning those who are involved in the Criminal Justice System.
- F. Receive technical assistance for the "Stepping Up" initiative.
- G. Reassessment of the Greene County Intercept Model with OMHSAS and PCCD Center of Excellence.

Timeline: Fiscal Year 2018-2019

Fiscal /Resources: Greene County, Staunton Farm Foundation, PCCD

Tracking Mechanism: Quarterly Criminal Justice Advisory Workgroup Meetings and Quarterly CJAB meetings.

3. Enhance services provided to Individuals who have multiple system involvement (MH/D&A/ID)

Narrative/Description: Greene County Human Services has recently seen an increase in individuals who present with Tri-Occurring needs. With that increase, we will be researching a way to provide comprehensive behavioral health treatment over a period of time to increase an individual's level of independence and satisfaction within their home and community.

It is our goal during this Block grant year to:

- A. Research the possibility of a Mobile Dual Diagnosis Team in the County.
- B. Expand and develop new programming for individuals that cross over the MH/ID/DA systems which include criminal justice involved individuals.
- C. Offer a Mental Health/Intellectual Disabilities Peer Specialist.

Timeline: Fiscal Year 2017-2018

Fiscal /Resources: County Base Funds and Beacon/Value Behavioral Health

Tracking: Bi-monthly meeting with Greene County and Beacon/Value Behavioral Health

4. Integration of Behavioral Health and Physical Health.

Narrative/Description: The Greene County Human Services Mental Health Program realizes that primary care is often the gateway to the behavioral health care system and primary care providers need the support and resources to treat individuals with behavioral health and medical health care needs. GCHS-MHP believes that integrated care is going to produce the best outcomes when treating individuals with mental health, drug and alcohol, and medical/general health issues. We would like to work with a local provider to collect, monitor and use specific health indicators to improve health outcomes. We currently, in collaboration with Beacon/Value Behavioral Health, engage individuals to recognize the holistic approach

when addressing mental health and physical health issues. Beacon/Value Behavioral Health coordinates "Healthy Living/Healthy Choices" programming that is offered with weekly sessions where individuals can attend interactive sessions which include goal setting, dental awareness, breast cancer awareness, exercise and wellness, depression and anxiety education, diabetes education, etc.

It is the goal during this Block Grant year to:

- A. Collaborate with Cornerstone Care, a Federally Qualified Health Center, to develop a best practice for integrating behavioral health care and physical health care.
- B. Continue to offer the Healthy Living/Healthy Choices Program with Beacon/Value Behavioral Health.
- C. Expand the Healthy Living Healthy Choices program into the adult partial hospitalization program.
- D. Continue to offer services of the Complex Care Manager with Value Behavioral Health.

Timeline: Fiscal Year 2018-2019

Fiscal/Resources: FQHC Resources, Physical Health MCO's, Greene County Base Dollars, Value Behavioral Health

Tracking: Resources involved will meet quarterly to track

5. Enhance the continuum of care for Mental Health Services for Children and Adolescents.
Narrative/Description: GCHS-MHP continues to recognize the need for a fluid continuum of care for the Children and Adolescents that we serve. With the recent increase in child and adolescent hospitalizations, we know that discharge planning is crucial. We also know that early recognition, intervention and possible diversion are important. In the area of early recognition, we have enhanced the intervention and treatment services that are currently provide in the 5 school districts. Staff met individually with staff from each school district to see how we could increase the supports that we currently offer the district and its students. These meetings were incredibly beneficial and have allowed for increased collaboration between the school districts, the outpatient mental health providers, Beacon/Value Behavioral health and the staff at GCHS-MHP.

It is the goal during this Block Grant year to:

- A. Offer parent support groups for parents/families of children with Mental Health diagnoses.
- B. Offer training to grandparents who have taken on the parental role for a child with a mental health diagnosis.
- C. Continue to offer High Fidelity Wraparound Services.
- D. Develop access to specialized trauma therapy services that are located in Greene County by having staff at a local provider trained.
- E. Identify one or more providers in Greene County to specialize in LGBTQI therapy services.
- F. Continue to work with adolescent/child psychiatrists so that mental health care is accessible quickly after an inpatient hospital stay.

Timeline: Fiscal Year 2018-2019

Fiscal /Resources: Greene County and Beacon/Value Behavioral Health

Tracking: Value Behavioral Health Quality Management Meetings and Statistics

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Child/Youth	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 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 type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input 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

Greene County Human Services
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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:

Greene County Human Services
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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		HMIS	Federal - HUD	Yearly	No	Yes	Permanent Supportive Housing
Supported Employment	No							Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	No							
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	No							

<p>Multisystemic Therapy</p>	<p>Yes</p>	<p>1</p>	<p>Therapist Adherence Measure – Revised (TAM-R) – is a 28-item measure that evaluates a therapist’s adherence to the MST model as reported by the primary caregiver of the family. The adherence scale was originally developed as part of a clinical trial on the effectiveness of MST. The measure provided to have significant value in measuring an MST Therapists’ adherence to MST and in predicting outcomes for families who received treatment. Scores have been related to reduce behavioral problems and criminal activity.</p> <p>Supervisor Adherence Measure (SAM) – is a 36-item measure that evaluates the MST Supervisor’s adherence to the MST model of supervision as reported by MST Therapists. The measure is based on principals of MST and the model of supervision presented in</p>	<p>Staff Callers, separate from MST Therapist</p> <p>MST Therapist</p>	<p>Monthly</p> <p>Every Other Month</p>	<p>Yes</p>	<p>Yes</p>	
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		<p>the MST Supervisor's Manual. Scores have been associated with therapist adherence and reduce youth charges up to two years post-treatment.</p> <p>Consultant Adherence Measure (CAM) – is a 23-item measure that evaluates the MST Consultant's adherence to the MST model as reported by the team members. The measure is based on the principles of MST and the model of consultation presented in the MST Consultation Manual. Scores have been linked with improved therapist adherence, which in turn is linked with improved outcomes for youth, and with youth behavioral outcomes.</p> <p>Program Implementation Review (PIR) – is a written report completed every 6 months by the team's supervisor and MST expert. The report outlines areas of strength in the program, as well as areas in which</p>	<p>MST Therapist and Supervisors</p>	<p>Every Other Month</p>			
		<p>Program Implementation Review (PIR) – is a written report completed every 6 months by the team's supervisor and MST expert. The report outlines areas of strength in the program, as well as areas in which</p>	<p>MST Consultant with the</p>	<p>Every 6 Months</p>			

			improvement in implementation is needed. It includes review of critical program practices and characteristic; operational, adherence, and case closure data; and status of previously recommended goals.	MST Supervisor Agency Network Director				
Functional Family Therapy	No							
Family Psycho-Education	No							

*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	491	MA Funded & County Funded
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist- Total**	Yes	51	
CPS Services for Transition Age Youth	Yes	1	
CPS Services for Older Adults	Yes	7	
Other Funded Certified Peer Specialist- Total**	No		
CPS Services for Transition Age Youth			
CPS Services for Older Adults			
Dialectical Behavioral Therapy	Yes	265	MA Funded & County Funded
Mobile Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes	51	MA Funded & County Funded
High Fidelity Wrap Around/Joint Planning Team	Yes	63	OMHASA Funded & County Funded
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including cclclubhouse)	Yes	14	MA Funded & County Funded
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	No		
Consumer Operated Services	No		
Parent Child Interaction Therapy	Yes	0	
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	225	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	25	
First Episode Psychosis Coordinated Specialty Care	No		
Drop in Center for Transition-age youth 18 to 26	Yes	8	County Funded
Drop in Center for Adults ages 18 and older	Yes	45	MA Funded & County Funded

*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

Total Number of CPSs Employed	4
Number Full Time (30 hours or more)	4
Number Part Time (Under 30 hours)	0

INTELLECTUAL DISABILITY SERVICES

Greene County Human Services Intellectual and Developmental Disabilities Program (GCHS IDD) is committed to ensuring that all individuals with disabilities in our community are able to enjoy full and productive Everyday Lives. To achieve that goal, GCHS is dedicated enhancing its current system of available supports, services and resources to provide individuals and families with choice and control over their lives and the services they receive. Additionally, GCHS IDD is committed to ensuring that families and stakeholders have access to all information that is necessary to inform these critical life choices.

GCHS IDD works closely with other agencies and programs in Greene County to implement a holistic approach in addressing the needs of individuals, families and their team. Before services begin and to ensure the person-centered planning process is followed, the Administrative Entity (AE) and/or Supports Coordination Organization (SCO) works to obtain a detailed understanding of the person’s

needs, goals and desired outcomes. Once the person’s needs and wants have been communicated and are understood by the planning team, the team provides the individual/family with a detailed description of available supports, services and other resources. In addition to I/DD service offerings, available supports often include mental health, drug and alcohol, housing or other services that can help achieve a better quality of life. Regardless of funding source or program, the goal is to provide a continuum of care that is coordinated, comprehensive and seamless to the individual/family.

Once an individual/family has identified and chosen the specific supports that he or she deem necessary to successfully live an Everyday Life, the SCO provides the person/family with local provider options where the person/family can receive their chosen supports. Once the person begins to receive services, GCHS IDD coordinates the person’s multi-disciplinary team to make certain that the individual continues to receive the quality supports necessary to achieve his or her goals. We feel strongly that team collaboration and communication are key to an individual’s success.

For Fiscal Year 2018-19, our goal is to enhance the services and supports delivery system within Greene County by:

- Increasing the provider capacity to provide additional supports and service options for people with intellectual and/or developmental disabilities including behavioral health services.
- Increasing training opportunities for county staff and providers that includes a focus on autism services
- Increasing the number of people who are competitively employed in integrated settings
- Expanding the county’s capacity to provide autism services beyond the recent identification of a qualified provider of autism services.
- Enhancing Life Sharing Program and Supported Living participation and opportunities
- Increasing efforts to educate eligible persons and SCs on self-directed services options
- Continuing to facilitate person-centered planning processes

Below, we identify the specific strategies that we will implement in each service area to achieve these goals. GCHS IDD is currently designing a strategic plan to ensure implementation of strategies and to measure outcomes and key performance indicators to determine the on-going effectiveness of these strategies.

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

Individuals Served

	<i>Estimated Individuals served in FY 17-18</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 18-19</i>	<i>Percent of total Individuals Served</i>

Supported Employment	0	0	2	15%
Pre-Vocational	2	9%	2	9%
Community participation	4	8%	7	12%
Base Funded Supports Coordination	6	100%	12	100%
Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	0	0	0	0
PDS/VF	1	3%	1	3%
Family Driven Family Support Services	2	100%	2	100%

In lieu of final numbers for Fiscal Year 2017-18, the chart numbers above have been estimated. Historically, GCHS has not used base funds to provide waiver services on an on-going basis. Typically, base funds are utilized for people enrolled in the P/FDS waiver, who at the end of the fiscal year have exceeded their cap due to various reasons such as rate increases, the need for additional service units, etc. Base funds are also utilized for people needing one-time services such as home accommodations, vehicle adaptations, or short-term services such as respite or respite camp. GCHS has utilized base funds for other programmatic needs as they become apparent such as the development & implementation of needed resources and/or improving & enhancing current services by way of trainings and capacity building. GCHS does not typically provide funding for residential services unless significant costs are incurred due to emergency or other events. With the expansion of eligibility to include those with an autism only diagnosis, it is expected that there will be an increase in the need to utilize base funds in 18/19 to provide needed services to those on the waiting list.

Supported Employment:

Greene County Human Services (GCHS) enthusiastically supports Governor Wolf’s “Employment First” policy and shares ODP’s strong commitment to Community Integrated Employment. During the coming fiscal year, GCHS intends to expand on existing efforts to ensure that people who want to work are able to find and succeed in jobs of their choosing while receiving the necessary supports to meet their goals.

During recent fiscal years, GCHS IDD has worked closely with local providers to enhance the quality of available employment services while increasing the types of services available to individuals. The

overall goal of these efforts is to provide individuals who want to work with the tools necessary to obtain and maintain employment, identify and achieve careers, and succeed in the workforce. Employment services within Greene County include:

Waiver-Funded Employment Services. Waiver-funded providers can provide the “Supported Employment” service to individuals who are enrolled in the Consolidated, Community Living or P/FDS waivers.

Greene County residents currently receive supported employment and small group employment through out of county providers. Below we discuss our intention to increase the capacity of Greene County providers to provide these services to county residents.

Currently, Greene County has one agency with two people certified to provide “Discovery”. This agency is also contracted with the local OVR office who also holds a contract with a Washington County provider that currently has four staff persons who provide “Discovery” to Greene County residents who receive services in Washington County.

Transition-Age Youth Supports Coordinator (SC). GCHS employs a full-time Transition-Age Youth Supports Coordinator (SC) who provides supports coordination services to individuals with intellectual developmental disabilities aged 14 to 26 years old. The SC attends the IEP meetings for students in five Greene County School Districts and serves as the point-of-contact for school staff, special education staff and transition coordinators. The Transition-Age Youth SC connects students to IDD services, employment services and community resources, and provides information to the student and his/her team regarding other available human services programs that may benefit the student or family. The SC attends trainings on educational guidelines/laws, advocacy for transitioning-age youth, youth employment, among other topics designed to build capacity and develop “in-house” expertise. The position also participates in other GCHS programs that involve transition-age youth such as the H2O program (Helping to Overcome) the Child & Adolescent Service System Program (CASSP) meetings, and other multi-disciplinary teams that serve youth and young adults.

Other employment services. Additional employment services currently offered in Greene County include those administered by the Office of Vocational Rehabilitation (OVR), Blueprints and Southwest Job Training and Washington-Greene Job Training Agency (WGJTA.)

With previous block grant funds, the GCHS IDD Director completed an ACRE (The Association of Community Rehabilitation Educators) certified online course. The course was offered through Virginia Commonwealth University, which is a member of ACRE, and consisted of a 12-week Supported Employment Online Certificate Series. The series covered Supported Employment, Customized Employment, Discovery, Situational Assessment, Job Development, Workplace supports, Job-Site Training, Assistive Technology, Long-term support, funding and Social Security Work Incentives. After completion of the course, the IDD Director and school-to-work coordinator were able to share this knowledge and practices with transition staff, providers, and others who provide employment supports. Now, the GCHS IDD Director is better able to educate individuals,

families, employers, school districts and other agencies so that Community Integrated Employment services are more cohesive amongst all entities involved.

Strategies for FY 2018-19.

1. Work closely with individuals, families and the rest of the individual's team to determine the person's employment interests and goals and to ensure that the individual/family is informed of employment requirements and opportunities.
2. Secure expertise from employment experts to develop and expand employment opportunities including the identification and expansion of additional funding sources (Ticket to Work)
3. Identify existing providers with demonstrated success in helping individuals obtain competitive integrated employment in order to replicate successful programs
4. Expand behavioral health and autism services and training to remove potential barriers for employment.

GCHS ID is currently in the process of developing and implementing additional strategies to support the growth and promotion of employment opportunities for individuals with disabilities. The continued implementation and expansion of these strategies, designed to increase the number of people within the county who are competitively employed in integrated settings will be a key focus of GCHS ID throughout fiscal year 2018-19.

We have found that beginning employment-related conversations and discussions with individuals and families earlier in the planning process greatly increases the potential for positive outcomes. Throughout the coming fiscal year GCHS ID will continue to incorporate employment as an essential component of planning discussions in order to gain an understanding of the person's employment interests, present available employment-related service offering and supports, and provide assistance to individuals and families in developing a plan.

During intakes or IEP/team meetings, Supports Coordinators and GCHS IDD Program staff will continue to focus on informing individuals and families of options that are available and providing information about first steps in the process under the Workforce Innovation and Opportunity Act (WIOA). GCHS IDD Program participates in the local Transition Council meetings and the Local Task Force for transition to continue keeping stakeholders informed about employment initiatives and to discuss ways of working through challenges and barriers that exist in Greene County.

GCHS IDD participates in the local Transition Council is facilitating a transition job and career fairs that includes stakeholders from the education system, human services, employment services, employers, businesses, job training agencies, and individuals and their families. GCHS participated in "Experience the Employment Connection" 2017 regional meetings, which included representation from GCHS administration, IDD program, MH program, SCO, and local OVR staff.

During the coming fiscal year, GCHS ID will work with employment experts to develop and expand employment opportunities including the identification and expansion of additional funding sources and implement best practices. We are also in the process of conducting outreach and corresponding with existing providers in other parts of the state that have achieved demonstrated success in helping individuals obtain competitive integrated employment. Through these discussions we intend to identify additional successful practices in order to replicate these ideas within Greene County.

Finally, we will work to address current barriers to employment by increasing the capacity of Greene County providers to provide behavioral health and other necessary support services. As part of these efforts, we will also conduct outreach to non-county providers in an attempt to further increase service availability within the county.

In our opinion, ODP can best assist in these efforts by continuing by increasing communication between ODP employment leads, AEs, SCOs and providers on employment related issues. Further, ODP should continue to encourage the use of focus/work groups when designing new initiatives and determining best practices related to employment whiling including a viewpoint on the challenges/barriers that exist in rural settings. Finally, ODP continue to encourage/promote county partnerships to better coordinate employment services.

Supports Coordination:

Greene County Administrative Entity (AE) meets regularly with the Supports Coordination Organization to discuss how to maintain best practices across the board from the time of intake to ISP planning and throughout the monitoring of services. Since the Supports Coordinator has the closest and most frequent contact with the individual and the families, it is important for the SCO to understand the needs of the individual as well as what natural supports and resources are available in the community. The AE provides training opportunities to the SCO on how to develop good rapports with individuals and families and discuss how to have those sensitive conversations with families.

Communities of Practice/Supporting Families Model. All SCs in the county have received trainings on Communities of Practice and how to utilize the Charting the Life Course toolkit for planning across the individual's lifespan. This coming fiscal year GCHS ID will continue our work with SCs to enhance the development systems of support for families throughout the lifespan of their family member and intends to make the Charting the Life Course toolkit standard practice for SCOs.

Waiting List Coordination. We will also continue to assist the SCO in implementing strategies to address individuals that are currently on the waiting list for waiver services. The PUNS management report is reviewed on a monthly basis to determine how many individuals within the county are waiting for funding, the service needs of individuals and each individual's need category. The waiting list is reviewed regularly at the AE/SCO bi-weekly meetings for changes or updates and addressed accordingly.

The AE also routinely informs the SCO about any new services or resources that may benefit individuals who are currently on the waiting list. Any person in the emergency category will always be the county's

top priority and we will work with the SCO to determine identify natural supports or other funding sources that are available to each individual within that needs category. Additionally, and based on individuals need and the expected time frames for when services will be needed, GCHS will also work to identify base-funding for services that may assist individuals and families to meet an immediate need.

Self-Directed Services. During fiscal year 2018-19, GCHS ID intends to work closely with the SCO to ensure that individuals and families possess a detailed understanding of the self-directed service delivery option including the types of support services that are available to them if they choose to self-direct. (Supports Broker Services, VF/EA FMS, etc.). GCHS ID will not only ensure that discussions related to self-direction are incorporated upfront as part of the initial planning discussions with individuals, families and their team, but will also make sure SCs are fully trained and informed on the self-directed model and associated support services to better present the option as a way to provide individuals with greater choice and control over the services they receive. We will also work with the SCO to connect interested individuals and families with others who currently utilize the self-directed model to allow them to obtain additional information and make an informed choice.

Lifesharing and Supported Living:

During fiscal year 2018-19, GCHS ID is committed to making Lifesharing Program a viable program option for individuals within the county while continuing our work to increase both the availability and use of Supported Living Services. We intend to accomplish these goals by first expanding our efforts to recruit qualified Lifesharing providers/families as well as providers willing and able to manage Lifesharing services within Greene County. We will also continue to recruit and build provider capacity within the county to provide Supported Living Services. Further, we intend to implement strategies designed to better inform the SCO, individuals and families on the availability of these services as viable alternatives to more traditional residential services, particularly since family members may now serve as Lifesharing partners.

Since a Lifesharing home has to be connected to a provider, we have encountered an unwillingness by some potential Lifesharing partners to associate themselves with an agency and undergo the qualification process. Some individuals have also expressed their discomfort or unwillingness to adhere to specific regulations and guidelines for their family home. We are hopeful that increased emphasis on recruiting potential Lifesharing partners and educating individuals/families on the Lifesharing program, including new requirements contained within the recent waiver renewals, will expand the choices available to individuals and families within Greene County.

ODP could significantly enhance Greene County's efforts to expand and grow Lifesharing and Supported Living as options by identifying ways to encourage providers to expand their reach and service offerings into more rural areas of the state. If the county's provider network contained more of these specific service options, GCHS ID could more easily market the Lifesharing and Supported Living service options to individuals and families and therefore expand participation.

Cross Systems Communications and Training:

Greene County Human Services Department IDD Program engages in numerous collaborative efforts with other human services programs as well as local agencies and organizations to maximize our resources and enhance service delivery to individuals in our community. As part of its community outreach effort, GCHS IDD Program promotes Intellectual Disabilities Awareness Month during March which includes the Greene County Commissioners Proclamation. In 2018, Greene County Commissioners held an annual Proclamation and the IDD Program awarded a participant of the waiver program with a certificate of outstanding achievement. GCHS IDD Program also launched a "Spread the Word to End the Word Campaign" which included information shared on the Greene County website and social media pages. Local school districts also participated in the events where those were shared through GCHS as well.

To close out the month of March each year, GCHS IDD Program hosts a "Celebration of Everyday Lives" event for Greene County IDD consumers and their families. The event is complete with an annual theme, dinner, and dancing. The event provides an opportunity for individuals to socialize with each other, make new friends, and for families and caregivers to connect with each other. GCHS IDD Program also provides education and information through holding at least two cross-trainings per year for staff of other GCHS programs, provider staff, and community agency professionals. The trainings or presentations cover various topics relating to supporting people with intellectual disabilities. Presentations have included utilization of KEPRO SW PA Health Care Quality Unit (HCQU) to conduct specific trainings and also through partnering with LINK to hold presentations regarding the aging and ID populations.

As discussed in the Employment section, GCHS IDD Program has developed great relationships with two of the Greene County School Districts and the Intermediate Unit 1. The IDD Program continues to collaborate with the other three school districts at a level of referral and team meeting participation. As the IDD Program works with the local Transition Council, it is anticipated to increase the involvement of the other three school districts within GCHS programs. The local Transition Council meetings are held two times per school year where the five Greene County School Districts and their special education personnel are invited to attend along with OVR staff, Intermediate Unit 1, and other community agencies. Information about the LifeCourse framework and how it will be introduced at the IEP meetings will be presented by GCHS at the council meeting. All five school districts receive information about the referral process to GCHS once a student is age 14 and has been identified within the special education system. At that point, the AE and/or Transition-age Youth SC meets with the IEP team and provides information about supports and services that may be available to the child. A new approach for the 18/19 school year, will be to introduce information about the Life Course tool and supporting families practice to the school district and IEP team at the time of the IEP meeting, including the student and parents/caregivers. We feel this is an appropriate time to engage the school with the family when transition planning begins so that the school district along with the SC, may assist the student and family in the life course planning throughout the student's school career up to and including graduation. Upon graduation, the SC would then continue to utilize the tool to guide the way for services and supports throughout post-secondary phases to adulthood.

GCHS emphasizes and coordinates strong collaboration amongst departments which includes the IDD program working closely with the Mental Health program (MH), Children & Youth Services, Housing, Transportation, and Drug & Alcohol. A typical collaboration can be organized and scheduled within hours depending on the circumstances and a multi-disciplinary team (MDT) meeting will be held to discuss and problem-solve cases often in the same day. The IDD and MH programs serve many of the same individuals so there is already a good rapport established amongst team members. Several years ago, the MH program and IDD Program began holding Lunch & Learn sessions to educate, inform, and discuss individuals in Greene County with dual diagnosis (MH/IDD) and those sessions still continue on a regular basis today. In the upcoming year, GCHS IDD Program plans to have a cross-training specifically for the human services departments and including the criminal justice system to educate and inform about the referral process and services available for those with an IDD diagnosis who are on probation, exiting jail, or involved with law enforcement. GCHS IDD and MH programs plan to collaborate for trainings and presentations to address the needs of the autism population as we expect to see significant growth of the “waiting list” with the expansion of waiver eligibility to include individuals with Autism without an ID diagnosis. Additionally, we will work with all of GCHS to ensure that staff from each program receives appropriate training to apply behavioral health practices to all populations including those with IDD.

GCHS IDD Program has also opted-in to receive information from Suasion, an organization working with the Pennsylvania Treasury to build awareness of the PA ABLE Plan, so we can learn about the program and educate service providers and the community about the program’s benefits. GCHS AE and SCO will be able to share information and communication about ABLE as an important piece to financial planning for individuals with disabilities and their families.

Additionally, to serve individuals with multiple needs, the GCHS IDD program participates in the Greene County Human Services LGBTQI workgroup to assure that needs of the IDD population in respect to LGBTQI are addressed. Staff and individuals of three providers in Greene County have received trainings that provide a specialized curriculum to educate persons with disabilities about sexuality and topics of that nature. Activities of this program are funded through the block grant. The IDD program partnered with LINK to host the annual Aging/ID conference in June 2018, which will include a presentation titled, “Love, Laughter, and Wisdom about Sexual Health for ALL.” The presenter is certified in Sexuality Education & Counseling and will focus on equity, courage, and self-advocacy for target populations of older adults and individuals with ID/Autism. The IDD program will continue to collaborate with the local Area Agency on Aging Program as part of the Greene County Aging/ID Coalition efforts to promote education and identify resources available to this special population for support. Professionals from organizations who serve the aging population as well as community stakeholders, caregivers, and individuals & their families are invited to attend events organized by the Aging/ID Coalition. During the events, information is presented about services, supports, and resources available in Greene County for this specific population. Additionally, multi-disciplinary teams meet on an as needed basis to discuss specific cases that involve individuals who are receiving or are in need of ID and aging supports or services.

Emergency Supports:

Individuals are identified in each area based on their Prioritization of Urgency of Need for Services (PUNS.) The appropriate funding source will be determined based on category of need (emergency, critical, or planning) and level of care required to meet those needs. Individuals in the emergency category are of utmost priority. If no available waiver capacity exists, we will utilize base funding to ensure services are provided to protect health and safety and to ensure that major needs are met. Available respite in community homes is our preference when locating appropriate housing; however, for situations where respite in a community or family living home is not available, we have utilized base funding on a per diem basis to support individuals in local personal care homes until other residential arrangements can be made. The IDD Director would then follow the standard protocol of contacting the Regional Waiver Capacity Manager to review the case and determine if a request for emergency consolidated waiver funding needs to occur.

Individuals who present as an emergency are first assessed by the receiving program and then referrals are made to the appropriate program depending on what needs have to be met first to ensure health and safety. The IDD program utilizes base or block grant funding for emergencies in which no other funding source is available. If the person is identified as meeting eligibility requirements for waiver services, his or her immediate needs would be met through base funds while completing the process to obtain funding that would best meet their needs on a long-term basis.

During or after regular business hours, GCHS IDD program follows a standard policy that includes an agreement with the local 911 dispatch. During business hours, the IDD Director or a Supports Coordinator would be notified of an emergency and it would be handled according to the emergency need. After hours, officials will contact the Greene County Human Services Administrator, who contacts the IDD Director. As stated previously, depending on the need, we would seek services to ensure health and safety first and proceed with planning during the normal business hours.

Greene County provides mobile crisis services through SPHS Care Center. Community Treatment Team (CTT) staff serve as crisis workers and all have backgrounds in working with individuals with IDD. The SPHS Care Center Supervisor has experience in IDD as well as working with the autism population and also responds to crisis calls. Greene County IDD service providers have access to contact mobile crisis 24/7. Once mobile crisis is dispatched, an on-call worker will respond to the emergency. If it involves an individual who receives IDD services, the GCHS MH and IDD programs are notified. SPHS and mobile crisis staff are included to participate in GCHS cross-trainings and will be invited to all upcoming autism and/or IDD trainings or presentations that GCHS organizes.

24-hour Emergency Response Plan

Greene County Human Services Department ensures the health and safety of those enrolled in the GCHSD service system, 24 hours a day, 7 days a week, through various processes. GCHSD has a very close collaboration of supports and services for those with dual diagnosis being mental health

and intellectual disabilities or mental health and substance abuse. Crisis and emergency services are provided through contracted providers of GCHSD.

Crisis Intervention. Crisis Intervention Services through a contracted provider include telephone, walk-in, and mobile services, designed to de-escalate and resolve a potentially emergent situation and are designed to divert to the least restrictive level of care. Telephone and mobile crisis services will be available 24 hours a day, 7 days a week. Walk-in crisis services will be delivered at the licensed outpatient facilities Monday through Friday from 8:30 a.m. to 5:00 p.m. at a minimum, and after regular hours at the designated crisis stabilization unit.

- A. **Telephone Crisis** will provide a continuously available telephone service staffed by trained crisis counselors that provide information, screening, intervention, and support to callers 24 hours a day, 7 days a week, 365 days a year.
- B. **Walk-in Crisis** is a site-based intervention service for individuals providing immediate screening and assessment resulting in brief, intensive interventions focused on resolving a crisis and preventing admission to a more restrictive level of care. The service is provided by trained crisis counselors, and will include assistance in accessing available formal and informal community resources pertinent to the particular crisis.
- C. **Mobile Crisis** is a service provided at a community site where the crisis is occurring or a place where a person in crisis is located. The services shall be available with prompt response. Service may be individual or team delivered as determine appropriate by trained crisis counselors. Service includes crisis intervention, assessment, counseling, resolutions, referral, and follow-up. The service provides back up for, and linkages with other services and referral sources. Mobile crisis intervention will be dispatched within five minutes and will arrive at the scene of the situation within 30 minutes of dispatch. The Crisis worker will establish and maintain telephone contact with the individual, law enforcement, or appropriate entities until their arrival.
- D. **Intellectual Disability** If at any time during a mental health crisis or emergency process and an individual is identified as having an intellectual disability, the contracted provider will contact GCHSD MH Director or Designee, who will then contact the IDD Director. The IDD Director/Designee will work with the individual, caregivers, families, and IDD provider agencies to determine a plan of intervention that will best meet their needs. Respite, residential, in-home, and other available supports will be considered within the development of a plan. The IDD program will follow emergency protocol for funding sources and services according to the AE operating agreement and in accordance with guidelines set forth by ODP.

Emergency Services. Emergency services will be available 24 hours a day, 7 days a week, year round. Procedures to be followed will be in conformity with the PA Code, Title 55, Chapter 5100 (Mental Health Procedures) Regulations adopted pursuant to the Mental Health Procedures Act (Acts 143 & 324). The contracted provider employs a Mental Health Delegate Supervisor and Mental Health Delegates, who act as agents to the GCHSD MH Program (MHP). The Mental Health

Delegate will maintain communication with the GCHSD MHP office in coordination of all commitments to include the reporting of all voluntary (201) and involuntary (302) hospitalizations. All rules and regulations in relation to individuals with guardianship will be followed. All voluntary (201) and involuntary (302) hospitalizations shall be called in to the GCHSD MHP Administrative office (Mental Health Director) by 9:30 a.m. the next business day. The MH delegate and delegate supervisor have access to GCHS Administrator, and MH Director 24 hours a day, 7 days a week. GCHS Administrator or MH Director will contact the IDD Director in the event of an emergency for IDD consumers.

Community Hospital Liaison. The Community Hospital Liaison, employed by GCHS, will serve as the link from community inpatient hospitals to the community MH and IDD service provider systems to provide comprehensive assessment, monitoring, service planning, and referrals for service to consenting individuals & families within the local mental health inpatient units/hospitals, as well as those in the surrounding areas outside the Greene County borders. Coordination of those services through case management and monitoring will be maintained until ongoing outpatient services are in place. The liaison will:

- A. Provide initial opportunities for engagement
- B. Provide information, referral services, and linkage to individuals and their families with severe and persistent mental illness and/or IDD who would be transitioning from inpatient hospitalization to community services.
- C. Complete all required paperwork and referrals for individuals transitioning from inpatient hospitalization to community services.
- D. Conduct daily visits to inpatient hospitalization programs to track new admissions, monitor progress, of identified patients, plan for discharge, attend Treatment Team meetings, and provide liaison services to those programs. Conduct face-to-face interviews with individuals referred by self, family, physicians, hospitals, social service agencies, and appropriate referral sources.
- E. Establish and maintain linkage agreements with inpatient hospitalization programs, county Base Service Units and all necessary community based mental health services. This will ensure the continuity of care, which will increase follow-up with mental health outpatient treatment and services and in turn, will decrease readmission to inpatient treatment.
- F. Ensure that the appropriate appointment(s) are scheduled within one-week post discharge.
- G. Provide a 30-day follow-up to consumers and families to ensure continued recovery.

Administrative Funding:

GCHS would utilize the PA Family Network to provide trainings at the local level to our individuals, families, staff, and providers in Greene County. Since the training model can be used across a wide array of social services, GCHS would extend the training opportunities as another cross-training to other community agencies and organizations that could also benefit and utilize the tools and practices.

As mentioned previously, GCHS IDD Program participates in a number of collaborations and workgroups that utilize agencies and resources within the county to provide information to individuals and families. This is implemented through trainings, presentations, large group meetings such as Community Support Program (CSP), Lunch and Learn sessions, Greene County Housing Opportunities Program (GCHOP), Transition Council, Local Task Force, and Greene County Youth & Community Support Group. As part of the Quality Management Plan, we would also like to increase participation by individuals and families in the development of the Quality Management plan so there is input represented by those we are serving.

Greene County Human Services continuously works with KEPRO (formerly APS) Health Care Quality Unit (HCQU) to provide physical and behavioral health trainings to IDD consumers, providers, and the human services as a whole. GCHS AE and SCO contact the HCQU to perform complex technical assists for consumers who are experiencing more challenging medical or behavioral issues. The AE also utilizes the HCQU services to provide specialized trainings around topics that are very general across the IDD system such as communication needs and positive approaches, as well as topics that are more specific to smaller populations such as diabetes and heart disease. The HCQU assists teams in their efforts to support people with intellectual and/or developmental disabilities. The HCQU is able to provide and report back on a periodic basis to the AE regarding the number of trainings and CTA's completed, which helps the AE know where the needs are and to whom assistance is being provided to (ie; providers, consumers, families, etc.) This ties into the quality management plan by being able to take that information and apply to improvement areas within the county.

The Greene County AE continues processes with the IM4Q (Independent Monitoring for Quality) through a contract with Chatham University to conduct assessments for quality and participates with Ascend for the Supports Intensity Scale (SIS) for determining each individual's needs and what services will best meet their needs. IM4Q and SIS provide useful data to the AE as well as SCO's to look at how teams can best support individuals and considerations that may be looked at to enhance those services and supports. A representative from the IM4Q will also participate in the AE Quality Management/Risk Management (QM/RM) meetings to provide data reports that tie into outcomes and objectives in the plan. Data will also be utilized to address any trends that may need to be added to the plan and will provide valuable input to the group.

The QM/RM team, which will consist of members from the AE, SCO, HCQU, IM4Q, MH program, provider staff, and consumer will work together to develop outcomes that align with the departments mission and Everyday Lives framework.

The IDD Program Director meets with the Housing Program Director on a regular basis. The Housing Outreach Coordinator works with DD staff, to do a Coordinated Entry Assessment of the person's situation. When an individual is identified with a housing issue, a Multi-Disciplinary Team meeting is conducted. This meeting will include any other services coordination entity that is currently working with the individual. The Housing Outreach Specialist, IDD staff and other supports will work through the assessment to help find the best possible long-term solution to help with the housing issue. With these collective efforts, both programs will work to ensure homeless individuals with special needs are able to secure safe and stable housing arrangements.

Emergency preparedness and disaster planning is ensured by providers and monitored by the Administrative Entity (AE) through the Quality Assurance and Improvement Process (QA&I). All providers are required to develop and maintain policies and procedures for behavioral and health emergencies and crisis as well as Emergency Disaster Response plans according to 55 Pa. Code Chapter 51 Section 51.4. Plans must address individual's safety and protection, communications, and operational procedures. All staff must receive training on the agency's emergency plans which is ensured by the AE's review of training documentation. The AE may provide technical assistance to providers in the development or revision of plans and/or at the request of providers.

Participant Directed Services (PDS):

Upon intake and during planning meetings, AE staff and SC's have discussions with individuals and families to determine needs and what resources are available. Together they identify natural supports and services that might already be available that have not been explored. SC's assist individuals in connecting with those resources first and then move on to identify what supports might meet their needs that require funding. As part of these discussions it is essential that SCs are equipped with sufficient information to allow them to fully inform families on participant directed service model as a viable choice when making decisions regarding the services they select.

Since Greene County is limited on the number of traditional providers available within its network, it is sometimes more feasible and effective for an individual or family to choose to self-direct. Therefore, we intend to increase trainings available to SCOs in order to make sure they are up to date on the requirements of the participant directed option and knowledgeable of all available support services to allow them to present the option as a viable choice for individuals and families that provides individuals with greater choice and control over the services they receive. We have recently engaged a Supports Broker to provide training to SCOs regarding the benefits of the participant directed model and the availability of various support services, including broker service and VF/EA FMS. We will also work with the SCO to connect interested individuals and families with others who currently utilize the self-directed model to allow them to obtain additional information and make an informed choice.

A challenge faced with AWC is when traditional service providers have already been utilized and the individual or family would like to use AWC or VF/EA, but do not have persons available that can be hired as a worker. Since the AWC and VF/EA do not recruit staff, it is rather difficult for the family or individual to find one staff and even more difficult to find multiple staff to ensure service delivery in the event that one worker cannot provide the services. Often times, finding staff takes an extensive amount of time, which results in no services for the individual for some time. It would be beneficial to have an ODP developed "orientation process" similar to the recent development of the 'new provider orientation' that AE's could utilize to host orientation/trainings for individuals and families interested in PDS services. It would be in the best interest of all parties involved to be able to have those orientation trainings once or twice a year for each area where SCO's could also participate to help families better understand and navigate the PDS processes.

In our opinion ODP could most effectively assist with these efforts by continuing to educate SCOs and AEs on the participant directed model and on available support services such as Supports Broker services.

Community for All:

Greene County currently has one individual in an ICF setting and two at state centers. During this time, planning and meetings are occurring for the transition of one individual to the community as a result of the Hamburg State Center closure. Greene County IDD Program will continue to participate in and facilitates the transition of any individual choosing to return to a community setting. During the individual planning meetings (annual or discharge planning meetings), choices are offered of where the person would like to live or is presented to families/caregivers of those who are not able to express their preferences. Together, the team decides what services are needed to best support the person. When an individual transitions from a congregate setting to a community setting, the Administrative Entity along with the Supports Coordinator will collaborate with community home providers to identify a home that has a vacancy and is most compatible to the person's needs. The AE and new provider will follow steps of the transition processes that have been developed according to the regulations for transitions and county policy.

One area of concern in respect to non-community living that has required and will continue to require additional assistance from ODP is in regards to psychiatric hospitalizations and admissions. In the past few years Greene County has supported several individuals who were admitted to in-patient psychiatric units and remained there without appropriate residential services for months at a time. When a person is hospitalized for more than 30 days, they are not eligible to receive waiver services. Although the team still continues to coordinate services and supports, potential providers are not able to provide services for transition nor are the previous providers of supports, such as behavioral supports, able to provide any services to the person in the hospital. Most importantly, there are no alternative options available to individuals when they are ready for discharge from the hospital that can sufficiently support their MH/ID needs. Currently, there is no funding available to support "transition services" as there is when a person is exiting a state center, ICF, or nursing home. If there was additional funding or other less restrictive facilities could be utilized through funding streams for the transition of those being discharged from in-patient psychiatric units, it would be hugely beneficial in our efforts to integrate people back into their communities.

GCHS IDD and MH programs are seeing an increase in youth and adolescents with dual diagnosis getting "stuck" between systems without appropriate housing due to families not being able to appropriately support their person and not meeting criteria for other placement. Greene County and surrounding counties either do not have child residential homes or those homes are already full and have existing waiting lists. It is very difficult to find appropriate, stable housing for a child being discharged from a residential treatment facility, or hospital, who has complex MH and ID needs. GCHS IDD Program is speaking with local waiver providers of residential services to see how we can work together to create some options for youth in those situations.

Similarly, and in closing GCHS recognizes the ongoing challenge of addressing and closing the existing services gaps for transition age youth (specifically ages 18-20), who graduate from high school but are not yet 21 years of age, and therefore, not eligible for most service types we provide. While we recognize that these individuals are able to pursue medical assistance services, typically families and individuals must cope with service gaps, interruptions, and delays. We also note for example, individuals in this population who are referred to OVR and similarly experience delay in services. GCHS will attempt to address this challenge through our strategic planning process as discussed above.

HOMELESS ASSISTANCE SERVICES

Greene County Human Services- Housing Program (GCHS-HP) offers a full continuum of housing services. These services range from a onetime financial assistance to help individuals and families avoid homelessness to ongoing case management and housing supports. The GCHS-HP believes in the philosophy to keep people housed whenever possible and if they become homeless, GCHS-HP believes in assisting them to move into the most permanent housing possible. We practice the Housing First approach where the county program prioritizes providing permanent housing and rapid rehousing to people experiencing chronic homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is based on client choice of housing selection and creates empowerment for the client to be successful and improve their life. We work within the Western Region Continuum of Care (COC), which enables us to collaborate with 19 other counties. All 20 counties in the Western Region COC participate in the Coordinated Entry Assessment process, at this time it is still new, and tweaks are being made, but the idea is that once a housing opportunity arises in any of the 20 counties, we can assist homeless individuals faster with a place to reside.

The GCHS-HP utilizes Evidence Based Practices, such as Housing First and Harm Reduction Case Management, through our supportive housing program. These programs offer safe and affordable community based housing that provides tenants with the rights of tenancy under state and local landlord tenant laws and is linked to voluntary and flexible support and services designed to meet tenants' needs and preferences.

Our Housing Assistance Program (HAP) is one in a continuum of Housing options.

The GCHS-HP provide housing services to the following:

- Homeless or at Persons at risk of homelessness
- Persons with Behavioral Health (Mental Health and Drug Alcohol) Issues
- Low Income families and individuals
- Families involved with Children and Youth
- Persons with Special Needs and/ or Disabilities
- Seniors
- Youth in transition
- Person involved in the Criminal Justice System
- Veterans

The Greene County Housing Program continuum of services includes the following services:

PATH Services

- Outreach
- Intake and Assessment through the Coordinated Entry Process through the COC
- Shelters Referral

Housing Assistance Program (HAP)

- Homeless Prevention/ Help with Eviction
- Rapid Rehousing/ First Month's Rent
- Help with Utilities
- Emergency Shelter
- Bridge Housing

HUD Funded Programs

- Transitional Housing
- Permanent Supportive Housing (Evidenced Based Model)
- Rapid Rehousing
- Support Services

PHFA/PHARE Funded Programs:

- Emergency Shelter
- Rental Assistance
- Rental Rehabilitation in coordination with local Landlords
- Senior Rehabilitation
- Case Management

Volunteer Based Services Coordinated by GCHS-HP

- Warm Nights 25 Degrees and Below/ Warming Shelter

Others Housing Options:

- Oxford Recovery Housing- for Drug and Alcohol clients

Other Housing Resources

- Mental Health Contingency Funds
- Children and Youth Housing Contingency Funds

- SOAR Services

Other Supportive Services:

- Intensive Case Management
- Behavioral Case Management
- Peer Support
- Life Skills
- PREP Training
- Budget Counseling
- General Case Management

HAP funding augments and support the housing services listed above and are offered to Greene County residents. GCHS-HP also works with legal aid services and senior services, when crisis arise such as bed bugs, poor or uninhabitable living conditions and heat issues that seem to occur often. While working with residents on fair housing issues, the GCHS-HP also works with local landlords. The GCHS-HP offers Fair Housing trainings through collaborations with Southwestern Pennsylvania Legal Services, while offering their tenants case management services when rental issues may arise.

Greene County Human Services (GCHS) Housing Program is the Coordinated Entry site for Greene County starting in July of 2017. A single point of contact and assessment process that has been created by and has become standardized with in the Western COC, which we are a voting member of. The Coordinated Entry process provides an assessment of coordinated and comprehensive services for those with a housing need. Clients in need of housing complete a centralized assessment. This assessment is provided by our OMSHAS PATH staff. From this assessment, the client is then referred to a program in our continuum of housing programs that best fits their needs and that they are eligible for and are placed in the HMIS data system which can open up housing opportunities within a 20 county region. Through this process clients are offered a “one door” approach to be assessed for services and will not have to do extra unwarranted leg work during their time of crisis. This enables our service providers to have clients coming to them that are eligible for their programs, which saves a great deal of staff time since the initial screening and some of the intake paperwork, such as ID’s income and verifications are taken care of. Clients seeking assistance through CYS Contingency Funds, Mental Health Contingency Funds, PATH, ESG, HAP and all other programs in the housing continuum utilize this process.

Program Highlights for 2017-2018

Program Highlights for 2017-18 include the continuation of meetings with local landlords to maintain communication and foster relationships with these landlords that are willing to work with our population. These meetings allow for mutual information gathering, trainings opportunities, and discussions of challenges and for the County to explain our programs and resources including our case management services to assist in keeping our clients/tenants in their current housing. This is discussed both in the meetings as well as when staff are working with individual landlords. We hope that through these efforts Greene County Human Services can be the first contact that a landlord

makes before evicting a tenant. Landlords are also using the opportunity of these meetings to join together and make changes in policies and procedures of local Municipalities. A challenge that we have helped landlords address through our meetings, is concerning water bills. In the past, tenants can go without paying their water bills and leave the address and the landlord would be responsible for these bills that can range in the hundreds of dollars. Now the landlords have joined together and the water company has promised to contact the landlord when the first bill is unpaid.

We also collaborated with Southwestern Pennsylvania Legal Aid Services (SWPALS) and have offered two landlord trainings on Fair Housing. The topics of these training opportunities included the Knowing the Protective Classes of Fair Housing and the law itself and Renter's/ Landlords Rights and Responsibilities when it comes to Fair Housing. A third training was offered on the GCHS-HP, discussing how we can help to support them and their tenants to help ensure fewer evictions.

The GCHS-HP is a member of the Greene County Housing Team, with representation from the County Commissioners, GCHS-Administrator, the Housing Authority, the Redevelopment Authority, the Area Agency on Aging, the Department of Economic Development, the Industrial Development Authority, and the Cumberland Township Department of Community Development. In May 2015 this team met to identify fair housing issues facing the County and to develop the Fair Housing Action Plan.

The Fair Housing Action Plan outlines strategies that will be implemented by Greene County as mandated by the Commonwealth of Pennsylvania in compliance with federal regulations, including one mandatory action annually and at least one additional activity that is different each year only to be repeated the fifth year.

The annual Fair Housing Notice identifies Karen Bennett, Administrator of the Department of Human Services, as the Discrimination Complaint Officer, Fair Housing Office, for any housing-related bias or discrimination complaints. Contact information for filing a complaint with the Fair Housing Officer is provided in both the Fair Housing Notice and the Fair Housing Resolution. Annually Greene County advertises in the Observer-Reporter a Notice of Fair Housing Officer and Complaint Process.

A Fair Housing Resolution outlining the Counties dedication to further Fair Housing Practices is approved annually by Greene County Commissioners. This notice identifies typical discriminatory acts, informs residents of their rights under the fair housing law and that cases of suspected discrimination are to be reported to the Fair Housing Officer.

The additional activity's conducted consist of education, distributing materials, and working closely with Southwestern Pennsylvania Legal Aid Services Fair Housing Law Center(FHLC)

The GCHS-HP in collaboration with Southwestern Pennsylvania Legal Services offers additional trainings through the Greene County Housing Options Partnership (GCHOP), with the mission to unite a number of key housing stakeholders to provide education, compile information and to identify housing need focuses on Landlords in Greene County. Their goal is to develop and promote housing resources for all residents, including those who are homeless, near-homeless, elderly or with behavioral health needs. GCHOP meeting Meetings: are held on the 3rd Monday of the month at 10:00 AM, in the Fort Jackson Building (3rd Floor), Large Conference Room at 19 S. Washington Street, Waynesburg, PA. Trainings are also offered in collaboration with both residents of Gateway Senior Housing and Southwestern Pennsylvania Legal Services.

Although the partnership with the FHLC has been happening for several years the County did enter into an agreement October 2017 to provide assistance with annual fair housing activities and to implement a comprehensive education and outreach program for Greene County.

Through discussions in the landlord meetings, the Greene County Rental Rehabilitation program was implemented through PHFA/PHARE dollars. This program offers grant dollars to landlords to bring rental units up to code. The landlord has to have worked with GCHS-HP clients for one year and agree to continue to rent to the GCHS-HP clients for an additional three years after the rehabilitation is complete. This program which builds the county's housing stock has increased our housing opportunities to our low income, individuals with behavioral health needs and senior residents.

GCHS-HP has a certified SOAR (SSI/SSDI Outreach, Access and Recovery) liaison that works with those that are homeless that need to apply for social security benefits. SOAR expedites the length of time for an answer on their social security application to come back. In FY 17-18, nine individuals were referred for SOAR assistance, one of individuals achieved income, four SOAR applications have been initiated and are in process status. All four are waiting medical documentation. In addition, four other applications have been initiated, but since initiation, we are unable to contact/locate the individuals, as one of these four is deceased.

GCHS-HP has been working with the Greene County United Way, Waynesburg University, Salvation Army, local churches, the local hospital, the Greene County Commissioners and other community volunteers to continue efforts for the second year of providing a cold weather warming center that is called; **Warm Night, 25 Degrees and Below**. In 2017-2018 we expanded this program from 20 degrees to 25 degrees, in FY 16/17 this services was available from the months of January through March, this program year, FY 17/18 we have extended it from November- March. This program is staffed with 31 volunteers trained by GCHS Housing Program. Residents who need this program were invited to one location this year, The Greene County Commissioners allowed the program to utilize a house that is located at the Greene County Fairgrounds. This is another improvement from the program last year, last program year we had four locations, every two weeks' volunteers moved all the supplies from one location to the next, this took a toll on the volunteers. This past year, being in one location was one of the reasons that we expanded the length of the program. A consistent "home" for our project has help with storage, transportation of supplies and possible hours of operation. This location was available when the temperature was 25 degrees and below according to www.accuweather.com for Waynesburg PA. Our local Mental Health Hotline was the mechanism for clients to register. If persons or families registered before 4 PM we were open. During the four months of this program we were open 7 nights and served a total of 6 individuals. All individuals who utilized the program ended up accepting longer term housing help from Greene County Human Services. This house at the fairgrounds will remained set up in case of an emergency throughout the year, a small core of volunteers did agree to be called in necessary throughout the year, if an emergency did arise. This program was identified to be needed because there was no program or place in our county for people to go who did not have adequate shelter from the cold.

GCHS-HP shares best practices among housing delivery providers in the county and with many collaborative groups that include the local Greene County Housing Options Partnership (GCHOP)/

Local Housing Options Team (LHOT), Greene County Housing Team, the Regional LHOT Steering Committee, Greene County Redevelopment Authority, Western Region Housing Options Coalition, member of the Southwest RHAB board, Statewide Adolescent Homeless Committee, and the OMHSAS Statewide Housing Committee. The Greene County Housing Program Director is the Chair of the GCHOP/LHOT for Greene County. As the Chair, she is able to arrange presentations at the GCHOP/LHOT MAGIC Community Team monthly meetings on different services that are available in our area. GCHOP/LHOT offered presentation by these local agencies and programs in FY 17/18: Catholic Charities, PA Dept. of Health, Self Determination Housing Project of PA, LIHEAP and Dollar Energy, Area Agency on Aging, Housing First, the SWPALS Veterans Program, the RSVP Program, to name a few. GCHOP/LHOT also offered a Housing Summit in April 2017, focusing on the changes that have occurred through HUD, the Coordinated Entry Assessment and new and best practices. This Housing Summit was offered to any stakeholders interested in housing. The attendees walked away with knowing what is available in Greene County regarding housing and where to go if they may have clients in a housing crisis.

A challenge in our service delivery of housing is finding available resources for "that individual or family" who does not have enough sustainable income to qualify for HAP services and or does not meet residency requirements. We search diligently for appropriate housing resources but sometimes can only offer out of county shelter services. This FY the Safe Haven Shelter in Washington, Safe Harbor in Westmoreland and by April 30th the Mission in Fayette are closed. The closest shelter now that works with us in our COC is in Latrobe Pennsylvania, which is one hour and a half away. As we try to create and build new relationships with other non HUD funded shelters in surrounding counties, these relationships are new, and services are normally based on interviews and lining up at the doors in the early evening, until beds are full, then turning away those who remain. We do utilize our HAP dollars for stays in local hotels when necessary and not long term, with the maximum being 3 nights. Also to combat a gap in service delivery the GCHS-HP recently received notification that a grant written for PHARE dollars to lease a 2-bedroom house and act as a shelter when longer stays are needed has just been approved.

In FY 2017-2018 the GCHS-HP still focuses on addressing Veterans who may be faced with housing issues. GCHS has developed a program through PHARE dollars that offers case management and rental assistance to veterans after they have been disqualified for eligibility from all existing services that are in our housing continuum, including SSVF. The Program Director reached out to the Greene County Human Services Department's Veterans Stakeholder Committee to assess the need and assure that information of our housing services for Veterans is known. We have also made the program known through the local paper and through our local VA office and through the monthly GCHOP/ LHOT meetings. If a Veteran needs help and they do not meet guidelines of our Greene County programs, PHARE dollars can be used on a case by case basis to meet the needs of the Veterans asking for assistance. This program year we have had three households in this program who received financial assistance and case management and were all able to take over their rents and continue being housed. Currently there is one more household in the program. This veteran is currently is seeking employment in the truck driving field.

In July 2016, the GCHS-HP began to provide supportive services to a 52-unit tax –credit apartment building for Older Adults. Greene County Human Services is the PHFA Local Lead Agency designated to assist with all the supportive housing services for this project. Through our work at Gateway Senior Housing, we continue to help the senior residents with their social service needs including, transportation, safe link phone, reading bills monthly, paying rent and keep up with utilities.

Major updating and renovations occurred to a 75 unit privately owned subsidized housing campus in Carmichaels PA, called Parkview Knoll. Included in the renovations, a new community center funded through County Act 13 dollars was built. The Community Building include three offices, a children's play area, bathrooms, a kitchen area, and a large community room. GCHS has just recently began to coordinated community activities for this location. Activities such as Playgroups for families with small children and Parenting Classes have been scheduled. Along with housing supportive services and case management for the residents of this housing campus, the GCHS-HP will be available to help those in the surrounding communities with these same types of services, since transportation in our county has been identified as a challenge.

Currently if a resident of Greene needs assistance and transportation is an issue, we will go to a safe location nearest to them, but with us being in a rural county finding a public location suitable to complete a housing assessment can be a challenge.

Clients with a forensic background are a population that is a challenge in our housing assistance efforts. It is difficult to find landlords, including subsidized housing facilities, that will work with this population and these criminal justice individuals have a difficult time finding jobs in our county to sustain the rent.

The new HUD guidelines to define homelessness and prioritize most in need to be eligible for our HUD programs concerns us because with the new HUD guidelines, individuals coming out of incarceration and or long-term hospitalizations for more than 90 days are now not considered homeless unless they were homeless prior to incarceration or hospitalization. If they have been incarcerated or hospitalized for more than 90 days, regardless of their homeless status beforehand, they are not considered homeless. With this definition, individuals in these situations now will be a part of the large pool of individuals with housing needs, but also ca be some of our most fragile. Their length of homelessness does not count until the day they are released from the institute they are in. Each homeless person completes the Coordinated Assessment and is placed on a prioritization list that includes homeless individuals from a 20 county region. The length of your homelessness does place you higher on this list. This in return means that those coming from long-term care or incarceration will need to go to a shelter in another county if we can find a bed available. This is not in the best interest of recidivism or recovery. The PHARE dollars that we have obtained will not only be able to help sustain the Master Leasing model for individuals with forensic backgrounds but will also be utilized for those who are coming from long term behavioral health care and do not have a home plan.

GCHS-HP had received a Master Leasing grant funded through PCCD that ended in July of 2017. The "Master Leasing" grant had helped 29 individuals with rental assistance for up to a 24-month time frame, while also "wrapping services" such as case management, job training, life skills, Drug and Alcohol and Mental Health services around a person as part of a home plan for the criminal justice population when released from incarceration. The Forensic Integrated Reporting Center (IRC) program was created at a local Mental Health and Drug and Alcohol outpatient facility to insure that once an inmate is released from incarceration, services can start immediately. Master Leasing units did follow the Bridge Subsidy model, where clients did not subleasing from the program but will be leasing under their own name, The Bridge Subsidy program is for non-violent offenders. Through our Master Leasing program clients had achieved such outcomes as buying a home, taking over their own rent, applying and receiving Social Security Income, maintaining employment. The Master Leasing Grant funds through PCCD end in July 2017, but the services that were created with these funds will be sustained. GCHS-HP received PHARE funds to provide rental assistance to 8 households who are experiencing homelessness or are at risk of being homeless. These funds will include but not be limited to working with the clients and families who have a forensic background. Individuals with a forensic background are a priority population of our GCHS-HP.

In our work with the Transitional Age Youth (TAY) population, access to housing services can be difficult; HUD has also realized the struggles that the TAY population face, so HUD has made it a priority. When completing the Coordinated Assessment the TAY population will receive more points if they are under the age of 25. GCHS-HP also works with the CYS Independent Living Program that serve youth age 18-21 if they meet the CYS eligibility requirements. GCHS-HP staff has attended numerous trainings focused on how to communicate and outreach to this population. When a TAY has a housing issue, the GCHS-HP reviews their eligibility in all of the housing programs and services within our housing continuum. GCHS-HP maintains collaboration with school districts, Mental Health Services, CYS, IDD, Probation and Drug and Alcohol programs when working with a TAY client. All professional that are involved with a TAY case meet together for a Multi-Disciplinary Team (MDT) meeting to ensure that all services are looked at to meet the needs of the TAY individual. In the upcoming year we will expand our outreach efforts through programs such as teen parenting, Communities That Care, and mental health initiatives such as H2O (Helping 2 Overcome) Drop in Center, High Fidelity Wrap around services and System of Care. To enhance collaboration with the five school districts, GCHS-HP will meet with staff and school personal that will be able to refer families who may have housing issues occur. The GCHS-HP will also send literature home with students through the back pack program. We will also meet with Intermediate Unit staff that are in each of the five school districts to explain our services so if they have students or families who needs services, they can better refer. These programs currently work with this population and are a good referral source. The GCHS-HP wants to research other best practice and housing models that are focused on this population as we are seeing an increase in the referrals of the TAY. A continued challenge is youth under the age of 18 and are unaccompanied by an adult. We are working with a shelter in Fayette County, but at this time it is the only resources that we have. We will continue to search as a whole Western Region COC for other resources, since this is a regional problem, not just Greene County specific.

Bridge Housing:

As we expand our housing continuum in Greene County, HAP dollars will be used for HAP Bridge Housing as the need arises. In FY 17-18, we served one individual that was moving from Rapid Rehousing to a privately owned rental since they graduated from the program and no longer needed housing assistance. With the Bridge Housing dollars, we helped with things that may be needed to make sure the transition from Homelessness to self-sustainable housing can occur and moving cost. The clients had to get furniture moved from one location to their new location. The homeless individual did not have the means to move it. With the help of the Bridge Housing line item, the GCHS-HP was able to arrange a UHAUL to move the free furniture to the new rental. GCHS-HP works with Permanent Supportive Housing programs to ensure the efficacy of the services provided and continues Case Management services to also insure stable housing.

HAP Bridge Housing funds will be available to individuals or families to move from temporary housing to supportive long term living arrangements while preparing to live independently. These funds will be utilized in FY 18—19 on a case by case basis.

Case Management:

The GCHS-HP Case Management service delivery's main focus is to utilize existing programs and resources that will enhance the goals set forth by the client and the case manager while providing supportive services that give individuals and families a safe, solid support system which allows them to find and maintain stable housing.

Our GCHS-HP Case Management consists of providing services that include; Intake and assessment, goal setting in the areas of life skills and making referrals to programs that offer financial management, parenting skills, home maintenance, job preparation skills and or employment skills. GCHS are meeting with our local CareerLink to create a plan on how to create a warm handoff for individuals receiving HAP funds, to ensure long term self-sufficiency. Through this plan we will focus on job preparedness, education, and securing employment.

Some of the agencies that the program case management collaborates with include Connect. Inc.'s Life Skills, Legal Aid, the local Food Bank, Value Behavioral Health of PA, the County's Assistance Office, Catholic Charities, Salvation Army, CareerLink and Greene County Human Services Programs; which includes Transportation, Drug and Alcohol, Mental Health, Intellectual & Developmental Disabilities, Early Intervention, Children Youth and Services, and Child Care Information Services.

Greene County Human Services employs a Family Resource Coordinator that is available to be a general case manager. This person works closely with the HAP Case Manager and those who need general assistance but do not meet criteria to have a case manager in the human service categoricals such as HAP, Drug and Alcohol, Mental Health, etc. Clients that have circumstance that may cause a crisis that can affect their stability concerning their housing are referred to the Family Resource Coordinator.

GCHS-HP is working with the Local Ministerial groups to help those who are receiving housing services with monies to help pay for replacement Photo Identification and Birth Certificate, so those in the programs can help to get employment or/and services

GCHS-HP has developed with a consultant, a data system that provides up to date outcomes and information for the HAP program and this data is evaluated on a quarterly basis. Case notes are also kept in this data base. If an individual is found to be homeless, then they are also entered into the State data base, HMIS/ Client Track and a Coordinated Entry assessment will be completed.

Rental Assistance:

Rental Assistance is available for the prevention of homelessness. GCHS-Housing Program's philosophy stresses homeless prevention due to the lack of affordable safe housing stock in the county. GCHS-HP also works with individuals and families who need rapid rehousing. Rental Assistance provides financial assistance to pay bills associated with housing expenses, such as rent, rental cost for trailer, and trailer lots, and utilities. All financial services rendered will prevent and/or end homelessness or near homelessness. Rental Assistance is an intervention in cases where an eviction appears to be imminent or can be used to expedite the movement of people out of shelter into existing housing. All HAP funded clients are now mandated to attend Budgeting and/or Job Development Classes and can only receive \$750 per individual or \$1200 per family unit every two years. The Prepared Renter Program (PREP) training is also offered to those who need rental assistance. This training helps a renter understand what a good renter is, how to be a good renter and the rules and laws around renting.

When a client is referred from either Mental Health or CYS, the Housing Program works with these program staff to ensure housing stability for this population. GCHS-HP administers both the CYS and Mental Health Housing Contingency funds as a part of the coordinated assessment process. These funds are normally for Rental Assistance and/or Emergency Shelter, since both Mental Health and CYS provide the case management.

GCHS-HP has worked with a consultant to develop a county data system that provides data outcomes and information for the HAP program. This data is evaluated on a quarterly basis. If an individual is found to be homeless, then they are also entered into the State data base, HMIS/ Client Track and a Coordinated Entry assessment will be completed.

Emergency Shelter:

HAP Emergency Shelter money is used for vouchers for emergency stays at local motels. During the motel stay, case managers work with consumers to create a plan for the homeless person to pursue options for safe, quality, affordable housing.

Hotel and motel rooms have been at such a premium in the county due to Marcellus Shale industry workers. Greene County has no in-county shelters so the GCHSP only has access to out of county shelters and they are often full. Finding emergency shelter is a challenge for the program especially in

cold weather. GCHS-HP would in the past, utilize the Washington County Safe Haven and Fayette County Mission. When residents would enter either of these shelters, the staff at the shelters would make sure GCHS-HP was aware and we together would work to assist the individual or family in obtaining permanent housing. The Safe Haven is now closed as of May 30, 2017 and the Fayette County Mission Shelter is slated to be closed as on April 30, 2018. This huge safety net will no longer be available. We will continue to try and build relationships with the Washington Mission, Avis Arbors in Washington but these shelters are not HUD funded, these relationships are new, and services are normally based on interviews and lining up at the doors in the early evening, until beds are full, then turning away those who remain.

We can and do utilize our HAP dollars for stays in local hotels when necessary and available but this is not possible on a long-term basis, with the maximum being 3 nights.

Through looking for new ways to address this huge gap in services, the GCHS-HP recently received notification that a grant written for PHARE dollars to lease a 2-bedroom house and act as a shelter when longer stays are needed has just been approved. This is not a complete fix of the problem, since only one family can stay at this leased apartment at a time, but it is a start. Case Management services will wrap around the individual or family who stays at either the hotel with a HAP voucher or the leased apartment.

In the months of November 2017- March of 2018 we were able to utilize the **Greene County Warm Night, 25 Degrees and Below**, but this option is not conducive to those who need shelter for longer than 7P.M. to 7A.M. time frame when the center is open. GCHS will continue to look for Emergency Shelter alternatives. In FY 18-19 the **Greene County Warm Night, 25 Degrees and Below** warming shelter will be offered again.

The GCHS-HP continues to collaborate efforts to improve our services to those in need of Emergency Shelter by communicating with other stakeholders in the community such as Salvation Army or local churches. When vouchers are given out, it is imperative that the services not to be duplicated or taken advantage of.

GCHS-HP has worked with a consultant to develop a county data system that provides outcomes and information for the HAP program. This data is evaluated on a quarterly basis. If an individual is found to be homeless, then they are also entered into the State data base, HMIS/ Client Track and a Coordinated Entry assessment will be completed.

Other Housing Supports:

Other Supportive Housing services that are utilized under HAP funds include expenditures such as transportation and/ or clothes to assist the client who needs appropriate attire for a job interview. In FY 18-19 we would also like to add the cost of bus tickets, replacement photo identification/ driver's license, and or birth certificates, since these too can help a person receive the necessary services they may need to prevent homelessness. These services are rendered on a case by case base and only utilized when all other services have been exhausted. In addition, when individuals are in Emergency Shelters gift certificates for food, and or gas can also be necessary to help the individual

or family sustain. These services would need to meet a person or families' basic needs to strive to be considered as a supportive service. Once these funds are rendered Case Management will continue to work with the individual or family to ensure that the funds are being used to help improve the overall housing situation.

In the past FY we have been able to utilize this funding to help move a person from a supportive housing program to a rental they were renting free of services. WE utilized these funds to rent a UHAUL so that the family would be able to keep some of the belongings that they required while in the supportive housing program, to their new home. If this rental was not possible, it would of cost the family more to buy new beds, couches, tables and chairs.

Also through this fund, we have provided food stipens to local restaurant that are in walking distance of the hotel where individuals are provided as Emergency Shelter. This helps families and individuals with basic needs being met, so then we can help to problem solve the homeless issue at hand.

The GCHS-HP will continue to have this item on the local GCHOP/LHOT agenda to continue discussions of what innovative services are needed to help those in Greene obtain/maintain stable housing. This line item is also discussed at the local Permanent Supportive Housing meetings that happen monthly, through our Point in Time Subcommittee and through our HMIS reports

Homeless Management Information Systems:

The County of Greene is actively collecting data in HMIS per HMIS requirements. HMIS has been utilized for all ESG and PATH, and for the other HUD programs that we are funded for eligible clients, and clients that enter the shelters through Connect Inc., clients that are a part of the Master Leasing program, and those involved with Permanent Supportive Housing. The PATH program will be, starting July 1, 2017 the contact for the Greene County's Coordinated Entry. This assessment will be completed on all that are homeless or near homeless and will be entered into HMIS. These individuals will be placed on a waitlist, based on need in HMIS and may be offered housing once available in the 20 county COC Western Region of Pennsylvania.

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

1. Waiting List Information

GCHS-DAP has implemented a policy on procedures related to the development of a waitlist. To date, this policy has not been utilized as a result of increased state-wide drug and alcohol services and appropriate referrals to treatment. In the event that a waitlist is needed, priority populations will be given priority to accessing treatment. Should it become necessary for GCHS-DAP to develop a waitlist, DDAP will be immediately notified of the comprised waitlist. Prior to making any level of care determinations, an individual participates in a comprehensive and multidimensional clinical assessment, and subsequently, the PCPC (Pennsylvania Client Placement Criterial) tool is used to aid in making a level of care determination to the lowest level of care in which a client can adequately gain skills needed to achieve recovery from substance use. GCHS-DAP is presently researching the ASAM tool, has developed a plan to train all staff on the ASAM tool and will be prepared for the transition to ASAM as of July 1, 2018.

All individuals seeking treatment must be admitted into the recommended level of care within 14 day of the assessment. Individuals who assess at the detox level of care must be admitted into treatment with 24 hours. GCHS-DAP has procedures in place should these timeframes not be fulfilled to include documentation in the file indicating why the timeframes were not satisfied. Interim services are offered to individuals when the timeframes for inpatient treatment are not satisfied. Interim services would include outpatient drug and alcohol services in circumstances where inpatient is warranted, as well as other community auxiliary services that will assist in an individual's recovery until the most appropriate level of care becomes available. In circumstances where an individual cannot be safely managed in a lower level of care, efforts are made to ensure that the individual is referred to a higher level of care through the use of the assessment tool and PCPC.

	# of Individuals Served	Wait Time (days)**
Detoxification Services	33	1 week
Non-Hospital Rehab Services	97	1 week
Medication Assisted Treatment	10	Immediately seeing patients.
Halfway House Services	2	6 weeks
Partial Hospitalization	0	It is anticipated that the wait time for this level of care would be approximately one week.
Outpatient	103	The outpatient levels of care is capable of serving up to 100 individuals in Greene County. Immediately seeing patients.

**Use average weekly wait time

2. Overdose Survivors' Data

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
58	58	11	10

GCHS-DAP has developed a Warm Handoff Policy in collaboration with SPHS CARE Center and Washington Health Systems Greene and has implemented a Navigator process to provide person-centered services to individuals accessing substance abuse treatment through a community-based approach of meeting the individual where they are. The intent of the policy is to ensure that individuals presenting at the Emergency Department of Washington Health Systems Greene following an overdose have direct access to drug and alcohol treatment.

The policy is as follows:

DURING SCHEDULED SCA CASE MANAGEMENT HOURS (8:30AM-4:30PM):

- If an overdose survivor presents in the Emergency Department and does not need to be admitted, a designated staff member with the Emergency Department of the Washington Health Systems Greene will contact Greene County Drug and Alcohol Program to conduct a screening, assessment and referral to services for the overdose survivor.
- If an overdose survivor presents in the Emergency Department and needs to be admitted to the Behavioral Health Unit, a designated staff member with the Behavioral Health Unit of Washington Health Systems Greene will complete a Referral Form and submit it to Greene County Drug and Alcohol Program via email (ksisk@co.greene.pa.us) or fax (724-852-5368). A staff member from Greene County Drug and Alcohol Program will collaborate with the designated staff member of the hospital to conduct a screening, assessment and referral to services during SCA Case Management Hours and prior to the individual's discharge from Washington Health Systems—Greene.
- If an overdose survivor presents in the Emergency Department and needs to be admitted to the Acute Care Unit, a designated case manager with the Acute Care Unit of Washington Health Systems Greene will complete a Referral Form and submit it to Greene County Drug and Alcohol Program via email (ksisk@co.greene.pa.us) or fax (724-852-5368). A staff member from Greene County Drug and Alcohol Program will collaborate with the designated case manager of the hospital to conduct a screening, assessment and referral to services during SCA Case Management Hours and prior to the individual's discharge from Washington Health Systems Greene.

DURING NON-SCHEDULED SCA CASE MANAGEMENT HOURS WITH AN SPHS CARE CENTER HEALTH NAVIGATOR ON DUTY:

- If an overdose survivor presents in the Emergency Department and the SPHS CARE Center Health Navigator is on duty, a designated staff member of Washington Health Systems Greene will contact the SPHS CARE Center Health Navigator to conduct a screening, assessment and referral to services for the overdose survivor.

DURING NON-SCHEDULED SCA CASE MANAGEMENT HOURS WHEN THE SPHS CARE CENTER HEALTH NAVIGATOR IS NOT ON DUTY:

- If an overdose survivor presents in the Emergency Department and the SPHS CARE Center Health Navigator is not on duty and the individual will not be admitted, the Washington Health Systems Greene Delegate will use the Screening, Brief Intervention and Referral to Treatment (SBIRT) approach with individuals. The Delegate will take the following steps:
 - 1) The Delegate will provide an individualized screening and identify substance abuse concerns.
 - 2) The Delegate will plan and implement a brief intervention utilizing motivational interviewing techniques to motivate individuals into treatment.
 - 3) The Delegate will coordinate a referral from the hospital to detox (if appropriate) by conducting an open bed search by contacting the designated health insurance provider.

GCHS-DAP utilizes a combination of the following models for the Warm Handoff, as per the Department of Drug and Alcohol Programs: the SCA Model, the Treatment Provider Model and the Direct Referral to Treatment by Hospital Staff Model.

In addition to the above models, GCHS-DAP supports the Get Help Now Hotline and has developed outreach materials to distribute to the community of Greene to assist individuals in accessing treatment and funding for treatment of substance use disorders. GCHS-DAP is also working to develop a County-specific hotline for individuals to access support.

3. Levels of Care (LOC)

LOC	# of Providers	# of Providers Located In-County	Special Populations Services
Inpatient Hospital Detox	1	0	Priority Populations to include: pregnant women, women with children, injection drug user, veterans, overdose survivors, individuals with medical needs, bariatric needs and co-occurring
Inpatient Hospital Rehab	1	0	Priority Populations to include: pregnant women, women with children, injection drug user, veterans, overdose survivors, individuals with medical needs, bariatric needs and co-occurring
Inpatient Non-Hospital Detox	8	0	Priority Populations to include: pregnant women, women with children, injection drug user, veterans, overdose survivors and criminal justice involved
Inpatient Non-Hospital Rehab	8	0	Priority Populations to include: pregnant women, women with children, injection

			drug user, veterans, overdose survivors and criminal justice involved
Partial Hospitalization	1	0	Priority Populations to include: pregnant women, women with children, injection drug user, veterans, and overdose survivors
Intensive Outpatient	3	1	Priority Populations to include: pregnant women, women with children, injection drug user, veterans, and overdose survivors
Outpatient	1	1	Priority Populations to include: pregnant women, women with children, injection drug user, veterans, and overdose survivors
Halfway House	8	0	Priority Populations to include: pregnant women, women with children, injection drug user, veterans, and overdose survivors, women with children halfway houses, adolescent halfway houses

GCHS-DAP has encountered challenges with placing the following individuals into outpatient and inpatient drug and alcohol treatment as a result of limited facilities that are able to adequately meet their needs: sex offenders, individuals with intellectual disabilities, individuals with severe mental health needs, parents with children to specifically include fathers, and the LGBTQI community. GCHS-DAP has also observed challenges within the transition-age youth population within the County.

Sex Offenders

GCHS-DAP has found it difficult to place sex offenders, and particularly those individuals that are registered under Meghan's Law, into an inpatient setting because there are limited facilities that have the capabilities to admit this populations. Reasons cited by the facilities include zoning laws and their placements within communities.

Individuals with Intellectual Disabilities

GCHS-DAP continues to encounter greater numbers of individuals with intellectual disabilities needing treatment for substance abuse issues. However, some of the barriers to treatment, are very evident to GCHS-DAP. These barriers include difficulties assimilating to the treatment environment, continual infractions of the program rules that lead to behavioral contracts and last chance agreements, and not completing substance abuse treatment because of unsuccessful discharges including leaving against medical advice and administrative discharges. Frequently, individuals with intellectual disabilities have encountered difficulties with being able to read and understand self-help recovery materials and "homework" assignments that are given to them as part of their treatment plans.

Individuals with Severe Mental Health Needs

GCHS-DAP and GCHS, as an integrated system, continues to encounter individuals with more profound mental health needs. Of the 223 level of care assessments completed during the first three quarters of the FY 17/18, 146 (65.6%) disclosed that they have received a mental health diagnosis. GCHS-DAP has encountered situations in which individuals, who have abused certain substances, such as bath salts, experience both auditory and visual hallucinations for weeks after they have last ingested the substance. These individuals have also been prone to delusions and psychosis. At times, it has been a challenge placing individuals with severe mental health needs into inpatient treatment for substance abuse. Because of the significant mental health concerns, inpatient facilities for substance abuse have denied them admission.

Parents with Children

GCHS-DAP has encountered many challenges with parents entering into substance abuse treatment, and more specifically parents with substance use disorders who have involvement in children and youth services. Many parents will minimize their usage due to being involved in multiple systems and not wanting to get penalized for admitting their substance abuse issues, so they will continue to minimize issues until the substance abuse issues have grown to be so significant that there is no longer the ability to minimize or deny usage. With regard to seeking treatment, parents have cited reasons such as they do not have a trusted person in their life to leave their children with while they seek treatment, or they are the provider for the family and the family cannot financially afford for the person to potentially lose their job.

Other challenges include limited facilities for women with children to seek treatment, no facilities where fathers can seek treatment with their children present if they are the primary caregiver, and lack of adequate aftercare planning that involves a family approach. Also, when a person is in need of a more intensive outpatient level of care, there is no childcare available and childcare assistance will not pay cover the cost of childcare for a parent to go to substance abuse treatment. As a result, these parents often are placed in a lower level of care that cannot adequately meet their needs.

LGBTQI Community

While there needs to be continued research regarding the prevalence of substance abuse issues amongst the LGBTQI community, it is evident that there are not enough substance abuse programs

that can adequately address the unique needs of the LGBTQI community. Challenges to treatment include:

- There are not enough clinicians trained to meet the needs of the LGBTQI community.
- Mixed groups in treatment that include individuals who lack cultural sensitivity or have their own set of biases.
- Biases of clinicians, across all levels of substance abuse treatment, in which it is difficult for a clinician to maintain professional objectivity.

Transition-Age Youth

GCHS-DAP acknowledges and understands that there are many changes going on within the lives of transition-age youth to include social and emotional changes and even changes in their living environments. For some transition-age youth, they reach a point where consuming alcohol is legal and social acceptable, which can consequently progress into an addiction. GCHS-DAP is also aware that for many of the individuals who received a level of care assessment that they have reported initial use taking place either in adolescence or throughout their early 20's.

4. Treatment Services Needed in Greene County

Treatment services that are needed or need to be enhanced within Greene County to continue to address substance use disorders and subsequent overdoses, for some individuals, are as follows:

- GCHS-DAP has developed an implementation team in collaboration with SPHS CARE Center. This implementation team is working together to complete the following tasks to enhance resources for individuals with substance use disorders within Greene County:
 1. Provide education to individuals and families about addiction and overdose, particularly those at high risk and those in contact with high risk individuals, and encourage individuals to seek treatment as appropriate through the use of motivational interviewing strategies.
 2. Increase access to and utilization of SUD treatment programs, specifically during non-traditional workhours.
 3. Implement this process through the inclusion of a full-time Navigator and two part-time Navigators
 4. Increase access to and utilization of Narcan through community and professional trainings.
- Greene County Children and Youth Services (GCCYS) continues to see a steady increase of infants with Neonatal Abstinence Syndrome (NAS). NAS is a group of problems that occur in a newborn who was exposed to addictive, illegal or prescription drugs while in the mother's womb. According to the PA Health Care Cost Containment Council, 76 out of 100 newborn stays of infants from Greene County are withdrawing from addictive drugs, both illegal and prescribed for the FY 16/17. GCCYS indicates that 33 infants have been born with chemical substances in their system in FY 16/17. In efforts to address this ongoing issue within the community, GCHS-DAP supports and encourages that these measures occur:
 1. Cross train all professionals that would come across families with infants diagnosed or suspected of having NAS to increase their knowledge of NAS.

2. Partner with Greene County Human Services' Family Center, Early Intervention Services, Intellectual and Developmental Disabilities Program, and Greene County Children and Youth Services to address to establish an on-going workgroup to address the issue of drug-addicted babies, as well as community members that are invested in addressing this issue.
 3. Treatment Services that focus on meeting the specific needs of pregnant women to aid in decreasing the number of infants born with NAS. Treatment should focus on evidence-based practices and clearly take into consideration issues, such a woman's possible function as a single parent, lack of financial resources as the woman may be unemployed or underemployed, unstable living arrangements, lack of transportation and co-occurring mental health issues.
- Greene County Family Center utilizes the evidence-based parenting program, Supportive and Affective Family Education (SAFE), to engage parents with substance use disorders to diminish addictive thinking and behaviors. This is funded by the Greene County Children and Youth Services Needs Based Budget. The SAFE Program strives to eliminate the need for out-of-home placement for all youth while working with parents to achieve goals and objectives developed in the parenting program that focus on substance use disorders and drug abuse. It is also anticipate for parents who participate in the program that should the need arise for a child to be placed in out-of-home care, the length of time a child is in alternative place would be significantly reduced. While GCCYS can largely benefit from making referrals to the program, referrals can be made by other sources as well, including GCHS-DAP and probation.
 - GCHS-DAP supports the need for a more integrated behavioral health approach to an individual's treatment for drug and alcohol and mental health issues. This co-occurring approach recognizes that a combination of mental health and drug and alcohol counseling, medication management and support services will receive the most positive outcomes. Support services should include case management and peer support.

5. Access to and Use of Narcan in Greene County

Narcan is currently available within the community in Greene County. GCHS-DAP has been designated as the Central Coordinating Entity for Greene County through a grant with Pennsylvania Commission on Crime and Delinquency (PCCD) to distribute Intranasal Naloxone kits to be utilized by a broad range of first responders within Greene County. Trained first responders include:

- Emergency Medical Services, Advanced Life Support, Basic Life Support and Emergency Medical Technicians
- Law Enforcement—including Municipal Police, Sheriff's Offices, Campus Police, Campus Security, School Resource Officers and Park Rangers
- Fire Fighters to include both volunteer and paid fire fighters
- Adult Probation and Parole Officers
- Juvenile Probation Officers
- County Correctional Facilities

- Constables
- Afterschool Program Personnel
- Public Transit Drivers
- Domestic Violence Shelter Personnel
- Public Defenders Office
- Library Personnel
- Drug Treatment Providers
- School Nurses/School Personnel
- Any other community group legally organized and trained to respond to overdose emergencies and administer intranasal naloxone

GCHS-DAP provides trainings to the community at numerous venues, where community members are presented with information related to symptoms of an overdose, what to do when someone overdoses and how to administer Narcan; individuals are given Narcan kits to take with them, as well. GCHS-DAP provides professional Narcan trainings to those working in the field of drug and alcohol and other staff members from Greene County Human Services, Greene County Probation Office, the local hospital, and other provider agencies. In order to continue to meet the needs of the community, GCHS-DAP will collaborate with other local providers, such as SPSHS and Washington County Drug and Alcohol Commission, to provide Narcan trainings in the community and distribute Narcan kits as an outreach effort.

6. ASAM Training

	# of Professionals to be trained	# of Professionals already trained
SCA	0	5
Provider Network	6	7

GCHS-DAP has entered into a contract with Southwest Behavioral Health Management to train staff in the utilization of ASAM. The provider network has also been afforded the opportunity to enter into a contract with Southwest Behavioral Health Management to have staff trained. GCHS-DAP will continue to develop a plan to transition into ASAM from PCPC prior to July 1, 2018.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Adult Services:

Program Name: Greene County Transportation

Description of Services: Funds to provide "emergency transportation" not covered under any funding stream, i.e. homeless transportation to an out of county shelter.

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

Children and Youth Services:

Program Name: SPSHS STARRS Sexual Assault Counseling Program

Description of Services: A leverage for PCAR (PA Coalition Against Rape) and CYS Needs Based Budget monies so that the provider can employ a full time person in Greene County to provide sexual assault counseling to Greene County individuals and families.

Service Category: Counseling/Intervention - Activities directed at preventing or alleviating conditions which present a risk to the safety or well-being of the child, by improving problem-solving and coping skills, interpersonal functioning, and the stability of the family.

Program Name: Catholic Charities Pregnancy and Parenting Program

Description of Services: To provide dollars to Catholic Charities Pregnancy and Parenting program to fund staff counseling psychoeducation, parenting techniques, and follow up to mothers of children birth to 2. Catholic Charities has sources of tangible goods, i.e. diapers, formula, clothes, and other pantry items that are made available to these mothers 12 times a year. Catholic Charities estimates they can serve 80 unduplicated mothers a year.

Service Category: Life Skills Education - Provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The term does not include job readiness training, instruction in a language, or remedial education.

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

Adult Aging CYS SUD MH ID HAP

Generic Services:

Program Name: Information and Referral

Description of Services: Greene County has been the implementer of the Information and Referral "FINDOUT" system in the County for over 17 years. Due to the past budget cuts, the system has been reduced to a call in number and a resource website. HSDF monies were used to update the website to be more user friendly and to add a social media component to the system. Year 17-18, Greene County contracted with a provider to update the resource files on the site, create a community calendar, maintain website updates and develop the content of the social media component. HSDF monies will be used to continue maintenance of the website.

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

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

Adult Aging CYS SUD MH ID HAP

Program Name: General Case Management

Description of Services: General Case Management is a service created to service Greene County consumers who may not qualify or "fit" into other service systems including but not limited to the Mental Health Service System, Housing, IDD, CYS, Early Intervention, or Drug and Alcohol Treatment. If the consumer does not qualify or fit into another service system, the General Case Manager's role is to help link the individual into services and/or programs that could help the consumer meet their needs or help resolve the unique needs the consumer may have.

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

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

Adult Aging CYS SUD MH ID HAP

Specialized Services:

Program Name: Food Security Partnership

Description of Services: Greene County Human Services Department continues to provide system coordination for the Greene County Food Security Partnership. The Greene County Food Security Partnership, a partner of the Southwestern PA Food Security, works to increase access to public and private food assistance programs and to continue building local community engagement. The Greene County Food Security Partnership continues to support the Weekend Food Program and Summer Food Program. The Weekend Food Program aims to increase the availability of nutritious food to children over the weekend by providing two breakfasts, two lunches and two dinners. The Summer Food Program provides free meals for anyone 18 and under so they can receive the same quality nutrition during the summer months that they would get during the school year. Greene County Human Services will continue to support and assist the Greene County Food Security Partnership in FY17/18, focusing on outreach and community engagement. Greene County Human Services will utilize \$2500 of HSDF funds to cover staff salary and benefits.

Interagency Coordination:

The Greene County Department of Human Services provides administrative capability so that the county can properly exercise its management and control responsibilities to assure that public funds are used properly, effectively and efficiently. The department improves coordination between services, identifies needs in the county and actively pursues public and private resources to meet them.

The Greene County Human Services Department staff and Advisory Boards serve as a planning and development, implementation and quality assurance entity for the Human Services delivery system of the County for the Greene County Commissioners. The Human Services Administrator's responsibility is to ensure the planning, directing, controlling, coordination and operations of all services offered through Greene County Human Services. A full job description is listed on page 83. The funds for planning and coordination in the amount of \$36,100, will be spent on salaries, benefits, supplies, and travel for the Human Services Administrator.

Responsibilities of the Greene County Human Services Department include needs assessment, program development and system reform. The goal is to provide quality efficient accessible services that can be measured through outcomes to the residents of Greene County.

Some of the Greene County Human Services planning and coordination occurs through the Greene County M.A.G.I.C. (Making A Great Impact Collectively), the community collaborative board that has served Greene County since 1994. The PURPOSE of M.A.G.I.C. is to create an integrated,

coordinated, community family-based service delivery system to meet the health, education, and community needs of Greene County residents. This system will be comprehensive in that providers of services will work together in partnership with communities to assure the accessibility and quality of services.

Through strategic retreats and needs assessments, task groups are in place to develop programs to address gaps in service. An annual retreat is held to allow the task groups to assess their work, analyze their data, and discuss their outcomes.

The M.A.G.I.C. Collaborative has a mailing list of over 200 stakeholders including community members, consumers, and family members. These activities of M.A.G.I.C. impact the entire community and improve the human services delivery system by creating awareness of human services programs, engaging the community as a collaborative to understand and become involved in system change. The task teams then meet monthly or bi-monthly and work on goals and objectives throughout the year.

Greene County M.A.G.I.C. SHIP (State Health Improvement Plan) has become the designated Southwestern Hub for the PA Department of Health "Public Health 3.0". Greene County has been chosen because we are ranked as one of the poorer counties when it comes to healthy living. We are focusing on three of the five priorities: obesity, tobacco use and substance use. A regional event will be held in Greene County in FY18-19. Fayette, Blair, Cambria and Indiana counties will also be involved with this event. We will utilize \$1,400 for this event.

Greene County Human Services Department

Human Services Administrator Single County Authority Administrator Position Description

OVERALL OBJECTIVE OF JOB:

To assure quality in the planning, directing, controlling and administering of the overall operation of the Greene County Human Services Department including Drug and Alcohol, Mental Health, Mental Retardation, Children and Youth Services and Human Services Development Fund, as delegated by the Board of County Commissioners ensuring compliance with all federal, state and local regulations.

ESSENTIAL FUNCTIONS OF JOB:

1. Oversees the daily operation of the Department, ensuring compliance with Policies, procedures and government regulations.
2. Develops and recommends to Board policies and procedures pertaining to administrative procedures, rules and regulations for the Department's efficient Operation.
3. Evaluates Department and its services to ascertain effectiveness and to ensure Consumers' needs are being met.
4. Monitors all services provided by the Department to ensure compliance with local, State, County and federal regulations.
5. Supervises staff and handles personnel-related issues as necessary.
6. Acts as liaison between state and county officials in regard to operation of the Department.
7. Prepares and/or approves required reports in a timely manner.
8. Analyzes state initiatives and advises staff of needed changes in operation or Procedures.
9. Prepares annual Department budget for Board review/approval.
10. Controls expenditures and authorizes purchases of equipment and supplies.
11. Interacts with county and outside agencies regarding Department activities, including third party payers.
12. Conducts staff meetings and directs staff in assigned duties.
13. Resolves problems occurring within the Department.
14. Conducts research and investigates potential for future programs.
15. Develops strategic plan for overall Department in conjunction with the Commonwealth's objective for each categorical program.
16. Represents the Department in the community as needed.

OTHER DUTIES OF JOB:

1. Performs other related duties as required.
2. Serves on various committees as requested.
3. Attends meetings and training programs as required.

SUPERVISION RECEIVED:

Receives occasional instruction from the Advisory Board and direct supervision from the County Chief Clerk in regard to daily work duties.

SUPERVISION GIVEN:

Supervises management team/department heads and oversees entire Department staff.

WORKING CONDITIONS:

1. Works indoors in adequate workspace and lighting, but with fluctuations in temperatures and ventilation.
2. Works with average indoor exposure to noise and stress, but subject to frequent disruptions.
3. Normal indoor exposure to dust/dirt.
4. Travels frequently during all seasons and is exposed to outdoor elements, including snow and icy roadways.

PHYSICAL AND MENTAL CONDITIONS

1. Must possess ability to record, convey, present information, explain procedures and follow instructions.
2. Must be able to sit for long periods throughout the workday, with intermittent periods of driving, standing or walking; occasional bending, twisting and reaching necessary to carry out job duties.
3. Simple dexterity requirements/movements of fingers/hands; feet/legs; torso necessary to carry out job duties.
4. Sedentary work with occasional lifting/carrying of objects with a maximum weight of ten pounds.
5. Must be in good general health and demonstrate emotional stability.
6. Must be able to cope with the physical and mental stress of the position.
7. Must be in good physical condition with agility to be able to move frequently throughout the workday.
8. Must be able to pay close attention to details and concentrate on work.

QUALIFICATIONS

A. EDUCATION/TRAINING

Bachelor's degree from an accredited college or university, supplemented by Graduate study to the level of a master's degree. Computer experience Required.

B. WORK EXPERIENCE

5 years of progressively responsible experience in health-related or social service field, including 3 years experience in planning, development or Administration of mental health/mental retardation service.

OR,

6 years progressively responsible experience in one of the above fields which Includes three years in planning, development or administration of mental health or mental retardation services and a Bachelor's degree.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED

1. Must be able to speak and understand the English language and to follow oral and written instructions.
2. Must possess ability to communicate effectively.
3. Must possess initiative and problem solving skills.
4. Must possess ability to function independently, have flexibility and personal integrity and the ability to work effectively with consumers, staff and others.
5. Must possess the ability to maintain confidentiality in regard to consumer information and records.
6. Must possess a valid Pennsylvania driver's license and a willingness to travel as needed.
7. Must possess the ability to make independent decisions when circumstances warrant such action.
8. Must possess thorough knowledge of local, state, federal regulations pertaining to the operation of the Department.
9. Must possess the knowledge and ability to supervise staff and administer personnel issues consistently throughout the Department.
10. Must possess thorough knowledge of principles and practices of management and administration and as used within a Human Service Department.
11. Must possess knowledge of governmental budgeting and accounting procedures and ability to prepare and oversee administration of such budgets.
12. Must possess the ability to plan, develop, direct and monitor a variety of policies, procedures and regulations within the Department.
13. Must possess the ability to evaluate laws and regulations, the work of the agency, and consumer services to assure proper compliance and that consumers' needs are being met.
14. Must possess the ability to exercise problem solving and judgment in the interpretation of regulations and administering Department activities.
15. Must possess the ability to skillfully resolve conflict and negotiate effective resolutions.

I HAVE READ THE ABOVE POSITION DESCRIPTION AND FULLY UNDERSTAND THE REQUIREMENTS SET FORTH THEREIN. I HEREBY ACCEPT THE POSITION OF **HUMAN SERVICES ADMINISTRATOR** AND AGREE TO ABIDE BY THE REQUIREMENTS AND DUTIES SET FORTH. I WILL PERFORM ALL DUTIES AND RESPONSIBILITIES TO THE BEST OF MY ABILITY.

Karen Bennett

5-8-00

Signature of Employee

Date

Jane Doe

5-9-00

Signature of Supervisor

Date

In compliance with the Americans With Disabilities Act, the Employer will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective employees and incumbents to discuss potential accommodations with the Employer.

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

County:	1.	2.	3.	4.	5.	6.
GREENE	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	5		\$ 15,000			
Administrative Management	260		\$ 65,000			
Administrator's Office			\$ 512,845			
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment						
Community Residential Services	7		\$ 87,058			
Community Services	47		\$ 198,000			
Consumer-Driven Services						
Emergency Services	325		\$ 45,000			
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services	3		\$ 3,500			
Family Support Services						
Housing Support Services	47		\$ 79,210			
Mental Health Crisis Intervention	2		\$ 8,500			
Other						
Outpatient	121		\$ 40,425			
Partial Hospitalization	3		\$ 1,320			
Peer Support Services	5		\$ 5,500			
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation						
Social Rehabilitation Services						
Targeted Case Management	27		\$ 30,000			
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	852	\$ 1,396,237	\$ 1,091,358	\$ -	\$ -	\$ -
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 225,500			
Case Management	25		\$ 145,000			
Community-Based Services	3		\$ 12,500			
Community Residential Services	1		\$ 22,500			
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	29	\$ 437,775	\$ 405,500	\$ -	\$ -	\$ -

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

County:	1.	2.	3.	4.	5.	6.
	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
GREENE						
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	1		\$ 500			
Case Management	610		\$ 97,500			
Rental Assistance	193		\$ 105,000		\$ 38,044	
Emergency Shelter	5		\$ 400			
Other Housing Supports	3		\$ 200			
Administration			\$ 5,357			
TOTAL HOMELESS ASSISTANCE SERVICES	812	\$ 53,572	\$ 208,957		\$ 38,044	

SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	45		\$ 30,000			
Inpatient Hospital	2		\$ 20,250			
Inpatient Non-Hospital	8		\$ 9,655			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	4,760		\$ 96,145			
Recovery Support Services	10		\$ 10,000			
Administration			\$ 31,210			
TOTAL SUBSTANCE USE DISORDER SERVICES	4,825	\$ 75,858	\$ 197,260	\$ -	\$ -	

HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	25		\$ 1,200			
Aging Services						
Children and Youth Services	165		\$ 20,000			
Generic Services	58		\$ 53,426			
Specialized Services	400		\$ 2,500			
Interagency Coordination			\$ 37,500			\$ 30,000
Administration			\$ 6,028			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	648	\$ 60,287	\$ 120,654		\$ 30,000	
GRAND TOTAL	7,166	\$ 2,023,729	\$ 2,023,729	\$ -	\$ 68,044	